# Family History

Have any of your family members had any of these conditions?

List first name and age

**Circle 'yes' or 'no'**

| | 1st Name | Age* | High Cholesterol | High Triglycerides | Diabetes | Hyper-tension | Smoked cigarettes | Heart Attack | Stroke | Hip Fracture | Vertebral Fracture** |
|---|---|---|---|---|---|---|---|---|---|---|---|
| **Father** | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| **Mother** | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| **Brothers** | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| **Sisters** | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| **Children** | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| | | | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no | yes no |
| | | * If deceased, age at death | | | | | | | | | **Back Fracture |

**Do your aunts, uncles, or grandparents have any of the conditions listed above?**