DIGS GENERAL OVERVIEW SECTION
Revised For Genetics of Anorexia Nervosa Study

STUDY ID: | | | **SITE ID**: | | | **FAMILY ID:** | | | |

SUBJECT ID: | | |

Affix Bar Code Label Here

INTERVIEW DATE: | | | | — | | | — | | | | |
M O N D D Y E A R

DATE OF BIRTH: | | | | — | | | — | | | | |
M O N D D Y E A R

SELF REPORTED RACE:

1. American Indian/Alaskan Native — 1 2 3 4 5 6
2. Asian/Pacific Islander
3. Black (Non Hispanic)
4. Hispanic
5. White (Non Hispanic)
6. Other/Unknown

INITIAL or RETEST: I R

IN PERSON or TELEPHONE: P T

RATER NUMBER: | | | | |

ACKNOWLEDGMENTS

Version 3.0
DIGS version 3.0 was developed between November 1997 and January 1999 with contributions from:

Laura J. Bierut, M.D., William Coryell, M.D., Raymond DePaulo, M.D., Caroline E. Drain, M.H.S., Tyler C. Hightower, Douglas F. Levinson, M.D., Dean F. MacKinnon, M.D., Melvin G. McInnis, M.D., Francis J. McMahon, M.D., Eric T. Meyer, M.A., John I. Nurnberger, Jr., M.D., Ph.D., Theodore Reich, M.D., William Scheftner, M.D., Sylvia G. Simpson, M.D., Carrie Smiley, R.N., C.J.M. Thomas

Version 2.0
Development of the DIGS 2.0 instrument and training manual was supported by the NIMH Diagnostic Centers for Psychiatric Linkage Studies (extramural grant numbers U01 MH 46276, 46289, 46318, 46274, 46282, 46280, and the Clinical Neurogenetics Branch, Intramural Research Program, NIMH).

Members of the NIMH Diagnostic Centers for Psychiatric Linkage Studies Cooperative Agreement who participated in the development of the DIGS 2.0 include:

Sandra Barton, Kate Berg, Ph.D., Mary Blehar, Ph.D., Elizabeth Bowman, M.D., C. Robert Cloninger, M.D., J. Raymond Depaulo, Jr., M.D., Stephen Faraone, Ph.D., Jill Harkavy Friedman, Ph.D., Elliot Gershon, M.D., Juliet Guroff, M.S.W., Charles Kaufmann, M.D., Darrell Kirch, M.D., Dolores Malaspina, M.D., Mary Elizabeth Maxwell, M.S.W., Aimee Mayeda, M.D., Martin McElhiney, M.S., Francis J. McMahon, M.D., Marvin Miller, M.D., John Nurnberger, Jr., M.D., Ph.D., Beth O'Dell, B.S., John Pepple, Ph.D., H. Matthew Quitkin, A.B., Leela Rau, M.D., Theodore Reich, M.D., A. Louise Ritz, M.B.A., Joanne Severe, M.S., Sylvia Simpson, M.D., Carrie Smiley, R.N., Ming T. Tsuang, M.D., Ph.D., D.Sc., Debra Wynne, M.S.W., Scott Yale, M.S.W., and Carolyn York, R.N.

A complete list of references for the DIGS instrument is included in the training manual.

We gratefully acknowledge the assistance of Jean Endicott, Ph.D., Kenneth Kendler, M.D., Philip Lavori, Ph.D., and Lee Robins, Ph.D., for critical review of the instrument.

Address comments, correspondence, and reprint requests to:

Steven O. Moldin, Ph.D., Chief, Genetics Research Branch
Division of Basic and Clinical Neuroscience Research
National Institutes of Mental Health
5600 Fishers Lane
Rockville, Maryland 20857

A blank copy of the DIGS, DIGS code manual, DIGS training manual, and DIGS software are available on the World Wide Web at http://www-grb.nimh.nih.gov/gi.html

CONTENTS

In reference section:

Ethnicity Card

This page left intentionally blank

A. DEMOGRAPHICS

		Male	Female
1.	**INTERVIEWER:** Circle sex code.	0	1

2. *How old are you?* Age [ ][ ]

		No	Yes	Unk
3.	*Were you adopted?*	0	1	9

If yes: Clarify nature of adoption. (See manual for further information.)

_____

4. *In which country were you born?*

Record response: _____

5. *What is the ethnic background of your biological parents?*

INTERVIEWER: Code up to four ethnicities on maternal and paternal sides if possible.

