Patient ID Number								
	Site		Sub-site		Sequential ID			

SEARCH Participating Relatives Form

1. Do you have any relatives who are SEARCH participants? anyrelatives_rltv

   1☐ Yes *(if yes, complete the information below)* 2☐ No

   1a. If yes, how many? ☐ anyrelativescount_rltv

   1b. How are they related to you? *(please record the name and relationship)*

   relativeID1_rltv Relative ID [ ][ ][ ][ ][ ][ ][ ]

   1. Name: _____*(not for data entry)*

   relativeType1_rltv 1☐ Sibling (include twins, multiples, full and half brothers and sisters) 2☐ Parent 3☐ Child 4☐ Other *(specify)* _____ relativeother1_rltv

   relativeID2_rltv Relative ID [ ][ ][ ][ ][ ][ ][ ]

   2. Name: _____*(not for data entry)*

   relativeType2_rltv 1☐ Sibling (include twins, multiples, full and half brothers and sisters) 2☐ Parent 3☐ Child 4☐ Other *(specify)* _____ relativeother2_rltv

   relativeID3_rltv Relative ID [ ][ ][ ][ ][ ][ ][ ]

   3. Name: _____*(not for data entry)*

   relativeType3_rltv 1☐ Sibling (include twins, multiples, full and half brothers and sisters) 2☐ Parent 3☐ Child 4☐ Other *(specify)* _____ relativeother3_rltv

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FOR STUDY USE ONLY

	Month	Day	Year			
compldat — Date Completed	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]	complby — Completed by	[ ][ ][ ]	
revwdate — Date Reviewed	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]	revwby — Reviewer Code	[ ][ ][ ]	
enterdat — Date Entered	[ ][ ]	[ ][ ]	[ ][ ][ ][ ]	enterby — Data Entry Code	[ ][ ][ ]	