BEYOND TYPE 1

THE FAMILY FACTOR:

A T1D risk awareness survey

New survey findings conducted by Beyond Type 1 and commissioned by Sanofi show a lack of disease awareness and persistent misconceptions around early risk detection among type 1 diabetes (T1D) families, despite being **up to 15X** more likely to develop the disease.

People with a family history of T1D don't always recognize their heightened risk of developing the disease. Among those surveyed:

26% **do not believe** they/their child is at risk of developing T1D

31% **are unaware** that family history can increase a person's risk of developing T1D

This is concerning, as undiagnosed T1D can lead to serious, potentially life-threatening complications, including diabetic ketoacidosis (DKA)—a condition **28%** of those surveyed have either never heard of or don't know what it is.

Misconceptions are shaping how at-risk families understand T1D risk and early detection through screening. Among those surveyed:

MISCONCEPTIONS ON T1D RISK

63% **believe** the disease is primarily diagnosed in children

38% **believe** lack of physical activity is a risk factor for T1D

MISCONCEPTIONS ON T1D AUTOANTIBODY SCREENING

31% **believe** it is only available through specialists

26% **believe** it is only possible after symptoms appear

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BEYOND TYPE 1

Concern is high—but doesn't always translate into action.

82%

of respondents expressed concern about their/their child's T1D risk

YET

46%

are either not considering autoantibody screening or have not yet decided whether they would pursue it in the next six months

Respondents who do not plan to - or are unsure about - whether to screen cite emotional and logistical hurdles as reasons for hesitancy:

EMOTIONAL BARRIERS TO ACTION

21%

of this group say a positive result would cause a lot of anxiety for them/ their child

1 in 10

of those surveyed prefer not to know about future health risks

19%

of caregivers in this group say they would feel guilty if their child developed T1D because they'd feel like it was their fault

LOGISTICAL BARRIERS TO ACTION

18%

of those surveyed say they don't know how to get screened

17%

of those surveyed say they would not know what to do next if they/their child tested positive

23%

of respondents said that because they or their child are healthy now, they want to wait until something changes

Education is a powerful motivator in encouraging intent to screen.

85%

of respondents were more likely to screen after learning about their/their child's T1D risk.

HCP-Led conversations remain critical to encouraging families to take the next step.

56%

of respondents said a doctor's recommendation is a top motivator to screen

Talk to your doctor to learn more about screening and early T1D risk detection.

About the Survey

This survey was fielded by Ipsos (www.ipsos.com) as an online, 15-minute, self-administered survey among U.S. adults who are at risk of developing type 1 diabetes and caregivers to children under age 18 who are at risk of developing type 1 diabetes between April 1 and May 1, 2026. The national sample included 1,000 U.S. adults and caregivers who met survey qualification criteria. Additional augmented interviews were conducted in six key markets - TX, GA, CA, FL, MA, and NY - to achieve a base size of n=150 each, including a mix of at-risk adults and caregivers. Respondents were recruited from opt-in panels of general population respondents across the country.

To participate as an at-risk adult, respondents had to be ages 18-45 and have a first-degree family member (e.g., a parent, child, or sibling) diagnosed with T1D. To participate as a caregiver, respondents had to be ages 18-60 and be the parent or caregiver of a child who has a first-degree family member diagnosed with T1D. Potential respondents were excluded if they were unwilling to provide informed consent, were not the primary decision maker for their healthcare decisions or if they/their child had previously taken an autoantibody blood test for T1D. The final sample size for the survey is 1,511, including 511 respondents for the state-level augments, which are not included in the national findings. No weights were applied to either sample, and findings reflect the opinions of these respondents only.

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