

# Patient Questionnaire

## The causes of type 1 diabetes

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Age-at-diagnosis \_\_\_\_\_

Male/Female \_\_\_\_\_

Have you any diabetic complications of the kidney? YES NO DON'T KNOW  
(please circle correct answer)

Do you suffer from other diseases such as:

Multiple sclerosis	YES	NO	DON'T KNOW
Rheumatoid arthritis	YES	NO	DON'T KNOW
Graves' disease	YES	NO	DON'T KNOW
Coeliac disease	YES	NO	DON'T KNOW
Vitiligo	YES	NO	DON'T KNOW

Any other medical condition? \_\_\_\_\_

Does anyone in your family have diabetes? YES NO DON'T KNOW

If YES, which ones? \_\_\_\_\_

Do they inject insulin daily? YES NO DON'T KNOW

At what age were they diagnosed with the disease? \_\_\_\_\_

Does anyone in your family suffer from other diseases such as:

Multiple sclerosis	YES	NO	DON'T KNOW
Rheumatoid arthritis	YES	NO	DON'T KNOW
Graves' disease	YES	NO	DON'T KNOW
Coeliac disease	YES	NO	DON'T KNOW
Vitiligo	YES	NO	DON'T KNOW

If YES, which relatives suffer from which disease?  
\_\_\_\_\_

Were your grandparents born in the UK? YES NO

Have you and your grandparents white skin colour? YES NO