



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

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

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

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

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

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
GEN-5: Conditions of Prior Pregnancies	1505		
		0	12,815
		1	21,539
		2	20,514
			54,868
GEN-5: Medical Conditions In Outcomes from Prior Pregnancies	2505		
		0	9,256
		1	15,557
		2	14,660
			39,473

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

3505

0	12,806
1	21,530
2	20,511
	54,847

total for form

149,188

Date Itemy Referencing Form GPM-5, Outcomes of Nevada's Prior Pregnancies

DATA ITEM ID	ITEM 34 FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2402.....	7	1505	1	5	CARD NUMBER (sequence), form type, form number, revision number)
2403.....	7	1505	6	14	WIND CASE NUMBER
2404.....	2	1505	15	15	FORM GPM-5 used (entire/siblings)
2405.....	2	1505	16	16	FORM GPM-5, interview before delivery
2406.....	2	1505	17	17	FORM GPM-5, interview, place conducted
2407.....	2	1505	18	18	Language used
2408.....	3	1505	19	20	FORM GPM-5, interviewer
2409.....	4	1505	21	22	FORM GPM-5, date (all)
2410.....	4	1505	23	24	FORM GPM-5, date (all)
2411.....	4	1505	25	26	FORM GPM-5, date (all)
2412.....	5	1505	27	28	Pregnancies, total number of prior pregnancy
2413.....	5	1505	29	29	Pregnancies, multistage, total number
2414.....	7	1505	30	30	Total death, prior to 20 weeks gestation, total number; siblings full
2415.....	7	1505	31	31	Total death, at 20 weeks gestation and over; stillborn; siblings full, total number
2416.....	7	1505	32	33	Liveborn, total number; siblings full
2417.....	7	1505	34	34	Liveborn, male, total number; siblings full
2418.....	7	1505	35	35	Liveborn, female, total number; siblings full
2419.....	7	1505	36	36	Premature, total number; siblings full
2420.....	7	1505	37	37	Stillborn full; living, less than five years of age, total number
2421.....	7	1505	38	38	Stillborn full; death, neonatal, total number
2422.....	7	1505	39	39	Stillborn full; death, infant, greater than 28 days, total number
2423.....	7	1505	40	40	Stillborn full; death, infant, greater than 28 days, total number
2424.....	7	1505	41	41	Stillborn full; death, infant, greater than 28 days, total number
2425.....	7	1505	42	42	Stillborn full; death, infant, greater than 28 days, total number
2426.....	7	1505	43	43	Stillborn full; death, infant, greater than 28 days, total number
2427.....	7	1505	44	44	Stillborn full; death, infant, greater than 28 days, total number
2428.....	7	1505	45	45	Stillborn full; death, infant, greater than 28 days, total number
2429.....	7	1505	46	46	Stillborn full; death, infant, greater than 28 days, total number
2430.....	7	1505	47	47	Stillborn full; death, infant, greater than 28 days, total number
2431.....	7	1505	48	48	Stillborn full; death, infant, greater than 28 days, total number
2432.....	7	1505	49	49	Stillborn full; death, infant, greater than 28 days, total number
2433.....	7	1505	50	50	Stillborn full; death, infant, greater than 28 days, total number
2434.....	7	1505	51	51	Stillborn full; death, infant, greater than 28 days, total number
2435.....	7	1505	52	52	Stillborn full; death, infant, greater than 28 days, total number
2436.....	7	1505	53	53	Stillborn full; death, infant, greater than 28 days, total number
2437.....	7	1505	54	54	Stillborn full; death, infant, greater than 28 days, total number

Data Items Referencing Form GM-5, Outcomes of Craniotomy Prior Prevalences

DATA ITEM TO	ITEM 3M F104	CARD NUM	PAGE TO	DATA ITEM NAME
2438..GM-5	7	1505	55	45 Siblings alive; living, five years of age and older, total number
2439..GM-5	7	1505	56	46 Siblings alive; death, neonatal, total number
2440..GM-5	7	1505	57	47 Siblings alive; death, infant, greater than 28 days, total number
2441..GM-5	7	1505	58	48 Siblings alive; no incompatibility blood group incompatibility; jaundice, neonatal; transfusion, total number
2442..GM-5	7	1505	59	49 Siblings alive; waterborne, congenital, total number
2443..GM-5	7	1505	60	50 Siblings alive; seizures; convulsions; epilepsy, total number
2444..GM-5	7	1505	61	61 Siblings alive; motor defects, total number
2445..GM-5	7	1505	62	62 Siblings alive; sensory defects; hearing; speech; vision, total number
2446..GM-5	7	1505	63	63 Siblings alive; developmental; retardation, physical, mental, behavioral, total number
2447..GM-5	7	1505	64	64 Total death, prior to 20 weeks gestation, total number
2448..GM-5	7	1505	65	65 Total death, at 20 weeks gestation and over, total number
2449..GM-5	7	1505	66	66 Liveborn, total number
2450..GM-5	7	1505	67	67 Liveborn male, total number
2451..GM-5	7	1505	68	68 Liveborn female, total number
2452..GM-5	7	1505	69	69 Premature, total number
2453..GM-5	7	1505	70	70 Stillborn, living, less than five years of age, total number
2454..GM-5	7	1505	71	71 Stillborn, living, five years of age and older, total number
2455..GM-5	7	1505	72	72 Stillborn, death, neonatal, total number
2456..GM-5	7	1505	73	73 Stillborn, death, infant, greater than 28 days, total number
2457..GM-5	7	1505	74	74 Stillborn, death, incompatibility blood group incompatibility; jaundice, neonatal; transfusion, total number
2458..GM-5	7	1505	75	75 Stillborn, seizures; convulsions; epilepsy, total number
2459..GM-5	7	1505	76	76 Stillborn, motor defects, total number
2460..GM-5	7	1505	77	77 Siblings, sensory defects; hearing; speech; vision, total number
2461..GM-5	7	1505	78	78 Siblings, developmental retardation, physical, mental, behavioral, total number
2462..GM-5	7	1505	79	79 Card number (sequence, form type, form number, revision number)
2463..GM-5	7	2505	1	1 Case number
2464..GM-5	7	2505	2	2 Case number
2465..GM-5	7	2505	3	3 Case number
2466..GM-5	7	2505	4	4 Case number
2467..GM-5	7	2505	5	5 Case number
2468..GM-5	7	2505	6	6 Case number
2469..GM-5	7	2505	7	7 Case number
2470..GM-5	7	2505	8	8 Case number
2471..GM-5	7	2505	9	9 Case number
2472..GM-5	7	2505	10	10 Case number
2473..GM-5	7	2505	11	11 Case number
2474..GM-5	7	2505	12	12 Case number
2475..GM-5	7	2505	13	13 Case number
2476..GM-5	7	2505	14	14 Case number
2477..GM-5	7	2505	15	15 Case number
2478..GM-5	7	2505	16	16 Case number
2479..GM-5	7	2505	17	17 Case number
2480..GM-5	7	2505	18	18 Case number
2481..GM-5	7	2505	19	19 Case number
2482..GM-5	7	2505	20	20 Case number
2483..GM-5	7	2505	21	21 Case number
2484..GM-5	7	2505	22	22 Case number
2485..GM-5	7	2505	23	23 Case number
2486..GM-5	7	2505	24	24 Case number
2487..GM-5	7	2505	25	25 Case number
2488..GM-5	7	2505	26	26 Case number
2489..GM-5	7	2505	27	27 Case number
2490..GM-5	7	2505	28	28 Case number
2491..GM-5	7	2505	29	29 Case number
2492..GM-5	7	2505	30	30 Case number
2493..GM-5	7	2505	31	31 Case number
2494..GM-5	7	2505	32	32 Case number
2495..GM-5	7	2505	33	33 Case number
2496..GM-5	7	2505	34	34 Case number
2497..GM-5	7	2505	35	35 Case number
2498..GM-5	7	2505	36	36 Case number
2499..GM-5	7	2505	37	37 Case number
2500..GM-5	7	2505	38	38 Case number
2501..GM-5	7	2505	39	39 Case number
2502..GM-5	7	2505	40	40 Case number
2503..GM-5	7	2505	41	41 Case number
2504..GM-5	7	2505	42	42 Case number
2505..GM-5	7	2505	43	43 Case number
2506..GM-5	7	2505	44	44 Case number
2507..GM-5	7	2505	45	45 Case number
2508..GM-5	7	2505	46	46 Case number
2509..GM-5	7	2505	47	47 Case number
2510..GM-5	7	2505	48	48 Case number
2511..GM-5	7	2505	49	49 Case number
2512..GM-5	7	2505	50	50 Case number
2513..GM-5	7	2505	51	51 Case number
2514..GM-5	7	2505	52	52 Case number
2515..GM-5	7	2505	53	53 Case number
2516..GM-5	7	2505	54	54 Case number
2517..GM-5	7	2505	55	55 Case number
2518..GM-5	7	2505	56	56 Case number
2519..GM-5	7	2505	57	57 Case number
2520..GM-5	7	2505	58	58 Case number
2521..GM-5	7	2505	59	59 Case number
2522..GM-5	7	2505	60	60 Case number
2523..GM-5	7	2505	61	61 Case number
2524..GM-5	7	2505	62	62 Case number
2525..GM-5	7	2505	63	63 Case number
2526..GM-5	7	2505	64	64 Case number
2527..GM-5	7	2505	65	65 Case number
2528..GM-5	7	2505	66	66 Case number
2529..GM-5	7	2505	67	67 Case number
2530..GM-5	7	2505	68	68 Case number
2531..GM-5	7	2505	69	69 Case number
2532..GM-5	7	2505	70	70 Case number
2533..GM-5	7	2505	71	71 Case number
2534..GM-5	7	2505	72	72 Case number
2535..GM-5	7	2505	73	73 Case number
2536..GM-5	7	2505	74	74 Case number
2537..GM-5	7	2505	75	75 Case number
2538..GM-5	7	2505	76	76 Case number
2539..GM-5	7	2505	77	77 Case number
2540..GM-5	7	2505	78	78 Case number
2541..GM-5	7	2505	79	79 Case number
2542..GM-5	7	2505	80	80 Case number
2543..GM-5	7	2505	81	81 Case number
2544..GM-5	7	2505	82	82 Case number
2545..GM-5	7	2505	83	83 Case number
2546..GM-5	7	2505	84	84 Case number
2547..GM-5	7	2505	85	85 Case number
2548..GM-5	7	2505	86	86 Case number
2549..GM-5	7	2505	87	87 Case number
2550..GM-5	7	2505	88	88 Case number
2551..GM-5	7	2505	89	89 Case number
2552..GM-5	7	2505	90	90 Case number
2553..GM-5	7	2505	91	91 Case number
2554..GM-5	7	2505	92	92 Case number
2555..GM-5	7	2505	93	93 Case number
2556..GM-5	7	2505	94	94 Case number
2557..GM-5	7	2505	95	95 Case number
2558..GM-5	7	2505	96	96 Case number
2559..GM-5	7	2505	97	97 Case number
2560..GM-5	7	2505	98	98 Case number
2561..GM-5	7	2505	99	99 Case number
2562..GM-5	7	2505	100	100 Case number

THE INFORMATION FOR A CUBANIZATION WAS NOT
 RECEIVED BY THE OFFICE OF CRIMINALS, NEW YORK

[illegible]

