



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

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

**Part D: Family and Socioeconomic
History**

December 1983

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

 **Battelle**
Pacific Northwest Laboratories

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

Part D. Family and Socioeconomic History

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INTRODUCTION

DOCUMENT OBJECTIVES AND READER ASSUMPTIONS

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

DOCUMENT STRUCTURE

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

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

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

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

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

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

MASTER FILE ORGANIZATION AND REVISION OF FORMS

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

Forms

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

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

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

In assigning numbers to forms and their revisions, designers of the study followed a plan: prenatal records, history, and summaries of the prenatal period received numbers 1 through 15; when revised, these forms were assigned numbers in the forties. Labor and hospital records appeared on the 30 series of forms. When these forms were revised, they were assigned numbers in the fifties. Some OB data in the master file were abstracted by 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 SE-1 replaces part of FHH-1 and FHH-3; FHH-2, FHH-4 and parts of FHH-1 and FHH-3 were replaced by

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

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

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

Master File Card Number and NINDB Case Number Rationale

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

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

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

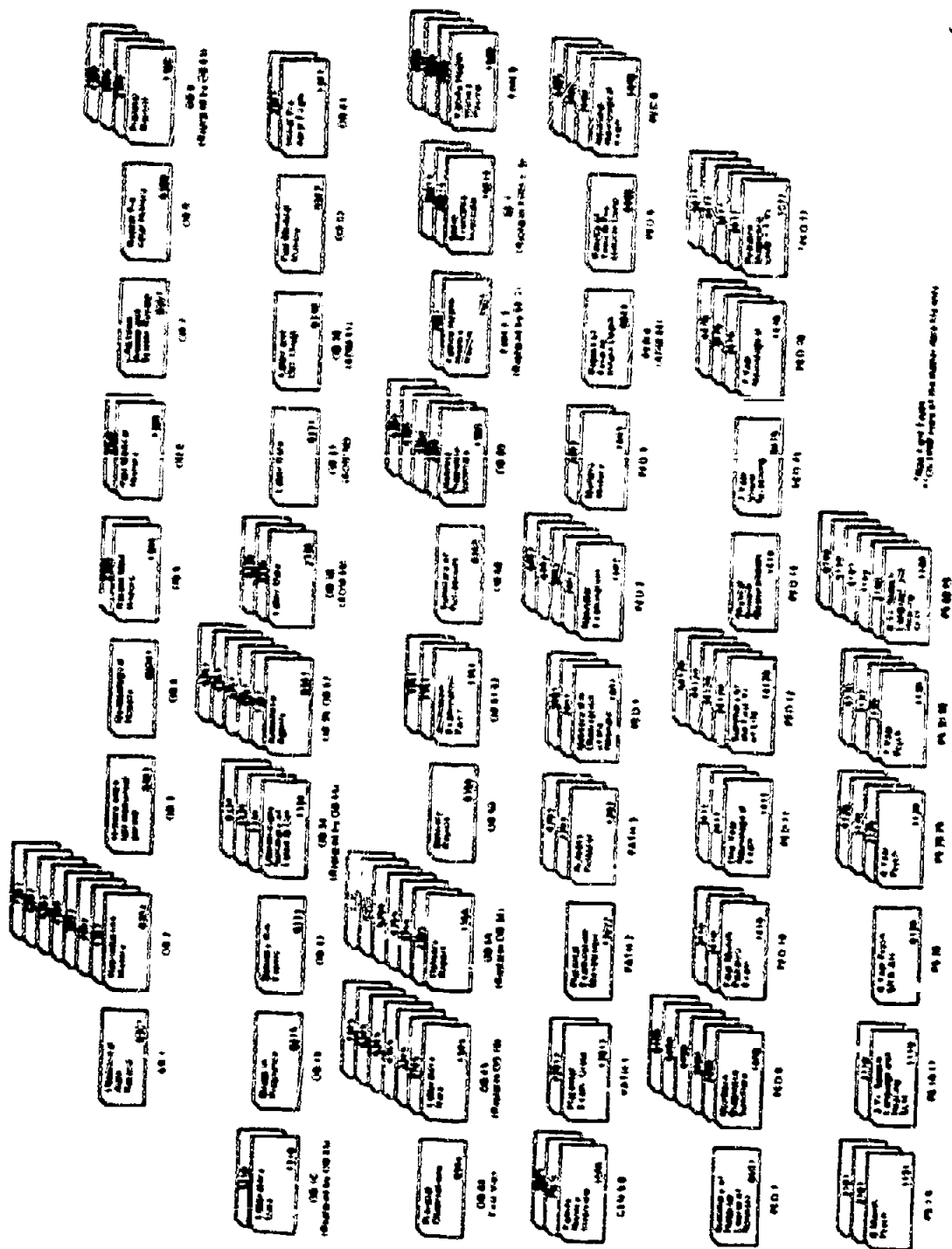


FIGURE 1. Cards on the Master Data File

TABLE 1. Derivation of Master File Card Number and NINDB Case Number.

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

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

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

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

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

selection. A "1" was used for patients selected for the central core study; a "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
21 - <u>New York, New York</u> Columbia University College of Physicians & Surgeons Columbia-Presbyterian Medical Center	66 - <u>Philadelphia, Pennsylvania</u> University of Pennsylvania Pennsylvania Hospital The Children's Hospital of Philadelphia
37 - <u>Baltimore, Maryland</u> The Johns Hopkins University School of Medicine The Johns Hopkins Hospital	71 - <u>Providence, Rhode Island</u> Brown University Child Study Center
45 - <u>Richmond, Virginia</u> Virginia Commonwealth University Medical College of Virginia	82 - <u>Memphis, Tennessee</u> University of Tennessee College of Medicine Gallier Hospital

Data Item Identification and Naming

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

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

850..08-14	an item from 08-14; on the master file
3650.PATH-3	an item from PATH-3; on the master file
5223....VAR	an item on the variable file
6340...W-10	an item on work file 10, Rupture of Membranes

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

We categorized each data item according to the person to whom the data refer, by the 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, "abruption; 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 "abruption; placenta, degree" will not be found in the "D" section.
- If medical terminology or usage has changed since the study was conducted, modern terms may be included and will be enclosed in brackets. Thus "mongolism; [Down's syndrome]" will appear under both the "M" and "D" portions of Volume VI.
- If measurement units are associated with a data item name, they are enclosed in parentheses and placed at the end of the name as in "Birthdate (yr)."
- The categories (person, time and subject) are appended to the right of the data item name.

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

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

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

Tables of Data Items: Column Headings

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

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

ASSOCIATED DOCUMENTS

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

TABLE 3. Abbreviations for Person, Time and Subject Categories

<u>Person</u>	<u>Time</u>	<u>Subject</u>
Mother	General	Administrative
Father	Preconception	Anesthesia
Placenta	Registration	Clin. Impression
Fetus	Prenatal	Clinical Lab
Child	Admission	Current Pregnancy
M Surrogate	Intrapartum	Environ. Exposure
Family	Delivery	Events
Sibship	Post Partum	Hearing
	Neonatal	Hospitalizations
	Four month	Language
	Eight month	Linkage
	One year	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.)**

<u>TIME</u>	<u>DEFINITION</u>
General	Data with no pertinent time period or data pertaining to more than one time period.
Preconception	Data pertaining to the period prior to conception of the study pregnancy.
Registration	Data collected at the time of study mother's registration in the study.
Prenatal	Data pertaining to the period from conception of the study pregnancy to delivery of the study child.
Admission	Data collected at the time of study mother's admission to the hospital for delivery of the study child.
Intrapartum	Data pertaining to the period from admission for delivery or onset of labor to delivery of the study child.
Delivery	Data pertaining to the time period during which delivery of the study child occurred.
Post Partum	Data (pertaining to the study mother) collected during the <u>period immediately following</u> 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.

CONTENTS

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

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

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

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

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

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

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

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

Ward 10000 Corresponding Page PHM-1, Family Health History, Pt. 1

DATA
1924
10

CARD
1000
10

PAGE 30

DATA FROM NAME

2224.....		1901	1	5 Card number (sequence, form type, form number, revision number)
2225.....		1901	6	14 MTHM case number
2226..PHM-1	7	1901	12	16 Form PHM-1 date (yr)
2227..PHM-1	7	1901	17	18 Form PHM-1 date (day)
2228..PHM-1	7	1901	18	20 Form PHM-1 date (yr)
2229..PHM-1	4	1901	21	21 MTHM case
2230..PHM-1	11	1901	22	22 MTHM case community size
2231..PHM-1	17-13	1901	23	24 Education, grade completed, highest
2232..PHM-1		1901	24	25 Education, currently enrolled in school
2233..PHM-1	10	1901	25	26 Employment status
2234..PHM-1	21-24	1901	27	27 Marital history: marriages, total number
2235..PHM-1	24	1901	28	28 Father of baby or husband, present
2236..PHM-1	28	1901	29	30 Ater father of baby or husband
2237..PHM-1		1901	31	32 Education, grade completed, highest; father of baby or husband
2238..PHM-1		1901	33	33 Education, currently enrolled in school; father of baby or husband
2239..PHM-1	30	1901	34	34 Employment status; father of baby or husband
2240.....		2401	1	5 Card number (sequence, form type, form number, revision number)
2241.....		2401	6	14 MTHM case number
2242..PHM-1		2401	15	15 Interview before/better delivery
2243..PHM-1		2401	16	16 Interview, place conducted
2244..PHM-1		2401	17	17 Language used in interview
2245..PHM-1	5	2401	18	18 Race
2246..PHM-1	5	2401	19	20 MTHM case
2247..PHM-1	5	2401	21	22 Entered USA, date (yr)
2248..PHM-1	5	2401	23	24 Entered USA, date (yr)
2249..PHM-1	10	2401	24	25 Occupation
2250..PHM-1	10	2401	27	26 Employment, current or most recent job, hours worked per week
2251..PHM-1	10	2401	28	27 Employment, last worked, date (yr)
2252..PHM-1	10	2401	31	32 Employment, last worked, date (yr)
2253..PHM-1	10	2401	33	34 Employment, current or most recent job, time (hrs)
2254..PHM-1	10	2401	35	36 Employment, current or most recent job, time (hrs)
2255..PHM-1	10	2401	37	37 Employment, current or most recent job, time (hrs)
2256..PHM-1	10	2401	38	38 Employment, current or most recent job, time (hrs)
2257..PHM-1	10-21	2401	39	39 Employment, occupation, other kinds of jobs, number
2258..PHM-1	22	2401	40	40 Marital status
2259..PHM-1	24	2401	41	41 Marital history: marriage, most recent, date (yr)
2260..PHM-1	24	2401	42	42 Marital history: marriage, most recent, date (yr)
2261..PHM-1	30	2401	43	43 Occupation; father of baby or husband
2262..PHM-1	36	2401	44	44 Employment, current or most recent job, father of baby or husband, time (hrs)
2263..PHM-1	30	2401	45	45 Employment, current or most recent job, father of baby or husband, time (hrs)
2264..PHM-1	30	2401	46	46 Employment, current or most recent job, father of baby or husband, time (hrs)
2265..PHM-1	30	2401	47	47 Employment, current or most recent job, father of baby or husband, time (hrs)
2266..PHM-1	30	2401	48	48 Employment, current or most recent job, father of baby or husband, time (hrs)
2267..PHM-1	30	2401	49	49 Employment, current or most recent job, father of baby or husband, time (hrs)
2268..PHM-1	30	2401	50	50 Employment, current or most recent job, father of baby or husband, time (hrs)

Don't miss references from FHM-1, Family Health History, Dr. I

DATA 1924 10	FORM 34 P.34	CARD NUM	P.34 FD	DATA FROM NAME
2277..PHM-1	30	2501	51	52 Employment; unemployed since last job, father of baby; or husband, wife (vrs)
2278..PHM-1	30	2501	51	56 Employment; unemployed since last job, father of baby; or husband, wife (vrs)
2279..PHM-1	30	2501	55	55 Employment; unemployed since last job, father of baby; or husband, wife (vrs)
2280..PHM-1	32	2501	54	54 Employment, period shown for number of jobs, father of baby or husband
2281..PHM-1	32	2501	57	57 Employment, number of jobs during period, father of baby or husband
2282..PHM-1	33	2501	58	60 Employment; unemployment during period, time
2283..PHM-1	34	2501	61	61 Employment, same rate as father identified
2284..PHM-1	34	2501	62	62 Employment; occupation, same rate as father
2285..PHM-1	6	2501	64	64 Household arrangement; housing type
2286..PHM-1	25	2501	65	65 Children under 18 vrs supported, number
2287..PHM-1	26	2501	67	67 Language spoken
2288..PHM-1	26	2501	68	68 Blank
5176....VAR	18	2501	240	240 Work status, currently employment status, working/not working
5175....VAR	17-13	2501	271	271 Education (vrs)
5176....VAR		2501	272	272 Education, categorized
5181....VAR	16	2501	282	282 Employer last, type (employer)
5182....VAR	11	2501	284	284 Workplace
5183....VAR	4	2501	285	285 Religion
5202....VAR	14	2501	344	344 Occupation
5203....VAR		2501	345	345 Occupation, grouped; never, wife or blue collar, self-employed, unknown
5206....VAR		2501	346	346 Income per capita
5235....VAR		2501	371	371 Occupation; father or next of kin; or household, or spouse at time she left school
5236....VAR		2501	372	372 Occupation; father or spouse, categorized
5237....VAR	25	2501	373	373 Father of baby or husband; living or none
5238....VAR	27	2501	374	374 Age of father of baby or husband (vrs)
5239....VAR		2501	376	376 Age of father of baby or husband (vrs)
5240....VAR	30	2501	377	377 Employment status; father of baby or husband
5241....VAR	20	2501	378	378 Education; father of baby or husband (vrs)
5242....VAR		2501	380	380 Education; father of baby or husband, classified
5243....VAR	24	2501	381	381 Father of baby or husband present in home
5246....VAR	34	2501	386	386 Occupation; father of baby or husband
5247....VAR		2501	387	387 Occupation, grouped; never, father of baby or husband, blue collar, self-employed, none, unknown
5307....VAR		2501	403	403 Religion

