Genetics of HYPERHIDROSIS Study (GHS)  
at the Albert Einstein College of Medicine and Montefiore Medical Center

Researchers at the Albert Einstein College of Medicine and Montefiore Medical Center are performing a study to identify genes involved in Hyperhidrosis / Excessive Sweating. Your completing this form will help us to understand the causes of Hyperhidrosis and to advance our knowledge enabling the eventual creation of better treatments and cures.

Thank you for filling out this questionnaire.

Today's date: ____/____/____
month day year

Part A -- DEMOGRAPHICS

Personal

A.1 Please print your name, home address and phone number.

Last Name: __________________________ First Name: ____________________ MI: __________
Street address: ___________________________________________ Apt. # _______
City: ___________________________ State: ________ Zip code: _____________
Phone number (with area code): __________________________
Email address: ___________________________

A.2 How did you learn of this project?

1 __ Newspaper or journal advertisement
2 __ Friend
3 __ Relative
4 __ Doctor’s office
5 __ Heard a talk
6 __ Internet
7 __ Received a letter in the mail
8 __ Other (specify) ___________________________
A.3 What is your date of birth? _____ / _____ / _____  
     month     day     year

A.4 Where were you born?
1 ___ Within the USA: ____________________________  ____  
     City    State
2 ___ Outside the USA: ____________________________ ________________________  
     City    Country/Region

A.5 What is your current marital status?
1 ___ Never married
2 ___ Married, remarried, or living with a partner
3 ___ Separated, divorced, or widowed
8 ___ Other

A.6 Which is the highest grade or level of schooling you have completed?
1 ___ Less than a high school diploma
2 ___ 12 years or completed high school
3 ___ Post-high school training other than college (e.g., vocational or technical training)
4 ___ Some college
5 ___ College graduate (e.g., bachelors degree)
6 ___ Postgraduate study (e.g., masters degree)
7 ___ Doctoral degree  ⇒ Circle the degree: MD, PhD, EdD, JD, DO, DDS, other
8 ___ Other level (specify) ____________________________________________________________________

A.7 Which category best describes your primary occupation?  
(i.e., the job in which you have worked for the longest period of time)
1 ___ Professional (e.g., Doctor, lawyer, accountant, architect, computer/systems analyst)
2 ___ Managerial (e.g., Teacher, personnel manager, sales manager, etc.)
3 ___ Technical, sales, and administrative support (e.g., Computer programmer/operator, 
     dental assistant, laboratory technician, sales clerk, cashier, word processor, etc.)
4 ___ Service (e.g., Policeman, postal worker, teaching assistant, etc.)
5 ___ Operators, fabricators, and laborers (e.g., Factory, assembly, truck driver, 
     construction worker, etc.)
8 ___ Other (specify) ____________________________________________________________________
A.8 What is your ethnicity? (check all that apply)

1. ___ African-American
2. ___ Asian
3. ___ Caucasian/White
4. ___ Hispanic
5. ___ Indian
6. ___ Jewish  
   A.10.6a ___ Ashkenazi  
   A.10.6b ___ Sephardic  
   A.10.6c ___ Other
7. ___ Middle Eastern
8. ___ Native American
9. ___ Pacific Islander
10. ___ Other (specify) __________________________________________

A.9 Indicate where your biological parents were born:

City and/or U.S. State: Country / Foreign Region:

a. Your mother? ________________________ ______________________

b. Your father? ________________________ ________________________

A.10 Are your parents related to each other by blood:

1. _____ No
2. _____ Yes, if so are they:
   a. _____ first cousins (their parents are brothers, sisters, or brother and sister).
   b. _____ second cousins (their grandparents are brother, sisters or brother and sister)
   c. _____ other (please explain) __________________________________________
3. _____ Don’t know
Part B – QUESTIONS RELATING TO SWEATING

These questions ask about the characteristics of your sweating. It also asks about potential causes and symptoms of sweating. Please answer each question as accurately as possible. There are no right or wrong answers. **Some questions might be asked more than once.**

B.1  Do you sweat more than most people?
   1. No  (skip to B.3)
   2. Yes  ⇒ At what age did this begin? _______
   3. Don’t know

B.1a  If so, do you sweat too much at the following sites?
   1. No  2. Yes  Palms
   1. No  2. Yes  Soles
   1. No  2. Yes  Underarms
   1. No  2. Yes  Face
   1. No  2. Yes  Back
   1. No  2. Yes  Chest
   8. Other, specify________________________________________________

B.2  How did your symptoms start?
   1. All at once/Suddenly
   2. Gradually or slowly
   3. Sporadically, comes and goes
   4. After and injury, specify________________________________________
   5. Other, specify________________________________________________
   6. Don’t know

B.3  Do you sweat excessively from the **palms of your hands** compared to most people?
   1. No  (go to B.4)
   2. Yes
   3. Not sure

B.3a  What makes you sweat excessively from your fingers and palms?
   1. Extreme physical exercise or strenuous work
   2. Mild physical exercise
   3. When I get nervous or anxious
   4. Hot weather
   5. Spicy food
   6. Sometimes nothing, I just sweat for no apparent reason
   7. Other, specify_______________________________________________
B.3b  How often does sweat drip from your fingers and palms?

1. Never
2. Occasionally (less than once a week)
3. Frequently (few times per week)
4. Daily (once per day or more)
5. Other, specify_______________________________________________

B.4  Do you sweat excessively from the soles (bottom) of your feet compared to most people?

1. No   (go to B.5)
2. Yes
3. Not sure

B.4a  What makes you sweat excessively from the soles of your feet? (check all that apply)

1. Extreme physical exercise or strenuous work
2. Mild physical exercise
3. When I get nervous or anxious
4. Hot weather
5. Spicy food
6. Caffeine (coffee, chocolate, etc)
7. Walking barefoot
8. Wool socks
9. Sometimes nothing, I just sweat for no apparent reason
10. Other, specify_______________________________________________
11. Don’t know

B.4b  How often do you sweat excessively from the soles of your feet?

1. Never
2. Occasionally (less than once a week)
3. Frequently (few times per week)
4. Daily (once per day or more)
5. Other, specify_______________________________________________
B.5  Do you sweat excessively from your underarms compared to most people?
   1__ No  (go to B.6)
   2__ Yes
   3__ Not sure

B.5a What makes you sweat excessively from your underarms?
   1__ Extreme physical exercise or strenuous work
   2__ Mild physical exercise
   3__ When I get nervous or anxious
   4__ Hot weather
   5__ Spicy food
   6__ Caffeine (coffee, chocolate, etc)
   7__ Sometimes nothing, I just sweat for no apparent reason
   8__ Other, specify_______________________________________________
   9__ Don’t know

B.5b Because of excessive sweating from your underarm, do you… (check all that apply)
   1__ Not applicable, I don’t sweat excessively under my arm
   2__ Change undershirt or shirt more than once a day
   3__ Shower more than once a day
   4__ Use underarm deodorant more than once a day
   5__ Other, specify______________________________________________
   6__ I don’t do anything

B.6 Do you have a problem with frequent facial blushing or your face turning red?
   1__ No
   2__ Yes
   3__ Not sure
B.7  Do you sweat excessively from your face, head or lips compared to most people?

1__ No  (go to B.8)
2__ Yes
3__ Not sure

B.7a  What makes you sweat excessively from your face, head or lips?

1__ Nothing, I don’t sweat excessively from my face/head/lips
2__ Extreme physical exercise or strenuous work
3__ Mild physical exercise
4__ When I get nervous or anxious
5__ When I meet new people
6__ Hot weather
7__ Spicy food
8__ Caffeine (coffee, chocolate, etc)
9__ Sometimes nothing, I just sweat for no apparent reason
10__ Other, specify_______________________________________________
11__ Don’t know

B.7b  How often do you sweat excessively from your face, head or lips?

1__ Never
2__ Occasionally (less than once a week)
3__ Frequently (few times per week)
4__ Daily (once per day or more)
8__ Other, specify_______________________________________________

B.8  Have you ever sought specific medical care for excessive sweating?

1__ No  (go to B.9)
2__ Yes

B.8b  What kind of doctor have you seen for your excessive sweating condition?  
(check all that apply)

1__ Pediatrician
2__ Family doctor
3__ Internist
4__ Dermatologist/skin doctor
B.9 Did a doctor ever tell you that you have hyperhidrosis or an excessive sweating condition?
1. Yes
2. No

B.10 What treatment have you used for your excessive sweating? (check all that apply)
1. Have not treated this condition
2. Biofeedback
3. Acupuncture
4. Topical antiperspirants
5. Aluminum chloride product such as Drysol
6. Tap water iontophoresis, Drionic
7. Pills to reduce anxiety (e.g. Valium)
8. Beta-blocker such as Atenolol or Propanolol
9. Anti-cholinergic such as Ditropan – oxybutynin or Atropine
10. Intradermal injections of Botulinum Toxin (Botox)
11. Thoracic Surgery - Sympathectomy
12. Other, specify_______________________________________________
QUESTIONS RELATING TO DISTRESS FROM SWEATING

**Hand Sweating**

**B.11** Do you experience distress when shaking hands with others because of the sweating?

1. __ No

2. __ Yes ⇒ **B.11a**

   1. __ Mild/Minimal
   2. __ Moderate/Partial
   3. __ Severe
   4. __ I avoid shaking hands
   8. __ Other (specify) ____________________________

**B.12** Do you experience distress when holding hands with a boyfriend/girlfriend/spouse because of sweating?

1. __ No

2. __ Yes ⇒ **B.12a**

   1. __ Mild/Minimal
   2. __ Moderate/Partial
   3. __ Severe
   4. __ I avoid holding hands
   8. __ Other (specify) ____________________________

**B.13** Do you experience distress when writing (by hand) on paper to complete examinations, applications or other documents because of the sweating?

1. __ No

2. __ Yes ⇒ **B.13a**

   1. __ Mild/Minimal
   2. __ Moderate/Partial
   3. __ Severe
   4. __ Very severe, I wear gloves or use a towel
   5. __ I avoid writing because paper always gets wet or soaked
   8. __ Other (specify) ____________________________

**B.14** Do you experience distress when you grasp heavy objects or tools?

1. __ No

2. __ Yes ⇒ **B.14a**

   1. __ Mild/Minimal
   2. __ Moderate/Partial
   3. __ Severe
   4. __ I avoid grasping heavy objects or tools
   8. __ Other (specify) ____________________________
B.15  Do you experience distress when you attempt to turn on faucets or turn door knobs?

1__ No
2__ Yes ⇒ B.15a 1__ Mild/Minimal
2__ Moderate/Partial
3__ Severe
8__ Other (specify) __________________________________________

B.16  Do you experience distress when you attempt to eat with utensils?

1__ No
2__ Yes ⇒ B.16a 1__ Mild/Minimal
2__ Moderate/Partial
3__ Severe
8__ Other (specify) __________________________________________

B.17  Do you experience distress when you attempt to wear fabric, leather or rubber gloves?

1__ No
2__ Yes ⇒ B.17a 1__ Mild/Minimal
2__ Moderate/Partial
3__ Severe
4__ I avoid wearing gloves
8__ Other (specify) __________________________________________

B.18  Do you experience distress when you attempt to drive a car?

1__ No
2__ Yes ⇒ B.18a 1__ Mild/Minimal
2__ Moderate/Partial
3__ Severe, I use gloves or a towel
4__ I avoid driving cars
8__ Other (specify) __________________________________________

B.19  Do you experience distress when you attempt to use a computer?

1__ No
2__ Yes ⇒ B.19a 1__ Mild/Minimal
2__ Moderate/Partial
3__ Severe, I use gloves or a towel
4__ I avoid using a computer as I sweat onto the keyboard
8__ Other (specify) __________________________________________
Sweating Feet

B.20 Do you experience distress when you attempt to put on socks or stockings?
1__ No
2__ Yes ⇒ B.20a 1__ Mild/Minimal
2__ Moderate/Partial
3__ Severe, must change socks often
8__ Other (specify) ________________________________

B.21 Do you experience distress when you walk barefoot?
1__ No
2__ Yes ⇒ B.21a 1__ Mild/Minimal
2__ Moderate/Partial
3__ Severe, the floor gets wet because of my feet sweating
8__ Other (specify) ________________________________

B.22 Do you experience distress when you attempt to wear sandals?
1__ No
2__ Yes ⇒ B.22a 1__ Mild/Minimal
2__ Moderate/Partial
3__ Severe
4__ I avoid wearing sandals
8__ Other (specify) ________________________________

B.23 Do you experience distress when you attempt to wear high heels?
1__ No/Not applicable
2__ Yes ⇒ B.23a 1__ Mild/Minimal
2__ Moderate/Partial
3__ Severe/Compete
4__ I avoid wearing high heels
8__ Other (specify) ________________________________
Sweating From Other Areas

B. 24.1 Please rate the perceived severity of your disease by checking the one box that best describes the level to which your underarm sweating interferes with your life.

