251

INITIALS

Section	Δ.	KFY	IDENTI	FYING	INFOR	MATION
Section	М.	$\Gamma \setminus \Gamma$				

A1.	Study Identification Number	
A2.	Study visit	GENETICS VISIT77
A5.	Date form completed	$\frac{1}{M} \frac{1}{M} \frac{1}{D} \frac{1}{D} \frac{1}{D} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y} \frac{1}{Y}$
A6.	Name of person completing form	

SECTION D: SIBLING MEDICAL HISTORY

PRINT FULL NAME

Please tell me more about (each of) the living sibling(s) of the child in this study.

D1. **SIBLING #** ____

a.	Is this child a boy or a girl?	MALE 1 FEMALE 2					
b.	What is this child's date of birth?	$\frac{1}{M}$ $\frac{1}{M}$ $\frac{1}{D}$ $\frac{1}{D}$ $\frac{1}{Y}$ $\frac{1}{Y}$ $\frac{1}{Y}$ $\frac{1}{Y}$					
C.	Does this child have the same parents as your child participating in the study?	YES 1 (D1e)					
		NO2					
d.	HALF SIBLING						
	 Does this child have the same mother? (MATERNAL HALF SIBLING) 	YES 1 (D1e)					
		NO2					
	ii. Does this child have the same father? (PATERNAL HALF SIBLING)	YES 1 (D1e)					
	,	NO2					
e.	Does this child have a heart problem?	\ \					
0.	(CARDIAC DEFECT)	YES 1					
		NO 2 (D1g)					
		DK8 (D1g)					
f.	How many heart problems does this child have?	(1-5)					

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D1.	f.	Please tell me what this (these) cardiac defects is (are). (ENTER CODE FROM CARDIAC CODE LIST)							
,		1 i. OTHER, SPECIFY:							
		2 i. OTHER, SPECIFY:							
		3 i. OTHER, SPECIFY:							
		4 i. OTHER, SPECIFY:							
		5 i. OTHER, SPECIFY:							
	g.	Does this child have any other <u>medical</u> or <u>genetic</u> problems?	YES 1						
	3.		NO 2 (D1i)						
			DK8 (D1i)						
			DK0 (D II)						
	h.	How many other <u>medical</u> or <u>genetic</u> problems does this child have?	(1-10)						
		Please tell me what the <u>medical</u> or <u>genetic</u> problem(s) is (are). (ENTER CODE FROM BODY SYSTEM AND (OR) GENETIC SYNDROME LISTS) BODY GENETIC SYSTEM SYNDROME							
		1 i. SPECIFY:							
		2 i. SPECIFY:							
		3 i. SPECIFY:							
		4 i. SPECIFY:							
		5 i. SPECIFY:							
	i.	Has this child been hospitalized for any medical problems?	YES 1						
		(NOT INCLUDING HOSPITALIZATIONS FOR SURGERY)	NO 2 (D1k)						
			DK8 (D1k)						
	j.	How many times was this child hospitalized for medical problems?	` ,						
	j.	How many times was this child hospitalized for <u>medical</u> problems? (1-10) What was (were) the reason(s) for the hospitalization(s)?							
		(ENTER CODE FROM BODY SYSTEMS CODE LIST)							
		1 i. SPECIFY:							
		2 i. SPECIFY:							
		3 i. SPECIFY:							
		4 i. SPECIFY:							

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D1. (cont)	j.	5.		i.	SPECIFY:									
	k.	Has	this child	d had	l any <u>sur</u> g	eries?						YES	1	
												NO	2 (2	Z1)
												DK	8 (2	Z1)
	l.	How	many <u>sı</u>	<u>urger</u>	<u>ies</u> has th	nis chil	d had?						(1-10)*
					the reaso M BODY SY				s)?					
		1.		i.	SPECIFY:									
		2.		i.	SPECIFY:									
		3.		i.	SPECIFY:								-	
		4.		i.	SPECIFY:									
		5.		i.	SPECIFY:									
* IF N	MORE	THAN 5	MEDICAI	L PRO	OBLEMS, H	OSPITA	ALIZATION	IS, AND/	OR SU	RGERIE	S, PLEA	SE PHO	ГОСОРУ	PAGE.
					Section	Z: TIN	иЕ ТО С	OMPLE	ETE F	ORM				
Z1.		How	long did	it tal	ke to com	plete t	his form	>			mir	nutes		
						EN	D OF SE	CTION						
•					ngs → Pri ngs → Co			сору с					al sibling	g.