

Family Health History – Male Version

Question Number	Verbatim Question	Response categories and comments
1	What is your birthrate? Month _____ Year _____	
1b	What state were you born in? State _____	enter two letter state code DC=District of Columbia
	I was born outside the U.S.	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
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

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6b	During what month and year were you first married? Month____	Range: 1-12
	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
7b	<i>If you are employed full time (35 hours per week or more):</i> 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? # of times _____	Range: 0-999
9b	How long have you lived at your current residence?	1=Less than 6 months 2=Less than 1 year 3=Less than 2 years 4=2 or more years 9=Multiple boxes checked
10	How was your mother when you were born? Age_____	Range:0-99

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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=4 year college degree 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= 4 year college graduate or higher 9=Multiple boxes checked
12a	Have you smoked at least 100 cigarettes in your entire life?	1=yes 2=no
12b	How old were you when you began to smoke cigarettes fairly regularly? Age _____	Range: 0-99
12c	Do you smoke cigarettes now?	1=yes 2=no
12d	If yes, on average, about how many cigarettes a day do you smoke? Number of cigarettes _____	Range: 0-99
13a	If you used to smoke cigarettes but don't smoke now, about how many cigarettes a day did you smoke?	Range:00-99
13b	How old were you when you quit? Age _____	Range:00-99
14a	During your first 18 years of life did your father smoke?	1=yes 2=no
14b	During your first 18 years of life did your mother smoke?	1=yes 2=no
15a	During the past month, about how many days per week did you exercise for recreation or to keep in shape? _____ days per week	Range: 0 - 7

Question Number	Verbatim Question	Response categories and comments
15b	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
16a	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=Box Checked
	<i>During each of the following age intervals, what was your usual number of drinks of alcohol per week?</i>	
16b1	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
16b2	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
16b3	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
16b4	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
16c	During the past month, have you had any beer, wine, wine coolers, cocktails or liquor?	1=yes 2=no

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16d	During the past month, how many days per week did you drink any alcoholic beverages on average?	Range: 0 - 7
16e	On the days when you drank, about how many drinks per day did you have on average?	1=1 2=2 3=3 4=4 or more 5=didn't drink in past month
16f	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
16g	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
16h	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
17	Have you ever had a problem with your use of alcohol?	1=yes 2=no
18	Have you ever considered yourself to be an alcoholic?	1=yes 2=no
19a	During your first 18 years of life did you live with anyone who was a problem drinker or alcoholic?	1=yes 2=no
19b	<i>If "yes" check all who were:</i>	
	father	1=if boxed checked
	mother	1=if boxed checked
	brothers	1=if boxed checked
	other relative	1=if boxed checked
	other non-relative	1=if boxed checked

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	sisters	1=if boxed checked
20	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
21a	Have you ever used street drugs?	1=yes 2=no
21b	If "yes" how old were you the first time you used them? Age _____	Range:0-99
21c	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
21d	Have you ever had a problem with street drugs?	1=yes 2=no
21e	Have you ever considered yourself to be addicted to street drugs?	1=yes 2=no
21f	Have you ever injected street drugs?	1=yes 2=no
22	Have you ever been under the care of a psychologist, psychiatrist, or therapist?	1=yes 2=no
23a	Has a doctor, nurse, or health professional ever asked you about family or household problems during your childhood?	1=yes 2=no
23b	How many close friends or relatives would help you with your emotional problems or feelings if you needed it?	1=none 2=one 3=two 4=3 or more 9=multiple responses
	<i>During your first 18 years of life, was anyone in your household...</i>	
24	Did you live with anyone who used street drugs?	1=yes 2=no
25a	Were your parents ever separated or divorced?	1=yes 2=no

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25b	Did you ever live with a stepfather?	1=yes 2=no
25c	Did you ever live with a stepmother?	1=yes 2=no
26	Were you a foster child?	1=yes 2=no
27a	Did you ever run away from home for more than one day?	1=yes 2=no
27b	Did your brothers or sisters run away from home for more than one day?	1=yes 2=no
28	Was anyone in your household depressed or mentally ill?	1=yes 2=no
29	Did anyone in your household attempt to commit suicide?	1=yes 2=no
30a	Did anyone in your household go to prison?	1=yes 2=no
30b	Did anyone in your household ever commit a serious crime?	1=yes 2=no
31a	What is the most you have ever weighed? Weight in pounds_____	Range: 000-999
31b	How old were you then? age:_____	Range:18-99
32a	Have you ever attempted to commit suicide?	1=yes 2=no
32b	If "yes", how old were you the first time you attempted suicide? Age_____	Range:1-99
32c	If "yes", how old were you the last time you attempted suicide? Age_____	Range:1-99
32d	How many times have you attempted suicide? # of times_____	Range:01-99,
32e	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>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>	
33a	How old were you the first time you had sexual intercourse? Years_____	
	Never had intercourse	1=box checked
33b	With how many different partners have you ever had sexual intercourse? Number of partners_____	number of intercourse partners, lifetime Range: 0-999 .
33c	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
34a	Have you ever gotten someone pregnant? If "Yes":	1=yes 2=no
34b	How old were you the first time you got someone pregnant? age:_____	Range:00-99
	Never got someone pregnant	1=box checked .
34c	What was the age of the youngest woman you ever got pregnant?	Range:00-99
	Never got someone pregnant	1=box checked
34d	How old were you then?	Range:00-99
	<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 to these things to your mother (or stepmother)?</i>	

