“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

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

3b. How old were you when first told that you had high blood cholesterol? 
   - Age
4a. Heart attack? ................................................................. Yes  age  Y  
                                  No    N  
                                  Don’t know  D  
                                Go to Item 5a  

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

5a. Stroke? .................................................................  Yes  age  Y  
                                  No    N  
                                  Don’t know  D  
                                Go to Item 6a  

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

Has your doctor or health professional ever said you have:

6a. Sugar in the blood or diabetes? ...........................................  Yes  age  Y  
                                  No    N  
                                  Don’t know  D  
                                Go to Item 7a  

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

7a. Kidney problem? .............................................................  Yes  age  Y  
                                  No    N  
                                  Don’t know  D  
                                Go to Item 8a  

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

Go to Item 5a
Go to Item 6a
Go to Item 7a
Go to Item 8a
8a. Cancer? ................................................................. Yes  Y
                  Go to Item 9a  No  N
                  Don't know  D

8b. How old were you when first told that you had cancer?..............................................

9a. Chronic lung disease, such as bronchitis or emphysema? .............................................. Yes  Y
                  Go to Item 10a  No  N
                  Don't know  D

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

10a. Asthma? ................................................................. Yes  Y
                  Go to Item 11a  No  N
                  Don't know  D

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

11a. A blood circulation problem? ................................................................. Yes  Y
                  Go to Item 12a  No  N
                  Don't know  D

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.] ................................................. Yes Go to Item 16

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 C

Heart attack A

Stroke S

Unknown U

Other (Specify) O

Go to Item 17

15b. Specify: 

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

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

Cancer? ................................................................. Yes Y

No N
18. Diabetes (sugar in the blood)? ........................................... Yes Y

No N

Don’t know D

19a. High blood pressure or hypertension? .............................. Yes Y

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

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

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

Don’t know D
23. Approximately how old was your father when he died? 

24a. What was the cause of your natural father’s death? 
- Cancer (C)
- Heart attack (A)
- Stroke (S)
- Unknown (U)
- Other (Specify) (O)

24b. Specify:

25. How old is your father?

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

26. Cancer? 
- Yes (Y)
- No (N)
- Don’t know (D)

27. Diabetes (sugar in the blood)? 
- Yes (Y)
- No (N)
- Don’t know (D)

28a. High blood pressure or hypertension? 
- Yes (Y)
- No (N)
- Don’t know (D)
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”]. ..............................................

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? .............................................................

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
                  No N
                  Don’t know D

38b. How many? ........................................................................................................

39a. Diabetes (sugar in the blood)? ........................................... Yes Y
                  No N
                  Don’t know D

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

40a. High blood pressure or hypertension? ......................... Yes Y
                  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
                  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? .........................................................
42a. Heart disease? .................................................................Yes Y

          No N

          Don’t know D

Go to Item 43

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


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