

Personal and Family Health History

Please answer each question as honestly as possible. There are no right or wrong answers to any of the questions. It is important that you answer as many questions as you can. We are looking for your own answers, and not what you think your doctors, family, or friends want you to say.

Don't feel like you have to spend a long time on each question. The first answer that comes to you is usually the best one. If you aren't sure how to answer a question, choose the best answer from the available choices. Some questions also let you say if you don't know an answer or would rather not answer.

This module asks you about your personal and family's medical history, including medical conditions that you, your biological parents, grandparents, siblings, or children currently have or had in the past. Understanding your and your family's experiences with medical issues can tell us a lot about what kinds of medical issues might be related to your genetics. Genetics has to do with traits that are passed down from generation to generation in a family.

You will be asked questions about you and your family. In terms of your family, think only of people you are related to by blood including those living or deceased.

How much do you know about illnesses or health problems for your parents, grandparents, brothers, sisters, and/or children?¹

- A lot
- Some
- None at all

Cancer Conditions

Have you or anyone in your family ever been diagnosed with the following cancer conditions? Think only of the people you are related to by blood. Select all that apply.¹

- Bladder cancer

Branching logic: when "Bladder cancer" selected, then:

Including yourself, who in your family has had bladder cancer? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for bladder cancer?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had bladder cancer?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for bladder cancer?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent
- ☐ Blood or soft tissue cancer

Branching logic: when "Blood or soft tissue cancer" selected, then:

Including yourself, who in your family has had blood or soft tissue cancer? Select all that apply.¹

- ☐ Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for blood or soft tissue cancer?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had blood or soft tissue cancer?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for blood or soft tissue cancer?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling

- Daughter
- Son
- Grandparent
- Bone cancer
Branching logic: when "Bone cancer" selected, then:
Including yourself, who in your family has had bone cancer? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for bone cancer?¹
 - Yes
 - No**About how old were you when you were first told you had bone cancer?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)**Are you currently prescribed medications and/or receiving treatment for bone cancer?¹**
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Brain cancer
Branching logic: when "Brain cancer" selected, then:
Including yourself, who in your family has had brain cancer? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for brain cancer?¹
 - Yes
 - No**About how old were you when you were first told you had brain cancer?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)

- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for brain cancer?¹

- ☐ Yes
- ☐ No
- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent
- Breast cancer
Branching logic: when "Breast cancer" selected, then:
Including yourself, who in your family has had breast cancer? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for breast cancer?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had breast cancer?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for breast cancer?¹

- ☐ Yes
- ☐ No
- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent
- Cervical cancer
Branching logic: when "Cervical cancer" selected, then:
Including yourself, who in your family has had cervical cancer? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for cervical cancer?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had cervical cancer?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for cervical cancer?¹

- ☐ Yes
- ☐ No
- Mother
- Sibling
- Daughter
- Grandparent
- Colon cancer/Rectal cancer

Branching logic: when "Colon cancer/Rectal cancer" selected, then:

Including yourself, who in your family has had colon cancer/rectal cancer?

Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for colon cancer/rectal cancer?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had colon cancer/rectal cancer?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for colon cancer/rectal cancer?¹

- ☐ Yes
- ☐ No
- Mother
- Father
- Sibling

- Daughter
- Son
- Grandparent
- Endocrine cancer
Branching logic: when "Endocrine cancer" selected, then:
Including yourself, who in your family has had endocrine cancer? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for endocrine cancer?¹
 - Yes
 - No**About how old were you when you were first told you had endocrine cancer?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)**Are you currently prescribed medications and/or receiving treatment for endocrine cancer?¹**
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Endometrial cancer
Branching logic: when "Endometrial cancer" selected, then:
Including yourself, who in your family has had endometrial cancer? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for endometrial cancer?¹
 - Yes
 - No**About how old were you when you were first told you had endometrial cancer?¹**
 - Child (0-11)

- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for endometrial cancer?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Sibling
- ☐ Daughter
- ☐ Grandparent

- Esophageal cancer

Branching logic: when "Esophageal cancer" selected, then:

Including yourself, who in your family has had esophageal cancer? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for esophageal cancer?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had esophageal cancer?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for esophageal cancer?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent

- Eye cancer

Branching logic: when "Eye cancer" selected, then:

Including yourself, who in your family has had eye cancer? Select all that apply.¹

- Self
 - Branching logic: when "Self" selected, then:*
 - Are you still seeing a doctor or health care provider for eye cancer?¹**
 - Yes
 - No
 - About how old were you when you were first told you had eye cancer?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)
 - Are you currently prescribed medications and/or receiving treatment for eye cancer?¹**
 - Yes
 - No
- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent
- Head and neck cancer (This includes cancers of the mouth, sinuses, nose, or throat. This does not include brain cancer.)
 - Branching logic: when "Head and neck cancer (This includes cancers of the mouth, sinuses, nose, or throat. This does not include brain cancer.)" selected, then:*
 - Including yourself, who in your family has had head and neck cancer? Select all that apply.¹**
 - Self
 - Branching logic: when "Self" selected, then:*
 - Are you still seeing a doctor or health care provider for head and neck cancer (this includes cancers of the mouth, sinuses, nose, or throat. This does not include brain cancer.)?¹**
 - Yes
 - No
 - About how old were you when you were first told you had head and neck cancer (this includes cancers of the mouth, sinuses, nose, or throat. This does not include brain cancer.)?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for head and neck cancer (this includes cancers of the mouth, sinuses, nose, or throat. This does not include brain cancer.)?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Kidney cancer

Branching logic: when "Kidney cancer" selected, then:

Including yourself, who in your family has had kidney cancer? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for kidney cancer?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had kidney cancer?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for kidney cancer?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Lung cancer

Branching logic: when "Lung cancer" selected, then:

Including yourself, who in your family has had lung cancer? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for lung cancer?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had lung cancer?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for lung cancer?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent
- Ovarian cancer

Branching logic: when "Ovarian cancer" selected, then:

Including yourself, who in your family has had ovarian cancer? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for ovarian cancer?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had ovarian cancer?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for ovarian cancer?¹

- ☐ Yes
- ☐ No

- Mother
- Sibling
- Daughter

- Grandparent
- Pancreatic cancer
Branching logic: when "Pancreatic cancer" selected, then:
Including yourself, who in your family has had pancreatic cancer? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for pancreatic cancer?¹
 - Yes
 - No**About how old were you when you were first told you had pancreatic cancer?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)**Are you currently prescribed medications and/or receiving treatment for pancreatic cancer?¹**
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Prostate cancer
Branching logic: when "Prostate cancer" selected, then:
Including yourself, who in your family has had prostate cancer? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for prostate cancer?¹
 - Yes
 - No**About how old were you when you were first told you had prostate cancer?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)

- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for prostate cancer?¹

- ☐ Yes
- ☐ No

- ☐ Father
- ☐ Sibling
- ☐ Son
- ☐ Grandparent

- Skin cancer

Branching logic: when "Skin cancer" selected, then:

Including yourself, who in your family has had skin cancer? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for skin cancer?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had skin cancer?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for skin cancer?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent

- Stomach cancer

Branching logic: when "Stomach cancer" selected, then:

Including yourself, who in your family has had stomach cancer? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for stomach cancer?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had stomach cancer?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for stomach cancer?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Thyroid cancer

Branching logic: when "Thyroid cancer" selected, then:

Including yourself, who in your family has had thyroid cancer? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for thyroid cancer?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had thyroid cancer?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for thyroid cancer?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter

- Son
- Grandparent
- Other cancer
Branching logic: when "Other cancer" selected, then:
Including yourself, who in your family has had other cancer(s)? Select all that apply.¹

- Self
Branching logic: when "Self" selected, then:
Please specify the other cancer(s) you have had:¹

Are you still seeing a doctor or health care provider for other cancer?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had other cancer?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for other cancer?¹

- ☐ Yes
- ☐ No

- Mother
Branching logic: when "Mother" selected, then:
Please specify the other cancer(s) your mother has had.¹

- Father
Branching logic: when "Father" selected, then:
Please specify the other cancer(s) your father has had.¹

- Sibling
Branching logic: when "Sibling" selected, then:
Please specify the other cancer(s) your sibling(s) has had.¹

- Daughter
Branching logic: when "Daughter" selected, then:
Please specify the other cancer(s) your daughter(s) has had.¹

- Son
Branching logic: when "Son" selected, then:
Please specify the other cancer(s) your son(s) has had.¹

- Grandparent
Branching logic: when "Grandparent" selected, then:
Please specify the other cancer(s) your grandparent(s) has had.¹

- None of the above
- Don't know
- Prefer not to answer

Heart and Blood Conditions

Have you or anyone in your family ever been diagnosed with the following heart and blood conditions? Think only of the people you are related to by blood. Select all that apply.¹

