PHN-06

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INSTRUCTIONS: This form must be completed for all consenting subjects at the time of entry into the Marfan Trial.

Section A. KEY IDENTIFYING INFORMATION

	Section A. RETIDENTIF	TING INFORMATION
A1.	Study Identification Number	
A2.	Study visit	BASELINE
	a. What number screening is this?	
A3.	Date of form completion	$\frac{1}{M}$ $\frac{1}{M}$ $\frac{1}{D}$ $\frac{1}{D}$ $\frac{1}{Y}$ $\frac{1}{Y}$ $\frac{1}{Y}$ $\frac{1}{Y}$
A4.	Name of person completing form	PRINT FULL NAME INITIALS
A5.	Date of visit	\overline{M} \overline{M} \overline{D} \overline{D} \overline{D} \overline{Y} \overline{Y} \overline{Y} \overline{Y}
A6.	Does this subject have any biological relatives with known or suspected Marfan syndrome?	YES

If question A6 = NO or UNKNOWN (subject has no biological relatives with known or suspected Marfan syndrome), then SKIP TO Z1.

If question A6 = YES, then complete the family history questions below for any and all first-degree biological relatives and/or grandparents with known or suspected Marfan syndrome. Indicate the relationship using the codes below. Provide answers for all of the questions (a-g) even if the response is 'UNKNOWN'.

To report age: Round to the nearest full year; Round up to the nearest year if ≥ 6 months; Round down for < 6 months (e.g., if relative is 33 years and 8 months old at the time of aortic surgery, report relative's age as 34 years).

If family includes more than 3 relatives with Marfan syndrome, then make additional copies of page 4 of this form and complete the information.

Code	Relationship to Subject	Code	Relationship to Subject
1	Mother	7	Maternal Grandmother
2	Father	8	Paternal Grandmother
3	Sister	9	Maternal Grandfather
4	Brother	10	Paternal Grandfather
5	Son		
6	Daughter		

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Section B: FAMILY HISTORY

B1.		many biological relatives with known spected Marfan syndrome?	
	a.	Relative #1 code	
	b.	Aortic Aneurysm	YES
		Location of aneurysm	AORTIC ROOT/ASCENDING AORTA 1 DESCENDING AORTA/ABDOMINAL 2 BOTH 3 UNKNOWN
	C.	Aortic dissection	YES
		Location of dissection	AORTIC ROOT/ASCENDING AORTA 1 DESCENDING AORTA/ABDOMINAL 2 BOTH 3 UNKNOWN8
	d.	Aortic surgery	YES
		1. Location of surgery	AORTIC ROOT/ASCENDING AORTA 1 DESCENDING AORTA/ABDOMINAL 2 BOTH 3 UNKNOWN
		2. Age at first surgery	Years (-8 if unknown)
	e.	Mitral valve surgery	YES
_	f.	Ectopia lentis	YES
	g.	Is this relative alive today?	YES
		1. Cause of death	AORTIC DISSECTION
		2. Age at death	(-8 if unknown)

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a.	Relative #2 code	
b.	Aortic Aneurysm	YES
	Location of aneurysm	AORTIC ROOT/ASCENDING AORTA 1 DESCENDING AORTA/ABDOMINAL 2 BOTH 3 UNKNOWN
C.	Aortic dissection	YES
	1. Location of dissection	AORTIC ROOT/ASCENDING AORTA 1 DESCENDING AORTA/ABDOMINAL 2 BOTH 3 UNKNOWN
d.	Aortic surgery	YES
	1. Location of surgery	AORTIC ROOT/ASCENDING AORTA 1 DESCENDING AORTA/ABDOMINAL 2 BOTH 3 UNKNOWN
	2. Age at first surgery	Years (-8 if unknown)
е.	Mitral valve surgery	YES
f.	Ectopia lentis	YES
g.	Is this relative alive today?	YES
	1. Cause of death	AORTIC DISSECTION
	2. Age at death	Years (-8 if unknown)

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		Affix Marfan	Trial Subject ID:			
	a.	Relative #3 code				
	b.	Aortic Aneurysm	YES			
		Location of aneurysm	AORTIC ROOT/ASCENDING AORTA 1 DESCENDING AORTA/ABDOMINAL 2 BOTH			
	C.	Aortic dissection	YES			
		Location of dissection	AORTIC ROOT/ASCENDING AORTA 1 DESCENDING AORTA/ABDOMINAL 2 BOTH			
	d.	Aortic surgery	YES			
		Location of surgery	AORTIC ROOT/ASCENDING AORTA 1 DESCENDING AORTA/ABDOMINAL 2 BOTH			
		2. Age at first surgery	Years (-8 if unknown)			
	е.	Mitral valve surgery	YES			
	f.	Ectopia lentis	YES			
	g.	Is this relative alive today?	YES			
		1. Cause of death	AORTIC DISSECTION			
		2. Age at death	Years (-8 if unknown)			
	Section Z: TIME TO COMPLETE FORM AND SIGNATURE					
Z1.	How	v long did it take to complete this form?	minutes			
	Sigr	nature of PI:	Date:			
		END O	FFORM			

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