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CHILDHOOD ADENOTONSILLECTOMY STUDY
Family History
BASELINE

[Parent / Guardian Completed]

Participant ID: __ __ __ __ __ __
Participant Initials: __ __ __
Site: __ __
Date: __ __ / __ __ / __ __ __ __
RC ID: __ __ - __ __

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1. fam1 Did your child's biological mother smoke at least one cigarette a day while she was pregnant with your child?

☐0 No
☐1 Yes (1+ per day)
☐88 Not sure

1a. fam1a Does your child's current primary caregiver smoke at least one cigarette a day?

☐0 No
☐1 Yes (1+ per day)
☐88 Not sure

2. fam2 How many people currently smoke at least one cigarette a day in your child's home? __ __

Brother and Sister History:

3. fam3 Does your child have any full brothers and / or sisters (same mother and father as child)?

☐0 No
☐1 Yes
☐88 Not sure

3a. If YES, how many FULL sisters? fam3a __ __

3b. If YES, how many FULL brothers? fam3b __ __

4. fam4 Does your child have any half brothers and / or sisters (one parent in common with child)?

☐0 No
☐1 Yes
☐88 Not sure

4a. If YES, how many HALF sisters? fam4a __ __

4b. If YES, how many HALF brothers? fam4b __ __

5. fam5 Do any of your child's brothers and / or sisters have any of the following conditions?

☐99 Not applicable / No Brothers or Sisters

	Conditions	No / Yes	*If Yes, please indicate who has the condition.* Full Brothers / Sisters	Half Brothers / Sisters
5a.	Acute Life Threatening Episode (ALTE)	☐0 No ☐1 Yes ☐88 Not Sure fam5a1	__ __ ☐1 Sister(s) fam5a21 fam5a21_chk __ __ ☐2 Brother(s) fam5a22 fam5a22_chk	__ __ ☐1 Sister(s) fam5a31 fam5a31_chk __ __ ☐2 Brother(s) fam5a32 fam5a32_chk
5b.	Crib death or Sudden Infant Death Syndrome (SIDS)	☐0 No ☐1 Yes ☐88 Not Sure fam5b1	__ __ ☐1 Sister(s) fam5b21 fam5b21_chk __ __ ☐2 Brother(s) fam5b22 fam5b22_chk	__ __ ☐1 Sister(s) fam5b31 fam5b31_chk __ __ ☐2 Brother(s) fam5b32 fam5b32_chk

