1. PERSONAL INFORMATION

Let's start the family history with you. You will then be asked about any additional family members.

First, are you a twin?

IF YES

Are you identical twins?

IF YES, CONTINUE.

IF NO, ASSUME FRATERNAL AND CONTINUE

IF NO, CONTINUE

Are you adopted?

IF YES, Please remember for the purposes of this survey, please tell us only about blood relatives. CONTINUE

IF NO, CONTINUE

2. FAMILY TREE

Now I will ask you questions about your family tree and the members in it. When responding please keep in mind that we are asking for information about your blood relatives, both living and deceased. Because we are going to ask about their health history, please only count relatives that you know something about their health.

I'd like to know many brothers you have. Do not include half-brothers. We will ask about them later.

How many brothers do you have?

I'd like to know how many sisters you have. Do not include half-sisters. We will ask about them later.

How many sisters do you have?

How many half-brothers with the same mother do you have?

How many half-brothers with the same father do you have?

How many half-sisters with the same mother do you have?

How many half-sisters with the same father do you have?

How many sons do you have?

How many daughters do you have?

In addition to these members, we will also ask you about your mother, father and both sets of grandparents.

3. DISEASES AND CONDITIONS

Now I will ask you about any diseases or conditions that your family members have. These questions will be repeated for each family member you have identified. We are going to ask you separately about diseases like heart disease, stroke, diabetes, hypertension, high cholesterol, cancer, emphysema, dementia, osteoporosis, and mental illness. Unfortunately we cannot ask about all

conditions, so please discuss any conditions that we do not ask about with your primary care doctor. Please say yes or no to every question so that I can understand you.

INSTRUCTION FOR IVR: Please proceed with the table and call flow based on the number of members in the patient's family tree (i.e. if they have mother, father, and 2 sets of grandparents, then the table questions should be asked 7 times—including the patient's own responses). Collect siblings first (eldest to youngest for brothers, then sisters), parents, aunts and uncles (maternal than paternal), children (eldest to youngest for sons, then daughters) and grandparents (maternal than paternal)

Please say yes or no to every question so that I can understand you or you can press 1 for yes and 2 for no. To repeat any question you can say repeat.

A	B	C	D	E	F
Now I'm going to ask you about your:	**Are they a twin?**	**Were they adopted?**	**Is this person living?**	**What was this person's approximate age at death? Please provide a number. If you are not sure, please say a number that is your best guess or say unknown.**	**Do you know the cause of death? If YES, CONTINUE. If NO, GO TO G.** **Now I will ask you about their cause of death. Please answer yes if you hear their main cause of death. Otherwise, say no.**
❑ Brother ❑ Sister ❑ Maternal Half-Brother ❑ Paternal Half-Brother ❑ Maternal Half-Sister ❑ Paternal Half-Sister ❑ Mother ❑ Father ❑ Maternal Aunt ❑ Maternal Uncle ❑ Paternal Aunt ❑ Paternal Uncle ❑ Son ❑ Daughter ❑ Maternal Grandmother ❑ Maternal Grandfather ❑ Paternal Grandmother ❑ Paternal Grandfather ❑ NO MORE RELATIVES **IF NO MORE, GO TO CLOSING**	❑ Yes ❑ No	❑ Yes ❑ No ❑ Don't Know	❑ Yes ❑ No **→IF YES, GO TO COLUMN G** **→IF NO, CONTINUE TO COLUMN E**	❑ Age ___ ❑ Unknown	❑ Did they die of Heart disease, including angina, CAD, or heart attack? ❑ A stroke? ❑ Was it a type of cancer? **→If YES:** I'd like to know what type of cancer. Please answer yes if you hear the type of cancer. Otherwise, say no. o Colon Cancer o Breast Cancer o Ovarian Cancer (ONLY FEMALES) o Uterine or Endometrial or Womb cancer (ONLY FEMALES) o Lung Cancer o Prostate Cancer (ONLY MALES) o Brain Cancer o Bone Cancer o Liver Cancer o Stomach Cancer o Skin Cancer o Leukemia ❑ Emphysema, also known as COPD? ❑ Dementia including Alzheimer's?

G	H
Does this family member have any of the health problems we mentioned previously? To list the conditions, say "list." **IF NO, GO TO A** **IF YES:** **Now I am going to ask you about their specific medical conditions:**	**I'd like to know the age they were diagnosed. If you are not sure give us your best guess or say unknown.** **At what age were they diagnosed?**
Do they or did they have Heart Disease, including angina, coronary artery disease, or heart attack ❑ Yes ❑ No **IF YES → GO TO QUESTION H** **IF NO → CONTINUE TO NEXT DISEASE/CONDITION**	❑ Age ___ ❑ Unknown **CONTINUE TO NEXT DISEASE/CONDITION**
Do they or did they have a Stroke or Brain Attack ❑ Yes ❑ No **IF YES → GO TO QUESTION H** **IF NO → CONTINUE TO NEXT DISEASE/CONDITION**	❑ Age ___ ❑ Unknown **CONTINUE TO NEXT DISEASE/CONDITION**
Do they or did they have Diabetes or High Blood Sugar ❑ Yes ❑ No **IF YES → GO TO QUESTION H** **IF NO → CONTINUE TO NEXT DISEASE/CONDITION**	❑ Age ___ ❑ Unknown **CONTINUE TO NEXT DISEASE/CONDITION**
Do they or did they have Hypertension or High Blood Pressure ❑ Yes ❑ No **IF YES → GO TO QUESTION H** **IF NO → CONTINUE TO NEXT DISEASE/CONDITION**	❑ Age ___ ❑ Unknown **CONTINUE TO NEXT DISEASE/CONDITION**
Do they or did they have High Cholesterol ❑ Yes ❑ No **IF YES → GO TO QUESTION H** **IF NO → CONTINUE TO NEXT DISEASE/CONDITION**	❑ Age ___ ❑ Unknown **CONTINUE TO NEXT DISEASE/CONDITION**
Do they or did they have Any type of cancer ❑ Yes ❑ No **→If YES: I'd like to know what kind of cancer. Please answer yes if you hear the type of cancer. Otherwise, say no.** o Colon Cancer o Breast Cancer o Ovarian Cancer (females only) o Uterine or Endometrial or Womb cancer (females only) o Lung Cancer o Prostate Cancer (males only) o Brain Cancer o Bone Cancer o Liver Cancer o Leukemia o Skin Cancer o Stomach Cancer **→ GO TO QUESTION H FOR EACH YES** **IF NO → CONTINUE TO NEXT DISEASE/CONDITION**	❑ Age ___ ❑ Unknown **CONTINUE TO NEXT DISEASE/CONDITION**
Do they or did they have Asthma ❑ Yes ❑ No **IF YES → GO TO QUESTION H** **IF NO → CONTINUE TO NEXT DISEASE/CONDITION**	❑ Age ___ ❑ Unknown **CONTINUE TO NEXT DISEASE/CONDITION**
Do they or did they have Emphysema including COPD ❑ Yes ❑ No **IF YES → GO TO QUESTION H** **IF NO → CONTINUE TO NEXT DISEASE/CONDITION**	❑ Age ___ ❑ Unknown **CONTINUE TO NEXT DISEASE/CONDITION**

G	H
Does this family member have any of the health problems we mentioned previously? To list the conditions, say "list." **IF NO, GO TO A** **IF YES:** **Now I am going to ask you about their specific medical conditions:**	**I'd like to know the age they were diagnosed. If you are not sure give us your best guess or say unknown.** **At what age were they diagnosed?**
Do they or did they have Dementia , including Alzheimer's ❑ Yes ❑ No **IF YES → GO TO QUESTION H** **IF NO → CONTINUE TO NEXT DISEASE/CONDITION**	❑ Age ___ ❑ Unknown **CONTINUE TO NEXT DISEASE/CONDITION**
Do they or did they have Osteoporosis ❑ Yes ❑ No **IF YES → GO TO QUESTION H** **IF NO → CONTINUE TO NEXT DISEASE/CONDITION**	❑ Age ___ ❑ Unknown **CONTINUE TO NEXT DISEASE/CONDITION**
Do they or did they have Mental Illness ❑ Yes ❑ No **→If YES: What kind of mental illness do they or did they have?** o Depression o Bipolar Disease o Anxiety o Schizophrenia **→ GO TO QUESTION H FOR EACH YES** **IF YES → GO TO QUESTION H** **IF NO → CONTINUE TO NEXT DISEASE/CONDITION**	❑ Age ___ ❑ Unknown **GO TO NEXT RELATIVE.** **IF NO MORE RELATIVES, GO TO DEMOGRAPHICS**

4. DEMOGRAPHICS

Now I'd like know if your racial background includes any of the following: White or Caucasian, Black or African American, Asian, Native American or Alaskan Native, or Native Hawaiian or other Pacific islander. We are asking about your race and ethnicity because it may influence your risk of developing certain conditions. Please say yes to any of the races that apply to you, otherwise say no.

1 White or Caucasian
2 Black or African-American
3 Asian
4 American Indian or Alaska Native
5 Native Hawaiian or Other Pacific Islander
99 Other

I'd like some information on how you would describe your ethnicity.

We'd like to know if you are Ashkenazi Jewish because it increases your risk of certain conditions. Are you Ashkenazi Jewish?

IF YES, CONTINUE
IF NO, CONTINUE

Are you Hispanic or Latino?

IF YES, CONTINUE
IF NO, CONTINUE

Thank you very much for completing this survey and participating in this research project. We encourage you to continue communication about your family health history during you upcoming visit with <DR. NAME> and also remind them that you have participated in this survey. Have a nice day. Goodbye.

END CALL