- Anemia
Branching logic: when "Anemia" selected, then:
Including yourself, who in your family has had anemia? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for anemia?¹
 - Yes
 - No
About how old were you when you were first told you had anemia?¹
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)
Are you currently prescribed medications and/or receiving treatment for anemia?¹
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Aortic aneurysm
Branching logic: when "Aortic aneurysm" selected, then:
Including yourself, who in your family has had an aortic aneurysm? Select all that apply.¹

- Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for an aortic aneurysm?¹
 - Yes
 - No**About how old were you when you were first told you had an aortic aneurysm?**¹
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)**Are you currently prescribed medications and/or receiving treatment for an aortic aneurysm?**¹
 - Yes
 - No
- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent
- Atrial fibrillation (or a-fib) or atrial flutter (or a-flutter)
Branching logic: when "Atrial fibrillation (or a-fib) or atrial flutter (or a-flutter)" selected, then:
Including yourself, who in your family has had atrial fibrillation (or a-fib) or atrial flutter (or a-flutter)? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for atrial fibrillation (or a-fib) or atrial flutter (or a-flutter)?¹
 - Yes
 - No**About how old were you when you were first told you had atrial fibrillation (or a-fib) or atrial flutter (or a-flutter)?**¹
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)**Are you currently prescribed medications and/or receiving treatment for atrial fibrillation (or a-fib) or atrial flutter (or a-flutter)?**¹

- ☐ Yes
 - ☐ No
- Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Bleeding disorder

Branching logic: when "Bleeding disorder" selected, then:
Including yourself, who in your family has had bleeding disorder? Select all that apply.¹

 - Self

Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for bleeding disorder?¹

 - ☐ Yes
 - ☐ No

About how old were you when you were first told you had bleeding disorder?¹

 - ☐ Child (0-11)
 - ☐ Adolescent (12-17)
 - ☐ Adult (18-64)
 - ☐ Older adult (65-74)
 - ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for bleeding disorder?¹

 - ☐ Yes
 - ☐ No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Congestive heart failure

Branching logic: when "Congestive heart failure" selected, then:
Including yourself, who in your family has had congestive heart failure? Select all that apply.¹

 - Self

Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for congestive heart failure?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had congestive heart failure?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for congestive heart failure?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent
- ☐ Coronary artery/coronary heart disease (includes angina)
Branching logic: when "Coronary artery/coronary heart disease (includes angina)" selected, then:
Including yourself, who in your family has had coronary artery/coronary heart disease? Select all that apply.¹

- ☐ Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for coronary artery/coronary heart disease?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had coronary artery/coronary heart disease?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for coronary artery/coronary heart disease?¹

- ☐ Yes
- ☐ No
- ☐ Mother
- ☐ Father

- Sibling
- Daughter
- Son
- Grandparent
- Heart attack
 - Branching logic: when "Heart attack" selected, then:*
 - Including yourself, who in your family has had a heart attack? Select all that apply.¹**
 - Self
 - Branching logic: when "Self" selected, then:*
 - Are you still seeing a doctor or health care provider for a heart attack?¹**
 - Yes
 - No
 - About how old were you when you were first told you had a heart attack?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)
 - Are you currently prescribed medications and/or receiving treatment for a heart attack?¹**
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
 - Heart valve disease
 - Branching logic: when "Heart valve disease" selected, then:*
 - Including yourself, who in your family has had heart valve disease? Select all that apply.¹**
 - Self
 - Branching logic: when "Self" selected, then:*
 - Are you still seeing a doctor or health care provider for heart valve disease?¹**
 - Yes
 - No
 - About how old were you when you were first told you had heart valve disease?¹**
 - Child (0-11)

- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for heart valve disease?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent
- High blood pressure (Hypertension)
Branching logic: when "High blood pressure (Hypertension)" selected, then:
Including yourself, who in your family has had high blood pressure (hypertension)? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for high blood pressure (hypertension)?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had high blood pressure (hypertension)?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for high blood pressure (hypertension)?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent
- High cholesterol
Branching logic: when "High cholesterol" selected, then:

Including yourself, who in your family has had high cholesterol? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for high cholesterol?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had high cholesterol?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for high cholesterol?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Peripheral vascular disease

Branching logic: when "Peripheral vascular disease" selected, then:

Including yourself, who in your family has had peripheral vascular disease? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for peripheral vascular disease?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had peripheral vascular disease?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment

for peripheral vascular disease?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Pulmonary embolism or deep vein thrombosis (DVT)

Branching logic: when "Pulmonary embolism or deep vein thrombosis (DVT)" selected, then:

Including yourself, who in your family has had pulmonary embolism or deep vein thrombosis (DVT)? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for pulmonary embolism or deep vein thrombosis (DVT)?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had pulmonary embolism or deep vein thrombosis (DVT)?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for pulmonary embolism or deep vein thrombosis (DVT)?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Sickle cell disease

Branching logic: when "Sickle cell disease" selected, then:

Including yourself, who in your family has had sickle cell disease? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for sickle cell disease?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had sickle cell disease?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for sickle cell disease?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent
- ☐ Stroke

Branching logic: when "Stroke" selected, then:

Including yourself, who in your family has had a stroke? Select all that apply.¹

- ☐ Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for a stroke?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had a stroke?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for a stroke?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter

- Son
- Grandparent
- Sudden death
Branching logic: when “Sudden death” selected, then:
Who in your family had sudden death? Select all that apply.¹
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Transient ischemic attacks (TIAs or mini-strokes)
Branching logic: when “Transient ischemic attacks (TIAs or mini-strokes)” selected, then:
Including yourself, who in your family has had transient ischemic attacks (TIAs or mini-strokes)? Select all that apply.¹
 - Self
Branching logic: when “Self” selected, then:
Are you still seeing a doctor or health care provider for transient ischemic attacks (TIAs or mini-strokes)?¹
 - Yes
 - No
About how old were you when you were first told you had transient ischemic attacks (TIAs or mini-strokes)?¹
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)
Are you currently prescribed medications and/or receiving treatment for transient ischemic attacks (TIAs or mini-strokes)?¹
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Other heart or blood condition
Branching logic: when “Other heart or blood condition” selected, then:
Including yourself, who in your family has had other heart or blood condition(s)? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Please specify the other heart or blood condition(s) you have had:¹

Are you still seeing a doctor or health care provider for other heart or blood condition?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had other heart or blood condition?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for other heart or blood condition?¹

- ☐ Yes
- ☐ No

- Mother

Branching logic: when "Mother" selected, then:

Please specify the other heart or blood condition(s) your mother has had.¹

- Father

Branching logic: when "Father" selected, then:

Please specify the other heart or blood condition(s) your father has had.¹

- Sibling

Branching logic: when "Sibling" selected, then:

Please specify the other heart or blood condition(s) your sibling(s) has had.¹

- Daughter

Branching logic: when "Daughter" selected, then:

Please specify the other heart or blood condition(s) your daughter(s) has had.¹

- Son

Branching logic: when "Son" selected, then:

Please specify the other heart or blood condition(s) your son(s) has had.¹

- Grandparent
Branching logic: when "Grandparent" selected, then:
Please specify the other heart or blood condition(s) your grandparent(s) has had.¹

- None of the above
- Don't know
- Prefer not to answer

Digestive Conditions

Have you or anyone in your family ever been diagnosed with the following digestive conditions? Think only of the people you are related to by blood. Select all that apply.¹

- Acid reflux
- *Branching logic: when "Acid reflux" selected, then:*
Including yourself, who in your family has had acid reflux? Select all that apply.¹

- Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for acid reflux?¹
 - Yes
 - No

About how old were you when you were first told you had acid reflux?¹

- Child (0-11)
- Adolescent (12-17)
- Adult (18-64)
- Older adult (65-74)
- Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for acid reflux?¹

- Yes
- No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent
- Bowel obstruction
Branching logic: when "Bowel obstruction" selected, then:
Including yourself, who in your family has had bowel obstruction? Select all

that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for bowel obstruction?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had bowel obstruction?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for bowel obstruction?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Celiac disease

Branching logic: when "Celiac disease" selected, then:

Including yourself, who in your family has had celiac disease? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for celiac disease?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had celiac disease?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for celiac disease?¹

- ☐ Yes

- ☐ No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Colon polyps
Branching logic: when "Colon polyps" selected, then:
Including yourself, who in your family has had colon polyps? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for colon polyps?¹
 - ☐ Yes
 - ☐ No**About how old were you when you were first told you had colon polyps?¹**
 - ☐ Child (0-11)
 - ☐ Adolescent (12-17)
 - ☐ Adult (18-64)
 - ☐ Older adult (65-74)
 - ☐ Elderly (75+)**Are you currently prescribed medications and/or receiving treatment for colon polyps?¹**
 - ☐ Yes
 - ☐ No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Crohn's disease
Branching logic: when "Crohn's disease" selected, then:
Including yourself, who in your family has had Crohn's disease? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for Crohn's disease?¹
 - ☐ Yes
 - ☐ No

About how old were you when you were first told you had Crohn's disease?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for Crohn's disease?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent
- Diverticulitis/Diverticulosis

Branching logic: when "Diverticulitis/Diverticulosis" selected, then:

Including yourself, who in your family has had diverticulitis/diverticulosis?

Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for diverticulitis/diverticulosis?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had diverticulitis/diverticulosis?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for diverticulitis/diverticulosis?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son

- Grandparent
- Gall stones

Branching logic: when "Gall stones" selected, then:

Including yourself, who in your family has had gall stones? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for gall stones?¹

- Yes
- No

About how old were you when you were first told you had gall stones?¹

- Child (0-11)
- Adolescent (12-17)
- Adult (18-64)
- Older adult (65-74)
- Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for gall stones?¹

- Yes
- No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Hemorrhoids

Branching logic: when "Hemorrhoids" selected, then:

Including yourself, who in your family has had hemorrhoids? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for hemorrhoids?¹

- Yes
- No

About how old were you when you were first told you had hemorrhoids?¹

- Child (0-11)
- Adolescent (12-17)
- Adult (18-64)
- Older adult (65-74)
- Elderly (75+)

Are you currently prescribed medications and/or receiving treatment

for hemorrhoids?¹

- ☐ Yes
- ☐ No
- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

● Hernia

Branching logic: when "Hernia" selected, then:

Including yourself, who in your family has had a hernia? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for a hernia?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had a hernia?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for a hernia?¹

- ☐ Yes
- ☐ No

- Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Irritable bowel syndrome (IBS)

Branching logic: when "Irritable bowel syndrome (IBS)" selected, then:

Including yourself, who in your family has had irritable bowel syndrome (IBS)?

Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for irritable bowel syndrome (IBS)?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had irritable bowel syndrome (IBS)?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for irritable bowel syndrome (IBS)?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent
- ☐ Liver condition (e.g., cirrhosis)

Branching logic: when "Liver condition (e.g., cirrhosis)" selected, then:

Including yourself, who in your family has had liver condition (e.g., cirrhosis)?

Select all that apply.¹

- ☐ Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for liver condition (e.g., cirrhosis)?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had liver condition (e.g., cirrhosis)?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for liver condition (e.g., cirrhosis)?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son

- Grandparent
- Pancreatitis
Branching logic: when "Pancreatitis" selected, then:
Including yourself, who in your family has had pancreatitis? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for pancreatitis?¹
 - Yes
 - No**About how old were you when you were first told you had pancreatitis?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)**Are you currently prescribed medications and/or receiving treatment for pancreatitis?¹**
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Peptic (stomach) ulcers
Branching logic: when "Peptic (stomach) ulcers" selected, then:
Including yourself, who in your family has had peptic (stomach) ulcers? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for peptic (stomach) ulcers?¹
 - Yes
 - No**About how old were you when you were first told you had peptic (stomach) ulcers?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)

- ☐ Elderly (75+)
 - Are you currently prescribed medications and/or receiving treatment for peptic (stomach) ulcers?¹**
 - ☐ Yes
 - ☐ No
 - ☐ Mother
 - ☐ Father
 - ☐ Sibling
 - ☐ Daughter
 - ☐ Son
 - ☐ Grandparent
- Ulcerative colitis
 - Branching logic: when "Ulcerative colitis" selected, then:*
 - Including yourself, who in your family has had ulcerative colitis? Select all that apply.¹**
 - Self
 - Branching logic: when "Self" selected, then:*
 - Are you still seeing a doctor or health care provider for ulcerative colitis?¹**
 - ☐ Yes
 - ☐ No
 - About how old were you when you were first told you had ulcerative colitis?¹**
 - ☐ Child (0-11)
 - ☐ Adolescent (12-17)
 - ☐ Adult (18-64)
 - ☐ Older adult (65-74)
 - ☐ Elderly (75+)
 - Are you currently prescribed medications and/or receiving treatment for ulcerative colitis?¹**
 - ☐ Yes
 - ☐ No
 - ☐ Mother
 - ☐ Father
 - ☐ Sibling
 - ☐ Daughter
 - ☐ Son
 - ☐ Grandparent
- Other digestive condition
 - Branching logic: when "Other digestive condition" selected, then:*
 - Including yourself, who in your family has had other digestive condition? Select all that apply.¹**
 - Self

Branching logic: when "Self" selected, then:

Please specify the other digestive condition(s) you have had:¹

Are you still seeing a doctor or health care provider for other digestive condition(s)?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had this other digestive condition(s)?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for other digestive condition(s)?¹

- ☐ Yes
- ☐ No

- Mother

Branching logic: when "Mother" selected, then:

Please specify the other digestive condition(s) your mother has had.¹

- Father

Branching logic: when "Father" selected, then:

Please specify the other digestive condition(s) your father has had.¹

- Sibling

Branching logic: when "Sibling" selected, then:

Please specify the other digestive condition(s) your sibling(s) has had.¹

- Daughter

Branching logic: when "Daughter" selected, then:

Please specify the other digestive condition(s) your daughter(s) has had.¹

- Son

Branching logic: when "Son" selected, then:

Please specify the other digestive condition(s) your son(s) has had.¹

- Grandparent

Branching logic: when "Grandparent" selected, then:

Please specify the other digestive condition(s) your grandparent(s) has had.¹

-
- None of the above
 - Don't know
 - Prefer not to answer
-

Hormone and Endocrine Conditions

Have you or anyone in your family ever been diagnosed with the following hormone and endocrine conditions? Think only of the people you are related to by blood. Select all that apply.¹

- Hyperthyroidism

Branching logic: when "Hyperthyroidism" selected, then:

Including yourself, who in your family has had hyperthyroidism? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for hyperthyroidism?¹

- Yes
- No

About how old were you when you were first told you had hyperthyroidism?¹

- Child (0-11)
- Adolescent (12-17)
- Adult (18-64)
- Older adult (65-74)
- Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for hyperthyroidism?¹

- Yes
- No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Hypothyroidism

Branching logic: when "Hypothyroidism" selected, then:

Including yourself, who in your family has had hypothyroidism? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for hypothyroidism?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had hypothyroidism?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for hypothyroidism?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent
- ☐ Prediabetes

Branching logic: when "Prediabetes" selected, then:

Including yourself, who in your family has had prediabetes? Select all that apply.¹

- ☐ Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for prediabetes?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had prediabetes?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for prediabetes?¹

- ☐ Yes
- ☐ No

- ☐ Mother

- Father
- Sibling
- Daughter
- Son
- Grandparent
- Type 1 diabetes
Branching logic: when "Type 1 diabetes" selected, then:
Including yourself, who in your family has had Type 1 diabetes? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for Type 1 diabetes?¹
 - Yes
 - No**About how old were you when you were first told you had Type 1 diabetes?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)**Are you currently prescribed medications and/or receiving treatment for Type 1 diabetes?¹**
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Type 2 diabetes
Branching logic: when "Type 2 diabetes" selected, then:
Including yourself, who in your family has had Type 2 diabetes? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for Type 2 diabetes?¹
 - Yes
 - No**About how old were you when you were first told you had Type 2**

diabetes?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for Type 2 diabetes?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent
- ☐ Other/unknown diabetes

Branching logic: when "Other/unknown diabetes" selected, then:

Including yourself, who in your family has had other/unknown diabetes? Select all that apply.¹

- ☐ Self

Branching logic: when "Self" selected, then:

Please specify the other/unknown diabetes you have had:¹

Are you still seeing a doctor or health care provider for this other/unknown diabetes?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had this other/unknown diabetes?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for other/unknown diabetes?¹

- ☐ Yes
- ☐ No

- ☐ Mother

Branching logic: when "Mother" selected, then:

Please specify the other/unknown diabetes your mother has had.¹

- Father
Branching logic: when "Father" selected, then:
Please specify the other/unknown diabetes your father has had.¹

- Sibling
Branching logic: when "Sibling" selected, then:
Please specify the other/unknown diabetes your sibling(s) has had.¹

- Daughter
Branching logic: when "Daughter" selected, then:
Please specify the other/unknown diabetes your daughter(s) has had.¹

- Son
Branching logic: when "Son" selected, then:
Please specify the other/unknown diabetes your son(s) has had.¹

- Grandparent
Branching logic: when "Grandparent" selected, then:
Please specify the other/unknown diabetes your grandparent(s) has had.¹

- Other/unknown thyroid condition
Branching logic: when "Other/unknown thyroid condition" selected, then:
Including yourself, who in your family has had other/unknown thyroid condition? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Please specify the other/unknown thyroid condition(s) you have had:¹

Are you still seeing a doctor or health care provider for this other/unknown thyroid condition?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had this other/unknown thyroid condition?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for other/unknown thyroid condition?¹

- ☐ Yes

☐ No

- Mother

Branching logic: when "Mother" selected, then:

Please specify the other/unknown thyroid condition(s) your mother has had.¹

- Father

Branching logic: when "Father" selected, then:

Please specify the other/unknown thyroid condition(s) your father has had.¹

- Sibling

Branching logic: when "Sibling" selected, then:

Please specify the other/unknown thyroid condition(s) your sibling(s) has had.¹

- Daughter

Branching logic: when "Daughter" selected, then:

Please specify the other/unknown thyroid condition(s) your daughter(s) has had.¹

- Son

Branching logic: when "Son" selected, then:

Please specify the other/unknown thyroid condition(s) your son(s) has had.¹

- Grandparent

Branching logic: when "Grandparent" selected, then:

Please specify the other/unknown thyroid condition(s) your grandparent(s) has had.¹

- Other hormone/endocrine condition

Branching logic: when "Other hormone/endocrine condition" selected, then:

Including yourself, who in your family has had other hormone/endocrine condition? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Please specify the other hormone/endocrine condition(s) you have had.¹

Are you still seeing a doctor or health care provider for other hormone/endocrine condition?¹

☐ Yes

- ☐ No

About how old were you when you were first told you had this other hormone/endocrine condition?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for other hormone/endocrine condition?¹

- ☐ Yes
- ☐ No

- Mother

Branching logic: when "Mother" selected, then:

Please specify the other hormone/endocrine condition(s) your mother has had.¹

- Father

Branching logic: when "Father" selected, then:

Please specify the other hormone/endocrine condition(s) your father has had.¹

- Sibling

Branching logic: when "Sibling" selected, then:

Please specify the other hormone/endocrine condition(s) your sibling(s) has had.¹

- Daughter

Branching logic: when "Daughter" selected, then:

Please specify the other hormone/endocrine condition(s) your daughter(s) has had.¹

- Son

Branching logic: when "Son" selected, then:

Please specify the other hormone/endocrine condition(s) your son(s) has had.¹

- Grandparent

Branching logic: when "Grandparent" selected, then:

Please specify the other hormone/endocrine condition(s) your grandparent(s) has had.¹

- None of the above

- Don't know
- Prefer not to answer

Kidney Conditions

Have you or anyone in your family ever been diagnosed with the following kidney conditions? Think only of the people you are related to by blood. Select all that apply.¹

- Acute kidney disease with no current dialysis
Branching logic: when "Acute kidney disease with no current dialysis" selected, then:

Including yourself, who in your family has had acute kidney disease with no current dialysis? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for acute kidney disease with no current dialysis?¹

- Yes
- No

About how old were you when you were first told you had acute kidney disease with no current dialysis?¹

- Child (0-11)
- Adolescent (12-17)
- Adult (18-64)
- Older adult (65-74)
- Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for acute kidney disease with no current dialysis?¹

- Yes
- No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent
- Kidney disease with dialysis

Branching logic: when "Kidney disease with dialysis" selected, then:

Including yourself, who in your family has had kidney disease with dialysis? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for kidney disease

with dialysis?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had kidney disease with dialysis?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for kidney disease with dialysis?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent
- Kidney disease without dialysis

Branching logic: when "Kidney disease without dialysis" selected, then:

Including yourself, who in your family has had kidney disease without dialysis? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for kidney disease without dialysis?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had kidney disease without dialysis?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for kidney disease without dialysis?¹

- ☐ Yes
- ☐ No

- Mother
- Father

- Sibling
- Daughter
- Son
- Grandparent
- Kidney stones
Branching logic: when "Kidney stones" selected, then:
Including yourself, who in your family has had kidney stones? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for kidney stones?¹
 - Yes
 - No**About how old were you when you were first told you had kidney stones?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)**Are you currently prescribed medications and/or receiving treatment for kidney stones?¹**
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Other kidney condition
Branching logic: when "Other kidney condition" selected, then:
Including yourself, who in your family has had other kidney condition(s)? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Please specify the other kidney condition(s) you have had:¹

Are you still seeing a doctor or health care provider for other kidney condition?¹
 - Yes
 - No**About how old were you when you were first told you had this**

other kidney condition?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for other kidney condition?¹

- ☐ Yes
- ☐ No

● Mother

Branching logic: when "Mother" selected, then:

Please specify the other kidney condition(s) your mother has had.¹

● Father

Branching logic: when "Father" selected, then:

Please specify the other kidney condition(s) your father has had.¹

● Sibling

Branching logic: when "Sibling" selected, then:

Please specify the other kidney condition(s) your sibling(s) has had.¹

● Daughter

Branching logic: when "Daughter" selected, then:

Please specify the other kidney condition(s) your daughter(s) has had.¹

● Son

Branching logic: when "Son" selected, then:

Please specify the other kidney condition(s) your son(s) has had.¹

● Grandparent

Branching logic: when "Grandparent" selected, then:

Please specify the other kidney condition(s) your grandparent(s) has had.¹

- None of the above
- Don't know
- Prefer not to answer

Lung Conditions

Have you or anyone in your family ever been diagnosed with the following lung conditions? Think only of the people you are related to by blood. Select all that apply.¹

- Asthma

Branching logic: when "Asthma" selected, then:

Including yourself, who in your family has had asthma? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for asthma?¹

- Yes
- No

About how old were you when you were first told you had asthma?¹

- Child (0-11)
- Adolescent (12-17)
- Adult (18-64)
- Older adult (65-74)
- Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for asthma?¹

- Yes
- No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Chronic lung disease (COPD, emphysema, or bronchitis)

Branching logic: when "Chronic lung disease (COPD, emphysema, or bronchitis)" selected, then:

Including yourself, who in your family has had chronic lung disease (COPD, emphysema, or bronchitis)? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for chronic lung disease (COPD, emphysema, or bronchitis)?¹

- Yes
- No

About how old were you when you were first told you had chronic lung disease (COPD, emphysema, or bronchitis)?¹

- Child (0-11)
- Adolescent (12-17)
- Adult (18-64)
- Older adult (65-74)

- ☐ Elderly (75+)
 - Are you currently prescribed medications and/or receiving treatment for chronic lung disease (COPD, emphysema, or bronchitis)?¹**
 - ☐ Yes
 - ☐ No
 - ☐ Mother
 - ☐ Father
 - ☐ Sibling
 - ☐ Daughter
 - ☐ Son
 - ☐ Grandparent
- Sleep apnea
 - Branching logic: when "Sleep apnea" selected, then:*
 - Including yourself, who in your family has had sleep apnea? Select all that apply.¹**
 - Self
 - Branching logic: when "Self" selected, then:*
 - Are you still seeing a doctor or health care provider for sleep apnea?¹**
 - ☐ Yes
 - ☐ No
 - About how old were you when you were first told you had sleep apnea?¹**
 - ☐ Child (0-11)
 - ☐ Adolescent (12-17)
 - ☐ Adult (18-64)
 - ☐ Older adult (65-74)
 - ☐ Elderly (75+)
 - Are you currently prescribed medications and/or receiving treatment for sleep apnea?¹**
 - ☐ Yes
 - ☐ No
 - ☐ Mother
 - ☐ Father
 - ☐ Sibling
 - ☐ Daughter
 - ☐ Son
 - ☐ Grandparent
- Other lung condition
 - Branching logic: when "Other lung condition" selected, then:*
 - Including yourself, who in your family has had other lung condition(s)? Select all that apply.¹**
 - Self
 - Branching logic: when "Self" selected, then:*

Please specify the other lung condition(s) you have had:¹

Are you still seeing a doctor or health care provider for other lung condition?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had this other lung condition?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for other lung condition?¹

- ☐ Yes
- ☐ No

- Mother

Branching logic: when "Mother" selected, then:

Please specify the other lung condition(s) your mother has had.¹

- Father

Branching logic: when "Father" selected, then:

Please specify the other lung condition(s) your father has had.¹

- Sibling

Branching logic: when "Sibling" selected, then:

Please specify the other lung condition(s) your sibling(s) has had.¹

- Daughter

Branching logic: when "Daughter" selected, then:

Please specify the other lung condition(s) your daughter(s) has had.¹

- Son

Branching logic: when "Son" selected, then:

Please specify the other lung condition(s) your son(s) has had.¹

- Grandparent

Branching logic: when "Grandparent" selected, then:

Please specify the other lung condition your(s) grandparent(s) has had.¹

- None of the above
- Don't know

- Prefer not to answer

Brain and Nervous System Conditions

Have you or anyone in your family ever been diagnosed with the following brain and nervous system conditions? Think only of the people you are related to by blood.

