



The ACT Project
Family History
University of Washington
June 15, 2004

VISIT 01

FORM 23

SUBJECT ACT No.: 4 5 6 7 8 9

CHARSUB Char ID: 10 11 12

DATE_MO Date: 13 14 / 15 16 / 17 18

DATE_DAY, DATE_YR

April 14 2008

Questions removed on memory problem checklist: 2, 6, 7, & 9

Section 1: Parents and Grandparents

Please complete as many question as you can. You may want to consult your other relatives for information you are not sure about - if that is not possible, **please estimate**.

- ◆ If you don't know the exact dates, estimate the year.
- ◆ If you don't know the city, then use the state or foreign country.
- ◆ Include only biological or blood relatives
- ◆ Please list married women by their maiden names (if known.)

Complete Memory Problem Checklist (at the end of this section) **only** for each parent or grandparent you think may have had memory problems.

Thank you.

(FOR CODING ONLY)

On this page please tell us where you, your parents and grandparents were born. If you can't remember the city, you may write down the state or foreign country.

VISIT 0 1
FORM (76) 2 3
SUBJECT 4 5 6 7 8 9
CHARSUB 10 11 12
DATE_MO 13 14 15 16 17 18
DATE_DAY, DATE_YR

Information about Birthplaces

Your Birthplace:

19 20 21
FH1

City

State or country

Your Mother's Birthplace:

22 23 24
FH2

City

State or country

Your Father's Birthplace:

25 26 27
FH3

City

State or Country

Your Father's Father's Birthplace;

28 29 30
FH4

City

State or Country

Your Father's Mother's Birthplace:

31 32 33
FH5

City

State or Country

Your Mother's Father's Birthplace:

34 35 36
FH6

City

State or Country

Your Mother's Mother's Birthplace:

37 38 39
FH7

City

State or Country

(FOR CODING ONLY)

(PERSON CODE) 01 **1011** **PCODE1 - FATHER**

(REL CODE) 05 **1213** **RELAT**

(PARENT CODE) 99 **1415** **PARCODE**

YOB **16 17 18 19**

(SEX) 1 **20**

LIVE 1 2 **21**

YOD **22 23 24 25**

26 27 28 29 30 31 32

MEM 1 2 9 **33**

○

(PERSON CODE) 02

(REL CODE) 04

(PARENT CODE) 99

YOB _____

(SEX) 2

LIVE 1 2

YOD _____

_____ . _____

MEM 1 2 9

○

(PERSON CODE) 03

(REL CODE) 10

(PARENT CODE) 99

YOB _____

(SEX) 1

LIVE 1 2

YOD _____

_____ . _____

MEM 1 2 9

○

Information about your PARENTS (Include only biological parents).

VISIT **01**

FORM (86) **23**

SUBJECT **456789**

Year of Birth: _____

Sex: 1

Living: ____ 1. No ____ 2. Yes

Year of Death: _____

Cause of Death: _____

Has your father ever experienced memory problems? Yes No Don't Know

☐ ☐ ☐

If YES, please complete a Memory Problem Checklist at the end of this section.

2 - MOTHER

Year of Birth: _____

Sex: 2

Living: ____ 1. No ____ 2. Yes

Year of Death: _____

Cause of Death: _____

Has your mother ever experienced memory problems? Yes No Don't Know

☐ ☐ ☐

If YES, please complete a Memory Problem Checklist at the end of this section.

Information about your paternal GRANDPARENTS (Include only biological grandparents).

3 - FATHER'S FATHER

Year of Birth: _____

Sex: 1

Living: ____ 1.No ____ 2.Yes

Year of Death: _____

Cause of Death: _____

Did your father's father have memory problems? Yes No Don't know

☐ ☐ ☐

If YES, please complete a Memory Problem Checklist at the end of this section.

(FOR CODING ONLY)

(PERSON CODE) 04
(REL CODE) 10
(PARENT CODE) 99

YOB _____

(SEX) 2

LIVE 1 2

YOD _____

_____ . _____

MEM 1 2 9

☐

Information about your paternal GRANDPARENTS

(Include only biological grandparents).

