0925-0294 exp. 12/89

FTYPE
FREV

NGHS FORM 06F
Rev. 0 1/89
17 Pages

NHLBI Growth And Health Study
Initial History Form - A

RID

VISIT

ID						
NC						
VN						

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1. What is today's date? . . . . . ___ ___-___ ___-___ ___
   Month Day Year

2. Are you male or female? . . . . . MALFEM . . . . . ☐ Male ☐ Female

3. What is your date of birth? . . . . . ___ ___-___ ___-___ ___
   Month Day Year

4. What is your relationship to the child in the Growth and Health Study? Are you the child's:

RELATION

Natural parent	☐	1
Step-parent or adoptive parent	☐	2
Grandparent	☐	3
Uncle or aunt	☐	4
Other relative	☐	5
Unrelated adult	☐	6

5. Do you live in the same household as the child in the study? . . . . . ☐ Yes ☐ No

SAMHOUS

6. Please answer *BOTH* 6A and 6B:

A. Are you of hispanic origin (for example, Puerto Rican, Cuban, Latin American, Mexican-American, etc.)? . . . . . ☐ Yes ☐ No

HISP

B. Which *ONE* of the following racial or ethnic groups best describes you? Are you:

RACE

White . . . . . ☐ 1

Black . . . . . ☐ 2

Asian (for example, Chinese, Japanese, East Indian) or Pacific Islander . . . . . ☐ 3

American Indian or Alaskan native (for example, Eskimo) . . . . . ☐ 4

7. A. What is the highest grade of school that you have completed? EDULEVEL

GRADES OF SCHOOL			
0-6	7-9	10-12	High School Diploma
☐	☐	☐	☐

B. Did you pass a high school equivalency test? . . . . . ☐ Yes ☐ No

C. Did you have any other formal schooling after completing high school or passing a high school equivalency test? . . . . . ☐ Yes ☐ No

IF *NO*, SKIP TO QUESTION 8.

D. Did you attend a trade school such as business school, technical school, barber/beauty school, etc.? . . . . . ☐ Yes ☐ No

E. Did you attend college? . . . . . ☐ Yes ☐ No

IF *YES*, ANSWER QUESTIONS E1 - E3.

	Yes	No
E1. Did you earn a degree from a junior or community college?	☐	☐
E2. Did you earn a Bachelor's or other 4-year degree from a college or university?	☐	☐
E3. Did you earn a degree higher than a Bachelor's Degree?	☐	☐

8. Have you smoked at least 100 cigarettes (that is, 5 packs) or more in your lifetime? . . . . . ☐ Yes ☐ No

EVRSMK

IF *YES*, ANSWER QUESTION 9.
IF *NO*, SKIP TO QUESTION 12.

9. Do you smoke cigarettes now? NOWSMK . . . . . ☐ Yes ☐ No

IF *YES*, ANSWER QUESTIONS A AND B.
IF *NO*, SKIP TO QUESTION 10.

A. About how many cigarettes a day do you usually smoke? CIGADY . . . . . ___ ___

B. How many years have you been smoking? YRSMK . . . . . ___ ___
No. years

SKIP TO QUESTION 12.

10. Did you stop smoking cigarettes in the past year? STPSMK . . . . . ☐ Yes ☐ No

11. During all the years when you were smoking:

A. About how many cigarettes a day did you usually smoke? AVADY ..... ___ ___

MARK HERE IF LESS THAN ONE A DAY: LT1 ..... ☐ 1

B. How many years did you smoke? YRSMK2 ..... ___ ___ No. years

12. On the average, how many days a week do you drink alcoholic beverages, that is, beer, wine or liquor? Would it be:

A typical drink is 1½ oz. of spirits (a shot or mixed drink) or 6 oz. of wine (a glass of wine) or 12 oz. of beer (a can of beer).

NDYDRK

Never ..... ☐ 1

Less than once a month ..... ☐ 2

Less than 1 day a week, but at least once a month ..... ☐ 3

1 to 3 days a week ..... ☐ 4

4 to 7 days a week ..... ☐ 5

IF *NEVER*, SKIP TO QUESTION 14.

