♥RIC FAMILY HISTORY FORM

ID NUMBER: ☐☐☐☐☐☐☐ CONTACT YEAR: ☐☐ FORM CODE: |F|H|X| VERSION: A 01-16-90

LAST NAME: ☐☐☐☐☐☐☐☐☐☐☐☐ INITIALS: ☐☐

INSTRUCTIONS: This form should be completed during the participant's visit. ID Number, Contact Year and Name must be entered above. Whenever numerical responses are required, enter the number so that the last digit appears in the rightmost box. Enter leading zeroes where necessary to fill all boxes. If a number is entered incorrectly, mark through the incorrect entry with an "X". Code the correct entry clearly above the incorrect entry. For "multiple choice" and "yes/no" type questions, circle the letter corresponding to the most appropriate response. If a letter is circled incorrectly, mark through it with an "X" and circle the correct response.

FAMILY HISTORY FORM (FHXA screen 1 of 11)

This series of questions is about you and your family's medical history.

1. Please tell me which of the following describes your current marital status:
   [READ ALL CHOICES]

Married	M
Widowed	W
Divorced	D
Separated	S
Never Married	N

2. [INTERVIEWER: CHECK VISIT 1 SHEET] Was this participant's natural mother living at Visit 1?

Yes	Y
Go to Item 4 ——— No	N
Unknown	U

. (a) Is your natural mother living?

```
                  ┌─ Yes       Y
┌──────────────┐  │
│ Go to Item 4 ├──┤  No        N
└──────────────┘  │
                  └─ Unknown   U
```

(b) Approximately how old was she
    when she died? ENTER "99" FOR
    AGES 99 OR OLDER.

```
┌────┬────┐
│    │    │
└────┴────┘
```

(c) What was the cause of your
    natural mother's death?

    Cancer   C

    Heart Attack   A

    Stroke   S

    Other   O

    (Specify) _____

    Unknown   U

4. [INTERVIEWER: CHECK VISIT 1 SHEET]
   Was this participant's natural
   father living at Visit 1?

```
                        Yes
┌──────────────┐
│ Go to Item 6 ├──────── No
└──────────────┘
                        Unknown
```

5.(a) Is your natural father living?

```
                  ┌─ Yes       Y
┌──────────────┐  │
│ Go to Item 6 ├──┤  No        N
└──────────────┘  │
                  └─ Unknown   U
```

(b) Approximately how old was he
    when he died? ENTER "99" FOR
    AGES 99 OR OLDER.

```
┌────┬────┐
│    │    │
└────┴────┘
```

(c) What was the cause of your
    natural father's death?

    Cancer   C

    Heart Attack   A

    Stroke   S

    Other   O

    (Specify) _____

    Unknown   U

I would next like to ask a few questions
about the health of your brothers and
sisters. We are interested in your full
brothers and sisters, who have the same
mother and father that you do, including
those who have died or with whom you
have lost touch.

6. a. How many full brothers and
      sisters do you have?

```
                        ┌────┬────┐
                        │    │    │
                        └────┴────┘
┌──────────────────────┐
│ If 00, go to Item 52.│
└──────────────────────┘
```

   b. How many brothers?

```
      ┌────┬────┐
      │    │    │
      └────┴────┘
```

   c. How many sisters?

```
      ┌────┬────┐
      │    │    │
      └────┴────┘
```

. What is the first name of your
first full brother or sister?

| | | | | | | | | | |

| | | | | | | | | | |

3. Is (name) a brother or a sister?   Brother   B

Sister   S

9. What was (name's) year of birth?

| | | | |

10. Is (name) living?

Yes   Y

Go to Item 12 — No   N

Unknown   U

11. How old was (name) when he/she
died?

| | |

12. Did (name) ever have a heart
attack?

Yes   Y

Go to Item 14 — No   N

Unknown   U

13. How old was (name) when he/she
had his/her FIRST heart attack?

| | |

VERIFY IT WAS THE FIRST HEART ATTACK]

14. Did (name) ever have a stroke?

Yes   Y

Go to Item 16 — No   N

Unknown   U

15. How old was (name) when he/she
had his/her FIRST stroke?

| | |

[VERIFY IT WAS THE FIRST STROKE]

IF NO MORE SIBLINGS, GO TO ITEM 52

16. What is the first name of your
second full brother or sister?

| | | | | | | | | | |

| | | | | | | | | | |

17. Is (name) a brother or a sister?   Brother

Sister

18. What was (name's) year of birth?

| | | | |

FAMILY HISTORY FORM (FHXA screen 6 of 11)