4 - FATHER'S MOTHER

Year of Birth: _____

Sex: 2

Living: ____ 1.No ____ 2.Yes

Year of Death: _____

Cause of Death: _____

Did your father's mother have memory problems? Yes No Don't know

☐☐☐

If YES, please complete a Memory Problem Checklist at the end of this section.

(PERSON CODE) 05
(REL CODE) 11
(PARENT CODE) 99

YOB _____

(SEX) 1

LIVE 1 2

YOD _____

_____ . _____

MEM 1 2 9

☐

Information about your maternal GRANDPARENTS

(Include only biological grandparents).

5 - MOTHER'S FATHER

Year of Birth: _____

Sex: 1

Living: ____ 1.No ____ 2.Yes

Year of Death: _____

Cause of Death: _____

Did your mother's father have memory problems? Yes No Don't know

☐☐☐

If YES, please complete a Memory Problem Checklist at the end of this section.

(PERSON CODE) 06
(REL CODE) 11
(PARENT CODE) 99

YOB _____

(SEX) 2

LIVE 1 2

YOD _____

_____ . _____

MEM 1 2 9

☐

Information about your maternal GRANDPARENTS

(Include only biological grandparents).

6 - MOTHER'S MOTHER

Year of Birth: _____

Sex: 2

Living: ____ 1.No ____ 2.Yes

Year of Death: _____

Cause of Death: _____

Did your mother's mother have memory problems? Yes No Don't know

☐☐☐

If YES, please complete a Memory Problem Checklist at the end of this section.

(FOR CODING ONLY)		Memory Problem Checklist	VISIT	0 1
PCODE		Fill out one of these forms for each relative with a memory problem.	FORM (87)	2 3
(PERSON CODE)	10 11	Person Code: _____ Relationship: _____	SUBJECT	4 5 6 7 8 9
(REL CODE)	12 13	RELAT		
14	MEM1	1. Did the problem last for 6 months or longer? 1. No, lasted less than 6 months 2. Yes, definitely or probably 3. Yes, possibly 9. Don't know		
15	MEM2	2. Did it begin gradually or suddenly? 1. Gradually 2. Suddenly 9. Don't know		
16	MEM3	3. How did it progress (worsen)? 1. Recovered (totally or mostly) 2. Stable (no progression, once recognized) 3. Progressed with sudden episodes of decline 4. Progressed slowly and gradually 5. Progressed quickly but gradually (no sudden decline) 8. Other pattern of progression 9. Don't know		
17	MEM4	4. Did it affect (interfere with) work or social functioning? 1. No 2. Yes, definitely or probably 3. Yes, possibly 9. Don't know		
18	MEM5	5. Were his/her memory problems so severe that he/she became unable to care for himself/herself? 1. No 2. Yes, definitely or probably 3. Yes, possibly 9. Don't know		
19 20 21	MEM6	6. How old was he/she when his/her problems with memory were first recognized? (Please guess if you do not know the exact age). _____		
22	MEM7	7. Did he/she ever have a stroke? 1. No 2. Yes - one only, fatal stroke 3. Yes - only within one month of death 4. Yes - one only, > one month before death or still alive 5. Yes - more than one stroke 9. Don't know		
23	MEM8	8. Was a cause for the memory problem diagnosed by the doctor? If yes, what was the diagnosis? 1. No 2. Yes - stroke 3. Yes - Alzheimer's Disease 4. Yes - senile dementia; senility 5. Yes - old age 6. Yes - injury, accidents, poisoning, problems with anesthesia 7. Yes - infection 8. Yes - other (specify): _____ 9. Don't know		
24 25 26 27 28 29	MEM8A	9. If the memory problem was diagnosed as Alzheimer's Disease, was it confirmed by autopsy? 1. No 2. Yes 3. No-Still Living 8. Skip 9. Don't know		
30	MEM9	10. Was he/she admitted to a nursing home because of these (or related) problem? 1. No 2. Yes 9. Don't know		
31	MEM10			

(Questions 2.6.7 & 9 was removed 04/14/2008)

(FOR CODING ONLY)

(PERSON CODE) _____
(REL CODE) _____

Memory Problem Checklist

Fill out one of these forms for each relative with a memory problem.

