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08-9 Prenatal Record

Form 08-9, Prenatal Record, provided details on the present pregnancy, reproductive history, past medical history, family history and present examinations. It was designed for use as a regular hospital record and was to be used in conjunction with detailed histories obtained by the interviewer. The form was first used in January 1959 and was replaced in April of 1962 by 08-40, 08-42 and 08-43. Page 1 of 08-9 was replaced by 08-40, an optional form retained by the institutions as a hospital record. Page 2 of 08-9 was replaced by 08-42, Past Medical History. Pages 3 and 4 of 08-9 were replaced by pages 1 and 2 of form 08-43, Initial Prenatal Examination. Four cards were used to record information from 08-9 (Table 08-9.1).

TABLE 08-9.1 Cards and Data Records by Revision for Form 08-9

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
08-9: Onset, Duration of Menses, Pregnancy Record	1309		
		0	25,619
			25,619
08-9: Basic Data, Pelvic Examination	2509		
		0	25,595
			25,595
08-9: Evaluation of Pelvis, Past Medical History, Family History	3309		
		0	25,602
			25,602
08-9: Mouth, Eyes, Heart, Breasts, Abdomen, Skin	4309		
		0	25,573
			25,573
	total for form		102,389

Data Item Reference Form MM-9, Prenatal Record

Data Item ID	Type	Card Num	From	To	Data Item Name
$29.....		1100	1	5	Card number (sequence, form type, form number, revision number)
$30.....		1100	6	10	Study case number
$31...MM-9		1100	15	16	Form MM-9 date (mo)
$32...MM-9		1100	17	18	Form MM-9 date (day)
$33...MM-9		1100	19	20	Form MM-9 date (yr)
$34...MM-9	1	1100	21	22	Menarche; age at onset of menstruation
$35...MM-9	1	1100	23	24	Menstrual period, usual interval, minimum
$36...MM-9	1	1100	25	26	Menstrual period, usual interval, maximum
$37...MM-9	1	1100	27	28	Menstrual period duration
$38...MM-9	2	1100	29	29	Dysmenorrhea
$39...MM-9	3	1100	30	30	Menstrual irregularities
$40...MM-9	4	1100	31	31	Sterility method
$41...MM-9	5	1100	32	33	Menstrual history LNMP, first day (mo)
$42...MM-9	5	1100	34	35	Menstrual history LNMP, first day (day)
$43...MM-9	5	1100	36	37	Menstrual history LNMP, first day (yr)
$44...MM-9	6	1100	38	39	Menstrual history PNMP, first day (mo)
$45...MM-9	6	1100	40	41	Menstrual history PNMP, first day (day)
$46...MM-9	6	1100	42	43	Menstrual history PNMP, first day (yr)
$47...MM-9	7	1100	44	45	Quickening (mo)
x48...MM-9	7	1100	46	47	Quickening (day)
$49...MM-9	7	1100	48	49	Quickening (yr)
$50...MM-9	8	1100	50	51	EDC: Estimated date of confinement (mo)
$51...MM-9	8	1100	52	53	EDC: Estimated date of confinement (day)
$52...MM-9	8	1100	54	55	EDC: Estimated date of confinement yr)
$53...MM-9	9	1100	56	57	Pregnancies, total number prior to study
$54...MM-9	10	1100	58	58	Fetal death; abortion, at 20 weeks gestation or less
$55...MM-9	11	1100	59	59	Immature, 21 to 28 weeks gestation
$56...MM-9	12	1100	60	60	Premature, 29 to 35 weeks gestation
$57...MM-9	13	1100	61	61	Liveborn, full term
$58...MM-9	14	1100	62	62	Fetal death; stillbirth, 29 weeks gestation or greater
$59...MM-9	15	1100	63	63	Pregnancies; multiple
$60...MM-9	16	1100	64	64	Children, living, total number
$61...MM-9		1100	65	65	Edit code
$62.....		1100	66	80	Blank
$63.....		2100	1	5	Card number (sequence, form type, form number, revision number)
$64.....		2100	6	14	Study case number
$65...MM-9		2100	15	16	Form MM-9 date (mo)
$66...MM-9		2100	17	18	Form MM-9 date (day)
$67...MM-9		2100	19	20	Form MM-9 date (yr)
$68...MM-9	1	2100	21	23	Temperature
$69...MM-9	2	2100	24	26	Pulse
$70...MM-9	3	2100	27	29	Blood pressure, systolic

Data Item Reference File OB-9, Prenatal Record

DATA ITEM ID	TYPE	CARD NUM	FROM	TO	DATA ITEM NAME
91...OB-9	3	2120	30	32	Blood pressure, diastolic
92...OB-9	4	2120	33	35	Weight, pre pregnancy (lbs)
93...OB-9	5	2120	36	38	Weight, present (lbs)
94...OB-9	6	2120	39	40	Height (inches)
95...OB-9	7	2120	41	41	Pelvic: genital: vulvar varicosities
96...OB-9	7	2120	42	42	Pelvic: genitalia, other
97...OB-9	8	2120	43	43	Pelvic: introitus: urethrocele, cystocele
98...OB-9	8	2120	44	44	Pelvic: introitus: rectocele
99...OB-9	8	2120	45	45	Pelvic: introitus: perineal laceration, old
100...OB-9	8	2120	46	46	Pelvic: introitus, other
101...OB-9	9	2120	47	47	Pelvic: vagina, abnormality
102...OB-9	10	2120	48	48	Pelvic: vaginitis: trichomonas
103...OB-9	10	2120	49	49	Pelvic: vaginitis: candida
104...OB-9	10	2120	50	50	Pelvic: vaginitis: non-specific
105...OB-9	10	2120	51	51	Pelvic: vaginitis, other
106...OB-9	11	2120	52	52	Pelvic: bleeding: uterine
107...OB-9	11	2120	53	53	Pelvic: bleeding: cervix or vagina
108...OB-9	11	2120	54	54	Pelvic: bleeding, other
109...OB-9	12	2120	55	55	Pelvic: cervix, chronic cystic cervicitis
110...OB-9	12	2120	56	56	Pelvic: cervix, erosion
111...OB-9	12	2120	57	57	Pelvic: cervix, eversion
112...OB-9	12	2120	58	58	Pelvic: cervix, polyp
113...OB-9	12	2120	59	59	Pelvic: cervix, laceration, old
114...OB-9	12	2120	60	60	Pelvic: cervix, other
115...OB-9	13	2120	61	61	Pelvic: uterus: mass
116...OB-9	13	2120	62	62	Pelvic: uterus: congenital anomaly
117...OB-9	13	2120	63	63	Pelvic: uterus, other
118...OB-9	14	2120	64	64	Pelvic: adnexa, mass
119...OB-9	14	2120	65	65	Pelvic: adnexa, excessive tenderness
120...OB-9	14	2120	66	66	Pelvic: adnexa, other
601...OB-9		2120	67	67	Edit code
602.....		2120	68	80	Blank
603.....		2120	1	5	Card number (sequence, form type, form number, revision number)
604.....		2120	6	14	Study case number
605...OB-9		2120	15	16	Form OB-9 date (mo)
606...OB-9		2120	17	18	Form OB-9 date (day)
607...OB-9		2120	19	20	Form OB-9 date (yr)
608...OB-9	15	2120	21	21	Pelvis: diagonal conjugate reached
609...OB-9	15	2120	22	24	Pelvis: diagonal conjugate measurement (cm)
610...OB-9	16	2120	25	25	Pelvis: sacrum
611...OB-9	17	2120	26	26	Pelvis: spines
612...OB-9	18	2120	27	27	Pelvis: arch
613...OB-9	19	2120	28	28	Pelvis: bi-ischial

FLA-130

OB-9

Data Items Referencing Form MB-9, Prenatal Record

Data Item ID	Item No.	Card Row	Card Pos	ID	Data Type Name
614...MB-9	28	3100	31	31	Pelvis; posterior sagittal
615...MB-9	21	3100	32	32	Pelvis; interspinal
616...MB-9	22	3100	33	33	Pelvis; sidewalls
617...MB-9	23	3100	34	34	Pelvis; sacrosciatic notch
618...MB-9	24	3100	35	35	Pelvis; asymmetry
619...MB-9	25	3100	36	36	Pelvis, other pelvic abnormality
620...MB-9	26	3100	37	37	Pelvis; inlet
621...MB-9	27	3100	38	38	Pelvis; mid pelvis
622...MB-9	28	3100	39	39	Pelvis; outlet
623...MB-9	29	3100	40	40	Radiography; X-ray pelvimetry
624...MB-9	1	3100	41	41	Childhood diseases
625...MB-9	2	3100	42	42	Tuberculosis
626...MB-9	3	3100	43	43	Pulmonary disease, chronic, other
627...MB-9	4	3100	44	44	Ulcers
628...MB-9	5	3100	45	45	Urinary tract disease
629...MB-9	6	3100	46	46	Syphilis
630...MB-9	7	3100	47	47	Hypertension
631...MB-9	8	3100	48	48	Cardiovascular disease rheumatic fever
632...MB-9	9	3100	49	49	Varicose veins
633...MB-9	10	3100	50	50	Anemia
634...MB-9	11	3100	51	51	Cancer
635...MB-9	12	3100	52	52	Thyroid disease
636...MB-9	13	3100	53	53	Diabetes
637...MB-9	14	3100	54	54	Neuromuscular disease
638...MB-9	15	3100	55	55	Congenital anomaly
639...MB-9	16	3100	56	56	Disease, other significant
640...MB-9	1	3100	57	57	Diabetes
641...MB-9	2	3100	58	58	Tuberculosis
642...MB-9	3	3100	59	59	Heart disease
643...MB-9	4	3100	60	60	Cancer
644...MB-9	5	3100	61	61	Neurological condition
645...MB-9	6	3100	62	62	Psychiatric disorder
646...MB-9	7	3100	63	63	Congenital anomaly
647...MB-9	8	3100	64	64	Multiple pregnancy
648...MB-9	9	3100	65	65	Family history, other significant
649...MB-9		3100	70	70	Edit code
650.....		3100	71	80	Blank
651.....		4100	1	6	Card number (sequence, form type, form number, revision number)
652.....		4100	6	16	NIMPH case number
653...MB-9		4100	15	16	Form MB-9 date (mo)
654...MB-9		4100	17	18	Form MB-9 date (day)
655...MB-9		4100	19	20	Form MB-9 date (yr)
656...MB-9	1	4100	21	21	Eyes, inflammation

Data Items Determining Form 7B-9, Prenatal Record

DATA ITEM ID	TYPE OF ITEM	CARD NUM	FROM	TO	DATA ITEM NAME
642...0R-9	1	6180	29	32	Eyes, other abnormality
643...0R-9	2	6180	33	33	Mouth; dental caries
644...0R-9	2	6180	34	34	Mouth; teeth dirty
645...0R-9	2	6180	35	35	Mouth; teeth missing, many
646...0R-9	2	6180	36	36	Mouth; ulcerations
647...0R-9	2	6180	37	37	Mouth, other abnormality
648...0R-9	1	6180	38	38	Respiratory tract, nose; pharynx inflammation
649...0R-9	1	6180	39	39	Respiratory tract, nose; breath sounds abnormal
650...0R-9	1	6180	40	40	Respiratory tract, nose; rales
651...0R-9	1	6180	41	41	Respiratory tract, nose; stridor wheezes
652...0R-9	1	6180	42	42	Respiratory tract, nose, other abnormality
653...0R-9	4	6180	33	33	Lymph nodes enlarged locally
654...0R-9	4	6180	34	34	Lymph nodes enlarged generally
655...0R-9	4	6180	35	35	Lymph nodes, other abnormality
656...0R-9	5	6180	36	36	Thyroid enlargement, generalized
657...0R-9	5	6180	37	37	Thyroid enlarged, one lobe
658...0R-9	5	6180	38	38	Thyroid, solitary nodule
659...0R-9	5	6180	39	39	Thyroid, other abnormality
660...0R-9	6	6180	40	40	Heart murmur
661...0R-9	6	6180	41	41	Heart rhythm, irregular
662...0R-9	6	6180	42	42	Heart, other abnormality
663...0R-9	7	6180	43	43	Breasts; palpable mass
664...0R-9	7	6180	44	44	Breasts, other abnormality
665...0R-9	8	6180	45	45	Breasts; nipples, inverted
666...0R-9	8	6180	46	46	Breasts; nipples, fissured
667...0R-9	8	6180	47	47	Breasts; nipples, other abnormality
668...0R-9	9	6180	48	48	Abdomen, palpable organ or mass
669...0R-9	9	6180	49	49	Abdomen, operative scar
670...0R-9	9	6180	50	50	Abdomen, hernia
671...0R-9	9	6180	51	51	Abdomen, other abnormality
672...0R-9	10	6180	52	52	Extremity; edema
673...0R-9	10	6180	53	53	Extremity; varicosities
674...0R-9	10	6180	54	54	Extremity, other abnormality
675...0R-9	11	6180	55	55	Orthopedic defect
676...0R-9	12	6180	56	56	Skin; jaundice
677...0R-9	12	6180	57	57	Skin; rash
678...0R-9	12	6180	58	58	Skin; lesion
679...0R-9	12	6180	59	59	Skin, other abnormality
680...0R-9	13	6180	60	60	Abnormalities, other systems
681...0R-9		3300	61	61	Edit code
682.....		6180	62	80	Blank
6983....VAR			25	30	Prenatal visits, total number
6985....VAR	0		81	83	Weight (lb)

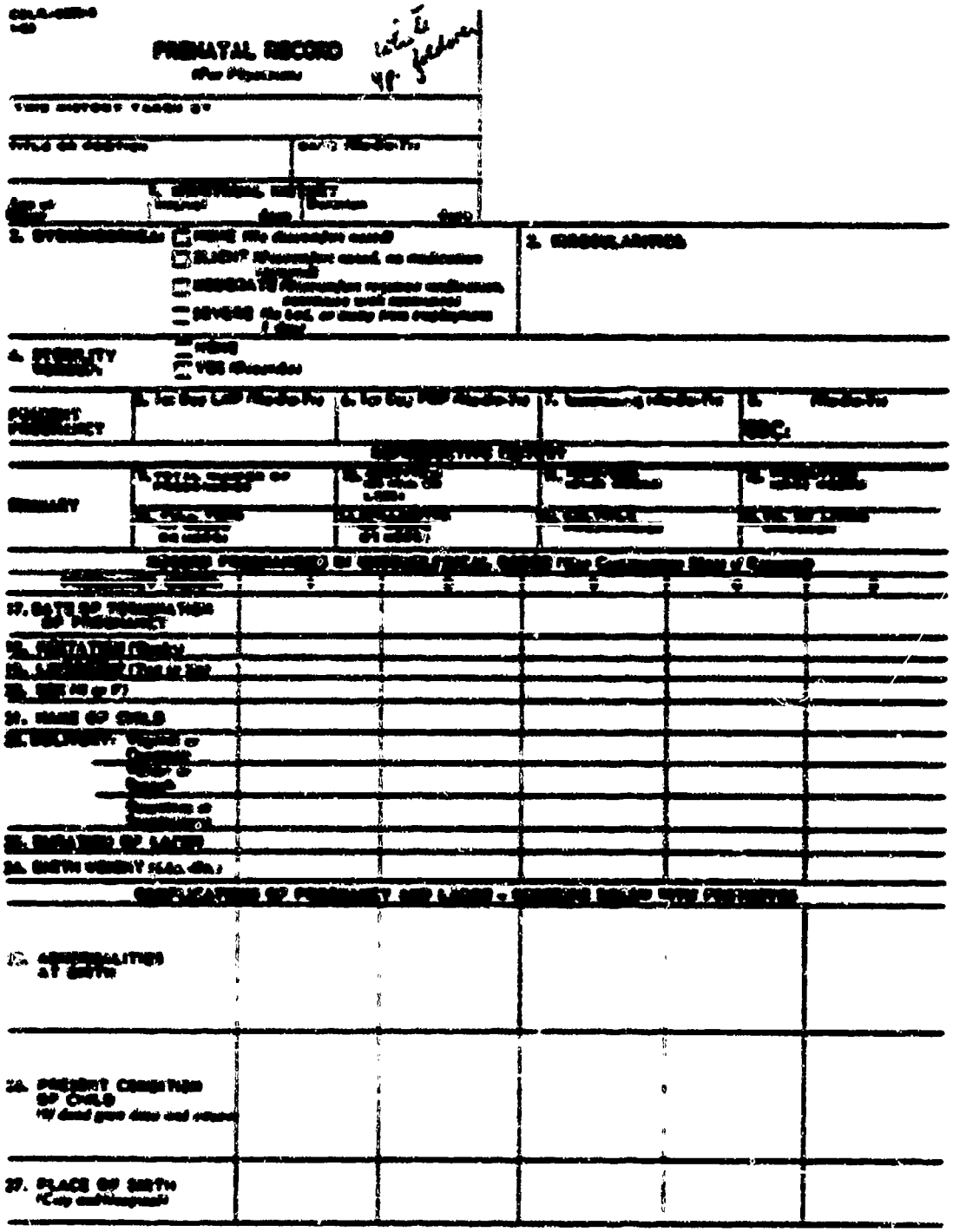
Data Items Referencing Page MM-9, Prenatal Record

DATA ITEM ID	TYPE OR FORM	CARD NUM	FROM	TO	DATA ITEM NAME
4996....VAR	4		81	85	Weight, pre pregnancy (lbs)
4997....VAR	4		85	89	Weight gain (lbs)
5210....VAR	25		110	319	Pelvic summetry, joint
5217....VAR	3		320	322	Blood pressure, systolic, first recorded
5218....VAR	3		323	325	Blood pressure, diastolic, first recorded
5240....VAR	0-17		188	203	Premature births, total number prior to current pregnancy

II.A.15

6-0

PRENATAL RECORD



[redacted]

	NO	YES	COMMENT ON POSITIVE HISTORY
1. CHARCOT DISEASE			
2. TUBERCULOSIS			
3. OTHER CHRONIC PULMONARY DISEASE			
4. ALLERGY			
5. URINARY TRACT DISEASE			
6. EPILEPSY			
7. HYPERTENSION			
8. SCHIZOPHRENIC PSYCHOSIS OR OTHER			
9. VENEREAL DISEASE			
10. ANEMIA			
11. CANCER			
12. THYROID DISEASE			
13. DIABETES			
14. CARDIOVASCULAR DISEASE			
15. CONGENITAL ANOMALY			
16. OTHER SIGNIFICANT DISEASE			

	NO	YES	COMMENT ON POSITIVE HISTORY
1. DIABETES			
2. TUBERCULOSIS			
3. HEART DISEASE			
4. CANCER			
5. NEUROLOGICAL CONDITION			
6. PSYCHIATRIC DISORDER			
7. CONGENITAL ANOMALY			
8. MULTIPLE PREGNANCY			
9. OTHER SIGNIFICANT FAMILIAL HISTORY			

[redacted]

