

Autoimmune Disease History

Please check the **Self** or **Extended Family** box if you (self) or an extended family member (brothers, sisters, parents, grandparents, children, aunts, uncles, cousins) have any of the following diseases. If an **extended family** member has one of the following diseases, please write who has the disease and on what side of the family this person is on, *e.g.*, maternal grandmother (mother's mother) or paternal aunt (father's sister).

Autoimmune Disease	Self	Extended Family	
		Maternal	Paternal
Addison's Disease			
Ankylosing Spondilitis			
Celiac Disease			
Crohn's Disease			
Fibromyalgia			
Grave's Disease (overactive thyroid)			
Guillain-Barre Syndrome			
Hashimoto's Thyroiditis (underactive thyroid)			
Idiopathic Pulmonary Fibrosis			
Idiopathic Thrombocytic Purpura			
Insulin-Dependent Diabetes (Type 1 diabetes)			
Juvenile Arthritis			
Lupus			
Multiple Sclerosis			
Myasthenia Gravis			
Pemphigus Vulgaris			
Pernicious Anemia			
Polyarteritis Nodosa			
Polymyalgia Rheumatica			
Polymyositis and Dermatomyositis			
Primary Biliary Cirrhosis			
Psoriasis			
Raynaud's Phenomenon			
Rheumatic Fever			
Rheumatoid Arthritis			
Sarcoidosis			
Scleroderma			
Sjogren's Syndrome			
Temporal Arteritis (Giant cell arteritis)			
Ulcerative Colitis			
Vasculitis			
Vitiligo			

******Controls cannot have any of the above diseases AND they cannot have****
blood relatives with any of the above diseases**