



DISCOVER HAE

Family Health Tree

Discover Your Family's Health History

Use the worksheet on the following page to fill in your family's health history. It may help you track your family's history of hereditary angioedema (HAE).

INCLUDE THE FOLLOWING INFORMATION FOR EACH PERSON (WHERE APPLICABLE):

- Date of birth
- Diagnosed with HAE: Yes or No
- Age diagnosed
- Other major medical conditions

START MOVING FORWARD

Discuss HAE with your family members and encourage them to complete a family health tree of their own. Having a complete family health history is important in identifying and diagnosing a genetic disorder like HAE. You can also discuss your family health history with your doctor.

ENCOURAGE YOUR FAMILY MEMBERS TO TALK TO THEIR DOCTOR ABOUT GETTING TESTED FOR HAE

HAE is a rare disease that affects 1 in 50,000 people in the entire world. HAE is called hereditary because it can be passed on from a parent. A child has a 50% chance of getting HAE if one parent has it. In a 2010 online global survey of 313 people with HAE, patients had an average of 2 immediate and 2 extended family members diagnosed with HAE. Screening family members can aid in diagnosis, education and management of HAE.

COMPLETE YOUR HAE FAMILY TREE ON THE NEXT PAGE



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The diagram is a family health tree with three generations. The top row contains four boxes for Grandmother and Grandfather. The second row contains six boxes for Aunt/Uncle, Mother, Father, and Aunt/Uncle. The third row contains four boxes for Sister/Brother, You, and Spouse. The bottom row contains three boxes for Child. Each box contains a title, a line for Year of Birth, a question 'Diagnosed With HAE?' with Yes/No radio buttons, a line for Age Diagnosed, and a line for Other Major Medical Conditions. The 'You' box is highlighted with a thick blue border.

Grandmother
Year of Birth: _____
Diagnosed With HAE?
☐ Yes ☐ No
Age Diagnosed: _____
Other Major Medical Conditions: _____

Grandfather
Year of Birth: _____
Diagnosed With HAE?
☐ Yes ☐ No
Age Diagnosed: _____
Other Major Medical Conditions: _____

Aunt/Uncle
Year of Birth: _____
Diagnosed With HAE?
☐ Yes ☐ No
Age Diagnosed: _____
Other Major Medical Conditions: _____

Aunt/Uncle
Year of Birth: _____
Diagnosed With HAE?
☐ Yes ☐ No
Age Diagnosed: _____
Other Major Medical Conditions: _____

Mother
Year of Birth: _____
Diagnosed With HAE?
☐ Yes ☐ No
Age Diagnosed: _____
Other Major Medical Conditions: _____

Father
Year of Birth: _____
Diagnosed With HAE?
☐ Yes ☐ No
Age Diagnosed: _____
Other Major Medical Conditions: _____

Aunt/Uncle
Year of Birth: _____
Diagnosed With HAE?
☐ Yes ☐ No
Age Diagnosed: _____
Other Major Medical Conditions: _____

Aunt/Uncle
Year of Birth: _____
Diagnosed With HAE?
☐ Yes ☐ No
Age Diagnosed: _____
Other Major Medical Conditions: _____

Sister/Brother
Year of Birth: _____
Diagnosed With HAE?
☐ Yes ☐ No
Age Diagnosed: _____
Other Major Medical Conditions: _____

Sister/Brother
Year of Birth: _____
Diagnosed With HAE?
☐ Yes ☐ No
Age Diagnosed: _____
Other Major Medical Conditions: _____

You
Year of Birth: _____
Diagnosed With HAE?
☐ Yes ☐ No
Age Diagnosed: _____
Other Major Medical Conditions: _____

Spouse
Year of Birth: _____
Diagnosed With HAE?
☐ Yes ☐ No
Age Diagnosed: _____
Other Major Medical Conditions: _____

Child
Year of Birth: _____
Diagnosed With HAE?
☐ Yes ☐ No
Age Diagnosed: _____
Other Major Medical Conditions: _____

Child
Year of Birth: _____
Diagnosed With HAE?
☐ Yes ☐ No
Age Diagnosed: _____
Other Major Medical Conditions: _____

Child
Year of Birth: _____
Diagnosed With HAE?
☐ Yes ☐ No
Age Diagnosed: _____
Other Major Medical Conditions: _____

