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FTYPE NGHS Form 06  
 Rev. 0 3/87  
 FREV 16 Pages

NHLBI GROWTH AND HEALTH STUDY

INITIAL HISTORY FORM - A

MALFEM

1. IS THE PARENT/GUARDIAN WHO IS BEING INTERVIEWED  
 MALE OR FEMALE? .....    
 MALE FEMALE

In this questionnaire I will be asking some questions about your life and your health.

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

3. What is your relationship to the child selected for the 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

4. Do you live in the same household as the child in  
 the study? .....    
 YES NO

SAM HOU5

5. HAS INFORMATION ON RACE, EDUCATION, AND EMPLOYMENT ALREADY BEEN OBTAINED ON THIS PERSON FROM THE HOUSEHOLD INFORMATION FORM? .....  YES  NO

*PREVINFO*

IF YES, SKIP TO QUESTION 9 ON PAGE 5.

6. 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

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

<u>GRADES OF SCHOOL</u>			
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 college? .....  YES  NO

IF YES, ANSWER QUESTIONS D1 AND D2.

D1. How many years of college did you attend?

1	2	3	4	5 OR MORE
<input type="checkbox"/>				

D2. Did you attend graduate school? .....  YES  NO

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8. The following questions are for classification purposes only and are used to compare the results for different groups of people who participate in the study.

What have you been doing most of the last 12 months?  
(MORE THAN ONE RESPONSE IS ACCEPTABLE.) Have you been:

- FULL 1. Employed full-time .....  1
- PART 2. Employed part-time .....  1
- RETIRE 3. Retired .....  1
- NOTWRK 4. Out of work .....  1
- KEPHSE 5. Keeping house .....  1
- SCHFUL 6. Attending school full-time ...  1
- SCHPRT 7. Attending school part-time ...  1

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9. Which of the following income groups represents your own personal income in 1986 before taxes? Please include income from all sources such as wages, salaries, social security or retirement benefits, help from relatives, rent from property and all other income:

P INCOME

- 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

Next, I will be asking questions about your personal habits.

10. Have you smoked at least 100 cigarettes (that is, 5 packs) or more in your lifetime? .....  YES  NO  
EVRSMK

IF YES, ANSWER QUESTION 11.  
IF NO, SKIP TO QUESTION 14 ON PAGE 7.

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11. Do you smoke cigarettes now? ..... NOWSMK .....  YES  NO

IF YES, ANSWER QUESTIONS A AND B.  
IF NO, SKIP TO QUESTION 12.

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 14.

12. Did you stop smoking cigarettes in the past year? ..... STPSMK .....  YES  NO

13. 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

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14. 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).

*NOYDRK*

- 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

15. On the days that you drink, about how many drinks do you usually have? ..... *AMTDRK*

16. 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

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17. 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

18. Do you usually exercise 3 or more times a week? *REXCLISE*    
 YES NO

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

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| A. I play sports or active games often ..... <i>SPORTS</i> .....                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| B. I have too many other things to do with my time other than exercise ..... <i>NOTIME</i> ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| C. I enjoy activities like walking, swimming and bike riding ..... <i>ENJOY</i> .....            | <input type="checkbox"/> | <input type="checkbox"/> |
| D. I would rather read or watch TV than do outdoor activities ..... <i>READI</i> .....           | <input type="checkbox"/> | <input type="checkbox"/> |
| E. I believe that exercising keeps me healthy ..... <i>EXHLTHY</i> .....                         | <input type="checkbox"/> | <input type="checkbox"/> |
| F. I believe that exercising helps me control my weight ..... <i>EXCTLWT</i> .....               | <input type="checkbox"/> | <input type="checkbox"/> |
| G. I get as much exercise or physical activity as I need ...                                     | <input type="checkbox"/> | <input type="checkbox"/> |

ENGHACT

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20. Do you ever tell the child in the NGHS that exercise is important? .....  YES  NO  
*EXIMPRT*
21. Do you bike ride, play ball, take long walks, garden, swim or do similar activities with your family? .....  YES  NO  
*RIDFAM*
22. Do you run, play ball, exercise or take long walks at least three times a week? .....  YES  NO  
*RUN3XWK*
23. Do you try to get the child to exercise 3 or more times a week? .....  YES  NO  
*EXREG*
24. Do you feel you are good at physical activities? .....  YES  NO  
*GOODACT*
25. What is your present weight? ..... *WT* \_\_\_\_\_ lbs.
26. What is your present height without shoes? ..... *HTFT* \_\_\_\_\_ feet *HTIN* \_\_\_\_\_ inches

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27. 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 28 ON PAGE 11.  
 IF YES, ANSWER QUESTIONS A AND B.

