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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

Data Items Referencing Form GEN-5, Outcomes of Gravida's Prior Pregnancies

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2402.....		1505	1	5	Card number (sequence, form type, form number, revision number)
2403.....		1505	6	14	NFNPS case number
2404..GEN-5	2	1505	15	15	Form GEN-5 used (entire/abridged)
2405..GEN-5	2	1505	16	16	Form GEN-5, interview before delivery
2406..GEN-5	3	1505	17	17	Form GEN-5, interview, place conducted
2407..GEN-5	3	1505	18	18	Language used
2408..GEN-5	3	1505	19	20	Form GEN-5, interviewer
2409..GEN-5	4	1505	21	22	Form GEN-5, date (mo)
2410..GEN-5	4	1505	23	24	Form GEN-5, date (day)
2411..GEN-5	4	1505	25	26	Form GEN-5, date (yr)
2412..GEN-5	5	1505	27	28	Pregnancies, total number of prior; gravidity
2413..GEN-5	5	1505	29	29	Pregnancies, multiple, total number
2414..GEN-5	7	1505	30	30	Fetal death, prior to 20 wks gestation, total number; siblings full
2415..GEN-5	7	1505	31	31	Fetal death, at 20 wks gestation and over; stillborn; siblings full, total number
2416..GEN-5	7	1505	32	33	Liveborn, total number; siblings full
2417..GEN-5	7	1505	34	34	Liveborn, male, total number; siblings full
2418..GEN-5	7	1505	35	35	Liveborn, female, total number; siblings full
2419..GEN-5	7	1505	36	36	Premature, total number; siblings full
2420..GEN-5	7	1505	37	37	Siblings full; living, less than five years of age, total number
2421..GEN-5	7	1505	38	38	Siblings full; living, five years of age and older, total number
2422..GEN-5	7	1505	39	39	Siblings full; death, neonatal, total number
2423..GEN-5	7	1505	40	40	Siblings full; death, infant, greater than 28 days, total number
2424..GEN-5	7	1505	41	41	Siblings full; Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion, total number
2425..GEN-5	7	1505	42	42	Siblings full; malformation, congenital, total number
2426..GEN-5	7	1505	43	43	Siblings full; seizures; convulsions; epilepsy, total number
2427..GEN-5	7	1505	44	44	Siblings full; motor defect, total number
2428..GEN-5	7	1505	45	45	Siblings full; sensory defect; hearing; speech; vision, total number
2429..GEN-5	7	1505	46	46	Siblings full; developmental; retardation, physical, mental, behavioral, total number
2430..GEN-5	7	1505	47	47	Fetal death, fetal, prior to 20 wks gestation, total number; siblings half
2431..GEN-5	7	1505	48	48	Fetal death, at 20 wks gestation and over; stillborn; siblings half, total number
2432..GEN-5	7	1505	49	49	Siblings half; liveborn; paternity known, different father
2433..GEN-5	7	1505	50	50	Siblings half; liveborn; paternity unknown
2434..GEN-5	7	1505	51	51	Liveborn male, total number; siblings half
2435..GEN-5	7	1505	52	52	Liveborn female, total number; siblings half
2436..GEN-5	7	1505	53	53	Premature, total number; siblings half
2437..GEN-5	7	1505	54	54	Siblings half; living, less than five years of age, total number

Data Items Referencing Form GEN-5, Outcomes of Gravida's Prior Pregnancies

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2438..GEN-5	7	1&0%	55	55	Siblings half: living, five years of age and older, total number
2439..GEN-5	7	1&0%	56	56	Siblings half: death, neonatal, total number
2440..GEN-5	7	1&0%	57	57	Siblings half: death, infant, greater than 28 days, total number
2441..GEN-5	7	1&0%	58	58	Siblings half: Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion, total number
2442..GEN-5	7	1&0%	59	59	Siblings half: malformation, congenital, total number
2443..GEN-5	7	1&0%	60	60	Siblings half: seizures; convulsions; epilepsy, total number
2444..GEN-5	7	1&0%	61	61	Siblings half: motor defects, total number
2445..GEN-5	7	1&0%	62	62	Siblings half: sensory defect; hearing; speech; vision, total number
2446..GEN-5	7	1&0%	63	63	Siblings half: developmental; retardation, physical, mental, behavioral, total number
2447..GEN-5	7	1&0%	64	64	Fetal death, prior to 20 weeks gestation, total number
2448..GEN-5	7	1&0%	65	65	Fetal death, at 20 weeks gestation and over, total number; stillborn
2449..GEN-5	7	1&0%	66	66	Liveborn, total number
2450..GEN-5	7	1&0%	67	67	Liveborn male, total number
2451..GEN-5	7	1&0%	68	68	Liveborn female, total number
2452..GEN-5	7	1&0%	70	70	Premature, total number
2453..GEN-5	7	1&0%	71	71	Siblings, living, less than five years of age, total number
2454..GEN-5	7	1&0%	72	72	Siblings, living, five years of age and older, total number
2455..GEN-5	7	1&0%	73	73	Siblings, death, neonatal, total number
2456..GEN-5	7	1&0%	74	74	Siblings, death, infant, greater than 28 days, total number
2457..GEN-5	7	1&0%	75	75	Siblings, Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion, total number
2458..GEN-5	7	1&0%	76	76	Siblings, malformation, congenital, total number
2459..GEN-5	7	1&0%	77	77	Siblings, seizures; convulsions; epilepsy, total number
2460..GEN-5	7	1&0%	78	78	Siblings, motor defect, total number
2461..GEN-5	7	1&0%	79	79	Siblings, sensory defect; hearing; speech; vision, total number
2462..GEN-5	7	1&0%	80	80	Siblings, developmental; retardation, physical, mental, behavioral, total number
2463.....		2&0%	1	5	Card number (sequence, form type, form number, revision number)
2464.....		2&0%	6	14	NFMRA case number
2465..GEN-5	2	2&0%	15	15	Form GEN-5 used (entire/abridged)
2466..GEN-5	9	2&0%	16	16	Medical care of other children (yes/no)
2467..GEN-5	10	2&0%	17	17	Hospitalization of other children (yes/no)
2468..GEN-5	12	2&0%	18	18	Fetal death; blood incompatibility; erythroblastosis fetalis; siblings
2469..GEN-5	12	2&0%	19	19	Liveborn; blood incompatibility, no transfusion; siblings
2470..GEN-5	12	2&0%	20	20	Liveborn; blood incompatibility, requiring exchange transfusion; siblings
2471..GEN-5	11	2&0%	21	21	Cleft lip; cleft palate; siblings
2472..GEN-5	11	2&0%	22	22	Club foot; siblings

Data Items Representing Form GEN-5, Outcomes of Gravida's Prior Pregnancies

DATA ITEM ID	TYPE OF ITEM	CARD NUM	FROM	TO	DATA ITEM NAME
2473..GEN-5	11	2S0%	23	23	Fingers: toes: malformation, congenital: siblings
2474..GEN-5	11	2S0%	24	24	Heart: malformation, congenital: siblings
2475..GEN-5	11	2S0%	25	25	Head: spine: malformation, congenital: siblings
2476..GEN-5	11	2S0%	26	26	Malformation, congenital, other: siblings
2477..GEN-5	16	2S0%	27	27	Seizures: convulsions: epilepsy: siblings
2478..GEN-5	15	2S0%	28	28	Motor defect due to injury: siblings
2479..GEN-5	15	2S0%	29	29	Motor defect due to infection: siblings
2480..GEN-5	15	2S0%	30	30	Motor defect, other: siblings
2481..GEN-5	16	2S0%	31	31	Sensory defect: visual: blindness: siblings
2482..GEN-5	16	2S0%	32	32	Sensory defect: visual: deafness: siblings
2483..GEN-5	16	2S0%	33	33	Sensory defect: speech defect: siblings
2484..GEN-5	17	2S0%	34	34	Developmental: retardation, physical: siblings
2485..GEN-5	17	2S0%	35	35	Developmental: retardation, mental: siblings
2486..GEN-5	17	2S0%	36	36	Developmental: retardation, behavioral/emotional: siblings
2487..GEN-5	18	2S0%	37	37	Siblings unable to attend regular school, total number
2488..GEN-5		2S0%	38	38	Form GEN-5 medical records or interviewer's comment
2489..GEN-5		2S0%	39	39	Form GEN-5 item number referred to in record or comment
2490.....		2S0%	40	40	Blank
4981....VAR	5		44	45	Gravidity, pregnancies, total number of prior
4983....VAR	5		48	49	Deaths, total number of prior perinatal
4986....VAR	7		50	51	Livebirths, total number of prior
5186....VAR	14		286	286	Seizures: convulsions: epilepsy: siblings, total number
5188....VAR			290	290	Consanguinity of Gravida's: parents, all relations (yes/no/unknown)
5248....VAR	7		348	348	Premature: births, total number prior to current pregnancy
5249....VAR	7		349	349	Fetal deaths: (abortion) at less than 20 weeks gestation, total number prior to current pregnancy
5250....VAR	5		190	190	Pregnancies, multiple, total number prior to current pregnancy
5251....VAR	7		191	191	Stillbirths: deaths at 20 weeks gestation or greater: total death prior to current pregnancy
5252....VAR	5		192	193	Deaths: neonatal and: stillbirths, total number prior to current pregnancy
5256....VAR	7		196	197	Siblings full: total number
5295....VAR	7		195	198	Siblings full: fetal death prior to 20 wks gestation, total number: fetal
5298....VAR	7		398	399	Siblings full: stillborn: death at 20 wks gestation and over, total number
5257....VAR	7		400	400	Siblings full: livebirth male total number
5258....VAR	7		401	401	Siblings full: livebirth female total number
5259....VAR	7		402	402	Siblings full: premature, total number
5260....VAR	7		403	403	Siblings full: living, less than five years of age, total number
5261....VAR	7		404	404	Siblings full: living, five years of age and older, total number
5262....VAR	7		405	405	Siblings full: death, neonatal, 27 or less days, total number
5263....VAR	7		406	406	Siblings full: death at 28 or more days, total number

Data Items Referencing Form GEN-5, Outcomes of Gravida's Prior Pregnancies

DATA ITEM ID		ITEM ON FORM	CARD NUM	FROM	TO	DATA ITEM NAME
5264....VAR	?			407	407	Siblings full; Rh incompatibility; blood group incompatibility; jaundice, blood group neonatal; transfusion
5265....VAR	?			408	408	Siblings full; malformation; congenital, total number
5266....VAR	?			409	409	Siblings full; seizures; convulsions; epilepsy, total number
5267....VAR	?			410	410	Siblings full; motor defect, total number
5268....VAR	?			411	411	Siblings full; sensory defect; hearing; speech or vision, total number
5269....VAR	?			412	412	Siblings full; developmental retardation; physical, mental or behavioral, total number
5270....VAR	?			414	414	Siblings half; total number
5271....VAR	?			415	415	Siblings half; fetal death prior to 20 wks gestation, total number
5272....VAR	?			416	416	Siblings half; stillborn; death at 20 wks gestation and over, total number
5273....VAR	?			417	417	Siblings half; different father
5274....VAR	?			418	418	Siblings half; unknown paternity
5275....VAR	?			419	419	Siblings half; liveborn male, total number
5276....VAR	?			420	420	Siblings half; liveborn female, total number
5277....VAR	?			421	421	Siblings half; premature, total number
5278....VAR	?			422	422	Siblings half; living, less than five years of age, total number
5279....VAR	?			423	423	Siblings half; living, five years of age and older, total number
5280....VAR	?			424	424	Siblings half; death, neonatal, 27 or less days, total number
5281....VAR	?			425	425	Siblings half; death at 28 or more days, total number
5282....VAR	?			426	426	Siblings half; Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion
5283....VAR	?			427	427	Siblings half; malformation; congenital, total number
5284....VAR	?			428	428	Siblings half; seizures; convulsions; epilepsy, total number
5285....VAR	?			429	429	Siblings half; motor defect, total number
5286....VAR	?			430	430	Siblings half; sensory defect; hearing; speech or vision, total number
5287....VAR	?			431	431	Siblings half; developmental retardation, physical, mental or behavioral, total number
5288....VAR	?			432	432	Siblings; total death prior to 20 weeks gestation, total number; total
5289....VAR	?			433	433	Siblings; total death after 20 weeks gestation, total number; total
5290....VAR	?			434	434	Siblings; liveborn male, total number
5291....VAR	?			435	435	Siblings; liveborn female, total number
5292....VAR	?			436	436	Siblings; premature, total number
5293....VAR	?			437	437	Siblings living, less than five years of age, total number
5294....VAR	?			438	438	Siblings living, five years of age and older, total number
5295....VAR	?			439	439	Siblings; death, neonatal, 27 or less days, total number
5296....VAR	?			440	440	Siblings; death at 28 or more days, total number
5297....VAR	?			441	441	Siblings; Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion

Data Items Referencing Form CFN=5, Outcomes of Gravida's Prior Pregnancies

DATA ITEM ID	TYPE IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
5296....VAR	7		442	442	Siblings; malformation; congenital, total number
5299....VAR	7		443	443	Siblings; motor defect, total number
5300....VAR	7		444	444	Siblings; sensory defect; hearing; speech or; vision, total number
5301....VAR	7		445	445	Siblings; developmental retardation, physical, mental or behavioral, total number
5302....VAR	7		446	447	Siblings full; livebern, total number
5303....VAR	7		448	449	Siblings; livebern, total number
5304....VAR	12		450	450	Siblings unable to attend regular school, total number
5305....VAR	12		451	451	Siblings; fetal death; blood incompatibility; erythroblastosis fetalis
5306....VAR	12		452	452	Siblings livebern; blood incompatibility, no transfusion
5307....VAR	12		453	453	Siblings livebern; blood incompatibility, requiring exchange transfusion
5308....VAR	13		454	454	Cleft lip; mother; siblings; congenital; malformation
5309....VAR	13		455	455	Club foot; siblings; congenital; malformation
5310....VAR	13		456	456	Fingers or toes; siblings; congenital; malformation
5311....VAR	13		457	457	Heart; siblings; congenital; malformation
5312....VAR	13		458	458	Head or spine; siblings; congenital; malformation
5313....VAR	13		459	459	Malformation, other; siblings; congenital; malformation
5314....VAR	15		460	460	Motor defect due to injury; siblings
5315....VAR	15		461	461	Motor defect due to infection; siblings
5316....VAR	15		462	462	Motor defect, other; siblings
5317....VAR	16		463	463	Sensory defect; visual; blind; siblings
5318....VAR	16		464	464	Sensory defect; hearing; deaf; siblings
5319....VAR	16		465	465	Sensory defect; speech, defect; siblings
5320....VAR	17		466	466	Developmental retardation, physical; siblings
5321....VAR	17		467	467	Developmental retardation, mental; siblings
5322....VAR	17		468	468	Developmental retardation, behavioral/emotional; siblings

Data Items Referencing Form GEN-6, Family Composition

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2491.....		3505	1	5	Card number (sequence, form type, form number, revision number)
2492.....		3505	6	14	NINDN case number
2493..GEN-6		3505	15	15	Form GEN-6 used (entire/abridged)
2494..GEN-6	16-17	3505	16	16	Consanguinity of gravida's parents
2495..GEN-6	8	3505	17	17	Siblings of gravida, livebern full brothers
2496..GEN-6	8	3505	18	18	Siblings of gravida, livebern full sisters
2497..GEN-6	9	3505	19	19	Siblings of gravida, full sisters, age 15 or over, living or dead
2498..GEN-6	10	3505	20	20	Twinning
2499..GEN-6	12	3505	21	21	Father of baby same as prior pregnancy
2500..GEN-6	13	3505	22	23	Age
2501..GEN-6	14	3505	24	24	Name, father of baby
2502..GEN-6	15-16	3505	25	25	Consanguinity of gravida and father of baby
2503..GEN-6	17	3505	26	26	Siblings of: father, livebern, full brothers
2504..GEN-6	17	3505	27	27	Siblings of: father, livebern, full sisters
2505..GEN-6	19-20	3505	28	28	Relative of gravida in study
2506..GEN-6	19-20	3505	29	29	Relatives of: father in study
5187....VAR	6-7		280	280	Consanguinity of gravida's: parents, all revisions
5189....VAR	15		281	281	Consanguinity of gravida and: father of baby, all revisions
5190....VAR			282	282	Consanguinity of gravida and: father of baby, all revisions (yes/no/unknown)
9191....VAR	10		283	283	Twinning: gravida

Data Items Referencing Form GEN-7, Health of Gravida and Family

DATA ITEM TO	TYPE OF FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2507..GEN-7	2	3505	30	30	Malformations, congenital: gravida
2508..GEN-7	2	3505	31	31	Physical defects, other: gravida
2509..GEN-7	3	3505	32	32	Sensory defects
2510..GEN-7	4	3505	33	33	Sensory defects: siblings of gravida, full, number
2511..GEN-7	4	3505	34	34	Sensory defects: parents of gravida
2512..GEN-7	5	3505	35	35	Diabetes
2513..GEN-7	6	3505	36	36	Diabetes: siblings of gravida, full, number
2514..GEN-7	6	3505	37	37	Diabetes: parents of gravida
2515..GEN-7	7	3505	38	38	Seizures: convulsions (epilepsy)
2516..GEN-7	8	3505	39	39	Seizures: convulsions (epilepsy): siblings of gravida, full, number
2517..GEN-7	8	3505	40	40	Seizures: convulsions (epilepsy): parents of gravida
2518..GEN-7	9	3505	41	41	Motor defects
2519..GEN-7	10	3505	42	42	Motor defects: siblings of gravida, full, number
2520..GEN-7	10	3505	43	43	Motor defects: parents of gravida
2521..GEN-7	11	3505	44	44	Mental: retardation
2522..GEN-7	12	3505	45	45	Mental: retardation: siblings of gravida, full, number
2523..GEN-7	12	3505	46	46	Mental: retardation: parents of gravida
2524..GEN-7	13	3505	47	47	Mental illness: (psychiatric treatment)
2525..GEN-7	14	3505	48	48	Mental illness: (psychiatric treatment): siblings of gravida, full, number
2526..GEN-7	14	3505	49	49	Mental illness: (psychiatric treatment): parents of gravida
2527..GEN-7	15	3505	50	50	Disease or condition, other, in family
2528..GEN-7	17	3505	51	51	Form GEN-7, medical record or interviewer's comment
2529..GEN-7	17	3505	52	52	Form GEN-7, item number referred to in record or comments
5373....VAR	2		469	469	Malformations: congenital and physical defects, other: siblings
5374....VAR	3		470	470	Sensory defects: siblings
5375....VAR			471	471	Sensory defects: siblings (yes, no, unknown)
5376....VAR	7		472	472	Seizures: convulsions: (epilepsy): siblings
5377....VAR			473	473	Seizures: convulsions: (epilepsy): siblings (yes, no, unknown)
5378....VAR	9		474	474	Motor defects: siblings
5379....VAR			475	475	Motor defects: siblings (yes, no, unknown)
5380....VAR	11		476	476	Mental: retardation: siblings
5381....VAR			477	477	Mental: retardation: siblings (yes, no, unknown)
5382....VAR	13		478	478	Mental illness: (psychiatric treatment): siblings
5383....VAR			479	479	Mental illness: (psychiatric treatment): siblings (yes, no, unknown)

Data Items Referencing Form GEN-H, Health of Baby's Father and Family

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2539..GEN-H	2	1S05	53	53	Malformation; congenital
2541..GEN-H	2	1S05	54	54	Physical defects, other
2542..GEN-H	3	1S05	55	55	Sensory defects
2543..GEN-H	4	1S05	56	56	Sensory defects; siblings of father, full, number
2544..GEN-H	4	1S05	57	57	Sensory defects; parents of father
2545..GEN-H	5	1S05	58	58	Diabetes
2546..GEN-H	6	1S05	59	59	Diabetes; siblings of father, full, number
2547..GEN-H	6	1S05	60	60	Diabetes; parents of father
2538..GEN-H	7	1S05	61	61	Seizures; convulsions; (epilepsy)
2539..GEN-H	8	1S05	62	62	Seizures; convulsions; (epilepsy); siblings of father, full, number
2540..GEN-H	8	1S05	63	63	Seizures; convulsions; (epilepsy); parents of father
2541..GEN-H	9	1S05	64	64	Motor defects
2542..GEN-H	10	1S05	65	65	Motor defects; siblings of father, full, number
2543..GEN-H	10	1S05	66	66	Motor defects; parents of father
2544..GEN-H	11	1S05	67	67	Mental; retardation
2545..GEN-H	12	1S05	68	68	Mental; retardation; siblings of father, full, number
2546..GEN-H	12	1S05	69	69	Mental; retardation; parents of siblings
2547..GEN-H	13	1S05	70	70	Mental illness; (psychiatric treatment)
2548..GEN-H	14	1S05	71	71	Mental illness; (psychiatric treatment); siblings of father, full, number
2549..GEN-H	14	1S05	72	72	Mental illness; (psychiatric treatment); parents of father
2550..GEN-H	15	1S05	73	73	Mediation pursuit
2551..GEN-H	17	1S05	74	74	Form GEN-H, medical records of interviewer's comments
2552..GEN-H	17	1S05	75	75	Form GEN-H, item number referred to in record of comment
2553..GEN-H		1S05	76	76	Consanguinity of gravida's; parents (revision B)
2554..GEN-H		1S05	77	77	Consanguinity of gravida and; father of baby (revision A)
2555.....		1S05	78	80	Blank
4185....VAR			287	287	Consanguinity of gravida and; father of baby, current pregnancy (revision A)
4186....VAR			288	288	Consanguinity of gravida's; parents, (revision B)
4314....VAR	2		480	480	Malformation; congenital; siblings
4315....VAR	3		481	481	Sensory defects; siblings
4316....VAR			482	482	Sensory defects; siblings (yes, no, unknown)
4317....VAR	7		483	483	Seizures; convulsions; (epilepsy); siblings
4318....VAR			484	484	Seizures; convulsions; (epilepsy); siblings (yes, no, unknown)
4319....VAR	9		485	485	Motor defects; siblings
4320....VAR			486	486	Motor defects; siblings (yes, no, unknown)
4321....VAR	11		487	487	Mental; retardation; siblings
4322....VAR			488	488	Mental; retardation; siblings (yes, no, unknown)
4323....VAR	13		489	489	Mental illness; (psychiatric treatment); siblings
4324....VAR			490	490	Mental illness; (psychiatric treatment); siblings (yes, no, unknown)

Data Items Referencing Form UPN-B, Health of Baby's Father and Family

DATA ITEM ID	ITEM ON FORM	CARD NUM	FROM	TO	DATA ITEM NAME
5105....VAR	5		401	401	Diabetes: mellitus
5106....VAR			402	402	Diabetes mellitus type, no, unknown

FAMILY HISTORY INTERVIEW

OUTCOMES FROM GRAVIDA'S PRIOR PREGNANCIES

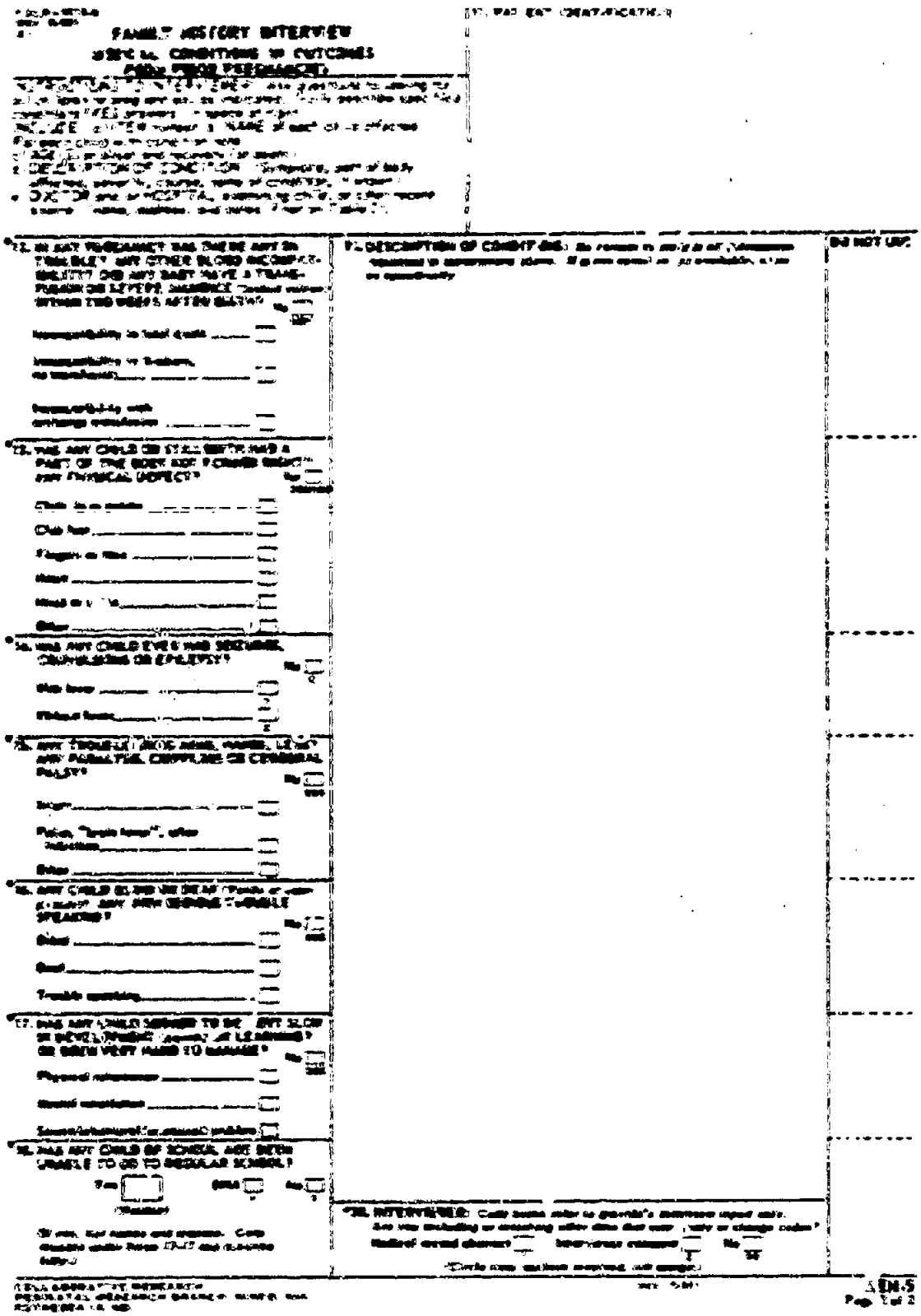
TABLE A

OUTCOME OR CLINIC	ADDRESS	WERE WHICH CHILDREN	WHEN LAST VISITED
1)			
2)			
3)			

TABLE B

CHILD	REASONS	WERE BEFORE HOSPITAL OR INSTITUTION	CITY AND STATE	DATES (Mo. & Yr.) From	To
1)					
2)					
3)					

GEN-5



FAMILY HISTORY INTERVIEW

SECTION A. CONDITIONS OR OUTCOMES
(Other Than Performance)

DO NOT USE

DESCRIPTION OF CONDITION

INTERVIEWER

A DM-5

FAMILY HISTORY INTERVIEW

FAMILY COMPOSITION

(5) ---------- All mothers ☐ *Starred items only ☐

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

GRAVIDA'S FAMILY

2. WHAT WAS YOUR MOTHER'S FULL NAME?

(First name) (Middle name)

3. WHERE WAS SHE BORN?

(City or country) (State or country)

4. WHAT IS YOUR FATHER'S NAME?

5. WHERE WAS HE BORN?

(City or country) (State or country)

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

No ☐ 0 DK ☐ 9 Yes ☐

7. (If married) HOW ARE THEY RELATED? (Two consanguineous ancestors)

8. HOW MANY BROTHERS AND SISTERS DO YOU HAVE, INCLUDING ANY WHO HAVE DIED? (Only if mother and father)

Bro ☐ (Number) DK ☐ 9 Sis ☐ (Number) DK ☐ 9

9. WHAT ARE THEIR FIRST NAMES AND AGES? (Enter 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

10. ARE YOU A TWIN? No ☐ 0 DK ☐ 9

(If yes) IS YOUR TWIN A BROTHER OR SISTER? Brother ☐ 1 DK ☐ 9

(If a twin exists) IS SHE LIVING? Living ☐ 2 Dead ☐ 3 DK ☐ 9

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

(First name)

(Address)

12. FULL INTERVIEW ☐ 0 ABRIDGED ☐ (Unless screening, enter number of PA LAST GEN ☐) Study Preg. No. ☐

BABY'S FATHER'S FAMILY

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

14. WHAT IS HIS NAME? _____ (1)

Refused ☐ 8 DK ☐ 9

(Abridged interview: Same father ☐ Use * starred items only
Different father ☐ Use all items below and on GEN-B.)

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

No ☐ 0 DK ☐ 9 Yes ☐

16. (If related) HOW ARE YOU RELATED? (Two consanguineous ancestors)

17. HOW MANY BROTHERS AND SISTERS DOES HE HAVE, INCLUDING ANY WHO MAY HAVE DIED? (Only if mother and father)

Bro ☐ (Number) DK ☐ 9 Sis ☐ (Number) DK ☐ 9

18. WHAT ARE THEIR FIRST NAMES AND AGES? (Enter 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

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

YOUR RELATIVES: No ☐ 0 DK ☐ 9 Yes ☐ ☐

HIS RELATIVES: No ☐ 0 DK ☐ 9 Yes ☐ ☐

20. (If relatives or twin) WOULD YOU GIVE ME THEIR FULL NAME, ADDRESS(ES) AND HOW RELATED TO YOU OR TO THIS BABY'S FATHER?

FULL NAME	COMPLETE ADDRESS	RELATIONSHIP	STUDY MINOR NO.

COLLABORATIVE RESEARCH

FAMILY HISTORY INTERVIEW

HEALTH OF GRAVIDA AND HER FAMILY

5. PATIENT IDENTIFICATION

INSTRUCTIONS TO INTERVIEWER: When asking questions, probe for conditions in gravida, her parents, and her FULL sibs (listed on GEN-6). Mark NO box when no conditions reported. Mark DK box when no information is available. Mark No and/or Fa box if condition reported in parent(s). If condition reported in FULL sib, write in box the number of FULL sibs affected.

Fully describe conditions (YES answers) in space at right. Include: a) ITEM number, b) FULL NAME of person at time of conception 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 ☐ * Starred items only ☐

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

1. 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 ☐ 0

* 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 ☐ 1 Hearing ☐ 2 Speaking ☐ 3 No ☐ 0

4. HAS ANYONE IN YOUR FAMILY?

Full Sib (Number) ☐ Mo ☐ 1 Fa ☐ 2 DK ☐ 99 No ☐ 00

* 5. HAVE YOU EVER HAD SUGAR DIABETES? (Too much sugar in urine or blood)? (Age at onset, with pregnancies only, insulin required, etc.)?

Yes ☐ No ☐ 0

6. HAS ANYONE IN YOUR FAMILY?

Full Sib (Number) ☐ Mo ☐ 1 Fa ☐ 2 DK ☐ 99 No ☐ 00

* 7. HAVE YOU EVER HAD SEIZURES, CONVULSIONS, OR EPILEPSY? (Note when, other ages, with illness, with pregnancy)?

Yes ☐ No ☐ 0

8. HAS ANYONE IN YOUR FAMILY?

Full Sib (Number) ☐ Mo ☐ 1 Fa ☐ 2 DK ☐ 99 No ☐ 00

* 9. HAVE YOU EVER HAD TROUBLE USING ARMS, HANDS, OR LEGS? ANY PARALYSIS, CRIPPLING OR CEREBRAL PALSY? (Exclude accidents and injuries) (Age, description, circumstances or reason)?

Yes ☐ No ☐ 0

10. HAS ANYONE IN YOUR FAMILY?

Full Sib (Number) ☐ Mo ☐ 1 Fa ☐ 2 DK ☐ 99 No ☐ 00

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

Yes ☐ No ☐ 0

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

Full Sib (Number) ☐ Mo ☐ 1 Fa ☐ 2 DK ☐ 99 No ☐ 00

* 13. HAVE YOU EVER HAD ANY NERVOUS PROBLEM WHICH REQUIRED HOSPITAL CARE – OR PSYCHIATRIC TREATMENT? (Age(s), duration, recurrence)?

Yes ☐ No ☐ 0

14. HAS ANYONE IN YOUR FAMILY?

Full Sib (Number) ☐ Mo ☐ 1 Fa ☐ 2 DK ☐ 99 No ☐ 00

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

(If YES, write item 15 box only when at least "definite/probable" condition)

Yes ☐ No ☐ 0

17. INTERVIEWER: Code items refer to gravida's interview record only. Are you misleading or amending other data that may verify or change codes?

Medical record abstract ☐ 1 Interviewer comment ☐ 2 No ☐ 00

(Circle item numbers answered, not dodged)

COLLABORATIVE RESEARCH
PERINATAL RESEARCH BRANCH, NINDS, NIH
DHEW PUBLICA 76-400.

GEN-7

COLR-[illegible]
[illegible]

FAMILY HISTORY INTERVIEW

HEALTH OF BABY'S FATHER AND HIS FAMILY

1. PATIENT IDENTIFICATION

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

Fully describe conditions (YES answers) in space at right. Include: a) ITEM 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 ☐ * Starred Items only ☐

2. 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 ☐ DK ☐ No ☐

3. HAS HE HAD ANY SERIOUS TROUBLE SEEING OR HEARING? (Blind or deaf, [illegible]) ANY SERIOUS TROUBLE SPEAKING? (Age at onset, etc.)

Seeing ☐ Hearing ☐ Speaking ☐ DK ☐ No ☐

4. HAS ANYONE IN HIS FAMILY?

Full Sib (Number) ☐ Mo ☐ Fa ☐ DK ☐ No ☐

5. HAS HE EVER HAD SUGAR DIABETES (Too much sugar in urine or blood)? (Age at onset, insulin required, etc.)

Yes ☐ DK ☐ No ☐

6. HAS ANYONE IN HIS FAMILY?

Full Sib (Number) ☐ Mo ☐ Fa ☐ DK ☐ No ☐

7. HAS HE EVER HAD SEIZURES, CONVULSIONS OR EPILEPSY? ([illegible], age at onset, [illegible], etc.)

Yes ☐ DK ☐ No ☐

8. HAS ANYONE IN HIS FAMILY?

Full Sib (Number) ☐ Mo ☐ Fa ☐ DK ☐ No ☐

9. HAS HE EVER HAD TROUBLE USING ARMS, HANDS, OR LEGS? ANY PARALYSIS, CRIPPLING OR CEREBRAL PALSY? (Exclude accidents or arthritis) (Age, description, course—better or worse)

Yes ☐ DK ☐ No ☐

10. HAS ANYONE IN HIS FAMILY?

Full Sib (Number) ☐ Mo ☐ Fa ☐ DK ☐ No ☐

11. DID HE GO TO ANY SPECIAL SCHOOL, LIKE ONE FOR SLOW LEARNERS? (Exclude [illegible] or very slow learning.)

Yes ☐ DK ☐ No ☐

12. WAS ANYONE IN HIS FAMILY UNABLE TO GO TO REGULAR SCHOOL (Retarded)?

Full Sib (Number) ☐ Mo ☐ Fa ☐ DK ☐ No ☐

13. HAS HE EVER HAD ANY NERVOUS PROBLEM WHICH REQUIRED HOSPITAL CARE – OR PSYCHIATRIC TREATMENT? (Age(s), duration, [illegible])

Yes ☐ DK ☐ No ☐

14. HAS ANYONE IN HIS FAMILY?

Full Sib (Number) ☐ Mo ☐ Fa ☐ DK ☐ No ☐

15. HAS HE BEEN EXPOSED TO X-RAYS OR OTHER TYPE OF RADIATION IN HIS WORK? IN ANY MEDICAL TREATMENT? (Type of radiation, [illegible])

Employment ☐ Therapeutic ☐ Diagnostic ☐ DK ☐ No ☐

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

*17. INTERVIEWER: [illegible] Are you including or attaching other data that may verify or change [illegible]?

Medical record abstract ☐ Interview summary ☐ No ☐

(Circle item numbers involved, left margin)

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

Rev. [illegible]

GEN-8

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

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
	5108....VAR		290	290	Consanguinty of gravida's; parents, all relations (yes/no/unknown)
	2698..GEN-5	2505	38	39	Form GEN-5 item number referred to in record or comment
	2688..GEN-5	2505	38	38	Form GEN-5 medical records or interviewer's comment
2	2404..GEN-5	1505	15	15	Form GEN-5 used (entire/abridged)
2	2405..GEN-5	2505	15	15	Form GEN-5 used (entire/abridged)
2	2405..GEN-5	1505	16	16	Form GEN-5, interview before delivery
2	2406..GEN-5	1505	17	17	Form GEN-5, interview, place conducted
2	2407..GEN-5	1505	18	18	Language used
3	2408..GEN-5	1505	19	20	Form GEN-5, interviewer
4	2410..GEN-5	1505	23	24	Form GEN-5, date (day)
4	2409..GEN-5	1505	21	22	Form GEN-5, date (mo)
4	2411..GEN-5	1505	25	26	Form GEN-5, date (yr)
5	4969....VAR		48	49	Deaths, total number of prior perinatal
5	5252....VAR		302	303	Deaths; neonatal and; stillbirths, total number prior to current pregnancy
5	4961....VAR		44	45	Gravidity, pregnancies, total number of prior
5	4984....VAR		50	51	Livebirths, total number of prior
5	2413..GEN-5	1505	29	29	Pregnancies, multiple, total number
5	5250....VAR		198	198	Pregnancies, multiple, total number prior to current pregnancy
5	2412..GEN-5	1505	27	28	Pregnancies, total number of prior; gravidity
5	5251....VAR		301	301	Stillbirths; deaths at 20 weeks gestation or greater; fetal death prior to current pregnancy
7	5252....VAR		302	303	Deaths; neonatal and; stillbirths, total number prior to current pregnancy
7	2448..GEN-5	1505	64	65	Fetal death, at 20 weeks gestation and over, total number; stillborn
7	2415..GEN-5	1505	31	31	Fetal death, at 20 wks gestation and over; stillborn; siblings full, total number
7	2431..GEN-5	1505	48	48	Fetal death, at 20 wks gestation and over; stillborn; siblings half, total number
7	2430..GEN-5	1505	47	47	Fetal death, fetal, prior to 20 wks gestation, total number; siblings half
7	2447..GEN-5	1505	64	64	Fetal death, prior to 20 weeks gestation, total number
7	2414..GEN-5	1505	30	30	Fetal death, prior to 20 wks gestation, total number; siblings full
7	5249....VAR		388	389	Fetal deaths; (abortion) at less than 20 weeks gestation, total number prior to current pregnancy
7	4984....VAR		50	51	Livebirths, total number of prior
7	2451..GEN-5	1505	68	69	Liveborn female, total number
7	2435..GEN-5	1505	52	52	Liveborn female, total number; siblings half
7	2450..GEN-5	1505	68	68	Liveborn male, total number
7	2434..GEN-5	1505	51	51	Liveborn male, total number; siblings half
7	2418..GEN-5	1505	34	35	Liveborn, female, total number; siblings full

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

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
7	2417..GEN-5	150%	34	34	Liveborn, male, total number; siblings full
7	2440..GEN-5	150%	66	67	Liveborn, total number
7	2418..GEN-5	150%	32	33	Liveborn, total number; siblings full
7	2452..GEN-5	150%	70	70	Premature, total number
7	2419..GEN-5	150%	34	36	Premature, total number; siblings full
7	2436..GEN-5	150%	51	53	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..GEN-5	150%	40	40	Siblings full; death, infant, greater than 28 days, total number
7	5262....VAR		405	405	Siblings full; death, neonatal, 27 or less days, total number
7	2422..GEN-5	150%	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..GEN-5	150%	46	46	Siblings full; developmental; retardation, physical, mental, behavioral, total number
7	5259....VAR		398	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	5261....VAR		404	404	Siblings full; living, five years of age and older, total number
7	2427..GEN-5	150%	38	38	Siblings full; living, five years of age and older, total number
7	2426..GEN-5	150%	37	37	Siblings full; living, less than five years of age, total number
7	5250....VAR		403	403	Siblings full; living, less than five years of age, total number
7	2425..GEN-5	150%	42	42	Siblings full; malformation, congenital, total number
7	5265....VAR		408	408	Siblings full; malformation; congenital, total number
7	5267....VAR		410	410	Siblings full; motor defect, total number
7	2427..GEN-5	150%	44	44	Siblings full; motor defect, total number
7	5255....VAR		402	402	Siblings full; premature, total number
7	5264....VAR		407	407	Siblings full; Rh incompatibility; blood group incompatibility; jaundice, blood group neonatal; transfusion
7	2424..GEN-5	150%	41	41	Siblings full; Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion, total number
7	2428..GEN-5	150%	43	43	Siblings full; seizures; convulsions; epilepsy, total number
7	5266....VAR		409	409	Siblings full; seizures; convulsions; epilepsy, total number
7	5268....VAR		411	411	Siblings full; sensory defect; hearing; speech or vision, total number
7	2430..GEN-5	150%	45	45	Siblings full; sensory defect; hearing; speech; vision, total number
7	5256....VAR		399	399	Siblings full; stillborn; death at 20 wks gestation and over, total number
7	5254....VAR		396	397	Siblings full; total number
7	5281....VAR		424	425	Siblings half; death at 28 or more days, total number

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GEN-5-8

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

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
?	2440..GEN-5	1505	57	57	Siblings half; death, infant, greater than 28 days, total number
?	5280....VAR		424	424	Siblings half; death, neonatal, 27 or less days, total number
?	2436..GEN-5	1505	56	56	Siblings half; death, neonatal, total number
?	5287....VAR		431	431	Siblings half; developmental retardation, physical, mental or behavioral, total number
?	2446..GEN-5	1505	61	63	Siblings half; developmental; retardation, physical, mental, behavioral, total number
?	5271....VAR		417	417	Siblings half; different father
?	5271....VAR		415	415	Siblings half; fetal death prior to 20 wks gestation, total number
?	5276....VAR		420	420	Siblings half; liveborn female, total number
?	5275....VAR		419	419	Siblings half; liveborn male, total number
?	2432..GEN-5	1505	49	49	Siblings half; liveborn; paternity known, different father
?	2431..GEN-5	1505	50	50	Siblings half; liveborn; paternity unknown
?	2438..GEN-5	1505	55	55	Siblings half; living, five years of age and older, total number
?	5279....VAR		423	423	Siblings half; living, five years of age and older, total number
?	5278....VAR		422	422	Siblings half; living, less than five years of age, total number
?	2437..GEN-5	1505	54	54	Siblings half; living, less than five years of age, total number
?	2442..GEN-5	1505	59	59	Siblings half; malformation, congenital, total number
?	5283....VAR		427	427	Siblings half; malformation; congenital, total number
?	5285....VAR		429	429	Siblings half; motor defect, total number
?	2444..GEN-5	1505	61	61	Siblings half; motor defects, total number
?	5277....VAR		421	421	Siblings half; premature, total number
?	5282....VAR		426	426	Siblings half; Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion
?	2441..GEN-5	1505	58	58	Siblings half; Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion, total number
?	2443..GEN-5	1505	60	60	Siblings half; seizures; convulsions; epilepsy, total number
?	5284....VAR		428	428	Siblings half; seizures; convulsions; epilepsy, total number
?	5286....VAR		430	430	Siblings half; sensory defect; hearing; speech or; vision, total number
?	2445..GEN-5	1505	62	62	Siblings half; sensory defect; hearing; speech; vision, total number
?	5272....VAR		416	416	Siblings half; stillborn; death at 20 wks gestation and over, total number
?	5270....VAR		413	414	Siblings half; total number
?	5274....VAR		418	418	Siblings half; unknown paternity
?	5294....VAR		438	438	Siblings living, five years of age and older, total number
?	5293....VAR		437	437	Siblings living, less than five years of age, total number
?	2456..GEN-5	1505	74	74	Siblings, death, infant, greater than 28 days, total number
?	2455..GEN-5	1505	73	73	Siblings, death, neonatal, total number
?	2457..GEN-5	1505	80	80	Siblings, developmental; retardation, physical, mental, behavioral, total number
?	2454..GEN-5	1505	72	72	Siblings, living, five years of age and older, total number

