FAMILY STRUCTURE FOR DAISY/CEDAR ENROLLMENT

FAMILY #_____ CONTACT DATE ____/____/____

Name (Study participant) Relationship code = 0 Address *(if different)*	Date of birth ___/___ /___ mo day yr and/or age _____	Sex [ ] M [ ] F _____ Race _____ Spanish	Alive? [ ] Yes [ ] No If no, _____ Year of death _____ Cause of death	Diabetic? [ ] NO [ ] IDDM [ ] NIDDM [ ] GEST. [ ] DK _____ Age of Dx	Treatment [ ] Insulin [ ] Diet [ ] Pills [ ] NA _____ Age started on insulin	Celiac? [ ] Yes [ ] No If yes, on a gluten-free diet? [ ] Yes [ ] No	Cohort: ___ SOC ___ BBSOC ___ NEC ___ NOC ___ CEDAR ___ FAM ID: _____-___	Disease No. _____ _____ _____ _____ _____ _____ _____ _____
Name: (Biologic Mother) Relationship code _____ Address *(if different)* In household? [ ] Yes [ ] No	Date of birth ___/___ /___ mo day yr and/or age _____	Sex [ ] M [ ] F _____ Race _____ Spanish	Alive? [ ] Yes [ ] No If no, _____ Year of death _____ Cause of death	Diabetic? [ ] NO [ ] IDDM [ ] NIDDM [ ] GEST. [ ] DK _____ Age of Dx Date_____	Treatment [ ] Insulin [ ] Diet [ ] Pills [ ] NA _____ Age started on insulin	Celiac? [ ] Yes [ ] No If yes, on a gluten-free diet? [ ] Yes [ ] No	Cohort: ___ SOC ___ NEC ___ NOC ___ CEDAR ___ FAM ID: _____-___	Disease No. _____ _____ _____ _____ _____ _____ _____ _____
Name: (Biologic Father) Relationship code _____ Address *(if different)* In household? [ ] Yes [ ] No	Date of birth ___/___ /___ mo day yr and/or age _____	Sex [ ] M [ ] F _____ Race _____ Spanish	Alive? [ ] Yes [ ] No If no, _____ Year of death _____ Cause of death	Diabetic? [ ] NO [ ] IDDM [ ] NIDDM [ ] GEST. [ ] DK _____ Age of Dx Date_____	Treatment [ ] Insulin [ ] Diet [ ] Pills [ ] NA _____ Age started on insulin	Celiac? [ ] Yes [ ] No If yes, on a gluten-free diet? [ ] Yes [ ] No	Cohort: ___ SOC ___ NEC ___ NOC ___ CEDAR ___ FAM ID: _____-___	Disease No. _____ _____ _____ _____ _____ _____ _____ _____

Relationship to person with code=0		Race		Spanish Origin	
1= biologic parent	4= full sib	1= White, Caucasian	4= Eskimo, Aleut	1= Mexican American	4= Spanish/Hispanic
2= adoptive parent	5= half sib	2= Black, African Amer.	5= Asian, Pacific Islander	2= Puerto Rican	5 = No
3= step parent	6= step sib	3= American Indian, Native American	6= Biracial	3= Cuban	
			7= Other		

