FAMILY HISTORY

_____

H1A.   This section is a brief family history. Please tell me the names of his/her sons and daughters <u>starting with the oldest and continuing to the youngest</u>. Do not include children who are adopted or step-children.

RECORD FIRST NAME OF EACH CHILD THEN ASK QUESTIONS ACROSS COLUMNS.

BIRTH ORDER	FIRST NAME	RELATIONSHIP 4 = SON 5 = DAUGHTER	Is (NAME) living? Y N DK	What is (NAME'S) approximate age or age at time of death? DK = 998	Did (NAME) ever have a heart attack, stroke or other cardiovascular problem? YES NO DK	Did (NAME) ever have memory problems? YES NO DK
31		4 5	1 2 8	λ___*___*___*	1 2 8	1 2 8
32		4 5	1 2 8	λ___*___*___*	1 2 8	1 2 8
33		4 5	1 2 8	λ___*___*___*	1 2 8	1 2 8
34		4 5	1 2 8	λ___*___*___*	1 2 8	1 2 8
35		4 5	1 2 8	λ___*___*___*	1 2 8	1 2 8
36		4 5	1 2 8	λ___*___*___*	1 2 8	1 2 8
37		4 5	1 2 8	λ___*___*___*	1 2 8	1 2 8
38		4 5	1 2 8	λ___*___*___*	1 2 8	1 2 8
39		4 5	1 2 8	λ___*___*___*	1 2 8	1 2 8
40		4 5	1 2 8	λ___*___*___*	1 2 8	1 2 8
41		4 5	1 2 8	λ___*___*___*	1 2 8	1 2 8
42		4 5	1 2 8	λ___*___*___*	1 2 8	1 2 8
43		4 5	1 2 8	λ___*___*___*	1 2 8	1 2 8
44		4 5	1 2 8	λ___*___*___*	1 2 8	1 2 8
45		4 5	1 2 8	λ___*___*___*	1 2 8	1 2 8
46		4 5	1 2 8	λ___*___*___*	1 2 8	1 2 8

FAMILY HISTORY

_____

H1. This section is a brief family history. Please tell me the names of his/her brothers and sisters <u>starting with</u> <u>the oldest and continuing to the youngest</u>. Please include his/her name in the list. Do not include siblings that are adopted, step, half brothers or sisters.

RECORD FIRST NAME OF EACH SIBLING THEN ASK QUESTIONS ACROSS COLUMNS.

BIRTH ORDER	FIRST NAME	RELATIONSHIP 1 = BROTHER 2 = SISTER 3 = SELF	Is (NAME) living? Y N DK	What is (NAME'S) approximate age or age at time of death? DK = 998	Did (NAME) ever have a heart attack, stroke or other cardiovascular problem? YES NO DK	Did (NAME) ever have memory problems? YES NO DK
1		1 2 3	1 2 8	λ___*___*___*	1 2 8	1 2 8
2		1 2 3	1 2 8	λ___*___*___*	1 2 8	1 2 8
3		1 2 3	1 2 8	λ___*___*___*	1 2 8	1 2 8
4		1 2 3	1 2 8	λ___*___*___*	1 2 8	1 2 8
5		1 2 3	1 2 8	λ___*___*___*	1 2 8	1 2 8
6		1 2 3	1 2 8	λ___*___*___*	1 2 8	1 2 8
7		1 2 3	1 2 8	λ___*___*___*	1 2 8	1 2 8
8		1 2 3	1 2 8	λ___*___*___*	1 2 8	1 2 8
9		1 2 3	1 2 8	λ___*___*___*	1 2 8	1 2 8
10		1 2 3	1 2 8	λ___*___*___*	1 2 8	1 2 8
11		1 2 3	1 2 8	λ___*___*___*	1 2 8	1 2 8
12		1 2 3	1 2 8	λ___*___*___*	1 2 8	1 2 8
13		1 2 3	1 2 8	λ___*___*___*	1 2 8	1 2 8
14		1 2 3	1 2 8	λ___*___*___*	1 2 8	1 2 8
15		1 2 3	1 2 8	λ___*___*___*	1 2 8	1 2 8
16		1 2 3	1 2 8	λ___*___*___*	1 2 8	1 2 8

FAMILY HISTORY

_____

H2.　Now I would like to ask you the same information about his/her biological parents starting with your father.

ADOPTED NO INFO (*GO TO H3*)　1
DK IF R IS ADOPTED　8
(COMPLETE CHART ANYWAY)

RELATIONSHIP	CODE	FIRST NAME	Is (NAME) living?	What is (NAME'S) approximate age or age at time of death?	Did (NAME) ever have a heart attack, stroke or other cardiovascular problem?			Did (NAME) ever have memory problems?		
			Y　N　DK	DK = 998	YES	NO	DK	YES	NO	DK
FATHER	77		1　2　8	λ___*___*___*	1	2	8	1	2	8
MOTHER	88		1　2　8	λ___*___*___*	1	2	8	1	2	8

INTERVIEWER CHECKPOINT: DID ANY SIBLING OR PARENT HAVE MEMORY PROBLEMS?

YES (CONTINUE)　1
NO (*GO TO H4*)....　2

H3.　Now I'd like to ask you a few questions about those relatives who experienced memory problems.
(INCLUDE SUBJECT IF HE IS HAVING MEMORY PROBLEMS)
RECORD NAME FROM H1 OR H2 WITH MEMORY PROBLEMS.

A.　NAME _____　　CODE = |__|__|

1.　How old was (NAME) when (he/she) started having memory problems? (DK = 998)

AGE...............................
*_*_*_*

2. Did the memory problems begin suddenly or slowly?

SUDDENLY............................1
SLOWLY................................2
DK..8

3.　Did the memory problems get worse over time?

YES..1
NO..2
DK..8

4. (Did/do) the memory problems cause limitations with daily activities?

