

ICPSR 33444

**Center for Education and Drug
Abuse Research (CEDAR):
Etiological and Prospective Family
Study in Southwestern
Pennsylvania, Baseline Data,
1990-2011**

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Health Problems Checklist - Father, Data
Collection Instrument

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HEALTH PROBLEMS CHECKLIST

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CEDAR_health_problem_checklist_mom_on_self.sav

Done by: Father, Mother

Source: Schinka, J.A. (1989). Health Problems Checklist. Odessa, FL: Psychological Assessment Resources, Inc.

COLUMN

QUESTION TEXT

ID
VISIT

SUBJECT ID
VISIT

On the following pages you will find a list of common health problems and health practices. This list surveys symptoms, habits, and health history. Read the list carefully and answer yes or no for each item. Do your best to read each item carefully and answer as honestly as you can.

0 = No 1 = Yes

HP1	1. Poor health
HP2	2. Recent change in health
HP3	3. Always feel sick
HP4	4. Trouble sleeping
HP5	5. Trouble falling asleep
HP6	6. Feeling weak all over
HP7	7. Get tired easily
HP8	8. Loss of strength
HP9	9. Get sick often
HP10	10. Loss of appetite
HP11	11. Weight has changed
HP12	12. Often have fever or chills
HP13	13. Texture of skin has changed
HP14	14. Itching
HP15	15. Have rashes
HP16	16. Skin drying out
HP17	17. New warts, moles, or other growth on skin
HP18	18. Have areas of discolored skin
HP19	19. Skin breaking out in blemishes
HP20	20. Loss of hair
HP21	21. Change in appearance of fingernails
HP22	22. Change in texture of fingernails
HP23	23. Change in vision
HP24	24. Double vision
HP25	25. Trouble seeing at night
HP26	26. Trouble seeing to the left or right
HP27	27. Blurred vision
HP28	28. Blind spots in vision
HP29	29. Flashing lights in vision
HP30	30. Inflamed eyes
HP31	31. Pain in eyes
HP32	32. Discharge from eyes
HP33	33. Itching eyes
HP34	34. Swollen eyelids
HP35	35. Soreness around eyes
HP36	36. Often have tears in eyes
HP37	37. Loss of hearing

HP38	38. Ringing in ears
HP39	39. Strange sounds in ears
HP40	40. Change in hearing in one ear
HP41	41. Earaches
HP42	42. Discharge from ear
HP43	43. Loss of sense of smell
HP44	44. Change in sense of smell
HP45	45. Smell bad odors
HP46	46. Runny nose
HP47	47. Stuffed up nose
HP48	48. Nosebleeds
HP49	49. Sinus problems
HP50	50. Pain around nose and sinuses
HP51	51. Sore tongue
HP52	52. Sore gums
HP53	53. Swollen lips
HP54	54. Toothache
HP55	55. Sores in or around mouth
HP56	56. Sore throat
HP57	57. Hoarseness
HP58	58. Change in voice
HP59	59. Difficulty swallowing
HP60	60. Dry mouth
HP61	61. Too much saliva
HP62	62. Change in sense of taste
HP63	63. Loss of sense of taste
HP64	64. Losing teeth
HP65	65. Stiff neck
HP66	66. Swollen glands in neck
HP67	67. Neck is sore and tender
HP68	68. Lump in neck
HP69	69. Pain in chest
HP70	70. Pain when taking a breath
HP71	71. Difficulty in breathing
HP72	72. Difficulty in taking a full breath
HP73	73. Wheezy or noisy breathing
HP74	74. Frequent cough
HP75	75. Coughing spells
HP76	76. Cough up blood or mucus
HP77	77. Cough up mucus with bad odor
HP78	78. Cough up foamy mucus
HP79	79. Difficulty breathing during work or exercise
HP80	80. Breathing problems when lying down
HP81	81. Frequent colds
HP82	82. Frequently aware of heartbeat
HP83	83. Heartbeat seems irregular
HP84	84. Lips or fingernails turn blue
HP85	85. Swelling of legs or ankles
HP86	86. High blood pressure
HP87	87. Frequent nausea or upset stomach
HP88	88. Heartburn
HP89	89. Burning in back of throat
HP90	90. Stomach always feels full
HP91	91. Frequently burp or belch
HP92	92. Have a lot of gas
HP93	93. Difficulty swallowing food
HP94	94. Difficulty eating meat
HP95	95. Frequent vomiting
HP96	96. Sudden and forceful vomiting

HP97	97. Vomiting blood
HP98	98. Vomiting undigested food
HP99	99. Stomach pain
HP100	100. Frequent stomach cramps
HP101	101. Change in bowel movements
HP102	102. Diarrhea or loose stools
HP103	103. Constipation
HP104	104. Frequent use of laxatives
HP105	105. Often use medicine to settle stomach
HP106	106. Bowel movement is bloody
HP107	107. Bowel movement is unusual color
HP108	108. Painful bowel movement
HP109	109. Pain in rectum
HP110	110. Hemorrhoids or piles
HP111	111. Unable to finish bowel movement
HP112	112. Rectum itches
HP113	113. Bruise or bleed easily
HP114	114. Have many bruises
HP115	115. Gums bleed after brushing teeth
HP116	116. Skin heals slowly
HP117	117. Increased appetite
HP118	118. Often thirsty
HP119	119. Discomfort with heat or cold
HP120	120. Excessive sweating
HP122	121. Change in size of head, hands, or feet
HP122	122. Pale or yellow skin
HP123	123. Change in amount of body hair
HP124	124. Change in texture of hair
HP125	125. Bone pain
HP126	126. Joint pain
HP127	127. Redness in joints
HP128	128. Stiffness in joints
HP129	129. Fingers becoming crooked
HP130	130. Muscle pain
HP131	131. Muscle cramps
HP132	132. Change in posture
HP133	133. Back pain
HP134	134. Frequent back problems
HP135	135. Muscle weakness
HP136	136. Tics or twitching muscles
HP137	137. Muscle spasms
HP138	138. Trouble walking
HP139	139. Balance problems
HP140	140. Tremors or shakiness
HP141	141. Problems with dropping things
HP142	142. Trouble walking up stairs
HP143	143. Numbness in arms or legs
HP144	144. Tingling or burning skin
HP145	145. Loss of feeling on skin
HP146	146. Loss of sense of touch
HP147	147. Blackouts or fainting spells
HP148	148. Seizures or fits
HP149	149. Headaches
HP150	150. Having trouble keeping track of time
HP151	151. Forgetting things
HP152	152. Having memory problems
HP153	153. Getting lost while driving
HP154	154. Hearing unusual sounds or voices
HP155	155. Seeing unusual things

HP156	156. Having strange feelings
HP157	157. Getting confused
HP158	158. Having trouble concentrating
HP159	159. Having trouble reading or writing
HP160	160. Having problems following a conversation
HP161	161. (MEN ONLY) Frequent urination
HP162	162. (MEN ONLY) Blood in urine
HP163	163. (MEN ONLY) Trouble starting urination
HP164	164. (MEN ONLY) Change in the force of urination
HP165	165. (MEN ONLY) Trouble stopping urination
HP166	166. (MEN ONLY) Sudden and urgent need to urinate
HP167	167. (MEN ONLY) Lose or leak urine
HP168	168. (MEN ONLY) Pain or burning on urination
HP169	169. (MEN ONLY) Change in color of urine
HP170	170. (MEN ONLY) Change in odor of urine
HP171	171.. (MEN ONLY) Discharge from sexual organ
HP172	172. (MEN ONLY) Sores in area of sex organ or groin
HP173	173. (MEN ONLY) Pain or swelling in area of groin
HP174	174. (MEN ONLY) Change in size of testicles
HP175	175. (MEN ONLY) Pain during sexual intercourse
HP176	176. (MEN ONLY) Change in sexual performance
HP177	177. (WOMEN ONLY) Frequent urination
HP178	178. (WOMEN ONLY) Blood in urine
HP179	179. (WOMEN ONLY) Trouble stopping urination
HP180	180. (WOMEN ONLY) Pain or burning on urination
HP181	181. (WOMEN ONLY) Lose or leak urine
HP182	182. (WOMEN ONLY) Sudden and urgent need to urinate
HP183	183. (WOMEN ONLY) Change in color or odor of urine
HP184	184. (WOMEN ONLY) Vaginal discharge
HP185	185. (WOMEN ONLY) Menstrual periods have stopped
HP186	186. (WOMEN ONLY) Painful menstrual periods
HP187	187. (WOMEN ONLY) Change in menstrual flow
HP188	188. (WOMEN ONLY) Irregular menstrual periods
HP189	189.. (WOMEN ONLY) Sores in area of vagina
HP190	190. (WOMEN ONLY) Pain or swelling in area of vagina
HP191	191. (WOMEN ONLY) Discharge from breast
HP192	192. (WOMEN ONLY) Pain or tenderness in breast
HP193	193. (WOMEN ONLY) Lumps or masses in breast
HP194	194. (WOMEN ONLY) Change in size of breast
HP195	195. (WOMEN ONLY) Pain during sexual intercourse
HP196	196. (WOMEN ONLY) Change in sexual performance
HP197	197. (WOMEN ONLY) Change of life
HP198	198. (WOMEN ONLY) Hot flashes
HP199	199. Rarely exercise
HP200	200. Have a regular exercise plan
HP201	201. Exercise on weekends
HP202	202. Eat a balanced diet
HP203	203. Have a poor diet
HP204	204. Eat three meals a day
HP205	205. Eat at irregular times
HP206	206. Take vitamins
HP207	207. Always see doctor for yearly checkup
HP208	208. Have had checkup in last year
HP209	209. Have not seen a doctor for many years
HP210	210. Am currently being treated by physician
HP211	211. Always have regular dental checkups
HP212	212. Have not seen dentist in last year
HP213	213. Am taking medication prescribed by my doctor
HP214	214. Often use medicine like aspirin or laxatives

HP215	215. Do not drink alcohol
HP216	216. Have alcoholic drink a few times a week
HP217	217. Have alcoholic drink every day
HP218	218. Have several alcoholic drinks every day
HP219	219. Have a problem with alcohol
HP220	220. Have had a problem with alcohol in the past
HP221	221. Do not smoke cigarettes
HP222	222. Smoke less than a pack of cigarettes a day
HP223	223. Smoke a pack of cigarettes every day
HP224	224. Have smoked for less than five years
HP225	225. Have smoked for more than five years
HP226	226. Work with chemicals or solvents
HP227	227. Work with fertilizers or weed killers
HP228	228. Work with paint or glue
HP229	229. History of head injury
HP230	230. History of heart attack
HP231	231. History of stroke
HP232	232. History of hypertension
HP233	233. History of diabetes
HP234	234. History of seizure disorder or epilepsy
HP235	235. History of cancer
HP236	236. Hospitalization in last year

Subscales

GEN	General Health
DERM	Dermatological
VIS	Visual
AUD_OLF	Auditory/Olfactory
M_T_N	Mouth/Throat/Nose
CARD_PUL	Cardiovascular/Pulmonary
GI	Gastrointestinal
END_HEM	Endocrine/Hematology
ORTHO	Orthopedic
NEURO	Neurological
GU_MEN	Genitourinary Men
GU_WOMEN	Genitourinary Women
HAB	Habit
HX	History