Survey Data Collection Form

F010 -- Family ATOD Use/History of Use - Family History of AOD Problems

Have any of your family had alcohol or other drug problems? (Mark all that apply)

- ☐ Mother
- ☐ Father
- ☐ Stepmother
- ☐ Stepfather
- ☐ Brothers/sisters
- ☐ Mother's parents
- ☐ Father's parents
- ☐ Aunts/uncles
- ☐ Spouse
- ☐ Children
- ☐ None