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EPIDEMIOLOGIC INVESTIGATION OF HEALTH EFFECTS IN AIR FORCE PERSONNEL FOLLOWING EXPOSURE TO HERBICIDES: BASELINE QUESTIONNAIRES

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Initial Report for Period September 1981 — November 1982

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Prepared for:

The Surgeon General
United States Air Force
Washington, D.C. 20314

USAF SCHOOL OF AEROSPACE MEDICINE
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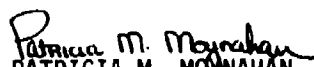
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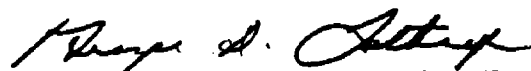
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The Office of Public Affairs has reviewed this report, and it is releasable to the National Technical Information Service, where it will be available to the general public, including foreign nationals.

This report has been reviewed and is approved for publication.


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20. ABSTRACT (Continue on reverse side if necessary and identify by block number) In 1979 the United States Air Force (USAF) made the commitment to Congress and to the White House to conduct an epidemiologic study of the possible health effects from chemical exposure in Air Force personnel who conducted aerial herbicide dissemination missions in Vietnam (Operation RANCH HAND). The purpose of this epidemiologic investigation is to determine whether long-term health effects exist and can be attributed to occupational		

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20. ABSTRACT (continued)

exposure to herbicides. The morbidity portion of this epidemiologic investigation includes a questionnaire and a physical examination. The questionnaires presented in this technical report are the field instruments used for the baseline data collection effort of 1981-1982.

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QUESTIONNAIRE PREFACE

In 1979 the United States Air Force (USAF) made the commitment to Congress and to the White House to conduct an epidemiologic study of the possible health effects from chemical exposure in Air Force personnel who conducted aerial herbicide dissemination missions in Vietnam (operation RANCH HAND). The purpose of this epidemiologic investigation is to determine whether long-term health effects exist and can be attributed to occupational exposure to herbicides. The study protocol for this effort incorporates a matched-cohort design placed in a nonconcurrent prospective setting. The study approach includes mortality, morbidity, and follow-up elements. The morbidity portion of the study consists of an in-home interview of the study subject and his spouse, as well as a unique physical examination of the study subject and his matched comparison. The choice of the in-home interviewing method, as well as refinement of the unique physical examination, was significantly aided by extensive peer review of the scientific study protocol. The peer review agencies included: The University of Texas School of Public Health, Houston, Texas, the USAF Scientific Advisory Board, the Armed Forces Epidemiologic Board, and the National Academy of Sciences. In 1980 the Science Panel of the Agent Orange Working Group was created as an additional peer review agency. This group, redesignated the Advisory Committee on Special Studies Relating to the Possible Long-Term Health Effects of Phenoxy Herbicides and Contaminants, continues to monitor the conduct of this epidemiologic investigation.

The questionnaires presented in this technical report are the field instruments used for the baseline data collection effort of 1981-1982. They are the result of a maturation process which began in 1979. In that year, contract number F41689-80-M-0174 was awarded to Research Statistics, Inc. of Houston, Texas. The purpose of this contract was to develop a Statement of Work (SOW) which would describe, in survey research terms, the requirement for the questionnaires necessary to support the epidemiologic study. Following refinement by the USAF principal investigators (PI'S) and management personnel, this SOW was used as the basis for a contract no. F41689-80-C-0059, with the National Opinion Research Center (NORC) of New York, New York. In this contract the USAF required the development of questionnaire instruments, procedures, forms, field manuals, training programs, and a pretest of developed instruments. At the core of the required questionnaires was a foundational questionnaire targeted at in-person administration to study subjects and their wives. It also had to be adaptable for use with the next of kin of deceased subjects. A brief noncompliance instrument was also required for use with those study subjects who declined participation. This miniquestionnaire was to contain questions concerning general health status and noncompliance factors. All questionnaires (study subject, spouse, proxy, and noncomplaint) were required to be adaptable to telephone as well as in-person administration methods.

The NORC staff worked very closely with the USAF PI'S as well as their consultant staff to develop questionnaire instruments that would collect

quality health data that could be analyzed for health effects due to herbicides and that would capture data that could be lost through low compliance to the physical examination. Questions concerning specific health effects of phenoxy herbicides and dioxin were defined from the known human and animal effects found in the literature, as well as hypothetical effects found in biochemical and other biological systems. Additionally, veterans' complaints and the public's perception of the health effects of these chemicals were included. Wherever possible, portions of the questionnaire were taken from instruments NORC and other survey groups had previously field tested, thus maximizing instrument validity and reliability. Following an interviewer training program, NORC conducted an acceptability pretest in May 1981. Twenty-two study subjects, eighteen spouses, and two proxy subjects were interviewed. The questionnaires were found to be acceptable. Following modifications that resulted from the pretest the statement of work was developed for the implementation of the questionnaires.

A competitive bidding process resulted in the award of the questionnaire implementation contract, No. F41689-81-C-0060, to Louis Harris and Associates, Inc. (LHA) of New York in September 1981. The purpose of this contract was to collect baseline data on the health, medical, demographic, social, and psychological conditions of the study population through the use of the developed questionnaires. Participation of the study subjects was to be on a completely voluntary basis. Letters from the Secretary of the Air Force and USAF Surgeon General were sent to each participant prior to the start of the interviewing process to encourage participation and to provide a brief overview of the general purpose and nature of the study.

Louis Harris and Associates initially reviewed the NORC products and reformatted the instruments from a horizontal to a longitudinal format to better suit their interviewing style. The reformatting process allowed the addition of medical questions generated from recently published studies, as well as the inclusion of behavioral measurements not previously identified. Following the reformatting process, LHA trained 86 executive interviewers in a series of 11 training sessions held throughout the United States and Europe. All LHA interviewers were required to have a minimum of one year prior experience in interviewing, with at least one experience in health data collection. Addresses of the study population were forwarded to LHA from the USAF and a locate algorithm was developed. During the approximately two-hour interview with the study subjects, the interviewers obtained written permission for government access to medical, hospital, personnel, and other records necessary to validate the questionnaire data. A Privacy Act Statement was signed as well. LHA was required to comply with the letter and intent of the Privacy Act of 1974 in collecting, storing, processing, and transferring personal and medical data. All questionnaire data were and continue to be treated with complete confidentiality. In September 1982, the LHA contract was extended to 15 November 1982 to permit the collection of baseline questionnaire data on the entire study population.

ACKNOWLEDGMENTS

The services of many staff members and consultants of the United States Air Force School of Aerospace Medicine are acknowledged. Special acknowledgment is made to the following co-investigators: Clarence F. Watson, Jr., M.D., M.P.H.; Alvin L. Young, B.S., M.S., Ph.D.; Joel E. Michalek, Ph.D.; Phelps P. Crump, Ph.D.; Richard C. McNee, M.S.; Alton J. Rahe, M.S.; Michael A. Sairi, M.D., M.P.H. & T.M.; Richie S. Dryden, M.D., M.P.H.; James A. Wright, M.D., M.P.H., who consulted and coordinated on questionnaire development. In addition, special acknowledgement is made to the United States Air Force School of Aerospace Medicine, Management and Air Training Command Procurement Personnel: Hugh F. Mulligan, Colonel, USAF, BSC, Chief, Program Acquisition Division; Charles T. Fuller, Major, USAF, Deputy, Program Acquisition Division; Donald F. Norville, Air Training Command Contracting Officer, Randolph AFB, TX, who coordinated the requirements for the questionnaire implementation contract.

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CHAPTER I

STUDY SUBJECT QUESTIONNAIRE

The following Study Subject Questionnaire was used to collect baseline data for the Epidemiologic Investigation of Health Effects in Air Force Personnel Following Exposure to Herbicide Orange. This data was collected during 1981-1982. The questionnaire and supplemental recording book are the actual field instruments. They have been photocopied and reduced for the purpose of this report. Additional field documents, such as show cards, are included as attachments to the questionnaire. In total, these documents demonstrate complete data collection methods for the Study Subject Questionnaire. Additional questions regarding reproductive experiences were added following the initial publication of the Study Subject Questionnaire. These questions are inserted where applicable in this instrument. Additional attachments include: Introductory Letters, Privacy Act Statement, Life Events Chart, Self-administered Sheet, Medical Provider Permission Form, Interview Evaluation, and Mailing Transmittal Form. The Study Subject Questionnaire, as used in the field, follows.

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

O.M.B. NUMBER
0701-0033
Approval Expires
11/30/82

FOR OFFICE USE ONLY:

Case No. _____

Study No. B12039

Respondent #: _____
(5-8)

STUDY SUBJECT QUESTIONNAIRE

CONFIDENTIAL

This study is being conducted to collect information on the health of current and former Air Force personnel and their families. Since I will be asking you questions about your health, career, and personal history, we have prepared a Life Events Chart to help you remember when various events in your life occurred.

The best way to use the Life Events Chart is to first record when you were born in the Age Column, or how old you were in 1930, if you were born before 1930. Then, record your age at subsequent 5-year intervals in the Age Column. Next, note the year you graduated from high school and/or college in the next column. You can enter the year you joined the military in the next column. There are other columns to record any marriages or children you may have had, as well as other major events in your life.

I will be asking you questions about each of these areas during the interview. If you will take a few moments to fill out the Life Events Chart now, it will help you to recall dates and ages during the interview.

First, I have a few background questions to ask you.

1. What is your date of birth?

CARD 001

(WRITE IN DATE)

MONTH		DAY		YEAR	
(18)	(19)	(20)	(21)	(22)	(23)

2. In what city and state were you born?

RECORD IN SUPPLEMENTARY RECORDING BOOK ON PAGE 1

3. What is your religious preference -- is it Protestant, Catholic, Jewish, some other religion, or no religion?

Protestant.....(24)_____-1
Catholic....._____-2
Jewish....._____-3
Other (SPECIFY) _____
_____-4
None....._____-5

4. What is the highest grade or year in high school that you completed?

Less than 1 year of H.S....(25)_____-1
1st year H.S. (9th Grade).....-2
2nd year H.S. (10th Grade).....-3
3rd year H.S. (11th Grade).....-4
4th year H.S. (12th Grade).....-5

HAND RESPONDENT CARD "A"

5a. Please look at this card and tell me which of these regular academic school certificates, diplomas, or degrees you have obtained? MULTIPLE RECORD BELOW

High school diploma.....(26(_____ -1	YEAR [] [] (36) (37)
High school equivalency diploma.....(27(_____ -1	YEAR [] [] (38) (39)
Associate of Arts (A.A.).....(28(_____ -1	YEAR [] [] (40) (41)
Bachelor of Arts (B.A.) or Bachelor of Science (B.S.).....(29(_____ -1	YEAR [] [] (42) (43)
Masters.....(30(_____ -1	YEAR [] [] (44) (45)
Doctorate.....(31(_____ -1	YEAR [] [] (46) (47)
Others (SPECIFY)	YEAR [] [] (48) (49)
(1) _____ .(32(_____ -1	YEAR [] [] (50) (51)
(2) _____ .(33(_____ -1	YEAR [] [] (52) (53)
(3) _____ .(34(_____ -1	YEAR [] [] (54) (55)
No certificate, diploma, or degree (volunteered)....(35(_____ -1	YEAR [] [] (56) (57)

FOR EACH DEGREE, DIPLOMA, OR CERTIFICATE, ASK Q.5b

5b. In what year did you receive your (CERTIFICATE/DIPLOMA/DEGREE)? RECORD ABOVE

6a. I am interested in training programs which prepared you for a major change in your occupation. First, I will ask about civilian job training programs. Besides the formal schooling you told me about, have you participated in any civilian job training programs that prepared you for a major change in your occupation?

Yes... (12) _____ -1 (ASK Q.6b)

13-14

No..... -2 (SKIP TO Q.7)

1st Program	2nd Program	3rd Program
b. For what kind of work was your first civilian training program preparing you?	f. For what kind of work was your next civilian training program preparing you?	j. For what kind of work was your next civilian training program preparing you?
(15) _____	(15) _____	(15) _____
(16) _____	(16) _____	(16) _____
(17) _____	(17) _____	(17) _____
(18) _____	(18) _____	(18) _____
(19) _____	(19) _____	(19) _____
c. In what month and year did you start this training?	g. In what month and year did you start this training?	k. In what month and year did you start this training?
MONTH (20) (21) YEAR (22) (23)	MONTH (20) (21) YEAR (22) (23)	MONTH (20) (21) YEAR (22) (23)
d. In what month and year did you complete this training?	h. In what month and year did you complete this training?	l. In what month and year did you complete this training?
MONTH (24) (25) YEAR (26) (27)	MONTH (24) (25) YEAR (26) (27)	MONTH (24) (25) YEAR (26) (27)
e. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?	i. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?	m. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?
Yes.. (28) _____ -1 (ASK Q.6f)	Yes.. (28) _____ -1 (ASK Q.6j)	Yes.. (28) _____ -1 (RECORD ADDITIONAL TRAINING PROGRAMS IN S.R.B. ON PG. 14)
No..... -2 (SKIP TO Q.7)	No..... -2 (SKIP TO Q.7)	No..... -2 (GO TO Q.7)
01 79-80	02 79-80	03 79-80

7a. Now, let's talk about military technical and specialized training programs that prepared you for a major change in your occupation. Besides the formal schooling (and the job training programs) you've told me about, have you participated in any military technical or specialized training programs that prepared you for a major change in your occupation?

Yes... (12() -1 (ASK Q.7b)

13-14

No..... -2 (SKIP TO Q.8)

1st Program	2nd Program	3rd Program
b. For what kind of work was your first military training program preparing you? (15() (16() (17() (18() (19()	g. For what kind of work was your next military training program preparing you? (15() (16() (17() (18() (19()	L. For what kind of work was your next military training program preparing you? (15() (16() (17() (18() (19()
c. What is the AFSC for that job? (20()	h. What is the AFSC for that job? (20()	m. What is the AFSC for that job? (20()
d. In what month and year did you start this training? MONTH YEAR (21) (22) - (23) (24)	i. In what month and year did you start this training? MONTH YEAR (21) (22) - (23) (24)	n. In what month and year did you start this training? MONTH YEAR (21) (22) - (23) (24)
e. In what month and year did you complete this training? MONTH YEAR (25) (26) - (27) (28)	j. In what month and year did you complete this training? MONTH YEAR (25) (26) - (27) (28)	o. In what month and year did you complete this training? MONTH YEAR (25) (26) - (27) (28)
f. Have you participated in any other military job training program that prepared you for a major change in your occupation? Yes. (29() -1 (ASK Q.7g) No..... -2 (SKIP TO Q.8)	k. Have you participated in any other military job training program that prepared you for a major change in your occupation? Yes. (29() -1 (ASK Q.7L) No..... -2 (SKIP TO Q.8)	p. Have you participated in any other military job training program that prepared you for a major change in your occupation? Yes. (29() -1 (RECORD ADDITIONAL TRAINING PROGRAMS IN S.R.B. ON PG. 15) No..... -2 (GO TO Q.8)

8. Now I have some questions about working. Please tell me about all your jobs that lasted three months or longer since the first time you stopped going to school full time. Count changes of jobs for the same employer as separate jobs. Do not include jobs in the military.

13-14 First Job

- 8a. In what month and year did you start your first job that lasted three months or longer?

MONTH		YEAR	
(15)	(16)	(17)	(18)

- 8b. What (is/was) the name of your employer?

RECORD IN S.R.B. - PG 1

- 8c. (Is/Was) the job full-time or part-time?

Full time..(19(-1
Part time.....-2

- 8d. What kind of business is that -- what (do/did) they make or do there?

Second Job

- 9a. In what month and year did you start your next job that lasted three months or longer?

MONTH		YEAR	
(15)	(16)	(17)	(18)

- 9b. What (is/was) the name of your employer?

RECORD IN S.R.B. - PG 1

- 9c. (Is/Was) the job full-time or part-time?

Full time..(19(-1
Part time.....-2

- 9d. What kind of business is that -- what (do/did) they make or do there?

Third Job

- 10a. In what month and year did you start your next job that lasted three months or longer?

MONTH		YEAR	
(15)	(16)	(17)	(18)

- 10b. What (is/was) the name of your employer?

RECORD IN S.R.B. - PG 1

- 10c. (Is/Was) the job full-time or part-time?

Full time..(19(-1
Part time.....-2

- 10d. What kind of business is that -- what (do/did) they make or do there?

- 8e. What (do/did) you actually do on the job -- what (are/were) some of your main duties?

RECORD IN S.R.B. - PG 1

HAND RESPONDENT CARD "B"

- 8f. Please look at this card and tell me the number which best describes the kind of industry you (work/worked) in.

(WRITE IN NUMBER)

(20)	(21)
------	------

- 8g. In what month and year did this job end?

MONTH		YEAR	
(23)	(24)	(25)	(26)

Current (SKIP TO job..(27(-1 Q.14a)

- 8h. What was the main reason you stopped working on your job?

(28(

(29(

(ASK Q.9a)

- 9e. What (do/did) you actually do on the job -- what (are/were) some of your main duties?

RECORD IN S.R.B. - PG 1

HAND RESPONDENT CARD "B"

- 9f. Please look at this card and tell me the number which best describes the kind of industry you (work/worked) in.

(WRITE IN NUMBER)

(20)	(21)
------	------

- 9g. In what month and year did this job end?

MONTH		YEAR	
(23)	(24)	(25)	(26)

Current (SKIP TO job..(27(-1 Q.14a)

- 9h. What was the main reason you stopped working on your job?

(28(

(29(

(ASK Q.11a)

- 10e. What (do/did) you actually do on the job -- what (are/were) some of your main duties?

RECORD IN S.R.B. - PG 1

HAND RESPONDENT CARD "B"

- 10f. Please look at this card and tell me the number which best describes the kind of industry you (work/worked) in.

(WRITE IN NUMBER)

(20)	(21)
------	------

- 10g. In what month and year did this job end?

MONTH		YEAR	
(23)	(24)	(25)	(26)

Current (SKIP TO job..(27(-1 Q.14a)

- 10h. What was the main reason you stopped working on your job?

(28(

(29(

(ASK Q.11a)

Fourth Job

11a. In what month and year did you start your next job that lasted three months or longer?

13-14

MONTH		YEAR	
(15)	(16)	(17)	(18)

11b. What (is/was) the name of your employer?

[RECORD IN S.R.B. - PG 1]

11c. (Is/Was) the job full-time or part-time?

Full time..(19) -1
Part time.....-2

11d. What kind of business is that -- what (do/did) they make or do there?

Fifth Job

12a. In what month and year did you start your next job that lasted three months or longer?

MONTH		YEAR	
(15)	(16)	(17)	(18)

12b. What (is/was) the name of your employer?

[RECORD IN S.R.B. - PG 1]

12c. (Is/Was) the job full-time or part-time?

Full time..(19) -1
Part time.....-2

12d. What kind of business is that -- what (do/did) they make or do there?

Sixth Job

13a. In what month and year did you start your next job that lasted three months or longer?

MONTH		YEAR	
(15)	(16)	(17)	(18)

13b. What (is/was) the name of your employer?

[RECORD IN S.R.B. - PG 1]

13c. (Is/Was) the job full-time or part-time?

Full time..(19) -1
Part time.....-2

13d. What kind of business is that -- what (do/did) they make or do there?

11e. What (do/did) you actually do on the job -- what (are/were) some of your main duties?

[RECORD IN S.R.B. - PG 1]

HAND RESPONDENT CARD "B"

11f. Please look at this card and tell me the number which best describes the kind of industry you (work/worked) in.

(WRITE IN NUMBER)

--	--

(20) (21)

11g. In what month and year did this job end?

MONTH		YEAR	
(23)	(24)	(25)	(26)

Current (SKIP TO job..(27) -1 Q.14a)

11h. What was the main reason you stopped working on your job?

(28)

(29)

(ASK Q.12a)

11a
24-26

12e. What (do/did) you actually do on the job -- what (are/were) some of your main duties?

[RECORD IN S.R.B. - PG 1]

HAND RESPONDENT CARD "B"

12f. Please look at this card and tell me the number which best describes the kind of industry you (work/worked) in.

(WRITE IN NUMBER)

--	--

(20) (21)

12g. In what month and year did this job end?

MONTH		YEAR	
(23)	(24)	(25)	(26)

Current (SKIP TO job..(27) -1 Q.14a)

12h. What was the main reason you stopped working on your job?

(28)

(29)

(ASK Q.13a)

12a
27-29

13e. What (do/did) you actually do on the job -- what (are/were) some of your main duties?

[RECORD IN S.R.B. - PG 1]

HAND RESPONDENT CARD "B"

13f. Please look at this card and tell me the number which best describes the kind of industry you (work/worked) in.

(WRITE IN NUMBER)

--	--

(20) (21)

13g. In what month and year did this job end?

MONTH		YEAR	
(23)	(24)	(25)	(26)

Current (SKIP TO job..(27) -1 Q.14a)

13h. What was the main reason you stopped working on your job?

(28)

(29)

(RECORD ADDITIONAL JOBS IN S.R.B. - PG 16 AND 17)

13a
29-30

14a. During the past six months, did illness or injury keep you from work, not counting work around the house?

Yes.....02 (____) -1 (ASK Q.14b)

No.....-2 } (SKIP TO Q.15)
Retired (vol.).-3 }

14b. Altogether, how many days did illness or injury keep you from work during the past six months? (REFERS TO "WORKING DAYS" ONLY)

(WRITE IN NUMBER)

(13)	(14)	(15)		

 days

14c. What illnesses or injuries caused you to miss work?

_____	(16)
_____	(17)
_____	(18)
	(19)
	(20)
	(21)
	(22)
	(23)
	(24)
	(25)
	(26)
	(27)
	(28)
	(29)
	(30)
	(31)
	(32)
	(33)

15. Now I am going to ask you about your years in the military.

- a. In what month and year did you first enter the Armed Forces?

12-13

MONTH		YEAR	
(14)	(15)	(16)	(17)

- b. What branch of the military was that?

Air Force. (18) () -1
 Navy..... -2
 Army..... -3
 Marines..... -4
 Coast Guard... -5

- c. Were you discharged or separated from the (BRANCH OF SERVICE)?

Discharged/
 separated. (19) () -1 (ASK Q.15d)

Still in
 (MILITARY)..... -2 (SKIP TO Q.16)

- d. In what month and year were you discharged/separated from the (BRANCH OF MILITARY)?

MONTH		YEAR	
(20)	(21)	(22)	(23)

- e. Following your separation or discharge in (DATE IN "d"), did you reenter the Armed Forces?

Yes.. (24) () -1 (ASK Q.15f)
 No..... -2 (SKIP TO Q.16)

01
 79-80

- f. In what month and year did you next enter the Armed Forces?

MONTH		YEAR	
(04)	(15)	(16)	(17)

- g. What branch of the military was that?

Air Force. (18) () -1
 Navy..... -2
 Army..... -3
 Marines..... -4
 Coast Guard... -5

- h. Were you discharged or separated from the (BRANCH OF SERVICE)?

Discharged/
 separated. (19) () -1 (ASK Q.15i)

Still in
 (MILITARY)..... -2 (SKIP TO Q.16)

- i. In what month and year were you discharged/separated from the (BRANCH OF MILITARY)?

MONTH		YEAR	
(20)	(21)	(22)	(23)

- j. Following your separation or discharge in (DATE IN "i"), did you reenter the Armed Forces?

Yes.. (24) () -1 (ASK Q.15k)
 No..... -2 (SKIP TO Q.16)

02
 79-80

- k. In what month and year did you next enter the Armed Forces?

MONTH		YEAR	
(14)	(15)	(16)	(17)

- l. What branch of the military was that?

Air Force. (08) () -1
 Navy..... -2
 Army..... -3
 Marines..... -4
 Coast Guard... -5

- m. Were you discharged or separated from the (BRANCH OF SERVICE)?

Discharged/
 separated. (19) () -1 (ASK Q.15n)

Still in
 (MILITARY)..... -2 (SKIP TO Q.16)

- n. In what month and year were you discharged/separated from the (BRANCH OF MILITARY)?

MONTH		YEAR	
(20)	(21)	(22)	(23)

- o. Following your separation or discharge in (DATE IN "n"), did you reenter the Armed Forces?

Yes.. (24) () -1 (RECORD ADDITIONAL SERVICE PERIODS IN S.R.B. PG 18)
 No..... -2 (SKIP TO Q.16)

03
 79-80

16. I would like to ask you the names of all the countries you have been stationed in while on active duty in the Armed Forces.

First Country	Second Country	Third Country
a. Starting with induction, in what country were you first stationed while on active duty. Include temporary duties of greater than 90 days.	g. What was the next country that you were stationed in for more than 90 days while on active duty?	m. What was the next country that you were stationed in for more than 90 days while on active duty?
(12-13)	(14-15)	(14-15)
(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)	(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)	(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)
No others. (14) -1 (SKIP TO Q.16)	No others. (14) -1 (SKIP TO Q.16)	No others. (14) -1 (SKIP TO Q.16)
b. In what month and year did you begin and end active duty in (COUNTRY)?	h. In what month and year did you begin and end active duty in (COUNTRY)?	n. In what month and year did you begin and end active duty in (COUNTRY)?
BEGIN	BEGIN	BEGIN
MONTH YEAR	MONTH YEAR	MONTH YEAR
(17) (18) (19) (20)	(17) (18) (19) (20)	(17) (18) (19) (20)
END	END	END
MONTH YEAR	MONTH YEAR	MONTH YEAR
(21) (22) (23) (24)	(21) (22) (23) (24)	(21) (22) (23) (24)
Current... (25) -1	Current... (25) -1	Current... (25) -1
c. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?	i. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?	o. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?
1. (26-28)	1. (26-28)	1. (26-28)
2. (29-31)	2. (29-31)	2. (29-31)
3. (32-34)	3. (32-34)	3. (32-34)
d. (Do/Did) your duties in (COUNTRY) include flying?	j. (Do/Did) your duties in (COUNTRY) include flying?	p. (Do/Did) your duties in (COUNTRY) include flying?
Yes. (35) -1	Yes. (35) -1	Yes. (35) -1
No..... -2	No..... -2	No..... -2
e. How many flight hours did you log while in (COUNTRY)?	k. How many flight hours did you log while in (COUNTRY)?	q. How many flight hours did you log while in (COUNTRY)?
Hours	Hours	Hours
(36) (37) (38)	(36) (37) (38)	(36) (37) (38)
Other (SPECIFY)	Other (SPECIFY)	Other (SPECIFY)
(39) -1	(39) -1	(39) -1
f. What specific letter and numerical designation(s) did each aircraft have?	l. What specific letter and numerical designation(s) did each aircraft have?	r. What specific letter and numerical designation(s) did each aircraft have?
1. (40-43)	1. (40-43)	1. (40-43)
2. (44-47)	2. (44-47)	2. (44-47)
3. (48-51)	3. (48-51)	3. (48-51)
4. (52-55)	4. (52-55)	4. (52-55)
(ASK Q.16p)	(ASK Q.16m)	(ASK Q.17a)
01 74-80	02 74-80	01 74-80

Question 17

12-13

Fourth Country

- a. What was the next country that you were stationed in for more than 90 days while on active duty?

(14-15)

(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)

No others. (16 () -1 (SKIP TO Q.18)

- b. In what month and year did you begin and end active duty in (COUNTRY)?

MONTH		YEAR	
(17)	(18)	(19)	(20)

MONTH		YEAR	
(21)	(22)	(23)	(24)

Current... (25 () -1

- c. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?

1. (26-28)
2. (29-31)
3. (32-34)

- d. (Do/Did) your duties in (COUNTRY) include flying?

Yes. (35 () -1
No..... -2

- e. How many flight hours did you log while in (COUNTRY)?

(36)	(37)	(38)
------	------	------

 Hours

Other (SPECIFY)

..... (39 () -1

- f. What specific letter and numerical designation(s) did each aircraft have?

1. (40-43)
2. (44-47)
3. (48-51)
4. (52-55)

(ASK Q. 17g)

114
74-80Fifth Country

- g. What was the next country that you were stationed in for more than 90 days while on active duty?

(14-15)

(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)

No others. (16 () -1 (SKIP TO Q.18)

- h. In what month and year did you begin and end active duty in (COUNTRY)?

MONTH		YEAR	
(17)	(18)	(19)	(20)

MONTH		YEAR	
(21)	(22)	(23)	(24)

Current... (25 () -1

- i. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?

1. (26-28)
2. (29-31)
3. (32-34)

- j. (Do/Did) your duties in (COUNTRY) include flying?

Yes. (35 () -1
No..... -2

- k. How many flight hours did you log while in (COUNTRY)?

(36)	(37)	(38)
------	------	------

 Hours

Other (SPECIFY)

..... (39 () -1

- l. What specific letter and numerical designation(s) did each aircraft have?

1. (40-43)
2. (44-47)
3. (48-51)
4. (52-55)

(ASK Q. 17m)

35
79-80Sixth Country

- m. What was the next country that you were stationed in for more than 90 days while on active duty?

(14-15)

(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)

No others. (16 () -1 (SKIP TO Q.18)

- n. In what month and year did you begin and end active duty in (COUNTRY)?

MONTH		YEAR	
(17)	(18)	(19)	(20)

MONTH		YEAR	
(21)	(22)	(23)	(24)

Current... (25 () -1

- o. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?

1. (26-28)
2. (29-31)
3. (32-34)

- p. (Do/Did) your duties in (COUNTRY) include flying?

Yes. (35 () -1
No..... -2

- q. How many flight hours did you log while in (COUNTRY)?

(36)	(37)	(38)
------	------	------

 Hours

Other (SPECIFY)

..... (39 () -1

- r. What specific letter and numerical designation(s) did each aircraft have?

1. (40-43)
2. (44-47)
3. (48-51)
4. (52-55)

(RECORD ADDITIONAL COUNTRIES IN S.R.B. PG 19 AND 20)

116
74-80

Now I would like to ask you about your marital history.
18. Have you ever been legally married?

Yes... (12) () -1 (ASK Q.19)

No..... -2 (SKIP TO Q.24)

19. How many times have you been legally married?

(WRITE IN NUMBER)

--	--

 times
(3) (12)

FIRST/ONLY MARRIAGE

20a. In what month and year did you get married (the first time)?

MONTH		YEAR	
(45) (46)	(17) (18)		

20b. What (is/was) her current full name?

RECORD IN S.R.B. PG 2

20c. What was her maiden name?

RECORD IN S.R.B. PG 2

20d. What is her date of birth?

MONTH		YEAR	
(19) (20)	(21) (22)		

20e. Have you ever had any children by (your/this) wife?

Yes... (23) () -1
No..... -2

20f. Did your wife ever have any pregnancies by you which ended in a miscarriage?

Yes... (24) () -1 (ASK Q.20g)

No..... -2 } (SKIP TO
Don't know -3 } Q.20L)

20g. When was that? (PROBE: Any others?)

MONTH	YEAR
(25) (26)	(27) (28)
MONTH	YEAR
(29) (30)	(31) (32)
MONTH	YEAR
(33) (34)	(35) (36)
MONTH	YEAR
(37) (38)	(39) (40)
(GO TO Q.20h)	

SECOND MARRIAGE

21a. In what month and year did you get married the second time?

MONTH		YEAR	
(45) (46)	(47) (48)		

21b. What (is/was) her current full name?

RECORD IN S.R.B. PG 2

21c. What was her maiden name?

RECORD IN S.R.B. PG 2

21d. What is her date of birth?

MONTH		YEAR	
(19) (20)	(21) (22)		

21e. Have you ever had any children by (your/this) wife?

Yes... (23) () -1
No..... -2

21f. Did your wife ever have any pregnancies by you which ended in a miscarriage?

Yes... (24) () -1 (ASK Q.21g)

No..... -2 } (SKIP TO
Don't know -3 } Q.21L)

21g. When was that? (PROBE: Any others?)

MONTH	YEAR
(25) (26)	(27) (28)
MONTH	YEAR
(29) (30)	(31) (32)
MONTH	YEAR
(33) (34)	(35) (36)
MONTH	YEAR
(37) (38)	(39) (40)
(GO TO Q.21h)	

THIRD MARRIAGE

22a. In what month and year did you get married the third time?

MONTH		YEAR	
(45) (46)	(47) (48)		

22b. What (is/was) her current full name?

RECORD IN S.R.B. PG 2

22c. What was her maiden name?

RECORD IN S.R.B. PG 2

22d. What is her date of birth?

MONTH		YEAR	
(19) (20)	(21) (22)		

22e. Have you ever had any children by (your/this) wife?

Yes... (23) () -1
No..... -2

22f. Did your wife ever have any pregnancies by you which ended in a miscarriage?

Yes... (24) () -1 (ASK Q.22g)

No..... -2 } (SKIP TO
Don't know -3 } Q.22L)

22g. When was that? (PROBE: Any others?)

MONTH	YEAR
(25) (26)	(27) (28)
MONTH	YEAR
(29) (30)	(31) (32)
MONTH	YEAR
(33) (34)	(35) (36)
MONTH	YEAR
(37) (38)	(39) (40)
(GO TO Q.22h)	

FIRST/ONLY MARRIAGE	SECOND MARRIAGE	THIRD MARRIAGE
20h. How many months did it take your wife to become pregnant this time? Months (41) (42) Wasn't trying (43) -1 Don't know..... -2	21h. How many months did it take your wife to become pregnant this time? Months (41) (42) Wasn't trying (43) -1 Don't know..... -2	22h. How many months did it take your wife to become pregnant this time? Months (41) (42) Wasn't trying (43) -1 Don't know..... -2
20i. How many weeks had your wife been pregnant when the (1st, etc.) miscarriage occurred? 1st (44) (45) Weeks 2nd (46) (47) Weeks 3rd (48) (49) Weeks 4th (50) (51) Weeks	21i. How many weeks had your wife been pregnant when the (1st, etc.) miscarriage occurred? 1st (44) (45) Weeks 2nd (46) (47) Weeks 3rd (48) (49) Weeks 4th (50) (51) Weeks	22i. How many weeks had your wife been pregnant when the (1st, etc.) miscarriage occurred? 1st (44) (45) Weeks 2nd (46) (47) Weeks 3rd (48) (49) Weeks 4th (50) (51) Weeks
20j. Did a doctor tell you why this (1st, etc.) miscarriage might have occurred? Yes. (52) (-1 (ASK Q.20k) No..... -2 (SKIP TO Q.20L)	21j. Did a doctor tell you why this (1st, etc.) miscarriage might have occurred? Yes. (52) (-1 (ASK Q.21k) No..... -2 (SKIP TO Q.21L)	22j. Did a doctor tell you why this (1st, etc.) miscarriage might have occurred? Yes. (52) (-1 (ASK Q.22k) No..... -2 (SKIP TO Q.22L)
20k. What did the doctor say caused the miscarriage? 1st 2nd 3rd 4th	21k. What did the doctor say caused the miscarriage? 1st 2nd 3rd 4th	22k. What did the doctor say caused the miscarriage? 1st 2nd 3rd 4th
20L. Did your wife have any pregnancies by you which ended in a stillbirth? Yes... (53) (-1 (ASK Q.20m) No..... -2 (SKIP TO Q. 20q)	21L. Did your wife have any pregnancies by you which ended in a stillbirth? Yes... (53) (-1 (ASK Q.21m) No..... -2 (SKIP TO Q. 21q)	22L. Did your wife have any pregnancies by you which ended in a stillbirth? Yes... (53) (-1 (ASK Q.22m) No..... -2 (SKIP TO Q. 22q)
20m. When was that? (PROBE: Any others?) MONTH YEAR 1st (54) (55) (56) (57) MONTH YEAR 2nd (58) (59) (60) (61) MONTH YEAR 3rd (62) (63) (64) (65) MONTH YEAR 4th (66) (67) (68) (69) (60 TO Q.20n)	21m. When was that? (PROBE: Any others?) MONTH YEAR 1st (54) (55) (56) (57) MONTH YEAR 2nd (58) (59) (60) (61) MONTH YEAR 3rd (62) (63) (64) (65) MONTH YEAR 4th (66) (67) (68) (69) (60 TO Q.21n)	22m. When was that? (PROBE: Any others?) MONTH YEAR 1st (54) (55) (56) (57) MONTH YEAR 2nd (58) (59) (60) (61) MONTH YEAR 3rd (62) (63) (64) (65) MONTH YEAR 4th (66) (67) (68) (69) (60 TO Q.22n)

FIRST/ONLY MARRIAGE
MISCARRIAGES - Q.20k

2nd Months
(12) (13)
Wasn't trying (14) -1
Don't know.....-2

3rd Months
(15) (16)
Wasn't trying (17) -1
Don't know.....-2

4th Months
(18) (19)
Wasn't trying (20) -1
Don't know.....-2

(GO TO Q.20i)

SECOND MARRIAGE
MISCARRIAGES - Q.21k

2nd Months
(12) (13)
Wasn't trying (14) -1
Don't know.....-2

3rd Months
(15) (16)
Wasn't trying (17) -1
Don't know.....-2

4th Months
(18) (19)
Wasn't trying (20) -1
Don't know.....-2

(GO TO Q.21i)

THIRD MARRIAGE
MISCARRIAGES - Q.22k

2nd Months
(12) (13)
Wasn't trying (14) -1
Don't know.....-2

3rd Months
(15) (16)
Wasn't trying (17) -1
Don't know.....-2

4th Months
(18) (19)
Wasn't trying (20) -1
Don't know.....-2

(GO TO Q.22i)

AFTER Q.20k/21k/22k ASK FOR EACH MISCARRIAGE:

Were either of you using birth control at the time she became pregnant?

FOR ANY "YES" ASK:

HAND RESPONDENT CARD "C"

Please look at this card and tell me all the numbers that apply to the type of birth control you used.

1st: (21-22)	1st: (21-22)	1st: (21-22)
2nd: (23-24)	2nd: (23-24)	2nd: (23-24)
3rd: (25-26)	3rd: (25-26)	3rd: (25-26)
4th: (27-28)	4th: (27-28)	4th: (27-28)
(GO TO Q.20L)	(GO TO Q.21L)	(GO TO Q.22L)

FIRST/ONLY MARRIAGE
STILLBIRTHS - Q.20n

2nd Months
(29) (30)
Wasn't trying (31) -1
Don't know.....-2

3rd Months
(32) (33)
Wasn't trying (34) -1
Don't know.....-2

4th Months
(35) (36)
Wasn't trying (37) -1
Don't know.....-2

(GO TO Q.20o)

SECOND MARRIAGE
STILLBIRTHS - Q.21n

2nd Months
(29) (30)
Wasn't trying (31) -1
Don't know.....-2

3rd Months
(32) (33)
Wasn't trying (34) -1
Don't know.....-2

4th Months
(35) (36)
Wasn't trying (37) -1
Don't know.....-2

(GO TO Q.21o)

THIRD MARRIAGE
STILLBIRTHS - Q.22n

2nd Months
(29) (30)
Wasn't trying (31) -1
Don't know.....-2

3rd Months
(32) (33)
Wasn't trying (34) -1
Don't know.....-2

4th Months
(35) (36)
Wasn't trying (37) -1
Don't know.....-2

(GO TO Q.22o)

AFTER Q.20p/21p/22p ASK FOR EACH STILLBIRTH:

Were either of you using birth control at the time she became pregnant?

FOR ANY "YES" ASK:

HAND RESPONDENT CARD "C"

Please look at this card and tell me all the numbers that apply to the types of birth control you used.

1st: (38-39)	1st: (38-39)	1st: (38-39)
2nd: (40-41)	2nd: (40-41)	2nd: (40-41)
3rd: (42-43)	3rd: (42-43)	3rd: (42-43)
4th: (44-45)	4th: (44-45)	4th: (44-45)
(GO TO Q.20q)	(GO TO Q.21q)	(GO TO Q.22q)

FIRST/ONLY MARRIAGE
ABORTIONS - Q.20a

SECOND MARRIAGE
ABORTIONS - Q.21a

THIRD MARRIAGE
ABORTIONS - Q.22a

2nd Months
(46) (47)
Wasn't trying (48) -1
Don't know.....-2

3rd Months
(48) (49)
Wasn't trying (51) -1
Don't know.....-2

4th Months
(52) (53)
Wasn't trying (54) -1
Don't know.....-2

(GO TO Q.20c)

2nd Months
(46) (47)
Wasn't trying (48) -1
Don't know.....-2

3rd Months
(48) (49)
Wasn't trying (51) -1
Don't know.....-2

4th Months
(52) (53)
Wasn't trying (54) -1
Don't know.....-2

(GO TO Q.21c)

2nd Months
(46) (47)
Wasn't trying (48) -1
Don't know.....-2

3rd Months
(48) (49)
Wasn't trying (51) -1
Don't know.....-2

4th Months
(52) (53)
Wasn't trying (54) -1
Don't know.....-2

(GO TO Q.22c)

AFTER Q.20c/21c/22c ASK FOR EACH ABORTION:

Were either of you using birth control at the time she became pregnant?

FOR ANY "YES" ASK:

HAND RESPONDENT CARD "C"

Please look at this card and tell me all the numbers that apply to the types of birth control you used.

1st: (55-56) 1st: (55-56) 1st: (55-56)
2nd: (57-58) 2nd: (57-58) 2nd: (57-58)
3rd: (59-60) 3rd: (59-60) 3rd: (59-60)
4th: (61-62) 4th: (61-62) 4th: (61-62)
(GO TO Q.20u) (GO TO Q.21u) (GO TO Q.22u)

01
79-80

02
79-80

03
79-80

FIRST/ONLY MARRIAGE	SECOND MARRIAGE	THIRD MARRIAGE
20n. How many months did it take your wife to become pregnant this time? Months (12) (13) Wasn't trying (14) -1 Don't know.....-2	21n. How many months did it take your wife to become pregnant this time? Months (12) (13) Wasn't trying (14) -1 Don't know.....-2	22n. How many months did it take your wife to become pregnant this time? Months (12) (13) Wasn't trying (14) -1 Don't know.....-2
20o. Did a doctor tell you why this stillbirth might have occurred? Yes..(15) -1 (ASK Q.20p) No.....-2 (SKIP TO Q.20q)	21o. Did a doctor tell you why this stillbirth might have occurred? Yes..(15) -1 (ASK Q.21p) No.....-2 (SKIP TO Q.21q)	22o. Did a doctor tell you why this stillbirth might have occurred? Yes..(15) -1 (ASK Q.22p) No.....-2 (SKIP TO Q.22q)
20p. What did the doctor say caused the (1st, etc.) stillbirth? 1st 2nd 3rd 4th	21p. What did the doctor say caused the (1st, etc.) stillbirth? 1st 2nd 3rd 4th	22p. What did the doctor say caused the (1st, etc.) stillbirth? 1st 2nd 3rd 4th
20q. Did your wife ever have any pregnancies by you which ended in abortion? Yes... (16) -1 (ASK Q.20r) No.....-2 (SKIP TO Q.20u)	21q. Did your wife ever have any pregnancies by you which ended in abortion? Yes... (16) -1 (ASK Q.21r) No.....-2 (SKIP TO Q.21u)	22q. Did your wife ever have any pregnancies by you which ended in abortion? Yes... (16) -1 (ASK Q.22r) No.....-2 (SKIP TO Q.22u)
20r. When was that? (PROBE: Any others?) MONTH YEAR 1st (17) (18) (19) (20) MONTH YEAR 2nd (21) (22) (23) (24) MONTH YEAR 3rd (25) (26) (27) (28) MONTH YEAR 4th (29) (30) (31) (32)	21r. When was that? (PROBE: Any others?) MONTH YEAR 1st (17) (18) (19) (20) MONTH YEAR 2nd (21) (22) (23) (24) MONTH YEAR 3rd (25) (26) (27) (28) MONTH YEAR 4th (29) (30) (31) (32)	22r. When was that? (PROBE: Any others?) MONTH YEAR 1st (17) (18) (19) (20) MONTH YEAR 2nd (21) (22) (23) (24) MONTH YEAR 3rd (25) (26) (27) (28) MONTH YEAR 4th (29) (30) (31) (32)
20s. How many months did it take your wife to become pregnant this time? Months (33) (34) Wasn't trying (35) -1 Don't know.....-2	21s. How many months did it take your wife to become pregnant this time? Months (33) (34) Wasn't trying (35) -1 Don't know.....-2	22s. How many months did it take your wife to become pregnant this time? Months (33) (34) Wasn't trying (35) -1 Don't know.....-2
20t. What was the main reason for the (1st, etc.) abortion? 1st 2nd 3rd 4th (GO TO Q.20v)	21t. What was the main reason for the (1st, etc.) abortion? 1st 2nd 3rd 4th (GO TO Q.21v)	22t. What was the main reason for the (1st, etc.) abortion? 1st 2nd 3rd 4th (GO TO Q.22v)

FIRST/ONLY MARRIAGE	SECOND MARRIAGE	THIRD MARRIAGE
20u. (IF ANY CONCEPTIONS -- CHILD, MISCARRIAGE, STILLBIRTH, OR ABORTION: SKIP TO Q.20w) ALL OTHERS: ASK Q.20u) Did either you or your wife use birth control techniques regularly? Yes... (36) -1 (ASK Q.20v) No..... -2 (ASK Q.20x) <u>HAND RESPONDENT CARD "C"</u> 20v. Please look at this card and tell me all the numbers that apply to the types of birth control you or your wife normally used. 01. (37) -1 06. (42) -1 02. (38) -1 07. (43) -1 03. (39) -1 08. (44) -1 04. (40) -1 09. (45) -1 05. (41) -1 10. (46) -1 11. (47) -1 12 (SPECIFY) _____ (48) -1 (SKIP TO Q.20x) 20w. Did any of these pregnancies occur while either you or your wife were practicing birth control? Yes.... (49) -1 No..... -2 20x. During this marriage, how many times were you living apart from your wife for more than three months? ____ Times (50) (51) Never.. (52) -1 (SKIP TO Q.20aa/bb) 20y. How many months did you live apart the (first/next) time? 1st _____ Months (53) (54) 2nd _____ Months (55) (56) 3rd _____ Months (57) (58) 4th _____ Months (59) (60) 5th _____ Months (61) (62) 6th _____ Months (63) (64) (GO TO Q.20z)	21u. (IF ANY CONCEPTIONS -- CHILD, MISCARRIAGE, STILLBIRTH, OR ABORTION: SKIP TO Q.21w) ALL OTHERS: ASK Q.21u) Did either you or your wife use birth control techniques regularly? Yes... (36) -1 (ASK Q.21v) No..... -2 (ASK Q.21x) <u>HAND RESPONDENT CARD "C"</u> 21v. Please look at this card and tell me all the numbers that apply to the types of birth control you or your wife normally used. 01. (37) -1 06. (42) -1 02. (38) -1 07. (43) -1 03. (39) -1 08. (44) -1 04. (40) -1 09. (45) -1 05. (41) -1 10. (46) -1 11. (47) -1 12 (SPECIFY) _____ (48) -1 (SKIP TO Q.20x) 21w. Did any of these pregnancies occur while either you or your wife were practicing birth control? Yes.... (49) -1 No..... -2 21x. During this marriage, how many times were you living apart from your wife for more than three months? ____ Times (50) (51) Never.. (52) -1 (SKIP TO Q.21aa/bb) 21y. How many months did you live apart the (first/next) time? 1st _____ Months (53) (54) 2nd _____ Months (55) (56) 3rd _____ Months (57) (58) 4th _____ Months (59) (60) 5th _____ Months (61) (62) 6th _____ Months (63) (64) (GO TO Q.21z)	22u. (IF ANY CONCEPTIONS -- CHILD, MISCARRIAGE, STILLBIRTH, OR ABORTION: SKIP TO Q.22w) ALL OTHERS: ASK Q.22u) Did either you or your wife use birth control techniques regularly? Yes... (36) -1 (ASK Q.22v) No..... -2 (ASK Q.22x) <u>HAND RESPONDENT CARD "C"</u> 22v. Please look at this card and tell me all the numbers that apply to the types of birth control you or your wife normally used. 01. (37) -1 06. (42) -1 02. (38) -1 07. (43) -1 03. (39) -1 08. (44) -1 04. (40) -1 09. (45) -1 05. (41) -1 10. (46) -1 11. (47) -1 12 (SPECIFY) _____ (48) -1 (SKIP TO Q.20x) 22w. Did any of these pregnancies occur while either you or your wife were practicing birth control? Yes.... (49) -1 No..... -2 22x. During this marriage, how many times were you living apart from your wife for more than three months? ____ Times (50) (51) Never.. (52) -1 (SKIP TO Q.22aa/bb) 22y. How many months did you live apart the (first/next) time? 1st _____ Months (53) (54) 2nd _____ Months (55) (56) 3rd _____ Months (57) (58) 4th _____ Months (59) (60) 5th _____ Months (61) (62) 6th _____ Months (63) (64) (GO TO Q.22z)

FIRST/ONLY MARRIAGE

20z. As a result of (this/ these) separations, did you and your wife have fewer children than you wanted to have?

Yes....(6X) -1
No..... -2

IF ONLY MARRIAGE

20aa. Are you currently married and living with your wife, or are you divorced, widowed, or separated?

Living with (SKIP TO wife...66 (-1 Q.23)

Divorced.....-2 (SKIP TO Separated.....-3 Q.20cc)
Widowed.....-4

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

20bb. How did that marriage end -- were you divorced or were you widowed?

Divorced(67 (-1) (ASK Q.20cc)
Widowed.....-2

RECORD IN S.R.B. PG 2

20cc. In what month and year were you (divorced/ widowed/separated)?

MONTH		YEAR	
(68)	(69)	(70)	(71)

(IF A SECOND MARRIAGE GO TO Q.21a)

01
79-80

SECOND MARRIAGE

21z. As a result of (this/ these) separations, did you and your wife have fewer children than you wanted to have?

Yes....65 (-1
No..... -2

IF LAST MARRIAGE

21aa. Are you currently married and living with your wife, or are you divorced, widowed, or separated?

Living with (SKIP TO wife...66 (-1 Q.23)

Divorced.....-2 (SKIP TO Separated.....-3 Q.21cc)
Widowed.....-4

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

21bb. How did that marriage end -- were you divorced or were you widowed?

Divorced(67 (-1) (ASK Q.21cc)
Widowed.....-2

RECORD IN S.R.B. PG 2

21cc. In what month and year were you (divorced/ widowed/separated)?

MONTH		YEAR	
(68)	(69)	(70)	(71)

(IF A THIRD MARRIAGE GO TO Q.22a)

02
79-80

THIRD MARRIAGE

22z. As a result of (this/ these) separations, did you and your wife have fewer children than you wanted to have?

Yes....(6X) -1
No..... -2

IF LAST MARRIAGE

22aa. Are you currently married and living with your wife, or are you divorced, widowed, or separated?

Living with (SKIP TO wife...66 (-1 Q.23)

Divorced.....-2 (SKIP TO Separated.....-3 Q.22cc)
Widowed.....-4

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

22bb. How did that marriage end -- were you divorced or were you widowed?

Divorced(67 (-1) (ASK Q.22cc)
Widowed.....-2

RECORD IN S.R.B. PG 2

22cc. In what month and year were you (divorced/ widowed/separated)?

MONTH		YEAR	
(68)	(69)	(70)	(71)

(RECORD OTHER MARRIAGES IN S.R.B. PG 21-25)

03
79-80

23a. Have you ever lived together as a partner for 3 months or more with someone other than your (wife/wives)?

Yes.....(1X) -1 (ASK Q.23b)

No.....-2 (SKIP TO Q.25)
Refused.....-3

23b. How many times did you live as a partner with someone for 3 months or more? (WRITE IN NUMBER) times
(03) (14)

FIRST PARTNER

24a. In what month and year did you begin living with a partner (the first time)?

MONTH YEAR
(15) (16) - (17) (18)

24b. How old was she at that time?

(WRITE IN AGE)
(19) (20)

24c. In what month and year did this relationship end?

MONTH YEAR
(21) (22) - (23) (24)

Current...(25) -1

24d. Did this partner ever become pregnant by you?

Yes.(26) -1 (ASK Q.24e)
No.....-2 (SKIP TO Q.24g)

24e. When was that?

MONTH YEAR
1st (27) (28) - (29) (30)

MONTH YEAR
2nd (31) (32) - (33) (34)

24f. What was the outcome of that pregnancy? (What was the outcome of the second pregnancy?)

	First	Second
Live birth..(35) -1 (36) -1		
Miscarriage...-2	-2	-2
Stillbirth....-3	-3	-3
Abortion.....-4	-4	-4
Not sure.....-5	-5	-5

24g. Did you or your partner use birth control regularly to avoid pregnancy?

Yes.(37) -1 (GO TO NEXT PARTNER Q.24h) 01
No.....-2

74-80

SECOND PARTNER

24h. In what month and year did you begin living with a partner the second time?

MONTH YEAR
(15) (16) - (17) (18)

24i. How old was she at that time?

(WRITE IN AGE)
(19) (20)

24j. In what month and year did this relationship end?

MONTH YEAR
(21) (22) - (23) (24)

Current...(25) -1

24k. Did this partner ever become pregnant by you?

Yes.(26) -1 (ASK Q.24L)
No.....-2 (SKIP TO Q.24n)

24L. When was that?

MONTH YEAR
1st (27) (28) - (29) (30)

MONTH YEAR
2nd (31) (32) - (33) (34)

24m. What was the outcome of that pregnancy? (What was the outcome of the second pregnancy?)

	First	Second
Live birth..(35) -1 (36) -1		
Miscarriage...-2	-2	-2
Stillbirth....-3	-3	-3
Abortion.....-4	-4	-4
Not sure.....-5	-5	-5

24n. Did you or your partner use birth control regularly to avoid pregnancy?

Yes.(37) -1 (GO TO NEXT PARTNER Q.24o) 02
No.....-2

79-80

THIRD PARTNER

24o. In what month and year did you begin living with a partner the third time?

MONTH YEAR
(15) (16) - (17) (18)

24p. How old was she at that time?

(WRITE IN AGE)
(19) (20)

24q. In what month and year did this relationship end?

MONTH YEAR
(21) (22) - (23) (24)

Current...(25) -1

24r. Did this partner ever become pregnant by you?

Yes.(26) -1 (ASK Q.24s)
No.....-2 (SKIP TO Q.24u)

24s. When was that?

MONTH YEAR
1st (27) (28) - (29) (30)

MONTH YEAR
2nd (31) (32) - (33) (34)

24t. What was the outcome of that pregnancy? (What was the outcome of the second pregnancy?)

	First	Second
Live birth..(35) -1 (36) -1		
Miscarriage...-2	-2	-2
Stillbirth....-3	-3	-3
Abortion.....-4	-4	-4
Not sure.....-5	-5	-5

24u. Did you or your partner use birth control regularly to avoid pregnancy?

Yes.(37) -1 (RECORD ADDITION-AL PARTNERS IN S.R.B. PG 26) 01
No.....-2

74-80

25a. Do you know of any other pregnancies, in addition to those we have already discussed, that you have caused?

Yes. (12(_____-1 (ASK Q.25b)

No.....-2 (SKIP TO Q.26a)

25b. When was that?

FIRST		YEAR	
MONTH		YEAR	
(13)	(14)	(15)	(16)

25c. What was the outcome of that pregnancy?

Live birth. (17(_____-1
 Miscarriage.....-2
 Stillbirth.....-3
 Abortion.....-4
 Not sure.....-5

PROBE: Were there any others?
 (IF YES, ASK Q.25d)

25d. When was that?

SECOND		YEAR	
MONTH		YEAR	
(18)	(19)	(20)	(21)

25e. What was the outcome of that pregnancy?

Live birth. (22(_____-1
 Miscarriage.....-2
 Stillbirth.....-3
 Abortion.....-4
 Not sure.....-5

PROBE: Were there any others?
 (IF YES, ASK Q.25f)

25f. When was that?

THIRD		YEAR	
MONTH		YEAR	
(23)	(24)	(25)	(26)

25g. What was the outcome of that pregnancy?

Live birth. (27(_____-1
 Miscarriage.....-2
 Stillbirth.....-3
 Abortion.....-4
 Not sure.....-5

PROBE: Were there any others?
 (IF YES, GO TO S.R.B. PAGE 27 Q.156)

26a. Did you ever try for a period of a year or more to conceive a child without being able to?

Yes. (28(_____-1 (ASK Q.26b)

No.....-2 (SKIP TO Q.27)

26b. When was that? (PROBE: Were there any other times?)

First time

FROM		YEAR	
MONTH		YEAR	
(29)	(30)	(31)	(32)

TO		YEAR	
MONTH		YEAR	
(33)	(34)	(35)	(36)

Second time

FROM		YEAR	
MONTH		YEAR	
(37)	(38)	(39)	(40)

TO		YEAR	
MONTH		YEAR	
(41)	(42)	(43)	(44)

Third Time

FROM		YEAR	
MONTH		YEAR	
(45)	(46)	(47)	(48)

TO		YEAR	
MONTH		YEAR	
(49)	(50)	(51)	(52)

26c. During (this period/any of these periods) did either you or your partner see a doctor to discuss any difficulties in conceiving children?

Yes. (53(_____-1

No.....-2

ASK EVERYONE HAND RESPONDENT CARD "D"

27a. There are many reasons that some couples find it difficult or impossible to conceive a child. Please read this card and tell me the letter for each reason which ever applied to you or a spouse or partner. Any other reason?

ASK Q.27b AND Q.27c FOR EACH REASON IN Q.27a.

27b. Did reason (LETTER) apply to you or your spouse? **MULTIPLE RECORD BELOW**

27c. In what year did this occur or become known to you?

Q.27a	Q.27b	Q.27c Year
A. Sterility due to surgery.....(12 (____) -1	Respondent....(18 (____) -1 Spouse/partner(19 (____) -1	
B. Sterility due to injury, accident, or illness (SPECIFY)(13 (____) -1	Respondent....(20 (____) -1 Spouse/partner(21 (____) -1	
C. Sterility due to unknown causes.....(14 (____) -1	Respondent....(22 (____) -1 Spouse/partner(23 (____) -1	
D. Impotence.....(15 (____) -1		
E. Other known medical or physical conditions (SPECIFY)(16 (____) -1	Respondent....(24 (____) -1 Spouse/partner(25 (____) -1	
F. Some other reason (SPECIFY)(17 (____) -1	Respondent....(26 (____) -1 Spouse/partner(27 (____) -1	

28. How many children have you had -- that is, of how many children are you the natural father? Please include children who live with you, those who live elsewhere, and those who may no longer be living.

(WRITE IN NUMBER)

(12)	(13)

children (ASK Q.29)

No children.....(14) (____) -1 (SKIP TO Q.33)

29. Starting with your first child, what is the first and last name of the child as it appears on the birth certificate?

RECORD FIRST AND LAST NAMES OF ALL CHILDREN IN S.R.B. - PAGE 3-4. WRITE IN THE FIRST NAME ONLY AT THE TOP OF THE APPROPRIATE COLUMN(S).

