Form A3: Participant Family History

ADRC: _____ PTID: _____ Form date: __ __ / __ __ / __ __ __ __ Visit #: _____ Examiner's initials: _____

Language:	Mode:	Key (remote reason):
☐1 English ☐2 Spanish	☐1 In-person ☐2 Remote *(reason):* ___ ☐1 Telephone ☐2 Video	*1=Too cognitively impaired* *2=Too physically impaired* *3=Homebound or nursing home* *4=Refused in-person visit* *5=Other*

INSTRUCTIONS: *This form is to be completed by a clinician with experience in evaluating participants with neurological and psychiatric diagnoses. Estimates are allowed if exact birth year or age at death is unknown. For additional clarification and examples, see the* **UDS Coding Guidebook, Form A3**.

Section 1 – Biological parents

1. Since the last UDS visit, is new information available concerning the status of the participant's biological mother or father?

☐0 No **(SKIP TO QUESTION 2)**
☐1 Yes **(COMPLETE QUESTIONS 1A-1B)**

For any parent with a neurological or psychiatric diagnosis, the entire row must be filled out.

If the clinician cannot determine the primary neurological/psychiatric diagnosis after reviewing all available evidence, enter **99 = Unknown** in the **Primary diagnosis** column, and *skip the subsequent questions in the row*. For a parent with no neurological or psychiatric diagnosis, enter **00 = No known neurological/psychiatric diagnosis** in the **Primary diagnosis** column, and then *skip the subsequent questions in the row.* For a parent with a primary diagnosis but no secondary diagnosis, enter **88 = No secondary diagnosis** in the Secondary diagnosis column.

	Birth year *(6666=provided at previous visit, 9999=Unknown)*	Age at death *(666=provided at previous visit, 888=N/A, 999 = Unknown)*	Primary dx*	Secondary dx*	Method of evaluation**	Age of onset of primary dx *(666=provided at previous visit, 999 = Unknown)*
			····· SEE LIST OF CODES ·····			
1a. Mother	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
1b. Father	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __

Codes

***DIAGNOSES**

- **00** No known neurological/psychiatric diagnosis
- **01** Alzheimer's Disease
- **02** Lewy Body dementia (includes DLB and PDD)
- **03** Vascular dementia
- **04** Stroke
- **05** FTLD* without motor neuron disease
- **06** FTLD* with motor neuron disease
- **07** Motor Neuron Disease
- **08** Parkinson's Disease
- **09** Prion pathology
- **10** Psychiatric condition
- **11** Dementia of unknown etiology
- **12** Other
- **66** Provided at previous visit
- **88** No secondary diagnosis
- **99** Specific diagnosis unknown *(acceptable if method of evaluation is not by exam or autopsy)*

****METHOD OF EVALUATION**

- **1** Participant/family report
- **2** Medical records
- **3** Exam *(co-enrolled family members)*
- **4** Autopsy *(if autopsy report available)*
- **6** Provided at previous visit

***FTLD includes:** *bvFTD or FTD, PPA (any subtype), CBS or CBD, PSP*

***Abbreviations:** bvFTD = behavioral variant frontotemporal dementia, CBS = corticobasal syndrome, CBD = corticobasal degeneration, DLB = dementia with Lewy bodies, FTD = frontotemporal dementia, PDD = Parkinson's disease with dementia, PPA = primary progressive aphasia, PSP = progressive supranuclear palsy*

YEAR OF BIRTH FOR FULL SIBLINGS & BIOLOGICAL CHILDREN: If birth year is unknown, please provide an approximate year on **UDS Initial Visit Form A3** and **UDS Follow-up Visit Form A3** so that the sibling or child with unknown birth year ends up in correct birth order relative to the other siblings/children.

Example: *A participant is the oldest of three children. The participant was born in 1940 and the middle sibling in 1943; the youngest sibling's birth year is unknown. An approximate birth year of 1944 or later should be assigned to the youngest sibling.*

Use that same birth year on **FTLD Module Form A3a**, *if applicable*, and across all UDS visits so that any new information on a particular sibling or child can be linked to previously submitted information. If it is impossible for the participant and co-participant to estimate the birth year, *enter* **9999=Unknown**.

