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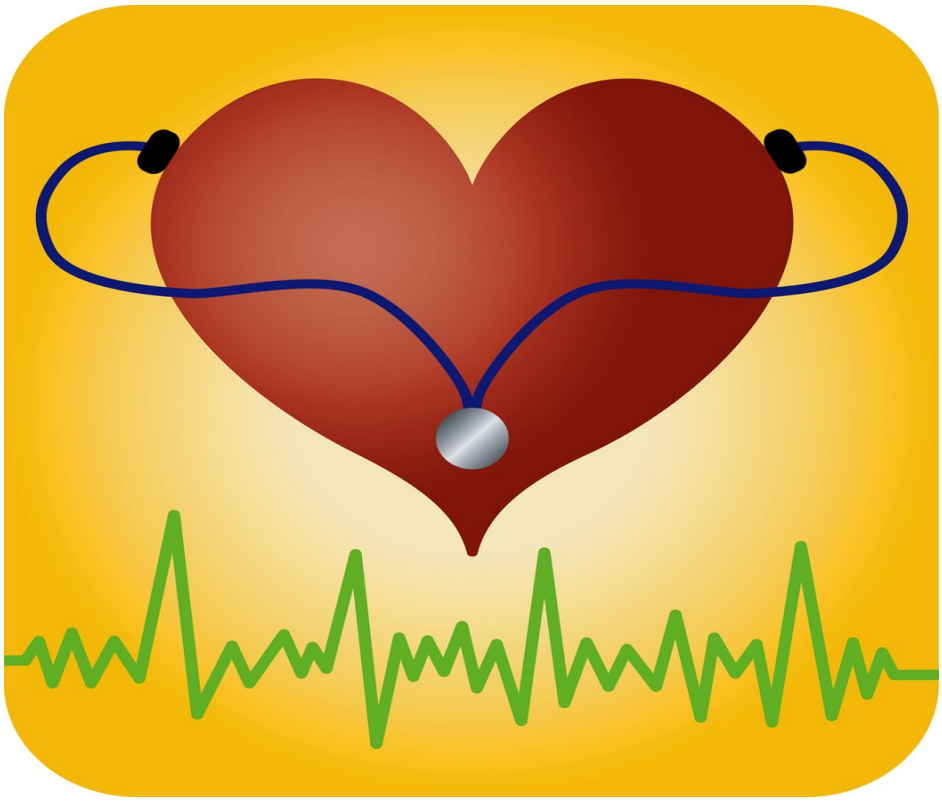

Family Medical History Questionnaire

THE NATIONAL CHILDREN'S STUDY
HEALTH GROWTH ENVIRONMENT

Instructions

Please complete the Family Medical History questionnaire as best as you can. If you don't know the answer to one or more questions or have the information you need to complete the questionnaire, please don't guess. Instead, please contact your biological mother, father, or full brothers and sisters and ask them to help you complete the questionnaire. If you need help or have questions while completing this questionnaire, please call XXX-XXX-XXXX.

The following questions are about your parents and siblings, not your children.

1. Were you raised by your biological parent or parents, adoptive parents, foster parents, or other relatives? (MARK ALL THAT APPLY.)

   - ○ Biological parent(s) ➔ Q3
   - ○ Adoptive parent(s)
   - ○ Foster parent(s)
   - ○ Other relatives, specify: _____
   - ○ Don't know

2. Do you know **anything** about the health conditions of your biological relatives?

   - ○ Yes
   - ○ No ➔ END
   - ○ Don't know

3. How many full siblings do you have? By full sibling, we mean brothers or sisters you have with the same biological mother and father.

   |___|___|
   NUMBER OF FULL SIBLINGS

   - ○ No siblings
   - ○ Don't know

4. Is your biological mother still living?

   - ○ Yes ➔ Q7
   - ○ No
   - ○ Don't know ➔ Q7

5. What was the cause of her death?

   _____
   MOTHER'S CAUSE OF DEATH

   - ○ Don't know

6. How old was she when she died? If you aren't sure how old she was when she died, please guess as closely as you can.

   |___|___|___|
   AGE

   - ○ Don't know

7. Is your biological father still living?

   - ○ Yes ➔ Q10
   - ○ No
   - ○ Don't know ➔ Q10

8. What was the cause of his death?

   _____
   FATHER'S CAUSE OF DEATH

   - ○ Don't know

9. How old was he when he died? If you aren't sure how old he was when he died, please guess as closely as you can.

   |___|___|___|
   AGE

   - ○ Don't know

Please answer the following questions about your biological mother and father, as well as any full brothers and/or sisters you have.

