Personal and Family Health History Form

“[Form Code: PFH]

ID NUMBER: ________________________________ CONTACT YEAR: 0 9
LAST NAME: ___________________________ INITIALS: ______________________

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? 
   [Don't know = 7, Refused = 8, Missing = 9]
   - Excellent 1
   - Good 2
   - Fair 3
   - Poor 4

2. Since this time last year, would you say your health is
   [Don't know = 7, Refused = 8, Missing = 9]
   - Better 1
   - Worse 2
   - About the same 3

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

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

2a. High blood pressure or hypertension? 
   [Don't know = 7, Refused = 8, Missing = 9]
   - Yes 1
   - No 2
   - Don't know 7
   - Refused 8
   - Missing 9

   Go to Item 3a

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

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3a. High blood cholesterol? ....................................................... Yes 1
                      No 2
                      Don’t know 7
                      Refused 8
                      Missing 9
                      Go to Item 4a

3b. How old were you when told that you had high blood cholesterol? ..............................................................Age

4a. Heart attack? ..........................................................................Yes 1
                      No 2
                      Don’t know 7
                      Refused 8
                      Missing 9
                      Go to Item 5a

4b. How old were you when told that you had a heart attack? ...............................................................................Age

5a. Stroke? ...................................................................................Yes 1
                      No 2
                      Don’t know 7
                      Refused 8
                      Missing 9
                      Go to Item 6a

5b. How old were you when told that you had a stroke? ....................................................................................Age
Since your last JHS exam has your doctor or health professional said you have:

6a. Sugar in the blood or diabetes? ......................................................... Yes 1
    No 2
    Don’t know 7
    Refused 8
    Missing 9
    Go to Item 7a

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

7a. Kidney problem? ................................................................. Yes 1
    No 2
    Don’t know 7
    Refused 8
    Missing 9
    Go to Item 8a

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

8a. Cancer? ................................................................. Yes 1
    No 2
    Don’t know 7
    Refused 8
    Missing 9
    Go to Item 9a

8b. How old were you when told that you had cancer? ................................................................. Age
9a. Chronic lung disease, such as bronchitis or emphysema? .............................................................. Yes 1
     No 2
     Don’t know 7
     Refused 8
     Missing 9
     Go to Item 10a

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

10a. Asthma? ................................................................................. Yes 1
     No 2
     Don’t know 7
     Refused 8
     Missing 9
     Go to Item 11a

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

11a. A blood circulation problem? .................................................. Yes 1
     No 2
     Don’t know 7
     Refused 8
     Missing 9
     Go to Item 12a

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

12a. Have you stayed overnight as a patient in a hospital during the past year? ........................................... Yes 1
     No 2
     Don’t know 7
     Refused 8
     Missing 9
     Go to Item 13
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-igation (had one or more of your tubes tied)? ................................................................. Yes 1

No 2

Don’t Know 7

Refused 8

Missing 9

IF YES:

13a. How old were you when you had a tubal-igation? .......

Age

Don’t know 7

Refused 8

Missing 9

ASK WOMEN ONLY IF < 55 YEARS OLD

14. Are you currently pregnant? ........................................... Yes 1

No 2

Don’t Know 7

Refused 8

Missing 9
ASK MEN ONLY:

15. Have you ever had a vasectomy?  
   - Yes 1
   - No 2
   - Don’t Know 7
   - Refused 8
   - Missing 9

C. HEALTH BEHAVIORS

16. What is the most that you have ever weighed (WOMEN: except when you were pregnant)?

   - Pounds
     - Don’t know 7
     - Refused 8
     - Missing 9

16a. How old were you when you weighed this much?

   - Age
     - Don’t know 7
     - Refused 8
     - Missing 9

17. Do you consider yourself now to be **overweight**, underweight, or about the right weight?

   - Overweight 1
   - Underweight 2
   - About right weight 3
   - Don’t know 7
   - Refused 8
   - Missing 9

18. Have you ever been on a diet to lose weight? 
   - Yes 1
   - No 2
   - Don’t know 7
   - Refused 8
   - Missing 9

   Go to Item 19
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 job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? 
Yes 1  
No 2  
Don’t know 7  
Refused 8  
Missing 9  

20. IS YOUR NATURAL MOTHER LIVING?  
Yes 1 Go to Item 23  
No 2 Go to Item 20a  
Don’t know 7  
Refused 8  
Missing 9  

Go to Item 24  

20a. What is the year of death?  
Before first exam 1 Go to Item 29  
Since first exam 2  
Don’t know 7  
Refused 8  
Missing 9  

21. Approximately how old was your mother when she died? ................. Age
22a. What was the cause of your natural mother’s death? .......... Cancer 1
                          Heart attack 2
                          Stroke 3
                          Unknown 4
                          Other (Specify) 5

                           Go to Item 24

22b. Specify: ________________________________________________________________

                                           Go to Item 24

23. How old is your mother? [ ] [ ] [ ] Age

Since your Jackson Heart Study Exam 1 (date), has your mother had (or does she have) any of the following diseases? [READ EACH DISEASE NAME]

24. Cancer? ................................................................. Yes 1
          [Don’t know = 7, Refused = 8, Missing = 9]
          No 2

24a. How old was she when she was told she had cancer? .......... [ ] [ ] [ ] Age

25. Diabetes (sugar in the blood)? ............................................. Yes 1
          [Don’t know = 7, Refused = 8, Missing = 9]
          No 2

25a. How old was she when she was told she had diabetes? ........ [ ] [ ] [ ] Age

26a. High blood pressure or hypertension? ................................. Yes 1

                      No 2
                      Don’t know 7
                      Refused 8
                      Missing 9

                      Go to Item 27a
26b. How old was she when she was told that she had high blood pressure or hypertension? ..................... Age

27a. Stroke? ................................................................................. Yes 1

No 2

Don’t know 7

Refused 8

Missing 9

Go to Item 28a

27b. How old was she when she was told that she had had a stroke? .......................................................... Age

28a. Heart disease?.................................................................Yes 1

No 2

Don’t know 7

Refused 8

Missing 9

Go to Item 29a

28b. How old was she when she was told that she had heart disease? .......................................................... Age

29. IS YOUR NATURAL FATHER LIVING?
............................................................................................. Yes 1

Go to Item 32

No 2

Don’t know 7

Refused 8

Missing 9

Go to Item 38a
29a. What is the year of death?
- Before first exam: 1
- Since first exam: 2
- Don’t know: 7
- 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
- Stroke: 3
- Unknown: 4
- Other (Specify): 5

31b. Specify:

32. How old is your father? ................................................................. Age

Since your Jackson Heart Study Exam 1 (date) has your father ever had (or does he have) any of the following diseases? [READ EACH DISEASE NAME]

33. Cancer?.................................................................Yes: 1
- No: 2

33a. How old was he when he was told he had cancer ...................... Age
34. Diabetes (sugar in the blood)? ............................................... Yes 1
No 2 — Go to 35

34a. How old was he when he was told he had diabetes? ................. Age

35a. High blood pressure or hypertension? ................................. Yes 1

No 2
Don’t know 7
Refused 8
Missing 9 — Go to Item 36a

35b. How old was he when he was told that he had high blood pressure or hypertension? ......................... Age

36a. Stroke? ........................................................................... Yes 1

No 2
Don’t know 7
Refused 8
Missing 9 — Go to Item 37a

36b. How old was he when he was told that he had a stroke? ................................................................. Age

37a. Heart disease? .................................................................... Yes 1

No 2
Don’t know 7
Refused 8
Missing 9 — Go to Item 38a

37b. How old was he when he was 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.”

38a. FULL BROTHERS LIVING. .................................................................................

38b. FULL SISTERS LIVING. .................................................................................

38c. Since your JHS exam 1 (mm/dd/yyyy) are there any full brothers or sisters who are no longer living? ................................................................. Yes 1

No 2

Don’t know 7

Refused 8

Missing 9

Go to Item 38f

38d. How many full brothers are no longer living? ............................................ [Don’t Know = 77, Refused = 88, Missing = 99]

38e. How many full sisters are no longer living? [Don’t Know = 77, Refused = 88, Missing = 99]

38f. [TOTAL NUMBER OF FULL BROTHERS AND FULL SISTERS. DO NOT ASK; COMPUTE. IF NONE, ENTER “00”.] .............................................

If “00” Go to Item 44a

Since your JHS Exam 1 (date) have any of your brothers or sisters (whether living or no longer living) had any of the following diseases? [READ EACH RESPONSE]

39a. Cancer? ................................................................................................................. Yes 1

No 2

Don’t know 7

Refused 8

Missing 9

Go to Item 40a

39b. How many? ............................................................................................................ [Don’t Know = 77, Refused = 88, Missing = 99]
40a. Diabetes (sugar in the blood)? ................................................................. Yes 1
    - No 2
    - Don’t know 7
    - Refused 8
    - Missing 9

    Go to Item 41a

40b. How many? ......................................................................................
    [Don't Know = 77, Refused = 88, Missing = 99]

41a. High blood pressure or hypertension? ............................................ Yes 1
    - No 2
    - Don’t know 7
    - Refused 8
    - Missing 9

    Go to Item 42a

41b. How many? ......................................................................................
    [Don't Know = 77, Refused = 88, Missing = 99]

41c. Since your Exam 1 (date) how many of these brothers and sisters
    were younger than 60 years of age when told they had high
    blood pressure or hypertension? ......................................................
    [Don't Know = 77, Refused = 88, Missing = 99]

42a. Stroke? ............................................................................................ Yes 1
    - No 2
    - Don’t know 7
    - Refused 8
    - Missing 9

    Go to Item 43a

42b. How many? ......................................................................................
    [Don't Know = 77, Refused = 88, Missing = 99]

42c. How many of these brothers and sisters were younger than 60 years of age
    when told they had a stroke? ...........................................................
    [Don't Know = 77, Refused = 88, Missing = 99]
43a. Heart disease? ............................................................................... Yes 1
      No 2
      Don’t know 7
      Refused 8
      Missing 9

Go to Item 44a

43b. How many?
[Don't Know = 77, Refused = 88, Missing = 99]

43c. How many of these brothers and sisters were younger than 60 years of age when told they had heart disease? ...................................................................................
[Don't Know = 77, Refused = 88, Missing = 99]

44a. How many live births (Natural children) have you had?............................................................................................

IF “00” Go to Item 44c

44b. How many natural children are no longer living? ...........................................................
[Don't Know = 77, Refused = 88, Missing = 99]

44c. How many of your living children are over 18 years old?...........................
[Don't Know = 77, Refused = 88, Missing = 99]

If “00” Go to Item 50

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

45a. Cancer? ......................................................................................... Yes 1
      No 2
      Don’t know 7
      Refused 8
      Missing 9

Go to Item 46a
45b. How many? ...............................................................................................
[Don't Know = 77, Refused = 88, Missing = 99]

46a. Diabetes (sugar in the blood)?......................................................Yes 1
    No 2
    Don't know 7
    Refused 8
    Missing 9

46b. How many? .......................................................................................[Don't Know = 77, Refused = 88, Missing = 99]

47a. High blood pressure or hypertension? .................................. Yes 1
    No 2
    Don't know 7
    Refused 8
    Missing 9

47b. How many? .......................................................................................[Don't Know = 77, Refused = 88, Missing = 99]

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

48a. Stroke?.................................................................................. Yes 1
    No 2
    Don't know 7
    Refused 8
    Missing 9

48b. How many? .......................................................................................[Don't Know = 77, Refused = 88, Missing = 99]

48c. How many of these children were younger than 60 years of age when told they had a stroke? ...............................................................................................
[Don't Know = 77, Refused = 88, Missing = 99]
49a. Heart disease? ................................................................. Yes 1
                    No 2
               Don’t know 7
        Refused 8
                  Missing 9

        Go to Item 50a

49b. How many? ........................................................................... [Don't Know = 77, Refused = 88, Missing = 99]

49c. How many of these children were younger than 60 years of age when told they had heart disease? ................. [Don't Know = 77, Refused = 88, Missing = 99]

ADMINISTRATIVE INFORMATION

50. Date of data collection: .................. m m d d y y y y

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

52. Method of data collection ...................................................... Computer 1
                Paper Form 2

53. Data Collection Site .............................................................. In Clinic 1
                Off Site 2