DATE FROM REFERENCE FOR

DATA ITEM ID	ITEM NO	CAMP NAME	FROM	TO	DATA ITEM NAME
4264.....VAR	7		407	407	407 Stollings full; in incomparability; blood group incompatibility; jaundice, blood group neonatal; transfusion
4265.....VAR	7		408	408	408 Stollings full; jaundice, blood group neonatal; transfusion
4266.....VAR	7		409	409	409 Stollings full; jaundice, blood group neonatal; transfusion
4267.....VAR	7		410	410	410 Stollings full; jaundice, blood group neonatal; transfusion
4268.....VAR	7		411	411	411 Stollings full; jaundice, blood group neonatal; transfusion
4269.....VAR	7		412	412	412 Stollings full; jaundice, blood group neonatal; transfusion
4270.....VAR	7		413	413	413 Stollings full; jaundice, blood group neonatal; transfusion
4271.....VAR	7		414	414	414 Stollings full; jaundice, blood group neonatal; transfusion
4272.....VAR	7		415	415	415 Stollings full; jaundice, blood group neonatal; transfusion
4273.....VAR	7		416	416	416 Stollings full; jaundice, blood group neonatal; transfusion
4274.....VAR	7		417	417	417 Stollings full; jaundice, blood group neonatal; transfusion
4275.....VAR	7		418	418	418 Stollings full; jaundice, blood group neonatal; transfusion
4276.....VAR	7		419	419	419 Stollings full; jaundice, blood group neonatal; transfusion
4277.....VAR	7		420	420	420 Stollings full; jaundice, blood group neonatal; transfusion
4278.....VAR	7		421	421	421 Stollings full; jaundice, blood group neonatal; transfusion
4279.....VAR	7		422	422	422 Stollings full; jaundice, blood group neonatal; transfusion
4280.....VAR	7		423	423	423 Stollings full; jaundice, blood group neonatal; transfusion
4281.....VAR	7		424	424	424 Stollings full; jaundice, blood group neonatal; transfusion
4282.....VAR	7		425	425	425 Stollings full; jaundice, blood group neonatal; transfusion
4283.....VAR	7		426	426	426 Stollings full; jaundice, blood group neonatal; transfusion
4284.....VAR	7		427	427	427 Stollings full; jaundice, blood group neonatal; transfusion
4285.....VAR	7		428	428	428 Stollings full; jaundice, blood group neonatal; transfusion
4286.....VAR	7		429	429	429 Stollings full; jaundice, blood group neonatal; transfusion
4287.....VAR	7		430	430	430 Stollings full; jaundice, blood group neonatal; transfusion
4288.....VAR	7		431	431	431 Stollings full; jaundice, blood group neonatal; transfusion
4289.....VAR	7		432	432	432 Stollings full; jaundice, blood group neonatal; transfusion
4290.....VAR	7		433	433	433 Stollings full; jaundice, blood group neonatal; transfusion
4291.....VAR	7		434	434	434 Stollings full; jaundice, blood group neonatal; transfusion
4292.....VAR	7		435	435	435 Stollings full; jaundice, blood group neonatal; transfusion
4293.....VAR	7		436	436	436 Stollings full; jaundice, blood group neonatal; transfusion
4294.....VAR	7		437	437	437 Stollings full; jaundice, blood group neonatal; transfusion
4295.....VAR	7		438	438	438 Stollings full; jaundice, blood group neonatal; transfusion
4296.....VAR	7		439	439	439 Stollings full; jaundice, blood group neonatal; transfusion
4297.....VAR	7		440	440	440 Stollings full; jaundice, blood group neonatal; transfusion
4298.....VAR	7		441	441	441 Stollings full; jaundice, blood group neonatal; transfusion

Note Items Referencing Form CR-93, Outcomes of Cravida's Prior Relationships

DATA 1725 10	1724 34 P304	CARD NUM	P704 P704	DATA 1724 NAME
5285....VAR	7		442	442 Siblings; malformations; congenital, total number
5289....VAR	7		443	443 Siblings; enter defect, total number
5300....VAR	7		444	444 Siblings; sensory defects; hearing; speech or vision, total number
5306....VAR	7		445	445 Siblings; developmental retardation, physical, mental or behavioral, total number
5302....VAR	7		446	446 Siblings; full; liveborn, total number
5303....VAR	7		447	447 Siblings; liveborn, total number
5304....VAR	10		448	448 Siblings; unable to attend regular school, total number
5305....VAR	12		449	449 Siblings; fetal death; blood incompatibility; erythroblastosis fetalis
5306....VAR	12		450	450 Siblings; liveborn; blood incompatibility, no transfusion
5307....VAR	12		451	451 Siblings; liveborn; blood incompatibility, requiring exchange transfusion
5308....VAR	13		452	452 Cleft lip; relatives; siblings; congenital; malformation
5309....VAR	13		453	453 Club foot; siblings; congenital; malformation
5310....VAR	13		454	454 Fingers or toes; siblings; congenital; malformation
5311....VAR	13		455	455 Heart; siblings; congenital; malformation
5312....VAR	13		456	456 Head or spine; siblings; congenital; malformation
5313....VAR	13		457	457 Malformation, other; siblings; congenital; malformation
5314....VAR	13		458	458 Enter defect due to injury; siblings
5315....VAR	13		459	459 Enter defect due to infection; siblings
5316....VAR	13		460	460 Enter defect, other; siblings
5317....VAR	13		461	461 Sensory defects; visual; blind; siblings
5318....VAR	13		462	462 Sensory defects; hearing; deaf; siblings
5319....VAR	13		463	463 Sensory defects; speech; defects; siblings
5320....VAR	13		464	464 Developmental retardation, physical; siblings
5321....VAR	13		465	465 Developmental retardation, mental; siblings
5322....VAR	13		466	466 Developmental retardation, behavioral/emotional; siblings

DATA ITEMS RELATING TO FORM GR-64, FAMILY COMPOSITION

DATA ITEM ID	ITEM IN FORM	CAMP NUM	FROM	TO	DATA ITEM NAME
2401.....		3404	1	5	CERT NUMBER (SEQUENCE, FORM LVDP, FORM NUMBER, REVISION NUMBER)
2402.....		3405	6	14	WMMH CASE NUMBER
2403.....		3405	14	15	FORM GR-64 USED (ENTIRE/ABRIDGED)
2404.....	1A-17	3405	14	16	COMMUNITY OF GRAVING'S RESIDENT
2405.....	4	3405	14	17	SIBLINGS OF GRAVING, LIVES/DEATH FULL BROTHERS
2406.....	4	3405	14	18	SIBLINGS OF GRAVING, LIVES/DEATH FULL SISTERS
2407.....	4	3405	14	19	SIBLINGS OF GRAVING, FULL BROTHERS, AGE 13 OR OVER, LIVING OR DEAD
2408.....	10	3405	20	20	TWINNING
2409.....	12	3405	21	21	FATHER OF BABY SAME AS OFFER OF PREGNANCY
2410.....	14	3405	22	22	AGE
2411.....	14	3405	24	24	MARR, FATHER OF BABY
2412.....	14-16	3405	25	25	COMMUNITY OF GRAVING AND FATHER OF BABY
2413.....	17	3405	26	26	SIBLINGS OF FATHER, LIVES/DEATH, FULL BROTHERS
2414.....	17	3405	27	27	SIBLINGS OF FATHER, LIVES/DEATH, FULL SISTERS
2415.....	18-20	3405	28	28	RELATIVE OF GRAVING IN STUDY
2416.....	18-20	3405	29	29	RELATIVE OF FATHER IN STUDY
2417.....	6-7	3405	200	200	COMMUNITY OF GRAVING'S RESIDENTS, ALL REVISIONS
2418.....	14	3405	201	201	COMMUNITY OF GRAVING AND FATHER OF BABY, ALL REVISIONS
2419.....		3405	202	202	COMMUNITY OF GRAVING AND FATHER OF BABY, ALL REVISIONS
2420.....		3405	203	203	TWINNING GRAVING (YES/NO/UNKNOWN)
2421.....	10	3405	204	204	TWINNING GRAVING

DATA ITEMS REFERENCING FORM GPM-7, HEALTH OF GRAVIDA AND FETUS

DATA ITEM ID	ITEM OR FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2507..GEM-7	2	3404	30	30	30 MULTICYSTIC, CONGENITAL HYDROCELE
2508..GEM-7	2	3404	31	31	31 PHYSICAL DEFECTS, OTHER GRAVIDA
2509..GEM-7	3	3404	32	32	32 SENSORY DEFECTS
2510..GEM-7	4	3404	33	33	33 SENSORY DEFECTS: SIBLINGS OF GRAVIDA, FULL, NUMBER
2511..GEM-7	4	3404	34	34	34 SENSORY DEFECTS: PARENTS OF GRAVIDA
2512..GEM-7	5	3404	35	35	35 DIABETES
2513..GEM-7	6	3404	36	36	36 DIABETES: SIBLINGS OF GRAVIDA, FULL, NUMBER
2514..GEM-7	6	3404	37	37	37 DIABETES: PARENTS OF GRAVIDA
2515..GEM-7	7	3404	38	38	38 SEIZURES: CONVULSIONS (EPILEPSY)
2516..GEM-7	8	3404	39	39	39 SEIZURES: CONVULSIONS (EPILEPSY): SIBLINGS OF GRAVIDA, FULL, NUMBER
2517..GEM-7	8	3404	40	40	40 SEIZURES: CONVULSIONS (EPILEPSY): PARENTS OF GRAVIDA
2518..GEM-7	9	3404	41	41	41 MOTOR DEFECTS
2519..GEM-7	10	3404	42	42	42 MOTOR DEFECTS: SIBLINGS OF GRAVIDA, FULL, NUMBER
2520..GEM-7	10	3404	43	43	43 MOTOR DEFECTS: PARENTS OF GRAVIDA
2521..GEM-7	11	3404	44	44	44 MENTAL RETARDATION
2522..GEM-7	12	3404	45	45	45 MENTAL RETARDATION: SIBLINGS OF GRAVIDA, FULL, NUMBER
2523..GEM-7	12	3404	46	46	46 MENTAL RETARDATION: PARENTS OF GRAVIDA
2524..GEM-7	13	3404	47	47	47 MENTAL ILLNESS (PSYCHIATRIC TREATMENT)
2525..GEM-7	14	3404	48	48	48 MENTAL ILLNESS (PSYCHIATRIC TREATMENT): SIBLINGS OF GRAVIDA, FULL, NUMBER
2526..GEM-7	14	3404	49	49	49 MENTAL ILLNESS (PSYCHIATRIC TREATMENT): PARENTS OF GRAVIDA
2527..GEM-7	14	3404	50	50	50 DISORDER OF CONDITION, OTHER, IN FAMILY
2528..GEM-7	17	3404	51	51	51 FORM GPM-7, MEDICAL RECORD OR INTERVIEWER'S COMMENT
2529..GEM-7	17	3404	52	52	52 FORM GPM-7, LIES NUMBER REFERRED TO IN RECORD OR COMMENTS
2530..GEM-7	2	3404	53	53	53 MALFORMATION: CONGENITAL AND PHYSICAL DEFECTS, OTHER: SIBLINGS
2531..GEM-7	3	3404	54	54	54 SENSORY DEFECTS: SIBLINGS
2532..GEM-7	7	3404	55	55	55 SENSORY DEFECTS: SIBLINGS (YES, NO, UNKNOWN)
2533..GEM-7	7	3404	56	56	56 SEIZURES: CONVULSIONS (EPILEPSY): SIBLINGS
2534..GEM-7	9	3404	57	57	57 MOTOR DEFECTS: SIBLINGS (YES, NO, UNKNOWN)
2535..GEM-7	1	3404	58	58	58 MENTAL RETARDATION: SIBLINGS (YES, NO, UNKNOWN)
2536..GEM-7	11	3404	59	59	59 MENTAL ILLNESS (PSYCHIATRIC TREATMENT): SIBLINGS (YES, NO, UNKNOWN)
2537..GEM-7	11	3404	60	60	60 MENTAL ILLNESS (PSYCHIATRIC TREATMENT): PARENTS OF GRAVIDA (YES, NO, UNKNOWN)

DATE 1968 RECORDED FOR GP4-H, HEADIN OF BABY'S FATHER AND FAMILY

DATA 1968 TO	TYPE 34 P304	CASH 410	FROM 30	DATA FROM NAME
2510..GP4-H	2	1404	51	43 malformation congenital
2511..GP4-H	2	1404	52	44 physical defects, other
2512..GP4-H	1	1405	54	45 sensory defects
2513..GP4-H	4	1405	56	46 sensory defects siblings of father, full, number
2514..GP4-H	4	1405	57	47 sensory defects parents of father
2515..GP4-H	5	1405	58	48 physical
2516..GP4-H	6	1405	59	49 physical siblings of father, full, number
2517..GP4-H	6	1405	60	50 physical parents of father
2518..GP4-H	7	1405	61	51 seizures; convulsions; (seizures)
2519..GP4-H	8	1405	62	52 seizures; convulsions; (seizures); siblings of father, full, number
2520..GP4-H	8	1405	63	53 seizures; convulsions; (seizures); parents of father
2521..GP4-H	9	1405	64	54 motor defects
2522..GP4-H	10	1405	65	55 motor defects siblings of father, full, number
2523..GP4-H	10	1405	66	56 motor defects parents of father
2524..GP4-H	11	1405	67	57 mental retardation
2525..GP4-H	12	1405	68	58 mental retardation siblings of father, full, number
2526..GP4-H	12	1405	69	59 mental retardation parents of siblings
2527..GP4-H	13	1405	70	60 mental illness; psychiatric treatment
2528..GP4-H	14	1405	71	61 mental illness; (psychiatric treatment); siblings of father, full, number
2529..GP4-H	14	1405	72	62 mental illness; (psychiatric treatment); parents of father
2530..GP4-H	14	1405	73	63 malformation exposure
2531..GP4-H	17	1405	74	74 born GP4-H, medical records of interviewer's parents
2532..GP4-H	17	1405	75	75 born GP4-H, from number referred to in record of parent
2533..GP4-H	17	1405	76	76 consanguinity of parents; (revision 0)
2534..GP4-H	17	1405	77	77 consanguinity of parents and father of baby (revision 0)
2535..GP4-H	17	1405	78	80 blank
2536..GP4-H	17	1405	79	287 consanguinity of parents and father of baby, current frequency (revision 0)
2537..GP4-H	17	1405	288	288 consanguinity of (revision 0) parents, (revision 0)
2538..GP4-H	2	1405	289	289 malformation congenital siblings
2539..GP4-H	3	1405	290	290 sensory defects siblings
2540..GP4-H	7	1405	291	291 sensory defects siblings (yes, no, unknown)
2541..GP4-H	7	1405	292	292 sensory defects siblings (yes, no, unknown)
2542..GP4-H	7	1405	293	293 seizures; convulsions; (seizures); siblings
2543..GP4-H	9	1405	294	294 seizures; convulsions; (seizures); siblings (yes, no, unknown)
2544..GP4-H	9	1405	295	295 motor defects siblings (yes, no, unknown)
2545..GP4-H	9	1405	296	296 motor defects siblings (yes, no, unknown)
2546..GP4-H	11	1405	297	297 mental retardation siblings
2547..GP4-H	11	1405	298	298 mental retardation siblings (yes, no, unknown)
2548..GP4-H	13	1405	299	299 mental illness; (psychiatric treatment); siblings
2549..GP4-H	13	1405	300	300 mental illness; (psychiatric treatment); siblings (yes, no, unknown)

Data Items Referencing Form 128-1, Health of Baby's Father and Family

DATA	128	COMP		DATA 128 NAME
172	34	NUM	FROM TO	
10	234			

5105.....VAB 3 401 403 Diabetics siblings
 5106.....VAB 402 403 Diabetics siblings eyes, no. unknown

FD-302 (Rev. 5-22-64)
1

PATIENT IDENTIFICATION

FAMILY HISTORY INTERVIEW
OUTCOMES FROM GRAHAM'S PREGNANCIES

2. FULL INTERVIEW (SEE INSTRUCTIONS) ☐ **ABORTED**
(SEE PAGE 2)

INTERVIEW BEFORE DELIVERY ☐ OTHER ☐ 1

INTERVIEW IN HOSPITAL OR CLINIC ☐ OTHER ☐ 2

INTERVIEW IN OUTPATIENT ☐ OTHER ☐ 3

3. INTERVIEWER ☐ DATE ☐ 7

NOTE: THIS INTERVIEW IS TO BE COMPLETED BY THE INTERVIEWER. IT IS NOT TO BE COMPLETED BY THE PATIENT. IT IS TO BE COMPLETED BY THE INTERVIEWER. IT IS NOT TO BE COMPLETED BY THE PATIENT. IT IS TO BE COMPLETED BY THE INTERVIEWER. IT IS NOT TO BE COMPLETED BY THE PATIENT.

4. PREGNANCIES ☐ IF NO PREGNANCIES, ENTER "NONE" IN BOXES 11 AND 12

5. TABLE 1

OUTCOME FROM PREGNANCIES				PREGNANT WOMAN'S CHILDREN				SUMMARY OF CONDITIONS							
NAME OF CHILD OR FETUS (Gestation)	SEX	AGE	FA	DO	DE	EL	EL	EL	EL	EL	EL	EL	EL	EL	EL
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6. IF NO PREGNANCIES, MARK BOX AND ANSWER QUESTIONS (1) AND (2) ONLY.

7. IF NO PREGNANCIES, MARK BOX AND ANSWER QUESTIONS (1) AND (2) ONLY.

8. IF NO PREGNANCIES, MARK BOX AND ANSWER QUESTIONS (1) AND (2) ONLY.

TABLE 2

SECTION OF CLINIC	ADDRESS	SEEK MEDICAL CARE	WHEN LAST VISITED
1			
2			
3			

9. IF NO CHILD BEEN IN A HOSPITAL OR INSTITUTION FOR A SHORTER OR LONGER, AT ANY ONE TIME.

TABLE 3

CHILD	ADDRESS	WHEN VISITED HOSPITAL OR INSTITUTION	CITY AND STATE	DATE (MM/DD/YY)
1				
2				
3				

FAMILY HISTORY INTERVIEW
SOCIAL CONDITIONS IN OUTCOMES
FROM THE PERSPECTIVE

[illegible][illegible]

FAMILY HISTORY INTERVIEW
FAMILY COMPOSITION

All items ☐ * Shorter items only ☐

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

GRVIDA'S FAMILY

1. WHAT WAS YOUR MOTHER'S FULL NAME?

(Print name) (Number name)

2. WHERE WAS SHE BORN?

(City or county) (State or country)

3. WHAT IS YOUR FATHER'S NAME?

4. WHERE WAS HE BORN?

(City or county) (State or country)

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

No ☐ Yes ☐

6. (If married) HOW ARE THEY RELATED? (See instructions and describe relationship below.)

7. HOW MANY BROTHERS AND SISTERS DO YOU HAVE, INCLUDING ANY WHO HAVE DIED? (Only 12 children with the same mother and father.)

Bro ☐ De ☐ Sis ☐ De ☐

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

TABLE 1

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

9. ARE YOU A TWIN? No ☐ Yes ☐

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

(If a twin sister) IS SHE LIVING? Living ☐ Dead ☐

10. (If twin sister) WHAT IS HER FULL NAME AND ADDRESS?

(Full name)

(Address)

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

FULL NAME	COMPLETE ADDRESS	RELATIONSHIP	STUDY NUMBER NO.

1. PATIENT IDENTIFICATION

12. FULL BYTES ☐ ABROGATED ☐
Babies interviewed, enter number of LAST GEN Study Prog. No. ☐

BABY'S FATHER'S FAMILY

13. HOW OLD IS THE FATHER OF THIS BABY? ☐

14. WHAT IS HIS NAME? ☐

Refused ☐ DK ☐

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

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

No ☐ DK ☐ Yes ☐

(If related, how are you related? See instructions and describe relationship below.)

16. HOW MANY BROTHERS AND SISTERS DOES HE HAVE, INCLUDING ANY WHO MAY HAVE DIED? (Only 12 children with the same mother and father.)

Bro ☐ De ☐ Sis ☐ De ☐

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

TABLE 2

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

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

YOUR RELATIVES: No ☐ DK ☐ Yes ☐

HIS RELATIVES: No ☐ DK ☐ Yes ☐

COLN-5210-7
REV. 6-58
(1)

FAMILY HISTORY INTERVIEW
HEALTH OF GRAVIDA AND HER FAMILY

INSTRUCTIONS TO INTERVIEWER: When asking questions, probe for conditions in gravida, her parents, and her FULL siblings (those listed on GEN-4). Mark NO for when no conditions reported. Mark OK for when no information is available. Mark No and/or Fa for if condition reported in parentheses. If condition reported in FULL Sibs, write in box the number of FULL sibs affected.

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

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

All items ☐ * Started means only ☐

2. WHEN YOU WERE BORN, WAS THERE ANYTHING IN YOUR BODY THAT WAS NOT FORMED RIGHT? ANY PHYSICAL DEFECT?

(Specify part of body and describe defect)

Yes ☐ No ☐

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

Seeing ☐ Hearing ☐ Speaking ☐ No ☐

4. HAS ANYONE IN YOUR FAMILY?

Full Sibs ☐ No ☐ Fa ☐ OK ☐ No ☐

5. HAVE YOU EVER HAD SUGAR DIABETES? (Too much sugar in urine or blood)? (Age at onset, with progression only. Marked reported, etc.)

Yes ☐ No ☐

6. HAS ANYONE IN YOUR FAMILY?

Full Sibs ☐ No ☐ Fa ☐ OK ☐ No ☐

7. HAVE YOU EVER HAD SEIZURES, CONVULSIONS, OR EPILEPSY? (Now called, other names, with focus, with progression?)

Yes ☐ No ☐

8. HAS ANYONE IN YOUR FAMILY?

Full Sibs ☐ No ☐ Fa ☐ OK ☐ No ☐

9. HAVE YOU EVER HAD TROUBLE USING ARMS, HANDS, OR LEGS? ANY PARALYSIS, Crippling OR CEREBRAL PALSY? (Excludes accidents and injuries) (Age, description, course—onset or onset?)

Yes ☐ No ☐

10. HAS ANYONE IN YOUR FAMILY?

Full Sibs ☐ No ☐ Fa ☐ OK ☐ No ☐

11. DID YOU GO TO ANY SPECIAL SCHOOL, LIKE ONE FOR SLOW LEARNERS? (Include here only mental retardation or very slow learning.)

Yes ☐ No ☐

12. WAS ANYONE IN YOUR FAMILY UNABLE TO GO TO REGULAR SCHOOL? (Marked)

Full Sibs ☐ No ☐ Fa ☐ OK ☐ No ☐

13. HAVE YOU EVER HAD ANY NERVOUS PROBLEM WHICH REQUIRED HOSPITAL CARE - OR PSYCHIATRIC TREATMENT? (Age at diagnosis, recovery?)

Yes ☐ No ☐

14. HAS ANYONE IN YOUR FAMILY?

Full Sibs ☐ No ☐ Fa ☐ OK ☐ No ☐

15. IS THERE ANY DISEASE OR CONDITION THAT TENDS TO RUN IN YOUR FAMILY?

If YES, write down: Is this only name of disease, relationship and condition?

Yes ☐ No ☐

16. PATIENT IDENTIFICATION

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

17. INTERVIEWER: Circle below when to gravida's or former report only are you including or attaching other data that may clarify or change value?

Medical record checked ☐ Interviewer's account ☐ No ☐

(Circle how numbers are typed, not changed)

COLLABORATIVE RESEARCH
REPRODUCTION OF GEN-4, GEN-5, GEN-6, GEN-7, GEN-8, GEN-9, GEN-10, GEN-11, GEN-12, GEN-13, GEN-14, GEN-15, GEN-16, GEN-17, GEN-18, GEN-19, GEN-20, GEN-21, GEN-22, GEN-23, GEN-24, GEN-25, GEN-26, GEN-27, GEN-28, GEN-29, GEN-30, GEN-31, GEN-32, GEN-33, GEN-34, GEN-35, GEN-36, GEN-37, GEN-38, GEN-39, GEN-40, GEN-41, GEN-42, GEN-43, GEN-44, GEN-45, GEN-46, GEN-47, GEN-48, GEN-49, GEN-50, GEN-51, GEN-52, GEN-53, GEN-54, GEN-55, GEN-56, GEN-57, GEN-58, GEN-59, GEN-60, GEN-61, GEN-62, GEN-63, GEN-64, GEN-65, GEN-66, GEN-67, GEN-68, GEN-69, GEN-70, GEN-71, GEN-72, GEN-73, GEN-74, GEN-75, GEN-76, GEN-77, GEN-78, GEN-79, GEN-80, GEN-81, GEN-82, GEN-83, GEN-84, GEN-85, GEN-86, GEN-87, GEN-88, GEN-89, GEN-90, GEN-91, GEN-92, GEN-93, GEN-94, GEN-95, GEN-96, GEN-97, GEN-98, GEN-99, GEN-100, GEN-101, GEN-102, GEN-103, GEN-104, GEN-105, GEN-106, GEN-107, GEN-108, GEN-109, GEN-110, GEN-111, GEN-112, GEN-113, GEN-114, GEN-115, GEN-116, GEN-117, GEN-118, GEN-119, GEN-120, GEN-121, GEN-122, GEN-123, GEN-124, GEN-125, GEN-126, GEN-127, GEN-128, GEN-129, GEN-130, GEN-131, GEN-132, GEN-133, GEN-134, GEN-135, GEN-136, GEN-137, GEN-138, GEN-139, GEN-140, GEN-141, GEN-142, GEN-143, GEN-144, GEN-145, GEN-146, GEN-147, GEN-148, GEN-149, GEN-150, GEN-151, GEN-152, GEN-153, GEN-154, GEN-155, GEN-156, GEN-157, GEN-158, GEN-159, GEN-160, GEN-161, GEN-162, GEN-163, GEN-164, GEN-165, GEN-166, GEN-167, GEN-168, GEN-169, GEN-170, GEN-171, GEN-172, GEN-173, GEN-174, GEN-175, GEN-176, GEN-177, GEN-178, GEN-179, GEN-180, GEN-181, GEN-182, GEN-183, GEN-184, GEN-185, GEN-186, GEN-187, GEN-188, GEN-189, GEN-190, GEN-191, GEN-192, GEN-193, GEN-194, GEN-195, GEN-196, GEN-197, GEN-198, GEN-199, GEN-200, GEN-201, GEN-202, GEN-203, GEN-204, GEN-205, GEN-206, GEN-207, GEN-208, GEN-209, GEN-210, GEN-211, GEN-212, GEN-213, GEN-214, GEN-215, GEN-216, GEN-217, GEN-218, GEN-219, GEN-220, GEN-221, GEN-222, GEN-223, GEN-224, GEN-225, GEN-226, GEN-227, GEN-228, GEN-229, GEN-230, GEN-231, GEN-232, GEN-233, GEN-234, GEN-235, GEN-236, GEN-237, GEN-238, GEN-239, GEN-240, GEN-241, GEN-242, GEN-243, GEN-244, GEN-245, GEN-246, GEN-247, GEN-248, GEN-249, GEN-250, GEN-251, GEN-252, GEN-253, GEN-254, GEN-255, GEN-256, GEN-257, GEN-258, GEN-259, GEN-260, GEN-261, GEN-262, GEN-263, GEN-264, GEN-265, GEN-266, GEN-267, GEN-268, GEN-269, GEN-270, GEN-271, GEN-272, GEN-273, GEN-274, GEN-275, GEN-276, GEN-277, GEN-278, GEN-279, GEN-280, GEN-281, GEN-282, GEN-283, GEN-284, GEN-285, GEN-286, GEN-287, GEN-288, GEN-289, GEN-290, GEN-291, GEN-292, GEN-293, GEN-294, GEN-295, GEN-296, GEN-297, GEN-298, GEN-299, GEN-300, GEN-301, GEN-302, GEN-303, GEN-304, GEN-305, GEN-306, GEN-307, GEN-308, GEN-309, GEN-310, GEN-311, GEN-312, GEN-313, GEN-314, GEN-315, GEN-316, GEN-317, GEN-318, GEN-319, GEN-320, GEN-321, GEN-322, GEN-323, GEN-324, GEN-325, GEN-326, GEN-327, GEN-328, GEN-329, GEN-330, GEN-331, GEN-332, GEN-333, GEN-334, GEN-335, GEN-336, GEN-337, GEN-338, GEN-339, GEN-340, GEN-341, GEN-342, GEN-343, GEN-344, GEN-345, 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GEN-790, GEN-791, GEN-792, GEN-793, GEN-794, GEN-795, GEN-796, GEN-797, GEN-798, GEN-799, GEN-800, GEN-801, GEN-802, GEN-803, GEN-804, GEN-805, GEN-806, GEN-807, GEN-808, GEN-809, GEN-810, GEN-811, GEN-812, GEN-813, GEN-814, GEN-815, GEN-816, GEN-817, GEN-818, GEN-819, GEN-820, GEN-821, GEN-822, GEN-823, GEN-824, GEN-825, GEN-826, GEN-827, GEN-828, GEN-829, GEN-830, GEN-831, GEN-832, GEN-833, GEN-834, GEN-835, GEN-836, GEN-837, GEN-838, GEN-839, GEN-840, GEN-841, GEN-842, GEN-843, GEN-844, GEN-845, GEN-846, GEN-847, GEN-848, GEN-849, GEN-850, GEN-851, GEN-852, GEN-853, GEN-854, GEN-855, GEN-856, GEN-857, GEN-858, GEN-859, GEN-860, GEN-861, GEN-862, GEN-863, GEN-864, GEN-865, GEN-866, GEN-867, GEN-868, GEN-869, GEN-870, GEN-871, GEN-872, GEN-873, GEN-874, GEN-875, GEN-876, GEN-877, GEN-878, GEN-879, GEN-880, GEN-881, GEN-882, GEN-883, GEN-884, GEN-885, GEN-886, GEN-887, GEN-888, GEN-889, GEN-890, GEN-891, GEN-892, GEN-893, GEN-894, GEN-895, GEN-896, GEN-897, GEN-898, GEN-899, GEN-900, GEN-901, GEN-902, GEN-903, GEN-904, GEN-905, GEN-906, GEN-907, GEN-908, GEN-909, GEN-910, GEN-911, GEN-912, GEN-913, GEN-914, GEN-915, GEN-916, GEN-917, GEN-918, GEN-919, GEN-920, GEN-921, GEN-922, GEN-923, GEN-924, GEN-925, GEN-926, GEN-927, GEN-928, GEN-929, GEN-930, GEN-931, GEN-932, GEN-933, GEN-934, GEN-935, GEN-936, GEN-937, GEN-938, GEN-939, GEN-940, GEN-941, GEN-942, GEN-943, GEN-944, GEN-945, GEN-946, GEN-947, GEN-948, GEN-949, GEN-950, GEN-951, GEN-952, GEN-953, GEN-954, GEN-955, GEN-956, GEN-957, GEN-958, GEN-959, GEN-960, GEN-961, GEN-962, GEN-963, GEN-964, GEN-965, GEN-966, GEN-967, GEN-968, GEN-969, GEN-970, GEN-971, GEN-972, GEN-973, GEN-974, GEN-975, GEN-976, GEN-977, GEN-978, GEN-979, GEN-980, GEN-981, GEN-982, GEN-983, GEN-984, GEN-985, GEN-986, GEN-987, GEN-988, GEN-989, GEN-990, GEN-991, GEN-992, GEN-993, GEN-994, GEN-995, GEN-996, GEN-997, GEN-998, GEN-999, GEN-1000, GEN-1001, GEN-1002, GEN-1003, GEN-1004, GEN-1005, GEN-1006, GEN-1007, GEN-1008, GEN-1009, GEN-1010, GEN-1011, GEN-1012, GEN-1013, GEN-1014, GEN-1015, GEN-1016, GEN-1017, GEN-1018, GEN-1019, GEN-1020, GEN-1021, GEN-1022, GEN-1023, GEN-1024, GEN-1025, GEN-1026, GEN-1027, GEN-1028, GEN-1029, GEN-1030, GEN-1031, GEN-1032, GEN-1033, GEN-1034, GEN-1035, GEN-1036, GEN-1037, GEN-1038, GEN-1039, GEN-1040, GEN-1041, GEN-1042, GEN-1043, GEN-1044, GEN-1045, GEN-1046, GEN-1047, GEN-1048, GEN-1049, GEN-1050, GEN-1051, GEN-1052, GEN-1053, GEN-1054, GEN-1055, GEN-1056, GEN-1057, GEN-1058, GEN-1059, GEN-1060, GEN-1061, GEN-1062, GEN-1063, GEN-1064, GEN-1065, GEN-1066, GEN-1067, GEN-1068, GEN-1069, GEN-1070, GEN-1071, GEN-1072, GEN-1073, GEN-1074, GEN-1075, GEN-1076, GEN-1077, GEN-1078, GEN-1079, GEN-1080, GEN-1081, GEN-1082, GEN-1083, GEN-1084, GEN-1085, GEN-1086, GEN-1087, GEN-1088, GEN-1089, GEN-1090, GEN-1091, GEN-1092, GEN-1093, GEN-1094, GEN-1095, GEN-1096, GEN-1097, GEN-1098, GEN-1099, GEN-1100, GEN-1101, GEN-1102, GEN-1103, GEN-1104, GEN-1105, GEN-1106, GEN-1107, GEN-1108, GEN-1109, GEN-1110, 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FAMILY HISTORY INTERVIEW HEALTH OF BABY'S FATHER AND HIS FAMILY

INSTRUCTIONS TO INTERVIEWER: When asking questions, probe for conditions in baby's father, his parents, and his FULL siblings (those listed on GEN-4). Mark NO box when no conditions reported. Mark DK box when no information is available. Mark No and/or Fit box if condition reported in parent(s). If condition reported in FULL siblings, write in box the number of FULL siblings affected.

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

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

All items ☐ * Shared (none only) ☐

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

Yes ☐ No ☐ DK ☐

2. HAS HE HAD ANY SERIOUS TROUBLE SEEING OR HEARING? (blind or short sight or astigmatism? ANY SERIOUS TROUBLE SPEAKING? (slight or severe, etc.))

Seeing ☐ Hearing ☐ Speaking ☐ DK ☐ No ☐

3. HAS ANYONE IN HIS FAMILY?

Full Sib ☐ No ☐ Fa ☐ DK ☐ No ☐

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

Yes ☐ No ☐ DK ☐

5. HAS ANYONE IN HIS FAMILY?

Full Sib ☐ No ☐ Fa ☐ DK ☐ No ☐

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

Yes ☐ No ☐ DK ☐

7. HAS ANYONE IN HIS FAMILY?

Full Sib ☐ No ☐ Fa ☐ DK ☐ No ☐

8. HAS HE EVER HAD TROUBLE USING ARMS, HANDS, OR LEGS? ANY PARALYSIS, Crippling OR CEREBRAL PALSY? (Specify condition or conditions) (Age, description, source—doctor or others)

Yes ☐ No ☐ DK ☐

9. HAS ANYONE IN HIS FAMILY?

Full Sib ☐ No ☐ Fa ☐ DK ☐ No ☐

10. DID HE GO TO ANY SPECIAL SCHOOL, LIKE ONE FOR SLOW LEARNERS? (Specify how early started, institution or very slow learning)

Yes ☐ No ☐ DK ☐

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

Full Sib ☐ No ☐ Fa ☐ DK ☐ No ☐

12. HAS HE EVER HAD ANY NERVOUS PROBLEM WHICH REQUIRED HOSPITAL CARE - OR PSYCHIATRIC TREATMENT? (Anxiety, depression, etc.)

Yes ☐ No ☐ DK ☐

13. HAS ANYONE IN HIS FAMILY?

Full Sib ☐ No ☐ Fa ☐ DK ☐ No ☐

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

Employment ☐ Therapeutic ☐ Diagnostic ☐ DK ☐ No ☐

1. PATIENT IDENTIFICATION

15. DESCRIPTION OF CONDITIONS: Do not enter or describe all information requested in items 1-14 above. If a given detail is not available, state so specifically.

17. INTERVIEWER: Can you refer to provider's interview notes only. Are you including or abstracting other data that may verify or change notes?