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	Conditions	No / Yes	*If Yes, please indicate who has the condition.* Full Brothers / Sisters	Half Brothers / Sisters
5c.	Anxiety Disorder	☐0 No ☐1 Yes ☐88 Not Sure fam5c1	__ __ ☐1 Sister(s) fam5c21 fam5c21_chk __ __ ☐2 Brother(s) fam5c22 fam5c22_chk	__ __ ☐1 Sister(s) fam5c31 fam5c31_chk __ __ ☐2 Brother(s) fam5c32 fam5c32_chk
5d.	Asthma	☐0 No ☐1 Yes ☐88 Not Sure fam5d1	__ __ ☐1 Sister(s) fam5d21 fam5d21_chk __ __ ☐2 Brother(s) fam5d22 fam5d22_chk	__ __ ☐1 Sister(s) fam5d31 fam5d31_chk __ __ ☐2 Brother(s) fam5d32 fam5d32_chk
5e.	Attention Deficit Hyperactivity Disorder (ADD / ADHD)	☐0 No ☐1 Yes ☐88 Not Sure fam5e1	__ __ ☐1 Sister(s) fam5e21 fam5e21_chk __ __ ☐2 Brother(s) fam5e22 fam5e22_chk	__ __ ☐1 Sister(s) fam5e31 fam5e31_chk __ __ ☐2 Brother(s) fam5e32 fam5e32_chk
5f.	Cancer	☐0 No ☐1 Yes ☐88 Not Sure fam5f1	__ __ ☐1 Sister(s) fam5f21 fam5f21_chk __ __ ☐2 Brother(s) fam5f22 fam5f22_chk	__ __ ☐1 Sister(s) fam5f31 fam5f31_chk __ __ ☐2 Brother(s) fam5f32 fam5f32_chk
5g.	Cerebral Palsy	☐0 No ☐1 Yes ☐88 Not Sure fam5g1	__ __ ☐1 Sister(s) fam5g21 fam5g21_chk __ __ ☐2 Brother(s) fam5g22 fam5g22_chk	__ __ ☐1 Sister(s) fam5g31 fam5g31_chk __ __ ☐2 Brother(s) fam5g32 fam5g32_chk
5h.	Depression	☐0 No ☐1 Yes ☐88 Not Sure fam5h1	__ __ ☐1 Sister(s) fam5h21 fam5h21_chk __ __ ☐2 Brother(s) fam5h22 fam5h22_chk	__ __ ☐1 Sister(s) fam5h31 fam5h31_chk __ __ ☐2 Brother(s) fam5h32 fam5h32_chk
5i.	Diabetes	☐0 No ☐1 Yes ☐88 Not Sure fam5i1	__ __ ☐1 Sister(s) fam5i21 fam5i21_chk __ __ ☐2 Brother(s) fam5i22 fam5i22_chk	__ __ ☐1 Sister(s) fam5i31 fam5i31_chk __ __ ☐2 Brother(s) fam5i32 fam5i32_chk
5j.	Eating Disorder (Anorexia, Bulimia)	☐0 No ☐1 Yes ☐88 Not Sure fam5j1	__ __ ☐1 Sister(s) fam5j21 fam5j21_chk __ __ ☐2 Brother(s) fam5j22 fam5j22_chk	__ __ ☐1 Sister(s) fam5j31 fam5j31_chk __ __ ☐2 Brother(s) fam5j32 fam5j32_chk
5k.	Eczema (Atopic Dermatitis)	☐0 No ☐1 Yes ☐88 Not Sure fam5k1	__ __ ☐1 Sister(s) fam5k21 fam5k21_chk __ __ ☐2 Brother(s) fam5k22 fam5k22_chk	__ __ ☐1 Sister(s) fam5k31 fam5k31_chk __ __ ☐2 Brother(s) fam5k32 fam5k32_chk

