

- History
 Checklist™
 for Adults

John A. Schinka, Ph.D.

Name _____
Last First Initial

Age _____ Sex _____ Today's Date _____

DIRECTIONS

This checklist asks questions about your personal history and current life. Begin by entering your name, age, sex, and the date at the top of this page. Then turn to the inside of this booklet and answer the questions. All of the questions are numbered in order. For each question, make a mark (X) next to the answer that describes your history or current life. Many questions have a space labeled *Other* for writing in an answer if the correct answer is not provided. Questions followed by the symbol (✓✓✓) should be marked with all the answers that apply. For questions that do not apply, mark the answer *Does not apply*.

EXAMPLE

28. Did you start school in kindergarten or the first grade?

- ___ A. Kindergarten
 ___ B. First grade
 ___ C. Other _____

PAR Psychological Assessment Resources, Inc./P.O. Box 998/Odessa, FL 33556/TOLL-FREE 1-800-331-TEST

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I. PRESENTING INFORMATION

1. What is your race?
__ A. White
__ B. Black
__ C. Oriental
__ D. Hispanic
__ E. Asian
__ F. Native American
__ G. Other _____
2. Who referred you here, or recommended that you come here?
__ A. No one, came by yourself
__ B. A friend
__ C. A member of your family
__ D. Family doctor
__ E. Doctor treating you for a medical problem
__ F. A community agency
__ G. A priest, pastor, or other religious staff person
__ H. The police
__ I. A judge
__ J. Other _____
3. What is the main problem that led to your coming here?
__ A. Have no problem
__ B. Depression
__ C. Anxiety
__ D. Problems with thinking clearly
__ E. Problems with marriage
__ F. Problems with family
__ G. Problems with job
__ H. Problems with alcohol
__ I. Problems with drugs
__ J. Health problem
__ K. Facing criminal charges
__ L. Being physically abused
__ M. Other _____
4. In your own opinion, how severe is this problem?
__ A. Does not apply
__ B. Mild
__ C. Moderate
__ D. Severe
__ E. So bad that you are unable to meet any of your responsibilities
5. How long have you had this problem?
__ A. Does not apply
__ B. For the past several days
__ C. For the past several weeks
__ D. For the past several months
__ E. For the past year
__ F. For the past two years
__ G. For the past several years
6. Which of the following has this problem affected (✓✓✓)?
__ A. Does not apply
__ B. None
__ C. Your performance at work
__ D. Your personal relationships
__ E. Your health
7. Have you been treated for this problem before?
__ A. Does not apply
__ B. No
__ C. Yes, with success
__ D. Yes, but with only partial success
__ E. Yes, but without success

8. What other problems are you having (✓✓✓)?
__ A. None
__ B. Depression
__ C. Anxiety
__ D. Problems with thinking clearly
__ E. Problems with marriage
__ F. Problems with family
__ G. Problems with job
__ H. Problems with alcohol
__ I. Problems with drugs
__ J. Facing criminal charges
__ K. Being physically abused
__ L. Other _____

II. FAMILY BACKGROUND

9. Who primarily raised you?
__ A. Natural parents
__ B. Natural father
__ C. Natural mother
__ D. Natural father and stepmother
__ E. Natural mother and stepfather
__ F. Grandparents on father's side
__ G. Grandparents on mother's side
__ H. Aunt and uncle
__ I. Aunt
__ J. Uncle
__ K. Older brother
__ L. Older sister
__ M. Adoptive parents
__ N. Foster parents
__ O. Orphanage
__ P. Charitable institution
__ Q. Other _____
10. When growing up, how many children were in your family?
__ A. Does not apply
__ B. You were an only child
__ C. 2 including yourself
__ D. 3 including yourself
__ E. 4 including yourself
__ F. 5 including yourself
__ G. 6 including yourself
__ H. 7 including yourself
__ I. 8 including yourself
__ J. 9 including yourself
__ K. 10 including yourself
__ L. More than 10 including yourself
11. Of the other children in your family, how many were stepbrothers and stepsisters?
__ A. Does not apply
__ B. None
__ C. 1
__ D. 2
__ E. 3
__ F. 4
__ G. 5
__ H. 6
__ I. 7
__ J. 8
__ K. More than 8
12. Which child were you?
__ A. Does not apply, you were an only child
__ B. The youngest child
__ C. A middle child
__ D. The oldest child
__ E. Other _____
13. Where were you born?
__ A. In United States
__ B. In Canada
__ C. In Mexico
__ D. In Europe
__ E. In Asia
__ F. In South America
__ G. In Central America
__ H. In the West Indies
__ I. Other _____

14. As a child, where did you primarily live?
- | | |
|---|--|
| <input type="checkbox"/> A. On a farm | <input type="checkbox"/> F. In a suburb |
| <input type="checkbox"/> B. In a rural area | <input type="checkbox"/> G. In many different places |
| <input type="checkbox"/> C. In a small town | <input type="checkbox"/> H. Other _____ |
| <input type="checkbox"/> D. In a small city | |
| <input type="checkbox"/> E. In a large city | |

15. As a child, where did you live?
- | | |
|--|---|
| <input type="checkbox"/> A. In United States | <input type="checkbox"/> G. In Central America |
| <input type="checkbox"/> B. In Canada | <input type="checkbox"/> H. In West Indies |
| <input type="checkbox"/> C. In Mexico | <input type="checkbox"/> I. In many different countries |
| <input type="checkbox"/> D. In Europe | <input type="checkbox"/> J. Other _____ |
| <input type="checkbox"/> E. In Asia | |
| <input type="checkbox"/> F. In South America | |

16. How much education did your father complete?
- | | |
|--|--|
| <input type="checkbox"/> A. Does not apply | <input type="checkbox"/> F. High school graduate |
| <input type="checkbox"/> B. Do not know | <input type="checkbox"/> G. Some college |
| <input type="checkbox"/> C. Less than eighth grade | <input type="checkbox"/> H. College graduate |
| <input type="checkbox"/> D. Eighth grade | <input type="checkbox"/> I. Postgraduate work |
| <input type="checkbox"/> E. Some high school | <input type="checkbox"/> J. Postgraduate degree |

17. When you were growing up, what was the main type of work your father did?
- | | |
|--|---|
| <input type="checkbox"/> A. Does not apply | <input type="checkbox"/> I. Technical specialist |
| <input type="checkbox"/> B. Was primarily unemployed | <input type="checkbox"/> J. Business manager |
| <input type="checkbox"/> C. Worked in many different occupations | <input type="checkbox"/> K. Health professional |
| <input type="checkbox"/> D. Unskilled worker | <input type="checkbox"/> L. Social services professional |
| <input type="checkbox"/> E. Skilled worker | <input type="checkbox"/> M. Business executive |
| <input type="checkbox"/> F. Clerical worker | <input type="checkbox"/> N. Not employed outside the home |
| <input type="checkbox"/> G. Salesperson | <input type="checkbox"/> O. Military service |
| <input type="checkbox"/> H. Small business owner | <input type="checkbox"/> P. Other _____ |

18. How much education did your mother complete?
- | | |
|--|--|
| <input type="checkbox"/> A. Does not apply | <input type="checkbox"/> F. High school graduate |
| <input type="checkbox"/> B. Do not know | <input type="checkbox"/> G. Some college |
| <input type="checkbox"/> C. Less than eighth grade | <input type="checkbox"/> H. College graduate |
| <input type="checkbox"/> D. Eighth grade | <input type="checkbox"/> I. Postgraduate work |
| <input type="checkbox"/> E. Some high school | <input type="checkbox"/> J. Postgraduate degree |

19. When you were growing up, what was the main type of work your mother did?
- | | |
|--|---|
| <input type="checkbox"/> A. Does not apply | <input type="checkbox"/> I. Technical specialist |
| <input type="checkbox"/> B. Was primarily unemployed | <input type="checkbox"/> J. Business manager |
| <input type="checkbox"/> C. Worked in many different occupations | <input type="checkbox"/> K. Health professional |
| <input type="checkbox"/> D. Unskilled worker | <input type="checkbox"/> L. Social services professional |
| <input type="checkbox"/> E. Skilled worker | <input type="checkbox"/> M. Business executive |
| <input type="checkbox"/> F. Clerical worker | <input type="checkbox"/> N. Not employed outside the home |
| <input type="checkbox"/> G. Salesperson | <input type="checkbox"/> O. Military service |
| <input type="checkbox"/> H. Small business owner | <input type="checkbox"/> P. Other _____ |

20. When you were growing up, what was the main source of income for your family?
- | | |
|--|--|
| <input type="checkbox"/> A. Does not apply | <input type="checkbox"/> E. Welfare |
| <input type="checkbox"/> B. Father's job | <input type="checkbox"/> F. Alimony |
| <input type="checkbox"/> C. Mother's job | <input type="checkbox"/> G. Child support payments |
| <input type="checkbox"/> D. Both parents' jobs | <input type="checkbox"/> H. Other _____ |

21. When you were growing up, how would you characterize your family?
- | | |
|--|--|
| <input type="checkbox"/> A. Does not apply | <input type="checkbox"/> D. Middle class |
| <input type="checkbox"/> B. Poverty level | <input type="checkbox"/> E. Upper class |
| <input type="checkbox"/> C. Lower class | |

III. CHILDHOOD AND ADOLESCENCE

22. How old was your father at the time of your birth?
- | | |
|---|---|
| <input type="checkbox"/> A. Do not know | <input type="checkbox"/> D. 30-39 |
| <input type="checkbox"/> B. 15-19 | <input type="checkbox"/> E. 40-49 |
| <input type="checkbox"/> C. 20-29 | <input type="checkbox"/> F. 50 or older |

23. How old was your mother at the time of your birth?
- | | |
|---|---|
| <input type="checkbox"/> A. Do not know | <input type="checkbox"/> D. 30-39 |
| <input type="checkbox"/> B. 15-19 | <input type="checkbox"/> E. 40-49 |
| <input type="checkbox"/> C. 20-29 | <input type="checkbox"/> F. 50 or older |

24. To your knowledge, what were the conditions of your birth? (✓✓✓)
- | | |
|---|---|
| <input type="checkbox"/> A. Do not know | <input type="checkbox"/> F. Mother ill at time of birth |
| <input type="checkbox"/> B. Normal, no unusual problems | <input type="checkbox"/> G. Treated in intensive care after birth |
| <input type="checkbox"/> C. Premature birth | <input type="checkbox"/> H. Other _____ |
| <input type="checkbox"/> D. Long labor | |
| <input type="checkbox"/> E. Complications with delivery | |

25. To your knowledge, when did you learn to walk and talk?
- | | |
|--|--|
| <input type="checkbox"/> A. Do not know | <input type="checkbox"/> D. Later than most children |
| <input type="checkbox"/> B. At the normal age | |
| <input type="checkbox"/> C. Earlier than most children | |

26. Which of the following childhood illnesses or injuries did you have (✓✓✓)?
- | | |
|---|---|
| <input type="checkbox"/> A. None | <input type="checkbox"/> J. Rheumatic fever |
| <input type="checkbox"/> B. Do not remember | <input type="checkbox"/> K. Tuberculosis |
| <input type="checkbox"/> C. Measles | <input type="checkbox"/> L. Meningitis |
| <input type="checkbox"/> D. German measles | <input type="checkbox"/> M. Broken arm |
| <input type="checkbox"/> E. Mumps | <input type="checkbox"/> N. Broken leg |
| <input type="checkbox"/> F. Chicken pox | <input type="checkbox"/> O. Serious head injury |
| <input type="checkbox"/> G. Polio | <input type="checkbox"/> P. Other _____ |
| <input type="checkbox"/> H. Asthma | |
| <input type="checkbox"/> I. Diabetes | |

27. Which of the following operations did you have as a child (✓✓✓)?
- | | |
|---|---|
| <input type="checkbox"/> A. None | <input type="checkbox"/> D. Other _____ |
| <input type="checkbox"/> B. Appendectomy | |
| <input type="checkbox"/> C. Tonsillectomy | |

28. Did you start school in kindergarten or the first grade?
- | | |
|--|---|
| <input type="checkbox"/> A. Kindergarten | <input type="checkbox"/> C. Other _____ |
| <input type="checkbox"/> B. First grade | |

44. Did you have any problems when you first started the 9th grade (✓✓✓)?
- A. Does not apply E. Were afraid you would not do well academically
- B. No problems that you remember
- C. Were anxious about starting high school F. Were afraid you would not fit in
- D. Were sick a lot and missed a lot of school G. Other _____
45. Which of the following describe your experiences in high school (✓✓✓)?
- A. Does not apply D. Received average grades
- B. Received excellent grades E. Received poor grades
- C. Received good grades
46. Which of the following describe your experiences in high school (✓✓✓)?
- A. Does not apply D. Had to repeat a grade
- B. None E. Had to repeat more than one grade
- C. Had special classes for learning disability F. Had special tutoring
47. Which of the following describes your experiences in high school?
- A. Does not apply D. Disliked school
- B. Enjoyed school
- C. Felt neutral about school
48. Which of the following describes your experiences in high school?
- A. Does not apply D. Usually got along poorly with your teachers
- B. Got along well with all your teachers
- C. Got along well with all but a few of your teachers
49. Which of the following describe your experiences in high school (✓✓✓)?
- A. Does not apply E. Were expelled from school
- B. None
- C. Had to be disciplined in school frequently F. Other _____
- D. Were suspended
50. Which activities did you engage in while in high school (✓✓✓)?
- A. Does not apply I. Academic clubs (math club, science club, etc.)
- B. None
- C. Team sports (junior or senior varsity) J. Hobby clubs (chess club, stamp club, etc.)
- D. Intramural sports K. Yearbook
- E. Choir L. Student newspaper
- F. Glee club M. Band
- G. Cheerleading N. Other _____
- H. Student government

51. Did you graduate from high school?
- A. Yes F. No, dropped out because of health problems
- B. No, dropped out because of poor grades G. No, dropped out because you got pregnant
- C. No, dropped out because of discipline problems H. No, dropped out because girlfriend got pregnant
- D. No, dropped out to work to support family I. No, because _____
- E. No, dropped out because of drug problems
52. Which of the following describes your experiences from ages 14-18?
- A. Had many close friends C. Had few close friends
- B. Had several close friends D. Had no close friends
53. Which of the following describes your experiences from ages 14-18?
- A. Did not date D. Usually had a steady girlfriend/boyfriend
- B. Dated infrequently
- C. Dated regularly
54. Which of the following describes your experiences from ages 14-18?
- A. Rarely got into trouble D. Were considered a delinquent child
- B. Frequently got into trouble
- C. Were always getting into trouble
55. Which of the following describe your experiences from ages 14-18 (✓✓✓)?
- A. None G. Had a lot of medical problems
- B. Parents did not get along H. Were physically abused
- C. Parents got divorced I. Were sexually abused
- D. Family moved a lot J. Other _____
- E. Family had financial problems
- F. Did not get along with brothers and/or sisters
56. How would you describe yourself from ages 14-18 (✓✓✓)?
- A. Active K. Shy
- B. Passive L. Lonely
- C. Happy M. Quiet
- D. Content N. Noisy
- E. Unhappy O. Coordinated
- F. Calm P. Clumsy
- G. Nervous Q. Intelligent
- H. Fearful R. Dull
- I. Moody S. Other _____
- J. Outgoing

57. How would you describe your family relationships when you were age 14-18 (✓✓✓)?

- A. Does not apply
 B. Marked by frequent arguments
 C. Marked by physical fights
 D. Unsupportive
 E. Supportive
 F. Warm, close
 G. Cold, distant
 H. Other _____

58. What were your plans when you left high school (✓✓✓)?

- A. Did not really have any plans
 B. Planned to go to work
 C. Planned to continue education
 D. Planned to get married
 E. Planned to enter the armed services
 F. Other _____

IV. EDUCATIONAL AND OCCUPATIONAL HISTORY

59. Have you completed any formal post-high school education (✓✓✓)?

- A. No
 B. Attended but did not complete junior college
 C. Have a degree from a junior college
 D. Attended college or university but did not complete degree
 E. Have a degree from a college or university
 F. Attended but did not complete technical school
 G. Have a degree from a technical school
 H. Attended but did not complete a business school
 I. Have a degree from a business school
 J. Attended but did not complete a secretarial school
 K. Have a degree from a secretarial school
 L. Other _____

60. Have you completed any postgraduate work?

- A. No
 B. Began but did not complete a postgraduate degree
 C. Obtained Master's degree
 D. Obtained Doctorate
 E. Obtained medical degree
 F. Obtained law degree
 G. Other _____

61. Have you served in the military?

- A. No
 B. No, were a conscientious objector
 C. No, left country to avoid the draft
 D. Yes, drafted into Army
 E. Yes, enlisted in the Army
 F. Yes, enlisted in the Navy
 G. Yes, enlisted in the Air Force
 H. Yes, enlisted in the Marines
 I. Yes, enlisted in the Coast Guard
 J. Currently serving in the Army
 K. Currently serving in the Navy
 L. Currently serving in the Air Force
 M. Currently serving in the Marines
 N. Currently serving in the Coast Guard

62. How long did you serve, or have you served, in the military?

- A. Does not apply
 B. Less than 1 year
 C. 1 year
 D. 13-23 months
 E. 2 years
 F. 3-4 years
 G. 5-6 years
 H. 7-10 years
 I. 11-15 years
 J. 16-19 years
 K. 20 years
 L. More than 20 years

63. Have you served in the military during a war or conflict (✓✓✓)?

- A. Does not apply
 B. Served during peace time only
 C. World War II
 D. Korean War
 E. Viet Nam Conflict

64. Has your service in the military included being stationed outside of the United States?

- A. Does not apply
 B. Yes
 C. No

65. Were you, or have you been, injured during your time in the service (✓✓✓)?

- A. Does not apply
 B. No
 C. Yes, wounded in combat
 D. Yes, but not as a result of combat

66. Were you, or have you been, evaluated or treated for emotional or psychological problems while in the service (✓✓✓)?

- A. Does not apply
 B. No
 C. Evaluated
 D. Treated on outpatient basis
 E. Treated on inpatient basis

67. Which of the following did you experience, or have you experienced, during your time in the service (✓✓✓)?

- A. Does not apply
 B. None
 C. Disciplinary problems
 D. Court-martial
 E. Sentenced to stockade
 F. Drug use
 G. Alcohol abuse
 H. AWOL
 I. Your refusal to follow orders
 J. Fights with fellow servicemen
 K. Fights with superior officers
 L. Reduction in rank
 M. Other _____

68. What type of discharge from the military did you receive?

- A. Does not apply
 B. Still in service
 C. Honorable discharge
 D. Medical discharge
 E. Dishonorable discharge
 F. Left AWOL, were never discharged

69. What was your rank on discharge from the military (current rank if still in service)?

- A. Does not apply
 B. Officer
 C. Noncommissioned officer
 D. Enlisted personnel
 E. Other _____

70. Do you have a service-connected disability rating?
- A. Does not apply E. 50-100% for medical disorder
- B. No F. 50-100% for psychological disorder
- C. 0-49% for medical disorder F. 50-100% for psychological disorder
- D. 0-49% for psychological disorder
71. At what age did you begin working full-time?
- A. Have never worked full-time E. 19
- B. Before age 17 F. 20
- C. 17 G. 21
- D. 18 H. 22 or older
72. What is your employment status?
- A. Employed E. Disabled
- B. Retired F. Student
- C. Homemaker G. Unemployed
- D. Employed part-time H. Other _____
73. What is or has been your primary occupation?
- A. Unemployed I. Health professional
- B. Unskilled worker J. Social services professional
- C. Skilled worker K. Business executive
- D. Clerical worker L. Not employed outside the home
- E. Salesperson M. Military service
- F. Small business owner N. Other _____
- G. Technical specialist N. Other _____
74. How long have you been working in your current job?
- A. Not employed D. 2-3 years
- B. less than 1 year E. 4-5 years
- C. 1 year F. over 5 years
75. What other types of work have you done (✓✓✓)?
- A. None H. Manager
- B. Unskilled worker I. Health professional
- C. Skilled worker J. Social services professional
- D. Clerical worker K. Business executive
- E. Salesperson L. Other _____
- F. Small business owner L. Other _____
- G. Technical specialist
76. Since finishing your education, what is the longest period of time you have been unemployed when you were looking for a job?
- A. Does not apply D. 7 months to 1 year
- B. Less than 3 months E. More than 1 year
- C. 4-6 months
77. Since finishing your education, how many different full-time jobs have you had?
- A. Does not apply E. 4
- B. 1 F. 5
- C. 2 G. 6
- D. 3 H. More than 6

