Appendix I

Intervi	iew que	stions family history Blount disease:					
1.	Date o	of interview:					
2.	Preser	nt at the interview:	PATIENT / FATHER	/ N	ЛΟТ	HER	/
			OTHERS:				
3.	Name	patient:		Μ /	′ F		
4.	Teleph	none number:					
5.	Date of birth patient:						
6.	Patient number:						
7.	Address patient:						
8.	Region	n of birth:					
9.	Ethnic	group:					
10.	Age st	arted bowing legs:					
		EARLY ONSET / JUVE	NILE ONSET / ADOLESS	ENT	ONS	SET	
11.	Leg(s) affected:						
12.	History of Blount disease/bowed legs father: YES					NO	
13.	History of Blount disease/bowed legs mother:			YES	/	NO	
14.	History of Blount disease/bowed legs siblings:			YES	/	NO	
15.	History of Blount disease/bowed legs other family members: YES / NO						
16.	If yes answered on questions 12-15:						
	a.	What was the age of diagnosis?					
	b.	Where was it diagnosed?					
	c. Did he or she received an operation?						
	d. Did it resolve by itself? If yes, at what age?						

17.	Any older or younger siblings?	
18.	Age of mother at birth of patient?	
19.	Any further comments: (Possible to take blo	ood from both parents and child?