



**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 A: Prenatal Record and
Medical History**

December 1983

**Prepared for
the National Institute of Neurological
and Communicative Disorders and Stroke
under Contract 2311103150**

 **Battelle**
Pacific Northwest Laboratories

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**Volume II. Project Study Forms and Documentation
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in Master File**

Part A. Prenatal Record and Medical History

**NR Hinds
A Brix**

**JS Littlefield
CR Watson**

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Pacific Northwest Laboratories
Richland, Washington 99352**

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 A: Prenatal Record and Medical History and includes Forms AR-1, OB-2, OB-3, OB-4, OB-5, OB-6, OB-7, OB-8, OB-9, OB-42, OB-43, OB-10, OB-44, OB-45, OB-11, OB-46, OB-12, OB-47, and OB-15.

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 NINCDS 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 St-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 FHH-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.

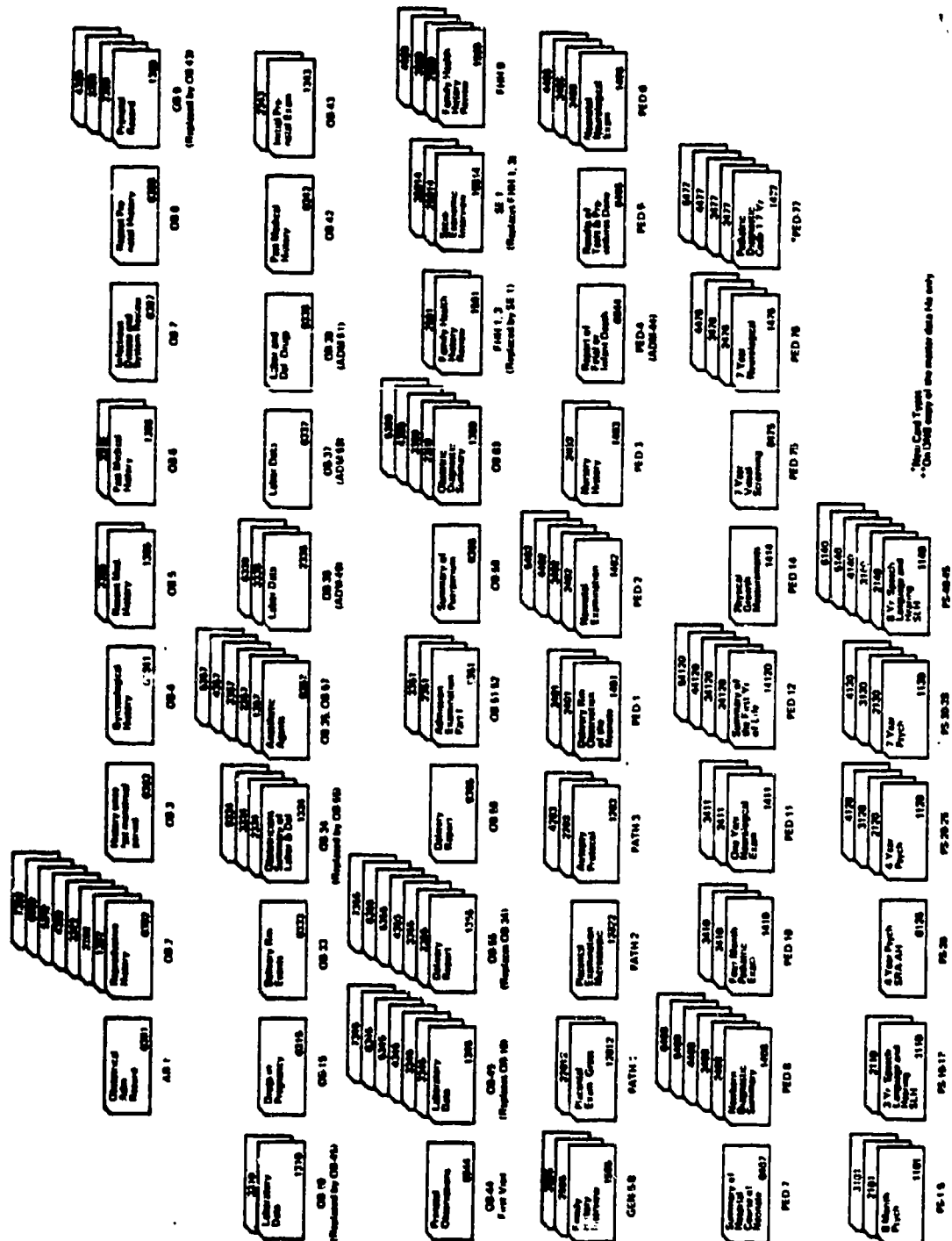


FIGURE 1. Cards on the Master Data File

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
gravida 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 "6" 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
31 - <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 Gailor Hospital

Data Item Identification and Naming

The NCPP 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-34	an item from OB-34; 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 time 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..OB-34, the data item should be traced to the appropriate study form, e.g., OB-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 pages enable a user to track form items to computerized data items listed in previous volumes of the User's Guide and vice versa. The computer listings provide 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	Malformations
	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**

PERSON	DEFINITION
Mother	Study registrant bearing the "study pregnancy"; biologic mother of the "study child"; gravida.
Father	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).
Placenta	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.
Fetus	Conceptus; the product of conception including the embryonic stage, i.e., from conception to the moment of birth.
Child	Product of the study pregnancy from the moment of birth onward; study child.
M Surrogate	Person or persons substituting for the mother of a study child, e.g., adoptive parents, foster parents or guardian.
Family	Person or persons biologically related to the mother or father of the study child.
Sibship	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.)**

TIME	DEFINITION
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.)**

SUBJECT	DEFINITION
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.)**

SUBJECT	DEFINITION
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.

PAGE II.A.xviii IS MISSING

CONTENTS

AR-1/OB-1	Obstetrical Administrative Records	II.A.1
OB-2	Reproductive History	II.A.21
OB-3	History Since Last Menstrual Period	II.A.37
OB-4	Gynecological History	II.A.55
OB-5	Recent Medical History	II.A.69
OB-6	Past Medical History	II.A.91
OB-7	Infectious Disease and System Review	II.A.113
OB-8	Repeat Prenatal History	II.A.131
OB-9	Prenatal Record	II.A.147
OB-42	Past Medical History	II.A.195
OB-43	Initial Prenatal Exam	II.A.209
OB-10	Return Visit and Laboratory Record	II.A.237
OB-44	Prenatal Observations	II.A.259
OB-45	Laboratory Record	II.A.275
OB-11	Record of Current Pregnancy	II.A.319
OB-46	Physician's Clinic Record	II.A.327
OB-12	Summary of Hospitalization for Any Antepartum Condition	II.A.333
OB-47	Summary of Antepartum Hospitalization	II.A.341
OB-15	Drugs in Pregnancy	II.A.347