13. On the days that you drink, about how many drinks do you *USUALLY* have? AMTDRK ..... ___ ___

14. Do you make an effort to get a lot of exercise, some exercise, or little or no exercise in recreational activities (for example, sports, jogging, dancing, etc.)? EXCISE

A lot of exercise ..... ☐ 1

Some exercise ..... ☐ 2

Little or no exercise ..... ☐ 3

15. In your usual work day, aside from recreation, are you physically very active, moderately active, or quite inactive? PHYACT

Very active	☐	1
Moderately active	☐	2
Quite inactive	☐	3

16. Do you usually exercise 3 or more times a week? REXCISE ☐ Yes ☐ No

17. Please tell me whether you agree with these statements:

		Yes	No
A. I play sports or active games often	SPORTS	☐	☐
B. I have too many other things to do with my time other than exercise	NOTIME	☐	☐
C. I enjoy activities like walking, swimming and bike riding	ENJOY	☐	☐
D. I would rather read or watch TV than do outdoor activities	READ1	☐	☐
E. I believe that exercising keeps me healthy	EXHLTHY	☐	☐
F. I believe that exercising helps me control my weight	EXCTLWT	☐	☐
G. I get as much exercise or physical activity as I need	ENGHACT	☐	☐

18. Do you ever tell the child in the Growth and Health Study that exercise is important? EXIMPRT ☐ Yes ☐ No

19. Do you bike ride, play ball, take long walks, garden, swim or do similar activities with your family? RIDFAM ☐ Yes ☐ No

20. Do you run, play ball, exercise or take long walks at least three times a week? RUN3XWK ☐ Yes ☐ No

21. Do you try to get the child to exercise 3 or more times a week? EXREG ☐ Yes ☐ No

22. Do you feel you are good at physical activities? GOODACT ☐ Yes ☐ No

23. What is your present weight? WT ___ ___ ___ lbs.

24. What is your present height without shoes? HTFT HTIN ___ feet ___ ___ inches

25. Have you ever tried to *LOSE* weight? LOSWT ☐ Yes ☐ No

26. Are you trying to *LOSE* weight *NOW*? LOSWTNW ☐ Yes ☐ No

27. Have you ever tried to *GAIN* weight? GAINWT ☐ Yes ☐ No

28. Are you trying to *GAIN* weight *NOW*? GAINWTNW ☐ Yes ☐ No

29. How much would you like to weigh now? LIKEWT ___ ___ ___ lbs.

30. Are you currently on some kind of a diet, either from a doctor or on your own? . . . ☐ Yes ☐ No

DIET

IF *NO*, SKIP TO QUESTION 31.
IF *YES*, ANSWER QUESTIONS A AND B.

A. What kind of diet are you on? (MARK AS MANY AS APPLY.) Is it:

1. To lose weight . . . . . DLSWT . . . . . ☐ 1
2. For low salt . . . . . DLONA . . . . . ☐ 1
3. For low cholesterol . . . . . DLOCHL . . . . . ☐ 1
4. To gain weight . . . . . DGNWT . . . . . ☐ 1
5. For diabetes . . . . . DDIABET . . . . . ☐ 1
6. For some other reason . . . . . DOTHER . . . . . ☐ 1

B. Who put you on this diet? Was it:

1. A doctor . . . . . DDOC . . . . . ☐ 1
2. A nurse . . . . . DNURSE . . . . . ☐ 1
3. A dietitian . . . . . DDIETCN . . . . . ☐ 1
4. Yourself . . . . . DSELF . . . . . ☐ 1
5. Someone else . . . . . DFOROTH . . . . . ☐ 1

31. In general, how would you describe your health? Is it: HEALTH

Excellent	☐	1
Very good	☐	2
Good	☐	3
Fair	☐	4
Poor	☐	5

MEN - SKIP TO QUESTION 35.

32. WOMEN ONLY: How old were you when your menstrual periods started? AGEPERD ____ ____ Age

33. WOMEN ONLY:

A. How many times have you been pregnant? PREG ____ ____

B. Are you pregnant now? PREGNOW ☐ Yes ☐ No

IF *YES*, SKIP TO QUESTION 34.

C. Where you pregnant any time during the past three months? PREG3MO ☐ Yes ☐ No

34. WOMEN ONLY: Do you know the approximate weight and height of the child's natural father? . . . . . ☐ Yes ☐ No

KNFASIZE

IF *YES*, ANSWER QUESTIONS A AND B.
IF *NO*, SKIP TO QUESTION 36.

A. What is the approximate weight of the child's natural father? . . . . . NAFAWT ___ ___ ___ lbs.

B. What is the approximate height of the child's natural father? . . . . . ___ feet ___ ___ inches

NAFAHTFT NAFAHTIN

SKIP TO QUESTION 36.

35. MEN ONLY: Do you know the approximate weight and height of the child's natural mother? . . . . . ☐ Yes ☐ No

KNMOSIZE

IF *YES*, ANSWER QUESTIONS A AND B.
IF *NO*, SKIP TO QUESTION 36.

A. What is the approximate weight of the child's natural mother? . . . . . NAMOWT ___ ___ ___ lbs.

B. What is the approximate height of the child's natural mother? . . . . . ___ feet ___ ___ inches

NAMOHTFT
NAMOHTIN

36. Are you taking any medicines prescribed by a doctor? MEDS ☐ Yes ☐ No

IF *NO*, SKIP TO QUESTION 38.

37. What prescribed medicines do you take? (MARK ALL THAT APPLY.)

A. Diabetes pills DIABPIL ☐ 1

B. Insulin INSULIN ☐ 1

C. Hypertension or high blood pressure pills (LIST) HIBPPIL ☐ 1

REMRK1

D. Thyroid pills to raise thyroid activity HITHYR ☐ 1

E. Thyroid pills to lower thyroid activity LOTHYR ☐ 1

F. Heart medicine (i.e., for heart failure or angina or irregular heart beat) (LIST) HEART ☐ 1

REMRK2

G. Medicine to lower cholesterol (LIST) LRCHOL ☐ 1

REMRK3

H. Medicine for appetite or weight control (LIST) WTCNTRL ☐ 1

REMRK4

I. Hormones or (FOR WOMEN) birth control pills (LIST) BCNTRL ☐ 1

REMRK5

J. Prednisone, hydrocortisone, or steroid pills STEROD ☐ 1

K. Other (LIST) MEDOTHER ☐ 1

REMRK6

38. Are you now taking anything for appetite or weight control that is *NOT* prescribed by your doctor? ..... NONPRESC ..... ☐ Yes ☐ No

If *YES*, what are you taking?

REMRK7

39. Have you ever been diagnosed as having high blood pressure (hypertension), high blood fats (cholesterol or triglycerides) or overweight problems? ..... DIAGPROB ☐ Yes ☐ No

IF *YES*, who told you about this problem?

REMRK8

40. A. Does the child's natural mother or father have any history of the problems listed below:

		Yes	No	Don't Know
1. Heart attacks, angina, or strokes	PHLTHHRT	☐	☐	☐
2. High blood pressure or hypertension	PHLTHHBP	☐	☐	☐
3. High cholesterol	PHLTHHCL	☐	☐	☐
4. Diabetes or high blood sugar	PHLTHDIB	☐	☐	☐

B. Have any of the child's grandparents had any of these conditions before the age of 60?

		Yes	No	Don't Know
1. Heart attacks, angina, or strokes	GHLTHHRT	☐	☐	☐
2. High blood pressure or hypertension	GHLTHHBP	☐	☐	☐
3. High cholesterol	GHLTHHCL	☐	☐	☐
4. Diabetes or high blood sugar	GHLTHDIB	☐	☐	☐

Please answer the following questions concerning the child who is enrolled in the Growth and Health Study.

41. Have you ever been told by a doctor that this child had any of the following conditions?

		Yes	No
A. Asthma	CASTHMA	☐	☐
B. Diabetes	CDIABET	☐	☐
C. High blood pressure	CHIBP	☐	☐
D. High cholesterol	CHICHOL	☐	☐
E. Thyroid (gland) problem	CTHYR	☐	☐
F. Heart condition	CHRT	☐	☐

CHRTRMK
(TYPE OF HEART CONDITION)

If *YES*, who told you about this problem?

CWHORMK

42. Have you ever been told by a doctor or other health professional that this child had a weight problem? ..... CWTPROB ☐ Yes ☐ No

IF *YES*, ANSWER QUESTIONS A AND B.

		Yes	No
A. Were you told that the child was underweight?	CWTUNDR	☐	☐
B. Were you told that the child was overweight?	CWTOVER	☐	☐

43. Has the child had any other health or medical problem? chlthprb ☐ Yes ☐ No

IF *NO*, SKIP TO QUESTION 44.
IF *YES*, ANSWER QUESTIONS A AND B.

A. What was this health or medical problem?

cpremk

B. Does she see a doctor or go to a clinic regularly because of this health or medical problem? cdoctor ☐ Yes ☐ No

44. Is she currently taking any pills or medicines prescribed by a doctor or a clinic? ccurmeds ☐ Yes ☐ No

A. If *YES*, list medications here.

cmremk

Thank you for answering these questions about your child. We would appreciate your answers to the following questions about you and your family.

45. What have you been doing most of the last 12 months? (MARK ALL THAT APPLY)

Have you been:

A. Employed full-time	FULL	☐	1
B. Employed part-time	PART	☐	1
C. Retired	RETIRE	☐	1
D. Out of work	NOTWRK	☐	1
E. Keeping house	KEPHSE	☐	1
F. Attending school full-time	SCHFUL	☐	1
G. Attending school part-time	SCHPRT	☐	1

THE ANSWERS TO THE FOLLOWING QUESTIONS ARE COMPLETELY CONFIDENTIAL AND WILL *NOT* BE RELEASED IN A FORM THAT WILL INDIVIDUALLY IDENTIFY YOU, EXCEPT AS REQUIRED BY LAW.

PLEASE ANSWER QUESTIONS 46A AND 46B ABOUT YOUR HOUSEHOLD OR FAMILY INCOME. IF YOU CANNOT ANSWER QUESTIONS 46A AND 46B, THEN SKIP TO QUESTIONS 47A AND 47B.

46. A. Which of the following income groups represents your TOTAL HOUSEHOLD OR FAMILY INCOME in 1988 *BEFORE TAXES?* Please include income from all sources such as wages, salaries, social security, retirement or public assistance and all other sources:

HINCOME

Less than $5,000	☐	01
$ 5,000 - $ 7,499	☐	02
$ 7,500 - $ 9,999	☐	03
$10,000 - $19,999	☐	04
$20,000 - $29,999	☐	05
$30,000 - $39,999	☐	06
$40,000 - $49,999	☐	07
$50,000 - $74,999	☐	08
$75,000 or more	☐	09

46. B. Please check all the sources of your TOTAL HOUSEHOLD OR FAMILY INCOME in 1988. (Be sure to answer *ALL* questions.)

		Yes	No
1. Earnings or wages	HINWAGE	☐	☐
2. Public assistance (for example, aid to families with dependent children, food stamps, welfare, etc.)	HINWELF	☐	☐
3. Social security, retirement, pensions or workers' compensation, unemployment insurance	HINPENS	☐	☐
4. Other	HINOTHR	☐	☐

IF YOU ANSWERED QUESTIONS 46A AND 46B, YOU HAVE COMPLETED THE QUESTIONNAIRE.

Thank you very much for your help.

47. A. Which of the following income groups represents your PERSONAL INCOME in 1988 *BEFORE TAXES?* please include income from all sources such as wages, salaries, social security, retirement or public assistance and all other sources:

PINCOME

Less than $5,000	☐	01
$ 5,000 - $ 7,499	☐	02
$ 7,500 - $ 9,999	☐	03
$10,000 - $19,999	☐	04
$20,000 - $29,999	☐	05
$30,000 - $39,999	☐	06
$40,000 - $49,999	☐	07
$50,000 - $74,999	☐	08
$75,000 or more	☐	09

47. B. Please check all the sources of your own PERSONAL INCOME in 1988. (Be sure to answer *ALL* questions.)

	Yes	No
1. Earnings or wages PINWAGE	☐	☐
2. Public assistance (for example, aid to families with dependent children, food stamps, welfare, etc.) PINWELF	☐	☐
3. Social security, retirement, pensions or workers' compensation, unemployment insurance PINPENS	☐	☐
4. Other PINOTHR	☐	☐

Thank you very much for your help.

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NGHS Form 06F
Rev. 1 11/90
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NHLBI GROWTH AND HEALTH STUDY

INITIAL HISTORY FORM

RID

VISIT

ID							
NC							
VN							

1. Are you male or female? ..... MALFEM ☐ Male ☐ Female

2. What is your date of birth? ..... ___ ___ - ___ ___ - ___ ___ (Month Day Year)

3. What is your relationship to the girl in the Growth and Health Study? Are you the girl's: RELATION

   Natural parent ..... ☐ 1

   Step-parent or adoptive parent ..... ☐ 2

   Grandparent ..... ☐ 3

   Uncle or aunt ..... ☐ 4

   Other relative ..... ☐ 5

   Unrelated adult ..... ☐ 6

4. Do you live in the same household as the girl in the study? ..... SAMHOUS ☐ Yes ☐ No

5. Please answer BOTH 5A and 5B.

   A. Are you of hispanic origin (for example, Puerto Rican, Cuban, Latin American, Mexican-American, etc.)? ..... HISP ☐ Yes ☐ No

   B. Which ONE of the following racial or ethnic groups best describes you? Are you: RACE

      White ..... ☐ 1

      Black ..... ☐ 2

      Asian (for example, Chinese, Japanese, East Indian) or Pacific Islander ..... ☐ 3

      American Indian or Alaskan native (for example, Eskimo) . ☐ 4

6. A. What is the highest grade of school you have completed? EDULEVEL

GRADES OF SCHOOL			
0 - 6	7 - 9	10 - 12	High School Diploma
☐	☐	☐	☐

B. Did you pass a high school equivalency test? ..... ☐ Yes ☐ No

C. Did you have any other formal schooling after completing high school or passing a high school equivalency test? ..... ☐ Yes ☐ No

If NO, skip to Question 7.

D. Did you attend a trade school such as business school, technical school, barber/beauty school, etc.? ..... ☐ Yes ☐ No

E. Did you attend college? ..... ☐ Yes ☐ No

If YES, answer Questions E1 - E3.

	Yes	No
E1. Did you earn a degree from a junior or community college?	☐	☐
E2. Did you earn a Bachelor's or other 4-year degree from a college or university?	☐	☐
E3. Did you earn a degree higher than a Bachelor's Degree?	☐	☐

7. Have you smoked at least 100 cigarettes (that is, 5 packs) or more in your lifetime? ..... ☐ Yes ☐ No

If YES, answer Question 8.
If NO, skip to Question 11.

8. Do you smoke cigarettes now? ..... NOWSMK ☐ Yes ☐ No

If YES, answer Questions A and B.
If NO, skip to Question 9.

A. About how many cigarettes a day do you usually smoke? .... CIGADY ___ ___

B. How many years have you been smoking? ... YRSMK ..... ___ ___ No. years

Skip to Question 11.

9. Did you stop smoking cigarettes in the past year? STPSMK ..... ☐ Yes ☐ No

10. During all the years when you were smoking:

A. About how many cigarettes a day did you usually smoke? .. AVADY ___ ___

MARK HERE IF LESS THAN ONE A DAY: ..... LT1 ..... ☐ 1

B. How many years did you smoke? ..... YRSMK2 ..... ___ ___ No. years

11. On the average, how many days a week do you drink alcoholic beverages, that is, beer, wine or liquor? Would it be:

A typical drink is 1 1/2 oz. of spirits (a shot or mixed drink) or 6 oz. of wine (a glass of wine) or 12 oz. of beer (a can of beer).

NDYDRK

Never..... ☐ 1

Less than once a month ..... ☐ 2

Less than 1 day a week, but at least once a month ..... ☐ 3

1 to 3 days a week ..... ☐ 4

4 to 7 days a week ..... ☐ 5

If NEVER, skip to Question 13.

12. On the days that you drink, about how many drinks do you USUALLY have? ..... AMTDRK ___ ___

13. Do you make an effort to get a lot of exercise, some exercise, or little or no exercise in recreational activities (for example, sports, jogging, dancing, etc.)?

EXCISE

A lot of exercise ..... ☐ 1

Some exercise ..... ☐ 2

Little or no exercise ..... ☐ 3

14. In your usual work day, aside from recreation, are you physically very active, moderately active, or quite inactive?

PHYACT

Very active ..... ☐ 1

Moderately active ..... ☐ 2

Quite inactive ..... ☐ 3

15. Do you usually exercise 3 or more times a week? REXCISE ..... ☐ Yes ☐ No

16. Please tell me whether you agree with these statements:

		Yes	No
A.	I play sports or active games often ..... SPORTS	☐	☐
B.	I have too many other things to do with my time other than exercise ..... NOTIME	☐	☐
C.	I enjoy activities like walking, swimming and bike riding ..... ENJOY	☐	☐
D.	I would rather read or watch TV than do outdoor activities READ1	☐	☐
E.	I believe that exercising keeps me healthy. EXHLTHY	☐	☐
F.	I believe that exercising helps me control my weight ..... EXCTLWT	☐	☐
G.	I get as much exercise or physical activity as I need ..... ENGHACT	☐	☐

		Yes	No
17.	Do you ever tell the girl in the Growth and Health Study that exercise is important? ..... EXIMPRT	☐	☐
18.	Do you bike ride, play ball, take long walks, garden, swim, or do similar activities with your family? .. KIDFAM	☐	☐
19.	Do you run, play ball, exercise or take long walks at least 3 times a week? RUN3XWK	☐	☐
20.	Do you try to get the girl to exercise 3 or more times a week? ..... EXREG	☐	☐
21.	Do you feel you are good at physical activities? GOODACT	☐	☐

22. What is your present weight? ..... WT ..... ___ ___ ___ lbs.

23. What is your present height without shoes? ..... HTFT ___ feet HTIN ___ inches

		Yes	No
24.	Have you ever tried to LOSE weight? ..... LOSWT	☐	☐
25.	Are you trying to LOSE weight NOW? ..... LOSWTNW	☐	☐
26.	Have you ever tried to GAIN weight? ..... GAINWT	☐	☐
27.	Are you trying to GAIN weight NOW? ..... GAINWTNW	☐	☐

28. How much would you like to weigh now? ..... LIKEWT ..... ___ ___ ___ lbs.

		Yes	No
29.	Are you currently on some kind of a diet, either from a doctor or on your own? ..... DIET	☐	☐

If NO, skip to Question 30.
If YES, answer Questions A and B.

