Family Medical History
Baseline

B. My Family

1. Is your natural mother living?

fhmstat

If Yes, How old is she now? fhmage1 [ ] years of age

fhmdk1 [ ] Don't know

Has your natural mother ever had any of the following?
Diabetes fhmdiab1

High blood pressure fhmhb1

Stroke fhmstrk1

Heart attack fhmhrt1

If No, Approximately how old was your natural mother when she died?

fhmage2 [ ] years of age

fhmdk2 [ ] Don't know
What was the cause of your natural mother's death?

fhmdeath

1. Cancer
2. Heart attack
3. Stroke
4. Diabetes
5. Other
9. I don't know

Did your natural mother ever have any of the following?

Diabetes fhmdiab2

1. Yes
2. No
9. I don't know

High blood pressure fhmhb2

1. Yes
2. No
9. I don't know

Stroke fhmstrk2

1. Yes
2. No
9. I don't know

Heart attack fhmht2

1. Yes
2. No
9. I don't know

B. My Family - continued

1. Is your natural father living?

fhfstat

1. yes
2. no
9. I don't know if my natural father is living

If Yes, How old is he now? fhfage1 years of age

fhfd1 value="1" Don't know

Has your natural father ever had any of the following?

Diabetes fhfd1
<table>
<thead>
<tr>
<th>Condition</th>
<th>FHFP1</th>
<th>FHFP2</th>
<th>FHFP3</th>
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</thead>
<tbody>
<tr>
<td>High blood pressure</td>
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<td>Stroke</td>
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<tr>
<td>Heart attack</td>
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</table>

**If No,** Approximately how old was your natural father when he died?

- **FHFAge2** years of age
- **FHFDK2** value="1" Don't know

What was the cause of your natural father's death?

- **FHFDCE**

Did your natural father ever have any of the following?

- **Diabetes**
- **FHFDIAB2**
- **High blood pressure**
- **FHFBP2**
- **Stroke**
- **FHFSRK2**
- **Heart attack**
- **FHFRKT2**
B. My Family - continued

3. How many full brothers and sisters do you have? Include any brothers or sisters who may have died, but do not include any half or step brothers or sisters. Check the "Don't know" box if you don't know.

<table>
<thead>
<tr>
<th>Brothers</th>
<th>Sisters</th>
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<tbody>
<tr>
<td>Diabetes</td>
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</table>

4. How many of them had:

(Check the "Don't know" box if you don't know how many have had these conditions).

<table>
<thead>
<tr>
<th>Brothers</th>
<th>Sisters</th>
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</thead>
<tbody>
<tr>
<td>Diabetes</td>
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<table>
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<th>High blood pressure</th>
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| Heart attack |         |
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<th>Stroke</th>
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</tbody>
</table>

fhbrocnt number of brothers  fhsicnt number of sisters
fhbdk value="1" I don't know how many   fhsdk value="1" I don't know how many
full brothers i have full sisters i have

fhbdiab number fhsdiab number
fhbdk1 value="1" Don't know fhsdk1 value="1" Don't know

fhbhbp number fshbp number
fhbdk2 value="1" Don't know fhsdk2 value="1" Don't know

fhbhrt number fshrt number
fhbdk3 value="1" Don't know fhsdk3 value="1" Don't know

fhbstrk number fhsstrk number
fhbdk4 value="1" Don't know fhsdk4 value="1" Don't know
## A. Myself

1. Marital Status: (Choose one that is most appropriate)
   - □ Never married
   - □ Married
   - □ Divorced
   - □ Widowed
   - □ Separated
   - □ Living in a marriage-like relationship

2. What is the most education you have completed? CHECK ONLY ONE BOX FOR THE HIGHEST LEVEL OF SCHOOLING YOU RECEIVED.
   - □ Less than high school
   - □ High school diploma or equivalency (GED)
   - □ Some vocational school
   - □ Some college
   - □ Associate degree (junior college)
   - □ Bachelor's degree
   - □ Some graduate school
   - □ Master's degree
   - □ Doctorate
   - □ Professional (MD, JD, DDS, etc.)
   - □ Other, specify: [ ]
### A. Myself

3. Are you unemployed or laid off?
   - 1 Yes
   - 2 No

4. Are you looking for work?
   - 1 Yes
   - 2 No

5. Are you keeping house or raising children full-time?
   - 1 Yes
   - 2 No

6. Are you working full time for pay?
   - 1 Yes
   - 2 No
   - Which of the following best represents your full-time occupation?
     (choose only one)
     - 1 Office/Professional
     - 2 Technician
     - 3 Sales
     - 4 Office/Clerical
     - 5 Skilled/Craftsman
     - 6 Unskilled/semi-skilled

7. Are you working part-time for pay?
   - 1 Yes
   - 2 No
   - Which of the following best represents your part-time occupation?
     (choose only one)
     - 1 Office/Professional
     - 2 Technician
     - 3 Sales
     - 4 Office/Clerical
     - 5 Skilled/Craftsman
     - 6 Unskilled/semi-skilled

8. Are you a full or part-time student?
   - 1 Yes
   - 2 No
<table>
<thead>
<tr>
<th></th>
<th>Question</th>
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<tbody>
<tr>
<td>9</td>
<td>How many people are currently living in your household, including yourself?</td>
</tr>
<tr>
<td></td>
<td>□□ number of people</td>
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<tr>
<td>10</td>
<td>Do you have any children or stepchildren living with you now? 1. How many are 18 years old or older?</td>
</tr>
<tr>
<td></td>
<td>□ Yes □ No 2. How many are younger than 18 years old?</td>
</tr>
<tr>
<td>11</td>
<td>In the past twelve months, how much did you and others currently living in your household earn from all sources?</td>
</tr>
<tr>
<td></td>
<td>1 □ Under $10,000 4 □ $30,000 - $39,999 7 □ $60,000 - $69,999 2 □ $10,000 - $19,999 5 □ $40,000 - $49,999 8 □ $70,000 - $79,999 3 □ $20,000 - $29,999</td>
</tr>
<tr>
<td></td>
<td>6 □ $50,000 - $59,999 9 □ $80,000 or more  1 □ $5,001 - $10,000 5 □ $10,001 - $25,000 9 □ $250,001 - $500,000 2 □ $501 - $1,000 6 □ $25,001 - $50,000</td>
</tr>
<tr>
<td></td>
<td>10 □ $500,001 - $1,000,000 3 □ $1,001 - $5,000 7 □ $50,001 - $100,000 11 □ $1,000,001 or more 4 □ $5,001 - $10,000 8 □ $100,001 - $250,000</td>
</tr>
</tbody>
</table>
A. Myself

13. Which of the following categories describe your health insurance status? (Check all that apply.)
   1. [ ] Uninsured ➔ **Skip to question 15, below**
   2. [ ] Insurance from your or your partner’s employer / former employer / union
   3. [ ] Individual insurance
   4. [ ] Medicare
   5. [ ] Medicaid
   6. [ ] Tricare / VA / Other Military insurance
   7. [ ] Indian Health Service
   8. [ ] Other

14. What type of health insurance do you have?
   (Check all that apply.)
   1. [ ] Have to pay a co-payment for doctor’s visits or emergency room visits.
   2. [ ] Have to get a referral to see a specialist.
   3. [x] Neither. No co-payments or referral for specialist required.
   4. [ ] Don’t know.

15. Which one of the following health care facilities best describe your **usual source of care**?
   (Check one.)
   1. [ ] Private doctor’s office
   2. [ ] Hospital clinic or outpatient department
   3. [ ] Community health center
   4. [ ] Other kind of health care facility
   5. [ ] No usual source of care
### B. My Family

1. Is your natural mother living? **Check one box only:** Yes, No, or I don't know.
   - □ Yes
   - □ No
   - □ I don't know

   How old is she now?
   - □ [ ] years of age
   - □ Don't know

   Has your natural mother ever had any of the following?
   - Diabetes
     - □ Yes
     - □ No
     - □ I don't know
   - High blood pressure
     - □ Yes
     - □ No
     - □ I don't know
   - Stroke
     - □ Yes
     - □ No
     - □ I don't know
   - Heart attack
     - □ Yes
     - □ No
     - □ I don't know

2. □ No

   Approximately how old was your natural mother when she died?
   - □ [ ] years of age
   - □ Don't know

   What was the cause of your natural mother's death? **Check one.**
   - □ Cancer
   - □ Heart attack
   - □ Stroke
   - □ Diabetes
   - □ Other
   - □ Don't know

   Did your natural mother ever have any of the following?
   - Diabetes
     - □ Yes
     - □ No
     - □ I don't know
   - High blood pressure
     - □ Yes
     - □ No
     - □ I don't know
   - Stroke
     - □ Yes
     - □ No
     - □ I don't know
   - Heart attack
     - □ Yes
     - □ No
     - □ I don't know

   □ I don't know if my natural mother is living.
### B. My Family

2. Is your natural father living? **Check one box only: Yes, No, or I don't know.**

   1. Yes
      - How old is he now?
      - □ [ ] years of age
      - □ Don't know

   Has your natural father ever had any of the following?
   - Diabetes 1 □ Yes 2 □ No 9 □ I don't know
   - High blood pressure 1 □ Yes 2 □ No 9 □ I don't know
   - Stroke 1 □ Yes 2 □ No 9 □ I don't know
   - Heart attack 1 □ Yes 2 □ No 9 □ I don't know

   2. No
      - Approximately how old was your father when he died?
      - □ [ ] years of age
      - □ Don't know

   What was the cause of your natural father's death? **Check one.**
   1 □ Cancer
   2 □ Heart attack
   3 □ Stroke
   4 □ Diabetes
   5 □ Other
   9 □ Don't know

   Did your natural father ever have any of the following?
   - Diabetes 1 □ Yes 2 □ No 9 □ I don't know
   - High blood pressure 1 □ Yes 2 □ No 9 □ I don't know
   - Stroke 1 □ Yes 2 □ No 9 □ I don't know
   - Heart attack 1 □ Yes 2 □ No 9 □ I don't know

9 □ I don't know if my natural father is living.
### B. My Family

3. How many full brothers and sisters do you have? Include any brothers or sisters who may have died, but do not include any half or step brothers or sisters. Check the "don't know" box if you don't know.

- [ ] Number of brothers
- [ ] Number of sisters
- [ ] I don't know how many full brothers I have.
- [ ] I don’t know how many full sisters I have.

4. How many of them have had:
   (Check the "don't know" box if you don't know how many have had these conditions.)

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<tr>
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<th>Number of brothers</th>
<th>Number of sisters</th>
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<tbody>
<tr>
<td><strong>Diabetes</strong></td>
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<td>[ ] Number</td>
<td>[ ] Number</td>
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<tr>
<td><strong>High blood pressure</strong></td>
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<td><strong>Heart attack</strong></td>
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