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VISIT

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FREV

NGHS Form 06
Rev. 0 3/87
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

SAMHOUS

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.

HISP

6. A. Are you of hispanic origin (for example, Puerto Rican Cuban, Latin American, Mexican-American, etc.)? ..... ☐ 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

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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 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
☐	☐	☐	☐	☐

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

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:

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

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.

ID

VN

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).

NDVDRK

- 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

ID						

VN		

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? REXCUSE .... ☐ YES ☐ NO

19. 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 ..... READI	☐	☐
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	☐	☐

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20. Do you ever tell the child in the NGHS that exercise is important? .... EXIMPRT ☐ YES ☐ NO

21. Do you bike ride, play ball, take long walks, garden, swim or do similar activities with your family? .... RIDFAM ☐ YES ☐ NO

22. Do you run, play ball, exercise or take long walks at least three times a week? .... RUN3XWK ☐ YES ☐ NO

23. Do you try to get the child to exercise 3 or more times a week? .... EXREG ☐ YES ☐ NO

24. Do you feel you are good at physical activities? GOODACT .... ☐ YES ☐ NO

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? .... DIET ☐ YES ☐ NO

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? MEDS ☐ YES ☐ NO

IF NO, SKIP TO QUESTION 33 ON NEXT PAGE.

32. Which types of prescribed medicines do you take?

		Variable	YES	NO
A.	Diabetes pills	DIABPIL	☐	☐
B.	Insulin	INSULIN	☐	☐
C.	Hypertension or high blood pressure pills (LIST)	HBPPIL	☐	☐
	REMRK1			
D.	Thyroid pills to raise thyroid activity	HITHYR	☐	☐
E.	Thyroid pills to lower thyroid activity	LOTHYR	☐	☐
F.	Heart medicine (i.e., for heart failure or angina or irregular heart beat) (LIST)	HEART	☐	☐
	REMRK2			
G.	Medicine to lower cholesterol (LIST)	LRCHOL	☐	☐
	REMRK3			
H.	Medicine for appetite or weight control (LIST)	WTCNTRL	☐	☐
	REMRK4			
I.	Exogenous hormones or birth control pills (LIST)	BCNTRL	☐	☐
	REMRK5			
J.	Prednisone, hydrocortisone, or steroid pills	STEROD	☐	☐

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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, occuring under 60 years of age?

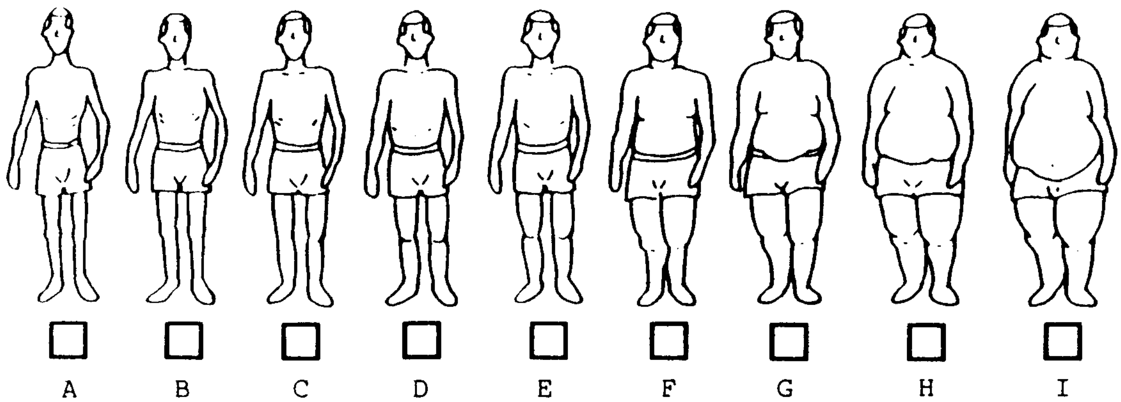
		YES	NO
PHLTHHRT	A. Heart attacks, angina, or strokes	☐	☐
PHLTHHBP	B. High blood pressure or hypertension	☐	☐
PHLTHHCL	C. High cholesterol	☐	☐
PHLTHDIB	D. Diabetes or high blood sugar	☐	☐

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

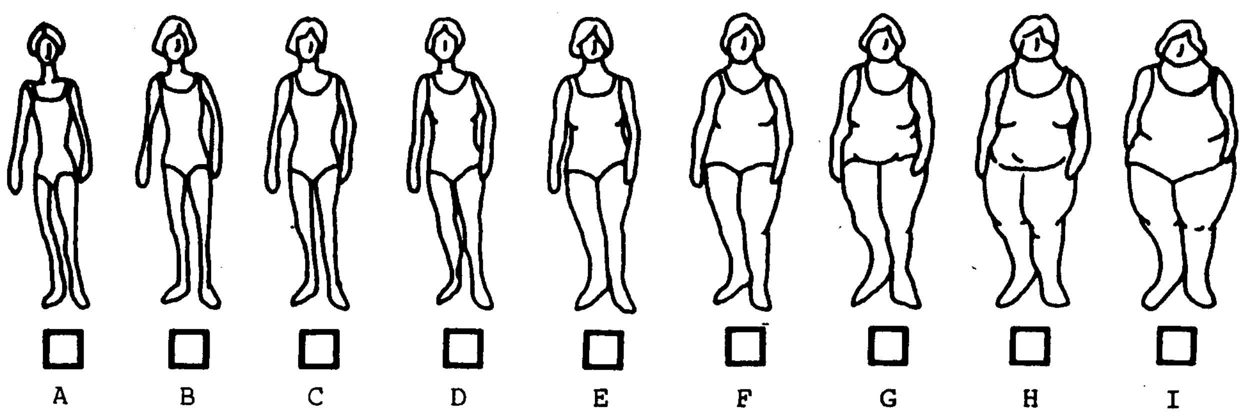
		YES	NO
GHLTHHRT	A. Heart attacks, angina, or strokes	☐	☐
GHLTHHBP	B. High blood pressure or hypertension	☐	☐
GHLTHHCL	C. High cholesterol	☐	☐
GHLTHDIB	D. Diabetes or high blood sugar	☐	☐

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

A. <u>FOR MEN</u>: MIMAGE



B. <u>FOR WOMEN</u>: WIMAGE



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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
CASTHMA	A. Asthma	☐	☐
CDIABET	B. Diabetes	☐	☐
CHIBP	C. High blood pressure	☐	☐
CHICHOL	D. High cholesterol	☐	☐
CTHYR	E. Thyroid (gland) problem	☐	☐
CHRT	F. Heart condition	☐	☐

CHRTRMK
(TYPE OF HEART CONDITION)

ID

VN

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? .... ☐ YES ☐ NO
CDOCTOR

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

A. If YES, specify:

CMREMK

Thank you very much for your help.

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FTYPE NGHS Form 06
Rev. 1 11/92
FREV 14 Pages

GROWTH AND HEALTH STUDY
INTERVAL HISTORY FORM

RID

VISIT

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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
☐	☐	☐	☐

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)

	Yes	No
E1. Did you earn a degree from a junior or community college?	☐	☐
E2. Did you earn a Bachelor's degree from a college or university?	☐	☐

If YES, _____ Year Earned _____ Degree Earned

E3. Did you earn any degree higher than a Bachelor's Degree?	☐	☐

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 ..... SPORTS	☐	☐
B.	I have too many other things to do with my time 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 ..... READI	☐	☐
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
12.	Do you ever tell your girl in the Growth and Health Study that exercise is important? ..... EXIMPRT	☐	☐
13.	Do you bike ride, play ball, take long walks, garden, swim, or do similar activities with your family? ..... RIDFAM	☐	☐
14.	Do you run, play ball, exercise or take long walks at least 3 times a week? RUN3XWK	☐	☐
15.	Do you try to get your girl to exercise 3 or more times a week? ..... EXREG	☐	☐
16.	Do you feel you are good at physical activities? ..... GOODACT	☐	☐
17.	Have you increased your level of physical activity in the past 4 years? ..... INCRPHYS	☐	☐

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

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

		Yes	No
20.	Have you tried to LOSE weight in the past 4 years? LOSWT4	☐	☐
21.	Are you trying to LOSE weight NOW? ..... LOSWTNW	☐	☐
22.	Have you tried to GAIN weight in the past 4 years? GAINWT4	☐	☐
23.	Are you trying to GAIN weight NOW? ..... GAINWTNW	☐	☐

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

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

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:

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 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? ..... ___ feet ___ ___ inches
NAFAHTFT NAFAHTIN

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? ..... ___ feet ___ ___ inches
NAMOHTFT NAMOHTIN

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 ☐ 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

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? ..DIAGPRB4.. ☐ 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 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 natural 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.

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 CASTHMA4	☐	☐
B. Diabetes or high blood sugar CDIABET4	☐	☐
C. High blood pressure or hypertension CHIBP4	☐	☐
D. High cholesterol or high blood fats CHICHOL4	☐	☐
E. Thyroid (gland) problems CTHYR4	☐	☐
F. Heart condition CHRT4	☐	☐

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? ..... CWTPROB4 ☐ Yes ☐ No

If YES, answer Questions A and B.

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

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

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

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? ..... CDOCTOR4 ☐ Yes ☐ No

38. 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.

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

40. (Continued)

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

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

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

IF YES, skip to Question 44.

42. 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

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:

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 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 ..... 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.