MAYO CLINIC

Mitochondrial Disease Biobank
Personal and Family History Questionnaire

Name:_____
(first) (last)

Gender (please circle) : M F DOB: ____/____/_____
(month)/(day)/(year)

Phone number: _____ home work cell

Address: _____

_____

City: _____ State: _____ Zip Code: _____
E-mail address: _____

Do you have a Mayo Clinic number (please circle): Y N Please list: _____

Name of Parent/Guardian (if applicable). _____

If guardian is for an adult, please attach documentation

Relationship to participant: _____

1. Do you have a suspected or confirmed mitochondrial disease?
   (Please circle): YES NO
2. Do any of your family members have a suspected or confirmed mitochondrial disease?
   (Please circle): YES NO
3. Which disease?

☐ Alpers' progressive sclerosing poliodystrophy
☐ Barth syndrome
☐ Chronic progressive external ophthalmoplegia
☐ Dominant optic atrophy
☐ Friedreich's Ataxia
☐ Hereditary paraganglioma
☐ Hereditary spastic paraplegia
☐ Kearns-Sayre syndrome
☐ Leber hereditary optic neuroretinopathy
☐ Leigh and Leigh-like Syndrome
☐ MELAS
☐ MERRF
☐ NARP
☐ Pearson syndrome
☐ Wolfram syndrome
☐ Other (please specify):_____

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Do you have a known genetic mutation? (Please circle): YES NO
What mutation do you have? _____

c) Which of your family members have a suspected or confirmed mitochondrial disease (you only need to list parents, children, and siblings):

Full name	Date of Birth	Relationship to you	Enrolled in the Biobank?
Full name	Date of Birth	Relationship to you	Enrolled in the Biobank?

d) Are you related to anyone currently enrolled in the Biobank? If so, please list each person's full name and relationship to you. For example, Joe Doe, brother.

Full name	Relationship to you
Full name	Relationship to you

4. Is it possible that your mother and father are related to each other by blood?
   (Please circle): YES NO
   If yes, please specify how:_____

5. What is your ancestry (your family's original country/countries of origin)?

☐ Northern Europe (ex: Nordic countries, United Kingdom, Germany)
☐ Southern Europe (ex: Italy, Spain, Greece)
☐ Eastern Europe (ex: Poland, Russia, Lithuania)
☐ Hispanic
☐ West Indies
☐ Central and South America
☐ North Africa (ex: Egypt, Algeria, Morocco)
☐ Middle East/ Southwest Asia (ex: Saudi Arabia, Iran, Turkey)
☐ Sub-Saharan Africa (ex: Ethiopia, Kenya, South Africa)
☐ South Asia (ex: India, Pakistan, Bangladesh)
☐ Other Asia (ex: China, Japan, Korea)
☐ Pacific Islands
☐ Native North American (except Hispanic)
☐ Ashkenazi Jewish