Exam 7
Family History

Participant ID #: ⬚⬚⬚⬚⬚⬚⬚   Acrostic: ⬚⬚⬚⬚⬚⬚⬚

Technician ID: ⬚⬚⬚⬚   Date: ⬚⬚ / ⬚⬚ / ⬚⬚⬚⬚
Month Day Year

1. Do you have any first-degree relatives (biological parents, full siblings, or biological children?) who have or had cognitive impairment, dementia, or Alzheimer's disease (AD)?

○ Yes ⟶ **Complete cognitive impairment, dementia, or Alzheimer's disease (AD) section below**

○ No ⟶ **Go to question 2**

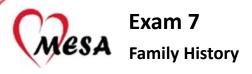○ Unknown ⟶ **Go to question 2**

Please provide details below for each affected first-degree relative including parents, siblings, and children

1a. Biological Parents

	Dementia?	Alzheimer's Disease?	Cognitive impairment?	If yes, what was the age of onset?
Mother	Yes No	Yes No	Yes No	
Father	Yes No	Yes No	Yes No	

1b. Full Siblings

	Dementia?	Alzheimer's Disease?	Cognitive impairment?	If yes, what was the age of onset?
Sibling 1	Yes No	Yes No	Yes No	
Sibling 2	Yes No	Yes No	Yes No	
Sibling 3	Yes No	Yes No	Yes No	
Sibling 4	Yes No	Yes No	Yes No	
Sibling 5	Yes No	Yes No	Yes No	
Sibling 6	Yes No	Yes No	Yes No	
Sibling 7	Yes No	Yes No	Yes No	
Sibling 8	Yes No	Yes No	Yes No	
Sibling 9	Yes No	Yes No	Yes No	
Sibling 10	Yes No	Yes No	Yes No	
Sibling 11	Yes No	Yes No	Yes No	
Sibling 12	Yes No	Yes No	Yes No	

1c. Biological Children

	Dementia?		Alzheimer's Disease?		Cognitive impairment?		If yes, what was the age of onset?
Child 1	Yes	No	Yes	No	Yes	No	
Child 2	Yes	No	Yes	No	Yes	No	
Child 3	Yes	No	Yes	No	Yes	No	
Child 4	Yes	No	Yes	No	Yes	No	
Child 5	Yes	No	Yes	No	Yes	No	
Child 6	Yes	No	Yes	No	Yes	No	
Child 7	Yes	No	Yes	No	Yes	No	
Child 8	Yes	No	Yes	No	Yes	No	
Child 9	Yes	No	Yes	No	Yes	No	
Child 10	Yes	No	Yes	No	Yes	No	
Child 11	Yes	No	Yes	No	Yes	No	
Child 12	Yes	No	Yes	No	Yes	No	

2. Do you have any first-degree relatives (biological parents, full siblings, or biological children?) who have or had a stroke or transient ischemic attack (TIA)?

○ Yes ⟶ **Complete stroke or transient ischemic attack (TIA) section below**

○ No ⟶ **End form**

○ Unknown ⟶ **End form**

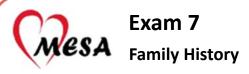**Please provide details below for each affected first-degree relative including parents, siblings, and children**

2a. Biological Parents

	Stroke?		If yes, what was the age of onset?	TIA?		If yes, what was the age of onset?
Mother	Yes	No		Yes	No	
Father	Yes	No		Yes	No	

2b. Full Siblings

	Stroke?		If yes, what was the age of onset?	TIA?		If yes, what was the age of onset?
Sibling 1	Yes	No		Yes	No	
Sibling 2	Yes	No		Yes	No	
Sibling 3	Yes	No		Yes	No	
Sibling 4	Yes	No		Yes	No	
Sibling 5	Yes	No		Yes	No	
Sibling 6	Yes	No		Yes	No	
Sibling 7	Yes	No		Yes	No	
Sibling 8	Yes	No		Yes	No	
Sibling 9	Yes	No		Yes	No	
Sibling 10	Yes	No		Yes	No	
Sibling 11	Yes	No		Yes	No	
Sibling 12	Yes	No		Yes	No	

(continued)

2c. Biological Children

	Stroke?	If yes, what was the age of onset?	TIA?	If yes, what was the age of onset?
Child 1	Yes No		Yes No	
Child 2	Yes No		Yes No	
Child 3	Yes No		Yes No	
Child 4	Yes No		Yes No	
Child 5	Yes No		Yes No	
Child 6	Yes No		Yes No	
Child 7	Yes No		Yes No	
Child 8	Yes No		Yes No	
Child 9	Yes No		Yes No	
Child 10	Yes No		Yes No	
Child 11	Yes No		Yes No	
Child 12	Yes No		Yes No	