How Items Relating to PHM-3, Family Health History, etc. 1

DATA ID	TYPE JM PJO	CAMP END	PAGE TD	DATA TYPE NAME
2240--PHM-1	5	1901	35	16 household arrangements, number of rooms
2241--PHM-1		1901	37	16 household arrangements, total number of persons
2242--PHM-1		1901	38	40 household arrangements, housing density, number of persons per room
2243--PHM-1		1901	41	42 household arrangements, adults, 16 and over, number
2244--PHM-1	10	1901	43	44 income, rate
2245--PHM-1	10	1901	45	45 income, unit of time for which reported
2246--PHM-1	10	1901	46	46 income, gross or net
2247--PHM-1	20	1901	47	48 income, number of persons supported
2248--PHM-1	22	1901	48	49 income, regularity for year prior to onset of pregnancy
2249--PHM-1		1901	50	50 income, source, father
2250--PHM-1		1901	51	51 income, source, friends or relatives
2251--PHM-1		1901	52	52 income, source, public or private
2252--PHM-1		1901	53	53 income, source
5177--VAB	10	239	274	274 income, to nearest thousand dollars
5178--VAB		275	275	275 income, categorized
5179--VAB	5-7	276	277	277 housing density
5230--VAB	20	360	361	361 persons supported, number
5231--VAB		362	362	362 persons supported, classified

FAMILY HEALTH HISTORY

PART I

7. Date _____ 8. Interviewer _____	2. Patient Identification _____
	4. Religion ☐ P ☐ RC ☐ J ☐ Other (Specify) _____
	3. Race: ☐ W ☐ N ☐ O. 6. Place _____ ☐ Other (Specify) _____

A. BIRTHPLACE AND EDUCATION

11. Place of Birth

INSIDE CONTINENTAL U.S.

1. **CHOOSE ONE**
☐ Urban (2500 pop. and over)
☐ Rural Non-Farm (less than 2500 pop.)
☐ Rural Farm

OUTSIDE CONTINENTAL U.S.

1. **CHOOSE ONE**
☐ Urban (2500 pop. and over)
☐ Rural Non-Farm (less than 2500 pop.)
☐ Rural Farm

2. When did you first come to the U.S.? _____

3. Have you lived in this country ever since?
☐ Yes
☐ No: How long were you away? _____

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

13. How old were you then? _____

(If less than 12th grade, ask)

1. How did it happen that you didn't go on?
☐ Went to work
☐ Got married
☐ Got pregnant
☐ Tired of school
☐ Ungraded class
☐ Other (Specify) _____

(If 12th grade, ask)

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

FAMILY HEALTH HISTORY

PART I (Continued)

14. Patient Identification

17-18.

B. CURRENT EMPLOYMENT

19. Do you have a job now?

☒ Yes

a. What kind of work do you do? _____

b. Type of business _____

c. Number of hours worked:
_____ hours per ☐ day ☐ week ☐ month

d. How long have you had this job? _____

☐ No

☐ Never worked, housewife only.

e. What was your previous occupation? _____

f. Type of business _____

g. Number of hours worked:
_____ hours per ☐ day ☐ week ☐ month

h. When did you quit? _____
Date for (19____)

i. How long did you have that job? _____

FAMILY HEALTH HISTORY

PART I (Continued)

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

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

C. MARITAL HISTORY

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

☒ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Single

24. Have you ever been married (before)? ☐ No ☒ Yes

25. Marriages

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

D. HUSBAND

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

☐ Yes ☒ No [Skip to question 28]

27. What is his name? _____

28. Date of birth? _____

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

FAMILY HEALTH HISTORY

PART I (Continued)

29. Patient Identification

30. Is he employed at present?

☒ Yes

a. What kind of work does he do? _____

b. Type of business _____

c. How long has he had this job? _____

☐ No

d. How long has he been out of work? _____

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

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

g. Type of business _____

h. How long did he have that job? _____

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

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

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

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

34. Who is the main wage-earner (breadwinner) in your household? _____

[If main wage-earner is other than husband or baby's father, ask]

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

HISTORIA DE LA SALUD DE LA FAMILIA

PART E

7. Fecha _____ 8. Entrevistador _____		1. Identificación de la persona
		4. Religión ☐ P ☐ RC ☐ J ☐ Otro (Especifique) _____
		5. Raza ☐ S ☐ N ☐ O. 6. Tel. _____ ☐ Otro (Especifique) _____
A. SITIO DE NACIMIENTO Y EDUCACION		
11. Sitio de Nacimiento		

DENTRO DE E.U. CONTINENTALES

a. _____
CIUDAD O CENSO CENSO

b. MARQUE UNA

☐ Urbana (más de 2,500 habitantes)

☐ Rural Sin Finca (menos de 2,500 habitantes)

☐ Finca Rural

FUERA DE E.U. CONTINENTALES

c. _____
CIUDAD CENSO

d. MARQUE UNA

☐ Urbana (más de 2,500 habitantes)

☐ Rural sin Finca (menos de 2,500 habitantes)

☐ Finca Rural

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

_____ años _____ años

f. ¿Ha vivido en este país desde entonces?

☐ Si

☐ No ¿Cuánto tiempo estuvo fuera?

_____ años _____ años

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

13. ¿Qué edad tenía entonces? _____

(Si menor del 12 mo. grado, pregunte)

a. ¿Qué pasó que usted no siguió?

☐ Se fue a trabajar

☐ Se casó

☐ Quedó embarazada

☐ Se cansó de la escuela

☐ No completó la clase

☐ Otro (Especifique) _____

(Si grado 12 mo., pregunte)

d. ¿Estudió algo más después de eso?

☐ No

☐ Si, colegio y/o escuela profesional

☐ Si, todos los otros

HISTORIA DE LA SALUD DE LA FAMILIA
PARTES I (Cont.)

15.10.

B. HISTORIAL DE EMPLEO DE LA EMBARAZADA

19. ¿Está trabajando actualmente?

