RADIANT Questionnaire Section 5

You have completed 4 sections so far. You are now on the last section!

This section asks questions about your family history. Please answer the questions below.

Note: If you are completing this questionnaire on behalf of the study participant, "you" means "the study participant".

Family History

Please answer the following questions about your biological family members (family members related to you by blood).

Were you adopted?
o Yes o No o Don't Know o Prefer Not to Answer

How many biological brothers and sisters do you have (total, including half siblings)? _____
o Don't Know
o Prefer Not to Answer

How many biological children do you have (total)? _____
o Don't Know
o Prefer Not to Answer

Do you have any family history of diabetes or high blood sugars (hyperglycemia)?
o Yes o No o Don't Know o Prefer Not to Answer

If Yes: Please provide the information below, if known, for each family member with diabetes or high blood sugar:

Family Member's Relationship to You	**Age when Diagnosed** (years)	**Treatment Information** (ex. insulin injections)	**Body weight**	**Type of diabetes**	**Which Side of Your Family?**
			o Underweight o Normal weight o Overweight o Obese o Don't Know	o Type 1 o Type 2 o Other o Don't Know	o Maternal o Paternal
			o Underweight o Normal weight o Overweight o Obese o Don't Know	o Type 1 o Type 2 o Other o Don't Know	o Maternal o Paternal

			o Underweight o Normal weight o Overweight o Obese o Don’t Know	o Type 1 o Type 2 o Other o Don’t Know	o Maternal o Paternal
			o Underweight o Normal weight o Overweight o Obese o Don’t Know	o Type 1 o Type 2 o Other o Don’t Know	o Maternal o Paternal
			o Underweight o Normal weight o Overweight o Obese o Don’t Know	o Type 1 o Type 2 o Other o Don’t Know	o Maternal o Paternal
			o Underweight o Normal weight o Overweight o Obese o Don’t Know	o Type 1 o Type 2 o Other o Don’t Know	o Maternal o Paternal
			o Underweight o Normal weight o Overweight o Obese o Don’t Know	o Type 1 o Type 2 o Other o Don’t Know	o Maternal o Paternal
			o Underweight o Normal weight o Overweight o Obese o Don’t Know	o Type 1 o Type 2 o Other o Don’t Know	o Maternal o Paternal
			o Underweight o Normal weight o Overweight o Obese o Don’t Know	o Type 1 o Type 2 o Other o Don’t Know	o Maternal o Paternal
			o Underweight o Normal weight o Overweight o Obese o Don’t Know	o Type 1 o Type 2 o Other o Don’t Know	o Maternal o Paternal

If you have additional family members to list, please continue this table on a separate sheet of paper and attach it to this questionnaire.

Do you have any family history of endocrine autoimmune disease other than Type 1 diabetes? (Ex. hypothyroidism, Graves disease, Addison disease, polyglandular syndromes) ***If a family member has Type 1 diabetes, please record it in the diabetes question above.***

o Yes o No o Don’t Know o Prefer Not to Answer

If Yes: Please provide the information below, if known, for each family member with endocrine autoimmune disease:

Family Member's Relationship to You	**Family Member's Diagnosis** (ex. hypothyroidism)

If you have additional family members to list, please continue this table on a separate sheet of paper and attach it to this questionnaire.

Do you have any family history of heart disease?
o Yes o No o Don't Know o Prefer Not to Answer

If Yes: Please provide the information below, if known, for each family member with heart disease:

Family Member's Relationship to You	**Family Member's Diagnosis**

If you have additional family members to list, please continue this table on a separate sheet of paper and attach it to this questionnaire.

Do you have any family history of unusual lipid (fat) disorders?
o Yes o No o Don't Know o Prefer Not to Answer

If Yes: Please provide the information below, if known, for each family member with unusual lipid (fat) disorders:

Family Member's Relationship to You	**Family Member's Diagnosis**

If you have additional family members to list, please continue this table on a separate sheet of paper and attach it to this questionnaire.

Do you have any family history of cancer?
o Yes o No o Don't Know o Prefer Not to Answer

If Yes: Please provide the information below, if known, for each family member with cancer:

Family Member's Relationship to You	Family Member's Diagnosis (type of cancer)

If you have additional family members to list, please continue this table on a separate sheet of paper and attach it to this questionnaire.

Do you have any family history of early deaths before age 30?
o Yes o No o Don't Know o Prefer Not to Answer

If Yes: Please provide the information below, if known, for each family member who passed away before age 30:

Family Member's Relationship to You	Cause of Death

If you have additional family members to list, please continue this table on a separate sheet of paper and attach it to this questionnaire.

Do you have any family history of miscarriages and/or early infant death?
o Yes o No o Don't Know o Prefer Not to Answer

If Yes: Please provide the information below, if known, for each family member who experienced a miscarriage or early infant death:

Family Member's Relationship to You	Family Member's Diagnosis

If you have additional family members to list, please continue this table on a separate sheet of paper and attach it to this questionnaire.

Has anyone in your family ever been diagnosed with a kidney stone?
o Yes o No o Don't Know o Prefer Not to Answer

If Yes: Please provide the information below, if known, for each family member diagnosed with a kidney stone:

Family Member's Relationship to You	Type(s) of Kidney Stone (Check all that apply.)
	☐ Calcium-based (calcium oxalate or calcium phosphate) ☐ Uric acid ☐ Mixed ☐ Don't Know ☐ Prefer Not to Answer
	☐ Calcium-based (calcium oxalate or calcium phosphate) ☐ Uric acid ☐ Mixed ☐ Don't Know ☐ Prefer Not to Answer
	☐ Calcium-based (calcium oxalate or calcium phosphate) ☐ Uric acid ☐ Mixed ☐ Don't Know

	☐ Prefer Not to Answer
	☐ Calcium-based (calcium oxalate or calcium phosphate) ☐ Uric acid ☐ Mixed ☐ Don't Know ☐ Prefer Not to Answer
	☐ Calcium-based (calcium oxalate or calcium phosphate) ☐ Uric acid ☐ Mixed ☐ Don't Know ☐ Prefer Not to Answer
	☐ Calcium-based (calcium oxalate or calcium phosphate) ☐ Uric acid ☐ Mixed ☐ Don't Know ☐ Prefer Not to Answer
	☐ Calcium-based (calcium oxalate or calcium phosphate) ☐ Uric acid ☐ Mixed ☐ Don't Know ☐ Prefer Not to Answer

	☐ Calcium-based (calcium oxalate or calcium phosphate) ☐ Uric acid ☐ Mixed ☐ Don't Know ☐ Prefer Not to Answer
	☐ Calcium-based (calcium oxalate or calcium phosphate) ☐ Uric acid ☐ Mixed ☐ Don't Know ☐ Prefer Not to Answer
	☐ Calcium-based (calcium oxalate or calcium phosphate) ☐ Uric acid ☐ Mixed ☐ Don't Know ☐ Prefer Not to Answer

If you have additional family members to list, please continue this table on a separate sheet of paper and attach it to this questionnaire.

Has anyone in your family been diagnosed with osteoporosis before the age of 65?
o Yes o No o Don't Know o Prefer Not to Answer

If Yes: Which family member(s) was diagnosed with osteoporosis before the age of 65? Check all that apply.
☐ Mother
☐ Father
☐ Sibling
☐ Child
☐ Other relative
☐ Don't Know
☐ Prefer Not to Answer

If Other, please specify other relative: _____________

Do you have any family history of low blood sugars (hypoglycemia)?
o Yes o No o Don't Know o Prefer Not to Answer

If Yes: Please provide the information below, if known, for each family member with low blood sugars (hypoglycemia):

Family Member's Relationship to You	**Age when Diagnosed** (years)	**Treatment Information** (ex. insulin injections)

If you have additional family members to list, please continue this table on a separate sheet of paper and attach it to this questionnaire.

You have reached the end of the questionnaire! Thank you!