**Gathering Your Family Health History**

How to ask family members about health?

It may be a little scary for some family members to talk about health concerns but it is important to document as much as you can from living relatives and to compare their history to any death certificates you may have obtained as part of your genealogical research, as well as your own health history.

It is also important to respect others and not bother those who do not want to share their health/medical histories.

When asking family members about health:

* Review your genealogical tree and decide who you will approach with health questions.
* Pick the questions you will ask ahead of time. Consider recording the conversation, with their permission.
* Write down health-related information using their words.
* Try to keep the questions short but avoid questions that can be answered with a simple yes or no. For example,
	+ what health problems did you experience as a child;
	+ what was your work environment like;
	+ what habits did you have that may have effected your health (smoking, alcohol, sun exposure);
	+ what health problems have you had as an adult; at what age;
	+ how was it treated (surgery, medication)?
* Do not expect people to know the answers to all your questions.
* Try not to interrupt—let your family member tell his or her story.
* Reassure all relatives that you will keep this information confidential, that you will only share with them and/or a health professional.

 **Disease** **Reason to ask about it**

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| Alzheimer’s disease | Alzheimer’s disease is one form of dementia but is often used to describe any form of dementia. DNA testing is available for individuals at risk, if they wish to know the information. |
| Asthma and allergies | These can indicate an environmental hazard as well as inherited issues with one’s immune system |
| Birth defects (heart defects, cleft lip and palate, spina bifida)  | Many are inherited, others are not. Testing is available if person has an increased risk for them or their offspring |
| Blindness, vision loss | Extremely important to document age of onset and whether present at birth or developed in childhood or adulthood |
| Deafness/hearing loss | Extremely important to document age of onset and whether present at birth or developed in childhood or adulthood |
| Cancer (breast, ovarian, colon, prostate, etc.) | Location of the cancer and whether it spread is key to note |
| Developmental delay/learning disorders/Autism | Collect a description of the delay/disorder/autism and any reasons for it as understood by the family |
| Diabetes/sugar disease | Age of onset is a clue as to what type it may be |
| Heart disease | Very common in many families; key is to know what form of heart disease  |
| High blood pressure | A risk factor for different diseases |
| Elevated cholesterol levels | Often associated with heart disease |
| History of surgeries | Multiple surgeries can indicate disease or malformations |
| Mental health disorders, such as depression, mania, schizophrenia | Known to run in families, although the inheritance is often unclear |
| Obesity | Linked to development of many diseases; some inherited factors known |
| Pregnancies a woman had, including miscarriages or still birth | Important to know if all pregnancies went to term and whether there were complications |
| Pregnancy complications such as prematurity, eclampsia | May be risk factors for relatives |
| Stroke/seizures | Key to document age and effects of both, even if the person has recovered |
| Substance abuse (alcohol, drugs) | May or may not have a hereditary component |
| Medication use (including adverse reactions) | Can indicate numerous health issues; can also indicate a medication that does not work for an individual |
| Sudden death | In infancy, childhood or adulthood, a person who died suddenly, even if the reason is unknown or it was an accident |