Select all that apply.¹

- Cerebral palsy

Branching logic: when "Cerebral palsy" selected, then:

Including yourself, who in your family has had cerebral palsy? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for cerebral palsy?¹

- Yes
- No

About how old were you when you were first told you had cerebral palsy?¹

- Child (0-11)
- Adolescent (12-17)
- Adult (18-64)
- Older adult (65-74)
- Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for cerebral palsy?¹

- Yes
- No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Chronic fatigue

Branching logic: when "Chronic fatigue" selected, then:

Including yourself, who in your family has had chronic fatigue? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for chronic fatigue?¹

- Yes
- No

About how old were you when you were first told you had chronic fatigue?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for chronic fatigue?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent
- ☐ Concussion or loss of consciousness

Branching logic: when "Concussion or loss of consciousness" selected, then:

Including yourself, who in your family has had concussion or loss of consciousness? Select all that apply.¹

- ☐ Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for concussion or loss of consciousness?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had concussion or loss of consciousness?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for concussion or loss of consciousness?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son

- Grandparent
- Dementia (includes Alzheimer's, vascular, etc.)
Branching logic: when "Dementia (includes Alzheimer's, vascular, etc.)" selected, then:
Including yourself, who in your family has had dementia (includes Alzheimer's, vascular, etc.)? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for dementia (includes Alzheimer's, vascular, etc.)?¹
 - Yes
 - No
About how old were you when you were first told you had dementia (includes Alzheimer's, vascular, etc.)?¹
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)
Are you currently prescribed medications and/or receiving treatment for dementia (includes Alzheimer's, vascular, etc.)?¹
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Epilepsy or seizure
Branching logic: when "Epilepsy or seizure" selected, then:
Including yourself, who in your family has had epilepsy or seizure? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for epilepsy or seizure?¹
 - Yes
 - No
About how old were you when you were first told you had epilepsy or seizure?¹
 - Child (0-11)
 - Adolescent (12-17)

- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for epilepsy or seizure?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Insomnia

Branching logic: when "Insomnia" selected, then:

Including yourself, who in your family has had insomnia? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for insomnia?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had insomnia?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for insomnia?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Lou Gehrig's disease (Amyotrophic lateral sclerosis)

Branching logic: when "Lou Gehrig's disease (Amyotrophic lateral sclerosis)" selected, then:

Including yourself, who in your family has had Lou Gehrig's disease (amyotrophic lateral sclerosis)? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for Lou Gehrig's disease (amyotrophic lateral sclerosis)?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had Lou Gehrig's disease (amyotrophic lateral sclerosis)?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for Lou Gehrig's disease (amyotrophic lateral sclerosis)?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent
- ☐ Memory loss or impairment

Branching logic: when "Memory loss or impairment" selected, then:

Including yourself, who in your family has had memory loss or impairment? Select all that apply.¹

- ☐ Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for memory loss or impairment?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had memory loss or impairment?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for memory loss or impairment?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent
- Migraine headaches

Branching logic: when "Migraine headaches" selected, then:
Including yourself, who in your family has had migraine headaches? Select all that apply.¹

 - Self

Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for migraine headaches?¹

 - Yes
 - No

About how old were you when you were first told you had migraine headaches?¹

 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for migraine headaches?¹

 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent- Multiple sclerosis (MS)

Branching logic: when "Multiple sclerosis (MS)" selected, then:
Including yourself, who in your family has had multiple sclerosis (MS)? Select all that apply.¹

 - Self

Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for multiple sclerosis (MS)?¹

 - Yes
 - No

About how old were you when you were first told you had multiple sclerosis (MS)?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for multiple sclerosis (MS)?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent
- ☐ Muscular dystrophy (MD)

Branching logic: when "Muscular dystrophy (MD)" selected, then:

Including yourself, who in your family has had muscular dystrophy (MD)?

Select

all that apply.¹

- ☐ Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for muscular dystrophy (MD)?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had muscular dystrophy (MD)?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for muscular dystrophy (MD)?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter

- Son
- Grandparent
- Narcolepsy
 - Branching logic: when "Narcolepsy" selected, then:*
 - Including yourself, who in your family has had narcolepsy? Select all that apply.¹**
 - Self
 - Branching logic: when "Self" selected, then:*
 - Are you still seeing a doctor or health care provider for narcolepsy?¹**
 - Yes
 - No
 - About how old were you when you were first told you had narcolepsy?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)
 - Are you currently prescribed medications and/or receiving treatment for narcolepsy?¹**
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
 - Neuropathy
 - Branching logic: when "Neuropathy" selected, then:*
 - Including yourself, who in your family has had neuropathy? Select all that apply.¹**
 - Self
 - Branching logic: when "Self" selected, then:*
 - Are you still seeing a doctor or health care provider for neuropathy?¹**
 - Yes
 - No
 - About how old were you when you were first told you had neuropathy?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for neuropathy?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Parkinson's disease

Branching logic: when "Parkinson's disease" selected, then:

Including yourself, who in your family has had Parkinson's disease? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for Parkinson's disease?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had Parkinson's disease?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for Parkinson's disease?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Restless leg syndrome

Branching logic: when "Restless leg syndrome" selected, then:

Including yourself, who in your family has had restless leg syndrome? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for restless leg syndrome?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had restless leg syndrome?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for restless leg syndrome?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent
- ☐ Spinal cord injury or impairment

Branching logic: when "Spinal cord injury or impairment" selected, then:

Including yourself, who in your family has had spinal cord injury or impairment? Select all that apply.¹

- ☐ Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for spinal cord injury or impairment?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had spinal cord injury or impairment?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for spinal cord injury or impairment?¹

- ☐ Yes
- ☐ No

- ☐ Mother

- Father
- Sibling
- Daughter
- Son
- Grandparent
- Traumatic brain injury (TBI)
Branching logic: when "Traumatic brain injury (TBI)" selected, then:
Including yourself, who in your family has had traumatic brain injury (TBI)?
Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for traumatic brain injury (TBI)?¹
 - Yes
 - No**About how old were you when you were first told you had traumatic brain injury (TBI)?**¹
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)**Are you currently prescribed medications and/or receiving treatment for traumatic brain injury (TBI)?**¹
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Other brain or nervous system condition
Branching logic: when "Other brain or nervous system condition" selected, then:
Including yourself, who in your family has had other brain or nervous system condition(s)? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Please specify the other brain or nervous system condition(s) you have had:¹

Are you still seeing a doctor or health care provider for other brain or nervous system condition(s)?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had this other brain or nervous system condition(s)?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for other brain or nervous system condition(s)?¹

- ☐ Yes
- ☐ No

- Mother

Branching logic: when "Mother" selected, then:

Please specify the other brain or nervous system condition(s) your mother has had.¹

- Father

Branching logic: when "Father" selected, then:

Please specify the other brain or nervous system condition(s) your father has had.¹

- Sibling

Branching logic: when "Sibling" selected, then:

Please specify the other brain or nervous system condition(s) your sibling(s) has had.¹

- Daughter

Branching logic: when "Daughter" selected, then:

Please specify the other brain or nervous system condition(s) your daughter(s) has had.¹

- Son

Branching logic: when "Son" selected, then:

Please specify the other brain or nervous system condition(s) your son(s) has had.¹

- Grandparent

Branching logic: when "Grandparent" selected, then:

Please specify the other brain or nervous system condition(s) your grandparent(s) has had.¹

- None of the above
- Don't know
- Prefer not to answer

Mental Health or Substance Use Conditions

Have you or anyone in your family ever been diagnosed with the following mental health or substance use conditions? Think only of the people you are related to by blood. Select all that apply.¹

- Alcohol use disorder

Branching logic: when "Alcohol use disorder" selected, then:

Including yourself, who in your family has had alcohol use disorder? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for alcohol use disorder?¹

- Yes
- No

About how old were you when you were first told you had alcohol use disorder?¹

- Child (0-11)
- Adolescent (12-17)
- Adult (18-64)
- Older adult (65-74)
- Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for alcohol use disorder?¹

- Yes
- No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Anxiety reaction/panic disorder

Branching logic: when "Anxiety reaction/panic disorder" selected, then:

Including yourself, who in your family has had anxiety reaction/panic disorder? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for anxiety reaction/panic disorder?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had anxiety reaction/panic disorder?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for anxiety reaction/panic disorder?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent
- Attention-deficit/hyperactivity disorder (ADHD)
Branching logic: when "Attention-deficit/hyperactivity disorder (ADHD)" selected, then:

Including yourself, who in your family has had attention-deficit/hyperactivity disorder (ADHD)? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for attention-deficit/hyperactivity disorder (ADHD)?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had attention-deficit/hyperactivity disorder (ADHD)?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for attention-deficit/hyperactivity disorder (ADHD)?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent
- Autism spectrum disorder
Branching logic: when "Autism spectrum disorder" selected, then:
Including yourself, who in your family has had autism spectrum disorder? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for autism spectrum disorder?¹
 - Yes
 - No**About how old were you when you were first told you had autism spectrum disorder?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)**Are you currently prescribed medications and/or receiving treatment for autism spectrum disorder?¹**
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Bipolar disorder
Branching logic: when "Bipolar disorder" selected, then:
Including yourself, who in your family has had bipolar disorder? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for bipolar disorder?¹
 - Yes
 - No

About how old were you when you were first told you had bipolar disorder?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for bipolar disorder?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent

● Depression

Branching logic: when "Depression" selected, then:

Including yourself, who in your family has had depression? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for depression?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had depression?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for depression?¹

- ☐ Yes
- ☐ No

- ☐ Mother
 - ☐ Father
 - ☐ Sibling
 - ☐ Daughter
 - ☐ Son
 - ☐ Grandparent
- Drug use disorder

Branching logic: when "Drug use disorder" selected, then:

Including yourself, who in your family has had a drug use disorder? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for a drug use disorder?¹