Medical record abstract ☐ Interview summary ☐ No ☐

(Circle item number completed, left margin)

Form 1704 MURDERERS LINKED TO DATA ITEMS ON GPM-5, PURPOSES OF GRAVITAS'S PRIOR PREGNANCIES

ITEM	DATA	CAUSE	FROM	TO	DATA ITEM NAME
1704	IN	MUR			
2	2400.....VAR	2504	290	240	COGNATE OF GRAVITAS'S PARENTS, ALL REVISIONS (YES/NO/UNKNOWN)
2	2400.....GPM-5	2504	30	19	FOR GPM-5 item number referred to in record or comment
2	2400.....GPM-5	2504	30	18	FOR GPM-5 medical records or interview's comment
2	2400.....GPM-5	2504	14	15	FOR GPM-5 used (entire/abridged)
2	2400.....GPM-5	2504	14	15	FOR GPM-5 used (entire/abridged)
2	2400.....GPM-5	2504	16	16	FOR GPM-5, interview before delivery
2	2400.....GPM-5	2504	17	17	FOR GPM-5, interview, place conducted
2	2400.....GPM-5	2504	18	18	LANGUAGE USED
2	2400.....GPM-5	2504	19	20	FOR GPM-5, interview
2	2400.....GPM-5	2504	21	22	FOR GPM-5, date (day)
2	2400.....GPM-5	2504	21	22	FOR GPM-5, date (mo)
2	2400.....GPM-5	2504	24	26	FOR GPM-5, date (yr)
2	2400.....GPM-5	2504	40	40	DEATHS, TOTAL NUMBER OF PRIOR PREGNANCIES
2	2400.....GPM-5	2504	40	40	DEATHS, neonatal and stillbirths, total number prior to current pregnancy
2	2400.....GPM-5	2504	44	45	GRAVITAS, pregnancies, total number of prior
2	2400.....GPM-5	2504	50	51	LIVINGS, total number of prior
2	2400.....GPM-5	2504	20	21	PREGNANCIES, multiple, total number
2	2400.....GPM-5	2504	100	100	PREGNANCIES, multiple, total number prior to current pregnancy
2	2400.....GPM-5	2504	27	28	PREGNANCIES, total number of prior pregnancy
2	2400.....GPM-5	2504	101	101	STILLBORN, death at 20 weeks gestation or greater; total death
2	2400.....GPM-5	2504	102	102	STILLBORN, death prior to current pregnancy
2	2400.....GPM-5	2504	103	103	DEATHS, neonatal and stillbirths, total number prior to current pregnancy
2	2400.....GPM-5	2504	65	65	FATAL DEATH, at 20 weeks gestation and over, total number
2	2400.....GPM-5	2504	31	31	FATAL DEATH, at 20 weeks gestation and over; stillborn; siblings
2	2400.....GPM-5	2504	40	40	FATAL DEATH, at 20 weeks gestation and over; stillborn; siblings
2	2400.....GPM-5	2504	47	47	FATAL DEATH, fetal, prior to 20 weeks gestation, total number; siblings half
2	2400.....GPM-5	2504	64	64	FATAL DEATH, prior to 20 weeks gestation, total number
2	2400.....GPM-5	2504	30	30	FATAL DEATH, prior to 20 weeks gestation, total number; siblings full
2	2400.....GPM-5	2504	100	100	FATAL DEATHS (abortion) at less than 20 weeks gestation, total number prior to current pregnancy
2	2400.....GPM-5	2504	50	50	LIVINGS, total number of prior
2	2400.....GPM-5	2504	60	60	LIVINGS female, total number
2	2400.....GPM-5	2504	52	52	LIVINGS female, total number; siblings half
2	2400.....GPM-5	2504	60	60	LIVINGS male, total number
2	2400.....GPM-5	2504	51	51	LIVINGS male, total number; siblings half
2	2400.....GPM-5	2504	34	34	LIVINGS, female, total number; siblings full

Form Item Numbers Linked to Data Items on GPM-5, Outcomes of Gravida's Prior Pregnancies

ITEM ON FORM	DATA ITEM IN	CARD NUM	FROM	TO	DATA ITEM NAME
7	2417..GPM-5	1504	34	34	Liveborn, male, total number; siblings full
7	2440..GPM-5	1504	66	67	Liveborn, total number
7	2419..GPM-5	1504	32	33	Liveborn, total number; siblings full
7	2452..GPM-5	1504	70	70	Premature, total number
7	2416..GPM-5	1504	34	36	Premature, total number; siblings full
7	2436..GPM-5	1504	53	43	Premature, total number; siblings half
7	5248....VAR		388	388	Premature; births, total number prior to current pregnancy
7	5263....VAR		406	406	Siblings full; death at 28 or more days, total number
7	2423..GPM-5	1504	40	40	Siblings full; death, infant, greater than 28 days, total number
7	5262....VAR		404	405	Siblings full; death, neonatal, 27 or less days, total number
7	2422..GPM-5	1504	39	39	Siblings full; death, neonatal, total number
7	5269....VAR		412	412	Siblings full; developmental retardation; physical, mental or behavioral, total number
7	2429..GPM-5	1504	46	46	Siblings full; developmental retardation, physical, mental, behavioral, total number
7	5254....VAR		325	398	Siblings full; fetal death prior to 20 wks gestation, total number; fetal
7	5258....VAR		401	401	Siblings full; liveborn female total number
7	5257....VAR		400	400	Siblings full; liveborn male total number
7	5302....VAR		446	447	Siblings full; liveborn, total number
7	5361....VAR		404	404	Siblings full; living, five years of age and older, total number
7	2421..GPM-5	1504	36	36	Siblings full; living, five years of age and older, total number
7	2426..GPM-5	1504	37	37	Siblings full; living, less than five years of age, total number
7	5250....VAR		401	403	Siblings full; living, less than five years of age, total number
7	2424..GPM-5	1504	42	42	Siblings full; stillborn, congenital, total number
7	5264....VAR		408	408	Siblings full; stillborn, congenital, total number
7	5267....VAR		410	410	Siblings full; stillborn, congenital, total number
7	2427..GPM-5	1504	44	44	Siblings full; stillborn, congenital, total number
7	5256....VAR		402	402	Siblings full; stillborn, congenital, total number
7	5266....VAR		407	407	Siblings full; stillborn, congenital, total number
7	2424..GPM-5	1504	41	41	Siblings full; stillborn, congenital, total number
7	2426..GPM-5	1504	43	43	Siblings full; stillborn, congenital, total number
7	5266....VAR		409	409	Siblings full; stillborn, congenital, total number
7	5268....VAR		411	411	Siblings full; stillborn, congenital, total number
7	2428..GPM-5	1504	45	45	Siblings full; stillborn, congenital, total number
7	5256....VAR		399	399	Siblings full; stillborn, congenital, total number
7	5254....VAR		396	397	Siblings full; stillborn, congenital, total number
7	5261....VAR		424	425	Siblings full; stillborn, congenital, total number

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

ITEM NM	DATA TYPE	CARD NM	FROM	TO	DATA ITEM NAME
7	2440..GFH-5	1505	57	57	siblings half; death, infant, greater than 20 days, total number
7	2440....VAR		424	424	siblings half; death, neonatal, 27 or less days, total number
7	2439..GFH-5	1505	56	56	siblings half; death, neonatal, total number
7	2439....VAR		431	431	siblings half; developmental retardation, physical, mental or behavioral, total number
7	2446..GFH-5	1505	61	61	siblings half; developmentally retardation, physical, mental, behavioral, total number
7	3273....VAR		417	417	siblings half; different father
7	3273....VAR		415	415	siblings half; fetal death prior to 20 wks gestation, total number
7	3276....VAR		420	420	siblings half; liveborn female, total number
7	3275....VAR		419	419	siblings half; liveborn male, total number
7	2432..GFH-5	1505	48	48	siblings half; liveborn; maternity known, different father
7	2432....VAR		50	50	siblings half; liveborn; maternity unknown
7	2433..GFH-5	1505	54	54	siblings half; living, five years of age and older, total number
7	2433....VAR		423	423	siblings half; living, five years of age and older, total number
7	3278....VAR		422	422	siblings half; living, less than five years of age, total number
7	2437..GFH-5	1505	54	54	siblings half; living, less than five years of age, total number
7	2442..GFH-5	1505	59	59	siblings half; information, congenital, total number
7	3283....VAR		427	427	siblings half; malformation, congenital, total number
7	3283....VAR		429	429	siblings half; motor defect, total number
7	3285....VAR		428	428	siblings half; motor defects, total number
7	2444..GFH-5	1505	61	61	siblings half; procedure, total number
7	3277....VAR		421	421	siblings half; in incompetibility; blind group incompetibility; jaundice, neonatal; transfusion
7	3282....VAR		426	426	siblings half; in incompetibility; blind group incompetibility; jaundice, neonatal; transfusion
7	2441..GFH-5	1505	58	58	siblings half; in incompetibility; blood group incompetibility; jaundice, neonatal; transfusion, total number
7	2443..GFH-5	1505	60	60	siblings half; seizures; convulsions; epilepsy, total number
7	3284....VAR		428	428	siblings half; seizures; convulsions; epilepsy, total number
7	3286....VAR		430	430	siblings half; sensory defects; hearing; speech or vision, total number
7	2445..GFH-5	1505	62	62	siblings half; sensory defects; hearing; speech; vision, total number
7	3272....VAR		416	416	siblings half; stillborn; death at 20 wks gestation and over, total number
7	3270....VAR		413	413	siblings half; total number
7	3274....VAR		418	418	siblings half; unknown paternity
7	3294....VAR		438	438	siblings living, five years of age and older, total number
7	3293....VAR		437	437	siblings living, less than five years of age, total number
7	2456..GFH-5	1505	74	74	siblings, death, infant, greater than 20 days, total number
7	2455..GFH-5	1505	73	73	siblings, death, neonatal, total number
7	2462..GFH-5	1505	80	80	siblings, developmentally retardation, physical, mental, behavioral, total number
7	2454..GFH-5	1505	72	72	siblings, living, five years of age and older, total number

Form Item Numbers Linked to Data Items on GEN-5, Outcomes of Gravidia's Prior Pregnancies

ITEM NO FORM	DATA ITEM IN	CARD NUM	FROM	TO	DATA ITEM NAME
7	2453...GEN-5	1505	71	71	71 Siblings, living, less than five years of age, total number
7	2454...GEN-5	1505	76	76	76 Siblings, malformation, congenital, total number
7	2460...GEN-5	1505	79	79	79 Siblings, motor defect, total number
7	2457...GEN-5	1505	75	75	75 Siblings, mental incompetibility, blood group incompatibility, jaundice, neonatal transfusion, total number
7	2456...GEN-5	1505	77	77	77 Siblings, seizures, convulsions, epilepsy, total number
7	2461...GEN-5	1505	79	79	79 Siblings, sensory defect, hearing, speech, vision, total number
7	5286...VAR		440	440	440 Siblings, death at 28 or more days, total number
7	5295...VAR		439	439	439 Siblings, death, neonatal, 27 or less days, total number
7	5301...VAR		445	445	445 Siblings, developmental retardation, physical, mental or neurological, total number
7	5289...VAR		433	433	433 Siblings, fetal death after 20 weeks gestation, total number, total
7	5298...VAR		432	432	432 Siblings, fetal death prior to 20 weeks gestation, total number, total
7	5291...VAR		435	435	435 Siblings, liveborn female, total number
7	5280...VAR		434	434	434 Siblings, liveborn male, total number
7	5303...VAR		449	449	449 Siblings, liveborn, total number
7	5288...VAR		442	442	442 Siblings, malformation, congenital, total number
7	5299...VAR		443	443	443 Siblings, motor defect, total number
7	5292...VAR		436	436	436 Siblings, prematurity, total number
7	5297...VAR		441	441	441 Siblings, mental incompetibility, blood group incompatibility, jaundice, neonatal transfusion
7	5300...VAR		444	444	444 Siblings, sensory defect, hearing, speech or vision, total number
7	5291...VAR		391	391	391 Stillbirths, deaths at 20 weeks gestation or greater, total death prior to current pregnancy
9	2466...GEN-5	2505	16	16	16 Medical care of other children (yes/no)
10	2467...GEN-5	2505	17	17	17 Hospitalization of other children (yes/no)
12	2468...GEN-5	2505	18	18	18 Fetal death, blood incompatibility, erythroblastosis fetalis, siblings
12	2469...GEN-5	2505	19	19	19 Liveborn, blood incompatibility, no transfusion, siblings
12	2470...GEN-5	2505	20	20	20 Liveborn, blood incompatibility, requiring exchange transfusion, siblings
12	5306...VAR		452	452	452 Siblings, liveborn, blood incompatibility, no transfusion
12	5307...VAR		453	453	453 Siblings, liveborn, blood incompatibility, requiring exchange transfusion
12	5305...VAR		451	451	451 Siblings, fetal death, blood incompatibility, erythroblastosis fetalis
13	2471...GEN-5	2505	21	21	21 Cleft lip, cleft palate, siblings
13	5308...VAR		454	454	454 Cleft lip, palate, siblings, congenital malformation
13	2472...GEN-5	2505	22	22	22 Club foot, siblings
13	5309...VAR		455	455	455 Club foot, siblings, congenital malformation
13	5310...VAR		456	456	456 Fingers or toes, siblings, congenital malformation
13	2473...GEN-5	2505	23	23	23 Fingers, toes, malformation, congenital, siblings

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

ITEM NN PNUM	DATA ITEM IN	CARD NUM	FROM	TO	DATA ITEM NAME
13	5312....VAR		459	458	Head or spine; blindness; congenital; malformation
13	2475..GF4-5	2504	25	25	Head; spine; malformation; congenital; siblings
13	2476..GF4-5	2504	26	26	Head; malformation; congenital; siblings
13	5311....VAR		457	457	Heart; blindness; congenital; malformation
13	2476..GF4-5	2504	26	26	Heart; malformation; congenital; other; siblings
13	5313....VAR		459	459	Malformation; other; blindness; congenital; malformation
13	2477..GF4-5	2504	27	27	Seizures; convulsions; epilepsy; siblings
14	5114....VAR		284	286	Seizures; convulsions; epilepsy; siblings; total number
13	5315....VAR		461	461	Motor defect due to infection; siblings
13	2476..GF4-5	2504	26	26	Motor defect due to infection; siblings
15	2476..GF4-5	2504	26	26	Motor defect due to injury; siblings
15	5314....VAR		464	460	Motor defect due to injury; siblings
15	5316....VAR		462	462	Motor defect; other; siblings
15	2480..GF4-5	2504	10	10	Motor defect; other; siblings
13	5318....VAR		464	464	Sensory defect; hearing; deaf; siblings
16	2683..GF4-5	2504	33	33	Sensory defect; speech defect; siblings
16	5319....VAR		464	465	Sensory defect; speech; defect; siblings
16	5317....VAR		463	463	Sensory defect; visually blind; siblings
16	2681..GF4-5	2504	31	31	Sensory defect; visually blindness; siblings
16	2482..GF4-5	2504	32	32	Sensory defect; visually deafness; siblings
17	5322....VAR		468	468	Developmental retardation; behavioral/social; siblings
17	5321....VAR		467	467	Developmental retardation; mental; siblings
17	5320....VAR		466	466	Developmental retardation; physical; siblings
17	2486..GF4-5	2504	36	36	Developmental retardation; behavioral/emotional; siblings
17	2685..GF4-5	2504	35	35	Developmental retardation; mental; siblings
17	2484..GF4-5	2504	34	34	Developmental retardation; physical; siblings
18	2487..GF4-5	2504	37	37	Siblings unable to attend regular school; total number
18	5304....VAR		450	450	Siblings unable to attend regular school; total number

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

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
6-7	9140....VAR		297	292	Consanguinity of gravida and father of baby, all revisions (yes/no/unknown)
8	2493...GFM-b	3505	15	15	For GFM-b used (unidentified)
8	2497...GFM-b	3505	299	299	Consanguinity of gravida's parents, all revisions
8	2495...GFM-b	3505	17	17	Siblings of gravida, liveborn full brothers
8	2494...GFM-b	3505	18	18	Siblings of gravida, liveborn full sisters
10	2497...GFM-b	3505	19	19	Siblings of gravida, full sisters, not 15 or over, living or dead
10	2498...GFM-b	3505	20	20	Twinning
10	2491...VAR		293	293	Twinning gravida
12	2499...GFM-b	3505	21	21	Father of baby when on prior pregnancy
13	2500...GFM-b	3505	22	22	Age
14	2501...GFM-b	3505	24	24	Mar, father of baby
15	2502...GFM-b	3505	291	291	Consanguinity of gravida and father of baby, all revisions
15-16	2494...GFM-b	3505	25	25	Consanguinity of gravida's parents
16-17	2503...GFM-b	3505	16	16	Siblings of father, liveborn, full brothers
17	2504...GFM-b	3505	26	26	Siblings of father, liveborn, full sisters
17	2505...GFM-b	3505	27	27	Relatives of gravida in study
19-20	2506...GFM-b	3505	28	28	Relatives of gravida in study
19-20	2506...GFM-b	3505	29	29	Relatives of gravida in study

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

ITEM NM	DATA ITEM IN	CARD NUM	FROM	TO	DATA ITEM NAME
2	5331.....VAR	479	479	479	mental illness; (psychiatric treatment); siblings (yes, no, unknown)
2	5331.....VAR	477	477	477	mentally retarded; siblings (yes, no, unknown)
2	5320.....VAR	474	474	474	motor defects; siblings (yes, no, unknown)
2	5327.....VAR	473	473	473	seizures; convulsions; (epilepsy); siblings (yes, no, unknown)
2	5325.....VAR	471	471	471	sensory defects; siblings (yes, no, unknown)
2	2407.....CFM-7	3504	30	30	malformations, congenital; gravidia
2	5323.....VAR	469	469	469	malformations, congenital and/or physical defects, other; siblings
2	2508.....CFM-7	3504	31	31	physical defects, other; gravidia
2	2509.....CFM-7	3504	32	32	sensory defects
2	5324.....VAR	470	470	470	sensory defects; siblings
2	2511.....CFM-7	3504	34	34	sensory defects; parents of gravidia
2	2510.....CFM-7	3504	33	33	sensory defects; siblings of gravidia, full, number
2	2512.....CFM-7	3504	34	34	diabetes
2	2514.....CFM-7	3504	37	37	diabetes; parents of gravidia
2	2513.....CFM-7	3504	36	36	diabetes; siblings of gravidia, full, number
2	2515.....CFM-7	3504	38	38	seizures; convulsions; (epilepsy); siblings
2	5326.....VAR	472	472	472	seizures; convulsions; (epilepsy); siblings
2	2517.....CFM-7	3504	40	40	seizures; convulsions; (epilepsy); parents of gravidia
2	2516.....CFM-7	3504	39	39	seizures; convulsions; (epilepsy); siblings of gravidia, full, number
2	2518.....CFM-7	3504	41	41	motor defects
2	5328.....VAR	474	474	474	motor defects; siblings
2	2520.....CFM-7	3504	43	43	motor defects; parents of gravidia
2	2519.....CFM-7	3504	42	42	motor defects; siblings of gravidia, full, number
2	2521.....CFM-7	3504	44	44	mentally retarded
2	5330.....VAR	476	476	476	mentally retarded; siblings
2	2523.....CFM-7	3504	46	46	mentally retarded; parents of gravidia
2	2522.....CFM-7	3504	45	45	mentally retarded; siblings of gravidia, full, number
2	2524.....CFM-7	3504	47	47	mental illness; (psychiatric treatment)
2	5332.....VAR	478	478	478	mental illness; (psychiatric treatment); siblings
2	2526.....CFM-7	3504	49	49	mental illness; (psychiatric treatment); parents of gravidia
2	2425.....CFM-7	3504	48	48	mental illness; (psychiatric treatment); siblings of gravidia, full, number
2	2527.....CFM-7	3504	50	50	disease or condition, other, in family
2	2528.....CFM-7	3504	52	52	form CFM-7, item number referred to in record or comments
2	2529.....CFM-7	3504	51	51	form CFM-7, medical record or interviewer's comment

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

1920 ON GFH-8	DATA ITEM IN	CARD NUM	FROM	TO	DATA ITEM NAME
2	2554..GFH-8	3504	77	77	Consanguinity of gravida and father of baby (revision 0)
2	5104....VAN		707	207	Consanguinity of gravida and father of baby, current pregnancy (revision 0)
2	2553..GFH-8	3504	76	76	Consanguinity of gravida's parents (revision 0)
2	5104....VAN		284	284	Consanguinity of gravida's parents, (revision 0)
2	5346....VAN		492	492	Diabetic siblings (yes, no, unknown)
2	5346....VAN		490	490	Mental illness (psychiatric treatment) siblings (yes, no, unknown)
3	5342....VAN		488	488	Mental retardation siblings (yes, no, unknown)
3	5340....VAN		486	486	Motor defects siblings (yes, no, unknown)
3	5338....VAN		484	484	Seizures convulsions siblings (yes, no, unknown)
3	5336....VAN		482	482	Sensory defects siblings (yes, no, unknown)
3	2530..GFH-8	3504	53	53	Malformations congenital
3	5334....VAN		480	480	Malformations congenital siblings
3	2531..GFH-8	3504	54	54	Physical defects, other
3	2532..GFH-8	3504	55	55	Sensory defects
3	5334....VAN		481	481	Sensory defects siblings
4	2534..GFH-8	3504	57	57	Sensory defects parents of father
4	2533..GFH-8	3504	56	56	Sensory defects siblings of father, full, number
4	2534..GFH-8	3504	58	58	Diabetes
4	5344....VAN		491	491	Diabetic siblings
6	2537..GFH-8	3504	60	60	Diabetic parents of father
6	2536..GFH-8	3504	59	59	Diabetic siblings of father, full, number
7	2538..GFH-8	3504	61	61	Seizures convulsions (epilepsy)
7	5337....VAN		483	483	Seizures convulsions siblings
8	2540..GFH-8	3504	63	63	Seizures convulsions parents of father
8	2539..GFH-8	3504	62	62	Seizures convulsions siblings of father, full, number
8	2541..GFH-8	3504	64	64	Motor defects
8	5339....VAN		485	485	Motor defects siblings
10	2543..GFH-8	3504	66	66	Motor defects parents of father
10	2542..GFH-8	3504	65	65	Motor defects siblings of father, full, number
11	2544..GFH-8	3504	67	67	Mental retardation
11	5341....VAN		487	487	Mental retardation siblings
12	2546..GFH-8	3504	69	69	Mental retardation parents of siblings
12	2545..GFH-8	3504	68	68	Mental retardation siblings of father, full, number
13	2547..GFH-8	3504	70	70	Mental illness (psychiatric treatment)
13	5343....VAN		489	489	Mental illness (psychiatric treatment) siblings
14	2549..GFH-8	3504	72	72	Mental illness (psychiatric treatment) parents of father
14	2548..GFH-8	3504	71	71	Mental illness (psychiatric treatment) siblings of father, full, number
15	2550..GFH-8	3504	73	73	Radiation exposure
17	2552..GFH-8	3504	75	75	For GFH-8, item number referred to in record or comment

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

ITEM NO PFC	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
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17	2531-SFN-8 2404	74	74	Form CM-8, Medical records of interviewer's comments	
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DEFINITION OF CODES
FAMILY HISTORY INTERVIEW
GEN 5 - 8 CARD 1505

