

	<b>(Affix Label Here)</b>	<b>Date Form Initiated</b> (e.g., 10JUN2005): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>d d m m m y y y y</b>
	Participant ID: _____  Participant Name Code: _____	<b>Date Form Completed</b> (e.g., 10JUN2005): <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <b>d d m m m y y y y</b>  Interviewer Code: <input type="text"/> <input type="text"/> <input type="text"/>  Please Circle Field Center Location: <b>BU CU DK UP</b>

## LLFS Proband Relative Contact Information Form (TS2)

**Interviewer Notes:** *Recommended Resources: Proband's completed TS1 Interview (or summary report).*

*This form is to be used to recontact the Proband, to identify his/her siblings and to record information on additional relatives who are willing to be contacted about participation in LLFS. Section 2 of this form is a continuous process and should be updated whenever additional family members are identified and have agreed to be contacted.*

1. *Section 1: The first objective of this form is to identify the Proband's complete sibship (including full- or half-siblings). This is the first step in identifying a family Pedigree. It is important that this section be completed during this telephone contact.*
2. *Section 2: In this section, names of any other family members that have been identified and contacted by Proband or other family members, are to be recorded. If this person has agreed to be contacted, all contact information is to be obtained and documented.*

**Important Note:** *Prior to initiating contact with any individual identified at this time, LLFS staff must query the existing database for each name obtained to determine if a Study ID had been previously assigned (i.e. via CMS list). This should also be done for those individuals who do not provide consent. If an ID has been assigned, that number is to be recorded in the space provided. For those who are not in the DES system, an ID will be assigned according to the protocol outlined in Chapter 4 of the LLFS MOP. The number should then be documented in the space provided on this form, as well as on the TS1a. Upon obtaining consent to contact, this ID number will be transferred to the TS1a; the TS1a will be entered using the individual's ID number, not the Proband's.*

3. *Section 3: The purpose of this section is to close the interview. The interviewer is to inform the Proband that additional questions regarding their parents, spouse(s) and offspring, will need to be ascertained at a later time (once the family is enrolled). Efforts should be made to obtain the information from the Proband, however, if they indicate they would prefer another family member be contacted to do this, the contact information should be documented.*

**Note to Interviewer:** *If you need additional sheets for the following section, please Xerox the appropriate sheets and append to this form*

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Name of Proband (Last, First, Middle; if Female, please include Maiden Name): \_\_\_\_\_

**Section 1 – Proband's Sibling(s): (Start from eldest to youngest, indicating Proband's place within this sibship; include full- or half-sibs)**

Sibling # _____		
<p><b>(a) Sibling's Name</b></p> <p>Last: _____</p> <p>First: _____</p> <p>Middle: _____</p> <p>Maiden: _____</p>	<p><b>(e) Can you provide a reason why you have not yet contacted this family member about the study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she will be interested</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she has time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>	<p><b>(g) Can you provide a reason why this family member is not interested in our Study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> He/She is not interested in participating</p> <p><input type="checkbox"/><sup>1</sup> He/she does not have the time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>
<p><b>(b) Relationship</b></p> <p><input type="checkbox"/><sup>1</sup> Full-Brother    <input type="checkbox"/><sup>3</sup> Half-Brother</p> <p><input type="checkbox"/><sup>2</sup> Full-Sister    <input type="checkbox"/><sup>4</sup> Half-Sister</p>	<p><b>(f) Is this individual willing to be contacted?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (i)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>Go to (g)</b></p> <p><input type="checkbox"/><sup>D</sup> Haven't Contacted/Undecided</p>	<p><b>(h) To your knowledge, did _____ ever suffer from any of the following conditions? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> Heart Disease</p> <p><input type="checkbox"/><sup>1</sup> Stroke</p> <p><input type="checkbox"/><sup>1</sup> Diabetes</p> <p><input type="checkbox"/><sup>1</sup> Hypertension</p> <p><input type="checkbox"/><sup>1</sup> Cancer</p> <p><input type="checkbox"/><sup>1</sup> Alzheimers/Dementia</p> <p><input type="checkbox"/><sup>1</sup> Other _____</p>
<p><b>(c) Indicate Vital Status</b></p> <p><input type="checkbox"/><sup>0</sup> Deceased <b>Go to (h)</b></p> <p><input type="checkbox"/><sup>1</sup> Alive <b>Go to (d)</b></p>	<p style="text-align: center;"><b>(i) Contact Information</b></p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____ ( <input type="checkbox"/> Home <input type="checkbox"/> Work )</p> <p>Best day/time to call: _____ E-Mail: _____</p> <hr/> <p>Family Member Telephone Screener Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Individual Eligible to Participate in Study? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Scheduled: ___ ___ / ___ ___ / ___ ___</p> <p>Date Completed: ___ ___ / ___ ___ / ___ ___</p> <p>LLFS Participant ID #: _____</p>	
<p><b>(d) Have you told this sibling about the Study?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (f)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>Go to (e)</b></p>		

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Name of Proband (Last, First, Middle; if Female, please include Maiden Name): \_\_\_\_\_

**Section 1 – Proband's Sibling(s) - Continued: (Start from eldest to youngest, indicating Proband's place within this sibship)**

Sibling # _____		
<p><b>(a) Sibling's Name</b></p> <p>Last: _____</p> <p>First: _____</p> <p>Middle: _____</p> <p>Maiden: _____</p>	<p><b>(e) Can you provide a reason why you have not yet contacted this family member about the study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she will be interested</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she has time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>	<p><b>(g) Can you provide a reason why this family member is not interested in our Study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> He/She is not interested in participating</p> <p><input type="checkbox"/><sup>1</sup> He/she does not have the time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>
<p><b>(b) Relationship</b></p> <p><input type="checkbox"/><sup>1</sup> Full-Brother    <input type="checkbox"/><sup>3</sup> Half-Brother</p> <p><input type="checkbox"/><sup>2</sup> Full-Sister    <input type="checkbox"/><sup>4</sup> Half-Sister</p>	<p><b>(f) Is this individual willing to be contacted?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (i)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>Go to (g)</b></p> <p><input type="checkbox"/><sup>D</sup> Haven't Contacted/Undecided</p>	<p><b>(h) To your knowledge, did _____ ever suffer from any of the following conditions? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> Heart Disease</p> <p><input type="checkbox"/><sup>1</sup> Stroke</p> <p><input type="checkbox"/><sup>1</sup> Diabetes</p> <p><input type="checkbox"/><sup>1</sup> Hypertension</p> <p><input type="checkbox"/><sup>1</sup> Cancer</p> <p><input type="checkbox"/><sup>1</sup> Alzheimers/Dementia</p> <p><input type="checkbox"/><sup>1</sup> Other _____</p>
<p><b>(c) Indicate Vital Status</b></p> <p><input type="checkbox"/><sup>0</sup> Deceased <b>Go to (h)</b></p> <p><input type="checkbox"/><sup>1</sup> Alive <b>Go to (d)</b></p>	<p style="text-align: center;"><b>(i) Contact Information</b></p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____ ( <input type="checkbox"/> Home <input type="checkbox"/> Work )</p> <p>Best day/time to call: _____ E-Mail: _____</p> <hr/> <p>Family Member Telephone Screener Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Individual Eligible to Participate in Study? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Scheduled: ___ ___ / ___ ___ ___ / ___ ___ ___</p> <p>Date Completed: ___ ___ / ___ ___ ___ / ___ ___ ___</p> <p>LLFS Participant ID #: ___ ___ ___ ___ ___</p>	
<p><b>(d) Have you told this sibling about the Study?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (f)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>Go to (e)</b></p>		

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Name of Proband (Last, First, Middle; if Female, please include Maiden Name): \_\_\_\_\_

**Section 1 – Proband's Sibling(s) - Continued: (Start from eldest to youngest, indicating Proband's place within this sibship)**

Sibling #____		
<p style="text-align: center;"><b>(a) Sibling's Name</b></p> <p>Last: _____</p> <p>First: _____</p> <p>Middle: _____</p> <p>Maiden: _____</p>	<p><b>(e) Can you provide a reason why you have not yet contacted this family member about the study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she will be interested</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she has time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>	<p><b>(g) Can you provide a reason why this family member is not interested in our Study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> He/She is not interested in participating</p> <p><input type="checkbox"/><sup>1</sup> He/she does not have the time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>
<p style="text-align: center;"><b>(b) Relationship</b></p> <p><input type="checkbox"/><sup>1</sup> Full-Brother    <input type="checkbox"/><sup>3</sup> Half-Brother</p> <p><input type="checkbox"/><sup>2</sup> Full-Sister    <input type="checkbox"/><sup>4</sup> Half-Sister</p>	<p><b>(f) Is this individual willing to be contacted?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (i)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>Go to (g)</b></p> <p><input type="checkbox"/><sup>D</sup> Haven't Contacted/Undecided</p>	<p><b>(h) To your knowledge, did ____ ever suffer from any of the following conditions? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> Heart Disease</p> <p><input type="checkbox"/><sup>1</sup> Stroke</p> <p><input type="checkbox"/><sup>1</sup> Diabetes</p> <p><input type="checkbox"/><sup>1</sup> Hypertension</p> <p><input type="checkbox"/><sup>1</sup> Cancer</p> <p><input type="checkbox"/><sup>1</sup> Alzheimers/Dementia</p> <p><input type="checkbox"/><sup>1</sup> Other _____</p>
<p style="text-align: center;"><b>(c) Indicate Vital Status</b></p> <p><input type="checkbox"/><sup>0</sup> Deceased <b>Go to (h)</b></p> <p><input type="checkbox"/><sup>1</sup> Alive <b>Go to (d)</b></p>	<p style="text-align: center;"><b>(i) Contact Information</b></p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____ ( <input type="checkbox"/> Home <input type="checkbox"/> Work )</p> <p>Best day/time to call: _____ E-Mail: _____</p> <hr/> <p>Family Member Telephone Screener Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Individual Eligible to Participate in Study? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Scheduled: ___ ___ / ___ ___ / ___ ___</p> <p>Date Completed: ___ ___ / ___ ___ / ___ ___</p> <p>LLFS Participant ID #: ___ ___ ___ ___</p>	
<p><b>(d) Have you told this sibling about the Study?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (f)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>Go to (e)</b></p>		

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Name of Proband (Last, First, Middle; if Female, please include Maiden Name): \_\_\_\_\_

**Section 1 – Proband's Sibling(s) - Continued: (Start from eldest to youngest, indicating Proband's place within this sibship)**

Sibling # ___		
<p><b>(a) Sibling's Name</b></p> <p>Last: _____</p> <p>First: _____</p> <p>Middle: _____</p> <p>Maiden: _____</p>	<p><b>(e) Can you provide a reason why you have not yet contacted this family member about the study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she will be interested</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she has time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>	<p><b>(g) Can you provide a reason why this family member is not interested in our Study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> He/She is not interested in participating</p> <p><input type="checkbox"/><sup>1</sup> He/she does not have the time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>
<p><b>(b) Relationship</b></p> <p><input type="checkbox"/><sup>1</sup> Full-Brother    <input type="checkbox"/><sup>3</sup> Half-Brother</p> <p><input type="checkbox"/><sup>2</sup> Full-Sister    <input type="checkbox"/><sup>4</sup> Half-Sister</p>	<p><b>(f) Is this individual willing to be contacted?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (i)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>Go to (g)</b></p> <p><input type="checkbox"/><sup>D</sup> Haven't Contacted/Undecided</p>	<p><b>(h) To your knowledge, did ___ ever suffer from any of the following conditions? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> Heart Disease</p> <p><input type="checkbox"/><sup>1</sup> Stroke</p> <p><input type="checkbox"/><sup>1</sup> Diabetes</p> <p><input type="checkbox"/><sup>1</sup> Hypertension</p> <p><input type="checkbox"/><sup>1</sup> Cancer</p> <p><input type="checkbox"/><sup>1</sup> Alzheimers/Dementia</p> <p><input type="checkbox"/><sup>1</sup> Other _____</p>
<p><b>(c) Indicate Vital Status</b></p> <p><input type="checkbox"/><sup>0</sup> Deceased <b>Go to (h)</b></p> <p><input type="checkbox"/><sup>1</sup> Alive <b>Go to (d)</b></p>	<p style="text-align: center;"><b>(i) Contact Information</b></p> <p>Address: _____</p> <p>_____</p> <p>Phone: _____ ( <input type="checkbox"/> Home <input type="checkbox"/> Work )</p> <p>Best day/time to call: _____ E-Mail: _____</p> <hr/> <p>Family Member Telephone Screener Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Individual Eligible to Participate in Study? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Scheduled: ___ ___ / ___ ___ ___ / ___ ___ ___</p> <p>Date Completed: ___ ___ / ___ ___ ___ / ___ ___ ___</p> <p>LLFS Participant ID #: ___ ___ ___ ___ ___ ___</p>	
<p><b>(d) Have you told this sibling about the Study?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (f)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>Go to (e)</b></p>		