19. Is (name) living?

```
                            ┌─ Yes        Y
        ┌──────────────┐    │
        │ Go to Item 21│────┼─ No         N
        └──────────────┘    │
                            └─ Unknown    U
```

20. How old was (name) when he/she died?

☐☐

21. Did (name) ever have a heart attack?

```
                                Yes        Y
        ┌──────────────┐    ┌──No         N
        │ Go to Item 23│────┤
        └──────────────┘    └──Unknown    U
```

22. How old was (name) when he/she had his/her FIRST heart attack?

☐☐

[VERIFY IT WAS THE FIRST HEART ATTACK]

23. Did (name) ever have a stroke?

```
                                    Yes        Y
        ┌──────────────┐        ┌─ No         N
        │ Go to Item 25│────────┤
        └──────────────┘        └─ Unknown    U
```

24. How old was name) when he/she had his/her FIRST stroke?

☐☐

[VERIFY IT WAS THE FIRST STROKE]

┌────────────────────────────────────┐
│ IF NO MORE SIBLINGS, GO TO ITEM 52 │
└────────────────────────────────────┘

FAMILY HISTORY FORM (FHXA screen 7 of 11)

25. What is the first name of your third full brother or sister?

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☐☐☐☐☐☐☐☐☐☐

26. Is (name) a brother or a sister?   Brother   B

Sister   S

27. What was (name's) year of birth?

☐☐☐☐

28. Is (name) living?

```
                            ┌─Yes        Y
        ┌──────────────┐    │
        │ Go to Item 30│────┼ No         N
        └──────────────┘    │
                            └─Unknown    U
```

29. How old was (name) when he/she died?

☐☐

30. Did (name) ever have a heart attack?

```
                                Yes        Y
        ┌──────────────┐    ┌─ No         N
        │ Go to Item 32│────┤
        └──────────────┘    └─ Unknown    U
```

31. How old was (name) when he/she
    had his/her FIRST heart attack?

[VERIFY IT WAS THE FIRST HEART ATTACK]

32. Did (name) ever have a stroke?

                              Yes   Y

        ┌──────────────┐   ┌─No   N
        │ Go to Item 34│──────┤
        └──────────────┘   └─Unknown   U

33. How old was (name) when he/she
    had his/her FIRST stroke?

[VERIFY IT WAS THE FIRST STROKE]

┌─────────────────────────────────┐
│ IF NO MORE SIBLINGS, GO TO ITEM 52 │
└─────────────────────────────────┘

34. What is the first name of your
    fourth full brother or sister?

35. Is (name) a brother or a sister?   Brother

                                       Sister

36. What was (name's) year of birth?

37. Is (name) living?

                              ┌─Yes   Y

        ┌──────────────┐   │ No   N
        │ Go to Item 39│──────┤
        └──────────────┘   └─Unknown   U

38. How old was (name) when he/she
    died?

39. Did (name) ever have a heart
    attack?
                              Yes   Y

        ┌──────────────┐   ┌─No   N
        │ Go to Item 41│──────┤
        └──────────────┘   └─Unknown   U

40. How old was (name) when he/she
    has his/her FIRST heart attack?

[VERIFY IT WAS THE FIRST HEART ATTACK]

41. Did (name) ever have a stroke?

                              Yes   Y

        ┌──────────────┐   ┌─ No   N
        │ Go to Item 43│──────┤
        └──────────────┘   └─ Unknown   U

42. How old was (name) when he/she
    had his/her FIRST stroke?

[VERIFY IT WAS THE FIRST STROKE]

┌─────────────────────────────────┐
│ IF NO MORE SIBLINGS, GO TO ITEM 52 │
└─────────────────────────────────┘

43. What is the first name of your fifth
    full brother or sister?

```
┌──┬──┬──┬──┬──┬──┬──┬──┬──┐
│  │  │  │  │  │  │  │  │  │
└──┴──┴──┴──┴──┴──┴──┴──┴──┘
┌──┬──┬──┬──┬──┬──┬──┬──┬──┐
│  │  │  │  │  │  │  │  │  │
└──┴──┴──┴──┴──┴──┴──┴──┴──┘
```

