



**Natural History Study of the Development of T1D  
FAMILY HISTORY FORM**

**Form NH01F**  
June 1, 2004  
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**Have the participant provide the information in section A of this form at the initial screening visit.**

**A. FAMILY HISTORY INFORMATION**

1. How many of the participant's blood relatives have **type 1 diabetes** (including deceased relatives)?

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*Provide information for up to 8 of the participant's most closely related blood relatives with type 1 diabetes in question 2.*

<b><u>Use the letter codes below to indicate the type of relative:</u></b>					
<b>P</b> =Parent	<b>IT</b> =Identical Twin	<b>FS</b> =Brother/Sister	<b>AU</b> =Aunt/Uncle	<b>C</b> =Cousin	<b>CH</b> =Child
<b>GP</b> =Grandparent	<b>NT</b> =Non-identical Twin	<b>HS</b> =Half Brother/Sister	<b>N</b> =Niece/Nephew	<b>HC</b> =Half-Cousin	

2. Relative with Type 1 Diabetes	3. Sex of Relative	4. Current Age of Relative	5. Age of Diabetes Onset in Relative	6. Age Relative Started Insulin	Comments
<i>See code above</i>	<i>Check One</i>	<i>Age in Years</i>	<i>Age in Years</i>	<i>Age in Years</i>	
a. ____	<input type="checkbox"/> <sub>1</sub> Female <input type="checkbox"/> <sub>2</sub> Male	____	____	____	_____
b. ____	<input type="checkbox"/> <sub>1</sub> Female <input type="checkbox"/> <sub>2</sub> Male	____	____	____	_____
c. ____	<input type="checkbox"/> <sub>1</sub> Female <input type="checkbox"/> <sub>2</sub> Male	____	____	____	_____
d. ____	<input type="checkbox"/> <sub>1</sub> Female <input type="checkbox"/> <sub>2</sub> Male	____	____	____	_____
e. ____	<input type="checkbox"/> <sub>1</sub> Female <input type="checkbox"/> <sub>2</sub> Male	____	____	____	_____
f. ____	<input type="checkbox"/> <sub>1</sub> Female <input type="checkbox"/> <sub>2</sub> Male	____	____	____	_____
g. ____	<input type="checkbox"/> <sub>1</sub> Female <input type="checkbox"/> <sub>2</sub> Male	____	____	____	_____
h. ____	<input type="checkbox"/> <sub>1</sub> Female <input type="checkbox"/> <sub>2</sub> Male	____	____	____	_____

**Signature of Person Completing Form:** \_\_\_\_\_ **Date:** \_\_\_\_\_