Date family history taken (MM/DD/YYYY):

## Has a doctor or other medical professional ever told an immediate family member (i.e., parent, sibling, child) that he/she has or has had the following?

|  |  |
| --- | --- |
| 1. \*\*Stroke | Yes  No (Skip to 2)  Unknown (Skip to 2)  Youngest age immediate family member suffered a stroke (years):  Unknown |
| a. Ischemic stroke | Yes  No  Unknown |
| b. Hemorrhagic stroke | Yes  No  Unknown |
| c. Subarachnoid hemorrhage (SAH) | Yes  No  Unknown  \*\*\*If YES, please indicate relationship to patient (i.e., parents, siblings, children): |
| 2. \*\*Coronary artery disease (e.g., heart attack) | Yes  No  Unknown  If YES, youngest age immediate family member was diagnosed with condition/ suffered a heart attack (years):  Unknown |
| 3. Brain aneurysm | Yes  No  Unknown  \*\*\*If YES, please indicate relationship to patient (i.e., parents, siblings, children): |
| 4. Migraines | Yes  No  Unknown |
| 5. Epilepsy | Yes  No  Unknown |
| 6. Dementia | Yes  No  Unknown |
| 7. Psychiatric illness | Yes  No  Unknown |
| 8. Multiple miscarriages | Yes  No  Unknown |
| 9. Bleeding disorder (e.g., hemophilia) | Yes  No  Unknown |
| 10. Clotting disorder (e.g., thrombophilia) | Yes  No  Unknown |
| 11. Sudden deaths of unknown etiology | Yes  No  Unknown |
| 12. Intracranial vascular malformations | Yes  No  Unknown |
| 13. \*\*\*Abdominal aortic aneurysm | Yes  No  Unknown |
| 14. \*\*\*Hereditary Hemorrhagic Telangiectasia (HHT) | Yes  No  Unknown |
| 15. \*\*\*Polycystic kidney disease | Yes  No  Unknown |
| 16. \*\*\*Multiple endocrine neoplasia type I | Yes  No  Unknown |
| 17. \*\*\*Ehlers-Danlos Syndrome Type IV | Yes  No  Unknown |
| 18. \*\*\*Marfan Syndrome | Yes  No  Unknown |
| 19. \*\*\*Neurofibromatosis type I (NF1) | Yes  No  Unknown |
| 20. \*\*\*Arterial dissection | Yes  No  Unknown |
| 21. \*\*\*Mitochondrial disorders | Yes  No  Unknown |
| 22. \*\*\*Other, specify: | Yes  No  Unknown |

## General Instructions

Family history data are collected to determine if stroke or other related diseases/disorders run in the participant’s/ subject’s immediate family.

Important note: None of the data elements included on this CRF Module are considered Core (i.e., strongly recommended for all stroke clinical studies to collect). Data elements included on this CRF Module are considered Supplemental – Highly Recommended, or Exploratory as indicated by the asterisks below.

\*\*Element is classified as Supplemental – Highly Recommended

\*\*\*Element is classified as Exploratory

The remaining data elements (i.e., non Core) are Supplemental and should only be collected if the research team considers them appropriate for their study.

## Specific Instructions

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.

Most of the data elements on the CRF have the following instructions:

History can be obtained from participant/ subject, family member, friend, or chart/ medical record.

There are no other specific instructions for the data elements not already included on the CRF.