FIRST CHILD	SECOND CHILD	THIRD CHILD																																				
NAME: _____	NAME: _____	NAME: _____																																				
30a. How old is (CHILD) now?	31a. How old is (CHILD) now?	32a. How old is (CHILD) now?																																				
<table border="1"><tr><td></td><td></td></tr><tr><td>(15)</td><td>(16)</td></tr></table> Age			(15)	(16)	<table border="1"><tr><td></td><td></td></tr><tr><td>(15)</td><td>(16)</td></tr></table> Age			(15)	(16)	<table border="1"><tr><td></td><td></td></tr><tr><td>(15)</td><td>(16)</td></tr></table> Age			(15)	(16)																								
(15)	(16)																																					
(15)	(16)																																					
(15)	(16)																																					
Child died..(17) ____ -1	Child died..(17) ____ -1	Child died..(17) ____ -1																																				
30b. (Is/Was) (CHILD) male or female?	31b. (Is/Was) (CHILD) male or female?	32b. (Is/Was) (CHILD) male or female?																																				
Male.....(18) ____ -1 Female..... ____ -2	Male.....(18) ____ -1 Female..... ____ -2	Male.....(18) ____ -1 Female..... ____ -2																																				
30c. How much did (CHILD) weigh at birth?	31c. How much did (CHILD) weigh at birth?	32c. How much did (CHILD) weigh at birth?																																				
<table border="1"><tr><td colspan="2">POUNDS</td><td colspan="2">OUNCES</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>(19)</td><td>(20)</td><td>(21)</td><td>(22)</td></tr></table>	POUNDS		OUNCES						(19)	(20)	(21)	(22)	<table border="1"><tr><td colspan="2">POUNDS</td><td colspan="2">OUNCES</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>(19)</td><td>(20)</td><td>(21)</td><td>(22)</td></tr></table>	POUNDS		OUNCES						(19)	(20)	(21)	(22)	<table border="1"><tr><td colspan="2">POUNDS</td><td colspan="2">OUNCES</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>(19)</td><td>(20)</td><td>(21)</td><td>(22)</td></tr></table>	POUNDS		OUNCES						(19)	(20)	(21)	(22)
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(19)	(20)	(21)	(22)																																			
Don't know...(23) ____ -1	Don't know...(23) ____ -1	Don't know...(23) ____ -1																																				
30d. What is (CHILD)'s birth-date?	31d. What is (CHILD)'s birth-date?	32d. What is (CHILD)'s birth-date?																																				
<table border="1"><tr><td>MONTH</td><td>DAY</td><td>YEAR</td></tr><tr><td></td><td></td><td></td></tr><tr><td>(24)</td><td>(25)</td><td>(26) (27) (28) (29)</td></tr></table>	MONTH	DAY	YEAR				(24)	(25)	(26) (27) (28) (29)	<table border="1"><tr><td>MONTH</td><td>DAY</td><td>YEAR</td></tr><tr><td></td><td></td><td></td></tr><tr><td>(24)</td><td>(25)</td><td>(26) (27) (28) (29)</td></tr></table>	MONTH	DAY	YEAR				(24)	(25)	(26) (27) (28) (29)	<table border="1"><tr><td>MONTH</td><td>DAY</td><td>YEAR</td></tr><tr><td></td><td></td><td></td></tr><tr><td>(24)</td><td>(25)</td><td>(26) (27) (28) (29)</td></tr></table>	MONTH	DAY	YEAR				(24)	(25)	(26) (27) (28) (29)									
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(24)	(25)	(26) (27) (28) (29)																																				
ALSO RECORD IN S.R.B.-PG 3	ALSO RECORD IN S.R.B.-PG 3	ALSO RECORD IN S.R.B.-PG 3																																				
30e. Was the child premature, full term, or overdue?	31e. Was the child premature, full term, or overdue?	32e. Was the child premature, full term, or overdue?																																				
Premature.(30) ____ -1 Full term..... ____ -2 Overdue..... ____ -3 Not sure..... ____ -4	Premature.(30) ____ -1 Full term..... ____ -2 Overdue..... ____ -3 Not sure..... ____ -4	Premature.(30) ____ -1 Full term..... ____ -2 Overdue..... ____ -3 Not sure..... ____ -4																																				
(GO TO Q.30f)	(GO TO Q.31f)	(GO TO Q.32f)																																				

FIRST CHILD	SECOND CHILD	THIRD CHILD
30f. Where are (CHILD)'s birth registration records located? In what city and state is that? <u>RECORD IN S.R.B. PG 3</u>	31f. Where are (CHILD)'s birth registration records located? In what city and state is that? <u>RECORD IN S.R.B. PG 3</u>	32f. Where are (CHILD)'s birth registration records located? In what city and state is that? <u>RECORD IN S.R.B. PG 3</u>
30g. Where are (CHILD)'s current medical records located? In what city and state is that? <u>RECORD IN S.R.B. PG 3</u>	31g. Where are (CHILD)'s current medical records located? In what city and state is that? <u>RECORD IN S.R.B. PG 3</u>	32g. Where are (CHILD)'s current medical records located? In what city and state is that? <u>RECORD IN S.R.B. PG 3</u>
30h. What was (CHILD)'s mother's full name? <u>RECORD IN S.R.B. PG 3</u>	31h. What was (CHILD)'s mother's full name? <u>RECORD IN S.R.B. PG 3</u>	32h. What was (CHILD)'s mother's full name? <u>RECORD IN S.R.B. PG 3</u>
30i. How old was the mother when (CHILD) was born? Age (31) (32)	31i. How old was the mother when (CHILD) was born? Age (31) (32)	32i. How old was the mother when (CHILD) was born? Age (31) (32)
30j. Were either of you using birth control at the time she became pregnant with (CHILD)? Yes. <u>33(</u> -1 (ASK Q.30k) No. -2 (SKIP TO Q.30L)	31j. Were either of you using birth control at the time she became pregnant with (CHILD)? Yes. <u>33(</u> -1 (ASK Q.31k) No. -2 (SKIP TO Q.31L)	32j. Were either of you using birth control at the time she became pregnant with (CHILD)? Yes. <u>33(</u> -1 (ASK Q.32k) No. -2 (SKIP TO Q.32L)
<u>HAND RESPONDENT CARD "C"</u> 30k. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing? 01. <u>34(</u> -1 06. <u>39(</u> -1 02. <u>35(</u> -1 07. <u>40(</u> -1 03. <u>36(</u> -1 08. <u>41(</u> -1 04. <u>37(</u> -1 09. <u>42(</u> -1 05. <u>38(</u> -1 10. <u>43(</u> -1 11. <u>44(</u> -1 12 (SPECIFY) _____ . <u>45(</u> -1 (GO TO Q.30L)	<u>HAND RESPONDENT CARD "C"</u> 31k. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing? 01. <u>34(</u> -1 06. <u>39(</u> -1 02. <u>35(</u> -1 07. <u>40(</u> -1 03. <u>36(</u> -1 08. <u>41(</u> -1 04. <u>37(</u> -1 09. <u>42(</u> -1 05. <u>38(</u> -1 10. <u>43(</u> -1 11. <u>44(</u> -1 12 (SPECIFY) _____ . <u>45(</u> -1 (GO TO Q.31L)	<u>HAND RESPONDENT CARD "C"</u> 32k. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing? 01. <u>34(</u> -1 06. <u>39(</u> -1 02. <u>35(</u> -1 07. <u>40(</u> -1 03. <u>36(</u> -1 08. <u>41(</u> -1 04. <u>37(</u> -1 09. <u>42(</u> -1 05. <u>38(</u> -1 10. <u>43(</u> -1 11. <u>44(</u> -1 12 (SPECIFY) _____ . <u>45(</u> -1 (GO TO Q.32L)

FIRST CHILD	SECOND CHILD	THIRD CHILD
30l. How many months did it take her to become pregnant with this child? Months (46) (47) Less than 1 month. (48() -1 Wasn't trying..... -2 30m. Did (CHILD) have any birth defects? Yes. (49() -1 (ASK Q.30n) No..... -2 (SKIP TO Q.30o) 30n. What kind of birth defects did (s)he have? Any others? _____ _____ _____ 30o. Was (CHILD) ever diagnosed as having cancer? Yes. (50() -1 (ASK Q.30p) No..... -2 (SKIP TO Q.30r) 30p. In what month and year was the diagnosis made? MONTH (51) (52) YEAR (53) (54) 30q. What kind of cancer was diagnosed? (55-56) Not sure.. (57() -1 (GO TO Q.30r)	31l. How many months did it take her to become pregnant with this child? Months (46) (47) Less than 1 month. (48() -1 Wasn't trying..... -2 31m. Did (CHILD) have any birth defects? Yes. (49() -1 (ASK Q.31n) No..... -2 (SKIP TO Q.31o) 31n. What kind of birth defects did (s)he have? Any others? _____ _____ _____ 31o. Was (CHILD) ever diagnosed as having cancer? Yes. (50() -1 (ASK Q.31p) No..... -2 (SKIP TO Q.31r) 31p. In what month and year was the diagnosis made? MONTH (51) (52) YEAR (53) (54) 31q. What kind of cancer was diagnosed? (55-56) Not sure.. (57() -1 (GO TO Q.31r)	32l. How many months did it take her to become pregnant with this child? Months (46) (47) Less than 1 month. (48() -1 Wasn't trying..... -2 32m. Did (CHILD) have any birth defects? Yes. (49() -1 (ASK Q.32n) No..... -2 (SKIP TO Q.32o) 32n. What kind of birth defects did (s)he have? Any others? _____ _____ _____ 32o. Was (CHILD) ever diagnosed as having cancer? Yes. (50() -1 (ASK Q.32p) No..... -2 (SKIP TO Q.32r) 32p. In what month and year was the diagnosis made? MONTH (51) (52) YEAR (53) (54) 32q. What kind of cancer was diagnosed? (55-56) Not sure.. (57() -1 (GO TO Q.32r)

FIRST CHILD	SECOND CHILD	THIRD CHILD
30r. (Does/Did)(CHILD) have a diagnosed learning disability?	31r. (Does/Did)(CHILD) have a diagnosed learning disability?	32r. (Does/Did)(CHILD) have a diagnosed learning disability?
Yes. (58) -1 (ASK Q.30s)	Yes. (58) -1 (ASK Q.31s)	Yes. (58) -1 (ASK Q.32s)
No. -2 (SKIP TO Q.30t)	No. -2 (SKIP TO Q.31t)	No. -2 (SKIP TO Q.32t)
30s. What kind of learning disability (does/did) (s)he have?	31s. What kind of learning disability (does/did) (s)he have?	32s. What kind of learning disability (does/did) (s)he have?
30t. (Does/Did)(CHILD) have any physical, mental, or motor impairments?	31t. (Does/Did)(CHILD) have any physical, mental, or motor impairments?	32t. (Does/Did)(CHILD) have any physical, mental, or motor impairments?
Yes. (59) -1 (ASK Q.30u)	Yes. (59) -1 (ASK Q.31u)	Yes. (59) -1 (ASK Q.32u)
No. -2 (SKIP TO Q.30v)	No. -2 (SKIP TO Q.31v)	No. -2 (SKIP TO Q.32v)
30u. What kind of impairment (does/did) (s)he have?	31u. What kind of impairment (does/did) (s)he have?	32u. What kind of impairment (does/did) (s)he have?
IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO NEXT CHILD	IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO NEXT CHILD	IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO NEXT CHILD
30v. On what date did (CHILD) die?	31v. On what date did (CHILD) die?	32v. On what date did (CHILD) die?
MONTH DAY YEAR [] [] - [] [] [] [] [] [] (60) (61) (62) (63) (64) (65)	MONTH DAY YEAR [] [] - [] [] [] [] [] [] (60) (61) (62) (63) (64) (65)	MONTH DAY YEAR [] [] - [] [] [] [] [] [] (60) (61) (62) (63) (64) (65)
30w. What was the cause of death?	31w. What was the cause of death?	32w. What was the cause of death?
30x. Where is (CHILD)'s death registered? In what city and state is that?	31x. Where is (CHILD)'s death registered? In what city and state is that?	32x. Where is (CHILD)'s death registered? In what city and state is that?
RECORD IN S.R.B. PG 3	RECORD IN S.R.B. PG 3	RECORD IN S.R.B. PG 3
(GO TO NEXT CHILD Q.31s)	(GO TO NEXT CHILD Q.32s)	(RECORD ADDITIONAL CHILDREN IN S.R.B. - PG 28-39)

33. Now let's talk about your health. Compared to other people your age, would you say that your health is excellent, good, fair, or poor?

Excellent....(12) -1
 Good..... -2
 Fair..... -3
 Poor..... -4

34a. Did a doctor ever tell you that you had pneumonia?

Yes.Q3 () -1 (ASK Q.34b)

No..... -2 (SKIP TO Q.36a)

34b. How many times have you had pneumonia?

(WRITE IN NUMBER)

times
 (04) (15)

First Time	Second Time	Third Time
35a. During what months and years did you have pneumonia (the first time)?	35f. During what months and years did you have pneumonia (the second time)?	35k. During what months and years did you have pneumonia (the third time)?
RECORD IN S.R.B. PG 5	RECORD IN S.R.B. PG 5	RECORD IN S.R.B. PG 5
IF BEFORE 1961, SKIP TO Q.35f.	IF BEFORE 1961, SKIP TO Q.35k.	IF BEFORE 1961, SKIP TO Q.36a
35b. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?	35g. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?	35l. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?
RECORD IN S.R.B. PG 5	RECORD IN S.R.B. PG 5	RECORD IN S.R.B. PG 5
35c. What prescribed medicine did you take for the pneumonia you had that time?	35h. What prescribed medicine did you take for the pneumonia you had that time?	35m. What prescribed medicine did you take for the pneumonia you had that time?
1. _____	1. _____	1. _____
2. _____	2. _____	2. _____
3. _____	3. _____	3. _____
35d. Were you hospitalized for the pneumonia you had that time?	35i. Were you hospitalized for the pneumonia you had that time?	35n. Were you hospitalized for the pneumonia you had that time?
Yes.(16) -1 (ASK Q.35e) No..... -2 (SKIP TO Q.35f)	Yes.(17) -1 (ASK Q.35i) No..... -2 (SKIP TO Q.35k)	Yes.(18) -1 (ASK Q.35o) No..... -2 (SKIP TO Q.36a)
35e. What was the full name of that hospital?	35j. What was the full name of that hospital?	35o. What was the full name of that hospital?
RECORD IN S.R.B. PG 5	RECORD IN S.R.B. PG 5	RECORD IN S.R.B. PG 5

36a. Did a doctor ever tell you that you had cancer?

Yes... (12) () -1 (ASK Q.36b)

13-14

No..... -2 (SKIP TO Q.37)

36b. In which parts of your body was cancer located?

LIST EACH BODY PART BELOW. IF MORE THAN THREE BODY PARTS, USE S.R.B. - PAGE 40 FOR ADDITIONAL PARTS.

Part 1	Part 2	Part 3																																													
36c. In what month and year was cancer of the (BODY PART) first diagnosed? [RECORD IN S.R.B. PG 5]	36i. In what month and year was cancer of the (BODY PART) first diagnosed? [RECORD IN S.R.B. PG 5]	36o. In what month and year was cancer of the (BODY PART) first diagnosed? [RECORD IN S.R.B. PG 5]																																													
36d. What is the full name of the doctor or the medical facility where the diagnosis was made? [RECORD IN S.R.B. PG 5]	36j. What is the full name of the doctor or the medical facility where the diagnosis was made? [RECORD IN S.R.B. PG 5]	36p. What is the full name of the doctor or the medical facility where the diagnosis was made? [RECORD IN S.R.B. PG 5]																																													
36e. What is the full name of the doctor or the medical facility you last consulted about cancer of the (BODY PART)? [RECORD IN S.R.B. PG 5]	36k. What is the full name of the doctor or the medical facility you last consulted about cancer of the (BODY PART)? [RECORD IN S.R.B. PG 5]	36q. What is the full name of the doctor or the medical facility you last consulted about cancer of the (BODY PART)? [RECORD IN S.R.B. PG 5]																																													
36f. During what month and year did you last consult (NAME FROM Q.36e)? [RECORD IN S.R.B. PG 5]	36l. During what month and year did you last consult (NAME FROM Q.36k)? [RECORD IN S.R.B. PG 5]	36r. During what month and year did you last consult (NAME FROM Q.36q)? [RECORD IN S.R.B. PG 5]																																													
36g. What treatments or medicines did you take for cancer of the (BODY PART)? [MULTIPLE RECORD BELOW] Radiation.....(15) () -1 Chemotherapy...(16) () -1 Surgery.....(17) () -1 Other (SPECIFY) _____(18) () -1	36m. What treatments or medicines did you take for cancer of the (BODY PART)? [MULTIPLE RECORD BELOW] Radiation.....(15) () -1 Chemotherapy...(16) () -1 Surgery.....(17) () -1 Other (SPECIFY) _____(18) () -1	36s. What treatments or medicines did you take for cancer of the (BODY PART)? [MULTIPLE RECORD BELOW] Radiation.....(15) () -1 Chemotherapy...(16) () -1 Surgery.....(17) () -1 Other (SPECIFY) _____(18) () -1																																													
36h. During what month and year did you first receive (EACH TREATMENT CODED IN Q.36g) for cancer of the (BODY PART)?	36n. During what month and year did you first receive (EACH TREATMENT CODED IN Q.36m) for cancer of the (BODY PART)?	36t. During what month and year did you first receive (EACH TREATMENT CODED IN Q.36s) for cancer of the (BODY PART)?																																													
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IF LEUKEMIA NOT PREVIOUSLY MENTIONED, ASK:

37a. Has a doctor ever told you that you had leukemia?

Yes..(12(_____-1 (ASK Q.37b)

No.....-2 (SKIP TO Q.38)

37b. In what month and year was your leukemia first diagnosed?

RECORD IN S.R.B. - PG 6

37c. What is the full name of the doctor or the medical facility where the diagnosis was made?

RECORD IN S.R.B. - PG 6

37d. What treatments or medicines have you taken for leukemia? RECORD BELOW

D. MEDICINE/TREATMENT

E. FIRST RECEIVED

1. _____

MONTH		YEAR	
(13)	(14)	(15)	(16)

2. _____

MONTH		YEAR	
(17)	(18)	(19)	(20)

3. _____

MONTH		YEAR	
(21)	(22)	(23)	(24)

37e. During what month and year did you first receive (EACH TREATMENT OR MEDICINE IN Q.37d)? RECORD ABOVE

37f. What is the full name of the doctor or medical facility you last consulted about your leukemia?

RECORD IN S.R.B. - PG 6

37g. During what month and year did you last consult (NAME IN Q.37f)?

RECORD IN S.R.B. - PG 6

/25-60/

38a. I would like to ask you some questions about other medical conditions you may have had.

1. Did you ever have diabetes?

Yes.....(61(_____-1 ("X" BOX ON PAGE 26)
No....._____-2

2. Did you ever have thyroid problems?

Yes (SPECIFY)

_____. (62(_____-1 ("X" BOX ON PAGE 26)
No....._____-2

3. Did you ever have anemia?

Yes.....(63(_____-1 ("X" BOX ON PAGE 26)
No....._____-2

4. Did you ever have a heart condition?

Yes (SPECIFY)

_____. (64(_____-1 ("X" BOX ON PAGE 26)
No....._____-2

5. Did you ever have an enlarged liver?

Yes.....(65(_____-1 ("X" BOX ON PAGE 26)
No....._____-2

6. Did you ever have jaundice?

Yes.....(66(_____-1 ("X" BOX ON PAGE 27)
No....._____-2

7. Did you ever have hepatitis?

Yes.....(67(_____-1 ("X" BOX ON PAGE 27)
No....._____-2

8. Did you ever have cirrhosis of the liver?

Yes.....(68(_____-1 ("X" BOX ON PAGE 27)
No....._____-2

9. Did you ever have intestinal parasites?

Yes.....(69(_____-1 ("X" BOX ON PAGE 27)
No....._____-2

10. Did you ever have gall bladder problems?

Yes.....(70(_____-1 ("X" BOX ON PAGE 27)
No....._____-2

11. Did you ever have any other liver condition?

Yes (SPECIFY)

_____. (71(_____-1 ("X" BOX ON PAGE 28)
No....._____-2

12. Did you ever have a respiratory condition other than pneumonia?

Yes (SPECIFY)

_____. (72(_____-1 ("X" BOX ON PAGE 28)
No....._____-2

13. Did you ever have any other major condition?

Yes (SPECIFY)

_____. (73(_____-1 ("X" BOX ON PAGE 28)
No....._____-2

	DIABETES	THYROID PROBLEMS	ANEMIA	A HEART CONDITION	AN ENLARGED LIVER
ASK Q.385 THROUGH Q.388 FOR EACH BOX "X"ED ON PP. 26-28					
38a. When did a doctor first tell you that you had (CONDITION)?.....	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7
38c. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?.....	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7
38d. Do you have (CONDITION) now?..... Yes. (12) <u> </u> -1 (ASK Q.38e) No. -2 (SKIP TO Q. 38g)	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7
38e. Are you currently taking any prescribed medicines for your (CONDITION)?..... Yes. (13) <u> </u> -1 (ASK Q.38f) No. -2 (SKIP TO Q. 38g)	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7
38f. What are the names of the medicines you are taking for (CONDITION)? Any others?.....					
38g. When did you last consult a doctor for (CONDITION)?.....	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7
38h. What is the full name of the doctor or medical facility you last consulted about your (CONDITION)?..... (GO TO NEXT CONDITION "X"ED)	RECORD IN S.R.B. PAGE 7 (GO TO NEXT CONDITION "X"ED)	RECORD IN S.R.B. PAGE 7 (GO TO NEXT CONDITION "X"ED)	RECORD IN S.R.B. PAGE 7 (GO TO NEXT CONDITION "X"ED)	RECORD IN S.R.B. PAGE 7 (GO TO NEXT CONDITION "X"ED)	RECORD IN S.R.B. PAGE 7 (GO TO NEXT CONDITION "X"ED)
	61 77-80	62 79-80	63 79-80	64 79-80	65 79-80

CARD 038		JAUNDICE	HEPATITIS	CIRRHOSIS OF THE LIVER	INTESTINAL PARASITES	GALL BLADDER PROBLEMS
ASK Q. 38b THROUGH Q. 38h FOR EACH BOX "X"ED ON PP. 26-28						
38b. When did a doctor first tell you that you had (CONDITION)?.....	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 8	RECORD IN S.R.B. PAGE 8	RECORD IN S.R.B. PAGE 8	RECORD IN S.R.B. PAGE 8	RECORD IN S.R.B. PAGE 8
38c. What is the full name of the doctor who made the diagnosis or the medical facility where the diag- nosis was made?.....	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 8	RECORD IN S.R.B. PAGE 8	RECORD IN S.R.B. PAGE 8	RECORD IN S.R.B. PAGE 8	RECORD IN S.R.B. PAGE 8
38d. Do you have (CONDITION) now?.....	Yes. (12 (-1 (ASK Q. 38e) No. -2 (SKIP TO Q. 38g)	Yes. (12 (-1 (ASK Q. 38e) No. -2 (SKIP TO Q. 38g)	Yes. (12 (-1 (ASK Q. 38e) No. -2 (SKIP TO Q. 38g)	Yes. (12 (-1 (ASK Q. 38e) No. -2 (SKIP TO Q. 38g)	Yes. (12 (-1 (ASK Q. 38e) No. -2 (SKIP TO Q. 38g)	Yes. (12 (-1 (ASK Q. 38e) No. -2 (SKIP TO Q. 38g)
38e. Are you currently taking any prescribed medicines for your (CONDITION)?.....	Yes. (13 (-1 (ASK Q. 38f) No. -2 (SKIP TO Q. 38g)	Yes. (13 (-1 (ASK Q. 38f) No. -2 (SKIP TO Q. 38g)	Yes. (13 (-1 (ASK Q. 38f) No. -2 (SKIP TO Q. 38g)	Yes. (13 (-1 (ASK Q. 38f) No. -2 (SKIP TO Q. 38g)	Yes. (13 (-1 (ASK Q. 38f) No. -2 (SKIP TO Q. 38g)	Yes. (13 (-1 (ASK Q. 38f) No. -2 (SKIP TO Q. 38g)
38f. What are the names of the medicines you are taking for (CONDITION)? Any others?.....						
38g. When did you last consult a doctor for (CONDITION)?..	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 8	RECORD IN S.R.B. PAGE 8	RECORD IN S.R.B. PAGE 8	RECORD IN S.R.B. PAGE 8	RECORD IN S.R.B. PAGE 8
38h. What is the full name of the doctor or medical facility you last con- sulted about your (CONDITION)?.....	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 8	RECORD IN S.R.B. PAGE 8	RECORD IN S.R.B. PAGE 8	RECORD IN S.R.B. PAGE 8	RECORD IN S.R.B. PAGE 8
(GO TO NEXT CONDITION "X"ED)	66 79-80	67 79-80	68 79-80	69 79-80	70 79-80	71 79-80

ANY OTHER LIVER
CONDITION

A RESPIRATORY CONDITION
OTHER THAN PNEUMONIA

ANY OTHER
MAJOR CONDITION

ASK Q. 38b THROUGH Q. 38h
FOR EACH BOX "X"ED ON
PP. 76-78

38b. When did a doctor first
tell you that you had
(CONDITION)?.....

38c. What is the full name of
the doctor who made the
diagnosis or the medical
facility where the diag-
nosis was made?.....

38d. Do you have (CONDITION)?
now?.....

Yes. (12) -1 (ASK Q. 38e)
No. -2 (SKIP TO Q.
38g)

38e. Are you currently taking
any prescribed medicines
for your (CONDITION)?.....

Yes. (13) -1 (ASK Q. 38f)
No. -2 (SKIP TO Q.
38g)

38f. What are the names of
the medicines you are
taking for (CONDITION)?
Any others?.....

38g. When did you last consult
a doctor for (CONDITION)?..

38h. What is the full name of
the doctor or medical
facility you last con-
sulted about your
(CONDITION)?.....

(GO TO NEXT CONDITION
"X"ED) 71
79-80

(GO TO NEXT CONDITION
"X"ED) 72
79-80

73
79-80

39. Have you ever had acne on your face?

Yes..(12(_____-1 (ASK Q.40a)

No....._-2 (SKIP TO Q.42)

40a. During what year did you last have acne on your face?

(WRITE IN YEAR)

--	--	--

 Year (ASK Q.40b) Before 1961..(15(_____-1 (SKIP TO Q.42)

First Period

40b. Think about the first time you had acne on your face -- when did it start?

MONTH		YEAR	
(06)	(17)	(18)	(19)

40c. Until when did that last?

MONTH		YEAR	
(20)	(21)	(22)	(23)

40d. Please show me on this diagram where the acne was located (the first time).

HAND RESPONDENT CARD "E"

MULTIPLE RECORD BELOW

Temples.....	(24)	-1
Eyes or eyelids.	(25)	-1
Ears.....	(26)	-1
Cheeks.....	(27)	-1
Nose.....	(28)	-1
Forehead.....	(29)	-1
Jaw, Chin, Other	(30)	-1

40e. Did you ever have another period of acne on your face?

Yes..(31(_____-1 (ASK Q.40f)
No....._-2 (SKIP TO Q.41a)

Second Period

40f. Think about the second time you had acne on your face -- when did it start?

MONTH		YEAR	
(32)	(33)	(34)	(35)

40g. Until when did that last?

MONTH		YEAR	
(36)	(37)	(38)	(39)

40h. Please show me on this diagram where the acne was located.

HAND RESPONDENT CARD "E"

MULTIPLE RECORD BELOW

Temples.....	(40)	-1
Eyes or eyelids.	(41)	-1
Ears.....	(42)	-1
Cheeks.....	(43)	-1
Nose.....	(44)	-1
Forehead.....	(45)	-1
Jaw, Chin, Other	(46)	-1

40i. Did you ever have another period of acne on your face?

Yes..(47(_____-1 (ASK Q.40j)
No....._-2 (SKIP TO Q.41a)

Third Period

40j. Think about the third time you had acne on your face -- when did it start?

MONTH		YEAR	
(48)	(49)	(50)	(51)

40k. Until when did that last?

MONTH		YEAR	
(52)	(53)	(54)	(55)

40L. Please show me on this diagram where the acne was located.

HAND RESPONDENT CARD "E"

MULTIPLE RECORD BELOW

Temples.....	(56)	-1
Eyes or eyelids.	(57)	-1
Ears.....	(58)	-1
Cheeks.....	(59)	-1
Nose.....	(60)	-1
Forehead.....	(61)	-1
Jaw, Chin, Other	(62)	-1

40m. Did you ever have another period of acne on your face?

Yes..(63(_____-1
No....._-2

IF ANY "YES" TO TEMPLE, EYES, EYELIDS, OR EARS
IN Q.40d,40h, OR 40L ABOVE: ASK Q.41a.
ALL OTHERS: SKIP TO Q.42.

41a. Did you ever consult a doctor or medical facility about the acne on your (temples/eyes or eyelids/ears)?

Yes..(64(_____-1 (ASK Q.41b)

No....._-2 (SKIP TO Q.42)

41b. When did you last consult a doctor about the acne on your (temples/eyes or eyelids/ears)?

RECORD IN S.R.B. - PG 9

41c. What was the name of the doctor or medical facility you consulted at the time?

RECORD IN S.R.B. - PG 9

41d. When you had this acne on your face did you also have it on your chest, back, shoulders, arms, or legs?

Yes.....(26(_____-1 (ASK Q.41e)

No....._____-2 (SKIP TO Q.42)

41e. Where was that? CODE ALL THAT APPLY

Chest.....(27(_____-1
 Back.....(28(_____-1
 Shoulders....(29(_____-1
 Arms.....(30(_____-1
 Legs.....(31(_____-1

41f. When was that?

FROM
 MONTH YEAR

(32)	(33)	(34)	(35)

TO
 MONTH YEAR

(36)	(37)	(38)	(39)

42a. Have you ever had (READ EACH COLUMN HEADING)?

[IF "YES" TO ANY COLUMN HEADING, ASK Q.42b-h FOR THAT COLUMN]

A.	B.	C.
Patches of your skin change color?	Easier bruising of the skin than usual?	Skin that was extra sensitive or seemed to hurt for no reason?
Yes..(65) -1 No.....-2	Yes..(67) -1 No.....-2	Yes..(69) -1 No.....-2
b. On what part of your body did you have (CONDITION)? Any other part?	b. On what part of your body did you have (CONDITION)? Any other part?	b. On what part of your body did you have (CONDITION)? Any other part?
c. Did you discuss (CONDI- TION) with a doctor?	c. Did you discuss (CONDI- TION) with a doctor?	c. Did you discuss (CONDI- TION) with a doctor?
Yes..(66) -1 (ASK Q.42d)	Yes..(68) -1 (ASK Q.42d)	Yes..(70) -1 (ASK Q.42d)
No.....-2 (GO TO NEXT CONDITION)	No.....-2 (GO TO NEXT CONDITION)	No.....-2 (GO TO NEXT CONDITION)
d. What was the diagnosis?	d. What was the diagnosis?	d. What was the diagnosis?
e. What is the name of the doctor who made the diag- nosis or the medical facility where the diag- nosis was made?	e. What is the name of the doctor who made the diag- nosis or the medical facility where the diag- nosis was made?	e. What is the name of the doctor who made the diag- nosis or the medical facility where the diag- nosis was made?
[RECORD IN S.R.B. - PG 10]	[RECORD IN S.R.B. - PG 10]	[RECORD IN S.R.B. - PG 10]
f. During what month and year was the diagnosis made?	f. During what month and year was the diagnosis made?	f. During what month and year was the diagnosis made?
[RECORD IN S.R.B. - PG 10]	[RECORD IN S.R.B. - PG 10]	[RECORD IN S.R.B. - PG 10]
g. What is the name of the doctor or medical facil- ity you last consulted about (CONDITION)?	g. What is the name of the doctor or medical facil- ity you last consulted about (CONDITION)?	g. What is the name of the doctor or medical facil- ity you last consulted about (CONDITION)?
[RECORD IN S.R.B. - PG 10]	[RECORD IN S.R.B. - PG 10]	[RECORD IN S.R.B. - PG 10]
h. During what month and year did you last con- sult (NAME IN Q.42g)?	h. During what month and year did you last con- sult (NAME IN Q.42g)?	h. During what month and year did you last con- sult (NAME IN Q.42g)?
[RECORD IN S.R.B. - PG 10]	[RECORD IN S.R.B. - PG 10]	[RECORD IN S.R.B. - PG 10]

42a. Have you ever had (READ EACH COLUMN HEADING)?

IF "YES" TO ANY COLUMN HEADING, ASK Q.42b-h FOR THAT COLUMN

D.	E.
A rash on your back caused by lower back pain?	A short period of excessive hair growth caused by lower back pain?
Yes..(71) () -1 No.....-2	Yes..(73) () -1 No.....-2
b. On what part of your body did you have (CONDITION)? Any other part?	b. On what part of your body did you have (CONDITION)? Any other part?
_____	_____
c. Did you discuss (CONDITION) with a doctor?	c. Did you discuss (CONDITION) with a doctor?
Yes..(72) () -1 (ASK Q.42d)	Yes..(74) () -1 (ASK Q.42d)
No.....-2 (GO TO NEXT CONDITION)	No.....-2
d. What was the diagnosis?	d. What was the diagnosis?
_____	_____
e. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?	e. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?
RECORD IN S.R.B. - PG 10	RECORD IN S.R.B. - PG 10
f. During what month and year was the diagnosis made?	f. During what month and year was the diagnosis made?
RECORD IN S.R.B. - PG 10	RECORD IN S.R.B. - PG 10
g. What is the name of the doctor or medical facility you last consulted about (CONDITION)?	g. What is the name of the doctor or medical facility you last consulted about (CONDITION)?
RECORD IN S.R.B. - PG 10	RECORD IN S.R.B. - PG 10
h. During what month and year did you last consult (NAME IN Q.42g)?	h. During what month and year did you last consult (NAME IN Q.42g)?
RECORD IN S.R.B. - PG 10	RECORD IN S.R.B. - PG 10

43a. Aside from injury, has there ever been a period of time when you had (READ EACH COLUMN HEADING)?

IF "YES" TO ANY COLUMN HEADING, ASK Q.43b-K FOR THAT COLUMN

A.	B.	C.																																				
Persistent numbness in any of your limbs?	Persistent tingling sensations in any of your limbs?	Persistent deep burning sensations in any of your limbs?																																				
Yes..(12(-1 No.....-2	Yes..(27(-1 No.....-2	Yes..(42(-1 No.....-2																																				
b. When did you first notice (CONDITION)?	b. When did you first notice (CONDITION)?	b. When did you first notice (CONDITION)?																																				
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c. Which limbs or muscles were affected? (CONDITION)? Any other part?	c. Which limbs or muscles were affected? (CONDITION)? Any other part?	c. Which limbs or muscles were affected? (CONDITION)? Any other part?																																				
d. Do you still have (CONDITION)?	d. Do you still have (CONDITION)?	d. Do you still have (CONDITION)?																																				
Yes..(17(-1 No.....-2	Yes..(32(-1 No.....-2	Yes..(47(-1 No.....-2																																				
e. During what period was the (CONDITION) most intense?	e. During what period was the (CONDITION) most intense?	e. During what period was the (CONDITION) most intense?																																				
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IF "YES" TO ANY COLUMN HEADING, ASK Q.43b-K FOR THAT COLUMN

D.	E.																																																																
Persistent aches and pains in any of your limbs?	A reduction in grip strength?																																																																
Yes..(12(-1 No.....-2	Yes..(27(-1 No.....-2																																																																
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44a. (Besides the prescribed medicines you told me about), are you currently taking any (other) medicines prescribed by a doctor?

Yes.....(12(____)-1 (ASK Q.44b)

No.....____-2 (SKIP TO Q.45)

44b. For what conditions were the medicines prescribed? Any other conditions?

(13(

(14(

(15(

45a. Have you ever smoked cigarettes regularly for a period of at least one month?

Yes.....(12)____-1 (ASK Q.45b)

No.....-2 (SKIP TO Q.48a)

45b. In what month and year did you start smoking cigarettes on a fairly regular basis?

MONTH		YEAR	
(13)	(14)	(15)	(16)

45c. In what month and year did you last smoke cigarettes on a fairly regular basis?

MONTH		YEAR	
(17)	(18)	(19)	(20)

46a. When you started smoking cigarettes on a fairly regular basis in (START DATE), about how many packs per week did you smoke? By "pack" we mean 20 cigarettes.

(21)	(22)

 packs per week

46b. Until what month and year did you continue to smoke (NUMBER) packs per week on a regular basis?

MONTH		YEAR	
(23)	(24)	(25)	(26)

(IF DATE IS THE SAME AS Q.45c: SKIP TO Q.47a.
ALL OTHERS: CONTINUE)

46c. After that, about how many packs per week did you smoke?

(27)	(28)

 packs per week

46d. Until what month and year did you continue to smoke (NUMBER) packs per week on a regular basis?

MONTH		YEAR	
(29)	(30)	(31)	(32)

(IF DATE IS THE SAME AS Q.45c: SKIP TO Q.47a.
ALL OTHERS: CONTINUE)

46e. After that, about how many packs per week did you smoke?

(33)	(34)

 packs per week

46f. Until what month and year did you continue to smoke (NUMBER) packs per week on a regular basis?

MONTH		YEAR	
(35)	(36)	(37)	(38)

(IF DATE IS THE SAME AS Q.45c: ASK Q.47a.
ALL OTHERS: RECORD ADDITIONAL PERIODS IN
S.R.B. PAGE 41)

47a. You said that you (last smoked cigarettes/are currently smoking cigarettes) on a fairly regular basis (in DATE). On how many days did you smoke cigarettes during the last three months (that you smoked on a fairly regular basis)?

(39)	(40)

 days

47b. On the days that you smoked, about how many packs did you smoke per day?

(41)	(42)

 packs per day

47c. In general, did you inhale the smoke?

Yes...(43)____-1

No.....-2

48a. Have you ever smoked a pipe regularly for a period of at least one month?

Yes.....(44) () -1 (ASK Q.48b)

No.....-2 (SKIP TO Q.51a)

48b. In what month and year did you start smoking a pipe on a fairly regular basis?

MONTH		YEAR	
()	()	()	()
(45)	(46)	(47)	(48)

48c. In what month and year did you last smoke a pipe on a fairly regular basis?

MONTH		YEAR	
()	()	()	()
(49)	(50)	(51)	(52)

49a. When you started smoking a pipe on a fairly regular basis in (START DATE), about how many pipefuls per week did you smoke?

()	()	pipefuls per week
(53)	(54)	

49b. Until what month and year did you continue to smoke (NUMBER) pipefuls per week on a regular basis?

MONTH		YEAR	
()	()	()	()
(55)	(56)	(57)	(58)

(IF DATE IS THE SAME AS Q.48c: SKIP TO Q.50a.
ALL OTHERS: CONTINUE)

49c. After that, about how many pipefuls per week did you smoke?

()	()	pipefuls per week
(59)	(60)	

49d. Until what month and year did you continue to smoke (NUMBER) pipefuls per week on a regular basis?

MONTH		YEAR	
()	()	()	()
(61)	(62)	(63)	(64)

(IF DATE IS THE SAME AS Q.48c: SKIP TO Q.50a.
ALL OTHERS: CONTINUE)

49e. After that, about how many pipefuls per week did you smoke?

()	()	pipefuls per week
(65)	(66)	

49f. Until what month and year did you continue to smoke (NUMBER) pipefuls per week on a regular basis?

MONTH		YEAR	
()	()	()	()
(67)	(68)	(69)	(70)

(IF DATE IS THE SAME AS Q.48c: ASK Q.50a.
ALL OTHERS: RECORD ADDITIONAL PERIODS IN
S.R.B. PAGE 41)

50a. You said that you (last smoked a pipe/are currently smoking a pipe) on a fairly regular basis (in DATE). On how many days did you smoke a pipe during the last three months (that you smoked on a fairly regular basis)?

()	()	days
(71)	(72)	

50b. On the days that you smoked, about how many pipefuls did you smoke per day?

()	()	pipefuls per day
(73)	(74)	

50c. In general, did you inhale the smoke?

Yes.....() () -1
No.....-2

51a. Have you ever smoked cigars regularly for a period of at least one month?

Yes.....(12(____)-1 (ASK Q.51b)

No.....-2 (SKIP TO Q.54a)

51b. In what month and year did you start smoking cigars on a fairly regular basis?

MONTH		YEAR	
(13)	(14)	(15)	(16)

51c. In what month and year did you last smoke cigars on a fairly regular basis?

MONTH		YEAR	
(17)	(18)	(19)	(20)

52a. When you started smoking cigars on a fairly regular basis in (START DATE), about how many cigars per week did you smoke?

(21)	(22)

 cigars per week

52b. Until what month and year did you continue to smoke (NUMBER) cigars per week on a regular basis?

MONTH		YEAR	
(23)	(24)	(25)	(26)

(IF DATE IS THE SAME AS Q.51c: SKIP TO Q.53a.
ALL OTHERS: CONTINUE)

52c. After that, about how many cigars per week did you smoke?

(27)	(28)

 cigars per week

52d. Until what month and year did you continue to smoke (NUMBER) cigars per week on a regular basis?

MONTH		YEAR	
(29)	(30)	(31)	(32)

(IF DATE IS THE SAME AS Q.51c: SKIP TO Q.53a.
ALL OTHERS: CONTINUE)

52e. After that, about how many cigars per week did you smoke?

(33)	(34)

 cigars per week

52f. Until what month and year did you continue to smoke (NUMBER) cigars per week on a regular basis?

MONTH		YEAR	
(35)	(36)	(37)	(38)

(IF DATE IS THE SAME AS Q.51c: ASK Q.53a.
ALL OTHERS: RECORD ADDITIONAL PERIODS IN
S.R.B. PAGE 42)

53a. You said that you (last smoked cigars/are currently smoking cigars) on a fairly regular basis (in DATE). On how many days did you smoke cigars during the last three months (that you smoked on a fairly regular basis)?

(39)	(40)

 days

53b. On the days that you smoked, about how many cigars did you smoke per day?

(41)	(42)

 cigars per day

53c. In general, did you inhale the smoke?

Yes...(43(____)-1

No.....-2

54a. Now let's talk about drinking alcoholic beverages, that is, beer, wine, or hard liquor. Did you ever drink alcoholic beverages on a fairly regular basis?

Yes... (44) _____ -1 (ASK Q.54b)

No..... _____ -2 (SKIP TO Q.57)

54b. In what month and year did you start drinking alcoholic beverages on a fairly regular basis?

MONTH		YEAR	
(45)	(46)	(47)	(48)

54c. In what month and year did you last drink on a fairly regular basis?

MONTH		YEAR	
(49)	(50)	(51)	(52)

55a. When you started drinking alcoholic beverages on a fairly regular basis in (START DATE), about how many drinks per week did you have?

(53)	(54)

drinks per week

55b. Until what month and year did you continue to drink (NUMBER) drinks per week on a regular basis?

MONTH		YEAR	
(55)	(56)	(57)	(58)

(IF DATE IS THE SAME AS Q.54c: SKIP TO Q.56a.
ALL OTHERS: CONTINUE)

55c. After that, about how many drinks per week did you have?

(59)	(60)

drinks per week

55d. Until what month and year did you continue to drink (NUMBER) drinks per week on a regular basis?

MONTH		YEAR	
(61)	(62)	(63)	(64)

(IF DATE IS THE SAME AS Q.54c: SKIP TO Q.56a.
ALL OTHERS: CONTINUE)

55e. After that, about how many drinks per week did you have?

(65)	(66)

drinks per week

55f. Until what month and year did you continue to drink (NUMBER) drinks per week on a regular basis?

MONTH		YEAR	
(67)	(68)	(69)	(70)

(IF DATE IS THE SAME AS Q.54c: ASK Q.56a.
ALL OTHERS: RECORD ADDITIONAL PERIODS IN
S.R.B. PAGE _____)

56a. You said that you (last drank/are currently drinking) alcoholic beverages on a fairly regular basis (in (END DATE)). On how many days did you drink during the last three months (that you drank on a fairly regular basis)?

(71)	(72)

days

56b. On the days that you drank, about how many drinks did you have per day?

(73)	(74)

drinks per day

56c. During these months which one of the following beverages did you drink most -- hard liquor, beer or ale, or wine or champagne?

Hard liquor... (75) _____ -1
Beer or ale..... _____ -2
Wine or champagne _____ -3
Combination..... _____ -4

57. Have you ever tried smoking marihuana?

Yes.....(12) () -1 (ASK Q.57a)

No.....-2 (SKIP TO Q.60)

57a. Have you ever smoked marihuana regularly for a period of at least one month?

Yes.....(13) () -1 (ASK Q.57b)

No.....-2 (SKIP TO Q.60)

57b. In what month and year did you start smoking marihuana on a fairly regular basis?

MONTH		YEAR	
(14)	(15)	(16)	(17)

57c. In what month and year did you last smoke marihuana on a fairly regular basis?

MONTH		YEAR	
(18)	(19)	(20)	(21)

58a. When you started smoking marihuana on a fairly regular basis in (START DATE), about how many joints per week did you smoke?

(22)	(23)	joints per week
------	------	-----------------

58b. Until what month and year did you continue to smoke (NUMBER) joints per week on a regular basis?

MONTH		YEAR	
(24)	(25)	(26)	(27)

(IF DATE IS THE SAME AS Q.57c: SKIP TO Q.59a.
ALL OTHERS: CONTINUE)

58c. After that, about how many joints per week did you smoke?

(28)	(29)	joints per week
------	------	-----------------

58d. Until what month and year did you continue to smoke (NUMBER) joints per week on a regular basis?

MONTH		YEAR	
(30)	(31)	(32)	(33)

(IF DATE IS THE SAME AS Q.57c: SKIP TO Q.59a.
ALL OTHERS: CONTINUE)

58e. After that, about how many joints per week did you smoke?

(34)	(35)	joints per week
------	------	-----------------

58f. Until what month and year did you continue to smoke (NUMBER) joints per week on a regular basis?

MONTH		YEAR	
(36)	(37)	(38)	(39)

(IF DATE IS THE SAME AS Q.57c: ASK Q.59a.
ALL OTHERS: RECORD ADDITIONAL PERIODS IN
S.R.B. PAGE 43)

59a. You said that you (last smoked marihuana/are currently smoking marihuana) on a fairly regular basis (in DATE). On how many days did you smoke marihuana during the last three months (that you smoked on a fairly regular basis)?

(40)	(41)	days
------	------	------

59b. On the days that you smoked, about how many joints did you smoke per day?

(42)	(43)	joints per day
------	------	----------------

60. In your lifetime, have you ever had two weeks or more during which you felt sad, blue, depressed, or when you lost all interest and pleasure in things that you usually cared about or enjoyed?

Yes.....(44(_____-1 } (ALSO RECORD ON S.R.B. PAGE 12)
No....._____-2 }

61a. Have you had two years or more in your life when you felt depressed or sad almost all the time even if you felt O.K. sometimes?

Yes.....(45(_____-1 (ASK Q.61b)

No....._____-2 (SKIP TO Q.62)

61b. Did you tell a medical doctor about feeling depressed during this period? The term "medical doctor" includes psychiatrists, osteopaths, and medical students.

Yes.....(46(_____-1 (SKIP TO Q.62)

No....._____-2 (ASK Q.61c)

61c. Did you tell any other professional about feeling depressed during this period? The term "other professional" includes psychologists, counselors, members of the clergy, and chiropractors?

Yes.....(47(_____-1 (SKIP TO Q.62)

No....._____-2 (ASK Q.61d)

61d. Did you take medication more than once, either prescribed or nonprescribed, for feeling depressed during this period?

Yes.....(48(_____-1 (SKIP TO Q.62)

No....._____-2 (ASK Q.61e)

61e. Did being depressed during this period interfere with your life and activities a lot?

Yes.....(49(_____-1

No....._____-2

62a. Has there ever been a period of two weeks or longer when you lost your appetite?

Yes.....(50)____-1 (ASK Q.62b)

No.....____-2 (SKIP TO Q.63a)

62b. Did you tell a doctor about your loss of appetite?

Yes.....(51)____-1 (ASK Q.62c)

No.....____-2 (SKIP TO Q.62d)

62c. When you told the doctor, what was his diagnosis?

IF "NERVES, STRESS, ANXIETY": CIRCLE "5" BELOW AND SKIP TO Q.63.
IF "NOTHING DEFINITE"/"DON'T KNOW": ASK IF DOCTOR'S EXAMINATION OR TESTS INDICATED ANY PHYSICAL ILLNESS.
IF "NO": CIRCLE "5" BELOW AND SKIP TO Q.63a.
IF "PHYSICAL ILLNESS OR INJURY," SKIP TO Q.62e.
IF "MEDICATION, DRUGS, OR ALCOHOL," SKIP TO Q.62e.

62d. What was the cause of your loss of appetite?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR "DON'T KNOW":
CIRCLE "5" BELOW AND SKIP TO Q.63a.
IF "PHYSICAL ILLNESS OR INJURY" OR "MEDICATION, DRUGS, OR ALCOHOL": ASK Q.62e.

62e. Has there ever been a period when you lost your appetite for two weeks or longer for any reason other than (READ RESPONSE FROM Q.62c OR Q.62d)?

Yes.....(52)____-1 (ASK Q.62f)

No.....____-2 (SKIP TO Q.63a)

62f. What was the cause of your loss of appetite in that period?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR
"DON'T KNOW": CIRCLE "5" BELOW AND GO TO Q.63 a.
ALL OTHERS: GO TO Q.63 a.

FOR OFFICE USE ONLY

1 2 3 4

(53)

5

IF "5" CIRCLED
RECORD IN S.R.B.
PAGE 12

63a. Have you ever lost weight without trying to -- as much as two pounds a week for several weeks (or as much as 10 pounds altogether)?

Yes.....(54(_____-1 (ASK Q.63b)

No....._____-2 (SKIP TO Q.64a)

63b. Did you tell a doctor about your weight loss?

Yes.....(55(_____-1 (ASK Q.63c)

No....._____-2 (SKIP TO Q.63d)

63c. When you told the doctor, what was his diagnosis?

IF "NERVES, STRESS, ANXIETY": CIRCLE "5" BELOW AND SKIP TO Q.64.
IF "NOTHING DEFINITE"/"DON'T KNOW": ASK IF DOCTOR'S EXAMINATION OR TESTS INDICATED ANY PHYSICAL ILLNESS.
IF "NO": CIRCLE "5" BELOW AND SKIP TO Q.64a.
IF "PHYSICAL ILLNESS OR INJURY," SKIP TO Q.63e.
IF "MEDICATION, DRUGS, OR ALCOHOL," SKIP TO Q.63e.

63d. What was the cause of your weight loss?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR "DON'T KNOW":
CIRCLE "5" BELOW AND SKIP TO Q.64a.
IF "PHYSICAL ILLNESS OR INJURY" OR "MEDICATION, DRUGS, OR ALCOHOL": ASK Q.63e.

63e. Has there ever been a period when you lost weight without trying to -- as much as two pounds a week for several weeks (or as much as 10 pounds altogether) for any reason other than (READ RESPONSE FROM Q.63c OR Q.63d)?

Yes.....(56(_____-1 (ASK Q.63f)

No....._____-2 (SKIP TO Q.64a)

63f. What was the cause of your loss of weight in that period?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR
"DON'T KNOW": CIRCLE "5" BELOW AND GO TO Q.64a.
ALL OTHERS: GO TO Q.64a.

FOR OFFICE USE ONLY

1 2 3 4

(57)

5

IF "5" CIRCLED
RECORD IN S.K.B.
PAGE 12

64a. Have you ever had a period when your eating increased so much that you gained as much as two pounds a week for several weeks (or 10 pounds altogether)?

Yes.....(58)_____ -1 (ASK Q.64b)

No....._____ -2 (SKIP TO Q.65a)

64b. Did you tell a doctor about your increased appetite and weight gain?

Yes.....(59)_____ -1 (ASK Q.64c)

No....._____ -2 (SKIP TO Q.64d)

64c. When you told the doctor, what was his diagnosis?

IF "NERVES, STRESS, ANXIETY": CIRCLE "5" BELOW AND SKIP TO Q.65.
IF "NOTHING DEFINITE"/"DON'T KNOW": ASK IF DOCTOR'S EXAMINATION OR TESTS INDICATED ANY PHYSICAL ILLNESS.
IF "NO": CIRCLE "5" BELOW AND SKIP TO Q.65a.
IF "PHYSICAL ILLNESS OR INJURY," SKIP TO Q.64e.
IF "MEDICATION, DRUGS, OR ALCOHOL," SKIP TO Q.64e.

64d. What was the cause of your increased appetite and weight gain?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR "DON'T KNOW":
CIRCLE "5" BELOW AND SKIP TO Q.65a.
IF "PHYSICAL ILLNESS OR INJURY" OR "MEDICATION, DRUGS, OR ALCOHOL": ASK Q.64e.

64e. Has there ever been a period when your eating increased so much that you gained as much as two pounds a week for several weeks (or 10 pounds altogether) for any reason other than (READ RESPONSE FROM Q.64c OR 64d)?

Yes.....(60)_____ -1 (ASK Q.64f)

No....._____ -2 (SKIP TO Q.65a)

64f. What was the cause of your increased appetite and weight gain in that period?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR "DON'T KNOW": CIRCLE "5" BELOW AND GO TO Q.65a.
ALL OTHERS: GO TO Q.65a.

FOR OFFICE USE ONLY

1 2 3 4

(61)

5

IF "5" CIRCLED
RECORD IN S.R.B.
PAGE 12

65a. Have you ever had a period of two weeks or more when you had trouble falling asleep, staying asleep, or with waking up too early?

Yes.....(62(_____-1 (ASK Q.65b)

No....._____-2 (SKIP TO Q.66a)

65b. Did you tell a doctor about your trouble sleeping?

Yes.....(63(_____-1 (ASK Q.65c)

No....._____-2 (SKIP TO Q.65d)

65c. When you told the doctor, what was his diagnosis?

IF "NERVES, STRESS, ANXIETY": CIRCLE "5" BELOW AND SKIP TO Q.66.
IF "NOTHING DEFINITE"/"DON'T KNOW": ASK IF DOCTOR'S EXAMINATION OR TESTS INDICATED ANY PHYSICAL ILLNESS.
IF "NO": CIRCLE "5" BELOW AND SKIP TO Q.66a.
IF "PHYSICAL ILLNESS OR INJURY," SKIP TO Q.65e.
IF "MEDICATION, DRUGS, OR ALCOHOL," SKIP TO Q.65e.

65d. What was the cause of your sleeping problem?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR "DON'T KNOW":
CIRCLE "5" BELOW AND SKIP TO Q.66a.
IF "PHYSICAL ILLNESS OR INJURY" OR "MEDICATION, DRUGS, OR ALCOHOL": ASK Q.65e.

65e. Has there ever been a period of two weeks or more when you had trouble falling asleep, staying asleep, or with waking up too early for any reason other than (READ RESPONSE FROM Q.65c OR Q.65d)?

Yes.....(64(_____-1 (ASK Q.65f)

No....._____-2 (SKIP TO Q.66a)

65f. What was the cause of your sleeping problem in that period?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR
"DON'T KNOW": CIRCLE "5" BELOW AND GO TO Q.66a.
ALL OTHERS: GO TO Q.66a.

FOR OFFICE USE ONLY

1 2 3 4

(65)

5

IF "5" CIRCLED
RECORD IN S.R.B.
PAGE 12

66a. Have you ever had a period of two weeks or longer when you were sleeping too much?

Yes.....(66(_____-1 (ASK Q.66b)

No....._____-2 (SKIP TO Q.67 a)

66b. Did you tell a doctor about your sleeping too much?

Yes.....(67(_____-1 (ASK Q.66c)

No....._____-2 (SKIP TO Q.66d)

66c. When you told the doctor, what was his diagnosis?

IF "NERVES, STRESS, ANXIETY": CIRCLE "5" BELOW AND SKIP TO Q.67 a.
IF "NOTHING DEFINITE"/"DON'T KNOW": ASK IF DOCTOR'S EXAMINATION OR TESTS INDICATED ANY PHYSICAL ILLNESS.
IF "NO": CIRCLE "5" BELOW AND SKIP TO Q.67 a.
IF "PHYSICAL ILLNESS OR INJURY," SKIP TO Q.66e.
IF "MEDICATION, DRUGS, OR ALCOHOL," SKIP TO Q.66e.

66d. What was the cause of your sleeping too much?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR "DON'T KNOW":
CIRCLE "5" BELOW AND SKIP TO Q.67 a.
IF "PHYSICAL ILLNESS OR INJURY" OR "MEDICATION, DRUGS, OR ALCOHOL": ASK Q.66e.

66e. Has there ever been a period when you were sleeping too much for two weeks or longer for any reason other than (READ RESPONSE FROM Q.66c OR Q.66d)?

Yes.....(68(_____-1 (ASK Q.66f)

No....._____-2 (SKIP TO Q.67a)

66f. What was the cause of your sleeping too much in that period?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR "DON'T KNOW": CIRCLE "5" BELOW AND GO TO Q.67 a.
ALL OTHERS: GO TO Q.67 a.

FOR OFFICE USE ONLY

1 2 3 4

(69)

5

IF "5" CIRCLED
RECORD IN S.E.B.
PAGE 12

67a. Have you ever had a period lasting two weeks or more when you felt tired all the time?

Yes.....(70(_____-1 (ASK Q.67b)

No....._____-2 (SKIP TO Q.68a)

67b. Did you tell a doctor about your feeling tired out all the time?

Yes.....(71(_____-1 (ASK Q.67c)

No....._____-2 (SKIP TO Q.67d)

67c. When you told the doctor, what was his diagnosis?

IF "NERVES, STRESS, ANXIETY": CIRCLE "5" BELOW AND SKIP TO Q.68a.
IF "NOTHING DEFINITE"/"DON'T KNOW": ASK IF DOCTOR'S EXAMINATION OR TESTS INDICATED ANY PHYSICAL ILLNESS.
IF "NO": CIRCLE "5" BELOW AND SKIP TO Q.68a.
IF "PHYSICAL ILLNESS OR INJURY," SKIP TO Q.67e.
IF "MEDICATION, DRUGS, OR ALCOHOL," SKIP TO Q.67e.

67d. What was the cause of your feeling tired out all the time?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR "DON'T KNOW":
CIRCLE "5" BELOW AND SKIP TO Q.68a.
IF "PHYSICAL ILLNESS OR INJURY" OR "MEDICATION, DRUGS, OR ALCOHOL": ASK Q.66e.

67e. Has there ever been a period when you felt tired out all the time for two weeks or longer for any reason other than (READ RESPONSE FROM Q.67c OR Q.67d)?

Yes.....(72(_____-1 (ASK Q.67f)

No....._____-2 (SKIP TO Q.68a)

67f. What was the cause of your feeling tired out in that period?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR
"DON'T KNOW": CIRCLE "5" BELOW AND GO TO Q.68a.
ALL OTHERS: GO TO Q.68a.

FOR OFFICE USE ONLY

1 2 3 4

(73)

5

IF "5" CIRCLED
RECORD IN S.R.B.
PAGE 12

68a. Has there ever been a period of two weeks or more when you talked or moved more slowly than is normal for you?

Yes.....(74)____-1 (ASK Q.68b)

No.....-2 (SKIP TO Q.69 a)

68b. Did you tell a doctor about your slowed speech or movement?

Yes.....(75)____-1 (ASK Q.68c)

No.....-2 (SKIP TO Q.68d)

68c. When you told the doctor, what was his diagnosis?

IF "NERVES, STRESS, ANXIETY": CIRCLE "5" BELOW AND SKIP TO Q.69a.
IF "NOTHING DEFINITE"/"DON'T KNOW": ASK IF DOCTOR'S EXAMINATION OR TESTS INDICATED ANY PHYSICAL ILLNESS.
IF "NO": CIRCLE "5" BELOW AND SKIP TO Q.69 a.
IF "PHYSICAL ILLNESS OR INJURY," SKIP TO Q.68e.
IF "MEDICATION, DRUGS, OR ALCOHOL," SKIP TO Q.68e.

68d. What was the cause of your slowed speech or movement?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR "DON'T KNOW":
CIRCLE "5" BELOW AND SKIP TO Q.69 a.
IF "PHYSICAL ILLNESS OR INJURY" OR "MEDICATION, DRUGS, OR ALCOHOL": ASK Q.68e.

68e. Has there ever been a period when you talked or moved more slowly than is normal for you for two weeks or longer for any reason other than (READ RESPONSE FROM Q.68c OR Q.68d)?

Yes.....(76)____-1 (ASK Q.68f)

No.....-2 (SKIP TO Q.69a)

68f. What was the cause of your slowed speech or movement in that period?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR "DON'T KNOW": CIRCLE "5" BELOW AND GO TO Q.69a.
ALL OTHERS: GO TO Q.69a.

FOR OFFICE USE ONLY

1 2 3 4

(77)

5

IF "5" CIRCLED
RECORD IN S.R.B.
PAGE 12

69a. Has there ever been a period of two weeks or more when you had to be moving all the time -- that is, you couldn't stand still and paced up and down?

Yes.....(12(____-1 (ASK Q.69b)

No.....-2 (SKIP TO Q.70a)

69b. Did you tell a doctor about your need to be moving all the time?

Yes.....(13(____-1 (ASK Q.69c)

No.....-2 (SKIP TO Q.69d)

69c. When you told the doctor, what was his diagnosis?

IF "NERVES, STRESS, ANXIETY": CIRCLE "5" BELOW AND SKIP TO Q.70a.
IF "NOTHING DEFINITE"/"DON'T KNOW": ASK IF DOCTOR'S EXAMINATION OR TESTS INDICATED ANY PHYSICAL ILLNESS.
IF "NO": CIRCLE "5" BELOW AND SKIP TO Q.70a.
IF "PHYSICAL ILLNESS OR INJURY," SKIP TO Q.69e.
IF "MEDICATION, DRUGS, OR ALCOHOL," SKIP TO Q.69e.

69d. What was the cause of your moving all the time?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR "DON'T KNOW":
CIRCLE "5" BELOW AND SKIP TO Q.70a.
IF "PHYSICAL ILLNESS OR INJURY" OR "MEDICATION, DRUGS, OR ALCOHOL": ASK Q.69e.

69e. Has there ever been a period for two weeks or longer when you had to be moving all the time -- couldn't stand still and paced up and down for any reason other than (READ RESPONSE FROM Q.69c OR Q.69d)?

Yes.....(14(____-1 (ASK Q.69f)

No.....-2 (SKIP TO Q.70a)

69f. What was the cause of your moving all the time in that period?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR "DON'T KNOW": CIRCLE "5" BELOW AND GO TO Q.70a.
ALL OTHERS: GO TO Q.70a.

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1 2 3 4

(15)

5

IF "5" CIRCLED
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70a. Was there ever a period of several weeks when your interest in sex was a lot less than usual?

Yes.....(16(_____-1 (ASK Q.70b)

No....._____-2 (SKIP TO Q.71a)

70b. Did you tell a doctor about your diminished interest in sex?

Yes.....(17(_____-1 (ASK Q.70c)

No....._____-2 (SKIP TO Q.70d)

70c. When you told the doctor, what was his diagnosis?

IF "NERVES, STRESS, ANXIETY": CIRCLE "5" BELOW AND SKIP TO Q.71a.
IF "NOTHING DEFINITE"/"DON'T KNOW": ASK IF DOCTOR'S EXAMINATION OR TESTS INDICATED ANY PHYSICAL ILLNESS.
IF "NO": CIRCLE "5" BELOW AND SKIP TO Q.71a.
IF "PHYSICAL ILLNESS OR INJURY," SKIP TO Q.70h.
IF "MEDICATION, DRUGS, OR ALCOHOL," SKIP TO Q.70h.

70d. Did you consult with any other professional, such as a psychologist, marriage counselor, minister, or nurse about your diminished interest in sex?

Yes.....(18(_____-1 (SKIP TO Q.70g)

No....._____-2 (ASK Q.70e)

70e. Did you take medication more than once for your diminished interest in sex?

Yes.....(19(_____-1 (SKIP TO Q.70g)

No....._____-2 (ASK Q.70f)

70f. Did your diminished interest in sex interfere with your life or activities a lot?

Yes.....(20(_____-1 (ASK Q.70g)

No....._____-2 (SKIP TO Q.71a)

70g. What was the cause of your diminished interest in sex?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR "DON'T KNOW":
CIRCLE "5" BELOW AND SKIP TO Q.71a.
IF "PHYSICAL ILLNESS OR INJURY" OR "MEDICATION, DRUGS, OR ALCOHOL": ASK Q.70h.

70h. Has there ever been a period when your interest in sex was diminished for two weeks or longer for any reason other than (READ RESPONSE FROM Q.70c OR Q.70d)?

Yes.....(21(_____-1 (ASK Q.70i)

No....._____-2 (SKIP TO Q.71a)

70i. What was the cause of your diminished interest in sex in that period?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR
"DON'T KNOW": CIRCLE "5" BELOW AND GO TO Q.71a.
ALL OTHERS: GO TO Q.71a.

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1 2 3 4

(22)

5

IF "5" CIRCLED
RECORD IN S.R.B.
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71a. Has there ever been a period of two weeks or more when you had a lot more trouble concentrating than is normal for you?

Yes.....(23)____-1 (ASK Q.71b)

No.....____-2 (SKIP TO Q.72a)

71b. Did you tell a doctor about your trouble concentrating?

Yes.....(24)____-1 (ASK Q.71c)

No.....____-2 (SKIP TO Q.71d)

71c. When you told the doctor, what was his diagnosis?

IF "NERVES, STRESS, ANXIETY": CIRCLE "5" BELOW AND SKIP TO Q.72a.
IF "NOTHING DEFINITE"/"DON'T KNOW": ASK IF DOCTOR'S EXAMINATION OR TESTS INDICATED ANY PHYSICAL ILLNESS.
IF "NO": CIRCLE "5" BELOW AND SKIP TO Q.72a.
IF "PHYSICAL ILLNESS OR INJURY," SKIP TO Q.71e.
IF "MEDICATION, DRUGS, OR ALCOHOL," SKIP TO Q.71e.

71d. What was the cause of your trouble concentrating?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR "DON'T KNOW":
CIRCLE "5" BELOW AND SKIP TO Q.72a.
IF "PHYSICAL ILLNESS OR INJURY" OR "MEDICATION, DRUGS, OR ALCOHOL": ASK Q.71e.

71e. Has there ever been a period when you had more trouble concentrating than is normal for you for two weeks or longer for any reason other than (READ RESPONSE FROM Q.71c OR Q.71d)?

