

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 |

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| 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 |

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| | <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 |

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| | <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 |

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| | 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 |

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| 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 |

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| 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 |

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| 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 |