78. Since finishing your education, how many different part-time jobs have you had?
- A. Does not apply E. 4
- B. 1 F. 5
- C. 2 G. 6
- D. 3 H. More than 6
79. How many times have you been fired or laid off from a job?
- A. Does not apply F. 4
- B. None G. 5
- C. 1 H. 6
- D. 2 I. More than 6
- E. 3

V. MEDICAL HISTORY AND HEALTH

80. Which of the following have you been treated for as an adult (✓✓✓)?
- A. None H. Low back pain
- B. Arthritis I. Problems with lungs or breathing
- C. Cancer J. Problems with digestive system
- D. Diabetes K. Other _____
- E. Epilepsy (seizures)
- F. Heart problems
- G. Hypertension
81. What are you currently being treated for (✓✓✓)?
- A. Not being treated H. Low back pain
- B. Arthritis I. Problems with lungs or breathing
- C. Cancer J. Problems with digestive system
- D. Diabetes K. Other _____
- E. Epilepsy (seizures)
- F. Heart problems
- G. Hypertension
82. Do you currently have any physical problems that are not being treated by a medical doctor, but should be (✓✓✓)?
- A. No F. Pain
- B. Chest pain G. Stomach problems
- C. Difficulty with breathing H. Vision problems
- D. Dizziness I. Other _____
- E. Loss of consciousness
83. How many cigarettes a day do you smoke?
- A. None, have never smoked D. One pack per day
- B. None, but used to smoke E. More than one pack per day
- C. Less than one pack per day
84. How long have you been smoking (or did you smoke) cigarettes?
- A. Have never smoked D. More than 10 years
- B. Less than five years E. More than 15 years
- C. 5 to 10 years F. More than 20 years

85. Do you drink alcohol?
 A. No C. Regularly
 B. Occasionally D. Daily
86. When you drink alcohol, how many drinks do you usually have?
 A. Does not apply D. Three
 B. One E. Four
 C. Two F. Five or more
87. Which of the following have you experienced (✓✓✓)?
 A. None G. Received a ticket for drinking and driving
 B. Lost a job because of drinking H. Lost driver's license because of drinking
 C. Missed work because of drinking I. Had arguments with friends or relatives because of your drinking
 D. Were in fights because of drinking
 E. Were arrested for being drunk and disorderly
 F. Had an automobile accident because of drinking
88. Do you use any illegal drugs?
 A. No D. Regularly
 B. No, but did in the past E. Daily
 C. Occasionally
89. Which drugs do you, or did you, abuse (✓✓✓)?
 A. Does not apply D. Prescription
 B. Narcotics E. Other _____
 C. Recreational _____
90. How long have you been using, or did you use, illegal drugs?
 A. Does not apply E. Three years
 B. Less than one year F. Four years
 C. One year G. Five years
 D. Two years H. Over five years
91. Has there been a recent change in your weight?
 A. No D. Yes, a weight loss due to dieting
 B. Yes, a weight gain
 C. Yes, a weight loss
92. Has there been a recent change in your appetite?
 A. No C. Yes, a loss of appetite
 B. Yes, an increase in appetite
93. What problems do you have with your sleep (✓✓✓)?
 A. None F. Restlessness
 B. Trouble getting to sleep G. Wake up too early in the morning
 C. Wake up a lot at night H. Sleep enough, but don't feel rested
 D. Don't get enough sleep I. Other _____
 E. Sleep too much _____

