



**NINCDS COLLABORATIVE  
PERINATAL PROJECT  
A User's Guide to the Project and Data**

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**Volume II: Project Study Forms  
and Documentation of Transfer  
to Computerized Data Items  
in Master File**

**Part D: Family and Socioeconomic  
History**

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**December 1983**

**Prepared for  
the National Institute of Neurological  
and Communicative Disorders and Stroke  
under Contract 2311105150**

 **Battelle**  
Pacific Northwest Laboratories

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**NINCDS COLLABORATIVE PERINATAL PROJECT:  
A USER'S GUIDE TO THE PROJECT AND DATA**

**Volume II. Project Study Forms and Documentation  
of Transfer to Computerized Data Items  
in Master File**

**Part D. Family and Socioeconomic History**

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## INTRODUCTION

### DOCUMENT OBJECTIVES AND READER ASSUMPTIONS

Volume II, Project Study Forms and Documentation of Transfer to Computerized Data Items in Master File, provides researchers with detailed documentation for how data were collected, coded and stored on the data base. Volume II will help investigators decide: if data were collected in a suitable way for addressing particular research questions; if revision of forms affected the collection of specific data items; if data were coded on master, variable or work files, or are available only on microfilm. The reader is assumed to be the principal investigator for a project in which data from the data base will be used.

### DOCUMENT STRUCTURE

Because of its size, this volume is divided into ten separate parts, each containing material on a group of forms related by subject. Each part groups together similar study forms. Generally, a part covers a single time period. The parts do not correspond exactly to the hierarchical classification structure described in Volume I. The parts of Volume II include:

- A. Prenatal Record and Medical History
- B. Labor and Delivery
- C. Pathological Exams and Autopsies
- D. Family and Socioeconomic History
- E. Neonatal Exams and Observations
- F. Pediatric and Neurological Exams, Four Months - One Year
- G. Pediatric Neurological Exams, Seven Years
- H. Psychological Exams, Eight Months
- I. Psychological Exams, Four Years and Seven Years
- J. Speech, Language and Hearing Exams, Three Years and Eight Years (Final)

This part of Volume II contains Part D: Family and Socioeconomic History and includes Forms FHH-1/FHH-3, SE-1, FHH-2/FHH-4, GEN-5 through GEN-8 and FHH-9.

To allow easy access to the data as they appear on the master file, all documentation for each form or form grouping representing a card series on the master file is identified by form number appearing at the bottom of each page. Forms are arranged in what may appear to be illogical numerical order in some cases, but the arrangement presented here ties forms and their revisions together and allows an investigator to trace an item through all revision cycles. Thus, in Part A of Volume II, OB-42 follows OB-9 and OB-10 appears next to OB-44 and OB-45. (For an explanation of how the master file was organized to result in this ordering, see the next section of the introduction.)

All material related to a form is organized as a single unit within each part of Volume II. The material included for each form is given below in the order it appears:

- **Descriptive Summary of Form.** Includes purpose of form, history of use, revisions and location of records stored on Master File. A table is provided for each form (except those on microfilm only) showing the number of records available for each revision.
- **Data Items Referencing Form.** A list of all data items in computer files originating from form. List ordered by data item identification with reference to item number on form.
- **Form.** Copy of last revision of form.
- **Form item numbers linked to data items.** A list organized by form item numbers of all computerized data items originating from the form.
- **Definition of codes.** Coding instructions detailing the codes assigned to each computerized data item from the form.
- **Master File Card Image.** Illustrates transfer of data on form to Master File card.
- **Instructions for Completing Form.** The instructions used by study personnel to complete the form for each case.
- **Earlier Forms or Manuals.** Copies of earlier versions of forms or manuals that were used during the study.

#### MASTER FILE ORGANIZATION AND REVISION OF FORMS

Some understanding of how the master file was organized should aid investigators who want to trace the entry of data into computerized study files. The numbering system used both on forms and cards provides information on how data may be retrieved from the master file.

## Forms

The first forms used in the study were the OB forms; as a consequence, this group of forms underwent the most revision. At first glance, it appears that forms disappear from the file and reappear in strange or bewildering places. In actuality, revisions were made according to a specific method.

Two types of revision and subsequent recodes appear in the master file, both of which appear in the OB series. In the first type of revision, radical changes in the concept of a form created a need for new coding in the computer file. Form OB-9, for example, was replaced by forms OB-40 (an optional form retained by the institution), OB-42, and OB-43 in April 1962. Data for earlier patients were recorded on OB-9 and entered on cards 1309, 2309, 3309 and 4309 of the master file; after April 1962, data was recorded on OB-42 and OB-43 and were entered on cards 0342, 1343 and 2343 of the master file.

In the second type of revision, the Collaborative Perinatal Task Force considered revisions important enough to warrant the distinction of a new form number, but considered the data for both forms to be similar enough to allow combining of data from both the old and new forms on the same card series. An example of this type of revision is form OB-35, replaced by OB-57 in April 1962. Records for both OB-35 and OB-57 are entered on cards 0357, 1357, 2357, 3357, 4357, and 5357 in the master file.

In assigning numbers to forms and their revisions, designers of the study followed a plan: prenatal records, history, and summaries of the prenatal period received numbers 1 through 15; when revised, these forms were assigned numbers in the forties. Labor and hospital records appeared on the 30 series of forms. When these forms were revised, they were assigned numbers in the fifties. Some OB data in the master file were abstracted by NIKCDS staff members from forms filled out at the hospital. Cards derived from this procedure were designated as coming from forms ADM-49, 50 and 51 (which were actually ABSTRACT SHEETS). Autopsy protocol and laboratory exams of the placenta were recorded on forms PATH-1, PATH-2 and PATH-3.

Forms for recording family health history and genetic information during pregnancy also received a fair amount of revision. Early records appear on forms FHH-1, 2, 3 and 4. With revisions in April 1963, form SE-1 replaces part of FHH-1 and FHH-3; FHH-2, FHH-4 and parts of FHH-1 and FHH-3 were replaced by

forms GEN-5 through GEN-8 in May 1961. Form FHM-9, initiated in November 1965 for collection of socioeconomic data at time the child was seven years of age, was not replaced or revised.

The PED series of forms underwent little revision. Records for newborn babies appeared in PED-1 through PED-8; records for children up to age one and interval records were placed on PED-10 through PED-29. Seven year records were included in the series numbered PED-74 and up. Only one pediatrics form was radically revised: PED-7 was replaced by PED-8 in March 1963.

No replacements occur in the PS series, where results of psychological and speech, language and hearing tests were recorded. The PS forms are divided into distinct groups based on time of testing and subject of testing. Psychological testing occurred at 8 months, 4 years and 7 years; speech, language and hearing exams were administered at ages 3 and 8. Only the 8 month psychological examination underwent substantial revisions.

#### Master File Card Number and NINDB Case Number Rationale

Computer cards for each NCPP study form are numbered to reflect their origin and possible revisions. Card numbers are assigned to identify the type of data (subject), the presence of multiple cards in a series, NCPP study form and form revisions. The first five digits of each card on the master file are the card number. The study forms and card numbers are given in Figure 1.

The first fourteen columns of each master file computer card contain the master file card number and the NINDB case number. Table 1 identifies the function of each of these columns.

Column 1 identifies multiple cards in a series. It contains a zero for cards unique to a particular form (that is, no other cards are present), for example OB-3, or for cards where repetitive data are contained. Cards for OB-2 are an example of this second type; no new categories of information are included on successive cards, but previous births in excess of four must be recorded on an add-on card. For card series where data entered are unique to a card and more than one card is required to complete the series, a "1" is used to designate the first card, for example OB-5. OB-57, PATH-2 and PED-14 are exceptions to these rules.



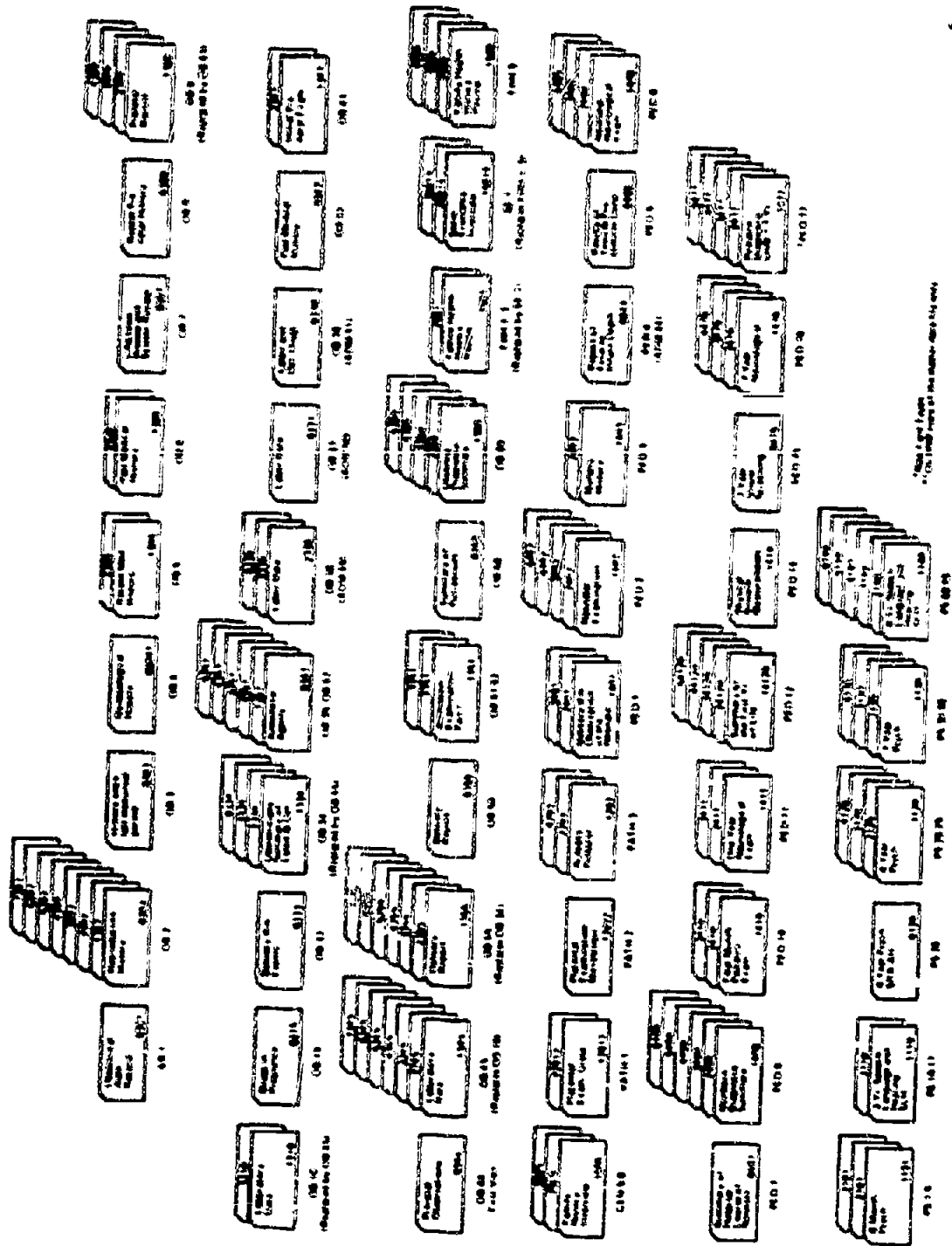


FIGURE 1. Cards on the Master Data File

**TABLE 1. Derivation of Master file Card Number and NINDB Case Number.**

<u>Contents</u>	<u>Columns</u>
Master File Card Number	
card identifier	1
general subject matter	2
form number	3-4
revision code	5
NINDB Case Number	
collaborating institution	6-7
type of patient selection	8
gravidity identification number	9-12
order of the pregnancy	13
identifies child or gravida	14

The second digit on the card reveals the general subject matter covered by data on the card. All cards containing information pertaining to obstetrics, for example, are designated by a "3" in column 2; family histories are designated by a "5"; pathology with a "2"; pediatrics, with a "4"; and psychological testing with a "1".

Columns three and four reveal the form number. In the case of forms where old and new forms having different numbers are included together, the number of the latest form appears on the master file. This rule does not apply to data abstracted from several forms by NINCDS staff (ADM forms).

Column 5 of the card contains a revision code indicating which form or combination of forms was used in arriving at data on a particular card. A typical card will have one to three revision codes, with a zero indicating the first version of a form and "1", "2", and "3" indicating later revisions. As a rule, revision codes used on cards differ from card to card; investigators should check the definition of codes provided in Volume II to determine the meaning of revision codes used.

Each woman and child studied in the project received a unique case number (NINDB case number) composed of nine digits, recorded in columns 6 through 14 of all master file cards. The case number identified the institution, the mother and the child. The first two digits represented the collaborating institution (see Table 2). The third digit indicated the type of patient

selection. A "1" was used for patients selected for the central core study; a "5" indicated that a patient had been transferred from one institution to another, and a "7" indicated that the patient was part of a special study undertaken by the collaborating institution. The fourth through seventh digits were used to identify the gravida, while the eighth digit identified the order of the pregnancy of a given gravida in the project. The ninth digit was used to identify the gravida or child of the pregnancy; "9" indicated the gravida, "0" indicated the child of a single birth, "1" indicated the first child of a multiple birth, "2" indicated the second child of a multiple birth, etc.

**TABLE 2. Collaborating Institutions and Their Code Number  
(Columns six and seven of all master file cards.)**

05 - <u>Boston, Massachusetts</u> Harvard Medical School Boston Lying-in Hospital Children's Hospital Medical Center	50 - <u>Minneapolis, Minnesota</u> University of Minnesota Hospital Health Sciences Center
10 - <u>Buffalo, New York</u> University of Buffalo Children's Hospital	55 - <u>New York, New York</u> New York Medical College Metropolitan Hospital
15 - <u>New Orleans, Louisiana</u> Charity Hospital Tulane University School of Medicine Medical Center Louisiana State University	60 - <u>Portland, Oregon</u> University of Oregon Medical School
21 - <u>New York, New York</u> Columbia University College of Physicians & Surgeons Columbia-Presbyterian Medical Center	66 - <u>Philadelphia, Pennsylvania</u> University of Pennsylvania Pennsylvania Hospital The Children's Hospital of Philadelphia
37 - <u>Baltimore, Maryland</u> The Johns Hopkins University School of Medicine The Johns Hopkins Hospital	71 - <u>Providence, Rhode Island</u> Brown University Child Study Center
45 - <u>Richmond, Virginia</u> Virginia Commonwealth University Medical College of Virginia	82 - <u>Memphis, Tennessee</u> University of Tennessee College of Medicine Gallier Hospital

## Data Item Identification and Naming

The ACF7 data base contains over 6700 different data items and blank filler locations on computer files. We have assigned each of these a unique identification and a terse, stylized name. Because names were chosen to facilitate use of this guide, they do not duplicate names used by NINDB during the active phase of the project. Users should consult appropriate documentation before using data items from the master, variable or work files (Volumes II, III and IV).

The data item identifiers consist of 11 characters. At the far left are four unique numbers that were assigned sequentially. The next character is always a period and is followed by up to six characters. For data items on the master file, these characters describe the data collection form from which a data item was derived; for data items on the variable (VAR) or work (WXX) files, these characters indicate the appropriate file. If the right side is less than six characters, periods are inserted as shown in these examples:

850..OB-14	an item from OB-14; on the master file
3650.PATH-3	an item from PATH-3; on the master file
5223....VAR	an item on the variable file
6340...W-10	an item on work file 10, Rupture of Membranes

We assigned the numbers sequentially as they appear in Volume V. For the master file, we followed the order in which the cards would be found within an NINDB case. All card columns are accounted for by one of our data item identifications. For the variable and work files, the numbers were assigned in the order that data items appear within a case.

We categorized each data item according to the person to whom the data refer, by the type of measurement and/or the time to which the item applies and by general type or subject area (Table 3). Then we assigned names to the data items using the following guidelines:

- The name and the three associated categories had to stand alone - they must describe the data item out of context.
- The first word in the data item name had to be an important or key word when all names were listed alphabetically as in Volumes VI and VII. Thus "cry, abnormal" was used rather than "abnormal cry" because a

researcher is more likely to look for this item under "C" than under "A" in an alphabetic list.

- Secondary key words were preceded with a semicolon to facilitate preparation of the permuted index. For example, "abruptio; placenta" will be found under both the "A" and "P" portion of Volume VI.
- Qualifying words are delimited by commas and will not appear as keywords in Volume VI. Thus "abruptio; placenta, degree" will not be found in the "D" section.
- If medical terminology or usage has changed since the study was conducted, modern terms may be included and will be enclosed in brackets. Thus "mongolism; [Down's syndrome]" will appear under both the "M" and "D" portions of Volume VI.
- If measurement units are associated with a data item name, they are enclosed in parentheses and placed at the end of the name as in "Birthdate (yr)."
- The categories (person, time and subject) are appended to the right of the data item name.

Definitions for each category used in naming data items are given in Table 4 at the end of this introduction. Additional information is found in Chapter 4 of Volume I.

Data item names thus assigned are terse and highly stylized; as we have already indicated, they are not the names used by NINDB during the active phase of the project. Our aim was to develop standardized names that would stand alone. These names are intended to facilitate a user's search for data items potentially useful in a research project. Before an item is used, a researcher should consult its complete description. For a data item from the master files, e.g., 850..08-34, the data item should be traced to the appropriate study form, e.g., 08-34, located in Volume II. A variable file data item, e.g., 5223....VAR, is traced to Volume III, where it is defined and its original source given. A data item from a work file is traced to Volume IV for its description.

Some data items contained in the indexes may include the notation "DO NOT USE." These items are either inaccurate or an alternative data item is available that gives better information. Users will find more appropriate data items by consulting one of the indexes to the data items (Volumes V, VI and VII).

### Tables of Data Items: Column Headings

For each form, two sets of computer-generated pages list all data items in either the master, variable or work files derived from this form. These lists enable a user to track form items to computerized data items listed in other volumes of the User's Guide and vice versa. The computer listings have the following information.

<u>Column Heading</u>	<u>Description</u>
DATA ITEM ID	A unique identifier for this data item. See Data Item Identification and Naming above for details.
ITEM ON FORM	An identifier used on the NCPP study form to identify the question or group of questions which was used to generate this data item.
CARD NUM	Identifies the master file card on which this data item is located. See Master File Card Number and NINDB Case Number Rationale above for a description of card number.
FROM	Beginning card column for this data item.
TO	Ending card column for this data item.
DATA ITEM NAME	Terse stylized name for this data item. See Data Item Identification and Naming above for details.

### ASSOCIATED DOCUMENTS

By examining the tables provided for each, investigators will be able to determine which computer files contain data of interest. For data contained in the variable file, see Volume III of this guide; for data contained in work files, see Volume IV.

**TABLE 3. Abbreviations for Person, Time and Subject Categories**

<u>Person</u>	<u>Time</u>	<u>Subject</u>
Mother	General	Administrative
Father	Preconception	Anesthesia
Placenta	Registration	Clin. Impression
Fetus	Prenatal	Clinical Lab
Child	Admission	Current Pregnancy
M Surrogate	Intrapartum	Environ. Exposure
Family	Delivery	Events
Sibship	Post Partum	Hearing
	Neonatal	Hospitalizations
	Four month	Language
	Eight month	Linkage
	One year	Malignancies
	Three year	Diag. & Cond.
	Four year	Med. History
	Seven year	Medications
	Eight year	Neurological Exam
		Observations
		Pathology
		Physical Exam
		Procedure
		Psych. Exam
		Reproductive Hist.
		Serology
		Socioecon. Info
		Speech
		Vision
		Work History
		X-ray
		Summary
		Gyn. History
		Special Studies
		Fam/Genetic Hist.
		SLH Exam

**TABLE 4. Definition of Person, Time and Subject Categories**

<b>PERSON</b>	<b>DEFINITION</b>
<b>Mother</b>	Study registrant bearing the "study pregnancy"; biologic mother of the "study child"; gravida.
<b>Father</b>	Biologic father of the study child or study pregnancy; in the case of socioeconomic data, this category may indicate either the "father of baby" (not necessarily husband of the mother) or the "husband" (not necessarily related biologically to the study child).
<b>Placenta</b>	The organ of metabolic and gaseous interchange between the fetus and mother; also included in this category are gross and microscopic pathologic data from examination of the umbilical cord.
<b>Fetus</b>	Conceptus; the product of conception including the embryonic stage, i.e., from conception to the moment of birth.
<b>Child</b>	Product of the study pregnancy from the moment of birth onward; study child.
<b>M Surrogate</b>	Person or persons substituting for the mother of a study child, e.g., adoptive parents, foster parents or guardian.
<b>Family</b>	Person or persons biologically related to the mother or father of the study child.
<b>Sibship</b>	Child or children having one or both of the same biologic parents as the study child; siblings; half siblings; full siblings.



**TABLE 4. Definition of Person, Time  
and Subject Categories (Cont.)**

<u>TIME</u>	<u>DEFINITION</u>
General	Data with no pertinent time period or data pertaining to more than one time period.
Preconception	Data pertaining to the period prior to conception of the study pregnancy.
Registration	Data collected at the time of study mother's registration in the study.
Prenatal	Data pertaining to the period from conception of the study pregnancy to delivery of the study child.
Admission	Data collected at the time of study mother's admission to the hospital for delivery of the study child.
Intrapartum	Data pertaining to the period from admission for delivery or onset of labor to delivery of the study child.
Delivery	Data pertaining to the time period during which delivery of the study child occurred.
Post Partum	Data (pertaining to the study mother) collected during the period immediately following birth of the study child.
Neonatal	Data pertaining to the study child during the period from birth to one month of age; the majority of these data were collected prior to or at the time a study child was discharged from the hospital.
Four Month	Data collected at the time of the four month examination of the study child.
Eight Month	Data collected at the time of the eight month examination of the study child.
One Year	Data collected at the time of the one year examination of the study child.
Three Year	Data collected at the time of the three year examination of the study child.
Four Year	Data collected at the time of the four year examination of the study child.
Seven Year	Data collected at the time of the seven year examination of the study child.
Eight Year	Data collected at the time of the eight year examination of the study child.

**TABLE 4. Definition of Person, Time  
and Subject Categories (Cont.)**

<b>SUBJECT</b>	<b>DEFINITION</b>
Administrative	Data pertaining to the administrative aspects of the study.
Anesthesia	Data on medications and procedures used to obtain anesthesia.
Clin. Impression	Impression of abnormality or dysfunction gained by an examiner following evaluation of clinical signs and symptoms and including a subjective component.
Clinical Lab	Data obtained from laboratory examination of clinical specimens.
Current Pregnancy	Personal data and medically relevant information pertaining to the study pregnancy for which the mother is enrolled.
Environ. Exposure	Data on exposure to occupational or other environmental entities or hazards.
Events	Data related to a specific event, occurrence or incidence.
Hearing	Data obtained from examination and testing of hearing function.
Hospitalizations	Data on specific hospital admissions or the number of hospitalizations.
Language	Data obtained from examination and testing of language function.
Linkage	Data on the genetic relationships of family members to the study mother, father or child.
Malformations	Data on the conditions in which failure of normal development has resulted in abnormal physical traits existing at the time of birth.
Diag. & Cond.	Data on specific diagnoses or conditions obtained from past medical history or examination during the study.
Med. History	Data obtained from the study participant or medical records relevant to past or current medical diagnoses or conditions.
Medications	Data on drugs or medications used.
Neurological Exam	Data obtained from observation and physical examination of the central nervous system.
Observations	Data obtained from observations not categorized elsewhere.
Pathology	Data obtained from clinical and anatomical pathological examination.
Physical Exam	Data obtained from physical examination of the study participant.
Procedure	Data relating to specific procedures performed on the study participant prior to or during the period of enrollment in the study.
Psych. Exam	Data obtained from the psychological examinations and observations.

**TABLE 4. Definition of Person, Time  
and Subject Categories. (Cont.)**

<b>SUBJECT</b>	<b>DEFINITION</b>
Reproductive Hist.	Data pertaining to the outcome of pregnancies prior to and or during the period of enrollment in the study.
Serology	Data obtained from the laboratory examination of serum by specific immunologic methods.
Socioecon. Info	Data related to the social and economic characteristics and environment of the study participant.
Speech	Data obtained from examination and observation of speech function.
Vision	Data obtained from examination of the eyes.
Work History	Data pertaining to occupation and employment prior to and during the period of enrollment in the study.
X-Ray	Data on diagnostic x rays and diagnostic or therapeutic radiological procedures.
Summary	Data presented as a summary of data collected and recorded elsewhere.
Gyn. History	Medical history specifically related to the female genital tract, reproductive physiology and endocrinology.
Special Studies	Data pertaining to participation in other special organized studies conducted during the period of enrollment in the study.
Fam/Genetic Hist.	Data on the medical histories of family members genetically related to the study child.
SLH Exam	Data obtained from the speech, language and hearing examinations not specifically or exclusively related to one of these areas.

## CONTENTS

FHH-1/FHH-3	Family Health History, Parts I and III	II.D.1
SE-1	Socio-Economic Interview	II.D.51
FHH-2/FHH-4	Family Health History Part II and Detailed Health Information	II.D.109
GEN-5-GEN-8	Family Composition, Family Health and Outcomes of Prior Pregnancies	II.D.125
FHH-9	Family Health History Review	II.D.185

**FHH-1 Family Health History, Part I and FHH-3 Family Health History, Part III**

Form FHH-1 was used in obtaining information on the gravida's family history. Information was included on birthplace and education, employment, marital history and husband's employment history. Implemented in June of 1959, FHH-1 was changed in January 1962. Several items were eliminated in the revised version (items 9, 10, 15-18 and part of 24, information on children from previous marriages).

Form FHH-3 was used in obtaining information on the gravida's household living arrangements and on her housework responsibilities. It was implemented in June 1959 (Spanish and English) and changed in January 1962. The 1962 version omitted details on housework (items 9-11); it was otherwise unchanged.

Data from FHH-1 and FHH-3 were punched on cards 1501, Revisions 1, 2 and 3, and card 2501, Revision 0, of the master file (revision number appears in column 5). Revision code "1" of card 1501 indicates that the data came from the June 1959 or January 1962 version of FHH-1 and FHH-3. Revision code "2" of card 1501 indicates that the data came from the June 1959 or January 1962 version of the FHH-1 and FHH-3 but was collected retrospectively, that is after the birth of the study child rather than during the mother's pregnancy. Revision code "3" of card 1501 indicates that the data came from a copy of the June 1959 version of the form rather than the printed form. Revision code "0" of card 2501 indicates that the data came from FHH-1 and FHH-3, all versions.

When FHH-1 and FHH-3 were replaced in April by SE-1 (Socio-Economic Interview), new card images were created for this form using the same numerical series 1501 and 2501 and card 3501 was added to the series. The new card images have a code "4" in column 5 (revision number) to indicate that the data are from form SE-1. (See section on SE-1)

**TABLE FHH-1.1. Cards and Data Records by Revision for form FHH-1 Part I and FHH-3 Part III.**

Card Name	Card Number	Rev. No.	Number Records
FHH-1 and 3 - Gravida - Husband, Education, Housing and Income	1501	1	31,757
		2	6
		3	<u>60</u>
			31,823
FHH-1 and 3 - Gravida - Husband, Occupational, Work History, Type of Housing	2501	0	31,858
	total for form		63,681

Wage Items corresponding Form PHM-1, Family Health History, (P. 1)

DATA ITEM	TYPE	CARR	DATA FROM NAME
1724	34	MIN	30
1725	33A		
2274.....		1501	5 Card number (sequence, form type, form number, revision number)
2275.....		1501	14 MIMM case number
2276..PHM-1	7	1501	16 Form PHM-1 date (yy)
2277..PHM-1	7	1501	18 Form PHM-1 date (4yr)
2278..PHM-1	4	1501	20 Form PHM-1 date (yr)
2279..PHM-1	11	1501	21 Address
2280..PHM-1	17-13	1501	22 Birthplace, community size
2281..PHM-1	10	1501	24 Education, grade completed, highest
2282..PHM-1	21-24	1501	25 Education, currently enrolled in school
2283..PHM-1	25	1501	26 Employment status
2284..PHM-1	28	1501	27 Marital history: marriages, total number
2285..PHM-1	2R	1501	28 Father of baby or husband, present
2286..PHM-1	30	1501	30 ABO father of baby or husband
2287..PHM-1		1501	32 Education, grade completed, highest; father of baby or husband
2288..PHM-1		1501	33 Education, currently enrolled in school; father of baby or husband
2289..PHM-1		1501	34 Employment status; father of baby or husband
2290.....		2501	5 Card number (sequence, form type, form number, revision number)
2291.....		2501	14 MIMM case number
2292..PHM-1	5	2501	15 Interview before/better delivery
2293..PHM-1	5	2501	16 Interview, place conducted
2294..PHM-1	5	2501	17 Language used in interview
2295..PHM-1	5	2501	18 Race
2296..PHM-1	5	2501	20 MIMM case number
2297..PHM-1	5	2501	22 Entered USA, date (yy)
2298..PHM-1	5	2501	24 Entered USA, date (yr)
2299..PHM-1	10	2501	26 Occupation
2300..PHM-1	10	2501	28 Employment, current or most recent job, hours worked per week
2301..PHM-1	10	2501	30 Employment, last worked, date (yy)
2302..PHM-1	10	2501	32 Employment, last worked, date (yr)
2303..PHM-1	10	2501	34 Employment, current or most recent job, time (hrs)
2304..PHM-1	10	2501	36 Employment, current or most recent job, time (wk)
2305..PHM-1	10-21	2501	38 Employment, current or most recent job, time (wk)
2306..PHM-1	22	2501	39 Employment, occupation, other kinds of jobs, number
2307..PHM-1	24	2501	41 Marital history: marriage, most recent, date (yy)
2308..PHM-1	24	2501	43 Marital history: marriage, most recent, date (yr)
2309..PHM-1	30	2501	45 Occupation; father of baby or husband
2310..PHM-1	36	2501	47 Employment, current or most recent job, father of baby or husband, time (hrs)
2311..PHM-1	30	2501	49 Employment, current or most recent job, father of baby or husband, time (wk)
2312..PHM-1	30	2501	50 Employment, current or most recent job, father of baby or husband, time (wk)

More items Referencing Form PHM-1, Family Health History, Dr. 1

DATA TYPE ID	TYPE 34 PJOB	CARD MIN	PAGE	TO	DATA FROM NAME
2277..PHM-1	30	2501	51	52	Employment; unemployed since last job, father of baby; or husband, file (vrs)
2278..PHM-1	30	2501	53	56	Employment; unemployed since last job, father of baby; or husband, file (vrs)
2279..PHM-1	30	2501	55	55	Employment; unemployed since last job, father of baby; or husband, file (vrs)
2280..PHM-1	32	2501	54	56	Employment, period when for number of jobs, father of baby or husband
2281..PHM-1	32	2501	57	57	Employment, number of jobs during period, father of baby or husband
2282..PHM-1	33	2501	58	60	Employment; unemployed during period, file
2283..PHM-1	34	2501	61	61	Employment, same wife partner identified
2284..PHM-1	34	2501	62	63	Employment; occupation, with same partner
2285..PHM-1	6	2501	64	64	Household arrangements housing type
2286..PHM-1	23	2501	65	66	Children under 18 yrs supported, number
2287..PHM-1	26	2501	67	67	Language spoken
2288.....		2501	68	68	Blank
4176.....VAR	19		249	249	Work status, current; employment status, working/not working
4179.....VAR	12-13		270	271	Education (vrs)
4176.....VAR			272	272	Education, categorized
4181.....VAR	16		279	282	Employed last, date (mo/yr)
4182.....VAR	11		283	284	Marriage
4183.....VAR	4		285	285	Marriage
4212.....VAR	19		363	364	Occupation
4213.....VAR			365	365	Occupation, grouped; never, white or blue collar, wife, unknown
4216.....VAR			366	366	Income per capita
4235.....VAR			371	371	Occupation; father if head of household, of spouse at time she left school
4236.....VAR			372	372	Occupation; father if spouse, categorized
4237.....VAR	25		373	373	Father of baby or husband living at home
4238.....VAR	27		374	374	Father of baby or husband (vrs)
4239.....VAR			376	376	Age; father of baby or husband (date)
4240.....VAR	30		377	377	Employment status; father of baby or husband
4241.....VAR	20		379	379	Education; father of baby or husband (vrs)
4242.....VAR	24		380	380	Education; father of baby or husband, classified
4243.....VAR	24		381	381	Father of baby or husband present in home
4246.....VAR	30		386	386	Occupation; father of baby or husband
4247.....VAR			387	387	Occupation, grouped; never, white or husband, white or blue collar, wife, none, unknown
4337.....VAR			403	403	Marriage



Have items referencing case PHM-3, Family Health Ministry, etc. )

DATA ITEM ID	TYPE JM PJOM	CAMP SME	FROM FD	DATA ITEM NAME
2240--PHM-1	5	1501	35	16 HOUSEHOLD ARRANGEMENT, NUMBER OF ROOMS
2241--PHM-1		1501	37	16 HOUSEHOLD ARRANGEMENT, TOTAL NUMBER OF PERSONS
2242--PHM-1		1501	38	40 HOUSEHOLD ARRANGEMENT, HOUSEHOLD DENSITY, NUMBER OF PERSONS PER ROOM
2243--PHM-1	6	1501	41	42 HOUSEHOLD ARRANGEMENT, RIGHTS, IN AND OVER, NUMBER
2244--PHM-1	10	1501	43	44 INCOME, RATE
2245--PHM-1	10	1501	45	45 INCOME, UNIT OF USE FOR WHICH REPORTED
2246--PHM-1	10	1501	46	46 INCOME, GROSS OR NET
2247--PHM-1	20	1501	47	46 INCOME, NUMBER OF PERSONS SUPPORTED
2248--PHM-1	22	1501	48	49 INCOME, REGULARITY FOR YEAR PRIOR TO ONSET OF FREQUENT
2249--PHM-1		1501	50	50 INCOME, SOURCE, PERSON, FRIENDS OR RELATIVES
2250--PHM-1		1501	51	51 INCOME, SOURCE, PUBLIC OR PRIVATE
2251--PHM-1		1501	52	52 INCOME, SOURCE, PUBLIC OR PRIVATE
2252.....		1501	53	50 STAKE
5177.....VAR	10		274	INCOME, TO NEAREST THOUSAND DOLLARS
5178.....VAR			275	INCOME, CATEGORIZED
5179.....VAR	5-7		276	277 MISSING DENSITY
5230.....VAR	20		161	162 PERSONS SUPPORTED, NUMBER
5231.....VAR			162	162 PERSONS SUPPORTED, CLASSIFIED

**FAMILY HEALTH HISTORY**  
**PART I**

2. Patient Identification

4. Religion

P  EC  J  Other (Specify)

3. Race:  W  N  O. 6. Place

Other (Specify)

7. Date \_\_\_\_\_ 8. Interviewer \_\_\_\_\_

**A. BIRTHPLACE AND EDUCATION**

11. Place of Birth

**INSIDE CONTINENTAL U.S.**

CITY OR COUNTY STATE

3. CHECK ONE

Urban (2500 pop. and over)

Rural Non-Farm (less than 2500 pop.)

Rural Farm

**OUTSIDE CONTINENTAL U.S.**

CITY COUNTY

4. CHECK ONE

Urban (2500 pop. and over)

Rural Non-Farm (less than 2500 pop.)

Rural Farm

5. When did you first come to the U.S.?

MONTH YEAR

6. Have you lived in this country ever since?

Yes

No: How long were you away?

12. How far did you go in school? [Circle highest grade completed] 0 1 2 3 4 5 6 7 8 9 10 11 12

13. How did you stop? \_\_\_\_\_

*(If less than 12th grade, ask)*

1. How did it happen that you didn't go on?

Went to work

Got married

Got pregnant

Tired of school

Ungraded class

Other (Specify) \_\_\_\_\_

*(If 12th grade, ask)*

2. Did you have any schooling beyond that?

No

Yes, college and/or professional school

Yes, all others

**FAMILY HEALTH HISTORY**  
**PART I (Continued)**

17-18.

**B. CURRENT EMPLOYMENT**

19. Do you have a job now?

Yes

a. What kind of work do you do? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. Type of business \_\_\_\_\_  
 \_\_\_\_\_

c. Number of hours worked:  
 \_\_\_\_\_ hours per  day  week  month

d. How long have you had this job? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No

Never worked, housewife only.

e. What was your previous occupation? \_\_\_\_\_  
 \_\_\_\_\_

f. Type of business \_\_\_\_\_  
 \_\_\_\_\_

g. Number of hours worked:  
 \_\_\_\_\_ hours per  day  week  month

h. When did you quit? \_\_\_\_\_ (date)  
 (year)

i. How long did you have that job? \_\_\_\_\_  
 \_\_\_\_\_

**FAMILY HEALTH HISTORY**

**PART I (Continued)**

23. What other kinds of work have you done? [Probe for description of work, type of business, and approximate dates worked]  None

KIND OF WORK	TYPE OF BUSINESS	APPROXIMATE DATES WORKED
1.		
2.		
3.		

**C. MARITAL HISTORY**

22. Are you at present married, separated, divorced, widowed or single?

Married  Separated  Divorced  Widowed  Single

23. Have you ever been married (before)?  No  Yes

24. Marriages

FROM (YEAR)	TO (YEAR)	TYPE OF TERMINATION
1.		
2.		
3.		
4.		

**D. HUSBAND**

25. Are you now living with your husband? [With baby's (either or other than married)]

Yes  No [Skip to question 26]

26. What is his name? \_\_\_\_\_

27. Date of birth? \_\_\_\_\_

28. How far did he go in school? [Circle highest grade completed] 0 1 2 3 4 5 6 7 8 9 10 11 12

**FAMILY HEALTH HISTORY**

**PART I (Continued)**

30. Is he employed at present?

Yes

a. What kind of work does he do? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. Type of business \_\_\_\_\_  
 \_\_\_\_\_

c. How long has he had this job? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No

d. How long has he been out of work? \_\_\_\_\_  
 \_\_\_\_\_

e. Reason for unemployment: [Probe for seasonal work, temporary lay-offs, etc.] \_\_\_\_\_  
 \_\_\_\_\_

f. What kind of work did he do on his last job? \_\_\_\_\_  
 \_\_\_\_\_

g. Type of business \_\_\_\_\_  
 \_\_\_\_\_

h. How long did he have that job? \_\_\_\_\_  
 \_\_\_\_\_

31. What other kinds of work has he done? (Probe for description of work, type of business, and approximate dates worked)  None

KIND OF WORK	TYPE OF BUSINESS	APPROXIMATE DATES WORKED
1.		
2.		
3.		

32. In the last 5 years about how many jobs has he had? \_\_\_\_\_

33. How much time has he spent unemployed in the last 5 years? \_\_\_\_\_

34. Who is the main wage-earner (breadwinner) in your household? \_\_\_\_\_  
 [(If main wage-earner is other than husband or baby's father, ask)]

35. What is his/her occupation? What type of business is that? \_\_\_\_\_

**HISTORIA DE LA SALUD DE LA FAMILIA  
 PARTE I**

1. Identificación de la madre

7. Fecha \_\_\_\_\_ 8. Entrevistador \_\_\_\_\_

4. Religión  
 P  RC  J  Otro (Especifique) \_\_\_\_\_

5. Raza  S  M  O. 6. Tel. \_\_\_\_\_  
 Otro (Especifique) \_\_\_\_\_

**A. SITIO DE NACIMIENTO Y EDUCACION**

**II. Sitio de nacimiento**

**DENTRO DE E.U. CONTINENTALES**

a. \_\_\_\_\_  
 CIUDAD O CONDADO ESTADO

b. MARQUE UNA  
 Urbana (menos de 2,500 habitantes)  
 Rural sin Finca (menos de 2,500 habitantes)  
 Finca Rural

**FUERA DE E.U. CONTINENTALES**

c. \_\_\_\_\_  
 CIUDAD PAIS

d. MARQUE UNA  
 Urbana (menos de 2,500 habitantes)  
 Rural sin Finca (menos de 2,500 habitantes)  
 Finca Rural

e. ¿Cuándo vino usted por primera vez a los Estados Unidos?  
 mes) años

f. ¿Ha vivido en este país desde entonces?  
 Si  
 No; ¿Cuánto tiempo estuvo fuera?

12. ¿Cuánto tiempo llegó en la camioneta? (Círculo el grado más alto que completó) 0 1 2 3 4 5 6 7 8 9 10 11 12

13. ¿Qué edad tenía entonces? \_\_\_\_\_

*(Si menor del 12avo grado, pregunte)*

a. ¿Qué pasó que usted no siguió?  
 Se fue a trabajar  
 Se casó  
 quedó embarazada  
 Se cansó de la escuela  
 No completó la clase  
 Otro (Especifique) \_\_\_\_\_

*(Si grado 12 av., pregunte)*

d. ¿Estudió algo más después de eso?  
 No  
 Si, estudio y/o comercio profesional  
 Si, todos los otros

**HISTORIA DE LA SALUD DE LA FAMILIA**  
**PORTE I (Cont.)**

15-18.

**B. HISTORIAL DE EMPLEO DE LA EMBARAZADA**

19. ¿Está trabajando actualmente?

**Si**

a. ¿Qué clase trabajo hace? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Tipo de negocio \_\_\_\_\_  
\_\_\_\_\_

c. Número de horas trabajadas:  
\_\_\_\_\_ horas por  día  semana  mes

d. ¿Cuánto tiempo hace que tiene este trabajo? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**No**

Nunca trabajó, caso de caso \_\_\_\_\_  
 \_\_\_\_\_

e. ¿Cuál era su ocupación anterior? \_\_\_\_\_  
\_\_\_\_\_

f. Tipo de negocio \_\_\_\_\_  
\_\_\_\_\_

g. Número de horas trabajadas:  
\_\_\_\_\_ horas por  día  semana  mes

h. ¿Cuándo dejó de trabajar? \_\_\_\_\_  
\_\_\_\_\_

i. ¿Cuánto tiempo tuvo ese empleo? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

28. Identificación de la enferma

**HISTORIA DE LA SALUD DE LA FAMILIA**  
**PORTE I (Con.)**

21. ¿Qué otros empleos de trabajo ha hecho usted? (Pregunte la descripción del trabajo, tipo de negocio y fechas aproximadas trabajadas)  Ninguno

CLASE DE TRABAJO	TIPO DE NEGOCIO	APROXIMADAMENTE FECHAS TRABAJADAS
1.		
2.		
3.		

**C. HISTORIA MARITAL**

22. ¿Está usted actualmente casado, separada, divorciada, viuda o soltera?

Casado  Separada  Divorciada  Viuda  Soltera

23. ¿Estuvo usted casado (matrimonios)?  No  Sí

24. Matrimonios:

DESDE (AÑO)	HASTA (AÑO)	TIPO DE TERMINACION
1.		
2.		
3.		
4.		

**D. ESPOSO**

25. ¿Está usted ahora viviendo con su esposo? (Con el padre del niño o no es su esposo)

Sí  No [Escriba a la pregunta 37]

26. ¿Cuál es su nombre?

27. ¿En qué fecha nació?

28. ¿Hasta dónde llegó en la escuela? (Circule el grado más alto que completó) 0 1 2 3 4 5 6 7 8 9 10 11 12



**HISTORIA DE LA SALUD DE LA FAMILIA  
PARTE I (Con.)**

30. ¿Está empleado actualmente?

Sí

a. ¿Qué clase de trabajo hace él? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Tipo de negocio \_\_\_\_\_  
\_\_\_\_\_

c. ¿Cuánto tiempo hace que tiene este trabajo? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No

4. ¿Cuánto tiempo ha estado sin trabajo? \_\_\_\_\_  
\_\_\_\_\_

e. Razón de desempleo: [Pregunte sobre trabajo por temporadas, despidos temporales, etc.] \_\_\_\_\_  
\_\_\_\_\_

f. ¿Qué clase de trabajo hizo en su último empleo? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g. Tipo de negocio \_\_\_\_\_  
\_\_\_\_\_

h. ¿Cuánto tiempo estuvo en ese empleo? \_\_\_\_\_

31. ¿Qué otras clases de trabajo ha hecho él? [Pregunte la descripción del trabajo, tipo de negocio y aproximadamente las fechas trabajadas]  Ninguno

CLASE DE TRABAJO	TIPO DE NEGOCIO	APROXIMADAMENTE FECHAS TRABAJADAS
1.		
2.		
3.		

32. ¿Cada cuántos empleos ha estado él en los últimos 5 años? \_\_\_\_\_

33. ¿Cuánto tiempo ha estado desempleado en los últimos 5 años? \_\_\_\_\_

34. ¿Quién lo cuidaba en casa? \_\_\_\_\_

[Si el entrevistado es uno que no sea el marido o el padre del niño, pregunte]

35. ¿Cuál es la ocupación de él o ella? ¿Qué clase de negocio es éste? \_\_\_\_\_

DE LAS GRACIAS A LA ENCOMENDADA POR SU COOPERACION. DEFE Y EXPLIQUE LA HOJA DE TRABAJO, ESPECIALMENTE LA SECCION DEL PADRE DEL NIÑO, QUE NO ES EL ESPOSO.

CITA PARA SEGUNDA ENTREVISTA

FD-302 (Rev. 1-25-60)  
(Change 1-42)

FAMILY HEALTH HISTORY  
PART III

1. Patient Identification

2. Date \_\_\_\_\_ 3. Interviewer \_\_\_\_\_

O. HOUSEHOLD

4. Do you live in a home or an apartment?  Home  Apartment  Other [Specify] \_\_\_\_\_

5. How many rooms are there in your place? \_\_\_\_\_ [Do not count tubs, halls or bathrooms]

6. How many adults (16 and over) are living in your place, including yourself? \_\_\_\_\_

7. How many children have you had? \_\_\_\_\_ Are all of them living with you?

Yes  No: How many are living with you? \_\_\_\_\_

8. Are there any other children living with you?  No  Yes: How many? \_\_\_\_\_

P. HOUSEWORK

COPIES OF THIS RECORD SHOULD BE  
MAINTAINED IN THE OFFICE OF THE  
SURGEON GENERAL, WASHINGTON, D.C.

Form printed in accordance with Department of Health, Education and Welfare  
procedural manual of May 22, 1964

Change 1-42

CHANGES 1-62

FAMILY HEALTH HISTORY

PART III (Continued)

IDENTIFICATION

G. HOUSING AND PLANS TO MOVE

- 14. Do you feel that your place is big enough for your family?  No  Yes  
(If yes)
- 15. Do you think it will be big enough for you after the baby is born?  No  Yes
- 16. Do you intend to move?  No  Yes  Don't know  
(If yes)
- 17. How soon do you think you'll move? \_\_\_\_\_
- 18. Could you tell me where you'll be moving to? \_\_\_\_\_

H. INCOME

19. Now I just have a few last questions concerning your resources during this pregnancy. Think back to about the time when you became pregnant with this baby. Could you tell me about how much the family income was then?

\_\_\_\_\_ per week \_\_\_\_\_ per month \_\_\_\_\_ per year

INSERT INCOME CODE HERE

[Empty box for income code]

- 20. About how many people did this take care of? \_\_\_\_\_
- 21. About how many of them were children under 6? \_\_\_\_\_
- 22. Was this \_\_\_\_\_ (income) coming in regularly throughout the year before you became pregnant, or was there up and down during that year?  
 Steady income  Up and down [Probe for occasional, approximate income] \_\_\_\_\_
- 23. Were there any other sources of income during that year? [Probe for unemployment compensation, public assistance, etc.]  
 No  Yes: About what did they come to? \_\_\_\_\_
- 24. How about at present? Are things still pretty much as they were last year, or have there been any changes?  
 About the same  Changes [Probe for current income] \_\_\_\_\_
- 25. All in all, would you say that at the present time you are pretty well off, just getting by, or having a hard time making ends meet?  
 Pretty well off  Just getting by  Having a hard time
- 26. Do you speak any languages around the house besides English?  
 No, English only  
 Yes, English and other language(s) [Specify] \_\_\_\_\_  
 Yes, other language(s) [Specify] \_\_\_\_\_

*Open*

**HISTORIA DE LA SALUD DE LA FAMILIA  
PARTE III**

1. Identificación de la vivienda

2. Fecha \_\_\_\_\_ 2. Entrevistado \_\_\_\_\_

**C. SIN VIVIR**

4. ¿Vive usted en una casa o en un apartamento?  Casa  Apartamento  Otro (Especifique) \_\_\_\_\_

5. ¿Cuántos cuartos tiene su casa? \_\_\_\_\_ (No incluye las cocinas, pasillos o cuartos de baño)

6. ¿Cuántos baños (báños o más) viven en su casa, están usando? \_\_\_\_\_

7. ¿Usted no dijo la última vez que tuvo \_\_\_\_\_ años? ¿Vive o trabajó en su casa? \_\_\_\_\_

No  Sí, ¿Cuántos años vivió en su casa? \_\_\_\_\_

8. ¿Hay alguna otra persona viviendo con usted?  No  Sí, ¿Cuántos? \_\_\_\_\_

**P. TAREAS DOMÉSTICAS**

HISTORIA DE LA SALUD DE LA FAMILIA  
PARTE III (Con.)

G. ALOJAMIENTO Y PLANES DE MUJANZA

16. ¿Cree usted que su caso es bastante grande para su familia?  No  Sí  
[Si es "Sí"]
15. ¿Cree que será bastante grande para usted después que nazca el niño?  No  Sí
14. ¿Puede usted manejar?  No  Sí  No Sí  
[Si es "Sí"]
17. ¿Cuándo piensa mudarse? \_\_\_\_\_
18. ¿Puede darnos a dónde se va a mudar? \_\_\_\_\_

H. INGRESOS

19. Ahora más o menos algunas preguntas finales con relación a sus recursos actuales como embarazada. Fíjese acerca del tiempo más o menos cuando usted queda embarazada. Podría decirnos un poco más o menos era el ingreso de la familia para ese tiempo?  
[Díble a la embarazada la tarjeta de preguntas]

\_\_\_\_\_ por semana \_\_\_\_\_ por mes \_\_\_\_\_ por año

PONGA SU  
CLAVE DE  
INGRESOS

[Empty box for income key]

20. ¿Cosa cuáles personas vivían de casa? \_\_\_\_\_
21. ¿Cosa cuánto de sus ingresos son otros recursos de 6 años? \_\_\_\_\_
22. ¿Escucha usted \_\_\_\_\_ (ingreso) regularmente durante el año antes de usted quedar embarazada e todo con el año y lo que durante ese año?  
 Ingreso  Gasto y lo que [Pregunte los ingresos y aproximadamente la cantidad del ingreso] \_\_\_\_\_
23. ¿Falta usted \_\_\_\_\_ ingresos de ingreso durante ese año? [Pregunte sobre compensación por desempleo, asistencia pública, etc.]  
 No  Sí: ¿Cosa a cuánto cantidad? \_\_\_\_\_
24. ¿Qué hay del presente? ¿Están los cosas más o menos como el año pasado: ¿ha habido algunos cambios?  
 Como iguales  Cambios [Pregunte por el ingreso actual] \_\_\_\_\_
25. En resumen, ¿dijo usted que actualmente está bastante bien de recursos, tiene recursos lo suficiente para vivir o está pasando trabajos?  
 Bastante bien  Escasamente lo suficiente  Pasando trabajos
26. Además del inglés, ¿habla usted algunos otros idiomas en su casa?  
 No, inglés solamente  
 Sí, inglés y otro idioma(s) [Especifique] \_\_\_\_\_  
 Sí, otro idioma(s) [Especifique] \_\_\_\_\_

Fora Item Numbers linked to Data Items on FHM-1, Family Health Interview, Pt. 1

FORA	DATA	CAPP	FROM	TO	DATA ITEM NAME
NUM	ITEM	NUM			
FOR#	IN				
2736	..FHM-1	1501	29	30	Age: father of baby or husband
5239	....VAR		376	376	Age: father of baby or husband (code)
5176	....VAR		272	272	Education, caregiver
2232	..FHM-1	1501	24	25	Education, currently enrolled in school
2238	..FHM-1	1501	31	33	Education, currently enrolled in school
5242	....VAR		380	380	Education: father of baby or husband, classified
5238	....VAR		366	369	Income per capita
2255	..FHM-1	2501	15	15	Interview before/after delivery
2256	..FHM-1	2501	16	16	Interview, place conducted
2257	..FHM-1	2501	17	17	Language used in interview
5247	....VAR		387	387	Occupation, groups: never, father of baby or husband, wife or high collar, salaried, none, unknown
5233	....VAR		365	365	Occupation, groups: never, white or blue collar, self-employed, unknown
5236	....VAR		372	372	Occupation: father of baby or husband, categorized
5234	....VAR		371	371	Occupation: father of head of household, or spouse or time she left school
5347	....VAR		493	493	Religion
2285	..FHM-3	2501	64	64	Household arrangements: housing type
2224	..FHM-1	1501	21	21	Religion
2259	..FHM-1	2501	19	20	Religion
2260	..FHM-1	2501	21	22	Religion
2261	..FHM-1	2501	23	22	Entered USA, date (MO)
2258	..FHM-1	2501	18	26	Entered USA, date (YR)
2227	..FHM-1	1501	17	18	RACE
2226	..FHM-1	1501	15	19	Fore FHM-1 date (day)
2228	..FHM-1	1501	18	20	Fore FHM-1 date (MO)
2230	..FHM-1	1501	22	22	Fore FHM-1 date (YR)
5175	....VAR		270	22	Mitochondrial DNA size
2231	..FHM-3	2501	23	24	Education (YR)
5181	....VAR		270	24	Education, grade completed, highest
2233	..FHM-1	1501	26	28	Employment, last date (MO/YR)
2263	..FHM-1	2501	27	28	Employment, last date (MO/YR)
2267	..FHM-1	2501	35	28	Employment, current or most recent job, hours worked per week
2268	..FHM-1	2501	37	36	Employment, current or most recent job, type (JOB)
2266	..FHM-1	2501	33	37	Employment, current or most recent job, type (JOB)
2264	..FHM-1	2501	28	36	Employment, current or most recent job, type (JOB)
2265	..FHM-1	2501	31	30	Employment, last worked, date (MO)
2257	..FHM-1	2501	31	32	Employment, last worked, date (YR)
5237	....VAR		363	26	Occupation
5174	....VAR		268	364	Occupation
2268	..FHM-1	2501	38	269	Work status, current employment status, working/not working
2286	..FHM-3	2501	65	38	Employment: occupation, other kinds of jobs, number
				46	Children under a year supported, number

Form Item Numbers Linked to Data Items on FHM-1, Family Health History, Pt. 1

ITEM NH FORM	DATA TYPE	CARD NUM	FROM	TO	DATA ITEM NAME
22	2270..FHM-1	2501	39	14	Marital status
23-24	2236..FHM-1	1501	27	27	Marital history; marriages, total number
24	2271..FHM-1	2501	40	41	Marital history; marriage, most recent, date (dd)
26	2272..FHM-1	2501	47	43	Marital history; marriage, most recent, date (yr)
25	5227.....VAR		373	373	Father of baby or? husband, living at home
25	5243.....VAR		381	381	Father of baby or? husband present in home
25	2235..FHM-1	1501	28	28	Father of baby or? husband, present
26	2287..FHM-3	2501	67	67	Language spoken
27	5238.....VAR		374	375	Age; father of baby or? husband (yrs)
28	2237..FHM-1	1501	31	32	Education, grade completed, highest; father of baby or? husband
28	5241.....VAR		378	379	Education; father of baby or? husband (yrs)
30	5240.....VAR		377	377	Employment status; father of baby or? husband
30	2239..FHM-1	1501	34	34	Employment status; father of baby or? husband
30	2275..FHM-1	2501	48	44	Employment, current or most recent job, father of baby or? husband, time (mns)
30	2276..FHM-1	2501	50	50	Employment, current or most recent job, father of baby or? husband, time (wks)
30	2274..FHM-1	2501	46	47	Employment, current or most recent job, father of baby or? husband, time (yrs)
30	2279..FHM-1	2501	55	55	Employment; unemployed since last job, father of baby or? husband, time (mns)
30	2278..FHM-1	2501	53	54	Employment; unemployed since last job, father of baby or? husband, time (wks)
30	2277..FHM-1	2501	51	52	Employment; unemployed since last job, father of baby or? husband, time (yrs)
30	2273..FHM-1	2501	64	45	Occupations; father of baby or? husband
30	5246.....VAR		385	386	Occupations; father of baby or? husband
32	2281..FHM-1	2501	57	57	Employment, number of jobs during period, father of baby or? husband
32	2280..FHM-1	2501	56	56	Employment, period shown for number of jobs, father of baby or? husband
33	2282..FHM-1	2501	58	60	Employment; unemployment during period, time
14	2283..FHM-1	2501	61	61	Employment, main wage earner identified
15	2284..FHM-1	2501	62	63	Employment; occupation, main wage earner

Form Item Numbers Linked to Data Items on FHM-1, Family Health History, Pt. 1

ITEM NH FHM	DATA TYPE IN	CARD NUM	FROM	TO	DATA ITEM NAME
5	2241...FHM-3	1501	37	16	Household arrangement, total number of persons
5-7	2242...FHM-3	1501	38	40	Household arrangement, housing density, number of persons per room
6	5178...VAR		275	275	Income, categorizing
19	2249...FHM-3	1501	50	50	Income, source, married
19	2250...FHM-3	1501	51	51	Income, source, friends or relatives
19	2251...FHM-3	1501	52	52	Income, source, public or private
19	5231...VAR		162	162	Persons supported, classified
19	2240...FHM-3	1501	35	16	Household arrangement, number of rooms
19	5179...VAR		276	277	Housing density
19	2243...FHM-3	1501	41	42	Household arrangement, adults, 16 and over, number
19	2246...FHM-3	1501	45	46	Income, gross or net
19	2248...FHM-3	1501	43	43	Income, rate
19	5177...VAR		273	274	Income, in nearest thousand dollars
20	2245...FHM-3	1501	49	45	Income, unit of time for which reported
20	2247...FHM-3	1501	47	44	Income, number of persons supported
20	2230...VAR		160	161	Persons supported, number
22	2248...FHM-3	1501	46	49	Income, regularity for year prior to onset of pregnancy



**DEFINITION OF CODES  
FAMILY HEALTH HISTORY  
FORMS FHH 1 & 3      CARD 1501**

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 1	1
2. <u>Form Number</u> Code: 501	2-4
3. <u>Revision Number *</u> Code: 1 - Form Dated: 6/59 or changed 1/62 2 - Johns Hopkins - Retrospective Form 3 - Hospital 50 and 45 - Mimeographed Form	5
4. <u>NEOS Number</u> FHH-1, Item 1 Nine-digit number for Patient Identification Code: As given	6-14
5. <u>Date of Interview</u> FHH-1, Item 7 Six-digit code for: <u>Month</u> (cols. 15-16) <u>Day</u> (cols. 17-18) <u>Year</u> (cols. 19-20) Code: As given 99 - Month, day and/or year unknown	15-20
<b>GRAVIDA</b>	
6. <u>Religion</u> FHH-1, Item 4 Code: 1 - Protestant 2 - Roman Catholic 3 - Other 9 - Unknown	21
7. <u>Place of Birth and Size of Community</u> FHH-1, Item 11b or 11d Code: <u>Inside Continental U.S.</u> 1 - Urban 2 - Rural non-farm 3 - Rural farm 4 - Unknown	22

\* Unless specified, Fields, Codes and Card Columns refer to Revision Numbers 1, 2 and 3. Item numbers refer to Form Dated: changed 1/62.

