

Family History Questions

Digital version of this form

The digital form is preferred, but you can also answer these questions on paper, in a word document, spreadsheet, or other method of your choosing.

1. Enter your first and last initial.
2. Select a family member to provide medical history
3. Is your family member living?
4. How old is your family member?
5. How old was your family member when they passed away?
6. What was the cause of death, to the best of your knowledge, and in the most detail you know?
7. Please read each medical problem and select any that apply to your family member (There is an “other” option at the bottom. You will also have an opportunity to provide more details in the next question.)
 - Heart Attack (Myocardial Infarction)
 - Stroke
 - Cancer
 - Dementia or Cognitive Impairment
 - Diabetes
 - Obesity
 - High Blood Pressure
 - Hypercholesterolemia or Dyslipidemia
 - Fatty Liver Disease
 - Sudden Cardiac Death or Sudden Death
 - Congenital Heart Abnormality (born with a heart problem)
 - Coronary Artery Disease / Atherosclerosis

- Congestive Heart Failure
 - Carotid Artery Disease
 - Peripheral Arterial Disease
 - Heart Valve Problems (e.g. Aortic Stenosis)
 - Abnormal Heart Rhythm (e.g. SVT, Atrial Fibrillation, Ventricular Tachycardia)
 - Syncope (fainting)
 - Aneurysm (e.g. of the blood vessels of the brain, heart, or aorta)
 - Connective Tissue Disorder (e.g. Marfan's, Ehlers Danlos, etc.)
 - Pulmonary Embolism (blood clot in the arteries of the lungs)
 - Deep Vein Thrombosis (blood clot in the veins of the legs, pelvis, or brain)
 - Other blood clot
 - Blood Clotting Disorder (e.g. Factor V Leiden, Protein C deficiency, etc.)
 - Seizures
 - Psychiatric Illness (e.g. schizophrenia, bipolar disorder, major depression)
 - Arthritis
 - Gout
 - Inflammatory bowel disease (e.g. Crohn's, Ulcerative Colitis)
 - Autoimmune Conditions (e.g. Lupus, Sjogren's, Rheumatoid Arthritis)
 - Thyroid Problems
 - Please also indicate other problems you're aware of whether or not they're on this list.
8. For each condition listed in answer to the prior question, provide as much detail as possible about the diagnosis, the age of onset, circumstances, treatments, and outcomes.
 9. Where did the family member spend most of their life (Provide the most accurate geographical detail possible)?
 10. Did the family member smoke cigarettes?
 11. How many packs per day and for how many years (e.g. 1 pack per day for 20 years)?
 12. Did the family member drink alcohol?
 13. Indicate the amount of alcohol consumption (e.g. 1 glass of red wine nightly for 20 years).
 14. Provide any additional information you have about this family member's ethnicity, genetics, or any additional information about their life, health, and/or circumstances of aging and death that might be relevant to assessing their health - (e.g. occupation, diet, exposures, etc).