AR-1 Obstetrical Administrative Record

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

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

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

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

			58,760
	total for form		58,760

II.A.2

AR-1

Data Items Referencing Form AR-1, Obstetrical Administrative Record

DATA ITEM ID	TYPE 34 F304	CARD NUM	FROM	TO	DATA ITEM NAME
1.....		0001	1	5	Card number (sequence, form type, form number, revision number)
2.....		0001	6	14	MINDB case number
3...AR-1	2	0001	15	28	Name, last
4...AR-1	3-4	0001	20	35	Institution identification
5...AR-1		0001	36	36	Type of institution
6...AR-1	6	0001	37	37	Name, first, first letter
7...AR-1	12	0001	38	39	Registration date (day)
8...AR-1	12	0001	40	41	Registration date (yr)
9...AR-1	12	0001	42	43	Form AR-1 initiated, date (mo)
10...AR-1	13	0001	44	45	Form AR-1 initiated, date (day)
11...AR-1	13	0001	46	47	Form AR-1 initiated, date (yr)
12...AR-1	13	0001	48	49	Form AR-1 initiated, date (mo)
13...AR-1	14	0001	50	51	LMP, first day (day)
14...AR-1	14	0001	52	53	LMP, first day (yr)
15...AR-1	14	0001	54	55	LMP, first day (mo)
16...AR-1	15	0001	56	57	Birth date (day)
17...AR-1	15	0001	58	59	Birth date (yr)
18...AR-1	15	0001	60	61	Marital status
19...AR-1	17	0001	62	63	Race
20...AR-1	18	0001	64	65	Patient status, clinic or private
21...AR-1	20	0001	66	67	Sampling frame patient, DO NOT USE
22...AR-1	21	0001	68	69	ENC, estimated date of confinement (mo)
23...AR-1	11	0001	70	71	ENC, estimated date of confinement (day)
24...AR-1	11	0001	72	73	ENC, estimated date of confinement (yr)
25...AR-1	16	0001	74	75	Age at registration (wks)
26...AR-1	16	0001	76	77	Gestation at registration (wks)
27...AR-1	16	0001	78	79	Blank
28...AR-1		0001	80	81	Patient, type of
29.....		0001	31	32	Age (yrs)
30...AR-1	16	0001	33	34	Age, grouped in 5 year intervals
4974...VAR	16	0001	35	36	Gestation at registration (wks)
4975...VAR	16	0001	37	38	Marital status
4976...VAR	16	0001	39	40	Trimester at registration
4977...VAR	16	0001	41	42	Prenatal visits, total number
4978...VAR	16	0001	43	44	Menstrual period; LMP, first day (mo/day/yr)
4979...VAR	16	0001	45	46	Registration date (mo/day/yr)
4980...VAR	16	0001	47	48	Race
4981...VAR	16	0001	49	50	Patient status, clinic or private
4982...VAR	16	0001	51	52	LMP, from AR-1, first date (mo/day/yr)
4983...VAR	16	0001	53	54	LMP, from AR-1, first date (mo/day/yr)
4984...VAR	16	0001	55	56	LMP, from AR-1, first date (mo/day/yr)
4985...VAR	16	0001	57	58	LMP, from AR-1, first date (mo/day/yr)
4986...VAR	16	0001	59	60	LMP, from AR-1, first date (mo/day/yr)
4987...VAR	16	0001	61	62	LMP, from AR-1, first date (mo/day/yr)
4988...VAR	16	0001	63	64	LMP, from AR-1, first date (mo/day/yr)
4989...VAR	16	0001	65	66	LMP, from AR-1, first date (mo/day/yr)
4990...VAR	16	0001	67	68	LMP, from AR-1, first date (mo/day/yr)
4991...VAR	16	0001	69	70	LMP, from AR-1, first date (mo/day/yr)
4992...VAR	16	0001	71	72	LMP, from AR-1, first date (mo/day/yr)
4993...VAR	16	0001	73	74	LMP, from AR-1, first date (mo/day/yr)
4994...VAR	16	0001	75	76	LMP, from AR-1, first date (mo/day/yr)
4995...VAR	16	0001	77	78	LMP, from AR-1, first date (mo/day/yr)
4996...VAR	16	0001	79	80	LMP, from AR-1, first date (mo/day/yr)
4997...VAR	16	0001	81	82	LMP, from AR-1, first date (mo/day/yr)
4998...VAR	16	0001	83	84	LMP, from AR-1, first date (mo/day/yr)
4999...VAR	16	0001	85	86	LMP, from AR-1, first date (mo/day/yr)
5000...VAR	16	0001	87	88	LMP, from AR-1, first date (mo/day/yr)
5001...VAR	16	0001	89	90	LMP, from AR-1, first date (mo/day/yr)
5002...VAR	16	0001	91	92	LMP, from AR-1, first date (mo/day/yr)
5003...VAR	16	0001	93	94	LMP, from AR-1, first date (mo/day/yr)
5004...VAR	16	0001	95	96	LMP, from AR-1, first date (mo/day/yr)
5005...VAR	16	0001	97	98	LMP, from AR-1, first date (mo/day/yr)
5006...VAR	16	0001	99	100	LMP, from AR-1, first date (mo/day/yr)
5007...VAR	16	0001	101	102	LMP, from AR-1, first date (mo/day/yr)
5008...VAR	16	0001	103	104	LMP, from AR-1, first date (mo/day/yr)
5009...VAR	16	0001	105	106	LMP, from AR-1, first date (mo/day/yr)
5010...VAR	16	0001	107	108	LMP, from AR-1, first date (mo/day/yr)
5011...VAR	16	0001	109	110	LMP, from AR-1, first date (mo/day/yr)
5012...VAR	16	0001	111	112	LMP, from AR-1, first date (mo/day/yr)
5013...VAR	16	0001	113	114	LMP, from AR-1, first date (mo/day/yr)
5014...VAR	16	0001	115	116	LMP, from AR-1, first date (mo/day/yr)
5015...VAR	16	0001	117	118	LMP, from AR-1, first date (mo/day/yr)
5016...VAR	16	0001	119	120	LMP, from AR-1, first date (mo/day/yr)
5017...VAR	16	0001	121	122	LMP, from AR-1, first date (mo/day/yr)
5018...VAR	16	0001	123	124	LMP, from AR-1, first date (mo/day/yr)
5019...VAR	16	0001	125	126	LMP, from AR-1, first date (mo/day/yr)
5020...VAR	16	0001	127	128	LMP, from AR-1, first date (mo/day/yr)
5021...VAR	16	0001	129	130	LMP, from AR-1, first date (mo/day/yr)
5022...VAR	16	0001	131	132	LMP, from AR-1, first date (mo/day/yr)
5023...VAR	16	0001	133	134	LMP, from AR-1, first date (mo/day/yr)
5024...VAR	16	0001	135	136	LMP, from AR-1, first date (mo/day/yr)
5025...VAR	16	0001	137	138	LMP, from AR-1, first date (mo/day/yr)
5026...VAR	16	0001	139	140	LMP, from AR-1, first date (mo/day/yr)
5027...VAR	16	0001	141	142	LMP, from AR-1, first date (mo/day/yr)
5028...VAR	16	0001	143	144	LMP, from AR-1, first date (mo/day/yr)
5029...VAR	16	0001	145	146	LMP, from AR-1, first date (mo/day/yr)
5030...VAR	16	0001	147	148	LMP, from AR-1, first date (mo/day/yr)
5031...VAR	16	0001	149	150	LMP, from AR-1, first date (mo/day/yr)
5032...VAR	16	0001	151	152	LMP, from AR-1, first date (mo/day/yr)
5033...VAR	16	0001	153	154	LMP, from AR-1, first date (mo/day/yr)
5034...VAR	16	0001	155	156	LMP, from AR-1, first date (mo/day/yr)
5035...VAR	16	0001	157	158	LMP, from AR-1, first date (mo/day/yr)
5036...VAR	16	0001	159	160	LMP, from AR-1, first date (mo/day/yr)
5037...VAR	16	0001	161	162	LMP, from AR-1, first date (mo/day/yr)
5038...VAR	16	0001	163	164	LMP, from AR-1, first date (mo/day/yr)
5039...VAR	16	0001	165	166	LMP, from AR-1, first date (mo/day/yr)
5040...VAR	16	0001	167	168	LMP, from AR-1, first date (mo/day/yr)
5041...VAR	16	0001	169	170	LMP, from AR-1, first date (mo/day/yr)
5042...VAR	16	0001	171	172	LMP, from AR-1, first date (mo/day/yr)
5043...VAR	16	0001	173	174	LMP, from AR-1, first date (mo/day/yr)
5044...VAR	16	0001	175	176	LMP, from AR-1, first date (mo/day/yr)
5045...VAR	16	0001	177	178	LMP, from AR-1, first date (mo/day/yr)
5046...VAR	16	0001	179	180	LMP, from AR-1, first date (mo/day/yr)
5047...VAR	16	0001	181	182	LMP, from AR-1, first date (mo/day/yr)
5048...VAR	16	0001	183	184	LMP, from AR-1, first date (mo/day/yr)
5049...VAR	16	0001	185	186	LMP, from AR-1, first date (mo/day/yr)
5050...VAR	16	0001	187	188	LMP, from AR-1, first date (mo/day/yr)
5051...VAR	16	0001	189	190	LMP, from AR-1, first date (mo/day/yr)
5052...VAR	16	0001	191	192	LMP, from AR-1, first date (mo/day/yr)
5053...VAR	16	0001	193	194	LMP, from AR-1, first date (mo/day/yr)
5054...VAR	16	0001	195	196	LMP, from AR-1, first date (mo/day/yr)
5055...VAR	16	0001	197	198	LMP, from AR-1, first date (mo/day/yr)
5056...VAR	16	0001	199	200	LMP, from AR-1, first date (mo/day/yr)
5057...VAR	16	0001	201	202	LMP, from AR-1, first date (mo/day/yr)
5058...VAR	16	0001	203	204	LMP, from AR-1, first date (mo/day/yr)
5059...VAR	16	0001	205	206	LMP, from AR-1, first date (mo/day/yr)
5060...VAR	16	0001	207	208	LMP, from AR-1, first date (mo/day/yr)
5061...VAR	16	0001	209	210	LMP, from AR-1, first date (mo/day/yr)
5062...VAR	16	0001	211	212	LMP, from AR-1, first date (mo/day/yr)
5063...VAR	16	0001	213	214	LMP, from AR-1, first date (mo/day/yr)
5064...VAR	16	0001	215	216	LMP, from AR-1, first date (mo/day/yr)
5065...VAR	16	0001	217	218	LMP, from AR-1, first date (mo/day/yr)
5066...VAR	16	0001	219	220	LMP, from AR-1, first date (mo/day/yr)
5067...VAR	16	0001	221	222	LMP, from AR-1, first date (mo/day/yr)
5068...VAR	16	0001	223	224	LMP, from AR-1, first date (mo/day/yr)
5069...VAR	16	0001	225	226	LMP, from AR-1, first date (mo/day/yr)
5070...VAR	16	0001	227	228	LMP, from AR-1, first date (mo/day/yr)
5071...VAR	16	0001	229	230	LMP, from AR-1, first date (mo/day/yr)
5072...VAR	16	0001	231	232	LMP, from AR-1, first date (mo/day/yr)
5073...VAR	16	0001	233	234	LMP, from AR-1, first date (mo/day/yr)
5074...VAR	16	0001	235	236	LMP, from AR-1, first date (mo/day/yr)
5075...VAR	16	0001	237	238	LMP, from AR-1, first date (mo/day/yr)
5076...VAR	16	0001	239	240	LMP, from AR-1, first date (mo/day/yr)
5077...VAR	16	0001	241	242	LMP, from AR-1, first date (mo/day/yr)
5078...VAR	16	0001	243	244	LMP, from AR-1, first date (mo/day/yr)
5079...VAR	16	0001	245	246	LMP, from AR-1, first date (mo/day/yr)
5080...VAR	16	0001	247	248	LMP, from AR-1, first date (mo/day/yr)
5081...VAR	16	0001	249	250	LMP, from AR-1, first date (mo/day/yr)
5082...VAR	16	0001	251	252	LMP, from AR-1, first date (mo/day/yr)
5083...VAR	16	0001	253	254	LMP, from AR-1, first date (mo/day/yr)
5084...VAR	16	0001	255	256	LMP, from AR-1, first date (mo/day/yr)
5085...VAR	16	0001	257	258	LMP, from AR-1, first date (mo/day/yr)
5086...VAR	16	0001	259	260	LMP, from AR-1, first date (mo/day/yr)
5087...VAR	16	0001	261	262	LMP, from AR-1, first date (mo/day/yr)
5088...VAR	16	0001	263	264	LMP, from AR-1, first date (mo/day/yr)
5089...VAR	16	0001	265	266	LMP, from AR-1, first date (mo/day/yr)
5090...VAR	16	0001	267	268	LMP, from AR-1, first date (mo/day/yr)
5091...VAR	16	0001	269	270	LMP, from AR-1, first date (mo/day/yr)
5092...VAR	16	0001	271	272	LMP, from AR-1, first date (mo/day/yr)
5093...VAR	16	0001	273	274	LMP, from AR-1, first date (mo/day/yr)
5094...VAR	16	0001	275	276	LMP, from AR-1, first date (mo/day/yr)
5095...VAR	16	0001	277	278	LMP, from AR-1, first date (mo/day/yr)
5096...VAR	16	0001	279	280	LMP, from AR-1, first date (mo/day/yr)
5097...VAR	16	0001	281	282	LMP, from AR-1, first date (mo/day/yr)
5098...VAR	16	0001	283	284	LMP, from AR-1, first date (mo/day/yr)
5099...VAR	16	0001	285	286	LMP, from AR-1, first date (mo/day/yr)
5100...VAR	16	0001	287	288	LMP, from AR-1, first date (mo/day/yr)
5101...VAR	16	0001	289	290	LMP, from AR-1, first date (mo/day/yr)
5102...VAR	16	0001	291	292	LMP, from AR-1, first date (mo/day/yr)
5103...VAR	16	0001	293	294	LMP, from AR-1, first date (mo/day/yr)
5104...VAR	16	0001	295	296	LMP, from AR-1, first date (mo/day/yr)
5105...VAR	16	0001	297	298	LMP, from AR-1, first date (mo/day/yr)
5106...VAR	16	0001	299	300	LMP, from AR-1, first date (mo/day/yr)
5107...VAR	16	0001	301	302	LMP, from AR-1, first date (mo/day/yr)
5108...VAR	16	0001	303	304	LMP, from AR-1, first date (mo/day/yr)
5109...VAR	16	0001	305	306	LMP, from AR-1, first date (mo/day/yr)
5110...VAR	16	0001	307	308	LMP, from AR-1, first date (mo/day/yr)
5111...VAR	16	0001	309	310	LMP, from AR-1, first date (mo/day/yr)
5112...VAR	16	0001	311	312	LMP, from AR-1, first date (mo/day/yr)
5113...VAR	16	0001	313	314	LMP, from AR-1, first date (mo/day/yr)
5114...VAR	16	0001	315	316	LMP, from AR-1, first date (mo/day/yr)
5115...VAR	16	0001	317	318	LMP, from AR-1, first date (mo/day/yr)
5116...VAR	16	0001	319	320	LMP, from AR-1, first date (mo/day/yr)
5117...VAR	16	0001	321	322	LMP, from AR-1, first date (mo/day/yr)
5118...VAR	16	0001	323	324	LMP, from AR-1, first date (mo/day/yr)
5119...VAR	16	0001	325	326	LMP, from AR-1, first date (mo/day/yr)
5120...VAR	16	0001	327	328	LMP, from AR-1, first date (mo/day/yr)
5121...VAR	16	0001	329	330	LMP, from AR-1, first date (mo/day/yr)
5122...VAR	16	0001	331	332	LMP, from AR-1, first date (mo/day/yr)
5123...VAR	16	0001	333	334	LMP, from AR-1, first date (mo/day/yr)
5124...VAR	16	0001	335	336	LMP, from AR-1, first date (mo/day/yr)
5125...VAR	16	0001	337	338	LMP, from AR-1, first date (mo/day/yr)
5126...VAR	16	0001	339	340	LMP, from AR-1, first date (mo/day/yr)
5127...VAR	16	0001	341	342	LMP, from AR-1, first date (mo/day/yr)
5128...VAR	16	0001	343	344	LMP, from AR-1, first date (mo/day/yr)
5129...VAR	16	0001	345	346	LMP, from AR-1, first date (mo/day/yr)
5130...VAR	16	0001	347	348	LMP, from AR-1, first date (mo/day

