

Site Number: _____	Participant ID: _____	Participant Letters: _____
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A. VISIT INFORMATION

1. Date Initial Visit completed (e.g. 10/Sep/2015): *

____/____/____
DAY MONTH YEAR

B. INFORMED CONSENT

1. Date written informed consent/assent obtained: *

____/____/____
Day Month Year

2. On the consent form, did the participant/participant's legal guardian consent to continued storage of residual blood samples in the NIDDK Repository after TrialNet has ended? *

Yes
 No

3. Was the Volunteer Understanding Assessment Completed?*

Yes
 No

C. MEDICAL HISTORY

1. Autoimmune Disease History

a. Has the participant ever been diagnosed with an autoimmune disease(s)? *

Yes No Unknown

If YES,

Addison's Disease (Adrenal Insufficiency)

Yes No

Date of diagnosis

____/____/____
DAY MONTH YEAR

Alopecia

Yes No

____/____/____
DAY MONTH YEAR

Celiac Disease (Gluten Allergy or Celiac Sprue)

Yes No

____/____/____
DAY MONTH YEAR

Grave's Disease (Hyperthyroidism)

Yes No

____/____/____
DAY MONTH YEAR

Hypogonadism or Premature Menopause

Yes No

____/____/____
DAY MONTH YEAR

Hypoparathyroidism

Yes No

____/____/____
DAY MONTH YEAR

Autoimmune Thyroid Disease (Hypothyroidism or Hashimoto's Disease)

Yes No

____/____/____
DAY MONTH YEAR

Inflammatory Bowel Disease

Yes No

____/____/____
DAY MONTH YEAR

Lupus

Yes No

____/____/____
DAY MONTH YEAR

Multiple Sclerosis

Yes No

____/____/____
DAY MONTH YEAR

Pernicious Anemia

Yes No

____/____/____
DAY MONTH YEAR

Psoriasis

Yes No

____/____/____
DAY MONTH YEAR

Rheumatologic Disease

Yes No

____/____/____
DAY MONTH YEAR

Vitiligo

Yes No

____/____/____
DAY MONTH YEAR

Other, specify: _____

Yes No

____/____/____
DAY MONTH YEAR

____/____/____
DAY MONTH YEAR

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2. Antibiotic Use

Has the participant used antibiotics in the past 3 months*

Yes No Unknown

D. FAMILY HISTORY

1. Have any of the participant's first or second degree relatives been diagnosed with Type 1 Diabetes (T1D) since the completion of the **Natural History Family History Form (NH01F)?***

Y N

2. Relative with Type 1 Diabetes

3. Sex of Relative

4. Current Age of Relative

5. Age of T1D Onset in Relative

6. Age Relative Started Insulin

Comments

Select One	CHECK ONE	Age in Years	Age in Years	Age in Years	Comments
a. _____	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	_____	_____	_____	_____
b. _____	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	_____	_____	_____	_____
c. _____	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	_____	_____	_____	_____
d. _____	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	_____	_____	_____	_____
e. _____	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	_____	_____	_____	_____
f. _____	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	_____	_____	_____	_____
g. _____	<input type="checkbox"/> 1 Male <input type="checkbox"/> 2 Female	_____	_____	_____	_____

P =Parent	IT =Identical Twin	FS =Brother/Sister	AU =Aunt/Uncle	C =Cousin
GP =Grandparent	NT =Non-identical Twin	HS =Half Brother/Sister	N =Niece/Nephew	CH =Child

D FAMILY HISTORY (CONTINUED)

7. Autoimmune Disease History

Has anyone in the participant's family (first or second degree relatives only) ever been diagnosed with an autoimmune disease(s)? *

Yes No Unknown

If YES,

Date of diagnosis

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a. Was a physical exam performed at this visit? * Yes No

	Findings	If ABNORMAL, explain:
a. HEENT*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	_____
b. Neck/Thyroid*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	_____
c. Heart*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	_____
d. Lungs*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	_____
e. Pulses*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	_____
f. Musculoskeletal*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	_____
g. Genitalia*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	_____
h. Abdomen*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	_____
i. Lymphatics*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	_____
j. Skin*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	_____
k. Neurologic*	<input type="radio"/> Normal <input type="radio"/> Abnormal <input type="radio"/> Not Assessed	_____
l. Other*	<input type="radio"/> Abnormal <input type="radio"/> Not Assessed	_____