Person Code: _____ Relationship: _____

1. Did the problem last for 6 months or longer? 1. No, lasted less than 6 months 2. Yes, definitely or probably 3. Yes, possibly 9. Don't know
2. Did it begin gradually or suddenly? 1. Gradually 2. Suddenly 9. Don't know
3. How did it progress (worsen)? 1. Recovered (totally or mostly) 2. Stable (no progression, once recognized) 3. Progressed with sudden episodes of decline 4. Progressed slowly and gradually 5. Progressed quickly but gradually (no sudden decline) 8. Other pattern of progression 9. Don't know
4. Did it affect (interfere with) work or social functioning? 1. No 2. Yes, definitely or probably 3. Yes, possibly 9. Don't know
5. Were his/her memory problems so severe that he/she became unable to care for himself/herself? 1. No 2. Yes, definitely or probably 3. Yes, possibly 9. Don't know
6. How old was he/she when his/her problems with memory were first recognized? (Please guess if you do not know the exact age). _____
7. Did he/she ever have a stroke? 1. No 2. Yes – one only, fatal stroke 3. Yes – only within one month of death 4. Yes – one only, > one month before death or still alive 5. Yes – more than one stroke 9. Don't know
8. Was a cause for the memory problem diagnosed by the doctor? If yes, what was the diagnosis? 1. No 2. Yes – stroke 3. Yes – Alzheimer's Disease 4. Yes – senile dementia; senility 5. Yes – old age 6. Yes – injury, accidents, poisoning, problems with anesthesia 7. Yes – infection 8. Yes – other (specify): _____ 9. Don't know
9. If the memory problem was diagnosed as Alzheimer's Disease , was it confirmed by autopsy? 1. No 2. Yes 3. No-Still Living 8. Skip 9. Don't know
10. Was he/she admitted to a nursing home because of these (or related) problem? 1. No 2. Yes 9. Don't know

(FOR CODING ONLY)

(PERSON CODE) _____

(REL CODE) _____

Memory Problem Checklist

Fill out one of these forms for each relative with a memory problem.

Person Code: _____ Relationship: _____

1. Did the problem last for 6 months or longer? 1. No, lasted less than 6 months 2. Yes, definitely or probably 3. Yes, possibly 9. Don't know
2. Did it begin gradually or suddenly? 1. Gradually 2. Suddenly 9. Don't know
3. How did it progress (worsen)? 1. Recovered (totally or mostly) 2. Stable (no progression, once recognized) 3. Progressed with sudden episodes of decline 4. Progressed slowly and gradually 5. Progressed quickly but gradually (no sudden decline) 8. Other pattern of progression 9. Don't know
4. Did it affect (interfere with) work or social functioning? 1. No 2. Yes, definitely or probably 3. Yes, possibly 9. Don't know
5. Were his/her memory problems so severe that he/she became unable to care for himself/herself? 1. No 2. Yes, definitely or probably 3. Yes, possibly 9. Don't know
6. How old was he/she when his/her problems with memory were first recognized? (Please guess if you do not know the exact age). _____
7. Did he/she ever have a stroke? 1. No 2. Yes - one only, fatal stroke 3. Yes - only within one month of death 4. Yes - one only, > one month before death or still alive 5. Yes - more than one stroke 9. Don't know
8. Was a cause for the memory problem diagnosed by the doctor? If yes, what was the diagnosis? 1. No 2. Yes - stroke 3. Yes - Alzheimer's Disease 4. Yes - senile dementia; senility 5. Yes - old age 6. Yes - injury, accidents, poisoning, problems with anesthesia 7. Yes - infection 8. Yes - other (specify): _____ 9. Don't know
9. If the memory problem was diagnosed as Alzheimer's Disease , was it confirmed by autopsy? 1. No 2. Yes 3. No-Still Living 8. Skip 9. Don't know
10. Was he/she admitted to a nursing home because of these (or related) problem? 1. No 2. Yes 9. Don't know

Section 2: Brothers and Sisters

The next section is similar to the last. However, now we ask you to complete information about your brothers and sisters. You may want to consult your other relatives for information you are not sure about - if that is not possible, **please estimate**.