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

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
2	4975.....VAR		33	33	Age, grouped in 5 year intervals
3-4	6377...M-118	08932	20	25	LMP, from AR-1, first date (mo/day/yr)
6	6354...M-11A	08931x	20	25	LMP, from AR-1, first date (mo/day/yr)
	4977.....VAR		36	36	Marital status
	30....AR-1	0001	80	80	Patient, type of
	5....AR-1	0001	36	36	Type of institution
	28....AR-1	0001	76	76	Walk/in patient
	3....AR-1	0001	15	28	Name, last
	4....AR-1	0001	29	35	Institution identification
	6....AR-1	0001	37	37	Name, first, first letter
	24....AR-1	0001	68	49	ENC, estimated date of confinement (day)
	23....AR-1	0001	66	67	ENC, estimated date of confinement (mo)
	25....AR-1	0001	70	71	ENC, estimated date of confinement (yr)
	8....AR-1	0001	40	41	Registration date (day)
	7....AR-1	0001	38	39	Registration date (mo)
	5194.....VAR		297	302	Registration date (mo/day/yr)
	9....AR-1	0001	42	43	Registration date (yr)
	11....AR-1	0001	46	47	For AR-1 initiated, date (day)
	10....AR-1	0001	44	45	For AR-1 initiated, date (mo)
	12....AR-1	0001	48	49	For AR-1 initiated, date (yr)
	14....AR-1	0001	52	53	LMP, first day (day)
	13....AR-1	0001	50	51	LMP, first day (mo)
	15....AR-1	0001	54	55	LMP, first day (yr)
	4989.....VAR		59	64	Menstrual period; LMP, first day (mo/day/yr)
	17....AR-1	0001	58	59	Birth date (day)
	16....AR-1	0001	56	57	Birth date (mo)
	18....AR-1	0001	60	61	Birth date (yr)
	4974.....VAR		31	32	Age (yrs)
	26....AR-1	0001	72	73	Age at registration (yrs)
	19....AR-1	0001	62	62	Marital status
	20....AR-1	0001	63	63	Race
	5195.....VAR		303	303	Race
	27....AR-1	0001	74	75	Gestation at registration (wks)
	4976.....VAR		34	35	Gestation at registration (wks)
	4978.....VAR		37	37	Trimester at registration
	21....AR-1	0001	64	64	Patient status, clinic or private
	5196.....VAR		304	304	Patient status, clinic or private
	22....AR-1	0001	65	65	Sampling frame patient, 00 NOT USE

MASTER FILE TAPE LAYOUT

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

NOTE: Use for specifications.

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

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

DEFINITION OF CODES (Continued)

FORM A-1-1
Card 0001

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

DEFINITION OF CODES (Continued)

FORM AR-1
Card 0001

FIELD

CARD COLUMN

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

ITEM #	1	2	3	4	5	6	7	8	9
1	1	2	3	4	5	6	7	8	9
2	1	2	3	4	5	6	7	8	9
3	1	2	3	4	5	6	7	8	9
4	1	2	3	4	5	6	7	8	9
5	1	2	3	4	5	6	7	8	9
6	1	2	3	4	5	6	7	8	9
7	1	2	3	4	5	6	7	8	9
8	1	2	3	4	5	6	7	8	9
9	1	2	3	4	5	6	7	8	9
10	1	2	3	4	5	6	7	8	9
11	1	2	3	4	5	6	7	8	9
12	1	2	3	4	5	6	7	8	9
13	1	2	3	4	5	6	7	8	9
14	1	2	3	4	5	6	7	8	9
15	1	2	3	4	5	6	7	8	9
16	1	2	3	4	5	6	7	8	9
17	1	2	3	4	5	6	7	8	9
18	1	2	3	4	5	6	7	8	9
19	1	2	3	4	5	6	7	8	9
20	1	2	3	4	5	6	7	8	9
21	1	2	3	4	5	6	7	8	9
22	1	2	3	4	5	6	7	8	9
23	1	2	3	4	5	6	7	8	9
24	1	2	3	4	5	6	7	8	9
25	1	2	3	4	5	6	7	8	9
26	1	2	3	4	5	6	7	8	9
27	1	2	3	4	5	6	7	8	9
28	1	2	3	4	5	6	7	8	9
29	1	2	3	4	5	6	7	8	9
30	1	2	3	4	5	6	7	8	9
31	1	2	3	4	5	6	7	8	9
32	1	2	3	4	5	6	7	8	9
33	1	2	3	4	5	6	7	8	9
34	1	2	3	4	5	6	7	8	9
35	1	2	3	4	5	6	7	8	9
36	1	2	3	4	5	6	7	8	9
37	1	2	3	4	5	6	7	8	9
38	1	2	3	4	5	6	7	8	9
39	1	2	3	4	5	6	7	8	9
40	1	2	3	4	5	6	7	8	9
41	1	2	3	4	5	6	7	8	9
42	1	2	3	4	5	6	7	8	9
43	1	2	3	4	5	6	7	8	9
44	1	2	3	4	5	6	7	8	9
45	1	2	3	4	5	6	7	8	9
46	1	2	3	4	5	6	7	8	9
47	1	2	3	4	5	6	7	8	9
48	1	2	3	4	5	6	7	8	9
49	1	2	3	4	5	6	7	8	9
50	1	2	3	4	5	6	7	8	9
51	1	2	3	4	5	6	7	8	9
52	1	2	3						

AR-1 - 4

ADMINISTRATIVE RECORD MANUAL

AR-1
Rev. 7-60

PHS-3003-1, Obstetrical Administrative Record

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

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

Item 2, Last Name. Last name of patient.

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

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

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

Item 6, First Name. Self-explanatory.

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

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

ADMINISTRATIVE RECORD MANUAL

AR-1
Rev. 7-60

PHS-3003-1, Obstetrical Administrative Record

Item 9, Address. Self-explanatory.

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

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

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

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

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

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

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

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

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

ADMINISTRATIVE RECORD MANUAL

AR-1
Rev. 7-60

PHS-3003-1, Obstetrical Administrative Record

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

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

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

Item 20, Patient Status. Check appropriate box.

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

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

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

ADMINISTRATIVE RECORD MANUAL

AR-1

Rev. 7-60

PHS-3003-1, Obstetrical Administrative Record

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

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

PHS-200-1
REV. 7-60
M

OBSTETRICAL ADMINISTRATIVE RECORD

1. PATIENT IDENTIFICATION

*SPECIAL AR-1 Form
for Pennsylvania Hospital*

*supervised by Black and white printing
with change Y-parents from PHS-3003-1
to C66R-3103-1*

42-1 (66)

2. LAST NAME			3. GPN NO.			4. HOSPITAL NO.			5. SPECIAL NO.		
6. FIRST NAME			7. MIDDLE			8. MAIDEN			COMPLETE ONLY IF NEEDED BY HOSPITAL		
9. ADDRESS (Street and Number)						(City, Zone and State)			10. TELEPHONE NO.		
12. DATE RECEIVED Mo. Day Year			13. DATE FORM INITIATED Mo. Day Year			14. FIRST DAY LMP Mo. Day Year			15. DATE OF BIRTH Mo. Day Year		
16. AGE			17. SEX			18. RACE			19. WEEKS OF GESTATION		
19. MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> CL <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> SEP.			20. RACE <input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> OR <input type="checkbox"/> PR <input type="checkbox"/> Oth			21. WEEKS OF GESTATION					
22. PATIENT STATUS <input type="checkbox"/> Child <input type="checkbox"/> Private			23. SAMPLING FRAME PATIENT SELECTED FOR STUDY <input type="checkbox"/> Based on <input type="checkbox"/> Based on Special Sampling (Specify)			NOT SELECTED FOR STUDY <input type="checkbox"/> Based on Sampling Groups <input type="checkbox"/> For Other Reasons (Specify below)					

ADDRESSOGRAPH PLATE

☐ Word ☐ Semi Private ☐ Private ☐ Room ☐ Female ☐ Male

☐ Protestant ☐ Catholic ☐ Jewish ☐ Other ☐ Age

LAST NAME FIRST NAME UNIT HISTORY

ADDRESS

BLUE CROSS GROUP NUMBER BLUE CROSS CERTIFICATE NUMBER

BLUE CROSS Yes ☐ No ☐ A ☐ B ☐

RELATIONSHIP AND NAME

BOSTER RAN HIN NUMBER

TELEPHONE NUMBER

FORMER PATIENT IN PENNSYLVANIA HOSPITAL? NAME

PREVIOUS MARRIED NAME? PREVIOUS ADDRESS

PHS-5022-1
REV. 7-59

00-1

OBSTETRICAL ADMINISTRATIVE RECORD

1. PATIENT INFORMATION

To all hospitals EXCEPT Pennsylvania

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

2. LAST NAME			3. GPO NO.			4. HOSPITAL NO.			5. SPECIAL NO.					
6. FIRST NAME			7. INITIALS			8. BIRTH			9. COMPLETE SET IF ISSUED BY HOSPITAL					
10. ADDRESS - HOME AND PHONE (HOM. AND BLDG. NOS.)						11. TELEPHONE NO.			12. ZIP					
13. DATE ADMITTED Mo. Day Year			14. DATE PREG. INITIATED Mo. Day Year			15. FIRST DAY LMP Mo. Day Year			16. DATE OF BIRTH Mo. Day Year			17. AGE		
18. MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> CL <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> SEP.						19. RACE <input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> OR <input type="checkbox"/> PE <input type="checkbox"/> Other						20. TYPE OF DELIVERY		
21. PATIENT STATUS <input type="checkbox"/> Child <input type="checkbox"/> Adolescent						22. PATIENT REGISTERED IN STUDY AT TIME OF DELIVERY <input type="checkbox"/> Yes <input type="checkbox"/> No								

Superseded by Revision 47-59

OBSTETRICAL ADMINISTRATIVE RECORD

DATE THIS FORM INITIATED	FIRST DAY LMP (Mo-Da-Yr)	RECORD NUMBERS	OPB	HOSPITAL	SPECIAL
NAME (Last) (First) (Middle)		(Mother)			
ADDRESS (Street & No.) (City and State)			TELEPHONE NO.		
DATE OF BIRTH (Mo-Da-Yr)	PRESENT AGE	STATE OR COUNTRY OF BIRTH	RACE <input type="checkbox"/> W <input type="checkbox"/> N <input type="checkbox"/> OR <input type="checkbox"/> PR <input type="checkbox"/> Other		
MARITAL STATUS <input type="checkbox"/> S <input type="checkbox"/> M <input type="checkbox"/> CL <input type="checkbox"/> W <input type="checkbox"/> D <input type="checkbox"/> SEP		DATE OF LATEST MARRIAGE	RELIGION	HIGHEST SCHOOL GRADE COMPLETED	
OCCUPATION		EMPLOYER	INDUSTRY		
NAME AND ADDRESS OF FAMILY PHYSICIAN				TELEPHONE NUMBER	
OBSTETRICAL CLINIC PATIENTS					
DATE FIRST SEEN IN CLINIC		EXAMINING PHYSICIAN			
OTHER PATIENTS					
NAME AND ADDRESS OF OBSTETRICIAN				DATE PATIENT FIRST SEEN	
SPOUSE	NAME	AGE	STATE OR COUNTRY OF BIRTH	HEIGHT	WEIGHT
	HIGHEST SCHOOL GRADE COMPLETED	OCCUPATION	INDUSTRY	GENERAL HEALTH	
FATHER OF CHILD (If other than Spouse)	NAME	AGE	STATE OR COUNTRY OF BIRTH	HEIGHT	WEIGHT
	HIGHEST SCHOOL GRADE COMPLETED	OCCUPATION	INDUSTRY	GENERAL HEALTH	
NAME AND ADDRESS OF NEAREST RELATIVE (Other than Spouse) OR OF OTHER PERSON WHO WILL KNOW WHERE PATIENT CAN BE LOCATED:					

OB-1: OBSTETRICAL ADMINISTRATIVE RECORD

Instructions for Use

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

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

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

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

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

**Par. 3
(Cont.)**

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

**Par. 3
(Cont.)**

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

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

OB-2 Reproductive History

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

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

Card Name	Card Number	Rev. No.	Number of Records
OB-2: Four or Fewer Prior Pregnancies	0302	0	47,244
OB-2: More Than Four Prior Pregnancies with First Through Fourth Recorded	1302	0	9,000
OB-2: Fifth Through Eighth Prior Pregnancies	2302	0	9,040
OB-2: Ninth Through Twelfth Prior Pregnancies	3302	0	1,417
OB-2: Thirteenth Through Sixteenth Prior Pregnancies	4302	0	159
OB-2: Seventeenth Through Twentieth Prior Pregnancies	5302	0	15
OB-2: Twenty-first Through Twenty-fourth Prior Pregnancies	6302	0	2
OB-2: Twenty-fifth Through Twenty-sixth Prior Pregnancies	7302	0	1
	total for form		67,869

Data Items Referencing Form OB-2, Reproductive History

DATA ITEM ID	ITEM 34 F3401	CARD NUM	FROM TO	DATA ITEM NAME
185.....		0302	1	5 Card number (sequence, form type, form number, revision number)
186.....		0302	6	14 MINDB case number
187....0A-2		0302	15	16 Products of prior pregnancies, total number
188....0A-2		0302	17	18 Pregnancies, total number prior to study
189....0A-2	1	0302	19	20 Pregnancy termination date (yr); prior product, nth (n = 1-4)
190....0A-2	2	0302	21	22 Pregnancy termination date (yr); prior product, nth (n = 1-4)
191....0A-2	3	0302	23	24 Gestation (wks); prior product, nth (n = 1-4)
192....0A-2	5	0302	25	25 Liveborn; prior product, nth (n = 1-4)
193....0A-2	10	0302	26	26 Sex; prior product, nth (n = 1-4)
194....0A-2	11	0302	27	27 Delivery type; prior product, nth (n = 1-4)
195....0A-2	11	0302	28	29 Birthweight (lbs); prior product, nth (n = 1-4)
196....0A-2	11	0302	30	31 Birthweight (oz); prior product, nth (n = 1-4)
197....0A-2	12	0302	32	32 Age at death; prior product, nth (n = 1-4)
198....0A-2	1-12	0302	33	33 Birthplace; prior product, nth (n = 1-4)
199....0A-2		0302	34	78 Prior product, nth, repeat of columns 19-33 for n = 2,3,4
200.....		0302	79	80 Blank
201.....		1302	1	5 Card number (sequence, form type, form number, revision number)
202.....		1302	6	14 MINDB case number
203....0A-2		1302	15	16 Products of prior pregnancies, total number
204....0A-2		1302	17	18 Pregnancies, total number prior to study
205....0A-2	1	1302	19	20 Pregnancy termination date (yr); prior product, nth (n = 1-28)
206....0A-2	1	1302	21	22 Pregnancy termination date (yr); prior product, nth (n = 1-28)
207....0A-2	2	1302	23	24 Gestation (wks); prior product, nth (n = 1-28)
208....0A-2	3	1302	25	25 Liveborn; prior product, nth (n = 1-28)
209....0A-2	5	1302	26	26 Sex; prior product, nth (n = 1-28)
210....0A-2	10	1302	27	27 Delivery type; prior product, nth (n = 1-28)
211....0A-2	11	1302	28	29 Birthweight (lbs); prior product, nth (n = 1-28)
212....0A-2	11	1302	30	31 Birthweight (oz); prior product, nth (n = 1-28)
213....0A-2	12	1302	32	32 Age at death; prior product, nth (n = 1-28)
214....0A-2	12	1302	33	33 Birthplace; prior product, nth (n = 1-28)
215....0A-2	1	1302	34	78 Prior product, nth (n = 1-28), repeat of columns 19-33 for n = 2,3,4
216.....		1302	79	80 Blank
217....0A-2	1-12	2302	1	80 Prior product, nth (n = 1-28), repeat of card 1302 for n = 5 to 8
218....0A-2	1-12	3302	1	80 Prior product, nth (n = 1-28), repeat of card 1302 for n = 9 to 12
219....0A-2	1-12	4302	1	80 Prior product, nth (n = 1-28), repeat of card 1302 for n = 13 to 16
220....0A-2	1-12	5302	1	80 Prior product, nth (n = 1-28), repeat of card 1302 for n = 17 to 20
221....0A-2	1-12	6302	1	80 Prior product, nth (n = 1-28), repeat of card 1302 for n = 21 to 24
222....0A-2	1-12	7302	1	80 Prior product, nth (n = 1-28), repeat of card 1302 for n = 25 to 28
4979....VAR			39	Pregnancy, last prior; survival
4980....VAR			40	Pregnancy, last prior; birth weight
4981....VAR			44	45 Gravidity, pregnancies, total number of prior

Data Items Referencing Form NB-2, Reproductive History

DATA ITEM ID	ITEM JN #JN4	CARD NUM	FROM TO	DATA ITEM NAME
4982.....VAR	1-2		46	47 Parity, pregnancies, total number of prior non abortion of 20 wks gestation or greater
4983.....VAR	2		48	49 Deaths, total number of prior prenatal
4984.....VAR	2		50	51 Livebirths, total number of prior
5248.....VAR	11		388	388 Premature; births, total number prior to current pregnancy
5249.....VAR	2		389	389 Fetal deaths; [abortion] at less than 20 weeks gestation, total number prior to current pregnancy
5250.....VAR			390	390 Pregnancies, multiple, total number prior to current pregnancy
5251.....VAR	2		391	391 Stillbirths; deaths at 20 weeks gestation or greater; fetal death prior to current pregnancy
5252.....VAR	2		392	392 Deaths; neonatal and; stillbirths, total number prior to current pregnancy
5253.....VAR			394	395 Pregnancy, last prior; gestation (wks)

REPRODUCTIVE HISTORY

(Interviewer)

TAKEN BY

DATE (Mo-Da-Yr)

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

IF MORE THAN 5 PREGNANCIES, USE ANOTHER FORM.

