
THE NATIONAL ARCHIVES OF THE UNITED STATES
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FHH-9 Family Health History Review

Form FHH-9 was used in obtaining socioeconomic and genetic information about the families of study children at the time the child was seven years old. The interview was designed to obtain data comparable to that obtained at the time of the mother's pregnancy. The form was implemented into the study in November 1965 and did not undergo revision. Data from FHH-9 may be found in four cards of the master file (Table FHH-9.1).

TABLE FHH-9.1 Cards and Data Records by Revision for Form FHH-9

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
FHH-9: Childs Residence, Foster Parents	1509	0	40,376
			40,376
FHH-9: Mother, Father History	2509	0	38,481
			38,481
FHH-9: Family History	3509	0	38,485
			38,485
FHH-9: Family Conditions (Health) Since Birth of Child	4509	0	38,491
			38,491
	total for form		155,833

Data Items Referencing Form FHH-9, Family Health History Review

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2556.....		1509	1	5	Card number (sequence, form type, form number, revision number)
2557.....		1509	6	14	NINDB case number
2558..FHH-9	2	1509	15	16	Birth date (mo)
2559..FHH-9	2	1509	17	18	Birth date (day)
2560..FHH-9	2	1509	19	20	Birth date (yr)
2561..FHH-9	3	1509	21	21	Sex
2562..FHH-9	4	1509	22	22	Race
2563..FHH-9	5	1509	23	24	Form FHH-9 date (mo)
2564..FHH-9	5	1509	25	26	Form FHH-9 date (day)
2565..FHH-9	5	1509	27	28	Form FHH-9 date (yr)
2566..FHH-9	6	1509	29	30	Form FHH-9 interviewer
2567..FHH-9	8	1509	31	31	Form FHH-9 data collected (yes/no)
2568..FHH-9	9 A & B	1509	32	32	Form FHH-9, last prior form completed
2569..FHH-9	9 A & B	1509	33	33	Form FHH-9, name of study child on last prior form
2570..FHH-9	10	1509	34	34	Form FHH-9, interview, place conducted
2571..FHH-9	11	1509	35	35	Age at time of form FHH-9 interview
2572..FHH-9	12	1509	36	36	Language of interview, form FHH-9
2573..FHH-9	14	1509	37	37	Interview respondent, relationship to child, form FHH-9
2574..FHH-9	16	1509	38	39	Residence, home or institution
2575..FHH-9	17 A,B	1509	40	41	Residence, most recent, since date (mo)
2576..FHH-9	17 A,B	1509	42	43	Residence, most recent, since date (yr)
2577..FHH-9	17 A,B	1509	44	44	Residence, number of changes
2578..FHH-9	19	1509	45	45	Adoptive parents, foster parents; guardian; residence with
2579..FHH-9	21	1509	46	46	Birthplace; adoptive parents; foster parents; guardian
2580..FHH-9	22	1509	47	48	Age; adoptive parents; foster parents; guardian
2581..FHH-9	23	1509	49	49	Race; adoptive parents; foster parents; guardian
2582..FHH-9	24	1509	50	50	Religion; adoptive parents; foster parents; guardian
2583..FHH-9	25	1509	51	52	Education, grade completed, highest; adoptive parents; foster parents; guardian
2584..FHH-9	26	1509	53	53	Marital status; adoptive parents; foster parents; guardian
2585..FHH-9	27	1509	54	55	Housing, number of rooms; adoptive parents; foster parents; guardian
2586..FHH-9	28	1509	56	57	Housing, total number of persons; adoptive parents; foster parents; guardian
2587..FHH-9	29	1509	58	59	Housing, number of children under 8 years old; adoptive parents; foster parents; guardian
2588..FHH-9	30	1509	60	61	Occupation, mother surrogate
2589..FHH-9	31	1509	62	63	Occupation, husband; adoptive parents; foster parents; guardian
2590..FHH-9	32	1509	64	65	Income, total family; adoptive parents; foster parents; guardian
2591.....		1509	66	80	Blank
2592.....		2509	1	5	Card number (sequence, form type, form number, revision number)
2593.....		2509	6	14	NINDB case number

Data Items Referencing Form FHH-9, Family Health History Review

DATA ITEM ID	ITEM IN FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2594..FHH-9	34	2509	15	15	Marital status
2595..FHH-9	35	2509	16	16	Husband living at home
2596..FHH-9	36	2509	17	18	Marital history, date; married; divorced; separated (mo)
2597..FHH-9	36	2509	19	20	Marital history, date; married; divorced; separated (yr)
2598..FHH-9	36	2509	21	21	Marital history, after or before birth of study child; married; divorced; separated
2599..FHH-9	37	2509	22	22	Marital history, number of changes
2600..FHH-9	38	2509	23	23	Household arrangements; housing type
2601..FHH-9	39	2509	24	25	Household arrangements; length of residence, (yrs)
2602..FHH-9	39	2509	26	27	Household arrangements; length of residence, (mos)
2603..FHH-9	40	2509	28	29	Household arrangements; moves in last 7 years, number
2604..FHH-9	41	2509	30	31	Household arrangements; rooms, number
2605..FHH-9	42	2509	32	33	Household arrangements, number of people
2606..FHH-9	44 A	2509	34	35	Household arrangement, number of children
2607..FHH-9	44 B	2509	35	36	Household arrangement; household structure, family
2608..FHH-9	44 C	2509	37	37	Household arrangement; household structure, relatives, friends
2609..FHH-9	44 D	2509	38	39	Household arrangement; housing density
2610..FHH-9	44	2509	40	40	Household arrangement; father of baby or; husband present
2611..FHH-9	45	2509	41	41	Household arrangement; head of household
2612..FHH-9	46	2509	42	42	Household arrangement; other children living elsewhere
2613..FHH-9	47	2509	43	43	Education; schooling/training, other, additional
2614..FHH-9	48	2509	44	44	Employment, since birth of study child
2615..FHH-9	49 A	2509	45	45	Employment, age of study child when begun
2616..FHH-9	49 B	2509	46	46	Employment, number of jobs since birth of study child
2617..FHH-9	49 C	2509	47	48	Employment, period employed (mos)
2618..FHH-9	49 D	2509	49	49	Employment, hours worked per week
2619..FHH-9	49 E	2509	50	50	Employment, child care arrangement during
2620..FHH-9	49	2509	51	52	Employment; occupation
2621..FHH-9	51	2509	53	53	Employment status
2622..FHH-9	51 A & 52 A	2509	54	55	Employment; occupation
2623..FHH-9	51 A & 52 B	2509	56	57	Employment, current job, length of time (yrs)
2624..FHH-9	51 B & 52 A	2509	58	59	Employment, current job, length of time (mos)
2625..FHH-9	51 B & 52 B	2509	60	60	Employment, current job, length of time (wks)
2626..FHH-9	52	2509	61	62	Employment; unemployed, length of time (yrs)
2627..FHH-9	52	2509	63	64	Employment; unemployed, length of time (mos)
2628..FHH-9	52	2509	65	65	Employment; unemployed, length of time (wks)
2629..FHH-9	52 C	2509	66	66	Employment; unemployed currently, reason
2630..FHH-9	53	2509	67	68	Employment; occupation for longest period
2631..FHH-9	53 A	2509	69	70	Employment; occupation, length of time (yrs)
2632..FHH-9	53 A	2509	71	72	Employment; occupation, length of time (mos)
2633..FHH-9	53 A	2509	73	73	Employment; occupation, length of time (wks)
2634..FHH-9	53 B	2509	74	75	Employment; unemployed, past year, length of time (wks)
2635..FHH-9	53 C	2509	76	76	Employment, number of jobs in past year

Data Items Referencing Form FHH-9, Family Health History Review

DATA ITEM ID	ITEM ON FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2636..FHH-9	44	2509	77	78	Education: grade completed, highest
2637..FHH-9	44	2509	79	80	Education: grade completed, highest
2638.....		3509	1	5	Card number (sequence, form type, form number, revision number)
2639.....		3509	6	14	MINDB case number
2640..FHH-9	54 A C R	3509	15	15	Income, regularity prior 3 months
2641..FHH-9	55	3509	16	16	Income, changes in major source
2642..FHH-9	57	3509	17	17	Income, source of earned income
2643..FHH-9	57	3509	18	18	Income, source, relatives/friends
2644..FHH-9	57	3509	19	19	Income, source, all other
2645..FHH-9	57	3509	20	21	Income, total, prior 3 months
2646..FHH-9	57	3509	22	22	Income, in kind
2647..FHH-9	58 A	3509	23	24	Income, number of persons supported
2648..FHH-9	58 B	3509	25	26	Income, number of children under 8 yrs. old
2649..FHH-9	59	3509	27	27	Income, change in number of persons supported
2650..FHH-9	60 A C R	3509	28	28	Income, comparison of financial situations, now vs time of study child birth
2651..FHH-9	60	3509	29	29	Income, comparison of financial situations, reason
2652..FHH-9	62	3509	30	30	Pregnancies since study child, number
2653..FHH-9	63	3509	31	31	Fetal death, since study child, number
2654..FHH-9	64	3509	32	32	Pregnancies: multiple, since study child, number
2655..FHH-9	66	3509	33	33	Fetal death: siblings full, prior to 20 weeks gestation, total number since study child
2656..FHH-9	66	3509	34	34	Fetal death: stillborn: siblings full, at 20 weeks gestation and over, total number since study child
2657..FHH-9	66	3509	35	36	Liveborn: siblings full, total number since study child
2658..FHH-9	66	3509	37	37	Liveborn male: siblings full, total number since study child
2659..FHH-9	66	3509	38	38	Liveborn female: siblings full, total number since study child
2660..FHH-9	66	3509	39	39	Premature: siblings full, total number since study child
2661..FHH-9	66	3509	40	40	Death: neonatal: siblings full, 27 days or less, total number since study child
2662..FHH-9	66	3509	41	41	Death: infant: siblings full, 28 or more days, total number since study child
2663..FHH-9	66	3509	42	42	Rh incompatibility: blood group incompatibility: jaundice, neonatal: transfusion: siblings full, total number since study child
2664..FHH-9	66	3509	43	43	Malformation: congenital, siblings full, total number since study child
2665..FHH-9	66	3509	44	44	Seizures: convulsions: (epilepsy): siblings full, total number since study child
2666..FHH-9	66	3509	45	45	Motor defect: siblings full, total number since study child
2667..FHH-9	66	3509	46	46	Sensory defects: hearing: speech: vision: siblings full, total number since study child
2668..FHH-9	66	3509	47	47	Developmental: retardation, physical, mental, behavioral: siblings full, total number since study child

Data Items Referencing Form FHH-9, Family Health History Review

DATA ITEM ID	ITEM ON FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2669..FHH-9	66	3509	48	48	Fetal death: siblings half, prior to 20 weeks gestation, total number since study child
2670..FHH-9	66	3509	49	49	Fetal death, stillborn: siblings half, at 20 weeks gestation and over total number, since study child
2671..FHH-9	66	3509	50	50	Liveborn: siblings half: paternity known, different father, since study child
2672..FHH-9	66	3509	51	51	Liveborn: siblings half: paternity unknown, since study child
2673..FHH-9	66	3509	52	52	Liveborn male: siblings half, total number since study child
2674..FHH-9	66	3509	53	53	Liveborn female: siblings half, total number since study child
2675..FHH-9	66	3509	54	54	Premature: siblings half, total number since study child
2676..FHH-9	66	3509	55	55	Death: neonatal, siblings half, 27 day or less, total number since study child
2677..FHH-9	66	3509	56	56	Death: infant, siblings half, 28 or more days, total number since study child
2678..FHH-9	66	3509	57	57	Rh incompatibility: blood group incompatibility: jaundice, neonatal: transfusion: siblings half, total number since study child
2679..FHH-9	66	3509	58	58	Malformations: congenital, siblings half, total number since study child
2680..FHH-9	66	3509	59	59	Seizures: convulsions: (epilepsy): siblings half, total number since study child
2681..FHH-9	66	3509	60	60	Motor defect, siblings half, total number since study child
2682..FHH-9	66	3509	61	61	Sensory defects: hearing: speech: vision: siblings half, total number since study child
2683..FHH-9	66	3509	62	62	Developmental: retardation, physical, mental, behavioral: siblings half, total number since study child
2684..FHH-9	66	3509	63	63	Fetal death, prior to 20 weeks gestation, total number prior to study child
2685..FHH-9	66	3509	64	64	Fetal death: stillborn, at 20 weeks gestation and over, total number prior to study child
2686..FHH-9	66	3509	65	66	Liveborn, total number prior to study child
2687..FHH-9	66	3509	67	67	Liveborn male, total number prior to study child
2688..FHH-9	66	3509	68	68	Liveborn female, total number prior to study child
2689..FHH-9	66	3509	69	69	Premature, total number prior to study child
2690..FHH-9	66	3509	70	70	Death, neonatal: siblings, 27 days or less, total number prior to study child
2691..FHH-9	66	3509	71	71	Death, infant: siblings, greater than 28 days, total number prior to study child
2692..FHH-9	66	3509	72	72	Rh incompatibility: blood group incompatibility: jaundice, neonatal: transfusions: siblings, total number prior to study child
2693..FHH-9	66	3509	73	73	Malformation, congenital, siblings, total number prior to study child
2694..FHH-9	66	3509	74	74	Seizures: convulsions: (epilepsy): siblings, total number prior to study child

Data Items Referencing Form FHH-9, Family Health History Review

DATA ITEM TO	ITEM TYPE	CARD NUM	FROM	TO	DATA ITEM NAME
2695..FHH-9	66	3509	75	75	Motor defects, siblings, total number prior to study child
2696..FHH-9	66	3509	76	76	Sensory defects; hearing; speech; vision; siblings, total number prior to study child
2697..FHH-9	66	3509	77	77	Developmental; retardation, physical, mental, behavioral; siblings, total number prior to study child
2698.....		3509	78	80	Blank
2699.....		4509	1	5	Card number (sequence, form type, form number, revision number)
2700.....		4509	6	14	NINDB case number
2701..FHH-9	66	4509	15	15	Fetal death, prior to 20 weeks gestation, total number; pregnancies, prior, subsequent to and including study child
2702..FHH-9	66	4509	16	16	Fetal death, at 20 weeks gestation and over, total number; pregnancies, prior, subsequent to and including study child
2703..FHH-9	66	4509	17	18	Liveborn, total number; pregnancies, prior, subsequent to and including study child
2704..FHH-9	66	4509	19	19	Liveborn male, total number; pregnancies, prior, subsequent to and including study child
2705..FHH-9	66	4509	20	20	Liveborn female, total number; pregnancies, prior, subsequent to and including study child
2706..FHH-9	66	4509	21	21	Premature, total number; pregnancies, prior, subsequent to and including study child
2707..FHH-9	66	4509	22	22	Death; neonatal, 27 days or less, total number; pregnancy outcomes, prior, subsequent to and including study child
2708..FHH-9	66	4509	23	23	Death; infant, 28 days or more, pregnancy outcomes, prior, subsequent to and including study child
2709..FHH-9	66	4509	24	24	Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion; pregnancy outcomes, all children, including study child
2710..FHH-9	66	4509	25	25	Malformation, congenital, total number; pregnancy outcomes, prior, subsequent to and including study child
2711..FHH-9	66	4509	26	26	Seizures; convulsions; (epilepsy); pregnancy outcomes, prior, subsequent to and including study child
2712..FHH-9	66	4509	27	27	Motor defect, total number; pregnancy outcomes, prior, subsequent to and including study child
2713..FHH-9	66	4509	28	28	Sensory defect; hearing; speech; vision; pregnancy outcomes, prior, subsequent to and including study child
2714..FHH-9	66	4509	29	29	Development; retardation, physical, mental, behavioral; pregnancy outcomes, prior, subsequent to and including study child
2715..FHH-9	66	4509	30	30	Death; neonatal, 27 days or less
2716..FHH-9	66	4509	31	31	Death; infant, 28 days or more
2717..FHH-9	66	4509	32	32	Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion
2718..FHH-9	66	4509	33	33	Malformation; congenital
2719..FHH-9	66	4509	34	34	Seizures; convulsions; (epilepsy)