Record response:

Mother: _____ _____ _____ _____

Father: _____ _____ _____ _____

INTERVIEWER: Code using **Ethnicity Card**.

Mother: [ ][ ][ ] [ ][ ][ ] [ ][ ][ ] [ ][ ][ ]

Father: [ ][ ][ ] [ ][ ][ ] [ ][ ][ ] [ ][ ][ ]

Code Response

6. *What was your childhood religious affiliation?* 1 2 3 4 5 6

1. Catholic
2. Protestant
3. Jewish
4. Moslem
5. Not Affiliated
6. Other, *Specify:* _____

Code Response

7. *What is your current marital status?* 1 2 3 4 5

   1. Married
   2. Separated
   3. Divorced
   4. Widowed
   5. Never Married

Marriages

7.a) **If ever married:** *How many times have you been legally married?* | | |

Children

8. *How many living children do you have?* | | |

   (SCID I Question) *What are their ages?*

   _____

Code Response

9. *Are you living alone or with others?* 1 2 3 4 5 6 7 8

   1. Alone
   2. With partner (for at least one year), but not legally married
   3. In own home with spouse and/or children
   4. In home of parents or children
   5. In home of siblings or other non-lineal relatives
   6. In shared home with other relatives or friends
   7. In residential treatment facility
   8. Other, *Specify*: _____

10. *What is your present occupation?* **Code occupation using chart on next page.** Present

    Record response: _____ | | |

    (SCID I Questions) If currently **NOT** working:

    Why is that? _____

    *What kind of work have you done?*_____

    *How are you supporting yourself now?*_____

10.a) *What is the most responsible job you have ever held?* **Code using chart on next page.** Most Resp.

    Record response: _____ | | |

10.b) **If subject not Head of Household:** *What is/was the occupation of the head of household during most of their working career?* **Code using chart below.**

HoH

Record response: _____

Occupations

Managerial and Professional Specialty Occupations

01. Executive, Administrative, and Managerial Occupations
02. Professional Specialty Occupations
03. Writers, Artists, Entertainers, and Athletes

Technical, Sales, and Administrative Support Occupations

04. Technicians and Related Support Occupations
05. Sales Occupations
06. Administrative Support Occupations, Including Clerical

Service Occupations

07. Private Household Occupations
08. Protective Service Occupations
09. Service Occupations, Except Protective and Private Household

Farming, Forestry, and Fishing Occupations

10. Farm Operators and Managers
11. Other Farming, Forestry, and Fishing Occupations

Precision Production, Craft, and Repair Occupations

12. Mechanics and Repairers, Construction Trades, Extractive Occupations, Precision Production Occupations

Operators, Fabricators, and Laborers

13. Machine Operators, Assemblers, and Inspectors
14. Transportation and Material-Moving Occupations
15. Handlers, Equipment Cleaners, Helpers, and Laborers

Other

16. Armed Services
17. Disabled
18. Housewife/Homemaker
19. Never worked
20. Full time student
21. Unemployed/Retired

99. Unknown/No Answer

11. *How many years of school did you complete?* Years

Record response: _____ | | |

(SCID I Question) IF FAILED TO COMPLETE A PROGRAM IN WHICH THEY WERE ENROLLED:

*Why didn't you finish?*_____

	No	Yes	Unk
12. *Have you ever been in the Military?*	0	1	9

Code Response

12.a) **If no:** *Were you ever rejected for Military Service? Why?* 1 2 3 4 5 6

1. Never called up or never rejected (include females).
2. Rejected for physical defect.
3. Rejected for low IQ.
4. Rejected for delinquency or criminal record.
5. Rejected for other psychiatric reasons.
6. Rejected for reasons uncertain.

13. **If yes to question 12:** *What kind of discharge did you receive?* 1 2 3 4 5 6 7

1. Honorable
2. General
3. Medical
4. Without Honor
5. Undesirable
6. Dishonorable
7. Not Discharged, Currently in Active or Reserve Military

		No	Yes	Unk
1.	*Have you ever had any serious physical illnesses or medical problems?*	0	1	9

If yes: *Specify.* _____

_____

_____

_____

2. *How many times have you been admitted to hospital overnight*? # of times [ ][ ]

INTERVIEWER: Exclude psychiatric or substance abuse treatment and pregnancies.

2.a) *How many surgeries have you had?* (Including outpatient) [ ][ ]

2.b) *Tell me about the overnight hospitalizations.* (**Specify below**)

Year	Description of Problem	Name of Hospital	Hospital Location

3. *Have you ever had any of the following conditions?*

INTERVIEWER: If **YES**, probe whether the condition was diagnosed by a physician. Circle **1** if the subject reports having the conditions, circle **2** if this was confirmed by a physician's diagnosis.

