



PVDOMICS STUDY

Review of Family History of Pulmonary Hypertension

Form #107

Instructions: This form is completed once per participant.

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1. Identification Number

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2. Alphacode

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3. Date of family history review (mm/dd/yyyy)

4. Mother's race?

1=American Indian/Alaska Native

5=White

2=Asian

6=More than one race

3=Native Hawaiian or Other Pacific Islander

9=Unknown or not reported

4=Black or African American

a. Hispanic or Latino ethnicity? (0=No, 1=Yes, 9=Unknown or not reported)

5. Father's race?

1=American Indian/Alaska Native

5=White

2=Asian

6=More than one race

3=Native Hawaiian or Other Pacific Islander

9=Unknown or not reported

4=Black or African American

a. Hispanic or Latino ethnicity? (0=No, 1=Yes, 9=Unknown or not reported)

6. Family history of pulmonary hypertension? (0=No, 1=Yes, 8=Adopted, unknown, 9=Unknown)

a. Living family member enrolled in PVDOMICS? (0=No, 1= Yes, 9=Unknown)

For biological relative(s) with history of pulmonary hypertension, code the following:

0=No, 1=Yes, confirmed, 2=Yes, suspected, 8=N/A, No such relative, 9=Unknown

	<u>Have PH?</u>	<u>WHO</u> <u>Group Class?</u> (if known)	<u>Unexplained</u> <u>Sudden Death?</u>	<u>Age (years)</u> <u>at death?</u>
7. Mother	_____	_____	_____	_____
8. Father	_____	_____	_____	_____
9. Sister(s).....	_____	_____	_____	_____
a. Niece(s).....	_____	_____	_____	_____
b. Nephew(s)	_____	_____	_____	_____
10. Brother(s)	_____	_____	_____	_____
a. Niece(s).....	_____	_____	_____	_____
b. Nephew(s)	_____	_____	_____	_____

	<u>Have PH?</u>	<u>WHO</u> <u>Group Class?</u> (if known)	<u>Unexplained</u> <u>Sudden Death?</u>	<u>Age (years)</u> <u>at death?</u>
11. Maternal grandmother.....	_____	_____	_____	_____
12. Maternal grandfather.....	_____	_____	_____	_____
13. Paternal grandmother.....	_____	_____	_____	_____
14. Paternal grandfather.....	_____	_____	_____	_____
15. Maternal Aunt.....	_____	_____	_____	_____
16. Maternal Uncle.....	_____	_____	_____	_____
17. Paternal Aunt.....	_____	_____	_____	_____
18. Paternal Uncle.....	_____	_____	_____	_____
19. Child 1.....	_____	_____	_____	_____
<i>Note: If Q19=8 (no children), skip to Q200</i>				
20. Child 2.....	_____	_____	_____	_____
21. Child 3.....	_____	_____	_____	_____
22. Child 4.....	_____	_____	_____	_____
23. Child 5.....	_____	_____	_____	_____
24. Child 6.....	_____	_____	_____	_____
25. Child 7.....	_____	_____	_____	_____
26. Child 8.....	_____	_____	_____	_____
27. Child 9.....	_____	_____	_____	_____
28. Child 10.....	_____	_____	_____	_____

DCC Only:*F107,Q1-PID has a (blood relative) in the PVDOMICS study.**(1=1st cousin-maternal, 2=maternal niece, 3=maternal aunt, 4=paternal niece, 5=paternal uncle, 6=mother, 7=father, 8=son, 9=daughter, 10=sister, 11=identical twin sister)**The PID and AC are: fam_rel_pid1, fam_rel_AC1)*

FAM_REL_PID1 = _____ Id of related family member in PVD.

FAM_REL_AC1 = _____ Alpha-code of related family member in PVD

FAM_RELATIONSHIP1 - see codes above = _____ Family relationship

FAM_REL_PID2 = _____ Id of related family member in PVD

FAM_REL_AC2 = _____ Alpha-code of related family member in PVD

FAM_RELATIONSHIP2 - see codes above = _____ Family relationship

FAMILY_ID = F a m - _____ Links family members as a unit

200. Date form completed (mm/dd/yyyy).....____/____/____

201. Username of person completing/reviewing completeness of this form:.....

Clinical Center Use Only

Date Form Entered (mm/dd/yyyy) ____/____/____

Username of person entering this form: _____