Data Items Referencing Form FHH-9, Family Health History Review

DATA ITEM ID	ITEM ON FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2720..FHH-9	66	4509	35	35	Motor defect
2721..FHH-9	66	4509	36	36	Sensory defect; hearing; speech; vision
2722..FHH-9	66	4509	37	37	Developmental; retardation, physical, mental, behavioral
2723..FHH-9	68	4509	38	38	Fetal death; Rh incompatibility; siblings since study child birth
2724..FHH-9	68	4509	39	39	Rh incompatibility, no transfusions; siblings, since study child birth
2725..FHH-9	68	4509	40	40	Rh incompatibility, transfusions, exchange; siblings, since study child birth
2726..FHH-9	68	4509	41	41	Rh incompatibility; jaundice, neonatal; transfusion; siblings, since study child birth
2727..FHH-9	69	4509	42	42	Cleft lip; cleft palate; siblings, since study child birth
2728..FHH-9	69	4509	43	43	Club foot; siblings, since study child birth
2729..FHH-9	69	4509	44	44	Fingers; toes; malformation; congenital; siblings, since study child birth
2730..FHH-9	69	4509	45	45	Heart; malformation; congenital; siblings, since study child birth
2731..FHH-9	69	4509	46	46	Head; spine; malformation; congenital; siblings, since study child birth
2732..FHH-9	69	4509	47	47	Malformation; congenital, other; siblings, since study child birth
2733..FHH-9	70	4509	48	48	Deaths; siblings, since study child birth
2734..FHH-9	71	4509	49	49	Developmental; retardation, physical, siblings, since study child birth
2735..FHH-9	71	4509	50	50	Developmental; retardation, mental, siblings, since study child birth
2736..FHH-9	71	4509	51	51	Developmental; retardation, behavioral/emotional; siblings, since study child birth
2737..FHH-9	72	4509	52	52	Child unable to attend regular; school; siblings, since study child birth
2738..FHH-9	73	4509	53	53	Seizures; convulsions; epilepsy; family members, since study child birth
2739..FHH-9	76	4509	54	54	Motor defect due to injury; family members, since study child birth
2740..FHH-9	76	4509	55	55	Motor defect due to infectious diseases; family members, since study child birth
2741..FHH-9	76	4509	56	56	Motor defect, other; family members, since study child birth
2742..FHH-9	77	4509	57	57	Sensory defect; blindness; family members, since study child birth
2743..FHH-9	77	4509	58	58	Sensory defect; deafness; family members, since study child birth
2744..FHH-9	77	4509	59	59	Sensory defect; speech defect; family members, since study child birth
2745..FHH-9	78	4509	60	60	Diabetes; family members, since study child birth
2746..FHH-9	79	4509	61	61	Mental illness; psychiatric treatment; family members, since study child birth
2747..FHH-9	80	4509	62	62	School, type currently attending
2748..FHH-9	81	4509	63	63	Achievement; accomplishment
2749..FHH-9	44	4509	64	65	Age

Data Items Referencing Form FHH-9, Family Health History Review

DATA ITEM ID	ITEM ON FORM	CARD NUM	FROM	TO	DATA ITEM NAME
2750.....		4509	66	80	Blank
6201....W-2			13	14	Education score
6202....W-2			15	16	Occupation score
6203....W-2			17	18	Income score
6208....W-2			30	31	Education code
6209....W-2			32	33	Education code
6210....W-2			34	35	Occupation code
6211....W-2			36	37	Occupation code
6212....W-2			38	39	Income code

COLR-5015-0
11-88

FAMILY HEALTH HISTORY REVIEW

DO NOT USE
RCD
CDD
CMD
PCMD

1. PATIENT IDENTIFICATION

2. CHILD'S BIRTHDATE Mo. Day Year

3. CHILD'S SEX ☐ M ☐ F

4. CHILD'S RACE ☐ W ☐ N ☐ PR ☐ Or ☐ Other

5. DATE OF INTERVIEW Mo. Day Year

6. DATA COLLECTED ☐ 0
NO DATA BECAUSE:
☐ 1 UNABLE TO LOCATE RESPONDENT
☐ 2 RESPONDENT REFUSAL (Explain) _____
☐ 3 OTHER (Explain) _____

7. INTERVIEWER'S TITLE

8. INTERVIEWER'S NAME Code No.

INTERVIEWED:
10. ☐ 0 AT STUDY FACILITY ☐ 1 ELSEWHERE (Specify) _____
11. ☐ 0 WITHIN SIX MONTHS OF SEVENTH BIRTHDAY ☐ 1 OTHER AGE (Specify) _____
12. ☐ 0 IN ENGLISH ☐ 1 OTHER LANGUAGE (Specify) _____

9.A. MOST RECENT PRIOR FORM AND DATE COMPLETED

	MO.	DAY	YR.
☐ 1 FHH 1-4			
☐ 2 SE-1			
☐ 4 GEN 5-8			
☐ 8 FHH-9			

9. FIRST NAME OF CHILD FOR WHOM COMPLETED _____

13. RESPONDENT'S NAME _____

14. RELATIONSHIP TO CHILD _____ ☐

15. INITIALS OF THIS STUDY CHILD'S FATHER (From FHH-3, GEN-4 or Respondent) ___ ___ ___

SECTION A - CHILD'S RESIDENCE

16. WITH WHOM IS CHILD NOW LIVING?
☐ 10 MOTHER AND FATHER
☐ 20 MOTHER ONLY
☐ 30 FATHER ONLY
☐ 40 OTHER RELATIVES
☐ 50 FOSTER HOME
☐ 60 ADOPTIVE PARENTS
☐ 70 OTHER (Specify) _____

IN INSTITUTION: _____ NAME
_____ ADDRESS

REASON FOR ADMISSION:
☐ 01 MENTAL RETARDATION ☐ 04 SEIZURES
☐ 02 CEREBRAL PALSY ☐ 05 CONGENITAL MALFORMATIONS
☐ 03 BEHAVIORAL PROBLEM ☐ 06 OTHER (Specify) _____

17. HOW LONG HAS CHILD BEEN LIVING WITH (Parents, in Foster Home, in Institution, etc.)?
A. SINCE BIRTH (omit Item 18) ☐ 00000
B. If not SINCE BIRTH, enter dates in boxes (then continue with Item 18)

FROM MO.	FROM YR.	TO MO.	TO YR.

18. WITH WHOM DID HE LIVE BEFORE TIME PERIOD SHOWN IN ITEM 17B? (complete table)

DO NOT USE
NUMBER OF ENVIRONMENTS ☐

FROM MO.	FROM YR.	TO MO.	TO YR.	PERSON OR PLACE	LOCATION

19. IF CHILD LIVES WITH ADOPTIVE PARENTS, FOSTER PARENTS OR GUARDIAN, COMPLETE SECTION B ONLY ☐ 0

OTHERWISE, SKIP TO SECTION C ☐

COLR-3515-0
11-68

FAMILY HEALTH HISTORY REVIEW

20. PATIENT IDENTIFICATION

SECTION B
SOCIO-ECONOMIC DATA ON FOSTER PARENT, ADOPTIVE PARENT, OR GUARDIAN ONLY

We have followed this child for a long time. It becomes very important now to have certain simple basic information about the child's environment. Since he is not living with his own parents, we must ask these questions of the persons with whom he is living. This information is completely confidential.

21. WHERE WERE YOU BORN? ☐ 1 INSIDE CONTINENTAL U.S. ☐ 2 OUTSIDE CONTINENTAL U.S.

22. WHEN WERE YOU BORN? Mo. | Day | Year ____ AGE ☐☐

23. WHAT IS YOUR RACE? ☐ W 1 ☐ N 2 ☐ OR 3 ☐ PR 4 ☐ OTHER 8 SPECIFY _____

24. WHAT IS YOUR RELIGION? ☐ P 1 ☐ RC 2 ☐ OTHER 8 SPECIFY _____

25. WHAT IS THE HIGHEST GRADE OF REGULAR SCHOOL THAT YOU HAVE COMPLETED? *(circle one)*

NONE	ELEMENTARY SCHOOL						JUNIOR HIGH			HIGH SCHOOL			ACADEMIC COLLEGE				GRADUATE OR PROFESSIONAL SCHOOL
00	01	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	some 17 degree 18

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

☐ M 1 ☐ M 2 ☐ CL 3 ☐ W 4 ☐ D 5 ☐ SEP 6

27. HOW MANY ROOMS ARE THERE IN THE PLACE WHERE YOU NOW LIVE? ☐☐
(Do not count kitchens, halls or bathrooms)

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

29. HOW MANY ARE UNDER 6 YEARS OLD? ☐☐

30. ARE YOU WORKING NOW?
☐ 00 NO ☐ YES
WHAT KIND OF WORK DO YOU DO? _____ ☐☐

31. *(If married)* DOES YOUR HUSBAND HAVE A JOB NOW?
☐ 00 NO ☐ YES
WHAT KIND OF WORK DOES HE DO? _____ ☐☐

32. PLEASE LOOK AT THIS CARD AND TELL ME WHICH OF THE CATEGORIES COME CLOSEST TO YOUR TOTAL FAMILY INCOME FOR LAST YEAR? *(INCLUDE ALL KINDS OF INCOME, SUCH AS WAGES, PENSIONS, UNEMPLOYMENT COMPENSATION, GIFTS, ETC.)*

☐ 00 UNDER $1000	☐ 20 $4000 – $4999	☐ 50 $8000 – $8999
☐ 10 $1000 – $1999	☐ 30 $5000 – $5999	☐ 90 $9000 – $9999
☐ 20 $2000 – $2999	☐ 40 $6000 – $6999	☐ 00 $10,000 OR MORE
☐ 30 $3000 – $3999	☐ 70 $7000 – $7999	☐ 00 UNKNOWN

END OF INTERVIEW *(Send Pages 1 and 2 to Central Office.)*

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FAMILY HEALTH HISTORY REVIEW

33. PATIENT IDENTIFICATION

SECTION C
MOTHER'S MARITAL HISTORY

As you know, we have been keeping track of things that happen to _____ as he/she is growing up. Now we also need to catch up on what has been happening to the family.

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

☐ M 1 ☐ M 2 ☐ C.L. 3 ☐ D 4 ☐ S 5 ☐ S.E.P. 6

If single, SKIP TO SECTION D. If widowed or divorced, SKIP TO ITEM 36.

35. IS YOUR HUSBAND LIVING AT HOME WITH YOU? ☐ YES 1

If no, ASK: WHY ARE YOU LIVING APART FROM YOUR HUSBAND?

☐ MARITAL PROBLEMS (including legal separation) 0
☐ HE IS IN INSTITUTION 8
☐ HE IS AWAY AT WORK (or seeking work) 7
☐ OTHER (specify) 9 _____
☐ HE IS IN ARMED FORCES 6

36. WHEN WERE YOU (MARRIED, DIVORCED, SEPARATED)? ☐☐ Mo. ☐☐ Yr.

If date given is AFTER birth of child, complete item 37; if BEFORE, skip to Section D.

☐ AFTER (Ask item 37) 0 ☐ BEFORE (skip to SECTION D) 1

37. WHAT WAS YOUR SITUATION BEFORE THAT? (WORK BACK IN TIME UNTIL THE PERIOD SINCE THE BIRTH OF THIS CHILD IS ACCOUNTED FOR. LIST DATES AND NATURE OF TERMINATION OF EACH MARRIAGE)

FROM		TO		HOW MARRIED	HOW TERMINATED			
MO.	YR.	MO.	YR.		WIDOWED	DIVORCED	SEPARATED	OTHER (SPECIFY)

DO NOT USE ☐ NO. OF CHANGES

SECTION D – HOUSEHOLD ARRANGEMENT

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

☐ HOUSE (one, two or three family) 1 ☐ APARTMENT 2 ☐ BOARDING OR ROOMING HOUSE 3 ☐ OTHER (specify) _____

39. HOW LONG HAVE YOU LIVED IN THIS (HOUSE, APT., ETC.)? ☐☐ YRS. ☐☐ MOS.

40. HOW MANY TIMES HAVE YOU MOVED IN THE LAST SEVEN YEARS? ☐☐
(NOTE: If Mother lives in a dormitory or institution, skip to SECTION E)

41. HOW MANY ROOMS ARE THERE IN YOUR PRESENT (HOUSE, APT., ETC.)? ☐☐
(Do not count kitchens, halls or bathrooms)

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

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BETHESDA, MD. 20014

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43. PATIENT IDENTIFICATION

FAMILY HEALTH HISTORY REVIEW

SECTION D (continued)
HOUSEHOLD ARRANGEMENT

44. PLEASE TELL ME WHAT THEIR NAMES ARE, HOW THEY ARE RELATED TO YOU, THEIR AGE ON LAST BIRTHDAY, AND SCHOOL GRADE COMPLETED.

NAME	RELATIONSHIP TO CHILD'S MOTHER	AGE	SEX	GRADE
MOTHER	XXXXXXXXXXXXXXXXXX			

DO NOT USE

A NO. RESPONDENT'S CHILDREN ☐☐

B HOUSEHOLD STRUCTURE ☐☐

C HOUS. + 3 DENSITY ☐☐

D PRES. OF HUSB. OR F.O.S. ☐

45. WHO IS THE HEAD OF YOUR HOUSEHOLD? *(INTERVIEWER: PLEASE CIRCLE THIS NAME IN TABLE ABOVE)* DO NOT USE ☐

46. DO YOU HAVE OTHER CHILDREN WHO ARE LIVING ELSEWHERE? ☐ 0 NO ☐ YES *(enter details in table below)*

NAME	SEX	AGE LAST BIRTHDAY	WITH WHOM LIVING	CITY AND STATE

SECTION E - MOTHER'S EDUCATION AND EMPLOYMENT

47. HAVE YOU HAD ANY MORE SCHOOLING OR TRAINING SINCE _____ WAS BORN?

☐ 0 NO ☐ 1 YES *(explain)* _____

48. HAVE YOU WORKED AT ALL SINCE _____ WAS BORN? ☐ 0 NO *(skip to SECTION F)* ☐ 1 YES *(complete this SECTION)*

49. CAN YOU TELL ME SOMETHING ABOUT THE PERIODS YOU HAVE WORKED AND THE KINDS OF WORK YOU HAVE DONE SINCE _____ WAS BORN? *(FILL IN THE TABLE BY PERIODS WORKED AND TYPE OF WORK DONE, RATHER THAN BY JOB.)*

AGE OF CHILD (a)	WORK DONE - JOB OR ACTIVITY (b)	TOTAL PERIOD IN MONTHS (c)	HOURS/WEEK (d) <20	HOURS/WEEK (d) 20+	CHILD CARE (e) IN OWN HOME	CHILD CARE (e) ELSEWHERE
0-1 YR.						
1-2 YRS.						
2-3 YRS.						
3-4 YRS.						
4-5 YRS.						
5-6 YRS.						
6-7 YRS.						
7+						

DO NOT USE
(a) ☐
(b)
(c) ☐☐
(d) ☐
(e) ☐
OCCUPATION ☐☐

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30. PATIENT IDENTIFICATION

FAMILY HEALTH HISTORY REVIEW

SECTION F – HUSBAND'S EMPLOYMENT

(Note: If Mother is not married, and there is no other Head of Household present, go directly to SECTION G.)

51. IS YOUR HUSBAND WORKING NOW?

☐ 0 NO *(skip to Item 52)* ☐ 1 YES *(complete Item)*

A. WHAT KIND OF WORK IS HE DOING? _____ ☐☐

_____

B. HOW LONG HAS HE BEEN ON THIS JOB? ..... ☐☐ YRS. ☐☐ MOS. ☐ WKS.
(If MORE than 7 years, skip to Section G. If LESS than 7 years, skip to Item 53.)

52. HOW LONG HAS HE BEEN OUT OF WORK? ..... ☐☐ YRS. ☐☐ MOS. ☐ WKS.
(IF NO JOB IN LAST 7 YEARS OR SINCE MARRIAGE, WHICHEVER IS LATER, SKIP TO SECTION G)

A. WHAT KIND OF WORK DID HE DO ON HIS LAST JOB? _____ ☐☐

_____

B. HOW LONG DID HE HAVE THAT JOB? ..... ☐☐ YRS. ☐☐ MOS. ☐ WKS.

C. WHY IS HE NOT WORKING NOW? *(SPECIFY SEASONAL LAYOFF, STRIKE, ILLNESS, INJURY, ETC.)*

_____ ☐

53. WHAT KIND OF WORK HAS HE DONE FOR THE LONGEST TIME IN THE LAST SEVEN YEARS?

_____

_____ ☐☐

A. HOW LONG DID HE DO THAT KIND OF WORK? ..... ☐☐ YRS. ☐☐ MOS. ☐ WKS.

B. HOW MUCH TIME HAS HE SPENT UNEMPLOYED IN THE PAST YEAR? ..... ☐☐ WKS.

C. HOW MANY DIFFERENT JOBS HAS HE HAD IN THE PAST YEAR? ..... ☐

SECTION G – FAMILY INCOME

WE ARE INTERESTED IN THE INCOME OF YOUR FAMILY DURING _____, _____,

③ AND _____ *(ENTER THE 3 MONTHS PRIOR TO MONTH OF THIS INTERVIEW)*

54. A. DID THE SAME AMOUNT OF MONEY COME IN DURING EACH OF THESE 3 MONTHS?

☐ 0 NO *(ask B)* ☐ 1 YES *(omit B)*

B. WERE THERE ANY PAY PERIODS DURING THESE 3 MONTHS WHEN NO MONEY CAME IN?

☐ 2 NO ☐ 3 YES

55. WAS THERE A CHANGE IN YOUR MAJOR SOURCE OF INCOME DURING THESE 3 MONTHS?

☐ 0 NO ☐ YES *(explain)* _____

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FAMILY HEALTH HISTORY REVIEW

56. PATIENT IDENTIFICATION

SECTION G (continued)
FAMILY INCOME

57. HOW CAN YOU TELL ME HOW MUCH MONEY CAME IN AND WHERE IT CAME FROM DURING THIS PERIOD? *(PROBE FOR ALL SOURCES OF INCOME AND AMOUNTS.)*

WAS THERE INCOME FROM (a)	SOURCE OF INCOME: KIND AND WHOSE (b)	FOR COMPUTATION PURPOSE: AMOUNT AND UNIT TIME (c)	NO. OF PAY PERIODS (d)	AMOUNT DURING 3 MONTH PERIOD (e)	DO NOT USE (f)
EARNED INCOME? (Such as Wages and Salaries; Unemployment Compensation; Fellowships, Grants, etc.)					
WELFARE? (Such as Aid to Dependent Children; General Public Assistance, etc.) Specify Agency _____					
ALL OTHER SOURCES? (Such as Bonuses, Dividends, Savings used during this period, Gifts, Payments in Kind, Rent from Property, etc.)					
TOTAL					
DO NOT USE					

58. A. HOW MANY PERSONS DID THIS MONEY TAKE CARE OF? ____

B. HOW MANY WERE UNDER 6 YEARS OLD? ____

59. WAS THERE A CHANGE IN NUMBER OF PERSONS SUPPORTED BY THIS MONEY DURING THESE 3 MONTHS?

☐ 0 NO ☐ 1 YES *(explain)* _____

60. A. IN GENERAL, HOW DO YOU FEEL THAT YOUR PRESENT SITUATION COMPARES WITH YOUR SITUATION AT THE TIME _____ WAS BORN? DO YOU FEEL THINGS ARE

DO NOT USE ☐☐

☐ 00 JUST ABOUT THE SAME *(skip to SECTION H)* ☐ 1 BETTER ☐ 2 WORSE

B. WHAT DO YOU THINK IS THE MOST IMPORTANT REASON FOR THIS? *(check and cross out word which does not apply)*

☐ 1 WORKED MORE (LESS) OF THE TIME *(include both parents now working)*

☐ 2 BETTER (WORSE) JOB *(e.g., higher wages, more benefits; include change from student to employed)*

☐ 3 FEWER (MORE) DEBTS *(include changes in cost of living, e.g., more children*

☐ 4 INCOME INCREASED (DECREASED)

☐ 5 MARITAL STATUS CHANGED

☐ 6 OTHER *(explain, e.g., health problems, accumulation of property)*

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FAMILY HEALTH HISTORY REVIEW

61. PATIENT IDENTIFICATION

SECTION H
FAMILY HISTORY

Now I would like to review with you something about the health of your family since _____ was born.

62. HAVE YOU BEEN PREGNANT SINCE THEN?..... NO [ ] 0 YES (No. of times) [ ] PREGNANT NOW (Do NOT list under 63-B) [ ]

63. WERE THERE ANY MISCARRIAGES OR ABORTIONS?..... NO [ ] 0 YES (No. of times) [ ] DNA [ ]

64. WERE ANY OF THESE PREGNANCIES MULTIPLE (twins, etc.)?..... NO [ ] 0 YES (No. of times) [ ] DNA [ ]

INSTRUCTIONS TO INTERVIEWER: Enter name of child(ren) from this Study pregnancy in Item 65-A. Enter names for subsequent pregnancies in Item 65-B and indicate Study pregnancies by circle around line number. Complete both sections of table up to SUMMARY OF CONDITIONS. (See manual for detailed instructions.)
After interview, complete SUMMARY OF CONDITIONS by making X to indicate each outcome of pregnancy with a condition reported. If any prior liveborn child has died or has developed one of the conditions, enter name in Item 65-C, enter age at death, and mark X in the appropriate space under SUMMARY OF CONDITIONS. (See manual for detailed instructions.)

65. **FAMILY HISTORY FOLLOW-UP**

OUTCOMES FROM PREGNANCIES				LIVEBORN CHILDREN					SUMMARY OF CONDITIONS					
NAME OF CHILD (In PB - Study Control)	MULT.	DO NOT USE	FA	DO NOT USE	SEX (M)	SEX (F)	B. WT. (Lbs.)	LIVING (Age)	DEAD (Age)	Rh (68)	Mal. (69)	Conv. (73)	Motor (76)	Sens. (77)	No. Impl. (71)
A. STUDY CHILD (or children, if multiple pregnancy)															
1)															
2)															
3)															
B. OUTCOME OF SUBSEQUENT PREGNANCIES															
1)															
2)															
3)															
4)															
5)															
6)															
C. PRIOR LIVEBORN CHILDREN WHO HAVE DIED OR DEVELOPED A CONDITION															
1)															
2)															
3)															
4)															
5)															
66. FOR OFFICE USE ONLY — Full Sibs (1)															
Half Sibs (2,9)															
From prior GEN															
TOTAL (Including Study child)	<20	20+		Liveborn	M	F	Prem.		Non Imp.	68	69	73	76	77	71
								Study Child(ren)							

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FAMILY HEALTH HISTORY REVIEW

67. PAYMENT IDENTIFICATION

SECTION H (continued)
FAMILY HISTORY

INSTRUCTIONS TO INTERVIEWER: Ask following questions for all persons, as indicated. Fully describe specified conditions (YES answers) in Item 74. INCLUDE:
a) ITEM number
b) NAME and RELATIONSHIP to 7-yr. old child of each person affected
c) AGE(S) at onset and recovery (or death)
d) DESCRIPTION OF CONDITION: Symptoms, part of body affected, severity, course, name of condition, if known
e) DOCTOR and/or HOSPITAL examining person, or other record source: (name, address, and dates)
f) Under Description of Conditions, account for the DEATH of any child under the age of 7 year, regardless of cause.

68. STARTING WITH_____
IN ANY PREGNANCY WAS THERE ANY Rh TROUBLE? ANY OTHER BLOOD INCOMPATIBILITY? DID ANY BABY HAVE A TRANSFUSION OR SEVERE JAUNDICE (looked yellow) WITHIN TWO WEEKS AFTER BIRTH? NO ☐ 000

- Incompatibility in fatal death..... ☐
- Incompatibility in liveborn, no transfusion..... ☐
- Incompatibility with exchange transfusion..... ☐

69. STARTING WITH_____
HAS ANY CHILD OR STILLBIRTH HAD A PART OF THE BODY NOT FORMED RIGHT? ANY PHYSICAL DEFECT? NO ☐ 000000

- Cleft lip or palate..... ☐
- Club foot..... ☐
- Fingers or toes..... ☐
- Heart..... ☐
- Head or spine..... ☐
- Other..... ☐

70. SINCE_____ WAS BORN, HAVE ANY OF YOUR CHILDREN DIED?
NO ☐ 0 YES ☐
(If YES, list names, ages and causes of death.)

71. SINCE_____ WAS BORN, HAS ANY CHILD SEEMED TO BE VERY SLOW IN PHYSICAL DEVELOPMENT OR IN LEARNING, OR BEEN VERY HARD TO MANAGE? NO ☐ 000

- Physical retardation..... ☐
- Mental retardation..... ☐
- Severe behavioral (emotional) problem ☐

72. HAS ANY CHILD OF SCHOOL AGE BEEN UNABLE TO GO TO REGULAR SCHOOL?
NO ☐ 0 YES (Number) ☐
(If YES, list names and reasons for children who have reached school age since birth of this Study child. Code reasons under Items 68 through 79, and describe fully.)

73. SINCE_____ WAS BORN, HAS ANY MEMBER OF YOUR FAMILY, INCLUDING YOURSELF, HAD SEIZURES, CONVULSIONS, OR EPILEPSY?
NO ☐ 0 YES ☐

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

DO NOT USE

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FAMILY HEALTH HISTORY REVIEW

73. PATIENT IDENTIFICATION

SECTION H (continued)
FAMILY HISTORY

INSTRUCTIONS TO INTERVIEWER: Ask following questions for all persons, as indicated. Fully describe specified conditions (YES answers) in Item 82. INCLUDE:
a) ITEM number
b) NAME and RELATIONSHIP to 7.yr. old child of each person affected
c) AGE(S) at onset and recovery (or death)
d) DESCRIPTION OF CONDITION: Symptoms, part of body affected, severity, course, name of condition, if known
e) DOCTOR and/or HOSPITAL examining person, or other record source: (name, address, and dates)
f) Under Description of Conditions, account for the DEATH of any child under the age of 1 year, regardless of cause.

76. SINCE _____ WAS BORN, HAS ANY MEMBER OF YOUR FAMILY, INCLUDING YOURSELF, HAD ANY TROUBLE USING ARMS, HANDS, LEGS? HAS ANYONE HAD ANY PARALYSIS, CRIPPLING OR CEREBRAL PALSY?
NO ☐ 000

Injury ☐

Polio, "brain fever", other infection ☐

Other ☐

77. SINCE _____ WAS BORN, HAS ANY MEMBER OF YOUR FAMILY, INCLUDING YOURSELF, DEVELOPED BLINDNESS OR DEAFNESS OR DEVELOPED ANY SERIOUS TROUBLE SPEAKING?
NO ☐ 000

Blind ☐

Deaf ☐

Trouble speaking ☐

78. SINCE _____ WAS BORN, HAS ANY MEMBER OF YOUR FAMILY, INCLUDING YOURSELF, HAD SUGAR DIABETES (TOO MUCH SUGAR IN URINE OR BLOOD)?

NO ☐ 0 YES ☐

79. SINCE _____ WAS BORN, HAS ANY MEMBER OF YOUR FAMILY, INCLUDING YOURSELF, HAD ANY NERVOUS PROBLEM WHICH REQUIRED HOSPITAL CARE OR PSYCHIATRIC TREATMENT OR OTHER THERAPY?

NO ☐ 0 YES ☐

80. WHAT SCHOOL IS _____ ATTENDING NOW *(or will he attend)*?

Name: _____

Address: _____

REL ☐ SPEC. ☐ DNA ☐

81. IS THERE ANY SPECIAL ACHIEVEMENT OR ACCOMPLISHMENT, ANYTHING THAT _____ HAS DONE, OF WHICH YOU ARE PARTICULARLY PROUD OR WHICH PLEASED YOU VERY MUCH?

NO ☐ 0 YES ☐

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

DO NOT USE

Form Item Numbers linked to Data Items on FHH-9, Family Health History Review

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
	6208....#-2		30	31	Education code
	6209....#-2		32	33	Education code
	6201....#-2		13	14	Education score
	6212....#-2		38	39	Income code
	6203....#-2		17	18	Income score
	6210....#-2		34	35	Occupation code
	6211....#-2		36	37	Occupation code
	6202....#-2		15	16	Occupation score
2	2559..FHH-9	1509	17	18	Birth date (day)
2	2558..FHH-9	1509	15	16	Birth date (mo)
2	2560..FHH-9	1509	19	20	Birth date (yr)
3	2561..FHH-9	1509	21	21	Sex
4	2562..FHH-9	1509	22	22	Race
5	2564..FHH-9	1509	25	26	Form FHH-9 date (day)
5	2563..FHH-9	1509	23	24	Form FHH-9 date (mo)
5	2565..FHH-9	1509	27	28	Form FHH-9 date (yr)
6	2566..FHH-9	1509	29	30	Form FHH-9 interviewer
8	2567..FHH-9	1509	31	31	Form FHH-9 data collected (yes/no)
9 A & B	2568..FHH-9	1509	32	32	Form FHH-9, last prior form completed
9 A & B	2569..FHH-9	1509	33	33	Form FHH-9, name of study child on last prior form
10	2570..FHH-9	1509	34	34	Form FHH-9, interview, place conducted
11	2571..FHH-9	1509	35	35	Age at time of form FHH-9 interview
12	2572..FHH-9	1509	36	36	Language of interview, form FHH-9
14	2573..FHH-9	1509	37	37	Interview respondent, relationship to child, form FHH-9
16	2574..FHH-9	1509	38	39	Residence, home or institution
17 A,B	2575..FHH-9	1509	40	41	Residence, most recent, since date (mo)
17 A,B	2576..FHH-9	1509	42	43	Residence, most recent, since date (yr)
17 A,B	2577..FHH-9	1509	44	44	Residence, number of changes
19	2578..FHH-9	1509	45	45	Adoptive parents, foster parents; guardian; residence with
21	2579..FHH-9	1509	46	46	Birthplace; adoptive parents; foster parents; guardian
22	2580..FHH-9	1509	47	48	Age; adoptive parents; foster parents; guardian
23	2581..FHH-9	1509	49	49	Race; adoptive parents; foster parents; guardian
24	2582..FHH-9	1509	50	50	Religion; adoptive parents; foster parents; guardian
25	2583..FHH-9	1509	51	52	Education, grade completed, highest; adoptive parents; foster parents; guardian
26	2584..FHH-9	1509	53	53	Marital status; adoptive parents; foster parents; guardian
27	2585..FHH-9	1509	54	55	Housing, number of rooms; adoptive parents; foster parents; guardian
28	2586..FHH-9	1509	56	57	Housing, total number of persons; adoptive parents; foster parents; guardian
29	2587..FHH-9	1509	58	59	Housing, number of children under 8 years old; adoptive parents; foster parents; guardian

Form Item Numbers linked to Data Items on FHH-9, Family Health History Review

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
30	2588..FHH-9	1500	60	61	Occupation, mother surrogate
31	2589..FHH-9	1500	62	63	Occupation, husband; adoptive parents; foster parents; guardian
32	2590..FHH-9	1500	64	65	Income, total family; adoptive parents; foster parents; guardian
34	2594..FHH-9	2500	15	15	Marital status
35	2595..FHH-9	2500	16	16	Husband living at home
36	2598..FHH-9	2500	21	21	Marital history, after or before birth of study child; married; divorced; separated
36	2596..FHH-9	2500	17	18	Marital history, date; married; divorced; separated (mo)
36	2597..FHH-9	2500	19	20	Marital history, date; married; divorced; separated (yr)
37	2599..FHH-9	2500	22	22	Marital history, number of changes
38	2600..FHH-9	2500	23	23	Household arrangements; housing type
39	2602..FHH-9	2500	26	27	Household arrangements; length of residence, (mos)
39	2601..FHH-9	2500	24	25	Household arrangements; length of residence, (yrs)
40	2603..FHH-9	2500	28	29	Household arrangements; moves in last 7 years, number
41	2604..FHH-9	2500	30	31	Household arrangements; rooms, number
42	2605..FHH-9	2500	32	33	Household arrangements, number of people
44	2749..FHH-9	4500	64	65	Age
44	2637..FHH-9	2500	79	80	Education; grade completed, highest
44	2636..FHH-9	2500	77	78	Education; grade completed, highest
44	2610..FHH-9	2500	40	40	Household arrangement; father of baby or; husband present
44 A	2606..FHH-9	2500	34	35	Household arrangement, number of children
44 B	2607..FHH-9	2500	36	36	Household arrangement; household structure, family
44 C	2608..FHH-9	2500	37	37	Household arrangement; household structure, relatives, friends
44 D	2609..FHH-9	2500	38	39	Household arrangement; housing density
45	2611..FHH-9	2500	41	41	Household arrangement; head of household
46	2612..FHH-9	2500	42	42	Household arrangement; other children living elsewhere
47	2613..FHH-9	2500	43	43	Education; schooling/training, other, additional
48	2614..FHH-9	2500	44	44	Employment, since birth of study child
49	2620..FHH-9	2500	51	52	Employment; occupation
49 A	2615..FHH-9	2500	45	45	Employment, age of study child when begun
49 B	2616..FHH-9	2500	46	46	Employment, number of jobs since birth of study child
49 C	2617..FHH-9	2500	47	48	Employment, period employed (mos)
49 D	2618..FHH-9	2500	49	49	Employment, hours worked per week
49 E	2619..FHH-9	2500	50	50	Employment, child care arrangement during
51	2621..FHH-9	2500	53	53	Employment status
51 A & 52 A	2622..FHH-9	2500	54	55	Employment; occupation
51 B & 52 B	2625..FHH-9	2500	60	60	Employment, current job, length of time (wks)
51 B & 52 B	2623..FHH-9	2500	56	57	Employment, current job, length of time (yrs)
51 B & 52 2	2624..FHH-9	2500	58	59	Employment, current job, length of time (mos)
52	2627..FHH-9	2500	63	64	Employment; unemployed, length of time (mos)
52	2628..FHH-9	2500	65	65	Employment; unemployed, length of time (wks)
52	2626..FHH-9	2500	61	62	Employment; unemployed, length of time (yrs)
52 C	2629..FHH-9	2500	66	66	Employment; unemployed currently, reason

