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 user: **Kathy Lane**   staff id: **30013**   login: **10/27/2010 12:34:37**
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## Family Medical History Baseline

PID: 0	Acrostic: 0	Visit:	
Date Form Completed: <b>d_form</b>	Administration Type: <b>admin</b>		
Reviewed by: <b>compby</b>	Language: <b>language</b> English		

### 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? **fmage1** \_\_\_\_\_ years of age

**fhmdk1** value="1"  Don't know

had any of the following?

Has your natural mother ever

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

any of the following?

**fhfdiab1**

- 1 yes
- 2 no
- 9 i don't know



**fhfhbp1**

- 1 yes
- 2 no
- 9 i don't know



**fhfstrk1**

- 1 yes
- 2 no
- 9 i don't know



**fhfhrt1**

- 1 yes
- 2 no
- 9 i don't know



**fhfdk1** value="1"  Don't know

Has your natural father ever had  
Diabetes

High blood pressure

Stroke

Heart attack

→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**

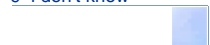
- 1 cancer
- 2 heart attack
- 3 stroke
- 4 diabetes
- 5 other
- 9 don't know



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  
 fhstdk value="1"  I don't know how many  
 full brothers i have 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).

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

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