*******Record notes only on conditions which may be exclusions. Review all medical comorbidity with PI.*******

		No	Yes	DX	Year of Onset	Notes
3.a)	*Thyroid or Other Hormonal Disorders?*	0	1	2	_____	_____
	If yes:					
3.a.1)	*Overactive Thyroid*	0	1	2	_____	_____
3.a.2)	*Underactive Thyroid*	0	1	2	_____	_____
3.a.3)	*Enlarged Thyroid*	0	1	2	_____	_____
3.a.4)	*Cushings disease*	0	1	2	_____	_____

	No	Yes	DX	Year of Onset	Notes
3.b) *Migraine Headaches?*	0	1	2	_____	_____
3.c) *Ulcers or Other Bowel Diseases?*	0	1	2	_____	_____
If yes:					
3.c.1) *Peptic Ulcers*	0	1	2	_____	_____
3.c.2) *Crohn's Disease*	0	1	2	_____	_____
3.c.3) *Ulcerative Colitis*	0	1	2	_____	_____
3.d) *Lupus?*	0	1	2	_____	_____
3.e) *Learning Disabilities/ Hyperactivity?*	0	1	2	_____	_____
3.f) *Meningitis/Other Brain Disorders?*	0	1	2	_____	_____
3.g) *Parkinson's Disease/Other Movement Disorders?*	0	1	2	_____	_____
3.h) *Multiple Sclerosis?*	0	1	2	_____	_____
3.i) *Huntington's Disease?*	0	1	2	_____	_____
3.j) *Stroke or TIA (mini stroke)?*	0	1	2	_____	_____
3.k) *Epilepsy/Convulsions/Seizures?*	0	1	2	_____	_____

If yes:

3.k.1) *How many times have you had a seizure?* # of times [ ][ ]

3.k.2) *How old were you the first time?* Age [ ][ ]

	No	Yes
3.k.3) *Was a cause found for the seizure(s)?*	0	1

If yes: *Specify.* _____

_____

		No	Yes	DX	Year of Onset	Notes
3.l)	*Serious head injury?*	0	1	2	_____	_____

If yes:

3.l.1) *How many times have you had a serious head injury?* # of times: [ ][ ]

No Yes

3.l.2) *Did you lose consciousness?* 0 1

If yes: *Specify how long:* Minutes [ ][ ][ ] OR Days [ ][ ]

3.l.3) *How old were you?* Age [ ][ ]

INTERVIEWER: Code the age of the first episode with unconsciousness if there has been more than one injury.

4. *Have you ever had any of the following tests:*

		No	Yes	Year of Most Recent Test	Notes
4.a)	*EEG/"Brain Wave" tests?*	0	1	_____	_____
4.b)	*Head CAT scan?*	0	1	_____	_____
4.c)	*Head MRI?*	0	1	_____	_____

	No	Yes	Unk
5. *Are you taking any medications regularly (include over-the-counter medications and oral contraceptives)?*	0	1	9

Medication	Dosage per day	Duration of Dosage in Weeks
_____	_____	[ ][ ][ ]
_____	_____	[ ][ ][ ]
_____	_____	[ ][ ][ ]
_____	_____	[ ][ ][ ]
_____	_____	[ ][ ][ ]

(SCID I Question) *Has there been any change in the amount you have been taking?*

		No	Yes	Unk
6.	*Was your own birth or early development abnormal in any way?*	0	1	9

Skip to question 7 ←

6.a) *Were there any problems with your mother's health while she was pregnant with you, or with your birth, such as prematurity or birth complications?* 0 1 9

If yes: *Specify.* _____

_____

6.b) *Was your development abnormal in any way, for example did you walk or talk later than other children?* 0 1 9

If yes: *Specify.* _____

_____

INTERVIEWER: For **MALES**, skip to **E. Overview of Psychiatric Disturbance** (p. 11).

