



FAMILY HISTORY OF DISEASE – Form 3

Version 1.0, 10/01/2007

Subject ID Label

The GenTAC Registry is interested in collecting information about the families of enrolled subjects.

1. What is today's date? |_|_| |_|_| |_|_|_|_|
 Month Day Year

2. How many whole-blood brothers and sisters do/did you have?
These siblings have the same mother and father that you do.

 ___ whole brothers Don't know
 ___ whole sisters Don't know

3. How many paternal half-blood brothers and sisters do/did you have?
These siblings have the same father that you do.

 ___ half brothers, same father Don't know
 ___ half sisters, same father Don't know

4. How many maternal half-blood brothers and sisters do/did you have?
These siblings have the same mother that you do.

 ___ half brothers, same mother Don't know
 ___ half sisters, same mother Don't know

5. How many biological children have you had?

 ___ sons
 ___ daughters

6. Are you adopted?

 NO
 YES → On the following pages, please provide information only on blood relatives, if known. ***If you do not know any of your biologic relatives, you do not need to complete this form.***

INSTRUCTIONS FOR COMPLETING THIS FORM

We are interested in knowing about your family's medical history and whether any of your family members have enrolled in the GenTAC Registry. The clinical centers that are currently enrolling patients into GenTAC include:

COR =	Weill Cornell Medical College in New York City
JHU =	Johns Hopkins Medical Center in Baltimore, Maryland
OHS =	Oregon Health & Science University in Portland
PEN =	University of Pennsylvania in Philadelphia
UTH =	University of Texas in Houston
BAY =	Baylor College of Medicine in Houston, Texas

We would like to know the medical history of your mother, father, grandparents, siblings and children. Please answer the questions about each of your family members listed at the top of each column. Collection of this information has been approved by the human subjects committee at each institution.

Place a check in the appropriate box to indicate diseases or conditions that have been diagnosed in the family members that are listed at the top of each column. For every "✓" mark you make, enter the approximate age of that relative at the time the condition was diagnosed. If you are unsure of the age at diagnosis, provide your best guess, and if you don't know, enter a question mark "?".

If a relative did not have any of the conditions listed, check the box at the bottom of the column to indicate **NONE OF THE ABOVE**.

If you have any questions about how to complete this form, please ask the study coordinator. The study coordinator can also give you additional pages for siblings or children if you need them. Give your completed form to the study coordinator when you are done.

**THANK YOU VERY MUCH FOR YOUR CONTRIBUTION TO THIS
IMPORTANT RESEARCH PROJECT!**

Blood Relative →		Mother	Maternal Grandmother	Maternal Grandfather	
1. Enter the first name of each relative in the box					
2. Enter the relative's State of current residence (e.g., NY)					
3. GENDER		F	F	M	
4. If this relative is enrolled in the GenTAC Registry, enter his/her center code from page 2 (e.g., UTH)					
5. Place a √ in the box if the relative is deceased					
6. Enter the relatives current age or age at death					
7. If deceased, enter the cause of death in text or enter the numeric code from the list of conditions below					
8. How well do you know the medical history of each relative?		<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not at all	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not at all	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not at all	
INSTRUCTION: Place a √ for each condition ever present and enter age at diagnosis. If age is unknown, estimate or enter a "?"					
EXAMPLE: Diabetes		√	59	√	?
9	Marfan syndrome				
10	Ehlers-Danlos syndrome				
11	Loeys-Dietz syndrome				
12	TGF beta (TGF-β) receptor or FBN1 mutation				
13	Shprintzen-Goldberg Syndrome				
14	Aortic aneurysm				
15	Aortic dissection				
16	Coarctation or narrowing of the aorta				
17	Bicuspid aortic valve disease				
18	Other valvular (heart valve) disease				
19	Congenital heart disease, specify type in the box →				
20	Heart attack				
21	Angina				
22	Angioplasty of coronary artery				
23	Bypass surgery				
24	Hypertension, high blood pressure				
25	Congestive heart failure				
26	Other heart disease, specify type in the box to the right				
27	Varicose veins				
28	Artery disease, specify location and type in the box For type, O= occlusive, A=aneurysm, D=dissection				
29	Stroke				
30	Joint disease				
31	Blood clotting or bleeding disorder				
32	Renal or kidney disease				
33	Cancer, specify the type in the box to the right				
34	Developmental disability or mental retardation				
35	Sudden or unexplained death				
36	If NONE OF THE ABOVE, check the box →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Blood Relative →	Father	Paternal Grandmother	Paternal Grandfather
1. Enter the first name of each relative in the box			
2. Enter the relative's State of current residence (eg, NY)			
3. GENDER	M	F	M
4. If this relative is enrolled in the GenTAC Registry, enter his/her center code from page 2 (e.g., UTH)			
5. Place a √ in the box if the person is deceased			
6. Enter the relatives current age or age at death			
7. If deceased, enter the cause of death in text or enter the numeric code from the list of conditions below			
8. How well do you know the medical history of each relative?	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not at all	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not at all	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not at all

INSTRUCTION: Place a √ for each condition ever present and enter age at diagnosis. If age is unknown, estimate or enter a "?"

EXAMPLE: Diabetes		√	79	√	?		
9	Marfan syndrome						
10	Ehlers-Danlos syndrome						
11	Loeys-Dietz syndrome						
12	TGF beta (TGF-β) receptor or FBN1 mutation						
13	Shprintzen-Goldberg Syndrome						
14	Aortic aneurysm						
15	Aortic dissection						
16	Coarctation or narrowing of the aorta						
17	Bicuspid aortic valve disease						
18	Other valvular (heart valve) disease						
19	Congenital heart disease, specify type in the box →						
20	Heart attack						
21	Angina						
22	Angioplasty of coronary artery						
23	Bypass surgery						
24	Hypertension, high blood pressure						
25	Congestive heart failure						
26	Other heart disease, specify type in the box to the right						
27	Varicose veins						
28	Artery disease, specify location and type in the box For type, O= occlusive, A=aneurysm, D=dissection						
29	Stroke						
30	Joint disease						
31	Blood clotting or bleeding disorder						
32	Renal or kidney disease						
33	Cancer, specify the type in the box to the right						
34	Developmental disability or mental retardation						
35	Sudden or unexplained death						
36	If NONE OF THE ABOVE, check the box →	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>	

Blood Relative →		Child 1	Child 2	Child 3
1. Enter the first name of each relative in the box				
2. Enter the relative's State of current residence (eg, NY)				
3. Circle the Gender of each child (M= Male F= Female)		M F	M F	M F
4. If this relative is enrolled in the GenTAC Registry, enter his/her center code from page 2 (e.g., UTH)				
5. Place a √ in the box if the person is deceased				
6. Enter the relatives current age or age at death				
7. If deceased, enter the cause of death in text or enter the numeric code from the list of conditions below				
8. How well do you know the medical history of each relative?		<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not at all	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not at all	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not at all
INSTRUCTION: Place a √ for each condition ever present and enter age at diagnosis. If age is unknown, estimate or enter a "?"				
EXAMPLE: Diabetes		√	14	
9	Marfan syndrome			
10	Ehlers-Danlos syndrome			
11	Loeys-Dietz syndrome			
12	TGF beta (TGF-β) receptor or FBN1 mutation			
13	Shprintzen-Goldberg Syndrome			
14	Aortic aneurysm			
15	Aortic dissection			
16	Coarctation or narrowing of the aorta			
17	Bicuspid aortic valve disease			
18	Other valvular (heart valve) disease			
19	Congenital heart disease, specify type in the box →			
20	Heart attack			
21	Angina			
22	Angioplasty of coronary artery			
23	Bypass surgery			
24	Hypertension, high blood pressure			
25	Congestive heart failure			
26	Other heart disease, specify type in the box to the right			
27	Varicose veins			
28	Artery disease, specify location and type in the box For type, O= occlusive, A=aneurysm, D=dissection			
29	Stroke			
30	Joint disease			
31	Blood clotting or bleeding disorder			
32	Renal or kidney disease			
33	Cancer, specify the type in the box to the right			
34	Developmental disability or mental retardation			
35	Sudden or unexplained death			
36	If NONE OF THE ABOVE, check the box →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Blood Relative →	Child 4	Child 5	Child 6
1. Enter the first name of each relative in the box			
2. Enter the relative's State of current residence (eg, NY)			
3. Circle the Gender of each child (M= Male F= Female)	M F	M F	M F
4. If this relative is enrolled in the GenTAC Registry, enter his/her center code from page 2 (e.g., UTH)			
5. Place a √ in the box if the person is deceased			
6. Enter the relatives current age or age at death			
7. If deceased, enter the cause of death in text or enter the numeric code from the list of conditions below			
8. How well do you know the medical history of each relative?	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not at all	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not at all	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not at all

INSTRUCTION: Place a √ for each condition ever present and enter age at diagnosis. If age is unknown, estimate or enter a "?"