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	Conditions	No / Yes	*If Yes, please indicate who has the condition.* Full Brothers / Sisters	Half Brothers / Sisters
5l.	Enlarged Tonsils or Adenoids	☐0 No ☐1 Yes ☐88 Not Sure fam5l1	__ __ ☐1 Sister(s) fam5l21 fam5l21_chk __ __ ☐2 Brother(s) fam5l22 fam5l22_chk	__ __ ☐1 Sister(s) fam5l31 fam5l31_chk __ __ ☐2 Brother(s) fam5l32 fam5l32_chk
5m.	Excessive Sleepiness (3 or more times per week)	☐0 No ☐1 Yes ☐88 Not Sure fam5m1	__ __ ☐1 Sister(s) fam5m21 fam5m21_chk __ __ ☐2 Brother(s) fam5m22 fam5m22_chk	__ __ ☐1 Sister(s) fam5m31 fam5m31_chk __ __ ☐2 Brother(s) fam5m32 fam5m32_chk
5n.	Hay Fever (Nasal Allergies)	☐0 No ☐1 Yes ☐88 Not Sure fam5n1	__ __ ☐1 Sister(s) fam5n21 fam5n21_chk __ __ ☐2 Brother(s) fam5n22 fam5n22_chk	__ __ ☐1 Sister(s) fam5n31 fam5n31_chk __ __ ☐2 Brother(s) fam5n32 fam5n32_chk
5o.	High Blood Pressure (Hypertension)	☐0 No ☐1 Yes ☐88 Not Sure fam5o1	__ __ ☐1 Sister(s) fam5o21 fam5o21_chk __ __ ☐2 Brother(s) fam5o22 fam5o22_chk	__ __ ☐1 Sister(s) fam5o31 fam5o31_chk __ __ ☐2 Brother(s) fam5o32 fam5o32_chk
5p.	High Cholesterol	☐0 No ☐1 Yes ☐88 Not Sure fam5p1	__ __ ☐1 Sister(s) fam5p21 fam5p21_chk __ __ ☐2 Brother(s) fam5p22 fam5p22_chk	__ __ ☐1 Sister(s) fam5p31 fam5p31_chk __ __ ☐2 Brother(s) fam5p32 fam5p32_chk
5q.	Insomnia	☐0 No ☐1 Yes ☐88 Not Sure fam5q1	__ __ ☐1 Sister(s) fam5q21 fam5q21_chk __ __ ☐2 Brother(s) fam5q22 fam5q22_chk	__ __ ☐1 Sister(s) fam5q31 fam5q31_chk __ __ ☐2 Brother(s) fam5q32 fam5q32_chk
5r.	Loud Snoring (3 or more times per week)	☐0 No ☐1 Yes ☐88 Not Sure fam5r1	__ __ ☐1 Sister(s) fam5r21 fam5r21_chk __ __ ☐2 Brother(s) fam5r22 fam5r22_chk	__ __ ☐1 Sister(s) fam5r31 fam5r31_chk __ __ ☐2 Brother(s) fam5r32 fam5r32_chk
5s.	Migraine Headache or Chronic Severe Headache	☐0 No ☐1 Yes ☐88 Not Sure fam5s1	__ __ ☐1 Sister(s) fam5s21 fam5s21_chk __ __ ☐2 Brother(s) fam5s22 fam5s22_chk	__ __ ☐1 Sister(s) fam5s31 fam5s31_chk __ __ ☐2 Brother(s) fam5s32 fam5s32_chk
5t.	Narcolepsy	☐0 No ☐1 Yes ☐88 Not Sure fam5t1	__ __ ☐1 Sister(s) fam5t21 fam5t21_chk __ __ ☐2 Brother(s) fam5t22 fam5t22_chk	__ __ ☐1 Sister(s) fam5t31 fam5t31_chk __ __ ☐2 Brother(s) fam5t32 fam5t32_chk
5u.	Sleep Apnea	☐0 No ☐1 Yes ☐88 Not Sure fam5u1	__ __ ☐1 Sister(s) fam5u21 fam5u21_chk __ __ ☐2 Brother(s) fam5u22 fam5u22_chk	__ __ ☐1 Sister(s) fam5u31 fam5u31_chk __ __ ☐2 Brother(s) fam5u32 fam5u32_chk

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	Conditions	No / Yes	*If Yes, please indicate who has the condition.* Full Brothers / Sisters	Half Brothers / Sisters
5v.	Autism	☐0 No ☐1 Yes ☐88 Not Sure fam5v1	__ __ ☐1 Sister(s) fam5v21 fam5v21_chk __ __ ☐2 Brother(s) fam5v22 fam5v22_chk	__ __ ☐1 Sister(s) fam5v31 fam5v31_chk __ __ ☐2 Brother(s) fam5v32 fam5v32_chk
5w.	Aspergers Syndrome	☐0 No ☐1 Yes ☐88 Not Sure fam5w1	__ __ ☐1 Sister(s) fam5w21 fam5w21_chk __ __ ☐2 Brother(s) fam5w22 fam5w22_chk	__ __ ☐1 Sister(s) fam5w31 fam5w31_chk __ __ ☐2 Brother(s) fam5w32 fam5w32_chk
5x.	Other Significant Medical Conditions: _____ _____ _____	☐0 No ☐1 Yes ☐88 Not Sure fam5x1	__ __ ☐1 Sister(s) fam5x21 fam5x21_chk __ __ ☐2 Brother(s) fam5x22 fam5x22_chk	__ __ ☐1 Sister(s) fam5x31 fam5x31_chk __ __ ☐2 Brother(s) fam5x32 fam5x32_chk

