

Family Medical History Supplemental SAQ

|  |  |
| --- | --- |
| Event Category: | Time-Based |
| Event: | 42M |
| Administration: | N/A |
| Instrument Target: | Biological Mother; Biological Father |
| Instrument Respondent: | Biological Mother; Biological Father |
| Domain: | Questionnaire |
| Document Category: | Questionnaire |
| Method: | Self-Administered |
| Mode (for this instrument\*): | In-Person, PAPI |
| OMB Approved Modes: | In-Person, PAPI;Phone, PAPI;Web-Based, CAI |
| Estimated Administration Time: | 6 minutes |
| Multiple Child/Sibling Consideration: | Per Event |
| Special Considerations: | N/A |
| Version: | 1.0 |
| MDES Release: | 4.0 |

\*This instrument is OMB-approved for multi-mode administration but this version of the instrument is designed for administration in this/these mode(s) only.

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Family Medical History Supplemental SAQ

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Family Medical History Supplemental SAQ

GENERAL PROGRAMMER INSTRUCTIONS:

WHEN PROGRAMMING INSTRUMENTS, VALIDATE FIELD LENGTHS AND TYPES AGAINST THE MDES TO ENSURE DATA COLLECTION RESPONSES DO NOT EXCEED THOSE OF THE MDES. SOME GENERAL ITEM LIMITS USED ARE AS FOLLOWS:

|  |  |  |  |
| --- | --- | --- | --- |
| **DATA ELEMENT FIELDS** | **MAXIMUM CHARACTERS PERMITTED** | **DATA TYPE** | **PROGRAMMER INSTRUCTIONS** |
| ADDRESS AND EMAIL FIELDS | 100 | CHARACTER |  |
| UNIT AND PHONE FIELDS | 10 | CHARACTER |  |
| \_OTH AND COMMENT FIELDS | 255 | CHARACTER | * Limit text to 255 characters
 |
| FIRST NAME AND LAST NAME | 30 | CHARACTER | * Limit text to 30 characters
 |
| ALL ID FIELDS | 36 | CHARACTER |  |
| ZIP CODE | 5 | NUMERIC |  |
| ZIP CODE LAST FOUR | 4 | NUMERIC |  |
| CITY | 50 | CHARACTER |  |
| DOB AND ALL OTHER DATE FIELDS (E.G., DT, DATE, ETC.) | 10 | NUMERICCHARACTER | * DISPLAY AS MM/DD/YYYY
* STORE AS YYYY-MM-DD
* HARD EDITS:

MM MUST EQUAL 01 TO 12DD MUST EQUAL 01 TO 31YYYY MUST BE BETWEEN 1900 AND CURRENT YEAR. |
| TIME VARIABLES | TWO-DIGIT HOUR AND TWO-DIGIT MINUTE, AM/PM DESIGNATION | NUMERIC | * HARD EDITS:

HOURS MUST BE BETWEEN 00 AND 12; MINUTES MUST BE BETWEEN 00 AND 59 |

**Instrument Guidelines for Participant and Respondent IDs:**

PRENATALLY, THE **P\_ID** IN THE MDES HEADER IS THAT OF THE PARTICIPANT (E.G. THE NON-PREGNANT WOMAN, PREGNANT WOMAN, OR THE FATHER).

 POSTNATALLY, A RESPONDENT ID WILL BE USED IN ADDITION TO THE PARTICIPANT ID BECAUSE SOMEBODY OTHER THAN THE PARTICIPANT MAY BE COMPLETING THE INTERVIEW. FOR EXAMPLE, THE PARTICIPANT MAY BE THE CHILD AND THE RESPONDENT MAY BE THE MOTHER, FATHER, OR ANOTHER CAREGIVER. THEREFORE, MDES VERSION 2.2 AND ALL FUTURE VERSIONS CONTAIN A **R\_P\_ID** (RESPONDENT PARTICIPANT ID) HEADER FIELD FOR EACH POST-BIRTH INSTRUMENT. THIS WILL ALLOW ROCs TO INDICATE WHETHER THE RESPONDENT IS SOMEBODY OTHER THAN THE PARTICIPANT ABOUT WHOM THE QUESTIONS ARE BEING ASKED.

**A REMINDER:**

ALL RESPONDENTS MUST BE CONSENTED AND HAVE RECORDS IN THE PERSON, PARTICIPANT, PARTICIPANT\_CONSENT AND LINK\_PERSON\_PARTICIPANT TABLES, WHICH CAN BE PRELOADED INTO EACH INSTRUMENT. ADDITIONALLY, IN POST-BIRTH QUESTIONNAIRES WHERE THERE IS THE ABILITY TO LOOP THROUGH A SET OF QUESTIONS FOR MULTIPLE CHILDREN, IT IS IMPORTANT TO CAPTURE AND STORE THE CORRECT CHILD **P\_ID** ALONG WITH THE LOOP INFORMATION. IN THE MDES VARIABLE LABEL/DEFINITION COLUMN, THIS IS INDICATED AS FOLLOWS: **EXTERNAL IDENTIFIER: PARTICIPANT ID FOR CHILD DETAIL.**

SECOND FULL SIBLING

**SFS00100.** Please complete this supplemental form if you have more than one full brother or full sister.

Please complete the Family Medical History Questionnaire as best you can. If you don't know the answer to a question or do not have all the information you need to complete a question, please contact your biological mother, biological father, full brothers and sisters, or other family members and ask them to help you complete the question. By full brothers and sisters, we mean brothers or sisters who have the same biological mother **and** father as you.

Have any of your full siblings ever been diagnosed with or had any of the following:

Begin with the second oldest full sibling.

**SFS01000/(FMH\_S2\_ASTHMA).** Asthma?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS02000/(FMH\_S2\_ECZEMA).** Eczema or atopic dermatitis?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS03000/(FMH\_S2\_ALLERGY).** Allergies?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS04000/(FMH\_S2\_AUTOIMMUNE).** Auto-immune disease?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S2\_HIGHBP |
| Don't Know | -2 | FMH\_S2\_HIGHBP |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS05000/(FMH\_S2\_AUTOIMMUNE\_TYP).** What was he/she diagnosed with?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Rheumatoid arthritis | 1 |  |
| Lupus | 2 |  |
| Other | 3 |  |
| Don't Know | -2 |  |

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| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS06000/(FMH\_S2\_HIGHBP).** High blood pressure?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS07000/(FMH\_S2\_DIABETES).** Diabetes?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S2\_HIGHCHOL |
| Don't Know | -2 | FMH\_S2\_HIGHCHOL |

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| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS08000/(FMH\_S2\_CHILD\_DM).** Was he/she diagnosed with diabetes as a child or a teenager?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS09000/(FMH\_S2\_INSULIN).** Has he/she ever used insulin shots or an insulin pump to treat diabetes?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS10000/(FMH\_S2\_HIGHCHOL).** High cholesterol?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS11000/(FMH\_S2\_HEART).** A heart attack?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S2\_CATH |
| Don't Know | -2 | FMH\_S2\_CATH |

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS12000/(FMH\_S2\_HEART\_AGE).** Did he/she have a heart attack before age 55?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS13000/(FMH\_S2\_CATH).** An angioplasty or coronary bypass surgery?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S2\_CANCER |
| Don't Know | -2 | FMH\_S2\_CANCER |

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS14000/(FMH\_S2\_CATH\_AGE).** Did he/she have an angioplasty or coronary bypass surgery before age 55?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS15000/(FMH\_S2\_CANCER).** Any type of cancer?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S2\_THYROID |
| Don't Know | -2 | FMH\_S2\_THYROID |

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS16000/(FMH\_S2\_CANCER\_TYPE).** What type of cancer was he/she diagnosed with?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS17000/(FMH\_S2\_THYROID).** Thyroid disease?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S2\_ADD |
| Don't Know | -2 | FMH\_S2\_ADD |

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS18000/(FMH\_S2\_UNDERACTIVE).** Was he/she diagnosed with an underactive thyroid?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS19000/(FMH\_S2\_OVERACTIVE).** Was he/she diagnosed with an overactive thyroid?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

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| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS20000/(FMH\_S2\_THY\_DIS).** Was he/she diagnosed with some other thyroid disease?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S2\_ADD |
| Don't Know | -2 | FMH\_S2\_ADD |

