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

Collect information for this form during Screening or Baseline visits. Study personnel should complete this form.

A. FAMILY HISTORY INFORMATION

1. How many of your first and second degree relatives have **type 1 diabetes** (including deceased relatives)? ___ ___
2. Have any of your 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 in the table below.

Use the letter codes below to indicate the type of relative (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 Type 1 Diabetes or Other AI Disease	4. Does Relative have Type 1 Diabetes?	5. Type of Autoimmune Disease	6. Sex of Relative	7. Age at Diagnosis	8. If **Half Sibling**, Indicate Same Mother or Same Father
Code Above		*Code Above*		*In Years*	*Choose One*
e.g. P ___	(Y) N	1) ***0 2*** 2) ___ ___	☒1 Male ☐2	***6 3***	☐1 Same Mother ☐2 Same Father
a. ___ ___	Y N	1) ___ ___ 2) ___ ___	☐1 Male ☐2	___ ___	☐1 Same Mother ☐2 Same Father
b. ___ ___	Y N	1) ___ ___ 2) ___ ___	☐1 Male ☐2	___ ___	☐1 Same Mother ☐2 Same Father
c. ___ ___	Y N	1) ___ ___ 2) ___ ___	☐1 Male ☐2	___ ___	☐1 Same Mother ☐2 Same Father
d. ___ ___	Y N	1) ___ ___ 2) ___ ___	☐1 Male ☐2	___ ___	☐1 Same Mother ☐2 Same Father
e. ___ ___	Y N	1) ___ ___ 2) ___ ___	☐1 Male ☐2	___ ___	☐1 Same Mother ☐2 Same Father
f. ___ ___	Y N	1) ___ ___ 2) ___ ___	☐1 Male ☐2	___ ___	☐1 Same Mother ☐2 Same Father
g. ___ ___	Y N	1) ___ ___ 2) ___ ___	☐1 Male ☐2	___ ___	☐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).*

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