	Mother	Father	Full Brother/Sister # 1
Heart attack?	○ Yes ○ No ○ Don't know Did she have a heart attack before age 55? ○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know Did he have a heart attack before age 55? ○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know Did s/he have a heart attack before age 55? ○ Yes ○ No ○ Don't know
Angioplasty or coronary bypass surgery?	○ Yes ○ No ○ Don't know Did she have angioplasty or coronary bypass surgery before age 55? ○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know Did he have angioplasty or coronary bypass surgery before age 55? ○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know Did s/he have angioplasty or coronary bypass surgery before age 55? ○ Yes ○ No ○ Don't know
Asthma?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
Eczema or atopic dermatitis?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
Allergies?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
High blood pressure?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know

	Full Brother/Sister # 2	Full Brother/Sister # 3	Full Brother/Sister # 4
Heart attack?	○ Yes → Did s/he have a heart attack before age 55? ○ Yes ○ No ○ Don't know ○ No ○ Don't know	○ Yes → Did s/he have a heart attack before age 55? ○ Yes ○ No ○ Don't know ○ No ○ Don't know	○ Yes → Did s/he have a heart attack before age 55? ○ Yes ○ No ○ Don't know ○ No ○ Don't know
Angioplasty or coronary bypass surgery?	○ Yes → Did s/he have angioplasty or coronary bypass surgery before age 55? ○ Yes ○ No ○ Don't know ○ No ○ Don't know	○ Yes → Did s/he have angioplasty or coronary bypass surgery before age 55? ○ Yes ○ No ○ Don't know ○ No ○ Don't know	○ Yes → Did s/he have angioplasty or coronary bypass surgery before age 55? ○ Yes ○ No ○ Don't know ○ No ○ Don't know
Asthma?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
Eczema or atopic dermatitis?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
Allergies?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
High blood pressure?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know

	Mother	Father	Full Brother/Sister # 1
Diabetes?	○ Yes ○ No ○ Don't know Was she diagnosed with diabetes as a child or teenager? ○ Yes ○ No ○ Don't know Has she ever used insulin shots or an insulin pump to treat diabetes? ○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know Was he diagnosed with diabetes as a child or teenager? ○ Yes ○ No ○ Don't know Has he ever used insulin shots or an insulin pump to treat diabetes? ○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know Was s/he diagnosed with diabetes as a child or teenager? ○ Yes ○ No ○ Don't know Has s/he ever used insulin shots or an insulin pump to treat diabetes? ○ Yes ○ No ○ Don't know
High cholesterol?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
Any type of cancer?	○ Yes ○ No ○ Don't know What type of cancer was she diagnosed with: _____	○ Yes ○ No ○ Don't know What type of cancer was he diagnosed with: _____	○ Yes ○ No ○ Don't know What type of cancer was s/he diagnosed with: _____

	Full Brother/Sister # 2	Full Brother/Sister # 3	Full Brother/Sister # 4
Diabetes?	○ Yes → Was s/he diagnosed with diabetes as a child or teenager? ○ Yes ○ No ○ Don't know Has she ever used insulin shots or an insulin pump to treat diabetes? ○ Yes ○ No ○ Don't know	○ Yes → Was s/he diagnosed with diabetes as a child or teenager? ○ Yes ○ No ○ Don't know Has s/he ever used insulin shots or an insulin pump to treat diabetes? ○ Yes ○ No ○ Don't know	○ Yes → Was s/he diagnosed with diabetes as a child or teenager? ○ Yes ○ No ○ Don't know Has s/he ever used insulin shots or an insulin pump to treat diabetes? ○ Yes ○ No ○ Don't know
High cholesterol?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
Any type of cancer?	○ Yes → What type of cancer was s/he diagnosed with: _____ ○ No ○ Don't know	○ Yes → What type of cancer was s/he diagnosed with: _____ ○ No ○ Don't know	○ Yes → What type of cancer was s/he diagnosed with: _____ ○ No ○ Don't know