		No	Yes	Unk
7.	*Have you ever been pregnant?*	0	1	9

Skip to question 8 ←

7.a) *How many times have you been pregnant including miscarriages, abortions, and still births?* Pregnancies [ ][ ]

Record response: _____

_____

7.b) *How many live births?* Live Births [ ][ ]

Code Response

7.c) *Have you ever had any severe emotional problems during a pregnancy or within a month of childbirth?* 0 1 2 3 9

0. No
1. Yes, during pregnancy only
2. Yes, post natal only
3. Yes, both during pregnancy and post natal
9. Unknown

If yes: *Specify:* _____

_____

		No	Yes	Unk
8.	*Have you ever noticed regular mood changes in the premenstrual or menstrual period?*	0	1	9
	If yes: *Specify.* _____			
	_____			
9.	*Have you gone through menopause?*	0	1	9
9.a)	**If yes:** *Have you ever had any severe emotional problems associated with menopause?*	0	1	9
	If yes: *Specify.* _____			
	_____			

This page left intentionally blank

E. OVERVIEW OF PSYCHIATRIC DISTURBANCE

I am going to be asking you about problems or difficulties you may have had. I just want to get a general picture now. We'll go into more detail about them later.

		No	Yes	Unk
1.	*Have you ever had any emotional problems or a period when you were not feeling or behaving like your normal self?*	0	1	9
2.	*Have you ever seen any professional for emotional problems, your nerves, or the way you were feeling or acting?*	0	1	9
2.a)	*Have you been in psychotherapy or in counseling?*	0	1	9
	(SCID I Questions): *Have you been in any kind of treatment in the past month?*	0	1	9

If **YES**: *What was that for?*_____

_____

_____

CURRENT TREATMENT STATUS (PAST MONTH)
1 - Current inpatient (including residential treatment)
2 - Current outpatient
3 - Other (e.g., 12-step program)
4 – No current treatment

Number of weeks since admission
1 < 1 week
2 1- 4 weeks
3 > 4 weeks

If yes to question 2 or 2.a:

2.b) *How old were you when you first saw someone for* **(Emotional problem)**? Age [ ][ ]

2.c)	*Were you employed at the time or a full-time student or homemaker?*	0	1	9
3.	*Has there ever been a period of time when you were unable to work, go to school, or take care of other responsibilities because of psychiatric or emotional reasons?*	0	1	9

(SCID I Questions): If **YES**: *When? Why was that?*

_____

_____

_____

E. OVERVIEW OF PSYCHIATRIC DISTURBANCE

		No	Yes	Unk
4.	*Have you ever been admitted to a hospital or day hospital because of problems with your mood, emotions, or how you were acting?*	0	1	9

(SCID I Questions): If **YES**: *What was that for?*

_____

_____

_____

If yes:

4.a) *How many times were you admitted to an inpatient unit?* Inpatient Hospitalizations [ ][ ]

4.b) *How many times were you admitted to a day hospital?* Day Hospitalizations [ ][ ]

If any in 4a-b:

		No	Yes	Unk
4.c)	*Were any primarily for alcohol and/or drug treatment?*	0	1	9

4.c.1) **If yes:** *How many?* Alc/Drug Hospitalizations [ ][ ]

4.d) *How old were you at the time of your <u>first</u> psychiatric hospitalization?* Age [ ][ ]

		No	Yes	Unk
5.	*Have you ever received electro-convulsive treatment (ECT, shock treatments)?*	0	1	9

5.a) **If yes:** *How many courses of ECT have you received?* # of courses [ ][ ][ ]

		No	Yes	Unk
6.	*Have you ever taken medications for your nerves or any emotional or mental problems?*	0	1	9

INTERVIEWER: Place a single CHECK mark in column 1 next to all medications the person can recall taking. Place a second CHECK mark in column 2 by all medications that were taken for at least 3 consecutive months on a daily basis. For other drugs not listed in a category, write in the name of the drug in the blank(s) at the end of the category and check as above. If the category is unknown, put at the end in "Other Medications".

	1	2		1	2	
Tricyclic antidepressants	☐	☐	Anafranil (clomipramine)	☐	☐	Tofranil (imipramine)
	☐	☐	Asendin (amoxapine)	☐	☐	Vivactil (protriptyline)
	☐	☐	Elavil (amitriptyline)			
	☐	☐	Ludiomil (maprotiline)	☐	☐	_____
	☐	☐	Norpramin (desipramine)			
	☐	☐	Pamelor/Aventyl (nortriptyline)			
	☐	☐	Sinequan (doxepine)	☐	☐	_____
	☐	☐	Surmontil (trimipramine)			
Serotonin specific reuptake inhibitors (SSRIs)	☐	☐	Celexa (citalopram)	☐	☐	_____
	☐	☐	Luvox (fluvoxamine)			
	☐	☐	Paxil (paroxetine)			
	☐	☐	Prozac (fluoxetine)	☐	☐	_____
	☐	☐	Zoloft (sertraline)			
MAOI's	☐	☐	Marplan (isocarboxazid)	☐	☐	_____
	☐	☐	Nardil (phenelzine)			
	☐	☐	Parnate (tranylcypromine)	☐	☐	_____
Other antidepressants	☐	☐	Effexor (venlafaxine)	☐	☐	_____
	☐	☐	Desyrel (trazodone)			
	☐	☐	Remeron (mirtazapine)			
	☐	☐	Serzone (nefazodone)	☐	☐	_____
	☐	☐	Wellbutrin (bupropion)			
Benzodiazepines	☐	☐	Ativan (lorazepam)	☐	☐	Valium (diazepam)
	☐	☐	Dalmane (flurazepam)	☐	☐	Xanax (alprazolam)
	☐	☐	Halcion (triazolam)			
	☐	☐	Klonopin (clonazepam)	☐	☐	_____
	☐	☐	Librium (chlordiazepoxide)			
	☐	☐	Restoril (temazepam)			
	☐	☐	Serax (oxazepam)	☐	☐	_____
	☐	☐	Tranxene (clorazepate)			

Other Sedative Hypnotics or Anxiolytics

- ☐☐ Atarax (hydroxyzine)
- ☐☐ Ambien (zolpidem)
- ☐☐ Benadryl (diphenhydramine)
- ☐☐ Buspar (buspirone)
- ☐☐ Chloral Hydrate
- ☐☐ Inderal (propranolol)
- ☐☐ Miltown (meprobamate)
- ☐☐ Placidyl (ethchlorvynol)
- ☐☐ Seconal (secobarbital)
- ☐☐ _____
- ☐☐ _____

Antipsychotics

- ☐☐ Clozaril (clozapine)
- ☐☐ Haldol (haloperidol)
- ☐☐ Loxitane (loxapine)
- ☐☐ Mellaril (thioridazine)
- ☐☐ Moban (molindone)
- ☐☐ Navane (thiothixene)
- ☐☐ Prolixin (fluphenazine)
- ☐☐ Risperdal (risperidone)
- ☐☐ Serentil (mesoridazine)
- ☐☐ Seroquel (quetiapine)
- ☐☐ Stelazine (trifluoperazine)
- ☐☐ Thorazine (chlorpromazine)
- ☐☐ Trilafon (perphenazine)
- ☐☐ Zyprexa (olanzapine)
- ☐☐ Ziprasidone (Geodon)
- ☐☐ _____
- ☐☐ _____

Antiparkinsonian Agents

- ☐☐ Akineton (biperiden)
- ☐☐ Artane (trihexyphenidyl)
- ☐☐ Cogentin (benztropine)
- ☐☐ Symmetrel (amantadine)
- ☐☐ _____
- ☐☐ _____

Stimulants

- ☐☐ Cylert (pemoline)
- ☐☐ Dexedrine (amphetamine)
- ☐☐ Ritalin (methylphenidate)
- ☐☐ _____
- ☐☐ _____

Antimanic Agents

- ☐☐ Depakote (valproic acid)
- ☐☐ Lamictal (lamotrigine)
- ☐☐ Lithium
- ☐☐ Neurontin (gabapentin)
- ☐☐ Tegretol (carbamazepine)
- ☐☐ _____
- ☐☐ _____

Other Medications or Herbal Preparations

- ☐☐ Melatonin
- ☐☐ St. John’s Wort
- ☐☐ Ephedrine
- ☐☐ _____
- ☐☐ _____
- ☐☐ _____
- ☐☐ _____

MEDICATIONS CARD

Tricyclic antidepressants

Anafranil (clomipramine)	Norpramin (desipramine)	Surmontil (trimipramine)
Asendin (amoxapine)	Pamelor/Aventyl (nortriptyline)	Tofranil (imipramine)
Elavil (amitriptyline)	Sinequan (doxepine)	Vivactil (protriptyline)
Ludiomil (maprotiline)		

Serotonin specific reuptake inhibitors (SSRIs)

Celexa (citalopram)	Paxil (paroxetine)	Zoloft (sertraline)
Luvox (fluvoxamine)	Prozac (fluoxetine)	

MAOI's

Marplan (isocarboxazid)	Nardil (phenelzine)	Parnate (tranylcypromine)

Other antidepressants

Effexor (venlafaxine)	Remeron (mirtazapine)	Wellbutrin (bupropion)
Desyrel (trazodone)	Serzone (nefazodone)	