94. Which is true about your sex life?
 A. Prefer not to answer D. Have no interest in sex
 B. Have an active sex life E. Are interested, but are abstaining from sex
 C. Are interested in sex, but not active at this time
95. Has there been a recent change in your interest in sex?
 A. Prefer not to answer D. Yes, a decrease in interest
 B. No
 C. Yes, an increase in interest

VI. FAMILY HISTORY

96. Which of the following is true about your natural mother?
 A. Does not apply D. She is alive but in poor health
 B. Do not know if she is alive or deceased E. She is deceased
 C. She is alive and well
97. Which of the following medical problems has your mother had (✓✓✓)?
 A. Does not apply I. Hypertension
 B. Do not know J. Low back pain
 C. None K. Problems with lungs or breathing
 D. Arthritis L. Problems with digestive system
 E. Cancer M. Other _____
 F. Diabetes
 G. Epilepsy (seizures)
 H. Heart problems
98. Which of the following is true about your natural father?
 A. Does not apply D. He is alive but in poor health
 B. Do not know if he is alive or deceased E. He is deceased
 C. He is alive and well
99. Which of the following medical problems has your father had (✓✓✓)?
 A. Does not apply I. Hypertension
 B. Do not know J. Low back pain
 C. None K. Problems with lungs or breathing
 D. Arthritis L. Problems with digestive system
 E. Cancer M. Other _____
 F. Diabetes
 G. Epilepsy (seizures)
 H. Heart problems
100. Which of the following medical problems have any of your brothers, sisters, or children had (✓✓✓)?
 A. Does not apply I. Hypertension
 B. Do not know J. Low back pain
 C. None K. Problems with lungs or breathing
 D. Arthritis L. Problems with digestive system
 E. Cancer M. Other _____
 F. Diabetes
 G. Epilepsy (seizures)
 H. Heart problems

101. Which of the following have been treated for psychological problems (either as an inpatient or outpatient), other than alcohol or drug abuse (✓✓✓)?

- A. Does not apply
- B. Do not know
- C. None
- D. Mother
- E. Father
- F. Sister
- G. Brother
- H. Child

102. Which of the following have had problems with alcohol (✓✓✓)?

- A. Does not apply
- B. Do not know
- C. None
- D. Mother
- E. Father
- F. Sister
- G. Brother
- H. Child

103. Which of the following have had problems with drugs (✓✓✓)?

- A. Does not apply
- B. Do not know
- C. None
- D. Mother
- E. Father
- F. Sister
- G. Brother
- H. Child

VII. CURRENT SITUATION

104. What is your current marital status?

- A. Never married
- B. Never married, but living with a partner
- C. Married
- D. Divorced
- E. Divorced, but living with a partner
- F. Separated
- G. Separated, but living with a partner
- H. Widowed
- I. Widowed, but living with a partner

105. How many times have you been married?

- A. None
- B. One
- C. Two
- D. Three
- E. Four
- F. Five
- G. Six or more

106. How long have you been living with your current spouse or partner?

- A. Does not apply
- B. Less than 1 year
- C. 1 year
- D. 2 years
- E. 3 years
- F. 4 years
- G. 5 years
- H. 6-10 years
- I. 11-15 years
- J. 16-20 years
- K. More than 20 years

107. What is your current spouse's or partner's employment status?

- A. Does not apply
- B. Employed full-time
- C. Retired
- D. Homemaker
- E. Employed part-time
- F. Disabled
- G. Student
- H. Unemployed
- I. Other _____

108. What is or has been your current spouse's or partner's main occupation?

- A. Does not apply
- B. Unskilled worker
- C. Skilled worker
- D. Clerical worker
- E. Salesperson
- F. Small business owner
- G. Technical specialist
- H. Manager
- I. Health professional
- J. Social services professional
- K. Business executive
- L. Not employed outside the home
- M. Military service
- N. Other _____

109. Where do you live?

- A. None, homeless
- B. House
- C. Apartment
- D. Trailer
- E. Condominium
- F. With parents
- G. With friends
- H. With relatives
- I. Other _____