DEFINITION OF CODES (Continued)

FORM FHH-1  
Card 1501

FIELD

CARD  
COLUMN

7. Place of Birth and Size of Community (cont.) 22  
 Code: Outside Continental U.S.  
       5 - Urban  
       6 - Rural non-farm  
       7 - Rural farm  
       8 - Unknown  
       9 - Place unknown
8. Highest Grade Completed 23-24  
 FHH-1, Items 12 and 13  
 Code: 00 - None  
       01-12 - As given  
       13-16 - 1-4 Years of college completed  
       17 - Some graduate or professional school  
       18 - Completed graduate or professional school  
       21 - 11th, if highest offered or 12th, and  
           some unspecified amount of college  
       22 - 11th, if highest offered or 12th and  
           some additional non-academic schooling  
       77 - Ungraded  
       99 - Unknown
9. Still in School 25  
 FHH-1, Item 12  
 Code: 0 - No  
       1 - No, because completed highest grade offered  
       2 - Yes  
       9 - No schooling  
       9 - Unknown
10. Employment Status 26  
 FHH-1, Item 19  
 Code: 0 - Never worked  
       1 - Presently working  
       2 - On leave from current job  
       3 - Worked in past, but not now working  
       9 - Unknown
11. Total Number of Marriages (Including Current) 27  
 FHH-1, Items 23 and 24  
 Code: 0 - None  
       1-7 - As given  
       8 - 8 or more  
       9 - Unknown
12. Husband or Father of the Baby Present 28  
 FHH-1, Item 25  
 Code: 1 - Yes, husband  
       2 - Yes, father of the baby  
       3 - Yes, but husband temporarily away  
       8 - No  
       9 - Unknown

DEFINITION OF CODES (Continued)

FORM FHH 1 & 3  
Card 1501

FIELD

CARD  
COLUMNS

HUSBAND

13. Age  
Code: 14-65 - As given  
66 - 66 years and over  
88 - No husband or F.O.B.  
99 - Unknown 29-30
14. Highest Grade Completed  
FHH-1, Item 28 31-32  
Code: Same as in Field 8 except  
88 - No husband or F.O.B.
15. Still in School  
Code: Same as in Field 9 except 33  
8 - No husband or F.O.B.
16. Employment Status 34  
FHH-1, Item 30  
Code: 0 - Never worked  
1 - Employed - other than U.S. Armed Forces  
2 - Employed - U.S. Armed Forces  
3 - Student not otherwise employed  
4 - Unemployed  
8 - No husband or F.O.B.  
9 - Unknown

HOUSING

17. Number of Rooms 35-36  
FHH-3, Item 5  
Code: 01-20 - As given  
88 - Gravida in home for unwed mothers  
99 - Unknown
18. Total Number of Persons in Household 37-38  
Code: Same as in Field 17 except 20 - 20 and over
19. Persons Per Room 39-40  
Code: See attachment A, "Persons Per Room"  
FHH 1 & 3 - 13
20. Number of Adults 16 and Older in Household 41-42  
FHH-3, Item 6  
Code: 01-17 - As given  
88 - Gravida in home for unwed mothers  
99 - Unknown

DEFINITION OF CODES (Continued)

FORM FHH 1 L 3  
Card 1501

<u>FIELD</u>	<u>CARD COLUMN</u>
<b>INCOME</b>	
21. <u>Income Rate at Onset of Pregnancy</u> FHH-3, Item 19 Code: See attachment B, "Income Rate (Yearly)" FHH 1 & 3 - 14-15	43-44
22. <u>Unit of Time for Which Income is Reported</u> FHH-3, Item 19 Code: 1 - Weekly 2 - Monthly 3 - Annually 4 - Bi-weekly 5 - Semi-monthly 9 - Unknown	45
23. <u>Gross or Net Income</u> FHH-3, Item 19 Code: 0 - Not stated 1 - Gross 2 - Net 3 - Mixed 9 - Unknown	46
24. <u>Number of Persons Supported</u> FHH-3, Item 20 Code: 01-19 - As given 20 - 20 and over 99 - Unknown	47-48
25. <u>Regularity of Income for Year Prior to Onset of Pregnancy</u> FHH-3, Item 22 Code: 1 - Steady 2 - Fluctuating 9 - Unknown	49
26. <u>Source of Income at Onset of Pregnancy</u> Three-digit code for: <u>Earned Income (col. 50)</u> Code: 0 - None 1 - Gravid 2 - Husband 3 - Combination of codes 1 and 2 4 - Earned or service pension 5 - Combination of codes 1 and 4 6 - Combination of codes 2 and 4 7 - Combination of codes 1, 2 and 4 9 - Unknown	50-52

DEFINITION OF CODES (Continued)

FORM FFB 1 & 3  
Card 1501

FIELD

CARD  
COLUMN

26. Source of Income at Onset of Pregnancy (cont.)

50-52

Friends or Relatives (col. 51)

- Code: 0 - None  
1 - Father of baby  
2 - Parents/grandparents  
3 - Combination of codes 1 and 2  
4 - Other relatives or friends  
5 - Combination of codes 1 and 4  
6 - Combination of codes 2 and 4  
7 - Combination of codes 1, 2 and 4  
8 - Other earned income  
9 - Unknown

Public or Private Sources (col. 52)

- Code: 0 - None  
1 - Public assistance  
2 - Private charity  
3 - Combination of codes 1 and 2  
4 - Fellowships and grants  
5 - Combination of codes 1 and 4  
6 - Combination of codes 2 and 4  
7 - Combination of codes 1, 2 and 4  
8 - Other, includes loans  
9 - Unknown

DEFINITION OF CODES (Continued)

FHR 1 & 3  
Card 2501

<u>FIELD</u>		<u>CARD COLUMN</u>
1.	<u>Card Number</u> Code: 2	1
2.	<u>Form Number</u> Code: 501	2-4
3.	<u>Revision Number *</u> Code: 0 - FHR 1 & 3 Form ALL VERSIONS	5
4.	<u>NEEDS Number</u> FHR-1, Item 1 Nine-digit number for Patient Identification Code: As given	6-14
5.	<u>Time of Interview</u> Code: 0 - Before delivery 1 - After delivery	15
6.	<u>Place of Interview</u> Code: 0 - In hospital, clinic or not specified 1 - Home 2 - By telephone	
7.	<u>Language Used</u> Code: 0 - English or none specified 1 - Other Language	17
GRAVIDA		
8.	<u>Race</u> FHR-1, Item 5 Code: 1 - White 2 - Negro 3 - Oriental 4 - Puerto Rican 8 - Other 9 - Unknown	18
9.	<u>Birthplace</u> FHR-1, Items 11(a) and 11(c)	19-20

\* Item numbers refer to FHR 1 and 3 dated: changed 1/62

DEFINITION OF CODES (Continued)

FORM FHE 1 & 3  
Card 2501

FIELD

CARD  
COLUMNS

9. Birthplace (cont.) 19-20
- Code: Inside Continental United States
- 00 - Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut
  - 01 - New York, New Jersey, Pennsylvania
  - 02 - Maryland, Virginia, West Virginia, District of Columbia, Delaware, North Carolina, South Carolina, Georgia, Florida
  - 03 - Kentucky, Tennessee, Alabama, Mississippi
  - 04 - Arkansas, Louisiana, Oklahoma, Texas
  - 05 - Illinois, Indiana, Ohio, Michigan, Wisconsin
  - 06 - Minnesota, Iowa, Missouri, Kansas, Nebraska, North Dakota, South Dakota
  - 07 - Wyoming, Idaho, Colorado, Montana, Utah, New Mexico, Arizona, Nevada
  - 08 - Washington, Oregon, California
  - 09 - Unknown state
- Code: Outside Continental United States
- 10 - Puerto Rico
  - 11 - Other islands in Atlantic
  - 12 - Alaska and Canada
  - 13 - Central America and South America
  - 14 - Pacific Islands
  - 15 - Europe
  - 16 - Asia and Africa
  - 19 - Unknown country
  - 99 - Unknown place
10. Date of Entry Into Continental United States 21-24  
FHE-1, Item 11(e)  
Four-digit code for:  
Month (cols. 21-22)  
Year (cols. 23-24)  
Code: As given  
0000 - Born in United States  
99 - Month and/or year unknown
11. Occupation - Gravida 25-26  
FHE-1, Item 19  
Code: 00 - Never worked  
10 - Professional, technical  
12 - College, professional, graduate school student  
20 - Proprietors, managers, officials, officers of the Armed Forces, farm owners  
30 - Clerical, kindred workers  
31 - Clerical, kindred workers and baby sitting

DEFINITION OF CODES (Continued)

FORM FHH 11 3  
Card 2501

FIELDS

CARD  
COLUMN

11. Occupation - Gravida (cont.)

25-26

- Code: 40 - Sales workers, junk collectors  
41 - Sales workers, junk collectors  
and baby sitting  
50 - Craftsmen, foremen and kindred workers  
51 - Craftsmen, foremen, kindred workers and  
baby sitting  
60 - Operators and kindred workers  
61 - Operators, kindred workers and  
baby sitting  
70 - Private household workers  
71 - Private household workers and  
baby sitting  
72 - Service workers - other than  
private household  
80 - Laborers, except mine  
81 - Laborers, except mine and baby sitting  
82 - All other students  
99 - Unknown



**DEFINITION OF CODES (Continued)**

FORM ~~SEE~~ 1 & 3  
Card 2501

**FIELD**

**CARD**  
**COLUMN**

12. Hours Per Week on Current or Most Recent Job  
FRR-1, Item 19(c) or 19(g) 27-28  
Code: 00 - Never worked  
01-83 - As given  
08 - Saturday or Sunday  
84 - 84 or more  
88 - Other  
95 - Part time or hours not specified  
99 - Unknown
13. Date Last Worked 29-32  
FRR-1, Item 19(h)  
Four-digit code for:  
Month (cols. 29-30)  
Year (cols. 31-32)  
Code: As given  
0000 - Never worked  
0101 - Working at time of interview  
9999 - Date unknown  
Supplemental code for month:  
01 - Winter  
04 - Spring  
07 - Summer  
10 - Fall  
99 - Month unknown
14. Length of Time Worked: Current or Most Recent Job 33-37  
FRR-1, Item 19(d) or 19(i)  
Five-digit code for:  
Years (cols. 33-34)  
Months (cols. 35-36)  
Weeks (col. 37)  
Code: As given  
00000 - Never worked  
44444 - Academic student  
55555 - Works holidays  
66666 - Works summers  
77777 - Time unspecified  
99999 - Unknown
15. Number of Kinds of Work 38  
FRR-1, Items 19 and 21  
Code: 0 - Never worked  
1-5 - As given  
6 - 6 or more  
7 - Many  
9 - Unknown

**DEFINITION OF CODES (Continued)**

FORM FHS 1 & 3  
Card 2501

FIELD

CARD  
COLUMNS

16. Marital Status  
FHS-1, Item 22  
Code: 1 - Single  
2 - Married  
3 - Common-law  
4 - Widowed  
5 - Divorced  
6 - Separated  
9 - Unknown  
39
17. Date of Most Recent Marriage  
FHS-1, Item 24  
Four-digit code for:  
Month (cols. 40-41)  
Year (cols. 42-43)  
Code: As given  
0000 - Never married  
9999 - Month and year unknown  
40-43  
  
HUSBAND OR FATHER OF THE BIRTH
18. Occupation  
FHS-1, Item 30  
Code: Same as in Field 11, except codes 31, 41, 51, 61, 71, and 81 do not apply  
88 - No husband or F.O.B.  
44-45
19. Length of Time Worked: Current or Most Recent Job  
FHS-1, Items 30(c) or 30(h)  
Code: Same as in Field 14, except  
8888 - No husband or F.O.B.  
46-50
20. Time Unemployed - Last Job  
FHS-1, Item 30(d)  
Code: Same as in Field 14, except  
00000 - Never worked, now working  
88888 - No husband or F.O.B.  
51-55
21. Period Shown for Number of Jobs  
FHS-1, Item 32  
Code: 0 - Never worked  
1 - Less than one year  
2 - One year  
3 - Two years  
4 - Three years  
5 - Four years  
6 - Five years  
8 - No husband or F.O.B.  
9 - Unknown  
56

DEFINITION OF CODES (Continued)

FORM FFB 1 & 3  
Card 201

<u>FIELD</u>		<u>CARD COLUMN</u>
22.	<p><u>Number of Jobs During Period Shown</u> FBI-1, Item 32</p> <p>Code: 0 - Never worked 1-5 - As given 6 - Six or more 7 - Number unspecified 8 - No husband or F.O.B. 9 - Unknown</p>	57
23.	<p><u>Time Unemployed During Period Shown</u> FBI-1, Item 33</p> <p>Code: As given in weeks 000 - Not working, never worked 001 - One week or less 111 - Academic student with no other gives occupation 777 - Time unspecified 888 - No husband or F.O.B. 999 - Unknown</p>	58-60
24.	<p><u>Main Wage Earner</u> FBI-1, Item 34</p> <p>Code: 0 - None 1 - Gravida 2 - Husband or gravida and husband 3 - Father of the baby 4 - Gravida's parent(s) 5 - Other relatives 6 - Friend or friends 7 - Unemployment Comp., workman's comp. 8 - Welfare 9 - Unknown</p>	61
25.	<p><u>Occupation of Main Wage Earner</u> FBI-1, Item 35</p> <p>Code: <u>Male</u> Same as in Field 18 <u>Female</u> Same as in Field 11</p>	62-63

DEFINITION OF COLPS (Continued)

FORM FHS 1  
Card 2501

- 26. Housing  
FHS-3, Item 4 64  
Code: 1 - House  
2 - Apartment  
3 - Boarding or rooming house  
4 - Other  
8 - Home for unwed mothers  
9 - Unknown
  
- 27. Number of Children Under 8 Years Supported 65-66  
FHS-3, Item 21  
Code: 00 - None  
01-10 - As given  
99 - Unknown
  
- 28. Language Spoken 67  
FHS-3, Item 26  
Code: 0 - English only  
1 - English and other language  
2 - Other language only  
9 - Unknown

Persons Per Room  
Attachment A

- 01-09 - Less than one person
- 10-30 - 1.0 to 3.0 persons
- 32-38 - 3.2 to 3.8 persons
- 40 - 4.0 persons
- 42 - 4.2 persons
- 43 - 4.3 persons
- 45 - 4.5 persons
- 47 - 4.7 persons
- 48 - 4.8 persons
- 50 - 5.0 persons
- 53 - 5.3 persons
- 55 - 5.5 persons
- 57 - 5.7 persons
- 60 - 6.0 persons
- 63 - 6.3 persons
- 65 - 6.5 persons
- 67 - 6.7 persons
- 70 - 7.0 persons
- 75 - 7.5 persons
- 80 - 8.0 or more persons
- 88 - Gravid in home for unvet mothers
- 99 - Unknown

Income Rate (Yearly)  
Attachment B

00 - None  
01 - \$1 to \$199  
02 - 200 to 399  
03 - 400 to 599  
04 - 600 to 799  
05 - 800 to 999  
11 - 1000 to 1199  
12 - 1200 to 1399  
13 - 1400 to 1599  
14 - 1600 to 1799  
15 - 1800 to 1999  
21 - 2000 to 2199  
22 - 2200 to 2399  
23 - 2400 to 2599  
24 - 2600 to 2799  
25 - 2800 to 2999  
31 - 3000 to 3199  
32 - 3200 to 3399  
33 - 3400 to 3599  
34 - 3600 to 3799  
35 - 3800 to 3999  
41 - 4000 to 4199  
42 - 4200 to 4399  
43 - 4400 to 4599  
44 - 4600 to 4799  
45 - 4800 to 4999  
51 - 5000 to 5199  
52 - 5200 to 5399  
53 - 5400 to 5599  
54 - 5600 to 5799  
55 - 5800 to 5999  
61 - 6000 to 6199  
62 - 6200 to 6399  
63 - 6400 to 6599  
64 - 6600 to 6799  
65 - 6800 to 6999  
71 - 7000 to 7199  
72 - 7200 to 7399  
73 - 7400 to 7599  
74 - 7600 to 7799  
75 - 7800 to 7999

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Income Rate (Yearly)  
Attachment 3 (cont.)

- 81 - \$3000 to 43199
- 82 - 8200 to 8399
- 83 - 8400 to 8599
- 84 - 8600 to 8799
- 85 - 8800 to 8999
- 91 - 9000 to 9199
- 92 - 9200 to 9399
- 93 - 9400 to 9599
- 94 - 9600 to 9799
- 95 - 9800 to 9999
- 96 - 10,000 or more
- 99 - Unknown

FAMILY HEALTH HISTORY  
FORM FHH 1 & 3

ITEM #	FHH-1		FHH-3	
1	7	28	6	19
2	GRANDFATHER		INCOME	
3	DATE OF INTERVIEW		SOURCES	
4	CARD # 1501		KIND OF RELATIONSHIP	
5	NINDE #		NUMBER OF PERSONS CONTACTED	
6	HIGHEST GRADE COMPLETED		MAY OF TIME PER WHICH CONTACTED	
7	HIGHEST GRADE COMPLETED		MAY OF TIME PER WHICH CONTACTED	
8	HIGHEST GRADE COMPLETED		MAY OF TIME PER WHICH CONTACTED	
9	HIGHEST GRADE COMPLETED		MAY OF TIME PER WHICH CONTACTED	

BLANK

\* Item numbers refer to form dated: changed 1/62



FAMILY HEALTH HISTORY  
FORM FHH 1 & 3

FHH - 1		FHH 3	
1	11	09	24
2	30		
3	HUSBAND OR FATHER OF SIBBY		
4	30		
5	MOTHER OF SIBBY		
6	30		
7	MOTHER OF SIBBY		
8	30		
9	MOTHER OF SIBBY		
10	30		
11	MOTHER OF SIBBY		
12	30		
13	MOTHER OF SIBBY		
14	30		
15	MOTHER OF SIBBY		
16	30		
17	MOTHER OF SIBBY		
18	30		
19	MOTHER OF SIBBY		
20	30		
21	MOTHER OF SIBBY		
22	30		
23	MOTHER OF SIBBY		
24	30		
25	MOTHER OF SIBBY		
26	30		
27	MOTHER OF SIBBY		
28	30		
29	MOTHER OF SIBBY		
30	30		
31	MOTHER OF SIBBY		
32	30		
33	MOTHER OF SIBBY		
34	30		
35	MOTHER OF SIBBY		
36	30		
37	MOTHER OF SIBBY		
38	30		
39	MOTHER OF SIBBY		
40	30		
41	MOTHER OF SIBBY		
42	30		
43	MOTHER OF SIBBY		
44	30		
45	MOTHER OF SIBBY		
46	30		
47	MOTHER OF SIBBY		
48	30		
49	MOTHER OF SIBBY		
50	30		
51	MOTHER OF SIBBY		
52	30		
53	MOTHER OF SIBBY		
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55	MOTHER OF SIBBY		
56	30		
57	MOTHER OF SIBBY		
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59	MOTHER OF SIBBY		
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61	MOTHER OF SIBBY		
62	30		
63	MOTHER OF SIBBY		
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65	MOTHER OF SIBBY		
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67	MOTHER OF SIBBY		
68	30		
69	MOTHER OF SIBBY		
70	30		
71	MOTHER OF SIBBY		
72	30		
73	MOTHER OF SIBBY		
74	30		
75	MOTHER OF SIBBY		
76	30		
77	MOTHER OF SIBBY		
78	30		
79	MOTHER OF SIBBY		
80	30		
81	MOTHER OF SIBBY		
82	30		
83	MOTHER OF SIBBY		
84	30		
85	MOTHER OF SIBBY		
86	30		
87	MOTHER OF SIBBY		
88	30		
89	MOTHER OF SIBBY		
90	30		
91	MOTHER OF SIBBY		
92	30		
93	MOTHER OF SIBBY		
94	30		
95	MOTHER OF SIBBY		
96	30		
97	MOTHER OF SIBBY		
98	30		
99	MOTHER OF SIBBY		
100	30		

FHH 1 & 3 - 17

II.D.37

FHH-163

\* Item numbers refer to form dated: changed 1/62

FAMILY HEALTH HISTORY  
PART I

1. Patient Identification  
*Supplemented by  
change from PHS to COCR*

7. Date \_\_\_\_\_ 8. Interview: \_\_\_\_\_  
9. 2nd Appt. Date \_\_\_\_\_ Time \_\_\_\_\_  
10. Worksheet Received On \_\_\_\_\_

4. Religion  
 P  RC  J  Other (Specify) \_\_\_\_\_  
5. Race:  W  N  Or. 6. Photo \_\_\_\_\_  
 Other (Specify) \_\_\_\_\_

A. BIRTHPLACE AND EDUCATION

11. Place of Birth \_\_\_\_\_

**INSIDE CONTINENTAL U.S.**

a. \_\_\_\_\_  
CITY OR COUNTY STATE

b. CHECK ONE  
 Urban (2500 pop. and over)  
 Rural Non-Farm (less than 2500 pop.)  
 Rural Farm

**OUTSIDE CONTINENTAL U.S.**

c. \_\_\_\_\_  
CITY COUNTY

d. CHECK ONE  
 Urban (2500 pop. and over)  
 Rural Non-Farm (less than 2500 pop.)  
 Rural Farm

e. When did you first come to the U.S?  
\_\_\_\_\_  
MONTH YEAR

f. Have you lived in this country ever since?  
 Yes  
 No: How long were you away?  
\_\_\_\_\_

12. How far did you go in school? [Circle highest grade completed] 0 1 2 3 4 5 6 7 8 9 10 11 12

13. How old were you then? \_\_\_\_\_

[If less than 12th grade, ask]

a. How did it happen that you didn't go on?  
 Went to work  
 Got married  
 Got pregnant  
 Tired of school  
 Upgraded class  
 Other (Specify) \_\_\_\_\_

[If 12th grade, ask]

b. Did you have any schooling beyond that?  
 No  
 Yes, college and/or professional school  
 Yes, all others

FAMILY HEALTH HISTORY

PART I (Continued)

14. Patient Identification

13. Did you ever have to stay out of school for any length of time?  
 No  Yes [Probe for amount of time missed, reason, age, and grade.]

AMOUNT OF TIME MISSED (MONTHS)	REASONS	AGE	GRADE
1.			
2.			
3.			

TOTAL MONTHS MISSED \_\_\_\_\_

16. Were there any accidents that gave you trouble in school? [Specify which] \_\_\_\_\_

17. Did you have to repeat a grade at any time?  No [If yes, probe for age, grade, reason] \_\_\_\_\_

18. Did you ever go to any special school or any special class in school?  No [If yes, probe for age, grade, reason] \_\_\_\_\_

**E. GRAVIDA'S EMPLOYMENT**

19. Do you have a job now?

Yes

a. What kind of work do you do? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. Type of business \_\_\_\_\_  
 \_\_\_\_\_

c. Number of hours worked:  
 \_\_\_\_\_ hours per  day  week  month

d. How long have you had this job? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

No

Never worked, housewife only.

e. What was your previous occupation? \_\_\_\_\_  
 \_\_\_\_\_

f. Type of business \_\_\_\_\_  
 \_\_\_\_\_

g. Number of hours worked:  
 \_\_\_\_\_ hours per  day  week  month

h. When did you quit? \_\_\_\_\_ (MONTH) \_\_\_\_\_ (YEAR)

i. How long did you have this job? \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FAMILY HEALTH HISTORY**  
**PART I (Continued)**

21. What other kinds of work have you done? [Probe for description of work, type of business, and approximate dates worked]  None

END OF WORK	TYPE OF BUSINESS	APPROXIMATE DATES WORKED
1.		
2.		
3.		

**C. MARITAL HISTORY**

22. Are you at present married, separated, divorced, widowed or single?

Married  Separated  Divorced  Widowed  Single

23. Have you ever been stained (below)?  No  Yes

24. Marriages and children

FROM (YEAR)	TO (YEAR)	TYPE OF TERMINATION	NUMBER OF CHILDREN		
			NOW ALIVE	WHO DIED	BORN DEAD
1.					
2.					
3.					
4.					

**D. HUSBAND**

25. Are you now living with your husband? [With baby's father/ other than married]

Yes  No [Skip to question 31]

26. What is his name? \_\_\_\_\_

27. Date of birth? \_\_\_\_\_

28. How far did he go in school? [Circle highest grade completed] 0 1 2 3 4 5 6 7 8 9 10 11 12

**FAMILY HEALTH HISTORY**  
**PART I (Continued)**

18. Is he employed at present?

Yes  
 No

1. What kind of work does he do? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Type of business \_\_\_\_\_  
\_\_\_\_\_

3. How long has he had this job? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Yes  
 No

4. How long has he been out of work? \_\_\_\_\_  
\_\_\_\_\_

5. Reason for unemployment: (Probe for seasonal work, temporary layoffs, etc.) \_\_\_\_\_  
\_\_\_\_\_

6. What kind of work did he do on his last job? \_\_\_\_\_  
\_\_\_\_\_

7. Type of business \_\_\_\_\_  
\_\_\_\_\_

8. How long did he have that job? \_\_\_\_\_

19. What other kinds of work has he done? (Probe for description of work, type of business, and approximate dates worked)  None

END OF WORK	TYPE OF BUSINESS	APPROXIMATE DATES WORKED
1.		
2.		
3.		

20. In the last 5 years about how many jobs has he had? \_\_\_\_\_
21. How much time has he spent unemployed in the last 5 years? \_\_\_\_\_
22. Who is the main wage-earner (breadwinner) in your household? \_\_\_\_\_  
[If more wage-earner is other than husband or baby's (other, etc.)]  
23. What is his/her occupation? What type of business is that? \_\_\_\_\_

**THANK GRAVEDA FOR COOPERATION. GIVE AND EXPLAIN WORKSHEET. ESPECIALLY SECTION ON FATHER OF BABY, NOT HUSBAND.**

**APPOINTMENT FOR SECOND INTERVIEW**

Department of Health, Education, and Welfare  
Public Health Service

PHS 100-770-7

(Form 41) PAGE 4 OF 4

*Spanish*

HISTORIA DE LA SALUD DE LA FAMILIA  
PARTE I

1. Identificación de la misma

*Aplicación by  
C. O. B. - 3015-1  
6-59 (changed 1-63)*

4. Religión

P  BC  J  Otra (Especifique)

7. Fecha \_\_\_\_\_ 8. Entrevistador \_\_\_\_\_  
9. Fecha 2da. Cita \_\_\_\_\_ Sexo \_\_\_\_\_  
10. Hoja de trabajo recibida en \_\_\_\_\_

3. Sexo  B  M  Otr. 6. Tel. \_\_\_\_\_

Otra (Especifique)

A. SITIO DE NACIMIENTO Y EDUCACION

11. Sitio de Nacimiento

0 1 2 3

**DENTRO DE E.U. CONTINENTALES**

a. CIUDAD O CONDADO ESTADO

b. MARQUE UNA

Urbana (más de 2,500 habitantes)

Rural Sin Finca (menos de 2,500 habitantes)

Finca Rural

**FUERA DE E.U. CONTINENTALES**

c. CIUDAD PAIS

d. MARQUE UNA

Urbana (más de 2,500 habitantes)

Rural sin Finca (menos de 2,500 habitantes)

Finca Rural

e. ¿Cuándo vino usted por primera vez a los Estados Unidos?

meses años

f. ¿Eso vivió en otro país desde entonces?

SI

No, ¿Cuánto tiempo estuvo fuera?

12. ¿Hasta dónde llegó en la escuela? [Circule el grado más alto que completó] 0 1 2 3 4 5 6 7 8 9 10 11 12

13. ¿Cuál edad tenía entonces?

[Si menos del 12 mo. grado, pregunte]

a. ¿Qué pensó que usted se haría?

Se leó o trabajó

Se casó

Quedó embarazada

Se casó de la escuela

No completó la clase

Otra (Especifique) \_\_\_\_\_

[Si grado 12 mo. pregunte]

d. ¿Fueció algo más después de esto?

No

Si, trabajo y/o carrera profesional

Si, casó con ella

HISTORIA DE LA SALUD DE LA FAMILIA  
PARTE I (Con.)

14. Mantención de la enferma

*Augmented by  
COLR-3015-1  
6-59 (changed 1-62)*

15. ¿Tuvo que estar fuera de la escuela por algún tiempo?  
 No  Sí [Pregunte cuando empezó, cuándo, razón, edad y grado.]

TIEMPO PERDIDO (MESES)	RAZONES	EDAD	GRADO
1.			
2.			
3.			

TOTAL DE MESES PERDIDOS \_\_\_\_\_

16. ¿Tubo alguna enfermedad que lo distrajera del trabajo en la escuela? [Especifique cuáles] \_\_\_\_\_

17. ¿Tuvo que repetir en algún grado alguna vez?  No [Si hubo alguna, pregunte la edad, grado y razón] \_\_\_\_\_

18. ¿Fue usted alguna vez a alguna escuela especial o alguna clase especial en la escuela?  No [Si fue a alguna, pregunte la edad, grado y razón] \_\_\_\_\_

**B. HISTORIAL DE EMPLEO DE LA ENFERMA**

19. ¿Está trabajando actualmente?

Sí

a. ¿Qué clase de trabajo hace? \_\_\_\_\_  
\_\_\_\_\_

b. Tipo de negocio \_\_\_\_\_

c. Número de horas trabajadas:  
\_\_\_\_\_ horas por  día  semana  mes

d. ¿Cuánto tiempo hace que tiene este trabajo? \_\_\_\_\_  
\_\_\_\_\_

No

¿Nunca trabajó, más de once \_\_\_\_\_

e. ¿Cuál era su ocupación anterior? \_\_\_\_\_  
\_\_\_\_\_

f. Tipo de negocio \_\_\_\_\_

g. Número de horas trabajadas:  
\_\_\_\_\_ horas por  día  semana  mes

h. ¿Cuándo dejó de trabajar? \_\_\_\_\_  
MES AÑO

i. ¿Cuánto tiempo tuvo ese empleo? \_\_\_\_\_  
\_\_\_\_\_

HISTORIA DE LA SALUD DE LA FAMILIA  
PARTE I (Con.)

28. Identificación de la enferma

*Superseded by  
COR-301S-1  
6-59 (changed 1-62)*

21. ¿Qué otros tipos de trabajo ha hecho usted? [Pregunte la descripción del trabajo, tipo de seguro y fechas aproximadas o sucesivas]  Ninguno

	CLASE DE TRABAJO	TIPO DE NEGOCIO	APROXIMADAMENTE FECHAS TRABAJADAS
1.			
2.			
3.			

C. HISTORIA MARITAL

22. ¿Está usted actualmente casado, separada, divorciada, viuda o soltera?

Casado     Separada     Divorciada     Viuda     Soltera

23. ¿Estuvo usted casado (matrimonialmente)?  No     Sí

24. Matrimonios y uniones

DESD E (AÑO)	HASTA (AÑO)	TIPO DE TERMINACION	NÚMERO DE NIÑOS		
			VIVOS	MUERTOS	NACIDOS MUERTOS
1.					
2.					
3.					
4.					

D. ESPOSO

25. ¿Está usted ahora viviendo con su esposo? [Con el padre del niño si no es su esposo]

Sí     No [Salte a la pregunta 31]

26. ¿Cuál es su nombre? \_\_\_\_\_

27. ¿En qué fecha nació? \_\_\_\_\_

28. ¿En qué día llegó a la escuela? [Circule el grado más alto que completó]    0 1 2 3 4 5 6 7 8 9 10 11 12



METRO DE LA SALUD DE LA FAMILIA  
PARTE I (Cont.)

19. Modificaciones de la encuesta

*Suplemento de  
COLR-3015-1  
6-57 (change 1-62)*

20. ¿Está empleado actualmente?

Sí

a. ¿Qué clase de trabajo hace él? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. Tipo de negocio \_\_\_\_\_  
\_\_\_\_\_

c. ¿Cuánto tiempo hace que hace este trabajo? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

No

d. ¿Cuánto tiempo ha estado sin trabajo? \_\_\_\_\_  
\_\_\_\_\_

e. Razón de desempleo: [Pregunte sobre trabajo por temporadas, después de vacaciones, etc.] \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

f. ¿Qué clase de trabajo hizo en su último empleo? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

g. Tipo de negocio \_\_\_\_\_  
\_\_\_\_\_

h. ¿Cuánto tiempo estuvo en ese empleo? \_\_\_\_\_

21. ¿Qué otras clases de trabajo ha hecho él? [Pregunte la descripción del trabajo, tipo de negocio y aproximadamente las fechas trabajadas]  Ninguna

CLASE DE TRABAJO	TIPO DE NEGOCIO	APROXIMADAMENTE FECHAS TRABAJADAS
1.		
2.		
3.		

22. ¿Cuánto tiempo en un empleo ha estado él en los últimos 5 años? \_\_\_\_\_

23. ¿Cuánto tiempo ha estado desempleado en los últimos 5 años? \_\_\_\_\_

24. ¿Quién lo mantiene en casa? \_\_\_\_\_  
[Si el entrevistado es uno que no es el marido o el padre del niño, pregunte]

25. ¿Cuál es la ocupación de él o ella? ¿Qué clase de negocio es éste? \_\_\_\_\_

DE LAS GRACIAS A LA EMBAZADA POR SU COOPERACION. DELE Y EXPLIQUELE LA SOJA DE TRABAJO, ESPECIALMENTE LA SECCION DEL PADRE DEL NIÑO, QUE NO ES EL ESPOSO.

CITA PARA SEGUNDA ENTREVISTA \_\_\_\_\_

FAMILY HEALTH HISTORY  
PART III

1. Patient Identification

*Augmented by  
change from PHS to COLR*

2. Date \_\_\_\_\_ 3. Interviewer \_\_\_\_\_

C. HOUSEHOLD

4. Do you live in a house or an apartment?  House  Apartment  Other (Specify) \_\_\_\_\_

5. How many rooms are there in your place? \_\_\_\_\_ (Do not count closets, halls or bathroom)

6. How many adults (15 and over) are living in your place, including yourself? \_\_\_\_\_

7. You told me last time that you had \_\_\_\_\_ children. Are all of them living with you?

Yes  No: How many are living with you? \_\_\_\_\_

8. Are there any other children living with you?  No  Yes: How many? \_\_\_\_\_

D. HOUSEWORK

9. Now we'd like some idea of the amount of housework you do and the help you get.

KIND OF WORK	FOR HOW LONG		HOW MANY TIMES A WK. MO. (c)	WHO HELPS	
	ADULTS (a)	CHILDREN (b)		PERSON (Probe) (d)	HOW MANY TIMES A WK. MO. (e)
1. Washing (Laundry)					
2. Ironing					
3. Mopping					
4. Cooking					
5. Heavy housecleaning (washing floors, walls, windows, etc.)					
6. Regular housework (dusting, dishwashing, vacuuming, etc.)					
7. Care of children under 6 years					

10. Is there any kind of work around the house that you have stopped doing since you've become pregnant? (Can you give me an example? (What work did you stop?) \_\_\_\_\_

11. Do you have any pets?  No  
(If yes)

12. What are they? \_\_\_\_\_

13. Have any of your pets been sick in the last year? Did any of them die? \_\_\_\_\_

FAMILY HEALTH HISTORY  
PART III (Continued)

**C. HOUSING AND PLANS TO MOVE**

14. Do you feel that your place is big enough for your family?  No  Yes  
[If yes]
15. Do you think it will be big enough for you after the baby is born?  No  Yes
16. Do you intend to move?  No  Yes  Don't know  
[If yes]
17. How soon do you think you'll move? \_\_\_\_\_
18. Could you tell me where you'll be moving to? \_\_\_\_\_

**D. INCOME**

19. Now I just have a few last questions concerning your resources during this pregnancy. Think back to about the time when you became pregnant with this baby. Could you tell me about how much the family income was then?  
(Read general income card)

\_\_\_\_\_ per week \_\_\_\_\_ per month \_\_\_\_\_ per year **INSERT INCOME CODES HERE**

20. About how many people did this take care of? \_\_\_\_\_
21. About how many of them were children under 6? \_\_\_\_\_
22. Was this \_\_\_\_\_ (income) coming in regularly throughout the year before you became pregnant, or was there up and down during that year?  
 Steady income  Up and down [Probe for seasonality, approximate income variation] \_\_\_\_\_
23. Were there any other sources of income during that year? [Probe for unemployment compensation, public assistance, etc.]  
 No  Yes: About what did they come to? \_\_\_\_\_
24. How about at present? Are things still pretty much as they were last year, or have there been any changes?  
 About the same  Changes [Probe for current income] \_\_\_\_\_
25. All in all, would you say that at the present time you are getting well off, just getting by, or having a hard time making ends meet?  
 Pretty well off  Just getting by  Having a hard time
26. Do you speak any languages around the house besides English?  
 No, English only  
 Yes, English and other language(s) [Specify] \_\_\_\_\_  
 Yes, other language(s) [Specify] \_\_\_\_\_

**ENCUESTA DE LA SALUD DE LA FAMILIA  
PARTE III**

*Spanish*

I. Identificación de la encuesta

*Completed by  
COLB-3015-3  
6-59 (changed 1-6-62)*

2. Fecha: \_\_\_\_\_ 3. Encuestador: \_\_\_\_\_

**G. SU VIDA**

4. ¿Vive usted en una casa o en un apartamento?  Casa  Apartamento  Otro (Especifique) \_\_\_\_\_
5. ¿Cuántos años vive en esta casa? \_\_\_\_\_ (No cuenta los cuartos, pasillos o cuartos de baño)
6. ¿Cuántos años (de niño o niña) vivió en su casa, antes de ésta? \_\_\_\_\_
7. ¿Cada vez que le último vez que vivió \_\_\_\_\_ años? ¿Vivió todos sus años? \_\_\_\_\_  
 No  Sí ¿Cuántos años vivió con usted? \_\_\_\_\_
8. ¿Hay algunas otras niñas viviendo con usted?  No  Sí ¿Cuántas? \_\_\_\_\_

**P. TAREAS DOMÉSTICAS**

9. Aba o gureman que sea de una idea de las tareas domésticas que usted hace y le ayuda a hacer.

CLASE DE TRABAJO	PARA CUANTOS		CUANTAS VECES POR SEMANA/MES (EMBARAZADA)	¿CUÁN LA AYUDA?	
	ADULTOS (a)	NIÑOS (b)		PERSONA Preparada? (c)	CUANTAS VECES POR SEMANA/MES (d)
1. Lavado (Lavar/era)					
2. Planchado					
3. Compra en el mercado					
4. Cocina					
5. Trabajo de limpieza pequeño (lavar pisos, paredes, ventanas, etc.)					
6. Tareas regulares (sacar de la pala, lavar platos, limpiando con el aspirador, etc.)					
7. Cuidar de niños menores de 6 años					

10. ¿Le ayudó de hacer algún trabajo en la casa cuando quedó embarazada? ¿No puede dar un ejemplo? ¿Cuándo más o menos dejó de hacerlo? \_\_\_\_\_
11. ¿Tiene algunas demencias?  No  
[Si, ¿cómo?]
12. ¿Qué uso? \_\_\_\_\_
13. ¿En estado enfermo alguno de sus miembros en el último año? ¿Murió alguno de ellos? \_\_\_\_\_

HISTORIA DE LA SALUD DE LA FAMILIA  
PARTE III (Con.)

*Designación by  
= 06 R-3015-3  
6-59 (change 1-62)*

**G. ALIMENTACIÓN Y PLANES DE EMERGENCIA**

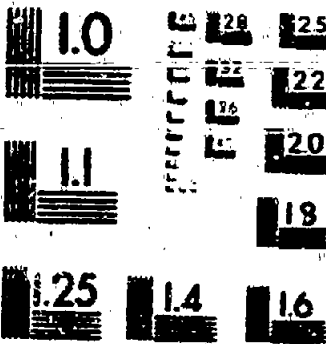
16. ¿Cree usted que en caso de haber una granada para su familia?  No  Sí  
[Si no -SI-]
17. ¿Cree que será bastante grande para usted (puedo) que nazca el niño?  No  Sí
18. ¿Puede usted entender?  No  Sí  No Sí
19. ¿Cada cuánto piense usted? \_\_\_\_\_
20. ¿Puede decirme a dónde es su mamá? \_\_\_\_\_

**H. INGRESOS**

21. Ahora más largo algunos programas sociales con relación a que comienza durante este embarazo. Pídale describa del trabajo más o menos cuánto está que embarazada. Pídale decirme cuánto más o menos era el ingreso de la familia (era) en el tiempo? [Díble a la embarazada la forma de ingresos]
- \_\_\_\_\_ por semana \_\_\_\_\_ por mes \_\_\_\_\_ por año
22. ¿Cómo se llama persona vivía de con? \_\_\_\_\_
23. ¿Cómo se llama de otras personas con niños menores de 8 años? \_\_\_\_\_
24. ¿Escriba el ingreso (ingreso) y egresos durante el año antes de usted quedar embarazada o todo año el día y luego durante ese año?
- Ingreso Fijo  Ajeno, bajos [Programas Los temporales y otros programas la cantidad del ingreso] \_\_\_\_\_
25. ¿Debe algunas otras fuentes de ingresos durante ese año? [Programas otros compensación por desempleo, amparo público, etc.]
- No  Sí: ¿Cómo o cuánto cantidad? \_\_\_\_\_
26. ¿Qué tipo del programa? ¿Están los casos más o menos con el año pasado o ha habido algunos cambios?
- Casos iguales  Cambios [Programas por el ingreso actual] \_\_\_\_\_
27. En resumen, ¿Qué usted que actividades está haciendo más de con día, con o programas? ¿Se siente más o está pensando trabajo?
- Trabajo Men  Continuando la actividad  Parado trabajo
28. Además del idioma, ¿qué: está algunos otros idiomas en su casa?
- No, inglés solamente
- Sí, inglés + otro idioma(s) [Especifique] \_\_\_\_\_
- Sí, inglés + español [Especifique] \_\_\_\_\_

FONCA ADDS  
CLAVE DE  
INGRESOS





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

CONTINUED ON NEXT FICHE





**GEN-5, GEN-6, GEN-7 and GEN-8 Family History Interview**

Implemented in May 1961, forms GEN-5, GEN-6, GEN-7 and GEN-8 replaced forms FHH-1 and FHH-2. Data from all of these forms were keypunched onto cards 1505, 2505 and 3505 in the master file (Table GEN-5.1).

Form GEN-5, Outcomes of Gravida's Prior Pregnancies, was used to provide a summary of results from gravida's prior pregnancies and information on medical care (of gravida's children) and medical conditions in outcomes from prior pregnancies. Form GEN-6, Family Composition, was used in recording information on the family composition of the gravida and the baby's father, while information was recorded about congenital malformations and conditions in the gravida's family on form GEN-7, Health of the Gravida and Her Family. Form GEN-8, Health of Baby's Father and His Family, was used to record information about congenital malformations and conditions in the family of the baby's father.

Revisions to these forms in June 1963 resulted in some minor wording changes, some changes in itemization, and the addition of information on family diseases (GEN-7). Cards resulting from FHH-2 and FHH-4 may be identified by a "0" in column 5. A "1" in column 5 indicates the data came from forms GEN-5 through 8, dated May 1961; a "2" indicates the 1963 revised version of the form was used.

TABLE GEN-5.1 Cards and Data Records by Revision for Forms GEN-5, GEN-6, GEN-7 and GEN-8

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
GEN-5: Conditions of Prior Pregnancies	1505	0	12,615
		1	21,539
		2	20,514
			<hr/> 54,868
GEN-5: Medical Conditions In Outcomes from Prior Pregnancies	2505	0	9,256
		1	15,557
		2	14,660
			<hr/> 39,473

**GEN-5: Family Composition, Health of  
Gravida and Family of Father of Baby**

**3505**

<b>0</b>	<b>12,806</b>
<b>1</b>	<b>21,530</b>
<b>2</b>	<b>20,511</b>
	<hr/>
	<b>54,847</b>

**total: for form 149,188**

Date Item's Referencing Form GPM-5, Outcomes of Revidin's Prior Pregnancies

DATA ITEM ID	IFPM 3V 8394	CARD NUM	FROM	TO	DATA ITEM NAME
2402		1505	1	5	CARD NUMBER (SEQUENCE), FORM TYPE, FORM NUMBER, REVISION NUMBER
2403		1505	6	14	WINDO CASE NUMBER
2404		1505	14	15	FORM GPM-5 USED (ENTIRE/SIBLINGS)
2405		1505	14	16	FORM GEM-4, INTERVIEW BEFORE DELIVERY
2406		1505	17	17	FORM GEM-4, INTERVIEW, PLACE CONDUCTED
2407		1505	18	18	LANGUAGE USED
2408		1505	18	20	FORM GEM-4, INTERVIEWER
2409		1505	21	22	FORM GEM-5, DATE (YR)
2410		1505	23	24	FORM GEM-4, DATE (YR)
2411		1505	24	26	FORM GEM-5, DATE (YR)
2412		1505	27	28	PREGNANCIES, TOTAL NUMBER OF PRIOR PREGNANCIES
2413		1505	28	29	PREGNANCIES, MULTIPLE, TOTAL NUMBER
2414		1505	30	30	TOTAL DEATH, PRIOR TO 20 WKS GESTATION, TOTAL NUMBER; SIBLINGS FULL
2415		1505	31	31	TOTAL DEATH, AT 20 WKS GESTATION AND OVER; SIBLINGS FULL
2416		1505	32	33	LIVEBORN, TOTAL NUMBER; SIBLINGS FULL
2417		1505	34	34	LIVEBORN, MALE, TOTAL NUMBER; SIBLINGS FULL
2418		1505	35	35	LIVEBORN, FEMALE, TOTAL NUMBER; SIBLINGS FULL
2419		1505	36	36	PREGNATURE, TOTAL NUMBER; SIBLINGS FULL
2420		1505	37	37	SIBLINGS FULL; LIVING, LESS THAN FIVE YEARS OF AGE, TOTAL NUMBER
2421		1505	38	38	SIBLINGS FULL; DEATH, NEONATAL, TOTAL NUMBER
2422		1505	39	39	SIBLINGS FULL; DEATH, INFANT, GREATER THAN 28 DAYS, TOTAL NUMBER
2423		1505	40	40	SIBLINGS FULL; AN INAPPROPRIATELY HIGH GROUP INCOGNITION; TOTAL NUMBER
2424		1505	41	41	SIBLINGS FULL; AN INAPPROPRIATELY HIGH GROUP INCOGNITION; TOTAL NUMBER
2425		1505	42	42	SIBLINGS FULL; SEIZURES/CONVULSIONS, TOTAL NUMBER
2426		1505	43	43	SIBLINGS FULL; SEIZURES/CONVULSIONS; EPILEPSY, TOTAL NUMBER
2427		1505	44	44	SIBLINGS FULL; COLOR DEFECT, TOTAL NUMBER
2428		1505	45	45	SIBLINGS FULL; SENSORY DEFECT; HEARING; SPEECH; VISION, TOTAL NUMBER
2429		1505	46	46	SIBLINGS FULL; DEVELOPMENTALLY RETARDATION, PHYSICAL, MENTAL, BEHAVIORAL, TOTAL NUMBER
2430		1505	47	47	TOTAL DEATH, TOTAL, PRIOR TO 20 WKS GESTATION, TOTAL NUMBER; SIBLINGS FULL
2431		1505	48	48	TOTAL DEATH, AT 20 WKS GESTATION AND OVER; SIBLINGS FULL
2432		1505	49	49	SIBLINGS FULL; LIVEBORN; PATERNITY KNOWN, DIFFERENT FATHER
2433		1505	50	50	SIBLINGS FULL; LIVEBORN; PATERNITY UNKNOWN
2434		1505	51	51	LIVEBORN MALE, TOTAL NUMBER; SIBLINGS FULL
2435		1505	52	52	LIVEBORN FEMALE, TOTAL NUMBER; SIBLINGS FULL
2436		1505	53	53	PREGNATURE, TOTAL NUMBER; SIBLINGS FULL
2437		1505	54	54	SIBLINGS FULL; LIVING, LESS THAN FIVE YEARS OF AGE, TOTAL NUMBER

Data Items Referencing Form GM-5, Outcomes of Care/Death Prior to Discharge

DATA ITEM	TYPE	FORM	CARD	FORM	DATA ITEM NAME
1724	34	1904	NUM	NO	
2438..GM-5	7	1505	55	55	Siblings held living, five years of age and older, total number
2439..GM-5	7	1505	56	56	Siblings held death, neonatal, total number
2440..GM-5	7	1505	57	57	Siblings held death, infant, greater than 28 days, total number
2441..GM-5	7	1505	58	58	Siblings held death, incompatibility blood group incompatibility
2442..GM-5	7	1505	59	59	Siblings held death, neonatal, congenital, total number
2443..GM-5	7	1505	60	60	Siblings held death, neonatal, congenital, total number
2444..GM-5	7	1505	61	61	Siblings held death, neonatal, congenital, total number
2445..GM-5	7	1505	62	62	Siblings held death, neonatal, congenital, total number
2446..GM-5	7	1505	63	63	Siblings held death, neonatal, congenital, total number
2447..GM-5	7	1505	64	64	Siblings held death, neonatal, congenital, total number
2448..GM-5	7	1505	65	65	Siblings held death, neonatal, congenital, total number
2449..GM-5	7	1505	66	66	Siblings held death, neonatal, congenital, total number
2450..GM-5	7	1505	67	67	Siblings held death, neonatal, congenital, total number
2451..GM-5	7	1505	68	68	Siblings held death, neonatal, congenital, total number
2452..GM-5	7	1505	69	69	Siblings held death, neonatal, congenital, total number
2453..GM-5	7	1505	70	70	Siblings held death, neonatal, congenital, total number
2454..GM-5	7	1505	71	71	Siblings held death, neonatal, congenital, total number
2455..GM-5	7	1505	72	72	Siblings held death, neonatal, congenital, total number
2456..GM-5	7	1505	73	73	Siblings held death, neonatal, congenital, total number
2457..GM-5	7	1505	74	74	Siblings held death, neonatal, congenital, total number
2458..GM-5	7	1505	75	75	Siblings held death, neonatal, congenital, total number
2459..GM-5	7	1505	76	76	Siblings held death, neonatal, congenital, total number
2460..GM-5	7	1505	77	77	Siblings held death, neonatal, congenital, total number
2461..GM-5	7	1505	78	78	Siblings held death, neonatal, congenital, total number
2462..GM-5	7	1505	79	79	Siblings held death, neonatal, congenital, total number
2463.....		2505	1	1	Card number (sequence, form type, case number, revision number)
2464.....		2505	2	2	Form case number
2465..GM-5	9	2505	15	15	Form GM-5 used (entire/abridged)
2466..GM-5	9	2505	16	16	Medical care of other children (yes/no)
2467..GM-5	10	2505	17	17	Medical care of other children (yes/no)
2468..GM-5	12	2505	18	18	Siblings held death, neonatal, congenital, total number
2469..GM-5	12	2505	19	19	Siblings held death, neonatal, congenital, total number
2470..GM-5	12	2505	20	20	Siblings held death, neonatal, congenital, total number
2471..GM-5	13	2505	21	21	Siblings held death, neonatal, congenital, total number
2472..GM-5	13	2505	22	22	Siblings held death, neonatal, congenital, total number

DATE ITEMS REPRESENTING FOSTER CARE-5, OUTCOMES OF GRAVIDITY PRIOR PREGNANCIES

DATA 1984 FO	1974 34 0384	CARD NUM	FROM FO	DATA ITEM NAME
2473..GEW-4	13	2504	23	VIOLATED foster maintenance, congenitally blind
2474..GEW-4	13	2505	24	HEARD children maintenance, congenitally blind
2475..GEW-4	13	2505	25	HEARD children maintenance, congenitally blind
2476..GEW-4	13	2505	26	MAINTENANCE, congenital, other blind
2477..GEW-4	14	2505	27	SEIZURES; convulsions; epilepsy; blind
2478..GEW-4	14	2505	28	WATER defect due to injury; blind
2479..GEW-4	14	2505	29	WATER defect due to infectious; blind
2480..GEW-4	14	2505	30	WATER defect, other; blind
2481..GEW-4	14	2505	31	SENSORY defects visual; blindness; blind
2482..GEW-4	16	2505	32	SENSORY defects visual; deafness; blind
2483..GEW-4	14	2505	33	SENSORY defects speech defects; blind
2484..GEW-4	17	2505	34	DEVELOPMENTALLY retardation, physical; blind
2485..GEW-4	17	2505	35	DEVELOPMENTALLY retardation, behavioral/emotional; blind
2486..GEW-4	17	2505	36	DEVELOPMENTALLY retardation, behavioral/emotional; blind
2487..GEW-4	18	2505	37	BLINDNESS unable to attend regular school, total number
2488..GEW-4	18	2505	38	FORM GEM-4 medical records or interviewer's comment
2489..GEW-4	18	2505	39	FORM GEM-4 item number referred to in record or comment
2490.....VAG	5	2505	40	Client
4081.....VAG	5		41	GRAVITY, obstetrics, total number of prior
4082.....VAG	5		42	DEATHS, total number of prior prenatal
4083.....VAG	7		43	LIVEBIRTHS, total number of prior
4084.....VAG	14		44	DELIVERIES; convulsions; epilepsy; blind, total number
5186.....VAG	7		296	CHROMOSOMES of trisomy, parents, all revisions (yes/no/unknown)
5240.....VAG	7		308	PREGNATURE; births, total number prior to current pregnancy
5241.....VAG	7		309	FETAL DEATHS; abortion; at less than 20 weeks gestation, total number prior to current pregnancy
5242.....VAG	5		300	PREGNANCIES, multiple, total number prior to current pregnancy
5243.....VAG	7		301	DELIVERIES; deaths at 30 weeks gestation or earlier; total death prior to current pregnancy
5244.....VAG	5		302	DEATHS neonatal only at birth, total number prior to current pregnancy
5245.....VAG	7		307	DELIVERIES full; total number
5246.....VAG	7		308	DELIVERIES full; total death prior to 20 weeks gestation, total number total
5247.....VAG	7		309	DELIVERIES full; stillborn; death at 20 weeks gestation and over, total number
5248.....VAG	7		400	DELIVERIES full; liveborn; total number
5249.....VAG	7		401	DELIVERIES full; liveborn; female; total number
5250.....VAG	7		402	DELIVERIES full; premature, total number
5251.....VAG	7		403	DELIVERIES full; living, less than five years of age, total number
5252.....VAG	7		404	DELIVERIES full; living, five years of age and older, total number
5253.....VAG	7		405	DELIVERIES full; death, neonatal, 27 or less days, total number
5254.....VAG	7		406	DELIVERIES full; death, at 28 or more days, total number

DATA ITEMS REFERENCED FOR GEN-5, OUTCOMES OF GRAVIDA'S PREGNANCIES

DATA ITEM	ITEM	CAMI-	FROM	TO	DATA ITEM NAME
1724	34	NUM			
10	FORM				
4244.....VAR	7		407	407	407 407 Distinct full in incomparability; blood group incompatibility; jaundice, blood group neonatal; transfusion
4245.....VAR	7		408	408	408 408 Distinct full; malformation; congenital, total number
4246.....VAR	7		409	409	409 409 Distinct full; malformation; congenital, total number
4247.....VAR	7		410	410	410 410 Distinct full; motor defect, total number
4248.....VAR	7		411	411	411 411 Distinct full; sensory defects; hearing; speech or vision, total number
4249.....VAR	7		412	412	412 412 Distinct full; developmental retardation; physical, mental or behavioral; total number
4270.....VAR	7		413	413	413 413 Distinct full; total number
4271.....VAR	7		414	414	414 414 Distinct full; total number
4272.....VAR	7		415	415	415 415 Distinct full; total number
4273.....VAR	7		416	416	416 416 Distinct full; total number
4274.....VAR	7		417	417	417 417 Distinct full; different father
4275.....VAR	7		418	418	418 418 Distinct full; unknown malformity
4276.....VAR	7		419	419	419 419 Distinct full; liveborn male, total number
4277.....VAR	7		420	420	420 420 Distinct full; liveborn female, total number
4278.....VAR	7		421	421	421 421 Distinct full; premature, total number
4279.....VAR	7		422	422	422 422 Distinct full; living, less than five years of age, total number
4280.....VAR	7		423	423	423 423 Distinct full; living, five years of age and older, total number
4281.....VAR	7		424	424	424 424 Distinct full; death, neonatal, 27 or less days, total number
4282.....VAR	7		425	425	425 425 Distinct full; death, 28 or more days, total number
4283.....VAR	7		426	426	426 426 Distinct full; in incomparability; blood group incompatibility; jaundice; neonatal; transfusion
4284.....VAR	7		427	427	427 427 Distinct full; malformation; congenital, total number
4285.....VAR	7		428	428	428 428 Distinct full; seizures; convulsions; epilepsy, total number
4286.....VAR	7		429	429	429 429 Distinct full; motor defect, total number
4287.....VAR	7		430	430	430 430 Distinct full; sensory defects; hearing; speech or vision, total number
4288.....VAR	7		431	431	431 431 Distinct full; developmental retardation, physical, mental or behavioral; total number
4289.....VAR	7		432	432	432 432 Distinct full; death prior to 30 weeks gestation, total number; total
4290.....VAR	7		433	433	433 433 Distinct full; death after 30 weeks gestation, total number; total
4291.....VAR	7		434	434	434 434 Distinct full; liveborn male, total number
4292.....VAR	7		435	435	435 435 Distinct full; liveborn female, total number
4293.....VAR	7		436	436	436 436 Distinct full; premature, total number
4294.....VAR	7		437	437	437 437 Distinct full; living, less than five years of age, total number
4295.....VAR	7		438	438	438 438 Distinct full; living, five years of age and older, total number
4296.....VAR	7		439	439	439 439 Distinct full; death, neonatal, 27 or less days, total number
4297.....VAR	7		440	440	440 440 Distinct full; death, 28 or more days, total number
4298.....VAR	7		441	441	441 441 Distinct full; in incomparability; blood group incompatibility; jaundice, neonatal; transfusion

Notes Items Referencing Form CR-603, Outcomes of Cravida's Prior Examinations

DATA ITEM ID	1974 IN F304	CR-603 NUM	CR-603 IN	DATA ITEM NAME
5286...VAR	7		442	442 Siblings; malformations; congenital; total number
5289...VAR	7		443	443 Siblings; onset defect; total number
5300...VAR	7		444	444 Siblings; sensory defect; hearing; speech or/ vision; total number
5301...VAR	7		445	445 Siblings; developmental retardation; muscular; mental or behavioral; total number
5302...VAR	7		446	446 Siblings; full; liveborn; total number
5303...VAR	7		448	448 Siblings; liveborn; total number
5304...VAR	10		450	450 Siblings; unable to attend regular school; total number
5305...VAR	12		451	451 Siblings; fetal death; blood incompatibility; erythroblastosis fetalis
5306...VAR	12		452	452 Siblings; liveborn; blood incompatibility; no transfusion
5307...VAR	12		453	453 Siblings; blood incompatibility; requiring exchange transfusion
5308...VAR	13		454	454 Cleft lip; relatives; siblings; congenital; malformation
5309...VAR	13		455	455 Club foot; siblings; congenital; malformation
5310...VAR	13		456	456 Fingers or toes; siblings; congenital; malformation
5311...VAR	13		457	457 Heart; siblings; congenital; malformation
5312...VAR	13		458	458 Head or spine; siblings; congenital; malformation
5313...VAR	13		459	459 Malformation; other; siblings; congenital; malformation
5314...VAR	15		460	460 Motor defect due to injury; siblings
5315...VAR	15		461	461 Motor defect due to infection; siblings
5316...VAR	15		462	462 Motor defect; stupor; siblings
5317...VAR	16		463	463 Sensory defect; visual; blind; siblings
5318...VAR	16		464	464 Sensory defect; hearing; deaf; siblings
5319...VAR	16		465	465 Sensory defect; speech; defect; siblings
5320...VAR	17		466	466 Developmental retardation; physical; siblings
5321...VAR	17		467	467 Developmental retardation; mental; siblings
5322...VAR	17		468	468 Developmental retardation; behavioral; emotional; siblings



DATA ITEMS REFERENCING FORM GRHS-4, FAMILY COMPOSITION

DATA ITEM ID	IFPM JM F304	CAMP NUM	FROM	TO	DATA ITEM NAME
2401.....		3404	1	5	CERT NUMBER (SEQUENCE, FORM LVDR, FORM NUMBER, REVISION NUMBER)
2402.....		3405	6	14	WMMH CASE NUMBER
2403..GRM-A		3405	14	15	FORM GRHS-5 USED (MOTHER/GRANDMOTHER)
2404..GRM-A	1A-17	3405	14	16	COMMUNITY OF GRAVIDA'S PARENTS
2405..GRM-A	A	3405	17	17	SIBLINGS OF GRAVIDA, LIVED OR FULL BROTHERS
2406..GRM-A	A	3404	14	18	SIBLINGS OF GRAVIDA, LIVED OR FULL SISTERS
2407..GRM-A	4	3404	19	19	SIBLINGS OF GRAVIDA, FULL SISTERS, AGE 13 OR OVER, LIVING OR DEAD
2408..GRM-A	10	3454	20	20	TWINNING
2409..GRM-A	12	3405	21	21	FATHER OF BABY BORN AT OFFER OPPORTUNITY
2500..GRM-A	14	3404	22	23	AGE
2501..GRM-A	14	3404	24	24	MARR, FATHER OF BABY
2502..GRM-A	14-16	3404	24	25	COMMUNITY OF GRAVIDA AND FATHER OF BABY
2503..GRM-A	17	3404	26	26	SIBLINGS OF FATHER, LIVED OR, FULL BROTHERS
2504..GRM-A	17	3405	27	27	SIBLINGS OF FATHER, LIVED OR, FULL SISTERS
2505..GRM-A	18-20	3405	28	28	RELATIVES OF GRAVIDA IN STUDY
2506..GRM-A	18-20	3404	29	29	RELATIVES OF FATHER IN STUDY
5187.....VAR	6-7		200	200	COMMUNITY OF GRAVIDA'S PARENTS, ALL REVISIONS
5189.....VAR	14		241	241	COMMUNITY OF GRAVIDA AND FATHER OF BABY, ALL REVISIONS
5190.....VAR			242	242	COMMUNITY OF GRAVIDA AND FATHER OF BABY, ALL REVISIONS (YES/NO/UNKNOWN)
5191.....VAR	10		293	293	TWINNING GRAVIDA

Date items Referencing Form GEN-7, Health of Gravidia and Family

DATA ITEM	TYPE	CD	PC	CD	PC	CD	PC	DATA ITEM NAME
1724 10	1724 10	1724 10	1724 10	1724 10	1724 10	1724 10	1724 10	1724 10
2507..GEN-7	2	3504	30	3504	30	3504	30	30 Allergies, congenitally acquired
2508..GEN-7	2	3504	31	3504	31	3504	31	31 Physical defects, offspring gravidia
2509..GEN-7	3	3504	32	3504	32	3504	32	32 Sensory defects
2510..GEN-7	4	3504	33	3504	33	3504	33	33 Sensory defects; siblings of gravidia, full, number
2511..GEN-7	4	3504	34	3504	34	3504	34	34 Sensory defects; parents of gravidia
2512..GEN-7	5	3504	35	3504	35	3504	35	35 Diabetic
2513..GEN-7	6	3504	36	3504	36	3504	36	36 Diabetic; siblings of gravidia, full, number
2514..GEN-7	6	3504	37	3504	37	3504	37	37 Diabetic; parents of gravidia
2515..GEN-7	7	3504	38	3504	38	3504	38	38 Seizures; convulsions; (epilepsy)
2516..GEN-7	8	3504	39	3504	39	3504	39	39 Seizures; convulsions; (epilepsy); siblings of gravidia, full, number
2517..GEN-7	8	3504	40	3504	40	3504	40	40 Seizures; convulsions; (epilepsy); parents of gravidia
2518..GEN-7	9	3504	41	3504	41	3504	41	41 Motor defects
2519..GEN-7	10	3504	42	3504	42	3504	42	42 Motor defects; siblings of gravidia, full, number
2520..GEN-7	10	3504	43	3504	43	3504	43	43 Motor defects; parents of gravidia
2521..GEN-7	11	3504	44	3504	44	3504	44	44 Mental retardation
2522..GEN-7	12	3504	45	3504	45	3504	45	45 Mental retardation; siblings of gravidia, full, number
2523..GEN-7	12	3504	46	3504	46	3504	46	46 Mental retardation; parents of gravidia
2524..GEN-7	13	3504	47	3504	47	3504	47	47 Mental illness (psychiatric treatment)
2525..GEN-7	14	3504	48	3504	48	3504	48	48 Mental illness (psychiatric treatment); siblings of gravidia, full, number
2526..GEN-7	14	3504	49	3504	49	3504	49	49 Mental illness (psychiatric treatment); parents of gravidia
2527..GEN-7	14	3504	50	3504	50	3504	50	50 Disease or condition, other, in family
2528..GEN-7	17	3504	51	3504	51	3504	51	51 Form GEN-7, official record or interviewer's comment
2529..GEN-7	17	3514	52	3514	52	3514	52	52 Form GEN-7, live number referred to in record or comments
2529..VAR	2		46		46		46	46 Malformations; congenital only; physical defects, other; siblings
2529..VAR	3		47		47		47	47 Sensory defect; siblings
2529..VAR	7		47		47		47	47 Sensory defect; siblings (yes, no, unknown)
2529..VAR	7		47		47		47	47 Seizures; convulsions; (epilepsy); siblings
2529..VAR	9		47		47		47	47 Seizures; convulsions; (epilepsy); siblings (yes, no, unknown)
2529..VAR	9		47		47		47	47 Motor defects; siblings (yes, no, unknown)
2529..VAR	1		47		47		47	47 Mental retardation; siblings
2529..VAR	1		47		47		47	47 Mental retardation; siblings (yes, no, unknown)
2529..VAR	1		47		47		47	47 Mental illness (psychiatric treatment); siblings
2529..VAR	1		47		47		47	47 Mental illness (psychiatric treatment); siblings (yes, no, unknown)

DATE 1968 REFERRING FORM GP4-H, HEALTH OF BABY'S FATHER AND FAMILY

URFA 1968 1964  
 10 34 34  
 10 34 34

CAH  
 410 410

FORM 37

DATA FROM NAME

URFA 1968 10	1964 34	1964 34	CAH 410	FORM 37	DESCRIPTION
2510..GM4-A	2		3404	51	53 Malformation congenital
2511..GM4-A	3		3404	52	54 Physical defects, other
2512..GM4-A	4		3405	54	55 Sensory defects
2513..GM4-A	4		3405	54	56 Sensory defect; siblings of father, full, number
2514..GM4-A	4		3404	57	57 Sensory defect; parents of father
2515..GM4-A	5		3404	58	58 Deafness
2516..GM4-A	6		3404	58	59 Deafness; siblings of father, full, number
2517..GM4-A	6		3405	60	60 Deafness; parents of father
2518..GM4-A	7		3404	61	61 Epilepsy; convulsions; (epilepsy)
2519..GM4-A	7		3404	62	62 Epilepsy; convulsions; (epilepsy); siblings of father, full, number
2520..GM4-A	8		3404	63	63 Epilepsy; convulsions; (epilepsy); parents of father
2521..GM4-A	9		3404	64	64 Motor defects
2522..GM4-A	10		3404	64	65 Motor defects; siblings of father, full, number
2523..GM4-A	10		3404	64	66 Motor defects; parents of father
2524..GM4-A	11		3404	67	67 Mental retardation
2525..GM4-A	12		3404	68	68 Mental retardation; siblings of father, full, number
2526..GM4-A	12		3404	68	69 Mental retardation; parents of siblings
2527..GM4-A	13		3404	70	70 Mental illness; psychiatric treatment
2528..GM4-A	13		3404	71	71 Mental illness; (psychiatric treatment); siblings of father, full, number
2529..GM4-A	14		3404	72	72 Mental illness; (psychiatric treatment); parents of father
2530..GM4-A	14		3404	73	73 Maternal exposure
2531..GM4-A	17		3404	74	74 Data GM4-A, medical records of interviewer's contacts
2532..GM4-A	17		3404	75	75 Data GM4-A, IFA number referred to in records of contact
2533..GM4-A	17		3404	76	76 Consanguinity of grandpa's parents (revision 0)
2534..GM4-A	17		3404	77	77 Consanguinity of grandpa and father of baby (revision 0)
2535.....			3404	80	80 Blank
4105.....				287	287 Consanguinity of grandpa and father of baby, current pregnancy (revision 0)
4106.....				288	288 Consanguinity of grandpa's parents. (revision 0)
4314.....	2			480	480 Malformation; congenital; siblings
4315.....	3			481	481 Sensory defect; siblings
4316.....	7			482	482 Sensory defect; siblings (yes, no, unknown)
4317.....	7			483	483 Epilepsy; convulsions; (epilepsy); siblings
4318.....	9			484	484 Epilepsy; convulsions; (epilepsy); siblings (yes, no, unknown)
4319.....	9			485	485 Motor defect; siblings
4340.....	9			486	486 Motor defect; siblings (yes, no, unknown)
5341.....	11			487	487 Mental retardation; siblings
5342.....	11			488	488 Mental retardation; siblings (yes, no, unknown)
5343.....	13			489	489 Mental illness; (psychiatric treatment); siblings
4344.....	13			490	490 Motor illness; (psychiatric treatment); siblings (yes, no, unknown)

Date Items Referencing Form 157-0, Health of Baby's Father and Family

DATA	1274	COMP	FROM TO	DATA ITEM NAME
1724	34			
10	234			
5105....V48 5			001 003	Diabetes blindness
5106....V48			002 002	Diabetes blindness eyes, no. unknown

**FAMILY HISTORY INTERVIEW**  
**OUTCOMES FROM GRAVIDA'S PREGNANCIES**

1. FULL INTERVIEW (SEE INSTRUCTIONS)  **SKIPPED**  
(SEE INSTRUCTIONS)

INTERVIEW BEFORE DELIVERY  OTHER

INTERVIEW IN HOSPITAL OR CLINIC  OTHER

INTERVIEW IN OFFICE  OTHER

2. INTERVIEWER  DATE

INSTRUCTIONS TO INTERVIEWER: BEFORE INTERVIEW, READ INSTRUCTIONS ON REVERSE SIDE OF THIS CARD AND ALL INSTRUCTIONS ON THE REVERSE OF THIS CARD. THE INTERVIEWER SHOULD BE A PHYSICIAN, NURSE, OR OTHER PERSON WHO IS TRAINED IN THE CONDUCT OF THIS INTERVIEW. THE INTERVIEWER SHOULD ASK THE PATIENT TO SIGN THIS CARD AT THE END OF THE INTERVIEW. THE INTERVIEWER SHOULD SIGN AND DATE THIS CARD AT THE END OF THE INTERVIEW.

3. PREGNANCIES Type  or no other pregnancies since  PLACE OF BIRTH

4. TABLE

OUTCOME FROM PREGNANCIES	PREGNANT WOMAN			PREGNANT WOMAN				SUMMARY OF CONDITIONS								
	AGE	NO. OF PREGNANCIES	FA	DO	SEX	DATE OF BIRTH	WEIGHT	HT	HAIR	COLORED VISION	HEARD	HEARD	HEARD	HEARD	HEARD	HEARD
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5. IF NO PREGNANT WOMAN, MARK BOX AND ASK QUESTIONS (1) AND (2) ONLY.

6. DO YOU KNOW YOUR CHILDREN AND IF THEY NEED MEDICAL CARE? (Yes/No)

TABLE A

DOCTOR OR CLINIC	ADDRESS	SEES WHICH CHILDREN	WHEN LAST VISITED
1			
2			
3			

7. HAS ANY CHILD BEEN IN A HOSPITAL OR INSTITUTION FOR A SHORT OR LONG PERIOD OF TIME? (Yes/No)

TABLE B

CHILD	REASONS	HOSPITAL OR INSTITUTION	CITY AND STATE	DATE (MO. & YR.)
1				
2				
3				



**FAMILY HISTORY INTERVIEW**  
**FAMILY COMPOSITION**

All items  \*Start on item only

(YOU GRAVIDA) IN THE FOLLOWING QUESTIONS ABOUT YOUR FAMILY, WE ARE INTERESTED ONLY IN BLOOD RELATIVES.

**GRVIDA'S FAMILY**

1. WHAT WAS YOUR MOTHER'S FULL NAME?

(First name) (Middle name)

2. WHERE WAS SHE BORN?

(City or county) (State or territory)

3. WHAT IS YOUR FATHER'S NAME?

4. WHERE WAS HE BORN?

(City or county) (State or territory)

5. ARE YOUR MOTHER AND FATHER RELATED BY BLOOD? THAT IS, ARE THEY COUSINS OR RELATED SOME OTHER WAY?

No  Yes

7. (If related) HOW ARE THEY RELATED? (See instructions and describe relationship below.)

8. HOW MANY BROTHERS AND SISTERS DO YOU HAVE, INCLUDING ANY WHO HAVE DIED? (Only brothers and sisters and their mothers.)

Bro  De  Sis  Di   
(Number) (Number)

9. WHAT ARE THEIR FIRST NAMES AND AGES? (See Table 1 below. For those who died, enter age at death.)

TABLE 1

BROTHERS	AGE IN YRS.		SISTERS	AGE IN YRS.	
	Living	Dead		Living	Dead

10. ARE YOU A TWIN? No  Yes

(If yes) IS YOUR TWIN A BROTHER OR SISTER? Brother  Sister

(If a twin exists) IS SHE LIVING? Living  Dead

11. (If twin exists) WHAT IS HER FULL NAME AND ADDRESS?

(Full name)  
(Address)

12. (If relative at study) WOULD YOU GIVE ME THEIR FULL (NAME(S), ADDRESS) AND HOW RELATED TO YOU OR TO THIS BABY'S FATHER?

FULL NAME	COMPLETE ADDRESS	RELATIONSHIP	STUDY NUMBER NO.

**1. PATIENT IDENTIFICATION**

12. FULL BIRTH DATE  ABBREVED   
(Enter abbreviated date instead of LAST GEN) Study Prog. No.

**BABY'S FATHER'S FAMILY**

13. HOW OLD IS THE FATHER OF THIS BABY?

14. WHAT IS HIS NAME?

Retired  DK

(Abbreviated interview: Same father  Use "I" scored items only  
Different father  Use all items below and on GEN-2.)

15. ARE YOU RELATED TO HIM BY BLOOD IN ANY WAY?

No  DK  Yes

(If related) HOW ARE YOU RELATED? (See instructions and describe relationship below.)

17. HOW MANY BROTHERS AND SISTERS DOES HE HAVE, INCLUDING ANY WHO MAY HAVE DIED? (Only brothers and sisters and their mothers.)

Bro  De  Sis  Di   
(Number) (Number)

18. WHAT ARE THEIR FIRST NAMES AND AGES? (See Table 2 below. For those who died, enter age at death.)

TABLE 2

BROTHERS	AGE IN YRS.		SISTERS	AGE IN YRS.	
	Living	Dead		Living	Dead

19. HAVE ANY OF YOUR RELATIVES OR HIS RELATIVES TAKEN PART IN THE CHILD DEVELOPMENT PROGRAM?

YOUR RELATIVES: No  DK  Yes

HIS RELATIVES: No  DK  Yes

**FAMILY HISTORY INTERVIEW**  
**HEALTH OF GRAVIDA AND HER FAMILY**

**INSTRUCTIONS TO INTERVIEWER:** When asking questions, probe for conditions in gravida, in parents, and in FULL sib (those listed on GEN-8). Do not probe when no conditions reported. Mark OK box when no information is available. Mark No and/or Fa box if condition reported in parenthesis. If condition reported in FULL sib, write in box the number of FULL sibs affected.

Fully describe conditions (YES answers) in space or right. Include: a) ITEM number, b) FULL NAME of person or time of condition and RELATIONSHIP to gravida, c) AGE(S) at onset and recovery (if death), d) DESCRIPTION OF CONDITION: (symptoms, part of body affected, severity, course, name of condition, if known), e) DOCTOR and/or HOSPITAL, or other record source (name, address and dates).

If information about other relatives is volunteered, describe briefly and indicate relationship to gravida.

All items  \* Starred items only

**2. WHEN YOU WERE BORN, WAS THERE ANYTHING IN YOUR BODY THAT WAS NOT FORMED RIGHT? ANY PHYSICAL DEFECT?**  
(Specify part of body and describe defect) Yes  No

**3. HAVE YOU HAD ANY SERIOUS TROUBLE SEEING OR HEARING? (blind or deaf, partly or completely)? ANY SERIOUS TROUBLE SPEAKING? (Age at onset, etc.)**  
Seeing  Hearing  Speaking  No

**4. HAS ANYONE IN YOUR FAMILY?**  
Full Sib (Number)  No  Fa  OK  No

**5. HAVE YOU EVER HAD SUGAR DIABETES? (You must begin to urinate or bleed?) (Age at onset, with progression only. Details reported, etc.)**  
Yes  No

**6. HAS ANYONE IN YOUR FAMILY?**  
Full Sib (Number)  No  Fa  OK  No

**7. HAVE YOU EVER HAD SEIZURES, CONVULSIONS, OR EPILEPSY? (Non-epileptic, other ages, with details, with progression?)**  
Yes  No

**8. HAS ANYONE IN YOUR FAMILY?**  
Full Sib (Number)  No  Fa  OK  No

**9. HAVE YOU EVER HAD TROUBLE USING ARMS, HANDS, OR LEGS? ANY PARALYSIS, Crippling OR CEREBRAL PALSY? (Stroke accidents and injuries) (Age, description, cause - tumor or trauma?)**  
Yes  No

**10. HAS ANYONE IN YOUR FAMILY?**  
Full Sib (Number)  No  Fa  OK  No

**11. DID YOU GO TO ANY SPECIAL SCHOOL, LIKE ONE FOR SLOW LEARNERS? (Include here only mental retardation or any other learning.)**  
Yes  No

**12. HAS ANYONE IN YOUR FAMILY UNABLE TO GO TO REGULAR SCHOOL? (Retarded?)**  
Full Sib (Number)  No  Fa  OK  No

**13. HAVE YOU EVER HAD ANY NERVOUS PROBLEM WHICH REQUIRED HOSPITAL CARE - OR PSYCHIATRIC TREATMENT? (Age at diagnosis, necessary.)**  
Yes  No

**14. HAS ANYONE IN YOUR FAMILY?**  
Full Sib (Number)  No  Fa  OK  No

**15. IS THERE ANY DISEASE OR CONDITION THAT SEEMS TO RUN IN YOUR FAMILY?**  
If YES, write down in box only name of disease, relationship and condition. Yes  No

**16. PATIENT IDENTIFICATION**

**16. DESCRIPTION OF CONDITIONS:** Do attempt to include all information requested in instructions above. If a given detail is not available, state so specifically.

**17. INTERVIEWER:** Circle boxes refer to gravida's in terms report only. Are you including or excluding other data that may verify or change codes?  
Medical record checked  Interviewer examined  No   
(Circle how numbers assigned, not changed)



**FAMILY HISTORY INTERVIEW**  
**HEALTH OF BABY'S FATHER AND HIS FAMILY**

**INSTRUCTIONS TO INTERVIEWER:** When asking questions, probe for conditions in baby's father, his parents, and his FULL siblings (those listed on GEN-6). Mark **NO** box when no information is available. Mark **DK** box if condition reported in parent(s). If condition reported in FULL siblings, write in box the number of FULL siblings affected.

Fully describe conditions (YES answers) in space at right. Include: a) ICD-9 number, b) FULL NAME of person at time of condition and RELATIONSHIP to baby's father, c) AGE(S) at onset and recovery (or death), d) DESCRIPTION OF CONDITION: (symptoms, part of body affected, severity, course, name of condition, if known), e) DOCTOR and/or HOSPITAL, or other record source: (name, address, and dates).

If information about other relatives is volunteered, describe briefly and indicate relationship to baby's father. If all information on this baby's father and his family is unknown or refused, please indicate reasons in space at right, and mark all **DK** boxes.

All items  \* Skipped (none only)

1. WHEN THE BABY'S FATHER WAS BORN WAS THERE ANYTHING IN HIS BODY THAT WASN'T FORMED RIGHT? ANY PHYSICAL DEFECT? (Specify part of body and describe fully)

Yes  No  DK  No

2. HAS HE EVER HAD ANY SERIOUS TROUBLE SEEING OR HEARING? (Blind or that party or occasionally? ANY SERIOUS TROUBLE SPEAKING? (Age at onset, etc.?)

Seeing  Hearing  Speaking  DK  No

3. HAS ANYONE IN HIS FAMILY?

Full Sib  No  Fa  DK  No

4. HAS HE EVER HAD SUGAR DIABETES? (Two month sugar or other or blood? (Age at onset, insulin required, etc.?)

Yes  No  DK  No

5. HAS ANYONE IN HIS FAMILY?

Full Sib  No  Fa  DK  No

6. HAS HE EVER HAD SEIZURES, CONVULSIONS OR EPILEPSY? (How many, age at onset, with blood, etc.?)

Yes  No  DK  No

7. HAS ANYONE IN HIS FAMILY?

Full Sib  No  Fa  DK  No

8. HAS HE EVER HAD TROUBLE USING ARMS, HANDS, OR LEGS? ANY PARALYSIS, CROPPING OR CEREBRAL PALSY? (Specify conditions or arthritis) (Age, description, cause—trauma or tumor)

Yes  No  DK  No

9. HAS ANYONE IN HIS FAMILY?

Full Sib  No  Fa  DK  No

10. DID HE GO TO ANY SPECIAL SCHOOL, LIKE ONE FOR SLOW LEARNERS? (Specify how and what kind of instruction or very slow learning.)

Yes  No  DK  No

11. WAS ANYONE IN HIS FAMILY UNABLE TO GO TO REGULAR SCHOOL? (Specify)

Full Sib  No  Fa  DK  No

12. HAS HE EVER HAD ANY NERVOUS PROBLEM WHICH REQUIRED HOSPITAL CARE - OR PSYCHIATRIC TREATMENT? (Specify diagnosis, symptoms)

Yes  No  DK  No

13. HAS ANYONE IN HIS FAMILY?

Full Sib  No  Fa  DK  No

14. HAS HE BEEN EXPOSED TO X-RAYS OR OTHER TYPE OF RADIATION IN HIS WORK? IN ANY MEDICAL TREATMENT? (Type of radiation, when, where?)

Employment  Therapeutic  Diagnostic  DK  No

**1. PATIENT IDENTIFICATION**

**15. DESCRIPTION OF CONDITIONS:** Do number to describe all information requested in instructions above. If a space does not fit, describe, state as specifically.

17. INTERVIEWER: Call back order to provider's interview order only. Add any including or correcting other data that may verify or change order.

Medical record checked  Interview complete  No

(Circle how number corrected, left margin)



POPS ITEM NUMBERS LINKED TO DATA ITEMS ON GPM-5, OUTCOMES OF GEVITA'S PRIOR PREGNANCIES

ITEM NM FORM	DATA ITEM IN	CARD NUM	FROM	TO	DATA ITEM NAME
7	2417..GPM-5	1504	34	34	Liveborn, male, total number; siblings full
7	2440..GPM-5	1504	66	67	Liveborn, total number
7	2413..GPM-5	1504	32	33	Liveborn, total number; siblings full
7	2452..GPM-5	1504	70	70	Prenature, total number
7	2416..GPM-5	1504	34	36	Prenature, total number; siblings full
7	2436..GPM-5	1504	53	43	Prenature, total number; siblings half
7	5248.....VAR		388	388	Prenature; births, total number prior to current pregnancy
7	5263.....VAR		406	406	Siblings full; death at 24 or more days, total number
7	2423..GPM-5	1504	40	40	Siblings full; death, infant, greater than 28 days, total number
7	5262.....VAR		404	405	Siblings full; death, neonatal, 27 or less days, total number
7	2427..GPM-5	1504	34	39	Siblings full; death, neonatal, total number
7	5269.....VAR		417	417	Siblings full; developmental retardation; physical, mental or behavioral, total number
7	2429..GPM-5	1504	46	46	Siblings full; developmentally retardation, physical, mental,
7	5254.....VAR		325	398	Siblings full; fetal death prior to 20 wks gestation, total number
7	5258.....VAR		401	401	Siblings full; liveborn female total number
7	5257.....VAR		400	400	Siblings full; liveborn male total number
7	5302.....VAR		446	447	Siblings full; liveborn, total number
7	5361.....VAR		404	404	Siblings full; living, five years of age and older, total number
7	2427..GPM-5	1504	34	36	Siblings full; living, five years of age and older, total number
7	2426..GPM-5	1504	37	37	Siblings full; living, less than five years of age, total number
7	5250.....VAR		403	403	Siblings full; living, less than five years of age, total number
7	2424..GPM-5	1504	42	42	Siblings full; malformation, congenital, total number
7	5264.....VAR		408	408	Siblings full; malformation; congenital, total number
7	5267.....VAR		410	410	Siblings full; other defect, total number
7	2427..GPM-5	1504	44	44	Siblings full; other defect, total number
7	5256.....VAR		402	402	Siblings full; pressure, total number
7	5264.....VAR		407	407	Siblings full; in incompatibility; blood group incompatibility; jaundice, blood group neonatal transfusion
7	2424..GPM-5	1504	41	41	Siblings full; in incompatibility; blood group incompatibility; jaundice, neonatal transfusion, total number
7	2426..GPM-5	1504	43	43	Siblings full; seizures; convulsions; epilepsy, total number
7	5266.....VAR		409	409	Siblings full; seizures; convulsions; epilepsy, total number
7	5268.....VAR		411	411	Siblings full; sensory defects; hearing; speech; vision, total number
7	2428..GPM-5	1504	45	45	Siblings full; sensory defects; hearing; speech; vision, total number
7	5256.....VAR		399	399	Siblings full; stillborn; death at 20 wks gestation and over, total number
7	5254.....VAR		396	397	Siblings full; total number
7	5261.....VAR		424	424	Siblings half; death at 24 or more days, total number

Core Item Numbers linked to Data Items on GF4-5, Outcomes of Gravida's Prior Pregnancies

ITEM	DATA TYPE	CARD NUM	FROM TO	DATA ITEM NAME
7	2440..GF4-5	1505	57	57 siblings half; death, infant, greater than 20 days, total number
7	5280.....VAR		424	424 siblings half; death, neonatal, 27 or less days, total number
7	2439..GF4-5	1505	56	56 siblings half; death, neonatal, total number
7	5287.....VAR		431	431 siblings half; developmental retardation, physical, mental or behavioral, total number
7	2446..GF4-5	1505	61	61 siblings half; developmentally retardation, physical, mental, behavioral, total number
7	3273.....VAR		417	417 siblings half; different father
7	5275.....VAR		415	415 siblings half; fetal death prior to 20 wks gestation, total number
7	5276.....VAR		420	420 siblings half; liveborn female, total number
7	5275.....VAR		419	419 siblings half; liveborn male, total number
7	2432..GF4-5	1505	48	48 siblings half; liveborn; maternity known, different father
7	2433..GF4-5	1505	50	50 siblings half; liveborn; maternity unknown
7	2438..GF4-5	1505	54	54 siblings half; liveborn; five years of age and older, total number
7	5278.....VAR		423	423 siblings half; living, five years of age and older, total number
7	5278.....VAR		422	422 siblings half; living, less than five years of age, total number
7	2437..GF4-5	1505	54	54 siblings half; information, congenital, total number
7	2447..GF4-5	1505	427	427 siblings half; motor defect, total number
7	5283.....VAR		428	428 siblings half; motor defects, total number
7	2444..GF4-5	1505	61	61 siblings half; procedure, total number
7	5277.....VAR		421	421 siblings half; ph incompatibility; blind group (incompatibility); jaundice, neonatal; transfusion
7	5282.....VAR		426	426 siblings half; ph incompatibility; blood group incompatibility; jaundice, neonatal; transfusion, total number
7	2441..GF4-5	1505	58	58 siblings half; neonatal; transfusion, total number
7	2443..GF4-5	1505	60	60 siblings half; seizures; convulsions; epilepsy, total number
7	5284.....VAR		428	428 siblings half; seizures; convulsions; epilepsy, total number
7	5286.....VAR		430	430 siblings half; sensory defect; hearing; speech or vision, total number
7	2445..GF4-5	1505	67	67 siblings half; sensory defect; hearing; speech; vision, total number
7	5272.....VAR		416	416 siblings half; stillborn; death at 20 wks gestation and over, total number
7	5270.....VAR		414	414 siblings half; total number
7	5274.....VAR		418	418 siblings half; unknown paternity
7	5294.....VEN		438	438 siblings living, five years of age and older, total number
7	5293.....VAR		437	437 siblings living, less than five years of age, total number
7	2456..GF4-5	1505	74	74 siblings, death, infant, greater than 28 days, total number
7	2455..GF4-5	1505	73	73 siblings, death, neonatal, total number
7	2467..GF4-5	1505	80	80 siblings, developmentally retardation, physical, mental, behavioral, total number
7	2454..GF4-5	1505	72	72 siblings, living, five years of age and older, total number

Form Item Numbers linked to Data Items on CPMS, Outcomes of Gravidia's Prior Pregnancies

FORM	DATA TYPE	CARD NUM	FROM	TO	DATA ITEM NAME
7	2453...CPM-5	1505	71	71	71 Siblings, living, less than five years of age, total number
7	2454...CPM-5	1505	76	76	76 Siblings, malformation, congenital, total number
7	2460...CPM-5	1505	79	79	79 Siblings, motor defect, total number
7	2457...CPM-5	1505	74	75	75 Siblings, Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion, total number
7	2456...CPM-5	1505	77	77	77 Siblings, seizures; convulsions; epilepsy, total number
7	2461...CPM-5	1505	79	79	79 Siblings, sensory defect; hearing; speech; vision, total number
7	5286...VAR		440	440	440 Siblings; death at 28 or more days, total number
7	5295...VAR		439	439	439 Siblings; death, neonatal, 27 or less days, total number
7	5301...VAR		445	445	445 Siblings; developmental retardation, physical, mental or behavioral, total number
7	5289...VAR		439	439	439 Siblings; fetal death after 20 weeks gestation, total number; fetal
7	5298...VAR		432	432	432 Siblings; fetal death prior to 20 weeks gestation, total number; total
7	5291...VAR		435	435	435 Siblings; liveborn female, total number
7	5280...VAR		434	434	434 Siblings; liveborn male, total number
7	5303...VAR		449	449	449 Siblings; liveborn, total number
7	5288...VAR		442	442	442 Siblings; malformation; congenital, total number
7	5299...VAR		443	443	443 Siblings; motor defect, total number
7	5292...VAR		436	436	436 Siblings; prematurity, total number
7	5297...VAR		441	441	441 Siblings; Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion
7	5300...VAR		444	444	444 Siblings; sensory defect; hearing; speech or vision, total number
7	5291...VAR		391	391	391 Stillbirths; deaths at 20 weeks gestation or greater; total death prior to current pregnancy
9	2466...CPM-5	2505	16	16	16 Medical care of other children (yes/no)
10	2467...CPM-5	2505	17	17	17 Hospitalization of other children (yes/no)
12	2468...CPM-5	2505	18	18	18 Fetal death; blood incompatibility; erythroblastosis fetalis; siblings
12	2469...CPM-5	2505	19	19	19 Liveborn; blood incompatibility, no transfusion; siblings
12	2470...CPM-5	2505	20	20	20 Liveborn; blood incompatibility, requiring exchange transfusion; siblings
12	5306...VAR		452	452	452 Siblings; liveborn; blood incompatibility, no transfusion
12	5307...VAR		453	453	453 Siblings; liveborn; blood incompatibility, requiring exchange transfusion
12	5305...VAR		451	451	451 Siblings; fetal death; blood incompatibility; erythroblastosis fetalis
13	2471...CPM-5	2505	21	21	21 Cleft lip; cleft palate; siblings
13	5308...VAR		454	454	454 Cleft lip; palate; siblings; congenital malformation
13	2472...CPM-5	2505	22	22	22 Club foot; siblings
13	5309...VAR		455	455	455 Club foot; siblings; congenital malformation
13	5310...VAR		456	456	456 Fingers or toes; siblings; congenital malformation
13	2473...CPM-5	2505	23	23	23 Fingers; toes; malformation, congenital; siblings

Port Item Numbers Linked to Data Items on GF4-5, Outcomes of Cavalier's Prior Pregnancies

ITEM NN PRA	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
12	5312....VAR		458	458	Head or spine; blindness; congenital; malformation
13	2475..GF4-5	2504	25	25	Head; spine; malformation; congenital; siblings
13	2474..GF4-5	2504	26	26	Head; malformation; congenital; siblings
13	5311....VAR		457	457	Head; blindness; congenital; malformation
13	2476..GF4-5	2504	26	26	Malformation; congenital; other; siblings
13	5313....VAR		459	459	Malformation; other; siblings; congenital; malformation
14	2477..GF4-5	2504	27	27	Seizures; convulsions; epilepsy; siblings
14	5114....VAR		284	284	Seizures; convulsions; epilepsy; siblings; total number
15	5315....VAR		461	461	Motor defect due to infection; siblings
15	2479..GF4-5	2504	28	28	Motor defect due to infection; siblings
15	2478..GF4-5	2504	28	28	Motor defect due to injury; siblings
15	5314....VAR		464	464	Motor defect due to injury; siblings
15	5316....VAR		462	462	Motor defect; other; siblings
15	2480..GF4-5	2504	30	30	Motor defect; other; siblings
16	5318....VAR		464	464	Sensory defect; hearing; deaf; siblings
16	2483..GF4-5	2504	33	33	Sensory defect; speech; deaf; siblings
16	5319....VAR		465	465	Sensory defect; speech; deaf; siblings
16	5317....VAR		463	463	Sensory defect; visually blind; siblings
16	2481..GF4-5	2504	31	31	Sensory defect; visually blind; siblings
16	2482..GF4-5	2504	32	32	Sensory defect; visually deafness; siblings
17	5321....VAR		468	468	Developmental retardation; behavioral/social; siblings
17	5320....VAR		467	467	Developmental retardation; mental; siblings
17	2486..GF4-5	2504	464	464	Developmental retardation; behavioral/emotional; siblings
17	2485..GF4-5	2504	34	34	Developmental retardation; mental; siblings
17	2484..GF4-5	2504	34	34	Developmental retardation; physical; siblings
18	2487..GF4-5	2504	37	37	Siblings unable to attend regular school; total number
18	5304....VAR		450	450	Siblings unable to attend regular school; total number

Form Item Numbers Linked to Data Items on GFM-b. Family Composition

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
	5190.....VAR		297	292	Consanguinity of gravida and father of baby. All revisions (yes/no/unknown)
6-7	2493..GFM-b	3505	15	15	FORM GFM-b used (initials/abbreviated)
8	2494..GFM-b	3505	209	209	Consanguinity of gravida's parents. All revisions
9	2495..GFM-b	3505	17	17	Siblings of gravida. Liveborn full brothers
10	2496..GFM-b	3505	18	18	Siblings of gravida. Liveborn full sisters
11	2497..GFM-b	3505	19	19	Siblings of gravida. Full sisters. Age 15 or over. Living or dead
12	2498..GFM-b	3505	20	20	Twinning
13	5191.....VAR		293	293	Twinning gravida
14	2499..GFM-b	3505	21	21	Father of baby dead or prior pregnancy
15-16	2500..GFM-b	3505	22	22	Age
17	2501..GFM-b	3505	24	24	Male, father of baby
18-19	2502..GFM-b	3505	291	291	Consanguinity of gravida and father of baby. All revisions
19-20	2494..GFM-b	3505	16	16	Consanguinity of gravida's parents
19-20	2503..GFM-b	3505	25	25	Siblings of father. Liveborn, full brothers
19-20	2504..GFM-b	3505	27	27	Siblings of father. Liveborn, full sisters
19-20	2505..GFM-b	3505	28	28	Relative of gravida in study
19-20	2506..GFM-b	3505	29	29	Relatives of gravida in study

Form Item Numbers linked to data items on DSM-7, Health of Gravidia and Family

ITEM	DATA	FORM	ITEM	FORM	DATA	ITEM	FORM	DATA
FORM	ITEM	FORM	ITEM	FORM	DATA	FORM	ITEM	FORM
2	5331	VAR	479	479	mental illness; (psychiatric treatment); siblings (yes, no, unknown)	5331	VAR	479
2	5326	VAR	477	477	mental retardation; siblings (yes, no, unknown)	5326	VAR	477
2	5327	VAR	475	475	motor defects; siblings (yes, no, unknown)	5327	VAR	475
2	5325	VAR	474	474	seizures; convulsions; febrile; siblings (yes, no, unknown)	5325	VAR	474
2	2507	GM-7	471	471	sensory defects; siblings (yes, no, unknown)	2507	GM-7	3504
2	5323	VAR	30	30	malformations, congenital; gravidia	5323	VAR	30
2	2509	GM-7	469	469	malformations, congenital and/or physical defects, other; siblings	2509	GM-7	3504
2	5324	VAR	31	31	physical defects, other; gravidia	5324	VAR	31
2	2511	GM-7	32	32	physical defects	2511	GM-7	3504
2	2510	GM-7	470	470	sensory defects; siblings	2510	GM-7	3504
2	2512	GM-7	14	14	sensory defects; parents of gravidia	2512	GM-7	3504
2	2514	GM-7	33	33	sensory defects; siblings of gravidia, full, number	2514	GM-7	3504
2	2515	GM-7	15	15	diabetes	2515	GM-7	3504
2	2517	GM-7	37	37	diabetes; parents of gravidia	2517	GM-7	3504
2	5326	VAR	36	36	diabetes; siblings of gravidia, full, number	5326	VAR	36
2	2517	GM-7	38	38	seizures; convulsions; febrile; siblings	2517	GM-7	3504
2	2516	GM-7	472	472	seizures; convulsions; febrile; parents of gravidia	2516	GM-7	3504
2	2518	GM-7	40	40	seizures; convulsions; febrile; siblings of gravidia, full, number	2518	GM-7	3504
2	5328	VAR	41	41	motor defects	5328	VAR	41
2	2520	GM-7	474	474	motor defects; siblings	2520	GM-7	3504
2	2521	GM-7	43	43	motor defects; parents of gravidia	2521	GM-7	3504
2	5330	VAR	42	42	motor defects; siblings of gravidia, full, number	5330	VAR	42
2	2522	GM-7	44	44	mental retardation	2522	GM-7	3504
2	2524	GM-7	476	476	mental retardation; siblings	2524	GM-7	3504
2	5332	VAR	46	46	mental retardation; parents of gravidia	5332	VAR	46
2	2526	GM-7	45	45	mental retardation; siblings of gravidia, full, number	2526	GM-7	3504
2	2525	GM-7	47	47	mental illness; (psychiatric treatment); siblings	2525	GM-7	3504
2	2527	GM-7	478	478	mental illness; (psychiatric treatment); parents of gravidia	2527	GM-7	3504
2	2528	GM-7	49	49	mental illness; (psychiatric treatment); siblings of gravidia, full, number	2528	GM-7	3504
2	2529	GM-7	48	48	mental illness; (psychiatric treatment); siblings of gravidia, full, number	2529	GM-7	3504
2	2528	GM-7	50	50	disease or condition, other, in family	2528	GM-7	3504
2	2528	GM-7	52	52	form GM-7, item number referred to in record or comment	2528	GM-7	3504
2	2528	GM-7	51	51	form GM-7, medical record or interviewer's comment	2528	GM-7	3504



Form Item Numbers linked to Data Items on GFH-8. Health of Baby's Father and Family

1924 ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
	2554..GFH-8	3504	77	77	Consanguinity of gravida and father of baby (revision 0)
	5185.....VAR		287	287	Consanguinity of gravida and father of baby, current pregnancy (revision 0)
	2553..GFH-8	3504	76	76	Consanguinity of gravida's parents (revision 0)
	5186.....VAR		288	288	Consanguinity of gravida's parents, (revision 0)
	5345.....VAR		492	492	Diabetes siblings (yes, no, unknown)
	5346.....VAR		493	493	Diabetes siblings (yes, no, unknown)
	5347.....VAR		494	494	Diabetes siblings (yes, no, unknown)
	5348.....VAR		495	495	Diabetes siblings (yes, no, unknown)
	5349.....VAR		496	496	Diabetes siblings (yes, no, unknown)
	5350.....VAR		497	497	Diabetes siblings (yes, no, unknown)
	5351.....VAR		498	498	Diabetes siblings (yes, no, unknown)
	5352.....VAR		499	499	Diabetes siblings (yes, no, unknown)
	5353.....VAR		500	500	Diabetes siblings (yes, no, unknown)
	5354.....VAR		501	501	Diabetes siblings (yes, no, unknown)
	5355.....VAR		502	502	Diabetes siblings (yes, no, unknown)
	5356.....VAR		503	503	Diabetes siblings (yes, no, unknown)
	5357.....VAR		504	504	Diabetes siblings (yes, no, unknown)
	5358.....VAR		505	505	Diabetes siblings (yes, no, unknown)
	5359.....VAR		506	506	Diabetes siblings (yes, no, unknown)
	5360.....VAR		507	507	Diabetes siblings (yes, no, unknown)
	5361.....VAR		508	508	Diabetes siblings (yes, no, unknown)
	5362.....VAR		509	509	Diabetes siblings (yes, no, unknown)
	5363.....VAR		510	510	Diabetes siblings (yes, no, unknown)
	5364.....VAR		511	511	Diabetes siblings (yes, no, unknown)
	5365.....VAR		512	512	Diabetes siblings (yes, no, unknown)
	5366.....VAR		513	513	Diabetes siblings (yes, no, unknown)
	5367.....VAR		514	514	Diabetes siblings (yes, no, unknown)
	5368.....VAR		515	515	Diabetes siblings (yes, no, unknown)
	5369.....VAR		516	516	Diabetes siblings (yes, no, unknown)
	5370.....VAR		517	517	Diabetes siblings (yes, no, unknown)
	5371.....VAR		518	518	Diabetes siblings (yes, no, unknown)
	5372.....VAR		519	519	Diabetes siblings (yes, no, unknown)
	5373.....VAR		520	520	Diabetes siblings (yes, no, unknown)
	5374.....VAR		521	521	Diabetes siblings (yes, no, unknown)
	5375.....VAR		522	522	Diabetes siblings (yes, no, unknown)
	5376.....VAR		523	523	Diabetes siblings (yes, no, unknown)
	5377.....VAR		524	524	Diabetes siblings (yes, no, unknown)
	5378.....VAR		525	525	Diabetes siblings (yes, no, unknown)
	5379.....VAR		526	526	Diabetes siblings (yes, no, unknown)
	5380.....VAR		527	527	Diabetes siblings (yes, no, unknown)
	5381.....VAR		528	528	Diabetes siblings (yes, no, unknown)
	5382.....VAR		529	529	Diabetes siblings (yes, no, unknown)
	5383.....VAR		530	530	Diabetes siblings (yes, no, unknown)
	5384.....VAR		531	531	Diabetes siblings (yes, no, unknown)
	5385.....VAR		532	532	Diabetes siblings (yes, no, unknown)
	5386.....VAR		533	533	Diabetes siblings (yes, no, unknown)
	5387.....VAR		534	534	Diabetes siblings (yes, no, unknown)
	5388.....VAR		535	535	Diabetes siblings (yes, no, unknown)
	5389.....VAR		536	536	Diabetes siblings (yes, no, unknown)
	5390.....VAR		537	537	Diabetes siblings (yes, no, unknown)
	5391.....VAR		538	538	Diabetes siblings (yes, no, unknown)
	5392.....VAR		539	539	Diabetes siblings (yes, no, unknown)
	5393.....VAR		540	540	Diabetes siblings (yes, no, unknown)
	5394.....VAR		541	541	Diabetes siblings (yes, no, unknown)
	5395.....VAR		542	542	Diabetes siblings (yes, no, unknown)
	5396.....VAR		543	543	Diabetes siblings (yes, no, unknown)
	5397.....VAR		544	544	Diabetes siblings (yes, no, unknown)
	5398.....VAR		545	545	Diabetes siblings (yes, no, unknown)
	5399.....VAR		546	546	Diabetes siblings (yes, no, unknown)
	5400.....VAR		547	547	Diabetes siblings (yes, no, unknown)
	5401.....VAR		548	548	Diabetes siblings (yes, no, unknown)
	5402.....VAR		549	549	Diabetes siblings (yes, no, unknown)
	5403.....VAR		550	550	Diabetes siblings (yes, no, unknown)
	5404.....VAR		551	551	Diabetes siblings (yes, no, unknown)
	5405.....VAR		552	552	Diabetes siblings (yes, no, unknown)
	5406.....VAR		553	553	Diabetes siblings (yes, no, unknown)
	5407.....VAR		554	554	Diabetes siblings (yes, no, unknown)
	5408.....VAR		555	555	Diabetes siblings (yes, no, unknown)
	5409.....VAR		556	556	Diabetes siblings (yes, no, unknown)
	5410.....VAR		557	557	Diabetes siblings (yes, no, unknown)
	5411.....VAR		558	558	Diabetes siblings (yes, no, unknown)
	5412.....VAR		559	559	Diabetes siblings (yes, no, unknown)
	5413.....VAR		560	560	Diabetes siblings (yes, no, unknown)
	5414.....VAR		561	561	Diabetes siblings (yes, no, unknown)
	5415.....VAR		562	562	Diabetes siblings (yes, no, unknown)
	5416.....VAR		563	563	Diabetes siblings (yes, no, unknown)
	5417.....VAR		564	564	Diabetes siblings (yes, no, unknown)
	5418.....VAR		565	565	Diabetes siblings (yes, no, unknown)
	5419.....VAR		566	566	Diabetes siblings (yes, no, unknown)
	5420.....VAR		567	567	Diabetes siblings (yes, no, unknown)
	5421.....VAR		568	568	Diabetes siblings (yes, no, unknown)
	5422.....VAR		569	569	Diabetes siblings (yes, no, unknown)
	5423.....VAR		570	570	Diabetes siblings (yes, no, unknown)
	5424.....VAR		571	571	Diabetes siblings (yes, no, unknown)
	5425.....VAR		572	572	Diabetes siblings (yes, no, unknown)
	5426.....VAR		573	573	Diabetes siblings (yes, no, unknown)
	5427.....VAR		574	574	Diabetes siblings (yes, no, unknown)
	5428.....VAR		575	575	Diabetes siblings (yes, no, unknown)

Form Item Numbers linked to Data Items on SFH-8, Health of Baby's Father and Family

ITEM NO FF-8	DATA ITEM ID	CARD NUM	PAGE IN	DATA ITEM NAME
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17	2531-SFH-8 2504	74	74	Form SFH-8, Medical records of interviewer's comments
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**DEFINITION OF CODES  
FAMILY HISTORY INTERVIEW  
GEN 5 - 8      CARD 1505**

<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 - FHE 2, #      Form Dated: 5/59 1 - Gen 5-8      Form Dated: 5/61 2 - Gen 5-8      Form Dated: Rev. 6/63	5
4.	<u>FNMB Number</u> GEN-7, Item 1 Nine-digit number for Patient Identification Code: As given	6-14
5.	<u>Full Interview Used: GEN-5</u> GEN-7, Item 2 Code: 0 - Yes	15
6.	<u>Interview Before Delivery</u> GEN-7, Item 2 Code: 0 - Other, after 1 - Before 9 - Unknown	16
7.	<u>Place of Interview</u> GEN-7, Item 2 Code: 0 - Other than specified in code 1 1 - Hospital, clinic, doctor's office, not specified on Rev. "1" 9 - Unknown	17

\* Unless specified, Fields, Codes and Card Columns refer to Revision "0", "1" and "2". Item numbers refer to: Form Dated 5/63.

DEFINITION OF CODES (Continued)

FORM GEN-5  
Card 1505

FIELD

CARD  
COLUMNS

8. Language Used  
GEN-5, Item 2  
Code: 0 - Other than English  
1 - English, not specified on Rev. "1"  
9 - Unknown 18
9. Interviewer  
GEN-5, Item 3  
Code: See attachment, "Interviewer"  
pages SE-1 - 20-22 19-20
10. Date of Interview  
GEN-5, Item 4  
Six-digit code for Month (cols. 21-22),  
Day (cols. 23-24) and Year (cols. 25-26)  
Code: As given  
99 - Month, day and/or year unknown 21-26

PRIOR PREGNANCIES

11. Total Number \*  
GEN-5, Item 5  
Code: 00 - None 27-28  
01-25 - As given  
99 - Unknown
12. Number of Multiple  
GEN-5, Item 5  
Code: Blank - No prior pregnancy 29  
0 - None  
1-7 - As given.  
8 - 8 or more  
9 - Unknown
13. Full Sibs  
GEN-5, Item 7  
Seventeen-digit code for:  
Fetal Death: Under 20 Weeks (col. 30)  
: 20 Weeks and Over (col. 31)  
Code for each column:  
Same as in Field 12 30-36

\* Card ends in column 28 for No Prior Pregnancies

**DEFINITION OF CODES (Continued)**

FORM GEN-5  
Card 1505

**FIELD**

**CARD**  
**COLUMN**

13. Full Sibs (cont.) 30-46

- Total Number Liveborn (cols. 32-33)  
 Code: Blank - No prior pregnancy  
       00 - None  
       01 -25 - As given  
       99 - Unknown
- Liveborn: Male (col. 34)  
       : Female (col. 35)
- Prematures (col. 36)
- Children: Living - 4 Years or Younger (col. 37)  
       : Living - 5 Years or Older (col. 38)  
       : Dead - 27 Days or Younger (col. 39)  
       : Dead - 28 Days or Older (col. 40)
- Condition: RH (col. 41)  
       : Congenital Malformation (col. 42)  
       : Seizures, Convulsions, Epilepsy (col. 43)  
       : Motor (col. 44)  
       : Sensory Defect (col. 45)  
       : Retardation (col. 46)

Code for each column:  
 Same as in Field 12

14. Half Sibs 47-63

- GEN-5, Item 7  
 Seventeen-digit code for:
- Fetal Death: Under 20 Weeks (col. 47)  
       : 20 Weeks and Over (col. 48)
- Total Liveborn: Different Father (col. 49)  
       : Unknown Paternity (col. 50)
- Liveborn: Male (col. 51)  
       : Female (col. 52)
- Prematures (col. 53)
- Children: Living - 4 Years or Younger (col. 54)  
       : Living - 5 Years or Older (col. 55)  
       : Dead - 27 Days or Younger (col. 56)  
       : Dead - 28 Days or Older (col. 57)
- Condition: RH (col. 58)  
       : Congenital Malformations (col. 59)  
       : Seizures, Convulsions, Epilepsy (col. 60)  
       : Motor (col. 61)  
       : Sensory Defect (col. 62)  
       : Retardation (col. 63)

Code for each column:  
 Same as in Field 12

15. Total Number of Sibs 64-80

GEN-5, Item 7  
 Code: Same as in Field 13

DEFINITION OF CODES (Continued)

FORM GEN 5  
Card 2505

NOTE: Card exists for one or more prior pregnancies only.

<u>FIELD</u>		<u>CARD COLUMN</u>
1.	<u>Card Number</u> Code: 2	1
2.	<u>Basic Data *</u> Code: Same as in columns 2-15 of Card 1	2-15
3.	<u>Children: Medical Care</u> GEN-5, Item 9 Code: 0 - No 1 - Yes 7 - No prior Liveborn 9 - Unknown	16
4.	<u>Children: Hospitalization</u> GEN-5, Item 10 Code: Same as in Field 3	17
<b>MEDICAL CONDITIONS IN OUTCOMES FROM PRIOR PREGNANCIES</b>		
5.	<u>Blood Incompatibility: Fetal Death</u> GEN-5, Item 12 Code: 0 - No 1 - Yes 8 - Questionable 9 - Unknown	18
6.	<u>Blood Incompatibility: Liveborn - No Exchange Transfusion</u> GEN-5, Item 12 Code: Same as in Field 5	19
7.	<u>Blood Incompatibility: Liveborn - Exchange Transfusion</u> GEN-5, Item 12 Code: Same as in Field 5	20
8.	<u>Congenital Malformation: Cleft Lip and/or Palate</u> GEN-5, Item 13 Code: Same as in Field 5	21

\* Unless specified, Fields, Codes and Card Columns refer to Revision "0", "1" and "2". Item numbers refer to Form Dated: Rev. 6/63

## DEFINITION OF CODES (Continued)

FORM GEN 5  
Card 2505FIELDCARD  
COLUMN

9.	<u>Congenital Malformation: Club Foot</u> GEN-5, Item 13 Code: Same as in Field 5	22
10.	<u>Congenital Malformation: Fingers and/or Toes</u> GEN-5, Item 13 Code: Same as in Field 5	23
11.	<u>Congenital Malformation: Heart</u> GEN-5, Item 13 Code: Same as in Field 5	24
12.	<u>Congenital Malformation: Head or Spine</u> GEN-5, Item 13 Code: Same as in Field 5	25
13.	<u>Congenital Malformation: Other</u> GEN-5, Item 13 Code: Same as in Field 5	26
14.	<u>Seizures, Convulsions or Epilepsy</u> GEN-5, Item 14 Code: 0 - No 1 - With fever 2 - Without fever 3 - Combination of codes 1 and 2 4 - Unknown if fever 8 - Questionable seizures 9 - Unknown.	27
15.	<u>Motor Defect: Injury</u> GEN-5, Item 15 Code: Same as in Field 5	28
16.	<u>Motor Defect: Infection</u> GEN-5, Item 15 Code: Same as in Field 5	29
17.	<u>Motor Defect: Other</u> GEN-5, Item 15 Code: Same as in Field 5	30

DEFINITION OF CODES (Continued)

FORM GEN 5  
Card 2505 -

FIELD

CARD  
COLUMNS

18.	<u>Sensory Defect: Blind</u> GEN-5, Item 16 Code: Same as in Field 5	31
19.	<u>Sensory Defect: Deaf</u> GEN-5, Item 16 Code: Same as in Field 5	32
20.	<u>Sensory Defect: Trouble Speaking</u> GEN-5, Item 16 Code: Same as in Field 5	33
21.	<u>Physical Retardation</u> GEN-5, Item 17 Code: Same as in Field 5	34
22.	<u>Mental Retardation</u> GEN-5, Item 17 Code: Same as in Field 5	35
23.	<u>Severe Behavioral Problem</u> GEN-5, Item 17 Code: Same as in Field 5	36
24.	<u>Number of Children of School Age Unable To Attend Regular School Because of Retardation</u> GEN-5, Item 18 Code: 0 - None 1-5 - As given 6 - 6 or more 7 - Not applicable 8 - Questionable 9 - Unknown	37
25.	<u>Medical Records or Interviewer's Comment</u> GEN-5, Item 20 Code: 0 - None 1 - Copy of Medical Record Submitted 2 - Interviewer's Comment 3 - Combination of codes 1 and 2	38



DEFINITION OF CODES (Continued)

FORM GEN 5  
Card 2505

FIELD

CARD  
COLUMN

26.

Item Number Referred to In Attached

Record or Comment

- Code: 0 - None  
1 - More than one item  
2-8 - Last digit of item

39

## DEFINITION OF CODES (Continued)

FORM GEN 6-8  
Card 3505

<u>FIELD</u>		<u>CARD COLUMN</u>
1.	<u>Card Number</u> Code: 3	1
2.	<u>Basic Data *</u> Code: Same as in columns 2-15 of Card 1	2-15
3.	<u>FAMILY COMPOSITION</u> <u>Consanguinity of Gravida's Parents</u> Gen-6, Items 6, 7 Code: 0 - None 1 - (1/4) brother-sister 2 - (2/8) double first cousins 3 - (2/16) first cousins 4 - (2/32) half first cousins 5 - (2/64) second cousins 6 - Greater than 1/64 7 - Unknown familial relationship 8 - Yes, (Rev. "C" only) 9 - Unknown	16
4.	<u>Number of Liveborn Full Brothers: Gravida</u> Gen 6, Item 8 Code: 0 - None 1-7 - As given 8 - 8 or more 9 - Unknown	17
5.	<u>Number of Liveborn Full Sisters: Gravida</u> Gen-6, Item 8 Code: Same as in Field 4	18
6.	<u>Number of Full Sisters 15 Years or Older -</u> <u>Living or Dead: Gravida</u> Gen 6, Item 9 Code: Same as in Field 4	19
7.	<u>Tripling: Gravida</u> Gen 6, Item 10 Code: 0 - No 1 - Brother liveborn, presently living or dead 2 - Sister liveborn, presently living 3 - Sister liveborn, presently dead	20

## DEFINITION OF CODES (Continued)

FORM GEN 5-8  
Card 3505FIELDCARD  
COLUMNS

7. Tripling: Gravida (continued) 20  
 Code: 4 - Sister liveborn, unknown  
       if living or dead  
       5 - Triplet with at least one sister living  
       6 - Triplet with all sisters dead  
       7 - Twin stillborn  
       8 - Sex of liveborn unknown  
       9 - Unknown
8. Full Interview: GEN-6 and GEN-8 21  
 GEN-6, Item 12  
 Code: 0 - Full Interview
9. Age of Father, Current Pregnancy 22-23  
 Gen 6, Item 13  
 Code: 12-65 - As given  
       66 - 66 years and over  
       99 - Unknown
10. Name of Father Recorded 24  
 Gen 6, Item 14  
 Code: 1 - Yes  
       2 - Refused  
       9 - Unknown
11. Consanguinity of Gravida and Father of Baby 25  
of Current Pregnancy  
 Gen 6, Items 15, 16  
 Code: Same as in Field 3
12. Number of Liveborn Full Brothers: Father 26  
of Baby  
 Gen 6, Item 17  
 Code: Same as in Field 4
13. Number of Liveborn Full Sisters: Father 27  
of Baby  
 Gen 6, Item 17  
 Code: Same as in Field 4

## DEFINITION OF CODES (Continued)

FORM GEN 6-8  
Card 3505FIELDCARD  
COLUMN

14. Relatives in Study: Gravida 28  
Gen 6, Items 19, 20  
Code: 0 - None  
1 - Sister  
2 - Brother's Wife  
3 - Combination of codes 1 and 2  
4 - Other  
5 - Combination of codes 1 and 4  
6 - Combination of codes 2 and 4  
7 - Pretest sib to study baby  
8 - Common law wife, daughter, mother  
9 - Unknown
15. Relatives in Study: Father of the Baby 29  
Gen 6, Items 19, 20  
Code: Same as in Field 14  
**HEALTH: GRAVIDA AND HER FAMILY**
16. Congenital Malformation: Gravida 30  
Gen 7, Item 2  
Code: 0 - None  
1 - Cleft lip and/or palate  
2 - Club Foot  
3 - Combination of codes 1 and 2  
4 - Fingers and/or toes  
5 - Combination of codes 1 and 4  
6 - Combination of codes 2 and 4  
7 - Combination of codes 1, 2, and 4  
8 - Questionable  
9 - Unknown
17. Other Physical Defects: Gravida 31  
Gen 7, Item 2  
Code: 0 - None  
1 - Head and/or spine  
2 - Head and/or spine, questionable  
3 - Other than codes 1 or 2  
4 - Combination of codes 1 and 3  
5 - Combination of codes 2 and 3  
6 - Other than codes 1 or 2, questionable  
7 - Combination of codes 1 and 6  
8 - Combination of codes 2 and 6  
9 - Unknown

**DEFINITION OF CODES (Continued)**

**FORM GEN 6-8**  
**Card 3505**

**FIELD**

**CARD**  
**COLUMNS**

- |     |   |    |
|-----|---|----|
| 18. | <p><u>Sensory Defects: Gravidia</u><br/>           Gen 7, Item 3<br/>           Code: 0 - None<br/>                 1 - Seeing<br/>                 2 - Hearing<br/>                 3 - Combination of codes 1 and 2<br/>                 4 - Speaking<br/>                 5 - Combination of codes 1 and 4<br/>                 6 - Combination of codes 2 and 4<br/>                 7 - Combination of codes 1, 2 and 4<br/>                 8 - Questionable<br/>                 9 - Unknown</p>   | 32 |
| 19. | <p><u>Sensory Defects: Number of Full Sibs</u><br/>           Gen 7, Item 4<br/>           Code: 0 - None<br/>                 1-6 - As given<br/>                 7 - 7 or more<br/>                 8 - Questionable<br/>                 9 - Unknown</p>   | 33 |
| 20. | <p><u>Sensory Defect: Gravidia's Parents</u><br/>           Gen 7, Item 4<br/>           Code: 0 - No<br/>                 1 - Mother<br/>                 2 - Father<br/>                 3 - Combination of codes 1 and 2<br/>                 4 - Mother, questionable<br/>                 5 - Father, questionable<br/>                 6 - Combination of code 1 and 5<br/>                 7 - Combination of code 2 and 4<br/>                 8 - Combination of code 4 and 5<br/>                 9 - Unknown both parents or unknown<br/>                     (one parent) with no condition for<br/>                     other parent</p> | 34 |
| 21. | <p><u>Diabetes: Gravidia</u><br/>           Gen 7, Item 5<br/>           Code: 0 - None<br/>                 1 - Onset before age 15<br/>                 2 - Onset at age 15 or older<br/>                 3 - Occurred only during pregnancy<br/>                 4 - Age at onset unknown<br/>                 8 - Questionable<br/>                 9 - Unknown</p>   | 35 |

## DEFINITION OF CODES (Continued)

FORM GEN 5-b  
Card 35:5FIELDCARD  
COLUMN

22.	<u>Diabetes: Number of Full Sibs</u> Gen 7, Item 5 Code: Same as in Field 19	36
23.	<u>Diabetes: Parents</u> Gen 7, Item 5 Code: Same as in Field 20	37
24.	<u>Seizures, Convulsions: Gravid</u> Gen 7, Item 7 Code: 0 - None 1 - Before age 15 2 - Age 15 or older 3 - Combination of code 1 and 2 4 - Age unknown 5 - Eclampsia only 8 - Questionable 9 - Unknown	38
25.	<u>Seizures, Convulsions: Number of Full Sibs</u> Gen 7, Item 8 Code: Same as in Field 19	39
26.	<u>Seizures, Convulsions: Parents</u> Gen 7, Item 8 Code: Same as in Field 20	40
27.	<u>Motor Defects: Gravid</u> Gen 7, Item 9 Code: 0 - None 1 - Injury 2 - Infection 3 - Combination of codes 1 and 2 4 - Other 5 - Combination of codes 1 and 4 6 - Combination of codes 2 and 4 7 - Combination of codes 1, 2 and 4 8 - Questionable 9 - Unknown	41
28.	<u>Motor Defects: Number of Full Sibs</u> Gen 7, Item 10 Code: Same as in Field 19	42

DEFINITION OF CODES (Continued)

FORM GEN 6-8  
Card 3505

FIELD

CARD  
CODES

- |     |  |    |
|-----|--|----|
| 29. | <p><u>Motor Defects: Parents</u><br/>Gen 7, Item 10<br/>Code: Same as in Field 20</p>  | 43 |
| 30. | <p><u>Mental Retardation: Gravid</u><br/>Gen 7, Item 11<br/>Code: 0 - None<br/>1 - Mentally retarded<br/>2 - Special class for slow learner, ungraded<br/>8 - Questionable<br/>9 - Unknown</p>   | 44 |
| 31. | <p><u>Mental Retardation: Number of Full Sibs</u><br/>Gen 7, Item 12<br/>Code: Same as in Field 19</p>   | 45 |
| 32. | <p><u>Mental Retardation: Parents</u><br/>Gen 7, Item 12<br/>Code: Same as in Field 20</p>   | 46 |
| 33. | <p><u>Mental Illness: Gravid</u><br/>Gen 7, Item 13<br/>Code: 0 - None<br/>1 - Hospitalized<br/>2 - Out-patient care<br/>3 - Alcoholism, drug addiction<br/>8 - Questionable<br/>9 - Unknown</p> | 47 |
| 34. | <p><u>Mental Illness: Number of Full Sibs</u><br/>Gen 7, Item 14<br/>Code: Same as in Field 19</p>   | 48 |
| 35. | <p><u>Mental Illness: Parents</u><br/>Gen 7, Item 14<br/>Code: Same as in Field 20</p>   | 49 |
| 36. | <p><u>Disease in Family</u><br/>Gen 7, Item 15<br/>Code: 0 - None<br/>1 - Yes<br/>9 - Unknown</p>  | 50 |

DEFINITION OF CODES (Continued)

FORM GEN 6 --  
Card 3505

FIELD

CARD  
CREATING

37. Medical Record or Interviewer's Comment 51  
 Gen 7, Item 1?  
 Code: 0 - None  
 1 - Copy of Medical Record Submitted  
 2 - Interviewer's Comment  
 3 - Combination of codes 1 and 2
38. Item Number Referred to In Record or Comment 52  
 GEN-7, Item 1?  
 Code: 0 - None  
 1 - More than one item  
 2 - Item 2  
 3 - Items 3 and/or 4  
 4 - Items 5 and/or 6  
 5 - Items 7 and/or 8  
 6 - Items 9 and/or 10  
 7 - Items 11 and/or 12  
 8 - Items 13 and/or 14  
 9 - Item 15 on Gen 8
39. Health: Father of the Baby 53-72  
 Gen 8  
 Code: Same as in Fields 16-35 except Field 21  
 Code 3 and Field 24 Code 5 are not used
40. Radiation Exposure: Father of the Baby 73  
 Gen 8, Item 15  
 Code: 0 - None  
 1 - Occupational  
 2 - Therapeutic  
 3 - Combination of codes 1 and 2  
 4 - Diagnostic  
 8 - Questionable  
 9 - Unknown
41. Medical Records or Interviewer's Comment 74  
 Gen 8, Item 1?  
 Code: Same as in Field 37
42. Item number Referred to In Record or Comment 75  
 Code: Same as in Field 38







**FAMILY HISTORY HISTORY**  
FORM GEN 5-4

Item # on form	CARD # 3805		1		NINDB	GEN-6 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 0	GEN-7 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 0	GEN-8 17 16 15 14 13 12 11 10 9 8 7 6 5 4 3 2 1 0	HEALTH : FATHER - OF THE BABY	HEALTH : GRAVIDA - AND HER FAMILY	HEALTH : FATHER - OF THE BABY	BLANK					
	FAMILY COMPOSITION			HEALTH : GRAVIDA - AND HER FAMILY			HEALTH : FATHER - OF THE BABY			HEALTH : FATHER - OF THE BABY							
	DIABETES			DIABETES			DIABETES			DIABETES			DIABETES				
	SEIZURES, CONVULSIONS			SEIZURES, CONVULSIONS			SEIZURES, CONVULSIONS			SEIZURES, CONVULSIONS			SEIZURES, CONVULSIONS				
	MOTOR DEFECTS			MOTOR DEFECTS			MOTOR DEFECTS			MOTOR DEFECTS			MOTOR DEFECTS				
MENTAL RETARD.			MENTAL RETARD.			MENTAL RETARD.			MENTAL RETARD.			MENTAL RETARD.					
MENTAL ILLNESS			MENTAL ILLNESS			MENTAL ILLNESS			MENTAL ILLNESS			MENTAL ILLNESS					

GEN-5-5 - 15

II.D.166

GEN-5-8

\* Item number: refer to form dated: Rev. 6/63

## INTERVIEWING MANUAL FOR THE FAMILY HISTORY INTERVIEW

### I. Objectives

The Family History Interview form, GEN 5-8, has been designed to collect information which will enable us to determine to what extent genetic factors play a role in cerebral palsy, mental retardation and other neurological and sensory disorders, and what is the nature of these factors. The information will be analyzed at two levels:

1. At the population level, for which data must be comparable and collected in uniform manner. To achieve this the form is structured, mostly self-coding and the interviewers are asked to follow a uniform procedure of interviewing and recording.
2. At the family level, for which data about small groups of families with certain conditions will be used. It is essential that information be obtained in great detail and with great accuracy if these families are to be identified and followed. The task of the interviewer, therefore, is of utmost importance in obtaining uniformity, accuracy and detail.

For a proper genetic study, certain relationships in the family must be emphasized. A child owes half of his genetic endowment to each of his parents and likewise shares half of his genes with his brothers and sisters. These two relationships, parent-child and sib-sib are the closest and most important genetic relationships. The child shares 1/4 of his genes with his half-sibs, aunts and uncles and grandparents, and 1/8 of his genes with his first cousins. These also are important relationships genetically, and detailed information about them is essential.

Twinning and consanguinity (*marriage of close relatives*) are valuable tools in genetic research. Identical twins are genetically exactly alike while fraternal twins are genetically no more alike than ordinary brothers and sisters. The study of twins will enable us to assess the influence of heredity and environment in the occurrence of certain conditions. Close relatives tend to possess similar genes since they share a proportion of them in common. A child whose parents are first cousins has an increased chance of receiving the same gene from both parents and thus suffer from a condition which is caused from the double dose of a "defective" gene. Accurate information about twinning and blood relationships will help to evaluate the role of genetic factors in the traits under study.

The Family History Interview protocol is selective rather than exhaustive, placing the emphasis on those conditions which are likely to yield

genetically important information. This information must be collected with the greatest possible accuracy and in sufficient detail. While, therefore, for the sake of uniformity, the questions should be asked as they appear on the form and the answers recorded in the prescribed manner, a certain amount of flexibility and probing for accuracy should be exercised.

### II. Content of Protocol

The data are collected by means of a four-part protocol, designated GEN 5-8.

#### A. GEN 5 is in two parts:

1. Page 1, "Outcomes From Gravidia's Prior Pregnancies," consists of information taken from the OB-2 record and supplemented by two questions put to the gravidia.
2. Page 2, "Medical Conditions in Outcomes from Prior Pregnancies," deals with specific groups of medical conditions among prior liveborn children and among fetal deaths.

B. GEN 6, "Family Composition," consists of a series of questions on consanguinity at two levels (*parents of the gravidia, parents of the study baby*) as well as identifying information about gravidia's relatives (*her parents and full sibs*) and the relatives of the father of the baby (*his full sibs*).

C. GEN 7 "Health of Gravidia and her Family," consists of a series of questions about certain groups of medical conditions which may have occurred in the gravidia and her relatives.

D. GEN 8, "Health of Baby's Father and his Family," consists of questions similar to those of GEN 7, but about the baby's father and his relatives.

#### III. Form

- A. The form has been designed for uniformity and consistency both in conducting the interview and in recording the data. Instructions to the interviewer appear at the top of each page. Boxes are provided for recording the answer to each question. The right half of GEN 5, page 2, and GEN 7 and GEN 8 have been left blank for recording the detailed description of each positive report of a medical condition.

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## Interviewing Manual for the Family History Interview

### B. Abridged form for Repeat Study Pregnancies

An abridged GEN 5-8 may be used if there is available to the interviewer a set of GEN 5-8 for a prior study pregnancy and it is complete.

Each institution must decide, as a matter of policy, whether the abridged form will be used for repeat study pregnancies or whether the entire form will be used each time. Once the decision is made, it should be followed consistently.

The abridged form is obtained by completing only the (\*) starred items. The boxes for the items that are not marked are to be left unmarked.

