

 SURVEY LIST

SURVEY TITLE

Your Family Neurological History



1 Do you have a family history of Parkinson's disease?

HINT TEXT

INDICATE WHETHER YOUR BLOOD RELATIVES HAVE A HISTORY OF PARKINSON'S DISEASE.

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES

NO

UNKNOWN



1.1 Which family members have/had Parkinson's disease?

HINT TEXT

CHOOSE ALL THAT APPLY.

MULTI SELECT

OPTIONS: MOTHER

FATHER

CHILD

GRANDCHILD

GREAT-GRANDCHILD

SIBLING

HALF-SIBLING

MATERNAL GRANDMOTHER

MATERNAL GRANDFATHER

MATERNAL AUNT

MATERNAL UNCLE

MATERNAL COUSIN

MATERNAL NIECE/NEPHEW

PATERNAL GRANDMOTHER

- PATERNAL GRANDFATHER
- PATERNAL AUNT
- PATERNAL UNCLE
- PATERNAL COUSIN
- PATERNAL NIECE/NEPHEW
- OTHER: [TEXT INPUT]

SKIP IF: 1. DO YOU HAVE A FAMILY HISTORY OF PARKINSON'S DISEASE?

IS: NO or UNKNOWN

2

Do you have a family history of Alzheimer's disease, dementia or memory loss?

HINT TEXT

INDICATE WHETHER YOUR BLOOD RELATIVES HAVE A HISTORY OF ALZHEIMER'S DISEASE, DEMENTIA OR MEMORY LOSS.

SINGLE SELECT (PNTA ENABLED)

- OPTIONS:** YES
 NO
 UNKNOWN

2.1

Which family members have/had Alzheimer's disease, dementia or memory loss?

HINT TEXT

CHOOSE ALL THAT APPLY.

MULTI SELECT

- OPTIONS:** MOTHER
 FATHER
 CHILD
 GRANDCHILD
 GREAT-GRANDCHILD
 SIBLING
 HALF-SIBLING
 MATERNAL GRANDMOTHER
 MATERNAL GRANDFATHER
 MATERNAL AUNT
 MATERNAL UNCLE
 MATERNAL COUSIN
 MATERNAL NIECE/NEPHEW
 PATERNAL GRANDMOTHER
 PATERNAL GRANDFATHER
 PATERNAL AUNT
 PATERNAL UNCLE

PATERNAL COUSIN

PATERNAL NIECE/NEPHEW

OTHER: [TEXT INPUT]

SKIP IF: 2. DO YOU HAVE A FAMILY HISTORY OF ALZHEIMER'S DISEASE, DEMENTIA OR MEMORY LOSS?

IS: NO or
UNKNOWN

3

Do you have a family history of Amyotrophic Lateral Sclerosis (ALS)?

HINT TEXT

INDICATE WHETHER YOUR BLOOD RELATIVES HAVE A HISTORY OF AMYOTROPHIC LATERAL SCLEROSIS (ALS).

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES
NO
UNKNOWN

3.1

Which family members have/had Amyotrophic Lateral Sclerosis (ALS)?

HINT TEXT

CHOOSE ALL THAT APPLY.

MULTI SELECT

OPTIONS: MOTHER
FATHER
CHILD
GRANDCHILD
GREAT-GRANDCHILD
SIBLING
HALF-SIBLING
MATERNAL GRANDMOTHER
MATERNAL GRANDFATHER
MATERNAL AUNT
MATERNAL UNCLE
MATERNAL COUSIN
MATERNAL NIECE/NEPHEW
PATERNAL GRANDMOTHER
PATERNAL GRANDFATHER
PATERNAL AUNT
PATERNAL UNCLE
PATERNAL COUSIN
PATERNAL NIECE/NEPHEW
OTHER: [TEXT INPUT]

SKIP IF: 3. DO YOU HAVE A FAMILY HISTORY OF AMYOTROPHIC LATERAL SCLEROSIS (ALS)?

IS: NO or
UNKNOWN

4

Do you have a family history of autism?

HINT TEXT

INDICATE WHETHER YOUR BLOOD RELATIVES HAVE A HISTORY OF AUTISM.

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES

NO

UNKNOWN

4.1

Which family members have/had autism?

HINT TEXT

CHOOSE ALL THAT APPLY.

MULTI SELECT

OPTIONS: MOTHER

FATHER

CHILD

GRANDCHILD

GREAT-GRANDCHILD

SIBLING

HALF-SIBLING

MATERNAL GRANDMOTHER

MATERNAL GRANDFATHER

MATERNAL AUNT

MATERNAL UNCLE

MATERNAL COUSIN

MATERNAL NIECE/NEPHEW

PATERNAL GRANDMOTHER

PATERNAL GRANDFATHER

PATERNAL AUNT

PATERNAL UNCLE

PATERNAL COUSIN

PATERNAL NIECE/NEPHEW

OTHER: [TEXT INPUT]

SKIP IF: 4. DO YOU HAVE A FAMILY HISTORY OF AUTISM?

IS: NO or
UNKNOWN

5

Do you have a family history of dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?

HINT TEXT

INDICATE WHETHER YOUR BLOOD RELATIVES HAVE A HISTORY OF DYSTONIA (PAINFUL, PROLONGED MUSCLE CONTRACTIONS THAT CAUSE INVOLUNTARY REPETITIVE TWISTING AND SUSTAINED MUSCLE CONTRACTIONS).

SINGLE SELECT (PNTA ENABLED)**OPTIONS:** YES

NO

UNKNOWN

5.1

Which family members have/had dystonia (painful, prolonged muscle contractions that cause involuntary repetitive twisting and sustained muscle contractions)?

HINT TEXT

CHOOSE ALL THAT APPLY.

MULTI SELECT**OPTIONS:** MOTHER

FATHER

CHILD

GRANDCHILD

GREAT-GRANDCHILD

SIBLING

HALF-SIBLING

MATERNAL GRANDMOTHER

MATERNAL GRANDFATHER

MATERNAL AUNT

MATERNAL UNCLE

MATERNAL COUSIN

MATERNAL NIECE/NEPHEW

PATERNAL GRANDMOTHER

PATERNAL GRANDFATHER

PATERNAL AUNT

PATERNAL UNCLE

PATERNAL COUSIN

PATERNAL NIECE/NEPHEW

OTHER: [TEXT INPUT]

SKIP IF: 5. DO YOU HAVE A FAMILY HISTORY OF DYSTONIA (PAINFUL, PROLONGED MUSCLE CONTRACTIONS THAT CAUSE INVOLUNTARY REPETITIVE TWISTING AND SUSTAINED MUSCLE CONTRACTIONS)?

IS: NO or
UNKNOWN

6

Do you have a family history of epilepsy?

HINT TEXT

INDICATE WHETHER YOUR BLOOD RELATIVES HAVE A HISTORY OF EPILEPSY.

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES

NO

UNKNOWN

6.1

Which family members have/had epilepsy?

HINT TEXT

CHOOSE ALL THAT APPLY.

MULTI SELECT

OPTIONS: MOTHER

FATHER

CHILD

GRANDCHILD

GREAT-GRANDCHILD

SIBLING

HALF-SIBLING

MATERNAL GRANDMOTHER

MATERNAL GRANDFATHER

MATERNAL AUNT

MATERNAL UNCLE

MATERNAL COUSIN

MATERNAL NIECE/NEPHEW

PATERNAL GRANDMOTHER

PATERNAL GRANDFATHER

PATERNAL AUNT

PATERNAL UNCLE

PATERNAL COUSIN

PATERNAL NIECE/NEPHEW

OTHER: [TEXT INPUT]

SKIP IF: 6. DO YOU HAVE A FAMILY HISTORY OF EPILEPSY?

IS: NO or

UNKNOWN

7

Do you have a family history of Multiple Sclerosis (MS)?

HINT TEXT

INDICATE WHETHER YOUR BLOOD RELATIVES HAVE A HISTORY OF MULTIPLE SCLEROSIS (MS).

SINGLE SELECT (PNTA ENABLED)

- OPTIONS:** YES
NO
UNKNOWN

7.1

Which family members have/had Multiple Sclerosis (MS)?

HINT TEXT

CHOOSE ALL THAT APPLY.

MULTI SELECT

- OPTIONS:** MOTHER
FATHER
CHILD
GRANDCHILD
GREAT-GRANDCHILD
SIBLING
HALF-SIBLING
MATERNAL GRANDMOTHER
MATERNAL GRANDFATHER
MATERNAL AUNT
MATERNAL UNCLE
MATERNAL COUSIN
MATERNAL NIECE/NEPHEW
PATERNAL GRANDMOTHER
PATERNAL GRANDFATHER
PATERNAL AUNT
PATERNAL UNCLE
PATERNAL COUSIN
PATERNAL NIECE/NEPHEW
OTHER: [TEXT INPUT]

SKIP IF: 7. DO YOU HAVE A FAMILY HISTORY OF MULTIPLE SCLEROSIS (MS)?

IS: NO or UNKNOWN

8

Do you have a family history of stroke?

HINT TEXT

INDICATE WHETHER YOUR BLOOD RELATIVES HAVE A HISTORY OF STROKE.

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES
NO
UNKNOWN

8.1

Which family members have/had a stroke?

HINT TEXT

CHOOSE ALL THAT APPLY.

MULTI SELECT

OPTIONS: MOTHER
FATHER
CHILD
GRANDCHILD
GREAT-GRANDCHILD
SIBLING
HALF-SIBLING
MATERNAL GRANDMOTHER
MATERNAL GRANDFATHER
MATERNAL AUNT
MATERNAL UNCLE
MATERNAL COUSIN
MATERNAL NIECE/NEPHEW
PATERNAL GRANDMOTHER
PATERNAL GRANDFATHER
PATERNAL AUNT
PATERNAL UNCLE
PATERNAL COUSIN
PATERNAL NIECE/NEPHEW
OTHER: [TEXT INPUT]

SKIP IF: 8. DO YOU HAVE A FAMILY HISTORY OF STROKE?

IS: NO or
UNKNOWN

9

Do you have a family history of bi-polar disorder or schizophrenia?

HINT TEXT

INDICATE WHETHER YOUR BLOOD RELATIVES HAVE A HISTORY OF BI-POLAR DISORDER OR SCHIZOPHRENIA.

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES

NO
UNKNOWN

9.1

Which family members have/had bi-polar disorder or schizophrenia?

HINT TEXT

CHOOSE ALL THAT APPLY.

MULTI SELECT

OPTIONS: MOTHER
FATHER
CHILD
GRANDCHILD
GREAT-GRANDCHILD
SIBLING
HALF-SIBLING
MATERNAL GRANDMOTHER
MATERNAL GRANDFATHER
MATERNAL AUNT
MATERNAL UNCLE
MATERNAL COUSIN
MATERNAL NIECE/NEPHEW
PATERNAL GRANDMOTHER
PATERNAL GRANDFATHER
PATERNAL AUNT
PATERNAL UNCLE
PATERNAL COUSIN
PATERNAL NIECE/NEPHEW
OTHER: [TEXT INPUT]

SKIP IF: 9. DO YOU HAVE A FAMILY HISTORY OF BI-POLAR DISORDER OR SCHIZOPHRENIA?

IS: NO or
UNKNOWN

10

Do you have a family history of depression?

HINT TEXT

INDICATE WHETHER YOUR BLOOD RELATIVES HAVE A HISTORY OF DEPRESSION.

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES
NO
UNKNOWN

10.1

Which family members have/had depression?

HINT TEXT

CHOOSE ALL THAT APPLY.

MULTI SELECT

- OPTIONS:** MOTHER
 FATHER
 CHILD
 GRANDCHILD
 GREAT-GRANDCHILD
 SIBLING
 HALF-SIBLING
 MATERNAL GRANDMOTHER
 MATERNAL GRANDFATHER
 MATERNAL AUNT
 MATERNAL UNCLE
 MATERNAL COUSIN
 MATERNAL NIECE/NEPHEW
 PATERNAL GRANDMOTHER
 PATERNAL GRANDFATHER
 PATERNAL AUNT
 PATERNAL UNCLE
 PATERNAL COUSIN
 PATERNAL NIECE/NEPHEW
 OTHER: [TEXT INPUT]

SKIP IF: 10. DO YOU HAVE A FAMILY HISTORY OF DEPRESSION?
IS: NO or UNKNOWN

11

Do you have a family history of anxiety?

HINT TEXT

INDICATE WHETHER YOUR BLOOD RELATIVES HAVE A HISTORY OF ANXIETY.

SINGLE SELECT (PNTA ENABLED)

- OPTIONS:** YES
 NO
 UNKNOWN

11.1

Which family members have/had anxiety?

HINT TEXT

CHOOSE ALL THAT APPLY.

MULTI SELECT

OPTIONS: MOTHER
 FATHER
 CHILD
 GRANDCHILD
 GREAT-GRANDCHILD
 SIBLING
 HALF-SIBLING
 MATERNAL GRANDMOTHER
 MATERNAL GRANDFATHER
 MATERNAL AUNT
 MATERNAL UNCLE
 MATERNAL COUSIN
 MATERNAL NIECE/NEPHEW
 PATERNAL GRANDMOTHER
 PATERNAL GRANDFATHER
 PATERNAL AUNT
 PATERNAL UNCLE
 PATERNAL COUSIN
 PATERNAL NIECE/NEPHEW
 OTHER: [TEXT INPUT]

SKIP IF: 11. DO YOU HAVE A FAMILY HISTORY OF ANXIETY?
IS: NO or UNKNOWN

12

Do you have a family history of suicide or suicide attempt?

HINT TEXT

INDICATE WHETHER YOUR BLOOD RELATIVES HAVE A HISTORY OF SUICIDE OR SUICIDE ATTEMPT.

SINGLE SELECT (PNTA ENABLED)

OPTIONS: YES
 NO
 UNKNOWN

12.1

Which family members have/had committed or attempted suicide?

HINT TEXT

CHOOSE ALL THAT APPLY.

MULTI SELECT

OPTIONS: MOTHER
 FATHER
 CHILD
 GRANDCHILD

- GREAT-GRANDCHILD
- SIBLING
- HALF-SIBLING
- MATERNAL GRANDMOTHER
- MATERNAL GRANDFATHER
- MATERNAL AUNT
- MATERNAL UNCLE
- MATERNAL COUSIN
- MATERNAL NIECE/NEPHEW
- PATERNAL GRANDMOTHER
- PATERNAL GRANDFATHER
- PATERNAL AUNT
- PATERNAL UNCLE
- PATERNAL COUSIN
- PATERNAL NIECE/NEPHEW
- OTHER: [TEXT INPUT]

SKIP IF: 12. DO YOU HAVE A FAMILY HISTORY OF SUICIDE OR SUICIDE ATTEMPT?

IS: NO or UNKNOWN
