FAMILY HISTORY QUESTIONNAIRE

INSTRUCTIONS/INFORMATION:

We ask that a <u>family member of the person</u> who has, or has had, a memory disorder or dementing illness, <u>fill out the questionnaire</u>. For clarity, the person with the memory disorder is designated as the "Patient"; all other persons are identified in terms of their relationship to the Patient, (i.e. the patient's children, brothers, sisters, etc.). You are encouraged to consult with other family members about the information elicited in this questionnaire. All Information obtained will be kept strictly confidential.

Please keep the following in mind when completing this questionnaire:

- DO NOT USE NICKNAMES.
- 2. When listing the children of any individual please include any miscarriages, stillbirths, therapeutic abortions, and adoptions.
- 3. For twins, please indicate if they are identical or fraternal.
- 4. Please indicate half-brothers and half-sisters; try to provide as much information on the half-sibling's other parent as possible.
- 5. When listing a female, please be sure to list her maiden and married name.
- 6. If more space is needed to list all of the individuals, please use the blank page provided at the end of the questionnaire.
- 7. If you are uncertain of the date or age, please try to estimate to the nearest year.
- 8. Please complete as much of the form as possible.

Thank you for your assistance.

SECTION 1: GENERAL INFORMATION

The Family History of				
, , <u>—</u>		(Patient's	s Name)	
Date of Initial Contact:				
Name of person comple	eting this form:			
Address:				
, tadi 000.				
Preferred Phone:			Email:	
Relationship to the Patient		(4) Sister		
(circle one)	(2) Daughter			
	(3) Son	(6) Other (sp	pecify)	_
List names, addresses, about this person's family	-		lose relatives or frie	ends who are most informed
<u>NAME</u>	ADDRESS	<u> </u>	<u>TELEPHONE</u>	<u>RELATIONSHIP</u>

SECTION 2: PATIE	<u>NT</u>					3
Name			S	Sex Da	te of Birth	
Name(First, Ma	aiden, La	ast)				
Birthplace						
Has he or she ever had any of	the follo	wing illne	esses:			
	<u>Yes</u>	<u>No</u>	<u>Unsure</u>			
Senility or dementia	Υ	Ν	?	Onset age:		
Memory disorder	Υ	Ν	?	Onset age:		
Behavior change	Υ	Ν	?	Onset age:		
Parkinson's disease	Υ	Ν	?	Onset age:		
Stroke	Υ	Ν	?	Onset age:		
Head Injury	Υ	Ν	?			
 Loss of consciousness 	Υ	Ν	?			
- Fracture	Υ	Ν	?			
SECTION 3: SPOUS	<u> 3E(S)</u>	OF T	HE PA	<u>TIENT</u>		
How many times has the patie	nt been r	married?	·	If the patier	nt has been n	narried more than once,
please fill out a section for eac	h spouse	Э.				
SPOUSE 1:						
<u></u>			0	D.	to of Divila	
Name(First, Ma	idon Lo	ot)	১	ex Da	ite of Birth	
If deceased, age at death and	date/yea	ar:				
Cause of death:						
Place of death (city & state):						
If autopsy, where performed:						
Has he or she ever had any of	the follo	wina illa	00000:			
rias ne or sne ever nad any or	Yes	No No	Unsure			
Senility or dementia	<u>103</u> Y	<u>110</u> N	?	Onset age:		
Memory disorder	Ϋ́	N	: ?	Onset age:		
Behavior change	Ϋ́	N	: ?	_		
Parkinson's disease				Onset age:		
	Y	N	?	Onset age:		
Stroke	Y	N	?	Onset age:		
Head Injury	Y	N	?			
- Loss of consciousness	Y	N	?			
- Fracture	Υ	N	?			
May we contact this relative	? Ye	s N	0			
•				or holow:		
If yes, please fill in the relative	o auditt	ο απα μι	ione numbe	FI DOIUW.		
Street			City		State	Zip
2500			Oity		3.0.0	- .⊬
Preferred Phone:			Email:			

SPOUSE 2: Name			c	Sex Da	ite of Birth	4
(First, Ma	aiden, La	st)				
If deceased, age at death and		, 				
Once a of double	•					
Place of death (city & state):						
· · ·						
If autopsy, where performed:	-					
Has be or she over had any of	the felle	مالن ممنس	00000:			
Has he or she ever had any of		_				
Conility or domentia	<u>Yes</u> Y	<u>No</u> N	<u>Unsure</u> ?	Opact agai		
Senility or dementia Memory disorder	Ϋ́	N	; ?	Onset age: Onset age:		
-	Ϋ́			_		
Behavior change		N	?	Onset age:		
Parkinson's disease	Y	N	?	Onset age:		
Stroke	Y	N	?	Onset age:		
Head Injury	Y	N	?			
- Loss of consciousness	Y	N	?			
- Fracture	Υ	N	?			
May we contact this relative	? Ye	s N	0			
-				or bolow:		
If yes, please fill in the relative	s addres	ss and pi	none numb	ei beiow.		
Street			City		State	Zip
Preferred Phone:			Email:			
SECTION 4: CHILDR	EN C)F TH	IE PATI	ENT		
How many children does/did th					nt has been i	married more than once,
please indicate which spouse	•					,
CHILD 1:	io trio pa	10111 01 0	aon oma .			
Name			Ç	Sex Da	te of Birth	
(First, Ma	aiden. La	st)				
•		•				
If deceased, age at death and	i date/ye	aı				
Cause of death:						
Place of death (city & state):						
If autopsy, where performed:						
Has he or she ever had any of	the follo	wing illn	esses:			
	<u>Yes</u>	<u>No</u>	<u>Unsure</u>			
Senility or dementia	Y	N	?	Onset age:		
Memory disorder	Υ	Ν	?	Onset age:		
Behavior change	Υ	Ν	?	Onset age:		
Parkinson's disease	Y	N	?	Onset age:		
Stroke	Ϋ́	N	?	Onset age:		
Head Injury	Ϋ́	N	?	Onset age.		
- Loss of consciousness	Ϋ́	N	; ?			
- Fracture	Y	N	?			
May we contact this relative of the second o			0			
	's addres	ss and pl	hone numb	er below:		
Stroot	's addres	ss and pl		er below:	State	710
Street	's addres	ss and pl	City	er below:	State	Zip

CHILD 2:						5
Name			S	Sex Da	te of Birth	
Name(First, Ma	iden, La	st)				
If deceased, age at death and						
	•					
Place of death (city & state):						
If autopsy, where performed:						
ii adtopoy, whole performed.						
Has he or she ever had any of	the follo	wing illne	esses:			
·	<u>Yes</u>	No.	<u>Unsure</u>			
Senility or dementia	Y	N	?	Onset age:		
Memory disorder	Υ	Ν	?	Onset age:		
Behavior change	Υ	Ν	?	Onset age:		
Parkinson's disease	Υ	Ν	?	Onset age:		
Stroke	Υ	Ν	?	Onset age:		
Head Injury	Υ	Ν	?	J		
- Loss of consciousness	Υ	Ν	?			
- Fracture	Υ	Ν	?			
May we contact this relative	? Ye	s N	0			
If yes, please fill in the relative	s addres	ss and pl	none numbe	er below:		
, y , p						
Street			City		State	Zip
Button I Bloom			F "			
Preferred Phone:			Email:			
CHILD 3:						
Name			S	Sex Da	te of Birth _	
	niden, La	st)	S	Sex Da	te of Birth _	
Name		•	S	Sex Da	te of Birth _	
Name(First, Ma		•	S	Sex Da	te of Birth _	
Name (First, Mall for deceased, age at death and Cause of death:		•	s	Sex Da	te of Birth _	
Name(First, Ma If deceased, age at death and Cause of death: Place of death (city & state):		•	S	Sex Da	te of Birth _	
Name (First, Mall for deceased, age at death and Cause of death:		•	S	Sex Da	te of Birth _	
Name (First, Ma If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed:	date/yea	ar:		Sex Da	te of Birth _	
Name(First, Ma If deceased, age at death and Cause of death: Place of death (city & state):	date/yea	ar:	esses:	Sex Da	te of Birth _	
Name (First, Mall for deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of	the follo	ar: wing illno	esses: <u>Unsure</u>		te of Birth _	
Name	the follo	wing illno	esses: <u>Unsure</u> ?	Onset age:		
Name	the follo Yes Y	wing illno	esses: <u>Unsure</u> ?	Onset age: Onset age:		
Name (First, Mall If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia Memory disorder Behavior change	the follo Yes Y	wing illno No N N N	esses: Unsure ? ? ?	Onset age: Onset age: Onset age:		
Name	the follo Yes Y Y Y	wing illno No N N N N N	esses: Unsure ? ? ? ?	Onset age: Onset age: Onset age: Onset age:		
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Email:

Preferred Phone:

						6
Name			S	ex Da	te of Birth	
(First, Ma	iden, La	st)				
If deceased, age at death and	date/yea	ar:				
Cause of death:						
Place of death (city & state):						
If autopsy, where performed:						
1 37						
Has he or she ever had any of	the follo	wing illn	esses:			
,	Yes	No.	Unsure			
Senility or dementia	Y	N	?	Onset age:		
Memory disorder	Υ	Ν	?	Onset age:		
Behavior change	Υ	Ν	?	Onset age:		
Parkinson's disease	Υ	Ν	?	Onset age:		
Stroke	Υ	Ν	?	Onset age:		
Head Injury	Υ	Ν	?	O .		
- Loss of consciousness	Υ	Ν	?			
- Fracture	Υ	Ν	?			
May we contact this relative? If yes, please fill in the relative!				er below:		
Street			City		State	Zip
Preferred Phone:			Email:			
CHILD 5: Name						
		4)	S	ex Da	te of Birth	
(First, Ma	iden, La	st)	S	ex Da	te of Birth	
(First, Ma		•	S	ex Da	te of Birth	
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(First, Ma If deceased, age at death and Cause of death:		ar:				
(First, Ma If deceased, age at death and Cause of death: Place of death (city & state):		ar:				
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(First, Ma If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia Memory disorder Behavior change Parkinson's disease	the follo Yes Y Y	wing illn No N N N N	esses: Unsure ? ? ? ? ? ? ?	Onset age: Onset age: Onset age: Onset age:		
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(First, Ma If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke Head Injury - Loss of consciousness - Fracture May we contact this relative?	the follo Yes Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	wing illnown Nown Nown Nown Nown Nown Nown Nown	esses: Unsure ? ? ? ? ? ? ? ? ?	Onset age: Onset age: Onset age: Onset age: Onset age:		
(First, Ma If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke Head Injury - Loss of consciousness - Fracture	the follo Yes Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	wing illnown Nown Nown Nown Nown Nown Nown Nown	esses: Unsure ? ? ? ? ? ? ? ? ?	Onset age: Onset age: Onset age: Onset age: Onset age:		
(First, Ma If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke Head Injury - Loss of consciousness - Fracture May we contact this relative? If yes, please fill in the relative!	the follo Yes Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	wing illnown Nown Nown Nown Nown Nown Nown Nown	esses: Unsure ? ? ? ? ? ? ? ? ? hone numbe	Onset age: Onset age: Onset age: Onset age: Onset age:		
(First, Ma If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke Head Injury - Loss of consciousness - Fracture May we contact this relative?	the follo Yes Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	wing illnown Nown Nown Nown Nown Nown Nown Nown	esses: Unsure ? ? ? ? ? ? ? ? ?	Onset age: Onset age: Onset age: Onset age: Onset age:		Zip

SECTION 5: PARENTS OF THE PATIENT

Preferred Phone:

MOTHER: Name			Ç	Sex Da	ite of Rirth		
(First, Mai	den, Las	t)		JCX Do	ite of birtin		_
If deceased, age at death and							
0 (1 (1	-						
Place of death (city & state):							
If autopsy, where performed:							
ii datopsy, where performed.							_
Has he or she ever had any of t	he follow <u>Yes</u>	ing illne No	esses: <u>Unsure</u>				
Senility or dementia	Y	N	?	Onset age:			
Memory disorder	Υ	N	?	Onset age:			
Behavior change	Υ	N	?	Onset age:			
Parkinson's disease	Υ	N	?	Onset age:			
Stroke	Υ	Ν	?	Onset age:			
Head Injury	Υ	Ν	?	· ·			
- Loss of consciousness	Υ	Ν	?				
- Fracture	Υ	Ν	?				
May we contact this relative?	Yes	N	0				
If yes, please fill in the relative's				er helow:			
ii yes, piease iii iii tile relative s	addiess	and pi	ione namb	ei below.			
Chroat			O:h.		Ctoto	7:	
Street			City		State	Zip	
Preferred Phone:			Email:				_
FATHER:							
Name			9	Sex Da	te of Birth		
(First, Mai	den, Las	t)			-		
If deceased, age at death and	date/vear	r:					
Cause of death:	, y c a						_
Place of death (city & state):							
If autopsy, where performed:							
ii autopsy, where perionneu.							
							_
Has he or she ever had any of t	he follow	vina illne	esses.				
Has he or she ever had any of t		•					
·	<u>Yes</u>	<u>No</u>	<u>Unsure</u>	Onset age:			
Senility or dementia	Yes Y	<u>No</u> N	Unsure ?	Onset age:			
Senility or dementia Memory disorder	Yes Y Y	No N N	Unsure ? ?	Onset age:			_
Senility or dementia Memory disorder Behavior change	Yes Y Y Y	No N N N	Unsure ? ? ?	Onset age: Onset age:			
Senility or dementia Memory disorder Behavior change Parkinson's disease	Yes Y Y Y Y	No N N N N N	Unsure ? ? ? ?	Onset age: Onset age: Onset age:			
Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke	Yes Y Y Y Y Y	NO N N N N N N	<u>Unsure</u> ? ? ? ? ? ?	Onset age: Onset age:			
Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke Head Injury	Yes Y Y Y Y Y Y	NO N N N N N N N	<u>Unsure</u> ? ? ? ? ? ? ?	Onset age: Onset age: Onset age:			
Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke Head Injury - Loss of consciousness	Yes Y Y Y Y Y Y Y Y Y Y Y	NO N N N N N N N N N N N N N N N N N N	<u>Unsure</u> ? ? ? ? ? ?	Onset age: Onset age: Onset age:			
Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke Head Injury - Loss of consciousness - Fracture	Yes Y Y Y Y Y Y Y	NO N N N N N N N N N N N N N N N N N N N	Unsure	Onset age: Onset age: Onset age:			
Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke Head Injury - Loss of consciousness	Yes Y Y Y Y Y Y Y	NO N N N N N N N N N N N N N N N N N N N	Unsure	Onset age: Onset age: Onset age:			
Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke Head Injury - Loss of consciousness - Fracture	Yes Y Y Y Y Y Y Yes	NO N N N N N N N N N N N N N N N N N N N	<u>Unsure</u> ? ? ? ? ? ? ? ? ?	Onset age: Onset age: Onset age: Onset age:			
Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke Head Injury - Loss of consciousness - Fracture May we contact this relative?	Yes Y Y Y Y Y Y Yes	NO N N N N N N N N N N N N N N N N N N N	<u>Unsure</u> ? ? ? ? ? ? ? ? ?	Onset age: Onset age: Onset age: Onset age:		Zip	

Email:

Email:

Preferred Phone:

list in chronological order (do r					ao any mare	died in childhood, and
SIBLING 1:	iot iiot pe	xti011t/j.				
Name			S	Sex Da	te of Birth	
(First, Ma	iden, La	ıst)			_	
If deceased, age at death and	•					
Place of death (city & state):						
If autopsy, where performed:						
Has he or she ever had any of						
Capility or domantia	<u>Yes</u> Y	<u>No</u> N	<u>Unsure</u> ?	Opent aga:		
Senility or dementia Memory disorder	Ϋ́	N	; ?	Onset age:	· · · · · · · · · · · · · · · · · · ·	
Behavior change	Ϋ́	N	?	Onset age:		
Parkinson's disease	Y	N	?	Onset age:		
	Y	N	; ?	Onset age:		
Stroke	Y	N	; ?	Onset age.		
Head Injury - Loss of consciousness	Y	N	; ?			
- Fracture	Y	N	; ?			
May we contact this relative if yes, please fill in the relative			lo hone numbe	er below:		
Street			City		State	Zip
Preferred Phone:			Email:			
SIBLING 2:						
Name			S	ex Da	te of Birth	
(First, Ma	iden, La	ıst)				
If deceased, age at death and Cause of death:	date/ye	ar:				
Place of death (city & state):						
If autopsy, where performed:						
Has he or she ever had any of		wing illn				
	<u>Yes</u>	<u>No</u>	<u>Unsure</u>	_		
Senility or dementia	Y	N	?	Onset age:		
Memory disorder	Y	N	?	Onset age:		
Behavior change	Υ	N	?	Onset age:		
Parkinson's disease	Υ	Ν	?	Onset age:		
Stroke	Υ	Ν	?	Onset age:		
Head Injury	Υ	Ν	?			
 Loss of consciousness 	Υ	Ν	?			
- Fracture	Υ	Ν	?			
May we contact this relative If yes, please fill in the relative			o hone numbe	er below:		
Street			City		State	Zip
Sileet						
Preferred Phone:			Email:			·

			S	sex Da	te of Rirth		10
Name(First, Ma	aiden, La	st)		Da			
If deceased, age at death and							
O							
Place of death (city & state):							
If autopsy, where performed:							
,							
Has he or she ever had any of	the follo	wing illn	esses:				
	<u>Yes</u>	<u>No</u>	<u>Unsure</u>				
Senility or dementia	Υ	N	?	Onset age:			
Memory disorder	Υ	N	?	Onset age:			
Behavior change	Υ	N	?	Onset age:			
Parkinson's disease	Y	N	?	Onset age:			
Stroke	Y	N	?	Onset age:			
Head Injury	Y	N	?				
- Loss of consciousness	Y	N	?				
- Fracture	Υ	N	?				
May we contact this relative	? Ye	s N	lo				
	la a alalua a			- n h - l			
If yes, please fill in the relative	s addres	ss and p	none numbe	er below:			
Street			City		State	Zip	
But and I Bloom			F"				
Preferred Phone:			Email:				
SIBLING 4:			_	_			
Name			S	Sex Da	te of Birth		
(FIRST IME		-11					
, ,	aiden, La	,					
If deceased, age at death and	•	,					
, ,	•	,					
If deceased, age at death and Cause of death: Place of death (city & state):	•	,					
If deceased, age at death and Cause of death:	•	,					
If deceased, age at death and Cause of death: Place of death (city & state):	•	,					
If deceased, age at death and Cause of death: Place of death (city & state):	d date/ye	ar:	esses:				
If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of	the follo	ar: wing illn	esses: <u>Unsure</u>				
If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia	the follo	wing illn No	esses: <u>Unsure</u> ?	Onset age:			
If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia Memory disorder	the follo Yes Y	wing illn No N	esses: <u>Unsure</u> ?	Onset age: Onset age:			
If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia Memory disorder Behavior change	the follo Yes Y	wing illn No N N N	esses: <u>Unsure</u> ? ? ?	Onset age: Onset age: Onset age:			
If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia Memory disorder Behavior change Parkinson's disease	the follo Yes Y Y Y	wing illn No N N N N N	esses: <u>Unsure</u> ? ? ? ?	Onset age: Onset age: Onset age: Onset age:			
If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke	the follo Yes Y Y Y Y	wing illn No N N N N N N	esses: Unsure ? ? ? ? ? ?	Onset age: Onset age: Onset age:			
If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke Head Injury	the follo Yes Y Y Y Y Y Y	wing illn No N N N N N N N N	esses: Unsure ? ? ? ? ? ? ?	Onset age: Onset age: Onset age: Onset age:			
If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke Head Injury - Loss of consciousness	the follo Yes Y Y Y Y Y Y Y Y	wing illn No N N N N N N N N N N N N N N N N N N	esses: Unsure ? ? ? ? ? ? ? ?	Onset age: Onset age: Onset age: Onset age:			
If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke Head Injury	the follo Yes Y Y Y Y Y Y	wing illn No N N N N N N N N	esses: Unsure ? ? ? ? ? ? ?	Onset age: Onset age: Onset age: Onset age:			
If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke Head Injury - Loss of consciousness	the follo Yes Y Y Y Y Y Y Y Y Y	wing illn No N N N N N N N N N N N N N N N N N N	esses: Unsure ? ? ? ? ? ? ? ?	Onset age: Onset age: Onset age: Onset age:			
If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke Head Injury - Loss of consciousness - Fracture May we contact this relative	the follo Yes Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	wing illn No N N N N N N N N N N N N N N N N N N	esses: Unsure ? ? ? ? ? ? ? ? ?	Onset age: Onset age: Onset age: Onset age: Onset age:			
If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke Head Injury - Loss of consciousness - Fracture	the follo Yes Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	wing illn No N N N N N N N N N N N N N N N N N N	esses: Unsure ? ? ? ? ? ? ? ? ?	Onset age: Onset age: Onset age: Onset age: Onset age:			
If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke Head Injury - Loss of consciousness - Fracture May we contact this relative	the follo Yes Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	wing illn No N N N N N N N N N N N N N N N N N N	esses: Unsure ? ? ? ? ? ? ? ? ?	Onset age: Onset age: Onset age: Onset age: Onset age:			
If deceased, age at death and Cause of death: Place of death (city & state): If autopsy, where performed: Has he or she ever had any of Senility or dementia Memory disorder Behavior change Parkinson's disease Stroke Head Injury - Loss of consciousness - Fracture May we contact this relative	the follo Yes Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	wing illn No N N N N N N N N N N N N N N N N N N	esses: Unsure ? ? ? ? ? ? ? ? ?	Onset age: Onset age: Onset age: Onset age: Onset age:		Zip	