29. (Continued)

A. What kind of diet are you on? (MARK AS MANY AS APPLY). Is it:

1. To lose weight ..... DLSWT ☐ 1
2. For low salt ..... DLONA ☐ 1
3. For low cholesterol ..... DLOCHL ☐ 1
4. To gain weight ..... DGNWT ☐ 1
5. For diabetes ..... DDIABET ☐ 1
6. For some other reason ..... DOTHER ☐ 1

B. Who put you on this diet? (MARK AS MANY AS APPLY).
Was it:

1. A doctor ..... DDOC ☐ 1
2. A nurse ..... DNURSE ☐ 1
3. A dietitian ..... DDIETCN ☐ 1
4. Yourself ..... DSELF ☐ 1
5. Someone else ..... DFOROTH ☐ 1

30. In general, how would you describe your health? Is it:

HEALTH

Excellent ..... ☐ 1
Very good ..... ☐ 2
Good ..... ☐ 3
Fair ..... ☐ 4
Poor ..... ☐ 5

MEN ONLY:

IF YOU ARE THE NGHS GIRL'S NATURAL FATHER,
skip to Question 34.

IF YOU ARE NOT THE NGHS GIRL'S NATURAL FATHER,
skip to Question 33.

31. **WOMEN ONLY:** How old were you when your menstual periods started? ..... AGEPERD ___ ___ Age

32. **WOMEN ONLY:**

A. How many times have you been pregnant? ..... PREG ___ ___

B. Are you pregnant now? ..... PREGNOW ☐ Yes ☐ No

If YES, skip to Question 33.

C. Were you pregnant any time during the past 3 months? ..... PREG3MO ☐ Yes ☐ No

33. Do you know the approximate current weight and height of the girl's natural father? ..... KNFASIZE ☐ Yes ☐ No

If YES, answer Questions A and B.

A. What is the approximate current weight of the girl's natural father? ..... NAFAWT ___ ___ ___ lbs.

B. What is the approximate current height of the girl's natural father? ..... NAFAHTFT NAFAHTIN ___ feet ___ ___ inches

If YOU ARE THE NGHS GIRL'S NATURAL MOTHER, skip to Question 35.

34. Do you know the approximate current weight and height of the child's natural mother? ..... KNMOSIZE ☐ Yes ☐ No

If YES, answer Questions A and B.

A. What is the approximate current weight of the girl's natural mother? ..... NAMOWT ___ ___ ___ lbs.

B. What is the approximate current height of the girl's natural mother? ..... ___ feet ___ ___ inches

NAMOHTFT NAMOHTIN

35. Are you taking any medicine prescribed by a doctor? MEDS ☐ Yes ☐ No

If NO, skip to Question 37.

36. What prescribed medicines do you take? (MARK ALL THAT APPLY.)

A. Diabetes pills DIABPIL ☐ 1

B. Insulin INSULIN ☐ 1

C. Hypertension or high blood pressure pills (LIST) HIBPPIL ☐ 1
REMRK1

D. Thyroid pills to raise thyroid activity HITHYR ☐ 1

E. Thyroid pills to lower thyroid activity LOTHYR ☐ 1

F. Heart medicine (i.e., for heart failure or angina or irregular heart beat) (LIST) HEART ☐ 1
REMRK2

G. Medicine to lower cholesterol (LIST) LRCHOL ☐ 1
REMRK3

H. Medicine for appetite or weight control (LIST) WTCNTRL ☐ 1
REMRK4

I. Hormones or (FOR WOMEN) birth control pills (LIST) BCNTRL ☐ 1
REMRK5

J. Prednisone, hydrocortisone, or steroid pills STEROD ☐ 1

K. Other (LIST) MEDOTHR ☐ 1
REMRK6

37. Are you now taking anything for appetite or weight control that is NOT prescribed by your doctor? NONPRESC ☐ Yes ☐ No

If YES, what are you taking?

REMRK7

38. Have you ever been diagnosed as having high blood pressure (hypertension), high blood fats (cholesterol or triglycerides) or overweight problems? DIAGPROB ☐ Yes ☐ No

If YES, who told you about this problem?

REMRK8

39. A. Does the girl's natural mother or father have any history of the problems listed below?

	Yes	No	Don't Know
1. Heart attacks, angina or strokes PHLTHHRT	☐	☐	☐
2. High blood pressure or hypertension PHLTHHBP	☐	☐	☐
3. High cholesterol or high blood fats PHLTHHCL	☐	☐	☐
4. Diabetes or high blood sugar PHLTHDIB	☐	☐	☐

B. Have the girl's grandparents had any of these conditions before the age of 60?

	Yes	No	Don't Know
1. Heart attacks, angina or strokes GHLTHHRT	☐	☐	☐
2. High blood pressure or hypertension GHLTHHBP	☐	☐	☐
3. High cholesterol or high blood fats GHLTHHCL	☐	☐	☐
4. Diabetes or high blood sugar GHLTHDIB	☐	☐	☐

PLEASE ANSWER THE FOLLOWING QUESTIONS CONCERNING THE GIRL WHO IS ENROLLED IN THE GROWTH AND HEALTH STUDY.

40. Have you ever been told by a doctor that this girl had any of the following conditions?

		Yes	No
A.	Asthma ..... CASTHMA	☐	☐
B.	Diabetes or high blood sugar ..... CDIABET	☐	☐
C.	High blood pressure or hypertension ..... CHIBP	☐	☐
D.	High cholesterol or high blood fats ..... CHICHOL	☐	☐
E.	Thyroid (gland) problems ..... CTHYR	☐	☐
F.	Heart condition ..... CHRT	☐	☐

CHRTRMK
(TYPE OF HEART CONDITION)

If YES, who told you about this problem?
CWHORMK

41. Have you ever been told by a doctor or other health professional that this girl had a weight problem? ..... CWTPROB ☐ Yes ☐ No

If YES, answer Questions A and B.

A. Were you told that the girl was underweight? CWTUNDR ..... ☐ Yes ☐ No

B. Were you told that the girl was overweight? CWTOVER ..... ☐ Yes ☐ No

42. Has the girl had any other health or medical problem? ..... CHLTHPRB ☐ Yes ☐ No

If NO, skip to Question 43.
If YES, answer Questions A and B.

A. What was this health or medical problem?
CPREMK

B. Does she see a doctor or go to a clinic regularly because of this health or medical problem? ..... CDOCTOR ☐ Yes ☐ No

43. Is she currently taking any pills or medicines prescribed by a doctor or clinic? ..... CCURMEDS ☐ Yes ☐ No

A. If YES, list medications here.
CMREMK

THANK YOU FOR ANSWERING THESE QUESTIONS ABOUT YOUR GIRL. WE WOULD APPRECIATE YOUR ANSWERS TO THE FOLLOWING QUESTIONS ABOUT YOU and YOUR FAMILY.

44. What have you been doing most of the last 12 months? (MARK ALL THAT APPLY). Have you been:

A. Employed full-time ..... FULL ☐ 1
B. Employed part-time ..... PART ☐ 1
C. Retired ..... RETIRE ☐ 1
D. Out of work ..... NOTWRK ☐ 1
E. Keeping house ..... KEPHSE ☐ 1
F. Attending school full-time ..... SCHFUL ☐ 1
G. Attending school part-time ..... SCHPRT ☐ 1

45. Please give the following information on your CURRENT or LAST paid employment. If you have (or had) more than one job, give the information on the one that you work (or worked) on the most hours per week.

A. What is your occupation? That is, what is your job called?

OCCUP

B. What are your most important activities or duties?

DUTIES

C. What kind of business or industry do you work for? That is, what do they make or do?

BUSINESS

D. Is this mainly: (Check one) TYPBUS

- Manufacturing ..... ☐ 1
- Wholesale trade ..... ☐ 2
- Retail trade ..... ☐ 3
- Other ..... ☐ 4

E. Are you a(an): (Check one) TYPEMP

- Employee of a PRIVATE FOR PROFIT company or business or of an individual, for wages, salary, or commissions ..... ☐ 01
- Employee of a PRIVATE-NOT-FOR-PROFIT, tax-exempt, or charitable organization ..... ☐ 02
- Local GOVERNMENT employee (city, county, etc.) ..... ☐ 03
- State GOVERNMENT employee ..... ☐ 04
- Federal GOVERNMENT employee ..... ☐ 05
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice or farm ..... ☐ 06
- SELF-EMPLOYED in own INCORPORATED business, professional practice or farm ..... ☐ 07
- Working WITHOUT PAY in family business or farm ..... ☐ 08

46. Are you the ONLY parent or guardian in the NGHS girl's household? ..... ONLYP ☐ Yes ☐ No

If YES, skip to Question 49.

47. What has the girl's OTHER parent/guardian in your household been doing most of the last 12 months? (MARK ALL THAT APPLY). Have they been:

A. Employed full-time ..... OPFULL ☐ 1
B. Employed part-time ..... OPPART ☐ 1
C. Retired ..... OPRETIRE ☐ 1
D. Out of work ..... OPNOTWRK ☐ 1
E. Keeping house ..... OPKEPHSE ☐ 1
F. Attending school full-time ..... OPSCHFUL ☐ 1
G. Attending school part-time ..... OPSCHPRT ☐ 1

48. Please give the following information on the CURRENT or LAST paid employment of the OTHER parent/guardian in the household. If they have (or had) more than one job, give the information on the one that they work (or worked) on the most hours per week.

A. What is their occupation? That is, what is their job called?

OPOCCUP

B. What are the parent/guardian's most important activities or duties?

OPDUTIES

C. What kind of business or industry does the parent/guardian work for? That is, what do they make or do?

OPBUSN

48. (Continued)

D. Is this mainly: (Check one) OPTYPBUS

- Manufacturing ..... ☐ 1
- Wholesale trade ..... ☐ 2
- Retail trade ..... ☐ 3
- Other ..... ☐ 4

E. Are they a(an): (Check one) OPTYPEMP

- Employee of a PRIVATE FOR PROFIT company or business or of an individual, for wages, salary, or commissions ..... ☐ 01
- Employee of a PRIVATE-NOT-FOR-PROFIT, tax-emempt, or charitable organization ..... ☐ 02
- Local GOVERNMENT employee (city, county, etc.) ..... ☐ 03
- State GOVERNMENT employee ..... ☐ 04
- Federal GOVERNMENT employee ..... ☐ 05
- SELF-EMPLOYED in own NOT INCORPORATED business, professional practice or farm ..... ☐ 06
- SELF-EMPLOYED in own INCORPORATED business, professional practice or farm ..... ☐ 07
- Working WITHOUT PAY in family business or farm ..... ☐ 08

THE ANSWERS TO THE FOLLOWING QUESTIONS ARE COMPLETELY CONFIDENTIAL AND WILL NOT BE RELEASED IN A FORM THAT WILL INDIVIDUALLY IDENTIFY YOU, EXCEPT AS REQUIRED BY LAW.

PLEASE ANSWER QUESTIONS 49A AND 49B ABOUT YOUR HOUSEHOLD OR FAMILY INCOME. If YOU CANNOT ANSWER QUESTIONS 49A and 49B, THEN SKIP TO QUESTIONS 50A AND 50B.

49. A. Which of the following income groups represents your TOTAL HOUSEHOLD OR FAMILY INCOME IN 1990 before taxes? Please include income from all sources such as wages, salaries, social security, retirement or public assistance and all other sources:

HINCOME

Less than $ 5,000	☐	01
$ 5,000 - $ 7,499	☐	02
$ 7,500 - $ 9,999	☐	03
$10,000 - $19,999	☐	04
$20,000 - $29,999	☐	05
$30,000 - $39,999	☐	06
$40,000 - $49,999	☐	07
$50,000 - $74,999	☐	08
$75,000 or more	☐	09

B. Please check all the sources of your TOTAL HOUSEHOLD OR FAMILY INCOME IN 1990. (Be sure to answer ALL questions).

	Yes	No	
1. Earnings or wages (HINWAGE)	☐	☐	
2. Public assistance (for example, aid to families with dependent children, food stamps, welfare, etc.)	☐	☐	HINWELF
3. Social security, retirement, pensions or workers' compensation, unemployment insurance	☐	☐	HINPENS
4. Other	☐	☐	HINOTHR

IF YOU ANSWERED QUESTIONS 49A AND 49B, YOU HAVE COMPLETED THE QUESTIONNAIRE.

THANK YOU VERY MUCH FOR YOUR HELP.

50. A. Which of the following income groups represents your own PERSONAL INCOME IN 1990 before taxes? Please include income from all sources such as wages, salaries, social security, retirement or public assistance and all other sources:

PINCOME

Less than $ 5,000	☐	01
$ 5,000 - $ 7,499	☐	02
$ 7,500 - $ 9,999	☐	03
$10,000 - $19,999	☐	04
$20,000 - $29,999	☐	05
$30,000 - $39,999	☐	06
$40,000 - $49,999	☐	07
$50,000 - $74,999	☐	08
$75,000 or more	☐	09

B. Please check all the sources of your OWN PERSONAL INCOME IN 1990. (Be sure to answer ALL questions).

		Yes	No
1.	Earnings or wages PINWAGE	☐	☐
2.	Public assistance (for example, aid to families with dependent children, food stamps, welfare, etc.) PINWELF	☐	☐
3.	Social security, retirement, pensions or workers' compensation, unemployment insurance PINPENS	☐	☐
4.	Other PINOTHR	☐	☐

THANK YOU VERY MUCH FOR YOUR HELP.