

# Family History Screening Survey

## for \_\_\_\_\_

*Your name here*

**Directions:** Provide an answer to each question in the blank provided, or check the appropriate box. If you don't know the answer to the yes/no questions, check the box with the question marks. When asked if you have **frequent contact** with someone, answer yes if you see this person several times a month or have some other type of communication with this person several times a month.

### 1. Mother Name: \_\_\_\_\_

- Is your mother **deceased**? (\*\*If yes, skip to "B")  Yes  No
- a. Do you have **frequent contact** with your mother?  Yes  No
- b. Does/did your mother have an **alcohol** problem?  Yes  No
- c. Does/did your mother have a **drug** problem?  Yes  No
- d. Does/did your mother have a **mental health** problem?  Yes  No
- e. Does/did your mother have a **chronic health** problem?  Yes  No
- f. Is/was your mother in **trouble with the law**?  Yes  No

### 2. Grandmother - mother's side Name: \_\_\_\_\_

- Is your grandmother **deceased**? (\*\*If yes, skip to "B")  Yes  No
- a. Do you have **frequent contact** with your grandmother?  Yes  No
- b. Does/did your grandmother have an **alcohol** problem?  Yes  No  ???
- c. Does/did your grandmother have a **drug** problem?  Yes  No  ???
- d. Does/did your grandmother have a **mental health** problem?  Yes  No  ???
- e. Does/did your grandmother had a **chronic health** problem?  Yes  No  ???
- f. Is/was your grandmother in **trouble with the law**?  Yes  No  ???

### 3. Grandfather - mothers's side Name: \_\_\_\_\_

- Is your grandfather **deceased**? (\*\*If yes, skip to "B")  Yes  No
- a. Do you have **frequent contact** with your grandfather?  Yes  No
- b. Does/did your grandfather have an **alcohol** problem?  Yes  No  ???
- c. Does/did your grandfather have a **drug** problem?  Yes  No  ???
- d. Does/did your grandfather have a **mental health** problem?  Yes  No  ???
- e. Does/did your grandfather have a **chronic health** problem?  Yes  No  ???
- f. Is/was your grandfather in **trouble with the law**?  Yes  No  ???

### 4. Father Name: \_\_\_\_\_

- Is your father **deceased**? (\*\*If yes, skip to "B")  Yes  No
- a. Do you have **frequent contact** with your father?  Yes  No
- b. Does/did your father have an **alcohol** problem?  Yes  No
- c. Does/did your father have a **drug** problem?  Yes  No
- d. Does/did your father have a **mental health** problem?  Yes  No
- e. Does/did your father have a **chronic health** problem?  Yes  No
- f. Is/was your father in **trouble with the law**?  Yes  No

### 5. Grandmother - father's side Name: \_\_\_\_\_

- Is your grandmother **deceased**? (\*\*If yes, skip to "B")  Yes  No
- a. Do you have **frequent contact** with your grandmother?  Yes  No
- b. Does/did your grandmother have an **alcohol** problem?  Yes  No  ???
- c. Does/did your grandmother have a **drug** problem?  Yes  No  ???
- d. Does/did your grandmother have a **mental health** problem?  Yes  No  ???
- e. Does/did your grandmother had a **chronic health** problem?  Yes  No  ???
- f. Is/was your grandmother in **trouble with the law**?  Yes  No  ???

### 6. Grandfather - father's side Name: \_\_\_\_\_

- Is your grandfather **deceased**? (\*\*If yes, skip to "B")  Yes  No
- a. Do you have **frequent contact** with your grandfather?  Yes  No
- b. Does/did your grandfather have an **alcohol** problem?  Yes  No  ???
- c. Does/did your grandfather have a **drug** problem?  Yes  No  ???
- d. Does/did your grandfather have a **mental health** problem?  Yes  No  ???
- e. Does/did your grandfather have a **chronic health** problem?  Yes  No  ???
- f. Is/was your grandfather in **trouble with the law**?  Yes  No  ???

Any additional comments or important information: \_\_\_\_\_

**7. Aunts**

- Do/did you have any aunts?  Yes  No  
\*\*If "No", move to section 8.
- How many aunts do/did you have?
- How many of your aunts are **deceased**?
- a. How many aunts do you have **frequent contact** with?
- b. How many aunts have/had an **alcohol problem**?
- c. How many aunts have/had a **drug** problem?
- d. How many aunts have/had a **mental health** problem?
- e. How many aunts have/had a **chronic health** problem?
- f. How many aunts have/had **trouble with the law**?

**8. Uncles**

- Do/did you have any uncles?  Yes  No  
\*\*If "No", move to section 9.
- How many uncles do/did you have?
- How many of your uncles are **deceased**?
- a. How many uncles do you have **frequent contact** with?
- b. How many uncles have/had an **alcohol** problem?
- c. How many uncles have/had a **drug** problem?
- d. How many uncles have/had a **mental health** problem?
- e. How many uncles have/had a **chronic health** problem?
- f. How many uncles have/had **trouble with the law**?

