Protocol ID:				Study Subject ID:								
Study Name:				Interviewer Name:								
Site:	<u></u>			Interview Date:								
Event Name:												
Event Date:												
		BLSA	Family History	- Ver 1.1								
Section Title: Fa	amily 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? O Yes O No O Don't Know Click to deselect entry												
Disorder	Relationship	Onset age Othe	r Relationship Specify:									
O Dementia												
Other Manager Lease												
Other Memory Loss												

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

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

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

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Disorder

O Down's Syndro	ome	O Sister			
Mental Retardation		O Brother			
		O Aunt			
		O Uncle			
		O Cousin			
		O Children			
		O Grandchildren			
O Down's Syndro	ome	O Sister			
Mental Retardation					
		O Aunt			
		O Uncle			
		O Cousin			
		O Children			
		O Grandchildren			
Maternal Histo	orv: A	ge at the time o	f bi	irth. Current Ac	ge or Age at death.
Age at birth		e or Deceased		Current Age	Age at death
	O A	live			
	00	eceased			
Datamal Histo	m A		: h:	rth Current Ac	o or Ago at doath
Age at birth	¬ -	ge at the time of e or Deceased	DI	rtn, Current Ag Current Age	e or Age at death. Age at death
Age at birtii	_	Alive		carrent Age	Age at acati
		eceased			

Age at disability:

Relationship

Birth order #/out of:

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