SIBLING 5:							11
Name			S	Sex Da	ate of Birth		
(First, Ma	aiden, La	st)					
If deceased, age at death and	I date/yea	ar:					
Cause of death:							
Place of death (city & state):							
If autopsy, where performed:							
Has he or she ever had any of	the follo	wing illn	esses:				
•	<u>Yes</u>	No	<u>Unsure</u>				
Senility or dementia	Υ	Ν	?	Onset age:			
Memory disorder	Υ	Ν	?	Onset age:			
Behavior change	Υ	N	?	Onset age:			
Parkinson's disease	Υ	Ν	?	Onset age:			
Stroke	Υ	Ν	?	Onset age:			
Head Injury	Υ	Ν	?				
 Loss of consciousness 	Υ	Ν	?				
- Fracture	Υ	Ν	?				
May we contact this relative	? Ye	s N	lo				
-							
If yes, please fill in the relative	's addres	s and p	hone numbe	er below:			
Street			City		State	Zip	
			,			·	
Preferred Phone:			Email:				
SIBLING 6:							
Name			S	Sex Da	ate of Birth		
(First, Ma	aiden, La	st)					
If deceased, age at death and	I date/yea	ar:					
Cause of death:	•						
Place of death (city & state):							
If autopsy, where performed:							
с. с							
Has he or she ever had any of	the follo	wina illn	esses:				
	Yes	<u>No</u>	Unsure				
Senility or dementia	Y	N	?	Onset age:			
Memory disorder	Υ	N	?	Onset age:			
Behavior change	Υ	Ν	?	Onset age:			
Parkinson's disease	Υ	Ν	?	Onset age:			
Stroke	Υ	Ν	?	Onset age:			
Head Injury	Υ	Ν	?				
- Loss of consciousness	Υ	Ν	?				
- Fracture	Υ	Ν	?				
May we contact this relative	? Ye	s N	lo				
a, it o contact this rotative		· '\					
If yes, please fill in the relative	's addres	s and p	hone numbe	er below:			
Street			City		State	Zip	
			,		<u>-</u>	—· _F -	
Preferred Phone:			Email:				

Preferred Phone:

SECTION 8: OTHER AFFECTED RELATIVES

If the patient has or had any other relatives (grandparents, aunts, uncles, cousins, etc.) who have or have had memory difficulties or Alzheimer's disease that we have not asked about, please list each relative below:

RELATIVE 1:							
Relationship to patient:				Mother o	r father's side:		
Name				ex Da	ate of Birth		
(First, Ma	iden, L	₋ast)					
If deceased, age at death and	date/ye	ar:					
Cause of death:							
Place of death (city & state):							
If autopsy, where performed:							
Has he or she ever had any of	the follo	wina illne	secce:				
has he of she ever had any of	Yes	No No	Unsure				
Senility or dementia	<u>163</u> Y	<u>110</u> N	?	Onset age:			
Memory disorder	Ϋ́	N	?	Onset age:	·		
Behavior change	Ϋ́	N	?	Onset age:			
Parkinson's disease	Ϋ́	N	?	Onset age:			
Stroke	Ϋ́	N	?	Onset age:			
Head Injury	Ϋ́	N	?	on our argui			
- Loss of consciousness	Ϋ́	N	?				
- Fracture	Y	N	?				
May we contact this relative?) Ve	es N	^				
If yes, please fill in the relative's				er below:			
ii yoo, piodoo iii iii tilo rolativo	o addi o	oo ana pi	iono mambe	or bolow.			
011			0:1		01-1-		
Street			City		State	Zip	
Preferred Phone:			Email:				
RELATIVE 2:							
Relationship to patient:					r father's side:		
Name			S	ex Da	ate of Birth		
(First, Ma	iden, L	.ast)					
If deceased, age at death and	date/ye	ar:					
Cause of death:							
Place of death (city & state):							
If autopsy, where performed:							
Has he or she ever had any of	the follo	wing illne	esses:				
	Yes	<u>No</u>	<u>Unsure</u>				
Senility or dementia	Υ	Ν	?	Onset age:			
Memory disorder	Υ	Ν	?	Onset age:			
Behavior change	Υ	Ν	?	Onset age:			
Parkinson's disease	Υ	Ν	?	Onset age:			
Stroke	Υ	Ν	?	Onset age:	- <u></u> -		
Head Injury	Υ	N	?				
- Loss of consciousness	Υ	N	?				
- Fracture	Υ	N	?				
May we contact this relative?							
If yes, please fill in the relative's	s addres	ss and ph	none numbe	er below:			
Street			City		State	Zip	

Email: