



ChiLDReNLink: PROBE

Form 06 Paternal Family History PROBE

A: VISIT

A1	Date of interview:	____ / ____ / ____
A2	This form is to be completed by interview with the subject, the subject's parent(s) or guardian(s). Please indicate the primary source(s) of information for this form (check all that apply):	<input type="checkbox"/> Biological Mother <input type="checkbox"/> Biological Father <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Mother, not biological <input type="checkbox"/> Father, not biological <input type="checkbox"/> Medical Record <input type="checkbox"/> Research Subject <input type="checkbox"/> Other (specify): _____
A6	Is information on the child's biological father and his family available?	<input type="radio"/> No → Done <input type="radio"/> Yes

B: BIOLOGICAL FATHER'S FAMILY

Coordinator: Ask this question only if Form 05 has not been completed

B1	Are you and your child's mother related by blood?	<input type="radio"/> No → go to B3 <input type="radio"/> Yes
B2	If Yes, please describe your relationship:	_____
B3	Are your parents (the child's grandparents) related to each other by blood (genetically), such as are they cousins?	<input type="radio"/> No → go to B5 <input type="radio"/> Yes
B4	If Yes, please describe their relationship:	_____
B5	How many biological brothers do you (the father) have?	____
B6	How many biological sisters do you (the father) have?	____

C: LIVER DISEASE AS CHILDREN

We want to know about any illnesses in members of your family that may be related to your child's illness. I will read you a list of illnesses. Please stop me and let me know if you, any members of your family, your other children, parents, had a disease of this type:

Liver diseases while they were infants or children, such as:

C5	Biliary atresia	<input type="radio"/> No → go to C7 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C7
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C: LIVER DISEASE AS CHILDREN

C6	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C7	Neonatal hepatitis	O No → go to C9 O Yes O Don't Know → go to C9
C8	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C9	Alpha-1-antitrypsin deficiency	O No → go to C11 O Yes O Don't Know → go to C11
C10	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C11	Alagille Syndrome	O No → go to C13 O Yes O Don't Know → go to C13
C12	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C13	Cystic Fibrosis	O No → go to C15 O Yes O Don't Know → go to C15
C14	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C15	Infant cholestasis	O No → go to C17 O Yes O Don't Know → go to C17

C: LIVER DISEASE AS CHILDREN

C16	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C17	Liver or biliary cyst	<input type="radio"/> No → go to C23 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C23
C18	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C23	Liver disease, type unknown	<input type="radio"/> No → go to C29 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C29
C24	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)

C: OTHER LIVER DISEASE

Other liver diseases, such as:		
C29	Primary biliary cirrhosis	<input type="radio"/> No → go to C31 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C31
C30	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C31	Primary sclerosing cholangitis	<input type="radio"/> No → go to C33 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C33

C: OTHER LIVER DISEASE

C32	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C33	Hepatitis A	O No → go to C35 O Yes O Don't Know → go to C35
C34	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C35	Hepatitis B	O No → go to C37 O Yes O Don't Know → go to C37
C36	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C37	Hepatitis C	O No → go to C39 O Yes O Don't Know → go to C39
C38	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C39	Wilson's disease	O No → go to C41 O Yes O Don't Know → go to C41
C40	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C41	Autoimmune liver disease	O No → go to C43 O Yes O Don't Know → go to C43

C: OTHER LIVER DISEASE

C42	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C43	Other liver diseases	<input type="radio"/> No → go to C46 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C46
C44	If Yes, specify disease:	_____
C45	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C46	Other liver diseases, type unknown	<input type="radio"/> No → go to C48 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C48
C47	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)

C: GALLBLADDER

C48	Gallbladder disease	<input type="radio"/> No → go to C52 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C52
C49	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C50	If Yes, stones?	<input type="radio"/> No → go to C52 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C52