Form Item Numbers Linked to Data Items on OM-2, Reproductive History

FORM	DATA ITEM ID	CARD NUM	FROM	DATA ITEM NAME
1-12	213...00-2	1302	32	32 Age at death; prior product, nth (n = 1-20)
1-12	197...00-2	0302	32	32 Age at death; prior product, nth (n = 1-4)
1-11	4081...00-2	VAR	44	45 Gravidity, pregnancies, total number of prior pregnancies, multiple, total number prior to current pregnancy
1-12	5250...00-2	0302	390	390 Pregnancies, total number prior to study
1-12	184...00-2	0302	17	18 Pregnancies, total number prior to study
1-12	204...00-2	1302	17	18 Pregnancies, total number prior to study
1-12	4980...00-2	VAR	40	43 Pregnancy, last prior; birth weight
1-12	5253...00-2	VAR	394	395 Pregnancy, last prior; gestation (wks)
1-12	4979...00-2	VAR	39	39 Pregnancy, last prior; survival
1-12	187...00-2	0302	15	16 Products of prior pregnancies, total number
1-12	203...00-2	1302	15	16 Products of prior pregnancies, total number
1-12	205...00-2	1367	19	20 Pregnancy termination date (yr); prior product, nth (n = 1-20)
1-12	189...00-2	0302	19	20 Pregnancy termination date (yr); prior product, nth (n = 1-4)
1-12	206...00-2	1302	21	22 Pregnancy termination date (yr); prior product, nth (n = 1-20)
1-12	196...00-2	0302	21	22 Pregnancy termination date (yr); prior product, nth (n = 1-4)
1-12	215...00-2	1302	34	70 Prior product, nth (n = 1-20), repeat of columns 19-33 for n = 2,3,4
1-2	6982...00-2	VAR	46	67 Parity, pregnancies, total number of prior non abortion of 20 wks gestation or greater
1-2	5253...00-2	VAR	394	395 Pregnancy, last prior; gestation (wks)
1-3	4970...00-2	VAR	39	39 Pregnancy, last prior; survival
1-11	4980...00-2	VAR	40	43 Pregnancy, last prior; birth weight
1-12	210...00-2	4302	1	40 Prior product, nth (n = 1-20), repeat of card 1302 for n = 13 to 16
1-12	220...00-2	5302	1	40 Prior product, nth (n = 1-20), repeat of card 1302 for n = 17 to 20
1-12	221...00-2	6302	1	40 Prior product, nth (n = 1-20), repeat of card 1302 for n = 21 to 24
1-12	222...00-2	7302	1	40 Prior product, nth (n = 1-20), repeat of card 1302 for n = 25 to 28
1-12	217...00-2	2302	1	40 Prior product, nth (n = 1-20), repeat of card 1302 for n = 5 to 8
1-12	218...00-2	3302	1	40 Prior product, nth (n = 1-20), repeat of card 1302 for n = 9 to 12
1-12	199...00-2	0302	34	70 Prior product, nth, repeat of columns 19-33 for n = 2,3,4
2	6993...00-2	VAR	40	49 Deaths, total number of prior prenatal
2	5257...00-2	VAR	392	393 Deaths, neonatal and; stillbirths, total number prior to current pregnancy
2	3240...00-2	VAR	309	309 Fetal deaths (abortion) at less than 20 weeks gestation, total
2	207...00-2	1302	23	24 Gestation (wks); prior product, nth (n = 1-20)
2	191...00-2	0302	23	24 Gestation (wks); prior product, nth (n = 1-4)
2	4084...00-2	VAR	50	51 Livebirths, total number of prior
2	5251...00-2	VAR	391	391 Stillbirths; deaths at 20 weeks gestation or greater; total deaths prior to current pregnancy
3	208...00-2	1302	25	25 Liveborn; prior product, nth (n = 1-20)
3	197...00-2	0302	25	25 Liveborn; prior product, nth (n = 1-4)
5	209...00-2	1302	26	26 Sex; prior product, nth (n = 1-20)

Form Item Numbers Linked to Page Items on NH-2, Reproductive History

ITEM NO	ITEM NAME	CARD SUM	FROM	TO	DATA ITEM NAME
9	193...	0302	26	26	SEX prior product, nth (n = 1-4)
10	210...	0302	27	27	Delivery types prior product, nth (n = 1-20)
10	194...	0302	27	27	Delivery types prior product, nth (n = 1-4)
11	211...	0302	28	29	Birthweight (lbs) prior product, nth (n = 1-20)
11	195...	0302	28	29	Birthweight (lbs) prior product, nth (n = 1-4)
11	212...	0302	30	31	Birthweight (oz) prior product, nth (n = 1-20)
11	196...	0302	30	31	Birthweight (oz) prior product, nth (n = 1-4)
11	5240...	VAR	100	300	Prematures births, total number prior to current pregnancy
12	214...	0302	33	33	Birthplaces prior product, nth (n = 1-20)
12	198...	0302	33	33	Birthplaces prior product, nth (n = 1-4)

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

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

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

DEFINITION OF CODES (Continued)

FORM OB-2
Card 0302-1302

FIELD

CARD
COLUMN

7. FIRST PRODUCT (continued)

19-33

Weeks of Gestation (cols. 23-24)

Item 2

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

Liveborn (col. 25)

Item 3

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

Sex (col. 26)

Item 5

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

Type of Delivery (col. 27)

Item 10

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

Birthweight (cols. 28-31)

Item 11

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

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

Child's Age at Death (col. 32)

Item 16

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

DEFINITION OF CODES (Continued)

FORM OB-2
Card 0302-1302

FIELD

CARD
COLUMN

7. FIRST PRODUCT (continued)

19-33

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

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

Place of Birth (col. 33)

Item 12

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

8. SECOND PRODUCT

34-48

Code: Same as in Field 7

9. THIRD PRODUCT

49-63

Code: Same as in Field 7

10. FOURTH PRODUCT

64-78

Code: Same as in Field 7

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

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

REPRODUCTIVE HISTORY
FORM OB-2

ITEM #	03 FORM #	TOTAL NUMBER OF PRODUCTS	TOTAL NUMBER OF PREVIOUS	FIRST PRODUCT				SECOND PRODUCT				THIRD PRODUCT				FOURTH PRODUCT				
				DATE	DAY	MONTH	YEAR	DATE	DAY	MONTH	YEAR	DATE	DAY	MONTH	YEAR	DATE	DAY	MONTH	YEAR	
1	2 35	11	1	2 35	11	1	2 35	11	1	2 35	11	1	2 35	11	1	2 35	11	1	2 35	11
2																				
3																				
4																				
5																				
6																				
7																				
8																				
9																				

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

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

Instructions for Interviewer

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

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

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

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

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

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

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

Twin Pregnancies:

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

Item #1. "Date of Termination of Pregnancy"

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

Item #2. "Gestation"

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

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

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

Item #3. "Liveborn"

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

Item #4. "D & C"

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

Item #5. "Sex"

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

Item #6. "Name of Child"

For all children born alive, record the first name.

Item #7. "Complications of Pregnancy"

The following types of complications should be noted:

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

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

Item #8. "Induced Labor"

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

Item #9. "Duration of Labor"

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

Item #10. "Type of Delivery"

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

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

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

Item #11. "Birth Weight"

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

Item #12. "Place of Birth"

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

Item #13. "Abnormalities at Birth"

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

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

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

Item #14. "Name of Father"

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

Item #15. "Race of Father"

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

Item #16. "Date of Death"

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

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

Item #17. "Place of Death"

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

Item #18. "Cause of Death"

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

REPRODUCTIVE HISTORY
(Interviewer)*yellow**revised by 1-61 rev.*

TAKEN BY

DATE (Mo-Da-Yr)

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

IF MORE THAN 5 PREGNANCIES, USE ANOTHER FORM.

