Date Entered___________

Staff Initials___________

COMBINE
Family History (FAH ver. A)

Center | Participant # | Participant Initials | Week | Sequence 0 1

Date ___ / ___ / ___ (mo. da. yr.) Staff ID

INSTRUCTIONS: Check one of the following for each of your blood relatives.

ALCOHOL PROBLEMS for any blood relative that has experienced at least 1 of the problems listed below
NO ALCOHOL PROBLEMS for any blood relative that hasn't had any of these drinking related problems
DON'T KNOW if you don't know whether they have experienced at least one of the problems listed below
NOT APPLICABLE if you do not have siblings or children

Have any of your blood relatives had what you would call a significant drinking problem?

For example, have they had any of the following due to their drinking behavior?

- Legal problems (e.g., traffic violations, disorderly conduct, public intoxication)
- Health problems (e.g., blackouts, DTs, cirrhosis of the liver)
- Marital or family problems
- Work problems or difficulties with responsibilities around the house
- Received treatment for alcoholism (e.g., AA, Antabuse, detoxification)
- Social problems, fights, loss of friends

RELATIVE	ALCOHOL PROBLEMS	NO ALCOHOL PROBLEMS	DON'T KNOW	NOT APPLICABLE
1) **Father**	☐	☐	☐	
2) **Mother**	☐	☐	☐	
3) **Brother #1**	☐	☐	☐	☐
4) Brother #2	☐	☐	☐	☐
5) Brother #3	☐	☐	☐	☐
6) Brother #4	☐	☐	☐	☐
7) Brother #5	☐	☐	☐	☐
8) Brother #6	☐	☐	☐	☐
9) **Sister #1**	☐	☐	☐	☐
10) Sister #2	☐	☐	☐	☐
11) Sister #3	☐	☐	☐	☐
12) Sister #4	☐	☐	☐	☐
13) Sister #5	☐	☐	☐	☐
14) Sister #6	☐	☐	☐	☐
15) **Child #1**	☐	☐	☐	☐
16) Child #2	☐	☐	☐	☐
17) Child #3	☐	☐	☐	☐
18) Child #4	☐	☐	☐	☐
19) Child #5	☐	☐	☐	☐
20) Child #6	☐	☐	☐	☐

Center	Participant #	Participant Initials	Week	Sequence
				0 1

Date	Staff ID
___ / ___ / _____ (mo. / da. / yr.)	

Smoking History

RELATIVE	Has this person smoked a total of 100 or more cigarettes in his/her lifetime?			On a typical day when they smoke(d), how many cigarettes does/did this person smoke? (20 cigs/pack)	Has this person ever tried to quit?			If tried to quit, was this person successful in quitting for good?		
	YES	**NO**	**DON'T KNOW**	**Enter # cigarettes/day or enter 0 if they never smoked daily.**	**YES**	**NO**	**DON'T KNOW**	**YES**	**NO**	**DON'T KNOW**
21) **Father**	☐	☐	☐	#/day_______	☐	☐	☐	☐	☐	☐
22) **Mother**	☐	☐	☐	#/day_______	☐	☐	☐	☐	☐	☐