

FHH Female Version

Question Number	Verbatim Question	Response categories and comments
1a	What was the month and year of your birth? Month _____ Year_____	
1b	What state were you born in? State _____ I was born outside the U.S.	enter two letter state code DC=District of Columbia 1 = box checked
2	What is your sex?	1=male 2=female
3a	What is your race?	1=asian 2=black 3=white 4=american indian 5=other 9=multiple boxes checked
3b	Are you of Mexican, Latino, or Hispanic origin?	1=yes 2=no.
4	Please check how far you've gone in school.... (Choose one)	1=Didn't go to high school 2=Some high school 3=High school graduate or GED 4=Some college or technical school 5=4 year college graduate 9=Multiple boxes checked
5	What is your current marital status? Are you now...	1=married 2=not married, but <u>living together</u> with a partner 3=widowed 4=separated 5=divorced 6=never married 9=multiple answers checked

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6a	How many times have you been married?	1=1 2=2 3=3 4=4 or more 5=never married 9=multiple boxes checked
6b	During what month and year were you first married?	Range: 1-12
	Month____	
	Year____	Range: 10-96
	Never married	1=never married
7a	Which of the following best describes your employment status?	1=full time (35 hours or more) 2=part-time (1-34 hours) 3=Not employed outside the home 9=multiple items checked
	<i>If you are currently employed outside the home:</i>	
7b	How many days of work did you miss in the past 30 days due to stress or feeling depressed?	Range: 0-30
7c	How many days of work did you miss in the past 30 days due to poor physical health?	Range: 0-30
8	For most of your childhood, did your family own there home?	1=yes 2=no
9a	During your childhood, how many times did you move residences, even in the same town?	Range: 00-99
	# of times _____	
10	How old was your mother when you were born?	
	Age _____	

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11a	How much education does/did your mother have? (Choose one)	1=Didn't go to high school 2=Some high school 3=high school graduate or GED 4=Some college or technical school 5=College graduate or higher 9=Multiple boxes checked
11b	How much education does/did your father have? (Choose one)	1=Didn't go to high school 2=Some high school 3=high school graduate or GED 4=Some college or technical school 5=College graduate or higher
12	Have you ever been pregnant? <i>If no skip to question 16</i>	1=yes 2=no
13a	Are you pregnant now?	1=yes 2=no 3=don't know
13b	How many times have you been pregnant? Number_____	Range:00-99
13c	How many pregnancies resulted in the birth of a child? Number:_____	Range:00-99
13d	How old were you the first time you became pregnant? age:_____	Range:00-99
13e	The first time you became pregnant, how old was the person who got you pregnant? age:_____	Range:00-99
13f	During what month and year did your first pregnancy end? Month_____	Range:01-12
	Year_____	Range:00-99

Question Number	Verbatim Question	Response categories and comments
13g	How did your first pregnancy end?	1=live births 2=stillbirth/miscarriage 3=tubal or ectopic pregnancy 4=elective abortion 5=other 9=multiple responses.
13h	When your first pregnancy began, did you intend to get pregnant at that time in your life?	1=yes 2=no 3=didn't care
14	Were you ever pregnant a second time? <i>If no skip to question 16</i>	1=yes 2=no
15a	What month and year did your second pregnancy end? month_____	Range:01-12
15a	year_____	Range:00-99
15b	How did your second pregnancy end?	1=live birth 2=stillbirth/miscarriage 3=tubal or ectopic pregnancy 4=elective abortion 5=other 9=multiple responses
15c	When your second pregnancy began, did you intend to get pregnant at that time in your life?	1=yes 2=no 3=didn't care
16	<i>In order to get a more complete picture of the health of our patients, the next three questions are about <u>voluntary</u> sexual experiences.</i> How old were you the first time you had sexual intercourse? Age_____	

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	Never had intercourse	1=box checked
17	With how many different partners have you ever had sexual intercourse? # of partners_____	number of intercourse partners, lifetime Range: 0-999
18	During the past year, with how many different partners have you ever had sexual intercourse? # of partners_____	number of intercourse partners, past year Range: 0-999
19a	Have you smoked at least 100 cigarettes in your entire life?	1=yes 2=no
19b	How old were you when you began to smoke cigarettes fairly regularly? age:_____	Range: 0-99
20c	Do you smoke cigarettes now?	1=yes 2=no
20d	If yes, on average, about how many cigarettes a day do you smoke? # cigarettes:_____	Range: 0-99
21a	If you used to smoke cigarettes but don't smoke now, about how many cigarettes a day did you smoke? # cigarettes:_____	Range:00-99
21b	How old were you when you quit? Age _____	Range:00-99
22a	During your first 18 years of life did your father smoke?	1=yes 2=no
22b	During your first 18 years of life did your mother smoke?	1=yes 2=no

Question Number	Verbatim Question	Response categories and comments
23a	During the past month, about how many days per week did you exercise for recreation or to keep in shape?	Range: 0 - 7
23b	During the past month, when you exercised for recreation or to keep in shape, how long did you usually exercise (minutes)? _____minutes	0=0 1=1-19 2=20-29 3=30-39 4=40-49 5=50-59 6=60 or more 9=multiple responses
24a	What is the most you have ever weighed? Weight in pounds_____	Range: 60-500
24b	How old were you then? age:_____	Range:18-99
25a	How old were you when you had your first drink of alcohol other than a few sips? age:_____	Range:00-99
	Never drank alcohol	1=Yes
	<i>During each of the following age intervals, what was your usual number of drinks of alcohol per week?</i>	
25b1	Age 19-29	1=None 2=Less than 6 per wk 3=7-13 per wk 4=14 or more per wk 9=multiple responses
25b2	Age 30-39	1=None 2=Less than 6 per wk 3=7-13 per wk 4=14 or more per wk 9=multiple responses

Question Number	Verbatim Question	Response categories and comments
25b3	Age 40-49	1=None 2=Less than 6 per wk 3=7-13 per wk 4=14 or more per wk 9=multiple responses
25b4	Age 50 and older	1=None 2=Less than 6 per wk 3=7-13 per wk 4=14 or more per wk 9=multiple responses
25c	During the past month, have you had any beer, wine, wine coolers, cocktails or liquor?	1=yes 2=no
25d	During the past month, how many <u>days per week</u> did you drink any alcoholic beverages on average?	Range: - 0 - 7
25e	On the days when you drank, about how many <u>drinks per day</u> did you have on average?	1=1 2=2 3=3 4=4 or more 5=didn't drink in past month 9=multiple responses
25f	Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion? Number of times _____	Range:0-999
25g	During the past month, how many times have you driven when you've had perhaps too much to drink? Number of times _____	Range:0-999

Question Number	Verbatim Question	Response categories and comments
25h	During the past 30 days, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol? Number of times_____	Range:0-999 .
26	Have you ever had a problem with your use of alcohol?	1=yes 2=no
27	Have you ever considered yourself to be an alcoholic?	1=yes 2=no
28a	During your first 18 years of life did you live with anyone who was a problem drinker or alcoholic?	1=yes 2=no
28b	If "yes" check all who were:	
	father	1= if box checked
	mother	1=if box checked
	brothers	1=if boxed checked
	other relatives	1=if box checked
	other non-relative	1=if box checked
	sisters	1=if box checked
29	Have you ever been married to someone (or lived with someone as if you were married) who was a problem drinker or alcoholic?	1=yes 2=no
30a	Have you ever used street drugs?	1=yes 2=no
30b	If "yes" how old were you the first time you used them? Age_____	Range:0-99