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

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
7	2453..GFN-5	150%	71	71	Siblings, living, less than five years of age, total number
7	2458..GFN-5	150%	76	76	Siblings, malformation, connenital, total number
7	2460..GFN-5	150%	78	78	Siblings, motor defect, total number
7	2457..GFN-5	150%	75	75	Siblings, Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion, total number
7	2459..GFN-5	150%	77	77	Siblings, seizures; convulsions; epilepsy, total number
7	2461..GFN-5	150%	79	79	Siblings, sensory defect; hearing; speech; vision, total number
7	5296....VAR		440	440	Siblings; death at 28 or more days, total number
7	5295....VAR		439	439	Siblings; death, neonatal, 27 or less days, total number
7	5301....VAR		445	445	Siblings; developmental retardation, physical, mental or behavioral, total number
7	5298....VAR		433	433	Siblings; fetal death after 20 weeks gestation, total number; fetal
7	5297....VAR		432	432	Siblings; fetal death prior to 20 weeks gestation, total number; fetal
7	5291....VAR		435	435	Siblings; liveborn female, total number
7	5290....VAR		434	434	Siblings; liveborn male, total number
7	5303....VAR		448	449	Siblings; liveborn, total number
7	5288....VAR		442	442	Siblings; malformation; congenital, total number
7	5299....VAR		443	443	Siblings; motor defect, total number
7	5292....VAR		436	436	Siblings; premature, total number
7	5287....VAR		441	441	Siblings; Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion
7	5300....VAR		444	444	Siblings; sensory defect; hearing; speech or; vision, total number
7	5251....VAR		191	191	Stillbirths; deaths at 20 weeks gestation or greater; total death prior to current pregnancy
9	2466..GFN-5	250%	16	16	Medical care of other children (yes/no)
10	2467..GFN-5	250%	17	17	Hospitalization of other children (yes/no)
12	2468..GFN-5	250%	18	18	Fetal death; blood incompatibility; erythroblastosis fetalis; siblings
12	2469..GFN-5	250%	19	19	Liveborn; blood incompatibility, no transfusion; siblings
12	2470..GFN-5	250%	20	20	Liveborn; blood incompatibility, requiring exchange transfusion; siblings
12	5306....VAR		452	452	Siblings liveborn; blood incompatibility, no transfusion
12	5307....VAR		453	453	Siblings liveborn; blood incompatibility, requiring exchange transfusion
12	5305....VAR		451	451	Siblings; fetal death; blood incompatibility; erythroblastosis fetalis
13	2471..GFN-5	250%	21	21	Cleft lip; cleft palate; siblings
13	5308....VAR		454	454	Cleft lip; palate; siblings; congenital; malformation
13	2472..GFN-5	250%	22	22	Club foot; siblings
13	5309....VAR		455	455	Club foot; siblings; congenital; malformation
13	5310....VAR		456	456	Fingers or toes; siblings; congenital; malformation
13	2473..GFN-5	250%	23	23	Fingers; toes; malformation, congenital; siblings

Form Item Numbers linked to Data Items on GEN-5, Outcomes of Previous Pregnancies

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
13	5312....VAR		458	458	Head or spine; siblings; congenital; malformation
13	2475..GEN-5	250%	25	25	Head; spine; malformation, congenital; siblings
13	2474..GEN-5	250%	24	24	Heart; malformation, congenital; siblings
13	5311....VAR		457	457	Heart; siblings; congenital; malformation
13	2476..GEN-5	250%	26	26	Malformation, congenital, other; siblings
13	5313....VAR		459	459	Malformation, other; siblings; congenital; malformation
14	2477..GEN-5	250%	27	27	Seizures; convulsions; epilepsy; siblings
14	5IR4....VAR		288	296	Seizures; convulsions; epilepsy; siblings, total number
15	5315....VAR		461	461	Motor defect due to infection; siblings
15	2479..GEN-5	250%	29	29	Motor defect due to infection; siblings
15	2478..GEN-5	250%	28	28	Motor defect due to injury; siblings
15	5316....VAR		460	460	Motor defect due to injury; siblings
15	5316....VAR		462	462	Motor defect, other; siblings
15	2480..GEN-5	250%	30	30	Motor defect, other; siblings
16	5318....VAR		464	464	Sensory defect; hearing; deaf; siblings
16	2483..GEN-5	250%	33	33	Sensory defect; speech defect; siblings
16	5319....VAR		465	465	Sensory defect; speech, defect; siblings
16	5317....VAR		463	463	Sensory defect; visual; blind; siblings
16	24R1..GEN-5	250%	31	31	Sensory defect; visual; blindness; siblings
16	2482..GEN-5	250%	32	32	Sensory defect; visual; deafness; siblings
17	5322....VAR		468	468	Developmental retardation, behavioral/emotional; siblings
17	5321....VAR		467	467	Developmental retardation, mental; siblings
17	5320....VAR		466	466	Developmental retardation, physical; siblings
17	24R6..GEN-5	250%	36	36	Developmental retardation, behavioral/emotional; siblings
17	2485..GEN-5	250%	35	35	Developmental retardation, mental; siblings
17	24R4..GEN-5	250%	34	34	Developmental retardation, physical; siblings
18	24R7..GEN-5	250%	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 GEN-6, Family Composition

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
	5190....VAR		282	282	Consanguinity of gravida and father of baby, all revisions (yes/no/unknown)
	2493..GEN-6	3505	14	15	Form GEN-6 used (entire/abridged)
6-7	5187....VAR		289	289	Consanguinity of gravida's parents, all revisions
8	2495..GEN-6	3505	17	17	Siblings of gravida, livebern full brothers
8	2496..GEN-6	3505	18	18	Siblings of gravida, livebern full sisters
9	2497..GEN-6	3505	19	19	Siblings of gravida, full sisters, age 15 or over, living or dead
10	2498..GEN-6	3505	20	20	Twinning
10	5191....VAR		293	293	Twinning: gravida
12	2499..GEN-6	3505	21	21	Father of baby same as prior pregnancy
13	2500..GEN-6	3505	22	23	Age
14	2501..GEN-6	3505	24	24	Name, father of baby
15	5188....VAR		291	291	Consanguinity of gravida and father of baby, all revisions
15-16	2502..GEN-6	3505	25	25	Consanguinity of gravida and father of baby
16-17	2494..GEN-6	3505	16	16	Consanguinity of gravida's parents
17	2503..GEN-6	3505	25	26	Siblings of father, livebern, full brothers
17	2504..GEN-6	3505	27	27	Siblings of father, livebern, full sisters
19-20	2505..GEN-6	3505	28	28	Relative of gravida in study
19-20	2506..GEN-6	3505	29	29	Relatives of father in study

Form item numbers linked to data items on GEN-7, Health of Gravida and Family

ITEM NO. FORM	DATA TYPE ID	CARD NUM	FROM	TO	DATA TYPE NAME
	5331....VAR		479	479	Mental illness; (psychiatric treatment); siblings (yes, no, unknown)
	5331....VAR		477	477	Mental; retardation; siblings (yes, no, unknown)
	5329....VAR		475	475	Motor defects; siblings (yes, no, unknown)
	5327....VAR		473	473	Seizures; convulsions; (epilepsy); siblings (yes, no, unknown)
	5325....VAR		471	471	Sensory defects; siblings (yes, no, unknown)
2	2507..GEN-7	3505	30	30	Malformations, congenital; gravida
2	5329....VAR		469	469	Malformations; congenital and; physical defects, other; siblings
2	2508..GEN-7	3505	31	31	Physical defects, other; gravida
1	2509..GEN-7	3505	32	32	Sensory defects
1	5324....VAR		470	470	Sensory defects; siblings
4	2511..GEN-7	3505	34	34	Sensory defects; parents of gravida
4	2510..GEN-7	3505	33	33	Sensory defects; siblings of gravida, full, number
5	2512..GEN-7	3505	35	35	Diabetes
6	2514..GEN-7	3505	37	37	Diabetes; parents of gravida
6	2513..GEN-7	3505	36	36	Diabetes; siblings of gravida, full, number
7	2515..GEN-7	3505	38	38	Seizures; convulsions; (epilepsy)
7	5326....VAR		472	472	Seizures; convulsions; (epilepsy); siblings
8	2517..GEN-7	3505	40	40	Seizures; convulsions; (epilepsy); parents of gravida
8	2516..GEN-7	3505	39	39	Seizures; convulsions; (epilepsy); siblings of gravida, full, number
9	2518..GEN-7	3505	41	41	Motor defects
9	5328....VAR		474	474	Motor defects; siblings
10	2520..GEN-7	3505	43	43	Motor defects; parents of gravida
10	2519..GEN-7	3505	42	42	Motor defects; siblings of gravida, full, number
11	2521..GEN-7	3505	44	44	Mental; retardation
11	5330....VAR		476	476	Mental; retardation; siblings
12	2523..GEN-7	3505	46	46	Mental; retardation; parents of gravida
12	2522..GEN-7	3505	45	45	Mental; retardation; siblings of gravida, full, number
13	2524..GEN-7	3505	47	47	Mental illness; (psychiatric treatment)
13	5332....VAR		478	478	Mental illness; (psychiatric treatment); siblings
14	2526..GEN-7	3505	49	49	Mental illness; (psychiatric treatment); parents of gravida
14	2525..GEN-7	3505	48	48	Mental illness; (psychiatric treatment); siblings of gravida, full, number
15	2527..GEN-7	3505	50	50	Disease or condition, other, in family
17	2529..GEN-7	3505	52	52	Form GEN-7, item number referred to in record or comments
17	2528..GEN-7	3505	51	51	Form GEN-7, medical record or interviewer's comment

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

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
	2554..GFN-8	3505	77	77	Consanguinity of gravida and father of baby (revision 0)
	5187....VAR		287	287	Consanguinity of gravida and father of baby, current pregnancy (revision 0)
	2553..GFN-8	3505	76	76	Consanguinity of gravida's parents (revision 0)
	5186....VAR		288	288	Consanguinity of gravida's parents, (revision 0)
	5146....VAR		492	492	Diabetes; siblings (yes, no, unknown)
	5144....VAR		490	490	Mental illness; (psychiatric treatment); siblings (yes, no, unknown)
	5142....VAR		488	488	Mental; retardation; siblings (yes, no, unknown)
	5140....VAR		486	486	Motor defects; siblings (yes, no, unknown)
	5138....VAR		484	484	Seizures; convulsions; (epilepsy); siblings (yes, no, unknown)
	5136....VAR		482	482	Sensory defects; siblings (yes, no, unknown)
2	2530..GFN-8	3505	53	53	Malformations; congenital
2	5134....VAR		480	480	Malformations; congenital; siblings
2	2531..GFN-8	3505	54	54	Physical defects, other
3	2532..GFN-8	3505	55	55	Sensory defects
3	5135....VAR		481	481	Sensory defects; siblings
4	2534..GFN-8	3505	57	57	Sensory defects; parents of father
4	2533..GFN-8	3505	56	56	Sensory defects; siblings of father, full, number
5	2535..GFN-8	3505	58	58	Diabetes
5	5145....VAR		491	491	Diabetes; siblings
6	2537..GFN-8	3505	60	60	Diabetes; parents of father
6	2536..GFN-8	3505	59	59	Diabetes; siblings of father, full, number
7	2538..GFN-8	3505	61	61	Seizures; convulsions; (epilepsy)
7	5137....VAR		483	483	Seizures; convulsions; (epilepsy); siblings
8	2540..GFN-8	3505	63	63	Seizures; convulsions; (epilepsy); parents of father
8	2539..GFN-8	3505	62	62	Seizures; convulsions; (epilepsy); siblings of father, full, number
9	2541..GFN-8	3505	64	64	Motor defects
9	5139....VAR		485	485	Motor defects; siblings
10	2543..GFN-8	3505	66	66	Motor defects; parents of father
10	2542..GFN-8	3505	65	65	Motor defects; siblings of father, full, number
11	2544..GFN-8	3505	67	67	Mental; retardation
11	5141....VAR		487	487	Mental; retardation; siblings
12	2546..GFN-8	3505	69	69	Mental; retardation; parents of siblings
12	2545..GFN-8	3505	68	68	Mental; retardation; siblings of father, full, number
13	2547..GFN-8	3505	70	70	Mental illness; (psychiatric treatment)
13	5143....VAR		489	489	Mental illness; (psychiatric treatment); siblings
14	2549..GFN-8	3505	72	72	Mental illness; (psychiatric treatment); parents of father
14	2548..GFN-8	3505	71	71	Mental illness; (psychiatric treatment); siblings of father, full, number
15	2550..GFN-8	3505	73	73	Radiation exposure
17	2552..GFN-8	3505	75	75	Form GFN-8, item number referred to in record or comment

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

ITEM NO. FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
17	2551..GFN-8	1*0*	74	74	Form GEN-8, medical records of interviewer's comments

DEFINITION OF CODES
FAMILY HISTORY INTERVIEW
GEN 5 - 8 CARD 1505

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

FIELD		CARD COLUMN
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 SR-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 5 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.

FIELD		CARD COLUMN
1.	Card Number Code: 2	1
2.	Basic Data * Code: Same as in columns 2-15 of Card 1	2-15
3.	Children: Medical Care GEN-5, Item 9 Code: 0 - No 1 - Yes 7 - No prior liveborn 9 - Unknown	16
4.	Children: Hospitalization GEN-5, Item 10 Code: Same as in Field 3	17
	MEDICAL CONDITIONS IN OUTCOMES FROM PRIOR PREGNANCIES	
5.	Blood Incompatibility: Fetal Death GEN-5, Item 12 Code: 0 - No 1 - Yes 8 - Questionable 9 - Unknown	18
6.	Blood Incompatibility: Liveborn - No Exchange Transfusion GEN-5, Item 12 Code: Same as in Field 5	19
7.	Blood Incompatibility: Liveborn - Exchange Transfusion GEN-5, Item 12 Code: Same as in Field 5	20
8.	Congenital Malformation: Cleft Lip and/or Palate 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 2505

FIELD		CARD COLUMN
9.	Congenital Malformation: Club Foot GEN-5, Item 13 Code: Same as in Field 5	22
10.	Congenital Malformation: Fingers and/or Toes GEN-5, Item 13 Code: Same as in Field 5	23
11.	Congenital Malformation: Heart GEN-5, Item 13 Code: Same as in Field 5	24
12.	Congenital Malformation: Head or Spine GEN-5, Item 13 Code: Same as in Field 5	25
13.	Congenital Malformation: Other GEN-5, Item 13 Code: Same as in Field 5	26
14.	Seizures, Convulsions or Epilepsy 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.	Motor Defect: Injury GEN-5, Item 15 Code: Same as in Field 5	28
16.	Motor Defect: Infection GEN-5, Item 15 Code: Same as in Field 5	29
17.	Motor Defect: Other GEN-5, Item 15 Code: Same as in Field 5	30

DEFINITION OF CODES (Continued)

FORM GEN 5
Card 2 505 -

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

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

FIELD		CARD COLUMN
1.	**Card Number** Code: 3	1
2.	**Basic Data *** Code: Same as in columns 2-15 of Card 1 FAMILY COMPOSITION	2-15
3.	**Consanguinity of Gravida's Parents** 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.	**Number of Liveborn Full Brothers: Gravida** Gen 6, Item 8 Code: 0 - None 1-7 - As given 8 - 8 or more 9 - Unknown	17
5.	**Number of Liveborn Full Sisters: Gravida** Gen-6, Item 8 Code: Same as in Field 4	18
6.	**Number of Full Sisters 15 Years or Older - Living or Dead: Gravida** Gen 6, Item 9 Code: Same as in Field 4	19
7.	**Twinning: Gravida** 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

FIELD		CARD COLUMN
7.	Twinning: Gravida (continued) 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	20
8.	Full Interview: GEN-6 and GEN-8 GEN-6, Item 12 Code: 0 - Full Interview	21
9.	Age of Father, Current Pregnancy Gen 6, Item 13 Code: 12-65 - As given 66 - 66 years and over 99 - Unknown	22-23
10.	Name of Father Recorded Gen 6, Item 15 Code: 1 - Yes 2 - Refused 9 - Unknown	24
11.	Consanguinity of Gravida and Father of Baby of Current Pregnancy Gen 6, Items 15, 16 Code: Same as in Field 3	25
12.	Number of Liveborn Full Brothers: Father of Baby Gen 6, Item 17 Code: Same as in Field 4	26
13.	Number of Liveborn Full Sisters: Father of Baby Gen 6, Item 17 Code: Same as in Field 4	27

FIELD		CARD COLUMN
14.	Relatives in Study: Gravida 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 - Protest sib to study baby 8 - Common law wife, daughter, mother 9 - Unknown	28
15.	Relatives in Study: Father of the Baby Gen 6, Items 19, 20 Code: Same as in Field 14	29
	HEALTH: GRAVIDA AND HER FAMILY	
16.	Congenital Malformation: Gravida 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	30
17.	Other Physical Defects: Gravida 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	31

FIELD		CARD COLUMN
18.	Sensory Defects: Gravida Gen 7, Item 3 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.	Sensory Defects: Number of Full Sibs Gen 7, Item 4 Code: 0 - None 1-6 - As given 7 - 7 or more 8 - Questionable 9 - Unknown	33
20.	Sensory Defect: Gravida's Parents Gen 7, Item 4 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.	Diabetes: Gravida Gen 7, Item 5 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

FIELD		CARD COLUMN
22.	**Diabetes: Number of Full Sibs** Gen 7, Item 6 Code: Same as in Field 19	36
23.	**Diabetes: Parents** Gen 7, Item 6 Code: Same as in Field 20	37
24.	**Seizures, Convulsions: Gravida** 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.	**Seizures, Convulsions: Number of Full Sibs** Gen 7, Item 8 Code: Same as in Field 19	39
26.	**Seizures, Convulsions: Parents** Gen 7, Item 8 Code: Same as in Field 20	40
27.	**Motor Defects: Gravida** 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.	**Motor Defects: Number of Full Sibs** Gen 7, Item 10 Code: Same as in Field 19	42

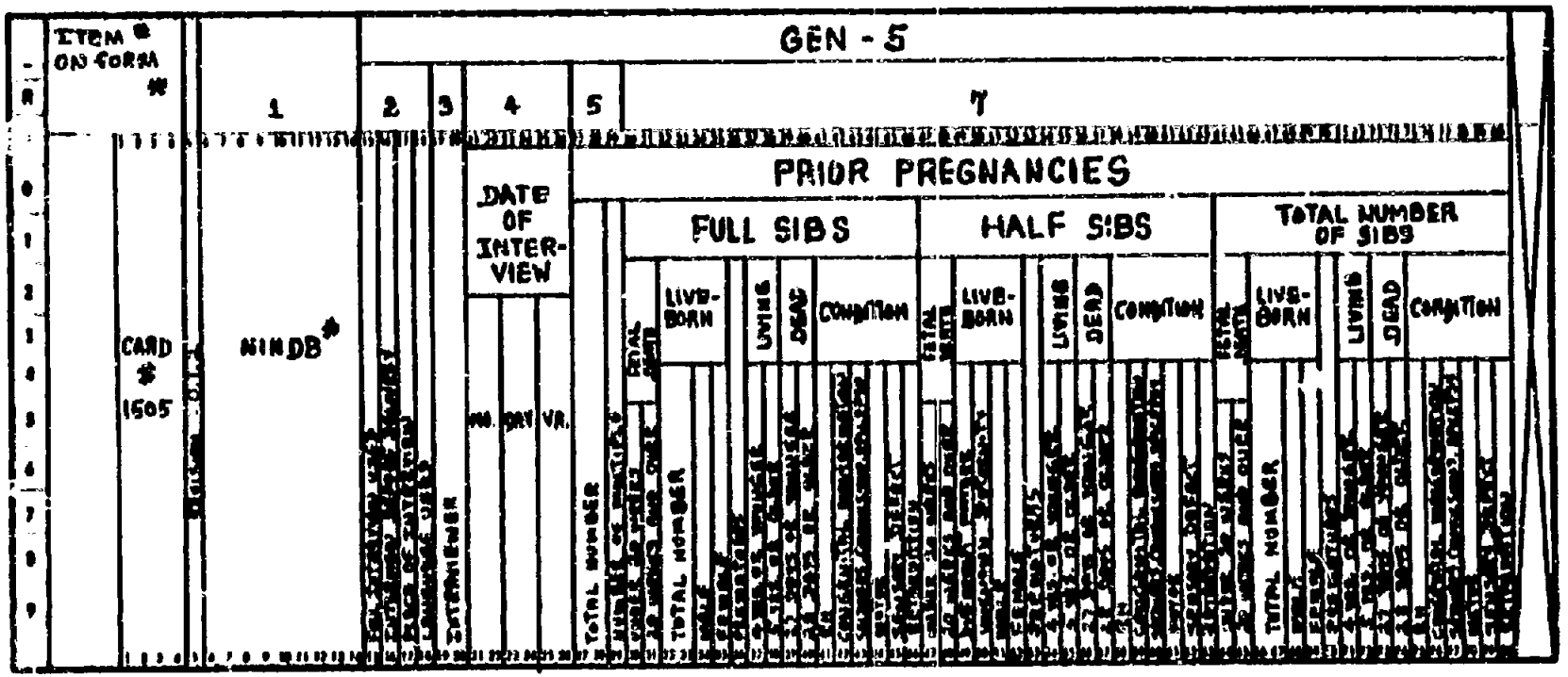
FIELD		CARD COLUMN
29.	**Motor Defects: Parents** Gen 7, Item 10 Code: Same as in Field 20	43
30.	**Mental Retardation: Gravida** Gen 7, Item 11 Code: 0 - None 1 - Mentally retarded 2 - Special class for slow learner, ungraded 8 - Questionable 9 - Unknown	44
31.	**Mental Retardation: Number of Full Sibs**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

DEFINITION OF CODES (Continued)

FORM GEN 6 -
Card 3505

FIELD		CARD COLUMN
37.	Medical Record or Interviewer's Comment Gen 7, Item 17 Code: 0 - None 1 - Copy of Medical Record Submitted 2 - Interviewer's Comment 3 - Combination of codes 1 and 2	51
38.	Item Number Referred to In Record or Comment GEN-7, Item 17 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.	Health: Father of the Baby Gen 8 Code: Same as in Fields 16-35 except Field 21 Code 3 and Field 24 Code 5 are not used	53-72
40.	Radiation Exposure: Father of the Baby Gen 8, Item 15 Code: 0 - None 1 - Occupational 2 - Therapeutic 3 - Combination of codes 1 and 2 4 - Diagnostic 8 - Questionable 9 - Unknown	73
41.	Medical Records or Interviewer's Comment Gen 8, Item 17 Code: Same as in Field 37	74
42.	Item number Referred to In Record or Comment Code: Same as in Field 38	75

FAMILY HISTORY INTERVIEW
FORM GEN 5-8



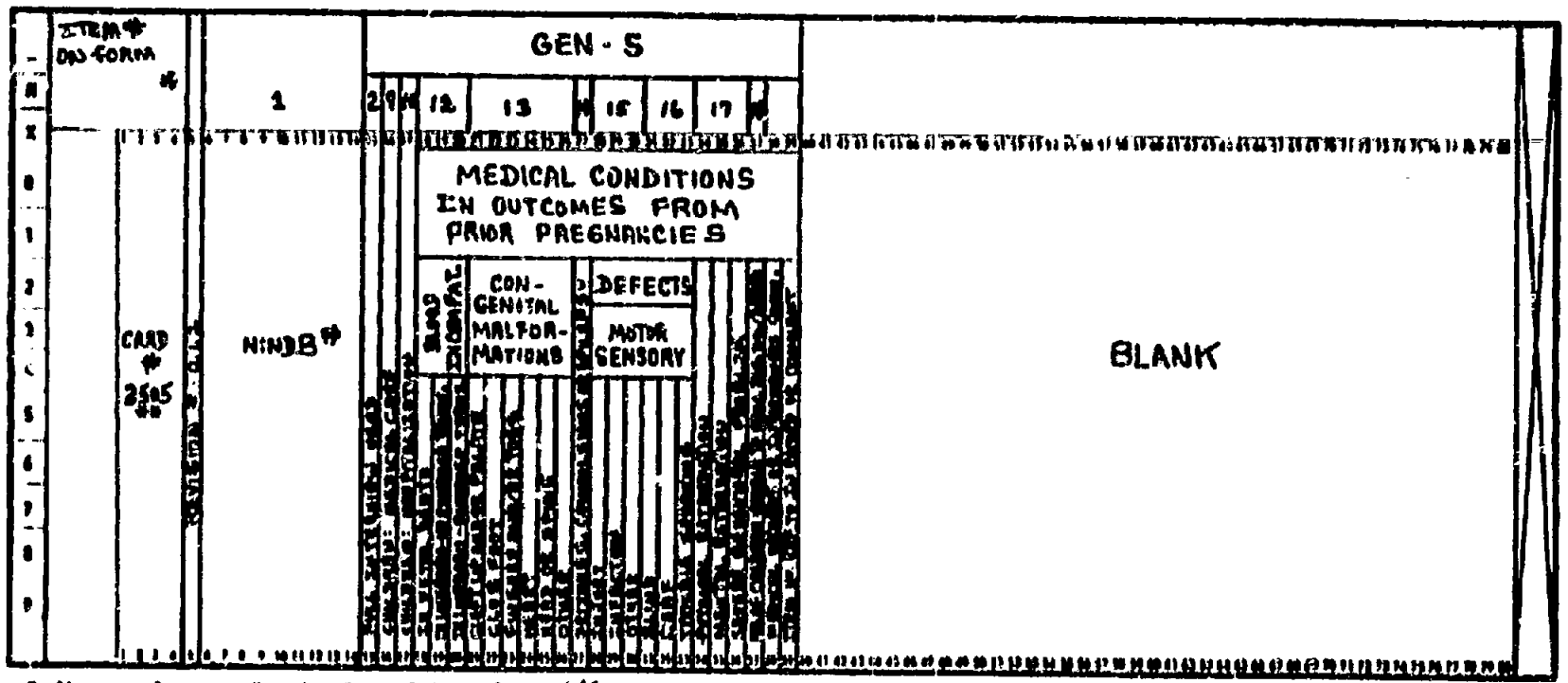
* Item numbers refer to form dated: Rev. 6/61

GEN-5-8

II.D.164

GEN-5-8 - 16

FAMILY HISTORY INTERVIEW
FORM GEN 5-B



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

** Card exists only for one or more prior pregnancies.

* Item numbers 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 achieving 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 Gravida's Prior Pregnancies," consists of information taken from the OB-2 record and supplemented by two questions put to the gravida.

2. Page 2, "Medical Conditions in Outcomes from Prior Pregnancies," deals with certain 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 gravida, parents of the study baby)* as well as identifying information about gravida's relatives *(her parents and full sibs)* and the relatives of the father of the baby *(his full sibs)*.

C. GEN 7 "Health of Gravida and her Family," consists of a series of questions about certain groups of medical conditions which may have occurred in the gravida 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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B. Abridged form for Repeat Study Pregnancies

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

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

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

IV. General instructions

A. It is very important to establish an atmosphere of confidence at the beginning of the interview, since some of the areas to be discussed are sensitive. Please preface 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 3 and 8.

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 NIMDR 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.

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 "Descriptions 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. Using 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. *(Those 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 GH 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 additional 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 simplest to go through the interview, recording 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 descriptions somewhat.)* Conclude each description with the phrase: "From prior GEN." Leave space for additions during the interview.

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

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

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

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

VII. Detailed 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, Items 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 live-born children and late fetal deaths.

Item No.

1. Patient Identification

Use identification plate if available. Include name and NDDB 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 12. 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 "(*) starred items only" is to be used, the eighth digit of the NDDB number for the last pregnancy for which the GEN 5-6 has been entirely completed, should be entered in the "Abridged, (*Soc Preg. No.*)" box.

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

3. Interviewer

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

4. Date

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

5. Prior Pregnancies

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

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

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

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

6. Table 1

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

Item No. 6. (Continued)

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

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

b. Name of Child

As instructed at top of page 1 of GEN 5, for pregnancies terminating in livebirth, enter the child's name; for the fetal death (*including stillbirths and abortions*), write F.D. followed by weeks of gestation as given on the OB record. Since a stillbirth is a fatal 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 10). On the second page 1 of GEN 5, put a line through item 5 and next to "Table 1" write "continued." Complete items 8 through 10 on the second page 1.

e. FA (Father)

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

Item No. 6. (Continued)

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

Thus, for three pregnancies, John, F.D. 32 weeks, and James, with fathers with initials J.B., write John Brown, F.D. 32 wks Brown and James Brooks.

f. SEX

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

g. B. WT. (lbs.)

Record here the livebirth child's birth weight, *[illegible]* OB 31 to nearest pound. Thus any weight from 4 lbs. 8 oz. through 5 lbs. 6 oz. is recorded as 5 lbs., and a weight of 7 lbs. 8 oz. or a weight of 8 lbs. 7 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 UNK.

h. LIVING (*Age*) DEAD (*Age*)

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

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

Item No. 6. (Continued)

during the interview. This may help to develop rapport.

i. 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 20 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 "Sees 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 10, 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 positive answer on page 2 may be used as the beginning question for that page.

Item No. 10. (Continued)

GEN 5, Page 2. Medical Conditions in Outcomes 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 Interview" 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 18, "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 record all information separately about each child. Identify a fatal 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 reference 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.

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 in blood incompatibility and other difficulties 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 baby's blood. Exchange transfusion means a complete renewal of the blood of the baby and should not be confused with ordinary transfusion which means merely addition of a quantity of blood to the circulation.

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

a. How the doctor learned about the trouble

b. How these difficulties affected the baby

c. 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 recorded.

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)

a. Under "Club foot" include all types of twisted feet.

b. Under "Head or spine," include all central nervous system defects such as hydrocephalus (enlargement of the head), spina bifida (open spine), small eye, etc. Obtain the best description possible from the gravida to make accurate coding and classification possible at the central office.

c. Under "Other," include conditions which do not fit into any of the named categories. When the "Other" category is used, the description given by the 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 19 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.

a. Include under "Injuries" trauma to the brain or spinal cord with permanent impairment of movement.

b. Include under "Polio, Other Infections" such conditions as encephalitis and meningitis.

c. The category "Other" is of greatest interest. DESCRIBE ALL CASES CHECKED "OTHER" IN AS MUCH DETAIL AS POSSIBLE. This includes motor retardation.

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Item No. 16. (Continued)

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

16. Sensory Defects

a. Blind - (*partly or completely*)

Include difficulty in walking or working in unfamiliar surroundings without glasses. Exclude correctable (glasses), injury or infection.

b. Deaf - (*partly or completely*)

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

c. Trouble speaking or mute

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

17. Retardation

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

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

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

Item No. 17. (Continued)

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. In that event be sure to obtain all the information requested.

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

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

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

19. Description of Conditions

This item is filled in by the interviewer for each category for which a box (other than the "No" box) is checked. A detailed statement as described in "Instructions to Interviewer" at the top of this page and on page 9 in this manual, is needed. This is the information from which the professional staff will make decisions for coding and future studies. If the questions have been asked and the gravida does not know, state so here.

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Item No.

20. Medical Records, etc.

This 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 statement" box. The abstract may be sent on a CP 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, "(*Johnny*) had none of these conditions we've just talked about, did he? (*Mary*) had (*falling out spells*) 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 columns.

B. GEN 6 – FAMILY COMPOSITION

1. Please use plain 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, live-born of the same father and mother. In the large boxes for Bro (*brother*) and Sis (*sister*), write the number of full brothers and sisters respectively. The total of the numbers in these boxes should correspond to the number of names listed in Table 1. However, when the gravida is unsure of the number of sibs or their respective sex, enter in the Bro and Sis boxes as many as she knows and also note at the bottom of the table "additional sibs, number and/or sex unknown." Ask question 9 and complete Table 1. Give age in completed years (as for age in Table 1, item 6, GEN 5.) If no live-born 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. For 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 HIS FAMILY

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

Item No.

12. FA 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 6, 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 completed years.

14. Name

If for record GEN this is the same father as in item 12, skip [illegible] 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 Items" box at top of GEN 8, directly below instructions to interviewer.

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

19 - 20. Relatives in this Study

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

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

C. GEN 7 – HEALTH OF GRAVIDA AND HER FAMILY

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

The same detail is required for the gravida's family. When something is reported about the gravida's blood relatives (full sibs and natural parents), mark as many boxes as applicable. When a condition is reported for one or more full sibs, write in the number of full sibs affected in the box provided. In the "Description of Conditions" (Item 19), identify each affected full sib by full name at the time the condition was identified. (See instructions at top of page, and also in the manual, page 6.) The first names of sibs with conditions reported should appear in the listings of GEN 6, Table 1. When nothing is reported and the

C. GEN 7 - (Continued)

gravida is reasonably well acquainted with the health status of her parents and sibs, mark "No" box. When nothing is reported but gravida 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 gravida, but DO NOT COUNT THESE with full sibs in items 4, 6, 8, 10, 12 or 14.

Use Table 1 (item 9) of GEN 6 as a guide to the sibs of the gravida. 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 gravida.

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

Item No.

2. Physical Defects

This is asked for the gravida 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 gravida's family which result in sensory or motor defects are to be recorded for them in the respective categories.

3 - 4. Sensory Defects

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

Item No.

5 - 6. Diabetes

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

7 - 8. Seizures, Convulsions and Epilepsy

See item 14, page 7 in manual.

9 - 10. Motor Defect

See item 15, page 7 in manual.

Exclude difficulties due to accidents or arthritis.

11 - 12. Special Schools, Retardation

See item 19, 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 gravida 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 gravida and the condition.

16. Description of Conditions

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

June 1963

Item No.

17. Medical Records, etc.

See instructions for item 20, page 3.

D. GEN 8 – HEALTH OF BABY'S FATHER AND HIS FAMILY

Read instructions at the top of GEN 8.

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 sibs of the father of the baby. Be sure to ask about sibs 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 5-8, starred items only are to be asked. See instructions under V C 3 and VI B 3 of Manual for procedure to be followed for father of the baby.

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

Item Nos. 2 - 14.

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

15. Radiation

Record the kind of radiation, such as X-ray, fluoroscope, radioactive materials, dates when encountered, for how long, whether at work or for therapy and what parts of the body were involved. Exclude 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 6, in item 6, above "FA" the 3 initials of the father of this baby.

E. If you need additional space, use CP-8.

[illegible]

FAMILY HISTORY INTERVIEW

OUTCOMES FROM GRAVIDA'S PRIOR PREGNANCIES

1. [illegible] (Specify) ___ OTHER ___

2. INTERVIEWER ________ 4. DATE Mo. Day Yr.

superseded by rev. 6-63

INSTRUCTIONS TO INTERVIEWER: BEFORE INTERVIEW, from OB records complete Item 5 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 write name; for fetal deaths write FD plus weeks of gestation as recorded on OB record. In FA column write initials of "father" for each outcome. In PREM column write X if child had a low birth weight (see manual). In columns headed LIVING and DEAD record age to [illegible] up to one month, [illegible] up to one year and in [illegible] thereafter. Each appropriate age line should have a number followed by [illegible]. Review this information with gravida and make any necessary changes. AFTER INTERVIEW, complete right side of Table 1 by marking X to indicate each child with a given problem reported.

5. PRIOR PREGNANCIES Total Number ______ Number of Multiple ______ (If no prior pregnancies, mark None box and go to GEN-6) None ☐

6. TABLE 1

OUTCOMES FROM PRIOR PREGNANCIES			PRIOR LIVEBORN CHILDREN					CONDITIONS AND ITEM NUMBER						
NAME OF CHILD Or FD - Weeks Gestation	FA	[illegible]	SEX (M)	(F)	PREM. (X)	LIVING (Age)	DEAD (Age)	(12)	(13)	(14)	(15)	(16)	(17)	(18)
1)														
2)														
3)														
4)														
5)														
6)														
7)														
8)														
9)														
10)														
7. FOR OFFICE USE ONLY														

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

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

No Medical Care ☐

TABLE 2

	DOCTOR OR CLINIC	ADDRESS	SEES WHICH 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 ___

TABLE 3

	CHILD	REASONS	MOST RECENT HOSPITAL OR INSTITUTION	CITY AND STATE	DATES (Mo. & Yr.) FROM	TO
1)						
2)						
3)						

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CO[illegible]

11. PATIENT IDENTIFICATION

FAMILY HISTORY INTERVIEW
MEDICAL CONDITIONS OR OUTCOMES FROM PRIOR PREGNANCIES

Designed by Rev. 6 to 73

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

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

	No	
[illegible]		
Trouble or fatal death		
Trouble or illness, no transfusion		
Exchange transfusion		

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

	No	
Cleft lip or palate		
Club foot		
Fingers or toes		
[illegible]		
Head or spine		
Other		

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

	No	
With fever		
Without fever		

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

	No	
Injury		
Polio, "spinal fever", other infection		
Other		

16. ANY CHILD BLIND OR DEAF (Partly or completely)? ANY WITH SERIOUS TROUBLE SPEAKING?

	No	
Blind		
Deaf		
Trouble speaking		

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

	No	
Counselor's impression only		
Exam by doctor or clinic		

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

	Child	No	
Legal or [illegible]			
Hospital or [illegible]			
Special school			

19. DESCRIPTION OF CONDITIONS: Be certain to include all information requested in appropriate places. If more space is needed, use remarks or enclosure.

20. DO NOT USE

CO [illegible]
[illegible]

1. PATIENT IDENTIFICATION

FAMILY HISTORY INTERVIEW

FAMILY COMPOSITION

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

Superseded by
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[illegible] FAMILY

4. WHERE WAS YOUR MOTHER BORN?

________ (city or [illegible]) ________ (state or country)

5. WHERE WAS YOUR FATHER BORN?

________ (city or [illegible]) ________ (state or country)

6. WHAT WAS YOUR MOTHER'S FULL NAME? ________ (First name) ________ (Maiden 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 ☐ DK ☐ Yes ☐

9. (If [illegible]) HOW ARE THEY RELATED? ([illegible])

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

Bro ____ (Number) DK ☐ Sis ____ (Number) DK ☐

Gravida's Mother ________ Gravida's Father ________

11. TABLE 1

BROTHERS	AGE IN YRS. Liv.	AGE IN YRS. Dead	SISTERS	AGE IN YRS. Liv.	AGE IN YRS. Dead

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

13. ARE YOU A TWIN? No ☐ DK ☐ (If yes) IS YOUR TWIN A BROTHER OR SISTER? Twin [illegible] ☐ DK ☐ [illegible]

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

14. (If living twin sister) 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 ____ (Number) DK ☐ Sis ____ (Number) DK ☐

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

17. TABLE 2

BROTHERS	AGE IN YRS. Liv.	AGE IN YRS. Dead	SISTERS	AGE IN YRS. Liv.	AGE IN YRS. Dead

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

19. WHAT IS HIS NAME? ________ Refused ☐ DK ☐

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

21. (If [illegible]) HOW ARE YOU RELATED? ([illegible])

Gravida ________ Father of Baby ________

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

23. (If [illegible]) 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 [illegible] NO.

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GEN-6 (5-61)

COL-[illegible]

FAMILY HISTORY INTERVIEW

HEALTH OF GRAVIDA AND HER FAMILY

1. PATIENT IDENTIFICATION

Superseded by Nov. 6-63

INSTRUCTIONS TO INTERVIEWER: [illegible] FULL [illegible] GEN-[illegible] NO [illegible] DK [illegible] No and/or Fa [illegible] FULL [illegible] FULL [illegible]

Fully describe conditions (YES answers) in space at right. Include: a) ITEM number, b) FULL NAME of person at 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.

2. WHEN YOU WERE BORN, WAS THERE ANYTHING IN YOUR BODY THAT WAS NOT FORMED RIGHT? ANY PHYSICAL DEFECT? [illegible]
Yes ☐ No ☐

3. HAVE YOU HAD ANY SERIOUS TROUBLE SEEING OR HEARING? [illegible] ANY SERIOUS TROUBLE SPEAKING? [illegible]
Seeing ☐ Hearing ☐ Speaking ☐ No ☐

4. HAS ANYONE IN YOUR FAMILY?
Full Sib (Number) ___ Mo ☐ Fa ☐ DK ☐ No ☐

5. HAVE YOU EVER HAD DIABETES (SUGAR IN THE URINE)? [illegible]
Yes ☐ No ☐

6. HAS ANYONE IN YOUR FAMILY?
Full Sib (Number) ☐ Mo ☐ Fa ☐ DK ☐ No ☐

7. HAVE YOU EVER HAD SEIZURES, CONVULSIONS, OR EPILEPSY? [illegible]
Yes ☐ No ☐

8. HAS ANYONE IN YOUR FAMILY?
Full Sib (Number) ☐ Mo ☐ Fa ☐ DK ☐ No ☐

9. HAVE YOU EVER HAD TROUBLE USING ARMS, HANDS, OR LEGS? ANY PARALYSIS, CRIPPLING OR CEREBRAL PALSY? [illegible]
Yes ☐ No ☐

10. HAS ANYONE IN YOUR FAMILY?
Full Sib (Number) ☐ Mo ☐ Fa ☐ DK ☐ No ☐

11. DID YOU GO TO ANY SPECIAL SCHOOL, LIKE ONE FOR SLOW LEARNERS?
Retarded ☐ Other ☐ No ☐

12. WAS ANYONE IN YOUR FAMILY UNABLE TO GO TO REGULAR SCHOOL? [illegible]
Full Sib (Number) ☐ Mo ☐ Fa ☐ DK ☐ No ☐

13. HAVE YOU EVER HAD ANY NERVOUS ILLNESS OR NERVOUS TROUBLE THAT WAS SERIOUS ENOUGH TO REQUIRE HOSPITALIZATION OR MEDICAL CARE?
Mental Illness ☐ Other ☐ No ☐

14. HAS ANYONE IN YOUR FAMILY?
Full Sib (Number) ☐ Mo ☐ Fa ☐ DK ☐ No ☐

15. INTERVIEWER'S COMMENTS:

16. DESCRIPTION OF CONDITIONS: [illegible]

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GEN-7 ([illegible])

[illegible]
3

FAMILY HISTORY INTERVIEW

HEALTH OF BABY'S FATHER AND HIS FAMILY

1. PATIENT'S IDENTIFICATION

Superseded by [illegible] 6-63

INSTRUCTIONS TO INTERVIEWER: [illegible] for conditions in baby's father, his parents, and his FULL sibs [illegible] GEN-4). [illegible] NO box when no condition was reported. [illegible] DK box when no information is available. [illegible] Fa box if condition reported in parent(s). If condition reported in FULL sibs, write in box the number of FULL sibs affected.

Fully describe conditions (YES answers) in space at right. Include: a) ITEM number, b) FULL NAME of person or [illegible] 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, cause of condition, if known), e) DOCTOR and/or HOSPITAL, or other record sources (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 reason in space at right. [illegible]

16. DESCRIPTION OF CONDITIONS [illegible]

2. WHEN THIS BABY'S FATHER WAS BORN WAS THERE ANYTHING IN HIS BODY THAT WASN'T FORMED RIGHT? ANY PHYSICAL DEFECT? [illegible]

Yes ☐ DK ☐ No ☐

3. HAS HE HAD ANY SERIOUS TROUBLE SEEING OR HEARING? [illegible] ANY SERIOUS TROUBLE SPEAKING? (Age at onset, etc.)

Seeing ☐ Hearing ☐ Speaking ☐ DK ☐ No ☐

4. HAS ANYONE IN HIS FAMILY?

Full Sib (Number) ☐ Mo ☐ Fa ☐ DK ☐ No ☐

5. HAS HE EVER HAD DIABETES (SUGAR IN THE URINE)? (Age at onset, [illegible], etc.)

Yes ☐ DK ☐ No ☐

6. HAS ANYONE IN HIS FAMILY?

Full Sib (Number) ☐ Mo ☐ Fa ☐ DK ☐ No ☐

7. HAS HE EVER HAD SEIZURES, CONVULSIONS OR EPILEPSY? ([illegible], age at onset, with fever, etc.)

Yes ☐ DK ☐ No ☐

8. HAS ANYONE IN HIS FAMILY?

Full Sib (Number) ☐ Mo ☐ Fa ☐ DK ☐ No ☐

9. HAS HE EVER HAD TROUBLE USING ARMS, HANDS, OR LEGS? ANY PARALYSIS, CRIPPLING OR CEREBRAL PALSY? [illegible] (Age, description, [illegible])

Yes ☐ DK ☐ No ☐

10. HAS ANYONE IN HIS FAMILY?

Full Sib (Number) ☐ Mo ☐ Fa ☐ DK ☐ No ☐

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

Retarded ☐ Other ☐ DK ☐ No ☐

12. HAS ANYONE IN HIS FAMILY UNABLE TO GO TO REGULAR SCHOOL. [illegible]

Full Sib (Number) ☐ Mo ☐ Fa ☐ DK ☐ No ☐

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

Mental Illness ☐ Other ☐ DK ☐ No ☐

14. HAS ANYONE IN HIS FAMILY?

Full Sib (Number) ☐ Mo ☐ Fa ☐ DK ☐ No ☐

15. HAS HE BEEN EXPOSED TO X-RAYS OR OTHER TYPE OF RADIATION IN HIS WORK? IN ANY MEDICAL TREATMENT? (Type of radiation, [illegible])

Employment ☐ Therapeutic ☐ DK ☐ No ☐

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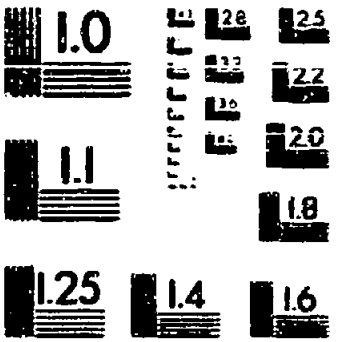
GEN-8 (5-61)



MICROCOPY RESOLUTION TEST CHART
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STANDARD REFERENCE MATERIAL 1010a
ANSI and ISO TEST CHART No. 2

CONTINUED ON NEXT FICHE