- ◆ If you are unsure of the years of birth or years of death, please give your best estimate.
- ◆ Include only biological or blood relatives, including half siblings. Do not include stepsiblings or adoptive siblings.
- ◆ Please list married women by their maiden name (if known).

Complete Memory Problem checklist (at the end of this section) **only** for each brother or sister you think may have had memory problems.

Thank you.

(CODING ONLY)

Person
Relationship
Parent/Other
Code
Code
Code

00 07 **11**

START HERE

└───┐
07

10 11 12 13 14 15
07
RELAT
PCODE PARCODE

07

07

Information about your BROTHERS and SISTERS

VISIT 01
FORM (86) 23
SUBJECT 456789

Please list all names of BROTHERS & SISTERS in the Name Form. List only blood relatives, including half-siblings.
Do NOT include step siblings or adoptive siblings.

Person Code for siblings	Year of Birth (YYYY)	Sex	Living	Year of Death (YYYY)	Cause of Death		MEMORY PROBLEMS	
00	CODE 1911	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE 1990	NOT CODED Lung Cancer	CODE -----.	Yes No ?	CODE 1 2 9
---	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE -----.	Yes No ?	CODE 1 2 9
---	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE 30 -----. 26 27 28 29 31 32 CAUSE	Yes No ?	CODE 1 2 9 33 MEMORY
---	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE -----.	Yes No ?	CODE 1 2 9
---	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE -----.	Yes No ?	CODE 1 2 9

Please complete one of the attached Memory Problem Checklists for each brother or sister with a Memory Problem. Continue to next page.

(CODING ONLY)

Person
Relationship Code
Parent/Other Code

07
07
07
07
07

Information about your BROTHERS and SISTERS, continued.

Please list names of all BROTHERS & SISTERS in the Name Form. List only blood relatives, including half-siblings.
Do NOT include step siblings or adoptive siblings.

Person Code for Siblings	Year of Birth (YYYY)	Sex	Living	Year of Death (YYYY)	Cause of Death		MEMORY PROBLEMS	
____	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE -----.	Yes No ?	CODE 1 2 9
____	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE -----.	Yes No ?	CODE 1 2 9
____	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE -----.	Yes No ?	CODE 1 2 9
____	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE -----.	Yes No ?	CODE 1 2 9
____	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE -----.	Yes No ?	CODE 1 2 9
Please complete one of the attached Memory Problem Checklists for each brother or sister with a Memory Problem. Continue to next page.								

(CODING ONLY)

Person
Relationship Code
Parent/Other Code

07
07
07
07
07
07

Information about your BROTHERS and SISTERS, continued.

Please list names of all BROTHERS & SISTERS in the Name Form. List only blood relatives, including half-siblings.

Do NOT include step siblings or adoptive siblings.

Person Code for Siblings	Year of Birth (YYYY)	Sex	Living	Year of Death (YYYY)	Cause of Death		MEMORY PROBLEMS	
____	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE -----.	Yes No ?	CODE 1 2 9
____	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE -----.	Yes No ?	CODE 1 2 9
____	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE -----.	Yes No ?	CODE 1 2 9
____	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE -----.	Yes No ?	CODE 1 2 9
____	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE -----.	Yes No ?	CODE 1 2 9
Please complete one of the attached Memory Problem Checklists for each brother or sister with a Memory Problem. Continue to next page.								

(FOR CODING ONLY)

(PERSON CODE) _____

(REL CODE) _____

Memory Problem Checklist

Fill out one of these forms for each relative with a memory problem.