### IV. General Instructions

- A. It is very important to establish an atmosphere of confidence at the beginning of the interview, since some of the areas to be discussed are sensitive. Please preview the interview with the following explanation: "During this interview, I am going to be asking you some questions about your children (if any), your family, your husband and his family (father of the baby and his family whichever is appropriate). We are interested in the growth and development of all members as well as any problems they may have had along the way. The questions are about certain conditions, but if during the interview you think of any other problems or conditions that any member of the family may have had, please tell me about them."
- B. Please make sure that the gravida understands fully the questions put to her. It is important that her answers be followed up when needed.
- C. Try to get as much detail about each condition as possible, since this will be the basis for judgments about the nature of these conditions, by the professional staff. Also since the diagnosis of certain neurological conditions depends in part on the family medical history, include all suspicious neurological symptoms regardless of the medical terms used.
- D. Help the gravida recall conditions of early onset that she may have forgotten or overlooked. Start by saying, "We sometimes forget conditions that happened long ago. As I ask about a medical condition in your-

self or someone else, please think about the whole life when you answer it." If some of the persons died young, probe with, "I see (your brother John) died when he was (5 years) old. Did he ever have this condition?"

- E. Take care not to introduce any biases through personal preconceptions. It is best to record the description of the conditions in the gravida's own words. If you try to put them in medical terms, you may tend to force diagnoses into categories with which you are familiar.
- F. Please leave all dotted boxes blank. These are for Central Office use.
- G. Local editing should be done in blue or black ink.

### V. Before the Interview

- A. Stamp each of the pages of GEN 5-8 with the identification plate.
- B. Obtain the OB 2 record for the gravida and enter the necessary information on GEN 5 as given below in items 5 and 6.
- C. Repeat Study  
If this is a repeat study pregnancy and it is institution policy to use the abridged form for such pregnancies, also:
  1. Obtain the GEN 5-8 form for the last prior study pregnancy. Make certain that this form is completely filled out.
  2. Prepare a new set of forms for your interview by the following steps:
    - a. In the box marked "Abridged," in item 2 of GEN 5, enter the pregnancy number of the prior GEN 5-8 form, which you are consulting. This is the eighth digit of the MINDS number.
    - b. Mark the (\*) starred items only" box at the top left of both GEN 6 and GEN 7.
    - c. In item 12 of GEN 6 enter the three initials of father of the baby for the prior pregnancy in the "FA LAST GEN" box, and enter the number of the prior pregnancy in the adjoining box. If the name is unknown, leave the initials box blank, mark the "Full interview" box and ask all items.

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## Interviewing Manual for the Family History Interview

3. Familiarize yourself with the medical conditions reported for gravida's children, gravida herself, and the baby's father. Abstract all pertinent information onto the proper pages under "Description of Conditions." For each medical condition be sure to include: a) item number; b) name of person; c) ages, etc. and d) description of condition, in the needed detail. Conclude each description with "(from prior GEN)" and leave space for additions during the interview.

### VI. Doing the Interview

A. In conducting the interview, follow the instructions that are printed at the top of each page of the form and in the manual. The questions are to be asked as printed. (*These are the phrases in large type followed by a question mark.*) The phrases in small type near the check boxes are intended only for the interviewer's use in coding the answers. Ask each question clearly. Modify questions **ONLY** when the gravida indicates that she does not understand. If her reply does not answer the question asked, or if she appears hesitant or puzzled or asks what you mean, restate the question. In rephrasing a question, take care to stay within the limits of the idea, and not provide the gravida with the answer.

Begin the interview by reviewing Item 5 and Table 1 with the gravida. This is a good opportunity to indicate to the gravida your interest in her and her family. If the OH summary shows that this is the gravida's first pregnancy, confirm this by some introductory statement such as, "I'd like to ask some questions about you and your family. Let's see now, have you ever been pregnant before?"

When the gravida reports a specific condition for herself or anyone, obtain all the detailed information requested in the instructions at the head of the page before marking the box. If it is not clear which box to mark, place a large question mark (?) beside the relevant code boxes and record all the needed information under "Description of Condition." This will bring the problem to the attention of the professional staff in the central office for further examination and decision.

### B. Repeat Study Pregnancy

1. Start the interview with a preliminary statement such as: "We have asked you

questions about your family medical history before. Some additions' problems may have arisen or come to your attention since our last interview. Therefore, I must ask you some of the same questions again."

### 2. Abridged Form

Use all of the (\*) starred items, which ask about the gravida's prior pregnancy outcomes, the gravida herself and the father of the current baby. Code boxes for all starred items must be marked.

3. If only a few medical conditions were reported on the prior GEN, it may be simpler to go through the interview, recording all information without referring to the prior form. If a more extensive medical history was reported last time, you may:

a. Before the interview, enter on the fresh form a full description of conditions. (*It will often be possible to shorten the original descriptions somewhat.*) Conclude each description with the phrase: "From prior GEN." Leave space for additions during the interview.

b. During the interview, you may review the previous report, with the gravida. If you do so, use the gravida's language *i.e.* if she reported "falling out fits", call it such rather than seizures, convulsions, or epilepsyl. Always ask: "Do you have any further information about this condition? Was there any further treatment? How are you (is he/she) at present?"

4. The description of conditions must include the name(s) of affected person(s), age(s) at onset and recovery, and a description of the condition -- even if they were reported on the prior GEN. Names and addresses of doctors and hospitals reported on the prior GEN need not be repeated, but medical treatment since the last interview must be recorded.

5. If Item 14 on GEN 6 (*name of father of current baby*) shows the same initials as Item 12 ("FA LAST GEN"), use only the starred items for the remainder of GEN 6 and all of GEN 8. If the initials differ, use all remaining items on GEN 6 and all items on GEN 8.

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6. If medical record abstracts were sent with the prior GEN, it is not necessary to recopy them. Mark the "Medical record abstract" box(es) and add "Sent with prior GEN."

### VI. Special Instructions

#### A. GEN 5 - OUTCOMES FROM PRIOR PREGNANCIES

Both pages 1 and 2 are to be completely filled in for each study pregnancy. Page 1 is in three parts:

1. The first part, Item 5 and the left two-thirds of item 6 (Table 1), is a summary of the gravida's prior pregnancies. This is to be completed from OB-2 records.
2. The second part, the right third of Table 1 of Item 6, "Summary of Conditions," is a summary tabulation of specific conditions among prior liveborn children and late fetal deaths. This is completed by summarizing the information from page 2 of GEN 5 at this point of the interview.
3. The third part, Items 8 through 10, deals with the medical care and long-term hospitalizations of prior children. This is completed by interview.

Page 2 is completed by interview. It deals with specific questions about particular categories of conditions among prior liveborn children and late fetal deaths.

#### Item No.

##### 1. Patient Identification

Use identification plate if available. Include name and NIDDS number of gravida. Make sure the identifying information is legible.

##### 2. Form, Time, Place and Language of Interview

All parts of GEN 5-8 are expected to be completed in English at one interview during one of the gravida's early prenatal visits to the clinic. If this practice is not followed entirely, mark the appropriate "Other" box(es) and describe the deviation(s) under item 19. Specify how long after delivery each part was completed. State

#### Item No. 2. (Continued)

where each part was completed. If any considerable part of the interview was done in a foreign language, please specify the language used and whether an interpreter was used.

If the abridged form "(\*) started items only" is to be used, the eighth digit of the NIDDS number for the last pregnancy for which the GEN 5-8 has been entirely completed, should be entered in the "Abridged, (See Preg. No. F)" box.

Read carefully the "Instructions to Interviewer," which follow Item 4.

##### 3. Interviewer

Enter full name. In box at right of line enter two-digit code number.

##### 4. Date

Use numerals for month, day and last two numbers of year.

##### 5. Prior Pregnancies

a. From OB-2 records determine the total number of pregnancies (multiple births count as one (1) pregnancy). Include livebirths and fetal deaths (stillbirths and abortions). Do not include the present pregnancy.

b. Enter this number in the "Total Number" box.

c. Enter the number of pregnancies terminating in more than one fetus in the "Number of Multiple" box. If none, enter 0. If there is at least one prior pregnancy, there must be an entry in the "Number of Multiple" box.

d. For the gravida who has had no prior pregnancies, complete Items 1 through 4 on page 1 of GEN 5, enter 00 in "Total Number" box in Item 5 and proceed to GEN 6. Thus for the primigravida page 2 of GEN 5 is not needed.

##### 6. Table 1

The data for the left two-thirds of Table 1 are to be obtained from OB-2.

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Item No. 6. (Continued)

Any disagreement found in other OB forms should be noted on an unused line in Table 1, giving detailed information about the other version together with the source of this information.

a. Before starting to write, review the entire OB record and arrange the prior births chronologically using the date of termination of each pregnancy as the guide. Start with the earliest pregnancy, regardless of outcome. If the order cannot be determined from the OB record, record as given, but note below the last entry on Table 1 that the pregnancy order is uncertain.

b. Name of Child

As instructed at top of page 1 of GEN 5, for pregnancies terminating in livebirth, enter the child's name; for the fetal death (including stillbirths and abortions), write F.D. followed by week of gestation as given on the OB record. Since a stillbirth is a fetal death, it is possible to have an entry "F.D. 40 weeks."

c. Multiple Births

For multiple births put an X in the MULT column for each outcome of that pregnancy. For single births leave blank.

d. More Than Ten Prior Pregnancies

Use a second GEN 5 page 1 to summarize the additional outcomes.

On the first page 1 of GEN 5, write the words "Table 1, continued on next page" across item 7 "for office use only." Put a line through the bottom half of this page (items 8 through 16). On the second page 1 of GEN 5, put a line through item 8 and next to "Table 1" write "continued." Complete items 8 through 16 on the second page 1.

e. F. (Father)

Please give all three initials, when possible, of the father of the child or fetal death. The first initial is

Item No. 6. (Continued)

inadequate. If there is more than one father with the same initials (i.e. John Brown and James Brooks), please write the father's last name next to the name of each of his children including fetal deaths.

Thus, for three pregnancies, John, F.D. 22 weeks, and James, with fathers with initials J.B., write John Brown, F.D. 22 wks Brown and James Brooks.

f. SEX

Write "M" in column headed "M" for a liveborn male child and "F" in column headed "F" for a liveborn female child.

g. B. WT. (lbs.)

Record the liveborn child's birth weight, rounded to the nearest pound. Thus any weight from 4 lbs. 8 oz. through 5 lbs. 8 oz. is recorded as 5 lbs., and a weight of 7 lbs. 8 oz. or a weight of 8 lbs. 8 oz. would be recorded as 7 lbs. If the birth weight is not reported for a child, enter length of gestation in weeks or months, including the abbreviation wks. or mos. If this is not known, enter UNKNOWN.

h. LIVING (Age) DEAD (Age)

The columns headed Living and Dead refer to the present status of a liveborn child. If the child is now living, his or her current age should be entered in the "Living" column. If the child is now dead, the age at death is to be entered in the "Dead" column. Age is recorded in complete days, months or years, followed by the appropriate abbreviation. For example, if the OB record indicates that a child is 18 mos. old, record age in "Living" column as 1yr. For the liveborn child who lived less than one day, write "0 da." Thus "0 da." means a child born alive, who died within the first 24 hours.

The age of the living children should be confirmed by the gravida,

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**Interviewing Manual for the Family History Interview**

**Item No. 6. (Continued)**

during the interview. This may help to develop rapport.

**1. Summary of Conditions**

This is to be filled in by the interviewer after page 2 of GEN 5 has been completed. It is a summary of the conditions described in detail on page 2 of GEN 5.

**7. For Office Use Only**

Do not write in this space; it is for central office use.

**8. No Prior Liveborn**

If there were prior pregnancies, but no prior liveborn children, mark the "No prior liveborn" box and complete GEN 5 by asking only questions 12 and 13 on page 2.

For an early fetal death (under 28 weeks gestation) the mother may not know about the presence of blood incompatibility or a physical defect (Items 12 and 13). The interviewer may decide not to ask the question. In such a case the "No" boxes must be marked.

**9. Table 2**

This is the first new information asked of the gravida. Its purpose is to make possible medical follow-up when needed. Medical care includes both well-baby care and visits to a doctor or clinic for illness. When the same doctor cares for all of the gravida's children, enter "All" in the column headed "See Which Children." In the "When Last Visited" column, enter the most recent date when any child was last seen.

Children who have established a separate household are to be excluded from Item 9, Table 2. However, they must be included in Item 18, Table 3 and all questions on page 2 of GEN 5 must be asked about them.

**10. Table 3**

This question is designed to uncover illnesses or conditions which needed prolonged hospital care. Prolonged is defined as at least one month. Ask each condition which could elicit a

**Item No. 10. (Continued)**

positive answer on page 2 may be used as the beginning question for that page.

**GEN 5, Page 2. Medical Conditions in Offspring from Prior Pregnancies**

On this page and on GEN 7 and GEN 8 relatively detailed information is called for. For each "yes" answer that the gravida gives it is necessary to ask for all the information listed at the top of the page under "Instructions to Interviewer" before marking any box. When the gravida answers "yes" to a question, ask, "Would you please tell me about it?" Then probe to obtain all of the information indicated below. Enter all the relevant details under item 10, "Description of Conditions," as follows:

- a. Item number.
- b. Name of each child having the reported condition. When more than one child has the same condition ask and report all information separately about each child. Identify a fetal death with a condition by line number from Table 1.
- c. For each condition present, give:
  - (1) Age(s) at onset
  - (2) Age(s) of recovery or death
  - (3) Symptoms
  - (4) Part of body affected
  - (5) Severity
  - (6) Course
  - (7) Name of condition, if known.
- d. Identify the doctor or hospital by name and address, and give the month and year of care. This will provide medical references for verifying the reported condition. If these are given in Item 9, Table 2, refer to them.
- e. When no medical attention is reported, STATE SO. Otherwise, the report will be incomplete.

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## Interviewing Manual for the Family History Interview

### A. GEN 5, Page 2. (Continued)

After entering all of the above information for any "yes" answers, mark the appropriate boxes. Note that more than one box may be marked in some cases. For example, a child with a cleft palate may also have a congenital heart defect. Or two children may have defects listed in the same category.

Existence of conditions in children who died when they were young may not be uncovered by questions 12 through 17. When an early death is reported in Table 1, probe to determine whether this child had any of the conditions covered in Items 12 through 17.

#### Item No.

#### 12. Rh Trouble - Blood Incompatibility

This question is designed to uncover difficulties due to blood incompatibility and other serious illnesses associated with severe jaundice which may result in fetal or neonatal death. When the life of the baby is in danger, one or more exchange transfusions are usually used to replace the blood. Exchange transfusion means a complete removal of the blood of the baby and should not be confused with ordinary transfusion which means merely addition of a quantity of blood to the circulation.

If the gravida does not understand the question, mark the "No" box. For "Yes" answers, probe to determine:

- How the doctor learned about the trouble
- How these difficulties affected the baby
- What, if any, treatment was given the child.

If gravida answered "Yes" because she is Rh negative, but there is no evidence of Rh trouble, check the "No" box.

Transfusion with no mention of trouble, such as blood incompatibility or jaundice, should also be included.

See Item 8, above, for early fetal deaths.

#### 13. Congenital Malformations

This question is designed to obtain information about developmental physical defects that are present at birth or diagnosed within the first months of life.

#### Item 13. (Continued)

- Under "Cleft foot" include all types of twisted feet.
- Under "Head or spine," include all central nervous system defects such as hydrocephalus (enlargement of the head), spina bifida (open spine), small eye, etc. Obtain the best description possible from the gravida to make accurate coding and classification possible at the central office.
- Under "Other," include conditions which do not fit into any of the named categories. When the "Other" category is used, the description given by the gravida should be fully recorded.

See Item 8, above, for early fetal deaths.

#### 14. Seizures, Convulsions and Epilepsy

If any of these are reported, include in the description the number of episodes, duration, frequency, and severity as well as the rest of the information requested in the instructions at the top of this page. If the gravida does not know whether fever accompanied the episode, describe fully under Item 10 and write a large question mark (?) beside box. Do not mark either box. Temper tantrums and breath holding episodes should not be included. However local or colloquial names for seizures should be probed for details and a detailed description should be recorded.

#### 15. Trouble Using Arms, Hands, and Legs

This question is designed to uncover motor problems.

- Include under "Injuries" trauma to the brain or spinal cord with permanent impairment of movement.
- Include under "Polio, Other Infections" such conditions as encephalitis and meningitis.
- The category "Other" is of greatest interest. DESCRIBE ALL CASES CHECKED "OTHER" IN AS MUCH DETAIL AS POSSIBLE. This includes motor retardation.

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Item No. 15. (Continued)

- d. Exclude problems in walking due to club foot or to loss of limb, surgical or accidental.

15. Sensory Defects

- a. Blind - (partly or completely)

Include difficulty in walking or working in unfamiliar surroundings without glasses. Exclude cross-eye (strabismus), injury or infection.

- b. Deaf - (partly or completely)

Include difficulty in hearing normal conversation without a hearing aid. Exclude injury and infection.

- c. Trouble speaking or mute

Include difficulty in speaking well enough to be understood readily. Include also markedly unusual tone of voice or way of speaking. Do not include stuttering or stammering.

17. Retardation

This question is designed to uncover the more severe cases of retardation. That is, those children who were very slow either in growth or learning, or had been very hard to manage. The key is degree. We are not concerned here with children who just are "slow in school." This is a difficult area to handle. Some cases of retardation are hard to diagnose even when the child is actually examined. It is even harder to determine retardation through the gravida's statements about her children. Nevertheless, this is a very important area for the collaborative study.

If this question appears to arouse an emotional response in the gravida, avoid repeat and probe gently. If she does not understand the question, ask: "Was any child born slow in developing; you know, walking, talking, or learning?" Then probe to get at the more severe cases of retardation without actually using the term.

If the child has been seen by a doctor or at a clinic and has been described

Item No. 17. (Continued)

as "retarded," obtain full details and enter this in the description under Item 18. If the information is based on the gravida's impression without professional confirmation, note her observations in detail. A note in any of these boxes will flag this case for later verification and more intensive investigation. If probing reveals only minor retardation, mark the "Other" box in Item 15. Go back to question 15 and probe for the details requested. Record all relevant information.

For some situations all three categories of Item 17 may be checked.

18. Unable to go to Regular School

This question is designed to obtain information about the children of school age who were kept at home or sent to special schools which may not have been picked up in answers to questions 13 through 17. As a result of probing here for item 17 cases, it may be necessary to go back and revise a previous answer. In that event be sure to obtain all the information requested.

If "Yes," enter in box, number of children of school age or older who are being or were kept at home or are attending or have attended special schools. Record details under description of conditions.

Do not include those in a special class of a regular school.

If no children are five years of age or older, mark the "DMA" box.

19. Description of Conditions

This item is filled in by the interviewer for each category for which a box factor shows the "No" factor checked. A detailed statement as described in "Instructions to Interviewer" at the top of this page and on page 6 in this manual, is needed. This is the information from which the professional staff will make decisions for coding and future studies. If the questions have been asked and the gravida does not know, state so here.

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Item No.

### 20. Medical Records, etc.

This form serves to alert the central office staff when additional corroborative materials are being sent along with the form.

When medical records are available for a reported condition, please circle in the left margin the item numbers involved and mark the "Medical record abstract" box. The abstract may be sent on a GP 5 after the GEN form has been forwarded.

During the interview you may observe something that leads you to doubt the accuracy of gravida's answers. If so, write your comments at the bottom of the "Description of Conditions" space and mark the "Interviewer comment" box.

Please circle in the left margin the item number(s) for which materials have been included or comments have been entered.

### SUMMARY OF CONDITIONS

After page 2 has been completed, the conditions reported should be summarized on the right side of Table 1 on page 1 by marking the appropriate columns for the corresponding children. If no "positive" information is reported, this part of the table is to be left blank.

If "positive" information has been given, say to the gravida something like, "I want to be sure that I have this right," and starting with the first one you Table 1 add, "(John) had none of these conditions we've just talked about, did he? (Mary) had (filling out space) when she was 4, she had trouble talking and she grew to a special school. Was there anything else?" In this manner check each prior pregnancy that is listed and mark the proper column.

## B. GEN 6 - FAMILY COMPOSITION

### 1. Please use photo when available.

Produce this page with, "Now I'm going to ask about you and your family."

Item No.

### GRAVIDA'S FAMILY

2 - 5. These questions are designed to direct the gravida's attention to her family and to prepare the setting for the questions about blood relation of parents.

6 - 7. In most instances, the questions about the relationship between the gravida's parents should pose no problem if asked in a straightforward manner. If the answer to question 6 is "No," but the gravida's parents were born in the same city and have the same last name, probe gently. If the answer is "Yes," write out in detail the pattern of relationship. Do not use the word "cousin." It is too vague and is often misused. Write instead, for example, gravida's mother's father and gravida's father's father were brothers; or gravida's mother's father and gravida's father's father had the same father but different mothers.

8 - 9. These questions concern only live-born full siblings of the gravida, that is, brothers of the same father and mother. In the large boxes for Bro (brother) and Sis (sister), write the number of full brothers and sisters respectively. The total of the numbers in these boxes should correspond to the number of names listed in Table 1. However, when the gravida is unsure of the number of sibs or their respective sex, enter in the Bro and Sis boxes as many as she knows and also note at the bottom of the table "additional sibs, number and/or sex unknown." Ask question 9 and complete Table 1. Give age in completed years (as for age in Table 1, Item 6, GEN 5.) If no liveborn sibs, enter 0 in Bro and Sis boxes and check "No" in Item 10 - "Are you a twin?"

10 - 11. These are self explanatory.

### Abridged form - Repeat GEN

Omit items 2 through 11. Complete all starred items 12, 13, 14, 19 and 20. Repeat GEN, with father of the baby (this GEN (Item 14) different from father of the baby on the last completed GEN (Item 12). Items 15, 16, 17 and 18 must also be asked.

June 1963

**FATHER OF THE BABY AND HER FAMILY**

Introduce this section with the statement, "We need to know the same things about the father of the baby."

Item No.

**12. PA Last GEN**

This item is not asked, it is filled in by the interviewer if the abridged form (starred questions only) is being used. From the completed earlier GEN 8, enter all three initials (last, first, middle) of the father of the earlier study pregnancy. If the name was refused or marked "don't know," leave the initials box blank. For the first study pregnancy, leave initials box blank.

13. Report the age of the father of this baby in comp/ab years.

**14. Name**

If for rev/ant GEN this is the same father as in Item 12, skip items 15 through 18. Mark "rev/ant same" only" box directly below instructions at top of GEN 8.

If the fathers are different, ask all questions. If the name of the baby's father is refused, except this, mark appropriate box and ask the next question. Mark "all names" box at top of GEN 8, directly below instructions to interviewer.

**15 - 18. Relationship**

Write out the relationship of the father of the baby to the gravida. For example, instead of "cousin," write mother of the father of this baby and mother of the gravida had the same mother and father. Report the relationship back to the common ancestor where possible.

**17. Brothers and Sisters**

These questions are only for liveborn full brothers and sisters of the baby's father, as for items 8 and 9 above. Write the number of liveborn full brothers and sisters in the "Bro" and "Sis" boxes respectively.

**18. Table 2.**

If the gravida cannot provide the names of the expectant father's brothers and sisters, she may still know some things

Item No. 15. (Continued)

about them; for example, that one brother died when he was 2 yrs. old, or that the expectant father has two brothers in their teens, etc. Get whatever information you can so that any positive answers on GEN 8 can be related to the siblings listed on the table. If the gravida hesitates, gently try again. If the gravida doesn't know or refuses, write "DK or Refused" as applicable across Table 2.

**19 - 20. Relatives in this Study**

Try to get the names and addresses of any relatives who are participating in the Collaborative Project and at which institution in the study they are. This may be the source of valuable leads for further genetic studies.

Under "Relationship," describe the relationships in detail; for example, Mary Smith - wife of brother of father of the baby; or Jane Doe - sister of gravida; or Katherine Jones - Katherine's father and gravida's mother are full sibs.

**C. GEN 7 - HEALTH OF GRAVIDA AND HER FAMILY**

Read the instructions at the top of this page carefully. These questions are about conditions which the gravida or her close relatives may have had. When the gravida reports a condition, try to get as much detail as possible. There should be enough detail to permit an evaluation of the nature of the condition. Use the gravida's own words. Be sure to give the name, date and address of the doctor or hospital. If there was no medical attention, state so.

The same detail is required for the gravida's family. When something is reported about the gravida's blood relatives (full sibs and natural parents), mark as many boxes as applicable. When a condition is reported for one or more full sibs, write in the number of full sibs affected in the box provided. In the "Description of Conditions" (Item 16), identify each affected full sib by full name at the time the condition was identified. (See instructions at top of page, and also in the manual, page 6.) The first names of sibs with conditions reported should appear in the listings of GEN 6, Table 1. When nothing is reported and the

## Interviewing Manual for the Family History Interview

### C. GEN 7 - (Continued)

gravidas is reasonably well acquainted with the health status of her parents and sibs, mark "No" box. When nothing is reported but gravidas is not well informed about parents and sibs (as a result of adoption, for example), then mark "DK" box. Use DK sparingly. If information about other relatives is volunteered, describe briefly, indicate relationship to gravidas, but **DO NOT COUNT THESE with full sibs** in items 4, 5, 8, 10, 12 or 14.

Use Table 1 (item 9) of GEN 5 as a guide to the sibs of the gravidas. Be sure to ask about sibs who died young, and about early onset conditions of her parents as well as her sibs.

#### Abridged form - Repeat Pregnancy

Fill in starred items only.

See instructions under V C 3 and VI B 3 of Manual for procedure to be followed for repeats.

All items except item 2 must be marked for the Gravidas.

#### Item No.

##### 2. Physical Defects

This is asked for the gravidas but not for either her natural parents or full sibs.

The kinds of conditions for which information is wanted are described on page 7 of the manual. If there is a condition, check "Yes" and under item 17 describe in detail. However, such malformations in the gravidas's family which result in sensory or motor defects are to be recorded for them in the respective categories.

##### 3 - 4. Sensory Defects

See item 16, page 8 in manual. In the "Full sibs, number" box enter the number of full sibs with one or more conditions in the category being considered. Thus, if a sib has more than one sensory defect, such as blind in one eye and great difficulty speaking, and no other sib had any sensory defects, 1 should be entered in the "Full sibs" box. If one sib was blind in one eye and another had great difficulty speaking, this should be entered as 2 full sibs.

#### Item No.

##### 5 - 6. Diabetes

For "Yes" answers be sure to enter age at onset, circumstances, whether diabetes occurred with pregnancy only, whether medication, such as insulin, was required and any other helpful information that can be obtained.

##### 7 - 8. Seizures, Convulsions and Epilepsy

See item 14, page 7 in manual.

##### 9 - 10. Motor Defect

See item 15, page 7 in manual.

Exclude difficulties due to accidents or arthritis.

##### 11 - 12. Special Schools, Retardation

See item 13, page 8. Include only mental retardation and very slow learning. If a "Yes" answer is given, enter the reasons for attending special classes or schools; if these are for reasons other than mental retardation, or very slow learning, go back and modify the appropriate earlier entry.

##### 13 - 14. Nervous Problems - Psychiatric Treatment

This is a sensitive area. Probe gently. Emphasize hospital care, or psychiatric treatment. If the answer is "Yes," be sure to record nature and duration of treatment and the kind of institution in which received (mental hospital, psychiatric ward, counseling clinic, etc.) in addition to the other information called for.

##### 15. Additional Diseases in Family

This question is included to give the gravidas a chance to recall conditions among her relatives that she may have overlooked.

If the answer discloses omitted information about the preceding items, correct them and enter under item 16 all the necessary details. For all other "Yes" answers list name of person, relationship to the gravidas and the condition.

##### 16. Description of Conditions

See instructions for item 19, GEN 5, page 6.

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## Interviewing Manual for the Family History Interview

Item No.

### 17. Medical Records, etc.

See instructions for Item 20, page 2.

## D. GEN 3 - HEALTH OF BABY'S FATHER AND HIS FAMILY

Read instructions at the top of GEN 2.

Data on this page should have the same amount of detail as for the gravida and her family (GEN 7). It is possible that the gravida does not know enough about the baby's father's early years, etc., hence, "DK" is a possible answer. If the gravida has refused to talk about the baby's father earlier in the interview, explain that "we are interested in information about the baby's father and the father's family because this is so important for the study as information about your family." The phrase "Perhaps you know if he ever had ———? or his parents or brothers or sisters have ever had ———?" may be helpful in introducing a question.

If the gravida answers "don't know" for a question, proceed to the next question. Get as much information as you can. Very seldom will absolutely all information be refused. Attempt to ask all the questions short of antagonizing the gravida.

Use Table 2 of GEN 6 as a guide to the sites of the father of the baby. Be sure to ask about sites who died young, as well as about early onset conditions.

### Abridged form - Report Pregnancy

If this is the same father as in the prior GEN 3-6, starred items only are to be asked. See instructions under V C 3 and VI B 3 of Manual for procedure to be followed for father of the baby.

All items for the father or the baby, except item 2, must be marked.

Item Nos. 2 - 14.

The questions on GEN 8 parallel those on GEN 7, except for item 15.

### 15. Radiation

Record the kind of radiation, such as X-ray, fluoroscope, radioactive materials, dates when encountered, for how long, whether at work or for therapy and what parts of the body were involved. Include diagnostic procedures, such as chest X-ray, required as a routine medical examination or for employment.

Include those diagnostic procedures which may involve significant exposure to the gravida, such as fluoroscopy of chest or abdomen, radioactive substances taken internally, and diagnostic X-ray of abdomen or pelvis.

## VII. After the interview

- A. Review the data obtained. If possible, do this while the gravida is present saying, "Let me see if I've covered everything."
- B. Check to see that each question to be asked has an answer.
- C. Check to see that each "Yes" answer is fully documented with identification of individual, relationship to gravida or father of the baby, symptoms, age, dates, medical reference, etc., and that information not known is so labeled.
- D. Enter on page 1 GEN 5, in Item 6, above "FA" the 3 initials of the father of this baby.
- E. If you need additional space, use CP-1.

June 1963

**FAMILY HISTORY INTERVIEW**

**OUTCOMES FROM GRAVIDA'S PRIOR PREGNANCIES**

1. ALL PARTS COMPLETED BEFORE DELIVERY?  YES  OTHER \_\_\_\_\_

2. INTERVIEWER \_\_\_\_\_ DATE \_\_\_\_\_  
 Mo. Day Yr.

*Aspirated by  
 net. 6-63*

**INSTRUCTIONS TO INTERVIEWER: BEFORE INTERVIEW.** From OB records complete Item 3 and left and center of Table 1. List outcomes of prior pregnancies in chronological order starting with the first outcome on Line 1. For liveborn children enter name; for fetal deaths write FD plus weeks of gestation as recorded on OB record. In FA column write initials of "Father" for each outcome. In PREG column enter X if child had a low birth weight (see manual). In columns headed LIVING and DEAD record age in years plus up to one month, or child's age up to one year and in months and days thereafter. Each appropriate age line should have a number followed by M, YR, or D. Review this information with gravida and make any necessary changes. **AFTER INTERVIEW.** Complete right side of Table 1 by marking X in columns each child with a grave problem reported.

3. PRIOR PREGNANCIES Total \_\_\_\_\_ Number of \_\_\_\_\_  
 Number \_\_\_\_\_ Outcome \_\_\_\_\_  
 (If no prior pregnancies, mark "None" and go to GEN-4)  X

4. TABLE 1

OUTCOMES FROM PRIOR PREGNANCIES	FA		PREG		CONDITIONS AND ICD# NUMBER										
	NAME OF CHILD Or FD - Record Gestation	DOB MM/DD	SEX	PREGM (W)	LIVING (Y)	DEAD (N)	Age	Age	(12)	(13)	(14)	(15)	(16)	(17)	(18)
1)															
2)															
3)															
4)															
5)															
6)															
7)															
8)															
9)															
10)															

7. FOR OFFICE USE ONLY

8. IF NO PRIOR LIVEBORN, MARK BOX AND ASK QUESTIONS 11 AND 13 ONLY.  No prior liveborn  X

9. WHERE DO YOU TAKE YOUR CHILDREN WHEN THEY NEED MEDICAL CARE? (Complete Table 2. List doctor and/or clinic; last completed with children's health history. Include well baby care. Indicate restrictive children cared for by recording appropriate ICD# number(s) from Table 1.)

10. TABLE 2

DOCTOR OR CLINIC	ADDRESS	SEEKED BY CHILDREN	WHEN LAST VISITED
1)			
2)			
3)			

11. HAS ANY CHILD BEEN IN A HOSPITAL OR INSTITUTION FOR A MONTH OR MORE AT ANY ONE TIME? If Yes complete Table 3.  No  Yes

12. TABLE 3

CHILD	REASONS	HOSPITAL OR INSTITUTION	CITY AND STATE	DATE (MM-D-Y)
1)				
2)				
3)				



**FAMILY HISTORY INTERVIEW  
MEDICAL CONDITIONS IN OUTCOMES  
FROM PRIOR PREGNANCIES**

*Supplemented by  
ACR-6-63*

**INSTRUCTIONS TO INTERVIEWER:** Ask questions following for all children or pregnancies, as indicated. Fully describe specified conditions (YES answers) in notes or table.  
**INCLUDE:** a) ITEM number b) NAME of each child affected  
For each child with condition note:  
c) AGE(S) at onset and recovery (if death)  
d) DESCRIPTION OF CONDITION: (Symptoms, part of body affected, severity, (TREAT, cause of condition, if known)  
e) DOCTOR and/or HOSPITAL attending child, or other record source (name, address, and date, if not on Table 1)

12. IN ANY PREGNANCY HAS THERE ANY BIL TROUBLE? ANY OTHER BLOOD INCOMPATIBILITY? DID ANY BABY HAVE A TRANSFUSION SHORTLY AFTER BIRTH?

19. DESCRIPTION OF CONDITIONS: Do not use to indicate an abnormality suggested or demonstrated above. If you wish detail to this condition, add in appropriate.

20. DO NOT USE

No  Yes   
T trouble in fetal death .....   
T trouble in delivery, no transfusion .....   
Exchange transfusion .....

13. HAS ANY CHILD OR STILLBIRTH HAD A PART OF THE BODY NOT FORMED RIGHT? ANY PHYSICAL DEFECTS?

No  Yes   
Cleft lip or palate .....   
Club foot .....   
Fingers or toes .....   
.....   
Head or spine .....   
Other .....

14. HAS ANY CHILD EVER HAD SEIZURES, CONVULSIONS OR EPILEPSY?

No  Yes   
With fever .....   
Without fever .....

15. ANY TROUBLE USING ARMS, HANDS, LEGS? ANY PARALYSIS, CRIPPLING OR CEREBRAL PALSY?

No  Yes   
Injury .....   
Pain, "stave fever", other infection .....   
Other .....

16. ANY CHILD BLIND OR DEAF (Part of complete)? ANY WITH SERIOUS TROUBLE SPEAKING?

No  Yes   
Blind .....   
Deaf .....   
Trouble speaking .....

17. DO YOU HAVE REASON TO BELIEVE THAT ANY CHILD HAS BEEN MENTALLY RETARDED?

No  Yes   
Physician's impression only .....   
Exam by doctor or clinic .....

18. HAS ANY CHILD 5 YEARS OR OLDER BEEN UNABLE TO GO TO REGULAR SCHOOL?

Yes  No   
Exam of child .....   
Hospital or clinic report .....   
Report of others .....

**FAMILY HISTORY INTERVIEW**  
**FAMILY COMPOSITION**

*Supervised by  
Mr. S-63*

2. INTERVIEWER \_\_\_\_\_ 3. DATE \_\_\_\_\_  
Mo. Day Yr.

4. MARITAL FAMILY  
A. WHERE WAS YOUR MOTHER BORN?

(City or county) \_\_\_\_\_ (State or country) \_\_\_\_\_

5. WHERE WAS YOUR FATHER BORN?

(City or county) \_\_\_\_\_ (State or country) \_\_\_\_\_

6. WHAT WAS YOUR MOTHER'S FULL NAME?

(First name) \_\_\_\_\_ (Middle name) \_\_\_\_\_

7. YOUR FATHER'S NAME?

8. ARE YOUR MOTHER AND FATHER RELATED BY BLOOD? THAT IS, ARE THEY COUSINS OR RELATED SOME OTHER WAY? No  OK  Yes

9. (If related, HOW ARE THEY RELATED?) (See instructions and diagram relationship below.)

10. HOW MANY BROTHERS AND SISTERS DO YOU HAVE, INCLUDING ANY WHO HAVE DIED? (Only those with the same mother and father.)

Bro  OK  Sis  OK   
(Number) (Number)

12. WHAT ARE THEIR FIRST NAMES AND AGES? (List in Table 1 or Table 2. For those who died enter age at death.)

13. ARE YOU A TWIN? No  OK  (If yes) IS YOUR TWIN A BROTHER OR SISTER? Twin total of  OK  Or a twin sister

14. (If living twin entered) WHAT IS HER FULL NAME AND ADDRESS

(Full name)

(Address)

**BABY'S FATHER'S FAMILY**

15. HOW MANY BROTHERS AND SISTERS DOES THE FATHER OF THIS BABY HAVE, INCLUDING ANY WHO MAY HAVE DIED? (Only those with the same mother and father.)

Bro  OK  Sis  OK   
(Number) (Number)

16. WHAT ARE THEIR FIRST NAMES AND AGES? (List in Table 2 or Table 3. For those who died enter age at death.)

18. HOW OLD IS THE FATHER OF THIS BABY? \_\_\_\_\_

19. WHAT IS HIS NAME? \_\_\_\_\_

Related  OK

20. ARE YOU RELATED TO HIM BY BLOOD IN ANY WAY? No  OK  Yes

21. (If related) HOW ARE YOU RELATED? (See instructions and diagram relationship below.)

22. HAVE ANY OF YOUR RELATIVES OR HIS RELATIVES TAKEN PART IN THIS ORLD DEVELOPMENT PROGRAM? YOUR RELATIVES: No  OK  Yes  HIS RELATIVES: No  OK  Yes

23. (If relatives in answer) WOULD YOU GIVE (THEIR) FULL NAME(S), ADDRESS(ES) AND HOW RELATED TO YOU OR TO THIS BABY'S FATHER?

FULL NAME \_\_\_\_\_ COMPLETE ADDRESS \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_ START NUMBER NO. \_\_\_\_\_

FAMILY HISTORY INTERVIEW

HEALTH OF GRANIDA AND HER FAMILY

INSTRUCTIONS TO INTERVIEWER: When asking questions, probe for conditions in granida, her parents, and her FULL siblings (Grandfather or GEN-111, etc.) with NO bias unless no conditions reported. Mark OK box when no information is available. Mark No unless you know a condition reported in granida. If condition reported in FULL siblings, write in box the number of FULL sibs affected.

Fully describe conditions (YES answers) in terms of right, left(s): a) ITEX number, b) FULL NAME of person or race of condition and RELATIONSHIP to granida, c) AGES of onset and recovery (or death) d) DESCRIPTION OF CONDITION: (symptoms, part of body affected, severity, course, cause of condition, if known) e) DOCTOR and/or HOSPITAL, or other record source: (name, address, and dates)

If information about other relatives is volunteered, describe briefly and indicate relationship to granida.

14. DESCRIPTION OF CONDITION: the course or details of condition are reported in comments above. If a great detail is not available, state as specifically.

Supplemented by  
nr. 6-63

7. WHEN YOU WERE BORN, WAS THERE ANYTHING IN YOUR BODY THAT WAS NOT FORMED RIGHT? ANY PHYSICAL DEFECT? (Specify part of body and describe fully)

Yes  No

8. HAVE YOU HAD ANY SERIOUS TROUBLE SEEING OR HEARING? (blind or deaf, partly or completely)? ANY SERIOUS TROUBLE SPEAKING? (Age at onset, etc.)

Seeing  Hearing  Speaking  No

9. HAS ANYONE IN YOUR FAMILY?

Full Sib  No  Pa  OK  No

10. HAVE YOU EVER HAD DIABETES (SUGAR IN THE URINE)? (Age at onset, with pregnancy, insulin required, etc.)

Yes  No

11. HAS ANYONE IN YOUR FAMILY?

Full Sib  No  Pa  OK  No

12. HAVE YOU EVER HAD SEIZURES, CONVULSIONS, OR EPILEPSY? (Give onset, age at onset, with fever, with pregnancy?)

Yes  No

13. HAS ANYONE IN YOUR FAMILY?

Full Sib  No  Pa  OK  No

14. HAVE YOU EVER HAD TROUBLE USING ARM, HAND, OR LEG? ANY PARALYSIS, Crippling OR CEREBRAL PALSY? (Include conditions and extent) (Age, duration, cause-factor or cause?)

Yes  No

15. HAS ANYONE IN YOUR FAMILY?

Full Sib  No  Pa  OK  No

16. DID YOU GO TO ANY SPECIAL SCHOOL, LIKE ONE FOR SLOW LEARNERS?

Special  Other  No

17. WAS ANYONE IN YOUR FAMILY UNABLE TO GO TO REGULAR SCHOOL? (Name?)

Full Sib  No  Pa  OK  No

18. HAVE YOU EVER HAD ANY SERIOUS ILLNESS OR INJURY FROM WHICH THAT WAS SERIOUS ENOUGH TO REQUIRE HOSPITALIZATION OR MEDICAL CARE?

Heart Disease  Other  No

19. HAS ANYONE IN YOUR FAMILY?

Full Sib  No  Pa  OK  No

20. INTERVIEWER'S COMMENTS:

**FAMILY HISTORY INTERVIEW**  
**HEALTH OF BABY'S FATHER AND HIS FAMILY**

*Revised by  
Nov. 6-63*

**INSTRUCTIONS TO INTERVIEWER:** When asking questions, probe for conditions in baby's father, his parents, and his FULL sibs (those listed on GEN-5). Mark NO box when no condition reported, mark OR box when no information is available. Mark the condition box if condition reported in parental. If condition reported in FULL sibs, write in box the number of FULL sibs affected.

Fully describe conditions (YES answers) in space or right. Include: a) ITEM number, b) FULL NAME of person or item of concern and RELATIONSHIP to baby's father, c) AGE(S) at onset and recovery (or death), d) DESCRIPTION OF CONDITION. (Symptoms, part of body affected, severity, course, sites of condition, if known), e) DOCTOR and/or HOSPITAL, or other source of care: name, address, and dates.

If information about other relatives is volunteered, describe briefly and indicate relationship to baby's father. If all information on this baby's father and his family is unknown or unknown, please indicate reasons in space or right.

**A. DESCRIPTION OF CONDITION:** Do create or include all information requested in questionnaire above. If a space does not fit, describe, state as appropriate.

**2. WHEN THIS BABY'S FATHER WAS BORN WAS THERE ANYTHING IN HIS BODY THAT DIDN'T FORMED RIGHT? ANY PHYSICAL DEFECT?** (Specify part of body and describe defect)  
Yes  No  SE  No

**3. HAS HE HAD ANY SERIOUS TROUBLE HEARING OR HEARING? (blind or deaf hands or conditions)? ANY SERIOUS TROUBLE SPEAKING?** (Age at onset, etc.)  
Hearing  Hearing  Speaking  SE  No

**4. HAS ANYONE IN HIS FAMILY?**  
Full sib  No  Fe  SE  No

**5. HAS HE EVER HAD DIABETES ORIGIN IN THE UMBILICUS?** (Age at onset, events reported, etc.)  
Yes  No  SE  No

**6. HAS ANYONE IN HIS FAMILY?**  
Full sib  No  Fe  SE  No

**7. HAS HE EVER HAD SEIZURES, CONVULSIONS OR EPILEPSY?** (How many, age at onset, with fever, etc.)  
Yes  No  SE  No

**8. HAS ANYONE IN HIS FAMILY?**  
Full sib  No  Fe  SE  No

**9. HAS HE EVER HAD TROUBLE USING ARMS, HANDS, OR LEGS? ANY PARALYSIS, COMPLICATION OR CEREBRAL PALSY?** (Describe condition or conditions) (Age, description, onset, duration or history)  
Yes  No  SE  No

**10. HAS ANYONE IN HIS FAMILY?**  
Full sib  No  Fe  SE  No

**11. DID HE GO TO ANY SPECIAL SCHOOL, LIKE ONE FOR SLOW LEARNERS?**  
Specially  Other  SE  No

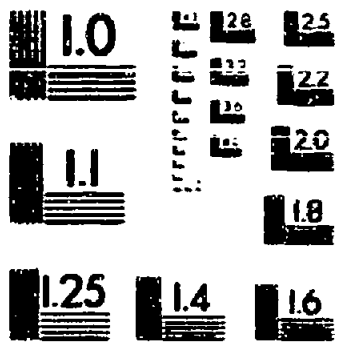
**12. HAS ANYONE IN HIS FAMILY LIABLE TO GO TO REGULAR SCHOOL?** (Describe)  
Full sib  No  Fe  SE  No

**13. HAS HE EVER HAD ANY SERIOUS ILLNESS OR SERIOUS PROBLEMS THAT WAS SERIOUS ENOUGH TO REQUIRE HOSPITALIZATION OR MEDICAL CARE?** (Specify illness)  
Specially  Other  SE  No

**14. HAS ANYONE IN HIS FAMILY?**  
Full sib  No  Fe  SE  No

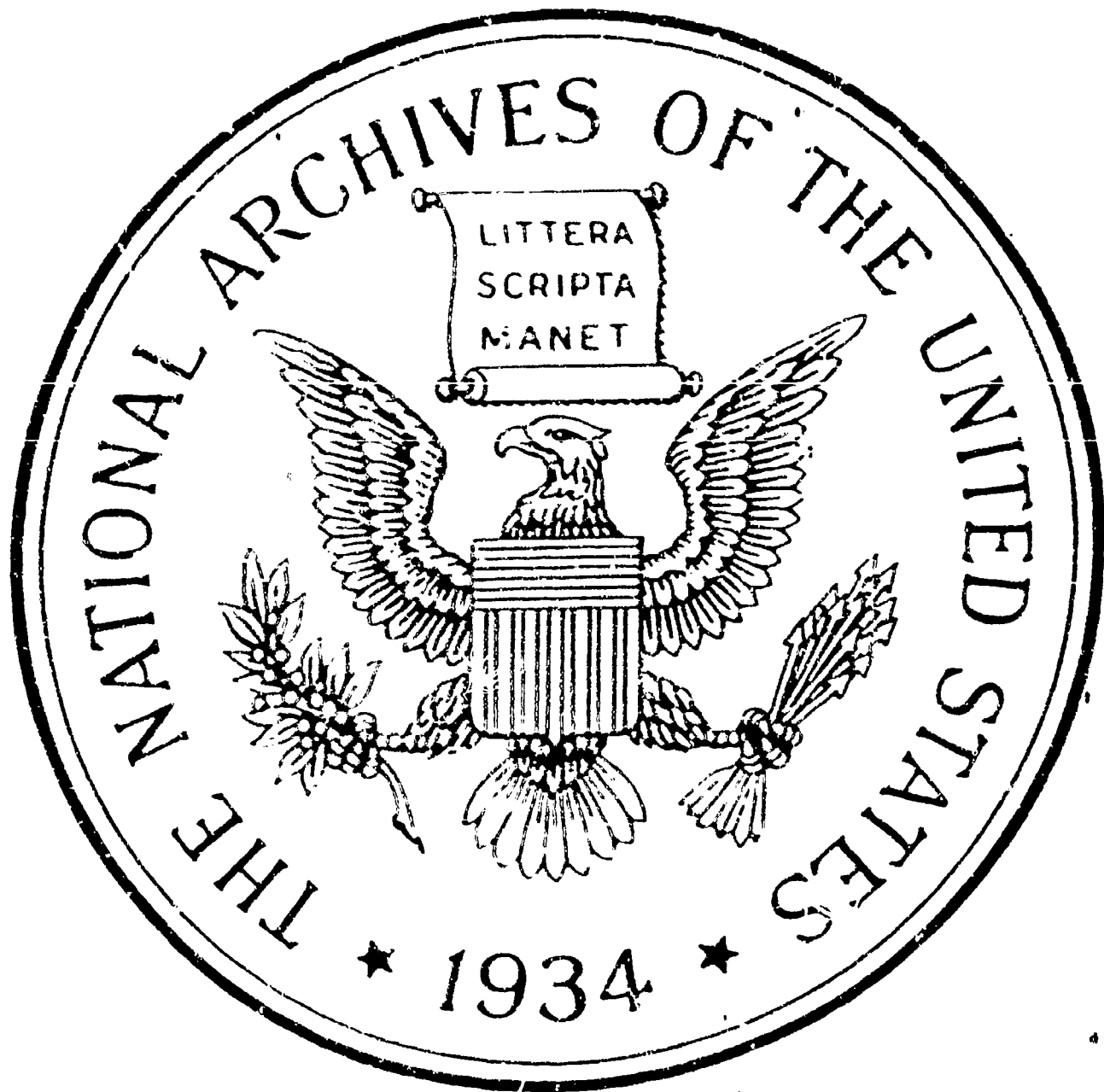
**15. HAS HE BEEN EXPOSED TO RAYS OR OTHER TYPE OF RADIATION IN HIS UMBILICUS? IN ANY MEDICAL TREATMENT?** (Type of radiation, when, where)  
Exposure  Therapy  SE  No





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

**CONTINUED ON NEXT FICHE**





## SE-1 Socio-Economic Interview

Form SE-1 was used to gather information about selected demographic, social and economic characteristics of women included in the study. It was implemented in April of 1963 as a replacement for FHH-1 and FHH-3. See section on FHH-1/FHH-2. The April 1963 version of SE-1 was not revised; however, some cards on the master file were punched from a pretest form dated January 1963. The pretest version differed from the study form only slightly in wording.

Records for form SE-1 may be found on the 1501, 2501 and 3501 series in the master file under revision code 4 (column 5 of the card).

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

Card Name	Card Number	Rev. No.	Number Records
SE-1: Gravida History	1501	4	24,159
SE-1: Household Arrangement Husband History	2501	4	24,161
SE-1: Husband History and Family Income	3501	4	24,163
	total for form		72,483



Data Items Referencing Form SE-1, Spanish-Spanish Interview

DATA ITEM ID	ITEM NO	FORM NO	CAIRO NUM	FROM TO	DATA ITEM NAME
2289.....			1501	1	5 (CARD NUMBER (SEQUENCE), FORM ENCL, FORM NUMBER, REVISION NUMBER)
2290.....			1501	6	14 WYOM CASE NUMBER
2291...SF-1	8		1501	15	FORM SE-1 USED
2292...SF-1	2		1501	16	17 FORM SE-1 DATE (YR)
2293...SF-1	2		1501	18	19 FORM SE-1 DATE (YR)
2294...SF-1	2		1501	20	21 FORM SE-1 DATE (YR)
2295...SF-1	4		1501	22	23 FORM SE-1: INTERVIEW CODE
2296...SF-1	5		1501	24	24 FORM SE-1: INTERVIEW BEFORE/AFTER DELIVERY
2297...SF-1	6		1501	25	25 FORM SE-1: INTERVIEW, PLACE CONDUCTED
2298...SF-1	7		1501	26	26 LANGUAGE USED IN INTERVIEW
2299...SF-1	10		1501	27	28 BIRTHPLACE
2300...SF-1	10		1501	29	30 ENTERED USA, DATE (YR)
2301...SF-1	10		1501	31	32 ENTERED USA, DATE (YR)
2302...SF-1	11		1501	33	33 BIRTHPLACE; COMMUNITY SIZE
2303...SF-1	12		1501	34	35 EDUCATION; GRADE COMPLETED, HIGHEST
2304...SF-1	12		1501	36	36 EDUCATION; SCHOOLING, ADDITIONAL, OTHER
2305...SF-1	12		1501	37	37 EDUCATION; SCHOOL ATTENDED OUTSIDE USA
2306...SF-1	12		1501	38	38 EDUCATION; CURRENTLY ENROLLED IN SCHOOL
2307...SF-1	12		1501	39	40 OCCUPATION; FATHER (IF HEAD OF HOUSEHOLD) OF GRANIDA, AT TIME SHE LEFT SCHOOL
2308...SF-1	15		1501	41	41 Relationship of person in COL 39 TO GRANIDA
2309...SF-1	16		1501	42	42 Languages spoken in home
2310...SF-1	16		1501	43	43 Religion
2311...SF-1	17		1501	44	44 RACE
2312...SF-1	18		1501	45	45 Religion, father of baby or: husband
2313...SF-1	18		1501	46	46 RACE, father of baby or: husband
2314...SF-1	20		1501	47	47 Marital status
2315...SF-1	21-22		1501	48	48 Marital history; marriages, total number
2316...SF-1	22		1501	49	49 Marital history; marriage, most recent, date (YR)
2317...SF-1	22		1501	51	52 Marital history; marriage, most recent, date (YR)
2318...SF-1	23-24		1501	53	53 Husband or: father of baby; living at home
2319...SF-1	26-27		1501	54	54 Employment status
2320...SF-1	26-27		1501	55	56 Employment, hours worked per week
2321...SF-1	26-27		1501	57	58 Employment, current or most recent job, time (YRS)
2322...SF-1	26-27		1501	59	60 Employment, current or most recent job, time (WKS)
2323...SF-1	26-27		1501	61	61 Occupation, current or most recent job
2324...SF-1	26-27		1501	62	63 Occupation; worked last, date (MO)
2325...SF-1	27		1501	64	65 Employment; worked last, date (YR)
2326...SF-1	27		1501	66	67 Employment; worked last, date (YR)
2327...SF-1	28		1501	68	68 Employment; occupation, other kinds of jobs, number
2328...SF-1	28		1501	69	69 Occupation comparison
2329...SF-1	28		1501	70	71 Occupation pursued for longest time

Data Items Referencing Form 58-1, Socio-Economic Interviews

DATA ITEM ID	TYPE 34 F304	CARD NUM	FORM ID	DATA ITEM NAME
2330...SF-1	20	1501	72	73 Occupation, longest, time (YRS)
2331...SF-1	20	1501	74	75 Occupation, longest, time (MOS)
2332...SF-1	20	1501	76	76 Occupation, longest, time (WKS)
2333.....		1501	77	80 Blank
2334.....		2501	1	5 Card number (sequence, form type, form number, revision number)
2335.....		2501	6	14 NINDS case number
2336...SF-1	R	2501	15	15 Farm SF-1 used, politics/agriculture
2337...SF-1	30	2501	16	16 Occupational hazards: 1-100
2338...SF-1	30	2501	17	17 Occupational hazards: radioactive elements or isotopes
2339...SF-1	30	2501	18	18 Occupational hazards: toxic
2340...SF-1	30	2501	19	19 Occupational hazards: steam or high heat
2341...SF-1	30	2501	20	20 Occupational hazards: chemicals
2342...SF-1	30	2501	21	21 Occupational hazards: lifting heavy weights
2343...SF-1	30	2501	22	22 Occupational hazards: animal exposure, live or dead
2344...SF-1	31	2501	23	23 Animals, farm; exposure, care/handled/play/other
2345...SF-1	31	2501	24	24 Animals, farm; exposure, last handled, date (YR)
2346...SF-1	31	2501	25	25 Animals, farm; exposure, last handled, date (YR)
2347...SF-1	31	2501	26	26 Household arrangements: housing type
2348...SF-1	34	2501	29	30 household arrangements: residence, length of time (YRS)
2349...SF-1	34	2501	31	31 household arrangements: residence, length of time (MOS)
2350...SF-1	34	2501	32	32 household arrangements: residence, prior, place
2351...SF-1	34	2501	33	33 household arrangements: residence, prior, time (YRS)
2352...SF-1	36	2501	34	34 household arrangements: residence, prior, time (MOS)
2353...SF-1	37	2501	36	37 household arrangements: moves in last 5 years, number
2354...SF-1	38	2501	40	41 household arrangements: moves, number
2355...SF-1	39	2501	42	43 household arrangements: persons, number
2356...SF-1	40	2501	44	45 household arrangements: children, number
2357...SF-1	40	2501	46	47 household arrangements: household structure
2358...SF-1	40	2501	48	49 household arrangements: housing tenancy
2359...SF-1	40	2501	50	51 household arrangements: adults, 15 and over, number
2360...SF-1	40	2501	52	52 household arrangements: husband or father of baby, present
2361...SF-1	40	2501	53	54 Are husband or father of baby
2362...SF-1	40	2501	55	55 household arrangements: head of household
2363...SF-1	42	2501	56	56 husband or father of baby, date reported for
2364...SF-1	43	2501	57	58 Education, grade completed, highest, father of baby or husband
2365...SF-1	43	2501	59	54 Education: school, other, attendance, father of baby or husband
2366...SF-1	43	2501	60	60 Education: school, attended last, outside USA, father of baby or husband
2367...SF-1	43	2501	61	61 Education, currently enrolled in school, father of baby or husband
2368...SF-1	44	2501	62	63 Birthplace, father of baby or husband
2369...SF-1	45-46	2501	64	64 Employment status, father of baby or husband
2370...SF-1	45-46	2501	65	65 Employment, current or most recent job, time (YRS), father of baby or husband



Data Base Referencing Form SE-1, Socio-Economic Interview

DATA  
1724  
10

11PK  
34  
P324

CARD  
NUM  
FROM TO

DATA IFF4 NAME

DATA	1724	10	11PK	34	P324	CARD NUM	FROM	TO	DATA IFF4 NAME
5170	....V40	19				3501	51	80	MARK
5171	....V40	12-13					269	269	Wife status, current; employment status, working/not working
5172	....V40	50					271	271	Education (YRS)
5173	....V40	38-39					273	273	Income, in nearest thousand dollars
5174	....V40	11					276	276	Mousing tenancy
5175	....V40	27					278	278	Wifeplace, size of community
5176	....V40	10					282	282	Employed last, age (60/yr)
5177	....V40	16					285	285	Wifeplace
5178	....V40	39					360	360	Persons supported, number
5179	....V40	26-27					363	364	Occupation
5180	....V40	11					370	371	Occupation; father or head of household, or spouse at time she left school
5237	....V40	21-24					373	373	Father of baby or husband living at home
5238	....V40	60					374	375	Father of baby or husband (YRS)
5239	....V40	45-46					377	377	Employer? status; father of baby or husband
5240	....V40	47					378	379	Education; father of baby or husband (YRS)
5241	....V40	40					381	381	Father of baby or husband present in home
5242	....V40	10					382	382	Father of baby or husband
5243	....V40	44					383	384	Wifeplace; father of baby or husband
5244	....V40	45-46					385	386	Occupation; father of baby or husband
5245	....V40	18					493	493	Wifeplace
6183	....V01						15	15	Socioeconomic, at registration, source index, (owner of father)
6184	....V01						16	17	Education code
6185	....V01						18	18	Occupation code
6186	....V01						20	21	Income rate

**SOCIO-ECONOMIC INTERVIEW**

DO NOT USE

PCB \_\_\_\_\_

COB \_\_\_\_\_

LOB \_\_\_\_\_

**II. PATIENT IDENTIFICATION**

**1. DATE**  
Mo. Day Year

**3. INTERVIEWER'S TITLE**

**4. INTERVIEWER'S NAME**

Code No.

**INTERVIEWED:**

- 1.  Before Delivery  After Delivery
- 2.  In Hospital or Clinic  Other (specify)
- 3.  In English  Other Lang.

**FOR REPEAT PREGNANCY ONLY**

**5. FORMS TO BE USED:**

Form SE-1 (also use 1)  Abstract SE-2 (complete item 7)

**6. A. PRIOR SET COMPLETED**

No. Day Year  (mark number of pregnancy form prior SE-1)

**B. NAME OF MAN FOR WHO COMPLETED**

Last Name First Name  Race  F.O.B.

In order to get a general idea of the background of the women taking part in this program, we'd like to know a few things about them and their families. Such as where they were born, where they went to school, where they've lived, and other things. As long as you don't mind, anything we're told is completely confidential and will be used only for statistical purposes. You'll be free to see your

**SECTION 2  
BIRTHPLACE - EDUCATION**

**REPEAT PREGNANCY - ABRIDGED FORM**

**7. I HAVE YOU ATTENDED SCHOOL SINCE**  
 NO (mark item 12, 13)  YES (complete item 12)

**8. IN WHAT CITY OR TOWN WAS YOUR FAMILY LIVING WHEN YOU WERE BORN?** (name in proper form)

**A. INSIDE CONTINENTAL U.S.A.**  
(Exclude Alaska and Hawaii)

**B. OUTSIDE CONTINENTAL U.S.A.**  
(Exclude Alaska and Hawaii)

STATE CITY AND COUNTY

STATE CITY AND COUNTY

**C. WHEN DID YOU FIRST COME TO THE U.S.A.?**

**11. HOW LARGE WAS THE CITY OR TOWN IN WHICH YOUR FAMILY LIVED WHEN YOU WERE BORN?** (name only)  
(If less than 2,500, provide for item)

URBAN (2,500 or more persons)

RURAL NON-FARM (less than 2,500 persons)

RURAL FARM

UNKNOWN

INSIDE CONT. U.S.A.  1  2  3  4

OUTSIDE CONT. U.S.A.  5  6  7  8

**12. A. WHAT IS THE HIGHEST GRADE OF REGULAR SCHOOL THAT YOU HAVE COMPLETED?** (name only)

None 30 ELEMENTARY SCHOOL 01 02 03 04 05 06 JUNIOR HIGH 07 08 09 HIGH SCHOOL 10 11 12 ACADEMIC COLLEGE 13 14 15 16

**PROFESSOR OR PROFESSIONAL SCHOOL**  
Comp 17 degree 18

**B. DID YOU PASS GRADUATE FROM THIS GRADE (SCHOOL)?** YES NO

**C. HAVE YOU HAD ANY OTHER SCHOOLING?** YES NO

**D. WAS THE LAST REGULAR SCHOOL ATTENDED OUTSIDE UNITED STATES?** YES NO

**E. ARE YOU AT PRESENT GOING TO SCHOOL?** YES NO

SPECIFY KIND AND SUBJECT OF SCHOOLING

SPECIFY CITY AND COUNTRY

SPECIFY KIND OF SCHOOL

**13. WHEN YOU FINISHED OR LEFT SCHOOL WHAT KIND OF WORK WAS YOUR FATHER DOING? (name. For part-time work in current job, what kind of work does your father do?)**

\_\_\_\_\_

**SOCIO-ECONOMIC INTERVIEW**

**SECTION B - LANGUAGE, RELIGION, RACE**

**REPEAT PREGNANCY - ABRIDGED FORM**

OMIT ITEM ??

15. DO YOU SPEAK ANY LANGUAGES OTHER THAN ENGLISH IN YOUR HOME?

- ENGLISH ONLY
- (ENGLISH AND SOME OTHER LANGUAGE(S)) (specify) \_\_\_\_\_
- OTHER LANGUAGE(S) ONLY (specify) \_\_\_\_\_

16. WHAT IS YOUR RELIGION?

1  
 2  
 3  
 4  
 5  
 6  
 7  
 OTHER

\_\_\_\_\_ SPECIFY

17. WHAT IS YOUR RACE?

1  
 2  
 3  
 4  
 5  
 6  
 OTHER

\_\_\_\_\_ SPECIFY

18. WHAT IS THE RELIGION OF THE BIRTH FATHER?

1  
 2  
 3  
 4  
 5  
 6  
 OTHER

\_\_\_\_\_ SPECIFY

19. WHAT IS HIS RACE?

1  
 2  
 3  
 4  
 5  
 6  
 OTHER

\_\_\_\_\_ SPECIFY

**SECTION C  
GRAVIDA'S MARITAL HISTORY**

**REPEAT PREGNANCY - ABRIDGED FORM**

20.2. HAVE THERE BEEN ANY CHANGES IN YOUR MARRIAGE STATUS SINCE \_\_\_\_\_?

- NO (omit question C)
- YES (complete question C)

20. ARE YOU AT PRESENT MARRIED, WIDOWED, DIVORCED, SEPARATED, SINGLE OR COMMON LAW MARRIED? (check one)

1  
 2  
 3  
 4  
 5  
 6

21. HAVE YOU EVER BEEN MARRIED? (omit question 20)

- YES
- NO (omit 22 through 24)

22. A. HOW MANY TIMES HAVE YOU BEEN MARRIED INCLUDING THIS MARRIAGE? (omit question 21) 1 2 3 4 5 6 7 8

B. PLEASE LIST DATES AND NATURE OF TERMINATION OF EACH MARRIAGE

FROM	TO	WHO	HOW TERMINATED	
MO	YR	MO	BY	OTHER (SPECIFY)

23. IF CURRENTLY SEPARATED ASK: IS YOUR HUSBAND LIVING AT HOME WITH YOU?

- YES (omit 24)
- NO (omit 24)

24. IF CURRENTLY SEPARATED ASK: WHY ARE YOU LIVING APART FROM YOUR HUSBAND?

- MARITAL PROBLEM (including legal proceedings)
- HE IS AWAY AT WORK (or creating work)
- HE IS IN ARMED FORCES
- HE IS IN INSTITUTION
- OTHER \_\_\_\_\_



**SOCIO-ECONOMIC INTERVIEW**

25. PATIENT IDENTIFICATION

**SECTION D**  
**GRAVIDA'S WORK HISTORY**

Repeat pregnancy -  
Assigned form

26. HAVE YOU CHANGED JOB  
OR STARTED TO WORK  
SINCE

DATE PREVIOUS TO

NO (skip to 27)  YES (in 26)

26. DO YOU HAVE A JOB NOW?  YES (complete rest of 26, and 27)  NO (skip rest of 26, and 27)

A. HOW MANY HOURS PER WEEK DO YOU WORK? \_\_\_\_\_ HRS./WK

B. HOW LONG HAVE YOU HAD THIS JOB? \_\_\_\_\_ YES \_\_\_\_\_ NOS \_\_\_\_\_ YES

C. WHAT KIND OF WORK DO YOU DO ON THIS JOB? \_\_\_\_\_

27. HAVE YOU EVER HAD A JOB?  YES (complete rest of 27)  NO (skip to 31)

A. HOW MANY HOURS PER WEEK DID YOU WORK ON YOUR LAST JOB? \_\_\_\_\_ HRS./WK

B. HOW LONG DID YOU HAVE THIS JOB? \_\_\_\_\_ YES \_\_\_\_\_ NOS \_\_\_\_\_ YES

C. WHAT KIND OF WORK DID YOU DO ON THIS JOB? \_\_\_\_\_

D. WHEN DID YOU STOP WORKING? \_\_\_\_\_ YEAR

28. HOW MANY OTHER KINDS OF WORK HAVE YOU DONE?  ONE OR MORE (specify number in box. Code A-U)  NONE (code A-U)

A. HOW MANY JOBS HAVE YOU HAD?  ONE (code from 28)  SEVERAL (code from 28 (U))

29. A. WHAT KIND OF WORK DID YOU DO FOR THE LONGEST PERIOD OF TIME? \_\_\_\_\_

B. FOR HOW LONG DID YOU DO THIS KIND OF WORK? \_\_\_\_\_ YES \_\_\_\_\_ NOS \_\_\_\_\_ YES

30. OCCUPATIONAL DISEASES

QUESTION	NO		YES		DESCRIBE OTHER SITUATION	DATE (month/year)
	0	1	0	1		
A. HAVE YOU EVER WORKED WITH X-RAY OR FLUOROSCOPE EQUIPMENT OR BEEN EXPOSED TO X-RAYS IN YOUR WORK?						
B. HAVE YOU EVER WORKED WITH OTHER RADIATION SUCH AS RADIOACTIVE ELEMENTS OR ISOTOPES?						
C. HAVE YOU EVER WORKED WITH TOBACCO DUST OR LEAF OR HANDLED TOBACCO?						
D. HAVE YOU EVER WORKED WITH STEAM OR VERY HIGH HEAT WHERE SPECIAL CARE HAD TO BE TAKEN?						
E. HAVE YOU EVER WORKED WITH CHEMICALS, THEIR DUSTS, GASES OR FUMES IN A JOB SITUATION?						
F. HAVE YOU EVER HAD TO LIFT HEAVY WEIGHTS ON ANY OF YOUR JOBS?						
G. HAVE YOU EVER HAD TO HANDLE ANY LIVE OR DEAD ANIMALS OR BIRDS ON ANY OF YOUR JOBS?						

31. HAVE YOU EVER CARED FOR, HANDLED, PLAYED WITH OR WORKED AROUND FARM ANIMALS, SUCH AS CHICKENS, DUCKS, GOOSE, COWS, PIGS, HORSES, CONKEYS, MULES, SHEEP OR GOATS, ETC.? (CODE FROM 28)

A.  YES  NO (code from 28 and 31)

B. HOW OFTEN?  INCIDENTALLY  FREQUENTLY  OTHER \_\_\_\_\_

C. WHEN WAS THE LAST TIME THAT YOU DID THIS? \_\_\_\_\_

**SOCIO-ECONOMIC INTERVIEW**

**SECTION 8**  
**HOUSEHOLD ARRANGEMENT**

Repeat pregnancy -  
 acknowledged form

27. H.A. HAVE YOU MOVED  
 SINCE \_\_\_\_\_  
SINCE \_\_\_\_\_ YEAR FROM PREVIOUS

NO (copy to item 27)  YES (continue 28)

28. DO YOU LIVE IN A HOUSE OR IN AN APARTMENT OR DO YOU HAVE SOME OTHER LIVING ARRANGEMENT? (check one)

HOUSE (see item 29)  APARTMENT  BOARDING OR ROOMING HOUSE

OTHER \_\_\_\_\_

29. HOW LONG HAVE YOU LIVED IN THIS (house, apt., etc.)?

YEARS  MONTHS

30. WHERE DID YOU LIVE BEFORE THIS?  NEVER MOVED (copy to item 27)  SAME CITY

OTHER CITY, SAME STATE  OTHER STATE OR COUNTRY

DO NOT

31. HOW LONG DID YOU LIVE IN THIS RESIDENCE?

YEARS  MONTHS

32. HOW MANY TIMES HAVE YOU MOVED IN THE LAST FIVE YEARS?

(Do not count moves in a district or institution and remember to exclude 0.)

33. HOW MANY ROOMS ARE THERE IN YOUR PRESENT (house, apt., etc.)?  
 DO NOT COUNT KITCHENS, HALLS OR BATHROOMS

34. HOW MANY PEOPLE ARE LIVING IN YOUR HOUSEHOLD, INCLUDING YOURSELF?

35. A. WHO ARE THEY, HOW ARE THEY RELATED TO YOU, HOW OLD (last birthday) IS EACH ONE?

NAME	RELATIONSHIP TO GRAVIDA	AGE	SEX
GRAVIDA	.....		F

DO NOT USE

NO. GRAVIDA'S CHILD.

HOUSEHOLD STRUCTURE

RENSING DENSITY

PERSONS AT LEAST 15

PRES. of HUSB. or F.O.B.

AGE of HUSB. or F.O.B.

B. WHO IS THE HEAD OF YOUR HOUSEHOLD? (Indicate by placing circle over name in table above.)

DO NOT

### SOCIO-ECONOMIC INTERVIEW

### II. PATIENT IDENTIFICATION

42. **NOTE: COLLECT DATA EITHER FOR HUSBAND OR FOR FATHER OF THE BABY AS THE CASE MAY BE.**

By **HUSBAND** if: 1. He is a member of the household (see 22) or  
2. He is reported as responsible party (see 23) and no other member of the household is reported on the report of the baby (see 40).

By **FATHER OF THE BABY** for all other cases.

DATA REPORTED FOR

HUSBAND

FATHER OF THE BABY

### SECTION F EDUCATION, BIRTHPLACE OF HUSBAND OR FATHER OF THE BABY

Note: In going to use a line to indicate that a response  
has been given, use a check mark in the space.

### REPEAT PREGNANCY - ABORTED Fetus

43. **PLEASE COMPARE THIS ITEM TO OTHER DATA IN ITEMS 21, 24 and 40.**  
 SAME MAN (see 24)  NOT SAME MAN (complete this page)

44. **HAS HE ATTENDED SCHOOL SINCE** \_\_\_\_\_

NO (see question 45)  YES (complete this page)

45. **WHAT IS THE HIGHEST GRADE OF REGULAR SCHOOL THAT HE HAS COMPLETED?** \_\_\_\_\_

GRADE OF REGULAR SCHOOL

NONE	ELEMENTARY SCHOOL	HIGH SCHOOL	ACADEMIC COLLEGE	GRADUATE OR PROFESSIONAL SCHOOL
01 02 03 04 05 06	07 08 09	10 11 12	13 14 15 16	17 18 19 20

46. **DID HE PARABRACATE FROM THIS GRADE SCHOOL?**

YES  NO

47. **HAS HE HAD ANY OTHER SCHOOLING?**

NO  YES

Specify kind and amount of schooling.

48. **WAS THE LAST REGULAR SCHOOL HE ATTENDED OUTSIDE UNITED STATES?**

NO  YES

Specify city and country.

49. **IS HE AT PRESENT GOING TO SCHOOL?**

NO  YES

Specify school or schools.

50. **IN WHAT CITY OR TOWN WAS HIS FAMILY LIVING WHEN HE WAS BORN?** \_\_\_\_\_

City, county, state and country.

### SECTION G WORK HISTORY OF HUSBAND OR FATHER OF THE BABY

51. **IS HE NOW WORKING?**  YES (see item 52, 53, 54, 55)  NO (see item 56, 57, 58)

A. **HOW LONG HAS HE BEEN ON THIS JOB?** \_\_\_\_\_

YES  NO

B. **WHAT KIND OF WORK IS HE DOING?** \_\_\_\_\_

52. **HAS HE EVER WORKED?**  YES  NO (see item 51)

A. **HOW LONG WAS HE ON HIS LAST JOB?** \_\_\_\_\_

YES  NO

B. **WHAT KIND OF WORK WAS HE DOING?** \_\_\_\_\_

C. **HOW LONG HAS HE BEEN OUT OF WORK?** \_\_\_\_\_

YES  NO

D. **WHY IS HE UNEMPLOYED?** \_\_\_\_\_

53. **WHAT KIND OF WORK HAS HE DONE FOR THE LONGEST TIME?** \_\_\_\_\_

A. **FOR HOW LONG DID HE DO THIS WORK?** \_\_\_\_\_

YES  NO

54. **HOW MUCH TIME HAS HE SPENT UNEMPLOYED IN THE PAST YEAR?** \_\_\_\_\_

B. **HOW MANY JOBS HAS HE HAD IN THE PAST YEAR?** \_\_\_\_\_

**SOCIO-ECONOMIC INTERVIEW**

**SECTION II  
 FAMILY INCOME**

30. WE ARE INTERESTED IN THE INCOME OF YOUR FAMILY DURING THE FIRST THREE MONTHS OF THIS PREGNANCY. THAT WOULD BE DURING \_\_\_\_\_

FROM \_\_\_\_\_ TO \_\_\_\_\_ (ENTER THE 3 MONTHS IN FIRST QUARTER)

DURING THESE THREE MONTHS WHERE DID THE MONEY COME FROM AND HOW MUCH MONEY CAME IN? (Please list all sources of income and its amount.)

DID THERE INCLUDE FROM (a)	SOURCE OF INCOME (b)	THE COMPLETE PURPOSE (c)	AMOUNT DURING 3 MONTH PERIOD (d)	DOLLARS AND CENTS
<b>EARNED INCOME?</b> Such as Wages and Salaries Unemployment Commission Farm, Stock, Bond, etc.				
<b>RELIEF?</b> Such as Aid to Dependent Children General Public Assistance etc.				
<b>ALL OTHER SOURCES?</b> Such as Business Dividends Savings bank during this period Gifts, Payments in Cash From Real Property, etc.				
<b>TOTAL</b>				
<b>DO NOT USE</b>				

31. A. DID THE SAME AMOUNT COME IN EACH YEAR OF THIS YEAR AS DURING THESE 3 MONTHS?

NO (See 31)  YES (Check A. and item 31)

B. WERE THERE ANY PAY PERIODS DURING THESE 3 MONTHS WHEN NO MONEY CAME IN?

NO  YES

32. WAS THERE A CHANGE IN MAJOR SOURCE OF INCOME?  NO  YES

33. A. HOW MANY PERSONS DID THIS MONEY TAKE CARE OF?


B. HOW MANY WERE UNDER 8 YEARS OLD?

34. WAS THERE A CHANGE IN NUMBER OF PERSONS SUPPORTED BY THIS MONEY DURING THESE THREE MONTHS?

NO  YES

35. If in item 33 a person other than husband, wife or grandchild is given as major source of income list

WHAT KIND OF WORK DO YOU

DO DURING THESE THREE MONTHS?


COMMENTS:

Code Item Numbers listed in data items on card. Correspondence interview

ITEM NO FORM	DATA ITEM IN	CBM VLR	VSUB YR	DATA ITEM NAME
2	201.....	1501	16	17 Education code
2	202.....	1501	44	40 Household arrangement housing density
2	203.....	1501	23	21 Income code
4	204.....	1501	19	19 Occupation code
4	205.....	1501	40	40 Occupation description
6	206.....	1501	19	19 Date Sp-1 Date (yr)
7	207.....	1501	16	17 Date Sp-1 Date (yr)
7	208.....	1501	20	21 Date Sp-1 Date (yr)
8	209.....	1501	22	23 Date Sp-1 Interview code
8	210.....	1501	24	24 Date Sp-1. Interview before/after delivery
8	211.....	1501	25	25 Date Sp-1. Interview. Place conducted
8	212.....	1501	26	26 Language used in interview
8	213.....	1501	15	15 Date Sp-1 used (center/initial)
8	214.....	1501	15	15 Date Sp-1 used (center/initial)
10	215.....	1501	13	13 Date Sp-1 used, center/initial
10	216.....	1501	27	24 Birthplace
10	217.....	1501	24	24 Birthplace
10	218.....	1501	20	20 entered USA, date (yr)
10	219.....	1501	31	32 entered USA, date (yr)
11	220.....	1501	21	27a Birthplace, size of community
11	221.....	1501	33	33 Birthplace community size
12	222.....	1501	14	45 Education male completed, highest
12	223.....	1501	49	49 Education: currently enrolled in school
12	224.....	1501	17	17 Education: school attended outside USA
12	225.....	1501	16	16 Education: schooling, additional, other
12-13	226.....	1501	27	27 Education (yrs)
13	227.....	1501	10	40 Occupation of father for head of household of advise, at time she left school
13	228.....	1501	37	37 Occupation of father of head of household of advise at time she left school
15	229.....	1501	41	41 Relationship of advise in col 10 to advise
16	230.....	1501	42	42 Languages spoken in col
16	231.....	1501	43	43 Religion
16	232.....	1501	285	285 Religion
17	233.....	1501	44	44 Race
18	234.....	1501	403	403 Religion
18	235.....	1501	45	45 Religion, father of baby or husband
19	236.....	1501	46	46 Race, father of baby or husband
19	237.....	1501	382	382 Race: father of baby or husband
19	238.....	1501	269	269 Work status, currently employment status, working/not working
19	239.....	1501	269	269 Work status, currently employment status, working/not working
20	240.....	1501	47	47 Marital status

Form Item Numbers Linked to Data Items on S-1, Socio-Economic Interview

ITEM NO FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
21-20	2315...SE-1	1501	69	48	MARITAL HISTORY: MARRIAGES, TOTAL NUMBER
22	2316...SE-1	1501	49	50	MARITAL HISTORY: MARRIAGE, MOST RECENT, DATE (YR)
22	2317...SE-1	1501	51	52	MARITAL HISTORY: MARRIAGE, MOST RECENT, DATE (YR)
23-24	5237...VAR		373	373	FATHER OF BABY OR: HUSBAND LIVING AT HOME
23-24	2318...SE-1	1501	53	53	HUSBAND OR: FATHER OF BABY LIVING AT HOME
26-27	2310...SE-1	1501	54	54	EMPLOYMENT STATUS
26-27	2322...SE-1	1501	59	60	EMPLOYMENT, CURRENT OR MOST RECENT JOB, TIME (WKS)
26-27	2323...SE-1	1501	61	61	EMPLOYMENT, CURRENT OR MOST RECENT JOB, TIME (WKS)
26-27	2321...SE-1	1501	57	58	EMPLOYMENT, CURRENT OR MOST RECENT JOB, TIME (YRS)
26-27	2320...SE-1	1501	55	56	EMPLOYMENT, HOURS WORKED PER WEEK
26-27	5237...VAR		363	364	OCCUPATION
26-27	2324...SE-1	1501	62	63	OCCUPATION, CURRENT OR MOST RECENT JOB
27	5181...VAR		279	282	EMPLOYED LAST, DATE (MO/YR)
27	2326...SE-1	1501	66	67	EMPLOYMENT: WORKED LAST, DATE (YR)
28	2327...SE-1	1501	68	68	EMPLOYMENT: OCCUPATION, OTHER KINDS OF JOBS, NUMBER
28	2320...SE-1	1501	70	71	EMPLOYMENT: OCCUPATION, OTHER KINDS OF JOBS, NUMBER
28	2331...SE-1	1501	74	75	OCCUPATION, LONGEST, TIME (MO)
29	2337...SE-1	1501	76	76	OCCUPATION, LONGEST, TIME (WKS)
29	2330...SE-1	1501	72	73	OCCUPATION, LONGEST, TIME (YRS)
30	2343...SE-1	2501	22	22	OCCUPATIONAL HAZARDS: ANIMAL EXPOSURE, LIVE OR DEAD
30	2341...SE-1	2501	20	20	OCCUPATIONAL HAZARDS: CHEMICALS
30	2342...SE-1	2501	21	21	OCCUPATIONAL HAZARDS: LISTING HEAVY WEIGHTS
30	2338...SE-1	2501	17	17	OCCUPATIONAL HAZARDS: RADIOACTIVE ELEMENTS OR ISOTOPES
30	2340...SE-1	2501	19	19	OCCUPATIONAL HAZARDS: STEAM OR HIGH HEAT
30	2339...SE-1	2501	18	18	OCCUPATIONAL HAZARDS: TOBACCO
30	2337...SE-1	2501	16	16	OCCUPATIONAL HAZARDS: X-RAY
31	2344...SE-1	2501	23	23	ANIMALS, FARM: EXPOSURE, CARE/HANDLED/PLAYED/WORKED
31	2345...SE-1	2501	24	25	ANIMALS, FARM: EXPOSURE, LAST HANDLED, DATE (MO)
31	2346...SE-1	2501	26	27	ANIMALS, FARM: EXPOSURE, LAST HANDLED, DATE (YR)
33	2347...SE-1	2501	28	28	HOUSEHOLD ARRANGEMENTS: HOUSING TYPE
34	2349...SE-1	2501	31	32	HOUSEHOLD ARRANGEMENTS: RESIDENCE, LENGTH OF TIME (MO)
34	2350...SE-1	2501	29	30	HOUSEHOLD ARRANGEMENTS: RESIDENCE, LENGTH OF TIME (YRS)
35	2352...SE-1	2501	33	33	HOUSEHOLD ARRANGEMENTS: RESIDENCE, PRIOR, PLACE
36	2351...SE-1	2501	34	35	HOUSEHOLD ARRANGEMENTS: RESIDENCE, PRIOR, TIME (MO)
36	2353...SE-1	2501	38	39	HOUSEHOLD ARRANGEMENTS: RESIDENCE, PRIOR, TIME (YRS)
37	2354...SE-1	2501	40	41	HOUSEHOLD ARRANGEMENTS: MOVES IN LAST 5 YEARS, NUMBER
37	5170...VAR		276	277	HOUSING DENSITY
39-30	2355...SE-1	2501	42	43	HOUSEHOLD ARRANGEMENTS: PERSONS, NUMBER
39	5230...VAR		360	361	PERSONS SUPPORTED, NUMBER
40	2361...SE-1	2501	53	54	AGE, HUSBAND OR: FATHER OF BABY
40	5238...VAR		374	375	AGE: FATHER OF BABY OR: HUSBAND (YRS)
40	5243...VAR		381	381	FATHER OF BABY OR: HUSBAND PRESENT IN HOME

Form Item Numbers Linked to Data Items on SE-1, Socio-Economic Interviews

ITEM ON FORM	DATA ITEM IN	CARD NUM	FROM	TO	DATA ITEM NAME
40	2350...SE-1	2501	50	51	Household arrangement; adults, 16 and over, number
40	2356...SE-1	2501	44	45	Household arrangement; children, number
40	2362...SE-1	2501	55	55	Household arrangement; head of household
40	2357...SE-1	2501	46	47	Household arrangement; household structure
40	2360...SE-1	2501	57	52	Household arrangement; husband or father of baby, present
42	2363...SE-1	2501	56	56	Husband or father of baby, data reported for
43	2367...SE-1	2501	61	61	Education, currently enrolled in school, father of baby or husband
43	2364...SE-1	2501	57	58	Education, grade completed, highest, father of baby or husband
43	5241...VAH		379	379	Education; father of baby or husband (Yrs)
43	2366...SE-1	2501	60	60	Education; school attended last, outside USA, father of baby or husband
43	2365...SE-1	2501	50	59	Education; schooling, other, additional, father of baby or husband
44	2368...SE-1	2501	62	63	Affiliation, father of baby or husband
44	5245...VAH		383	384	Affiliation; father of baby or husband
45-46	2369...SE-1	2501	64	64	Employment status, father of baby or husband
45-46	5240...VAH		377	377	Employment status; father of baby or husband
45-46	2371...SE-1	2501	67	68	Employment, current or most recent job, time (mos), father of baby or husband
45-46	2372...SE-1	2501	69	69	Employment, current or most recent job, time (wks), father of baby or husband
45-46	2370...SE-1	2501	65	66	Employment, current or most recent job, time (yrs), father of baby or husband
45-46	2373...SE-1	2501	70	71	Employment, occupation, current or most recent job, father of baby or husband
45-46	5246...VAH		385	386	Occupation; father of baby or husband
46	2375...SE-1	2501	74	75	Employment; unemployed, time, father of baby or husband (mos)
46	2376...SE-1	2501	76	76	Employment; unemployed, time, father of baby or husband (wks)
46	2374...SE-1	2501	72	73	Employment; unemployed, time, father of baby or husband (Yrs)
47	2387...SE-1	3501	27	28	Employment; occupation, pursued longest, time ended (mo), husband or father of baby
47	2388...SE-1	3501	29	30	Employment; occupation, pursued longest, time ended (Yr), husband or father of baby
47	2385...SE-1	3501	23	24	Employment; occupation, pursued longest, date started (mo), husband or father of baby
47	2386...SE-1	3501	25	26	Employment; occupation, pursued longest, date started (Yr), husband or father of baby
47	2381...SE-1	3501	16	17	Employment; occupation, pursued longest, husband or father of baby
47	2383...SE-1	3501	20	21	Employment; occupation, pursued longest, time (mos), husband or father of baby
47	2384...SE-1	3501	22	22	Employment; occupation, pursued longest, time (wks), husband or father of baby
47	2382...SE-1	3501	19	19	Employment; occupation, pursued longest, time (Yrs), husband or father of baby

Form Item Numbers linked to Data Items on SE-1, Socio-Economic Interviews

ITEM ON FORM	DATA ITEM IN	CARD NUM	FRM	DATA ITEM NAME
48	2390...SE-1	3501	37	34 Employment, number of jobs in past year, husband or; father of baby
48	2386...SE-1	3501	31	32 Employment; unemployed, number of weeks in past yr, husband or; father of baby
50	2393...SE-1	3501	40	40 Income during first 3 mos. pregnancy, additional sources
50	2392...SE-1	3501	39	39 Income during first 3 mos. pregnancy, amount
50	2391...SE-1	3501	34	37 Income during first 3 mos. pregnancy, source
50	5172...VAH		271	274 Income, in nearest thousand dollars
51	2304...SE-1	3501	41	41 Income during first 3 mos. pregnancy, regularity
52	2395...SE-1	3501	42	42 Income during first 3 mos. pregnancy, change in major source
53	2307...SE-1	3501	45	46 Income during first 3 mos. pregnancy, number of children under 6 yrs supported
53	2306...SE-1	3501	43	44 Income during first 3 mos. pregnancy, number of persons supported
54	2398...SE-1	3501	47	47 Income during first 3 mos. pregnancy, change in number of persons supported
55	2390...SE-1	3501	48	48 Income during first 3 mos. pregnancy, major source
55	2400...SE-1	3501	49	50 Income during first 3 mos. pregnancy, occupation which major source is derived from



DEFINITION OF CODES  
SOCIO-ECONOMIC INTERVIEW  
FORM SE-1                      CARD 15014

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 1	1
2. <u>Form Number</u> Code: 501	2-4
3. <u>Revision Number</u> Code: 4 - Form Dated: 4/63 or Pretest 1/63	5
4. <u>NINUS Number</u> Item 1 Nine-digit number for Patient Identification Code: As given	6-14
5. <u>Form Used</u> Item 3 Code: 0 - Entire SE-1 Form	15
6. <u>Date of Interview</u> Item 2 Six-digit code for Month (cols. 16-17), Day (cols. 18-19), and Year (cols. 20-21) Code: As given 99 - Month, day and/or year unknown	16-21
7. <u>Interviewer</u> Item 4 Code: See attachment "Interviewer's Code", pages SE-1-20-22	22-23
8. <u>When Interviewed</u> Item 5 Code: 0 - Before Delivery 1 - After Delivery 9 - Unknown	24
9. <u>Place of Interview</u> Item 6 Code: 0 - In hospital or clinic 1 - At home 2 - By telephone 9 - Unknown	25

DEFINITION OF CODES (cont.)

FORM SE-1  
Card 15014

FIELD

CARD  
COLUMNS

10. Language of Interview  
Item 7  
Code: 0 - English  
1 - Other  
9 - Unknown

26

11. Birth Place  
Items 10A-10P  
Code: Inside Continental U.S.

27-28

- 00 - Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut
  - 01 - New York, New Jersey, Pennsylvania
  - 02 - Maryland, Virginia, West Virginia, D.C., Delaware, North Carolina, South Carolina, Georgia, Florida
  - 03 - Kentucky, Tennessee, Alabama, Mississippi
  - 04 - Arkansas, Louisiana, Oklahoma, Texas
  - 05 - Illinois, Indiana, Ohio, Michigan, Wisconsin
  - 06 - Minnesota, Iowa, Missouri, Kansas, Nebraska, North Dakota, South Dakota
  - 07 - Wyoming, Idaho, Colorado, Montana, Utah, New Mexico, Arizona, Nevada
  - 08 - Washington, Oregon, California
  - 09 - Unknown
- Outside Continental U.S.
- 10 - Puerto Rico
  - 11 - Other Islands in Atlantic
  - 12 - Alaska, Canada
  - 13 - Central America, South America
  - 14 - Pacific Islands
  - 15 - Europe
  - 16 - Asia, Africa
  - 19 - Unknown
  - 99 - Place not stated

12. Month and Year of Entry Into Continental U.S.  
Item 10C

29-32

Four-digit code for Month (cols. 29-30) and Year (cols. 31-32)

Code: As given  
0000 - Born in Continental U.S.  
99 - Month and/or year unknown

DEFINITION OF CODES (cont.)

FORM SE-1  
Card 15014

CARD  
COLLECT

FIELD

- |     |  |       |
|-----|--|-------|
| 13. | <p><u>Size of Community in Which Born</u><br/>Item 11<br/>Code: <u>Inside Continental U.S.</u></p> <ul style="list-style-type: none"> <li>1 - Urban</li> <li>2 - Rural non-farm</li> <li>3 - Rural farm</li> <li>4 - Unknown</li> </ul> <p><u>Outside Continental U.S.</u></p> <ul style="list-style-type: none"> <li>5 - Urban</li> <li>6 - Rural non-farm</li> <li>7 - Rural farm</li> <li>8 - Unknown</li> <li>9 - Place unknown</li> </ul> | 33    |
| 14. | <p><u>Highest Grade of Regular School Completed</u><br/>Items 12A-12B<br/>Code: 00 - None</p> <ul style="list-style-type: none"> <li>01-12 - As given</li> <li>13-16 - 1 to 4 years of college completed</li> <li>17 - Some graduate or professional school</li> <li>18 - Degree - graduate or professional school</li> <li>77 - Ungraded</li> <li>99 - unknown</li> </ul>   | 34-35 |
| 15. | <p><u>Additional Schooling</u><br/>Item 12C<br/>Code: 0 - None</p> <ul style="list-style-type: none"> <li>1 - Trade school, vocational, or job or in-service training</li> <li>2 - Art, dancing, drama, correspondence</li> <li>9 - Unknown</li> </ul>   | 36    |
| 16. | <p><u>Was Last Regular School Attended Outside U.S.</u><br/>Item 12D<br/>Code: C - No</p> <ul style="list-style-type: none"> <li>1 - Yes</li> <li>9 - Unknown</li> </ul>   | 37    |
| 17. | <p><u>Now Attending School</u><br/>Item 12E<br/>Code: 0 - No</p> <ul style="list-style-type: none"> <li>2 - Academic school</li> <li>3 - Cultural - correspondence courses</li> <li>4 - Kind of school unknown</li> <li>5 - Trade school</li> <li>9 - Unknown</li> </ul>   | 38    |

## DEFINITION OF CODES (cont.)

FORM SE-1  
Card 15014FIELDCARD  
COLUMN

18. Occupation of Gravidia's Father When She Left School  
Item 13 39-40
- Code: 00 - Never worked  
05 - No occupation reported except welfare  
10 - Professional and technical  
12 - College professional or graduate school student  
20 - Proprietors, managers, officials, officers of the Armed Forces, farm owners  
30 - Clerical and kindred workers  
40 - Sales workers  
50 - Craftsmen, foremen and kindred workers  
60 - Operators and kindred workers  
70 - Private household workers  
72 - Service workers (other than private household)  
80 - Laborers, farmers  
82 - All other students  
99 - Unknown
19. Relationship of Person to Gravidia for Occupation Specified  
Item 13 41
- Code: 0 - Father of gravidia  
1 - Mother of gravidia  
2 - Other relative(s)  
3 - Foster parent(s)  
8 - All others (gravidia living alone)  
9 - Unknown
20. Language Spoken  
Item 15 42
- Code: 0 - English only  
1 - English and some other language  
2 - Other language only  
9 - Unknown
21. Religion  
Item 16 43
- Code: 1 - Protestant  
2 - Catholic  
3 - Other  
9 - Unknown

DEFINITION OF CODES (cont.)

FORM SE-1  
Card 15014

FIELD

CARD  
COLUMN

22.	<u>Race</u> Item 17 Code: 1 - White 2 - Negro 3 - Oriental 4 - Puerto Rican 8 - Other 9 - Unknown	44.
23.	<u>Religion of Father of Baby</u> Item 18 Code: 1 - Protestant 2 - Catholic 3 - Other 9 - Unknown	45
24.	<u>Race of Father of Baby</u> Item 19 Same as in Field 22	46
25.	<u>Marital Status</u> Item 20 Code: 1 - Single 2 - Married 3 - Common Law 4 - Widowed 5 - Divorced 6 - Separated 9 - Unknown	47
26.	<u>Number of Times Married</u> Items 21-22A Code: 0 - None 1-7 - As given 8 - 8 or more 9 - Unknown	48
27.	<u>Month and Year of Most Recent Marriage</u> Item 22B Four-digit code for Month (cols. 49-50) and Year (cols. 51-52) Code: As given 0000 - Never Married 99 - Month and/or year unknown	49-52

DEFINITION OF CODES (cont.)

FORM SE-1  
Card 15014

FIELD

CARD  
COLUMN

28.	<p><u>Husband Living at Home</u> Items 23-24 Code: 0 - No (Marital problems, legal separation) 1 - Yes 2 - Temporarily away 3 - In Armed Forces 4 - In institution 5 - Other 6 - No husband 7 - Unknown</p>	53
GRAVIDA'S WORK HISTORY		
29.	<p><u>Employment Status</u> Items 26 or 27 Code: 0 - Never worked 1 - Employed at time of interview 2 - Work in past but not now working, student 3 - Unknown</p>	54
30.	<p><u>Hour's Worked Per Week</u> Items 26A or 27A Code: 00 - Never worked 01-83 - As given 84 - 84 hours or more 88 - Other 95 - Part-time or hours not specified 99 - Unknown</p>	55-56
31.	<p><u>Time on Current or Most Recent Job</u> Items 26B or 27B Five-digit code for Years (cols. 57-58), Month (cols. 59-61) and Weeks (col. 61) Code: 00000 - Never worked 00001 - One week or less 00002 - 20000 - As given 44444 - Academic student with or without occupation 55555 - Works holidays 66666 - Works summers 77777 - Time unspecified 99999 - Unknown Additional codes reviewed and approved: 23000, 23100</p>	57-61
32.	<p><u>Current or Most Recent Occupation</u> Items 26C or 27C Code: Same as in Field 18</p>	62-63

DEFINITION OF CODES (Continued)

FORM SE-1  
Card 15014

FIELD

CARD  
COLUMN

33. Date Last Worked 64-67  
 Item 27D  
 Four-digit code for Month (cols. 64-65) and  
 Year (cols. 66-67)  
 Code: As given  
       0000 - Never worked  
       0101 - Working at time of interview  
       9999 - Unknown  
 Supplemental code for Month:  
       01 - Winter  
       04 - Spring  
       07 - Summer  
       10 - Fall  
       99 - Unknown
34. Number of Kinds of Jobs 68  
 Item 28  
 Code: 0 - Never worked  
       1-5 - As given  
       6 - 6 or more  
       7 - Number unspecified  
       9 - Unknown
35. Comparison of Occupations 69  
 Code: 0 - Never worked  
       1 - Same  
       2 - Different  
       9 - Unknown
36. Occupation Pursued for Longest Time 70-71  
 Item 29A  
 Code: Same as in Field 18
37. Length of Time Worked at This Occupation 72-76  
 Item 29B  
 Code: Same as in Field 31  
       Additional codes reviewed and approved: 20060,  
       21000-24000, 26000, 27000, 30000

DEFINITION OF CODES (Continued)

FORM SE-1  
Card 25014

FIELD

CARD  
COLUMN

1. Card Number  
Code: 2 1
2. Basic Data  
Code: Same as in cols. 2-15 of Card 1 2-15
3. Occupational Hazards  
Item 30 15-22  
Seven-digit code for:
  - X-Ray (col. 16)
  - Radioactive Elements or Isotopes (col. 17)
  - Tobacco (col. 18)
  - Steam or High Heat (col. 19)
  - Chemicals (col. 20)
  - Lifting Heavy Weights (col. 21)
  - Live or Dead Animals (col. 22)
 Code for each column:  
 0 - No  
 1 - Yes  
 9 - Unknown
4. Cared For, Saddled, Played with, Worked Around  
Farm Animal 23  
Item 31A and 31B  
Code: 0 - No  
 1 - Incidentally  
 2 - Frequently  
 3 - Other  
 9 - Unknown
5. Time Last Handled Farm Animal 24-27  
Item 31C  
Four-digit code for Month (cols. 24-25) and Year (cols. 26-27)  
Code: As given  
 0000 - Never handled  
 99 - Month and/or Year unknown

HOUSEHOLD ARRANGEMENT

6. Type of Housing 28  
Item 33  
Code: 1 - House  
 2 - Apartment  
 3 - Boarding or rooming house, motel, hotel  
 4 - Other  
 8 - Gravida in dormitory, home for unwed mothers, institution  
 9 - Unknown



DEFINITION OF CODES (Continued)

FORM SE-1  
Card 25014

FIELD

CARD  
COLUMNS

7. Length of Time at Residence 29-32  
 Item 34  
 Four-digit code for Years (cols. 29-30) and  
 Months (cols. 31-32)  
 Code: 0001 - One month or less  
 0002-3500 - As given  
 9999 - Unknown  
 Additional codes reviewed and approved: 3600-,  
 3700, 3800
8. Place of Prior Residence 33  
 Item 35  
 Code: 0 - Never moved  
 1 - Same city  
 2 - Other city, same state  
 3 - Other state  
 4 - Other country  
 9 - Unknown
9. Time Lived at Prior Residence 34-37  
 Item 36  
 Code: 0000 - Never moved  
 0001 - One month or less  
 0002-4500 - As given  
 9999 - Unknown
10. Number of Moves in Last 5 Years 38-39  
 Item 37  
 Code: 00 - Never moved  
 01-30 - As given  
 99 - Unknown  
 Additional codes reviewed and approved: 40,50,60
11. Number of Rooms 40-41  
 Item 38  
 Code: 01-20 - As given  
 88 - Gravida in dormitory, home for unwed  
 mothers, institution  
 99 - Unknown
12. Number of Persons Living in Gravida's Family 42-43  
 Item 39  
 Code: 01 - Gravida only  
 02-20 - As given  
 88 - Gravida in dormitory, home for unwed  
 mothers, institution  
 99 - Unknown

DEFINITION OF CODES (Continued)

FORM SE-1  
 DATE 1961

FIELD

CARD  
COMMENT

13. Number of Gravida's Children Living With Her  
 Item 40A  
 Code: 00 - None  
 01-12 - As given  
 88 - Gravida in dormitory, home for unwed  
 mothers, institution  
 99 - Unknown  
 Additional codes reviewed and approved: 13

13-15

14. Household Structure  
 Item 40A  
 Two-digit code for:  
Immediate Family (col. 46)  
 Code: 0 - Gravida's

16-17

- 1 - Gravida's, and her parent(s)
- 2 - Gravida's, and his parent(s)
- 3 - Gravida's, his and her parent(s)
- 8 - Gravida in dormitory, home for unwed  
 mothers, institution
- 9 - Unknown

Relatives or Friends (col. 47)

- Code: 0 - No one else
- 1 - Additional relatives
  - 2 - Friends
  - 3 - Combination of codes 1 and 2
  - 4 - Strangers
  - 5 - Combination of codes 1 and 4
  - 6 - Combination of codes 2 and 4
  - 7 - Combination of codes 1, 2 and 4
  - 8 - Gravida in dormitory, home for unwed  
 mothers, institution
  - 9 - Unknown

15. Housing Density (Persons Per Room)  
 Item 40A  
 See attachment Persons Per Room, page FHH 1 & 3 - 13

18-19

16. Number of Persons in Household at Least 16 Years Old  
 Item 40A  
 Code: 01-10 - As given  
 88 - Gravida in dormitory, home for unwed  
 mothers, institution  
 99 - Unknown

20-21

DEFINITION OF CODES (Continued)

FORM SE-1  
 Card 25014

FIELD

CASE  
COLUMN

17.	<u>Presence of Husband or Father of Baby in Household</u> Item 42A Code: 1 - Husband 2 - Father of baby 0 - No husband or father of baby 9 - Unknown	52
18.	<u>Age of Husband or Father of Baby</u> Item 42A Code: 12-65 - As given 66 - 66 or older 98 - No husband or father of baby present 99 - Unknown	53-54
19.	<u>Head of Household</u> Item 43B Code: 0 - None 1 - Gravida 2 - Husband 3 - Father of baby 4 - Parent(s) - gravida's or mate's 5 - Other relative(s) 6 - Friend(s) 7 - Other persons 8 - Gravida in dormitory, home for unwed mothers, institution 9 - Unknown	55
HUSBAND OR FATHER OF BABY		
20.	<u>Data Reported For</u> Item 42 Code: 1 - Husband 2 - Father of baby 9 - Unknown	56
21.	<u>Highest Grade Completed</u> Item 43A Code: 00 - None 01-12 - As given 13-16 - 1 to 4 years of college completed 17 - Some graduate or professional school 18 - Degree - graduate or professional school 97 - Ungraded 99 - Unknown	57-58

DEFINITION OF CODES (Continued)

FORM SE-1  
Card 25019

FIELD

CARD  
COLUMN

22. Additional Schooling 59  
Item 43C  
Code: 0 - None  
1 - Trade school, vocational, on job or  
in-service training  
2 - Art, dancing, drama, correspondence  
9 - Unknown
23. Was Last Regular School Outside U.S. 60  
Item 43D  
Code: 0 - No  
1 - Yes  
9 - Unknown
24. Now Attending School 61  
Item 43E  
Code: 0 - No  
2 - Academic school  
3 - Cultural, correspondence courses  
4 - Kind of school unknown  
5 - Trade school  
9 - Unknown
25. Birthplace 62-63  
Item 44  
Code: Inside Continental U.S.  
00 - Maine, New Hampshire, Vermont, Massachusetts,  
Rhode Island, Connecticut  
01 - New York, New Jersey, Pennsylvania  
02 - Maryland, Virginia, West Virginia, D.C.,  
Delaware, North Carolina, South Carolina,  
Georgia, Florida  
03 - Kentucky, Tennessee, Alabama, Mississippi  
04 - Arkansas, Louisiana, Oklahoma, Texas  
05 - Illinois, Indiana, Ohio, Michigan, Wisconsin  
06 - Minnesota, Iowa, Missouri, Kansas, Nebraska,  
North Dakota, South Dakota  
07 - Wyoming, Idaho, Colorado, Montana, Utah,  
New Mexico, Arizona, Nevada  
08 - Washington, Oregon, California  
09 - Unknown

DEFINITION OF CODES (Continued)

FORM SE-1  
Card 25014

FIELD

CARD  
COLUMN

25. Birthplace (cont.)

62-63

Code: Outside Continental U.S.

- 10 - Puerto Rico
- 11 - Other Islands in Atlantic
- 12 - Alaska, Canada
- 13 - Central America, South America
- 14 - Pacific Islands
- 15 - Europe
- 16 - Asia, Africa
- 19 - Unknown
- 99 - Place not stated

26. Employment Status

64

Items 45 or 46

- Code:
- 0 - Never worked
  - 1 - Employed
  - 2 - Employed in U.S. Armed Forces
  - 3 - Student not otherwise employed
  - 4 - Unemployed
  - 9 - Unknown

27. Time on Current or Most Recent Job

65-69

Items 45A or 46

Five-digit code for Years (cols. 65-66), Month (cols. 67-68), and Weeks (col. 69)

- Code:
- 00000 - Never worked
  - 00001 - One week or less
  - 00002-35000 - As given
  - 44444 - Academic student
  - 55555 - Works holidays
  - 66666 - Works summers
  - 77777 - Time unspecified
  - 99999 - Unknown
- Additional codes reviewed and approved: 37000, 38000.

DEFINITION OF CODES (Continued)

FORM SE-1  
Card 25014

FIELD

CARD  
CONTRY

28. Occupation  
Items 45B or 46B  
Code: 00 - Never worked  
05 - No occupation reported except welfare  
10 - Professional and technical  
12 - College professional or graduate school student  
20 - Proprietors, managers, officials, officers of the armed forces, farm owners  
30 - Clerical and kindred workers  
40 - Sales workers  
50 - Craftsmen, foremen and kindred workers  
60 - Operators and kindred workers  
70 - Private household workers  
72 - Service workers (other than private household)  
80 - Laborers, farmers  
82 - All other students  
99 - Unknown

70-71

29. Time Out of Work  
Items 46C or 46D  
Five-digit code for Years (cols. 72-73), Months (cols. 74-75) and Weeks (col. 76)  
Code: Same as in Field 27

72-76

DEFINITION OF CODES (Continued)

FORM SE-1  
Card 35014

FIELD

CARD  
COLUMN

1. Card Number  
Code: 3

1

2. Basic Data  
Code: Same as in cols. 2-15 of Card 1

2-15

HUSBAND OR FATHER OF BABY (cont.)

3. Occupation Pursued for Longest Time  
Item 47A

16-17

Code: 00 - Never worked  
10 - Professional and technical  
12 - College, professional or graduate school student  
20 - Proprietors, managers, officials, officers of the armed forces, farm owners  
30 - Clerical and kindred workers  
40 - Sales worker  
50 - Craftsmen, foremen and kindred workers  
60 - Operators and kindred workers  
70 - Private household workers  
72 - Service workers (other than private household)  
80 - Laborers, farmers  
82 - All other students  
99 - Unknown

4. Time on Longest Occupation  
Item 47B

18-22

Five-digit code for Years (cols. 18-19), Months (cols. 20-21), and Weeks (col. 22)

Code: 00000 - Never worked  
00001 - One week or less  
00002-35000 - As given  
44444 - Academic student  
55555 - Holidays only  
66666 - Summers only  
77777 - Time unspecified  
99999 - Unknown  
Additional codes reviewed and approved: 36000, 37000, 38000, 40000, 41000, 42000

DEFINITION OF CODES (Continued)

FORM SE-1  
Card 35014

FIELD

CARD  
COLUME

5. Dates of Longest Occupation 23-30  
Item 47B  
Eight-digit code for:  
Start of Period: Month (cols. 23-24) and  
Year (cols. 25-26)  
End of Period: Month (cols. 27-28) and  
Year (cols. 29-30)  
Code for each four columns:  
Date as given  
0000 - Never worked  
99 - Month and/or year unknown
6. Weeks Unemployed in Past Year 31-32  
Item 48A  
Code: 00 - None, never worked  
01-52 - As given  
55 - Academic student only  
77 - Time unspecified  
99 - Unknown
7. Number of Jobs in Past Year 33-34  
Item 48B  
Code: 00 - Never worked  
01-10 - As given  
77 - Number unspecified  
88 - Self employed during year  
99 - Unknown  
Additional codes reviewed and approved: 11-15,17  
FAMILY INCOME
8. Sources of Income During First Three Months of 35-37  
This Pregnancy  
Item 50  
Three-digit code for:  
Earned Income (col. 35)  
Code: 0 - None  
1 - Gravida  
2 - Husband  
3 - Combination of codes 1 and 2  
4 - Earned or service pensions  
5 - Combination of codes 1 and 4  
6 - Combination of codes 2 and 4  
7 - Combination of code 1, 2 and 4  
9 - Unknown



DEFINITION OF CODES (Continued)

FORM SE-1  
Card 35014

FIELD

CARD  
COLUMN

8. Sources of Income During First Three Months of This Pregnancy (cont.)

35-37

Income from Relatives or Friends (col. 36)

- Code: 0 - None  
1 - Father of baby  
2 - Parents, grandparents  
3 - Combination of codes 1 and 2  
4 - Other relatives or friends  
5 - Combination of codes 1 and 4  
6 - Combination of codes 2 and 4  
7 - Combination of codes 1, 2 and 4  
8 - Income earned  
9 - Unknown

Income from Non-Relatives, Public or Private Sources (col. 37)

- Code: 0 - None  
1 - Public assistance  
2 - Private assistance  
3 - Combination of 1 and 2  
4 - Fellowships, grants, scholarships  
5 - Combination of 1 and 4  
6 - Combination of 2 and 4  
7 - Combination of 1, 2 and 4  
8 - Other  
9 - Unknown

9. Income During First Three Months of This Pregnancy

38-39

Item 50

- Code: 00 - None  
05 - Under \$250  
15 - 250-499  
25 - 500-749  
35 - 750-999  
45 - 1,000-1,249  
55 - 1,250-1,499  
65 - 1,500-1,749  
75 - 1,750-1,999  
85 - 2,000-2,249  
95 - 2,250-2,499  
96 - 2,500 or more  
99 - Unknown

DEFINITION OF CODES (Continued)

FORM SE-1  
Card 35014

FIELD

CARD  
COLUMN

10. Additional Sources of Income During First Three Months of This Pregnancy 40  
Item 50  
Code: 0 - None  
1 - Non-monetary compensation  
2 - Support but value unknown  
3 - Combination of codes 1 and 2  
4 - Additional cash income but value unknown  
5 - Combination of codes 1 and 4  
6 - Combination of codes 2 and 4  
7 - Combination of codes 1, 2 and 4  
8 - Savings used during this period  
9 - Unknown
11. Regularity of Income During First Three Months of This Pregnancy 41  
Items 51A or 51B  
Code: 0 - Irregular monthly income  
1 - Regular monthly income  
2 - Regular pay periods  
3 - Irregular pay periods  
9 - Unknown
12. Changes in Major Source of Income During First Three Months of This Pregnancy 42  
Item 52  
Code: 0 - None  
1 - Married during this period and income shifted from self or parents to husband  
2 - Widowed, divorced or separated with a major change in source of income  
3 - No change in marital status but major change in source of income  
9 - Unknown
13. Number of Persons Cared For 43-44  
Item 53A  
Code: 01-15 - As given  
99 - Unknown  
Additional codes reviewed and approved: 16-19.

DEFINITION OF CODES (Continued)

FORM SE-1  
Card 35014

FIELD

CARD  
COLUMN

- |     |   |       |
|-----|---|-------|
| 14. | <u>Number of Children Under 8 Years Old Cared For</u><br>Item 53  | 45-46 |
|     | Code: 00 - None<br>01-12 - As given<br>99 - Unknown   |       |
| 15. | <u>Changes in Number of Persons Supported During</u><br><u>First Three Months</u><br>Item 54  | 47    |
|     | Code: 0 - None<br>1 - Yes<br>9 - Unknown  |       |
| 16. | <u>Major Source of Income</u><br>Item 55  | 48    |
|     | Code: 0 - No person<br>1 - Gravida<br>2 - Husband<br>3 - Father of baby<br>4 - Gravida's parent(s)<br>5 - Other relative(s)<br>6 - Friend(s)<br>7 - Unemployment or workmen's compensation,<br>disability pension<br>8 - Welfare<br>9 - Unknown |       |
| 17. | <u>Occupation of Person Providing Major Source of Income</u><br>Item 55   | 49-50 |
|     | Code: Same as in Field 3  |       |

INTERVIEWER'S CODE

05 - Boston

01 Mori  
02 Sawicki  
03 Miller  
04 Bartlett  
05 Vivian  
11 Johnson  
12 Hailahan  
13 McCarty  
14 Quade  
15 Thorpe  
16 Korostein  
17 Bradley  
18 Cheney  
19 Abrams  
20 Silverstein  
21 Costigan  
22 Crawford  
23 Dunlop  
24 Kehev (nee Schuster)  
25 Rilman  
26 Edwards  
27 Ebers  
28 Pickman  
29 Spear  
30 Wortelliti  
31 Veeder  
32 Hill  
33 Miller  
34 Weintraub

10 - Buffalo

11 Miller  
12 Clark  
13 Steinberg  
14 Berke  
15 Wageman  
16 Alback  
17 Downey  
19 Boehne  
28 Vincent

15 - Charley

11 Lystad  
12 Bachrach  
13 Templeman  
14 Newton  
15 Ward  
16 Fowler  
17 Richardson  
18 Harris  
19 LaCour  
20 St. Romain  
21 Geddy  
22 Grenillion  
23 Meilleur  
24 Harter  
26 Quinian  
27 Lampert  
30 Murphy  
32 Treadway  
33 Cottonio  
34 Roy (nee Goutierrez)

21 - Columbia

11 Herdin

37 - Johns Hopkins

11 Zavarhy  
12 Shebby  
13 Thompson  
14 Bernie  
15 Horning  
16 Bowie  
17 Tyler  
18 Berg  
19 Gimble  
20 Turner  
21 Sherman  
22 Roberts  
23 Tyler  
24 Foster  
25 Dallas

37 - Johns Hopkins (cont.)

26 Smith  
27 McHale  
28 Williams  
29 Looney  
30 Permutt  
31 Korn  
32 Parker  
33 Milner  
34 Silverman  
35 Stone  
36 Hodgson  
37 Walker  
38 Morton  
39 Assero  
40 Glace  
41 Kerfoot  
42 Malin  
43 Stohl  
44 Johnson  
45 White  
46 Pisanic  
47 Holmes

45 - Med. Col. of Virg.

11 Daniel  
12 Oppenheimer  
13 Ellis (nee Holland)  
14 Ware  
15 Hatcher  
16 Vaughan  
17 White  
18 Luebenisen  
19 Stephenson  
20 Miller  
21 Shomo  
22 Whitten  
23 Parlett  
24 Johnson  
25 Ware  
26 Burgess  
27 Grant  
28 Murdin  
29 Sutton  
30 Alford

45 - Med. Col. of Virg. (cont.)

31 McLeod  
32 Dyson  
33 Weaver  
34 Brooks  
35 Wickers  
36 Kennedy  
37 Downs  
38 Everett  
39 Wickers  
40 White  
41 Gallop  
42 deVignier  
43 Phillips  
44 Stephens

50 - Minnesota

11 Murphy  
12 Selle  
13 Euber  
14 Newman (nee Slater)  
15 Scallen  
16 Vollan  
17 Okincw  
18 Lindahl  
19 Seymour  
20 Dillard  
21 Kunin  
22 Berscheid  
23 Hausman  
24 Fisk

55 - New York Medical

11 Shapiro  
12 Stein  
13 Santa Maria  
14 Vasquez

60 - Oregon

11 Kochendcerfer  
12 Leopold  
13 Reed  
14 White  
15 French  
16 Leverett  
17 Cooper  
18 Dunn

66 - Pennsylvania

09 Kimbrough  
11 Shephard  
12 Logan  
13 Cantor  
14 Jackson  
15 De La Mora  
15 Fulton  
17 Graham  
18 Marik  
19 Reinike  
20 Turner  
21 Torpey  
22 Milan  
23 Phann  
24 Weinstein  
25 Landsman  
26 Mueller  
27 Nielsen (nee Schucholz)  
28 Valies  
29 Bradley  
30 Veale  
31 Silva  
32 Mucci  
33 Chanez  
34 Chequin

71 - Providence

11 Carac  
12 Manzelmann  
13 Tennant  
14 Griffith  
15 Seaman  
16 Myette  
17 Cafferty  
18 Derby  
19 Hagy  
20 Eitel  
21 Dolby  
22 Menge

82 - Tennessee

11 Pollard  
12 Ambrese  
13 Barnes  
14 Watson  
15 Tressan

82 - Tennessee (cont.)

16 Richardson  
17 Bettersworth  
18 Lutz  
29 Allen

SOCIO-ECONOMIC INTERVIEW  
FORM SE-1

ITEM #	ON FORM	DATE OF INTERVIEW	ENTRY DATE	GRAVIDA'S WORK HISTORY	29	BLANK
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
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21						
22						
23						
24						
25						
26 or 27						
28						
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30						
31						
32						
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34						
35						
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37						
38						
39						
40						
41						
42						
43						
44						
45						
46						
47						
48						
49						
50						

SOCIO-ECONOMIC INTERVIEW  
FORM SE-1

Item #	On Form	Card #	Form Used
1	8	2501	Form used
2	30		OCCUPATIONAL HAZARDS TYPE OF DANGEROUS MATERIALS TOXIC FLAMMABLE EXPLOSIVE CORROSIVE RADIATION OTHER
3	31		FROM ANIMALS NO. YR. TYPE OF HOUND LENGTH OF TIME AT RESIDENCE TYPE OF HOUND RESIDENCE TYPE OF HOUND AT RESIDENCE
4	36		TYPE OF HOUND RESIDENCE TYPE OF HOUND AT RESIDENCE TYPE OF HOUND RESIDENCE TYPE OF HOUND AT RESIDENCE
5	38		NUMBER OF ROOMS
6	39		NUMBER OF PERSONS IN HOUSEHOLD
7	40		HOUSEHOLD STRUCTURE TYPE OF HOUND RESIDENCE TYPE OF HOUND AT RESIDENCE
8	43		HIGHEST GRADE COMPLETED NATIONAL ACHIEVEMENT TEST HIGHEST GRADE COMPLETED NATIONAL ACHIEVEMENT TEST HIGHEST GRADE COMPLETED NATIONAL ACHIEVEMENT TEST
9	44		EMPLOYMENT STATUS OCCUPATION WEEKS HOURS PER WEEK CURRENT OR TIME MOST RECENT OUT OF WORK
10	45		HUSBAND OR FATHER OF THE BABY CURRENT OR TIME MOST RECENT OUT OF WORK OCCUPATION WEEKS HOURS PER WEEK CURRENT OR TIME MOST RECENT OUT OF WORK
11	46		HUSBAND OR FATHER OF THE BABY CURRENT OR TIME MOST RECENT OUT OF WORK OCCUPATION WEEKS HOURS PER WEEK CURRENT OR TIME MOST RECENT OUT OF WORK
12	96		BIRTH





## INTERVIEWING MANUAL FOR THE SOCIO-ECONOMIC SCHEDULE (SE-1)

### I. Objectives

The Socio-Economic Interview is the instrument by which the Collaborative Project gathers information about selected demographic, social and economic characteristics of the women who are in the study. This information is needed to describe the study population and to aid in the analyses of pregnancy outcomes. It is therefore essential that the gravida be impressed with the need for accuracy and cooperation. The gravida must be assured that this information is confidential and is to be used only in medical and statistical studies in which no names appear.

### II. General Instructions

- A. The entire socio-economic schedule is to be completed at one interview as soon after the gravida's entry into the study as possible. If, for any reason, the interview is conducted after the termination of the pregnancy, this should be noted in item 5A, "After Delivery." In such instances the questions are to be asked retrospectively, as of the time of the gravida's entry into the study, as for example:

Item 12. What was the highest grade of regular school completed at the time you joined \_\_\_\_\_ on \_\_\_\_\_?  
*use name of project*  
*use date of AR-1 interview*

or

Item 33. Were you living in a house or in an apartment or did you have some other arrangement at the time you joined the \_\_\_\_\_?  
*use name of project*

- B. Effort should be made to obtain the socio-economic interview from each gravida in the study including those who abort early.
- C. Every sheet must contain the gravida's name and NINDB number in the space provided.
- D. Items 2 through 9, 42 and R-5 are to be filled in by the interviewer without questioning the gravida.
- E. Unknowns -- If, after probing, the gravida does not answer the question, write "UNK." When the entry is to be written on a line, write UNK on line. When the entry is to be a check in one of a row or column of boxes, write at the

end of the row or column. When the entry is a number to be written in a box or boxes, write UNK above the box; if space is inadequate, write UNK alongside the box. Avoid writing UNK in the box in which a number is usually written.

- F. An introductory statement precedes Section A. Transitional sentences are shown in the section headings as needed.
- G. The questions, as they are to be asked, appear in large print and end with the question mark. Instructions and notes to the interviewer are in fine print. All questions are to be asked in the order in which they appear on the schedule. If, however, an institution finds that a particular sequence of sections is threatening to the patients, it may, upon notifying the Central Office, change the sequence of sections to meet its own needs. When this is done, the assembled form, as sent to SPAN Section, must be arranged in the original sequence. In all cases, the original, and not the carbon, should be sent.
- H. Ask each question exactly as it appears on the form. If there is no response, repeat the question exactly as it appears on the form. If there still is no response or the answer shows that the question was not understood, probe, using the phrase, "Perhaps I did not make myself clear," and rephrase the question taking care not to alter its meaning. Write the exact question you used above the original question.
- I. If the gravida gives information ahead of the schedule, tell her that you are going to be asking her about that later. When the item is reached in the course of the interview, ask the question as it appears on the form but indicate to the gravida that she started to answer this earlier.
- J. Before closing the interview, ask the gravida to wait while you check the form for omissions or inconsistencies. Thank her for her cooperation and point out its importance to the study as a whole.
- K. For Repeat Pregnancies in this study, the collaborating institution may elect one of two procedures:
1. Complete the entire SE-1 form as for a first study pregnancy, or

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Interviewing Manual for the Socio-Economic Schedule (SE-1)

2. Where there is a readily accessible completed SE-1 form from a prior pregnancy, complete the abridged form. It is not possible to use the FHH 1 and 3 form as the basis for the abridged SE-1 form.

To use the abridged form:

(a) Call for the SE-1 form which was completed for the earlier pregnancy.

(b) Check to make certain that all pertinent questions were answered in Sections A through F. If they were not, the abridged form CANNOT be used. If they were completed, enter the information needed for items 8, 9A and 9B on the current SE-1 form.

(c) As you come to each of Sections A through F the instructions and special questions for the abridged SE-1 form are printed in bold italics, at the right of each section heading. The instructions and the questions are preceded by a dagger (†).

L. Boxes should be filled in with an x or a check (✓) mark.

M. Entries should be made in black or blue ink or in black pencil.

N. Local editing should be done in red.

O. Please do not use any other colors.

III. Specific Instructions

Item No.

1. Patient Identification

Include name and NINDB number of gravida. If a plate is used, make sure the identifying information is legible. Stamp patient identification on each page of the SE-1 form at the start of the interview.

2. Date

At the start of the interview fill in the month, day and year. Use numbers; for example, for April 3, 1962 write 04103162.

3. Enter your title.

4. Enter your name and two digit code number.

Item No.

5. Check proper box to show whether the interview is being conducted before or after termination of pregnancy.

6. Indicate where the interview is conducted.

7. Check whether English or some other language is used for the interview.

If this is the first study pregnancy, proceed to Section A.

8. If this is a repeat pregnancy and entire form is to be filled in, check "Entire SE-1."

If this is a repeat pregnancy and the abridged form has been elected, check "Abridged SE-1."

9. A. If the ABRIDGED SE-1 is being used, enter the date of the prior SE-1 interview, and insert number of pregnancy from prior SE-1. This is the eleventh digit of the NINDB number.

B. Enter the name of the man for whom the prior SE-1 form was completed (from items 23, 24 and 40 of prior form). Check appropriate box for "HUSB" (husband) or "F.O.B." (father of the baby if other than the husband.)

SECTION A - GRAVIDA'S BIRTHPLACE AND EDUCATION

† R-1. Repeat Pregnancy-Abridged form, ask R-1 as follows:

If in item 9A the date of the previously completed SE-1 form was given as 2-13-60, ask: "Have you attended school since February 13, 1960?" If answer is "No," omit Section B. If "Yes," complete item 12.

Elementary school is sometimes called Public School or Grammar School. Seventh, eighth and ninth grades are often called Junior High School. College is a school leading to an academic degree or certificate. Regular school includes elementary, junior high or high school, junior college and any other school that leads to an academic degree. This does not include barber college, beauty college, or secretarial college, unless part of a bona fide academic

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Interviewing Manual for the Socio-Economic Schedule (SE-1)

Item No. 9. (Continued)

college. Many business schools are part of a regular university. Institutes of technology that are academic institutions are to be considered as colleges; technical institutes that do not give a degree, such as a technical school for auto repair, are not. Give credit for highest grade whether achieved during day or night. If the gravida says "night school," probe to determine the kind of school.

10. Birthplace

Determine whether the birthplace is inside or outside Continental U. S. If outside, ask item 10C. The month and year are enough. Please use numbers to record date; for example, for May 1948 write 05(48).

11. Size of the Community

If the gravida is not sure of the size of the community, probe to determine whether it was farm or non-farm.

12. A. What is the highest grade of regular school that you have completed?

The numbers 13, 14 and 15 correspond to 1, 2 and 3 years of college respectively.

Number 16 is for completion of four years of college or graduation from a college, as a teacher, pharmacist, home economist, accountant, etc. (unless a higher degree is indicated).

Number 17 is for at least one year of graduate or professional school with no graduate degree.

Number 18 is for an M.A., Ph.D. or any other higher degree such as Law or Medicine.

If gravida says that she attended ungraded classes, determine the nature of the ungraded class. If class was for rapid or bright learners circle the grade achieved. For other ungraded (slow, disturbed, etc.) learners write in ungraded.

If the gravida says that she finished the first half of the 7th grade, she has in fact completed the 6th grade. Circle 06.

Item No. 12. (Continued)

B. Did you pass (graduate from) this grade (school)?

For 11th and 12th grade, ask Did you graduate from High School?

For 3rd and 4th year College, ask Did you graduate from College?

For less than 11th grade, ask Did you pass this grade?

C. Have you had any other schooling?

Other schooling means other than regular as defined above, such as beauty school, barber college, repair service school, dancing school, etc.

D. Was the last regular school attended outside the United States?

Ask as given. The purpose of this question is to determine whether the highest grade was achieved in a domestic or foreign school. If schooling was outside Continental U. S. but under the U. S. Military, please indicate this.

E. Are you at present going to school?

Ask as given. If "Yes," indicate regular or other as defined above. Specify grade where applicable.

13. Occupation of Gravida's Father

This question is designed to provide some indication of the socio-economic status of the gravida at the time she entered a marriageable state. For this reason, the time selected was, when the gravida completed or left regular or academic school. Attendance at adult education classes is excluded. If her father was not in the household, the occupation of the head of the household at that time is recorded and the relationship to the gravida is shown; for example, grandfather, stepfather, uncle, mother.

For the unmarried gravida still at school, record the current occupation of her father or father substitute. For the married gravida still at school, record the occupation of her father, or father substitute, at the time she married for the first time.

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Item No. 13. (Continued)

Item No.

Get a full description of the work that the father was doing. Probe for the industry and whether he was self-employed. If self-employed, indicate this with kind of work. Do not accept broad statements such as clerical work, laborer, maintenance man or operator, but describe in detail the kind of work. For example, instead of clerical worker, record messenger in shoe store, bookkeeper in grocery store, secretary in insurance office, office machine operator in bank, etc. Instead of laborer, record in detail what he did such as hand loaded barrels onto truck, hoist loaded barrels onto truck, cleaned machines, etc. Instead of maintenance man, probe for details as to kinds of things he did on the job and record as electrical repairs, carpentry, painting, cleaning the yard, etc. For farmer, probe whether owner, tenant farmer or farm worker. For each of the items about kind of work (occupation), you should record enough information so that we can classify the job according to the U.S. Census of Occupations.

**SECTION B - GRAVIDA'S LANGUAGE, RELIGION, RACE**

REPEAT PREGNANCY-ABRIDGED FORM OMIT ITEM 17.

**15. Languages Spoken**

Ask as given.

**16. Religion of Gravidia**

On the schedule, "P" denotes Protestant, "R.C." Roman Catholic and "J" Jewish. Check the appropriate box without probing. If the patient says "no religion" or other than the three given, check "Other" and specify.

**17. Race of Gravidia**

On the schedule, "W" denotes White, "N" Negro, "O" Oriental and "PR" Puerto Rican. Use "Other" for all other categories and specify. Ask the question as written.

**18. Religion of the Baby's Father**

Ask the question as given. Do not substitute the word "Husband" for "The Baby's Father." The letter symbols for religion are as for item 16.

**19. Race of the Baby's Father**

Ask as given. Do not substitute the word "Husband" for "The Baby's Father." The letter symbols are as for item 17.

**SECTION C - GRAVIDA'S MARITAL HISTORY**

REPEAT PREGNANCY-ABRIDGED FORM, ASK AS FOR R-1.

If answer is "No," omit Section C. If "Yes," complete Section C.

**20. Marital Status**

Ask as given. Common-law includes consensual marriage, that is an arrangement for living together by mutual agreement. The abbreviations on the form represent the following categories:

M Married

CL Common-law Marriage (include consensual marriage). — Use this category if it is in general use in your institution and in your community.

W Widowed

D Divorced

Sep Married, but separated. Include all gravidas who are married but not living with husband whether or not the separation is legally recognized.

S Single

**21. Have you ever been married?**

Ask only of the single gravidia. If answer is "No," omit rest of Section C.

**22. A. How many times have you been married including the present marriage?**

For single gravidia, omit the phrase "including this marriage." Count only legal marriages including common-law if recognized in your community.

**B. Chronology of Marriages**

For one marriage ask "When were you married? What month and year was that? Are you still married to this man?" If answer is "Yes," enter date. If answer is "No," ask "When did the marriage end? How did it end?"

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Item No. 22. B. (Continued)

Then show marriage date (month and year), termination date (month and year), and nature of the termination. For two or more marriages, start with the most recent marriage — get the dates of beginning and termination and reason for termination.

Enter dates and mark in appropriate spaces.

For example:

Gravida says that she has been married three times. She is at present married, she entered into this marriage on July 27, 1961. She had been previously divorced June 15, 1961. This ended the marriage begun November 3, 1954. Her first marriage was entered into on February 5, 1950 and her first husband died on October 12, 1953. Enter as follows:

MARRIAGE		TERMINATION		REASON	STATUS		
MO.	YO.	MO.	YO.		DECEASED	DIVORCED	SEPARATED
	50			✓			
11	54	6	61		✓		
2	60	10	53				

23. If at present married, ask "Is your husband living at home with you?"

This means living with the gravida. If answer is "Yes," omit item 24. If answer is "No," ask item 24.

24. If current termination is "separated," also ask "Why are you living apart from your husband?" Do not ask the reasons shown for coding purposes. Ask only the initial question. This is to determine the nature of the separation and the reason for it.

SECTION D - GRAVIDA'S WORK HISTORY

† R-3 REPEAT PREGNANCY-ABRIDGED FORM, ASK AS FOR R-1.

If answer is "No" skip to item 31.  
If answer is "Yes" complete Section D.

FOR THE ENTIRE SE-1 FORM,  
SECTION D STARTS WITH ITEM 26.

26. "Do you have a job now?"

Item No. 25. (Continued)

If the answer is "Yes," ask A, B and C then skip to item 28. If the answer is "No," skip to item 27.

A. How many hours per week do you work?

If gravida gives a daily figure, probe number of days worked during the week and arrive at a weekly figure.

B. How long on job?

Enter years, months and to nearest week in appropriate boxes, as given by the gravida. If, for example, she says 4 and a half years, there is no need to probe for finer detail. Enter as 04 years 06 mos. 0 wks.

C. What kind of work do you do on the job?

Get as full a description as possible before recording the occupation. Do not accept general descriptions as "helps with cooking," "works in restaurant" (try to find out what she does; such as makes salads, washes pots and pans, makes sandwiches, cooks short-orders in a restaurant), or "works in a factory" (probe for details, such as runs a sewing machine in a pocket book factory, pastes feathers on hats, mounts jewelry on show cards, packs shrimp in cans, packs pickles in jars). Probe for self-employment. If self-employed enter with information about kind of work.

27. Have you ever had a job?

If gravida says "No," before recording, probe to discover any kind of work for which the patient received either money or any kind of material return such as rent, or room and "board," or clothing. If still "No," complete item 29. If "Yes," complete Section D.

27 A, B, C — See 26 A, B, C.

D. "When did you stop working?"

Give month and year — using numbers.

28. How many other kinds of work have you done?

A count of the different occupations is sought in this question. If the gravida had worked in five different firms as a typist, in two theatres and a restaurant

Interviewing Manual for the Socio-Economic Schedule (SE-1)

Item No. 28. (Continued)

as a cashier and in two restaurants as a waitress, she has had ten jobs but has done only three kinds of work; typing, acting as cashier and waiting on tables.

A. How many jobs have you had? — Ask only of the gravida who has worked at only one occupation. If she reports one job, skip to item 30, if several jobs, ask item 29B.

29. A. What kind of work did you do for the longest time?

Again try to get as full a description of what the gravida did before writing down the occupation. What is needed is a description of the occupation that the gravida pursued for a longer total period of time than any other occupation that she may have pursued, regardless of how many jobs this involved. For example, if she worked as a waitress on six jobs over a period of two years but worked as a cashier on one job for four years, then cashier is the occupation to be reported here.

B. For how long did you do this kind of work?

Record as for 29B. If gravida reports having worked at several jobs in the same occupation, please report the total amount of time spent at this occupation. Even if work was part-time, count between dates.

30. Occupational Hazard

This is a screening question — with a "Yes," "No" answer. Ask each line separately, completing "A" before proceeding to "B," etc.

When the answer is "Yes", ask "Tell me what you did and where you did it. For about how long?" Record this in months, where possible. If less than month, record in weeks or days as needed. Be sure to include time unit where less than a month.

A. Have you ever worked with X-ray or fluoroscope equipment or been exposed to X-rays in your work?

Possible answer: Used machine to check fit of children's shoes in shoe store. Proceed to next line.

Item No. 30. (Continued)

B. Have you ever worked with other radiation such as radioactive elements or isotopes?

Either handling them or cleaning up areas where they were used? In probing this question emphasize that it is about radio-active elements or substances that you are asking. If the gravida does not know what you are talking about, just tell her "you would know if you had been working with such things."

C. Have you ever worked with tobacco dust or leaf, or handled tobacco?

On a farm picking or stripping or shaking tobacco leaf; or in a warehouse, handling; or in the manufacture of cigars, cigarettes, or other tobacco products? (Record "No" for selling of packaged cigarettes and cigars or tobacco).

D. Have you ever worked with steam or very high heat where special care had to be taken?

Probe for the kind of work and the work situation. Some possible situations are: in chemical processes, steam laundry, commercial cooking, metal processing, rubber processing. This would include operation of a steam mangle or ironer in a commercial laundry or hospital or a cleaning and laundry establishment, but not the use of a steam iron in a private home. If gravida thinks she did, record as "Yes."

E. Have you ever worked with chemicals, their dusts, gases, or fumes in a job situation?

Detergents used by a domestic worker in the home should not be included but chemical compounds used by a char-woman who cleans offices or other commercial buildings should. Also include spotters in dry cleaning establishments, cleaners and dyers, fur finishers, etc. Probe for detail of the industry and work done. When asking this question, ask "Chemical Dusts," "Chemical Gases," "Chemical Fumes?"

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Item No. 30. (Continued)

F. Have you ever had to lift heavy weights on any of your jobs?

"Tell me about this job." "Under what circumstances?" "Where was this?" If gravida says "Yes," accept it. Consider as a heavy weight what is heavy to the woman.

G. Have you ever had to handle animals or birds on any of your jobs?

Probe: "Like tending animals or eviscerating fowl or caring for animals?"

31. Have you ever cared for, handled, played with or worked around farm animals.

A. Ask as given; then elaborate. "You know, watered or fed or dressed farm animals such as chickens, ducks, geese, etc." If the answer is "Yes" ask:

B. How often? From what the gravida tells you, determine and check the proper category as defined below:

Incidentally means once or twice; on a visit to a farm or a fair, having played with one or more of these animals at Easter-time, or other times at a zoo.

Frequently means that gravida has or had some constant contact with animals having lived on a farm at any time, or having spent a vacation on a farm during which animals were handled.

Other includes situations not covered above.

C. When was the last time you did this?"

If recently, give month and year. If more than five years ago, give year.

**SECTION E - HOUSEHOLD ARRANGEMENT**

Preface Section E by a lead-in sentence such as, "Now I'd like to ask you something about your living arrangements."

**IR-4 REPEAT PREGNANCY-ABRIDGED FORM**

"Have you moved since \_\_\_\_\_?" Use date from item 9A. If answer is "No," skip to item 38. If "Yes," complete Section E.

Item No.

**FOR THE ENTIRE SE-1 FORM,  
SECTION E STARTS WITH ITEM 33.**

These are the definitions used in this Section:

1. A HOUSING UNIT consists of living quarters of one or more rooms with either (1) direct access from the outside or a common hall, or (2) a kitchen or cooking equipment for the exclusive use of the occupants.
2. A HOUSEHOLD consists of all persons occupying one Housing Unit.
3. A HOUSE is a building that contains 3 or fewer Housing Units (This includes the 2-family house sometimes called DUPLEX).
4. An APARTMENT HOUSE (sometimes called a TENEMENT HOUSE) is a building that contains FOUR or more distinct Housing Units.
5. An APARTMENT (sometimes called a FLAT) is a Housing Unit in an Apartment House.
6. A BOARDING HOUSE is a housing arrangement in which non-related persons are furnished regular meals and lodging.
7. A ROOMING HOUSE is a housing arrangement in which non-related persons are furnished lodging.

33. Do you live in a house, or in an apartment or do you have some other living arrangement?

If the gravida says that she lives in a "Housing Project" or "Garden Apartment" probe to determine whether this is an apartment or house, by our definition. If gravida lives in a dormitory, answer items 34-37 and omit 38-40.

The codes used are:

1. House, includes bungalow, shack, trailer.
2. Apartment.
3. Rooming or boarding house, includes hotel and motel.

34. How long have you lived in this (house, apartment, etc.)? Use appropriate word from item 33.

If less than one year, enter number of months in months' box. If one year or more round to nearest year and enter number of years in years' box.



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Item No.

Item No. 40. A. (Continued)

35. Where did you live before this?

If always same house, check "never moved" and skip to item 38. If gravida had moved within same city, check "1." If she moved within same state but from another city or community, check "2." If gravida had moved from another state or a foreign country, enter name of the state or foreign country.

36. How long did you live in that residence?

Fill in as for item 34.

37. How many times have you moved in the last five years?

This includes moves made before the gravida was married if within the 5 years. (If gravida lived at home, but went back and forth to school, do not count these as separate moves).

38. How many rooms are there in your present (house, apartment, etc.)?

Make certain that the gravida is not counting halls, bathrooms or kitchens. Count only whole rooms. If 3-1/2 rooms are given, probe for description of "1/2" room. If this is indeed a hall, vestibule or foyer, do not count. If it is a space having a partition extending from floor to ceiling and is used for living rather than for storage, it is to be counted as a room. If gravida reports living in cabin, trailer or shack, determine the number of rooms exclusive of kitchen, bath and halls.

39. How many people are living in your household including yourself?

Paraphrase: How many people are living in your home with you? Be sure to include the gravida.

40. A. Tell me who they are? How they are related to you? How old was each person on his (her) last birthday?

From these three questions we want to get an understanding of the composition of the gravida's household. Usually this consists of the gravida, her husband and children if any. For complex households such as the gravida who lives with her husband and his parents etc., or the gravida who

lives in a boarding or rooming arrangement, determine the number of persons who live in the housing unit (apartment, flat or house, etc.) with the gravida, their relationship to her, their respective ages in years as of their last birthday, and the sex of each person.

Describe the relationships to the gravida such as, husband, son, step-daughter, grandchild, foster child, parent, grand-parent, sister, half-brother, aunt, cousin, nephew, in-laws, father of the baby, friend, roomer or boarder. If more space is needed to enumerate persons in the household, use the bottom of the page.

B. Who is the head of your household?

Please circle the name of the person whom the gravida considers to be the head of the household. Thus, if her parents or her husband's parents are living in the same household with the gravida, probe to find out whether she is living with the parents, or the parents are living with her and her husband.

42. Husband or Father of the Baby

Information on page 5 of SE-1 is to be collected for either the husband or the father of the baby, as the case may be. From the forms determine about whom you are collecting the information and check the appropriate box in item 42 without asking the gravida.

Identify as "Husband" if he is living in the household or if he is temporarily away at work, seeking work, in the Armed Forces or in an institution and no other father of the baby is reported. In all other cases identify as the "Father of the Baby."

NOTE: Information is to be collected about either the husband or the father of the baby according to the instructions shown below, even if neither of these men is presently a member of the gravida's household.

COLLECT DATA FOR

GRAVIDA IS MARRIED (include COMMON LAW) and HUSBAND IS PRESENT IN HOUSEHOLD.

HUSBAND, IF GRAVIDA IS MARRIED (include COMMON LAW) and HUSBAND IS AWAY, and FATHER OF THE BABY IS NOT PRESENT IN HOUSEHOLD.

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Item No.

**FATHER of the BABY, if**  
**GRAVIDA IS MARRIED** (include COMMON LAW), **HUSBAND IS AWAY** and **FATHER of the BABY is PRESENT IN HOUSEHOLD.**  
**GRAVIDA IS WIDOWED, DIVORCED, SEPARATED OR SINGLE.**

**SECTION F - EDUCATION, BIRTHPLACE OF HUSBAND OR FATHER OF THE BABY**

Introduce this section with:  
 "Now I'm going to ask a few questions about your husband (or the father of this baby)." Note: Use whichever was identified in item 42.

Item No.

**REPEAT PREGNANCY-ABRIDGED FORM.**

† R-5. Determine from the SE-1 form whether this is the same man as in the prior SE-1 form. If there has been no change in marital status or living arrangements and the name is the same in item 9B as in 40A check "Same Man" and ask R-6. If not the same man, check appropriate box and complete this page.

† R-6. Has he attended school since when you were interviewed earlier? If answer is "No," omit Section F. For few for whom answer is "Yes," complete Section F.

**FOR THE ENTIRE SE-1, SECTION F STARTS WITH ITEM 43.**

43. What is the highest grade of regular school that he has completed?

This section parallels the education question in Section A for the gravida.

44. Where was he born?

Enter the name of the city or county of his birth and the state. For foreign-born, enter name of city and country.

**SECTION G - WORK HISTORY OF HUSBAND OR FATHER OF THE BABY**

To be asked of the gravida for each study pregnancy.

45. Is he now working?

If "No," omit rest of item 45. Ask 46. If "Yes," omit item 46.

A. How long has he been on this job?

See 26B.

B. What kind of work is he doing?

Again, as with the occupation of the gravida or her father, probe for enough information to write an occupational description that can be classified. This means both the kind of work and kind of industry, and whether he is self-employed. Occupations such as: maintenance worker, laborer, operator, handy man, construction worker are too general. Probe for what the man does or was doing on the job in what industry. Get the best information you can. If gravida says, "I don't know he's just a construction worker," ask, "What does he do on the job?" Be careful not to suggest activities but try to get her to describe, as well as she knows, what he does. For farmers probe whether he is owner, tenant farmer or farm worker.

46. Has he ever worked?

If "No," omit G. If "Yes," complete remainder of Section G.

A. See 26B.

B. See 45B.

C. How long has he been out of work?

See 26B.

D. Why is he unemployed?

Ask only of men not now working. Probe for reasons; let the gravida tell you why. Do not offer possible reasons.

47. A. What kind of work did he do for the longest time?

This is information about an occupation (kind of work), not a particular job. He may have been a truck driver for two years and for six years a longshoreman, who had been working

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Item No. 47. A. (Continued)

out of a hiring hall with assignments lasting one to three days. The kind of work he did for the longest time is longshoreman's work. Probe for self-employment.

B. For how long did he do this work?

The total time worked at this occupation is wanted, not the duration of the job that he held for the longest time. Enter as for 26B. If possible, give also the span of years this covers.

48. A. How much time has he spent unemployed in the past year?

Record in weeks.

B. How many jobs has he had in the past year?

(1) If he has worked continuously for the same company during the past year, this is to be considered as one job, regardless of the number of kinds of work he did during the year.

(2) If he has worked continuously for a contractor who sent him out on jobs during the year, this is to be considered as one job. For example: if he is a painter working for a painting or decorating company, and he is sent out to different places to work but is assigned by this company, this should be considered one job.

(3) If he is self-employed and bids on jobs, item 48B does not apply. Enter DNA.

SECTION H - FAMILY INCOME

The answers from this Section will serve as the basis for estimating the economic status of the gravida and her family. Therefore, all questions are to be asked of every gravida each time she has a study pregnancy. Assure the gravida that this information will be used for medical and statistical purposes with no mention of names. The data are to be collected for the first three months of the pregnancy being studied, except for the gravida who is being interviewed before the end of the third month. In such cases ask for the income during the im-

Item No.

mediately preceding three months, including the month of interview. Do not shorten the interval for which income is recorded.

50. "We are interested in the income of your family during the first three months of this pregnancy. That would be during \_\_\_\_\_ and \_\_\_\_\_"  
*enter the 3 months of first trimester*

(Use AR-1 as source of dates of first trimester.)

Ask, "Where did the money come from?" and "How much money was coming in during these three months?"

The sources of income have been divided into three kinds: 1) Earnings from wages, salaries, earned pensions and compensations, and fellowships and grants. 2) Welfare or charity. 3) All other sources and supplementary income, such as bonuses, dividends, savings, gifts, rent from property, etc. Probe for income from all of these sources. Ask, "How much did you earn during the first three months of your pregnancy?" "How much did your husband earn?" (F.O.B. if he lives with gravida.) "During these three months did any one else earn any money on which your family lived?" If yes, probe "From whom and for how much?" Probe further, "Did money come in from any other place during these three months?"

List income from earnings in top block of col. (b); show earner and kind of earnings; i.e., gravida's wages, husband's G.I. benefits, grandmother's Social Security benefits. List money from welfare or charity in middle block of col. (b) indicating recipient and source of money; i.e., general public assistance (GPA) to gravida's mother, or aid to dependent children (ADC) to gravida, etc. List all other money receipts in bottom block of col. (b). Show recipient and source of money; i.e., rent from husband's property.

For each entry report details of receipts in col. (c) showing amount and unit of time; for example, husband's wages \$75/wk every week. Do the computation and enter the total received from the particular source in col. (d).

When gravida reports free rent or room and board either as payment by an employer, for work done, or as a gift or other contribution, list under "other sources" as

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Item No. 50. (Continued)

follows: 1) In column (b) explain from whom and why, for example gravida's earnings as resident manager, 2) in column (c) describe nature of payment, for example 3 room apartment rent free, plus utilities, or free room and board for gravida and 4 year old boy, 3) In column (d) put a dash (-). Leave the total in column (e) blank.

An example of how this table is filled in follows:

Gravida states: "I worked for six weeks at \$55/wk and received \$25/wk unemployment compensation for seven weeks during that time. I get \$10 a week child support for my child by another father but he missed three weeks during that time. My husband is on G.I. Bill, gets \$135/mo - and was getting it then. He was also working part-time earning \$15-\$25/wk.

We are living in a two family house and rent out the upper flat for \$75 a month. My husband's mother lives with us and she was getting \$20/mo Social Security pension at that time."

(a)	(b)	(c)	(d)
Earned Income	Gravida: Wages	\$ 55/wk - 6 wks	\$ 330
	Unemp. Comp.	25/wk - 7 wks	175
	Husband: Wages	15-25/wk - 13 wks	260
	G.I. Bill	135/mo - 3 mos	405
Other	Father-in-law's		
	Soc. Sec. Pension	20/mo - 3 mos	240
Welfare	---	---	---
Other Sources	Rent from upper flat	75/mo - 3 mos	225
	Child support from father	10/wk - 10 wks	100
TOTAL:			\$1,735

If gravida reports that her husband had been awarded an \$1,800 fellowship for the nine months school year and he is in the National Guard and earned drill pay of \$75 for the three months, enter as follows:

(a)	(b)	(c)	(d)
Earned Income	Husband: Fellowship	\$1,800/yr for 9 mos	\$ 628
Welfare	---	---	---
Other Sources	Husband: Nat'l Guard Pay	75 for 3 mos	75
TOTAL:			\$ 675

Item No. 50. (Continued)

For self-employed or persons with uncertain income enter source in col. (b), record details in col. (c) and estimated amount for three months in col. (d).

If income is received irregularly enter source in col. (b), details in col. (c) and estimated amount in col. (d).

For any situation not covered above, record the details of how the gravida managed during the three months. Enter amount in col. (d). Use the bottom of the page if needed. For example, if she says that she had "no income" but was a foster child in a family, was provided for and given pocket money, enter details in cols. (b), (c) and (d).

51. A. Did this same amount come in each \_\_\_\_\_? (Use the unit of time in which income was reported in col. (c) during these three months.) If "No." ask B. If "Yes", skip B and item 52.

B. Were there any pay periods when no money was coming in? Check one.

52. Was there a change in major source of income during the first three months of this pregnancy?

Describe the change briefly, showing time, persons, and amount and source of income.

53. A. How many persons did this money take care of during the three months?

For 1 through 9, enter as 011 - 019.

B. How many were under 8 years old? Enter as above.

54. Was there a change in the number of persons supported by this money during these three months?

Explain the nature of the change, such as change in marital status or financial living-arrangements or marital change as explained in item 52. For example, if gravida reports that she was widowed during this trimester, list husband's income for 5 weeks, savings for 6 weeks, survivors', social security payments for 2 weeks.

55. Ask only where applicable. Record kind of work in sufficient detail as elaborated in item 13. Be sure to show relationship to gravida.

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**SOCIO-ECONOMIC INTERVIEW**

DO NOT USE

PCD \_\_\_\_\_  
 COO \_\_\_\_\_  
 C43 \_\_\_\_\_

*patient*

2. DATE  
 No. Day Year

3. INTERVIEWER'S TITLE

FOR REPEAT PREGNANCY ONLY

4. INTERVIEWER'S NAME

Code No.

5. FORM TO BE USED:

(Form SE-1 (cont. Form P))  Abridged SE-1 (complete Form P)

INTERVIEWED:

6.  Before Delivery  After Delivery  
 7.  In Mother or Child  Other (specify)  
 8.  In English  Other Lang.

9. A. PRIOR SE-1 COMPLETED

No. Day Year

B. NAME OF MAN FOR WHOM COMPLETED

Last Name First Name Middle  
 P.O.S.

In order to get a general idea of the background of the women taking part in this program, we'd like to know a few things about them and their families, such as, where they were born, where they went to school, where they're living, and other things like that. Of course, anything we're told is completely confidential and will be used only for statistical purposes. Now I'd like to ask you:

SECTION A  
BIRTHPLACE - EDUCATION

REPEAT PREGNANCY - ABRIDGED FORM

10. HAVE YOU ATTENDED SCHOOL SINCE \_\_\_\_\_ DATE FROM TO TO  
 NO (from Form 12)  YES (complete Form 12)

10. IN WHAT CITY OR TOWN WAS YOUR FAMILY LIVING WHEN YOU WERE BORN? (Enter all proper info)

A. INSIDE CONTINENTAL U.S.A.  
(Exclude Alaska and Hawaii)

B. OUTSIDE CONTINENTAL U.S.A.  
(Include Alaska and Hawaii)

SPECIFY CITY AND COUNTY - STATE

SPECIFY CITY - COUNTRY

11. WHEN DID YOU FIRST COME TO THE U.S.A.?

11. HOW MANY PEOPLE WERE LIVING IN THE CITY OR TOWN IN WHICH YOUR FAMILY LIVED WHEN YOU WERE BORN? (Include you)

	INSIDE CONT. U.S.A.	OUTSIDE CONT. U.S.A.
URBAN (2,500 or more persons).....	<input type="checkbox"/>	<input type="checkbox"/>
RURAL NON-FARM (less than 2,500 persons).....	<input type="checkbox"/>	<input type="checkbox"/>
RURAL FARM.....	<input type="checkbox"/>	<input type="checkbox"/>
UNKNOWN.....	<input type="checkbox"/>	<input type="checkbox"/>

12. A. WHAT IS THE HIGHEST GRADE OF REGULAR SCHOOL THAT YOU HAVE COMPLETED? (Include one)

NONE	ELEMENTARY SCHOOL	JUNIOR HIGH	HIGH SCHOOL	ACADEMIC COLLEGE	GRADUATE OR PROFESSIONAL SCHOOL
00	01 02 03 04 05 06	07 08 09	10 11 12	13 14 15 16	17 18
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. DID YOU PASS (GRADUATE FROM THE GRADE (SCHOOL)?  YES  NO

C. HAVE YOU HAD ANY OTHER SCHOOLING?

NO  YES \_\_\_\_\_  
 SPECIFY CITY AND COUNTY IF OUTSIDE U.S.

D. WAS THE LAST REGULAR SCHOOL ATTENDED OUTSIDE UNITED STATES?

NO  YES \_\_\_\_\_  
 SPECIFY CITY AND COUNTRY

E. ARE YOU AT PRESENT GOING TO SCHOOL?

NO  YES \_\_\_\_\_  
 SPECIFY KIND OF SCHOOL

13. WHEN YOU FINISHED OR LEFT SCHOOL WHAT KIND OF WORK WAS YOUR FATHER DOING? (Note: For grandpa now in school use: WHAT KIND OF WORK DOES YOUR FATHER DO?)

\_\_\_\_\_

**SOCIO-ECONOMIC INTERVIEW**

16. PATIENT IDENTIFICATION

**SECTION B - LANGUAGE, RELIGION, RACE**

**REPEAT PREGNANCY - ABRIDGED FORM**

CONT ITEM 17

*patient*

15. DO YOU SPEAK ANY LANGUAGES OTHER THAN ENGLISH IN YOUR HOME?

ENGLISH ONLY

ENGLISH AND SOME OTHER LANGUAGE(S) (specify) \_\_\_\_\_

OTHER LANGUAGE(S) ONLY (specify) \_\_\_\_\_

16. WHAT IS YOUR RELIGION? \_\_\_\_\_

OTHER

17. WHAT IS YOUR RACE? \_\_\_\_\_

OTHER

18. WHAT IS THE RELIGION OF THE BABY'S FATHER? \_\_\_\_\_

OTHER

19. WHAT IS HIS RACE? \_\_\_\_\_

OTHER

**SECTION C  
GRAVIDA'S MARITAL HISTORY**

**REPEAT PREGNANCY - ABRIDGED FORM**

20. HAVE THERE BEEN ANY CHANGES IN YOUR MARRIAGE STATUS SINCE \_\_\_\_\_

DATE FROM ITEM 20

NO (specify section C)

YES (specify section C)

20. ARE YOU AT PRESENT MARRIED, WIDOWED, DIVORCED, SEPARATED, SINGLE OR SOMETHING ELSE? (check one)

(check from 21)

M  W  D  S  OTH

21. HAVE YOU EVER BEEN MARRIED? (check only if complete)

YES

NO (omit 22 through 24)

22. A. HOW MANY TIMES HAVE YOU BEEN MARRIED INCLUDING THIS MARRIAGE? (check one) 1 2 3 4 5 6 7 8

B. PLEASE LIST DATES AND NATURE OF TERMINATION OF EACH MARRIAGE.

FROM		TO		HOW TERMINATED			
MO	YR	MO	YR	WID	DIV	SEP	OTHER (SPECIFY)

23. If married ASK: IS YOUR HUSBAND LIVING AT HOME WITH YOU?

YES (omit 24)

NO (omit 24)

24. If currently separated ASK: WHY ARE YOU LIVING APART FROM YOUR HUSBAND?

MARITAL PROBLEMS (including legal separation)

HE IS AWAY AT WORK (or working more)

HE IS IN ARMED FORCES

HE IS IN INSTITUTION

OTHER \_\_\_\_\_

**SOCIO-ECONOMIC INTERVIEW**

**25. PATIENT IDENTIFICATION**

**SECTION D  
GRAVIDA'S WORK HISTORY**

**REPEAT PREGNANCY -  
ABRIDGED FORM**

Now let me ask you about  
the kind of job you've had.

**23. HAVE YOU CHANGED  
JOBS OR STARTED TO  
WORK SINCE**

YES (more than 12)  
 NO (less than 12)  YES (less than 12)

*patient*

**26. DO YOU HAVE A JOB NOW?**  YES (complete rest of 26)  NO (ask rest of 26, see 27)

**A. HOW MANY HOURS PER WEEK DO YOU WORK?**

HRS./WK

**B. HOW LONG HAVE YOU HAD THIS JOB?**

YES  MOS  WKS

**C. WHAT KIND OF WORK DO YOU DO ON THIS JOB?**

**27. HAVE YOU EVER HAD A JOB?**  YES (complete rest of 27)  NO (complete 27)

**A. HOW MANY HOURS PER WEEK DID YOU WORK?**

HRS./WK

**B. HOW LONG DID YOU HAVE THIS JOB?**

YES  MOS  WKS

**C. WHAT KIND OF WORK DID YOU DO ON THIS JOB?**

**D. WHEN DID YOU STOP WORKING?**

YEAR

**28. HOW MANY OTHER KINDS OF WORK HAVE YOU DONE?**

ONE OR MORE (specify number in 29. Ask 29A-29C)  NONE (ask A-2)

**A. HOW MANY JOBS HAVE YOU HAD?**  ONE (ask 29A-29C)  SEVERAL (ask 29A-29C)

**29. A. WHAT KIND OF WORK DID YOU DO FOR THE LONGEST PERIOD OF TIME?**

**B. FOR HOW LONG DID YOU DO THIS KIND OF WORK?**

YES  MOS  WKS

**30. HAVE YOU EVER WORKED WITH OR BEEN IN A WORK SITUATION WHERE YOU WERE EXPOSED TO:**

SITUATION	NO YES		DESCRIBE WORK SITUATION	Approximate age (year) (in months)
	0	1		
A. X-RAY OR FLUOROSCOPE?				
B. OTHER RADIATION?				
C. TOBACCO (cut, leaf or handling)?				
D. EXTREME HEAT OR STEAM?				
E. CHEMICALS (dust, fumes, gases, or materials)?				
F. LIFTING HEAVY WEIGHTS?				
G. HANDLING ANIMALS (alive or dead)?				

**31. HAVE YOU EVER CARED FOR, HANDLED, PLAYED WITH OR WORKED AROUND FARM ANIMALS, SUCH AS CHICKENS, DUCKS, GEESE, COWS, PIGS, HORSES, DONKEYS, MULES, SHEEP OR GOATS, ETC.?** (circle which)

A.  YES  NO (ask B and C)

B. HOW OFTEN?  INCIDENTALLY  FREQUENTLY  OTHER

C. WHEN WAS THE LAST TIME THAT YOU DID THIS?

SOCIO-ECONOMIC INTERVIEW

<p><b>SECTION E HOUSEHOLD ARRANGEMENT</b></p> <p>How do you live to see you something about your living arrangements.</p>	<p>REPEAT PREGNANCY - ABRIDGED FORM</p> <p>22. HAVE YOU MOVED</p> <p>DATE YOU MOVED TO PRESENT (circle one)</p> <p><input type="checkbox"/> YES (circle E) <input type="checkbox"/> NO (circle D)</p>
---	---

*patient*

23. DO YOU LIVE IN A HOUSE OR IN AN APARTMENT OR DO YOU HAVE SOME OTHER LIVING ARRANGEMENT? (circle one)

HOUSE (circle YES or check label?)  APARTMENT  BOARDING OR ROOMING HOUSE

OTHER \_\_\_\_\_

24. HOW LONG HAVE YOU LIVED IN THIS (house, apt., etc.)? \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

25. WHERE DID YOU LIVE BEFORE THIS?  NEVER MOVED (circle YES)  SAME CITY  OTHER CITY, SAME STATE  OTHER STATE OR COUNTRY \_\_\_\_\_

26. HOW LONG DO YOU LIVE THERE? \_\_\_\_\_ YEARS \_\_\_\_\_ MONTHS

27. HOW MANY TIMES HAVE YOU MOVED IN THE LAST FIVE YEARS? \_\_\_\_\_  
(Note: If person lives in a dormitory or institution mark remainder of section E.)

28. HOW MANY ROOMS ARE THERE IN YOUR PRESENT (house, apt., etc.)? \_\_\_\_\_  
DO NOT COUNT KITCHENS, HALLS OR BATHROOMS

29. HOW MANY PEOPLE ARE LIVING IN YOUR HOUSEHOLD, INCLUDING YOURSELF? \_\_\_\_\_

30. A. WHO ARE THEY, HOW ARE THEY RELATED TO YOU, HOW OLD (from youngest) IS EACH ONE?

NAME	RELATIONSHIP TO GRAVIDA	AGE	SEX
GRAVIDA	XXXXXXXXXXXXXXXXXXXXXXX		F

DO NOT USE

NO. GRAVIDA'S CHILD. \_\_\_\_\_

HOUSEHOLD STRUCTURE \_\_\_\_\_

HOUSING DENSITY \_\_\_\_\_

PERSONS UNDER 18 \_\_\_\_\_

PRES. of HUSB. or F.O.B. \_\_\_\_\_

31. WHO IS THE HEAD OF YOUR HOUSEHOLD? (Answer: Please circle the name in table above) \_\_\_\_\_

COLLECTIVE RESEARCH  
GENERAL SURVEY BRANCH, NINDH, NIH  
BETHESDA 14, MD.



**SOCIO-ECONOMIC INTERVIEW**

(1). PATIENT IDENTIFICATION

*pre-test*

42. Note: COLLECT DATA EITHER FOR HUSBAND OR FOR FATHER OF THE BABY AS THE CASE MAY BE.

For HUSBAND if 1. He is a member of the household (Item 22), or  
2. He is reported as temporarily away (Item 24) and no other member of the household is reported as the father of the baby (Item 47).  
For FATHER OF THE BABY for all other cases.

DATA REPORTED FOR  HUSBAND  FATHER OF THE BABY

**SECTION F  
EDUCATION, BIRTHPLACE OF HUSBAND  
OR FATHER OF THE BABY**

Note: We going to ask a few things about your husband.  
(The Father of this baby is checked above)

**REPEAT PREGNANCY - ABRIDGED FORM**

43. COMPARE MAN IN ITEM 98 WITH MAN IN ITEMS 23, 24 and 40:  
 SAME MAN (omit 98)  NOT SAME MAN (complete this page)  
44. HAS HE ATTENDED SCHOOL SINCE \_\_\_\_\_ (Specify date from 64)  
 NO (omit section F)  YES (complete this page)

43. A. WHAT IS THE HIGHEST GRADE OF REGULAR SCHOOL THAT HE HAS COMPLETED? (omit 44)

NONE	ELEMENTARY SCHOOL					JUNIOR HIGH			HIGH SCHOOL			ACADEMIC COLLEGE			GRADUATE OR PROFESSIONAL SCHOOL			
00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18

B. DID HE PASS GRADUATE FROM THIS GRADE (SCHOOL)?  YES  NO

C. HAS HE HAD ANY OTHER SCHOOLING?  NO  YES

(Specify kind and number of schools)

D. HAS THE LAST REGULAR SCHOOL HE ATTENDED OUTSIDE UNITED STATES?  NO  YES

(Specify city and country)

E. IS HE AT PRESENT GOING TO SCHOOL?  NO  YES

(Specify kind of school)

44. IN WHAT CITY OR TOWN WAS HIS FAMILY LIVING WHEN HE WAS BORN? \_\_\_\_\_ (City and county and state or country)

**SECTION G  
WORK HISTORY OF HUSBAND OR FATHER OF THE BABY**

45. IS HE NOW WORKING?  YES (omit 46)  NO (omit part of 46; and 48)

A. HOW LONG HAS HE BEEN ON THIS JOB? \_\_\_\_\_ YRS \_\_\_\_\_ MOS \_\_\_\_\_ WKS

B. WHAT KIND OF WORK IS HE DOING? \_\_\_\_\_

46. HAS HE EVER WORKED?  YES  NO (omit part of page)

A. WHAT KIND OF WORK WAS HE DOING? \_\_\_\_\_

B. HOW LONG WAS HE ON HIS LAST JOB? \_\_\_\_\_ YRS \_\_\_\_\_ MOS \_\_\_\_\_ WKS

C. HOW LONG HAS HE BEEN OUT OF WORK? \_\_\_\_\_ YRS \_\_\_\_\_ MOS \_\_\_\_\_ WKS

D. WHY IS HE UNEMPLOYED? \_\_\_\_\_ (Specify personal, strike, illness, injury, etc.)

47. A. WHAT KIND OF WORK DID HE DO FOR THE LONGEST TIME? \_\_\_\_\_

B. FOR HOW LONG DID HE DO THIS WORK? \_\_\_\_\_ YRS \_\_\_\_\_ MOS \_\_\_\_\_ WKS FROM \_\_\_\_\_ TO \_\_\_\_\_ (sp. to and to)

48. A. HOW MUCH TIME HAS HE SPENT UNEMPLOYED IN THE PAST YEAR? \_\_\_\_\_ MOS

B. HOW MANY JOBS HAS HE HAD IN THE PAST YEAR? \_\_\_\_\_

**SOCIO-ECONOMIC INTERVIEW**

49. PATIENT IDENTIFICATION

*Protect*

**SECTION II  
FAMILY INCOME**

50. WE ARE INTERESTED IN THE INCOME OF YOUR FAMILY DURING THE FIRST THREE MONTHS OF THIS PREGNANCY. THAT WOULD BE FROM \_\_\_\_\_ TO \_\_\_\_\_  
(Year) COUNT BACK FROM EDC. (ENTER MONTH OF ONSET OF PREGNANCY) (ENTER 3 MONTHS LATER)  
(SEE AIR-1 AS SOURCE)

DURING THESE THREE MONTHS WHERE DID THE MONEY COME FROM AND HOW MUCH MONEY CAME IN?  
(Probe for all sources of income and for amounts.)

WAS THERE INCOME FROM	SOURCE OF INCOME KIND AND QUOTE	FOR COMPUTATION PURPOSES AMOUNT AND UNIT TIME	AMOUNT DURING 3 MONTH PERIOD	DO NOT USE
(a)	(b)	(c)	(d)	(e)
EARNED INCOME?	Such as Wages and Salaries Unemployment Compensation Retirement Pensions, Grants, etc.			
WELFARE?	Such as Aid to Dependent Children Special Public Assistance etc.			
ALL OTHER SOURCES?	Such as Savings, Dividends Savings used during this period Gifts Rent from Property, etc.			
TOTAL				
DO NOT USE				

51. A. DID THE SAME AMOUNT COME IN EACH (any of items from 50c) DURING THESE 3 MONTHS?  NO  YES

NO (if NO because of a change in marital status or household composition, complete 53 C.)

YES

B. WERE THERE ANY PAY PERIODS DURING THESE 3 MONTHS WHEN NO MONEY CAME IN?

NO  YES

52. A. HOW MANY PERSONS DID THIS MONEY TAKE CARE OF?

B. HOW MANY WERE UNDER 5 YEARS OLD?

53. If in item 50 a person other than your husband, (F.O.B.) or spouse is given as major source of income ask:

WHAT KIND OF WORK DID YOUR \_\_\_\_\_ (SPECIFY RELATION TO DEPENDENT)

DO DURING THESE THREE MONTHS?

54. WAS THERE A CHANGE IN MAJOR SOURCE OF INCOME?  NO  YES

## **FHH-2 Family Health History, Part II, and FHH-4 Family Health Information**

Form FHH-2 was used as a worksheet for the gravida to record details that she would supply later in the family health history interview. Information was included on the gravida's children, her siblings and their children, her parents, and on the family of the baby's father. Form FHH-4 was used to provide information on diseases or conditions in the gravida's family.

Implemented in June 1959, the forms were not revised. FHH-2 and FHH-4 were replaced in May 1961 by GEN-5, GEN-6, GEN-7 and GEN-8. Information from these forms is available on the master file in cards 1505, 2505 and 3505 (see Table GEN-5.1 for a summary of records generated).



*Queen*  
Orientation  
English  
and  
Spanish

2. Patient Identification

[Empty rectangular box for patient identification]

**FAMILY HEALTH HISTORY**

**PART II**

**WORKSHEET**

On the following pages you will find a few questions about your children, your brothers and sisters, as well as some about the family of the baby's father. This Worksheet is given to you in advance of the interview so as to give you a chance to take down, at your convenience, some of those things that you may not remember right away. Also, where you don't know the answer, you may want to get in touch with some of your relatives. Only information of which you are reasonably sure should be filled in; in other words, please don't guess - use "Don't know."

H. PHHS

**E - YOUR CHILDREN**

(List all your children)

On the next page, list all your children from oldest to youngest. Answer the questions below, and answer them for EACH one of your children. Use "Yes", "No" or "DK" (for Don't know). If in doubt, leave space blank.

Name of child, living or dead
Year of birth
Sex of child

1. When this child was born, was there a birth injury, jaundice or need for blood transfusion? Was there any abnormality or physical defect?

2. Did any such difficulties develop in the first three years of life?

3. During childhood was there any serious disease, such as meningitis, encephalitis? Any double seeing, hearing or talking?

4. Has this child ever had polio, paralysis or anything that would cripple or handicap in any way?

5. Has this child ever had fits, convulsions or fainting spells?

6. In the last year, has this child had any cold with fever?

7. Is this child much slower in learning than other children of the same age?

8. Has this child ever gone to a special school, like one for slow learners, for the deaf or blind?

9. Has this child ever spent any time at a training school, state hospital or mental institution?

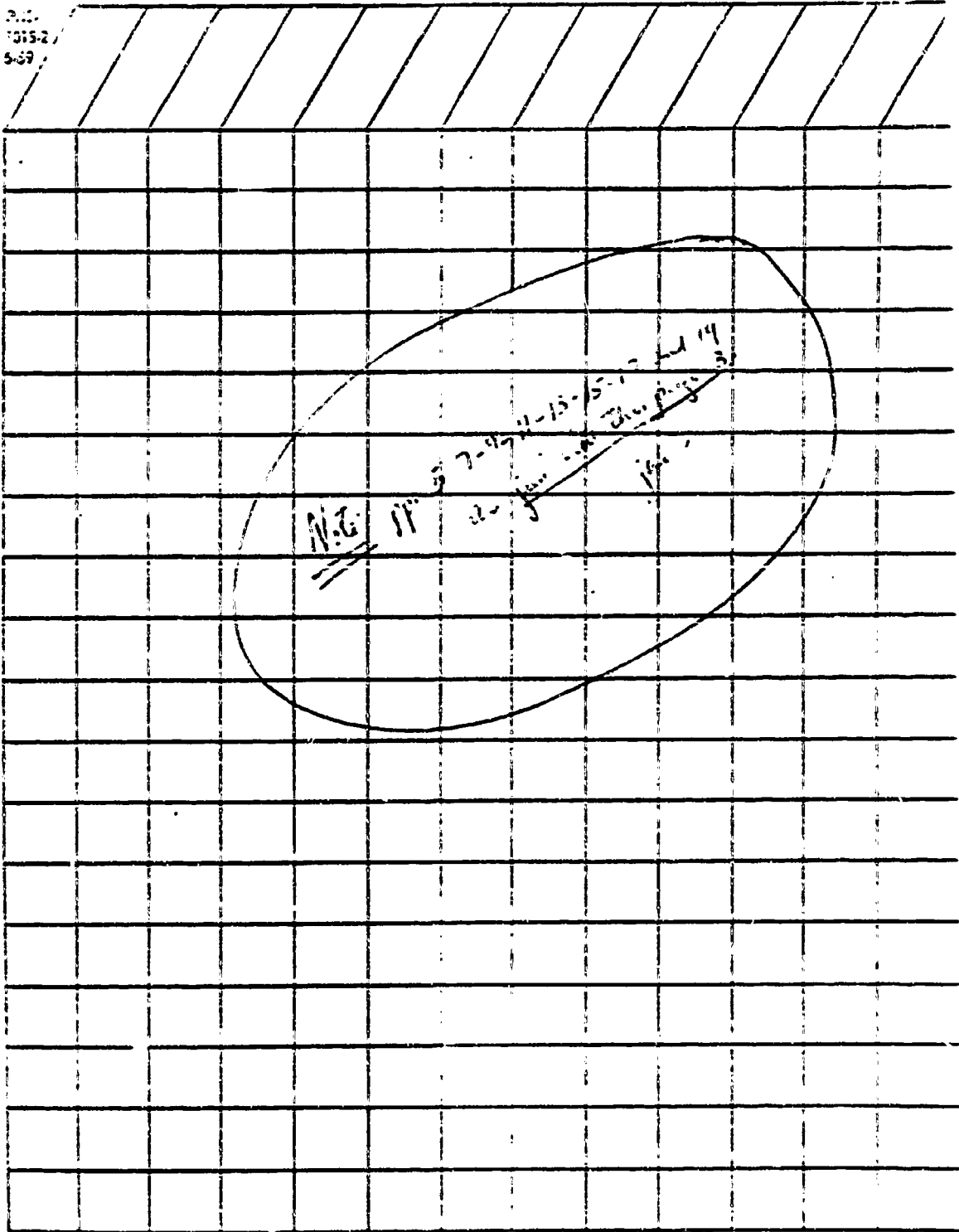
10. Is this child a twin?

11. Is this child now in pretty good health? If now dead, please put a cross (x) in the box and give:

Cause of death, if known

Age at death

2.15  
1015-2  
5-69



(FHH-2) PAGE 3 OF 19

**F - YOUR SISTERS**

(Leave out half-sisters, stepsisters or sisters by adoption)

On the right-hand page, list your sisters in order from oldest to youngest. For every sister who has or had a child, fill in the next form ("Sisters' Children"). If you never had a sister, write "None" on this and the next page. Read through the questions below, and answer them for EACH one of your sisters. Use "Yes", "No" or "DK" (for Don't know). If in doubt, leave space blank.

Name of sister (if now dead, put cross (x) after name.)

Age of sister (or age at death)

Number of children born alive

Number of children born dead

1. When your sister was born, was there a birth injury, jaundice or need for blood transfusion? Was there any abnormality or physical defect?

2. Did any such difficulties develop in the first three years of her life?

3. When she was a child, did she have any serious disease (like brain fever)? Any trouble seeing, hearing or talking?

4. Did she ever have polio, paralysis or anything that left her crippled or handicapped in any way?

5. Did she ever have fits, convulsions or fainting spells?

6. Did she ever have diabetes?

7. Did she ever have a nervous breakdown?

8. Did she have to go to a special school, like one for slow learners, deaf or blind?

9. Did she spend any time in a mental or state hospital or other institution?

10. As far as you know, did she have any trouble with pregnancy?

11. As far as you know, how many miscarriages or abortions has she had? (If None, put "0".)

12. Is this sister a twin?

13. Is she (or was she) married to a cousin of hers?

14. As far as you know, is she now in pretty good health?

15. If now dead, give cause of death, if known.



**C - INTERVIEW CHILDREN**

(If there is more than one child, list each child's name.)

If there are children mentioned on previous page, name of child is unknown, write "DK".

Name of sister

Name of child, living or dead

Year of birth

Sex of child

1. When this child was born, was there a birth injury, jaundice, or blood transfusion? Was there any abnormality or physical defect?

2. Did any such difficulties develop in the first three years of life?

3. During childhood was there any serious disease, such as brain fever (encephalitis)? Any trouble seeing, hearing or talking?

4. Has this child ever had polio, paralysis or anything that left him (or her) crippled or handicapped in any way?

5. Has this child ever had fits, convulsions or fainting spells?

6. In the last year, has this child had any cold with fever?

7. Is this child much slower in learning than other children of the same age?

8. Has this child ever gone to a special school, like one for slow learners, for the deaf or blind?

9. Has this child ever spent any time at a training school, state hospital or mental institution?

10. Is this child a twin?

11. Is this child now in pretty good health? If now dead, please put a cross (x) in the box and give:

Cause of death, if known

Age at death

**II - YOUR BROTHERS**

(Leave out half-brothers, stepbrothers or brothers by adoption)

On the reverse end page, list your brothers in order of age, from oldest to youngest. For every brother now dead, indicate age at time of death. For every brother who has or had a child, fill in the next form ("Brothers' Children"). If you never had a brother, write "None" on this and the next page. Read through the questions below and answer them for EACH one of your brothers. Use "Yes", "No" or "DK" (for Don't know). If you are in doubt as to what the answer should be, leave the space blank.

Name of brother (if now dead, put cross (-) after his name.)

Age of brother (or age at death)

Number of children born alive

Number of children born dead

1. When your brother was born, was there a birth injury, jaundice or need for blood transfusion? Was there any abnormality, or physical defect?

2. Did any such difficulties develop in the first three years of his life?

3. When he was a child, did he have any serious disease like brain fever? Any trouble seeing, hearing or talking?

4. Did he ever have polio, paralysis or anything that left him crippled or handicapped in any way?

5. Did he ever have fits, convulsions or fainting spells?

6. Did he ever have diabetes?

7. Did he ever have a nervous breakdown?

8. Did he have to go to a special school, like one for slow learners, for the deaf or blind?

9. Did he spend any time in a mental or state hospital or similar institution?

10. Is this brother a twin?

11. Is he (or was he) married to a cousin of his?

12. As far as you know, is your brother in pretty good health?

13. If now dead, give cause of death, if known.

(Form 2) PAGE 2 OF 12

**BROTHERS' CHILDREN**

(Do not include adopted children)

List here all children mentioned on previous page.  
If name of child is unknown, write "DK."

Name of brother

Name of child, living or dead

Year of birth

Sex of child

1. When this child was born, was there a birth injury, jaundice or need for blood transfusion? Was there any abnormality or physical defect?

2. Did any such difficulties develop in the first three years of life?

3. During childhood was there any serious disease, such as brain fever (encephalitis)? Any trouble seeing, hearing or talking?

4. Has this child ever had polio, paralysis or anything that left him (or her) crippled or handicapped in any way?

5. Has this child ever had fits, convulsions or fainting spells?

6. In the last year, has this child had any cold with fever?

7. Is this child much slower in learning than other children of the same age?

8. Has this child ever gone to a special school, like one for slow learners, for the deaf or blind?

9. Has this child ever spent any time at a training school, state hospital or mental institution?

10. Is this child a twin?

11. Is this child now in pretty good health? If now dead, please put a cross (x) in the box and give:

Cause of death, if known

Age at death

(FHH-3) PAGE 18 OF 18

1. OCCASIONAL VISITS  
(For adoptive parents)

1. Name of your mother \_\_\_\_\_

2. Her birthplace (State or Country) \_\_\_\_\_

3. Where does she live now? (If deceased, put cross (x) in place of date of death, if known.) \_\_\_\_\_

4. State of her health: Has your mother ever had a serious disease? Or a condition for which she was hospitalized? (If yes, what and when? Hospitalized - when and where? Leave out accidents.) \_\_\_\_\_

5. Name of your father \_\_\_\_\_

6. His birthplace (State or Country) \_\_\_\_\_

7. Where does he live now? (If deceased, put cross (x) in place of date of death, if known.) \_\_\_\_\_

8. State of his health: Has your father ever had a serious disease? Or a condition for which he was hospitalized? (If yes, what and when? Hospitalized - when and where? Leave out accidents.) \_\_\_\_\_

9. What is (was) his usual occupation? \_\_\_\_\_

10. As far as you know, is there any disease or condition that runs in your family? (If yes, what?) \_\_\_\_\_

11. Were (or are) your parents related by blood, like first cousins?

Yes, first cousins

Yes, more distantly related

Not related

**YOUR SISTERS**

1. List all sisters, including sisters by adoption, on this separate page. List sisters in order of age, from oldest to youngest. For every sister now dead, indicate age at time of death. For every sister who has or has not had a child, fill in the next form ("His Sisters and Children"). If he never had a sister, write "None" on this and the next page. Read through the questions below, and answer them for EACH one of his sisters. Use "Yes", "No" or "DK" (for Don't know). If you are not sure as to what the answer should be, leave the space blank.

Name of sister (if now dead, put cross (-) after name.)
Age of sister (or age at death)
Number of children born alive
Number of children born dead

1. When this sister was born, was there a brain injury, infection or need for blood transfusion? Was there any abnormality or physical defect?
2. Did any such difficulties develop in the first three years of her life?
3. When she was a child, did she have any serious disease like brain fever? Any trouble seeing, hearing or talking?
4. Did she ever have polio, paralysis or anything that left her crippled or handicapped in any way?
5. Did she ever have fits, convulsions or fainting spells?
6. Did she ever have diabetes?
7. Did she ever have a nervous breakdown?
8. Did she have to go to a special school, like one for slow learners, for the deaf or blind?
9. Did she spend any time in a mental or other hospital or similar institution?
10. As far as you know, did she have any trouble with pregnancy?
11. As far as you know, how many miscarriages or abortions has she had? (If none, put "0".)
12. Is this sister a twin?
13. Is she (or was she) married to a cousin of hers?
14. As far as you know, is she now in pretty good health?
15. If now dead, give cause of death, if known.

4-59  
M - SISTERS' CHILDREN

(List all adopted children)

List here all children mentioned on previous page. If name of child unknown, write "DN".

Name of sister

Name of child, living or dead

Year of birth

Sex of child

1. When this child was born, was there a birth injury, trauma or need for blood transfusion? Was there any abnormality or physical defect?

2. Did any speech difficulties develop in the first three years of life?

3. During childhood was there any serious disease, such as brain fever? Any trouble seeing, hearing or talking?

4. Has this child ever had polio, paralysis or anything that left him (or her) crippled or handicapped in any way?

5. Has this child ever had fits, convulsions or fainting spells?

6. In the last year, has this child had any cold with fever?

7. Is this child much slower in learning than other children his age?

8. Has this child ever gone to a special school, like one for slow learners, for the deaf or blind?

9. Has this child ever spent any time at a training school, state hospital or mental institution?

10. Is this child a twin?

11. Is this child now in pretty good health? If now dead, please put a cross (x) in the box and give:

Cause of death, if known

Age at death

FHH-21 PAGE 16 OF 18

Number of Brothers

Name of brother (if now dead, put cross (x) after name.)

List his brothers in order, from oldest to youngest. If more than one dead, indicate age at time of death. If a brother was a twin, write "None" on this page. Read through the questions below and answer them for EACH one of his brothers. Use "Yes", "No" or "DK" for Don't know. If you are in doubt as to what answer should be, leave the space blank.

Name of brother (if now dead, put cross (x) after name.)

Age of brother (or age at death)

Number of children born alive

Number of children born dead

1. When this brother was born, was there a birth injury, (jaundice or need for blood transfusion)? Was there any abnormality or physical defect?

2. Did any such abnormalities develop in the first three years of his life?

3. When he was a child, did he have any serious disease like, scarlet fever? Any trouble seeing, hearing or talking?

4. Did he ever have polio, paralysis or anything that left him crippled or handicapped in any way?

5. Did he ever have fits, convulsions or fainting spells?

6. Did he ever have diabetes?

7. Did he ever have a nervous breakdown?

8. Did he have to go to a special school, like one for slow learners, for the deaf or blind?

9. Did he spend any time in a mental or state hospital or similar institution?

10. Is this brother a twin?

11. As far as you know, is this brother in pretty good health?

12. If now dead, give cause of death, if known.





*Yellow*

*English and Spanish*

1. Patient Identification

FAMILY HEALTH HISTORY

DETAILED HEALTH INFORMATION

2. Name of relative \_\_\_\_\_

3. Relation to provide \_\_\_\_\_ Listed on Worksheet page \_\_\_\_\_

4. DESCRIPTION OF DISEASE OR CONDITION: What was disease like? What were the symptoms? What parts of the body were affected?  
\_\_\_\_\_  
\_\_\_\_\_

5. ONSET: At what age did this start? \_\_\_\_\_ What were the first symptoms? \_\_\_\_\_

6. PROGRESS OF DISEASE OR CONDITION: How is he now?

- No change  Disease has gotten worse [Describe present status]
- Recovered at age \_\_\_\_\_
- Still has it but improved [Describe present status]  Responsible for death at age \_\_\_\_\_

7. DIAGNOSIS: Did he see a doctor or visit a clinic?  No  Yes  Don't know  
What did the doctor call this condition? \_\_\_\_\_

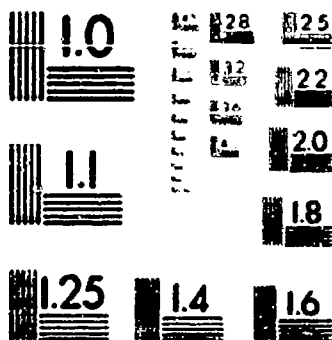
8. POSSIBLE CAUSE: Did the doctor/clinic have any idea what caused it? What did the family think? \_\_\_\_\_

9. HOSPITALIZATION: [Include institutions and special schools]  
Was the person ever hospitalized for this condition?  No  Yes  Don't know  
[If yes] What year? \_\_\_\_\_ For how long? \_\_\_\_\_  
Name and address of hospital \_\_\_\_\_

10. TREATMENT: What kind of treatment did he get? \_\_\_\_\_

11. FAMILY: Is there anyone else in his family who has this condition or something like it? [State name and relationship; briefly describe condition.]  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





MICROCOPY RESOLUTION TEST CHART  
 NATIONAL BUREAU OF STANDARDS-  
 STANDARD REFERENCE MATERIAL 1963-A  
 ANTI-CORROSION TEST CHART NO. 1

CONTINUED ON NEXT FICHE



FHH-9 Family Health History Review

Form FHH-9 was used in obtaining socioeconomic and genetic information about the families of study children at the time the child was seven years old. The interview was designed to obtain data comparable to that obtained at the time of the mother's pregnancy. The form was implemented into the study in November 1965 and did not undergo revision. Data from FHH-9 may be found in four cards of the master file (Table FHH-9.1).