☐ **Si**

a. ¿Qué clase trabajo hace? _____

b. Tipo de negocio _____

c. Número de horas trabajadas:
_____ horas por ☐ día ☐ semana ☐ mes

d. ¿Cuánto tiempo hace que tiene este trabajo? _____

☐ **No**

☐ Nunca trabajó, una de esas _____
☐ **Si**

a. ¿Cuál era su ocupación anterior? _____

b. Tipo de negocio _____

c. Número de horas trabajadas:
_____ horas por ☐ día ☐ semana ☐ mes

d. ¿Cuándo dejó de trabajar? _____

e. ¿Cuánto tiempo tuvo ese empleo? _____

HISTORIA DE LA SALUD DE LA FAMILIA

PART E I (Com.)

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

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

C. HISTORIA MARITAL

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

☐ Casado ☐ Separada ☐ Divorciada ☐ Viuda ☐ Soltera

23. ¿Estuvo usted casado (matrimonios)? ☐ No ☐ Si

24. Matrimonios:

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

D. ESPOSO

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

☐ Si ☐ No [Si no a la pregunta 37]

26. ¿Cuál es su nombre?

27. ¿En qué fecha nació?

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

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

30. ¿Está empleando actualmente?

☐ **Si**

a. ¿Qué clase de trabajo hace él? _____

b. Tipo de negocio _____

c. ¿Cuánto tiempo hace que tiene este trabajo? _____

☐ **No**

4. ¿Cuánto tiempo ha estado sin trabajo? _____

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

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

g. Tipo de negocio _____

h. ¿Cuánto tiempo estuvo en ese empleo? _____

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

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

32. ¿Cada cuánto tiempo ha estado él en los últimos 5 años? _____

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

34. ¿Quién lo mantiene en casa? _____

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

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

DE LAS GRACIAS A LA ENSEÑANZA POR SU COOPERACIÓN. OFELE Y EXPLIQUE LA HOJA DE TRABAJO, ESPECIAL-
MENTE LA SECCIÓN DEL PADRE DEL NIÑO, QUE NO ES EL ESPOSO.

CITA PARA SEGUNDA ENTREVISTA

FAMILY HEALTH HISTORY

PART III (Continued)

G. HOUSING AND PLANS TO MOVE

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

H. INCOME

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

_____ per week _____ per month _____ per year

INSERT INCOME
CODE HERE

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

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

1. Identificación de la persona

2. Fecha _____ 2. Entrevistado _____

C. SU VIDA

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

5. ¿Cuántos años tiene su cónyuge? _____ (Se cuentan las personas, parientes o amigos de hecho)

6. ¿Cuántos niños (hijos o nietos) viven en su casa, están casados? _____

7. ¿Usted se dijo la última vez que tuvo _____ años? ¿Y a todos los años? _____

☐ No ☐ Sí; ¿Cuántos años con usted? _____

8. ¿Hay alguna otra persona viviendo con usted? ☐ No ☐ Sí; ¿Cuántos? _____

P. TAREAS DOMESTICAS

Q. ALOJAMIENTO Y PLANES DE EMIGRANZA

16. ¿Cree usted que su caso es bastante grande para su familia? ☐ No ☐ Si
[2. es "Si"]
17. ¿Cree que será bastante grande para usted después que nazca el niño? ☐ No ☐ Si
18. ¿Puede usted manejar? ☐ No ☐ Si ☐ No Si
[3. es "Si"]
19. ¿Cuándo piensa manejar? _____
20. ¿Puede darme a dónde se va mejor? _____

W. HIGGINS

19. ¿Habría más riesgo algunos problemas físicos con relación a sus reuniones normales como embarazada. Píensese acerca del tiempo más o menos cuando usted queda embarazada. Podría decirnos cuánto más o menos cre el ingreso de la familia para ese tiempo?
[Díble a la embarazada la tarjeta de registro]
- _____ por semana _____ por mes _____ por año
- PONGA AQUÍ
CLAVE DE
INGRESOS
20. ¿Cuantas personas vivían de esta? _____
21. ¿Cuantas personas de esta familia eran niños menores de 6 años? _____
22. ¿Cuánto más _____ (ingreso) regularmente durante el año antes de usted quedar embarazada e había con niños y niñas durante ese año?
☐ Ingreso $\frac{1}{2}$ ☐ Igual y bajó [Pregunte las temporadas y circunstancias la variación del ingreso.] _____
23. ¿Hubo alg. _____ de ingreso durante ese año? [Pregunte sobre compensación por desempleo, subsidios públicos, etc.]
☐ No ☐ Sí: ¿Cuan a cuánto ascendía? _____
24. ¿Qué hay del presente? ¿Están (no menos más o menos como el año pasado: ¿ha habido algunos cambios?
☐ Casi igual ☐ Cambio [Pregunte por el ingreso actual] _____
25. En resumen, ¿cómo usted que actualmente está bastante bien de economía, tiene actualmente lo suficiente para vivir o está pasando trabajo?
☐ Bastante bien ☐ Escasamente lo suficiente ☐ Pasando trabajo
26. Además del inglés, ¿habla usted alguna otra idioma en su casa?
☐ No, inglés solamente
☐ Sí, inglés y otro idioma(s) [especificar] _____
☐ Sí, otro idioma(s) [especificar] _____

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

Form Item	DATA Item	CARD NUMBER	FORM NO	DATA ITEM NAME
1720	DATA			
1721	TYPE			
1722	IN			
2236..FHM-1	1501	20	30	Age: father of baby or husband
5239.....VAR		376	376	Age: father of baby or husband (coded)
5176.....VAR		212	272	Education, currently
2232..FHM-1	1501	24	25	Education, currently enrolled in school
2233..FHM-1	1501	31	33	Education, currently enrolled in school
5242.....VAR		160	380	Education: father of baby or husband, classified
5236.....VAR		166	369	Income per capita
2235..FHM-1	2501	15	15	Interview before/after delivery
2236..FHM-1	2501	16	16	Interview, place conducted
2237..FHM-1	2501	17	17	Language used in interview
5247.....VAR		187	187	Occupation, grouped: never, father of baby or husband, wife or
5233.....VAR		165	345	Occupation, grouped: never, none, unknown
5236.....VAR		172	372	Occupation: father of baby or husband, wife or
5239.....VAR		170	371	Occupation: father of head of household, or provide or time the
5307.....VAR		493	493	Religion
2285..FHM-3	2501	64	64	Household arrangements: housing type
2229..FHM-1	1501	21	21	Religion
2259..FHM-1	2501	19	20	Religion
2260..FHM-1	2501	21	22	Entered USA, date (mo)
2261..FHM-1	2501	23	26	Entered USA, date (yr)
2258..FHM-1	2501	18	18	Race
2227..FHM-1	1501	17	18	FHM-1 date (day)
2226..FHM-1	1501	15	16	FHM-1 date (mo)
2228..FHM-1	1501	19	20	FHM-1 date (yr)
2230..FHM-1	1501	22	22	Marital status: community size
5175.....VAR		270	271	Education (yr)
2231..FHM-1	1501	23	24	Education, grade completed, highest
5181.....VAR		270	282	Employed last, date (mo/yr)
2233..FHM-1	1501	26	26	Employment status
2263..FHM-1	2501	27	28	Employment, current or most recent job, hours worked per week
2267..FHM-1	2501	35	36	Employment, current or most recent job, time (mo)
2268..FHM-1	2501	37	37	Employment, current or most recent job, time (mo)
2266..FHM-1	2501	33	36	Employment, current or most recent job, time (mo)
2264..FHM-1	2501	20	30	Employment, last worked, date (mo)
2265..FHM-1	2501	31	32	Employment, last worked, date (yr)
2257..FHM-1	2501	25	26	Occupation
5232.....VAR		163	364	Occupation
5174.....VAR		268	269	Work status, current employment status, working/not working
2260..FHM-1	2501	38	38	Employment: occupation, other kinds of jobs, number
2286..FHM-3	2501	65	65	Children under 18 yrs supervised, number

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

ITEM NM FORM	DATA TYPE IN	CARD NUM	FROM	TO	DATA ITEM NAME
22	2270..FHM-1	2501	39	14	Marital status
23-24	2271..FHM-1	1501	27	27	Marital history; marriages, total number
24	2272..FHM-1	2501	40	41	Marital history; marriage, most recent, date (mo)
25	2273..FHM-1	2501	42	43	Marital history; marriage, most recent, date (yr)
26	5232.....VAR		373	373	Father of baby or husband living at home
27	5243.....VAR		381	381	Father of baby or husband present in home
28	2235..FHM-1	1501	28	28	Father of baby or husband, present
29	2287..FHM-1	2501	67	67	Language spoken
30	5238.....VAR		374	375	Age of father of baby or husband (yrs)
31	2237..FHM-1	1501	31	32	Education, grade completed, highest; father of baby or husband
32	5241.....VAR		378	379	Education; father of baby or husband (yrs)
33	5240.....VAR		377	377	Employment status; father of baby or husband
34	2239..FHM-1	1501	34	34	Employment status; father of baby or husband
35	2275..FHM-1	2501	48	49	Employment, current or most recent job, father of baby or husband, time (mo)
36	2276..FHM-1	2501	50	50	Employment, current or most recent job, father of baby or husband, time (yrs)
37	2274..FHM-1	2501	46	47	Employment, current or most recent job, father of baby or husband, time (yrs)
38	2279..FHM-1	2501	55	55	Employment; unemployed since last job, father of baby or husband, time (mo)
39	2278..FHM-1	2501	53	54	Employment; unemployed since last job, father of baby or husband, time (yrs)
40	2277..FHM-1	2501	51	52	Employment; unemployed since last job, father of baby or husband, time (yrs)
41	2273..FHM-1	2501	44	45	Occupation; father of baby or husband
42	5246.....VAR		385	386	Occupation; father of baby or husband
43	2281..FHM-1	2501	57	57	Employment, number of jobs during period, father of baby or husband
44	2280..FHM-1	2501	56	56	Employment, period shown for number of jobs, father of baby or husband
45	2282..FHM-1	2501	58	60	Employment; unemployment during period, time
46	2283..FHM-1	2501	61	61	Employment, main wage earner identified
47	2284..FHM-1	2501	62	63	Employment; occupation, main wage earner

Form Item Numbers linked to data items on FHH-1, Family Health History, Pt. 1

ITEM
NH
FHH

DATA
TYPE
IN

CARD
NUM

FROM TO

DATA ITEM NAME

5	2241..FHH-3	1501	37	16 Household arrangement, total number of persons
6	2242..FHH-3	1501	38	40 Household arrangement, housing density, number of persons per room
19	5178....VAR		275	275 Income, categorized
19	2249..FHH-3	1501	50	50 Income, sources, married
19	2250..FHH-3	1501	51	51 Income, sources, friends or relatives
20	2251..FHH-3	1501	52	52 Income, sources, public or private
20	5231....VAR		162	162 persons supported, classified
22	2240..FHH-3	1501	35	16 Household arrangement, number of rooms
	5179....VAR		276	277 Housing density
	2243..FHH-3	1501	41	42 Household arrangement, adults, 16 and over, number
	2246..FHH-3	1501	45	46 Income, gross or net
	2248..FHH-3	1501	43	43 Income, rate
	5177....VAR		273	274 Income, to nearest thousand dollars
	2245..FHH-3	1501	45	45 Income, unit of time for which reported
	2247..FHH-3	1501	47	46 Income, number of persons supported
	5230....VAR		160	361 persons supported, number
	2248..FHH-3	1501	46	49 Income, regularity for year prior to onset of pregnancy

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

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

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

DEFINITION OF CODES (Continued)

FORM FHH-1
Card 1501

FIELD

CARD
COLUMN

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

DEFINITION OF CODES (Continued)

FORM FHH 1 & 3
Card 1501

FIELD

CARD
COLUMNS

HUSBAND

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

HOUSING

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

DEFINITION OF CODES (Continued)

FORM FHH 1 L 3
Card 1501

FIELD

CARD
COLUMN

INCOME

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

DEFINITION OF CODES (Continued)

FORM FEN 1 & 3
Card 1501

FIELD

CARD
COLUMN

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

50-52

Friends or Relatives (col. 51)

Code: 0 - None

- 1 - Father of baby
- 2 - Parents/grandparents
- 3 - Combination of codes 1 and 2
- 4 - Other relatives or friends
- 5 - Combination of codes 1 and 4
- 6 - Combination of codes 2 and 4
- 7 - Combination of codes 1, 2 and 4
- 8 - Other earned income
- 9 - Unknown

Public or Private Sources (col. 52)

Code: 0 - None

- 1 - Public assistance
- 2 - Private charity
- 3 - Combination of codes 1 and 2
- 4 - Fellowships and grants
- 5 - Combination of codes 1 and 4
- 6 - Combination of codes 2 and 4
- 7 - Combination of codes 1, 2 and 4
- 8 - Other, includes loans
- 9 - Unknown

DEFINITION OF CODES (Continued)

FHH 1 & 3
Card 2501

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

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

DEFINITION OF CODES (Continued)

FORM FHE 1 & 3
Card 2501

FIELD

CARD
COLUMNS

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

DEFINITION OF CODES (Continued)

FORM FHH 11 3
Card 2501

FIELD

CARD
COLUMN

11. Occupation - Gravida (cont.)

25-26

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

DEFINITION OF CODES (Continued)

FORM FEE 1 & 3
Card 2501

FIELD

CARD
COLUMN

12. Hours Per Week on Current or Most Recent Job
FHE-1, Item 19(c) or 19(g) 27-28
Code: 00 - Never worked
01-83 - As given
08 - Saturday or Sunday
84 - 84 or more
88 - Other
95 - Part time or hours not specified
99 - Unknown

