

T1D Screening and Monitoring

Start of Block: Provider Demographics

Thank you for taking the time to complete this survey. Please fill out the below information before beginning.

Q1 Please indicate your clinic affiliation

- Ann & Robert H. Lurie Children's Hospital of Chicago (10)
 - Children's National (8)
 - Indiana University School of Medicine (9)
 - Rady Children's (4)
 - Texas Children's Hospital (7)
 - University of Florida (5)
-

Q2 Name of person completing report

End of Block: Provider Demographics

Start of Block: Individual Demographics

Please answer the following questions for a positively screened individual with T1D Antibodies



Q3 Age of individual screened (years)

Q4 Race of individual

- American Indian or Alaska Native (1)
 - Asian (3)
 - Black or African American (4)
 - Native Hawaiian or Other Pacific Islander (5)
 - Other Race (6)
 - White (7)
 - Unknown (8)
-

Q18 Ethnicity of individual

- Hispanic or Latino (1)
 - Non Hispanic or Latino (2)
 - Unknown (3)
-

Q5 Insurance type of individual

- None, self pay (1)
- Private (2)
- Medicaid (3)
- Military (4)
- Medicare (5)
- Other (6)
- Unknown (7)

End of Block: Individual Demographics

Start of Block: Test Details



Q6 Date of the test (mm/dd/yyyy) (estimate if day is unknown)

Q7 Are screening results positive or negative?

- Positive (1)
- Negative (2)

Skip To: End of Survey If Are screening results positive or negative? = Negative

Q8 Are confirmed test results available for this individual?

- Yes (1)
- No (2)

Skip To: End of Survey If Are confirmed test results available for this individual? = No

End of Block: Test Details

Start of Block: Autoantibody Details

Q9 How many confirmed positive autoantibodies does the individual have?

- Single Autoantibody (1)
- Multiple Autoantibody (2)

Display This Question:

If How many confirmed positive autoantibodies does the individual have? = Multiple Autoantibody

Q9a If multiple autoantibodies are confirmed what stage does the individual present with?

- Stage 1 (normal blood glucose) (1)
- Stage 2 (abnormal glucose tolerance or HbA1c 5.7-6.4%) (2)
- Stage 3 (blood glucose above ADA diagnostic threshold or HbA1c $\geq 6.5\%$) (3)

Display This Question:

If How many confirmed positive autoantibodies does the individual have? = Single Autoantibody

Q9b What autoantibody is present?

- Anti-IA2 (2)
- GAD65 (1)
- ICA (7)
- Insulin Autoantibody (8)
- ZnT8 (5)
- Other (please list) (6) _____

Display This Question:

If How many confirmed positive autoantibodies does the individual have? = Multiple Autoantibody

Q9b Which autoantibodies are present? (select all that apply)

- Anti -IA2 (2)
 - GAD65 (1)
 - ICA (6)
 - Insulin Autoantibody (3)
 - ZNT8 (4)
 - Other (please list) (5)
-

Display This Question:

If multiple autoantibodies are confirmed what stage does the individual present with? = Stage 1 (normal blood glucose)

Or If multiple autoantibodies are confirmed what stage does the individual present with? = Stage 2 (abnormal glucose tolerance or HbA1c 5.7-6.4%)

Q10 Does this individual have a scheduled follow up with endocrinology in the next year?

- Yes (1)
- No (2)

Display This Question:

If multiple autoantibodies are confirmed what stage does the individual present with? = Stage 3 (blood glucose above ADA diagnostic threshold or HbA1c \geq 6.5%)

Q10 Does this individual have a scheduled follow up with endocrinology in the next 3 months?

- Yes (1)
- No (2)

End of Block: Autoantibody Details

Start of Block: Block 5



Q9 What is the HbA1c of this individual?

Q11 Has the individual had a documented DKA event in the last 12 months?

- Yes (3)
- No (4)

End of Block: Block 5

Start of Block: Block 4

Q12 Was the individual offered any of the following interventions? (select all that apply)

- Teplizumab prescription (1)
- Monitoring (2)
- Research Trials (3)

Q23 Has the individual accepted any of the following interventions? (select all that apply)

Teplizumab prescription (1)

Monitoring (2)

Research Trials (3)

End of Block: Block 4