EXAMPLE: Diabetes

√ 14

9	Marfan syndrome				
10	Ehlers-Danlos syndrome				
11	Loeys-Dietz syndrome				
12	TGF beta (TGF-β) receptor or FBN1 mutation				
13	Shprintzen-Goldberg Syndrome				
14	Aortic aneurysm				
15	Aortic dissection				
16	Coarctation or narrowing of the aorta				
17	Bicuspid aortic valve disease				
18	Other valvular (heart valve) disease				
19	Congenital heart disease, specify type in the box →				
20	Heart attack				
21	Angina				
22	Angioplasty of coronary artery				
23	Bypass surgery				
24	Hypertension, high blood pressure				
25	Congestive heart failure				
26	Other heart disease, specify type in the box to the right				
27	Varicose veins				
28	Artery disease, specify location and type in the box For type, O= occlusive, A=aneurysm, D=dissection				
29	Stroke				
30	Joint disease				
31	Blood clotting or bleeding disorder				
32	Renal or kidney disease				
33	Cancer, specify the type in the box to the right				
34	Developmental disability or mental retardation				
35	Sudden or unexplained death				
36	If NONE OF THE ABOVE, check the box →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Blood Relative →	Sibling 1	Sibling 2	Sibling 3
Check the box which indicates your sibling's relationship to you.	<input type="checkbox"/> whole sibling <input type="checkbox"/> half sibling, same Mom <input type="checkbox"/> half sibling, same Dad	<input type="checkbox"/> whole sibling <input type="checkbox"/> half sibling, same Mom <input type="checkbox"/> half sibling, same Dad	<input type="checkbox"/> whole sibling <input type="checkbox"/> half sibling, same Mom <input type="checkbox"/> half sibling, same Dad
1. Enter the first name of each relative in the box			
2. Enter the relative's State of current residence (eg, NY)			
3. Circle the Gender of each sibling (M= Male F= Female)	M F	M F	M F
4. If this relative is enrolled in the GenTAC Registry, enter his/her center code from page 2 (e.g., UTH)			
5. Place a √ in the box if the person is deceased			
6. Enter the relatives current age or age at death			
7. If deceased, enter the cause of death in text or enter the numeric code from the list of conditions below			
8. How well do you know the medical history of each relative?	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not at all	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not at all	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not at all

INSTRUCTION: Place a √ for each condition ever present and enter age at diagnosis. If age is unknown, estimate or enter a "?"

EXAMPLE: Diabetes

√

14

9	Marfan syndrome				
10	Ehlers-Danlos syndrome				
11	Loeys-Dietz syndrome				
12	TGF beta (TGF-β) receptor or FBN1 mutation				
13	Shprintzen-Goldberg Syndrome				
14	Aortic aneurysm				
15	Aortic dissection				
16	Coarctation or narrowing of the aorta				
17	Bicuspid aortic valve disease				
18	Other valvular (heart valve) disease				
19	Congenital heart disease, specify type in the box →				
20	Heart attack				
21	Angina				
22	Angioplasty of coronary artery				
23	Bypass surgery				
24	Hypertension, high blood pressure				
25	Congestive heart failure				
26	Other heart disease, specify type in the box to the right				
27	Varicose veins				
28	Artery disease, specify location and type in the box For type, O= occlusive, A=aneurysm, D=dissection				
29	Stroke				
30	Joint disease				
31	Blood clotting or bleeding disorder				
32	Renal or kidney disease				
33	Cancer, specify the type in the box to the right				
34	Developmental disability or mental retardation				
35	Sudden or unexplained death				
36	If NONE OF THE ABOVE, check the box →	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

Blood Relative →	Sibling 4	Sibling 5	Sibling 6
Check the box which indicates your sibling's relationship to you.	<input type="checkbox"/> whole sibling <input type="checkbox"/> half sibling, same Mom <input type="checkbox"/> half sibling, same Dad	<input type="checkbox"/> whole sibling <input type="checkbox"/> half sibling, same Mom <input type="checkbox"/> half sibling, same Dad	<input type="checkbox"/> whole sibling <input type="checkbox"/> half sibling, same Mom <input type="checkbox"/> half sibling, same Dad
1. Enter the first name of each relative in the box			
2. Enter the relative's State of current residence (eg, NY)			
3. Circle the Gender of each sibling (M= Male F= Female)	M F	M F	M F
4. If this relative is enrolled in the GenTAC Registry, enter his/her center code from page 2 (e.g., UTH)			
5. Place a √ in the box if the person is deceased			
6. Enter the relatives current age or age at death			
7. If deceased, enter the cause of death in text or enter the numeric code from the list of conditions below			
8. How well do you know the medical history of each relative?	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not at all	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not at all	<input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Not at all

INSTRUCTION: Place a √ for each condition ever present and enter age at diagnosis. If age is unknown, estimate or enter a "?"

EXAMPLE: Diabetes

√

14

9	Marfan syndrome					
10	Ehlers-Danlos syndrome					
11	Loeys-Dietz syndrome					
12	TGF beta (TGF-β) receptor or FBN1 mutation					
13	Shprintzen-Goldberg Syndrome					
14	Aortic aneurysm					
15	Aortic dissection					
16	Coarctation or narrowing of the aorta					
17	Bicuspid aortic valve disease					
18	Other valvular (heart valve) disease					
19	Congenital heart disease, specify type in the box →					
20	Heart attack					
21	Angina					
22	Angioplasty of coronary artery					
23	Bypass surgery					
24	Hypertension, high blood pressure					
25	Congestive heart failure					
26	Other heart disease, specify type in the box to the right					
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34	Developmental disability or mental retardation					
35	Sudden or unexplained death					
36	If NONE OF THE ABOVE, check the box →	<input type="checkbox"/>				