Yes.....(25)____-1 (ASK Q.71f)

No.....____-2 (SKIP TO Q.72a)

71f. What was the cause of your trouble concentrating in that period?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR "DON'T KNOW": CIRCLE "5" BELOW AND GO TO Q.72a.
ALL OTHERS: GO TO Q.72a.

FOR OFFICE USE ONLY

1 2 3 4

(26)

5

IF "5" CIRCLED
RECORD IN S.R.B.
PAGE 12

72a. Has there ever been a period of two weeks or more when your thoughts came much slower than usual or seemed mixed up?

Yes.....(27(_____-1 (ASK Q.72b)

No.....-2 (SKIP TO Q.73)

72b. Did you tell a doctor about your thoughts coming much slower than usual or seeming mixed up?

Yes.....(28(_____-1 (ASK Q.72c)

No.....-2 (SKIP TO Q.72d)

72c. When you told the doctor, what was his diagnosis?

IF "NERVES, STRESS, ANXIETY": CIRCLE "5" BELOW AND SKIP TO Q.73.
IF "NOTHING DEFINITE"/"DON'T KNOW": ASK IF DOCTOR'S EXAMINATION OR TESTS INDICATED ANY PHYSICAL ILLNESS.
IF "NO": CIRCLE "5" BELOW AND SKIP TO Q.73.
IF "PHYSICAL ILLNESS OR INJURY," SKIP TO Q.72e.
IF "MEDICATION, DRUGS, OR ALCOHOL," SKIP TO Q.72e.

72d. What was the cause of your your thoughts coming much slower than usual or seeming mixed up?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR "DON'T KNOW":
CIRCLE "5" BELOW AND SKIP TO Q.73.
IF "PHYSICAL ILLNESS OR INJURY" OR "MEDICATION, DRUGS, OR ALCOHOL": ASK Q.72e.

72e. Has there ever been a period when your thoughts came much slower than usual or seemed mixed up for two weeks or longer for any reason other than (READ RESPONSE FROM Q.72c OR Q.72d)?

Yes.....(29(_____-1 (ASK Q.72f)

No.....-2 (SKIP TO Q.73)

72f. What was the cause of your your thoughts coming much slower than usual or seeming mixed up in that period?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR
"DON'T KNOW": CIRCLE "5" BELOW AND GO TO Q.73.
ALL OTHERS: GO TO Q.73.

FOR OFFICE USE ONLY

1 2 3 4

(30)

5

IF "5" CIRCLED
RECORD IN S.R.B.
PAGE 12

72a. Has there ever been a period of two weeks or more when your thoughts came much slower than usual or seemed mixed up?

Yes.....(27(_____-1 (ASK Q.72b)

No.....-2 (SKIP TO Q.73)

72b. Did you tell a doctor about your thoughts coming much slower than usual or seeming mixed up?

Yes.....(28(_____-1 (ASK Q.72c)

No.....-2 (SKIP TO Q.72d)

72c. When you told the doctor, what was his diagnosis?

IF "NERVES, STRESS, ANXIETY": CIRCLE "5" BELOW AND SKIP TO Q.73.
IF "NOTHING DEFINITE"/"DON'T KNOW": ASK IF DOCTOR'S EXAMINATION OR TESTS INDICATED ANY PHYSICAL ILLNESS.
IF "NO": CIRCLE "5" BELOW AND SKIP TO Q.73.
IF "PHYSICAL ILLNESS OR INJURY," SKIP TO Q.72e.
IF "MEDICATION, DRUGS, OR ALCOHOL," SKIP TO Q.72e.

72d. What was the cause of your your thoughts coming much slower than usual or seeming mixed up?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR "DON'T KNOW":
CIRCLE "5" BELOW AND SKIP TO Q.73.
IF "PHYSICAL ILLNESS OR INJURY" OR "MEDICATION, DRUGS, OR ALCOHOL": ASK Q.72e.

72e. Has there ever been a period when your thoughts came much slower than usual or seemed mixed up for two weeks or longer for any reason other than (READ RESPONSE FROM Q.72c OR Q.72d)?

Yes.....(29(_____-1 (ASK Q.72f)

No.....-2 (SKIP TO Q.73)

72f. What was the cause of your your thoughts coming much slower than usual or seeming mixed up in that period?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR
"DON'T KNOW": CIRCLE "5" BELOW AND GO TO Q.73.
ALL OTHERS: GO TO Q.73.

FOR OFFICE USE ONLY

1 2 3 4

(30)

5

IF "5" CIRCLED
RECORD IN S.R.B.
PAGE 12

RECORD EACH "YES IN Q.73 THROUGH Q.77 IN S.R.B. PAGE 12]

73. Has there ever been a period of two weeks or more when you felt worthless, sinful, or guilty?

Yes.....(31)_____-1
No....._____-2

74. Has there ever been a period of two weeks or more when you thought a lot about death -- either your own, someone else's, or death in general?

Yes.....(32)_____-1
No....._____-2

75. Has there ever been a period of two weeks or more when you felt like you wanted to die?

Yes.....(33)_____-1
No....._____-2

76. Have you ever felt so low you thought of committing suicide?

Yes.....(34)_____-1
No....._____-2

77. Have you ever attempted suicide?

Yes.....(35)_____-1
No....._____-2

INTERVIEWER INSTRUCTIONS:

IF LESS THAN THREE BOXES CHECKED IN S.R.B. PAGE 12 FOR Q.62-77:

SKIP TO Q.88a.

IF THREE OR MORE BOXES CHECKED IN S.R.B. PAGE 12 AND "YES" IN Q.60, ASK Q.78a.

IF THREE OR MORE BOXES CHECKED IN S.R.B. PAGE 12 AND "NO" IN Q.60, SKIP TO Q.79a.

78a. You said you've had a period of feeling (depressed or blue/OWN EQUIVALENT) and also said you've had some other problems like (LIST ALL ITEMS CHECKED IN S.R.B. - PAGE 12). Has there ever been a time when the feelings of depression and some of these other problems occurred together -- that is, within the same month?

Yes.....(36(_____-1 (SKIP TO Q.80)

No.....-2 (ASK Q.78b)

78b. So there's never been a period when you felt sad, blue, or depressed at the same time you were having some of these other problems?

Has been a period...(37(_____-1 (ASK Q.80)

Never been a period....-2 (SKIP TO Q.88a, PAGE 57)

79a. You said you have had periods when (LIST ALL ITEMS CHECKED IN S.R.B. PAGE 12). Was there ever a time when several of these problems occurred together -- that is, within the same month?

Yes.....(38(_____-1 (ASK Q.79b)

No.....-2 (SKIP TO Q.88a, PAGE 57)

79b. When you were having some of these problems at about the same time, were you feeling okay, or were you feeling low, gloomy, blue, or uninterested in everything?

Gloomy, low, etc...(39(_____-1 (ASK Q.80)

Okay.....-2 (SKIP TO Q.88a, PAGE 57)

80. What's the longest spell you've ever had when you felt blue and had several of these other problems at the same time -- that is, how many weeks did it last?

IF "WHOLE LIFE" OR MORE THAN 19 YEARS, ENTER "996" AND CONTINUE.
IF LESS THAN 2 WEEKS, CODE "001" AND SKIP TO Q.88a, PAGE 57.

(40)	(41)	(42)	

weeks

81. Now, I'd like to ask about spells when you felt both (depressed/OWN EQUIVALENT) and had some of these other problems like (LIST 3 ITEMS CHECKED ON S.R.B. PAGE 12). In your lifetime, how many spells like that have you had that lasted two weeks or more?

IF MORE THAN 90 SPELLS, ENTER "90."

(43)	(44)

spells

82a. Did you tell a doctor about (that spell/any of those spells)?

Yes.....(45(_____-1 (SKIP TO Q.83)

No....._____-2 (ASK Q.82b)

82b. Did you tell any other professional about (it/any of them)?

Yes.....(46(_____-1 (SKIP TO Q.83)

No....._____-2 (ASK Q.82c)

82c. Did you take medicine more than once because of (that spell/any of those spells)?

Yes.....(47(_____-1 (SKIP TO Q.83)

No....._____-2 (ASK Q.82d)

82d. Did (that spell/those spells) interfere with your life or activities a lot?

Yes.....(48(_____-1 (ASK Q.83)

No....._____-2

83. How old were you the first time you had a spell for two weeks or more where you felt sad and had some of these other problems such as (PROBLEMS CHECKED IN S.R.B. - PAGE 12)?

AGE:

--	--

 years
(49) (50)

84a. Did (this spell/any of those spells) occur just after someone close to you died?

Yes.....(51(_____-1 (ASK Q.84b)

No....._____-2 (SKIP TO Q.85)

84b. Have you had any spell of depression along with these other problems such as (PROBLEMS CHECKED IN S.R.B. PAGE 12) at times when it wasn't due to a death?

No, only due to death.....(52(_____-1

Yes, other times not due to death..._____-2

85. Are you now in one of these spells of feeling low or disinterested and having some of these other problems?

Yes.....(53(_____-1 (SKIP TO Q.85d)

No....._____-2 (ASK Q.85b)

85b. When did your last spell like that end?

Within last two weeks.....(54(_____-1

Between two weeks and one month ago..._____-2

Between one month and six months ago..._____-3

Between six months and one year ago..._____-4

(SKIP TO Q.85d)

More than one year ago....._____-5 (ASK Q.85c)

85c. How old were you then?

AGE:

--	--

 years
(55) (56)

INTERVIEWER: DO NOT READ Q.85d AND Q.85e TO RESPONDENT.

85d. IS MORE THAN ONE SPELL CODED IN Q.81?

Yes.....(57)_____ -1 (SKIP TO Q.86)

No....._____ -2 (ANSWER Q.85e)

85e. ARE 52 OR MORE WEEKS CODED IN Q.80?

Yes.....(58)_____ -1 (ASK Q.86)

No....._____ -2 (SKIP TO Q.87)

86. Now I'd like to know about the time when you were feeling depressed for at least two weeks and had the largest number of these other problems at the same time. (IF CAN'T CHOOSE: Then pick one bad spell.) How old were you at that time?

AGE:

--	--

(59) (60)

years (ASK Q.87)

INTERVIEWER: "X" BELOW ALL PROBLEMS RECORDED ON S.R.B. PAGE 12, AND ASK Q.87 FOR THOSE CONDITIONS.

87. During this spell of depression when you were (AGE IN Q.86) years old ...

ASK ONLY FOR CHECKED CONDITIONS

	Yes	No
☐ Did you lose your appetite?.....(61(	-1	-2
☐ Did you lose weight without trying to -- as much as ten pounds altogether?.....(62(	-1	-2
☐ Did your eating increase so much that you gained ten pounds altogether?.....(63(	-1	-2
☐ Did you have trouble falling asleep, staying asleep, or waking up too early?.....(64(	-1	-2
☐ Were you sleeping too much?.....(65(	-1	-2
☐ Did you feel tired out all the time?.....(66(	-1	-2
☐ Did you talk or move more slowly than is usual for you?..(67(	-1	-2
☐ Did you have to be moving all the time -- that is, you couldn't sit still and paced up and down?.....(68(	-1	-2
☐ Was your interest in sex a lot less than usual?.....(69(	-1	-2
☐ Did you have a lot more trouble concentrating than is usual for you?.....(70(	-1	-2
☐ Did your thoughts come much slower than usual or seem mixed up?.....(71(	-1	-2
☐ Did you feel worthless, sinful, or guilty?.....(72(	-1	-2
☐ Did you think a lot about death -- either your own, someone else's, or death in general?.....(73(	-1	-2
☐ Did you feel like you wanted to die?.....(74(	-1	-2
☐ Did you feel so low you thought of committing suicide?..(75(	-1	-2
☐ Did you attempt suicide?.....(76(	-1	-2

88a. Have you ever considered yourself a nervous person?

Yes.....(12(_____-1 (ASK Q.88b)

No....._____-2 (SKIP TO Q.89a)

88b. At what age did this nervousness begin?

AGE:

--	--

 years (SKIP TO Q.89a)
(13) (14)

Whole life.....(15(_____-1 (SKIP TO Q.89a)

Not sure....._____-2 (ASK Q.88c)

88c. Do you think it began before or after you were 30?

Before 30....(16(_____-1
After 30....._____-2
Still not sure..._____-3

89a. Have you ever had a spell or attack when all of a sudden you felt frightened, anxious, or very uneasy in situations when most people would not be frightened?

Yes..(17(_____-1 (ASK Q.89b)

No.....-2 (SKIP TO SELF-ADMINISTERED SHEET AFTER Q.94b, PAGE 60)

89b. Did you tell a doctor about your feeling frightened, anxious, or uneasy?

Yes.....(18(_____-1 (ASK Q.89c)

No.....-2 (SKIP TO Q.89d)

89c. When you told the doctor, what was his diagnosis?

IF "NERVES, STRESS, ANXIETY": CIRCLE "5" BELOW AND SKIP TO Q.90.
IF "NOTHING DEFINITE"/"DON'T KNOW": ASK IF DOCTOR'S EXAMINATION OR TESTS INDICATED ANY PHYSICAL ILLNESS.
IF "NO": CIRCLE "5" BELOW AND SKIP TO Q.90.
IF "PHYSICAL ILLNESS OR INJURY," SKIP TO Q.89h.
IF "MEDICATION, DRUGS, OR ALCOHOL," SKIP TO Q.89h.

89d. Did you consult with any other professional, such as a psychologist, marriage counselor, minister, or nurse about your feeling frightened, anxious, or uneasy?

Yes.....(19(_____-1 (SKIP TO Q.89g)

No.....-2 (ASK Q.89e)

89e. Did you take medication more than once for your fear, anxiety, or uneasiness?

Yes.....(20(_____-1 (SKIP TO Q.89g)

No.....-2 (ASK Q.89f)

89f. Did your fear, anxiety, or uneasiness interfere with your life or activities a lot?

Yes..(21(_____-1 (ASK Q.89g)

No.....-2 (SKIP TO SELF-ADMINISTERED SHEET AFTER Q.94b, PAGE 60)

89g. What was the cause of your fear, anxiety, or uneasiness?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR "DON'T KNOW":
CIRCLE "5" BELOW AND SKIP TO Q.90.
IF "PHYSICAL ILLNESS OR INJURY" OR "MEDICATION, DRUGS, OR ALCOHOL": ASK Q.89h.

89h. Have you ever had a period of fear, anxiety, or uneasiness for two weeks or longer for any reason other than (READ RESPONSE FROM Q.89c OR 89g)?

Yes.....(22(_____-1 (ASK Q.89i)

No.....-2 (SKIP TO Q.90)

89i. What was the cause of your fear, anxiety, or uneasiness in that period?

IF "NERVES, STRESS, ANXIETY" OR "NOTHING DEFINITE" OR
"DON'T KNOW": CIRCLE "5" BELOW AND GO TO Q.90.
ALL OTHERS: GO TO Q.90.

FOR OFFICE USE ONLY

1 2 3 4

5

90. During one of the worst spells of suddenly feeling frightened or anxious or uneasy, did you ever notice that you had any of the following. During this spell...

- | | Yes | No |
|--|-----|----|
| A. Were you short of breath -- having trouble catching your breath?..(24(| -1 | -2 |
| B. Did your heart pound?.....(25(| -1 | -2 |
| C. Were you dizzy or light-headed?.....(26(| -1 | -2 |
| D. Did your fingers or feet tingle?.....(27(| -1 | -2 |
| E. Did you have tightness or pain in your chest?.....(28(| -1 | -2 |
| F. Did you feel like you were choking or smothering?.....(29(| -1 | -2 |
| G. Did you feel faint?.....(30(| -1 | -2 |
| H. Did you sweat?.....(31(| -1 | -2 |
| I. Did you tremble or shake?.....(32(| -1 | -2 |
| J. Did you feel hot or cold flashes?.....(33(| -1 | -2 |
| K. Did things around you seem unreal?.....(34(| -1 | -2 |
| L. Were you afraid either that you might die or that you
might act in a crazy way?.....(35(| -1 | -2 |

91a. How old were you the first time you had one of these sudden spells of feeling frightened or anxious?

AGE:

--	--

 years (SKIP TO Q.92)
(36) (37)

Whole life.....(38(-1 (SKIP TO Q.92) .
Not sure..... -2 (IF RESPONDENT IS UNDER 40, CODE "01" IN
AGE BOX AND GO TO Q.92. IF RESPONDENT IS 40
OR OVER, ASK Q.91b)

91b. Would you say it was before or after you were 40?

Before 40.(39(-1
After 40..... -2
Not sure..... -3

92. Have you ever had three or more spells like this close together -- say, within a three-week period?

Yes.....(40(-1
No..... -2

93. Have spells like this occurred at least six different weeks of your life?

Yes.....(41(-1
No..... -2

94a. When did you last have a spell like this?

Within last two weeks or current..(42(	-1	} (SKIP TO SELF- ADMINISTERED SHEET AFTER Q.94b)
Between two weeks and one month ago...	-2	
Between one month and six months ago...	-3	
Between six months and one year ago...	-4	
More than one year ago.....	-5	(ASK Q.94b)

94b. How old were you then?

AGE:

--	--	--

 years
 (43) (44)

HAND SELF-ADMINISTERED SHEET TO RESPONDENT AND SAY:

"The next questions are about how you have felt during the last three months. For each question, please circle the number corresponding to the answer that comes closest to the way you have been feeling.
AFTER RESPONDENT COMPLETES SELF-ADMINISTERED SHEET, COLLECT SHEET AND RETURN TO Q.95.

You will need to refer to Card "F" for many of these questions.

HAND RESPONDENT CARD "F"

95a. In the last 3 months, how often have you kept losing your train of thought -- would you say very often, fairly often, sometimes, almost never, or never?

Very often..(45(	-1	} (ASK Q.95b)
Fairly often....	-2	
Sometimes.....	-3	} (SKIP TO Q.96a)
Almost never....	-4	
Never.....	-5	

95b. During what month and year did you begin losing your train of thought?

MONTH YEAR

--	--	--	--

(46) (47) (48) (49)
Don't remember.....(50(-1

CONTINUE WITH CARD "F"

96a. In the last 3 months, how often have you felt unable to get things done?

Very often..(51(	-1	} (ASK Q.96b)
Fairly often....	-2	
Sometimes.....	-3	} (SKIP TO Q.97a)
Almost never....	-4	
Never.....	-5	

96b. During what month and year did you first feel unable to get things done?

MONTH YEAR

--	--	--	--

(52) (53) (54) (55)
Don't remember.....(56(-1

CONTINUE WITH CARD "F"

97a. In the last 3 months, how often have you had trouble concentrating or keeping your mind on what you were doing?

Very often..(57(_____-1)
 Fairly often...._____-2 } (ASK Q.97b)
 Sometimes....._____-3
 Almost never...._____-4 } (SKIP TO Q.98a)
 Never....._____-5

97b. During what month and year did you first have trouble concentrating?

MONTH		YEAR	
(58)	(59)	(60)	(61)

Don't remember..(62(_____-1

CONTINUE WITH CARD "F"

98a. In the last 3 months, how often have you found yourself having to redo work that you had already done?

Very often..(63(_____-1)
 Fairly often...._____-2 } (ASK Q.98b)
 Sometimes....._____-3
 Almost never...._____-4 } (SKIP TO Q.99a)
 Never....._____-5

98b. During what month and year did you begin having to redo work you had already done?

MONTH		YEAR	
(64)	(65)	(66)	(67)

Don't remember..(68(_____-1

CONTINUE WITH CARD "F"

99a. In the last 3 months, how often have you found yourself unable to handle a task which at one time you could perform with little difficulty?

Very often..(69(_____-1)
 Fairly often...._____-2 } (ASK Q.99b)
 Sometimes....._____-3
 Almost never...._____-4 } (SKIP TO Q.100a)
 Never....._____-5

99b. During what month and year did you first find yourself unable to handle such tasks?

MONTH		YEAR	
(70)	(71)	(72)	(73)

Don't remember..(74(_____-1

CONTINUE WITH CARD "F"

100a. In the last 3 months, how often have you had trouble remembering things?

Very often..(75(_____-1)
 Fairly often...._____-2 } (ASK Q.100b)
 Sometimes....._____-3
 Almost never...._____-4 } (SKIP TO Q.101a)
 Never....._____-5

100b. During what month and year did you first have trouble remembering things?

MONTH		YEAR	
(76)	(77)	(78)	(79)

Don't remember..(80(_____-1

CONTINUE WITH CARD "F"

101a. In the last 3 months, how often have you found yourself unable to handle large tasks efficiently?

Very often..(12(_____-1) (ASK Q.101b)
 Fairly often...._____-2
 Sometimes....._____-3
 Almost never...._____-4 (SKIP TO Q.102a)
 Never....._____-5

101b. During what month and year were you first unable to handle large tasks efficiently?

MONTH		YEAR	
(13)	(14)	(15)	(16)

Don't remember..(17(_____-1

CONTINUE WITH CARD "F"

102a. In the last 3 months, how often have you experienced difficulties when trying to solve some type of problem?

Very often..(18(_____-1) (ASK Q.102b)
 Fairly often...._____-2
 Sometimes....._____-3
 Almost never...._____-4 (SKIP TO Q.103a)
 Never....._____-5

102b. During what month and year did you begin having difficulty solving problems?

MONTH		YEAR	
(19)	(20)	(21)	(22)

Don't remember..(23(_____-1

CONTINUE WITH CARD "F"

103a. In the last 3 months, how often have you felt confused and had trouble thinking?

Very often..(24(_____-1) (ASK Q.103b)
 Fairly often...._____-2
 Sometimes....._____-3
 Almost never...._____-4 (SKIP TO Q.104a)
 Never....._____-5

103b. During what month and year did you first feel confused and have trouble thinking?

MONTH		YEAR	
(25)	(26)	(27)	(28)

Don't remember..(29(_____-1

CONTINUE WITH CARD "F"

104a. In the last 3 months, how often have you found yourself unable to perform tasks as quickly as you wanted to?

Very often..(30(_____-1) (ASK Q.104b)
 Fairly often...._____-2
 Sometimes....._____-3
 Almost never...._____-4 (SKIP TO Q.105a)
 Never....._____-5

104b. During what month and year did you first have trouble performing tasks as quickly as you wanted to?

MONTH		YEAR	
(31)	(32)	(33)	(34)

Don't remember..(35(_____-1

[CONTINUE WITH CARD "F"]

105a. In the last 3 months, how often have you had a hard time getting going when you wake up?

Very often..(36) -1 } (ASK Q.105b)
Fairly often.... -2 }

Sometimes..... -3 } (SKIP TO Q.106a)
Almost never.... -4 }
Never..... -5 }

105b. During what month and year did you begin having a hard time getting going?

MONTH		YEAR	
(37)	(38)	(39)	(40)

Don't remember.....(41) -1 } (ASK Q.105c)

Within the last 12 months.. -2 (SKIP TO Q.106a)

105c. During what period in your life was this most serious?

MONTH		YEAR		MONTH		YEAR	
(42)	(43)	(44)	(45)	(46)	(47)	(48)	(49)

No period.....(50) -1
Not sure..... -2

[CONTINUE WITH CARD "F"]

106a. In the last 3 months, how often have you had uncontrollable feelings of anger?

Very often..(51) -1 } (ASK Q.106b)
Fairly often.... -2 }

Sometimes..... -3 } (SKIP TO Q.107a)
Almost never.... -4 }
Never..... -5 }

106b. During what month and year did you first have uncontrollable feelings of anger?

MONTH		YEAR	
(52)	(53)	(54)	(55)

Don't remember.....(56) -1 } (ASK Q.106c)

Within the last 12 months.. -2 (SKIP TO Q.107a)

106c. During what period in your life was this most serious?

MONTH		YEAR		MONTH		YEAR	
(57)	(58)	(59)	(60)	(61)	(62)	(63)	(64)

No period.....(65) -1
Not sure..... -2

CONTINUE WITH CARD "F"

107a. In the last 3 months, how often have you been bothered by tiring out easily?

Very often..(12(_____-1) (ASK Q.107b)
 Fairly often...._____-2
 Sometimes....._____-3
 Almost never...._____-4 (SKIP TO Q.108a)
 Never....._____-5

107b. During what month and year did you begin tiring out easily?

MONTH		YEAR	
(13)	(14)	(15)	(16)

Don't remember.....(17(_____-1) (ASK Q.107c)

Within the last 12 months.._____-2 (SKIP TO Q.108a)

107c. During what period in your life was this most serious?

MONTH		YEAR		TO		MONTH		YEAR	
(18)	(19)	(20)	(21)			(22)	(23)	(24)	(25)

No period.....(26(_____-1
 Not sure....._____-2

CONTINUE WITH CARD "F"

108a. In the last 3 months, how often has tiredness caused you to cut back your hobbies or leisure activities?

Very often..(27(_____-1) (ASK Q.108b)
 Fairly often...._____-2
 Sometimes....._____-3
 Almost never...._____-4 (SKIP TO Q.109a)
 Never....._____-5

108b. During what month and year did you begin cutting back your hobbies or leisure activities because of tiredness?

MONTH		YEAR	
(28)	(29)	(30)	(31)

Don't remember.....(32(_____-1) (ASK Q.108c)

Within the last 12 months.._____-2 (SKIP TO Q.109a)

108c. During what period in your life was this most serious?

MONTH		YEAR		TO		MONTH		YEAR	
(33)	(34)	(35)	(36)			(37)	(38)	(39)	(40)

No period.....(41(_____-1
 Not sure....._____-2

CONTINUE WITH CARD "F"

109a. In the last 3 months, how often have you felt like a powder keg ready to explode?

Very often..(42) -1 } (ASK Q.109b)
 Fairly often.... -2 }

Sometimes..... -3 } (SKIP TO Q.110a)
 Almost never.... -4 }
 Never..... -5 }

109b. During what month and year did you first feel like a powder keg ready to explode?

MONTH		YEAR	
(43)	(44)	(45)	(46)

Don't remember.....(47) -1 } (ASK Q.109c)

Within the last 12 months.. -2 (SKIP TO Q.110a)

109c. During what period in your life was this most serious?

MONTH		YEAR		TO		MONTH		YEAR	
(48)	(49)	(50)	(51)			(52)	(53)	(54)	(55)

No period.....(56) -1
 Not sure..... -2

CONTINUE WITH CARD "F"

110a. In the last 3 months, how often have you been troubled by feeling tired all the time?

Very often..(57) -1 } (ASK Q.110b)
 Fairly often.... -2 }

Sometimes..... -3 } (SKIP TO Q.111a)
 Almost never.... -4 }
 Never..... -5 }

110b. During what month and year did you begin feeling tired all the time?

MONTH		YEAR	
(58)	(59)	(60)	(61)

Don't remember.....(62) -1 } (ASK Q.110c)

Within the last 12 months.. -2 (SKIP TO Q.111a)

110c. During what period in your life was this most serious?

MONTH		YEAR		TO		MONTH		YEAR	
(63)	(64)	(65)	(66)			(67)	(68)	(69)	(70)

No period.....(71) -1
 Not sure..... -2

[CONTINUE WITH CARD "F"]

111a. In the last 3 months, how often have you felt too tired to walk up a flight of stairs?

Very often..(12) -1 } (ASK Q.111b)
Fairly often.... -2

Sometimes..... -3
Almost never.... -4 } (SKIP TO Q.112a)
Never..... -5

111b. During what month and year did you begin feeling too tired to walk up a flight of stairs?

MONTH		YEAR	
(10)	(15)	(15)	(16)

Don't remember.....(17) -1

(ASK Q.111c)

Within the last 12 months.. -2 (SKIP TO Q.112a)

111c. During what period in your life was this most serious?

MONTH		YEAR		TO		MONTH		YEAR	
(18)	(19)	(20)	(21)			(22)	(23)	(24)	(25)

No period.....(26) -1
Not sure..... -2

[CONTINUE WITH CARD "F"]

112a. In the last 3 months, how often have you found yourself powerless to control your temper?

Very often..(27) -1 } (ASK Q.112b)
Fairly often.... -2

Sometimes..... -3
Almost never.... -4 } (SKIP TO Q.113a)
Never..... -5

112b. During what month and year did you first find yourself powerless to control your temper?

MONTH		YEAR	
(28)	(29)	(30)	(31)

Don't remember.....(32) -1

(ASK Q.112c)

Within the last 12 months.. -2 (SKIP TO Q.113a)

112c. During what period in your life was this most serious?

MONTH		YEAR		TO		MONTH		YEAR	
(33)	(34)	(35)	(36)			(37)	(38)	(39)	(40)

No period.....(41) -1
Not sure..... -2

CONTINUE WITH CARD "F"

113a. In the last 3 months, how often have you felt too exhausted to perform your usual duties at work or at home in a competent manner?

Very often..(42)	-1	} (ASK Q.113b)
Fairly often....	-2	
Sometimes.....	-3	} (SKIP TO Q.114a)
Almost never....	-4	
Never.....	-5	

113b. During what month and year did you begin to feel too exhausted to perform your duties competently?

MONTH		YEAR		} (ASK Q.113c)
(43)	(44)	(45)	(46)	

Don't remember.....(47) -1

Within the last 12 months.. -2 (SKIP TO Q.114a)

113c. During what period in your life was this most serious?

MONTH		YEAR		TO	MONTH		YEAR	
(48)	(49)	(50)	(51)		(52)	(53)	(54)	(55)

No period.....(56) -1
 Not sure..... -2

In the next series of questions, we are no longer referring specifically to the last three months.

114a. In general, do you speak to close friends -- either in person or on the phone -- much more often, somewhat more often, just as often, somewhat less often, or much less often than you used to?

Much more often..(57)	-1	} (SKIP TO Q.115a)
Somewhat more often...	-2	
Just as often.....	-3	
Somewhat less often...	-4	} (ASK Q.114b)
Much less often.....	-5	

114b. During what month and year did you begin speaking less often to your close friends?

MONTH		YEAR		Don't remember..(62) -1
(58)	(59)	(60)	(61)	

HAND RESPONDENT CARD "F"

115a. How often has losing your temper created strains in your family relationships?

Very often..(63) _____ -1 } (ASK Q.115b)
 Fairly often.... _____ -2 }
 Sometimes..... _____ -3 }
 Almost never.... _____ -4 } (SKIP TO Q.116)
 Never..... _____ -5 }

115b. During what month and year did losing your temper begin creating strains in your family relationships?

MONTH		YEAR	
(64)	(65)	(66)	(67)

Don't remember.....(68) _____ -1 } (ASK Q.115c)

Within the last 12 months.. _____ -2 (SKIP TO Q.116a)

115c. During what period in your life was this most serious?

MONTH		YEAR			MONTH		YEAR	
				TO				
(69)	(70)	(71)	(72)		(73)	(74)	(75)	(76)

No period.....(77) _____ -1
 Not sure..... _____ -2

116. In choosing your friends, how important to you are things like their religious or political beliefs. Would you say they are always very important, usually important, sometimes important, hardly ever important, or not important at all?

Always very important..(78) _____ -1
 Usually important..... _____ -2
 Sometimes important..... _____ -3
 Hardly ever important.... _____ -4
 Not important at all..... _____ -5

HAND RESPONDENT CARD "F"

117. How often have you deliberately said something that hurt someone's feelings?

Very often..(79) _____ -1
 Fairly often.... _____ -2
 Sometimes..... _____ -3
 Almost never.... _____ -4
 Never..... _____ -5

CONTINUE WITH CARD "F"

118. How often have you done something of a sexual nature that society does not approve of?

Very often..(80) _____ -1
 Fairly often.... _____ -2
 Sometimes..... _____ -3
 Almost never.... _____ -4
 Never..... _____ -5

119a. Do you confide in close friends and relatives much more often, somewhat more often, just as often, somewhat less often, or much less often than you used to?

Much more often... (12) _____ -1
 Somewhat more often... _____ -2 } (SKIP TO Q.120)
 Just as often/no difference... _____ -3
 Somewhat less often... _____ -4 } (ASK Q.119b)
 Much less often... _____ -5

119b. During what month and year did you begin confiding less often in close friends and relatives?

MONTH		YEAR	
(13)	(14)	(15)	(16)

Don't remember... (17) _____ -1

120. Are your table manners at home just as good as they are when you are invited out to dinner? Would you say your table manners are always just as good at home, usually as good, usually not as good, or never as good at home?

Always just as good at home... (18) _____ -1
 Usually as good... _____ -2
 Usually not as good... _____ -3
 Never as good at home... _____ -4

121a. Do you find your current involvement in community activities to be much greater than it used to be, somewhat greater, just as great, somewhat less, or much less than it used to be?

Much greater than it used to be... (19) _____ -1
 Somewhat greater... _____ -2 } (SKIP TO Q.122a)
 Just as great/no difference... _____ -3
 Somewhat less... _____ -4 } (ASK Q.121b)
 Much less than it used to be... _____ -5

121b. During what month and year did you begin involving yourself less in community activities?

MONTH		YEAR	
(20)	(21)	(22)	(23)

Don't remember... (24) _____ -1

HAND RESPONDENT CARD "F"

122a. How often do you find you have trouble keeping track of bills -- would you say very often, fairly often, sometimes, almost never, or never?

Very often... (25) _____ -1
 Fairly often... _____ -2 } (ASK Q.122b)
 Sometimes... _____ -3
 Almost never... _____ -4 } (SKIP TO Q.123a)
 Never... _____ -5

122b. During what month and year did you begin having trouble keeping track of bills?

MONTH		YEAR	
(26)	(27)	(28)	(29)

Don't remember... (30) _____ -1

CONTINUE WITH CARD "F"

123a. How often do you find that you are unable to balance your checkbook?

Very often..(31) _____ -1
Fairly often.... _____ -2 } (ASK Q.123b)

Sometimes..... _____ -3
Almost never.... _____ -4 } (SKIP TO Q.124)
Never..... _____ -5

123b. During what month and year were you first unable to balance your checkbook?

MONTH		YEAR	
(32)	(33)	(34)	(35)

Don't remember...36(_____ -1

CONTINUE WITH CARD "F"

124. How often do you eat too much?

Very often..(37) _____ -1
Fairly often.... _____ -2
Sometimes..... _____ -3
Almost never.... _____ -4
Never..... _____ -5

125. In general, would you say your morals have been definitely above reproach, probably above reproach, probably not above reproach, or definitely not above reproach?

Definitely above reproach.....38(_____ -1
Probably above reproach..... _____ -2
Probably not above reproach..... _____ -3
Definitely not above reproach..... _____ -4

HAND RESPONDENT CARD "F"

126a. How often has losing your temper created problems for you at work?

Very often..(39) _____ -1
Fairly often.... _____ -2 } (ASK Q.126b)

Sometimes..... _____ -3
Almost never.... _____ -4 } (SKIP TO Q.127a)
Never..... _____ -5

126b. During what month and year did losing your temper begin creating problems for you at work?

MONTH		YEAR	
(40)	(41)	(42)	(43)

Don't remember.....44(_____ -1

(ASK Q.126c)

Within the last 12 months.. _____ -2 (SKIP TO Q.127a)

126c. During what period in your life was this most serious?

MONTH		YEAR		TO		MONTH		YEAR	
(45)	(46)	(47)	(48)			(49)	(50)	(51)	(52)

No period.....(53) _____ -1
Not sure..... _____ -2

CONTINUE WITH CARD "F"

127a. How often has losing your temper resulted in a friendship breaking up?

- Very often..(54) _____ -1 } (ASK Q.127b)
 Fairly often.... _____ -2 }
 Sometimes..... _____ -3 } (SKIP TO Q.128)
 Almost never.... _____ -4 }
 Never..... _____ -5 }

127b. During what month and year did losing your temper first result in a friendship breaking up?

MONTH		YEAR	
(55)	(56)	(57)	(58)

Don't remember.....(59) _____ -1 } (ASK Q.127c)

Within the last 12 months.. _____ -2 (SKIP TO Q.128a)

127c. During what period in your life was this most serious?

MONTH		YEAR		MONTH		YEAR	
(60)	(61)	(62)	(63)	(64)	(65)	(66)	(67)

- No period.....(68) _____ -1
 Not sure..... _____ -2

Now I'm going to ask you a few questions about recreation and leisure activities.

128. What are some of the hobbies and sports you participate in on a regular basis? Any others?

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

129. Have you participated three or more times in (READ EACH ITEM)? (CODE "YES" FOR ANY ITEM MENTIONED IN Q.128 AND DO NOT READ THAT ITEM)

- | | Yes | No |
|--|----------|----|
| 1. Scuba diving.....(69) _____ -1 | _____ -2 | |
| 2. Auto, boat, or motorcycle racing.....(70) _____ -1 | _____ -2 | |
| 3. Hunting.....(71) _____ -1 | _____ -2 | |
| 4. Mountain climbing.....(72) _____ -1 | _____ -2 | |
| 5. Hang gliding.....(73) _____ -1 | _____ -2 | |
| 6. Plane racing or plane aerobatics, not including flight training or any assignments for the Armed Forces.....(74) _____ -1 | _____ -2 | |

ENTER ALL EMPLOYERS AND DUTIES FROM S.R.B. - PAGE 1 AT THE TOP OF THE JOB COLUMNS ON PAGES 72 AND 73. IF NO JOBS ENTERED IN S.R.B. PAGE 1, SKIP TO Q.131.
IF MORE THAN SIX JOBS ON S.R.B. PAGE 1, RECORD ADDITIONAL EMPLOYERS AND DUTIES AT TOP OF COLUMNS ON PAGES 44-45 IN S.R.B.

Now, I would like to ask you about your experience with certain chemicals or toxic substances. First, let's talk about your employment outside of the military.

FIRST JOB

HAND RESPONDENT CARD "C"

130a. While working at (EMPLOYER) as (DUTIES), did you come in contact with any of the substances on this card? By contact, I mean that you inhaled, tasted, had skin contact with, or were radiated by any of these substances? [MULTIPLE RECORD]

01..(12) -1 05..(16) -1
02..(13) -1 06..(17) -1
03..(14) -1 07..(18) -1
04..(15) -1 (IF "07,"
SKIP TO
NEXT JOB)

ASK Q.130b FOR EACH SUBSTANCE CODED IN Q.130a.

130b. In general, how many days a month (did/did) you come in contact with (SUBSTANCE)?

01..(19)(20) 04..(21)(22)
02..(23)(24) 05..(25)(26)
03..(27)(28) 06..(29)(30)

130c. While you were on that job, how often did you wash to remove the (SUBSTANCES) or use protective gear -- would you say all of the time, some of the time, or never?

All the time (31) -1 (ASK Q. 130d)
Some of the time (32) -2
Never (33) -3 (GO TO NEXT JOB)

HAND RESPONDENT CARD "H"

130d. Which of the following did you use on that job? [MULTIPLE RECORD IF NECESSARY]

Air filter (34) -1 (GO TO NEXT JOB)
Goggles (35) -1 (GO TO NEXT JOB)
Face shield (36) -1 (GO TO NEXT JOB)
Special clothing (37) -1
Washing facilities (38) -1

01
79-80

SECOND JOB

01..(12) -1 05..(16) -1
02..(13) -1 06..(17) -1
03..(14) -1 07..(18) -1
04..(15) -1 (IF "07,"
SKIP TO
NEXT JOB)

01..(19)(20) 04..(21)(22)
02..(23)(24) 05..(25)(26)
03..(27)(28) 06..(29)(30)

All the time (31) -1 (ASK Q. 130d)
Some of the time (32) -2
Never (33) -3 (GO TO NEXT JOB)

Air filter (34) -1 (GO TO NEXT JOB)
Goggles (35) -1 (GO TO NEXT JOB)
Face shield (36) -1 (GO TO NEXT JOB)
Special clothing (37) -1
Washing facilities (38) -1

02
79-80

THIRD JOB

01..(12) -1 05..(16) -1
02..(13) -1 06..(17) -1
03..(14) -1 07..(18) -1
04..(15) -1 (IF "07,"
SKIP TO
NEXT JOB)

01..(19)(20) 04..(21)(22)
02..(23)(24) 05..(25)(26)
03..(27)(28) 06..(29)(30)

All the time (31) -1 (ASK Q. 130d)
Some of the time (32) -2
Never (33) -3 (GO TO NEXT JOB)

Air filter (34) -1 (GO TO NEXT JOB)
Goggles (35) -1 (GO TO NEXT JOB)
Face shield (36) -1 (GO TO NEXT JOB)
Special clothing (37) -1
Washing facilities (38) -1

03
79-80

	FOURTH JOB	FIFTH JOB	SIXTH JOB
HAND RESPONDENT CARD "C" While working at (EMPLOYER) as (DUTIES), did you come in contact with any of the substances in this card? By contact, I mean that you inhaled, tasted, had skin contact with, or were radiated by any of these substances? [MULTIPLE RECORD] TASK Q.130b FOR EACH SUBSTANCE CODED IN Q.130a-1 130b. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)?	01..(12) -1 05.(16) -1 02..(13) -1 06.(17) -1 03..(14) -1 07.(18) -1 04..(15) -1 (IF "07," SKIP TO NEXT JOB) 01..(19)(20) 04..(21)(22) 02..(23)(24) 05..(25)(26) 03..(27)(28) 06..(29)(30) All the time (31) -1 (ASK Q. 130d) Some of the time..... -2 Never..... -3 (GO TO NEXT JOB) Air filter.....(32) -1 (GO TO NEXT JOB) Goggles.....(33) -1 (GO TO NEXT JOB) Face shield.....(34) -1 (GO TO NEXT JOB) Special clothing.....(35) -1 (GO TO NEXT JOB) Washing facilities.....(36) -1 04 79-80	01..(12) -1 05.(16) -1 02..(13) -1 06.(17) -1 03..(14) -1 07.(18) -1 04..(15) -1 (IF "07," SKIP TO NEXT JOB) 01..(19)(20) 04..(21)(22) 02..(23)(24) 05..(25)(26) 03..(27)(28) 06..(29)(30) All the time (31) -1 (ASK Q. 130d) Some of the time..... -2 Never..... -3 (GO TO NEXT JOB) Air filter.....(32) -1 (GO TO NEXT JOB) Goggles.....(33) -1 (GO TO NEXT JOB) Face shield.....(34) -1 (GO TO NEXT JOB) Special clothing.....(35) -1 (GO TO NEXT JOB) Washing facilities.....(36) -1 05 79-80	01..(12) -1 05.(16) -1 02..(13) -1 06.(17) -1 03..(14) -1 07.(18) -1 04..(15) -1 (IF "07," SKIP TO NEXT JOB) 01..(19)(20) 04..(21)(22) 02..(23)(24) 05..(25)(26) 03..(27)(28) 06..(29)(30) All the time (31) -1 (ASK Q. 130d) Some of the time..... -2 Never..... -3 (GO TO NEXT JOB) Air filter.....(32) -1 (GO TO NEXT JOB) Goggles.....(33) -1 (GO TO NEXT JOB) Face shield.....(34) -1 (GO TO NEXT JOB) Special clothing.....(35) -1 (GO TO NEXT JOB) Washing facilities.....(36) -1 06 79-80

ENTER ALL COUNTRIES FROM S.R.B. - PAGE 2 AT THE TOP OF THE COUNTRY COLUMNS ON PAGES 75 AND 76. IF NO COUNTRIES ENTERED IN S.R.B. PAGE 2, SKIP TO 133a.

IF MORE THAN SIX COUNTRIES ON S.R.B. PAGE 2, RECORD ADDITIONAL COUNTRIES AT TOP OF COLUMN ON PAGES 46 AND 47 IN S.R.B.

133. Next, I'd like you to think again about your active duty assignments.

133a

133a. In your job assignments while stationed in

(country), (that time)(do/did) you come in contact with any of the following substances?

ASK Q.133b FOR EACH SUBSTANCE CODED IN Q.133a.

133b. In general, how many days a month

(do/did) you come in contact with (SUBSTANCE)?

FIRST COUNTRY	SECOND COUNTRY	THIRD COUNTRY
(14-15)	(14-15)	(14-15)
01..(16(-1) 05.(20(-1) 02..(17(-1) 06.(21(-1) 03..(18(-1) 07.(22(-1) 04..(19(-1) (IF "07," SKIP TO NEXT COUNTRY)	01..(16(-1) 05.(20(-1) 02..(17(-1) 06.(21(-1) 03..(18(-1) 07.(22(-1) 04..(19(-1) (IF "07," SKIP TO NEXT COUNTRY)	01..(16(-1) 05.(20(-1) 02..(17(-1) 06.(21(-1) 03..(18(-1) 07.(22(-1) 04..(19(-1) (IF "07," SKIP TO NEXT COUNTRY)
01..(23)(24) 04..(25)(26) 02..(27)(28) 05..(29)(30) 03..(31)(32) 06..(33)(34)	01..(23)(24) 04..(25)(26) 02..(27)(28) 05..(29)(30) 03..(31)(32) 06..(33)(34)	01..(23)(24) 04..(25)(26) 02..(27)(28) 05..(29)(30) 03..(31)(32) 06..(33)(34)
All the time (15(-1) (ASK Q. 133d) Some of the time.....(-2) Never.....(-3) (GO TO NEXT COUNTRY)	All the time (15(-1) (ASK Q. 133d) Some of the time.....(-2) Never.....(-3) (GO TO NEXT COUNTRY)	All the time (15(-1) (ASK Q. 133d) Some of the time.....(-2) Never.....(-3) (GO TO NEXT COUNTRY)
Air filter.....(16(-1) Goggles.....(17(-1) (GO TO NEXT COUNTRY) Face shield.....(18(-1) (GO TO NEXT COUNTRY) Special clothing.....(19(-1) (GO TO NEXT COUNTRY) Washing facilities.....(20(-1)	Air filter.....(16(-1) Goggles.....(17(-1) (GO TO NEXT COUNTRY) Face shield.....(18(-1) (GO TO NEXT COUNTRY) Special clothing.....(19(-1) (GO TO NEXT COUNTRY) Washing facilities.....(20(-1)	Air filter.....(16(-1) Goggles.....(17(-1) (GO TO NEXT COUNTRY) Face shield.....(18(-1) (GO TO NEXT COUNTRY) Special clothing.....(19(-1) (GO TO NEXT COUNTRY) Washing facilities.....(20(-1)

IF ANY SUBSTANCE CODED IN Q.133a, ASK Q.133c

133c. How often do you use (SUBSTANCE)

(do/did) you use protection of clothing or gear

(do/did) you use protection of clothing or gear

(do/did) you use protection of clothing or gear

(do/did) you use protection of clothing or gear

(do/did) you use protection of clothing or gear

(do/did) you use protection of clothing or gear

(do/did) you use protection of clothing or gear

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(do/did) you use protection of clothing or gear

(do/did) you use protection of clothing or gear

(do/did) you use protection of clothing or gear

(do/did) you use protection of clothing or gear

14-15

FOURTH COUNTRY	FIFTH COUNTRY	SIXTH COUNTRY
12-13 NAME RESIDENT CARD (10) What is your job assignments while stationed in (country) (first time (did) you come in (order with any of the following substances) 12-14 NAME RESIDENT CARD (10) What is your job assignments while stationed in (country) (first time (did) you come in (order with any of the following substances)	(14-15) 01..(16) -1 05.(20) -1 02..(17) -1 06.(21) -1 03..(18) -1 07.(22) -1 04..(19) -1 (IF "07," SKIP TO NEXT COUNTRY) 01..(23) (24) 06..(25) (26) 02..(27) (28) 05..(29) (30) 03..(31) (32) 06..(33) (34) All the time (14) -1 (ASK Q. 133d) Some of the time (14) -2 Never (14) -3 (GO TO NEXT COUNTRY) Air filter (34) -1 (GO TO 133d) Goggles (34) -1 (GO TO 133d) Face shield (34) -1 (GO TO 133d) Special clothing (34) -1 (GO TO 133d) Washing facilities (34) -1	(14-15) 01..(16) -1 05.(20) -1 02..(17) -1 06.(21) -1 03..(18) -1 07.(22) -1 04..(19) -1 (IF "07," SKIP TO NEXT COUNTRY) 01..(23) (24) 06..(25) (26) 02..(27) (28) 05..(29) (30) 03..(31) (32) 06..(33) (34) All the time (14) -1 (ASK Q. 133d) Some of the time (14) -2 Never (14) -3 (GO TO NEXT COUNTRY) Air filter (34) -1 (GO TO 133d) Goggles (34) -1 (GO TO 133d) Face shield (34) -1 (GO TO 133d) Special clothing (34) -1 (GO TO 133d) Washing facilities (34) -1

05
79-80

04
79-80

05
79-80

RECORD AT TOP OF APPROPRIATE COLUMN.)

114a. Have your hobbies and sports activities ever brought you in contact with any of the following substances?

	<u>X-Ray Or Nuclear Radiation</u>	<u>Asbestos</u>	<u>Industrial Chemicals</u>	<u>Defoliants Or Herbicides</u>	<u>Insecticides Or Pesticides</u>	<u>Degreasing Chemicals</u>
Q-13. Yes.....(13) _____ -1	MONTH YEAR _____ (14) (15) (16) (17)	MONTH YEAR _____ (12) (13) (14) (15)	MONTH YEAR _____ (14) (15) (16) (17)	MONTH YEAR _____ (14) (15) (16) (17)	MONTH YEAR _____ (14) (15) (16) (17)	MONTH YEAR _____ (14) (15) (16) (17)
Q-14. For how many years did you continue to come in contact with (SUBSTANCE)?	YEARS DAYS _____ (18)(19) (20)(21)(22)	YEARS DAYS _____ (18)(19) (20)(21)(22)	YEARS DAYS _____ (18)(19) (20)(21)(22)	YEARS DAYS _____ (18)(19) (20)(21)(22)	YEARS DAYS _____ (18)(19) (20)(21)(22)	YEARS DAYS _____ (18)(19) (20)(21)(22)
Q-15. In general, how many days per year did you come in contact with (SUBSTANCE)?	All of the time.(23) _____ Some of the time.....-2	All of the time.(23) _____ Some of the time.....-2	All of the time.(23) _____ Some of the time.....-2	All of the time.(23) _____ Some of the time.....-2	All of the time.(23) _____ Some of the time.....-2	All of the time.(23) _____ Some of the time.....-2
Q-16. On the days you were in contact with (SUBSTANCE) how often did you wear protective clothing or wash clothes? (SUBSTANCES) -- all the time, some of the time, never?	Never.....-2 (IF "NEVER," GO TO NEXT SUBSTANCE REPORTED)	Never.....-2 (IF "NEVER," GO TO NEXT SUBSTANCE REPORTED)	Never.....-2 (IF "NEVER," GO TO NEXT SUBSTANCE REPORTED)	Never.....-2 (IF "NEVER," GO TO NEXT SUBSTANCE REPORTED)	Never.....-2 (IF "NEVER," GO TO NEXT SUBSTANCE REPORTED)	Never.....-2 (IF "NEVER," GO TO NEXT SUBSTANCE REPORTED)
Q-17. ATTENDING CARD UNIT WHICH OF THE FOLLOWING DID YOU USE? Special Clothing..(27) _____ Washing Facilities(28) _____ Face Shield(26) _____ Goggles....(25) _____ Air Filter..(24) _____	Air Filter..(24) _____ Goggles....(25) _____ Face Shield(26) _____ Special Clothing..(27) _____ Washing Facilities(28) _____ GO TO NEXT SUBSTANCE REPORTED	Air Filter..(24) _____ Goggles....(25) _____ Face Shield(26) _____ Special Clothing..(27) _____ Washing Facilities(28) _____ GO TO NEXT SUBSTANCE REPORTED	Air Filter..(24) _____ Goggles....(25) _____ Face Shield(26) _____ Special Clothing..(27) _____ Washing Facilities(28) _____ GO TO NEXT SUBSTANCE REPORTED	Air Filter..(24) _____ Goggles....(25) _____ Face Shield(26) _____ Special Clothing..(27) _____ Washing Facilities(28) _____ GO TO NEXT SUBSTANCE REPORTED	Air Filter..(24) _____ Goggles....(25) _____ Face Shield(26) _____ Special Clothing..(27) _____ Washing Facilities(28) _____ GO TO NEXT SUBSTANCE REPORTED	Air Filter..(24) _____ Goggles....(25) _____ Face Shield(26) _____ Special Clothing..(27) _____ Washing Facilities(28) _____ GO TO NEXT SUBSTANCE REPORTED

79-NO 79-200

Now I have some questions about your income.

INLAND RESPONDENT CARD "I"

135. Please tell me which letter of this card best represents the total household income in 1980 before taxes or other deductions for all people in your household, not including roomers. This amount should include wages, net income from business, interest, dividends, pensions, and any other money income. Tell me the letter that comes closest.

- A. \$1,000-\$4,999....(12).....-1
- B. \$5,000-\$14,999.....-2
- C. \$15,000-\$19,999.....-3
- D. \$20,000-\$24,999.....-4
- E. \$25,000-\$29,999.....-5
- F. \$30,000-\$34,999.....-6
- G. \$35,000-\$39,999.....-7
- H. \$40,000-\$44,999.....-8
- I. \$45,000-\$49,999.....-9
- J. \$50,000-\$54,999.....-0
- K. \$55,000-\$59,999....(13).....-1
- L. \$60,000-\$64,999.....-2
- M. \$65,000-\$69,999.....-3
- N. \$70,000-\$74,999.....-4
- O. \$75,000-\$79,999.....-5
- P. \$80,000-\$84,999.....-6
- Q. \$85,000-\$89,999.....-7
- R. \$90,000-\$94,999.....-8
- S. \$95,000-\$99,999.....-9
- T. \$100,000 or more.....-0

136a. Did you earn any income from any job during 1980? Do not include income from retirement plans or pensions.

Yes.....(14).....-1 (ASK Q.136b)

No.....-2 (SKIP TO Q.137a)

CONTINUE WITH CARD "I"

136b. In which of these groups did your earnings from jobs in 1980 fall -- that is, before taxes or other deductions? Tell me the letter that comes closest.

- A. \$5,000-\$9,999....(15).....-1
- B. \$10,000-\$14,999.....-2
- C. \$15,000-\$19,999.....-3
- D. \$20,000-\$24,999.....-4
- E. \$25,000-\$29,999.....-5
- F. \$30,000-\$34,999.....-6
- G. \$35,000-\$39,999.....-7
- H. \$40,000-\$44,999.....-8
- I. \$45,000-\$49,999.....-9
- J. \$50,000-\$54,999.....-0
- K. \$55,000-\$59,999....(16).....-1
- L. \$60,000-\$64,999.....-2
- M. \$65,000-\$69,999.....-3
- N. \$70,000-\$74,999.....-4
- O. \$75,000-\$79,999.....-5
- P. \$80,000-\$84,999.....-6
- Q. \$85,000-\$89,999.....-7
- R. \$90,000-\$94,999.....-8
- S. \$95,000-\$99,999.....-9
- T. \$100,000 or more.....-0

137a. We would like your consent for the doctors and medical facilities you mentioned during this interview to provide medical records to the Air Force Health Survey. These records will help us obtain more detailed information about the health services you talked about.

TURN TO S.R.B. PAGES 5-7. ENTER NAMES OF MEDICAL PROVIDERS ON APPROPRIATE PERMISSION FORMS AND ASK RESPONDENT TO SIGN EACH FORM.

FOR EACH SIGNED FORM, ASK:

137b. What is the current address of (DOCTOR/FACILITY)?

138a. To obtain the most complete and useful information that we can, we are asking participants to have a physical examination. The examination will be conducted by a private medical facility and will take place over a five-day period that is convenient for you. (IF DISCHARGED OR RETIRED SAY: "You will also receive a stipend of \$100.00 a day.") The United States Air Force will pay for all travel and per-diem expenses so that participants can go to a nationally recognized medical facility.

If you were asked, would you be willing to have a physical examination at a time convenient for you?

Yes. (RECORD IN S.R.B. PAGE 13 AND SKIP TO Q.139)

No.. (RECORD IN S.R.B. PAGE 13 AND ASK Q.138b)

138b. What is your reason for not wanting to have the examination?

RECORD IN S.R.B., PAGE 13

138c. Under what conditions would you be willing to have an examination?

RECORD IN S.R.B., PAGE 13

CHECK S.R.B. PAGE 2. IF ANY DIVORCED OR SEPARATED WIVES, READ:

139. It is very important for the success of this survey that we also conduct a brief interview with former-wives of respondents. This will provide a more complete and accurate picture of the health of the families of Air Force personnel. We would like to send this letter signed by you to (each of your former/your former) (wife/wives).

ENTER NAME OF EACH FORMER WIFE ON A LETTER. RECORD CURRENT ADDRESS FOR EACH WIFE ON LETTER. HAVE RESPONDENT SIGN EACH LETTER.

CHECK S.R.B. PAGE 2. IF LIVING WITH WIFE, SAY:

140. I would like to speak to your wife briefly. Is she available now?

IF WIFE IS NOT LIVING AT SAME ADDRESS, RECORD CURRENT ADDRESS ON STUDY SUBJECT NAME ASSIGNMENT SHEET.

Thank you for participating in the Air Force Health Study.

TIME INTERVIEW ENDED: _____ (am/pm)

LOUIS HARRIS AND ASSOCIATES, INC.
600 Fifth Avenue
New York, New York 10111

FOR OFFICE USE ONLY:

Case No. : _____

Study No. 812034

O.M.B. NUMBER
0701-0013
Approval Expires
11/30/82

Resp at # : _____

CONFIDENTIAL

AIR FORCE HEALTH SURVEY
SUPPLEMENTAL RECORDING BOOK

Q.2. Where born: City: _____
 State: _____

Q.8b. Employers

Q.8c. Main Duties

1st job: _____	_____
2nd job: _____	_____
3rd job: _____	_____
4th job: _____	_____
5th job: _____	_____
6th job: _____	_____
7th job: _____	_____
8th job: _____	_____
9th job: _____	_____
10th job: _____	_____
11th job: _____	_____
12th job: _____	_____

Q.16: Countries Served In:

1. _____	7. _____
2. _____	8. _____
3. _____	9. _____
4. _____	10. _____
5. _____	11. _____
6. _____	12. _____

Q.20-22 and 152-154 Marital History

	b. Wife's Current Full Name	c. Wife's Maiden Name	aa. Living With Wife Or Divorced/ Separated/ Widowed
First/ only wife	_____	_____	_____
Second wife	_____	_____	_____
Third wife	_____	_____	_____
Fourth wife	_____	_____	_____
Fifth wife	_____	_____	_____
Sixth wife	_____	_____	_____

CHILDREN		CHILD'S NAME			
1. CHILD'S NAME	2. BIRTHDATE	3. BIRTH RECORDS	4. CURRENT MEDICAL RECORDS	5. MOTHER'S FULL NAME	6. DEATH RECORDS
1. CHILD'S NAME	2. BIRTHDATE	3. BIRTH RECORDS	4. CURRENT MEDICAL RECORDS	5. MOTHER'S FULL NAME	6. DEATH RECORDS

[illegible]

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1. BIRTH RECORDS	2. DEATH RECORDS	3. CURRENT MEDICAL RECORDS	4. WITNESSES - ALL NAME
1. BIRTH RECORDS	2. DEATH RECORDS	3. CURRENT MEDICAL RECORDS	4. WITNESSES - ALL NAME

NAME	MONTH	DAY	YEAR	Place	C/S	First	Last	C/S
NAME								
First								
Last								
NAME								
First								
Last								
NAME								
First								
Last								
NAME								
First								
Last								
NAME								
First								
Last								

0.1: Medical Providers -- Pneumonia

1st Time2nd Time3rd Time

a. Months/years had that time.

a. Months/years had that time.

a. Months/years had that time.

MONTH		YEAR	
(12)	(13)	(14)	(15)
TO		TO	
MONTH		YEAR	
(16)	(17)	(18)	(19)

MONTH		YEAR	
(20)	(21)	(22)	(23)
TO		TO	
MONTH		YEAR	
(24)	(25)	(26)	(27)

MONTH		YEAR	
(28)	(29)	(30)	(31)
TO		TO	
MONTH		YEAR	
(32)	(33)	(34)	(35)

b. Doctor/facility who made diagnosis.

b. Doctor/facility who made diagnosis.

b. Doctor/facility who made diagnosis.

Name _____

Name _____

Name _____

Address _____

Address _____

Address _____

C/S _____

C/S _____

C/S _____

c. Name of hospital.

c. Name of hospital.

c. Name of hospital.

Name _____

Name _____

Name _____

Address _____

Address _____

Address _____

C/S _____

C/S _____

C/S _____

0.2b. Medical Providers -- Cancer

Part 1Part 2Part 3c. Month/year first diagnosedc. Month/year first diagnosedc. Month/year first diagnosed

MONTH		YEAR	
(36)	(37)	(38)	(39)

MONTH		YEAR	
(44)	(45)	(46)	(47)

MONTH		YEAR	
(52)	(53)	(54)	(55)

d. Doctor/facility where first diagnosis made:

d. Doctor/facility where first diagnosis made:

d. Doctor/facility where first diagnosis made:

Name _____

Name _____

Name _____

Address _____

Address _____

Address _____

C/S _____

C/S _____

C/S _____

e. Doctor/facility last consulted.e. Doctor/facility last consulted.e. Doctor/facility last consulted.

Name _____

Name _____

Name _____

Address _____

Address _____

Address _____

C/S _____

C/S _____

C/S _____

f. Month/year last consulted.f. Month/year last consulted.f. Month/year last consulted.

MONTH		YEAR	
(40)	(41)	(42)	(43)

MONTH		YEAR	
(48)	(49)	(50)	(51)

MONTH		YEAR	
(56)	(57)	(58)	(59)

Q.36. Medical Providers - Cancer

Part 4

Part 5

Part 6

c. Month/year first
diagnosed

MONTH		YEAR	
(60)	(61)	(62)	(63)

c. Month/year first
diagnosed

MONTH		YEAR	
(68)	(69)	(70)	(71)

c. Month/year first
diagnosed

MONTH		YEAR	
(72)	(73)	(74)	(75)

d. Doctor/facility where
first diagnosis made:

Name _____

Address _____

C/S _____

d. Doctor/facility where
first diagnosis made:

Name _____

Address _____

C/S _____

d. Doctor/facility where
first diagnosis made:

Name _____

Address _____

C/S _____

e. Doctor/facility last
consulted.

Name _____

Address _____

C/S _____

e. Doctor/facility last
consulted.

Name _____

Address _____

C/S _____

e. Doctor/facility last
consulted.

Name _____

Address _____

C/S _____

f. Month/year last
consulted.

MONTH		YEAR	
(64)	(65)	(66)	(67)

f. Month/year last
consulted.

MONTH		YEAR	
(72)	(73)	(74)	(75)

f. Month/year last
consulted.

MONTH		YEAR	
(76)	(77)	(78)	(79)

Q.37 Medical Providers -- Leukemia

b. Month/year first
diagnosed

MONTH		YEAR	
(80)	(81)	(82)	(83)

c. Doctor/facility where
first diagnosis made:

Name _____

Address _____

C/S _____

f. Doctor/facility last
consulted.

Name _____

Address _____

C/S _____

g. Month/year last
consulted.

