

NHLBI Growth And Health Study
Initial History Form - A

RID
VISIT

ID							
NC							
VN							

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

2. Are you male or female? M A L F E M
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

S A M H O U S

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

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

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

EDU LEVEL

GRADES OF SCHOOL			
0-6	7-9	10-12	High School Diploma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

E1. Did you earn a degree from a junior or community college? Yes No

E2. Did you earn a Bachelor's or other 4-year degree from a college or university? Yes No

E3. Did you earn a degree higher than a Bachelor's Degree? Yes No

8. Have you smoked at least 100 cigarettes (that is, 5 packs) or more in your lifetime?

EVRSMK

Yes

No

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? YRS MK2 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).

- NDY DRK 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? AMT DRK

- 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| B. I have too many other things to do with my time other than exercise NOTIME | <input type="checkbox"/> | <input type="checkbox"/> |
| C. I enjoy activities like walking, swimming and bike riding ENJOY | <input type="checkbox"/> | <input type="checkbox"/> |
| D. I would rather read or watch TV than do outdoor activities READI | <input type="checkbox"/> | <input type="checkbox"/> |
| E. I believe that exercising keeps me healthy EXHLTHY | <input type="checkbox"/> | <input type="checkbox"/> |
| F. I believe that exercising helps me control my weight EXCTLWT | <input type="checkbox"/> | <input type="checkbox"/> |
| G. I get as much exercise or physical activity as I need ENGHACT | <input type="checkbox"/> | <input type="checkbox"/> |

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 | <input type="checkbox"/> | 1 |
| 2. For low salt | DLONA | <input type="checkbox"/> | 1 |
| 3. For low cholesterol | DLOCHL | <input type="checkbox"/> | 1 |
| 4. To gain weight | DGNWT | <input type="checkbox"/> | 1 |
| 5. For diabetes | DDIABET | <input type="checkbox"/> | 1 |
| 6. For some other reason | DOTHER | <input type="checkbox"/> | 1 |

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

- | | | | |
|-----------------|---------------|--------------------------------|---|
| 1. A doctor | DDOC | <input type="checkbox"/> | 1 |
| 2. A nurse | DNURSE | <input type="checkbox"/> | 1 |
| 3. A dietitian | DDIETCN | <input type="checkbox"/> | 1 |
| 4. Yourself | DSELF | <input type="checkbox"/> | 1 |
| 5. Someone else | DFOROTH | <input type="checkbox"/> | 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. Were 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?

KNFASIZE

Yes

No

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 NAFHTIN

SKIP TO QUESTION 36.

35. MEN ONLY: Do you know the approximate weight and height of the child's natural mother?

KNMOSIZE

Yes

No

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 <u>PHLTHHRT</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. High blood pressure or hypertension <u>PHLTHHBP</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. High cholesterol <u>PHLTHHCL</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Diabetes or high blood sugar <u>PHLTHDIB</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <u>GHLTHHRT</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. High blood pressure or hypertension <u>GHLTHHBP</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. High cholesterol <u>GHLTHHCL</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Diabetes or high blood sugar <u>GHLTHDIB</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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	C ASTHMA	<input type="checkbox"/>	<input type="checkbox"/>
B. Diabetes	C DIABET	<input type="checkbox"/>	<input type="checkbox"/>
C. High blood pressure	C HIBP	<input type="checkbox"/>	<input type="checkbox"/>
D. High cholesterol	C HCHOL	<input type="checkbox"/>	<input type="checkbox"/>
E. Thyroid (gland) problem	C THYR	<input type="checkbox"/>	<input type="checkbox"/>
F. Heart condition	C HRT	<input type="checkbox"/>	<input type="checkbox"/>
_____ C HRT RMK _____			
(TYPE OF HEART CONDITION)			

If YES, who told you about this problem?

_____ C WHORMK _____

42. Have you ever been told by a doctor or other health professional that this child had a weight problem?

C WT PROB

<input type="checkbox"/>	<input type="checkbox"/>
Yes	No

IF YES, ANSWER QUESTIONS A AND B.

		Yes	No
A. Were you told that the child was underweight?	C WT UNDR	<input type="checkbox"/>	<input type="checkbox"/>
B. Were you told that the child was overweight?	C WT OVER	<input type="checkbox"/>	<input type="checkbox"/>

43. Has the child had any other health or medical problem? chilth prb 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? cdactor 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:

- | | | | |
|----------|---------------------------|--------------------------|----|
| | Less than \$5,000 | <input type="checkbox"/> | 01 |
| | \$ 5,000 - \$ 7,499 | <input type="checkbox"/> | 02 |
| | \$ 7,500 - \$ 9,999 | <input type="checkbox"/> | 03 |
| H INCOME | \$10,000 - \$19,999 | <input type="checkbox"/> | 04 |
| | \$20,000 - \$29,999 | <input type="checkbox"/> | 05 |
| | \$30,000 - \$39,999 | <input type="checkbox"/> | 06 |
| | \$40,000 - \$49,999 | <input type="checkbox"/> | 07 |
| | \$50,000 - \$74,999 | <input type="checkbox"/> | 08 |
| | \$75,000 or more | <input type="checkbox"/> | 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 H IN WAGE | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Public assistance (for example, aid to families with dependent children, food stamps, welfare, etc.) H IN WELF | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Social security, retirement, pensions or workers' compensation, unemployment insurance H IN PENS | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Other H IN OTHR | <input type="checkbox"/> | <input type="checkbox"/> |

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

Thank you very much for your help.

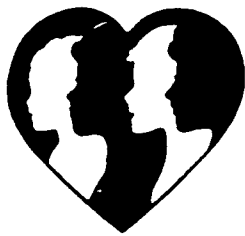
47. A. Which of the following income groups represents your PERSONAL INCOME in 1988 *BEFORE TAXES?* please include income from all sources such as wages, salaries, social security, retirement or public assistance and all other sources:

	Less than \$5,000	<input type="checkbox"/>	01
	\$ 5,000 - \$ 7,499	<input type="checkbox"/>	02
	\$ 7,500 - \$ 9,999	<input type="checkbox"/>	03
P I N C O M E	\$10,000 - \$19,999	<input type="checkbox"/>	04
	\$20,000 - \$29,999	<input type="checkbox"/>	05
	\$30,000 - \$39,999	<input type="checkbox"/>	06
	\$40,000 - \$49,999	<input type="checkbox"/>	07
	\$50,000 - \$74,999	<input type="checkbox"/>	08
	\$75,000 or more	<input type="checkbox"/>	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 <i>PINWAGE</i>	<input type="checkbox"/>	<input type="checkbox"/>
2. Public assistance (for example, aid to families with dependent children, food stamps, welfare, etc.) <i>PINWELF</i>	<input type="checkbox"/>	<input type="checkbox"/>
3. Social security, retirement, pensions or workers' compensation, unemployment insurance <i>PINPENS</i>	<input type="checkbox"/>	<input type="checkbox"/>
4. Other <i>PINOTHR</i>	<input type="checkbox"/>	<input type="checkbox"/>

Thank you very much for your help.



NHLBI GROWTH AND HEALTH STUDY
INITIAL HISTORY FORM

RID	ID						
	NC						
VISIT	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?

EDU LEVEL

GRADES OF SCHOOL			
0 - 6	7 - 9	10 - 12	High School Diploma
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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.

E1. Did you earn a degree from a junior or community college?
 Yes No

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

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

ENGHACT

17. Do you ever tell the girl in the Growth and Health Study that exercise is important? EXIMPRT Yes No
18. Do you bike ride, play ball, take long walks, garden, swim, or do similar activities with your family? .. RIDFAM Yes No
19. Do you run, play ball, exercise or take long walks at least 3 times a week? RUN3XWK Yes No
20. Do you try to get the girl to exercise 3 or more times a week? EXREG Yes No
21. Do you feel you are good at physical activities? GOODACT Yes No
22. What is your present weight? WT lbs.
23. What is your present height without shoes? .. HTFT .. feet HTIN inches
24. Have you ever tried to LOSE weight? LOSWT Yes No
25. Are you trying to LOSE weight NOW? LOSWTNW Yes No
26. Have you ever tried to GAIN weight? GAINWT Yes No
27. Are you trying to GAIN weight NOW? GAINWTNW Yes No
28. How much would you like to weigh now? LIKEWT lbs.
29. Are you currently on some kind of a diet, either from a doctor or on your own? DIET Yes No

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:

- Excellent HEALTH 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 menstrual 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) LRC HOL 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?

REMKK 7

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?

REMKK 8

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 strokesPHLTHHRT.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. High blood pressure or hypertensionPHLTHHBP.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. High cholesterol or high blood fatsPHLTHHCL.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Diabetes or high blood sugarPHLTHDIB.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 strokesGHLTHHRT.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. High blood pressure or hypertensionGHLTHHBP.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. High cholesterol or high blood fatsGHLTHHCL.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Diabetes or high blood sugarGHLTHDIB.....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 <u>C ASTHMA</u>	<input type="checkbox"/>	<input type="checkbox"/>
B. Diabetes or high blood sugar <u>C DIABET</u>	<input type="checkbox"/>	<input type="checkbox"/>
C. High blood pressure or hypertension <u>C HBP</u>	<input type="checkbox"/>	<input type="checkbox"/>
D. High cholesterol or high blood fats <u>C HCHOL</u>	<input type="checkbox"/>	<input type="checkbox"/>
E. Thyroid (gland) problems <u>C THYR</u>	<input type="checkbox"/>	<input type="checkbox"/>
F. Heart condition <u>C HRT</u>	<input type="checkbox"/>	<input type="checkbox"/>
<u>C HRT RMK</u> _____ (TYPE OF HEART CONDITION)		

If YES, who told you about this problem?

C WHORMK

41. Have you ever been told by a doctor or other health professional that this girl had a weight problem?

	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

C WT PROB

If YES, answer Questions A and B.

A. Were you told that the girl was underweight?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No
B. Were you told that the girl was overweight?	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

C WT UNDR

C WT OVER

42. Has the girl had any other health or medical problem? Yes No
CHLTI+PRB

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? Yes No
CDOCTOR

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

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 SCHFULL 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) TYPEBUS

- 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? ONLY P 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 | <input type="checkbox"/> | 01 |
| \$ 5,000 - \$ 7,499 | <input type="checkbox"/> | 02 |
| \$ 7,500 - \$ 9,999 | <input type="checkbox"/> | 03 |
| \$10,000 - \$19,999 | <input type="checkbox"/> | 04 |
| \$20,000 - \$29,999 | <input type="checkbox"/> | 05 |
| \$30,000 - \$39,999 | <input type="checkbox"/> | 06 |
| \$40,000 - \$49,999 | <input type="checkbox"/> | 07 |
| \$50,000 - \$74,999 | <input type="checkbox"/> | 08 |
| \$75,000 or more | <input type="checkbox"/> | 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 | <input type="checkbox"/> | <input type="checkbox"/> | |
| 2. Public assistance (for example, aid to families with dependent children, food stamps, welfare, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <i>HINWELF</i> |
| 3. Social security, retirement, pensions or workers' compensation, unemployment insurance | <input type="checkbox"/> | <input type="checkbox"/> | <i>HINPENS</i> |
| 4. Other | <input type="checkbox"/> | <input type="checkbox"/> | <i>HINOTHR</i> |

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 | <input type="checkbox"/> | 01 |
| \$ 5,000 - \$ 7,499 | <input type="checkbox"/> | 02 |
| \$ 7,500 - \$ 9,999 | <input type="checkbox"/> | 03 |
| \$10,000 - \$19,999 | <input type="checkbox"/> | 04 |
| \$20,000 - \$29,999 | <input type="checkbox"/> | 05 |
| \$30,000 - \$39,999 | <input type="checkbox"/> | 06 |
| \$40,000 - \$49,999 | <input type="checkbox"/> | 07 |
| \$50,000 - \$74,999 | <input type="checkbox"/> | 08 |
| \$75,000 or more | <input type="checkbox"/> | 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 <i>PINWAGE</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Public assistance (for example, aid to families with dependent children, food stamps, welfare, etc.) <i>PINWELF</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Social security, retirement, pensions or workers' compensation, unemployment insurance <i>PINPENS</i> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Other <i>PINOTHR</i> | <input type="checkbox"/> | <input type="checkbox"/> |

THANK YOU VERY MUCH FOR YOUR HELP.