1____ My underarm sweating is never noticeable and never interferes with my daily activities.

2____ My underarm sweating is tolerable but sometimes interferes with my daily activities.

3____ My underarm sweating is barely tolerable and frequently interferes with my daily activities.

4____ My underarm sweating is intolerable and always interferes with my daily activities.

B.24.2 Do you experience distress when you sweat from your underarms?

1__ No

2__ Yes  ⇒B.24.2a 1__ +Mild/Minimal

2__ Moderate/Partial

3__ Severe

8__ Other (specify) _______________________________________

B.25 Do you experience distress when you sweat from parts other than your hands, palms, soles or underarms?

1__ No (go to C.1)

2__ Yes  ⇒ B.25a 1__ Mild/Minimal

2__ Moderate/Partial

3__ Severe

8__ Other (specify) _______________________________________

B.25b If yes, from where do you sweat?

1__ No  2__ Yes  Face

1__ No  2__ Yes  Arms/legs

1__ No  2__ Yes  Trunk/chest/back

8__ Other (specify) _______________________________________

Part C -- MEDICAL HISTORY

This section asks about hyperhidrosis and other medical history for yourself and your family members.

C.1 Are you Male or Female?
1  Male
2  Female

C.2 What is your height?
--- feet  --- inches

C.3 What is your weight?
--- lbs

C.4 On average, how often during this past year did you drink alcohol (e.g., beer, wine, liquor or spirits):

1  Never or rarely  (Go to Question C.5)
2  One drink or less per WEEK
3  2 - 6 drinks per WEEK
4  7 - 13 drinks per WEEK
5  14 - 20 drinks per WEEK
6  21 or more drinks per WEEK

C.4a Does drinking alcohol…
1  Make you sweat excessively
2  Not affect your sweating
3  Makes you sweat less

C.5 Have you smoked at least 100 cigarettes in your entire life?

1  No  (Go to Question C.9)
2  Yes  ⇒ At what age did you first start smoking cigarettes regularly? ________ age

C.5a Do you still smoke cigarettes now?
1  No  ⇒ At what age did you stop smoking cigarettes? ________ age
2  Yes

C.5b Does smoking…
1  Make you sweat excessively
2  Not affect your sweating
3  Makes you sweat less

C.6 Has a doctor ever told you that you have a problem with your glands (thyroid, parathyroid, adrenal, pituitary)?

1  No
2  Yes
C.7 Has a doctor ever told you that you have a problem with an over-active thyroid?
   1 __ No
   2 __ Yes

C.8 Has a doctor ever told you that you had a chest tumor?
   1 __ No
   2 __ Yes

C.9 Has a doctor ever told you that you had Pheochromocytoma (tumors of the adrenal gland)?
   1 __ No
   2 __ Yes

C.10 Has a doctor ever told you that you had Nail Patella Syndrome?
    1 __ No
    2 __ Yes

C.11 Has a doctor ever told you that you had Dysautonomia (disorder of the autonomic nervous system)?
    1 __ No
    2 __ Yes

C.12 Has a doctor ever told you that you have a problem with low blood sugar?
    1 __ No
    2 __ Yes

C.13 Has a doctor ever told you that you had diabetes or high blood sugar levels?
    1 __ No  (Go to Question C.14)
    2 __ Yes  ⇒ At what age was it first diagnosed? ________
    9 __ Don’t know  (Go to Question C.14)

C.13a If so, how do you treat your diabetes?
    1 __ Don’t use any treatment
    2 __ Insulin injections
    3 __ Medications taken by mouth
    4 __ Yes      Diet
    8 __ Other (specify) _______________________________________

C.14 Have you ever had a head injury?
    1 __ No
    2 __ Yes  ⇒ Please specify? ___________________________________
C.15 Have you ever had a spinal cord injury?
   1__ No
   2__ Yes ⇒ Please specify? ___________________________