Parental History:

6. Has either biological parent currently or ever had any of the following conditions? fam6

☐99 Not Applicable / Information not available

	Conditions	No / Yes	*If Yes, please indicate which parent had the condition.* Biological Mother	Biological Father
6a.	Anxiety Disorder	☐0 No ☐1 Yes ☐88 Not Sure fam6a1	☐0 No ☐1 Yes fam6a2	☐0 No ☐1 Yes fam6a3
6b.	Asthma	☐0 No ☐1 Yes ☐88 Not Sure fam6b1	☐0 No ☐1 Yes fam6b2	☐0 No ☐1 Yes fam6b3
6c.	Attention Deficit Hyperactivity Disorder (ADD / ADHD)	☐0 No ☐1 Yes ☐88 Not Sure fam6c1	☐0 No ☐1 Yes fam6c2	☐0 No ☐1 Yes fam6c3
6d.	Cancer	☐0 No ☐1 Yes ☐88 Not Sure fam6d1	☐0 No ☐1 Yes fam6d2	☐0 No ☐1 Yes fam6d3
6e.	Depression	☐0 No ☐1 Yes ☐88 Not Sure fam6e1	☐0 No ☐1 Yes fam6e2	☐0 No ☐1 Yes fam6e3

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RC ID: __ __ - __ __

	Conditions	No / Yes	*If Yes, please indicate which parent had the condition.* Biological Mother	Biological Father
6f.	Diabetes	☐0 No ☐1 Yes ☐88 Not Sure fam6f1	☐0 No ☐1 Yes fam6f2	☐0 No ☐1 Yes fam6f3
6g.	Eczema	☐0 No ☐1 Yes ☐88 Not Sure fam6g1	☐0 No ☐1 Yes fam6g2	☐0 No ☐1 Yes fam6g3
6h.	Enlarged Tonsils or Adenoids	☐0 No ☐1 Yes ☐88 Not Sure fam6h1	☐0 No ☐1 Yes fam6h2	☐0 No ☐1 Yes fam6h3
6i.	Excessive Sleepiness (3 or more times per week)	☐0 No ☐1 Yes ☐88 Not Sure fam6i1	☐0 No ☐1 Yes fam6i2	☐0 No ☐1 Yes fam6i3
6j.	Hay Fever (Nasal Allergies)	☐0 No ☐1 Yes ☐88 Not Sure fam6j1	☐0 No ☐1 Yes fam6j2	☐0 No ☐1 Yes fam6j3
6k.	High Blood Pressure (Hypertension)	☐0 No ☐1 Yes ☐88 Not Sure fam6k1	☐0 No ☐1 Yes fam6k2	☐0 No ☐1 Yes fam6k3
6l.	High Cholesterol	☐0 No ☐1 Yes ☐88 Not Sure fam6l1	☐0 No ☐1 Yes fam6l2	☐0 No ☐1 Yes fam6l3
6m.	Heart Disease	☐0 No ☐1 Yes ☐88 Not Sure fam6m1	☐0 No ☐1 Yes fam6m2	☐0 No ☐1 Yes fam6m3
6n.	Insomnia	☐0 No ☐1 Yes ☐88 Not Sure fam6n1	☐0 No ☐1 Yes fam6n2	☐0 No ☐1 Yes fam6n3
6o.	Loud Snoring (3 or more times per week)	☐0 No ☐1 Yes ☐88 Not Sure fam6o1	☐0 No ☐1 Yes fam6o2	☐0 No ☐1 Yes fam6o3
6p.	Migraine Headache or Chronic Severe Headache	☐0 No ☐1 Yes ☐88 Not Sure fam6p1	☐0 No ☐1 Yes fam6p2	☐0 No ☐1 Yes fam6p3
6q.	Narcolepsy	☐0 No ☐1 Yes ☐88 Not Sure fam6q1	☐0 No ☐1 Yes fam6q2	☐0 No ☐1 Yes fam6q3

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	Conditions	No / Yes	*If Yes, please indicate which parent had the condition.* Biological Mother	Biological Father
6r.	Sleep Apnea	☐0 No ☐1 Yes ☐88 Not Sure fam6r1	☐0 No ☐1 Yes fam6r2	☐0 No ☐1 Yes fam6r3
6s.	Emphysema or Chronic Obstructive Lung Disease	☐0 No ☐1 Yes ☐88 Not Sure fam6s1	☐0 No ☐1 Yes fam6s2	☐0 No ☐1 Yes fam6s3
6t.	Other Significant Medical Conditions: _____ _____ _____	☐0 No ☐1 Yes ☐88 Not Sure fam6t1	☐0 No ☐1 Yes fam6t2	☐0 No ☐1 Yes fam6t3

7. What was the mother's height at the time of your child's birth? fam7
__ __ . __ __ feet / inches
☐88 Not Sure fam7_chk
fam7_tot_inches

8. What was the mother's weight at the time of your child's birth? fam8
__ __ __ . __ lbs / oz
☐88 Not Sure fam8_chk
fam8_tot_oz

9. What is the mother's current height? fam9
__ __ . __ __ feet / inches
☐88 Not Sure fam9_chk
fam9_tot_inches

10. What is the mother's current weight? fam10
__ __ __ . __ lbs / oz
☐88 Not Sure fam10_chk
fam10_tot_oz

Child's Respiratory History:

11. In the PAST YEAR, did your child:

		No	Yes	Not Sure
11a.	Usually have a cough? fam11a	☐0	☐1	☐88

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		No	Yes	Not Sure	
11b.	Usually cough on most days for three (3) consecutive months or more? fam11b	☐0	☐1	☐88	
11c.	Usually bring up phlegm from the chest? fam11c	☐0	☐1	☐88	
11d.	Bring up phlegm as much as twice a day, four or more times a week, for three (3) consecutive months or more? fam11d	☐0	☐1	☐88	
11e.	Usually bring up phlegm at all on getting up or first thing in the morning? fam11e	☐0	☐1	☐88	
11f.	Have periods or episodes of increased cough and phlegm lasting three (3) weeks or more? fam11f	☐0	☐1	☐88	
11g.	Have an attack of wheezing that made him or her feel short of breath? fam11g	☐0	☐1	☐88	***If Yes, please answer the following:***
11h.	Been troubled by shortness of breath when hurrying on level ground or walking up a slight hill? fam11h1	☐0	☐1	☐88	☐1 Rarely ☐2 Sometimes ☐3 Often ☐4 Almost Daily fam11h2
11i.	Been troubled by chest tightness? fam11i1	☐0	☐1	☐88	☐1 Rarely ☐2 Sometimes ☐3 Often ☐4 Almost Daily fam11i2

12. In the PAST Year, has your child's chest sounded wheezy or whistling?

☐0 No
☐1 Yes
☐88 Not Sure

		If Yes, please answer the following:		
		No	**Yes**	**Not Sure**
12a.	When your child has a cold? fam12	☐0	☐1	☐88
12b.	Occasionally apart from colds? fam12a	☐0	☐1	☐88
12c.	Most days or nights? fam12b	☐0	☐1	☐88

		If Yes to Question 12, please answer the following:		
		No	**Yes**	**Not Sure**
12d.	With exercise? fam12c	☐0	☐1	☐88
12e.	Only during the night? fam12d	☐0	☐1	☐88
12f.	With exposure to dust or fumes? fam12e	☐0	☐1	☐88
12g.	When exposed to pollen? fam12f	☐0	☐1	☐88

13. In the PAST YEAR, did any of the following situations cause your child to have a stuffy or runny nose? fam12g

		No	**Yes**	**Not Sure**
13a.	A Smoky Room fam13a	☐0	☐1	☐88
13b.	A Dusty Room fam13b	☐0	☐1	☐88
13c.	Cold Weather fam13c	☐0	☐1	☐88
13d.	Exercise fam13d	☐0	☐1	☐88