Person Code: _____ Relationship: _____

1. Did the problem last for 6 months or longer? 1. No, lasted less than 6 months 2. Yes, definitely or probably 3. Yes, possibly 9. Don't know
2. Did it begin gradually or suddenly? 1. Gradually 2. Suddenly 9. Don't know
3. How did it progress (worsen)? 1. Recovered (totally or mostly) 2. Stable (no progression, once recognized) 3. Progressed with sudden episodes of decline 4. Progressed slowly and gradually 5. Progressed quickly but gradually (no sudden decline) 8. Other pattern of progression 9. Don't know
4. Did it affect (interfere with) work or social functioning? 1. No 2. Yes, definitely or probably 3. Yes, possibly 9. Don't know
5. Were his/her memory problems so severe that he/she became unable to care for himself/herself? 1. No 2. Yes, definitely or probably 3. Yes, possibly 9. Don't know
6. How old was he/she when his/her problems with memory were first recognized? (Please guess if you do not know the exact age). _____
7. Did he/she ever have a stroke? 1. No 2. Yes - one only, fatal stroke 3. Yes - only within one month of death 4. Yes - one only, > one month before death or still alive 5. Yes - more than one stroke 9. Don't know
8. Was a cause for the memory problem diagnosed by the doctor? If yes, what was the diagnosis? 1. No 2. Yes - stroke 3. Yes - Alzheimer's Disease 4. Yes - senile dementia; senility 5. Yes - old age 6. Yes - injury, accidents, poisoning, problems with anesthesia 7. Yes - infection 8. Yes - other (specify): _____ 9. Don't know
9. If the memory problem was diagnosed as Alzheimer's Disease , was it confirmed by autopsy? 1. No 2. Yes 3. No-Still Living 8. Skip 9. Don't know
10. Was he/she admitted to a nursing home because of these (or related) problem? 1. No 2. Yes 9. Don't know

Memory Problem Checklist

Fill out one of these forms for each relative with a memory problem.

Person Code: _____ Relationship: _____

(FOR CODING ONLY)

(PERSON CODE) _____

(REL CODE) _____

<p>1. Did the problem last for 6 months or longer?</p> <p>1. No, lasted less than 6 months</p> <p>2. Yes, definitely or probably</p> <p>3. Yes, possibly</p> <p>9. Don't know</p>	
<p>2. Did it begin gradually or suddenly?</p> <p>1. Gradually</p> <p>2. Suddenly</p> <p>9. Don't know</p>	
<p>3. How did it progress (worsen)?</p> <p>1. Recovered (totally or mostly)</p> <p>2. Stable (no progression, once recognized)</p> <p>3. Progressed with sudden episodes of decline</p> <p>4. Progressed slowly and gradually</p> <p>5. Progressed quickly but gradually (no sudden decline)</p> <p>8. Other pattern of progression</p> <p>9. Don't know</p>	
<p>4. Did it affect (interfere with) work or social functioning?</p> <p>1. No</p> <p>2. Yes, definitely or probably</p> <p>3. Yes, possibly</p> <p>9. Don't know</p>	
<p>5. Were his/her memory problems so severe that he/she became unable to care for himself/herself?</p> <p>1. No</p> <p>2. Yes, definitely or probably</p> <p>3. Yes, possibly</p> <p>9. Don't know</p>	
<p>6. How old was he/she when his/her problems with memory were first recognized? (Please guess if you do not know the exact age). _____</p>	
<p>7. Did he/she ever have a stroke?</p> <p>1. No</p> <p>2. Yes - one only, fatal stroke</p> <p>3. Yes - only within one month of death</p> <p>4. Yes - one only, > one month before death or still alive</p> <p>5. Yes - more than one stroke</p> <p>9. Don't know</p>	
<p>8. Was a cause for the memory problem diagnosed by the doctor? If yes, what was the diagnosis?</p> <p>1. No</p> <p>2. Yes - stroke</p> <p>3. Yes - Alzheimer's Disease</p> <p>4. Yes - senile dementia; senility</p> <p>5. Yes - old age</p> <p>6. Yes - injury, accidents, poisoning, problems with anesthesia</p> <p>7. Yes - infection</p> <p>8. Yes - other (specify): _____</p> <p>9. Don't know</p>	
<p>9. If the memory problem was diagnosed as Alzheimer's Disease, was it confirmed by autopsy?</p> <p>1. No</p> <p>2. Yes</p> <p>3. No-Still Living</p> <p>8. Skip</p> <p>9. Don't know</p>	
<p>10. Was he/she admitted to a nursing home because of these (or related) problem?</p> <p>1. No</p> <p>2. Yes</p> <p>9. Don't know</p>	

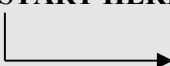
Section 3: Children

The next section is similar to the last. However, now we ask you to complete information about your children. You may want to consult your other relatives for information you are not sure about – if that is not possible, **please estimate.**

- ◆ If you don't know the exact years of birth or death, please estimate.
- ◆ Include only biological or blood relatives, including half siblings. Do not include stepchildren or adoptive children.
- ◆ Please list married women by their maiden name (if known.)

Complete Memory Problem Checklist (at the end of this section **only** for each son or daughter you think may have had memory problems.

Thank you.

(CODING ONLY)		
Person Code	Relationship Code	Parent/Other Code
SAMPLE 00 02 11 START HERE 		
02		
02		
02		
02		

Information about your CHILDREN

Please list all names of CHILDREN in the Name Form. List only natural biological children: blood relatives.
Do NOT include step children or adoptive children.

Person Code for children	Year of Birth (YYYY)	Sex	Living	Year of Death (YYYY)	Cause of Death		MEMORY PROBLEMS	
0 0	1957	1-M 2-F	1 No 2 Yes		NOT CODED	CODE -----.	Yes No ?	CODE 1 2 9
---	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE -----.	Yes No ?	CODE 1 2 9
---	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE -----.	Yes No ?	CODE 1 2 9
---	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE -----.	Yes No ?	CODE 1 2 9
---	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE -----.	Yes No ?	CODE 1 2 9

Please complete one of the attached Memory Problem Checklists for each child with a Memory Problem. Continue to next page.

(CODING ONLY)

Person
Code

Relationship
Code

Parent/Other
Code

Information about your CHILDREN

Please list all names of CHILDREN in the Name Form. List only natural biological children: blood relatives.
Do NOT include step children or adoptive children.

Person Code for Children	Year of Birth (YYYY)	Sex	Living	Year of Death (YYYY)	Cause of Death		MEMORY PROBLEMS	
____ 02 ____	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE ____.____	Yes No ?	CODE 1 2 9
____ 02 ____	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE ____.____	Yes No ?	CODE 1 2 9
____ 02 ____	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE ____.____	Yes No ?	CODE 1 2 9
____ 02 ____	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE ____.____	Yes No ?	CODE 1 2 9
____ 02 ____	CODE	CODE 1-M 2-F	CODE 1 No 2 Yes	CODE	NOT CODED	CODE ____.____	Yes No ?	CODE 1 2 9

Please complete one of the attached Memory Problem Checklists for each child with a Memory Problem. Continue to next page.

Memory Problem Checklist

Fill out one of these forms for each relative with a memory problem.

Person Code: _____ Relationship: _____

(FOR CODING ONLY)

(PERSON CODE) _____

(REL CODE) _____

1.	Did the problem last for 6 months or longer?
1.	No, lasted less than 6 months
2.	Yes, definitely or probably
3.	Yes, possibly
9.	Don't know
2.	Did it begin gradually or suddenly?
1.	Gradually
2.	Suddenly
9.	Don't know
3.	How did it progress (worsen)?
1.	Recovered (totally or mostly)
2.	Stable (no progression, once recognized)
3.	Progressed with sudden episodes of decline
4.	Progressed slowly and gradually
5.	Progressed quickly but gradually (no sudden decline)
8.	Other pattern of progression
9.	Don't know
4.	Did it affect (interfere with) work or social functioning?
1.	No
2.	Yes, definitely or probably
3.	Yes, possibly
9.	Don't know
5.	Were his/her memory problems so severe that he/she became unable to care for himself/herself?
1.	No
2.	Yes, definitely or probably
3.	Yes, possibly
9.	Don't know
6.	How old was he/she when his/her problems with memory were first recognized? (Please guess if you do not know the exact age). _____
7.	Did he/she ever have a stroke?
1.	No
2.	Yes - one only, fatal stroke
3.	Yes - only within one month of death
4.	Yes - one only, > one month before death or still alive
5.	Yes - more than one stroke
9.	Don't know
8.	Was a cause for the memory problem diagnosed by the doctor? If yes, what was the diagnosis?
1.	No
2.	Yes - stroke
3.	Yes - Alzheimer's Disease
4.	Yes - senile dementia; senility
5.	Yes - old age
6.	Yes - injury, accidents, poisoning, problems with anesthesia
7.	Yes - infection
8.	Yes - other (specify): _____
9.	Don't know
9.	If the memory problem was diagnosed as Alzheimer's Disease , was it confirmed by autopsy?
1.	No
2.	Yes
3.	No-Still Living
8.	Skip
9.	Don't know
10.	Was he/she admitted to a nursing home because of these (or related) problem?
1.	No
2.	Yes
9.	Don't know

(FOR CODING ONLY)

(PERSON CODE) _____

(REL CODE) _____

Memory Problem Checklist

Fill out one of these forms for each relative with a memory problem.

Person Code: _____ Relationship: _____

1. Did the problem last for 6 months or longer? 1. No, lasted less than 6 months 2. Yes, definitely or probably 3. Yes, possibly 9. Don't know
2. Did it begin gradually or suddenly? 1. Gradually 2. Suddenly 9. Don't know
3. How did it progress (worsen)? 1. Recovered (totally or mostly) 2. Stable (no progression, once recognized) 3. Progressed with sudden episodes of decline 4. Progressed slowly and gradually 5. Progressed quickly but gradually (no sudden decline) 8. Other pattern of progression 9. Don't know
4. Did it affect (interfere with) work or social functioning? 1. No 2. Yes, definitely or probably 3. Yes, possibly 9. Don't know
5. Were his/her memory problems so severe that he/she became unable to care for himself/herself? 1. No 2. Yes, definitely or probably 3. Yes, possibly 9. Don't know
6. How old was he/she when his/her problems with memory were first recognized? (Please guess if you do not know the exact age). _____
7. Did he/she ever have a stroke? 1. No 2. Yes - one only, fatal stroke 3. Yes - only within one month of death 4. Yes - one only, > one month before death or still alive 5. Yes - more than one stroke 9. Don't know
8. Was a cause for the memory problem diagnosed by the doctor? If yes, what was the diagnosis? 1. No 2. Yes - stroke 3. Yes - Alzheimer's Disease 4. Yes - senile dementia; senility 5. Yes - old age 6. Yes - injury, accidents, poisoning, problems with anesthesia 7. Yes - infection 8. Yes - other (specify): _____ 9. Don't know
9. If the memory problem was diagnosed as Alzheimer's Disease , was it confirmed by autopsy? 1. No 2. Yes 3. No-Still Living 8. Skip 9. Don't know
10. Was he/she admitted to a nursing home because of these (or related) problem? 1. No 2. Yes 9. Don't know

The ACT Project
Name Form for Family History
 University of Washington
 June 15, 2004

ACT No.: 1 5 ____ ____ ____
Char ID: ____ ____ ____
Date: ____ ____ / ____ ____ / ____ ____

*List names of parents, grandparents (both paternal & maternal), siblings, and children.

*List only blood relatives; do **not** include step siblings or adoptive siblings.

*Use maiden name for women.

***If half-sibling, provide name of other parent.**

***For children, always provide name of other parent.**

Person Code	Names of Relatives	Relationships	For siblings and children only. Names of Other Parent
1		Father	N/A
2		Mother	N/A
3		Father's Father	N/A
4		Father's Mother	N/A
5		Mother's Father	N/A
6		Mother's Mother	N/A
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