A1. What is your relationship to (NAME)?

- SPOUSE................. 1
- CHILD ....................... 2
- SIBLING .................... 3
- PARENT ..................... 4
- FRIEND ..................... 5
- GUARDIAN .............. 6
- NEIGHBOR ............. 7
- OTHER (SPECIFY) .......... 8
- NA ..................... 97
- DK .................. 98
- RF .................. 99

SPECIFY:____________________________________ OTHER (SPECIFY)...........

A2. How long have you known (NAME)?

YEARS ..........       

A3. On the average, in the past year, how often did you see (NAME)?

- LIVES WITH SUBJECT ............... 1
- DAILY.......................... 2
- SEVERAL TIMES/ WEEK ........... 3
- ONCE A WEEK..................... 4
- ONE-THREE TIME A MONTH ......... 5
- LESS THAN ONCE A MONTH ......... 6
- NEVER ......................... 7
- OTHER (SPECIFY) ............... 8
- NA ..................... 97
- DON’T KNOW ................. 98
- REFUSED .................. 99

SPECIFY:____________________________________
FAMILY HISTORY SECOND INFORMANT

A1. What is your relationship to (NAME)?

SPOUSE........................................ 1
CHILD ........................................ 2
SIBLING ....................................... 3
PARENT ........................................ 4
FRIEND ....................................... 5
GUARDIAN................................. 6
NEIGHBOR ................................. 7
OTHER (SPECIFY) ............... 8
NA........................................... 97
DK................................. 98
RF................................. 99

SPECIFY:________________________________________

A2. How long have you known (NAME)?

YEARS ............ |||

(DK = 98)
(SKIPPED = 96)

A3. On the average, in the past year, how often did you see (NAME)?

LIVES WITH SUBJECT ............... 1
DAILY........................................ 2
SEVERAL TIMES/WEEK............... 3
ONCE A WEEK.......................... 4
ONE-THREE TIME A MONTH .......... 5
LESS THAN ONCE A MONTH ....... 6
NEVER .................................. 7
OTHER (SPECIFY) ............... 8
SKIPPED................................. 96
NA........................................... 97
DON’T KNOW .......................... 98
REFUSED.................................. 99

SPECIFY:________________________________________

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SECTION H: FAMILY HISTORY

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>
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<td></td>
<td></td>
<td></td>
<td>Y     N   DK</td>
<td>DK = 998</td>
<td>YES   NO   DK</td>
<td>YES   NO   DK</td>
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<td>1 5 98</td>
<td>1 5 98</td>
<td>1 5 98</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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<td>Y</td>
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<td>5</td>
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<td>Y</td>
<td>1 5 98</td>
<td></td>
<td>1</td>
<td>5</td>
</tr>
</tbody>
</table>
H2. Now I would like to ask you the same information about his/her biological parents starting with your father. ADOPTED NO INFO (GO TO H3)…………1
DK IF R IS ADOPTED…………………… 98
(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>
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<td>YES NO DK</td>
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<tr>
<td>MOTHER</td>
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<td></td>
<td>Y N DK</td>
<td>DK = 998</td>
<td>YES NO DK</td>
<td>YES NO DK</td>
</tr>
</tbody>
</table>

INTERVIEWER CHECKPOINT: DID ANY SIBLING OR PARENT HAVE MEMORY PROBLEMS?

YES (CONTINUE)……………………………………1
NO (GO TO H4)…………………………………5

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 ________________________________________________________________

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

2. Did the memory problems begin suddenly or slowly?

3. Did the memory problems get worse over time?

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

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: ________________________________________________________________

______________________________________________________________

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

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?

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

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

2. Did the memory problems begin suddenly or slowly?

3. Did the memory problems get worse over time?

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

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?

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?

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

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)

2. Did the memory problems begin suddenly or slowly?

3. Did the memory problems get worse over time?

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

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).................................5
DK (GO TO 6).................................98

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..................................................5
DK ..................................................98

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

YES ...............................................1
NO (GO TO H4).................................5

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: (DO NOT INCLUDE SUBJECT)

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
<th>DK</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.  Alzheimer’s Disease?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>B.  Parkinson’s Disease?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>C.  Down’s Syndrome?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>D.  Senile Dementia?</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>E.  “Hardening of the Arteries?”</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>F.  Mini-strokes or TIA’s?</td>
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<td>5</td>
</tr>
<tr>
<td>G.  “Arteriosclerosis of the brain?”</td>
<td>1</td>
<td>5</td>
</tr>
<tr>
<td>H.  Any other neurological conditions?</td>
<td>1</td>
<td>5</td>
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</tbody>
</table>

SPECIFY: ________________________________
SPECIFY: _____________________________