

2007-2008  
Paternal Side

Date of Interview:\_\_\_\_\_

Name:\_\_\_\_\_Maiden\_\_\_\_\_Relation:\_\_\_\_\_

Date of Birth:\_\_\_\_\_Date of Death:\_\_\_\_\_Age:\_\_\_\_\_

Place of Birth:\_\_\_\_\_Nationality/Country of Origin:\_\_\_\_\_

Married? Yes or No      Date of Marriage:\_\_\_\_\_      Name:\_\_\_\_\_

(include maiden)

Health History: check and explain in the room provided

\_\_\_Vision Problems:

\_\_\_Hearing Problems:

\_\_\_Polio:

\_\_\_Asthma:

\_\_\_Seizures:

\_\_\_High Blood Pressure:

\_\_\_Cholesterol:

\_\_\_Diabetes (1 or 2):

\_\_\_Cancer:

\_\_\_Heart Disease:

\_\_\_Surgeries:

\_\_\_Blood Disorders:

\_\_\_Alcohol Use:

\_\_\_Tobacco Use:

\_\_\_Physical Disabilities:

\_\_\_Allergies:

\_\_\_Other (please explain):

\_\_\_Obesity:

\*Interesting Facts:

2007-2008

## Maternal Side

Date of Interview: \_\_\_\_\_

Name: \_\_\_\_\_ Maiden \_\_\_\_\_ Relation: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date of Death: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Nationality/Country of Origin: \_\_\_\_\_

Married? Yes or No      Date of Marriage: \_\_\_\_\_      Name: \_\_\_\_\_

(include maiden)

Health History: check and explain in the room provided

\_\_\_ Vision Problems:

\_\_\_ Hearing Problems:

\_\_\_ Polio:

\_\_\_ Asthma:

\_\_\_ Seizures:

\_\_\_ High Blood Pressure:

\_\_\_ Cholesterol:

\_\_\_ Diabetes (1 or 2):

\_\_\_ Cancer:

\_\_\_ Heart Disease:

\_\_\_ Surgeries:

\_\_\_ Blood Disorders:

\_\_\_ Alcohol Use:

\_\_\_ Tobacco Use:

\_\_\_ Physical Disabilities:

\_\_\_ Allergies:

\_\_\_ Other (please explain):

\_\_\_ Obesity:

\*Interesting Facts:

2007-2008

Self

Date of Interview:\_\_\_\_\_

Name:\_\_\_\_\_Maiden\_\_\_\_\_Relation:\_\_\_\_\_

Date of Birth:\_\_\_\_\_Date of Death:\_\_\_\_\_Age:\_\_\_\_\_

Place of Birth:\_\_\_\_\_Nationality/Country of Origin:\_\_\_\_\_

Health History: check and explain in the room provided

\_\_\_Vision Problems:

\_\_\_Hearing Problems:

\_\_\_Polio:

\_\_\_Asthma:

\_\_\_Seizures:

\_\_\_High Blood Pressure:

\_\_\_Cholesterol:

\_\_\_Diabetes (1 or 2):

\_\_\_Cancer:

\_\_\_Heart Disease:

\_\_\_Surgeries:

\_\_\_Blood Disorders:

\_\_\_Alcohol Use:

\_\_\_Tobacco Use:

\_\_\_Physical Disabilities:

\_\_\_Allergies:

\_\_\_Other (please explain):

\_\_\_Obesity:

\*Interesting Facts:

2007-2008

Siblings

Date of Interview:\_\_\_\_\_

Name:\_\_\_\_\_Maiden\_\_\_\_\_Relation:\_\_\_\_\_

Date of Birth:\_\_\_\_\_Date of Death:\_\_\_\_\_Age:\_\_\_\_\_

Place of Birth:\_\_\_\_\_Nationality/Country of Origin:\_\_\_\_\_

Health History: check and explain in the room provided

\_\_\_Vision Problems:

\_\_\_Hearing Problems:

\_\_\_Polio:

\_\_\_Asthma:

\_\_\_Seizures:

\_\_\_High Blood Pressure:

\_\_\_Cholesterol:

\_\_\_Diabetes (1 or 2):

\_\_\_Cancer:

\_\_\_Heart Disease:

\_\_\_Surgeries:

\_\_\_Blood Disorders:

\_\_\_Alcohol Use:

\_\_\_Tobacco Use:

\_\_\_Physical Disabilities:

\_\_\_Allergies:

\_\_\_Other (please explain):

\_\_\_Obesity:

\*Interesting Facts: