





D1. (cont) j. 5. \_\_\_ \_\_\_ i. SPECIFY: \_\_\_\_\_

k. Has this child had any surgeries? YES..... 1  
 NO..... 2 (Z1)  
 DK..... -8 (Z1)

l. How many surgeries has this child had? \_\_\_\_\_ (1-10)\*

What was (were) the reason(s) for the surgery(ies)?  
 (ENTER CODE FROM BODY SYSTEM CODE LIST)

1. \_\_\_ \_\_\_ i. SPECIFY: \_\_\_\_\_
2. \_\_\_ \_\_\_ i. SPECIFY: \_\_\_\_\_
3. \_\_\_ \_\_\_ i. SPECIFY: \_\_\_\_\_
4. \_\_\_ \_\_\_ i. SPECIFY: \_\_\_\_\_
5. \_\_\_ \_\_\_ i. SPECIFY: \_\_\_\_\_

**\* IF MORE THAN 5 MEDICAL PROBLEMS, HOSPITALIZATIONS, AND/OR SURGERIES, PLEASE PHOTOCOPY PAGE.**

**Section Z: TIME TO COMPLETE FORM**

Z1. How long did it take to complete this form? \_\_\_ \_\_\_ \_\_\_ minutes

**END OF SECTION**

**NOTE:**

- If additional living siblings → Print & complete a copy of this form for each additional sibling.
- If no further living siblings → Continue to form R13Z (Family Medical History).