Health History Form

Please check each answer for every question to the best of your recollection. The confidential information provided here is an important part of a special project we are doing to help improve our understanding of how life events affect one's health.
* Required

What is your birthdate month? *

January

In what year were you born?

Just enter the four digit year

What is your sex?

- Male
- Female
- Transgender to male
- Transgender to female

What is your race/ethnicity?

- Asian
- African-American Black
- African Black
- Native North American Indian
- Native South American Indian
- White Caucasian
- Mixed race
- Hispanic/Latino
- Other:

How far did you go in school?

- I didn't go to high school
- Some High school
- Graduated from high school or got a GED
- Some college or technical or vocational school
- Competed at least 4 years of college

- ◯ Completed a Masters degree program
- ◯ Completed a Doctorate degree program

Check all types of schooling that apply to you

- ☐ Home schooled
- ☐ Some or all public school
- ☐ Some or all private school
- ☐ Boarding school

What is your CURRENT marital status?

- ◯ Married
- ◯ Not married but living with a partner
- ◯ Widowed
- ◯ Separated
- ◯ Divorced
- ◯ Never married - single

How many times have you been married?

- ◯ Once
- ◯ Twice
- ◯ Three times
- ◯ Four or more
- ◯ Never married

Have your relationships been primarily opposite sex or same sex relationships?

- ◯ Opposite - heterosexual
- ◯ Same sex
- ◯ Both
- ◯ I have not been in any relationships

Employment Information

Which of the following best describes your current employment status?

- ◯ Full-time employed (at least 35 hours per week)
- ◯ Part-time (1-34 hours per week)
- ◯ Self-employed
- ◯ Retired
- ◯ Disabled
- ◯ Unemployed-looking for work
- ◯ Unemployed-not looking for work

How many days of work did you miss in the past month due to stress, anxiety or depression?

Enter a number from 0-31

How many days of work did you miss in the past month due to poor physical health?

Enter a number from 0-31

For most of your childhood, did your family own their home?

- ◯ Yes
- ◯ No

During your childhood, how many times did you move residences, even in the same town?

How old was your mother when you were born?

Put in her age

How much education did your

mother have when you were born?

- ◯ Didn't go to high school
- ◯ Some High school
- ◯ High school graduate or GED
- ◯ Some college or technical school
- ◯ College graduate or higher
- ◯ Don't know

How much education did your father have?

- ◯ Didn't go to high school
- ◯ Some high school
- ◯ High school graduate or GED
- ◯ Some college or technical school
- ◯ College graduate or higher
- ◯ Don't know

Have you ever been pregnant?

- ◯ Yes
- ◯ no

Are you pregnant now?

- ◯ Yes
- ◯ No
- ◯ Don't know

How many times have you been pregnant?

How many of these pregnancies resulted in the birth of a child?

How old were you the first time you became pregnant?

The first time you got pregnant, how old was the person who got you pregnant?

How did your first pregnancy end?

- ◯ Live birth
- ◯ Stillbirth or miscarriage
- ◯ Tubal or ectopic pregnancy
- ◯ Elective abortion
- ◯ Other:

When your first pregnancy began, did you intend to get pregnant at that time in your life?

- ◯ Yes
- ◯ No
- ◯ Didn't care

Were you pregnant a second time?

- ◯ Yes
- ◯ No

How did your second pregnancy end?

- ◯ Live birth
- ◯ Stillbirth or miscarriage
- ◯ Tubal or ectopic pregnancy
- ◯ Elective abortion
- ◯ Other:

When your second pregnancy began, did you intend to get pregnant at that time in your life?

- ◯ Yes

- No
- Didn't care

Sexual activity

The next three questions are about voluntary sexual experiences only.

How old were you the first time you had sexual intercourse?

If you have never had intercourse, enter "NEVER"

With how many different partners have you ever had sexual intercourse?

If you don't know exactly, make a reasonable guess.

During the past year, with how many different partners have you had sexual intercourse?

Continue »

Health History Form

Women's Health History

Alcohol Use

How old were you when you had your first drink of alcohol other than a few sips?

If you never had alcohol enter NA

Alcohol use by age

During each of the following age intervals, what was your usual number of drinks of alcohol per week?

Age 19-29

- None
- Less than 6/week
- 7-13/week
- 14 or more/week

Age 30-39

- None
- Less than 6/week
- 7-13/week
- 14 or more/week

Age 40-49

- None
- Less than 6/week
- 7-13/week

- ◯ 14 or more/week

Age 50 and older

- ◯ None
- ◯ Less than 6/week
- ◯ 7-13/week
- ◯ 14 or more/week

During the past month, have you had any beer, wine, wine coolers, cocktails, or liquor?

- ◯ Yes
- ◯ No

During the past month, how many days per week did you drink any alcoholic beverages on average?

- ◯ 0
- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4
- ◯ 5
- ◯ 6
- ◯ 7

On the days that you drank, about how many drinks per day did you have on average?

- ◯ 1
- ◯ 2
- ◯ 3
- ◯ 4 or more
- ◯ i didn't drink in the past month

Considering all types of alcoholic beverages, how many times during the past month did you have 5 or more drinks on an occasion?

Give your best estimate

During the past month, how many times have you driven when you've perhaps had too much to drink ?

In the past month, how many times did you ride in a car or other vehicle driven by someone who had been drinking alcohol?

Have you ever had a problem with alcohol?

- yes
- no

Have you ever considered yourself to be an alcoholic ?

- yes
- no

During the first eighteen years of your life did you live with anyone who was a problem drinker or an alcoholic?

- Yes
- No

If "Yes", check all who were:

- Father
- Mother
- Brothers
- Sisters
- Step-father
- Step-mother
- Other relative
- Other non-relative

Have yoiu ever been married to someone (or lived with someone as if you were married) who was a problem drinker or an alcoholic ?

- ◯ Yes
- ◯ No

« Back Continue »

Health History Form

Women's Health history

Have you ever used street drugs?

- ◯ Yes
- ◯ No

If "Yes": How old were you the first time you used them?

About how many times have you used street drugs?

- ◯ 0
- ◯ 1-2
- ◯ 3-10
- ◯ 11-25
- ◯ 26-99
- ◯ 100 or more

Have you ever had a problem with your use of street drugs?

- ◯ Yes
- ◯ No

Have you ever considered yourself to be addicted to street drugs?

- ◯ Yes
- ◯ No

Have you ever injected street drugs?

- ◯ Yes
- ◯ No

Have you ever been under the care of a psychiatrist, psychologist, counselor or therapist?

- ◯ Yes
- ◯ No

Has a doctor, nurse, or other health professional ever asked you about family or household problems that occurred during your childhood?

- ◯ Yes
- ◯ No

How many close friends or relatives would help you with your emotional problems or feelings if you needed it?

- ◯ None
- ◯ 1
- ◯ 2
- ◯ 3 or more

During the first 18 years of your life?

	Yes	No
Did you live with anyone who used street drugs?	◯	◯
Were your parents ever separated or divorced?	◯	◯
Did you ever live with a stepfather?	◯	◯
Did you ever live with a stepmother?	◯	◯
Did you ever live in a foster home?	◯	◯
Did you ever run away from home for more than one day?	◯	◯
Did any of your siblings ever run away from home for more than one day?	◯	◯
Was anyone in your household depressed or mentally ill?	◯	◯
Did anyone in your household attempt to commit suicide?	◯	◯
Did anyone in your household ever go to jail or prison?	◯	◯
Did anyone in your household ever	◯	◯

commit a serious crime?		
Have you ever attempted to commit suicide?	○	○

Regarding suicide attempts

Answer the next four questions only if you answered "Yes" to having attempted to commit suicide. Otherwise skip to the next section.

How old were you the first time you attempted suicide?

How old were you the last time you attempted suicide?

How many times have you attempted suicide?

Did any suicide attempt ever result in an injury, poisoning or overdose that had to be treated by a doctor or nurse?

- ○ Yes
- ○ No

« Back Continue »

Health History Form

Women's Health History

Other Childhood Experiences

While you were growing up, during your first 18 years of life, how true was each of the following statements?

	Never true	Rarely true	Sometimes true	Often true	Very often true
You didn't have enough to eat	○	○	○	○	○
You knew there was someone to take care of you and protect you	○	○	○	○	○
People in your family called you things like "lazy," "ugly," "stupid"	○	○	○	○	○
Your parents were too drunk or high to take care of the family	○	○	○	○	○
There was someone in your family who helped you feel important or special	○	○	○	○	○
You had to wear dirty clothes	○	○	○	○	○
You felt loved	○	○	○	○	○
You thought your parents wished you had never been born	○	○	○	○	○
People in your family looked out for each other	○	○	○	○	○
You felt that someone in your family hated you	○	○	○	○	○
People in your family said hurtful or insulting things to you	○	○	○	○	○
People in your family felt close to each other	○	○	○	○	○
You believe you were	○	○	○	○	○

emotionally abused					
There was someone to take you to the doctor if you needed it	○	○	○	○	○
Your family was a source of strength and support	○	○	○	○	○

Sometimes physical fighting occurs between parents. While you were growing up in your first 18 years, how often did your father (or stepfather) or mother's boyfriend do any of these things to your mother or stepmother

	Never	Once or twice	Sometimes	Often	Very often
Push, grab, slap or throw something at her	○	○	○	○	○
Kick, bite, hit her with a fist, or hit her with something hard	○	○	○	○	○
Repeatedly hit her over a period of at least a few minutes	○	○	○	○	○
Threaten to hurt her or kill her with a knife or gun, or use a knife or gun to hurt her	○	○	○	○	○

Some parents spank their children as a form of discipline. While you were growing up during the first 18 years of your life

	Never	Once or twice	A few times a year	Many times a year	Weekly or more often
How often were you spanked?	○	○	○	○	○

If you were spanked

	Not hard	A little hard	Medium hard	Quite hard	Very hard
How severely were you spanked?	○	○	○	○	○

How old were you the last time you remember being spanked?

If you can't remember, enter "unknown"

Sometimes parents or other adults hurt children. While you were growing up, during the first 18 years of life, how often did a parent, stepparent, or adult living in your home

	Never	Once or twice	Sometimes	Often	Very often
Swear at you, insult you or put you down	○	○	○	○	○
Threaten to hit you or throw something at you, but didn't do it	○	○	○	○	○
Actually push, grab, shove, slap,or throw something at you	○	○	○	○	○
Hit you so hard that you had marks or were injured	○	○	○	○	○
Act in a way that made you afraid that you might be physically hurt	○	○	○	○	○
Swear at, insult or put down a brother or sister of yours	○	○	○	○	○
Threaten to hit or throw something at your brother or sister	○	○	○	○	○
Actually push, grab, shove, slap or throw something at your brother or sister	○	○	○	○	○
Hit your brother or sister so hard that it left marks or injury	○	○	○	○	○
Act in a way that made your brother or sister afraid that they might be hurt	○	○	○	○	○
Act in a way that made YOU afraid that your brother or sister might be hurt	○	○	○	○	○

« Back Continue »

Health History Form

Women's Health History

The questions on this page all have to do with sexual experiences in your life that you might wish hadn't happened or were confused about. Because of the nature of these questions, it is sometimes difficult to think about and you may become upset. If you need help, there are reference phone numbers and resources listed at the end of this survey.

Some people, while growing up had a sexual experience with an adult or someone at least five years older than themselves. These experiences may have involved a relative, family friend, or stranger. During the first 18 years of your life, did an adult or older relative, family friend, or stranger ever:

- [ ] Touch or fondle your body in a sexual way
- [ ] Have you touch their body in a sexual way
- [ ] Attempt to have any typeof sexual intercourse (oral, anal or vaginal) with you
- [ ] Actually have any type of intercourse (oral, anal, or vaginal) with you

If yes to any of those categories, then answer the next 5 questions; otherwise go to page 8

If yes to any of those categories, then answer the next 5 questions; otherwise go to page 8

The first time this happened to you, how old were you?

How many times did this happen to you?

- ( ) Once
- ( ) 2-3 times
- ( ) 4-8 times
- ( ) Many times

How many different people have done this to you?

- ◯ One
- ◯ 2-5
- ◯ 6-10
- ◯ Many people

How old were you the last time it happened?

What was the sex of the person or people who did this?

- ◯ Male
- ◯ Female
- ◯ Both

If you answered Yes to any of the above, continue to the next page (7). If NO to the above, then skip to the following page (8)

« Back Continue »

Health History Form

Women's Health History

Did any of these sexual experiences with an adult or person at least 5 years older than you involve:

	Yes	No
A relative who lived in your home	○	○
A non-relative who lived in your home	○	○
A relative who didn't live in your home	○	○
A family friend or person whom you knew and who didn't live in your home	○	○
A stranger	○	○
Someone who was supposed to be taking care of you	○	○
Someone you trusted	○	○

Did any of these sexual experiences involve

	Yes	No
Trickery, verbal persuasion, or pressure to get you to participate	○	○
Being given alcohol or drugs	○	○
Threats to harm you if you didn't participate	○	○
Being physically forced or overpowered to make you participate	○	○

« Back Continue »

Health History Form

Women's Health History

This page is a list of diagnoses or problems regarding your health needs throughout your life.

At any time in your life have you been diagnosed with, thought to possibly have, or been treated for:

- [ ] High blood pressure or hypertension
- [ ] Diabetes
- [ ] Cancer
- [ ] Obesity
- [ ] Eating disorder such as anorexia or bulimia
- [ ] Sleep disorders such as insomnia, sleep apnea, or narcolepsy
- [ ] Chronic headaches
- [ ] Chronic fatigue syndrome
- [ ] Complex regional pain disorder
- [ ] Chronic low back pain
- [ ] Fibromyalgia
- [ ] Rheumatoid arthritis
- [ ] Epilepsy - seizures
- [ ] Non-epileptic or pseudo seizures
- [ ] Transient amnesia
- [ ] Stroke
- [ ] Syncope or unexplained fainting
- [ ] TMJ or temporal -mandibular joint problems
- [ ] Bruxism (teeth grinding)
- [ ] Frequent dizziness or light-headedness
- [ ] Interstitial cystitis (chronic bladder pain)
- [ ] Bladder problems
- [ ] Unexplained itching
- [ ] Chronic or re-occurring hives
- [ ] Unexplained or difficult to treat rash
- [ ] patchy hair loss
- [ ] Choking sensation with no diagnosis
- [ ] Asthma
- [ ] Episodes of blindness for no reason
- [ ] Double vision

- [ ] Thyroid problems
- [ ] HIV-AIDS
- [ ] Hepatitis
- [ ] Any sexually transmitted infections
- [ ] Chest pains that are unexplained
- [ ] Palpitations (feeling your heart pounding or skipping beats)
- [ ] Heart attack
- [ ] Episodes of vomiting for no reason
- [ ] Stomach trouble - pain, dyspepsia
- [ ] Esophageal Reflux or heartburn/GERD
- [ ] Pancreatitis
- [ ] Irritable bowel syndrome
- [ ] Crohn's disease, ulcerative colitis or inflammatory bowel disease
- [ ] Depression
- [ ] Anxiety
- [ ] Panic attacks or PTSD
- [ ] Bipolar disorder
- [ ] Schizophrenia
- [ ] Hallucinations
- [ ] Premenstrual syndrome
- [ ] Chronic pelvic pain
- [ ] Painful sex or intercourse

« Back Submit