Benzodiazepines

Ativan (lorazepam)	Librium (chlordiazepoxide)	Tranxene (clorazepate)
Dalmane (flurazepam)	Restoril (temazepam)	Valium (diazepam)
Halcion (triazolam)	Serax (oxazepam)	Xanax (alprazolam)
Klonopin (clonazepam)		

Other Sedative Hypnotics or Anxiolytics

Atarax (hydroxyzine)	Buspar (buspirone)	Miltown (meprobamate)
Ambien (zolpidem)	Chloral Hydrate	Placidyl (ethchlorvynol)
Benadryl (diphenhydramine)	Inderal (propranolol)	Seconal (secobarbital)

Antipsychotics

Clozaril (clozapine)	Navane (thiothixene)	Stelazine (trifluoperazine)
Haldol (haloperidol)	Prolixin (fluphenazine)	Thorazine (chlorpromazine)
Loxitane (loxapine)	Risperdal (risperidone)	Trilafon (perphenazine)
Mellaril (thioridazine)	Serentil (mesoridazine)	Zyprexa (olanzapine)
Moban (molindone)	Seroquel (quetiapine)	Ziprasidone (Geodon)

Antiparkinsonian Agents

Akineton (biperiden)	Cogentin (benztropine)	Symmetrel (amantadine)
Artane (trihexyphenidyl)		

Stimulants

Cylert (pemoline)	Dexedrine (amphetamine)	Ritalin (methylphenidate)

Antimanic Agents

Depakote (valproic acid)	Lithium	Tegretol (carbamazepine)
Lamictal (lamotrigine)	Neurontin (gabapentin)	

Other Medications or Herbal Preparations

Melatonin	St. John’s Wort	Ephedrine

This page left intentionally blank

INTERVIEWER: If subject reported any emotional problems in questions 1-6 skip to question 8.

	No	Yes	Unk
7. *Was there ever a time when you or someone else thought you needed professional help because of your feelings or the way you were acting? (*If **YES***: Who was that? When was that? What was that for?)*	0	1	9

_____

_____

_____

Interviewer: For the following section, obtain brief history only.

8. (SCID I Overview) History and Treatment of Eating Disorders and Psychiatric Problems.

- *When did your eating disorder begin?*

(When did you first notice that something was wrong?)

- *What was going on in your life when this began?*

- *Did anything happen or change just before all this started? (Do you think this had anything to do with the development of your eating disorder?*

- *Since this began, when have you felt the worst?*

IF MORE THAN A YEAR AGO: *In the last year, when have you felt the worst?*

E. OVERVIEW OF PSYCHIATRIC DISTURBANCE

	Age	Brief Description (Symptom, triggering events)	Treatment
(IF NOT KNOWN)			
• *When was the first time you saw someone for emotional or psychiatric problems?*			
(IF KNOWN)			
• *You said that you saw someone for emotional problems when you were (specify age--See **page 11 question 2b**).*			
• *What was that for? What treatments did you get? What medications?*			

• *Have you had any (other) problems in the last month?*

• *What's your mood been like?*

• *How has your physical health been? (Have you had any medical problems?)*

• *How much alcohol have you been drinking in the past month? Have you been taking any street drugs in the past month, like marijuana, cocaine or others?*

• *How have you been spending your free time?*

• *Who do you spend time with?*

ETHNICITY CARD

Ethnicity

* 210 = **European** – Peoples West of the Urals and North of the Black Sea

220 = **African, sub-Saharan** – Most African-Americans and Afro-Caribbeans ("Black Hispanics"), as well as Sub-Saharan Africans (incl. South Sudanese).

230 = **African, northeastern** – Mediterranean and Saharan Africans (incl. Algerians, Egyptians, North Sudanese, Libyans, Moroccans, and Tunisians)

240 = **Southeast Asian** – Malaysian, Balinese, Viet Muong, Thai, South Chinese, Indonesian, and indigenous people of the Philippines.

250 = **All Other Asian** – All peoples East of the Urals and South of the Black Sea except Southeast Asians (e.g., North Chinese, Indians, Koreans, Japanese, Turks, Armenians)

260 = **Native Americans** – Indigenous peoples of North, Central, and South America

* 270 = **Admixed** – All recent mixtures of the above groups (incl. "Hispanics," non-indigenous Central and South Americans, Filipinos, etc.)

* 280 = **Special Populations** – Genetic isolates and outliers (e.g., Old Order Amish, Sardinian, Ashkenazi, Sephardic)

290 = **Other** – (e.g., Pacific Islanders, indigenous Australians, etc.)

999 = **Unknown**