

*FERTILE VS. INFERTILE*

**Personal Background Information:** You and Your Partner: events in both your physical, medical, and sexual histories that may have a bearing on your current infertility.

**General Health History:** You and Your Partner: major illnesses experienced by you and your partner.

**Reproductive Health and Fertility History:** You, Your Partner, and Parents: incidents of fertility, infertility, or pregnancy-birth-postpartum complications experienced by: [1] your parents and your partner's parents, and [2] the siblings of your parents and your partner's parents; also illnesses you and your partner had at birth or during infancy.

**Reproductive Health and Fertility History:** Siblings: incidents of fertility, infertility, or pregnancy-birth-postpartum complications experienced by your siblings and your partner's siblings and their partners.

**General Health History:** Parents: major illnesses experienced by your parents and your partner's parents.

**General Health History:** Grandparents: major illnesses experienced by your grandparents and your partner's grandparents.

Directions for completing all the questionnaires appear at the bottom of the introductory page. When you finish filling in all the questionnaires to the best of your ability, add the scores you and your partner received for questionnaires #1 through #6. The combined figure tells you as a couple what your personal infertility risk factor is according to the following scale:

41 AND ABOVE = HIGH

20-40 = MEDIUM

0-19 = LOW

As you complete the questionnaires, please bear in mind these facts:

- The risk factor is only an estimate of your chance of being infertile. It does not by any means represent a predictor or a final judgment. Instead, it provides the valuable service of helping you (and, through your report, your doctor) better determine the need for certain diagnostic and treatment

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options so that you and your partner eventually have the greatest possibility of producing a healthy baby.

- You don't have to answer every question in order for the scoring to have validity. In my own experience of history-taking with patients, very few are able to respond to every question raised.

Although many different avenues of inquiry are pursued in the questionnaires, there are a limited number of causes for concern that scientists know to be especially significant. The questionnaires are constructed so that these particular causes—if they exist in one's family line—are most likely to be identified by the majority of individuals seeking help.

If you are not able to answer most of the questions and still come up with a HIGH risk factor, you will not change this factor by filling in the unknowns. However, the more you can research and find out the answers to what you don't know, the better informed you will be when you seek infertility therapy.

If you cannot answer most or even half of the questions and come up with a MEDIUM or LOW risk factor, then you will definitely want to do more research into the areas where you are uncertain. With a few more answers, you may actually learn that you have a HIGH risk factor, which is something you need to know.

- Because of the generational time spans involved, you may be unable to provide any answers for questionnaire #6, General Health History: Grandparents. Again, this doesn't invalidate your final score.

Regardless of what broad category truly characterizes your risk—HIGH, MEDIUM, or LOW, it is almost certain to show up in a review of your own and your partner's histories. If you are unable to provide answers for questionnaire #6, it will provide more confirmation, added information, and a more refined numerical score.

\* \* \*

**1. Personal Background Information: You and Your Partner**

**a. To be completed by wife/female partner**

- Am I from a small family (1 or 2 children) or am I the only child?  
..... Yes 1 | No | I don't know. |
- Did I enter puberty late? ..... Yes 2 | No | I don't know. |
- Do I have irregular periods? ..... Yes 2 | No | I don't know. |
- Do I have unusually painful period pains or PMS? ... Yes 2 | No | I don't know. |
- Was any congenital abnormality ever mentioned? ... Yes 1 | No | I don't know. |
- Any abnormal Pap smears? ..... Yes 2 | No | I don't know. |
- Was I sexually active without a condom? ..... Yes 1 | No | I don't know. |
- Did I have genital-tract infections, treated or untreated?  
..... Yes 2 | No | I don't know. |
- Did any of my previous partners develop genital-tract infections while with me?  
..... Yes 2 | No | I don't know. |
- Was I with someone for a long time and, despite irregular use of birth control, no pregnancy occurred?..... Yes 2 | No | I don't know. |
- Did any pregnancy end with an abortion or delivery that was followed by significant changes in menstrual flow quantity, pattern, color, and/or interval or associated pain and PMS?..... Yes 3 | No | I don't know. |
- Did I carry a complicated pregnancy and did I give birth to a sickly child?  
..... Yes 3 | No | I don't know. |
- Did I develop allergies, asthma, uncontrolled weight gain and/or a thyroid problem following a previous delivery or abortion?.. Yes 2 | No | I don't know. |
- Did I suffer from an unduly long postpartum/abortion depression?  
..... Yes 1 | No | I don't know. |
- Did I need psychiatric therapy after such an event? .. Yes 1 | No | I don't know. |
- Did a previous relationship break up because I could not control my moods/ feelings/responses following an abortion/delivery? .. Yes 1 | No | I don't know. |
- Did I lose interest in sex after such an event?..... Yes 1 | No | I don't know. |
- Did I become alienated from my partner, children, parents or friends after a pregnancy-related event?..... Yes 1 | No | I don't know. |
- Did I have an intervening chronic illness? ..... Yes 1 | No | I don't know. |
- Any hospital stays, with or without surgery? ..... Yes 1 | No | I don't know. |
- Any pelvic or abdominal surgery? ..... Yes 1 | No | I don't know. |
- Any cervical procedures for infections, precancerous conditions?  
..... Yes 1 | No | I don't know. |
- Any surgery to correct congenital genito-urinary tract abnormality?  
..... Yes 2 | No | I don't know. |
- Did I abuse drugs, alcohol, or nicotine? ..... Yes 1 | No | I don't know. |
- Did I use anabolic steroids for a long period of time? . Yes 1 | No | I don't know. |
- Am I bulimic?..... Yes 1 | No | I don't know. |
- Did I lose or gain weight recently?..... Yes 1 | No | I don't know. |
- Was I excessively obese before or ever after puberty?.. Yes 1 | No | I don't know. |
- Am I on any drugs for the treatment of a chronic condition?  
..... Yes 1 | No | I don't know. |

**Total:** \_\_\_\_\_

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**b. To be completed by husband/male partner**

- Am I from a small family (1 or 2 children) or am I the only child?  
..... Yes 1 | No | I don't know. |
- Did I enter puberty late? ..... Yes 2 | No | I don't know. |
- Was any congenital abnormality ever mentioned? .... Yes 1 | No | I don't know. |
- Do I not have to shave every day? ..... Yes 1 | No | I don't know. |
- Are my testes small and soft? (<15cm<sup>3</sup>) ..... Yes 3 | No | I don't know. |
- Is one of my testes in the inguinal canal or missing? .. Yes 3 | No | I don't know. |
- Was I sexually active without a condom? ..... Yes 2 | No | I don't know. |
- Did I have a genital-tract infection, treated or untreated? . Yes 2 | No | I don't know. |
- Did any of my previous partners develop genital-tract infections while with me?  
..... Yes 2 | No | I don't know. |
- Was I with someone for a long time and, despite of irregular use of birth control,  
no pregnancy occurred?..... Yes 2 | No | I don't know. |
- Did any pregnancy from me end with an abortion or delivery that was followed  
by significant changes in her menstrual flow quantity, pattern, color, and/or  
interval or associated pain and PMS? ..... Yes 3 | No | I don't know. |
- Did anybody getting pregnant from me carry a complicated pregnancy  
and/or give birth to a sickly child? ..... Yes 3 | No | I don't know. |
- Did a previous partner of mine develop allergies, asthma, uncontrolled weight  
gain, and/or a thyroid problem following a previous delivery or abortion?  
..... Yes 2 | No | I don't know. |
- Did a previous partner of mine suffer from an unduly long postpartum/  
abortion depression? ..... Yes 1 | No | I don't know. |
- Did she need psychiatric therapy after such an event? . Yes 1 | No | I don't know. |
- Did any previous relationship break up because my partner could not control her  
moods/feelings/responses following an abortion/delivery?  
..... Yes 1 | No | I don't know. |
- Did she lose interest in sex after such an event? ..... Yes 1 | No | I don't know. |
- Did she become alienated from me, children, parents, or friends after a pregnancy  
related event? ..... Yes 1 | No | I don't know. |
- Did I have an intervening chronic illness? ..... Yes 1 | No | I don't know. |
- Any hospital stays, with or without surgery? ..... Yes 1 | No | I don't know. |
- Any major surgery with catheterization of the bladder? .. Yes 1 | No | I don't know. |
- Any surgical procedure on urethra, prostate, bladder? Cystoscopy?  
..... Yes 1 | No | I don't know. |
- Any surgery to correct congenital genito-urinary tract abnormality?  
..... Yes 2 | No | I don't know. |
- Did the quantity of the ejaculation or did my feelings change during  
ejaculation? ..... Yes 2 | No | I don't know. |
- Did I abuse drugs, alcohol, or nicotine? ..... Yes 1 | No | I don't know. |
- Did I use anabolic steroids for a long period of time? . Yes 1 | No | I don't know. |
- Was I excessively obese before or ever after puberty? . . Yes 2 | No | I don't know. |
- Am I on any drugs for the treatment of a chronic condition? (antibiotics, insulin,  
CNS depressant, thyroid medication, anti-hypertensive, heart medication, ulcer  
medication, colitis medication, steroids, or chemotherapy?  
..... Yes 2 | No | I don't know. |

