

Protocol ID: \_\_\_\_\_

Study Name: \_\_\_\_\_

Site: \_\_\_\_\_

Event Name: \_\_\_\_\_

Event Date: \_\_\_\_\_

Study Subject ID: \_\_\_\_\_

Interviewer Name: \_\_\_\_\_

Interview Date: \_\_\_\_\_

**BLSA Family History - Ver 1.1****Section Title: Family History****Instructions:**

Family History of Dementia and Related Mental Health Issues

Date Completed \_\_\_\_\_

Tester ID \_\_\_\_\_

Did/does anyone in your immediate family have a history of Dementia, Alzheimer's Disease or Other Memory Loss?

☐ Yes ☐ No ☐ Don't Know    Click to deselect entry

Disorder	Relationship	Onset age	Other Relationship Specify:
<input type="radio"/> Dementia			
<input type="radio"/> Alzheimer's Disease			
<input type="radio"/> Other Memory Loss			

	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Sister <input type="radio"/> Brother <input type="radio"/> Maternal Grandmother <input type="radio"/> Maternal Grandfather <input type="radio"/> Paternal Grandmother <input type="radio"/> Paternal Grandfather <input type="radio"/> Other <input type="radio"/> Maternal Aunt <input type="radio"/> Maternal Uncle <input type="radio"/> Paternal Aunt <input type="radio"/> Paternal Uncle		
<input type="radio"/> Dementia <input type="radio"/> Alzheimer's Disease <input type="radio"/> Other Memory Loss	<input type="radio"/> Mother <input type="radio"/> Father <input type="radio"/> Sister <input type="radio"/> Brother <input type="radio"/> Maternal Grandmother <input type="radio"/> Maternal Grandfather <input type="radio"/> Paternal Grandmother <input type="radio"/> Paternal Grandfather <input type="radio"/> Other <input type="radio"/> Maternal Aunt <input type="radio"/> Maternal Uncle <input type="radio"/> Paternal Aunt <input type="radio"/> Paternal Uncle		

Did/does anyone in your immediate family have a history of Down's Syndrome or Mental Retardation?

☐ Yes ☐ No ☐ Don't Know [Click to deselect entry](#)

Disorder	Relationship	Age at disability:
<input type="radio"/> Down's Syndrome <input type="radio"/> Mental Retardation	<input type="radio"/> Sister <input type="radio"/> Brother <input type="radio"/> Aunt <input type="radio"/> Uncle <input type="radio"/> Cousin <input type="radio"/> Children <input type="radio"/> Grandchildren	
<input type="radio"/> Down's Syndrome <input type="radio"/> Mental Retardation	<input type="radio"/> Sister <input type="radio"/> Brother <input type="radio"/> Aunt <input type="radio"/> Uncle <input type="radio"/> Cousin <input type="radio"/> Children <input type="radio"/> Grandchildren	

Maternal History: Age at the time of birth, Current Age or Age at death.			
Age at birth	Alive or Deceased	Current Age	Age at death
	<input type="radio"/> Alive <input type="radio"/> Deceased		

Paternal History: Age at the time of birth, Current Age or Age at death.			
Age at birth	Alive or Deceased	Current Age	Age at death
	<input type="radio"/> Alive <input type="radio"/> Deceased		

Birth order #/out of: