	Diabetes Prevention Trial - Type 1Form PlPERSONAL INFORMATION ON STUDY VOLUNTEERPage 1 of 2Complete this form at baseline.Page 1 of 2		
Su	bject ID #:		
Name of person completing form (please print):			
1.	Subject's current full name:		
2.	Last  First  Middle    Subject's nickname:  Image: Ima		
3.	Last name of subject's father (enter even if same as subject's last name):		
4.	Last name of subject's mother (enter even if same as subject's last name):		
5.	Date of birth:		
6.	Place of birth:       City       State/Province       Country		
7.	Social security number:		

Does the subject have a driver's license number? 1=No 2=Yes 8. If yes, (a) enter license number (may be the same as social security number): (b) from which State/Province was the driver's license issued?

9. Subject's home address/phone number:

Number and Street   City   State/Province   Country   Telephone number:   -   -   10. Subject's State/Province of legal residence (enter even if it's the same as given in Question 8):   11. Marital status of subject:   1 = Never married   2 = Married or Remarried   3 = Divorced   4 = Widowed   If married, divorced, or widowed, enter full name of spouse:   Last   First	, , , , , , , , , , , , , , , , , , , ,		
City State/Province   Country   Telephone number:   10. Subject's State/Province of legal residence (enter even if it's the same as given in Question 8): 11. Marital status of subject: 1 = Never married 2 = Married or Remarried 3 = Divorced 4 = Widowed If married, divorced, or widowed, enter full name of spouse:			
Country         Telephone number:	Numl	ber and Street	
Country         Telephone number:			-
Country         Telephone number:	City	State/Province Zip Cod	le
Telephone number:			
Telephone number:	Country		
11. Marital status of subject:       1=Never married       2=Married or Remarried       3=Divorced       4=Widowed         If married, divorced, or widowed, enter full name of spouse:			
If married, divorced, or widowed, enter full name of spouse:	10. Subject's State/Province of legal residence (enter eve	n if it's the same as given in Question 8):	
	11. Marital status of subject: 1=Never married 2=Ma	arried or Remarried 3=Divorced 4=Widowed	
Last First Middle	If married, divorced, or widowed, enter full name of	spouse:	
Last First Middle			
	Last	First	Middle

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	Subject ID #:			
12.	Previous last names ever used by subject:			
	If subject is/was under 18 years of age at randomization, enter name and address of parent/guardian (address may be the same as the subject's):			
	Country Telephone number:			
	Enter name and address of a close relative or friend NOT living at the same address given in Question 8.			
	Subject's medical center/clinic/hospital ID number (if any):			
	Did a physician refer the subject to the DPT-1 clinic? 1=No 2=Yes If yes, enter the physician's name and address: Last First Middle Last First Object of the DPT-1 clinic? 1=No 2=Yes Last First Middle Number and Street City State/Province Zip Code Country Telephone number: 1=0 - 1=0 - 1			
Sub	Subject's Signature:			

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