

Form A3: Participant Family History

ADRC name: _____ Participant ID: _____ Form date: ____ / ____ / ____

Visit #: _____ Examiner's initials: _____

INSTRUCTIONS: *This form is to be completed by a clinician with experience in evaluating patients with neurological problems and psychiatric conditions. Estimates are allowed if exact birth year or age at death is unknown. For additional clarification and examples, see the UDS Coding Guidebook for Initial Visit Packet, Form A3.*

1. Are there affected first-degree relatives (biological parents, full siblings, or biological children)?
- "Affected" = having dementia or one of the non-normal diagnoses
(Appendix 1, Page 5)
- ☐ 0 No
☐ 1 Yes
☐ 9 Unknown

SECTION 1 - Biological Parents

See list of codes (below):	Birth year (9999=Unknown)	Age at death (888=N/A, 999 = Unknown)	Primary neurological problem /psychiatric condition*	Primary Dx**	Method of evaluation***	Age of onset (999 = Unknown)
			2a. Mother	___ _ _ _	___ _ _	___
2b. Father	___ _ _ _	___ _ _	___	___ _ _	___	___ _ _ _

Codes

*NEUROLOGICAL PROBLEMS & PSYCHIATRIC CONDITIONS

- 1 No known neurological illness
- 2 Dementia syndrome typical of Alzheimer Disease (AD)
- 3 Dementia syndrome typical of non-AD disease
(ex. LBD, FTLT, Vascular dementia)
- 4 Dementia syndrome of uncertain etiology or not
typical of AD, LBD, FTLT, etc.
- 5 Other neurologic disorder including Parkinsonism, ALS
- 6 Psychiatric condition
- 8 Unknown

**PRIMARY DIAGNOSIS

See Appendix 1 on Page 5 of this form.

***METHOD OF EVALUATION

- 1 Participant/family report
- 2 Medical records
- 3 Exam
(co-enrolled family members)
- 4 Autopsy
(if autopsy report available)

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YEAR OF BIRTH FOR FULL SIBLINGS & BIOLOGICAL CHILDREN: If birth year is unknown, please provide an approximate year on UDS Initial Visit Form A3 and UDS Follow-up Visit Form A3 so that the sibling or child with unknown birth year ends up in correct birth order relative to the other siblings/children.

Example: A participant is the oldest of three children. The participant was born in 1940 and the middle sibling in 1943; the youngest sibling's birth year is unknown. An approximate birth year of 1944 or later should be assigned to the youngest sibling.

Use that same birth year on FTLD Module Form A3a, *if applicable*, and across all UDS visits so that any new information on a particular sibling or child can be linked to previously submitted information. If it is impossible for the participant and co-participant to estimate the birth year, enter 9999=Unknown.

SECTION 2 - Full Siblings

3. How many full siblings does the participant have?

If participant has no full siblings, **SKIP TO QUESTION 7**; otherwise, provide information on all full siblings.

For any full sibling with a neurological or psychiatric condition, the entire row must be filled out.

If the clinician cannot determine the primary neurological problem/psychiatric condition after reviewing all available evidence, enter 9=Unknown in the Primary neurological problem/psychiatric condition column, and then skip the subsequent questions in the row. For a sibling with no neurological or psychiatric problem, enter 8=N/A—no neurological problem or psychiatric condition in the Primary neurological problem/psychiatric condition column, and then skip the subsequent questions in the row.

See list of codes (page 1):	Birth year 9999=Unknown	Age at death 888=N/A, 999=Unknown	Primary neurological problem/psychiatric condition*	Primary Dx**	Method of evaluation***	Age of onset 999=Unknown
..... SEE LIST OF CODES						
3a. Sibling 1	_____	_____	_____	_____	_____	_____
3b. Sibling 2	_____	_____	_____	_____	_____	_____
3c. Sibling 3	_____	_____	_____	_____	_____	_____
3d. Sibling 4	_____	_____	_____	_____	_____	_____
3e. Sibling 5	_____	_____	_____	_____	_____	_____
3f. Sibling 6	_____	_____	_____	_____	_____	_____
3g. Sibling 7	_____	_____	_____	_____	_____	_____
3h. Sibling 8	_____	_____	_____	_____	_____	_____

continued...

