RDN Participant ID:		Date of Registration: (dd mmm yyyy)	
Local Subject ID:		Status	
Site ID:		Date of Visit	

Current annual household income: (indicate one)

○ Less than $30,000 ○ $30,000-$60,000 ○ $61,000-$90,000 ○ More than $90,000

Child's Father

Current age _____years

If deceased, age at death? _____*years Cause of death?* _____

Father's birth weight: _____ kilograms _____ ounces (0-16)

Father's current weight: _____ kilograms _____ ounces (0-16)

Father's height: _____feet /meters feet (Please circle) _____inches /centimeters (Please circle)

If applicable, at what age did the father become significantly overweight? _____years

What is the most the father has ever weighed? _____ kilograms _____ ounces (0-16)

At what age? _____ years

Does the father have any learning problems? ○ **YES** ○ **NO** ○ Not sure

If so, what type? _____

Did the father require special education? ○ YES ○ NO ○ Not sure

If yes, what type? _____

What is the highest level of education achieved by the father?

○ No high school diploma or general educational development (GED) high school equivalency diploma

○ High school diploma or GED

○ Some college, no bachelor's degree

○ Bachelor's degree or higher

○ Unknown

○ Declined

What is the father's current occupation? _____

What was the father's occupation at the time of the patient's conception? _____

Does the father have a history of:

Significantly overweight? ○ YES ○ NO At what age? _____years

High blood pressure? ○ **YES** ○ **NO** At what age? _____years

High cholesterol? ○ **YES** ○ **NO** At what age? _____years

Diabetes? ○ YES ○ NO At what age? _____years

Psychiatric problems? ○ **YES** ○ NO

If yes, please describe _____

Other medical problems? ○ YES ○ NO

If yes, please describe _____

Child's Mother [same ranges as father]

Current age _____years

If deceased, age at death? _____years Cause of death? _____

Mother's birth weight: _____kilograms _____ ounces (0-16)

Mother's current weight: _____ kilograms _____ ounces (0-16)

Mother's height: _____feet /meters (Please circle) _____inches /centimeters (Please circle)

If applicable, at what age did the mother become significantly overweight? _____years

What is the most the mother has ever weighed? _____ kilograms _____ ounces (0-16)

At what age? _____ years

Does the mother have any learning problems? ○ YES ○ NO

If so, what type? _____

Did the mother require special education? ○ YES ○ NO If yes, what type? _____

What is the highest level of education achieved by the mother? _____

○ No high school diploma or general educational development (GED) high school equivalency diploma

○ High school diploma or GED

○ Some college, no bachelor's degree

○ Bachelor's degree or higher

○ Unknown

○ Declined

What is the mother's current occupation? _____

What was the mother's occupation at the time of the patient's conception? _____

Does the mother have a history of:

Significantly overweight? ○ YES ○ NO At what age? _____years

High blood pressure? ○ YES ○ NO At what age? _____years

High cholesterol? ○ YES ○ NO At what age? _____years

Diabetes? ○ YES ○ NO At what age? _____years

Psychiatric problems? ○ YES ○ NO

If yes, please describe _____

Other medical problems? ○ YES ○ NO

If yes, please describe _____

This section is for you to tell us about the child's full and half-siblings. (same ranges as pr○ band/father)

Sibling #1

Name: (last)_____ (first)_____

Relationship to the child: ○ full sister ○ maternal half-sister ○ paternal half-sister
○ full brother ○ maternal half-brother ○ paternal half-brother

Gender: ○ male ○ female

Age: _____years

If deceased, age at death? _____years Cause of death? _____

Birth weight: _____ kilograms _____ ounces (0-16)

Gestational age at birth: _____ weeks

Current weight: _____ kilograms _____ ounces (0-16)

Height: _____ feet / meters _____ inches / centimeters (please circle)

If applicable, age at which child became significantly overweight as defined by a health care provider: _____years

Does this person have learning problems? ○ YES ○ NO

If so, what type? _____

Did this sibling require special education? ○ YES ○ NO If yes, what type? _____

Describe any medical problems this person has: _____
_____
_____
_____

Sibling #2

Name: (last)_____ (first)_____

Relationship to the child: ○ full sister ○ maternal half-sister ○ paternal half-sister

○ full brother ○ maternal half-brother ○ paternal half-brother

Gender: ○ male ○ female

Age: _____years

If deceased, age at death? _____years Cause of death? _____

Birth weight: _____ kilograms _____ ounces (0-16)