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Name of Proband (Last, First, Middle; if Female, please include Maiden Name): \_\_\_\_\_

**Section 2 – Proband's Additional Relatives:** (Do not document information for relatives beyond the third generation (i.e. grandchildren of Proband/Index Person generation))

Relative # _____		
<p><b>(a) Relative's Name</b></p> <p>Last: _____</p> <p>First: _____</p> <p>Middle: _____</p> <p>Maiden: _____</p>	<p><b>(d) Can you provide a reason why you have not yet contacted this family member about the study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she will be interested</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she has time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>	<p><b>(f) Can you provide a reason why this family member is not interested in our Study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> He/She is not interested in participating</p> <p><input type="checkbox"/><sup>1</sup> He/she does not have the time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>
<p><b>(b) Relationship</b> (refer to List in MOP)</p> <p>_____</p> <p>Related by which Sibling (Index Person)?</p> <p>_____</p>	<p><b>(e) Is this individual willing to be contacted?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (g)</b></p> <p><input type="checkbox"/><sup>0</sup> No (<b>go to (f)</b>)</p> <p><input type="checkbox"/><sup>D</sup> Haven't Contacted/Undecided</p>	<p><b>Notes:</b></p> <p>_____</p>
<p><b>(d) Have you or another family member told this person about the research Study?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (e)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>Go to (d)</b></p>		
<b>(g) Contact Information</b>		
<p>Address: _____</p> <p>_____</p> <p>Phone: _____ ( <input type="checkbox"/> Home <input type="checkbox"/> Work)</p> <p>Best day/time to call: _____</p> <p>E-Mail: _____</p>	<p>Family Member Telephone Screener Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Individual</p> <p>Eligible to Participate in Study? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Scheduled: ___ ___ / ___ ___ / ___ ___</p> <p>Date Completed: ___ ___ / ___ ___ / ___ ___</p> <p>LLFS Participant ID #: _____</p>	

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Name of Proband (Last, First, Middle; if Female, please include Maiden Name): \_\_\_\_\_

**Section 2 – Proband's Additional Relatives – Continued:** (Do not document information for relatives beyond the third generation (i.e. grandchildren of Proband/Index Person generation))