Question Number	Verbatim Question	Response categories and comments
30c	About how many times have you used street drugs?	0=0 1=1-2 2=3-10 3=11-25 4=26-99 5=100+ 9=multiple responses
30d	Have you ever had a problem with street drugs?	1=yes 2=no
30e	Have you ever considered yourself to be addicted to street drugs?	1=yes 2=no
30f	Have you ever injected street drugs?	1=yes 2=no
31	Have you ever been under the care of a psychologist, psychiatrist, or therapist?	1=yes 2=no
32a	Has a doctor, nurse, or health professional ever asked you about family or household problems during your childhood?	1=yes 2=no . =no entry by respondent
32b	How many close friends or relatives would you help you with your emotional problems or feelings if you needed it?	1=none 2=1 3=2 4=3 or more
	<i>During your first 18 years of life, was anyone in your household...</i>	
33	Did you live with anyone who used street drugs?	1=yes 2=no
34a	Were your parents ever separated or divorced?	1=yes 2=no
34b	Did you ever live with a stepfather?	1=yes 2=no
34c	Did you ever live with a stepmother?	1=yes 2=no

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35	Did you ever live in a foster home?	1=yes 2=no
36a	Did you ever run away from home for more than one day?	1=yes 2=no
36b	Did your brothers or sisters run away from home for more than one day?	1=yes 2=no
37	Was anyone in your household depressed or mentally ill?	1=yes 2=no
38	Did anyone in your household attempt to commit suicide?	1=yes 2=no
39a	Did anyone in your household go to prison?	1=yes 2=no
39b	Did anyone in your household ever commit a serious crime?	1=yes 2=no
40a	Have you ever attempted to commit suicide?	1=yes 2=no
40b	If "yes", how old were you the <u>first</u> time you attempted suicide? Age_____	Range:1-99
40c	If "yes", how old were you the <u>last</u> time you attempted suicide? Age_____	Range:1-99
40d	How many times have you attempted suicide? # of times_____	Range:01-99,
40e	Did any suicide attempt ever result in an injury, poisoning, or overdose that had to be treated by a doctor or nurse?	1=yes 2=no

Question Number	Verbatim Question	Response categories and comments
	<i>Sometimes physical blows occur between parents. While you were growing up in your first 18 years of life, how often did our father (or stepfather) or mother's boyfriend do any of these things to your mother (or stepmother)?</i>	
41a	Push, grab, slap or throw something at her?	1=never 2=once, twice 3=sometimes 4=often 5=very often 9=multiple responses
41b	Kick, bite, hit her with a fist, or hit her with something hard?	1=never 2=once, twice 3=sometimes 4=often 5=very often 9=multiple responses
41c	Repeatedly hit her over at least a few minutes?	1=never 2=once, twice 3=sometimes 4=often 5=very often 9=multiple responses
41d	Threaten her with a knife or gun, or use a knife or gun to hurt her?	1=never 2=once, twice 3=sometimes 4=often 5=very often 9=multiple responses
	<i>Sometimes parents spank their children as a form of discipline. While you were growing up during your first 18 years of life:</i>	

Question Number	Verbatim Question	Response categories and comments
42a	How often were you spanked?	1=never 2=once or twice 3=a few times a year 4=many times a year 5=weekly or more 9=multiple responses
42b	How severely were you spanked?	1=not hard 2=a little hard 3=medium 4=quite hard 5=very hard 9=multiple responses
42c	How old were you the last time you remember being spanked? age: _____	Range: 1-99
	<i>While you were growing up, during your first 18 years of life, how true were each of the following statements?.</i>	
43	You didn't have enough to eat?	1=never true 2=rarely true 3=sometimes true 4=often true 5=very often true 9=multiple responses
44	You knew there was someone to take care of you and protect you?	1=never true 2=rarely true 3=sometimes true 4=often true 5=very often true 9=multiple responses
45	People in your family called you things like "lazy" or "ugly"?	1=never true 2=rarely true 3=sometimes true 4=often true 5=very often true 9=multiple responses