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

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
FHH-9: Childs Residence, Foster Parents	1509	0	40,376 ----- 40,376
FHH-9: Mother, Father History	2509	0	38,481 ----- 38,481
FHH-9: Family History	3509	0	38,485 ----- 38,485
FHH-9: Family Conditions (Health) Since Birth of Child	4509	0	38,491 ----- 38,491
	total for form		155,833



Data Items Referencing Form FHM-9, Family Health History Review

DATA ITEM ID	TFHM JW FJPM	CARD NUM	FROM	TO	DATA ITEM NAME
2556.....		1509	1	5	Card number (sequence, form type, form number, revision number)
2557.....		1509	6	14	MINDB case number
2558..FHM-9		1509	15	16	Birth date (mo)
2559..FHM-9		1509	17	18	Birth date (day)
2560..FHM-9		1509	19	20	Birth date (yr)
2561..FHM-9		1509	21	21	Sex
2562..FHM-9		1509	22	22	RACE
2563..FHM-9		1509	23	24	Form FHM-9 date (mo)
2564..FHM-9		1509	25	26	Form FHM-9 date (day)
2565..FHM-9		1509	27	28	Form FHM-9 date (yr)
2566..FHM-9		1509	29	30	Form FHM-9 interviewer
2567..FHM-9		1509	31	31	Form FHM-9 data collected (yes/no)
2568..FHM-9	9 A E B	1509	32	32	Form FHM-9, last prior form completed
2569..FHM-9	9 A E B	1509	33	33	Form FHM-9, name of study child on last prior form
2570..FHM-9	10	1509	34	34	Form FHM-9, interview, place conducted
2571..FHM-9	11	1509	35	35	Age at time of form FHM-9 interview
2572..FHM-9	12	1509	36	36	Language of interview, form FHM-9
2573..FHM-9	14	1509	37	37	Interview respondent, relationship to child, form FHM-9
2574..FHM-9	16	1509	38	39	Residence, home or institution
2575..FHM-9	17 A, R	1509	40	41	Residence, most recent, since date (mo)
2576..FHM-9	17 A, B	1509	42	43	Residence, most recent, since date (yr)
2577..FHM-9	17 A, R	1509	44	44	Residence, number of changes
2578..FHM-9	19	1509	45	45	Adoptive parents, foster parents; guardian; residence with
2579..FHM-9	21	1509	46	46	Birthplace; adoptive parents; foster parents; guardian
2580..FHM-9	22	1509	47	48	Age; adoptive parents; foster parents; guardian
2581..FHM-9	23	1509	49	49	Race; adoptive parents; foster parents; guardian
2582..FHM-9	24	1509	50	50	Religion; adoptive parents; foster parents; guardian
2583..FHM-9	25	1509	51	52	Education, grade completed, highest; adoptive parents; foster parents; guardian
2584..FHM-9	26	1509	53	53	Marital status; adoptive parents; foster parents; guardian
2585..FHM-9	27	1509	54	55	Housing, number of rooms; adoptive parents; foster parents; guardian
2586..FHM-9	28	1509	56	57	Housing, total number of persons; adoptive parents; foster parents; guardian
2587..FHM-9	29	1509	58	59	Housing, number of children under 2 years old; adoptive parents; foster parents; guardian
2588..FHM-9	30	1509	60	61	Occupation, mother surrogate
2589..FHM-9	31	1509	62	63	Income, husbands; adoptive parents; foster parents; guardian
2590..FHM-9	32	1509	64	65	Income, total family; adoptive parents; foster parents; guardian
2591.....		1509	66	80	Alank
2592.....		2509	1	5	Card number (sequence, form type, form number, revision number)
2593.....		2509	6	14	MINDB case number



Data Items Referencing Form FHH-9, Family Health History Review

DATA ITEM ID	ITEM JC FJRM	CARD NUM	FROM	TO	DATA IFF4 NAME
2504..FHH-9	34	2509	15	15	Marital status
2505..FHH-9	35	2509	16	16	Husband living at home
2506..FHH-9	36	2509	17	18	Marital history, date; married; divorced; separated (mo)
2507..FHH-9	36	2509	19	20	Marital history, date; married; divorced; separated (yr)
2508..FHH-9	36	2509	21	21	Marital history, after or before birth of study child; married; divorced; separated
2509..FHH-9	37	2509	22	22	Marital history, number of changes
2600..FHH-9	38	2509	23	23	Household arrangements; housing type
2601..FHH-9	39	2509	24	25	Household arrangements; length of residence, (yrs)
2602..FHH-9	39	2509	26	27	Household arrangements; length of residence, (mos)
2603..FHH-9	40	2509	28	29	Household arrangements; moves in last 7 years, number
2604..FHH-9	41	2509	30	31	Household arrangements; rooms, number
2605..FHH-9	42	2509	32	33	Household arrangements; number of people
2606..FHH-9	44 A	2509	34	35	Household arrangements; number of children
2607..FHH-9	44 R	2509	36	36	Household arrangements; household structure, family
2608..FHH-9	44 C	2509	37	37	Household arrangements; household structure, relatives, friends
2609..FHH-9	44 D	2509	38	39	Household arrangements; housing density
2610..FHH-9	44	2509	40	40	Household arrangements; father of baby or; husband present
2611..FHH-9	45	2509	41	41	Household arrangements; head of household
2612..FHH-9	46	2509	42	42	Household arrangements; other children living elsewhere
2613..FHH-9	47	2509	43	43	Education; schooling/training, other, additional
2614..FHH-9	48	2509	44	44	Employment, since birth of study child
2615..FHH-9	49 A	2509	45	45	Employment, age of study child when begun
2616..FHH-9	49 R	2509	46	46	Employment, number of jobs since birth of study child
2617..FHH-9	49 C	2509	47	48	Employment, period employed (mos)
2618..FHH-9	49 D	2509	49	49	Employment, hours worked per week
2619..FHH-9	49 E	2509	50	50	Employment, child care arrangements during
2620..FHH-9	49	2509	51	52	Employment; occupation
2621..FHH-9	51	2509	53	53	Employment status
2622..FHH-9	51 A 5 52 A	2509	54	55	Employment; occupation
2623..FHH-9	51 R 5 52 B	2509	56	57	Employment, current job, length of time (yrs)
2624..FHH-9	51 B 5 52 2	2509	58	59	Employment, current job, length of time (mos)
2625..FHH-9	51 R 5 52 B	2509	60	60	Employment, current job, length of time (wks)
2626..FHH-9	52	2509	61	62	Employment; unemployed, length of time (yrs)
2627..FHH-9	52	2309	63	64	Employment; unemployed, length of time (mos)
2628..FHH-9	52	2509	65	65	Employment; unemployed, length of time (wks)
2629..FHH-9	52 C	2509	66	66	Employment; unemployed currently, reason
2630..FHH-9	53	2509	67	68	Employment; occupation for longest period
2631..FHH-9	53 A	2509	69	70	Employment; occupation, length of time (yrs)
2632..FHH-9	53 A	2509	71	72	Employment; occupation, length of time (mos)
2633..FHH-9	53 A	2509	73	73	Employment; occupation, length of time (wks)
2634..FHH-9	53 B	2509	74	75	Employment; unemployed, past year, length of time (wks)
2635..FHH-9	53 C	2509	76	76	Employment, number of jobs in past year

Data Items Referencing Form FHH-9, Family Health History Review

DATA ITEM TO	ITEM CN	FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2636..FHH-9	44		2509	77	78	Education; grade completed, highest
2637..FHH-9	44		2509	79	80	Education; grade completed, highest
2638.....			3509	1	5	Card number (sequence, form type, form number, revision number)
2639.....			3509	6	14	KINDB case number
2640..FHH-9	54	A & R	3509	15	15	Income, regularity prior 3 months
2641..FHH-9	55		3509	16	16	Income, changes in prior source
2642..FHH-9	57		3509	17	17	Income, source of earned income
2643..FHH-9	57		3509	18	18	Income, source, relatives/friends
2644..FHH-9	57		3509	19	19	Income, source, all other
2645..FHH-9	57		3509	20	21	Income, total, prior 3 months
2646..FHH-9	57		3509	22	22	Income, in kind
2647..FHH-9	58	A	3509	23	24	Income, number of persons supported
2648..FHH-9	58	R	3509	25	26	Income, number of children under 18 yrs. old
2649..FHH-9	59		3509	27	27	Income, change in number of persons supported
2650..FHH-9	60	A & R	3509	28	28	Income, comparison of financial situations, now vs time of study child birth
2651..FHH-9	60		3509	29	29	Income, comparison of financial situations, reason
2652..FHH-9	62		3509	30	30	Pregnancies since study child, number
2653..FHH-9	63		3509	31	31	Fetal death, since study child, number
2654..FHH-9	64		3509	32	32	Pregnancies; multiple, since study child, number
2655..FHH-9	66		3509	33	33	Fetal death; siblings full, prior to 20 weeks gestation, total number since study child
2656..FHH-9	66		3509	34	34	Fetal death; stillborn; siblings full, at 20 weeks gestation and over, total number since study child
2657..FHH-9	66		3509	35	36	Liveborn; siblings full, total number since study child
2658..FHH-9	66		3509	37	37	Liveborn male; siblings full, total number since study child
2659..FHH-9	66		3509	38	38	Liveborn female; siblings full, total number since study child
2660..FHH-9	66		3509	39	39	Premature; siblings full, total number since study child
2661..FHH-9	66		3509	40	40	Deaths; neonatal; siblings full, 27 days or less, total number since study child
2662..FHH-9	66		3509	41	41	Deaths; infant; siblings full, 28 or more days, total number since study child
2663..FHH-9	66		3509	42	42	Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion; siblings full, total number since study child
2664..FHH-9	66		3509	43	43	Malformation; congenital, siblings full, total number since study child
2665..FHH-9	66		3509	44	44	Seizures; convulsions; epilepsy; siblings full, total number since study child
2666..FHH-9	66		3509	45	45	Motor defects; siblings full, total number since study child
2667..FHH-9	66		3509	46	46	Sensory defects; hearing; speech; vision; siblings full, total number since study child
2668..FHH-9	66		3509	47	47	Developmental; retardation, physical, mental, behavioral; siblings full, total number since study child

Data Items Referencing Form FHH-9, Family Health History Review

DATA ITEM ID	FORM	CARR NUM	FROM	TO	DATA ITEM NAME
2669..FHH-9	66	3509	48	48	Fetal death: siblings half, prior to 20 weeks gestation, total number since study child
2670..FHH-9	66	3509	49	49	Fetal death, stillborn; siblings half, at 20 weeks gestation and over total number, since study child
2671..FHH-9	66	3509	50	50	Liveborn; siblings half; paternity known, different father, since study child
2672..FHH-9	66	3509	51	51	Liveborn; siblings half; paternity unknown, since study child
2673..FHH-9	66	3509	52	52	Liveborn male; siblings half, total number since study child
2674..FHH-9	66	3509	53	53	Liveborn female; siblings half, total number since study child
2675..FHH-9	66	3509	54	54	Premature; siblings half, total number since study child
2676..FHH-9	66	3509	55	55	Death; neonatal, siblings half, 27 days or less, total number since study child
2677..FHH-9	66	3509	56	56	Death; infant, siblings half, 28 or more days, total number since study child
2678..FHH-9	66	3509	57	57	Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion; siblings half, total number since study child
2679..FHH-9	66	3509	58	58	Malformations; congenital, siblings half, total number since study child
2680..FHH-9	66	3509	59	59	Seizures; convulsions; febrile; siblings half, total number since study child
2681..FHH-9	66	3509	60	60	Motor defect, siblings half, total number since study child
2682..FHH-9	66	3509	61	61	Sensory defects; hearing; speech; vision; siblings half, total number since study child
2683..FHH-9	66	3509	62	62	Developmental; retardation, physical, mental, behavioral; siblings half, total number since study child
2684..FHH-9	66	3509	63	63	Fetal death, prior to 20 weeks gestation, total number prior to study child
2685..FHH-9	66	3509	64	64	Fetal death; stillborn, at 20 weeks gestation and over, total number prior to study child
2686..FHH-9	66	3509	65	65	Liveborn, total number prior to study child
2687..FHH-9	66	3509	67	67	Liveborn male, total number prior to study child
2688..FHH-9	66	3509	68	68	Liveborn female, total number prior to study child
2689..FHH-9	66	3509	69	69	Premature, total number prior to study child
2690..FHH-9	66	3509	70	70	Death, neonatal; siblings, 27 days or less, total number prior to study child
2691..FHH-9	66	3509	71	71	Death, infant; siblings, greater than 28 days, total number prior to study child
2692..FHH-9	66	3509	72	72	Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion; siblings, total number prior to study child
2693..FHH-9	66	3509	73	73	Malformation, congenital, siblings, total number prior to study child
2694..FHH-9	66	3509	74	74	Seizures; convulsions; febrile; siblings, total number prior to study child

Data Items Referencing Form FHM-9, Family Health History Review

DATA ITEM TO	ITEM CODE	CARR NUM	FPOW TO	DATA ITEM NAME
2695..FHM-9	66	3509	75	75 Motor defects, blindness, total number prior to study child
2696..FHM-9	66	3509	76	76 Sensory defects; hearing; speech; vision; blindness, total number prior to study child
2697..FHM-9	66	3509	77	77 Developmental retardation, physical, mental, behavioral; siblings, total number prior to study child
2698.....		3509	78	80 Name
2699.....		4509	1	5 Case number (sequence, form type, form number, revision number)
2700.....		4509	4	14 MMRB case number
2701..FHM-9	66	4509	15	15 Fetal death, prior to 20 weeks gestation, total number; pregnancies, prior, subsequent to and including study child
2712..FHM-9	66	4509	16	16 Fetal death, at 20 weeks gestation and over, total number; pregnancies, prior, subsequent to and including study child
2713..FHM-9	66	4509	17	18 Liveborn, total number; pregnancies, prior, subsequent to and including study child
2714..FHM-9	66	4509	19	19 Liveborn male, total number; pregnancies, prior, subsequent to and including study child
2715..FHM-9	66	4509	20	20 Liveborn female, total number; pregnancies, prior, subsequent to and including study child
2716..FHM-9	66	4509	21	21 Premature, total number; pregnancies, prior, subsequent to and including study child
2717..FHM-9	66	4509	22	22 Death; neonatal, 27 days or less, total number; pregnancy outcomes, prior, subsequent to and including study child
2718..FHM-9	66	4509	23	23 Death; infant, 28 days or more, pregnancy outcomes, prior, subsequent to and including study child
2719..FHM-9	66	4509	24	24 Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion; pregnancy outcomes, all children, including study child
2710..FHM-9	66	4509	25	25 Malformation, congenital, total number; pregnancy outcomes, prior, subsequent to and including study child
2711..FHM-9	66	4509	26	26 Seizures; convulsions; febrile; epilepsy; pregnancy outcomes, prior, subsequent to and including study child
2712..FHM-9	66	4509	27	27 Motor defect, total number; pregnancy outcomes, prior, subsequent to and including study child
2713..FHM-9	66	4509	28	28 Sensory defect; hearing; speech; vision; pregnancy outcomes, prior, subsequent to and including study child
2714..FHM-9	66	4509	29	29 Developmental retardation, physical, mental, behavioral; pregnancy outcomes, prior, subsequent to and including study child
2715..FHM-9	66	4509	30	30 Death; neonatal, 27 days or less
2716..FHM-9	66	4509	31	31 Death; infant, 28 days or more
2717..FHM-9	66	4509	32	32 Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion
2718..FHM-9	66	4509	33	33 Malformation; congenital
2719..FHM-9	66	4509	34	34 Seizures; convulsions; [epilepsy]

Data Items Referenced from FHM-9, Family Health History Review

DATA ITEM ID	IFHM CN FROM	CARD NUM	FROM TO	DATA IFFM NAME
2720..FHM-9	66	4500	35	35 Motor defect
2721..FHM-9	66	4500	36	36 Sensory defects; hearing; speech; vision
2722..FHM-9	66	4500	37	37 Developmental; retardation, physical, mental, behavioral
2723..FHM-9	68	4500	38	38 Fetal death; Rh incompatibility; siblings since study child birth
2724..FHM-9	68	4500	39	39 Rh incompatibility, no transfusions; siblings, since study child birth
2725..FHM-9	68	4500	40	40 Rh incompatibility, transfusions, exchange; siblings, since study child birth
2726..FHM-9	68	4500	41	41 Rh incompatibility; jaundice, neonatal; transfusion; siblings, since study child birth
2727..FHM-9	69	4500	42	42 Cleft lip; cleft palate; siblings, since study child birth
2728..FHM-9	69	4500	43	43 Club foot; siblings, since study child birth
2729..FHM-9	69	4500	44	44 Fingers; toes; malformation; congenital; siblings, since study child birth
2730..FHM-9	69	4500	45	45 Heart; malformation; congenital; siblings, since study child birth
2731..FHM-9	69	4500	46	46 Head; spine; malformation; congenital; siblings, since study child birth
2732..FHM-9	69	4500	47	47 Malformation; congenital, other; siblings, since study child birth
2733..FHM-9	70	4500	48	48 Deaths; siblings, since study child birth
2734..FHM-9	71	4500	49	49 Developmental; retardation, physical, siblings, since study child birth
2735..FHM-9	71	4500	50	50 Developmental; retardation, mental, siblings, since study child birth
2736..FHM-9	71	4500	51	51 Developmental; retardation, behavioral/emotional; siblings, since study child birth
2737..FHM-9	72	4500	52	52 Child unable to attend regular; school; siblings, since study child birth
2738..FHM-9	73	4500	53	53 Seizures; convulsions; epilepsy; family members, since study child birth
2739..FHM-9	76	4500	54	54 Note: defect due to injury; family members, since study child birth
2740..FHM-9	76	4500	55	55 Motor defect due to infectious diseases; family members, since study child birth
2741..FHM-9	76	4500	56	56 Motor defect, other; family members, since study child birth
2742..FHM-9	77	4500	57	57 Sensory defect; blindness; family members, since study child birth
2743..FHM-9	77	4500	58	58 Sensory defect; deafness; family members, since study child birth
2744..FHM-9	77	4500	59	59 Sensory defect; speech defect; family members, since study child birth
2745..FHM-9	78	4500	60	60 Diabetes; family members, since study child birth
2746..FHM-9	79	4500	61	61 Mental illness; psychiatric treatment; family members, since study child birth
2747..FHM-9	80	4500	62	62 School, type currently attending
2748..FHM-9	81	4500	63	63 Achievement; accomplishment
2749..FHM-9	44	4500	64	64 Age

Data Items Referencing Form FHH-9, Family Health History Review

DATA ITEM ID	ITEM ON FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2750.....		4509	66	66	RD Blank
6201.....M-2			13	14	Education score
6202.....M-2			15	16	Occupation score
6203.....M-2			17	18	Income score
6208.....M-2			30	31	Education code
6209.....M-2			32	33	Education code
6210.....M-2			34	35	Occupation code
6211.....M-2			36	37	Occupation code
6212.....M-2			38	39	Income code

**FAMILY HEALTH HISTORY REVIEW**

DO NOT USE

RCB \_\_\_\_\_  
 CDB \_\_\_\_\_  
 CRB \_\_\_\_\_  
 PCMB \_\_\_\_\_

**1. PATIENT IDENTIFICATION**

2. CHILD'S BIRTHDATE: Mo. Day Year  
 3. CHILD'S SEX:  M  F  
 4. CHILD'S RACE:  W  N  PR  O  Other  
 5. DATE OF INTERVIEW: Mo. Day Year

6. DATA COLLECTED: NO DATA BECAUSE:  
 (UNABLE TO LOCATE RESPONDENT)  
 RESPONDENT REFUSAL (Explain)  
 OTHER (Explain)

6. INTERVIEWER'S NAME: \_\_\_\_\_ Case No. \_\_\_\_\_  
 7. INTERVIEWER'S TITLE: \_\_\_\_\_

9.A. MOST RECENT PRIOR FORM AND DATE COMPLETED

FHM 1-4  
 SE-1  
 GEN 3-6  
 FHM-9

MO	DAY	YR.

INTERVIEWED:  
 10.  AT STUDY FACILITY  ELSEWHERE (Specify)  
 11.  WITHIN SIX MONTHS OF SEVENTH BIRTHDAY  OTHER AGE (Specify)  
 12.  IN ENGLISH  OTHER LANGUAGE (Specify)

8. FIRST NAME OF CHILD FOR WHOM COMPLETED: \_\_\_\_\_

13. RESPONDENT'S NAME: \_\_\_\_\_  
 14. RELATIONSHIP TO CHILD: \_\_\_\_\_  
 15. INITIALS OF THIS STUDY CHILD'S FATHER (From FHM-2, GEN-6 or Respondent): \_\_\_\_\_

**SECTION A - CHILD'S RESIDENCE**

16. WITH WHOM IS CHILD NOW LIVING?  
 10 MOTHER AND FATHER  
 11 MOTHER ONLY  
 12 FATHER ONLY  
 13 OTHER RELATIVES  
 14 FOSTER HOME  
 15 ADOPTIVE PARENTS  
 16 OTHER (Specify) \_\_\_\_\_

IN INSTITUTION: \_\_\_\_\_  
 NAME \_\_\_\_\_  
 ADDRESS \_\_\_\_\_

REASON FOR ADMISSION:  
 17 MENTAL RETARDATION  18 SEIZURES  
 19 CEREBRAL PALSY  20 CONGENITAL MALFORMATIONS  
 21 BEHAVIORAL PROBLEM  22 OTHER (Specify) \_\_\_\_\_

17. HOW LONG HAS CHILD BEEN LIVING WITH (Parents, in Foster Home, in Institution, etc.)?  
 A. SINCE BIRTH (omit item 18)  0000  
 B. If not SINCE BIRTH, enter date in boxes (then continue with item 18)

FROM		TO	
MO.	YR.	MO.	YR.

18. WITH WHOM DID HE LIVE BEFORE TIME PERIOD SHOWN IN ITEM 17B? (complete table)

FROM				TO				PERSON OR PLACE	LOCATION
MO.	YR.	MO.	YR.	MO.	YR.	MO.	YR.		

DO NOT USE  
NUMBER OF ENVIRONMENTS

19. IF CHILD LIVES WITH ADOPTIVE PARENTS, FOSTER PARENTS OR GUARDIAN, COMPLETE SECTION B ONLY  OTHERWISE, SKIP TO SECTION C

**FAMILY HEALTH HISTORY REVIEW**

**SECTION B  
SOCIO-ECONOMIC DATA ON FOSTER PARENT,  
ADOPTIVE PARENT, OR GUARDIAN ONLY**

We have followed this child for a long time. It becomes very important now to have certain simple basic information about the child's environment. Since he is not living with his own parents, we must ask these questions of the persons with whom he is living. This information is completely confidential.

21. WHERE WERE YOU BORN?  INSIDE CONTINENTAL U.S.  OUTSIDE CONTINENTAL U.S.

22. WHEN WERE YOU BORN? 

Mo.	Day	Year

 AGE 

--	--

23. WHAT IS YOUR RACE?  W  N  OR  P  OTHER SPECIFY \_\_\_\_\_

24. WHAT IS YOUR RELIGION?  P  RC  OTHER SPECIFY \_\_\_\_\_

25. WHAT IS THE HIGHEST GRADE OF REGULAR SCHOOL THAT YOU HAVE COMPLETED? (circle one)

NONE 00	ELEMENTARY SCHOOL 01 02 03 04 05 06	JUNIOR HIGH 07 08 09	HIGH SCHOOL 10 11 12	ACADEMIC COLLEGE 13 14 15 16	GRADUATE OR PROFESSIONAL SCHOOL some 17 degree 18
------------	--	-------------------------	-------------------------	---------------------------------	--

26. ARE YOU AT PRESENT MARRIED, WIDOWED, DIVORCED, SEPARATED, SINGLE OR COMMON LAW MARRIED? (check one)

M  W  D  S  CLM

27. HOW MANY ROOMS ARE THERE IN THE PLACE WHERE YOU NOW LIVE? (Do not count kitchen, halls or bathrooms) 

--	--

28. HOW MANY PEOPLE ARE LIVING IN YOUR HOUSEHOLD, INCLUDING YOURSELF? 

--	--

29. HOW MANY ARE UNDER 6 YEARS OLD? 

--	--

30. ARE YOU WORKING NOW?  NO  YES WHAT KIND OF WORK DO YOU DO? 

--	--

31. (If married) DOES YOUR HUSBAND HAVE A JOB NOW?  NO  YES WHAT KIND OF WORK DOES HE DO? 

--	--

32. PLEASE LOOK AT THIS CARD AND TELL ME WHICH OF THE CATEGORIES COME CLOSEST TO YOUR TOTAL FAMILY INCOME FOR LAST YEAR? (INCLUDE ALL KINDS OF INCOME, SUCH AS WAGES, PENSIONS, UNEMPLOYMENT COMPENSATION, GIFTS, ETC.)

<input type="checkbox"/> 06 UNDER \$1000	<input type="checkbox"/> 20 \$4000 - 4999	<input type="checkbox"/> 34 \$8000 - 8999
<input type="checkbox"/> 10 \$1000 - 1999	<input type="checkbox"/> 24 \$5000 - 5999	<input type="checkbox"/> 38 \$9000 - 9999
<input type="checkbox"/> 14 \$2000 - 2999	<input type="checkbox"/> 28 \$6000 - 6999	<input type="checkbox"/> 42 \$10,000 OR MORE
<input type="checkbox"/> 18 \$3000 - 3999	<input type="checkbox"/> 32 \$7000 - 7999	<input type="checkbox"/> 46 UNKNOWN

END OF INTERVIEW (Find Pages 1 and 2 in Control OIR no.)



**FAMILY HEALTH HISTORY REVIEW**

**SECTION C  
MOTHER'S MARITAL HISTORY**

As you know, we have been keeping track of things that happen to \_\_\_\_\_ as he/she is growing up. Now we also need to catch up on what has been happening to the family.

34. ARE YOU AT PRESENT MARRIED, WIDOWED, DIVORCED, SEPARATED, SINGLE OR COMMON LAW MARRIED? (check one)

1  
 2  
 3  
 4  
 5  
 6

If single, SKIP TO SECTION D. If widowed or divorced, SKIP TO ITEM 36.

35. IS YOUR HUSBAND LIVING AT HOME WITH YOU? \_\_\_\_\_  YES

If not, ASK: WHY ARE YOU LIVING APART FROM YOUR HUSBAND?

0 MARITAL PROBLEMS (including legal separation)       8 HE IS IN INSTITUTION  
 1 HE IS AWAY AT WORK (or seeking work)                       9 OTHER (specify) \_\_\_\_\_  
 2 HE IS IN ARMED FORCES

36. WHEN WERE YOU (MARRIED, DIVORCED, SEPARATED)? \_\_\_\_\_  
 If date given is AFTER birth of child, complete item 37; if BEFORE, skip to Section D.

0 AFTER (Ask item 37)       1 BEFORE (skip to SECTION D)

37. WHAT WAS YOUR SITUATION BEFORE THAT? (WORK BACK IN TIME UNTIL THE PERIOD SINCE THE BIRTH OF THIS CHILD IS ACCOUNTED FOR. LIST DATES AND NATURE OF TERMINATION OF EACH MARRIAGE)

FROM		TO		HOW MARRIED	HOW TERMINATED			
MO.	YR.	MO.	YR.		WIDOWED	DIVORCED	SEPARATED	OTHER (SPECIFY)

DO NOT USE  
  
NO. OF  
CHANGES

**SECTION D - HOUSEHOLD ARRANGEMENT**

38. DO YOU LIVE IN A HOUSE OR IN AN APARTMENT OR DO YOU HAVE SOME OTHER LIVING ARRANGEMENT? (check one)

1 HOUSE (one, two or three family)       2 APARTMENT       3 BOARDING OR ROOMING HOUSE       4 OTHER (specify) \_\_\_\_\_

39. HOW LONG HAVE YOU LIVED IN THIS (HOUSE, APT., ETC.)? \_\_\_\_\_ YRS. \_\_\_\_\_ MOS.

40. HOW MANY TIMES HAVE YOU MOVED IN THE LAST SEVEN YEARS? \_\_\_\_\_  
 (NOTE: If Mother lives in a dormitory or institution, skip to SECTION E)

41. HOW MANY ROOMS ARE THERE IN YOUR PRESENT (HOUSE, APT., ETC.)? \_\_\_\_\_  
 (Do not count kitchen, hall's or bathroom)

42. HOW MANY PEOPLE ARE LIVING IN YOUR HOUSEHOLD, INCLUDING YOURSELF? \_\_\_\_\_

FAMILY HEALTH HISTORY REVIEW

SECTION D (continued)  
HOUSEHOLD ARRANGEMENT

44. PLEASE TELL ME WHAT THEIR NAMES ARE, HOW THEY ARE RELATED TO YOU, THEIR AGE ON LAST BIRTHDAY, AND SCHOOL GRADE COMPLETED.

NAME	RELATIONSHIP TO CHILD'S MOTHER	AGE	SEX	GRADE
MOTHER	XXXXXXXXXXXXXXXXXXXX			

DO NOT USE

A NO. RESPONDENT'S CHILDREN

B HOUSEHOLD STRUCTURE

C HOUSEHOLD DENSITY

D PRES. OF HUSB. OR P.O.B.

45. WHO IS THE HEAD OF YOUR HOUSEHOLD? (INTERVIEWER: PLEASE CIRCLE THIS NAME IN TABLE A.P. (V))

46. DO YOU HAVE OTHER CHILDREN WHO ARE LIVING ELSEWHERE?  NO  YES (write details in table below)

NAME	SEX	AGE LAST BIRTHDAY	WITH WHOM LIVING	CITY AND STATE

SECTION E - MOTHER'S EDUCATION AND EMPLOYMENT

47. HAVE YOU HAD ANY MORE SCHOOLING OR TRAINING SINCE \_\_\_\_\_ WAS BORN?  
 NO  YES (explain)

48. HAVE YOU WORKED AT ALL SINCE \_\_\_\_\_ WAS BORN?  NO (skip to SECTION F)  YES (complete this SECTION)

49. CAN YOU TELL ME SOMETHING ABOUT THE PERIODS YOU HAVE WORKED AND THE KINDS OF WORK YOU HAVE DONE SINCE \_\_\_\_\_ WAS BORN? (FILL IN THE TABLE BY PERIODS WORKED AND TYPE OF WORK DONE, RATHER THAN BY JOB)

AGE OF CHILD (a)	WORK DONE - TO OF JOB (b)	TOTAL PERIODS IN MONTHS (c)	HOURS/ WEEK (d)		CHILD CARE (e)	
			0-10	10+	IN OWN HOME	ELSEWHERE
0-1 YRS.						
1-2 YRS.						
2-3 YRS.						
3-4 YRS.						
4-5 YRS.						
5-6 YRS.						
6-7 YRS.						
7+						

10-10-10  
(a)   
(b)   
(c)   
(d)   
(e)   
OCCUPATION

### FAMILY HEALTH HISTORY REVIEW

#### SECTION F - HUSBAND'S EMPLOYMENT

(Note: If Mother is not married, and there is no other Head of Household present, go directly to SECTION G.)

51. IS YOUR HUSBAND WORKING NOW?

NO (skip to Item 52)

YES (complete Item)

A. WHAT KIND OF WORK IS HE DOING? \_\_\_\_\_

B. HOW LONG HAS HE BEEN ON THIS JOB? \_\_\_\_\_   YRS.   MOS.   WKS.  
(If MORE than 7 years, skip to Section G. If LESS than 7 years, skip to Item 52.)

52. HOW LONG HAS HE BEEN OUT OF WORK? \_\_\_\_\_   YRS.   MOS.   WKS.  
(If NO JOB IN LAST 7 YEARS OR SINCE MARRIAGE, WHICHEVER IS LATER, SKIP TO SECTION G.)

A. WHAT KIND OF WORK DID HE DO ON HIS LAST JOB? \_\_\_\_\_

B. HOW LONG DID HE HAVE THAT JOB? \_\_\_\_\_   YRS.   MOS.   WKS.

C. WHY IS HE NOT WORKING NOW? (SPECIFY SEASONAL LAYOFF, STRIKE, ILLNESS, INJURY, ETC.) \_\_\_\_\_

53. WHAT KIND OF WORK HAS HE DONE FOR THE LONGEST TIME IN THE LAST SEVEN YEARS?

A. HOW LONG DID HE DO THAT KIND OF WORK? \_\_\_\_\_   YRS.   MOS.   WKS.

B. HOW MUCH TIME HAS HE SPENT UNEMPLOYED IN THE PAST YEAR? \_\_\_\_\_   WKS.

C. HOW MANY DIFFERENT JOBS HAS HE HAD IN THE PAST YEAR? \_\_\_\_\_

#### SECTION G - FAMILY INCOME

WE ARE INTERESTED IN THE INCOME OF YOUR FAMILY DURING \_\_\_\_\_  
AND \_\_\_\_\_ (ENTER THE 3 MONTHS PRIOR TO MONTH OF THIS INTERVIEW)

54. A. DID THE SAME AMOUNT OF MONEY COME IN DURING EACH OF THESE 3 MONTHS?

NO (ask B)

YES (omit B)

B. WERE THERE ANY PAY PERIODS DURING THESE 3 MONTHS WHEN NO MONEY CAME IN?

NO

YES

55. WAS THERE A CHANGE IN YOUR MAJOR SOURCE OF INCOME DURING THESE 3 MONTHS?

NO

YES (explain) \_\_\_\_\_

**FAMILY HEALTH HISTORY REVIEW**

**SECTION G (continued)  
FAMILY INCOME**

57. HOW CAN YOU TELL ME HOW MUCH MONEY CAME IN AND WHERE IT CAME FROM DURING THIS PERIOD? (PROBE FOR ALL SOURCES OF INCOME AND AMOUNTS.)

WAS THERE INCOME FROM (a)	SOURCE OF INCOME		FOR COMPUTATION PURPOSE		DO NOT USE (f)
	KIND AND WHOSE (b)	AMOUNT AND UNIT TIME (c)	MONTHS PERIOD (d)	AMOUNT DURING 3 MONTH PERIOD (e)	
<b>EARNED INCOME?</b> (Such as Wages and Salaries; Unemployment Compensation; Fellowships, Grants, etc.)					
<b>WELFARE?</b> (Such as Aid to Dependent Children; General Public Assistance, etc.) Specify Agency _____					
<b>ALL OTHER SOURCES?</b> (Such as Bonuses, Dividends, Savings used during this period, Gifts, Payments in Kind, Rent from Property, etc.)					
<b>TOTAL</b>					
<b>DO NOT USE</b>					

58. A. HOW MANY PERSONS DID THIS MONEY TAKE CARE OF? [ ] [ ]

B. HOW MANY WERE UNDER 5 YEARS OLD? [ ] [ ]

59. WAS THERE A CHANGE IN NUMBER OF PERSONS SUPPORTED BY THIS MONEY DURING THESE 3 MONTHS?

NO

YES (explain) \_\_\_\_\_

60. A. IN GENERAL, HOW DO YOU FEEL THAT YOUR PRESENT SITUATION COMPARES WITH YOUR SITUATION AT THE TIME WAS BORN? DO YOU FEEL THINGS ARE

00

JUST ABOUT THE SAME (skip to SECTION H)

1 BETTER

2 WORSE

DO NOT USE  
[ ] [ ]

B. WHAT DO YOU THINK IS THE MOST IMPORTANT REASON FOR THIS? (check and cross out word which does not apply)

1 WORKED MORE (LESS) OF THE TIME  
(include both parents now working)

4 INCOME INCREASED (DECREASED)

2 BETTER (WORSE) JOB (e.g., higher wages, more benefits; include change from student to employed)

5 MARITAL STATUS CHANGED

3 FEWER (MORE) DEBTS (include changes in cost of living, e.g., more children)

6 OTHER (explain, e.g., health problems, accumulation of property)



# FAMILY HEALTH HISTORY REVIEW

## SECTION M (continued) FAMILY HISTORY

**INSTRUCTIONS TO INTERVIEWER:** Ask following questions for all persons, as indicated. Fully describe specified conditions (YES answers) in Item 74. INCLUDE:

- a) ITEM number
- b) NAME and RELATIONSHIP to 7-yr. old child of each person affected
- c) AGE(S) at onset and recovery (if death)
- d) DESCRIPTION OF CONDITION: Symptoms, part of body affected, severity, course, onset of condition, if known
- e) DOCTOR and/or HOSPITAL examining person, or other record source: (name, address, and dates)
- f) Under Description of Conditions, account for the DEATH of any child under the age of 1 year, regardless of cause.

**74. DESCRIPTION OF CONDITIONS:** Be certain to include all information requested in instructions above. If given detail is not available, state so specifically.

DO NOT USE

**68. STARTING WITH \_\_\_\_\_**  
**IN ANY PREGNANCY WAS THERE ANY PRO-  
TROUBLE? ANY OTHER BLOOD INCOMPAT-  
IBILITY? DID ANY BABY HAVE A TRANSFU-  
SION OR SEVERE JAUNDICE (looked yellow)  
WITHIN TWO WEEKS AFTER BIRTH? NO**  000

Incompatibility in fetal death.....

Incompatibility in liveborn,  
no transfusion.....

Incompatibility with  
exchange transfusion.....

**69. STARTING WITH \_\_\_\_\_**  
**HAS ANY CHILD OR STILLBIRTH HAD A  
PART OF THE BODY NOT FORMED RIGHT?  
ANY PHYSICAL DEFECT? NO**  000000

Cleft lip or palate.....

Club foot.....

Fingers or toes.....

Heart.....

Head or spine.....

Other.....

**70. SINCE \_\_\_\_\_ WAS BORN,  
HAVE ANY OF YOUR CHILDREN DIED?**  
NO  YES

(If YES, list names, ages and causes of death.)

**71. SINCE \_\_\_\_\_ WAS BORN, HAS  
ANY CHILD SEEMED TO BE VERY SLOW IN  
PHYSICAL DEVELOPMENT OR IN LEARNING,  
OR BEEN VERY HARD TO MANAGE? NO**  000

Physical retardation.....

Mental retardation.....

Severe behavioral (emotional) problem.....

**72. HAS ANY CHILD OF SCHOOL AGE BEEN UN-  
ABLE TO GO TO REGULAR SCHOOL?**  
NO  YES (Number)

(If YES, list names and reasons for children who have reached school age since birth of this study child. Code reasons under Items 68 through 70, and describe fully.)

**73. SINCE \_\_\_\_\_ WAS BORN, HAS  
ANY MEMBER OF YOUR FAMILY, INCLUDING  
YOURSELF, HAD SEIZURES, CONVULSIONS, OR  
EPILEPSY?**  
NO  YES

### FAMILY HEALTH HISTORY REVIEW

#### SECTION H (continued) FAMILY HISTORY

**INSTRUCTIONS TO INTERVIEWER:** Ask following questions for all persons, as indicated. Fully describe specified conditions (YES answers) in Item 82. INCLUDE:

- a) ITEM number
- b) NAME and RELATIONSHIP to 7-yr. old child of each person affected
- c) AGE(S) at onset and recovery (or death)
- d) DESCRIPTION OF CONDITION: Symptoms, part of body affected, severity, course, name of condition, if known
- e) DOCTOR and/or HOSPITAL examining person, or other record source: (name, address, and dates)

f) Under Description of Conditions, account for the DEATH of any child under the age of 1 year, regardless of cause.

**82. DESCRIPTION OF CONDITIONS:** Be certain to include all information requested in instructions above. If given detail is not available, state so specifically.

DO NOT USE

76. SINCE \_\_\_\_\_ WAS BORN, HAS ANY MEMBER OF YOUR FAMILY, INCLUDING YOURSELF, HAD ANY TROUBLE USING ARMS, HANDS, LEGS? HAS ANYONE HAD ANY PARALYSIS, CRIPPLING OR CEREBRAL PALSY? NO  YES

Injury

Polio, "brain fever", other infection

Other

77. SINCE \_\_\_\_\_ WAS BORN, HAS ANY MEMBER OF YOUR FAMILY, INCLUDING YOURSELF, DEVELOPED BLINDNESS OR DEAFNESS OR DEVELOPED ANY SERIOUS TROUBLE SPEAKING? NO  YES

Blind

Deaf

Trouble speaking

78. SINCE \_\_\_\_\_ WAS BORN, HAS ANY MEMBER OF YOUR FAMILY, INCLUDING YOURSELF, HAD SUGAR DIABETES (TOO MUCH SUGAR IN URINE OR BLOOD)? NO  YES

79. SINCE \_\_\_\_\_ WAS BORN, HAS ANY MEMBER OF YOUR FAMILY, INCLUDING YOURSELF, HAD ANY NERVOUS PROBLEM WHICH REQUIRED HOSPITAL CARE OR PSYCHIATRIC TREATMENT OR OTHER THERAPY? NO  YES

80. WHAT SCHOOL IS \_\_\_\_\_ ATTENDING NOW (or will he attend)?

Name: \_\_\_\_\_

Address: \_\_\_\_\_

REG.  SPEC.  DNA

81. IS THERE ANY SPECIAL ACHIEVEMENT OR ACCOMPLISHMENT, ANYTHING THAT \_\_\_\_\_ HAS DONE, OF WHICH YOU ARE PARTICULARLY PROUD OR WHICH PLEASED YOU VERY MUCH? NO  YES

Form Item Numbers linked to Data Items on FHH-9, Family Health History Review

ITEM NH FORM	DATA ITEM IN	CARD NUM	FROM	TO	DATA ITEM NAME
2	620R.....M-2		30	31	Education code
2	6209.....M-2		37	33	Education code
2	6201.....M-2		13	14	Education score
2	6212.....M-2		38	39	Income score
2	6203.....M-2		17	18	Income score
2	6210.....M-2		34	35	Occupation code
2	6211.....M-2		36	37	Occupation code
2	6202.....M-2		15	16	Occupation score
2	2559...FHH-9	1500	15	18	Birth date (day)
2	2558...FHH-9	1500	15	16	Birth date (mo)
3	2560...FHH-9	1500	19	20	Birth date (yr)
4	2561...FHH-9	1500	21	21	SEX
5	2562...FHH-9	1500	22	22	RACE
5	2564...FHH-9	1500	25	26	Form FHH-9 date (day)
5	2563...FHH-9	1500	23	24	Form FHH-9 date (mo)
5	2565...FHH-9	1500	27	28	Form FHH-9 date (yr)
6	2566...FHH-9	1500	29	30	Form FHH-9 interviewer
8	2567...FHH-9	1500	31	31	Form FHH-9 data collected (yes/no)
9	A C R		32	32	Form FHH-9, last prior form completed
9	A C R		33	33	Form FHH-9, name of study child on last prior form
10	2569...FHH-9	1500	34	34	Form FHH-9, interview, place conducted
11	2570...FHH-9	1500	35	35	Age at time of form FHH-9 interview
12	2571...FHH-9	1500	36	36	Language of interview, form FHH-9
14	2572...FHH-9	1500	37	37	Interview respondent, relationship to child, form FHH-9
16	2574...FHH-9	1500	38	39	Residence, home or institution
17	A, B		40	41	Residence, most recent, since date (mo)
17	A, B		47	43	Residence, most recent, since date (yr)
17	A, B		44	44	Residence, number of changes
19	2578...FHH-9	1500	45	45	Adoptive parents, foster parents; guardian; residence with
21	2579...FHH-9	1500	46	46	Birthplace; adoptive parents; foster parents; guardian
22	2580...FHH-9	1500	47	48	Age; adoptive parents; foster parents; guardian
23	2581...FHH-9	1500	49	49	Race; adoptive parents; foster parents; guardian
24	2582...FHH-9	1500	50	50	Religion; adoptive parents; foster parents; guardian
25	2583...FHH-9	1500	51	52	Education, grade completed, highest; adoptive parents; foster parents; guardian
26	2584...FHH-9	1500	53	53	Marital status; adoptive parents; foster parents; guardian
27	2585...FHH-9	1500	54	55	Housing, number of rooms; adoptive parents; foster parents; guardian
28	2586...FHH-9	1500	56	57	Housing, total number of persons; adoptive parents; foster parents; guardian
29	2587...FHH-9	1500	58	59	Housing, number of children under 8 years old; adoptive parents; foster parents; guardian



Form Item Numbers linked to Data Items on FHH-9, Family Health History Review

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
30	2588..FHH-9	1509	60	61	Occupation, mother surrogate
31	2589..FHH-9	1509	62	63	Occupation, husband; adoptive parents; foster parents; guardian
32	2590..FHH-9	1509	64	65	Income, total family; adoptive parents; foster parents; guardian
34	2594..FHH-9	2509	15	15	Marital status
35	2595..FHH-9	2509	16	16	Husband living at home
36	2598..FHH-9	2509	21	21	Marital history, after or before birth of study child; married; divorced; separated
36	2596..FHH-9	2509	17	18	Marital history, after married; divorced; separated (mo)
36	2597..FHH-9	2509	19	20	Marital history, after married; divorced; separated (mo)
37	2598..FHH-9	2509	22	22	Marital history, number of changes
38	2600..FHH-9	2509	23	23	Household arrangements; housing type
39	2602..FHH-9	2509	26	27	Household arrangements; length of residence, (mos)
39	2601..FHH-9	2509	24	25	Household arrangements; length of residence, (yrs)
40	2603..FHH-9	2509	28	29	Household arrangements; moves in last 7 years, number
41	2604..FHH-9	2509	30	31	Household arrangements; rooms, number
42	2605..FHH-9	2509	32	33	Household arrangements, number of people
44	2749..FHH-9	4509	64	65	Age
44	2637..FHH-9	2509	79	80	Education; grade completed, highest
44	2636..FHH-9	2509	77	78	Education; grade completed, highest
44	2610..FHH-9	2509	40	40	Household arrangement; father of baby or; husband present
44	2606..FHH-9	2509	34	35	Household arrangement, number of children
44	2607..FHH-9	2509	36	36	Household arrangement; household structure, family
44	2608..FHH-9	2509	37	37	Household arrangement; household structure, relatives, friends
44	2609..FHH-9	2509	39	39	Household arrangement; housing density
45	2611..FHH-9	2509	41	41	Household arrangement; head of household
46	2612..FHH-9	2509	42	42	Household arrangement; other children living elsewhere
47	2613..FHH-9	2509	43	43	Education; schooling/training, other, additional
48	2614..FHH-9	2509	44	44	Education; schooling/training, other, additional
49	2620..FHH-9	2509	51	52	Employment; since birth of study child
49	2615..FHH-9	2509	51	52	Employment; occupation
49	2616..FHH-9	2509	45	45	Employment, age of study child when begun
49	2617..FHH-9	2509	46	46	Employment, number of jobs since birth of study child
49	2618..FHH-9	2509	47	48	Employment, period employed (mos)
49	2619..FHH-9	2509	49	49	Employment, hours worked per week
49	2621..FHH-9	2509	50	50	Employment, child care arrangement during
51	2622..FHH-9	2509	53	53	Employment status
51	2625..FHH-9	2509	54	55	Employment; occupation
51	2623..FHH-9	2509	60	60	Employment, current job, length of time (wks)
51	2624..FHH-9	2509	56	57	Employment, current job, length of time (yrs)
51	2627..FHH-9	2509	58	59	Employment, current job, length of time (mos)
52	2628..FHH-9	2509	63	64	Employment; unemployed, length of time (mos)
52	2626..FHH-9	2509	65	65	Employment; unemployed, length of time (wks)
52	2629..FHH-9	2509	61	62	Employment; unemployed, length of time (yrs)
52	2620..FHH-9	2509	66	66	Employment; unemployed currently, reason

Form Item Numbers Linked to Data Items on FHM-9, Family Health History Review

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
53	2630..FHM-9	2500	67	68	Employment; occupation for longest period
53 A	2637..FHM-9	2500	71	72	Employment; occupation, length of time (mos)
53 A	2633..FHM-9	2500	73	73	Employment; occupation, length of time (wks)
53 H	2631..FHM-9	2500	69	70	Employment; occupation, length of time (yrs)
53 C	2634..FHM-9	2500	74	75	Employment; occupation, length of time (yrs)
54 A	2635..FHM-9	2500	76	76	Employment; unemployed, past year, length of time (wks)
55	2640..FHM-9	3500	15	15	Income, number of jobs in past year
57	2641..FHM-9	3500	16	16	Income, regularity prior 3 months
57	2646..FHM-9	3500	22	22	Income, changes in major source
57	2642..FHM-9	3500	17	17	Income, source of earned income
57	2644..FHM-9	3500	19	19	Income, source, all other
57	2643..FHM-9	3500	18	19	Income, source, relatives/friends
58 A	2645..FHM-9	3500	20	21	Income, total, prior 3 months
58 B	2647..FHM-9	3500	23	24	Income, number of persons supported
59	2648..FHM-9	3500	24	26	Income, number of children under 6 yrs. old
60	2649..FHM-9	3500	27	27	Income, change in number of persons supported
60 A	2651..FHM-9	3500	29	29	Income, change in number of persons supported
60 B	2650..FHM-9	3500	28	29	Income, comparison of financial situations, reason child birth
62	2652..FHM-9	3500	30	30	Pregnancies since study child, number
63	2653..FHM-9	3500	31	31	Fetal death, since study child, number
64	2654..FHM-9	3500	32	32	Pregnancies; multiple, since study child, number
66	2691..FHM-9	3500	71	71	Death, infant; siblings, greater than 28 days, total number prior to study child
66	2690..FHM-9	3500	70	70	Death, neonatal; siblings, 27 days or less, total number prior to study child
66	2716..FHM-9	4500	31	31	Death; infant, 28 days or more
66	2708..FHM-9	4500	23	23	Death; infant, 28 days or more, pregnancy outcomes, prior, subsequent to and including study child
66	2677..FHM-9	3500	56	56	Death; infant; siblings half, 28 or more days, total number since study child
66	2667..FHM-9	3500	41	41	Death; infant; siblings full, 28 or more days, total number since study child
66	2715..FHM-9	4500	30	30	Death; neonatal, 27 days or less
66	2707..FHM-9	4500	27	27	Death; neonatal, 27 days or less, total number; pregnancy outcomes, prior, subsequent to and including study child
66	2676..FHM-9	3500	55	55	Death; neonatal, siblings half, 27 day or less, total number since study child
66	2661..FHM-9	3500	40	40	Death; neonatal; siblings full, 27 days or less, total number since study child
66	2714..FHM-9	4500	29	29	Development; retardation, physical, mental, behavioral; pregnancy outcomes, prior, subsequent to and including study child
66	2722..FHM-9	4500	37	37	Developmental; retardation, physical, mental, behavioral

Form Item Numbers Linked to Data Items on FHH-9, Family Health History Review

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
66	2668..FHH-9	3509	47	47	Developmental; retardation, physical, mental, behavioral; siblings full, total number since study child
66	2683..FHH-9	3509	62	62	Developmental; retardation, physical, mental, behavioral; siblings half, total number since study child
66	2697..FHH-9	3509	77	77	Developmental; retardation, physical, mental, behavioral; siblings total number prior to study child
66	2702..FHH-9	4509	16	16	Fetal death, at 20 weeks gestation and over, total number; pregnancies, prior, subsequent to and including study child
66	2684..FHH-9	3509	63	63	Fetal death, prior to 20 weeks gestation, total number prior to study child
66	2701..FHH-9	4509	15	15	Fetal death, prior to 20 weeks gestation, total number; pregnancies, prior, subsequent to and including study child
66	2670..FHH-9	3509	49	49	Fetal death, stillborn; siblings half, at 20 weeks gestation and over total number, since study child
66	2655..FHH-9	3509	33	33	Fetal death; siblings full, prior to 20 weeks gestation, total number since study child
66	2669..FHH-9	3509	48	48	Fetal death; siblings half, prior to 20 weeks gestation, total number since study child
66	2685..FHH-9	3509	64	64	Fetal death; stillborn, at 20 weeks gestation and over, total number prior to study child
66	2656..FHH-9	3509	34	34	Fetal death; stillborn; siblings full, at 20 weeks gestation and over, total number since study child
66	2688..FHH-9	3509	68	68	Liveborn female, total number since study child
66	2705..FHH-9	4509	20	20	Liveborn female, total number prior to study child
66	2659..FHH-9	3509	38	38	Liveborn female; siblings full, total number since study child
66	2674..FHH-9	3509	53	53	Liveborn female; siblings half, total number since study child
66	2687..FHH-9	3509	67	67	Liveborn male, total number prior to study child
66	2704..FHH-9	4509	19	19	Liveborn male, total number; pregnancies, prior, subsequent to and including study child
66	2658..FHH-9	3509	37	37	Liveborn male; siblings full, total number since study child
66	2673..FHH-9	3509	52	52	Liveborn male; siblings half, total number since study child
66	2686..FHH-9	3509	65	66	Liveborn, total number prior to study child
66	2703..FHH-9	4509	17	18	Liveborn, total number; pregnancies, prior, subsequent to and including study child
66	2657..FHH-9	3509	35	36	Liveborn; siblings full, total number since study child
66	2671..FHH-9	3509	50	50	Liveborn; siblings half; paternity known, different father, since study child
66	2672..FHH-9	3509	51	51	Liveborn; siblings half; paternity unknown, since study child
66	2693..FHH-9	3509	73	73	Malformation, congenital, siblings, total number prior to study child
66	2710..FHH-9	4509	25	25	Malformation, congenital, total number; pregnancy outcomes, prior, subsequent to and including study child

Form Item Numbers linked to Data Items on FHH-9, Family Health History Review

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
66	271R..FHH-9	4509	33	33	Malformation; congenital
66	2664..FHH-9	3509	43	43	Malformation; congenital, siblings full, total number since study child
66	2679..FHH-9	3509	58	58	Malformations: congenital, siblings half, total number since study child
66	2720..FHH-9	4509	35	35	Motor defect
66	2681..FHH-9	3509	60	60	Motor defect, total number; pregnancy outcomes, prior, subsequent to and including study child
66	2712..FHH-9	4509	27	27	Motor defect, total number; pregnancy outcomes, prior, subsequent to and including study child
66	2666..FHH-9	3509	45	45	Motor defect; siblings full, total number since study child
66	2695..FHH-9	3509	75	75	Motor defect; siblings, total number prior to study child
66	2689..FHH-9	3509	69	69	Premature, total number prior to study child
66	2706..FHH-9	4509	21	71	Premature, total number; pregnancies, prior, subsequent to and including study child
66	2660..FHH-9	3509	39	39	Premature; siblings full, total number since study child
66	2675..FHH-9	3509	54	54	Premature; siblings half, total number since study child
66	2717..FHH-9	4509	32	32	Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion
66	2709..FHH-9	4509	24	74	Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion; pregnancy outcomes, all children, including study child
66	2663..FHH-9	3509	42	42	Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion; siblings full, total number since study child
66	2678..FHH-9	3509	57	57	Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion; siblings half, total number since study child
66	2692..FHH-9	3509	72	72	Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion; siblings, total number prior to study child
66	2719..FHH-9	4509	34	34	Seizures; convulsions; epilepsy
66	2711..FHH-9	4509	26	76	Seizures; convulsions; epilepsy; pregnancy outcomes, prior, subsequent to and including study child
66	2665..FHH-9	3509	44	44	Seizures; convulsions; epilepsy; siblings full, total number since study child
66	2680..FHH-9	3509	59	59	Seizures; convulsions; epilepsy; siblings half, total number since study child
66	2694..FHH-9	3509	74	74	Seizures; convulsions; epilepsy; siblings, total number prior to study child
66	2721..FHH-9	4509	36	36	Sensory defect; hearing; speech; vision
66	2713..FHH-9	4509	28	28	Sensory defect; hearing; speech; vision; pregnancy outcomes, prior, subsequent to and including study child
66	2667..FHH-9	3509	46	46	Sensory defect; hearing; speech; vision; siblings full, total number since study child

Form Item Numbers linked to Data Items on FHM-9, Family Health History Review

ITEM NM FORM	NATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
66	2682..FHM-9	3500	61	61	Sensory defects; hearing; speech; vision; siblings half, total number since study child
66	2696..FHM-9	3509	76	76	Sensory defects; hearing; speech; vision; siblings, total number prior to study child
68	2723..FHM-9	4500	38	38	Fetal death; Rh incompatibility; siblings since study child birth
68	2724..FHM-9	4509	39	39	Rh incompatibility, no transfusions; siblings, since study child birth
68	2725..FHM-9	4509	40	40	Rh incompatibility, transfusions, exchange; siblings, since study child birth
68	2726..FHM-9	4509	41	41	Rh incompatibility; jaundice, neonatal; transfusion; siblings, since study child birth
69	2727..FHM-9	4509	42	42	Cleft lip; cleft palate; siblings, since study child birth
69	2728..FHM-9	4509	43	43	Club foot; siblings, since study child birth
69	2729..FHM-9	4509	44	44	Fingers; toes; malformation; congenital; siblings, since study child birth
69	2731..FHM-9	4509	46	46	Head; spine; malformation; congenital; siblings, since study child birth
69	2730..FHM-9	4500	45	45	Heart; malformation; congenital; siblings, since study child birth
69	2732..FHM-9	4500	47	47	Malformation; congenital, other; siblings, since study child birth
70	2733..FHM-9	4500	48	48	Deaths; siblings, since study child birth
71	2736..FHM-9	4500	51	51	Developmental; retardation, behavioral/emotional; siblings, since study child birth
71	2735..FHM-9	4509	50	50	Developmental; retardation, mental, siblings, since study child birth
71	2734..FHM-9	4509	49	49	Developmental; retardation, physical, siblings, since study child birth
72	2737..FHM-9	4509	52	52	Child unable to attend regular; school; siblings, since study child birth
73	2738..FHM-9	4509	53	53	Seizures; convulsions; epilepsy; family members, since study child birth
76	2740..FHM-9	4509	55	55	Motor defect due to infectious diseases; family members, since study child birth
76	2739..FHM-9	4509	54	54	Motor defect due to injury; family members, since study child birth
76	2741..FHM-9	4500	56	56	Motor defect, other; family members, since study child birth
77	2747..FHM-9	4509	57	57	Sensory defect; blindness; family members, since study child birth
77	2743..FHM-9	4500	58	58	Sensory defect; deafness; family members, since study child birth
77	2744..FHM-9	4500	59	59	Sensory defect; speech defect; family members, since study child birth
78	2745..FHM-9	4509	60	60	Diabetes; family members, since study child birth
79	2746..FHM-9	4500	61	61	Mental illness; psychiatric treatment; family members, since study child birth
80	2747..FHM-9	4509	62	62	School, type currently attending
81	2748..FHM-9	4500	63	63	Achievement; accomplishment



DEFINITION OF CODES (Continued)

FORM FHH - 9  
CARD 1509

<u>FIELD</u>	<u>CARD</u> <u>COLUMN</u>
9. <u>Interviewer's Code Number</u> Item 6 Code: As given	29-30
10. <u>Data Collected</u> Item 8 Code: 0 - Data collected 1 - Unable to locate respondent 2 - Respondent refusal 8 - Other	31
11. <u>Most Recent Prior Form</u> Item 9A Code: 1 - FHH 1-4 2 - SE - 1 4 - GEN 5-8 8 - FHH - 9 9 - Unknown	32
12. <u>Child For Whom Form Completed</u> Item 9B Code: 1 - First study child 2 - Second study child 3 - Third study child 4 - Fourth study child 5 - Fifth study child 6 - Sixth study child 9 - Unknown	33
13. <u>Where Interviewed</u> Item 10 Code: 0 - At study facility 1 - Elsewhere 2 - Combination of codes 0 and 1 9 - Unknown	34
14. <u>When Interviewed</u> Item 11 Code: 0 - Within six months of 7th birthday 1 - Other age 9 - Unknown	35
15. <u>Language of Interview</u> Item 12 Code: 0 - English 1 - Other 9 - Unknown	36

DEFINITION OF CODES (Continued)

FORM FHH - 9  
CARD 1509

FIELD

CARD  
COLUMN

16. Relationship of Respondent to Study Child  
Item 14

37

- Code: 1 - Mother  
2 - Stepmother  
3 - Adoptive mother  
4 - Foster mother  
5 - Guardian  
6 - Father  
7 - Mother's mother  
8 - Other  
9 - Unknown

CHILD'S RESIDENCE

17. With Whom Does Child Live  
Item 16

38-39

- Code: 10 - Mother and father, stepmother and father, mother and stepfather  
20 - Mother only  
30 - Father only  
40 - Other relatives  
50 - Foster home  
60 - Adoptive parents  
70 - Other

Reason for Admission to Institution

- 81 - Mental retardation  
82 - Cerebral palsy  
83 - Behavioral problem  
84 - Seizures  
85 - Congenital malformations  
86 - Combination  
88 - Other  
89 - Unknown  
99 - Unknown residence



DEFINITION OF CODES (Continued)

FORM FHH-9  
CARD 1509

<u>FIELD</u>	<u>CARD COLUMN</u>
<p>18. <u>Earliest Date: Most Recent Environment</u>  <u>Item 17 (A and B)</u>                      Five digit code for:  <u>Month</u> (cols. 40-41)  <u>Year</u> (cols. 42-43)                      Code: As given                          0000 - Same residence since birth                          99 - Month and/or year unknown  <u>Major Shifts in Environment</u> (col. 44)                      Code: 0 - No shifts                          1-8 - As given                          9 - Unknown</p>	40-44
<p>19. <u>Does Child Live with Adoptive Parents</u>  <u>Foster Parents, or Guardian *</u>  <u>Item 19</u>                      Code: 0 - Yes                          1 - No                          8 - In orphanage or institution</p> <p style="text-align: center;">FOSTER PARENT, ADOPTIVE PARENT, GUARDIAN</p>	45
<p>20. <u>Birth Place</u>  <u>Item 21</u>                      Code: Blank - Not applicable                          1 - Inside continental U.S.                          2 - Outside continental U.S.                          9 - Unknown</p>	46
<p>21. <u>Age</u>  <u>Item 22</u>                      Code: Blank - Not applicable                          20 - Under 21 years                          21-65 - As given                          66 - 66 years and over                          99 - Unknown</p>	47-48

\* Card ends in column 45 for child living with mother or in institution or orphanage.

DEFINITION OF CODES (Continued)

FORM FHH - 9  
CARD 1509

<u>FIELD</u>	<u>CARD</u> <u>COLUMN</u>
22. <u>Race</u> Item 23 Code: Same as in Field 7	49
23. <u>Religion</u> Item 24 Code: Blank - Not applicable 1 - Protestant 2 - Roman Catholic 8 - Other 9 - Unknown	50
24. <u>Highest Grade of Regular School Completed</u> Item 25 Code: Blank - Not applicable 00 - None 01-12 - As given 13-16 - 1 to 4 yrs. of college completed 17 - Some graduate or professional school 18 - Degree-graduate or professional school 77 - Ungraded 99 - Unknown	51-52
25. <u>Marital Status</u> Item 26 Code: Blank - Not applicable 1 - Single 2 - Married 3 - Common-law 4 - Widowed 5 - Divorced 6 - Separated 9 - Unknown	53
26. <u>Number of Rooms</u> Item 27 Code: Blank - Not applicable 01-19 - As given 20 - 20 or more 99 - Unknown	54-55

DEFINITION OF CODES (Continued)

Form FHH- 9  
CARD 1509

<u>FIELD</u>	<u>CARD COLUMN</u>
27. <u>Number of Persons Living in Household</u> Item 28	56-57
Code: Blank - Not applicable	
02-19 - As given	
20 - 20 or more	
99 - Unknown	
28. <u>Number of Children under 8 yrs. Living in Household</u> Item 29	58-59
Code: Blank - Not applicable	
00 - None	
01-19 - As given	
20 - 20 or more	
99 - Unknown	
29. <u>Occupation of Foster Mother, Adoptive Mother, Guardian</u> Item 30	60-61
Code: Blank - Not applicable	
00 - Not working or never worked	
01 - Retired on pension and/or widow's pension	
05 - No occupation reported except welfare	
10 - Professional and technical	
12 - College, professional, or graduate school student	
20 - Proprietors, managers, officials, officers of the Armed Forces, farm owners	
30 - Clerical and kindred workers	
40 - Sales workers	
50 - Craftsmen, foremen, and kindred workers	
60 - Operators and kindred workers	
70 - Private household workers	
72 - Service workers (other than private household)	
80 - Laborers, farmers	
82 - All other students	
88 - Not applicable	
99 - Unknown	
30. <u>Occupation of Husband of Foster Mother Adoptive Mother, Guardian</u> Item 31	62-63
Code: Same as Field 29 except:	
01 - Retired on pension or husband deceased	
88 - Not married	

DEFINITION OF CODES (Continued)

FORM FHH-9  
CARD 1509

FIELD

CARD  
COLUMN  
64-65

31. Total Family Income for Last Year  
Item 32

Code: Blank - Not applicable

- 00 - None
- 05 - Under \$1000
- 15 - 1000-1999
- 25 - 2000-2999
- 35 - 3000-3999
- 45 - 4000-4999
- 55 - 5000-5999
- 65 - 6000-6999
- 75 - 7000-7999
- 85 - 8000-8999
- 92 - 9000-9999
- 93 - 10,000-10,999
- 94 - 11,000-11,999
- 95 - 12,000-12,999
- 96 - 13,000-13,999
- 97 - 14,000-14,999
- 98 - 15,000 or more
- 99 - Unknown

DEFINITION OF CODES (Continued)

FORM FHH-9  
CARD 2509

NOTE: Card does not exist when child lives with foster parent, adoptive parent, or guardian.

