



SE-1 Socio-Economic Interview

Form SE-1 was used to gather information about selected demographic, social and economic characteristics of women included in the study. It was implemented in April of 1963 as a replacement for FHH-1 and FHH-3. See section on FHH-1/FHH-2. The April 1963 version of SE-1 was not revised; however, some cards on the master file were punched from a pretest form dated January 1963. The pretest version differed from the study form only slightly in wording.

Records for form SE-1 may be found on the 1501, 2501 and 3501 series in the master file under revision code 4 (column 5 of the card).

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

Card Name	Card Number	Rev. No.	Number Records
SE-1: Gravida History	1501	4	24,159
SE-1: Household Arrangement Husband History	2501	4	24,161
SE-1: Husband History and Family Income	3501	4	24,163
	total for form		72,483

Data Items Referencing Form SE-1, Socio-Economic Interview

DATA ITEM NO	ITEM NO	CAIRO NUM	FROM	TO	DATA ITEM NAME
2289.....		1501	1	5	CARD NUMBER (SEQUENCE), FORM 2289, FORM NUMBER, REVISION NUMBER)
2290.....		1501	6	14	MINIMUM CASE NUMBER
2291...SF-1	8	1501	15	15	FORM SE-1 USED
2292...SF-1	2	1501	16	17	FORM SE-1 DATE (YR)
2293...SF-1	2	1501	18	19	FORM SE-1 DATE (YR)
2294...SF-1	2	1501	20	21	FORM SE-1 DATE (YR)
2295...SF-1	4	1501	22	23	FORM SE-1: INTERVIEWER CODE
2296...SF-1	5	1501	24	24	FORM SE-1, INTERVIEW BEFORE/AFTER DELIVERY
2297...SF-1	6	1501	25	25	FORM SE-1, INTERVIEW, PLACE CONDUCTED
2298...SF-1	7	1501	26	26	LANGUAGE USED IN INTERVIEW
2299...SF-1	10	1501	27	28	BIRTHPLACE
2300...SF-1	10	1501	29	30	ENTERED USA, DATE (YR)
2301...SF-1	10	1501	31	32	ENTERED USA, DATE (YR)
2302...SF-1	11	1501	33	33	BIRTHPLACE; COMMUNITY SIZE
2303...SF-1	12	1501	34	35	EDUCATION, GRADE COMPLETED, HIGHEST
2304...SF-1	12	1501	36	36	EDUCATION; SCHOOLING, ADDITIONAL, OTHER
2305...SF-1	12	1501	37	37	EDUCATION; SCHOOL ATTENDED OUTSIDE USA
2306...SF-1	12	1501	38	38	EDUCATION; CURRENTLY ENROLLED IN SCHOOL
2307...SF-1	13	1501	39	40	OCCUPATION; FATHER (IF DEAT OF HOUSEHOLD) OF GRAVIDA, AT TIME SHE LEFT SCHOOL
2308...SF-1	15	1501	41	41	RELATIONSHIP OF PERSON IN COL 39 TO GRAVIDA
2309...SF-1	16	1501	42	42	LANGUAGES SPOKEN IN HOME
2310...SF-1	16	1501	43	43	RELIGION
2311...SF-1	17	1501	44	44	RACE
2312...SF-1	18	1501	45	45	RELIGION, FATHER OF BABY OR: HUSBAND
2313...SF-1	18	1501	46	46	RACE, FATHER OF BABY OR: HUSBAND
2314...SF-1	20	1501	47	47	MARITAL STATUS
2315...SF-1	21-22	1501	48	48	MARITAL HISTORY; MARRIAGES, TOTAL NUMBER
2316...SF-1	22	1501	49	49	MARITAL HISTORY; MARRIAGE, MOST RECENT, DATE (YR)
2317...SF-1	22	1501	50	50	MARITAL HISTORY; MARRIAGE, MOST RECENT, DATE (YR)
2318...SF-1	23-24	1501	51	51	HUSBAND OR: FATHER OF BABY; LIVING AT HOME
2319...SF-1	26-27	1501	52	52	EMPLOYMENT STATUS
2320...SF-1	26-27	1501	53	53	EMPLOYMENT, HOURS WORKED PER WEEK
2321...SF-1	26-27	1501	54	54	EMPLOYMENT, CURRENT OR MOST RECENT JOB, TIME (YRS)
2322...SF-1	26-27	1501	55	55	EMPLOYMENT, CURRENT OR MOST RECENT JOB, TIME (WKS)
2323...SF-1	26-27	1501	56	56	EMPLOYMENT, CURRENT OR MOST RECENT JOB, TIME (WKS)
2324...SF-1	26-27	1501	57	57	EMPLOYMENT, CURRENT OR MOST RECENT JOB, TIME (WKS)
2325...SF-1	27	1501	58	58	EMPLOYMENT; WORKED LAST, DATE (MO)
2326...SF-1	27	1501	59	59	EMPLOYMENT; WORKED LAST, DATE (YR)
2327...SF-1	28	1501	60	60	EMPLOYMENT; OCCUPATION, OTHER KINDS OF JOBS, NUMBER
2328...SF-1	28	1501	61	61	OCCUPATION COMPARISON
2329...SF-1	28	1501	62	62	OCCUPATION PURSUED FOR LONGEST TIME

Data Items Referencing Form SF-1, Socio-Economic Interview

DATA ITEM ID	ITEM 34	CARD NUM	FORM 10	DATA ITEM NAME
2330...SF-1	20	1501	72	73 Occupation, longest, time (hrs)
2331...SF-1	20	1501	74	75 Occupation, longest, time (hrs)
2332...SF-1	20	1501	76	76 Occupation, longest, time (hrs)
2333.....		1501	77	80 Blank
2334.....		2501	1	5 Card number (sequence, form type, form number, revision number)
2335.....		2501	6	14 NINJA case number
2336...SF-1	R	2501	15	15 Form SF-1 used, earlier/shorter/late
2337...SF-1	10	2501	16	16 Occupational hazards: 1-ray
2338...SF-1	10	2501	17	17 Occupational hazards: radioactive elements or isotopes
2339...SF-1	10	2501	18	18 Occupational hazards: toxics
2340...SF-1	10	2501	19	19 Occupational hazards: steam or high heat
2341...SF-1	10	2501	20	20 Occupational hazards: chemicals
2342...SF-1	10	2501	21	21 Occupational hazards: lifting heavy weights
2343...SF-1	10	2501	22	22 Occupational hazards: animal exposure, live or dead
2344...SF-1	11	2501	23	23 Animals, farm; exposure, cared/handled/played/other
2345...SF-1	11	2501	24	24 Animals, farm; exposure, last handled, date (mo)
2346...SF-1	11	2501	25	25 Animals, farm; exposure, last handled, date (yr)
2347...SF-1	11	2501	26	26 Household arrangements: housing type
2348...SF-1	11	2501	27	27 Household arrangements: residence, length of time (hrs)
2349...SF-1	11	2501	28	28 Household arrangements: residence, length of time (hrs)
2350...SF-1	11	2501	29	29 Household arrangements: residence, prior, place
2351...SF-1	11	2501	30	30 Household arrangements: residence, prior, place
2352...SF-1	11	2501	31	31 Household arrangements: residence, prior, place
2353...SF-1	11	2501	32	32 Household arrangements: residence, prior, place
2354...SF-1	11	2501	33	33 Household arrangements: residence, prior, place
2355...SF-1	11	2501	34	34 Household arrangements: residence, prior, place
2356...SF-1	11	2501	35	35 Household arrangements: residence, prior, place
2357...SF-1	11	2501	36	36 Household arrangements: residence, prior, place
2358...SF-1	11	2501	37	37 Household arrangements: residence, prior, place
2359...SF-1	11	2501	38	38 Household arrangements: residence, prior, place
2360...SF-1	11	2501	39	39 Household arrangements: residence, prior, place
2361...SF-1	11	2501	40	40 Household arrangements: residence, prior, place
2362...SF-1	11	2501	41	41 Household arrangements: residence, prior, place
2363...SF-1	11	2501	42	42 Household arrangements: residence, prior, place
2364...SF-1	11	2501	43	43 Household arrangements: residence, prior, place
2365...SF-1	11	2501	44	44 Household arrangements: residence, prior, place
2366...SF-1	11	2501	45	45 Household arrangements: residence, prior, place
2367...SF-1	11	2501	46	46 Household arrangements: residence, prior, place
2368...SF-1	11	2501	47	47 Household arrangements: residence, prior, place
2369...SF-1	11	2501	48	48 Household arrangements: residence, prior, place
2370...SF-1	11	2501	49	49 Household arrangements: residence, prior, place
2371...SF-1	11	2501	50	50 Household arrangements: residence, prior, place
2372...SF-1	11	2501	51	51 Household arrangements: residence, prior, place
2373...SF-1	11	2501	52	52 Household arrangements: residence, prior, place
2374...SF-1	11	2501	53	53 Household arrangements: residence, prior, place
2375...SF-1	11	2501	54	54 Household arrangements: residence, prior, place
2376...SF-1	11	2501	55	55 Household arrangements: residence, prior, place
2377...SF-1	11	2501	56	56 Household arrangements: residence, prior, place
2378...SF-1	11	2501	57	57 Household arrangements: residence, prior, place
2379...SF-1	11	2501	58	58 Household arrangements: residence, prior, place
2380...SF-1	11	2501	59	59 Household arrangements: residence, prior, place
2381...SF-1	11	2501	60	60 Household arrangements: residence, prior, place
2382...SF-1	11	2501	61	61 Household arrangements: residence, prior, place
2383...SF-1	11	2501	62	62 Household arrangements: residence, prior, place
2384...SF-1	11	2501	63	63 Household arrangements: residence, prior, place
2385...SF-1	11	2501	64	64 Household arrangements: residence, prior, place
2386...SF-1	11	2501	65	65 Household arrangements: residence, prior, place
2387...SF-1	11	2501	66	66 Household arrangements: residence, prior, place
2388...SF-1	11	2501	67	67 Household arrangements: residence, prior, place
2389...SF-1	11	2501	68	68 Household arrangements: residence, prior, place
2390...SF-1	11	2501	69	69 Household arrangements: residence, prior, place
2391...SF-1	11	2501	70	70 Household arrangements: residence, prior, place
2392...SF-1	11	2501	71	71 Household arrangements: residence, prior, place
2393...SF-1	11	2501	72	72 Household arrangements: residence, prior, place
2394...SF-1	11	2501	73	73 Household arrangements: residence, prior, place
2395...SF-1	11	2501	74	74 Household arrangements: residence, prior, place
2396...SF-1	11	2501	75	75 Household arrangements: residence, prior, place
2397...SF-1	11	2501	76	76 Household arrangements: residence, prior, place
2398...SF-1	11	2501	77	77 Household arrangements: residence, prior, place
2399...SF-1	11	2501	78	78 Household arrangements: residence, prior, place
2400...SF-1	11	2501	79	79 Household arrangements: residence, prior, place
2401...SF-1	11	2501	80	80 Household arrangements: residence, prior, place
2402...SF-1	11	2501	81	81 Household arrangements: residence, prior, place
2403...SF-1	11	2501	82	82 Household arrangements: residence, prior, place
2404...SF-1	11	2501	83	83 Household arrangements: residence, prior, place
2405...SF-1	11	2501	84	84 Household arrangements: residence, prior, place
2406...SF-1	11	2501	85	85 Household arrangements: residence, prior, place
2407...SF-1	11	2501	86	86 Household arrangements: residence, prior, place
2408...SF-1	11	2501	87	87 Household arrangements: residence, prior, place
2409...SF-1	11	2501	88	88 Household arrangements: residence, prior, place
2410...SF-1	11	2501	89	89 Household arrangements: residence, prior, place
2411...SF-1	11	2501	90	90 Household arrangements: residence, prior, place
2412...SF-1	11	2501	91	91 Household arrangements: residence, prior, place
2413...SF-1	11	2501	92	92 Household arrangements: residence, prior, place
2414...SF-1	11	2501	93	93 Household arrangements: residence, prior, place
2415...SF-1	11	2501	94	94 Household arrangements: residence, prior, place
2416...SF-1	11	2501	95	95 Household arrangements: residence, prior, place
2417...SF-1	11	2501	96	96 Household arrangements: residence, prior, place
2418...SF-1	11	2501	97	97 Household arrangements: residence, prior, place
2419...SF-1	11	2501	98	98 Household arrangements: residence, prior, place
2420...SF-1	11	2501	99	99 Household arrangements: residence, prior, place
2421...SF-1	11	2501	100	100 Household arrangements: residence, prior, place

NAME INDEX, MATERNAL FORM 58-1, SOCIO-ECONOMIC INTERVIEW

NAME INDEX	DATE	PPH	CARD	FORM	DATA ITEM NAME
10	11	12	13	14	15
2171...SF-1	45-46	2501	67	68	employment, current or past recent job, time (ms), father of baby or husband
2172...SF-1	45-46	2501	69	69	employment, current or past recent job, time (ms), father of baby or husband
2173...SF-1	45-46	2501	70	71	employment, occupation, current or past recent job, father of baby or husband
2174...SF-1	46	2501	72	73	employment; unemployed, time, father of baby or husband (yr)
2175...SF-1	46	2501	74	75	employment; unemployed, time, father of baby or husband (ms)
2176...SF-1	46	2501	76	76	employment; unemployed, time, father of baby or husband (ms)
2177.....		2501	77	80	name
2178.....		2501	1	5	CART number (sequence, form type, form number, revision number)
2179.....		2501	6	14	14th case number
2180...SF-1	47	2501	15	15	15th case used (entire/adjusted)
2181...SF-1	47	2501	16	17	employment; occupation, pursued longest, husband or father of baby
2182...SF-1	47	2501	18	18	employment; occupation, pursued longest, time (yr), husband or father of baby
2183...SF-1	47	2501	20	21	employment; occupation, pursued longest, time (ms), husband or father of baby
2184...SF-1	47	2501	22	22	employment; occupation, pursued longest, time (ms), husband or father of baby
2185...SF-1	47	2501	23	24	employment; occupation, pursued longest, date started (mo), husband or father of baby
2186...SF-1	47	2501	25	26	employment; occupation, pursued longest, date started (yr), husband or father of baby
2187...SF-1	47	2501	27	28	employment; occupation, pursued longest, date ended (mo), husband or father of baby
2188...SF-1	47	2501	29	30	employment; occupation, pursued longest, date ended (yr), husband or father of baby
2189...SF-1	48	2501	31	32	employment; unemployed, number of weeks in past yr, husband or father of baby
2190...SF-1	48	2501	33	34	employment, number of jobs in past year, husband or father of baby
2191...SF-1	50	2501	35	37	income during first 3 mos. pregnancy, source
2192...SF-1	50	2501	36	38	income during first 3 mos. pregnancy, amount
2193...SF-1	50	2501	40	41	income during first 3 mos. pregnancy, additional sources
2194...SF-1	51	2501	41	42	income during first 3 mos. pregnancy, regularity
2195...SF-1	52	2501	42	43	income during first 3 mos. pregnancy, change in major source
2196...SF-1	53	2501	43	44	income during first 3 mos. pregnancy, number of persons supported
2197...SF-1	53	2501	45	46	income during first 3 mos. pregnancy, number of children under 8 yrs supported
2198...SF-1	54	2501	47	47	income during first 3 mos. pregnancy, change in number of persons supported
2199...SF-1	55	2501	48	48	income during first 3 mos. pregnancy, major source
2200...SF-1	55	2501	49	49	income during first 3 mos. pregnancy, occupation which major source is derived from

DATA REFERENCE FORM SE-1, Socio-Economic Interview

DATA ITEM TO	ITEM 34 FROM	CARD NUM	FROM	TO	DATA ITEM NAME
201.....		3501	51	80	NAME
5170.....	10		260	260	WIFE STATUS, CURRENT; employment status, working/not working
5175.....	12-13		270	271	Education (YRS)
5177.....	50		271	274	Income, in nearest thousand dollars
5179.....	38-39		276	277	Housing tenancy
5180.....	11		278	278	Marital status, size of community
5181.....	27		280	282	Employed last, age (60/yr)
5182.....	10		283	284	Marital status
5183.....	16		285	285	Religion
5184.....	19		360	361	Persons supported, number
5212.....	26-27		363	364	Occupation
5215.....	11		370	371	Occupation; father or head of household, or spouse at time she left school
5217.....	21-24		373	373	Father of baby or husband living at home
5218.....	60		374	375	Father of baby or husband (YRS)
5220.....	45-46		377	377	Employment status; father of baby or husband
5241.....	41		378	379	Education; father of baby or husband (YRS)
5243.....	40		381	381	Father of baby or husband present in home
5244.....	10		382	382	Race; father of baby or husband
5245.....	44		383	384	Marital status; father of baby or husband
5246.....	45-46		385	386	Occupation; father of baby or husband
5247.....	18		493	493	Religion
6183.....	1		15	15	Socioeconomic, at registration, source index, (owner of father)
6184.....	1		16	17	Education code
6185.....	1		18	19	Occupation code
6187.....	1		20	21	Income code

SOCIO-ECONOMIC INTERVIEW

DO NOT WRITE

DOB _____

COB _____

LOB _____

DATE
Mo. Day Year

1. INTERVIEWER'S TITLE

2. INTERVIEWER'S NAME

Code No.