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

- DL\$WT 1. To lose weight .....  1
- DLONA 2. For low salt .....  1
- DLOCHL 3. For low cholesterol .....  1
- DGNWT 4. To gain weight .....  1
- DDIABET 5. For diabetes .....  1
- DOTHER 6. For some other reason ...  1

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

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

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Now, I would like to ask some questions related to your health and medical condition.

28. How would you describe your general health overall? Is it:

HEALTH

Excellent ...  1

Very good ...  2

Good .....  3

Fair .....  4

Poor .....  5

MEN - GO TO QUESTION 31 ON NEXT PAGE.

29. **WOMEN ONLY** : How old were you when your menstrual periods started? ..... AGEPERD \_\_\_\_\_  
Age

30. **WOMEN ONLY** :

A. How many times have you been pregnant? ..... PREG \_\_\_\_\_

B. Are you pregnant now? ..... PREGNOW .....  YES  NO

IF YES, SKIP TO QUESTION 31.

C. Have you been pregnant during the past three months? .... PREG3MO .....  YES  NO

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31. Are you taking any medicines prescribed by a doctor? <sup>MEDS</sup>  YES  NO

IF NO, SKIP TO QUESTION 33 ON NEXT PAGE.

32. Which types of prescribed medicines do you take? YES NO

A. Diabetes pills ..... <sup>DIABPIL</sup>  YES  NO

B. Insulin ..... <sup>INSULIN</sup>  YES  NO

C. Hypertension or high blood pressure pills (LIST) ..... <sup>HBP PILL</sup>  YES  NO

REMRK1

D. Thyroid pills to raise thyroid activity ..... <sup>HITHYR</sup>  YES  NO

E. Thyroid pills to lower thyroid activity ..... <sup>LOTHYR</sup>  YES  NO

F. Heart medicine (i.e., for heart failure or angina or irregular heart beat) (LIST) ..... <sup>HEART</sup>  YES  NO

REMRK2

G. Medicine to lower cholesterol (LIST) ..... <sup>LRCHOL</sup>  YES  NO

REMRK3

H. Medicine for appetite or weight control (LIST) ..... <sup>WTCNTRL</sup>  YES  NO

REMRK4

I. Exogenous hormones or birth control pills (LIST) ..... <sup>BCNTRL</sup>  YES  NO

REMRK5

J. Prednisone, hydrocortisone, or steroid pills ..... <sup>STEROD</sup>  YES  NO

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33. Are you now taking anything for appetite or weight control that is not prescribed by your doctor? .....  YES  NO  
NONPRESC

34. A. Is there any history in the child's biologic mother or father of any of the problems listed below, occurring under 60 years of age?

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| <i>PHLTHHRT</i> A. Heart attacks, angina, or strokes .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>PHLTHHBP</i> B. High blood pressure or hypertension .... | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>PHLTHHCL</i> C. High cholesterol .....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>PHLTHDIB</i> D. Diabetes or high blood sugar .....       | <input type="checkbox"/> | <input type="checkbox"/> |

B. Is there any history in the child's related aunts or uncles or her grandparents of any of the problems listed below, occurring under 60 years of age?

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| <i>GHLTHHRT</i> A. Heart attacks, angina, or strokes .....  | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>GHLTHHBP</i> B. High blood pressure or hypertension .... | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>GHLTHHCL</i> C. High cholesterol .....                   | <input type="checkbox"/> | <input type="checkbox"/> |
| <i>GHLTHDIB</i> D. Diabetes or high blood sugar .....       | <input type="checkbox"/> | <input type="checkbox"/> |

