



Diabetes Autoimmunity Study in the Young

1. Name of participant: _____

2. Person completing form: _____

a. Has the participant above developed type I diabetes? No Yes Age diagnosed

b. If yes, what age did they start insulin? Age

3. Has the participant above developed celiac disease? No Yes Age diagnosed

4. Have any other family members been diagnosed with type I diabetes (T1D) or celiac disease (CD)? No Yes

_____ Family Member T1D or CD (please circle) Age diagnosed

_____ Family Member T1D or CD (please circle) Age diagnosed

5. If you answered "Yes" to any of the questions above, please mark whether we may contact you for more information.

Yes, **please** update contact information (#7)

No

6. If the participant is not diabetic, would you be interested in coming in for a clinic visit to check current autoantibody status?

Yes, **please** update contact information (#7)

No

7. Contact Information

_____ Phone: Home/Cell/Work (please circle)

_____ Address

_____ Email

_____ City, State, & Zip

Please answer these questions and mail it back to us. Remove the tape covered strip below. Fold the card so the **Business Reply Mail** address is on the **outside**. Mail it back to us; no postage is needed!