Form Approved
OMB No. 0920-0904
Exp. Date 11/30/2014

(affix label here)

Patient ID Number ☐ (Site) ☐☐ (Sub-site) ☐☐☐☐☐ (Sequential ID)

SEARCH Family Medical History Form

SIBLING HISTORY

◆ **Please provide information about your brothers and/or sisters for the questions I am about to ask. These are your full or half brothers and sisters, not those who were adopted or step brothers or sisters.**

1. *Does the PATIENT have any siblings?* siblings_fmhx
   ☐ *Yes* → *How many brothers?* ☐☐ brothers_fmhx
   How many sisters? ☐☐ sisters_fmhx
   ☐ *No* → *(if no siblings, go to **Parents and Grandparents** section)*

*(For each brother and/or sister, record the Patient's responses with a checkmark, date, or age. After completing the **Sibling History** section, complete the **Parents and Grandparents** section.)*

	Need to Complete	1. Is this person alive now?			2. If deceased, age at death	3. Year of birth	4. Hx of Diabetes			5. If yes, Age at Dx	6. Hx of High Blood Pressure		
		b1live_fmhx			b1age_fmhx	b1year_fmhx	b1hxdm_fmhx			b1agedx_fmhx	b1hbp_fmhx		
bro1_fmhx Brother 1	☐	Yes ☐	No ☐	Dk ☐	☐☐	☐☐☐☐	Yes ☐	No ☐	Dk ☐	☐☐	Yes ☐	No ☐	Dk ☐
bro2_fmhx Brother 2	☐	Yes ☐	No ☐	Dk ☐	☐☐	☐☐☐☐	Yes ☐	No ☐	Dk ☐	☐☐	Yes ☐	No ☐	Dk ☐
bro3_fmhx Brother 3	☐	Yes ☐	No ☐	Dk ☐	☐☐	☐☐☐☐	Yes ☐	No ☐	Dk ☐	☐☐	Yes ☐	No ☐	Dk ☐
bro4_fmhx Brother 4	☐	Yes ☐	No ☐	Dk ☐	☐☐	☐☐☐☐	Yes ☐	No ☐	Dk ☐	☐☐	Yes ☐	No ☐	Dk ☐
bro5_fmhx Brother 5	☐	Yes ☐	No ☐	Dk ☐	☐☐	☐☐☐☐	Yes ☐	No ☐	Dk ☐	☐☐	Yes ☐	No ☐	Dk ☐
bro6_fmhx Brother 6	☐	Yes ☐	No ☐	Dk ☐	☐☐	☐☐☐☐	Yes ☐	No ☐	Dk ☐	☐☐	Yes ☐	No ☐	Dk ☐
		b6live_fmhx			b6age_fmhx	b6year_fmhx	b6hxdm_fmhx			b6agedx_fmhx	b6hbp_fmhx		

s1live_fmhx s1age_fmhx s1year_fmhx s1hxdm_fmhx s1agedx_fmhx s1hbp_fmhx

	Need to Complete	1. Is this person alive now?			2. If deceased, age at death	3. Year of birth	4. Hx of Diabetes			5. If yes, Age at Dx	6. Hx of High Blood Pressure		
sis1_fmhx Sister 1	❑	Yes ❑	No ❑	Dk ❑	☐☐	☐☐☐☐	Yes ❑	No ❑	Dk ❑	☐☐	Yes ❑	No ❑	Dk ❑
sis2_fmhx Sister 2	❑	Yes ❑	No ❑	Dk ❑	☐☐	☐☐☐☐	Yes ❑	No ❑	Dk ❑	☐☐	Yes ❑	No ❑	Dk ❑
sis3_fmhx Sister 3	❑	Yes ❑	No ❑	Dk ❑	☐☐	☐☐☐☐	Yes ❑	No ❑	Dk ❑	☐☐	Yes ❑	No ❑	Dk ❑
sis4_fmhx Sister 4	❑	Yes ❑	No ❑	Dk ❑	☐☐	☐☐☐☐	Yes ❑	No ❑	Dk ❑	☐☐	Yes ❑	No ❑	Dk ❑
sis5_fmhx Sister 5	❑	Yes ❑	No ❑	Dk ❑	☐☐	☐☐☐☐	Yes ❑	No ❑	Dk ❑	☐☐	Yes ❑	No ❑	Dk ❑
sis6_fmhx Sister 6	❑	Yes ❑	No ❑	Dk ❑	☐☐	☐☐☐☐	Yes ❑	No ❑	Dk ❑	☐☐	Yes ❑	No ❑	Dk ❑

s6live_fmhx s6age_fmhx s6year_fmhx s6hxdm_fmhx s6agedx_fmhx s6hbp_fmhx

PARENTS and GRANDPARENTS

◆ **Please provide information about your mother and father and their parents for the questions I am about to ask. These are your biological or natural parents and grandparents.** *(For each relative, record the Patient's responses with a checkmark, date, or age.)*