FAMILY STRUCTURE FOR DAISY/CEDAR ENROLLMENT

Name Relationship code _____ ***If half sib*** Bio parent ID_____ In household [ ] Yes [ ] No	Date of birth ___/___ /___ mo day yr and/or age _____	Sex [ ] M [ ] F _____ Race _____ Spanish	Alive? [ ] Yes [ ] No If no, _____ Year of death _____ Cause of death	Diabetic? [ ] NO [ ] IDDM [ ] NIDDM [ ] GEST. [ ] DK _____ Age of Dx Date_____	Treatment [ ] Insulin [ ] Diet [ ] Pills [ ] NA _____ Age started on insulin	Celiac? [ ] Yes [ ] No If yes, on a gluten-free diet? [ ] Yes [ ] No	Cohort: ___ SOC ___ BBSOC ___ NEC ___ NOC ___ CEDAR ___ FAM ID: _____-___	Disease No. _____ _____ _____ _____ _____ _____ _____ _____
Name: Relationship code _____ ***If half sib*** Bio parent ID_____ In household? [ ] Yes [ ] No	Date of birth ___/___ /___ mo day yr and/or age _____	Sex [ ] M [ ] F _____ Race _____ Spanish	Alive? [ ] Yes [ ] No If no, _____ Year of death _____ Cause of death	Diabetic? [ ] NO [ ] IDDM [ ] NIDDM [ ] GEST. [ ] DK _____ Age of Dx Date_____	Treatment [ ] Insulin [ ] Diet [ ] Pills [ ] NA _____ Age started on insulin	Celiac? [ ] Yes [ ] No If yes, on a gluten-free diet? [ ] Yes [ ] No	Cohort: ___ SOC ___ BBSOC ___ NEC ___ NOC ___ CEDAR ___ FAM ID: _____-___	Disease No. _____ _____ _____ _____ _____ _____ _____ _____
Name: Relationship code _____ ***If half sib*** Bio parent ID_____ In household? [ ] Yes [ ] No	Date of birth ___/___ /___ mo day yr and/or age _____	Sex [ ] M [ ] F _____ Race _____ Spanish	Alive? [ ] Yes [ ] No If no, _____ Year of death _____ Cause of death	Diabetic? [ ] NO [ ] IDDM [ ] NIDDM [ ] GEST. [ ] DK _____ Age of Dx Date_____	Treatment [ ] Insulin [ ] Diet [ ] Pills [ ] NA _____ Age started on insulin	Celiac? [ ] Yes [ ] No If yes, on a gluten-free diet? [ ] Yes [ ] No	Cohort: ___ SOC ___ BBSOC ___ NEC ___ NOC ___ CEDAR ___ FAM ID: _____-___	Disease No. _____ _____ _____ _____ _____ _____ _____ _____

Relationship to person with code=0		Race		Spanish Origin	
1= biologic parent 2= adoptive parent 3= step parent	4= full sib 5= half sib 6= step sib	1= White, Caucasian 2= Black, African Amer. 3= American Indian, Native American	4= Eskimo, Aleut 5= Asian, Pacific Islander 6= Biracial 7= Other	1= Mexican American 2= Puerto Rican 3= Cuban	4= Spanish/Hispanic 5 = No

DAISY/CEDAR ENROLLMENT

FAMILY ID# _____ CONTACT DATE _____

Name: _____
Street: _____
City: _____ **State:** _____ **Zip Code:** _____ - _____

Home phone: _____ **for:** _____
Work phone: _____ **for:** _____
Alternate phone: _____ **for:** _____

E-Mail Address: _____

If SOC/NOC Diabetes Dr. _____

Source: [ ] BDC [ ] CSA
[ ] KP [ ] DAISY unenrolled
[ ] TCH [ ] Other: _____

Does the participant have any 2nd degree relatives with Type 1 diabetes? [ ] Yes
[ ] No
Type 2 diabetes? [ ] Yes
[ ] No

Relative_____ Type _____ Age of Dx _____ Date _____

Relative_____ Type _____ Age of Dx _____ Date _____

Is ____'s natural mother pregnant now? [ ] Yes ------> If yes, expected delivery date: _____
[ ] No

Please indicate which forms have been mailed:

___ NEC Individual
___ SOC Individual Date sent ___/___/___ Initials:_____
___ CEDAR Individual
___ Pregnancy FFQ

Appointment Date ___/___/___ Apt. Time_____

DISEASE LIST

___1. Allergies (any type)
___2. Asthma
___3. Hives
___4. Eczema
___5. Psoriasis
___6. Lactose (milk) intolerance
___7. Ulcerative colitis
___8. Crohn's disease
___9. Rheumatoid arthritis
___10. Ankylosing spondylitis
___11. Multiple sclerosis
___12. Myasthenia gravis
___13. Lupus erythematosus
___14. IgA deficiency
___15. Vitiligo, alopecia
___16. Sarcoidosis
___17. Reiter's syndrome
___18. Sjogren's syndrome
___19. Chronic hepatitis
___20. Pernicious anemia
___21. Hashimoto's thyroiditis (goiter)
___22. Graves disease (hyperthyroidism)
___23. Leukemia, lymphoma or Hodgkin=s disease
___24. Cystic fibrosis
___25. Immunodeficiency
___26. Addison's disease
___27. Hypogonadism or premature menopause
___28. Hypoparathyroidism
___29. IgA Nephropathy
___30. Dermatitis Herpitiformis
___31. Recurrent Aphthous Stomatitis
___32. Heart Attack or Stroke
___33. Hypertension (high blood pressure)