

FAMILY MEDICAL HISTORY

Note: The following questions require knowledge about your family's medical history. You may wish to have your mother or father assist you in obtaining the necessary information.

Has any member of your family, including yourself, had a problem or defect at birth in any of the following body systems?

- | | | |
|----------------------------------------------|----------------------------------------|-----------------------------------------|
| 1. Circulatory system | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 2. Gastrointestinal system | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 3. Genital/urinary system | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 4. Metabolic (hormones, enzymes, etc.) | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 5. Nervous system (brain, spinal cord, etc.) | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 6. Respiratory system | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 7. Skeletal system (bones, joints, muscles) | <input type="checkbox"/> No | <input checked="" type="checkbox"/> Yes |
| 8. Organ (heart, lung, kidney, etc.) | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |
| 9. Other: _____ | <input checked="" type="checkbox"/> No | <input type="checkbox"/> Yes |

If yes to any of the above, please list below the specific defect in each case.

Type of birth defect	Affected family member	Age at diagnosis	Relevant circumstances
* feet turned in	myself	infant	(see below)

Do you have any brothers or sisters who died in infancy or childhood? No Yes
 If yes, what was the cause? _____

Are there any diseases or abnormalities that appear to run in your family? No Yes
 If yes, indicate the disease(s) and the family member(s) affected. _____

Has anyone in your family, including yourself, experienced recurring and/or chronic symptoms that have not been evaluated by a physician? (Please include those symptoms that you may not consider serious.) No Yes

If yes, please describe: _____

* Donor born in breech position; feet were turned in. Feet were in casts and braces during first 2 years of life. Feet are normal in appearance; donor has no problems walking or performing physical activities. No other family members affected.

FAMILY MEDICAL HISTORY
(Continued)

Relatives	Mother	Father	Siblings		Grandparents				Aunts		Uncles		Maternal cousins		Paternal cousins	
			F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M
			Please indicate the number of each in the blank boxes:	1	1	0	0	1	1	1	1	1	1	1	0	6

Please use a checkmark to indicate which of the following medical problems you or one of your family members have/had:

Medical Problem	You	Mother	Father	Siblings		Grandparents				Aunts		Uncles		Maternal Cousins		Paternal Cousins		No One		
				F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M			
				1. Cardiovascular																
A. congenital heart defect																				✓
B. atherosclerosis																				✓
C. arteriosclerosis																				✓
D. heart attack																				✓
E. high blood pressure		✓	✓																	✓
F. stroke																				✓
G. other																				✓
2. Blood																				✓
A. anemia																				✓
B. sickle cell anemia																				✓
C. hemophilia or other bleeding problem																				✓
D. leukemia																				✓
E. immune deficiency																				✓
F. other																				✓
3. Respiratory (lungs)																				✓
A. hay fever																				✓
B. asthma																				✓
C. emphysema																				✓
D. tuberculosis																				✓
E. lung cancer																				✓
F. pneumonia																				✓
G. other																				✓
4. Skin																				✓
A. acne																				✓
B. eczema																				✓
C. melanoma																				✓
D. skin cancer																				✓
E. pigmentation disorders																				✓
F. other																				✓

Comments: **IE. Onset of high blood pressure in late forties or early fifties; mother takes medication.**

Please place a checkmark in the box in the far right column labeled "No One", if neither you nor any family members are affected by the medical problem listed.

FAMILY MEDICAL HISTORY

(Continued)

Medical Problem	You	Moth- er	Fath- er	Siblings		Grandparents				Aunts		Uncles		Maternal Cousins		Paternal Cousins		No One
				F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M	
5. Gastro-intestinal																		
A. ulcer of stomach or duodenum																		
B. gall stones																		
C. hepatitis A (infectious)																		
D. hepatitis B (serum)																		
E. other liver disease																		
F. colon cancer																		
G. ulcerative colitis																		
H. Crohn's disease																		
I. cystic fibrosis																		
J. intestinal cancer																		
K. other																		
6. Urinary																		
A. kidney disease																		
B. disease of urinary tract (urethra, bladder, ureter)																		
C. other																		
7. Genital/Reproductive System																		
A. undescended testicle																		
B. hypospadias																		
C. prostate cancer																		
D. uterine fibroids																		
E. ovarian cysts																		
F. cancer of cervix or uterus																		
G. breast cancer																		
H. ovarian cancer																		
I. other																		

Comments:

Please place a checkmark in the box in the far right column labeled "No One", if neither you nor any family members are affected by the medical problem listed.

FAMILY MEDICAL HISTORY
(Continued)

Medical Problem	You	Mother	Father	Siblings		Grandparents				Aunts		Uncles		Maternal Cousins		Paternal Cousins		No One		
				F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M			
8. Metabolic/Endocrine																				
A. diabetes mellitus											✓				✓				✓	
B. hypoglycemia																			✓	
C. thyroid cancer																			✓	
D. thyroid disease																			✓	
E. goiter																			✓	
F. adrenal dysfunction or disorder																			✓	
G. other																			✓	
9. Neurological																				
A. migraines		✓																		✓
B. mental retardation																				✓
C. senility before age 50																				✓
D. Alzheimer's disease																				✓
E. multiple sclerosis																				✓
F. cerebral palsy																				✓
G. epilepsy or seizure disorder																				✓
H. hydrocephalus																				✓
I. disorders of spinal cord																				✓
J. Huntington's disease																				✓
K. Gaucher's disease																				✓
L. Wilson's disease																				✓
M. delay in growth and/or development																				✓
N. learning disorder, learning problem																				✓
O. other																				✓
10. Mental Health																				
A. schizophrenia																				✓
B. manic depressive illness																				✓
C. other mental health disorders requiring hospitalization																				✓
D. severe depression with periods of inability to function																				✓
E. other																				✓

Comments: 8A. maternal aunt had late onset diabetes; her daughter has juvenile-onset diabetes.

Please place a checkmark in the box in the far right column labeled "No One", if neither you nor any family members are affected by the medical problem listed.

9A. Onset in her early 40s; due primarily to stress.

FAMILY MEDICAL HISTORY
(Continued)

Medical Problem	You	Mother	Father	Siblings		Grandparents				Aunts		Uncles		Maternal Cousins		Paternal Cousins		No One	
				F	M	MGM	MGF	PGM	PGF	Mat	Pat	Mat	Pat	F	M	F	M		
11. Muscles/Bones/Joints																			
A. muscular dystrophy																			✓
B. other chronic muscle disease																			✓
C. lupus																			✓
D. deformity of spine																			✓
E. osteoporosis																			✓
F. dwarfism																			✓
G. hereditary low back disease																			✓
H. arthritis (rheumatoid, osteo-, unknown type)																			✓
I. gout			✓																✓
J. other																			✓
12. Sight/Sound/Smell																			
A. deafness before age 60																			✓
B. significant hearing loss																			✓
C. deformity of the ear																			✓
D. cataracts before age 50																			✓
E. blindness																			✓
F. color blindness			✓																✓
G. glaucoma																			✓
H. deviated septum																			✓
I. any other sight / sound / smell disorder																			✓
13. Other																			
A. alcoholism																			✓
B. drug abuse, misuse, or addiction																			✓
C. any other cancer not mentioned above																			✓
D. any other condition not mentioned above																			✓

Comments:

11I. Father experiences gout-like symptoms when he eats shellfish.

12F. red-green color blindness

Please place a checkmark in the box in the far right column labeled "No One", if neither you nor any family members are affected by the medical problem listed.