251

		Se	ection A: KEY IDENT	IFYING INFORMATION	
A1.	Stu	dy Identification Νι	ımber		
A2.	Stu	dy visit		GENETICS VISIT	77
A5.	Dat	e form completed		//	
A6.	Nar	me of person comp	leting form		
				PRINT FULL NAME	INITIALS
			Section E: FAMILY	MEDICAL HISTORY	
		Please tell me mo	ore about the other bio	logic relatives of the child in the	nis study.
E1.		MOTHER			
	a.	Do you (Does th	e mother) have a <u>card</u>	liac defect(s)?	YES1
					NO 2 (E1c)
					DK8 (E1c)
	b.	IF YES: How ma have?	ny cardiac defects do	you (does the mother)	(1 – 5)
		Please tell me wh	nat the cardiac defect(s M CARDIAC CODE LIST)	s) is (are).	
		1 i	. OTHER, SPECIFY:		
		2 i	. OTHER, SPECIFY:		
		3 i	. OTHER, SPECIFY:		
		4 i	. OTHER, SPECIFY:		
		5 i	. OTHER, SPECIFY:		
	C.	Do you (Does the problems?	mother) have any oth	er <u>medical</u> or <u>genetic</u>	YES1
					NO 2 (E1e)
					DK8 (E1e)

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E1. cont)	d.	IF YES: How many other medical or genetic problems do you (d the mother) have? Please tell me what the medical or genetic problem(s) is (are). (ENTER CODE FROM BODY SYSTEM AND (OR) GENETIC SYNDROME LIST BODY GENETIC SYSTEM SYNDROME	(1 – 10)
		1 i. SPECIFY:	
		2 i. SPECIFY:	
		3 i. SPECIFY:	
		4 i. SPECIFY:	
		5 i. SPECIFY:	
	e.	Have you (Has the mother) been hospitalized for any <u>medical</u> problems? (<u>NOT</u> INCLUDING HOSPITALIZATION FOR SURGERY)	YES 1 NO 2 (E1g)
			DK8 (E1g)
	f.	IF YES: How many times were you (was the mother) hospitalize for medical problems? What was (were) the reason(s) for the hospitalization(s)? (ENTER CODE FROM BODY SYSTEM CODE LIST)	(1 – 10) ^s
		1 i. SPECIFY:	
		2 i. SPECIFY:	
		3 i. SPECIFY:	
		4 i. SPECIFY:	
		5 i. SPECIFY:	
	g.	Have you (Has the mother) had any <u>surgeries</u> ?	YES 1
			NO 2 (E2)
			DK8 (E2)
	h.	IF YES: How many surgeries have you (has the mother) had?	(1 – 10)
		What was (were) the reason(s) for the surgery(ies)? (ENTER CODE FROM BODY SYSTEM CODE LIST)	
		1 i. SPECIFY:	
		2 i. SPECIFY:	
		3 i. SPECIFY:	

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E1. (cont	n	_								
* IF I	MORE	THAN 5 ME	EDICAL PI	ROBLEMS, H	IOSPITALIZA ⁻	ΓΙΟΝS, AND/OR SURGEF	RIES, PLEA	ASE PHOTOC	OPY P	AGE.
E2.		FA	THER							
	a.	Does	the fathe	r (Do you)	have a <u>card</u>	iac defect(s)?		YES	1	
								NO	2 (E	:2c)
								DK	8 (E	2c)
	b.	IF YES:	: How m	any cardia	c defects do	es the father (do you)) have?		(1	– 5)
					rdiac defect(C CODE LIST)					
		1		i. OTHER,	SPECIFY:					
		2		i. OTHER,	SPECIFY:					
		3		i. OTHER,	SPECIFY:					
		4		i. OTHER,	SPECIFY:					
		5		i. OTHER,	SPECIFY:					
	C.	Does th		(Do you) h	ave any oth	er <u>medical</u> or <u>genetic</u>		YES	1	
		·						NO	2 (E	:2e)
								DK	8 (E	2e)
	d.	father (Please (ENTER	do you) l tell me w	nave? vhat the me OM BODY SY GENETIC	edical or ger /STEM AND (enetic problems does letic problem(s) is (are DR) GENETIC SYNDROM	e).		_ (1 –	10)*
		1			i., SPECIF	Y:				
		2			i., SPECIF	Y:				
		3			i., SPECIF	Y:				
		4			i., SPECIF	Y:				
		5.			i., SPECIF	Y:				

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	e.	Has the father (Have you) been hospitalized for any <u>medical</u> problems? (<u>NOT</u> INCLUDING HOSPITALIZATIONS FOR SURGERY)	YES1
			NO 2 (E2g)
			DK8 (E2g)
	f.	IF YES: How many times was the father (were you) hospitalized for medical problems? What was (were) the reason(s) for the hospitalization(s)? (ENTER CODE FROM BODY SYSTEM CODE LIST)	(1 – 10)*
		1 i. SPECIFY:	
		2 i. SPECIFY:	
		3 i. SPECIFY:	
		4 i. SPECIFY:	
		5 i. SPECIFY:	
	g.	Has the father (Have you) had any <u>surgeries</u> ?	YES1
			NO 2 (E3)
			DK8 (E3)
	h.	IF YES: How many surgeries has the father (have you) had?	(1 – 10)*
		What was (were) the reason(s) for the surgery(ies)? (ENTER CODE FROM BODY SYSTEM CODE LIST)	
		1 i. SPECIFY:	
		2 i. SPECIFY:	
		3 i. SPECIFY:	
		4 i. SPECIFY:	
		5 i. SPECIFY:	
* IF MO	ORE 1	THAN 5 MEDICAL PROBLEMS, HOSPITALIZATIONS, AND/OR SURGERIES, PLEA	SE PHOTOCOPY PAGE.
E3.		Please tell me the number of other family members with cardiac	(0 – 5)
		defects. (NOT INCLUDING BIOLOGICAL PARENTS OR SIBLINGS)	(IF 0 → Z1)

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E3. (cont)	a.	What is their relationship to the study patient? (ENTER CODE FROM FAMILY MEMBER CODE LIST)			b.	What is the cardiac defect? (ENTER CODE FROM CARDIAC CODE		
		1	i.	OTHER, SPECIFY:	1.	i.	OTHER, SPECIFY:	
		2	j.	OTHER, SPECIFY:	2.	i.	OTHER, SPECIFY:	
		3.	i.	OTHER, SPECIFY:	3.	i.	OTHER, SPECIFY:	
		4.	i.	OTHER, SPECIFY:	4.	i.	OTHER, SPECIFY:	
		5.	i.	OTHER, SPECIFY:	5.	i.	OTHER, SPECIFY:	

FAMILY MEMBER CODE LIST							
Code Family Member Code Family Member							
01	Paternal uncle	07	Paternal half-sister				
02	Paternal aunt	08	Maternal half-sister				
03	Maternal uncle	09	Paternal grandfather				
04	Maternal aunt	10	Paternal grandmother				
05	Paternal half-brother	11	Maternal grandfather				
06	Maternal half-brother	12	Maternal grandmother				
		99	Other, specify				

	Section Z: TIME TO COMPLETE FORM	
Z1.	How long did it take to complete this form?	minutes

END OF FORM