



**Pathway to Prevention Study of the Development of T1D
FAMILY HISTORY FORM**

Form NH01F

March 23, 2012

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Site Number: _____	Participant ID: _____	3-Letter FTL: _____
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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)? _____

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

<u>Use the letter codes below to indicate the type of relative:</u>					
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
<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"/> 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:** _____