



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 fill out the contact information below, so that we may contact you to obtain a few details related to diagnosis.

6. Contact Information

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

_____ Address

_____ Email

_____ City, State, & Zip

*If the participant is not diabetic, is living in or visiting the Denver Metro area, and is interested in coming in for a clinic visit to check current autoantibody status, please call the DAISY Scheduling line 303-724-7622.

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!

If for any reason you do not wish to receive similar Questionnaires in the future please mark here _____