	Mother	Father	Full Brother/Sister # 1
Thyroid disease?	○ Yes ○ No ○ Don't know Was she diagnosed with an underactive thyroid? ○ Yes ○ No ○ Don't know Was she diagnosed with an overactive thyroid? ○ Yes ○ No ○ Don't know Was she diagnosed with some other thyroid disease? ○ Yes ○ No ○ Don't know If Yes, specify thyroid disease: _____	○ Yes ○ No ○ Don't know Was he diagnosed with an underactive thyroid? ○ Yes ○ No ○ Don't know Was he diagnosed with an overactive thyroid? ○ Yes ○ No ○ Don't know Was he diagnosed with some other thyroid disease? ○ Yes ○ No ○ Don't know If Yes, specify thyroid disease: _____	○ Yes ○ No ○ Don't know Was s/he diagnosed with an underactive thyroid? ○ Yes ○ No ○ Don't know Was s/he diagnosed with an overactive thyroid? ○ Yes ○ No ○ Don't know Was s/he diagnosed with some other thyroid disease? ○ Yes ○ No ○ Don't know If Yes, specify thyroid disease: _____

	Full Brother/Sister # 2	Full Brother/Sister # 3	Full Brother/Sister # 4
Thyroid disease?	○ Yes ○ No ○ Don't know Was she diagnosed with an underactive thyroid? ○ Yes ○ No ○ Don't know Was she diagnosed with an overactive thyroid? ○ Yes ○ No ○ Don't know Was she diagnosed with some other thyroid disease? ○ Yes ○ No ○ Don't know If Yes, specify thyroid disease: _____	○ Yes ○ No ○ Don't know Was s/he diagnosed with an underactive thyroid? ○ Yes ○ No ○ Don't know Was s/he diagnosed with an overactive thyroid? ○ Yes ○ No ○ Don't know Was s/he diagnosed with some other thyroid disease? ○ Yes ○ No ○ Don't know If Yes, specify thyroid disease: _____	○ Yes ○ No ○ Don't know Was s/he diagnosed with an underactive thyroid? ○ Yes ○ No ○ Don't know Was s/he diagnosed with an overactive thyroid? ○ Yes ○ No ○ Don't know Was s/he diagnosed with some other thyroid disease? ○ Yes ○ No ○ Don't know If Yes, specify thyroid disease: _____

	Mother	Father	Full Brother/Sister # 1
Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
Autism, Asperger syndrome or other autism spectrum disorder?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
An eating disorder such as anorexia or bulimia?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
Alcoholism?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
Bipolar disorder?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
Depression other than bipolar disorder?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
Schizophrenia?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
Anxiety disorder such as generalized anxiety disorder (GAD) or obsessive compulsive disorder (OCD)?	○ Yes ○ No ○ Don't know What type of anxiety disorder was she diagnosed with: _____	○ Yes ○ No ○ Don't know What type of anxiety disorder was he diagnosed with: _____	○ Yes ○ No ○ Don't know What type of anxiety disorder was s/he diagnosed with: _____
Mental retardation?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know

	Full Brother/Sister # 2	Full Brother/Sister # 3	Full Brother/Sister # 4
Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
Autism, Asperger syndrome or other autism spectrum disorder?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
An eating disorder such as anorexia or bulimia?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
Alcoholism?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
Bipolar disorder?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
Depression other than bipolar disorder?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
Schizophrenia?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know
Anxiety disorder such as generalized anxiety disorder (GAD) or obsessive compulsive disorder (OCD)?	○ Yes ○ No ○ Don't know What type of anxiety disorder was s/he diagnosed with: _____	○ Yes ○ No ○ Don't know What type of anxiety disorder was s/he diagnosed with: _____	○ Yes ○ No ○ Don't know What type of anxiety disorder was s/he diagnosed with: _____
Mental retardation?	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know	○ Yes ○ No ○ Don't know