

Family Composition

Collection date of family composition information:

(DD-MM-YYYY)

FAMILY COMPOSITION

It has been confirmed that the participant understands the following family relational terms:

- ☐ Biological
- ☐ Adopted
- ☐ Nuclear
- ☐ Extended

Does the participant have biological siblings with whom they share at least one parent? (half siblings and those who have passed away are included)

- ☐ Yes
- ☐ No
- ☐ Not Sure

Does the participant have 'siblings' with whom they do not share any parents? (those who have passed away are included)

- ☐ Yes
- ☐ No
- ☐ Not Sure

How many biological siblings (including those passed away) does the participant have?

Does the participant have any stepchildren or adopted children?

- ☐ Yes
- ☐ No

How many biological children does the participant have?

How many of the participant's nuclear family members are alive?

How many of the participant's nuclear family members have passed away?

(If ANY) Indicate the health conditions that may have contributed to their death/s:

- ☐ Cancer
- ☐ Cardiovascular System Disorder
- ☐ Circulatory System Disorder
- ☐ Digestive System Disorder
- ☐ Endocrine System Disorder
- ☐ Infectious Disease
- ☐ Integumentary System Disorder
- ☐ Mental Disorder
- ☐ Musculoskeletal System Disorder
- ☐ Nervous System Disorder
- ☐ Respiratory System Disorder
- ☐ Other

(If Other) Specify other health condition/s contributing to cause of death/s:

If known, provide the specific health condition/s contributing to cause of death/s:

Provide a brief narrative about the participant's
overall nuclear and extended family health:

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