

4. SIBLINGS (GENETIC)

EXTRA FORMS

Please fill in one table for each sibling

| SIBLING 4 | | | | | | | Age | | | |
|--|-------------|--------------------------|----|--------------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is sibling alive? (if No, please put age of death) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have a stroke? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have an MI/CABG/PTA | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have treated hypertension | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have treated diabetes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is sibling a twin? (if Y, please state type) | Monozygotic | | | <input type="checkbox"/> | Dyzygotic | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| SIBLING 5 | | | | | | | Age | | | |
|--|-------------|--------------------------|----|--------------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is sibling alive? (if No, please put age of death) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have a stroke? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have an MI/CABG/PTA | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have treated hypertension | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have treated diabetes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is sibling a twin? (if Y, please state type) | Monozygotic | | | <input type="checkbox"/> | Dyzygotic | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| SIBLING 6 | | | | | | | Age | | | |
|--|-------------|--------------------------|----|--------------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is sibling alive? (if No, please put age of death) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have a stroke? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have an MI/CABG/PTA | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have treated hypertension | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have treated diabetes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is sibling a twin? (if Y, please state type) | Monozygotic | | | <input type="checkbox"/> | Dyzygotic | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| SIBLING 7 | | | | | | | Age | | | |
|--|-------------|--------------------------|----|--------------------------|-----------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Is sibling alive? (if No, please put age of death) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have a stroke? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have an MI/CABG/PTA | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have treated hypertension | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have treated diabetes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is sibling a twin? (if Y, please state type) | Monozygotic | | | <input type="checkbox"/> | Dyzygotic | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| SIBLING 8 | | | | | | Age | | |
|--|-------------|--------------------------|--------------------------|--------------------------|---------|--------------------------|--------------------------|--------------------------|
| Is sibling alive? (if No, please put age of death) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have a stroke? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have an MI/CABG/PTA | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have treated hypertension | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have treated diabetes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is sibling a twin? (if Y, please state type) | Monozygotic | | <input type="checkbox"/> | Dyzygotic | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| SIBLING 9 | | | | | | Age | | |
|--|-------------|--------------------------|--------------------------|--------------------------|---------|--------------------------|--------------------------|--------------------------|
| Is sibling alive? (if No, please put age of death) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have a stroke? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have an MI/CABG/PTA | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have treated hypertension | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have treated diabetes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is sibling a twin? (if Y, please state type) | Monozygotic | | <input type="checkbox"/> | Dyzygotic | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| SIBLING 10 | | | | | | Age | | |
|--|-------------|--------------------------|--------------------------|--------------------------|---------|--------------------------|--------------------------|--------------------------|
| Is sibling alive? (if No, please put age of death) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have a stroke? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have an MI/CABG/PTA | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have treated hypertension | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have treated diabetes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is sibling a twin? (if Y, please state type) | Monozygotic | | <input type="checkbox"/> | Dyzygotic | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| SIBLING 11 | | | | | | Age | | |
|--|-------------|--------------------------|--------------------------|--------------------------|---------|--------------------------|--------------------------|--------------------------|
| Is sibling alive? (if No, please put age of death) | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have a stroke? | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have an MI/CABG/PTA | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have treated hypertension | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Did sibling have treated diabetes | Yes | <input type="checkbox"/> | No | <input type="checkbox"/> | Unknown | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is sibling a twin? (if Y, please state type) | Monozygotic | | <input type="checkbox"/> | Dyzygotic | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |