

AR-1 Obstetrical Administrative Record

Form OB-1 (changed to AR-1 in July 1960) was designed for use as the opening record for any gravida registered in the study. Used to notify NINDB of a new case, this form was submitted as soon as possible after registration. First implemented into the study in January 1959 as OB-1, the form was revised once in July of 1959 and then redesignated as AR-1 under the same title in July 1960. The January 1959 version is not itemized and is worded differently than the July 1959 version, where items were itemized. The July 1960 revision did not result in any changes to the form. Codes 1, 2, and 3 in column 5 of the master file cards indicate that data came from the 1/59, 7/59 and 7/60 versions of the form, respectively. Patient status, from item 20 on the form, was included on revisions 2 and 3 only.

Originally coded on card 0301 (AR-1: OB Administrative Record), these cards were used as input when the master data file was created and renumbered (0001) on the master file. At that time, information for columns 76 and 80 was added to the data tape. One card record exists for each study patient, yielding a total of 58,760 records (Table OB-1.1).

TABLE AR-1.1 Cards and Data Records by Revision for Form AR-1

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
AR-1: OB Administrative Record	0001	1	3,781
		2	8,094
		3	46,885

			58,760
	total for form		58,760

II.A.2

AR-1

Data Items Referencing Form AR-1, Obstetrical Administrative Record

DATA ITEM ID	TYPE	CARD MIN	FROM	DATA ITEM NAME
1.....		0001	1	5 Card number (sequence, form type, form number, revision number)
2.....		0001	6	14 NINDB case number
3...AR-1	2	0001	15	28 Name, last
4...AR-1	3-4	0001	20	35 Institution identification
5...AR-1		0001	36	36 Type of institution
6...AR-1	6	0001	37	37 Name, first, first letter
7...AR-1	12	0001	38	39 Registration date (day)
8...AR-1	12	0001	40	41 Registration date (yr)
9...AR-1	12	0001	42	43 Form AR-1 initiated, date (mo)
10...AR-1	13	0001	44	45 Form AR-1 initiated, date (day)
11...AR-1	13	0001	46	47 Form AR-1 initiated, date (day)
12...AR-1	13	0001	48	49 Form AR-1 initiated, date (yr)
13...AR-1	14	0001	50	51 LMP, first day (mo)
14...AR-1	14	0001	52	53 LMP, first day (day)
15...AR-1	14	0001	54	55 LMP, first day (yr)
16...AR-1	15	0001	56	57 Birth date (mo)
17...AR-1	15	0001	58	59 Birth date (day)
18...AR-1	15	0001	60	61 Birth date (yr)
19...AR-1	17	0001	62	62 Marital status
20...AR-1	18	0001	63	63 Race
21...AR-1	20	0001	64	64 Patient status, clinic or private
22...AR-1	21	0001	65	65 Sampling frame patient, DO NOT USE
23...AR-1	11	0001	66	67 ENC, estimated date of confinement (mo)
24...AR-1	11	0001	68	69 ENC, estimated date of confinement (day)
25...AR-1	11	0001	70	71 ENC, estimated date of confinement (yr)
26...AR-1	16	0001	72	73 Age at registration (wks)
27...AR-1	16	0001	74	75 Gestation at registration (wks)
28...AR-1	16	0001	76	76 Walk/in patient
29.....		0001	77	79 Blank
30...AR-1		0001	80	80 Patient, type of
4974...VAR	16		31	32 Age (yrs)
4975...VAR			33	33 Age, grouped in 5 year intervals
4976...VAR	14		34	35 Gestation at registration (wks)
4977...VAR			36	36 Marital status
4978...VAR	14		37	37 Trimester at registration
4987...VAR	12		55	56 Prenatal visits, total number
4989...VAR	14		59	64 Menstrual period; LMP, first day (mo/day/yr)
5104...VAR	12		297	302 Registration date (mo/day/yr)
5195...VAR	18		303	303 Race
5196...VAR	20		304	304 Patient status, clinic or private
6354..W-11A		0R93X	20	25 LMP, from AR-1, first date (mo/day/yr)
6377..W-11B		0R93Z	20	25 LMP, from AR-1, first date (mo/day/yr)

ESLN-0000-1
REV. 7-55
(8)

1. PATIENT IDENTIFICATION

OBSTETRICAL ADMINISTRATIVE RECORD

2. LAST NAME			3. OPD NO.			4. HOSPITAL NO.			5. SPECIAL NO.					
6. FIRST NAME			7. MIDDLE			8. MAIDEN			COMPLETE ONLY IF NEEDED BY HOSPITAL					
9. ADDRESS (Street and Number) <i>(City, Zone and State)</i>						10. TELEPHONE NO.			11. EDC					
12. DATE REGISTERED Mo. Day Year			13. DATE FORM INITIATED Mo. Day Year			14. FIRST DAY LMP Mo. Day Year			15. DATE OF BIRTH Mo. Day Year			16. AGE		
17. MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> CL <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> SEP.						18. RACE <input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> OR <input type="checkbox"/> PR <input type="checkbox"/> Other						19. WEEKS OF GESTATION		
20. PATIENT STATUS <input type="checkbox"/> Clinic <input type="checkbox"/> Private			21. SAMPLING FRAME: PATIENT SELECTED FOR STUDY <input type="checkbox"/> Based on 1 Systematic Sampling <input type="checkbox"/> Based on 2 Special Sampling (Specify) NOT SELECTED FOR STUDY <input type="checkbox"/> Based on 7 Sampling Design <input type="checkbox"/> For Other Reasons 8 (Specify below)											

Cooperative Research
Perinatal Research Branch, NICHD, NIH
Bethesda 14, Md.

(AR-1)

Form Item Numbers linked to Data Items on AR-1, Obstetrical Administrative Record

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM TO	DATA ITEM NAME
2	4975.....VAR		33	33 Age, grouped in 5 year intervals
3-4	6377...M-118 0R932		20	25 LMP, from AR-1, first date (mo/day/yr)
11	6354...M-11A 0R91X		20	25 LMP, from AR-1, first date (mo/day/yr)
11	4977.....VAR		36	36 Marital status
12	30....AR-1 0001		80	80 Patient, type of
12	5....AR-1 0001		36	36 Type of institution
12	28....AR-1 0001		76	76 Walk/in patient
12	3....AR-1 0001		15	28 Name, last
12	4....AR-1 0001		29	35 Institution identification
12	6....AR-1 0001		37	37 Name, first, first letter
12	24....AR-1 0001		68	49 ENC, estimated date of confinement (day)
12	23....AR-1 0001		66	67 ENC, estimated date of confinement (mo)
12	25....AR-1 0001		70	71 ENC, estimated date of confinement (yr)
12	8....AR-1 0001		40	41 Registration date (day)
12	7....AR-1 0001		38	39 Registration date (mo)
12	5194.....VAR		297	302 Registration date (mo/day/yr)
12	9....AR-1 0001		42	43 Registration date (yr)
13	11....AR-1 0001		46	47 Form AR-1 initiated, date (day)
13	10....AR-1 0001		44	45 Form AR-1 initiated, date (mo)
13	12....AR-1 0001		48	49 Form AR-1 initiated, date (yr)
14	14....AR-1 0001		52	53 LMP, first day (day)
14	13....AR-1 0001		50	51 LMP, first day (mo)
14	15....AR-1 0001		54	55 LMP, first day (yr)
14	4989.....VAR		59	64 Menstrual period; LMP, first day (mo/day/yr)
15	17....AR-1 0001		58	59 Birth date (day)
15	16....AR-1 0001		56	57 Birth date (mo)
15	18....AR-1 0001		60	61 Birth date (yr)
16	4974.....VAR		31	32 Age (yrs)
16	26....AR-1 0001		72	73 Age at registration (yrs)
17	19....AR-1 0001		62	62 Marital status
18	20....AR-1 0001		63	63 Race
18	5195.....VAR		303	303 RACE
19	27....AR-1 0001		74	75 Gestation at registration (wks)
19	4976.....VAR		34	35 Gestation at registration (wks)
19	4978.....VAR		37	37 Trimester at registration
20	21....AR-1 0001		64	64 Patient status, clinic or private
20	5196.....VAR		304	304 Patient status, clinic or private
21	22....AR-1 0001		65	65 Sampling frame patient, 00 NOT USE

MASTER FILE TAPE LAYOUT

**DEFINITION OF CODES
OBSTETRICAL ADMINISTRATIVE RECORD
FORM AR-1 CARD 0001**

NOTE: Use for specifications.

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 0	1
2. <u>Form Number</u> Code: 001	2-4
3. <u>Revision Number *</u> Code: 1 - OB-1 Form Dated: 1/59 2 - OB-1 Form Dated: Rev. 7/59 3 - AR-1 Form Dated: Rev. 7/60	5
4. <u>NAMES Number</u> Item 1 Nine-digit number for Patient Identification Code: As given	6-14
5. <u>Last Name</u> Item 2 Code: As given	15-28
6. <u>Institution Identification</u> Item 3 or 4 Code: As given 0000000 - Unknown	29-35
7. <u>Type of Institution Number Used</u> Item 3 or 4 Code: 0 - OPD Number 1 - Neither Item 3 or 4 reported 9 - Hospital Number	36
8. <u>First Letter First Name</u> Item 6 Code: As given	37
9. <u>Date Registered</u> Item 12 Six-digit code for Month (cols. 38-39), Day (cols. 40-41) and Year (cols. 42-43) Code: As given	38-43

* Item numbers refer to Form Dated: Rev. 7/60

DEFINITION OF CODES (Continued)

FORM A-1-2
Card 0001

<u>FIELD</u>		<u>CARD COLUMN</u>
10.	<u>Date Form Initiated</u> Item 13 Code: Same as in Field 9	44-49
11.	<u>First Day IMP</u> Item 14 Six digit code for month (cols. 50-51), day (cols. 52-53) and year (cols. 54-55) Code: As given 99 - Month, day and/or year unknown	50-55
12.	<u>Date of Birth</u> Item 15 Code: Same as in Field 11	56-61
13.	<u>Marital Status</u> Item 17 Code: 1 - Single 2 - Married 3 - Common Law 4 - Widow 5 - Divorce 6 - Separated 9 - Unknown	62
14.	<u>Race</u> Item 18 Code: 1 - White 2 - Negro 3 - Oriental 4 - Puerto Rican 8 - Other 9 - Unknown	63
15.	<u>Patient Status</u> Item 20 Code: Blank - Item not on Rev. "1" 1 - Clinic 2 - Private	64

DEFINITION OF CODES (Continued)

FORM AR-1
Card 0001

FIELD

**CARD
COLUMN**

- | | | |
|-----|--|-------|
| 16. | <u>Sampling Frame Patient - DO NOT USE</u> | 65 |
| 17. | <u>EDC</u>
Item 11
Six-digit code for Month (cols. 66-67),
Day (col. 68-69) and Year (cols. 70-71)
Code: As given
99 - Month, day and/or year unknown | 66-71 |
| 18. | <u>Age</u>
Item 16
Code: 10-58 - As given
99 - Unknown | 72-73 |
| 19. | <u>Weeks of Gestation</u>
Item 19
Code: 01-50 - As given
99 - Unknown | 74-75 |
| 20. | <u>Walk-In</u>
Code: Blank, 0 = No
1 = Yes | 76 |
| 21. | <u>Type of Patient</u>
Code: 1, 2 = Core
7 = Non-Core | 80 |

ADMINISTRATIVE RECORD MANUAL

AR-1
Rev. 7-60

PHS-3003-1, Obstetrical Administrative Record

- A. PURPOSE. This form provides for the registering, and notifying MINDB of the registration, of each gravida in the sampling frame. The sampling frame includes all patients who are eligible for inclusion in the study, based on the sampling procedures approved for each institution. It also provides the information needed for opening the case records of women selected as study cases. In addition, it provides for the reporting of comparable administrative data for gravida in the sampling frame of the institution, but who were not selected as study cases.
- B. INTERVIEWER. The interviewer who completes the form AR-1 may be any staff member of the hospital trained to obtain and record the required information.
- C. UTILIZATION. This form supersedes Form OB-1 (Rev. 7/59) which will not be used after receipt of supplies of Form AR-1.
- D. INSTRUCTIONS FOR COMPLETING FORM AR-1.

Item 1, Patient Identification. Patient MINDB study number is entered here for all study cases. It may be entered by Addressograph, other stamp or written. The number must be completely legible on the copy sent to MINDB. This item is left blank for patients in the sampling frame who are not selected for the study.

Item 2, Last Name. Last name of patient.

Item 3, OPD Number. Out-patient Department number if assigned to patient.

Item 4, Hospital Number. Regular hospital number if assigned to patient.

Item 5, Special Number. Any special identifying number assigned by the hospital to the patient. If none, leave blank.

Item 6, First Name. Self-explanatory.

Item 7, Middle Name. If none, leave blank or write the code "NMI".

Item 8, Maiden Name. As reported. If patient is single (Item 17 coded "S"), maiden name will be reported in Item 2 (Last Name); therefore place an "X" in Item 8 (Maiden Name). If a patient with other marital status is using her maiden name as her last name place an "X" in Item 8 and indicate reason, if known in item 8.

ADMINISTRATIVE RECORD MANUAL

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Rev. 7-60

PHS-3003-1, Obstetrical Administrative Record

Item 9, Address. Self-explanatory.

Item 10, Telephone Number. Self-explanatory. If none, state "none" or leave blank.

Item 11, EDC. Expected date of confinement. This item is to be completed only if needed by hospital.

Item 12, Date Registered. Date patient was first seen in the clinic whether or not Form AR-1 is started on this date. Record all dates numerically, in the order month-day-year as 9-15-59. This item should also be completed for non-study sampling frame patients (i.e., not selected for study).

Item 13, Date Form Initiated. Date that this form is started, which may be prior or subsequent to the date of registration (Item 12). For many hospitals it will be the same as the date shown in Item 12.

Item 14, First Day LMP. Record the date of first day of the last normal menstrual period. If unknown, record as "X" and record the best available estimate of EDC in Item 11. If the date given is obviously not for this pregnancy, give the date with an asterisk (*) next to it and in Item 11 (EDC) record the best known estimate of the date of confinement. If not available at time of report submit at a later date as a correction to the form.

Item 15, Date of Birth. If unknown, attempt to estimate year of birth with help of patient.

Item 16, Age. Age at last birthday. This item is to be completed only if needed by hospital.

Item 17, Marital Status. This item is to be used to record, where possible, the legal marital status of gravida and non-legal relationships should be ignored. Check appropriate box. The abbreviations on the form represent the following classifications:

- S - Single (never married)
- M - Married
- CL - Common Law Marriage - Use this category if it is in general use in your institution and it is a legal marital status in your community.
- W - Widowed
- SEP - Married but separated. Include all patients who are married but not living with husband whether or not the separation is legally recognized.

ADMINISTRATIVE RECORD MANUAL

AR-1
Rev. 7-60

PHS-3003-1, Obstetrical Administrative Record

Item 18, Race. Check appropriate box. The abbreviations on the form represent the following classifications:

- W - White, exclusive of Puerto Ricans
- N - Negro, exclusive of Puerto Ricans
- OR - Oriental
- PR - Puerto Ricans. A Puerto Rican is defined as a gravida born in Puerto Rico; or if born elsewhere, is classified as Puerto Rican if either or both of her parents were born in Puerto Rico. If the gravida and both her parents were not born in Puerto Rico, race is to be assigned to White or Negro as the case may be.
- Other - Include all other groups (such as American Indian, Polynesian, etc.)

Item 19, Weeks of Gestation. Number of weeks between first day of last normal menstrual period (Item 14) and date of registration (Item 12), (corrected to the nearest whole week). This item is to be completed only if needed by hospital.

Item 20, Patient Status. Check appropriate box.

Item 21, Sampling Frame Patient. Classify each patient by the reason patient was or was not selected for registration in the study.

Selected for study based on systematic sampling. If the patient is selected using the systematic sampling method or other method used to select basic core study patients approved for your institution, i.e., without regard for special characteristics of the patient, check this box. For example, an institution taking 100% of its cases would check this box for all accepted cases. In the same manner an institution selecting every tenth case, every fourth case or a case whose hospital number ended in a specified digit would check here for cases chosen in this manner.

Selected for study based on special sampling. This box should be checked for all patients registered who are selected on the basis of some characteristics of the gravida herself, but who have not otherwise been selected in the systematic sample. No special selection procedure of this type should be used without prior approval. This would include approved selection of the first trimester patients, selection by age, parity, etc. The reason for such selection must be specified.

ADMINISTRATIVE RECORD MANUAL

AR-1
Rev. 7-60

PHS-3003-1, Obstetrical Administrative Record

Not selected for study based on sampling design. This should be checked for all patients in the sampling frame approved for the institution (i.e. all patients coming to the institution from which selection for study could be made) but which are not selected for study using an approved procedure of the types described above.

Not selected for study for other reasons. This should be checked for all patients which should have been selected for study under the procedures described above but were not selected. Refusal to cooperate in the study is an example of the kind of explanation expected when this item is checked. The reason for checking this entry must be specified.

AR-1 (66)

PHS-2002-1
REV. 7-66
65

OBSTETRICAL ADMINISTRATIVE RECORD

1. PATIENT IDENTIFICATION
SPECIAL AR-1 Form
for Pennsylvania Hospital
supervised by black and white printing
with change of parents from PHS-3003-9
to COBR-3103-9

2. LAST NAME			3. OPD NO.	4. HOSPITAL NO.	5. SPECIAL NO.
6. FIRST NAME	7. MIDDLE		8. MAIDEN		COMPLETE ONLY IF NEEDED BY HOSPITAL
9. ADDRESS (Street and Number)			(City, Zone and State)		10. TELEPHONE NO.
11. BSC					
12. DATE REGISTERED Mo. Day Year	13. DATE FORM INITIATED Mo. Day Year	14. FIRST DAY LMP Mo. Day Year	15. DATE OF BIRTH Mo. Day Year	16. AGE	
17. MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> CL <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> SEP.			18. RACE <input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> OR <input type="checkbox"/> PR <input type="checkbox"/> Other		19. WEEKS OF GESTATION
20. PATIENT STATUS <input type="checkbox"/> Clinic <input type="checkbox"/> Private		21. SAMPLING FRAME PATIENT SELECTED FOR STUDY <input type="checkbox"/> Based on _____ <input type="checkbox"/> Based on _____ <input type="checkbox"/> Special Sampling (Specify) _____			
		NOT SELECTED FOR STUDY <input type="checkbox"/> Based on _____ <input type="checkbox"/> For Other Reasons (Specify below) _____			

ADDRESSOGRAPH PLATE

Ward Semi Private Private Room Female Male

Protestant Catholic Jewish Other Age

LAST NAME FIRST NAME UNIT HISTORY

ADDRESS

BLUE CROSS GROUP NUMBER BLUE CROSS CERTIFICATE NUMBER

BLUE ENVELOPE Yes No A B

RELATIONSHIP AND NAME

DOCTOR NAME NON NUMBER

TELEPHONE NUMBER

FORMER PATIENT IN PENNSYLVANIA HOSPITAL? NAME

PREVIOUS MARRIED NAME? PREVIOUS ADDRESS

FD-302-1
REV. 7-59

00-1

OBSTETRICAL ADMINISTRATIVE RECORD

1. PATIENT INFORMATION

To all hospitals EXCEPT Pennsylvania

sponsored by 7-60 rev. (AR-1)

2. LAST NAME			3. GPO NO.			4. HOSPITAL NO.			5. SPECIAL NO.			
6. FIRST NAME		7. INITIALS				8. BIRTH			9. COMPLETE STUDY IF BORN IN HOSPITAL			
10. ADDRESS (HOME AND PHONE)						11. TELEPHONE NO.			12. ZIP			
13. DATE ADMITTED		14. DATE FORM INITIATED			15. FIRST DAY LMP			16. DATE OF BIRTH			17. AGE	
Mo.	Day	Year	Mo.	Day	Year	Mo.	Day	Year	Mo.	Day	Year	
17. MARITAL STATUS						18. RACE						19. TYPE OF DELIVERY
<input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> CL <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> SEP.						<input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> OR <input type="checkbox"/> PE <input type="checkbox"/> Other						<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5
20. PATIENT STATUS						21. PATIENT REGISTERED IN STUDY AT TIME OF DELIVERY						
<input type="checkbox"/> Child <input type="checkbox"/> Adult						<input type="checkbox"/> Yes <input type="checkbox"/> No						

Superseded by Revision 47-59

OBSTETRICAL ADMINISTRATIVE RECORD

DATE THIS FORM INITIATED	FIRST DAY LMP (Mo-Da-Yr)	RECORD NUMBERS	OPB	HOSPITAL	SPECIAL
NAME (Last) (First) (Middle)				(Mother)	
ADDRESS (Street & No.) (City and State)				TELEPHONE NO.	
DATE OF BIRTH (Mo-Da-Yr)	PRESENT AGE	STATE OR COUNTRY OF BIRTH	RACE <input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> OR <input type="checkbox"/> PR <input type="checkbox"/> Other		
MARRIAGE STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> CL <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> SEP		DATE OF LATEST MARRIAGE	RELIGION	HIGHEST SCHOOL GRADE COMPLETED	
OCCUPATION	EMPLOYER	INDUSTRY			
NAME AND ADDRESS OF FAMILY PHYSICIAN				TELEPHONE NUMBER	

OBSTETRICAL CLINIC PATIENTS

DATE FIRST SEEN IN CLINIC	EXAMINING PHYSICIAN
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OTHER PATIENTS

NAME AND ADDRESS OF OBSTETRICIAN	DATE PATIENT FIRST SEEN
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SPOUSE	NAME	AGE	STATE OR COUNTRY OF BIRTH	HEIGHT	WEIGHT
	HIGHEST SCHOOL GRADE COMPLETED	OCCUPATION	INDUSTRY	GENERAL HEALTH	
FATHER OF CHILD (if other than Spouse)	NAME	AGE	STATE OR COUNTRY OF BIRTH	HEIGHT	WEIGHT
	HIGHEST SCHOOL GRADE COMPLETED	OCCUPATION	INDUSTRY	GENERAL HEALTH	

NAME AND ADDRESS OF NEAREST RELATIVE (Other than Spouse) OR OF OTHER PERSON WHO WILL KNOW WHERE PATIENT CAN BE LOCATED:

OB-1: OBSTETRICAL ADMINISTRATIVE RECORD

Instructions for Use

Par. 1 This record was designed as the opening record for any gravida registered in the study. It notifies NINDB of a new study case, and should be submitted as soon after registration as is possible.

Par. 2 It may also serve as a hospital form, and therefore includes items which are not needed for study use. Additional information required locally may be recorded at the bottom of the sheet. The items listed below are needed for study use and must be completed before the form is submitted. Other items are optional.

- 1 - Date this form initiated
- 2 - First day IMP
- 3 - Record numbers (including NINDB study number)
- 4 - Name (including maiden name)
- 5 - Address
- 6 - Date of Birth
- 7 - Present Age
- 8 - Race
- 9 - Marital Status
- 10 - Religion
- 11 - Date first seen by clinic or private obstetrician

Par. 3 Comments concerning each of the above items are enumerated below:

- 1 - This date should be the date on which the gravida is selected as a study case. For many hospitals it will be the same as the date shown in item 11 (date first seen). All dates should be recorded numerically, in the order month/day/year.

**Par. 3
(Cont.)**

- 2 - Record the first day of the last menstrual period. If the date given is obviously not for this pregnancy, record it, place an asterisk (*) next to the date, and at the bottom of the page record the patient's estimate of the date of confinement.
- 3 - Record number. If the addressograph plate is not yet available, write the NINDB number for this patient in the blank box above the record number space and also record the outpatient number and hospital or unit number (if known).
- 4 - Name - Be sure to include maiden name if gravida is married. If she is not married, place an "X" in the space for maiden name.
- 5 - and 6 - Address and date of birth -- These items are self-explanatory.
- 7 - Present age - should be age as of last birthday.
- 8 - Race. Record as follows:
 - W - White, exclusive of Puerto Ricans
 - N - Negro, exclusive of Puerto Ricans
 - OR - Oriental
 - PR - Puerto Ricans, regardless of racial group
 - Other - Include all other groups, such as American Indian and Polynesian.
- 9 - Marital Status
 - S - Single (never married)
 - M - Married
 - CL - Common Law Marriage. Use this category if it is in common use in your institution.
 - W - Widowed
 - D - Divorced
 - SEP - Separated. Include here all patients who are married but have separated, whether or not the separation is legally recognized.

**Par. 3
(Cont.)**

10 - Religion. Record as Catholic, Protestant, Jewish (Hebrew), or Other.

11 - Date First Seen. Record the date the patient is first examined by her private obstetrician or an obstetrician in clinic.

OB-2 Reproductive History

Form OB-2 was used to record information about the previous pregnancies of each gravida. Data were obtained through interviews with the gravida herself. Used first in January of 1959, the form was revised once in January of 1961. Revisions did not affect items or order of items on the form. Card numbers from the master file and the number of records generated for each of these cards appear in Table OB-2.1. An 0302 card indicates the gravida had four or fewer prior pregnancies; for women with more than four prior pregnancies, cards 1302, 2302, etc., were used as required.

TABLE OB-2.1 Cards and Data Records by Revision for Form OB-2

Card Name	Card Number	Rev. No.	Number of Records
OB-2: Four or Fewer Prior Pregnancies	0302	0	47,844
OB-2: More Than Four Prior Pregnancies with First Through Fourth Recorded	1302	0	9,000
OB-2: Fifth Through Eighth Prior Pregnancies	2302	0	9,040
OB-2: Ninth Through Twelfth Prior Pregnancies	3302	0	1,417
OB-2: Thirteenth Through Sixteenth Prior Pregnancies	4302	0	159
OB-2: Seventeenth Through Twentieth Prior Pregnancies	5302	0	15
OB-2: Twenty-first Through Twenty-fourth Prior Pregnancies	6302	0	2
OB-2: Twenty-fifth Through Twenty-sixth Prior Pregnancies	7302	0	1
	total for form		67,479

Data Items Referencing Form OB-2, Reproductive History

DATA ITEM TD	ITEM JW FJON	CARD NUM	FROM TO	DATA ITEM NAME
195.....		0302	1	5 Card number (sequence, form type, form number, revision number)
196.....		0302	6	14 MIND case number
197...0A-2		0302	15	16 Pregnancies, total number prior to study
198...0A-2		0302	17	18 Pregnancies, total number prior to study
199...0A-2	1	0302	19	20 Pregnancy termination date (yr); prior product, nth (n = 1-4)
200...0A-2	2	0302	21	22 Pregnancy termination date (yr); prior product, nth (n = 1-4)
201...0A-2	3	0302	23	24 Gestation (wks); prior product, nth (n = 1-4)
202...0A-2	5	0302	25	25 Liveborn; prior product, nth (n = 1-4)
203...0A-2	10	0302	26	26 Sex; prior product, nth (n = 1-4)
204...0A-2	11	0302	27	27 Delivery type; prior product, nth (n = 1-4)
205...0A-2	11	0302	28	29 Birthweight (lbs); prior product, nth (n = 1-4)
206...0A-2	11	0302	30	31 Birthweight (oz); prior product, nth (n = 1-4)
207...0A-2	12	0302	32	32 Age at death; prior product, nth (n = 1-4)
208...0A-2	1-12	0302	33	33 Birthplace; prior product, nth (n = 1-4)
209.....		0302	34	38 Prior product, nth, repeat of columns 19-33 for n = 2,3,4
210.....		1302	4	5 Card number (sequence, form type, form number, revision number)
211...0A-2		1302	6	14 MIND case number
212...0A-2		1302	15	16 Products of prior pregnancies, total number
213...0A-2		1302	17	18 Pregnancies, total number prior to study
214...0A-2	1	1302	19	20 Pregnancy termination date (yr); prior product, nth (n = 1-28)
215...0A-2	2	1302	21	22 Pregnancy termination date (yr); prior product, nth (n = 1-28)
216...0A-2	3	1302	23	24 Gestation (wks); prior product, nth (n = 1-28)
217...0A-2	5	1302	25	25 Liveborn; prior product, nth (n = 1-28)
218...0A-2	10	1302	26	26 Sex; prior product, nth (n = 1-28)
219...0A-2	11	1302	27	27 Delivery type; prior product, nth (n = 1-28)
220...0A-2	11	1302	28	29 Birthweight (lbs); prior product, nth (n = 1-28)
221...0A-2	11	1302	30	31 Birthweight (oz); prior product, nth (n = 1-28)
222...0A-2	12	1302	32	32 Age at death; prior product, nth (n = 1-28)
223...0A-2	1	1302	33	33 Birthplace; prior product, nth (n = 1-28)
224...0A-2	1	1302	34	38 Prior product, nth (n = 1-28), repeat of columns 19-33 for n = 2,3,4
4979.....VAR		1302	79	60 Blank
4980.....VAR	1-12	2302	1	60 Prior product, nth (n = 1-28), repeat of card 1302 for n = 5 to 8
4981.....VAR	1-12	3302	1	60 Prior product, nth (n = 1-28), repeat of card 1302 for n = 9 to 12
	1-12	4302	1	60 Prior product, nth (n = 1-28), repeat of card 1302 for n = 13 to 16
	1-12	5302	1	60 Prior product, nth (n = 1-28), repeat of card 1302 for n = 17 to 20
	1-12	6302	1	60 Prior product, nth (n = 1-28), repeat of card 1302 for n = 21 to 24
	1-12	7302	1	60 Prior product, nth (n = 1-28), repeat of card 1302 for n = 25 to 28
			39	39 Pregnancy, last prior; survival
			40	43 Pregnancy, last prior; birth weight
			44	45 Gravity, pregnancies, total number of prior

Data Items Referencing Form NB-2, Reproductive History

DATA ITEM TO	TIPM JW FJR4	CARD NUM	FROM TO	DATA ITEM NAME
4982.....VAR	1-2		46 47	Parity, pregnancies, total number of prior non abortion of 20 wks gestation or greater
4983.....VAR	2		48	Deaths, total number of prior prenatal
4984.....VAR	2		50	Livebirths, total number of prior
5248.....VAR	11		388	Premature; births, total number prior to current pregnancy
5249.....VAR	2		389	Fetal deaths; [abortion] at less than 20 weeks gestation, total number prior to current pregnancy
5250.....VAR			390	Pregnancies, multiple, total number prior to current pregnancy
5251.....VAR	2		391	Stillbirths; deaths at 20 weeks gestation or greater; fetal death prior to current pregnancy
5252.....VAR	2		392	Deaths; neonatal and; stillbirths, total number prior to current pregnancy
5253.....VAR			394	Pregnancy, last prior; gestation (wks)

REPRODUCTIVE HISTORY
(Interviewer)

TAKEN BY _____ DATE (Mo-Da-Yr) _____

PREGNANCY ORDER:	RECORD PREGNANCIES IN CHRONOLOGICAL ORDER				
	1	2	3	4	5
1. DATE OF TERMINATION OF PREGNANCY					
2. GESTATION (Weeks)					
3. LIVEBORN (Yes or No)					
4. D & C AFTER MISCARRIAGE					
5. SEX (M or F)					
6. NAME OF CHILD					
7. COMPLICATIONS OF PREGNANCY					
8. INDUCED LABOR (Yes or No)					
9. DURATION OF LABOR (Hours)					
10. TYPE OF DELIVERY <small>Vaginal Cesarean Vaginal Breech Operative Vaginal</small>					
11. BIRTH WEIGHT (Lbs. - Oz.)					
12. PLACE OF BIRTH	RECORD CITY AND NAME OF HOSPITAL IN SPACE BELOW				
13. ABNORMALITIES AT BIRTH					
14. NAME OF FATHER					
15. RACE OF FATHER					
16. DATE OF DEATH OF CHILD					
17. PLACE OF DEATH					
18. CAUSE OF DEATH					
19. INFORMANT (Where source is hospital records, indicate by "H")					
20. PLACE OF BIRTH (Record City and Name of Hospital)	1. _____				
	2. _____				
	3. _____				
	4. _____				
	5. _____				

IF MORE THAN 5 PREGNANCIES, USE ANOTHER FORM.

Para Item Numbers Linked to Para Items on DR-2, Reproductive History

IPEN OR FORM	DATA TYPE ID	CARD NUM	FROM	DATA ITEM NAME
1	213...08-2	1302	32	32 Age at death; prior product, nth (n = 1-28)
1	197...08-2	0302	32	32 Age at death; prior product, nth (n = 1-4)
1	4881...VAR		44	45 Gravidity, pregnancies, total number of prior pregnancies, multiple, total number prior to current pregnancy
1	5250...VAR		39n	300 Pregnancies, total number prior to study
1	184...08-2	0302	17	18 Pregnancies, total number prior to study
1	204...08-2	1302	17	18 Pregnancies, total number prior to study
1	4980...VAR		40	43 Pregnancy, last prior; birth weight
1	5253...VAR		394	395 Pregnancy, last prior; gestation (wks)
1	4979...VAR		38	39 Pregnancy, last prior; survival
1	167...08-2	0302	15	16 Products of prior pregnancies, total number
1	203...08-2	1302	15	16 Products of prior pregnancies, total number
1	205...08-2	1367	19	20 Pregnancy termination date (m); prior product, nth (n = 1-28)
1	189...08-2	0302	19	20 Pregnancy termination date (m); prior product, nth (n = 1-4)
1	206...08-2	1302	21	22 Pregnancy termination date (yr); prior product, nth (n = 1-28)
1	196...08-2	0302	21	22 Pregnancy termination date (yr); prior product, nth (n = 1-4)
1	215...08-2	1302	34	70 Prior product, nth (n = 1-28), repeat of columns 19-33 for n = 2,3,4
1-2	6982...VAR		46	67 Parity, pregnancies, total number of prior non abortion of 20 wks gestation or greater
1-2	5253...VAR		394	395 Pregnancy, last prior; gestation (wks)
1-3	4979...VAR		38	39 Pregnancy, last prior; survival
1-11	4980...VAR		40	43 Pregnancy, last prior; birth weight
1-12	216...08-2	4302	1	40 Prior product, nth (n = 1-28), repeat of card 1302 for n = 13 to 16
1-12	220...08-2	5302	1	40 Prior product, nth (n = 1-28), repeat of card 1302 for n = 17 to 20
1-12	221...08-2	6302	1	40 Prior product, nth (n = 1-28), repeat of card 1302 for n = 21 to 24
1-12	222...08-2	7302	1	40 Prior product, nth (n = 1-28), repeat of card 1302 for n = 25 to 28
1-12	217...08-2	2302	1	40 Prior product, nth (n = 1-28), repeat of card 1302 for n = 5 to 8
1-12	218...08-2	3302	1	40 Prior product, nth (n = 1-28), repeat of card 1302 for n = 9 to 12
2	6983...VAR		34	70 Deaths, total number of prior prenatal pregnancy
2	5257...VAR		392	393 Deaths, neonatal and; stillbirths, total number prior to current pregnancy
2	3249...VAR		389	389 Fetal deaths (abortion) at less than 20 weeks gestation, total number prior to current pregnancy
2	207...08-2	1302	23	24 Gestation (wks); prior product, nth (n = 1-28)
2	191...08-2	0302	23	24 Gestation (wks); prior product, nth (n = 1-4)
2	4884...VAR		50	51 Livebirths, total number of prior
2	5251...VAR		391	391 Stillbirths; deaths at 20 weeks gestation or greater; total death prior to current pregnancy
3	208...08-2	1302	25	25 Liveborn; prior product, nth (n = 1-28)
3	197...08-2	0302	25	25 Liveborn; prior product, nth (n = 1-4)
5	209...08-2	1302	26	26 Sex; prior product, nth (n = 1-70)

Form Item numbers linked to Data Items on NH-2, Reproductive History

FORM	DATA	CARR	FROM	TO	DATA ITEM NAME
NO	ITEM	NUM			
NO	IN				
9	193...08-2	0302	26	26	Sex; prior product, nth (n = 1-4)
10	210...08-2	1302	27	27	Delivery type; prior product, nth (n = 1-28)
10	194...08-2	0302	27	27	Delivery type; prior product, nth (n = 1-4)
11	211...08-2	1302	29	29	Birthweight (lbs); prior product, nth (n = 1-28)
11	195...08-2	0302	28	28	Birthweight (lbs); prior product, nth (n = 1-4)
11	212...08-2	1302	30	31	Birthweight (oz); prior product, nth (n = 1-28)
11	196...08-2	0302	30	31	Birthweight (oz); prior product, nth (n = 1-4)
11	5248...VAR		100	300	Prenatal; births, total number prior to current pregnancy
12	214...08-2	1302	33	33	Birthplaces; prior product, nth (n = 1-28)
12	198...08-2	0302	33	33	Birthplaces; prior product, nth (n = 1-4)

**DEFINITION OF CODES
REPRODUCTIVE HISTORY
Form OB-2 Card 0302 or 1302**

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 0 - 4 or less Prior Products 1 - More than 4 Prior Products with first through fourth recorded 2 - Fifth through eighth product 3 - Ninth through twelfth product 4 - Thirteenth through sixteenth product 5 - Seventeenth through twentieth product 6 - Twenty-first through twenty-fourth product 7 - Twenty-fifth <u>Twenty-fifth through twenty-sixth</u> product	1
2. <u>Form Number</u> Code: 302	2-4
3. <u>Revision Number *</u> Code: 0 - Form Dated: 1/59 or Rev. 1/61	5
4. <u>HINDB Number</u> Nine-digit number for Patient Identification Code: As given	6-14
5. <u>Total Number of Products of Conception</u> Code: 00 - No prior pregnancy 01-28 - As given 99 - Unknown	15-16
6. <u>Total Number of Pregnancies</u> Code: Same as in Field 5, except 01-28 - As given	17-18
7. <u>FIRST PRODUCT</u> <u>Date of Termination of Pregnancy (cols. 19-22)</u> Item 1 Four-digit code for Month (cols. 19-20) and Year (cols. 21-22) Code: As given 99 - Month and/or year unknown	19-33

* Item numbers refer to Form Dated: 1/59 or Rev. 1/61

DEFINITION OF CODES (Continued)

FORM OB-2
Card 0302-13C2

FIELD

CARD
COLUMN

7. FIRST PRODUCT (continued)

19-33

Weeks of Gestation (cols. 23-24)

Item 2

Code: 01-50 - As given
40 - Term
99 - Unknown

Liveborn (col. 25)

Item 3

Code: 0 - No, Single (includes unknown plurality)
1 - Yes, Single (includes unknown plurality)
2 - No, Multiple
3 - Yes, Multiple
7 - Unknown if Liveborn, single
8 - Unknown if Liveborn, multiple

Sex (col. 26)

Item 5

Code: 1 - Male
2 - Female
3 - Undetermined, Unknown, (Abortion -
Gestation 20 or more weeks)
8 - Not applicable, (Abortion - Gestation
less than 20 weeks)

Type of Delivery (col. 27)

Item 10

Code: 1 - Vaginal (Abortion)
2 - Caesarean
3 - Ectopic delivery, delivery of mole
9 - Unknown

Birthweight (cols. 28-31)

Item 11

Four-digit code for pounds (cols. 28-29) and
ounces (cols. 30-31)

Code: 0001-1515 - As given
99 - Unknown pounds and/or ounces

Child's Age at Death (col. 32)

Item 16

Code: 0 - Child still living
1 - Less than 24 hours
2 - Lived one day through 6 days

DEFINITION OF CODES (Continued)

FORM OB-2
Card 0302-1302

FIELD

CARD
COLUMN

7. FIRST PRODUCT (continued)

19-33

Child's Age at Death (continued) col. 32

- Code: 3 - 7 through 27 days
4 - 28 days through 1 year
5 - After 1 year
6 - Unable to classify, but death occurred in the same month and year as the date of termination of pregnancy
7 - Unable to classify, but death occurred in same year as date of termination of pregnancy
8 - Unable to classify, but known to be dead
9 - Unknown

Place of Birth (col. 33)

Item 12

- Code: 0 - Study Hospital
1 - Other Hospital
2 - Home
8 - Other place
9 - Unknown

8. SECOND PRODUCT

34-48

Code: Same as in Field 7

9. THIRD PRODUCT

49-63

Code: Same as in Field 7

10. FOURTH PRODUCT

64-78

Code: Same as in Field 7

NOTE: If 4 or less prior products are listed, card 0 will record information for each prior product with blanks in appropriate fields.

If more than 4 prior products are listed, cards 2, 3, 4, 5, 6, and 7 will record corresponding information to that on card 1 for each successive set of four prior products, as needed with blanks in appropriate fields.

REPRODUCTIVE HISTORY
FORM OB-2

ITEM #	03 FORM #	FIRST PRODUCT			SECOND PRODUCT			THIRD PRODUCT			FOURTH PRODUCT			
		DATE	BWT	DATE	DATE	BWT	DATE	DATE	BWT	DATE	DATE	BWT		
1	2 354	11	1	1	2 354	11	1	1	2 354	11	1	1	2 354	11
2														
3														
4														
5														
6														
7														
8														
9														
		TOTAL NUMBER OF PRODUCTS			TOTAL NUMBER OF PREGNANCIES									
		CARD #			CARD #									
		0302			0302									
		1302			1302									

* Item numbers refer to form dated: Rev. 1/61
 ** If more than 4 Prior Products card numbers are 1302, 2302, etc., as required.
 0302 card denotes 4 or less Prior Products.

REPRODUCTIVE HISTORY
(For Form OB-2, Dated 1-59)

Instructions for Interviewer

On this form is to be recorded what the gravida knows about her previous pregnancies. The only source of information for OB-2 is to be an interview with the gravida.

All information about previous pregnancies that you may obtain from hospital records, abstracts, etc., should be made available to the obstetrician, who will record it on OB-9.

Disregard item #19, "Informant," since in all cases the informant will be the gravida herself.

If the gravida has had more than 5 pregnancies, use additional sheets. Note this at the bottom of the first sheet and renumber the pregnancies on the next.

With the exception of item #19, for each pregnancy all items should have some notation. This notation should consist of the answer called for, or one of the following:

- None - if no complications or abnormalities.
- UNK - if the answer cannot be determined.
- NA - if the item is not applicable.

Unless otherwise instructed, write all dates numerically in the order month, day, and year, such as 2/24/59.

Twin Pregnancies:

Use a separate column for each child. Correct the pregnancy numbers printed at the top. For the second child, leave blank items # 2, 4, 7, 8, 9, 12, 14, and 15.

Item #1. "Date of Termination of Pregnancy"

Record the month, day and year. If the gravida is in doubt about the exact date, record the most probable date.

Item #2. "Gestation"

The length of gestation should be given in weeks from the LMP to the termination of pregnancy (corrected to the nearest whole week). The average as determined in this manner is 40 weeks.

If the gravida reports a duration in months, multiply the number of months by $4 \frac{1}{3}$ to get the number of weeks. Thus, a 4 month gestation is equal to $17 \frac{1}{3}$ weeks, which should be recorded as 17. (If, however, the gravida reports "9 months," she probably means term, or 40 weeks.)

If the gravida reports a delivery as "three weeks early" or "2 weeks late," add or subtract this number of weeks from 40.

Item #3. "Liveborn"

If a pregnancy lasted less than 20 weeks, there is little probability that the child was born alive. For pregnancies of this or longer duration, however, you should make special effort to distinguish between cases in which the gravida was told that the child was stillborn, those in which it was born alive but immediately expired, and those cases in which the gravida was not told or cannot recall whether the child was live born or not.

Item #4. "D & C"

Make sure the gravida understands the question and write "yes" or "no" in the space.

Item #5. "Sex"

Attempt to determine the sex for all children, whether live or stillborn, at any gestational age.

Item #6. "Name of Child"

For all children born alive, record the first name.

Item #7. "Complications of Pregnancy"

The following types of complications should be noted:

1. Difficulties during pregnancy, such as chronic or infectious disease, bleeding, high blood pressure, and albumin in the urine.
2. Difficulties during labor, such as bleeding, prolonged or difficult labor, or retained placenta.
3. Difficulties after labor, such as post-partum infection or excessive bleeding.

If the patient reports any such complications, record her answer as completely as possible. If there were difficulties during pregnancy, attempt to date them as "early" (first trimester), "middle" (second trimester), or "late" (third trimester).

Item #8. "Induced Labor"

Write "yes" in this box if labor was induced by the patient, a physician, or by any other person, using any drug or procedure. Write "no", if labor started without any interference. If labor was induced, ask "why?" and see that the answer is noted under item #7.

Item #9. "Duration of Labor"

This should not include the third stage. It is expected that the duration of "labor" as reported by the gravida will, in nearly all cases, approximate the duration of the first two stages.

Item #10. "Type of Delivery"

Make sure that the gravida understands the terms you use in asking this question.

Choose the correct term and write the abbreviation in the box. Abbreviate vaginal as "VAG", Cesarean as "CES", Vertex as "VTX", Breech as "BR", Operative as "OP", and Spontaneous as "SPON".

The term "Operative delivery" as commonly used includes procedures that the gravida will not necessarily regard as operative. To guarantee uniformity, ask the gravida "were forceps used when this child was born?" If the answer is yes, write "OP," if no write "SPON," if unknown write "UNK".

Item #11. "Birth Weight"

Record this to the nearest ounce. If there is doubt about the exact weight, select the most probable weight and record it in pounds and ounces.

Item #12. "Place of Birth"

If at home, write "home". If in a hospital, name the hospital. In all cases give the location - city or town and when necessary, state or country.

Item #13. "Abnormalities at Birth"

For pregnancies of less than 20 weeks gestation write "NA" in this space and go on to item #14.

For all other children live or stillborn, ask the patient if there was anything about the child that "wasn't formed right", and record her answer.

For a live born child, ask if it had any difficulty in breathing, need for blood transfusion, etc.

Item #14. "Name of Father"

Record the father's (not necessarily the husband's) first name.

Item #15. "Race of Father"

Record as W, N, OR, PR, or "Other", as on AR-1.

Item #16. "Date of Death"

If the child was stillborn, or if the pregnancy terminated with a miscarriage, or if the child is now alive, write "NA" in the box.

If the child was born alive but is now dead, record the exact date if this is known.

Item #17. "Place of Death"

Write "NA" in this box if it appears for item #16. Otherwise, record the city and if necessary, state in which the death occurred.

Item #18. "Cause of Death"

If "NA" appears in items #16 and #17, write it here also. Otherwise, ask the gravida what caused the child's death. If it was an accident of any sort, record "accident". For other cases attempt to determine the specific cause.

REPRODUCTIVE HISTORY

(Interviewer)

yellow

revised by 1-61 rev.

TAKEN BY	DATE (Mo-Da-Yr)
----------	-----------------

PREGNANCY ORDER:	RECORD PREGNANCIES IN CHRONOLOGICAL ORDER				
	1	2	3	4	5
1. DATE OF TERMINATION OF PREGNANCY					
2. GESTATION (Weeks)					
3. LIVEBORN (Yes or No)					
4. D & C AFTER MISCARRIAGE					
5. SEX (M or F)					
6. NAME OF CHILD					
7. COMPLICATIONS OF PREGNANCY					
8. INDUCED LABOR (Yes or No)					
9. DURATION OF LABOR (Hours)					
10. TYPE OF DELIVERY					
<small> Vaginal Cesarean Vaginal Breech Operative Other </small>					
11. BIRTH WEIGHT (Lbs. - Oz.)					
12. PLACE OF BIRTH	RECORD CITY AND NAME OF HOSPITAL IN SPACE BELOW				
13. ABNORMALITIES AT BIRTH					
14. NAME OF FATHER					
15. RACE OF FATHER					
16. DATE OF DEATH OF CHILD					
17. PLACE OF DEATH					
18. CAUSE OF DEATH					
19. INFORMANT (Where source is hospital records, indicate by "H")					
20. PLACE OF BIRTH (Record City and Name of Hospital)					
1.					
2.					
3.					
4.					
5.					

IF MORE THAN 5 PREGNANCIES, USE ANOTHER FORM.

Follow - Top Page and/or Side Page. (08-2)

OB-3 History Since Last Menstrual Period

Form OB-3 was used to provide details about early pregnancy. Data were obtained through interviews with the gravida. First implemented in January 1959, the form was revised once in November of that year. The order of item numbers was changed and some of the wording was altered during revision. Only one card (number 0303) was used to record the 56,771 records obtained during the study (Table OB-3.1). Titles and items on the card refer to the last revision. For cards coded from the form dated January 1959, item numbers may differ slightly.

TABLE OB-3.1 Cards and Data Records by Revision for Form OB-3

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
OB-3: History Since Last Menstrual Period	0303	0	8,851
		1	47,920
			<hr/> 56,771
	total for form		56,771

Data Items Referencing Form NR-3, History Since Last Menstrual Period

DATA ITEM TO	TFM J4 FJRM	CARD NUM	FROM TO	DATA ITEM NAME
223.....		0303	1	5 Card number (sequence, form type, form number, revision number)
224.....		0303	6	14 MIMP case number
225...-OR-3	4	0303	15	16 Form NR-3 date (MO)
226...-OR-3	4	0303	17	18 Form NR-3 date (DAY)
227...-OR-3	4	0303	19	20 Form NR-3 date (YR)
228...-OR-3	6	0303	21	21 Sick in any way
229...-OR-3	7	0303	22	22 Headache
230...-OR-3	8	0303	23	23 Visual disturbance
231...-OR-3	9	0303	24	24 Weakness; numbness; dizziness
232...-OR-3	10	0303	25	25 Vomiting
233...-OR-3	11	0303	26	26 Pain, abdomen, pelvis, back
234...-OR-3	12	0303	27	27 Urinary urgency; dysuria
235...-OR-3	13	0303	28	28 Diarrhea
236...-OR-3	14	0303	29	29 Cold; sore throat; cough
237...-OR-3	15	0303	30	30 Fever
238...-OR-3	16	0303	31	31 Eye inflammation
239...-OR-3	17	0303	32	32 Rash; skin condition
240...-OR-3	18	0303	33	33 Jaundice
241...-OR-3	19	0303	34	34 Swollen glands
242...-OR-3	20	0303	35	35 Cold sores
243...-OR-3	21	0303	36	36 Swells; abscessed teeth
244...-OR-3	22	0303	37	37 Ears
245...-OR-3	23	0303	38	38 Swelling of feet or legs
246...-OR-3	24	0303	39	39 Swelling of hands or face
247...-OR-3	25	0303	40	40 Vaginal bleeding
248...-OR-3	26	0303	41	41 Fainting
249...-OR-3	27	0303	42	42 Convulsions
250...-OR-3	28	0303	43	43 Accident; poison; injury
251...-OR-3	29	0303	44	44 Operation; surgery
252...-OR-3	30	0303	45	45 Radiation; X-ray
253...-OR-3	31	0303	46	46 Air travel
254...-OR-3	32	0303	47	47 Infection; vaccination
255...-OR-3	33	0303	48	48 Infectious disease at nose
256...-OR-3	34	0303	49	49 Pet in home, sick
257...-OR-3	35	0303	50	50 Warts outside nose
258...-OR-3	36	0303	51	52 Intercourse frequency
259...-OR-3	37	0303	53	53 Smoking history, ever smoked
260...-OR-3	38	0303	54	54 Smoking history, at least 5 packs
261...-OR-3	39	0303	55	55 Smoking history, total years
262...-OR-3	40	0303	56	56 Smoking history, age started
263...-OR-3	41	0303	57	57 Smoking history, age stopped
264...-OR-3	42	0303	61	62 Smoking history, largest daily amount

Data Items Referencing Form 18-3, History Since Last Menstrual Period

DATA ITEM TO	TYPE	CARD NUMBER	FROM TO	DATA ITEM NAME
265...DR-3	43	0303	61	64 Smoking history, number smoked now
266...DR-3	44	0303	65	65 Physician visited
267.....		0303	66	66 Blank
4985...VAR	43		57	53 Smoking history: cigarettes per day now, number
4987...VAR	4		54	56 Prenatal visits, total number
4988...VAR	34		57	58 Smoking history: years smoked at registration
5197...VAR	25		305	305 (Menorrhage): vaginal bleeding by trimester of report
5198...VAR	15		306	306 Fever by trimester of report
5199...VAR	10		307	307 Swelling by trimester of report
5200...VAR	18		308	308 Jaundice by trimester of report
5201...VAR	24		309	309 Edema hands or face by trimester of report
5202...VAR	27		310	310 Convulsions by trimester of report

**HISTORY SINCE LAST
MENSTRUAL PERIOD**

(Interviewer)

3. PREVIOUS TAKEN BY

4. DATE 5. NEXT SCHEDULED VISIT

No. Day Year No. Day Year

CHECK
APPROPRIATE
COLUMN

6. LIST BY NUMBER AND DESCRIBE ANY CONDITION NOTED
PRESENT AT LEFT WITH APPROXIMATE DATE OF ONSET,
DURATION AND SEVERITY.

