Site Number: __ __ __ __ Screening ID: __ __ __ __ - __ Participant Letters: __ __ __

**Complete this form during the Screening Visit.**

## A. VISIT INFORMATION

1. Visit Date: __ __ / __ __ __ / __ __ __ __ (DAY / MONTH / YEAR)

2. Did visit occur at a site other than the primary study site? Y N
   If YES,
   a. Record Site Number for reimbursement: __ __ __ __

***NOTE**: Site Number **must** correspond to a TrialNet Clinical Center, Affiliate, or Participating Physician*

## B. DIABETES HISTORY

1. Date of diagnosis of type 1 diabetes: __ __ / __ __ __ / __ __ __ __ (DAY / MONTH / YEAR)

2. Was your initial diagnosis based on *(check one):*

| | | | |
|---|---|---|---|
| ☐1 | Random blood glucose check (incidental to other medical condition) | ☐3 | Formal testing for diabetes (OGTT) |
| ☐2 | Routine screening for diabetes without presence of symptoms | ☐4 | Symptoms of diabetes |

3. Which of the following symptoms did you have at the time of diagnosis? *(check all that apply)*

| | | | | | |
|---|---|---|---|---|---|
| a. | ☐1 | Increased thirst | e. | ☐1 | Frequent infections |
| b. | ☐1 | Weight loss | f. | ☐1 | Blurred vision |
| c. | ☐1 | Increased eating | g. | ☐1 | No symptoms |
| d. | ☐1 | Frequent urination | | | |

4. Did you have Diabetic Ketoacidosis (DKA) at time of diagnosis? Y N

5. Were you admitted to a hospital during the diagnosis period? Y N
   If YES,
   a. Were you admitted to an Intensive Care Unit (ICU) while in the hospital? Y N

6. Most recent HbA1c: *(if unknown, write "*")* __ __. __ %
   a. If known, record date HbA1c was measured: __ __ / __ __ __ / __ __ __ __ (DAY / MONTH / YEAR)

7. Have you ever experienced Diabetic Ketoacidosis? *(if unknown, write "*")* Y N

## C. AUTOIMMUNE DISEASE HISTORY

1. Have you ever been diagnosed with an autoimmune disease(s)? Y N
   If YES,
   Record below the code for the autoimmune disease(s) you have been diagnosed with:
   *(see table on page 2)*

| | | | | 2) Was this diagnosed before your diagnosis of diabetes? |
|---|---|---|---|---|
| a. | __ __ | If OTHER, 1) Specify: | _____ | Y N |
| b. | __ __ | If OTHER, 1) Specify: | _____ | Y N |
| c. | __ __ | If OTHER, 1) Specify: | _____ | Y N |

*On all questions write "?" if the desired information is currently unavailable, but is being checked and will be known in future updates. Write "*" if the desired information is permanently unavailable (i.e. will not be known in any future updates).*

Site Number: __ __ __ __ Screening ID: __ __ __ __ - __ Participant Letters: __ __ __

**Autoimmune Diseases:**

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

## D. VACCINATION HISTORY

1. To your knowledge, are you (or your child) up to date on your childhood vaccinations? Y N

2. Have you ever received the Tetanus vaccination? Y N

   a. If yes, record date of most recent vaccination: __ __ / __ __ __ / __ __ __ __ (DAY / MONTH / YEAR)

## E. MEDICAL HISTORY

1. Have you ever been hospitalized other than for diabetes? Y N

   If YES,

   a. What for? _____

Has a physician ever told you that you have any of the following conditions?

| **Condition/Disease** | |
|---|---|
| 2. Asthma | Y N |
| 3. Leukopenia and/or Neutropenia | Y N |
| 4. Allergies | Y N |
| 5. Frequent infections | Y N |
| If YES, a. Specify: _____ | |
| 6. Other | Y N |
| If OTHER, a. Specify: _____ | |
| b. Specify: _____ | |

**Initials (first, middle, last) of person completing this form:** __ __ __ (F M L)

**Date form completed:** __ __ / __ __ __ / __ __ __ __ (DAY / MONTH / YEAR)

*On all questions write "?" if the desired information is currently unavailable, but is being checked and will be known in future updates. Write "*" if the desired information is permanently unavailable (i.e. will not be known in any future updates).*