



# NEUROLOGIC FAMILY HISTORY

ID NUMBER:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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FORM CODE:

<input type="text"/>	<input type="text"/>	<input type="text"/>
N	F	H

DATE: 06/01/2011  
Version 1.0

## ADMINISTRATIVE INFORMATION

0a. Completion Date: / /   
Month Day Year

0b. Staff ID:

**“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, or driving)?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Y	Yes	
<input type="text"/>	<input type="text"/>	<input type="text"/>
N	No	→ go to item 2

If yes, list affected parent(s):

a1) Mother

a2) Age when mother's symptoms began

<input type="text"/>	<input type="text"/>	<input type="text"/>
Y	Yes	
<input type="text"/>	<input type="text"/>	<input type="text"/>
N	No	→ go to item 1b1

b1) Father

b2) Age when father's symptoms began

<input type="text"/>	<input type="text"/>
Y	Yes
<input type="text"/>	<input type="text"/>
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?

<input type="text"/>	<input type="text"/>	<input type="text"/>
Y	Yes	
<input type="text"/>	<input type="text"/>	<input type="text"/>
N	No	→ go to item 3

If yes, list affected parent(s):

a1) Mother

a2) Age when mother's diagnosis was made

<input type="text"/>	<input type="text"/>	<input type="text"/>
Y	Yes	
<input type="text"/>	<input type="text"/>	<input type="text"/>
N	No	→ go to item 2b1

b1) Father

b2) Age when father's diagnosis was made

Y	Yes	<input type="text"/>
N	No	→ go to item 3

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

→ 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	<input type="text"/>
N	No	→ go to item 5

If yes, list affected siblings:

a1) Brother 1

a2) Age at time of diagnosis

Y	Yes	<input type="text"/>
N	No	→ go to item 4d1

b1) Brother 2

b2) Age at time of diagnosis

Y	Yes	<input type="text"/>
N	No	→ go to item 4d1

c1) Brother 3

c2) Age at time of diagnosis

Y	Yes	<input type="text"/>
N	No	→ go to item 4d1

d1) Sister 1

d2) Age at time of diagnosis

Y	Yes	<input type="text"/>
N	No	→ go to item 5

e1) Sister 2

e2) Age at time of diagnosis

Y	Yes	<input type="text"/>
N	No	→ go to item 5

f1) Sister 3

f2) Age at time of diagnosis

Y	Yes	<input type="text"/>
N	No	→ go to item 5

If more siblings affected, list details below: \_\_\_\_\_

\_\_\_\_\_

5. How many biological children did you have?

→ 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?

Y	Yes	<input type="text"/>
N	No	→ go to item 7

If yes, note all affected children:

a1) Son 1

a2) Age at time of diagnosis

Y	Yes	<input type="text"/>
N	No	→ go to item 6c1

b1) Son 2

b2) Age at time of diagnosis

Y	Yes	<input type="text"/>
N	No	→ go to item 6c1

c1) Daughter 1

c2) Age at time of diagnosis

Y	Yes	<input type="text"/>
N	No	→ go to item 7

d1) Daughter 2

d2) Age at time of diagnosis

Y	Yes	<input type="text"/>
N	No	→ go to item 7

If more children affected, list details below: \_\_\_\_\_

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

Y	Yes	<input type="text"/>
N	No	→ go to item 8

If yes, list affected parent(s):

a1) Mother

a2) Age when mother's diagnosis was made

Y	Yes	<input type="text"/>
N	No	→ go to item 7b1

b1) Father

b2) Age when father's diagnosis was made

Y	Yes	<input type="text"/>
N	No	→ go to item 8

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

Y	Yes	<input type="text"/>
N	No	→ go to END

If yes, list affected siblings:

a1) Brother 1

a2) Age at time of diagnosis

Y	Yes	<input type="text"/>
N	No	→ go to item 8d1

b1) Brother 2

b2) Age at time of diagnosis

Y	Yes	<input type="text"/>
N	No	→ go to item 8d1

c1) Brother 3

c2) Age at time of diagnosis

Y	Yes	<input type="text"/>
N	No	→ go to item 8d1

d1) Sister 1

d2) Age at time of diagnosis

Y	Yes	<input type="text"/>
N	No	→ go to END

e1) Sister 2

e2) Age at time of diagnosis

Y	Yes	<input type="text"/>
N	No	→ go END

f1) Sister 3

f2) Age at time of diagnosis

Y	Yes	<input type="text"/>
N	No	→ go END

If more siblings affected, list details below: \_\_\_\_\_

\_\_\_\_\_



## INSTRUCTIONS FOR THE NEUROLOGIC 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.

0b. Enter the staff ID for the person who completed this form.

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.