	CHECK APPROPRIATE COLUMN	
	NO 0	YES 1
6. FELT SICK IN ANY WAY	X	X
7. HEADACHE		
8. VISUAL DISTURBANCE		
9. HEARINGS, MURMURS, BIZZING		
10. VOMITING		
11. PAIN: ABDOMEN, PELVIS, BACK		
12. URINARY URGENCY, DYSURIA		
13. DIARRHEA		
14. COLD, SORE THROAT, COUGH		
15. FEVER		
16. EYE INFLAMMATION		
17. RASH OR SKIN TROUBLE		
18. JAUNDICE		
19. SWOLLEN GLANDS		
20. COLD SORES		
21. SORES OR ABSCESSES TOOTH		
22. EARACHE		
23. SWELLING OF FOOT OR LEGS		
24. SWELLING OF HANDS OR FACE		
25. VAGINAL BLEEDING		
26. FAINTING		
27. CONVULSIONS		
28. ACCIDENT, POISON, INJURY		
29. OPERATION		
30. RADIATION, X-RAY		
31. AIR TRAVEL		
32. INJECTION, VACCINATION		
33. INFECTIOUS DISEASE IN HOME		
34. SICK PET IN HOME		
35. WORKS OUTSIDE HOME		

36. INTERCOURSE FREQUENCY
(Total number of acts during last month)

37. EVER SMOKED <input type="checkbox"/> YES <input type="checkbox"/> NO OR	38. SMOKES AT LEAST 5 PAGES <input type="checkbox"/> YES <input type="checkbox"/> NO OR	39. TOTAL YEARS SMOKED
40. AGE STARTED	41. AGE STOPPED	42. LARGEST REGULAR DAILY AMOUNT

43. NO. OF CIGARETTES SMOKED PER DAY NOW

44. PHYSICIAN VISITED (not to be completed) NO YES

45. NAME OF PHYSICIAN

46. ADDRESS

Form Item Numbers linked to Data Items on NB-3, History Since Last Menstrual Period

ITEM NB FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
4	226...NB-3	0303	17	18	Form NB-3 date (day)
4	225...NB-3	0303	15	16	Form NB-3 date (mo)
4	227...NB-3	0303	19	20	Form NB-3 date (yr)
4	4987...VAR		55	56	Prenatal visits, total number
6	228...NB-3	0303	21	21	Sick in any way
7	229...NB-3	0303	22	22	Headache
8	230...NB-3	0303	23	23	Visual disturbance
9	231...NB-3	0303	24	24	Weakness; numbness; dizziness
10	232...NB-3	0303	25	25	Vomiting
10	5199...VAR		307	307	Vomiting by trimester of report
11	233...NB-3	0303	26	26	Pain, abdomen, neck, back
12	234...NB-3	0303	27	27	Urinary urgency; dysuria
13	235...NB-3	0303	28	28	Diarrhea
14	236...NB-3	0303	29	29	Cold; sore throat; cough
15	237...NB-3	0303	30	30	Fever
15	5198...VAR		306	306	Fever by trimester of report
16	238...NB-3	0303	31	31	Eye inflammation
17	239...NB-3	0303	32	32	Rash; skin condition
18	240...NB-3	0303	33	33	Jaundice
18	5200...VAR		308	308	Jaundice by trimester of report
19	241...NB-3	0303	34	34	Swollen glands
20	242...NB-3	0303	35	35	Cold sores
21	243...NB-3	0303	36	36	Bolus; abscessed teeth
22	244...NB-3	0303	37	37	Eradache
23	245...NB-3	0303	38	38	Swelling of feet or legs
24	5201...VAR		309	309	Edema hands or face by trimester of report
24	246...NB-3	0303	39	39	Swelling of hands or face
25	5197...VAR		305	305	Hemorrhage; vaginal bleeding by trimester of report
25	247...NB-3	0303	40	40	Vaginal bleeding
26	248...NB-3	0303	41	41	Fainting
27	249...NB-3	0303	42	42	Convulsions
27	5202...VAR		310	310	Convulsions by trimester of report
28	250...NB-3	0303	43	43	Accident; poison; injury
29	251...NB-3	0303	44	44	Operation; surgery
30	252...NB-3	0303	45	45	Radiation; X-ray
31	253...NB-3	0303	46	46	Air travel
32	254...NB-3	0303	47	47	Injection; vaccination
33	255...NB-3	0303	48	48	Infectious disease at home
34	256...NB-3	0303	49	49	Pet in home; sick
35	257...NB-3	0303	50	50	Works outside home
36	258...NB-3	0303	51	52	Intercourse frequency
37	259...NB-3	0303	53	53	Smoking history, ever smoked

Form Item Numbers Linked to Data Items on OB-3, History Since Last Menstrual Period

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
38	260...OB-3	0303	54	54	Smoking history, at least 5 packs
39	261...OB-3	0303	55	56	Smoking history, total years
39	4988...VAR		57	58	Smoking history, years smoked at registration
40	262...OB-3	0303	57	59	Smoking history, age started
41	263...OB-3	0303	59	60	Smoking history, age stopped
42	264...OB-3	0303	61	62	Smoking history, largest daily amount
43	265...OB-3	0303	63	64	Smoking history, number smoked now
43	4985...VAR		57	53	Smoking history, cigarettes per day now, number
44	266...OB-3	0303	65	65	Physician visited

**DEFINITION OF CODES
HISTORY SINCE LAST MENSTRUAL PERIOD
FORM OB-3 CARD 0303**

<u>FIELD</u>	<u>CARD COLUMNS</u>
1. <u>Card Number</u> Code: 0	1
2. <u>Form Number</u> Code: 303	2-4
3. <u>Revision Number *</u> Code: 0 - Form Dated: 1/59 1 - Form Dated: Rev. 11/59	5
4. <u>NINDB Number</u> Nine-digit number for Patient Identification Code: As given	6-14
5. <u>Date Form Completed</u> Item 4 Six-digit code for month (cols. 15-16), day (cols. 17-18) and year (cols. 19-20) Code: As given 99 - Month, day and/or year unknown	15-20
6. <u>Felt Sick in Any Way</u> Item 6 Code: 0 - No 1 - Yes 7 - Not reported on Rev. "1" 8 - Questionable 9 - Unknown	21
7. <u>Headache</u> Item 7 Code: 0 - No 1 - Yes 8 - Questionable 9 - Unknown	22
8. <u>Visual Disturbance</u> Item 8 Code: Same as in Field 7	23

* Item numbers refer to Form dated 11/59

DEFINITION OF CODES (Continued)

FORM OB-3
Card 0303

<u>FIELD</u>		<u>CARD COLUMN</u>
20.	<u>Cold Sores</u> Item 20 Code: Same as in Field 7	35
21.	<u>Boils or Abscessed Teeth</u> Item 21 Code: Same as in Field 7	36
22.	<u>Earache</u> Item 22 Code: Same as in Field 7	37
23.	<u>Swelling of Feet or Legs</u> Item 23 Code: Same as in Field 7	38
24.	<u>Swelling of Hands or Face</u> Item 24 Code: Same as in Field 7	39
25.	<u>Vaginal Bleeding</u> Item 25 Code: Same as in Field 7	40
26.	<u>Fainting</u> Item 26 Code: Same as in Field 7	41
27.	<u>Convulsions</u> Item 27 Code: Same as in Field 7	42
28.	<u>Accident, Poison, Injury</u> Item 28 Code: Same as in Field 7	43
29.	<u>Operation</u> Item 29 Code: Same as in Field 7	44
30.	<u>Radiation, X-Ray</u> Item 30 Code: Same as in Field 7	45
31.	<u>Air Travel</u> Item 31 Code: Same as in Field 7	46

DEFINITION OF CODES (Continued)

FORM OB-3
Card 0303

<u>FIELD</u>		<u>CARD COLUMN</u>
9.	<u>Weakness, Numbness, Dizziness</u> Item 9 Code: Same as in Field 7	24
10.	<u>Vomiting</u> Item 10 Code: Same as in Field 7	25
11.	<u>Pain: Abdomen, Pelvis, Back</u> Item 11 Code: Same as in Field 7	26
12.	<u>Urinary Urgency, Dysuria</u> Item 12 Code: Same as in Field 7	27
13.	<u>Diarrhea</u> Item 13 Code: Same as in Field 7	28
14.	<u>Cold, Sore Throat, Cough</u> Item 14 Code: Same as in Field 7	29
15.	<u>Fever</u> Item 15 Code: Same as in Field 7	30
16.	<u>Eye Inflammation</u> Item 16 Code: Same as in Field 7	31
17.	<u>Rash or Skin Trouble</u> Item 17 Code: Same as in Field 7	32
18.	<u>Jaundice</u> Item 18 Code: Same as in Field 7	33
19.	<u>Swollen Glands</u> Item 19 Code: Same as in Field 7	34

DEFINITION OF CODES (Continued)

FORM OB-3
Card 0303

FIELD

CARD
COLUMN

32.	<u>Injection, Vaccination</u> Item 32 Code: Same as in Field 7	47
33.	<u>Infectious Disease in Home</u> Item 33 Code: Same as in Field 7	48
34.	<u>Sick Pet in Home</u> Item 34 Code: Same as in Field 7	49
35.	<u>Works Outside Home</u> Item 35 Code: Same as in Field 7	50
36.	<u>Intercourse Frequency</u> Item 36 Code for Rev. "0": 00 - None 01-98 - Number of times per week as given 99 - Unknown Code for Rev. "1": 00 - None 01-78 - Number of times per month as given 79 - 79 or more 80 - Less than once a month 88 - Frequently, innumerable 99 - Unknown	51-52
<p><u>Note:</u> Rev. 1 - Use codes 89-98 as 79 or more in tabulations. Frequencies for "0" and "1" revision <u>cannot be combined.</u></p>		
37.	<u>Ever Smoked</u> Item 37 Code: 0 - No 1 - Yes 9 - Unknown	53
38.	<u>Smoked at Least 5 Packs</u> Item 38 Code: 0 - No, never smoked 1 - Yes 9 - Unknown	54

DEFINITION OF CODES (Continued)

FORM OB-3
Card 0303

FIELD

**CARD
COLUMN**

39. Total Years Smoked 55-56
Item 39
Code: 00 - Never smoked
01-50 - As given
80 - Smoked less than 6 months
88 - Duration unknown (started and stopped
in same year and smoked less than
5 packs)
99 - Unknown
40. Age Started Smoking 57-58
Item 40
Code: 00 - Never smoked
01-58 - As given
99 - Unknown
41. Age Stopped 59-60
Item 41
Code: 00 - Never smoked
01-58 - As given
88 - Still smoking
99 - Unknown
42. Largest Regular Daily Amount 61-62
Item 42
Code: 00 - Never smoked, none
01-60 - Number of cigarettes smoked
per day as given
61 - 61 cigarettes or more per day
70 - Regular smoker but less than 1
cigarette per day
80 - Irregular smoker, less than 4
cigarettes per month
99 - Unknown
43. Number Per Day Now 63-64
Item 43
Code: Same as in Field 42
44. Physician Visited 65
Item 44
Code: 0 - No
1 - Yes
9 - Unknown

HISTORY SINCE LAST MENSTRUAL PERIOD
FORM OB-3

ITEM #	DATE	DESCRIPTION	AMOUNT	REMARKS
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* Item numbers refer to form dated: Rev. 11/59

HISTORY SINCE LAST MENSTRUAL PERIOD
(For Form OB-3, Revised 11-59)

Instructions for Interviewer

The period of early pregnancy is one of great importance in determining the fate of the child. Infectious disease, radiation, and conditions that interfere with maternal oxygenation such as anesthesia, shock and poisoning may damage the fetus. Recent studies indicate that mere exposure to certain diseases of humans or animals may also be significant, even though the mother has no symptoms of illness herself.

It is important, therefore, to discover as much about the period of early pregnancy as is possible. The information that you obtain on this form should be as complete and accurate as the gravida's memory and your skill as an interviewer can make it.

Dates of events in early pregnancy are especially meaningful, since these can be correlated with certain types of damage to the developing child. You should make every attempt to fix the dates of symptoms and unusual events with accuracy. For every symptom that the gravida reports, give the date of onset, if it is known. If the gravida is in doubt, give the earliest and latest dates on which it is probable that the onset occurred. Thus, your comments might be:

15. Fever. Onset 5-14-59. Duration 2 days. Patient states "not high." With cough.

or

15. Fever. Onset between 5-12 and 5-16-59. Duration 2 or 3 days. Morning and evening only.

Since all times of events will be treated as dates, you should not report symptom as occurring in the "first week of March" or "4th week of pregnancy." Instead, consult a calendar and record the dates as "Between 3-01-59 and 3-07-59," etc.

This form is substantially the same as OB-8 (Repeat Prenatal History). General comments on OB-3 apply also to OB-8.

The form has two purposes: To serve as a primary source of coded data and to furnish the obstetrician with the information that will help him evaluate the patient's medical experience. Therefore, you should make every attempt to include all details that may be important to the physician, yet at the same time follow closely the instructions regarding the way in which data are to be recorded.

Identify yourself by placing your first and last name in the box headed "This History Taken By." Record the date of this interview and of the next scheduled visit. Throughout, all dates must be written using numbers in the order month-day-year, (as for example 10-21-59 or 4-07-60).

Every item from 6 to 35 must be checked either "yes" or "no". Each item that is checked "yes" should have a description on the right hand side of the page. Each of these descriptions should be preceded by the item number to which it applies. Be sure to date the onset as accurately as possible.

February 1959
(For Forms in Use April 1961)

HISTORY SINCE LAST MENSTRUAL PERIOD (Con't.)

Item #6 "Felt Sick in Any Way"

This is a general probing question which will elicit symptoms of illness that have not been anticipated in items 7 through 27. If the patient reports that she has felt sick, place a check (✓) in the "Yes" column and have her describe her symptoms in detail. If she mentions any symptom listed, place a check in the "yes" column opposite that symptom. If she mentions other symptoms, list them on the right hand side of the paper.

Continue down the list asking about each symptom or event that you have not checked in the "yes" column.

If the patient reports that she has not felt sick, place a check in the "no" column, and continue down the list asking about each symptom in turn.

Item #15 "Fever"

If the patient states that she had fever, with or without other symptoms, inquire carefully into this. Fix the dates of onset and duration as closely as you can. Record the maximum temperature reached, if the patient knows this, or describe the fever as "mild", "moderate" or "high". Note any unusual feature, such as intermittent fever.

Item #23 "Swelling of Feet or Legs"

Item #24 "Swelling of Hands or Face"

Swelling or edema is an early sign of possible pregnancy complication. If the patient gives a positive history, note the extent and severity as well as the date of onset, whether still present, etc.

Item #25 "Vaginal Bleeding"

If the patient has had any vaginal bleeding since the last normal menstrual period (this is the date that appears on form AR-1 and in Item #11 on OB-4) have her describe it fully. In addition to the comment required for all positive items, record bleeding as "show" or "free". "Show" is slight and intermittent bleeding, also known as "Spotting", and should require no more than one pad per day. "Free" bleeding is any amount in excess of this, or any continuous bleeding. "Free" bleeding is not necessarily profuse.

Items #26 and #27 "Fainting" and "Convulsions"

If present, inquire also about associated symptoms and the duration of the attack. Attempt to find out if the attack brought about any physical injury, such as a fall or blow on the head. If so, check "yes" for the next item, #28.

Item #28 "Accident, Poison, Injury"

If an accident, note the type of accident as well as the kind of injuries that resulted. Give all possible detail that will help to establish the importance of the accident as far as the pregnancy is concerned.

Poisons include such toxic substances as carbon tetrachloride, dusts, and fumes, as well as the more usual ingested substances. Describe the symptoms

HISTORY SINCE LAST MENSTRUAL PERIOD (Con't.)

carefully.

If the patient has suffered an injury, give the site and extent. Note any complications of the healing process.

Item #29 "Operation"

Attempt to provide answers to the following questions, in addition to date:

1. Hospital in which performed (if not in hospital, so note).
2. What was the condition necessitating the operation?
3. What operative procedure was done?
4. Was anesthesia given? If so, was it local or general?

Item #30 "Radiation, X-Ray"

If an examination, note the type of examination and attempt to determine why it was done. If the patient has had therapeutic x-ray, record the site and reason if this can be determined. Also note the hospital in which such treatment was received or the physician who gave it (see Item #44).

Item #31 "Air Travel"

Do not record any air travel that occurred prior to the last normal menstrual period. If the patient has traveled by air since that time, give the dates of all flights and the points of departure and destinations.

Item #32 "Injection, Vaccination"

Record the date, the substance (if known) and the reason for the injection or vaccination as best determined by you.

Item #33 "Infectious Disease in Home"

This item attempts to establish any close contact that the gravida may have had with acute infectious diseases, particularly those of virus etiology. Inquire about any illness of anyone in the gravida's household. Attempt to answer the following questions:

1. What is the relationship of persons ill?
2. Was a doctor consulted?
3. If he made a diagnosis, what was it? Otherwise, what does the gravida think it was?
4. What were the principal symptoms?
5. What was the date of onset and duration for each person ill?

Item #34 "Sick Pet in Home"

Exposure to diseases of animals may be of significance in the etiology of pregnancy wastage. It is desirable to have a record of all close contact by the gravida with warm-blooded animals (i.e. birds and mammals). Do not

February 1959
(For Forms in Use April 1961)

HISTORY SINCE LAST MENSTRUAL PERIOD (Con't.)

record contact with reptiles, amphibians, or fish.

At this interview, list all types of warm-blooded animals that are kept in the gravida's home as pets, or on the premises as farm animals.

Ask if any household pet has shown any signs of illness since the gravida's last menstrual period. If so, check "yes" and record the symptoms, date of onset and duration, as you would for a member of the family. If no pet has been sick, check "no".

Item #35 "Works Outside Home"

If the patient has done any work other than at home, whether paid or voluntary, check "yes". Attempt to answer the following questions:

1. What is the industry?
2. What is the gravida's specific job?
3. Are there any special occupational hazards, such as fumes, noise, infection? (Do not record hazards that may only cause accidents).
4. If the gravida was not working when she became pregnant, when did she start?
5. If she is not now working, when did she stop?

Item #36 "Intercourse Frequency"

Ask the gravida how many times during the last month she (at the time of this interview) has had intercourse and record this number.

Items #37 through #43 "Smoking History"

Ask the patient if she has ever smoked. If she has not, check "no" in item #37 and place a 0 (zero) in item #43. Items #38 through #42 need not be filled in.

If the gravida has ever smoked, check "yes" in item #37 and ask all the questions on smoking.

Item #38 should be checked "yes" if the gravida has during her lifetime smoked a total of five packs of cigarettes.

Items #44 and #45 "Physician Visited"

If the gravida has seen a physician since her last menstrual period, the name and address should be given. Try to identify each physician so that he may be contacted by letter or telephone.

If the patient has attended a clinic, the name and address of the clinic is sufficient.

February 1959
(For Forms in Use April 1961)

HISTORY SINCE LAST MENSTRUAL PERIOD *yellow*
(historical)

suspended by 11-59 ser.

HISTORY TAKEN BY

DATE (Mo-Day-Yr) DATE NEXT SCHEDULED VISIT

	CHECK APPROPRIATE COLUMN	
	NO	YES
1. FELT SICK IN ANY WAY		
2. HEADACHE		
3. VISUAL DISTURBANCE		
4. WEARINESS, HUMNESS, DIZZINESS		
5. NAUSEA OR VOMITING		
6. PAIN, ABDOMEN, PELVIS, BACK		
7. URINARY URGENCY, DYSURIA		
8. DIARRHEA		
9. COLD, SORE THROAT, COUGH		
10. FEVER		
11. EYE INFLAMMATION		
12. RASH OR SKIN TROUBLE		
13. JAUNDICE		
14. SWOLLEN GLANDS		
15. COLD SORES		
16. SORES OR ABSCESSSED TEETH		
17. EARACHE		
18. SWELLING OF FEET OR LEGS		
19. SWELLING OF HANDS OR FACE		
20. HEMORRHOIDS		
21. FANTING		
22. CONVULSIONS		
23. ACCIDENT, POISON, INJURY		
24. OPERATION		
25. RADIATION, X-RAY		
26. AIR TRAVEL		
27. INJECTION, VACCINATION		
28. ILLNESS IN HOME		
29. PET IN HOME, PET SICK		
30. VISITS OUTSIDE HOME		

LIST BY NUMBER AND DESCRIBE ANY CONDITION NOTED PRESENT AT LEFT WITH APPROXIMATE DATE OF ONSET, DURATION AND SEVERITY

31. INTERCOURSE FREQUENCY WEEKLY

32. EVER MARRIED 33. AGE STARTED 34. AGE STOPPED

Yes No Yes No Yes No

35. BIRTH YEARS 36. BIRTH PLACE 37. CURRENT RESIDENCE

Yes No Yes No Yes No

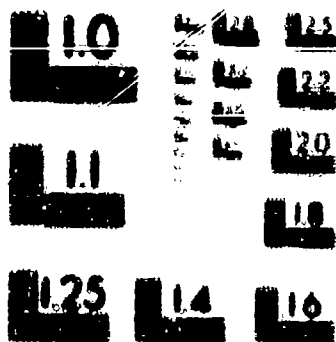
38. NO. OF CIGARETTES SMOKED PER DAY NOW

PHYSICIAN VISITED (Name by consultant)

39. NAME

40. ADDRESS

John. Top. B. J.



RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS-1963-A
10X
U.S. GOVERNMENT PRINTING OFFICE: 1963

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THE NATIONAL ARCHIVES OF THE UNITED STATES

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★ 1934 ★

OB-4 Gynecological History

Form OB-4 was used to record information about the gravida's menstrual history, including unusual features, pain and sterility. The form was first implemented in January 1959; revisions to the form occurred once in November 1959. Revision affected the form by altering itemization only.

TABLE OB-4.1 Cards and Data Records by Revision for Form OB-4

Card Name	Card Number	Rev. No.	Number Records
OB-4: Gynecological History	0304	1	56,798
	total for form		56,798

Data Items Referencing Form OB-4, Gynecological History

DATA ITEM ID	ITEM DN	FORM	CARD NUM	FROM	TO	DATA ITEM NAME
268.....			0304	1	5	Card number (sequence, form type, form number, revision number)
269.....			0304	6	14	MINOB case number
270...OR-4	4		0304	15	16	Form OB-4 date (mo)
271...OR-4	4		0304	17	18	Form OB-4 date (day)
272...JA-4	4		0304	19	20	Form OB-4 date (yr)
273...LA-4	6		0304	21	22	Menarche; age at onset of menstruation
274...OR-4	7		0304	23	24	Menstrual period duration
275...OR-4	8		0304	25	26	Menstrual period usual interval, minimum
276...OR-4	8		0304	27	28	Menstrual period usual interval, maximum
277...OR-4	9		0304	29	29	Menstrual period, amount of flow
278...OR-4	10		0304	30	30	Menstrual history, unusual features
279...OR-4	11		0304	31	31	Menstrual history; LMP, type of entry
280...OR-4	11		0304	32	33	Menstrual history; LMP, first day (mo)
281...OR-4	11		0304	34	35	Menstrual history; LMP, first day (day)
282...OR-4	11		0304	36	37	Menstrual history; LMP, first day (yr)
283...OR-4	12		0304	38	39	Menstrual history; PMP, first day (mo)
284...OR-4	12		0304	40	41	Menstrual history; PMP, first day (day)
285...OR-4	12		0304	42	43	Menstrual history; PMP, first day (yr)
286...OR-4	12		0304	44	44	Menstrual history; PMP, type of entry
287...OR-4	14		0304	45	65	Dysmenorrhea
288...OR-4	16		0304	46	46	Fertility, patient trying to become pregnant
289...OR-4	17		0304	47	48	Fertility, months to become pregnant
290...OR-4	18		0304	49	49	Fertility; contraceptive use, usual
291...OR-4	19		0304	50	50	Fertility; contraceptive use at conception
292...OR-4	20		0304	51	51	Fertility; contraceptive type used, diaaphragm
293...OR-4	20		0304	52	52	Fertility; contraceptive type used, condom
294...OR-4	20		0304	53	53	Fertility; contraceptive type used, jelly
295...OR-4	20		0304	54	54	Fertility; contraceptive type used, vaginal suppository
296...OR-4	20		0304	55	55	Fertility; contraceptive type used, coitus interruptus
297...OR-4	20		0304	56	56	Fertility; contraceptive type used, douche
298...OR-4	20		0304	57	57	Fertility; contraceptive type used, rhythm
299...OR-4	20		0304	58	58	Fertility; contraceptive type used, oral contraceptives
300...OR-4	20		0304	59	59	Fertility; contraceptive type used, intrauterine ring
301...OR-4	20		0304	60	60	Fertility; contraceptive type used, other contraceptives
302...OR-4	21		0304	61	61	Fertility; sterility investigation
303.....			0304	62	80	Blank
4989.....VAR	11			59	64	Menstrual period; LMP, first day (mo/day/yr)
4990.....VAR	12			65	70	Menstrual period; PMP, first day (mo/day/yr)
4991.....VAR	17			71	72	Fertility, length of time to become pregnant
4992.....VAR	21			73	73	Sterility investigation
5203.....VAR	14			311	311	Dysmenorrhea
5204.....VAR	6			312	313	Menarche; age at onset of menstruation (yrs)

Data Items Referencing Form NB-4, Gynecological History

DATA	ITEM	CARD	FROM	TO	DATA ITEM NAME
------	------	------	------	----	----------------

5205.....VAR	JW	314	314		Menstrual cycle, unusual interval
5920.....VAR	FORM	1101	1102		Gestation at delivery (wks)

GYNECOLOGICAL HISTORY

(Interviewer)

2. HISTORY TAKEN BY _____

3. TITLE OR POSITION _____

4. DATE _____

No.	Day	Year

1. PATIENT IDENTIFICATION

5. MENSTRUAL HISTORY

6. AGE AT ONSET _____

7. DURATION _____

8. USUAL INTERVAL _____

9. AMOUNT AS DESCRIBED BY GRAVIDA

1 HEAVY

2 MEDIUM

3 LIGHT

10. UNUSUAL FEATURES OF MENSTRUAL PERIOD

0 NONE

1 YES (Describe)

11. FIRST DAY OF LAST NORMAL MENSTRUAL PERIOD _____

12. FIRST DAY OF PREVIOUS MENSTRUAL PERIOD _____

13. EXPECTED DATE OF CONFINEMENT _____

14. DYSMENORRHEA

0 NONE (If no discomfort noted)

1 SLIGHT (If discomfort noted but no medication is required)

2 MODERATE (If discomfort requires medication but patient continues with usual activities)

3 SEVERE (If patient has to be in bed or away from regular employment for one day)

19. FERTILITY

16. HAVE YOU BEEN TRYING TO BECOME PREGNANT?

NO

YES

17. IF YES, HOW LONG DID IT TAKE YOU TO BECOME PREGNANT?

_____ MONTHS

18. IF NO, DO YOU USUALLY USE A CONTRACEPTIVE?

0 NO

1 YES

19. WERE YOU USING A CONTRACEPTIVE AT THE TIME YOU BECAME PREGNANT?

0 NO

1 YES

20. IF YES, WHAT CONTRACEPTIVE WERE YOU USING? (Check all applicable)

1 DIAPHRAGM

2 CONDOM

3 JELLY

4 VAGINAL SUPPOSITORY

5 COITUS INTERRUPTUS (Withdrawal)

6 OTHER (Describe)

21. STERILITY INVESTIGATION

0 NONE

1 YES (Describe)

Form Item Numbers linked to Data Items on OB-4, Gynecological History

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
0	5205....VAR		314	314	Menstrual cycle, unusual interval
4	5920....VAR		1101	1102	Gestation at delivery (wks)
4	271....OB-4 0304		17	18	Form OB-4 date (day)
4	270....OB-4 0304		15	16	Form OB-4 date (mo)
4	272....OB-4 0304		19	20	Form OB-4 date (yr)
6	273....OB-4 0304		21	22	Menarche; age at onset of menstruation (yrs)
6	5204....VAR		312	313	Menarche; age at onset of menstruation (yrs)
7	274....OB-4 0304		23	24	Menstrual period duration
8	276....OB-4 0304		27	28	Menstrual period usual interval, maximum
8	275....OB-4 0304		25	26	Menstrual period usual interval, minimum
9	277....OB-4 0304		29	29	Menstrual period, amount of flow
10	278....OB-4 0304		30	30	Menstrual history, unusual features
11	281....OB-4 0304		34	35	Menstrual history; LMP, first day (day)
11	280....OB-4 0304		32	33	Menstrual history; LMP, first day (mo)
11	282....OB-4 0304		36	37	Menstrual history; LMP, first day (yr)
11	279....OB-4 0304		31	31	Menstrual period; LMP, type of entry
11	4989....VAR		59	64	Menstrual history; LMP, first day (mo/day/yr)
12	284....OB-4 0304		40	41	Menstrual history; PMP, first day (day)
12	283....OB-4 0304		38	39	Menstrual history; PMP, first day (mo)
12	285....OB-4 0304		42	43	Menstrual history; PMP, first day (yr)
12	286....OB-4 0304		44	44	Menstrual history; PMP, first day (yr)
12	4990....VAR		65	70	Menstrual period; PMP, type of entry
14	287....OB-4 0304		45	45	Dysmenorrhea
14	5203....VAR		311	311	Dysmenorrhea
16	288....OB-4 0304		46	46	Fertility, patient trying to become pregnant
17	4991....VAR		71	72	Fertility, length of time to become pregnant
17	289....OB-4 0304		47	48	Fertility, months to become pregnant
18	290....OB-4 0304		49	49	Fertility; contraceptive use, usual
19	291....OB-4 0304		50	50	Fertility; contraceptive use at conception
20	296....OB-4 0304		54	55	Fertility; contraceptive type used, condom
20	293....OB-4 0304		52	52	Fertility; contraceptive type used, coitus interruptus
20	292....OB-4 0304		51	51	Fertility; contraceptive type used, diaphragm
20	297....OB-4 0304		56	56	Fertility; contraceptive type used, douche
20	300....OB-4 0304		59	59	Fertility; contraceptive type used, intrauterine ring
20	294....OB-4 0304		53	53	Fertility; contraceptive type used, jelly
20	298....OB-4 0304		58	58	Fertility; contraceptive type used, oral contraceptives
20	301....OB-4 0304		60	60	Fertility; contraceptive type used, other contraceptives
20	298....OB-4 0304		57	57	Fertility; contraceptive type used, rhythm
20	295....OB-4 0304		54	54	Fertility; contraceptive type used, vaginal suppository
21	302....OB-4 0304		61	61	Fertility; sterility investigation
21	4992....VAR		73	73	Sterility investigation

DEFINITION OF CODES
 GYNECOLOGICAL HISTORY
 FORM OB-4 CARD 03041

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 0	1
2. <u>Form Number</u> Code: 304	2-4
3. <u>Revision Number*</u> Code: 1 - Form Dated: 1/59 or Rev. 11/59	5
4. <u>NINDB Number</u> Nine-digit number for Patient Identification Code: As given	6-14
5. <u>Date Form Completed</u> Item 4 Six-digit code for month (cols. 15-16), day (cols. 17-18) and year (cols. 19-20) Code: As given 99 - Month, day and/or year unknown	15-20
6. <u>Age At Onset</u> Item 6 Code: **00 - Never menstruated 08-25 - As given 99 - Unknown	21-22
7. <u>Duration of Menses</u> Item 7 Two-digit code for Lowest (col. 23) and Highest (col. 24) Code for each column: 0 - Never menstruated 1-7 - Number of days as given 8 - 8 or more days, irregular 9 - Unknown	04-07, 26 23-24

Note: 00 - Never menstruated; 89 - Irregular; 99 - Unknown

* Item numbers refer to Form Dated 11/59

DEFINITION OF CODES (Continued)

FORM OB-4
Card 030+1

<u>FIELD</u>	<u>CARD COLUMN</u>
<p>8. <u>Usual Interval</u> Item 8 Four-digit code for Lowest (cols. 25-26) and Highest (cols. 27-28) Code for each column: 00 - Never menstruated 01-86 - Number of days as given 87 - 87 days or more 88 - Irregular 99 - Unknown</p>	25-28
<p>9. <u>Amount of Flow</u> Item 9 Code: 1 - Heavy 2 - Medium 3 - Light 8 - Irregular 9 - Unknown</p>	29
<p>10. <u>Unusual Features</u> Item 10 Code: 0 - None 1 - More than one period a month 2 - Skipped or missed one or more menstrual periods regularly 3 - Combination of codes 1 and 2 4 - Irregular 5 - Combination of codes 1 and 4 6 - Combination of codes 2 and 4 7 - Amenorrhea 8 - Spotting or staining between menstrual periods 9 - Unknown</p>	30
<p>11. <u>Type of Entry: IMP</u> Code: 0 - One specific day reported for IMP 1 - Day of IMP reported as a range of 7 days or less 2 - Day of IMP reported as a range of 8 or more days 3 - Any portion of or entire date questioned 4 - Two IMP dates reported by gravida 5 - Two IMP dates reported - one by gravida and one by hospital editor 6 - Non-numerical entries 7 - Termination of last pregnancy 9 - Unknown</p>	31

DEFINITION OF CODES (Continued)

FORM OB-4
Card 03041

FIELD

CARD
COLUMN

12. IMP, First Day
Item 11
Six-digit code for Month (cols. 32-33), Day (cols. 34-35) and Year (cols. 36-37)
Code: As given
000000 - Never Menstruated
777777 - None since last delivery
99 - Month, day and/or year unknown
Supplemental code for day:
04 - Early, beginning of month, first week
11 - Second week
16 - Middle
20 - Third week
27 - Last week, end of month, late
13. FMP, First Day
Item 12
Six-digit code for Month (cols. 38-39), Day (cols. 40-41) and Year (cols. 42-43)
Code: Same as in Field 12
14. Type of Entry: FMP
Code: Same as in Field 11
15. Dysmenorrhea
Item 14
Code: 0 - None
1 - Slight
2 - Moderate
3 - Severe
8 - Irregular
9 - Unknown
16. Trying to Become Pregnant
Item 16
Code: 0 - No
1 - Yes
2 - Unconcerned
9 - Unknown
17. Months to Become Pregnant
Item 17
Code: 00 - Not applicable, not trying
01-97 - As given
98 - 98 months or more
99 - Unknown

DEFINITION OF CODES (Continued)

FORM OB-4
Card 03041

<u>FIELD</u>	<u>CARD COLUMN</u>
18. <u>Usual Contraceptive Use</u> Item 18 Code: 0 - No 1 - Yes 2 - Occasionally 9 - Unknown	49
19. <u>Contraceptive Used at Conception</u> Item 19 Code: 0 - No, not applicable 1 - Yes 9 - Unknown	50
20. <u>Type of Contraceptive</u> Item 20 Ten-digit code for: <u>Diaphragm</u> (col. 51) <u>Condom</u> (col. 52) <u>Jelly</u> (col. 53) <u>Vaginal Suppository</u> (col. 54) <u>Coitus Interruptus</u> (col. 55) <u>Douche</u> (col. 56) <u>Rhythm</u> (col. 57) <u>Oral Contraceptive</u> (col. 58) <u>Intra-Uterine Ring</u> (col. 59) <u>Other</u> (col. 60) Code for each column: 0 - Not used 1 - Used 9 - Unknown	51-60
21. <u>Sterility Investigation</u> Item 21 Code: Same as in Field 19	61

GYNECOLOGICAL HISTORY
FORM OB-4

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
ITEM # ON FORM #		1459		6		8		11		12		19		20		BLANK																																																																																			
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TYPE USED		11/59		10/59		9/59		8/59		7/59		6/59		5/59																																																																																					

* Item numbers refer to form dated: Rev. 11/59

GYNECOLOGICAL HISTORY
(For Form OB-4, Revised 11-59)

Instructions for Interviewer

In Item #2 "History Taken By", record your first and last name. Do not write in the small box following. In Item #3 "Title or Position" record your official title, such as "lay interviewer", "Nurse interviewer", "social worker", etc. In Item #4 labeled "Date", record the date this information was obtained in the manner designated: month, day, and year (11/22/59).

Item #5 MENSTRUAL HISTORY

Item #6 "Age at Onset"

Record the age (at her last birthday) at which the patient's menstrual periods began.

Item #7 "Duration"

Record the average number of days the patient's menstrual periods usually last.

Item #8 "Usual Interval"

Record the average number of days from the first day of one menstrual period to the first day of the next period.

Item #9 "Amount as Described by Gravida"

It is assumed that most women are aware whether the amount of their menstrual bleeding is greater or less than that of most other women. Ask the patient whether in her opinion she bleeds more than most other women at the time of her periods, less than other women, or about the same. If she states she bleeds more, record as "heavy"; if she bleeds about the same, record as "medium"; if she bleeds less, record "light".

Item #10 "Unusual Features of Menstrual Period"

Do not include dysmenorrhea (pain or discomfort with the menstrual period) under unusual features. This will be considered under Item #14. Unusual features of the menstrual period should include gross variations in the duration of flow and in the interval between periods, or any other feature which the patient thinks is unusual.

Item #11 "First Day of Last Normal Menstrual Period"

Record the first day of the last normal period in the order month, day, and year (9/22/59).

Item #12 "First Day of Previous Menstrual Period"

Record the first day of the menstrual period prior to the last normal period in the order month, day, and year (9/22/59).

February 1959
(For Forms in Use April 1961)

GYNECOLOGICAL HISTORY (Con't.)

OB-4
Rev. 11/59

Item #13 "Expected Date of Confinement"

Record the expected date of confinement (in the order month, day, and year) obtained by adding seven days to the first day of the last normal menstrual period, adding one year, and counting back three months. If this is obviously not correct, record the obstetrician's estimate instead.

Item #14 "Dysmenorrhea"

Ask the patient if she has any discomfort with her periods. If she has none, check "None". If the patient notes some discomfort, but takes no medication (not even aspirin), check "Slight". If the patient has discomfort which requires medication but is able to continue with her usual activities, check "Moderate". If the patient's discomfort is such that she must remain in bed or away from gainful employment for at least one day, check "Severe".

Item #15 FERTILITY

Item #16 "Have you been Trying to Become Pregnant?"

Ask the patient if she has been trying to become pregnant. If she says "yes", ask question #17, "How long did it take you to become pregnant?" The answer is to be determined in months. If the patient says "no" to Item #16, ask Item #18, "If no, do you usually use a contraceptive?" Record "yes" or "no".

Item #19 "Were you Using a Contraceptive at the Time You Became Pregnant?"

This must be asked of all patients. This refers to the actual exposure at which the patient believes she conceived. Record "yes" or "no". If the patient does not know whether a contraceptive was used at the actual time she conceived, write "UNK" in the space to the right. If the patient answers "n", omit Item #20. If the answer is "yes" ask what contraceptive the patient was using, and check more than one contraceptive if more than one was used at the same time.

Item #21 "Sterility Investigation"

Inquire whether the patient has ever been examined to determine why she did not become pregnant. If the patient did not go to the doctor specifically for this, check "no". If she has gone to the doctor to see why she did not become pregnant, check "yes" and obtain all information possible regarding what the doctor did in the way of investigation.

February 1959
(For Forms in Use April 1961)

GYNCOLOGICAL HISTORY
(Interviewer) *yellow*

superseded by 11-59 rev.

HISTORY TAKEN BY _____

TITLE OR POSITION _____ DATE (Mo-Day-Yr) _____

I. MENSTRUAL HISTORY

1. AGE AT ONSET _____

2. DURATION _____

3. USUAL INTERVAL _____

4. AMOUNT AS DESCRIBED BY GRAVIDA

- Heavy
- Medium
- Light

5. UNUSUAL FEATURES OF MENSTRUAL PERIOD

- None
- Yes (Describe)

6. FIRST DAY OF LAST NORMAL MENSTRUAL PERIOD _____

7. FIRST DAY OF PREVIOUS MENSTRUAL PERIOD _____

8. EXPECTED DATE OF CONFINEMENT _____

9. DYSMENORRHEA

- None (If no discomfort noted)
- Slight (If discomfort noted but no medication is required)
- Moderate (If discomfort requires medication - at patient's maximum with usual analgesics)
- Severe (If patient has to be in bed or away from gainful employment for one day)

II. FERTILITY

1. HAVE YOU BEEN TRYING TO BECOME PREGNANT?

- No
- Yes

2. IF YES, HOW LONG DID IT TAKE YOU TO BECOME PREGNANT?

_____ MONTHS

3. IF NO, DO YOU USUALLY USE A CONTRACEPTIVE?

- No
- Yes

4. WERE YOU USING A CONTRACEPTIVE AT THE TIME YOU BECAME PREGNANT?

- No
- Yes

5. IF YES, WHAT CONTRACEPTIVE WERE YOU USING? (Check all applicable).

- Diaphragm
- Condom
- IUD
- Vaginal Suppository
- Coitus Interruptus (Withdrawal)
- Other (Describe)

6. STERILITY INVESTIGATION

- None
- Yes (Describe)

OB-5 Recent Medical History

Form OB-5 was used to obtain medical history for the 12 month period preceding the date the history was taken. The form was first used in January 1959; it was revised in November 1959. The revised form was renumbered and the information on medications was made more specific.

Two cards were used in keypunching data records (Table OB-5.1). Cards punched from the January 1959 version of the form contain information on medications taken in columns 66 to 78 of card 2305; this information is found in columns 50 to 65 of card 2305 for the November 1959 revision. All other columns on the cards contain data from both the January 1959 version and the November 1959 revision. Item numbers refer to the November 1959 revision.

TABLE OB-5.1 Cards and Data Records by Revision for Form OB-5

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
OB-5: Illness or Disability	1305	0	8,676
		1	47,289
			<hr/> 55,965
OB-5: Non-Confining Illness or Disability	2305	0	8,654
		1	47,043
			<hr/> 55,697
	total for form		111,662

Data Items Referencing Form 08-5, Recent Medical History

DATA ITEM ID	ITEM DN	FORM	CARD NUM	FROM	TO	DATA ITEM NAME
304.....			1305	1	5	Card number (sequence, form type, form number, revision number)
305.....			1305	6	14	NTMDB case number
306...0A-5	5		1305	15	16	Form 08-5 date (mo)
307...0A-5	5		1305	17	18	Form 08-5 date (day)
308...0A-5	5		1305	19	20	Form 08-5 date (yr)
309...0A-5			1305	21	21	Illness or disability, requiring confinement, number
310...0A-5	7		1305	22	23	Illness or disability, requiring confinement, type
311...0A-5	8		1305	24	25	Illness or disability, requiring confinement, days in bed
312...0A-5	9		1305	26	27	Illness or disability, requiring confinement, date onset (mo)
313...0A-5	9		1305	28	29	Illness or disability, requiring confinement, date onset (day)
314...0A-5	9		1305	30	31	Illness or disability, requiring confinement, date onset (yr)
315...0A-5	10		1305	32	32	Illness or disability, requiring confinement; physician consulted or hospitalized
316...0A-5	7		1305	33	34	Illness or disability, requiring confinement, type
317...0A-5	8		1305	35	36	Illness or disability, requiring confinement, days in bed
318...0A-5	9		1305	37	38	Illness or disability, requiring confinement, date onset (mo)
319...0A-5	9		1305	39	40	Illness or disability, requiring confinement, date onset (day)
320...0A-5	9		1305	41	42	Illness or disability, requiring confinement, date onset (yr)
321...0A-5	10		1305	43	43	Illness or disability, requiring confinement; physician consulted or hospitalized
322...0A-5	7		1305	44	45	Illness or disability, requiring confinement, type
323...0A-5	8		1305	46	47	Illness or disability, requiring confinement, days in bed
324...0A-5	9		1305	48	49	Illness or disability, requiring confinement, date onset (mo)
325...0A-5	9		1305	50	51	Illness or disability, requiring confinement, date onset (day)
326...0A-5	9		1305	52	53	Illness or disability, requiring confinement, date onset (yr)
327...0A-5	10		1305	54	54	Illness or disability, requiring confinement; physician consulted or hospitalized
328...0A-5	7		1305	55	56	Illness or disability, requiring confinement, type
329...0A-5	8		1305	57	58	Illness or disability, requiring confinement, days in bed
330...0A-5	8		1305	59	60	Illness or disability, requiring confinement, date onset (mo)
331...0A-5	9		1305	61	62	Illness or disability, requiring confinement, date onset (day)
332...0A-5	9		1305	63	64	Illness or disability, requiring confinement, date onset (yr)
333...0A-5	10		1305	65	65	Illness or disability, requiring confinement; physician consulted or hospitalized
334.....			1305	66	60	Blank
335.....			2305	1	5	Card number
336.....			2305	6	14	NTMDB case number
337...0A-5	5		2305	15	16	Form 08-5 date (mo)
338...0A-5	5		2305	17	18	Form 08-5 date (day)
339...0A-5	5		2305	19	20	Form 08-5 date (yr)
340...0A-5			2305	21	22	Illness or disability, non confining, number
341...0A-5	12		2305	23	24	Illness or disability, non confining, type

Data Items Referencing Form NB-5, Recent Medical History

DATA ITEM ID	ITEM CM FORM	CARD NUM	FROM	TO	DATA ITEM NAME
342...OR-5	13	2305	25	26	Illness or disability, non confining, date onset (mo)
343...OR-5	13	2305	27	28	Illness or disability, non confining, date onset (day)
344...OR-5	13	2305	29	30	Illness or disability, non confining, date onset (yr)
345...OR-5	14	2305	31	31	Illness or disability, non confining; physician consulted
346...OR-5	12	2305	32	33	Illness or disability, non confining, type
347...OR-5	12	2305	34	35	Illness or disability, non confining, date onset (mo)
348...OR-5	12	2305	36	37	Illness or disability, non confining, date onset (day)
349...OR-5	12	2305	38	39	Illness or disability, non confining, date onset (yr)
350...OR-5	12	2305	40	40	Illness or disability, non confining; physician consulted
351...OR-5	12	2305	41	42	Illness or disability, non confining, type
352...OR-5	13	2305	43	44	Illness or disability, non confining, date onset (mo)
353...OR-5	13	2305	45	46	Illness or disability, non confining, date onset (day)
354...OR-5	13	2305	47	48	Illness or disability, non confining, date onset (yr)
355...OR-5	14	2305	49	49	Illness or disability, non confining; physician consulted
356...OR-5	16	2305	50	50	Immunization, pre/post LMP, preceding 12 months
357...OR-5	17	2305	51	51	Antibiotic infection, pre/post LMP, preceding 12 months
358...OR-5	18	2305	52	52	Antibiotics, other, pre/post LMP, preceding 12 months
359...OR-5	29	2305	53	53	Injection, other, pre/post LMP, preceding 12 months
360...OR-5	20	2305	54	54	Injection, unknown, pre/post LMP, preceding 12 months
361...OR-5	21	2305	55	55	Sleeping pills, pre/post LMP, preceding 12 months
362...OR-5	22	2305	56	56	Tranquilizers, pre/post LMP, preceding 12 months
363...OR-5	23	2305	57	57	Diet or "pep" pills, pre/post LMP, preceding 12 months
364...OR-5	24	2305	58	58	Antihistamines, pre/post LMP, preceding 12 months
365...OR-5	25	2305	59	59	Insulin, pre/post LMP, preceding 12 months
366...OR-5	26	2305	60	60	Thyroid or anti-thyroid, pre/post LMP, preceding 12 months
367...OR-5	27	2305	61	61	Cortisone, pre/post LMP, preceding 12 months
368...OR-5	28	2305	62	62	Hormones, other, pre/post LMP, preceding 12 months
369...OR-5	30	2305	63	63	Laxatives, pre/post LMP, preceding 12 months
370...OR-5	31	2305	64	64	Headache pills, powders, pre/post LMP, preceding 12 months
371...OR-5	32	2305	65	65	Medication or injection, other, pre/post LMP, preceding 12 months
372...OR-5		2305	66	66	Immunization, yes/no, preceding 12 months
373...OR-5		2305	67	67	Antibiotics, yes/no, preceding 12 months
374...OR-5		2305	68	68	Injection, yes/no, other, preceding 12 months
375...OR-5		2305	69	69	Injection, yes/no, unknown, preceding 12 months
376...OR-5		2305	70	70	Antibiotics, yes/no, other, preceding 12 months
377...OR-5		2305	71	71	Laxatives, yes/no, preceding 12 months
378...OR-5		2305	72	72	Sleeping pills, yes/no, preceding 12 months
379...OR-5		2305	73	73	Tranquilizers, yes/no, preceding 12 months
380...OR-5		2305	74	74	Diet or "pep" pills, yes/no, preceding 12 months
381...OR-5		2305	75	75	Headache pills, yes/no, powders, preceding 12 months
382...OR-5		2305	76	76	Nose drops; inhalers, yes/no, preceding 12 months
383...OR-5		2305	77	77	Antihistamines, yes/no, preceding 12 months
384...OR-5		2305	78	78	Medication, yes/no, other, preceding 12 months

Data Items Referencing Form OB-5, Recent Medical History

DATA ITEM TD	IFM DN FORM	CARD NUM	FROM TO	DATA ITEM NAME
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385.....		2305	79	90 Blank
5206.....VAR	6		315	315 Illness confining, preceded in 12 months, total number

1. PATIENT IDENTIFICATION

RECENT MEDICAL HISTORY

(Interviewee)

2. HISTORY RECORDED BY _____ 3. _____

4. TITLE OR POSITION _____ 5. DATE _____

Mo. Day Year

6. ILLNESS OR DISABILITY REQUIRING CONFINEMENT TO BED DURING PRECEDING 12 MONTHS

7. ILLNESS OR DISABILITY	8. DAYS IN BED	9. DATE OF ONSET			10. PHYSICIAN CONSULTED AND HOSPITAL IF HOSPITALIZED
		Mo.	Day	Year	
(1)					<input type="checkbox"/> HOSP. <input type="checkbox"/> 1 <input type="checkbox"/> PHYS. <input type="checkbox"/> 2 <input type="checkbox"/> NO <input type="checkbox"/> 0
(2)					<input type="checkbox"/> HOSP. <input type="checkbox"/> 1 <input type="checkbox"/> PHYS. <input type="checkbox"/> 2 <input type="checkbox"/> NO <input type="checkbox"/> 0
(3)					<input type="checkbox"/> HOSP. <input type="checkbox"/> 1 <input type="checkbox"/> PHYS. <input type="checkbox"/> 2 <input type="checkbox"/> NO <input type="checkbox"/> 0
(4)					<input type="checkbox"/> HOSP. <input type="checkbox"/> 1 <input type="checkbox"/> PHYS. <input type="checkbox"/> 2 <input type="checkbox"/> NO <input type="checkbox"/> 0

11. NON-CONFINING ILLNESS OR DISABILITY PRESENT DURING PRECEDING 12 MONTHS

12. ILLNESS OR DISABILITY	13. DATE OF ONSET			14. PHYSICIAN CONSULTED
	Mo.	Day	Year	
(1)				<input type="checkbox"/> NONE <input type="checkbox"/> 0
(2)				<input type="checkbox"/> NONE <input type="checkbox"/> 0
(3)				<input type="checkbox"/> NONE <input type="checkbox"/> 0

15. MEDICATION OR INJECTIONS TAKEN DURING PRECEDING 12 MONTHS

	NO	YES- BEFORE LMP 1	YES- SINCE LMP 2	UN- KNOWN 3
16. IMMUNIZATIONS				
17. ANTIBIOTICS (by Injection)				
18. ANTIBIOTICS (other than by Injection)				
19. OTHER INJECTION (specify)				
20. UNKNOWN TYPE OF INJECTION				
21. SLEEPING PILLS				
22. TRANQUILIZERS				
23. "PEP" OR DIET PILLS				
24. ANTIHISTAMINES				
25. INSULIN				
26. THYROID OR ANTI-THYROID				
27. CORTISONE				
28. OTHER HORMONES				
29. OTHER TYPE OF MEDICATION <small>Check "YES" on items below only if taken weekly or more often, or if prescribed by a physician.</small>				
30. LAXATIVES				
31. HEADACHE PILLS OR POWDERS				
32. OTHER				

33. LIST BY BOX NUMBER AND DESCRIBE ANY POSITIVE ANSWERS INDICATING SPECIFIC DRUG IF KNOWN, REASON FOR TAKING, AND FREQUENCY OR NUMBER OF TIMES TAKEN. GIVE LATEST DATE PATIENT HAS TAKEN EACH DRUG REPORTED.

