



ChiLDReNLink: PROBE

Form 05 Maternal Family History PROBE

A: VISIT

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| A1 | Date of interview: | ____ / ____ / ____ |
| A2 | This form is to be completed by interview with the subject, the subject's parent(s) or guardian(s). Please indicate the primary source(s) of information for this form (check all that apply): | <input type="checkbox"/> Biological Mother <input type="checkbox"/> Biological Father <input type="checkbox"/> Guardian(s) <input type="checkbox"/> Mother, not biological <input type="checkbox"/> Father, not biological <input type="checkbox"/> Medical Record <input type="checkbox"/> Research Subject <input type="checkbox"/> Other (specify): _____ |
| A6 | Is information on the child's biological mother and her family available? | <input type="radio"/> No → Done <input type="radio"/> Yes |

B: BIOLOGICAL MOTHER'S FAMILY

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| B1 | Are you and your child's father related by blood? | <input type="radio"/> No → go to B3 <input type="radio"/> Yes |
| B2 | If Yes, please describe your relationship: | _____ |
| B3 | Are your parents (the child's grandparents) related to each other by blood (genetically), such as are they cousins? | <input type="radio"/> No → go to B5 <input type="radio"/> Yes |
| B4 | If Yes, please describe their relationship: | _____ |
| B5 | How many biological brothers do you (the mother) have? | ____ |
| B6 | How many biological sisters do you (the mother) have? | ____ |

C: LIVER DISEASE AS CHILDREN

We want to know about any illnesses in members of your family that may be related to your child's illness. I will read you a list of illnesses. Please stop me and let me know if you, any members of your family, your other children, parents, had a disease of this type:

Liver diseases while they were infants or children, such as:

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| C5 | Biliary atresia | <input type="radio"/> No → go to C7 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C7 |
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C: LIVER DISEASE AS CHILDREN

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| C6 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C7 | Neonatal hepatitis | O No → go to C9 O Yes O Don't Know → go to C9 |
| C8 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C9 | Alpha-1-antitrypsin deficiency | O No → go to C11 O Yes O Don't Know → go to C11 |
| C10 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C11 | Alagille Syndrome | O No → go to C13 O Yes O Don't Know → go to C13 |
| C12 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C13 | Cystic Fibrosis | O No → go to C15 O Yes O Don't Know → go to C15 |
| C14 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C15 | Infant cholestasis | O No → go to C17 O Yes O Don't Know → go to C17 |

C: LIVER DISEASE AS CHILDREN

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| C16 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C17 | Liver or biliary cyst | <input type="radio"/> No → go to C23 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C23 |
| C18 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C23 | Liver disease, type unknown | <input type="radio"/> No → go to C29 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C29 |
| C24 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |

C: OTHER LIVER DISEASE

Other liver diseases, such as:

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| C29 | Primary biliary cirrhosis | <input type="radio"/> No → go to C31 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C31 |
| C30 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C31 | Primary sclerosing cholangitis | <input type="radio"/> No → go to C33 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C33 |

C: OTHER LIVER DISEASE

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| C32 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C33 | Hepatitis A | <input type="radio"/> No → go to C35 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C35 |
| C34 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C35 | Hepatitis B | <input type="radio"/> No → go to C37 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C37 |
| C36 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C37 | Hepatitis C | <input type="radio"/> No → go to C39 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C39 |
| C38 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C39 | Wilson's disease | <input type="radio"/> No → go to C41 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C41 |
| C40 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C41 | Autoimmune liver disease | <input type="radio"/> No → go to C43 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C43 |

C: OTHER LIVER DISEASE

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| C42 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C43 | Other liver diseases | O No → go to C46 O Yes O Don't Know → go to C46 |
| C44 | If Yes, specify disease: | _____ |
| C45 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C46 | Other liver diseases, type unknown | O No → go to C48 O Yes O Don't Know → go to C48 |
| C47 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |

C: GALLBLADDER AND AUTOIMMUNE DISEASE

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| C48 | Gallbladder disease | O No → go to C52 O Yes O Don't Know → go to C52 |
| C49 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C50 | If Yes, stones? | O No → go to C52 O Yes O Don't Know → go to C52 |

C: GALLBLADDER AND AUTOIMMUNE DISEASE

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| C51 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| Autoimmune disease and connective tissue diseases, such as: | | |
| C52 | Lupus erythematosus | <input type="radio"/> No → go to C54 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C54 |
| C53 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C54 | Rheumatoid arthritis | <input type="radio"/> No → go to C56 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C56 |
| C55 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C56 | Multiple sclerosis | <input type="radio"/> No → go to C58 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C58 |
| C57 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C58 | Raynaud's syndrome | <input type="radio"/> No → go to C60 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C60 |
| C59 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |

C: GALLBLADDER AND AUTOIMMUNE DISEASE

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| C60 | Sjogren's syndrome | O No → go to C62 O Yes O Don't Know → go to C62 |
| C61 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C62 | Polymyositis | O No → go to C66 O Yes O Don't Know → go to C66 |
| C63 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C66 | Autoimmune disease, type unknown | O No → go to C68 O Yes O Don't Know → go to C68 |
| C67 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |

C: OTHER DISEASES

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| C68 | Insulin-dependent diabetes diagnosed while < 30 | O No → go to C70 O Yes O Don't Know → go to C70 |
| C69 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C70 | Ulcerative colitis | O No → go to C72 O Yes O Don't Know → go to C72 |

C: OTHER DISEASES

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| C71 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C72 | Crohns disease | <input type="radio"/> No → go to C74 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C74 |
| C73 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| Stroke or heart disease, such as: | | |
| C74 | Congenital heart disease | <input type="radio"/> No → go to C76 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C76 |
| C75 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C76 | Stroke or cerebrovascular disease < age 50 | <input type="radio"/> No → go to C78 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C78 |
| C77 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C78 | Stroke or heart disease, type unknown | <input type="radio"/> No → go to C80 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C80 |
| C79 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |

C: OTHER DISEASES

Thyroid disease, such as:

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| C80 | Hypothyroidism | <input type="radio"/> No → go to C82 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C82 |
| C81 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C82 | Goiter | <input type="radio"/> No → go to C84 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C84 |
| C83 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C84 | Thyrotoxicosis (hyperthyroidism) | <input type="radio"/> No → go to C86 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C86 |
| C85 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C86 | Thyroid disease, type unknown | <input type="radio"/> No → go to C103 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C103 |
| C87 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |

C: CONGENITAL ABNORMALITIES

Infants born with congenital abnormalities, such as:

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| C103 | Chromosomal abnormalities | <input type="radio"/> No → go to C105 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C105 |
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C: CONGENITAL ABNORMALITIES

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| C104 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C105 | Polysplenia | <input type="radio"/> No → go to C107 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C107 |
| C106 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C107 | Asplenia | <input type="radio"/> No → go to C109 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C109 |
| C108 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C109 | Situs inversus | <input type="radio"/> No → go to C111 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C111 |
| C110 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C111 | Intestinal malrotation | <input type="radio"/> No → go to C113 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C113 |
| C112 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C113 | Cardiac anomaly | <input type="radio"/> No → go to C115 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C115 |

C: CONGENITAL ABNORMALITIES

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| C114 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C115 | Noncardiac vascular anomaly | <input type="radio"/> No → go to C117 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C117 |
| C116 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C117 | Pulmonary anomaly | <input type="radio"/> No → go to C119 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C119 |
| C118 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C119 | Gastrointestinal anomaly | <input type="radio"/> No → go to C121 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C121 |
| C120 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C121 | Renal anomaly | <input type="radio"/> No → go to C123 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C123 |
| C122 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C123 | Urinary tract anomaly | <input type="radio"/> No → go to C125a <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C125a |

C: CONGENITAL ABNORMALITIES

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| C124 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C125a | Malformation of an extremity | <input type="radio"/> No → go to C127 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C127 |
| C125b | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C127 | Cleft lip | <input type="radio"/> No → go to C129 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C129 |
| C128 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C129 | Cleft palate | <input type="radio"/> No → go to C131 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C131 |
| C130 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |
| C131 | Other | <input type="radio"/> No → go to C134 <input type="radio"/> Yes <input type="radio"/> Don't Know → go to C134 |
| C132 | If Yes, please specify: | <hr/> |
| C133 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |

C: CONGENITAL ABNORMALITIES

| | | |
|------|--------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| C134 | Congenital abnormality, type unknown | <input type="radio"/> No → Done <input type="radio"/> Yes <input type="radio"/> Don't Know → Done |
| C135 | If Yes, which relative(s)? | <input type="checkbox"/> Mother <input type="checkbox"/> Sister, specify # ____ <input type="checkbox"/> Brother, specify # ____ <input type="checkbox"/> Aunt (mother's sister), specify # ____ <input type="checkbox"/> Uncle (mother's brother), specify # ____ <input type="checkbox"/> Maternal grandmother (mother's mother) <input type="checkbox"/> Maternal grandfather (mother's father) |