LONG LIFE FAMILY STUDY

(Affix Label Here)

Index Person ID: _____

Index Person Name Code: _____

Date Form Initiated (e.g., 10JUN2005):

☐☐☐☐☐☐☐☐☐
d d m m m y y y y

Date Form Completed (e.g., 10JUN2005):

☐☐☐☐☐☐☐☐☐
d d m m m y y y y

Interviewer Code: ☐☐☐

Please Circle Field Center Location:
BU CU DK UP

LLFS Pedigree Information Form (TS3-PIF)

***Interviewer Notes*: This form is to be completed during a Telephone Interview, to be conducted with an Index Person [hereafter defined as Proband or each of his/her Siblings] or the Index Person's Designated Reporter. The Reporter, identified during the TS2 (pg. 9) or the TS1a, is to be contacted *only* if the Index Person does not feel able or comfortable providing the information.**

The primary purpose of this form is to collect the necessary information to construct and draw a Family Pedigree by identifying a specific set of relatives (parents, spouse(s) and children) for each Index Person in this family. These individual Pedigrees will be subsequently verified with the corresponding Reporter who provided the information, during Phase III of the Study, and combined into one complete Family Pedigree.

Upon completion of Phase I (TS1, TS1a, and TS2), Proband's complete Sibship will have been identified and, if needed, a Reporter for each Index Person identified. Therefore, prior to conducting this Interview, please review the information from the previous calls, generating a PIF for each Index Person, including Proband. Where prior information is available, please verify this information with the Reporter to avoid redundancy.

If additional pages are needed for large families, append additional section pages, as needed, to this Form.

Prior to conducting the interview, please identify the following:

Index Person (Proband or his/her Sibling): _____

Name of Reporter (if not Index Person): _____

If this interview is being done via a Designated Reporter who is not an enrolled participant in LLFS (eg. a Grandchild of Index Person), you may refer to Appendix A on page 7 of this form for to obtain verbal consent.

Index Person ID: _____ **Index Person Name Code:** _____

Name of Index Person *(Last, First, Middle; if Female, please include Maiden Name):* _____

Section 1 – Index Person's Biological Parents:

	Parent #1	**Parent #2**		
(a) Name	Last: _____ First: _____ Middle: _____ Maiden: _____	Last: _____ First: _____ Middle: _____ Maiden: _____		
(b) Relationship	☐[1] Father ☐[2] Mother	☐[1] Father ☐[2] Mother		
(c) Date of Birth	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __		
(d) Indicate Vital Status	☐[0] Deceased **Go to (e)** ☐[1] Alive **Go to Section 2**	☐[0] Deceased **Go to (e)** ☐[1] Alive **Go to Section 2**		
(e) Date of Death	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __		
(f) Did ____ ever suffer from any of the following conditions? *[X all that apply]*	☐[1] Heart Disease ☐[2] Stroke ☐[3] Diabetes ☐[4] Hypertension ☐[5] Cancer ☐[6] Alzheimers/Dementia ☐[7] Other_____	☐[1] Heart Disease ☐[2] Stroke ☐[3] Diabetes ☐[4] Hypertension ☐[5] Cancer ☐[6] Alzheimers/Dementia ☐[7] Other_____		
Notes:				

Index Person ID: ____________________________ Index Person Name Code: ______________

Name of Index Person *(Last, First, Middle; if Female, please include Maiden Name)*: ____

Section 2 – Index Person's Spouse(s):

	Spouse/Partner #1	Spouse/Partner #2	Spouse/Partner #3	Spouse/Partner #4
(a) Spouse's Name	Last: ____________ First: ____________ Middle: ____________ Maiden: ____________	Last: ____________ First: ____________ Middle: ____________ Maiden: ____________	Last: ____________ First: ____________ Middle: ____________ Maiden: ____________	Last: ____________ First: ____________ Middle: ____________ Maiden: ____________
(b) Relationship	☐1 Husband (Male Partner) ☐2 Wife (Female Partner)	☐1 Husband (Male Partner) ☐2 Wife (Female Partner)	☐1 Husband (Male Partner) ☐2 Wife (Female Partner)	☐1 Husband (Male Partner) ☐2 Wife (Female Partner)
(c) Date of Birth	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __
(d) Indicate Vital Status	☐0 Deceased **Go to (e)** ☐1 Alive **Go to (g)**	☐0 Deceased **Go to (e)** ☐1 Alive **Go to (g)**	☐0 Deceased **Go to (e)** ☐1 Alive **Go to (g)**	☐0 Deceased **Go to (e)** ☐1 Alive **Go to (g)**
(e) Date of Death	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __
(f) Did ____ ever suffer from any of the following conditions? *[X all that apply]*	☐1 Heart Disease ☐2 Stroke ☐3 Diabetes ☐4 Hypertension ☐5 Cancer ☐6 Alzheimers/Dementia ☐7 Other____________	☐1 Heart Disease ☐2 Stroke ☐3 Diabetes ☐4 Hypertension ☐5 Cancer ☐6 Alzheimers/Dementia ☐7 Other____________	☐1 Heart Disease ☐2 Stroke ☐3 Diabetes ☐4 Hypertension ☐5 Cancer ☐6 Alzheimers/Dementia ☐7 Other____________	☐1 Heart Disease ☐2 Stroke ☐3 Diabetes ☐4 Hypertension ☐5 Cancer ☐6 Alzheimers/Dementia ☐7 Other____________
(g) Did you and ____ ever have any children?	☐1 Yes **Go to Section 3** ☐0 No	☐1 Yes **Go to Section 3** ☐0 No	☐1 Yes **Go to Section 3** ☐0 No	☐1 Yes **Go to Section 3** ☐0 No

