

# Family Medical History Baseline

PID: 0	Acrostic: 0	Visit:
Completed: d_form	Date Form	Administration Type: admin
Reviewed by: compby	Language: language	

## B. My Family

1. Is your natural mother living?

fhmstat

- 1 Yes
- 2 No
- 9 I don't know if my natural mother is living

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

fhmdk1 value="1"  Don't know

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

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

High blood pressure fhmhbp1

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

Stroke fhmstrk1

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

Heart attack fhmhrt1

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

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

fhmage2  years of age

fhmdk2 value="1"  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

fhmhbp2

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

Stroke

fhmstrk2

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

Heart attack

fhmhrt2

- 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

fdfd1 value="1"  Don't know

Has your natural father ever had any of the following?

Diabetes

fhdia1

- 1 yes
- 2 no

9 i don't know

High blood pressure fhfhbp1

1 yes  
2 no  
9 i don't know

Stroke fhfstrk1

1 yes  
2 no  
9 i don't know

Heart attack fhfhrt1

1 yes  
2 no  
9 i don't know

→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?

fhfdeath

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 fhfdiab2

1 yes  
2 no  
9 i don't know

High blood pressure fhfhbp2

1 yes  
2 no  
9 i don't know

Stroke fhfstrk2

1 yes  
2 no  
9 i don't know

Heart attack fhfhrt2

1 yes  
2 no  
9 i don't know

## 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.

fhbrocnt  number of brothers

fhsiscnt  number of sisters

fhbdk value="1"  I don't know how many  
full brothers i have

fhsdk value="1"  I don't know how  
full sisters i have

4. How many of them had:

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

	<b>Brothers</b>	<b>Sisters</b>
<b>Diabetes</b>	fhbdiab <input type="text"/> number	fhsdiab <input type="text"/> number
	fhbdk1 value="1" <input type="checkbox"/> Don't know	fhsdk1 value="1" <input type="checkbox"/> Don't know
<b>High blood pressure</b>	fhbhbp <input type="text"/> number	fhsbhp <input type="text"/> number
	fhbdk2 value="1" <input type="checkbox"/> Don't know	fhsdk2 value="1" <input type="checkbox"/> Don't know
<b>Heart attack</b>	fhbhrt <input type="text"/> number	fhsprt <input type="text"/> number
	fhbdk3 value="1" <input type="checkbox"/> Don't know	fhsdk3 value="1" <input type="checkbox"/> Don't know
<b>Stroke</b>	fhbstrk <input type="text"/> number	fhsstrk <input type="text"/> number
	fhbdk4 value="1" <input type="checkbox"/> Don't know	fhsdk4 value="1" <input type="checkbox"/> Don't know

# MYSELF AND MY FAMILY

Patient ID	[affix ID label here]	Date Form Completed	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>				
		Month	Day	Year			
Administration Type	<input type="text"/>	Visit Code	<input type="text"/> <input type="text"/>	Reviewed by	<input type="text"/> <input type="text"/>	Language	<input type="text" value="E"/>

## A. Myself

1. Marital Status: (Choose one that is most appropriate)

- |                                          |                                                                   |
|------------------------------------------|-------------------------------------------------------------------|
| 1 <input type="checkbox"/> Never married | 4 <input type="checkbox"/> Widowed                                |
| 2 <input type="checkbox"/> Married       | 5 <input type="checkbox"/> Separated                              |
| 3 <input type="checkbox"/> Divorced      | 6 <input type="checkbox"/> 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.

- 1  Less than high school → How many years of formal education do you have?
- 2  High school diploma or equivalency (GED)
- 3  Some vocational school
- 4  Some college
- 5  Associate degree (junior college)
- 6  Bachelor's degree
- 7  Some graduate school
- 8  Master's degree
- 9  Doctorate
- 10  Professional (MD, JD, DDS, etc.)
- 11  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 <input type="checkbox"/> Office/Professional	4 <input type="checkbox"/> Office/Clerical
2 <input type="checkbox"/> Technician	5 <input type="checkbox"/> Skilled/Craftsman
3 <input type="checkbox"/> Sales	6 <input type="checkbox"/> 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 <input type="checkbox"/> Office/Professional	4 <input type="checkbox"/> Office/Clerical
2 <input type="checkbox"/> Technician	5 <input type="checkbox"/> Skilled/Craftsman
3 <input type="checkbox"/> Sales	6 <input type="checkbox"/> Unskilled/semi-skilled

8. Are you a full or part-time student?

1  Yes

2  No



**A. Myself**

9. How many people are currently living in your household, including yourself?

number of people

10. Do you have any children or stepchildren living with you now?

Yes →

1. How many are 18 years old or older?

No

2. How many are younger than 18 years old?

11. In the past twelve months, how much did you and others currently living in your household earn from all sources?

Under \$10,000

\$30,000 - \$39,999

\$60,000 - \$69,999

\$10,000 - \$19,999

\$40,000 - \$49,999

\$70,000 - \$79,999

\$20,000 - \$29,999

\$50,000 - \$59,999

\$80,000 or more

12. How much money would you and others currently living in your household have if you cashed in all your checking and savings accounts, stocks and bonds, real estate, sold your home, your vehicles, and all your valuable possessions?

0 - \$500

\$10,001 - 25,000

\$250,001 - \$500,000

\$501 - \$1,000

\$25,001 - \$50,000

\$500,001 - \$1,000,000

\$1,001 - \$5,000

\$50,001 - \$100,000

\$1,000,001 or more

\$5,001 - \$10,000

\$100,001 - \$250,000



**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  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 →

How old is she now?  
 years of age  
 Don't know

Has your natural mother ever had any of the following?

Diabetes	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
High blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
Heart attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know

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	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
High blood pressure	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
Stroke	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> I don't know
Heart attack	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> 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.**

Yes →

How old is he now?

years of age

Don't know

Has your natural father 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

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.**

Cancer

Heart attack

Stroke

Diabetes

Other

Don't know

Did your natural father 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 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.)

	Number of brothers	Number of sisters
<b>Diabetes</b>	<input type="text"/> <input type="text"/> Number <input type="checkbox"/> Don't know	<input type="text"/> <input type="text"/> Number <input type="checkbox"/> Don't know
<b>High blood pressure</b>	<input type="text"/> <input type="text"/> Number <input type="checkbox"/> Don't know	<input type="text"/> <input type="text"/> Number <input type="checkbox"/> Don't know
<b>Heart attack</b>	<input type="text"/> <input type="text"/> Number <input type="checkbox"/> Don't know	<input type="text"/> <input type="text"/> Number <input type="checkbox"/> Don't know
<b>Stroke</b>	<input type="text"/> <input type="text"/> Number <input type="checkbox"/> Don't know	<input type="text"/> <input type="text"/> Number <input type="checkbox"/> Don't know