

Why is this survey important? In this survey we will ask you questions about your family history of Alzheimer's disease. Your answers to these questions are important to us because we are interested in exploring the links between family history of dementia and memory performance.

How long will this survey take to complete? 5 minutes or less.

1. Have any of your biological relatives been diagnosed with Alzheimer's disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes, show question #2 – If no, show question #6</i>	
2. Have any of your first-degree relatives (a first-degree relative is defined as your biological mother, father, or siblings) been diagnosed with Alzheimer's disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes show questions #3 and #4 and #5 – if no, show question #5</i> <i>Dev team note – both yes and no answers to #2 should show question #5</i>	
3. Was your first-degree relative diagnosed with Alzheimer's disease before the age of 55?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. If you have a first-degree relative (defined as your mother, father, or biological siblings) that was diagnosed with Alzheimer's disease at any age, what age were they diagnosed? <i>Please check the box below and then enter their approximate age when they were diagnosed.</i>	<input type="checkbox"/> Mother: <input type="checkbox"/> Father: <input type="checkbox"/> Sister: <input type="checkbox"/> Brother: <input type="checkbox"/> Additional Sibling(s): <input type="checkbox"/> Additional Sibling(s):
5. Do you have any second-degree relatives (grandparents, grandchildren, aunts, uncles, nephews, nieces, or half-siblings) that have been diagnosed with Alzheimer's disease?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had your DNA analyzed by 23andMe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>If yes to #6:</i>	
7. Could you indicate the number of APOE E4 alleles you carry in your genome? This is indicated in your 23andMe report.	<input type="checkbox"/> 0 <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> Prefer Not to Answer

Formatted: Highlight

Formatted: Highlight