<u>FIELD</u>		<u>CARD COLUMN</u>
1.	<u>Card Number</u> Code: 1	1
2.	<u>Form Number</u> Code: 505	2-4
3.	<u>Revision Number *</u> Code: 0 - FHE 2, # Form Dated: 5/59 1 - Gen 5-8 Form Dated: 5/61 2 - Gen 5-8 Form Dated: Rev. 6/63	5
4.	<u>SEMS Number</u> GEN-5, Item 1 Nine-digit number for Patient Identification Code: As given	6-14
5.	<u>Full Interview Used: GEN-5</u> GEN-5, Item 2 Code: 0 - Yes	15
6.	<u>Interview Before Delivery</u> GEN-5, Item 2 Code: 0 - Other, after 1 - Before 9 - Unknown	16
7.	<u>Place of Interview</u> GEN-5, Item 2 Code: 0 - Other than specified in code 1 1 - Hospital, clinic, doctor's office, not specified on Rev. "1" 9 - Unknown	17

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

DEFINITION OF CODES (Continued)

FORM GEN-5
Card 1505

FIELD

CARD COLUMNS

8. Language Used
GEN-5, Item 2
Code: 0 - Other than English
1 - English, not specified on Rev. "1"
9 - Unknown

18

9. Interviewer
GEN-5, Item 3
Code: See attachment, "Interviewer"
pages SE-1 - 20-22

19-20

10. Date of Interview
GEN-5, Item 4
Six-digit code for Month (cols. 21-22),
Day (cols. 23-24) and Year (cols. 25-26)
Code: As given
99 - Month, day and/or year unknown

21-26

PRIOR PREGNANCIES

11. Total Number *
GEN-5, Item 5
Code: 00 - None
01-25 - As given
99 - Unknown

27-28

12. Number of Multiple
GEN-5, Item 6
Code: Blank - No prior pregnancy
0 - None
1-7 - As given.
8 - 8 or more
9 - Unknown

29

13. Full Sibs
GEN-5, Item 7
Seventeen-digit code for:
Fetal Death: Under 20 Weeks (col. 30)
 : 20 Weeks and Over (col. 31)
Code for each column:
Same as in Field 12

30-46

* Card ends in column 28 for No Prior Pregnancies

DEFINITION OF CODES (Continued)

FORM GEN-5
Card 1505

FIELD

CARD
COLUMN

13. Full Sibs (cont.)

30-46

Total Number Liveborn (cols. 32-33)

Code: Blank - No prior pregnancy

00 - None

01 -25 - As given

99 - Unknown

Liveborn: Male

(col. 34)

: Female

(col. 35)

Prematures

(col. 36)

Children: Living - 4 Years or Younger

(col. 37)

: Living - 5 Years or Older

(col. 38)

: Dead - 27 Days or Younger

(col. 39)

: Dead - 28 Days or Older

(col. 40)

Condition: RH

(col. 41)

: Congenital Malformation

(col. 42)

: Seizures, Convulsions, Epilepsy

(col. 43)

: Motor

(col. 44)

: Sensory Defect

(col. 45)

: Retardation

(col. 46)

Code for each column:

Same as in Field 12

14. Half Sibs

47-63

GEN-5, Item 7

Seventeen-digit code for:

Fetal Death: Under 20 Weeks

(col. 47)

: 20 Weeks and Over

(col. 48)

Total Liveborn: Different Father

(col. 49)

: Unknown Paternity

(col. 50)

Liveborn: Male

(col. 51)

: Female

(col. 52)

Prematures

(col. 53)

Children: Living - 4 Years or Younger

(col. 54)

: Living - 5 Years or Older

(col. 55)

: Dead - 27 Days or Younger

(col. 56)

: Dead - 28 Days or Older

(col. 57)

Condition: RH

(col. 58)

: Congenital Malformations

(col. 59)

: Seizures, Convulsions, Epilepsy

(col. 60)

: Motor

(col. 61)

: Sensory Defect

(col. 62)

: Retardation

(col. 63)

Code for each column:

Same as in Field 12

15. Total Number of Sibs

64-80

GEN-5, Item 7

Code: Same as in Field 13

DEFINITION OF CODES (Continued)

FORM GEN 5
Card 2505

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

FIELDCARD
COLUMNS

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

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

DEFINITION OF CODES (Continued)

FORM GEN 5
Card 2505FIELDCARD
COLUMN

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

DEFINITION OF CODES (Continued)

FORM GEN 5
Card 2505-

FIELD

CARD
COLUMNS

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

DEFINITION OF CODES (Continued)

FORM GEN 5
Card 2505

FIELD

CARD
COLUMN

26.

Item Number Referred to In Attached

Record or Comment

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

39

DEFINITION OF CODES (Continued)

FORM GEN 6-8
Card 3505FIELDCARD
COLUMNS

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

DEFINITION OF CODES (Continued)

FORM GEN 5-8
Card 3505FIELDCARD
CODES

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

DEFINITION OF CODES (Continued)

FORM GEN 6-8
Card 3505FIELDCARD
COLUMN

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

DEFINITION OF CODES (Continued)

FORM GEN 6-8
Card 3505

FIELD

CARD
COLUMN

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

DEFINITION OF CODES (Continued)

FORM GEN 5-b
Card 3505FIELDCARD
COLUMN

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

DEFINITION OF CODES (Continued)

FORM GEN 6-8
Card 3505

FIELD

CARD
CODE

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

DEFINITION OF CODES (Continued)

FORM GEN 6 --
Card 3505

FIELD

CARD
CREATOR

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

[illegible]

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FAMILY HISTORY INTERVIEW
FORM GEN 5-U

ITEM #		GEN - 5						
DAS FORM #		1	2	3	4	5	6	7
1		MEDICAL CONDITIONS IN OUTCOMES FROM PRIOR PREGNANCIES						
2		CON - DEFECTS						
3		GENITAL MALFORMATIONS						
4		HEARING SENSORY						
5		CARD # 2505						
6		NINDS #						
7		BLANK						

* Item numbers refer to form dated: Rev. 6/63
** Card exists only for one or more prior pregnancies.

50-5, 11:12 515.2

BLANK

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

INTERVIEWING MANUAL FOR THE FAMILY HISTORY INTERVIEW

I. Objectives

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

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

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

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

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

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

II. Content of Protocol

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

A. GEN 5 is in two parts:

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

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

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

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

III. Format

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

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Interviewing Manual for the Family History Interview

B. Abridged form for Repeat Study Pregnancies

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

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

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

IV. Second Interview

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

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

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

V. Before the Interview

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

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

VI. During the Interview

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

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

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

B. Repeat Study Pregnancy

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

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

2. Abridged Form

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

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

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

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

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

5. If Item 14 on GEN 4 (name of father of current baby) shows the same initials as Item 12 ("FA LAST GEN"), use only the starred items for the remainder of GEN 4 and all of GEN 5. If the initials differ, use all remaining items on GEN 4 and all items on GEN 5.

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Interviewing Manual for the Family History Interview

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

VI. Sample Instructions

A. GEN 5 - OUTCOMES FROM PRIOR PREGNANCIES

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

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

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

Item No.

1. Patient Identification

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

2. Form, Time, Place and Language of Interview

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

Item No. 2. (Continued)

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

If the abridged form "(*) started item only" is to be used, the eighth digit of the NIDDS number for the last pregnancy for which the GEN 5-8 has been entirely completed, should be entered in the "Abridged, (See Prog. No. 1)" box.

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

3. Interviewer

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

4. Date

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

5. Prior Pregnancies

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

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

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

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

6. Table 1

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

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Interviewing Manual for the Family History Interview

Item No. 6. (Continued)

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

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

b. Name of Child

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

c. Multiple Births

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

d. More Than Ten Prior Pregnancies

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

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

e. F. (Father)

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

Item No. 6. (Continued)

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

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

f. SEX

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

g. B. WT. (lbs.)

Record the liveborn child's birth weight. *(Recorded on GEN 3)* to nearest pound. Thus any weight from 4 lbs. 8 oz. through 5 lbs. 8 oz. is recorded as 5 lbs., and a weight of 7 lbs. 8 oz. or a weight of 8 lbs. 0 oz. would be recorded as 7 lbs. If the birth weight is not reported for a child, enter length of gestation in weeks or months, including the abbreviation wks. or mos. If this is not known, enter UNKNOWN.

h. LIVING (Age) DEAD (Age)

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

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

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Interviewing Manual for the Family History Interview

Item No. 6. (Continued)

during the interview. This may help to develop rapport.

1. Summary of Conditions

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

7. For Office Use Only

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

8. No Prior Liveborn

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

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

9. Table 2

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

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

10. Table 3

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

Item No. 10. (Continued)

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

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

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

a. Item number.

b. Name of each child having the reported condition. When more than one child has the same condition ask and report all information separately about each child. Identify a fetal death with a condition by line number from Table 1.

c. For each condition present, give:

(1) Age(s) at onset

(2) Age(s) at recovery or death

(3) Symptoms

(4) Part of body affected

(5) Severity

(6) Course

(7) Name of condition, if known.

d. Identify the doctor or hospital by name and address, and give the month and year of care. This will provide medical references for verifying the reported condition. If these are given in Item 9, Table 2, refer to them.

e. When no medical attention is reported, STATE SO. Otherwise, the report will be incomplete.

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Interviewing Manual for the Family History Interview

A. GEN 5, Page 2. (Continued)

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

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

Item No.

12. Rh Trouble - Blood Incompatibility

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

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

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

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

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

See Item 8, above, for early fetal deaths.

13. Congenital Malformations

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

Item 13. (Continued)

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

See Item 8, above, for early fetal deaths.

14. Seizures, Convulsions and Epilepsy

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

15. Trouble Using Arms, Hands, and Legs

This question is designed to uncover motor problems.

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

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Item No. 15. (Continued)

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

16. Sensory Defects

a. Blind - (partly or completely)

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

b. Deaf - (partly or completely)

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

c. Trouble speaking or mute

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

17. Retardation

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

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

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

Item No. 17. (Continued)

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

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

18. Unable to go to Regular School

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

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

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

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

19. Description of Conditions

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

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Item No.

22. Medical Records, etc.

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

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

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

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

SUMMARY OF CONDITIONS

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

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

B. GEN 6 - FAMILY COMPOSITION

1. Please use plus when available.

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

Item No.

GRAVIDA'S FAMILY

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

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

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

- 10 - 11. These are self explanatory.

Abridged form - Repeat GEN

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

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FATHER OF THE BABY AND HER FAMILY

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

Item No.

12. PA Last GEN

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

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

14. Name

If for repeat GEN this is the same father as in Item 12, skip Items 15 through 18. Mark "yes" and "same only" box directly below instructions at top of GEN 8.

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

15 - 18. Relationship

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

17. Brothers and Sisters

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

18. Table 2.

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

Item No. 15. (Continued)

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

19 - 20. Relatives in this Study

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

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

C. GEN 7 - HEALTH OF GRAVIDA AND HER FAMILY

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

The same detail is required for the gravida's family. When something is reported about the gravida's blood relatives (full aunts and maternal parents), mark as many boxes as applicable. When a condition is reported for one or more full aunts, write in the number of full aunts affected in the box provided. In the "Description of Conditions" (Item 13), identify each affected full aunt by full name at the time the condition was identified. (See instructions at top of page, and also in the manual, page 6.) The first names of aunts with conditions reported should appear in the listings of GEN 6, Table 1. When nothing is reported and the

Interviewing Manual for the Family History Interview

C. GEN 7 - (Continued)

gravidas to reasonably well acquainted with the health status of her parents and sibs, mark "No" box. When nothing is reported but gravidas is not well informed about parents and sibs (as a result of adoption, for example), then mark "DK" box. Use DK sparingly. If information about other relatives is volunteered, describe briefly, indicate relationship to gravidas, but **DO NOT COUNT THESE** with full sibs in items 4, 5, 6, 10, 12 or 14.

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

Abridged form - Repeat Pregnancy

Fill in starred items only.

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

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

Item No.

2. Physical Defects

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

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

3 - 4. Sensory Defects

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

Item No.

5 - 6. Diabetes

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

7 - 8. Seizures, Convulsions and Epilepsy

See item 14, page 7 in manual.

9 - 10. Motor Defect

See item 15, page 7 in manual.

Exclude difficulties due to accidents or arthritis.

11 - 12. Special Schools, Retardation

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

13 - 14. Nervous Problems - Psychiatric Treatment

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

15. Additional Diseases in Family

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

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

16. Description of Conditions

See instructions for item 13, GEN 5, page 6.

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Interviewing Manual for the Family History Interview

Item No.

17. Medical Records, etc.

See instructions for Item 20, page 2.

D. GEN 2 - HEALTH OF BABY'S FATHER AND HIS FAMILY

Read instructions at the top of GEN 2.

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

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

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

Abridged form - Repeat Pregnancy

If this is the same father as in the prior GEN 5-6, starred items only are to be asked. See instructions under V C 3 and VI B 3 of Manual for procedure to be followed for father of the baby.

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

Item Nos. 2 - 14.

The questions on GEN 5 parallel those on GEN 7, except for item 15.

15. Radiation

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

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

VII. After the interview

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

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FAMILY HISTORY INTERVIEW

OUTCOMES FROM GRAVIDA'S PRIOR PREGNANCIES

1. ALL PARTS COMPLETED BEFORE DELIVERY ☐ OTHER ☐

2. INTERVIEWED ☐ DATE ☐ Mo. ☐ Day ☐ Yr.

*Completed by
res. 6-63*

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

3. PRIOR PREGNANCIES Total ☐ Number of ☐ (If no prior pregnancies, enter None ☐ and go to GED-4.)

6. TABLE 1

OUTCOMES FROM PRIOR PREGNANCIES			PRIOR LIVEBORN CHILDREN				CONDITIONS AND TEST NUMBER						
NAME OF CHILD Or FD - Fetal Death	FA	DOB MM/DD/YY	SEX	PREG.	LIVING	DEAD	Mo.	Stat.	Card.	Other	Test.	Subst.	
				(Yr.)	(Yr.)	(Yr.)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
1)													
2)													
3)													
4)													
5)													
6)													
7)													
8)													
9)													
10)													
7. FOR OFFICE USE ONLY													

7. FOR OFFICE USE ONLY

8. IF NO PRIOR LIVEBORN, MARK BOX AND ASK QUESTIONS 11 AND 12 ONLY. No prior ☐ liveborn ☐

9. WHERE DO YOU TAKE YOUR CHILDREN WHEN THEY NEED MEDICAL CARE? (Complete Table 2. List doctor and/or other best equipped with children's health history. Include well baby care. Indicate responsive children cared for by recording appropriate Line number(s) from Table 1.

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

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

CHILD	REASON	NAME, STREET, HOSPITAL OR INSTITUTION	CITY AND STATE	DATE (MM-DD-YY)
1)				
2)				
3)				

FAMILY HISTORY INTERVIEW MEDICAL CONDITIONS IN OUTCOMES FROM PRIOR PREGNANCIES

11. PATIENT IDENTIFICATION

INSTRUCTIONS TO INTERVIEWER: Ask questions following for all children or pregnancies, as indicated. Fully describe specified conditions (YES answers) in notes or table.

INCLUDE: a) ITEM number b) NAME of each child affected
For each child with condition note:

c) AGE(S) at onset and recovery (or death)

d) DESCRIPTION OF CONDITION: (Symptoms, part of body affected, severity, (TREAT, name of condition, if known)

e) DOCTOR and/or HOSPITAL examining child, or other record source (name, address, and phone, if not on Table 1)

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

19. DESCRIPTION OF CONDITIONS: Be sure to include any information
regarding or associated with. If given detail to this condition, add
or appropriate.

20. DO NOT
USE

No ☐
Yes ☐

Trouble in fetal death ☐

Trouble in delivery, no transfusion ☐

Exchange transfusion ☐

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

No ☐
Yes ☐

Club foot ☐

Club foot ☐

Fingers or toes ☐

_____ ☐

Head or spine ☐

Other ☐

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

No ☐
Yes ☐

With fever ☐

Without fever ☐

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

No ☐
Yes ☐

Infant ☐

Paralysis, "stroke-like", other ☐

Other ☐

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

No ☐
Yes ☐

Blind ☐

Deaf ☐

Trouble speaking ☐

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

No ☐
Yes ☐

Child's appearance only ☐

Exam by doctor or clinic ☐

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

Only ☐ No ☐
Yes ☐

Kind of illness ☐

Hospital or health system ☐

Special school ☐

FAMILY HISTORY INTERVIEW
FAMILY COMPOSITION

2. INTERVIEWER _____ 3. DATE _____
Mo. Day Yr.

4. SUBJECT'S FAMILY
A. WHERE WAS YOUR MOTHER BORN?

(City or country) (State or country)

5. WHERE WAS YOUR FATHER BORN?

(City or country) (State or country)

6. WHAT WAS YOUR MOTHER'S FULL NAME?

(First name) (Middle name)

7. YOUR FATHER'S NAME?

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

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

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

Bro. ☐ OK ☐ Sis. ☐ OK ☐
(Number) (Number)

12. WHAT ARE THEIR FIRST NAMES AND AGES? (List in Table 1 or

13. ARE YOU A TWIN? No ☐ OK ☐ (If yes) IS YOUR TWIN A BROTHER

OR SISTER? Twin born to ☐ OK ☐ Or a twin adopted

IS SHE LIVING? Twin Sister: Dead ☐ OK ☐ Living ☐

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

(Full name)

(Address)

BABY'S FATHER'S FAMILY

15. HOW MANY BROTHERS AND SISTERS DOES THE FATHER OF
THIS BABY HAVE, INCLUDING ANY WHO MAY HAVE DIED?

(Only those with the same mother and father)

Bro. ☐ OK ☐ Sis. ☐ OK ☐
(Number) (Number)

16. WHAT ARE THEIR FIRST NAMES AND AGES? (List in Table 2 or

right. For those who died enter age or death)

18. HOW OLD IS THE FATHER OF THIS BABY?

19. WHAT IS HIS NAME?

☐ Related ☐ OK ☐

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

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

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

23. (If relatives in study) WOULD YOU GIVE NEITHER'S FULL NAME(S), ADDRESS(ES) AND HOW RELATED TO YOU OR TO THIS BABY'S FATHER?

FULL NAME

COMPLETE ADDRESS

RELATIONSHIP

STUDY NUMBER NO.

FAMILY HISTORY INTERVIEW

HEALTH OF GRANIDA AND HER FAMILY

INSTRUCTIONS TO INTERVIEWER: When asking questions, probe for conditions in granida, her parents, and her FULL siblings (those listed on GEN-44). Mark NO box when no condition reported. Mark OK box when no information is available. Mark the number of FULL siblings reported in parent's. If condition reported in FULL siblings, write in box the number of FULL siblings affected.

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

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

2. WHEN YOU WERE BORN, WAS THERE ANYTHING IN YOUR BODY THAT WAS NOT FORMED RIGHT? ANY PHYSICAL DEFECT?

(Specify part of body and describe defect)

Yes ☐ No ☐

3. HAVE YOU HAD ANY SERIOUS TROUBLE SEEING OR HEARING?

(blind or deaf, partly or completely)? ANY SERIOUS TROUBLE SPEAKING? (Age at onset, etc.)?

Seeing ☐ Hearing ☐ Speaking ☐ No ☐

4. HAS ANYONE IN YOUR FAMILY?

Full Sib ☐ No ☐ Pa ☐ OK ☐ No ☐

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

Yes ☐ No ☐

6. HAS ANYONE IN YOUR FAMILY?

Full Sib ☐ No ☐ Pa ☐ OK ☐ No ☐

7. HAVE YOU EVER HAD SEIZURES, CONVULSIONS, OR EPILEPSY?

(Give onset age at onset, with brain, with pregnancy?)

Yes ☐ No ☐

8. HAS ANYONE IN YOUR FAMILY?

Full Sib ☐ No ☐ Pa ☐ OK ☐ No ☐

9. HAVE YOU EVER HAD TROUBLE USING ARM, HAND, OR LEG?

ANY PARALYSIS, CROPPING OR CEREBRAL PALSY? (Include conditions and onset) (Age, description, cause-factor or cause?)

Yes ☐ No ☐

10. HAS ANYONE IN YOUR FAMILY?

Full Sib ☐ No ☐ Pa ☐ OK ☐ No ☐

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

Special ☐ Other ☐ No ☐

12. WAS ANYONE IN YOUR FAMILY UNABLE TO GO TO REGULAR SCHOOL? (Reasons?)

Full Sib ☐ No ☐ Pa ☐ OK ☐ No ☐

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

Heart Illness ☐ Other ☐ No ☐

14. HAS ANYONE IN YOUR FAMILY?

Full Sib ☐ No ☐ Pa ☐ OK ☐ No ☐

15. INTERVIEWER'S COMMENTS:

PATIENT IDENTIFICATION

*Supervised by
Mr. 6-63*

16. DESCRIPTION OF CONDITION: the number or number of siblings who reported in conditions above. If a group should be not mentioned, state so specifically.

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

INSTRUCTIONS TO INTERVIEWER: When asking questions, probe for conditions in baby's father, his parents, and his FULL sister (those listed on GEN-4). Ask NO less when no condition is reported, than OR less when no information is available. Ask NO condition for less if condition reported in parental. If condition reported in FULL sister, write in her the number of FULL sister affected.

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

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

1A. DESCRIPTION OF CONDITION: Do create or include all information requested in instructions above. If a given detail is not available, state so explicitly.

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

Yes ☐ No ☐ SE ☐ No ☐

3. HAS HE HAD ANY SERIOUS TROUBLE HEARING OR HEARING? (Also in those periods or conditions?) ANY SERIOUS TROUBLE SPEAKING? (Age at onset, etc.)

Hearing ☐ Hearing ☐ Speaking ☐ SE ☐ No ☐

4. HAS ANYONE IN HIS FAMILY?

Full sib ☐ No ☐ Fe ☐ SE ☐ No ☐

5. HAS HE EVER HAD DIABETES DURING HIS LIFE? (Age at onset, course, etc.)

Yes ☐ No ☐ SE ☐ No ☐

6. HAS ANYONE IN HIS FAMILY?

Full sib ☐ No ☐ Fe ☐ SE ☐ No ☐

7. HAS HE EVER HAD SEIZURES, CONVULSIONS OR EPILEPSY? (Specify onset, age at onset, with onset, etc.)

Yes ☐ No ☐ SE ☐ No ☐

8. HAS ANYONE IN HIS FAMILY?

Full sib ☐ No ☐ Fe ☐ SE ☐ No ☐

9. HAS HE EVER HAD TROUBLE USING ARMS, HANDS, OR LEGS? ANY PARALYSIS, COMPLICATION OR CEREBRAL PALSY? (Specify condition or defect) (Age, description, onset, duration or onset?)

Yes ☐ No ☐ SE ☐ No ☐

10. HAS ANYONE IN HIS FAMILY?

Full sib ☐ No ☐ Fe ☐ SE ☐ No ☐

11. DID HE GO TO ANY SPECIAL SCHOOL, LIKE ONE FOR SLOW LEARNERS?

Referred ☐ Other ☐ SE ☐ No ☐

12. HAS ANYONE IN HIS FAMILY ABLE TO GO TO REGULAR SCHOOL? (Normal?)

Full sib ☐ No ☐ Fe ☐ SE ☐ No ☐

13. HAS HE EVER HAD ANY NERVOUS ILLNESS OR NERVOUS PROBLEMS THAT WAS SERIOUS ENOUGH TO REQUIRE HOSPITALIZATION OR MEDICAL CARE?

Spontaneous ☐ Other ☐ SE ☐ No ☐

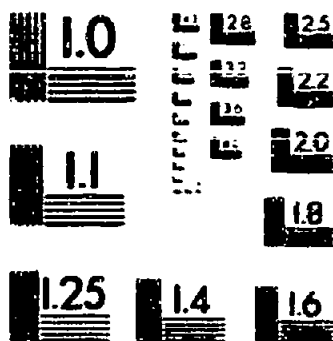
14. HAS ANYONE IN HIS FAMILY?

Full sib ☐ No ☐ Fe ☐ SE ☐ No ☐

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

Exposure ☐ Therapy ☐ SE ☐ No ☐

*Revised by
rev. 6-63*



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

CONTINUED ON NEXT FICHE