



(Affix Label Here)

Participant ID: _____

Participant Name Code: _____

Date Form Filled Out:

□ □ □ □ □ □ □ □ □ □

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(e.g., 10JUN2005)

Interviewer Code: □ □ □

Circle Field Center Location:

BU CU DK UP

Circle Visit: ¹Visit 1 ³Visit 2 ⁴Visit 2 (New Participant)

Form Version Date: 13/03/2015

LLFS Proband Grandchildren Enumeration (Visit 2)

Interviewer Note: This form is to be asked of the Offspring generation.

Section A. Please Mark the Appropriate Box Below:

- ¹This Form was Administered via a DFR/Proxy (**Go to Section B**)
- ²This Form was Administered In-Person by Study Personnel
- ³This Form was Administered via Telephone by Study Personnel
- ⁴This Form was Mailed and Self-Administered by Participant
- ⁵This Form was Administered by Other: _____

Section B. Proxy Tracking. Denmark skip to B2.

B1. US sites:

Which contact person on the PCI form completed this form as the proxy? (Enter the corresponding number such as 6a, 6e, 6i, 8a, 8e, etc from the PCI form)

_____ **Go to B3**

B2. Denmark: What is proxy's relationship to the Study Participant?

- ¹Spouse
- ²Child (Daughter/Son)
- ³Sibling (Brother/Sister)
- ⁴Niece/Nephew
- ⁵Other (Please Specify): _____
- ⁶Caregiver

B3. Please provide the reason that you are completing this form on behalf of or instead of the Study Participant (Please X All that Apply)

- | | |
|--------------------------------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> ¹Physical Illness/Serious incapacitating illness | <input type="checkbox"/> ¹Dementia/Cognitive impairment |
| <input type="checkbox"/> ¹Hearing impairment | <input type="checkbox"/> ¹Too Busy/Unavailable |
| <input type="checkbox"/> ¹Nursing home or long-term care | <input type="checkbox"/> ¹Unable to be reached or located |
| <input type="checkbox"/> ¹Visual impairment | <input type="checkbox"/> ¹Fatigue/Too overwhelmed |
| <input type="checkbox"/> ¹Self-doubt/Fearfulness about own limitations | <input type="checkbox"/> ¹Uninterested/Unmotivated |
| <input type="checkbox"/> ¹Other: _____ | |

Offspring ID: _____

Offspring Name Code: _____

Name of Offspring Participant: (Last, First, Middle; if Female, please include Maiden name): _____

1. Do you have any biological children with your **most recent** spouse/partner? ¹ Yes, **Go to 2** ⁰ No, **Go to 3h**

2. How many biologic children do you have? _____ (complete Q3a-Q3g for all children)

3. Offspring's Children

Children of Spouse/Partner #____; Name (Last, First, Middle; if Female, please include Maiden Name): _____				
	Child # ____	Child # ____	Child # ____	Child # ____
(a) Child Relationship	<input type="checkbox"/> ¹ Son <input type="checkbox"/> ² Daughter	<input type="checkbox"/> ¹ Son <input type="checkbox"/> ² Daughter	<input type="checkbox"/> ¹ Son <input type="checkbox"/> ² Daughter	<input type="checkbox"/> ¹ Son <input type="checkbox"/> ² Daughter
(b) Name	First: _____ Middle: _____ Last: _____ Maiden: _____	First: _____ Middle: _____ Last: _____ Maiden: _____	First: _____ Middle: _____ Last: _____ Maiden: _____	First: _____ Middle: _____ Last: _____ Maiden: _____
(c) Date of Birth (dd/mm/yyyy)	___/___/_____	___/___/_____	___/___/_____	___/___/_____
(d) Vital Status	<input type="checkbox"/> ⁰ Deceased, Go to (f) <input type="checkbox"/> ¹ Alive, Go to (e)	<input type="checkbox"/> ⁰ Deceased, Go to (f) <input type="checkbox"/> ¹ Alive, Go to (e)	<input type="checkbox"/> ⁰ Deceased, Go to (f) <input type="checkbox"/> ¹ Alive, Go to (e)	<input type="checkbox"/> ⁰ Deceased, Go to (f) <input type="checkbox"/> ¹ Alive, Go to (e)
(e) Current Geographic Location	Country: _____ State: _____ City: _____ Zip Code: _____ Go to (g)	Country: _____ State: _____ City: _____ Zip Code: _____ Go to (g)	Country: _____ State: _____ City: _____ Zip Code: _____ Go to (g)	Country: _____ State: _____ City: _____ Zip Code: _____ Go to (g)
(f) Date of Death (dd/mm/yyyy)	___/___/_____	___/___/_____	___/___/_____	___/___/_____
(g) If more than one biologic child with this spouse/partner, go to (a) for next child If no more biologic children with this spouse/partner go to (h)				
(h) Did you have any biologic children with another spouse/partner?	<input type="checkbox"/> ¹ Yes, Go to 2 and begin new sheet <input type="checkbox"/> ⁰ No, END interview			

Offspring ID: _____

Offspring Name Code: _____

Name of Offspring Participant: (Last, First, Middle; if Female, please include Maiden name): _____

4. Do you have any biological children with a **FORMER** spouse/partner? ¹ Yes, **Go to 2** ⁰ No, **Go to 3h**

5. How many biologic children do you have? _____ (complete Q3a-Q3g for all children)

6. Offspring's Children

Children of Spouse/Partner #____; Name (Last, First, Middle; if Female, please include Maiden Name): _____				
	Child # ____	Child # ____	Child # ____	Child # ____
(i) Child Relationship	<input type="checkbox"/> ¹ Son <input type="checkbox"/> ² Daughter	<input type="checkbox"/> ¹ Son <input type="checkbox"/> ² Daughter	<input type="checkbox"/> ¹ Son <input type="checkbox"/> ² Daughter	<input type="checkbox"/> ¹ Son <input type="checkbox"/> ² Daughter
(j) Name	First: _____ Middle: _____ Last: _____ Maiden: _____	First: _____ Middle: _____ Last: _____ Maiden: _____	First: _____ Middle: _____ Last: _____ Maiden: _____	First: _____ Middle: _____ Last: _____ Maiden: _____
(k) Date of Birth (dd/mm/yyyy)	___/___/_____	___/___/_____	___/___/_____	___/___/_____
(l) Vital Status	<input type="checkbox"/> ⁰ Deceased, Go to (f) <input type="checkbox"/> ¹ Alive, Go to (e)	<input type="checkbox"/> ⁰ Deceased, Go to (f) <input type="checkbox"/> ¹ Alive, Go to (e)	<input type="checkbox"/> ⁰ Deceased, Go to (f) <input type="checkbox"/> ¹ Alive, Go to (e)	<input type="checkbox"/> ⁰ Deceased, Go to (f) <input type="checkbox"/> ¹ Alive, Go to (e)
(m) Current Geographic Location	Country: _____ State: _____ City: _____ Zip Code: _____ Go to (g)	Country: _____ State: _____ City: _____ Zip Code: _____ Go to (g)	Country: _____ State: _____ City: _____ Zip Code: _____ Go to (g)	Country: _____ State: _____ City: _____ Zip Code: _____ Go to (g)
(n) Date of Death (dd/mm/yyyy)	___/___/_____	___/___/_____	___/___/_____	___/___/_____
(o) If more than one biologic child with this spouse/partner, go to (a) for next child If no more biologic children with this spouse/partner go to (h)				
(p) Did you have any biologic children with another spouse/partner?	<input type="checkbox"/> ¹ Yes, Go to 2 and begin new sheet <input type="checkbox"/> ⁰ No, END interview			