MONTH		YEAR	
(84)	(85)	(86)	(87)

Q.34. Medical Providers -- OTHER MEDICAL CONDITIONS

DIABETES

b. First told had:

MONTH		YEAR	
(28)	(29)	(30)	(31)

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

THYROID

b. First told had:

MONTH		YEAR	
(44)	(45)	(46)	(47)

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

ANEMIA

b. First told had:

MONTH		YEAR	
(60)	(61)	(62)	(63)

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

g. Doctor last consulted:

MONTH		YEAR	
(32)	(33)	(34)	(35)

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

g. Doctor last consulted:

MONTH		YEAR	
(48)	(49)	(50)	(51)

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

g. Doctor last consulted:

MONTH		YEAR	
(64)	(65)	(66)	(67)

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

HEART CONDITION

b. First told had:

MONTH		YEAR	
(36)	(37)	(38)	(39)

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

ENLARGED LIVER

b. First told had:

MONTH		YEAR	
(52)	(53)	(54)	(55)

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

JAUNDICE

b. First told had:

MONTH		YEAR	
(68)	(69)	(70)	(71)

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

g. Doctor last consulted:

MONTH		YEAR	
(40)	(41)	(42)	(43)

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

g. Doctor last consulted:

MONTH		YEAR	
(56)	(57)	(58)	(59)

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

g. Doctor last consulted:

MONTH		YEAR	
(72)	(73)	(74)	(75)

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

ANAL. MEDICAL RECORDS OTHER MEDICAL CONDITIONS (CONTINUED)

GALLBLADDER

STOMACH OF THE LIVER

INTESTINAL PARASITES

a. First told had:

c. First told had:

e. First told had:

MONTH YEAR
 (16) (17) (18) (19)

MONTH YEAR
 (20) (21) (22) (23)

MONTH YEAR
 (24) (25) (26) (27)

d. Doctor/facility where diagnosis made:

f. Doctor/facility where diagnosis made:

g. Doctor/facility where diagnosis made:

Name

Name

Name

Address

Address

Address

C/S

C/S

C/S

i. Doctor last consulted:

k. Doctor last consulted:

m. Doctor last consulted:

MONTH YEAR
 (16) (17) (18) (19)

MONTH YEAR
 (20) (21) (22) (23)

MONTH YEAR
 (24) (25) (26) (27)

h. Doctor/Facility last consulted.

j. Doctor/Facility last consulted.

n. Doctor/Facility last consulted.

Name

Name

Name

Address

Address

Address

C/S

C/S

C/S

GALLBLADDER

OTHER LIVER CONDITION

OTHER RESPIRATORY

b. First told had:

d. First told had:

f. First told had:

MONTH YEAR
 (20) (21) (22) (23)

MONTH YEAR
 (24) (25) (26) (27)

MONTH YEAR
 (28) (29) (30) (31)

e. Doctor/facility where diagnosis made:

g. Doctor/facility where diagnosis made:

i. Doctor/facility where diagnosis made:

Name

Name

Name

Address

Address

Address

C/S

C/S

C/S

j. Doctor last consulted:

l. Doctor last consulted:

o. Doctor last consulted:

MONTH YEAR
 (24) (25) (26) (27)

MONTH YEAR
 (28) (29) (30) (31)

MONTH YEAR
 (32) (33) (34) (35)

h. Doctor/Facility last consulted.

m. Doctor/Facility last consulted.

p. Doctor/Facility last consulted.

Name

Name

Name

Address

Address

Address

C/S

C/S

C/S

Q.3. Medical Providers -- OTHER MEDICAL CONDITIONS (CONTINUED)

OTHER MAJOR CONDITIONS

f. First told had:

MONTH		YEAR	
(b0)	(b1)	(b2)	(b3)

g. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

h. Doctor last consulted:

MONTH		YEAR	
(b4)	(b5)	(b6)	(b7)

i. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

Q.4. Medical Providers -- Acne

b. Last consulted doctor

MONTH		YEAR	
(68)	(69)	(70)	(71)

c. Doctor/facility last consulted:

Name _____

Address _____

C/S _____

Card 100 Medical Interview

A.
PATCHES OF SKIN CHANGE COLORe. Doctor/facility where
diagnosis made:

Name _____

Address _____

C/S _____

f. Month/year diagnosis
made:

MONTH		YEAR	
1	2	3	4
(1)	(2)	(3)	(4)

g. Doctor/Facility last
consulted:

Name _____

Address _____

C/S _____

h. Month/year last
consulted:

MONTH		YEAR	
1	2	3	4
(16)	(17)	(18)	(19)

B.
EASIER BRUISING OF SKINe. Doctor/facility where
diagnosis made:

Name _____

Address _____

C/S _____

f. Month/year diagnosis
made:

MONTH		YEAR	
1	2	3	4
(1)	(2)	(3)	(4)

g. Doctor/Facility last
consulted:

Name _____

Address _____

C/S _____

h. Month/year last
consulted:

MONTH		YEAR	
1	2	3	4
(1)	(2)	(3)	(4)

C.
SKIN EXTRA SENSITIVEe. Doctor/facility where
diagnosis made:

Name _____

Address _____

C/S _____

f. Month/year diagnosis
made:

MONTH		YEAR	
1	2	3	4
(1)	(2)	(3)	(4)

g. Doctor/Facility last
consulted:

Name _____

Address _____

C/S _____

h. Month/year last
consulted:

MONTH		YEAR	
1	2	3	4
(46)	(47)	(48)	(49)

D.
RASH ON BACKe. Doctor/facility where
diagnosis made:

Name _____

Address _____

C/S _____

f. Month/year diagnosis
made:

MONTH		YEAR	
1	2	3	4
(20)	(21)	(22)	(23)

g. Doctor/Facility last
consulted:

Name _____

Address _____

C/S _____

h. Month/year last
consulted:

MONTH		YEAR	
1	2	3	4
(16)	(17)	(18)	(19)

E.
EXCESSIVE HAIR GROWTHe. Doctor/facility where
diagnosis made:

Name _____

Address _____

C/S _____

f. Month/year diagnosis
made:

MONTH		YEAR	
1	2	3	4
(36)	(37)	(38)	(39)

g. Doctor/Facility last
consulted:

Name _____

Address _____

C/S _____

h. Month/year last
consulted:

MONTH		YEAR	
1	2	3	4
(46)	(47)	(48)	(49)

Q.43 -- Medical Providers

A. NUMBNESS IN LIMBS	B. TINGLING IN LIMBS	C. BURNING IN LIMBS
h. Doctor/facility where diagnosis made:	h. Doctor/facility where diagnosis made:	h. Doctor/facility where diagnosis made:
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
C/S _____	C/S _____	C/S _____
i. Month/year diagnosis made:	i. Month/year diagnosis made:	i. Month/year diagnosis made:
MONTH YEAR (60) (61) (62) (63)	MONTH YEAR (68) (69) (70) (71)	MONTH YEAR (16) (17) (18) (19)
j. Doctor/Facility last consulted:	j. Doctor/Facility last consulted:	j. Doctor/Facility last consulted:
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
C/S _____	C/S _____	C/S _____
k. Month/year last consulted:	k. Month/year last consulted:	k. Month/year last consulted:
MONTH YEAR (56) (57) (58) (59)	MONTH YEAR (72) (73) (74) (75)	MONTH YEAR (20) (21) (22) (23)

D. PERSISTENT ACHE IN LIMBS	E. REDUCTION IN GRIP STRENGTH
h. Doctor/facility where diagnosis made:	h. Doctor/facility where diagnosis made:
Name _____	Name _____
Address _____	Address _____
C/S _____	C/S _____
i. Month/year diagnosis made:	i. Month/year diagnosis made:
MONTH YEAR (60) (61) (62) (63)	MONTH YEAR (76) (77) (78) (79)
j. Doctor/Facility last consulted:	j. Doctor/Facility last consulted:
Name _____	Name _____
Address _____	Address _____
C/S _____	C/S _____
k. Month/year last consulted:	k. Month/year last consulted:
MONTH YEAR (64) (65) (66) (67)	MONTH YEAR (12) (13) (14) (15)

Respondent answer to Q.60 was . . .

Yes.....
No.....

	Record "Yes" or "5"	Check Box If Any Recording In Question Group
62a. Did you lose your appetite.....	}	☐
63a. Did you lose weight without trying to -- as much as ten pounds altogether.....		
64a. Did your eating increase so much that you gained ten pounds altogether.....		
65a. Did you have trouble falling asleep, staying asleep, or waking up too early.....	}	☐
66a. Were you sleeping too much?.....		
67a. Did you feel tired out all the time?.....		☐
68a. Did you talk or move more slowly than is usual for you?	}	☐
69a. Did you have to be moving all the time -- that is, you couldn't sit still and paced up and down?.....		
70a. Was your interest in sex a lot less than usual?.....		☐
71a. Did you have a lot more trouble concentrating than is usual for you?.....	}	☐
72a. Did your thoughts come much slower than usual or seem mixed up?.....		
73. Did you feel worthless, sinful, or guilty?.....		☐
74. Did you think a lot about death -- either your own, someone else's, or death in general?.....	}	☐
75. Did you feel like you wanted to die?.....		
76. Did you feel so low you thought of committing suicide?.		
77. Did you attempt suicide?.....		

138a. If you were asked, would you be willing to have a physical examination at a time convenient for you?

Yes.....(59).....-1

No.....-2 (ASK O.138b)

138b. What is your reason for not wanting to have the examination?

.....
.....
.....

138c. Under what conditions would you be willing to have an examination?

.....
.....
.....

(60)

(61)

(62)

(63)

(64)

(65)

(66)

(67)

(68)

(69)

(70)

(71)

141. Additional Civilian Training Programs (cont.)

4th Program	5th Program	6th Program
b. For what kind of work was your next civilian training program preparing you?	i. For what kind of work was your next civilian training program preparing you?	j. For what kind of work was your next civilian training program preparing you?
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
c. In what month and year did you start this training?	e. In what month and year did you start this training?	k. In what month and year did you start this training?
MONTH YEAR (20) (21) (22) (23)	MONTH YEAR (20) (21) (22) (23)	MONTH YEAR (20) (21) (22) (23)
d. In what month and year did you complete this training?	h. In what month and year did you complete this training?	l. In what month and year did you complete this training?
MONTH YEAR (24) (25) (26) (27)	MONTH YEAR (24) (25) (26) (27)	MONTH YEAR (24) (25) (26) (27)
m. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?	n. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?	o. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?
Yes, (28) -1 (ASK Q.141)	Yes, (28) -1 (ASK Q.141)	Yes, (28) -1 (RETURN TO Q.7)
No, (28) -2 (RETURN TO Q.7)	No, (28) -2 (RETURN TO Q.7)	No, (28) -2

Section 1. Vocational Military Job Training Programs (100-1)

4th Program	5th Program	6th Program
1. For what kind of work was your next military training program preparing you?	1. For what kind of work was your next military training program preparing you?	1. For what kind of work was your next military training program preparing you?
_____ C12	_____ C13	_____ C14
_____ C15	_____ C16	_____ C17
_____ C18	_____ C19	_____ C20
_____ C21	_____ C22	_____ C23
_____ C24	_____ C25	_____ C26
2. What is the AFSC for that job?	2. What is the AFSC for that job?	2. What is the AFSC for that job?
_____ C27	_____ C28	_____ C29
3. In what month and year did you start this training?	3. In what month and year did you start this training?	3. In what month and year did you start this training?
MONTH YEAR (21) (22) (23) (24)	MONTH YEAR (21) (22) (23) (24)	MONTH YEAR (21) (22) (23) (24)
4. In what month and year did you complete this training?	4. In what month and year did you complete this training?	4. In what month and year did you complete this training?
MONTH YEAR (25) (26) (27) (28)	MONTH YEAR (25) (26) (27) (28)	MONTH YEAR (25) (26) (27) (28)
5. Have you participated in any other military job training program that prepared you for a major change in your occupation?	5. Have you participated in any other military job training program that prepared you for a major change in your occupation?	5. Have you participated in any other military job training program that prepared you for a major change in your occupation?
Yes (29) _____ -1 (ASK Q. 142p) No (30) _____ -2 (RETURN TO Q. 6)	Yes (29) _____ -1 (ASK Q. 142p) No (30) _____ -2 (RETURN TO Q. 6)	Yes (29) _____ -1 (RETURN TO Q. 6) No (30) _____ -2

143-145 Additional jobs (Q.8-13)

Seventh Job

143a. In what month and year did you start your next job that lasted three months or longer?

MONTH		YEAR	
(15)	(16)	(17)	(18)

b. What (is/was) the name of your employer?

RECORD IN S.R.B. - PG 1

c. (Is/Was) the job full-time or part-time?

Full time..(19) () -1
Part time.....-2

d. What kind of business is that -- what (do/did) they make or do there?

e. What (do/did) you actually do on the job -- what (are/were) some of your main duties?

RECORD IN S.R.B. - PG 1

HAND RESPONDENT CARD "B"

f. Please look at this card and tell me the number which best describes the kind of industry you (work/worked) in.

(WRITE IN NUMBER)

(20)	(21)
------	------

g. In what month and year did this job end?

MONTH		YEAR	
(23)	(24)	(25)	(26)

Current (RETURN TO job..(27) () -1 Q.14a)

h. What was the main reason you stopped working on your job?

(28)

(29)

(ASK Q.144a)

OR
PG 10

Eighth Job

144a. In what month and year did you start your next job that lasted three months or longer?

MONTH		YEAR	
(15)	(16)	(17)	(18)

b. What (is/was) the name of your employer?

RECORD IN S.R.B. - PG 1

c. (Is/Was) the job full-time or part-time?

Full time..(19) () -1
Part time.....-2

d. What kind of business is that -- what (do/did) they make or do there?

e. What (do/did) you actually do on the job -- what (are/were) some of your main duties?

RECORD IN S.R.B. - PG 1

HAND RESPONDENT CARD "B"

f. Please look at this card and tell me the number which best describes the kind of industry you (work/worked) in.

(WRITE IN NUMBER)

(20)	(21)
------	------

g. In what month and year did this job end?

MONTH		YEAR	
(23)	(24)	(25)	(26)

Current (RETURN TO job..(27) () -1 Q.14a)

h. What was the main reason you stopped working on your job?

(28)

(29)

(ASK Q.145a)

OR
PG 10

Ninth Job

145a. In what month and year did you start your next job that lasted three months or longer?

MONTH		YEAR	
(15)	(16)	(17)	(18)

b. What (is/was) the name of your employer?

RECORD IN S.R.B. - PG 1

c. (Is/Was) the job full-time or part-time?

Full time..(19) () -1
Part time.....-2

d. What kind of business is that -- what (do/did) they make or do there?

e. What (do/did) you actually do on the job -- what (are/were) some of your main duties?

RECORD IN S.R.B. - PG 1

HAND RESPONDENT CARD "B"

f. Please look at this card and tell me the number which best describes the kind of industry you (work/worked) in.

(WRITE IN NUMBER)

(20)	(21)
------	------

g. In what month and year did this job end?

MONTH		YEAR	
(23)	(24)	(25)	(26)

Current (RETURN TO job..(27) () -1 Q.14a)

h. What was the main reason you stopped working on your job?

(28)

(29)

(ASK Q.146a)

OR
PG 10

146-148 Additional Jobs (8-13) Cont'd.

Tenth Job

146a. In what month and year did you start your next job that lasted three months or longer?

MONTH		YEAR	
[]	[]	[]	[]
(1)	(2)	(17)	(18)

b. What (is/was) the name of your employer?

[RECORD IN S.R.B. - PG 1]

c. (Is/was) the job full-time or part-time?

Full time..(19) -1
Part time.....-2

d. What kind of business is that -- what (do/did) they make or do there?

e. What (do/did) you actually do on the job -- what (are/were) some of your main duties?

[RECORD IN S.R.B. - PG 1]

HAND RESPONDENT CARD "B"

f. Please look at this card and tell me the number which best describes the kind of industry you (work/worked) in:

(WRITE IN NUMBER) [] []
(20) (21)

g. In what month and year did this job end?

MONTH		YEAR	
[]	[]	[]	[]
(23)	(24)	(25)	(26)

Current (RETURN TO job..(27) -1 Q.14a)

h. What was the main reason you stopped working on your job?

(28)

(29)

(ASK Q.147a)

10

11

Eleventh Job

147a. In what month and year did you start your next job that lasted three months or longer?

MONTH		YEAR	
[]	[]	[]	[]
(15)	(16)	(17)	(18)

b. What (is/was) the name of your employer?

[RECORD IN S.R.B. - PG 1]

c. (Is/was) the job full-time or part-time?

Full time..(19) -1
Part time.....-2

d. What kind of business is that -- what (do/did) they make or do there?

e. What (do/did) you actually do on the job -- what (are/were) some of your main duties?

[RECORD IN S.R.B. - PG 1]

HAND RESPONDENT CARD "B"

f. Please look at this card and tell me the number which best describes the kind of industry you (work/worked) in:

(WRITE IN NUMBER) [] []
(20) (21)

g. In what month and year did this job end?

MONTH		YEAR	
[]	[]	[]	[]
(23)	(24)	(25)	(26)

Current (RETURN TO job..(27) -1 Q.14a)

h. What was the main reason you stopped working on your job?

(28)

(29)

(ASK Q.148a)

11

12

Twelfth Job

148a. In what month and year did you start your next job that lasted three months or longer?

MONTH		YEAR	
[]	[]	[]	[]
(1)	(2)	(17)	(18)

b. What (is/was) the name of your employer?

[RECORD IN S.R.B. - PG 1]

c. (Is/was) the job full-time or part-time?

Full time..(19) -1
Part time.....-2

d. What kind of business is that -- what (do/did) they make or do there?

e. What (do/did) you actually do on the job -- what (are/were) some of your main duties?

[RECORD IN S.R.B. - PG 1]

HAND RESPONDENT CARD "B"

f. Please look at this card and tell me the number which best describes the kind of industry you (work/worked) in:

(WRITE IN NUMBER) [] []
(20) (21)

g. In what month and year did this job end?

MONTH		YEAR	
[]	[]	[]	[]
(23)	(24)	(25)	(26)

Current (RETURN TO job..(27) -1 Q.14a)

h. What was the main reason you stopped working on your job?

(28)

(29)

(RETURN TO Q.14a)

12

13

145. Additional Periods of Military Service (0-16)

a. In what month and year did you next enter the Armed Forces?

MONTH		YEAR	
1	2	1	2
(14)	(15)	(16)	(17)

b. What branch of the military was that?

Air Force, (18) _____ -1
 Navy, _____ -2
 Army, _____ -3
 Marines, _____ -4
 Coast Guard, _____ -5

c. Were you discharged or separated from the (BRANCH OF SERVICE)?

Discharged/
separated, (19) _____ -1 (ASK Q. 16)

Still in
(MILITARY), _____ -2 (RETURN
TO Q. 16)

d. In what month and year were you discharged/separated from the (BRANCH OF MILITARY)?

MONTH		YEAR	
1	2	1	2
(20)	(21)	(22)	(23)

e. Following your separation or discharge in (DATE IN "d"), did you reenter the Armed Forces?

Yes, (24) _____ -1 (ASK Q. 169K)
 No, _____ -2 (RETURN TO
Q. 16)

05
79-80

f. In what month and year did you next enter the Armed Forces?

MONTH		YEAR	
1	2	1	2
(14)	(15)	(16)	(17)

g. What branch of the military was that?

Air Force, (18) _____ -1
 Navy, _____ -2
 Army, _____ -3
 Marines, _____ -4
 Coast Guard, _____ -5

h. Were you discharged or separated from the (BRANCH OF SERVICE)?

Discharged/
separated, (19) _____ -1 (ASK Q. 16)

Still in
(MILITARY), _____ -2 (RETURN
TO Q. 16)

i. In what month and year were you discharged/separated from the (BRANCH OF MILITARY)?

MONTH		YEAR	
1	2	1	2
(20)	(21)	(22)	(23)

j. Following your separation or discharge in (DATE IN "i"), did you reenter the Armed Forces?

Yes, (24) _____ -1 (ASK Q. 169K)
 No, _____ -2 (RETURN TO
Q. 16)

05
79-80

k. In what month and year did you next enter the Armed Forces?

MONTH		YEAR	
1	2	1	2
(14)	(15)	(16)	(17)

l. What branch of the military was that?

Air Force, (18) _____ -1
 Navy, _____ -2
 Army, _____ -3
 Marines, _____ -4
 Coast Guard, _____ -5

m. Were you discharged or separated from the (BRANCH OF SERVICE)?

Discharged/
separated, (19) _____ -1 (ASK Q. 16)

Still in
(MILITARY), _____ -2 (RETURN
TO Q. 16)

n. In what month and year were you discharged/separated from the (BRANCH OF MILITARY)?

MONTH		YEAR	
1	2	1	2
(20)	(21)	(22)	(23)

o. Following your separation or discharge in (DATE IN "n"), did you reenter the Armed Forces?

Yes, (24) _____ -1 (RETURN TO
Q. 16)

05
79-80

150. Additional Countries Stationed (0.16/17)

Seventh Country	Eighth Country	Ninth Country
a. What was the next country that you were stationed in for more than 90 days while on active duty?	p. What was the next country that you were stationed in for more than 90 days while on active duty?	m. What was the next country that you were stationed in for more than 90 days while on active duty?
(14-15)	(14-15)	(14-15)
(RECORD COUNTRY HERE AND IN S.K.B. Pg. 2 AND CONTINUE)	(RECORD COUNTRY HERE AND IN S.K.B. Pg. 2 AND CONTINUE)	(RECORD COUNTRY HERE AND IN S.K.B. Pg. 2 AND CONTINUE)
No. others: (16) -1 (RETURN TO Q.18)	No. others: (16) -1 (RETURN TO Q.18)	No. others: (16) -1 (RETURN TO Q.18)
b. In what month and year did you begin and end active duty in (COUNTRY)?	b. In what month and year did you begin and end active duty in (COUNTRY)?	b. In what month and year did you begin and end active duty in (COUNTRY)?
BEGIN	BEGIN	BEGIN
MONTH YEAR	MONTH YEAR	MONTH YEAR
(17) (18) (19) (20)	(17) (18) (19) (20)	(17) (18) (19) (20)
END	END	END
MONTH YEAR	MONTH YEAR	MONTH YEAR
(21) (22) (23) (24)	(21) (22) (23) (24)	(21) (22) (23) (24)
Current... (25) -1	Current... (25) -1	Current... (25) -1
c. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?	c. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?	c. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?
1. (26-28)	1. (26-28)	1. (26-28)
2. (29-31)	2. (29-31)	2. (29-31)
3. (32-34)	3. (32-34)	3. (32-34)
d. (Do/Did) your duties in (COUNTRY) include flying?	d. (Do/Did) your duties in (COUNTRY) include flying?	d. (Do/Did) your duties in (COUNTRY) include flying?
Yes. (35) -1	Yes. (35) -1	Yes. (35) -1
No. -2	No. -2	No. -2
e. How many flight hours did you log while in (COUNTRY)?	e. How many flight hours did you log while in (COUNTRY)?	e. How many flight hours did you log while in (COUNTRY)?
(36) (37) (38) Hours	(36) (37) (38) Hours	(36) (37) (38) Hours
Other (SPECIFY)	Other (SPECIFY)	Other (SPECIFY)
..... (39) -1	 (39) -1	 (39) -1
f. What specific letter and numerical designation(s) did each aircraft have?	f. What specific letter and numerical designation(s) did each aircraft have?	f. What specific letter and numerical designation(s) did each aircraft have?
1. (40-43)	1. (40-43)	1. (40-43)
2. (44-47)	2. (44-47)	2. (44-47)
3. (48-51)	3. (48-51)	3. (48-51)
4. (52-55)	4. (52-55)	4. (52-55)
(ASK Q.151a)	(ASK Q.151a)	(ASK Q.151a)
7a. 8a.	7a. 8a.	7a. 8a.

151. Additional countries obtained (continued)

From country	To country	On date
a. What was the next country that you were stationed in (country) after more than 90 days which you were stationed in (country)?	a. What was the next country that you were stationed in (country) after more than 90 days which you were stationed in (country)?	a. What was the next country that you were stationed in (country) after more than 90 days which you were stationed in (country)?
FROM COUNTRY HERE AND IN DATE (1) (2) (3) AND CONTINENT	FROM COUNTRY HERE AND IN DATE (1) (2) (3) AND CONTINENT	FROM COUNTRY HERE AND IN DATE (1) (2) (3) AND CONTINENT
b. OFFICE (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	b. OFFICE (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	b. OFFICE (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
c. In what month and year did you begin and end your duty in (country)?	c. In what month and year did you begin and end your duty in (country)?	c. In what month and year did you begin and end your duty in (country)?
MONTH YEAR 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12	MONTH YEAR 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12	MONTH YEAR 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12
MONTH YEAR 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12	MONTH YEAR 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12	MONTH YEAR 1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12
Current (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Current (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Current (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
d. What specific job assignments (do/did) you have in (country)? Can you give me the AFM?	d. What specific job assignments (do/did) you have in (country)? Can you give me the AFM?	d. What specific job assignments (do/did) you have in (country)? Can you give me the AFM?
1. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	1. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	1. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
2. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	2. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	2. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
3. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	3. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	3. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
d. (do/did) your duties in (country) include flying?	d. (do/did) your duties in (country) include flying?	d. (do/did) your duties in (country) include flying?
Yes (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Yes (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Yes (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
No (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	No (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	No (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
e. How many flight hours did you log while in (country)?	e. How many flight hours did you log while in (country)?	e. How many flight hours did you log while in (country)?
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12
1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12	1 2 3 4 5 6 7 8 9 10 11 12 1 2 3 4 5 6 7 8 9 10 11 12
Other (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	Other (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
f. What specific letter and numerical designation did each aircraft have?	f. What specific letter and numerical designation did each aircraft have?	f. What specific letter and numerical designation did each aircraft have?
1. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	1. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	1. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
2. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	2. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	2. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
3. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	3. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	3. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
4. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	4. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	4. (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
CASE (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	CASE (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)	CASE (1) (2) (3) (4) (5) (6) (7) (8) (9) (10)
10 20 30 40 50 60 70 80 90 100	10 20 30 40 50 60 70 80 90 100	10 20 30 40 50 60 70 80 90 100

152-154. Additional Marriages (Q.18-22)

FOURTH MARRIAGE

152a. In what month and year did you get married the fourth time?

MONTH		YEAR	
(4)	(5)	(17)	(18)

b. What (is/was) her current full name?

[RECORD IN S.R.B. PG. 2]

c. What was her maiden name?

[RECORD IN S.R.B. PG. 2]

d. What is her date of birth?

MONTH		YEAR	
(19)	(20)	(21)	(22)

e. Have you ever had any children by (your/this) wife?

Yes... (2X) -1
No..... -2

f. Did your wife ever have any pregnancies by you which ended in a miscarriage?

Yes... (24) -1 (ASK Q.g)
No..... -2 } (SKIP TO Q.152L)
Don't know -3 }

g. When was that? (PROBE: Any others?)

	MONTH	YEAR
1st		
	(25) (26)	(27) (28)
	MONTH	YEAR
2nd		
	(29) (30)	(31) (32)
	MONTH	YEAR
3rd		
	(33) (34)	(35) (36)
	MONTH	YEAR
4th		
	(37) (38)	(39) (40)
	(GO TO Q.152h)	

FIFTH MARRIAGE

153a. In what month and year did you get married the fifth time?

MONTH		YEAR	
(45)	(46)	(17)	(18)

b. What (is/was) her current full name?

[RECORD IN S.R.B. PG. 2]

c. What was her maiden name?

[RECORD IN S.R.B. PG. 2]

d. What is her date of birth?

MONTH		YEAR	
(19)	(20)	(21)	(22)

e. Have you ever had any children by (your/this) wife?

Yes... (23) -1
No..... -2

f. Did your wife ever have any pregnancies by you which ended in a miscarriage?

Yes... (24) -1 (ASK Q.g)
No..... -2 } (SKIP TO Q.153L)
Don't know -3 }

g. When was that? (PROBE: Any others?)

	MONTH	YEAR
1st		
	(25) (26)	(27) (28)
	MONTH	YEAR
2nd		
	(29) (30)	(31) (32)
	MONTH	YEAR
3rd		
	(33) (34)	(35) (36)
	MONTH	YEAR
4th		
	(37) (38)	(39) (40)
	(GO TO Q.153h)	

SIXTH MARRIAGE

154a. In what month and year did you get married the sixth time?

MONTH		YEAR	
(15)	(16)	(17)	(18)

b. What (is/was) her current full name?

[RECORD IN S.R.B. PG. 2]

c. What was her maiden name?

[RECORD IN S.R.B. PG. 2]

d. What is her date of birth?

MONTH		YEAR	
(19)	(20)	(21)	(22)

e. Have you ever had any children by (your/this) wife?

Yes... (23) -1
No..... -2

f. Did your wife ever have any pregnancies by you which ended in a miscarriage?

Yes... (24) -1 (ASK Q.g)
No..... -2 } (SKIP TO Q.154L)
Don't know -3 }

g. When was that? (PROBE: Any others?)

	MONTH	YEAR
1st		
	(25) (26)	(27) (28)
	MONTH	YEAR
2nd		
	(29) (30)	(31) (32)
	MONTH	YEAR
3rd		
	(33) (34)	(35) (36)
	MONTH	YEAR
4th		
	(37) (38)	(39) (40)
	(GO TO Q.154h)	

FOURTH MARRIAGE MISCARRIAGES - Q.152b		FIFTH MARRIAGE MISCARRIAGES - Q.153b		SIXTH MARRIAGE MISCARRIAGES - Q.154b	
1st	Months (12) (13) Wasn't trying (14) -1 Don't know.....-2	2nd	Months (12) (13) Wasn't trying (14) -1 Don't know.....-2	2nd	Months (12) (13) Wasn't trying (14) -1 Don't know.....-2
3rd	Months (15) (16) Wasn't trying (17) -1 Don't know.....-2	3rd	Months (15) (16) Wasn't trying (17) -1 Don't know.....-2	3rd	Months (15) (16) Wasn't trying (17) -1 Don't know.....-2
4th	Months (18) (19) Wasn't trying (20) -1 Don't know.....-2	4th	Months (18) (19) Wasn't trying (20) -1 Don't know.....-2	4th	Months (18) (19) Wasn't trying (20) -1 Don't know.....-2
(GO TO Q.152c)		(GO TO Q.153c)		(GO TO Q.154c)	

[AFTER Q.152b/153b/154b ASK FOR EACH MISCARRIAGE.]

Were either of you using birth control at the time she became pregnant?

[FOR ANY "YES" ASK:]

[HARD RESPONDENT CARD "C"]

Please look at this card and tell me all the numbers that apply to the types of birth control you used.

1st: _____ (21-22)	1st: _____ (21-22)	1st: _____ (21-22)
2nd: _____ (23-24)	2nd: _____ (23-24)	2nd: _____ (23-24)
3rd: _____ (25-26)	3rd: _____ (25-26)	3rd: _____ (25-26)
4th: _____ (27-28)	4th: _____ (27-28)	4th: _____ (27-28)
(GO TO Q.201)	(GO TO Q.211)	(GO TO Q.221)

FOURTH MARRIAGE STILLBIRTHS - Q.152c		FIFTH MARRIAGE STILLBIRTHS - Q.153c		SIXTH MARRIAGE STILLBIRTHS - Q.154c	
2nd	Months (29) (30) Wasn't trying (31) -1 Don't know.....-2	2nd	Months (29) (30) Wasn't trying (31) -1 Don't know.....-2	2nd	Months (29) (30) Wasn't trying (31) -1 Don't know.....-2
3rd	Months (32) (33) Wasn't trying (34) -1 Don't know.....-2	3rd	Months (32) (33) Wasn't trying (34) -1 Don't know.....-2	3rd	Months (32) (33) Wasn't trying (34) -1 Don't know.....-2
4th	Months (35) (36) Wasn't trying (37) -1 Don't know.....-2	4th	Months (35) (36) Wasn't trying (37) -1 Don't know.....-2	4th	Months (35) (36) Wasn't trying (37) -1 Don't know.....-2
(GO TO Q.152d)		(GO TO Q.153d)		(GO TO Q.154d)	

[AFTER Q.152c/153c/154c ASK FOR EACH STILLBIRTH.]

Were either of you using birth control at the time she became pregnant?

[FOR ANY "YES" ASK:]

[HARD RESPONDENT CARD "C"]

Please look at this card and tell me all the numbers that apply to the types of birth control you used.

1st: _____ (39-40)	1st: _____ (39-40)	1st: _____ (39-40)
2nd: _____ (41-42)	2nd: _____ (41-42)	2nd: _____ (41-42)
3rd: _____ (43-44)	3rd: _____ (43-44)	3rd: _____ (43-44)
4th: _____ (45-46)	4th: _____ (45-46)	4th: _____ (45-46)
(GO TO Q.152e)	(GO TO Q.153e)	(GO TO Q.154e)

FOURTH MARRIAGE	FIFTH MARRIAGE	SIXTH MARRIAGE
151. How many months did it take your wife to become pregnant this time?	151. How many months did it take your wife to become pregnant this time?	151. How many months did it take your wife to become pregnant this time?
Months (43) (45)	Months (41) (45)	Months (41) (42)
Wasn't trying (41) -1 Don't know..... -2	Wasn't trying (41) -1 Don't know..... -2	Wasn't trying (41) -1 Don't know..... -2
1. How many weeks had your wife been pregnant when the (1st, etc.) miscarriage occurred?	1. How many weeks had your wife been pregnant when the (1st, etc.) miscarriage occurred?	1. How many weeks had your wife been pregnant when the (1st, etc.) miscarriage occurred?
Weeks (45) (45)	Weeks (45) (45)	Weeks (44) (45)
Weeks (46) (47)	Weeks (46) (47)	Weeks (46) (47)
Weeks (48) (49)	Weeks (48) (49)	Weeks (48) (49)
Weeks (50) (51)	Weeks (50) (51)	Weeks (50) (51)
2. Did a doctor tell you why this (1st, etc.) miscarriage might have occurred?	2. Did a doctor tell you why this (1st, etc.) miscarriage might have occurred?	2. Did a doctor tell you why this (1st, etc.) miscarriage might have occurred?
Yes, (52) -1 (ASK Q.k) No..... -2 (SKIP TO Q. 152L)	Yes, (52) -1 (ASK Q.k) No..... -2 (SKIP TO Q. 152L)	Yes, (52) -1 (ASK Q.k) No..... -2 (SKIP TO Q. 152L)
3. What did the doctor say caused the miscarriage?	3. What did the doctor say caused the miscarriage?	3. What did the doctor say caused the miscarriage?
1st 2nd 3rd 4th	1st 2nd 3rd 4th	1st 2nd 3rd 4th
4. Did your wife have any pregnancies by you which ended in a stillbirth?	4. Did your wife have any pregnancies by you which ended in a stillbirth?	4. Did your wife have any pregnancies by you which ended in a stillbirth?
Yes... (53) -1 (ASK Q.m) No..... -2 (SKIP TO Q. 152q)	Yes... (53) -1 (ASK Q.m) No..... -2 (SKIP TO Q. 152q)	Yes... (53) -1 (ASK Q.m) No..... -2 (SKIP TO Q. 152q)
5. When was that? (PROBE: Any others?)	5. When was that? (PROBE: Any others?)	5. When was that? (PROBE: Any others?)
MONTH YEAR (54) (55) (56) (57) MONTH YEAR (58) (59) (60) (61) MONTH YEAR (62) (63) (64) (65) MONTH YEAR (66) (67) (68) (69)	MONTH YEAR (54) (55) (56) (57) MONTH YEAR (58) (59) (60) (61) MONTH YEAR (62) (63) (64) (65) MONTH YEAR (66) (67) (68) (69)	MONTH YEAR (54) (55) (56) (57) MONTH YEAR (58) (59) (60) (61) MONTH YEAR (62) (63) (64) (65) MONTH YEAR (66) (67) (68) (69)

FOURTH MARRIAGE	FIFTH MARRIAGE	SIXTH MARRIAGE
152n. How many months did it take your wife to become pregnant this time? Months (12) (13) Wasn't trying (14) -1 Don't know.....-2	153n. How many months did it take your wife to become pregnant this time? Months (12) (13) Wasn't trying (14) -1 Don't know.....-2	154n. How many months did it take your wife to become pregnant this time? Months (12) (13) Wasn't trying (14) -1 Don't know.....-2
o. Did a doctor tell you why this stillbirth might have occurred?	o. Did a doctor tell you why this stillbirth might have occurred?	o. Did a doctor tell you why this stillbirth might have occurred?
Yes. (15) () -1 (ASK Q.p) No.....-2 (SKIP TO Q.152q)	Yes. (15) () -1 (ASK Q.p) No.....-2 (SKIP TO Q.153q)	Yes. (15) () -1 (ASK Q.p) No.....-2 (SKIP TO Q.154q)
p. What did the doctor say caused the (1st, etc.) stillbirth?	p. What did the doctor say caused the (1st, etc.) stillbirth?	p. What did the doctor say caused the (1st, etc.) stillbirth?
1st _____	1st _____	1st _____
2nd _____	2nd _____	2nd _____
3rd _____	3rd _____	3rd _____
4th _____	4th _____	4th _____
q. Did your wife ever have any pregnancies by you which ended in abortion?	q. Did your wife ever have any pregnancies by you which ended in abortion?	q. Did your wife ever have any pregnancies by you which ended in abortion?
Yes... (16) () -1 (ASK Q.r) No.....-2 (SKIP TO Q.152u)	Yes... (16) () -1 (ASK Q.r) No.....-2 (SKIP TO Q.153u)	Yes... (16) () -1 (ASK Q.r) No.....-2 (SKIP TO Q.154u)
r. When was that? (PROBE: Any others?)	r. When was that? (PROBE: Any others?)	r. When was that? (PROBE: Any others?)
MONTH YEAR 1st (17) (18) (19) (20) MONTH YEAR 2nd (21) (22) (23) (24) MONTH YEAR 3rd (25) (26) (27) (28) MONTH YEAR 4th (29) (30) (31) (32)	MONTH YEAR 1st (17) (18) (19) (20) MONTH YEAR 2nd (21) (22) (23) (24) MONTH YEAR 3rd (25) (26) (27) (28) MONTH YEAR 4th (29) (30) (31) (32)	MONTH YEAR 1st (17) (18) (19) (20) MONTH YEAR 2nd (21) (22) (23) (24) MONTH YEAR 3rd (25) (26) (27) (28) MONTH YEAR 4th (29) (30) (31) (32)
s. How many months did it take your wife to become pregnant this time? Months (33) (34) Wasn't trying (35) -1 Don't know.....-2	s. How many months did it take your wife to become pregnant this time? Months (33) (34) Wasn't trying (35) -1 Don't know.....-2	s. How many months did it take your wife to become pregnant this time? Months (33) (34) Wasn't trying (35) -1 Don't know.....-2
t. What was the main reason for the (1st, etc.) abortion?	t. What was the main reason for the (1st, etc.) abortion?	t. What was the main reason for the (1st, etc.) abortion?
1st _____	1st _____	1st _____
2nd _____	2nd _____	2nd _____
3rd _____	3rd _____	3rd _____
4th _____ (GO TO Q.153v)	4th _____ (GO TO Q.153v)	4th _____ (GO TO Q.154v)

FOURTH MARRIAGE	FIFTH MARRIAGE	SIXTH MARRIAGE																		
154a. (1) ANY CONCEPTIONS: CHILD, MISCARRIAGE, STILLBIRTH, OR ABOR- TION: SELF TO Q.4 ALL OTHERS: ASK Q.4a Did either you or your wife use birth control techniques regularly?	154a. (1) ANY CONCEPTIONS: CHILD, MISCARRIAGE, STILLBIRTH, OR ABOR- TION: SELF TO Q.4 ALL OTHERS: ASK Q.4a Did either you or your wife use birth control techniques regularly?	154a. (1) ANY CONCEPTIONS: CHILD, MISCARRIAGE, STILLBIRTH, OR ABOR- TION: SELF TO Q.4 ALL OTHERS: ASK Q.4a Did either you or your wife use birth control techniques regularly?																		
Yes... (1b) -1 (ASK Q.4) No..... -2 (ASK Q.4)	Yes... (1b) -1 (ASK Q.4) No..... -2 (ASK Q.4)	Yes... (1b) -1 (ASK Q.4) No..... -2 (ASK Q.4)																		
HAND RESPONDENT CARD "C" v. Please look at this card and tell me all the num- bers that apply to the types of birth control you or your wife normal- ly used.	HAND RESPONDENT CARD "C" v. Please look at this card and tell me all the num- bers that apply to the types of birth control you or your wife normal- ly used.	HAND RESPONDENT CARD "C" v. Please look at this card and tell me all the num- bers that apply to the types of birth control you or your wife normal- ly used.																		
01. (37) -1 06. (33) -1 02. (38) -1 07. (34) -1 03. (39) -1 08. (35) -1 04. (40) -1 09. (36) -1 05. (41) -1 10. (37) -1 11. (38) -1	01. (37) -1 06. (33) -1 02. (38) -1 07. (34) -1 03. (39) -1 08. (35) -1 04. (40) -1 09. (36) -1 05. (41) -1 10. (37) -1 11. (38) -1	01. (37) -1 06. (33) -1 02. (38) -1 07. (34) -1 03. (39) -1 08. (35) -1 04. (40) -1 09. (36) -1 05. (41) -1 10. (37) -1 11. (38) -1																		
12. (SPECIFY) (48) -1 (SKIP TO Q.8)	12. (SPECIFY) (48) -1 (SKIP TO Q.8)	12. (SPECIFY) (48) -1 (SKIP TO Q.8)																		
w. Did any of these preg- nancies occur while either you or your wife were practicing birth control?	w. Did any of these preg- nancies occur while either you or your wife were practicing birth control?	w. Did any of these preg- nancies occur while either you or your wife were practicing birth control?																		
Yes... (49) -1 No..... -2	Yes... (49) -1 No..... -2	Yes... (49) -1 No..... -2																		
x. During this marriage, how many times were you living apart from your wife for more than three months?	x. During this marriage, how many times were you living apart from your wife for more than three months?	x. During this marriage, how many times were you living apart from your wife for more than three months?																		
<table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(50)</td><td>(51)</td><td></td></tr></table> Times				(50)	(51)		<table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(50)</td><td>(51)</td><td></td></tr></table> Times				(50)	(51)		<table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(50)</td><td>(51)</td><td></td></tr></table> Times				(50)	(51)	
(50)	(51)																			
(50)	(51)																			
(50)	(51)																			
Never.. (52) -1 (SKIP TO Q.aa/bb)	Never.. (52) -1 (SKIP TO Q.aa/bb)	Never.. (52) -1 (SKIP TO Q.aa/bb)																		
y. How many months did you live apart the (first/ next) time?	y. How many months did you live apart the (first/ next) time?	y. How many months did you live apart the (first/ next) time?																		
1st <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(53)</td><td>(54)</td><td></td></tr></table> Months				(53)	(54)		1st <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(53)</td><td>(54)</td><td></td></tr></table> Months				(53)	(54)		1st <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(53)</td><td>(54)</td><td></td></tr></table> Months				(53)	(54)	
(53)	(54)																			
(53)	(54)																			
(53)	(54)																			
2nd <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(55)</td><td>(56)</td><td></td></tr></table> Months				(55)	(56)		2nd <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(55)</td><td>(56)</td><td></td></tr></table> Months				(55)	(56)		2nd <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(55)</td><td>(56)</td><td></td></tr></table> Months				(55)	(56)	
(55)	(56)																			
(55)	(56)																			
(55)	(56)																			
3rd <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(57)</td><td>(58)</td><td></td></tr></table> Months				(57)	(58)		3rd <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(57)</td><td>(58)</td><td></td></tr></table> Months				(57)	(58)		3rd <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(57)</td><td>(58)</td><td></td></tr></table> Months				(57)	(58)	
(57)	(58)																			
(57)	(58)																			
(57)	(58)																			
4th <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(59)</td><td>(60)</td><td></td></tr></table> Months				(59)	(60)		4th <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(59)</td><td>(60)</td><td></td></tr></table> Months				(59)	(60)		4th <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(59)</td><td>(60)</td><td></td></tr></table> Months				(59)	(60)	
(59)	(60)																			
(59)	(60)																			
(59)	(60)																			
5th <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(61)</td><td>(62)</td><td></td></tr></table> Months				(61)	(62)		5th <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(61)</td><td>(62)</td><td></td></tr></table> Months				(61)	(62)		5th <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(61)</td><td>(62)</td><td></td></tr></table> Months				(61)	(62)	
(61)	(62)																			
(61)	(62)																			
(61)	(62)																			
6th <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(63)</td><td>(64)</td><td></td></tr></table> Months				(63)	(64)		6th <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(63)</td><td>(64)</td><td></td></tr></table> Months				(63)	(64)		6th <table border="1"><tr><td> </td><td> </td><td> </td></tr><tr><td>(63)</td><td>(64)</td><td></td></tr></table> Months				(63)	(64)	
(63)	(64)																			
(63)	(64)																			
(63)	(64)																			

FOURTH MARRIAGE

152g. As a result of (this/ those) separations, did you and your wife have fewer children than you wanted to have?

Yes... (b5) -1
No... -2

[IF ONLY MARRIAGE]

aa. Are you currently married and living with your wife, or are you divorced, widowed, or separated?

Living with (RETURN wife... (b6) -1 TO Q.23)

Divorced... -2 (SKIP TO Separated... -3 Q. cc)
Widowed... -4

RECORD IN S.R.B. PG 2

[IF OTHER MARRIAGES]

bb. How did that marriage end -- were you divorced or were you widowed?

Divorced (b7) -1 (ASK Q. cc)
Widowed... -2

RECORD IN S.R.B. PG 2

cc. In what month and year were you (divorced/ widowed/ separated)?

MONTH		YEAR	
(68)	(69)	(70)	(71)

(IF A FIFTH MARRIAGE GO TO Q. 153a)

04
79-80

FIFTH MARRIAGE

153. As a result of (this/ those) separations, did you and your wife have fewer children than you wanted to have?

Yes... (b5) -1
No... -2

[IF LAST MARRIAGE]

aa. Are you currently married and living with your wife, or are you divorced, widowed, or separated?

Living with (RETURN wife... (b6) -1 TO Q.23)

Divorced... -2 (SKIP TO Separated... -3 Q. cc)
Widowed... -4

RECORD IN S.R.B. PG 2

[IF OTHER MARRIAGES]

bb. How did that marriage end -- were you divorced or were you widowed?

Divorced (b7) -1 (ASK Q. cc)
Widowed... -2

RECORD IN S.R.B. PG 2

cc. In what month and year were you (divorced/ widowed/ separated)?

MONTH		YEAR	
(68)	(69)	(70)	(71)

(IF A SIXTH MARRIAGE GO TO Q. 154a)

05
79-80

SIXTH MARRIAGE

154g. As a result of (this/ those) separations, did you and your wife have fewer children than you wanted to have?

Yes... (b5) -1
No... -2

[IF LAST MARRIAGE]

aa. Are you currently married and living with your wife, or are you divorced, widowed, or separated?

Living with (RETURN wife... (b6) -1 TO Q.23)

Divorced... -2 (SKIP TO Separated... -3 Q. cc)
Widowed... -4

RECORD IN S.R.B. PG 2

[IF OTHER MARRIAGES]

bb. How did that marriage end -- were you divorced or were you widowed?

Divorced (b7) -1 (ASK Q. cc)
Widowed... -2

RECORD IN S.R.B. PG 2

cc. In what month and year were you (divorced/ widowed/ separated)?

MONTH		YEAR	
(68)	(69)	(70)	(71)

(RETURN TO Q.23a)

06
79-80

155. Additional Partners (0,24)

FOURTH PARTNER

- a. In what month and year did you begin living with a partner the fourth time?

MONTH		YEAR	
(15)	(16)	(17)	(18)

- b. How old was she at that time?

(WRITE IN AGE)

(19)	(20)
------	------

- c. In what month and year did this relationship end?

MONTH		YEAR	
(21)	(22)	(23)	(24)

Current (25)

(26)

 -1

- d. Did this partner ever become pregnant by you?

Yes (26) -1 (ASK Q. 1)
No (27) -2 (SEE TO Q. 2)

- e. When was that?

1st

MONTH		YEAR	
(27)	(28)	(29)	(30)

2nd

MONTH		YEAR	
(31)	(32)	(33)	(34)

- f. What was the outcome of that pregnancy? (What was the outcome of the second pregnancy?)

First -1 Second

Live birth (35) -1 (36) -1
Miscarriage (37) -2
Stillbirth (38) -3
Abortion (39) -4
Not sure (40) -5

- g. Did you or your partner use birth control regularly to avoid pregnancy?

Yes (41) -1 (GO TO NEXT PARTNER 0,4)
No (42) -2

06
29-30

FIFTH PARTNER

- b. In what month and year did you begin living with a partner the fifth time?

MONTH		YEAR	
(15)	(16)	(17)	(18)

- c. How old was she at that time?

(WRITE IN AGE)

(19)	(20)
------	------

- d. In what month and year did this relationship end?

MONTH		YEAR	
(21)	(22)	(23)	(24)

Current (25)

(26)

 -1

- e. Did this partner ever become pregnant by you?

Yes (26) -1 (ASK Q. 1)
No (27) -2 (SEE TO Q. 2)

- f. When was that?

1st

MONTH		YEAR	
(27)	(28)	(29)	(30)

2nd

MONTH		YEAR	
(31)	(32)	(33)	(34)

- g. What was the outcome of that pregnancy? (What was the outcome of the second pregnancy?)

First -1 Second

Live birth (35) -1 (36) -1
Miscarriage (37) -2
Stillbirth (38) -3
Abortion (39) -4
Not sure (40) -5

- h. Did you or your partner use birth control regularly to avoid pregnancy?

Yes (41) -1 (GO TO NEXT PARTNER 0,4)
No (42) -2

05
29-30

SIXTH PARTNER

- c. In what month and year did you begin living with a partner the sixth time?

MONTH		YEAR	
(15)	(16)	(17)	(18)

- d. How old was she at that time?

(WRITE IN AGE)

(19)	(20)
------	------

- e. In what month and year did this relationship end?

MONTH		YEAR	
(21)	(22)	(23)	(24)

Current (25)

(26)

 -1

- f. Did this partner ever become pregnant by you?

Yes (26) -1 (ASK Q. 1)
No (27) -2 (SEE TO Q. 2)

- g. When was that?

1st

MONTH		YEAR	
(27)	(28)	(29)	(30)

2nd

MONTH		YEAR	
(31)	(32)	(33)	(34)

- h. What was the outcome of that pregnancy? (What was the outcome of the second pregnancy?)

First -1 Second

Live birth (35) -1 (36) -1
Miscarriage (37) -2
Stillbirth (38) -3
Abortion (39) -4
Not sure (40) -5

- i. Did you or your partner use birth control regularly to avoid pregnancy?

Yes (41) -1 (RETURN TO 0,25a)
No (42) -2

06
29-30

156. Additional Pregnancies (Q.25)

b. When was that?

FIRST	
MONTH	YEAR
(13)	(14)
(15)	(16)

c. What was the outcome of that pregnancy?

Live birth, (17) _____ -1
 Miscarriage, ... -2
 Stillbirth, ... -3
 Abortion, ... -4
 Not sure, ... -5

PROBE: Were there any
 others?
 (IF YES, ASK Q.156d)

d. When was that?

SECOND	
MONTH	YEAR
(13)	(14)
(15)	(16)

e. What was the outcome of that pregnancy?

Live birth, (17) _____ -1
 Miscarriage, ... -2
 Stillbirth, ... -3
 Abortion, ... -4
 Not sure, ... -5

PROBE: Were there any
 others?
 (IF YES, ASK Q.156f)

f. When was that?

THIRD	
MONTH	YEAR
(13)	(14)
(15)	(16)

g. What was the outcome of that pregnancy?

Live birth, (17) _____ -1
 Miscarriage, ... -2
 Stillbirth, ... -3
 Abortion, ... -4
 Not sure, ... -5

PROBE: Were there any
 others?
 (RETURN TO Q.26a)

FOURTH CHILD

157f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 3

i. How old was the mother when (CHILD) was born?

 Age
(11) (12)

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. (11) -1 (ASK Q,k)

No. -2 (SKIP TO Q.L)

HAND RESPONDENT CARD "C"

k. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing?

01. (34) -1 06. (39) -1
02. (35) -1 07. (40) -1
03. (36) -1 08. (41) -1
04. (37) -1 09. (42) -1
05. (38) -1 10. (43) -1
11. (44) -1
12. (45) -1

..... (45) -1

(GO TO Q.157L)

FIFTH CHILD

158f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 3

i. How old was the mother when (CHILD) was born?

 Age
(11) (12)

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. (11) -1 (ASK Q,k)

No. -2 (SKIP TO Q.L)

HAND RESPONDENT CARD "C"

k. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing?

01. (34) -1 06. (39) -1
02. (35) -1 07. (40) -1
03. (36) -1 08. (41) -1
04. (37) -1 09. (42) -1
05. (38) -1 10. (43) -1
11. (44) -1
12. (45) -1

..... (45) -1

(GO TO Q.158L)

SIXTH CHILD

159f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 3

i. How old was the mother when (CHILD) was born?

 Age
(11) (12)

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. (11) -1 (ASK Q,k)

No. -2 (SKIP TO Q.L)

HAND RESPONDENT CARD "C"

k. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing?