SECTION 2 - Full Siblings

See list of codes (page 1):	Birth year 9999=Unknown	Age at death 888=N/A, 999=Unknown	Primary neurological problem/psychiatric condition*	Primary Dx**	Method of evaluation***	Age of onset 999=Unknown
		 SEE LIST OF CODES			
3i. Sibling 9	_____	_____	_____	_____	_____	_____
3j. Sibling 10	_____	_____	_____	_____	_____	_____
3k. Sibling 11	_____	_____	_____	_____	_____	_____
3l. Sibling 12	_____	_____	_____	_____	_____	_____
3m. Sibling 13	_____	_____	_____	_____	_____	_____
3n. Sibling 14	_____	_____	_____	_____	_____	_____
3o. Sibling 15	_____	_____	_____	_____	_____	_____
3p. Sibling 16	_____	_____	_____	_____	_____	_____
3q. Sibling 17	_____	_____	_____	_____	_____	_____
3r. Sibling 18	_____	_____	_____	_____	_____	_____
3s. Sibling 19	_____	_____	_____	_____	_____	_____
3t. Sibling 20	_____	_____	_____	_____	_____	_____

continued...

SECTION 3 - Biological Children**4.** How many biological children does the participant have?

If participant has no biological children, **END FORM HERE**; otherwise, provide information on all biological children.

For any biological child with a neurological or psychiatric condition, the entire row must be filled out. If the clinician cannot determine the primary neurological problem/psychiatric condition after reviewing all available evidence, enter 9=Unknown in the **Primary neurological problem/psychiatric condition** column, and then skip the subsequent questions in the row. For a biological child with no neurological or psychiatric problem, enter 8=N/A—no neurological problem or psychiatric condition in the **Primary neurological problem/psychiatric condition** column, and then skip the subsequent questions in the row.

See list of codes (page 1):	Birth year (9999=Unknown)	Age at death (888=N/A, 999=Unknown)	Primary neurological problem/psychiatric condition*	Primary Dx**	Method of evaluation***	Age of onset (999=Unknown)
		 SEE LIST OF CODES			
4a. Child 1	_____	_____	_____	_____	_____	_____
4b. Child 2	_____	_____	_____	_____	_____	_____
4c. Child 3	_____	_____	_____	_____	_____	_____
4d. Child 4	_____	_____	_____	_____	_____	_____
4e. Child 5	_____	_____	_____	_____	_____	_____
4f. Child 6	_____	_____	_____	_____	_____	_____
4g. Child 7	_____	_____	_____	_____	_____	_____
4h. Child 8	_____	_____	_____	_____	_____	_____
4i. Child 9	_____	_____	_____	_____	_____	_____
4j. Child 10	_____	_____	_____	_____	_____	_____
4k. Child 11	_____	_____	_____	_____	_____	_____
4l. Child 12	_____	_____	_____	_____	_____	_____
4m. Child 13	_____	_____	_____	_____	_____	_____
4n. Child 14	_____	_____	_____	_____	_____	_____
4o. Child 15	_____	_____	_____	_____	_____	_____

continued...

**** Appendix 1: Diagnosis Codes**

01	Alzheimer's Disease
02	Lewy Body dementia (includes DLB and PDD)
03	Vascular dementia
04	FTLD* without motor neuron disease
05	FTLD* with motor neuron disease
06	Motor Neuron Disease
07	Parkinson's Disease
08	Prion pathology
09	Other
99	Specific diagnosis unknown (<i>acceptable if method of evaluation is not by exam or autopsy</i>)

***FTLD includes:** bvFTD or FTD, PPA (any subtype), CBS or CBD, PSP

Abbreviations: bvFTD=behavioral variant frontotemporal dementia, CBS=corticobasal syndrome, CBD=corticobasal degeneration, DLB=dementia with Lewy bodies, FTD=frontotemporal dementia, PDD=Parkinson's disease with dementia, PPA=primary progressive aphasia, PSP=progressive supranuclear palsy