

Mott Poll Questions



Family Health History

The following questions were answered by parents with children age 1-18 years old.

Q1. How well do you know about your child/children's family health history:

	Very well	Somewhat	Slightly	Not at all
a. For medical conditions?				
b. For mental health conditions?				

Q2. Do you think your child is/children are at higher risk of any of the following conditions due to family health history? *Select all that apply.*

1. Allergies
2. Obesity
3. Cancer
4. Heart disease
5. Autoimmune conditions (rheumatoid arthritis, inflammatory bowel disease)
6. Autism
7. Chronic conditions (asthma, diabetes, high cholesterol)
8. ADHD (attention deficit/hyperactivity disorder)
9. Mental health conditions (depression, anxiety, schizophrenia)
10. Alcoholism / substance addictions
11. None of the above

Q3. Has your child/Have any of your children been diagnosed with a condition that runs in the family?

1. Yes
2. No
3. Unsure

Q4. Are you worried that your child/children may develop a condition that runs in the family?

1. Yes
2. No
3. Unsure

Q5. Do you think you can prevent your child/children from developing a condition that runs in the family?

1. Yes
2. No
3. Unsure

Q6. Have you done any of the following because of your child's/children's family health history? *Select all that apply.*

1. Watched for signs of certain conditions
2. Asked the provider to check or test for certain conditions
3. Tried to make sure my child eats a healthy diet
4. Encouraged my child to get enough exercise
5. Asked questions of relatives (e.g., which medications work best)
6. Gotten genetic testing
7. None of the above

Q7. How has your child's/children's healthcare provider asked about family history? *Select all that apply.*

1. Family history form in registration packet
2. Asked questions during a healthcare visit
3. N/A – provider has not asked

Q8. Do you feel that your child's/children's healthcare provider knows enough about your child's/children's family health history?

1. Yes
2. No
3. Unsure

Q9. Would you like your child's/children's healthcare provider to suggest things you can do to prevent your child/children from developing health conditions that run in the family?

1. Yes
2. No
3. Unsure

Q10. Have you talked with your child/children:

	Yes	No	Unsure
a. About family mental history?			
b. About family medical history?			

Q11. Can your child/children fill out a form asking for their family medical history?

1. Yes, by themselves
2. Yes, with parent help
3. No
4. Unsure

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National Poll on Children's Health**

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