H1A. This section is a brief family history. Please tell me the names of his/her sons and daughters starting with the oldest and continuing to the youngest. Do not include children who are adopted or step-children.

RECORD FIRST NAME OF EACH CHILD THEN ASK QUESTIONS ACROSS COLUMNS.

<table>
<thead>
<tr>
<th>BIRTH ORDER</th>
<th>FIRST NAME</th>
<th>RELATIONSHIP</th>
<th>Is (NAME) living?</th>
<th>What is (NAME’S) approximate age or age at time of death?</th>
<th>Did (NAME) ever have a heart attack, stroke or other cardiovascular problem?</th>
<th>Did (NAME) ever have memory problems?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>4 = SON 5 = DAUGHTER</td>
<td>Y</td>
<td>N</td>
<td>DK</td>
<td>DK = 998</td>
</tr>
<tr>
<td>31</td>
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<td>5</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>λ     *     *     *</td>
</tr>
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<td>32</td>
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<td>5</td>
<td>1</td>
<td>2</td>
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<td>33</td>
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<td>5</td>
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<td>2</td>
<td>8</td>
<td>λ     *     *     *</td>
</tr>
<tr>
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<td>1</td>
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<td>8</td>
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<td>2</td>
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<td>8</td>
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<td>2</td>
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<td>8</td>
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<td>2</td>
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<td>2</td>
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<td>2</td>
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<td>1</td>
<td>2</td>
<td>8</td>
<td>λ     *     *     *</td>
</tr>
</tbody>
</table>
H1. This section is a brief family history. Please tell me the names of his/her brothers and sisters starting with the oldest and continuing to the youngest. Please include his/her name in the list. Do not include siblings that are adopted, step, half brothers or sisters.

RECORD FIRST NAME OF EACH SIBLING THEN ASK QUESTIONS ACROSS COLUMNS.

<table>
<thead>
<tr>
<th>BIRTH ORDER</th>
<th>FIRST NAME</th>
<th>RELATIONSHIP</th>
<th>Is (NAME) living?</th>
<th>What is (NAME’S) approximate age or age at time of death?</th>
<th>Did (NAME) ever have a heart attack, stroke or other cardiovascular problem?</th>
<th>Did (NAME) ever have memory problems?</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>1 = BROTHER 2 = SISTER 3 = SELF</td>
<td>Y N DK</td>
<td>DK = 998</td>
<td>YES NO DK</td>
<td>YES NO DK</td>
</tr>
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<td>1 2 3</td>
<td>1 2 8</td>
<td>*</td>
<td>1 2 8</td>
</tr>
</tbody>
</table>
FAMILY HISTORY

H2. Now I would like to ask you the same information about his/her biological parents starting with your father.  

ADOPTEO NO INFO (GO TO H3)  
DK IF R IS ADOPTED (COMPLETE CHART ANYWAY)

<table>
<thead>
<tr>
<th>RELATIONSHIP</th>
<th>CODE</th>
<th>FIRST NAME</th>
<th>Is (NAME) living?</th>
<th>What is (NAME’S) approximate age or age at time of death?</th>
<th>Did (NAME) ever have a heart attack, stroke or other cardiovascular problem?</th>
<th>Did (NAME) ever have memory problems?</th>
</tr>
</thead>
<tbody>
<tr>
<td>FATHER</td>
<td>77</td>
<td></td>
<td>1 2 8</td>
<td>λ___<em>___</em>___</td>
<td>1 2 8</td>
<td>1 2 8</td>
</tr>
<tr>
<td>MOTHER</td>
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<td></td>
<td>1 2 8</td>
<td>λ___<em>___</em>___</td>
<td>1 2 8</td>
<td>1 2 8</td>
</tr>
</tbody>
</table>

INTERVIEWER CHECKPOINT: DID ANY SIBLING OR PARENT HAVE MEMORY PROBLEMS?  
YES (CONTINUE)  
NO (GO TO H4)

H3. Now I’d like to ask you a few questions about those relatives who experienced memory problems.  
(INCLUDE SUBJECT IF HE IS HAVING MEMORY PROBLEMS)  
RECORD NAME FROM H1 OR H2 WITH MEMORY PROBLEMS.

A. NAME ____________________________ CODE = ___ ___ 

1. How old was (NAME) when (he/she) started having memory problems? (DK = 998)  
AGE...............................  
*_*_*_* 
SUDDELY.........................1  
SLOWLY............................2  
DK..................................8 

2. Did the memory problems begin suddenly or slowly?  

3. Did the memory problems get worse over time?  
YES.................................1  
NO.................................2  
DK..................................8  

4. (Did/do) the memory problems cause limitations with daily activities?  
YES (RECORD)........................1  
NO (GO TO 5)........................2  
DK (GO TO 5).........................8 

SPECIFY TYPE OF LIMITATIONS. (e.g., work social activities of daily living, cooking, driving, handling money and finances)
BE SPECIFIC- USE ABOVE EXAMPLES AS PROBES

RECORD: ________________________________
5. Did a doctor ever give a diagnosis for the cause of the memory trouble?

