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# Parents (2015 -2017) Data Documentation





# The Add Health Parent Study (2015-2017)

## Data Documentation

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## **I. Introduction**

### **Sample**

The Add Health Parent Study or **Parents (2015-2017)**, gathered social, behavioral, and health survey data in 2015-2017 on a probability sample of the parents of Add Health sample members who were originally interviewed at Wave I in (1994-1995). Data for 2,013 Wave I Parents, ranging in age from 50-80 years and representing 2,244 Add Health sample members, are available. Parents eligible for participation in this study were the biological parent, adoptive parent, or stepparent of an Add Health respondent at Wave I; not deceased or incarcerated at the time of Parents (2015-2017) sampling; and had at least one Add Health child who is also not deceased at the time of Parents (2015-2017) sampling.

### **Spouse/Partner Interviews**

The Add Health Parent Study interview also gathered survey data on the current co-habiting Spouse or Partner of Wave I Parents who completed the interview. Nine hundred eighty-eight (988) current Spouse/Partner interviews are available.

### **Financial Respondent**

During the Wave I Parent interview, Wave I Parents who indicated having a Spouse or Partner were asked to identify whether they or their Spouse or Partner was most knowledgeable about household assets, debts and retirement planning. The person identified was flagged by the survey as the Financial Respondent. Only the Financial Respondent was asked to complete a more detailed set of questions on these topics.

### **Family Health History**

A paper Family Health History (FHH) leave-behind questionnaire was given to each respondent (Wave I Parent and Spouse or Partner) at the end of the interview together with a self-addressed and stamped envelope. Health Histories for biological parents, siblings, aunts or uncles and grandparents are included in this FHH questionnaire. A total of 1300 Wave I Parents and 650 Spouse or Partner completed and returned the FHH leave-behind questionnaire. Data from the Family Health History leave-behind questionnaire will be available in a later release.

## **II. Informed Consent**

### **Interview**

Informed consent was required of all Add Health Parent Study respondents before participating in the study. The form gave consent for the respondent to participate in the interview. The same consent form was used for both the Wave I Parent and the spouse or partner interviews. Field Interviewers were trained to hand the respondent a hard copy of the consent form as prompted by the interview. Field Interviewers used an electronic signature pad (ePad) to collect the respondent's signature. After respondents signed the form, they retained the hard copy of the form for their records.

### **Housing Data**

The Add Health Parent Study interview asked respondents for permission to link to commercially available data about their current and past homes and residences. Field Interviewers were prompted to explain to respondents that knowing more about where people have lived, the values of their homes, and characteristics of the neighborhoods in which they live, helps to better understand their financial situations and their living environments. Although consent was obtained, housing data have not been linked to Parents (2015-2017) respondents at this time, but are available for an Add Health Ancillary Study.

### **Medicare/Medicaid**

The Add Health Parent Study interview asked respondent's permission to link their Medicare and Medicaid records for all years between 1991 and 2035 in which they were or would be participating in these programs. Respondents who agreed to this consent were also asked to provide the last four digits of their social security numbers. These data are securely and confidentially stored by Add Health and are not available for dissemination. Although consent was obtained, Medicare/Medicaid data have not been linked to Parents (2015-2017) respondents at this time, but are available for an Add Health Ancillary Study.

### **GPS**

At the conclusion of interviews conducted at the home of Wave I Parents, Field Interviewers were instructed to take a Global Positioning Reading (GPS). Wave I Parents were asked if they would provide permission for these readings to be used for research purposes. These coordinates are securely and confidentially stored and are available for an Add Health ancillary study.

### **III. Interview**

#### **Administration**

The Add Health Parent Study interview questions were administered on laptop computers using Blaise Survey Software. This computer assisted interviewing (CAPI) software allows for conditional routing, validity and range checks, computations, hierarchical questionnaire models, and linking to external files. CASI (computer assisted self-interviewing) was employed for a group of sensitive questions. The advanced level of the Blaise software permitted the Parents (2015-2017) interview to collect complex tables of data, such as household rosters and family rosters, and then display the tables back for the respondents to review and correct as necessary. The majority of the interviews were conducted at the respondents' homes. Other interview locations include respondents' work locations, restaurants and coffee shops, libraries, and parent or friend residences. On average, the interview lasted approximately 70 minutes. Respondents received a \$40 for completing the interview.

#### **Screener**

All Add Health Parent Study cases began with the Screener. The Screener confirmed (1) the Wave I Parent's eligibility to participate in the Parents (2015-2017) survey and (2) whether the parent had a Spouse or Partner eligible for inclusion in Parents (2015-2017) study. The Parents (2015-2017) Screener was conducted in person and by phone. The Screener contained text introducing the study, followed by a series of eligibility questions that included confirming the parent's name, the Wave I Parent's relationship to the original Add Health child participant, and the Add Health child's name. The Screener also asked the Wave I Parent if he or she had a cohabiting Spouse or Partner. In cases where the Wave I Parent had a Spouse/Partner, this person's name and contact information was collected for recruitment into the study. The screener was administered only to the Wave I Parent.

#### **Study Interviews**

The main interview was administered first to the eligible Wave I Parent and then to the eligible Spouse/Partner, if applicable. Both respondents answered roughly the same questions except those relating to the rosters and financial information. The Wave I Parent answered all questions about the Household and Family Rosters, including extensive questions about family relationships. The Spouse/Partner only answered a small subset of questions about relationships with Add Health children. As noted above, the respondent designated at the Financial Respondent answered the bulk of questions about assets, income, etc. Wave I Parents who had no eligible Spouse or Partner were automatically designated as the Financial Respondent.

#### **Telephone Interviews**

Telephone interviews were conducted with 224 respondents who were difficult-to-reach or geographically dispersed. Field Interviewers administered the same CAPI instrument over the telephone, with some modifications. These modifications included reading a longer consent

script and mailing a packet after the interview along with the Family Health History form and a respondent copy of the consent form. For the telephone interviews, the Field Interviewer read sensitive questions to the respondent. The respondent had the option to refuse to answer any question for this, as well as any other, section of the interview. The Family Health History leave-behind questionnaire was mailed to these respondents.

### **Spanish Interviews**

Spanish language interviews were conducted with 105 respondents who did not speak English at the time of the Parents (2015-2017) interview. Eleven of these interviews were conducted by telephone. These interviews followed a simultaneous translation protocol and were administered by fully bilingual Field Interviewers. Spanish translations of the Informed Consent form and the Family Health History form were provided on paper.

### **Household Roster**

The Add Health Parent Study interview gathered information from the Wave I Parent on all persons currently living with the Wave I Parent including a Spouse or Partner, Add Health children, other children, other family members and other non-relatives.

### **Family Roster**

The Add Health Parent Study interview gathered information from the Wave I Parent on all living biological, adopted and step children that the Wave I Parent and (if applicable) the Spouse or Partner have, whether they resided with the Wave I Parent and the Spouse or Partner or not. As noted above, the Spouse/Partner answered a small subset of Family Relationship questions.

### **Tests of Cognition**

The Add Health Parent Study instrument administered **two** memory exercises to the Wave I Parent and the Spouse or Partner, Word Recall and Counting Backward. The first to be administered was the Word Recall task. First, Field Interviewers were directed to move the computer so the respondent could not see the screen display. The instrument displayed a list of 15 words to be read to the respondent. After the Field Interviewers read the 15 words, they asked respondents to repeat them; a timer on the screen controlled the countdown. Field Interviewers marked all the words that the respondent remembered on a Word Recall Form and indicated in the CAPI instrument whether the respondent could or could not recall any of the words.

Following the 90-second Word Recall were two tasks asking the respondent to Count Backward. First the respondent was asked to begin counting backward starting with the number 20. Next, the respondent was asked to count backward from 86. For each question, after the respondent counted 10 numbers, the Field Interviewer recorded whether the numbers were counted correctly in the instrument and asked the respondent to stop counting. Respondents were permitted to start over one time for each counting backward task (from 20 and from 86) if they wished to do so. After counting backward, respondents

were asked again to report as many of the initial 15 words as they could remember to conclude the Word Recall exercise. Respondents had 60 seconds this second time. Field Interviewers marked the words recalled on the Word Recall Form and indicated in the instrument whether respondents remembered any of the words. After the interview was completed, Field Interviewers entered the results recorded on the Word Recall Form into the computer.

### **Medications Log**

The Add Health Parent Study Interview gathered a record of current prescription medications for the Wave I Parent and the Spouse or Partner using a medications log. This medications log collected the names of any prescription medications the respondent had taken in the past 4 weeks. To reduce burden on Field Interviewers and to avoid errors in recording and spelling medication names, the survey instrument featured a lookup table listing all prescription medications available in the U.S. (source: Cerner Multum database). The table listed thousands of medication names in alphabetical order. Field Interviewers were trained to ask the respondent to bring medication containers to the interview so the Field Interviewer could enter them, thereby improving the accuracy of the reporting in this section. However, respondents were not required to provide the containers, and containers were not always available, especially for drugs taken in the short term and discontinued before the date of the interview. Although Parents (2015-2017) survey will not release the actual medications reported, all medications will be assigned to therapeutic classifications.

### **Unfolding Brackets**

Unfolding brackets were used in the Economics module of the Parents (2015-2017) interview to reduce the nonresponse rate associated with questions about respondents' various types of income and assets. By allowing respondents to provide answers that are not precise, the unfolding brackets framework ensures that at least some information about the values of those items is collected in cases when the respondents lack detailed knowledge or are willing to share only partial information. The unfolding brackets are a series of follow-up questions asked when respondents answer "Don't know" or "Refuse" to an initial question about the value of a particular type of income or asset. The first question from this sequence asks whether the value of interest is above, below or about a certain figure. The next questions have the same structure but the predetermined figures they use vary depending on the answer to the previous question in the sequence. The set of values used in these unfolding brackets are known as "breakpoints" and the breakpoint associated with the first question of the sequence is called an "entry point". The sequence of questions ends when all breakpoints relevant to the answers of the respondent are assessed or the respondent answers with "About \$X", "Don't know" or "Refuse" to any of the questions in the sequence.



## IV. Questionnaire Sections

### Add Health Parent Study or Parents (2015-2017) Interview

| Module | Section Code | Description  | Mode |
|--------|--------------|--|------|
| 0      | A            | Setup of Interview: Greetings, introduction, main interview consent and interview situation.   | CAPI |
| 1      | OD           | Demographics: Demographic information, such as age, race/ethnicity, and languages spoken.  | CAPI |
| 2      | ED           | Education: Education history, such as highest level of school and degrees or certificates received.  | CAPI |
| 3      | RE           | Religion and Spirituality: Religion, denomination, and importance of faith.  | CAPI |
| 4      | HR           | Household Roster and Residence History: Household composition, including co-residents and their relationship to the respondent. Only administered to Wave I Parents. | CAPI |
| 5      | CT           | Cognitive Assessments. Word recall and counting backwards.   | CAPI |
| 6      | PE           | Personality Traits and Preference: Agreement with various behavioral statements.   | CAPI |
| 7      | WP           | Family Relationships: Interactions between parents and children, including frequency of contact, advice sharing, and financial and other assistance.                 | CAPI |
| 8      | HE           | Health Status and Behavior. General and physical health, health conditions, hospitalizations.  | CAPI |
| 9      | MD           | Medications Log. Identification of medications in medications database lookup table.   | CAPI |
| 10     | MH           | Mental Health: Emotional status and general stressors.   | CAPI |
| 11     | CS           | CASI Sensitive Questions. Drinking, smoking, drug usage, relationship details with current partner.  | CASI |
| 12     | EC           | Economics: Income sources, financial gifts, and loans and assets.  | CAPI |
| 13     | SS           | Social Support. Social activities and interactions.  | CAPI |
| 14     | CN           | Calculated or constructed variables - tools for data use   |      |
| 15     | FH           | Family Health History Leave-Behind Questionnaire   |      |

## **V. Data Cleaning**

Data has been prepared according to standards used by the Add Health Study, including regular codes for legitimate skips (7, 97, 997, 9997 etc.), Don't Know (8, 98, 998, 9998, etc.), and Refuse (6, 96, 996, 9996, etc.) Data has been reviewed for the risk of deductive disclosure, and, where necessary, categories have been collapsed or values rounded to mask unique responses.

## VI. Occupational Coding

The Economics section in the Parents (2015-2017) survey included a series of questions designed to capture the occupational categories from the Bureau of Labor Statistics (BLS) Standard Occupational Classification (SOC) system. The Parents (2015-2017) instrument used the 2010 SOC system ([https://www.bls.gov/soc/soc\\_2010\\_definitions.pdf](https://www.bls.gov/soc/soc_2010_definitions.pdf)). This coding system was used for respondents who reported being currently employed or employed at some time in the past. The SOC classification tool was also programmed in the CAPI. On the appropriate screen in the Economics section, the Field Interviewer opened a coding window and used the arrow keys to navigate up and down the menu to identify the appropriate job category. The Field Interviewers were trained to invite the respondent to review the list of categories and inform the FI of the one that best fit. Each occupational code in the data is accompanied by a text field containing the definition of the code.

## VII. Data files

The Add Health Parent Study (Parents (2015-2017)) data files are as follows:

**parent2.xpt:** Main Interview data collected 2015-17 from Add Health Wave I Parent. This file is organized on the ID of the Add Health child, so parent records are duplicated when an interviewed Wave I Parent has multiple Add Health children. Users who want to analyze Main interview data at the *parent* level can do so by eliminating duplicates of the Parent ID.

**rparent2.xpt:** Household and Family Roster data collected 2015-17 from Add Health Wave I Parent. This file is also organized on the ID of the Add Health child, so rosters are duplicated when an interviewed Wave I Parent has multiple Add Health children. Users who want to analyze roster data on the *parent* level (one roster per parent) can eliminate duplicate rosters by using a variable provided for that purpose (see details of file contents).

**sp2.xpt:** Main Interview data collected 2015-17 from Spouse or Partner of Add Health Wave I Parent

**rsp2.xpt:** Small subset of Family Relationship data collected 2015-17 from Spouse or Partner of Add Health Wave I Parent.

**p2wgt.xpt:** Weights for analysis of parent-level data (either Wave I Parent or Spouse/Partner).

**p2ahwgt.xpt:** Weights for analysis of Add Health child-level data.

**dspp2.xpt:** Final Disposition Codes for the Add Health Parent Study interview (2015-17).

**fhhp2.xpt:** Data collected (2015-17) from Wave I Parent and Spouse or Partner Family Health History leave-behind forms.

**fhhs2.xpt:** Data collected (2015-17) from Spouse or Partner of Add Health Wave I Parent Family Health History leave-behind forms.

**ndip2.xpt:** Cause of Death codes for Wave I Parents selected but deceased before the Parents (2015-2017) interview.

**p2meds.xpt/sp2meds:** Therapeutic classifications for medications data collected (2015-17) from Wave I Parent and Spouse or Partner.

## VIII. Acknowledgement

In addition to the Add Health acknowledgment:

*This research uses data from Add Health, a program project directed by Kathleen Mullan Harris and designed by J. Richard Udry, Peter S. Bearman, and Kathleen Mullan Harris at the University of North Carolina at Chapel Hill, and funded by grant P01-HD31921 from the Eunice Kennedy Shriver National Institute of Child Health and Human Development, with cooperative funding from 23 other federal agencies and foundations. Special acknowledgment is due Ronald R. Rindfuss and Barbara Entwisle for assistance in the original design. Information on how to obtain the Add Health data files is available on the Add Health website (<http://www.cpc.unc.edu/addhealth>). No direct support was received from grant P01-HD31921 for this analysis.*

Researchers using Add Health Parent Study (1995) or Parents (2015-2017) data should also include in each written report or other publication based on analysis of these data, the following statement:

*The Add Health Parent Study/Parents (2015-2017) data collection was funded by a grant from the National Institute on Aging (R01AG042794) to Duke University, V. Joseph Hotz (PI) and the Carolina Population Center at the University of North Carolina at Chapel Hill, Kathleen Mullan Harris (PI).*

## IX. Appendices

### A. Sample Selection and Weighting

The Add Health Parent Study (Parents (2015-2017)) sample is a probability sample drawn from the Add Health Wave I (AHWI) sample. As described later in this report, not all cases in the Add Health sample were eligible for the Parents (2015-2017) survey, and a set of inclusion criteria was applied to produce the sampling frame for the study. Some important features of the Add Health Parent Study sample design are listed here:

- Sampling of parents for the study was proportional to size (PPS) using a measure of size (MOS) that attempted to minimize the effect of unequal probability sampling on the variances.
- The sampling unit for the Add Health Parent Study survey was the eligible parent. This is different from the Add Health survey, which uses the child as a sampling unit. All eligible children on the frame with the same parent were automatically included in the Parents (2015-2017) sample if the parent was selected. Thus, the selection probability of an eligible parent was derived based upon the AHWI selection probabilities of the parent's eligible children.
- Some cases in the Add Health sample have zero (or missing) weights. Because MOSs for the PPS sample are functions of the child weights, zero weights were converted to positive (unity) weights so that these cases could be included in the Parents (2015-2017) sample with positive probabilities of selection.
- The study has two potential units of analysis: the parent and the child or Add Health sample member. Separate weight-sets should be used for each of these units that are provided to the user.
- The sample was divided into two replicates. Replicate 1 consisted of 2,691 cases (parents) and Replicate 2 consisted of 1,114 cases for a total of 3,805 cases (parents). Ultimately, all 1,114 cases in Replicate 2 were released to the field.
- A total of 363 eligible cases were not pursued in the data collection either because (a) they were missing critical identifying information or (b) they were unlikely to be located. These cases were treated as non-respondents in the weighting.

For additional detail on the Add Health Parent Study (Parents (2015-2017)) sample selection and weighting, see separate *Add Health Parent Study (Parents (2015-2017)) Sample Design and Weighting* documentation.

## B. Final Add Health Parent Study Informed Consent Form

Consent for Participation in:

IRB Study #: 13-1635

Add Health Parent Study

Principal Investigator: Kathleen Mullan Harris

Because of your past participation (or your relationship to a participant) in the National Longitudinal Study of Adolescent Health (*Add Health*) in 1995 you are being asked to take part in the Add Health Parent Study. This research study is being conducted by the Research Triangle Institute (RTI) for the Carolina Population Center at the University of North Carolina at Chapel Hill and Duke University. This research study is funded by the National Institute on Aging in Bethesda, MD. Participation in the Add Health Parent Study is voluntary. Deciding not to be in the Add Health Parent Study or stopping your participation before the study is done will not affect your relationships with the researchers or the University of North Carolina at Chapel Hill or Duke University.

Details about the Add Health Parent Study are described below. It is important that you understand this information so that you can make an informed choice about being in this study. You will be given a copy of this consent form. You should ask the researchers or staff members from RTI any questions you have about the study at any time.

### What is the purpose of the Add Health Parent Study?

As you may remember, Add Health was originally designed to help researchers understand the causes of adolescent health, and how they are affected by contexts such as schools, friends, and neighborhoods. Researchers are returning to you and other original parent participants and their partners or spouses to learn more about the health of parents, their life experiences and their relationships with family, including children and spouses, or partners. If you decide to take part in the Add Health Parent Study, you will be one of more than 4,000 people who participate.

### How long will your part in the Add Health Parent Study last?

If you consent to participate in the Add Health Parent Study, the interview will take about one hour. It is possible that you will be contacted again to participate in a linked study measuring parents' health for which you will receive additional incentive payments and you may also be contacted for a future wave of the Add Health Parent Study.

### What will happen if you take part in the Add Health Parent Study?

If you agree, you will work with a professional interviewer who will help you complete a questionnaire about your relationships with family, friends, spouses/partners and children, your

general emotional and physical health, and your economic/financial circumstances. Many of these questions are similar to questions that you were asked before in the 1995 Add Health interview. You will also be asked about your daily activities, health-related behaviors, and health care access. Some of these questions may be sensitive such as your consumption of alcohol or use of tobacco. The interviewer will also use a global positioning device to record the latitude and longitude of your home.

You may skip any questions you do not want to answer, and you may stop the interview and your study participation at any time.

At the end of the survey, we will ask you for your permission to link to administrative and other public records. We will also ask you to complete a brief family health history mail-in questionnaire.

#### What are the possible benefits from being in this study?

This research is designed to benefit society by gaining new knowledge. Information from previous Add Health interviews has made significant contributions to our understanding of the health and life experiences of adolescents and young adults. For example, we have discovered the important roles that parents, siblings, friends, classmates, and neighborhoods play in the health and development of young people. The Add Health Parent Study will help inform how relationships across generations affect the health and wellbeing of families over time. You will not benefit personally from being part of this study.

#### What are the possible risks or discomforts involved with being in the Add Health Parent Study?

The interview questions should cause little risk or discomfort. The main risk in the Add Health study has always been the risk of breaching privacy of the information collected from you and other participants. Add Health's strict privacy protections that are being applied to the Add Health Parent Study are described below in the section titled "How will your privacy be protected?".

#### Will you receive anything for being in the Add Health Parent Study?

If you complete the questionnaire you will receive a monetary incentive of \$40.

#### How will your privacy be protected?

Add Health has always attempted to protect privacy to the greatest extent possible. Your answers in the Add Health Parent Study will similarly be held in strict privacy by the project staff and not given to unauthorized persons. Extensive security procedures are in place to make sure that participants' answers are not linked to their names. Your name and any family members' names that you may provide us will not be saved as part of the interview data; names are labeled only with an ID number. After data collection is completed, identifying information (i.e., names) will be electronically transmitted to the Add Health Security Manager in Canada, and your interview answers without identifying information will be sent to the Add Health project staff to



prepare for research. Storing different parts of the information in different places helps keep your identity confidential.

All analyses concern groups of persons, not specific individuals. No individuals will be identified in any report or publication that uses any data from the Add Health Parent Study.

In some cases, information in this research study could be reviewed by representatives of the University of North Carolina-Chapel Hill and Duke University, research sponsors, or government agencies for purposes such as quality control or safety, or if there were an audit of the study.

Although every effort will be made to keep research records private, it is not possible to guarantee that personal information will never be disclosed.

We will do everything we can to keep others from learning about your participation in this study. To further help us protect your privacy, we have obtained a Certificate of Confidentiality from the United States Department of Health and Human Services (DHHS).

With this Certificate, we cannot be forced (for example by court order or subpoena) to disclose information that may identify you in any federal, state, local, civil, criminal, legislative, administrative, or other proceedings. The researchers will use the Certificate to resist any demands for information that would identify you (or if applicable: "you or your child"), except to prevent serious harm to you or others, and as explained below.

You and your family must actively protect your own privacy. You should understand that a Certificate of Confidentiality does not prevent you, or a member of your family, from voluntarily releasing information about yourself, (and if applicable, your child), or your involvement in this study. If you consent to release research information obtained in this study, then we may not use the Certificate of Confidentiality to withhold this information.

What if you have questions about the Add Health Parent Study?

You have the right to ask, and have answered, any questions you may have about this research. If you have questions later, you should contact the Principal Investigators of this research study: Kathleen Mullan Harris, Carolina Population Center, CB #8120, University of North Carolina at Chapel Hill, Chapel Hill, NC, 27516. Phone: 919-962-6158 or V. Joseph Hotz, Duke Population Research Institute, Duke University, Durham, NC 27708, 919-660-1841.

What if you have questions about your rights as a study participant?

All research on human volunteers is reviewed by a committee that works to protect your rights and welfare. If you have questions or concerns about your rights you may contact, anonymously if you wish, the Public Health Institutional Review Board at (919) 966-3113 or by email to [IRB\\_subjects@unc.edu](mailto:IRB_subjects@unc.edu).

- - - - -

**Participant's Agreement:**

I have read the above information and have been given the opportunity to ask questions. I voluntarily agree to participate in the Add Health Parent Study. I have been given a copy of this consent form.

\_\_\_\_\_  
Signature of Research Participant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Research Participant

\_\_\_\_\_  
Signature of Interviewer Obtaining Consent/Permission

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Interviewer Obtaining Consent/Permission

## C. Family Health History Leave-Behind Questionnaire

Add Health Parent Study  
Family Health History

ID:

FHHa 0673468947  
Page 1 of 2

Is your parent still alive?

**Biological Mother**

☐ yes → How old is she? Age in years:

☐ no → When did she die? Age at death:

☐ don't know

**Biological Father**

☐ yes → How old is he? Age in years:

☐ no → When did he die? Age at death:

☐ don't know

Consider only your biologically related relatives, and please fill the answers for each of the following conditions. . .

| Your biological . . .               | mother                |                       |                       | father                |                       |                       | any brother /sister   |                       |                       | aunts/uncles          |                       |                       | any grandparent       |                       |                       |
|-------------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
|                                     | yes                   | no                    | don't know            | yes                   | no                    | don't know            | yes                   | no                    | don't know            | yes                   | no                    | don't know            | yes                   | no                    | don't know            |
| Coronary Heart Disease              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If yes, diagnosed before age 55?    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Heart Attack                        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If yes, 1st one before age 55?      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Stroke                              | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| If yes, 1st one before age 55?      | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Diabetes or high blood sugar        | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Hypertension or high blood pressure | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| High Cholesterol or Hyperlipidemia  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Cancer ever                         | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Prostate Cancer ever                |                       |                       |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Add Health Parent Study  
**Family Health History (continued)**

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|   | <i>mother</i>         |                       |                       | <i>father</i>         |                       |                       | <i>any brother / sister</i> |                       |                       | <i>aunts/uncles</i>   |                       |                       | <i>any grandparent</i> |                       |                       |
|---|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|-----------------------|-----------------------|
|   | <i>yes</i>            | <i>no</i>             | <i>don't know</i>     | <i>yes</i>            | <i>no</i>             | <i>don't know</i>     | <i>yes</i>                  | <i>no</i>             | <i>don't know</i>     | <i>yes</i>            | <i>no</i>             | <i>don't know</i>     | <i>yes</i>             | <i>no</i>             | <i>don't know</i>     |
| If yes, prostate cancer before age 60?              |                       |                       |                       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| Breast cancer ever                                  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| If yes, breast cancer before age 50?                | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| Colorectal (or colon) cancer ever                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| If yes, Colorectal (or colon) cancer before age 55? | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| Ovarian Cancer ever                                 | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |                       |                       |                       | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| Lung cancer ever                                    | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| Other Cancer ever                                   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| If so, which ones (specify): →                      |                       |                       |                       |                       |                       |                       |                             |                       |                       |                       |                       |                       |                        |                       |                       |
| Depression  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| Dementia or Alzheimer's Disease                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| Heavy alcohol use or alcoholism                     | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| Obesity   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| Asthma  | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |
| Arthritis   | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>       | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/>  | <input type="radio"/> | <input type="radio"/> |