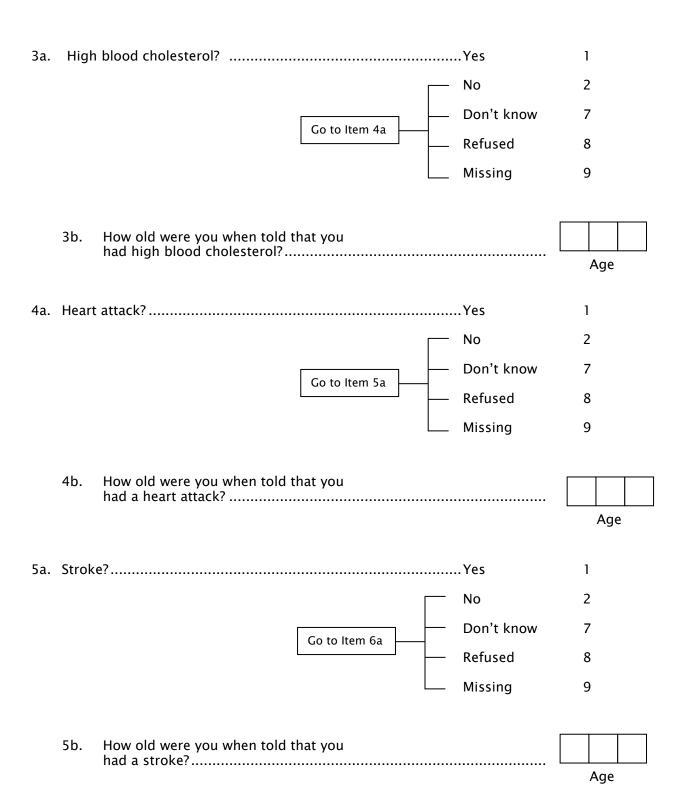


Personal and Family Health History Form

			FORM CODE: PFH VERSION B 2/3/2009
ID NU	JMBER: CONTACT \	YEAR: 0 9	VEIGIGIN 5 2/3/2003
LAST	NAME:	INITIALS:	
"I wo	uld like to ask you a few questions about your health and that	of your parents."	
1.	Compared to other people your age, would you say that your health is <u>excellent</u> , <u>good</u> , <u>fair</u> , or <u>poor</u> ?	Excellent	1
	[Don't know 7, kelabea o, knowing of	Good	2
		Fair	3
		Poor	4
2.	Since this time last year, would you say your health is	Better	1
۷.	[Don't know = 7, Refused = 8, Missing = 9]	Worse	2
		About the same	3
		About the same	J
me s	nal Health Problems: "Now I'm going to read a list of some l nce your last JHS exam (date) if a doctor or health professiona your last JHS exam has your doctor or health professional eve	ıl has ever said yo	
2a.	High blood pressure or hypertension?	Yes	1
			2
		Don't know	7
	Go to Item 3a	Refused	8
		Missing	9
	2b. How old were you when told that you had high blood pressure or hypertension?		

