

Diabetes Prevention Trial - Type 1
PERSONAL INFORMATION ON STUDY VOLUNTEER

Complete this form at baseline.

Subject ID #: Subject Initials: / /
F M L M M D D Y Y

Name of person completing form (please print): _____

1. Subject's current full name:

Last First Middle

2. Subject's nickname:

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: / /
M M D D Y Y

6. Place of birth:
City State/Province Country

7. Social security number: - -

8. Does the subject have a driver's license number? 1=No 2=Yes
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 Zip Code

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 Middle

DMU Use Only

Date rcvd: / /