**Total:** \_\_\_\_\_

## 2. General Health Histories: You and Your Partner

### a. To be completed by wife/female partner

Have I ever experienced: Heart disease? ..... Yes 4 | No | I don't know. |  
Hypertension? ..... Yes 4 | No | I don't know. |  
Cancer? ..... Yes 4 | No | I don't know. |  
Diabetes? ..... Yes 4 | No | I don't know. |  
Arthritis? ..... Yes 1 | No | I don't know. |  
Ulcer/Colitis? ..... Yes 1 | No | I don't know. |  
Cholecystitis/Gallstone? ..... Yes 2 | No | I don't know. |  
Kidney stone? ..... Yes 3 | No | I don't know. |  
Kidney infection? ..... Yes 3 | No | I don't know. |  
Asthma? ..... Yes 2 | No | I don't know. |  
Thyroid condition? ..... Yes 1 | No | I don't know. |  
Abnormal Pap smear? ..... Yes 2 | No | I don't know. |  
Chronic vaginitis/cystitis? ..... Yes 2 | No | I don't know. |  
Pelvic Inflammatory Disease? ..... Yes 4 | No | I don't know. |  
Endometriosis? ..... Yes 2 | No | I don't know. |  
Polycystic ovarian disease? ..... Yes 3 | No | I don't know. |  
Amenorrhea? ..... Yes 2 | No | I don't know. |  
Cervical cancer? ..... Yes 2 | No | I don't know. |  
Uterine/Ovarian cancer? ..... Yes 4 | No | I don't know. |

**Total:** \_\_\_\_\_

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**b. To be completed by husband/male partner**

Have I ever experienced: Heart disease? ..... Yes 4 | No | I don't know. |  
Hypertension? ..... Yes 4 | No | I don't know. |  
Cancer? ..... Yes 4 | No | I don't know. |  
Diabetes? ..... Yes 4 | No | I don't know. |  
Arthritis? ..... Yes 1 | No | I don't know. |  
Ulcer/Colitis? ..... Yes 1 | No | I don't know. |  
Cholecystitis/Gallstone? ..... Yes 1 | No | I don't know. |  
Kidney stone? ..... Yes 3 | No | I don't know. |  
Kidney infection? ..... Yes 3 | No | I don't know. |  
Asthma? ..... Yes 2 | No | I don't know. |  
Thyroid condition? ..... Yes 1 | No | I don't know. |  
Congenital hernia? ..... Yes 3 | No | I don't know. |  
Undescended testes? ..... Yes 3 | No | I don't know. |  
Varicocele? ..... Yes 2 | No | I don't know. |  
Non-specific Urethritis? ..... Yes 3 | No | I don't know. |  
Prostatitis? ..... Yes 3 | No | I don't know. |  
Epididymitis? ..... Yes 3 | No | I don't know. |  
Orchitis? ..... Yes 3 | No | I don't know. |  
Bladder/Testis/Prostate cancer? ..... Yes 4 | No | I don't know. |

**Total:** \_\_\_\_\_

### 3. Reproductive Health and Fertility Histories: You, Your Partner, and Parents

**a. To be completed by wife/female partner**

Did it take my parents a long time to produce their first child?  
..... Yes 1 | No | I don't know. |

Did my parents experience:  
Any miscarriages? ..... Yes 1 | No | I don't know. |  
Ectopic pregnancies? ..... Yes 1 | No | I don't know. |  
Secondary infertility?..... Yes 2 | No | I don't know. |

Was I born:  
Before or after a miscarriage or ectopic pregnancy? . Yes 3 | No | I don't know. |  
Prematurely? (>4wks) ..... Yes 3 | No | I don't know. |  
Two weeks early or two weeks late?..... Yes 2 | No | I don't know. |  
Through cesarean section? ..... Yes 1 | No | I don't know. |

During her pregnancy with me, did my mother experience:  
Premature labor? ..... Yes 2 | No | I don't know. |  
High blood pressure/ preeclampsia?..... Yes 3 | No | I don't know. |  
Cervical incompetence?..... Yes 1 | No | I don't know. |  
Placental previa?..... Yes 1 | No | I don't know. |  
Intrauterine growth retardation?..... Yes 2 | No | I don't know. |

Was I born with:  
Fetal distress? ..... Yes 1 | No | I don't know. |  
Meconium? ..... Yes 1 | No | I don't know. |  
Neonatal infections?..... Yes 1 | No | I don't know. |  
Hyperbilirubinemia? ..... Yes 1 | No | I don't know. |

As an infant, did I have:  
Asthma?..... Yes 2 | No | I don't know. |  
Colic? ..... Yes 1 | No | I don't know. |  
Ear infections?..... Yes 1 | No | I don't know. |  
Chronic tonsillitis? ..... Yes 1 | No | I don't know. |  
Hernia?..... Yes 3 | No | I don't know. |

Did my mother experience postpartum depression? .. Yes 1 | No | I don't know. |

**Total:** \_\_\_\_\_

SELF-ASSESSMENT

**b. To be completed by husband/male partner**

Did it take my parents a long time to produce their first child?  
..... Yes 1 | No | I don't know. |

Did my parents experience:  
Any miscarriages? ..... Yes 1 | No | I don't know. |  
Ectopic pregnancies? ..... Yes 1 | No | I don't know. |  
Secondary infertility? ..... Yes 2 | No | I don't know. |

Was I born:  
Before or after a miscarriage or ectopic pregnancy? . Yes 3 | No | I don't know. |  
Prematurely? (>4wks) ..... Yes 3 | No | I don't know. |  
Two weeks early or two weeks late? ..... Yes 2 | No | I don't know. |  
Through cesarean section? ..... Yes 1 | No | I don't know. |

During her pregnancy with me, did my mother experience:  
Premature labor? ..... Yes 2 | No | I don't know. |  
High blood pressure/ preeclampsia? ..... Yes 3 | No | I don't know. |  
Cervical incompetence? ..... Yes 1 | No | I don't know. |  
Placental previa? ..... Yes 1 | No | I don't know. |  
Intrauterine growth retardation? ..... Yes 2 | No | I don't know. |

Was I born with:  
Fetal distress? ..... Yes 1 | No | I don't know. |  
Meconium? ..... Yes 1 | No | I don't know. |  
Neonatal infections? ..... Yes 1 | No | I don't know. |  
Hyperbilirubinemia? ..... Yes 1 | No | I don't know. |

As an infant, did I have:  
Asthma? ..... Yes 2 | No | I don't know. |  
Colic? ..... Yes 1 | No | I don't know. |  
Ear infections? ..... Yes 1 | No | I don't know. |  
Chronic tonsillitis? ..... Yes 1 | No | I don't know. |  
Hernia? ..... Yes 3 | No | I don't know. |