INTERVIEWED:

3. ☐ Before Delivery ☐ After Delivery
4. ☐ In Hospital or Clinic ☐ Other (specify)
5. ☐ In English ☐ Other (specify)

FOR REPEAT PREGNANCY ONLY

6. FORM TO BE USED:

- ☐ Entire SE-1 (Form 1000 11) ☐ Abridged SE-1 (Form 1000 11)

7. A. WHEN SE-1 COMPLETED

Mo. Day Year

☐ Mark number of pregnancy (Form 1000 11)

8. NAME OF MAN FOR WHOM COMPLETED

Last Name

First Name

DOB

In order to get a general idea of the background of the women taking part in this program, we'd like to know a few things about them and their families. Such as: where they were born, where they grew up, where they are now, and other things. All right, of course, anything we're told is completely confidential and will be used only for statistical purposes. Now, let's get on with it.

SECTION 2

BIRTHPLACE - EDUCATION

9. IN WHAT CITY OR TOWN WAS YOUR FAMILY LIVING WHEN YOU WERE BORN? (Name as people know)

A. INSIDE CONTINENTAL U.S.A.
(Exclude Alaska and Hawaii)

B. OUTSIDE CONTINENTAL U.S.A.
(Exclude Alaska and Hawaii)

State

City or Town

C. WHEN DID YOU FIRST COME TO THE U.S.A.?

10. HOW LARGE WAS THE CITY OR TOWN IN WHICH YOUR FAMILY LIVED WHEN YOU WERE BORN? (Name only)
(If less than 2,500, provide for name)

URBAN (2,500 or more persons)

RURAL NON-FARM (Less than 2,500 persons)

RURAL FARM

UNKNOWN

INSIDE CONT. U.S.A.

OUTSIDE CONT. U.S.A.

11. A. WHAT IS THE HIGHEST GRADE OF REGULAR SCHOOL THAT YOU HAVE COMPLETED? (Name only)

None

ELEMENTARY SCHOOL

JUNIOR HIGH

SENIOR HIGH

ACADEMIC COLLEGE

SECONDARY OR PROFESSIONAL SCHOOL
Grade 12 Grade 13

B. DID YOU PASS (GRADUATE FROM) THIS GRADE (SCHOOL)?

YES NO

C. HAVE YOU HAD ANY OTHER SCHOOLING?

YES

D. WAS THE LAST REGULAR SCHOOL ATTENDED OUTSIDE UNITED STATES?

YES

E. ARE YOU AT PRESENT GOING TO SCHOOL?

YES

12. WHEN YOU FINISHED OR LEFT SCHOOL WHAT KIND OF WORK WAS YOUR FATHER DOING? (Name of father's work in current and what kind of work does your father do?)

SOCIO-ECONOMIC INTERVIEW

SECTION B - LANGUAGE, RELIGION, RACE

REPEAT PREGNANCY - ABRIDGED FORM OMIT ITEM 17

15. DO YOU SPEAK ANY LANGUAGES OTHER THAN ENGLISH IN YOUR HOME?

☐ ENGLISH ONLY

☐ (ENGLISH AND SOME OTHER LANGUAGE(S)) (specify) _____

☐ OTHER LANGUAGE(S) ONLY (specify) _____

16. WHAT IS YOUR RELIGION?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐ 32 ☐ 33 ☐ 34 ☐ 35 ☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40 ☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45 ☐ 46 ☐ 47 ☐ 48 ☐ 49 ☐ 50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65 ☐ 66 ☐ 67 ☐ 68 ☐ 69 ☐ 70 ☐ 71 ☐ 72 ☐ 73 ☐ 74 ☐ 75 ☐ 76 ☐ 77 ☐ 78 ☐ 79 ☐ 80 ☐ 81 ☐ 82 ☐ 83 ☐ 84 ☐ 85 ☐ 86 ☐ 87 ☐ 88 ☐ 89 ☐ 90 ☐ 91 ☐ 92 ☐ 93 ☐ 94 ☐ 95 ☐ 96 ☐ 97 ☐ 98 ☐ 99 ☐ 100

17. WHAT IS YOUR RACE?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐ 32 ☐ 33 ☐ 34 ☐ 35 ☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40 ☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45 ☐ 46 ☐ 47 ☐ 48 ☐ 49 ☐ 50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65 ☐ 66 ☐ 67 ☐ 68 ☐ 69 ☐ 70 ☐ 71 ☐ 72 ☐ 73 ☐ 74 ☐ 75 ☐ 76 ☐ 77 ☐ 78 ☐ 79 ☐ 80 ☐ 81 ☐ 82 ☐ 83 ☐ 84 ☐ 85 ☐ 86 ☐ 87 ☐ 88 ☐ 89 ☐ 90 ☐ 91 ☐ 92 ☐ 93 ☐ 94 ☐ 95 ☐ 96 ☐ 97 ☐ 98 ☐ 99 ☐ 100

18. WHAT IS THE RELIGION OF THE BABY'S FATHER?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐ 32 ☐ 33 ☐ 34 ☐ 35 ☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40 ☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45 ☐ 46 ☐ 47 ☐ 48 ☐ 49 ☐ 50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65 ☐ 66 ☐ 67 ☐ 68 ☐ 69 ☐ 70 ☐ 71 ☐ 72 ☐ 73 ☐ 74 ☐ 75 ☐ 76 ☐ 77 ☐ 78 ☐ 79 ☐ 80 ☐ 81 ☐ 82 ☐ 83 ☐ 84 ☐ 85 ☐ 86 ☐ 87 ☐ 88 ☐ 89 ☐ 90 ☐ 91 ☐ 92 ☐ 93 ☐ 94 ☐ 95 ☐ 96 ☐ 97 ☐ 98 ☐ 99 ☐ 100

19. WHAT IS HIS RACE?

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18 ☐ 19 ☐ 20 ☐ 21 ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26 ☐ 27 ☐ 28 ☐ 29 ☐ 30 ☐ 31 ☐ 32 ☐ 33 ☐ 34 ☐ 35 ☐ 36 ☐ 37 ☐ 38 ☐ 39 ☐ 40 ☐ 41 ☐ 42 ☐ 43 ☐ 44 ☐ 45 ☐ 46 ☐ 47 ☐ 48 ☐ 49 ☐ 50 ☐ 51 ☐ 52 ☐ 53 ☐ 54 ☐ 55 ☐ 56 ☐ 57 ☐ 58 ☐ 59 ☐ 60 ☐ 61 ☐ 62 ☐ 63 ☐ 64 ☐ 65 ☐ 66 ☐ 67 ☐ 68 ☐ 69 ☐ 70 ☐ 71 ☐ 72 ☐ 73 ☐ 74 ☐ 75 ☐ 76 ☐ 77 ☐ 78 ☐ 79 ☐ 80 ☐ 81 ☐ 82 ☐ 83 ☐ 84 ☐ 85 ☐ 86 ☐ 87 ☐ 88 ☐ 89 ☐ 90 ☐ 91 ☐ 92 ☐ 93 ☐ 94 ☐ 95 ☐ 96 ☐ 97 ☐ 98 ☐ 99 ☐ 100

SECTION C GRAV-DAY'S MARITAL HISTORY

REPEAT PREGNANCY - ABRIDGED FORM

20. HAVE THERE BEEN ANY CHANGES IN YOUR MARRIAGE?

STATUS SINCE _____

DATE FIRST MARRIAGE _____

☐ NO (omit question C)

☐ YES (complete question C)

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

☐ MARRIED (omit item 22)

☐ WIDOWED ☐ DIVORCED ☐ SEPARATED ☐ SINGLE ☐ COMMON LAW MARRIED

22. HAVE YOU EVER BEEN MARRIED? (omit item 22 through 24)

☐ YES

☐ NO (omit 22 through 24)

23. A. HOW MANY TIMES HAVE YOU BEEN MARRIED INCLUDING THIS MARRIAGE? (omit item 22) 1 2 3 4 5 6 7 8

B. PLEASE LIST DATES AND NATURE OF TERMINATION OF EACH MARRIAGE

FROM	TO	WHO	HOW TERMINATED
MO	YR	MO	YR

24. IS YOUR HUSBAND LIVING AT HOME WITH YOU?

☐ YES (omit 24)

☐ NO (omit 24)

25. IF CURRENTLY SEPARATED, WHY ARE YOU LIVING APART FROM YOUR HUSBAND?

☐ MARITAL PROBLEM (including child custody)

☐ HE IS AWAY AT WORK (or traveling work)

☐ HE IS IN ARMED FORCES

☐ HE IS IN INSTITUTION

☐ OTHER _____

SOCIO-ECONOMIC INTERVIEW

25. PATIENT IDENTIFICATION

SECTION D GRAVINA'S WORK HISTORY

REPEAT PREGNANCY - ASSIGNED FORM

26. HAVE YOU CHANGED JOB
OR STARTED TO WORK
SINCE

Now if you have to take to you know
the whole of (ask you no more)

DATE WHEN CHANGED

☐ NO (ask to 27) ☐ YES (ask to 27)

26. DO YOU HAVE A JOB NOW?

☐ YES (complete 26, and 27)

☐ NO (ask note of 26, and 27)

A. HOW MANY HOURS PER WEEK DO YOU WORK?

HRS./WK

B. HOW LONG HAVE YOU HAD THIS JOB?

YES NOS YES

C. WHAT KIND OF WORK DO YOU DO ON THIS JOB?

27. HAVE YOU EVER HAD A JOB?

☐ YES (complete note of 27) ☐ NO (ask to 11)

A. HOW MANY HOURS PER WEEK DO YOU WORK ON YOUR LAST JOB?

HRS./WK

B. HOW LONG DID YOU HAVE THIS JOB?

YES NOS YES

C. WHAT KIND OF WORK DID YOU DO ON THIS JOB?

D. WHEN DID YOU STOP WORKING?

28. HOW MANY OTHER KINDS OF WORK HAVE YOU DONE?

☐ ONE OR MORE (specify number in box. Ask A.)

☐ NONE (ask A.)

A. HOW MANY JOBS HAVE YOU HAD?

☐ ONE (ask from 29)

☐ SEVERAL (ask from 29 B.)

29. A. WHAT KIND OF WORK DID YOU DO FOR THE LONGEST PERIOD OF TIME?

B. FOR HOW LONG DID YOU DO THIS KIND OF WORK?

YES NOS YES

29. OCCUPATIONAL HAZARDS

QUESTION	NO	YES	DESCRIBE OTHER SITUATION	DATE WHEN
A. HAVE YOU EVER WORKED WITH X-RAY OR FLUOROSCOPE EQUIPMENT OR BEEN EXPOSED TO X-RAYS IN YOUR WORK?	☐	☐		26 (when 26)
B. HAVE YOU EVER WORKED WITH OTHER RADIATION SUCH AS RADIOACTIVE ELEMENTS OR ISOTOPES?	☐	☐		
C. HAVE YOU EVER WORKED WITH TOBACCO DUST OR LEAF OR HANDLED TOBACCO?	☐	☐		
D. HAVE YOU EVER WORKED WITH STEAM OR VERY HIGH HEAT WHERE SPECIAL CARE HAD TO BE TAKEN?	☐	☐		
E. HAVE YOU EVER WORKED WITH CHEMICALS, THEIR DUSTS, GASES OR FUMES IN A JOB SITUATION?	☐	☐		
F. HAVE YOU EVER HAD TO LIFT HEAVY WEIGHTS ON ANY OF YOUR JOBS?	☐	☐		
G. HAVE YOU EVER HAD TO HANDLE ANY LIVE OR DEAD ANIMALS OR BIRDS ON ANY OF YOUR JOBS?	☐	☐		

31. HAVE YOU EVER CARED FOR, HANDLED, PLAYED WITH OR WORKED AROUND FARM ANIMALS, SUCH AS CHICKENS, DUCKS, GESE, COWS, PIGS, HORSES, CONEYS, MULES, SHEEP OR GOATS, ETC.? (CHICKEN BREED)

A. ☐ YES ☐ NO (ask B and C)

B. HOW OFTEN? ☐ INCIDENTALLY ☐ FREQUENTLY ☐ OTHER

C. WHEN WAS THE LAST TIME THAT YOU DID THIS?

COLLABORATIVE RESEARCH
PERINATAL RESEARCH BRANCH - NINDS - NIH
88-20604-10, 101

0-51

SE-1

PAGE 2 OF 2

SECTION C
HOUSEHOLD
ARRANGEMENT

**REPEAT PREGNANCY -
ABORTED FOLLO**

DO YOU HAVE A PLAN?

DATE: _____

The following information was obtained from the
 records of the Bureau of the Census:
 The following information was obtained from the
 records of the Bureau of the Census:

NO (attch to
these 3)

YES (attch to
these 2)

33. DO YOU LIVE IN A HOUSE OR IN AN APARTMENT OR DO YOU HAVE SOME OTHER LIVING ARRANGEMENT? b6 b7C

WOLFE - **MR. JAMES G. WOLFE** (1942)

APARTMENT

~~SECRET~~

— 1944

34. HOW LONG HAVE YOU LIVED IN THIS COUNTRY, CITY, OR TOWN?

YEARS **YEARS**

21. HOW DO YOU LIVE BEFORE THIS? **— IN A WORLD** (about 10 years 20)

— Land Use

— OTHER CITY, SAME STATE

CITIZEN STATE OR COUNTRY

34. HOW LONG DO YOU LIVE ON THIS RESERVE?

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
---	---	---	---	---	---	---	---	---	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	----	-----

[illegible]

CONFIDENTIAL

2. HOW MANY ROOMS ARE THERE IN YOUR PRESENT HOME? **DO NOT COUNT KITCHENS, HALLS OR BATHROOMS**

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

Q. A. WHO ARE THEY, HOW ARE THEY RELATED TO YOU, HOW OLD (last birthday) IS EACH ONE?

[illegible]

51 529 11

MR. CRAWFORD'S CHIEF.

WOLFE
SIOUX

BRUNNEN **SONNEN** **W**

PERSONS AT LEAST:

FILE # 92-528

THE

8. WHO IS THE HEAD OF YOUR HOUSEHOLD? ~~Indicate by check mark the name in circle above.~~

SOCIO-ECONOMIC INTERVIEW

1. **NAME** COLLECT DATA EITHER FOR HUSBAND OR FOR FATHER OF THE BABY AS THE CASE MAY BE.

2. **HUSBAND** (1) He is a member of the household (see 21) or
 (2) He is reported on respondent's entry (see 21) and no other member of the household is reported on the report of the baby (see 42).
 3. **FATHER OF THE BABY** for all other cases.

DATA REPORTED FOR

☐ HUSBAND

☐ FATHER OF THE BABY

SECTION F

EDUCATION, BIRTHPLACE OF HUSBAND OR FATHER OF THE BABY

4. **Is he going to school or has he completed school?**
 (1) **Is he going to school?** (2) **Has he completed school?**

5. **WHAT IS THE HIGHEST GRADE OF REGULAR SCHOOL THAT HE HAS COMPLETED?** (1) **None** (2) **Elementary school** (3) **High school** (4) **College**

6. **Did he graduate from this grade school?** (1) **Yes** (2) **No**

7. **Has he had any other schooling?** (1) **Yes** (2) **No**

8. **Was the last regular school he attended outside United States?** (1) **Yes** (2) **No**

9. **Is he at present going to school?** (1) **Yes** (2) **No**

10. **IN WHAT CITY OR TOWN WAS HE BORN?** (1) **City or town** (2) **State or country**

SECTION G

WORK HISTORY OF HUSBAND OR FATHER OF THE BABY

11. **IS HE NOW WORKING?** (1) **Yes** (2) **No**

12. **HOW LONG HAS HE BEEN ON THIS JOB?** (1) **Years** (2) **Months**

13. **WHAT KIND OF WORK IS HE DOING?**

14. **HAS HE EVER WORKED?** (1) **Yes** (2) **No**

15. **HOW LONG WAS HE ON HIS LAST JOB?** (1) **Years** (2) **Months**

16. **WHAT KIND OF WORK WAS HE DOING?**

17. **HOW LONG HAS HE BEEN OUT OF WORK?** (1) **Years** (2) **Months**

18. **WHY IS HE UNEMPLOYED?**

19. **WHAT KIND OF WORK HAS HE DONE FOR THE LONGEST TIME?**

20. **FOR HOW LONG DID HE DO THIS WORK?** (1) **Years** (2) **Months**

21. **HOW MUCH TIME HAS HE SPENT UNEMPLOYED IN THE PAST YEAR?**

22. **HOW MANY JOBS HAS HE HAD IN THE PAST YEAR?**

23. **HOW MANY JOBS HAS HE HAD IN THE PAST YEAR?**

COL-100-100-1
1-62

MR. PATIENT IDENTIFICATION

SOCIO-ECONOMIC INTERVIEW

SECTION IV FAMILY INCOME

30. WE ARE INTERESTED IN THE INCOME OF YOUR FAMILY DURING THE FIRST THREE MONTHS OF THIS PREGNANCY.

THAT WOULD BE DURING

THAT YOU ARE CURRENTLY SUPPORTING. ENTER THE DATES OF THIS PERIOD.

DURING THESE THREE MONTHS WHERE DID THE MONEY COME FROM AND HOW MUCH MONEY CAME IN?

(Please list all sources of income and its amount.)

30. WERE THERE ANY SOURCES OF INCOME?	31. SOURCE OF INCOME (a) KIND AND SOURCE (b)	32. AMOUNT OF INCOME (c) DOLLARS AND CENTS (d)	33. DURING 3 MONTH PERIOD (e)	34. YES (f)
EARNED INCOME?				
Such as Wages and Salaries Unemployment Commission Farm Work, Rental, etc.				
UNEMPLOYMENT?				
Such as Aid to Dependent Children General Public Assistance (etc.)				
ALL OTHER SOURCES?				
Such as Savings, Dividends Selling stock during this period Gifts, Payments in Kind Selling Real Property, etc.				
TOTAL				
DO NOT USE				

35. A. DID THE SAME AMOUNT COME IN EACH MONTH OF THIS PERIOD AS DURING THESE 3 MONTHS?

☐ NO (See B.)

☐ YES (Check A. and item B.)

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

☐ NO

☐ YES

36. WAS THERE A CHANGE IN MAJOR SOURCE OF INCOME? ☐ NO ☐ YES

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

B. HOW MANY WERE UNDER 8 YEARS OLD?

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

☐ NO

☐ YES

39. If in item 38 a person other than husband, wife, or child is given as major source of income, list

WHAT KIND OF WORK DID YOU

DO DURING THESE THREE MONTHS?

COMMENTS:

COL-100-100-1
FEDERAL BUREAU OF INVESTIGATION
WASHINGTON, D.C. 20535

4-1

SE-1

MAILED 8-1-62

১০০০ টি করে মাল্যবাহী পত্রিকা প্রেরণ করা হবে।
 ১০০০ টি করে মাল্যবাহী পত্রিকা প্রেরণ করা হবে।

DATE 1974 IN	CAGE NUM	GROUP	Y4	DATA ITEM NAME
2101...00-1	1501	16	17	EDUCATION CODE
2102...00-1	1501	16	18	HOUSEHOLD MEMBERSHIP: HOUSEHOLD DENSITY
2103...00-1	1501	20	21	INCOME CODE
2104...00-1	1501	16	19	EDUCATION CODE
2105...00-1	1501	16	20	EDUCATION CODE
2106...00-1	1501	16	21	EDUCATION CODE
2107...00-1	1501	16	22	EDUCATION CODE
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2323...00-1	1501	16	238	EDUCATION CODE
2324...00-1	1501	16	239	EDUCATION CODE
2325...00-1	1501	16	240	EDUCATION CODE
2326...00-1	1501	16	241	EDUCATION CODE
2327...00-1	1501	16	242	EDUCATION CODE
2328...00-1	1501	16	243	EDUCATION CODE
2329...00-1	1501	16	244	EDUCATION CODE
2330...00-1	1501	16	245	EDUCATION CODE
2331...00-1	1501	16	246	EDUCATION CODE
2332...00-1	1501	16	247	EDUCATION CODE
2333...00-1	1501	16	248	EDUCATION CODE
2334...00-1	1501	16	249	EDUCATION CODE
2335...00-1	1501	16	250	EDUCATION CODE
2336...00-1	1501	16	251	EDUCATION CODE
2337...00-1	1501	16	252	EDUCATION CODE
2338...00-1	1501	16	253	EDUCATION CODE
2339...00-1	1501	16	254	EDUCATION CODE
2340...00-1	1501	16	255	EDUCATION CODE
2341...00-1	1501	16	256	EDUCATION CODE
2342...00-1	1501	16	257	EDUCATION CODE
2343...00-1	1501	16	258	EDUCATION CODE
2344...00-1				

Form Item Numbers Linked to Data Items on S-1, Socio-Economic Interview

ITEM NO FORM	DATA ITEM IN	CARD NUM	FROM	TO	DATA ITEM NAME
21-22	2315...SE-1	1501	69	48	Marital history: marriages, total number
22	2316...SE-1	1501	49	50	Marital history: marriage, most recent, date (YR)
22	2317...SE-1	1501	51	52	Marital history: marriage, most recent, date (YR)
23-24	5237...VAR		171	373	Father of baby or husband living at home
23-24	2318...SE-1	1501	53	53	Husband or father of baby living at home
26-27	2319...SE-1	1501	54	54	Employment status
26-27	2320...SE-1	1501	59	60	Employment, current or most recent job, time (WKS)
26-27	2321...SE-1	1501	61	61	Employment, current or most recent job, time (WKS)
26-27	2322...SE-1	1501	57	58	Employment, current or most recent job, time (YRS)
26-27	2323...SE-1	1501	55	56	Employment, hours worked per week
26-27	5237...VAR		363	364	Occupation
26-27	2324...SE-1	1501	62	63	Occupation, current or most recent job
27	5181...VAR		279	282	Employed last, date (MO/YR)
27	2326...SE-1	1501	66	67	Employment: worked last, date (YR)
28	2327...SE-1	1501	68	68	Employment: occupation, other kinds of jobs, number
28	2328...SE-1	1501	70	71	Occupation pursued for longest time
29	2331...SE-1	1501	74	75	Occupation, longest, time (MO)
29	2332...SE-1	1501	76	76	Occupation, longest, time (WKS)
29	2333...SE-1	1501	72	73	Occupation, longest, time (YRS)
30	2343...SE-1	2501	22	22	Occupational hazards: animal exposure, live or dead
30	2344...SE-1	2501	20	20	Occupational hazards: chemicals
30	2347...SE-1	2501	21	21	Occupational hazards: lifting heavy weights
30	2348...SE-1	2501	17	17	Occupational hazards: radioactive elements or isotopes
30	2349...SE-1	2501	19	19	Occupational hazards: steam or high heat
30	2350...SE-1	2501	19	19	Occupational hazards: tobacco
30	2351...SE-1	2501	19	19	Occupational hazards: X-ray
30	2352...SE-1	2501	16	16	Occupational hazards: farm
30	2353...SE-1	2501	21	21	Animals, farm: exposure, last handled, date (MO)
31	2354...SE-1	2501	24	25	Animals, farm: exposure, last handled, date (YR)
31	2355...SE-1	2501	26	27	Animals, farm: exposure, last handled, date (YR)
31	2356...SE-1	2501	28	28	Household arrangement: housing type
31	2357...SE-1	2501	31	32	Household arrangement: residence, length of time (MO)
31	2358...SE-1	2501	31	33	Household arrangement: residence, length of time (YRS)
31	2359...SE-1	2501	34	35	Household arrangement: residence, prior, place
31	2360...SE-1	2501	36	36	Household arrangement: residence, prior, time (MO)
31	2361...SE-1	2501	34	35	Household arrangement: residence, prior, time (YRS)
31	2362...SE-1	2501	38	39	Household arrangement: moves in last 5 years, number
31	2363...SE-1	2501	40	41	Household arrangement: rooms, number
31	5179...VAR		276	277	Household density
31	2355...SE-1	2501	42	43	Household arrangement: persons, number
31	5230...VAR		360	361	Persons supported, number
31	2361...SE-1	2501	53	54	Age, husband or father of baby
31	5231...VAR		374	375	Age, father of baby or husband (YRS)
31	5243...VAR		381	381	Father of baby or husband present in home

Form Item Numbers Linked to Data Items on SE-1, Socio-Economic Interviews

ITEM ON FORM	DATA ITEM IN	CARD NUM	FROM	TO	DATA ITEM NAME
40	2359...SE-1	2501	50	51	Household arrangements: adults, in and over, number
40	2356...SE-1	2501	44	45	Household arrangements: children, number
40	2362...SE-1	2501	55	55	Household arrangements: head of household
40	2357...SE-1	2501	46	47	Household arrangements: household structure
40	2360...SE-1	2501	52	52	Household arrangements: husband or: father of baby, present
42	2363...SE-1	2501	56	56	Husband or: father of baby, data reported for
43	2367...SE-1	2501	61	61	Education, grade completed, highest, father of baby or: husband
43	2364...SE-1	2501	57	58	Education, grade completed, highest, father of baby or: husband
43	5241...VAM		378	379	Education: father of baby or: husband (VRS)
43	2366...SE-1	2501	60	60	Education: school attended last, outside USA, father of baby or: husband
43	2365...SE-1	2501	59	59	Education: schooling, other, additional, father of baby or: husband
44	2368...SE-1	2501	62	63	Birthplace, father of baby or: husband
44	5245...VAM		383	384	Birthplace, father of baby or: husband
45-46	2369...SE-1	2501	64	64	Employment status, father of baby or: husband
45-46	5240...VAM		377	377	Employment status: father of baby or: husband
45-46	2371...SE-1	2501	67	68	Employment, current or most recent job, time (mos), father of baby or: husband
45-46	2372...SE-1	2501	69	69	Employment, current or most recent job, time (yrs), father of baby or: husband
45-46	2370...SE-1	2501	65	66	Employment, current or most recent job, time (yrs), father of baby or: husband
45-46	2373...SE-1	2501	70	71	Employment, occupation, current or most recent job, father of baby or: husband
45-46	5246...VAM		385	386	Occupation: father of baby or: husband
46	2375...SE-1	2501	74	75	Employment: unemployed, time, father of baby or: husband (mos)
46	2376...SE-1	2501	76	76	Employment: unemployed, time, father of baby or: husband (yrs)
46	2374...SE-1	2501	72	73	Employment: unemployed, time, father of baby or: husband (yrs)
47	2387...SE-1	3501	27	28	Employment: occupation, pursued longest, date ended (mo), husband or: father of baby
47	2388...SE-1	3501	29	30	Employment: occupation, pursued longest, date ended (yrs), husband or: father of baby
47	2385...SE-1	3501	23	24	Employment: occupation, pursued longest, date started (mo), husband or: father of baby
47	2386...SE-1	3501	25	26	Employment: occupation, pursued longest, date started (yrs), husband or: father of baby
47	2381...SE-1	3501	16	17	Employment: occupation, pursued longest, husband or: father of baby
47	2383...SE-1	3501	20	21	Employment: occupation, pursued longest, time (mos), husband or: father of baby
47	2384...SE-1	3501	22	22	Employment: occupation, pursued longest, time (yrs), husband or: father of baby
47	2382...SE-1	3501	18	19	Employment: occupation, pursued longest, time (yrs), husband or: father of baby

Form Item Numbers linked to Data Items on SE-1, Socio-Economic Interview

ITEM ON FORM	DATA ITEM IN	CARD NUM	FROM	DATA ITEM NAME
48	2390...SE-1	3501	33	34 Employment, number of jobs in past year, husband or; father of baby
48	2386...SE-1	3501	31	32 Employment; unemployed, number of weeks in past yr, husband or; father of baby
50	2393...SE-1	3501	40	40 Income during first 3 mos. pregnancy, additional sources
50	2392...SE-1	3501	38	38 Income during first 3 mos. pregnancy, amount
50	2391...SE-1	3501	34	37 Income during first 3 mos. pregnancy, source
50	5177...WAM		271	274 Income, in nearest thousand dollars
51	2394...SE-1	3501	41	41 Income during first 3 mos. pregnancy, regularity
52	2395...SE-1	3501	42	42 Income during first 3 mos. pregnancy, change in major source
53	2397...SE-1	3501	45	46 Income during first 3 mos. pregnancy, number of children under 6 yrs supported
53	2396...SE-1	3501	43	44 Income during first 3 mos. pregnancy, number of persons supported
54	2398...SE-1	3501	47	47 Income during first 3 mos. pregnancy, change in number of persons supported
55	2399...SE-1	3501	48	48 Income during first 3 mos. pregnancy, major source
55	2400...SE-1	3501	49	50 Income during first 3 mos. pregnancy, occupation which major source is derived from

DEFINITION OF CODES
SOCIO-ECONOMIC INTERVIEW
FORM SE-1 CARD 15014

<u>FIELD</u>	<u>CARD COLUMN</u>
1. <u>Card Number</u> Code: 1	1
2. <u>Form Number</u> Code: 501	2-4
3. <u>Revision Number</u> Code: 4 - Form Dated: 4/63 or Pretest 1/63	5
4. <u>NINUS Number</u> Item 1 Nine-digit number for Patient Identification Code: As given	6-14
5. <u>Form Used</u> Item 3 Code: 0 - Entire SE-1 Form	15
6. <u>Date of Interview</u> Item 2 Six-digit code for Month (cols. 16-17), Day (cols. 18-19), and Year (cols. 20-21) Code: As given 99 - Month, day and/or year unknown	16-21
7. <u>Interviewer</u> Item 4 Code: See attachment "Interviewer's Code", pages SE-1-20-22	22-23
8. <u>When Interviewed</u> Item 5 Code: 0 - Before Delivery 1 - After Delivery 9 - Unknown	24
9. <u>Place of Interview</u> Item 6 Code: 0 - In hospital or clinic 1 - At home 2 - By telephone 9 - Unknown	25

DEFINITION OF CODES (cont.)

FORM SE-1
Card 15014

FIELD

CARD
COLUMN

10. Language of Interview

26

Item 7

Code: 0 - English
1 - Other
9 - Unknown

11. Birth Place

27-28

Items 10A-10P

Code: Inside Continental U.S.

- 00 - Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut
- 01 - New York, New Jersey, Pennsylvania
- 02 - Maryland, Virginia, West Virginia, D.C., Delaware, North Carolina, South Carolina, Georgia, Florida
- 03 - Kentucky, Tennessee, Alabama, Mississippi
- 04 - Arkansas, Louisiana, Oklahoma, Texas
- 05 - Illinois, Indiana, Ohio, Michigan, Wisconsin
- 06 - Minnesota, Iowa, Missouri, Kansas, Nebraska, North Dakota, South Dakota
- 07 - Wyoming, Idaho, Colorado, Montana, Utah, New Mexico, Arizona, Nevada
- 08 - Washington, Oregon, California
- 09 - Unknown

Outside Continental U.S.

- 10 - Puerto Rico
- 11 - Other Islands in Atlantic
- 12 - Alaska, Canada
- 13 - Central America, South America
- 14 - Pacific Islands
- 15 - Europe
- 16 - Asia, Africa
- 19 - Unknown
- 99 - Place not stated

12. Month and Year of Entry Into Continental U.S.

29-32

Item 10C

Four-digit code for Month (cols. 29-30) and Year (cols. 31-32)

Code: As given

- 0000 - Born in Continental U.S.
- 99 - Month and/or year unknown

DEFINITION OF CODES (cont.)

