

Subject ID
Date:
ADRC Visit
Exmr ID:

**Family History**

1. Please complete the year of birth for parents, siblings (from same mother and father) and children who are related by blood.
2. Indicate whether living or not; and complete the year of death if applicable.
3. Indicate whether this relative had dementia (include "senility", "organic brain disease" or any of the old language that describes progressive memory problems that caused someone to be dependent on others) and the age of onset if known.
4. On the last page note any other biological relatives known to have memory problems

Relationship	First Name	Month and year of birth	Living? Y/N	Year of death	Dementia? (History, symptoms, or diagnosis)	Age of onset
MOTHER						
FATHER						

IDENTICAL TWIN						
----------------	--	--	--	--	--	--

Circle one:

Relationship	First Name	Month and year of birth	Living? Y/N	Year of death	Dementia? (History, symptoms, or diagnosis)	Age of onset
BROTHER/SISTER						
BROTHER/SISTER						
BROTHER/SISTER						
BROTHER/SISTER						
BROTHER/SISTER						
BROTHER/SISTER						
BROTHER/SISTER						

Subject ID
Date:
ADRC Visit
Exmr ID:

BROTHER/SISTER						
BROTHER/SISTER						
BROTHER/SISTER						
BROTHER/SISTER						
BROTHER/SISTER						

Circle one:

Relationship	First Name	Month and year of birth	Living? Y/N	Year of death	Dementia? (History, symptoms, or diagnosis)	Age of onset
DAUGHTER/SON						
DAUGHTER/SON						
DAUGHTER/SON						
DAUGHTER/SON						
DAUGHTER/SON						
DAUGHTER/SON						
DAUGHTER/SON						
DAUGHTER/SON						
DAUGHTER/SON						
DAUGHTER/SON						
DAUGHTER/SON						
DAUGHTER/SON						
DAUGHTER/SON						
DAUGHTER/SON						

Subject ID
Date:
ADRC Visit
Exmr ID:

**Instruction #4:** List any other blood relatives who had memory problems or dementia; such as grandparents, aunts, uncles.

**Mother's Family**

Relationship	First Name	Month and year of birth	Living? Y/N	Year of death	Dementia? (History, symptoms, or diagnosis)	Age of onset

**Father's Family**

Relationship	First Name	Month and year of birth	Living? Y/N	Year of death	Dementia? (History, symptoms, or diagnosis)	Age of onset

**Has anyone in the family developed Parkinson's disease? If so, who?**

---

**Has anyone in the family been born with Down's syndrome? If so, who?**

---