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Age

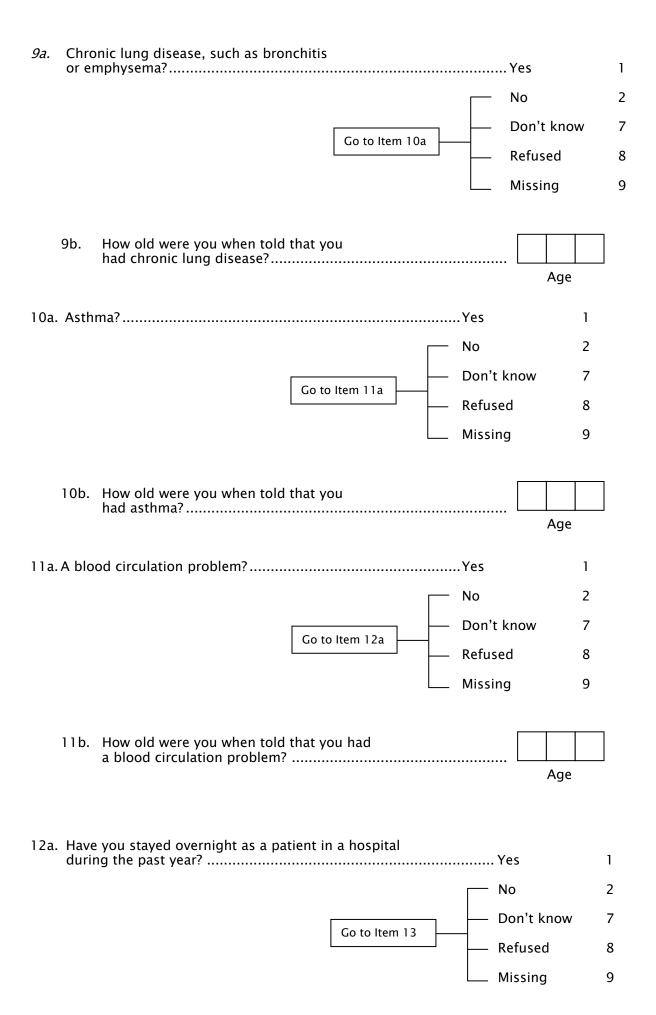


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Since your last JHS exam has your doctor or health professional said you have:

6a.	Suga	r in the blood or diabetes?			.Yes	1		
					No	2		
					Don't know	7	,	
			Go to Item 7a	_	Refused	8	;	
					Missing	9)	
	6b.	How old were you when told t	hat you				$\overline{\mathbf{I}}$	
		had sugar in the blood or diab	oetes?				<u> </u>	
							Age	
7a.	Kidne	ey problem?			.Yes	1		
				_	No	2) -	
					Don't know	7	,	
			Go to Item 8a		Refused	8	3	
					Missing	9		
						_		
	7b.	How old were you when told t	hat vou					
		had a kidney problem?						
							Age	
8a.	Canc	er?			.Yes	1		
				Г	No	2		
			Go to Item 9a	-	Don't know	7	,	
			Go to item 9a	_	Refused	8	}	
					Missing	9)	
			_					
	8b.	How old were you when told t had cancer?	hat you 					
							Age	

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12b. Reason:

PERSONAL HEALTH HISTORY

"I would like to ask you a few questions about your health."

ASK WOMEN ONLY

13. Have you ever had a tubal-ligation (had one or more of your tubes tied)?	Yes	1
	No	2 —
	Don't Know	7
	Refused	8 Go to Item 14
	Missing	9
IF YES:		
13a. How old were you when you had a tubal-ligation?	Age	
	Don't know	7
	Refused	8
	Missing	9
ASK WOMEN ONLY IF < 55 YEARS OLD		
14. Are you currently pregnant?	Yes	1
ı	No	2
1	Don't Know	7
1	Refused	8

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9

Missing

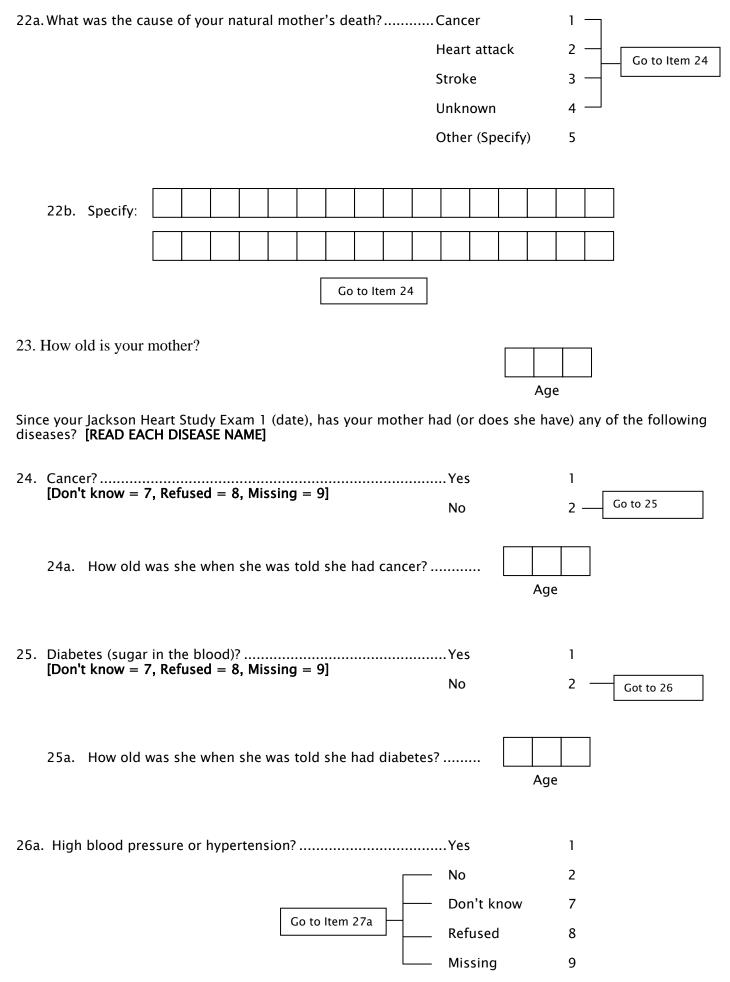
	MEN ONLY:	Vas		1
15.	Have you ever had a vasectomy?			1
		No		2
		Don't Kno	W	7
		Refused		8
		Missing		9
C.	HEALTH BEHAVIORS			
16.	What is the most that you have ever weighed (WOMEN: except when you were pregnant)?		Γ	
		Don't know	7	Pounds
		Refused	8	
		Missing	9	
		Missing	3	
			_	
	16a. How old were you when you weighed this much?			
		Don't know	7	Age
		Refused	8	
		Missing	9	
		9	_	
17.	Do you consider yourself now to be overweight , under	weight, or about	the right v	veight?
		Overweight	1	
		Underweight	2	
		About right weigh	nt 3	
		Don't know	7	
		Refused	8	
		Missing	9	
		wiissiiig	3	
I 8.	Have you ever been on a diet to lose weight?	Yes	1	
		No	2 —	\neg
		Don't know	7 —	
		Refused	8 –	Go to Item 19
		Missing	9 —	

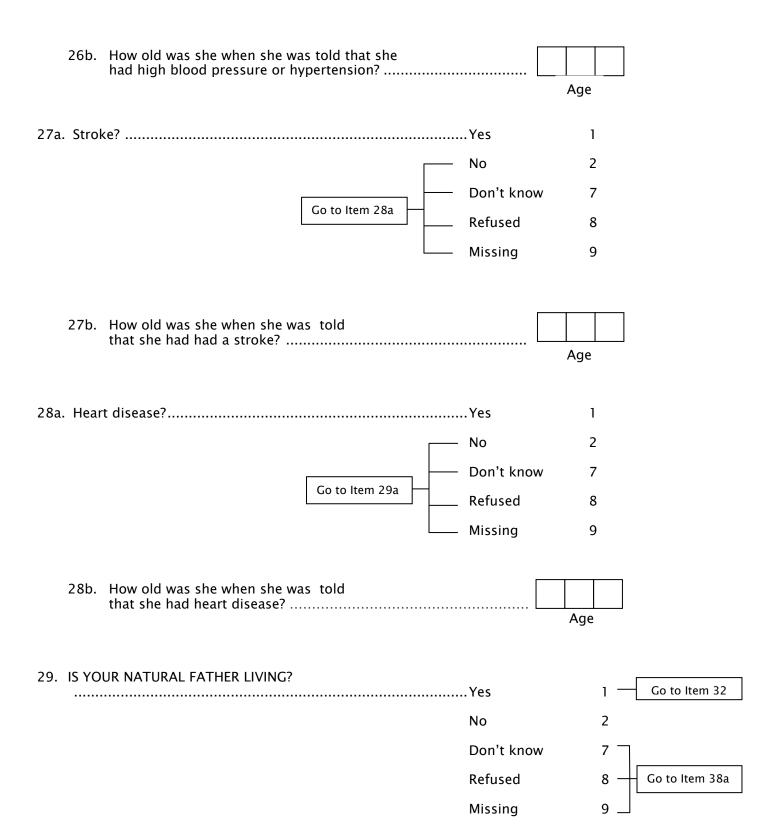
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18a. Are you on such a diet now?	Yes	1
	No	2
	Don't Know	7
	Refused	8
	Missing	9
19. During the past month, other than your regular j exercises such as running, calisthenics, golf, gar	ob, did you participate dening, or walking for	in any physical activities or exercise?
	Yes	1
	No	2
	Don't know	7
	Refused	8
	Missing	9
20. IS YOUR NATURAL MOTHER LIVING? Go to Item	Yes No Don't know Refused Missing	1 — Go to Item 23 2 — Go to Item 20a 7 8 9
20a. What is the year of death?	Before first	exam 1 — Go to Item 29
	Since first e	xam 2
	Don't know	7
	Refused	8
	Missing	9
21. Approximately how old was your mother when she	died?	

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Age





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Refused 8	
Missing 9	
30. Approximately how old was your father when he died?	
Age	
31a. What was the cause of your natural father's death?Cancer 1 —	
Heart attack 2 —	Go to Item 33
Stroke 3 —	_ do to item 33
Unknown 4 —	
Other (Specify) 5	
31b. Specify:	
Go to Item 33	
32. How old is your father?	
Since your Jackson Heart Study Exam 1 (date) has your father ever had (or does he have) any o diseases? [READ EACH DISEASE NAME]	f the following
diseases: [READ EACH DISEASE NAME]	
33. Cancer?Yes 1	
No 2—— Go to 3	34
22a - Hawadd was be when be was held by J. J.	
33a. How old was he when he was told he had cancer	10 of 16

Before first exam

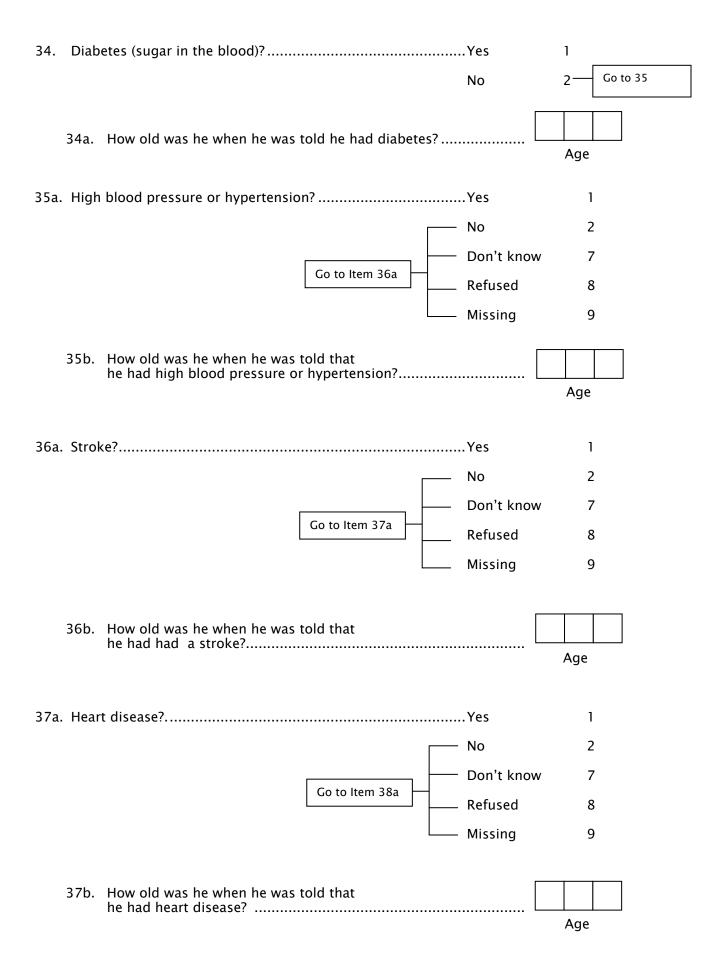
Since first exam

Don't know

2

7

29a. What is the year of death?

