Name _____
Last First Middle

Reviewer _____

Date: _____

Time: Start _____ Finish _____

Hospital record No. _____

Hospital name _____

Col.

1–3 Hospital code number
_____ _____ _____
1 2 3

4–5 Patient's series number in hospital
_____ _____
4 5

6–7 Month of onset
_____ _____
6 7

8 Year of onset
0—1960
1—1961
2—1962
3—1963
4—1964
5—1965

9 Hospital pay status
0—N.S.
1—Private specified
2—Semiprivate specified
3—Attending service
4—Ward or resident service

10 Discharge status
0—N.S.
1—Alive
2—Deceased—no autopsy
3—Deceased—autopsy

11–12 Age on admission (last birthday)
_____ _____
11 12

13 Race or ethnic groups
0—N.S.
1—White
2—Negro
3—American Indian
4—Puerto Rican
5—Asian (Oriental)
6—Polynesian, Hawaiian
7—Other _____ (specify)

14 Marital status
0—N.S.
1—Single
2—Married
3—Separated
4—Divorced
5—Widowed

15 Religion
0—N.S.
1—Catholic
2—Jewish
3—Protestant

Col.

15 4—Other _____ (specify)

16–17 Birthplace (code as per master code sheet No. 1)
_____ _____
16 17

18 Residence at time of onset
0—N.S.
1—Baltimore City
2—Maryland, other
3—U.S.A., other
4—Latin America
5—Russia/Slavic/Balkan
6—Mediterranean/France/Romance
7—Scandinavia and other Europe
8—Commonwealth/Ireland
9—Orient/Africa

19 Occupation
0—N.S.
1—Housewife
2—Secretary/office asst.
3—Store clerk/saleswoman
4—Teacher/supervisor/professional
5—Nurse/dental assistant/laboratory technician
6—Beautician/waitress
7—Seamstress/laundry/cleaner-presser/domestic
8—Light machine operator (other than 7)
9—Other _____ (specify)

20 Number of pregnancies
0—N.S.
1—1 pregnancy
2—2 pregnancies
3—3 pregnancies
4—4 pregnancies
5—5 pregnancies
6—6 pregnancies
7—7 pregnancies
8—8 or more _____ (specify)
9—Never pregnant

21 Pregnancies aborted/miscarried (less than 6 months)
0—N.S.
1—Abortion/miscarriage
2—Abortions/miscarriages
3—Abortions/miscarriages
4—Abortions/miscarriages

Col.

21 5—Abortions/miscarriages
6—Abortions/miscarriages
7—Abortions/miscarriages
8—Or more _____ (specify)
9—Never aborted/miscarried

22 Delivery of stillborn or living infant, 6+ months gestation
0—N.S.
1—1 delivery
2—2 deliveries
3—3 deliveries
4—4 deliveries
5—5 deliveries
6—6 deliveries
7—7 deliveries
8—8 or more _____ (specify)
9—Never delivered

23 Living children
0—N.S.
1—1 living child
2—2 living children
3—3 living children
4—4 living children
5—5 living children
6—6 living children
7—7 living children
8—8 or more _____ (specify)
9—None

24 Interval from last delivery to onset
0—N.S. or D.N.A.
1—Pregnant, undelivered
2—0 to <3 months
3—3 to <6 months
4—6 to <12 months
5—1 to <2 years
6—2 to <3 years
7—3 to <4 years
8—4 to <5 years
9—5+ years

25 History of allergy
0—N.S.
1—Negative
2—Skin (eczema, angio-edema, urticaria)
3—Respiratory (Al. Rhin. Asthma, Al. Bronch.)
4—Drug (include biologicals)
5—2+3
6—2+4
7—3+4