Relative # _____		
<p style="text-align: center;"><b>(a) Relative's Name</b></p> <p>Last: _____</p> <p>First: _____</p> <p>Middle: _____</p> <p>Maiden: _____</p>	<p style="text-align: center;"><b>(d) Can you provide a reason why you have not yet contacted this family member about the study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she will be interested</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she has time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>	<p style="text-align: center;"><b>(f) Can you provide a reason why this family member is not interested in our Study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> He/She is not interested in participating</p> <p><input type="checkbox"/><sup>1</sup> He/she does not have the time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>
<p><b>(b) Relationship</b> (refer to List in MOP)</p> <p>_____</p> <p>Related by which Sibling (Index Person)?</p> <p>_____</p>	<p style="text-align: center;"><b>(e) Is this individual willing to be contacted?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (g)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>(go to (f))</b></p> <p><input type="checkbox"/><sup>D</sup> Haven't Contacted/Undecided</p>	<p><b>Notes:</b></p>   
<p><b>(d) Have you or another family member told this person about the research Study?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (e)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>Go to (d)</b></p>		
<b>(g) Contact Information</b>		
<p>Address: _____</p> <p>_____</p> <p>Phone: _____ ( <input type="checkbox"/> Home <input type="checkbox"/> Work)</p> <p>Best day/time to call: _____</p> <p>E-Mail: _____</p>	<p>Family Member Telephone Screener Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Individual Eligible to Participate in Study? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Scheduled: ___ ___ / ___ ___ / ___ ___</p> <p>Date Completed: ___ ___ / ___ ___ / ___ ___</p> <p>LLFS Participant ID #: _____</p>	

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Name of Proband (Last, First, Middle; if Female, please include Maiden Name): \_\_\_\_\_

**Section 2 – Proband's Additional Relatives – Continued:** (Do not document information for relatives beyond the third generation (i.e. grandchildren of Proband/Index Person generation))

Relative # _____		
<p><b>(a) Relative's Name</b></p> <p>Last: _____</p> <p>First: _____</p> <p>Middle: _____</p> <p>Maiden: _____</p>	<p><b>(d) Can you provide a reason why you have not yet contacted this family member about the study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she will be interested</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she has time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>	<p><b>(f) Can you provide a reason why this family member is not interested in our Study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> He/She is not interested in participating</p> <p><input type="checkbox"/><sup>1</sup> He/she does not have the time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>
<p><b>(b) Relationship</b> (refer to List in MOP)</p> <p>_____</p> <p>Related by which Sibling (Index Person)?</p> <p>_____</p>	<p><b>(e) Is this individual willing to be contacted?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (g)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>(go to (f))</b></p> <p><input type="checkbox"/><sup>D</sup> Haven't Contacted/Undecided</p>	<p><b>Notes:</b></p> <p>_____</p>
<p><b>(d) Have you or another family member told this person about the research Study?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (e)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>Go to (d)</b></p>		
<p><b>(g) Contact Information</b></p>		
<p>Address: _____</p> <p>_____</p> <p>Phone: _____ ( <input type="checkbox"/> Home <input type="checkbox"/> Work)</p> <p>Best day/time to call: _____</p> <p>E-Mail: _____</p>	<p>Family Member Telephone Screener Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Individual</p> <p>Eligible to Participate in Study? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Scheduled: ___ ___ / ___ ___ / ___ ___</p> <p>Date Completed: ___ ___ / ___ ___ / ___ ___</p> <p>LLFS Participant ID #: _____</p>	



Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Name of Proband (Last, First, Middle; if Female, please include Maiden Name): \_\_\_\_\_

**Section 2 – Proband's Additional Relatives – Continued:** (Do not document information for relatives beyond the third generation (i.e. grandchildren of Proband/Index Person generation))

Relative # _____		
<p><b>(a) Relative's Name</b></p> <p>Last: _____</p> <p>First: _____</p> <p>Middle: _____</p> <p>Maiden: _____</p>	<p><b>(d) Can you provide a reason why you have not yet contacted this family member about the study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she will be interested</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she has time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>	<p><b>(f) Can you provide a reason why this family member is not interested in our Study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> He/She is not interested in participating</p> <p><input type="checkbox"/><sup>1</sup> He/she does not have the time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>
<p><b>(b) Relationship</b> (refer to List in MOP)</p> <p>_____</p> <p>Related by which Sibling (Index Person)?</p> <p>_____</p>	<p><b>(e) Is this individual willing to be contacted?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (g)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>(go to (f))</b></p> <p><input type="checkbox"/><sup>D</sup> Haven't Contacted/Undecided</p>	<p><b>Notes:</b></p>   
<p><b>(d) Have you or another family member told this person about the research Study?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (e)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>Go to (d)</b></p>		
<b>(g) Contact Information</b>		
<p>Address: _____</p> <p>_____</p> <p>Phone: _____ ( <input type="checkbox"/> Home <input type="checkbox"/> Work)</p> <p>Best day/time to call: _____</p> <p>E-Mail: _____</p>	<p>Family Member Telephone Screener Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Individual</p> <p>Eligible to Participate in Study? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Scheduled: ___ ___ / ___ ___ / ___ ___</p> <p>Date Completed: ___ ___ / ___ ___ / ___ ___</p> <p>LLFS Participant ID #: ___ ___ ___ ___</p>	