01. (34) -1 06. (39) -1
02. (35) -1 07. (40) -1
03. (36) -1 08. (41) -1
04. (37) -1 09. (42) -1
05. (38) -1 10. (43) -1
11. (44) -1
12. (45) -1

..... (45) -1

(GO TO Q.159L)

FOURTH CHILD	FIFTH CHILD	SIXTH CHILD
1571. How many months did it take her to become pregnant with this child?	1581. How many months did it take her to become pregnant with this child?	1591. How many months did it take her to become pregnant with this child?
Months (46) (47)	Months (46) (47)	Months (46) (47)
Less than 1 month, (46) _____ -1	Less than 1 month, (46) _____ -1	Less than 1 month, (46) _____ -1
Not living, (46) _____ -2	Not living, (46) _____ -2	Not living, (46) _____ -2
m. Did (CHILD) have any birth defects?	m. Did (CHILD) have any birth defects?	m. Did (CHILD) have any birth defects?
Yes, (49) _____ -1 (ASK Q.n)	Yes, (49) _____ -1 (ASK Q.n)	Yes, (49) _____ -1 (ASK Q.n)
No, (49) _____ -2 (SKIP TO Q.o)	No, (49) _____ -2 (SKIP TO Q.o)	No, (49) _____ -2 (SKIP TO Q.o)
n. What kind of birth defects did (s)he have? Any others?	n. What kind of birth defects did (s)he have? Any others?	n. What kind of birth defects did (s)he have? Any others?
_____	_____	_____
_____	_____	_____
o. Was (CHILD) ever diagnosed as having cancer?	o. Was (CHILD) ever diagnosed as having cancer?	o. Was (CHILD) ever diagnosed as having cancer?
Yes, (50) _____ -1 (ASK Q.p)	Yes, (50) _____ -1 (ASK Q.p)	Yes, (50) _____ -1 (ASK Q.p)
No, (50) _____ -2 (SKIP TO Q.r)	No, (50) _____ -2 (SKIP TO Q.r)	No, (50) _____ -2 (SKIP TO Q.r)
p. In what month and year was the diagnosis made?	p. In what month and year was the diagnosis made?	p. In what month and year was the diagnosis made?
MONTH YEAR (51) (52) (53) (54)	MONTH YEAR (51) (52) (53) (54)	MONTH YEAR (51) (52) (53) (54)
q. What kind of cancer was diagnosed?	q. What kind of cancer was diagnosed?	q. What kind of cancer was diagnosed?
_____ (55-56)	_____ (55-56)	_____ (55-56)
Not sure, (57) _____ -1	Not sure, (57) _____ -1	Not sure, (57) _____ -1
(GO TO Q.157r)	(GO TO Q.158r)	(GO TO Q.159r)

FOURTH CHILD	FIFTH CHILD	SIXTH CHILD
157r. (Does/Did)(CHILD) have a diagnosed learning disability?	158r. (Does/Did)(CHILD) have a diagnosed learning disability?	159r. (Does/Did)(CHILD) have a diagnosed learning disability?
Yes. (58) -1 (ASK Q.s)	Yes. (58) -1 (ASK Q.s)	Yes. (58) -1 (ASK Q.s)
No. -2 (SKIP TO Q.t)	No. -2 (SKIP TO Q.t)	No. -2 (SKIP TO Q.t)
s. What kind of learning disability (does/did) (s)he have?	s. What kind of learning disability (does/did) (s)he have?	s. What kind of learning disability (does/did) (s)he have?
t. (Does/Did)(CHILD) have any physical, mental, or motor impairments?	t. (Does/Did)(CHILD) have any physical, mental, or motor impairments?	t. (Does/Did)(CHILD) have any physical, mental, or motor impairments?
Yes. (59) -1 (ASK Q.u)	Yes. (59) -1 (ASK Q.u)	Yes. (59) -1 (ASK Q.u)
No. -2 (SKIP TO Q.v)	No. -2 (SKIP TO Q.v)	No. -2 (SKIP TO Q.v)
u. What kind of impairment (does/did) (s)he have?	u. What kind of impairment (does/did) (s)he have?	u. What kind of impairment (does/did) (s)he have?
IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO NEXT CHILD	IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO NEXT CHILD	IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO NEXT CHILD
v. On what date did (CHILD) die?	v. On what date did (CHILD) die?	v. On what date did (CHILD) die?
MONTH DAY YEAR (60) (61) (62) (63) (64) (65)	MONTH DAY YEAR (60) (61) (62) (63) (64) (65)	MONTH DAY YEAR (60) (61) (62) (63) (64) (65)
w. What was the cause of death?	w. What was the cause of death?	w. What was the cause of death?
x. Where is (CHILD)'s burial place?	x. Where is (CHILD)'s burial place?	x. Where is (CHILD)'s burial place?
that [RECORD IN S.R.B. - PG 1]	that [RECORD IN S.R.B. - PG 1]	that [RECORD IN S.R.B. - PG 1]
(GO TO NEXT CHILD Q.158a)	(GO TO NEXT CHILD Q.159a)	(RECORD ADDITIONAL CHILDREN IN S.R.B. - PG 32-35)
06 79-80	05 79-80	06 79-80

160-162. Additional Children (9, 10-12) (CONT'D)

SEVENTH CHILD	EIGHTH CHILD	NINTH CHILD
NAME: _____	NAME: _____	NAME: _____
160a. How old is (CHILD) now?	161a. How old is (CHILD) now?	162a. How old is (CHILD) now?
Age	Age	Age
b. (Is/was) (CHILD) male or female?	b. (Is/was) (CHILD) male or female?	b. (Is/was) (CHILD) male or female?
Male.....(16c).....-1 Female.....-2	Male.....(16c).....-1 Female.....-2	Male.....(16c).....-1 Female.....-2
c. How much did (CHILD) weigh at birth?	c. How much did (CHILD) weigh at birth?	c. How much did (CHILD) weigh at birth?
POUNDS (19) (20) (21) (22) OUNCES (1) (2) (3) (4)	POUNDS (19) (20) (21) (22) OUNCES (1) (2) (3) (4)	POUNDS (19) (20) (21) (22) OUNCES (1) (2) (3) (4)
Don't know... (16e).....-1	Don't know... (16e).....-1	Don't know... (16e).....-1
d. What is (CHILD)'s birth date?	d. What is (CHILD)'s birth date?	d. What is (CHILD)'s birth date?
MONTH (1) (2) (3) (4) DAY (1) (2) (3) (4) YEAR (19) (20) (21) (22)	MONTH (1) (2) (3) (4) DAY (1) (2) (3) (4) YEAR (19) (20) (21) (22)	MONTH (1) (2) (3) (4) DAY (1) (2) (3) (4) YEAR (19) (20) (21) (22)
ALSO RECORD IN S.R.B. - PG 31	ALSO RECORD IN S.R.B. - PG 31	ALSO RECORD IN S.R.B. - PG 31
e. Was the child premature, full term, or overdue?	e. Was the child premature, full term, or overdue?	e. Was the child premature, full term, or overdue?
Premature.....(16g).....-1 Full term.....-2 Overdue.....-3 Not sure.....-4	Premature.....(16g).....-1 Full term.....-2 Overdue.....-3 Not sure.....-4	Premature.....(16g).....-1 Full term.....-2 Overdue.....-3 Not sure.....-4
(GO TO Q. 1611)	(GO TO Q. 1611)	(GO TO Q. 1611)

SEVENTH CHILD	EIGHTH CHILD	NINTH CHILD
1601-Where are (CHILD)'s birth registration records located? In what city and state is that? [RECORD IN S.R.B. PG 3]	1611-Where are (CHILD)'s birth registration records located? In what city and state is that? [RECORD IN S.R.B. PG 3]	1621-Where are (CHILD)'s birth registration records located? In what city and state is that? [RECORD IN S.R.B. PG 3]
p. Where are (CHILD)'s current medical records located? In what city and state is that? [RECORD IN S.R.B. PG 3]	p. Where are (CHILD)'s current medical records located? In what city and state is that? [RECORD IN S.R.B. PG 3]	p. Where are (CHILD)'s current medical records located? In what city and state is that? [RECORD IN S.R.B. PG 3]
h. What was (CHILD)'s mother's full name? [RECORD IN S.R.B. PG 3]	h. What was (CHILD)'s mother's full name? [RECORD IN S.R.B. PG 3]	h. What was (CHILD)'s mother's full name? [RECORD IN S.R.B. PG 3]
i. How old was the mother when (CHILD) was born? [] [] Age (11) (12)	i. How old was the mother when (CHILD) was born? [] [] Age (11) (12)	i. How old was the mother when (CHILD) was born? [] [] Age (11) (12)
j. Were either of you using birth control at the time she became pregnant with (CHILD)? Yes, (11) -1 (ASK Q,k) No, (12) -2 (SKIP TO Q,1601)	j. Were either of you using birth control at the time she became pregnant with (CHILD)? Yes, (11) -1 (ASK Q,k) No, (12) -2 (SKIP TO Q,1611)	j. Were either of you using birth control at the time she became pregnant with (CHILD)? Yes, (11) -1 (ASK Q,k) No, (12) -2 (SKIP TO Q,1621)
TRANS-RESPONDENT CARD "C" k. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing?	TRANS-RESPONDENT CARD "C" k. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing?	TRANS-RESPONDENT CARD "C" k. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing?
01, C 160 -1 06, C 190 -1 02, C 170 -1 07, C 200 -1 03, C 180 -1 08, C 210 -1 04, C 190 -1 09, C 220 -1 05, C 200 -1 10, C 230 -1 11, C 240 -1	01, C 160 -1 06, C 190 -1 02, C 170 -1 07, C 200 -1 03, C 180 -1 08, C 210 -1 04, C 190 -1 09, C 220 -1 05, C 200 -1 10, C 230 -1 11, C 240 -1	01, C 160 -1 06, C 190 -1 02, C 170 -1 07, C 200 -1 03, C 180 -1 08, C 210 -1 04, C 190 -1 09, C 220 -1 05, C 200 -1 10, C 230 -1 11, C 240 -1
GO TO Q,1601	GO TO Q,1611	GO TO Q,1621

SEVENTH CHILD	EIGHTH CHILD	NINTH CHILD
1601. How many months did it take her to become pregnant with this child?	1611. How many months did it take her to become pregnant with this child?	1621. How many months did it take her to become pregnant with this child?
Months (46) (47)	Months (46) (47)	Months (46) (47)
Less than 1 month, (48) 1 Not trying	Less than 1 month, (48) 1 Not trying	Less than 1 month, (48) 1 Not trying
m. Did (CHILD) have any birth defects?	m. Did (CHILD) have any birth defects?	m. Did (CHILD) have any birth defects?
Yes, (49) -1 (ASK Q.n)	Yes, (49) -1 (ASK Q.n)	Yes, (49) -1 (ASK Q.n)
No, (49) -2 (SKIP TO Q.n)	No, (49) -2 (SKIP TO Q.n)	No, (49) -2 (SKIP TO Q.n)
n. What kind of birth defects did (s)he have? Any others?	n. What kind of birth defects did (s)he have? Any others?	n. What kind of birth defects did (s)he have? Any others?
o. Was (CHILD) ever diagnosed as having cancer?	o. Was (CHILD) ever diagnosed as having cancer?	o. Was (CHILD) ever diagnosed as having cancer?
Yes, (50) -1 (ASK Q.p)	Yes, (50) -1 (ASK Q.p)	Yes, (50) -1 (ASK Q.p)
No, (50) -2 (SKIP TO Q.160r)	No, (50) -2 (SKIP TO Q.161r)	No, (50) -2 (SKIP TO Q.162r)
p. In what month and year was the diagnosis made?	p. In what month and year was the diagnosis made?	p. In what month and year was the diagnosis made?
MONTH (51) (52) YEAR (53) (54)	MONTH (51) (52) YEAR (53) (54)	MONTH (51) (52) YEAR (53) (54)
q. What kind of cancer was diagnosed?	q. What kind of cancer was diagnosed?	q. What kind of cancer was diagnosed?
(55-56)	(55-56)	(55-56)
Not sure, (57) -1	Not sure, (57) -1	Not sure, (57) -1
(GO TO Q.160r)	(GO TO Q.161r)	(GO TO Q.162r)

SEVENTH CHILD	EIGHTH CHILD	NINTH CHILD
1601. (Does/Did) (CHILD) have a diagnosed learning disability?	1611. (Does/Did) (CHILD) have a diagnosed learning disability?	1621. (Does/Did) (CHILD) have a diagnosed learning disability?
Yes, (58) -1 (ASK Q.1)	Yes, (58) -1 (ASK Q.1)	Yes, (58) -1 (ASK Q.1)
No, (58) -2 (SKIP TO Q.1)	No, (58) -2 (SKIP TO Q.1)	No, (58) -2 (SKIP TO Q.1)
s. What kind of learning disability (does/did) (s)he have?	s. What kind of learning disability (does/did) (s)he have?	s. What kind of learning disability (does/did) (s)he have?
t. (Does/Did) (CHILD) have any physical, mental, or motor impairments?	t. (Does/Did) (CHILD) have any physical, mental, or motor impairments?	t. (Does/Did) (CHILD) have any physical, mental, or motor impairments?
Yes, (59) -1 (ASK Q.1)	Yes, (59) -1 (ASK Q.1)	Yes, (59) -1 (ASK Q.1)
No, (59) -2 (SKIP TO Q.1)	No, (59) -2 (SKIP TO Q.1)	No, (59) -2 (SKIP TO Q.1)
u. What kind of impairment (does/did) (s)he have?	u. What kind of impairment (does/did) (s)he have?	u. What kind of impairment (does/did) (s)he have?
IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO NEXT CHILD	IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO NEXT CHILD	IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO NEXT CHILD
v. On what date did (CHILD) die?	v. On what date did (CHILD) die?	v. On what date did (CHILD) die?
MONTH DAY YEAR (60) (61) (62) (63) (64) (65)	MONTH DAY YEAR (60) (61) (62) (63) (64) (65)	MONTH DAY YEAR (60) (61) (62) (63) (64) (65)
w. What was the cause of death?	w. What was the cause of death?	w. What was the cause of death?
x. Where is (CHILD)'s death registered? In what city and state is that?	x. Where is (CHILD)'s death registered? In what city and state is that?	x. Where is (CHILD)'s death registered? In what city and state is that?
RECORD IN S.R.B. PG. 3	RECORD IN S.R.B. PG. 3	RECORD IN S.R.B. PG. 3
(GO TO NEXT CHILD Q.161a)	(GO TO NEXT CHILD Q.162a)	(RECORD ADDITIONAL CHILDREN IN S.R.B. - PG. 36-39)
07 79-80	08 79-80	09 79-80

163-165. Additional Children (0,30-12)(CONT'D)

TENTH CHILD	ELEVENTH CHILD	TWELFTH CHILD																																				
NAME: _____	NAME: _____	NAME: _____																																				
163a. How old is (CHILD) now?	164a. How old is (CHILD) now?	165a. How old is (CHILD) now?																																				
<table border="1"> <tr> <td></td> <td></td> <td>Age</td> </tr> <tr> <td>(15)</td> <td>(16)</td> <td></td> </tr> </table>			Age	(15)	(16)		<table border="1"> <tr> <td></td> <td></td> <td>Age</td> </tr> <tr> <td>(15)</td> <td>(16)</td> <td></td> </tr> </table>			Age	(15)	(16)		<table border="1"> <tr> <td></td> <td></td> <td>Age</td> </tr> <tr> <td>(15)</td> <td>(16)</td> <td></td> </tr> </table>			Age	(15)	(16)																			
		Age																																				
(15)	(16)																																					
		Age																																				
(15)	(16)																																					
		Age																																				
(15)	(16)																																					
Child died... (1) _____	Child died... (1) _____	Child died... (1) _____																																				
b. (Is/Was) (CHILD) male or female?	b. (Is/Was) (CHILD) male or female?	b. (Is/Was) (CHILD) male or female?																																				
Male.....(18) _____ -1 Female..... _____ -2	Male.....(18) _____ -1 Female..... _____ -2	Male.....(18) _____ -1 Female..... _____ -2																																				
c. How much did (CHILD) weigh at birth?	c. How much did (CHILD) weigh at birth?	c. How much did (CHILD) weigh at birth?																																				
<table border="1"> <tr> <th colspan="2">POUNDS</th> <th colspan="2">OUNCES</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(19)</td> <td>(20)</td> <td>(21)</td> <td>(22)</td> </tr> </table>	POUNDS		OUNCES						(19)	(20)	(21)	(22)	<table border="1"> <tr> <th colspan="2">POUNDS</th> <th colspan="2">OUNCES</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(19)</td> <td>(20)</td> <td>(21)</td> <td>(22)</td> </tr> </table>	POUNDS		OUNCES						(19)	(20)	(21)	(22)	<table border="1"> <tr> <th colspan="2">POUNDS</th> <th colspan="2">OUNCES</th> </tr> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>(19)</td> <td>(20)</td> <td>(21)</td> <td>(22)</td> </tr> </table>	POUNDS		OUNCES						(19)	(20)	(21)	(22)
POUNDS		OUNCES																																				
(19)	(20)	(21)	(22)																																			
POUNDS		OUNCES																																				
(19)	(20)	(21)	(22)																																			
POUNDS		OUNCES																																				
(19)	(20)	(21)	(22)																																			
Don't know...(23) _____ -1	Don't know...(23) _____ -1	Don't know...(23) _____ -1																																				
d. What is (CHILD)'s birth-date?	d. What is (CHILD)'s birth-date?	d. What is (CHILD)'s birth-date?																																				
<table border="1"> <tr> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>(24)</td> <td>(25)</td> <td>(26) (27) (28) (29)</td> </tr> </table>	MONTH	DAY	YEAR				(24)	(25)	(26) (27) (28) (29)	<table border="1"> <tr> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>(24)</td> <td>(25)</td> <td>(26) (27) (28) (29)</td> </tr> </table>	MONTH	DAY	YEAR				(24)	(25)	(26) (27) (28) (29)	<table border="1"> <tr> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td>(24)</td> <td>(25)</td> <td>(26) (27) (28) (29)</td> </tr> </table>	MONTH	DAY	YEAR				(24)	(25)	(26) (27) (28) (29)									
MONTH	DAY	YEAR																																				
(24)	(25)	(26) (27) (28) (29)																																				
MONTH	DAY	YEAR																																				
(24)	(25)	(26) (27) (28) (29)																																				
MONTH	DAY	YEAR																																				
(24)	(25)	(26) (27) (28) (29)																																				
ALSO RECORD IN S.R.B.-PG 3	ALSO RECORD IN S.R.B.-PG 3	ALSO RECORD IN S.R.B.-PG 3																																				
e. Was the child premature, full term, or overdue?	e. Was the child premature, full term, or overdue?	e. Was the child premature, full term, or overdue?																																				
Premature.(30) _____ -1 Full term..... _____ -2 Overdue..... _____ -3 Not sure..... _____ -4	Premature.(30) _____ -1 Full term..... _____ -2 Overdue..... _____ -3 Not sure..... _____ -4	Premature.(30) _____ -1 Full term..... _____ -2 Overdue..... _____ -3 Not sure..... _____ -4																																				
(GO TO Q.163f)	(GO TO Q.164f)	(GO TO Q.165f)																																				

TENTH CHILD	ELEVENTH CHILD	TWELFTH CHILD
163. Where are (CHILD)'s birth registration records located? In what city and state is that? [RECORD IN S.R.B. PG 3]	164. Where are (CHILD)'s birth registration records located? In what city and state is that? [RECORD IN S.R.B. PG 3]	165. Where are (CHILD)'s birth registration records located? In what city and state is that? [RECORD IN S.R.B. PG 3]
p. Where are (CHILD)'s current medical records located? In what city and state is that? [RECORD IN S.R.B. PG 3]	g. Where are (CHILD)'s current medical records located? In what city and state is that? [RECORD IN S.R.B. PG 3]	g. Where are (CHILD)'s current medical records located? In what city and state is that? [RECORD IN S.R.B. PG 3]
h. What was (CHILD)'s mother's full name? [RECORD IN S.R.B. PG 3]	h. What was (CHILD)'s mother's full name? [RECORD IN S.R.B. PG 3]	h. What was (CHILD)'s mother's full name? [RECORD IN S.R.B. PG 3]
i. How old was the mother when (CHILD) was born? Age (11) (12)	i. How old was the mother when (CHILD) was born? Age (11) (12)	i. How old was the mother when (CHILD) was born? Age (11) (12)
j. Were either of you using birth control at the time she became pregnant with (CHILD)? Yes, (11) -1 (ASK Q.k) No, (12) -2 (SKIP TO Q.163L)	j. Were either of you using birth control at the time she became pregnant with (CHILD)? Yes, (11) -1 (ASK Q.k) No, (12) -2 (SKIP TO Q.164L)	j. Were either of you using birth control at the time she became pregnant with (CHILD)? Yes, (11) -1 (ASK Q.k) No, (12) -2 (SKIP TO Q.165L)
[HAND RESPONDENT CARD "C"] k. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing? 01. (35) -1 06. (39) -1 02. (35) -1 07. (40) -1 03. (36) -1 08. (41) -1 04. (37) -1 09. (42) -1 05. (38) -1 10. (43) -1 11. (44) -1 12. (SPECIFY) _____, (45) -1 (GO TO Q.163L)	[HAND RESPONDENT CARD "C"] k. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing? 01. (35) -1 06. (39) -1 02. (35) -1 07. (40) -1 03. (36) -1 08. (41) -1 04. (37) -1 09. (42) -1 05. (38) -1 10. (43) -1 11. (44) -1 12. (SPECIFY) _____, (45) -1 (GO TO Q.164L)	[HAND RESPONDENT CARD "C"] k. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing? 01. (35) -1 06. (39) -1 02. (35) -1 07. (40) -1 03. (36) -1 08. (41) -1 04. (37) -1 09. (42) -1 05. (38) -1 10. (43) -1 11. (44) -1 12. (SPECIFY) _____, (45) -1 (GO TO Q.165L)

TENTH CHILD	ELEVENTH CHILD	TWELFTH CHILD
163J. How many months did it take her to become pregnant with this child?	164J. How many months did it take her to become pregnant with this child?	165J. How many months did it take her to become pregnant with this child?
Months (46) (47)	Months (46) (47)	Months (46) (47)
Less than 1 month. (46) -1	Less than 1 month. (46) -1	Less than 1 month. (46) -1
Not trying. -2	Not trying. -2	Not trying. -2
m. Did (CHILD) have any birth defects?	m. Did (CHILD) have any birth defects?	m. Did (CHILD) have any birth defects?
Yes. (49) -1 (ASK Q.n)	Yes. (49) -1 (ASK Q.n)	Yes. (49) -1 (ASK Q.n)
No. -2 (SKIP TO Q.o)	No. -2 (SKIP TO Q.o)	No. -2 (SKIP TO Q.o)
n. What kind of birth defects did (s)he have? Any others?	n. What kind of birth defects did (s)he have? Any others?	n. What kind of birth defects did (s)he have? Any others?
o. Was (CHILD) ever diagnosed as having cancer?	o. Was (CHILD) ever diagnosed as having cancer?	o. Was (CHILD) ever diagnosed as having cancer?
Yes. (50) -1 (ASK Q.p)	Yes. (50) -1 (ASK Q.p)	Yes. (50) -1 (ASK Q.p)
No. -2 (SKIP TO Q.163r)	No. -2 (SKIP TO Q.164r)	No. -2 (SKIP TO Q.165r)
p. In what month and year was the diagnosis made?	p. In what month and year was the diagnosis made?	p. In what month and year was the diagnosis made?
MONTH YEAR (51) (52) (53) (54)	MONTH YEAR (51) (52) (53) (54)	MONTH YEAR (51) (52) (53) (54)
q. What kind of cancer was diagnosed?	q. What kind of cancer was diagnosed?	q. What kind of cancer was diagnosed?
(55-56)	(55-56)	(55-56)
Not sure. (57) -1	Not sure. (57) -1	Not sure. (57) -1
(GO TO Q.163r)	(GO TO Q.164r)	(GO TO Q.165r)

TENTH CHILD	ELEVENTH CHILD	TWELFTH CHILD
163r. (Does/Did) (CHILD) have a diagnosed learning disability?	164r. (Does/Did) (CHILD) have a diagnosed learning disability?	165r. (Does/Did) (CHILD) have a diagnosed learning disability?
Yes. (58) -1 (ASK Q.s)	Yes. (58) -1 (ASK Q.s)	Yes. (58) -1 (ASK Q.s)
No. -2 (SKIP TO Q.t)	No. -2 (SKIP TO Q.t)	No. -2 (SKIP TO Q.t)
s. What kind of learning disability (does/did) (s)he have?	s. What kind of learning disability (does/did) (s)he have?	s. What kind of learning disability (does/did) (s)he have?
t. (Does/Did) (CHILD) have any physical, mental, or motor impairments?	t. (Does/Did) (CHILD) have any physical, mental, or motor impairments?	t. (Does/Did) (CHILD) have any physical, mental, or motor impairments?
Yes. (59) -1 (ASK Q.u)	Yes. (59) -1 (ASK Q.u)	Yes. (59) -1 (ASK Q.u)
No. -2 (SKIP TO Q.v)	No. -2 (SKIP TO Q.v)	No. -2 (SKIP TO Q.v)
u. What kind of impairment (does/did) (s)he have?	u. What kind of impairment (does/did) (s)he have?	u. What kind of impairment (does/did) (s)he have?
IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO NEXT CHILD	IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO NEXT CHILD	IF CHILD IS DEAD: CONTINUE OTHERWISE: RETURN TO Q.33.
v. On what date did (CHILD) die?	v. On what date did (CHILD) die?	v. On what date did (CHILD) die?
MONTH DAY YEAR (60) (61) (62) (63) (64) (65)	MONTH DAY YEAR (60) (61) (62) (63) (64) (65)	MONTH DAY YEAR (60) (61) (62) (63) (64) (65)
w. What was the cause of death?	w. What was the cause of death?	w. What was the cause of death?
x. Where is (CHILD)'s death registered? In what city and state is that?	x. Where is (CHILD)'s death registered? In what city and state is that?	x. Where is (CHILD)'s death registered? In what city and state is that?
RECORD IN S.R.B. PG. 1	RECORD IN S.R.B. PG. 1	RECORD IN S.R.B. PG. 1
(GO TO NEXT CHILD Q.166a)	(GO TO NEXT CHILD Q.165a)	(RETURN TO Q.33)
10 79-80	11 79-80	12 79-80

166. Additional Cancer (Q.36)

Part 4

166c In what month and year was cancer of the (BODY PART) first diagnosed?

RECORD IN S.R.B. PG 6

d. What is the full name of the doctor or the medical facility where the diagnosis was made?

RECORD IN S.R.B. PG 6

e. What is the full name of the doctor or the medical facility you last consulted about cancer of the (BODY PART)?

RECORD IN S.R.B. PG 6

f. During what month and year did you last consult (NAME FROM Q.k)?

RECORD IN S.R.B. PG 6

g. What treatments or medicines did you take for cancer of the (BODY PART)?

MULTIPLE RECORD BELOW

Radiation.....(15) -1
Chemotherapy...(16) -1
Surgery.....(17) -1
Other (SPECIFY)

.....(18) -1

h. During what month and year did you first receive (EACH TREATMENT CODED IN Q.m) for cancer of the (BODY PART)?

	MONTH		YEAR	
Radiation....	(19)	(20)	(21)	(22)
Chemotherapy..	(23)	(24)	(25)	(26)
Surgery..	(27)	(28)	(29)	(30)
Other....	(31)	(32)	(33)	(34)

(GO TO NEXT BODY PART)

03
79-80

Part 5

166i In what month and year was cancer of the (BODY PART) first diagnosed?

RECORD IN S.R.B. PG 6

j. What is the full name of the doctor or the medical facility where the diagnosis was made?

RECORD IN S.R.B. PG 6

k. What is the full name of the doctor or the medical facility you last consulted about cancer of the (BODY PART)?

RECORD IN S.R.B. PG 6

L. During what month and year did you last consult (NAME FROM Q.k)?

RECORD IN S.R.B. PG 6

m. What treatments or medicines did you take for cancer of the (BODY PART)?

MULTIPLE RECORD BELOW

Radiation.....(15) -1
Chemotherapy...(16) -1
Surgery.....(17) -1
Other (SPECIFY)

.....(18) -1

n. During what month and year did you first receive (EACH TREATMENT CODED IN Q.m) for cancer of the (BODY PART)?

	MONTH		YEAR	
Radiation....	(19)	(20)	(21)	(22)
Chemotherapy..	(23)	(24)	(25)	(26)
Surgery..	(27)	(28)	(29)	(30)
Other....	(31)	(32)	(33)	(34)

(GO TO NEXT BODY PART)

05
79-80

Part 6

166o In what month and year was cancer of the (BODY PART) first diagnosed?

RECORD IN S.R.B. PG 6

p. What is the full name of the doctor or the medical facility where the diagnosis was made?

RECORD IN S.R.B. PG 6

q. What is the full name of the doctor or the medical facility you last consulted about cancer of the (BODY PART)?

RECORD IN S.R.B. PG 6

r. During what month and year did you last consult (NAME FROM Q.o)?

RECORD IN S.R.B. PG 6

s. What treatments or medicines did you take for cancer of the (BODY PART)?

MULTIPLE RECORD BELOW

Radiation.....(15) -1
Chemotherapy...(16) -1
Surgery.....(17) -1
Other (SPECIFY)

.....(18) -1

t. During what month and year did you first receive (EACH TREATMENT CODED IN Q.m) for cancer of the (BODY PART)?

	MONTH		YEAR	
Radiation....	(19)	(20)	(21)	(22)
Chemotherapy..	(23)	(24)	(25)	(26)
Surgery..	(27)	(28)	(29)	(30)
Other....	(31)	(32)	(33)	(34)

(RETURN TO Q.37a)

06
79-80

167. Additional Cigarette Periods (Q.45-47)

167c. After that, about how many packs per week did you smoke?

(12)	(13)	packs per week	

d. Until what month and year did you continue to smoke (NUMBER) packs per week on a regular basis?

MONTH		YEAR	
(14)	(15)	(16)	(17)

(IF DATE IS THE SAME AS Q.45c: RETURN TO Q.47a.
ALL OTHERS: CONTINUE)

e. After that, about how many packs per week did you smoke?

(18)	(19)	packs per week	

f. Until what month and year did you continue to smoke (NUMBER) packs per week on a regular basis?

MONTH		YEAR	
(20)	(21)	(22)	(23)

(RETURN TO Q.47a)

168. Additional Pipe Periods (Q.48-50)

168c. After that, about how many pipefuls per week did you smoke?

(24)	(25)	pipefuls per week	

d. Until what month and year did you continue to smoke (NUMBER) pipefuls per week on a regular basis?

MONTH		YEAR	
(26)	(27)	(28)	(29)

(IF DATE IS THE SAME AS Q.48c: RETURN TO Q.50a.
ALL OTHERS: CONTINUE)

e. After that, about how many pipefuls per week did you smoke?

(30)	(31)	pipefuls per week	

f. Until what month and year did you continue to smoke (NUMBER) pipefuls per week on a regular basis?

MONTH		YEAR	
(32)	(33)	(34)	(35)

(RETURN TO Q.50a)

169. Additional Cigar Periods (Q.51-53)

169c. After that, about how many cigars per week did you smoke?

(36)	(37)

 cigars per week

d. Until what month and year did you continue to smoke (NUMBER) cigars per week on a regular basis?

MONTH		YEAR	
(38)	(39)	(40)	(41)

 (IF DATE IS THE SAME AS Q.51c- RETURN TO Q.53a.
ALL OTHERS: CONTINUE)

e. After that, about how many cigars per week did you smoke?

(42)	(43)

 cigars per week

f. Until what month and year did you continue to smoke (NUMBER) cigars per week on a regular basis?

MONTH		YEAR	
(44)	(45)	(46)	(47)

 (RETURN TO Q.53a)

170. Additional Drinking Periods (Q.54-56)

170c. After that, about how many drinks per week did you have?

(50)	(51)	(52)	(53)

drinks per week

d. Until what month and year did you continue to drink (NUMBER) drinks per week on a regular basis?

MONTH		YEAR	
(50)	(51)	(52)	(53)

(IF DATE IS THE SAME AS Q.54c: RETURN TO Q.56a.
ALL OTHERS: CONTINUE)

e. After that, about how many drinks per week did you have?

(54)	(55)	(56)	(57)

drinks per week

f. Until what month and year did you continue to drink (NUMBER) drinks per week on a regular basis?

MONTH		YEAR	
(56)	(57)	(58)	(59)

(RETURN TO Q.56a)

171. Additional Marijuana Periods (Q.57-59)

171c. After that, about how many joints per week did you smoke?

(60)	(61)	(62)	(63)

joints per week

d. Until what month and year did you continue to smoke (NUMBER) joints per week on a regular basis?

MONTH		YEAR	
(62)	(63)	(64)	(65)

(IF DATE IS THE SAME AS Q.57c: RETURN TO Q.59a.
ALL OTHERS: CONTINUE)

e. After that, about how many joints per week did you smoke?

(66)	(67)	(68)	(69)

joints per week

f. Until what month and year did you continue to smoke (NUMBER) joints per week on a regular basis?

MONTH		YEAR	
(68)	(69)	(70)	(71)

(RETURN TO Q.59a)

0.172. Additional Jobs and Toxic Substances (0.150)

CARD 136

812039

SEVENTH JOB

EIGHTH JOB

NINTH JOB

RAPID RESPONSE CARD "C"

172a. While working at (EMPLOYER) as (POSITION), did you come in contact with any of the substances on this card? By contact, I mean that you inhaled, tasted, had skin contact with, or were radiated by any of these substances? MULTIPLE RECORD

ASK Q.172b. FOR EACH SUBSTANCE LISTED IN Q.172a. 172b. In general, how many days a week (24/24) you come in contact with (SUBSTANCE)?

01--(12) -1 05-(16) -1
02--(13) -1 06-(17) -1
03--(14) -1 07-(18) -1
04--(15) -1 11F "07"
SKIP TO
NEXT JOB

01--(12) -1 04--(19) (20) (21) (22)
02--(13) -1 05--(23) (24) (25) (26)
03--(14) -1 06--(27) (28) (29) (30)

All the time (31) -1 (ASK Q. 172a)
Some of the time (32) -1
Never (33) -1 (GO TO NEXT JOB)

Air filter (34) -1 (GO TO
Goggles (35) -1 (GO TO
Face shield (36) -1 (GO TO
Special clothing (37) -1 (GO TO
Washing facilities (38) -1

01
79-80

01--(12) -1 05-(16) -1
02--(13) -1 06-(17) -1
03--(14) -1 07-(18) -1
04--(15) -1 11F "07"
SKIP TO
NEXT JOB

01--(12) -1 04--(19) (20) (21) (22)
02--(13) -1 05--(23) (24) (25) (26)
03--(14) -1 06--(27) (28) (29) (30)

All the time (31) -1 (ASK Q. 172a)
Some of the time (32) -1
Never (33) -1 (GO TO NEXT JOB)

Air filter (34) -1 (GO TO
Goggles (35) -1 (GO TO
Face shield (36) -1 (GO TO
Special clothing (37) -1 (GO TO
Washing facilities (38) -1

01
79-80

01--(12) -1 05-(16) -1
02--(13) -1 06-(17) -1
03--(14) -1 07-(18) -1
04--(15) -1 11F "07"
SKIP TO
NEXT JOB

01--(12) -1 04--(19) (20) (21) (22)
02--(13) -1 05--(23) (24) (25) (26)
03--(14) -1 06--(27) (28) (29) (30)

All the time (31) -1 (ASK Q. 172a)
Some of the time (32) -1
Never (33) -1 (GO TO NEXT JOB)

Air filter (34) -1 (GO TO
Goggles (35) -1 (GO TO
Face shield (36) -1 (GO TO
Special clothing (37) -1 (GO TO
Washing facilities (38) -1

01
79-80

11. Additional Jobs and Toxic Substances (Q.172) (CONT'D)

ELEVENTH JOB

TWELFTH JOB

HAC RESPONDENT CARD "C"

172. While working at (EMPLOYER) as (JOB), did you come in contact with any of the substances in this card? By contact, I mean that you inhaled, tasted, had skin contact with, or were radiated by any of these substances. (MULTIPLE RECORD)

ASK Q.172B FOR EACH SUBSTANCE COVERED IN Q.172A.

172B. In general, how many days a month (or did) you come in contact with (SUBSTANCE)?

01--(12) -1 05-(16) -2
02--(13) -1 06-(17) -3
03--(14) -1 07-(18) -4
04--(15) -1 (IF "5",
SKIP TO
NEXT JOB)

01--(19)(20) 04--(21)(22)
02--(23)(24) 05--(25)(26)
03--(27)(28) 06--(29)(30)

IF ANY SUBSTANCE COVERED IN Q.172A, ASK Q.172C.
172C. While you were on that job, how often did you wash to remove the (SUBSTANCE) or use protective gear -- would the say all of the time, some of the time, or never?

01--(19)(20) 04--(21)(22)
02--(23)(24) 05--(25)(26)
03--(27)(28) 06--(29)(30)

All the time--(31) -1 (ASK Q.172d)
Some of the time--(32) -2
Never--(33) -3 (GO TO
NEXT JOB)

01--(19)(20) 04--(21)(22)
02--(23)(24) 05--(25)(26)
03--(27)(28) 06--(29)(30)

HAC RESPONDENT CARD "D"

172. Which of the following did you use on that job? (MULTIPLE RECORD IF NECESSARY)

Air filter--(34) -1 (GO TO
Coggles--(35) -1 (GO TO
Face shield--(36) -1 (GO TO
Special clothing--(37) -1 (GO TO
Washing facilities--(38) -1

10
79-80

01--(12) -1 05-(16) -1
02--(13) -1 06-(17) -1
03--(14) -1 07-(18) -1
04--(15) -1 (IF "07",
SKIP TO
NEXT JOB)

01--(19)(20) 04--(21)(22)
02--(23)(24) 05--(25)(26)
03--(27)(28) 06--(29)(30)

All the time--(31) -1 (ASK Q.172d)
Some of the time--(32) -2
Never--(33) -3 (RETURNS TO
Q.131)

01--(19)(20) 04--(21)(22)
02--(23)(24) 05--(25)(26)
03--(27)(28) 06--(29)(30)

Air filter--(32) -1
Coggles--(33) -1 (RETURN TO
Face shield--(34) -1 (Q.131)
Special clothing--(35) -1
Washing facilities--(36) -1

12
79-80

172. Additional Countries and Toxic Substances (Q.172)

HARD RESPONSE CARD "C"

172a. In your job assignments while stationed in (COUNTRY), (that time)(do/did) you come in contact with any of the following substances?

SEVENTH COUNTRY		(14-15)	
01--(16)	-1	05-(20)	-1
02--(17)	-1	06-(21)	-1
03--(18)	-1	07-(22)	-1
04--(19)	-1	(IF "07,"	
		SKIP TO	
		NEXT	
		COUNTRY)	
01--(23)(24)	04--(25)(26)		
02--(27)(28)	05--(29)(30)		
03--(31)(32)	06--(33)(34)		

HARD RESPONSE CARD "H"

172b. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)?

EIGHTH COUNTRY		(14-15)	
01--(16)	-1	05-(20)	-1
02--(17)	-1	06-(21)	-1
03--(18)	-1	07-(22)	-1
04--(19)	-1	(IF "07,"	
		SKIP TO	
		NEXT	
		COUNTRY)	
01--(23)(24)	04--(25)(26)		
02--(27)(28)	05--(29)(30)		
03--(31)(32)	06--(33)(34)		

NINTH COUNTRY		(14-15)	
01--(16)	-1	05-(20)	-1
02--(17)	-1	06-(21)	-1
03--(18)	-1	07-(22)	-1
04--(19)	-1	(IF "07,"	
		SKIP TO	
		NEXT	
		COUNTRY)	
01--(23)(24)	04--(25)(26)		
02--(27)(28)	05--(29)(30)		
03--(31)(32)	06--(33)(34)		

HARD RESPONSE CARD "I"

173a. Did you wash to remove the (SUBSTANCE) or did you use protective clothing or gear when stationed in (COUNTRY) -- all of the time, some of the time, or never?

01--(23)(24)	04--(25)(26)
02--(27)(28)	05--(29)(30)
03--(31)(32)	06--(33)(34)

All the time (35) (ASK Q. 173d)
Some of the time (36) (ASK Q. 173d)
Never (37) (GO TO NEXT COUNTRY)

All the time (35) (ASK Q. 173d)
Some of the time (36) (ASK Q. 173d)
Never (37) (GO TO NEXT COUNTRY)

173b. Which of the following did you use on that job? (MULTIPLE RECORD IF NECESSARY)

Air filter	(38)	(39)
Goggles	(40)	(41)
Face shield	(42)	(43)
Special clothing	(44)	(45)
Washing facilities	(46)	(47)

Air filter	(38)	(39)
Goggles	(40)	(41)
Face shield	(42)	(43)
Special clothing	(44)	(45)
Washing facilities	(46)	(47)

Air filter	(38)	(39)
Goggles	(40)	(41)
Face shield	(42)	(43)
Special clothing	(44)	(45)
Washing facilities	(46)	(47)

133. Supplemental Chemicals and Toxic Substances (Continued)

TENTH COUNTRY

ELEVENTH COUNTRY

TWELFTH COUNTRY

HAND RESPONSE (CASE 50)

What in your life assignments while stationed in (country), first was (chemical) you came in contact with any of the following substances?

01...16...-1 05...20...-1
02...17...-1 06...21...-1
03...18...-1 07...22...-1
04...19...-1 08...23...-1
SWIP TO
NEXT
COUNTRY

(14-15)

ASK C-133B FOR EACH RESPONSE CODED IN C-133A.
133B. In general, how many days a month do you go down in contact with (SUBSTANCE)?

01...24...-1 04...27...-1
02...25...-1 05...28...-1
03...26...-1 06...29...-1
07...30...-1 08...31...-1
09...32...-1 10...33...-1
11...34...-1 12...35...-1
13...36...-1 14...37...-1
15...38...-1 16...39...-1
17...40...-1 18...41...-1
19...42...-1 20...43...-1
21...44...-1 22...45...-1
23...46...-1 24...47...-1
25...48...-1 26...49...-1
27...50...-1 28...51...-1
29...52...-1 30...53...-1
31...54...-1 32...55...-1
33...56...-1 34...57...-1
35...58...-1 36...59...-1
37...60...-1 38...61...-1
39...62...-1 40...63...-1
41...64...-1 42...65...-1
43...66...-1 44...67...-1
45...68...-1 46...69...-1
47...70...-1 48...71...-1
49...72...-1 50...73...-1
51...74...-1 52...75...-1
53...76...-1 54...77...-1
55...78...-1 56...79...-1
57...80...-1 58...81...-1
59...82...-1 60...83...-1
61...84...-1 62...85...-1
63...86...-1 64...87...-1
65...88...-1 66...89...-1
67...90...-1 68...91...-1
69...92...-1 70...93...-1
71...94...-1 72...95...-1
73...96...-1 74...97...-1
75...98...-1 76...99...-1
77...100...-1 78...101...-1
79...102...-1 80...103...-1
81...104...-1 82...105...-1
83...106...-1 84...107...-1
85...108...-1 86...109...-1
87...110...-1 88...111...-1
89...112...-1 90...113...-1
91...114...-1 92...115...-1
93...116...-1 94...117...-1
95...118...-1 96...119...-1
97...120...-1 98...121...-1
99...122...-1 100...123...-1
101...124...-1 102...125...-1
103...126...-1 104...127...-1
105...128...-1 106...129...-1
107...130...-1 108...131...-1
109...132...-1 110...133...-1
111...134...-1 112...135...-1
113...136...-1 114...137...-1
115...138...-1 116...139...-1
117...140...-1 118...141...-1
119...142...-1 120...143...-1
121...144...-1 122...145...-1
123...146...-1 124...147...-1
125...148...-1 126...149...-1
127...150...-1 128...151...-1
129...152...-1 130...153...-1
131...154...-1 132...155...-1
133...156...-1 134...157...-1
135...158...-1 136...159...-1
137...160...-1 138...161...-1
139...162...-1 140...163...-1
141...164...-1 142...165...-1
143...166...-1 144...167...-1
145...168...-1 146...169...-1
147...170...-1 148...171...-1
149...172...-1 150...173...-1
151...174...-1 152...175...-1
153...176...-1 154...177...-1
155...178...-1 156...179...-1
157...180...-1 158...181...-1
159...182...-1 160...183...-1
161...184...-1 162...185...-1
163...186...-1 164...187...-1
165...188...-1 166...189...-1
167...190...-1 168...191...-1
169...192...-1 170...193...-1
171...194...-1 172...195...-1
173...196...-1 174...197...-1
175...198...-1 176...199...-1
177...200...-1 178...201...-1
179...202...-1 180...203...-1
181...204...-1 182...205...-1
183...206...-1 184...207...-1
185...208...-1 186...209...-1
187...210...-1 188...211...-1
189...212...-1 190...213...-1
191...214...-1 192...215...-1
193...216...-1 194...217...-1
195...218...-1 196...219...-1
197...220...-1 198...221...-1
199...222...-1 200...223...-1
201...224...-1 202...225...-1
203...226...-1 204...227...-1
205...228...-1 206...229...-1
207...230...-1 208...231...-1
209...232...-1 210...233...-1
211...234...-1 212...235...-1
213...236...-1 214...237...-1
215...238...-1 216...239...-1
217...240...-1 218...241...-1
219...242...-1 220...243...-1
221...244...-1 222...245...-1
223...246...-1 224...247...-1
225...248...-1 226...249...-1
227...250...-1 228...251...-1
229...252...-1 230...253...-1
231...254...-1 232...255...-1
233...256...-1 234...257...-1
235...258...-1 236...259...-1
237...260...-1 238...261...-1
239...262...-1 240...263...-1
241...264...-1 242...265...-1
243...266...-1 244...267...-1
245...268...-1 246...269...-1
247...270...-1 248...271...-1
249...272...-1 250...273...-1
251...274...-1 252...275...-1
253...276...-1 254...277...-1
255...278...-1 256...279...-1
257...280...-1 258...281...-1
259...282...-1 260...283...-1
261...284...-1 262...285...-1
263...286...-1 264...287...-1
265...288...-1 266...289...-1
267...290...-1 268...291...-1
269...292...-1 270...293...-1
271...294...-1 272...295...-1
273...296...-1 274...297...-1
275...298...-1 276...299...-1
277...300...-1 278...301...-1
279...302...-1 280...303...-1
281...304...-1 282...305...-1
283...306...-1 284...307...-1
285...308...-1 286...309...-1
287...310...-1 288...311...-1
289...312...-1 290...313...-1
291...314...-1 292...315...-1
293...316...-1 294...317...-1
295...318...-1 296...319...-1
297...320...-1 298...321...-1
299...322...-1 300...323...-1
301...324...-1 302...325...-1
303...326...-1 304...327...-1
305...328...-1 306...329...-1
307...330...-1 308...331...-1
309...332...-1 310...333...-1
311...334...-1 312...335...-1
313...336...-1 314...337...-1
315...338...-1 316...339...-1
317...340...-1 318...341...-1
319...342...-1 320...343...-1
321...344...-1 322...345...-1
323...346...-1 324...347...-1
325...348...-1 326...349...-1
327...350...-1 328...351...-1
329...352...-1 330...353...-1
331...354...-1 332...355...-1
333...356...-1 334...357...-1
335...358...-1 336...359...-1
337...360...-1 338...361...-1
339...362...-1 340...363...-1
341...364...-1 342...365...-1
343...366...-1 344...367...-1
345...368...-1 346...369...-1
347...370...-1 348...371...-1
349...372...-1 350...373...-1
351...374...-1 352...375...-1
353...376...-1 354...377...-1
355...378...-1 356...379...-1
357...380...-1 358...381...-1
359...382...-1 360...383...-1
361...384...-1 362...385...-1
363...386...-1 364...387...-1
365...388...-1 366...389...-1
367...390...-1 368...391...-1
369...392...-1 370...393...-1
371...394...-1 372...395...-1
373...396...-1 374...397...-1
375...398...-1 376...399...-1
377...400...-1 378...401...-1
379...402...-1 380...403...-1
381...404...-1 382...405...-1
383...406...-1 384...407...-1
385...408...-1 386...409...-1
387...410...-1 388...411...-1
389...412...-1 390...413...-1
391...414...-1 392...415...-1
393...416...-1 394...417...-1
395...418...-1 396...419...-1
397...420...-1 398...421...-1
399...422...-1 400...423...-1
401...424...-1 402...425...-1
403...426...-1 404...427...-1
405...428...-1 406...429...-1
407...430...-1 408...431...-1
409...432...-1 410...433...-1
411...434...-1 412...435...-1
413...436...-1 414...437...-1
415...438...-1 416...439...-1
417...440...-1 418...441...-1
419...442...-1 420...443...-1
421...444...-1 422...445...-1
423...446...-1 424...447...-1
425...448...-1 426...449...-1
427...450...-1 428...451...-1
429...452...-1 430...453...-1
431...454...-1 432...455...-1
433...456...-1 434...457...-1
435...458...-1 436...459...-1
437...460...-1 438...461...-1
439...462...-1 440...463...-1
441...464...-1 442...465...-1
443...466...-1 444...467...-1
445...468...-1 446...469...-1
447...470...-1 448...471...-1
449...472...-1 450...473...-1
451...474...-1 452...475...-1
453...476...-1 454...477...-1
455...478...-1 456...479...-1
457...480...-1 458...481...-1
459...482...-1 460...483...-1
461...484...-1 462...485...-1
463...486...-1 464...487...-1
465...488...-1 466...489...-1
467...490...-1 468...491...-1
469...492...-1 470...493...-1
471...494...-1 472...495...-1
473...496...-1 474...497...-1
475...498...-1 476...499...-1
477...500...-1 478...501...-1
479...502...-1 480...503...-1
481...504...-1 482...505...-1
483...506...-1 484...507...-1
485...508...-1 486...509...-1
487...510...-1 488...511...-1
489...512...-1 490...513...-1
491...514...-1 492...515...-1
493...516...-1 494...517...-1
495...518...-1 496...519...-1
497...520...-1 498...521...-1
499...522...-1 500...523...-1
501...524...-1 502...525...-1
503...526...-1 504...527...-1
505...528...-1 506...529...-1
507...530...-1 508...531...-1
509...532...-1 510...533...-1
511...534...-1 512...535...-1
513...536...-1 514...537...-1
515...538...-1 516...539...-1
517...540...-1 518...541...-1
519...542...-1 520...543...-1
521...544...-1 522...545...-1
523...546...-1 524...547...-1
525...548...-1 526...549...-1
527...550...-1 528...551...-1
529...552...-1 530...553...-1
531...554...-1 532...555...-1
533...556...-1 534...557...-1
535...558...-1 536...559...-1
537...560...-1 538...561...-1
539...562...-1 540...563...-1
541...564...-1 542...565...-1
543...566...-1 544...567...-1
545...568...-1 546...569...-1
547...570...-1 548...571...-1
549...572...-1 550...573...-1
551...574...-1 552...575...-1
553...576...-1 554...577...-1
555...578...-1 556...579...-1
557...580...-1 558...581...-1
559...582...-1 560...583...-1
561...584...-1 562...585...-1
563...586...-1 564...587...-1
565...588...-1 566...589...-1
567...590...-1 568...591...-1
569...592...-1 570...593...-1
571...594...-1 572...595...-1
573...596...-1 574...597...-1
575...598...-1 576...599...-1
577...600...-1 578...601...-1
579...602...-1 580...603...-1
581...604...-1 582...605...-1
583...606...-1 584...607...-1
585...608...-1 586...609...-1
587...610...-1 588...611...-1
589...612...-1 590...613...-1
591...614...-1 592...615...-1
593...616...-1 594...617...-1
595...618...-1 596...619...-1
597...620...-1 598...621...-1
599...622...-1 600...623...-1
601...624...-1 602...625...-1
603...626...-1 604...627...-1
605...628...-1 606...629...-1
607...630...-1 608...631...-1
609...632...-1 610...633...-1
611...634...-1 612...635...-1
613...636...-1 614...637...-1
615...638...-1 616...639...-1
617...640...-1 618...641...-1
619...642...-1 620...643...-1
621...644...-1 622...645...-1
623...646...-1 624...647...-1
625...648...-1 626...649...-1
627...650...-1 628...651...-1
629...652...-1 630...653...-1
631...654...-1 632...655...-1
633...656...-1 634...657...-1
635...658...-1 636...659...-1
637...660...-1 638...661...-1
639...662...-1 640...663...-1
641...664...-1 642...665...-1
643...666...-1 644...667...-1
645...668...-1 646...669...-1
647...670...-1 648...671...-1
649...672...-1 650...673...-1
651...674...-1 652...675...-1
653...676...-1 654...677...-1
655...678...-1 656...679...-1
657...680...-1 658...681...-1
659...682...-1 660...683...-1
661...684...-1 662...685...-1
663...686...-1 664...687...-1
665...688...-1 666...689...-1
667...690...-1 668...691...-1
669...692...-1 670...693...-1
671...694...-1 672...695...-1
673...696...-1 674...697...-1
675...698...-1 676...699...-1
677...700...-1 678...701...-1
679...702...-1 680...703...-1
681...704...-1 682...705...-1
683...706...-1 684...707...-1
685...708...-1 686...709...-1
687...710...-1 688...711...-1
689...712...-1 690...713...-1
691...714...-1 692...715...-1
693...716...-1 694...717...-1
695...718...-1 696...719...-1
697...720...-1 698...721...-1
699...722...-1 700...723...-1
701...724...-1 702...725...-1
703...726...-1 704...727...-1
705...728...-1 706...729...-1
707...730...-1 708...731...-1
709...732...-1 710...733...-1
711...734...-1 712...735...-1
713...736...-1 714...737...-1
715...738...-1 716...739...-1
717...740...-1 718...741...-1
719...742...-1 720...743...-1
721...744...-1 722...745...-1
723...746...-1 724...747...-1
725...748...-1 726...749...-1
727...750...-1 728...751...-1
729...752...-1 730...753...-1
731...754...-1 732...755...-1
733...756...-1 734...757...-1
735...758...-1 736...759...-1
737...760...-1 738...761...-1
739...762...-1 740...763...-1
741...764...-1 742...765...-1
743...766...-1 744...767...-1
745...768...-1 746...769...-1
747...770...-1 748...771...-1
749...772...-1 750...773...-1
751...774...-1 752...775...-1
753...776...-1 754...777...-1
755...778...-1 756...779...-1
757...780...-1 758...781...-1
759...782...-1 760...783...-1
761...784...-1 762...785...-1
763...786...-1 764...787...-1
765...788...-1 766...789...-1
767...790...-1 768...791...-1
769...792...-1 770...793...-1
771...794...-1 772...795...-1
773...796...-1 774...797...-1
775...798...-1 776...799...-1
777...800...-1 778...801...-1
779...802...-1 780...803...-1
781...804...-1 782...805...-1
783...806...-1 784...807...-1
785...808...-1 786...809...-1
787...810...-1 788...811...-1
789...812...-1 790...813...-1
791...814...-1 792...815...-1
793...816...-1 794...817...-1
795...818...-1 796...819...-1
797...820...-1 798...821...-1
799...822...-1 800...823...-1
801...824...-1 802...825...-1
803...826...-1 804...827...-1
805...828...-1 806...829...-1
807...830...-1 808...831...-1
809...832...-1 810...833...-1
811...834...-1 812...835...-1
813...836...-1 814...837...-1
815...838...-1 816...839...-1
817...840...-1 818...841...-1
819...842...-1 820...843...-1
821...844...-1 822...845...-1
823...846...-1 824...847...-1
825...848...-1 826...849...-1
827...850...-1 828...851...-1
829...852...-1 830...853...-1
831...854...-1 832...855...-1
833...856...-1 834...857...-1
835...858...-1 836...859...-1
837...860...-1 838...861...-1
839...862...-1 840...863...-1
841...864...-1 842...865...-1
843...866...-1 844...867...-1
845...868...-1 846...869...-1
847...870...-1 848...871...-1
849...872...-1 850...873...-1
851...874...-1 852...875...-1
853...876...-1 854...877...-1
855...878...-1 856...879...-1
857...880...-1 858...881...-1
859...882...-1 860...883...-1
861...884...-1 862...885...-1
863...886...-1 864...887...-1
865...888...-1 866...889...-1
867...890...-1 868...891...-1
869...892...-1 870...893...-1
871...894...-1 872...895...-1
873...896...-1 874...897...-1
875...898...-1 876...899...-1
877...900...-1 878...901...-1
879...902...-1 880...903...-1
881...904...-1 882...905...-1
883...906...-1 884...907...-1
885...908...-1 886...909...-1
887...910...-1 888...911...-1
889...912...-1 890...913...-1
891...914...-1 892...915...-1
893...916...-1 894...917...-1
895...918...-1 896...919...-1
897...920...-1 898...921...-1
899...922...-1 900...923...-1
901...924...-1 902...925...-1
903...926...-1 904...927...-1
905...928...-1 906...929...-1
907...930...-1 908...931...-1
909...932...-1 910...933...-1
911...934...-1 912...935...-1
913...936...-1 914...937...-1
915...938...-1 916...939...-1
917...940...-1 918...941...-1
919...942...-1 920...943...-1
921...944...-1 922...945...-1
923...946...-1 924...947...-1
925...948...-1 926...949...-1
927...950...-1 928...951...-1
929...952...-1 930...953...-1
931...954...-1 932...955...-1
933...956...-1 934...957...-1
935...958...-1 936...959...-1
937...960...-1 938...961...-1
939...962...-1 940...963...-1
941...964...-1 942...965...-1
943...966...-1 944...967...-1
945...968...-1 946...969...-1
947...970...-1 948...971...-1
949...972...-1 950...973...-1
951...974...-1 952...975...-1
953...976...-1 954...977...-1
955...978...-1 956...979...-1
957...980...-1 958...981...-1
959...982...-1 960...983...-1
961...984...-1 962...985...-1
963...986...-1 964...987...-1
965...988...-1 966...989...-1
967...990...-1 968...991...-1
969...992...-1 970...993...-1
971...994...-1 972...995...-1
973...996...-1 974...997...-1
975...998...-1 976...999...-1
977...1000...-1 978...1001...-1
979...1002...-1 980...1003...-1
981...1004...-1 982...1005...-1
983...1006...-1 984...1007...-1
985...1008...-1 986...1009...-1
987...1010...-1 988...1011...-1
989...1012...-1 990...1013...-1
991...1014...-1 992...1015...-1
993...1016...-1 994...1017...-1
995...1018...-1 996...1019...-1
997...1020...-1 998...1021...-1
999...1022...-1 1000...1023...-1
1001...1024...-1 1002...1025...-1
1003...1026...-1 1004...1027...-1
1005...1028...-1 1006...1029...-1
1007...1030...-1 1008...1031...-1
1009...1032...-1 1010...1033...-1
1011...1034...-1 1012...1035...-1
1013...1036...-1 1014...1037...-1
1015...1038...-1 1016...1039...-1
1017...1040...-1 1018...1041...-1
1019...1042...-1 1020...1043...-1
1021...1044...-1 1022...1045...-1
1023...1046...-1 1024...1047...-1
1025...1048...-1 1026...1049...-1
1027...1050...-1 1028...1051...-1
1029...1052...-1 1030...1053...-1
1031...1054...-1 1032...1

DEPARTMENT OF THE AIR FORCE
WASHINGTON DC 20330

OFFICE OF THE SECRETARY

James W. Doe
1215 Middle Grove
Norfolk, MD 23456

Dear Mr Doe

The Air Force will soon begin conducting a very comprehensive health assessment of certain Air Force members who served our Nation in the Vietnam conflict. This health assessment is part of a medical study designed to help determine if you or your fellow Vietnam veterans may have had any compromise to your health as a result of exposure to the complex environment of Southeast Asia.

Scientists at the USAF School of Aerospace Medicine have been given the responsibility for conducting this important project. The Air Force Surgeon General will contact you soon with more details and ask for your voluntary participation.

A major focus of the President's program for veterans is the resolution of health issues raised by them. The Air Force and I are committed to doing our part in resolving these issues. I ask that you help us and all Vietnam veterans by voluntarily participating in this major study.

Sincerely,

Verne Orr
Secretary of the Air Force



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
BOLLING AFB DC 20332

James W. Doe
1215 Middle Grove
Norfolk, MD 23456

Dear Mr Doe

The Air Force is conducting a very comprehensive health assessment of certain Air Force members who served our Nation in the Vietnam conflict. The USAF School of Aerospace Medicine has been given the responsibility for conducting this study.

The purpose of the study is to determine whether there may be any causal relationship between health problems and exposure to the complex and unique environment of the war in Southeast Asia. Simply stated, we do not know if such health effects exist. You are being asked to voluntarily participate in this study because of your unique Southeast Asia experience. Your participation is critical to the success of this study. However, you should not view this invitation to participate as a cause for alarm nor as an implication that you are at risk for any known disease.

To insure the scientific validity of the study, both an in-depth interview and a detailed physical examination will be conducted. The administration of the interview will begin soon under the direction of a nationally recognized health survey organization. You will be contacted by phone or letter to arrange a convenient time for an in-home interview which will take from two to three hours.

Shortly after the interview you will again be contacted to schedule a physical examination at a nationally recognized civilian medical facility. The physical examination will take approximately four days. Every effort will be made to minimize disruption of your normal activities and to facilitate your participation in the study. Travel and per diem will be paid by the Air Force. For those not precluded by law, a stipend of \$100 per day will be paid as a partial compensation for your time.

Our intent is to maintain all individual health data in strictest confidence. In case outside parties attempt to gain access to the data, the Air Force and the Department of Justice are committed to protect this individual confidentiality. Only in the event of an adverse final court decision, or in the highly unlikely instance where serious medical deficiencies must be shared with appropriate medical authorities to protect public health and safety, will any personal health data be revealed. You are referred to the Fact Sheet for further information regarding this matter.

This is perhaps one of the most important health studies undertaken by the Air Force. Your voluntary participation is critical to its success. Although you may feel healthy, numerous Vietnam veterans believe that they have illnesses which may be attributable to service in Southeast Asia. The only way we can get clarification of these difficult questions is through your cooperation and participation.

Sincerely

PAUL W. MYERS
Lieutenant General, USAF, MC
Surgeon General

1 Atch
Fact Sheet

FACT SHEET

INTRODUCTION

- The USAF School of Aerospace Medicine, Brooks AFB, Texas, is conducting the study.
- You are being invited to participate in this study because of your specific duties and period of assignment in Southeast Asia.

PURPOSE

- To determine whether there is a causal relationship between adverse health effects and exposure to the complex environment of Southeast Asia.

METHODS

- An in-depth health questionnaire will be administered to you by a member of a health evaluation team from Louis Harris and Associates, Inc.
- A complete profile of your current health will be obtained by a physical examination which will be conducted by a nationally recognized outpatient clinic.
- Follow-up abbreviated health questionnaires and physical examinations will be conducted at years 3, 5, 10, 15, and 20 of the study.
- Travel expenses (including board and lodging) for the physical examination will be paid by the Air Force.
- Stipend of \$100 per day will be paid to study participants who are not on active duty, Government employed or otherwise precluded by law from receiving such a stipend.
- Confidentiality is to be maintained except in two cases:
 - A judicial order to release personal medical data following an Air Force and Justice Department defended lawsuit.
 - Serious medical findings which impact public health and safety. Two examples of situations in which public health and safety would raise the questions of disclosure are: a participant has typhoid fever; a participant who directly impacts the safety of others either in his profession, or as a volunteer, is found to have a serious nerve, heart or mental disorder. In this instance a committee composed of a physician (whose specialty is the area of the identified problem), a physician of your choice, a flight surgeon, a judge advocate (lawyer) and a representative from your field of expertise will be convened to review the medical findings. Before any disclosure is made to medical authorities, the committee must determine that the findings jeopardize the public health and safety.

BENEFITS TO YOU

- You will receive a complete health review and physical examination of top level executive calibre at no cost to yourself.

- You will be completely informed of all examination results.

- The information from this study will be provided to a physician of your choice if you so request.

- Questions concerning the study may be referred to the USAF School of Aerospace Medicine, Epidemiology Division, Brooks Air Force Base, Texas 78235, or by calling collect AC 512 536-3309.

- If you have recently changed your address or have an unlisted phone number, please advise the USAF School of Aerospace Medicine at the above address and phone number so that your records may be properly updated.

LOUIS HARRIS AND ASSOCIATES, INC.
630 FIFTH AVENUE
NEW YORK, NEW YORK 10111

Dear Mr. Doe

Louis Harris and Associates has been asked by the United States Air Force to conduct interviews for a health study of Air Force pilots and servicemen who served during the Vietnam conflict. The U.S. Air Force School of Aerospace Medicine is undertaking this study in order to answer questions about possible health effects of having served in Vietnam.

We need your cooperation in this study. The validity of the results of the study depends on the willingness of veterans like yourself, who have been selected for the survey, to participate. Reliable information will enable us to reach sound conclusions of vital relevance to all Vietnam veterans.

One of our interviewers will be calling you in the next two weeks to arrange an appointment with you. The interview will cover many aspects of your military experience, occupational experience, family history, health history and health care utilization. Since the interview may take one or two hours to complete, we will schedule the interview at your convenience.

Thank you for your cooperation. I hope that you will join us in this important project.

Sincerely,

LOUIS HARRIS

LOUIS HARRIS AND ASSOCIATES INC

10000 BELLEVILLE AVE

NEW YORK, NEW YORK 10001

TEL: (212) 491-4000

LOUIS HARRIS AND ASSOCIATES INC
10000 BELLEVILLE AVE
NEW YORK, NEW YORK 10001
TEL: (212) 491-4000

LOUIS HARRIS INTERNATIONAL INC
UNION RESEARCH CENTRE
10 WELBECK ST
LONDON W1M 8AB ENGLAND
TEL: 01-493-9191 TELEX 84403

PRIVACY ACT STATEMENT - EPIDEMIOLOGIC STUDY

AUTHORITY: Section 133, 1071-87, 3012, 5031 and 8012, Title 10, United States Code and Executive Order 9397.

PRINCIPAL AND PURPOSE(S): The purpose of requesting personal information is to assist medical/technical personnel in developing records relative to your participation in an approved epidemiologic investigation. The Social Security Number (SSN) and Armed Forces Service Number (AFSN) are necessary to identify the person and records.

ROUTINE USES: This information will be used to initiate, coordinate, and conduct the investigation. It will be used to compile statistical data, but information allowing identification of the individual volunteer will not be included. Data and results from this investigation may be used to supplement other approved research studies conducted at the USAF School of Aerospace Medicine or at other Federal agencies engaged in the conduct of similar studies.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY, AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION: Disclosure or requested information is voluntary. If the information is not furnished, acceptance as a subject is not possible. This is an all-inclusive Privacy Act Statement which will apply to all requests for personal information made by medical/technical personnel during the time you are a volunteer subject. A copy of this form will be placed in your investigation subject folder as evidence of this notification.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

Signature of Volunteer

SSN

Date

LIFE EVENTS CHART

U.S. Air Force Survey

YOUR AGE THEN	SCHOOLS	MILITARY EXPERIENCE	OTHER JOBS	MARRIAGE	CHILDREN	DEATH IN FAMILY	MAJOR ILLNESS	OTHER SPECIAL EVENTS
930								
31								
32								
33								
34								
935								
36								
37								
38								
39								
940								
41								
42								
43								
44								
945								
46								
47								
48								
49								
950								
51								
52								
53								
54								
955								
56								
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58								
59								
960								
61								
62								
63								
64								
965								
66								
67								
68								
69								
970								
71								
72								
73								
74								
975								
76								
77								
78								
79								
980								
81								

SHOW CARD "A"

STUDY NO. 812039

High School Diploma

High School Equivalency Diploma

Associate of Arts (A.A.)

Bachelor of Arts (B.A.) or Bachelor of
Science (B.S.)

Masters (M.A. or M.S.)

Doctorate (Ph.D., M.D., Ed.D., Sc.D.)

Others

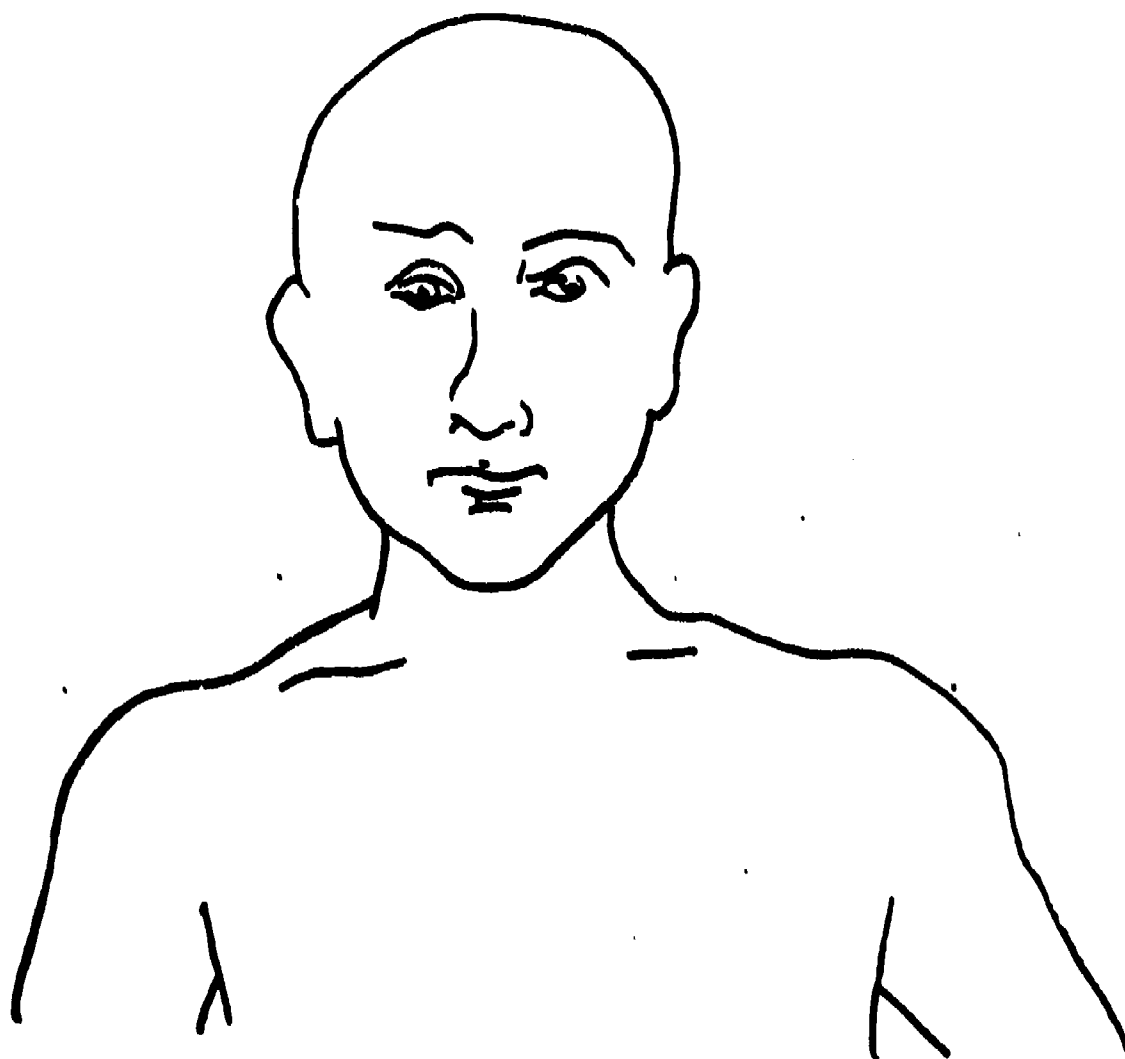
- 01 Aerospace
- 02 Aircraft
- 03 Agriculture
- 04 Automotive
- 05 Chemical
- 06 Electronic
- 07 Mining
- 08 Pest Control
- 09 Petroleum
- 10 Textile
- 11 None Apply

- 01 Pill
- 02 Douche
- 03 Foam
- 04 Jelly, Cream, Suppository
- 05 IUD
- 06 Condom, Rubber
- 07 Diaphragm
- 08 Diaphragm and Jelly
- 09 Rhythm - Calendar
- 10 Rhythm - Temperature
- 11 Withdrawal
- 12 Other

- a. Sterility due to surgery
- b. Known sterility due to injury, accident, or illness
- c. Sterility due to unknown causes
- d. Impotence
- e. Other known medical/physical conditions
- f. Some other reason

SHOW CARD "E"

STUDY NO. 812039



Very often

Fairly often

Sometimes

Almost never

Never

- 01 Asbestos
- 02 X-ray or nuclear radiation
- 03 Industrial chemicals
- 04 Defoliants or herbicides
- 05 Insecticides or pesticides
- 06 Degreasing chemicals
- 07 None of these

Air filter

Goggles

Face shield

Special clothing

Washing facilities

- A. \$5,000-\$9,999
- B. \$10,000-\$14,999
- C. \$15,000-\$19,999
- D. \$20,000-\$24,999
- E. \$25,000-\$29,999
- F. \$30,000-\$34,999
- G. \$35,000-\$39,999
- H. \$40,000-\$44,999
- I. \$45,000-\$49,999
- J. \$50,000-\$54,999
- K. \$55,000-\$59,999
- L. \$60,000-\$64,999
- M. \$65,000-\$69,999
- N. \$70,000-\$74,999
- O. \$75,000-\$79,999
- P. \$80,000-\$84,999
- Q. \$85,000-\$89,999
- R. \$90,000-\$94,999
- S. \$95,000-\$99,999
- T. \$100,000 or more

SELF-ADMINISTERED SURVEY

These next questions are about how you have felt during the last three months.
For each question, please circle a number for the one answer that comes closest to the way you have been feeling during the last three months.

1. How often did you become nervous or tense when faced with work or unexpected situations during the past 3 months?

- Almost every day 1
- Several times a week 2
- Twice a week 3
- Once a week 4
- A few times 5
- Never 6

2. How often did you feel that you were not doing your best work because of the way you felt?

- Almost every day 1
- Several times a week 2
- A good deal of the time 3
- Some of the time 4
- A little of the time 5
- None of the time 6

3. How often did you feel that you were not doing your best work because of the way you felt?

- Almost every day 1
- Several times a week 2
- Most of the time 3
- A good deal of the time 4
- A little of the time 5
- None of the time 6

4. How often did you feel that you were not doing your best work because of the way you felt?

- Almost every day 1
- Several times a week 2
- Most of the time 3
- A good deal of the time 4
- A little of the time 5
- None of the time 6

5. How often did you feel that you were not doing your best work because of the way you felt?

1. How often, during the past 4 months, have you been waking up feeling tired and
exhausted?

Always, every day..... 1 (10)

Almost every day..... 2

Most days..... 3

Some days, but usually not..... 4

Hardly ever..... 5

Never wake up feeling..... 6

2. During the past 4 months, how often do you have trouble when you start to do
something?

Always, every day..... 1 (10)

Very often..... 2

Most days..... 3

Sometimes, but usually not..... 4

Hardly ever..... 5

3. How much of the time during the past 4 months have you felt calm and peaceful?

Almost the time..... 1 (10)

Most of the time..... 2

A good deal of the time..... 3

Some of the time..... 4

A fairly small amount of the time..... 5

None of the time..... 6

4. During the past 4 months how often do you get excited, upset, or confused?

Always, every day..... 1 (10)

Very often..... 2

Most days..... 3

Sometimes..... 4

Hardly ever..... 5

Never..... 6

5. How much have you been bothered by nervousness or just "nerves" during the past 4
months?

Extremely so, to the point where I
could not take care of things..... 1 (25)

Very much bothered..... 2

Bothered some, a lot by nervousness..... 3

Bothered some, enough to note..... 4

Slightly bothered by nerves..... 5

Not bothered at all by nerves..... 6

(When you have completed items 1-5, add up the sum of the items.)

LOUIS HARRIS AND ASSOCIATES, INC.

1000 FIFTH AVENUE
NEW YORK, NEW YORK 10011
(212) 476-1111

LOUIS HARRIS, FRANCE
1000 FIFTH AVENUE
NEW YORK, NEW YORK 10011
TEL: (212) 476-1111

LOUIS HARRIS INTERNATIONAL, INC.
LONDON RESEARCH CENTER
10 WILBER ST.
LONDON W1M 8AB ENGLAND
TEL: (01) 486-5151

UNITED STATES AIR FORCE HEALTH STUDY

Name of Medical Provider/Medical Facility _____

Street Address _____

City _____ State _____ Zip _____

Phone Number _____

Dear Doctor or Administrator:

I am participating in a survey conducted for the United States Air Force to gather information on the health of current and former Air Force personnel. As part of this survey, medical providers who have delivered health care services to me are being asked to supplement the information that I have already provided to the study.

By this statement or a photocopy of it, I hereby authorize and request you to furnish the United States Air Force Health Study with any medical information in your records concerning the health services received by me.

These services were provided during the period _____ to _____.

Thank you very much.

Sincerely,

Resp. # _____

Signature of Patient _____

FOR OFFICE USE ONLY:

Date _____

--	--	--	--	--	--

LOUIS HARRIS AND ASSOCIATES INC

150 EAST 42ND STREET
NEW YORK, NEW YORK 10017
TEL: 212 675 1601 TELETYPE 60257

LOUIS HARRIS FRANCE
2 RUE VIVENNE
75002 PARIS, FRANCE
TEL: 01-200 0634 TELETYPE 600601 F

LOUIS HARRIS INTERNATIONAL
OPINION RESEARCH CENTRE
10 WELBECK ST
LONDON W1M 8AB ENGLAND
TEL: 01-480 5181 TELETYPE 84402

Dear

Louis Harris and Associates has been asked by the United States Air Force to conduct a study of the health of Air Force pilots and servicemen who served during the Vietnam conflict. The U.S. Air Force School of Aerospace Medicine is undertaking this study in order to answer questions about possible effects of having served in Vietnam.

I have just completed an interview with Louis Harris and Associates on the United States Air Force Health Study. As part of this study, they would like to interview the former wives of study participants. You will be asked to provide information on health and health care services. It is essential to the accuracy and completeness of the study that all selected participants and their families participate in the study. Reliable information will help produce sound conclusions of vital relevance to all Vietnam veterans and their families.

I would appreciate it very much if you also would grant a representative of Louis Harris and Associates an interview. Shortly after receiving this letter, you will be called on by an interviewer from Louis Harris and Associates who, at your convenience, will either conduct the interview or set up an appointment. The interviewer will answer any questions you may have about the study.

Thank you.

Sincerely,

(SIGNATURE OF STUDY RESPONDENT)

(PRINTED NAME OF STUDY RESPONDENT)

LOUIS HARRIS AND ASSOCIATES, INC
630 Fifth Avenue
New York, New York 10111

812039
Air Force Health Survey

FOR OFFICE USE ONLY:

Case # _____

Respondent # _____

INTERVIEW EVALUATION

INTERVIEWER: _____

COMPLETE THE FOLLOWING IN PRIVATE IMMEDIATELY AFTER THE INTERVIEW, USING YOUR BEST JUDGMENT TO ANSWER EACH ITEM.

1. Race of respondent:

Black, ...
Nonblack, ...

2a. Did the respondent want to terminate the interview before it was finished?

No, ... (SKIP TO Q1a)
Yes, ... (ANSWER 2b AND 2c)

2b. At what question number or during what question series?

2c. What was the reason?

3a. Were there any (other) significant problems during the interview?

No, ... (SKIP TO Q4a)
Yes, ... (ANSWER 3b)

3b. Describe the problems.

4a. Did respondent refer to records during the interview?

No, ... (SKIP TO Q5a)
Yes, ... (ANSWER 4b)

4b. What records did the respondent use?

5a. Was anyone else present at any time during the interview?

No, ... (SKIP TO Q6)
Yes, ... (ANSWER 5b AND 5c)

5b. Who was present? (RECORD RELATIONSHIP)

5c. During which question(s)?

6. Length of interview:

| | | minutes

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10011

Study # 812039

AIR FORCE HEALTH SURVEY
MAILING TRANSMITTAL FORM

TO: New York Office
Louis Harris and Associates

FROM: Interviewer Name - Please Print _____

This package contains the following material for _____ Study Subject Respondent Number

Write the NUMBER of each item being sent on the line at the right

STUDY SUBJECT INTERVIEW
Study Subject Name Assignment Sheet.....
Study Subject Privacy Act Statement (Signed).....
Study Subject Questionnaire.....
Study Subject Supplemental Recording Book.....
Study Subject Self Administered Form.....
Study Subject Medical Consent Form.....
Study Subject Former Wife Consent Letter.....
Study Subject Interviewer Evaluation Form.....
PRESENT WIFE INTERVIEW
Privacy Act Statement (Signed).....
Spouse Questionnaire.....
Spouse Supplemental Recording Book.....
Spouse Medical Consent Form.....
Spouse Interviewer Evaluation Form.....
FORMER WIFE
Former Wife Name Assignment Sheet.....
Privacy Act Statement (Signed).....
Spouse Questionnaire.....
Spouse Supplemental Recording Book.....
Spouse Medical Consent Form.....
Spouse Interviewer Evaluation Form.....
PROXY INTERVIEW
Proxy Name Assignment Sheet.....
Privacy Act Statement (Signed).....
Proxy Questionnaire.....
Proxy Supplemental Recording Book.....
Proxy Medical Consent.....
Proxy Interviewer Evaluation.....

Received:

Date

Checked In by:

CHAPTER II

SPOUSE QUESTIONNAIRE

The following Spouse/Partner Questionnaire was used to collect baseline data for the Epidemiologic Investigation of Health Effects in Air Force Personnel Following Exposure to Herbicide Orange. This data was collected during 1981-1982. All available spouse/partners, both present and former, were included in this data collection effort. The questionnaire and supplemental recording book are the actual field instruments. They have been photocopied and reduced for the purpose of this report. Additional field documents, such as show cards, are included as attachments to the questionnaire. Additional attachments include: Introductory Letter, Privacy Act Statement, Medical Permission Form, Interview Evaluation, and Mailing Transmittal Form. The Spouse/Partner Questionnaire, as used in the field, follows.

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

O.M.B. NUMBER
0701-0033
Approval Expires
11/30/82

FOR OFFICE USE ONLY:

Case No. 12-17

Study No. 812039
SPOUSE QUESTIONNAIRE

Respondent #: 5-8

CONFIDENTIAL

Present wife.....(18) -1
Former wife..... -2

This study is being conducted to collect information on the health of current and former
Air Force personnel and their families. I will be asking background questions and
questions about health.

First, I have a few background questions to ask you.

1. What is your date of birth?

(WRITE IN DATE)

MONTH		DAY		YEAR	
(19)	(20)	(21)	(22)	(23)	(24)

2. How many children have you had -- that is, of how many children are you the natural mother? Please include children who live with you, those who live elsewhere, and those who may no longer be living.

(WRITE IN NUMBER) children (ASK Q.1)
(25) (26)

No children.....(27) -1 (SKIP TO Q.3)

3. Starting with your first child, what is the first and last name of the child as it appears on the birth certificate?

RECORD FIRST AND LAST NAME OF ALL CHILDREN IN S.R.D. - PAGE 1. WRITE IN THE FIRST NAME ONLY AT THE TOP OF THE APPROPRIATE COLUMN(S).

FIRST CHILD	SECOND CHILD	THIRD CHILD
NAME: _____	NAME: _____	NAME: _____
4a. How old is (CHILD) now? (28) (29) Age	4a. How old is (CHILD) now? (28) (29) Age	4a. How old is (CHILD) now? (28) (29) Age
Child died..(30) -1	Child died..(30) -1	Child died..(30) -1
4b. (Is/Was) (CHILD) male or female? Male.....(31) -1 Female.....-2	4b. (Is/Was) (CHILD) male or female? Male.....(31) -1 Female.....-2	4b. (Is/Was) (CHILD) male or female? Male.....(31) -1 Female.....-2
4c. How much did (CHILD) weigh at birth? POUNDS OUNCES (32) (33) POUNDS OUNCES (34) (35)	4c. How much did (CHILD) weigh at birth? POUNDS OUNCES (32) (33) POUNDS OUNCES (34) (35)	4c. How much did (CHILD) weigh at birth? POUNDS OUNCES (32) (33) POUNDS OUNCES (34) (35)
Don't know...(36) -1	Don't know...(36) -1	Don't know...(36) -1
4d. What is (CHILD)'s birth date? MONTH DAY YEAR (37) (38) MONTH DAY YEAR (39) (40) MONTH DAY YEAR (41) (42)	4d. What is (CHILD)'s birth date? MONTH DAY YEAR (37) (38) MONTH DAY YEAR (39) (40) MONTH DAY YEAR (41) (42)	4d. What is (CHILD)'s birth date? MONTH DAY YEAR (37) (38) MONTH DAY YEAR (39) (40) MONTH DAY YEAR (41) (42)
ALSO RECORD IN S.R.D. - PG 1	ALSO RECORD IN S.R.D. - PG 1	ALSO RECORD IN S.R.D. - PG 1
4e. Was the child premature, full term, or overdue? Premature..(43) -1 (ASK Q.4f) Overdue.....-2	4e. Was the child premature, full term, or overdue? Premature..(43) -1 (ASK Q.4f) Overdue.....-2	4e. Was the child premature, full term, or overdue? Premature..(43) -1 (ASK Q.4f) Overdue.....-2
Full term.....-3 (SKIP TO Q.4g) Not sure.....-4	Full term.....-3 (SKIP TO Q.4g) Not sure.....-4	Full term.....-3 (SKIP TO Q.4g) Not sure.....-4
4f. How many weeks (overdue/premature) was (CHILD)? (44) (45) weeks (GO TO Q.4g)	4f. How many weeks (overdue/premature) was (CHILD)? (44) (45) weeks (GO TO Q.4g)	4f. How many weeks (overdue/premature) was (CHILD)? (44) (45) weeks (GO TO Q.4g)

FIRST CHILD

4a. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN B.A.B. PG 1

4b. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN B.A.B. PG 1

4c. What was (CHILD)'s father's full name?

RECORD IN B.A.B. PG 1

4d. How old was you when (CHILD) was born?

Age
(1961) (1971)

4e. Were either of you using birth control at the time you became pregnant with (CHILD)?

You (YES) (NO) (Q.41)

He (YES) (NO) (Q.41)

HAND RESPONSE CARD "C"

4f. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing?

01 (YES) (NO) (Q.41)
02 (YES) (NO) (Q.41)
03 (YES) (NO) (Q.41)
04 (YES) (NO) (Q.41)
05 (YES) (NO) (Q.41)
06 (YES) (NO) (Q.41)
07 (YES) (NO) (Q.41)
08 (YES) (NO) (Q.41)
09 (YES) (NO) (Q.41)
10 (YES) (NO) (Q.41)
11 (YES) (NO) (Q.41)
12 (YES) (NO) (Q.41)

(1961) (1971)

(1961) (1971)

SECOND CHILD

5a. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN B.A.B. PG 1

5b. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN B.A.B. PG 1

5c. What was (CHILD)'s father's full name?

RECORD IN B.A.B. PG 1

5d. How old were you when (CHILD) was born?

Age
(1961) (1971)

5e. Were either of you using birth control at the time you became pregnant with (CHILD)?

You (YES) (NO) (Q.41)

He (YES) (NO) (Q.41)

HAND RESPONSE CARD "C"

4f. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing?

01 (YES) (NO) (Q.41)
02 (YES) (NO) (Q.41)
03 (YES) (NO) (Q.41)
04 (YES) (NO) (Q.41)
05 (YES) (NO) (Q.41)
06 (YES) (NO) (Q.41)
07 (YES) (NO) (Q.41)
08 (YES) (NO) (Q.41)
09 (YES) (NO) (Q.41)
10 (YES) (NO) (Q.41)
11 (YES) (NO) (Q.41)
12 (YES) (NO) (Q.41)

(1961) (1971)

(1961) (1971)

THIRD CHILD

6a. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN B.A.B. PG 1

6b. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN B.A.B. PG 1

6c. What was (CHILD)'s father's full name?

RECORD IN B.A.B. PG 1

6d. How old were you when (CHILD) was born?

Age
(1961) (1971)

6e. Were either of you using birth control at the time you became pregnant with (CHILD)?

You (YES) (NO) (Q.41)

He (YES) (NO) (Q.41)

HAND RESPONSE CARD "C"

4f. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing?

01 (YES) (NO) (Q.41)
02 (YES) (NO) (Q.41)
03 (YES) (NO) (Q.41)
04 (YES) (NO) (Q.41)
05 (YES) (NO) (Q.41)
06 (YES) (NO) (Q.41)
07 (YES) (NO) (Q.41)
08 (YES) (NO) (Q.41)
09 (YES) (NO) (Q.41)
10 (YES) (NO) (Q.41)
11 (YES) (NO) (Q.41)
12 (YES) (NO) (Q.41)

(1961) (1971)

(1961) (1971)

FIRST CHILD	SECOND CHILD	THIRD CHILD
4m. How many months did it take you to become pregnant with this child? Months (61) (62) Less than 1 month. (63) ☐ -1 Wasn't trying..... ☐ -2 4n. Did (CHILD) have any birth defects? Yes. (64) ☐ -1 (ASK Q.4n) No..... ☐ -2 (SKIP TO Q.4p) 4o. What kind of birth defects did (s)he have? Any others? _____ _____ _____ 4p. Was (CHILD) ever diagnosed as having cancer? Yes. (65) ☐ -1 (ASK Q.4p) No..... ☐ -2 (SKIP TO Q.4s) 4q. In what month and year was the diagnosis made? MONTH YEAR - (66) (67) (68) (69) 4r. What kind of cancer was diagnosed? Not sure.. (70) ☐ -1 (GO TO Q.4s) 01 79-80	5m. How many months did it take you to become pregnant with this child? Months (61) (62) Less than 1 month. (63) ☐ -1 Wasn't trying..... ☐ -2 5n. Did (CHILD) have any birth defects? Yes. (64) ☐ -1 (ASK Q.5n) No..... ☐ -2 (SKIP TO Q.5p) 5o. What kind of birth defects did (s)he have? Any others? _____ _____ _____ 5p. Was (CHILD) ever diagnosed as having cancer? Yes. (65) ☐ -1 (ASK Q.5p) No..... ☐ -2 (SKIP TO Q.5s) 5q. In what month and year was the diagnosis made? MONTH YEAR - (66) (67) (68) (69) 5r. What kind of cancer was diagnosed? Not sure.. (70) ☐ -1 (GO TO Q.5s) 02 79-80	6m. How many months did it take you to become pregnant with this child? Months (61) (62) Less than 1 month. (63) ☐ -1 Wasn't trying..... ☐ -2 6n. Did (CHILD) have any birth defects? Yes. (64) ☐ -1 (ASK Q.6n) No..... ☐ -2 (SKIP TO Q.6p) 6o. What kind of birth defects did (s)he have? Any others? _____ _____ _____ 6p. Was (CHILD) ever diagnosed as having cancer? Yes. (65) ☐ -1 (ASK Q.6p) No..... ☐ -2 (SKIP TO Q.6s) 6q. In what month and year was the diagnosis made? MONTH YEAR - (66) (67) (68) (69) 6r. What kind of cancer was diagnosed? Not sure.. (70) ☐ -1 (GO TO Q.6s) 03 79-80

FIRST CHILD	SECOND CHILD	THIRD CHILD
4a. (Does/Did)(CHILD) have a diagnosed learning disability?	5a. (Does/Did)(CHILD) have a diagnosed learning disability?	6a. (Does/Did)(CHILD) have a diagnosed learning disability?
Yes.(12(-1 (ASK Q.4t)	Yes.(12(-1 (ASK Q.5t)	Yes.(12(-1 (ASK Q.6t)
No.....-2 (SKIP TO Q.4u)	No.....-2 (SKIP TO Q.5u)	No.....-2 (SKIP TO Q.6u)
4t. What kind of learning disability (does/did) (s)he have?	5t. What kind of learning disability (does/did) (s)he have?	6t. What kind of learning disability (does/did) (s)he have?
4u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?	5u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?	6u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?
Yes.(13(-1 (ASK Q.4v)	Yes.(13(-1 (ASK Q.5v)	Yes.(13(-1 (ASK Q.6v)
No.....-2 (SKIP TO Q.4w)	No.....-2 (SKIP TO Q.5w)	No.....-2 (SKIP TO Q.6w)
4v. What kind of impairment (does/did) (s)he have?	5v. What kind of impairment (does/did) (s)he have?	6v. What kind of impairment (does/did) (s)he have?
IF CHILD IS DEAD: CONTINUE (OTHERWISE: SKIP TO Q.4w)	IF CHILD IS DEAD: CONTINUE (OTHERWISE: SKIP TO Q.5w)	IF CHILD IS DEAD: CONTINUE (OTHERWISE: SKIP TO Q.6w)
4w. On what date did (CHILD) die?	5w. On what date did (CHILD) die?	6w. On what date did (CHILD) die?
MONTH DAY YEAR (14) (15) (16) (17) (18) (19)	MONTH DAY YEAR (14) (15) (16) (17) (18) (19)	MONTH DAY YEAR (14) (15) (16) (17) (18) (19)
4x. What was the cause of death?	5x. What was the cause of death?	6x. What was the cause of death?
4y. Where is (CHILD)'s death registered? In what city and state is that?	5y. Where is (CHILD)'s death registered? In what city and state is that?	6y. Where is (CHILD)'s death registered? In what city and state is that?
RECORD IN A.R.B. PG 1	RECORD IN A.R.B. PG 1	RECORD IN A.R.B. PG 1
(GO TO Q.4z)	(GO TO Q.5z)	(GO TO Q.6z)

FIRST CHILD	SECOND CHILD	THIRD CHILD
4z. Did you smoke on a fairly regular basis during this pregnancy?	5z. Did you smoke on a fairly regular basis during this pregnancy?	6z. Did you smoke on a fairly regular basis during this pregnancy?
Yes..(20(-1 (ASK Q.4aa)	Yes..(20(-1 (ASK Q.5aa)	Yes..(20(-1 (ASK Q.6aa)
No.....-2 (SKIP TO NEXT CHILD)	No.....-2 (SKIP TO NEXT CHILD)	No.....-2 (SKIP TO NEXT CHILD)
4aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.	5aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.	6aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.
Packs (21) (22)	Packs (21) (22)	Packs (21) (22)
Less than one pack..(23(-1	Less than one pack..(23(-1	Less than one pack..(23(-1
4bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?	5bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?	6bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?
Yes..(24(-1 (ASK Q.4cc)	Yes..(24(-1 (ASK Q.5cc)	Yes..(24(-1 (ASK Q.6cc)
No.....-2 (GO TO NEXT CHILD)	No.....-2 (GO TO NEXT CHILD)	No.....-2 (GO TO NEXT CHILD)
4cc. About how many drinks a week would you say that you had during this pregnancy?	5cc. About how many drinks a week would you say that you had during this pregnancy?	6cc. About how many drinks a week would you say that you had during this pregnancy?
drinks (25) (26)	drinks (25) (26)	drinks (25) (26)
01 79-80	02 79-80	03 79-80
(GO TO NEXT CHILD)	(GO TO NEXT CHILD)	(RECORD ADDITIONAL CHILDREN IN S.R.B. PAGE 4)

CARD 007

IF ANY CHILDREN: ASK Q.7.
IF NO CHILDREN: SKIP TO Q.8.

7. Did you and (STUDY RESPONDENT) have the number of children you planned on?

Yes.....(12(-1 } (SKIP TO Q.9)
No.....-2 }

8. Did you and (STUDY RESPONDENT) plan to have children?

Yes.....(13(-1
No.....-2

9a. Did you and (STUDY RESPONDENT) ever try for a period of a year or more to conceive a child without being able to?

Yes.....(14) _____ -1 (ASK Q.9b)

No..... _____ -2 (SKIP TO Q.11)

9b. For how many periods of one year or more did this happen?

--	--

 periods
(15) (16)

Not sure.....(17) _____ -1

FIRST PERIOD

10a. In what month and year did the first period begin? And in what month and year did it end?

FROM
MONTH YEAR

--	--

 -

--	--

(18) (19) (20) (21)
TO
MONTH YEAR

--	--

 -

--	--

(22) (23) (24) (25)

10b. How old were you in (BEGINNING DATE OF PERIOD)?

--	--

 AGE
(26) (27)

10c. During this period did either of you see a doctor to discuss any difficulties in conceiving children?

Yes.....(28) _____ -1
No..... _____ -2

(GO TO NEXT PERIOD)

SECOND PERIOD

10d. In what month and year did the second period begin? And in what month and year did it end?

FROM
MONTH YEAR

--	--

 -

--	--

(18) (19) (20) (21)
TO
MONTH YEAR

--	--

 -

--	--

(22) (23) (24) (25)

10e. How old were you in (BEGINNING DATE OF PERIOD)?

--	--

 AGE
(26) (27)

10f. During this period did either of you see a doctor to discuss any difficulties in conceiving children?

Yes.....(28) _____ -1
No..... _____ -2

02
79-80

(GO TO NEXT PERIOD)

THIRD PERIOD

10g. In what month and year did the third period begin? And in what month and year did it end?

FROM
MONTH YEAR

--	--

 -

--	--

(18) (19) (20) (21)
TO
MONTH YEAR

--	--

 -

--	--

(22) (23) (24) (25)

10h. How old were you in (BEGINNING DATE OF PERIOD)?

--	--

 AGE
(26) (27)

10i. During this period did either of you see a doctor to discuss any difficulties in conceiving children?

Yes.....(28) _____ -1
No..... _____ -2

03
79-80

(RECORD ADDITIONAL PERIODS
IN S.R.B. PAGE 19)

11. Did you ever have difficulties in conceiving a child with any other husband or partner?

Yes.....(29) _____ -1
No..... _____ -2
No other husband/
partner..... _____ -3

01
79-80

1. 2. 3. 4. 5. 6. 7. 8. 9. 10. 11. 12. 13. 14. 15. 16. 17. 18. 19. 20. 21. 22. 23. 24. 25. 26. 27. 28. 29. 30. 31. 32. 33. 34. 35. 36. 37. 38. 39. 40. 41. 42. 43. 44. 45. 46. 47. 48. 49. 50. 51. 52. 53. 54. 55. 56. 57. 58. 59. 60. 61. 62. 63. 64. 65. 66. 67. 68. 69. 70. 71. 72. 73. 74. 75. 76. 77. 78. 79. 80. 81. 82. 83. 84. 85. 86. 87. 88. 89. 90. 91. 92. 93. 94. 95. 96. 97. 98. 99. 100. 101. 102. 103. 104. 105. 106. 107. 108. 109. 110. 111. 112. 113. 114. 115. 116. 117. 118. 119. 120. 121. 122. 123. 124. 125. 126. 127. 128. 129. 130. 131. 132. 133. 134. 135. 136. 137. 138. 139. 140. 141. 142. 143. 144. 145. 146. 147. 148. 149. 150. 151. 152. 153. 154. 155. 156. 157. 158. 159. 160. 161. 162. 163. 164. 165. 166. 167. 168. 169. 170. 171. 172. 173. 174. 175. 176. 177. 178. 179. 180. 181. 182. 183. 184. 185. 186. 187. 188. 189. 190. 191. 192. 193. 194. 195. 196. 197. 198. 199. 200. 201. 202. 203. 204. 205. 206. 207. 208. 209. 210. 211. 212. 213. 214. 215. 216. 217. 218. 219. 220. 221. 222. 223. 224. 225. 226. 227. 228. 229. 230. 231. 232. 233. 234. 235. 236. 237. 238. 239. 240. 241. 242. 243. 244. 245. 246. 247. 248. 249. 250. 251. 252. 253. 254. 255. 256. 257. 258. 259. 260. 261. 262. 263. 264. 265. 266. 267. 268. 269. 270. 271. 272. 273. 274. 275. 276. 277. 278. 279. 280. 281. 282. 283. 284. 285. 286. 287. 288. 289. 290. 291. 292. 293. 294. 295. 296. 297. 298. 299. 300. 301. 302. 303. 304. 305. 306. 307. 308. 309. 310. 311. 312. 313. 314. 315. 316. 317. 318. 319. 320. 321. 322. 323. 324. 325. 326. 327. 328. 329. 330. 331. 332. 333. 334. 335. 336. 337. 338. 339. 340. 341. 342. 343. 344. 345. 346. 347. 348. 349. 350. 351. 352. 353. 354. 355. 356. 357. 358. 359. 360. 361. 362. 363. 364. 365. 366. 367. 368. 369. 370. 371. 372. 373. 374. 375. 376. 377. 378. 379. 380. 381. 382. 383. 384. 385. 386. 387. 388. 389. 390. 391. 392. 393. 394. 395. 396. 397. 398. 399. 400. 401. 402. 403. 404. 405. 406. 407. 408. 409. 410. 411. 412. 413. 414. 415. 416. 417. 418. 419. 420. 421. 422. 423. 424. 425. 426. 427. 428. 429. 430. 431. 432. 433. 434. 435. 436. 437. 438. 439. 440. 441. 442. 443. 444. 445. 446. 447. 448. 449. 450. 451. 452. 453. 454. 455. 456. 457. 458. 459. 460. 461. 462. 463. 464. 465. 466. 467. 468. 469. 470. 471. 472. 473. 474. 475. 476. 477. 478. 479. 480. 481. 482. 483. 484. 485. 486. 487. 488. 489. 490. 491. 492. 493. 494. 495. 496. 497. 498. 499. 500. 501. 502. 503. 504. 505. 506. 507. 508. 509. 510. 511. 512. 513. 514. 515. 516. 517. 518. 519. 520. 521. 522. 523. 524. 525. 526. 527. 528. 529. 530. 531. 532. 533. 534. 535. 536. 537. 538. 539. 540. 541. 542. 543. 544. 545. 546. 547. 548. 549. 550. 551. 552. 553. 554. 555. 556. 557. 558. 559. 560. 561. 562. 563. 564. 565. 566. 567. 568. 569. 570. 571. 572. 573. 574. 575. 576. 577. 578. 579. 580. 581. 582. 583. 584. 585. 586. 587. 588. 589. 590. 591. 592. 593. 594. 595. 596. 597. 598. 599. 600. 601. 602. 603. 604. 605. 606. 607. 608. 609. 610. 611. 612. 613. 614. 615. 616. 617. 618. 619. 620. 621. 622. 623. 624. 625. 626. 627. 628. 629. 630. 631. 632. 633. 634. 635. 636. 637. 638. 639. 640. 641. 642. 643. 644. 645. 646. 647. 648. 649. 650. 651. 652. 653. 654. 655. 656. 657. 658. 659. 660. 661. 662. 663. 664. 665. 666. 667. 668. 669. 670. 671. 672. 673. 674. 675. 676. 677. 678. 679. 680. 681. 682. 683. 684. 685. 686. 687. 688. 689. 690. 691. 692. 693. 694. 695. 696. 697. 698. 699. 700. 701. 702. 703. 704. 705. 706. 707. 708. 709. 710. 711. 712. 713. 714. 715. 716. 717. 718. 719. 720. 721. 722. 723. 724. 725. 726. 727. 728. 729. 730. 731. 732. 733. 734. 735. 736. 737. 738. 739. 740. 741. 742. 743. 744. 745. 746. 747. 748. 749. 750. 751. 752. 753. 754. 755. 756. 757. 758. 759. 760. 761. 762. 763. 764. 765. 766. 767. 768. 769. 770. 771. 772. 773. 774. 775. 776. 777. 778. 779. 780. 781. 782. 783. 784. 785. 786. 787. 788. 789. 790. 791. 792. 793. 794. 795. 796. 797. 798. 799. 800. 801. 802. 803. 804. 805. 806. 807. 808. 809. 810. 811. 812. 813. 814. 815. 816. 817. 818. 819. 820. 821. 822. 823. 824. 825. 826. 827. 828. 829. 830. 831. 832. 833. 834. 835. 836. 837. 838. 839. 840. 84

[illegible]

13. Now I'd like to know about any other pregnancies you had that did not end in live birth -- that is, any pregnancies that ended in miscarriage, stillbirth, or abortion. Did you ever have a pregnancy that ended in miscarriage, stillbirth, or abortion?

Yes.....(12).....-1 (ASK Q.14)

No.....-2 } (SKIP TO Q.18a)
Not sure.....-3 }

14. How many such pregnancies did you have?

Number
(13) (14)

PREGNANCY 1

15a. In what month and year did the first such pregnancy end?

MONTH YEAR
 -
(15) (16) (17) (18)

15b. Did this pregnancy end in a miscarriage, stillbirth, or abortion?

Miscarriage..(19).....-1
Stillbirth.....-2
Abortion.....-3

15c. After how many weeks did the pregnancy end?

Weeks
(20) (21)

15d. How old were you at that time?

(WRITE IN AGE)
(22) (23)

15e. Was (STUDY RESPONDENT) your partner in this pregnancy?

Yes.(24).....-1
No.....-2

15f. Were either of you using birth control at the time you became pregnant?

Yes.(25).....-1 (ASK Q.15g)
No.....-2 (SKIP TO Q.15h)

(GO TO Q.15 h/h)

PREGNANCY 2

16a. In what month and year did the next such pregnancy end?

MONTH YEAR
 -
(15) (16) (17) (18)

16b. Did this pregnancy end in a miscarriage, stillbirth, or abortion?

Miscarriage..(19).....-1
Stillbirth.....-2
Abortion.....-3

16c. After how many weeks did the pregnancy end?

Weeks
(20) (21)

16d. How old were you at that time?

(WRITE IN AGE)
(22) (23)

16e. Was (STUDY RESPONDENT) your partner in this pregnancy?

Yes (24).....-1
No.....-2

16f. Were either of you using birth control at the time you became pregnant?

Yes.(25).....-1 (ASK Q.16g)
No.....-2 (SKIP TO Q.16h)

(GO TO Q.16g/h)

PREGNANCY 3

17a. In what month and year did the next such pregnancy end?

MONTH YEAR
 -
(15) (16) (17) (18)

17b. Did this pregnancy end in a miscarriage, stillbirth, or abortion?

Miscarriage..(19).....-1
Stillbirth.....-2
Abortion.....-3

17c. After how many weeks did the pregnancy end?

Weeks
(20) (21)

17d. How old were you at that time?

(WRITE IN AGE)
(22) (23)

17e. Was (STUDY RESPONDENT) your partner in this pregnancy?

Yes.(24).....-1
No.....-2

17f. Were either of you using birth control at the time you became pregnant?

Yes.(25).....-1 (ASK Q.17g)
No.....-2 (SKIP TO Q.17h)

(GO TO Q.17g/h)

PREGNANCY 1

PREGNANCY 2

PREGNANCY 3

HAND RESPONDENT CARD "C"

15g. Please look at this card and tell me all the numbers that apply to the types of birth control you or your partner were using.

01.(26(-1 06.(31(-1
02.(27(-1 07.(32(-1
03.(28(-1 08.(33(-1
04.(29(-1 09.(34(-1
05.(30(-1 10.(35(-1
11.(36(-1

12 (SPECIFY)

. (37(-1

15h. How many months did it take you to become pregnant this time?

Months
(38) (39)

Less than 1 month.(40(-1
Wasn't trying. -2

15i. (IF MISCARRIAGE OR STILLBIRTH IN Q.15b, ASK Q.15i. IF ABORTION IN Q.15b, SKIP TO Q.15m)

Did a doctor tell you why this (miscarriage/stillbirth) might have occurred?

Yes.(41(-1 (ASK Q.15j)
No..... -2 (SKIP TO Q.15n)

15j. What did the doctor say caused the (miscarriage/stillbirth)?

[RECORD IN S.R.B. - PG 3]

15L. In what month and year was that?

[RECORD IN S.R.B. - PG 3]

(SKIP TO Q.5b)

(GO TO NEXT PAGE)

HAND RESPONDENT CARD "C"

16g. Please look at this card and tell me all the numbers that apply to the types of birth control you or your partner were using.

01.(26(-1 06.(31(-1
02.(27(-1 07.(32(-1
03.(28(-1 08.(33(-1
04.(29(-1 09.(34(-1
05.(30(-1 10.(35(-1
11.(36(-1

12 (SPECIFY)

. (37(-1

16h. How many months did it take you to become pregnant this time?

Months
(38) (39)

Less than 1 month.(40(-1
Wasn't trying..... -2

16i. (IF MISCARRIAGE OR STILLBIRTH IN Q.16b, ASK Q.16i. IF ABORTION IN Q.16b, SKIP TO Q.16m)

Did a doctor tell you why this (miscarriage/stillbirth) might have occurred?

Yes.(41(-1 (ASK Q.16j)
No..... -2 (SKIP TO Q.16n)

16j. What did the doctor say caused the (miscarriage/stillbirth)?

[RECORD IN S.R.B. - PG 3]

16L. In what month and year was that?

[RECORD IN S.R.B. - PG 3]

(SKIP TO Q.6a)

(GO TO NEXT PAGE)

HAND RESPONDENT CARD "C"

17g. Please look at this card and tell me all the numbers that apply to the types of birth control you or your partner were using.

01.(26(-1 06.(31(-1
02.(27(-1 07.(32(-1
03.(28(-1 08.(33(-1
04.(29(-1 09.(34(-1
05.(30(-1 10.(35(-1
11.(36(-1

12 (SPECIFY)

. (37(-1

17h. How many months did it take you to become pregnant this time?

Months
(38) (39)

Less than 1 month.(40(-1
Wasn't trying..... -2

17i. (IF MISCARRIAGE OR STILLBIRTH IN Q.17b, ASK Q.17i. IF ABORTION IN Q.17b, SKIP TO Q.17m)

Did a doctor tell you why this (miscarriage/stillbirth) might have occurred?

Yes.(41(-1 (ASK Q.17j)
No..... -2 (SKIP TO Q.17n)

17j. What did the doctor say caused the (miscarriage/stillbirth)?

[RECORD IN S.R.B. - PG 3]

17L. In what month and year was that?

[RECORD IN S.R.B. - PG 3]

(SKIP TO Q.7a)

(GO TO NEXT PAGE)

| PREGNANCY 1 | PREGNANCY 2 | PREGNANCY 3 |
|---|---|---|
| 15m. What was the main reason for the abortion? | 16m. What was the main reason for the abortion? | 17m. What was the main reason for the abortion? |
| | | |
| 15n. Did you smoke cigarettes on a fairly regular basis during this pregnancy? | 16n. Did you smoke cigarettes on a fairly regular basis during this pregnancy? | 17n. Did you smoke cigarettes on a fairly regular basis during this pregnancy? |
| Yes..(42) -1 (ASK Q.15o) | Yes..(42) -1 (ASK Q.16o) | Yes..(42) -1 (ASK Q.17o) |
| No.....-2 (SKIP TO Q.15p) | No.....-2 (SKIP TO Q.16p) | No.....-2 (SKIP TO Q.17p) |
| 15o. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes. | 16o. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes. | 17o. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes. |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Packs</div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> (43) (44) </div> | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Packs</div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> (43) (44) </div> | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Packs</div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> (43) (44) </div> |
| Less than one pack..(45) -1 | Less than one pack..(45) -1 | Less than one pack..(45) -1 |
| 15p. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy? | 16p. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy? | 17p. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy? |
| Yes..(46) -1 (ASK Q.15q) | Yes..(46) -1 (ASK Q.16q) | Yes..(46) -1 (ASK Q.17q) |
| No.....-2 (GO TO NEXT PREGNANCY) | No.....-2 (GO TO NEXT PREGNANCY) | No.....-2 (GO TO NEXT PREGNANCY) |
| 15q. About how many drinks a week would you say that you had during this pregnancy? | 16q. About how many drinks a week would you say that you had during this pregnancy? | 17q. About how many drinks a week would you say that you had during this pregnancy? |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>drinks</div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> (47) (48) </div> | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>drinks</div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> (47) (48) </div> | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>drinks</div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> (47) (48) </div> |
| 01
79-80 | 02
79-80 | 03
79-80 |
| (GO TO NEXT PREGNANCY) | (GO TO NEXT PREGNANCY) | (RECORD ADDITIONAL PREGNANCIES IN N.R.R. PAGE 20) |

CARD

B12039

100. We would like your comment on the doctors and medical facilities you mentioned during this interview to provide medical records to the Air Force Health Survey. These records will help us obtain more detailed information about the health services you talked about.

TURN TO A.R.D. PH 3. ENTER NAMES OF MEDICAL PROVIDERS ON APPROPRIATE PERMISSION FORMS AND RETURN TO SIGN DATA FORM

FOR EACH SIGNED FORM, ASK:

101. What is the current address of this facility?

Thank you for participating in the Air Force Health Study!

END INTERVIEW PHASE

100-0001

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

FOR OFFICE USE ONLY:

Case No. : _____

Study No. 812039

| |
|--|
| O.M.B. NUMBER
0701-0033
Approval Expires
11/30/82 |
|--|

Respondent #: _____

CONFIDENTIAL

AIR FORCE HEALTH SURVEY
SUPPLEMENTAL RECORDING BOOK
SPOUSE QUESTIONNAIRE

| DATE | DESCRIPTION | AMOUNT | CHECK NO. | BANK | INITIALS |
|---------|-------------|--------|-----------|------|----------|
| 1/1/50 | ... | ... | ... | ... | ... |
| 1/2/50 | ... | ... | ... | ... | ... |
| 1/3/50 | ... | ... | ... | ... | ... |
| 1/4/50 | ... | ... | ... | ... | ... |
| 1/5/50 | ... | ... | ... | ... | ... |
| 1/6/50 | ... | ... | ... | ... | ... |
| 1/7/50 | ... | ... | ... | ... | ... |
| 1/8/50 | ... | ... | ... | ... | ... |
| 1/9/50 | ... | ... | ... | ... | ... |
| 1/10/50 | ... | ... | ... | ... | ... |
| 1/11/50 | ... | ... | ... | ... | ... |
| 1/12/50 | ... | ... | ... | ... | ... |
| 1/13/50 | ... | ... | ... | ... | ... |
| 1/14/50 | ... | ... | ... | ... | ... |
| 1/15/50 | ... | ... | ... | ... | ... |
| 1/16/50 | ... | ... | ... | ... | ... |
| 1/17/50 | ... | ... | ... | ... | ... |
| 1/18/50 | ... | ... | ... | ... | ... |
| 1/19/50 | ... | ... | ... | ... | ... |
| 1/20/50 | ... | ... | ... | ... | ... |
| 1/21/50 | ... | ... | ... | ... | ... |
| 1/22/50 | ... | ... | ... | ... | ... |
| 1/23/50 | ... | ... | ... | ... | ... |
| 1/24/50 | ... | ... | ... | ... | ... |
| 1/25/50 | ... | ... | ... | ... | ... |
| 1/26/50 | ... | ... | ... | ... | ... |
| 1/27/50 | ... | ... | ... | ... | ... |
| 1/28/50 | ... | ... | ... | ... | ... |
| 1/29/50 | ... | ... | ... | ... | ... |
| 1/30/50 | ... | ... | ... | ... | ... |
| 1/31/50 | ... | ... | ... | ... | ... |
| 2/1/50 | ... | ... | ... | ... | ... |
| 2/2/50 | ... | ... | ... | ... | ... |
| 2/3/50 | ... | ... | ... | ... | ... |
| 2/4/50 | ... | ... | ... | ... | ... |
| 2/5/50 | ... | ... | ... | ... | ... |
| 2/6/50 | ... | ... | ... | ... | ... |
| 2/7/50 | ... | ... | ... | ... | ... |
| 2/8/50 | ... | ... | ... | ... | ... |
| 2/9/50 | ... | ... | ... | ... | ... |
| 2/10/50 | ... | ... | ... | ... | ... |
| 2/11/50 | ... | ... | ... | ... | ... |
| 2/12/50 | ... | ... | ... | ... | ... |
| 2/13/50 | ... | ... | ... | ... | ... |
| 2/14/50 | ... | ... | ... | ... | ... |
| 2/15/50 | ... | ... | ... | ... | ... |
| 2/16/50 | ... | ... | ... | ... | ... |
| 2/17/50 | ... | ... | ... | ... | ... |
| 2/18/50 | ... | ... | ... | ... | ... |
| 2/19/50 | ... | ... | ... | ... | ... |
| 2/20/50 | ... | ... | ... | ... | ... |
| 2/21/50 | ... | ... | ... | ... | ... |
| 2/22/50 | ... | ... | ... | ... | ... |
| 2/23/50 | ... | ... | ... | ... | ... |
| 2/24/50 | ... | ... | ... | ... | ... |
| 2/25/50 | ... | ... | ... | ... | ... |
| 2/26/50 | ... | ... | ... | ... | ... |
| 2/27/50 | ... | ... | ... | ... | ... |
| 2/28/50 | ... | ... | ... | ... | ... |
| 2/29/50 | ... | ... | ... | ... | ... |
| 2/30/50 | ... | ... | ... | ... | ... |

CASE

0-13-64 and 22-24 CHILDREN

CRILE C-79 NAME

d. BIRTHDATE g. MARRIAGE RECORDS h. CURRENT MEDICAL RECORDS i. FATHER'S FULL NAME y. DEATH RECORDS

SEVENTH First Last MONTH DAY YEAR PLACE C/S First Last Place C/S

EIGHTH First Last MONTH DAY YEAR PLACE C/S First Last Place C/S

NINTH First Last MONTH DAY YEAR PLACE C/S First Last Place C/S

TENTH First Last MONTH DAY YEAR PLACE C/S First Last Place C/S

ELEV-ENTH First Last MONTH DAY YEAR PLACE C/S First Last Place C/S

TWELFTH First Last MONTH DAY YEAR PLACE C/S First Last Place C/S

Q.15k-17k. Medical Providers -- Miscarriages/Stillbirth

| Pregnancy 1 | Pregnancy 2 | Pregnancy 3 |
|---------------------------------|---------------------------------|---------------------------------|
| 15k. Doctor/facility consulted: | 16k. Doctor/facility consulted: | 17k. Doctor/facility consulted: |
| Name _____ | Name _____ | Name _____ |
| Address _____ | Address _____ | Address _____ |
| C/S _____ | C/S _____ | C/S _____ |

Q.15L-15m.

15L.

| MONTH | | YEAR | |
|-------|------|------|------|
| 1 | 1 | 1 | 1 |
| (12) | (13) | (14) | (15) |

16L.

| MONTH | | YEAR | |
|-------|------|------|------|
| 1 | 1 | 1 | 1 |
| (16) | (17) | (18) | (19) |

17L.

| MONTH | | YEAR | |
|-------|------|------|------|
| 1 | 1 | 1 | 1 |
| (20) | (21) | (22) | (23) |

Q.20k-31k. Medical Providers -- Miscarriages/Stillbirth

| 29k. Doctor/facility consulted: | 30k. Doctor/facility consulted: | 31k. Doctor/facility consulted: |
|---------------------------------|---------------------------------|---------------------------------|
| Name _____ | Name _____ | Name _____ |
| Address _____ | Address _____ | Address _____ |
| C/S _____ | C/S _____ | C/S _____ |

Q.29L-31m.

29L.

| MONTH | | YEAR | |
|-------|------|------|------|
| 1 | 1 | 1 | 1 |
| (24) | (25) | (26) | (27) |

30L.

| MONTH | | YEAR | |
|-------|------|------|------|
| 1 | 1 | 1 | 1 |
| (28) | (29) | (30) | (31) |

31L.

| MONTH | | YEAR | |
|-------|------|------|------|
| 1 | 1 | 1 | 1 |
| (32) | (33) | (34) | (35) |

1124 1125 1126

4. 10. 1944

1980-1981, 1982-1983)

FOURTH CHILD

19g. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 1

19h. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 1

19i. What was (CHILD)'s father's full name?

RECORD IN S.R.B. PG 1

19j. How old were you when (CHILD) was born?

Age
(46) (47)

19k. Were either of you using birth control at the time you became pregnant with (CHILD)?

Yes. (48) -1 (ASK Q.19L)

No. -2 (SKIP TO Q.19m)

HAND RESPONDENT CARD "C"

19L. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing?

01.(49) -1 06.(54) -1
02.(50) -1 07.(55) -1
03.(51) -1 08.(56) -1
04.(52) -1 09.(57) -1
05.(53) -1 10.(58) -1
11.(59) -1

12 (SPECIFY)

.(60) -1

(GO TO Q.19m)

FIFTH CHILD

20g. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 1

20h. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 1

20i. What was (CHILD)'s father's full name?

RECORD IN S.R.B. PG 1

20j. How old were you when (CHILD) was born?

Age
(46) (47)

20k. Were either of you using birth control at the time you became pregnant with (CHILD)?

Yes. (48) -1 (ASK Q.20L)

No. -2 (SKIP TO Q.20m)

HAND RESPONDENT CARD "C"

20L. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing?

01.(49) -1 06.(54) -1
02.(50) -1 07.(55) -1
03.(51) -1 08.(56) -1
04.(52) -1 09.(57) -1
05.(53) -1 10.(58) -1
11.(59) -1

12 (SPECIFY)

.(60) -1

(GO TO Q.20m)

SIXTH CHILD

21g. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 1

21h. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 1

21i. What was (CHILD)'s father's full name?

RECORD IN S.R.B. PG 1

21j. How old were you when (CHILD) was born?

Age
(46) (47)

21k. Were either of you using birth control at the time you became pregnant with (CHILD)?

Yes. (48) -1 (ASK Q.21L)

No. -2 (SKIP TO Q.21m)

HAND RESPONDENT CARD "C"

21L. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing?

01.(49) -1 06.(54) -1
02.(50) -1 07.(55) -1
03.(51) -1 08.(56) -1
04.(52) -1 09.(57) -1
05.(53) -1 10.(58) -1
11.(59) -1

12 (SPECIFY)

.(60) -1

(GO TO Q.21m)

FOURTH CHILD

19m. How many months did it take you to become pregnant with this child?

Months
(81) (82)

Less than 1 month. (83) -1
Wasn't trying..... -2

19n. Did (CHILD) have any birth defects?

Yes. (84) -1 (ANK Q.19n)

No..... -2 (SKIP TO Q.19p)

19o. What kind of birth defects did (s)he have? Any others?

19p. Was (CHILD) ever diagnosed as having cancer?

Yes. (85) -1 (ANK Q.19p)

No..... -2 (SKIP TO Q.19q)

19q. In what month and year was the diagnosis made?

MONTH YEAR
(86) (87) (88) (89)

19r. What kind of cancer was diagnosed?

Not sure. (90) -1

(GO TO Q.20a)

70-80

FIFTH CHILD

20m. How many months did it take you to become pregnant with this child?

Months
(91) (92)

Less than 1 month. (93) -1
Wasn't trying..... -2

20n. Did (CHILD) have any birth defects?

Yes. (94) -1 (ANK Q.20n)

No..... -2 (SKIP TO Q.20p)

20o. What kind of birth defects did (s)he have? Any others?

20p. Was (CHILD) ever diagnosed as having cancer?

Yes. (95) -1 (ANK Q.20p)

No..... -2 (SKIP TO Q.20q)

20q. In what month and year was the diagnosis made?

MONTH YEAR
(96) (97) (98) (99)

20r. What kind of cancer was diagnosed?

Not sure. (100) -1

(GO TO Q.20a)

70-80

SIXTH CHILD

21m. How many months did it take you to become pregnant with this child?

Months
(101) (102)

Less than 1 month. (103) -1
Wasn't trying..... -2

21n. Did (CHILD) have any birth defects?

Yes. (104) -1 (ANK Q.21n)

No..... -2 (SKIP TO Q.21p)

21o. What kind of birth defects did (s)he have? Any others?

21p. Was (CHILD) ever diagnosed as having cancer?

Yes. (105) -1 (ANK Q.21p)

No..... -2 (SKIP TO Q.21q)

21q. In what month and year was the diagnosis made?

MONTH YEAR
(106) (107) (108) (109)

21r. What kind of cancer was diagnosed?

Not sure. (110) -1

(GO TO Q.20a)

70-80

| FOURTH CHILD | FIFTH CHILD | SIXTH CHILD |
|---|---|---|
| 19a. (Does/Did)(CHILD) have a diagnosed learning disability? | 20a. (Does/Did)(CHILD) have a diagnosed learning disability? | 21a. (Does/Did)(CHILD) have a diagnosed learning disability? |
| Yes. (12) -1 (ASK Q.19c) | Yes. (12) -1 (ASK Q.20c) | Yes. (12) -1 (ASK Q.21c) |
| No. -2 (SKIP TO Q.19d) | No. -2 (SKIP TO Q.20d) | No. -2 (SKIP TO Q.21d) |
| 19c. What kind of learning disability (does/did) (s)he have? | 20c. What kind of learning disability (does/did) (s)he have? | 21c. What kind of learning disability (does/did) (s)he have? |
| 19d. (Does/Did)(CHILD) have any physical, mental, or motor impairments? | 20d. (Does/Did)(CHILD) have any physical, mental, or motor impairments? | 21d. (Does/Did)(CHILD) have any physical, mental, or motor impairments? |
| Yes. (11) -1 (ASK Q.19e) | Yes. (11) -1 (ASK Q.20e) | Yes. (11) -1 (ASK Q.21e) |
| No. -2 (SKIP TO Q.19f) | No. -2 (SKIP TO Q.20f) | No. -2 (SKIP TO Q.21f) |
| 19e. What kind of impairment (does/did) (s)he have? | 20e. What kind of impairment (does/did) (s)he have? | 21e. What kind of impairment (does/did) (s)he have? |
| IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO Q.19g | IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO Q.20g | IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO Q.21g |
| 19f. On what date did (CHILD) die? | 20f. On what date did (CHILD) die? | 21f. On what date did (CHILD) die? |
| MONTH DAY YEAR
(16) (15) (14) (13) (12) (11) (10) | MONTH DAY YEAR
(16) (15) (14) (13) (12) (11) (10) | MONTH DAY YEAR
(16) (15) (14) (13) (12) (11) (10) |
| 19g. What was the cause of death? | 20g. What was the cause of death? | 21g. What was the cause of death? |
| 19h. Where is (CHILD)'s death registered? In what city and state is that? | 20h. Where is (CHILD)'s death registered? In what city and state is that? | 21h. Where is (CHILD)'s death registered? In what city and state is that? |
| RECORD TO B.B.B. Pg. 1 | RECORD TO B.B.B. Pg. 1 | RECORD TO B.B.B. Pg. 1 |
| (GO TO Q.19a) | (GO TO Q.20a) | (GO TO Q.21a) |

FOURTH CHILD

19z. Did you smoke on a fairly regular basis during this pregnancy?

Yes..(20(-1 (ASK Q.19aa)

No.....-2 (SKIP TO Q.19bb)

19aa.When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.

| | | | |
|------|------|-------|--|
| | | | |
| (21) | (22) | Packs | |

Less than one pack.(23(-1

19bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(24(-1 (ASK Q.19cc)
No.....-2 (GO TO NEXT CHILD)

19cc. About how many drinks a week would you say that you had during this pregnancy?

| | | | |
|------|------|--------|--|
| | | | |
| (25) | (26) | drinks | |

04
79-80

(GO TO NEXT CHILD)

FIFTH CHILD

20z. Did you smoke on a fairly regular basis during this pregnancy?

Yes..(20(-1 (ASK Q.20aa)

No.....-2 (SKIP TO Q.20bb)

20aa.When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.

| | | | |
|------|------|-------|--|
| | | | |
| (21) | (22) | Packs | |

Less than one pack.(23(-1

20bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(24(-1 (ASK Q.20cc)
No.....-2 (GO TO NEXT CHILD)

20cc. About how many drinks a week would you say that you had during this pregnancy?

| | | | |
|------|------|--------|--|
| | | | |
| (25) | (26) | drinks | |

05
79-80

(GO TO NEXT CHILD)

SIXTH CHILD

21z. Did you smoke on a fairly regular basis during this pregnancy?