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46	Your parents were too drunk or high to take care of the family?	1=never true 2=rarely true 3=sometimes true 4=often true 5=very often true 9=multiple responses
47	There was someone in your family who helped you feel important or special?	1=never true 2=rarely true 3=sometimes true 4=often true 5=very often true 9=multiple responses
48	You had to wear dirty clothes?	1=never true 2=rarely true 3=sometimes true 4=often true 5=very often true 9=multiple responses
49	You felt loved?	1=never true 2=rarely true 3=sometimes true 4=often true 5=very often true 9=multiple responses
50	You thought your parents wished you had never been born?	1=never true 2=rarely true 3=sometimes true 4=often true 5=very often true 9=multiple responses
51	People in your family looked out for each other?	1=never true 2=rarely true 3=sometimes true 4=often true 5=very often true 9=multiple responses

Question Number	Verbatim Question	Response categories and comments
52	You felt that someone in your family hated you?	1=never true 2=rarely true 3=sometimes true 4=often true 5=very often true 9=multiple responses
53	People in your family said hurtful or insulting things to you?	1=never true 2=rarely true 3=sometimes true 4=often true 5=very often true 9=multiple responses
54	People in your family felt close to each other?	1=never true 2=rarely true 3=sometimes true 4=often true 5=very often true 9=multiple responses
55	You believe that you were emotionally abused?	1=never true 2=rarely true 3=sometimes true 4=often true 5=very often true 9=multiple responses
56	There was someone to take you to the doctor if you needed it?	1=never true 2=rarely true 3=sometimes true 4=often true 5=very often true 9=multiple responses
57	Your family was a source of strength and support?	1=never true 2=rarely true 3=sometimes true 4=often true 5=very often true 9=multiple responses

Question Number	Verbatim Question	Response categories and comments
	<i>Sometimes parents or other adults hurt children. While you were growing up, that is, during your first 18 years of life, how often did a parent, step-parent, or adult living in your home:</i>	
58a	Swear at you, insult you, or put you down?	1=never 2=once, twice 3=sometimes 4=often 5=very often 9=multiple responses
58b	Threaten to hit you or throw something at you, but didn't do it?	1=never 2=once, twice 3=sometimes 4=often 5=very often 9=multiple responses
58c	Actually push, grab, shove, slap you, or throw something at you?	1=never 2=once, twice 3=sometimes 4=often 5=very often 9=multiple responses
58d	Hit you so hard that you had marks or were injured?	1=never 2=once, twice 3=sometimes 4=often 5=very often 9=multiple responses
58e	Act in a way that made you afraid that you might be physically hurt?	1=never 2=once, twice 3=sometimes 4=often 5=very often 9=multiple responses

Question Number	Verbatim Question	Response categories and comments
	<p><i>Some people, while growing up in their first 18 years of life, had a sexual experience with an <u>adult or someone at least five years older than themselves</u>. These experiences may have involved a relative family friend or stranger. During the first 18 years of life, did an adult or older relative, family friend or stranger ever:</i></p>	
59a	<p>Touch or fondle your body in a sexual way?</p> <p>If "Yes"</p>	<p>1=yes 2=no</p>
	<p>The first time this happened, how old were you? age:_____</p>	<p>Range:00-99</p>
	<p>The first time, did this happen against your wishes?</p>	<p>1=yes 2=no</p>
	<p>The last time this happened, how old were you? age:_____</p>	<p>Range:00-99</p>
	<p>About how many times did this happen to you? # times:_____</p>	<p>Range:00-99</p>
	<p>How many different people did this to you? # people:_____</p>	<p>Range:00-99</p>
	<p>What was the sex of the person(s) who did this?</p>	<p>1=male 2=female 3=both 9=multiple responses</p>
60a	<p>Have you touch their body in a sexual way?</p> <p>If "Yes":</p>	<p>1=yes 2=no</p>

Question Number	Verbatim Question	Response categories and comments
	The first time this happened, how old were you? age:_____	Range:00-99
	The first time, did this happen against your wishes?	1=yes 2=no
	The last time this happened, how old were you? age:_____	Range:00-99
	About how many times did this happen to you? # times:_____	Range:00-99
	How many different people did this to you? # people:_____	Range:00-99
	What was the sex of the person(s) who did this?	1=male 2=female 3=both 9=multiple responses
61a	Attempt to have any type of sexual intercourse (oral, anal, or vaginal) with you? If "Yes":	1=yes 2=no
	The first time this happened, how old were you? age:_____	Range:00-99
	The first time, did this happen against your wishes?	1=yes 2=no
	The last time this happened, how old were you? age:_____	Range:00-99
	About how many times did this happen to you? # times:_____	Range:00-99
	How many different people did this to you? # people:_____	Range:00-99