Did my mother experience postpartum depression? .. Yes 1 | No | I don't know. |

**Total:** \_\_\_\_\_

#### **4. Reproductive Health and Fertility Histories: Siblings**

**a. To be completed by wife/female partner**

Did any of my sisters/brothers experience any infertility problems?  
(Miscarriages, ectopic pregnancies, etc.) . . . . . Yes 1 | No | I don't know. |  
Did it take my sister/brother a long time to produce their first child?  
. . . . . Yes 1 | No | I don't know. |  
Did my siblings experience:  
Any miscarriages? . . . . . Yes 1 | No | I don't know. |  
Ectopic pregnancies? . . . . . Yes 1 | No | I don't know. |  
Secondary infertility? . . . . . Yes 2 | No | I don't know. |  
Were any of my nieces/nephews born:  
Before or after a miscarriage or ectopic pregnancy? . . Yes 3 | No | I don't know. |  
Prematurely? (>4wks) . . . . . Yes 3 | No | I don't know. |  
Two weeks early or two weeks late? . . . . . Yes 2 | No | I don't know. |  
Through cesarean section? . . . . . Yes 1 | No | I don't know. |  
During her pregnancy, did my sister/sister-in-law experience:  
Premature labor? . . . . . Yes 2 | No | I don't know. |  
High blood pressure/ preeclampsia? . . . . . Yes 3 | No | I don't know. |  
Cervical incompetence? . . . . . Yes 1 | No | I don't know. |  
Placental previa? . . . . . Yes 1 | No | I don't know. |  
Intrauterine growth retardation? . . . . . Yes 2 | No | I don't know. |  
Were any of my nieces/nephews born with:  
Fetal distress? . . . . . Yes 1 | No | I don't know. |  
Meconium? . . . . . Yes 1 | No | I don't know. |  
Neonatal infections? . . . . . Yes 1 | No | I don't know. |  
Hyperbilirubinemia? . . . . . Yes 1 | No | I don't know. |  
As infants, did they have:  
Asthma? . . . . . Yes 2 | No | I don't know. |  
Colic? . . . . . Yes 1 | No | I don't know. |  
Ear infections? . . . . . Yes 1 | No | I don't know. |  
Chronic tonsillitis? . . . . . Yes 1 | No | I don't know. |  
Hernia? . . . . . Yes 3 | No | I don't know. |  
Did my sister-in-law experience postpartum depression?  
. . . . . Yes 1 | No | I don't know. |

**Total:** \_\_\_\_\_

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**b. To be completed by husband/male partner**

Did any of my sisters/brothers experience any infertility problems?  
(Miscarriages, ectopic pregnancies, etc.) ..... Yes 1 | No | I don't know. |  
Did it take my sister/brother a long time to produce their first child?  
..... Yes 1 | No | I don't know. |  
Did my siblings experience:  
Any miscarriages? ..... Yes 1 | No | I don't know. |  
Ectopic pregnancies? ..... Yes 1 | No | I don't know. |  
Secondary infertility?..... Yes 2 | No | I don't know. |  
Were any of my nieces/nephews born:  
Before or after a miscarriage or ectopic pregnancy?.. Yes 3 | No | I don't know. |  
Prematurely? (>4wks) ..... Yes 3 | No | I don't know. |  
Two weeks early or two weeks late?..... Yes 2 | No | I don't know. |  
Through cesarean section? ..... Yes 1 | No | I don't know. |  
During her pregnancy, did my sister/sister-in-law experience:  
Premature labor? ..... Yes 2 | No | I don't know. |  
High blood pressure/ preeclampsia?..... Yes 3 | No | I don't know. |  
Cervical incompetence?..... Yes 1 | No | I don't know. |  
Placental previa?..... Yes 1 | No | I don't know. |  
Intrauterine growth retardation?..... Yes 2 | No | I don't know. |  
Were any of my nieces/nephews born with:  
Fetal distress? ..... Yes 1 | No | I don't know. |  
Meconium? ..... Yes 1 | No | I don't know. |  
Neonatal infections?..... Yes 1 | No | I don't know. |  
Hyperbilirubinemia? ..... Yes 1 | No | I don't know. |  
As infants, did they have:  
Asthma?..... Yes 2 | No | I don't know. |  
Colic? ..... Yes 1 | No | I don't know. |  
Ear infections?..... Yes 1 | No | I don't know. |  
Chronic tonsillitis?..... Yes 1 | No | I don't know. |  
Hernia?..... Yes 3 | No | I don't know. |  
Did my sister-in-law experience postpartum depression?  
..... Yes 1 | No | I don't know. |

