

Section 11B - FAMILY HISTORY - IV

Now I would like to ask you about whether any of your relatives, regardless of whether or not they are now living, have ever had behavior problems.

(SHOW FLASHCARD 56)



By behavior problems I mean being cruel to people or animals, fighting or destroying property, trouble keeping a job or paying bills, being impulsive, reckless or not planning ahead, lying or conning people or getting arrested. These people also do not seem to care if they hurt others and often have problems at an early age such as truancy, staying out all night or running away.

(REFER TO FLASHCARD FREQUENTLY) **N11BSTW**

<p>1. In your judgment, did your blood or natural father have some of these behavior problems like this at ANY time in his life?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N11BQ1</p>
<p>2. Did your blood or natural mother have some of these behavior problems like this at ANY time in her life?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N11BQ2</p>
<p>3. (Did your full brother have/How many of your full brothers had/Did any of your full brothers have) some of these behavior problems at ANY time in (his life/their lives)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No OR ____ Number 0 <input type="checkbox"/> None</p> <p align="right">N11BQ3A N11BQ3B N11BQ3C</p>
<p>4. (Did your full sister have/How many of your full sisters had/Did any of your full sisters have) some of these behavior problems at ANY time in (her life/ their lives)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No OR ____ Number 0 <input type="checkbox"/> None</p> <p align="right">N11BQ4A N11BQ4B N11BQ4C</p>
<p>5. (Did your natural son have/How many of your natural sons had/Did any of your natural sons have) some of these behavior problems at ANY time in (his life/their lives)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No OR ____ Number 0 <input type="checkbox"/> None</p> <p align="right">N11BQ5A N11BQ5B N11BQ5C</p>
<p>6. (Did your natural daughter have/How many of your natural daughters had/Did any of your natural daughters have) some of these behavior problems at ANY time in (her life/their lives)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No OR ____ Number 0 <input type="checkbox"/> None</p> <p align="right">N11BQ6A N11BQ6B N11BQ6C</p>
<p>7. (Did your natural father's full brother have/How many of your natural father's full brothers had/Did any of your natural father's full brothers have) some of these behavior problems at ANY time in (his life/their lives)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No OR ____ Number 0 <input type="checkbox"/> None</p> <p align="right">N11BQ7A N11BQ7B N11BQ7C</p>
<p>8. (Did your natural father's full sister have/How many of your natural father's full sisters had/Did any of your natural father's full sisters have) some of these behavior problems at ANY time in (her life/their lives)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No OR ____ Number 0 <input type="checkbox"/> None</p> <p align="right">N11BQ8A N11BQ8B N11BQ8C</p>
<p>9. (Did your natural mother's full brother have/How many of your natural mother's full brothers had/Did any of your natural mother's full brothers have) some of these behavior problems at ANY time in (his life/ their lives)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No OR ____ Number 0 <input type="checkbox"/> None</p> <p align="right">N11BQ9A N11BQ9B N11BQ9C</p>
<p>10. (Did your natural mother's full sister have/How many of your natural mother's full sisters had/Did any of your natural mother's full sisters have) some of these behavior problems at ANY time in (her life/their lives)?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No OR ____ Number 0 <input type="checkbox"/> None</p> <p align="right">N11BQ10A N11BQ10B N11BQ10C</p>
<p>11. Did your natural grandfather on your father's side have some of these behavior problems at ANY time in his life?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N11BQ11</p>
<p>12. Did your natural grandmother on your father's side have some of these behavior problems at ANY time in her life?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N11BQ12</p>
<p>13. Did your natural grandfather on your mother's side have some of these behavior problems at ANY time in his life?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N11BQ13</p>
<p>14. Did your natural grandmother on your mother's side have some of these behavior problems at ANY time in her life?</p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } <i>Go to Section 17</i> N11BQ14</p>