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 2	1
2. <u>Basic Data</u> Code: Same as in cols. 2-14 of Card 1	2-14
MOTHER'S MARITAL HISTORY	
3. <u>Marital Status</u> Item 34 Code: 1 - Single 2 - Married 3 - Common-law 4 - Widowed 5 - Divorced 6 - Separated 9 - Unknown	15
4. <u>Husband Living at Home</u> Item 35 Code: 0 - No (Marital problems, legal separation) 1 - Yes 3 - Away at work 4 - In Armed Forces 5 - In institution 7 - Other 8 - No husband 9 - Unknown	16
5. <u>Date Married, Divorced, Separated</u> Item 36 Four-digit code for: <u>Month</u> (cols. 17-18) <u>Year</u> (cols. 19-20) Code: As given 0000 - Single, never married 99 - Month and/or year unknown	17-20
6. <u>When Married, Divorced, Separated, Widowed</u> Item 36 Code: 0 - After birth of Study Child 1 - Before birth of Study Child 8 - Not applicable, single, stepmother 9 - Unknown	21

DEFINITION OF CODES (Continued)

FORM FHH-9  
CARD 2509

<u>FIELD</u>	<u>CARD</u> <u>COLUMNS</u>
7. <u>Number of Changes in Marital Status</u> Item 37 Code: 0 - None, single 1-6 - As given 7 - Seven or more 8 - Not applicable, stepmother 9 - Unknown	22
HOUSEHOLD ARRANGEMENT	
3. <u>Type of Housing</u> Item 38 Code: 1 - House 2 - Apartment 3 - Boarding or rooming house 4 - Other 8 - Dormitory or institution 9 - Unknown	23
9. <u>Length of Time at Residence</u> Item 39 Four digit code for: <u>Years</u> (cols. 24-25) <u>Months</u> (cols. 26-27) Code: 0001 - One month or less 0002-5000 - As given 9999 - Unknown	24-27
10. <u>Number of Moves in Last 7 years</u> Item 40 Code: 00 - Never moved 01-40 - As given 88 - Mother in dormitory or institution 99 - Unknown	28-29
11. <u>Number of Rooms</u> Item 41 Code: 01-19 - As given 20 - 20 or more 88 - Mother in dormitory or institution 99 - Unknown	30-31

DEFINITION OF CODES (Continued)

FORM FHH-9  
CARD 2509

<u>FIELD</u>	<u>CARD COLUMN</u>
<p>12. <u>Number of Persons Living in Household</u> Item 42</p> <p>Code: 01-19 - As given 20 - 20 or more 88 - Dormitory or institution 99 - Unknown</p>	32-33
<p>13. <u>Number of Mother's Children in Household</u> Item 44A</p> <p>Code: 00 - None 01-19 - As given 20 - 20 or more 88 - Dormitory or institution 99 - Unknown</p>	34-35
<p>14. <u>Household Structure</u> Item 44B</p> <p>Two digit code for: <u>Immediate Family</u> (cols. 36)</p> <p>Code: 0 - Mother and/or father 1 - Mother and/or father and maternal parents 2 - Mother and/or father and paternal parents 3 - Combination of codes 1 and 2 8 - Mother in dormitory or institution 9 - Unknown</p> <p><u>Relatives or Friends</u> (cols. 37)</p> <p>Code: 0 - No one else 1 - Additional relatives 2 - Friends 3 - Combination of codes 1 and 2 4 - Strangers 5 - Combination of codes 1 and 4 6 - Combination of codes 2 and 4 7 - Combination of codes 1,2, and 4 8 - Mother in dormitory or institution 9 - Unknown</p>	36-37
<p>15. <u>Housing Density (Persons Per Room)</u> Item 44C</p> <p>Code: See attachment A, "Persons Per Room", page FHH-9 - 25</p>	38-39

DEFINITION OF CODES (Continued)

FORM FHR-9  
CARD 2509

FIELD

CARD  
COLUMN

16. Presence of Husband or Father of Child in Household 40  
Item 44D  
Code: 1 - Husband who is father of Child  
2 - Father of Child who is not husband  
3 - Husband who is not father of Child  
8 - No husband or father of Child  
9 - Unknown
17. Head of Household 41  
Item 45  
Code: 0 - None  
1 - Mother  
2 - Husband  
3 - Father of Child  
4 - Parent(s) - Mother's or mate's  
5 - Other relative(s)  
6 - Friend(s)  
7 - Other person(s)  
8 - Mother in dormitory or institution  
9 - Unknown
18. Other Children Living Elsewhere 42  
Item 46  
Code: 0 - No  
1 - Mother's parents  
2 - One natural parent and one step - parent  
3 - Father's parents  
4 - Other relatives  
5 - Grown children living away from home  
6 - Foster home, adoptive home, friends  
7 - Institution  
8 - Combination of codes  
9 - Unknown

MOTHER'S EDUCATION AND EMPLOYMENT

19. Additional Schooling and Training Since Child Born 43  
Item 47  
Code: 0 - No  
1 - Yes, academic and other schooling  
2 - Yes, training  
9 - Unknown



DEFINITIONS OF CODES

FORM FHH-9  
CARD 2509

<u>FIELD</u>	<u>CARD COLUMN</u>
20. <u>Worked Since Child Born</u> Item 48 Code: 0 - No 1 - Yes 9 - Unknown	44
21. <u>Age of Child When Employed</u> Item 49a Code: 0 - None 1 - Less than 1 year 2 - 1 year but less than 2 years 3 - 2 years but less than 3 years 4 - 3 years but less than 4 years 5 - 4 years but less than 5 years 6 - 5 years but less than 6 years 7 - 6 years and over 8 - Combination of codes 9 - Unknown	45
22. <u>Number of Jobs</u> Item 49b Code: 0 - None 1-5 - As given 6 - 6 or more 7 - Many, number not specified 8 - Self-employed 9 - Unknown	46
23. <u>Total Period Employed, in Months</u> Item 49c Code: 00 - None 01-97 - As given 98 - 98 months or more 99 - Unknown	47-48
24. <u>Hours per Week Worked</u> Item 49d Code: 0 - None 1 - Less than 20 hours 2 - 20 hours or more 3 - Part-time, hours not specified 4 - Combination of codes 8 - Other 9 - Unknown	49

DEFINITION OF CODES (Continued)

FORM FHH-9  
Card 2509

FIELD

CARD  
COLUMN

25. Child Care  
Item 49e 50  
Code: 0 - None  
1 - In own home  
2 - Elsewhere  
3 - Combination of codes  
9 - Unknown
26. Occupation  
Item 49 51-52  
Code: 00 - None  
01 - Retired on pension and/or widow's pension  
05 - No occupation reported except welfare  
10 - Professional and technical  
12 - College, professional, or graduate school student  
20 - Proprietors, managers, officials, officers of the Armed Forces, farm owners  
30 - Clerical and kindred workers  
40 - Sales workers  
50 - Craftsmen, foreman and kindred workers  
60 - Operators and kindred workers  
70 - Private household workers  
72 - Service workers (other than private household)  
80 - Laborers, farmers  
82 - All other students  
99 - Unknown

HUSBAND'S EMPLOYMENT

27. Working Now  
item 51 53  
Code: 0 - No  
1 - Yes  
2 - Armed Forces  
3 - Student not otherwise employed  
8 - Not applicable  
9 - Unknown

DEFINITIONS OF CODES (Continued)

FORM FHI  
CARD 2509

FIELD

CARD  
COLUMN

28. Occupation: Current or Last Job  
Items 51A or 52A

54-55

Code: Same as in Field 26, except code 01 does not apply.

13 - College, professional or graduate school student who is Fellow, Research or Teaching Assistant.

14 - College, professional or graduate school student with full or part-time non-academic job.

15 - College, professional or graduate school student on co-op Program.

88 - Not applicable

29. Length of Time: Current Job or Last Job

56-60

Items 51B or 52B

Five digit code for:

Years (cols. 56-57)

Months (cols. 58-59)

Weeks (cols. 60)

Code: 00001 - One week or less  
00002-40113 - As given  
50000 - 50 years and over  
33333 - High school or trade school student  
44444 - Academic student  
55555 - Works holidays  
66666 - Works summers  
77777 - Time unspecified  
88888 - Not applicable  
99999 - Unknown

30. Length of Time Unemployed

61-65

Item 52

Five digit code for:

Years (cols. 61-62)

Months (cols. 63-64)

Weeks (cols. 65)

Code: Same as in Field 29 except

00000 - Never worked

00002-34113 - As given

35000 - 35 years and over

DEFINITION OF CODES (Continued)

FORM FHH-9  
CARD 2509

<u>FIELD</u>	<u>CARD COLUMN</u>
<p>31. <u>Reason Not Working</u> Item 52c Code: 0 - None 1 - Layoff 2 - Strike 3 - Illness 4 - Academic student 5 - Injury 6 - Retired 7 - Institution 8 - Not applicable 9 - Unknown</p>	66
<p>32. <u>Occupation Pursued for Longest Time</u> Item 53 Code: Same as in Field 28</p>	67-68
<p>33. <u>Length of Time at This Occupation</u> Item 53A Five digit code for: <u>Years</u> (cols. 69-70) <u>Months</u> (cols. 71-72) <u>Weeks</u> (col. 73) Code: Same as in Field 29 except: 00000- Never worked</p>	69-73
<p>34. <u>Weeks Unemployed in Past Year</u> Item 53B Code: 00 - None 01 - 52 - As given 55 - College, professional, or graduate school student 66 - High school or trade school student 77 - Time not specified 88 - Not applicable 99 - Unknown</p>	74-75
<p>35. <u>Number of Jobs in Past year</u> Item 53C Code: 0 - None 1-4 - As given 5 - 5 or more 6 - Many, number not specified 7 - Self-employed 8 - Not applicable 9 - Unknown</p>	76

DEFINITION OF CODES (Continued)

FORM FHE-9  
CARD 2509

FIELD

CARD  
COLUMN

36. Highest Grade Regular School Completed  
by Mother  
Item 44

77-78

Code: Blank - Awaiting edit  
00 - None  
01-12 - As given  
13-16 - 1 to 4 years of college completed  
17 - Some graduate or professional school  
18 - Degree - graduate or professional school  
77 - Ungraded  
88 - Not applicable, stepmother  
99 - Unknown

37. Highest Grade Regular School Completed  
by Father/Husband or Head of Household  
Item 44

79-80

Code: Same as in Field 36 except:  
88 - Not applicable

DEFINITION OF CODES (Continued)

FORM FHH-9  
CARD 3509

NOTE: Card required only when child lives with natural parent.

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 3	1
2. <u>Basic Data</u> Code: Same as in cols. 2-14 of card 1	2-14
3. <u>Regularity of Income: Prior Three Months</u> Item: 54A and 54B Code: 0 - Irregular monthly income 1 - Regular monthly income 2 - Regular pay periods 3 - Irregular pay periods 9 - Unknown	15
4. <u>Changes in Major Source of Income: Prior Three Months</u> Item 55 Code: 0 - None 1 - Shift from one person to another 2 - Shift in occupation of main wage earner 9 - Unknown	16
5. <u>Source of Income: Prior Three Months</u> Item 57b Three digit code for: <u>Earned Income</u> (col. 17) Code: 0 - None 1 - Mother 2 - Husband 3 - Combination of codes 1 and 2 4 - Earned or service pensions 5 - Combination of codes 1 and 4 6 - Combination of codes 2 and 4 7 - Combination of codes 1,2, and 4 9 - Unknown <u>Income from Relatives or Friends</u> (col. 18) Code: 0 - None 1 - Father of Child 2 - Parents, grandparents 3 - Combination of codes 1 and 2 4 - Other relatives or friends 5 - Combination of codes 1 and 4 6 - Combination of codes 2 and 4 7 - Combination of codes 1,2 and 4 8 - Income earned 9 - Unknown	17-19

DEFINITION OF CODES (Continued)

FORM FHH-9  
CARD 3509

FIELD

CARD  
COLUMN

5. Source of Income: Prior Three Months (Cont.) 17-19  
Income From Non-Relatives, Public or Private Source (col. 19)  
 Code: 0 - None  
       1 - Public assistance  
       2 - Private assistance  
       3 - Combination of codes 1 and 2  
       4 - Fellowships, grants, scholarships  
       5 - Combination of codes 1 and 4  
       6 - Combination of codes 2 and 4  
       7 - Combination of codes 1, 2 and 4  
       8 - Other  
       9 - Unknown
6. Total Income: Prior Three Months 20-21  
Item 57f  
 Code: 00 - None  
       05 - Under \$250  
       15 - 250-499  
       25 - 500-749  
       35 - 750-999  
       45 - 1000-1249  
       55 - 1250-1499  
       65 - 1500-1749  
       75 - 1750-1999  
       85 - 2000-2249  
       92 - 2250-2499  
       93 - 2500-2749  
       94 - 2750-2999  
       95 - 3000-3249  
       96 - 3250-3499  
       97 - 3500-3749  
       98 - 3750 and over  
       99 - Unknown
7. Income in Kind: Prior Three Months 22  
Item 57f  
 Code: 0 - None  
       1 - Non-monetary compensation  
       2 - Support but value unknown  
       3 - Combination of codes 1 and 2  
       4 - Additional cash income but value unknown  
       5 - Combination of codes 1 and 4  
       6 - Combination of codes 2 and 4  
       7 - Combination of codes 1, 2 and 4  
       8 - Savings used during this period  
       9 - Unknown
8. Number of Persons Cared For 23-24  
Item 58A  
 Code: 01-19 - As given  
       20 - 20 and over  
       99 - Unknown

DEFINITION OF CODES (Continued)

FORM FHH-9  
CARD 3509

FIELD

CARD  
COLUMN

9. Number of Children Under 8 Years Old Cared For  
Item 588 25-26  
Code: 00 - None  
01-19 - As given  
20 - 20 and over  
99 - Unknown
10. Change in Number of Persons Supported 27  
Item 59  
Code: 0 - None  
1 - Yes  
9 - Unknown
11. Present Financial Situation Compared to that  
at Birth of Study Child 28-29  
Item 60A and 60B  
Two digit code for:  
Financial Comparison (col. 28)  
Code: 0 - No change  
1 - Better  
2 - Worse  
9 - Unknown  
Reason for Present Situation (col. 29)  
Code: 0 - No change  
1 - Change in time worked  
2 - Change in job  
3 - Change in debts owed  
4 - Change in income  
5 - Change in marital status  
8 - Other  
9 - Unknown

FAMILY HISTORY SINCE BIRTH OF STUDY CHILD

12. Number of Pregnancies 30  
Item 62  
Code: 0 - None  
1-7 - As given  
8 - 8 or more  
9 - Unknown



DEFINITION OF CODES (Continued)

FORM FHH-9  
CARD 3509

FIELD

CARD  
COLUMN

13. Number of Fetal Deaths  
Item 63  
Code: 0 - None  
1-6 As given  
7 - 7 or more  
8 - Not applicable  
9 - Unknown 31
14. Number of Multiple Pregnancies  
Item 64  
Code: Same as in Field 13 32
15. Full Sibs  
Item 66 33-47  
Fifteen digit code for:  
Fetal Death: Under 20 Weeks (col. 33)  
20 Weeks and over (col. 34)  
Code for each column:  
Same as in Field 12  
Total Number Liveborn (col. 35-36)  
Code: 00 - None  
01-28 - As given  
99 - Unknown  
Liveborn: Male (col. 37)  
Female (col. 38)  
Prematures (col. 39)  
Dead: 27 days or younger (col. 40)  
28 days or older (col. 41)  
Condition: Rh (col. 42)  
Congenital Malformations (col. 43)  
Convulsions (col. 44)  
Motor Deficit (col. 45)  
Sensory Defect (col. 46)  
Retardation (col. 47)  
Code for each column:  
Same as in Field 12

DEFINITION OF CODES (Continued)

FORM FHH-9  
CARD 3509

FIELD

CARD  
COLUMN

16. Half Sibs  
Item 66  
Fifteen digit code for:

48-62

<u>Fetal Death: Under 20 Weeks</u>	(col.48)
<u>20 Weeks and over</u>	(col.49)
<u>Total Liveborn: Different Father</u>	(col.50)
<u>Unknown Father</u>	(col.51)
<u>Liveborn: Male</u>	(col.52)
<u>Female</u>	(col.53)
<u>Prematures</u>	(col.54)
<u>Dead: 27 Days or Younger</u>	(col.55)
<u>28 Days or Older</u>	(col.56)
<u>Condition: All</u>	(col.57)
<u>Congenital Malformations</u>	(col.58)
<u>Convulsions</u>	(col.59)
<u>Motor Deficit</u>	(col.60)
<u>Sensory Defect</u>	(col.61)
<u>Retardation</u>	(col.62)

Code for each column:  
Same as in Field 12

17. Gen-3 Prior Pregnancies  
Item 65  
Code: Same as in Field 15

63-77

DEFINITION OF CODES (Continued)

FORM FHH-9  
CARD 4509

NOTE: Card does not exist when child lives with foster parent, adoptive parent, or guardian.

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 4	1
2. <u>Basic Data</u> Code: Same as in col. 2-14 of Card 1	2-14
3. <u>Total Number of Sibs</u> (includes those born before and after study child) Item 66 Code: Same as in Field 15 of card 3 except code 00 does not apply	15-29
4. <u>Study Children</u> Item 66 Eight digit code for;	30-37
<u>Dead: 27 days or younger</u>	(col.30)
<u>28 days or older</u>	(col.31)
<u>Condition: Rh</u>	(col.32)
<u>Congenital Malformations</u>	(col.33)
<u>Convulsions</u>	(col.34)
<u>Motor Deficit</u>	(col.35)
<u>Sensory Defect</u>	(col.36)
<u>Retardation</u>	(col.37)
Code for each column:	
0 - None	
1-7 - As given	
8 - 8 or more	
9 - Unknown	
SPECIFIC CONDITIONS SINCE BIRTH OF STUDY CHILD	
5. <u>Rh Trouble</u> Item 68 Four digit code for:	38-41
<u>Incompatibility: Fetal Death</u>	(col.38)
<u>Incompatibility: Liveborn, No Transfusion</u>	(col.39)
<u>Incompatibility: Liveborn, Exchange Transfusion</u>	(col.40)
<u>Severe Jaundice and Transfusion: No incompatibility</u>	(col.41)

DEFINITION OF CODES (Continued)

FORM FHH-9  
CARD 4509

<u>FIELD</u>	<u>CARD COLUMN</u>
<p>5. <u>Rh Trouble</u> (continued) Code for each column:     0 - No     1 - Yes     8 - Questionable     9 - Unknown</p>	38-41
<p>6. <u>Malformations</u> Item 69 Six digit code for:     <u>Cleft Lip or Palate</u> (col.42)     <u>Club Foot</u> (col.43)     <u>Fingers or Toes</u> (col.44)     <u>Heart</u> (col.45)     <u>Head or Spine</u> (col.46)     <u>Other</u> (col.47) Code for each column:     Same as in Field 5</p>	42-47
<p>7. <u>Number of Child Deaths</u> Item 70 Code: Same as in Field 4</p>	48
<p>8. <u>Retardation and Disturbances</u> Item 71 Three digit code for:     <u>Physical Retardation</u> (col.49)     <u>Mental Retardation</u> (col.50)     <u>Severe Behavioral Problem</u> (col.51) Code for each column:     Same as in Field 5</p>	49-51
<p>9. <u>Number of School Age Children Unable to Attend Regular School</u> Item 72 Code: Same as in Field 4</p>	52

FIELDCARD  
COLUMN

## MEDICAL CONDITIONS IN STUDY CHILD'S FAMILY

10. Seizures, Convulsions, Epilepsy 53  
Item 73  
Code: 0 - None  
1 - Mother of child  
2 - Father of child  
3 - Study child  
4 - Children subsequent to study child  
5 - Children prior to study child  
6 - Other relatives  
7 - Combination of codes  
8 - Questionable  
9 - Unknown
11. Motor Defect 54-56  
Item 76  
Three digit code for:  
Injury (col.54)  
Infectious Diseases (col.55)  
Other (col.56)  
Code for each column:  
Same as in Field 10
12. Sensory Defects 57-59  
Item 77  
Three digit code for:  
Blindness (col.57)  
Deafness (col.58)  
Trouble Speaking (col.59)  
Code for each column:  
Same as in Field 10
13. Sugar Diabetes 60  
Item 78  
Code: Same as in Field 10

## DEFINITION OF CODES (Continued)

FORM FHH-9  
CARD 4509

<u>FIELD</u>		<u>CARD</u> <u>COLUMN</u>
14.	<u>Nervous Problem Requiring Hospitalization, Psychiatric Treatment, or Other Therapy</u> Item 79 Code: Same as in Field 10	61
15.	<u>Type of School Study Child Attending or Will attend</u> Item 30 Code: 0 - Not applicable, not attending 1 - Regular school 2 - Special school 3 - Special class 9 - Unknown	62
16.	<u>Achievement or Accomplishment of Study Child</u> Item 81 Code: 0 - None 1 - General intellectual ability 2 - Specific mental skills or achievements 3 - Artistic performance or interest 4 - Self-care and home helpfulness 5 - Athletic ability, physical skills 6 - Personality characteristics 7 - Positive school and learning attitude 8 - Other 9 - Unknown, no entry	63
17.	<u>Age of Father/Husband</u> Item 44 Code: 20 - Under 21 years 21-65 - As given 66 - 66 Years and over 88 - Not applicable 99 - Unknown	64-65

Persons Per Room  
Attachment A

- 01-09 - Less than one person
- 10-30 - 1.0 to 3.0 persons
- 32-38 - 3.2 to 3.8 persons
- 40 - 4.0 persons
- 42 - 4.2 persons
- 43 - 4.3 persons
- 45 - 4.5 persons
- 47 - 4.7 persons
- 48 - 4.8 persons
- 50 - 5.0 persons
- 53 - 5.3 persons
- 55 - 5.5 persons
- 57 - 5.7 persons
- 60 - 6.0 persons
- 63 - 6.3 persons
- 65 - 6.5 persons
- 67 - 6.7 persons
- 70 - 7.0 persons
- 75 - 7.5 persons
- 80 - 8.0 or more persons
- 88 - Gravida in home for unwed mothers
- 99 - Unknown











## INTERVIEWING MANUAL FOR THE FAMILY HEALTH HISTORY REVIEW (FHH-9)

### I. Objectives and Content

This Family Health History form (FHH-9) is to be used to obtain socioeconomic and genetic information about the families of Study children at the time the child is seven years old. The interview is so designed that the information will be comparable to that obtained at the time of the mother's pregnancy. In this way, the socioeconomic characteristics and genetic records on the family and the social environment of the child can be reassessed and brought up to date.

The interview protocol is divided into 8 main sections. These deal with the child's place of residence, mother's marital history, household arrangements, employment of mother and her husband, family income, and health of the child's siblings and parents during the period since his birth.

Some of the questions refer to recent, relatively brief periods of time. Other questions require a summary of certain events during the child's lifetime.

The value of the data obtained depends on the care with which the interviewing is done and the degree of cooperation and rapport obtained from the respondent.

### II. General Instructions

#### A. Cases for which an FHH-9 must be completed.

An FHH-9 must be completed for every case maintained in the sample. If no data can be obtained, Items 1-8 are to be completed and page 1 only sent to the Central Office. (See instructions for Item 8.)

If a child has been institutionalized for medical reasons, an FHH-9 should be completed with the child's mother as respondent in order to obtain information concerning the family.

If the child is in an orphanage or if it is institutionalized and there are no family ties, Items 1-15 and Section A should be completed. Information may be obtained from a caseworker, an official of the institution, or from project records. The source of the information must be clearly indicated on the form.

#### B. Time and place of interview.

The entire FHH-9 should be completed during one interview. This interview is to be conducted whenever possible within six months before or six months after the child's seventh birthday. Always collect the information as of the date of the interview.

The interview may be conducted in the home or at the study facility. It is always preferable to interview the respondent alone—without the distractions of children or the possible embarrassment of another adult.

An Interval Medical History (PED-20) will ordinarily be completed at the same time.

#### C. Person to be interviewed.

1. If the mother of the Study child is in the same household as the child, every effort must be made to interview her. The form is designed to be used with the child's mother, and it is expected that the vast majority of interviews will conform to this standard.

2. If the mother of the child is in the same household but is unavailable for interview, the FHH-9 may be adapted for use with some other respondent. However, in these cases the interviewer must use discretion and tact in deciding what information to obtain. Questions concerning the child himself, the make-up of the household in which he lives, present employment of his parents, and health status of his siblings can often be asked of a relative, but probing should usually be restricted. Questions concerning source and amount of income should usually be asked only of the child's parents.

No attempt should be made to adapt the interview until every possible effort has been made to interview the mother. No interviewer should attempt to adapt the interview until she is thoroughly familiar with it and has had considerable experience in administering it.

3. If the child is with adoptive parents, foster parents, or guardian, the adoptive or foster mother is the preferred respondent, but either parent may be interviewed. No other person may be substituted.

In these cases, complete only Items 1-15, Section A, and Section B. Only the first

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Interviewing Manual for the Family Health History Review (FHH-9)

II. C. 3 (continued)

two pages of the schedule are to be submitted to the Central Office.

Guardian is used here to mean anyone who has the sole responsibility of a child on a relatively permanent basis, whether or not any legal arrangement exists. If such a person has cared for the child for 1 month or more and no change in the arrangement is foreseen, this person should be interviewed. If the child lives with a relative while the mother lives elsewhere, the relative in this case is considered the child's guardian and should be interviewed. If a grandmother or aunt cares for the child while the mother works during the day, such a person should be interviewed only if the mother cannot be reached; in this case an attempt should be made to complete the entire form.

**D. Obtaining and recording information.**

In any standardized interview, certain conventions for obtaining and recording data are essential. Those relevant to this interview are:

1. The questions, as they are to be asked, appear in large print and end with a question mark. Ask the questions in the order in which they appear on the schedule. If the respondent gives information ahead of the schedule, tell her that you are going to be asking about that later. When the item is reached in the course of the interview, ask the question as it appears on the form but indicate that the respondent started to answer it earlier.

If it is necessary for reasons of rapport to change the order of the questions, whatever change is made must be clearly noted on the form.

2. Ask each question exactly as it appears on the form. If there is no response, repeat the question exactly as it appears on the form. If there is still no response or the answer shows that the question was not understood, probe, using the phrase, "Perhaps I did not make myself clear," and rephrase the question taking care not to alter its meaning. Write the exact question you used above the original question.
3. In order to avoid repetitious questioning of the same respondent, and also in order

to obtain as complete and accurate a record as possible, it is expected that in many cases information from more than one source will be entered on the FHH-9. When information from any source other than the respondent indicated in Item 13 is provided, the source of this information must be clearly indicated.

4. If questions which would ordinarily be asked of a respondent were omitted for any reason, write "NQ" (not questioned) in the left-hand margin next to the number of the question.
5. If it is impossible to finish an interview for any reason, write on the form after the last question asked: "Interview terminated because . . ." and give a brief statement of the reason.
6. In describing relationships use only the following kinship terms: brother, sister, mother, father, son, daughter, husband, wife. Avoid the use of such terms as uncle, aunt, cousin, grandmother, which may designate more than one individual; use them only when the respondent has no more precise information concerning the relationship.
7. Write all dates in 6 digits. For example: April 4, 1942 is written 04 04 42; December 25, 1964 is written 12 25 64.
8. It is sometimes desirable to use the respondent's own words, for example in describing symptoms of illness. Whenever this is done, enclose them in quotation marks.
9. Use the following abbreviations:
 

DK	Don't know. Do not write this in any box but over the box or near the end of the question.		
DNA	Does not apply. If question is not applicable in the light of information already obtained, write this near the question.		
NQ	Not questioned. Use to designate a question not asked. Write near the number of the question.		
resp	respondent	dau	daughter
bro	brother	hus	husband
sis	sister	wi	wife
mo	mother	MD	physician
fa	father	Dx	diagnosis, diagnosed
so	son	Rx	prescription, prescribed

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## Interviewing Manual for the Family Health History Review (FHH-9)

### III. Before the Interview

This form requires the interviewer to draw upon previous interviews with the child's mother which cover part of the same time period. Repetitious questioning can thus be minimized. However, if the records of earlier interviews are incomplete or overlap the period of this one only slightly, or are not available, this interview may be completed independently.

If no interviews have been held since the birth of the present Study child, the date of the most recent interview(s) entered in Item 9A, page 1, will indicate this fact. If the records of prior interviews are not consulted for any reason, write DNA in the left-hand margin under Item 9. In this case, the remainder of Section III of these instructions is not applicable.

A. Before the interview, the interviewer is to consult the family's records. These may include the interviews held when the child's mother was pregnant with the present Study child, when she was pregnant with later project children, or when an earlier child reached seven years of age.

1. Determine the date of the most recent socioeconomic and genetic interview held with the child's mother. Enter the date of the interview on page 1, Item 9A. In the case of families for which both an FHH 1 and 3 and a GEN 5-8 (FHH 2 and 4), or an SE 1 and a GEN 5-8 were completed for the same pregnancy, enter the date of each interview.

2. In Item 9B, in the space provided, enter the name of the Study child for whom the most recent prior forms were completed.

3. If a GEN-6 is available for this child, ascertain the initials of his father and enter them in the space provided on page 1, Item 15. If no GEN-6 is available, the father's initials may be obtained from FHH-2, page 13, or from the child's mother during this interview.

4. If there have been interviews with this family since the birth of the present Study child (i.e., FHH 1-4, SE 1, GEN 5-8, FHH-9), information from these interviews may be used to help fill in the seven-year period which is the scope of the present interview. Information may be transferred to the FHH-9 as follows:

a. Information on this Study child's prior living arrangements should be entered on page 1, Item 18.

b. Enter information on changes in marital status in the table, Item 37.

c. If any educational or vocational training is reported in the previous interview for this seven-year period, enter the information in the space provided.

d. If any employment is reported since the birth of the present Study child, enter the details in the table, item 49.

e. On page 7 of this FHH-9, enter the name of the Study child in item 65A, and fill in father's initials and child's sex, birthweight, and age. (See Item 65 of this manual for detailed instructions.) If the mother has been pregnant since the birth of this Study child and these pregnancies are shown in a prior interview, enter them in Section B, Item 65, giving father's initials and each child's sex, birthweight, and age, as for the Study child. If prior information is incomplete, it must be obtained during the interview.

B. Note that this schedule must contain complete information for the entire seven-year period since the birth of the Study child, whether or not prior interviews exist. Whenever information has been obtained from prior interviews check it with the mother during this interview.

### IV. Detailed Instructions

Item No.

1. Patient Identification. Stamp this page and all other pages of the interview with the child's identification plate. If the identification is hand written, it must include the name, birthdate, and NINDB number. Make sure the information is legible.

If this was a multiple birth, identify the interview by the name of the firstborn living child. Only one interview need be completed.

2. Child's birthdate. Copy the child's birthdate in this space. Use six digits for month, day and year; e.g., for May 8, 1958, write 05 08 58.

3. Child's sex. Check "M" or "F". If a multiple birth, write the number of infants of each sex in the boxes regardless of whether or not they survived.

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### Item No.

4. Child's race. Use race as designated on child's identification plate.
5. Date of interview. At the start of the interview fill in the month, day, and year. Use six digits.
6. Interviewer's name and code number. The code number will be assigned at each institution and must be unique for each interviewer. Do not reassign numbers of personnel who leave the staff.
7. Interviewer's title, e.g., public health nurse, lay interviewer, etc.
8. Data collected. If the interview is held, mark the box designated "O". If no data can be obtained, complete this item and submit page 1 only to the Central Office. Check appropriate box to indicate the reason. Mark "unable to locate respondent" only when the whereabouts of the child and his family are unknown. Under "Refusal," include implicit as well as explicit refusals, e.g., repeated failures to keep appointments as well as outright verbal refusals. Explain clearly and concisely. Under "Other," include situations in which mail contact only is being maintained with the family.  
  
Do not use the boxes for "no data" if the respondent is someone who has very little information concerning the child. In such cases, go ahead with the interview, obtaining whatever information possible; indicate which questions or sections were not asked, as well as which were asked but the answer was not known.
9. A. Most recent prior form completed. Enter the date. If both an SE-1 and GEN 5-8, or both an FHH 1 and 3 and GEN 5-8 (FHH 2 and 4), were done, enter the date of each.  
  
B. Enter the first name of the child for whom the most recent prior form was completed.
10. Place of interview. Check the proper box to indicate where the interview is conducted. If not at Study facility, specify "at home," or "by telephone."
11. Time interview. Check the proper box to whether the interview is being

### Item No. 11 (continued)

- conducted within the twelve-month interval allowed by the protocol (six months before to six months after the child's seventh birthday). If the interview is done at some other time, enter the age of the child in months to the last month: for example, "75 months," "93 months."
12. Language. Check whether English or some other language is used for the interview. Specify the other language used.
  13. Enter the name of the respondent.
  14. Specify the relationship of the respondent to the child. For example, "mother," "mother's mother," "foster mother," etc. If information is obtained from an agency employee, give title and name of agency.
  15. Enter the initials of this Study child's father — obtained from FHH 2, GEN 6, or the respondent. Please give three initials when possible; the first initial alone is insufficient.

## SECTION A - CHILD'S RESIDENCE

16. With whom does this child live? Check the box following the appropriate description of the child's living arrangements. If either parent is a step-parent, mark "mother and father." Check the box marked relatives only if the mother is not in the household on a regular basis at all. If care of the child is primarily the responsibility of someone other than the mother, because she is working or incapacitated, please explain.

If the child is living with relatives and the mother is not in the household or is only an occasional visitor, the relatives are considered the child's guardians, and Section 2 should be completed.

If you are in doubt as to how to classify the living arrangements, check the box designated "Other", and describe the circumstances in the space provided.

Include orphanage under "Other."

If the child is in an institution, give the full name and address of the institution.

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Item No. 16 (continued)

Check the box indicating the reason for admission.

17. How long has the child been living with (mother, relatives, etc.)? If since birth, check the appropriate box and omit Item 18. Otherwise obtain the date and enter the month and year in the boxes.

If child is in an institution, give the month and year of admission.

18. With whom did he live before then? The intention here is to obtain a record of the major shifts in family environment which have occurred during the child's life. For the purpose of this table, record only shifts in the person responsible for the child. For example, if the father leaves home but the mother maintains the family in his absence, do not record a shift. If the child is placed in a foster home or sent to stay with relatives for a period of 3 months or longer, record this change. If the child has been in a number of foster homes during a particular period, summarize the period; for example, "from 6/62 to 4/63, 2 foster homes, approx 5 mo in each, both in NYC." Ignore any changes of less than one month.

Begin with the most recent situation and work backward to the child's birth. The entire lifetime of the child must be accounted for. If more space is required, use a continuation sheet, CP-5.

Do not write in the "Number of environments box."

19. Check appropriate box.

**SECTION B - SOCIOECONOMIC DATA ON FOSTER PARENT, ADOPTIVE PARENT, OR GUARDIAN**

The purpose of this section is to obtain minimal socioeconomic information on a foster parent, an adoptive parent, or a guardian in cases in which the Study child is not living with his own parents. (For a definition of what is meant by guardian, see II C 3.)

A brief, introductory statement is provided, but it will often be necessary for the interviewer to say more than this in order to achieve rapport

Item No.

with the respondent. Much depends, of course, on how much previous contact the respondent has had with the Study. The interviewer must be prepared to provide an acceptable explanation of why we ask these questions and of the ways in which the answers will be used — acceptable, that is, to a curious or hostile or apathetic respondent. We need to know these few basic facts in order to be able to classify, however broadly, the child's environment. It should be emphasized that the information obtained is strictly confidential, and that in the kind of statistical studies which will be made names are never associated with the data.

21. Where were you born? According to the answer given you by the respondent, check the appropriate box. Alaska, Hawaii, Puerto Rico, and the Virgin Islands are outside the continental United States.
22. When were you born? Enter the month, day and year. Figure age as of last birthday and enter in the space provided on the right.
23. What is your race? "W" denotes White, "N" Negro, "OR" Oriental, and "PR" Puerto Rican. Use "Other" for all other categories and specify. Ask the question as written and record the answer as given.
24. What is your religion? On the schedule, "P" denotes Protestant, and "R.C." Roman Catholic. Check the appropriate box without probing. If the respondent says "no religion" or other than the two given, check "Other" and specify.
25. What is the highest grade of regular school that you have completed? Do not accept the first answer that you receive, but probe by asking if the respondent finished that grade. Circle the highest grade completed. Obtain the approximate equivalent grade in the American school system for persons whose highest grade of attendance was in a foreign school system, whose highest level of attendance was in an ungraded school, whose highest level of schooling was measured by "readers," whose training by a tutor was regarded as qualifying under the "regular" school definition, or who had schooling in the Armed Forces. If the respondent dropped out or failed to pass the last grade attended, the interviewer should code the next lower grade.

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26. Are you at present married, widowed, divorced, separated, single or common-law married? Ask as given. Common-law includes consensual marriage, that is an arrangement for living together by mutual agreement. The abbreviations on the form represent the following categories: "M" married, "CL" common-law marriage (use this category if it is in general use in your institution and in your community), "W" widowed, "D" divorced, "Sep" married but separated (include all respondents who are unmarried but not living with husband, whether or not the separation is legally recognized), "S" single. If the respondent answers "single," probe by asking "Have you ever been married?" If the answer is "Yes," ask how the most recent marriage ended in order to find out which box to check.
27. How many rooms are there in the place where you live now? Make certain that the respondent is not counting halls, bath-rooms, or kitchens. Count only whole rooms. If 3-1/2 rooms are given, probe for description of "1/2" room. If this is a hall, vestibule, or foyer, do not count. If it is a space having a partition extending from floor to ceiling and is used for living rather than for storage, it is to be counted as a room. If gravida reports living in a cabin, trailer, or shack, determine the number of rooms exclusive of kitchen, bath and halls.
28. How many people are living in your household, including yourself? Be sure the respondent counts herself.
29. How many are under 6 years old? Enter the answer in the boxes.
30. Are you working now? If the answer is "No", go on to Item 31. If the answer is "Yes", ask, "What kind of work do you do?" Get as full a description as possible before recording the occupation. Do not accept general descriptions as "helps with cooking," "works in restaurant" (try to find out what she does, such as making salads, washing pots and pans, making sandwiches, cooking short orders), or "works in a factory" (probe for details, such as runs a sewing machine in a pocket-book factory, pastes feathers on hats, mounts jewelry on show cards, packs

Item No. 30 (continued)

- shrimp in cans, packs pickles in jars). Probe also for the kind of business or industry for which she works. If self-employed enter this fact with information about the kind of work.
31. Ask only if the gravida is married (see Item 26): Does your husband have a job now? If the answer is "Yes," obtain a detailed description of the kind of work he is doing, as in Item 30.
32. Family income. Show the respondent a card with income brackets typed on it and ask her to tell you in which category the total family income would fall for the twelve months preceding the date of the interview. Ask her to be sure and include all kinds of income: salaries, wages, pensions, unemployment compensation, scholarships, welfare or other charity, gifts, bonuses, savings used, rent from property, etc. Also be sure she includes income of all members of the family, even though it is not all pooled to meet expenses. The amount paid by an unrelated lodger for room and board should be included in family income, but his own income should be excluded. However, a son or daughter who lives at home, has a job, and contributes something toward his room and board should have his total income -- not just his contribution -- included in the family income total.

If necessary, you may help the respondent arrive at a good estimate by figuring monthly wages, number of months worked, etc., for her.

This is the end of the interview with an adoptive parent, foster parent, or guardian.

### SECTION C - MOTHER'S MARITAL HISTORY

In the case of a child living with his mother or with both parents, Section C follows directly after the question on page 1 about the places the child has lived during his lifetime.

A brief explanatory statement precedes this part of the interview. The interviewer will have given the child's mother or parent a more complete explanation before beginning the interview.

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Item No.

34. Are you at present married, widowed, divorced, separated, single or common-law married? Ask as given. Common-law includes consensual marriage, that is an arrangement for living together by mutual agreement. The abbreviations on the form include the following categories: M, married; CL, common-law marriage (include consensual marriage; use this category if it is in general use in your institution and in your community); W, widowed; D, divorced as of the date of the interview; Sep, married, but separated (include all respondents who are married but not living with husband, whether or not the separation is legally recognized); S, single (always probe this answer by asking, "Have you ever been married?" as some respondents describe themselves as single if they are divorced).

If SINGLE, skip to Section D. If WIDOWED or DIVORCED, skip to Item 36.

35. Is your husband living at home with you? If "Yes," go on to Item 36. If the answer is "No," ask: "Why are you living apart from your husband?" Ask only this question; do not ask the reasons given for coding purposes. After the respondent has answered in her own words, mark the appropriate box.
36. When were you (married, divorced, separated)? Enter the month and year in the boxes to the right. Check the box indicating whether this date is after or before the birth of the Study child. If respondent was married before birth of child, skip to Section D but also probe for separations during child's lifetime. If any occurred enter them in Table, Item 37.
37. If you have already recorded information concerning marital status changes in the table - information obtained from an interview held after the birth of this child - check this information with the respondent and bring the table up to date. Similarly, if the date of the last change she has given you is after the birth of the child and there has been no other interview, complete the table. In either case, the table should record all changes in marital status which have occurred since the birth

Item No. 37 (continued)

of the child. Probe for separations ending in reconciliation and record them in the Table.

Do not write in the "No. of Changes" box.

SECTION D - HOUSEHOLD ARRANGEMENT

The following definitions are used in this section:

- A. A housing unit consists of living quarters of one or more rooms with either (1) direct access from the outside or a common hall, or (2) a kitchen or cooking equipment for the exclusive use of the occupants.
- B. A household consists of all persons occupying one housing unit.
- C. A house is a building that contains 3 or fewer housing units. This includes the 2-family house sometimes called duplex, bungalow, shack, or trailer.
- D. An apartment house (tenement house) is a building that contains 4 or more distinct housing units.
- E. An apartment (flat) is a housing unit in an apartment house.
- F. A boarding house is a housing arrangement in which non-related persons are furnished regular meals and lodging.
- G. A rooming house is a housing arrangement in which non-related persons are furnished lodging. It includes hotel and motel.

Item No.

38. Do you live in a house or in an apartment, or do you have some other living arrangement? Check the appropriate box. If house is indicated, circle the number indicating how many housing units are contained in it. If the respondent says that she lives in a housing project or garden apartment, probe to determine whether this is an apartment or house by our definition.

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Item No.

39. How long have you lived in this (house, apt., etc.)? If less than one year, enter number of months in months' box. If one year or more, round to nearest year and enter number of years in years' box.

40. How many times have you moved in the last seven years? Enter the number in the boxes to the right.

41. How many rooms are there in your present (house, apt., etc.)? Make certain that the respondent is not counting halls, bath-rooms or kitchens. Count only whole rooms. If 3-1/2 rooms are given, probe for description of "1/2" room. If this is indeed a hall, vestibule, or foyer, do not count. If it is a space having a partition extending from floor to ceiling and is used for living rather than for storage, it is to be counted as a room. If mother reports living in cabin, trailer, or shack, determine the number of rooms exclusive of kitchen, bath, and halls.

42. How many people are living in your household, including yourself? Be sure to include the respondent in the count.

44. Please tell me what their names are, how they are related to you, and how old each one was on his last birthday, and how far they have gone in school. If the respondent is not the child's mother, but the mother lives in the household with the child, change the wording of the question to elicit relationship to the mother. If the child's mother is not living in the household (e.g., the child lives with his father and stepmother), strike out mother in the heading of the table and describe the members of the household in terms of their relationship to the child.

Identify here all the persons who are living in the housing unit—whatever it may be—in which the child lives. Roomers or boarders should be listed and identified as such. Unrelated persons may be described as friends or by any other term which is appropriate.

Educational level should be reported only for parents and siblings of Study child. Always give highest grade completed.

Item No.

45. Who is the head of your household? Circle the name of the person designated by the respondent.

46. Do you have other children who are living elsewhere? If the respondent is not the child's mother, ask: "Does (name of the child) have brothers or sisters who are living elsewhere?" If the answer is "Yes" fill in the table.

Give first names only. Under "with whom living," enter description, such as "mother's mother," "foster home," "own home" (e.g., a grown sibling), etc. Do not give the names of persons.

In the case of children who were given up for adoption, draw a line in the space for name, and give the month and year of birth under age. Under "with whom living" write "adopt" and leave the last column blank.

SECTION E - MOTHER'S EDUCATION AND EMPLOYMENT

47. Have you had any more schooling or training since \_\_\_\_\_ was born? If information has been transferred from an interview held within the last seven years, check the facts with the mother and add a description of any schooling, vocational training, etc., that she has had since that interview.

Be sure to distinguish between ordinary academic schooling and training for an occupation. Indicate in months how much time was spent and note if a grade was completed, graduation from high school or college accomplished, or a certification of proficiency or license to practice obtained.

48. Have you worked at all since \_\_\_\_\_ was born? If "No" skip to Section F; if "Yes" complete Item 49.

49. If information has been transferred to this table from a prior interview, check it with the mother. Add a description of any employment since that interview. In many cases, information on employment may be available in a prior interview, but information on who cared for the child

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Item No. 49 (continued)

while the mother worked will not have been obtained. Do not attempt to describe each job held, but describe the types of work done. Insofar as possible, group these by age of child.

Under the columns marked "child care," enter the kind of person who cared for the child. For example, if a baby sitter came to the home, write "baby sitter" under "in own home." If the child was taken to the home of a baby sitter, write "baby sitter" under "elsewhere." Any non-relative paid for taking care of the child should be described as a baby sitter. If the child was in a nursery school or in any situation where other children were also cared for, enter "nurs. sch." under "Elsewhere." If the child was cared for by a relative regardless of whether paid for the service, describe the relationship to the child.

Do not write in the boxes in the right hand margin.

SECTION F - HUSBAND'S EMPLOYMENT

If the child's mother is not married, and if there is no other head of the household present, go directly to Section G. If the husband is not present, and someone other than the mother of the child is designated as head of the household, complete this section for that person. Cross out the word husband in the section heading and write in the name and relationship to the child's mother of the person to whom the information applies.

Item No.

51. Is your husband working now? If "No," skip to Item 52. If "Yes," ask:

- A. What kind of work is he doing? Probe for enough information to write an occupational description that can be classified. This means both the kind of work and the kind of industry, and whether he is self-employed. Occupations such as maintenance worker, construction worker, laborer, operator, handy man, are too general. Probe for what the man does or was doing on the job and in what industry he was employed. Do not suggest activities,

Item No. 51 (continued)

but try to get the respondent to describe, as well as she knows, what he does. For farmers, probe whether he is owner, tenant farmer, or farm worker.

- B. How long has he been on this job? Record the answer to nearest year if 1 year or more, to nearest month if less than 1 year, and to nearest week if less than 1 month.

If this period is seven years or longer, skip to Section G.

52. How long has he been out of work? Record as in Item 51. If he has had no job in the last seven years or since his marriage to the child's mother, whichever is later, skip to Section G.

A. What kind of work did he do on his last job? Describe as in Item 51.

B. How long did he have that job? Record as in Item 51.

C. Why is he not working now? Probe for reasons; do not offer possible reasons — let the respondent tell you why.

53. What kind of work has he done for the longest time in the last seven years? Describe in detail, as in Item 51. This is information about an occupation (kind of work), not a particular job. He may have been a truck driver for two years and for six years a longshoreman who had been working out of a hiring hall with assignments lasting one to three days. The kind of work he did for the longest time is longshoreman's work. Probe for self-employment.

A. How long did he do that kind of work? Record as in Item 51.

B. How much time has he spent unemployed in the past year? Convert respondent's answer to weeks, figuring 4-1/3 weeks per month.

C. How many different jobs has he had in the past year? In this question we are not interested in kinds of work, but in the actual number of different jobs.

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Item No. 53 (continued)

- (1) If he has worked continuously for the same company during the past year, this is to be considered as one job, regardless of the number of kinds of work he did during the year.
- (2) If he has worked continuously for a contractor who sent him out on jobs during the year, this is to be considered one job.
- (3) If he is self-employed and bids on jobs, Item 53C does not apply. Write DNA in front of the box.
- (4) If he has had the same job for a year, enter "1".

**SECTION G - FAMILY INCOME**

The answers provided in this section will serve as the basis for estimating the economic status of the family. It need be, assure the respondent that the information will be used for medical and statistical purposes with no mention of names and that it is completely confidential.

The data are to be collected for the three months prior to the month in which the interview is held. Thus, if the interview takes place on June 17, collect data for March, April, and May. Enter the appropriate months in the space provided.

Item No.

54. A. Did the same amount of money come in during each of these 3 months? If "No," ask B; if "Yes," go to Item 55.
- B. Were there any pay periods during these 3 months when no money came in? Ask 55.
55. Was there a change in the major source of income during these 3 months? If the answer is "Yes," try to get an explanation of what the change was. A shift either in the person earning the most money or in the source from which he receives it is a change in "major source of income."
57. Now, can you tell me how much money came in and where it came from during this period? Probe for all sources of income and amounts received during this period and complete the table.

Item No. 57 (continued)

The sources of income have been divided into three kinds: (1) earnings from wages, salaries, earned pensions and compensations, fellowships and grants; (2) welfare or charity; (3) all other sources and supplementary income, such as bonuses, dividends, savings, gifts, rent from property, etc. Probe for income from all these sources.

List income from earnings in top block of column b; show earner and kind of earnings: e.g., respondent's wages, husband's G. L. benefits, respondent's mother's social security benefits. List money from welfare or charity in middle block of column b, indicating recipient and source of money: e.g., general public assistance (GPA) to respondent's mother, or aid to dependent children (ADC) to respondent, etc. Write in the space provided the name of the specific supporting agency.

List all other money receipts in bottom block of column b. Show recipient and source of money: e.g., rent from husband's property.

For each entry report amount and unit time in column c, and number of time units (pay periods) in which the money came in column d. Do the computation and enter the total received from each source in column e. Always figure 4-1/3 weeks per month. Columns c, d, e might read, for example, \$78/wk, 13 wks, \$976; or, \$125/2 wks, 6 pay periods, \$750.

When respondent reports free rent or room and board, either as payment by an employer for work done or as a gift or other contribution, list under "other sources" as follows: (1) in column b, explain from whom and why (for example, respondent's earnings as resident manager of an apartment house); (2) in column c, describe nature of payment (for example, 3 room apartment rent free, plus utilities, or free room and board for respondent and 4 yr. old boy); (3) in column d, indicate length of time received (e.g., 2 months); (4) leave the total in column e blank.

For self-employed or persons with uncertain income enter source in column b,

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### Item No. 57 (continued)

record details in columns c and d, and estimated amount for the 3 months in column e.

If income is received irregularly, enter source in column b, details in columns c and d, and estimated amount in column e.

For any situation not covered above, record the details of how the family managed during the three months. Enter amount in column e. Write any comments in the space provided below the table.

58. A. How many persons did this money take care of? For 1 through 9 enter as 01 -09.
- B. How many were under 8 years old? Enter as in 58A.
59. Was there a change in the number of persons supported by this money during these 3 months? If the answer is "Yes," explain clearly.
60. A. In general, how do you feel that your present compares with your situation at the time \_\_\_\_\_ was born? Mark the appropriate box. If the answer is "Just about the same," skip to Section H.
- B. What do you think is the most important reason for this? Do not suggest possible reasons to the respondent, but encourage her to state her own reasons. Do not accept changes in amount of income but probe for major reason why income changed. If in doubt about coding leave boxes blank and record respondent's answer. Cross out the word in the coded answer which does not apply.

### SECTION H - FAMILY HISTORY

This section is intended to provide up to date information on the health of the child's family, originally described in GEN 5-8 during the mother's pregnancy.

As with the earlier form, this section is selective rather than exhaustive, placing the emphasis on those conditions which are likely to yield genetically important information. This

information must be collected with the greatest possible accuracy and in sufficient detail. While, therefore, for the sake of uniformity, the questions should be asked as they appear on the form and the answers recorded in the prescribed manner, a certain amount of flexibility and probing for accuracy should be exercised.

Before the interview, information obtained since the birth of this Study child (as described in Section III of this manual) should be entered in the table on page 7, Item 65. Such information may include names of children born after this Study child, or fetal deaths which occurred during the period covered by this interview. It may also include names of prior liveborn children who have developed a condition or who have died since the birth of the Study child. Do not check any items under "summary of conditions" until after the interview is completed. Do, however, note in the right-hand column on pages 8 and 9 any information about illnesses or deaths obtained since the birth of this child. This information should be checked with the child's mother during the interview.

As with all other sections of this interview, the schedule must contain complete information covering the seven-year interval since the birth of the Study child.

Indicate all Study pregnancies which appear in the table in Item 65 by a circle around the line number.

### Item No.

62. Have you been pregnant since \_\_\_\_\_ was born? If the answer is "Yes," enter the number of pregnancies in the box. Be sure that the mother understands that you want pregnancies since this Study child was born. If she is pregnant at the time of the interview, count this as a pregnancy in the "Yes" box, and mark "X" in "pregnant now." Do not enter current pregnancy in Table, Item 65.
63. Have you had any miscarriages or abortions since \_\_\_\_\_ was born. If the answer is "Yes," enter the number in the box. Make sure that the respondent included these in the count of total pregnancies entered in Item 62.
64. Were any of these pregnancies multiple? If the answer is "Yes," enter the number of multiple pregnancies in the box. Probe to make sure that any miscarriages or abortions known to have been multiple are included.

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Item No.

Item No. 56B (continued)

65. A. Enter the name of this Study child. Fill in the initials of the child's father, the sex of the child, the birthweight, and the age, according to the instructions given below for each of these items. (This may be done before the interview from prior records.)

If the present Study child was one product of a multiple pregnancy, enter the name of the other twin (or triplets) on the additional lines of Section A of this table.

Put an X for each twin (or triplet, etc.) in the column labeled MULT. List first-born child first.

- B. If there have been no pregnancies since the birth of this Study child, write "NONE" on line (1).

(1) Child's name. For pregnancies terminating in live births, enter the child's name; for fetal deaths (including stillbirths and abortions), write F.D. followed by the weeks of gestation as given in prior interviews or by the respondent. Since a stillbirth is a fetal death, it is possible to have an entry, "F.D. 40 wks." Be sure to distinguish between stillbirths and children born alive who died immediately after birth.

(2) Multiple births. For multiple births put an X in the MULT column for each outcome of that pregnancy. For single births leave blank.

(3) FA (Father). Please give all three initials, when possible, of the father of the child or fetal death. The first initial is not sufficient. If there is more than one father with the same initials (i.e., John Brown and James Brooks), please write the father's last name next to the name of each of his children, including fetal deaths.

(4) SEX. Write "M" in column headed "M" for a liveborn male, and "F" in column headed "F" for a liveborn female child. (For fetal deaths, leave blank.)

(5) B.WT. (lbs.) Record here the liveborn child's birth weight to nearest pound. Thus any weight from 4 lbs. 9 oz. through 5 lbs. 8 oz. is recorded as 5 lbs.; a weight of 7 lbs. 8 oz. or a weight of 8 lbs. 9 oz. would be recorded as 7 lbs. If the birth weight is not known, enter length of gestation in weeks or months, including the abbreviation wks. or mos. If this is not known, enter UNK. (Make no entry for fetal deaths.)

(6) LIVING (Age), DEAD (Age). The columns headed Living and Dead refer to the present status of a liveborn child. If the child is now living, his or her current age should be entered in the "Living" column. If the child is now dead, enter the age at which he died in the "Dead" column.

Age is recorded in complete days, months or years, followed by the appropriate abbreviation. For example, if child is 18 months old, record age in "Living" column as "1 yr." If child is less than one year, use days or months. For the liveborn child who lived less than one day, write "0 da." This means the child was born alive but died within the first 24 hours.

(7) SUMMARY OF CONDITIONS. Fill this in after the interview, including the spaces for this Study child. Mark in the appropriate spaces the conditions described in detail on pages 8 and 9 of the form.

- C. Enter here the names of prior liveborn children who have developed conditions or who have died since the birth of the present Study child. Information from past interviews may be entered here. Check the appropriate columns under SUMMARY OF CONDITIONS. Do not make any entries in the shaded boxes (MULT, SEX, B.WT., LIVING).

If there were no prior liveborn children who have died or developed conditions, write "NONE" on the first line of Section C of the table.

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Item No.

68. FOR OFFICE USE ONLY. Do not write in this space. It is for Central Office use only.

For Item 69 and all subsequent questions, relatively detailed information is called for. For each "Yes" answer that the respondent gives, it is necessary to ask for all the information listed at the top of the page under "Instructions to Interviewer" before marking any box. When the respondent answers "Yes" to a question, ask, "Please tell me about it." Then probe to obtain all of the information indicated below. Enter all the relevant details in the right-hand column, as follows:

- A. Item Number.
- B. Name and relationship to the seven-year old child of each child or family member having the reported condition. When more than one person has the same condition, ask and report all information separately for each one. Identify a fetal death with a condition by letter and line number from table, Item 68 (e.g., B3).
- C. For each condition present, give: (1) age(s) at onset, (2) age(s) at recovery or death, (3) symptoms, (4) part of body affected, (5) severity, (6) course, (7) name of condition, if known.
- D. Identify the doctor or hospital by name and address, and give the month and year of care. This will provide a medical reference for verifying the reported condition.
- E. When no medical attention is reported, STATE THIS. Otherwise, the report will be incomplete.

After entering all of the above information for any "Yes" answers in columns 74 and 82, mark the appropriate boxes. Note that more than one box may be marked in some cases. For example, a child with a cleft palate may also have a congenital heart defect. Or two children may have defects listed in the same category.

Existence of conditions in children who died when they were young may not be uncovered by these questions. When an early death is reported in the table (Item 65, probe to determine whether this child had any of the conditions covered in Items 68-70.

Item No.

69. Rh trouble--blood incompatibility. This question is designed to uncover difficulties due to blood incompatibility and other conditions associated with severe jaundice which may result in fetal or neonatal death. When the life of the baby is in danger, one or more exchange transfusions are usually used to replenish the blood. Exchange transfusion means a complete renewal of the blood of the baby and should not be confused with ordinary transfusion, which means merely addition of a quantity of blood to the circulation. If the respondent does not understand the question, mark the "No" box. For "Yes" answers, probe to determine: how the doctor learned about the trouble, how these difficulties affected the baby, and what, if any, treatment was given the child.

If gravida answers "Yes" because she is Rh negative, but there is no evidence of Rh trouble, check the "No" box.

Transfusion with no mention of trouble associated with blood incompatibility or jaundice should also be excluded.

69. Congenital malformations. This question is designed to obtain information about developmental physical defects that are present at birth or diagnosed within the first months of life.

- A. Under "club foot" include all types of twisted feet.
- B. Under "head or spine," include all central nervous system defects, such as hydrocephalus (enlargement of the head), spina bifida (open spine), small eye, etc. Obtain the best description possible from the respondent in order to make accurate coding and classification possible at the central office.
- C. Under "other," include conditions which do not fit into any of the named categories. When the "other" category is used, the description given by the respondent should be fully recorded.

70. Deaths of children. If the answer is "Yes," list names, ages at death and causes of death in the right-hand column. If any of

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Item No. 70 (continued)

the causes involve Rh incompatibility, congenital malformations, seizures, convulsions, epilepsy, or other disorders of the central nervous system, probe for details and enter these on the appropriate page and with the proper question number.

71. Retardation. This question is designed to uncover the more severe cases of retardation, that is, those children who were very slow either in growth or learning, or have been very hard to manage. The key is degree. We are not concerned here with children who are just "slow in school." This is a difficult area to handle. Some cases of retardation are hard to diagnose even when the child is actually examined. It is even harder to determine retardation through the mother's statements about her children. Nevertheless, this is a very important area for the collaborative study.

If this question appears to arouse an emotional response in the respondent, mend rapport and probe gently. If she does not understand the question, ask: "Has any child been slow in developing; you know, walking, talking, or learning?" Then probe to get at the more severe cases of retardation without actually using the term.

If the child has been seen by a doctor or at a clinic and has been described as "retarded," obtain full details and enter this in the description in the right-hand column. If the information is based on the gravida's impression without professional confirmation, note her observations in detail. A mark in any of these boxes will flag this case for later verification and more intensive investigation. If probing reveals only motor retardation, mark also the "Other" box in Item 76. When you come to that question, probe for the details requested. Record all relevant information.

For some situations all three categories of Item 71 may be checked.

72. Inability to attend regular school. This question is concerned with children who have reached school age since the birth of this Study child. It is designed to obtain information about children who were

Item No. 72 (continued)

kept at home or sent to special schools which may not have been picked up in answers to other questions. As a result of probing here, it may be necessary to revise answers to other questions. In that event, be sure to obtain all the information requested.

If "Yes," enter in box the number of children of school age or older who are being or were kept at home or who are attending or have attended special schools. Record details under description of conditions.

Do not include those in a special class of a regular school.

73. Seizures, convulsions and epilepsy. If any of these are reported, include in the description the number of episodes, duration, frequency, and severity, as well as the rest of the information requested in the instructions at the top of this page. Temper tantrums and breath holding episodes should not be included. However, local or colloquial names for seizures should be probed for details and a detailed description should be recorded.

76. Trouble using arms, hands, and legs. This question is designed to uncover motor problems.

A. Include under "injuries" trauma to the brain or spinal cord with permanent impairment of movement.

B. Include under "Polio, other infections," such conditions as encephalitis and meningitis.

C. The category "other" is of greatest interest. DESCRIBE ALL CASES CHECKED "OTHER" IN AS MUCH DETAIL AS POSSIBLE. This includes motor retardation.

Exclude problems in walking due to club foot or to loss of limb, surgical or accidental.

77. Sensory defects.

A. Blind, partly or completely. Include difficulty in walking or working in unfamiliar surroundings without glasses. Exclude cross-eye (strabismus), injury, or infection.

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Item No. 77 (continued)

- B. Deaf, partly or completely. Include difficulty in hearing normal conversation without a hearing aid. Exclude injury and infection.
- C. Trouble speaking or mute. Include difficulty in speaking well enough to be understood readily. Include also markedly unusual tone of voice or way of speaking. Do not include lisping or stuttering.
78. Diabetes. For "Yes" answers be sure to enter age at onset, circumstances, whether diabetes occurred with pregnancy only, whether medication, such as insulin, was required, and any other helpful information that can be obtained.
79. Nervous problems--psychiatric treatment. This is a sensitive area. Probe gently. Inquire about hospital care or psychiatric treatment. If the answer is "Yes," be sure to record the nature and duration of treatment (length of hospitalization, number of visits to psychiatrist or clinic for therapy), and the kind of institution in which treatment was received (mental hospital, psychiatric ward, counseling clinic, etc.), in addition to other information called for.
80. What school is \_\_\_\_\_ attending now? This question is intended to provide information for use of the local sample maintenance staff. It need be completed only if desired locally.

If you already know that for any reason (severe illness, mental retardation, etc.) this child is not going to regular school, do not ask this question. If the child is scheduled for special training (e.g., in speech), note the date this is to begin and the name and address of treatment center. Explain all other cases in which a child is not attending regular school in the column on the right, and check DNA.

81. Special achievements. Ask for the Study child. Inquire further under the following circumstances:
- A. If mother only says "Yes" without telling you what she is proud of, ask, "What in particular are you pleased or proud about?"

Item No. 81 (continued)

- B. If mother has named several things, ask, "You have mentioned many different things which please you. Of which one thing are you most proud?"
- C. If mother's reply is unspecific, probe in order to distinguish the following meanings:
- (1) General intellectual ability (e.g., bright, learns quickly, good vocabulary, does more things than age mates).
  - (2) Specific intellectual achievements (e.g., writes name, knows address, phone, memorizes songs, poems, plays games, mechanical ability).
  - (3) Artistic abilities (e.g., sings well, good ear for music, draws well, dances).
  - (4) Self care, home helpfulness (e.g., makes bed, bathes self, plait hair, sets table).
  - (5) Athletic abilities, physical coordination, strength or skill.
  - (6) Personality characteristics (e.g., well-behaved, considerate, generous, plays well with others, fortitude).
  - (7) School performance or attitude (e.g., doing well in school, likes school, eager to learn).

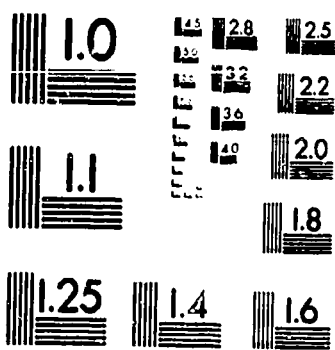
Enter the mother's response as nearly verbatim as possible in Item 82.

V. After the interview

- A. Review the data obtained. If possible, do this while the respondent is present, saying, "Let me see if I've covered everything."
- B. Check to see that each question to be asked has an answer.
- C. Check to see that each "Yes" answer on pages 8 and 9 is fully documented with identification of individual, relationship to the child, symptoms, ages, dates, medical references, etc., and that unknown information is so labeled.
- E. If you need additional space, use a CP-5.

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(ANSI and ISO TEST CHART No 2)

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