Form Item Numbers linked to Data Items on 08-5, Recent Medical History

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
5	376...08-5	2305	70	70	Antibiotics, yes/no, other, preceding 12 months
5	373...08-5	2305	67	67	Antibiotics, yes/no, preceding 12 months
5	383...08-5	2305	77	77	Antihistamines, yes/no, preceding 12 months
5	380...08-5	2305	74	74	Diet or "pep" pills, yes/no, preceding 12 months
5	381...08-5	2305	75	75	Headache pills, yes/no, powders, preceding 12 months
5	340...08-5	2305	21	21	Illness or disability, non confining, number
5	309...08-5	2305	21	21	Illness or disability, requiring confinement, number
5	372...08-5	2305	66	66	Immunization, yes/no, preceding 12 months
5	374...08-5	2305	68	68	Injection, yes/no, other, preceding 12 months
5	375...08-5	2305	69	69	Injection, yes/no, unknown, preceding 12 months
5	377...08-5	2305	71	71	Laxatives, yes/no, preceding 12 months
5	384...08-5	2305	78	78	Medication, yes/no, other, preceding 12 months
5	382...08-5	2305	76	76	Nose drops; inhalers, yes/no, preceding 12 months
5	378...08-5	2305	72	72	Sleeping pills, yes/no, preceding 12 months
5	379...08-5	2305	73	73	Tranquilizers, yes/no, preceding 12 months
5	339...08-5	2305	17	18	Form 08-5 date (day)
5	307...08-5	1305	17	18	Form 08-5 date (day)
5	337...08-5	2305	15	16	Form 08-5 date (mo)
5	306...08-5	1305	15	16	Form 08-5 date (mo)
5	308...08-5	1305	19	20	Form 08-5 date (yr)
5	339...08-5	2305	19	20	Form 08-5 date (yr)
6	5206...VAR		315	315	Illness confining, preceding 12 months, total number
7	310...08-5	1305	22	23	Illness or disability, requiring confinement, type
7	328...08-5	1305	55	56	Illness or disability, requiring confinement, type
7	322...08-5	1305	44	45	Illness or disability, requiring confinement, type
7	316...08-5	1305	33	34	Illness or disability, requiring confinement, type
8	330...08-5	1305	59	60	Illness or disability, requiring confinement, type
8	323...08-5	1305	46	47	Illness or disability, requiring confinement, type
8	311...08-5	1305	24	25	Illness or disability, requiring confinement, days in bed
8	329...08-5	1305	24	25	Illness or disability, requiring confinement, days in bed
8	317...08-5	1305	57	58	Illness or disability, requiring confinement, days in bed
9	319...08-5	1305	35	36	Illness or disability, requiring confinement, days in bed
9	313...08-5	1305	29	30	Illness or disability, requiring confinement, days in bed
9	325...08-5	1305	39	40	Illness or disability, requiring confinement, days in bed
9	331...08-5	1305	50	51	Illness or disability, requiring confinement, date onset (day)
9	324...08-5	1305	61	62	Illness or disability, requiring confinement, date onset (day)
9	312...08-5	1305	48	49	Illness or disability, requiring confinement, date onset (day)
9	318...08-5	1305	26	27	Illness or disability, requiring confinement, date onset (day)
9	314...08-5	1305	37	38	Illness or disability, requiring confinement, date onset (mo)
9	314...08-5	1305	30	31	Illness or disability, requiring confinement, date onset (mo)
9	326...08-5	1305	52	53	Illness or disability, requiring confinement, date onset (yr)
9	332...08-5	1305	63	64	Illness or disability, requiring confinement, date onset (yr)
9	320...08-5	1305	41	42	Illness or disability, requiring confinement, date onset (yr)

Form Item Numbers Linked to Data Items on OB-5, Recent Medical History

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
10	321...08-5	1305	43	43	Illness or disability, requiring confinement; physician consulted or hospitalized
10	327...08-5	1305	54	54	Illness or disability, requiring confinement; physician consulted or hospitalized
10	333...08-5	1305	65	65	Illness or disability, requiring confinement; physician consulted or hospitalized
10	315...08-5	1305	32	32	Illness or disability, requiring confinement; physician consulted or hospitalized
12	348...08-5	2305	36	37	Illness or disability, non confining, date onset (day)
12	347...08-5	2305	34	35	Illness or disability, non confining, date onset (mo)
12	349...08-5	2305	38	39	Illness or disability, non confining, date onset (yr)
12	351...08-5	2305	41	42	Illness or disability, non confining, type
12	346...08-5	2305	32	33	Illness or disability, non confining, type
12	341...08-5	2305	23	24	Illness or disability, non confining, type
12	350...08-5	2305	40	40	Illness or disability, non confining; physician consulted
13	353...08-5	2305	45	46	Illness or disability, non confining, date onset (day)
13	343...08-5	2305	27	28	Illness or disability, non confining, date onset (day)
13	352...08-5	2305	43	44	Illness or disability, non confining, date onset (mo)
13	342...08-5	2305	25	26	Illness or disability, non confining, date onset (mo)
13	356...08-5	2305	47	48	Illness or disability, non confining, date onset (yr)
13	344...08-5	2305	29	30	Illness or disability, non confining, date onset (yr)
14	355...08-5	2305	49	49	Illness or disability, non confining; physician consulted
14	345...08-5	2305	31	31	Illness or disability, non confining; physician consulted
16	356...08-5	2305	50	50	Immunization, pre/post LMP, preceding 17 months
17	357...08-5	2305	51	51	Antibiotic injection, pre/post LMP, preceding 12 months
18	358...08-5	2305	52	52	Antibiotics, other, pre/post LMP, preceding 12 months
20	360...08-5	2305	54	54	Injection, unknown, pre/post LMP, preceding 12 months
21	361...08-5	2305	55	55	Sleeping pills, pre/post LMP, preceding 12 months
22	362...08-5	2305	56	56	Tranquilizers, pre/post LMP, preceding 12 months
23	363...08-5	2305	57	57	Diet or "nep" pills, pre/post LMP, preceding 12 months
24	364...08-5	2305	58	58	Anti-histamines, pre/post LMP, preceding 12 months
25	365...08-5	2305	59	59	Insulin, pre/post LMP, preceding 12 months
26	366...08-5	2305	60	60	Thyroid or anti-thyroid, pre/post LMP, preceding 12 months
27	367...08-5	2305	61	61	Cortisone, pre/post LMP, preceding 12 months
28	368...08-5	2305	62	62	Hormones, other, pre/post LMP, preceding 12 months
29	359...08-5	2305	53	53	Injection, other, pre/post LMP, preceding 12 months
30	369...08-5	2305	63	63	Laxatives, pre/post LMP, preceding 12 months
31	370...08-5	2305	64	64	Headache pills, powders, pre/post LMP, preceding 12 months
32	371...08-5	2305	65	65	Medication or injection, other, pre/post LMP, preceding 12 months

DEFINITION OF CODES
RECENT MEDICAL HISTORY
FORM OB-5 CARD 1305

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 1	1
2. <u>Form Number</u> Code: 305	2-4
3. <u>Revision Number *</u> Code: 0 - Form Dated: 1/59 1 - Form Dated: Rev. 11/59	5
4. <u>NINDB Number</u> Nine-digit number for Patient Identification. Code: As given	6-14
5. <u>Date Form Completed</u> Item 5 Six-digit code for month (cols. 15-16), day (cols. 17-18) and year (cols. 19-20) Code: As given 99 - Month, day and/or year unknown	15-20
6. <u>Number of Illnesses or Disabilities Requiring Confinement to Bed</u> Item 6 Code: 0 - None 1-7 - As reported 8 - 8 or more reported 9 - Unknown	21
7. <u>ILLNESS OR DISABILITY I.</u> <u>Illness or Disability - Type (cols. 22-23)</u> Item 7 Code: See Attachment, "Illness or Disability Codes" page OB 5-10 <u>Days In Bed (cols. 24-25)</u> Item 8 Code: 00 - Less than one day 01-97 - As reported 98 - 98 or more days 99 - Unknown	22-32

* Item numbers refer to Form Dated: 11/59

DEFINITION OF CODES (Continued)

FORM OB-5
Card 1305

FIELD

CARD
COLUMN

7. ILLNESS OR DISABILITY I (continued) 22-32
 Item 9
Date of Onset (cols. 26-31)
 Six-digit code for Month (cols. 26-27),
 Day (cols. 28-29), and Year (cols. 30-31)
 Code: As given
 000000 - None
 99 - Month, day and/or year unknown
Supplemental code for day:
 04 - Early, beginning of month, first week
 11 - Second week
 16 - Middle
 20 - Third week
 27 - Last week, end of month, late
- Physician Consulted or Hospitalized (col. 32)
 Item 10
 Code: 0 - No
 1 - Hospitalized
 2 - Physician consulted
 3 - Hospitalized and physician consulted
 9 - Unknown
 Note: No illness = "0's" for entire field
8. ILLNESS OR DISABILITY II 33-43
 Code: Same as in Field 7
9. ILLNESS OR DISABILITY III 44-54
 Code: Same as in Field 7
10. ILLNESS OR DISABILITY IV 55-65
 Code: Same as in Field 7

Note: An illness or disability may be recorded in any of the four fields; therefore, all fields must be checked for data.

DEFINITION OF CODES (Continued)

FORM OB-5
Card 2305

FIELD

CARD
COLUMN

1. Card Number
Code: 2 1

2. Basic Data *
Code: Same as in columns 2-20 of Card 1 2-20

3. Non-Confining Illness or Disability During
Preceding 12 Months 21-22
 Item 11
 Two-digit code for:
Total Number Reported (col. 21)
Total Illnesses for Which Physician, Hospital
or Clinic was Visited (col. 22)
 Code for each column:
 0 - None
 1-7 - As given
 8 - 8 or more
 9 - Unknown

4. NON-CONFINING ILLNESS OR DISABILITY I 23-31
Illness or Disability - Type (cols. 23-24)
 Item 12
 Code: See Attachment "Illness or Disability Codes"
 page OB 5 - 10-11

Date of Onset (cols. 25-30)
 Item 13
 Six-digit code for Month (cols. 25-26), Day
 (cols. 27-28), and Year (cols. 29-30)
 Code: As given
 000000 - None
 99 - Month, day and/or year unknown
Supplemental code for day:
 04 - Early, beginning of month, first week
 11 - Second week
 16 - Middle
 20 - Third week
 27 - Last week, end of month, late

* Unless specified, Fields, Codes and Card Columns refer to Revisions "0" and "1". Item numbers refer to Form Dated: 11/59.

DEFINITION OF CODES (Continued)

FORM OB-5
Card 2305

<u>FIELD</u>		<u>CARD COLUMN</u>
4.	<u>NON-CONFINING ILLNESS OR DISABILITY I</u> * (continued)	23-31
	<u>Physician Consulted</u> (col. 31) Item 14	
	Code: 0 - No 1 - Yes 9 - Unknown	
	Note: No illness = "0's" for entire field	
5.	<u>NON-CONFINING ILLNESS OR DISABILITY II</u> * Code: Same as in Field 4	32-40
6.	<u>NON-CONFINING ILLNESS OR DISABILITY III</u> * Code: Same as in Field 4	41-49
7.	<u>Immunization</u> (Revision "1" only) Item 16	50
	Code: 0 - No 1 - Yes, before IMP 2 - Yes, since IMP 3 - Combination of codes 1 and 2 8 - Unknown 9 - Not evaluated, not on Rev. "0"	
8.	<u>Antibiotic Injection</u> (Revision "1" only) Item 17	51
	Code: Same as in Field 7	
9.	<u>Antibiotics - Other than Injection</u> (Revision "1" only) Item 18	52
	Code: Same as in Field 7	
10.	<u>Other Injection</u> (Revision "1" only) Item 19	53
	Code: Same as in Field 7	
11.	<u>Unknown Type of Injection</u> (Revision "1" only) Item 20	54
	Code: Same as in Field 7	

* An illness or disability may be recorded in any of the three fields (4-6); therefore, all fields must be checked for data.

DEFINITION OF CODES (Continued)

FORM OB-5
Card 2305

<u>FIELD</u>		<u>CARD COLUMN</u>
12.	<u>Sleeping Pills</u> (Revision "1" only) Item 21 Code: Same as in Field 7	55
13.	<u>Tranquillizers</u> (Revision "1" only) Item 22 Code: Same as in Field 7	56
14.	<u>"Pep" or Diet Pills</u> (Revision "1" only) Item 23 Code: Same as in Field 7	57
15.	<u>Antihistamines</u> (Revision "1" only) Item 24 Code: Same as in Field 7	58
16.	<u>Insulin</u> (Revision "1" only) Item 25 Code: Same as in Field 7	59
17.	<u>Thyroid or Anti-Thyroid</u> (Revision "1" only) Item 26 Code: Same as in Field 7	60
18.	<u>Cortisone</u> (Revision "1" only) Item 27 Code: Same as in Field 7	61
19.	<u>Other Hormones</u> (Revision "1" only) Item 28 Code: Same as in Field 7	62
20.	<u>Laxatives</u> (Revision "1" only) Item 30 Code: Same as in Field 7	63
21.	<u>Headache Pills or Powders</u> (Revision "1" only) Item 31 Code: Same as in Field 7	64
22.	<u>Other</u> (Revision "1" only) Item 32 Code: Same as in Field 7	65

DEFINITION OF CODES (Continued)

FORM OB-5
Card 2305

<u>FIELD</u>		<u>CARD COLUMN</u>
23.	<u>Immunization</u> (Revision "0" only) Item 1, Section III Code: 0 - No 1 - Yes 9 - Unknown Blank - Not on Revision "1"	66
24.	<u>Antibiotics</u> (Revision "0" only) Item 2, Section III Code: Same as in Field 23	67
25.	<u>Other Injection</u> (Revision "0" only) Item 3, Section III Code: Same as in Field 23	68
26.	<u>Unknown Type of Injection</u> (Revision "0" only) Item 4, Section III Code: Same as in Field 23	69
27.	<u>Antibiotic - Other</u> (Revision "0" only) Item 5, Section III Code: Same as in Field 23	70
28.	<u>Laxatives</u> (Revision "0" only) Item 6, Section III Code: Same as in Field 23	71
29.	<u>Sleeping Pills</u> (Revision "0" only) Item 7, Section III Code: Same as in Field 23	72
30.	<u>Tranquilizer</u> (Revision "0" only) Item 8, Section III Code: Same as in Field 23	73
31.	<u>"Pep" or Diet Pills</u> (Revision "0" only) Item 9, Section III Code: Same as in Field 23	74
32.	<u>Headache Pills or Powders</u> (Revision "0" only) Item 10, Section III Code: Same as in Field 23	75

DEFINITION OF CODES (Continued)

FORM OB-5
Card 2305

<u>FIELD</u>	<u>CARD COLUMN</u>
33. <u>Nose Drops or Inhalers</u> (Revision "0" only) Item 11, Section III Code: Same as in Field 23	76
34. <u>Antihistamines</u> (Revision "0" only) Item 12, Section III Code: Same as in Field 23	77
35. <u>Other Type of Medication</u> (Revision "0" only) Item 13, Section III Code: Same as in Field 23	78

NOTE: WHEN OCCURRENCE OF CONFINING OR NON-CONFINING IS DUE TO MORE THAN ONE ILLNESS, THE MOST MEDICALLY SIGNIFICANT CAUSE IS NOT CODED. THE HIGHEST NUMERIC CODE FOR THAT OCCURRENCE IS CODED.

ILLNESS OR DISABILITY CODES

OB-5

00 None

Cardiovascular and Blood

Systems

- 01 Cardiovascular (general)
- 02 Rheumatic Fever
- 03 Thrombophlebitis
- 04 Anemia
- 05 Cardiovascular Surgery
- 06 Leukemia and Lymphomas
- 07 Pericarditis
- 08 Purpura (all types)
- 09 Combination of codes 01-08

Pulmonary Systems

- 10 Respiratory Diseases (general)
- 11 Tuberculosis (all sites and procedures)
- 12 Pneumonia and Pneumonitis
- 13 Bronchial Asthma
- 14 Pulmonary Surgery
- 15 Hemoptysis and Pulmonary Embolism
- 16 Sarcoidosis (all sites and procedures)
- 19 Combination of codes 10-16

Metabolic System

- 20 Metabolic Diseases (general)
- 21 Glucose Metabolism Disorders
- 22 Thyroid Diseases
- 23 Endocrine Surgery
- 24 Glycosuria (not specified as diabetes)
- 29 Combination of codes 20-24

Genito-Urinary System

- 30 Genitourinary (general)
- 31 Glomerulonephritis
- 32 Genito-Urinary Infection
- 33 Genito-Urinary Surgery
- 34 Hematuria
- 35 Genito-Urinary Stones
- 36 Nephrosis
- 37 Genito-Urinary Tumors
- 39 Combination of codes 30-37

Gynecological System

- 40 Gynecological (general)
- 41 Gynecological Tumors
- 42 Infertility and Sterility
- 43 Venereal Diseases
- 44 Gynecological Surgery
- 45 Complications of Pregnancy
- 46 Termination of Pregnancy (except ectopic and mole)
- 47 Ectopic Pregnancy
- 48 Trophoblastic Tumors
- 49 Combination of codes 40-48

Neurological Systems and Psychiatric

- 50 Neurological (general)
- 51 Convulsive Disorders
- 52 CNS Infections and Tumors
- 53 Neurological Surgery
- 54 Neuroses and Psychiatric Disorders, n.o.s.
- 55 Psychoses
- 56 Alcoholism
- 57 Drug Addiction
- 58 Cerebral Palsy
- 59 Combination of codes 50-58

Gastro-Intestinal Systems

- 60 Abdominal and Gastrointestinal Diseases (general)
- 61 Jaundice and Hepatitis
- 62 Gallbladder and Pancreatic Diseases
- 63 Gastrointestinal Diseases
- 64 Hernia (Hiatal only)
- 65 Abdominal and Gastro-intestinal Tumors (not elsewhere specified)
- 66 Abdominal and Gastro-intestinal Surgery
- 67 Hematemesis and Melena
- 68 Splenic Diseases and Surgery
- 69 Combination of codes 60-68

ILLNESS OR DISABILITY CODES
(Continued)

- Skin, Breast and Appendages
- 70 Skin Diseases (General)
 - 71 Burns
 - 72 Breast Diseases
 - 73 Diseases of the Head and Neck
 - 74 General Diseases of Extremities
(including fractures)
 - 75 Breast Surgery
 - 76 Surgery of skin, head, neck and
extremities
 - 77 Bone infections and tumors (any site)
 - 79 Combination of codes 70-77
- Infectious Diseases
- 80 Infections (site and type not
specified)
 - 81 Viral Infections
 - 82 Bacterial Infections
 - 83 Intestinal Parasitic Infections
 - 84 Fungal Infections
 - 85 Scabies
 - 86 Rickettsial Infections
 - 88 Immunization Procedures and
Antitoxin Administration
 - 89 Combination of codes 80-88
- Other Diseases and Conditions
- 90 Other Diseases and Procedures (General and
Unspecified site) not elsewhere specified
 - 91 Observation and Diagnostic Procedures
 - 92 Diseases and Procedures of Back and Side
 - 93 Poisoning, chemical (All types except
alcohol)
 - 94 Trauma and Fractures of Pelvis
 - 98 Combination of codes 90-94
 - 99 Unknown

RECENT MEDICAL HISTORY
FORM OB-5

ITEM # ON FORM #		DATE FORM COMPLETED			ILLNESS OR DISABILITY REQUIRING CONFINEMENT			DATE			
		YEAR	MO	DAY				YEAR	MO	DAY	
1	5	78	9	7	I	TYPE	DAYS IN BED	MONTH	DAY	YEAR	PHYSICIAN, HOSPITAL, ETC.
		78	9	7	II	TYPE	DAYS IN BED	MONTH	DAY	YEAR	PHYSICIAN, HOSPITAL, ETC.
		78	9	7	III	TYPE	DAYS IN BED	MONTH	DAY	YEAR	PHYSICIAN, HOSPITAL, ETC.
		78	9	7	IV	TYPE	DAYS IN BED	MONTH	DAY	YEAR	PHYSICIAN, HOSPITAL, ETC.
		DATE FORM COMPLETED			ILLNESS OR DISABILITY REQUIRING CONFINEMENT			DATE			PHYSICIAN, HOSPITAL, ETC.
1234		YEAR									
1234		MO									
1234		DAY									
1234		YEAR									
1234		MO									
1234		DAY									
1234		YEAR									
1234		MO									
1234		DAY									

NINDB #

CARD #
1205

BLANK

* Item numbers refer to form dated: Rev. 11/59

RECENT MEDICAL HISTORY
(For Form OB-5, Revised 11-59)

Instructions for Interviewer

Item #2 "History Recorded By"

Record your first and last names.

Item #4 "Title or Position"

Record your official title, such as "lay interviewer", nurse interviewer", "social service interviewer", etc.

Item #5 "Date"

Record the date this history was obtained in the order designated: month, day, and year (9/22/59).

This "Recent Medical History" covers the period of twelve months preceding the date this history was obtained. It is obvious that all items on this page will cover that portion of the pregnancy which the patient has experienced before reporting for prenatal care, as well as a number of months preceding the pregnancy. Therefore, it is especially important to fix dates as accurately as possible.

Item #6 "Illness or Disability Requiring Confinement to Bed During Preceding (12) Twelve Months"

Item #7 "Illness or Disability"

Include any symptom, disorder, illness or disability which resulted in confinement to bed for at least one day, whether or not the patient was attended by a physician.

Item #8 "Days in Bed"

Record the number of days that the patient was confined to bed.

Item #9 "Date of Onset"

Record the dates (month, day, year) of onset of the illness or disability.

Item #10 "Physician Consulted and Hospital if Hospitalized"

If a doctor was consulted, record his full name and address, and if the patient was hospitalized, record the name and address of the hospital.

Have the patient describe the illness or disability and record it as described. If she gives a medical diagnosis in addition, record this also.

Item #11 "Non-Confining Illness or Disability Present During Preceding (12) Twelve Months"

February 1959
(For Forms in Use April 1961)

RECENT MEDICAL HISTORY (Con't)

OB-5
Rev. 11/59

Item #12 "Illness or Disability"

Item #13 "Date of Onset"

Record the dates (month, day, year) of onset of the illness or disability.

Item #14 "Physician Consulted"

If a doctor was consulted, record his full name and address.

Items #15 - 32 "Medication or Injections Taken During Preceding Twelve Months"

This is to include any medication or injection which was taken during the twelve months preceding this interview. Since this covers a portion of the early pregnancy, there must be a way to distinguish between drugs taken during pregnancy and those taken before. Therefore, for each positive item check either "Yes"-before "LMP"; or "Yes", since "LMP", and indicate the approximate time in the pregnancy if possible, such as "first month", "third month", etc.

Ask the patient specifically about each item listed and record as "yes" or "no", or "unknown", if the patient doesn't know if she has taken this medication. List each positive answer by box number in item #33 and describe, indicating the specific drug (if known), the reason for taking, and the frequency or number of times taken. If the patient doesn't know the name of the drug, attempt to obtain as detailed a description of the medication as possible.

February 1959
(For Forms in Use April 1961)

RECENT MEDICAL HISTORY *yellow*
(Interviewer)

HISTORY RECORDED BY _____

superseded by 11-59 rev.

TITLE OR POSITION _____

DATE (Mo-Day-Yr) _____

I. ILLNESS OR DISABILITY REQUIRING CONFINEMENT TO BED DURING PRECEDING 12 MONTHS

ILLNESS OR DISABILITY	DAYS IN BED	DATES	PHYSICIAN CONSULTED AND HOSPITAL IF HOSPITALIZED
1.			
2.			
3.			
4.			

II. ILLNESS OR DISABILITY REQUIRING CONFINEMENT TO BED DURING PRECEDING 12 MONTHS

ILLNESS OR DISABILITY	DATE	PHYSICIAN CONSULTED
1.		
2.		
3.		

III. MEDICATION OR INJECTIONS TAKEN DURING PRECEDING 12 MONTHS

TYPE	YES	NO	UNKNOWN	2f. LIST BY BOX NUMBER AND DESCRIBE ANY POSITIVE ANSWERS INDICATING SPECIFIC DRUG IF KNOWN, REASON FOR TAKING, AND FREQUENCY OR NUMBER OF TIMES TAKEN.
INJECTIONS OR "SHOTS"				
1. IMMUNIZATIONS				
2. ANTIBIOTICS (Wonder Drugs)				
3. OTHER INJECTION (Specify)				
4. UNKNOWN TYPE OF INJECTION				
5. ANTIBIOTIC (Other than by injection)				
6. LAXATIVES				
7. SLEEPING PILLS				
8. TRANQUILLIZERS				
9. "PEP" OR DIET PILLS				
10. HEADACHE PILLS OR POWDERS				
11. NOSE DROPS OR INHALERS				
12. ANTIHISTAMINES				
13. OTHER TYPE OF MEDICATION				

OB-6 Past Medical History

Form OB-6 was used to record medical history of the gravida from birth until the beginning of the year prior to pregnancy. (See form OB-5 for medical history 12 months prior to registration.) Form OB-6 also recorded any radiological treatments or examinations taken during the last 12 months. Form OB-6 was implemented into the study in January 1959 and revised once in November 1959. In revision, information was itemized; some items were added and items were coded. Two cards were used for keypunching data (Table OB-6.1).

Additional information on past medical history is available on form OB-42. Form OB-42 includes information on childhood diseases, other diseases (respiratory, cardiovascular, digestive, gynecological and venereal, renal, endocrine, psychiatric), blood transfusions and other conditions.

TABLE OB-6.1 Cards and Data Records by Revision for Form OB-6

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
OB-6: Hospitalization	1306	0	8,310
		1	47,627
			<hr/> 55,937
OB-6: Radiological Exams, Other Exams	2306	0	8,303
		1	47,615
			<hr/> 55,918
	total for form		111,855

Data Items Referencing Form NB-6, Past Medical History

DATA ITEM ID	ITEM CN	FORM	CARD NUM	FROM	TO	DATA ITEM NAME
386... ..			1306	1	5	Card number (sequence, form type, form number, revision number)
387... ..			1306	6	14	MINDB case number
388...OR-6	4		1306	15	16	Form NB-6 date (mo)
389...OR-6	4		1306	17	18	Form NB-6 date (day)
390...OR-6	4		1306	19	20	Form NB-6 date (yr)
391...OR-5	5		1306	21	21	Hospitalization, number
392...OR-5	8		1306	22	23	Hospitalization, nth, illness or disability
393...OR-6	6		1306	24	25	Hospitalization, nth, date (mo)
394...OR-6	6		1306	26	27	Hospitalization, nth, date (yr)
395...OR-6	8		1306	28	29	Hospitalization, nth, illness or disability
396...OR-6	6		1306	30	31	Hospitalization, nth, date (mo)
397...OR-6	6		1306	32	33	Hospitalization, nth, date (yr)
398...OR-6	8		1306	34	35	Hospitalization, nth, illness or disability
399...OR-6	6		1306	36	37	Hospitalization, nth, date, (mo)
400...OR-6	6		1306	38	39	Hospitalization, nth, date (yr)
401...OR-6	8		1306	40	41	Hospitalization, nth, illness or disability
402...OR-6	6		1306	42	43	Hospitalization, nth, date (mo)
403...OR-6	6		1306	44	45	Hospitalization, nth, date (yr)
404...OR-6	8		1306	46	47	Hospitalization, nth, illness or disability
405...OR-6	6		1306	48	49	Hospitalization, nth, date (mo)
406...OR-6	6		1306	50	51	Hospitalization, nth, date (yr)
407... ..			1306	52	80	Blank
408... ..			2306	1	5	Card number (sequence, form type, form number, revision number)
409... ..			2306	6	14	MINDB case number
410...OR-6	4		2306	15	16	Form NB-6 date (mo)
411...OR-6	4		2306	17	18	Form NB-6 date (day)
412...OR-6	4		2306	19	20	Form NB-6 date (yr)
413...OR-6	9		2306	21	21	Radiological exams or treatments, number, preceding 12 months
414...OR-6	12-13		2306	22	22	Radiological exams or treatments, nth, type, preceding 12 months
415...OR-6	10		2306	23	24	Radiological exams or treatments, nth, date, preceding 12 months (mo)
416...OR-6	10		2306	25	26	Radiological exams or treatments, nth, date, preceding 12 months (yr)
417...OR-6	12-13		2306	27	27	Radiological exams or treatments, nth, type, preceding 12 months
418...OR-6	10		2306	28	29	Radiological exams or treatments, nth, date, preceding 12 months (mo)
419...OR-6	10		2306	30	31	Radiological exams or treatments, nth, date, preceding 12 months (yr)
420...OR-6	12-13		2306	32	32	Radiological exams or treatments, nth, type, preceding 12 months
421...OR-6	10		2306	33	34	Radiological exams or treatments, nth, date, preceding 12 months (mo)
422...OR-6	10		2306	35	36	Radiological exams or treatments, nth, date, preceding 12 months (yr)

Data Items Referencing Form NB-6, Past Medical History

DATA ITEM TO	ITEM OR FORM	CARD NUM	FROM	TO	DATA ITEM NAME
423...OR-6	12-13	2306	37	37	Radiological exams or treatments, nth, type, preceding 12 months
424...DR-6	10	2306	38	39	Radiological exams or treatments, nth, date, preceding 12 months (MO)
425...DR-6	10	2306	40	41	Radiological exams or treatments, nth, date, preceding 12 months (YR)
426...OR-6	16	2306	42	43	Radiological exams or treatments, other, number of; chest x-rays
427...OR-6	17	2306	44	45	Radiological exams or treatments, other, number of; dental x-rays
428...OR-6	18	2306	46	46	Extremities, examinations and treatment, number
429...OR-6	20	2306	47	47	Extremities, examinations and treatment, type
430...OR-6	19	2306	48	49	Extremities, examinations and treatment, year
431...OR-6	20	2306	50	50	Extremities, examinations and treatment, type
432...OR-6	19	2306	51	52	Extremities, examinations and treatment, year
433...OR-6	20	2306	53	53	Extremities, examinations and treatment, type
434...OR-6	19	2306	54	55	Extremities, examinations and treatment, year
435...OR-6	22	2306	56	56	Examinations, other, number
436...OR-6	24	2306	57	57	Examinations, other, type
437...OR-6	23	2306	58	59	Examinations, other, year
438...OR-6	24	2306	60	60	Examinations, other, type
439...OR-6	23	2306	61	62	Examinations, other, year
440...OR-6	24	2306	63	63	Examinations, other, type
441...OR-6	23	2306	64	65	Examinations, other, year
442...OR-6	27	2306	66	66	Transfusions
443.....		2306	67	80	Blank
4992.....VAR	12-13		74	74	Radiologic examinations during the twelve months prior to registration
5207.....VAR	27		316	316	Transfusions
5208.....VAR	12-13		317	317	Radiographic exposure total number
5209.....VAR	5		318	318	Hospitalizations 12 months or more prior to study, total number

PAST MEDICAL HISTORY

(Interviewer)

2. HISTORY TAKEN BY _____ 3. _____

4. DATE
Mo. Day Year

5. LIST HOSPITALIZATIONS (NOT LISTED ON OB-5) NONE
(Include Smitteria, etc., but do not include hospitalization for previous pregnancy, if admitted for surgery, record specific operation performed.)

6. DATE Mo. Year	7. HOSPITAL (Name and Address)	8. REASON
(1)		
(2)		
(3)		
(4)		
(5)		

9. RADIOLOGIC EXAMINATIONS OR TREATMENTS DURING PAST 12 MONTHS (List each) NONE

10. DATE Mo. Year	11. SINCE PREGNANCY <input type="checkbox"/> NO <input type="checkbox"/> YES	12. CHEST X-RAY <input type="checkbox"/> YES <input type="checkbox"/> NO	13. OTHER TYPE OF EXAMINATION OR TREATMENT (DESCRIBE) GIVE SITE	14. REASON, RESULT IF KNOWN
(1)				
(2)				
(3)				
(4)				

15. OTHER RADIOLOGIC EXAMINATIONS OR TREATMENTS (Prior to last 12 months)

16. CHEST X-RAYS TOTAL NUMBER DURING LIFE (EXCEPT THOSE LISTED ABOVE.) _____	17. DENTAL X-RAYS: TOTAL NUMBER OF EXAMINATIONS DURING LIFE (EXCEPT THOSE LISTED ABOVE.) _____ (IF UNUSUAL PROCEDURES OR NUMBER, DESCRIBE)
---	--

18. EXAMINATIONS AND TREATMENTS OF EXTREMITIES (List) NONE

19. YEAR	20. TYPE OR PROCEDURE AND SITE	21. REASON, FINDINGS IF KNOWN

22. ALL OTHER EXAMINATIONS AND TREATMENTS NOT ENUMERATED ABOVE (List) NONE

23. YEAR	24. TYPE OR PROCEDURE AND SITE

COLLABORATIVE RESEARCH
PERINATAL RESEARCH BRANCH, NINDS, NIH
BETHESDA 14, MD.

(REV. 11-69) (OB-6) PAGE 1 OF 2

PAST MEDICAL HISTORY

(Interviewer)

27. TRANSFUSIONS			<input type="checkbox"/> NONE OX
28. DATE Mo. Yr.	29. REASON	30. REACTION	
(1)		<input type="checkbox"/> NONE O	
(2)		<input type="checkbox"/> NONE O	
(3)		<input type="checkbox"/> NONE O	

31. BLOOD TESTS TAKEN			<input type="checkbox"/> NONE OX
32. DATE Mo. Yr.	33. REASON	34. RESULT	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

35. SERIES OF INJECTIONS OR "SHOTS"			<input type="checkbox"/> NONE OX
36. DATE Mo. Yr.	37. REASON	38. REACTION	
(1)		<input type="checkbox"/> NONE O	
(2)		<input type="checkbox"/> NONE O	
(3)		<input type="checkbox"/> NONE O	
(4)		<input type="checkbox"/> NONE O	
(5)		<input type="checkbox"/> NONE O	
(6)		<input type="checkbox"/> NONE O	
(7)		<input type="checkbox"/> NONE O	

Form Item Numbers Linked to Data Items on OB-6, Past Medical History

ITEM NN FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
4	389...OB-6	1306	17	18	Form OB-6 date (day)
4	411...OB-6	2306	17	18	Form OB-6 date (day)
4	388...OB-6	1306	15	16	Form OB-6 date (mo)
4	410...OB-6	2306	15	16	Form OB-6 date (mo)
4	390...OB-6	1306	19	20	Form OB-6 date (yr)
4	412...OB-6	2306	19	20	Form OB-6 date (yr)
5	391...OB-6	1306	21	21	Hospitalization, number
5	5209...VAR		318	318	Hospitalizations 12 months or more prior to study, total number
6	405...OB-6	1306	48	49	Hospitalization, nth, date (mo)
6	396...OB-6	1306	30	31	Hospitalization, nth, date (mo)
6	402...OB-6	1306	42	43	Hospitalization, nth, date (mo)
6	393...OB-6	1306	24	25	Hospitalization, nth, date (mo)
6	397...OB-6	1306	32	33	Hospitalization, nth, date (yr)
6	406...OB-6	1306	50	51	Hospitalization, nth, date (yr)
6	403...OB-6	1306	44	45	Hospitalization, nth, date (yr)
6	400...OB-6	1306	38	39	Hospitalization, nth, date (yr)
6	394...OB-6	1306	26	27	Hospitalization, nth, date (yr)
6	399...OB-6	1306	36	37	Hospitalization, nth, date, (mo)
8	404...OB-6	1306	46	47	Hospitalization, nth, illness or disability
8	392...OB-6	1306	40	41	Hospitalization, nth, illness or disability
8	398...OB-6	1306	22	23	Hospitalization, nth, illness or disability
8	395...OB-6	1306	34	35	Hospitalization, nth, illness or disability
9	413...OB-6	1306	28	29	Hospitalization, nth, illness or disability
10	421...OB-6	2306	33	21	Radiological exams or treatments, number, preceding 12 months
10	418...OB-6	2306	28	34	Radiological exams or treatments, nth, date, preceding 12 months
10	415...OB-6	2306	23	29	Radiological exams or treatments, nth, date, preceding 12 months
10	424...OB-6	2306	38	24	Radiological exams or treatments, nth, date, preceding 12 months
10	422...OB-6	2306	35	39	Radiological exams or treatments, nth, date, preceding 12 months
10	416...OB-6	2306	25	36	Radiological exams or treatments, nth, date, preceding 12 months
10	425...OB-6	2306	40	26	Radiological exams or treatments, nth, date, preceding 12 months
10	419...OB-6	2306	30	41	Radiological exams or treatments, nth, date, preceding 12 months
12-13	5208...VAR		317	31	Radiological exams or treatments, nth, date, preceding 12 months
12-13	4993...VAR		74	317	Radiographic exposure total number
				74	Radiologic examinations during the twelve months prior to registration

Form Item Numbers linked to Data Items on 08-6, Past Medical History

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
12-13	417...08-6	2306	27	27	Radiological exams of treatments, nth, type, preceding 12 months
12-13	423...08-6	2306	37	37	Radiological exams of treatments, nth, type, preceding 12 months
12-13	414...08-6	2306	27	22	Radiological exams of treatments, nth, type, preceding 12 months
12-13	420...08-6	2306	37	32	Radiological exams of treatments, nth, type, preceding 12 months
16	426...08-6	2306	47	43	Radiological exams of treatments, other, number of; chest x-rays
17	427...08-6	2306	44	45	Radiological exams of treatments, other, number of; dental x-rays
18	428...08-6	2306	46	46	Extremities, examinations and treatment, number
19	432...08-6	2306	51	52	Extremities, examinations and treatment, year
19	430...08-6	2306	48	49	Extremities, examinations and treatment, year
19	434...08-6	2306	54	55	Extremities, examinations and treatment, year
20	431...08-6	2306	50	50	Extremities, examinations and treatment, type
20	429...08-6	2306	47	47	Extremities, examinations and treatment, type
20	433...08-6	2306	53	53	Extremities, examinations and treatment, type
22	435...08-6	2306	56	56	Examinations, other, number
23	441...08-6	2306	64	65	Examinations, other, year
23	437...08-6	2306	58	59	Examinations, other, year
24	439...08-6	2306	61	62	Examinations, other, year
24	436...08-6	2306	57	57	Examinations, other, type
24	438...08-6	2306	60	60	Examinations, other, type
24	440...08-6	2306	63	63	Examinations, other, type
27	447...08-6	2306	66	66	Transfusions
27	5207...VAR		316	316	Transfusions

DEFINITION OF CODES
 PAST MEDICAL HISTORY
 FORM OB-6 CARD 1306

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 1	1
2. <u>Form Number</u> Code: 306	2-4
3. <u>Revision Number *</u> Code: 0 - Form Dated: 1/59 1 - Form Dated: Rev. 11/59	5
4. <u>NINDE Number</u> Item 1 Nine-digit number for Patient Identification Code: As given	6-14
5. <u>Date Form Completed</u> Item 4 Six-digit code for month (cols. 15-16), day (cols. 17-18), and year (cols. 19-20) Code: As given 99 - Month, day and/or year unknown	15-20
6. <u>Number of Hospitalizations</u> Item 5 Code: 0 - None 1-7 - Number reported 8 " 8 or more 9 - Unknown	21
7. <u>HOSPITALIZATION - I</u> <u>Illness or Disability (cols. 22-23)</u> Item 8 Code: See Attachment, "Illness or Disability Codes", page OB 5-10 <u>Date (cols. 24-27)</u> Item 6 Four-digit code for month (cols. 24-25), and year (cols. 26-27) Code: As given 0000 - None 99 - Month and/or year unknown	22-27

Note: 0's in entire field = no hospitalization
 * Item numbers refer to Form Dated: 11/59

DEFINITION OF CODES (Continued)

FORM OB-6
Card 1306

FIELD

CARD
COLUMN

8.	<u>HOSPITALIZATION - II</u> Code: Same as in Field 7	28-33
9.	<u>HOSPITALIZATION - III</u> Code: Same as in Field 7	34-39
10.	<u>HOSPITALIZATION - IV</u> Code: Same as in Field 7	40-45
11.	<u>HOSPITALIZATION - V</u> Code: Same as in Field 7	46-51

Note: A hospitalization may be recorded in any of the five fields; therefore, all fields must be checked for data.

DEFINITION OF CODES (Continued)

FORM OB-6
Card 2306

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 2	1
2. <u>Basic Data*</u> Code: Same as columns 2-20 of Card 1	2-20
3. <u>Number of Radiological Examinations or Treatments During the Past 12 Months Reported on Different Dates</u> (Rev. "1" only) or <u>Number of Radiological Examinations or Treatments Reported on Different Dates</u> (Rev. "0" only) Item 9 Code: 0 - None 1-7 - Number reported 8 - 8 or more 9 - Unknown	21
4. <u>RADIOLOGICAL EXAMINATION OR TREATMENT - I</u> <u>Chest X-Ray and Other Type of Examinations (col. 22)</u> Items 12 and 13 Code: 0 - None 1 - Therapeutic radiation of abdomino-pelvic region with or without chest X-Ray 2 - Diagnostic radiation of abdomino-pelvic region with or without chest X-Ray 3 - Therapeutic radiation of other and unspecified regions with or without chest X-Ray 4 - Diagnostic radiation of other and unspecified regions with or without chest X-Ray, chest X-Ray only 5 - Unknown if diagnostic or therapeutic of abdomino-pelvic region with or without chest X-Ray 6 - Unknown if diagnostic or therapeutic of all other and unspecified regions with or without chest X-Ray 9 - Unknown	22-26

* Unless specified, Fields, Codes and Card Columns refer to Revisions "0" and "1". Item numbers refer to Form Dated: 11/59

DEFINITION OF CODES (Continued)

FORM OB-6
Card 2306

FIELD

CARD
COLUMN

	<u>Date of Radiological Examinations or Treatments During the Past 12 Months</u> Item 10 Four-digit code for month (cols. 23-24) and year (cols. 25-26) Code: As given 0000 - None 99 - Month and/or year unknown Note: 0's in entire field = no treatment	
5.	<u>RADIOLOGICAL EXAMINATION OR TREATMENT - II</u> Code: Same as in Field 4	27-31
6.	<u>RADIOLOGICAL EXAMINATION OR TREATMENT - III</u> Code: Same as in Field 4	32-36
7.	<u>RADIOLOGICAL EXAMINATION OR TREATMENT - IV</u> Code: Same as in Field 4	37-41
8.	<u>Number of Chest X-Rays</u> Item 16 Code: 00 - None 01-97 - Number reported 98 - 98 or more 99 - Unknown	42-43
9.	<u>Number of Dental X-Rays</u> Item 17 Code: Same as in Field 8	44-45
10.	<u>Number of Examinations and Treatments of Extremities (Rev. "1" only)</u> Item 18 Code: 0 - None 1-7 - Actual number reported 8 - 8 or more reported 9 - Unknown, not on Revision "0"	46

DEFINITION OF CODES (Continued)

FORM OB-6
Card 2306

FIELD

CARD
COLUMN

- | | | |
|-----|---|-------|
| 11. | <p><u>EXAMINATION AND TREATMENT OF EXTREMITIES - I</u>
(Rev. "1" only)
<u>Type or Procedure and Site (col. 47)</u>
Item 20
Code: 0 - None
1 - Therapeutic radiation of abdomino-pelvic region with or without chest X-Ray
2 - Diagnostic radiation of abdomino-pelvic region with or without chest X-Ray
3 - Therapeutic radiation of other and unspecified regions with or without chest X-Ray
4 - Diagnostic radiation of other and unspecified regions with or without chest X-Ray, chest X-Ray only
5 - Unknown if diagnostic or therapeutic of abdomino-pelvic region with or without chest X-Ray
6 - Unknown if diagnostic or therapeutic of other and unspecified regions with or without chest X-Ray
9 - Unknown, not on Rev. "0"</p> <p><u>Year - Examination and Treatment of Extremities</u>
(columns 48-49)
Item 19
Code: As given
00 - None
99 - Unknown, not on Revision "0"
Note: 0's in entire field = no treatment</p> | 47-49 |
| 12. | <p><u>EXAMINATION AND TREATMENT OF EXTREMITIES - II</u>
(Revision "1" only)
Code: Same as in Field 11</p> | 50-52 |
| 13. | <p><u>EXAMINATION AND TREATMENT OF EXTREMITIES - III</u>
(Rev. "1" only)
Code: Same as in Field 11</p> | 53-55 |

DEFINITION OF CODES (Continued)

FORM OB-6
Card 2306

FIELD

CARD
COLUMN

14. Number of All Other Examinations and Treatments
Not Enumerated Above (Rev. "1" only)
Item 22
Code: Same as in Field 10 56
15. Other Examinations and Treatments - I
(Rev. "1" only) 57-59
- Type of Procedure and Site (col. 57)
Item 24
Code: 0 - None
1 - Therapeutic radiation of abdomino-
pelvic region with or without chest
X-Ray
2 - Diagnostic radiation of abdomino-
pelvic region with or without chest
X-Ray
3 - Therapeutic radiation of other and
unspecified regions with or without
chest X-Ray
4 - Diagnostic radiation of other and
unspecified regions with or without
chest X-Ray
5 - Unknown if diagnostic or therapeutic
of abdomino-pelvic region with or
without chest X-Ray
6 - Unknown if diagnostic or therapeutic
of other and unspecified regions with
or without chest X-Ray
9 - Unknown, not on Revision "0"
- Year - Other Examination and Treatment
(cols. 58-59)
Item 23
Code: As given
00 - None
99 - Unknown, not on Rev. "0"
16. Other Examinations and Treatments - II
(Rev. "1" only) 60-62
Code: Same as in Field 15

DEFINITION OF CODES (Continued)

FORM OB-6
Card 2306

FIELD

CARD
COLUMN

17. Other Examination and Treatment III
 (Rev. "I" only)
 Code: Same as in Field 15
18. Transfusions
 Item 27
 Code: 0 - None
 1 - One or more transfusions reported
 9 - Unknown

63-65

66

PAST MEDICAL HISTORY
(For Form OB-6, Rev. 11-59)

INSTRUCTIONS FOR INTERVIEWER

- Item 2. "History Taken By" Write your first and last name clearly.
- Item 3. This space is for Central Office use.
- Item 4. "Date" Record the date this history was obtained.
- Item 5. "List Hospitalizations" Include here all hospitalizations which were not listed on OB-2 or OB-5. This will include all hospitalizations (not for previous pregnancy) which occurred more than one year ago. Admissions to sanitarium and mental hospitals should be reported here (or on OB-5 if occurring during the past year). If there were no such hospitalizations, mark the box for "None."
- Item 6. "Date" Record the patient's best approximation of month and year.
- Item 7. "Hospital" Record the name and address or location of the hospital, with sufficient accuracy, if possible, to establish a mailing address. If at this hospital, or any associated hospital using the same record room, record "Here."
- Item 8. "Reason" Determine the diagnosis or complaint if possible. Inquire specifically about any operation that may have been performed and note the procedure here.
- Item 9. "Radiologic Examinations or Treatments During Past 12 Months" This includes the diagnostic use of radioisotopes. A history of X-ray since L.M.P., noted on OB-3, should be reported here also. It need not be described in detail on OB-3, but should always be described here.
- X-rays obtained through this obstetric clinic after the patient is registered in the Study should not be reported either here or on OB-3, but only on OB-10, 11, and other appropriate clinical records.
- If the patient reports no radiation exposure in the 12 months preceding date of registration in the Study, check the box marked "None."
- Item 10. "Date" Record month numerically and year in two digits ('60, '61, etc.).
- Item 11. "Since Pregnancy" If the exposure was before LMP (or estimated date of conception if LMP is not related to onset of pregnancy), mark "No." If after LMP, mark "Yes."
- Item 12. "Chest X-Ray" Mark "Yes" if the exposure was a routine chest x-ray (either standard or miniature film). In this case items no. 13 and 14 should be left blank.

May 1961

PAST MEDICAL HISTORY (Con't)

OB-6
Rev. 11/59

- Item 12. "Chest X-Ray" (Con't)
For chest X-ray other than a routine plate, mark "Yes" in item no. 12, and complete items 13 and 14.
- Item 13. "Other Type of Examination or Treatment" Mark the box in this item if exposure did not consist solely of diagnostic chest films. Describe as fully as possible the type of exposure, number of plates, and site.
- Item 14. Reason, Result: Describe these briefly if known to the patient.
Note: It is important that the record give the location (for mailing) of the physician or hospital from which X-rays were obtained during the previous year. If this is not specified on OB-3 or OB-5, note it here.
- Item 15. "Other Radiologic Examinations or Treatments" The rest of this page of the form summarizes all radiation in the gravida's lifetime, exclusive of the 12 months preceding the interview.
- Item 16. "Chest X-Rays" Record the patient's best estimate of the number of examinations. (Not the number of plates.) If none, enter "0."
- Item 17. "Dental X-Rays" Record the total number of times the patient has had dental X-rays. An unusual type or amount of dental X-ray should be described in this space.
- Item 18. "Examinations and Treatments of Extremities" This includes all diagnostic and therapeutic X-rays of hands, feet, arms, and legs. If for fractures, type or procedure and findings need not be recorded. If this radiation of extremities occurred with radiation of other parts of the body, such as the shoulder, hip, etc., record only in item #22.
- Item 22. All Other Examinations and Treatments This includes fluoroscopy, G.I. series, X-rays of head, neck, shoulder, and head of the femur, use of radioisotopes, etc., not done during the past 12 months.
- Item 25. Reason, Findings if Known This item number and title does not appear on the form. Describe the reason and findings in the right-hand column under item #22.
- Item 27. "Transfusions" Includes any transfusion ever given the gravida. Use one line for each series of transfusions (i.e., those given over a brief span of time for the same season).
- Item 30. "Reaction" If the patient reports no acute reaction, such as hives, fever, or shock, mark the box "None."
- Item 31. "Blood Tests Taken" Do not record tests given in the prenatal clinic after the patient is registered in the Study.
- Item 33. "Reason" If illness was suspected, be as specific as possible and identify the test, if possible. For routine serologies, record simply "marriage," "pregnancy," etc.

February 1959

PAST MEDICAL HISTORY (Con't)

OB-6
Rev. 11/59

- Item 34. "Result" List such terms as "negative," "positive," "diabetes," etc.
- Item 35. "Series of Injections" Includes any series of injections or "shots" taken up to the time of this interview.
- Item 37. "Reason" Record the substance given, if known, such as "triple toxoid," "Salk vaccine," "course of penicillin," etc. Also report reasons in such terms as "routine immunization," "upper respiratory infection," "syphilis," etc.

February 1959

PAST MEDICAL HISTORY
(Interviewer)

yellow

superseded by 11-59 rev.

HISTORY TAKEN BY

DATE (Mo-Day-Yr)

I. LIST HOSPITALIZATIONS (Not listed on OB-5)

(Includes Scurfaria, etc., but do not include hospitalizations for previous pregnancy. If admitted for surgery, record specific operation performed.)

DATE	HOSPITAL (Name and Address)	REASON
1.		
2.		
3.		
4.		
5.		

II. X-RAY EXAMINATION OR TREATMENT

DATE	TYPE OF EXAMINATION OR TREATMENT	REASON
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

PAST MEDICAL HISTORY
(Interviewer)

superseded by 11-54 rev.

I. TRANSFUSIONS		
DATE	REASON	REACTION
1.		
2.		
3.		

II. BLOOD TEST TAKEN		
DATE	REASON	RESULT
1.		
2.		
3.		
4.		
5.		
6.		
7.		

III. SERIES OF INJECTIONS OR "SHOTS"		
DATE	REASON	REACTION
1.		
2.		
3.		
4.		
5.		
6.		
7.		

OB-7 Infectious Disease and System Review

Form OB-7 was designed to collect data on infectious diseases and other conditions that might affect the body systems. The physician and interviewer worked together to establish as complete a medical history as possible within the limits of the study. First used in February 1959, the form was not revised. Records generated by the form totaled 53,233 and were keypunched on card 0307 of the master file (Table OB-7.1).

TABLE OB-7.1 Cards and Data Records by Revision for Form OB-7

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
OB-7: Childhood Disease, Other Infectious Disease and Parasitic Diseases	0307	0	53,233
			53,233
	total for form		53,233

Data Items Referencing Form 08-7, Infectious Disease and System Review

DATA ITEM TD	ITEM JW FORN	CARD MINN	FROM TO	DATA ITEM NAME
444.....		0307	1	5 Card number (sequence, form type, form number, revision number)
445.....		0307	6	14 NIMDB case number
446...OR-7		0307	15	16 Form 08-7 date (mo)
447...OR-7		0307	17	18 Form 08-7 date (day)
448...OR-7		0307	19	20 Form 08-7 date (yr)
449...OR-7	1	0307	21	21 Childhood diseases; pertussis
450...OR-7	1	0307	22	23 Childhood diseases; pertussis, age onset
451...OR-7	1	0307	24	24 Childhood diseases; chicken pox
452...OR-7	1	0307	25	26 Childhood diseases; chicken pox, age onset
453...OR-7	1	0307	27	27 Childhood diseases; bumps
454...OR-7	1	0307	28	29 Childhood diseases; bumps, age onset
455...OR-7	1	0307	30	30 Childhood diseases; rubella; German measles
456...OR-7	1	0307	31	32 Childhood diseases; rubella; German measles, age onset
457...OR-7	1	0307	33	33 Childhood diseases; measles
458...OR-7	1	0307	34	35 Childhood diseases; measles, age onset
459...OR-7	1	0307	36	36 Childhood diseases; diphtheria
460...OR-7	1	0307	37	38 Childhood diseases; diphtheria, age onset
461...OR-7	1	0307	39	39 Childhood diseases; scarlet fever
462...OR-7	1	0307	40	41 Childhood diseases; scarlet fever, age onset
463...OR-7	2	0307	42	42 Infectious diseases; poliomyelitis
464...OR-7	2	0307	43	44 Infectious diseases; poliomyelitis, age onset
465...OR-7	2	0307	45	45 Infectious diseases; herpes simplex
466...OR-7	2	0307	46	47 Infectious diseases; herpes simplex, age onset
467...OR-7	2	0307	48	48 Infectious diseases; herpes zoster
468...OR-7	2	0307	49	50 Infectious diseases; herpes zoster, age onset
469...OR-7	2	0307	51	51 Infectious diseases; encephalitis
470...OR-7	2	0307	52	54 Infectious diseases; encephalitis
471...OR-7	2	0307	53	56 Infectious diseases; meningitis
472...OR-7	2	0307	55	57 Infectious diseases; meningitis, age onset
473...OR-7	2	0307	58	59 Infectious diseases; toxoplasmosis
474...OR-7	2	0307	59	60 Infectious diseases; toxoplasmosis, age onset
475...OR-7	2	0307	60	62 Infectious diseases, 1st other, type
476...OR-7	2	0307	61	63 Infectious diseases, 2nd other, type
477...OR-7	2	0307	63	65 Infectious diseases, 2nd other, type
478...OR-7	2	0307	64	66 Infectious diseases, 3rd other, type
479...OR-7	2	0307	66	68 Infectious diseases, 3rd other, type
480...OR-7	2	0307	67	69 Infectious diseases, 3rd other, type
481...OR-7	3	0307	69	71 Infectious diseases; parasitic 1st, type
482...OR-7	3	0307	70	72 Infectious diseases; parasitic 1st, age onset
483...OR-7	3	0307	72	74 Infectious diseases; parasitic 2nd, type
484...OR-7	3	0307	73	75 Infectious diseases; parasitic 2nd, age onset
485...OR-7	3	0307	75	75 Infectious diseases; parasitic 3rd, type

Data Items Referencing Form OB-7, Infectious Disease and System Review

DATA ITEM ID	ITEM DW FORM	CARD NUM	FROM TO	DATA ITEM NAME
486...OB-7	3	0307	76	77 Infectious diseases: parasitic 3rd, age onset
487.....		0307	78	80 Blank

**INFECTIOUS DISEASE AND
SYSTEM REVIEW**

NAME OF PHYSICIAN	NAME OF INTERVIEWER
TITLE OR POSITION	TITLE OR POSITION
DATE HISTORY TAKEN	DATE HISTORY TAKEN

PHYSICIAN INQUIRE ABOUT EACH DISEASE LISTED	RESPONSE			AGE ONSET	DIAGNOSIS WARRANTED?	DESCRIPTION AND COMMENT
	NO	YES	UNK			
1. CHILDHOOD DISEASES PERTUSSIS CHICKEN POX MUMPS GERMAN MEASLES MEASLES DIPHThERIA SCARLET FEVER						
2. OTHER INFECTIOUS DISEASES POLIOMYELITIS HERPES SIMPLEX HERPES ZOSTER ENCEPHALITIS MENINGITIS TOXOPLASMOSES OTHER (Specify)						
3. PARASITIC DISEASES (Specify)						

INTERVIEWER BEGINS HERE

INTERVIEWER'S SECTION CHECK and describe if a positive history is obtained.	PHYSICIAN'S SECTION CHECK and describe each diagnosis made. Establish as closely as possible the date of onset and duration
<p>4. RESPIRATORY SYSTEM: Ever have trouble with your breathing <input type="checkbox"/> ? Trouble with adenoids or tonsils <input type="checkbox"/> ? Pneumonia <input type="checkbox"/> ? Have many colds a year <input type="checkbox"/> ? Do you have a paroxysmal cough <input type="checkbox"/> ?</p> <p>PATIENT'S COMMENTS:</p>	<p><input type="checkbox"/> Chronic Bronchitis <input type="checkbox"/> Bronchiectasis <input type="checkbox"/> Tuberculosis <input type="checkbox"/> Pneumonia <input type="checkbox"/> Other</p>
<p>5. ALLERGIES: Ever had hay fever <input type="checkbox"/> ? Asthma <input type="checkbox"/> ? Hives <input type="checkbox"/> ? Food allergies <input type="checkbox"/> ? Drug sensitivities <input type="checkbox"/> ?</p> <p>PATIENT'S COMMENTS:</p>	<p><input type="checkbox"/> Asthma <input type="checkbox"/> Hay Fever <input type="checkbox"/> Hives <input type="checkbox"/> Food Intolerance <input type="checkbox"/> Drug or Serum Sensitivity <input type="checkbox"/> Other</p>
<p>6. SKIN AND CELLULAR TISSUE: Ever had a rash or skin breaking out <input type="checkbox"/> ? Swollen glands <input type="checkbox"/> ? Swelling anywhere else <input type="checkbox"/> ? Eczema <input type="checkbox"/> ? Sores <input type="checkbox"/> ?</p> <p>PATIENT'S COMMENTS:</p>	<p><input type="checkbox"/> Chronic Cellulitis <input type="checkbox"/> Chronic Dermatitis <input type="checkbox"/> Chronic Acne <input type="checkbox"/> Psoriasis <input type="checkbox"/> Other</p>

**INFECTIOUS DISEASE AND
SYSTEM REVIEW**

INTERVIEWER'S SECTION	PHYSICIAN'S SECTION
<p>7. DIGESTIVE SYSTEM: Ever been put on a special diet <input type="checkbox"/> ? Ever had ulcers <input type="checkbox"/> ? Stomach trouble <input type="checkbox"/> ? Jaundice <input type="checkbox"/> ? Ever had any trouble with your bowels? <input type="checkbox"/> ? PATIENT'S COMMENTS:</p>	<p><input type="checkbox"/> Ulcer <input type="checkbox"/> Chronic Diarrhea <input type="checkbox"/> Ulcerative Colitis <input type="checkbox"/> Cholecystitis <input type="checkbox"/> Cholelithiasis <input type="checkbox"/> Other</p>
<p>8. GENITO-URINARY: Ever had any trouble with your bladder <input type="checkbox"/> ? Burning <input type="checkbox"/> ? Hurt to empty <input type="checkbox"/> ? Kidney trouble <input type="checkbox"/> ? Infections <input type="checkbox"/> ? Blood in urine <input type="checkbox"/> ? Gravel or stones in urine <input type="checkbox"/> ? Ever any infection of your tubes or ovaries <input type="checkbox"/> ? Inflammation of genitals <input type="checkbox"/> ? PATIENT'S COMMENTS:</p>	<p><input type="checkbox"/> Syphilis <input type="checkbox"/> Gonorrhea <input type="checkbox"/> Nephritis <input type="checkbox"/> Nephrotic Syndrome <input type="checkbox"/> Hydronephrosis <input type="checkbox"/> Nephrolithiasis <input type="checkbox"/> Recurrent Pyelonephritis <input type="checkbox"/> Recurrent Cystitis <input type="checkbox"/> Chronic Salpingo-Oophoritis <input type="checkbox"/> Other</p>
<p>9. CIRCULATORY SYSTEM: Ever have any trouble with your heart <input type="checkbox"/> ? Ever have trouble getting your breath when your heart beats fast <input type="checkbox"/> ? Any trouble with high blood pressure <input type="checkbox"/> ? Low blood pressure <input type="checkbox"/> ? Any trouble with varicose veins <input type="checkbox"/> ? Hardening of the arteries <input type="checkbox"/> ? Swelling of legs <input type="checkbox"/> ? Numbness or tingling in the extremities <input type="checkbox"/> ? PATIENT'S COMMENTS:</p>	<p><input type="checkbox"/> Congestive Heart Failure <input type="checkbox"/> Rheumatic Heart Disease <input type="checkbox"/> Myocardial Infarction <input type="checkbox"/> Peripheral Vascular Disease <input type="checkbox"/> Hypertension <input type="checkbox"/> Hypotension <input type="checkbox"/> Varicose Veins <input type="checkbox"/> Other</p>
<p>10. BLOOD: Do you bleed easily <input type="checkbox"/> ? Ever had anemia <input type="checkbox"/> ? or any other trouble with your blood <input type="checkbox"/> ? Any treatment for your blood <input type="checkbox"/> ? PATIENT'S COMMENTS:</p>	<p><input type="checkbox"/> Anemia <input type="checkbox"/> Septicemia <input type="checkbox"/> Other</p>
<p>11. NEOPLASTIC: Ever had a tumor <input type="checkbox"/> ? Cyst <input type="checkbox"/> ? Cancer <input type="checkbox"/> ? PATIENT'S COMMENTS:</p>	<p><input type="checkbox"/> Type of disease process and organ involved</p>

INFECTIOUS DISEASE AND SYSTEM REVIEW

INTERVIEWER'S SECTION	PHYSICIAN'S SECTION
<p>12. RADIATION: Ever had radium treatment <input type="checkbox"/>? X-Ray treatment <input type="checkbox"/>? Radio-isotope treatment <input type="checkbox"/>?</p> <p>PATIENT'S COMMENTS:</p>	<p><input type="checkbox"/> Radium Therapy <input type="checkbox"/> X-Ray Therapy <input type="checkbox"/> Radioactive Isotope Treatment</p>
<p>13. ENDOCRINE: Ever had thyroid trouble <input type="checkbox"/>? Ever had a thyroid test <input type="checkbox"/>? Ever taken thyroid <input type="checkbox"/>? Ever had diabetes <input type="checkbox"/>? Ever taken hormones <input type="checkbox"/>?</p> <p>PATIENT'S COMMENTS:</p>	<p><input type="checkbox"/> Hypothyroidism <input type="checkbox"/> Hyperthyroidism <input type="checkbox"/> Thyroiditis <input type="checkbox"/> Diabetes Mellitus <input type="checkbox"/> Other</p>
<p>14. BONES, JOINTS, MUSCLES: Ever had sore or swollen joints <input type="checkbox"/>? Rheumatism <input type="checkbox"/>?</p> <p>PATIENT'S COMMENTS:</p>	<p><input type="checkbox"/> Arthritis <input type="checkbox"/> Joint Disease <input type="checkbox"/> Rickets <input type="checkbox"/> Other</p>
<p>15. NEUROLOGICAL: Ever fainted or lost consciousness <input type="checkbox"/>? Ever had convulsions <input type="checkbox"/>? Fits or spasms <input type="checkbox"/>? Epilepsy <input type="checkbox"/>? Paralysis <input type="checkbox"/>? Do you have cerebral palsy <input type="checkbox"/>? Any trouble seeing or hearing <input type="checkbox"/>?</p> <p>PATIENT'S COMMENTS:</p>	<p><input type="checkbox"/> Cerebral Palsy <input type="checkbox"/> Convulsive Disorder <input type="checkbox"/> Blindness <input type="checkbox"/> Deafness <input type="checkbox"/> Other</p>
<p>16. BIRTH AND INFANCY: Did you have any difficulty in the first few months of life <input type="checkbox"/>? Convulsions <input type="checkbox"/>? Jaundice <input type="checkbox"/>? How much did you weigh? _____ Was there anything unusual about your mother's pregnancy such as convulsions <input type="checkbox"/>? Bleeding <input type="checkbox"/>? Was there anything in your body that wasn't formed right when you were born <input type="checkbox"/>?</p> <p>PATIENT'S COMMENTS:</p>	<p><input type="checkbox"/> Erythroblastosis <input type="checkbox"/> Prematurity <input type="checkbox"/> Birth Injury <input type="checkbox"/> Other condition not listed</p> <p style="text-align: center;">CONGENITAL MALFORMATIONS</p> <p><input type="checkbox"/> Cardiac Malformations <input type="checkbox"/> Coarctation of Aorta <input type="checkbox"/> Clove Palate <input type="checkbox"/> Hare Lip <input type="checkbox"/> Other Congenital Malformations</p>
<p>17. ACCIDENTS, POISONS, AND VIOLENCE: Ever been in any bad accidents <input type="checkbox"/>? Ever taken any poisons <input type="checkbox"/>?</p> <p>PATIENT'S COMMENTS:</p>	<p><input type="checkbox"/> List and describe</p>

Form Item Numbers linked to Data Items on NB-7, Infectious Disease and System Review

ITEM NA FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
1	447...08-7	0307	17	18	Form NB-7 date (day)
1	446...08-7	0307	15	16	Form NB-7 date (mo)
1	448...08-7	0307	19	20	Form NB-7 date (yr)
1	451...08-7	0307	24	24	Childhood diseases; chicken pox
1	452...08-7	0307	25	26	Childhood diseases; chicken pox, age onset
1	459...08-7	0307	36	36	Childhood diseases; diphtheria
1	460...08-7	0307	37	38	Childhood diseases; diphtheria, age onset
1	457...08-7	0307	34	35	Childhood diseases; measles
1	458...08-7	0307	34	35	Childhood diseases; measles, age onset
1	453...08-7	0307	27	27	Childhood diseases; mumps
1	440...08-7	0307	28	29	Childhood diseases; mumps, age onset
1	450...08-7	0307	21	21	Childhood diseases; pertussis
1	455...08-7	0307	22	23	Childhood diseases; pertussis, age onset
1	456...08-7	0307	30	30	Childhood diseases; rubella; German measles
1	451...08-7	0307	31	32	Childhood diseases; rubella; German measles, age onset
1	461...08-7	0307	39	39	Childhood diseases; scarlet fever
1	462...08-7	0307	40	41	Childhood diseases; scarlet fever, age onset
2	476...08-7	0307	61	62	Infectious diseases; 1st other, age onset
2	475...08-7	0307	60	60	Infectious diseases; 1st other, type
2	478...08-7	0307	64	65	Infectious diseases; 2nd other, age onset
2	477...08-7	0307	63	63	Infectious diseases; 2nd other, type
2	480...08-7	0307	67	68	Infectious diseases; 3rd other, age onset
2	479...08-7	0307	66	66	Infectious diseases; 3rd other, type
2	469...08-7	0307	51	51	Infectious diseases; encephalitis
2	470...08-7	0307	52	53	Infectious diseases; encephalitis, age onset
2	465...08-7	0307	45	45	Infectious diseases; herpes simplex
2	466...08-7	0307	46	47	Infectious diseases; herpes simplex, age onset
2	467...08-7	0307	48	48	Infectious diseases; herpes zoster
2	468...08-7	0307	49	50	Infectious diseases; herpes zoster, age onset
2	471...08-7	0307	54	54	Infectious diseases; meningitis
2	472...08-7	0307	55	56	Infectious diseases; meningitis, age onset
2	463...08-7	0307	42	42	Infectious diseases; poliovellitis
2	464...08-7	0307	43	44	Infectious diseases; poliovellitis, age onset
2	473...08-7	0307	57	57	Infectious diseases; toxoplasmosis
2	474...08-7	0307	58	59	Infectious diseases; toxoplasmosis, age onset
3	482...08-7	0307	70	71	Infectious diseases; parasitic 1st, age onset
3	481...08-7	0307	69	69	Infectious diseases; parasitic 1st, type
3	484...08-7	0307	73	74	Infectious diseases; parasitic 2nd, age onset
3	483...08-7	0307	72	72	Infectious diseases; parasitic 2nd, type
3	486...08-7	0307	76	77	Infectious diseases; parasitic 3rd, age onset
3	485...08-7	0307	75	75	Infectious diseases; parasitic 3rd, type

DEFINITION OF CODES
 INFECTIOUS DISEASE AND SYSTEM REVIEW
 FORM OB-7 CARD 0307

<u>FIELD</u>		<u>CARD COLUMN</u>
1.	<u>Card Number</u> Code: 0	1
2.	<u>Form Number</u> Code: 307	2-4
3.	<u>Revision Number *</u> Code: 0 - Form Dated: 1/59	5
4.	<u>NINDB Number</u> Nine-digit number for Patient Identification Code: As given	6-14
5.	<u>Date History Taken</u> Six-digit code for month (cols. 15-16), day (cols. 17-18) and year (cols. 19-20) Code: As given 99 - Month and/or day, and/or year unknown	15-20
<u>CHILDHOOD DISEASE</u>		
6.	<u>Pertussis</u> Item 1 Three-digit code for response (col. 21), and Age of Onset (cols. 22-23). Code for column 21: 0 - No 1 - Yes 2 - Yes (more than one episode) 9 - Unknown Code for columns 22-23: 00 - Birth to 11 months 01-50 - As given 05 - Pre-school 95 - School age 99 - Unknown, no disease <u>Note:</u> For field, no disease = 099	21-23
7.	<u>Chicken Pox</u> Item 1 Code: Same as in Field 6	24-26
8.	<u>Mumps</u> Item 1 Code: Same as in Field 6	27-29

DEFINITION OF CODES (Continued)

FORM OB-7
Card 0307

<u>FIELD</u>		<u>CARD COLUMN</u>
9.	<u>German Measles</u> Item 1 Code: Same as in Field 6	30-32
10.	<u>Measles</u> Item 1 Code: Same as in Field 6	33-35
11.	<u>Diphtheria</u> Item 1 Code: Same as in Field 6	36-38
12.	<u>Scarlet Fever</u> Item 1 Code: Same as in Field 6	39-41
<u>OTHER INFECTIOUS DISEASES</u>		
13.	<u>Poliomyelitis</u> Item 2 Code: Same as in Field 6	42-44
	<u>Herpes Simplex</u> Item 2 Code: Same as in Field 6	45-47
15.	<u>Herpes Zoster</u> Item 2 Code: Same as in Field 6	48-50
16.	<u>Encephalitis</u> Item 2 Code: Same as in Field 6	51-53
17.	<u>Meningitis</u> Item 2 Code: Same as in Field 6	54-56
18.	<u>Toxoplasmosis</u> Item 2 Code: Same as in Field 6	57-59

DEFINITION OF CODES (Continued)

FORM OB-7
Card 0307

FIELD

CARD
COLUMN

19. Other - First Disease Reported
Item 2
Three-digit code for Type (col. 60)
and Age of Onset (cols. 61-62)
Code for column 60:
0 - None
3 - Rickettsial
4 - Viral
5 - Bacterial
6 - Other, unknown etiology
9 - Unknown

60-62

Code for columns 61-62:
Same as in Field 6 columns 22-23, "Note" also
applies

20. Other - Second Disease Reported
Item 2
Code: Same as in Field 19

63-65

21. Other - Third Disease Reported
Item 2
Code: Same as in Field 19

66-68

PARASITIC DISEASES

22. Parasitic Disease - First Reported
Item 3
Three-digit code for Type (col. 69)
and Age of Onset (cols. 70-71)
Code for Col. 69:
0 - None
3 - Malaria
4 - Ringworm
5 - Pinworm
6 - Definite intestinal worms (other
than pinworm), and muscle infesting
worms
7 - Protozoans, yeast and other fungi
9 - Unknown

69-71

DEFINITION OF CODES (Continued)

FORM OB-7
Card C3C7

FIELD

CARD
COLUMN

- | | | |
|-----|--|-------|
| 22. | <p><u>Parasitic Disease - First Reported</u>
(continued)
Code for columns 70-71:
Same as in Field 6 columns 22-23, "Note"
also applies</p> | 69-71 |
| 23. | <p><u>Parasitic Disease - Second Reported</u>
Item 3
Code: Same as in Field 22</p> | 72-74 |
| 24. | <p><u>Parasitic Disease - Third Reported</u>
Item 3
Code: Same as in Field 22</p> | 75-77 |

INFECTIOUS DISEASE AND SYSTEM REVIEW
(For Form OB-7, Dated 1-59)

PURPOSE OF THIS FORM

- Par. 1 Study of the epidemiology of pregnancy wastage is made difficult by the fact that important events or conditions may occur only once in many thousands of pregnancies. Therefore, analysis of the relationship between supposed causes and the outcome of pregnancy often must be based on relatively small numbers of cases.
- Par. 2 In such a situation, analysis is particularly vulnerable to the haphazard introduction of cases having rare or obscure diseases that are undiagnosed. For this reason scrupulous assessment of the state of health of each gravida is a fundamental part of this or any similar study.
- Par. 3 The Infectious Disease and System Review, OB-7, is designed to enable the interviewer and physician, working together, to establish as complete a medical history as is possible within the limits of this study. To do so requires careful and systematic questioning of the patient. This may at times be a burdensome task, but it will always be an important one. Poor medical histories might render useless other very careful observations of the mother and child.

INSTRUCTIONS FOR INTERVIEWER

- Par. 1 At the top of page 1, record your first and last name and your title or position, such as "Lay interviewer", "Nurse interviewer" or "Social worker". Beneath this record the date on which the history is taken, writing the month, day, and year numerically, such as 6/22/59.
- Par. 2 The review is divided into seventeen categories. The first three of these are entirely to be done by the physician, so that you should begin your interview with category #4, Respiratory System.
- Par. 3 For each category you should attempt to discover all the relevant symptoms that the patient has experienced at any time during her life. The questions listed are not necessarily all the questions that you may need to ask, nor is the wording the best for all patients. Make sure that the patient understands the questions, before you accept a negative answer.
- Par. 4 For those categories for which the patient gives a negative history, write the figure "0" (zero) in the space reserved for patient's comments, and make no other mark in the block. If the patient gives a positive history record in the space under "Patient's Comments" all detail that will be helpful to the physician. Ask about dates of onset and duration, and record these. If the patient knows any diagnosis that may have been made, record this also.

February 1959
(For Forms in Use April 1961)

INSTRUCTIONS FOR INTERVIEWER (Con't)

- Par. 5 The small check boxes are only for your convenience. Use them to save writing, by checking questions that the patient has answered affirmatively.

Category #10 "Blood"

This refers to any actual blood abnormality. If the patient states that she has been treated for "bad blood", record this fact here and under category #8 (genito-urinary) also, since it may indicate previous syphilis.

Category #12 "Radiation"

This category refers only to therapeutic radiation, not diagnostic x-ray.

Category #17 "Accidents, Poisons, and Violence"

If the patient has had a serious accident or injury note the type of accident and ask about immediate and long-term effects.

INSTRUCTIONS FOR PHYSICIANS

- Par. 1 This form provides the only opportunity in the obstetrical protocol for a physician to determine whether or not a patient's history of previous illness is valid and complete. When it reaches you, it should contain the interviewer's notation of positive history. You should add the following information:

1. All warranted current and retrospective diagnoses that you are able to make.
2. For each diagnosis, your estimation of the probability that it is correct.
3. Any information (in addition to that elicited by the interviewer) about the symptoms of or circumstances surrounding a disease or event.
4. Your estimation of the date of onset and duration of each diagnosed illness.

- Par. 2 Base this information on:

1. Interviewer's notations on this form.
2. Discussion with the patient of symptoms, treatment, physician attendance, circumstances surrounding the illness or event, etc.
3. Any medical records available.

Estimating the Reliability of Retrospective Diagnosis

Par. 3 Diagnoses may be classified, according to the probability that they are correct, as:

Definite
Probable
Possible
Remote

Whenever in the course of this interview you feel that a diagnosis is warranted, indicate your estimate of its reliability by writing in parentheses one of the following:

- (DF) - Definite. There is objective evidence to show that the disease has existed or does exist.
- (PR) - Probable. The chances that this patient has had this disease are greater than the chances that she has not.
- (PS) - Possible. The chances that this patient has had this disease are less than the chances that she has not. Further, the possibility is not remote.

Remote possibility should not warrant any specific diagnosis on this form.

Par. 4 In those instances in which some diagnosis seems warranted, but you are unable to specify a particular disease, name a group of diseases or type of disease if this is possible. All diagnostic information will be coded according to the International List of Causes of Morbidity and Mortality, 1957 revision.

Identifying Data (Page 1)

Par. 5 At the top of the page fill in your first and last name. Record your title or position, such as "project obstetrician", "intern", "medical student", or "resident". Record the date numerically in the order month, day, and year.

Infectious and Parasitic Diseases

(Page 1; Categories 1, 2, and 3)

Par. 6 The interviewer will not ask the patient about these diseases. The list includes only the more common or important diseases, and does not pretend to be complete. You should make every effort to add to it other infectious or parasitic diseases that the patient has had. (Note that tuberculosis, pneumonia, and venereal diseases are covered in other categories, and need not be mentioned here.) In adding to this list, bear in mind the prevalent diseases in regions in which the patient has lived. In the southern states, for example, malaria, amebiasis, and

Infectious and Parasitic Diseases (Con't)

hookworm should be considered. Patients from Puerto Rico should be questioned about these and ascariasis, trichuriasis, and schistosomiasis, among others.

- Par. 7 Ask the patient if she has had each disease listed, and other diseases that you think it prudent to inquire about. When necessary, recite the symptoms in addition to naming the disease. Record her answer as "no", "yes", or "unknown", by placing an X in the appropriate box. If "yes", note the approximate age at onset (to the nearest year, even though this may be uncertain).
- Par. 8 If you have checked "yes" in the response column, in the column headed "Diagnosis Warranted?" write either "yes" or "no". If a diagnosis is warranted, qualify it by recording under "Description" and "Comment" either DF, PR, or PS, for definite, probable, or possible. Also record any unusual or severe complications. If there were none, write "normal course" or "mild", etc.

System Review

(Pages 1, 2, and 3; Categories 4 through 17)

- Par. 9 By asking questions such as those listed on the left, the interviewer will attempt to furnish "clues" to past and present illness. Follow them up and attempt to establish diagnoses. When you are able to do this, name the disease by checking it, if it is listed, or by checking the box marked "other" and writing it in the space provided. Qualify each diagnosis by using the symbols DF, PR, or PS. Record the date of onset to the nearest year (except to the nearest month for diseases occurring within the last year), and estimate the duration in days, months, or years, whichever seems most suitable.
- Par. 10 Also note in each category any symptoms, events, etc., that the patient relates to you if these have not been noted by the interviewer. You should ask probing questions in each category in which the interviewer has recorded no symptoms, in order to confirm this. If you have nothing to record for a particular category, place a "0" (zero) in that space.

OB-8 Repeat Prenatal History

Form OB-8 was used to record prenatal history between visits. It was filled out at each repeat prenatal visit and at the time the patient was admitted to the hospital for delivery. The form was first used in January 1959; it was revised in July 1959. Items were renumbered and reworded in the July 1959 revision. Coding differs between the January 1959 form and the July 1959 revision on items 6 (sickness in any way) and 36 (frequency of intercourse). Information from form OB-8 was recorded on card 0308 (Table OB-8.1).

TABLE OB-8.1 Cards and Data Records by Revision for Form OB-8

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
OB-8: Illness, Disturbances Since Last Clinic Visit	0308	0	29,596
		1	347,652
			<u>377,248</u>
total for form			377,248

Data Items Referencing Form 08-8, Repeat Prenatal History

DATA ITEM ID	ITEM OR FORM	CARD NUM	FROM	TO	DATA ITEM NAME
488.....		030A	1	5	Card number (sequence, form type, form number, revision number)
489.....		030B	6	14	MINDB case number
490.....0A-R	4	030A	15	16	Form 08-8 date (mo)
491.....0A-R	4	030A	17	18	Form 08-8 date (day)
492.....0A-R	4	030B	19	20	Form 08-8 date (yr)
493.....0A-R	6	030A	21	21	Sick in any way
494.....0A-R	7	030A	22	22	Headache
495.....0A-R	8	030A	23	23	Visual disturbance
496.....0A-R	9	030A	24	24	Weakness; numbness; dizziness
497.....0A-R	10	030A	25	25	Weighting
498.....0A-R	11	030A	26	26	Pain, abdomen, pelvis, back
499.....0A-R	12	030A	27	27	Primary urgency; typhuria
500.....0A-R	13	030A	28	28	Diarrhea
501.....0A-R	14	030A	29	29	Cold; sore throat; cough
502.....0A-R	15	030A	30	30	Fever
503.....0A-R	16	030A	31	31	Eye inflammation
504.....0A-R	17	030A	32	32	Rash; skin condition
505.....0A-R	18	030A	33	33	Jaundice
506.....0A-R	19	030A	34	34	Swollen glands
507.....0A-R	20	030A	35	35	Cold sores
508.....0A-R	21	030B	36	36	Bolls; abscessed teeth
509.....0A-R	22	030A	37	37	Earache
510.....0A-R	23	030A	38	38	Swelling of feet or legs
511.....0A-R	24	030B	39	39	Swelling of hands or face
512.....0A-R	25	030A	40	40	Vaginal bleeding
513.....0A-R	26	030A	41	41	Fainting
514.....0A-R	27	030A	42	42	Convulsions
515.....0A-R	28	030A	43	43	Accident; poison; injury
516.....0A-R	29	030A	44	44	Operation; surgery
517.....0A-R	30	030A	45	45	Radiation; x-ray
518.....0A-R	31	030A	46	46	Air travel
519.....0A-R	32	030A	47	47	Injection; vaccination
520.....0A-R	33	030A	48	48	Infectious disease in nose
521.....0A-R	34	030B	49	49	Pet in home, sick
522.....0A-R	35	030A	50	50	Work outside home
523.....0A-R	36	030A	51	52	Intercourse frequency
524.....		030A	51	62	Blank
525.....		030A	63	64	Smoking; cigarettes, number per day
526.....0B-R	38	030A	65	65	Medication taken
527.....0A-R	39	030B	66	66	Physician visited
528.....		030B	67	80	Blank
4985.....VAR	37		52	53	Smoking history; cigarettes per day now, number

Data Items Referencing Form NA-8, Repeat Prenatal History

DATA ITEM ID	ITEM	FORM	CARD NUM	FROM	TO	DATA ITEM NAME
4986.....VAP					54	54 Smoking history; cigarettes per day now, coded: smoker, non-smoker
4987.....VAR	4				55	56 Prenatal visits, total number
4994.....VAR	4				75	80 Prenatal follow up visit, NA-8, date of first (mo/day/yr)
5197.....VAP	25				305	305 Hemorrhage; vaginal bleeding by trimester of report
5198.....VAR	15				306	306 Fever by trimester of report
5199.....VAR	10				307	307 Vomiting by trimester of report
5200.....VAR	14				308	308 Jaundice by trimester of report
5201.....VAR	24				309	309 Edema hands or face by trimester of report
5202.....VAR	27				310	310 Convulsions by trimester of report

REPEAT PRENATAL HISTORY
(Interviewer)
(Since Last Visit)

2. HISTORY TAKEN BY			3.		
4. DATE		5. NEXT SCHEDULED VISIT			
Mo.	Day	Year	Mo.	Day	Year
			CHECK APPROPRIATE COLUMN		
			NO	YES	
			0	1	
6. FELT SICK IN ANY WAY					
7. HEADACHE					
8. VISUAL DISTURBANCE					
9. WEARINESS, NUMBNESS, DIZZINESS					
10. VOMITING					
11. PAIN: ABDOMEN, PELVIS, BACK					
12. URINARY URGENCY DYSURIA					
13. DIARRHEA					
14. COLD, SORE THROAT, COUGH					
15. FEVER					
16. EYE INFLAMMATION					
17. RASH OR SKIN TROUBLE					
18. JAUNDICE					
19. SWOLLEN GLANDS					
20. COLD SORES					
21. NAILS OR ABSCESSSED TEETH					
22. EARACHE					
23. SWELLING OF FEET OR LEGS					
24. SWELLING OF HANDS OR FACE					
25. VAGINAL BLEEDING					
26. FAINING					
27. CONVULSIONS					
28. ACCIDENT, POISON, INJURY					
29. OPERATION					
30. RADIATION, X-RAY					
31. AIR TRAVEL					
32. INJECTION, VACCINATION					
33. INFECTIOUS DISEASE IN HOME					
34. SICK PET IN HOME					
35. WORKS OUTSIDE HOME					
36. INTERCOURSE FREQUENCY <i>(Check number of times during last month)</i>					
37. NO. OF CIGARETTES SMOKED PER DAY					
38. MEDICATION TAKEN, AND FREQUENCY <i>(As described by Patient)</i>					
39. PHYSICIAN VISITED			<input type="checkbox"/> NO	<input type="checkbox"/> YES	
			0	1	
40. NAME OF PHYSICIAN					
41. ADDRESS					

42. LIST BY NUMBER AND DESCRIBE ANY CONDITION NOTED PRESENT AT LEFT WITH APPROXIMATE DATE OF ONSET, DURATION AND SEVERITY.

Form Item Numbers linked to Data Items on NB-8, Repeat Prenatal History

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
4	4986....VAR		54	54	Smoking history; cigarettes per day now, code#; smoker, non-smoker
4	491...NB-8 030R		17	18	Form NB-8 date (day)
4	490...NB-8 030R		15	16	Form NB-8 date (mo)
4	492...NB-8 030R		19	20	Form NB-8 date (yr)
4	4994....VAR		75	80	Prenatal follow up visit, NB-8, date of first (mo/day/yr)
4	4987....VAR		55	56	Prenatal visits, total number
5	493...NB-8 030R		21	21	Sick in any way
6	494...NB-8 030R		22	72	Headache
8	495...NB-8 030R		23	73	Visual disturbance
9	496...NB-8 030R		24	24	Weakness; numbness; dizziness
10	497...NB-8 030R		25	25	Vomiting
10	5199....VAR		307	307	Vomiting by trimester of report
11	498...NB-8 030R		26	26	Pain, abdomen, pelvis, back
12	499...NB-8 030R		27	27	Urinary urgency; dysuria
13	500...NB-8 030R		28	28	Diarrhea
14	501...NB-8 030R		29	29	Cold; sore throat; cough
15	502...NB-8 030R		30	30	Fever
15	519R....VAR		306	306	Fever by trimester of report
16	503...NB-8 030R		31	31	Eye inflammation
17	504...NB-8 030R		32	32	Rash; skin condition
18	505...NB-8 030R		33	33	Jaundice
18	5200....VAR		308	308	Jaundice by trimester of report
19	506...NB-8 030R		34	34	Swollen glands
20	507...NB-8 030R		35	35	Cold sores
21	508...NB-8 030R		36	36	Boils; abscessed teeth
22	509...NB-8 030R		37	37	Parache
23	510...NB-8 030R		38	38	Swelling of feet or legs
24	5201....VAR		309	309	Edema hands or face by trimester of report
24	511...NB-8 030R		39	39	Swelling of hands or face
25	5197....VAR		305	305	(Hemorrhage); vaginal bleeding by trimester of report
25	512...NB-8 030R		40	40	Vaginal bleeding
26	513...NB-8 030R		41	41	Fainting
27	514...NB-8 030R		42	42	Convulsions
27	5202....VAR		310	310	Convulsions by trimester of report
28	515...NB-8 030R		43	43	Accident; poison; injury
29	516...NB-8 030R		44	44	Operation; surgery
30	517...NB-8 030R		45	45	Radiation; x-ray
31	518...NB-8 030R		46	46	Air travel
32	519...NB-8 030R		47	47	Infection; vaccination
33	520...NB-8 030R		48	48	Infectious disease in home
34	521...NB-8 030R		49	49	Pet in home, sick
35	522...NB-8 030R		50	50	Work outside home

Form Item Numbers linked to Data Items on OB-8, Repeat Prenatal History

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
36	523...OB-8	030R	51	52	Intercourse frequency
37	4985...VAR		52	53	Smoking history; cigarettes per day now, number
37	525...OB-8	030R	63	64	Smoking; cigarettes, number per day
38	526...OB-8	030R	65	65	Medication taken
39	527...OB-8	030R	66	66	Physician visits

DEFINITION OF CODES
 REPEAT PRENATAL HISTORY
 FORM OB-8 CARD 0308

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 0	1
2. <u>Form Number</u> Code: 308	2-4
3. <u>Revision Number *</u> Code: 0 - Form dated: 1/59 1 - Form dated: Rev. 7/59	5
4. <u>NINDB Number</u> Item 1 Nine-digit number for Patient Identification Code: As given	6-14
5. <u>Date</u> Item 4 Six-digit code for month (cols. 15-16), day (cols. 17-18) and year (cols. 19-20) Code: As given 99 - Month, day and/or year unknown	15-20
6. <u>Felt Sick In Any Way (Rev. "0" only)</u> Item 6 Code: 0 - No 1 - Yes 7 - Not on Revision "1" 8 - Questionable 9 - Unknown	21
7. <u>Headache</u> Item 7 Code: 0 - No 1 - Yes 8 - Questionable 9 - Unknown	22
8. <u>Visual Disturbance</u> Item 8 Code: Same as in Field 7	23

* Unless specified, Fields, Codes and Card Columns refer to Revisions "0" and "1". Item numbers refer to Form Dated: Rev. 7/59

DEFINITION OF CODES (Continued)

FORM OB-8
Card 0308

<u>FIELD</u>		<u>CARD COLUMN</u>
9.	<u>Weakness, Numbness, Dizziness</u> Item 9 Code: Same as in Field 7	24
10.	<u>Vomiting</u> Item 10 Code: Same as in Field 7	25
11.	<u>Pain: Abdomen, Pelvis, Back</u> Item 11 Code: Same as in Field 7	26
12.	<u>Urinary Urgency, Dysuria</u> Item 12 Code: Same as in Field 7	27
13.	<u>Diarrhea</u> Item 13 Code: Same as in Field 7	28
14.	<u>Cold, Sore Throat, Cough</u> Item 14 Code: Same as in Field 7	29
15.	<u>Fever</u> Item 15 Code: Same as in Field 7	30
16.	<u>Eye Inflammation</u> Item 16 Code: Same as in Field 7	31
17.	<u>Rash or Skin Trouble</u> Item 17 Code: Same as in Field 7	32
18.	<u>Jaundice</u> Item 18 Code: Same as in Field 7	33
19.	<u>Swollen Glands</u> Item 19 Code: Same as in Field 7	34

DEFINITION OF CODES (Continued)

FORM OB-8
Card 0308

<u>FIELD</u>		<u>CARD COLUMN</u>
20.	<u>Cold Sores</u> Item 20 Code: Same as in Field 7	35
21.	<u>Boils or Abscessed Teeth</u> Item 21 Code: Same as in Field 7	36
22.	<u>Earache</u> Item 22 Code: Same as in Field 7	37
23.	<u>Swelling of Feet or Legs</u> Item 23 Code: Same as in Field 7	38
24.	<u>Swelling of Hands or Face</u> Item 24 Code: Same as in Field 7	39
25.	<u>Vaginal Bleeding</u> Item 25 Code: Same as in Field 7	40
26.	<u>Fainting</u> Item 26 Code: Same as in Field 7	41
27.	<u>Convulsions</u> Item 27 Code: Same as in Field 7	42
28.	<u>Accident, Poison, Injury</u> Item 28 Code: Same as in Field 7	43
29.	<u>Operation</u> Item 29 Code: Same as in Field 7	44
30.	<u>Radiation, X-Ray</u> Item 30 Same as in Field 7	45

DEFINITION OF CODES (Continued)

FORM OB-8
Card 0308

<u>FIELD</u>	<u>CARD COLUMN</u>
31. <u>Air Travel</u> Item 31 Code: Same as in Field 7	46
32. <u>Injection, Vaccination</u> Item 32 Code: Same as in Field 7	47
33. <u>Infectious Disease in Home</u> Item 33 Code: Same as in Field 7	48
34. <u>Sick Pet in Home</u> Item 34 Code: Same as in Field 7	49
35. <u>Works Outside Home</u> Item 35 Code: Same as in Field 7	50
36. <u>Intercourse Frequency During Last Month</u> Item 36 Code for Rev. "0": 00 - None 01-79 - Number of times per week as given 80 - Less than once a week 81-87 As given 88 - Frequently, innumerable 89-98 As given 99 - Unknown Code for Rev. "1": 00 - None 01-78 - Number of times per month as given 79 - 79 or more 80 - Less than once a month 88 - Frequently, innumerable 99 - Unknown	51-52
<u>Note:</u> Rev. 1 - Use codes 89-98 as 79 or more in tabulations. Frequencies for "0" and "1" revisions <u>cannot</u> be combined.	
37. Blank	53-62

DEFINITION OF CODES (Continued)

FORM OB-8
Card 0308

FIELD

CARD
COLUMN

38. Number of Cigarettes Smoked Per Day
Item 37 63-64
Code: 00 - None, never smoked
01-60 - Number of cigarettes smoked per
day as given
61 - 61 or more daily
70 - Regular smoker but less than one
cigarette per day
80 - Irregular smoker, less than 4
cigarettes per month
99 - Unknown
39. Medication Taken
Item 38 65
Code: 0 - No
1 - Yes
9 - Unknown
40. Physician Visited
Item 39 66
Code: Same as in Field 39

Note: A card is punched for each visit with columns 1-66 same as above.

REPEAT PRENATAL HISTORY
FORM OB-8

1	2	3	4	5		6
ITEM # on Form*						
0000 0000						
DATE			MONTH	DAY	YEAR	
6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 * ITEM numbers refer to form dated: Rev. 7/59						
3		4		5		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 * ITEM numbers refer to form dated: Rev. 7/59				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 * ITEM numbers refer to form dated: Rev. 7/59		
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 * ITEM numbers refer to form dated: Rev. 7/59						
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 * ITEM numbers refer to form dated: Rev. 7/59			1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 * ITEM numbers refer to form dated: Rev. 7/59			
1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 * ITEM numbers refer to form dated: Rev. 7/59				1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 * ITEM numbers refer to form dated: Rev. 7/59		

REPEAT PRENATAL HISTORY
(For Form OB-8, Revised 7-59)

INSTRUCTIONS FOR INTERVIEWER

This form must be filled out at each repeat prenatal visit and at the time the patient is admitted to the hospital - preferably before delivery.

Item #2 "History Taken By"

Record your first and last name.

Item #4 "Date"

Record the date of this interview in the order designated: month, day, and year (9/30/59). Record the date of the next scheduled visit in similar manner.

This "Repeat Prenatal History", OB-8, is quite similar to the "History Since Last Menstrual Period", OB-3, and all instructions given for OB-3 apply to OB-8 also. In this form there is one new item, #38 "Medication Taken and Frequency". In this category, the patient should be asked the medication she is taking and how often she is actually taking it. In this connection, it is not necessary to know the dosage prescribed, but in the patient's own words how she is actually taking it. If the patient does not know the name of the medication, record her description of it and determine whether it was prescribed by her present obstetrician. If not prescribed by him attempt to identify the medication.

INSTRUCTIONS FOR LABOR OBSERVER

A regular "Repeat Prenatal History", OB-8, must be completed by the labor room observer at the time of admission of the patient to the labor room. Consult detailed instructions given in manual for Form OB-3, and OB-8. If the patient is admitted in advanced labor so that this history cannot be obtained prior to delivery, it should be taken at anytime before the patient leaves the hospital. Write "Taken after delivery" in large letters at the top of the space reserved for comments.

February 1959
(For Forms in Use April 1961)

*1st - blue
then - black + white*

REPEAT PRENATAL HISTORY
(Incarriometer)
(Since Last Visit)

2. HISTORY TAKEN BY _____ 3. _____

4. DATE _____ 5. NEXT SCHEDULED VISIT _____

Mo. Day Year Mo. Day Year

no change in content

	CHECK APPROPRIATE COLUMN	
	NO 0	YES 1
6. FELT SICK IN ANY WAY	X	X
7. HEADACHE		
8. VISUAL DISTURBANCE		
9. WEARINESS, NUMBNESS, DIZZINESS		
10. VOMITING		
11. PAIN, ABDOMEN, PELVIS, BACK		
12. URINARY URGENCY, DYSURIA		
13. DIARRHEA		
14. COLD, SORE THROAT, COUGH		
15. FEVER		
16. EYE INFLAMMATION		
17. RASH OR SKIN TROUBLE		
18. JAUNDICE		
19. SWOLLEN GLANDS		
20. COLD SORES		
21. BOILS OR ABSCESSSED TEETH		
22. SARACHE		
23. SWELLING OF FEET OR LEGS		
24. SWELLING OF HANDS OR FACE		
25. VAGINAL BLEEDING		
26. FANTING		
27. CONVULSIONS		
28. ACCIDENT, POISON, INJURY		
29. OPERATION		
30. RADIATION, X-RAY		
31. AIR TRAVEL		
32. INJECTION, VACCINATION		
33. INFECTIOUS DISEASE IN HOME		
34. SICK PET IN HOME		
35. WORKS OUTSIDE HOME		
36. INTERCOURSE FREQUENCY (Total number of times checked last month)		
37. NO. OF CIGARETTES SMOKED PER DAY		
38. MEDICATION TAKEN, AND FREQUENCY (As directed by Physician)		
39. PHYSICIAN VISITED <input type="checkbox"/> NO <input type="checkbox"/> YES		
40. NAME OF PHYSICIAN		
41. ADDRESS		

42. LIST BY NUMBER AND DESCRIBE ANY CONDITION NOTED PRESENT AT LEFT WITH APPROXIMATE DATE OF ONSET, DURATION AND SEVERITY.

REPEAT PRENATAL HISTORY
(For Interviewer)

White

Superseded by 7-59 rev.

HISTORY TAKEN BY _____

DATE (Mo-D-Yr) _____ DATE NEXT SCHEDULED VISIT _____

HISTORY SINCE LAST VISIT	CHECK APPROPRIATE COLUMN	
	ABSENT	PRESENT
1. FELT SICK IN ANY WAY		
2. HEADACHE		
3. VISUAL DISTURBANCE		
4. WEAKNESS, NUMBNESS, DIZZINESS		
5. NAUSEA OR VOMITING		
6. PAIN: ABDOMEN, PELVIS, BACK		
7. URINARY URGENCY, DYURIA		
8. DIARRHEA		
9. COLD, SORE THROAT, COUGH		
10. FEVER		
11. EYE INFLAMMATION		
12. RASH OR SKIN TROUBLE		
13. JAUNDICE		
14. SWOLLEN GLANDS		
15. COLD SORES		
16. BOILS OR ABSCESSED TEETH		
17. PARACETIM		
18. SWELLING OF FEET OR LEGS		
19. SWELLING OF HANDS OR FACE		
20. BLEEDING		
21. FAINING		
22. CONVULSIONS		
23. ACCIDENT, POISON, INJURY		
24. OPERATION		
25. RADIATION, X-RAY		
26. AIR TRAVEL		
27. INJECTION, VACCINATION		
28. SICKNESS IN HOME		
29. PET IN HOME, PET SICK		
30. WORK OUTSIDE HOME		

LIST BY NUMBER AND DESCRIBE ANY CONDITION NOTED PRESENT AT LEFT WITH APPROXIMATE DATE OF ONSET, DURATION AND SEVERITY.

31. INTERCOURSE FREQUENCY PER WEEK _____

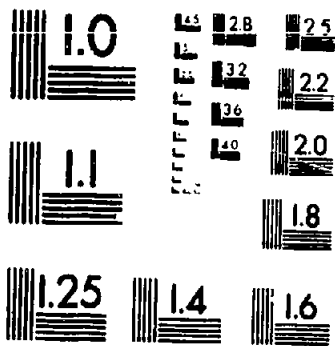
32. NO. OF CIGARETTES SMOKED PER DAY _____

33. MEDICATION TAKEN, AND FREQUENCY
(As described by Patient)

34. PHYSICIAN VISITED

NAME _____

ADDRESS _____



MICROCOPY RESOLUTION TEST CHART
NATIONAL BUREAU OF STANDARDS
STANDARD REFERENCE MATERIAL 1010a
(ANSI and ISO TEST CHART No. 2)

CONTINUED ON NEXT FICHE



OB-9 Prenatal Record

Form OB-9, Prenatal Record, provided details on the present pregnancy, reproductive history, past medical history, family history and present examinations. It was designed for use as a regular hospital record and was to be used in conjunction with detailed histories obtained by the interviewer. The form was first used in January 1959 and was replaced in April of 1962 by OB-40, OB-42 and OB-43. Page 1 of OB-9 was replaced by OB-40, an optional form retained by the institutions as a hospital record. Page 2 of OB-9 was replaced by OB-42, Past Medical History. Pages 3 and 4 of OB-9 were replaced by pages 1 and 2 of form OB-43, Initial Prenatal Examination. Four cards were used to record information from OB-9 (Table OB-9.1).

TABLE OB-9.1 Cards and Data Records by Revision for Form OB-9

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
OB-9: Onset, Duration of Menses, Pregnancy Record	1309	0	25,619 <hr/> 25,619
OB-9: Basic Data, Pelvic Examination	2509	0	25,595 <hr/> 25,595
OB-9: Evaluation of Pelvis, Past Medical History, Family History	5309	0	25,602 <hr/> 25,602
OB-9: Mouth, Eyes, Heart, Breasts, Abdomen, Skin	4309	0	25,573 <hr/> 25,573
	total for form		102,389

DATA FROM SEPARATING PAGE (M-9, ORIGINAL NUMBER)

DATE 1958
PAGE 30
ID P-200

CAMP
000

PAGE 17

DATA FROM CAMP

Case Number	Sequence	Form Type	Case Number	Revision Number
329	1	1300	7	1
330	4	1300	16	4
331	17	1300	16	17
332	17	1300	16	17
333	19	1300	26	19
334	21	1300	22	21
335	21	1300	22	21
336	24	1300	26	24
337	27	1300	22	27
338	30	1300	26	30
339	30	1300	26	30
340	33	1300	22	33
341	33	1300	22	33
342	36	1300	22	36
343	36	1300	22	36
344	36	1300	22	36
345	36	1300	22	36
346	36	1300	22	36
347	36	1300	22	36
348	36	1300	22	36
349	36	1300	22	36
350	36	1300	22	36
351	36	1300	22	36
352	36	1300	22	36
353	36	1300	22	36
354	36	1300	22	36
355	36	1300	22	36
356	36	1300	22	36
357	36	1300	22	36
358	36	1300	22	36
359	36	1300	22	36
360	36	1300	22	36
361	36	1300	22	36
362	36	1300	22	36
363	36	1300	22	36
364	36	1300	22	36
365	36	1300	22	36
366	36	1300	22	36
367	36	1300	22	36
368	36	1300	22	36
369	36	1300	22	36
370	36	1300	22	36
371	36	1300	22	36
372	36	1300	22	36
373	36	1300	22	36
374	36	1300	22	36
375	36	1300	22	36
376	36	1300	22	36
377	36	1300	22	36
378	36	1300	22	36
379	36	1300	22	36
380	36	1300	22	36
381	36	1300	22	36
382	36	1300	22	36
383	36	1300	22	36
384	36	1300	22	36
385	36	1300	22	36
386	36	1300	22	36
387	36	1300	22	36
388	36	1300	22	36
389	36	1300	22	36
390	36	1300	22	36
391	36	1300	22	36
392	36	1300	22	36
393	36	1300	22	36
394	36	1300	22	36
395	36	1300	22	36
396	36	1300	22	36
397	36	1300	22	36
398	36	1300	22	36
399	36	1300	22	36
400	36	1300	22	36

DATA ITEM REFERENCE FILE NAME, PRESENT RECORD

DATA ITEM ID	DATA TYPE	CASH SIZE	PAGE NO	DATA ITEM NAME
075...0000	1	2000	12	Blood pressure, diastolic
076...0000	4	2060	13	Weight, eye overhang (lbs)
077...0000	5	2100	18	Height, present (lbs)
078...0000	6	2300	30	Height (inches)
079...0000	7	2100	41	Pelvic gonorrhea, vaginal varicosities
080...0000	8	2100	42	Pelvic gonorrhea, other
081...0000	9	2100	43	Pelvic infections, urethrocele, cystocele
082...0000	0	2100	44	Pelvic infections, rectocele
083...0000	0	2100	45	Pelvic infections, bacterial, other
084...0000	0	2100	46	Pelvic infections, other
085...0000	0	2100	47	Pelvic infection, sterility
086...0000	10	2100	48	Pelvic infections, trichomonas
087...0000	10	2100	49	Pelvic infections, gonorrhea
088...0000	10	2100	50	Pelvic infections, nonspecific
089...0000	11	2100	51	Pelvic infections, other
090...0000	11	2100	52	Pelvic bleeding, during
091...0000	11	2100	53	Pelvic bleeding, cervix or vagina
092...0000	11	2100	54	Pelvic bleeding, other
093...0000	12	2100	55	Pelvic cervix, chronic cystic cervicitis
094...0000	12	2100	56	Pelvic cervix, erosion
095...0000	12	2100	57	Pelvic cervix, eversion
096...0000	12	2100	58	Pelvic cervix, prolapse
097...0000	12	2100	59	Pelvic cervix, laceration, 011
098...0000	12	2100	60	Pelvic cervix, other
099...0000	12	2100	61	Pelvic uterus, abnormal anatomy
100...0000	13	2100	62	Pelvic uterus, other
101...0000	13	2100	63	Pelvic uterus, other
102...0000	14	2100	64	Pelvic adnexa, mass
103...0000	14	2100	65	Pelvic adnexa, excessive tenderness
104...0000	14	2100	66	Pelvic adnexa, other
105...0000	14	2100	67	Exit code
106...0000	14	2100	68	Blank
107...0000	1	2100	69	Card number (sequence, form type, form number, revision number)
108...0000	6	2100	70	Form case number
109...0000	15	2100	71	Form no-9 date (mm)
110...0000	15	2100	72	Form no-9 date (day)
111...0000	15	2100	73	Form no-9 date (year)
112...0000	21	2100	74	Pelvic diameter, conjugate, reached
113...0000	21	2100	75	Pelvic diameter, conjugate, measurement (cm)
114...0000	15	2100	76	Pelvic spine
115...0000	16	2100	77	Pelvic arch
116...0000	17	2100	78	Pelvic diameter
117...0000	18	2100	79	Pelvic diameter
118...0000	18	2100	80	Pelvic diameter

NOTE: LISTED DISEASES ARE NOT SPASTIC PARALYSIS

ICD 9 CM CODE ICD 9 CM CODE ICD 9 CM CODE ICD 9 CM CODE

ICD 9 CM CODE	ICD 9 CM CODE	ICD 9 CM CODE	ICD 9 CM CODE
652.0-04.0	22	4100	22 EYES, OTHER ANOMALY
652.0-08.0	23	4101	23 MEDIA (LACIAL) EARLY
652.0-12.0	24	4102	24 MEDIA (LACIAL) LATE
652.0-16.0	25	4103	25 MEDIA (LACIAL) BIPHY
652.0-20.0	26	4104	26 MEDIA (LACIAL) BIPHY, CONJ.
652.0-24.0	27	4105	27 MEDIA, OTHER ANOMALY
652.0-28.0	28	4106	28 RESPIRATORY TRACT, OTHER: SPERMIA INFLAMMATION
652.0-32.0	29	4107	29 RESPIRATORY TRACT, OTHER: SPERMIA INFLAMMATION
652.0-36.0	30	4108	30 RESPIRATORY TRACT, OTHER: SPERMIA INFLAMMATION
652.0-40.0	31	4109	31 RESPIRATORY TRACT, OTHER: SPERMIA INFLAMMATION
652.0-44.0	32	4110	32 RESPIRATORY TRACT, OTHER: SPERMIA INFLAMMATION
652.0-48.0	33	4111	33 RESPIRATORY TRACT, OTHER: SPERMIA INFLAMMATION
652.0-52.0	34	4112	34 LARYNX AND/OR ENLARGED TONILLOID
652.0-56.0	35	4113	35 LARYNX AND/OR ENLARGED TONILLOID
652.0-60.0	36	4114	36 LARYNX AND/OR ENLARGED TONILLOID
652.0-64.0	37	4115	37 THYROID ENLARGEMENT, UNCLASSIFIED
652.0-68.0	38	4116	38 THYROID ENLARGEMENT, UNCLASSIFIED
652.0-72.0	39	4117	39 THYROID, ENLARGED, UNCLASSIFIED
652.0-76.0	40	4118	40 HEART ANOMALY
652.0-80.0	41	4119	41 HEART ANOMALY, TROPIC
652.0-84.0	42	4120	42 HEART, OTHER ANOMALY
652.0-88.0	43	4121	43 HEART AND/OR VASCULAR ANOMALY
652.0-92.0	44	4122	44 HEART AND/OR VASCULAR ANOMALY
652.0-96.0	45	4123	45 HEART AND/OR VASCULAR ANOMALY
652.0-100.0	46	4124	46 HEART AND/OR VASCULAR ANOMALY
652.0-104.0	47	4125	47 HEART AND/OR VASCULAR ANOMALY
652.0-108.0	48	4126	48 HEART AND/OR VASCULAR ANOMALY
652.0-112.0	49	4127	49 HEART AND/OR VASCULAR ANOMALY
652.0-116.0	50	4128	50 HEART AND/OR VASCULAR ANOMALY
652.0-120.0	51	4129	51 ANOMALY, OTHER ANOMALY
652.0-124.0	52	4130	52 HYPERCALCAEMIA
652.0-128.0	53	4131	53 HYPERCALCAEMIA
652.0-132.0	54	4132	54 HYPERCALCAEMIA
652.0-136.0	55	4133	55 UPTAKE DEFECT
652.0-140.0	56	4134	56 MEDIA (LACIAL) BIPHY
652.0-144.0	57	4135	57 MEDIA (LACIAL) BIPHY
652.0-148.0	58	4136	58 MEDIA (LACIAL) BIPHY
652.0-152.0	59	4137	59 MEDIA (LACIAL) BIPHY
652.0-156.0	60	4138	60 MEDIA (LACIAL) BIPHY
652.0-160.0	61	4139	61 MEDIA (LACIAL) BIPHY
652.0-164.0	62	4140	62 MEDIA (LACIAL) BIPHY
652.0-168.0	63	4141	63 MEDIA (LACIAL) BIPHY
652.0-172.0	64	4142	64 MEDIA (LACIAL) BIPHY
652.0-176.0	65	4143	65 MEDIA (LACIAL) BIPHY

DATA ITEMS REFERENCING PAGE NAME, PREVIOUS RECORD

DATA ITEM	TYPE	CARD NO.	PAGE NO.	DATA ITEM NAME
4000.....VAR	4	03	05	WEIGHT, USE AGENCY (LBS)
4207.....VAR	4	04	06	WEIGHT DATA (LBS)
5210.....VAR	24	110	110	POLICE NUMBER, UNIT
5217.....VAR	1	101	101	ARMED OFFICER, SYMBOLIC, FIRST RECORD
5219.....VAR	1	102	102	ARMED OFFICER, SYMBOLIC, FIRST RECORD
5240.....VAR	9-12	103	103	ARMED OFFICER, SYMBOLIC, FIRST RECORD

OSHA-200-4
40

PRENATAL RECORD
For Physicians

*white
48 February*

THE HISTORY TAKEN BY	
NAME OF PHYSICIAN	DATE RECEIVED
AGE OF MOTHER	EDUCATIONAL LEVEL
	Occupation
	Smoking
	Alcohol

