

E1. (cont) d. IF YES: How many other medical or genetic problems do you (does the mother) have? _____ (1 – 10)*

Please tell me what the medical or genetic problem(s) is (are).
 (ENTER CODE FROM BODY SYSTEM AND (OR) GENETIC SYNDROME LIST)

- | | BODY
SYSTEM | GENETIC
SYNDROME | |
|----|----------------|---------------------|-------------------|
| 1. | _____ | _____ | i. SPECIFY: _____ |
| 2. | _____ | _____ | i. SPECIFY: _____ |
| 3. | _____ | _____ | i. SPECIFY: _____ |
| 4. | _____ | _____ | i. SPECIFY: _____ |
| 5. | _____ | _____ | i. SPECIFY: _____ |

e. Have you (Has the mother) been hospitalized for any medical problems? (NOT INCLUDING HOSPITALIZATION FOR SURGERY)

YES..... 1
 NO..... 2 (E1g)
 DK..... -8 (E1g)

f. IF YES: How many times were you (was the mother) hospitalized for medical problems? _____ (1 – 10)*

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

- | | | |
|----|-------|-------------------|
| 1. | _____ | i. SPECIFY: _____ |
| 2. | _____ | i. SPECIFY: _____ |
| 3. | _____ | i. SPECIFY: _____ |
| 4. | _____ | i. SPECIFY: _____ |
| 5. | _____ | i. SPECIFY: _____ |

g. Have you (Has the mother) had any surgeries?

YES..... 1
 NO..... 2 (E2)
 DK..... -8 (E2)

h. IF YES: How many surgeries have you (has the mother) 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: _____ |

- E1. (cont) h. 4. ___ ___ i. SPECIFY: _____
 5. ___ ___ i. SPECIFY: _____

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

E2. **FATHER**

- a. Does the father (Do you) have a cardiac defect(s)? YES..... 1
NO..... 2 (E2c)
DK..... -8 (E2c)
- b. IF YES: How many cardiac defects does the father (do you) have? ___ ___ (1 – 5)
 Please tell me what the cardiac defect(s) 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: _____
- c. Does the father (Do you) have any other medical or genetic problems? YES..... 1
NO..... 2 (E2e)
DK..... -8 (E2e)
- d. IF YES: How many other medical or genetic problems does the father (do you) have? ___ ___ (1 – 10)*
 Please tell me what the medical or genetic problem(s) is (are).
 (ENTER CODE FROM BODY SYSTEM AND (OR) GENETIC SYNDROME LIST)
- | | BODY
SYSTEM | GENETIC
SYNDROME | |
|----|----------------|---------------------|--------------------|
| 1. | ___ ___ | ___ ___ | i., SPECIFY: _____ |
| 2. | ___ ___ | ___ ___ | i., SPECIFY: _____ |
| 3. | ___ ___ | ___ ___ | i., SPECIFY: _____ |
| 4. | ___ ___ | ___ ___ | i., SPECIFY: _____ |
| 5. | ___ ___ | ___ ___ | i., SPECIFY: _____ |

- e. Has the father (Have you) been hospitalized for any medical problems? (NOT INCLUDING HOSPITALIZATIONS FOR SURGERY) YES..... 1
NO..... 2 (E2g)
DK..... -8 (E2g)
- f. IF YES: How many times was the father (were you) hospitalized for medical problems? ___ ___ (1 – 10)*
 What was (were) the reason(s) for the hospitalization(s)?
 (ENTER CODE FROM BODY SYSTEM CODE LIST)
1. ___ ___ i. SPECIFY: _____
2. ___ ___ i. SPECIFY: _____
3. ___ ___ i. SPECIFY: _____
4. ___ ___ i. SPECIFY: _____
5. ___ ___ i. SPECIFY: _____
- g. Has the father (Have you) had any surgeries? YES..... 1
NO..... 2 (E3)
DK..... -8 (E3)
- h. IF YES: How many surgeries has the father (have you) 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.**

- E3. Please tell me the number of other family members with cardiac defects. ___ ___ (0 – 5)
 (NOT INCLUDING BIOLOGICAL PARENTS OR SIBLINGS) **(IF 0 → Z1)**

- E3. (cont)
- a. What is their relationship to the study patient?
(ENTER CODE FROM FAMILY MEMBER CODE LIST)
- b. What is the cardiac defect?
(ENTER CODE FROM CARDIAC CODE LIST)
- | | | | | | | | | | | | |
|----|-----|-----|----|-----------------|-------|----|-----|-----|----|-----------------|-------|
| 1. | ___ | ___ | i. | OTHER, SPECIFY: | _____ | 1. | ___ | ___ | i. | OTHER, SPECIFY: | _____ |
| 2. | ___ | ___ | i. | OTHER, SPECIFY: | _____ | 2. | ___ | ___ | i. | OTHER, SPECIFY: | _____ |
| 3. | ___ | ___ | i. | OTHER, SPECIFY: | _____ | 3. | ___ | ___ | i. | OTHER, SPECIFY: | _____ |
| 4. | ___ | ___ | i. | OTHER, SPECIFY: | _____ | 4. | ___ | ___ | i. | OTHER, SPECIFY: | _____ |
| 5. | ___ | ___ | i. | OTHER, SPECIFY: | _____ | 5. | ___ | ___ | i. | OTHER, SPECIFY: | _____ |

FAMILY MEMBER CODE LIST			
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Code	Family Member	Code	Family Member
01	Paternal uncle	07	Paternal half-sister
02	Paternal aunt	08	Maternal half-sister
03	Maternal uncle	09	Paternal grandfather
04	Maternal aunt	10	Paternal grandmother
05	Paternal half-brother	11	Maternal grandfather
06	Maternal half-brother	12	Maternal grandmother
		99	Other, specify

Section Z: TIME TO COMPLETE FORM

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

END OF FORM