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS21000/(FMH\_S2\_THY\_DIS\_OTH).** If yes, specify thyroid disease:

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS22000/(FMH\_S2\_ADD).** Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS23000/(FMH\_S2\_AUTISM).** Autism, Asperger syndrome, or other autism spectrum disorder?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS24000/(FMH\_S2\_EATDIS).** An eating disorder, such as anorexia or bulimia?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS25000/(FMH\_S2\_ALCOHOL).** Alcoholism?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

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| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS26000/(​FMH\_S2\_BIPOLAR).** Bipolar disorder?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS27000/(​FMH\_S2\_DEPRESSION).** Depression other than bipolar disorder?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS28000/(​FMH\_S2\_SCHIZOPHR).** Schizophrenia?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS29000/(​FMH\_S2\_ANXIETY).** Anxiety disorder, such as generalized anxiety disorder (GAD) or obsessive compulsive disorder (OCD)?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | ​FMH\_S2\_COGDIS |
| Don't Know | -2 | ​FMH\_S2\_COGDIS |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS30000/(​FMH\_S2\_ANXIETY\_TYPE).** What type of anxiety disorder was he/she diagnosed with?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS31000/(​FMH\_S2\_COGDIS).** Intellectual disability?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS32000/(​​FMH\_S2\_BIRTH\_DEF).** A birth defect?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | ​​FMH\_S2\_GENETIC |
| Don't Know | -2 | ​​FMH\_S2\_GENETIC |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS33000/(​​FMH\_S2\_BIRTH\_DEF\_TYPE).** What type of birth defect did he/she have?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS34000/(​​FMH\_S2\_GENETIC).** Genetic disease?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | ​​FMH\_S2\_MEDS |
| Don't Know | -2 | ​​FMH\_S2\_MEDS |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS35000/(​​FMH\_S2\_GENETIC\_TYPE).** What type of genetic disease was he/she diagnosed with?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS36000/(​​FMH\_S2\_MEDS).** Is he/she taking any medications?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | TFS00100 |
| Don't Know | -2 | TFS00100 |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**SFS37000/(​​FMH\_S2\_MEDS\_TYPE).** What type of medications is he/she taking?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

THIRD FULL SIBLING

**TFS00100.** Next, has your ***next oldest full sibling*** ever been diagnosed with, or had any of the following:

**TFS01000/(FMH\_S3\_ASTHMA).** Asthma?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS02000/(FMH\_S3\_ECZEMA).** Eczema or atopic dermatitis?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS03000/(FMH\_S3\_ALLERGY).** Allergies?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS04000/(FMH\_S3\_AUTOIMMUNE).** Auto-immune disease?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S3\_HIGHBP |
| Don't Know | -2 | FMH\_S3\_HIGHBP |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS05000/(FMH\_S3\_AUTOIMMUNE\_TYPE).** What was he/she diagnosed with?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Rheumatoid arthritis | 1 |  |
| Lupus | 2 |  |
| Other | 3 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS06000/(FMH\_S3\_HIGHBP).** High blood pressure?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS07000/(FMH\_S3\_DIABETES).** Diabetes?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S3\_HIGHCHOL |
| Don't Know | -2 | FMH\_S3\_HIGHCHOL |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS08000/(FMH\_S3\_CHILD\_DM).** Was he/she diagnosed with diabetes as a child or a teenager?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS09000/(FMH\_S3\_INSULIN).** Has he/she ever used insulin shots or an insulin pump to treat diabetes?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS10000/(FMH\_S3\_HIGHCHOL).** High cholesterol?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS11000/(FMH\_S3\_HEART).** A​ heart attack?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S3\_CATH |
| Don't Know | -2 | FMH\_S3\_CATH |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS12000/(FMH\_S3\_HEART\_AGE).** Did he/she have a heart attack before age 55?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS13000/(FMH\_S3\_CATH).** An angioplasty or coronary bypass surgery?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S3\_CANCER |
| Don't Know | -2 | FMH\_S3\_CANCER |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS14000/(FMH\_S3\_CATH\_AGE).** Did he/she have an angioplasty or coronary bypass surgery before age 55?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS15000/(FMH\_S3\_CANCER).** Any type of cancer?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S3\_THYROID |
| Don't Know | -2 | FMH\_S3\_THYROID |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS16000/(FMH\_S3\_CANCER\_TYPE).** What type of cancer was he/she diagnosed with?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS17000/(FMH\_S3\_THYROID).** Thyroid disease?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S3\_ADD |
| Don't Know | -2 | FMH\_S3\_ADD |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS18000/(FMH\_S3\_UNDERACTIVE).** Was he/she diagnosed with an underactive thyroid?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS19000/(FMH\_S3\_OVERACTIVE).** Was he/she diagnosed with an overactive thyroid?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS20000/(FMH\_S3\_THY\_DIS).** Was he/she diagnosed with some other thyroid disease?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S3\_ADD |
| Don't Know | -2 | FMH\_S3\_ADD |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS21000/(FMH\_S3\_THY\_DIS\_OTH).** If yes, specify thyroid disease:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS22000/(FMH\_S3\_ADD).** ​Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS23000/(FMH\_S3\_AUTISM).** ​Autism, Asperger syndrome, or other autism spectrum disorder?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS24000/(FMH\_S3\_EATDIS).** ​An eating disorder, such as anorexia or bulimia?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS25000/(FMH\_S3\_ALCOHOL).** Alcoholism?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS26000/(FMH\_S3\_BIPOLAR).** Bipolar disorder?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS27000/(FMH\_S3\_DEPRESSION).** Depression other than bipolar disorder?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS28000/(FMH\_S3\_SCHIZOPHR).** Schizophrenia?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS29000/(FMH\_S3\_ANXIETY).** ​Anxiety disorder, such as generalized anxiety disorder (GAD) or obsessive compulsive disorder (OCD)?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S3\_COGDIS |
| Don't Know | -2 | FMH\_S3\_COGDIS |

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| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS30000/(FMH\_S3\_ANXIETY\_TYPE).** What type of anxiety disorder was he/she diagnosed with?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS31000/(FMH\_S3\_COGDIS).** Intellectual disability?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS32000/(FMH\_S3\_BIRTH\_DEF).** B​irth defect?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S3\_GENETIC |
| Don't Know | -2 | FMH\_S3\_GENETIC |

|  |
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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS33000/(FMH\_S3\_BIRTH\_DEF\_TYPE).** What type of birth defect did he/she have?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS34000/(FMH\_S3\_GENETIC).** Genetic disease?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S3\_MEDS |
| Don't Know | -2 | FMH\_S3\_MEDS |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS35000/(FMH\_S3\_GENETIC\_TYPE).** What type of genetic disease was he/she diagnosed with?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS36000/(FMH\_S3\_MEDS).** Taking any medications?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FFS00100 |
| DON'T KNOW | -2 | FFS00100 |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**TFS37000/(FMH\_S3\_MEDS\_TYPE).** What type of medications is he/she taking?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

FOURTH FULL SIBLING

**FFS00100.** Next, has your ***next oldest full sibling*** ever been diagnosed with, or had any of the following:

**FFS01000/(FMH\_S4\_ASTHMA).** Asthma?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS02000/(FMH\_S4\_ECZEMA).** Eczema or atopic dermatitis?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS03000/(FMH\_S4\_ALLERGY).** Allergies?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS04000/(FMH\_S4\_AUTOIMMUNE).** Auto-immune disease?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S4\_HIGHBP |
| Don't Know | -2 | FMH\_S4\_HIGHBP |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS05000/(FMH\_S4\_AUTOIMMUNE\_TYPE).** What was he/she diagnosed with?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Rheumatoid arthritis | 1 |  |
| Lupus | 2 |  |
| Other auto-immune disease | 3 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS06000/(FMH\_S4\_HIGHBP).** High blood pressure?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS07000/(FMH\_S4\_DIABETES).** Diabetes?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S4\_HIGHCHOL |
| Don't Know | -2 | FMH\_S4\_HIGHCHOL |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS08000/(FMH\_S4\_CHILD\_DM).** Was he/she diagnosed with diabetes as a child or a teenager?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS09000/(FMH\_S4\_INSULIN).** Has he/she ever used insulin shots or an insulin pump to treat diabetes?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS10000/(FMH\_S4\_HIGHCHOL).** High cholesterol?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS11000/(FMH\_S4\_HEART).** A heart attack?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S4\_CATH |
| Don't Know | -2 | FMH\_S4\_CATH |

