

		Pathway to Prevention Study of the Development of T1D FAMILY HISTORY FORM		Form NH01F March 23, 2012 Page 1 of 1	
Site Number: _____	Participant ID: _____	3-Letter FTL: _____			

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)?

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

Use the letter codes below to indicate the type of relative:

P=Parent

IT=Identical Twin

FS=Brother/Sister

AU=Aunt/Uncle

C=Cousin

CH=Child

GP=Grandparent

NT=Non-identical Twin

HS=Half Brother/Sister

N=Niece/Nephew

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
See code above	Check One	Age in Years	Age in Years	Age in Years	
a. _____	<input type="checkbox"/> ₁ Female <input type="checkbox"/> ₂ Male	_____	_____	_____	_____
b. _____	<input type="checkbox"/> ₁ Female <input type="checkbox"/> ₂ Male	_____	_____	_____	_____
c. _____	<input type="checkbox"/> ₁ Female <input type="checkbox"/> ₂ Male	_____	_____	_____	_____
d. _____	<input type="checkbox"/> ₁ Female <input type="checkbox"/> ₂ Male	_____	_____	_____	_____
e. _____	<input type="checkbox"/> ₁ Female <input type="checkbox"/> ₂ Male	_____	_____	_____	_____
f. _____	<input type="checkbox"/> ₁ Female <input type="checkbox"/> ₂ Male	_____	_____	_____	_____
g. _____	<input type="checkbox"/> ₁ Female <input type="checkbox"/> ₂ Male	_____	_____	_____	_____
h. _____	<input type="checkbox"/> ₁ Female <input type="checkbox"/> ₂ Male	_____	_____	_____	_____

Signature of Person Completing Form: _____ Date: _____