13. Date Last Worked
FHE-1, Item 19(h) 29-32
Four-digit code for:
Month (cols. 29-30)
Year (cols. 31-32)
Code: As given
0000 - Never worked
0101 - Working at time of interview
9999 - Date unknown
Supplemental code for month:
01 - Winter
04 - Spring
07 - Summer
10 - Fall
99 - Month unknown

14. Length of Time Worked: Current or Most Recent Job
FHE-1, Item 19(d) or 19(i) 33-37
Five-digit code for:
Years (cols. 33-34)
Months (cols. 35-36)
Weeks (col. 37)
Code: As given
00000 - Never worked
44444 - Academic student
55555 - Works holidays
66666 - Works summers
77777 - Time unspecified
99999 - Unknown

15. Number of Kinds of Work
FHE-1, Items 19 and 21 38
Code: 0 - Never worked
1-5 - As given
6 - 6 or more
7 - Many
9 - Unknown

DEFINITION OF CODES (Continued)

FORM FHS 1 & 3
Card 2501

FIELD

CARD
COUNT

16. Marital Status
FHS-1, Item 22
Code: 1 - Single
2 - Married
3 - Common-law
4 - Widowed
5 - Divorced
6 - Separated
9 - Unknown
39
17. Date of Most Recent Marriage
FHS-1, Item 24
Four-digit code for:
Month (cols. 40-41)
Year (cols. 42-43)
Code: As given
0000 - Never married
9999 - Month and year unknown
40-43

HUSBAND OR FATHER OF THE BIRTH
18. Occupation
FHS-1, Item 30
Code: Same as in Field 11, except codes 31, 41, 51, 61, 71, and 81 do not apply
88 - No husband or F.O.B.
44-45
19. Length of Time Worked: Current or Most Recent Job
FHS-1, Items 30(c) or 30(h)
Code: Same as in Field 14, except
88888 - No husband or F.O.B.
46-50
20. Time Unemployed - Last Job
FHS-1, Item 30(d)
Code: Same as in Field 14, except
00000 - Never worked, now working
88888 - No husband or F.O.B.
51-55
21. Period Shown for Number of Jobs
FHS-1, Item 32
Code: 0 - Never worked
1 - Less than one year
2 - One year
3 - Two years
4 - Three years
5 - Four years
6 - Five years
8 - No husband or F.O.B.
9 - Unknown
56

DEFINITION OF CODES (Continued)

FORM FPM 1 & 3
Card 2501

FIELD

CARD
COLUMN

22. Number of Jobs During Period Shown
FPM-1, Item 32

57

Code: 0 - Never worked
1-5 - As given
6 - Six or more
7 - Number unspecified
8 - No husband or F.O.B.
9 - Unknown

23. Time Unemployed During Period Shown
FPM-1, Item 33

58-60

Code: As given in weeks
000 - Not working, never worked
001 - One week or less
111 - Academic student with no other
given occupation
777 - Time unspecified
888 - No husband or F.O.B.
999 - Unknown

24. Main Wage Earner
FPM-1, Item 34

61

Code: 0 - None
1 - Gravida
2 - Husband or gravida and husband
3 - Father of the baby
4 - Gravida's parent(s)
5 - Other relatives
6 - Friend or friends
7 - Unemployment Comp., workman's comp.
8 - Welfare
9 - Unknown

25. Occupation of Main Wage Earner
FPM-1, Item 35

62-63

Code: Male
Same as in Field 18
Female
Same as in Field 11

DEFINITION OF COLPS (Continued)

FORM FHE 1 :
Card 2501

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

Persons Per Room
Attachment A

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

Income Rate (Yearly)
Attachment B

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

Income Rate (Yearly)
Attachment 3 (cont.)

81 - \$3000 to \$3199
82 - 8200 to 8399
83 - 8400 to 8599
84 - 8600 to 8799
85 - 8800 to 8999
91 - 9000 to 9199
92 - 9200 to 9399
93 - 9400 to 9599
94 - 9600 to 9799
95 - 9800 to 9999
96 - 10,000 or more
99 - Unknown

FAMILY HEALTH HISTORY
FORM FHH 1 & 3

FHH-1		FHH-3	
ITEM #	2	7	19
ON FORM #			
CARD #	NINDE #	DATE OF INTERVIEW	INCOME
1501			
BLANK			

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

FAMILY TRAINING HISTORY
FORM FTH 1 & 3

ITEM 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FAMILY HEALTH HISTORY
PART I

1. Patient Identification

*Supplemented by
change from PHS to COCR*

4. Religion

☐ P ☐ RC ☐ J ☐ Other (Specify)

7. Date _____ 8. Interviewer _____

9. 2nd Appt. Date _____ Time _____

5. Race: ☐ W ☐ N ☐ Or. 6. Phone _____

10. Worksheet Received On _____

☐ Other (Specify)

A. BIRTHPLACE AND EDUCATION

11. Place of Birth

INSIDE CONTINENTAL U.S.

a. CITY OR COUNTY STATE

b. CHECK ONE

- ☐ Urban (2500 pop. and over)
☐ Rural Non-Farm (less than 2500 pop.)
☐ Rural Farm

OUTSIDE CONTINENTAL U.S.

c. CITY COUNTRY

d. CHECK ONE

- ☐ Urban (2500 pop. and over)
☐ Rural Non-Farm (less than 2500 pop.)
☐ Rural Farm

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

f. Have you lived in this country ever since?

- ☐ Yes
☐ No: How long were you away?

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

13. How old were you then?

[If less than 12th grade, ask]

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

- ☐ Went to work
☐ Got married
☐ Got pregnant
☐ Tired of school
☐ Upgraded class
☐ Other (Specify)

[If 12th grade, ask]

b. Did you have any schooling beyond that?

- ☐ No
☐ Yes, college and/or professional school
☐ Yes, all others

FAMILY HEALTH HISTORY

PART I (Continued)

14. Patient Identification

13. Did you ever have to stay out of school for any length of time?

☐ No ☐ Yes (Probe for amount of time missed, reason, age, and grade.)

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

TOTAL MONTHS MISSED _____

15. Were there any accidents that gave you trouble in school? (Specify which) _____

17. Did you have to repeat a grade at any time? ☐ No (If yes, probe for age, grade, reason) _____

18. Did you ever go to any special school or any special class in school? ☐ No (If yes, probe for age, grade, reason) _____

C. GRAVIDA'S EMPLOYMENT

19. Do you have a job now?

☒ Yes

a. What kind of work do you do? _____

b. Type of business _____

c. Number of hours worked:

_____ hours per ☐ day ☐ week ☐ month

d. How long have you had this job? _____

☐ No

☐ Never worked, housewife only.

e. What was your previous occupation? _____

f. Type of business _____

g. Number of hours worked:

_____ hours per ☐ day ☐ week ☐ month

h. When did you quit? _____ (month) (year)

i. How long did you have this job? _____

FAMILY HEALTH HISTORY
PART I (Continued)

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

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

C. MARITAL HISTORY

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

☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Single

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

24. Marriages and children

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

D. HUSBAND

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

☐ Yes ☐ No [Skip to question 31]

26. What is his name? _____

27. Date of birth? _____

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

FAMILY HEALTH HISTORY
PART I (Continued)

10. Is he employed at present?

☐ Yes
☐ No

1. What kind of work does he do? _____

2. Type of business _____

3. How long has he had this job? _____

☐ Yes
☐ No

4. How long has he been out of work? _____

5. Reason for unemployment: (Probe for seasonal work, temporary lay-offs, etc.) _____

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

7. Type of business _____

8. How long did he have that job? _____

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

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

12. In the last 5 years about how many jobs has he had? _____

13. How much time has he spent unemployed in the last 5 years? _____

14. Who is the main wage-earner (breadwinner) in your household? _____
[If more wage-earner is other than husband or baby's (other, add)]

15. What is his/her occupation? What type of business is that? _____

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

APPOINTMENT FOR SECOND INTERVIEW

Department of Health, Education, and Welfare
Public Health Service

200 200772-7

(PHH-41) PAGE 4 OF 5

Spanish

HISTORIA DE LA SALUD DE LA FAMILIA
PARTE I

I. Identificación de la madre

*Suplemented by
C-06B-3015-1
6-59 (changed 1-62)*

4. Religión

☐ P ☐ EC ☐ J ☐ Otra (Especifique)

3. Sexo ☐ B ☐ H ☐ O. 6. Tel. _____

☐ Otra (Especifique)

7. Fecha _____ 8. Entrevistador _____

9. Fecha 2da. Cita _____ Sexo _____

10. Hoja de trabajo recibida en _____

A. SITIO DE NACIMIENTO Y EDUCACION

11. Sitio de Nacimiento

DENTRO DE E.U. CONTINENTALES

a. CIUDAD O CONDADO ESTADO

b. MARQUE UNA

- ☐ Urbana (menos de 2,500 habitantes)
☐ Rural Sin Finca (menos de 2,500 habitantes)
☐ Finca Rural

FUERA DE E.U. CONTINENTALES

c. CIUDAD PAIS

d. MARQUE UNA

- ☐ Urbana (menos de 2,500 habitantes)
☐ Rural sin Finca (menos de 2,500 habitantes)
☐ Finca Rural

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

meses años

f. ¿Se vivió en otro país desde entonces?

- ☐ SI
☐ No ¿Cuánto tiempo estuvo fuera?

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

13. ¿Cuál edad tenía entonces?

[Si menos del 12 mo. grado, pregunte]

a. ¿Qué pasó que usted se salió?

- ☐ Se leó o trabajó
☐ Se casó
☐ Quedó embarazada
☐ Se cambió de la escuela
☐ No completó la clase
☐ Otra (Especifique)

[Si grado 12 mo. pregunte]

d. ¿Fueció algo más después de esto?

- ☐ No
☐ SI, trabajo y/o escuela profesional
☐ SI, ambos los hizo

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

14. Modificación de la enferma

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

15. ¿Tuvo que estar fuera de la escuela por algún tiempo?

☐ No ☐ Sí [Pregunte cuando empezó, cuándo, razón, edad y grado.]

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

TOTAL DE MESES PERDIDOS _____

16. ¿Tubo alguna ausencia por no le dieron trabajo en la escuela? [Especifique cuáles] _____

17. ¿Tubo que repetir en grado alguna vez? ☐ No [Si tubo alguna, pregunte la edad, grado y razón] _____

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

B. HISTORIAL DE EMPLEO DE LA EMBAZAZADA

19. ¿Está trabajando actualmente?

☐ Sí

a. ¿Qué clase trabajo hace? _____

b. Tipo de negocio _____

c. Número de horas trabajadas:
_____ horas por ☐ día ☐ semana ☐ mes

d. ¿Cuánto tiempo hace que tiene este trabajo? _____

☐ No

☐ Nunca trabajó, ama de casa.

e. ¿Cuál era su ocupación anterior? _____

f. Tipo de negocio _____

g. Número de horas trabajadas:
_____ horas por ☐ día ☐ semana ☐ mes

h. ¿Cuándo dejó de trabajar? _____
MES (AÑO)

i. ¿Cuánto tiempo tuvo ese empleo? _____

PHS-3015-1
4-59

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

20. Identificación de la enferma

*Superceded by
COR-3015-1
6-59 (changed 1-62)*

21. ¿Qué otras clases de trabajo ha hecho usted? [Pregunte la descripción del trabajo, tipo de negocio y fechas aproximadas trabajadas] ☐ Ninguno

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

C. HISTORIA MARITAL

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

☐ Casada ☐ Separada ☐ Divorciada ☐ Viuda ☐ Soltera

23. ¿Estuvo usted casada (matrimonial)? ☐ No ☐ Si

24. Matrimonios y uniones

DESDE (AÑO)	HASTA (AÑO)	TIPO DE TERMINACION	NUMERO DE NIÑOS		
			VIVOS	MUERTOS	NACIDOS MUERTOS
1.					
2.					
3.					
4.					

D. ESPOSO

25. ¿Está usted ahora viviendo con su esposo? [Con el padre del niño si es su ex-esposo]

☐ Si ☐ No [Salte a la pregunta 31]

26. ¿Cuál es su nombre?

27. ¿En qué fecha nació?

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

**METIERES DE LA SALUD DE LA FAMILIA
PARTE I (Cont.)**

19. Identificación de la encuesta

*Suplemento de
C.O.R.-3015-1
6-54 (change 1-62)*

20. ¿Está empleado actualmente?

☒ **Si**

a. ¿Qué clase de trabajo hace él? _____

b. Tipo de negocio _____

c. ¿Cuánto tiempo hace que hace este trabajo? _____

☐ **No**

d. ¿Cuánto tiempo ha estado sin trabajo? _____

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

f. ¿Qué clase de trabajo hace en su último empleo? _____

g. Tipo de negocio _____

h. ¿Cuánto tiempo estuvo en ese empleo? _____

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

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

22. ¿Cuándo estuvo empleado ha estado él en los últimos 5 años? _____

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

24. ¿Qué le mantiene en casa? _____

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

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

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

CITA PARA SEGUNDA ENTREVISTA _____

FAMILY HEALTH HISTORY
PART III

1. Patient Identification

*replaced by
change from PHS to CDC*

2. Date _____ 3. Interviewer _____

C. HOUSEHOLD

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

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

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

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

☐ Yes ☐ No: How many are living with you? _____

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

D. HOUSEWORK

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

KIND OF WORK	FOR HOW LONG		HOW MANY TIMES A WK. NO. (GRAVIDA) (c)	WHO HELPS	
	ADULTS (a)	CHILDREN (b)		PERSON (Probe) (d)	HOW MANY TIMES A WK. NO. (e)
1. Washing (Laundry)					
2. Ironing					
3. Mending					
4. Cooking					
5. Heavy housecleaning (washing floors, walls, windows, etc.)					
6. Regular housework (dusting, dishwashing, vacuuming, etc.)					
7. Care of children under 6 years					

10. Is there any kind of work around the house that you have stopped doing since you became pregnant? (Can you give me an example? (What when did you stop?) _____

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

12. What are they? _____

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

FAMILY HEALTH HISTORY
PART III (Continued)

C. HOUSING AND PLANS TO MOVE

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

D. INCOME

19. Now I just have a few last questions concerning your resources during this pregnancy. Think back to about the time when you became pregnant with this baby. Could you tell me about how much the family income was then?
[Read guide income card]
- _____ per week _____ per month _____ per year
- INSERT INCOME CODE HERE
20. About how many people did this take care of? _____
21. About how many of them were children under 6? _____
22. Was this _____ (income) coming in regularly throughout the year before you became pregnant, or was it more up and down during that year?
☐ Steady income ☐ Up and down [Probe for seasonality, approximate income variation] _____
23. Were there any other sources of income during that year? [Probe for unemployment compensation, public assistance, etc.]
☐ No ☐ Yes: About what did they come to? _____
24. How about at present? Are things still pretty much as they were last year, or have there been any changes?
☐ About the same ☐ Changes [Probe for current income] _____
25. All in all, would you say that at the present time you are pretty well off, just getting by, or having a hard time making ends meet?
☐ Pretty well off ☐ Just getting by ☐ Having a hard time
26. Do you speak any languages around the house besides English?
☐ No, English only
☐ Yes, English and other language(s) [Specify] _____
☐ Yes, other language(s) [Specify] _____

PHS-3015-3
6-59

MECORA DE LA SALUD DE LA FAMILIA
PARTE III

I. Identificación de la familia

Suplemento de
COLB-3015-3
6-59 (changed 1-6-62)

2. Fecha: _____ 3. Entrevistador: _____

G. SU VIDA

4. ¿Vive usted en una casa o en un apartamento? ☐ Casa ☐ Apartamento ☐ Otro (Especifique) _____
5. ¿Cuántos años vive en esta casa? _____ (No cuenta las casas, parcelas o montes de tierra)
6. ¿Cuántos niños (niños o niñas) viven en su casa, usted incluído? _____
7. ¿Usted es hijo la última vez que nació _____, cómo? ¿Viven todos con usted? _____
- ☐ No ☐ Sí ¿Cuántos viven con usted? _____
8. ¿Hay algunas otras niñas viviendo con usted? ☐ No ☐ Sí ¿Cuántas? _____

H. TAREAS DOMESTICAS

9. Abajo escriban que uno de una lista de las tareas domésticas que usted hace y la ayude a hacer.

CLASE DE TRABAJO	PARA CUANTOS		CUANTAS VECES POR SEMANA/MES (SEMANARADA)	¿CUÁN LA AYUDA?	
	ADULTOS (1)	Niños (2)		PERSONA Fregona? (3)	CUANTAS VECES POR SEMANA/MES (4)
1. Lavado (Lavar/era)					
2. Pimchado					
3. Compra en el mercado					
4. Cocinar					
5. Trabajo de limpieza pequeño (fregar piso, paredes, ventanas, etc.)					
6. Tarea regular (sacar la pala, lavar platos, limpiando con el aspirador etc.)					
7. Cuido de niños menores de 6 años					

10. ¿Usted está de hacer algún trabajo en la casa cuando quedó embarazada? (No puede dar un ejemplo) ¿Cuándo más o menos dejó de hacerlo? _____
11. ¿Tiene minúscas domésticas? ☐ No
[Si, cómo] _____
12. ¿Qué son? _____
13. ¿Ha estado enfermo alguno de sus minúscas en el último año? ¿Murió alguno de ellos? _____

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

*Original by
= 06 R-3015-3
6-59 (changed 1-6-2)*

G. ALIMENTACIÓN Y PLANES DE EMERGENCIA

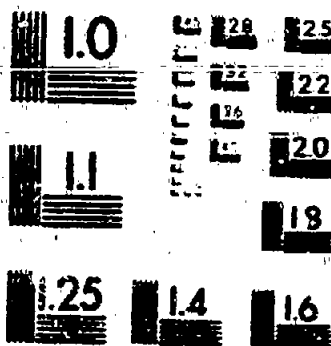
14. ¿Cree usted que en caso de bencana grande para su familia? ☐ No ☐ Si
(Si es "Si")
15. ¿Cree que será bastante grande para usted después que nazca el niño? ☐ No ☐ Si
16. ¿Puede usted nadar? ☐ No ☐ Si ☐ No Si
(Si es "Si")
17. ¿Cabe en su casa? _____
18. ¿Puede decirle a dónde va cuando? _____

H. EMPLEO

19. Ahora más largo algunos programas fáciles con relación a sus empleos durante este embarazo. Pídale describa del trabajo más o menos cómo está que embarazada. Pídale describa cuánto más o menos era el ingreso de la familia (era de largo?)
(Díle a la embarazada la forma de ingresos)

FORMA ADOS
CLAVE DE
INGRESOS

- _____ por semana _____ por mes _____ por año
20. ¿Cuan muchas personas viven en su? _____
21. ¿Cuan muchas de esas personas son niños menores de 6 años? _____
22. ¿Escriba "_____" (ingreso) y gajitos durante el año antes de usted quedar embarazada o bajo era niño y bajo durante ese año?
☐ Ingreso Fijo ☐ Alcan, bajo [Pregunte las temporadas y gajitos durante la duración del ingreso] _____
23. ¿Debe algunas otras formas de ingresos durante ese año? [Pregunte sobre compensación por desempleo, desempleo público, etc.]
☐ No ☐ Si: ¿Cuan o cuánto cantidad? _____
24. ¿Qué hay del presente? ¿Cuan las cosas más o menos eran el año pasado o ha habido algunos cambios?
☐ Con iguales ☐ Cambios [Pregunte por el ingreso actual] _____
25. En resumen, ¿Qué usted que actualmente está haciendo más de con día, con o con menos? ¿Se siente más o está pensando trabajo?
☐ Haciendo más ☐ Haciendo lo mismo ☐ Pensando trabajo
26. Además del inglés, ¿habla usted algunos otros idiomas en su casa?
☐ No, inglés solamente
☐ Si, inglés + otro (español) [Especifique] _____
☐ Si, inglés + español [Especifique] _____



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

CONTINUED ON NEXT FICHE