

The following questions apply to your immediate family's medical history. **Your immediate family is your father, mother, siblings, and children.** If the question applies to your immediate family's medical history, please check yes and **indicate the relationship(s) of the person.**

1. **Does your immediate family have a history of kidney disease?** ___ Yes ___ No If yes, please select the immediate family member(s) it applies to: ___ Father ___ Mother ___ Brother ___ Sister ___ Son ___ Daughter

2. **Does your immediate family have a history of diabetes?** ___ Yes ___ No If yes, please select the immediate family member(s) it applies to: ___ Father ___ Mother ___ Brother ___ Sister ___ Son ___ Daughter

3. **Does your immediate family have a history of high blood pressure?** ___ Yes ___ No If yes, please select the immediate family member(s) it applies to: ___ Father ___ Mother ___ Brother ___ Sister ___ Son ___ Daughter

4. **Does your immediate family have a history of heart disease?** ___ Yes ___ No If yes, please select the immediate family member(s) it applies to: ___ Father ___ Mother ___ Brother ___ Sister ___ Son ___ Daughter

5. **Does your immediate family have a history of cancer?** ___ Yes ___ No If yes, please select the immediate family member(s) it applies to: ___ Father ___ Mother ___ Brother ___ Sister ___ Son ___ Daughter...Please list type of cancer: _____

6. **Does your immediate family have a history of stroke?** ___ Yes ___ No If yes, please select the immediate family member(s) it applies to: ___ Father ___ Mother ___ Brother ___ Sister ___ Son ___ Daughter

7. **Does your immediate family have a history of gout?** ___ Yes ___ No If yes, please select the immediate family member(s) it applies to: ___ Father ___ Mother ___ Brother ___ Sister ___ Son ___ Daughter

8. **Does your immediate family have a history of polycystic kidney disease?** ___ Yes ___ No If yes, please select the immediate family member(s) it applies to: ___ Father ___ Mother ___ Brother ___ Sister ___ Son ___ Daughter

9. **Does your immediate family have a history of dementia?** ___ Yes ___ No If yes, please select the immediate family member(s) it applies to: ___ Father ___ Mother ___ Brother ___ Sister ___ Son ___ Daughter

10. **Is your father ___ living, ___ deceased, or ___ unknown?** If your father is deceased: At what age? ____ What was the cause of death?

11. **Is your mother ___ living, ___ deceased, or ___ unknown?** If your mother is deceased: At what age? ____ What was the cause of death?
