Diabetes TrialNet	Diabetes Parilie Failing Fistory					
Site Number: Date of Visit: Person Completing Form:			Participant ID: Participant Letters:			
 A. FAMILY HISTORY INFORMATION 1. How many of the participant's first and second degree relatives have type 1 diabetes (including deceased relatives)? 						
2. Have any of the participant's first and second degree relatives been diagnosed with an autoimmune (AI) disease <i>other than</i> type 1 diabetes?						OYON
Use the codes in the following 2 tables to answer questions 3 and 5 respectively in the table below.						
IT Identical Twin NT		GP Grandparent GP Grandparent NT Non-identical Twin HS Half Brother/Sister	AU Aunt/l N Niece	AUAunt/UncleHCHalf-CoNNiece/NephewCHChild		ousin
Use the number codes below to indicate the type of other Autoimmune (AI) Disease (question 5):01Addison's Disease (Adrenal Insufficiency)09Hypoparathyroidism02Alopecia10Pernicious Anemia03Celiac Disease (Gluten Allergy or Celiac Sprue)11Vitiligo04Grave's Disease (Hyperthyroidism)12Psoriasis05Autoimmune Thyroid Disease (Hypothyroidism, Hashimoto's)13Lupus14Multiple Sclerosis99Other Autoimmune Disease06Rheumatologic Disease99Other Autoimmune Disease08Hypogonadism or Premature Menopause11						
3. Relative with Type 1 Diabetes or Other Al Disease	4. Does Relative have Type 1 Diabetes?	5. If relative has Autoimmune Disease (other than T1D), please specify type	6. Sex of Relative	7. Age at Diagnosis		g , Indicate Same Same Father
Code Above		Code Above		In Years	Choo	ose One
e.g. <u>P</u>	• Y O N O Y O N	1) <u>0</u> <u>2</u> 2) 1) 2)	O Male O Female O Male O Female	<u>63</u>	O Same Mother O Same Mother	
	ΟΥΟΝ	1) 2)	O Male O Female		O Same Mother	O Same Father
	OYON	1) 2)	O Male O Female		O Same Mother	O Same Father
	OYON	1) 2)	O Male O Female		O Same Mother	O Same Father
	OYON	1) 2)	O Male O Female		O Same Mother	O Same Father
	OYON	1) 2)	O Male O Female		O Same Mother	O Same Father
	OYON	1) 2)	O Male O Female		O Same Mother	O Same Father