Yes..(20(-1 (ASK Q.21aa)

No.....-2 (SKIP TO Q.21bb)

21aa.When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.

| | | | |
|------|------|-------|--|
| | | | |
| (21) | (22) | Packs | |

Less than one pack.(23(-1

21bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(24(-1 (ASK Q.21cc)
No.....-2 (GO TO NEXT CHILD)

21cc. About how many drinks a week would you say that you had during this pregnancy?

| | | | |
|------|------|--------|--|
| | | | |
| (25) | (26) | drinks | |

06
79-80

(GO TO NEXT CHILD)

Additional Children

SEVENTH CHILD

NAME

22a. How old is (CHILD) now?

| | | |
|------|------|-----|
| | | Age |
| (28) | (29) | |

Child died... (30) -1

22b. (Is/was) (CHILD) male or female?

| | |
|----------------|----|
| Male..... (31) | -1 |
| Female..... | -2 |

22c. How much did (CHILD) weigh at birth?

| POUNDS | | OUNCES | |
|--------|------|--------|------|
| | | | |
| (32) | (33) | (34) | (35) |

Don't know... (36) -1

22d. What is (CHILD)'s birth-date?

| MONTH | DAY | YEAR |
|-------|------|---------------------|
| | | |
| (37) | (38) | (39) (40) (41) (42) |

[ALSO RECORD IN S.R.B.-PG 2]

22e. Was the child premature, full term, or overdue?

| | |
|-------------------|--------------------|
| Premature (43) -1 | } (ASK Q. 22f) |
| Overdue..... -2 | |
| Full term..... -3 | } (SKIP TO Q. 22g) |
| Not sure..... -4 | |

22f. How many weeks (overdue/premature) was (CHILD)?

| | | |
|------|------|-------|
| | | weeks |
| (44) | (45) | |

(GO TO Q. 22g)

EIGHTH CHILD

NAME

23a. How old is (CHILD) now?

| | | |
|------|------|-----|
| | | Age |
| (28) | (29) | |

Child died... (30) -1

23b. (Is/was) (CHILD) male or female?

| | |
|----------------|----|
| Male..... (31) | -1 |
| Female..... | -2 |

23c. How much did (CHILD) weigh at birth?

| POUNDS | | OUNCES | |
|--------|------|--------|------|
| | | | |
| (32) | (33) | (34) | (35) |

Don't know... (36) -1

23d. What is (CHILD)'s birth-date?

| MONTH | DAY | YEAR |
|-------|------|---------------------|
| | | |
| (37) | (38) | (39) (40) (41) (42) |

[ALSO RECORD IN S.R.B.-PG 2]

23e. Was the child premature, full term, or overdue?

| | |
|-------------------|--------------------|
| Premature (43) -1 | } (ASK Q. 23f) |
| Overdue..... -2 | |
| Full term..... -3 | } (SKIP TO Q. 23g) |
| Not sure..... -4 | |

23f. How many weeks (overdue/premature) was (CHILD)?

| | | |
|------|------|-------|
| | | weeks |
| (44) | (45) | |

(GO TO Q. 23g)

NINTH CHILD

NAME

24a. How old is (CHILD) now?

| | | |
|------|------|-----|
| | | Age |
| (28) | (29) | |

Child died... (30) -1

24b. (Is/was) (CHILD) male or female?

| | |
|----------------|----|
| Male..... (31) | -1 |
| Female..... | -2 |

24c. How much did (CHILD) weigh at birth?

| POUNDS | | OUNCES | |
|--------|------|--------|------|
| | | | |
| (32) | (33) | (34) | (35) |

Don't know... (36) -1

24d. What is (CHILD)'s birth-date?

| MONTH | DAY | YEAR |
|-------|------|---------------------|
| | | |
| (37) | (38) | (39) (40) (41) (42) |

[ALSO RECORD IN S.R.B.-PG 2]

24e. Was the child premature, full term, or overdue?

| | |
|-------------------|--------------------|
| Premature (43) -1 | } (ASK Q. 24f) |
| Overdue..... -2 | |
| Full term..... -3 | } (SKIP TO Q. 24g) |
| Not sure..... -4 | |

24f. How many weeks (overdue/premature) was (CHILD)?

| | | |
|------|------|-------|
| | | weeks |
| (44) | (45) | |

(GO TO Q. 24g)

| SEVENTH CHILD | EIGHTH CHILD | NINTH CHILD |
|---|---|---|
| 22g. Where are (CHILD)'s birth registration records located? In what city and state is that?
[RECORD IN S.R.B. PG. 2] | 22g. Where are (CHILD)'s birth registration records located? In what city and state is that?
[RECORD IN S.R.B. PG. 2] | 24g. Where are (CHILD)'s birth registration records located? In what city and state is that?
[RECORD IN S.R.B. PG. 2] |
| 22h. Where are (CHILD)'s current medical records located? In what city and state is that?
[RECORD IN S.R.B. PG. 2] | 23h. Where are (CHILD)'s current medical records located? In what city and state is that?
[RECORD IN S.R.B. PG. 2] | 24h. Where are (CHILD)'s current medical records located? In what city and state is that?
[RECORD IN S.R.B. PG. 2] |
| 22i. What was (CHILD)'s father's full name?
[RECORD IN S.R.B. PG. 2] | 23i. What was (CHILD)'s father's full name?
[RECORD IN S.R.B. PG. 2] | 24i. What was (CHILD)'s father's full name?
[RECORD IN S.R.B. PG. 2] |
| 22j. How old were you when (CHILD) was born?
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Age</div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> (46) (47) </div> | 23j. How old were you when (CHILD) was born?
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Age</div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> (46) (47) </div> | 24j. How old were you when (CHILD) was born?
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Age</div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> (46) (47) </div> |
| 22k. Were either of you using birth control at the time you became pregnant with (CHILD)?
Yes.(48(-1 (ASK Q.22L)
No..... -2 (SKIP TO Q.22m) | 23k. Were either of you using birth control at the time you became pregnant with (CHILD)?
Yes.(48(-1 (ASK Q.23L)
No..... -2 (SKIP TO Q.23m) | 24k. Were either of you using birth control at the time you became pregnant with (CHILD)?
Yes.(48(-1 (ASK Q.24L)
No..... -2 (SKIP TO Q.24m) |
| HAND RESPONDENT CARD "C"
22L. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing?
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">01.(49(-1</div> <div style="width: 50%;">06.(54(-1</div> <div style="width: 50%;">02.(50(-1</div> <div style="width: 50%;">07.(55(-1</div> <div style="width: 50%;">03.(51(-1</div> <div style="width: 50%;">08.(56(-1</div> <div style="width: 50%;">04.(52(-1</div> <div style="width: 50%;">09.(57(-1</div> <div style="width: 50%;">05.(53(-1</div> <div style="width: 50%;">10.(58(-1</div> <div style="width: 50%;">11.(59(-1</div> </div> 12 (SPECIFY)
.....(60(-1
(GO TO Q.22m) | HAND RESPONDENT CARD "C"
23L. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing?
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">01.(49(-1</div> <div style="width: 50%;">06.(54(-1</div> <div style="width: 50%;">02.(50(-1</div> <div style="width: 50%;">07.(55(-1</div> <div style="width: 50%;">03.(51(-1</div> <div style="width: 50%;">08.(56(-1</div> <div style="width: 50%;">04.(52(-1</div> <div style="width: 50%;">09.(57(-1</div> <div style="width: 50%;">05.(53(-1</div> <div style="width: 50%;">10.(58(-1</div> <div style="width: 50%;">11.(59(-1</div> </div> 12 (SPECIFY)
.....(60(-1
(GO TO Q.23m) | HAND RESPONDENT CARD "C"
24L. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing?
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">01.(49(-1</div> <div style="width: 50%;">06.(54(-1</div> <div style="width: 50%;">02.(50(-1</div> <div style="width: 50%;">07.(55(-1</div> <div style="width: 50%;">03.(51(-1</div> <div style="width: 50%;">08.(56(-1</div> <div style="width: 50%;">04.(52(-1</div> <div style="width: 50%;">09.(57(-1</div> <div style="width: 50%;">05.(53(-1</div> <div style="width: 50%;">10.(58(-1</div> <div style="width: 50%;">11.(59(-1</div> </div> 12 (SPECIFY)
.....(60(-1
(GO TO Q.24m) |

| SEVENTH CHILD | EIGHTH CHILD | NINTH CHILD |
|---|---|---|
| 22m. How many months did it take you to become pregnant with this child? | 23m. How many months did it take you to become pregnant with this child? | 24m. How many months did it take you to become pregnant with this child? |
| <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-around; width: 100px;"> (61) (62) </div> Months | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-around; width: 100px;"> (61) (62) </div> Months | <div style="border: 1px solid black; width: 100px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-around; width: 100px;"> (61) (62) </div> Months |
| Less than 1 month. (63) _____ -1
Wasn't trying. -2 | Less than 1 month. (63) _____ -1
Wasn't trying. -2 | Less than 1 month. (63) _____ -1
Wasn't trying. -2 |
| 22n. Did (CHILD) have any birth defects? | 23n. Did (CHILD) have any birth defects? | 24n. Did (CHILD) have any birth defects? |
| Yes. (64) _____ -1 (ASK Q.22o) | Yes. (64) _____ -1 (ASK Q.23o) | Yes. (64) _____ -1 (ASK Q.24o) |
| No. -2 (SKIP TO Q.22p) | No. -2 (SKIP TO Q.23p) | No. -2 (SKIP TO Q.24p) |
| 22o. What kind of birth defects did (s)he have?
Any others? | 23o. What kind of birth defects did (s)he have?
Any others? | 24o. What kind of birth defects did (s)he have?
Any others? |
| | | |
| 22p. Was (CHILD) ever diagnosed as having cancer? | 23p. Was (CHILD) ever diagnosed as having cancer? | 24p. Was (CHILD) ever diagnosed as having cancer? |
| Yes. (65) _____ -1 (ASK Q.22q) | Yes. (65) _____ -1 (ASK Q.23q) | Yes. (65) _____ -1 (ASK Q.24q) |
| No. -2 (SKIP TO Q.22s) | No. -2 (SKIP TO Q.23s) | No. -2 (SKIP TO Q.24s) |
| 22q. In what month and year was the diagnosis made? | 23q. In what month and year was the diagnosis made? | 24q. In what month and year was the diagnosis made? |
| <div style="display: flex; justify-content: space-around;"> <div> MONTH
 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-around; width: 40px;"> (66) (67) </div> </div> <div> YEAR
 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-around; width: 40px;"> (68) (69) </div> </div> </div> | <div style="display: flex; justify-content: space-around;"> <div> MONTH
 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-around; width: 40px;"> (66) (67) </div> </div> <div> YEAR
 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-around; width: 40px;"> (68) (69) </div> </div> </div> | <div style="display: flex; justify-content: space-around;"> <div> MONTH
 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-around; width: 40px;"> (66) (67) </div> </div> <div> YEAR
 <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="display: flex; justify-content: space-around; width: 40px;"> (68) (69) </div> </div> </div> |
| 22r. What kind of cancer was diagnosed? | 23r. What kind of cancer was diagnosed? | 24r. What kind of cancer was diagnosed? |
| Not sure. (70) _____ -1 | Not sure. (70) _____ -1 | Not sure. (70) _____ -1 |
| (GO TO Q.4s) | (GO TO Q.5s) | (GO TO Q.6s) |
| 07
79-80 | 08
79-80 | 09
79-80 |

| SEVENTH CHILD | EIGHTH CHILD | NINTH CHILD |
|---|---|---|
| 22a. (Does/Did)(CHILD) have a diagnosed learning disability? | 23a. (Does/Did)(CHILD) have a diagnosed learning disability? | 24a. (Does/Did)(CHILD) have a diagnosed learning disability? |
| Yes. (12(<u> </u> -1 (ASK Q.22t) | Yes. (12(<u> </u> -1 (ASK Q.23t) | Yes. (12(<u> </u> -1 (ASK Q.24t) |
| No. -2 (SKIP TO Q.22u) | No. -2 (SKIP TO Q.23u) | No. -2 (SKIP TO Q.24u) |
| 22t. What kind of learning disability (does/did) (s)he have? | 23t. What kind of learning disability (does/did) (s)he have? | 24t. What kind of learning disability (does/did) (s)he have? |
| | | |
| 22u. (Does/Did)(CHILD) have any physical, mental, or motor impairments? | 23u. (Does/Did)(CHILD) have any physical, mental, or motor impairments? | 24u. (Does/Did)(CHILD) have any physical, mental, or motor impairments? |
| Yes. (13(<u> </u> -1 (ASK Q.22v) | Yes. (13(<u> </u> -1 (ASK Q.23v) | Yes. (13(<u> </u> -1 (ASK Q.24v) |
| No. -2 (SKIP TO Q.22w) | No. -2 (SKIP TO Q.23w) | No. -2 (SKIP TO Q.24w) |
| 22v. What kind of impairment (does/did) (s)he have? | 23v. What kind of impairment (does/did) (s)he have? | 24v. What kind of impairment (does/did) (s)he have? |
| | | |
| IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO Q.22z | IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO Q.23z | IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO Q.24z |
| 22w. On what date did (CHILD) die? | 23w. On what date did (CHILD) die? | 24w. On what date did (CHILD) die? |
| MONTH DAY YEAR

(14) (15) (16) (17) (18) (19) | MONTH DAY YEAR

(14) (15) (16) (17) (18) (19) | MONTH DAY YEAR

(14) (15) (16) (17) (18) (19) |
| 22x. What was the cause of death? | 23x. What was the cause of death? | 24x. What was the cause of death? |
| | | |
| 22y. Where is (CHILD)'s death registered? In what city and state is that? | 23y. Where is (CHILD)'s death registered? In what city and state is that? | 24y. Where is (CHILD)'s death registered? In what city and state is that? |
| RECORD IN S.R.B. PG 2 | RECORD IN S.R.B. PG 2 | RECORD IN S.R.B. PG 2 |
| (GO TO Q.22z) | (GO TO Q.23z) | (GO TO Q.24z) |

SEVENTH CHILD

22z. Did you smoke on a fairly regular basis during this pregnancy?

Yes..(20(-1 (ASK Q.22aa)

No.....-2 (SKIP TO Q.22aa)

22aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.

Packs
(21) (22)

Less than one pack.(23(-1

22bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(24(-1 (ASK Q.22cc)
No.....-2 (GO TO NEXT CHILD)

22cc. About how many drinks a week would you say that you had during this pregnancy?

drinks
(25) (26)

07
79-80

(GO TO NEXT CHILD)

EIGHTH CHILD

23z. Did you smoke on a fairly regular basis during this pregnancy?

Yes..(20(-1 (ASK Q.23aa)

No.....-2 (SKIP TO Q.23aa)

23aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.

Packs
(21) (22)

Less than one pack.(23(-1

23bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(24(-1 (ASK Q.23cc)
No.....-2 (GO TO NEXT CHILD)

23cc. About how many drinks a week would you say that you had during this pregnancy?

drinks
(25) (26)

08
79-80

(GO TO NEXT CHILD)

NINTH CHILD

24z. Did you smoke on a fairly regular basis during this pregnancy?

Yes..(20(-1 (ASK Q.24aa)

No.....-2 (SKIP TO Q.24aa)

24aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.

Packs
(21) (22)

Less than one pack.(23(-1

24bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(24(-1 (ASK Q.24cc)
No.....-2 (GO TO NEXT CHILD)

24cc. About how many drinks a week would you say that you had during this pregnancy?

drinks
(25) (26)

09
79-80

(GO TO NEXT CHILD)

Q.25-27 Additional Children

| TENTH CHILD | ELEVENTH CHILD | TWELFTH CHILD |
|--|--|--|
| NAME: _____ | NAME: _____ | NAME: _____ |
| 25a. How old is (CHILD) now? | 26a. How old is (CHILD) now? | 27a. How old is (CHILD) now? |
| <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> Age
(28) (29) | <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> Age
(28) (29) | <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> Age
(28) (29) |
| Child died...(30(-1 | Child died...(30(-1 | Child died...(30(-1 |
| 25b. (Is/Was) (CHILD) male or female? | 26b. (Is/Was) (CHILD) male or female? | 27b. (Is/Was) (CHILD) male or female? |
| Male.....(31(-1
Female..... -2 | Male.....(31(-1
Female..... -2 | Male.....(31(-1
Female..... -2 |
| 25c. How much did (CHILD) weigh at birth? | 26c. How much did (CHILD) weigh at birth? | 27c. How much did (CHILD) weigh at birth? |
| <div style="display: flex; justify-content: space-around;"> <div>POUNDS</div> <div>OUNCES</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around;"> <div>(32) (33)</div> <div>(34) (35)</div> </div> | <div style="display: flex; justify-content: space-around;"> <div>POUNDS</div> <div>OUNCES</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around;"> <div>(32) (33)</div> <div>(34) (35)</div> </div> | <div style="display: flex; justify-content: space-around;"> <div>POUNDS</div> <div>OUNCES</div> </div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around;"> <div>(32) (33)</div> <div>(34) (35)</div> </div> |
| Don't know...(36(-1 | Don't know...(36(-1 | Don't know...(36(-1 |
| 25d. What is (CHILD)'s birth-date? | 26d. What is (CHILD)'s birth-date? | 27d. What is (CHILD)'s birth-date? |
| <div style="display: flex; justify-content: space-between;"> <div>MONTH</div> <div>DAY</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>(37) (38)</div> <div>(39) (40)</div> <div>(41) (42)</div> </div> | <div style="display: flex; justify-content: space-between;"> <div>MONTH</div> <div>DAY</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>(37) (38)</div> <div>(39) (40)</div> <div>(41) (42)</div> </div> | <div style="display: flex; justify-content: space-between;"> <div>MONTH</div> <div>DAY</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div>(37) (38)</div> <div>(39) (40)</div> <div>(41) (42)</div> </div> |
| ALSO RECORD IN S.R.B.-PG 2 | ALSO RECORD IN S.R.B.-PG 2 | ALSO RECORD IN S.R.B.-PG 2 |
| 25e. Was the child premature, full term, or overdue? | 26e. Was the child premature, full term, or overdue? | 27e. Was the child premature, full term, or overdue? |
| Premature.(43(-1 } (ASK
Overdue..... -2 } Q.25f) | Premature.(43(-1 } (ASK
Overdue..... -2 } Q.26f) | Premature.(43(-1 } (ASK
Overdue..... -2 } Q.27f) |
| Full term..... -3 } (SKIP TO
Not sure..... -4 } Q.25g) | Full term..... -3 } (SKIP TO
Not sure..... -4 } Q.26g) | Full term..... -3 } (SKIP TO
Not sure..... -4 } Q.27g) |
| 25f. How many weeks (overdue/premature) was (CHILD)? | 26f. How many weeks (overdue/premature) was (CHILD)? | 27f. How many weeks (overdue/premature) was (CHILD)? |
| <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> weeks
(44) (45) | <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> weeks
(44) (45) | <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> weeks
(44) (45) |
| (GO TO Q.25g) | (GO TO Q.26g) | (GO TO Q.27g) |

TENTH CHILD

25g. Where are (CHILD)'s birth registration records located? In what city and state is that?

[RECORD IN S.R.B. PG.]

25h. Where are (CHILD)'s current medical records located? In what city and state is that?

[RECORD IN S.R.B. PG.]

25i. What was (CHILD)'s father's full name?

[RECORD IN S.R.B. PG.]

25j. How old were you when (CHILD) was born?

Age
(46) (47)

25k. Were either of you using birth control at the time you became pregnant with (CHILD)?

Yes. (48) -1 (ASK Q.25L)

No. -2 (SKIP TO Q.25m)

[HAND RESPONDENT CARD "C"]

25L. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing?

01. (49) -1 06. (54) -1
02. (50) -1 07. (55) -1
03. (51) -1 08. (56) -1
04. (52) -1 09. (57) -1
05. (53) -1 10. (58) -1
11. (59) -1

12 (SPECIFY)

..... (60) -1

(GO TO Q.25m)

ELEVENTH CHILD

26g. Where are (CHILD)'s birth registration records located? In what city and state is that?

[RECORD IN S.R.B. PG.]

26h. Where are (CHILD)'s current medical records located? In what city and state is that?

[RECORD IN S.R.B. PG.]

26i. What was (CHILD)'s father's full name?

[RECORD IN S.R.B. PG.]

26j. How old were you when (CHILD) was born?

Age
(46) (47)

26k. Were either of you using birth control at the time you became pregnant with (CHILD)?

Yes. (48) -1 (ASK Q.26L)

No. -2 (SKIP TO Q.26m)

[HAND RESPONDENT CARD "C"]

26L. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing?

01. (49) -1 06. (54) -1
02. (50) -1 07. (55) -1
03. (51) -1 08. (56) -1
04. (52) -1 09. (57) -1
05. (53) -1 10. (58) -1
11. (59) -1

12 (SPECIFY)

..... (60) -1

(GO TO Q.26m)

TWELFTH CHILD

27g. Where are (CHILD)'s birth registration records located? In what city and state is that?

[RECORD IN S.R.B. PG.]

27h. Where are (CHILD)'s current medical records located? In what city and state is that?

[RECORD IN S.R.B. PG.]

27i. What was (CHILD)'s father's full name?

[RECORD IN S.R.B. PG.]

27j. How old were you when (CHILD) was born?

Age
(46) (47)

27k. Were either of you using birth control at the time you became pregnant with (CHILD)?

Yes. (48) -1 (ASK Q.27L)

No. -2 (SKIP TO Q.27m)

[HAND RESPONDENT CARD "C"]

27L. Please look at this card and tell me all of the numbers that apply to the types of birth control you or your partner were practicing?

01. (49) -1 06. (54) -1
02. (50) -1 07. (55) -1
03. (51) -1 08. (56) -1
04. (52) -1 09. (57) -1
05. (53) -1 10. (58) -1
11. (59) -1

12 (SPECIFY)

..... (60) -1

(GO TO Q.27m)

TENTH CHILD

25m. How many months did it take you to become pregnant with this child?

Months
(61) (62)

Less than 1 month. (63) -1
Wasn't trying..... -2

25n. Did (CHILD) have any birth defects?

Yes. (64) -1 (ASK Q.25o)

No..... -2 (SKIP TO Q.25p)

25o. What kind of birth defects did (s)he have?
Any others?

25p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65) -1 (ASK Q.25q)

No..... -2 (SKIP TO Q.25s)

25q. In what month and year was the diagnosis made?

MONTH YEAR
 -
(66) (67) (68) (69)

25r. What kind of cancer was diagnosed?

Not sure.. (70) -1

(GO TO Q.4s)

10
79-80

ELEVENTH CHILD

26m. How many months did it take you to become pregnant with this child?

Months
(61) (62)

Less than 1 month. (63) -1
Wasn't trying..... -2

26n. Did (CHILD) have any birth defects?

Yes. (64) -1 (ASK Q.26o)

No..... -2 (SKIP TO Q.26p)

26o. What kind of birth defects did (s)he have?
Any others?

26p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65) -1 (ASK Q.26q)

No..... -2 (SKIP TO Q.26s)

26q. In what month and year was the diagnosis made?

MONTH YEAR
 -
(66) (67) (68) (69)

26r. What kind of cancer was diagnosed?

Not sure.. (70) -1

(GO TO Q.5s)

11
79-80

TWELFTH CHILD

27m. How many months did it take you to become pregnant with this child?

Months
(61) (62)

Less than 1 month. (63) -1
Wasn't trying..... -2

27n. Did (CHILD) have any birth defects?

Yes. (64) -1 (ASK Q.27o)

No..... -2 (SKIP TO Q.27p)

27o. What kind of birth defects did (s)he have?
Any others?

27p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65) -1 (ASK Q.27q)

No..... -2 (SKIP TO Q.27s)

27q. In what month and year was the diagnosis made?

MONTH YEAR
 -
(66) (67) (68) (69)

27r. What kind of cancer was diagnosed?

Not sure.. (70) -1

(GO TO Q.6s)

12
79-80

| TENTH CHILD | ELEVENTH CHILD | TWELFTH CHILD |
|---|---|---|
| 25s. (Does/Did)(CHILD) have a diagnosed learning disability? | 26s. (Does/Did)(CHILD) have a diagnosed learning disability? | 27s. (Does/Did)(CHILD) have a diagnosed learning disability? |
| Yes. (12) -1 (ASK Q.25t) | Yes. (12) -1 (ASK Q.26t) | Yes. (12) -1 (ASK Q.27t) |
| No. -2 (SKIP TO Q.25u) | No. -2 (SKIP TO Q.26u) | No. -2 (SKIP TO Q.27u) |
| 25t. What kind of learning disability (does/did) (s)he have? | 26t. What kind of learning disability (does/did) (s)he have? | 27t. What kind of learning disability (does/did) (s)he have? |
| | | |
| 25u. (Does/Did)(CHILD) have any physical, mental, or motor impairments? | 26u. (Does/Did)(CHILD) have any physical, mental, or motor impairments? | 27u. (Does/Did)(CHILD) have any physical, mental, or motor impairments? |
| Yes. (13) -1 (ASK Q.25v) | Yes. (13) -1 (ASK Q.26v) | Yes. (13) -1 (ASK Q.27v) |
| No. -2 (SKIP TO Q.25w) | No. -2 (SKIP TO Q.26w) | No. -2 (SKIP TO Q.27w) |
| 25v. What kind of impairment (does/did) (s)he have? | 26v. What kind of impairment (does/did) (s)he have? | 27v. What kind of impairment (does/did) (s)he have? |
| | | |
| IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO Q.25z | IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO Q.26z | IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO Q.27z |
| 25w. On what date did (CHILD) die? | 26w. On what date did (CHILD) die? | 27w. On what date did (CHILD) die? |
| MONTH DAY YEAR | MONTH DAY YEAR | MONTH DAY YEAR |
| (14) (15) (16) (17) (18) (19) | (14) (15) (16) (17) (18) (19) | (14) (15) (16) (17) (18) (19) |
| 25x. What was the cause of death? | 26x. What was the cause of death? | 27x. What was the cause of death? |
| | | |
| 25y. Where is (CHILD)'s death registered? In what city and state is that? | 26y. Where is (CHILD)'s death registered? In what city and state is that? | 27y. Where is (CHILD)'s death registered? In what city and state is that? |
| RECORD IN S.R.B. PG 2 | RECORD IN S.R.B. PG 2 | RECORD IN S.R.B. PG 2 |
| (GO TO Q.25z) | (GO TO Q.26z) | (GO TO Q.27z) |

TENTH CHILD

25z. Did you smoke on a fairly regular basis during this pregnancy?

Yes..(20) -1 (ASK Q.25aa)

No.....-2 (SKIP TO Q.25aa)

25aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.

| | | | | |
|------|------|--|--|-------|
| | | | | Packs |
| (21) | (22) | | | |

Less than one pack..(23) -1

25bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(24) -1 (ASK Q.25cc)
No.....-2 (GO TO NEXT CHILD)

25cc. About how many drinks a week would you say that you had during this pregnancy?

| | | | | |
|------|------|--|--|--------|
| | | | | drinks |
| (25) | (26) | | | |

10
79-80

(GO TO NEXT CHILD)

ELEVENTH CHILD

26z. Did you smoke on a fairly regular basis during this pregnancy?

Yes..(20) -1 (ASK Q.26aa)

No.....-2 (SKIP TO 26aa)

26aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.

| | | | | |
|------|------|--|--|-------|
| | | | | Packs |
| (21) | (22) | | | |

Less than one pack..(23) -1

26bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(24) -1 (ASK Q.26cc)
No.....-2 (GO TO NEXT CHILD)

26cc. About how many drinks a week would you say that you had during this pregnancy?

| | | | | |
|------|------|--|--|--------|
| | | | | drinks |
| (25) | (26) | | | |

11
79-80

(GO TO NEXT CHILD)

TWELFTH CHILD

27z. Did you smoke on a fairly regular basis during this pregnancy?

Yes..(20) -1 (ASK Q.27aa)

No.....-2 (RETURN TO Q.7)

27aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.

| | | | | |
|------|------|--|--|-------|
| | | | | Packs |
| (21) | (22) | | | |

Less than one pack..(23) -1

27bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(24) -1 (ASK Q.27cc)
No.....-2 (GO TO NEXT CHILD)

27cc. About how many drinks a week would you say that you had during this pregnancy?

| | | | | |
|------|------|--|--|--------|
| | | | | drinks |
| (25) | (26) | | | |

12
79-80

(RETURN TO Q.7)

Q.28 Additional Periods of Infertility

| FOURTH PERIOD | FIFTH PERIOD | SIXTH PERIOD |
|--|--|--|
| 28a. In what month and year did the fourth period begin? And in what month and year did it end? | 28a. In what month and year did the fifth period begin? And in what month and year did it end? | 28a. In what month and year did the sixth period begin? And in what month and year did it end? |
| FROM | FROM | FROM |
| MONTH YEAR | MONTH YEAR | MONTH YEAR |
| (18) (19) (20) (21) | (18) (19) (20) (21) | (18) (19) (20) (21) |
| TO | TO | TO |
| MONTH YEAR | MONTH YEAR | MONTH YEAR |
| (22) (23) (24) (25) | (22) (23) (24) (25) | (22) (23) (24) (25) |
| 28b. How old were you in (BEGINNING DATE OF PERIOD)? | 28b. How old were you in (BEGINNING DATE OF PERIOD)? | 28b. How old were you in (BEGINNING DATE OF PERIOD)? |
| AGE | AGE | AGE |
| (26) (27) | (26) (27) | (26) (27) |
| 28c. During this period did either of you see a doctor to discuss any difficulties in conceiving children? | 28c. During this period did either of you see a doctor to discuss any difficulties in conceiving children? | 28c. During this period did either of you see a doctor to discuss any difficulties in conceiving children? |
| Yes.....(28c) -1 | Yes.....(28c) -1 | Yes.....(28c) -1 |
| No.....-2 | No.....-2 | No.....-2 |
| (GO TO NEXT PERIOD) | (GO TO NEXT PERIOD) | (RETURN TO Q.12a) |

Section 1: Abortion, Miscarriage, or Stillbirth (The Abortion)

28a. Was this pregnancy and birth a miscarriage, stillbirth, or abortion?

MONTH YEAR
1 18 1 1981
(118) (119) (120) (121)

29a. Did this pregnancy end in a miscarriage, stillbirth, or abortion?

Yes, (29a) -1
Stillbirth.....-2
Abortion.....-3

30a. After how many weeks did the pregnancy end?

1 2 weeks
(20) (21)

31a. How old were you at that time?

(WRITE IN AGE) 1 1
(22) (23)

32a. Was (STUDY RESPONDENT) your partner in this pregnancy?

Yes, (24a) -1
No.....-2

33a. Were either of you using birth control at the time you became pregnant?

Yes, (25a) -1 (ASK Q.29g)
No.....-2 (SKIP TO Q.30g)
(GO TO Q.29g/h)

28b. Was this pregnancy and birth a miscarriage, stillbirth, or abortion?

MONTH YEAR
1 18 1 1981
(118) (119) (120) (121)

29b. Did this pregnancy end in a miscarriage, stillbirth, or abortion?

Yes, (29b) -1
Stillbirth.....-2
Abortion.....-3

30b. After how many weeks did the pregnancy end?

1 2 weeks
(20) (21)

31b. How old were you at that time?

(WRITE IN AGE) 1 1
(22) (23)

32b. Was (STUDY RESPONDENT) your partner in this pregnancy?

Yes, (24b) -1
No.....-2

33b. Were either of you using birth control at the time you became pregnant?

Yes, (25b) -1 (ASK Q.30g)
No.....-2 (SKIP TO Q.30g)
(GO TO Q.30g/h)

28c. Was this pregnancy and birth a miscarriage, stillbirth, or abortion?

MONTH YEAR
1 18 1 1981
(118) (119) (120) (121)

29c. Did this pregnancy end in a miscarriage, stillbirth, or abortion?

Miscarriage.....-1
Stillbirth.....-2
Abortion.....-3

30c. After how many weeks did the pregnancy end?

1 2 weeks
(20) (21)

31c. How old were you at that time?

(WRITE IN AGE) 1 1
(22) (23)

32c. Was (STUDY RESPONDENT) your partner in this pregnancy?

Yes, (24c) -1
No.....-2

33c. Were either of you using birth control at the time you became pregnant?

Yes, (25c) -1 (ASK Q.31g)
No.....-2 (SKIP TO Q.31h)
(GO TO Q.31g/h)

| NAME: _____ | | NAME: _____ | | NAME: _____ | |
|--|--|--|--|--|--|
| <p>28c. Please look at this card and tell me all the numbers that apply to the types of birth control you or your partner were using.</p> <p>01. (28a) _____ -1 06. (28a) _____ -1
 02. (28a) _____ -1 07. (28a) _____ -1
 03. (28a) _____ -1 08. (28a) _____ -1
 09. (28a) _____ -1 10. (28a) _____ -1
 11. (28a) _____ -1 12. (28a) _____ -1</p> <p>1. (SPECIFY) _____</p> | | <p>28c. Please look at this card and tell me all the numbers that apply to the types of birth control you or your partner were using.</p> <p>01. (28a) _____ -1 06. (28a) _____ -1
 02. (28a) _____ -1 07. (28a) _____ -1
 03. (28a) _____ -1 08. (28a) _____ -1
 09. (28a) _____ -1 10. (28a) _____ -1
 11. (28a) _____ -1 12. (28a) _____ -1</p> <p>1. (SPECIFY) _____</p> | | <p>28c. Please look at this card and tell me all the numbers that apply to the types of birth control you or your partner were using.</p> <p>01. (28a) _____ -1 06. (28a) _____ -1
 02. (28a) _____ -1 07. (28a) _____ -1
 03. (28a) _____ -1 08. (28a) _____ -1
 09. (28a) _____ -1 10. (28a) _____ -1
 11. (28a) _____ -1 12. (28a) _____ -1</p> <p>1. (SPECIFY) _____</p> | |
| <p>29b. How many months did it take you to become pregnant this time?</p> <p>_____ Months
 (38) (40)</p> <p>Less than 1 month. (40) _____ -1
 Wasn't trying. (40) _____ -2</p> <p>29c. (IF MISCARRIAGE OR STILLBIRTH IN Q.29b, ASK Q.29c. IF ABORTION IN Q.29b, SKIP TO Q.29d)</p> <p>Did a doctor tell you why this (miscarriage/stillbirth) might have occurred?</p> <p>Yes. (41) _____ -1 (ASK Q.29c)
 No. (41) _____ -2 (SKIP TO Q.29d)</p> <p>29d. What did the doctor say caused the (miscarriage/stillbirth)?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>29e. What is the name of the doctor or medical facility that you consulted about this?</p> <p>RECORD IN S.R.B. - PG. 3</p> <p>29f. In what month and year was that?</p> <p>RECORD IN S.R.B. - PG. 3</p> <p>(SKIP TO Q.29h)</p> <p>(GO TO NEXT PAGE)</p> | | <p>29b. How many months did it take you to become pregnant this time?</p> <p>_____ Months
 (38) (40)</p> <p>Less than 1 month. (40) _____ -1
 Wasn't trying. (40) _____ -2</p> <p>29c. (IF MISCARRIAGE OR STILLBIRTH IN Q.29b, ASK Q.29c. IF ABORTION IN Q.29b, SKIP TO Q.30a)</p> <p>Did a doctor tell you why this (miscarriage/stillbirth) might have occurred?</p> <p>Yes. (41) _____ -1 (ASK Q.29c)
 No. (41) _____ -2 (SKIP TO Q.30a)</p> <p>29d. What did the doctor say caused the (miscarriage/stillbirth)?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>29e. What is the name of the doctor or medical facility that you consulted about this?</p> <p>RECORD IN S.R.B. - PG. 3</p> <p>29f. In what month and year was that?</p> <p>RECORD IN S.R.B. - PG. 3</p> <p>(SKIP TO Q.30a)</p> <p>(GO TO NEXT PAGE)</p> | | <p>29b. How many months did it take you to become pregnant this time?</p> <p>_____ Months
 (38) (40)</p> <p>Less than 1 month. (40) _____ -1
 Wasn't trying. (40) _____ -2</p> <p>29c. (IF MISCARRIAGE OR STILLBIRTH IN Q.31b, ASK Q.31c. IF ABORTION IN Q.31b, SKIP TO Q.31d)</p> <p>Did a doctor tell you why this (miscarriage/stillbirth) might have occurred?</p> <p>Yes. (41) _____ -1 (ASK Q.31c)
 No. (41) _____ -2 (SKIP TO Q.31d)</p> <p>29d. What did the doctor say caused the (miscarriage/stillbirth)?</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>29e. What is the name of the doctor or medical facility that you consulted about this?</p> <p>RECORD IN S.R.B. - PG. 3</p> <p>29f. In what month and year was that?</p> <p>RECORD IN S.R.B. - PG. 3</p> <p>(SKIP TO Q.31h)</p> <p>(GO TO NEXT PAGE)</p> | |

Q.29-31

PREGNANCY 4

29m. What was the main reason for the abortion?

29n. Did you smoke cigarettes on a fairly regular basis during this pregnancy?

Yes..(42) -1 (ASK Q.29n)

No.....-2 (SKIP TO Q.29p)

29o. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.

| | | | | |
|------|------|--|--|-------|
| | | | | Packs |
| (43) | (44) | | | |

Less than one pack..(45) -1

29p. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(46) -1 (ASK Q.29q)

No.....-2 (SKIP TO Q.30a)

29q. About how many drinks a week would you say that you had during this pregnancy?

| | | | | |
|------|------|--|--|--------|
| | | | | drinks |
| (47) | (48) | | | |

01
70-80

(ASK Q.30a)

PREGNANCY 5

30m. What was the main reason for the abortion?

30n. Did you smoke cigarettes on a fairly regular basis during this pregnancy?

Yes..(42) -1 (ASK Q.30n)

No.....-2 (SKIP TO Q.30p)

30o. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.

| | | | | |
|------|------|--|--|-------|
| | | | | Packs |
| (43) | (44) | | | |

Less than one pack..(45) -1

30p. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(46) -1 (ASK Q.30q)

No.....-2 (SKIP TO Q.31a)

30q. About how many drinks a week would you say that you had during this pregnancy?

| | | | | |
|------|------|--|--|--------|
| | | | | drinks |
| (47) | (48) | | | |

02
70-80

(ASK Q.31a)

PREGNANCY 6

31m. What was the main reason for the abortion?

31n. Did you smoke cigarettes on a fairly regular basis during this pregnancy?

Yes..(42) -1 (ASK Q.31n)

No.....-2 (RETURN TO Q.18a)

31o. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.

| | | | | |
|------|------|--|--|-------|
| | | | | Packs |
| (43) | (44) | | | |

Less than one pack..(45) -1

31p. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(46) -1 (ASK Q.31q)

No.....-2 (GO TO NEXT PREGNANCY)

31q. About how many drinks a week would you say that you had during this pregnancy?

| | | | | |
|------|------|--|--|--------|
| | | | | drinks |
| (47) | (48) | | | |

03
70-80

(RETURN TO Q.18a)

LOUIS HARRIS AND ASSOCIATES INC

NEW YORK NEW YORK 10011

TEL 212 691 1111 TELETYPE 212 691 1111

LOUIS HARRIS FRANCE
21 RUE VIVIENNE
75002 PARIS, FRANCE
TEL 01 260 9854 TELETYPE 200801

LOUIS HARRIS INTERNATIONAL
OPINION RESEARCH CENTRE
30 WELBECK ST
LONDON W1M 8AB ENGLAND
TEL 01 486 5151 TELETYPE 24401

Dear

Louis Harris and Associates has been asked by the United States Air Force to conduct a study of the health of Air Force pilots and servicemen who served during the Vietnam conflict. The U.S. Air Force School of Aerospace Medicine is undertaking this study in order to answer questions about possible effects of having served in Vietnam.

I have just completed an interview with Louis Harris and Associates on the United States Air Force Health Study. As part of this study, they would like to interview the former wives of study participants. You will be asked to provide information on health and health care services. It is essential to the accuracy and completeness of the study that all selected participants and their families participate in the study. Reliable information will help produce sound conclusions of vital relevance to all Vietnam veterans and their families.

I would appreciate it very much if you also would grant a representative of Louis Harris and Associates an interview. Shortly after receiving this letter, you will be called on by an interviewer from Louis Harris and Associates who, at your convenience, will either conduct the interview or set up an appointment. The interviewer will answer any questions you may have about the study.

Thank you.

Sincerely,

(SIGNATURE OF STUDY RESPONDENT)

(PRINTED NAME OF STUDY RESPONDENT)

LOUIS HARRIS AND ASSOCIATES, INC.
630 FIFTH AVENUE
NEW YORK, NEW YORK 10111

Dear

Louis Harris and Associates has been asked by the United States Air Force to conduct a study of the health of former and current Air Force servicemen who served during the Vietnam conflict. The U.S. Air Force School of Aerospace Medicine is undertaking this study in order to answer questions about possible effects of having served in Vietnam.

In order to complete the study, we need to interview both the Air Force personnel selected for this study and their wives. We have already completed an interview with your former husband and now we need your cooperation in this endeavor. The interview is quite short and should take no longer than twenty minutes to complete. The questionnaire focuses on the health of you and your family.

The validity of the results depends on the willingness of women like yourself to participate in the study. Reliable information will enable the Air Force to reach sound conclusions of vital relevance to all Vietnam veterans and their families.

A copy of the letter from the Surgeon General of the Air Force which was sent to your former husband is attached. It will explain the purpose of the study in detail. The fact sheet, which is part of this letter, includes a telephone number which you may call if you have additional questions.

One of our interviewers will be contacting you in the next two weeks to arrange an appointment. We will schedule the interview at your convenience.

Thank you for your cooperation. I hope that you will join us in this important project.

Sincerely,

Louis Harris

LOUIS HARRIS AND ASSOCIATES INC

630 FIFTH AVENUE

NEW YORK, NEW YORK 10011

TEL: (212) 975-1600 TELETYPE: 48381

LOUIS HARRIS FRANCE

21 RUE VIVIENNE

75002 PARIS, FRANCE

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LOUIS HARRIS INTERNATIONAL INC

OPINION RESEARCH CENTRE

10 WELBECK ST

LONDON W1M 8AB ENGLAND

TEL: 01-466-8181 TELEX: 24403

PRIVACY ACT STATEMENT - EPIDEMIOLOGIC STUDY

AUTHORITY: Section 133, 1071-87, 3012, 5031 and 8012, Title 10, United States Code and Executive Order 9397.

PRINCIPAL AND PURPOSE(S): The purpose of requesting personal information is to assist medical/technical personnel in developing records relative to your participation in an approved epidemiologic investigation. The Social Security Number (SSN) and Armed Forces Service Number (AFSN) are necessary to identify the person and records.

ROUTINE USES: This information will be used to initiate, coordinate, and conduct the investigation. It will be used to compile statistical data, but information allowing identification of the individual volunteer will not be included. Data and results from this investigation may be used to supplement other approved research studies conducted at the USAF School of Aerospace Medicine or at other Federal agencies engaged in the conduct of similar studies.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY, AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION: Disclosure or requested information is voluntary. If the information is not furnished, acceptance as a subject is not possible. This is an all-inclusive Privacy Act Statement which will apply to all requests for personal information made by medical/technical personnel during the time you are a volunteer subject. A copy of this form will be placed in your investigation subject folder as evidence of this notification.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

Signature of Volunteer

SSN

Date

SHOW CARD "C"

STUDY NO. 812039

- 01 Pill
- 02 Douche
- 03 Foam
- 04 Jelly, Cream, Suppository
- 05 IUD
- 06 Condom, Rubber
- 07 Diaphragm
- 08 Diaphragm and Jelly
- 09 Rhythm - Calendar
- 10 Rhythm - Temperature
- 11 Withdrawal
- 12 Other

- a. Sterility due to surgery
- b. Known sterility due to injury, accident,
or illness
- c. Sterility due to unknown causes
- d. Lack of interest in sex
- e. Other known medical/physical conditions
- f. Some other reason

LOUIS HARRIS AND ASSOCIATES, INC.

630 FIFTH AVENUE
NEW YORK, NEW YORK 10111
TEL: 212-975-1800 TELEX: 48383

LOUIS HARRIS FRANCE
21 RUE VIVIENNE
75002 PARIS, FRANCE
TEL: 01-260-9654 TELEX: 200601 F

LOUIS HARRIS INTERNATIONAL INC
OPINION RESEARCH CENTRE
30 WELBECK ST
LONDON W1M 8AB ENGLAND
TEL: 01-486-5151 TELEX: 24403

UNITED STATES AIR FORCE HEALTH STUDY

Name of Medical Provider/Medical Facility

Name of Place

Street Address

City

State

Zip

()

Phone Number

Dear Doctor or Administrator:

I am participating in a survey conducted for the United States Air Force to gather information on the health of current and former Air Force personnel and their families. As part of this survey, medical providers who have delivered health care services to me are being asked to supplement the information that I have already provided to the study.

By this statement or a photocopy of it, I hereby authorize and request you to furnish the United States Health Study with any medical information in your records on the health services received by me, _____ in connection with a birth on _____ . Related health care was provided during the period _____ to _____ .

Thank you very much.

Sincerely,

Resp. # _____

Signature of Patient

FOR OFFICE USE ONLY:

Date

| | | | | | |
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MEDICAL PROVIDER PERMISSION FORM: SPOUSE

LOUIS HARRIS AND ASSOCIATES, INC
630 Fifth Avenue
New York, New York 10111

812039
Air Force Health Survey

FOR OFFICE USE ONLY

Case # _____

Respondent # _____

INTERVIEW EVALUATION

INTERVIEWER: _____

COMPLETE THE FOLLOWING IN PRIVATE IMMEDIATELY AFTER THE INTERVIEW, USING
YOUR BEST JUDGMENT TO ANSWER EACH ITEM.

1. Race of respondent: _____
Black _____
Nonblack _____
- 2a. Did the respondent want to terminate the interview before it was
finished? _____
No. _____ (SKIP TO Q3a)
Yes. _____ (ANSWER 2b AND 2c)
- 2b. At what question number or during what question series? _____

- 2c. What was the reason? _____

- 3a. Were there any (other) significant problems during the interview?
No. _____ (SKIP TO Q4a)
Yes. _____ (ANSWER 3b)
- 3b. Describe the problems. _____

- 4a. Did respondent refer to records during the interview?
No. _____ (SKIP TO Q5a)
Yes. _____ (ANSWER 4b)
- 4b. What records did the respondent use? _____

- 5a. Was anyone else present at any time during the interview?
No. _____ (SKIP TO Q6)
Yes. _____ (ANSWER 5b AND 5c)
- 5b. Who was present? RECORD RELATIONSHIP _____

- 5c. During which section(s)? _____

6. Length of interview:

| | | |
|--|--|--|
| | | |
|--|--|--|

 minutes

EDITH HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

Study # 812039

AIR FORCE HEALTH SURVEY

MAILING TRANSMITTAL FORM

TO: New York Office
Louis Harris and Associates

FROM: Interviewer Name - Please Print

This package contains the following material for Study Subject Respondent Number

Write in NUMBER of each item being sent on the line at the right

STUDY SUBJECT INTERVIEW
Study Subject Name Assignment Sheet.....
Study Subject Privacy Act Statement (Signed).....
Study Subject Questionnaire.....
Study Subject Supplemental Recording Book.....
Study Subject Self Administered Form.....
Study Subject Medical Consent Form.....
Study Subject Former Wife Consent Letter.....
Study Subject Interviewer Evaluation Form.....
PRESENT WIFE INTERVIEW
Privacy Act Statement (Signed).....
Spouse Questionnaire.....
Spouse Supplemental Recording Book.....
Spouse Medical Consent Form.....
Spouse Interviewer Evaluation Form.....
FORMER WIFE
Former Wife Name Assignment Sheet.....
Privacy Act Statement (Signed).....
Spouse Questionnaire.....
Spouse Supplemental Recording Book.....
Spouse Medical Consent Form.....
Spouse Interviewer Evaluation Form.....
PROXY INTERVIEW
Proxy Name Assignment Sheet.....
Privacy Act Statement (Signed).....
Proxy Questionnaire.....
Proxy Supplemental Recording Book.....
Proxy Medical Consent.....
Proxy Interviewer Evaluation.....

Received: _____

Date: _____

Checked by: _____

CHAPTER III

NEXT OF KIN (PROXY) QUESTIONNAIRE

The following Next of Kin (Proxy) Questionnaire was used to collect baseline data for the Epidemiologic Investigation of Health Effects in Air Force Personnel Following Exposure to Herbicide Orange. This data was collected during 1981-1982. All available proxies were included in this data collection effort. The questionnaire and supplemental recording book are the actual field instruments. They have been photocopied and reduced for the purpose of this report. One show card, anatomical representation, is included as an attachment to demonstrate to the reader complete data collection methods. Additional attachments include the Privacy Act Statement, Life Events Chart, Medical Permission Form, Introductory Letters, Interview Evaluation, and Mailing Transmittal Form. The Next of Kin (Proxy) Questionnaire, as used in the field, follows.

630 Fifth Avenue
New York, New York 10111

D.M.B. NUMBER
0701-0033
Approval Expires
11/30/82

Case No. _____

Study No. 812039

Respondent #: _____

PROXY QUESTIONNAIRE

CONFIDENTIAL

This study is being conducted to collect information on the health of current and former Air Force personnel and their families. Since I will be asking you questions about the health, career, and personal history of (STUDY RESPONDENT), we have prepared a Life Events Chart to help you remember when various events in his life occurred.

The best way to use the Life Events Chart is to first record when he was born in the Age Column, or how old he was in 1930, if he was born before 1930. Then, record his age at subsequent 5-year intervals in the Age Column. Next, note the year he graduated from high school and/or college in the next column. You can enter the year he joined the military in the next column. There are other columns to record any marriages or children he may have had, as well as other major events in his life.

I will be asking you questions about each of these areas during the interview. If you will take a few moments to fill out the Life Events Chart now, it will help you to recall dates and ages during the interview.

First, I have a few background questions to ask you.

1. What (is/was) (STUDY RESPONDENT'S) date of birth?

(WRITE IN DATE)

| MONTH | DAY | YEAR |
|---------|---------|-------------|
| () () | () () | () () () |

2. In what city and state was (STUDY RESPONDENT) born?

RECORD IN SUPPLEMENTARY RECORDING BOOK ON PAGE 11

3. What was his religious preference -- was it Protestant, Catholic, Jewish, some other religion, or no religion?

Protestant.....() -1
Catholic.....-2
Jewish.....-3
Other (SPECIFY).....
.....-4
None.....-5

4. What was the highest grade or year in high school that he completed?

Less than 1 year of H.S....() -1
1st year H.S. (9th Grade).....-2
2nd year H.S. (10th Grade).....-3
3rd year H.S. (11th Grade).....-4
4th year H.S. (12th Grade).....-5

HAND RESPONDENT CARD "A"

5a. Please look at this card and tell me which of these regular academic school certificates, diplomas, or degrees (STUDY RESPONDENT) had obtained?

MULTIPLE RECORD BELOW

High school diploma.....(() -1

| YEAR | |
|------|-----|
| | |
| () | () |

High school equivalency diploma.....(() -1

| YEAR | |
|------|-----|
| | |
| () | () |

Associate of Arts (A.A.).....(() -1

| YEAR | |
|------|-----|
| | |
| () | () |

Bachelor of Arts (B.A.) or Bachelor of Science
(B.S.).....(() -1

| YEAR | |
|------|-----|
| | |
| () | () |

Masters.....(() -1

| YEAR | |
|------|-----|
| | |
| () | () |

Doctorate.....(() -1

| YEAR | |
|------|-----|
| | |
| () | () |

Others (SPECIFY)

(1)(() -1

| YEAR | |
|------|-----|
| | |
| () | () |

(2)(() -1

| YEAR | |
|------|-----|
| | |
| () | () |

(3)(() -1

| YEAR | |
|------|-----|
| | |
| () | () |

No certificate, diploma, or degree (volunteered)....(() -1

FOR EACH DEGREE, DIPLOMA, OR CERTIFICATE, ASK Q.5b

5b. In what year did he receive his (CERTIFICATE/DIPLOMA/DEGREE)?

RECORD ABOVE

6a. I am interested in training programs which prepared (STUDY RESPONDENT) for a major change in his occupation. First, I will ask about civilian job training programs. Besides the formal schooling you told me about, did he participate in any civilian job training programs that prepared him for a major change in his occupation?

Yes... () -1 (ASK Q.6b)

No..... -2 (SKIP TO Q.7a)

| 1st Program | 2nd Program | 3rd Program |
|--|--|--|
| b. For what kind of work was his first civilian training program preparing him? | i. For what kind of work was his next civilian training program preparing him? | j. For what kind of work was his next civilian training program preparing him? |
| () () | () () | () () |
| () () | () () | () () |
| () () | () () | () () |
| () () | () () | () () |
| c. In what month and year did he start this training? | g. In what month and year did he start this training? | k. In what month and year did he start this training? |
| MONTH YEAR | MONTH YEAR | MONTH YEAR |
| - | - | - |
| () () () () | () () () () | () () () () |
| d. In what month and year did he complete this training? | h. In what month and year did he complete this training? | l. In what month and year did he complete this training? |
| MONTH YEAR | MONTH YEAR | MONTH YEAR |
| - | - | - |
| () () () () | () () () () | () () () () |
| e. Did he participate in any other civilian job training program that prepared him for a major change in his occupation? | i. Did he participate in any other civilian job training program that prepared him for a major change in his occupation? | m. Did he participate in any other civilian job training program that prepared him for a major change in his occupation? |
| Yes. () -1 (ASK Q.6f) | Yes. () -1 (ASK Q.6j) | Yes. () -1 (RECORD ADDITIONAL TRAINING PROGRAMS IN S.R.B. ON PG. 13) |
| No..... -2 (SKIP TO Q.7a) | No..... -2 (SKIP TO Q.7a) | No..... -2 (GO TO Q.7a) |

7a. Now, let's talk about military technical and specialized training programs that prepared (STUD: RESPONDENT) for a major change in his occupation. Besides the formal schooling (and the job training programs) you've told me about, did he participate in any military technical or specialized training programs that prepared him for a major change in his occupation?

Yes... () -1 (ASK Q.7b)

No..... -2 (SKIP TO Q.8)

| 1st Program | 2nd Program | 3rd Program |
|--|--|--|
| b. For what kind of work was his first military training program preparing him? | g. For what kind of work was his next military training program preparing him? | l. For what kind of work was his next military training program preparing him? |
| () () | () () | () () |
| () () | () () | () () |
| () () | () () | () () |
| | | |
| c. What was the AFSC for that job? | h. What was the AFSC for that job? | m. What was the AFSC for that job? |
| () () | () () | () () |
| d. In what month and year did he start this training? | i. In what month and year did he start this training? | n. In what month and year did he start this training? |
| MONTH YEAR | MONTH YEAR | MONTH YEAR |
| [] [] - [] [] | [] [] - [] [] | [] [] - [] [] |
| () () () () | () () () () | () () () () |
| e. In what month and year did he complete this training? | j. In what month and year did he complete this training? | o. In what month and year did he complete this training? |
| MONTH YEAR | MONTH YEAR | MONTH YEAR |
| [] [] - [] [] | [] [] - [] [] | [] [] - [] [] |
| () () () () | () () () () | () () () () |
| f. Did he participate in any other military job training program that prepared him for a major change in his occupation? | k. Did he participate in any other military job training program that prepared him for a major change in his occupation? | p. Did he participate in any other military job training program that prepared him for a major change in his occupation? |
| Yes. () -1 (ASK Q.7g) | Yes. () -1 (ASK Q.7L) | Yes. () -1 (RECORD ADDITIONAL TRAINING PROGRAMS IN S.R.B. ON PG. 14) |
| No..... -2 (SKIP TO Q.8) | No..... -2 (SKIP TO Q.8) | No..... -2 (GO TO Q.8) |

8. Now I have some questions about working. Please tell me about all his jobs that lasted three months or longer since the first time (STUDY RESPONDENT) stopped going to school full time. Count changes of jobs for the same employer as separate jobs. Do not include jobs in the military.

First Job

8a. In what month and year did he start his first job that lasted three months or longer?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| () | () | () | () |

8b. What was the name of his employer?

[RECORD IN S.R.B. - PG 1]

8c. Was the job full-time or part-time?

Full time..() -1
Part time.....-2

8d. What kind of business was that -- what did they make or do there?

() ()
() ()

8e. What did he actually do on the job -- what were some of his main duties?

[RECORD IN S.R.B. - PG 1]

[HAND RESPONDENT CARD "B"]

8f. Please look at this card and tell me the number which best describes the kind of industry he worked in.

(WRITE IN NUMBER) () ()

8g. In what month and year did this job end?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| () | () | () | () |

Current (SKIP TO job..() -1 Q.14)

8h. What was the main reason he stopped working at that job?

() ()
() ()
(ASK Q.9a)

Second Job

9a. In what month and year did he start his next job that lasted three months or longer?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| () | () | () | () |

9b. What was the name of his employer?

[RECORD IN S.R.B. - PG 1]

9c. Was the job full-time or part-time?

Full time..() -1
Part time.....-2

9d. What kind of business was that -- what did they make or do there?

() ()
() ()

9e. What did he actually do on the job -- what were some of his main duties?

[RECORD IN S.R.B. - PG 1]

[HAND RESPONDENT CARD "B"]

9f. Please look at this card and tell me the number which best describes the kind of industry he worked in.

(WRITE IN NUMBER) () ()

9g. In what month and year did this job end?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| () | () | () | () |

Current (SKIP TO job..() -1 Q.14)

9h. What was the main reason he stopped working at that job?

() ()
() ()
(ASK Q.10a)

Third Job

10a. In what month and year did he start his next job that lasted three months or longer?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| () | () | () | () |

10b. What was the name of his employer?

[RECORD IN S.R.B. - PG 1]

10c. Was the job full-time or part-time?

Full time..() -1
Part time.....-2

10d. What kind of business was that -- what did they make or do there?

() ()
() ()

10e. What did he actually do on the job -- what were some of his main duties?

[RECORD IN S.R.B. - PG 1]

[HAND RESPONDENT CARD "B"]

10f. Please look at this card and tell me the number which best describes the kind of industry he worked in.

(WRITE IN NUMBER) () ()

10g. In what month and year did this job end?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| () | () | () | () |

Current (SKIP TO job..() -1 Q.14)

10h. What was the main reason he stopped working at that job?

() ()
() ()
(ASK Q.11a)

Fourth Job

11a. In what month and year did he start his next job that lasted three months or longer?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

11b. What was the name of his employer?

[RECORD IN S.R.B. - PG 1]

11c. Was the job full-time or part-time?

Full time..((-1
Part time.....-2

11d. What kind of business was that -- what (do/did) they make or do there?

((

((

11e. What did he actually do on the job -- what were some of his main duties?

[RECORD IN S.R.B. - PG 1]

[HAND RESPONDENT CARD "B"]

11f. Please look at this card and tell me the number which best describes the kind of industry he worked in.

(WRITE IN NUMBER)

| | |
|-----|-----|
| | |
| () | () |

11g. In what month and year did this job end?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

Current (SKIP TO job..((-1 Q.14)

11h. What was the main reason he stopped working at that job?

((

((

(ASK Q.12a)

Fifth Job

12a. In what month and year did he start his next job that lasted three months or longer?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

12b. What was the name of his employer?

[RECORD IN S.R.B. - PG 1]

12c. Was the job full-time or part-time?

Full time..((-1
Part time.....-2

12d. What kind of business was that -- what (do/did) they make or do there?

((

((

12e. What did he actually do on the job -- what were some of his main duties?

[RECORD IN S.R.B. - PG 1]

[HAND RESPONDENT CARD "B"]

12f. Please look at this card and tell me the number which best describes the kind of industry he worked in.

(WRITE IN NUMBER)

| | |
|-----|-----|
| | |
| () | () |

12g. In what month and year did this job end?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

Current (SKIP TO job..((-1 Q.14)

12h. What was the main reason he stopped working at that job?

((

((

(ASK Q.13a)

Sixth Job

13a. In what month and year did he start his next job that lasted three months or longer?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

13b. What was the name of his employer?

[RECORD IN S.R.B. - PG 1]

13c. Was the job full-time or part-time?

Full time..((-1
Part time.....-2

13d. What kind of business was that -- what (do/did) they make or do there?

((

((

13e. What did he actually do on the job -- what were some of his main duties?

[RECORD IN S.R.B. - PG 1]

[HAND RESPONDENT CARD "B"]

13f. Please look at this card and tell me the number which best describes the kind of industry he worked in.

(WRITE IN NUMBER)

| | |
|-----|-----|
| | |
| () | () |

13g. In what month and year did this job end?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

Current (SKIP TO job..((-1 Q.14)

13h. What was the main reason he stopped working at that job?

((

((

(RECORD ADDITIONAL JOBS IN S.R.B. - PG 15 AND 16)

14. Now I am going to ask you about (STUDY RESPONDENT'S) years in the military.

- a. In what month and year did he first enter the Armed Forces?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

- f. In what month and year did he next enter the Armed Forces?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

- k. In what month and year did he next enter the Armed Forces?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

- b. What branch of the military was that?

Air Force..() -1
Navy.....-2
Army.....-3
Marines.....-4
Coast Guard...-5

- g. What branch of the military was that?

Air Force..() -1
Navy.....-2
Army.....-3
Marines.....-4
Coast Guard...-5

- l. What branch of the military was that?

Air Force..() -1
Navy.....-2
Army.....-3
Marines.....-4
Coast Guard...-5

- c. Was he discharged or separated from the (BRANCH OF SERVICE)?

Discharged/
separated..() -1 (ASK Q.14d)
Still in
(MILITARY).....-2 (SKIP TO Q.15)

- h. Was he discharged or separated from the (BRANCH OF SERVICE)?

Discharged/
separated..() -1 (ASK Q.14i)
Still in
(MILITARY).....-2 (SKIP TO Q.15)

- m. Was he discharged or separated from the (BRANCH OF SERVICE)?

Discharged/
separated..() -1 (ASK Q.14n)
Still in
(MILITARY).....-2 (SKIP TO Q.15)

- d. In what month and year was he discharged/separated from the (BRANCH OF MILITARY)?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

- i. In what month and year was he discharged/separated from the (BRANCH OF MILITARY)?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

- n. In what month and year was he discharged/separated from the (BRANCH OF MILITARY)?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

- e. Following his separation or discharge in (DATE IN "d"), did he reenter the Armed Forces?

Yes..() -1 (ASK Q.14f)
No.....-2 (SKIP TO Q.15)

- j. Following his separation or discharge in (DATE IN "i"), did he reenter the Armed Forces?

Yes..() -1 (ASK Q.14k)
No.....-2 (SKIP TO Q.15)

- o. Following his separation or discharge in (DATE IN "n"), did he reenter the Armed Forces?

Yes..() -1 (RECORD ADDITIONAL SERVICE PERIODS IN S.R.B. PG 17)
No.....-2 (SKIP TO Q.15)

| First Country | Second Country | Third Country |
|--|---|---|
| a. Starting with induction, in what country was he first stationed while on active duty? Include temporary duties of greater than 90 days. | g. What was the next country that he was stationed in for more than 90 days while on active duty? | m. What was the next country that he was stationed in for more than 90 days while on active duty? |
| (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE) | (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE) | (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE) |
| No others. () -1 (SKIP TO Q.17) | No others. () -1 (SKIP TO Q.17) | No others. () -1 (SKIP TO Q.17) |
| b. In what month and year did he begin and end active duty in (COUNTRY)? | h. In what month and year did he begin and end active duty in (COUNTRY)? | n. In what month and year did he begin and end active duty in (COUNTRY)? |
| BEGIN
MONTH YEAR
END
MONTH YEAR | BEGIN
MONTH YEAR
END
MONTH YEAR | BEGIN
MONTH YEAR
END
MONTH YEAR |
| Current... () -1 | Current... () -1 | Current... () -1 |
| c. What specific job assignments did he have in (COUNTRY)? Can you give me the AFSC? | i. What specific job assignments did he have in (COUNTRY)? Can you give me the AFSC? | o. What specific job assignments did he have in (COUNTRY)? Can you give me the AFSC? |
| 1. () | 1. () | 1. () |
| 2. () | 2. () | 2. () |
| 3. () | 3. () | 3. () |
| d. Did his duties in (COUNTRY) include flying? | j. Did his duties in (COUNTRY) include flying? | p. Did his duties in (COUNTRY) include flying? |
| Yes. () -1
No. -2 | Yes. () -1
No. -2 | Yes. () -1
No. -2 |
| e. How many flight hours did he log while in (COUNTRY)? | k. How many flight hours did he log while in (COUNTRY)? | q. How many flight hours did he log while in (COUNTRY)? |
| Hours | Hours | Hours |
| Other (SPECIFY) | Other (SPECIFY) | Other (SPECIFY) |
| () -1 | () -1 | () -1 |
| f. What specific letter and numerical designation(s) did each aircraft have? | l. What specific letter and numerical designation(s) did each aircraft have? | r. What specific letter and numerical designation(s) did each aircraft have? |
| 1. () | 1. () | 1. () |
| 2. () | 2. () | 2. () |
| 3. () | 3. () | 3. () |
| 4. () | 4. () | 4. () |
| (ASK Q.15g) | (ASK Q.15m) | (ASK Q.16a) |

Now I would like to ask you about about (STUDY RESPONDENT'S) marital history.
17. Was he ever legally married?

Yes..()-1 (ASK Q.18)

No.....-2 (SKIP TO Q.22)

18. How many times was he legally married?

(WRITE IN NUMBER)

() () times

FIRST/ONLY MARRIAGE

19a. In what month and year did he get married (the first time)?

MONTH YEAR
() () - () ()

19b. What (is/was) the current full name of that wife

RECORD IN S.R.B. PG 2

19c. What was her full maiden name?

RECORD IN S.R.B. PG 2

19d. During this marriage, how many times was he living apart from his wife (you) for more than three months?

() () Times
() ()

Never..()-1 (SKIP TO Q.19f)

19e. How many months did they (you) live apart the (first/next) time?

1st () () Months
() ()

2nd () () Months
() ()

3rd () () Months
() ()

4th () () Months
() ()

5th () () Months
() ()

6th () () Months
() ()
(GO TO Q.19f)

SECOND MARRIAGE

20a. In what month and year did he get married (the second time)?

MONTH YEAR
() () - () ()

20b. What (is/was) the current full name of that wife

RECORD IN S.R.B. PG 2

20c. What was her full maiden name?

RECORD IN S.R.B. PG 2

20d. During this marriage, how many times was he living apart from his wife (you) for more than three months?

() () Times
() ()

Never..()-1 (SKIP TO Q.20f)

20e. How many months did they (you) live apart the (first/next) time?

1st () () Months
() ()

2nd () () Months
() ()

3rd () () Months
() ()

4th () () Months
() ()

5th () () Months
() ()

6th () () Months
() ()
(GO TO Q.20f)

THIRD MARRIAGE

21a. In what month and year did he get married (the third time)?

MONTH YEAR
() () - () ()

21b. What (is/was) the current full name of that wife

RECORD IN S.R.B. PG 2

21c. What was her full maiden name?

RECORD IN S.R.B. PG 2

21d. During this marriage, how many times was he living apart from his wife (you) for more than three months?

() () Times
() ()

Never..()-1 (SKIP TO Q.21f)

21e. How many months did they (you) live apart the (first/next) time?

1st () () Months
() ()

2nd () () Months
() ()

3rd () () Months
() ()

4th () () Months
() ()

5th () () Months
() ()

6th () () Months
() ()
(GO TO Q.21f)

FIRST/ONLY MARRIAGEIF ONLY MARRIAGE

19f. At the time he (died/
became incapacitated)
was he divorced,
widowed, separated, or
was he married and
living with his wife?

Living with (SKIP TO
wife... (-1 Q.22)

Divorced.....-2 (SKIP TO
Separated.....-3 Q.19h)
Widowed.....-4

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

19g. How did that marriage
end -- was he divorced
or was he widowed?

Divorced((-1) (ASK Q.19h)
Widowed.....-2

RECORD IN S.R.B. PG 2

19h. In what month and year
was he (divorced/
widowed/separated)?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

(IF A SECOND MARRIAGE GO TO
Q.20a)

SECOND MARRIAGEIF LAST MARRIAGE

20f. At the time he (died/
became incapacitated)
was he divorced,
widowed, separated, or
was he married and
living with his wife?

Living with (SKIP TO
wife... (-1 Q.22)

Divorced.....-2 (SKIP TO
Separated.....-3 Q.20h)
Widowed.....-4

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

20g. How did that marriage
end -- was he divorced
or was he widowed?

Divorced((-1) (ASK Q.20h)
Widowed.....-2

RECORD IN S.R.B. PG 2

20h. In what month and year
was he (divorced/
widowed/separated)?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

(IF A THIRD MARRIAGE GO TO
Q.21a)

THIRD MARRIAGEIF LAST MARRIAGE

21f. At the time he (died/
became incapacitated)
was he divorced,
widowed, separated, or
was he married and
living with his wife?

Living with (SKIP TO
wife... (-1 Q.22)

Divorced.....-2 (SKIP TO
Separated.....-3 Q.21h)
Widowed.....-4

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

21g. How did that marriage
end -- was he divorced
or was he widowed?

Divorced((-1) (ASK Q.21h)
Widowed.....-2

RECORD IN S.R.B. PG 2

21h. In what month and year
was he (divorced/
widowed/separated)?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

(RECORD OTHER MARRIAGES
IN S.R.B. PG 20 AND 21)

22. How many children (has/did) (STUDY RESPONDENT) (had/have) -- that is, of how many children was he the natural father? Please include all children, both those who are living and those who may no longer be living.