C: GALLBLADDER

C51	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
Autoimmune disease and connective tissue diseases, such as:		
C52	Lupus erythematosus	<input type="radio"/> No → go to C54 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C54
C53	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C54	Rheumatoid arthritis	<input type="radio"/> No → go to C56 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C56
C55	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C56	Multiple sclerosis	<input type="radio"/> No → go to C58 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C58
C57	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C58	Raynaud's syndrome	<input type="radio"/> No → go to C60 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C60
C59	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)

C: GALLBLADDER

C60	Sjogren's syndrome	O No → go to C62 O Yes O Don't Know → go to C62
C61	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C62	Polymyositis	O No → go to C66 O Yes O Don't Know → go to C66
C63	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C66	Autoimmune disease, type unknown	O No → go to C68 O Yes O Don't Know → go to C68
C67	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)

C: OTHER DISEASES

C68	Insulin-dependent diabetes diagnosed while < 30	O No → go to C70 O Yes O Don't Know → go to C70
C69	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C70	Ulcerative colitis	O No → go to C72 O Yes O Don't Know → go to C72

C: OTHER DISEASES

C71	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C72	Crohns disease	<input type="radio"/> No → go to C74 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C74
C73	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
Stroke or heart disease, such as:		
C74	Congenital heart disease	<input type="radio"/> No → go to C76 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C76
C75	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C76	Stroke or cerebrovascular disease < age 50	<input type="radio"/> No → go to C78 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C78
C77	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C78	Stroke or heart disease, type unknown	<input type="radio"/> No → go to C80 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C80
C79	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)

C: OTHER DISEASES

Thyroid disease, such as:

C80	Hypothyroidism	O No → go to C82 O Yes O Don't Know → go to C82
C81	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C82	Goiter	O No → go to C84 O Yes O Don't Know → go to C84
C83	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C84	Thyrotoxicosis (hyperthyroidism)	O No → go to C86 O Yes O Don't Know → go to C86
C85	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C86	Thyroid disease, type unknown	O No → go to C103 O Yes O Don't Know → go to C103
C87	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)

C: CONGENITAL ABNORMALITIES

Infants born with congenital abnormalities, such as:

C103	Chromosomal abnormalities	O No → go to C105 O Yes O Don't Know → go to C105
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C: CONGENITAL ABNORMALITIES

C104	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C105	Polysplenia	<input type="radio"/> No → go to C107 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C107
C106	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C107	Asplenia	<input type="radio"/> No → go to C109 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C109
C108	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C109	Situs inversus	<input type="radio"/> No → go to C111 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C111
C110	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C111	Intestinal malrotation	<input type="radio"/> No → go to C113 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C113
C112	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C113	Cardiac anomaly	<input type="radio"/> No → go to C115 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C115

C: CONGENITAL ABNORMALITIES

C114	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C115	Noncardiac vascular anomaly	<input type="radio"/> No → go to C117 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C117
C116	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C117	Pulmonary anomaly	<input type="radio"/> No → go to C119 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C119
C118	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C119	Gastrointestinal anomaly	<input type="radio"/> No → go to C121 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C121
C120	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C121	Renal anomaly	<input type="radio"/> No → go to C123 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C123
C122	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C123	Urinary tract anomaly	<input type="radio"/> No → go to C125a <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C125a

C: CONGENITAL ABNORMALITIES

C124	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C125a	Malformation of an extremity	<input type="radio"/> No → go to C127 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C127
C125b	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C127	Cleft lip	<input type="radio"/> No → go to C129 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C129
C128	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C129	Cleft palate	<input type="radio"/> No → go to C131 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C131
C130	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)
C131	Other	<input type="radio"/> No → go to C134 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C134
C132	If Yes, please specify:	_____
C133	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)

C: CONGENITAL ABNORMALITIES

C134	Congenital abnormality, type unknown	<input type="radio"/> No → Done <input type="radio"/> Yes <input type="radio"/> Don't Know → Done
C135	If Yes, which relative(s)?	<input type="checkbox"/> Father <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (father's sister), specify # ____ <input type="checkbox"/> Uncle (father's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (father's mother) <input type="checkbox"/> Maternal grandfather (father's father)