**9. Sisters**

- Do/did you have any sisters?  Yes  No  
\*\*If "No", move to section 10.
- How many sisters do/did you have?
- How many of your sisters are **deceased**?
- a. How many sisters do you have **frequent contact** with?
- b. How many sisters have/had an **alcohol** problem?
- c. How many sisters have/had a **drug** problem?
- d. How many sisters have/had a **mental health** problem?
- e. How many sisters have/had a **chronic health** problem?
- f. How many sisters have/had **trouble with the law**?

Any additional comments or important information: \_\_\_\_\_

**10. Brothers**

- Do/did you have any brothers?  Yes  No  
\*\*If "No", move to section 11.
- How many brothers do/did you have?
- How many of your brothers are **deceased**?
- a. How many brothers do you have **frequent contact** with?
- b. How many brothers have/had an **alcohol** problem?
- c. How many brothers have/had a **drug** problem?
- d. How many brothers have/had a **mental health** problem?
- e. How many brothers have/had a **chronic health** problem?
- f. How many brothers have/had **trouble with the law**?

**11. Half Sisters/Brothers**

- Do/did you have any half sisters/brothers?  Yes  No  
\*\*If "No", move to section 12.
- How many half sisters/brothers do/did you have?
- How many of your half siblings are **deceased**?
- a. How many half siblings do you have **frequent contact** with?
- b. How many half siblings have/had an **alcohol** problem?
- c. How many half siblings have/had a **drug** problem?
- d. How many half siblings have/had a **mental health** problem?
- e. How many half siblings have/had a **chronic health** problem?
- f. How many half siblings have/had **trouble with the law**?

**12. Current Spouse/Live-in Partner**

Name: \_\_\_\_\_

- Do you have a current spouse/live-in partner?  Yes  No  
\*\*If "No", move to section 13.
- a. Do you have **frequent contact** with your spouse/partner?  Yes  No
- b. Has your spouse/partner had an **alcohol** problem?  Yes  No
- c. Has your spouse/partner had a **drug** problem?  Yes  No
- d. Has your spouse/partner had a **mental health** problem?  Yes  No
- e. Has your spouse/partner had a **chronic health** problem?  Yes  No
- f. Is/was your spouse/partner in **trouble with the law**?  Yes  No

**13. Daughters**

- Do/did you have any daughters?  Yes  No  
\*\*If "No", move to section 14.
- How many daughters do/did you have?
- How many of your daughters are **deceased**?
- a. How many daughters do you have **frequent contact** with?
- b. How many daughters have/had an **alcohol** problem?
- c. How many daughters have/had a **drug** problem?
- d. How many daughters have/had a **mental health** problem?
- e. How many daughters have/had a **chronic health** problem?
- f. How many daughters have/had **trouble with the law**?

**14. Sons**

- Do/did you have any sons?  Yes  No  
\*\*If "No", move to section 15.
- How many sons do/did you have?
- How many of your sons are **deceased**?
- a. How many sons do you have **frequent contact** with?
- b. How many sons have/had an **alcohol** problem?
- c. How many sons have/had a **drug** problem?
- d. How many sons have/had a **mental health** problem?
- e. How many sons have/had a **chronic health** problem?
- f. How many sons have/had **trouble with the law**?

**15. Step Parents**

- Do/did you have any step parents?  Yes  No  
\*\*If "No", move to section 16.
- How many step parents do/did you have?
- How many of your step parents are **deceased**?
- a. How many step parents do you have **frequent contact** with?
- b. How many step parents have/had an **alcohol** problem?
- c. How many step parents have/had a **drug** problem?
- d. How many step parents have/had a **mental health** problem?
- e. How many step parents have a **chronic health** problem?
- f. How many step parents have/had **trouble with the law**?

Any additional comments or important information: \_\_\_\_\_

**16. Step Sisters/Brothers**

- Do/did you have any step sisters/brothers?  Yes  No  
\*\*If "No", move to section 17.
- How many step sisters/brothers do/did you have?
- How many of your step siblings are **deceased**?
- a. How many step siblings do you have **frequent contact** with?
- b. How many step siblings have/had an **alcohol** problem?
- c. How many step siblings have/had a **drug** problem?
- d. How many step siblings have/had a **mental health** problem?
- e. How many step siblings have/had a **chronic health** problem?
- f. How many step siblings have/had **trouble with the law**?

**17. Supportive Friends**

- Do/did you have any supportive friends?  Yes  No  
\*\*If "No", move to section 18.
- How many supportive friends do/did you have?
- How many of your supportive friends are **deceased**?
- a. How many supportive friends do you have **frequent contact** with?
- b. How many supportive friends have/had an **alcohol** problem?
- c. How many supportive friends have/had a **drug** problem?
- d. How many supportive friends have/had a **mental health** problem?
- e. How many supportive friends have/had a **chronic health** problem?
- f. How many supportive friends have/had **trouble with the law**?

**18. Current Guardian or Payee**

Name: \_\_\_\_\_

- Do you have a current guardian or payee?  Yes  No  
\*\*If "No", skip the questions.
- a. Do you have **frequent contact** with your guardian/payee?  Yes  No
- b. Has your guardian/payee had an **alcohol** problem?  Yes  No
- c. Has your guardian/payee had a **drug** problem?  Yes  No
- d. Has your guardian/payee had a **mental health** problem?  Yes  No
- e. Has your guardian/payee had a **chronic health** problem?  Yes  No
- f. Is/was your guardian/payee in **trouble with the law**?  Yes  No