**Total:** \_\_\_\_\_

**5. GENERAL HEALTH HISTORIES: PARENTS**

**a. To be completed by wife/female partner**

Mother:

Did my mother die before age 60 of any of the following diseases:

Hypertension, Heart disease, Diabetes, Cancer? . . . . Yes 3 | No | I don't know. |

Uterine/Ovarian cancer? . . . . . Yes 4 | No | I don't know. |

If no, has she suffered from any of the following:

Heart disease? . . . . . Yes 2 | No | I don't know. |

Hypertension? . . . . . Yes 2 | No | I don't know. |

Diabetes? . . . . . Yes 2 | No | I don't know. |

Cancer? . . . . . Yes 2 | No | I don't know. |

Ovarian/Uterine cancer? . . . . . Yes 3 | No | I don't know. |

Did any my mother's brothers/sisters experience any of the above diseases?

. . . . . Yes 1 | No | I don't know. |

Father:

Did my father die before age 60 of any of the following diseases:

Hypertension, Heart disease, Diabetes, Cancer? . . . . Yes 3 | No | I don't know. |

Prostate/Bladder Cancer . . . . . Yes 4 | No | I don't know. |

If no, has he suffered from any of the following:

Heart disease? . . . . . Yes 2 | No | I don't know. |

Hypertension? . . . . . Yes 2 | No | I don't know. |

Diabetes? . . . . . Yes 2 | No | I don't know. |

Cancer? . . . . . Yes 2 | No | I don't know. |

Prostate/Bladder Cancer? . . . . . Yes 3 | No | I don't know. |

Did any my father's brothers/sisters experience any of the above disease?

. . . . . Yes 1 | No | I don't know. |

**Total:** \_\_\_\_\_

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**b. To be completed by husband/male partner**

Mother:

Did my mother die before age 60 of any of the following diseases:

Hypertension, Heart disease, Diabetes, Cancer? . . . . Yes 3 | No | I don't know. |

Uterine/Ovarian cancer? . . . . . Yes 4 | No | I don't know. |

If no, has she suffered from any of the following:

Heart disease? . . . . . Yes 2 | No | I don't know. |

Hypertension? . . . . . Yes 2 | No | I don't know. |

Diabetes? . . . . . Yes 2 | No | I don't know. |

Cancer? . . . . . Yes 2 | No | I don't know. |

Ovarian/Uterine cancer? . . . . . Yes 3 | No | I don't know. |

Did any my mother's brothers/sisters experience any of the above diseases?

. . . . . Yes 1 | No | I don't know. |

Father:

Did my father die before age 60 of any of the following diseases:

Hypertension, Heart disease, Diabetes, Cancer? . . . . Yes 3 | No | I don't know. |

Prostate/Bladder Cancer . . . . . Yes 4 | No | I don't know. |

If no, has he suffered from any of the following:

Heart disease? . . . . . Yes 2 | No | I don't know. |

Hypertension? . . . . . Yes 2 | No | I don't know. |

Diabetes? . . . . . Yes 2 | No | I don't know. |

Cancer? . . . . . Yes 2 | No | I don't know. |

Prostate/Bladder Cancer? . . . . . Yes 3 | No | I don't know. |

Did any my father's brothers/sisters experience any of the above disease?

. . . . . Yes 1 | No | I don't know. |

**Total:** \_\_\_\_\_

**6. GENERAL HEALTH HISTORIES: GRANDPARENTS**

**a. To be completed by wife/female partner**

*Paternal Grandfather*

Did my father's father die before age 60? . . . . . Yes 1 | No | I don't know. |

If so, did he suffer from:

Heart disease? . . . . . Yes 1 | No | I don't know. |

Stroke? . . . . . Yes 1 | No | I don't know. |

Hypertension? . . . . . Yes 1 | No | I don't know. |

Cancer? . . . . . Yes 1 | No | I don't know. |

Diabetes? . . . . . Yes 1 | No | I don't know. |

*Paternal Grandmother*

Did my father's mother die before age 60? . . . . . Yes 1 | No | I don't know. |

If so, did he suffer from:

Heart disease? . . . . . Yes 1 | No | I don't know. |

Stroke? . . . . . Yes 1 | No | I don't know. |

Hypertension? . . . . . Yes 1 | No | I don't know. |

Cancer? . . . . . Yes 1 | No | I don't know. |

Diabetes? . . . . . Yes 1 | No | I don't know. |

*Maternal Grandfather*

Did my mother's father die before age 60? . . . . . Yes 1 | No | I don't know. |

If so, did he suffer from:

Heart disease? . . . . . Yes 1 | No | I don't know. |

Stroke? . . . . . Yes 1 | No | I don't know. |

Hypertension? . . . . . Yes 1 | No | I don't know. |

Cancer? . . . . . Yes 1 | No | I don't know. |

Diabetes? . . . . . Yes 1 | No | I don't know. |

*Maternal Grandmother*

Did my mother's mother die before age 60? . . . . . Yes 1 | No | I don't know. |

If so, did she suffer from:

Heart disease? . . . . . Yes 1 | No | I don't know. |

Stroke? . . . . . Yes 1 | No | I don't know. |

Hypertension? . . . . . Yes 1 | No | I don't know. |

Cancer? . . . . . Yes 1 | No | I don't know. |

Diabetes? . . . . . Yes 1 | No | I don't know. |

**Total:** \_\_\_\_\_

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**b. To be completed by husband/male partner**

*Paternal Grandfather*

Did my father's father die before age 60? ..... Yes 1 | No | I don't know. |

If so, did he suffer from:

Heart disease?..... Yes 1 | No | I don't know. |

Stroke? ..... Yes 1 | No | I don't know. |

Hypertension?..... Yes 1 | No | I don't know. |

Cancer?..... Yes 1 | No | I don't know. |

Diabetes? ..... Yes 1 | No | I don't know. |

*Paternal Grandmother*

Did my father's mother die before age 60? ..... Yes 1 | No | I don't know. |

If so, did he suffer from:

Heart disease?..... Yes 1 | No | I don't know. |

Stroke? ..... Yes 1 | No | I don't know. |

Hypertension?..... Yes 1 | No | I don't know. |

Cancer?..... Yes 1 | No | I don't know. |

Diabetes? ..... Yes 1 | No | I don't know. |

*Maternal Grandfather*

Did my mother's father die before age 60? ..... Yes 1 | No | I don't know. |

If so, did he suffer from:

Heart disease?..... Yes 1 | No | I don't know. |

Stroke? ..... Yes 1 | No | I don't know. |

Hypertension?..... Yes 1 | No | I don't know. |

Cancer?..... Yes 1 | No | I don't know. |

Diabetes? ..... Yes 1 | No | I don't know. |

*Maternal Grandmother*

Did my mother's mother die before age 60? ..... Yes 1 | No | I don't know. |

If so, did she suffer from:

Heart disease?..... Yes 1 | No | I don't know. |

Stroke? ..... Yes 1 | No | I don't know. |

Hypertension?..... Yes 1 | No | I don't know. |

Cancer?..... Yes 1 | No | I don't know. |

Diabetes? ..... Yes 1 | No | I don't know. |

**Total:** \_\_\_\_\_