Site Number: __ __ __ __ Screening ID: __ __ __ __ __ - __ Participant Letters: __ __ __

Study Coordinator collects information for this form at the Infant Enrollment Visit. If already completed for full sibling, do not complete.

A. VISIT INFORMATION

1. Date collected (*e.g. 05/Sep/2006*): __ __ / __ __ __ / __ __ __ __ (DAY / MONTH / YEAR)

B. FAMILY HISTORY INFORMATION

1. How many of your child's first and second degree relatives have **type 1 diabetes** (including deceased relatives)? ___ ___
2. Have any of your child's first and second degree relatives been diagnosed with an autoimmune (AI) disease ***other than*** type 1 diabetes? Y N

Use the codes in the following two tables to answer questions 3 and 5 respectively in the table below.

Use the letter codes below to indicate the relationship to the eligible infant (question 3):

P	Parent	**GP**	Grandparent	**AU**	Aunt/Uncle	**HC**	Half-Cousin
IT	Identical Twin	**NT**	Non-identical Twin	**N**	Niece/Nephew	**CH**	Child
FS	Brother/Sister	**HS**	Half Brother/Sister	**C**	Cousin		

Use the number codes below to indicate the type of Autoimmune (AI) Disease (question 5):

01	Addison's Disease (Adrenal Insufficiency)	**09**	Hypoparathyroidism
02	Alopecia	**10**	Pernicious Anemia
03	Celiac Disease (Gluten Allergy or Celiac Sprue)	**11**	Vitiligo
04	Grave's Disease (Hyperthyroidism)	**12**	Psoriasis
05	Immune Thyroid Disease	**13**	Lupus
06	Rheumatologic Disease	**14**	Multiple Sclerosis
07	Inflammatory Bowel Disease	**99**	Other Autoimmune Disease
08	Hypogonadism or Premature Menopause		

3. Relative with T1D or Other AI Disease	4. Does Relative have T1D?	5. Type of Autoimmune Disease	6. Sex of Relative	7. Age at Diagnosis	8. If **Half Sibling**, Indicate if Same Mother or Same Father
Code		*Code Above*		*In Years*	*Check One*
e.g. ***P*** __	(Y) N	1) ***0 2*** 2) ___ ___	☒1 Male ☐2 Female	***6 3***	☐1 Same Mother ☐2 Same Father
a. ___ ___	Y N	1) ___ ___ 2) ___ ___	☐1 Male ☐2 Female	___ ___	☐1 Same Mother ☐2 Same Father
b. ___ ___	Y N	1) ___ ___ 2) ___ ___	☐1 Male ☐2 Female	___ ___	☐1 Same Mother ☐2 Same Father
c. ___ ___	Y N	1) ___ ___ 2) ___ ___	☐1 Male ☐2 Female	___ ___	☐1 Same Mother ☐2 Same Father
d. ___ ___	Y N	1) ___ ___ 2) ___ ___	☐1 Male ☐2 Female	___ ___	☐1 Same Mother ☐2 Same Father
e. ___ ___	Y N	1) ___ ___ 2) ___ ___	☐1 Male ☐2 Female	___ ___	☐1 Same Mother ☐2 Same Father
f. ___ ___	Y N	1) ___ ___ 2) ___ ___	☐1 Male ☐2 Female	___ ___	☐1 Same Mother ☐2 Same Father

Initials (first, middle, last) of person completing this form: __ __ __ (F M L)

Date form completed: __ __ / __ __ __ / __ __ __ __ (DAY / MONTH / YEAR)

On all questions write "?" if the desired information is currently unavailable, but is being checked and will be known in future updates. Write "" if the desired information is permanently unavailable (i.e. will not be known in any future updates).*