Notes:

Index Person ID: ______________________________ Index Person Name Code: ______________

Name of Index Person *(Last, First, Middle; if Female, please include Maiden Name):* ______________________________

Section 3 – Index Person's Biological Children (Start from eldest to youngest; complete for each Spouse noted in Section 2 above):

Children of Spouse/Partner #____ ; Name *(Last, First, Middle; if Female, please include Maiden Name):* ______________________________

	Child #___	**Child #___**	**Child #___**	**Child #___**
(a) Child's Name	Last: ____________ First: ____________ Middle: ____________ Maiden: ____________	Last: ____________ First: ____________ Middle: ____________ Maiden: ____________	Last: ____________ First: ____________ Middle: ____________ Maiden: ____________	Last: ____________ First: ____________ Middle: ____________ Maiden: ____________
(b) Relationship	☐1 Son ☐2 Daughter	☐1 Son ☐2 Daughter	☐1 Son ☐2 Daughter	☐1 Son ☐2 Daughter
(c) Date of Birth	__ __/__ __ __/__ __ __ __	__ __/__ __ __/__ __ __ __	__ __/__ __ __/__ __ __ __	__ __/__ __ __/__ __ __ __
(d) Indicate Vital Status	☐0 Deceased **Go to (e)** ☐1 Alive **Go to (g)**	☐0 Deceased **Go to (e)** ☐1 Alive **Go to (g)**	☐0 Deceased **Go to (e)** ☐1 Alive **Go to (g)**	☐0 Deceased **Go to (e)** ☐1 Alive **Go to (g)**
(e) Date of Death	__ __/__ __ __/__ __ __ __	__ __/__ __ __/__ __ __ __	__ __/__ __ __/__ __ __ __	__ __/__ __ __/__ __ __ __
(f) Did ____ ever suffer from any of the following conditions? *[X all that apply]*	☐1 Heart Disease ☐2 Stroke ☐3 Diabetes ☐4 Hypertension ☐5 Cancer ☐6 Alzheimers/Dementia ☐7 Other____________	☐1 Heart Disease ☐2 Stroke ☐3 Diabetes ☐4 Hypertension ☐5 Cancer ☐6 Alzheimers/Dementia ☐7 Other____________	☐1 Heart Disease ☐2 Stroke ☐3 Diabetes ☐4 Hypertension ☐5 Cancer ☐6 Alzheimers/Dementia ☐7 Other____________	☐1 Heart Disease ☐2 Stroke ☐3 Diabetes ☐4 Hypertension ☐5 Cancer ☐6 Alzheimers/Dementia ☐7 Other____________
(g) # of Biological Children?	_____ Biological Children	_____ Biological Children	_____ Biological Children	_____ Biological Children
(h) Did you have another spouse?	☐1 Yes **Return to Section 2** ☐0 No **Go to (i)**	**(i) Are there any other Partners with whom you have biological children?**	☐1 Yes **Return to Section 2** ☐0 No **End**	

Index Person's Children – Continued from Page 5

Section 3 – Index Person's Biological Children (Start from eldest to youngest; complete for each Spouse noted in Section 2 above):

Children of Spouse/Partner #____ ; Name *(Last, First, Middle; if Female, please include Maiden Name):* ______________________

	Child #___	Child #___	Child #___	Child #___
(a) Child's Name	Last: ________ First: ________ Middle: ________ Maiden: ________	Last: ________ First: ________ Middle: ________ Maiden: ________	Last: ________ First: ________ Middle: ________ Maiden: ________	Last: ________ First: ________ Middle: ________ Maiden: ________
(b) Relationship	☐[1] Son ☐[2] Daughter	☐[1] Son ☐[2] Daughter	☐[1] Son ☐[2] Daughter	☐[1] Son ☐[2] Daughter
(c) Date of Birth	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __
(d) Indicate Vital Status	☐[0] Deceased **Go to (e)** ☐[1] Alive **Go to (g)**	☐[0] Deceased **Go to (e)** ☐[1] Alive **Go to (g)**	☐[0] Deceased **Go to (e)** ☐[1] Alive **Go to (g)**	☐[0] Deceased **Go to (e)** ☐[1] Alive **Go to (g)**
(e) Date of Death	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __
(f) Did ____ ever suffer from any of the following conditions? *[X all that apply]*	☐[1] Heart Disease ☐[2] Stroke ☐[3] Diabetes ☐[4] Hypertension ☐[5] Cancer ☐[6] Alzheimers/Dementia ☐[7] Other________	☐[1] Heart Disease ☐[2] Stroke ☐[3] Diabetes ☐[4] Hypertension ☐[5] Cancer ☐[6] Alzheimers/Dementia ☐[7] Other________	☐[1] Heart Disease ☐[2] Stroke ☐[3] Diabetes ☐[4] Hypertension ☐[5] Cancer ☐[6] Alzheimers/Dementia ☐[7] Other________	☐[1] Heart Disease ☐[2] Stroke ☐[3] Diabetes ☐[4] Hypertension ☐[5] Cancer ☐[6] Alzheimers/Dementia ☐[7] Other________
(g) # of Biological Children?	_____ Biological Children	_____ Biological Children	_____ Biological Children	_____ Biological Children