3. SYMPTOMS <input type="checkbox"/> NONE the doctor used <input type="checkbox"/> BLEED? (Specify) used as evidence <input type="checkbox"/> HEMORRHOID? (Specify) used as evidence <input type="checkbox"/> SEVERE NAUSEA or VOMITING used as evidence <input type="checkbox"/> OTHER (Specify) used as evidence	2. REGULARITY
--	----------------------

4. FERTILITY TESTS <input type="checkbox"/> NONE <input type="checkbox"/> YES (Specify)
--

5. PREVIOUS PREGNANCY	1. For the last 12 months	2. For the last 24 months	3. Remaining months	4. Months
------------------------------	---------------------------	---------------------------	---------------------	-----------

6. PRIMARY	1. TYPE OF PREGNANCY	2. TYPE OF DELIVERY	3. TYPE OF ANESTHESIA	4. TYPE OF FORCEPS
	1. VAGINAL	1. VAGINAL	1. NONE	1. NONE

7. RECORD OF PREGNANCY BY QUANTITATIVE TESTS (See Common Use of Serum)

	1	2	3	4	5	6	7
17. DATE OF TERMINATION OF PREGNANCY							
18. GESTATIONAL PERIOD							
19. SEX OF FETUS							
20. WEIGHT (G)							
21. NAME OF CHILD							
22. SEX OF CHILD							
23. WEIGHT (G)							
24. LENGTH (CM)							
25. HEAD CIRCUMFERENCE (CM)							
26. BIRTH WEIGHT (KG)							

8. COMPLICATIONS OF PREGNANCY AND LABOR - SPECIFY EARLY AND LATE

27. GENERALITIES AT BIRTH				
28. PRESENT CONDITION OF CHILD (If dead give date and cause)				
29. PLACE OF BIRTH (City and hospital)				

OSHA 200-4 (REV. 1-68)
GSA GEN. REG. NO. 27
5010-108-01
MAY 1968

NAME	HOSPITAL NO.	WING NO.	DATE HISTORY TAKEN BY
------	--------------	----------	-----------------------

SUMMARY OF 2016 ALLEN SCANS PAST 6 MONTHS

SUMMARY OF 2016 YEAR-ENDS AND REACTION OF 2017

SUMMARY OF PREVIOUS HOSPITALIZATION OTHER THAN PREGNANCY

SUMMARY OF PREVIOUS U-BAY EXAMINATIONS OR TREATMENT

PELVIC DISEASE

PELVIC SURGERY

OTHER SURGERY

PAT. MEDICAL HISTORY			
	NO	YES	COMMENT ON POSITIVE HISTORY
1. CHOLELITHS			
2. THYROIDITIS			
3. OTHER CHRONIC PULMONARY DISEASE			
4. ALLERGY			
5. URETERAL TRACT DISEASE			
6. STROKE			
7. HYPERTENSION			
8. SYSTEMIC DYSPLASIA OF BONE			
9. DIABETES MELLITUS			
10. GOUT			
11. CANCER			
12. TUBERCULOSIS			
13. SLENNITIS			
14. HEMORRHOIDAL DISEASE			
15. CEREBRAL ANEURYSM			
16. OTHER SIGNIFICANT DISEASE			

FAMILY HISTORY			
	NO	YES	COMMENT ON POSITIVE HISTORY
1. SLENNITIS			
2. TUBERCULOSIS			
3. HEART DISEASE			
4. CANCER			
5. NEUROLOGICAL CONDITIONS			
6. PSYCHIATRIC ILLNESS			
7. CEREBRAL ANEURYSM			
8. MULTIPLE PREGNANCY			
9. OTHER SIGNIFICANT FAMILIAL HISTORY			

EXAMINED BY _____ DATE (Mo-Da-Yr) _____

1. YR. 2. AGE 3. OCCASION PRESENT

4. PRESENT HISTORY 5. PAST HISTORY 6. REASON

PELVIC EXAMINATION

7. VAGINAL OS/ALLA

- Normal
- Abnormal
- Vulvar Varicosities
- Clitoris
- Not Evaluated

8. CLITORIS

- Normal
- Present
- From Above
- From Below or Vaginal
- Other (Specify, etc.)
- Not Evaluated

9. UTERUS

- Normal
- Abnormal
- Uteroflexio, Cystocele
- Retroflexio
- Old Perineal Laceration
- Other
- Not Evaluated

10. CERVIX

- Normal
- Abnormal
- Cervical Canal Cervix
- Erosion
- Ectropion
- Polyp
- Old Laceration
- Other
- Not Evaluated

11. VAGINA

- Normal
- Abnormal
- Abnormally present other than vagina
- Not Evaluated

12. VULVA

- Normal
- Abnormal
- Myotic
- Congenital Anomaly
- Other
- Not Evaluated

13. VAGINITIS

- None
- Present
- Trichomonas
- Monilia
- Non-Specific
- Other
- Not Evaluated

14. ANVEXIA

- Normal
- Abnormal
- None
- Excessive Tenderness
- Other
- Not Evaluated

EVALUATION OF PELVIS

15. PUBIC L. CONJUGATE <input type="checkbox"/> Not Reached <input type="checkbox"/> Reached at _____ Cm.	16. SACRUM <input type="checkbox"/> Normal Curve <input type="checkbox"/> Flat <input type="checkbox"/> Ankylosed	17. SPINE <input type="checkbox"/> Not Present <input type="checkbox"/> Present	18. ARCH <input type="checkbox"/> Normal <input type="checkbox"/> Flat <input type="checkbox"/> Narrow
19. Sacral <input type="checkbox"/> Posterior Sagittal	20. Sacral <input type="checkbox"/> Posterior Sagittal	21. Sacral <input type="checkbox"/> Sacral	22. Sacral <input type="checkbox"/> Sacral <input type="checkbox"/> Sacral
23. Sacral <input type="checkbox"/> Normal <input type="checkbox"/> Present	24. Sacral <input type="checkbox"/> Normal <input type="checkbox"/> Present	25. Sacral <input type="checkbox"/> Sacral <input type="checkbox"/> Sacral	26. Sacral <input type="checkbox"/> Sacral <input type="checkbox"/> Sacral
27. Sacral <input type="checkbox"/> Normal <input type="checkbox"/> Present	28. Sacral <input type="checkbox"/> Normal <input type="checkbox"/> Present	29. Sacral <input type="checkbox"/> Normal <input type="checkbox"/> Present	30. Sacral <input type="checkbox"/> Normal <input type="checkbox"/> Present

27. LIST BY BOX NUMBER AND DESCRIBE ANY ABNORMAL FINDINGS NOTED PRESENT ABOVE.

NAME	AVIATION NO.	GRADE OR	ISSUED BY
SECTION I - GENERAL			
1. TYPE		7. SECURITY	
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Information <input type="checkbox"/> Other <input type="checkbox"/> Not Evaluated		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Secret <input type="checkbox"/> Other <input type="checkbox"/> Not Evaluated	
2. GUN		8. MOUNTING	
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Corrosion to Teeth <input type="checkbox"/> Teeth Chipped <input type="checkbox"/> Many Teeth Missing <input type="checkbox"/> Misaligned <input type="checkbox"/> Other <input type="checkbox"/> Not Evaluated		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Inverted <input type="checkbox"/> Flipped <input type="checkbox"/> Other <input type="checkbox"/> Not Evaluated	
3. GUN MOUNTING		9. ACCESS	
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Intermittent of Flares <input type="checkbox"/> Abnormal South Gun <input type="checkbox"/> Loose <input type="checkbox"/> Loose or Missing <input type="checkbox"/> Other <input type="checkbox"/> Not Evaluated		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Visible Open or Hole <input type="checkbox"/> (Other than Sight) Slanted <input type="checkbox"/> Obstructed <input type="checkbox"/> Missing <input type="checkbox"/> Other <input type="checkbox"/> Not Evaluated	
4. TYPE MOUNT		10. EXTENSIVE	
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Exposed Locally <input type="checkbox"/> Exposed Generally <input type="checkbox"/> Other <input type="checkbox"/> Not Evaluated		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Edges <input type="checkbox"/> Verticities <input type="checkbox"/> Other <input type="checkbox"/> Not Evaluated	
5. VIEWING		11. OPTIC SPECIFIC DEFECTS	
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Excessively Enlarged <input type="checkbox"/> Enlargement of the Lens <input type="checkbox"/> Excessive Flare <input type="checkbox"/> Other <input type="checkbox"/> Not Evaluated		<input type="checkbox"/> None <input type="checkbox"/> Pattern <input type="checkbox"/> Broken Pattern <input type="checkbox"/> Not Evaluated	
6. HEAT		12. SIZE	
<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Heavy <input type="checkbox"/> Irregular Shaped <input type="checkbox"/> Other <input type="checkbox"/> Not Evaluated		<input type="checkbox"/> Normal <input type="checkbox"/> Abnormal <input type="checkbox"/> Irregular <input type="checkbox"/> Book <input type="checkbox"/> Loose <input type="checkbox"/> Other <input type="checkbox"/> Not Evaluated	
13. OTHER SYSTEMS NOT EVALUATED ABOVE			
<input type="checkbox"/> ABNORMAL (Detachable Systems and Abnormality Entries)			

14. LIST BY GUN NUMBER AND DESCRIBE ANY ABNORMALITY NOTED ABOVE

15. RECORD ANY CLINICAL DIAGNOSIS (MAG)	DATE OF CHECK	DO NOT USE

Form Item Numbers Linked to Data Items on Form, Principal Record

FORM	DATA	DATA	DATA	DATA	DATA	DATA	DATA
ON	ITEM	ITEM	ITEM	ITEM	ITEM	ITEM	ITEM
FORM	ITEM	ITEM	ITEM	ITEM	ITEM	ITEM	ITEM
1	687...	08-9	6300	32	12	Respiratory tract, upper, other abnormality	
3	686...	08-9	6300	30	29	Respiratory tract, upper, other abnormality	
3	685...	08-9	6300	31	31	Respiratory tract, upper, other abnormality	
3	684...	08-9	6300	30	28	Respiratory tract, upper, other abnormality	
7	683...	08-9	6300	30	10	Respiratory tract, upper, other abnormality	
6	682...	08-9	6300	30	48	Allergy	
4	681...	08-9	6300	30	64	Cancer	
4	680...	08-9	6300	30	34	Lyph nodes enlarged generally	
4	679...	08-9	6300	30	33	Lyph nodes enlarged locally	
4	678...	08-9	6300	30	35	Lyph nodes, other abnormality	
4	677...	08-9	6300	30	31	Sterility workup	
4	676...	08-9	6300	30	88	Weight gain (lbs)	
4	675...	08-9	6300	30	85	Weight, age pregnancy (lbs)	
4	674...	08-9	6300	30	33	Weight, age pregnancy (lbs)	
4	673...	08-9	6300	30	35	Menstrual history LMP, first day (day)	
5	672...	08-9	6300	30	37	Menstrual history LMP, first day (day)	
5	671...	08-9	6300	30	35	Menstrual history LMP, first day (day)	
5	670...	08-9	6300	30	65	Neurological condition	
4	669...	08-9	6300	30	37	Thyroid enlargement, one lobe	
4	668...	08-9	6300	30	36	Thyroid enlargement, generalized	
5	667...	08-9	6300	30	30	Thyroid, other abnormality	
5	666...	08-9	6300	30	40	Thyroid, solitary nodule	
5	665...	08-9	6300	30	49	Urinary tract disease	
6	664...	08-9	6300	30	35	Weight, present (lbs)	
6	663...	08-9	6300	30	40	Heart output	
6	662...	08-9	6300	30	41	Heart rhythm, irregular	
6	661...	08-9	6300	30	42	Heart, other abnormality	
6	660...	08-9	6300	30	81	Height (in)	
6	659...	08-9	6300	30	39	Height (inches)	
6	658...	08-9	6300	30	40	Menstrual history pap, first day (day)	
6	657...	08-9	6300	30	38	Menstrual history pap, first day (day)	
6	656...	08-9	6300	30	42	Menstrual history pap, first day (day)	
6	655...	08-9	6300	30	66	Psychiatric disorder	
6	654...	08-9	6300	30	50	Syphilis	
7	653...	08-9	6300	30	44	Breasts, other abnormality	
7	652...	08-9	6300	30	43	Breasts, palpable mass	
7	651...	08-9	6300	30	67	Conduction abnormality	
7	650...	08-9	6300	30	51	Neurotension	
7	649...	08-9	6300	30	47	Pelvic radiology, other	
7	648...	08-9	6300	30	41	Pelvic radiology, other	
7	647...	08-9	6300	30	46	Chickenpox (day)	
7	646...	08-9	6300	30	44	Chickenpox (day)	
7	645...	08-9	6300	30	40	Chickenpox (day)	

PAGE ITEM NUMBERS LINKED TO DATA ITEMS ON NA-9, PRENATAL RECORD

ITEM	DATA	CANN	FROM	TO	DATA ITEM NAME
04	ITEM	NUM			
FORM	1.				
12	696...08-9	6300	59	59	SKIN, OTHER ABNORMALITY
12	691...08-9	6300	54	54	SKIN; LESION
12	693...08-9	6300	56	56	SKIN; LESION
12	692...08-9	6300	57	57	SKIN; RASH
12	635...08-9	6300	54	54	THYROID DISEASE
13	605...08-9	6300	60	60	IMMUNITIES, OTHER SYSTEMS
13	618...08-9	6300	57	57	DIABETES
13	657...08-9	6300	61	61	LIVER, GALL BLADDER
13	607...08-9	6300	63	63	PELVIC AREA, OTHER
13	606...08-9	6300	62	62	PELVIC AREA; CONGENITAL ANOMALY
13	604...08-9	6300	61	61	PELVIC AREA; OTHER
14	650...08-9	6300	62	62	TOTAL BODY ABILITY
14	637...08-9	6300	59	59	NEUROLOGICAL DISEASE
14	590...08-9	6300	62	62	PELVIC AREA, EXCESSIVE TENDRNESS
14	598...08-9	6300	64	64	PELVIC AREA, OTHER
14	600...08-9	6300	65	65	CONGENITAL ANOMALY
15	632...08-9	6300	59	59	PELVIC ANOMALY COMPLETE MEASUREMENT (CMB)
15	608...08-9	6300	61	61	PELVIC ANOMALY COMPLETE MEASUREMENT
15	607...08-9	6300	61	61	PELVIC ANOMALY COMPLETE MEASUREMENT
15	606...08-9	6300	61	61	PELVIC ANOMALY COMPLETE MEASUREMENT
16	610...08-9	6300	63	63	CHILDREN, LIVING, TOTAL NUMBER
16	610...08-9	6300	63	63	CHILDREN, LIVING, TOTAL NUMBER
17	611...08-9	6300	64	64	PELVIC AREA
17	612...08-9	6300	64	64	PELVIC AREA
17	613...08-9	6300	64	64	PELVIC AREA
19	614...08-9	6300	64	64	PELVIC ANOMALY UNILATERAL
20	615...08-9	6300	64	64	PELVIC ANOMALY UNILATERAL
21	616...08-9	6300	64	64	PELVIC ANOMALY UNILATERAL
22	617...08-9	6300	64	64	PELVIC ANOMALY UNILATERAL
22	618...08-9	6300	64	64	PELVIC ANOMALY UNILATERAL
23	619...08-9	6300	64	64	PELVIC ANOMALY UNILATERAL
24	610...08-9	6300	64	64	PELVIC ANOMALY UNILATERAL
25	620...08-9	6300	64	64	PELVIC ANOMALY UNILATERAL
25	620...08-9	6300	64	64	PELVIC ANOMALY UNILATERAL
26	621...08-9	6300	64	64	PELVIC ANOMALY UNILATERAL
26	621...08-9	6300	64	64	PELVIC ANOMALY UNILATERAL
28	622...08-9	6300	64	64	PELVIC ANOMALY UNILATERAL
29	622...08-9	6300	64	64	PELVIC ANOMALY UNILATERAL

**DEFINITION OF CODES
 FETAL RECORD
 FORM OB-9 CARD 1309**

<u>FIELD</u>		<u>CARD COLUMN</u>
1.	<u>Card Number</u> Code: 1	1
2.	<u>Form Number</u> Code: 309	2-4
3.	<u>Revision Number</u> Code: 0 - Form Dated: 1/59	5
4.	<u>FIELD Number</u> Nine-digit number for Patient Identification Code: As given	6-14
5.	<u>Date</u> Six-digit code for month (cols. 15-16), day (cols. 17-18), and year (cols. 19-20) Code: As given 99 - Month, day and/or year unknown	15-20
6.	<u>Age at Onset</u> Page 1 - Item 1 Code: 00 - Never menstruated 01-25 - As given 99 - Unknown	21-22
7.	<u>Interval</u> Page 1 - Item 1 Four-digit code for lowest (cols. 23-24) and highest (cols. 25-26) Code for each: 00 - Never menstruated 01-85 - Number of days as given 87 - 87 days or more 88 - "Irregular" 99 - Unknown	23-26

DEFINITION OF CODES (Continued)

**FCM CB-9
Card 1399**

FIELD

**CARD
COLUMNS**

8. Duration of Meneses
Page 1 - Item 1
Two-digit code for:
Lowest (col. 27)
Highest (col. 28)
Code for each column:
0 - Never menstruated
1-7 - Number of days as given
8 - 8 or more days, irregular
9 - Unknown

Note: 00 - Never menstruated; 88 - 8 or more days,
irregular; 99 - Unknown
9. Dysmenorrhea
Page 1 - Item 2
Code: 0 - None
1 - Slight
2 - Moderate
3 - Severe
9 - Unknown
10. Irregularities
Page 1 - Item 3
Code: 0 - None
1 - Irregularity not within past year
2 - Irregularity within past year or
time not specified
9 - Unknown
11. Sterility Workshop
Page 1 - Item 4
Code: 0 - No
1 - Yes
9 - Unknown
12. 1st Day - LMP
Page 1 - Item 5
Six-digit code for Month (cols. 32-33), Day
(cols. 34-35) and Year (cols. 36-37)
Code: As given
TTTTT - None since last delivery
99 - Month, day and/or year unknown
Supplemental codes for days:
14 - Beginning of month, first week, early
11 - Second week
16 - Middle
20 - Third week
27 - Last week, end of month, late

27-28

29

30

31

32-37

DEFINITION OF CODES (Continued)

**FORM CS-9
Card 1309**

FIELD	CARD CODES
<p>13. <u>First Day - BPD</u> Page 1 - Item 6 Code: Same as in Field 12</p>	38-43
<p>14. <u>Delivering</u> Page 1 - Item 7 Code: Same as in Field 12, except TTTTTT - None</p>	44-49
<p>15. <u>BPD</u> Page 1 - Item 8 Six-digit code for Month (cols. 30-31), Day (cols. 32-33) and Year (cols. 34-35) Code: As given 99 - Month, day and/or year unknown</p>	50-55
<p>16. <u>Total Number of Pregnancies</u> Page 1 - Item 9 Code: 00 - No previous pregnancies 01-99 - As given 99 - Unknown</p>	56-57
<p>17. <u>Abortions</u> Page 1 - Item 10 Code: 0 - None 1-7 - As given 8 - Eight or more 9 - Unknown</p>	58
<p>18. <u>Delivered</u> Page 1 - Item 11 Code: Same as in Field 17</p>	59
<p>19. <u>Pregnancy</u> Page 1 - Item 12 Code: Same as in Field 17</p>	60

DEFINITION OF CODES (Continued)

**FORM OB-9
Card 1309**

<u>FIELD</u>		<u>CARD COLUMN</u>
20.	<u>Full Term</u> Page 1 - Item 13 Code: Same as in Field 17	61
21.	<u>Stillbirths</u> Page 1 - Item 13 Code: Same as in Field 17	62
22.	<u>Multiple Pregnancies</u> Page 1 - Item 15 Code: Same as in Field 17	63
23.	<u>Number of Living Children</u> Page 1 - Item 16 Code: Same as in Field 17	64
24.	<u>Exit Code</u> Code: Blank - Not applicable 1 - No final resolution of medical questions 2 - Illegible data coded unknown 3 - Unable to determine source of data 4 - Postpartum examination	65

DEFINITIONS OF CODES (Continued)

**FORM CR-9
Card 2309**

<u>ITEM</u>	<u>CARD CODES</u>
1. <u>Card Number</u> Code: 2	1
2. <u>Basic Data</u> Code: Same as in columns 2-20 of Card 1	2-20
3. <u>Temperature</u> Page 3 - Item 1 Three-digit code for Fahrenheit temperature including tenths Code: 000 - 99.9, 100 degrees 920 to 998 - 98.0 to 99.8 as given 001 to 079 - 100.1 to 107.9 as given 999 - Unknown	21-23
4. <u>Pulse</u> Page 3 - Item 2 Code: 050-998 - As given 999 - Unknown	24-26
5. <u>Blood Pressure</u> Page 3 - Item 3 Six-digit code for systolic (cols. 27-29) and diastolic (cols. 30-32) Code for each: As given 999 - Systolic and/or diastolic unknown Note: Code limits in cols. 27-29 are 040-280 and 010-200 for cols. 30-32	27-32
6. <u>Non-Pregnant Weight</u> Page 3 - Item 4 Code: 050-350 - As given in pounds 999 - Unknown	33-35
7. <u>Pregnant Weight</u> Page 3 - Item 5 Code: Same as in Field 6	36-38
8. <u>Height</u> Page 3 - Item 6 Code: 40-80 - As given in inches 99 - Unknown	39-40

DEFINITION OF CODES (Continued)

FORM OB-9
Card 2309

FIELD

PERINEAL EXAMINATION

CARD
COLUMNS

9. External Genitalia
Page 3 - Item 7
Two-digit code for:
Vulvar Varicosities (col. 41)
Code: 0 - Normal
1 - Abnormal
2 - Questionable abnormality
9 - Unknown
Other (col. 42)
Code: 0 - Normal
1 - Abnormal
9 - Unknown

41-42

10. Introitus
Page 3 - Item 8
Four-digit code for:
Urethrocele, Cystocele (col. 43)
Code: 0 - Normal
1 - Abnormal - unspecified
3 - Urethrocele only
4 - Cystocele only
5 - Cysto-urethrocele
9 - Unknown
Rectocele (col. 44)
Code: 0 - Normal
1 - Abnormal
9 - Unknown
Old Perineal Laceration (col. 45)
Code: Same as in Field 9, col. 41
Other (col. 46)
Code: 0 - Normal
1 - Abnormality other than relaxation
unspecified
2 - Relaxation unspecified
3 - Combination of codes 1 and 2
9 - Unknown

43-46

DEFINITION OF CODES (Continued)

**FORM OB-9
Card 2309**

FIELD

**CAUSE
SOURCE**

11.

Vaginitis

Page 3 - Item 9

Code: 0 - Normal
1 - Abnormal - qualified
2 - Abnormal - unqualified
9 - Unknown

47

12.

Vaginitis

Page 3 - Item 10

Four-digit code for:

Trichomonas (col. 48)

Bacterial (col. 49)

Non-specific (col. 50)

Code for each column:

Same as in Field 9, col. 41

48-51

Other (col. 51)

Code: 0 - Normal
1 - Abnormality present - other
2 - Vulvitis, vulvo-vaginitis
3 - Combination of codes 1 and 2
4 - Vaginal discharge without vaginitis
5 - Combination of codes 1 and 4
6 - Combination of codes 2 and 4
7 - Combination of codes 1, 2 and 4
9 - Unknown

13.

Fluorine: Source

Page 3 - Item 11

Three-digit code for:

Uterus (col. 52)

Code: Same as in Field 9, col. 41

Cervix or Vagina (col. 53)

Code: 0 - Normal
1 - Abnormal but source unknown
3 - From cervix only
4 - From vagina only
5 - From both
9 - Unknown

52-54

DEFINITION OF CODES (Continued)

**FORM OB-9
Card 2309**

FIELD

**CARD
COLUMNS**

13. Bleeding: Source (cont.)

52-54

Other (col. 54)

- Code:** 0 - Normal
1 - Abnormality other than rectal bleeding
2 - Rectal bleeding
3 - Combination of codes 1 and 2
9 - Unknown

14. Cervix

55-60

Page 3 - Item 12

Six-digit code for:

- | | |
|----------------------------------|-----------|
| <u>Chronic Cystic Cervicitis</u> | (col. 55) |
| <u>Erosion</u> | (col. 56) |
| <u>Exertion</u> | (col. 57) |
| <u>Polyp</u> | (col. 58) |
| <u>Old Laceration</u> | (col. 59) |

Code for each column:

Same as in Field 9, col. 41

Other (col. 60)

- Code:** 0 - Normal
1 - Abnormality present other than specified in codes 2 and 4
2 - Prolapse of cervix or uterus
3 - Combination of codes 1 and 2
4 - Dilated and/or effaced
5 - Combination of codes 1 and 4
6 - Combination of codes 2 and 4
7 - Combination of codes 1, 2 and 4
9 - Unknown

DEFINITION OF CODES (Continued)

**FORM OB-9
Card 2309**

FIELD

**CARD
CODES**

15.

Uterus

Page 3 - Item 13

Three-digit code for:

Uterus (col. 61)

Congenital Anomaly (col. 62)

Code for each column:

- 0 - Normal
- 1 - Abnormal
- 2 - Questionable abnormality
- 8 - Not palpated
- 9 - Unknown

Other (col. 63)

Code: 0 - Normal

1 - Abnormality present, other than specified in codes 2 or 4

2 - ~~Normal~~

3 - Combination of codes 1 and 2

4 - Abnormal size including multiple pregnancy

5 - Combination of codes 1 and 4

6 - Combination of codes 2 and 4

7 - Combination of codes 1, 2 and 4

8 - Not palpated

9 - Unknown

61-63

16.

Adnexa

Page 3 - Item 14

Three-digit code for:

Mass (col. 64)

Excessive Tenderness (col. 65)

Code for each column:

Same as in Field 9, col. 41

Other (col. 66)

Code: 0 - Normal

1 - Abnormal

9 - Unknown

64-66

17.

Hit Code

Code: Blank - Not applicable

1 - No final resolution of medical questions

2 - Illegible data codes unknown

3 - Unable to determine source of data

4 - Postpartum examination

67

DEFINITION OF CODES (Continued)

FORM 32-
Card 3309

<u>FIELD</u>	<u>CARD</u> <u>COLANGE</u>
1. <u>Card Number</u> Code: 3	1
2. <u>Basic Data</u> Code: Same as in cols. 2-20 of Card 2 EVALUATION OF PELVIS	2-20
3. <u>Diagonal Conjugate</u> Page 3 - Item 15 Four-digit code for Reached (col. 21) and Measurement (cols. 22-24) Code for col. 21: 0 - Not reached 1 - Reached 2 - Measurement recorded only 9 - Unknown Code for cols. 22-24: 010-699 - As given in centimeters including tenths 999 - Unknown <u>Supplemental codes for approximate measurements reported</u> <u>as "less than" or "greater than" within the indicated</u> <u>limits:</u> 770 - Less than 10.0 to 10.9 771 - Less than 11.0 to 11.9 772 - Less than 12.0 to 12.9 773 - Less than 13.0 to 13.9 777 - Less than 7.0 to 7.9 778 - Less than 8.0 to 8.9 779 - Less than 9.0 to 9.9 880 - Greater than 10.0 to 10.9 881 - Greater than 11.0 to 11.9 882 - Greater than 12.0 to 12.9 883 - Greater than 13.0 to 13.9 884 - Greater than 4.0 to 4.9 885 - Greater than 5.0 to 5.9 886 - Greater than 6.0 to 6.9 887 - Greater than 7.0 to 7.9 888 - Greater than 8.0 to 8.9 889 - Greater than 9.0 to 9.9	21-24
4. <u>Sacrum</u> Page 3 - Item 16 Code: 0 - Normal curve 1 - Flat 2 - Angulated 3 - Congenitally absent 9 - Unknown	25

DEFINITION OF CODES (Continued)

**FORM CB-9
Card 1309**

FIELD

**CARD
CODE**

- | | | |
|-----|---|-------|
| 5. | <p><u>Spines</u>
Page 3 - Item 17
Code: 0 - Not prominent
1 - Prominent
2 - Borderline
9 - Unknown</p> | 26 |
| 6. | <p><u>Arch</u>
Page 3 - Item 18
Code: 0 - Normal
1 - Wide
2 - Narrow
3 - 70-90 degrees
4 - Roman
5 - Gothic
9 - Unknown</p> | 27 |
| 7. | <p><u>M-Teeth</u>
Page 3 - Item 19
Three-digit code for cuspiforms, including
teeth
Code: Same as in Field 3, cols. 22-24</p> | 28-30 |
| 8. | <p><u>Posterior Smalls</u>
Page 3 - Item 20
Three-digit code for cuspiforms, including
teeth
Code: Same as in Field 3, cols. 22-24</p> | 31-33 |
| 9. | <p><u>Interstitial</u>
Page 3 - Item 21
Three-digit code for cuspiforms, including
teeth
Code: Same as in Field 3, cols. 22-24</p> | 34-36 |
| 10. | <p><u>Sidewalls</u>
Page 3 - Item 22
Code: 0 - Divergent
1 - Convergent
2 - Parallel
9 - Unknown</p> | 37 |
| 11. | <p><u>Characteristic Notch</u>
Page 3 - Item 22
Code: 0 - Average
1 - Wide
2 - Narrow
3 - Congenitally absent
9 - Unknown</p> | 38 |

DEFINITIONS OF CODES (Continued)

FORM OB-9
Card 3309

<u>FIELD</u>	<u>CARD COLUMN</u>
12. <u>Asymetry</u> Page 3 - Item 23 Code: 0 - None 1 - Present 9 - Unknown	39
13. <u>Other Pelvic Abnormality</u> Page 3 - Item 24 Code: Same as in Field 12	40
14. <u>Inlet</u> Page 3 - Item 25 Code: 0 - Adequate 1 - Contracted 2 - Borderline 9 - Unknown	41
15. <u>Midpelvis</u> Page 3 - Item 28 Code: Same as in Field 14	42
16. <u>Outlet</u> Page 3 - Item 29 Code: Same as in Field 14	43
17. <u>X-Ray Pelvimetry</u> Page 3 - Item 26 Code: 0 - None 1 - Reported 2 - Proposed or ordered	44
PAST MEDICAL HISTORY	
18. <u>Childhood Diseases</u> Page 2 - Item 1 Code: 0 - No 1 - Yes 9 - Unknown	45
19. <u>Tuberculosis</u> Page 2 - Item 2 Code: Same as in Field 18	46
20. <u>Other Chronic Pulmonary Disease</u> Page 2 - Item 3 Code: Same as in Field 18	47
21. <u>Allergy</u> Page 2 - Item 4 Code: Same as in Field 18	48

RECORDS OF THE (REDACTED)

**FORM OB-9
Card 3309**

**CARD
NUMBER**

(REDACTED)
NAME OF THE FIELD 28

(REDACTED)
NAME OF THE FIELD 28

(REDACTED)
NAME OF THE FIELD 28

(REDACTED)
NAME OF THE FIELD 28

(REDACTED)
NAME OF THE FIELD 28

(REDACTED)
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NAME OF THE FIELD 28

(REDACTED)
NAME OF THE FIELD 28

(REDACTED)
NAME OF THE FIELD 28

(REDACTED)
NAME OF THE FIELD 28

(REDACTED)
NAME OF THE FIELD 28

49

50

51

52

53

54

55

56

57

58

59

DEFINITION OF CODES (Continued)

FORM OB-9
Card 3309

<u>FIELD</u>	<u>CARD CODE</u>
33. <u>Other Significant Disease</u> Page 2 - Item 16 Code: Same as in Field 18	60
FAMILY HISTORY	
34. <u>Diabetes</u> Page 2 - Item 1 Code: Same as in Field 18	61
35. <u>Tuberculosis</u> Page 2 - Item 2 Code: Same as in Field 18	62
36. <u>Heart Disease</u> Page 2 - Item 3 Code: Same as in Field 18	63
37. <u>Cancer</u> Page 2 - Item 4 Code: Same as in Field 18	64
38. <u>Neurological Condition</u> Page 2 - Item 5 Code: Same as in Field 18	65
39. <u>Psychiatric Disorder</u> Page 2 - Item 6 Code: Same as in Field 18	66
40. <u>Congenital Anomaly</u> Page 2 - Item 7 Code: Same as in Field 18	67
41. <u>Multiple Pregnancy</u> Page 2 - Item 8 Code: Same as in Field 18	68
42. <u>Other Significant Familial History</u> Page 2 - Item 9 Code: Same as in Field 18	69

DEFINITION OF CODES (Continued)

**FORM OB-9
Card 359**

FIELD

**CARD
COLUMN**

43.

Exit Code

Code: Blank - Not applicable

- 1 - No final resolution of medical questions**
- 2 - Illegible data coded unknown**
- 3 - Unable to determine source of data**
- 4 - Postpartum terminations**

70

DEFINITION OF CODES (Continued)

FORM OB-9
Card #309

FIELD

**CARD
COLUMNS**

- | | |
|---|--------------|
| <p>1. <u>Card Number</u>
Code: 4</p> | <p>1</p> |
| <p>2. <u>Basic Data</u>
Code: Same as in columns 2-20 of Card 1</p> | <p>2-20</p> |
| <p>3. <u>Eyes</u>
Page 4 - Item 1
Two-digit code for:
<u>Inflammation (col. 21)</u>
Code: 0 - None
1 - Present
2 - Questionably present
9 - Unknown

<u>Other (col. 22)</u>
Code: 0 - No other abnormality reported
1 - Abnormalities other than severe
visual impairment
2 - Severe visual impairment
3 - Combination of codes 1 and 2
9 - Unknown</p> | <p>21-22</p> |
| <p>4. <u>Mouth</u>
Page 4 - Item 2
Five-digit code for:
<u>Cavities (col. 23)</u>
<u>Teeth Dirty (col. 24)</u>
<u>Many Teeth Missing (col. 25)</u>
<u>Stomatulous (col. 26)</u>
Code for each column:
Same as in Field 3, col. 21

<u>Other (col. 27)</u>
Code: 0 - No other abnormality reported
1 - Abnormalities other than abnormal
gums
2 - Abnormal gums
3 - Combination of codes 1 and 2
9 - Unknown</p> | <p>23-27</p> |

DEFINITION OF CODES (Continued)

FORM OB-9
Rev. 4-30-59

XXXX

**CARD
COLUMN**

5. Upper Respiratory
Page 4 - Item 3

28-32

Five-digit code for:

- Inflammation of Pharynx (col. 28)
- Acute Tonsillitis (col. 29)
- Chronic Tonsillitis (col. 30)
- Epiglottitis (col. 31)

Code for each column:

Same as in Field 3, col. 21

Other (col. 32)

- Code: 0 - No other abnormality reported
- 1 - Abnormalities other than nasopharyngeal and sinus conditions
 - 2 - Other nasopharyngeal and sinus conditions
 - 3 - Combination of codes 1 and 2
 - 9 - Unknown

6. Lymph Nodes

33-35

Page 4 - Item 4

Three-digit code for:

- Enlarged Locally (col. 33)
- Enlarged Generally (col. 34)

Code for each column:

Same as in Field 3, col. 21

Other (col. 35)

- Code: 0 - No other abnormality reported
- 1 - Abnormality present
 - 9 - Unknown

7. Thyroid

36-39

Page 4 - Item 5

Four-digit code for:

- Generalized Enlargement (col. 36)
- Enlargement of One Lobe (col. 37)
- Struma Nodosa (col. 38)

Code for each column:

Same as in Field 3, col. 31

Other (col. 39)

- Code: 0 - No other abnormality reported
- 1 - Abnormalities other than Thyroidectomy
 - 2 - Thyroidectomy
 - 3 - Combination of codes 1 and 2
 - 9 - Unknown

DEFINITION OF CODES (Continued)

FORM OB-9
Card 4309

FIELD

CARD
COLUMNS

8.

Heart

Page 4 - Item 6

Three-digit code for:

Murmur (col. 40)

Irregular Rhythm (col. 41)

Code for each column:

Same as in Field 3, col. 21

Other (col. 42)

Code: 0 - No other abnormality reported
1 - Abnormalities other than abnormal rate
2 - Abnormal rate
3 - Combination of codes 1 and 2
9 - Unknown

40-42

9.

Breasts

Page 4 - Item 7

Two-digit code for:

Mass (col. 43)

Code: Same as in Field 3, col. 21

Other (col. 44)

Code: 0 - No other abnormality reported
1 - Abnormalities other than inflammation
2 - Inflammation
3 - Combination of codes 1 and 2
9 - Unknown

43-44

10.

Nipples

Page 4 - Item 8

Three-digit code for:

Inverted (col. 45)

Fissured (col. 46)

Code for each column:

Same as in Field 3, col. 21

Other (col. 47)

Code: 0 - No other abnormality reported
1 - Abnormality present
9 - Unknown

45-47

11.

Abdomen

Page 4 - Item 9

Four-digit code for:

Palpable Organ or Mass (col. 48)

Operative Scar (col. 49)

Hernia (col. 50)

Code for each column:

Same as in Field 3, col. 21

48-51

DEFINITION OF CODES (Continued)

**FORM OB-9
Card 4309**

FIELD

**CARD
COLUMN**

11. Abdomen (cont.)

48-51

Other (col. 51)

- Code:** 0 - No other abnormality reported
1 - Abnormalities other than codes 2 or 4
2 - C.V.A. tenderness or pain
3 - Combination of codes 1 and 2
4 - Other abdominal tenderness or pain
5 - Combination of codes 1 and 4
6 - Combination of codes 2 and 4
7 - Combination of codes 1, 2 and 4
9 - Unknown

12. Extremities

52-54

Page 4 - Item 10

Three-digit code for:

Wounds (col. 52)

Fractures (col. 53)

Code for each column:

Same as in Field 3, col. 21

Other (col. 54)

- Code:** 0 - No other abnormality reported
1 - Abnormalities other than current ulcers
2 - Ulcers - current
3 - Combination of codes 1 and 2
9 - Unknown

13. Orthopedic Defects

55

Page 4 - Item 11

Code: Same as in Field 3, col. 21

14. Skin

56-59

Page 4 - Item 12

Four-digit code for:

Scalds (col. 56)

Burns (col. 57)

Lesions (col. 58)

Code for each column:

Same as in Field 3, col. 21

Other (col. 59)

- Code:** 0 - No other abnormality reported
1 - Abnormalities other than codes 2 or 4
2 - Soars, operative, not elsewhere classified
3 - Combination of codes 1 and 2
4 - Soars, traumatic
5 - Combination of codes 1 and 4
6 - Combination of codes 2 and 4
7 - Combination of codes 1, 2 and 4
9 - Unknown

DEFINITION OF CODES (Continued)

FORM OB-9
Card 4309

FIELD

CARD
COLUMNS

15. **Other System Not Evaluated Above** 60
Page # - Item 13
Code: 0 - No other abnormality reported
1 - Abnormalities other than obese
2 - Obese
3 - Combination of codes 1 and 2
9 - Unknown
16. **Edit Code** 61
Code: Blank - Not applicable
1 - No final resolution of medical questions
2 - Illegible data coded unknown
3 - Unable to determine source
4 - Postpartum examinations

GENERAL RECORD
FORM CB-9

PAGE 1

DATE OF RECORD		DATE OF ISSUE		DATE OF EXPIRATION		DATE OF NEXT RENEWAL	
5	6	7	8	9	0	1	2
NAME		SURNAME		PREVIOUS SURNAME		MIDDLE NAME	
BIRTH		PLACE		CITY		STATE	
CITY		STATE		CITY		STATE	
MILITARY SERVICE		NUMBER		TYPE		CLASSIFICATION	
DATE OF SERVICE		TYPE		CLASSIFICATION		REMARKS	
MILITARY SERVICE		NUMBER		TYPE		CLASSIFICATION	
DATE OF SERVICE		TYPE		CLASSIFICATION		REMARKS	
MILITARY SERVICE		NUMBER		TYPE		CLASSIFICATION	
DATE OF SERVICE		TYPE		CLASSIFICATION		REMARKS	
MILITARY SERVICE		NUMBER		TYPE		CLASSIFICATION	
DATE OF SERVICE		TYPE		CLASSIFICATION		REMARKS	
MILITARY SERVICE		NUMBER		TYPE		CLASSIFICATION	
DATE OF SERVICE		TYPE		CLASSIFICATION		REMARKS	
MILITARY SERVICE		NUMBER		TYPE		CLASSIFICATION	
DATE OF SERVICE		TYPE		CLASSIFICATION		REMARKS	

BANK

* Item numbers refer to form dated: 2/59

GENERAL EXAMINATION - PAGE 4

1	2	3	4	5	6	7	8	9	10	11	12
DATE	TIME	BY	TEST	SCORE	TYPE	REMARKS	REMARKS	REMARKS	REMARKS	REMARKS	REMARKS
Blank											

* Item numbers refer to form dated: 1/59

PRENATAL RECORD
(For Form OB-9, Dated 1-59)

INSTRUCTIONS FOR PHYSICIAN

- Par. 1 OB-9, the prenatal record, is a four-page form which is designed for use as a regular hospital record. It is also designed to be used in conjunction with the detailed histories obtained by the interviewer.
- Par. 2 At the top of the form in the box labeled "This History Taken By," record your name.
- Par. 3 In the box labeled "Title or Position," give your official position, such as "medical student," "intern," "resident," "project obstetrician," "senior obstetrician," etc.
- Par. 4 Under "Date," record the date this record was taken in the designated order: month, day, and year.

Item #1. "Menstrual History"

This history may, for study patients, be obtained from the Interviewers' Gynecological History, OB-4. For non-study patients, or in institutions where an interviewer is not as yet obtaining the Gynecological History, OB-4, Items #1 through #6 must be obtained by the obstetrician completing this form. Under Item #1, Menstrual History, "Age at Onset" refers to the patient's age (at last birthday) at the time of onset of her menstrual periods. The next box, "Interval," refers to the average number of days from the first day of one menstrual period to the first day of the next menstrual period. "Duration" applies to the number of days the average period lasts.

Item #2. "Dysmenorrhea"

Check "None" if no discomfort is noted by the patient. Check "Slight" if the patient notes some discomfort but requires no medication. Check "Moderate" if the patient notes discomfort which requires medication, but continues with her usual activities. Check "Severe" if the discomfort is such that the patient is required to remain in bed or away from gainful employment for at least one day.

Item #3. "Irregularities"

Record any gross irregularities in menses.

Item #4. "Sterility Workup"

Check "None" if patient has had no sterility workup; otherwise check "Yes" and describe any sterility workup done.

PRESENT PREGNANCY

Item #5. "First Day LMP"

List the first day of the last normal menstrual period: month, day,

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PRENATAL RECORD (Con't)

PRESENT PREGNANCY (Con't)

Item #5. "First Day LMP" (Con't)

and year.

Item #6. "First Day FMP"

List the first day of the menstrual period prior to the last normal period: month, day, and year.

Item #7. "Quickening"

If quickening has occurred at the time of this interview, list the approximate date: month, day, and year; otherwise, it may be recorded later when this event does occur.

Item #8. "EDC"

List the expected date of confinement: month, day, and year. (If at any time prior to delivery, you have reason to change the EDC, do not change the original date in this space, but give new EDC with the reason for change at the bottom of this page.)

REPRODUCTIVE HISTORY

- Par. 1 If the interviewers' history, OB-2, is available, the physician may use it as an aid to filling in this portion of the prenatal record.
- Par. 2 If you are obtaining your information for this portion of OB-9 from the interviewers' record by discussion with the patient, attempt to enlarge on any areas which do not seem to be clear or fully developed in the interviewers' history, particularly in the areas of previous complications of pregnancy and labor, abnormalities at birth, etc. If former hospital records are available to you, information from this source should be included in your write-up of the previous pregnancy experience.
- Par. 3 Under "Summary" the obstetrician is required to summarize the reproductive history in the various categories listed.

Item #9. "Total Number of Pregnancies"

List the total number of pregnancies the patient has had, not including the present pregnancy.

Item #10. "Abortions"

List the number of pregnancies terminating in a delivery of one or more infants (alive or dead) at 20 weeks gestation or less.

Item #11. "Immature"

List the number of pregnancies terminating in the delivery of one or

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Number of pregnancies (alive or dead) at 21 to 28 weeks gestation.

Number of pregnancies terminating in the delivery of one or more fetuses (alive or dead) at 29 to 36 weeks gestation.

Number of pregnancies terminating in the delivery of one or more fetuses (alive or dead) at 37 weeks gestation or more.

Total number of babies which were born dead at 29 weeks gestation or more.

Multiple Pregnancies
A multiple pregnancy shall be counted as one, regardless of the number of infants produced. (One set of twins would be considered a multiple pregnancy.)

Number of Living Children
Number of living children at the time this information is recorded.

Previous pregnancies should be recorded in chronological order beginning with the first pregnancy. A second page 1 of this form OB-9 may be used if there are more than five previous pregnancies. For instructions regarding items #17 through #27, refer to instructions to interviewers, Reproductive History, OB-2, in the manual.

In the space labeled "Name," record the patient's full name.

Record both the hospital and NINDS numbers in the spaces provided.

In the space labeled "This History Taken By," record your own name. This must always be done, even though an addressograph has been used. Pages 1 and 2 are fully identified.

The first four items entitled "Summary of Acute Illness During the Past Twelve Months," "Summary of Blood Transfusion and Reactions, if Any," "Summary of Previous Hospitalization Other than Pregnancy," and "Summary of Previous X-Ray Examinations or Treatment," may all be summarized from the interviewers' records of "Recent Medical History," OB-5, and "Past Medical History," OB-6, in those institutions which have an interviewer completing this portion of the protocol. In summarizing this information, you should make certain by discussion with the patient that it is

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complete and accurate before transcribing it to OB-9. Do not add to or change in any way the forms which have previously been completed by the interviewer.

- Par. 5 If OB-5 and OB-6 have not been completed for this patient, this information must be determined by the obstetrician. In any case, whether the interviewers' history is available or not, ask the patient specifically about pelvic disease, pelvic and other surgery, and record your interpretation of her answers in the appropriate spaces on this form.

PAST MEDICAL HISTORY

The interviewer and physicians' form "Infectious Disease and System Review," OB-7, must be reviewed and any diagnosis found there transferred to this form. If this form has not been completed, this past medical history must be obtained by the obstetrician. Indicate with a check either "no" or "yes" for each condition listed and comment on any positive history. If there is a questionable history (if it cannot be presumed that a patient has actually had a specific disease), check "yes" and qualify this using the symbols DF (definite), PR (probable), or PS (possible). If there is any significant disease which is not listed specifically, check "yes" for Item #16 and describe the disease.

FAMILY HISTORY

Obtain this information on all patients directly from the patient without referral to any of the interviewers' forms. Comment on any positive answers. Inquire about any significant familial history which is not listed, and if a positive response is obtained, check Item #9, "yes," and describe the condition.

PAGE 3

- Par. 1 In the space labeled "Examined By" record your name.
- Par. 2 In the space labeled "Date" record the date of the examination in the order designated: month, day, and year (11/22/58).

Item #1. "Temperature"

Record the patient's oral temperature at the time of examination either in centigrade or fahrenheit, whichever is the usual standard for your clinic.

Item #2. "Pulse"

The pulse should be taken in the usual way and recorded.

Item #3. "Blood Pressure"

Record the blood pressure at the time of the examination.

Item #4. "Non-Pregnant Weight"

Record the patient's usual weight before this pregnancy started. If she

Item #4. "Non-Pregnant Weight" (Con't)

has no idea of her usual weight, place "Unk" in the box.

Item #5. "Present Weight"

Weigh patient at time of this examination and record in pounds.

Item #6. "Height"

Measure patient without shoes and record height in inches.

PELVIC EXAMINATION

Par. 1 The pelvic examination is so designed that if for any item, there are no findings considered abnormal, a single check in the box marked "normal" will suffice. Any findings checked present under "abnormal" must be listed by item number and described at the bottom of the page. If an abnormal finding is noted other than those described, check the box marked "Other" and describe in the space at the bottom of the page.

Par. 2 There is also a box in each space with the designation "Not Evaluated" which should be checked if for any reason this particular item could not be evaluated. It is assumed that there will be very few situations in which an evaluation will not be possible.

EVALUATION OF PELVIS

Item #15. "Diagonal Conjugate"

Determine this measurement in the usual manner during the pelvic examination. If the sacral promontory is reached, check the box marked "Reached" and record the distance in centimeters as measured on your hand with the calipers or the well scale. If the sacral promontory cannot be reached, check "Not reached" and measure with the calipers or well scale the distance on your hand and record after "Not reached." This will mean that the diagonal conjugate is greater than this particular distance.

Item #16. "Sacrum"

Determine whether the sacrum has a normal curve or is abnormally flat or angulated and check the appropriate box.

Item #17. "Spines"

Determine whether the spines are not prominent or are prominent enough to constitute an invasion of the birth canal, and check the appropriate box.

Item #18. "Arch"

Determine whether the pubic arch is approximately normal or is unusually

PRENATAL RECORD (Con't)

EVALUATION OF PELVIS (Con't)

Item #18. "Arch" (Con't)

wide or narrow and check the appropriate box.

Item #19. "Bi-Iscbial" (bi-tuberosity diameter)

This is the distance between the inner surfaces of the tuberosities of the ischium and should be measured as accurately as possible and recorded in centimeters.

Item #20. "Posterior Sagittal"

This item refers to the posterior sagittal diameter of the pelvic outlet. This measurement is made with a Thomas Pelvimeter and measures the distance from the mid-portion of the line joining the tuberosities of the ischium to the sacrococcygeal junction. This measurement should be determined as accurately as possible and recorded in centimeters.

Item #21. "The Inter-ristal Diameter"

This distance is determined with calipers and is the distance between the crests of the ilium. Moderate pressure should be used in order to determine this measurement as accurately as possible, regardless of the amount of subcutaneous fat. The measurement has questionable significance obstetrically, but is of use in the evaluation of nutrition.

Item #22. "Sidewalls"

Determine whether the sidewalls are divergent or convergent and check the appropriate box.

Sacrosciatic Notch

Determine whether the sacrosciatic notch is of average width or seems unusually wide or narrow and check the appropriate box.

Item #23. "Asymmetry"

If there is no apparent pelvic asymmetry, check "None." If any asymmetry is noted, check "Present" and describe under Item #27

Item #24. "Other Pelvic Abnormality"

If any obvious abnormality is present which has not been covered, check "Present" and describe; otherwise, check "None."

SUMMATION

Item #25, "Inlet," Item #28, "Midpelvis," and Item #29, "Outlet" must be

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PRENATAL RECORD (Con't)

SIGNATURE (Con't)

evaluated and described as either "Adequate" or "Contracted." If you feel that any of these planes may not be adequate, but are not sure, check the box marked "Contracted" and explain in the space at the bottom of the page (Item #27) that this item, although checked "Contracted" is suspect only. Any item checked "Contracted" must be explained.

Item #26, "X-Ray Pelvimetry"

This item must be filled in whenever this type of pelvimetry is obtained. Morphology refers to the Caldwell-Malloy classification. The OB conjugate refers to the anterior-posterior diameter of the inlet. The transverse of the inlet is self-explanatory. The interspinous refers to the transverse diameter of the midpelvis.

Item #27

In this space list by item number and describe any finding which has been checked as abnormal, either in the pelvic examination or in the evaluation of the pelvis.

PAGE 4

As on page two of this form, record the full name of the patient, the hospital history number, the NINDS number and record your name under "Examined By."

GENERAL EXAMINATION

Normal findings need not be described. A single check in the box marked "Normal" will suffice for each item if it has been evaluated and found normal. Any abnormality checked "Positive" must be listed by item number in Item #14, and adequately described. If an abnormality is present which is not specifically listed, check the box marked "Other" and describe the abnormality below. If, under unusual circumstances, an item cannot be evaluated, there is a box marked "Not Evaluated" which may be checked.

Item #13, "Other System Not Evaluated Above"

Any abnormality found on general physical examination not covered in one of the above categories should be noted by checking this box and describing the system and abnormality in Item #14.

Item #14

Any abnormal finding must be listed by item number and described here.

PRENATAL RECORD (Con't)

GENERAL EXAMINATION (Con't)

Item #15

If any clinical diagnosis is made as a result of the first obstetrical visit, record it in this space. Record the approximate date of onset as nearly as can be determined in the space marked "Date of Onset."

OB-42 Past Medical History

Form OB-42, Past Medical History, was used to record details of the patient's previous medical and surgical history up to the time of interview. Information on childhood diseases and diseases of cardiovascular, respiratory and digestive systems was included, as well as gynecological and venereal diseases, other surgery, diseases of the renal and urinary tract, and other disorders. First used as a pretest form in July 1961, the form was implemented into the study in April 1962, replacing page 2 of OB-9. No revisions were made on the form. Data were punched onto card 0342 in the master file (Table OB-42.1). Some aspects of the patient's past medical history were also recorded on form OB-5, where radiological treatments and results of other treatments and exams were recorded.

TABLE OB-42.1 Cards and Data Records by Revision for Form OB-42

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
OB-42: Past Medical History	0342	0	31,313
			<hr/>
			31,313
	total for form		31,313

DATA ITEMS REFERENCING PERS ON-02, Post Medical History

DATA TYPE CASH FROM TO DATA ITEM NAME

DATA	TYPE	CASH	FROM	TO	DATA ITEM NAME
10	30	MIN			
1003	0000	0309	1	5	Card number (sequence, P.O. type, case number, revision number)
1004	0000	0302	6	14	STANS case number
1005	00-02	0309	14	15	Pers 00-02 date (yy)
1006	00-02	0309	17	16	Pers 00-02 date (day)
1007	00-02	0309	19	17	Pers 00-02 date (yr)
1008	00-02	0309	21	21	History obtained using this case or other records
1009	00-02	0309	22	22	Childhood diseases, surgery code
1010	00-02	0309	23	23	Childhood diseases, surgery code
1011	00-02	0309	24	24	Childhood diseases, surgery code
1012	00-02	0309	25	25	Cardiovascular, surgery code
1013	00-02	0309	26	26	Cardiovascular, surgery code
1014	00-02	0309	27	27	Cardiovascular, hypertension, chronic
1015	00-02	0309	28	28	Cardiovascular, hypertension, chronic
1016	00-02	0309	29	29	Cardiovascular, vascular disease
1017	00-02	0309	30	30	Cardiovascular, surgery code
1018	00-02	0309	31	31	Respiratory, tuberculosis
1019	00-02	0309	32	32	Respiratory, asthma
1020	00-02	0309	33	33	Respiratory, pneumonia
1021	00-02	0309	34	34	Digestive, surgery code
1022	00-02	0309	35	35	Digestive, surgery code
1023	00-02	0309	36	36	Digestive, cholelithiasis/ileitis
1024	00-02	0309	37	37	Digestive, ulcer, gastric
1025	00-02	0309	38	38	Gynecological, vaginal, surgery code
1026	00-02	0309	39	39	Gynecological, vaginal, surgery code
1027	00-02	0309	40	40	Gynecological, vaginal, fertility
1028	00-02	0309	41	41	Gynecological, vaginal, fertility
1029	00-02	0309	42	42	Gynecological, vaginal, surgery code
1030	00-02	0309	43	43	Gynecological, vaginal, surgery code
1031	00-02	0309	44	44	Surgery, other, surgery code
1032	00-02	0309	45	45	Surgery, other, surgery code
1033	00-02	0309	46	46	Neuro primary tract, surgery code
1034	00-02	0309	47	47	Neuro primary tract, cystitis
1035	00-02	0309	48	48	Neuro primary tract, cystitis
1036	00-02	0309	49	49	Neuro primary tract, urology
1037	00-02	0309	50	50	Endocrine, metabolic, surgery code
1038	00-02	0309	51	51	Endocrine, metabolic, surgery code
1039	00-02	0309	52	52	Endocrine, metabolic, surgery code
1040	00-02	0309	53	53	Neurovascular, diabetes mellitus
1041	00-02	0309	54	54	Neurovascular, diabetes mellitus
1042	00-02	0309	55	55	Neurovascular, diabetes mellitus
1043	00-02	0309	56	56	Neurovascular, diabetes mellitus
1044	00-02	0309	57	57	Neurovascular, diabetes mellitus
1045	00-02	0309	58	58	Neurovascular, diabetes mellitus
1046	00-02	0309	59	59	Neurovascular, diabetes mellitus
1047	00-02	0309	60	60	Neurovascular, diabetes mellitus
1048	00-02	0309	61	61	Neurovascular, diabetes mellitus
1049	00-02	0309	62	62	Neurovascular, diabetes mellitus
1050	00-02	0309	63	63	Neurovascular, diabetes mellitus
1051	00-02	0309	64	64	Neurovascular, diabetes mellitus
1052	00-02	0309	65	65	Neurovascular, diabetes mellitus
1053	00-02	0309	66	66	Neurovascular, diabetes mellitus
1054	00-02	0309	67	67	Neurovascular, diabetes mellitus
1055	00-02	0309	68	68	Neurovascular, diabetes mellitus
1056	00-02	0309	69	69	Neurovascular, diabetes mellitus
1057	00-02	0309	70	70	Neurovascular, diabetes mellitus
1058	00-02	0309	71	71	Neurovascular, diabetes mellitus
1059	00-02	0309	72	72	Neurovascular, diabetes mellitus
1060	00-02	0309	73	73	Neurovascular, diabetes mellitus
1061	00-02	0309	74	74	Neurovascular, diabetes mellitus
1062	00-02	0309	75	75	Neurovascular, diabetes mellitus
1063	00-02	0309	76	76	Neurovascular, diabetes mellitus
1064	00-02	0309	77	77	Neurovascular, diabetes mellitus
1065	00-02	0309	78	78	Neurovascular, diabetes mellitus
1066	00-02	0309	79	79	Neurovascular, diabetes mellitus
1067	00-02	0309	80	80	Neurovascular, diabetes mellitus
1068	00-02	0309	81	81	Neurovascular, diabetes mellitus
1069	00-02	0309	82	82	Neurovascular, diabetes mellitus
1070	00-02	0309	83	83	Neurovascular, diabetes mellitus
1071	00-02	0309	84	84	Neurovascular, diabetes mellitus
1072	00-02	0309	85	85	Neurovascular, diabetes mellitus
1073	00-02	0309	86	86	Neurovascular, diabetes mellitus
1074	00-02	0309	87	87	Neurovascular, diabetes mellitus
1075	00-02	0309	88	88	Neurovascular, diabetes mellitus
1076	00-02	0309	89	89	Neurovascular, diabetes mellitus
1077	00-02	0309	90	90	Neurovascular, diabetes mellitus
1078	00-02	0309	91	91	Neurovascular, diabetes mellitus
1079	00-02	0309	92	92	Neurovascular, diabetes mellitus
1080	00-02	0309	93	93	Neurovascular, diabetes mellitus
1081	00-02	0309	94	94	Neurovascular, diabetes mellitus
1082	00-02	0309	95	95	Neurovascular, diabetes mellitus
1083	00-02	0309	96	96	Neurovascular, diabetes mellitus
1084	00-02	0309	97	97	Neurovascular, diabetes mellitus
1085	00-02	0309	98	98	Neurovascular, diabetes mellitus
1086	00-02	0309	99	99	Neurovascular, diabetes mellitus
1087	00-02	0309	100	100	Neurovascular, diabetes mellitus

DATA ITEMS RELATERING FORM OS-02. PAST MEDICAL HISTORY

DATA ITEM ID	ITEM NO	CARD NO	PAGE NO	DATA ITEM NAME
1175..08-07	14	0362	59	48 Blank and transmissions, surgery code
1176..08-07	17	0362	59	49 Blank and transmissions, surgery code
1177..08-07	17	0362	60	50 Blank and transmissions, immunization
1178..08-07	17	0362	61	51 Blank and transmissions, immunization
1179..08-07	16	0362	62	52 Conditions, surgery code
1180..08-07	17	0362	63	53 Conditions, surgery code
1181..08-07	17	0362	64	54 Conditions, surgery code
1182..08-07	17	0362	65	55 Conditions, surgery code
1183..08-07	17	0362	66	56 Conditions, surgery code
1184..08-07	16	0362	67	57 History, surgery code
1185.....			68	58 Blank
1187.....TAB 2			59	59 Prenatal visits, total number

OS-42 PAST MEDICAL HISTORY

Report the history in this category (hypertension, diabetes, prior surgery, etc.) in detail or, if desired, give brief summary of each as may be appropriate.

II. BIRTH	III. HISTORY TAKEN BY		
IV. PRESENT HISTORY <input type="checkbox"/> NONE	V. TYPE OF HISTORY		
VI. ALLERGIC REACTIONS <input type="checkbox"/> NONE	VII. SURGERY <input type="checkbox"/> NONE <input type="checkbox"/> APPENDICECTOMY <input type="checkbox"/> GASTROSTOMY <input type="checkbox"/> COLIC <input type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> ASTHMA <input type="checkbox"/> PROSTATECTOMY		
VIII. HEART DISEASE <input type="checkbox"/> NONE	<input type="checkbox"/> CORONARY <input type="checkbox"/> HEART DISEASE <input type="checkbox"/> RHEUMATIC HEART DISEASE <input type="checkbox"/> CONDUCTIVE SYSTEM <input type="checkbox"/> VALVULAR DISEASE		
IX. RESPIRATORY <input type="checkbox"/> NONE	<input type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> ASTHMA <input type="checkbox"/> BRONCHITIS		
X. BLOOD <input type="checkbox"/> NONE	<input type="checkbox"/> NEGATIVE <input type="checkbox"/> POSITIVE <input type="checkbox"/> OTHER		
XI. GASTROINTESTINAL <input type="checkbox"/> NONE	<input type="checkbox"/> GASTROINTESTINAL <input type="checkbox"/> GASTRITIS <input type="checkbox"/> PEPTIC ULCER <input type="checkbox"/> COLITIS <input type="checkbox"/> DIVERTICULITIS <input type="checkbox"/> OTHER		
XII. OTHER SURGERY <input type="checkbox"/> NONE	<input type="checkbox"/> OTHER SURGERY <input type="checkbox"/> OTHER		
XIII. URINARY AND GENITAL TRACT <input type="checkbox"/> NONE	<input type="checkbox"/> URINARY <input type="checkbox"/> GENITAL <input type="checkbox"/> OTHER		
XIV. ENDOCRINE AND METABOLIC <input type="checkbox"/> NONE	<input type="checkbox"/> ENDOCRINE <input type="checkbox"/> METABOLIC <input type="checkbox"/> OTHER		
XV. NEUROLOGICAL AND PSYCHIATRIC <input type="checkbox"/> NONE	<input type="checkbox"/> NEUROLOGICAL <input type="checkbox"/> PSYCHIATRIC <input type="checkbox"/> OTHER		
XVI. EYES AND VISION <input type="checkbox"/> NONE	<input type="checkbox"/> EYES <input type="checkbox"/> VISION <input type="checkbox"/> OTHER		
XVII. OTHER CONDITIONS (see, also, Types, Hospital Form 90) <input type="checkbox"/> NONE	<input type="checkbox"/> OTHER CONDITIONS <input type="checkbox"/> OTHER		
XVIII. OTHER <input type="checkbox"/> NONE	<input type="checkbox"/> OTHER <input type="checkbox"/> OTHER		
XIX. OTHER <input type="checkbox"/> NONE	<input type="checkbox"/> OTHER <input type="checkbox"/> OTHER		
XX. OTHER <input type="checkbox"/> NONE	<input type="checkbox"/> OTHER <input type="checkbox"/> OTHER		
XXI. OTHER <input type="checkbox"/> NONE	<input type="checkbox"/> OTHER <input type="checkbox"/> OTHER		
XXII. OTHER <input type="checkbox"/> NONE	<input type="checkbox"/> OTHER <input type="checkbox"/> OTHER		
XXIII. OTHER <input type="checkbox"/> NONE	<input type="checkbox"/> OTHER <input type="checkbox"/> OTHER		
XXIV. OTHER <input type="checkbox"/> NONE	<input type="checkbox"/> OTHER <input type="checkbox"/> OTHER		
XXV. OTHER <input type="checkbox"/> NONE	<input type="checkbox"/> OTHER <input type="checkbox"/> OTHER		

RECEIVED BY: _____
DATE: _____

Page Item Numbers linked to Date Items on DR-02. Past Medical History

ITEM NO	DATA ITEM	CARD	FROM	DATA ITEM NAME
2	1000..DR-02	0302	17	Form DR-02 date (day)
3	1005..DR-02	0302	18	Form DR-02 date (mo)
4	1007..DR-02	0302	19	Form DR-02 date (yr)
5	0007....PAR		55	Promote visits, total number
6	1002..DR-02	0302	21	History obtained using this form or other records
7	1004..DR-02	0302	22	Children's diseases, summary code
8	1007..DR-02	0302	24	Cardiovascular, summary code
9	1001..DR-02	0302	28	Respiratory, summary code
10	1005..DR-02	0302	30	Digestive, summary code
11	1015..DR-02	0302	38	Gynecological, summary code
12	1017..DR-02	0302	46	Surgery, other, summary code
13	1017..DR-02	0302	46	Head; artery tract, summary code
14	1017..DR-02	0302	46	Neurovascular, summary code
15	1017..DR-02	0302	46	Neurological, summary code
16	1017..DR-02	0302	46	Neurological, summary code
17	1017..DR-02	0302	46	Neurological, summary code
18	1017..DR-02	0302	46	Neurological, summary code
19	1017..DR-02	0302	46	Neurological, summary code
20	1017..DR-02	0302	46	Neurological, summary code
21	1017..DR-02	0302	46	Neurological, summary code
22	1017..DR-02	0302	46	Neurological, summary code
23	1017..DR-02	0302	46	Neurological, summary code
24	1017..DR-02	0302	46	Neurological, summary code
25	1017..DR-02	0302	46	Neurological, summary code
26	1017..DR-02	0302	46	Neurological, summary code
27	1017..DR-02	0302	46	Neurological, summary code
28	1017..DR-02	0302	46	Neurological, summary code
29	1017..DR-02	0302	46	Neurological, summary code
30	1017..DR-02	0302	46	Neurological, summary code
31	1017..DR-02	0302	46	Neurological, summary code
32	1017..DR-02	0302	46	Neurological, summary code
33	1017..DR-02	0302	46	Neurological, summary code
34	1017..DR-02	0302	46	Neurological, summary code
35	1017..DR-02	0302	46	Neurological, summary code
36	1017..DR-02	0302	46	Neurological, summary code
37	1017..DR-02	0302	46	Neurological, summary code
38	1017..DR-02	0302	46	Neurological, summary code
39	1017..DR-02	0302	46	Neurological, summary code
40	1017..DR-02	0302	46	Neurological, summary code
41	1017..DR-02	0302	46	Neurological, summary code
42	1017..DR-02	0302	46	Neurological, summary code
43	1017..DR-02	0302	46	Neurological, summary code
44	1017..DR-02	0302	46	Neurological, summary code
45	1017..DR-02	0302	46	Neurological, summary code
46	1017..DR-02	0302	46	Neurological, summary code
47	1017..DR-02	0302	46	Neurological, summary code
48	1017..DR-02	0302	46	Neurological, summary code
49	1017..DR-02	0302	46	Neurological, summary code
50	1017..DR-02	0302	46	Neurological, summary code
51	1017..DR-02	0302	46	Neurological, summary code
52	1017..DR-02	0302	46	Neurological, summary code
53	1017..DR-02	0302	46	Neurological, summary code
54	1017..DR-02	0302	46	Neurological, summary code
55	1017..DR-02	0302	46	Neurological, summary code
56	1017..DR-02	0302	46	Neurological, summary code

Page 1700 numbers linked to data items on DR-42. Past Medical History

TYPE OR PAGE	DATA ITEM ID	CARD NUM	FROM TO	DATA ITEM NAME
17	1124..DR-42	0342	57	47 Neuromuscular; psychiatric; respiratory; neurologic disease, other
17	1115..DR-42	0342	48	48 Renal; urinary tract; cystitis
17	1116..DR-42	0342	49	49 Renal; urinary tract; glomerulonephritis
17	1114..DR-42	0342	47	47 Renal; urinary tract; pyelitis
17	1098..DR-42	0342	32	12 Respiratory; asthma
17	1120..DR-42	0342	33	33 Respiratory; pneumonia
17	1099..DR-42	0342	31	31 Respiratory; tuberculosis
17	1112..DR-42	0342	65	45 Surgery, abdominal
18	1136..DR-42	0342	67	67 History, other significant

DEFINITION OF CODES
 PAST MEDICAL HISTORY
 FORM OS-42 CASE 0342

	CARD CODES
1. <u>Past History</u> Code: 0	1
2. <u>Past History</u> Code: 1-4	2-4
3. <u>Periodic History</u> Code: 0 - Form Dated: 4/62	5
4. <u>Past History</u> Form 1 Six-digit number for Patient Identification Code: As given	6-14
5. <u>Data Form Completed</u> Form 1 Six-digit code for Month (cols. 15-16), Day (cols. 17-18), and Year (cols. 19-20) Code: As given 99 - Month, day and/or year unknown	15-20
6. <u>Patient's History Was</u> Form 1 Code: 1 - Obtained using this form 2 - Abstracted from other records 3 - Combination of codes 1 and 2 9 - Unknown	21
7. <u>Childhood Diseases</u> Form 1 and 17 Three-digit code for: <u>Diagnosis (col. 22)</u> Code: 0 - None 1 - Condition(s) reported in item 17 only 2 - Condition(s) other than those reported in item 17 3 - Combination of codes 1 and 2 9 - Unknown <u>Details (col. 23)</u> Code: 0 - No 1 - Yes 9 - Unknown <u>Name (col. 24)</u> Code: Same as in col. 23	22-24

DEFINITION OF CODES (Continued)

FORM OB-42
Card 0342

FIELD

CARD
COLUMNS

8. **Cardiovascular**
Items 7 and 17
Five-digit code for:
Response (col. 25)
Code: Same as in Field 7, col. 22

25-29

Heart Disease (col. 25)
Chronic Hypertension (col. 27)
Rheumatic Fever (col. 28)
Vascular Disease (col. 29)

Code for each column:
Same as in Field 7, col. 23

9. **Respiratory**
Items 8 and 18
Four-digit code for:
Response (col. 30)
Code: Same as in Field 7, col. 22

30-33

Tuberculosis (col. 31)
Asthma (col. 32)
Pneumonia (col. 33)

Code for each column:
Same as in Field 7, col. 23

10. **Digestive**
Items 9 and 17
Four-digit code for:
Response (col. 34)
Code: Same as in Field 7, col. 22

34-37

Hepatitis (col. 35)
Cholecystitis-Lithiasis (col. 36)
Peptic Ulcer (col. 37)

Code for each column:
Same as in Field 7, col. 23

INDEX OF CODES (Continued)

SYM 08-42
Card 0342

INDEX

CARD
CODES

- 11. Gynecological and Vaginal**
Items 10 and 17
Six-digit code for:
Response (col. 38)
Code: Same as in Field 7, col. 22
- | | |
|------------------------------------|-----------|
| <u>Gynecologic Surgery</u> | (col. 39) |
| <u>Infertility</u> | (col. 40) |
| <u>Leukorrhea</u> | (col. 41) |
| <u>Menstruation</u> | (col. 42) |
| <u>Pelvic Inflammatory Disease</u> | (col. 43) |
- Code for each column:**
Same as in Field 7, col. 23
- 12. Other Surgery**
Items 11 and 17
Two-digit code for:
Response (col. 44)
Code: Same as in Field 7, col. 22
- Other Abdominal Surgery (col. 45)**
Code: Same as in Field 7, col. 23
- 13. Rectal and Urinary Tract**
Items 12 and 17
Four-digit code for:
Response (col. 46)
Code: Same as in Field 7, col. 22
- | | |
|--------------------|-----------|
| <u>Fistula</u> | (col. 47) |
| <u>Cystitis</u> | (col. 48) |
| <u>Hemorrhoids</u> | (col. 49) |
- Code for each column:**
Same as in Field 7, col. 23
- 14. Endocrine and Metabolic**
Items 13 and 17
Three-digit code for:
Response (col. 50)
Code: Same as in Field 7, col. 22
- | | |
|----------------------------|-----------|
| <u>Thyroid Dysfunction</u> | (col. 51) |
| <u>Diabetes Mellitus</u> | (col. 52) |
- Code for each column:**
Same as in Field 7, col. 23

DEFINITION OF CODES (Continued)

**FORM OS-12
Card 0312**

FIELD

**AND
CODES**

**15. Neuromuscular and Psychiatric
Items 15 and 17
Five-digit code for:
Response (col. 53)
Code: Same as in Field 7, col. 22**

53-57

Migraine (col. 54)
Mental Illness (col. 55)
Convulsive Disorder (col. 56)
Other Neurologic Disease (col. 57)
Code for each column:
Same as in Field 7, col. 23

**16. Blood and Transfusions
Items 15 and 17
Four-digit code for:
Response (col. 58)
Code: Same as in Field 7, col. 22**

58-61

Anemia (col. 59)
Isolimmunization (col. 60)
Transfusion (col. 61)
Code for each column:
Same as in Field 7, col. 23

**17. Other Conditions
Items 15 and 19
Five-digit code for:
Response (col. 62)
Code: Same as in Field 7, col. 22**

62-66

Drug Sensitivity (col. 63)
Other Allergy (col. 64)
Malformations (col. 65)
Parasitic Diseases (col. 66)
Code for each column:
Same as in Field 7, col. 23

**18. Significant History Not Listed Above
Item 18
Code: 0 - None
1 - History reported
9 - Unknown**

67

UNIT NUMBER: 1000000
PAGE 00-01

ALBUQUERQUE	
1	UNIT NUMBER
2	UNIT NAME
3	UNIT TYPE
4	UNIT STATUS
5	UNIT LOCATION
6	UNIT DESCRIPTION
7	UNIT COMMENTS
8	UNIT DATE
9	UNIT TIME
10	UNIT STATUS
11	UNIT LOCATION
12	UNIT DESCRIPTION
13	UNIT COMMENTS
14	UNIT DATE
15	UNIT TIME
16	UNIT STATUS
17	UNIT LOCATION
18	UNIT DESCRIPTION
19	UNIT COMMENTS
20	UNIT DATE
21	UNIT TIME
22	UNIT STATUS
23	UNIT LOCATION
24	UNIT DESCRIPTION
25	UNIT COMMENTS
26	UNIT DATE
27	UNIT TIME
28	UNIT STATUS
29	UNIT LOCATION
30	UNIT DESCRIPTION
31	UNIT COMMENTS
32	UNIT DATE
33	UNIT TIME
34	UNIT STATUS
35	UNIT LOCATION
36	UNIT DESCRIPTION
37	UNIT COMMENTS
38	UNIT DATE
39	UNIT TIME
40	UNIT STATUS
41	UNIT LOCATION
42	UNIT DESCRIPTION
43	UNIT COMMENTS
44	UNIT DATE
45	UNIT TIME
46	UNIT STATUS
47	UNIT LOCATION
48	UNIT DESCRIPTION
49	UNIT COMMENTS
50	UNIT DATE
51	UNIT TIME
52	UNIT STATUS
53	UNIT LOCATION
54	UNIT DESCRIPTION
55	UNIT COMMENTS
56	UNIT DATE
57	UNIT TIME
58	UNIT STATUS
59	UNIT LOCATION
60	UNIT DESCRIPTION
61	UNIT COMMENTS
62	UNIT DATE
63	UNIT TIME
64	UNIT STATUS
65	UNIT LOCATION
66	UNIT DESCRIPTION
67	UNIT COMMENTS
68	UNIT DATE
69	UNIT TIME
70	UNIT STATUS
71	UNIT LOCATION
72	UNIT DESCRIPTION
73	UNIT COMMENTS
74	UNIT DATE
75	UNIT TIME
76	UNIT STATUS
77	UNIT LOCATION
78	UNIT DESCRIPTION
79	UNIT COMMENTS
80	UNIT DATE
81	UNIT TIME
82	UNIT STATUS
83	UNIT LOCATION
84	UNIT DESCRIPTION
85	UNIT COMMENTS
86	UNIT DATE
87	UNIT TIME
88	UNIT STATUS
89	UNIT LOCATION
90	UNIT DESCRIPTION
91	UNIT COMMENTS
92	UNIT DATE
93	UNIT TIME
94	UNIT STATUS
95	UNIT LOCATION
96	UNIT DESCRIPTION
97	UNIT COMMENTS
98	UNIT DATE
99	UNIT TIME
100	UNIT STATUS

UNIT numbers refer to first column. See 00-02

00-01, 2, 3

OB-2 PART GENERAL HISTORY

I. Purpose of form To record details of patient's previous medical and surgical history up to time of interview.

II. General instructions

- A. Record known diseases and surgical procedures only. Do not use this form for symptom review.
- B. Give particular emphasis to medical history just prior to, and other onset of this pregnancy.
- C. Record appropriate details, such as date of onset, duration, severity, place of hospitalization, operations performed, non-routine treatment, etc.
- D. If history for the item is negative, mark the box labeled, "None."
- E. The summary (item 17) provides a means for flagging certain important conditions. It is incomplete and should not be used as a sole guide to obtaining past medical history.

III. Specific instructions

Item Number

- 1. **Date.** Record the date history is abstracted from the patient.
- 2. **Patient's history was.** Mark the appropriate box. When the entire past medical history is abstracted from hospital records without patient interview mark "Abstracted from other records."
- 4, 5. **History taken by.** Record the first initial and last name, and the title or position of the physician obtaining the history.
- 6. **Childhood diseases.** Record history of the usual infectious diseases. Pay particular attention to the occurrence of such diseases in the three months prior to or since the onset of this pregnancy.
- 7. **Cardiovascular.** Record history of a known or suspected rheumatic fever, St. Vitus dance, chorea, or other conditions possibly associated with heart involvement. Record any details of diagnosed or suspected heart disease, chronic hypertension, or vascular disease.

Item Number

- 8. **Respiratory.** Record history of chronic respiratory disease, such as emphysema, asthma, bronchitis, etc. Acute infections and acute respiratory disease are considered significant only if requiring medical care or hospitalization.
- 9. **Digestive.** Record history of gastro-intestinal disease, such as peptic ulcer, enteritis, colitis, etc. Acute infections and chronic ulcerative colitis. Diseases of noninfectious origin is considered significant only if requiring medical care or hospitalization.
- 10. **Gynecological and venereal.** Record medical or surgical history of gynecologic disorders. A history of tuberculous is considered significant only if work-up such as undermined history, Rubin's test, lymphography, etc. is carried out. Record any history of venereal disease.
- 11. **Other surgery.** Record the details of surgical procedures not listed more appropriately elsewhere on this form.
- 12. **Renal and urinary tract.** Record history of renal and urinary tract disease or surgery, such as glomerulonephritis, acute or chronic pyelonephritis, cystitis, tubercle, and nephrotomy.
- 13. **Endocrine and metabolic.** Record any suggestive or definite history of endocrine disorder.
- 14. **Neuromuscular and psychiatric.** Record any definite or suggestive history of disease of this system, especially migraines, epilepsy, mental illness or schizophrenia, or neuromuscular disorder.
- 15. **Blood and transfusions.** Record the history of anemia, iron deficiency, hemophilia, or other disorders of the blood. History of whole blood transfusions is to be noted, along with date of administration and reaction, if any.
- 16. **Other conditions.** Enter the space to record a history of disease or disorder not covered in the above items. Of special importance are chronic diseases of the skin, although, trauma, malnutrition, conjunctiva, and pericardial disease.

October 1963

OB-42 PAST MEDICAL HISTORY (Continued)

Item Number

17. Summary. The summary provides a means for flagging certain important conditions. Complete the summary after the entire past medical history has been obtained and recorded in Items 6-16. Do not use the summary as a sole guide for obtaining the past medical history.

Item Number

18. Significant history not listed above. Mark box to indicate the history of a disease or surgical procedure that may affect the outcome of this pregnancy, but which is not listed in the Summary (Item 617).

October 1962

OB-43 Initial Prenatal Examination

Form OB-43 was used to record results of the initial physical examination following selection of the patient into the project sample. First used as a pretest form in July 1961, the form was implemented into the study in April of 1962; form OB-43 replaced pages 3 and 4 of form OB-9, where information on the initial pelvic examination and general examination had been recorded. Page 2 only was revised in October 1962. Data records generated by form OB-43 were punched on cards 1343 and 2343 of the master file (Table OB-43.1).

TABLE OB-43.1 Cards and Data Records by Revision for Form OB-43

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
<u>OB-43: General Examination</u>	1343	0	<u>31,291</u> 31,291
<u>OB-43: Obstetrical Examination</u>	2343	0	<u>31,226</u> 31,226
	total for form		62,477

DATA TYPE TO DATA FROM NAME

DATA TYPE TO DATA FROM NAME

DATA FROM NAME

DATA TYPE TO	DATA FROM NAME	DATA FROM NAME
1110.....	1	5 Corp number (sequence, zero top, zero number, revision number)
1111.....	2	10 Corp code number
1112.....	3	15 Corp month date (day)
1113.....	4	20 Corp month date (day)
1114.....	5	25 weight, eye or distance (lbs)
1115.....	6	30 weight (inches)
1116.....	7	35 appearance, exactly ill
1117.....	8	40 appearance, characteristically ill
1118.....	9	45 appearance, when
1119.....	10	50 appearance, dehydrated
1120.....	11	55 appearance, other
1121.....	12	60 skin lesion
1122.....	13	65 skin scars, operative
1123.....	14	70 skin information abnormal
1124.....	15	75 skin alignment
1125.....	16	80 skin rash
1126.....	17	85 skin, other abnormality
1127.....	18	90 scars, face
1128.....	19	95 scars, hands
1129.....	20	100 scars, eyelids/ears
1130.....	21	105 scars, eyelids/ears
1131.....	22	110 scars, eyelids/ears
1132.....	23	115 scars, eyelids/ears
1133.....	24	120 scars, eyelids/ears
1134.....	25	125 scars, eyelids/ears
1135.....	26	130 scars, eyelids/ears
1136.....	27	135 scars, eyelids/ears
1137.....	28	140 scars, eyelids/ears
1138.....	29	145 scars, eyelids/ears
1139.....	30	150 scars, eyelids/ears
1140.....	31	155 scars, eyelids/ears
1141.....	32	160 scars, eyelids/ears
1142.....	33	165 scars, eyelids/ears
1143.....	34	170 scars, eyelids/ears
1144.....	35	175 scars, eyelids/ears
1145.....	36	180 scars, eyelids/ears
1146.....	37	185 scars, eyelids/ears
1147.....	38	190 scars, eyelids/ears
1148.....	39	195 scars, eyelids/ears
1149.....	40	200 scars, eyelids/ears
1150.....	41	205 scars, eyelids/ears
1151.....	42	210 scars, eyelids/ears
1152.....	43	215 scars, eyelids/ears
1153.....	44	220 scars, eyelids/ears
1154.....	45	225 scars, eyelids/ears
1155.....	46	230 scars, eyelids/ears
1156.....	47	235 scars, eyelids/ears
1157.....	48	240 scars, eyelids/ears
1158.....	49	245 scars, eyelids/ears
1159.....	50	250 scars, eyelids/ears
1160.....	51	255 scars, eyelids/ears
1161.....	52	260 scars, eyelids/ears
1162.....	53	265 scars, eyelids/ears
1163.....	54	270 scars, eyelids/ears
1164.....	55	275 scars, eyelids/ears
1165.....	56	280 scars, eyelids/ears
1166.....	57	285 scars, eyelids/ears
1167.....	58	290 scars, eyelids/ears
1168.....	59	295 scars, eyelids/ears
1169.....	60	300 scars, eyelids/ears
1170.....	61	305 scars, eyelids/ears
1171.....	62	310 scars, eyelids/ears
1172.....	63	315 scars, eyelids/ears
1173.....	64	320 scars, eyelids/ears
1174.....	65	325 scars, eyelids/ears
1175.....	66	330 scars, eyelids/ears
1176.....	67	335 scars, eyelids/ears
1177.....	68	340 scars, eyelids/ears
1178.....	69	345 scars, eyelids/ears
1179.....	70	350 scars, eyelids/ears
1180.....	71	355 scars, eyelids/ears
1181.....	72	360 scars, eyelids/ears
1182.....	73	365 scars, eyelids/ears
1183.....	74	370 scars, eyelids/ears
1184.....	75	375 scars, eyelids/ears
1185.....	76	380 scars, eyelids/ears
1186.....	77	385 scars, eyelids/ears
1187.....	78	390 scars, eyelids/ears
1188.....	79	395 scars, eyelids/ears
1189.....	80	400 scars, eyelids/ears
1190.....	81	405 scars, eyelids/ears
1191.....	82	410 scars, eyelids/ears
1192.....	83	415 scars, eyelids/ears
1193.....	84	420 scars, eyelids/ears
1194.....	85	425 scars, eyelids/ears
1195.....	86	430 scars, eyelids/ears
1196.....	87	435 scars, eyelids/ears
1197.....	88	440 scars, eyelids/ears
1198.....	89	445 scars, eyelids/ears
1199.....	90	450 scars, eyelids/ears
1200.....	91	455 scars, eyelids/ears
1201.....	92	460 scars, eyelids/ears
1202.....	93	465 scars, eyelids/ears
1203.....	94	470 scars, eyelids/ears
1204.....	95	475 scars, eyelids/ears
1205.....	96	480 scars, eyelids/ears
1206.....	97	485 scars, eyelids/ears
1207.....	98	490 scars, eyelids/ears
1208.....	99	495 scars, eyelids/ears
1209.....	100	500 scars, eyelids/ears
1210.....	101	505 scars, eyelids/ears
1211.....	102	510 scars, eyelids/ears
1212.....	103	515 scars, eyelids/ears
1213.....	104	520 scars, eyelids/ears
1214.....	105	525 scars, eyelids/ears
1215.....	106	530 scars, eyelids/ears
1216.....	107	535 scars, eyelids/ears
1217.....	108	540 scars, eyelids/ears
1218.....	109	545 scars, eyelids/ears
1219.....	110	550 scars, eyelids/ears
1220.....	111	555 scars, eyelids/ears
1221.....	112	560 scars, eyelids/ears
1222.....	113	565 scars, eyelids/ears
1223.....	114	570 scars, eyelids/ears
1224.....	115	575 scars, eyelids/ears
1225.....	116	580 scars, eyelids/ears
1226.....	117	585 scars, eyelids/ears
1227.....	118	590 scars, eyelids/ears
1228.....	119	595 scars, eyelids/ears
1229.....	120	600 scars, eyelids/ears
1230.....	121	605 scars, eyelids/ears
1231.....	122	610 scars, eyelids/ears
1232.....	123	615 scars, eyelids/ears
1233.....	124	620 scars, eyelids/ears
1234.....	125	625 scars, eyelids/ears
1235.....	126	630 scars, eyelids/ears
1236.....	127	635 scars, eyelids/ears
1237.....	128	640 scars, eyelids/ears
1238.....	129	645 scars, eyelids/ears
1239.....	130	650 scars, eyelids/ears
1240.....	131	655 scars, eyelids/ears
1241.....	132	660 scars, eyelids/ears
1242.....	133	665 scars, eyelids/ears
1243.....	134	670 scars, eyelids/ears
1244.....	135	675 scars, eyelids/ears
1245.....	136	680 scars, eyelids/ears
1246.....	137	685 scars, eyelids/ears
1247.....	138	690 scars, eyelids/ears
1248.....	139	695 scars, eyelids/ears
1249.....	140	700 scars, eyelids/ears
1250.....	141	705 scars, eyelids/ears
1251.....	142	710 scars, eyelids/ears
1252.....	143	715 scars, eyelids/ears
1253.....	144	720 scars, eyelids/ears
1254.....	145	725 scars, eyelids/ears
1255.....	146	730 scars, eyelids/ears
1256.....	147	735 scars, eyelids/ears
1257.....	148	740 scars, eyelids/ears
1258.....	149	745 scars, eyelids/ears
1259.....	150	750 scars, eyelids/ears
1260.....	151	755 scars, eyelids/ears
1261.....	152	760 scars, eyelids/ears
1262.....	153	765 scars, eyelids/ears
1263.....	154	770 scars, eyelids/ears
1264.....	155	775 scars, eyelids/ears
1265.....	156	780 scars, eyelids/ears
1266.....	157	785 scars, eyelids/ears
1267.....	158	790 scars, eyelids/ears
1268.....	159	795 scars, eyelids/ears
1269.....	160	800 scars, eyelids/ears
1270.....	161	805 scars, eyelids/ears
1271.....	162	810 scars, eyelids/ears
1272.....	163	815 scars, eyelids/ears
1273.....	164	820 scars, eyelids/ears
1274.....	165	825 scars, eyelids/ears
1275.....	166	830 scars, eyelids/ears
1276.....	167	835 scars, eyelids/ears
1277.....	168	840 scars, eyelids/ears
1278.....	169	845 scars, eyelids/ears
1279.....	170	850 scars, eyelids/ears
1280.....	171	855 scars, eyelids/ears
1281.....	172	860 scars, eyelids/ears
1282.....	173	865 scars, eyelids/ears
1283.....	174	870 scars, eyelids/ears
1284.....	175	875 scars, eyelids/ears
1285.....	176	880 scars, eyelids/ears
1286.....	177	885 scars, eyelids/ears
1287.....	178	890 scars, eyelids/ears
1288.....	179	895 scars, eyelids/ears
1289.....	180	900 scars, eyelids/ears
1290.....	181	905 scars, eyelids/ears
1291.....	182	910 scars, eyelids/ears
1292.....	183	915 scars, eyelids/ears
1293.....	184	920 scars, eyelids/ears
1294.....	185	925 scars, eyelids/ears
1295.....	186	930 scars, eyelids/ears
1296.....	187	935 scars, eyelids/ears
1297.....	188	940 scars, eyelids/ears
1298.....	189	945 scars, eyelids/ears
1299.....	190	950 scars, eyelids/ears
1300.....	191	955 scars, eyelids/ears
1301.....	192	960 scars, eyelids/ears
1302.....	193	965 scars, eyelids/ears
1303.....	194	970 scars, eyelids/ears
1304.....	195	975 scars, eyelids/ears
1305.....	196	980 scars, eyelids/ears
1306.....	197	985 scars, eyelids/ears
1307.....	198	990 scars, eyelids/ears
1308.....	199	995 scars, eyelids/ears
1309.....	200	1000 scars, eyelids/ears

NOTE ITEMS REFERENCED WITH DR-43, Initial Prenatal Exam

DATE	TIME	AGE	WEIGHT	HEIGHT	HEAD	HAIR	TEETH	SKIN	HEART	RESPIRATORY	GI	GENITAL	NEUROLOGICAL	OTHER	REMARKS
1178	08-03	20	1303	63	63	63	63	63	63	63	63	63	63	63	63
1179	08-03	21	1303	64	64	64	64	64	64	64	64	64	64	64	64
1180	08-03	21	1303	65	65	65	65	65	65	65	65	65	65	65	65
1181	08-03	21	1303	66	66	66	66	66	66	66	66	66	66	66	66
1182	08-03	21	1303	67	67	67	67	67	67	67	67	67	67	67	67
1183	08-03	22	1303	68	68	68	68	68	68	68	68	68	68	68	68
1184	08-03	22	1303	69	69	69	69	69	69	69	69	69	69	69	69
1185	08-03	22	1303	70	70	70	70	70	70	70	70	70	70	70	70
1186	08-03	22	1303	71	71	71	71	71	71	71	71	71	71	71	71
1187	08-03	23	1303	72	72	72	72	72	72	72	72	72	72	72	72
1188	08-03	23	1303	73	73	73	73	73	73	73	73	73	73	73	73
1189	08-03	23	1303	74	74	74	74	74	74	74	74	74	74	74	74
1190	08-03	23	1303	75	75	75	75	75	75	75	75	75	75	75	75
1191	08-03	24	1303	76	76	76	76	76	76	76	76	76	76	76	76
1192	08-03	24	1303	77	77	77	77	77	77	77	77	77	77	77	77
1193	08-03	24	1303	78	78	78	78	78	78	78	78	78	78	78	78
1194	08-03	24	1303	79	79	79	79	79	79	79	79	79	79	79	79
1195	08-03	24	1303	80	80	80	80	80	80	80	80	80	80	80	80
1196	08-03	24	1303	81	81	81	81	81	81	81	81	81	81	81	81
1197	08-03	24	1303	82	82	82	82	82	82	82	82	82	82	82	82
1198	08-03	24	1303	83	83	83	83	83	83	83	83	83	83	83	83
1199	08-03	24	1303	84	84	84	84	84	84	84	84	84	84	84	84
1200	08-03	24	1303	85	85	85	85	85	85	85	85	85	85	85	85
1201	08-03	24	1303	86	86	86	86	86	86	86	86	86	86	86	86
1202	08-03	24	1303	87	87	87	87	87	87	87	87	87	87	87	87
1203	08-03	24	1303	88	88	88	88	88	88	88	88	88	88	88	88
1204	08-03	24	1303	89	89	89	89	89	89	89	89	89	89	89	89
1205	08-03	24	1303	90	90	90	90	90	90	90	90	90	90	90	90
1206	08-03	24	1303	91	91	91	91	91	91	91	91	91	91	91	91
1207	08-03	24	1303	92	92	92	92	92	92	92	92	92	92	92	92
1208	08-03	24	1303	93	93	93	93	93	93	93	93	93	93	93	93
1209	08-03	24	1303	94	94	94	94	94	94	94	94	94	94	94	94
1210	08-03	24	1303	95	95	95	95	95	95	95	95	95	95	95	95
1211	08-03	24	1303	96	96	96	96	96	96	96	96	96	96	96	96
1212	08-03	24	1303	97	97	97	97	97	97	97	97	97	97	97	97
1213	08-03	24	1303	98	98	98	98	98	98	98	98	98	98	98	98
1214	08-03	24	1303	99	99	99	99	99	99	99	99	99	99	99	99
1215	08-03	24	1303	100	100	100	100	100	100	100	100	100	100	100	100
1216	08-03	24	1303	101	101	101	101	101	101	101	101	101	101	101	101
1217	08-03	24	1303	102	102	102	102	102	102	102	102	102	102	102	102
1218	08-03	24	1303	103	103	103	103	103	103	103	103	103	103	103	103
1219	08-03	24	1303	104	104	104	104	104	104	104	104	104	104	104	104
1220	08-03	24	1303	105	105	105	105	105	105	105	105	105	105	105	105

NOTE: Items Referencing Form DR-63, Initial Prenatal Exam

DATA ITEM	ICD 9	CARD	FROM	DATA ITEM NAME
1221..00-03	4	2163	41	41 Cervix, external vulvar varicosities
1222..00-03	4	2163	42	42 Cervix, other abnormality
1223..00-03	5	2163	43	43 Introitus, urethrocele
1224..00-03	5	2163	44	44 Introitus, cystocele
1225..00-03	5	2163	45	45 Introitus, rectocele
1226..00-03	5	2163	46	46 Introitus, other abnormality
1227..00-03	6	2163	47	47 Vagina, vulvitis
1228..00-03	6	2163	48	48 Vagina, bluish-gray disc
1229..00-03	6	2163	49	49 Vagina, other abnormality
1230..00-03	7	2163	50	50 Cervix, laceration, old
1231..00-03	7	2163	51	51 Cervix, bleeding site
1232..00-03	7	2163	52	52 Cervix, bleeding through os
1233..00-03	7	2163	53	53 Cervix, colloiditis
1234..00-03	7	2163	54	54 Cervix, tilted or effaced
1235..00-03	7	2163	55	55 Cervix, other abnormality
1236..00-03	8	2163	56	56 Atresia, cells
1237..00-03	8	2163	57	57 Atresia, tenderness
1238..00-03	8	2163	58	58 Atresia, other abnormality
1239..00-03	8	2163	59	59 Atresia, other abnormality
1240..00-03	10	2163	60	60 Pelvic examinations, abnormal
1241..00-03	10	2163	61	61 Pelvic examinations, abnormal, complete rectal
1242..00-03	10	2163	62	62 Pelvic examinations, abnormal, complete rectal
1243..00-03	12	2163	63	63 Pelvic examinations, abnormal, complete rectal
1244..00-03	12	2163	64	64 Pelvic examinations, abnormal, complete rectal
1245..00-03	12	2163	65	65 Pelvic examinations, abnormal, complete rectal
1246..00-03	12	2163	66	66 Pelvic examinations, abnormal, complete rectal
1247..00-03	12	2163	67	67 Pelvic examinations, abnormal, complete rectal
1248..00-03	12	2163	68	68 Pelvic examinations, abnormal, complete rectal
1249..00-03	12	2163	69	69 Pelvic examinations, abnormal, complete rectal
1250..00-03	12	2163	70	70 Pelvic examinations, abnormal, complete rectal
1251..00-03	12	2163	71	71 Pelvic examinations, abnormal, complete rectal
1252..00-03	12	2163	72	72 Pelvic examinations, abnormal, complete rectal
1253..00-03	12	2163	73	73 Pelvic examinations, abnormal, complete rectal
1254..00-03	12	2163	74	74 Pelvic examinations, abnormal, complete rectal
1255..00-03	12	2163	75	75 Pelvic examinations, abnormal, complete rectal
1256..00-03	12	2163	76	76 Pelvic examinations, abnormal, complete rectal
1257..00-03	12	2163	77	77 Pelvic examinations, abnormal, complete rectal
1258..00-03	12	2163	78	78 Pelvic examinations, abnormal, complete rectal
1259..00-03	12	2163	79	79 Pelvic examinations, abnormal, complete rectal
1260..00-03	12	2163	80	80 Pelvic examinations, abnormal, complete rectal
1261..00-03	12	2163	81	81 Pelvic examinations, abnormal, complete rectal
1262..00-03	12	2163	82	82 Pelvic examinations, abnormal, complete rectal
1263..00-03	12	2163	83	83 Pelvic examinations, abnormal, complete rectal
1264..00-03	12	2163	84	84 Pelvic examinations, abnormal, complete rectal
1265..00-03	12	2163	85	85 Pelvic examinations, abnormal, complete rectal
1266..00-03	12	2163	86	86 Pelvic examinations, abnormal, complete rectal
1267..00-03	12	2163	87	87 Pelvic examinations, abnormal, complete rectal
1268..00-03	12	2163	88	88 Pelvic examinations, abnormal, complete rectal
1269..00-03	12	2163	89	89 Pelvic examinations, abnormal, complete rectal
1270..00-03	12	2163	90	90 Pelvic examinations, abnormal, complete rectal
1271..00-03	12	2163	91	91 Pelvic examinations, abnormal, complete rectal
1272..00-03	12	2163	92	92 Pelvic examinations, abnormal, complete rectal
1273..00-03	12	2163	93	93 Pelvic examinations, abnormal, complete rectal
1274..00-03	12	2163	94	94 Pelvic examinations, abnormal, complete rectal
1275..00-03	12	2163	95	95 Pelvic examinations, abnormal, complete rectal
1276..00-03	12	2163	96	96 Pelvic examinations, abnormal, complete rectal
1277..00-03	12	2163	97	97 Pelvic examinations, abnormal, complete rectal
1278..00-03	12	2163	98	98 Pelvic examinations, abnormal, complete rectal
1279..00-03	12	2163	99	99 Pelvic examinations, abnormal, complete rectal
1280..00-03	12	2163	100	100 Pelvic examinations, abnormal, complete rectal
1281..00-03	12	2163	101	101 Pelvic examinations, abnormal, complete rectal
1282..00-03	12	2163	102	102 Pelvic examinations, abnormal, complete rectal
1283..00-03	12	2163	103	103 Pelvic examinations, abnormal, complete rectal
1284..00-03	12	2163	104	104 Pelvic examinations, abnormal, complete rectal
1285..00-03	12	2163	105	105 Pelvic examinations, abnormal, complete rectal
1286..00-03	12	2163	106	106 Pelvic examinations, abnormal, complete rectal
1287..00-03	12	2163	107	107 Pelvic examinations, abnormal, complete rectal
1288..00-03	12	2163	108	108 Pelvic examinations, abnormal, complete rectal
1289..00-03	12	2163	109	109 Pelvic examinations, abnormal, complete rectal
1290..00-03	12	2163	110	110 Pelvic examinations, abnormal, complete rectal
1291..00-03	12	2163	111	111 Pelvic examinations, abnormal, complete rectal
1292..00-03	12	2163	112	112 Pelvic examinations, abnormal, complete rectal
1293..00-03	12	2163	113	113 Pelvic examinations, abnormal, complete rectal
1294..00-03	12	2163	114	114 Pelvic examinations, abnormal, complete rectal
1295..00-03	12	2163	115	115 Pelvic examinations, abnormal, complete rectal
1296..00-03	12	2163	116	116 Pelvic examinations, abnormal, complete rectal
1297..00-03	12	2163	117	117 Pelvic examinations, abnormal, complete rectal
1298..00-03	12	2163	118	118 Pelvic examinations, abnormal, complete rectal
1299..00-03	12	2163	119	119 Pelvic examinations, abnormal, complete rectal
1300..00-03	12	2163	120	120 Pelvic examinations, abnormal, complete rectal

OB-43 INITIAL OBSTETRICAL EXAMINATION PAGE 1

DATE: _____ TIME: _____

EXAMINER: _____

TYPE OF PARTURITION: SPONTANEOUS INDUCED

TYPE OF PARTURITION: VAGINAL CAESAREAN

DATE OF DELIVERY: _____

TIME OF DELIVERY: _____

GENERAL EXAMINATION NOT DONE (Specify) THIS SET OF QUESTIONS CONCERN THE PHYSICIAN'S GENERAL PHYSICIAN AS WELL

1. GENERAL APPEARANCE

HEALTH: EXCELLENT GOOD FAIR POOR

WEIGHT: NORMAL ABOVE NORMAL BELOW NORMAL

2. HEAD

HEAD: NORMAL ENLARGED SMALL

HAIR: NORMAL THINNING LOSS

3. NECK

NECK: NORMAL ENLARGED SMALL

THYROID: NORMAL ENLARGED SMALL

4. CHEST

CHEST: NORMAL ENLARGED SMALL

HEART: NORMAL MURMUR OTHER

5. ABDOMEN

ABDOMEN: NORMAL ENLARGED SMALL

ORGANS: NORMAL ENLARGED SMALL

6. LIMBS

LIMBS: NORMAL ENLARGED SMALL

MOVEMENT: NORMAL LIMITED PARALYSED

7. GENITALS

EXTERNAL: NORMAL ENLARGED SMALL

INTERNAL: NORMAL ENLARGED SMALL

8. BLOOD TESTS

HAEMOGLOBIN: NORMAL ENLARGED SMALL

HAEMATOCRIT: NORMAL ENLARGED SMALL

9. URINE TESTS

URINE: NORMAL ENLARGED SMALL

GLUCOSE: NORMAL ENLARGED SMALL

10. OTHER TESTS

OTHER: NORMAL ENLARGED SMALL

11. SPECIAL INVESTIGATIONS

SPECIAL: NORMAL ENLARGED SMALL

RESULTS: NORMAL ENLARGED SMALL

08-43 INITIAL PRENATAL EXAMINATION

PAGE 2

COYNTINE EXAMINATION NOT DONE (Rationale) Must fill in all appropriate boxes and describe any positive findings or signs.

2. ANTERIOR (Foreign object)

NORMAL REDUCED SIZE 7-10 PREGNANCY
 NOT EVAL. OTHER OTHER

3. CONJUGAL CERVIX UNUSUAL POSITIONING

NORMAL LONG BUT NON-OPEN OTHER PREGNANCY
 REDUCED SIZE OTHER
 NOT EVAL. POLY-PREGNANCY

4. EXTERNAL CERVIX

NORMAL UNUSUAL POSITIONING
 NOT EVAL. OTHER

5. VAGINA

NORMAL UNUSUAL POSITIONING UNUSUAL POSITIONING
 NOT EVAL. OTHER OTHER

6. VAGINA

NORMAL UNUSUAL POSITIONING OTHER
 NOT EVAL. OTHER

7. CERVIX UTERI

NORMAL UNUSUAL POSITIONING UNUSUAL POSITIONING
 NOT EVAL. UNUSUAL POSITIONING UNUSUAL POSITIONING
 UNUSUAL POSITIONING OTHER

8. VAGINA

NORMAL UNUSUAL POSITIONING OTHER
 NOT EVAL. UNUSUAL POSITIONING

CLINICAL PELVIC EXAMINATION NOT DONE (Rationale) B. X-Ray Pelvic Exam: Available Not Done

9. UTERINE CONTOUR

NOT RECORDED BY _____ DATE
 RECORDED BY _____ DATE
 NOT EVAL. UNUSUAL POSITIONING

10. SPINE

NOT RECORDED BY _____ DATE
 RECORDED BY _____ DATE
 NOT EVAL. UNUSUAL POSITIONING

11. SACRUM

NORMAL CURVE
 FLAT
 UNUSUAL POSITIONING

12. SACROCOCCYGEAL JOINT

NORMAL
 UNUSUAL POSITIONING

13. PUBIC BONES

NORMAL
 UNUSUAL POSITIONING

14. PUBIC PELVIC ASYMMETRY

NORMAL
 UNUSUAL POSITIONING

15. PUBIC PELVIC ASYMMETRY

NORMAL
 UNUSUAL POSITIONING

16. PUBIC PELVIC ASYMMETRY

NORMAL
 UNUSUAL POSITIONING

17. PUBIC PELVIC ASYMMETRY

NORMAL
 UNUSUAL POSITIONING

18. PUBIC PELVIC ASYMMETRY

NORMAL
 UNUSUAL POSITIONING

19. PUBIC PELVIC ASYMMETRY

NORMAL
 UNUSUAL POSITIONING

20. PUBIC PELVIC ASYMMETRY

NORMAL
 UNUSUAL POSITIONING

21. PUBIC PELVIC ASYMMETRY

NORMAL
 UNUSUAL POSITIONING

22. PUBIC PELVIC ASYMMETRY

NORMAL
 UNUSUAL POSITIONING

23. DIAGNOSTIC IMPRESSIONS (Record all, including observations)

24. EXAMINER BY _____ 25. DATE _____ 26. TITLE OR POSITION _____

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Code	Description	Unit	Weight	Price	Value
01	Aluminum	lb	100	1.00	100.00
02	Aluminum	lb	100	1.00	100.00
03	Aluminum	lb	100	1.00	100.00
04	Aluminum	lb	100	1.00	100.00
05	Aluminum	lb	100	1.00	100.00
06	Aluminum	lb	100	1.00	100.00
07	Aluminum	lb	100	1.00	100.00
08	Aluminum	lb	100	1.00	100.00
09	Aluminum	lb	100	1.00	100.00
10	Aluminum	lb	100	1.00	100.00
11	Aluminum	lb	100	1.00	100.00
12	Aluminum	lb	100	1.00	100.00
13	Aluminum	lb	100	1.00	100.00
14	Aluminum	lb	100	1.00	100.00
15	Aluminum	lb	100	1.00	100.00
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17	Aluminum	lb	100	1.00	100.00
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24	Aluminum	lb	100	1.00	100.00
25	Aluminum	lb	100	1.00	100.00
26	Aluminum	lb	100	1.00	100.00
27	Aluminum	lb	100	1.00	100.00
28	Aluminum	lb	100	1.00	100.00
29	Aluminum	lb	100	1.00	100.00
30	Aluminum	lb	100	1.00	100.00
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43	Aluminum	lb	100	1.00	100.00
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79	Aluminum	lb	100	1.00	100.00
80	Aluminum	lb	100	1.00	100.00
81	Aluminum	lb	100	1.00	100.00
82	Aluminum	lb	100	1.00	100.00
83	Aluminum	lb	100	1.00	100.00
84	Aluminum	lb	100	1.00	100.00
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91	Aluminum	lb	100	1.00	100.00
92	Aluminum	lb	100	1.00	100.00
93	Aluminum	lb	100	1.00	100.00
94	Aluminum	lb	100	1.00	100.00
95	Aluminum	lb	100	1.00	100.00
96	Aluminum	lb	100	1.00	100.00
97	Aluminum	lb	100	1.00	100.00
98	Aluminum	lb	100	1.00	100.00
99	Aluminum	lb	100	1.00	100.00
100	Aluminum	lb	100	1.00	100.00

Para ITCe Subsets linked to Para Items on 08-03. Initial Prenatal Care

ICD-9	ICD-10	DATA ITEM NAME
19	59	Excess vaginal leukorrhea, severe
19	59	Pelvic congestion, acute
20	77	Pelvic congestion, subacute or chronic
20	74	Pelvic congestion, subacute or chronic
20	61	Thyroid and thyroid function, signs of dysfunction of gland
20	62	Thyroid, abnormal function, signs of dysfunction of gland
21	63	Thyroid, other abnormality
21	67	Breasts, other abnormality
21	65	Breasts, inflammation
21	66	Breast, abnormal, inverted
21	58	Breast, palpable mass
22	68	Lungs, auscultation abnormal
22	71	Lungs, other abnormality
22	69	Lungs, circulatory abnormal
22	70	Lungs, cyanosis of post
22	72	Heart, other
22	73	Heart, rhythm irregular
22	74	Heart, organic heart disease suspected
22	75	Heart, other abnormality
22	79	Extremities, other abnormality (not edema)
24	78	Extremities, edema
24	76	Extremities, varicosities, edema
24	77	Extremities, varicosities, severe
24	77	Extremities, other evidence of disorder
25	71	Neurological, reflex abnormality
25	78	Neurological, other abnormality
25	28	Funduscopy, disc change
25	27	Funduscopy, edema
26	26	Funduscopy, hemorrhage
26	26	Funduscopy, retinal changes
26	23	Funduscopy, vascular changes
27	29	Anomalies, embolus, other

**DEFINITIONS OF CODES
INITIAL PERINATAL EXAMINATION
FORM OB-43 CARD 1343**

<u>FIELD</u>	<u>CARD COLUMNS</u>
1. <u>Card Number</u> Code: 1	1
2. <u>Form Number</u> Code: 343	2-4
3. <u>Revision Number</u> Code: 0 - Form Dated 4/62	5
4. <u>FIELD Number</u> Five-digit number for Patient Identification Code: As given	6-14
5. <u>Date of Examination</u> Item 2 Six-digit code for Month (cols. 15-16), Day (cols. 17-18) and Year (cols. 19-20) Code: As given 99 - Month, day and/or year unknown	15-20
6. <u>Non-Pregnant Weight</u> Item 10 Code: *050-350 - As given in pounds 999 - Unknown *Additional codes reviewed and approved: 360	21-23
7. <u>Height</u> Item 11 Code: 40-80 - As given in inches 99 - Unknown	24-25
8. <u>Pulse</u> Item 12 Code: 050-998 - As given 999 - Unknown	26-28

DEFINITION OF CODES (Continued)

FORM OB-13
Card 1343

FIELD

GENERAL EXAMINATION

CARD
COLUMNS

9.

