Type 1 Diabetes TrialNet

Site Number:
Date of Visit:
Person Completing Form:

Participant ID:
Participant Letters:

A. FAMILY HISTORY INFORMATION

1. How many of the participant's first and second degree relatives have **type 1 diabetes** (including deceased relatives)?   ___ ___

2. Have any of the participant's first and second degree relatives been diagnosed with an autoimmune (AI) disease *other than* type 1 diabetes?   ○ Y ○ N

Use the codes in the following 2 tables to answer questions 3 and 5 respectively in the table below.

Use the letter codes below to indicate the type of relative (question 3):			
P Parent	**GP** Grandparent	**AU** Aunt/Uncle	**HC** Half-Cousin
IT Identical Twin	**NT** Non-identical Twin	**N** Niece/Nephew	**CH** Child
FS Brother/Sister	**HS** Half Brother/Sister	**C** Cousin	

Use the number codes below to indicate the type of other Autoimmune (AI) Disease (question 5):

01 Addison's Disease (Adrenal Insufficiency)		**09** Hypoparathyroidism	
02 Alopecia		**10** Pernicious Anemia	
03 Celiac Disease (Gluten Allergy or Celiac Sprue)		**11** Vitiligo	
04 Grave's Disease (Hyperthyroidism)		**12** Psoriasis	
05 Autoimmune Thyroid Disease (Hypothyroidism, Hashimoto's)		**13** Lupus	
06 Rheumatologic Disease		**14** Multiple Sclerosis	
07 Inflammatory Bowel Disease		**99** Other Autoimmune Disease	
08 Hypogonadism or Premature Menopause			

3. Relative with Type 1 Diabetes or Other AI Disease	4. Does Relative have Type 1 Diabetes?	5. If relative has Autoimmune Disease (other than T1D), please specify type	6. Sex of Relative	7. Age at Diagnosis	8. If **Half Sibling**, Indicate Same Mother or Same Father
Code Above		*Code Above*		*In Years*	*Choose One*
e.g. P ___	● Y ○ N	1) _0_ _2_ 2) ___ ___	○ Male ○ Female	_6_ _3_	○ Same Mother ○ Same Father
___ ___	○ Y ○ N	1) ___ ___ 2) ___ ___	○ Male ○ Female	___ ___	○ Same Mother ○ Same Father
___ ___	○ Y ○ N	1) ___ ___ 2) ___ ___	○ Male ○ Female	___ ___	○ Same Mother ○ Same Father
___ ___	○ Y ○ N	1) ___ ___ 2) ___ ___	○ Male ○ Female	___ ___	○ Same Mother ○ Same Father
___ ___	○ Y ○ N	1) ___ ___ 2) ___ ___	○ Male ○ Female	___ ___	○ Same Mother ○ Same Father
___ ___	○ Y ○ N	1) ___ ___ 2) ___ ___	○ Male ○ Female	___ ___	○ Same Mother ○ Same Father
___ ___	○ Y ○ N	1) ___ ___ 2) ___ ___	○ Male ○ Female	___ ___	○ Same Mother ○ Same Father
___ ___	○ Y ○ N	1) ___ ___ 2) ___ ___	○ Male ○ Female	___ ___	○ Same Mother ○ Same Father