(h) Did you have another spouse?	☐[1] Yes **Return to Section 2** ☐[0] No **Go to (i)**	**(i) Are there any other Partners with whom you have biological children?**	☐[1] Yes **Return to Section 2** ☐[0] No **End**

Index Person's Children – Continued from Page 6

Section 3 – Index Person's Biological Children (Start from eldest to youngest; complete for each Spouse noted in Section 2 above):

Children of Spouse/Partner #____ ; Name *(Last, First, Middle; if Female, please include Maiden Name):* ______________________

	Child #___	Child #___	Child #___	Child #___
(a) Child's Name	Last: ________ First: ________ Middle: ________ Maiden: ________	Last: ________ First: ________ Middle: ________ Maiden: ________	Last: ________ First: ________ Middle: ________ Maiden: ________	Last: ________ First: ________ Middle: ________ Maiden: ________
(b) Relationship	☐1 Son ☐2 Daughter	☐1 Son ☐2 Daughter	☐1 Son ☐2 Daughter	☐1 Son ☐2 Daughter
(c) Date of Birth	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __
(d) Indicate Vital Status	☐0 Deceased **Go to (e)** ☐1 Alive **Go to (g)**	☐0 Deceased **Go to (e)** ☐1 Alive **Go to (g)**	☐0 Deceased **Go to (e)** ☐1 Alive **Go to (g)**	☐0 Deceased **Go to (e)** ☐1 Alive **Go to (g)**
(e) Date of Death	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __	__ __ / __ __ __ / __ __ __ __
(f) Did ____ ever suffer from any of the following conditions? *[X all that apply]*	☐1 Heart Disease ☐2 Stroke ☐3 Diabetes ☐4 Hypertension ☐5 Cancer ☐6 Alzheimers/Dementia ☐7 Other________	☐1 Heart Disease ☐2 Stroke ☐3 Diabetes ☐4 Hypertension ☐5 Cancer ☐6 Alzheimers/Dementia ☐7 Other________	☐1 Heart Disease ☐2 Stroke ☐3 Diabetes ☐4 Hypertension ☐5 Cancer ☐6 Alzheimers/Dementia ☐7 Other________	☐1 Heart Disease ☐2 Stroke ☐3 Diabetes ☐4 Hypertension ☐5 Cancer ☐6 Alzheimers/Dementia ☐7 Other________
(g) # of Biological Children?	______ Biological Children	______ Biological Children	______ Biological Children	______ Biological Children

(h) Did you have another spouse?	☐1 Yes **Return to Section 2** ☐0 No **Go to (i)**	**(i) Are there any other Partners with whom you have biological children?**	☐1 Yes **Return to Section 2** ☐0 No **End**

APPENDIX A
Pedigree Information Form

Following is a Script with which to obtain verbal consent to ask the following information for individuals who are participating in the role of a Designated Reporter and who will not be/are not enrolled as study participants:

Hello, my name is _____ and I am calling from [insert name of institution] about the LONG LIFE Family Study. We are attempting to learn why some families have more relatives living to a very old age than some other families. Your [insert relative's relation and name] told us they spoke with you, and that you are willing to provide us with additional information about your family structure, including your parents, spouse(s) and children.

We are requesting this information as part of this study because it may possibly help us to identify the common traits present in some families that have helped these individuals live to a very old age.

I'd first like to provide you with some information about the background and purpose of this study. Your [insert reference to relative] was chosen at random from a list of older Medicare users. The Centers for Medicare and Medicaid Services is cooperating with the National Institutes of Health (NIH) on this study. Two other American Universities [insert collaborating university names], along with the University of Southern Denmark, are working together with us to possibly learn more about the secrets to a long life.

By sharing some information about your relatives with us, we will be able to construct a family tree of your family. This information may help efforts to improve the health of future generations, including many of your own younger family members.

With your permission, I would like to begin this interview by asking you to provide some brief information about [insert reference to relative] parents, spouse(s), and children. You do not have to answer any questions that you do not feel comfortable answering. All of the information you provide, including your name and other identifying information, will be kept strictly confidential and maintained in secure closets in our research department. Your participation is completely voluntary; you do not have to answer these questions.

Do I have your permission to ask you some questions about the family members I mentioned above?

☐[1]	.....Yes	**Begin Interview**
☐[0]	.....No	***Thank you for speaking with me***.

[If No:] Try to obtain the name of an alternative reporter; if unsuccessful, try to go back to the proband to obtain this information.