General Appearance

29-33

Item 14

Five-digit code for:

Acutely Ill (col. 29)

Code: 0 - Normal
1 - Abnormal
9 - Unknown

Chronically Ill (col. 30)

Obese (col. 31)

Dehydrated (col. 32)

Code for each column:

Same as in col. 29

Other (col. 33)

Code: 0 - Normal
1 - Underweight
2 - Lethargic, depressed
3 - Combination of codes 1 and 2
4 - Nervous, hysterical, tense
5 - Combination of codes 1 and 4
6 - Combination of codes 2 and 4
7 - Combination of codes 1, 2 and 4
9 - Unknown

10.

Skin

34-39

Item 15

Six-digit code for:

Lesion (col. 34)

Scars - Operative (col. 35)

Abnormal Pigmentation (col. 36)

Pruritus (col. 37)

Rash (col. 38)

Code for each column:

Same as in Field 9, col. 29

Other (col. 39)

Code: 0 - Normal
1 - Abnormality other than code 4
4 - Scars, traumatic
5 - Combination of codes 1 and 4
9 - Unknown

REVISION OF CODES (Continued)

REVISION OF CODES

REVISION OF CODES

REVISION OF CODES

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FILE

CODE
GROUP

19.

THYROID AND THYROID FUNCTION

61-63

Form 20

Preceding code for:

BASE OF THYROID PROLIFERATION AT BIRTH (col. 61)

ADRENAL CORTICOID (col. 62)

Code for each column:

None or 1, 2, 3, 4, 5, 6, 7, 8, 9, 0

BASE (col. 61)

Code:

- 1 - Not recorded
- 2 - Thyroidectomy
- 3 - Combination of values 1 and 2
- 4 - Unknown

FILE

CODE

None or 1, 2, 3, 4, 5, 6, 7, 8, 9, 0

None or 1, 2, 3, 4, 5, 6, 7, 8, 9, 0

None or 1, 2, 3, 4, 5, 6, 7, 8, 9, 0

None or 1, 2, 3, 4, 5, 6, 7, 8, 9, 0

None or 1, 2, 3, 4, 5, 6, 7, 8, 9, 0

None or 1, 2, 3, 4, 5, 6, 7, 8, 9, 0

REVISIONS OF CODES (Continued)

**FORM 08-43
Case 133**

Z112

**CSD
CRIME**

72-75

18.

Sex:

Sex 23

Four-digit code for:

Male

(col. 72)

Female

(col. 73)

Code for each column:

(col. 74)

Sum as in Field 9, col. 29

Sex:

(col. 73)

0 - Male

1 - Miscellaneous other than

criminal acts

2 - Criminal acts

9 - Unknown

19.

Occupation:

76-79

Sex 23

Four-digit code for:

Male

(col. 76)

Female

(col. 77)

Code

(col. 78)

Code (Not Male)

(col. 79)

Code for each column:

Sum as in Field 9, col. 29

DEFINITION OF CODES (Continued)

**FORM OB-43
Card 2963**

FIELD

**CARD
COLUMNS**

- | | | |
|----|---|-------|
| 1. | <p><u>Card Number</u>
Code: 2</p> | 1 |
| 2. | <p><u>Basic Data</u>
Code: Same as in cols. 2-20 of Card 1
GENERAL EXAMINATION (cont.)</p> | 2-20 |
| 3. | <p><u>Neurological</u>
Item 25
Two-digit code for:
<u>Abnormal Reflexes</u> (col. 21)
Code: 0 - Normal
1 - Abnormal
9 - Unknown</p> <p><u>Other Evidence of Neurological Disorder</u> (col. 22)
Code: Same as in col. 21</p> | 21-22 |
| 4. | <p><u>Funduscopy</u>
Item 26
Six-digit code for:
<u>Vessel Changes</u> (col. 23)
<u>Retinal Changes</u> (col. 24)
<u>Disc Changes</u> (col. 25)
<u>Hemorrhage</u> (col. 26)
<u>Exudate</u> (col. 27)
<u>Other</u> (col. 28)
Code for each column:
Same as in Field 3, col. 21</p> | 23-28 |
| 5. | <p><u>Other Abnormalities and Anomalies</u>
Item 27
Code: Same as in Field 3, col. 21
CENTRUC EXAMINATION</p> | 29 |
| 6. | <p><u>Abdomen</u>
Item 2 (page 2)
Five-digit code for:
<u>Abnormal Mass</u> (col. 30)
<u>Hernia</u> (col. 31)
<u>Abdominal Tenderness</u> (col. 32)
<u>CVA Tenderness</u> (col. 33)
<u>Other</u> (col. 34)
Code for each column:
Same as in Field 3, col. 21</p> | 30-34 |

DEFINITION OF CODES (Continued)

**FORM OB-43
Card 2343**

FIELD

**CARD
COVERAGE**

7. Cervix Uteri
Item 3 (page 2)
Six-digit code for:
Size not Compatible with Dates (col. 35)
Other (col. 36)
Multiple Pregnancy (col. 37)
Placenta Previa (col. 38)
Polyhydramnios (col. 39)
Other (col. 40)
Code for each column:
Same as in Field 3, col. 21
8. External Os of Cervix
Item 4 (page 2)
Two-digit code for:
Wolbarth's Tumor (col. 41)
Other (col. 42)
Code for each column:
Same as in Field 3, col. 21
9. Introitus
Item 5 (page 2)
Four-digit code for:
Bartholin's Gland (col. 43)
Cystocele (col. 44)
Rectocele (col. 45)
Other (col. 46)
Code for each column:
Same as in Field 3, col. 21
10. Vagina
Item 6 (page 2)
Three-digit code for:
Vaginitis (col. 47)
Ulceration (col. 48)
Other (col. 49)
Code for each column:
Same as in Field 3, col. 21

DEFINITION OF CODES (Continued)

**FORM OB-13
Card 2343**

FIELD

**CARD
COLUMNS**

11. Cervix Uteri
Item 7 (page 2)
Six-digit code for:

<u>Old Laceration</u>	(col. 50)
<u>Bleeding Site</u>	(col. 51)
<u>Bleeding through Os</u>	(col. 52)
<u>Cervicitis</u>	(col. 53)
<u>Dilated or Effaced</u>	(col. 54)
<u>Other</u>	(col. 55)

 Code for each column:
 Same as in Field 3, col. 21
12. Adnexa
Item 8 (page 2)
Three-digit code for:

<u>Pain</u>	(col. 56)
<u>Tenderness</u>	(col. 57)
<u>Other</u>	(col. 58)

 Code for each column:
 Same as in Field 3, col. 21
13. X-Ray Pelvimetry
Item 9 (page 2)
Code: 0 - Not available
 1 - Available
 2 - Ordered
- CLINICAL PELVIC MEASUREMENT**
14. Diagonal Conjugate
Item 10 (page 2)
Four-digit code for:

<u>Reached</u>	(col. 60)
----------------	-----------

 Code: 0 - Not reached
 1 - Reached
 9 - Unknown
- Measurement in Cms. (cols. 61-63)
 Code: 010-699 - As given in cms. including tenths
 999 - Unknown
Supplemental codes for approximate measurements reported as "less than" or "greater than" within the indicated limits
 770 - Less than 10.0 to 10.9
 771 - Less than 11.0 to 11.9
 772 - Less than 12.0 to 12.9
 773 - Less than 13.0 to 13.9
 777 - Less than 7.0 to 7.9
 778 - Less than 8.0 to 8.9
 779 - Less than 9.0 to 9.9

DEFINITION OF CODES (Continued)

FORM OB-43
Card 2343

FIELD

CARD
COLUMN

14. Diapical Conspicuity
Measurement in Cms. (cont.) (cols. 61-63)
Code: 880 - Greater than 10.0 to 10.9
881 - Greater than 11.0 to 11.9
882 - Greater than 12.0 to 12.9
883 - Greater than 13.0 to 13.9
884 - Greater than 4.0 to 4.9
885 - Greater than 5.0 to 5.9
886 - Greater than 6.0 to 6.9
887 - Greater than 7.0 to 7.9
888 - Greater than 8.0 to 8.9
889 - Greater than 9.0 to 9.9

60-63

15. Spines
Item 11 (page 2)
Code: 0 - Not prominent
1 - Prominent
2 - Borderline
9 - Unknown

64

16. Sacrum
Item 12 (page 2)
Code: 0 - Average curve
1 - Flat
2 - Angulated
3 - Congenitally absent
9 - Unknown

65

17. Macroscopic Notch
Item 13 (page 2)
Code: 0 - Average
1 - Wide
2 - Narrow
3 - Congenitally absent
9 - Unknown

66

18. Sidewalls
Item 14 (page 2)
Code: 0 - Divergent
1 - Convergent
2 - Parallel
9 - Unknown

67

DEFINITION OF CODES (Continued)FORM OB-43
Card 23-3**FIELD****CARD**
COLUMNS

19. Sub-Pubic Arch
 Item 15 (page 2)
 Code: 0 - Average
 1 - Wide
 2 - Narrow
 3 - 70°-90°
 4 - Roman
 5 - Gothic
 9 - Unknown
68
20. Intertuberous
 Item 16 (page 2)
 Code: Same as in Field 14, cols. 61-63
69-71
21. Post Sag Outlet
 Item 17 (page 2)
 Code: Same as in Field 14, cols. 61-63
72-74
22. Other Pelvic Abnormality
 Item 18 (page 2)
 Code: 0 - None
 1 - Asymmetry
 2 - Other
 9 - Unknown
75
23. Inlet
 Item 19 (page 2)
 Code: 0 - Adequate
 1 - Contracted
 2 - Borderline
 9 - Unknown
76
24. Mid Pelvis
 Item 20 (page 2)
 Code: Same as in Field 23
77
25. Outlet
 Item 21 (page 2)
 Code: Same as in Field 23
78
-

INITIAL PERINATAL EXAMINATION
 OB-43

GENERAL EXAMINATION: PAGE 1.

DATE	TIME	LOCATION	PHYSICIAN	Nurse	OBS	MONTHS																		
						'84	'85	'86	'87	'88	'89	'90	'91	'92	'93	'94								
NOV 15 1984	10:30	OB GYN	Dr. [Name]	[Name]	Normal	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	
DEC 15 1984	11:00	OB GYN	Dr. [Name]	[Name]	Normal	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK	OK

SI-59-50

INITIAL PRIMATE EXAMINATION

OB-53

		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	
DATE	DATE																					
	TIME																					
CENSUS	CENSUS																					
	SEX																					
GENERAL OBSERVATIONS	GENERAL OBSERVATIONS																					
	GENERAL OBSERVATIONS																					
CONSTANT SPANION	CONSTANT SPANION																					
	CONSTANT SPANION																					
CENSUS	CENSUS																					
	CENSUS																					
GENERAL OBSERVATIONS	GENERAL OBSERVATIONS																					
	GENERAL OBSERVATIONS																					
CONSTANT SPANION	CONSTANT SPANION																					
	CONSTANT SPANION																					
CENSUS	CENSUS																					
	CENSUS																					
GENERAL OBSERVATIONS	GENERAL OBSERVATIONS																					
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	CENSUS																					
GENERAL OBSERVATIONS	GENERAL OBSERVATIONS																					
	GENERAL OBSERVATIONS																					
CONSTANT SPANION	CONSTANT SPANION																					
	CONSTANT SPANION																					

OB-53 - 12

Revised April 1965

OB-43 page 1 INITIAL PERINATAL EXAMINATION

I. Purpose of form To record the results of the initial physical examination following selection of the patient into the Project sample.

II. General instructions

A. This form should be completed at the patient's initial or second prenatal visit. If examination of a particular patient cannot be done prior to admission for pregnancy termination, OB-43 may be completed during hospitalization.

B. For each item, mark all boxes that describe positive findings. Describe positive findings in the space provided. If there are none, mark "normal" box.

C. Indicate any items not examined by marking the appropriate box.

III. Specific instructions

Item Number

1. Date. Record the date of examination.

4, 5. Examined by. Print the first initial and last name, and title or position of the examining physician.

6. This exam was.

a. Mark the box "completed using this form" when the examination findings are recorded directly on pages 1 and 2 of this form.

b. Mark the box "other" when this examination is initially recorded on non-Study forms. In this case, abstract the findings and stamp the form (pages 1 & 2) "Not according to protocol."

7-9. Re-examination.

a. Mark the appropriate box(es) if findings are re-evaluated by a more senior physician.

b. The senior examiner is to initial any changes made to the original report.

Item Number

10. Non-pregnant weight. Record the last known non-pregnant weight.

11. Height. Record measured height in inches, without shoes.

12. Pulse. Record.

GENERAL EXAMINATION

A. If a general examination is not done, mark "not done" and explain the reason.

13. General appearance. Mark all boxes which describe the general state of the patient.

14. Skin. Mark boxes applicable to skin of any area of the body. Operative scars, wherever present on the patient, are reported only here. Scars other than operative are not considered important unless indicative of major trauma, in which case record under "other."

15. Edema. If edema is present, designate the location by marking the appropriate box(es). In the space to the right, describe the degree of edema in each location, designating it as +1 to +4; pitting or non-pitting.

17. Lymph nodes. If any lymph nodes are enlarged, specify whether they are a single local group or all the superficial nodes by marking the appropriate box. If any lymph nodes are tender, mark the appropriate box. Describe the abnormal nodes and their location in the space provided.

18. ENT and mouth. Mark the appropriate boxes. Inflammation of the pharynx includes pharyngitis and tonsillitis. "Other inflammation" includes rhinitis, otitis, and abscessed teeth.

19. Eyes. Severe visual impairment is described as any impairment which prohibits the patient, correctly fitted with glasses, from reading unamplified newspaper. Description should include the degree of impairment of vision. Include under "other" such difficulties as tunnel-vision, color-blindness, etc.

October 1992

OB-42 case 1 INITIAL PRENATAL EXAMINATION (Continued)

Item Number

20. **Thyroid and thyroid function.** Report here physical signs of thyroid dysfunction, e.g. hypo- or hyperthyroidism, by marking the appropriate box and describing in the available space. This includes findings in other systems (e.g., eyes, skin, neurological). Do not mark "Signs of thyroid dysfunction" when the thyroid gland is abnormal only to palpation.
21. **Breasts.** If an inflammatory mass is present, mark both boxes, "mass" and "inflammation."
22. **Lungs.** Report findings of physical examination. Record markedly reduced vital capacity under "other," and describe.
23. **Heart.** If any findings lead to consideration of organic heart disease, always mark the box so labeled, in addition to marking any other appropriate boxes. If a murmur is considered physiological for pregnancy, or

Item Number

- functional, mark "murmur" and describe as "normal for pregnancy," etc.
24. **Extremities.** Record all findings pertaining to extremities here, other than edema or sores, which are reported in items #16 and 15 respectively.
 25. **Neurological.** Mark all appropriate boxes. Neurological disorders should include muscular abnormalities secondary to neurological involvement.
 26. **Funduscope.** A funduscopic examination is optional.
 27. **Other abnormalities and anomalies.** Record here any abnormalities discovered during the general examination not recorded elsewhere on the form. Especially note skeletal and congenital abnormalities other than pelvic. If no abnormalities or anomalies are found, mark the box "no."

OB-43 page 2 INITIAL PERINATAL EXAMINATION

OBSTETRIC EXAMINATION

Item Number

- a. If obstetric examination is not done, mark "not done" and explain the reason.

recognized, mark "bleeding site." If the bleeding site in the vagina cannot be located, mark "other" and note "Vaginal bleeding from unknown site."

III. Specific Instructions

Item Number

2. Abdomen. Mark all appropriate boxes which describe the findings of abdominal examination, other than of the uterus.

3. Corpus uteri. The uterus is evaluated abdominally and/or vaginally.

- a. Mark "normal for weeks gestation" if uterine size is compatible with weeks, and no other abnormality is present.

- b. Mark "not evaluated" only if no attempt is made to evaluate, either abdominally or vaginally.

- c. Denote the findings of any other abnormality of the corpus uteri by marking the appropriate boxes. If the size of the uterus is larger or smaller than would be expected for the calculated period of gestation, mark the box so labeled and explain at the right.

4. External genitalia. Abnormalities of the external genitalia include vulvar varicosities, old perineal lacerations, cysts, and developmental abnormalities. Mark all appropriate boxes.

5. Introitus. If any significant degree of relaxation of the anterior or posterior vaginal walls is noted, mark the appropriate box. Describe the degree of relaxation at the right as +1 to +4. If there is associated stress incontinence, note it at the right.

6. Vagina

- a. If vaginal examination is not done, mark "not evaluated" and record the reason at the right.

- b. If bleeding is noted to originate from the vagina and the site is

7. Cervix uteri

- a. If for any reason the cervix is not visualized, mark "not evaluated" and describe the reason.

- b. "Old laceration" refers to that degree of cervical laceration that leads to the cervix a "fish-mouth" appearance.

- c. If the bleeding noted upon examination is through the os, mark "bleeding through os."

- d. Cervicitis refers to any degree of cervical erosion or ectropion and should be described as mild, moderate, or severe. If cervicitis has resulted in bleeding, mark both "cervicitis" and "bleeding site."

- e. If the cervix is dilated or effaced, mark this box and describe at the right. Of special importance is dilatation of the internal os. This does not include the normal pubescence of the multiparous cervix.

- f. If any other abnormality is noted, such as tumor, ulceration, leukoplakia, etc., mark "other" and describe.

8. Adnexa. Mark all boxes as indicated and supply appropriate description. Mark "not evaluated" only when pelvic examination is not done.

CLINICAL PELVIC MENSURATION. If not done, mark the box so labeled and explain the reason elsewhere on the page. If clinical mensuration is completed subsequently, record the date of examination. X-ray pelvimetry is not a substitute for clinical evaluation.

9. X-ray pelvimetry. If x-ray pelvimetry was done during a previous pregnancy and results are available, mark "available"; if ordered at the time of the initial examination, mark "ordered." In either case, record the results on form OB-45, Laboratory Record.

October 1962

OB-43 page 2 INITIAL PRENATAL EXAMINATION (Continued)

Item Number

- 10-17. Pelvic examination. Record the information required for each item. Measurement of the posterior sagittal diameter of the outlet is optional for study purposes.
- 18. Other pelvic abnormality. Indicate gross asymmetry of the pelvis by marking the appropriate box. If any other pelvic abnormality is noted, mark "other" and describe.
- 19-21. Summation. For each plane of the pelvis here, indicate estimation of the adequacy by marking the appropriate box.
- 22. DIAGNOSTIC IMPRESSIONS. Following completion of the initial prenatal history and physical examination, record all diagnostic impressions (including obstetric) made or considered at this time.
- 23. Consultation sought. Record by marking "X" in the column opposite the appropriate diagnostic impression, to indicate consultation is being sought.

Item Number

- 24. Approximate date of onset. When appropriate, record the date of onset opposite each diagnostic impression, with particular emphasis on acute infectious processes and toxemia. The date of onset will represent the physician's best estimate of the date on which the disease process began.
- 25-26. Editing. Report completion of the editing procedures for the past medical history and initial prenatal examination (Forms OB-42 and OB-43) through completion of these items.
- 25. Lay edit by. Initial upon completion.
- 26. Medical edit. Record whether editing was accomplished with or without the aid of the hospital chart. "Hospital chart" as used here includes all records of medical care during or prior to the current pregnancy which are in the study institution.
- 27, 28. Medical edit by. Provides for the signature and position of the medical editor.

October 1962

UNITED STATES GOVERNMENT

OFFICE OF THE SECRETARY OF DEFENSE

DECLASSIFICATION AUTHORITY

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

CLASSIFICATION AUTHORITY

1	2	3	4	5	6	7	8	9	10
11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

DECLASSIFICATION AUTHORITY

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11	12	13	14	15	16	17	18	19	20
21	22	23	24	25	26	27	28	29	30
31	32	33	34	35	36	37	38	39	40
41	42	43	44	45	46	47	48	49	50
51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70
71	72	73	74	75	76	77	78	79	80
81	82	83	84	85	86	87	88	89	90
91	92	93	94	95	96	97	98	99	100

DECLASSIFICATION AUTHORITY

DECLASSIFICATION AUTHORITY

DECLASSIFIED BY: [redacted]

DATE: [redacted]

OB-43

II.A.236

CB-43

1.0

1.1

1.25

1.4

1.5

1.75

2.0

2.25

2.5

MICROCOPY RESOLUTION TEST CHART

NBS 1963-A
FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE
WASHINGTON, D.C. 20535

CONTINUED ON NEXT FICHE

Form OB-11 superseded by OB-76 (4-62)
This manual is superseded
by Instruction & Procedure Manual
dated 10-62
for use with OB-46 (4-62)

RECORD OF CURRENT PREGNANCY

(For Form OB-11)

**THE COLLABORATIVE STUDY ON CEREBRAL PALSY,
MENTAL RETARDATION, AND OTHER NEUROLOGICAL AND
SENSORY DISORDERS OF INFANCY AND CHILDHOOD**

February 1959

(For Forms in Use April 1961)

RECORD OF CURRENT PREGNANCY
(For Form OB-11)

INSTRUCTIONS FOR PHYSICIAN

- Par. 1 This is the record of the obstetrician's evaluation of positive items obtained by the interviewer on OB-3, "History Since Last Menstrual Period", and OB-8, "Return Prenatal History". Each positive item must be discussed with the patient and described here. If any physical examination is done other than the routine obstetrical examination called for on the "Return Visit and Laboratory Record", the examination done and results should be recorded here. Start with first visit, summarizing antepartum course to date. Record any diagnosis made and indicate whether it is definite (DF), based on physical examination and/ or laboratory findings at the time of this visit, or is probable (PR) or possible (PS), made purely in retrospect based on the patient's history.
- Par. 2 If the interviewer indicates that a physician has been seen, you must contact him and summarize his findings and diagnosis. List any non-routine laboratory examinations made and the results. Indicate any medication prescribed and any special instructions given. Always be sure to include Items 1, 2, 3, 4, 5 and 6 as indicated at the top of this sheet. It is important to date and sign each entry.
- Par. 3 If the patient is sent for a consultation, summarize the consultation report on this sheet or append a copy of the consultation, laboratory report, or other pertinent record.
- Par. 4 When you run out of space, start a new sheet, making sure that the patient is identified on the next sheet by name, hospital number, and MINDB number, but remember to number each page in the lower right corner.

February 1959
(For Forms in Use April 1961)

White

RECORD OF CURRENT PREGNANCY

INSTRUCTIONS: Be sure to: (1) Describe conditions and patient history and other unusual events, (2) Indicate results of any physical examinations made, (3) Record any diagnosis, (4) List any laboratory examinations made, and (5) Indicate medications prescribed and special instructions given. **BE TRUE TO DATE AND SIGN EACH ENTRY.** Summarize or exclude copies of communications obtained, laboratory reports, and other pertinent records.

Inspected by 7-5-72

Lined area for medical notes.

OB-46 Physician's Clinic Record, Record of Current Pregnancy

Form OB-46, Physician's Clinic Record, was used to record the physician's notes pertaining to the prenatal examination and each subsequent prenatal clinic visit. It was first used in April of 1962 as a replacement for OB-11 and did not undergo revision. No cards containing this information were included in the master file; records are available on microfilm only.

OB-46 PHYSICIAN'S CLINIC RECORD

INSTRUCTIONS: For each visit record and comment on:
1. Medications administered, procedure, or diagnostic

2. DIAGNOSIS AND DIFFERENTIAL DIAGNOSIS

3. Assessment of clinical condition, course, symptoms

4. Treatment and procedures.

5. DATE AND SIGN EACH ENTRY

AT INITIAL VISIT,

SUMMARIZE ANTEPARTUM COURSE TO DATE

OB-46 RECORD OF CURRENT PREGNANCY

- I. Purpose of form** For physicians' information pertaining to the prenatal examination and at each subsequent prenatal clinic visit.
- II. General instructions**
- A. Date each entry.
 - B. Enter name and title of the physician whose findings are being reported, following each note.
 - C. If more than one physician sees the patient at a particular visit, record the comments, diagnoses, impressions, etc. of all physicians.
 - D. Report clearly the source of all data recorded which is not obtained at a prenatal visit, i.e., telephone conversation, perusal of records, etc.
 - E. Summarize findings in sufficient detail to demonstrate the logic of any conclusions reached.
 - F. Avoid repetition of facts adequately reported elsewhere, if they do not contribute to the commentary and evaluation that these notes should contain.
- III. Initial note.** In addition to data recorded as on other visits (listed below), report the following in the initial note:
- A. Events noted in the past medical or obstetric histories which may influence the course of, or treatment during, the current pregnancy.
 - B. The general health of the patient at the beginning of pregnancy.
 - C. Description of the course of pregnancy to the time of the initial note.
- IV. All prenatal notes**
- A. Elaboration of history. Elaborate upon any suggestive or positive history of disorder obtained by the interviewer (OB-3, OB-5), or the physician (OB-42, OB-44). This should include onset, duration, and severity.
 - B. Elaboration of positive physical findings. Describe in detail any abnormal physical findings noted on OB-43 or OB-44.
 - C. Interpretation of laboratory findings. Interpret findings indicative or suggestive of pathological states, when laboratory reports are first available.
 - D. Diagnoses. Record all diagnostic impressions arrived at as a result of interpretation of the history and physical findings.
 - E. Procedures or treatments. Record any diagnostic, therapeutic, or prophylactic procedures or treatments initiated or ordered, including medication. Specify:
 1. All medications administered at prenatal visits (specify dosage, route).
 2. All medication given to or prescribed for the patient (specify daily dosage, manner of use, total amount provided or prescribed).
 3. All medication discontinued (specify date).
 4. Medication the physician knows the patient is taking, obtained from other sources. This will include medication routinely taken for chronic diseases such as epilepsy, diabetes, etc. (specify dosage, change in dosage).
 5. Medication given for research or prophylactic purposes only.
 - F. Duration of pregnancy
 1. Record original EDC.
 2. Record any change in EDC as a result of:
 - a. Re-evaluation of menstrual history.
 - b. Interpretation of obstetrical examination findings.
 - G. Non-Study prenatal care (out-patient). This will usually describe a positive mark in item #22, OB-44 Prenatal Observations.
 1. Consultations. Record the date of and diagnoses made by consultation. Procedures, treatments, or changes in

October 1962

OB-44 RECORD OF CURRENT PREGNANCY (Continued)

Obstetrical management are handled as in IV. 2.

2. Study hospital, non-Study facilities: Record as for consultations.

3. Outside Study hospital: Record the date, diagnosis, and treatment given as learned by patient history or direct communication with the facility which rendered care. Submit supporting data such as abstracts or photostats when obtained.

OB-12 Summary of Hospitalization for Any Antepartum Condition

Form OB-12, first used at the beginning of the study, was intended for use when a study patient was admitted to the hospital for a reason other than delivery. It was replaced in April 1962 by form OB-47, Summary of Antepartum Hospitalization. Records for both forms are available on microfilm only.

SUMMARY OF HOSPITALIZATION FOR ANY ANTEPARTUM CONDITION

1. PATIENT IDENTIFICATION

replaced by OB-47 (4-62)

INSTRUCTION: Use this form when, at the time of admission, delivery is not anticipated.

2. SUMMARY BY			3. TITLE OR POSITION		
4. DATE ADMITTED		5. DATE DISCHARGED			
No.	Day	Year	No.	Day	Year

6. REASON FOR ADMISSION (Give condition which necessitated Patient's admission to this Hospital. If admitted to another hospital, specify name of hospital.) Do not use this space

7. ANESTHESIA GIVEN DURING HOSPITALIZATION No Yes (If Yes, fill in ANESTHESIA RECORD)

8. DIAGNOSTIC PROCEDURES (Include laboratory data, X-Ray examinations, and special procedures.)

9. DIAGNOSIS (Based on diagnostic procedures and observations during hospital stay) 10. APPROX. DATE OF ONSET - GIVE AS

No.	Day	Year
-----	-----	------

11. THERAPY (If therapy consists of observation or bed rest only, check here)

12. MEDICAL (Indicate specific drugs, dosage, time given, response to medication, untoward reactions, etc.)

13. SURGICAL (Describe carefully any surgical therapeutic procedure performed and be sure to have ANESTHESIA RECORD filled in)

14. STATUS OF PREGNANCY ON DISCHARGE UNCHANGED TERMINATED OTHER (Specify)

15. CONDITION ON DISCHARGE (As for condition for which patient admitted to hospital)

CURED IMPROVED UNCHANGED WORSE DECEASED

Form OB-12 (rev. 7-59) superseded
by OB-17 (4-62)

∴ This manual superseded by
Instruction and Records Manuals
each dated 10-62 for use
with OB-17 (4-62)

SUMMARY OF HOSPITALIZATION FOR ANY ANTEPARTUM CONDITION

(For Form OB-12, Revised 7-59)

**THE COLLABORATIVE STUDY OF CEREBAL PALSY AND
OTHER NEUROLOGICAL AND SENSORY DISORDERS OF
INFANCY AND CHILDHOOD**

February 1959

(For Forms in Use April 1961)

SUMMARY OF HOSPITALIZATION FOR ANY ANTEPARTUM CONDITION
(For Form OB-12, Revised 7-59)

INSTRUCTIONS FOR OBSTETRICIAN

This form is to be used for summarizing any antepartum admission, to any service of any hospital, terminating in the discharge of a patient who is either undelivered or delivered of a fetus of 400 gms. weight or less, or less than 26 weeks gestational age (based on LMP).

Item #2. "Summary By:"

Insert your first and last name.

Item #3. "Title or Position"

Give your official title, such as "medical student", "intern", "resident", "project obstetrician", etc.

Item #4. "Date Admitted"

Record the date the patient was admitted to the hospital: month, day, and year.

Item #5. "Date Discharged"

Record the date the patient was discharged from the hospital: month, day, and year.

Item #6. "Reason for Admission"

Give as complete a description as possible of the condition for which the patient was hospitalized. This is important in the event that a specific diagnosis cannot be made. If admitted to another hospital, specify name of hospital.

Item #7. "Anesthesia Given During Hospitalization"

If the patient received anesthesia during this hospitalization for any reason, for either diagnostic or therapeutic procedures, check the box marked "Yes"; otherwise check "No". If the patient did receive anesthesia, the anesthesia record must be completed.

Item #8. "Diagnostic Procedures"

Include all common diagnostic procedures such as laboratory tests, x-ray examinations and any special procedures such as colpotomy or culdoscopy, etc. Specify kinds of physical examinations done.

Items #9-#10. "Diagnosis"

If a definite diagnosis based on observations during the hospital stay can be made, record the diagnosis here and indicate the approximate date

February 1959
(For Forms in Use April 1961)

SUMMARY OF HOSPITALIZATION FOR ANY ANTEPARTUM CONDITION (Con't)

Items #9-#10. "Diagnosis" (Con't)

of onset in the appropriate box.

Items #11-#13. "Therapy"

If therapy consists of observation or bed rest only, so indicate. Record in the appropriate space any medical therapy the patient received. List specific drugs, dosage, dates given, response to medication, untoward reactions etc. If a surgical therapeutic procedure is performed, describe it carefully and be sure to have the anesthesia record completed.

Item #14. "Status of Pregnancy or Discharge"

This is intended to distinguish between the status of the pregnancy on discharge and the status of the condition for which the patient was admitted. If the status of the pregnancy was unaltered by the condition for which the patient was admitted, or by therapy, check appropriate box. If for reason other than unchanged or terminated, specify the change in such terms as "aborted", "suspected fetal death", etc.

Item #15. "Condition on Discharge"

This refers to the patient's status on discharge as far as the condition for which she was admitted is concerned. Check the appropriate box to indicate whether in your opinion she is cured, improved, unchanged, worse, or deceased.

**SUMMARY OF HOSPITALIZATION
FOR ANY ANTEPARTUM CONDITION**

Diagnosis

INSTRUCTIONS: Use this form when, at the time of admission, delivery or discharge.

Supervised by No. of 7-59

HISTORY #?	TITLE OR POSITION
DATE ADMITTED (Mo-Da-Yr)	DATE DISCHARGED (Mo-Da-Yr)

1. REASON FOR ADMISSION (Give condition which necessitated Patient's admission to hospital)

2. ANESTHESIA GIVEN DURING HOSPITALIZATION No Yes (If Yes, fill in ANESTHESIA RECORD)

3. DIAGNOSTIC PROCEDURES (Include laboratory tests, X-ray examinations, and any special procedures such as culdocentesis or colposcopy)

4. EXAMINES (based on diagnostic procedures and observations during hospital stay)	APPROX. DATE OF TEST	DO NOT USE

5. TREATMENT (Give names of drugs, doses, and routes of administration, or list of procedures, etc.)

6. MEDICAL (Describe completely any special diagnostic procedure performed and its use in case ANESTHESIA RECORD filled in)

7. STATE OF PREGNANCY ON DISCHARGE

8. CONDITION ON DISCHARGE (As for condition for which patient admitted to hospital)

CURED
 IMPROVED
 UNCHANGED
 WORSE
 DECEASED

Department of Health, Education and Welfare,
Public Health Service

PHS 67-1004

(68-13)

OB-47 Summary of Antepartum Hospitalization

Form OB-47 was used to summarize any antepartum hospitalization or portion of hospitalization and to record all maternal deaths prepartum or postpartum. It was first used in April 1962 and revised once in February 1963. OB-47 replaced form OB-12, Summary of Antepartum Hospitalization. Records are available on microfilm only.

COL-000017
G-40
CHANGED 6-66

1. PATIENT IDENTIFICATION

OB-47 SUMMARY OF ANTEPARTUM HOSPITALIZATION

3. DATE ADMITTED	A. DATE DISCHARGED	
	Mo. Day Year	Mo. Day Year

4. PLACE HOSPITALIZED BY (In other than county hospital specify name and address of the institution, and, if a private case, that of the attending physician.)

- THIS HOSPITAL
- ELSEWHERE

5. ADMISSION DIAGNOSIS

6. CONDITION OF FETUS AT DELIVERY

- ALIVE
- FETUS DEAD
- DEAD
- NOT EVAL.

7. CONDITION OF MOTHER AT DELIVERY

- GOOD
- UNSTABLE
- IMPROVED
- DEGRADED

8. IF EXTERNAL AUTOPSY DONE

- NO
- YES
- LIMITED

9. HOSPITAL WOUND AUTOPSY DONE

- COMPLETE
- IN PART
- NO

10. SURGICAL PROCEDURES

.....

DISCHARGE DIAGNOSES

12. OBSTETRIC DIAGNOSES

<input type="checkbox"/> FALSE LABOR	13. APPROPRIATE DATE OF ONSET

14. NON-OBSTETRIC DIAGNOSES

<input type="checkbox"/> NONE	13. APPROPRIATE DATE OF ONSET

16. COMMENTS:

16. MEDICAL EDIT	<input type="checkbox"/> BY CLERK	<input type="checkbox"/> BY NURSING	17. MEDICAL EDIT BY	18. TITLE OR POSITION	
TO BE COMPLETED BY LAB EDITOR					
19. ANALYTICAL DATA	<input type="checkbox"/> NO	<input type="checkbox"/> YES (Attach OB-47)	21. BLOOD THERAPY	<input type="checkbox"/> NO	<input type="checkbox"/> YES (Attach Summary)
20. LABORATORY WOUND	<input type="checkbox"/> NO	<input type="checkbox"/> YES	22. LABORATORY WOUND	<input type="checkbox"/> NO	<input type="checkbox"/> YES (Attach Records)

COOPERATIVE RESEARCH PERINATAL RESEARCH GROUP, WASHDC, NOV 1959-64, 66.

G-40
CHANGED 6-66

OB-47

OB-47 SUMMARY OF ANTEPARTUM HOSPITALIZATION

I. Purpose of form

A. To summarize any antepartum hospitalization or portion of a hospitalization.

B. To record all maternal deaths prepartum or postpartum.

II. General instructions

A. This form may be completed by any member of the Project staff. In all cases, lay and medical editing are required procedures.

B. When hospitalization has occurred in a non-Study hospital, supporting data in the form of abstracts, photostats, etc. are required.

C. This form is required in all cases of maternal death whether delivered or undelivered.

III. Specific instructions

Item Number

2. Date admitted. Record.

3. Date discharged. Record date discharged or transferred. If to another institution, state this fact.

4. Place hospitalized.

a. If in the Study institution, mark "this hospital"; if in another institution, mark "elsewhere" and record the name and address of the hospital, as well as the name of the private physician, if any.

b. If on a non-Study facility of the Study institution, note area; e.g., "medical ward."

5. Admission impression. Record. If unknown, record reason for admission.

6. Condition of fetus at discharge. Record the estimated condition of the fetus at discharge or transfer by marking the appropriate box. If the status of the fetus was in doubt at that time, mark "uncertain" and specify details. If there is no knowledge of the condition, mark "not evaluated."

Item Number

7-9. Condition of mother at discharge.

a. Mark as appropriate. In the event the patient expired, complete items #8 and 9, specifying details regarding autopsy. If autopsy was not done in place hospitalized, specify the name and address of the institution at which the autopsy was performed. Submit autopsy findings.

b. If reporting a maternal death which did not occur during a period of hospitalization, complete items #7, 8 and 9, reporting any other details known in item #15, and complete items #12 and 14 if appropriate.

10, 11. Surgical procedures. Record all, with dates. If none, mark "none."

DISCHARGE DIAGNOSES

a. Record all discharge diagnoses, using standard nomenclature whenever possible. If information at discharge is insufficient to establish a firm diagnosis, probable and/or possible diagnoses are to be included and be so titled.

b. Complete OB-47 based only on information known at the time of discharge. (Subsequent editors' comments may be based on later information, but editor must not delete any findings or conclusions originally noted.)

12. Obstetric diagnoses. Record all, such as "Pregnancy, vterine, un-delivered"; "Threatened abortion"; "Pre-eclampsia, mild"; "Possible placenta previa." For false labor (with or without other diagnoses), mark the box provided.

13. Approximate date of onset. Opposite any diagnosis for which it is appropriate record the approximate date of onset, especially of acute infectious processes and toxemia. This should be the date on which the condition is thought to have first occurred, rather than the date of diagnosis.

October 1967

OB-47 SUMMARY OF ANTEPARTUM HOSPITALIZATION (Continued)

Item Number

14. Non-obstetric diagnoses. Record all, such as "Rheumatic heart disease, Class II," etc.
15. Comments. Use space provided here as appropriate.
EDITING. Report completion of the editing procedure by completing items #16-18.
16. Medical edit. Record whether editing is accomplished with or without the original hospitalization record.
- 17, 18. Medical edit by. Provides for the signature and position of the medical editor.
19. Anesthesia given. Indicate whether or not any anesthetic agent was administered during the hospitalization. If "yes," complete and attach form OB-57.
20. Radiation. Mark to indicate if there were any diagnostic x-rays or radiation therapy during the hospitalization. If "yes," report results or summarize therapy administered on form OB-45 and attach. Alternatively, attach photocopy of hospital record.

Item Number

21. Drug therapy. Indicate whether or not drug therapy was administered during the hospitalization. If "yes," record details (including dosage, route of administration and dates of commencement and discontinuance) on form CP-5, unless previously recorded on OB-32 during observation for labor. Alternatively, attach photocopy of hospital record.

"Drug therapy" includes all medications prescribed for the treatment of the patient, other than aspirin, routine vitamins, and laxatives. Of especial importance are those drugs which may have an effect upon the fetus. Specifically to be reported would be: all antibiotics, chemotherapeutic agents, hormones, narcotics, sedatives, tranquilizers, oxytocics, or other medications given to inhibit or initiate labor.

22. Laboratory work. Indicate whether or not laboratory studies were done during the hospitalization. If "yes," record results on OB-45 and attach.

CA 4-60007
4-60

OB-47

SUMMARY OF ANTEPARTUM HOSPITALIZATION

Use this form to report only those hospitalizations that result in the provider to discharged individuals.

I. PATIENT IDENTIFICATION

supplemented by 08-47 (4-63)
(changed 2-63)

2. DATE ADMITTED

3. DATE DISCHARGED

4. PLACE HOSPITALIZED (If in other than county hospital specify name and address of the hospital, and, if a private clinic, name of the attending physician.)

- THIS HOSPITAL
- CLINIC

5. ADMISSION REFERENCE

6. CONDITION OF FETUS AT DELIVERY

- ALIVE
- DEATH (Specify)
- DEAD
- NOT EVAL.

7. CONDITION OF MOTHER AT DISCHARGE

- GOOD
- FAIR
- POOR
- DEATH

8. IF BIRTH CONTROL DONE

- YES
- NO

9. HOSPITAL BIRTH CONTROL DONE

- YES
- NO

10. SURGICAL PROCEDURES

- NONE

11. DATE OF SURGERY

DISCHARGE DIAGNOSES

12. OBSTETRIC DIAGNOSES

PREGNANCY

13. DISCHARGE DATE OF ONSET

14. NON-OBSTETRIC DIAGNOSES

15. COMMENTS:

16. RACIAL OR ETHNIC GROUP

- WHITE
- BLACK
- OTHER

17. MEDICAL HISTORY

18. VITAL OR POSITION

TO BE COMPLETED BY LAB EDITOR

19. ANALYSIS DONE

- YES
- NO

20. RADIATION

- YES
- NO

21. BLOOD THERAPY

- YES
- NO

22. LABORATORY USE

- YES
- NO

COOPERATIVE RESEARCH HOSPITAL RESEARCH BRANCH, WIND, and DISTRICT OF C. D.

OB-47

OB-15 Drugs in Pregnancy

Form OB-15, introduced in May 1963, served as an in-house worksheet for recording drugs taken during pregnancy. Data were recorded on card 0315 in the master file (Table OB-15.1).

Data on drugs were abstracted by nurses and medical students at the Perinatal Research Branch (NINCDS) from study forms submitted by the collaborating institutions. From the raw data on drugs, Dr. Dennis Slone (co-director of the Drug Epidemiology Unit, Boston University Medical Center) created two drug files (see Volume IV of this user's guide). Researchers wishing to use drug data are directed to the drug work files.

TABLE OB-15.1 Cards and Data Records by Revision for Form OB-15

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
OB-15: Drugs	0315	0	222,398
			<u>222,398</u>
	total for form		222,398

Note items referencing fore NR-15, Drugs in Pregnancy

DATA ITEM ID	ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
785.....		0314		1	3 CARD NUMBER (SEQUENCE, FORE TYPE, CASE NUMBER, REVISION NUMBER)
786.....		0314		2	14 MIND CASE NUMBER
787...78-14		0314		14	16 MENSTRUAL HISTORY LMP FROM 78-4 (MO)
788...78-14		0314		17	18 MENSTRUAL HISTORY LMP FROM 78-4 (DAY)
789...78-14		0314		18	20 MENSTRUAL HISTORY LMP FROM 78-4 (YR)
790...78-14		0314		21	21 MENTAL ADMISSION, NUMBER DATE BIRTH
791...78-14		0314		22	22 FREQ, NR-17, NUMBER
792...78-14		0314		23	23 FREQ, NR-17, NUMBER
793...78-14		0314		24	24 DRUGS ADMINISTRATION, NAME TAKEN
794...78-14		0314		25	25 HASTORPHY, X-RAY DELIVERY
795...78-14		0314		26	26 DRUG NCH, NAME
796...78-14		0314		30	30 DRUG NCH, 6 WKS. PRIOR TO LMP
797...78-14		0314		31	31 DRUG NCH, LUNAR MONTH OF PREGNANCY 1
798...78-14		0314		32	32 DRUG NCH, LUNAR MONTH OF PREGNANCY 2
799...78-14		0314		33	33 DRUG NCH, LUNAR MONTH OF PREGNANCY 3
800...78-14		0314		34	34 DRUG NCH, LUNAR MONTH OF PREGNANCY 4
801...78-14		0314		35	35 DRUG NCH, LUNAR MONTH OF PREGNANCY 5
802...78-14		0314		36	36 DRUG NCH, LUNAR MONTH OF PREGNANCY 6
803...78-14		0314		37	37 DRUG NCH, LUNAR MONTH OF PREGNANCY 7
804...78-14		0314		38	38 DRUG NCH, LUNAR MONTH OF PREGNANCY 8
805...78-14		0314		39	39 DRUG NCH, LUNAR MONTH OF PREGNANCY 9
806...78-14		0314		40	40 DRUG NCH, LUNAR MONTH OF PREGNANCY 10
807...78-14		0314		41	41 DRUG NCH, LUNAR MONTH OF PREGNANCY 11 OF FORE
808...78-14		0314		42	42 DRUG NCH, LUNAR MONTH OF PREGNANCY UNKNOWN
809.....				43	43 blank
6164.....				1463	1463 HADITIZATIONS ANTIBIOTICS
6215.....				10	10 DRUG, TRADE NAME, CODE
6216.....				14	14 DRUG, TRADE NAME, USE FREQUENCY, FOUR WEEKS PRIOR TO LMP
6217.....				15	15 DRUG, TRADE NAME, USE FREQUENCY, LUNAR MONTH OF PREGNANCY, 1
6218.....				16	16 DRUG, TRADE NAME, USE FREQUENCY, LUNAR MONTH OF PREGNANCY, 2
6219.....				17	17 DRUG, TRADE NAME, USE FREQUENCY, LUNAR MONTH OF PREGNANCY, 3
6220.....				18	18 DRUG, TRADE NAME, USE FREQUENCY, LUNAR MONTH OF PREGNANCY, 4
6221.....				19	19 DRUG, TRADE NAME, USE FREQUENCY, LUNAR MONTH OF PREGNANCY, 5
6222.....				20	20 DRUG, TRADE NAME, USE FREQUENCY, LUNAR MONTH OF PREGNANCY, 6
6223.....				21	21 DRUG, TRADE NAME, USE FREQUENCY, LUNAR MONTH OF PREGNANCY, 7
6224.....				22	22 DRUG, TRADE NAME, USE FREQUENCY, LUNAR MONTH OF PREGNANCY, 8
6225.....				23	23 DRUG, TRADE NAME, USE FREQUENCY, LUNAR MONTH OF PREGNANCY, 9
6226.....				24	24 DRUG, TRADE NAME, USE FREQUENCY, LUNAR MONTH OF PREGNANCY, 10
6227.....				25	25 DRUG, TRADE NAME, USE FREQUENCY, LUNAR MONTH OF PREGNANCY, 11
6228.....				26	26 DRUG, TRADE NAME, USE FREQUENCY, LUNAR MONTH OF PREGNANCY, 12
6229.....				10	10 DRUG, ACTIVE COMPONENT, CODE
6231.....				14	14 DRUG, ACTIVE COMPONENT, USE FREQUENCY, FOUR WEEKS PRIOR TO LMP

Data Items Referencing Form OR-15, Drugs in Pregnancy

DATA ITEM ID	ITEM 30 FIRM	CARD NUM	FROM	TO	DATA ITEM NAME
6232.....M-4			15	15	Drug, active compound, use frequency, inner month of pregnancy, 1
6233.....M-4			16	16	Drug, active compound, use frequency, inner month of pregnancy, 2
6234.....M-4			17	17	Drug, active compound, use frequency, inner month of pregnancy, 3
6235.....M-4			18	18	Drug, active compound, use frequency, inner month of pregnancy, 4
6236.....M-4			19	19	Drug, active compound, use frequency, inner month of pregnancy, 5
6237.....M-4			20	20	Drug, active compound, use frequency, inner month of pregnancy, 6
6238.....M-4			21	21	Drug, active compound, use frequency, inner month of pregnancy, 7
6239.....M-4			22	22	Drug, active compound, use frequency, inner month of pregnancy, 8
6240.....M-4			23	23	Drug, active compound, use frequency, inner month of pregnancy, 9
6241.....M-4			24	24	Drug, active compound, use frequency, inner month of pregnancy, 10
6242.....M-4			25	25	Drug, active compound, use frequency, inner month of pregnancy, 11
6243.....M-4			26	26	Drug, active compound, use frequency, inner month of pregnancy, 12

**OB-15 DRUGS IN PREGNANCY
WORKSHEET**

LMP (OB-4)

MO.	DAY	YR.
-----	-----	-----

NUMBER OF ANTEPARTUM ADMISSIONS

NUMBER OF OB-12 FORMS*

NUMBER OF OE-7 FORMS*

NO DRUGS TAKEN

X-RAY PELVIMETRY ABSTRACTED

* Exclude forms for events on OB service when admission results in AB or delivery.

DRUG INDEX

- Page 1 I ANTIINFECTIVES
- Page 2 II ANALGESICS, RELAXANTS, ANTIARTHRITICS, SEDATIVES, ANTICONVULSANTS
- Page 3 III ATARACTICS, TRANQUILIZERS, ANTIEMETICS, ANTERSTANNICS, ANTIHISTAMICS
- Page 4 IV STIMULANTS, AUTONOMIC, HORMONES
- Page 5 V ANTIHYPERTENSIVES, DIURETICS, MISCELLANEOUS
- Page 6 VI IMMUNIZATIONS, VAGINAL MEDICATIONS, CONTRACEPTIVES
- Page 7 VII COMMON COMBINATIONS - PRESCRIPTION
- Page 8 VIII COMMON PATENT MEDICINES
- Page 9 IX MISCELLANEOUS DRUGS (cardiac, vitamins, cough medicine, vitamin K, pedology, immunization)

EXCLUDE ALL OF THE FOLLOWING

- Topical medications
- Lasixes, except those containing pedologylin
- Vitamins, except for vitamin K
- Minerals (except parenteral iron)
- Antacids
- Salts (except all iodides)
- Drugs not reported by specific name, except for "Selle" and "antihistamine", not otherwise specified

1000 - "Selle", NOS

92AS - "Antihistamine", NOS

OB-15 DRUGS IN PREGNANCY - I

CODE: A - TAKEN 1 DAY ONLY
 B - TAKEN 1-7 DAYS
 C - TAKEN MORE THAN 7 DAYS
 D - TAKEN UNKNOWN TIME

ANTI-INFECTIVES	Subsequent to LMP	LUNAR MONTH OF PREGNANCY											
		-1	1	2	3	4	5	6	7	8	9	10	11
ANTIBIOTICS, BACTERIAL													
1001 chloramphenicol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1002 erythromycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1003 tetracycline	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1004 penicillin (all derivatives)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1005 streptomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1006 vancomycin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3RD. PHENANOLS													
1007 cephalexin (Cephonax)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1008 cefaclor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1009 cephazolin sodium (Kefzol)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
MISCELLANEOUS													
1010 rifampin (Rifampin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1011 griseofulvin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1012 NBT (nifedipine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1013 mandelic acid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1014 mycophenolate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1015 PAS (para-aminosalicylic acid)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1016 pyrazinamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

.....-4-1ST MENSTRUAL PERIOD
-4-LAST MENSTRUAL PERIOD

OB-15 DRUGS IN PREGNANCY - II

**C300: A - TAKEN 1 DAY ONLY
B - TAKEN 1-7 DAYS
C - TAKEN MORE THAN 7 DAYS
D - TAKEN UNKNOWN TIME**

ANALGESICS RELAXANTS, ANTIARTHRITICS SEDATIVES, ANTICONVULSANTS	Date prior to LMP	LUNAR MONTH OF PREGNANCY												
		-1	1	2	3	4	5	6	7	8	9	10	11	LINE
ANALGESICS														
2017 Aspirin.....	<input type="checkbox"/>													
2018 acetaminophen.....	<input type="checkbox"/>													
2019 Darvon (dextropropoxyphene).....	<input type="checkbox"/>													
2020 Zostren (ethopazine).....	<input type="checkbox"/>													
Other (Specify).....	<input type="checkbox"/>													
.....	<input type="checkbox"/>													
RELAXANTS, ANTIARTHRITICS														
2021 phenylbutazone.....	<input type="checkbox"/>													
2022 Robaxin (methocarbamol).....	<input type="checkbox"/>													
2023 Soma (carisoprodol).....	<input type="checkbox"/>													
2024 Zanaflex (tizanidine).....	<input type="checkbox"/>													
Other (Specify).....	<input type="checkbox"/>													
.....	<input type="checkbox"/>													
SEDATIVES, ANTICONVULSANTS														
2025 chloral hydrate.....	<input type="checkbox"/>													
2026 diazepam.....	<input type="checkbox"/>													
2027 Darvon (phenothiazine).....	<input type="checkbox"/>													
2028 Miltex (methoxyflorfen).....	<input type="checkbox"/>													
2029 pentobarbital (Nembutal).....	<input type="checkbox"/>													
2030 phenobarbital.....	<input type="checkbox"/>													
2031 Placidyl (methaloxyprial).....	<input type="checkbox"/>													
2032 Seconal (secobarbital).....	<input type="checkbox"/>													
2033 Valmid (methohexal).....	<input type="checkbox"/>													
Other (Specify).....	<input type="checkbox"/>													
.....	<input type="checkbox"/>													
Other (Specify).....	<input type="checkbox"/>													
.....	<input type="checkbox"/>													
Other (Specify).....	<input type="checkbox"/>													
.....	<input type="checkbox"/>													

OB-15 DRUGS IN PREGNANCY - III

CODE A - TAKEN 1 DAY ONLY
B - TAKEN 1-7 DAYS
C - TAKEN MORE THAN 7 DAYS
D - TAKEN UNKNOWN TIME

**ATARACTICS, TRANQUILLIZERS,
ANTHRAUSAMENTS,
ANTHISTAMINICS, ANTIPRURITICS**

Subtotal
to LSP

LUNAR MONTH OF PREGNANCY

1 2 3 4 5 6 7 8 9 10 11 JAN

ATARACTICS, TRANQUILLIZERS

- 3236 Cocaine (cocaine)
- 3238 Equanil (meprobamate)
- 3236 Librium (chlordiazepoxide)
- 3237 Sparine (amitriptyline)
- 3238 Thiorazine (chlorpromazine)
- 3239 Trilafon (perphenazine)
- Other (Specify)

ANTHRAUSAMENTS

- 3240 Dramamine
- 3241 meclizine (Bonamin, Bonine)
- 3242 Marezine (propofol)
- 3242 Tigan (trimethoprim)
- 3244 Tofranil (nortriptyline)
- Other (Specify)
- Other (Specify)

ANTHISTAMINICS, ANTIPRURITICS

- 3245 brompheniramine (Dimetane)
- 3246 chlorpheniramine
- 3247 diphenhydramine (Benadryl)
- 3248 promethazine (Phenergan)
- 3249 triacetazine (Tavegil)
- 3250 triproleamine (Pyribanamine)
- Other (Specify)
- Other (Specify)

LAST MENSTRUAL PERIOD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

PATIENT IDENTIFICATION

OB-15 DRUGS IN PREGNANCY - IV

CODE: A - TAKEN 1 DAY ONLY
B - TAKEN 1-7 DAYS
C - TAKEN MORE THAN 7 DAYS
D - TAKEN UNKNOWN TIME

**STIMULANTS
AUTONOMICS
HORMONES**

Indicate
to LMP

LUNAR MONTH OF PREGNANCY

	-1	LUNAR MONTH OF PREGNANCY											LMP
		1	2	3	4	5	6	7	8	9	10	11-	
CNS STIMULANTS, ANTIDEPRESSANTS													
4631 amphetamine (Dexedrine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4632 ephedrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4633 epinephrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4634 phenylephrine (Neo-synephrine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4635 Prothelin (phenmetrazine)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAST MENSTRUAL PERIOD													
ADRENAL, THYROID													
4636 ephedrine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4637 bromine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4638 belladonna	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4639 proserpine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LAST MENSTRUAL PERIOD													
HORMONES AND ENDOCRINE RELATED													
4640 Chlorpropamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4641 Cortisone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4642 Doflamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4643 Enovid	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4644 progesterone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4645 prophyllonaxil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4646 Inhibetrol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4647 tolbutamide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4647 "insulin"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4648 "diuretic"	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

OB-15 DRUGS IN PREGNANCY - V

**CODE: A - TAKEN 1 DAY ONLY
B - TAKEN 1-7 DAYS
C - TAKEN MORE THAN 7 DAYS
D - TAKEN UNKNOWN TIME**

ANTHYPERTENSIVES DIURETICS MISCELLANEOUS	4 or prior to LMP	LUNAR MONTH OF PREGNANCY												
		-1	1	2	3	4	5	6	7	8	9	10	11+	UNK
ANTHYPERTENSIVES														
3668 hydralazine (Apresoline).....	<input type="checkbox"/>													
3669 reserpine.....	<input type="checkbox"/>													
Other (Specify).....	<input type="checkbox"/>													
Other (Specify).....	<input type="checkbox"/>													
DIURETICS														
3670 acetazolamide (Diamox).....	<input type="checkbox"/>													
3671 furosemide (Lasix).....	<input type="checkbox"/>													
3672 bumetanide.....	<input type="checkbox"/>													
3673 chlorothalidone (Hygroton).....	<input type="checkbox"/>													
3674 ethacrynic acid (Edecrin).....	<input type="checkbox"/>													
3675 hydrochlorothiazide (Esidrix).....	<input type="checkbox"/>													
3676 mercuric.....	<input type="checkbox"/>													
3677 triacetamide (Nasrel).....	<input type="checkbox"/>													
Other (Specify).....	<input type="checkbox"/>													
Other (Specify).....	<input type="checkbox"/>													
MISCELLANEOUS														
(Specify).....	<input type="checkbox"/>													
(Specify).....	<input type="checkbox"/>													
(Specify).....	<input type="checkbox"/>													
(Specify).....	<input type="checkbox"/>													
(Specify).....	<input type="checkbox"/>													
(Specify).....	<input type="checkbox"/>													
(Specify).....	<input type="checkbox"/>													
(Specify).....	<input type="checkbox"/>													

OB-15 DRUGS IN PREGNANCY - VI

CODE: A - TAKEN 1 DAY ONLY
 B - TAKEN 1 - 7 DAYS
 C - TAKEN MORE THAN 7 DAYS
 D - TAKEN UNKNOWN TIME

IMMUNIZATIONS VAGINAL MEDICATIONS CONTRACEPTIVES	Subscript to LMP	LUNAR MONTH OF PREGNANCY												
		-1	1	2	3	4	5	6	7	8	9	10	11	12
IMMUNIZATIONS														
6078 influenza (polyvalent)	<input type="checkbox"/>													
6079 measles (killed)	<input type="checkbox"/>													
6080 measles (live - oral)	<input type="checkbox"/>													
6081 polio (killed)	<input type="checkbox"/>													
6082 polio (live - oral)	<input type="checkbox"/>													
6083 measles - varicella	<input type="checkbox"/>													
6084 tetanus	<input type="checkbox"/>													
Other (Specify)	<input type="checkbox"/>													
Other (Specify)	<input type="checkbox"/>													
VAGINAL MEDICATIONS														
6088 Flucanazole	<input type="checkbox"/>													
6036 Fusidic	<input type="checkbox"/>													
6087 Mycostatin	<input type="checkbox"/>													
6089 Sporanox	<input type="checkbox"/>													
6080 Triple Sulfas	<input type="checkbox"/>													
Other (Specify)	<input type="checkbox"/>													
Other (Specify)	<input type="checkbox"/>													
CONTRACEPTIVES														
6090 Delfon	<input type="checkbox"/>													
6091 Enbo	<input type="checkbox"/>													
6092 Orthogonol	<input type="checkbox"/>													
6093 Progestin	<input type="checkbox"/>													
Other (Specify)	<input type="checkbox"/>													
Other (Specify)	<input type="checkbox"/>													

OB-15 DRUGS IN PREGNANCY - VII

CODE: A - TAKEN 1 DAY ONLY
 B - TAKEN 1-7 DAYS
 C - TAKEN MORE THAN 7 DAYS
 D - TAKEN UNKNOWN TIME

COMMON COMBINATIONS - PRESCRIPTION	LUNAR MONTH OF PREGNANCY											
	-1	1	2	3	4	5	6	7	8	9	10	11

7186 Aspirin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7452 Amber.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7455 Amphotec.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7217 APC (acetm).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7348 Band-Aid.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7451 Colargol.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7434 Combid.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7233 Compromid.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7219 Daven Compound.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7451 Demamyl.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7458 Demamol.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7216 Efrisal.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7448 Esketrol.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7346 Novakavim.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7214 Pabalone.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7218 Paracodin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7213 Phosphan.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7341 Prosocon.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7234 Protin.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7449 Quadruzol.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7453 Tadol.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify).....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LAST MENSTRUAL PERIOD DAY MENSTRUAL PERIOD

06-15 DRUGS IN PREGNANCY - VIII

PATIENT IDENTIFICATION

CODE: A - TAKEN 1 DAY ONLY
 B - TAKEN 12 DAYS
 C - TAKEN MORE THAN 7 DAYS
 D - TAKEN UNKNOWN TIME

COMMON PATENT MEDICINES	Subjected to LMP	LUNAR MONTH OF PREGNANCY													
		-1	1	2	3	4	5	6	7	8	9	10	11	12	
8212 Alfa Salts	<input type="checkbox"/>														
8215 B.C. Powders	<input type="checkbox"/>														
8218 Bromopyrine	<input type="checkbox"/>														
8219 Bromocriptin	<input type="checkbox"/>														
8246 Cefazolin	<input type="checkbox"/>														
8345 Difenhydramine	<input type="checkbox"/>														
8217 Fourway Cold Tablets	<input type="checkbox"/>														
8348 Indinavir	<input type="checkbox"/>														
8249 Isoproterenol	<input type="checkbox"/>														
8216 Mefenamic Acid	<input type="checkbox"/>														
8347 Spermicide	<input type="checkbox"/>														
Others (Specify)	<input type="checkbox"/>														
	<input type="checkbox"/>														
	<input type="checkbox"/>														
	<input type="checkbox"/>														
	<input type="checkbox"/>														
	<input type="checkbox"/>														
	<input type="checkbox"/>														
	<input type="checkbox"/>														
	<input type="checkbox"/>														
	<input type="checkbox"/>														
	<input type="checkbox"/>														
	<input type="checkbox"/>														

OB-15 DRUGS IN PREGNANCY - IX

CODE A - TAKEN 1 DAY ONLY
 B - TAKEN 1-7 DAYS
 C - TAKEN MORE THAN 7 DAYS
 D - TAKEN UNKNOWN TIME

MISCELLANEOUS DRUGS (cardiac,
 antitonic, cough medicine, vitamin K,
 podophyllin-containing)

4-5
 6-10
 11-15

LUNAR MONTH OF PREGNANCY

	-1	1	2	3	4	5	6	7	8	9	10	11	12
9580 Alerteine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9182 Bonylin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9465 Carter's Little Liver Pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9485 Cassare sagrada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9183 Chyrosol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9185 Colben cough medicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9088 Compound Compound Tablet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9601 Digitalis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9606 digitoxin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9109 Endospan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9650 heparin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9986 Hinkle's pills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9166 Parvotan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9602 Phosin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9107 Pyralin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9184 Robitussin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9482 Sparteine sulfate (Spartacin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9481 Syntocinon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9177 Terpin Hydrate (Lialin)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9483 Tocophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9188 Tocophenol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9981 Vitamin K (Menadiolone)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (Specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

..... LAST MENSTRUAL PERIOD

Form Item Numbers Linked to Data Items on OA-15, Drugs in Pregnancy

ITEM NM FORM	DATA TYPE IN	CARD NUM	FROM	TO	DATA ITEM NAME
796..OA-15	0315	30	DRUG	act.	4 wk. prior to lap
797..OA-15	0315	31	DRUG	act.	lunar month of pregnancy 1
806..OA-15	0315	40	DRUG	act.	lunar month of pregnancy 10
807..OA-15	0315	41	DRUG	act.	lunar month of pregnancy 11
798..OA-15	0315	32	DRUG	act.	lunar month of pregnancy 2
799..OA-15	0315	33	DRUG	act.	lunar month of pregnancy 3
800..OA-15	0315	34	DRUG	act.	lunar month of pregnancy 4
801..OA-15	0315	35	DRUG	act.	lunar month of pregnancy 5
802..OA-15	0315	36	DRUG	act.	lunar month of pregnancy 6
803..OA-15	0315	37	DRUG	act.	lunar month of pregnancy 7
804..OA-15	0315	38	DRUG	act.	lunar month of pregnancy 8
805..OA-15	0315	39	DRUG	act.	lunar month of pregnancy 9
808..OA-15	0315	42	DRUG	act.	lunar month of pregnancy unknown
795..OA-15	0315	26	DRUG	act.	lunar month of pregnancy unknown
6230.....M-4		10	DRUG	active compound, code	
6231.....M-4		14	DRUG	active compound, use frequency, four weeks prior to LMP	
6232.....M-4		15	DRUG	active compound, use frequency, lunar month of pregnancy, 1	
6241.....M-4		24	DRUG	active compound, use frequency, lunar month of pregnancy, 10	
6247.....M-4		25	DRUG	active compound, use frequency, lunar month of pregnancy, 11	
6233.....M-4		16	DRUG	active compound, use frequency, lunar month of pregnancy, 2	
6234.....M-4		17	DRUG	active compound, use frequency, lunar month of pregnancy, 3	
6235.....M-4		18	DRUG	active compound, use frequency, lunar month of pregnancy, 4	
6236.....M-4		19	DRUG	active compound, use frequency, lunar month of pregnancy, 5	
6237.....M-4		20	DRUG	active compound, use frequency, lunar month of pregnancy, 6	
6238.....M-4		21	DRUG	active compound, use frequency, lunar month of pregnancy, 7	
6239.....M-4		22	DRUG	active compound, use frequency, lunar month of pregnancy, 8	
6240.....M-4		23	DRUG	active compound, use frequency, lunar month of pregnancy, 9	
6261.....M-4		26	DRUG	active compound, use frequency, lunar month of pregnancy, 9	
6216.....M-3		13	DRUG	trade name, code	
6223.....M-3		22	DRUG	trade name, use frequency, lunar month of pregnancy, 8	
6215.....M-3		14	DRUG	trade name, use frequency, four weeks prior to LMP	
6214.....M-3		15	DRUG	trade name, use frequency, lunar month of pregnancy, 1	
6225.....M-3		24	DRUG	trade name, use frequency, lunar month of pregnancy, 10	
6226.....M-3		25	DRUG	trade name, use frequency, lunar month of pregnancy, 11 plus	
6217.....M-3		16	DRUG	trade name, use frequency, lunar month of pregnancy, 2	
6218.....M-3		17	DRUG	trade name, use frequency, lunar month of pregnancy, 3	
6219.....M-3		18	DRUG	trade name, use frequency, lunar month of pregnancy, 4	
6220.....M-3		19	DRUG	trade name, use frequency, lunar month of pregnancy, 5	
6221.....M-3		20	DRUG	trade name, use frequency, lunar month of pregnancy, 6	
6222.....M-3		21	DRUG	trade name, use frequency, lunar month of pregnancy, 7	

Form Item Numbers linked to Data Items on DR-15, NUHS in Pregnancy

ITEM ON FORM	DATA TYPE ID	CARD NUM	FROM	TO	DATA ITEM NAME
6224d-3		23	23	URUG, trade name, use frequency, lunar month of pregnancy, *
6227b-3		26	26	DRUG, trade name, use frequency, lunar month of pregnancy, *
793	..JA-15 031*		24	24	DRUGS, indications, name taken
791	..JA-15 031*		22	22	FORMS, DR-12, number
792	..DR-15 031*		23	23	FORMS, DR-17, number
790	..DR-15 031*		21	21	HOSPITAL ADMISSIONS number
6364	...YAR		1463	1463	HOSPITAL ADMISSIONS number
788	..DR-15 031*		17	18	menstrual history LMP from DR-4 (day)
787	..DR-15 031*		14	16	menstrual history LMP from DR-4 (MO)
786	..DR-15 031*		19	20	menstrual history LMP from DR-4 (YR)
794	..DR-15 031*		25	25	radiography X-ray only/visibly

DEFINITION OF CODES
 DRUGS IN PREGNANCY
 FORM OB-15 CARD 0315

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 0	1
2. <u>Form Number</u> Code: 315	2-4
3. <u>Revision Number</u> Code: 0 - Form Dated: 5/63	5
4. <u>HIMDB Number</u> Nine-digit number for Patient Identification Code: As given	6-14
5. <u>IMP (OB-4)</u> Six-digit number for month (cols. 15-16), day (cols. 17-18), and year (cols. 19-20) Code: As given 99 - Month, day and/or year unknown	15-20
6. <u>Number of Antepartum Admissions</u> Code: 0 - None 1-7 - Number reported 8 - 8 or more reported 9 - Unknown	21
7. <u>Number of OB-12 Forms</u> Code: Same as in Field 6	22
8. <u>Number of OB-47 Forms</u> Code: Same as in Field 6	23
9. <u>No Drugs Taken</u> Code: 0 - Drugs taken 1 - No drugs taken	24
10. <u>X-Ray Pelvimetry</u> Code: 0 - No 1 - Yes	25

Revised March 1965

DEFINITION OF CODES (Continued)

FORM OB-15
Card 0315

FIELD

CARD
CONTINUED

11.

FIRST DRUG

Fourteen-digit code for:

Drug (columns 26-29)

Code: See Attachment "Drugs In Pregnancy"
page OB 13-4 - 6

Lunar Month of Pregnancy in
Which Taken

<u>Four weeks prior to LMP</u>	(col. 30)
<u>First Month</u>	(col. 31)
<u>Second Month</u>	(col. 32)
<u>Third Month</u>	(col. 33)
<u>Fourth Month</u>	(col. 34)
<u>Fifth Month</u>	(col. 35)
<u>Sixth Month</u>	(col. 36)
<u>Seventh Month</u>	(col. 37)
<u>Eighth Month</u>	(col. 38)
<u>Ninth Month</u>	(col. 39)
<u>Tenth Month</u>	(col. 40)
<u>Eleventh month or more</u>	(col. 41)
<u>Unknown Month</u>	(col. 42)

Code for each column:

- ∅ - Not taken
- A - Taken 1 day only
- B - Taken 1-7 days
- C - Taken more than 7 days
- D - Taken unknown time

NOTE: If No Drugs are reported, card ends in column 25. If more than one drug reported, a card is punched for each drug with columns 1-42 same as above.

Revised March 1965

**Drugs in Pregnancy
(OB-15)**

Blank	No drugs	1003	Furazantin
0010	Dinitrogen Monoxide	1004	Penicillin (all derivatives)
0011	Cyclopropane	1005	Streptomycin
0012	Anesthetic Ether	1006	Achromycin
0013	Trichloroethylene	1007	Gantrisin
0014	Ethylene	1008	Sulfadiazine
0015	Bromochlorotrifluoroethane	1009	Kynex
0016	Fluoromar	1010	Flagyl
0017	Chloroform	1011	Griseofulvin
0018	Aethylis Chloridum	1012	Isoniazid
0019	Vinyl Ether	1013	Mandelamine
0021	Somnoform	1014	Mycostatin
0022	Alcoform	1015	Para-aminosalicylic Acid
0023	Anesthol	1016	Quinine
0024	GOE	1017	Sulamyd
0025	Oxygen	1018	Trisulfapyrimidine
0026	Methoxyflurane	1019	Sulphadimethoxine
0030	Cyclonal Sodium	1020	Gentian Violet
0031	Sumital Sodium	1021	Sulfathiazole
0032	Intraval Sodium	1022	Povan
0033	Brevital Sodium	1023	Piperazine
0034	Hydroxydione Sodium	1024	Aspidium
0035	629-505	1025	Azomandelamine
0050	Cyclaine	1026	Azotrex
0051	Diothane HCl	1027	Sulfaquanidine
0052	Isocaine	1028	Sulfanilimide
0053	Chloroprocaine HCl	1029	Sulfasuxidine
0054	Dibucaine HCl	1030	Succinylsulfathiazole
0055	Amethocaine HCl	1031	Gantanol
0056	Allocaine	1032	Bacitracin
0057	Blockaine	1033	Sulfamerazine
0058	Xylocaine	1034	Sulfacetamide
0059	Amylocaine HCl	1035	Crystamycin
0060	Carbocaine	1036	Sulfapyridine
0061	Oxaine	1037	Altafur
0062	Anesthesin	1038	Aerosporin
0063	Butethamine HCl	1039	Daraprim
0070	Diethyl (Allyl Methox-Phenoxy) Acetamide	1040	Paludrine
0071	Cytamast	1041	Diamerazole
0077	Caine Derivatives, n.o.s.	1042	Delvex
0078	L 67	1043	Sonilyn
0081	Nupercaine Lozenge	1044	Urisol
0096	Bratacaine	1045	Combiotic
1000	Antibiotics, n.o.s.	1046	Panaiba
1001	Chloramphenicol	1047	Plaquenil Sulfate
1002	Erythrocin	1048	Hexol

Revised September 1975

Drugs in Pregnancy (cont.)

1049	Acrotetracyl	2014	Aldadine
1050	K-Neopasalate	2015	Pyrodine
1051	Primaquine Phosphate	2016	Phenacetin
1052	Sulfathalidine	2017	Acetylsalicylic Acid
1053	Sulfadine	2018	Codeine
1054	Azo-Kynex	2019	Garvon
1060	Emetine HCl	2020	Ethoheptazine
1061	Benzapas	2022	Methocarbamol
1062	Diodoquin	2023	Carisprodol
1063	Cystex	2024	Flexin
1088	Sulfa, (P.O. or Parenteral)	2025	Chloral Hydrate
1101	Neomycin	2026	Dilantin
1102	Albacycin	2027	Glutemide
1103	Lincomycin	2028	Methypylon
1105	Dihydrostreptomycin Sulfate	2029	Carbrital
1106	Aureomycin	2030	Phenobarbital
1107	Cyclamycin	2031	Ethchlorovynol
1114	Amphotericin B	2032	Secobarbital
1115	Districin	2033	Ethinamate
1116	Chloroquine	2034	Magnesium Sulfate
1117	Sulfazem	2035	Barbital
1121	Thiosulfil-A	2036	Mysolin
1126	Urised	2037	Peganone
1136	Azulfidine	2038	Phenurone
1140	Diamerzine	2039	Mesantoin
1141	Pansulfa	2040	Mephenesin
1201	Kanamycin	2041	Paraldione
1202	Spontin	2042	Tempra
1206	Oxytetracycline	2043	Kemadrin
1210	Mycelin	2044	Metaxalone
1211	Vancomycin HCl	2045	Celontin
1212	Paromomycin	2046	Elipten
1306	Declomycin	2047	Mercodione
1307	Keflin	2048	Acetanilide
1375	Bismarsen	2049	Tensilon
1376	Mapharsen	2050	Levodromoran
1603	Tricofuron (non-vaginal)	2051	Tridione
1614	Declostatin	2052	Valpin P-B
1991	Myacin	2053	Nuzorphan
2001	Meperidine	2054	Dimethylane
2002	Methadone	2055	Marijuana
2003	Morphine Sulfate	2056	Menalgescic
2004	Paregoric	2095	Barbiturate, n.o.s.
2005	Heroin	2101	Dipyrone
2006	Dilaudid	2103	Alvodine
2007	Apomorphine	2107	Colchicine
2008	Leritine	2116	Salfayne
2009	Lorfan	2117	Butazolidin
2010	Alphaprodine	2118	Tandesril
2011	Prinadol	2122	Cogentin
2012	Balline	2123	Norflex
2013	Sedans	2124	Artane
		2127	Propiomazine

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Drugs in Pregnancy (cont.)

2128	Paraldehyde	3048	Phenergan
2129	Amobarbital	3049	Tomaril
2130	Papaverine HCl	3050	Lontabs
2131	Paraflex	3051	Methapyrilene
2132	Tuinal	3052	Chlorcyclizine
2133	Flaxadil	3053	Ambodryl
2134	D-Tubocurarine	3054	Stelazine
2135	Curare	3055	Prolixin
2136	Aturate	3056	Groval
2137	Sedulon	3057	Cholestyramine
2138	Lotusate	3058	Benzomorphan
2139	Beta Chlor	3059	Taractan
2140	Depropanex	3060	Striatran
2217	Sodium Salicylate	3061	Hydroxyphenamate
2218	Cyclopal w/Aspirin	3062	Softtran
2229	Delvinal	3063	Probutylin
2310	Benamid	3099	Antinauseant, n.o.s.
2329	Butabarbital	3129	Valium
2380	Ethyl Alcohol	3130	Vomex A
2522	Succinylcholine	3131	Trepidone
2523	Gecamethonium	3134	Dartal
2524	Isoxsuprine	3135	Deprol
2525	Protoberatrine	3136	Phenoglycodal
2526	Unitansen	3137	Trifluopromazine HCl
2527	Amylnitrite	3138	Methoxypromazine HCl
2528	Peritrate	3140	Daricon
2529	Provell Maleate	3141	Cyclizine
2530	Nitranital	3142	Verazine
2536	Salutensin	3143	Tigacol
2925	Sodium Bromide	3144	Allerest
2933	Valerian Essence	3145	Polaramine
3022	Tranquillizer, n.o.s.	3146	Forhistal
3023	Permital	3147	Tacaryl
3024	Proketazine	3148	Pinax
3025	Compoz	3149	Dormadrin
3026	Timovan	3150	Kistadyl
3031	Hydroxyzine Pamate	3151	Kriptin
3032	Chlormezazone	3152	Bristamine
3033	Mellaril	3153	Asthma Tabs
3034	Prochlorperzine	3154	Thephoran
3035	Meproamate	3155	Tagathen
3036	Chlordiazepoxide	3156	Anahist
3037	Promazine	3157	Pyralamine
3038	Chlorpromazine	3158	Histacin
3039	Perphenazine	3159	Actidel
3040	Oramaine	3160	Nispril SKF
3041	Meclizine	3161	Periactin
3042	Pipamizine	3162	Diamidine
3043	Tigan	3163	Tridocamine
3044	Torecan	3165	Clistin
3045	Brompheniramine	3166	Twiston Tablets
3046	Chlor Pheniramine	3167	Anthellan
3047	Benedryl	3238	Pyrahist

Drugs in Pregnancy (cont.)

3239	Ursinus	4080	Dianabol
3240	Emetrol	4081	Prolactin
3246	Theruhistin	4082	Kilevar
3247	Pyronil	4083	Ovulen
3248	Anergex	4084	Chorionic Gonadotrophin
4032	Asthmatic Mix	4085	Celestone
4033	Neo-Cobefrin	4087	Insulin
4034	Otrivin	4088	Thyroid
4035	Metropine	4089	Norlutate
4036	Aromatic Spirits of Ammonia (orally)	4090	Duphaston
4037	Caytine	4091	Pranone
4038	Aramine	4092	GBI
4039	Levophed	4093	Aldosterone
4040	Elavil	4094	Dysalor
4041	Niamid	4095	Glucagon
4042	Naphozoline	4096	Delestrogen
4043	Isonterenal	4097	Hormone, n.o.s.
4044	Cholodyl	4098	Progynon
4045	Ritalin	4099	Estrogen, n.o.s.
4046	Methoxamine	4100	Bronkheprine
4047	Nephentermine	4139	Coramine
4048	Sudafed	4140	Entivan
4049	Caffeine	4145	Cyclogyl
4050	Aminophylline	4146	Valpin
4051	Amphetamine	4147	Isedrin
4052	Ephedrine	4148	Pamine Broaida
4053	Adrenalin	4149	Theocalcin
4054	Phenylephrine	4150	Murel
4055	Phenmetrazine	4151	Orthoxine
4056	Atropine	4152	Tyzine
4057	Banthine	4153	Tofranil
4058	Belladonna	4154	Benzol
4059	Probanthine	4155	Diethylpropion
4060	Chlorpropamide	4156	Hyoscine
4061	Cortisone	4157	Dicyclamine
4062	Dalalutin	4158	Nactan
4063	Enovid	4159	Mesopin
4064	Progesterone	4160	Derbid
4065	Propylthiouracil	4161	Hydrocortisone
4066	Diethyl Stilboestrol	4162	Edinacil
4067	Orinase	4163	Nardil
4068	Aquadiol	4164	Prochlorisone
4069	Preparin	4165	Tapazole
4070	Rab-in	4166	Carinate
4071	Testosterone	4167	Marplox
4072	Tace	4168	Hexistrol
4073	ACTH	4169	Halcyone
4074	Lutrenin	4171	Melistratin
4075	Cytomel	4247	Benzesin Inhal
4076	Depo-Provera	4249	Gaspar
4077	Equinex	4250	Theophylline
4078	Medrol	4251	Oxyrin
4079	Pitressin	4252	Phenylephrine
		4254	Restrenolone (see HLI)

Drugs in Pregnancy (cont.)

4256	Hyocyanus	5088	Hydrodaine
4257	Dactil	5089	Nannitol
4260	Pro-Decadron	5090	Aldactazide A
4261	Decadron	5091	Harwoods Diuretic
4262	Depo-Medrol	5092	Dyrenium
4263	Medrol-Solu	5093	Dyazide
4264	Prednisolone	5100	Bellvue Cocktail
4265	Medaprin	5150	Ismelin
4351	Phenylpropanolamine	5174	Adamol
4357	Octine	5176	Thiomerin
4358	Benzyl Benzoate	5276	Neohydrin
4361	Triamcinolone	6001	Hililbis (vag.)
4362	Climophine	6002	Flagyl (vag.)
4555	Neostigmine	6003	Gentersal
4557	Nestron	6004	Massengill Powder
4558	Urecholine	6005	Tricofuron (vag.)
4559	Hyalase	6006	AVC
4558	Ilopan-Choline	6007	Hyva
4900	Thiocol	6008	Nylmerate
4971	Male Hormone, n.o.s.	6009	Act-Jel
5050	Ansolysen	6010	Podophyllin (vag.)
5051	Alidant	6011	Neosporin
5054	Priscoline	6012	Douche Powder (Lanteen)
5055	Ser-ap-es	6013	Gentian Violet (vag.)
5056	Veriloid	6014	Propion (vag.)
5057	Rauriloid	6015	Stericil
5058	Roudixin	6016	Lysol (vag.)
5059	Singoserp	6017	Betadine
5060	Noctium Chloride	6018	Douche Tabs (Jan)
5064	Serpasil-Apresoline 1	6019	Trichotine (vag.)
5066	Serpasil-Apresoline 2	6020	Alum Capsule (vag.)
5066	Aspartine	6021	Metacine
5067	Deserpidine	6022	Quinine and Sulva Cap. (vag.)
5068	Apresine	6023	Exceptive Cream (vag.)
5069	Reserpine	6024	Zeptabs (vag.)
5070	Acetazolamide	6025	Zonite (vag.)
5071	Anchier	6026	Potassium Permanganate (vag.)
5072	Benzylhydroflumethiazide	6027	San Powder (vag.)
5073	Chlorthalidone	6028	Hy-G Douche Powder
5074	Chlorthiazide	6029	Terramycin (vag.)
5075	Hydrochlorthiazide	6030	Triva (vag.)
5076	Mercurhydrin	6031	Gentristin (vag.)
5077	Trichlormethiazide	6032	Ismelin (vag.)
5070	Enduron	6033	Vagisec (vag.)
5079	Benzthiazide	6036	Vioform
5080	Polythiazide	6036	PNC (vag.)
5081	Aldactone	6037	Trib (vag.)
5082	MeCamycin	6038	Quinsantikons (vag.)
5083	Hydroxan	6039	Pimarufin (vag.)
5084	Hydroflumethiazide	6040	Gynamin
5086	Cream of Tartar	6041	Ramses (vag.)
5086	Bicurin	6042	Cardul (vag.)
5087	Cyclothiazide	6043	Penicillin Cream (vag.)

Drugs in Pregnancy (cont.)

6044	Sulfa Cream (vag.)	6099	Oral Contraceptives, n.o.s.
6045	Lysotte (vag.)	6101	Duraform (vag.)
6046	Lycinase (vag.)	6102	Vaseline and vag.
6047	Baculin (vag.)	6103	Kotnex Cream & vag.
6048	RC-C-122-R (vag.)	6104	Delta Contraceptive Jelly
6049	Cooper creme (vag.)	6105	Aquacort Vag. supp.
6050	Contra squares (vag.)	6106	Ortho-Cream
6051	Mu-col (vag.)	6107	Stomaseptin
6052	Furestral Vag. Supp.	6108	Triform
6053	Zestabs Contraceptive	6109	Pulsatilla Nigra
6054	Rocky Mountain Spotted Fever Vaccine	6110	Ora-Jel & Contraceptive
6055	BIP	6111	Blue Seal Vag. Gel
6056	Paratyphoid Shot	6112	Conatopins
6057	Vacagen	6158	Devegan
6058	Rabies Vaccine	6666	Unknown if Phenergan- Hosp. 50 Only
6059	Bacillus Calmette Guerin	7024	General Anesthesia, n.o.s.
6060	Poison Ivy Vaccine	7101	Biomydin
6061	Allergy Shots	7102	Hibitane
6062	Hyposen	7103	Cycloserine
6063	Pollen Vaccine	7104	Durycin A.S.
6064	Dust Extract	7105	Dicrystacin
6065	Triple Typhoid	7106	Achrocidin
6066	Catarrhalis Vaccine	7107	V-Kor
6067	Mumps Vaccine	7113	Signemycin
6068	Staphylococcus Vaccine	7114	Glucosamine
6069	Pertussis Vaccine	7115	Polymagma
6070	Black Widow Antitoxin	7116	Triquin
6071	Yellow Fever Vaccine	7117	Azo-Gantrisin
6072	Cholera Immunization	7118	Azo Gantanol
6073	Typhus Shots	7119	Suladyne
6074	Measles n.o.s.	7121	Hydrozet
6075	Polio, n.o.s.	7122	Semets
6076	Diphtheria Toxoid	7123	Cepacol
6077	Typhoid Immunization	7124	Thantis
6078	Influenza Shots	7125	Tracinets
6079	Measles, Killed	7126	Mysteclin
6080	Measles, Live-oral	7127	Candettes
6081	Polio, Killed	7128	Candicillin
6082	Polio, Live-oral	7129	Pomalim
6083	Smallpox	7130	Pyridium Tri-Sulfa
6084	Tetanus Toxoid	7133	Bradosol
6085	Floraquin	7134	Larylgan
6086	Furacin	7136	Urobiotic
6087	Mycostatin, vag.	7143	Pen-Tabs
6088	Sporostacin	7144	Pen-Alba
6089	Sultrin Cream	7145	Pentids
6090	Delfen	7146	Biosulfa
6091	Emko	7147	Gantricillin
6092	Orthogynol	7148	Aldiazol
6093	Preceptin	7149	Trisulfaminic
6094	Lorophyn	7150	Spectrocin T
6095	Zonitore	7151	Cosa-Tetrastatin
6096	Certane	7152	Achrostatin
6097	Koromex	7153	Terracydin
6098	Tetanus Antitoxin		

Drugs in Pregnancy (cont.)

7154	Sul-Pondets Troches	7241	Tranquil
7155	Bio-Kets	7242	Nadricidin
7156	Ilosone Sulfa	7243	Passiphen
7157	Orabiotic	7244	Copavin
7158	Neo-Delta-Cortef	7245	Trancoprin
7159	Cremomycin	7246	Pentagesic
7161	Synthaloids	7247	Librax
7162	Mesulfm	7248	Triaminicin
7163	Supronal	7249	Bladder Sedative Mix
7164	Quintess-N	7250	Hephergan
7165	Auralgan	7251	Donnozyme
7170	Drifitol	7252	Aludrox
7171	Tetracillin	7253	Paadon
7172	Pentazets	7254	Dovacet Capsules
7174	Syndecon	7255	Rebutal
7175	Pondets	7256	Wygraine
7176	Rhinitis Mix	7257	Anadol
7177	Colymycin	7258	Belbarb
7203	Colium	7259	Hasacode
7204	Pantopon	7260	Sedaphen
7205	Opium-Belladonna	7261	Hasamal
7206	Pabizol	7262	Symbrin
7207	Colbenamid	7263	Barbidonna
7208	Parepectolin	7264	Acogesic
7209	Coloni	7265	Valoctin
7210	Phelantin Kapsels	7266	Bellergal
7211	Coprine with Codeine	7267	Phenocin DA
7212	Asafen	7268	Acetylphen
7213	Alysine	7269	Nambudaira
7214	Pabalate	7270	Empiral
7215	Phenaphen	7271	Antispasmodic Elixir
7216	Edrisal	7272	Midrin
7217	Anacin	7274	Sigmagen
7218	Percodan	7275	Rotass-Kittu
7219	Darvon Compound	7276	Pamine with Phenobarbital
7220	Daprisal	7278	Defencin
7221	Excedrin	7279	Robaxisal-Ph
7222	Fiorinal	7280	Algozon
7223	Axotol	7281	Trigesic
7224	Trigistic	7282	Mebarofin
7225	Parafon	7283	Aspirin Compound
7226	Arrestin	7284	Zarumin
7227	Ethecodene	7285	Cofedrine
7228	Phen #3	7286	4S/8S
7229	Nebralin	7287	Kammodic
7230	Optalidone	7289	Penscope
7231	Emgrin	7290	Ethobral
7232	Hycodan	7291	Phencobal
7233	Lumaspirin with Hyocyanus	7292	Ropad
7234	#844	7293	Butigotic
7235	Plexonal	7294	Nambu-Gonna
7236	Quiatal	7295	Eskaphen B
7237	Arcade	7296	Kanulase
7238	Chloranodyn	7326	Citrophen
7239	Robaxisal	7327	Hycomine
7240	Serenitas	7328	Sinutabs

Drugs in Pregnancy (cont.)

7333	Equagesic	7415	Allertonic
7334	Prozine	7420	Lomotil
7335	Vitonex	7425	Normin
7336	Darvo-Tran	7428	Mudrane
7337	Maredox	7429	Butibel
7338	Nausex	7430	Belladenol
7339	Banausea	7431	Maglyn Magma CPD
7340	Bendectin	7433	Quibron
7341	Prenausen	7434	Combid
7342	Bucladin	7435	Ballafofine
7343	Naldecon	7436	Metreton
7344	Tuss-Ornade	7437	Kolantyl
7345	Trolar/Elixir	7438	Donnalate
7346	Novahistine	7439	APE
7347	Ornade	7440	Syntil
7348	Triaminic	7441	Monase
7349	Pyroxate	7442	Bronkotabs
7350	Actifed	7443	Hatorexic
7351	Co-Pyronil	7444	Prelu Vite
7352	Rhinalgan	7445	Bontril
7353	NTZ	7446	Bamadex
7354	Luasmin	7447	Appetrol
7355	Franol	7448	Eskatrol
7356	Antosen	7449	Quadrinal
7357	Nethaprine	7450	AEA
7358	Dimetapp	7451	DexamyI
7359	Bihistrin	7452	Ambar
7360	Disophrin	7453	Tedral
7361	Neo Bronchoid 55	7454	Amodrine
7362	Rynatan	7455	Amphedase
7363	Fedrazil	7456	Belap
7364	Decotussin	7457	Marax Syrup
7365	Kolephrin	7458	Donnatal
7367	Para-Hist	7459	Donnagel
7369	Hesper C	7460	Cantril
7370	Synephricol	7461	Ataraxoid
7371	Syntussin	7462	Dr-Inteval
7372	Clistanal	7463	Trisocart
7373	Phenergan Expectorant	7464	Pro-Estrone
7374	Quadacin	7465	Gestest
7375	Novahistine DH	7466	Pro-Duosterone
7376	Tranquil Aid	7467	Tristerone
7377	Thephorin AC	7468	Cardase
7378	Hespergesic	7469	Neo-Cortef
7379	Pharmhistine	7470	Hugestoral
7380	Milpath	7471	Duohorm
7382	Trilamine	7472	Deladumone
7383	Cafaryl	7473	Gevrestin
7384	Serpatilin	7474	Cordex
7385	Rinohist Syrup	7475	Cytran
7386	Milprem	7476	Neo-Hydeltrasol
7388	Kryl	7477	Desplex
7389	Covanamine	7479	Dainite
7401	Cafergot	7480	Calatrop
7402	Migral	7481	Nulabort

Drugs in Pregnancy (cont.)

7482	Ortho-Novum	8225	Isodine
7483	Biphentamine T20	8226	Diamine
7484	Estrosed	8227	Phenamid
7485	Bifran	8228	Nap
7486	Dexabarb	8229	Pheno-Bromide
7487	Amvicel	8230	Calmers
7488	A M Plus	8232	Brochine-Menthol
7489	Thin-Down	8233	Bistrimate
7490	Reladine	8234	Trimicin Trokes
7491	Calradine #2	8250	Her Tabs
7525	Veralba	8251	Femicin
7550	Benedrin	8252	Co-A Dec
7555	Rauwidrine	8270	Doz-O-Mol
7556	Diupres	8274	Dremelon
7568	Kiopressin	8275	Canadian 222
7569	Butiserpine	8276	Coldrex
7570	Serbutal	8277	Amidophen
7571	Butizide	8331	Proquil Capsules
7572	Matrite #2	8332	Sinocap
7575	Hydropres	8333	Ni-Span
7576	Enduronyl	8334	Cotussin
7577	Brondecon	8335	Coryban-D
7578	Rautrax	8336	Melamine
7910	Medigum	8337	Dri-Con
7930	Vio-Cox	8338	Contac
7990	Anusol	8339	Histotussin
7991	Myanoid	8340	Coldene
7992	Desitin HC Supp.	8341	Azmar
7993	Cardol	8342	Primatene
7994	Medicone	8343	Allergi Caps
7995	Sypository, Anesthetic n.o.s.	8344	Haysma
7996	Nupercainal Suppository	8345	Oristan
7997	Anesthesia Suppositories	8346	Coricidin
7998	PNS Suppositories	8347	Coricidin D
8107	Hycinettes Troches	8348	Inhist
8108	Sulfa Lozenge	8349	Sominex
8109	Squibbs Lozenges	8350	Sleep-Eze
8110	Biotroches	8351	Somni Caps
8111	666 Cough Syrup	8352	Emprazil
8209	Alum Powder-Orally	8353	No Doz
8210	Dewitts Kidney Pills	8354	Nite-R
8211	666 Tablets	8355	Dohistan
8212	Alka Seltzer	8356	Sleep Tablet
8213	Bromo Seltzer	8357	Minagest
8214	Bromoquinine	8360	Pectrol
8215	B.C. Powders	8690	Norforms
8216	Stanback	8691	Brophene-Form
8217	Four Way Cold Tablets	8902	Midragen
8218	Miles Nervine	9001	Digitalis
8219	Mido1	9002	Digitoxin
8220	Rem	9003	Quinidine
8221	Santa Caps	9004	Cedilanid
8222	Rexatuss	9005	Sodium Tetradecyl Sulfate
8223	Tetrazets	9006	Digoxin
8224	Rid-A-Pain	9007	Phenol

Drugs in Pregnancy (cont.)

9008	Safflor Caps	9115	Chaney's Cough Syrup
9013	Pronestyl	9116	Tussagesic
9015	Bantron	9117	Cosadein
9050	Heparin	9118	Isodettes
9051	Dicumarol	9119	Romilar
9052	Coumadin	9120	Sedatole
9055	Axon Throat Spray	9121	Charcoal / Rexall Cherry Cough Syrup
9056	Dobell's Solution	9122	Triaminical
9057	Micrin Lozenges	9123	Romex Cough Syrup
9058	Gargle Tablets	9124	Tyrozets
9059	Dr. Tichenor's Anti-Septic Gargle	9125	Remcoff
9060	Anisole	9126	Hydoden
9061	Hydrogen Peroxide	9127	Tangro Cough Syrup
9062	Tonsiline	9128	White Pine Syrup
9063	Sucrets	9129	Bells Cough Syrup
9064	Orathricin	9130	Pec-Kat
9065	Argyrol Nose Qtts.	9131	Cobenzil
9066	Zephiran Chloride	9132	Quelidrine
9067	Chloroseptic	9133	Thorexin
9068	Rhinall Nose Drops	9134	Cosanyl
9069	Penetrol Nose Drops	9135	Creoterpin
9070	Efedron Nose Drops	9136	St. Joseph's Cough Syrup
9071	Naso Nasal Spray	9137	Antipec Cough Syrup
9072	Glucoc-Fedrin	9138	Ambenyl
9073	Spray R	9139	Cherry Flax Cough Syrup
9074	Bena Fedrin	9140	Vidor Cough Syrup
9075	Nefrine	9141	Coplexan
9076	Spectrocin	9142	Calcidrine
9078	Neohist	9143	Tussionex
9079	Rhinazine Nose Qtts.	9144	Breocol
9080	Nasalair Inhaler	9145	Cocillana
9081	Congestaid Nasal Spray	9146	GI Gin Clear Liquid
9082	Alcon-Efrin	9147	Hydrillin
9083	Medicated Throat Discs	9148	Remicol Cough Syrup
9084	Paradrine Nose Drops	9149	410 Expectorant
9085	Cocaine Nose Spray	9150	Santaminic
9086	Phedric Nose Drops	9151	Secremo!
9090	Lysol	9152	Actin
9094	Eugenol	9153	Anacol
9095	Pharycidin Garg	9154	Codessin
9100	Brown Cold Tab	9155	Mercadol
9101	Elixir Terpin Hydrate	9156	Cotussis
9102	Benadryl Expectorant	9157	Dicotuss
9103	Cheracol	9158	Dondril
9104	Robitussin	9159	Martussin
9105	Colban Cough Medicine	9160	Meditussin
9106	Pertussin	9161	Tessalon
9107	Pyraldine	9162	Ipecac
9108	Tussaminic	9163	Pinacol
9109	Endotussin	9164	Pentro Cough Syrup
9110	Vicks Cough Syrup 44	9165	Crealy Cough Syrup
9111	Prunicodeine	9166	Knock Out Cough Drops
9112	Creomulsion	9167	Sawyers Cough Syrup
9113	Levopropoxyphene	9168	Ipsatol
9114	Orthoxicol		

Drugs in Pregnancy (cont.)

9169	Tricodaine	9409	Uteramine
9170	Sedative Cough Syrup	9425	Nasalene
9171	Rileys Cough Syrup	9430	Chlortrimeton- Ephedrin Syrup
9172	Soltice Cough Syrup	9431	66 Expectorant
9173	Vitalix	9432	Histadine Cough Syrup
9174	Watkin Cough Syrup	9433	Tussar Cough Syrup
9175	Ward Cough Syrup	9434	Axon Cough Medicine
9176	Bristal Cough Syrup	9435	Urominic Syrup
9177	Epsidr	9436	Bona Tuss Cough Syrup
9178	Expectorant Cough Syrup	9437	Sedative Cough Mixture
9179	Anestin Cough Syrup	9438	Dulsana Cough Medicine
9180	Longserver Cough Syrup	9439	Gualacol Carbonate
9181	Pine-O Tar Syrup	9440	Codeine Cough Syrup
9182	Angell's Syrup	9441	Dimetane Expectorant
9183	Krey Cough Syrup	9442	Scot-Tussin
9184	A H Cough Syrup	9443	Bucal Cough Syrup
9185	Expectina	9444	Tussin
9186	Toclase	9445	Troutman Cough Syrup
9187	Dictorate	9446	Jarabe
9188	Histol Mist	9447	Epsatol
9189	Bayers Inhalant	9449	Cosadain Cough Mixture
9190	Hinagest with Codeine	9450	F & F Cough Syrup
9191	Certurpin	9451	Gradex Lozenges
9192	Super-Anapac	9452	Gulaphan Cough Syrup
9193	Smith Brothers Cough Medicine	9453	Organidin
9194	Hathieus Cough Syrup	9454	Honey-Hist
9195	Foleys Honey/Tar Cough Syrup	9455	Hasanone
9196	Dadamos Cough Syrup	9456	Meggezones
9197	Hays Cough Syrup	9457	Dover Pills
9198	Juniper Tar	9458	Pyribenzamine Expectorant
9200	Cerose	9459	Quajani
9201	Visine	9460	Sweet Spirit of Niter
9004	Robitussin AC	9461	Theratuss Tabs
9210	Go-Kof Cough Syrup	9462	Cofalin
9211	Hista Cough Syrup	9463	Quinine Cold Tabs
9212	Seth Cough Compound	9464	Slippery Elm Loz.
9213	Havens Cough Syrup	9465	Senodin Cough Syrup
9215	Dilaudid Cough Syrup	9466	Cees Cough Medicine
9217	Cothera Cough Syrup	9467	Coldmaster Cough Syrup
9218	Suckleys Cough Syrup	9468	Supra C
9220	Tussacaine	9469	Diabetic Cough Syrup
9304	Dramamine Placebo	9470	Mothers Friend
9305	Isoxsuprene (Exper. Study)	9471	Linden Cough Balsam
9338	Levomopromazine (Mepromazine)	9472	St. Johns Cold Tabs
9345	Anti-Histamine, n.o.s.	9473	Chestnex Cough Syrup
9346	Poisonck	9474	Medics Throat Lozenges
9401	Syntocinon	9475	Asafoetic's
9402	Oxytocin	9476	Lemon/Turmeric Mixture
9403	Sparteine Sulphate	9477	Emo-Caps
9404	Ergonovine	9478	Vegavine Compound
9405	Methergine	9479	Teek Cough Syrup
9406	Ergoapiol	9480	Cough Syrup 1999
9407	Gynergen	9481	Neophistin
9408	Sansert	9482	Super Plenamin Cough Syrup

Drugs in Pregnancy (cont.)

9483	Hacks Cough Drops	9801	Jiffy Powder
9484	Halks Cough Drops	9802	Syrup of Black Draught
9485	Baby Bee Cough Medicine	9803	Scotts Emulsion
9486	Dr. Lyon Cough Medicine	9804	Browns Mixture
9487	Norcon	9805	Honey Pine Tar
9488	PID Mixture	9806	Humphreys II
9489	VM Cough Mixture	9807	Citrahist
9490	ULO	9808	Lydia Pinkham
9491	360 Cough Syrup	9809	Goody Powder
9492	Remilor CF Cough Syrup	9811	Nemisis
9493	Clemson Cough Syrup	9812	Doanes Pills
9494	Big Three Cough Syrup	9813	Night Caps
9495	Aristal Cough Syrup	9814	Regimen
9496	Super Anahist Cough Syrup	9834	Histo-Plus
9497	Hydraturbin Cough Mixture	9860	Amitone
9498	Downeys Cough Syrup	9871	Horehound Cough Drops
9499	Ronnanoff Cough Mixture	9888	Drug, Unknown Type
9500	Alevaire	9901	Vitamin K
9501	Tergemist	9902	Protamine
9553	Ananase	9903	Gestatabs
9554	Papase	9904	Compound of Rhubarb
9555	Protamide	9905	Carters Liver Pills
9557	Chymolase	9906	Distovagai
9558	Alidase	9907	Admadion
9559	Diuretics, n.o.s.	9908	Sodium Thiosulfate
9560	Decholin	9909	Sodium Fluoride
9561	Depancoi	9910	Adrenosem Salicylate
9600	Benzine	9918	1987 2A
9608	H Solution	9919	1991 2A
9610	KCL IV	9920	Pathilon
9611	NAHCO ₃ IV	9921	Iodides, n.o.s.
9612	Potassium Triplex	9922	Radio Active Iodine
9701	Brytyllium Tosylate	9923	IVP, n.o.s.
9702	Lederkyn	9924	Diodrast
9703	Stop-Kof	9925	Renograffin
9705	Imperial T.L.	9926	Telapaque
9706	Eze Pain	9927	Hypaque
9707	WY 1359	9928	Carachol
9708	Derm-b	9929	Iodo-Neacin
9709	Sandzan Sleeping Pill	9930	Iodine
9710	P25 25	9931	Orenzyme
9711	Sedative 222	9932	Chymar
9712	Group A Pills	9933	Buccal Varidase
9713	Group B Pills	9934	Ananase
9714	Prexonate	9938	Dilabil
9715	5029 B	9939	G.B. Tablet
9716	Ayds	9940	Histalog
9717	Free Day	9941	Decholine
9718	Licaran AF	9942	BSP
9719	Largan D	9943	PSP
9720	Licaron, n.o.s.	9944	Regitine
9721	WY 1359 G	9945	Vitamin B12, labeled
9725	Tr-Nux Vomica	9947	Pantopaque
9731	Leen Caps	9948	Renovist, Inj.
9735	Rutorbin	9949	Evans Blue

Drugs in Pregnancy (cont.)

9949 Risa
9950 Hippuran
9951 Inferon
9952 Iron, IM/IV
9953 Co-Liv-One/I.M.
9954 Conray
9955 SKF #1340
9956 960 Pills
9957 BA 17922
9958 Control 24
9959 Methylene Blue
9960 SKF #5
9961 SKF
9962 Win
9963 Psilocybin
9964 Base Oxide
9965 Sau
9966 SH 735
9967 A S I
9968 Bal 7922
9969 Diazoxide
9970 Kucin DM-2
9971 Aminopterin
9972 Chlorambucil
9973 Vasopressor A
9974 Vasopressor C
9975 Vasopressor B
9976 Roche #10
9977 Vasopressor E
9978 AX 59034
9979 AN 2095
9980 Cold Caps, n.o.s.
9981 Father Johns Medicine
9982 Coldettes
9983 Anis
9984 Dalex Cold Capsules
9985 Centrine Cold Tablets
9987 Copoletin
9988 Pabisa)
9989 Other specified Drugs,
not elsewhere classified
9990 SCH 3940
9991 SCH 3940D
9992 Methotrexate
9994 #30 Solution
9995 Parstellin
9996 WY
9997 Dopan
9998 Drug Unknown Name
9999 Unknown if any drug

Revised September 1975

**DRUGS IN PHARMACY
FORM OB-15**

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FIRST DRUG

LAST MONTH
OF PHARMACY

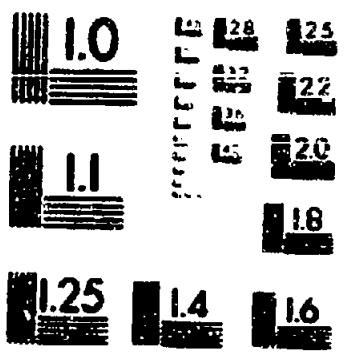
LMP

DATE

DATE

DATE

• If no drug taken, card ends in column 25
• A card exists for each drug reported for a given MIBS number



MICROCOPY RESOLUTION TEST CHART
 NATIONAL BUREAU OF STANDARDS
 STANDARD REFERENCE MATERIAL 1010A
 (ANSI and ISO TEST CHART No. 2)

CONTINUED ON NEXT FICHE