44. Is (name) a brother or a sister?   Brother   B

                                       Sister   S

45. What was (name's) year of birth?

```
┌──┬──┬──┬──┐
│  │  │  │  │
└──┴──┴──┴──┘
```

46. Is (name) living?

```
                    ┌─ Yes         Y
┌──────────────┐    │
│ Go to Item 48│────┤  No          N
└──────────────┘    │
                    └─ Unknown     U
```

47. How old was (name) when he/she
    died?

```
┌──┬──┐
│  │  │
└──┴──┘
```

48. Did (name) ever have a heart
    attack?

```
                           Yes         Y
┌──────────────┐    ┌──No            N
│ Go to Item 50│────┤
└──────────────┘    └──Unknown       U
```

49. How old was (name) when he/she
    had his/her FIRST heart attack?

```
┌──┬──┐
│  │  │
└──┴──┘
```

[VERIFY IT WAS THE FIRST HEART ATTACK]

50. Did (name) ever have a stroke?

```
                    Yes         Y
┌──────────────┐  ┌──No         N
│ Go to Item 52│──┤
└──────────────┘  └──Unknown    U
```

51. How old was (name) when he/she
    had his/her FIRST stroke?

```
┌──┬──┐
│  │  │
└──┴──┘
```

[VERIFY IT WAS THE FIRST STROKE]

ADMINISTRATIVE INFORMATION

52. Date of data collection:

```
┌──┬──┬──┬──┬──┬──┬──┐
│  │  │ /│  │  │ /│  │
└──┴──┴──┴──┴──┴──┴──┘
  month     day     year
```

53. Method of data collection:

                              Computer   C

                              Paper   P

54. Code number of person completing
    this form:

```
┌──┬──┬──┐
│  │  │  │
└──┴──┴──┘
```

INSTRUCTIONS FOR THE FAMILY HISTORY FORM
FHX, VERSION A, 1/16/90
PREPARED 04/03/90

The Family History (FHX) Form is administered to all cohort participants
in Visit 2 during the clinic visit. The interview is completed during the
interview portion of the clinic visit. The interviewer must be certified
in general clinic interviewing and familiar with the ARIC date entry
system (DES) and the "General Instructions for Completing Paper Forms" (in
case the computer is down) prior to administering this form. Fields to
remain blank should be blank on the paper form and "field forward" should
be used to bypass them in the DES. Items in BRACKETS and/or CAPITAL
LETTERS are instructions to the interviewer and are not read to the
participant.

COMPLETE THE HEADER (paper form) by applying a long participant ID label
and entering the participant's Name. READ THE QUESTIONS CLEARLY USING THE
EXACT WORDING ON THE FORM.

At the outset, inform the participant that the following questions ask for
information on both personal and his/her family's medical history. To
complete the family history questions on the participant's full brothers
and sisters, you may need scratch paper and a pen(cil) to record the
name(s) and date of birth of each sibling if the participant did not bring
in a list of names and birthdates for reference.

1. Read the question to the participant, emphasizing the word "current."
    Then read the responses. The responses are mutually exclusive, so
    record only one.

Items 2-5 refer to the health of the participant's natural mother and
father. They do not apply to adoptive or step-parents. Items 6-51 refer
to one or more full brothers or sisters.

The respondent may not know much about one or the other of his/her natural
parents or full siblings. When this is the case, follow the skip patterns
or accept estimated ages for death or onset of heart attack or stroke. It
may be helpful to use lead-ins such as "I know you told me you don't know
much about your father/mother/brother/sister, but could you tell me ...?"

2. DO NOT ASK THE PARTICIPANT THIS QUESTION. Review the ARIC PARTICIPANT
    INFORMATION SHEET (PIN) to determine the participant's mother's vital
    status at Visit 1. If mother was not living at Visit 1, enter the
    appropriate response (N) and go to item 4. If the mother was alive or
    status was unknown at Visit 1, enter Y or U and go to item 3.

3.(a)If the mother is living or her vital status is unknown, enter the
appropriate response (Y or U) and go to item 4. Do not probe an "unknown"
response as this may be a sensitive issue.

(b) If the mother is deceased, enter N in (a) and ask the mother's
     approximate age at death. Enter "99" for ages 99 or older. Enter
     "==" if the age is unknown.

(c) Read the question and code the response. If the respondent mentions a
     cause other than "Cancer", "Heart Attack", "Stroke" or "Unknown" or
     provides multiple causes of death, enter "0" for Other. Specify the

other cause(s) of death in the automatic note log. Examples: diabetes
and heart attack; stroke and congestive heart failure; cancer,
pneumonia, and depression; automobile accident. Note that heart
attack can include coronary thrombosis. Cancer can include leukemia
and Hodgkins Disease. Cerebral hemorrhage and "blood clot in the
brain" may be accepted as stroke. DO NOT PRINT OUT THE NOTE LOG.

Items 4 and 5 refer to the respondent's natural father and are the same as
those for the natural mother. Follow the instructions for items 2 and 3.

Items 6-51 record demographic and health information on the participant's
full brothers and sisters. Define "full" as those siblings who have the
same mother and father as the respondent. Information is collected on up
to five full siblings, starting with the eldest and working back toward the
youngest (the participant need not be among the five oldest siblings),
including those who have died or with whom the participant has lost
contact.

6.   Read the introductory statement. Ask item 6 and enter the response.
      If there are any full siblings, determine how many are brothers and
      how many are sisters. If there are no siblings (00), go to the
      administrative section (items 52-54) at the end of the form. If the
      participant does not know a siblings' exact date of birth, an
      approximate date will suffice. If the participant gives a range of
      dates, take the midpoint and record the appropriate date. Do not
      record date ranges in a notelog.

If more than one full sibling is reported, ask the participant if you can
review with him/her the list of siblings he/she brought to the field
center, or ask the participant to tell you their names and the year of
their birth and record them on the piece of scratch paper. Inform the
participant that no member of his/her family will be contacted by the ARIC
study without the participant's prior knowledge. Then ask for the names of
the five full brothers and sisters who would be the oldest if they were all
living today and put a check beside their names.

Before asking item 7, and introductory statement such as "We will start
with the oldest brother or sister" should be used.

7.   (7, 16, 25, 34, 43). Only the first name is collected, but it may be
      a double or composite name, e.g., "Mary Jo". "First full brother or
      sister" refers to the first of up to five names that you are
      collecting. Once you have established which siblings meet these
      criteria, it is not necessary to record them on the form in any
      particular order. If the participant changes a sibling's date of
      birth, it will be necessary to either (1) correct the date you have
      recorded for that person or (2) delete that person's name and birth
      year and replace it with the name and birth year of a sibling who now
      meets the criteria.

8.   (8, 17, 26, 35, 44) Ask the question of the participant in a
      confirmatory mode; for example,

      "And (name of sibling) is your brother (sister)?"

9.   (9, 18, 27, 36, 45) Record both the century and the decade. If unknown, probe to determine if the respondent can provide an estimate of the year of birth and record the approximate year. If no estimate can be provided, enter "====".

10. (10, 19, 28, 37, 46) If the sibling is living or vital status is unknown, enter Y or U and skip the following item.

11. (11, 20, 29, 38, 47) If the sibling is deceased, record the age at death. If the age at death is unknown, probe to determine if the respondent can provide an estimate of the age at death and record the approximate age. If the sibling was less than one year old, record 0. If no estimate can be provided, enter "==".

12. (12, 21, 30, 39, 48) If no heart attack is reported (a definite "no" or "don't know"), skip the following item.

13. (13, 22, 31, 40, 49) Emphasize that it is the age at the _first_ heart attack that interests you. If the age is unknown, probe to determine if the respondent can provide an estimate of the age of the first heart attack and record the approximate age. If no estimate can be provided; enter "==".

14. (14, 23, 32, 41, 50) If no stroke is reported (a definite "no" or "don't know"), skip the following item.

15. (15, 24, 33, 42, 51) Emphasize that it is the age at the _first_ stroke that interests you. If the age is unknown, probe to determine if the respondent can provide an estimate of the age of the first stroke and record the approximate age. If no estimate can be provided, enter "==".

Collect the same demographic and health data on each of the participant's eligible siblings or until you have recorded data on the five eldest checked off on your list, whichever comes first. The second set of questions asks for information on the "second" full brother or sister checked off on the list (items 16-24), the third set on the "third" full brother or sister (items 25-33), and so on. Since the birth year of each sibling is recorded, it is not necessary to list the siblings in order from eldest to youngest.

When the participant has no other full (eligible) siblings, tear up the scratch paper with the list of names and birth dates in front of the participant and then complete the administrative questions at the end of the form.

52. Record the date of the interview using the standard date format.

53. Record "C" if the form was completed on the computerized data entry screen, or "P" if the paper form was used.

54. The person at the clinic who has performed the interview and completed the form must enter his/her code number in the boxes provided.

04-03-90