- Yes
- No

About how old were you when you were first told you had a drug use disorder?¹

- Child (0-11)
- Adolescent (12-17)
- Adult (18-64)
- Older adult (65-74)
- Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for a drug use disorder?¹

- Yes
- No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Eating disorder

Branching logic: when "Eating disorder" selected, then:

Including yourself, who in your family has had an eating disorder? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for an eating disorder?¹

- Yes
- No

About how old were you when you were first told you had an eating disorder?¹

- Child (0-11)
- Adolescent (12-17)
- Adult (18-64)
- Older adult (65-74)
- Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for an eating disorder?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Personality disorder

Branching logic: when "Personality disorder" selected, then:

Including yourself, who in your family has had a personality disorder? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for a personality disorder?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had a personality disorder?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for a personality disorder?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Post-traumatic stress disorder (PTSD)

Branching logic: when "Post-traumatic stress disorder (PTSD)" selected, then:

Including yourself, who in your family has had post-traumatic stress disorder (PTSD)? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for post-traumatic stress disorder (PTSD)?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had post-traumatic stress disorder (PTSD)?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for post-traumatic stress disorder (PTSD)?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Schizophrenia

Branching logic: when "Schizophrenia" selected, then:

Including yourself, who in your family has had schizophrenia? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for schizophrenia?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had schizophrenia?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for schizophrenia?¹

- ☐ Yes
- ☐ No

- Mother
- Father

- Sibling
- Daughter
- Son
- Grandparent
- Social phobia
Branching logic: when "Social phobia" selected, then:
Including yourself, who in your family has had a social phobia? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for a social phobia?¹
 - Yes
 - No**About how old were you when you were first told you had a social phobia?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)**Are you currently prescribed medications and/or receiving treatment for a social phobia?¹**
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Other mental health or substance use condition
Branching logic: when "Other mental or substance use condition" selected, then:
Including yourself, who in your family has had other mental health or substance use condition? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Please specify the other mental health or substance use condition(s) you have had:¹

Are you still seeing a doctor or health care provider for other mental health or substance use condition?¹
 - Yes
 - No

About how old were you when you were first told you had this other mental health or substance use condition?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for other mental health or substance use condition?¹

- ☐ Yes
- ☐ No

- Mother

Branching logic: when "Mother" selected, then:

Please specify the other mental health or substance use condition(s) your mother has had.¹

- Father

Branching logic: when "Father" selected, then:

Please specify the other mental health or substance use condition(s) your father has had.¹

- Sibling

Branching logic: when "Sibling" selected, then:

Please specify the other mental health or substance use condition(s) your sibling(s) has had.¹

- Daughter

Branching logic: when "Daughter" selected, then:

Please specify the other mental health or substance use condition(s) your daughter(s) has had.¹

- Son

Branching logic: when "Son" selected, then:

Please specify the other mental health or substance use condition(s) your son(s) has had.¹

- Grandparent

Branching logic: when "Grandparent" selected, then:

Please specify the other mental health or substance use condition(s) your grandparent(s) has had.¹

- None of the above
- Don't know

- Prefer not to answer

Bone, Joint, and Muscle Conditions

Have you or anyone in your family ever been diagnosed with the following bone, joint, and muscle conditions? Think only of the people you are related to by blood. Select all that apply.¹

- Carpal tunnel syndrome

Branching logic: when "Carpal tunnel syndrome" selected, then:

Including yourself, who in your family has had carpal tunnel syndrome? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for carpal tunnel syndrome?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had carpal tunnel syndrome?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for carpal tunnel syndrome?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Fibromyalgia

Branching logic: when "Fibromyalgia" selected, then:

Including yourself, who in your family has had fibromyalgia? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for fibromyalgia?¹

- ☐ Yes

- ☐ No

About how old were you when you were first told you had fibromyalgia?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for fibromyalgia?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent
- ☐ Fractured/broken any bones in the last 5 years
Branching logic: when "Fractured/broken any bones in the last 5 years" selected, then:

Including yourself, who in your family has had fractured/broken any bones in the last five years? Select all that apply.¹

- ☐ Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for fractured/broken bones?¹
 - ☐ Yes
 - ☐ No

About how old were you when you were first told you had fractured/broken bones?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for fractured/broken bones?¹

- ☐ Yes
- ☐ No
- ☐ Mother
- ☐ Father
- ☐ Sibling

- Daughter
- Son
- Grandparent
- Gout
 - Branching logic: when "Gout" selected, then:*
 - Including yourself, who in your family has had gout? Select all that apply.¹**
 - Self
 - Branching logic: when "Self" selected, then:*
 - Are you still seeing a doctor or health care provider for gout?¹**
 - Yes
 - No
 - About how old were you when you were first told you had gout?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)
 - Are you currently prescribed medications and/or receiving treatment for gout?¹**
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
 - Osteoarthritis
 - Branching logic: when "Osteoarthritis" selected, then:*
 - Including yourself, who in your family has had osteoarthritis? Select all that apply.¹**
 - Self
 - Branching logic: when "Self" selected, then:*
 - Are you still seeing a doctor or health care provider for osteoarthritis?¹**
 - Yes
 - No
 - About how old were you when you were first told you had osteoarthritis?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for osteoarthritis?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Osteoporosis

Branching logic: when "Osteoporosis" selected, then:

Including yourself, who in your family has had osteoporosis? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for osteoporosis?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had osteoporosis?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for osteoporosis?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Pseudogout (CPPD)

Branching logic: when "Pseudogout (CPPD)" selected, then:

Including yourself, who in your family has had pseudogout (CPPD)? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for pseudogout

(CPPD)?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had pseudogout (CPPD)?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for pseudogout (CPPD)?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent
- Rheumatoid arthritis (RA)

Branching logic: when "Rheumatoid arthritis (RA)" selected, then:

Including yourself, who in your family has had rheumatoid arthritis (RA)? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for rheumatoid arthritis (RA)?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had rheumatoid arthritis (RA)?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for rheumatoid arthritis (RA)?¹

- ☐ Yes
- ☐ No

- Mother
- Father

- Sibling
- Daughter
- Son
- Grandparent
- Spine, muscle, or bone disorders (non-cancer)
Branching logic: when "Spine, muscle, or bone disorders (non-cancer)" selected, then:
Including yourself, who in your family has had spine, muscle, or bone disorders (non-cancer)? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for spine, muscle, or bone disorders (non-cancer)?¹
 - Yes
 - No**About how old were you when you were first told you had spine, muscle, or bone disorders (non-cancer)?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)**Are you currently prescribed medications and/or receiving treatment for spine, muscle, or bone disorders (non-cancer)?¹**
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Systemic lupus
Branching logic: when "Systemic lupus" selected, then:
Including yourself, who in your family has had systemic lupus? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for systemic lupus?¹
 - Yes
 - No**About how old were you when you were first told you had systemic lupus?¹**

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for systemic lupus?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent

- ☐ Other arthritis

Branching logic: when "Other arthritis" selected, then:

Including yourself, who in your family has had other arthritis? Select all that apply.¹

- ☐ Self

Branching logic: when "Self" selected, then:

Please specify the other arthritis you have had:¹

Are you still seeing a doctor or health care provider for other arthritis?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had this other arthritis?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for other arthritis?¹

- ☐ Yes
- ☐ No

- ☐ Mother

Branching logic: when "Mother" selected, then:

Please specify the other arthritis your mother has had.¹

-
- ☐ Father

Branching logic: when "Father" selected, then:

Please specify the other arthritis your father has had.¹

- Sibling

Branching logic: when "Sibling" selected, then:

Please specify the other arthritis your sibling(s) has had.¹

- Daughter

Branching logic: when "Daughter" selected, then:

Please specify the other arthritis your daughter(s) has had.¹

- Son

Branching logic: when "Son" selected, then:

Please specify the other arthritis your son(s) has had.¹

- Grandparent

Branching logic: when "Grandparent" selected, then:

Please specify the other arthritis your grandparent(s) has had.¹

- Other bone, joint, or muscle condition

Branching logic: when "Other bone, joint, or muscle condition" selected, then:

Including yourself, who in your family has had other bone, joint, or muscle condition(s)? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Please specify the other bone, joint, or muscle condition(s) you have had:¹

Are you still seeing a doctor or health care provider for other bone, joint, or muscle condition(s)?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had other bone, joint, or muscle condition(s)?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for other bone, joint, or muscle condition(s)?¹

- ☐ Yes
- ☐ No

- Mother
Branching logic: when "Mother" selected, then:
Please specify the other bone, joint, or muscle condition(s) your mother has had.¹

- Father
Branching logic: when "Father" selected, then:
Please specify the other bone, joint, or muscle condition(s) your father has had.¹

- Sibling
Branching logic: when "Sibling" selected, then:
Please specify the other bone, joint, or muscle condition(s) your sibling(s) has had.¹

- Daughter
Branching logic: when "Daughter" selected, then:
Please specify the other bone, joint, or muscle condition(s) your daughter(s) has had.¹

- Son
Branching logic: when "Son" selected, then:
Please specify the other bone, joint, or muscle condition(s) your son(s) has had.¹

- Grandparent
Branching logic: when "Grandparent" selected, then:
Please specify the other bone, joint, or muscle condition(s) your grandparent(s) has had.¹

- None of the above
- Don't know
- Prefer not to answer

Hearing and Eye Conditions

Have you or anyone in your family ever been diagnosed with the following hearing or eye conditions? Think only of the people you are related to by blood. Select all that apply.¹

- Blindness, all causes
Branching logic: when "Blindness, all causes" selected, then:
Including yourself, who in your family has had blindness, all causes? Select all

that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for blindness, all causes?¹

- Yes
- No

About how old were you when you were first told you had blindness, all causes?¹

- Child (0-11)
- Adolescent (12-17)
- Adult (18-64)
- Older adult (65-74)
- Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for blindness, all causes?¹

- Yes
- No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

- Cataracts

Branching logic: when "Cataracts" selected, then:

Including yourself, who in your family has had cataracts? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for cataracts?¹

- Yes
- No

About how old were you when you were first told you had cataracts?¹

- Child (0-11)
- Adolescent (12-17)
- Adult (18-64)
- Older adult (65-74)
- Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for cataracts?¹

- Yes
- No

- Mother

- Father
- Sibling
- Daughter
- Son
- Grandparent
- Dry eyes
Branching logic: when "Dry eyes" selected, then:
Including yourself, who in your family has had dry eyes? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for dry eyes?¹
 - Yes
 - No**About how old were you when you were first told you had dry eyes?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)**Are you currently prescribed medications and/or receiving treatment for dry eyes?¹**
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Farsighted
Branching logic: when "Farsighted" selected, then:
Including yourself, who in your family has had farsightedness? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for farsightedness?¹
 - Yes
 - No**About how old were you when you were first told you had farsightedness?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)

- ☐ Older adult (65-74)

- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for farsightedness?¹

- ☐ Yes

- ☐ No

- ☐ Mother

- ☐ Father

- ☐ Sibling

- ☐ Daughter

- ☐ Son

- ☐ Grandparent

- Nearsighted

Branching logic: when "Nearsighted" selected, then:

Including yourself, who in your family has had nearsightedness? Select all that apply.¹

- ☐ Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for nearsightedness?¹

- ☐ Yes

- ☐ No

About how old were you when you were first told you had nearsightedness?¹

- ☐ Child (0-11)

- ☐ Adolescent (12-17)

- ☐ Adult (18-64)

- ☐ Older adult (65-74)

- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for nearsightedness?¹

- ☐ Yes

- ☐ No

- ☐ Mother

- ☐ Father

- ☐ Sibling

- ☐ Daughter

- ☐ Son

- ☐ Grandparent

- Astigmatism

Branching logic: when "Astigmatism" selected, then:

Including yourself, who in your family has had astigmatism? Select all that apply.¹

- Self
 - Branching logic: when "Self" selected, then:*
 - Are you still seeing a doctor or health care provider for astigmatism?¹**
 - Yes
 - No
 - About how old were you when you were first told you had astigmatism?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)
 - Are you currently prescribed medications and/or receiving treatment for astigmatism?¹**
 - Yes
 - No
- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent
- Glaucoma
 - Branching logic: when "Glaucoma" selected, then:*
 - Including yourself, who in your family has had glaucoma? Select all that apply.¹**
 - Self
 - Branching logic: when "Self" selected, then:*
 - Are you still seeing a doctor or health care provider for glaucoma?¹**
 - Yes
 - No
 - About how old were you when you were first told you had glaucoma?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)
 - Are you currently prescribed medications and/or receiving treatment for glaucoma?¹**
 - Yes
 - No
 - Mother
 - Father
 - Sibling

- Daughter
- Son
- Grandparent
- Macular degeneration
Branching logic: when "Macular degeneration" selected, then:
Including yourself, who in your family has had macular degeneration? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for macular degeneration?¹
 - Yes
 - No**About how old were you when you were first told you had macular degeneration?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)**Are you currently prescribed medications and/or receiving treatment for macular degeneration?¹**
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Severe hearing loss or partial deafness in one or both ears
Branching logic: when "Severe hearing loss or partial deafness in one or both ears" selected, then:
Including yourself, who in your family has had severe hearing loss or partial deafness in one or both ears? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for severe hearing loss or partial deafness in one or both ears?¹
 - Yes
 - No**About how old were you when you were first told you had severe hearing loss or partial deafness in one or both ears?¹**

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for severe hearing loss or partial deafness in one or both ears?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

● Tinnitus

Branching logic: when "Tinnitus" selected, then:

Including yourself, who in your family has had tinnitus? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for tinnitus?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had tinnitus?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for tinnitus?¹

- ☐ Yes
- ☐ No

- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent

● Other hearing or eye condition

Branching logic: when "Other hearing or eye condition" selected, then:

Including yourself, who in your family has had other hearing or eye condition(s)? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Please specify the other hearing or eye condition(s) you have had:¹

Are you still seeing a doctor or health care provider for other hearing or eye condition(s)?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had other hearing or eye condition(s)?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for other hearing or eye condition(s)?¹

- ☐ Yes
- ☐ No

- Mother

Branching logic: when "Mother" selected, then:

Please specify the other hearing or eye condition(s) your mother has had.¹

- Father

Branching logic: when "Father" selected, then:

Please specify the other hearing or eye condition(s) your father has had.¹

- Sibling

Branching logic: when "Sibling" selected, then:

Please specify the other hearing or eye condition(s) your sibling(s) has had.¹

- Daughter

Branching logic: when "Daughter" selected, then:

Please specify the other hearing or eye condition(s) your daughter(s) has had.¹

- Son

Branching logic: when "Son" selected, then:

Please specify the other hearing or eye condition(s) your son(s) has had.¹

- Grandparent
Branching logic: when "Grandparent" selected, then:
Please specify the other hearing or eye condition(s) your grandparent(s) has had.¹

- None of the above
- Don't know
- Prefer not to answer

Other Conditions

Have you or anyone in your family ever been diagnosed with the following other conditions? Think only of the people you are related to by blood. Select all that apply.¹

- Acne
Branching logic: when "Acne" selected, then:
Including yourself, who in your family has had acne? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for acne?¹
 - Yes
 - No**About how old were you when you were first told you had acne?**¹
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)**Are you currently prescribed medications and/or receiving treatment for acne?**¹
 - Yes
 - No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Allergies
Branching logic: when "Allergies" selected, then:
Including yourself, who in your family has had allergies? Select all that apply.¹
 - Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for allergies?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had allergies?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for allergies?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent
- ☐ Endometriosis

Branching logic: when "Endometriosis" selected, then:

Including yourself, who in your family has had endometriosis? Select all that apply.¹

- ☐ Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for endometriosis?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had endometriosis?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for endometriosis?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Sibling
- ☐ Daughter

- Grandparent
- Enlarged prostate

Branching logic: when "Enlarged prostate" selected, then:
Including yourself, who in your family has had an enlarged prostate? Select all that apply.¹

 - Self

Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for an enlarged prostate?¹

 - Yes
 - No

About how old were you when you were first told you had an enlarged prostate?¹

 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for an enlarged prostate?¹

 - Yes
 - No
 - Father
 - Sibling
 - Son
 - Grandparent
- Fibroids

Branching logic: when "Fibroids" selected, then:
Including yourself, who in your family has had fibroids? Select all that apply.¹

 - Self

Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for fibroids?¹

 - Yes
 - No

About how old were you when you were first told you had fibroids?¹

 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for fibroids?¹

 - Yes

- ☐ No
 - Mother
 - Sibling
 - Daughter
 - Grandparent
- Obesity
Branching logic: when "Obesity" selected, then:
Including yourself, who in your family has had obesity? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for obesity?¹
 - ☐ Yes
 - ☐ No**About how old were you when you were first told you had obesity?¹**
 - ☐ Child (0-11)
 - ☐ Adolescent (12-17)
 - ☐ Adult (18-64)
 - ☐ Older adult (65-74)
 - ☐ Elderly (75+)**Are you currently prescribed medications and/or receiving treatment for obesity?¹**
 - ☐ Yes
 - ☐ No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Polycystic ovarian syndrome
Branching logic: when "Polycystic ovarian syndrome" selected, then:
Including yourself, who in your family has had polycystic ovarian syndrome? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for polycystic ovarian syndrome?¹
 - ☐ Yes
 - ☐ No**About how old were you when you were first told you had polycystic ovarian syndrome?¹**
 - ☐ Child (0-11)
 - ☐ Adolescent (12-17)

- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for polycystic ovarian syndrome?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Sibling
- ☐ Daughter
- ☐ Grandparent
- Reactions to anesthesia (such as hyperthermia)
Branching logic: when "Reactions to anesthesia (such as hyperthermia)" selected, then:

Including yourself, who in your family has had reactions to anesthesia (such as hyperthermia)? Select all that apply.¹

- Self

Branching logic: when "Self" selected, then:

Are you still seeing a doctor or health care provider for reactions to anesthesia (such as hyperthermia)?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had reactions to anesthesia (such as hyperthermia)?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for reactions to anesthesia (such as hyperthermia)?¹

- ☐ Yes
- ☐ No

- ☐ Mother
- ☐ Father
- ☐ Sibling
- ☐ Daughter
- ☐ Son
- ☐ Grandparent
- Skin condition (e.g., eczema, psoriasis)
Branching logic: when "Skin condition (e.g., eczema, psoriasis)" selected, then:
Including yourself, who in your family has had skin condition(s) (e.g., eczema, psoriasis)? Select all that apply.¹

- Self
 - Branching logic: when “Self” selected, then:*
 - Are you still seeing a doctor or health care provider for skin condition(s) (e.g., eczema, psoriasis)?¹**
 - Yes
 - No
 - About how old were you when you were first told you had skin condition(s) (e.g., eczema, psoriasis)?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)
 - Are you currently prescribed medications and/or receiving treatment for skin condition(s) (e.g., eczema, psoriasis)?¹**
 - Yes
 - No
- Mother
- Father
- Sibling
- Daughter
- Son
- Grandparent
- Vitamin B deficiency
 - Branching logic: when “Vitamin B deficiency” selected, then:*
 - Including yourself, who in your family has had vitamin B deficiency? Select all that apply.¹**
 - Self
 - Branching logic: when “Self” selected, then:*
 - Are you still seeing a doctor or health care provider for vitamin B deficiency?¹**
 - Yes
 - No
 - About how old were you when you were first told you had vitamin B deficiency?¹**
 - Child (0-11)
 - Adolescent (12-17)
 - Adult (18-64)
 - Older adult (65-74)
 - Elderly (75+)
 - Are you currently prescribed medications and/or receiving treatment for vitamin B deficiency?¹**
 - Yes

- ☐ No
 - ☐ Mother
 - ☐ Father
 - ☐ Sibling
 - ☐ Daughter
 - ☐ Son
 - ☐ Grandparent
- Vitamin D deficiency
Branching logic: when "Vitamin D deficiency" selected, then:
Including yourself, who in your family has had vitamin D deficiency? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Are you still seeing a doctor or health care provider for vitamin D deficiency?¹
 - ☐ Yes
 - ☐ No**About how old were you when you were first told you had vitamin D deficiency?¹**
 - ☐ Child (0-11)
 - ☐ Adolescent (12-17)
 - ☐ Adult (18-64)
 - ☐ Older adult (65-74)
 - ☐ Elderly (75+)**Are you currently prescribed medications and/or receiving treatment for vitamin D deficiency?¹**
 - ☐ Yes
 - ☐ No
 - Mother
 - Father
 - Sibling
 - Daughter
 - Son
 - Grandparent
- Other condition
Branching logic: when "Other condition" selected, then:
Including yourself, who in your family has had other condition(s)? Select all that apply.¹
 - Self
Branching logic: when "Self" selected, then:
Please specify the other condition(s) you have had:¹

Are you still seeing a doctor or health care provider for other

condition(s)?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had other condition(s)?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for other condition(s)?¹

- ☐ Yes
- ☐ No

- Mother

Branching logic: when "Mother" selected, then:

Please specify the other condition(s) your mother has had.¹

- Father

Branching logic: when "Father" selected, then:

Please specify the other condition(s) your father has had.¹

- Sibling

Branching logic: when "Sibling" selected, then:

Please specify the other condition(s) your sibling(s) has had.¹

- Daughter

Branching logic: when "Daughter" selected, then:

Please specify the other condition(s) your daughter(s) has had.¹

- Son

Branching logic: when "Son" selected, then:

Please specify the other condition(s) your son(s) has had.¹

- Grandparent

Branching logic: when "Grandparent" selected, then:

Please specify the other condition(s) your grandparent(s) has had.¹

- None of the above
- Don't know
- Prefer not to answer

Implementation note: These questions are only asked only for Self.

Have you ever been diagnosed with the following conditions? Select all that apply.¹

- Chickenpox

Branching logic: when “Chickenpox” selected, then:

Are you still seeing a doctor or health care provider for chickenpox?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had chickenpox?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for chickenpox?¹

- ☐ Yes
- ☐ No

- Chronic sinus infections

Branching logic: when “Chronic sinus infections” selected, then:

Are you still seeing a doctor or health care provider for chronic sinus infections?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had chronic sinus infections?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for chronic sinus infections?¹

- ☐ Yes
- ☐ No

- Dengue fever

Branching logic: when “Dengue fever” selected, then:

Are you still seeing a doctor or health care provider for dengue fever?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had dengue fever?¹

- ☐ Child (0-11)

- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for dengue fever?¹

- ☐ Yes
- ☐ No

- Hepatitis A

Branching logic: when "Hepatitis A" selected, then:

Are you still seeing a doctor or health care provider for hepatitis A?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had hepatitis A?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for hepatitis A?¹

- ☐ Yes
- ☐ No

- Hepatitis B

Branching logic: when "Hepatitis B" selected, then:

Are you still seeing a doctor or health care provider for hepatitis B?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had hepatitis B?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for hepatitis B?¹

- ☐ Yes
- ☐ No

- Hepatitis C

Branching logic: when "Hepatitis C" selected, then:

Are you still seeing a doctor or health care provider for hepatitis C?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had hepatitis C?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for hepatitis C?¹

- ☐ Yes
- ☐ No

- HIV/AIDS

Branching logic: when "HIV/AIDS" selected, then:

Are you still seeing a doctor or health care provider for HIV/AIDS?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had HIV/AIDS?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for HIV/AIDS?¹

- ☐ Yes
- ☐ No

- Lyme disease

Branching logic: when "Lyme disease" selected, then:

Are you still seeing a doctor or health care provider for Lyme disease?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had Lyme disease?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for Lyme disease?¹

- ☐ Yes
- ☐ No

- Recurrent urinary tract infections (UTI)/bladder infections

Branching logic: when "Recurrent urinary tract infections (UTI)/bladder infections" selected, then:

Are you still seeing a doctor or health care provider for recurrent urinary tract infections (UTI)/bladder infections?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had recurrent urinary tract infections (UTI)/bladder infections?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment recurrent urinary tract infections (UTI)/bladder infections?¹

- ☐ Yes
- ☐ No

- Recurrent yeast infection

Branching logic: when "Recurrent yeast infection" selected, then:

Are you still seeing a doctor or health care provider for recurring yeast infection?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had recurring yeast infection?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for recurring yeast infection?¹

- ☐ Yes
- ☐ No

- Severe acute respiratory syndrome (SARS)

Branching logic: when "Severe acute respiratory syndrome (SARS)" selected, then:

Are you still seeing a doctor or health care provider for severe acute respiratory syndrome (SARS)?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had severe acute respiratory syndrome (SARS)?¹

- ☐ Child (0-11)

- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for severe acute respiratory syndrome (SARS)?¹

- ☐ Yes
- ☐ No

- Sexually transmitted infections (Gonorrhea, Syphilis, Chlamydia)

Branching logic: when "Sexually transmitted infections (Gonorrhea, Syphilis, Chlamydia)" selected, then:

Are you still seeing a doctor or health care provider for sexually transmitted infections (gonorrhea, syphilis, chlamydia)?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had sexually transmitted infections (gonorrhea, syphilis, chlamydia)?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for sexually transmitted infections (gonorrhea, syphilis, chlamydia)?¹

- ☐ Yes
- ☐ No

- Shingles

Branching logic: when "Shingles" selected, then:

Are you still seeing a doctor or health care provider for shingles?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had shingles?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for shingles?¹

- ☐ Yes
- ☐ No

- Tuberculosis

Branching logic: when "Tuberculosis" selected, then:

Are you still seeing a doctor or health care provider for tuberculosis?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had tuberculosis?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for tuberculosis?¹

- ☐ Yes
- ☐ No

- West Nile Virus

Branching logic: when "West Nile Virus" selected, then:

Are you still seeing a doctor or health care provider for West Nile virus?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had West Nile virus?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for West Nile virus?¹

- ☐ Yes
- ☐ No

- Zika virus

Branching logic: when "Zika virus" selected, then:

Are you still seeing a doctor or health care provider for Zika virus?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had Zika virus?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for Zika virus?¹

- ☐ Yes
- ☐ No

- Other infectious disease
Branching logic: when “Other infectious disease” selected, then:
Please specify the other infectious disease you have had:¹

Are you still seeing a doctor or health care provider for other infectious disease?¹

- ☐ Yes
- ☐ No

About how old were you when you were first told you had other infectious disease?¹

- ☐ Child (0-11)
- ☐ Adolescent (12-17)
- ☐ Adult (18-64)
- ☐ Older adult (65-74)
- ☐ Elderly (75+)

Are you currently prescribed medications and/or receiving treatment for other infectious disease?¹

- ☐ Yes
- ☐ No
- I have no infectious disease

Thank you for completing the Personal and Family Health History survey. The information you shared may contribute to helping researchers improve the health of generations to come.

Sources

1. Developed for use in *All of Us*.