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)?

   Y Yes
   N No → go to item 2

   If yes, list affected parent(s):

   a1) Mother  a2) Age when mother's symptoms began

   Y Yes
   N No → go to item 1b1

   b1) Father  b2) Age when father's symptoms began

   Y Yes
   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?

   Y Yes
   N No → go to item 3

   If yes, list affected parent(s):

   a1) Mother  a2) Age when mother's diagnosis was made

   Y Yes
   N No → go to item 2b1
b1) Father

 Y Yes
 N No → go to item 3

b2) Age when father’s diagnosis was made

 Y Yes
 N No

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

 Y Yes
 N No → 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
 N No → go to item 5

If yes, list affected siblings:

a1) Brother 1

 Y Yes
 N No → go to item 4d1

a2) Age at time of diagnosis

 Y Yes
 N No

b1) Brother 2

 Y Yes
 N No → go to item 4d1

b2) Age at time of diagnosis

 Y Yes
 N No

c1) Brother 3

 Y Yes
 N No → go to item 4d1

c2) Age at time of diagnosis

 Y Yes
 N No

d1) Sister 1

 Y Yes
 N No → go to item 5

d2) Age at time of diagnosis

 Y Yes
 N No

e1) Sister 2

 Y Yes
 N No → go to item 5

e2) Age at time of diagnosis

 Y Yes
 N No

f1) Sister 3

 Y Yes
 N No → go to item 5

f2) Age at time of diagnosis

 Y Yes
 N No

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  
N No  go to item 7

If yes, note all affected children:

a1) Son 1  a2) Age at time of diagnosis

Y Yes  
N No  go to item 6c1

b1) Son 2  b2) Age at time of diagnosis

Y Yes  
N No  go to item 6c1

c1) Daughter 1  c2) Age at time of diagnosis

Y Yes  
N No  go to item 7

d1) Daughter 2  d2) Age at time of diagnosis

Y Yes  
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  
N No  go to item 8

If yes, list affected parent(s):

a1) Mother  a2) Age when mother’s diagnosis was made

Y Yes  
N No  go to item 7b1
8. Were any of your biological siblings ever diagnosed with Parkinson's disease?

If yes, list affected siblings:

a1) Brother 1

Y Yes
N No → go to item 8d1

a2) Age at time of diagnosis

b1) Brother 2

Y Yes
N No → go to item 8d1

b2) Age at time of diagnosis

c1) Brother 3

Y Yes
N No → go to item 8d1

c2) Age at time of diagnosis

d1) Sister 1

Y Yes
N No → go END

d2) Age at time of diagnosis

e1) Sister 2

Y Yes
N No → go END

e2) Age at time of diagnosis

f1) Sister 3

Y Yes
N No → go END

f2) Age at time of diagnosis

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.