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Name of Proband (Last, First, Middle; if Female, please include Maiden Name): \_\_\_\_\_

**Section 2 – Proband's Additional Relatives – Continued:** (Do not document information for relatives beyond the third generation (i.e. grandchildren of Proband/Index Person generation))

Relative # _____		
<p style="text-align: center;"><b>(a) Relative's Name</b></p> <p>Last: _____</p> <p>First: _____</p> <p>Middle: _____</p> <p>Maiden: _____</p>	<p style="text-align: center;"><b>(d) Can you provide a reason why you have not yet contacted this family member about the study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she will be interested</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she has time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>	<p style="text-align: center;"><b>(f) Can you provide a reason why this family member is not interested in our Study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> He/She is not interested in participating</p> <p><input type="checkbox"/><sup>1</sup> He/she does not have the time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>
<p><b>(b) Relationship</b> (refer to List in MOP)</p> <p>_____</p> <p>Related by which Sibling (Index Person)?</p> <p>_____</p>	<p style="text-align: center;"><b>(e) Is this individual willing to be contacted?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (g)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>(go to (f))</b></p> <p><input type="checkbox"/><sup>D</sup> Haven't Contacted/Undecided</p>	<p><b>Notes:</b></p>   
<p><b>(d) Have you or another family member told this person about the research Study?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (e)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>Go to (d)</b></p>		
<b>(g) Contact Information</b>		
<p>Address: _____</p> <p>_____</p> <p>Phone: _____ ( <input type="checkbox"/> Home <input type="checkbox"/> Work)</p> <p>Best day/time to call: _____</p> <p>E-Mail: _____</p>	<p>Family Member Telephone Screener Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Individual Eligible to Participate in Study? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Scheduled: ___ ___ / ___ ___ / ___ ___ ___</p> <p>Date Completed: ___ ___ / ___ ___ / ___ ___ ___</p> <p>LLFS Participant ID #: ___ ___ ___ ___ ___</p>	

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

Name of Proband (Last, First, Middle; if Female, please include Maiden Name): \_\_\_\_\_

**Section 2 – Proband's Additional Relatives – Continued:** (Do not document information for relatives beyond the third generation (i.e. grandchildren of Proband/Index Person generation))

Relative # _____		
<p style="text-align: center;"><b>(a) Relative's Name</b></p> <p>Last: _____</p> <p>First: _____</p> <p>Middle: _____</p> <p>Maiden: _____</p>	<p><b>(d) Can you provide a reason why you have not yet contacted this family member about the study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she will be interested</p> <p><input type="checkbox"/><sup>1</sup> I do not believe he/she has time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>	<p><b>(f) Can you provide a reason why this family member is not interested in our Study? [X all that apply]</b></p> <p><input type="checkbox"/><sup>1</sup> He/She is cognitively impaired</p> <p><input type="checkbox"/><sup>1</sup> He/she is too ill to participate</p> <p><input type="checkbox"/><sup>1</sup> I am no longer in contact with him/her</p> <p><input type="checkbox"/><sup>1</sup> He/She is not interested in participating</p> <p><input type="checkbox"/><sup>1</sup> He/she does not have the time</p> <p><input type="checkbox"/><sup>1</sup> He/she lives out of the area</p> <p><input type="checkbox"/><sup>1</sup> I have not had time to contact him/her</p>
<p><b>(b) Relationship</b> (refer to List in MOP)</p> <p>_____</p> <p>Related by which Sibling (Index Person)?</p> <p>_____</p>	<p><b>(e) Is this individual willing to be contacted?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (g)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>(go to (f))</b></p> <p><input type="checkbox"/><sup>D</sup> Haven't Contacted/Undecided</p>	<p><b>Notes:</b></p>   
<p><b>(d) Have you or another family member told this person about the research Study?</b></p> <p><input type="checkbox"/><sup>1</sup> Yes <b>Go to (e)</b></p> <p><input type="checkbox"/><sup>0</sup> No <b>Go to (d)</b></p>		
<b>(g) Contact Information</b>		
<p>Address: _____</p> <p>_____</p> <p>Phone: _____ ( <input type="checkbox"/> Home <input type="checkbox"/> Work)</p> <p>Best day/time to call: _____</p> <p>E-Mail: _____</p>	<p>Family Member Telephone Screener Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No Individual Eligible to Participate in Study? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>Date Scheduled: ___ ___ / ___ ___ / ___ ___ ___</p> <p>Date Completed: ___ ___ / ___ ___ / ___ ___ ___</p> <p>LLFS Participant ID #: ___ ___ ___ ___ ___</p>	

