

**Section 3E - FAMILY HISTORY - II**

**Statement K** 

Now I would like to ask you some further questions about whether your relatives, regardless of whether or not they are now living, have EVER had problems with drugs. By having problems with drugs I mean a person who has physical or emotional problems because of drug use (PAUSE); problems with a spouse, family or friends because of drug use (PAUSE); problems at work or school because of drug use (PAUSE); problems because of driving under the influence (PAUSE) or a person who seems to spend a lot of time using drugs or getting over their bad aftereffects. (Repeat definition frequently.) N3ESTK

<p><b>1. In your judgment, has your blood or natural father had problems with drugs at ANY time in his life?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N3EQ1</p>
<p><b>2. Has your blood or natural mother had problems with drugs at ANY time in her life?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N3EQ2</p>
<p><b>3. (Did your full brother have/How many of your full brothers had/Did any of your full brother have) problems with drugs at ANY time in (his life/their lives)?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No OR _____ Number 0 <input type="checkbox"/> None</p> <p align="right">N3EQ3A N3EQ3B N3EQ3C</p>
<p><b>4. (Did your full sister have/How many of your full sisters had/Did any of your full sisters have) problems with drugs at ANY time in (her life/their lives)?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No OR _____ Number 0 <input type="checkbox"/> None</p> <p align="right">N3EQ4A N3EQ4B N3EQ4C</p>
<p><b>5. (Did your natural son have/How many of your natural sons had/Did any of your natural sons have) problems with drugs at ANY time in (his life/ their lives)?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No OR _____ Number 0 <input type="checkbox"/> None</p> <p align="right">N3EQ5A N3EQ5B N3EQ5C</p>
<p><b>6. (Did your natural daughter have/How many of your natural daughters had/Did any of your natural daughters have) problems with drugs at ANY time in (her life/their lives)?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No OR _____ Number 0 <input type="checkbox"/> None</p> <p align="right">N3EQ6A N3EQ6B N3EQ6C</p>
<p><b>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) problems with drugs at ANY time in (his life/their lives)?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No OR _____ Number 0 <input type="checkbox"/> None</p> <p align="right">N3EQ7A N3EQ7B N3EQ7C</p>
<p><b>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) problems with drugs at ANY time in (her life/their lives)?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No OR _____ Number 0 <input type="checkbox"/> None</p> <p align="right">N3EQ8A N3EQ8B N3EQ8C</p>
<p><b>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) problems with drugs at ANY time in (his life/their lives)?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No OR _____ Number 0 <input type="checkbox"/> None</p> <p align="right">N3EQ9A N3EQ9B N3EQ9C</p>
<p><b>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) problems with drugs at ANY time in (her life/their lives)?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No OR _____ Number 0 <input type="checkbox"/> None</p> <p align="right">N3EQ10A N3EQ10B N3EQ10C</p>
<p><b>11. Did your natural grandfather on your father's side have problems with drugs at ANY time in his life?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N3EQ11</p>
<p><b>12. Did your natural grandmother on your father's side have problems with drugs at ANY time in her life?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N3EQ12</p>
<p><b>13. Did your natural grandfather on your mother's side have problems with drugs at ANY time in his life?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No</p> <p align="right">N3EQ13</p>
<p><b>14. Did your natural grandmother on your mother's side have problems with drugs at ANY time in her life?</b></p>	<p>1 <input type="checkbox"/> Yes 2 <input type="checkbox"/> No } Go to Section 4A N3EQ14</p>