Form Item Numbers linked to Data Items on FHH-9, Family Health History Review

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
53	2630..FHH-9	2509	67	68	Employment; occupation for longest period
53 A	2632..FHH-9	2509	71	72	Employment; occupation, length of time (mos)
53 A	2633..FHH-9	2509	73	73	Employment; occupation, length of time (wks)
53 A	2631..FHH-9	2509	69	70	Employment; occupation, length of time (yrs)
53 B	2634..FHH-9	2509	74	75	Employment; unemployed, past year, length of time (wks)
53 C	2635..FHH-9	2509	76	76	Employment, number of jobs in past year
54 A & B	2640..FHH-9	3509	15	15	Income, regularity prior 3 months
55	2641..FHH-9	3509	16	16	Income, changes in major source
57	2646..FHH-9	3509	22	22	Income, in kind
57	2642..FHH-9	3509	17	17	Income, source of earned income
57	2644..FHH-9	3509	19	19	Income, source, all other
57	2643..FHH-9	3509	18	18	Income, source, relatives/friends
57	2645..FHH-9	3509	20	21	Income, total, prior 3 months
58 A	2647..FHH-9	3509	23	24	Income, number of persons supported
58 B	2648..FHH-9	3509	25	26	Income, number of children under 6 yrs. old
59	2649..FHH-9	3509	27	27	Income, change in number of persons supported
60	2651..FHH-9	3509	29	29	Income, comparison of financial situations, reason
60 A & B	2650..FHH-9	3509	28	28	Income, comparison of financial situations, now vs time of study child birth
62	2652..FHH-9	3509	30	30	Pregnancies since study child, number
63	2653..FHH-9	3509	31	31	Fetal death, since study child, number
64	2654..FHH-9	3509	32	32	Pregnancies; multiple, since study child, number
66	2691..FHH-9	3509	71	71	Death, infant; siblings, greater than 28 days, total number prior to study child
66	2690..FHH-9	3509	70	70	Death, neonatal; siblings, 27 days or less, total number prior to study child
66	2716..FHH-9	4509	31	31	Death; infant, 28 days or more
66	2708..FHH-9	4509	23	23	Death; infant, 28 days or more, pregnancy outcomes, prior, subsequent to and including study child
66	2677..FHH-9	3509	56	56	Death; infant, siblings half, 28 or more days, total number since study child
66	2667..FHH-9	3509	46	46	Death; infant; siblings full, 28 or more days, total number since study child
66	2715..FHH-9	4509	30	30	Death; neonatal, 27 days or less
66	2707..FHH-9	4509	22	22	Death; neonatal, 27 days or less, total number; pregnancy outcomes, prior, subsequent to and including study child
66	2676..FHH-9	3509	55	55	Death; neonatal, siblings half, 27 day or less, total number since study child
66	2661..FHH-9	3509	40	40	Death; neonatal; siblings full, 27 days or less, total number since study child
66	2714..FHH-9	4509	29	29	Development; retardation, physical, mental, behavioral; pregnancy outcomes, prior, subsequent to and including study child
66	2722..FHH-9	4509	37	37	Developmental; retardation, physical, mental, behavioral

Form Item Numbers linked to Data Items on FHH-9, Family Health History Review

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
66	2668..FHH-9	3509	47	47	Developmental; retardation, physical, mental, behavioral; siblings full, total number since study child
66	2683..FHH-9	3509	62	62	Developmental; retardation, physical, mental, behavioral; siblings half, total number since study child
66	2697..FHH-9	3509	77	77	Developmental; retardation, physical, mental, behavioral; siblings, total number prior to study child
66	2702..FHH-9	4509	16	16	Fetal death, at 20 weeks gestation and over, total number; pregnancies, prior, subsequent to and including study child
66	2684..FHH-9	3509	63	63	Fetal death, prior to 20 weeks gestation, total number prior to study child
66	2701..FHH-9	4509	15	15	Fetal death, prior to 20 weeks gestation, total number; pregnancies, prior, subsequent to and including study child
66	2670..FHH-9	3509	49	49	Fetal death, stillborn; siblings half, at 20 weeks gestation and over total number, since study child
66	2655..FHH-9	3509	33	33	Fetal death; siblings full, prior to 20 weeks gestation, total number since study child
66	2669..FHH-9	3509	48	48	Fetal death; siblings half, prior to 20 weeks gestation, total number since study child
66	2685..FHH-9	3509	64	64	Fetal death; stillborn, at 20 weeks gestation and over, total number prior to study child
66	2656..FHH-9	3509	34	34	Fetal death; stillborn; siblings full, at 20 weeks gestation and over, total number since study child
66	2688..FHH-9	3509	68	68	Liveborn female, total number prior to study child
66	2705..FHH-9	4509	20	20	Liveborn female, total number; pregnancies, prior, subsequent to and including study child
66	2659..FHH-9	3509	38	38	Liveborn female; siblings full, total number since study child
66	2674..FHH-9	3509	53	53	Liveborn female; siblings half, total number since study child
66	2687..FHH-9	3509	67	67	Liveborn male, total number prior to study child
66	2704..FHH-9	4509	19	19	Liveborn male, total number; pregnancies, prior, subsequent to and including study child
66	2658..FHH-9	3509	37	37	Liveborn male; siblings full, total number since study child
66	2673..FHH-9	3509	52	52	Liveborn male; siblings half, total number since study child
66	2686..FHH-9	3509	65	66	Liveborn, total number prior to study child
66	2703..FHH-9	4509	17	18	Liveborn, total number; pregnancies, prior, subsequent to and including study child
66	2657..FHH-9	3509	35	36	Liveborn; siblings full, total number since study child
66	2671..FHH-9	3509	50	50	Liveborn; siblings half; paternity known, different father, since study child
66	2672..FHH-9	3509	51	51	Liveborn; siblings half; paternity unknown, since study child
66	2693..FHH-9	3509	73	73	Malformation, congenital, siblings, total number prior to study child
66	2710..FHH-9	4509	25	25	Malformation, congenital, total number; pregnancy outcomes, prior, subsequent to and including study child

Form Item Numbers linked to Data Items on FHH-9, Family Health History Review

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
66	2718..FHH-9	4509	33	33	Malformation; congenital
66	2664..FHH-9	3509	43	43	Malformation; congenital, siblings full, total number since study child
66	2679..FHH-9	3509	58	58	Malformations; congenital, siblings half, total number since study child
66	2720..FHH-9	4509	35	35	Motor defect
66	2681..FHH-9	3509	60	60	Motor defect, siblings half, total number since study child
66	2712..FHH-9	4509	27	27	Motor defect, total number; pregnancy outcomes, prior, subsequent to and including study child
66	2666..FHH-9	3509	45	45	Motor defect; siblings full, total number since study child
66	2695..FHH-9	3509	75	75	Motor defects, siblings, total number prior to study child
66	2689..FHH-9	3509	69	69	Premature, total number prior to study child
66	2706..FHH-9	4509	21	21	Premature, total number; pregnancies, prior, subsequent to and including study child
66	2660..FHH-9	3509	39	39	Premature; siblings full, total number since study child
66	2675..FHH-9	3509	54	54	Premature; siblings half, total number since study child
66	2717..FHH-9	4509	32	32	Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion
66	2709..FHH-9	4509	24	24	Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion; pregnancy outcomes, all children, including study child
66	2663..FHH-9	3509	42	42	Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion; siblings full, total number since study child
66	2678..FHH-9	3509	57	57	Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusion; siblings half, total number since study child
66	2692..FHH-9	3509	72	72	Rh incompatibility; blood group incompatibility; jaundice, neonatal; transfusions; siblings, total number prior to study child
66	2719..FHH-9	4509	34	34	Seizures; convulsions; [epilepsy]
66	2711..FHH-9	4509	26	26	Seizures; convulsions; [epilepsy]; pregnancy outcomes, prior, subsequent to and including study child
66	2665..FHH-9	3509	44	44	Seizures; convulsions; [epilepsy]; siblings full, total number since study child
66	2680..FHH-9	3509	59	59	Seizures; convulsions; [epilepsy]; siblings half, total number since study child
66	2694..FHH-9	3509	74	74	Seizures; convulsions; [epilepsy]; siblings, total number prior to study child
66	2721..FHH-9	4509	36	36	Sensory defect; hearing; speech; vision
66	2713..FHH-9	4509	28	28	Sensory defect; hearing; speech; vision; pregnancy outcomes, prior, subsequent to and including study child
66	2667..FHH-9	3509	46	46	Sensory defects; hearing; speech; vision; siblings full, total number since study child

Form Item Numbers linked to Data Items on FHH-9, Family Health History Review

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
66	2687..FHH-9	3500	61	61	Sensory defects: hearing; speech; vision; siblings half, total number since study child
66	2696..FHH-9	3500	75	76	Sensory defects: hearing; speech; vision; siblings, total number prior to study child
68	2723..FHH-9	4500	38	38	Fetal death: Rh incompatibility; siblings since study child birth
68	2724..FHH-9	4500	39	39	Rh incompatibility, no transfusions; siblings, since study child birth
68	2725..FHH-9	4500	40	40	Rh incompatibility, transfusions, exchange; siblings, since study child birth
68	2726..FHH-9	4500	41	41	Rh incompatibility; jaundice, neonatal; transfusion; siblings, since study child birth
69	2727..FHH-9	4500	42	42	Cleft lip; cleft palate; siblings, since study child birth
69	2728..FHH-9	4500	43	43	Club foot; siblings, since study child birth
69	2729..FHH-9	4500	44	44	Fingers; toes; malformation; congenital; siblings, since study child birth
69	2731..FHH-9	4500	46	46	Head; spine; malformation; congenital; siblings, since study child birth
69	2730..FHH-9	4500	45	45	Heart; malformation; congenital; siblings, since study child birth
69	2732..FHH-9	4500	47	47	Malformation; congenital, other; siblings, since study child birth
70	2733..FHH-9	4500	48	48	Deaths; siblings, since study child birth
71	2736..FHH-9	4500	51	51	Developmental; retardation, behavioral/emotional; siblings, since study child birth
71	2735..FHH-9	4500	50	50	Developmental; retardation, mental, siblings, since study child birth
71	2734..FHH-9	4500	49	49	Developmental; retardation, physical, siblings, since study child birth
72	2737..FHH-9	4500	52	52	Child unable to attend regular; school; siblings, since study child birth
73	2738..FHH-9	4500	53	53	Seizures; convulsions; epilepsy; family members, since study child birth
76	2740..FHH-9	4500	55	55	Motor defect due to infectious diseases; family members, since study child birth
76	2739..FHH-9	4500	54	54	Motor defect due to injury; family members, since study child birth
76	2741..FHH-9	4500	56	56	Motor defect, other; family members, since study child birth
77	2742..FHH-9	4500	57	57	Sensory defect; blindness; family members, since study child birth
77	2743..FHH-9	4500	58	58	Sensory defect; deafness; family members, since study child birth
77	2744..FHH-9	4500	59	59	Sensory defect; speech defect; family members, since study child birth
78	2745..FHH-9	4500	60	60	Diabetes; family members, since study child birth
79	2746..FHH-9	4500	61	61	Mental illness; psychiatric treatment; family members, since study child birth
80	2747..FHH-9	4500	62	62	School, type currently attending
81	2748..FHH-9	4500	63	63	Achievement; accomplishment

DEFINITION OF CODES
FAMILY HEALTH HISTORY REVIEW
FORM FHH - 9 CARD 1509

FIELD		CARD COLUMN
1.	Card Number Code: 1	1
2.	Form Number Code : 509	2-4
3.	Revision Number Code: 0 - Form dated: 11/65	5
4.	NINDB Number Item 1 Nine-digit number for Patient Identification Code: As given	6-14
5.	Child's Birthdate Item 2 Six-digit code for: Month (cols. 15-16) Day (cols. 17-18) Year (cols. 19-20) Code: As given 99 - Month, day, and/or year unknown	15-20
6.	Child's Sex Item 3 Code: 1 - Male 2 - Female	21
7.	Child's Race Item 4 Code: 1 - White 2 - Negro 3 - Oriental 4 - Puerto Rican 8 - Other 9 - Unknown	22
8.	Date of Interview Item 5 Six-digit code for: Month (cols. 23-24) Day (cols. 25-26) Year (cols. 27-28) Code: as given 99 - Day and/or year unknown	23-28

DEFINITION OF CODES (Continued)

FORM FHH - 9
CARD 1509

FIELD		CARD COLUMN
9.	**Interviewer's Code Number** Item 6 Code: As given	29-30
10.	**Data Collected** Item 8 Code: 0 - Data collected 1 - Unable to locate respondent 2 - Respondent refusal 8 - Other	31
11.	**Most Recent Prior Form** Item 9A Code: 1 - FHH 1-4 2 - SE - 1 4 - GEN 5-8 8 - FHH - 9 9 - Unknown	32
12.	**Child For Whom Form Completed** Item 9B Code: 1 - First study child 2 - Second study child 3 - Third study child 4 - Fourth study child 5 - Fifth study child 6 - Sixth study child 9 - Unknown	33
13.	**Where Interviewed** Item 10 Code: 0 - At study facility 1 - Elsewhere 2 - Combination of codes 0 and 1 9 - Unknown	34
14.	**When Interviewed** Item 11 Code: 0 - Within six months of 7th birthday 1 - Other age 9 - Unknown	35
15.	**Language of Interview** Item 12 Code: 0 - English 1 - Other 9 - Unknown	36

DEFINITION OF CODES (Continued)

FORM FHH - 9
CARD 1509

FIELD		CARD COLUMN
16.	**Relationship of Respondent to Study Child** Item 14 Code: 1 - Mother 2 - Stepmother 3 - Adoptive mother 4 - Foster mother 5 - Guardian 6 - Father 7 - Mother's mother 8 - Other 9 - Unknown	37

CHILD'S RESIDENCE

17.	**With Whom Does Child Live** Item 16 Code: 10 - Mother and father, stepmother and father, mother and stepfather 20 - Mother only 30 - Father only 40 - Other relatives 50 - Foster home 60 - Adoptive parents 70 - Other **Reason for Admission to Institution** 81 - Mental retardation 82 - Cerebral palsy 83 - Behavioral problem 84 - Seizures 85 - Congenital malformations 86 - Combination 88 - Other 89 - Unknown 99 - Unknown residence	38-39

DEFINITION OF CODES (Continued)

FORM FHH-9
CARD 1509

FIELD		CARD COLUMN
18.	**Earliest Date: Most Recent Environment** Item 17 (A and B) Five digit code for: Month (cols. 40-41) Year (cols. 42-43) Code: As given 0000 - Same residence since birth 99 - Month and/or year unknown **Major Shifts in Environment** (col. 44) Code: 0 - No shifts 1-8 - As given 9 - Unknown	40-44
19.	**Does Child Live with Adoptive Parents Foster Parents, or Guardian** * Item 19 Code: 0 - Yes 1 - No 8 - In orphanage or institution	45
	FOSTER PARENT, ADOPTIVE PARENT, GUARDIAN	
20.	**Birth Place** Item 21 Code: Blank - Not applicable 1 - Inside continental U.S. 2 - Outside continental U.S. 9 - Unknown	46
21.	**Age** Item 22 Code: Blank - Not applicable 20 - Under 21 years 21-65 - As given 66 - 66 years and over 99 - Unknown	47-48

* Card ends in column 45 for child living with mother or in institution or orphanage.

FIELD		CARD COLUMN
22.	**Race** Item 23 Code: Same as in Field 7	49
23.	**Religion** Item 24 Code: Blank - Not applicable 1 - Protestant 2 - Roman Catholic 8 - Other 9 - Unknown	50
24.	**Highest Grade of Regular School Completed** Item 25 Code: Blank - Not applicable 00 - None 01-12 - As given 13-16 - 1 to 4 yrs. of college completed 17 - Some graduate or professional school 18 - Degree-graduate or professional school 77 - Ungraded 99 - Unknown	51-52
25.	**Marital Status** Item 26 Code: Blank - Not applicable 1 - Single 2 - Married 3 - Common-law 4 - Widowed 5 - Divorced 6 - Separated 9 - Unknown	53
26.	**Number of Rooms** Item 27 Code: Blank - Not applicable 01-19 - As given 20 - 20 or more 99 - Unknown	54-55

FIELD		CARD COLUMN
27.	Number of Persons Living in Household Item 28	56-57

Code: Blank - Not applicable
02-19 - As given
20 - 20 or more
99 - Unknown

28. Number of Children under 8 yrs. Living in Household 58-59
Item 29

Code: Blank - Not applicable
00 - None
01-19 - As given
20 - 20 or more
99 - Unknown

29. Occupation of Foster Mother, Adoptive Mother, Guardian 60-61
Item 30

Code: Blank - Not applicable
00 - Not working or never worked
01 - Retired on pension and/or widow's pension
05 - No occupation reported except welfare
10 - Professional and technical
12 - College, professional, or graduate school student
20 - Proprietors, managers, officials, officers of the Armed Forces, farm owners
30 - Clerical and kindred workers
40 - Sales workers
50 - Craftsmen, foremen, and kindred workers
60 - Operators and kindred workers
70 - Private household workers
72 - Service workers (other than private household)
80 - Laborers, farmers
82 - All other students
88 - Not applicable
99 - Unknown

30. Occupation of Husband of Foster Mother Adoptive Mother, Guardian 62-63
Item 31

Code: Same as Field 29 except:
01 - Retired on pension or husband deceased
88 - Not married

FIELD		CARD COLUMN
31.	Total Family Income for Last Year Item 32	64-65

Code:
- Blank - Not applicable
- 00 - None
- 05 - Under $1000
- 15 - 1000-1999
- 25 - 2000-2999
- 35 - 3000-3999
- 45 - 4000-4999
- 55 - 5000-5999
- 65 - 6000-6999
- 75 - 7000-7999
- 85 - 8000-8999
- 92 - 9000-9999
- 93 - 10,000-10,999
- 94 - 11,000-11,999
- 95 - 12,000-12,999
- 96 - 13,000-13,999
- 97 - 14,000-14,999
- 98 - 15,000 or more
- 99 - Unknown

DEFINITION OF CODES (Continued)

FORM FHH-9
CARD 2509

NOTE: Card does not exist when child lives with foster parent, adoptive parent, or guardian.

FIELD		CARD COLUMN
1.	**Card Number** Code: 2	1
2.	**Basic Data** Code: Same as in cols. 2-14 of Card 1	2-14
	MOTHER'S MARITAL HISTORY	
3.	**Marital Status** Item 34 Code: 1 - Single 2 - Married 3 - Common-law 4 - Widowed 5 - Divorced 6 - Separated 9 - Unknown	15
4.	**Husband Living at Home** Item 35 Code: 0 - No (Marital problems, legal separation) 1 - Yes 3 - Away at work 4 - In Armed Forces 5 - In institution 7 - Other 8 - No husband 9 - Unknown	16
5.	**Date Married, Divorced, Separated** Item 36 Four-digit code for: **Month** (cols. 17-18) **Year** (cols. 19-20) Code: As given 0000 - Single, never married 99 - Month and/or year unknown	17-20
6.	**When Married, Divorced, Separated, Widowed** Item 36 Code: 0 - After birth of Study Child 1 - Before birth of Study Child 8 - Not applicable, single, stepmother 9 - Unknown	21

FIELD		CARD COLUMN
7.	**Number of Changes in Marital Status** Item 37 Code: 0 - None, single 1-6 - As given 7 - Seven or more 8 - Not applicable, stepmother 9 - Unknown	22

HOUSEHOLD ARRANGEMENT

8.	**Type of Housing** Item 38 Code: 1 - House 2 - Apartment 3 - Boarding or rooming house 4 - Other 8 - Dormitory or institution 9 - Unknown	23
9.	**Length of Time at Residence** Item 39 Four digit code for: Years (cols. 24-25) Months (cols. 26-27) Code: 0001 - One month or less 0002-5000 - As given 9999 - Unknown	24-27
10.	**Number of Moves in Last 7 years** Item 40 Code: 00 - Never moved 01-40 - As given 88 - Mother in dormitory or institution 99 - Unknown	28-29
11.	**Number of Rooms** Item 41 Code: 01-19 - As given 20 - 20 or more 88 - Mother in dormitory or institution 99 - Unknown	30-31

DEFINITION OF CODES (Continued)

FORM FHH-9
CARD 2509

FIELD	CARD COLUMN
12. Number of Persons Living in Household Item 42 Code: 01-19 - As given 20 - 20 or more 88 - Dormitory or institution 99 - Unknown	32-33
13. Number of Mother's Children in Household Item 44A Code: 00 - None 01-19 - As given 20 - 20 or more 88 - Dormitory or institution 99 - Unknown	34-35
14. Household Structure Item 44B Two digit code for: Immediate Family (cols. 36) Code: 0 - Mother and/or father 1 - Mother and/or father and maternal parents 2 - Mother and/or father and paternal parents 3 - Combination of codes 1 and 2 8 - Mother in dormitory or institution 9 - Unknown Relatives or Friends (cols. 37) Code: 0 - No one else 1 - Additional relatives 2 - Friends 3 - Combination of codes 1 and 2 4 - Strangers 5 - Combination of codes 1 and 4 6 - Combination of codes 2 and 4 7 - Combination of codes 1,2, and 4 8 - Mother in dormitory or institution 9 - Unknown	36-37
15. Housing Density (Persons Per Room) Item 44C Code: See attachment A, "Persons Per Room", page FHH-9 - 25	38-39

FIELD		CARD COLUMN
16.	Presence of Husband or Father of Child in Household Item 44D Code: 1 - Husband who is father of Child 2 - Father of Child who is not husband 3 - Husband who is not father of Child 8 - No husband or father of Child 9 - Unknown	40
17.	Head of Household Item 45 Code: 0 - None 1 - Mother 2 - Husband 3 - Father of Child 4 - Parent(s) - Mother's or mate's 5 - Other relative(s) 6 - Friend(s) 7 - Other person(s) 8 - Mother in dormitory or institution 9 - Unknown	41
18.	Other Children Living Elsewhere Item 46 Code: 0 - No 1 - Mother's parents 2 - One natural parent and one step - parent 3 - Father's parents 4 - Other relatives 5 - Grown children living away from home 6 - Foster home, adoptive home, friends 7 - Institution 8 - Combination of Codes 9 - Unknown	42

MOTHER'S EDUCATION AND EMPLOYMENT

19.	Additional Schooling and Training Since Child Born Item 47 Code: 0 - No 1 - Yes, academic and other schooling 2 - Yes, training 9 - Unknown	43

DEFINITIONS OF CODES

FORM FHH-9
CARD 2509

FIELD		CARD COLUMN
20.	**Worked Since Child Born** Item 48 Code: 0 - No 1 - Yes 9 - Unknown	44
21.	**Age of Child When Employed** Item 49a Code: 0 - None 1 - Less than 1 year 2 - 1 year but less than 2 years 3 - 2 years but less than 3 years 4 - 3 years but less than 4 years 5 - 4 years but less than 5 years 6 - 5 years but less than 6 years 7 - 6 years and over 8 - Combination of codes 9 - Unknown	45
22.	**Number of Jobs** Item 49b Code: 0 - None 1-5 - As given 6 - 6 or more 7 - Many, number not specified 8 - Self-employed 9 - Unknown	46
23.	**Total Period Employed, in Months** Item 49c Code: 00 - None 01-97 - As given 98 - 98 months or more 99 - Unknown	47-48
24.	**Hours per Week Worked** Item 49d Code: 0 - None 1 - Less than 20 hours 2 - 20 hours or more 3 - Part-time, hours not specified 4 - Combination of codes 8 - Other 9 - Unknown	49

FIELD		CARD COLUMN
25.	**Child Care** Item 49e Code: 0 - None 1 - In own home 2 - Elsewhere 3 - Combination of codes 9 - Unknown	50
26.	**Occupation** Item 49 Code: 00 - None 01 - Retired on pension and/or widow's pension 05 - No occupation reported except welfare 10 - Professional and technical 12 - College, professional, or graduate school student 20 - Proprietors, managers, officials, officers of the Armed Forces, farm owners 30 - Clerical and kindred workers 40 - Sales workers 50 - Craftsmen, foreman and kindred workers 60 - Operators and kindred workers 70 - Private household workers 72 - Service workers (other than private household) 80 - Laborers, farmers 82 - All other students 99 - Unknown	51-52

HUSBAND'S EMPLOYMENT

27.	**Working Now** Item 51 Code: 0 - No 1 - Yes 2 - Armed Forces 3 - Student not otherwise employed 8 - Not applicable 9 - Unknown	53

FIELD	CARD COLUMN
28. Occupation: Current or Last Job Items 51A or 52A Code: Same as in Field 26, except code 01 does not apply. 13 - College, professional or graduate school student who is Fellow, Research or Teaching Assistant. 14 - College, professional or graduate school student with full or part-time non-academic job. 15 - College, professional or graduate school student on co-op Program. 88 - Not applicable	54-55
29. Length of Time: Current Job or Last Job Items 51B or 52B Five digit code for: Years (cols. 56-57) Months (cols. 58-59) Weeks (cols. 60) Code: 00001 - One week or less 00002-40113 - As given 50000 - 50 years and over 33333 - High school or trade school student 44444 - Academic student 55555 - Works holidays 66666 - Works summers 77777 - Time unspecified 88888 - Not applicable 99999 - Unknown	56-60
30. Length of Time Unemployed Item 52 Five digit code for: Years (cols. 61-62) Months (cols. 63-64) Weeks (cols. 65) Code: Same as in Field 29 except 00000 - Never worked 00002-34113 - As given 35000 - 35 years and over	61-65

FIELD		CARD COLUMN
31.	**Reason Not Working** Item 52c Code: 0 - None 1 - Layoff 2 - Strike 3 - Illness 4 - Academic student 5 - Injury 6 - Retired 7 - Institution 8 - Not applicable 9 - Unknown	66
32.	**Occupation Pursued for Longest Time** Item 53 Code: Same as in Field 28	67-68
33.	**Length of Time at This Occupation** Item 53A Five digit code for: Years (cols. 69-70) Months (cols. 71-72) Weeks (col. 73) Code: Same as in Field 29 except: 00000- Never worked	69-73
34.	**Weeks Unemployed in Past Year** Item 53B Code: 00 - None 01 - 52 - As given 55 - College, professional, or graduate school student 66 - High school or trade school student 77 - Time not specified 88 - Not applicable 99 - Unknown	74-75
35.	**Number of Jobs in Past year** Item 53C Code: 0 - None 1-4 - As given 5 - 5 or more 6 - Many, number not specified 7 - Self-employed 8 - Not applicable 9 - Unknown	76

FIELD		CARD COLUMN
36.	Highest Grade Regular School Completed by Mother Item 44 Code: Blank - Awaiting edit 00 - None 01-12 - As given 13-16 - 1 to 4 years of college completed 17 - Some graduate or professional school 18 - Degree - graduate or professional school 77 - Ungraded 88 - Not applicable, stepmother 99 - Unknown	77-78
37.	Highest Grade Regular School Completed by Father/Husband or Head of Household Item 44 Code: Same as in Field 36 except: 88 - Not applicable	79-80

DEFINITION OF CODES (Continued)

FORM FHH-9
CARD 3509

NOTE: Card required only when child lives with natural parent.

FIELD	CARD COLUMN
1. Card Number Code: 3	1
2. Basic Data Code: Same as in cols. 2-14 of card 1	2-14
3. Regularity of Income: Prior Three Months Item: 54A and 54B Code: 0 - Irregular monthly income 1 - Regular monthly income 2 - Regular pay periods 3 - Irregular pay periods 9 - Unknown	15
4. Changes in Major Source of Income: Prior Three Months Item 55 Code: 0 - None 1 - Shift from one person to another 2 - Shift in occupation of main wage earner 9 - Unknown	16
5. Source of Income: Prior Three Months Item 57b Three digit code for: Earned Income (col. 17) Code: 0 - None 1 - Mother 2 - Husband 3 - Combination of codes 1 and 2 4 - Earned or service pensions 5 - Combination of codes 1 and 4 6 - Combination of codes 2 and 4 7 - Combination of codes 1,2, and 4 9 - Unknown Income from Relatives or Friends (col. 18) Code: 0 - None 1 - Father of Child 2 - Parents, grandparents 3 - Combination of codes 1 and 2 4 - Other relatives or friends 5 - Combination of codes 1 and 4 6 - Combination of codes 2 and 4 7 - Combination of codes 1,2 and 4 8 - Income earned 9 - Unknown	17-19

DEFINITION OF CODES (Continued)

FORM FHH-9
CARD 3509

FIELD		CARD COLUMN
5.	Source of Income: Prior Three Months (Cont.) Income From Non-Relatives, Public or Private Source (col. 19) Code: 0 - None 1 - Public assistance 2 - Private assistance 3 - Combination of codes 1 and 2 4 - Fellowships, grants, scholarships 5 - Combination of codes 1 and 4 6 - Combination of codes 2 and 4 7 - Combination of codes 1, 2 and 4 8 - Other 9 - Unknown	17-19
6.	Total Income: Prior Three Months Item 57f Code: 00 - None 05 - Under $250 15 - 250-499 25 - 500-749 35 - 750-999 45 - 1000-1249 55 - 1250-1499 65 - 1500-1749 75 - 1750-1999 85 - 2000-2249 92 - 2250-2499 93 - 2500-2749 94 - 2750-2999 95 - 3000-3249 96 - 3250-3499 97 - 3500-3749 98 - 3750 and over 99 - Unknown	20-21
7.	Income in Kind: Prior Three Months Item 57f Code: 0 - None 1 - Non-monetary compensation 2 - Support but value unknown 3 - Combination of codes 1 and 2 4 - Additional cash income but value unknown 5 - Combination of codes 1 and 4 6 - Combination of codes 2 and 4 7 - Combination of codes 1, 2 and 4 8 - Savings used during this period 9 - Unknown	22
8.	Number of Persons Cared For Item 58A Code: 01-19 - As given 20 - 20 and over 99 - Unknown	23-24

DEFINITION OF CODES (Continued)

FORM FHH-9
CARD 3509

FIELD	CARD COLUMN
9. Number of Children Under 8 Years Old Cared For Item 588 Code: 00 - None 01-19 - As given 20 - 20 and over 99 - Unknown	25-26
10. Change in Number of Persons Supported Item 59 Code: 0 - None 1 - Yes 9 - Unknown	27
11. Present Financial Situation Compared to that at Birth of Study Child Item 60A and 60B Two digit code for: Financial Comparison (col. 28) Code: 0 - No change 1 - Better 2 - Worse 9 - Unknown Reason for Present Situation (col. 29) Code: 0 - No change 1 - Change in time worked 2 - Change in job 3 - Change in debts owed 4 - Change in income 5 - Change in marital status 8 - Other 9 - Unknown	28-29
FAMILY HISTORY SINCE BIRTH OF STUDY CHILD	
12. Number of Pregnancies Item 62 Code: 0 - None 1-7 - As given 8 - 8 or more 9 - Unknown	30

FIELD		CARD COLUMN
13.	Number of Fetal Deaths Item 63 Code: 0 - None 1-6 As given 7 - 7 or more 8 - Not applicable 9 - Unknown	31
14.	Number of Multiple Pregnancies Item 64 Code: Same as in Field 13	32
15.	Full Sibs Item 66 Fifteen digit code for: Fetal Death: Under 20 Weeks (col. 33) 20 Weeks and over (col. 34) Code for each column: Same as in Field 12 Total Number Liveborn (col. 35-36) Code: 00 - None 01-28 - As given 99 - Unknown Liveborn: Male (col. 37) Female (col. 38) Prematures (col. 39) Dead: 27 days or younger (col. 40) 28 days or older (col. 41) Condition: Rh (col. 42) Congenital Malformations (col. 43) Convulsions (col. 44) Motor Deficit (col. 45) Sensory Defect (col. 46) Retardation (col. 47) Code for each column: Same as in Field 12	33-47

FIELD		CARD COLUMN
16.	**Half Sibs** Item 66 Fifteen digit code for:	48-62

Fetal Death:	Under 20 Weeks	(col.48)
	20 Weeks and over	(col.49)
Total Liveborn:	Different Father	(col.50)
	Unknown Father	(col.51)
Liveborn:	Male	(col.52)
	Female	(col.53)
Prematures		(col.54)
Dead:	27 Days or Younger	(col.55)
	28 Days or Older	(col.56)
Condition:	Rh	(col.57)
	Congenital Malformations	(col.58)
	Convulsions	(col.59)
	Motor Deficit	(col.60)
	Sensory Defect	(col.61)
	Retardation	(col.62)

Code for each column:
Same as in Field 12

17.	**Gen-3 Prior Pregnancies** Item 66 Code: Same as in Field 15	63-77

DEFINITION OF CODES (Continued)

FORM FHH-9
CARD 4509

NOTE: Card does not exist when child lives with foster parent, adoptive parent, or guardian.

FIELD		CARD COLUMN
1.	Card Number Code: 4	1
2.	Basic Data Code: Same as in col. 2-14 of Card 1	2-14
3.	Total Number of Sibs (includes those born before and after study child) Item 66 Code: Same as in Field 15 of card 3 except code 00 does not apply	15-29
4.	Study Children Item 66 Eight digit code for; Dead: 27 days or younger (col.30) 28 days or older (col.31) Condition: Rh (col.32) Congenital Malformations (col.33) Convulsions (col.34) Motor Deficit (col.35) Sensory Defect (col.36) Retardation (col.37) Code for each column: 0 - None 1-7 - As given 8 - 8 or more 9 - Unknown	30-37

SPECIFIC CONDITIONS SINCE BIRTH OF STUDY CHILD

5.	Rh Trouble Item 68 Four digit code for: Incompatibility: Fetal Death (col.38) Incompatibility: Liveborn, No Transfusion (col.39) Incompatibility: Liveborn, Exchange Transfusion (col.40) Severe Jaundice and Transfusion: No incompatibility (col.41)	38-41

FIELD		CARD COLUMN
5.	Rh Trouble (continued) Code for each column: 0 - No 1 - Yes 8 - Questionable 9 - Unknown	38-41
6.	Malformations Item 69 Six digit code for: Cleft Lip or Palate (col.42) Club Foot (col.43) Fingers or Toes (col.44) Heart (col.45) Head or Spine (col.46) Other (col.47) Code for each column: Same as in Field 5	42-47
7.	Number of Child Deaths Item 70 Code: Same as in Field 4	48
8.	Retardation and Disturbances Item 71 Three digit code for: Physical Retardation (col.49) Mental Retardation (col.50) Severe Behavioral Problem (col.51) Code for each column: Same as in Field 5	49-51
9.	Number of School Age Children Unable to Attend Regular School Item 72 Code: Same as in Field 4	52

FIELD		CARD COLUMN

MEDICAL CONDITIONS IN STUDY CHILD'S FAMILY

10. Seizures, Convulsions, Epilepsy — 53
Item 73
Code: 0 - None
1 - Mother of child
2 - Father of child
3 - Study child
4 - Children subsequent to study child
5 - Children prior to study child
6 - Other relatives
7 - Combination of codes
8 - Questionable
9 - Unknown

11. Motor Defect — 54-56
Item 76
Three digit code for:
Injury (col.54)
Infectious Diseases (col.55)
Other (col.56)
Code for each column:
Same as in Field 10

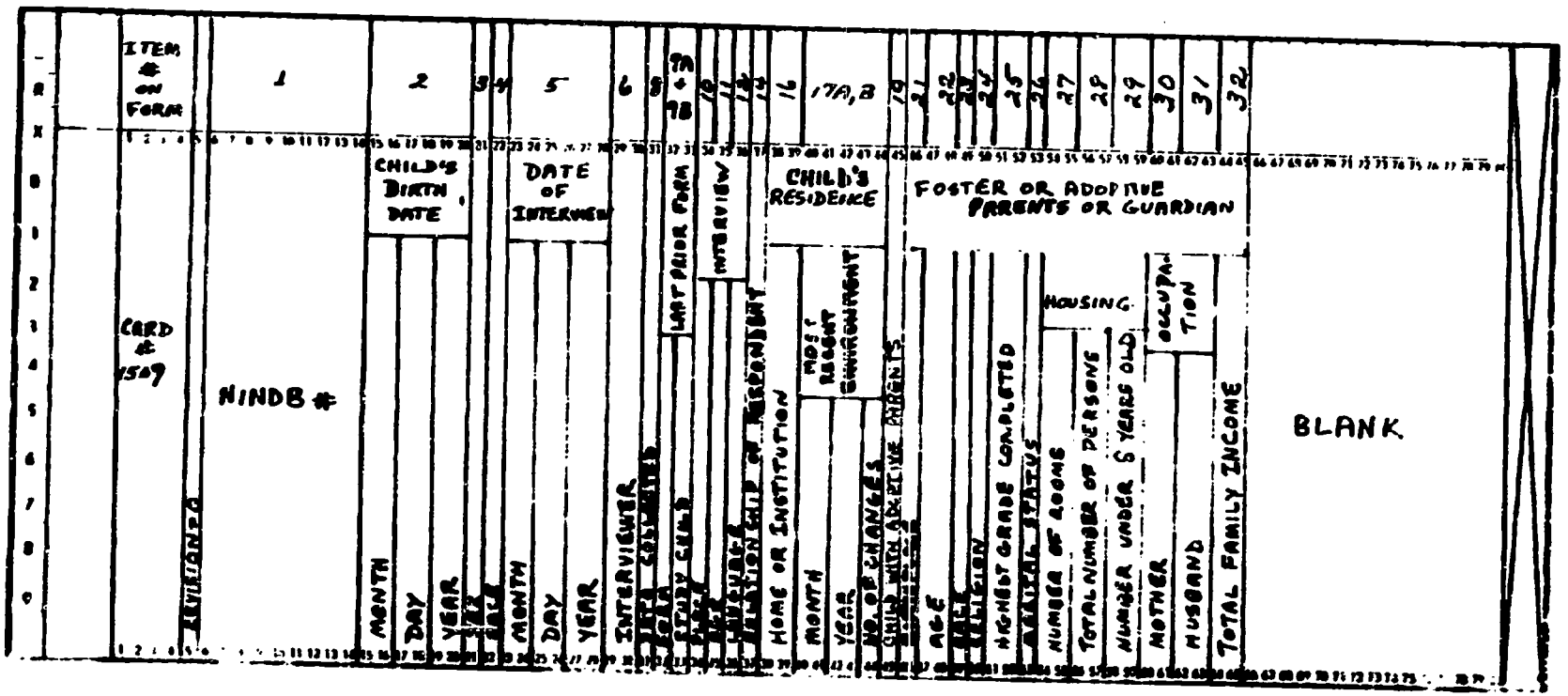
12. Sensory Defects — 57-59
Item 77
Three digit code for:
Blindness (col.57)
Deafness (col.58)
Trouble Speaking (col.59)
Code for each column:
Same as in Field 10

13. Sugar Diabetes — 60
Item 78
Code: Same as in Field 10

FIELD		CARD COLUMN
14.	Nervous Problem Requiring Hospitalization, Psychiatric Treatment, or Other Therapy Item 79 Code: Same as in Field 10	61
15.	Type of School Study Child Attending or Will attend Item 80 Code: 0 - Not applicable, not attending 1 - Regular school 2 - Special school 3 - Special class 9 - Unknown	62
16.	Achievement or Accomplishment of Study Child Item 81 Code: 0 - None 1 - General intellectual ability 2 - Specific mental skills or achievements 3 - Artistic performance or interest 4 - Self-care and home helpfulness 5 - Athletic ability, physical skills 6 - Personality characteristics 7 - Positive school and learning attitude 8 - Other 9 - Unknown, no entry	63
17.	Age of Father/Husband Item 44 Code: 20 - Under 21 years 21-65 - As given 66 - 66 Years and over 88 - Not applicable 99 - Unknown	64-65

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

FAMILY HEALTH HISTORY REVIEW
FORM FHH-9



NOTE: Card ends in col. 45 for child living with mother or in institution or orphanage.

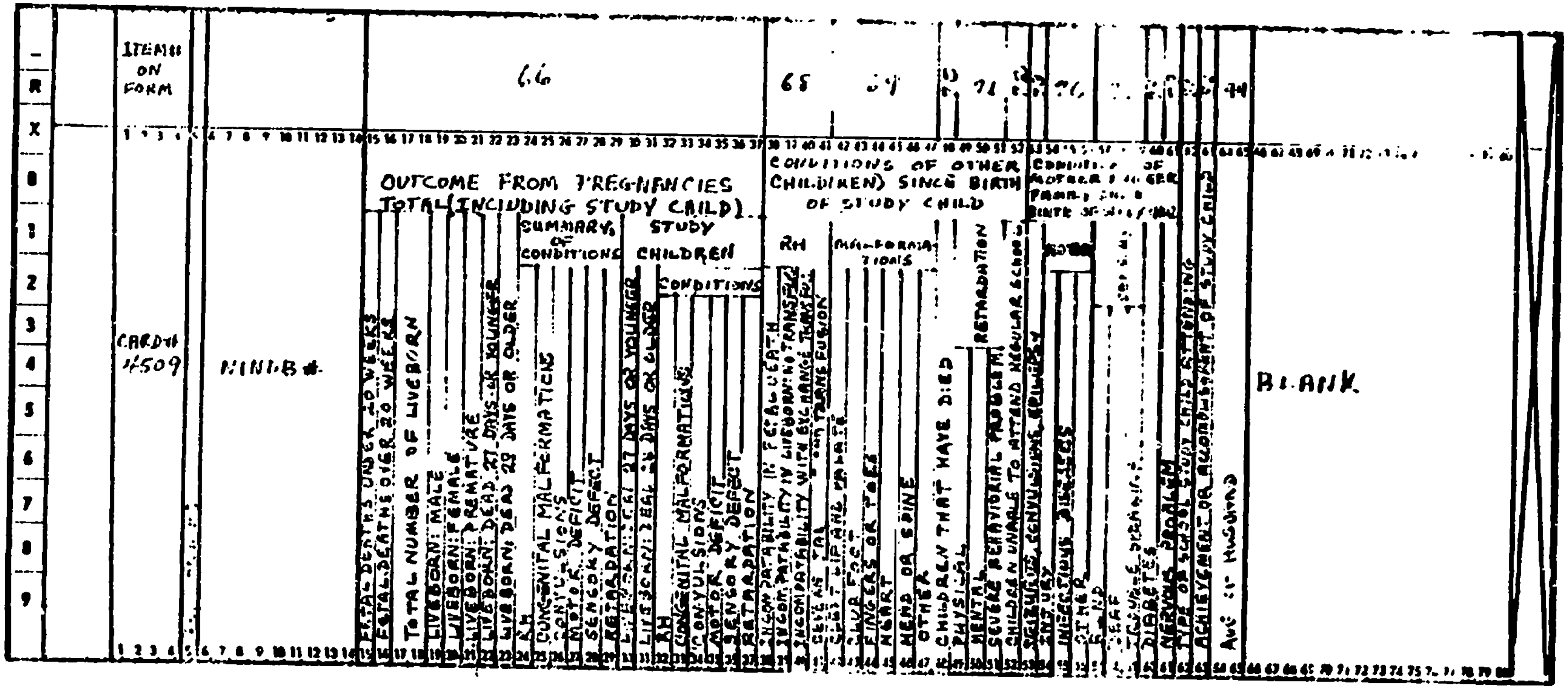
FAMILY HEALTH HISTORY REVIEW
FORM FHH-9

NOTE: Card required only when child lives with mother.

FAMILY HEALTH HISTORY REVIEW
FORM FHH-9

NOTE: Card required only when child lives with mother.

FAMILY HEALTH HISTORY REVIEW
FORM FHH-9



NOTE: Card required only when child lives with mother.

INTERVIEWING MANUAL FOR THE FAMILY HEALTH HISTORY REVIEW (FHH-9)

I. Objectives and Content

This Family Health History form (FHH-9) is to be used to obtain socioeconomic and genetic information about the families of Study children at the time the child is seven years old. The interview is so designed that the information will be comparable to that obtained at the time of the mother's pregnancy. In this way, the socioeconomic characteristics and genetic records on the family and the social environment of the child can be reassessed and brought up to date.

The interview protocol is divided into 8 main sections. These deal with the child's place of residence, mother's marital history, household arrangements, employment of mother and her husband, family income, and health of the child's siblings and parents during the period since his birth.

Some of the questions refer to recent, relatively brief periods of time. Other questions require a summary of certain events during the child's lifetime.

The value of the data obtained depend on the care with which the interviewing is done and the degree of cooperation and rapport obtained from the respondent.

II. General Instructions

A. Cases for which an FHH-9 must be completed.

An FHH-9 must be completed for every case maintained in the sample. If no data can be obtained, Items 1-8 are to be completed and page 1 only sent to the Central Office. (See instructions for Item 8.)

If a child has been institutionalized for medical reasons, an FHH-9 should be completed with the child's mother as respondent in order to obtain information concerning the family.

If the child is in an orphanage or if it is institutionalized and there are no family ties, Items 1-15 and Section A should be completed. Information may be obtained from a caseworker, an official of the institution, or from project records. The source of the information must be clearly indicated on the form.

B. Time and place of interview.

The entire FHH-9 should be completed during one interview. This interview is to be conducted whenever possible within six months before or six months after the child's seventh birthday. Always collect the information as of the date of the interview.

The interview may be conducted in the home or at the study facility. It is always preferable to interview the respondent alone—without the distractions of children or the possible embarrassment of another adult.

An Interval Medical History (PED-20) will ordinarily be completed at the same time.

C. Person to be interviewed.

1. If the mother of the Study child is in the same household as the child, every effort must be made to interview her. The form is designed to be used with the child's mother, and it is expected that the vast majority of interviews will conform to this standard.

2. If the mother of the child is in the same household but is unavailable for interview, the FHH-9 may be adapted for use with some other respondent. However, in these cases the interviewer must use discretion and tact in deciding what information to obtain. Questions concerning the child himself, the make-up of the household in which he lives, present employment of his parents, and health status of his siblings can often be asked of a relative, but probing should usually be restricted. Questions concerning source and amount of income should usually be asked only of the child's parents.

   No attempt should be made to adapt the interview until every possible effort has been made to interview the mother. No interviewer should attempt to adapt the interview until she is thoroughly familiar with it and has had considerable experience in administering it.

3. If the child is with adoptive parents, foster parents, or guardian, the adoptive or foster mother is the preferred respondent, but either parent may be interviewed. No other person may be substituted.

   In these cases, complete only Items 1-15, Section A, and Section B. Only the first

II. C. 3 (continued)

two pages of the schedule are to be submitted to the Central Office.

Guardian is used here to mean anyone who has the sole responsibility of a child on a relatively permanent basis, whether or not any legal arrangement exists. If such a person has cared for the child for 1 month or more and no change in the arrangement is foreseen, this person should be interviewed. If the child lives with a relative while the mother lives elsewhere, the relative in this case is considered the child's guardian and should be interviewed. If a grandmother or aunt cares for the child while the mother works during the day, such a person should be interviewed only if the mother cannot be be reached; in this case an attempt should be made to complete the entire form.

D. Obtaining and recording information.

In any standardized interview, certain conventions for obtaining and recording data are essential. Those relevant to this interview are:

1. The questions, as they are to be asked, appear in large print and end with a question mark. Ask the questions in the order in which they appear on the schedule. If the respondent gives information ahead of the schedule, tell her that you are going to be asking about that later. When the item is reached in the course of the interview, ask the question as it appears on the form but indicate that the respondent started to answer it earlier.

   If it is necessary for reasons of rapport to change the order of the questions, whatever change is made must be clearly noted on the form.

2. Ask each question exactly as it appears on the form. If there is no response, repeat the question exactly as it appears on the form. If there is still no response or the answer shows that the question was not understood, probe, using the phrase, "Perhaps I did not make myself clear," and rephrase the question taking care not to alter its meaning. Write the exact question you used above the original question.

3. In order to avoid repetitious questioning of the same respondent, and also in order to obtain as complete and accurate a record as possible, it is expected that in many cases information from more than one source will be entered on the FHH-9. When information from any source other than the respondent indicated in Item 13 is provided, the source of this information must be clearly indicated.

4. If questions which would ordinarily be asked of a respondent were omitted for any reason, write "NQ" (not questioned) in the left-hand margin next to the number of the question.

5. If it is impossible to finish an interview for any reason, write on the form after the last question asked: "Interview terminated because...." and give a brief statement of the reason.

6. In describing relationships use only the following kinship terms: brother, sister, mother, father, son, daughter, husband, wife. Avoid the use of such terms as uncle, aunt, cousin, grandmother, which may designate more than one individual; use them only when the respondent has no more precise information concerning the relationship.

7. Write all dates in 6 digits. For example: April 4, 1942 is written 04 04 42; December 25, 1964 is written 12 25 64.

8. It is sometimes desirable to use the respondent's own words, for example in describing symptoms of illness. Whenever this is done, enclose them in quotation marks.

9. Use the following abbreviations:

DK	Don't know. Do not write this in any box but over the box or near the end of the question.
DNA	Does not apply. If question is not applicable in the light of information already obtained, write this near the question.
NQ	Not questioned. Use to designate a question not asked. Write near the number of the question.

resp	respondent	dau	daughter
bro	brother	hus	husband
sis	sister	wi	wife
mo	mother	MD	physician
fa	father	Dx	diagnosis, diagnosed
so	son	Rx	prescription, prescribed

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III. Before the Interview

This form requires the interviewer to draw upon previous interviews with the child's mother which cover part of the same time period. Repetitious questioning can thus be minimized. However, if the records of earlier interviews are incomplete or overlap the period of this one only slightly, or are not available, this interview may be completed independently.

If no interviews have been held since the birth of the present Study child, the date of the most recent interview(s) entered in Item 9A, page 1, will indicate this fact. If the records of prior interviews are not consulted for any reason, write DNA in the left-hand margin under Item 9. In this case, the remainder of Section III of these instructions is not applicable.

A. Before the interview, the interviewer is to consult the family's records. These may include the interviews held when the child's mother was pregnant with the present Study child, when she was pregnant with later project children, or when an earlier child reached seven years of age.

1. Determine the date of the most recent socioeconomic and genetic interview held with the child's mother. Enter the date of the interview on page 1, Item 9A. In the case of families for which both an FHH 1 and 3 and a GEN 5-8 (FHH 2 and 4), or an SE 1 and a GEN 5-8 were completed for the same pregnancy, enter the date of each interview.

2. In Item 9B, in the space provided, enter the name of the Study child for whom the most recent prior forms were completed.

3. If a GEN-6 is available for this child, ascertain the initials of his father and enter them in the space provided on page 1, Item 15. If no GEN-6 is available, the father's initials may be obtained from FHH-2, page 13, or from the child's mother during this interview.

4. If there have been interviews with this family since the birth of the present Study child (i.e., FHH 1-4, SE 1, GEN 5-8, FHH-9), information from these interviews may be used to help fill in the seven-year period which is the scope of the present interview. Information may be transferred to the FHH-9 as follows:

a. Information on this Study child's prior living arrangements should be entered on page 1, Item 18.

b. Enter information on changes in marital status in the table, Item 37.

c. If any educational or vocational training is reported in the previous interview for this seven-year period, enter the information in the space provided.

d. If any employment is reported since the birth of the present Study child, enter the details in the table, Item 49.

e. On page 7 of this FHH-9, enter the name of the Study child in Item 65A, and fill in father's initials and child's sex, birthweight, and age. (See Item 65 of this manual for detailed instructions.) If the mother has been pregnant since the birth of this Study child and these pregnancies are shown in a prior interview, enter them in Section B, Item 65, giving father's initials and each child's sex, birthweight, and age, as for the Study child. If prior information is incomplete, it must be obtained during the interview.

B. Note that this schedule must contain complete information for the entire seven-year period since the birth of the Study child, whether or not prior interviews exist. Whenever information has been obtained from prior interviews check it with the mother during this interview.

IV. Detailed Instructions

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1. Patient Identification. Stamp this page and all other pages of the interview with the child's identification plate. If the identification is hand written, it must include the name, birthdate, and NINDB number. Make sure the information is legible.

If this was a multiple birth, identify the interview by the name of the firstborn living child. Only one interview need be completed.

2. Child's birthdate. Copy the child's birthdate in this space. Use six digits for month, day and year; e.g., for May 8, 1958, write 05 08 58.

3. Child's sex. Check "M" or "F". If a multiple birth, write the number of infants of each sex in the boxes regardless of whether or not they survived.

Item No.

4. Child's race. Use race as designated on child's identification plate.

5. Date of interview. At the start of the interview fill in the month, day, and year. Use six digits.

6. Interviewer's name and code number. The code number will be assigned at each institution and must be unique for each interviewer. Do not reassign numbers of personnel who leave the staff.

7. Interviewer's title, e.g., public health nurse, lay interviewer, etc.

8. Data collected. If the interview is held, mark the box designated "O". If no data can be obtained, complete this item and submit page 1 only to the Central Office. Check appropriate box to indicate the reason. Mark "unable to locate respondent" only when the whereabouts of the child and his family are unknown. Under "Refusal," include implicit as well as explicit refusals, e.g., repeated failures to keep appointments as well as outright verbal refusals. Explain clearly and concisely. Under "Other," include situations in which mail contact only is being maintained with the family.

   Do not use the boxes for "no data" if the respondent is someone who has very little information concerning the child. In such cases, go ahead with the interview, obtaining whatever information possible; indicate which questions or sections were not asked, as well as which were asked but the answer was not known.

9. A. Most recent prior form completed. Enter the date. If both an SE-1 and GEN 5-8, or both an FHH 1 and 3 and GEN 5-8 (FHH 2 and 4), were done, enter the date of each.

   B. Enter the first name of the child for whom the most recent prior form was completed.

10. Place of interview. Check the proper box to indicate where the interview is conducted. If not at Study facility, specify "at home," or "by telephone."

11. Time interview. Check the proper box te whether the interview is being

Item No. 11 (continued)

conducted within the twelve-month interval allowed by the protocol (six months before to six months after the child's seventh birthday). If the interview is done at some other time, enter the age of the child in months to the last month: for example, "75 months," "93 months."

12. Language. Check whether English or some other language is used for the interview. Specify the other language used.

13. Enter the name of the respondent.

14. Specify the relationship of the respondent to the child. For example, "mother," "mother's mother," "foster mother," etc. If information is obtained from an agency employee, give title and name of agency.

15. Enter the initials of this Study child's father—obtained from FHH 2, GEN 6, or the respondent. Please give three initials when possible; the first initial alone is insufficient.

SECTION A - CHILD'S RESIDENCE

16. With whom does this child live? Check the box following the appropriate description of the child's living arrangements. If either parent is a step-parent, mark "mother and father." Check the box marked relatives only if the mother is not in the household on a regular basis at all. If care of the child is primarily the responsibility of someone other than the mother, because she is working or incapacitated, please explain.

    If the child is living with relatives and the mother is not in the household or is only an occasional visitor, the relatives are considered the child's guardians, and Section B should be completed.

    If you are in doubt as to how to classify the living arrangements, check the box designated "Other", and describe the circumstances in the space provided.

    Include orphanage under "Other."

    If the child is in an institution, give the full name and address of the institution.

Item No. 16 (continued)

Check the box indicating the reason for admission.

17. How long has the child been living with (mother, relatives, etc.)? If since birth, check the appropriate box and omit Item 18. Otherwise obtain the date and enter the month and year in the boxes.

If child is in an institution, give the month and year of admission.

18. With whom did he live before then? The intention here is to obtain a record of the major shifts in family environment which have occurred during the child's life. For the purpose of this table, record only shifts in the person responsible for the child. For example, if the father leaves home but the mother maintains the family in his absence, do not record a shift. If the child is placed in a foster home or sent to stay with relatives for a period of 3 months or longer, record this change. If the child has been in a number of foster homes during a particular period, summarize the period; for example, "from 6/62 to 4/63, 2 foster homes, approx 5 mo in each, both in NYC." Ignore any changes of less than one month.

Begin with the most recent situation and work backward to the child's birth. The entire lifetime of the child must be accounted for. If more space is required, use a continuation sheet, CP-5.

Do not write in the "Number of environments box."

19. Check appropriate box.

SECTION B - SOCIOECONOMIC DATA ON FOSTER PARENT, ADOPTIVE PARENT, OR GUARDIAN

The purpose of this section is to obtain minimal socioeconomic information on a foster parent, an adoptive parent, or a guardian in cases in which the Study child is not living with his own parents. (For a definition of what is meant by guardian, see II C 3.)

A brief, introductory statement is provided, but it will often be necessary for the interviewer to say more than this in order to achieve rapport

Item No.

with the respondent. Much depends, of course, on how much previous contact the respondent has had with the Study. The interviewer must be prepared to provide an acceptable explanation of why we ask these questions and of the ways in which the answers will be used -- acceptable, that is, to a curious or hostile or apathetic respondent. We need to know these few basic facts in order to be able to classify, however broadly, the child's environment. It should be emphasized that the information obtained is strictly confidential, and that in the kind of statistical studies which will be made names are never associated with the data.

21. Where were you born? According to the answer given you by the respondent, check the appropriate box. Alaska, Hawaii, Puerto Rico, and the Virgin Islands are outside the continental United States.

22. When were you born? Enter the month, day and year. Figure age as of last birthday and enter in the space provided on the right.

23. What is your race? "W" denotes White, "N" Negro, "OR" Oriental, and "PR" Puerto Rican. Use "Other" for all other categories and specify. Ask the question as written and record the answer as given.

24. What is your religion? On the schedule, "P" denotes Protestant, and "R.C." Roman Catholic. Check the appropriate box without probing. If the respondent says "no religion" or other than the two given, check "Other" and specify.

25. What is the highest grade of regular school that you have completed? Do not accept the first answer that you receive, but probe by asking if the respondent finished that grade. Circle the highest grade completed. Obtain the approximate equivalent grade in the American school system for persons whose highest grade of attendance was in a foreign school system, whose highest level of attendance was in an ungraded school, whose highest level of schooling was measured by "readers," whose training by a tutor was regarded as qualifying under the "regular" school definition, or who had schooling in the Armed Forces. If the respondent dropped out or failed to pass the last grade attended, the interviewer should code the next lower grade.

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26. Are you at present married, widowed, divorced, separated, single or common-law married? Ask as given. Common-law includes consensual marriage, that is an arrangement for living together by mutual agreement. The abbreviations on the form represent the following categories: "M" married, "CL" common-law marriage (use this category if it is in general use in your institution and in your community), "W" widowed, "D" divorced, "Sep" married but separated (include all respondents who are married but not living with husband, whether or not the separation is legally recognized), "S" single. If the respondent answers "single," probe by asking "Have you ever been married?" If the answer is "Yes," ask how the most recent marriage ended in order to find out which box to check.

27. How many rooms are there in the place where you live now? Make certain that the respondent is not counting halls, bathrooms, or kitchens. Count only whole rooms. If 3-1/2 rooms are given, probe for description of "1/2" room. If this is a hall, vestibule, or foyer, do not count. If it is a space having a partition extending from floor to ceiling and is used for living rather than for storage, it is to be counted as a room. If gravida reports living in a cabin, trailer, or shack, determine the number of rooms exclusive of kitchen, bath and halls.

28. How many people are living in your household, including yourself? Be sure the respondent counts herself.

29. How many are under 6 years old? Enter the answer in the boxes.

30. Are you working now? If the answer is "No", go on to Item 31. If the answer is "Yes", ask, "What kind of work do you do?" Get as full a description as possible before recording the occupation. Do not accept general descriptions as "helps with cooking," "works in restaurant" (try to find out what she does, such as making salads, washing pots and pans, making sandwiches, cooking short orders), or "works in a factory" (probe for details, such as runs a sewing machine in a pocketbook factory, pastes feathers on hats, mounts jewelry on show cards, packs

Item No. 30 (continued)

shrimp in cans, packs pickles in jars). Probe also for the kind of business or industry for which she works. If self-employed enter this fact with information about the kind of work.

31. Ask only if the gravida is married (see Item 26): Does your husband have a job now? If the answer is "Yes," obtain a detailed description of the kind of work he is doing, as in Item 30.

32. Family income. Show the respondent a card with income brackets typed on it and ask her to tell you in which category the total family income would fall for the twelve months preceding the date of the interview. Ask her to be sure and include all kinds of income: salaries, wages, pensions, unemployment compensation, scholarships, welfare or other charity, gifts, bonuses, savings used, rent from property, etc. Also be sure she includes income of all members of the family, even though it is not all pooled to meet expenses. The amount paid by an unrelated lodger for room and board should be included in family income, but his own income should be excluded. However, a son or daughter who lives at home, has a job, and contributes something toward his room and board should have his total income — not just his contribution — included in the family income total.

If necessary, you may help the respondent arrive at a good estimate by figuring monthly wages, number of months worked, etc., for her.

This is the end of the interview with an adoptive parent, foster parent, or guardian.

SECTION C - MOTHER'S MARITAL HISTORY

In the case of a child living with his mother or with both parents, Section C follows directly after the question on page 1 about the places the child has lived during his lifetime.

A brief explanatory statement precedes this part of the interview. The interviewer will have given the child's mother or parent a more complete explanation before beginning the interview.

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34. Are you at present married, widowed, divorced, separated, single or common-law married? Ask as given. Common-law includes consensual marriage, that is an arrangement for living together by mutual agreement. The abbreviations on the form include the following categories: M, married; CL, common-law marriage (include consensual marriage; use this category if it is in general use in your institution and in your community); W, widowed; D, divorced as of the date of the interview; Sep, married, but separated (include all respondents who are married but not living with husband, whether or not the separation is legally recognized); S, single (always probe this answer by asking, "Have you ever been married?" as some respondents describe themselves as single if they are divorced).

<u>If SINGLE, skip to Section D. If WIDOWED or DIVORCED, skip to Item 38.</u>

35. Is your husband living at home with you? If "Yes," go on to Item 36. If the answer is "No," ask: "Why are you living apart from your husband?" Ask only this question; do not ask the reasons given for coding purposes. After the respondent has answered in her own words, mark the appropriate box.

36. When were you (married, divorced, separated)? Enter the month and year in the boxes to the right. Check the box indicating whether this date is after or before the birth of the Study child. If respondent was married before birth of child, skip to Section D but also probe for separations during child's lifetime. If any occurred enter them in Table, Item 37.

37. If you have already recorded information concerning marital status changes in the table — information obtained from an interview held after the birth of this child — check this information with the respondent and bring the table up to date. Similarly, if the date of the last change she has given you is after the birth of the child and there has been no other interview, complete the table. In either case, the table should record all changes in marital status which have occurred since the birth

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of the child. Probe for separations ending in reconciliation and record them in the Table.

Do not write in the "No. of Changes" box.

SECTION D - HOUSEHOLD ARRANGEMENT

The following definitions are used in this section:

A. A <u>housing unit</u> consists of living quarters of one or more rooms with either (1) direct access from the outside or a common hall, or (2) a kitchen or cooking equipment for the exclusive use of the occupants.

B. A <u>household</u> consists of all persons occupying one housing unit.

C. A <u>house</u> is a building that contains 3 or fewer housing units. This includes the <u>2-family house sometimes called duplex</u>, bungalow, shack, or trailer.

D. An <u>apartment house</u> (tenement house) is a building that contains 4 or more distinct housing units.

E. An <u>apartment</u> (flat) is a housing unit in an apartment house.

F. A <u>boarding house</u> is a housing arrangement in which non-related persons are furnished regular meals and lodging.

G. A <u>rooming house</u> is a housing arrangement in which non-related persons are furnished lodging. <u>It includes hotel and motel</u>.

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38. Do you live in a house or in an apartment, or do you have some other living arrangement? Check the appropriate box. If house is indicated, circle the number indicating how many housing units are contained in it. If the respondent says that she lives in a housing project or garden apartment, probe to determine whether this is an apartment or house by our definition.

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39. How long have you lived in this (house, apt., etc.)? If less than one year, enter number of months in months' box. If one year or more, round to nearest year and enter number of years in years' box.

40. How many times have you moved in the last seven years? Enter the number in the boxes to the right.

41. How many rooms are there in your present (house, apt., etc.)? Make certain that the respondent is not counting halls, bathrooms or kitchens. Count only whole rooms. If 3-1/2 rooms are given, probe for description of "1/2" room. If this is indeed a hall, vestibule, or foyer, do not count. If it is a space having a partition extending from floor to ceiling and is used for living rather than for storage, it is to be counted as a room. If mother reports living in cabin, trailer, or shack, determine the number of rooms exclusive of kitchen, bath, and halls.

42. How many people are living in your household, including yourself? Be sure to include the respondent in the count.

44. Please tell me what their names are, how they are related to you, and how old each one was on his last birthday, and how far they have gone in school. If the respondent is not the child's mother, but the mother lives in the household with the child, change the wording of the question to elicit relationship to the mother. If the child's mother is not living in the household (e.g., the child lives with his father and stepmother), strike out mother in the heading of the table and describe the members of the household in terms of their relationship to the child.

    Identify here all the persons who are living in the housing unit—whatever it may be—in which the child lives. Roomers or boarders should be listed and identified as such. Unrelated persons may be described as friends or by any other term which is appropriate.

    Educational level should be reported only for parents and siblings of Study child. Always give highest grade completed.

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45. Who is the head of your household? Circle the name of the person designated by the respondent.

46. Do you have other children who are living elsewhere? If the respondent is not the child's mother, ask: "Does *(name of the child)* have brothers or sisters who are living elsewhere?" If the answer is "Yes" fill in the table.

    Give first names only. Under "with whom living," enter description, such as "mother's mother," "foster home," "own home" (e.g., a grown sibling), etc. Do not give the names of persons.

    In the case of children who were given up for adoption, draw a line in the space for name, and give the month and year of birth under age. Under "with whom living" write "adopt" and leave the last column blank.

SECTION E - MOTHER'S EDUCATION AND EMPLOYMENT

47. Have you had any more schooling or training since _____ was born? If information has been transferred from an interview held within the last seven years, check the facts with the mother and add a description of any schooling, vocational training, etc., that she has had since that interview.

    Be sure to distinguish between ordinary academic schooling and training for an occupation. Indicate in months how much time was spent and note if a grade was completed, graduation from high school or college accomplished, or a certification of proficiency or license to practice obtained.

48. Have your worked at all since_____ was born? If "No" skip to Section F; if "Yes" complete Item 49.

49. If information has been transferred to this table from a prior interview, check it with the mother. Add a description of any employment since that interview. In many cases, information on employment may be available in a prior interview, but information on who cared for the child

Item No. 49 (continued)

while the mother worked will not have been obtained. Do not attempt to describe each job held, but describe the types of work done. Insofar as possible, group these by age of child.

Under the columns marked "child care," enter the kind of person who cared for the child. For example, if a baby sitter came to the home, write "baby sitter" under "in own home." If the child was taken to the home of a baby sitter, write "baby sitter" under "elsewhere." Any non-relative paid for taking care of the child should be described as a baby sitter. If the child was in a nursery school or in any situation where other children were also cared for, enter "nurs. sch." under "Elsewhere." If the child was cared for by a relative regardless of whether paid for the service, describe the relationship to the child.

Do not write in the boxes in the right hand margin.

SECTION F - HUSBAND'S EMPLOYMENT

If the child's mother is not married, and if there is no other head of the household present, go directly to Section G. If the husband is not present, and someone other than the mother of the child is designated as head of the household, complete this section for that person. Cross out the word husband in the section heading and write in the name and relationship to the child's mother of the person to whom the information applies.

Item No.

51. Is your husband working now? If "No," skip to Item 52. If "Yes," ask:

    A. What kind of work is he doing? Probe for enough information to write an occupational description that can be classified. This means both the kind of work and the kind of industry, and whether he is self-employed. Occupations such as maintenance worker, construction worker, laborer, operator, handy man, are too general. Probe for what the man does or was doing on the job and in what industry he was employed. Do not suggest activities, but try to get the respondent to describe, as well as she knows, what he does. For farmers, probe whether he is owner, tenant farmer, or farm worker.

    B. How long has he been on this job? Record the answer to nearest year if 1 year or more, to nearest month if less than 1 year, and to nearest week if less than 1 month.

    If this period is seven years or longer, skip to Section G.

52. How long has he been out of work? Record as in Item 51. If he has had no job in the last seven years or since his marriage to the child's mother, whichever is later, skip to Section G.

    A. What kind of work did he do on his last job? Describe as in Item 51.

    B. How long did he have that job? Record as in Item 51.

    C. Why is he not working now? Probe for reasons; do not offer possible reasons — let the respondent tell you why.

53. What kind of work has he done for the longest time in the last seven years? Describe in detail, as in Item 51. This is information about an occupation (kind of work), not a particular job. He may have been a truck driver for two years and for six years a longshoreman who had been working out of a hiring hall with assignments lasting one to three days. The kind of work he did for the longest time is longshoreman's work. Probe for self-employment.

    A. How long did he do that kind of work? Record as in Item 51.

    B. How much time has he spent unemployed in the past year? Convert respondent's answer to weeks, figuring 4-1/3 weeks per month.

    C. How many different jobs has he had in the past year? In this question we are not interested in kinds of work, but in the actual number of different jobs.

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(3) If he has worked continuously for the same company during the past year, this is to be considered as one job, regardless of the number of kinds of work he did during the year.

(3) If he has worked continuously for a contractor who sent him out on jobs during the year, this is to be considered one job.

(3) If he is self-employed and bids on jobs, Item 53C does not apply. Write DNA in front of the box.

(4) If he has had the same job for a year, enter "1".

SECTION G - FAMILY INCOME

The answers provided in this section will serve as the basis for estimating the economic status of the family. If need be, assure the respondent that the information will be used for medical and statistical purposes with no mention of names and that it is completely confidential.

The data are to be collected for the three months prior to the month in which the interview is held. Thus, if the interview takes place on June 17, collect data for March, April, and May. Enter the appropriate months in the space provided.

Item No.

54. A. Did the same amount of money come in during each of these 3 months? If "No," ask B; if "Yes," go to Item 55.

    B. Were there any pay periods during these 3 months when no money came in? Ask 55.

55. Was there a change in the major source of income during these 3 months? If the answer is "Yes," try to get an explanation of what the change was. A shift either in the person earning the most money or in the source from which he receives it is a change in "major source of income."

57. Now, can you tell me how much money came in and where it came from during this period? Probe for all sources of income and amounts received during this period and complete the table.

Item No. 57 (continued)

The sources of income have been divided into three kinds: (1) earnings from wages, salaries, earned pensions and compensations, fellowships and grants; (2) welfare or charity; (3) all other sources and supplementary income, such as bonuses, dividends, savings, gifts, rent from property, etc. Probe for income from all these sources.

List income from earnings in top block of column b; show earner and kind of earnings: e.g., respondent's wages, husband's G. I. benefits, respondent's mother's social security benefits. List money from welfare or charity in middle block of column b, indicating recipient and source of money: e.g., general public assistance (GPA) to respondent's mother, or aid to dependent children (ADC) to respondent, etc. Write in the space provided the name of the specific supporting agency.

List all other money receipts in bottom block of column b. Show recipient and source of money: e.g., rent from husband's property.

For each entry report amount and unit time in column c, and number of time units (pay periods) in which the money came in column d. Do the computation and enter the total received from each source in column e. Always figure 4-1/3 weeks per month. Columns c, d, e might read, for example, $75/wk, 13 wks, $975; or, $125/2 wks, 6 pay periods, $750.

When respondent reports free rent or room and board, either as payment by an employer for work done or as a gift or other contribution, list under "other sources" as follows: (1) in column b, explain from whom and why (for example, respondent's earnings as resident manager of an apartment house); (2) in column c, describe nature of payment (for example, 3 room apartment rent free, plus utilities, or free room and board for respondent and 4 yr. old boy); (3) in column d, indicate length of time received (e.g., 2 months); (4) leave the total in column e blank.

For self-employed or persons with uncertain income enter source in column b,

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record details in columns c and d, and estimated amount for the 3 months in column e.

If income is received irregularly, enter source in column b, details in columns c and d, and estimated amount in column e.

For any situation not covered above, record the details of how the family managed during the three months. Enter amount in column e. Write any comments in the space provided below the table.

58. A. How many persons did this money take care of? For 1 through 9 enter as 01 - 09.

B. How many were under 8 years old? Enter as in 58A.

59. Was there a change in the number of persons supported by this money during these 3 months? If the answer is "Yes," explain clearly.

60. A. In general, how do you feel that your present compares with your situation at the time_____was born? Mark the appropriate box. If the answer is "Just about the same," skip to Section H.

B. What do you think is the most important reason for this? Do not suggest possible reasons to the respondent, but encourage her to state her own reasons. Do not accept changes in amount of income but probe for major reason why income changed. If in doubt about coding leave boxes blank and record respondent's answer. Cross out the word in the coded answer which does not apply.

SECTION H - FAMILY HISTORY

This section is intended to provide up to date information on the health of the child's family, originally described in GEN 5-8 during the mother's pregnancy.

As with the earlier form, this section is selective rather than exhaustive, placing the emphasis on those conditions which are likely to yield genetically important information. This information must be collected with the greatest possible accuracy and in sufficient detail. While, therefore, for the sake of uniformity, the questions should be asked as they appear on the form and the answers recorded in the prescribed manner, a certain amount of flexibility and probing for accuracy should be exercised.

Before the interview, information obtained since the birth of this Study child (as described in Section III of this manual) should be entered in the table on page 7, Item 65. Such information may include names of children born after this Study child, or fetal deaths which occurred during the period covered by this interview. It may also include names of prior liveborn children who have developed a condition or who have died since the birth of the Study child. Do not check any items under "summary of conditions" until after the interview is completed. Do, however, note in the right-hand column on pages 8 and 9 any information about illnesses or deaths obtained since the birth of this child. This information should be checked with the child's mother during the interview.

As with all other sections of this interview, the schedule must contain complete information covering the seven-year interval since the birth of the Study child.

Indicate all Study pregnancies which appear in the table in Item 65 by a circle around the line number.

Item No.

62. Have you been pregnant since_____ was born? If the answer is "Yes," enter the number of pregnancies in the box. Be sure that the mother understands that you want pregnancies since this Study child was born. If she is pregnant at the time of the interview, count this as a pregnancy in the "Yes" box, and mark "X" in "pregnant now." Do not enter current pregnancy in Table, Item 65.

63. Have you had any miscarriages or abortions since_____was born. If the answer is "Yes," enter the number in the box. Make sure that the respondent included these in the count of total pregnancies entered in Item 62.

64. Were any of these pregnancies multiple? If the answer is "Yes," enter the number of multiple pregnancies in the box. Probe to make sure that any miscarriages or abortions known to have been multiple are included.

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65. A. Enter the name of this Study child. Fill in the initials of the child's father, the sex of the child, the birthweight, and the age, according to the instructions given below for each of these items. (This may be done before the interview from prior records.)

If the present Study child was one product of a multiple pregnancy, enter the name of the other twin (or triplets) on the additional lines of Section A of this table.

Put an X for each twin (or triplet, etc.) in the column labeled MULT. List first-born child first.

B. If there have been no pregnancies since the birth of this Study child, write "NONE" on line (1).

(1) Child's name. For pregnancies terminating in live births, enter the child's name; for fetal deaths (including stillbirths and abortions), write F.D. followed by the weeks of gestation as given in prior interviews or by the respondent. Since a stillbirth is a fetal death, it is possible to have an entry, "F.D. 40 wks." Be sure to distinguish between stillbirths and children born alive who died immediately after birth.

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

(3) FA (Father). Please give all three initials, when possible, of the father of the child or fetal death. The first initial is not sufficient. If there is more than one father with the same initials (i.e., John Brown and James Brooks), please write the father's last name next to the name of each of his children, including fetal deaths.

(4) SEX. Write "M" in column headed "M" for a liveborn male, and "F" in column headed "F" for a liveborn female child. (For fetal deaths, leave blank.)

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(5) B.WT. (lbs.). Record here the liveborn child's birth weight to nearest pound. Thus any weight from 4 lbs. 9 oz. through 5 lbs. 8 oz. is recorded as 5 lbs.; a weight of 7 lbs. 8 oz. or a weight of 6 lbs. 9 oz. would be recorded as 7 lbs. If the birth weight is not known, enter length of gestation in weeks or months, including the abbreviation wks. or mos. If this is not known, enter UNK. (Make no entry for fetal deaths.)

(6) LIVING (Age), DEAD (Age). The columns headed Living and Dead refer to the present status of a liveborn child. If the child is now living, his or her current age should be entered in the "living" column. If the child is now dead, enter the age at which he died in the "Dead" column.

Age is recorded in complete days, months or years, followed by the appropriate abbreviation. For example, if child is 18 months old, record age in "Living" column as "1 yr." If child is less than one year, use days or months. For the liveborn child who lived less than one day, write "0 da." This means the child was born alive but died within the first 24 hours.

(7) SUMMARY OF CONDITIONS. Fill this in after the interview, including the spaces for this Study child. Mark in the appropriate spaces the conditions described in detail on pages 8 and 9 of the form.

C. Enter here the names of prior liveborn children who have developed conditions or who have died since the birth of the present Study child. Information from past interviews may be entered here. Check the appropriate columns under SUMMARY OF CONDITIONS. Do not make any entries in the shaded boxes (MULT, SEX, B.WT., LIVING).

If there were no prior liveborn children who have died or developed conditions, write "NONE" on the first line of Section C of the table.

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66. FOR OFFICE USE ONLY. Do not write in this space. It is for Central Office use only.

For Item 69 and all subsequent questions, relatively detailed information is called for. For each "Yes" answer that the respondent gives, it is necessary to ask for all the information listed at the top of the page under "Instructions to Interviewer" before marking any box. When the respondent answers "Yes" to a question, ask, "Please tell me about it." Then probe to obtain all of the information indicated below. Enter all the relevant details in the right-hand column, as follows:

A. Item Number.

B. Name and relationship to the seven-year old child of each child or family member having the reported condition. When more than one person has the same condition, ask and report all information separately for each one. Identify a fetal death with a condition by letter and line number from table, Item 65 (e.g., B3).

C. For each condition present, give: (1) age(s) at onset, (2) age(s) at recovery or death, (3) symptoms, (4) part of body affected, (5) severity, (6) course, (7) name of condition, if known.

D. Identify the doctor or hospital by name and address, and give the month and year of care. This will provide a medical reference for verifying the reported condition.

E. When no medical attention is reported, STATE THIS. Otherwise, the report will be incomplete.

After entering all of the above information for any "Yes" answers in columns 74 and 82, mark the appropriate boxes. Note that more than one box may be marked in some cases. For example, a child with a cleft palate may also have a congenital heart defect. Or two children may have defects listed in the same category.

Existence of conditions in children who died when they were young may not be uncovered by these questions. When an early death is reported in the table (Item 65), probe to determine whether this child had any of the conditions covered in Items 68-78.

Item No.

68. Rh trouble—blood incompatibility. This question is designed to uncover difficulties due to blood incompatibility and other conditions associated with severe jaundice which may result in fetal or neonatal death. When the life of the baby is in danger, one or more exchange transfusions are usually used to replenish the blood. Exchange transfusion means a complete renewal of the blood of the baby and should not be confused with ordinary transfusion, which means merely addition of a quantity of blood to the circulation. If the respondent does not understand the question, mark the "No" box. For "Yes" answers, probe to determine: how the doctor learned about the trouble, how these difficulties affected the baby, and what, if any, treatment was given the child.

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

Transfusion with no mention of trouble associated with blood incompatibility or jaundice should also be excluded.

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

A. Under "club foot" include all types of twisted feet.

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

C. Under "other," include conditions which do not fit into any of the named categories. When the "other" category is used, the description given by the respondent should be fully recorded.

70. Deaths of children. If the answer is "Yes," list names, ages at death and causes of death in the right-hand column. If any of

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the causes involve Rh incompatibility, congenital malformations, seizures, convulsions, epilepsy, or other disorders of the central nervous system, probe for details and enter these on the appropriate page and with the proper question number.

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

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

If the child has been seen by a doctor or at a clinic and has been described as "retarded," obtain full details and enter this in the description in the right-hand column. If the information is based on the gravida's impression without professional confirmation, note her observations in detail. A mark in any of these boxes will flag this case for later verification and more intensive investigation. If probing reveals only motor retardation, mark also the "Other" box in Item 76. When you come to that question, probe for the details requested. Record all relevant information.

For some situations all three categories of Item 71 may be checked.

72. Inability to attend regular school. This question is concerned with children who have reached school age since the birth of this Study child. It is designed to obtain information about children who were

Item No. 72 (continued)

kept at home or sent to special schools which may not have been picked up in answers to other questions. As a result of probing here, it may be necessary to revise answers to other questions. In that event, be sure to obtain all the information requested.

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

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

73. Seizures, convulsions and epilepsy. If any of these are reported, include in the description the number of episodes, duration, frequency, and severity, as well as the rest of the information requested in the instructions at the top of this page. Temper tantrums and breath holding episodes should not be included. However, local or colloquial names for seizures should be probed for details and a detailed description should be recorded.

76. Trouble using arms, hands, and legs. This question is designed to uncover motor problems.

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

B. Include under "Polio, other infections," such conditions as encephalitis and meningitis.

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

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

77. Sensory defects.

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

Item No. 77 (continued)

B. Deaf, partly or completely. Include difficulty in hearing normal conversation without a hearing aid. Exclude injury and infection.

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

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

79. Nervous problems—psychiatric treatment. This is a sensitive area. Probe gently. Inquire about hospital care or psychiatric treatment. If the answer is "Yes," be sure to record the nature and duration of treatment (length of hospitalization, number of visits to psychiatrist or clinic for therapy), and the kind of institution in which treatment was received (mental hospital, psychiatric ward, counseling clinic, etc.), in addition to other information called for.

80. What school is_____attending now? This question is intended to provide information for use of the local sample maintenance staff. It need be completed only if desired locally.

If you already know that for any reason (severe illness, mental retardation, etc.) this child is not going to regular school, do not ask this question. If the child is scheduled for special training (e.g., in speech), note the date this is to begin and the name and address of treatment center. Explain all other cases in which a child is not attending regular school in the column on the right, and check DNA.

81. Special achievements. Ask for the Study child. Inquire further under the following circumstances:

A. If mother only says "Yes" without telling you what she is proud of, ask, "What in particular are you pleased or proud about?"

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B. If mother has named several things, ask, "You have mentioned many different things which please you. Of which one thing are you most proud?"

C. If mother's reply is unspecific, probe in order to distinguish the following meanings:

(1) General intellectual ability (e.g., bright, learns quickly, good vocabulary, does more things than age mates).

(2) Specific intellectual achievements (e.g., writes name, knows address, phone, memorizes songs, poems, plays games, mechanical ability).

(3) Artistic abilities (e.g., sings well, good ear for music, draws well, dances).

(4) Self care, home helpfulness (e.g., makes bed, bathes self, plaits hair, sets table).

(5) Athletic abilities, physical coordination, strength or skill.

(6) Personality characteristics (e.g., well-behaved, considerate, generous, plays well with others, fortitude).

(7) School performance or attitude (e.g., doing well in school, likes school, eager to learn).

Enter the mother's response as nearly verbatim as possible in Item 82.

V. After the Interview

A. Review the data obtained. If possible, do this while the respondent is present, saying, "Let me see if I've covered everything."

B. Check to see that each question to be asked has an answer.

C. Check to see that each "Yes" answer on pages 8 and 9 is fully documented with identification of individual, relationship to the child, symptoms, ages, dates, medical references, etc., and that unknown information is so labeled.

E. If you need additional space, use a CP-5.

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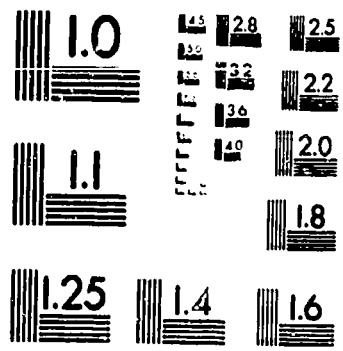

MICROCOPY RESOLUTION TEST CHART
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STANDARD REFERENCE MATERIAL 1010a
(ANSI and ISO TEST CHART No 2)

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