Question Number	Verbatim Question	Response categories and comments
	What was the sex of the person(s) who did this?	1=male 2=female 3=both 9=multiple responses
62a	Actually have any type of sexual intercourse with you (oral, anal, or vaginal) with you? If "Yes":	1=yes 2=no
	The first time this happened, how old were you? age:_____	Range:00-99
	The first time, did this happen against your wishes?	1=yes 2=no
	The last time this happened, how old were you? age:_____	Range:00-99
	About how many times did this happen to you? # times:_____	Range:00-99
	How many different people did this to you? # people:_____	Range:00-99
	What was the sex of the person(s) who did this?	1=male 2=female 3=both 9=multiple responses
	<i>If you answered "No" to each of the last 4 questions (59a-62a) about sexual experiences with older persons, please skip to question 67a.</i> <i>Mark all that apply. Did any of these sexual experiences with an adult or person at least 5 years older than you involve:</i>	
63a	A relative who lived in your home?	1=yes 2=no

Question Number	Verbatim Question	Response categories and comments
63b	A non-relative who lived in your home?	1=yes 2=no
63c	A relative who didn't live in your home?	1=yes 2=no
63d	A family friend or person who you knew and who didn't live in your household?	1=yes 2=no
63e	A stranger?	1=yes 2=no 9
63f	Someone who was supposed to be taking care of you?	1=yes 2=no
63g	Someone you trusted?	1=yes 2=no
	<i>Did any of these sexual experiences involve:</i>	
64a	Trickery, verbal persuasion, or pressure to get you to participate?	1=yes 2=no
64b	Being given alcohol or drugs?	1=yes 2=no
64c	Threats to harm you if you didn't participate?	1=yes 2=no
64d	Being physically forced or overpowered to make you participate?	1=yes 2=no
65a	Have you ever told a doctor, nurse, or other health professional about these sexual experiences?	1=yes 2=no
65b	Has a therapist or counselor ever suggested to you that you were sexually abused as a child?	1=yes 2=no
66	Do you think that you were sexually abused as a child?	1=yes 2=no

Question Number	Verbatim Question	Response categories and comments
	<i>Apart from other sexual experiences you have already told us about, while you were growing up during your first 18 years of life</i>	
67a	Did a boy or group of boys about your own age ever force or threaten to harm you in order to have sexual contact?	1=yes 2=no
67b	If yes did the contact involve someone touching your sexual parts or trying to have intercourse with you (oral, anal, vaginal)?	1=yes 2=no
67c	If yes how many times did someone do this to you?	1=once 2=twice 3=3-5 times 4=6-10 times 5=more than 10 times 9=multiple responses
67d	Did the contact involve a person actually having intercourse with you (oral, anal, vaginal)?	1=yes 2=no
67e	If yes how many times did someone do this to you?	1=once 2=twice 3=3-5 times 4=6-10 times 5=more than 10 times 9=multiple responses
68a	<i>As an adult, (age 19 or older) did anyone ever force or threaten you with harm in order to have sexual contact?</i>	1=yes 2=no
68b	If yes did the contact involve someone touching your sexual parts or trying to have intercourse with you (oral, anal, vaginal)?	1=yes 2=no

Question Number	Verbatim Question	Response categories and comments
68c	If yes how many times did someone do this to you?	1=once 2=twice 3=3-5 times 4=6-10 times 5=more than 10 times 9=multiple responses
68d	Did the contact involve a person actually having intercourse with you (oral, anal, vaginal)?	1=yes 2=no
68e	If yes how many times did someone do this to you?	1=once 2=twice 3=3-5 times 4=6-10 times 5=more than 10 times 9=multiple responses