| | |
|---|---|
| **Participant ID:** | **Participant Initials:** |
| **Site:** | **Visit Number:** |
| **CRF Date:** | **RC ID:** |

# FAMILY HISTORY

**Family History**

| | |
|---|---|
| 1. Does your biological mother have a history of heart disease, stroke or vascular disease, memory problems, cancer, high blood cholesterol, hypertension, or diabetes? | ☐ Yes ☐ No ☐ Don't Know |
| 2. Does your biological father have a history of heart disease, stroke or vascular disease, memory problems, cancer, high blood cholesterol, hypertension, or diabetes? | ☐ Yes ☐ No ☐ Don't Know |

***For Research Coordinator use only:*** CRF was: ❑ Self-administered ❑ Interviewer-administered