Gestational age at birth: _____ weeks

Current weight: _____ kilograms _____ ounces (0-16)

Height: _____ feet / meters _____ centimeters (please circle)

If applicable, age at which child became significantly overweight as defined by a health care provider: _____years

Does this person have learning problems? ○ YES ○ NO

If so, what type? _____

Did this sibling require special education? ○ YES ○ NO If yes, what type? _____

Describe any medical problems this person has: _____
_____
_____
_____

Sibling #3

Name: (last)_____ (first)_____

Relationship to the child: ○ full sister ○ maternal half-sister ○ paternal half-sister

○ full brother ○ maternal half-brother ○ paternal half-brother

Gender: ○ male ○ female

Age: _____years

If deceased, age at death? _____years Cause of death? _____

Birth weight: _____kilograms _____ ounces (0-16)

Gestational age at birth: _____ weeks

Current weight: _____ kilograms _____ ounces (0-16)

Height: _____ feet / meters _____ inches / centimeters (please circle)

If applicable, age at which child became significantly overweight as defined by a health care provider: _____years

Does this person have learning problems? ○ YES ○ NO

If so, what type? _____

Did this sibling require special education? ○ YES ○ NO If yes, what type? _____

Describe any medical problems this person has: _____

_____

_____

_____

Sibling #4

Name: (last)_____ (first)_____

Relationship to the child: ○ full sister ○ maternal half-sister ○ paternal half-sister
○ full brother ○ maternal half-brother ○ paternal half-brother

Gender: ○ male ○ female

Age: _____years

If deceased, age at death? _____years Cause of death? _____

Birth weight: _____kilograms _____ ounces (0-16)

Gestational age at birth: _____ weeks

Current weight: _____ kilograms _____ ounces (0-16)
(range 2.0-205 kgs)

Height: _____ feet / meters _____ inches / centimeters (please circle)

If applicable, age at which child became significantly overweight as defined by a health care provider:
_____years

Does this person have learning problems? ○ YES ○ NO

If so, what type? _____

Did this sibling require special education? ○ YES ○ NO If yes, what type? _____

Describe any medical problems this person has: _____
_____
_____
_____

Sibling #5

Name: (last) _____ (first) _____

Relationship to the child: ○ full sister ○ maternal half-sister ○ paternal half-sister
○ full brother ○ maternal half-brother ○ paternal half-brother

Gender: ○ male ○ female

Age: _____years

If deceased, age at death? _____years Cause of death? _____

Birth weight: _____ kilograms _____ ounces (0-16)

Gestational age at birth: _____ weeks

Current weight: _____ kilograms _____ ounces (0-16)

Height: _____ feet / meters _____ inches / centimeters (please circle)

If applicable, age at which child became significantly overweight as defined by a health care provider:
_____years

Does this person have learning problems? ○ YES ○ NO

If so, what type? _____

Did this sibling require special education? ○ YES ○ NO If yes, what type? _____

Describe any medical problems this person has: _____
_____
_____
_____

Sibling #6

Name: (last)_____ (first)_____

Relationship to the child: ○ full sister ○ maternal half-sister ○ paternal half-sister
○ full brother ○ maternal half-brother ○ paternal half-brother

Gender: ○ male ○ female

Age: _____years

If deceased, age at death? _____years Cause of death? _____

Birth weight: _____ kilograms _____ ounces (0-16)

Gestational age at birth: _____ weeks

Current weight: _____ kilograms _____ ounces (0-16)

Height: _____ feet / meters _____ inches / centimeters (please circle)

If applicable, age at which child became significantly overweight as defined by a health care provider:
_____years

Does this person have learning problems? ○ YES ○ NO

If so, what type? _____

Did this sibling require special education? ○ YES ○ NO If yes, what type? _____

Describe any medical problems this person has: _____
_____
_____
_____

Extended Family History of Medical Problems: (e.g. grandparents, aunts/ uncles, cousins, nieces/nephews)

Is there anyone else in your family that has been diagnosed with a history of:			If yes, relationship(maternal or paternal) to the child:
Learning disabilities?	○ YES	○ NO	_____
Obesity?	○ YES	○ NO	_____
High blood pressure?	○ YES	○ NO	_____
High cholesterol?	○ YES	○ NO	_____
Diabetes?	○ YES	○ NO	_____
Sleep apnea?	○ YES	○ NO	_____
Thyroid problems?	○ YES	○ NO	_____