

# FAMILY HISTORY QUESTIONNAIRE

TOSHINORI KITAMURA

**The Bulletin of The SEISHIN-IGAKU Institute No. 21 (1977, 1978)**

# FAMILY HISTORY QUESTIONNAIRE

TOSHINORI KITAMURA\*

**KEY WORDS : Family History, Questionnaire, Schizophrenia**

Family history and the current family situation are no doubt of great clinical importance not only in psychiatry but also in general medicine. The family background often gives cues, though sometimes misleading, to diagnosis, prognosis, drug treatment and rehabilitation. In psychiatric research, *Vaughn and Leff* (1976) have recently confirmed finding of *Brown et al.* (1972) that high expressed emotion of the patients' relatives is a good predictor of symptomatic relapse of schizophrenia, and is related to some psychophysiological parameters (*Leff* (1978)). *Johnstone et al.* (1979) have found that the social outcome of acute schizophrenics is significantly related to social isolation before admission but not to clinical symptomatology. These research findings illustrate the significance of family and social situations in clinical psychiatry. However, in the purely clinical situation, a detailed family history is difficult to obtain. The clinical guideline of family history taking is well summarized in "Notes on Eliciting and Recording Clinical Information" (*The Department of Psychiatry Teaching Committee Institute of Psychiatry London* (1973)), as follows:

Mother: age, or age and patient's age at the time of her death, and cause of death. Occupation. Mental physical illnesses; personality. Patient's relationship to her in childhood and subsequently, and reaction to her death. Periods of separation in childhood; duration and circumstances.

Father: data as for Mother. Always record details of his occupation.

Sibs: enumerate in chronological order of birth, with first names, ages, marital state, occupation, significant illnesses, personality. (Include miscarriages and stillbirths.) Patient's previous and current relationship with them.

Other relatives: familial diseases, alcoholism, abnormal personalities, mental disorder, epilepsy (say so if information is lacking). Note the place and time of psychiatric treatment received by members of family.

Family atmosphere in childhood: salient happenings affecting parents and collaterals during patient's early years. Emotional relationships within the family. Early stresses arising from emotional or economic causes, including death of, or separation from, close relatives, and patient's age at the time. Mayer-Gross's textbook (*Mayer-Gross et al.* (1969)) does not go beyond this. More detailed information is by no means unnecessary (*Russel-Davis* (1978), *Endicott et al.* (1978)) but clinically less important. The next question which arises is whether all of the questions quoted above are actually asked in the everyday clinical setting. The answer tends to be negative especially in a busy mental hospital and out-patient clinic. Moreover, physicians tend not to write negative data and often use description like "family history nothing particular". What busy psychiatrists need in order to avoid this ambiguity is not a fully detailed questionnaire which is suitable for research purposes but a simple and short reminder.

The family history questionnaire established by the author (see Appendix) may be used as a convenient reminder in busy clinical situation. This need not take a long time to fill in (the author normally spends only five minutes for this though largely depending on the patients' co-operation). Nurses,

---

\* Honorary Research Fellow, Department of Psychiatry, University of Birmingham, and All Saints Hospital, Birmingham, England.

(Received for publication January 20, 1979)

social workers and other paramedical staff can easily use it. This questionnaire is normally used by an interviewer and not shown to the interviewee, but it may be used with a slight modification as a self rating questionnaire, which is time-saving in a busy clinical and research situation. If this is tabulated (which is again quite easy to do) it may be more easily looked through afterwards. Therefore, when necessary, the data may be put into a computers without any difficulty.

Some distinctive features of this questionnaire are as follows; Firstly, questions are restricted to the patient's first degree relatives and spouse(s). This seems fairly sufficient for genetic studies and if the questions go beyond first degree relatives, the reliability of the data obtained may be greatly reduced. Secondly, the questions are restricted to purely objective data—dead or alive (if dead, when and why) age, mental past history (if present, hospital admission) and parental separation for more than 12 months. These data are independent of the mental condition in question (*Brown et al. (1977)*). In other words, there is not the slightest possibility that most of these events could have happened as a result of the present mental condition. Thirdly, other information, whether secondary to the present illness or not, may be described in the blank space if the interviewer thinks it necessary. Fourthly, even other people who had not conducted the interview would find it obvious whether particular questions had been asked or not. This can avoid the frustration which arises when facing description such as "family history N.P." in case notes. Finally, when the physician uses the problem oriented recording system (*Ryback (1974)*), this questionnaire will compose a part of the patient's profile.

In addition to these clinical advantages, this questionnaire can be used as a tool in research projects. Apart from genetic studies, where psychiatric family history is crucial, one can combine these data with any other clinical and experimental data. For example, in depression, loss of mother in the past is supposed to be a risk factor (*Brown et al. (1978)*). In schizophrenia, patients tend to lose their father before their birth (*Huttunen and Niskanen (1978)*). It has been said that the higher the maternal age, the higher the incidence of schizophrenia (*Dalén (1977)*). If the date of birth of the first degree relatives is asked, this questionnaire may be used for the study of the seasons of birth of the schizophrenics and their relatives (*Buck and Simpson (1978)*, *Editorial (1978)*, *Shimura et al. (1977)*). In psychogenic disorders bereavement reaction is a good example (*Parke (1965 a, b)*). In child psychiatry, family size is important in many clinical problems (*Rutter and Hersov (1977)*).

In short, this family history questionnaire is a time-saving instrument not only in a busy clinical work but in a variety of research projects.

#### REFERENCES

- Brown, G.W., Birley, J.L.T., and Wing, J.K.: Influence of family life on the course of schizophrenic disorders: A replication. *British Journal of Psychiatry*. 121; 241—258, 1972.
- Brown, G.W., Harris, T., and Copeland, J.R.: Depression and loss. *British Journal of Psychiatry*. 130; 1—18, 1977.
- Buck, C., and Simpson, H.: Season of birth among the sibs of schizophrenics. *British Journal of Psychiatry*. 132; 358—360, 1978.
- Dalén, P.: Maternal age and incidence of schizophrenia in the Republic of Ireland. *British Journal of Psychiatry*. 131; 301—305, 1977.
- The Department of Psychiatry Teaching Committee The Institute of Psychiatry London.: Notes on eliciting and recording clinical information. London, Oxford University Press, 1973.
- Editorial.: Seasonality of birth in schizophrenia. *Lancet*. 481—482, 1978, i.
- Endicott, J., Andreasen, N., and Spitzer, R.L.: Family History—Research Diagnostic Criteria (FH-RDC) (3rd ed.). Biometrics Research, New York State Psychiatric Institute, 722 West 168th Street,

New York, New York, 10032, 1978.

Huttunen, M.O., and Niskanen, P.: Prenatal loss of father and psychiatric disorders. *Archives of General Psychiatry*. 35; 429—431, 1978.

Johnstone, E.C., Frith, C.D., Gold, A., and Stevens, M.: The outcome of severe acute schizophrenic illnesses after one year. *British Journal of Psychiatry*. 134; 28—33, 1979.

Leff, J.P.: Psychophysiological monitoring of social and drug effects in schizophrenia. in *Depot fluphenazines: Twelve years of experience* (ed.) Ayd, F.J.Jr., pp33—45. Baltimore, Ayd Medical Communications, 1978.

Mayer-Gross, W., Slater, E., and Roth, M.: *Clinical Psychiatry*. (3rd ed.) London, Bailliére, Tindall, & Cassell, 1969.

Parkes, M.: Bereavement and mental illness. Part 1. A clinical study of the grief of the bereaved psychiatric patients. *British Journal of Medical Psychology*. 38; 1—12, 1965. a.

Parkes, M.: Bereavement and mental illness. Part 2. A classification of bereavement reactions. *British Journal of Medical Psychology*. 38; 13—26, 1965. b.

Russel-Davis, D.: Family process in schizophrenia. *British Journal of Hospital Medicine*. 20; 524—531, 1978.

Rutter, M., and Hersov, L.: *Child psychiatry. Modern approaches*. Oxford, Blackwell Scientific Publications, 1977.

Ryback, R.S.: *The problem oriented record in psychiatry and mental health care*. New York, Grune and Stratton Inc., 1974.

Shimura, M., Nakamura, I., and Miura, T.: Season of birth of schizophrenics in Tokyo, Japan. *Acta Psychiatrica Scandinavica*. 55; 225—232, 1977.

Vaughn, C.E., and Leff, J.P.: The influence of family and social factors on the course of psychiatric illness. A comparison of schizophrenic and depressed neurotic patients. *British Journal of Psychiatry*. 129; 125—137, 1976.

## APPENDIX

## Family History Questionnaire (Part 1)

Name of Patient \_\_\_\_\_ Registration number \_\_\_\_\_

Ward \_\_\_\_\_ Date of interview \_\_\_\_\_

Interviewer \_\_\_\_\_ Informant \_\_\_\_\_

Is your father alive?

Yes, he is alive.

No, he is dead.

If he is alive, how old is he?

He is \_\_\_\_\_ years old.

If he is dead, when did he die?

In 19 \_\_\_\_\_

(Or about \_\_\_\_\_ years ago)

Why did he die?

Because \_\_\_\_\_

How old was he when he died?

He was \_\_\_\_\_ years old.

When you were younger than 17 years old, did you ever live separately from your father for more than 12 months?

Yes.

No.

If yes, since when, till when, and why?

From \_\_\_\_\_ till \_\_\_\_\_

Because \_\_\_\_\_

Did your father ever have any type of nervous break down?

Yes.

No.

If yes, what, how, and when was it?

Was he admitted to a hospital because of that?

Yes.

No.

If yes, which hospital, when and how long?

(please write down all admissions.)

## Family History Questionnaire (Part II)

Is your mother alive?

Yes, she is alive.

No, she is dead.

If she is alive, how old is she?

She is \_\_\_\_\_ years old.

If she is dead, when did she die?

In 19 \_\_\_\_\_

(Or about \_\_\_\_\_ years ago)

Why did she die?

Because \_\_\_\_\_

How old was she when she died ?

She was \_\_\_\_\_ years old.

When you were younger than 17 years old, did you ever live separately from your mother for more 12 months ?

Yes.

No.

If yes, since when till when and why ?

From \_\_\_\_\_ till \_\_\_\_\_

Because \_\_\_\_\_

Did your mother ever have any type of nervous break down ?

Yes.

No.

If yes, what, how and when was it ?

Was she admitted to a hospital because of that ?

Yes.

No.

If yes, which hospital, when and how long ?

(please write down all admissions.)

Family History Questionnaire (Part III)

How many brothers and sisters have you now, and if any, how old are they ?

Names	Age
-------	-----

\_\_\_\_\_ male female

\_\_\_\_\_ male female

\_\_\_\_\_ male female

\_\_\_\_\_ male female

Have you any other brothers and sisters who are dead ?

Yes.

No.

If yes, please fill in the following blanks.

Name	Brother/Sister	Age when died	When was it ?	How old were you when he/she died ?
------	----------------	---------------	---------------	-------------------------------------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did anyone alive or dead of your brothers and sisters ever suffer from any type of nervous break down ?

Yes.

No.

If yes, who, what, how, and when was it ?

Was he/she admitted to a hospital because of that ?

Yes.

No.

If yes, which hospital, when, and how long?

(Please write down all admissions.)

#### Family History Questionnaire (Part IV)

Are you married now?

Married.

Single.

Divorced.

If yes, when did you get married, and how old is your spouse?

In 19 \_\_\_\_\_.

He/She is \_\_\_\_\_ years old.

Did you ever lose your spouse by death?

Yes.

No.

If yes, when, why, how old was he/she, and how old were you?

In 19 \_\_\_\_\_.

Because \_\_\_\_\_

He/She was \_\_\_\_\_ years old.

I was \_\_\_\_\_ years old.

Please write down others marriages if any.

Did your spouse ever suffer from any type of nervous break down?

Yes.

No.

If yes, what, how and when was it?

Was he/she admitted to a hospital because of that?

Yes.

No.

If yes, which hospital, when, and how long?

(Please write down all admissions.)

#### Family History Questionnaire (Part V)

How many children have you now, and if any, how old are they?

Names	Boy/Girl	Age
_____		
_____		
_____		
_____		

Have you any others children who are dead?

Yes.

No.

If yes, please fill the following blanks.

Names	Boy/Girl	Age when died	When was it?	How old were you when he/she died?
-------	----------	---------------	--------------	------------------------------------

_____				
_____				
_____				

Did anyone alive or dead of your children ever suffer from any type of nervous break down?

Yes.

No.

If yes, who, what, who, and when was it?

Was he/she admitted to a hospital because of that?

Yes.

No.

If yes, which hospital, when, and how long?

(Please write down all admissions.)

#### Family History Questionnaire (Part VI)

Did anybody among your relatives whom you have not mentioned above ever suffer from any type of nervous break down?

If so, who, what, how, when, and any hospital admissions?

Please write details here.

Other comments



## 家族歴調査表

バーミンガム大学精神科

オールセイイツ病院 北村俊則

精神医学における家族歴及び家族状況の重要性は明らかで、最近の諸研究も分裂病において精神病理学的症状より社会状況の方がより良い予後判定要素であることを示唆している。多くの教科書には家族歴調査で問うべき項目について書かれているが、しかし実際臨床においてはすべての必要項目がきかれることはむしろ稀で、かつ多くの場合いわゆる「ネガティブ・データ」は、「家族歴に特記すべきことなし」などといった表現が用いられ、記載されない傾向にある。

今回著者は多忙な実際臨床場面に適した家族歴についてのこの質問表を作製した。これは書き込みが短時間（約5分）で済み、医師以外の医療従事者にも簡便

で、患者自身が記入する型の質問用紙にも無理なく改変出来、従って電算機に記録することも容易である。質問項目は患者の一親等親族、兄弟姉妹及び配偶者に限られ、内容も問題となっている精神疾患から独立した純粋に客観的事柄になっているが、他の情報も面接者が必要と考えた場合には記入出来る余白があり、特定の質問がなされたかどうか後になっても明白にわかり、さらにはいわゆる problem oriented recording system の重要な一部をも構成できるといった点が特徴である。

さらに種々の臨床研究においても短時間で効率よく家族歴を調べる道具として用いられる可能性が高い。