|  |
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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS12000/(FMH\_S4\_HEART\_AGE).** Did he/she have a heart attack before age 55?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS13000/(FMH\_S4\_CATH).** An angioplasty or coronary bypass surgery?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S4\_CANCER |
| Don't Know | -2 | FMH\_S4\_CANCER |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS14000/(FMH\_S4\_CATH\_AGE).** Did he/she have an angioplasty or coronary bypass surgery before age 55?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS15000/(FMH\_S4\_CANCER).** Any type of cancer?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S4\_THYROID |
| Don't Know | -2 | FMH\_S4\_THYROID |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS16000/(FMH\_S4\_CANCER\_TYPE).** What type of cancer was he/she diagnosed with?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS17000/(FMH\_S4\_THYROID).** Thyroid disease?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S4\_ADD |
| Don't Know | -2 | FMH\_S4\_ADD |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS18000/(FMH\_S4\_UNDERACTIVE).** Was he/she diagnosed with an underactive thyroid?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS19000/(FMH\_S4\_OVERACTIVE).** ​Was he/she diagnosed with an overactive thyroid?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS20000/(FMH\_S4\_THY\_DIS).** Was he/she diagnosed with some other thyroid disease?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S4\_ADD |
| Don't Know | -2 | FMH\_S4\_ADD |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS21000/(FMH\_S4\_THY\_DIS\_OTH).** If yes, specify thyroid disease:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS22000/(FMH\_S4\_ADD).** Attention deficit disorder (ADD) or attention deficit hyperactivity disorder (ADHD)?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS23000/(FMH\_S4\_AUTISM).** Autism, Asperger syndrome, or other autism spectrum disorder?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS24000/(FMH\_S4\_EATDIS).** An eating disorder, such as anorexia or bulimia?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS25000/(FMH\_S4\_ALCOHOL).** Alcoholism?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS26000/(FMH\_S4\_BIPOLAR).** Bipolar disorder?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS27000/(FMH\_S4\_DEPRESSION).** Depression other than bipolar disorder?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS28000/(FMH\_S4\_SCHIZOPHR).** Schizophrenia?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS29000/(FMH\_S4\_ANXIETY).** ​Anxiety disorder, such as generalized anxiety disorder (GAD) or obsessive compulsive disorder (OCD)?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S4\_COGDIS |
| Don't Know | -2 | FMH\_S4\_COGDIS |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS30000/(FMH\_S4\_ANXIETY\_TYPE).** What type of anxiety disorder was he/she diagnosed with?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS31000/(FMH\_S4\_COGDIS).** Intellectual disability?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 |  |
| Don't Know | -2 |  |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS32000/(FMH\_S4\_BIRTH\_DEF).** A birth defect?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S4\_GENETIC |
| Don't Know | -2 | FMH\_S4\_GENETIC |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS33000/(FMH\_S4\_BIRTH\_DEF\_TYPE).** What type of birth defect did he/she have?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS34000/(FMH\_S4\_GENETIC).** Genetic disease?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FMH\_S4\_MEDS |
| Don't Know | -2 | FMH\_S4\_MEDS |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS35000/(FMH\_S4\_GENETIC\_TYPE).** What type of genetic disease was he/she diagnosed with?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS36000/(FMH\_S4\_MEDS).** Taking any medications?

|  |  |  |
| --- | --- | --- |
| Label | Code | Go To |
| Yes | 1 |  |
| No | 2 | FFS38000 |
| Don't Know | -2 | FFS38000 |

|  |
| --- |
| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS37000/(FMH\_S4\_MEDS\_TYPE).** What type of medications is he/she taking?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| SOURCE |
| ​​National Health and Nutrition Examination Survey (NHANES) (modified) |

**FFS38000.** For additional siblings, please fill out additional Family Medical History Supplemental Questionnaire(s).

Thank you for participating in the National Children's Study and for taking the time to complete this survey.

FOR OFFICIAL USE

**FOU01000/(P\_ID).** Participant ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**FOU02000/(R\_P\_ID).** Respondent ID:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_