FORM SE-1
Card 15014

CARD
COLLECT

FIELD

- | | | |
|-----|--|-------|
| 13. | <u>Size of Community in Which Born</u>
<u>Item 11</u>
<u>Code: Inside Continental U.S.</u>
1 - Urban
2 - Rural non-farm
3 - Rural farm
4 - Unknown

<u>Outside Continental U.S.</u>
5 - Urban
6 - Rural non-farm
7 - Rural farm
8 - Unknown
9 - Place unknown | 33 |
| 14. | <u>Highest Grade of Regular School Completed</u>
<u>Items 12A-12E</u>
<u>Code:</u> 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
99 - unknown | 34-35 |
| 15. | <u>Additional Schooling</u>
<u>Item 12C</u>
<u>Code:</u> 0 - None
1 - Trade school, vocational, or job or
in-service training
2 - Art, dancing, drama, correspondence
9 - Unknown | 36 |
| 16. | <u>Was Last Regular School Attended Outside U.S.</u>
<u>Item 12D</u>
<u>Code:</u> 0 - No
1 - Yes
9 - Unknown | 37 |
| 17. | <u>Now Attending School</u>
<u>Item 12E</u>
<u>Code:</u> 0 - No
2 - Academic school
3 - Cultural - correspondence courses
4 - Kind of school unknown
5 - Trade school
9 - Unknown | 38 |

DEFINITION OF CODES (cont.)

FORM SE-1
Card 15014

FIELD

CARD
COLUMN

18. Occupation of Gravida's Father When She Left School 39-40
Item 13
Code: 00 - Never worked
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
99 - Unknown
19. Relationship of Person to Gravida for Occupation Specified 41
Item 13
Code: 0 - Father of gravida
1 - Mother of gravida
2 - Other relative(s)
3 - Foster parent(s)
8 - All others (gravida living alone)
9 - Unknown
20. Language Spoken 42
Item 15
Code: 0 - English only
1 - English and some other language
2 - Other language only
9 - Unknown
21. Religion 43
Item 16
Code: 1 - Protestant
2 - Catholic
3 - Other
9 - Unknown

DEFINITION OF CODES (cont.)

FORM SE-1
Card 15014

FIELD

CARD
COLUMN

- | | | |
|-----|--|-------|
| 22. | <u>Race</u>
Item 17
Code: 1 - White
2 - Negro
3 - Oriental
4 - Puerto Rican
8 - Other
9 - Unknown | 44. |
| 23. | <u>Religion of Father of Baby</u>
Item 18
Code: 1 - Protestant
2 - Catholic
3 - Other
9 - Unknown | 45 |
| 24. | <u>Race of Father of Baby</u>
Item 19
Same as in Field 22 | 46 |
| 25. | <u>Marital Status</u>
Item 20
Code: 1 - Single
2 - Married
3 - Common Law
4 - Widowed
5 - Divorced
6 - Separated
9 - Unknown | 47 |
| 26. | <u>Number of Times Married</u>
Items 21-22A
Code: 0 - None
1-7 - As given
8 - 8 or more
9 - Unknown | 48 |
| 27. | <u>Month and Year of Most Recent Marriage</u>
Item 22B
Four-digit code for Month (cols. 49-50) and Year
(cols. 51-52)
Code: As given
0000 - Never Married
99 - Month and/or year unknown | 49-52 |

DEFINITION OF CODES (cont.)

FORM SE-1
Card 15014

FIELD

CARD
COLUMN

28. Husband Living at Home 53
Items 23-24
Code: 0 - No (Marital problems, legal separation)
1 - Yes
2 - Temporarily away
3 - In Armed Forces
4 - In institution
5 - Other
6 - No husband
9 - Unknown
29. Employment Status 54
Items 26 or 27
Code: 0 - Never worked
1 - Employed at time of interview
3 - Work in past but not now working, student
9 - Unknown
30. Hour's Worked Per Week 55-56
Items 26A or 27A
Code: 00 - Never worked
01-83 - As given
84 - 84 hours or more
88 - Other
95 - Part-time or hours not specified
99 - Unknown
31. Time on Current or Most Recent Job 57-61
Items 26B or 27B
Five-digit code for Years (cols. 57-58), Month (cols. 59-60) and Weeks (col. 61)
Code: 00000 - Never worked
00001 - One week or less
00002 - 20000 - As given
44444 - Academic student with or without occupation
55555 - Works holidays
66666 - Works summers
77777 - Time unspecified
99999 - Unknown
Additional codes reviewed and approved: 23000, 23100
32. Current or Most Recent Occupation 62-63
Items 26C or 27C
Code: Same as in Field 18

DEFINITION OF CODES (Continued)

FORM SE-1
Card 15014

FIELD

CARD
COLLAGE

33. Date Last Worked 64-67
Item 27D
Four-digit code for Month (cols. 64-65) and
Year (cols. 66-67)
Code: As given
0000 - Never worked
0101 - Working at time of interview
9999 - Unknown
Supplemental code for Month:
01 - Winter
04 - Spring
07 - Summer
10 - Fall
99 - Unknown
34. Number of Kinds of Jobs 68
Item 28
Code: 0 - Never worked
1-5 - As given
6 - 6 or more
7 - Number unspecified
9 - Unknown
35. Comparison of Occupations 69
Code: 0 - Never worked
1 - Same
2 - Different
9 - Unknown
36. Occupation Pursued for Longest Time 70-71
Item 29A
Code: Same as in Field 18
37. Length of Time Worked at This Occupation 72-76
Item 29B
Code: Same as in Field 31
Additional codes reviewed and approved: 20060,
21000-24000, 26000, 27000, 30000

DEFINITION OF CODES (Continued)

FORM SE-1
Card 25014

FIELD

CARD
NUMBER

1. Card Number
Code: 2 1
2. Basic Data
Code: Same as in cols. 2-15 of Card 1 2-15
3. Occupational Hazards
Item 30 16-22
Seven-digit code for:

<u>X-Ray</u>	(col. 16)
<u>Radioactive Elements or Isotopes</u>	(col. 17)
<u>Tobacco</u>	(col. 18)
<u>Steam or High Heat</u>	(col. 19)
<u>Chemicals</u>	(col. 20)
<u>Lifting Heavy Weights</u>	(col. 21)
<u>Live or Dead Animals</u>	(col. 22)

 Code for each column:
 0 - No
 1 - Yes
 9 - Unknown
4. Cared For, Saddle, Played with, Worked Around
Farm Animal 23
Item 31A and 31B
Code: 0 - No
 1 - Incidentally
 2 - Frequently
 3 - Other
 9 - Unknown
5. Time Last Handled Farm Animal 24-27
Item 31C
Four-digit code for Month (cols. 24-25) and Year (cols. 26-27)
Code: As given
 0000 - Never handled
 99 - Month and/or Year unknown

HOUSEHOLD ARRANGEMENT

6. Type of Housing 28
Item 33
Code: 1 - House
 2 - Apartment
 3 - Boarding or rooming house, motel, hotel
 4 - Other
 5 - Gravid in dormitory, home for unwed mothers, institution
 9 - Unknown

DEFINITION OF CODES (Continued)

FORM SE-1
Card 25014

FIELD

CARD
COMMENT

7. Length of Time at Residence
Item 34
Four-digit code for Years (cols. 29-30) and
Months (cols. 31-32)
Code: 0001 - One month or less
0002-3500 - As given
9999 - Unknown
Additional codes reviewed and approved: 3600-
3700, 3800
29-32
8. Place of Prior Residence
Item 35
Code: 0 - Never moved
1 - Same city
2 - Other city, same state
3 - Other state
4 - Other country
9 - Unknown
33
9. Time Lived at Prior Residence
Item 36
Code: 0000 - Never moved
0001 - One month or less
0002-4500 - As given
9999 - Unknown
34-37
10. Number of Moves in Last 5 Years
Item 37
Code: 00 - Never moved
01-30 - As given
99 - Unknown
Additional codes reviewed and approved: 40,50,60
38-39
11. Number of Rooms
Item 38
Code: 01-20 - As given
88 - Gravida in dormitory, home for unwed
mothers, institution
99 - Unknown
40-41
12. Number of Persons Living in Gravida's Household
Item 39
Code: 01 - Gravida only
02-20 - As given
88 - Gravida in dormitory, home for unwed
mothers, institution
99 - Unknown
42-43

DEFINITION OF CODES (Continued)

FORM SE-1
Card 2501A

FIELD

CARD
COMMENT

13. Number of Gravida's Children Living With Her 13-15
Item 40A
Code: 00 - None
01-12 - As given
88 - Gravida in dormitory, home for unwed
mothers, institution
99 - Unknown
Additional codes reviewed and approved: 13
14. Household Structure 16-17
Item 40A
Two-digit code for:
Immediate Family (col. 46)
Code: 0 - Gravida's
1 - Gravida's, and her parent(s)
2 - Gravida's, and his parent(s)
3 - Gravida's, his and her parent(s)
8 - Gravida in dormitory, home for unwed
mothers, institution
9 - Unknown
Relatives or Friends (col. 47)
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, 3 and 4
8 - Gravida in dormitory, home for unwed
mothers, institution
9 - Unknown
15. Housing Density (Persons Per Room) 18-19
Item 40A
See attachment Persons Per Room, page FPH 1 & 3 - 13
16. Number of Persons in Household at Least 16 Years Old 20-21
Item 40A
Code: 01-10 - As given
88 - Gravida in dormitory, home for unwed
mothers, institution
99 - Unknown

DEFINITION OF CODES (Continued)

FORM SE-1
Card 25014

FIELD

CASE
COLUMN

17.	<u>Presence of Husband or Father of Baby in Household</u> Item 40A Code: 1 - Husband 2 - Father of baby 3 - No husband or father of baby 9 - Unknown	52
18.	<u>Age of Husband or Father of Baby</u> Item 40A Code: 12-65 - As given 66 - 66 or older 99 - No husband or father of baby present 99 - Unknown	53-54
19.	<u>Head of Household</u> Item 40B Code: 0 - None 1 - Gravida 2 - Husband 3 - Father of baby 4 - Parent(s) - gravida's or mate's 5 - Other relative(s) 6 - Friend(s) 7 - Other persons 8 - Gravida in dormitory, home for unwed mothers, institution 9 - Unknown	55
HUSBAND OR FATHER OF BABY		
20.	<u>Data Reported For</u> Item 42 Code: 1 - Husband 2 - Father of baby 9 - Unknown	56
21.	<u>Highest Grade Completed</u> Item 43A Code: 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 99 - Ungraded 99 - Unknown	57-58

DEFINITION OF CODES (Continued)

FORM SE-1
Card 25019

FIELD

CARD COLUMN

- | | | |
|-----|---|-------|
| 22. | <u>Additional Schooling</u>
Item 43C
Code: 0 - None
1 - Trade school, vocational, on job or in-service training
2 - Art, dancing, drama, correspondence
9 - Unknown | 59 |
| 23. | <u>Was Last Regular School Outside U.S.</u>
Item 43D
Code: 0 - No
1 - Yes
9 - Unknown | 60 |
| 24. | <u>Now Attending School</u>
Item 43E
Code: 0 - No
2 - Academic school
3 - Cultural, correspondence courses
4 - Kind of school unknown
5 - Trade school
9 - Unknown | 61 |
| 25. | <u>Birthplace</u>
Item 44
Code: <u>Inside Continental U.S.</u>
00 - Maine, New Hampshire, Vermont, Massachusetts, Rhode Island, Connecticut
01 - New York, New Jersey, Pennsylvania
02 - Maryland, Virginia, West Virginia, D.C., Delaware, North Carolina, South Carolina, Georgia, Florida
03 - Kentucky, Tennessee, Alabama, Mississippi
04 - Arkansas, Louisiana, Oklahoma, Texas
05 - Illinois, Indiana, Ohio, Michigan, Wisconsin
06 - Minnesota, Iowa, Missouri, Kansas, Nebraska, North Dakota, South Dakota
07 - Wyoming, Idaho, Colorado, Montana, Utah, New Mexico, Arizona, Nevada
08 - Washington, Oregon, California
09 - Unknown | 62-63 |

DEFINITION OF CODES (Continued)

FORM SE-1
Card 25014

FIELD

CARD
COLUMN

25. Birthplace (cont.)

62-63

Code: Outside Continental U.S.

- 10 - Puerto Rico
- 11 - Other Islands in Atlantic
- 12 - Alaska, Canada
- 13 - Central America, South America
- 14 - Pacific Islands
- 15 - Europe
- 16 - Asia, Africa
- 19 - Unknown
- 99 - Place not stated

26. Employment Status

64

Items 45 or 46

Code: 0 - Never worked

- 1 - Employed
- 2 - Employed in U.S. Armed Forces
- 3 - Student not otherwise employed
- 4 - Unemployed
- 9 - Unknown

27. Time on Current or Most Recent Job

65-69

Items 45A or 46

Five-digit code for Years (cols. 65-66), Month (cols. 67-68), and Weeks (col. 69)

Code: 00000 - Never worked

00001 - One week or less

00002-35000 - As given

44444 - Academic student

55555 - Works holidays

66666 - Works summers

77777 - Time unspecified

99999 - Unknown

Additional codes reviewed and approved: 37000,
38000.

DEFINITION OF CODES (Continued)

FORM SE-1
Card 25014

FIELD

CARD
COUNTRY

28. Occupation
Items 45B or 46B
Code: 00 - Never worked
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
99 - Unknown

70-71

29. Time Out of Work
Items 46C or 46D
Five-digit code for Years (cols. 72-73), Months (cols. 74-75) and Weeks (col. 76)
Code: Same as in Field 27

72-76

DEFINITION OF CODES (Continued)

FORM SE-1
Card 35014

FIELD

CARD
COLUMN

1. Card Number
Code: 3

1

2. Basic Data
Code: Same as in cols. 2-15 of Card 1

2-15

HUSBAND OR FATHER OF BABY (cont.)

3. Occupation Pursued for Longest Time
Item 47A

16-17

Code: 00 - Never worked
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 worker
50 - Craftsman, 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

4. Time on Longest Occupation
Item 47B

18-22

Five-digit code for Years (cols. 18-19), Months (cols. 20-21), and Weeks (col. 22)

Code: 00000 - Never worked
00001 - One week or less
00002-35000 - As given
44444 - Academic student
55555 - Holidays only
66666 - Summers only
77777 - Time unspecified
99999 - Unknown

Additional codes reviewed and approved: 36000, 37000, 38000, 40000, 41000, 42000

DEFINITION OF CODES (Continued)

FORM SE-1
Card 35014

FIELD

CARD
COLUMN

5. Dates of Longest Occupation 23-30
Item 47B
Eight-digit code for:
Start of Period: Month (cols. 23-24) and
Year (cols. 25-26)
End of Period: Month (cols. 27-28) and
Year (cols. 29-30)
Code for each four columns:
Date as given
0000 - Never worked
99 - Month and/or year unknown
6. Weeks Unemployed in Past Year 31-32
Item 48A
Code: 00 - None, never worked
01-52 - As given
55 - Academic student only
77 - Time unspecified
99 - Unknown
7. Number of Jobs in Past Year 33-34
Item 48B
Code: 00 - Never worked
01-10 - As given
77 - Number unspecified
88 - Self employed during year
99 - Unknown
Additional codes reviewed and approved: 11-15, 17
8. Sources of Income During First Three Months of This Pregnancy 35-37
Item 50
Three-digit code for:
Earned Income (col. 35)
Code: 0 - None
1 - Gravida
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 code 1, 2 and 4
9 - Unknown

DEFINITION OF CODES (Continued)

FORM SE-1
Card 35014

FIELD

CARD
COLUMN

8. Sources of Income During First Three Months of This Pregnancy (cont.)

35-37

Income from Relatives or Friends (col. 36)

- Code: 0 - None
1 - Father of baby
2 - Parents, grandparents
3 - Combination of codes 1 and 2
4 - Other relatives or friends
5 - Combination of codes 1 and 4
6 - Combination of codes 2 and 4
7 - Combination of codes 1, 2 and 4
8 - Income earned
9 - Unknown

Income from Non-Relatives, Public or Private Sources (col. 37)

- Code: 0 - None
1 - Public assistance
2 - Private assistance
3 - Combination of 1 and 2
4 - Fellowships, grants, scholarships
5 - Combination of 1 and 4
6 - Combination of 2 and 4
7 - Combination of 1, 2 and 4
8 - Other
9 - Unknown

9. Income During First Three Months of This Pregnancy 38-39

Item 30

- Code: 00 - None
05 - Under \$250
15 - 250-499
25 - 500-749
35 - 750-999
45 - 1,000-1,249
55 - 1,250-1,499
65 - 1,500-1,749
75 - 1,750-1,999
85 - 2,000-2,249
95 - 2,250-2,499
96 - 2,500 or more
99 - Unknown

DEFINITION OF CODES (Continued)

FORM SE-1
Card 35014

FIELD

CARD
COLUMN

- | | | |
|-----|--|-------|
| 10. | <u>Additional Sources of Income During First Three Months of This Pregnancy.</u>
Item 50
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 | 40 |
| 11. | <u>Regularity of Income During First Three Months of This Pregnancy</u>
Items 51A or 51B
Code: 0 - Irregular monthly income
1 - Regular monthly income
2 - Regular pay periods
3 - Irregular pay periods
9 - Unknown | 41 |
| 12. | <u>Changes in Major Source of Income During First Three Months of This Pregnancy</u>
Item 52
Code: 0 - None
1 - Married during this period and income shifted from self or parents to husband
2 - Widowed, divorced or separated with a major change in source of income
3 - No change in marital status but major change in source of income
9 - Unknown | 42 |
| 13. | <u>Number of Persons Cared For</u>
Item 53A
Code: 01-15 - As given
99 - Unknown
Additional codes reviewed and approved: 16-19. | 43-44 |

DEFINITION OF CODES (Continued)

FORM SE-1
Card 35014

FIELD

CARD
COLUMN

- | | | |
|-----|--|-------|
| 14. | <u>Number of Children Under 8 Years Old Cared For</u>
<u>Item 53</u>
Code: 00 - None
01-12 - As given
99 - Unknown | 45-46 |
| 15. | <u>Changes in Number of Persons Supported During</u>
<u>First Three Months</u>
<u>Item 54</u>
Code: 0 - None
1 - Yes
9 - Unknown | 47 |
| 16. | <u>Major Source of Income</u>
<u>Item 55</u>
Code: 0 - No person
1 - Gravida
2 - Husband
3 - Father of baby
4 - Gravida's parent(s)
5 - Other relative(s)
6 - Friend(s)
7 - Unemployment or workmen's compensation,
disability pension
8 - Welfare
9 - Unknown | 48 |
| 17. | <u>Occupation of Person Providing Major Source of Income</u>
<u>Item 55</u>
Code: Same as in Field 3 | 49-50 |

INTERVIEWER'S CODE

05 - Boston

01 Mori
02 Sawicki
03 Miller
04 Bartlett
05 Vivian
11 Johnson
12 Hallahan
13 McCarty
14 Quade
15 Thorpe
16 Kornstein
17 Bradley
18 Cheney
19 Abrams
20 Silverstein
21 Costigan
22 Crawford
23 Dunlop
24 Keheu (nee Schuster)
25 Rulman
26 Edwards
27 Ebers
28 Pickman
29 Spear
30 Wortelliti
31 Veeder
32 Hill
33 Miller
34 Weintraub

10 - Buffalo

11 Miller
12 Clark
13 Steinberg
14 Berke
15 Wageman
16 Alback
17 Downey
18 Boehne
19 Vincent

15 - Charley

11 Lystad
12 Bachrach
13 Templeman
14 Newton
15 Ward
16 Fowler
17 Richardson
18 Harris
19 LaCour
20 St. Romain
21 Geddy
22 Grenillion
23 Meilleur
24 Zarter
26 Quinian
27 Lampert
30 Murphy
32 Treadway
33 Cottonio
34 Roy (nee Goutierez)

21 - Columbia

11 Hendin

37 - Johns Hopkins

11 Zavarhy
12 Shebby
13 Thompson
14 Bernie
15 Horning
16 Bowie
17 Tyler
18 Berg
19 Gimble
20 Turner
21 Sherman
22 Roberts
23 Tyler
24 Foster
25 Dallas

37 - Johns Hopkins (cont.)

26 Smith
27 McHale
28 Williams
29 Looney
30 Permutt
31 Korn
32 Parker
33 Milner
34 Silverman
35 Stone
36 Hodgson
37 Walker
38 Morton
39 Assero
40 Glace
41 Kerfoot
42 Malin
43 Stohl
44 Johnson
45 White
46 Pisanic
47 Holmes

45 - Med. Col. of Virg.

11 Daniel
12 Oppenheimer
13 Ellis (nee Holland)
14 Ware
15 Eatcher
16 Vaughan
17 White
18 Luebenisen
19 Stephenson
20 Miller
21 Shomo
22 Whitten
23 Parlett
24 Johnson
25 Ware
26 Burgess
27 Grant
28 Mardin
29 Sutton
30 Alford

45 - Med. Col. of Virg. (cont.)

31 McLeod
32 Dyson
33 Weaver
34 Brooks
35 Wickers
36 Kennedy
37 Downs
38 Everett
39 Wickers
40 White
41 Gallop
42 deVignier
43 Phillips
44 Stephens

50 - Minnesota

11 Murphy
12 Selle
13 Euter
14 Newman (nee Slater)
15 Scallen
16 Vollen
17 Okincow
18 Lindahl
19 Seymour
20 Dillard
21 Kunin
22 Berscheid
23 Hausman
24 Fisk

55 - New York Medical

11 Shapiro
12 Stein
13 Santa Maria
14 Vasquez

60 - Oregon

11 Kochenderfer
12 Leopold
13 Reed
14 White
15 French
16 Leverett
17 Cooper
18 Dunn

66 - Pennsylvania

09 Kimbrough
11 Shephard
12 Logan
13 Cantor
14 Jackson
15 De La Mora
15 Fulton
17 Graham
18 Marik
19 Reinike
20 Turner
21 Torpey
22 Millan
23 Phann
24 Weinstein
25 Landsman
26 Mueller
27 Nielsen (nee Schucholz)
28 Valles
29 Bradley
30 Veale
31 Silva
32 Mucci
33 Chanez
34 Cheguin

71 - Providence

11 Camac
12 Manzelmann
13 Tennant
14 Griffith
15 Seaman
16 Myette
17 Cafferty
18 Derby
19 Hagy
20 Zitel
21 Dolby
22 Menge

82 - Tennessee

11 Pollard
12 Ambrese
13 Barnes
14 Watson
15 Bresan

82 - Tennessee (cont.)

16 Richardson
17 Bettersworth
18 Lutz
29 Allen

1	8	2	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	8	2	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	8	2	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	8	2	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	8	2	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
1	8	2	4	5	6	7	8	9	10	11	12	13</																																																																																							

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INTERVIEWING MANUAL FOR THE SOCIO-ECONOMIC SCHEDULE (SE-1)

I. Objectives

The Socio-Economic Interview is the instrument by which the Collaborative Project gathers information about selected demographic, social and economic characteristics of the women who are in the study. This information is needed to describe the study population and to aid in the analyses of pregnancy outcomes. It is therefore essential that the gravida be impressed with the need for accuracy and cooperation. The gravida must be assured that this information is confidential and is to be used only in medical and statistical studies in which no names appear.

II. General Instructions

- A. The entire socio-economic schedule is to be completed at one interview as soon after the gravida's entry into the study as possible. If, for any reason, the interview is conducted after the termination of the pregnancy, this should be noted in item 5A, "After Delivery." In such instances the questions are to be asked retrospectively, as of the time of the gravida's entry into the study, as for example:

Item 12. What was the highest grade of regular school completed at the time you joined _____ on _____
use name of project
_____?
use date of AR-1 interview

or

Item 33. Were you living in a house or in an apartment or did you have some other arrangement at the time you joined the _____?
use name of project

- B. Effort should be made to obtain the socio-economic interview from each gravida in the study including those who abort early.
- C. Every sheet must contain the gravida's name and NINDB number in the space provided.
- D. Items 2 through 9, 42 and R-5 are to be filled in by the interviewer without questioning the gravida.
- E. Unknowns -- If, after probing, the gravida does not answer the question, write "UNK." When the entry is to be written on a line, write UNK on line. When the entry is to be a check in one of a row or column of boxes, write at the

end of the row or column. When the entry is a number to be written in a box or boxes, write UNK above the box; if space is inadequate, write UNK alongside the box. Avoid writing UNK in the box in which a number is usually written.

- F. An introductory statement precedes Section A. Transitional sentences are shown in the section headings as needed.

- G. The questions, as they are to be asked, appear in large print and end with the question mark. Instructions and notes to the interviewer are in fine print. All questions are to be asked in the order in which they appear on the schedule. If, however, an institution finds that a particular sequence of sections is threatening to the patients, it may, upon notifying the Central Office, change the sequence of sections to meet its own needs. When this is done, the assembled form, as sent to SPAN Section, must be arranged in the original sequence. In all cases, the original, and not the carbon, should be sent.

- H. 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 still is 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.

- I. If the gravida gives information ahead of the schedule, tell her that you are going to be asking her 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 to the gravida that she started to answer this earlier.

- J. Before closing the interview, ask the gravida to wait while you check the form for omissions or inconsistencies. Thank her for her cooperation and point out its importance to the study as a whole.

- K. For Repeat Pregnancies in this study, the collaborating institution may elect one of two procedures:

1. Complete the entire SE-1 form as for a first study pregnancy, or

April 1963

Interviewing Manual for the Socio-Economic Schedule (SE-1)

2. Where there is a readily accessible completed SE-1 form from a prior pregnancy, complete the abridged form. It is not possible to use the FHH 1 and 3 form as the basis for the abridged SE-1 form.

To use the abridged form:

- (a) Call for the SE-1 form which was completed for the earlier pregnancy.

- (b) Check to make certain that all pertinent questions were answered in Sections A through F. If they were not, the abridged form CANNOT be used. If they were completed, enter the information needed for items 8, 9A and 9B on the current SE-1 form.

- (c) As you come to each of Sections A through F the instructions and special questions for the abridged SE-1 form are printed in bold italics, at the right of each section heading. The instructions and the questions are preceded by a dagger (†).

L. Boxes should be filled in with an x or a check (✓) mark.

M. Entries should be made in black or blue ink or in black pencil.

N. Local editing should be done in red.

O. Please do not use any other colors.

III. Specific Instructions

Item No.

1. Patient Identification

Include name and NINDB number of gravida. If a plate is used, make sure the identifying information is legible. Stamp patient identification on each page of the SE-1 form at the start of the interview.

2. Date

At the start of the interview fill in the month, day and year. Use numbers; for example, for April 3, 1962 write 04103162.

3. Enter your title.

4. Enter your name and two digit code number.

Item No.

5. Check proper box to show whether the interview is being conducted before or after termination of pregnancy.

6. Indicate where the interview is conducted.

7. Check whether English or some other language is used for the interview.

If this is the first study pregnancy, proceed to Section A.

8. If this is a repeat pregnancy and entire form is to be filled in, check "Entire SE-1."

If this is a repeat pregnancy and the abridged form has been elected, check "Abridged SE-1."

9. A. If the ABRIDGED SE-1 is being used, enter the date of the prior SE-1 interview, and insert number of pregnancy from prior SE-1. This is the eighth digit of the NINDB number.

- B. Enter the name of the man for whom the prior SE-1 form was completed (from items 23, 24 and 40 of prior form). Check appropriate box for "HUSB" (husband) or "F.O.B." (father of the baby if other than the husband.)

SECTION A - GRAVIDA'S BIRTHPLACE AND EDUCATION

- † R-1. Repeat Pregnancy-Abridged form, ask R-1 as follows:

If in item 9A the date of the previously completed SE-1 form was given as 2-13-60, ask: "Have you attended school since February 13, 1960?" If answer is "No," omit Section B. If "Yes," complete item 12.

Elementary school is sometimes called Public School or Grammar School. Seventh, eighth and ninth grades are often called Junior High School. College is a school leading to an academic degree or certificate. Regular school includes elementary, junior high or high school, junior college and any other school that leads to an academic degree. This does not include barber college, beauty college, or secretarial college, unless part of a bona fide academic

April 1963

Interviewing Manual for the Socio-Economic Schedule (SE-1)

Item No. 9. (Continued)

college. Many business schools are part of a regular university. Institutes of technology that are academic institutions are to be considered as colleges; technical institutes that do not give a degree, such as a technical school for auto repair, are not. Give credit for highest grade whether achieved during day or night. If the gravida says "night school," probe to determine the kind of school.

10. Birthplace

Determine whether the birthplace is inside or outside Continental U. S. If outside, ask item 10C. The month and year are enough. Please use numbers to record date; for example, for May 1948 write 05/48.

11. Size of the Community

If the gravida is not sure of the size of the community, probe to determine whether it was farm or non-farm.

12. A. What is the highest grade of regular school that you have completed?

The numbers 13, 14 and 15 correspond to 1, 2 and 3 years of college respectively.

Number 16 is for completion of four years of college or graduation from a college, as a teacher, pharmacist, home economist, accountant, etc. (unless a higher degree is indicated).

Number 17 is for at least one year of graduate or professional school with no graduate degree.

Number 18 is for an M.A., Ph.D. or any other higher degree such as Law or Medicine.

If gravida says that she attended ungraded classes, determine the nature of the ungraded class. If class was for rapid or bright learners circle the grade achieved. For other ungraded (slow, disturbed, etc.) learners write in ungraded.

If the gravida says that she finished the first half of the 7th grade, she has in fact completed the 6th grade. Circle 06.

Item No. 12. (Continued)

B. Did you pass (graduate from) this grade (school)?

For 11th and 12th grade, ask Did you graduate from High School?

For 3rd and 4th year College, ask Did you graduate from College?

For less than 11th grade, ask Did you pass this grade?

C. Have you had any other schooling?

Other schooling means other than regular as defined above, such as beauty school, barber college, repair service school, dancing school, etc.

D. Was the last regular school attended outside the United States?

Ask as given. The purpose of this question is to determine whether the highest grade was achieved in a domestic or foreign school. If schooling was outside Continental U. S. but under the U. S. Military, please indicate this.

E. Are you at present going to school?

Ask as given. If "Yes," indicate regular or other as defined above. Specify grade where applicable.

13. Occupation of Gravida's Father

This question is designed to provide some indication of the socio-economic status of the gravida at the time she entered a marriageable state. For this reason, the time selected was, when the gravida completed or left regular or academic school. Attendance at adult education classes is excluded. If her father was not in the household, the occupation of the head of the household at that time is recorded and the relationship to the gravida is shown; for example, grandfather, stepfather, uncle, mother.

For the unmarried gravida still at school, record the current occupation of her father or father substitute. For the married gravida still at school, record the occupation of her father, or father substitute, at the time she married for the first time.

April 1963

Item No. 13. (Continued)

Item No.

Get a full description of the work that the father was doing. Probe for the industry and whether he was self-employed. If self-employed, indicate this with kind of work. Do not accept broad statements such as clerical work, laborer, maintenance man or operator, but describe in detail the kind of work. For example, instead of clerical worker, record messenger in shoe store, bookkeeper in grocery store, secretary in insurance office, office machine operator in bank, etc. Instead of laborer, record in detail what he did such as hand loaded barrels onto truck, hoist loaded barrels onto truck, cleaned machines, etc. Instead of maintenance man, probe for details as to kinds of things he did on the job and record as electrical repairs, carpentry, painting, cleaning the yard, etc. For farmer, probe whether owner, tenant farmer or farm worker. For each of the items about kind of work (occupation), you should record enough information so that we can classify the job according to the U.S. Census of Occupations.

SECTION B - GRAVIDA'S LANGUAGE, RELIGION, RACE

REPEAT PREGNANCY-ABRIDGED FORM OMIT ITEM 17.

15. Languages Spoken

Ask as given.

16. Religion of Gravidia

On the schedule, "P" denotes Protestant, "R.C." Roman Catholic and "J" Jewish. Check the appropriate box without probing. If the patient says "no religion" or other than the three given, check "Other" and specify.

17. Race of Gravidia

On the schedule, "W" denotes White, "N" Negro, "O" Oriental and "PR" Puerto Rican. Use "Other" for all other categories and specify. Ask the question as written.

18. Religion of the Baby's Father

Ask the question as given. Do not substitute the word "Husband" for "The Baby's Father." The letter symbols for religion are as for item 16.

19. Race of the Baby's Father

Ask as given. Do not substitute the word "Husband" for "The Baby's Father." The letter symbols are as for item 17.