EXAMINED BY DATE

1. TEMP. 2. PULSE 3. BLOOD PRESSURE

4. PRE-PREGNANT WEIGHT 5. PRES. WEIGHT 6. HEIGHT

PELVIC EXAMINATION

7. EXTERNAL GENITALIA
- Normal
- Abnormal
- Vulvar Varicosities
- Scars
- Not Evaluated

8. URETHRA
- Normal
- Abnormal
- Urethrocele, Cystocele
- Caruncle
- Old Perineal Lacerations
- Other
- Not Evaluated

9. VAGINA
- Normal
- Abnormal
- Abnormality present which may require
- Not Evaluated

10. VAGINITIS
- None
- Present
- Trichomonas
- Monilia
- Non-Specific
- Other
- Not Evaluated

11. SECRETIONS
- None
- Present
- From Uterus
- From Cervix or Vagina
- Other (Mucoid, etc.)
- Not Evaluated

12. CERVIX
- Normal
- Abnormal
- Chronic Cystic Cervicitis
- Erosion
- Laceration
- Polyp
- Old Lacerations
- Other
- Not Evaluated

13. UTERUS
- Normal
- Abnormal
- Myoma
- Congenital Anomaly
- Other
- Not Evaluated

14. ADNEXA
- Normal
- Abnormal
- Mass
- Excessive Tenderness
- Other
- Not Evaluated

EVALUATION OF PELVIS

15. DIAGONAL CONJUGATE
- Not Recorded
- Recorded as _____ Cms.

16. SACRUM
- Normal Curve
- Flat
- Angulated

17. SPINES
- Not Prominent
- Prominent

18. ARCH
- Normal
- Wide
- Narrow

19. Subpubic

20. Posterior Sagittal

21. Interspinal

22. ADEQUACY
- None
- Present

23. OTHER PELVIC ABNORMALITY
- None
- Present

24. SIDEWALLS
- Divergent
- Convergent

SACROSCIATIC NOTCH
- Average
- Wide
- Narrow

X-RAY PELVIMETRY

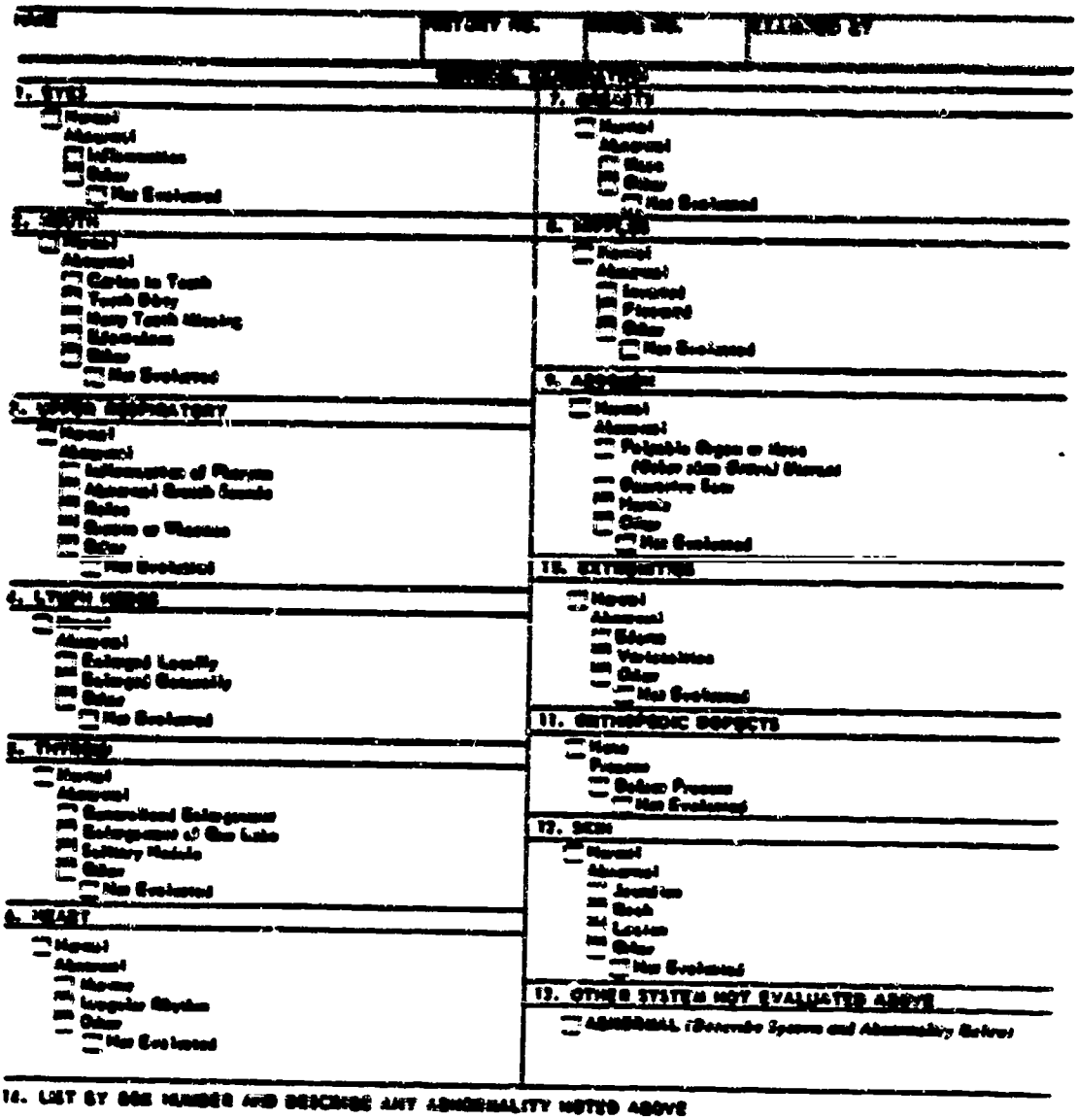
25. INLET
- Adequate
- Contracted

26. MIDPELVIS
- Adequate
- Contracted

27. OUTLET
- Adequate
- Contracted.

28. X-RAY PELVIMETRY (If Done)
Roentgenologic Type:
OB conjugate. Cms.
Transverse Wide: Cms.
Interischiadic: Cms.

29. LIST BY BOX NUMBER AND DESCRIBE ANY ABNORMAL FINDINGS NOTED PRESENT ABOVE.



Form Item Numbers linked to Data Items on NH-9, Prenatal Record

ITEM IN FORM	DATA TYPE ID	CARD NUM	FROM	TO	DATA ITEM NAME
	640...OB-9 3100		70	70	Exit code
	561...NB-9 1100		65	65	Exit code
	606...NB-9 4300		61	61	Exit code
	601...NB-9 2300		67	67	Exit code
	605...NB-9 3100		17	18	Form NB-9 date (day)
	566...NB-9 2300		17	18	Form NH-9 date (day)
	592...NB-9 1100		17	18	Form OH-9 date (day)
	654...NB-9 4100		17	18	Form NR-9 date (day)
	651...NB-9 4300		15	16	Form NH-9 date (mo)
	565...NB-9 2100		15	16	Form NH-9 date (mo)
	604...NB-9 3300		15	16	Form NR-9 date (mo)
	531...NB-9 1100		15	16	Form NR-9 date (mo)
	567...NB-9 2300		19	20	Form NB-9 date (yr)
	533...NB-9 1300		19	20	Form NH-9 date (yr)
	607...NB-9 3300		19	20	Form NH-9 date (yr)
	655...NB-9 4300		19	20	Form NR-9 date (yr)
	6987....VAR		55	56	Prenatal visits, total number
1	624...NB-9 3100		45	45	Childhood diseases
1	640...NB-9 3300		41	41	Diabetes
1	656...NB-9 4300		21	21	Eyes, inflammation
1	657...NB-9 4300		22	22	Eyes, other abnormality
1	536...NB-9 1100		21	22	Menarche; age at onset of menstruation
1	537...NB-9 1300		27	28	Menstrual period duration
1	538...NB-9 1300		25	26	Menstrual period, usual interval, maximum
1	535...NB-9 1300		23	24	Menstrual period, usual interval, minimum
1	568...NB-9 2300		21	23	Temperature
2	538...NB-9 1100		29	29	Dysmenorrhea
2	602...NB-9 4100		27	27	Mouth, other abnormality
2	659...NB-9 4300		23	23	Mouth; dental caries
2	661...NB-9 4300		26	26	Mouth; edentulous
2	659...NB-9 4300		24	24	Mouth; teeth dirty
2	660...NB-9 4300		25	25	Mouth; teeth missing, many
2	569...NB-9 2300		24	24	Pulse
2	625...NB-9 3300		46	46	Tuberculosis
2	641...NB-9 3300		42	42	Tuberculosis
3	571...NB-9 2100		32	33	Blood pressure, diastolic
3	5219....VAR		330	330	Blood pressure, diastolic, first recorded
3	570...NB-9 2300		27	29	Blood pressure, systolic
3	5217....VAR		320	321	Blood pressure, systolic, first recorded
3	647...NB-9 3300		41	41	Heart disease
3	539...NB-9 1300		30	30	Menstrual irregularities
4	628...NB-9 3100		47	47	Pulmonary disease, chronic, other

Form item numbers linked to data items on NB-9, Prenatal Record

ITEM ON FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
3	467...NB-9	6300	32	32	Respiratory tract, upper, other abnormality
3	464...NB-9	6300	29	29	Respiratory tract, upper; breath sounds abnormal
3	466...NB-9	6300	31	31	Respiratory tract, upper; sprains; sharps
3	463...NB-9	6300	28	28	Respiratory tract, upper; pharynx inflammation
3	465...NB-9	6300	30	30	Respiratory tract, upper; rales
4	427...NB-9	3300	48	48	Allergy
4	461...NB-9	3300	64	64	Cancer
4	459...NB-9	6300	34	34	Lymph nodes enlarged generally
4	460...NB-9	6300	33	33	Lymph nodes enlarged locally
4	470...NB-9	6300	35	35	Lymph nodes, other abnormality
4	560...NB-9	1300	31	31	Sterility workup
4	4097....VAR		84	84	Weight main (lbs)
4	4096....VAR		83	83	Weight, pre pregnancy (lbs)
4	532...NB-9	2300	33	33	Weight, pre pregnancy (kgs)
5	562...NB-9	1300	36	35	Menstrual history: LMP, first day (day)
5	561...NB-9	1300	37	37	Menstrual history: LMP, first day (mo)
5	563...NB-9	1300	38	37	Menstrual history: LMP, first day (yr)
5	644...NB-9	3300	65	65	Neurological condition
5	472...NB-9	6300	37	37	Thyroid enlarged, one lobe
5	473...NB-9	6300	36	36	Thyroid enlargement, generalized
5	474...NB-9	6300	39	39	Thyroid, other abnormality
5	471...NB-9	6300	38	38	Thyroid, solitary nodule
6	628...NB-9	3300	49	49	Urinary tract disease
6	979...NB-9	2300	36	38	Weight, present (lbs)
6	475...NB-9	6300	40	40	Heart murmur
6	476...NB-9	6300	41	41	Heart rhythm, irregular
6	477...NB-9	6300	42	42	Heart, other abnormality
6	4095....VAR		81	82	Height (in)
6	534...NB-9	2300	39	40	Height (inches)
6	565...NB-9	1300	40	41	Menstrual history: PMP, first day (day)
6	564...NB-9	1300	38	39	Menstrual history: PMP, first day (mo)
6	566...NB-9	1300	42	43	Menstrual history: PMP, first day (yr)
6	645...NB-9	3300	66	66	Psychiatric disorder
6	629...NB-9	3300	50	50	Syphilis
7	479...NB-9	6300	44	44	Breasts, other abnormality
7	478...NB-9	6300	43	43	Breasts; palpable mass
7	446...NB-9	3300	67	67	Congenital anomaly
7	630...NB-9	3300	51	51	Hypertension
7	576...NB-9	2300	42	42	Pelvis; gynecic, other
7	575...NB-9	2300	41	41	Pelvis; gynecic; uterus retroflexion
7	568...NB-9	1300	46	47	Quickening (day)
7	567...NB-9	1300	44	45	Quickening (mo)
7	569...NB-9	1300	48	48	Quickening (yr)

[illegible]	[illegible]	[illegible]	[illegible]	[illegible]
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9	[illegible]	[illegible]	[illegible]	[illegible]
9	[illegible]	[illegible]	60	[illegible]
9	440...08-9 2100	49	40	Pectic status, other significant
9	481...08-9 2100	47	67	Pelvic: vagina, abnormality
9	457...08-9 1100	56	57	Preeclampsia, total number prior to study
9	437...08-9 3100	51	51	Varicose veins
9-10	5248....VAR		100	300 Premature births, total number prior to current pregnancy
10	411...08-9 3100	50	50	Anemia
10	459...08-9 4100	54	54	Extremity, other abnormality
10	487...08-9 4100	59	52	Extremity: edema
10	698...08-9 4100	50	53	Extremity: varicosities
10	556...08-9 1100	52	58	Fetal death: abortion, at 20 weeks gestation or less
10	584...08-9 2100	51	51	Pelvic: vaginitis, other
10	583...08-9 2100	49	46	Pelvic: vaginitis: monilia
10	584...08-9 2300	50	50	Pelvic: vaginitis: nonspecific
10	582...08-9 2300	48	48	Pelvic: vaginitis: trichomonas
11	634...08-9 3100	55	55	Cancer
11	555...08-9 1100	50	50	Immature, 21 to 28 weeks gestation
11	690...08-9 4100	55	55	Orthopedic defect
11	588...08-9 2300	54	54	Pelvic: bleeding, other
11	587...08-9 2300	53	53	Pelvic: bleeding: cervix or vagina
11	586...08-9 2300	52	52	Pelvic: bleeding: uterine
12	589...08-9 2300	55	55	Pelvic: cervix, chronic cystic cervicitis
12	590...08-9 2300	56	56	Pelvic: cervix, erosion
12	591...08-9 2100	57	57	Pelvic: cervix, eversion
12	593...08-9 2100	59	59	Pelvic: cervix, laceration, old
12	594...08-9 2300	60	60	Pelvic: cervix, other
12	592...08-9 2300	58	58	Pelvic: cervix, polyp
12	556...08-9 1100	60	60	Premature, 29 to 36 weeks gestation

Form Item Numbers linked to Data Items on NR-9, Prenatal Record

ITEM NO FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
12	694...NR-9	4300	50	50	Skin, other abnormality
12	691...NR-9	4300	56	56	Skin; jaundice
12	693...NR-9	4300	58	58	Skin; lesion
12	692...NR-9	4300	57	57	Skin; rash
12	635...NR-9	3300	54	54	Thyroid disease
13	465...NR-9	4300	60	60	Abnormalities, other systems
13	458...NR-9	3300	57	57	Diabetes
13	457...NR-9	1300	61	61	Liveborn, full term
13	497...NR-9	2300	63	63	Pelvic; uterus, other
13	496...NR-9	2300	62	62	Pelvic; uterus; congenital anomaly
13	495...NR-9	2300	61	61	Pelvic; uterus; cysts
14	550...NR-9	1300	62	62	Total deaths stillbirths, 20 weeks gestation or greater
14	537...NR-9	3300	59	59	Venereal disease
14	590...NR-9	2300	65	65	Pelvic; adnexa, excessive tenderness
14	598...NR-9	2300	64	64	Pelvic; adnexa, cyst
14	600...NR-9	2300	66	66	Pelvic; adnexa, other
15	532...NR-9	3300	59	59	Congenital anomaly
15	600...NR-9	3300	32	32	Pelvis; diagonal conjugate measurement (cm)
15	488...NR-9	3300	31	31	Pelvis; diagonal conjugate reached
15	550...NR-9	2300	61	61	Pregnancies; multiple
16	560...NR-9	1300	64	64	Children, living, total number
16	630...NR-9	3300	58	58	Disease, other significant
16	610...NR-9	3300	25	25	Pelvis; sacrum
17	611...NR-9	3300	26	26	Pelvis; spines
18	612...NR-9	3300	27	27	Pelvis; arch
19	613...NR-9	3300	28	28	Pelvis; bi-ischial
20	614...NR-9	3300	29	29	Pelvis; posterior sagittal
21	615...NR-9	3300	30	30	Pelvis; interspinal
22	617...NR-9	3300	32	32	Pelvis; sacrosciatic notch
22	616...NR-9	3300	31	31	Pelvis; side walls
23	618...NR-9	3300	33	33	Pelvis; asymmetry
24	619...NR-9	3300	40	40	Pelvis, other pelvic abnormality
25	5310...*AR		310	310	Pelvic summation, inlet
25	620...NR-9	3300	41	41	Pelvis; inlet
26	625...NR-9	3300	44	44	Radiography; x-ray delivery
28	621...NR-9	3300	42	42	Pelvis; mid pelvis
29	622...NR-9	3300	43	43	Pelvis; outlet

DEFINITION OF CODES
PRENATAL RECORD
FORM OB-9 CARD 1309

FIELD		CARD COLUMN
1.	**Card Number** Code: 1	1
2.	**Form Number** Code: 309	2-4
3.	**Revision Number** Code: 0 - Form Dated: 1/59	5
4.	**HIGH Number** Nine-digit number for Patient Identification Code: As given	6-14
5.	**Date** Six-digit code for month (cols. 15-16), day (cols. 17-18), and year (cols. 19-20) Code: As given 99 - Month, day and/or year unknown	15-20
6.	**Age at Onset** Page 1 - Item 1 Code: 00 - Never menstruated 01-85 - As given 99 - Unknown	21-22
7.	**Interval** Page 1 - Item 1 Four-digit code for lowest (cols. 23-24) and highest (cols. 25-26) Code for each: 00 - Never menstruated 01-86 - Number of days as given 87 - 87 days or more 88 - "Irregular" 99 - Unknown	23-26

FIELD		CARD COLUMN
8.	**Duration of Menses** Page 1 - Item 1 Two-digit code for: Lowest (col. 27) Highest (col. 28) Code for each column: 0 - Never menstruated 1-7 - Number of days as given 8 - 8 or more days, irregular 9 - Unknown Note: 00 - Never menstruated; 88 - 8 or more days, irregular; 99 - Unknown	27-28
9.	**Dysmenorrhea** Page 1 - Item 2 Code: 0 - None 1 - Slight 2 - Moderate 3 - Severe 9 - Unknown	29
10.	**Irregularities** Page 1 - Item 3 Code: 0 - None 1 - Irregularity not within past year 2 - Irregularity within past year or time not specified 9 - Unknown	30
11.	**Sterility Workup** Page 1 - Item 4 Code: 0 - No 1 - Yes 9 - Unknown	31
12.	**1st Day - LMP** Page 1 - Item 5 Six-digit code for Month (cols. 32-33), Day (cols. 34-35) and Year (cols. 36-37) Code: As given 777777 - None since last delivery 999999 - Month, day and/or year unknown Supplemental codes for days: 04 - Beginning of month, first week, early 11 - Second week 16 - Middle 20 - Third week 27 - Last week, end of month, late	32-37

FIELD		CARD COLUMN
13.	First Day - DOB Page 1 - Item 6 Code: Same as in Field 12	38-43
14.	Childbearing Page 1 - Item 7 Code: Same as in Field 12, except 777777 - None	44-49
15.	DOC Page 1 - Item 8 Six-digit code for Month (cols. 50-51), Day (cols. 52-53) and Year (cols. 54-55) Code: As given 99 - Month, day and/or year unknown	50-55
16.	Total Number of Pregnancies Page 1 - Item 9 Code: 00 - No previous pregnancies 01-98 - As given 99 - Unknown	56-57
17.	Abortions Page 1 - Item 10 Code: 0 - None 1-7 - As given 8 - Eight or more 9 - Unknown	58
18.	Terminal Page 1 - Item 11 Code: Same as in Field 17	59
19.	Premature Page 1 - Item 12 Code: Same as in Field 17	60

FIELD		CARD COLUMN
20.	Full Term Page 1 - Item 13 Code: Same as in Field 17	61
21.	Stillbirths Page 1 - Item 14 Code: Same as in Field 17	62
22.	Multiple Pregnancies Page 1 - Item 15 Code: Same as in Field 17	63
23.	Number of Living Children Page 1 - Item 16 Code: Same as in Field 17	64
24.	Edit Code Code: Blank - Not applicable 1 - No final resolution of medical questions 2 - Illegible data coded unknown 3 - Unable to determine source of data 4 - Postpartum examination	65

FIELD		CARD COLUMN
1.	**Card Number** Code: 2	1
2.	**Basic Data** Code: Same as in columns 2-20 of Card 1	2-20
3.	**Temperature** Page 3 - Item 1 Three-digit code for Fahrenheit temperature including tenths Code: 000 - 99.9, 100 degrees 920 to 998 - 92.0 to 99.8 as given 001 to 079 - 100.1 to 107.9 as given 999 - Unknown	21-23
4.	**Pulse** Page 3 - Item 2 Code: 050-998 - As given 999 - Unknown	24-26
5.	**Blood Pressure** Page 3 - Item 3 Six-digit code for systolic (cols. 27-29) and diastolic (cols. 30-32) Code for each: As given 999 - Systolic and/or diastolic unknown Note: Code limits in cols. 27-29 are 040-280 and 010-200 for cols. 30-32	27-32
6.	**Non-Pregnant Weight** Page 3 - Item 4 Code: 050-350 - As given in pounds 999 - Unknown	33-35
7.	**Present Weight** Page 3 - Item 5 Code: Same as in Field 6	36-38
8.	**Height** Page 3 - Item 6 Code: 40-80 - As given in inches 99 - Unknown	39-40

FIELD		CARD COLUMN
	PELVIC EXAMINATION	
9.	External Genitalia Page 3 - Item 7 Two-digit code for: Vulvar Varicosities (col. 41) Code: 0 - Normal 1 - Abnormal 2 - Questionable abnormality 9 - Unknown Other (col. 42) Code: 0 - Normal 1 - Abnormal 9 - Unknown	41-42
10.	Introitus Page 3 - Item 8 Four-digit code for: Urethrocele, Cystocele (col. 43) Code: 0 - Normal 1 - Abnormal - unspecified 3 - Urethrocele only 4 - Cystocele only 5 - Cysto-urethrocele 9 - Unknown Rectocele (col. 44) Code: 0 - Normal 1 - Abnormal 9 - Unknown Old Perineal Laceration (col. 45) Code: Same as in Field 9, col. 41 Other (col. 46) Code: 0 - Normal 1 - Abnormality other than relaxation unspecified 2 - Relaxation unspecified 3 - Combination of codes 1 and 2 9 - Unknown	43-46

ITEM

CARD COLUMNS

11. Vaginal Pool
Page 3 - Item 9
Code: 0 - Normal
1 - Abnormal - qualified
2 - Abnormal - unqualified
9 - Unknown

47

12. Vaginitis
Page 3 - Item 10
Four-digit code for:
Trichomonas (col. 48)
Monilia (col. 49)
Non-specific (col. 50)
Code for each column:
Same as in Field 9, col. 41

Other (col. 51)
Code: 0 - Normal
1 - Abnormality present - other
2 - Vulvitis, vulvo-vaginitis
3 - Combination of codes 1 and 2
4 - Vaginal discharge without vaginitis
5 - Combination of codes 1 and 4
6 - Combination of codes 2 and 4
7 - Combination of codes 1, 2 and 4
9 - Unknown

48-51

13. Bleeding: Source
Page 3 - Item 11
Three-digit code for:
Uterus (col. 52)
Code: Same as in Field 9, col. 41
Cervix or Vagina (col. 53)
Code: 0 - Normal
1 - Abnormal but source unknown
3 - From cervix only
4 - From vagina only
5 - From both
9 - Unknown

52-54

FIELD		CARD COLUMN
13.	Bleeding: Source (cont.) Other (col. 54) Code: 0 - Normal 1 - Abnormality other than rectal bleeding 2 - Rectal bleeding 3 - Combination of codes 1 and 2 9 - Unknown	52-54
14.	Cervix Page 3 - Item 12 Six-digit code for: Chronic Cystic Cervicitis (col. 55) Erosion (col. 56) Eversion (col. 57) Polyp (col. 58) Old Laceration (col. 59) Code for each column: Same as in Field 9, col. 41 Other (col. 60) Code: 0 - Normal 1 - Abnormality present other than specified in codes 2 and 4 2 - Prolapse of cervix or uterus 3 - Combination of codes 1 and 2 4 - Dilated and/or effaced 5 - Combination of codes 1 and 4 6 - Combination of codes 2 and 4 7 - Combination of codes 1, 2 and 4 9 - Unknown	55-60

FIELD		CARD CODING
15.	**Uterus** Page 3 - Item 13 Three-digit code for: Myoma (col. 61) Congenital Anomaly (col. 62) Code for each column: 0 - Normal 1 - Abnormal 2 - Questionable abnormality 8 - Not palpated 9 - Unknown Other (col. 63) Code: 0 - Normal 1 - Abnormality present, other than specified in codes 2 or 4 2 - Tumor 3 - Combination of codes 1 and 2 4 - Abnormal size including multiple pregnancy 5 - Combination of codes 1 and 4 6 - Combination of codes 2 and 4 7 - Combination of codes 1, 2 and 4 8 - Not palpated 9 - Unknown	61-63
16.	**Adnexa** Page 3 - Item 14 Three-digit code for: Mass (col. 64) Excessive Tenderness (col. 65) Code for each column: Same as in Field 9, col. 41 Other (col. 66) Code: 0 - Normal 1 - Abnormal 9 - Unknown	64-66
17.	**Edit Code** Code: Blank - Not applicable 1 - No final resolution of medical questions 2 - Illegible data coded unknown 3 - Unable to determine source of data 4 - Postpartum examination	67

DEFINITION OF CODES (Continued)

FORM 02-, Card 3309

FIELD		CARD COLUMN
1.	**Card Number** Code: 3	1
2.	**Basic Data** Code: Same as in cols. 2-20 of Card 2 EVALUATION OF PELVIS	2-20
3.	**Diagonal Conjugate** Page 3 - Item 15 Four-digit code for Reached (col. 21) and Measurement (cols. 22-24) Code for col. 21: 0 - Not reached 1 - Reached 2 - Measurement recorded only 9 - Unknown Code for cols. 22-24: 010-699 - As given in centimeters including tenths 999 - Unknown Supplemental codes for approximate measurements reported as "less than" or "greater than" within the indicated limits: 770 - Less than 10.0 to 10.9 771 - Less than 11.0 to 11.9 772 - Less than 12.0 to 12.9 773 - Less than 13.0 to 13.9 777 - Less than 7.0 to 7.9 778 - Less than 8.0 to 8.9 779 - Less than 9.0 to 9.9 880 - Greater than 10.0 to 10.9 881 - Greater than 11.0 to 11.9 882 - Greater than 12.0 to 12.9 883 - Greater than 13.0 to 13.9 884 - Greater than 4.0 to 4.9 885 - Greater than 5.0 to 5.9 886 - Greater than 6.0 to 6.9 887 - Greater than 7.0 to 7.9 888 - Greater than 8.0 to 8.9 889 - Greater than 9.0 to 9.9	21-24
4.	**Sacrum** Page 3 - Item 16 Code: 0 - Normal curve 1 - Flat 2 - Angulated 3 - Congenitally absent 9 - Unknown	25

FIELD

CARD COLUMN

5. Palate
Page 3 - Item 17 — 26
Code: 0 - Not prominent
1 - Prominent
2 - Borderline
9 - Unknown

6. Arch
Page 3 - Item 18 — 27
Code: 0 - Normal
1 - Wide
2 - Narrow
3 - 70-90 degrees
4 - Roman
5 - Gothic
9 - Unknown

7. Bi-Parietal
Page 3 - Item 19 — 28-30
Three-digit code for centimeters, including tenths
Code: Same as in Field 3, cols. 22-24

8. Posterior Sagittal
Page 3 - Item 20 — 31-33
Three-digit code for centimeters, including tenths
Code: Same as in Field 3, cols. 22-24

9.. Interorbital
Page 3 - Item 21 — 34-36
Three-digit code for centimeters, including tenths
Code: Same as in Field 3, cols. 22-24

10. Sidesplit
Page 3 - Item 22 — 37
Code: 0 - Divergent
1 - Convergent
2 - Parallel
9 - Unknown

11. Supraorbital Notch
Page 3 - Item 22 — 38
Code: 0 - Average
1 - Wide
2 - Narrow
3 - Congenitally absent
9 - Unknown

DEFINITION OF CODES (Continued)

FORM OB-9
Card 3309

FIELD		CARD COLUMN
12.	Asymmetry Page 3 - Item 23 Code: 0 - None 1 - Present 9 - Unknown	39
13.	Other Pelvic Abnormality Page 3 - Item 24 Code: Same as in Field 12	40
14.	Inlet Page 3 - Item 25 Code: 0 - Adequate 1 - Contracted 2 - Borderline 9 - Unknown	41
15.	Midpelvis Page 3 - Item 28 Code: Same as in Field 14	42
16.	Outlet Page 3 - Item 29 Code: Same as in Field 14	43
17.	X-Ray Pelvimetry Page 3 - Item 26 Code: 0 - None 1 - Reported 2 - Proposed or ordered	44
	PAST MEDICAL HISTORY	
18.	Childhood Diseases Page 2 - Item 1 Code: 0 - No 1 - Yes 9 - Unknown	45
19.	Tuberculosis Page 2 - Item 2 Code: Same as in Field 18	46
20.	Other Chronic Pulmonary Disease Page 2 - Item 3 Code: Same as in Field 18	47
21.	Allergy Page 2 - Item 4 Code: Same as in Field 18	48

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FORM CB-9
Card 3309

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CARD COLUMN

[redacted] 49

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59

DEFINITION OF CODES (Continued)

FORM OB-9
Card 3309

FIELD		CARD COLUMN
33.	Other Significant Disease Page 2 - Item 16 Code: Same as in Field 18	60
	FAMILY HISTORY	
34.	Diabetes Page 2 - Item 1 Code: Same as in Field 18	61
35.	Tuberculosis Page 2 - Item 2 Code: Same as in Field 18	62
36.	Heart Disease Page 2 - Item 3 Code: Same as in Field 18	63
37.	Cancer Page 2 - Item 4 Code: Same as in Field 18	64
38.	Neurological Condition Page 2 - Item 5 Code: Same as in Field 18	65
39.	Psychiatric Disorder Page 2 - Item 6 Code: Same as in Field 18	66
40.	Congenital Anomaly Page 2 - Item 7 Code: Same as in Field 18	67
41.	Multiple Pregnancy Page 2 - Item 8 Code: Same as in Field 18	68
42.	Other Significant Familial History Page 2 - Item 9 Code: Same as in Field 18	69

DEFINITION OF CODES (Continued)

FORM OB-5
Card 3509

FIELD		CARD COLUMN
43.	Edit Code Code: Blank - Not applicable 1 - No final resolution of medical questions 2 - Illegible data coded unknown 3 - Unable to determine source of data 4 - Postpartum examinations	70

DEFINITION OF CODES (Continued)

FORM CB-9
Card 4309

FIELD		CARD COLUMN
1.	**Card Number** Code: 4	1
2.	**Basic Data** Code: Same as in columns 2-20 of Card 1	2-20
3.	**Eyes** Page 4 - Item 1 Two-digit code for: **Inflammation** (col. 21) Code: 0 - None 1 - Present 2 - Questionably present 9 - Unknown **Other** (col. 22) Code: 0 - No other abnormality reported 1 - Abnormalities other than severe visual impairment 2 - Severe visual impairment 3 - Combination of codes 1 and 2 9 - Unknown	21-22
4.	**Mouth** Page 4 - Item 2 Five-digit code for: **Cavities** (col. 23) **Teeth Dirty** (col. 24) **Many Teeth Missing** (col. 25) **Edentulous** (col. 26) Code for each column: Same as in Field 3, col. 21 **Other** (col. 27) Code: 0 - No other abnormality reported 1 - Abnormalities other than abnormal gums 2 - Abnormal gums 3 - Combination of codes 1 and 2 9 - Unknown	23-27

FIELD CARD CODING

5. Upper Respiratory 28-32
Page 4 - Item 3
Five-digit code for:
Inflammation of Pharynx (col. 28)
Abnormal Growth Tonsils (col. 29)
Polyps (col. 30)
Sinus or Pharynx (col. 31)
Code for each column:
Same as in Field 3, col. 21

Other (col. 32)
Code: 0 - No other abnormality reported
1 - Abnormalities other than nasopharyngeal and sinus conditions
2 - Other nasopharyngeal and sinus conditions
3 - Combination of codes 1 and 2
9 - Unknown

6. Lymph Nodes 33-35
Page 4 - Item 4
Three-digit code for:
Enlarged Locally (col. 33)
Enlarged Generally (col. 34)
Code for each column:
Same as in Field 3, col. 21

Other (col. 35)
Code: 0 - No other abnormality reported
1 - Abnormality present
9 - Unknown

7. Thyroid 36-39
Page 4 - Item 5
Four-digit code for:
Generalized Enlargement (col. 36)
Enlargement of One Lobe (col. 37)
Solitary Nodule (col. 38)
Code for each column:
Same as in Field 3, col. 31

Other (col. 39)
Code: 0 - No other abnormality reported
1 - Abnormalities other than Thyroidectomy
2 - Thyroidectomy
3 - Combination of codes 1 and 2
9 - Unknown

FIELD		CARD COLUMN
8.	**Heart** Page 4 - Item 6 Three-digit code for: Murmur (col. 40) Irregular Rhythm (col. 41) Code for each column: Same as in Field 3, col. 21 Other (col. 42) Code: 0 - No other abnormality reported 1 - Abnormalities other than abnormal rate 2 - Abnormal rate 3 - Combination of codes 1 and 2 9 - Unknown	40-42
9.	**Breasts** Page 4 - Item 7 Two-digit code for: Mass (col. 43) Code: Same as in Field 3, col. 21 Other (col. 44) Code: 0 - No other abnormality reported 1 - Abnormalities other than inflammation 2 - Inflammation 3 - Combination of codes 1 and 2 9 - Unknown	43-44
10.	**Nipples** Page 4 - Item 8 Three-digit code for: Inverted (col. 45) Fissured (col. 46) Code for each column: Same as in Field 3, col. 21 Other (col. 47) Code: 0 - No other abnormality reported 1 - Abnormality present 9 - Unknown	45-47
11.	**Abdomen** Page 4 - Item 9 Four-digit code for: Palpable Organ or Mass (col. 48) Operative Scar (col. 49) Hernia (col. 50) Code for each column: Same as in Field 3, col. 21	48-51

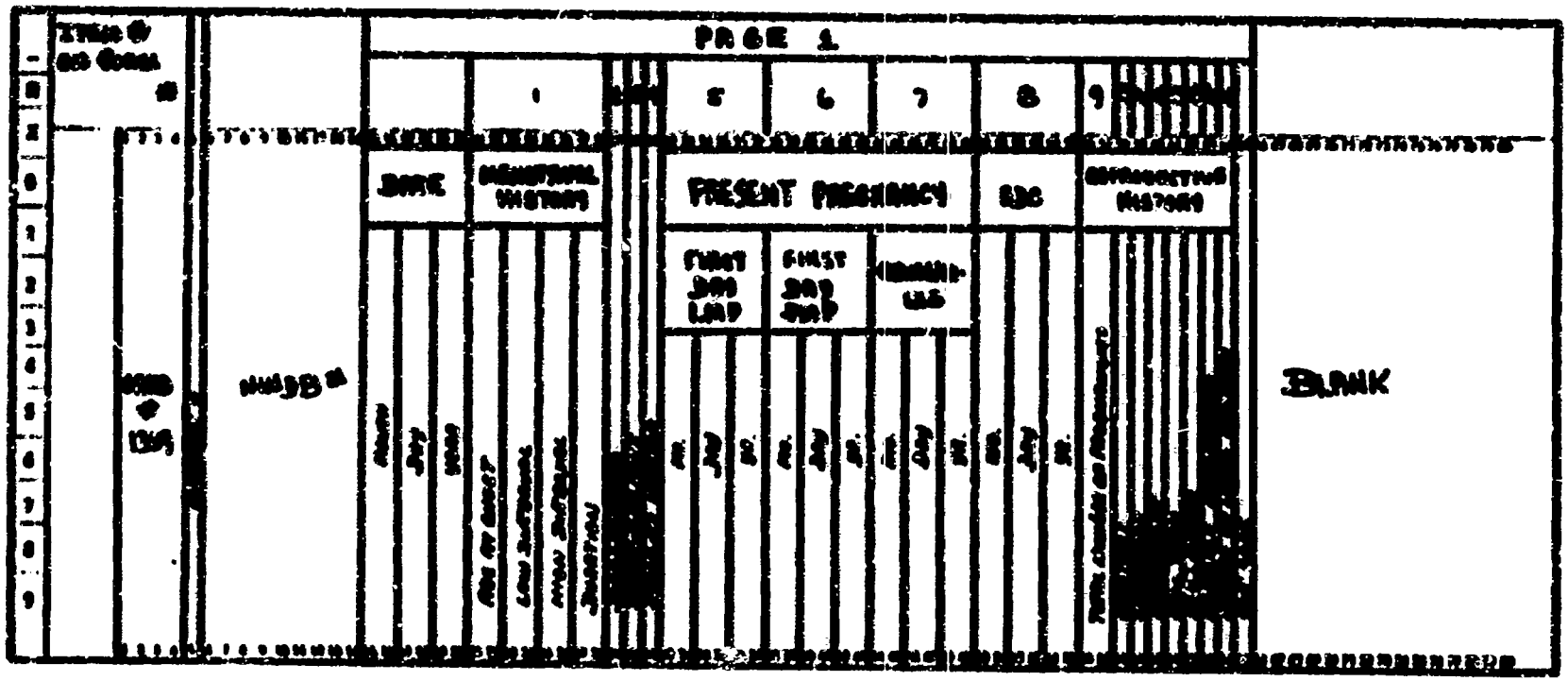
FIELD		CARD COLUMN
11.	Abdomen (cont.) Other (col. 51) Code: 0 - No other abnormality reported 1 - Abnormalities other than codes 2 or 4 2 - C.V.A. tenderness or pain 3 - Combination of codes 1 and 2 4 - Other abdominal tenderness or pain 5 - Combination of codes 1 and 4 6 - Combination of codes 2 and 4 7 - Combination of codes 1, 2 and 4 9 - Unknown	48-51
12.	Extremities Page 4 - Item 10 Three-digit code for: Edema (col. 52) Varicosities (col. 53) Code for each column: Same as in Field 3, col. 21 Other (col. 54) Code: 0 - No other abnormality reported 1 - Abnormalities other than current ulcers 2 - Ulcers - current 3 - Combination of codes 1 and 2 9 - Unknown	52-54
13.	Orthopedic Defects Page 4 - Item 11 Code: Same as in Field 3, col. 21	55
14.	Skin Page 4 - Item 12 Four-digit code for: Jaundice (col. 56) Rash (col. 57) Lesion (col. 58) Code for each column: Same as in Field 3, col. 21 Other (col. 59) Code: 0 - No other abnormality reported 1 - Abnormalities other than codes 2 or 4 2 - Scars, operative, not elsewhere classified 3 - Combination of codes 1 and 2 4 - Scars, traumatic 5 - Combination of codes 1 and 4 6 - Combination of codes 2 and 4 7 - Combination of codes 1, 2 and 4 9 - Unknown	56-59