	1. Is this person alive now?			2. If deceased, age at death	3. Year of Birth	4. Hx of Diabetes			5. If yes, Age at Dx	6. Hx of High Blood Pressure			7. Hx of Heart Attack			8. If yes, Age at Dx	9. Hx of Stroke			10. If yes, Age at Dx	11. Hx of cancer (not skin cancer)		
Mother	Yes ❑ momlive_fmhx	No ❑	Dk ❑	☐☐☐ mage_fmhx	☐☐☐☐ myear_fmhx	Yes ❑ mhxdm_fmhx	No ❑	Dk ❑	☐☐ magedx_fmhx	Yes ❑ mhbp_fmhx	No ❑	Dk ❑	Yes ❑ mha_fmhx	No ❑	Dk ❑ mhaage_fmhx	☐☐	Yes ❑ mstrk_fmhx	No ❑	Dk ❑ mstage_fmhx	☐☐	Yes ❑ mcancer_fmhx	No ❑	Dk ❑
Mother's Father	Yes ❑ mfatlive_fmhx	No ❑	Dk ❑	☐☐☐ mfage_fmhx	☐☐☐☐ mfyear_fmhx	Yes ❑ mfhxdm_fmhx	No ❑	Dk ❑	☐☐ mfagedx_fmhx	Yes ❑ mfhbp_fmhx	No ❑	Dk ❑	Yes ❑ mfha_fmhx	No ❑	Dk ❑ mfhaage_fmhx	☐☐	Yes ❑ mfstrk_fmhx	No ❑	Dk ❑ mfstage_fmhx	☐☐	Yes ❑ mfcancer_fmhx	No ❑	Dk ❑
Mother's Mother	Yes ❑ mmomlive_fmhx	No ❑	Dk ❑	☐☐☐ mmage_fmhx	☐☐☐☐ mmyear_fmhx	Yes ❑ mmhxdm_fmhx	No ❑	Dk ❑	☐☐ mmagedx_fmhx	Yes ❑ mmhbp_fmhx	No ❑	Dk ❑	Yes ❑ mmha_fmhx	No ❑	Dk ❑ mmhaage_fmhx	☐☐	Yes ❑ mmstrk_fmhx	No ❑	Dk ❑ mmstage_fmhx	☐☐	Yes ❑ mmcancer_fmhx	No ❑	Dk ❑
Father	Yes ❑ fatlive_fmhx	No ❑	Dk ❑	☐☐☐ fage_fmhx	☐☐☐☐ fyear_fmhx	Yes ❑ fhxdm_fmhx	No ❑	Dk ❑	☐☐ fagedx_fmhx	Yes ❑ fhbp_fmhx	No ❑	Dk ❑	Yes ❑ fha_fmhx	No ❑	Dk ❑ fhaage_fmhx	☐☐	Yes ❑ fstrk_fmhx	No ❑	Dk ❑ fstage_fmhx	☐☐	Yes ❑ fcancer_fmhx	No ❑	Dk ❑
Father's Father	Yes ❑ ffatlive_fmhx	No ❑	Dk ❑	☐☐☐ ffage_fmhx	☐☐☐☐ ffyear_fmhx	Yes ❑ ffhxdm_fmhx	No ❑	Dk ❑	☐☐ ffagedx_fmhx	Yes ❑ ffhbp_fmhx	No ❑	Dk ❑	Yes ❑ ffha_fmhx	No ❑	Dk ❑ ffhaage_fmhx	☐☐	Yes ❑ ffstrk_fmhx	No ❑	Dk ❑ ffstage_fmhx	☐☐	Yes ❑ ffcancer_fmhx	No ❑	Dk ❑
Father's Mother	Yes ❑ fmomlive_fmhx	No ❑	Dk ❑	☐☐☐ fmage_fmhx	☐☐☐☐ fmyear_fmhx	Yes ❑ fmhxdm_fmhx	No ❑	Dk ❑	☐☐ fmagedx_fmhx	Yes ❑ fmhbp_fmhx	No ❑	Dk ❑	Yes ❑ fmha_fmhx	No ❑	Dk ❑ fmhaage_fmhx	☐☐	Yes ❑ fmstrk_fmhx	No ❑	Dk ❑ fmstage_fmhx	☐☐	Yes ❑ fmcancer_fmhx	No ❑	Dk ❑

Additional Comments: comments_fmhx

FOR STUDY USE ONLY

Interview Assessment:

1. How much difficulty did the Patient have in understanding the interview questions? undrstnd_fmhx

❑ None ❑ Slight ❑ Moderate ❑ A Great Deal ❑ Don't know

2. Were there significant problems with the interview? problems_fmhx

❑ Yes ❑ No

probdesc_fmhx If yes describe:

Mode of Administration modeadmn_fmhx 1❑ In-Person 1❑ Telephone

Date Completed compldat — Month Day Year

Completed by complby

Date Reviewed revwdate — Month Day Year

Reviewer Code revwby

Date Entered enterdat — Month Day Year

Data Entry Code enterby