Protocol ID: _____   Study Subject ID:_____

Study Name: _____   Interviewer Name:_____

Site: _____   Interview Date:_____

Event Name: _____

Event Date: _____

BLSA Family History - Ver 1.0

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:
◯ Dementia	◯ Mother		
◯ Alzheimer's Disease	◯ Father		
◯ Other Memory Loss	◯ Sister		
	◯ Brother		
	◯ Maternal Grandmother		
	◯ Maternal Grandfather		
	◯ Paternal Grandmother		
	◯ Paternal Grandfather		
	◯ Other		

⃝ Dementia	⃝ Mother		
⃝ Alzheimer's Disease	⃝ Father		
⃝ Other Memory Loss	⃝ Sister		
	⃝ Brother		
	⃝ Maternal Grandmother		
	⃝ Maternal Grandfather		
	⃝ Paternal Grandmother		
	⃝ Paternal Grandfather		
	⃝ Other		

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:
⃝ Down's Syndrome ⃝ Mental Retardation	⃝ Sister ⃝ Brother ⃝ Aunt ⃝ Uncle ⃝ Cousin	
⃝ Down's Syndrome ⃝ Mental Retardation	⃝ Sister ⃝ Brother ⃝ Aunt ⃝ Uncle ⃝ Cousin	

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
	⃝ Alive ⃝ 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
	⭕ Alive ⭕ Deceased		

Birth order #/out of: