“I would 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 excellent, good, fair, or poor? …………….. Excellent E
   Good G
   Fair F
   Poor P

Personal Health Problems: “Now I’m going to read a list of some health problems. After each one, please tell me if a doctor or health professional has ever said you have that problem.”

Has your doctor or health professional ever said you have:

2a. High blood pressure or hypertension? …………………………… Yes Y
   No N
   Don’t know D
   Go to Item 3a

2b. How old were you when first told that you had high blood pressure or hypertension? …………………………… age

3a. High blood cholesterol? ………………………………………… Yes Y
   No N
   Don’t know D
   Go to Item 4a

3b. How old were you when first told that you had high blood cholesterol? …………………………… age

4a. Heart attack? …………………………………………………… Yes Y
4b. How old were you when first told that you had a heart attack? ……………………………………………………………..

5a. Stroke? ...................................................... Yes Y

5b. How old were you when first told that you had a stroke? ……………………………………………………………………

Has your doctor or health professional ever said you have:

6a. Sugar in the blood or diabetes? ……………………………….. Yes Y

6b. How old were you when first told that you had sugar in the blood or diabetes? …………………………………………

7a. Kidney problem? ..................................................... Yes Y

7b. How old were you when first told that you had a kidney problem? ………………………………………………………

8a. Cancer? ........................................................................ Yes Y
8b. How old were you when first told that you had cancer? ................................................................. 

9a. Chronic lung disease, such as bronchitis or emphysema? ......................................................... Yes Y

9b. How old were you when first told that you had chronic lung disease? ........................................... 

10a. Asthma? ................................................................. Yes Y

10b. How old were you when first told that you had asthma? ............................................................ 

11a. A blood circulation problem? ................................................. Yes Y

11b. How old were you when first told that you had a blood circulation problem? ............................ 

12a. Have you stayed overnight as a patient in a hospital during the past year? ................................. Yes Y
12b. Reason:

13. [IS YOUR NATURAL MOTHER LIVING? DO NOT ASK; RECORD FROM ELIGIBILITY FORM.] ...........................................
   Y
   No
   N
   Go to Item 17
   Don’t know
   D

14. Approximately how old was your mother when she died? .................. age

15a. What was the cause of your natural mother’s death? ........ Cancer
   Heart attack
   Stroke
   Unknown
   Other (Specify)
   Go to Item 17

15b. Specify:

16. How old is your mother? ................................................................. age

Did your mother ever have (or does she have) any of the following diseases? [READ EACH DISEASE NAME]

17. Cancer? ................................................................. Yes
    Y
    No
    N
    Don’t know
    D
18. Diabetes (sugar in the blood)? ........................................... Yes Y
                  No N
                  Don’t know D

19a. High blood pressure or hypertension? ................................. Yes Y
                  Go to Item 20a
                  No N
                  Don’t know D

19b. How old was she when she was first told that she
    had high blood pressure or hypertension? ........................... age

20a. Stroke? ........................................................................... Yes Y
                  Go to Item 21a
                  No N
                  Don’t know D

20b. How old was she when she was first told
    that she had had a stroke? ................................................... age

21a. Heart disease? .................................................................. Yes Y
                  Go to Item 22
                  No N
                  Don’t know D

21b. How old was she when she was first told
    that she had heart disease? ................................................... age

22. [IS YOUR NATURAL FATHER LIVING?  DO NOT ASK;
      RECORD FROM ELIGIBILITY FORM.] .................................
    Yes   Go to Item 25
    No N
    Go to Item 25
    Don’t know D

23. Approximately how old was your father when he died? ............... age
24a. What was the cause of your natural father’s death? 

- Cancer  
- Heart attack  
- Stroke  
- Unknown  
- Other (Specify)

24b. Specify: 

Go to Item 26

25. How old is your father? 

age

Did your father ever have (or does he have) any of the following diseases? [READ EACH DISEASE NAME]

26. Cancer? 

- Yes  
- No  
- Don’t know

27. Diabetes (sugar in the blood)? 

- Yes  
- No  
- Don’t know

28a. High blood pressure or hypertension? 

- Yes  
- No  
- Don’t know

28b. How old was he when he was first told that he had high blood pressure or hypertension? 

age
29a. Stroke? ................................................................. Yes Y
      Go to Item 30a  No N
      Don’t know D

29b. How old was he when he was first told that he had a stroke? ......................................................... age

30a. Heart disease? ......................................................... Yes Y
      Go to Item 31a  No N
      Don’t know D

30b. How old was he when he was first told that he had heart disease? ......................................................... age

"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."

31a. [FULL BROTHERS LIVING. DO NOT ASK; RECORD FROM ELIGIBILITY FORM.] .................................................................

31b. [FULL SISTERS LIVING. DO NOT ASK; RECORD FROM ELIGIBILITY FORM.] .................................................................

31c. Were there any others who are no longer living? ......................... Yes Y
      Go to Item 31f  No N

31d. How many full brothers are no longer living? ........................................

31e. How many full sisters are no longer living? ........................................
31f.  [TOTAL NUMBER OF FULL BROTHERS AND FULL SISTERS. DO NOT ASK; COMPUTE. IF NONE, ENTER “00”.] ...........................................
If “00” Go to Item 37a

Have any of your brothers or sisters (whether living or no longer living) ever had any of the following diseases? [READ EACH RESPONSE]

32a. Cancer? ......................................................... Yes Y

Go to Item 33a

No N

Don’t know D

32b. How many? ...........................................................

33a. Diabetes (sugar in the blood)? ..................... Yes Y

Go to Item 34a

No N

Don’t know D

33b. How many? ...........................................................

34a. High blood pressure or hypertension? .................. Yes Y

Go to Item 35a

No N

Don’t know D

34b. How many? ...........................................................

34c. How many of these brothers and sisters were younger than 60 years of age when told they had high blood pressure or hypertension? ...................................

35a. Stroke? ................................................................. Yes Y

Go to Item 36a

No N

Don’t know D

35b. How many? ...........................................................
35b. How many? …………………………………………………………………………………
35c. How many of these brothers and sisters were younger than 60 years of age when told they had a stroke? …………………………………………………………………………………
   
36a. Heart disease? ………………………………………………………… Yes Y
   Go to Item 37a
   No N
   Don’t know D
   
36b. How many? …………………………………………………………………………
36c. How many of these brothers and sisters were younger than 60 years of age when told they had heart disease? ……………………………………………………………………..
   
“I also have a few questions about your natural children. Earlier you indicated that you have __ natural or biological children still living.

37a. [NATURAL CHILDREN LIVING. DO NOT ASK; RECORD FROM ELIGIBILITY FORM.] …………………………………………………………………………………
   IF “00” Go to Item 37c
   
37b. How many are over 18 years old?……………………………………………..
   
37c. Were there any others who are no longer living? ....................... Yes Y
   Go to Item 38a
   No N
   
37d. How many natural children are no longer living? .........................

Have any of your adult (age 18 or older) natural children (whether living or no longer living) ever been told they have:

38a. Cancer? ................................................................. Yes Y
   Go to Item 39a
   No N
   Don’t know D
38b. How many? ..............................................................

39a. Diabetes (sugar in the blood)? ................................. Yes Y

Go to Item 40a

No N

Don’t know D

39b. How many? ..............................................................

40a. High blood pressure or hypertension? ..................... Yes Y

Go to Item 41a

No N

Don’t know D

40b. How many? ..............................................................

40c. How many of these children were younger than 60 years of age when told they had high blood pressure or hypertension? ..............................................................

41a. Stroke? ................................................................. Yes Y

Go to Item 42a

No N

Don’t know D

41b. How many? ..............................................................

41c. How many of these children were younger than 60 years of age when told they had a stroke? ..............................

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42a. Heart disease? ................................................................. Yes Y
      Go to Item 43
      No N
      Don’t know D

42b. How many? .................................................................

42c. How many of these children were younger than
      60 years of age when told they had heart disease? .................

ADMINISTRATIVE INFORMATION

43. Date of data collection: ..................

        m m d d y y y y

44. Code number of person completing this form: .........................