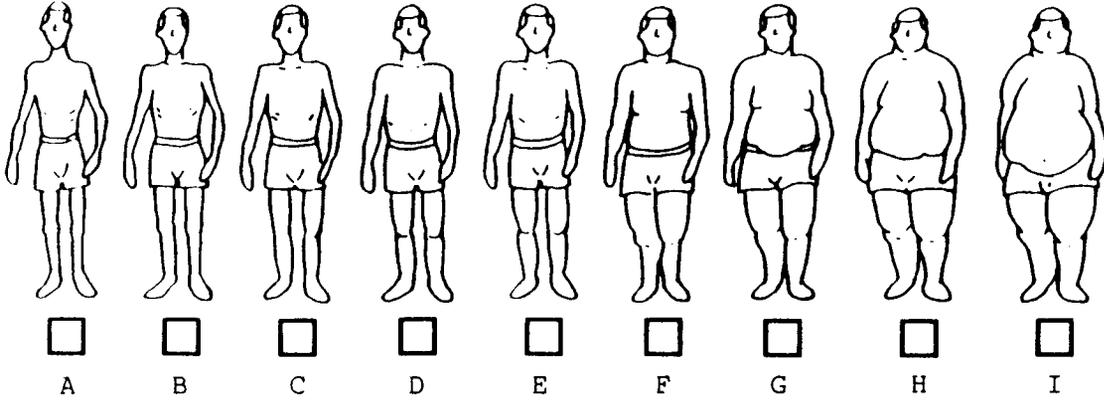
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35. Please look at the figures and tell me the letter under the figure that looks most like your present figure:

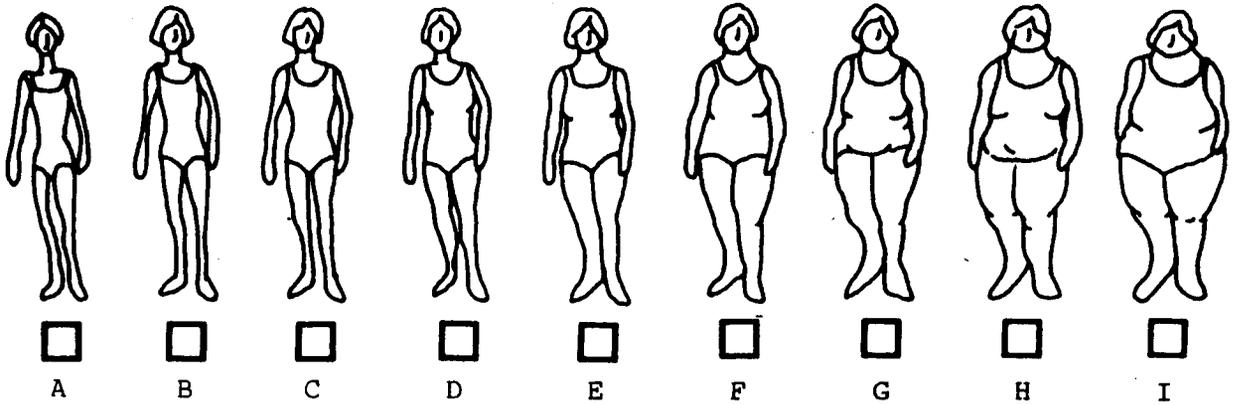
A. FOR MEN:

M I M A G E



B. FOR WOMEN:

W I M A G E



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Finally, please answer the following questions concerning the child who is enrolled in NGHS.

36. Has a doctor ever told you that this child had any of the following conditions?

		YES	NO
C	Asthma	<input type="checkbox"/>	<input type="checkbox"/>
D	Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
C	High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>
C	High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>
C	Thyroid (gland) problem	<input type="checkbox"/>	<input type="checkbox"/>
C	Heart condition	<input type="checkbox"/>	<input type="checkbox"/>
	<u>CHRTRMK</u>		
	(TYPE OF HEART CONDITION)		

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37. Does she have a health or medical problem? CHLTHPRB  YES  NO

IF YES, ANSWER QUESTIONS A AND B.

A. What is this health or medical problem?  
CPREMK

B. Does she see a doctor or go to a clinic regularly because of a health or medical problem? DOCTOR  YES  NO

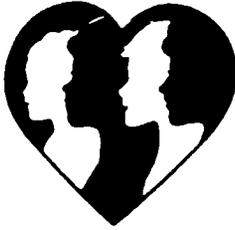
38. Is she currently taking any pills or medicines prescribed by a doctor or a clinic? CURMEDS  YES  NO

A. If YES, specify:  
CMREMK

Thank you very much for your help.

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GROWTH AND HEALTH STUDY  
INTERVAL HISTORY FORM

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1. Are you male or female? ..... MALFEM .....  Male  Female
2. Do you live in the same household as the girl in the study? ..... SAMHOUS .....  Yes  No
3. A. What is the highest grade of school you have completed? EDULEVEL

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 4.