**Section 3 – Conclusion of Interview:**

(a) **Interviewer Script:** *Thank you so much for providing us with this information; we greatly appreciate your time and interest in our study. Our next step will be to contact your siblings and determine their interest in participating. If your family is enrolled in the Study, we will need to obtain additional information about your family structure, including your parents, spouse(s) and children, and would like to call you back. Is this agreeable to you?*

- <sup>1</sup> ..... Yes     **Go to Script (b)**
- <sup>0</sup> ..... No     **Go to Script (c)**

**Interviewer Note:** *At the discretion of the Field Center, you may proceed to the PIF Form with Proband if it is clear that this family will be enrolled and the Proband is interested in doing so.*

(b) **Interviewer Script:** *Is there a preferred day and/or time that you would like us to call back?*

- <sup>1</sup> ..... Yes     If Yes, which day \_\_\_\_\_ and/or time \_\_\_\_\_
- <sup>0</sup> ..... No

**End Interview**

(c) **Interviewer Script:** *Is there someone else in your family that we can contact to provide this information?*

- <sup>1</sup> ..... Yes     **Proceed with completion of a box on the following page**
- <sup>0</sup> ..... No

(d) **Interviewer Note:** *If any of Proband's siblings are deceased, the Study would still like to obtain Pedigree information for this Index Person's family (i.e. children and spouse(s)). Therefore, it is important to identify a Family Reporter for this Index Person's branch.*

*Is there someone we can contact to obtain information about your [brother/sister]'s \_\_\_\_\_ [Name] \_\_\_\_\_ family?*

- <sup>1</sup> ..... Yes     **Proceed with completion of a box on the following page**
- <sup>0</sup> ..... No

**Interviewer Note:** *It is important that you make all attempts to either obtain the information directly from Proband or obtain a designated Reporter. Without the PIF information, the value of the family to the Study will be compromised.*

Participant ID: \_\_\_\_\_

Participant Name Code: \_\_\_\_\_

**Reporter Information: Please complete the information below for the individual who will provide information for the PIF, if not Proband.**

Has the Proband informed this person about the LLFS study and what this will involve? <sup>1</sup> Yes <sup>0</sup> No

Is this individual willing to be contacted by our research group about participation? <sup>1</sup> Yes <sup>0</sup> No

Relationship to Proband: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ ( Home  Work) Best day/time to call: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ LLFS Proband (Family) ID #: \_\_\_\_\_

**Reporter Information: Please complete the information below for the individual who will provide information for the PIF, if not Proband.**

Has the Proband informed this person about the LLFS study and what this will involve? <sup>1</sup> Yes <sup>0</sup> No

Is this individual willing to be contacted by our research group about participation? <sup>1</sup> Yes <sup>0</sup> No

Relationship to Proband: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ ( Home  Work) Best day/time to call: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ LLFS Proband (Family) ID #: \_\_\_\_\_

**Interviewer: If you need additional space to record Reporter information, please Xerox this page and attach.**