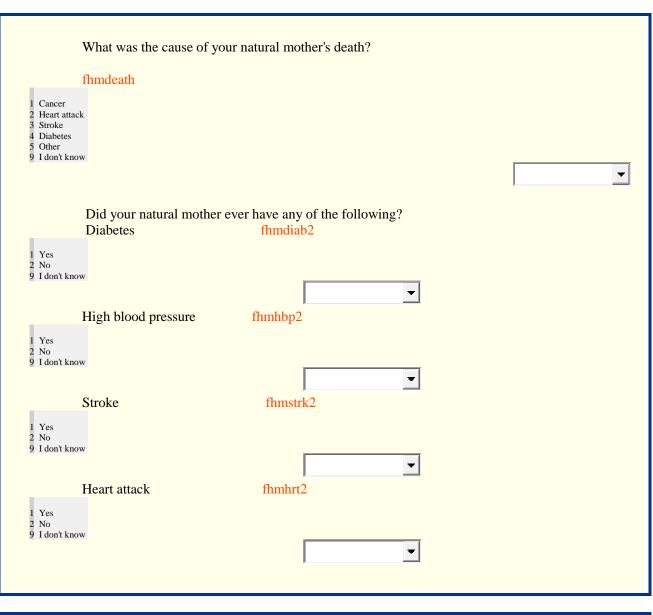
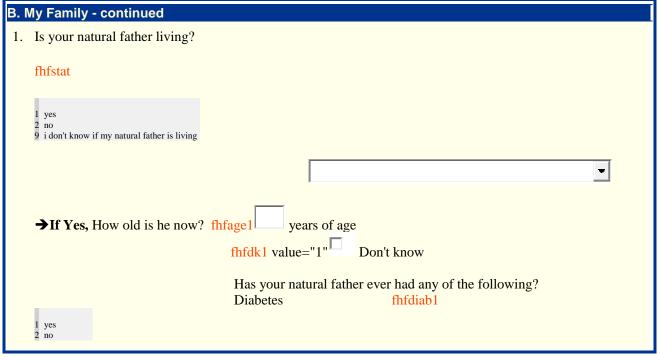
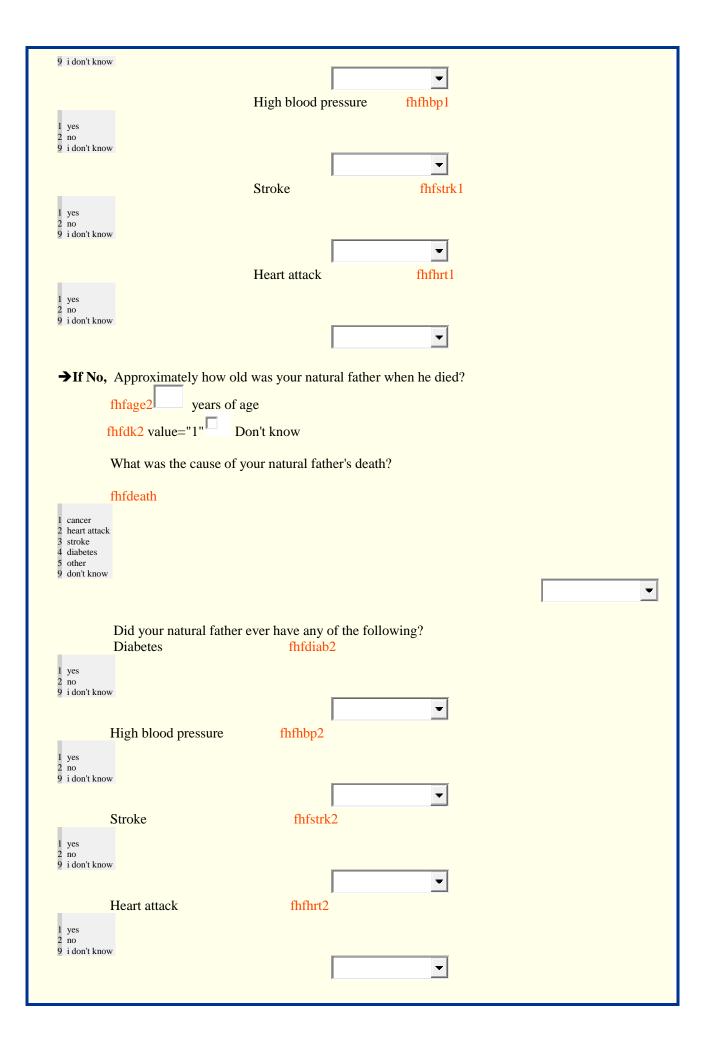
Family Medical History Baseline



B. N	My Family	
	Is your natural mother living?	
	fhmstat	
	Yes No I don't know if my natural mother is living	
	→If Yes, How old is she now? fl	hmage1 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	Stroke Hillisuk I
	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	
	_	Don't know







B. N	My Family - continued			
3.	How many full brothers and s not include any half or step be			
	fhbrocnt number of brothers i have	know how many	number of sis fhsdk value="	_
4.	How many of them had:			
	(Check the "Don't know" box	if you don't know how r	many have had these con	nditions).
		Brothers	Sisters	
	Diabetes	fhbdiab number	fhsdiab	mber
		fhbdk1 value="1"	Don't know fhsd	k1 value="1" Don't know
	High blood pressure	fhbhbp number	fhshbp	ber
	-	fhbdk2 value="1"	Don't know fhsd	k2 value="1" Don't know
	Heart attack	fhbhrt number	fhshrt numbe	er
		fhbdk3 value="1"	Don't know fhsd	k3 value="1" Don't know
	Stroke	fhbstrk number	fhsstrk numl	ber
		fhbdk4 value="1"	Don't know fhsd	k4 value="1" Don't know

MYSELF AND MY FAMILY

Patient ID		[affix ID label here]		Date Form Completed	Month	Day Year
Administra	ition Type	Visit Code	F	Reviewed by		Language E

	A. Myself	
1.	Marital Status: (Choose one t	hat is most appropriate)
	Never married Nev	₄ □ Widowed
	2 ☐ Married	₅ ☐ Separated
	₃ ☐ Divorced	6 ☐ Living in a marriage-like relationship
2.	What is the most education years HIGHEST LEVEL OF SCHO	ou have completed? CHECK ONLY ONE BOX FOR THE OLING YOU RECEIVED.
	₁ ☐ Less than high school →	How many years of formal education do you have?
	₂ \square High school diploma or Θ	equivalency (GED)
	₃ ☐ Some vocational school	
	₄ ☐ Some college	
	₅ ☐ Associate degree (junion	college)
	₆ □ Bachelor's degree	
	₇ ☐ Some graduate school	
	₈ ☐ Master's degree	
	₉ Doctorate	
	10 ☐ Professional (MD, JD, D	DS, etc.)
	11 ☐ Other, specify:	

	A. Myself	f		
3.	Are you unem	ployed or lai	d off?	
	₁ ☐ Yes			
	₂ No			
4.	Are you lookir	ng for work?		
	₁ ☐ Yes			
	2 □ No			
5.	Are you keepi	ing house or	raising children full	l-time?
	₁ ☐ Yes			
	₂ No			
6.	Are you worki	ng full time fo	or pay?	
	₁ □ Yes →	Which of the	e following best rep	resents your full-time occupation?
		(choose only	y one)	
	2 □ No	1 ☐ Office/P	rofessional	₄ ☐ Office/Clerical
		2 Technic	ian	₅ ☐ Skilled/Craftsman
		₃ ☐ Sales		6 ☐ Unskilled/semi-skilled
7.	Are you worki	ng part-time	for pay?	
	₁ □ Yes →	Which of the	e following best rep	resents your part-time occupation?
		(choose only	y one)	
	2 □ No	1 ☐ Office/P	rofessional	₄ ☐ Office/Clerical
		2 Technic	ian	₅ ☐ Skilled/Craftsman
		₃ ☐ Sales		6 ☐ Unskilled/semi-skilled
8.	Are you a full	or part-time	student?	
	₁ ☐ Yes			
	₂ No			

				·
	A. Myse	lf		
9.	How many peop	ole are currently	y living in your household, ir	cluding yourself?
	numbe	r of people		
10.	Do you have an	y children or st	epchildren living with you no	ow?
	₁ ☐ Yes →	1. How many	y are 18 years old or older?	
	2 No	2. How many	y are younger than 18 years	old?
11.	In the past twelve from all sources		/ much did you and others c	urrently living in your household earn
	₁ ☐ Under \$10,0	000	4 □ \$30,000 - \$39,999	7 □ \$60,000 - \$69,999
	₂ 🗆 \$10,000 - \$7	19,999	5 □ \$40,000 - \$49,999	8 □ \$70,000 - \$79,999
	₃ □ \$20,000 - \$2	29,999	6 □ \$50,000 - \$59,999	₉ □ \$80,000 or more
12.		g and savings	accounts, stocks and bonds	your household have if you cashed in , real estate, sold your home, your
	₁ □ 0 - \$500		5 □ \$10,001 − 25,000	9 □ \$250,001 - \$500,000
	₂ □ \$501 - \$1,00	00	6 □ \$25,001 - \$50,000	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	0,000	8 □ \$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
	₅
	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 <u>usual source of care</u> ?
	(Check one.)
	□ Private doctor's office
	2 ☐ Hospital clinic or outpatient department
	3 □ Community health center
	4 □ Other kind of health care facility □ No years of care.
	₅ □No usual source of care

<u> </u>		=

B. My	Family			
1. Is your natur	al mother living? C	heck one box or	nly: Yes, No	o, or I don't know.
₁ □Yes →	How old is she now	v? rs of age		
	Has your natural n	nother ever had a	ny of the fo	llowing?
	Diabetes	₁□Yes	₂ 🗌 No	$_{9}$ \square I don't know
	High blood pressu	re ₁□Yes	₂ 🗌 No	$_9$ \square I don't know
	Stroke	₁□Yes	₂ 🗌 No	$_{9}$ \square I don't know
	Heart attack	₁□Yes	₂ No	₉ ☐ I don't know
	yea □Don't know What was the cause Check one. □Cancer □Heart attack □Stroke □Diabetes □Other □Don't know	rs of age se of your natural	mother's d	eath?
	Did your natural m	other ever have a	any of the fo	ollowing?
	Diabetes	₁□Yes	, ₂	₉ ☐ I don't know
	High blood pressu	re ₁ □Yes	₂ No	₉ ☐ I don't know
	Stroke	₁□Yes	2	₉ ☐ I don't know
	Heart attack	₁ □Yes	₂ □ No	₉ ☐ I don't know
₃ □ I don't kr	now if my natural mo	other is living.		

B. My	Family				
. Is your natur	al father living? Check o	ne box only	: Yes, No,	or I don't know.	
₁ □Yes →	How old is he now?				
	□ □ □ □ years of a □ □ Don't know	age			
	Has your natural father	ever had an	y of the follo	owing?	
	Diabetes	₁□Yes	₂ 🗌 No	₉ Idon't know	
	High blood pressure	₁□Yes	2 □ No	₉ Idon't know	
	Stroke	₁□Yes	₂ 🗌 No	₉ 🔲 I don't know	
	Heart attack	₁□Yes	₂ No	₉ Idon't know	
					_
	Approximately how old was years of a Don't know What was the cause of your Cancer Description of the Canc	age			
	Did your natural father e	ever have an	y of the foll	owing?	
	Diabetes	₁□Yes	2 □ No	₉ Idon't know	
	High blood pressure	₁□Yes	₂ 🗌 No	₉ Idon't know	
	Stroke	₁ □Yes	₂ 🗌 No	₉ Idon't know	
	Heart attack	₁□Yes	2 No	₉ Idon't know	
₉	ow if my natural father is	living.			

B. My Famil	ly			
	hers and sisters do you hav If or step brothers or sisters.			
	of brothers v many full brothers I have.	Number o		
How many of them				
(Check the "don't k	now" box if you don't know	-		s.) of sisters
Diabetes		Number		Number
	□Don't k	now	□ Don't l	know
High blood press		Number		Number
High blood press	ure Don't k	Number now Number	□ Don't k	Number know Number