

ID NUMBER: FORM CODE: N F H DATE: 06/01/2011 Version 1.0	
ADMINISTRATIVE INFORMATION 0a. Completion Date:	
"Next I'm going to ask you some questions about your biological (natural) parents and your full biological siblings. That is brothers and sisters who have the same parents as you do."	
1. Did either of your biological parents have problems with memory loss or thinking that interfered with every day functioning (such as remembering appointments, balancing a checkbook, cooking meals, o driving)?	r
Y Yes	
N No \rightarrow go to item 2	
If yes, list affected parent(s):	
a1) Mother a2) Age when mother's symptoms began	
YYes	
N No \rightarrow go to item 1b1	
b1) Father b2) Age when father's symptoms began	
YYes	
N No	
2. Were either of your biological parents ever diagnosed by a physician with dementia, Alzheimer's disease, senility, or hardening of the arteries in the brain?	
YYes	
N No \rightarrow go to item 3	
If yes, list affected parent(s):	
a1) Mother a2) Age when mother's diagnosis was made]
YYes	
N No \rightarrow go to item 2b1	

b1) Father

b2) Age when father's diagnosis was made

Y	Yes	
Ν	No	\rightarrow go to item 3

3. How many full biological siblings (brothers and sisters) do you have (or had if deceased)?

 \rightarrow If 0, go to item 5

4. Have any of your full biological siblings ever been diagnosed by a physician with dementia, Alzheimer's disease, senility, or hardening of the arteries in the brain?

Y	Yes	
Ν	No	\rightarrow go to item 5

If yes, list affected siblings:

a1) Brother 1

Y	Yes	
Ν	No	\rightarrow go to item 4d1

b1) Brother 2

Y	Yes	
Ν	No	\rightarrow go to item 4d1

c1) Brother 3

Y	Yes	
Ν	No	\rightarrow go to item 4d1

d1) Sister 1

Y	Yes	
Ν	No	\rightarrow go to item 5

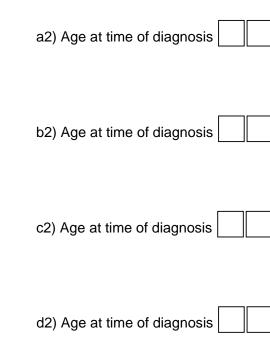
e1) Sister 2

Y	Yes	
Ν	No	\rightarrow go to item 5

f1) Sister 3

Y	Yes	
Ν	No	\rightarrow go to item 5

If more siblings affected, list details below: _____



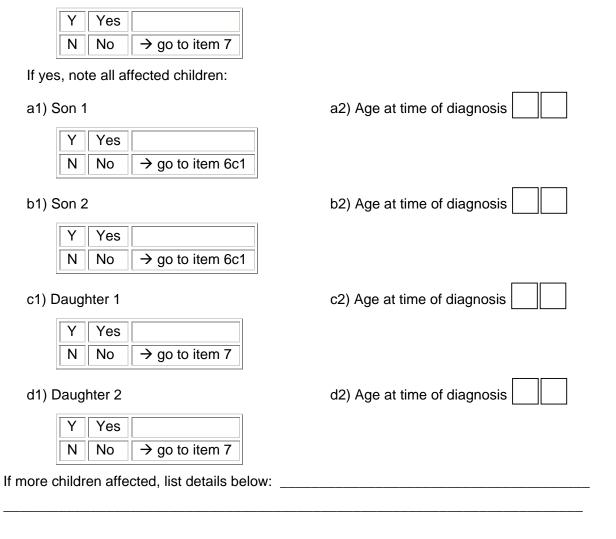
e2) Age at time of diagnosis

f2) Age at time of diagnosis

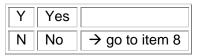
5. How many biological children did you have?

 \rightarrow If 0, go to item 7

6. Have any of your children been diagnosed by a physician with dementia, Alzheimer's disease, senility, or hardening of the arteries in the brain?



7. Were either of your biological parents ever diagnosed with Parkinson's disease?



If yes, list affected parent(s):

a1) Mother

a2) Age when mother's diagnosis was made

Y	Yes	
Ν	No	\rightarrow go to item 7b1

b1) Father

b2) Age when father's diagnosis was made

Y	Yes	
Ν	No	\rightarrow go to item 8

8. Were any of your biological siblings ever diagnosed with Parkinson's disease?

Y	Yes	
Ν	No	\rightarrow go to END

If yes, list affected siblings:

a1)	Brother	1
u .,		

Y	Yes	
Ν	No	\rightarrow go to item 8d1

b1) Brother 2

Y	Yes	
Ν	No	\rightarrow go to item 8d1

c1) Brother 3

Y	Yes	
Ν	No	\rightarrow go to item 8d1

d1) Sister 1

Y	Yes	
Ν	No	\rightarrow go to END

e1) Sister 2

Y	Yes	
Ν	No	\rightarrow go END

f1) Sister 3

Y	Yes	
Ν	No	\rightarrow go END

If more siblings affected, list details below:

a2) Age at time of diagnosis
b2) Age at time of diagnosis
c2) Age at time of diagnosis
d2) Age at time of diagnosis
e2) Age at time of diagnosis
f2) Age at time of diagnosis



FAMILY HISTORY (NFH) FORM

I. General Instructions

Some conditions that cause dementia and memory problems can run in families, and it is helpful in establishing whether someone has dementia to evaluate whether he or she has had family members with dementia.

II. Detailed Instructions for each Item

- 0a. Enter the date on which the participant was seen in the clinic.
- Enter the staff ID for the person who completed this form. 0b.

Read the opening script:

"Next I'm going to ask you some questions about your biological (natural) parents and your full biological siblings. That is, brothers and sisters who have the same parents as you do."

- 1-8. For most items, there is a follow-up question about age of onset if the item is answered "yes". This is only asked if the response is "yes". For items 4 and 8, only fill in the affected siblings: if there is only one sister affected, only fill out the box for sister 1; if there is one brother and one sister, fill out one brother and one sister box. Same instructions for #6, discussion of children.
- The interviewer can select "don't know" for items where the participant does not know the response (for instance, age of symptom onset). The "don't know" response is found in the DMS with other non-responses by clicking the >> icon.