110. What is your household income from all sources?

- A. None
- B. Less than 3 thousand
- C. 3-6 thousand
- D. 7-9 thousand
- E. 10-12 thousand
- F. 13-15 thousand
- G. 16-20 thousand
- H. 21-25 thousand
- I. 26-30 thousand
- J. 31-40 thousand
- K. 41-50 thousand
- L. More than 50 thousand

111. What is the major source of your household's income?

- A. Does not apply
- B. Your job
- C. Your spouse's or partner's job
- D. Your children
- E. Your parents
- F. Illegal means
- G. Social Security
- H. Pension
- I. Disability payments
- J. Welfare payments
- K. Investments
- L. Other _____

112. How many children have you had (count only your natural offspring)?

- A. None
- B. 1
- C. 2
- D. 3
- E. 4
- F. 5
- G. 6
- H. More than 6

113. How many children currently live with you?

- A. Does not apply
- B. None
- C. 1
- D. 2
- E. 3
- F. 4
- G. 5
- H. 6
- I. More than 6

114. Of the children living with you, how many are stepchildren?

- A. Does not apply
- B. None
- C. 1
- D. 2
- E. 3
- F. 4
- G. 5
- H. 6
- I. More than 6

115. How would you describe your relationship with your spouse or partner?

- A. Does not apply
- B. Good
- C. Fair
- D. Poor
- E. Other _____

116. Which of the following do you and your spouse or partner have arguments about (✓✓✓)?
- | | |
|--|--|
| <input type="checkbox"/> A. Does not apply | <input type="checkbox"/> H. Relationships with friends |
| <input type="checkbox"/> B. None | <input type="checkbox"/> I. Issues related to work |
| <input type="checkbox"/> C. Money matters | <input type="checkbox"/> J. Manners |
| <input type="checkbox"/> D. Household chores | <input type="checkbox"/> K. Alcohol use |
| <input type="checkbox"/> E. Disciplining the children | <input type="checkbox"/> L. Drug use |
| <input type="checkbox"/> F. Sex | <input type="checkbox"/> M. Religious issues |
| <input type="checkbox"/> G. Relationships with relatives | <input type="checkbox"/> N. Other _____ |

117. How often do you and your spouse or partner have arguments?
- | | |
|--|--|
| <input type="checkbox"/> A. Does not apply | <input type="checkbox"/> E. About once a week |
| <input type="checkbox"/> B. Rarely | <input type="checkbox"/> F. About two or three times a month |
| <input type="checkbox"/> C. Every day | <input type="checkbox"/> G. Once a month or less |
| <input type="checkbox"/> D. Several times a week | |

118. How would you describe the quality of relationships in your own family (spouse or partner and children)?
- | | |
|--|---|
| <input type="checkbox"/> A. Does not apply | <input type="checkbox"/> D. Poor |
| <input type="checkbox"/> B. Good | <input type="checkbox"/> E. Other _____ |
| <input type="checkbox"/> C. Fair | |

119. Which of the following have you experienced in the past year (✓✓✓)?
- | | |
|--|---|
| <input type="checkbox"/> A. None | <input type="checkbox"/> J. Death of child |
| <input type="checkbox"/> B. Separation | <input type="checkbox"/> K. Parent being seriously ill or injured |
| <input type="checkbox"/> C. Divorce | <input type="checkbox"/> L. Death of a parent |
| <input type="checkbox"/> D. Marriage | <input type="checkbox"/> M. Loss of job |
| <input type="checkbox"/> E. Birth of child | <input type="checkbox"/> N. Spouse or partner losing job |
| <input type="checkbox"/> F. Serious illness or injury | <input type="checkbox"/> O. Change of jobs |
| <input type="checkbox"/> G. Spouse or partner being seriously ill or injured | <input type="checkbox"/> P. Spouse or partner changing jobs |
| <input type="checkbox"/> H. Death of spouse or partner | <input type="checkbox"/> Q. Financial problems |
| <input type="checkbox"/> I. Child being seriously ill or injured | <input type="checkbox"/> R. Legal problems |
| | <input type="checkbox"/> S. Other _____ |

Notes: