

Pedigree Questionnaire

1. surname..... maiden name..... 2. first name.....

3. day/ month/ year of birth

personal ID

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health insurance

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5. place of birth.....

6. address of residence..... phone mobile

7. email

8. completed education

- elementary
 vocational
 secondary with graduation
 university

9. profession (job position).....

possible health risks

10. nationality

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A. Health condition details:

11. Diseases you had in childhood and adolescence up to 18 years (tick):

Besides common childhood diseases, were you seriously ill? yes no

Were you treated and monitored for hearing impairment, poor vision, myopia, strabismus, stuttering and other speech defects, other sensory disorders, epilepsy (or other seizure disorders)?

Were you treated for hip joint development disorder or other congenital developmental defects, thyroid disorder, puberty disorder?

Other diseases or difficulties surgeries and injuries you had up to 18 years

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12. In adulthood after 18 years of age do you have or have you had any long-lasting (chronic) illness? (Tick.)

Hearing impairment, poor vision, myopia, strabismus, stuttering, nocturnal enuresis, neurosis, migraine, epilepsy other seizure disorders, movement disorders, mental illnesses, mental disorders.

Eczema, psoriasis, connective tissue inflammations gout. Diabetes, thyroid disorder. High blood pressure, heart defect, asthma, hay fever, chronic bronchitis, other lung diseases polycystic kidney disease

What other difficulties and diseases do you suffer from and what medications do you take?

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Which surgeries and injuries have you had?.....

13. Do you have a congenital defect or deviation? Yes No

Which?

14. If you are treated or monitored for any of the mentioned diseases, state the specialization and address of your attending physician (specialist) or relevant workplace:

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B. Family details:

15. Does the same or similar disease or defect (according to points 10, 11 and 12) occur in your (even distant) relatives? Write down what defect and in which relative it appeared (e.g. my sister's granddaughter is deaf)

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16. Was there a consanguineous marriage in your (even extended) family?.....

17. Were twins born in your (even extended) family?

18. Write the full name, year of birth, and diseases of your siblings (even deceased) from the oldest to the youngest. For half-siblings, indicate whether they have the same mother or father:

name and surname	year of birth.	health status diseases congenital defects causes and age of death	number of daughters	number of sons

19. Write the full name, year of birth, and health status of your children. If they are from different marriages or relationships, state the name of the father or mother.

name and surname	year of birth	health status diseases congenital defects causes and age of death

20. If your children have any defect or suffer from any disease, state whether and where they are treated or monitored.....

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21. Write the name, year of birth, and health status of your parents:

	name and surname (including maiden name)	year of birth	health status diseases congenital defects causes and age of death	number of daughters	number of sons
mother					
father					

22. Write the names and surnames of your mother's parents and siblings:

	name and surname (including maiden name)	year of birth.	health status diseases congenital defects causes and age of death	number of daughters	number of sons
Grand mather					
Grand father					
1. mother's sibling					
2. mother's sibling					
3. mother's sibling					

List other mother's siblings, if any, on the back.

23. Your father's parents and siblings:

	name and surname (including maiden name)	year of birth	health status diseases congenital defects causes and age of death	number of daughters	number of sons
Grand mather					
Grand father					
1. mother's sibling					
2. mother's sibling					
3. mother's sibling					

List additional siblings of the father if any on the back.

24. Do you know about congenital developmental defects in your cousins and their children? Do you know about VVV in the extended family? Yes – no.

Which?.....

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Filled in by.....

In

Date

.....
Signature