SECTION C - GRAVIDA'S MARITAL HISTORY

REPEAT PREGNANCY-ABRIDGED FORM, ASK AS FOR R-1.

If answer is "No," omit Section C. If "Yes," complete Section C.

20. Marital Status

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 (include consensual 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 gravidas who are married but not living with husband whether or not the separation is legally recognized.

S Single

21. Have you ever been married?

Ask only of the single gravidia. If answer is "No," omit rest of Section C.

22. A. How many times have you been married including the present marriage?

For single gravidia, omit the phrase "including this marriage." Count only legal marriages including common-law if recognized in your community.

B. Chronology of Marriages

For one marriage ask "When were you married? What month and year was that? Are you still married to this man?" If answer is "Yes," enter date. If answer is "No," ask "When did the marriage end? How did it end?"

April 1963

Item No. 22. B. (Continued)

Then show marriage date (month and year), termination date (month and year), and nature of the termination. For two or more marriages, start with the most recent marriage — get the dates of beginning and termination and reason for termination.

Enter dates and mark in appropriate spaces.

For example:

Gravida says that she has been married three times. She is at present married, she entered into this marriage on July 27, 1961. She had been previously divorced June 15, 1961. This ended the marriage begun November 3, 1954. Her first marriage was entered into on February 5, 1950 and her first husband died on October 12, 1953. Enter as follows:

MARRIAGE		TERMINATION		REASON		STATUS	
MO.	YR.	MO.	YR.	REASON	STATUS	MO.	YR.
7	61	6	61	1	1		
11	54	6	61				
2	50	10	53				

23. If at present married, ask "Is your husband living at home with you?"

This means living with the gravida.

If answer is "Yes," omit Item 24. If answer is "No," ask Item 24.

24. If current termination is "separated," also ask "Why are you living apart from your husband?" Do not ask the reasons shown for coding purposes. Ask only the initial question. This is to determine the nature of the separation and the reason for it.

SECTION D - GRAVIDA'S WORK HISTORY

R-3 REPEAT PREGNANCY-ABRIDGED FORM, ASK AS FOR R-1.

If answer is "No" skip to item 31.

If answer is "Yes" complete Section D.

FOR THE ENTIRE SE-1 FORM,
SECTION D STARTS WITH ITEM 26.

26. "Do you have a job now?"

Item No. 26. (Continued)

If the answer is "Yes," ask A, B and C then skip to item 28. If the answer is "No," skip to item 27.

A. How many hours per week do you work?

If gravida gives a daily figure, probe number of days worked during the week and arrive at a weekly figure.

B. How long on job?

Enter years, months and to nearest week in appropriate boxes, as given by the gravida. If, for example, she says 4 and a half years, there is no need to probe for finer detail. Enter as 04 years 06 mos. 0 wks.

C. What kind of work do you do on the job?

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 makes salads, washes pots and pans, makes sandwiches, cooks short-orders in a restaurant), or "works in a factory" (probe for details, such as runs a sewing machine in a pocket book factory, pastes feathers on hats, mounts jewelry on show cards, packs shrimp in cans, packs pickles in jars). Probe for self-employment. If self-employed enter with information about kind of work.

27. Have you ever had a job?

If gravida says "No," before recording, probe to discover any kind of work for which the patient received either money or any kind of material return such as rent, or room and "board," or clothing. If still "No," complete Item 29. If "Yes," complete Section D.

27 A, B, C — See 26 A, B, C.

D. "When did you stop working?"

Give month and year — using numbers.

28. How many other kinds of work have you done?

A count of the different occupations is sought in this question. If the gravida had worked in five different firms as a typist, in two theatres and a restaurant

April 1963

Interviewing Manual for the Socio-Economic Schedule (SE-1)

Item No. 28. (Continued)

as a cashier and in two restaurants as a waitress, she has had ten jobs but has done only three kinds of work; typing, acting as cashier and waiting on tables.

A. How many jobs have you had? — Ask only of the gravida who has worked at only one occupation. If she reports one job, skip to item 30, if several jobs, ask item 29B.

29. A. What kind of work did you do for the longest time?

Again try to get as full a description of what the gravida did before writing down the occupation. What is needed is a description of the occupation that the gravida pursued for a longer total period of time than any other occupation that she may have pursued, regardless of how many jobs this involved. For example, if she worked as a waitress on six jobs over a period of two years but worked as a cashier on one job for four years, then cashier is the occupation to be reported here.

B. For how long did you do this kind of work?

Record as for 28B. If gravida reports having worked at several jobs in the same occupation, please report the total amount of time spent at this occupation. Even if work was part-time, count between dates.

30. Occupational Hazard

This is a screening question — with a "Yes," "No" answer. Ask each line separately, completing "A" before proceeding to "B," etc.

When the answer is "Yes", ask "Tell me what you did and where you did it. For about how long?" Record this in months, where possible. If less than month, record in weeks or days as needed. Be sure to include time unit where less than a month.

A. Have you ever worked with X-ray or fluoroscope equipment or been exposed to X-rays in your work?

Possible answer: Used machine to check fit of children's shoes in shoe store. Proceed to next line.

Item No. 30. (Continued)

B. Have you ever worked with other radiation such as radioactive elements or isotopes?

Either handling them or cleaning up areas where they were used? In probing this question emphasize that it is about radio-active elements or substances that you are asking. If the gravida does not know what you are talking about, just tell her "you would know if you had been working with such things."

C. Have you ever worked with tobacco dust or leaf, or handled tobacco?

On a farm picking or stripping or shaking tobacco leaf; or in a warehouse, handling; or in the manufacture of cigars, cigarettes, or other tobacco products? (Record "No" for selling of packaged cigarettes and cigars or tobacco).

D. Have you ever worked with steam or very high heat where special care had to be taken?

Probe for the kind of work and the work situation. Some possible situations are: in chemical processes, steam laundry, commercial cooking, metal processing, rubber processing. This would include operation of a steam mangle or ironer in a commercial laundry or hospital or a cleaning and laundry establishment, but not the use of a steam iron in a private home. If gravida thinks she did, record as "Yes."

E. Have you ever worked with chemicals, their dusts, gases, or fumes in a job situation?

Detergents used by a domestic worker in the home should not be included but chemical compounds used by a charwoman who cleans offices or other commercial buildings should. Also include spotters in dry cleaning establishments, cleaners and dyers, fur finishers, etc. Probe for detail of the industry and work done. When asking this question, ask "Chemical Dusts," "Chemical Gases," "Chemical Fumes?"

April 1963

Item No. 30. (Continued)

F. Have you ever had to lift heavy weights on any of your jobs?

"Tell me about this job." "Under what circumstances?" "Where was this?" If gravida says "Yes," accept it. Consider as a heavy weight what is heavy to the woman.

G. Have you ever had to handle animals or birds on any of your jobs?

Probe: "Like tending animals or eviscerating fowl or caring for animals?"

31. Have you ever cared for, handled, played with or worked around farm animals.

A. Ask as given; then elaborate, "You know, watered or fed or dressed farm animals such as chickens, ducks, geese, etc." If the answer is "Yes" ask:

B. How often? From what the gravida tells you, determine and check the proper category as defined below:

Incidentally means once or twice; on a visit to a farm or a fair, having played with one or more of these animals at Easter-time, or other times at a zoo.

Frequently means that gravida has or had some constant contact with animals having lived on a farm at any time, or having spent a vacation on a farm during which animals were handled.

Other includes situations not covered above.

C. "When was the last time you did this?"

If recently, give month and year. If more than five years ago, give year.

SECTION E - HOUSEHOLD ARRANGEMENT

Preface Section E by a lead-in sentence such as, "Now I'd like to ask you something about your living arrangements."

I R-4 REPEAT PREGNANCY-ABRIDGED FORM

"Have you moved since _____?" Use date from Item 9A. If answer is "No," skip to Item 38. If "Yes," complete Section E.

Item No.

**FOR THE ENTIRE SE-1 FORM,
SECTION E STARTS WITH ITEM 33.**

These are the definitions used in this Section:

1. A HOUSING UNIT 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.
2. A HOUSEHOLD consists of all persons occupying one Housing Unit.
3. A HOUSE is a building that contains 3 or fewer Housing Units (This includes the 2-family house sometimes called DUPLEX).
4. An APARTMENT HOUSE (sometimes called a TENEMENT HOUSE) is a building that contains FOUR or more distinct Housing Units.
5. An APARTMENT (sometimes called a FLAT) is a Housing Unit in an Apartment House.
6. A BOARDING HOUSE is a housing arrangement in which non-related persons are furnished regular meals and lodging.
7. A ROOMING HOUSE is a housing arrangement in which non-related persons are furnished lodging.

33. Do you live in a house, or in an apartment or do you have some other living arrangement?

If the gravida says that she lives in a "Housing Project" or "Garden Apartment" probe to determine whether this is an apartment or house, by our definition. If gravida lives in a dormitory, answer Items 34-37 and omit 38-40.

The codes used are:

1. House, includes bungalow, shack, trailer.
2. Apartment.
3. Rooming or boarding house, includes hotel and motel.

34. How long have you lived in this (house, apartment, etc.)? Use appropriate word from Item 33.

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.

April 1963

Interviewing Manual for the Socio-Economic Schedule (SE-1)

Item No.

Item No. 40. A. (Continued)

35. Where did you live before this?

If always same house, check "never moved" and skip to item 38. If gravida had moved within same city, check "1." If she moved within same state but from another city or community, check "2." If gravida had moved from another state or a foreign country, enter name of the state or foreign country.

36. How long did you live in that residence?

Fill in as for item 34.

37. How many times have you moved in the last five years?

This includes moves made before the gravida was married if within the 5 years. (If gravida lived at home, but went back and forth to school, do not count these as separate moves).

38. How many rooms are there in your present (house, apartment, etc.)?

Make certain that the gravida 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 gravida reports living in cabin, trailer or shack, determine the number of rooms exclusive of kitchen, bath and halls.

39. How many people are living in your household including yourself?

Paraphrase: How many people are living in your home with you? Be sure to include the gravida.

40. A. Tell me who they are? How they are related to you? How old was each person on his (her) last birthday?

From these three questions we want to get an understanding of the composition of the gravida's household. Usually this consists of the gravida, her husband and children if any. For complex households such as the gravida who lives with her husband and his parents etc., or the gravida who

lives in a boarding or rooming arrangement, determine the number of persons who live in the housing unit (apartment, flat or house, etc.) with the gravida, their relationship to her, their respective ages in years as of their last birthday, and the sex of each person.

Describe the relationships to the gravida such as, husband, son, step-daughter, grandchild, foster child, parent, grand-parent, sister, half-brother, aunt, cousin, nephew, in-laws, father of the baby, friend, roomer or boarder. If more space is needed to enumerate persons in the household, use the bottom of the page.

B. Who is the head of your household?

Please circle the name of the person whom the gravida considers to be the head of the household. Thus, if her parents or her husband's parents are living in the same household with the gravida, probe to find out whether she is living with the parents, or the parents are living with her and her husband.

42. Husband or Father of the Baby

Information on page 5 of SE-1 is to be collected for either the husband or the father of the baby, as the case may be. From the forms determine about whom you are collecting the information and check the appropriate box in item 42 without asking the gravida.

Identify as "Husband" if he is living in the household or if he is temporarily away at work, seeking work, in the Armed Forces or in an institution and no other father of the baby is reported. In all other cases identify as the "Father of the Baby."

NOTE: Information is to be collected about either the husband or the father of the baby according to the instructions shown below, even if neither of these men is presently a member of the gravida's household.

COLLECT DATA FOR

GRAVIDA IS MARRIED (include COMMON LAW) and HUSBAND IS PRESENT IN HOUSEHOLD.

HUSBAND, IF GRAVIDA IS MARRIED (include COMMON LAW) and HUSBAND IS AWAY, and FATHER of the BABY IS NOT PRESENT IN HOUSEHOLD.

April 1963

Item No.

GRAVIDA IS MARRIED (include COMMON LAW), **HUSBAND IS AWAY** and **FATHER of the BABY is PRESENT IN HOUSEHOLD.**

GRAVIDA IS WIDOWED, DIVORCED, SEPARATED OR SINGLE.

SECTION F - EDUCATION, BIRTHPLACE OF HUSBAND OR FATHER OF THE BABY

Introduce this section with:

"Now I'm going to ask a few questions about your husband (or the father of this baby)." Note: Use whichever was identified in item 42.

Item No.

REPEAT PREGNANCY-ABRIDGED FORM.

† R-5. Determine from the SE-1 form whether this is the same man as in the prior SE-1 form. If there has been no change in marital status or living arrangements and the name is the same in item 9B as in 40A check "Same Man" and ask R-6. If not the same man, check appropriate box and complete this page.

† R-6. Has he attended school since when you were interviewed earlier? If answer is "No," omit Section F. For few for whom answer is "Yes," complete Section F.

FOR THE ENTIRE SE-1, SECTION F STARTS WITH ITEM 43.

43. What is the highest grade of regular school that he has completed?

This section parallels the education question in Section A for the gravida.

44. Where was he born?

Enter the name of the city or county of his birth and the state. For foreign-born, enter name of city and country.

SECTION G - WORK HISTORY OF HUSBAND OR FATHER OF THE BABY

To be asked of the gravida for each study pregnancy.

45. Is he now working?

If "No," omit rest of item 45. Ask 46.
If "Yes," omit item 46.

A. How long has he been on this job?

See 26B.

B. What kind of work is he doing?

Again, as with the occupation of the gravida or her father, probe for enough information to write an occupational description that can be classified. This means both the kind of work and kind of industry, and whether he is self-employed. Occupations such as: maintenance worker, laborer, operator, handy man, construction worker are too general. Probe for what the man does or was doing on the job in what industry. Get the best information you can. If gravida says, "I don't know he's just a construction worker," ask, "What does he do on the job?" Be careful not to suggest activities but try to get her to describe, as well as she knows, what he does. For farmers probe whether he is owner, tenant farmer or farm worker.

46. Has he ever worked?

If "No," omit G.
If "Yes," complete remainder of Section G.

A. See 26B.

B. See 45B.

C. How long has he been out of work?
See 26B.

D. Why is he unemployed?

Ask only of men not now working. Probe for reasons; let the gravida tell you why. Do not offer possible reasons.

47. A. What kind of work did he do for the longest time?

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

April 1963

Interviewing Manual for the Socio-Economic Schedule (SE-1)

Item No. 47. A. (Continued)

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.

B. For how long did he do this work?

The total time worked at this occupation is wanted, not the duration of the job that he held for the longest time. Enter as for 26B. If possible, give also the span of years this covers.

48. A. How much time has he spent unemployed in the past year?

Record in weeks.

B. How many jobs has he had in the past year?

(1) 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.

(2) If he has worked continuously for a contractor who sent him out on jobs during the year, this is to be considered as one job. For example: if he is a painter working for a painting or decorating company, and he is sent out to different places to work but is assigned by this company, this should be considered one job.

(3) If he is self-employed and bids on jobs, item 48B does not apply. Enter DNA.

SECTION H - FAMILY INCOME

The answers from this Section will serve as the basis for estimating the economic status of the gravida and her family. Therefore, all questions are to be asked of every gravida each time she has a study pregnancy. Assure the gravida that this information will be used for medical and statistical purposes with no mention of names. The data are to be collected for the first three months of the pregnancy being studied, except for the gravida who is being interviewed before the end of the third month. In such cases ask for the income during the im-

Item No.

mediately preceding three months, including the month of interview. Do not shorten the interval for which income is recorded.

50. "We are interested in the income of your family during the first three months of this pregnancy. That would be during _____ and _____"
enter the 3 months of first trimester

(Use AR-1 as source of dates of first trimester.)

Ask, "Where did the money come from?" and "How much money was coming in during these three months?"

The sources of income have been divided into three kinds: 1) Earnings from wages, salaries, earned pensions and compensations, and 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 of these sources. Ask, "How much did you earn during the first three months of your pregnancy?" "How much did your husband earn?" (F.O.B. if he lives with gravida.) "During these three months did any one else earn any money on which your family lived?" If yes, prove "From whom and for how much?" Probe further, "Did money come in from any other place during these three months?"

List income from earnings in top block of col. (b); show earner and kind of earnings: i.e., gravida's wages, husband's G.I. benefits, grandmother's Social Security benefits. List money from welfare or charity in middle block of col. (b) indicating recipient and source of money: i.e., general public assistance (GPA) to gravida's mother, or aid to dependent children (ADC) to gravida, etc. List all other money receipts in bottom block of col. (b). Show recipient and source of money: i.e., rent from husband's property.

For each entry report details of receipts in col. (c) showing amount and unit of time; for example, husband's wages \$75/wk every week. Do the computation and enter the total received from the particular source in col. (d).

When gravida 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

April 1963

Interviewing Manual for the Socio-Economic Schedule (SE-1)

Item No. 50. (Continued)

follows: 1) In column (b) explain from whom and why, for example gravida's earnings as resident manager, 2) in column (c) describe nature of payment, for example 3 room apartment rent free, plus utilities, or free room and board for gravida and 4 year old boy, 3) In column (d) put a dash (-). Leave the total in column (c) blank.

An example of how this table is filled in follows:

Gravida states: "I worked for six weeks at \$55/wk and received \$25/wk unemployment compensation for seven weeks during that time. I get \$10 a week child support for my child by another father but he missed three weeks during that time. My husband is on G.I. Bill, gets \$135/mo - and was getting it then. He was also working part-time earning \$15-\$25/wk.

We are living in a two family house and rent out the upper flat for \$75 a month. My husband's mother lives with us and she was getting \$60/mo Social Security pension at that time."

(a)	(b)	(c)	(d)
Earned Income	Gravida: Wages	\$ 55/wk - 6 wks	\$ 330
	Unemp. Comp.	25/wk - 7 wks	175
	Husband: Wages	15-25/wk - 13 wks	360
	G.I. Bill	135/mo - 3 mos	405
	Other: Mother-in-law's		
	Soc. Sec. Pension	60/mo - 3 mos	240
Welfare	---	---	---
Other Sources	Rent from upper flat	75/mo - 3 mos	225
	Child support from father	10/wk - 10 wks	100
TOTAL:			\$1,735

If gravida reports that her husband had been awarded an \$1,800 fellowship for the nine month school year and he is in the National Guard and earned drill pay of \$75 for the three months, enter as follows:

(a)	(b)	(c)	(d)
Earned Income	Husband: Fellowship	\$1,800/yr for 9 mos	\$ 675
Welfare	---	---	---
Other Sources	Husband: Nat'l Guard Pay	75 for 3 mos	75
TOTAL:			\$ 675

Item No. 50. (Continued)

For self-employed or persons with uncertain income enter source in col. (b), record details in col. (c) and estimated amount for three months in col. (d).

If income is received irregularly enter source in col. (b), details in col. (c) and estimated amount in col. (d).

For any situation not covered above, record the details of how the gravida managed during the three months. Enter amount in col. (d). Use the bottom of the page if needed. For example, if she says that she had "no income" but was a foster child in a family, was provided for and given pocket money, enter details in cols. (b), (c) and (d).

51. A. Did this same amount come in each _____? (Use the unit of time in which income was reported in col. (c) during these three months.) If "No." ask B. If "Yes", skip B and item 52.

B. Were there any pay periods when no money was coming in? Check one.

52. Was there a change in major source of income during the first three months of this pregnancy?

Describe the change briefly, showing time, persons, and amount and source of income.

53. A. How many persons did this money take care of during the three months?

For 1 through 9, enter as 011 - 019.

B. How many were under 8 years old? Enter as above.

54. Was there a change in the number of persons supported by this money during these three months?

Explain the nature of the change, such as change in marital status or financial living-arrangements or marital change as explained in item 52. For example, if gravida reports that she was widowed during this trimester, list husband's income for 5 weeks, savings for 6 weeks, survivors', social security payments for 2 weeks.

55. Ask only where applicable. Record kind of work in sufficient detail as elaborated in item 13. Be sure to show relationship to gravida.

April 1963

SOCIO-ECONOMIC INTERVIEW

DO NOT USE

REC _____
COO _____
C43 _____

patient

DATE
Mo. Day Year

2. INTERVIEWER'S TITLE

FOR REPEAT PREGNANCY ONLY

3. INTERVIEWER'S NAME

Code No.

8. FORM TO BE USED:

☐ Enroll SE-1 (omit Item 7) ☐ Abridged SE-1 (complete Item 7)

INTERVIEWED:

5. ☐ Before Delivery ☐ After Delivery
6. ☐ In Hospital or Clinic ☐ Other (specify)
7. ☐ In English ☐ Other Lang.

9. A. PRIOR SE-1 COMPLETED

No. Day Year

B. NAME OF MAN FOR WHOM COMPLETED

Last Name First Name Middle
☐ P.O.B.

In order to get a general idea of the background of the women taking part in this program, we'd like to know a few things about them and their families, such as, where they were born, where they went to school, where they're living, and other things like that. Of course, anything we're told is completely confidential and will be used only for statistical purposes. Now I'd like to ask you:

**SECTION A
BIRTHPLACE - EDUCATION**

REPEAT PREGNANCY - ABRIDGED FORM

1. HAVE YOU ATTENDED SCHOOL SINCE _____
☐ NO (from Item 12) ☐ YES (complete from 12) DATE FROM YEAR TO

10. IN WHAT CITY OR TOWN WAS YOUR FAMILY LIVING WHEN YOU WERE BORN? (enter on proper form)

A. INSIDE CONTINENTAL U.S.A.
(include Alaska and Hawaii)

B. OUTSIDE CONTINENTAL U.S.A.
(include Alaska and Hawaii)

SPECIFY CITY AND COUNTRY - STATE

SPECIFY CITY AND COUNTRY

C. WHEN DID YOU FIRST COME TO THE U.S.A.?

11. HOW MANY PEOPLE WERE LIVING IN THE CITY OR TOWN IN WHICH YOUR FAMILY LIVED WHEN YOU WERE BORN? (include you)

URBAN (2,500 or more persons) _____
RURAL NON-FARM (less than 2,500 persons) _____
RURAL FARM _____
UNKNOWN _____

INSIDE CONT. U.S.A. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5
OUTSIDE CONT. U.S.A. ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5

12. A. WHAT IS THE HIGHEST GRADE OF REGULAR SCHOOL THAT YOU HAVE COMPLETED? (include one)

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

B. DID YOU PASS (GRADUATE FROM THE GRADE (S) SCHOOL)? ☐ YES ☐ NO

C. HAVE YOU HAD ANY OTHER SCHOOLING?

☐ NO ☐ YES SPECIFY TYPE AND DURATION OF SCHOOLING

D. WAS THE LAST REGULAR SCHOOL ATTENDED OUTSIDE UNITED STATES?

☐ NO ☐ YES SPECIFY CITY AND COUNTRY

E. ARE YOU AT PRESENT GOING TO SCHOOL?

☐ NO ☐ YES SPECIFY KIND OF SCHOOL

13. WHEN YOU FINISHED OR LEFT SCHOOL WHAT KIND OF WORK WAS YOUR FATHER DOING? (Note: For grandfathers now in school omit: WHAT KIND OF WORK DOES YOUR FATHER DO?)

☐

SOCIO-ECONOMIC INTERVIEW

SECTION B - LANGUAGE, RELIGION, RACE

REPEAT PREGNANCY - ABRIDGED FORM

CONT ITEM 17

15. DO YOU SPEAK ANY LANGUAGES OTHER THAN ENGLISH IN YOUR HOME?

☐ ENGLISH ONLY

☐ ENGLISH AND SOME OTHER LANGUAGE(S) (specify) _____

☐ OTHER LANGUAGE(S) ONLY (specify) _____

16. WHAT IS YOUR RELIGION? _____

☐ OTHER _____

17. WHAT IS YOUR RACE? _____

☐ OTHER _____

18. WHAT IS THE RELIGION OF THE BABY'S FATHER? _____

☐ OTHER _____

19. WHAT IS HIS RACE? _____

☐ OTHER _____

REPEAT PREGNANCY - ABRIDGED FORM

SECTION C GRAVIDA'S MARITAL HISTORY

20. HAVE THERE BEEN ANY CHANGES IN YOUR MARRIAGE

STATUS SINCE _____

DATE FROM ITEM 6a

☐ NO (omit section C)

☐ YES (complete section C)

20. ARE YOU AT PRESENT MARRIED, WIDOWED, DIVORCED, SEPARATED, SINGLE OR SOMETHING ELSE? (check one)

☐ (omit item 21)

☐ ☐ ☐ ☐ ☐

21. HAVE YOU EVER BEEN MARRIED? (omit wife is single)

☐ YES

☐ NO (omit 22 through 24)

22. A. HOW MANY TIMES HAVE YOU BEEN MARRIED INCLUDING THIS MARRIAGE? (circle one) 1 2 3 4 5 6 7 8

B. PLEASE LIST DATES AND NATURE OF TERMINATION OF EACH MARRIAGE.

FROM		TO		HOW TERMINATED			
MO	YR	MO	YR	HOW	WHY	SEP	OTHER (SPECIFY)

23. If married ASK: IS YOUR HUSBAND LIVING AT HOME WITH YOU?

☐ YES (omit 24)

☐ NO (omit 24)

24. If currently separated ASK: WHY ARE YOU LIVING APART FROM YOUR HUSBAND?

☐ MARITAL PROBLEMS (including legal separation)

☐ HE IS AWAY AT WORK (or working more)

☐ HE IS IN ARMED FORCES

☐ HE IS IN INSTITUTION

☐ OTHER _____

SOCIO-ECONOMIC INTERVIEW

23. PATIENT IDENTIFICATION

SECTION 0
GRAVIDA'S WORK HISTORY

REPEAT PREGNANCY - ABRIDGED FORM

22. HAVE YOU CHANGED JOBS OR STARTED TO WORK SINCE _____

YES (copy to item 23) YES (do not copy to item 23)

26. DO YOU HAVE A JOB NOW? ☐ YES (complete rest of 26) ☐ NO (omit rest of 26, see 27)

A. HOW MANY HOURS PER WEEK DO YOU WORK? _____ HRS./WK

B. HOW LONG HAVE YOU HAD THIS JOB? _____ YRS _____ MOS _____ WKS

C. WHAT KIND OF WORK DO YOU DO ON THIS JOB? _____

27. HAVE YOU EVER HAD A JOB? ☐ YES (complete rest of 27) ☐ NO (complete 31)

A. HOW MANY HOURS PER WEEK DID YOU WORK? _____ HRS./WK

B. HOW LONG DID YOU HAVE THIS JOB? _____ YRS _____ MOS _____ WKS

C. WHAT KIND OF WORK DID YOU DO ON THIS JOB? _____

D. WHEN DID YOU STOP WORKING? _____ YEAR

28. HOW MANY OTHER KINDS OF WORK HAVE YOU DONE? ☐ ONE OR MORE (specify number in 28a. Add item 29) ☐ NONE (omit A.)

A. HOW MANY JOBS HAVE YOU HAD? ☐ ONE (omit item 29) ☐ SEVERAL (omit item 29 B)

29. A. WHAT KIND OF WORK DID YOU DO FOR THE LONGEST PERIOD OF TIME? _____

B. FOR HOW LONG DID YOU DO THIS KIND OF WORK? _____ YRS _____ MOS _____ WKS

30. HAVE YOU EVER WORKED WITH OR BEEN IN A WORK SITUATION WHERE YOU WERE EXPOSED TO:

SITUATION	NO	YES	DESCRIBE WORK SITUATION	Approximate exposure time (in minutes)
A. X-RAY OR FLUOROSCOPE?				
B. OTHER RADIATION?				
C. TOBACCO (dust, fumes or handling)?				
D. EXTREME HEAT OR STEAM?				
E. CHEMICALS (dust, fumes, gases, or materials)?				
F. LIFTING HEAVY WEIGHTS?				
G. HANDLING ANIMALS (alive or dead)?				

31. HAVE YOU EVER CARED FOR, HANDLED, PLAYED WITH OR WORKED AROUND FARM ANIMALS, SUCH AS CHICKENS, DUCKS, GESE, COWS, PIGS, HORSES, DONKEYS, MULES, SHEEP OR GOATS, ETC.? (circle which)

A. ☐ YES ☐ NO (omit B and C)

B. HOW OFTEN? ☐ INCIDENTALLY ☐ FREQUENTLY ☐ OTHER _____

C. WHEN WAS THE LAST TIME THAT YOU DID THIS? _____ YEAR

REPEAT PREGNANCY -
ABRIDGED FORM

2-2-4 -AVE YOU MOVED

SECRET

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

☐ HOUSE (inc. sub or share house) ☐ APARTMENT ☐ BOARDING OR ROOMING HOUSE
☐ OTHER _____

24. HOW LONG HAVE YOU LIVED IN THIS COUNTRY, approx. _____

15. WHERE DID YOU LIVE BEFORE THIS? ☒ NEVER MOVED (check only if born in U.S.) ☒ SAME CITY ☐ OTHER CITY, SAME STATE ☐ OTHER STATE OR COUNTRY _____

24. AGE AND DO YOU LIVE THERE?

39. HOW MANY TIMES HAVE YOU MOVED IN THE LAST FIVE YEARS? 1
(Note: If you live in a dormitory or institution omit remainder of question.)

10. HOW MANY ROOMS ARE THERE IN YOUR PRESENT HOME, OFF., OFFICE?
DO NOT COUNT KITCHENS, HALLS OR BATHROOMS.

19. HOW MANY PEOPLE ARE LIVING IN YOUR HOUSEHOLD, INCLUDING YOURSELF? 1

68. A. WHO ARE THEY, HOW ARE THEY RELATED TO YOU, HOW OLD (GIVE APPROX) IS EACH ONE?

[illegible]

NO. GRAVITA'S CHILD. [REDACTED]
HOUSEHOLD STRUCTURE [REDACTED]
HOUSING DENSITY [REDACTED]
PERSONS UNDER 10 [REDACTED]
PRES. of HUSB. or F.O.B. [REDACTED]

3. WHO IS THE HEAD OF YOUR HOUSEHOLD? (Last name first) James Earl Ray

SOCIO-ECONOMIC INTERVIEW

42. NAME. COLLECT DATA EITHER FOR HUSBAND OR FOR FATHER OF THE BABY AS THE CASE MAY BE.

For HUSBAND: 1. He is a member of the household from 222, or
2. He is reported as temporarily away (from 221) and no other member of the household is reported as his father of the baby (from 47).
For FATHER OF THE BABY in all other cases.

DATA REPORTED FOR ☐ HUSBAND

☐ FATHER OF THE BABY

SECTION F EDUCATION, BIRTHPLACE OF HUSBAND OR FATHER OF THE BABY

Now "I'm going to ask a few things about your husband.
(The Father of this baby is checked above)

REPEAT PREGNANCY - ABRIDGED FORM

P.S. COMPARE MAN IN ITEM 98 WITH MAN IN ITEMS 23, 24 AND 40:
☐ SAME MAN (see R-3) ☐ NOT SAME MAN (complete next page)

43. HAS HE ATTENDED SCHOOL SINCE

☐ NO (omit section F) ☐ YES (complete this page)

43. A. WHAT IS THE HIGHEST GRADE OF REGULAR SCHOOL THAT HE HAS COMPLETED? (circle one)

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

B. DID HE PASS GRADUATE FROM THIS GRADE (SCHOOL)?

☐ YES ☐ NO

C. HAS HE HAD ANY OTHER SCHOOLING?

☐ NO
☐ YES

(SPECIFY YEAR AND MONTH BY MONTH)

D. WAS THE LAST REGULAR SCHOOL HE
ATTENDED OUTSIDE UNITED STATES?

☐ NO
☐ YES

(SPECIFY CITY AND COUNTRY)

E. IS HE AT PRESENT GOING TO SCHOOL?

☐ NO
☐ YES

(SPECIFY NAME OF SCHOOL)

44. IN WHAT CITY OR TOWN WAS HIS FAMILY LIVING WHEN HE WAS BORN?

(CITY AND COUNTRY AND STATE OR COUNTRY)

SECTION G WORK HISTORY OF HUSBAND OR FATHER OF THE BABY

45. IS HE NOW WORKING? ☐ YES (omit 46) ☐ NO (omit part of 46; and 48)

A. HOW LONG HAS HE BEEN ON THIS JOB?

YRS

MOS

☐ WKS

B. WHAT KIND OF WORK IS HE DOING?

46. HAS HE EVER WORKED? ☐ YES ☐ NO (omit part of page)

A. WHAT KIND OF WORK WAS HE DOING?

B. HOW LONG WAS HE ON HIS LAST JOB?

YRS

MOS

☐ WKS

C. HOW LONG HAS HE BEEN OUT OF WORK?

YRS

MOS

☐ WKS

D. WHY IS HE UNEMPLOYED?

(SPECIFY REASON, STRIKE, ILLNESS, INJURY, ETC.)

47. A. WHAT KIND OF WORK DID HE DO FOR THE LONGEST TIME?

B. FOR HOW LONG DID HE DO THIS WORK?

YRS

MOS

☐ WKS

FROM MO YR

TO MO YR

48. A. HOW MUCH TIME HAS HE SPENT UNEMPLOYED IN THE PAST YEAR?

MOS

B. HOW MANY JOBS HAS HE HAD IN THE PAST YEAR?

SOCIO-ECONOMIC INTERVIEW

SECTION H FAMILY INCOME

49. PATIENT IDENTIFICATION

Prater

50. WE ARE INTERESTED IN THE INCOME OF YOUR FAMILY
DURING THE FIRST THREE MONTHS OF THIS PREGNANCY.
THAT COULD BE FROM _____ TO _____

(Year) COUNT BACK FROM EDC. ENTER MONTH OF ONSET OF PREGNANCY
USE A.R. 1 AS SOURCE?

ENTER 3 MONTHS LATER

DURING THESE THREE MONTHS WHERE DID THE MONEY COME FROM AND HOW MUCH MONEY CAME IN?
(Please list all your sources of income and for amounts.)

SOURCE OF INCOME	FOR COMPUTATION PURPOSES	AMOUNT DURING 3 MONTH PERIOD	DO NOT USE
(1) KIND AND SOURCE	(2) AMOUNT AND UNIT TIME	(3)	(4)
EARNED INCOME? Such as: Wages and Salaries Unemployment Compensation Retirement Pensions, Grants, etc.			
WELFARE? Such as: Aid to Dependent Children General Public Assistance etc.			
ALL OTHER SOURCES? Such as: Savings, Dividends Savings used during this period Gifts Sale of Real Property, etc.			
TOTAL			
DO NOT USE			

51. A. DID THE SAME AMOUNT COME IN EACH (month or time span 50 C) DURING THESE 3 MONTHS?

☐ NO (If NO because of a change in marital or
or household composition, complete 53 C.)

☐ YES

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

☐ NO ☐ YES

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

B. HOW MANY WERE UNDER 5 YEARS OLD?

53. If in item 50 a person other than your husband, (F.O.B.) or spouse is given as major source of the money:

WHAT KIND OF WORK DID YOUR _____
SPENDING RELATION TO DEATH?

DO DURING THESE THREE MONTHS?

54. WAS THERE A CHANGE IN MAJOR SOURCE OF INCOME? ☐ NO ☐ YES

COLLABORATIVE RESEARCH
GENITAL RESEARCH BRANCH, NIMH, NIH
ATMOSPHERE, MD.

SE-1 PAGE 000 0
PRETEST 1-00

FHH-2 Family Health History, Part II, and FHH-4 Family Health Information

Form FHH-2 was used as a worksheet for the gravida to record details that she would supply later in the family health history interview. Information was included on the gravida's children, her siblings and their children, her parents, and on the family of the baby's father. Form FHH-4 was used to provide information on diseases or conditions in the gravida's family.

Implemented in June 1959, the forms were not revised. FHH-2 and FHH-4 were replaced in May 1961 by GEN-5, GEN-6, GEN-7 and GEN-8. Information from these forms is available on the master file in cards 1505, 2505 and 3505 (see Table GEN-5.1 for a summary of records generated).

green
Division
English
and
Spanish

Pattern Identification

FAMILY HEALTH HISTORY

PART II

WORKSHEET

On the following pages you will find a few questions about your children, your brothers and sisters, as well as some about the family of the baby's father. This Worksheet is given to you in advance of the interview so as to give you a chance to take down, at your convenience, some of those things that you may not remember right away. Also, where you don't know the answer, you may want to get in touch with some of your relatives. Only information of which you are reasonably sure should be filled in; in other words, please don't guess - use "Don't know."

H. PHH-2

E - YOUR CHILDREN

(List all your children)

On the next page, list all your children from oldest to youngest. Answer the questions below, and answer them for EACH one of your children. Use "Yes", "No" or "DK" (for Don't know). If in doubt, leave space blank.

Name of child, living or dead

Year of birth

Sex of child

1. When this child was born, was there a birth injury, jaundice or need for blood transfusion? Was there any abnormality or physical defect?

2. Did any such difficulties develop in the first three years of life?

3. During childhood was there any serious disease, such as scarlet fever, diphtheria, or any trouble seeing, hearing or talking?

4. Has this child ever had polio, paralysis or anything that would cripple or handicap in any way?

5. Has this child ever had fits, convulsions or fainting spells?

In the last year, has this child had any cold with fever?

Is this child much slower in learning than other children of the same age?

Has this child ever gone to a special school, like one for slow learners, for the deaf or blind?

Has this child ever spent any time at a training school, state hospital or mental institution?

Is this child a twin?

Is this child now in pretty good health? If now dead, please put a cross (x) in the box and give:

Cause of death, if known

Age at death

(FHH-2) PAGE 2 OF 19

F - YOUR SISTERS

(Leave out half-sisters, stepsisters or sisters by adoption)

On the right-hand page, list your sisters in order from oldest to youngest. For every sister who has or had a child, fill in the next form ("Sisters' Children"). If you never had a sister, write "None" on this and the next page. Read through the questions below, and answer them for EACH one of your sisters. Use "Yes", "No" or "DK" (for Don't know). If in doubt, leave space blank.

Name of sister (if now dead, put cross (x) after name.)

Age of sister (or age at death)

Number of children born alive

Number of children born dead

1. When your sister was born, was there a birth injury, jaundice or need for blood transfusion? Was there any abnormality or physical defect?

2. Did any such difficulties develop in the first three years of her life?

3. When she was a child, did she have any serious disease (see brain fever)? Any trouble seeing, hearing or talking?

4. Did she ever have polio, paralysis or anything that left her crippled or handicapped in any way?

5. Did she ever have fits, convulsions or fainting spells?

6. Did she ever have diabetes?

7. Did she ever have a nervous breakdown?

8. Did she have to go to a special school, like one for slow learners, for the deaf or blind?

9. Did she spend any time in a mental or state hospital or other institution?

10. As far as you know, did she have any trouble with pregnancy?

11. As far as you know, how many miscarriages or abortions has she had? (If None, put "0".)

12. Is this sister a twin?

13. Is she (or was she) married to a cousin of hers?

14. As far as you know, is she now in pretty good health?

15. If now dead, give cause of death, if known.

Form 302 (Rev. 5-59) 4 OF 19

C - INTERVIEW CHILDREN

(Interview all living children)

1. List all children mentioned on previous page.
 If name of child is unknown, write "DK".

Name of sister

Name of child, living or dead

Year of birth

Sex of child

2. When this child was born, was there a birth injury, jaundice, or blood transfusion? Was there any abnormality or physical defect?

3. Did any such difficulties develop in the first three years of life?

4. During childhood was there any serious disease, such as brain fever (encephalitis)? Any trouble seeing, hearing or talking?

5. Has this child ever had polio, paralysis or anything that left him (or her) crippled or handicapped in any way?

6. Has this child ever had fits, convulsions or fainting spells?

In the last year, has this child had any cold with fever?

7. Is this child much slower in learning than other children of the same age?

8. Has this child ever gone to a special school, like one for slow learners, for the deaf or blind?

9. Has this child ever spent any time at a training school, state hospital or mental institution?

10. Is this child a twin?

11. Is this child now in pretty good health? If now dead, please put a cross (x) in the box and give:

Cause of death, if known

Age at death

II - YOUR BROTHERS

(Leave out half-brothers, stepbrothers or brothers by adoption)

On the remainder of page, list your brothers in order of age, from oldest to youngest. For every brother now dead, indicate age at time of death. For every brother who has or had a child, fill in the next form ("Brothers' Children"). If you never had a brother, write "None" on this and the next page. Read through the questions below and answer them for EACH one of your brothers. Use "Yes", "No" or "DK" (for Don't know). If you are in doubt as to what the answer should be, leave the space blank.

Name of brother (if now dead, put cross (-) after his name.)

Age of brother (or age at death)

Number of children born alive

Number of children born dead

1. When your brother was born, was there a birth injury, lameness or need for blood transfusion? Was there any abnormality, or physical defect?

2. Did any such difficulties develop in the first three years of his life?

3. When he was a child, did he have any serious disease like brain fever? Any trouble seeing, hearing or talking?

4. Did he ever have polio, paralysis or anything that left him crippled or handicapped in any way?

5. Did he ever have fits, convulsions or fainting spells?

6. Did he ever have diabetes?

7. Did he ever have a nervous breakdown?

8. Did he have to go to a special school, like one for slow learners, for the deaf or blind?

9. Did he spend any time in a mental or state hospital or similar institution?

10. Is this brother a twin?

11. Is he (or was he) married to a cousin of his?

12. As far as you know, is your brother in pretty good health?

13. If now dead, give cause of death, if known.

(Form-2) PAGE 2 OF 19

1. BROTHERS' CHILDREN

(Are not adopted children)

List here all children mentioned on previous page.
If name of child is unknown, write "DK."

Name of brother

Name of child, living or dead

Year of birth

Sex of child

1. When this child was born, was there a birth injury, jaundice or need for blood transfusion? Was there any abnormality or physical defect?

2. Did any such difficulties develop in the first three years of life?

3. During childhood was there any serious disease, such as brain fever (encephalitis)? Any trouble seeing, hearing or talking?

4. Has this child ever had polio, paralysis or anything that left him (or her) crippled or handicapped in any way?

5. Has this child ever had fits, convulsions or fainting spells?

6. In the last year, has this child had any cold with fever?

7. Is this child much slower in learning than other children of the same age?

8. Has this child ever gone to a special school, like one for slow learners, for the deaf or blind?

9. Has this child ever spent any time at a training school, state hospital or mental institution?

10. Is this child a twin?

11. Is this child now in pretty good health? If now dead, please put a cross (x) in the box and give:

Cause of death, if known

Age at death

(FHH-3) PAGE 10 OF 10

2. - YOUR PARENTS
(If deceased, put cross (-) in space for date of death, if known.)

1. Name of your mother _____
2. Her birthplace (State or Country) _____
3. Where does she live now? (If deceased, put cross (-) and date of death, if known.) _____
4. State of her health: Has your mother ever had a serious disease? Or a condition for which she was hospitalized? (If yes, what and when? Hospitalized - when and where? Leave out accidents.) _____

5. Name of your father _____
6. His birthplace (State or Country) _____
7. Where does he live now? (If deceased, put cross (-) and date of death, if known.) _____
8. State of his health: Has your father ever had a serious disease? Or a condition for which he was hospitalized? (If yes, what and when? Hospitalized - when and where? Leave out accidents.) _____

9. What is (was) his usual occupation? _____
10. As far as you know, is there any disease or condition that runs in your family? (If yes, what?) _____

11. Were (or are) your parents related by blood, like first cousins?
☐ Yes, first cousins ☐ Yes, more distantly related ☐ Not related

II.D.119

1. Name of sister (if now dead, put cross (-) after name.)

2. Age of sister (or age at death)

3. Number of children born alive

4. Number of children born dead

5. When this sister was born, was there a birth injury, difficulty or need for blood transfusion? Was there any abnormality or physical defect?

6. Did any such difficulties develop in the first three years of her life?

7. When she was a child, did she have any serious disease like brain fever? Any trouble seeing, hearing or talking?

8. Did she ever have polio, paralysis or anything that left her crippled or handicapped in any way?

9. Did she ever have fits, convulsions or fainting spells?

10. Did she ever have diabetes?

11. Did she ever have a nervous breakdown?

12. Did she have to go to a special school, like one for slow learners, for the deaf or blind?

13. Did she spend any time in a mental or other hospital or similar institution?

14. As far as you know, did she have any trouble with pregnancy?

15. As far as you know, how many miscarriages or abortions has she had? (If none, put "0".)

16. Is this sister a twin?

17. Is she (or was she) married to a cousin of hers?

18. As far as you know, is she now in pretty good health?

19. If now dead, give cause of death, if known.

FHH-21 PAGE 10 OF 19

II. SISTERS' CHILDREN

(List all children mentioned on previous page. If name of child unknown, write "DN".)

List here all children mentioned on previous page. If name of child unknown, write "DN".

Name of sister

Name of child, living or dead

Year of birth

Sex of child

1. When this child was born, was there a birth injury, trauma or need for blood transfusion? Was there any abnormality or physical defect?

2. Did any speech difficulties develop in the first three years of life?

3. During childhood was there any serious disease, such as brain fever? Any trouble seeing, hearing or talking?

4. Has this child ever had polio, paralysis or anything that left him (or her) crippled or handicapped in any way?

5. Has this child ever had fits, convulsions or fainting spells?

6. In the last year, has this child had any cold with fever?

7. Is this child much slower in learning than other children his age?

8. Has this child ever gone to a special school, like one for slow learners, for the deaf or blind?

9. Has this child ever spent any time at a training school, state hospital or mental institution?

10. Is this child a twin?

11. Is this child now in pretty good health? If now dead, please put a cross (x) in the box and give:

Cause of death, if known

Age at death

FHH-21 PAGE 16 OF 18

N-100 3-107-12-12

1. Name of brother (if now dead, put cross (x) after name.)

2. Age of brother (or age at death)

3. Number of children born alive

4. Number of children born dead

5. When this brother was born, was there a birth injury, jaundice or need for blood transfusion? Was there any abnormality or physical defect?

6. Did any such difficulties develop in the first three years of his life?

7. When he was a child, did he have any serious disease like scarlet fever? Any trouble seeing, hearing or talking?

8. Did he ever have polio, paralysis or anything that left him crippled or handicapped in any way?

9. Did he ever have fits, convulsions or fainting spells?

10. Did he ever have diabetes?

11. Did he ever have a nervous breakdown?

12. Did he have to go to a special school, like one for slow learners, for the deaf or blind?

13. Did he spend any time in a mental or state hospital or similar institution?

14. Is this brother a twin?

15. As far as you know, is this brother in pretty good health?

16. If now dead, give cause of death, if known.

[illegible]

PHOTO COPY OF THE REPORT 20 19

FAMILY HEALTH HISTORY

DETAILED HEALTH INFORMATION

yes
English and Spanish

1. Patient Identification

2. Name of relative _____

3. Relation to provider _____ Listed on Worksheet page _____

4. DESCRIPTION OF DISEASE OR CONDITION: What was disease like? What were the symptoms? What parts of the body were affected?

5. ONSET: At what age did this start? _____ What were the first symptoms? _____

6. PROGRESS OF DISEASE OR CONDITION: How is he now?

☐ No change

☐ Disease has gotten worse [Describe present status] _____

☐ Recovered at age _____

☐ Still has it but improved [Describe present status] _____

☐ Responsible for death at age _____

7. DIAGNOSIS: Did he see a doctor or visit a clinic? ☐ No ☐ Yes ☐ Don't know

What did the doctor call this condition? _____

8. POSSIBLE CAUSE: Did the doctor/clinic have any idea what caused it? What did the family think? _____

9. HOSPITALIZATION: [Include institutions and special schools]

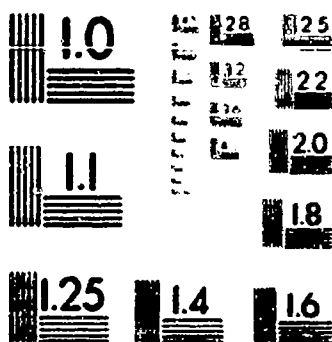
Was the person ever hospitalized for this condition? ☐ No ☐ Yes ☐ Don't know

[If yes] What year? _____ For how long? _____

Name and address of hospital _____

10. TREATMENT: What kind of treatment did he get? _____

11. FAMILY: Is there anyone else in his family who has this condition or something like it? [State name and relationship; briefly describe condition.]



MICROCOPY RESOLUTION TEST CHART
 NATIONAL BUREAU OF STANDARDS-
 STANDARD REFERENCE MATERIAL NO. 1010
 (4th EDITION) TEST CHART NO. 1

CONTINUED ON NEXT FICHE