OB-3 History Since Last Menstrual Period

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

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

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

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

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

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

DATA ITEM TO	ITEM 34 FROM	CARD MM	FROM TO	DATA ITEM NAME
255...OB-3	43	0303	61	64 Smoking history, number smoked now
266...OB-3	44	0303	65	65 Physician visited
267...VAR	43	0303	66	66 Blank
4985...VAR	43		57	53 Smoking history: cigarettes per day now, number
4987...VAR	4		54	56 Prenatal visits, total number
4988...VAR	30		57	58 Smoking history: years smoked at registration
5197...VAR	25		105	305 (Menorrhage): vaginal bleeding by trimester of report
5198...VAR	15		306	306 Fever by trimester of report
5199...VAR	10		307	307 Vomiting by trimester of report
5200...VAR	10		308	308 Jaundice by trimester of report
5201...VAR	24		309	309 Edema hands or face by trimester of report
5202...VAR	27		310	310 Convulsions by trimester of report

COLD-00000
REV. 11-69
3

HISTORY SINCE LAST MENSTRUAL PERIOD

(Interviewer)

1. PATIENT IDENTIFICATION

2. HISTORY TAKEN BY

3. DATE

4. NEXT SCHEDULED VISIT

No. Day Year No. Day Year

**CHECK
APPROPRIATE
COLUMN**

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

	NO 0	YES 1
6. FELT SICK IN ANY WAY	X X	X X
7. HEADACHE		
8. VISUAL DISTURBANCE		
9. WEARINESS, MUNDENESS, DIZZINESS		
10. VOMITING		
11. PAIN: ABDOMEN, PELVIS, BACK		
12. URINARY URGENCY, DYSURIA		
13. DIARRHEA		
14. COLD, SORE THROAT, COUGH		
15. FEVER		
16. EYE INFLAMMATION		
17. RASH OR SKIN TROUBLE		
18. JAUNDICE		
19. SWOLLEN GLANDS		
20. COLD SORES		
21. SORES OR ABCESSSES TOOTH		
22. CARACHE		
23. SWELLING OF FEET OR LEGS		
24. SWELLING OF HANDS OR FACE		
25. VAGINAL BLEEDING		
26. FAINTING		
27. CONVULSIONS		
28. ACCIDENT, POISON, INJURY		
29. OPERATION		
30. RADIATION, X-RAY		
31. AIR TRAVEL		
32. INJECTION, VACCINATION		
33. INFECTIOUS DISEASE IN HOME		
34. SICK PET IN HOME		
35. WORKS OUTSIDE HOME		
36. INTERCOURSE FREQUENCY (Total number of times during last month)		

37. EVER SMOKE <input type="checkbox"/> YES <input type="checkbox"/> NO OR	38. SMOKE AT LEAST 5 PAGES <input type="checkbox"/> YES <input type="checkbox"/> NO OR	39. TOTAL YEARS SMOKED
40. AGE STARTED	41. AGE STOPPED	42. LARGEST REGULAR DAILY AMOUNT
43. NO. OF CIGARETTES SMOKE PER DAY NOW		
44. PHYSICIAN VISITED (due to condition) <input type="checkbox"/> NO <input type="checkbox"/> YES		
45. NAME OF PHYSICIAN		
46. ADDRESS		

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

(REV. 11-69)

OB-3

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

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

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

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

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

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

* Item numbers refer to Form dated 11/59

DEFINITION OF CODES (Continued)

FORM OB-3
Card 0303

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

DEFINITION OF CODES (Continued)

FORM OB-3
Card 0303

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

DEFINITION OF CODES (Continued)

FORM OB-3
Card 0303

FIELD

CARD
COLUMN

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

DEFINITION OF CODES (Continued)

FORM OB-3
Card 0303

FIELD

CARD
COLUMN

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

[illegible]

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

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

Instructions for Interviewer

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

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

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

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

or

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

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

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

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

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

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

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Item #6 "Felt Sick in Any Way"

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

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

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

Item #15 "Fever"

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

Item #23 "Swelling of Feet or Legs"

Item #24 "Swelling of Hands or Face"

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

Item #25 "Vaginal Bleeding"

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

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

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

Item #28 "Accident, Poison, Injury"

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

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

HISTORY SINCE LAST MENSTRUAL PERIOD (Con't.)

carefully.

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

Item #29 "Operation"

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

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

Item #30 "Radiation, X-Ray"

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

Item #31 "Air Travel"

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

Item #32 "Injection, Vaccination"

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

Item #33 "Infectious Disease in Home"

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

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

Item #34 "Sick Pet in Home"

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

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record contact with reptiles, amphibians, or fish.

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

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

Item #35 "Works Outside Home"

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

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

Item #36 "Intercourse Frequency"

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

Items #37 through #43 "Smoking History"

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

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

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

Items #44 and #45 "Physician Visited"

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

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

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HISTORY SINCE LAST
MENSTRUAL PERIOD

(Interviewer)

OB-3

supplemented by 11-59 rev.

HISTORY TAKEN BY

DATE (Mo-Day-Yr)

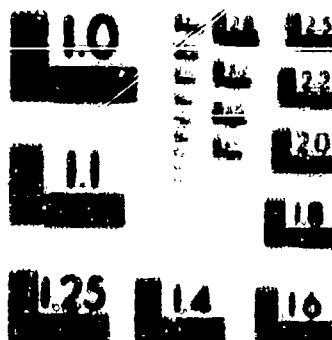
DATE NEXT SCHEDULED VISIT

	CHECK APPROPRIATE COLUMN	
	NO	YES
1. FELT SICK IN ANY WAY		
2. HEADACHE		
3. VISUAL DISTURBANCE		
4. WEAKNESS, HUMMING, DIZZINESS		
5. NAUSEA OR VOMITING		
6. PAIN, ABDOMEN, PELVIS, BACK		
7. URINARY URGENCY, DYSURIA		
8. DIARRHEA		
9. COLD, SORE THROAT, COUGH		
10. FEVER		
11. EYE INFLAMMATION		
12. RASH OR SKIN TROUBLE		
13. JAUNDICE		
14. SWOLLEN GLANDS		
15. COLD SORES		
16. SORES OR ABSCESSSED TEETH		
17. SARACHE		
18. SWELLING OF FEET OR LEGS		
19. SWELLING OF HANDS OR FACE		
20. EDEMA		
21. FANTING		
22. CONVULSIONS		
23. ACCIDENT, POISON, INJURY		
24. OPERATION		
25. RADIATION, X-RAY		
26. AIR TRAVEL		
27. INJECTION, VACCINATION		
28. SICKNESS IN HOME		
29. PET IN HOME, PET SICK		
30. VISITED OUTSIDE HOME		
31. INTERCOURSE FREQUENCY	WEEKLY	
32. EVER SEXED	33. AGE STARTED	34. AGE STOPPED
<input type="checkbox"/> Yes <input type="checkbox"/> No		
35. SEXUAL YEARS	36. SEXUAL PLEASURE	37. SEXUAL SATISFACTION
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. NO. OF CIGARETTES SMOKED PER DAY NOW		
PHYSICIAN VISITED (Name & address)		
39. NAME		
40. ADDRESS		

LIST BY NUMBER AND DESCRIBE ANY CONDITION NOTED
PRESENT AT LEFT WITH APPROXIMATE DATE OF ONSET,
DURATION AND SEVERITYDepartment of Health, Education and Welfare
Public Health Service

John. Top. B. J.

FD-302



RESOLUTION TEST CHART

U.S. GOVERNMENT PRINTING OFFICE: 1963 O 450-000
 10-70801-1
 (When used in conjunction with the resolution test chart, the resolution test chart should be used in conjunction with the resolution test chart.)

CONTINUED ON NEXT PAGE