C.16 Have you ever had a fever lasting more than 2 weeks?
   1__ No
   2__ Yes ⇒ Please specify? ___________________________

C.17 Have you ever lost consciousness?
   1__ No
   2__ Yes ⇒ Please specify? ___________________________
   9__ Don’t know

C.18 Have you ever been treated for an extended period by a psychiatrist?
   1__ No (go to C.19)
   2__ Yes ⇒ Please specify? ___________________________
   9__ Don’t know

   C.18a Were you ever given medication for a psychiatric or nervous disorder?
   1__ No
   2__ Yes ⇒ Please specify? ___________________________
   9__ Don’t know

C.19 Have you/your wife/partner (or any previous partners) ever had a miscarriage?
   1__ Not applicable; I/wife/partner never conceived (go to C.20)
   2__ I/wife/partner never had a miscarriage
   3__ Yes ⇒ Specify how many miscarriages _______
   9__ Don’t know

   C.19a Have you ever had a child or children born with birth defects?
   1__ Not applicable; No children
   2__ No
   3__ Yes (specify) ___________________________________

C.20 Were you yourself born with any birth defects?
   1__ No
   2__ Yes (specify) ___________________________________
C.21 Are you a twin?

1  __ No
2  __ Yes; Identical
3  __ Yes; Not identical
8  __ Other (specify) ________________________________
Part D – FAMILY HISTORY OF HYPERHIDROSIS or EXCESSIVE SWEATING

Sisters & Brothers

D.1 How many biological sisters, both living and deceased, do you have? _____________
   (Include half-sisters, but do not include adopted or step-sisters; If Zero, Go to Question D.3)
   ⇒ What are their current ages? _______________________________

D.2 Do any of your biological sisters have hyperhidrosis?
   1__ No  (go to D.3)
   2__ Yes
   9__ Don’t know

D.2a How many? _________________

D.2b At what age was she or were they diagnosed? _________________________________

D.3 How many biological brothers, both living and deceased, do you have? _____________
   (Include half-brothers, but do not include adopted or step-brother; If Zero, Go to Question D.5)
   ⇒ What are their current ages? _______________________________

D.4 Do any of your biological brothers have hyperhidrosis?
   1__ No  (go to D.5)
   2__ Yes
   9__ Don’t know

D.4a How many? _________________

D.4b At what age was he or were they diagnosed? _________________________________

Children

D.5 Do you have any biological daughters?
   1__ No  (go to D.6)
   2__ Yes ⇒ What are their current ages? _______________________________

D.5a Do any of your biological daughters have hyperhidrosis?
   1__ No  (go to D.6)
   2__ Yes
   9__ Don’t know

D.5b How many? _________________

D.5c At what age was she or were they diagnosed? _________________________________
D.6  Do you have any biological sons?

1. No (go to D.7)

2. Yes ⇒ What are their current ages?

D.6a Do any of your biological sons have hyperhidrosis?

1. No (go to D.7)

2. Yes

9. Don’t know

D.6b How many?

D.6c At what age was he or were they diagnosed?

Father & Father’s Family

D.7 Is your biological father living or deceased?

1. Living ⇒ What is his current age?

2. Deceased

9. Don’t know

D.7a What was his age at death?

D.7b What was the cause of death?

D.8 Does your biological father have hyperhidrosis?

1. No

2. Yes ⇒ At what age was he diagnosed?

9. Don’t know

D.9 How many biological sisters does/did your father have? ________ (if zero, go to D.12)

D.10 Are your father’s sisters living or deceased?

1. Living ⇒ What are their current ages?

2. Deceased

9. Don’t know

D.11 Do/did any of your father’s sisters have hyperhidrosis?

1. No

2. Yes

9. Don’t know

D.11a How many?

D.11b At what age was she or were they diagnosed?
D.12  How many biological brothers does/did your father have? _______ (if zero, go to D.15)

D.13  Are your father’s brothers living or deceased?
        1__ Living  ⇒ What are their current ages? ____________________
        2__ Deceased
        9__ Don’t know

D.14  Do/did any of your father’s brothers have hyperhidrosis?
        1__ No
        2__ Yes  ⇒ At what age was he or were they diagnosed?__________________
        9__ Don’t know

D.14a  How many? ____________________
D.14b  At what age was he or were they diagnosed?____________________________

D.15  Did your father’s biological father have hyperhidrosis?
        1__ No
        2__ Yes  ⇒ At what age was he diagnosed? _______________________
        9__ Don’t know

D.16  Did your father’s biological mother have hyperhidrosis?
        1__ No
        2__ Yes  ⇒ At what age was she diagnosed? _______________________
        9__ Don’t know

Mother & Mother’s Family

D.17  Is your biological mother living or deceased?
        1__ Living  ⇒ What is her current age?_________
        2__ Deceased
        9__ Don’t know

D.17a  What was her age at death?__________________
D.17b  What was the cause of death?____________________________

D.18  Does/did your biological mother have hyperhidrosis?
        1__ No
        2__ Yes  ⇒ At what age was she diagnosed? _______________________
        9__ Don’t know
D.19 How many biological sisters does/did your mother have? ________ (if zero, go to D.22)

D.20 Are your mother’s sisters living or deceased?
   1 __ Living ⇒ What are their current ages? __________________
   2 __ Deceased
   9 __ Don’t know

D.21 Do/did any of your mother’s sisters have hyperhidrosis?
   1 __ No (go to D.22)
   2 __ Yes
   9 __ Don’t know
   D.21a How many? __________________
   D.21b At what age was she or were they diagnosed? __________________

D.22 How many biological brothers does/did your mother have? ________ (if zero, go to D.25)

D.23 Are your mother’s brothers living or deceased?
   1 __ Living ⇒ What are their current ages? __________________
   2 __ Deceased
   9 __ Don’t know

D.24 Do/did any of you’re your mother’s brothers have hyperhidrosis?
   1 __ No
   2 __ Yes
   9 __ Don’t know
   D.24a How many? __________________
   D.24b At what age was he or were they diagnosed? __________________

D.25 Did your mother’s biological father have hyperhidrosis?
   1 __ No
   2 __ Yes ⇒ At what age was he diagnosed? __________________
   9 __ Don’t know

D.26 Did your mother’s biological mother have hyperhidrosis?
   1 __ No
   2 __ Yes ⇒ At what age was she diagnosed? __________________
   9 __ Don’t know
D.27 Did any members of your immediate family have surgery for hyperhidrosis?

1. No (go to D.28)
2. Yes
9. Don’t know

Relative Specific treatment:
Mother 1. No 2. Yes
Father 1. No 2. Yes
Sisters 1. No 2. Yes
Brothers 1. No 2. Yes
Daughters 1. No 2. Yes
Sons 1. No 2. Yes

D.28 Do/did any of your other biological relatives have hyperhidrosis?

1. No (Go to Question D.29)
2. Yes
9. Don’t know (go to D.29)

D.28a How many of your other biological relatives had hyperhidrosis? _________
D.28b Have any of your relatives had surgery for hyperhidrosis?

1. No (go to D.29)
2. Yes
9. Don’t know (go to D.29)

D.28c In the space provided below, please list the relatives that have had hyperhidrosis, their age(s) at diagnosis, whether they are living or deceased and if they had surgery for their condition.

<table>
<thead>
<tr>
<th>Name(s) of other biological relative(s):</th>
<th>Relation:</th>
<th>Age(s) at:</th>
<th>Living/Deceased/Unknown (Circle your response):</th>
<th>Type of Surgery:</th>
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<td>1 2 9</td>
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</tbody>
</table>

Please continue with the charts of Family Health on the following page…
### Personal and Family Health of Immediate Family

D.29 Please complete the following table regarding the diagnosed medical conditions of your immediate BIOLOGICAL relatives: (NOTE: Please indicate the AGE AT DIAGNOSIS. If more than one sibling or offspring are affected, please separate their ages with a comma as shown in the example. If age is unknown, please estimate.)

<table>
<thead>
<tr>
<th>Diagnosed Medical Condition</th>
<th>Self</th>
<th>Father</th>
<th>Mother</th>
<th>Brothers</th>
<th>Sisters</th>
<th>Daughters</th>
<th>Sons</th>
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<td>~50</td>
<td></td>
<td>53, 75</td>
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<td>Lung cancer</td>
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<td>Prostate cancer</td>
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<td>Colon/Rectal cancer</td>
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<tr>
<td>Breast cancer</td>
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<td>Cancer of the ovaries</td>
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<td>Cancer of the bladder</td>
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