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35a	Push, grab, slap or throw something at her?	1=never 2=once, twice 3=sometimes 4=often 5=very often 9=multiple responses
35b	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
35c	Repeatedly hit her over at least a few minutes?	1=never 2=once, twice 3=sometimes 4=often 5=very often 9=multiple responses
35d	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>	
36a	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
36b	How severely were you spanked?	1=not hard 2=a little hard 3=medium 4=quite hard 5=very hard 9=multiple responses
36c	How old were you the last time you remember being spanked? age:_____	Range:18-99

Question Number	Verbatim Question	Response categories and comments
	<i>While you were growing up, during your first 18 years of life, how true were each of the following statements:</i>	
37	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
38	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
39	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
40	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
41	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
42	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

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43	You felt loved?	1=never true 2=rarely true 3=sometimes true 4=often true 5=very often true 9=multiple responses
44	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
45	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
46	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
47	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
48	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
49	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

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50	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
51	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
	<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>	
52a	Swear at you, insult you, or put you down?	1=never 2=once, twice 3=sometimes 4=often 5=very often 9=multiple responses
52b	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
52c	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
52d	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

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52e	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
	<i>Some people, while growing up in their first 18 years of life, had a sexual experience with <u>an 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>	
53a	Touch or fondle your body in a sexual way? <i>If "Yes":</i>	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
54a	Have you touch their body in a sexual way? <i>If "Yes":</i>	1=yes 2=no

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
55a	Attempt to have any type of sexual intercourse (oral, anal, or vaginal) with you? <i>If "Yes":</i>	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

Question Number	Verbatim Question	Response categories and comments
56a	Actually have any type of sexual intercourse with you (oral, anal, or vaginal) with you? <i>If "Yes":</i>	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 (54a-57a) about sexual experiences with older people, please skip to question 62a.</i> <i>Did any of these sexual experiences with an adult or person at least 5 years older than you involve:</i>	
57a	A relative who lived in your home?	1=yes 2=no
57b	A non-relative who lived in your home?	1=yes 2=no
57c	A relative who didn't live in your home?	1=yes 2=no
57d	A family friend or person who you knew, and who didn't live in your home?	1=yes 2=no
57e	A stranger?	1=yes 2=no

Question Number	Verbatim Question	Response categories and comments
57f	Someone who was supposed to be taking care of you?	1=yes 2=no
57g	Someone you trusted?	1=yes 2=no
	<i>Did any of these sexual experiences involve:</i>	
58a	Trickery, verbal persuasion, or pressure to get you to participate?	1=yes 2=no
58b	Being given alcohol or drugs?	1=yes 2=no
58c	Threats to harm you if you didn't participate?	1=yes 2=no
58d	Being physically forced or overpowered to make you participate?	1=yes 2=no
59a	Have you ever told a doctor, nurse, or other health professional about these sexual experiences?	1=yes 2=no
59b	Has a therapist or counselor ever suggested to you that you were sexually abused as a child?	1=yes 2=no
60	Do you think that you were sexually abused as a child?	1=yes 2=no
	<i>Apart from the other experiences you have already told us about, while you were growing up <u>during your first 18 years of life</u>:</i>	
61a	Did a boy or group of boys about your own age, ever force or threaten you with harm in order to have sexual contact?	1=yes 2=no
61b	If yes did the contact involve someone touching your sexual parts or trying to have intercourse with you (oral or anal)?	1=yes 2=no

Question Number	Verbatim Question	Response categories and comments
61c	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
61d	Did the contact involve a person actually having intercourse with you (vaginal, oral or anal)?	1=yes 2=no
61e	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
62a	<i>As an adult, (age 19 or older) has anyone ever physically forced or threaten you to have sexual contact?</i>	1=yes 2=no
62b	If yes did the contact involve someone touching your sexual parts or trying to have intercourse with you (vaginal, oral or anal)?	1=yes 2=no
62c	If yes how many times has someone done this to you?	1=once 2=twice 3=3-5 times 4=6-10 times 5=more than 10 times 9=multiple responses
62d	Did the contact involve a person actually having intercourse with you (vaginal, oral or anal)?	1=yes 2=no
62e	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