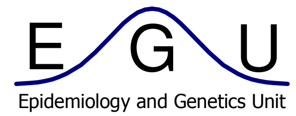

HEALTH STUDY

FAMILY HISTORY

www.lrf.leeds.ac.uk

email: egu@leeds.ac.uk phone: +44 (0)113 244 3517 fax: +44 (0)113 245 9806

The Leukaemia Research Fund is a registered charity 216032.

Study no ☐☐☐☐☐☐☐☐

This booklet is about your parents, and any brothers, sisters and children you have.

All personal information will be held by us in the strictest confidence and will not be passed on to anyone else.

It would be most helpful if this booklet could be filled in before interview.

Thank you for helping us with this important research. Please read all the questions carefully and answer as completely as you can.

1. What is your full name?

Surname ____________________

First Names ____________________

____

2. What is your home address?

____

____

____

Postcode ☐☐☐☐ ☐☐☐

Telephone number:

____

3. What sex are you?

male ☐ female ☐

4. When were you born?

☐☐ ☐☐ ☐☐☐☐
day month year

5. Where were you born?

Town ____________________

Country ____________________

6. Are you adopted?

yes ☐ no ☐ not known ☐

7. Since leaving school have you gained any qualifications?

____

____

Study no ☐☐☐☐☐☐☐☐

8. Please fill in as much information as you can about your natural parents

	MOTHER	FATHER
Surname (present or last) First names Date of birth Place of birth	__________ __________ __________ ☐☐ ☐☐ ☐☐☐☐ day month year __________	__________ __________ __________ ☐☐ ☐☐ ☐☐☐☐ day month year __________
Does/did this parent have any serious illness during their life time? If yes please could you describe the problem(s) and give the age of your parent when it first occurred	yes ☐ no ☐ not known ☐ __________ __________ __________ __________	yes ☐ no ☐ not known ☐ __________ __________ __________ __________
Is this parent alive? If this parent has died please could you give us the date and cause of death if known	yes ☐ no ☐ not known ☐ ☐☐ ☐☐ ☐☐☐☐ day month year __________ __________	yes ☐ no ☐ not known ☐ ☐☐ ☐☐ ☐☐☐☐ day month year __________ __________

Study no ☐☐☐☐☐☐☐☐

9. Do you have any brothers or sisters? yes ☐ no ☐ not known ☐

if yes, how many Brothers ☐☐ Sisters ☐☐

10. Please fill in as much information as you can about your brothers and sisters?

Please specify how closely you are related	Full Brother/Sister ☐ Half Brother/Sister ☐ Non-identical Twin ☐ Identical Twin ☐ Step Brother/Sister ☐ Adopted Brother/Sister ☐	Full Brother/Sister ☐ Half Brother/Sister ☐ Non-identical Twin ☐ Identical Twin ☐ Step Brother/Sister ☐ Adopted Brother/Sister ☐
Sex Surname (present or last) First names Date of birth Place of birth	Male ☐ Female ☐ ____________ ____________ ☐☐ ☐☐ ☐☐☐☐ day month year ____________	Male ☐ Female ☐ ____________ ____________ ☐☐ ☐☐ ☐☐☐☐ day month year ____________
Does/did this brother/sister have any serious illness during their lifetime? If yes please could you describe the problem(s) and give the age of your brother/sister when it first occurred	yes ☐ no ☐ not known ☐ ____________ ____________ ____________	yes ☐ no ☐ not known ☐ ____________ ____________ ____________
Is this brother/sister alive? If this brother/sister has died please could you give us the date and cause of death if known	yes ☐ no ☐ not known ☐ ☐☐ ☐☐ ☐☐☐☐ day month year ____________ ____________	yes ☐ no ☐ not known ☐ ☐☐ ☐☐ ☐☐☐☐ day month year ____________ ____________

Study no

If you have more than 5 brothers or sisters please phone for a further form

Full Brother/Sister ☐ Half Brother/Sister ☐ Non-identical Twin ☐ Identical Twin ☐ Step Brother/Sister ☐ Adopted Brother/Sister ☐	Full Brother/Sister ☐ Half Brother/Sister ☐ Non-identical Twin ☐ Identical Twin ☐ Step Brother/Sister ☐ Adopted Brother/Sister ☐	Full Brother/Sister ☐ Half Brother/Sister ☐ Non-identical Twin ☐ Identical Twin ☐ Step Brother/Sister ☐ Adopted Brother/Sister ☐
Male ☐ Female ☐ day month year	Male ☐ Female ☐ day month year	Male ☐ Female ☐ day month year
yes no not known ☐ ☐ ☐	yes no not known ☐ ☐ ☐	yes no not known ☐ ☐ ☐
yes no not known ☐ ☐ ☐ day month year	yes no not known ☐ ☐ ☐ day month year	yes no not known ☐ ☐ ☐ day month year

Study no

11. Have you ever had any children? yes ☐ no ☐ not known ☐

if yes, how many Sons ☐☐ Daughters ☐☐

12. Please fill in as much information as you can about your children?

Please specify how each child is related to you	Your natural child ☐ Other relationship: ☐ For example: Step-child __________	Your natural child ☐ Other relationship: ☐ __________
Sex Surname (present or last) First names Date of birth Place of birth	Male ☐ Female ☐ __________ __________ day month year __________	Male ☐ Female ☐ __________ __________ day month year __________
Does/did this son/daughter have any serious illness during their lifetime? If yes please could you describe the problem(s) and give the age of your son/daughter when it first occurred	yes ☐ no ☐ not known ☐	yes ☐ no ☐ not known ☐
Is this son/daughter alive? If this son/daughter has died please could you give us the date and cause of death if known	yes ☐ no ☐ not known ☐ day month year	yes ☐ no ☐ not known ☐ day month year

Study no

If you have more than 5 children please phone for a further form

Your natural child ☐ Other relationship: ☐ __________	Your natural child ☐ Other relationship: ☐ __________	Your natural child ☐ Other relationship: ☐ __________
Male ☐ Female ☐ __________ __________ day month year __________	Male ☐ Female ☐ __________ __________ day month year __________	Male ☐ Female ☐ __________ __________ day month year __________
yes no not known ☐ ☐ ☐ __________ __________ __________	yes no not known ☐ ☐ ☐ __________ __________ __________	yes no not known ☐ ☐ ☐ __________ __________ __________
yes no not known ☐ ☐ ☐ day month year __________ __________	yes no not known ☐ ☐ ☐ day month year __________ __________	yes no not known ☐ ☐ ☐ day month year __________ __________

Study no | | | | | | | |

If there is anything you would like to add about your health or that of your relatives please do so below:-

Please make sure that you have answered all the questions. If you would like any further information about the study before the interview, please contact:-

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