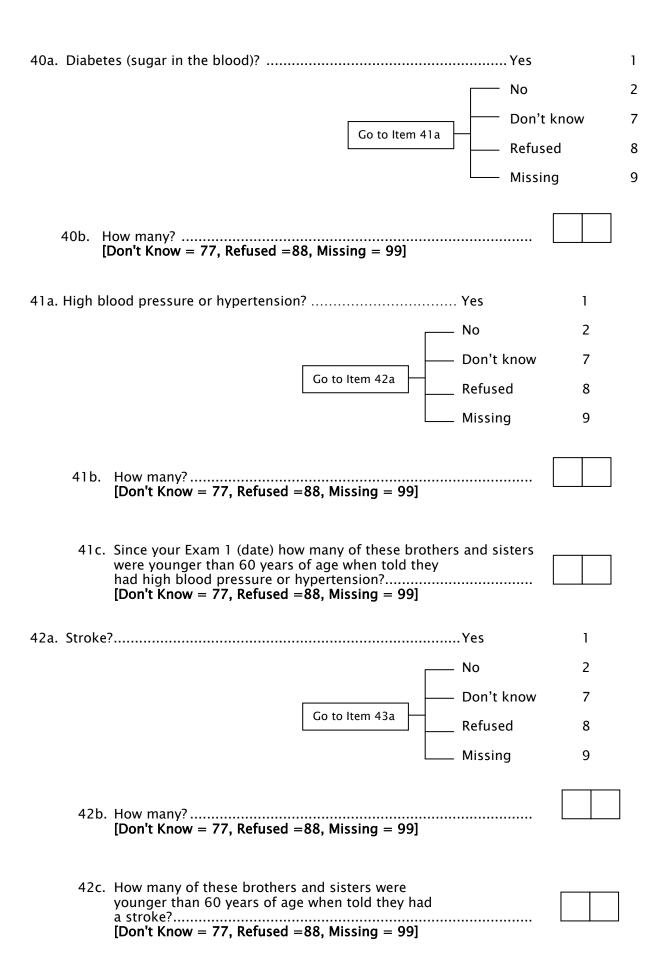


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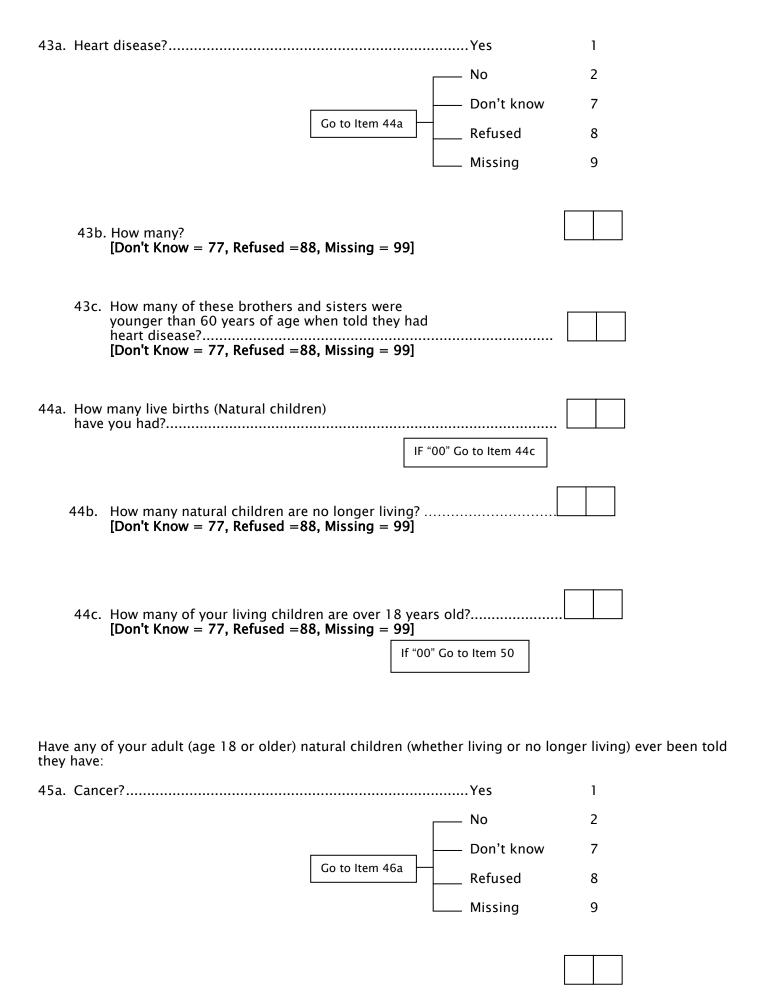
"Now I have a few questions about your full brothers and sisters. Count only those who have the same natural mother and natural father as you, even if they are no longer living or you are no longer in touch with them. Do not include adopted or step brothers or sisters. Earlier you indicated that you have __ brothers and __ sisters still living."

38a.	. FULL BROTHERS LIVING.		
38b.	. FULL SISTERS LIVING.]		
38c.	. Since your JHS exam 1(mm/dd/yyyy) are there any full brothers or sister who are no longer living?Yes	s 1	
	No	2	
		't know 7	
	Go to Item 38f Ref	ısed 8	
	Mis	sing 9	
	. How many full brothers are no longer living?		
38e.	. How many full sisters are no longer living? [Don't Know = 77, Refused =88, Missing = 99]		
	. [TOTAL NUMBER OF FULL BROTHERS AND FULL SISTERS. DO NOT ASK; COMPUTE. IF NONE, ENTER "00".]		
	If "00" Go to Item 44a		
the f	te your JHS Exam 1 (date) have any of your brothers or sisters (whether livi following diseases? [READ EACH RESPONSE]	ng or no longer living)h	ad any o
39a.	. Cancer?Yes	1	
	No	2	
	Go to Item 40a	't know 7	
	Ref	ised 8	
	Mis	sing 9	
	39b. How many?		

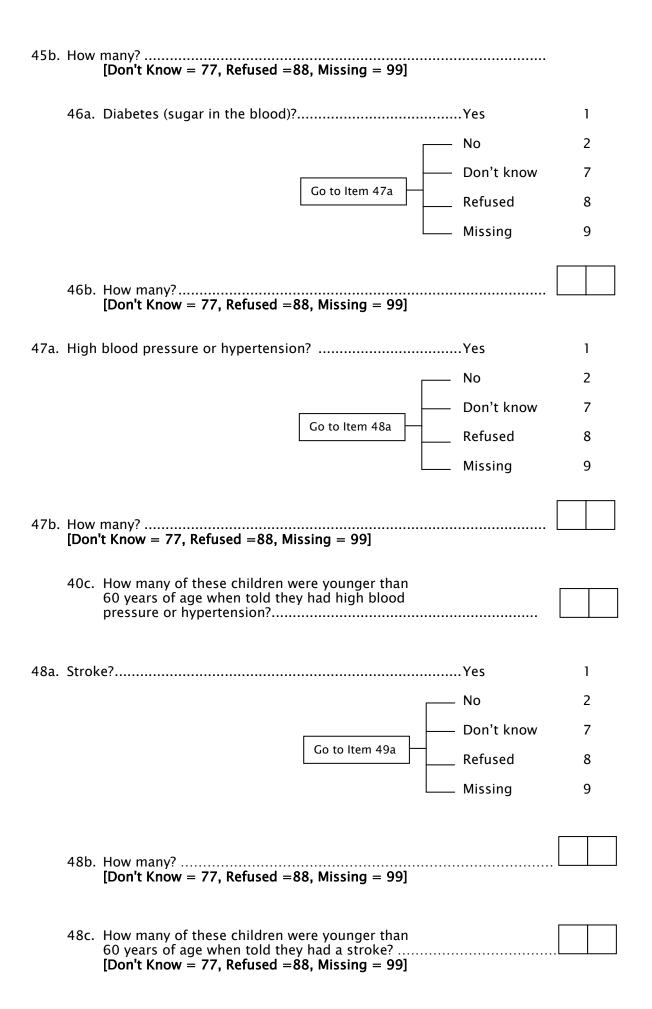
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19a.	Heart	t disease?					۱	⁄es			1	
						Г	1	No			2	2
						. -	<u> </u>	Don't	kno	w	7	7
			Go to	Go to Item 50a				Refus	ed		8	3
							^	Missin	ng		g)
		How many?	gere your y had he	i ng =	99] than iseas							
ADMII	NISTE	RATIVE INFORMATION										
	. .	6 L			/			/				
50. I	Date	of data collection:	<u> </u>	m		d	d	<u> </u>	У	У	У	У
51. C	Code	number of person completing	this forr	n:								
52. N	/lethc	od of data collection								Cor	nput	er

53. Data Collection Site In Clinic

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Paper Form

Off Site

2

1

2