- 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.

3. (Continued)

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

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

If YES, \_\_\_\_\_  
                     Year Earned                      Degree Earned

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

If YES, \_\_\_\_\_  
                     Year Earned                      Degree Earned

4. Do you smoke cigarettes now? ..... NOWSMK  Yes  No

If YES, answer Questions A and B.  
 If NO, skip to Question 5.

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

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

5. Have you stopped smoking cigarettes in the past 4 years? ..... STPSMK4  Yes  No

6. On the average, how many days a week do you drink alcoholic beverages, that is, beer, wine or liquor? Would it be:
- 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 8.

7. On the days that you drink, about how many drinks do you USUALLY have? [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).] ..... AMTDRK

8. How much exercise do you usually get in recreational activities such as sports, jogging, dancing, etc? EXCISE

A lot of exercise.....  1

Some exercise .....  2

Little or no exercise .....  3

9. In your usual work day, aside from recreation how physically active are you? PHYACT

Very active .....  1

Moderately active .....  2

Quite inactive .....  3

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

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

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

12. Do you ever tell your girl in the Growth and Health Study that exercise is important? ..... EXIMPRT .....  Yes  No
13. Do you bike ride, play ball, take long walks, garden, swim, or do similar activities with your family? ..... RIDFAM .....  Yes  No
14. Do you run, play ball, exercise or take long walks at least 3 times a week? ..... RUN3XWK .....  Yes  No
15. Do you try to get your girl to exercise 3 or more times a week? ..... EXREG .....  Yes  No
16. Do you feel you are good at physical activities? ..... GOODACT .....  Yes  No
17. Have you increased your level of physical activity in the past 4 years? ..... INCRPHYS .....  Yes  No
18. What is your present weight? ..... WT ..... lbs.
19. What is your present height without shoes? ..... HTFT feet HTIN inches
20. Have you tried to LOSE weight in the past 4 years? ..... LOSWT4 .....  Yes  No
21. Are you trying to LOSE weight NOW? ..... LOSWTNW .....  Yes  No
22. Have you tried to GAIN weight in the past 4 years? ..... GAINWT4 .....  Yes  No
23. Are you trying to GAIN weight NOW? ..... GAINWTNW .....  Yes  No
24. How much would you like to weigh now? ..... LIKEWT ..... lbs.
25. 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 26.  
 If YES, answer Questions A and B.

25. (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

26. 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 29.

IF YOU ARE NOT THE NGHS GIRL'S NATURAL FATHER,  
 skip to Question 28.

27. WOMEN ONLY:

A. Have you been pregnant within the past 4 years? ..... **PREG4YR**  Yes  No

If NO, skip to Question 28.

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

If YES, skip to Question 28.

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

28. 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** \_\_\_\_\_ feet **NAFAHTIN** \_\_\_\_\_ inches

IF YOU ARE THE NGHS GIRL'S NATURAL MOTHER, skip to Question 30.

29. Do you know the approximate current weight and height of the girl'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? ..... **NAMOHTFT** \_\_\_\_\_ feet **NAMOHTIN** \_\_\_\_\_ inches

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

If NO, skip to Question 32.

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

A. Diabetes pills DIABPIL  <sub>1</sub>

B. Insulin INSULIN  <sub>1</sub>

C. Hypertension or high blood pressure pills (LIST) HIBPPIL  <sub>1</sub>

REMRK1

D. Thyroid pills to raise thyroid activity HITHYR  <sub>1</sub>

E. Thyroid pills to lower thyroid activity LOTHYR  <sub>1</sub>

F. Heart medicine (i.e., for heart failure or angina or irregular heart beat) (LIST) HEART  <sub>1</sub>

REMRK2

G. Medicine to lower cholesterol (LIST) LRCHOL  <sub>1</sub>

REMRK3

H. Medicine for appetite or weight control (LIST) WTCNTRL  <sub>1</sub>

REMRK4

I. Hormones or (FOR WOMEN) birth control pills (LIST) BCNTRL  <sub>1</sub>

REMRK5

J. Prednisone, hydrocortisone, or steroid pills STEROD  <sub>1</sub>

K. Other (LIST) MEDOTHIR  <sub>1</sub>

REMRK6

32. 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

33. In the past 4 years, have you been diagnosed as having high blood pressure (hypertension), high cholesterol or triglycerides, or overweight problems? ..DIAG PRB4..  Yes  No

If YES, who told you about this problem?

34. 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 <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 or high blood fats <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 the girl's natural 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 or high blood fats <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 GIRL WHO IS ENROLLED IN THE GROWTH AND HEALTH STUDY.

35. In the past 4 years, have you been told by a doctor that this girl had any of the following conditions?

	Yes	No
A. Asthma <u>CASTHMA4</u> .....	<input type="checkbox"/>	<input type="checkbox"/>
B. Diabetes or high blood sugar <u>CDIABET4</u> .....	<input type="checkbox"/>	<input type="checkbox"/>
C. High blood pressure or hypertension <u>CHIBP4</u> .....	<input type="checkbox"/>	<input type="checkbox"/>
D. High cholesterol or high blood fats <u>CHICHOL4</u> .....	<input type="checkbox"/>	<input type="checkbox"/>
E. Thyroid (gland) problems <u>CTHYR4</u> .....	<input type="checkbox"/>	<input type="checkbox"/>
F. Heart condition <u>CHRT4</u> .....	<input type="checkbox"/>	<input type="checkbox"/>

CHRTRMK4  
 (TYPE OF HEART CONDITION)

36. In the past 4 years, have you been told by a doctor or other health professional that this girl had a weight problem? .....  Yes  No  
*CWT PROB4*

If YES, answer Questions A and B.

A. Were you told that the girl was underweight? .....  Yes  No  
*CWTUNDR4*

B. Were you told that the girl was overweight? .....  Yes  No  
*CWTOVER4*

37. Has the girl had any other health or medical problem within the past 4 years? .....  Yes  No  
*CHLTHPB4*

If NO, skip to Question 38.  
If YES, answer Questions A and B.

A. What was this health or medical problem?  
*CPREMK4*

B. Does she see a doctor or go to a clinic regularly because of this health or medical problem? .....  Yes  No  
*CDOCTOR4*

38. 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.

39. 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

40. 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?

OCCUP  
 \_\_\_\_\_  
 Occupation or Job Title

B. What are your most important activities or duties?

DUTIES  
 \_\_\_\_\_  
 \_\_\_\_\_

C. What kind of business or industry do you work for? That is, what does the company or your part of the company make or do?

BUSINESS  
 \_\_\_\_\_  
 \_\_\_\_\_

D. Is the business or industry mainly: (Check one)

TYPBUS

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



43. 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?

OPOCCUP

Occupation or Job Title

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 does the company or their part of the company make or do?

OPBUSN

D. Is the business or industry 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 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

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 44A AND 44B ABOUT YOUR HOUSEHOLD OR FAMILY INCOME. IF YOU CANNOT ANSWER QUESTIONS 44A AND 44B, THEN SKIP TO QUESTIONS 45A AND 45B.

44. A. Which of the following income groups represents your TOTAL HOUSEHOLD OR FAMILY INCOME IN 1992 before taxes? Please include income from all sources such as wages, salaries, social security, retirement or public assistance and all other sources:

- H I N C O M E
- |                           |                          |    |
|---------------------------|--------------------------|----|
| 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 ..... <span style="margin-left: 100px;">H I N W A G E</span>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Public assistance (for example, aid to families with dependent children, food stamps, welfare, etc.) ..... <span style="margin-left: 100px;">H I N W E L F</span> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Social security, retirement, pensions or workers' compensation, unemployment insurance ..... <span style="margin-left: 100px;">H I N P E N S . .</span>           | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Other ..... <span style="margin-left: 100px;">H I N O T H E R</span>  | <input type="checkbox"/> | <input type="checkbox"/> |

IF YOU ANSWERED QUESTIONS 44A AND 44B, YOU HAVE COMPLETED THE QUESTIONNAIRE.

THANK YOU VERY MUCH FOR YOUR HELP.

45. A. Which of the following income groups represents your own PERSONAL INCOME IN 1992 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 ..... <u>PINWAGE</u>  | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Public assistance (for example, aid to families with dependent children, food stamps, <u>PINWELF</u> welfare, etc.) ..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Social security, retirement, pensions or workers' compensation, unemployment insurance <u>P.I.N.PENS.</u>                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Other ..... <u>PINOTHR</u>  | <input type="checkbox"/> | <input type="checkbox"/> |

THANK YOU VERY MUCH FOR YOUR HELP.