YES (RECORD)....................... 1
NO (GO TO 6).......................... 2
DK (GO TO 6).......................... 8

SPECIFY THE DIAGNOSIS.

RECORD: _______________________________

IF DECEASED CONTINUE
IF LIVING GO TO THE NEXT CHECKPOINT

6. IF DECEASED: What was the cause of death?

RECORD: _______________________________

7. Was an autopsy performed?

YES ............................................... 1
NO................................................. 2
DK................................................. 8

INTERVIEWER CHECKPOINT: ARE THERE OTHER RELATIVES LISTED WITH MEMORY PROBLEMS?

YES ................................................ 1
NO (GO TO H4)............................... 2

RECORD NAME FROM H1 OR H2 WITH MEMORY PROBLEMS.

B. NAME ________________________________

CODE = __ __ __

1. How old was (NAME) when (he/she) started having memory problems? (DK = 998)

AGE.................................
* * * * *

2. Did the memory problems begin suddenly or slowly?

SUDDENLY............................. 1
SLOWLY................................. 2
DK................................. 8

3. Did the memory problems get worse over time?

YES........................................... 1
NO............................................. 2
DK.......................................... 8

4. (Did/do) the memory problems cause limitations with daily activities?

YES (RECORD)........................... 1
NO (GO TO 5)............................. 2
DK (GO TO 5)............................. 8

SPECIFY TYPE OF LIMITATIONS. (e.g., work social activities of daily living, cooking, driving, handling money and finances)
BE SPECIFIC- USE ABOVE EXAMPLES AS PROBES

RECORD: ______________________________

______________________________________

______________________________________
5. Did a doctor ever give a diagnosis for the cause of the memory trouble? YES (RECORD).......................1
NO (GO TO 6)..........................2
DK (GO TO 6)..........................8

SPECIFY THE DIAGNOSIS.
RECORD: ________________________________

IF DECEASED CONTINUE
IF LIVING GO TO THE NEXT CHECKPOINT

6. IF DECEASED: What was the cause of death?
RECORD: _________________________________________

7. Was an autopsy performed?
YES ............................................... 1
NO ............................................... 2
DK ............................................... 8

INTERVIEWER CHECKPOINT: ARE THERE OTHER RELATIVES LISTED WITH MEMORY PROBLEMS?
YES .............................................1
NO (GO TO H4).......................... 2

RECORD NAME FROM H1 OR H2 WITH MEMORY PROBLEMS.
C. NAME ________________________________

1. How old was (NAME) when (he/she) started having memory problems? (DK = 998)
AGE........................................
*._.*._.*

2. Did the memory problems begin suddenly or slowly?
SUDDENLY..................................1
SLOWLY .....................................2
DK .............................................8

3. Did the memory problems get worse over time?
YES ........................................... 1
NO ............................................. 2
DK ............................................. 8

4. (Did/do) the memory problems cause limitations with daily activities?
YES (RECORD).............................1
NO (GO TO 5)............................. 2
DK (GO TO 5)............................. 8

SPECIFY TYPE OF LIMITATIONS. (e.g., work social activities of daily living, cooking, driving, handling money and finances) BE SPECIFIC- USE ABOVE EXAMPLES AS PROBES
RECORD: ____________________________________

______________________________________________

______________________________________________
5. Did a doctor ever give a diagnosis for the cause of the memory trouble?  

YES (RECORD).............................1  
NO (GO TO 6)..............................2  
DK (GO TO 6)..............................8  

SPECIFY THE DIAGNOSIS.  

RECORD: ________________________________  

---

6. IF DECEASED: What was the cause of death?  

RECORD: ________________________________  

7. Was an autopsy performed?  

YES ............................................... 1  
NO ............................................... 2  
DK ............................................... 8  

---

INTERVIEWER CHECKPOINT: ARE THERE OTHER RELATIVES LISTED WITH MEMORY PROBLEMS?  

YES ............................................... 1  
NO (GO TO H4).............................. 2  

---

H4. Now I am going to read you a list of problems people sometimes have. For those relatives we’ve been talking about, (NAME’s) full brothers and sisters, biological parents and biological children, please tell me if any of them have been told by a doctor that they had:  

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Alzheimer’s Disease?</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>B. Parkinson’s Disease?</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>C. Down’s Syndrome?</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>D. Senile Dementia?</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>E. “Hardening of the Arteries?”</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>F. Mini-strokes or TIA’s?</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>G. “Arteriosclerosis of the brain?”</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>H. Any other neurological conditions?</td>
<td>1</td>
<td>2</td>
<td>8</td>
</tr>
</tbody>
</table>

SPECIFY: ________________________________  
SPECIFY: ________________________________