DEFINITION OF CODES (Continued)

FORM OB-9
Card 4309

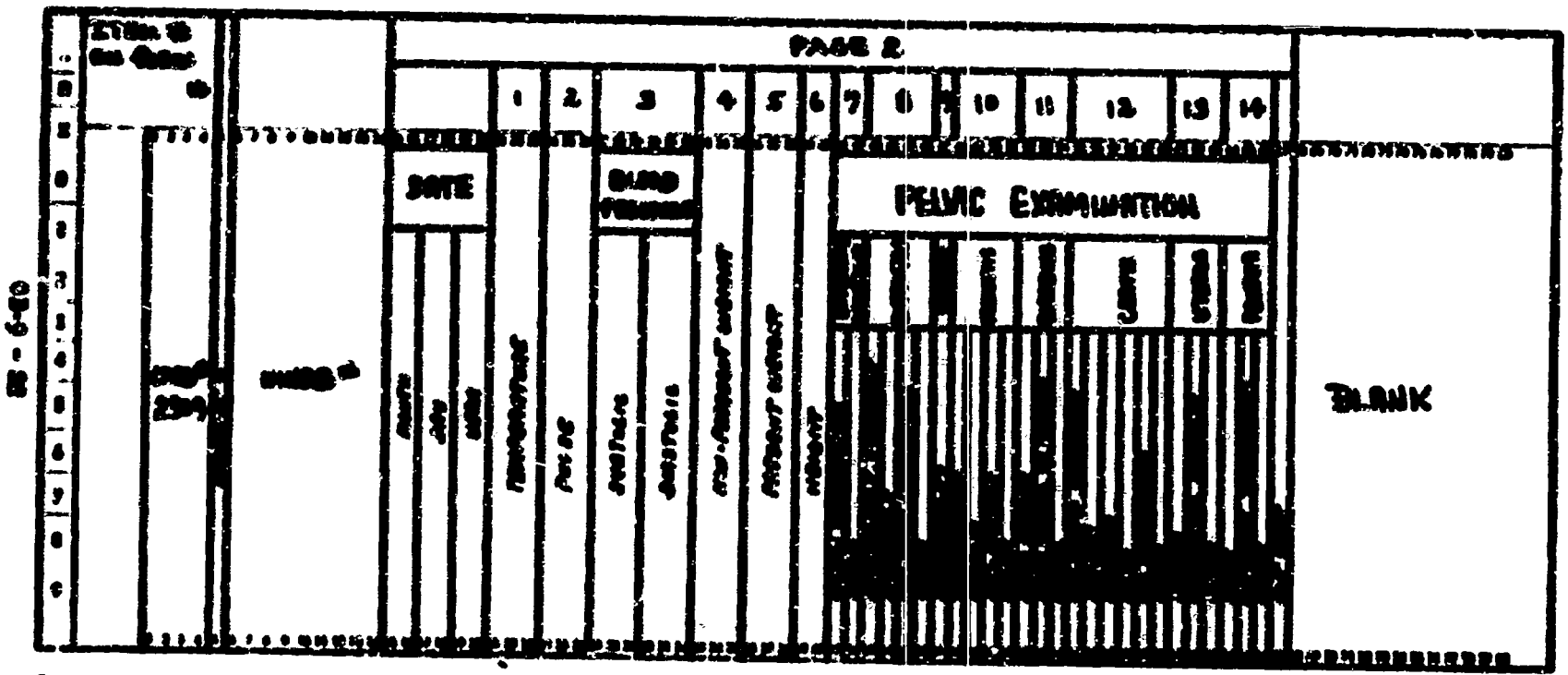
FIELD		CARD COLUMN
15.	**Other System Not Evaluated Above** Page 4 - Item 13 Code: 0 - No other abnormality reported 1 - Abnormalities other than those 2 - Obese 3 - Combination of codes 1 and 2 9 - Unknown	60
16.	**Edit Code** Code: Blank - Not applicable 1 - No final resolution of medical questions 2 - Illegible data coded unknown 3 - Unable to determine source 4 - Postpartum examinations	61

FETAL RECORD
FORM OB-9



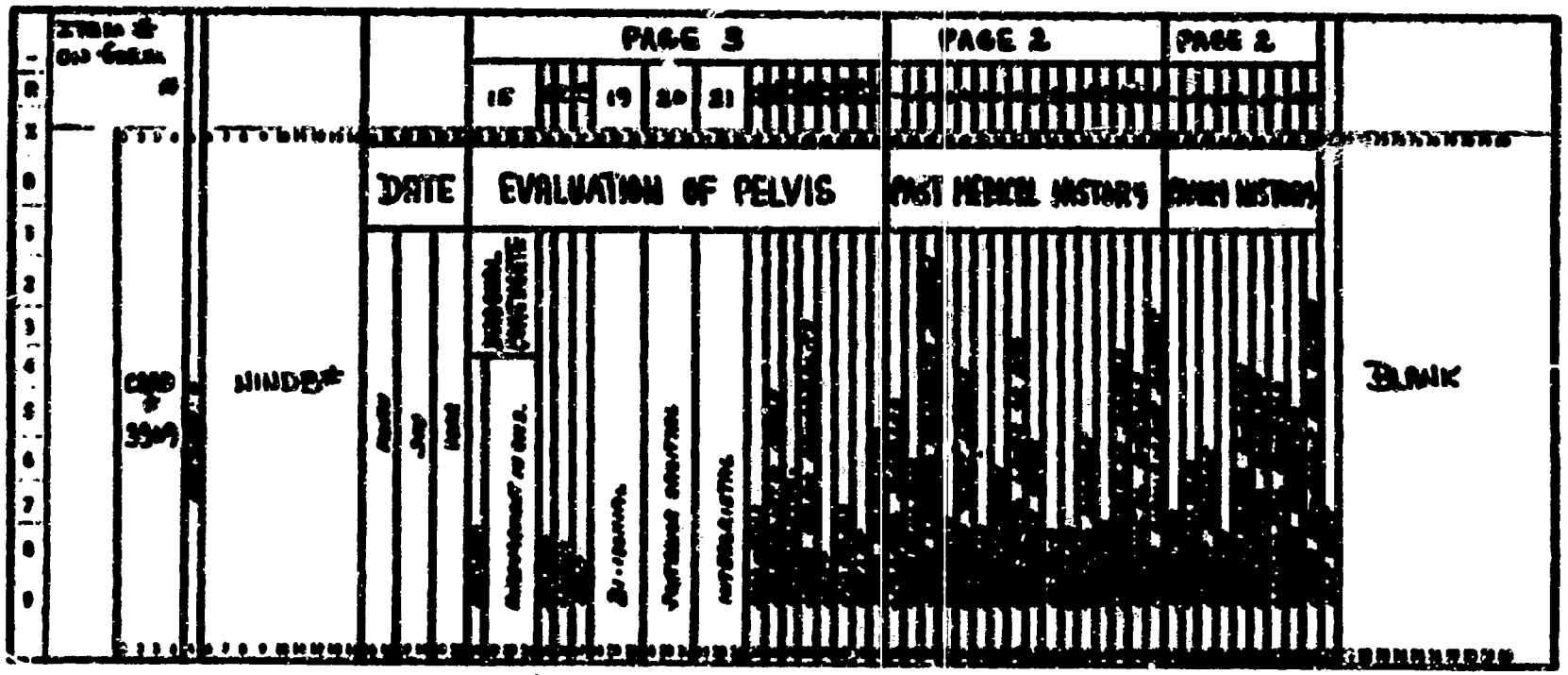
* Item numbers refer to form dated: 1/59

PRENATAL RECORD
FORM CB-9



• Item numbers refer to form dated: 1/59

PRENATAL RECORD
FORM OB-9

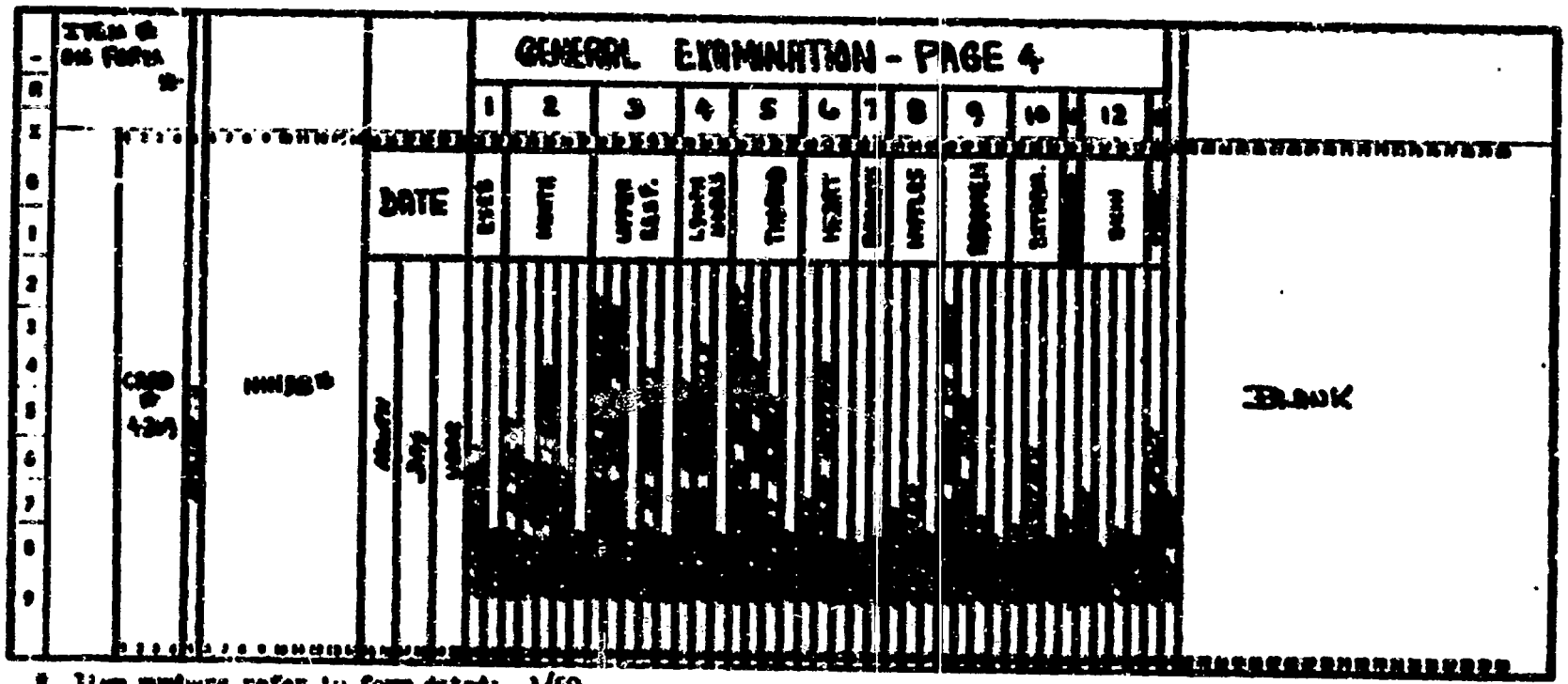


* Item numbers refer to form dated: 1/59

OB-9 - 23

OB-9

(MEDICAL RECORD)
FORM OR-9



* Item numbers refer to form dated: 1/59

12 - 6-60

SIMIS

6-60 OR-9

PRENATAL RECORD
(For Form OB-9, Dated 1-59)

INSTRUCTIONS FOR PHYSICIAN

Par. 1 OB-9, the prenatal record, is a four-page form which is designed for use as a regular hospital record. It is also designed to be used in conjunction with the detailed histories obtained by the interviewer.

Par. 2 At the top of the form in the box labeled "This History Taken By," record your name.

Par. 3 In the box labeled "Title or Position," give your official position, such as "medical student," "intern," "resident," "project obstetrician," "senior obstetrician," etc.

Par. 4 Under "Date," record the date this record was taken in the designated order: month, day, and year.

Item #1. "Menstrual History"

This history may, for study patients, be obtained from the Interviewers' Gynecological History, OB-4. For non-study patients, or in institutions where an interviewer is not as yet obtaining the Gynecological History, OB-4, Items #1 through #6 must be obtained by the obstetrician completing this form. Under Item #1, Menstrual History, "Age at Onset" refers to the patient's age (at last birthday) at the time of onset of her menstrual periods. The next box, "Interval," refers to the average number of days from the first day of one menstrual period to the first day of the next menstrual period. "Duration" applies to the number of days the average period lasts.

Item #2. "Dysmenorrhea"

Check "None" if no discomfort is noted by the patient. Check "Slight" if the patient notes some discomfort but requires no medication. Check "Moderate" if the patient notes discomfort which requires medication, but continues with her usual activities. Check "Severe" if the discomfort is such that the patient is required to remain in bed or away from gainful employment for at least one day.

Item #3. "Irregularities"

Record any gross irregularities in menses.

Item #4. "Sterility Workup"

Check "None" if patient has had no sterility workup; otherwise check "Yes" and describe any sterility workup done.

PRESENT PREGNANCY

Item #5. "First Day LMP"

List the first day of the last normal menstrual period: month, day,

PRESENT PREGNANCY (Con't)

Item #5. "First Day LMP" (Con't)

and year.

Item #6. "First Day PMP"

List the first day of the menstrual period prior to the last normal period: month, day, and year.

Item #7. "Quickening"

If quickening has occurred at the time of this interview, list the approximate date: month, day, and year; otherwise, it may be recorded later when this event does occur.

Item #8. "EDC"

List the expected date of confinement: month, day, and year. (If at any time prior to delivery, you have reason to change the EDC, do not change the original date in this space, but give new EDC with the reason for change at the bottom of this page.)

REPRODUCTIVE HISTORY

Par. 1 If the interviewers' history, OB-2, is available, the physician may use it as an aid to filling in this portion of the prenatal record.

Par. 2 If you are obtaining your information for this portion of OB-9 from the interviewers' record by discussion with the patient, attempt to enlarge on any areas which do not seem to be clear or fully developed in the interviewers' history, particularly in the areas of previous complications of pregnancy and labor, abnormalities at birth, etc. If former hospital records are available to you, information from this source should be included in your write-up of the previous pregnancy experience.

Par. 3 Under "Summary" the obstetrician is required to summarize the reproductive history in the various categories listed.

Item #9. "Total Number of Pregnancies"

List the total number of pregnancies the patient has had, not including the present pregnancy.

Item #10. "Abortions"

List the number of pregnancies terminating in a delivery of one or more infants (alive or dead) at 20 weeks gestation or less.

Item #11. "Immature"

List the number of pregnancies terminating in the delivery of one or

[redacted] (cont'd)

[redacted] (alive or dead) at 21 to 28 weeks gestation.

[redacted]

[redacted] of pregnancies terminating in the delivery of one [redacted] (alive or dead) at 29 to 36 weeks gestation.

[redacted]

[redacted] number of pregnancies terminating in the delivery of one or [redacted] (alive or dead) at 37 weeks gestation or more.

[redacted]

[redacted] total number of babies which were born dead at 29 weeks [redacted] or more.

[redacted] Pregnancies"

[redacted] this pregnancy shall be counted as one, regardless of the [redacted] of infants produced. (One set of twins would be considered a [redacted] multiple pregnancy.)

[redacted] Number of Living Children"

[redacted] number of living children at the time this information is

[redacted] pregnancies should be recorded in chronological order [redacted] with the first pregnancy. A second page 1 of this form OB-9 [redacted] used if there are more than five previous pregnancies. For [redacted] regarding Items #17 through #27, refer to instructions to [redacted], Reproductive History, OB-2, in the Manual.

[redacted]

[redacted] space labeled "Name," record the patient's full name.

[redacted] in the Hospital and NINDB numbers in the spaces provided.

[redacted] space labeled "This History Taken By," record your own name. [redacted] must always be done, even though an addressograph has been used [redacted] pages 1 and 7 are fully identified.

[redacted] first four items entitled "Summary of Acute Illness During the Past [redacted] Months," "Summary of Blood Transfusion and Reactions, if Any," [redacted] Summary of Previous Hospitalization Other than Pregnancy," and "Summary [redacted] Previous X-Ray Examinations or Treatment," may all be summarized from [redacted] interviewers' records of "Recent Medical History," OB-5, and "Past [redacted] History," OB-6, in those institutions which have an interviewer [redacted] this portion of the protocol. In summarizing this informa- [redacted] you should make certain by discussion with the patient that it is

complete and accurate before transcribing it to OB-9. Do not add to or change in any way the forms which have previously been completed by the interviewer.

Par. 5 If OB-5 and OB-6 have not been completed for this patient, this information must be determined by the obstetrician. In any case, whether the interviewers' history is available or not, ask the patient specifically about pelvic disease, pelvic and other surgery, and record your interpretation of her answers in the appropriate spaces on this form.

PAST MEDICAL HISTORY

The interviewer and physicians' form "Infectious Disease and System Review," OB-7, must be reviewed and any diagnosis found there transferred to this form. If this form has not been completed, this past medical history must be obtained by the obstetrician. Indicate with a check either "no" or "yes" for each condition listed and comment on any positive history. If there is a questionable history (if it cannot be presumed that a patient has actually had a specific disease), check "yes" and qualify this using the symbols DF (definite), PR (probable), or PS (possible). If there is any significant disease which is not listed specifically, check "yes" for Item #16 and describe the disease.

FAMILY HISTORY

Obtain this information on all patients directly from the patient without referral to any of the interviewers' forms. Comment on any positive answers. Inquire about any significant familial history which is not listed, and if a positive response is obtained, check Item #9, "yes," and describe the condition.

PAGE 3

Par. 1 In the space labeled "Examined By" record your name.

Par. 2 In the space labeled "Date" record the date of the examination in the order designated: month, day, and year (11/22/58).

Item #1. "Temperature"

Record the patient's oral temperature at the time of examination either in centigrade or fahrenheit, whichever is the usual standard for your clinic.

Item #2. "Pulse"

The pulse should be taken in the usual way and recorded.

Item #3. "Blood Pressure"

Record the blood pressure at the time of the examination.

Item #4. "Non-Pregnant Weight"

Record the patient's usual weight before this pregnancy started. If she

Item #4. "Non-Pregnant Weight" (Con't)

has no idea of her usual weight, place "Unk" in the box.

Item #5. "Present Weight"

Weigh patient at time of this examination and record in pounds.

Item #6. "Height"

Measure patient without shoes and record height in inches.

PELVIC EXAMINATION

Par. 1 The pelvic examination is so designed that if for any item, there are no findings considered abnormal, a single check in the box marked "normal" will suffice. Any findings checked present under "abnormal" must be listed by item number and described at the bottom of the page. If an abnormal finding is noted other than those described, check the box marked "Other" and describe in the space at the bottom of the page.

Par. 2 There is also a box in each space with the designation "Not Evaluated" which should be checked if for any reason this particular item could not be evaluated. It is assumed that there will be very few situations in which an evaluation will not be possible.

EVALUATION OF PELVIS

Item #15. "Diagonal Conjugate"

Determine this measurement in the usual manner during the pelvic examination. If the sacral promontory is reached, check the box marked "Reached" and record the distance in centimeters as measured on your hand with the calipers or the wall scale. If the sacral promontory cannot be reached, check "Not reached" and measure with the calipers or wall scale the distance on your hand and record after "Not reached." This will mean that the diagonal conjugate is greater than this particular distance.

Item #16. "Sacrum"

Determine whether the sacrum has a normal curve or is abnormally flat or angulated and check the appropriate box.

Item #17. "Spines"

Determine whether the spines are not prominent or are prominent enough to constitute an invasion of the birth canal, and check the appropriate box.

Item #18. "Arch"

Determine whether the pubic arch is approximately normal or is unusually

EVALUATION OF PELVIS (Con't)

Item #16. "Arch" (Con't)

wide or narrow and check the appropriate box.

Item #19. "Bi-Ischial" (bi-tuberous diameter)

This is the distance between the inner surfaces of the tuberosities of the ischium and should be measured as accurately as possible and recorded in centimeters.

Item #20. "Posterior Sagittal"

This item refers to the posterior sagittal diameter of the pelvic outlet. This measurement is made with a Thoms Pelvimeter and measures the distance from the mid-portion of the line joining the tuberosities of the ischium to the sacrococcygeal junction. This measurement should be determined as accurately as possible and recorded in centimeters.

Item #21. "The Interspinal Diameter"

This distance is determined with calipers and is the distance between the crests of the ilium. Moderate pressure should be used in order to determine this measurement as accurately as possible, regardless of the amount of subcutaneous fat. The measurement has questionable significance obstetrically, but is of use in the evaluation of nutrition.

Item #22. "Sidewalls"

Determine whether the sidewalls are divergent or convergent and check the appropriate box.

Sacrosciatic Notch

Determine whether the sacrosciatic notch is of average width or seems unusually wide or narrow and check the appropriate box.

Item #23. "Asymmetry"

If there is no apparent pelvic asymmetry, check "None." If any asymmetry is noted, check "Present" and describe under Item #27

Item #24. "Other Pelvic Abnormality"

If any obvious abnormality is present which has not been covered, check "Present" and describe; otherwise, check "None."

SUMMATION

Item #25, "Inlet," Item #28, "Midpelvis," and Item #29, "Outlet" must be

SUBMATION (Con't)

evaluated and described as either "Adequate" or "Contracted." If you feel that any of these planes may not be adequate, but are not sure, check the box marked "Contracted" and explain in the space at the bottom of the page (Item #27) that this item, although checked "Contracted" is suspect only. Any item checked "Contracted" must be explained.

Item #26, "X-Ray Pelvimetry"

This item must be filled in whenever this type of pelvimetry is obtained. Morphology refers to the Caldwell-Malloy classification. The OB conjugate refers to the anterior-posterior diameter of the inlet. The transverse of the inlet is self-explanatory. The interspinous refers to the transverse diameter of the midpelvis.

Item #27

In this space list by item number and describe any finding which has been checked as abnormal, either in the pelvic examination or in the evaluation of the pelvis.

PAGE 4

As on page two of this form, record the full name of the patient, the hospital history number, the NINDB number and record your name under "Examined By."

GENERAL EXAMINATION

Normal findings need not be described. A single check in the box marked "Normal" will suffice for each item if it has been evaluated and found normal. Any abnormality checked "Positive" must be listed by item number in Item #14, and adequately described. If an abnormality is present which is not specifically listed, check the box marked "Other" and describe the abnormality below. If, under unusual circumstances, an item cannot be evaluated, there is a box marked "Not Evaluated" which may be checked.

Item #13, "Other System Not Evaluated Above"

Any abnormality found on general physical examination not covered in one of the above categories should be noted by checking this box and describing the system and abnormality in Item #14.

Item #14

Any abnormal finding must be listed by item number and described here.

GENERAL EXAMINATION (Con't)

Item #15

If any clinical diagnosis is made as a result of the first obstetrical visit, record it in this space. Record the approximate date of onset as nearly as can be determined in the space marked "Date of Onset."

08-42 Past Medical History

Form 08-42, Past Medical History, was used to record details of the patient's previous medical and surgical history up to the time of interview. Information on childhood diseases and diseases of cardiovascular, respiratory and digestive systems was included, as well as gynecological and venereal diseases, other surgery, diseases of the renal and urinary tract, and other disorders. First used as a pretest form in July 1961, the form was implemented into the study in April 1962, replacing page 2 of 08-9. No revisions were made on the form. Data were punched onto card 0342 in the master file (Table 08-42.1). Some aspects of the patient's past medical history were also recorded on form 08-6, where radiological treatments and results of other treatments and exams were recorded.

TABLE 08-42.1 Cards and Data Records by Revision for Form 08-42

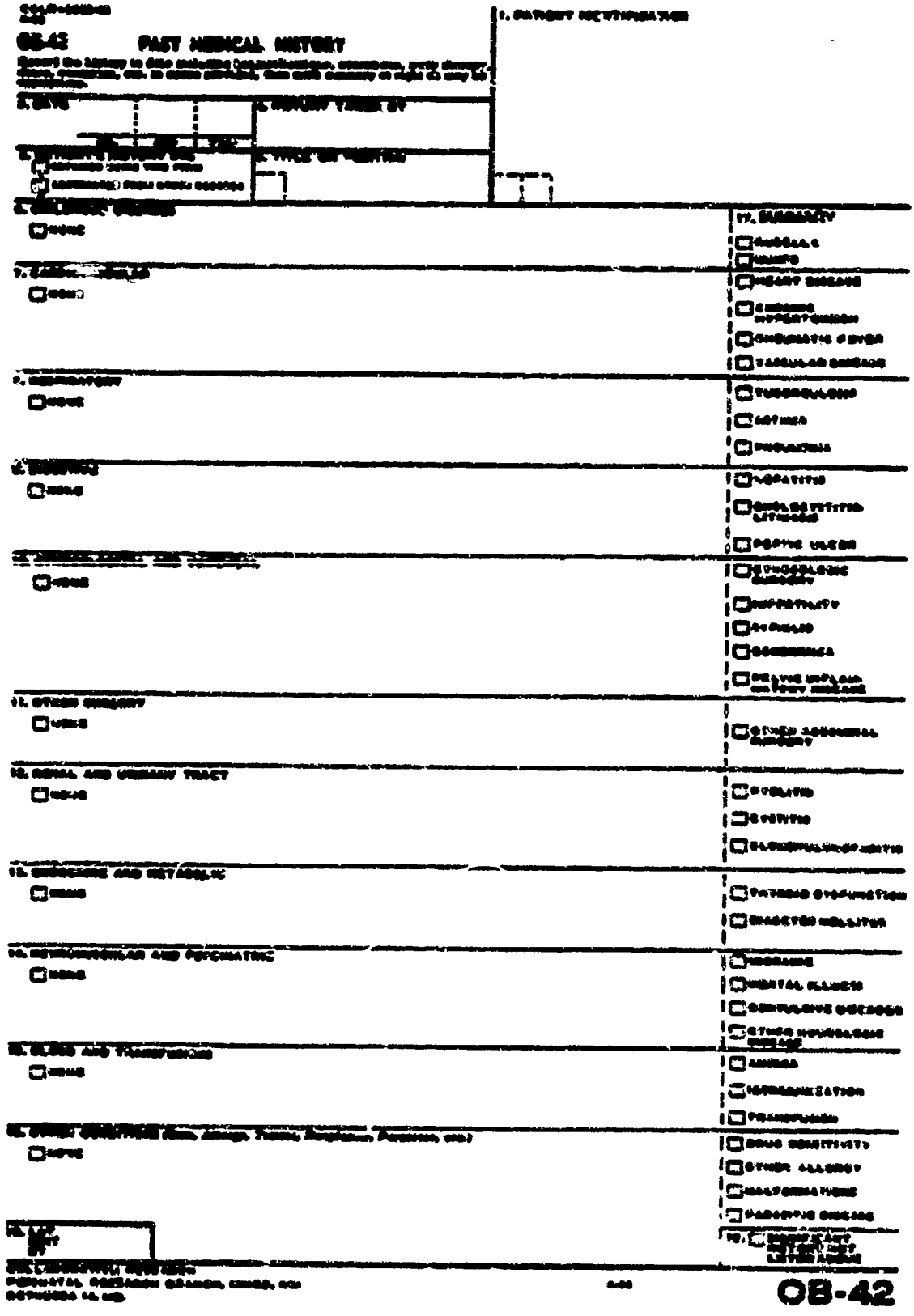
CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
08-42: Past Medical History	0342		
		0	31,313
			31,313
	total for form		31,313

Data Items Referencing Form DR-42, Past Medical History

DATA ITEM ID	TYPE OF FORM	CARD NUM	FROM	TO	DATA ITEM NAME
1003.....		0142	1	5	Card number (sequence, form type, form number, revision number)
1004.....		0142	6	14	STARS case number
1005..DR-42	2	0142	15	16	Form DR-42 date (mo)
1006..DR-42	2	0142	17	18	Form DR-42 date (day)
1007..DR-42	2	0142	19	20	Form DR-42 date (yr)
1008..DR-42	3	0142	21	21	History obtained using this form or other records
1009..DR-42	6	0142	22	22	Childhood diseases, summary code
1010..DR-42	17	0142	23	23	Childhood diseases: rubella
1011..DR-42	17	0142	24	24	Childhood diseases: measles
1012..DR-42	7	0142	25	25	Cardiovascular, summary code
1013..DR-42	17	0142	26	26	Cardiovascular: heart disease
1014..DR-42	17	0142	27	27	Cardiovascular: hypertension, chronic
1015..DR-42	17	0142	28	28	Cardiovascular: rheumatic fever
1016..DR-42	17	0142	29	29	Cardiovascular: vascular disease
1017..DR-42	8	0142	30	30	Respiratory, summary code
1018..DR-42	17	0142	31	31	Respiratory: tuberculosis
1019..DR-42	17	0142	32	32	Respiratory: asthma
1020..DR-42	17	0142	33	33	Respiratory: pneumonia
1021..DR-42	9	0142	34	34	Digestive, summary code
1022..DR-42	17	0142	35	35	Digestive: hepatitis
1023..DR-42	17	0142	36	36	Digestive: cholecystitis/lithiasis
1024..DR-42	17	0142	37	37	Digestive: ulcer, peptic
1025..DR-42	10	0142	38	38	Gynecological: venereal, summary code
1026..DR-42	17	0142	39	39	Gynecological: venereal surgery
1027..DR-42	17	0142	40	40	Gynecological: venereal infertility
1028..DR-42	17	0142	41	41	Gynecological: venereal syphilis
1029..DR-42	17	0142	42	42	Gynecological: menses: amenorrhea
1030..DR-42	17	0142	43	43	Gynecological: venereal: pelvic inflammatory disease: PID
1031..DR-42	11	0142	44	44	Surgery, other, summary code
1032..DR-42	17	0142	45	45	Surgery, appendix
1033..DR-42	12	0142	46	46	Renal: urinary tract, summary code
1034..DR-42	17	0142	47	47	Renal: urinary tract: pyelitis
1035..DR-42	17	0142	48	48	Renal: urinary tract: cystitis
1036..DR-42	17	0142	49	49	Renal: urinary tract: glomerulonephritis
1037..DR-42	13	0142	50	50	Endocrine: metabolic, summary code
1038..DR-42	17	0142	51	51	Endocrine: metabolic: thyroid dysfunction
1039..DR-42	17	0142	52	52	Endocrine: metabolic: diabetes mellitus
1040..DR-42	14	0142	53	53	Neuromuscular: psychiatric, summary code
1041..DR-42	17	0142	54	54	Neuromuscular: psychiatric: migraine
1042..DR-42	17	0142	55	55	Neuromuscular: psychiatric: mental illness
1043..DR-42	17	0142	56	56	Neuromuscular: psychiatric: convulsive disorder
1044..DR-42	17	0142	57	57	Neuromuscular: psychiatric: neurologic disease, other

Data Items Referencing Form OB-42, Past Medical History

DATA ITEM ID	ITEM LOC	CARD NUM	FORM	ID	DATA ITEM NAME
1125..OB-42	15	0362	58	58	Blood and transfusions, summary code
1126..OB-42	17	0362	59	59	Blood and transfusions: anemia
1127..OB-42	17	0362	60	60	Blood and transfusions: isoimmunization
1128..OB-42	17	0362	61	61	Blood and transfusions: transfusions
1129..OB-42	16	0362	62	62	Conditions, other: summary code
1130..OB-42	17	0362	63	63	Conditions, other: drug sensitivity
1131..OB-42	17	0362	64	64	Conditions, other: allergy
1132..OB-42	17	0362	65	65	Conditions, other: calculations
1133..OB-42	17	0362	66	66	Conditions, other: parasitic disease
1134..OB-42	18	0362	67	67	History, other significant
1135.....		0362	68	00	Blank
4087....TAB	2		56	56	Prenatal visits, total number



08-42 PAST MEDICAL HISTORY

08-42

Form Item Numbers linked to Data Items on OB-42, Past Medical History

ITEM NO FORM	DATA ITEM ID	CARD NBR	FROM	TO	DATA TYPE NAME
2	1085..OB-42	0342	17	18	Form OB-42 date (day)
2	1085..OB-42	0342	15	16	Form OB-42 date (mo)
2	1087..OB-42	0342	19	20	Form OB-42 date (yr)
2	4087....VAR		55	56	Prenatal visits, total number
3	1062..OB-42	0342	21	21	History obtained ofrom this form or other records
6	1089..OB-42	0342	22	22	Childhood diseases, summary code
7	1092..OB-42	0342	23	23	Cardiovascular, summary code
8	1097..OB-42	0342	24	24	Respiratory, summary code
9	1101..OB-42	0342	25	25	Digestive, summary code
10	1105..OB-42	0342	26	26	Gynecological: venereal, summary code
11	1115..OB-42	0342	44	44	Surgery, other, summary code
12	1113..OB-42	0342	45	45	Renal: urinary tract, summary code
13	1117..OB-42	0342	50	50	Endocrine: metabolic, summary code
14	1120..OB-42	0342	51	51	Neuromuscular: psychiatric, summary code
15	1124..OB-42	0342	52	52	Blood and transfusions, summary code
16	1129..OB-42	0342	42	42	Conditions, other: summary code
17	1125..OB-42	0342	59	59	Blood and transfusions: anemia
17	1127..OB-42	0342	60	60	Blood and transfusions: isoimmunization
17	1128..OB-42	0342	61	61	Blood and transfusions: transfusions
17	1093..OB-42	0342	24	25	Cardiovascular: heart disease
17	1094..OB-42	0342	27	27	Cardiovascular: hypertension, chronic
17	1095..OB-42	0342	28	28	Cardiovascular: rheumatic fever
17	1096..OB-42	0342	29	29	Cardiovascular: vascular disease
17	1091..OB-42	0342	26	26	Childhood diseases: mumps
17	1090..OB-42	0342	23	23	Childhood diseases: rubella
17	1131..OB-42	0342	64	64	Conditions, other: allergy
17	1130..OB-42	0342	63	63	Conditions, other: drug sensitivity
17	1139..OB-42	0342	65	65	Conditions, other: malformations
17	1137..OB-42	0342	66	66	Conditions, other: parasitic disease
17	1103..OB-42	0342	36	36	Digestive: cholecystitis/lithiasis
17	1102..OB-42	0342	35	35	Digestive: hepatitis
17	1104..OB-42	0342	37	37	Digestive: ulcer, peptic
17	1119..OB-42	0342	52	52	Endocrine: metabolic: diabetes mellitus
17	1118..OB-42	0342	51	51	Endocrine: metabolic: thyroid dysfunction
17	1109..OB-42	0342	42	42	Gynecological: venereal: amenorrhea
17	1107..OB-42	0342	40	40	Gynecological: venereal: infertility
17	1110..OB-42	0342	43	43	Gynecological: venereal: pelvic inflammatory disease: PID
17	1106..OB-42	0342	39	39	Gynecological: venereal: surgery
17	1108..OB-42	0342	41	41	Gynecological: venereal: syphilis
17	1121..OB-42	0342	54	54	Neuromuscular: psychiatric: convulsive disorder
17	1122..OB-42	0342	55	55	Neuromuscular: psychiatric: mental illness
17	1123..OB-42	0342	56	56	Neuromuscular: psychiatric: migraine

Form Item Numbers linked to Data Items on OR-42, Past Medical History

ITEM NO FORM	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
17	1124..OR-42	0342	57	57	Neuromuscular; psychiatric; neurologic disease, other
17	1119..OR-42	0342	48	48	Renal; urinary tract; cystitis
17	1118..OR-42	0342	49	49	Renal; urinary tract; glomerulonephritis
17	1116..OR-42	0342	47	47	Renal; urinary tract; pyelitis
17	1090..OR-42	0342	32	32	Respiratory; asthma
17	1100..OR-42	0342	33	33	Respiratory; pneumonia
17	1098..OR-42	0342	31	31	Respiratory; tuberculosis
17	1117..OR-42	0342	45	45	Surgery, Abdominal
18	1136..OR-42	0342	67	67	History, other significant

