

# Family History Form Data Dictionary

SID_DI	HEIRS participant ID - de-identified	Char \$11.
dvisit	Date of visit (Number of days from given date)	Num 4.
person	Relationship with participant	Num 4.
	1. You	
	2. Father	
	3. Mother	
	4. Brother	
	5. Sister	
	6. Spouse	
	7. Spouse's father	
	8. Spouse's mother	
	9. Son	
	10. Daughter	
	11. Brother-in-law	
	12. Sister-in-law	
	13. Nephew	
	14. Niece	
	15. Grandson	
	16. Granddaughter	
	17. Cousin - male	
	18. Cousin - female	
	19. Uncle	
	20. Aunt	
	21. Grandmother	
	22. Grandfather	
	23. Other	
gender	Gender 1. Male 2. Female	Num 4.
noinfo	No information (to be checked if participant does not have information for any of the fields- year birth, year of death, hemochromatosis, alcoholism, arthritis, cirrhosis, diabetes, heart disease and liver cancer.	Num 4.
hemo	Hemochromatosis or iron overload 1. Yes 2. No	Num 4.
Agehemo	Age at diagnosis of hemochromatosis	Num 4.
Alcohol	Alcoholism 1. Yes 2. No	Num 4.
Agealco	Age at diagnosis of alcoholism	Num 4.
Arthrit	Arthritis 1. Yes 2. No	Num 4.
Agearth	Age at diagnosis of arthritis	Num 4.
Cirrhos	Cirrhosis of the liver 1. Yes 2. No	Num 4.
Agecirr	Age at diagnosis of cirrhosis	Num 4.
Diabetes	Diabetes	Num 4.

	1. Yes 2. No	
Agediab	Age at diagnosis of diabetes	Num 4.
Heartdis	Heart disease 1. Yes 2. No	Num 4.
Ageheart	Age at diagnosis of heart disease	Num 4.
Livercan	Liver cancer 1. Yes 2. No	Num 4.
Ageliver	Age at diagnosis of liver cancer	Num 4.