YES (RECORD)......................1
NO (*GO TO 5*).........................2
DK (*GO TO 5*).........................8

SPECIFY TYPE OF LIMITATIONS. (e.g., work social activities of daily living, cooking, driving, handling money and finances)
BE SPECIFIC- USE ABOVE EXAMPLES AS PROBES

RECORD: _____

_____

_____

_____

5. Did a doctor ever give a diagnosis for the
cause of the memory trouble?

    YES (RECORD)..............................1
NO (*GO TO 6*)...............................2
DK (*GO TO 6*)...............................8

SPECIFY THE DIAGNOSIS.

RECORD: _____

_____

```
┌─────────────────────────────────────────┐
│        IF DECEASED CONTINUE               │
│  IF LIVING GO TO THE NEXT CHECKPOINT      │
└─────────────────────────────────────────┘
```

6. IF DECEASED: What was the cause of death?

RECORD: _____

7. Was an autopsy performed?

    YES 1
NO..2
DK..8

```
┌─────────────────────────────────────────┐
│  INTERVIEWER CHECKPOINT: ARE THERE        │
│  OTHER RELATIVES LISTED WITH MEMORY       │
│            PROBLEMS?                       │
└─────────────────────────────────────────┘
```

    YES 1
NO (*GO TO H4*)..   2

RECORD NAME FROM H1 OR H2 WITH MEMORY
PROBLEMS.
  B. NAME _____

    CODE = |__|__|

1. How old was (NAME) when (he/she) started having
memory problems? (DK = 998)

    AGE................................
*_*_*_*

2. Did the memory problems begin suddenly or slowly?

    SUDDENLY.............................1
SLOWLY.................................2
DK...8

3. Did the memory problems get worse over time?

    YES..1
NO...2
DK...8

4. (Did/do) the memory problems cause limitations with
daily activities?

    YES (RECORD)......................1
NO (*GO TO 5*)........................ 2
DK (*GO TO 5*).........................8

SPECIFY TYPE OF LIMITATIONS. (e.g., work social activities
of daily living, cooking, driving, handling money and finances)
BE SPECIFIC- USE ABOVE EXAMPLES AS PROBES

RECORD: _____

_____

_____

_____

5. Did a doctor ever give a diagnosis for the cause of the memory trouble?

YES (RECORD)..............................1
NO (*GO TO 6*)...............................2
DK (*GO TO 6*)...............................8

SPECIFY THE DIAGNOSIS.

RECORD: _____

_____

```
┌─────────────────────────────────────┐
│         IF DECEASED CONTINUE          │
│  IF LIVING GO TO THE NEXT CHECKPOINT  │
└─────────────────────────────────────┘
```

6. IF DECEASED: What was the cause of death?

RECORD: _____

7. Was an autopsy performed?

YES 1
NO...2
DK 8

```
┌─────────────────────────────────────┐
│  INTERVIEWER CHECKPOINT: ARE THERE    │
│  OTHER RELATIVES LISTED WITH MEMORY   │
│              PROBLEMS?                 │
└─────────────────────────────────────┘
```

YES 1
NO (*GO TO H4*)..   2

RECORD NAME FROM H1 OR H2 WITH MEMORY PROBLEMS.
  C. NAME _____

CODE = |__|__|

1. How old was (NAME) when (he/she) started having memory problems?   (DK = 998)

AGE...............................
*_*_*_*

2. Did the memory problems begin suddenly or slowly?

SUDDENLY..............................1
SLOWLY...................................2
DK..8

3. Did the memory problems get worse over time?

YES...1
NO..2
DK..8

4. (Did/do) the memory problems cause limitations with daily activities?

YES (RECORD).......................1
NO (*GO TO 5*).........................2
DK (*GO TO 5*).........................8

SPECIFY TYPE OF LIMITATIONS. (e.g., work social activities of daily living, cooking, driving, handling money and finances)
BE SPECIFIC- USE ABOVE EXAMPLES AS PROBES

RECORD: _____

_____

_____

_____

5. Did a doctor ever give a diagnosis for the   YES (RECORD).............................1
cause of the memory trouble?   NO (*GO TO 6*)...............................2

    DK (*GO TO 6*)...............................8

SPECIFY THE DIAGNOSIS.

RECORD: _____

_____

IF DECEASED CONTINUE
IF LIVING GO TO THE NEXT CHECKPOINT

6. IF DECEASED: What was the cause of death?

RECORD: _____

7. Was an autopsy performed?   YES 1

    NO..2

    DK 8

INTERVIEWER CHECKPOINT: ARE THERE OTHER RELATIVES LISTED WITH MEMORY PROBLEMS?	YES 1
	NO (*GO TO H4*).. 2

H4.   Now I am going to read you a list of problems people sometimes have. <u>For those relatives we've been talking about, (NAME's)</u> **full brothers and sisters, biological parents and biological children**, please tell me if any of them have been told by a doctor that they had: *(DO NOT INCLUDE SUBJECT)*

	YES	NO	DK
A. Alzheimer's Disease?	1	2	8
B. Parkinson's Disease?	1	2	8
C. Down's Syndrome?	1	2	8
D. Senile Dementia?	1	2	8
E. "Hardening of the Arteries?"	1	2	8
F. Mini-strokes or TIA's?	1	2	8
G. "Arteriosclerosis of the brain?"	1	2	8
H. Any other neurological conditions?	1	2	8

SPECIFY: _____

SPECIFY: _____