Section 2 – Full siblings

2. Since the last UDS visit, is new information available concerning the status of the participant's full siblings?

☐ 0 No **(SKIP TO QUESTION 3)**
☐ 1 Yes **(COMPLETE QUESTIONS 2a-2t)**

2.1. How many full siblings does the participant have?

___ ___ (77 = participant adopted or siblings unknown; 66 = provided at previous visit)

If participant has no full siblings, **SKIP TO QUESTION 3**; *otherwise, provide information on all full siblings.*

For any full sibling with a neurological or psychiatric diagnosis, the entire row must be filled out.

If the clinician cannot determine the primary neurological/psychiatric diagnosis after reviewing all available evidence, enter **99 = Unknown** in the **Primary diagnosis** column, and *skip the subsequent questions in the row*. For a full sibling with no neurological or psychiatric diagnosis, enter **00 = No known neurological/psychiatric diagnosis** in the **Primary diagnosis** column, and then *skip the subsequent questions in the row.* For a full sibling with a primary diagnosis but no secondary diagnosis, enter **88 = No secondary diagnosis** in the Secondary diagnosis column.

	Birth year *(6666=provided at previous visit, 9999=Unknown)*	Age at death *(666=provided at previous visit, 888=N/A, 999 = Unknown)*	Primary dx*	Secondary dx*	Method of evaluation**	Age of onset of primary dx *(666=provided at previous visit, 999 = Unknown)*
			····· SEE LIST OF CODES ·····			
2a. Sibling 1	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2b. Sibling 2	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2c. Sibling 3	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2d. Sibling 4	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2e. Sibling 5	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2f. Sibling 6	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2g. Sibling 7	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2h. Sibling 8	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2i. Sibling 9	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2j. Sibling 10	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2k. Sibling 11	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2l. Sibling 12	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2m. Sibling 13	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2n. Sibling 14	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2o. Sibling 15	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2p. Sibling 16	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2q. Sibling 17	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2r. Sibling 18	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2s. Sibling 19	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
2t. Sibling 20	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __

Section 3 – Biological children

3. Since the last UDS visit, is new information available concerning the status of the participant's biological children?

☐ 0 No **(END FORM HERE)**
☐ 1 Yes **(COMPLETE QUESTIONS 3a-3o)**

3.1. How many biological children does the participant have?

___ ___ (66 = provided at previous visit)

If participant has no biological children, **END FORM HERE**; *otherwise, provide information on all biological children.*

For any biological child with a neurological or psychiatric diagnosis, the entire row must be filled out.

If the clinician cannot determine the primary neurological/psychiatric diagnosis after reviewing all available evidence, enter **99 = Unknown** in the **Primary diagnosis** column, and *skip the subsequent questions in the row*. For a biological child with no neurological or psychiatric diagnosis, enter **00 = No known neurological/psychiatric diagnosis** in the **Primary diagnosis** column, and then *skip the subsequent questions in the row.* For a biological child with a primary diagnosis but no secondary diagnosis, enter **88 = No secondary diagnosis** in the Secondary diagnosis column.

	Birth year *(6666=provided at previous visit, 9999=Unknown)*	**Age at death** *(666=provided at previous visit, 888=N/A, 999 = Unknown)*	**Primary dx***	**Secondary dx***	**Method of evaluation****	**Age of onset of primary dx** *(666=provided at previous visit, 999 = Unknown)*
			····· SEE LIST OF CODES ·····			
3a. Child 1	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3b. Child 2	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3c. Child 3	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3d. Child 4	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3e. Child 5	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3f. Child 6	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3g. Child 7	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3h. Child 8	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3i. Child 9	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3j. Child 10	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3k. Child 11	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3l. Child 12	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3m. Child 13	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3n. Child 14	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __
3o. Child 15	__ __ __ __	__ __ __	__ __	__ __	__	__ __ __