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

Current annual household income	e: (indicate or	ne)		
O Less than \$30,000	○ \$30,000-\$	60,000	O \$61,000-\$90,000	O More than \$90,000
Child's Father				
Current ageyears				
If deceased, age at death?		years	Cause of death? _	
Father's birth weight:	kilogram	ıs	ounces (0-16)	
Father's current weight:	kilogra	ams	_ ounces (0-16)	
Father's height:feet	/meters feet	(Please circle	e)inches	/centimeters (Please circle)
If applicable, at what age did th	e father beco	me signifi	cantly overweight? _	years
What is the most the father has	ever weighed	d?	kilograms	_ ounces (0-16)
At what age? years				
Does the father have any learning If so, what type?			○ <b>NO</b> ○ Not sur	
Did the father require special ed	lucation?	YES O	NO O Not sure	
If yes, what type?				
What is the highest level of ed	ucation ach	ieved by tl	ne father?	
O No high school diploma	or general ed	ucational o	levelopment (GED) h	igh school equivalency diploma
<ul> <li>High school diploma or</li> </ul>	GED			
O Some college, no bachel	or's degree			
O Bachelor's degree or hig	her			
O Unknown				
<ul><li>Declined</li></ul>				
What is the father's current occ	upation?			
What was the father's occupation	on at the time	of the pat	ient's conception?	
Does the father have a history of	f:			
Significantly overweight?	O YES	O NO	At what age?	years
High blood pressure?	O YES	$\circ$ NO	At what age?	years
High cholesterol?	$\circ$ YES	$\circ$ NO	At what age?	years

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Diabetes?	O YES	O NC	) At	what age?	years
Psychiatric problems?	O YES	ONC	)		
If yes, please describe					
Other medical problems?	O YES	O NO			
If yes, please descr	ribe				
<u>Child's Mother</u> [same ranges as Current ageyears					
If deceased, age at death?		year	s Cause o	of death?	
Mother's birth weight:	kilogra	ms	ounc	ees (0-16)	
Mother's current weight:	kilog	grams	01	unces (0-16)	
Mother's height:fee	t /meters (P	lease circle	e)	inches /centime	eters (Please circle)
If applicable, at what age did the	e mother be	ecome sig	gnificantly	overweight?	years
What is the most the mother has At what age?		ned?	kil	ogramsou	inces (0-16)
Does the mother have any learn If so, what type?	<b>-</b> 1				
Did the mother require special e					
What is the highest level of educ					
O No high school diploma o					
O High school diploma or C	GED				
O Some college, no bachelo	or's degree				
O Bachelor's degree or high	er				
O Unknown					
O Declined					
What is the mother's current occ	upation? _				
What was the mother's occupation					
Does the mother have a history	of:				
Significantly overv	weight?	O YES	O NO	At what age?	years
High blood pressur	re?	O YES	O NO	At what age?	years
High cholesterol?		O YES	O NO	At what age?	years
Diabetes?		O YES	O NO	At what age?	years
Psychiatric probler	ns?	O YES	O NO		
If yes, pleas	se describe				

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Other medical problem	ms? O YES O NO
If yes, please	describe
Sibling #1	ut the child's full and half-siblings. (same ranges as pro band/father)
Name: (last)	(first)
Relationship to the child: $\bigcirc$ full sist	ter O maternal half-sister O paternal half-sister
O full bro	other O maternal half-brother O 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 beca	ame significantly overweight as defined by a health care provider:
Does this person have learning probl	lems? O YES O NO
If so, what type?	
Did this sibling require special educa	ation? O YES O NO If yes, what type?
Describe any medical problems this	person has:

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5202 Sibling #2	Family History
Name: (last)	(first)
Relationship to the child: O full sister	O maternal half-sister O paternal half-sister
O full brother	maternal half-brother O paternal half-brother
Gender: ○ male ○ female	
Age:years	
If deceased, age at death?years	Cause of death?
Birth weight: kilogra	ms ounces (0-16)
Gestational age at birth:w	veeks
Current weight: kilogra	ms ounces (0-16)
Height: feet / meters centim	eters (please circle)
If applicable, age at which child became sigyears	nificantly overweight as defined by a health care provider:
Does this person have learning problems?	O YES O NO
If so, what type?	

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

Describe any medical problems this person has:

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Sibling #3	
Name: (last)	(first)
Relationship to the child:	O full sister O maternal half-sister O paternal half-sister
0 1	full brother O maternal half-brother O paternal half-brother
Gender: O male O female	e
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 charges	ild became significantly overweight as defined by a health care provider: rs
Does this person have learning	g problems? ○ YES ○ NO
If so, what typ	e?
Did this sibling require specia	al education? O YES O NO If yes, what type?
Describe any medical problem	ns this person has:

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Sibling #4
Name: (last) (first)
Relationship to the child: O full sister O maternal half-sister O 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: 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:
Does this person have learning problems? ○ YES ○ NO
If so, what type?
Did this sibling require special education? O YES O NO If yes, what type?
Describe any medical problems this person has:

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Sibling #5

Name: (last) \_\_\_\_\_\_ (first) \_\_\_\_\_\_

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

O full brother O maternal half-brother O paternal half-brother

Gender: O male O 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:

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

Describe any medical problems this person has:

Does this person have learning problems? ○ YES ○ NO

If so, what type?

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5202 Family History Sibling #6 Name: (last) (first) Relationship to the child: O full sister O maternal half-sister O paternal half-sister O full brother O maternal half-brother O paternal half-brother Gender: ○ male ○ female Age: \_\_\_\_\_years If deceased, age at death? years Cause of death? Birth weight: \_\_\_\_\_ silograms \_\_\_\_\_ 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: Does this person have learning problems? ○ YES ○ NO If so, what type? Did this sibling require special education? O YES O 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? O YES O NO O YES O NO Obesity? High blood pressure? O YES O NO

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High cholesterol?

Diabetes?

Sleep apnea?

Thyroid problems?