DEFINITION OF CODES
PAST MEDICAL HISTORY
FORM 09-42 CARD 0342

ITEM		CARD COLUMNS
1.	Card Number Code: 0	1
2.	Form Number Code: 342	2-4
3.	Revision Number Code: 0 - Form Dated: 4/62	5
4.	HUMAN Number Form I Nine-digit number for Patient Identification Code: As given	6-14
5.	Date Form Completed Form I Six-digit code for Month (cols. 15-16), Day (cols. 17-18), and Year (cols. 19-20) Code: As given 99 - Month, day and/or year unknown	15-20
6.	Patient's History Was Form I Code: 1 - Obtained using this form 2 - Abstracted from other records 3 - Combination of codes 1 and 2 9 - Unknown	21
7.	Additional Diagnoses Forms I and II Three-digit code for: Surgery (col. 22) Code: 0 - None 1 - Condition(s) reported in item 17 only 2 - Condition(s) other than those reported in item 17 3 - Combination of codes 1 and 2 9 - Unknown Disable (col. 23) Code: 0 - No 1 - Yes 9 - Unknown Hospit (col. 24) Code: Same as in col. 23	22-24

FIELD		CARD COLUMN
8.	**Cardiovascular** Items 7 and 17 Five-digit code for: Response (col. 25) Code: Same as in Field 7, col. 22 Heart Disease (col. 26) Chronic Hypertension (col. 27) Rheumatic Fever (col. 28) Vascular Disease (col. 29) Code for each column: Same as in Field 7, col. 23	25-29
9.	**Respiratory** Items 8 and 18 Four-digit code for: Response (col. 30) Code: Same as in Field 7, col. 22 Tuberculosis (col. 31) Asthma (col. 32) Pneumonia (col. 33) Code for each column: Same as in Field 7, col. 23	30-33
10.	**Digestive** Items 9 and 17 Four-digit code for: Response (col. 34) Code: Same as in Field 7, col. 22 Hepatitis (col. 35) Cholecystitis-Lithiasis (col. 36) Peptic Ulcer (col. 37) Code for each column: Same as in Field 7, col. 23	34-37

[illegible]	CARD COLUMNS

11. [illegible] and Venereal — 38-43
Items 10 and 17
Six-digit code for:
[illegible] (col. 38)
Code: Same as in Field 7, col. 22

[illegible] Surgery	(col. 39)
[illegible]	(col. 40)
[illegible]	(col. 41)
[illegible]	(col. 42)
[illegible] Inflammatory Disease	(col. 43)

Code for each column:
Same as in Field 7, col. 23

12. Other Surgery — 44-45
Items 11 and 17
Two-digit code for:
[illegible] (col. 44)
Code: Same as in Field 7, col. 22

Other Abdominal Surgery (col. 45)
Code: Same as in Field 7, col. 23

13. Renal and Urinary Tract — 46-49
Items 12 and 17
Four-digit code for:
[illegible] (col. 46)
Code: Same as in Field 7, col. 22

Prolitis	(col. 47)
Cystitis	(col. 48)
[illegible]	(col. 49)

Code for each column:
Same as in Field 7, col. 23

14. [illegible] and Metabolic — 50-52
Items 13 and 17
Three-digit code for:
[illegible] (col. 50)
Code: Same as in Field 7, col. 22

Thyroid Dysfunction	(col. 51)
[illegible] Goiter	(col. 52)

Code for each column:
Same as in Field 7, col. 23

FIELD		CARD CODING
15.	**Neuromuscular and Psychiatric** Items 16 and 17 Five-digit code for: Response (col. 53) Code: Same as in Field 7, col. 22 Migraine (col. 54) Mental Illness (col. 55) Convulsive Disorder (col. 56) Other Neurologic Disease (col. 57) Code for each column: Same as in Field 7, col. 23	53-57
16.	**Blood and Transfusions** Items 15 and 17 Four-digit code for: Response (col. 58) Code: Same as in Field 7, col. 22 Anemia (col. 59) Isoimmunization (col. 60) Transfusion (col. 61) Code for each column: Same as in Field 7, col. 23	58-61
17.	**Other Conditions** Items 16 and 19 Five-digit code for: Response (col. 62) Code: Same as in Field 7, col. 22 Drug Sensitivity (col. 63) Other Allergy (col. 64) Malformations (col. 65) Parasitic Diseases (col. 66) Code for each column: Same as in Field 7, col. 23	62-66
18.	**Significant History Not Listed Above** Item 18 Code: 0 - None 1 - History reported 9 - Unknown	67

* Item numbers refer to form detail; Rev. 1/62

OB-42 PAST MEDICAL HISTORY

I. Purpose of form — To record details of patient's previous medical and surgical history up to time of interview.

II. General instructions

A. Record illness, diseases and surgical procedures only. Do not use this form for symptom review.

B. Give particular emphasis to medical history just prior to, and since onset of this pregnancy.

C. Record appropriate details, such as dates of onset, duration, severity, place of hospitalization, operations performed, non-routine treatment, etc.

D. If history for the item is negative, mark the box labeled, "None."

E. The [illegible] (Item 17) provides a means for flagging certain important conditions. It is incomplete and should not be used as a sole guide to obtaining past medical history.

III. Specific instructions

Item Number

1. Date. Record the date history is obtained from the patient.

2. Patient's history was. Mark the appropriate box. When the entire past medical history is abstracted from hospital records without patient interview mark "Abstracted from other records."

4,5. History taken by. Record the first initial and last name, and the title or position of the physician obtaining the history.

6. Childhood diseases. Record history of the usual infectious diseases. Pay particular attention to the occurrence of such diseases in the three months prior to or since the onset of this pregnancy.

7. Cardiovascular. Record history of rheumatic fever, St. Vitus dance, chorea, or other syndromes possibly associated with heart involvement. Record any details of diagnosed or suspected heart disease, chronic hypertension, or vascular disease.

Item Number

8. Respiratory. Record history of chronic respiratory disease, such as tuberculosis, asthma, bronchitis, etc. Acute infections respiratory diseases are considered significant only if requiring medical care or hospitalization.

9. Digestive. Record history of gastro-intestinal disease, such as peptic ulcer, cholecystitis, cholelithiasis, regional ileitis, and chronic ulcerative colitis. Incidence of unspecified origin is considered significant only if requiring medical care or hospitalization.

10. Gynecological and venereal. Record medical or surgical history of gynecologic disorders. A history of infertility is considered significant only if work-up such as endometrial biopsy, Rubin's test, hysterosalpingography, etc. is carried out. Record any history of venereal disease.

11. Other surgery. Record the details of surgical procedures not listed more appropriately elsewhere on this form.

12. Renal and urinary tract. Record history of renal and urinary tract disease or surgery, such as glomerulonephritis, acute or chronic pyelonephritis, cystitis, kidney stone, and nephrectomy.

13. Endocrine and metabolic. Record any significant or definite history of endocrine disorder.

14. Neuromuscular and psychiatric. Record any definite or suggestive history of disease of this system, especially migraine, epilepsy, mental illness or retardation, or neuromuscular disorder.

15. Blood and transfusions. Record the history of anemia, iso-immunization, leukemia, or other disorders of the blood. History of whole blood transfusions is to be noted, along with dates of administration and reaction, if any.

16. Other conditions. Utilize this space to record a history of disease or disorder not covered in the above items. Diagnostic impressions are chronic diseases of the skin, allergies, tumors, malformations, emphysema, and parasitic diseases.

October 1963

OB-42 PAST MEDICAL HISTORY (Continued)

Item Number

17. **Summary.** The summary provides a means for flagging certain important conditions. Complete the summary after the entire past medical history has been obtained and recorded in Items 6-16. Do not use the summary as a sole guide for obtaining the past medical history.

Item Number

18. **Significant history** not listed above. Mark "x" in box to indicate the history of a disease or surgical procedure that may affect the outcome of this pregnancy, but which is not listed in the Summary (Item 617).

OB-43 Initial Prenatal Examination

Form OB-43 was used to record results of the initial physical examination following selection of the patient into the project sample. First used as a pretest form in July 1961, the form was implemented into the study in April of 1962; form OB-43 replaced pages 3 and 4 of form OB-9, where information on the initial pelvic examination and general examination had been recorded. Page 2 only was revised in October 1962. Data records generated by form OB-43 were punched on cards 1343 and 2343 of the master file (Table OB-43.1).

TABLE OB-43.1 Cards and Data Records by Revision for Form OB-43

CARD NAME	CARD NUMBER	REV. NO.	NUMBER RECORDS
OB-43: General Examination	1343	0	31,251
			31,251
OB-43: Obstetrical Examination	2343	0	31,226
			31,226
	total for form		62,477

Data Items Referencing Form OB-43, Initial Prenatal Exam

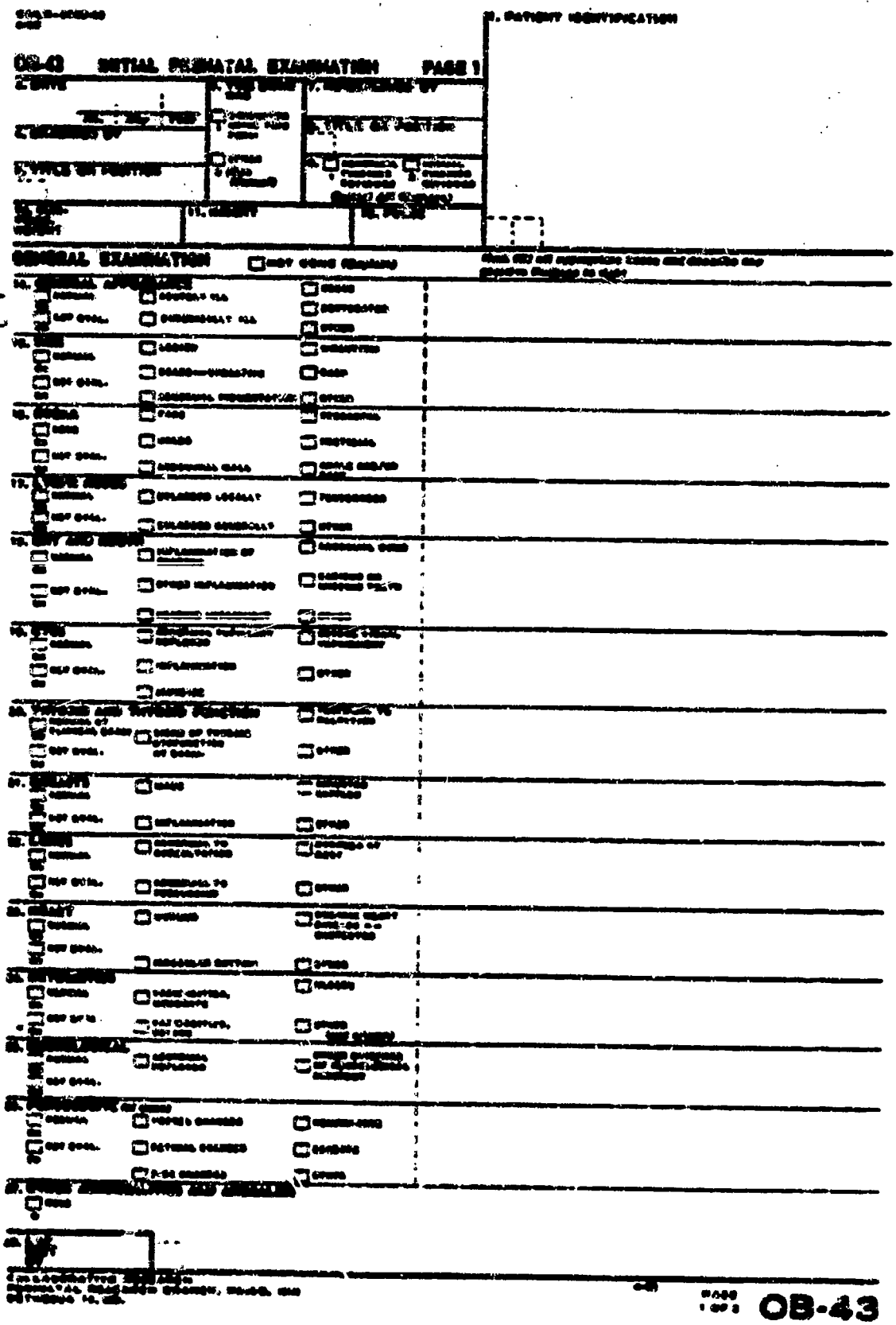
DATA ITEM ID	TYPE OF ITEM	CARD NUM	FROM	TO	DATA ITEM NAME
1130.....		1340	1	5	Form Number (sequence, form type, form number, revision number)
1135.....		1340	6	14	Study case number
1136..OB-43	2	1340	15	16	Form OB-43 date (mo)
1139..OB-43	2	1340	17	18	Form OB-43 date (day)
1140..OB-43	2	1340	19	20	Form OB-43 date (yr)
1141..OB-43	10	1340	21	22	Weight, pre pregnancy (lbs)
1142..OB-43	11	1340	24	25	Weight (inches)
1143..OB-43	12	1340	26	28	Pulse
1144..OB-43	14	1340	29	29	Appearance, acutely ill
1145..OB-43	14	1340	30	30	Appearance, chronically ill
1146..OB-43	14	1340	31	31	Appearance; obese
1147..OB-43	14	1340	32	32	Appearance; dehydrated
1148..OB-43	14	1340	33	33	Appearance, other
1149..OB-43	15	1340	34	34	Skin lesion
1150..OB-43	15	1340	35	35	Skin scars, operative
1151..OB-43	15	1340	36	36	Skin pigmentation abnormal
1152..OB-43	15	1340	37	37	Skin; hirsutism
1153..OB-43	15	1340	38	38	Skin; rash
1154..OB-43	15	1340	39	39	Skin, other abnormality
1155..OB-43	16	1340	40	40	Edema, face
1156..OB-43	16	1340	41	41	Edema, hands
1157..OB-43	16	1340	42	42	Edema, abdominal wall
1158..OB-43	16	1340	43	43	Edema, pretibial
1159..OB-43	16	1340	44	44	Edema, sacral
1160..OB-43	16	1340	45	45	Edema, ankle/feet
1161..OB-43	17	1340	46	46	Lymph nodes, enlarged locally
1162..OB-43	17	1340	47	47	Lymph nodes, enlarged generally
1163..OB-43	17	1340	48	48	Lymph nodes, tenderness
1164..OB-43	17	1340	49	49	Lymph nodes, other abnormality
1165..OB-43	18	1340	50	50	ENT and mouth; pharynx inflammation
1166..OB-43	18	1340	51	51	ENT and mouth; inflammation, other
1167..OB-43	18	1340	52	52	ENT and mouth; hearing impairment
1168..OB-43	18	1340	53	53	ENT and mouth; nose abnormal
1169..OB-43	18	1340	54	54	ENT and mouth; tooth carious or missing
1170..OB-43	18	1340	55	55	ENT and mouth, other abnormality
1171..OB-43	19	1340	56	56	Eyes, auxiliary features abnormal
1172..OB-43	19	1340	57	57	Eyes, inflammation
1173..OB-43	19	1340	58	58	Eyes; jaundice
1174..OB-43	19	1340	59	59	Eyes; visual impairment, severe
1175..OB-43	19	1340	60	60	Eyes, other abnormality
1176..OB-43	20	1340	61	61	Thyroid and thyroid function, signs of dysfunction at exam
1177..OB-43	20	1340	62	62	Thyroid, abnormal to palpation

Data Items Referencing Form OB-43, Initial Prenatal Exam

DATA ITEM ID	ITEM NO	CARD NUM	FROM	TO	DATA ITEM NAME
1178..OB-43	20	1363	61	63	Thyroid, other abnormality
1179..OB-43	21	1363	64	64	Breasts: palpable mass
1180..OB-43	21	1363	65	65	Breasts: inflammation
1181..OB-43	21	1363	66	66	Breasts: nipples, inverted
1182..OB-43	21	1363	67	67	Breasts, other abnormality
1183..OB-43	22	1363	68	68	Lungs, auscultation abnormal
1184..OB-43	22	1363	69	69	Lungs, percussion abnormal
1185..OB-43	22	1363	70	70	Lungs: dyspnea at rest
1186..OB-43	22	1363	71	71	Lungs, other abnormality
1187..OB-43	23	1363	72	72	Heart murmur
1188..OB-43	23	1363	73	73	Heart rhythm irregular
1189..OB-43	23	1363	74	74	Heart, organic heart disease suspected
1190..OB-43	23	1363	75	75	Heart, other abnormality
1191..OB-43	24	1363	76	76	Extremities: varicosities, moderate
1192..OB-43	24	1363	77	77	Extremities: varicosities, severe
1193..OB-43	24	1363	78	78	Extremities: ulcers
1194..OB-43	24	1363	79	79	Extremities, other abnormality (not edema)
1195.....		1363	80	80	Blank
1196.....		2363	1	5	Card number (sequence, form type, form number, revision number)
1197.....		2363	6	14	ATRIUS case number
1198..OB-43	2	2363	15	16	Form OB-43 date (mo)
1199..OB-43	2	2363	17	18	Form OB-43 date (day)
1200..OB-43	2	2363	19	20	Form OB-43 date (yr)
1201..OB-43	25	2363	21	21	Neurological reflexes abnormal
1202..OB-43	25	2363	22	22	Neurological, other evidence of disorder
1203..OB-43	26	2363	23	23	Funduscopic: vessel changes
1204..OB-43	26	2363	24	24	Funduscopic: retinal changes
1205..OB-43	26	2363	25	25	Funduscopic: disc changes
1206..OB-43	26	2363	26	26	Funduscopic: hemorrhage
1207..OB-43	26	2363	27	27	Funduscopic: exudate
1208..OB-43	26	2363	28	28	Funduscopic, other abnormality
1209..OB-43	27	2363	29	29	Abnormalities, breasties, other
1210..OB-43	2	2363	30	30	Abdomen, abnormal mass
1211..OB-43	2	2363	31	31	Abdomen: normal
1212..OB-43	2	2363	32	32	Abdomen: tenderness
1213..OB-43	2	2363	33	33	Abdomen: CVA tenderness
1214..OB-43	2	2363	34	34	Abdomen, other abnormality
1215..OB-43	3	2363	35	35	Uterus, size not compatible with dates
1216..OB-43	3	2363	36	36	Uterus: tumor
1217..OB-43	3	2363	37	37	Uterus: multiple pregnancy
1218..OB-43	3	2363	38	38	Uterus, tenderness
1219..OB-43	3	2363	39	39	Uterus: polyhydramnios
1220..OB-43	3	2363	40	40	Uterus, other abnormality

Data Items Referencing Form OB-43, Initial Prenatal Exam

DATA ITEM ID	ITEM SQ	ITEM FUNC	CARD NUM	FROM	TO	DATA ITEM NAME
1221..OB-43	4		2143	41	41	Genitalia, external vulvar varicosities
1222..OB-43	4		2143	42	42	Genitalia, other abnormality
1223..OB-43	5		2143	43	43	Introitus: urethrocele
1224..OB-43	5		2143	44	44	Introitus: cystocele
1225..OB-43	5		2143	45	45	Introitus: rectocele
1226..OB-43	5		2143	46	46	Introitus, other abnormality
1227..OB-43	6		2143	47	47	Vagina: vaginitis
1228..OB-43	6		2143	48	48	Vagina, bleeding site
1229..OB-43	6		2143	49	49	Vagina, other abnormality
1230..OB-43	7		2143	50	50	Cervix: laceration, old
1231..OB-43	7		2143	51	51	Cervix, bleeding site
1232..OB-43	7		2143	52	52	Cervix, bleeding through os
1233..OB-43	7		2143	53	53	Cervix: cervicitis
1234..OB-43	7		2143	54	54	Cervix, dilated or effaced
1235..OB-43	7		2143	55	55	Cervix, other abnormality
1236..OB-43	8		2143	56	56	Adnexa, cells
1237..OB-43	8		2143	57	57	Adnexa, tenderness
1238..OB-43	8		2143	58	58	Adnexa, other abnormality
1239..OB-43	9		2143	59	59	Radiography: X-ray pelvimetry
1240..OB-43	10		2143	60	60	Pelvic measurements diagonal conjugate reached
1241..OB-43	10		2143	61	63	Pelvic measurements diagonal conjugate measurement (cm)
1242..OB-43	11		2143	64	64	Pelvic measurements spines
1243..OB-43	12		2143	65	65	Pelvic measurements sacrum
1244..OB-43	13		2143	66	66	Pelvic measurements sacrosciatic notch
1245..OB-43	14		2143	67	67	Pelvic measurements sidewalls
1246..OB-43	15		2143	68	68	Pelvic measurements sub pubic arch
1247..OB-43	16		2143	69	71	Pelvic measurements intertuberous measurement
1248..OB-43	17		2143	72	74	Pelvic measurements posteriorsagittal outlet
1249..OB-43	18		2143	75	75	Pelvic measurements pelvic abnormality, other
1250..OB-43	19		2143	76	76	Pelvic measurements summation inlet
1251..OB-43	20		2143	77	77	Pelvic measurements summation mid pelvis
1252..OB-43	20		2143	78	78	Pelvic measurements summation outlet
1253.....			2143	79	80	Blank
4907....VAR	2			58	58	Prenatal visits, total number
4905....VAR	11			81	82	Weight (in)
4906....VAR	10			83	85	Weight, pre pregnancy (lbs)
4907....VAR	10			86	88	Weight gain (lbs)
9210....VAR	10			314	319	Pelvic summation, inlet


OB-43
INITIAL PRENATAL EXAMINATION
PAGE 1
GENERAL EXAMINATION
OB-43

1. PATIENT IDENTIFICATION

OB-43 INITIAL PRENATAL EXAMINATION

PAGE 2

OBSTETRIC EXAMINATION ☐ NOT DONE (Explain)

Mark (X) all appropriate boxes and describe any positive findings or signs.

2. ABDOMEN (Palpate gently)

3. GENITO-URIN

4. EXTERNAL GENITALIA

5. RECTAL

6. CERVIX

7. UTERUS

8. ADNEXA

CLINICAL PELVIC MENSURATION ☐ NOT DONE (Explain)

9. X-Ray Pelvimetry: ☐ Available ☐ Ordered

10. PUBIC CONCAVITY

11. SPINES

12. SACRUM

13. SACROSCIATIC NOTCH

14. SIDEWALLS

15. SUB PUBIC ARCH

16. INTERTUBEROUS

17. POST. SAG. OUTLET (cm)

18. OTHER PELVIC ABNORMALITY

SUMMATION

19. BRIM

20. MID PELVIS

21. OUTLET

22. DIAGNOSTIC IMPRESSIONS (Record all, including abnormal)

23. DAY CENT BY

24. RED CENT BY

25. TITLE OF POSITION

26. MEDICAL CENT BY

27. TITLE OF POSITION

COLLABORATIVE RESEARCH
PRENATAL PROGRAM SERIES, NUMBER NINE
DEPARTMENT OF HEALTH, EDUCATION, AND WELFARE

REV. (1965) PAGE 2 OF 2 **OB-43**

[illegible]

1	1750..OR=43 2341	PC	50 [illegible]	
1	1760..OR=43 2341	PC	60 [illegible]	
1	1910..OR=43 2341	PC	53 [illegible]	
1	1911..OR=43 2341	PC	51 [illegible]	
1	1917..OR=43 2341	PC	52 [illegible]	
2	1130..OR=43 1341	PC	10 Para [illegible]	
2	1140..OR=43 2341	PC	10 Para [illegible]	
2	1150..OR=43 2341	PC	10 Para [illegible]	
2	1160..OR=43 2341	PC	10 Para [illegible]	
2	1170..OR=43 2341	PC	10 Para [illegible]	
2	1180..OR=43 1341	PC	10 Para [illegible]	
2	6001....YRR		50 Prenatal visits, total number	
3	1220..OR=43 2341	PC	40 Uterus, other abnormality	
3	1310..OR=43 2341	PC	30 Uterus, size not compatible with dates	
3	1210..OR=43 2341	PC	10 Uterus, leiomyoma	
3	1217..OR=43 2341	PC	17 Uterus; multiple pregnancy	
3	1219..OR=43 2341	PC	19 Uterus; polyhydramnios	
3	1216..OR=43 2341	PC	16 Uterus; tumor	
4	1221..OR=43 2341	PC	41 Genitalia, external; vulvar varicosities	
4	1222..OR=43 2341	PC	42 Genitalia, other abnormality	
5	1226..OR=43 2341	PC	46 Intestine, other abnormality	
5	1224..OR=43 2341	PC	44 Intestine; cystocele	
5	1225..OR=43 2341	PC	45 Intestine; rectocele	
5	1221..OR=43 2341	PC	41 Intestine; urethrocele	
6	1230..OR=43 2341	PC	49 Vagina, bleeding site	
6	1229..OR=43 2341	PC	49 Vagina, other abnormality	
6	1227..OR=43 2341	PC	47 Vagina; vaginitis	
7	1231..OR=43 2341	PC	51 Cervix, bleeding site	
7	1232..OR=43 2341	PC	52 Cervix, bleeding through os	
7	1234..OR=43 2341	PC	54 Cervix, flattened or effaced	
7	1235..OR=43 2341	PC	55 Cervix, other abnormality	
7	1233..OR=43 2341	PC	53 Cervix; cervicitis	
7	1238..OR=43 2341	PC	58 Cervix; laceration, old	
8	1236..OR=43 2341	PC	56 Adnexa, mass	
8	1239..OR=43 2341	PC	59 Adnexa, other abnormality	
8	1237..OR=43 2341	PC	57 Adnexa, tenderness	
9	1230..OR=43 2341	PC	50 Radiography; X-ray pelvimetry	
10	1241..OR=43 2341	PC	61 Pelvic examination; diagonal conjugate measurement (cm)	
10	1240..OR=43 2341	PC	60 Pelvic examination; diagonal conjugate reached	
10	4957....YAR		86 Weight gain (lbs)	
10	4006....YAR		87 Weight, pre pregnancy (lbs)	
10	1141..OR=43 1341	PC	21 Weight, pre pregnancy (lbs)	

Form item numbers linked to data items on OB-43, Initial Prenatal Exam

ITEM# ON FORM	DATA ITEM ID	CARD RNA	FROM	TO	DATA ITEM NAME
11	0099....VAR		91	92	Height (in)
11	1183..OB-43	1183	24	25	Height (inches)
12	1242..OB-43	2342	64	64	Pelvic measurements spines
12	1243..OB-43	2343	65	65	Pelvic measurements sacrum
12	1183..OB-43	1183	24	78	Pulse
13	1244..OB-43	2344	66	66	Pelvic measurements sacrosciatic notch
13	1184..OB-43	1184	29	29	Appearance, acutely ill
13	1185..OB-43	1185	30	30	Appearance, chronically ill
13	1186..OB-43	1186	31	31	Appearance, other
14	1187..OB-43	1187	32	32	Appearance: dehydrated
14	1188..OB-43	1188	33	33	Appearance: obese
14	1245..OB-43	2345	67	67	Pelvic measurements sidewalls
15	1246..OB-43	2346	68	68	Pelvic measurements sub pubic arch
15	1189..OB-43	1189	34	34	Skin lesion
15	1191..OB-43	1191	36	36	Skin pigmentation abnormal
15	1190..OB-43	1190	35	35	Skin scars, operative
15	1192..OB-43	1192	37	37	Skin, other abnormality
15	1193..OB-43	1193	38	38	Skin: varicose
15	1194..OB-43	1194	39	39	Skin: rash
16	1197..OB-43	1197	42	42	Edema, abdominal wall
16	1198..OB-43	1198	43	43	Edema, ankle/feet
16	1195..OB-43	1195	40	40	Edema, face
16	1196..OB-43	1196	41	41	Edema, hands
16	1199..OB-43	1199	44	44	Edema, presacral
16	1200..OB-43	1200	45	45	Edema, pretibial
16	1247..OB-43	2347	69	71	Pelvic measurements intertuberous measurement
17	1202..OB-43	1202	47	47	Lymph nodes, enlarged generally
17	1201..OB-43	1201	46	46	Lymph nodes, enlarged locally
17	1204..OB-43	1204	49	49	Lymph nodes, other abnormality
17	1203..OB-43	1203	48	48	Lymph nodes, tenderness
17	1248..OB-43	2348	72	74	Pelvic measurements posteriorsagittal outlet
18	1176..OB-43	1176	54	55	ENT and mouth, other abnormality
18	1169..OB-43	1169	53	53	ENT and mouth: gums abnormal
18	1167..OB-43	1167	52	52	ENT and mouth: hearing impairment
18	1166..OB-43	1166	51	51	ENT and mouth: inflammation, other
18	1165..OB-43	1165	50	50	ENT and mouth: pharynx inflammation
18	1168..OB-43	1168	56	56	ENT and mouth: teeth caries or missing
18	1249..OB-43	2349	75	75	Pelvic measurements pelvic abnormality, other
18	1250..OB-43	2350	76	76	Pelvic measurements summation inlet
19	1172..OB-43	1172	57	57	Eyes, inflammation
19	1175..OB-43	1175	60	60	Eyes, other abnormality
19	1171..OB-43	1171	58	58	Eyes, papillary reflexes absent
19	1173..OB-43	1173	59	59	Eyes: jaundice

Para Item Numbers linked to Data Items OR OR-43, Initial Prenatal Exam

ITEM NO FOR*	DATA ITEM ID	CARD NUM	FROM	TO	DATA ITEM NAME
19	1174..OR-43	1361	58	58	Eyes: visual impairment, severe
19	5210....VAR		110	110	Pelvic summation, inlet
20	1751..OR-43	2361	77	77	Pelvic measurements summation all pelvis
20	1752..OR-43	2361	78	78	Pelvic measurements summation outlet
20	1174..OR-43	1361	61	61	Thyroid and thyroid function, signs of dysfunction at exam
20	1177..OR-43	1361	62	62	Thyroid, abnormal to palpation
20	1178..OR-43	1361	63	63	Thyroid, other abnormality
21	1189..OR-43	1361	67	67	Breasts, other abnormality
21	1180..OR-43	1361	65	65	Breasts: inflammation
21	1181..OR-43	1361	66	66	Breasts: nipples, inverted
21	1176..OR-43	1361	64	64	Breasts: palpable mass
22	1183..OR-43	1361	68	68	Lungs, auscultation abnormal
22	1184..OR-43	1361	71	71	Lungs, other abnormality
22	1186..OR-43	1361	69	69	Lungs, percussion abnormal
22	1185..OR-43	1361	70	70	Lungs: dyspnea at rest
23	1187..OR-43	1361	72	72	Heart murmur
23	1188..OR-43	1361	73	73	Heart rhythm irregular
23	1189..OR-43	1361	74	74	Heart, organic heart disease suspected
23	1190..OR-43	1361	75	75	Heart, other abnormality
24	1194..OR-43	1361	79	79	Extremities, other abnormality (not edema)
24	1193..OR-43	1361	78	78	Extremities: ulcers
24	1191..OR-43	1361	76	76	Extremities: varicosities, moderate
24	1192..OR-43	1361	77	77	Extremities: varicosities, severe
25	1207..OR-43	2361	92	92	Neurological, other evidence of disorder
25	1201..OR-43	2361	91	91	Neurological: reflexes abnormal
26	1208..OR-43	2361	98	98	Funduscopic, other abnormality
26	1205..OR-43	2361	95	95	Funduscopic: disc changes
26	1207..OR-43	2361	97	97	Funduscopic: exudate
26	1206..OR-43	2361	96	96	Funduscopic: hemorrhage
26	1204..OR-43	2361	94	94	Funduscopic: retinal changes
26	1203..OR-43	2361	93	93	Funduscopic: vessel changes
27	1209..OR-43	2361	99	99	Abnormalities, embolies, other

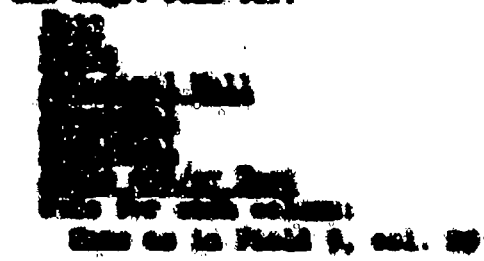
DEFINITION OF CODES
INITIAL PRENATAL EXAMINATION
FORM OB-43 CARD 1343

FIELD		CARD COLUMN
1.	Card Number Code: 1	1
2.	Form Number Code: 343	2-4
3.	Revision Number Code: 0 - Form Dated 4/62	5
4.	HUSH Number Nine-digit number for Patient Identification Code: As given	6-14
5.	Date of Examination Item 2 Six-digit code for Month (cols. 15-16), Day (cols. 17-18) and Year (cols. 19-20) Code: As given 99 - Month, day and/or year unknown	15-20
6.	Non-Pregnant Weight Item 10 Code: *050-350 - As given in pounds 999 - Unknown *Additional codes reviewed and approved: 360	21-23
7.	Height Item 11 Code: 40-80 - As given in inches 99 - Unknown	24-25
8.	Pulse Item 12 Code: 050-998 - As given 999 - Unknown	26-28

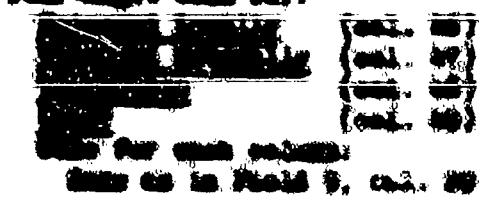
FIELD		CARD COLUMN
	GENERAL EXAMINATION	
9.	**General Appearance** Item 14 Five-digit code for: Acutely Ill (col. 29) Code: 0 - Normal 1 - Abnormal 9 - Unknown Chronically Ill (col. 30) Obese (col. 31) Dehydrated (col. 32) Code for each column: Same as in col. 29 Other (col. 33) Code: 0 - Normal 1 - Underweight 2 - Lethargic, depressed 3 - Combination of codes 1 and 2 4 - Nervous, hysterical, tense 5 - Combination of codes 1 and 4 6 - Combination of codes 2 and 4 7 - Combination of codes 1, 2 and 4 9 - Unknown	29-33
10.	**Skin** Item 15 Six-digit code for: Lesion (col. 34) Scars - Operative (col. 35) Abnormal Pigmentation (col. 36) Hirsutism (col. 37) Rash (col. 38) Code for each column: Same as in Field 9, col. 29 Other (col. 39) Code: 0 - Normal 1 - Abnormality other than code 4 4 - Scars, traumatic 5 - Combination of codes 1 and 4 9 - Unknown	34-39

[redacted]

11. [redacted]



12. [redacted]



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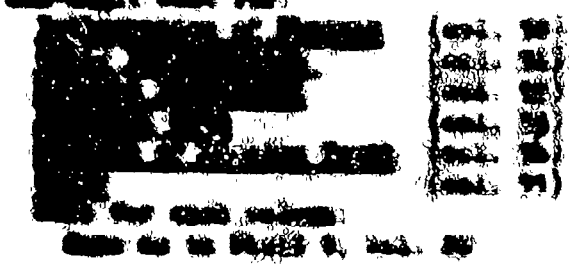

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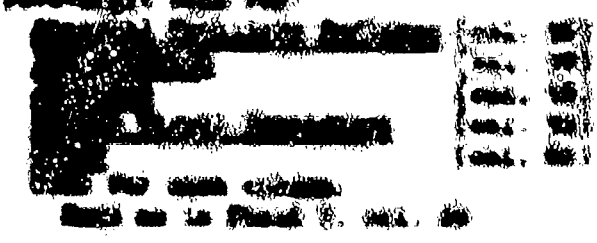

LINE		CARD COLUMNS
18.	Payroll and Payroll Function	61-63

Punch right-justified for:

Payroll Deduction at Home (col. 61)
(col. 62)

(col. 63)

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[illegible]	CARD COLUMN
18. [illegible] Item 23 Four-digit code for: [illegible] (col. 72) [illegible] (col. 73) [illegible] (col. 74) Code for each column: Same as in Field 9, col. 29 [illegible] (col. 75) 0 - Normal 1 - Abnormalities other than abnormal rate 2 - Abnormal rate 9 - Unknown	72-75
19. [illegible] Item 24 Four-digit code for: [illegible] (col. 76) [illegible] (col. 77) [illegible] (col. 78) [illegible] (Not Blank) (col. 79) Code for each column: Same as in Field 9, col. 29	76-79

FIELD		CARD CODES
1.	Card Number Code: 2	1
2.	Basic Data Code: Same as in cols. 2-20 of Card 1 GENERAL EXAMINATION (cont.)	2-20
3.	Neurological Item 25 Two-digit code for: Abnormal Reflexes (col. 21) Code: 0 - Normal 1 - Abnormal 9 - Unknown Other Evidence of Neurological Disorder (col. 22) Code: Same as in col. 21	21-22
4.	Fundoscopic Item 26 Six-digit code for: Vessel Changes (col. 23) Retinal Changes (col. 24) Disc Changes (col. 25) Hemorrhage (col. 26) Exudate (col. 27) Other (col. 28) Code for each column: Same as in Field 3, col. 21	23-28
5.	Other Abnormalities and Anomalies Item 27 Code: Same as in Field 3, col. 21 OBSTETRIC EXAMINATION	29
6.	Abdomen Item 2 (page 2) Five-digit code for: Abnormal Mass (col. 30) Hernia (col. 31) Abdominal Tenderness (col. 32) CVA Tenderness (col. 33) Other (col. 34) Code for each column: Same as in Field 3, col. 21	30-34

FIELD		CARD COLUMNS
7.	**Cervix Uteri** Item 3 (page 2) Six-digit code for: Size not Compatible with Dates (col. 35) Ectopy (col. 36) Multiple Pregnancy (col. 37) Uterine Fibromyomas (col. 38) Malformations (col. 39) Other (col. 40) Code for each column: Same as in Field 3, col. 21	35-40
8.	**External Genitalia** Item 4 (page 2) Two-digit code for: Vulvar Varicosities (col. 41) Other (col. 42) Code for each column: Same as in Field 3, col. 21	41-42
9.	**Introitus** Item 5 (page 2) Four-digit code for: Urethrocele (col. 43) Cystocele (col. 44) Rectocele (col. 45) Other (col. 46) Code for each column: Same as in Field 3, col. 21	43-46
10.	**Vagina** Item 6 (page 2) Three-digit code for: Vaginitis (col. 47) Bleeding Site (col. 48) Other (col. 49) Code for each column: Same as in Field 3, col. 21	47-49

FIELD		CARD COLUMN
11.	Cervix Uteri Item 7 (page 2) Six-digit code for: Old Laceration (col. 50) Bleeding Site (col. 51) Bleeding through Os (col. 52) Cervicitis (col. 53) Dilated or Effaced (col. 54) Other (col. 55) Code for each column: Same as in Field 3, col. 21	50-55
12.	Adnexa Item 8 (page 2) Three-digit code for: Mass (col. 56) Tenderness (col. 57) Other (col. 58) Code for each column: Same as in Field 3, col. 21	56-58
13.	X-Ray Pelvimetry Item 9 (page 2) Code: 0 - Not available 1 - Available 2 - Ordered	59
	CLINICAL PELVIC MENSURATION	
14.	Diagonal Conjugate Item 10 (page 2) Four-digit code for: Reached (col. 60) Code: 0 - Not reached 1 - Reached 9 - Unknown	60-63
	Measurement in Cms. (cols. 61-63) Code: 010-699 - As given in cms. including tenths 999 - Unknown Supplemental codes for approximate measurements reported as "less than" or "greater than" within the indicated limits 770 - Less than 10.0 to 10.9 771 - Less than 11.0 to 11.9 772 - Less than 12.0 to 12.9 773 - Less than 13.0 to 13.9 777 - Less than 7.0 to 7.9 778 - Less than 8.0 to 8.9 779 - Less than 9.0 to 9.9	

FIELD		CARD COLUMN
14.	Diagonal Conjugate Measurement in Cms. (cont.) (cols. 61-63) Code: 880 - Greater than 10.0 to 10.9 881 - Greater than 11.0 to 11.9 882 - Greater than 12.0 to 12.9 883 - Greater than 13.0 to 13.9 884 - Greater than 4.0 to 4.9 885 - Greater than 5.0 to 5.9 886 - Greater than 6.0 to 6.9 887 - Greater than 7.0 to 7.9 888 - Greater than 8.0 to 8.9 889 - Greater than 9.0 to 9.9	60-63
15.	Spines Item 11 (page 2) Code: 0 - Not prominent 1 - Prominent 2 - Borderline 9 - Unknown	64
16.	Sacrum Item 12 (page 2) Code: 0 - Average curve 1 - Flat 2 - Angulated 3 - Congenitally absent 9 - Unknown	65
17.	Sacrosciatic Notch Item 13 (page 2) Code: 0 - Average 1 - Wide 2 - Narrow 3 - Congenitally absent 9 - Unknown	66
18.	Sidewalls Item 14 (page 2) Code: 0 - Divergent 1 - Convergent 2 - Parallel 9 - Unknown	67

FIELD		CARD COLUMN
19.	**Sub-Pubic Arch** Item 15 (page 2) Code: 0 - Average 1 - Wide 2 - Narrow 3 - 70°-90° 4 - Roman 5 - Gothic 9 - Unknown	68
20.	**Intertuberous** Item 16 (page 2) Code: Same as in Field 14, cols. 61-63	69-71
21.	**Post Sag Outlet** Item 17 (page 2) Code: Same as in Field 14, cols. 61-63	72-74
22.	**Other Pelvic Abnormality** Item 18 (page 2) Code: 0 - None 1 - Asymmetry 2 - Other 9 - Unknown	75
23.	**Inlet** Item 19 (page 2) Code: 0 - Adequate 1 - Contracted 2 - Borderline 9 - Unknown	76
24.	**Mid Pelvis** Item 20 (page 2) Code: Same as in Field 23	77
25.	**Outlet** Item 21 (page 2) Code: Same as in Field 23	78

INITIAL PHYSICAL EXAMINATION
OE-43

INITIAL PRIMARY EXAMINATION

OB-43

OB-43 - 12

Revised April 1965

II.A.230

OB-43

OB-43 page 1 INITIAL PRENATAL EXAMINATION

I. Purpose of form — To record the results of the initial physical examination following selection of the patient into the Project sample.

II. General instructions

A. This form should be completed at the patient's initial or second prenatal visit. If examination of a particular patient cannot be done prior to admission for pregnancy termination, OB-43 may be completed during hospitalization.

B. For each item, mark all boxes that describe positive findings. Describe positive findings in the space provided. If there are none, mark "normal" box.

C. Indicate any items not examined by marking the appropriate box.

III. Specific instructions

Item Number

1. Date. Record the date of examination.

4, 5. Examined by. Print the first initial and last name, and title or position of the examining physician.

6. This exam was.

a. Mark the box "completed using this form" when the examination findings are recorded directly on pages 1 and 2 of this form.

b. Mark the box "other" when the examination is initially recorded on non-Study forms. In this case, abstract the findings and stamp the form (pages 1 & 2) "Not according to protocol."

7-9. Re-examination.

a. Mark the appropriate box(es) if findings are re-evaluated by a more senior physician.

b. The senior examiner is to initial any changes made in the original report.

Item Number

10. Non-pregnant weight. Record the last known non-pregnant weight.

11. Height. Record measured height in inches, without shoes.

12. Pulse. Record.

GENERAL EXAMINATION

A. If a general examination is not done, mark "not done" and explain the reason.

14. General appearance. Mark all boxes which describe the general state of the patient.

15. Skin. Mark boxes applicable to skin of any area of the body. Operative scars, wherever present on the patient, are recorded only here. Scars other than operative are not considered important unless indicative of major trauma, in which case record under "other."

16. Edema. If edema is present, designate the location by marking the appropriate box(es). In the space to the right, describe the degree of edema in each location, designating it as +1 to +4; pitting or non-pitting.

17. Lymph nodes. If any lymph nodes are enlarged, specify whether they are a single local group or all the superficial nodes by marking the appropriate box. If any lymph nodes are tender, mark the appropriate box. Describe the abnormal nodes and their location in the space provided.

18. ENT and mouth. Mark the appropriate boxes. Inflammation of the pharynx includes pharyngitis and tonsillitis. "Other inflammation" includes rhinitis, otitis, and abscessed teeth.

19. Eyes. Severe visual impairment is described as any impairment which prohibits the patient, correctly fitted with glasses, from reading unmagnified newsprint. Description should include the degree of impairment of vision. Include under "other" such difficulties as tunnel-vision, color-blindness, etc.

OB-43 page 1 INITIAL PRENATAL EXAMINATION (Continued)

Item Number

20. Thyroid and thyroid function. Report here physical signs of thyroid dysfunction, e.g. hypo- or hyperthyroidism, by marking the appropriate box and describing in the available space. This includes findings in other systems (e.g., eyes, skin, neurological). Do not mark "Signs of thyroid dysfunction" when the thyroid gland is abnormal only to palpation.

21. Breasts. If an inflammatory mass is present, mark both boxes, "mass" and "inflammation."

22. Lungs. Report findings of physical examination. Record markedly reduced vital capacity under "other," and describe.

23. Heart. If any findings lead to consideration of organic heart disease, always mark the box so labeled, in addition to marking any other appropriate boxes. If a murmur is considered physiological for pregnancy, or functional, mark "murmur" and describe as "normal for pregnancy," etc.

Item Number

24. Extremities. Record all findings pertaining to extremities here, other than edema or scars, which are reported in Items #16 and 15 respectively.

25. Neurological. Mark all appropriate boxes. Neurological disorders should include muscular abnormalities secondary to neurological involvement.

26. Fundoscopic. A fundoscopic examination is optional.

27. Other abnormalities and anomalies. Record here any abnormalities discovered during the general examination not recorded elsewhere on the form. Especially note skeletal and congenital abnormalities other than pelvic. If no abnormalities or anomalies are found, mark the box "None."

OB-43 page 2 INITIAL PRENATAL EXAMINATION

OBSTETRIC EXAMINATION

a. If obstetric examination is not done, mark "not done" and explain the reason.

III. Specific Instructions

Item Number

2. Abdomen. Mark all appropriate boxes which describe the findings of abdominal examination, other than of the uterus.

3. Corpus uteri. The uterus is evaluated abdominally and/or vaginally.

   a. Mark "normal for weeks gestation" if uterine size is compatible with dates, and no other abnormality is present.

   b. Mark "not evaluated" only if no attempt is made to evaluate, either abdominally or vaginally.

   c. Denote the findings of any other abnormality of the corpus uteri by marking the appropriate box(es). If the size of the uterus is larger or smaller than would be expected for the calculated period of gestation, mark the box so labeled and explain at the right.

4. External genitalia. Abnormalities of the external genitalia include vulvar varicosities, old perineal lacerations, cysts, and developmental abnormalities. Mark all appropriate boxes.

5. Introitus. If any significant degree of relaxation of the anterior or posterior vaginal walls is noted, mark the appropriate box. Describe the degree of relaxation at the right as +1 to +4. If there is associated stress incontinence, note it at the right.

6. Vagina

   a. If vaginal examination is not done, mark "not evaluated" and record the reason at the right.

   b. If bleeding is noted to originate from the vagina and the site is recognized, mark "bleeding site." If the bleeding site in the vagina cannot be located, mark "other" and note "Vaginal bleeding from unknown site."

7. Cervix uteri

   a. If for any reason the cervix is not visualized, mark "not evaluated" and describe the reason.

   b. "Old laceration" refers to that degree of cervical laceration that leads to the cervix a "fish-mouth" appearance.

   c. If the bleeding noted upon examination is through the os, mark "bleeding through os."

   d. Cervicitis refers to any degree of cervical erosion or ectropion and should be described as mild, moderate, or severe. If cervicitis has resulted in bleeding, mark both "cervicitis" and "bleeding site."

   e. If the cervix is dilated or effaced, mark this box and describe at the right. Of special importance is dilatation of the internal os. This does not include the normal patulousness of the multiparous cervix.

   f. If any other abnormality is noted, such as tumor, ulceration, leukoplakia, etc., mark "other" and describe.

8. Adnexa. Mark all boxes as indicated and supply appropriate description. Mark "not evaluated" only when pelvic examination is not done.

   CLINICAL PELVIC MENSURATION. If not done, mark the box so labeled and explain the reason elsewhere on the page. If clinical mensuration is completed subsequently, record the date of examination. X-ray pelvimetry is not a substitute for clinical evaluation.

9. X-ray pelvimetry. If x-ray pelvimetry was done during a previous pregnancy and results are available, mark "available"; if ordered at the time of the initial examination, mark "ordered." In either case, record the results on form OB-45, Laboratory Record.

October 1962

OB-43 page 2 INITIAL PRENATAL EXAMINATION (Continued)

Item Number

16-17. Pelvic examination. Record the information required for each item. Measurement of the posterior sagittal diameter of the outlet is optional for study purposes.

18. Other pelvic abnormality. Indicate gross asymmetry of the pelvis by marking the appropriate box. If any other pelvic abnormality is noted, mark "other" and describe.

19-21. Summation. For each plane of the pelvic bore, indicate estimation of the adequacy by marking the appropriate box.

22. DIAGNOSTIC IMPRESSIONS. At the time of completion of the initial prenatal history and physical examination, record all diagnostic impressions (including obstetric) made or considered at this time.

23. Consultation sought. Record by marking "X" in the column opposite the appropriate diagnostic impression, to indicate consultation is being sought.

Item Number

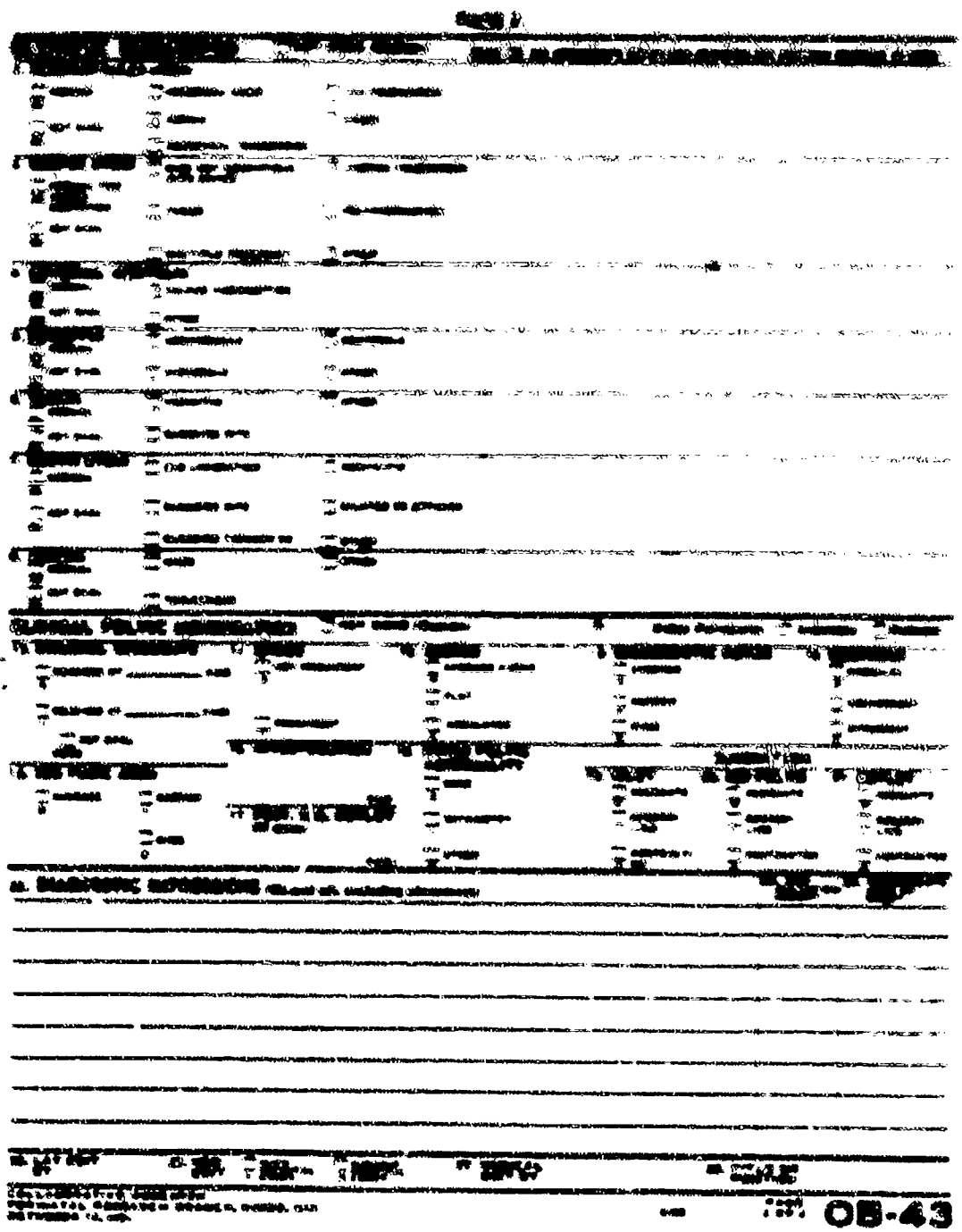
24. Approximate date of onset. When appropriate, record the date of onset opposite each diagnostic impression, with particular emphasis on acute infectious processes and toxemia. The date of onset will represent the physician's best estimate of the date on which the disease process began.

25-26. Editing. Report completion of the editing procedures for the past medical history and initial prenatal examination (forms OB-42 and OB-43) through completion of these items.

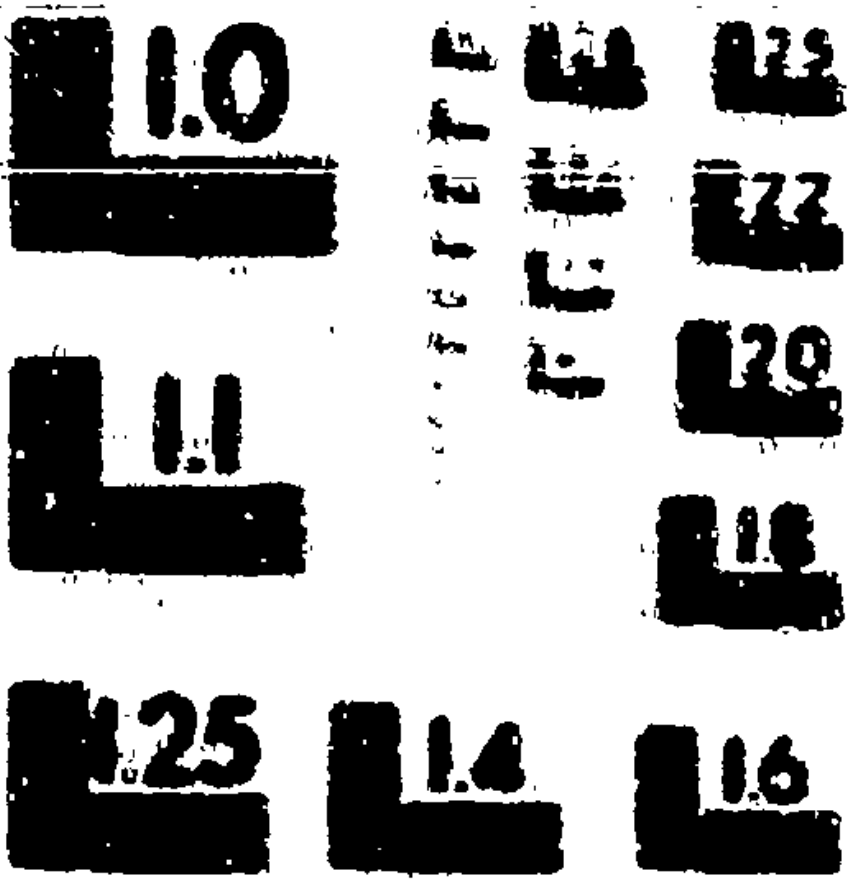
25. Key-edit by. Initial upon completion.

26. Medical edit. Record whether editing was accomplished with or without the aid of the hospital chart. "Hospital chart" as used here includes all records of medical care during or prior to the current pregnancy which are in the study institution.

27-28. Medical edit by. Provides for the signature and position of the medical editor.



OB-43


1.0
1.1
1.25
1.4
1.6

CONTINUED ON NEXT FICHE