(WRITE IN NUMBER)

| | | |
|-----|-----|-----|
| | | |
| () | () | () |

 children (ASK Q.23)

No children.....(() -1 (SKIP TO Q.27a)

23. Starting with the oldest child, what is the first and last name of the child as it appears on the birth certificate?

RECORD FIRST AND LAST NAMES OF ALL CHILDREN IN S.R.B. - PAGE 3-4. WRITE IN THE FIRST NAME ONLY AT THE TOP OF THE APPROPRIATE COLUMN(S).

| FIRST CHILD | SECOND CHILD | THIRD CHILD | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|--|--|--|-----|-----|-----|---|--|--|-----|-----|-----|---|---|--|--|-----|-----|-----|-----|--|--|-----|-----|-----|---|--|--|--|-----|-----|-----|--|--|--|-----|-----|-----|
| NAME: _____ | NAME: _____ | NAME: _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24a. How old is (CHILD) now?
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">()</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr></table> Age | | | | () | () | () | 25a. How old is (CHILD) now?
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">()</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr></table> Age | | | | () | () | () | 26a. How old is (CHILD) now?
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">()</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr></table> Age | | | | () | () | () | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| () | () | () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| () | () | () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| () | () | () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Child died..(() -1 | Child died..(() -1 | Child died..(() -1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24b. (Is/Was) (CHILD) male or female?
Male.....(() -1
Female.....-2 | 25b. (Is/Was) (CHILD) male or female?
Male.....(() -1
Female.....-2 | 26b. (Is/Was) (CHILD) male or female?
Male.....(() -1
Female.....-2 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24c. How much did (CHILD) weigh at birth?
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">()</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr></table> POUNDS
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">()</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr></table> OUNCES | | | | () | () | () | | | | () | () | () | 25c. How much did (CHILD) weigh at birth?
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">()</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr></table> POUNDS
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| () | () | () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| () | () | () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| () | () | () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| () | () | () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| () | () | () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| () | () | () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Don't know...(() -1 | Don't know...(() -1 | Don't know...(() -1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24d. What is (CHILD)'s birth-date?
MONTH DAY YEAR
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">()</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr></table> | | | | () | () | () | 25d. What is (CHILD)'s birth-date?
MONTH DAY YEAR
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">()</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr></table> | | | | () | () | () | 26d. What is (CHILD)'s birth-date?
MONTH DAY YEAR
<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr><tr><td style="text-align: center;">()</td><td style="text-align: center;">()</td><td style="text-align: center;">()</td></tr></table> | | | | () | () | () | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| () | () | () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| () | () | () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| () | () | () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| [ALSO RECORD IN S.R.B.-PG 3] | [ALSO RECORD IN S.R.B.-PG 3] | [ALSO RECORD IN S.R.B.-PG 3] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 24e. Was the child premature, full term, or overdue?
Premature..(() -1
Full term.....-2
Overdue.....-3
Not sure.....-4 | 25e. Was the child premature, full term, or overdue?
Premature..(() -1
Full term.....-2
Overdue.....-3
Not sure.....-4 | 26e. Was the child premature, full term, or overdue?
Premature..(() -1
Full term.....-2
Overdue.....-3
Not sure.....-4 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (GO TO Q.24f) | (GO TO Q.25f) | (GO TO Q.26f) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

FIRST CHILD

SECOND CHILD

THIRD CHILD

24f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

24g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

24h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 3

24i. How old was the mother when (CHILD) was born?

| | | | | |
|-----|-----|-----|-----|-----|
| | | | | Age |
| () | () | () | () | |

24j. Did (CHILD) have any birth defects?

Yes. () -1 (ASK Q.24k)

No. -2 (SKIP TO Q.24L)

24k. What kind of birth defects did (s)he have? Any others?

() ()
() ()
() ()

24L. Was (CHILD) ever diagnosed as having cancer?

Yes. () -1 (ASK Q.24m)

No. -2 (SKIP TO Q.24o)

24m. In what month and year was the diagnosis made?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

24n. What kind of cancer was diagnosed?

() ()

Not sure.. () -1

(GO TO Q.24o)

25f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

25g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

25h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 3

25i. How old was the mother when (CHILD) was born?

| | | | | |
|-----|-----|-----|-----|-----|
| | | | | Age |
| () | () | () | () | |

25j. Did (CHILD) have any birth defects?

Yes. () -1 (ASK Q.25k)

No. -2 (SKIP TO Q.25L)

25k. What kind of birth defects did (s)he have? Any others?

() ()
() ()
() ()

25L. Was (CHILD) ever diagnosed as having cancer?

Yes. () -1 (ASK Q.25m)

No. -2 (SKIP TO Q.25o)

25m. In what month and year was the diagnosis made?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

25n. What kind of cancer was diagnosed?

() ()

Not sure.. () -1

(GO TO Q.25o)

26f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

26g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

26h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 3

26i. How old was the mother when (CHILD) was born?

| | | | | |
|-----|-----|-----|-----|-----|
| | | | | Age |
| () | () | () | () | |

26j. Did (CHILD) have any birth defects?

Yes. () -1 (ASK Q.26k)

No. -2 (SKIP TO Q.26L)

26k. What kind of birth defects did (s)he have? Any others?

() ()
() ()
() ()

26L. Was (CHILD) ever diagnosed as having cancer?

Yes. () -1 (ASK Q.26m)

No. -2 (SKIP TO Q.26o)

26m. In what month and year was the diagnosis made?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

26n. What kind of cancer was diagnosed?

() ()

Not sure.. () -1

(GO TO Q.26o)

FIRST CHILD

SECOND CHILD

THIRD CHILD

24c. (Does/Did)(CHILD) have a diagnosed learning disability?

Yes. () -1 (ASK Q.24p)

No. -2 (SKIP TO Q.24q)

24p. What kind of learning disability (does/did) (s)he have?

() ()
() ()

24q. (Does/Did)(CHILD) have any physical, mental, or motor impairments?

Yes. () -1 (ASK Q.24r)

No. -2 (SKIP TO Q.24s)

24r. What kind of impairment (does/did) (s)he have?

() ()
() ()

IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO NEXT CHILD

24s. On what date did (CHILD) die?

| MONTH | DAY | YEAR |
|-------|-----|------|
| () | () | () |
| () | () | () |

24t. What was the cause of death?

() ()
() ()

24u. Where is (CHILD)'s death registered? In what city and state is that?

RECORD IN S.R.B. PG 3

(GO TO NEXT CHILD
Q.25a)

25c. (Does/Did)(CHILD) have a diagnosed learning disability?

Yes. () -1 (ASK Q.25p)

No. -2 (SKIP TO Q.25q)

25p. What kind of learning disability (does/did) (s)he have?

() ()
() ()

25q. (Does/Did)(CHILD) have any physical, mental, or motor impairments?

Yes. () -1 (ASK Q.25r)

No. -2 (SKIP TO Q.25s)

25r. What kind of impairment (does/did) (s)he have?

() ()
() ()

IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO NEXT CHILD

25s. On what date did (CHILD) die?

| MONTH | DAY | YEAR |
|-------|-----|------|
| () | () | () |
| () | () | () |

25t. What was the cause of death?

() ()
() ()

25u. Where is (CHILD)'s death registered? In what city and state is that?

RECORD IN S.R.B. PG 3

(GO TO NEXT CHILD
Q.26a)

26c. (Does/Did)(CHILD) have a diagnosed learning disability?

Yes. () -1 (ASK Q.26p)

No. -2 (SKIP TO Q.26q)

26p. What kind of learning disability (does/did) (s)he have?

() ()
() ()

26q. (Does/Did)(CHILD) have any physical, mental, or motor impairments?

Yes. () -1 (ASK Q.26r)

No. -2 (SKIP TO Q.26s)

26r. What kind of impairment (does/did) (s)he have?

() ()
() ()

IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO NEXT CHILD

26s. On what date did (CHILD) die?

| MONTH | DAY | YEAR |
|-------|-----|------|
| () | () | () |
| () | () | () |

26t. What was the cause of death?

() ()
() ()

26u. Where is (CHILD)'s death registered? In what city and state is that?

RECORD IN S.R.B. PG 3

(RECORD ADDITIONAL CHILDREN
IN S.R.B. - PG 22-30)

Now let's talk about (STUDY SUBJECT'S) health.

27a. Did (STUDY SUBJECT) ever have pneumonia?

Yes. (() -1 (ASK Q.27b)

No..... -2 (SKIP TO Q.29a)

27b. How many times did he have pneumonia?

(WRITE IN NUMBER)

 times
() () ()

| First Time | Second Time | Third Time |
|---|---|---|
| 28a. During what months and years did he have pneumonia (the first time)? | 28f. During what months and years did he have pneumonia (the second time)? | 28k. During what months and years did he have pneumonia (the third time)? |
| RECORD IN S.R.B. PG 5 | RECORD IN S.R.B. PG 5 | RECORD IN S.R.B. PG 5 |
| IF BEFORE 1961, SKIP TO Q.28f. | IF BEFORE 1961, SKIP TO Q.28k. | IF BEFORE 1961, SKIP TO Q.29a. |
| 28b. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made? | 28g. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made? | 28l. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made? |
| RECORD IN S.R.B. PG 5 | RECORD IN S.R.B. PG 5 | RECORD IN S.R.B. PG 5 |
| 28c. What prescribed medicine did he take for the pneumonia he had that time? | 28h. What prescribed medicine did he take for the pneumonia he had that time? | 28m. What prescribed medicine did he take for the pneumonia he had that time? |
| 1. () () | 1. () () | 1. () () |
| 2. () () | 2. () () | 2. () () |
| 3. () () | 3. () () | 3. () () |
| 28d. Was he hospitalized for the pneumonia he had that time? | 28i. Was he hospitalized for the pneumonia he had that time? | 28n. Was he hospitalized for the pneumonia he had that time? |
| Yes. (() -1 (ASK Q.28e)
No..... -2 (SKIP TO Q.28f) | Yes. (() -1 (ASK Q.28i)
No..... -2 (SKIP TO Q.28k) | Yes. (() -1 (ASK Q.28o)
No..... -2 (SKIP TO Q.27a
IN S.R.B. PG 31) |
| 28e. What was the full name of that hospital? | 28j. What was the full name of that hospital? | 28o. What was the full name of that hospital? |
| RECORD IN S.R.B. PG 5 | RECORD IN S.R.B. PG 5 | RECORD IN S.R.B. PG 5 |
| | | (RECORD ADDITIONAL PERIODS
IN S.R.B. PAGE 31) |

29a. Did (STUDY RESPONDENT) ever have cancer?

Yes... () () -1 (ASK Q.29b)

No..... -2 (SKIP TO Q.30)

29b. In which parts of his body was cancer located?

LIST EACH BODY PART BELOW. IF MORE THAN THREE BODY PARTS, USE S.R.B. - PAGE 32 FOR ADDITIONAL PARTS.

| Part 1 | Part 2 | Part 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|------|---------------|---------|---------|----------------|---------|---------|-----------|---------|---------|-----------|---------|---------|--|--|-------|------|---------------|---------|---------|----------------|---------|---------|-----------|---------|---------|-----------|---------|---------|--|--|-------|------|---------------|---------|---------|----------------|---------|---------|-----------|---------|---------|-----------|---------|---------|
| 29i. In what month and year was cancer of the (BODY PART) first diagnosed?
[RECORD IN S.R.B. PG 6] | 29i. In what month and year was cancer of the (BODY PART) first diagnosed?
[RECORD IN S.R.B. PG 6] | 29i. In what month and year was cancer of the (BODY PART) first diagnosed?
[RECORD IN S.R.B. PG 6] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29j. What is the full name of the doctor or the medical facility where the diagnosis was made?
[RECORD IN S.R.B. PG 6] | 29j. What is the full name of the doctor or the medical facility where the diagnosis was made?
[RECORD IN S.R.B. PG 6] | 29j. What is the full name of the doctor or the medical facility where the diagnosis was made?
[RECORD IN S.R.B. PG 6] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29k. What is the full name of the doctor or the medical facility he last consulted about cancer of the (BODY PART)?
[RECORD IN S.R.B. PG 6] | 29k. What is the full name of the doctor or the medical facility he last consulted about cancer of the (BODY PART)?
[RECORD IN S.R.B. PG 6] | 29k. What is the full name of the doctor or the medical facility he last consulted about cancer of the (BODY PART)?
[RECORD IN S.R.B. PG 6] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29l. During what month and year did he last consult (NAME FROM Q.29e)?
[RECORD IN S.R.B. PG 6] | 29l. During what month and year did he last consult (NAME FROM Q.29k)?
[RECORD IN S.R.B. PG 6] | 29l. During what month and year did he last consult (NAME FROM Q.29g)?
[RECORD IN S.R.B. PG 6] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29g. What treatments or medicines did he take for cancer of the (BODY PART)?
[MULTIPLE RECORD BELOW] | 29m. What treatments or medicines did he take for cancer of the (BODY PART)?
[MULTIPLE RECORD BELOW] | 29s. What treatments or medicines did he take for cancer of the (BODY PART)?
[MULTIPLE RECORD BELOW] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radiation.....() () -1
Chemotherapy...() () -1
Surgery.....() () -1
Other (SPECIFY) _____() () -1 | Radiation.....() () -1
Chemotherapy...() () -1
Surgery.....() () -1
Other (SPECIFY) _____() () -1 | Radiation.....() () -1
Chemotherapy...() () -1
Surgery.....() () -1
Other (SPECIFY) _____() () -1 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 29h. During what month and year did he first receive (EACH TREATMENT CODED IN Q.29g) for cancer of the (BODY PART)? | 29n. During what month and year did he first receive (EACH TREATMENT CODED IN Q.29m) for cancer of the (BODY PART)? | 29t. During what month and year did he first receive (EACH TREATMENT CODED IN Q.29s) for cancer of the (BODY PART)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1"> <thead> <tr> <th></th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td>Radiation....</td> <td>() ()</td> <td>() ()</td> </tr> <tr> <td>Chemotherapy..</td> <td>() ()</td> <td>() ()</td> </tr> <tr> <td>Surgery..</td> <td>() ()</td> <td>() ()</td> </tr> <tr> <td>Other....</td> <td>() ()</td> <td>() ()</td> </tr> </tbody> </table> | | MONTH | YEAR | Radiation.... | () () | () () | Chemotherapy.. | () () | () () | Surgery.. | () () | () () | Other.... | () () | () () | <table border="1"> <thead> <tr> <th></th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td>Radiation....</td> <td>() ()</td> <td>() ()</td> </tr> <tr> <td>Chemotherapy..</td> <td>() ()</td> <td>() ()</td> </tr> <tr> <td>Surgery..</td> <td>() ()</td> <td>() ()</td> </tr> <tr> <td>Other....</td> <td>() ()</td> <td>() ()</td> </tr> </tbody> </table> | | MONTH | YEAR | Radiation.... | () () | () () | Chemotherapy.. | () () | () () | Surgery.. | () () | () () | Other.... | () () | () () | <table border="1"> <thead> <tr> <th></th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td>Radiation....</td> <td>() ()</td> <td>() ()</td> </tr> <tr> <td>Chemotherapy..</td> <td>() ()</td> <td>() ()</td> </tr> <tr> <td>Surgery..</td> <td>() ()</td> <td>() ()</td> </tr> <tr> <td>Other....</td> <td>() ()</td> <td>() ()</td> </tr> </tbody> </table> | | MONTH | YEAR | Radiation.... | () () | () () | Chemotherapy.. | () () | () () | Surgery.. | () () | () () | Other.... | () () | () () |
| | MONTH | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radiation.... | () () | () () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chemotherapy.. | () () | () () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surgery.. | () () | () () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other.... | () () | () () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | MONTH | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radiation.... | () () | () () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chemotherapy.. | () () | () () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surgery.. | () () | () () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other.... | () () | () () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | MONTH | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Radiation.... | () () | () () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Chemotherapy.. | () () | () () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Surgery.. | () () | () () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other.... | () () | () () | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

(GO TO NEXT BODY PART)

(GO TO NEXT BODY PART)

(GO TO NEXT BODY PART IN PAGE 32)

IF LEUKEMIA NOT PREVIOUSLY MENTIONED, ASK:

30a. Did (STUDY RESPONDENT) ever have leukemia?

Yes..() () -1 (ASK Q.30b)

No.....-2 (SKIP TO Q.31a)

30b. In what month and year was his leukemia first diagnosed?

RECORD IN S.R.B. - PG 7

30c. What is the full name of the doctor or the medical facility where the diagnosis was made?

RECORD IN S.R.B. - PG 7

30d. What treatments or medicines did he take for leukemia? RECORD BELOW

D. MEDICINE/TREATMENT

E. FIRST RECEIVED

1. _____ () ()

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

2. _____ () ()

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

3. _____ () ()

| MONTH | | YEAR | |
|-------|-----|------|-----|
| | | | |
| () | () | () | () |

30e. During what month and year did he first receive (EACH TREATMENT OR MEDICINE IN Q.30d)? RECORD ABOVE

30f. What is the full name of the doctor or medical facility he last consulted about his leukemia?

RECORD IN S.R.B. - PG 7

30g. During what month and year did he last consult (NAME IN Q.30f)?

RECORD IN S.R.B. - PG 7

31a. I would like to ask you some questions about other medical conditions (STUDY RESPONDENT) may have had.

1. Did he ever have diabetes?

Yes.....(() -1 ("X" BOX ON PAGE 18)
No.....-2

2. Did he ever have thyroid problems?

Yes (SPECIFY)(() -1 ("X" BOX ON PAGE 18)
No.....-2

3. Did he ever have anemia?

Yes.....(() -1 ("X" BOX ON PAGE 18)
No.....-2

4. Did he ever have a heart condition?

Yes (SPECIFY)(() -1 ("X" BOX ON PAGE 18)
No.....-2

5. Did he ever have an enlarged liver?

Yes.....(() -1 ("X" BOX ON PAGE 18)
No.....-2

6. Did he ever have jaundice?

Yes.....(() -1 ("X" BOX ON PAGE 19)
No.....-2

7. Did he ever have hepatitis?

Yes.....(() -1 ("X" BOX ON PAGE 19)
No.....-2

8. Did he ever have cirrhosis of the liver?

Yes.....(() -1 ("X" BOX ON PAGE 19)
No.....-2

9. Did he ever have intestinal parasites?

Yes.....(() -1 ("X" BOX ON PAGE 19)
No.....-2

10. Did he ever have gall bladder problems?

Yes.....(() -1 ("X" BOX ON PAGE 19)
No.....-2

11. Did he ever have any other liver condition?

Yes (SPECIFY)(() -1 ("X" BOX ON PAGE 20)
No.....-2

12. Did he ever have a respiratory condition other than pneumonia?

Yes (SPECIFY)(() -1 ("X" BOX ON PAGE 20)
No.....-2

13. Did he ever have any other major condition?

Yes (SPECIFY ALL OTHER CONDITIONS)
.....
.....(() -1 ("X" BOX ON PAGE 20)
No.....-2

CARD

| | DIABETES | THYROID PROBLEMS | ANEMIA | A HEART CONDITION | AN ENLARGED LIVER |
|--|---|---|---|---|---|
| TASK Q-31b THROUGH Q-31e
(FOR EACH BOX "X"ED ON
PP. 18-20) | | | | | |
| 31b. When did a doctor first
tell him that he had
(CONDITION)?..... | RECORD IN S.R.B.
PAGE 8 | RECORD IN S.R.B.
PAGE 8 | RECORD IN S.R.B.
PAGE 8 | RECORD IN S.R.B.
PAGE 8 | RECORD IN S.R.B.
PAGE 8 |
| 31c. What is the full name of
the doctor who made the
diagnosis or the medical
facility where the diag-
nosis was made?..... | RECORD IN S.R.B.
PAGE 8 | RECORD IN S.R.B.
PAGE 8 | RECORD IN S.R.B.
PAGE 8 | RECORD IN S.R.B.
PAGE 8 | RECORD IN S.R.B.
PAGE 8 |
| 31d. When did he last consult
a doctor for (CONDITION)?.. | RECORD IN S.R.B.
PAGE 8 | RECORD IN S.R.B.
PAGE 8 | RECORD IN S.R.B.
PAGE 8 | RECORD IN S.R.B.
PAGE 8 | RECORD IN S.R.B.
PAGE 8 |
| 31e. What is the full name of
the doctor or medical
facility he last con-
sulted about his
(CONDITION)?..... | RECORD IN S.R.B.
PAGE 8
(GO TO NEXT CONDITION
"X"ED) | RECORD IN S.R.B.
PAGE 8
(GO TO NEXT CONDITION
"X"ED) | RECORD IN S.R.B.
PAGE 8
(GO TO NEXT CONDITION
"X"ED) | RECORD IN S.R.B.
PAGE 8
(GO TO NEXT CONDITION
"X"ED) | RECORD IN S.R.B.
PAGE 8
(GO TO NEXT CONDITION
"X"ED) |

CARD

| | JAUNDICE | HEPATITIS | CIRRHOSIS OF THE LIVER | INTESTINAL PARASITES | GALL BLADDER PROBLEMS |
|---|---|---|---|---|---|
| TASK Q.31b THROUGH Q.31e
FOR EACH BOX "X"ED ON
18-20 | | | | | |
| 31b. When did a doctor first
tell him that he had
(CONDITION)?..... | RECORD IN S.R.B.
PAGE 8 | RECORD IN S.R.B.
PAGE 9 | RECORD IN S.R.B.
PAGE 9 | RECORD IN S.R.B.
PAGE 9 | RECORD IN S.R.B.
PAGE 9 |
| 31c. What is the full name of
the doctor who made the
diagnosis or the medical
facility where the diag-
nosis was made?..... | RECORD IN S.R.B.
PAGE 8 | RECORD IN S.R.B.
PAGE 9 | RECORD IN S.R.B.
PAGE 9 | RECORD IN S.R.B.
PAGE 9 | RECORD IN S.R.B.
PAGE 9 |
| 31d. When did he last consult
a doctor for (CONDITION)?.. | RECORD IN S.R.B.
PAGE 8 | RECORD IN S.R.B.
PAGE 9 | RECORD IN S.R.B.
PAGE 9 | RECORD IN S.R.B.
PAGE 9 | RECORD IN S.R.B.
PAGE 9 |
| 31e. What is the full name of
the doctor or medical
facility he last con-
sulted about his
(CONDITION)?.....
(GO TO NEXT CONDITION
"X"ED) | RECORD IN S.R.B.
PAGE 8
(GO TO NEXT CONDITION
"X"ED) | RECORD IN S.R.B.
PAGE 9
(GO TO NEXT CONDITION
"X"ED) | RECORD IN S.R.B.
PAGE 9
(GO TO NEXT CONDITION
"X"ED) | RECORD IN S.R.B.
PAGE 9
(GO TO NEXT CONDITION
"X"ED) | RECORD IN S.R.B.
PAGE 9
(GO TO NEXT CONDITION
"X"ED) |

CARD

812039

ASK Q.31b THROUGH Q.31e
FOR EACH BOX "X"ED ON
PF. 18-20

| | ANY OTHER LIVER
CONDITION | A RESPIRATORY CONDITION
OTHER THAN PNEUMONIA | ANY OTHER MAJOR
CONDITION | SECOND OTHER MAJOR
CONDITION | THIRD OTHER MAJOR
CONDITION |
|--|---|---|--|--|--|
| 31b. When did a doctor first
tell him that he had
(CONDITION)?..... | RECORD IN S.R.B.
PAGE 9 | RECORD IN S.R.B.
PAGE 9 | RECORD IN S.R.B.
PAGE 10 | RECORD IN S.R.B.
PAGE 10 | RECORD IN S.R.B.
PAGE 10 |
| 31c. What is the full name of
the doctor who made the
diagnosis or the medical
facility where the diag-
nosis was made?..... | RECORD IN S.R.B.
PAGE 9 | RECORD IN S.R.B.
PAGE 9 | RECORD IN S.R.B.
PAGE 10 | RECORD IN S.R.B.
PAGE 10 | RECORD IN S.R.B.
PAGE 10 |
| 31d. When did he last consult
a doctor for (CONDITION)?.. | RECORD IN S.R.B.
PAGE 9 | RECORD IN S.R.B.
PAGE 9 | RECORD IN S.R.B.
PAGE 10 | RECORD IN S.R.B.
PAGE 10 | RECORD IN S.R.B.
PAGE 10 |
| 31e. What is the full name of
the doctor or medical
facility he last con-
sulted about his
(CONDITION)?..... | RECORD IN S.R.B.
PAGE 9
(GO TO NEXT CONDITION
"X"ED) | RECORD IN S.R.B.
PAGE 9
(GO TO NEXT CONDITION
"X"ED) | RECORD IN S.R.B.
PAGE 10
(GO TO NEXT CONDITION
"X"ED) | RECORD IN S.R.B.
PAGE 10
(GO TO NEXT CONDITION
"X"ED) | RECORD IN S.R.B.
PAGE 10
(GO TO NEXT CONDITION
"X"ED) |

32. Did (STUDY RESPONDENT) ever have acne on his face?

Yes... () -1 (ASK Q.33a)

No..... -2 (SKIP TO Q.35a)

33a. As far as you know, during what year did he last have acne on his face?

(WRITE IN YEAR) Year (ASK Q.33b) Before 1961... () -1 (SKIP TO Q.35a)

First Period

33b. Think about the first time he had acne on his face -- when did it start?

| MONTH | | YEAR | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| () | () | () | () |

33c. Until when did that last?

| MONTH | | YEAR | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| () | () | () | () |

33d. Please show me on this diagram where the acne was located (the first time).

HAND RESPONDENT CARD "E"

MULTIPLE RECORD BELOW

| | |
|-------------------|--------|
| Temples..... | () -1 |
| Eyes or eyelids.. | () -1 |
| Ears..... | () -1 |
| Cheeks..... | () -1 |
| Nose..... | () -1 |
| Forehead..... | () -1 |
| Jaw, Chin, Other | () -1 |

33e. Did he ever have another period of acne on his face?

Yes.. () -1 (ASK Q.33f)
No..... -2 (SKIP TO Q.34a)

IF ANY "YES" TO TEMPLE, EYES, EYELIDS, OR EARS IN Q.33d, ABOVE: ASK Q.34a.
ALL OTHERS: SKIP TO Q.35a.

34a. Did he ever consult a doctor or medical facility about the acne on his (temples/eyes or eyelids/ears)?

Yes..... () -1 (ASK Q.34b)

No..... -2 } (SKIP TO Q.35a)
Don't know.. -3

34b. When did he last consult a doctor about the acne on his (temples/eyes or eyelids/ears)?

RECORD IN: K.K. - PG 1

34c. What was the name of the doctor or medical facility he consulted at the time?

RECORD IN: S.J.K. - PG 1

Second Period

33f. Think about the second time he had acne on his face -- when did it start?

| MONTH | | YEAR | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| () | () | () | () |

33g. Until when did that last?

| MONTH | | YEAR | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| () | () | () | () |

33h. Please show me on this diagram where the acne was located.

HAND RESPONDENT CARD "E"

MULTIPLE RECORD BELOW

| | |
|-------------------|--------|
| Temples..... | () -1 |
| Eyes or eyelids.. | () -1 |
| Ears..... | () -1 |
| Cheeks..... | () -1 |
| Nose..... | () -1 |
| Forehead..... | () -1 |
| Jaw, Chin, Other | () -1 |

33i. Did he ever have another period of acne on his face?

Yes.. () -1 (ASK Q.33j)
No..... -2 (SKIP TO Q.34a)

Third Period

33j. Think about the third time he had acne on his face -- when did it start?

| MONTH | | YEAR | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| () | () | () | () |

33k. Until when did that last?

| MONTH | | YEAR | |
|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| () | () | () | () |

33l. Please show me on this diagram where the acne was located.

HAND RESPONDENT CARD "E"

MULTIPLE RECORD BELOW

| | |
|-------------------|--------|
| Temples..... | () -1 |
| Eyes or eyelids.. | () -1 |
| Ears..... | () -1 |
| Cheeks..... | () -1 |
| Nose..... | () -1 |
| Forehead..... | () -1 |
| Jaw, Chin, Other | () -1 |

33m. Did he ever have another period of acne on his face?

Yes.. () -1
No..... -2

35a. Did (STUDY RESPONDENT) ever have (READ EACH COLUMN HEADING)?

IF "YES" TO ANY COLUMN HEADING, ASK Q.35b-h FOR THAT COLUMN

| A. | B. | C. |
|--|--|--|
| Patches of his skin change color? | Easier bruising of the skin than usual? | Skin that was extra sensitive or seemed to hurt for no reason? |
| Yes..((-1
No.....-2
DK.....-3 | Yes..((-1
No.....-2
DK.....-3 | Yes..((-1
No.....-2
DK.....-3 |
| b. On what part of his body did he have (CONDITION)? Any other part? | b. On what part of his body did he have (CONDITION)? Any other part? | b. On what part of his body did he have (CONDITION)? Any other part? |
| ((| ((| ((|
| ((| ((| ((|
| c. Did he discuss (CONDITION) with a doctor? | c. Did he discuss (CONDITION) with a doctor? | c. Did he discuss (CONDITION) with a doctor? |
| Yes..((-1 (ASK Q.35d) | Yes..((-1 (ASK Q.35d) | Yes..((-1 (ASK Q.35d) |
| No.....-2 (GO TO NEXT
DK.....-3) CONDITION) | No.....-2 (GO TO NEXT
DK.....-3) CONDITION) | No.....-2 (SKIP TO
DK.....-3) Q.36a) |
| d. What was the diagnosis? | d. What was the diagnosis? | d. What was the diagnosis? |
| ((| ((| ((|
| ((| ((| ((|
| e. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made? | e. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made? | e. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made? |
| RECORD IN S.R.B. - PG 11 | RECORD IN S.R.B. - PG 11 | RECORD IN S.R.B. - PG 11 |
| f. During what month and year was the diagnosis made? | f. During what month and year was the diagnosis made? | f. During what month and year was the diagnosis made? |
| RECORD IN S.R.B. - PG 11 | RECORD IN S.R.B. - PG 11 | RECORD IN S.R.B. - PG 11 |
| g. What is the name of the doctor or medical facility he last consulted about (CONDITION)? | g. What is the name of the doctor or medical facility he last consulted about (CONDITION)? | g. What is the name of the doctor or medical facility he last consulted about (CONDITION)? |
| RECORD IN S.R.B. - PG 11 | RECORD IN S.R.B. - PG 11 | RECORD IN S.R.B. - PG 11 |
| h. During what month and year did he last consult (NAME IN Q.35g)? | h. During what month and year did he last consult (NAME IN Q.35g)? | h. During what month and year did he last consult (NAME IN Q.35g)? |
| RECORD IN S.R.B. - PG 11 | RECORD IN S.R.B. - PG 11 | RECORD IN S.R.B. - PG 11 |

30a. Aside from injury, (was there ever/has there ever been) a period of time when (STUDY RESPONDENT) had (READ EACH COLUMN HEADING)?

IF "YES" TO ANY COLUMN HEADING, ASK Q.36b- FOR THAT COLUMN

| A. | B. | C. |
|--|--|--|
| Persistent numbness in any of his limbs? | Persistent tingling sensations in any of his limbs? | Persistent deep burning sensations in any of his limbs? |
| Yes..((-1
No.....-2
DK.....-3 | Yes..((-1
No.....-2
DK.....-3 | Yes..((-1
No.....-2
DK.....-3 |
| b. When did he first notice (CONDITION)? | b. When did he first notice (CONDITION)? | b. When did he first notice (CONDITION)? |
| MONTH YEAR

() () () () () | MONTH YEAR

() () () () () | MONTH YEAR

() () () () () |
| c. Which limbs or muscles were affected? (CONDITION)? Any other part? | c. Which limbs or muscles were affected? (CONDITION)? Any other part? | c. Which limbs or muscles were affected? (CONDITION)? Any other part? |
| ((| ((| ((|
| ((| ((| ((|
| d. During what period was the (CONDITION) most intense? | d. During what period was the (CONDITION) most intense? | d. During what period was the (CONDITION) most intense? |
| FROM
MONTH YEAR

() () () () ()
TO
MONTH YEAR

() () () () () | FROM
MONTH YEAR

() () () () ()
TO
MONTH YEAR

() () () () () | FROM
MONTH YEAR

() () () () ()
TO
MONTH YEAR

() () () () () |
| e. Did he see a doctor for (CONDITION)? | e. Did he see a doctor for (CONDITION)? | e. Did he see a doctor for (CONDITION)? |
| Yes..((-1 (IF NO OR DK,
No.....-2 GO TO NEXT
DK.....-3 (CONDITION) | Yes..((-1 (IF NO OR DK,
No.....-2 GO TO NEXT
DK.....-3 (CONDITION) | Yes..((-1 (IF NO OR DK,
No.....-2 GO TO NEXT
DK.....-3 (CONDITION) |
| f. What was the diagnosis? | f. What was the diagnosis? | f. What was the diagnosis? |
| ((| ((| ((|
| ((| ((| ((|
| g. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made? | g. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made? | g. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made? |
| RECORD IN S.R.B. - PG 12 | RECORD IN S.R.B. - PG 12 | RECORD IN S.R.B. - PG 12 |
| h. During what month and year was the diagnosis made? | h. During what month and year was the diagnosis made? | h. During what month and year was the diagnosis made? |
| RECORD IN S.R.B. - PG 12 | RECORD IN S.R.B. - PG 12 | RECORD IN S.R.B. - PG 12 |
| i. What is the name of the doctor or medical facility he last consulted about (CONDITION)? | i. What is the name of the doctor or medical facility he last consulted about (CONDITION)? | i. What is the name of the doctor or medical facility he last consulted about (CONDITION)? |
| RECORD IN S.R.B. - PG 12 | RECORD IN S.R.B. - PG 12 | RECORD IN S.R.B. - PG 12 |
| j. During what month and year did he last consult (NAME IN Q.36a)? | j. During what month and year did he last consult (NAME IN Q.36a)? | j. During what month and year did he last consult (NAME IN Q.36a)? |
| RECORD IN S.R.B. - PG 12 | RECORD IN S.R.B. - PG 12 | RECORD IN S.R.B. - PG 12 |

36a. Aside from injury, (was there ever/has there ever been) a period of time when (STUDY RESPONDENT) had (READ EACH COLUMN HEADING)?

IF "YES" TO ANY COLUMN HEADING, ASK Q.43b-j FOR THAT COLUMN

| D. | E. |
|--|--|
| Persistent aches and pains in any of his limbs? | A reduction in grip strength? |
| Yes..() -1
No.....-2
DK.....-3 | Yes..() -1
No.....-2
DK.....-3 |
| b. When did he first notice (CONDITION)? | b. When did he first notice (CONDITION)? |
| <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div>() () () ()</div> <div>() () () ()</div> </div> | <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div>() () () ()</div> <div>() () () ()</div> </div> |
| c. Which limbs or muscles were affected? (CONDITION)? Any other part? | c. Which limbs or muscles were affected? (CONDITION)? Any other part? |
| () () | () () |
| () () | () () |
| d. During what period was the (CONDITION) most intense? | d. During what period was the (CONDITION) most intense? |
| <div style="display: flex; justify-content: space-around;"> <div>FROM</div> <div>TO</div> </div> <div style="display: flex; justify-content: space-around;"> <div>MONTH YEAR</div> <div>MONTH YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div>() () () ()</div> <div>() () () ()</div> </div> | <div style="display: flex; justify-content: space-around;"> <div>FROM</div> <div>TO</div> </div> <div style="display: flex; justify-content: space-around;"> <div>MONTH YEAR</div> <div>MONTH YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div>() () () ()</div> <div>() () () ()</div> </div> |
| e. Did he see a doctor for (CONDITION)? | e. Did he see a doctor for (CONDITION)? |
| Yes..() -1 (IF NO OR DK, GO TO NEXT (CONDITION))
No.....-2
DK.....-3 | Yes..() -1
No.....-2
DK.....-3 |
| f. What was the diagnosis? | f. What was the diagnosis? |
| () () | () () |
| () () | () () |
| g. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made? | |
| <u>RECORD IN S.R.B. - PG 12</u> | <u>RECORD IN S.R.B. - PG 12</u> |
| h. During what month and year was the diagnosis made? | |
| <u>RECORD IN S.R.B. - PG 12</u> | <u>RECORD IN S.R.B. - PG 12</u> |
| i. What is the name of the doctor or medical facility he last consulted about (CONDITION)? | |
| <u>RECORD IN S.R.B. - PG 12</u> | <u>RECORD IN S.R.B. - PG 12</u> |
| j. During what month and year did he last consult (NAME IN Q.36a)? | |
| <u>RECORD IN S.R.B. - PG 12</u> | <u>RECORD IN S.R.B. - PG 12</u> |

37a. Did (STUDY RESPONDENT) ever smoke cigarettes regularly for a period of at least one month?

Yes..... () () -1 (ASK Q.37b)

No..... -2 (SKIP TO Q.39a)

37b. In what month and year did he start smoking cigarettes on a fairly regular basis?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| () | () | () | () |

37c. In what month and year did he last smoke cigarettes on a fairly regular basis?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| () | () | () | () |

37d. Between (START DATE) and (END DATE), for about how many years altogether did (STUDY RESPONDENT) smoke cigarettes, not counting times when he stopped smoking?

| | | |
|-----|-----|-------|
| () | () | Years |
| () | () | |

38. When (STUDY RESPONDENT) was smoking cigarettes on a fairly regular basis, about how many packs per week did he smoke? By "pack" we mean 20 cigarettes.

| | | |
|-----|-----|----------------|
| () | () | packs per week |
| () | () | |

39a. Did (STUDY RESPONDENT) ever smoke a pipe regularly for a period of at least one month?

Yes..... () () -1 (ASK Q.39b)

No..... -2 (SKIP TO Q.41a)

39b. In what month and year did he start smoking a pipe on a fairly regular basis?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| () | () | () | () |

39c. In what month and year did he last smoke a pipe on a fairly regular basis?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| () | () | () | () |

39d. Between (START DATE) and (END DATE), for about how many years altogether did (STUDY RESPONDENT) smoke a pipe, not counting times when he stopped smoking?

| | | |
|-----|-----|-------|
| () | () | Years |
| () | () | |

40. When (STUDY RESPONDENT) was smoking a pipe on a fairly regular basis in (START DATE), about how many pipefuls per week did he smoke?

| | | |
|-----|-----|-------------------|
| () | () | pipefuls per week |
| () | () | |

41a. Did (STUDY RESPONDENT) ever smoke cigars regularly for a period of at least one month?

Yes.....(() -1 (ASK Q.41b)

No.....-2 (SKIP TO Q.43a)

41b. In what month and year did he start smoking cigars on a fairly regular basis?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| () | () | () | () |

41c. In what month and year did he last smoke cigars on a fairly regular basis?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| () | () | () | () |

41d. Between (START DATE) and (END DATE), for about how many years altogether did (STUDY RESPONDENT) smoke cigars, not counting times when he stopped smoking?

| | | |
|-----|-----|-------|
| () | () | Years |
|-----|-----|-------|

42. When (STUDY RESPONDENT) was smoking cigars on a fairly regular basis in (START DATE), about how many cigars per week did he smoke?

| | | |
|-----|-----|-----------------|
| () | () | cigars per week |
|-----|-----|-----------------|

IF STUDY RESPONDENT SMOKED CIGARETTES, A PIPE, OR CIGARS, ASK:

43. In general, when he was smoking did he inhale the smoke?

Yes.....(() -1

No.....-2

44a. Now let's talk about drinking alcoholic beverages, that is, beer, wine, or hard liquor. Did he ever drink alcoholic beverages on a fairly regular basis?

Yes.....(() -1 (ASK Q.44b)

No.....-2 (SKIP TO Q.46)

44b. When did he start drinking alcoholic beverages on a fairly regular basis?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| () | () | () | () |

44c. When did he last drink on a fairly regular basis?

| MONTH | | YEAR | |
|-------|-----|------|-----|
| () | () | () | () |

45. When (STUDY RESPONDENT) drank alcoholic beverages on a fairly regular basis in (START DATE), about how many drinks per week did he usually have?

| | | |
|-----|-----|-----------------|
| () | () | drinks per week |
|-----|-----|-----------------|

Now I'm going to ask you a few questions about his recreation and leisure activities.

46. What are some of the hobbies and sports he participated in on a regular basis? Any others?

1. _____ ((_____
2. _____ ((_____
3. _____ ((_____
4. _____ ((_____
5. _____ ((_____
6. _____ ((_____

47. Did he participate three or more times in (READ EACH ITEM)? (CODE "YES" FOR ANY ITEM MENTIONED IN Q.46 AND DO NOT READ THAT ITEM)

- | | Yes | No |
|---|-------|----|
| 1. Scuba diving.....((_____-1 | _____ | -2 |
| 2. Auto, boat, or motorcycle racing.....((_____-1 | _____ | -2 |
| 3. Skydiving.....((_____-1 | _____ | -2 |
| 4. Mountain climbing.....((_____-1 | _____ | -2 |
| 5. Hang gliding.....((_____-1 | _____ | -2 |
| 6. Plane racing or plane acrobatics, not including flight
training or any assignments for the Armed Forces.....((_____-1 | _____ | -2 |

IF STUDY RESPONDENT IS DECEASED, ASK Q.48-52; OTHERWISE GO TO Q.53.

Now I would like to know more about the circumstances surrounding (STUDY RESPONDENT'S) death.

48. What was the official cause of his death?

49. In what city and state was (STUDY RESPONDENT) living at the time of his death?

City _____

State _____

(IF OUTSIDE U.S.) Country _____

50a. Was he in a hospital at the time of his death?

Yes.....()-1 (ASK Q.50b)

No.....-2 (SKIP TO Q.51)

50b. What was the name of the hospital? RECORD IN S.R.R. PAGE 33

51. What is the name of the primary physician who was responsible for his care at the time of death?

RECORD IN S.R.R. PAGE 34

52. Was an autopsy performed?

Yes.....()-1

No.....-2

53. We would like your consent for the doctors and medical facilities you mentioned during this interview to provide (STUDY RESPONDENT'S) medical records to the Air Force Health Survey. This will help us to obtain more complete and detailed information about the health services you talked about.

Thank you for participating in the Air Force Health Study!

TIME INTERVIEW FIELD: _____ (am/pm)

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

FOR OFFICE USE ONLY:

Case No. : _____

Study No. 812039

| |
|--|
| O.H.B. NUMBER
0701-0033
Approval Expires
11/30/82 |
|--|

Respondent #: _____

CONFIDENTIAL

AIR FORCE HEALTH SURVEY
SUPPLEMENTAL RECORDING BOOK
PROXY

Q.2. Where born: City: _____
 State: _____

Q.8b-13b. Employers

Q.8e-13e Main Duties

| | |
|-----------------|-------|
| 1st job: _____ | _____ |
| _____ | _____ |
| 2nd job: _____ | _____ |
| _____ | _____ |
| 3rd job: _____ | _____ |
| _____ | _____ |
| 4th job: _____ | _____ |
| _____ | _____ |
| 5th job: _____ | _____ |
| _____ | _____ |
| 6th job: _____ | _____ |
| _____ | _____ |
| 7th job: _____ | _____ |
| _____ | _____ |
| 8th job: _____ | _____ |
| _____ | _____ |
| 9th job: _____ | _____ |
| _____ | _____ |
| 10th job: _____ | _____ |
| _____ | _____ |
| 11th job: _____ | _____ |
| _____ | _____ |
| 12th job: _____ | _____ |
| _____ | _____ |

Q.16. Countries Served In:

| | |
|----------|-----------|
| 1. _____ | 7. _____ |
| 2. _____ | 8. _____ |
| 3. _____ | 9. _____ |
| 4. _____ | 10. _____ |
| 5. _____ | 11. _____ |
| 6. _____ | 12. _____ |

Q.17. List of all Marriages:

| | <u>Wife's</u>
Current
Full Name | <u>Wife's</u>
Maiden Name | <u>E/g</u>
Living
With Wife Or
Divorced/
Separated/
Widowed |
|------------------------|---------------------------------------|------------------------------|--|
| First/
only
wife | _____ | _____ | _____ |
| Second
wife | _____ | _____ | _____ |
| Third
wife | _____ | _____ | _____ |
| Fourth
wife | _____ | _____ | _____ |
| Fifth
wife | _____ | _____ | _____ |
| Sixth
wife | _____ | _____ | _____ |

0-1-10 and 68-76 CHILDREN

| CHILD | Q-29 NAME | 2. BIRTHDATE | 3. BIRTH RECORDS | 4. CURRENT MEDICAL RECORDS | 5. MOTHER'S FULL NAME | 6. DEATH RECORDS |
|--------|---------------------------|----------------------------------|--------------------------|----------------------------|---------------------------|--------------------------|
| FIRST | First _____
Last _____ | MONTH _____ DAY _____ YEAR _____ | Place _____
C/S _____ | Place _____
C/S _____ | First _____
Last _____ | Place _____
C/S _____ |
| SECOND | First _____
Last _____ | MONTH _____ DAY _____ YEAR _____ | Place _____
C/S _____ | Place _____
C/S _____ | First _____
Last _____ | Place _____
C/S _____ |
| THIRD | First _____
Last _____ | MONTH _____ DAY _____ YEAR _____ | Place _____
C/S _____ | Place _____
C/S _____ | First _____
Last _____ | Place _____
C/S _____ |
| FOURTH | First _____
Last _____ | MONTH _____ DAY _____ YEAR _____ | Place _____
C/S _____ | Place _____
C/S _____ | First _____
Last _____ | Place _____
C/S _____ |
| FIFTH | First _____
Last _____ | MONTH _____ DAY _____ YEAR _____ | Place _____
C/S _____ | Place _____
C/S _____ | First _____
Last _____ | Place _____
C/S _____ |
| SIXTH | First _____
Last _____ | MONTH _____ DAY _____ YEAR _____ | Place _____
C/S _____ | Place _____
C/S _____ | First _____
Last _____ | Place _____
C/S _____ |

CHILDREN

CHILD C.79 NAME

D. BIRTHDATE

E. BIRTH RECORDS

F. CURRENT MEDICAL RECORDS

G. MOTHER'S FULL NAME

H. DEATH RECORDS

SEVENTH First

Last

MONTH DAY YEAR

Place

First

Place

Last

C/S

EIGHTH First

Last

MONTH DAY YEAR

Place

First

Place

Last

C/S

NINTH First

Last

MONTH DAY YEAR

Place

First

Place

Last

C/S

TENTH First

Last

MONTH DAY YEAR

Place

First

Place

Last

C/S

ELEVENTH First

Last

MONTH DAY YEAR

Place

First

Place

Last

C/S

Twelfth First

Last

MONTH DAY YEAR

Place

First

Place

Last

C/S

0.28 Medical Providers -- Pneumonia

| 1st Time | 2nd Time | 3rd Time |
|---|---|---|
| a. Months/years had that time. | a. Months/years had that time. | a. Months/years had that time. |
| <div>MONTH YEAR</div> <div>() () - () ()</div> <div>TO</div> <div>MONTH YEAR</div> <div>() () - () ()</div> | <div>MONTH YEAR</div> <div>() () - () ()</div> <div>TO</div> <div>MONTH YEAR</div> <div>() () - () ()</div> | <div>MONTH YEAR</div> <div>() () - () ()</div> <div>TO</div> <div>MONTH YEAR</div> <div>() () - () ()</div> |
| b. Doctor/facility who made diagnosis. | b. Doctor/facility who made diagnosis. | b. Doctor/facility who made diagnosis. |
| Name _____ | Name _____ | Name _____ |
| Address _____ | Address _____ | Address _____ |
| C/S _____ | C/S _____ | C/S _____ |
| e. Name of hospital. | e. Name of hospital. | e. Name of hospital. |
| Name _____ | Name _____ | Name _____ |
| Address _____ | Address _____ | Address _____ |
| C/S _____ | C/S _____ | C/S _____ |

| 4th Time | 5th Time | 6th Time |
|---|---|---|
| a. Months/years had that time. | a. Months/years had that time. | a. Months/years had that time. |
| <div>MONTH YEAR</div> <div>() () - () ()</div> <div>TO</div> <div>MONTH YEAR</div> <div>() () - () ()</div> | <div>MONTH YEAR</div> <div>() () - () ()</div> <div>TO</div> <div>MONTH YEAR</div> <div>() () - () ()</div> | <div>MONTH YEAR</div> <div>() () - () ()</div> <div>TO</div> <div>MONTH YEAR</div> <div>() () - () ()</div> |
| b. Doctor/facility who made diagnosis. | b. Doctor/facility who made diagnosis. | b. Doctor/facility who made diagnosis. |
| Name _____ | Name _____ | Name _____ |
| Address _____ | Address _____ | Address _____ |
| C/S _____ | C/S _____ | C/S _____ |
| e. Name of hospital. | e. Name of hospital. | e. Name of hospital. |
| Name _____ | Name _____ | Name _____ |
| Address _____ | Address _____ | Address _____ |
| C/S _____ | C/S _____ | C/S _____ |

Q.29. Medical Providers -- Cancer

| Part 1 | Part 2 | Part 3 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|---|------|--|--|--|--|--|------|------|------|------|---|-------|--|------|--|--|--|--|--|------|------|------|------|---|-------|--|------|--|--|--|--|--|------|------|------|------|
| <p>c. Month/year <u>first</u> diagnosed</p> <table border="1"> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> <tr> <td>(16)</td><td>(17)</td><td>(18)</td><td>(19)</td> </tr> </table> | MONTH | | YEAR | | | | | | (16) | (17) | (18) | (19) | <p>c. Month/year <u>first</u> diagnosed</p> <table border="1"> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> <tr> <td>(44)</td><td>(45)</td><td>(46)</td><td>(47)</td> </tr> </table> | MONTH | | YEAR | | | | | | (44) | (45) | (46) | (47) | <p>c. Month/year <u>first</u> diagnosed</p> <table border="1"> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> <tr> <td>(52)</td><td>(53)</td><td>(54)</td><td>(55)</td> </tr> </table> | MONTH | | YEAR | | | | | | (52) | (53) | (54) | (55) |
| MONTH | | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (16) | (17) | (18) | (19) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH | | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (44) | (45) | (46) | (47) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH | | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (52) | (53) | (54) | (55) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>d. Doctor/facility where first diagnosis made:</p> <p>Name _____</p> <p>Address _____</p> <p>C/S _____</p> | <p>d. Doctor/facility where first diagnosis made:</p> <p>Name _____</p> <p>Address _____</p> <p>C/S _____</p> | <p>d. Doctor/facility where first diagnosis made:</p> <p>Name _____</p> <p>Address _____</p> <p>C/S _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>e. Doctor/facility <u>last</u> consulted.</p> <p>Name _____</p> <p>Address _____</p> <p>C/S _____</p> | <p>e. Doctor/facility <u>last</u> consulted.</p> <p>Name _____</p> <p>Address _____</p> <p>C/S _____</p> | <p>e. Doctor/facility <u>last</u> consulted.</p> <p>Name _____</p> <p>Address _____</p> <p>C/S _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MONTH | | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (40) | (41) | (42) | (43) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH | | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (48) | (49) | (50) | (51) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH | | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (56) | (57) | (58) | (59) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Part 4 | Part 5 | Part 6 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| MONTH | | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (60) | (61) | (62) | (63) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH | | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (68) | (69) | (70) | (71) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH | | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (12) | (13) | (14) | (15) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>d. Doctor/facility where first diagnosis made:</p> <p>Name _____</p> <p>Address _____</p> <p>C/S _____</p> | <p>d. Doctor/facility where first diagnosis made:</p> <p>Name _____</p> <p>Address _____</p> <p>C/S _____</p> | <p>d. Doctor/facility where first diagnosis made:</p> <p>Name _____</p> <p>Address _____</p> <p>C/S _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>e. Doctor/facility <u>last</u> consulted.</p> <p>Name _____</p> <p>Address _____</p> <p>C/S _____</p> | <p>e. Doctor/facility <u>last</u> consulted.</p> <p>Name _____</p> <p>Address _____</p> <p>C/S _____</p> | <p>e. Doctor/facility <u>last</u> consulted.</p> <p>Name _____</p> <p>Address _____</p> <p>C/S _____</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>f. Month/year <u>last</u> consulted.</p> <table border="1"> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> <tr> <td>(64)</td><td>(65)</td><td>(66)</td><td>(67)</td> </tr> </table> | MONTH | | YEAR | | | | | | (64) | (65) | (66) | (67) | <p>f. Month/year <u>last</u> consulted.</p> <table border="1"> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> <tr> <td>(72)</td><td>(73)</td><td>(74)</td><td>(75)</td> </tr> </table> | MONTH | | YEAR | | | | | | (72) | (73) | (74) | (75) | <p>f. Month/year <u>last</u> consulted.</p> <table border="1"> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> <tr> <td>(16)</td><td>(17)</td><td>(18)</td><td>(19)</td> </tr> </table> | MONTH | | YEAR | | | | | | (16) | (17) | (18) | (19) |
| MONTH | | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (64) | (65) | (66) | (67) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH | | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (72) | (73) | (74) | (75) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MONTH | | YEAR | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (16) | (17) | (18) | (19) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Q.30 Medical Providers -- Leukemia

b. Month/year first
diagnosed

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (20) | (21) | (22) | (23) |

c. Doctor/facility where
first diagnosis made:

Name _____

Address _____

C/S _____

f. Doctor/facility last
consulted.

Name _____

Address _____

C/S _____

g. Month/year last
consulted.

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (24) | (25) | (26) | (27) |

D.31. Medical Providers -- OTHER MEDICAL CONDITIONS

DIABETES

b. First told had:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | - | |
| (28) | (29) | (30) | (31) |

c. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

d. Doctor last consulted:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | - | |
| (32) | (33) | (34) | (35) |

e. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

THYROID

b. First told had:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | - | |
| (44) | (45) | (46) | (47) |

c. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

d. Doctor last consulted:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | - | |
| (48) | (49) | (50) | (51) |

e. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

ANEMIA

b. First told had:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | - | |
| (60) | (61) | (62) | (63) |

c. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

d. Doctor last consulted:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | - | |
| (64) | (65) | (66) | (67) |

e. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

HEART CONDITION

b. First told had:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | - | |
| (36) | (37) | (38) | (39) |

c. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

d. Doctor last consulted:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | - | |
| (40) | (41) | (42) | (43) |

e. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

ENLARGED LIVER

b. First told had:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | - | |
| (52) | (53) | (54) | (55) |

c. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

d. Doctor last consulted:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | - | |
| (56) | (57) | (58) | (59) |

e. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

JAUNDICE

b. First told had:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | - | |
| (68) | (69) | (70) | (71) |

c. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

d. Doctor last consulted:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | - | |
| (72) | (73) | (74) | (75) |

e. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

Q.31. Medical Providers -- OTHER MEDICAL CONDITIONS (CONTINUED)

HEPATITIS

b. First told had:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (12) | (13) | (14) | (15) |

c. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

d. Doctor last consulted:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (16) | (17) | (18) | (19) |

e. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

CIRRHOSIS OF THE LIVER

b. First told had:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (28) | (29) | (30) | (31) |

c. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

d. Doctor last consulted:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (32) | (33) | (34) | (35) |

e. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

INTESTINAL PARASITES

b. First told had:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (44) | (45) | (46) | (47) |

c. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

d. Doctor last consulted:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (48) | (49) | (50) | (51) |

e. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

GALL BLADDER

b. First told had:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (20) | (21) | (22) | (23) |

c. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

d. Doctor last consulted:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (24) | (25) | (26) | (27) |

e. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

OTHER LIVER CONDITION

b. First told had:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (36) | (37) | (38) | (39) |

c. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

d. Doctor last consulted:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (40) | (41) | (42) | (43) |

e. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

OTHER RESPIRATORY

b. First told had:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (52) | (53) | (54) | (55) |

c. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

d. Doctor last consulted:

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (56) | (57) | (58) | (59) |

e. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

Q.31. Medical Providers -- OTHER MEDICAL CONDITIONS (CONTINUED)

| OTHER MAJOR CONDITIONS | SECOND MAJOR CONDITIONS | THIRD MAJOR CONDITIONS |
|---|---|---|
| b. First told had: | b. First told had: | b. First told had: |
| <div style="display: flex; justify-content: space-around;"> <div>MONTH
[][]
(60) (61)</div> <div>YEAR
[][]
(62) (63)</div> </div> | <div style="display: flex; justify-content: space-around;"> <div>MONTH
[][]
() ()</div> <div>YEAR
[][]
() ()</div> </div> | <div style="display: flex; justify-content: space-around;"> <div>MONTH
[][]
() ()</div> <div>YEAR
[][]
() ()</div> </div> |
| c. Doctor/facility where diagnosis made: | Doctor/facility where diagnosis made: | Doctor/facility where diagnosis made: |
| Name _____ | Name _____ | Name _____ |
| Address _____ | Address _____ | Address _____ |
| C/S _____ | C/S _____ | C/S _____ |
| d. Doctor <u>last</u> consulted: | Doctor <u>last</u> consulted: | Doctor <u>last</u> consulted: |
| <div style="display: flex; justify-content: space-around;"> <div>MONTH
[][]
(64) (65)</div> <div>YEAR
[][]
(66) (67)</div> </div> | <div style="display: flex; justify-content: space-around;"> <div>MONTH
[][]
() ()</div> <div>YEAR
[][]
() ()</div> </div> | <div style="display: flex; justify-content: space-around;"> <div>MONTH
[][]
() ()</div> <div>YEAR
[][]
() ()</div> </div> |
| e. Doctor/Facility <u>last</u> consulted. | Doctor/Facility <u>last</u> consulted. | Doctor/Facility <u>last</u> consulted. |
| Name _____ | Name _____ | Name _____ |
| Address _____ | Address _____ | Address _____ |
| C/S _____ | C/S _____ | C/S _____ |

Q.34 Medical Providers -- Acne

Firstb. Last consulted doctor

MONTH
[][]
(68) (69)

YEAR
[][]
(70) (71)

c. Doctor/facility last consulted:

Name _____

Address _____

C/S _____

For

Q.35 -- Medical Providers

| A.
PATCHES OF SKIN CHANGE COLOR | B.
EASIER BRUISING OF SKIN | C.
SKIN EXTRA SENSITIVE |
|--|--|--|
| e. Doctor/facility where diagnosis made: | e. Doctor/facility where diagnosis made: | e. Doctor/facility where diagnosis made: |
| Name _____ | Name _____ | Name _____ |
| Address _____ | Address _____ | Address _____ |
| C/S _____ | C/S _____ | C/S _____ |
| f. Month/year diagnosis made: | f. Month/year diagnosis made: | f. Month/year diagnosis made: |
| <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/></div> <div><input type="text"/></div> <div>-</div> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>(12) (13)</div> <div>(14) (15)</div> </div> | <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/></div> <div><input type="text"/></div> <div>-</div> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>(18) (19)</div> <div>(20) (21)</div> </div> | <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/></div> <div><input type="text"/></div> <div>-</div> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>(44) (45)</div> <div>(46) (47)</div> </div> |
| g. Doctor/Facility <u>last</u> consulted. | g. Doctor/Facility <u>last</u> consulted. | g. Doctor/Facility <u>last</u> consulted. |
| Name _____ | Name _____ | Name _____ |
| Address _____ | Address _____ | Address _____ |
| C/S _____ | C/S _____ | C/S _____ |
| h. Month/year <u>last</u> consulted: | h. Month/year <u>last</u> consulted: | h. Month/year <u>last</u> consulted: |
| <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/></div> <div><input type="text"/></div> <div>-</div> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>(16) (17)</div> <div>(18) (19)</div> </div> | <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/></div> <div><input type="text"/></div> <div>-</div> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>(32) (33)</div> <div>(34) (35)</div> </div> | <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div><input type="text"/></div> <div><input type="text"/></div> <div>-</div> <div><input type="text"/></div> <div><input type="text"/></div> </div> <div style="display: flex; justify-content: space-around;"> <div>(48) (49)</div> <div>(50) (51)</div> </div> |

C.36 -- Medical Providers

| A.
NUMBNESS IN LIMBS | | B.
TINGLING IN LIMBS | | C.
BURNING IN LIMBS | |
|--|--|--|--|--|--|
| a. Doctor/facility where diagnosis made: | | a. Doctor/facility where diagnosis made: | | a. Doctor/facility where diagnosis made: | |
| Name _____ | | Name _____ | | Name _____ | |
| Address _____ | | Address _____ | | Address _____ | |
| C/S _____ | | C/S _____ | | C/S _____ | |
| b. Month/year diagnosis made: | | b. Month/year diagnosis made: | | b. Month/year diagnosis made: | |
| <div>MONTH YEAR</div> <div> <div></div><div></div> <div></div><div></div> <div></div><div></div> </div> <div>() () () ()</div> | | <div>MONTH YEAR</div> <div> <div></div><div></div> <div></div><div></div> <div></div><div></div> </div> <div>() () () ()</div> | | <div>MONTH YEAR</div> <div> <div></div><div></div> <div></div><div></div> <div></div><div></div> </div> <div>() () () ()</div> | |
| c. Doctor/Facility <u>last</u> consulted: | | c. Doctor/Facility <u>last</u> consulted: | | c. Doctor/Facility <u>last</u> consulted: | |
| Name _____ | | Name _____ | | Name _____ | |
| Address _____ | | Address _____ | | Address _____ | |
| C/S _____ | | C/S _____ | | C/S _____ | |
| d. Month/year <u>last</u> consulted: | | d. Month/year <u>last</u> consulted: | | d. Month/year <u>last</u> consulted: | |
| <div>MONTH YEAR</div> <div> <div></div><div></div> <div></div><div></div> <div></div><div></div> </div> <div>() () () ()</div> | | <div>MONTH YEAR</div> <div> <div></div><div></div> <div></div><div></div> <div></div><div></div> </div> <div>() () () ()</div> | | <div>MONTH YEAR</div> <div> <div></div><div></div> <div></div><div></div> <div></div><div></div> </div> <div>() () () ()</div> | |

| D.
PERSISTENT ACHES IN LIMBS | | E.
REDUCTION IN GRIP STRENGTH | |
|--|--|--|--|
| a. Doctor/facility where diagnosis made: | | a. Doctor/facility where diagnosis made: | |
| Name _____ | | Name _____ | |
| Address _____ | | Address _____ | |
| C/S _____ | | C/S _____ | |
| b. Month/year diagnosis made: | | b. Month/year diagnosis made: | |
| <div>MONTH YEAR</div> <div> <div></div><div></div> <div></div><div></div> <div></div><div></div> </div> <div>() () () ()</div> | | <div>MONTH YEAR</div> <div> <div></div><div></div> <div></div><div></div> <div></div><div></div> </div> <div>() () () ()</div> | |
| c. Doctor/Facility <u>last</u> consulted: | | c. Doctor/Facility <u>last</u> consulted: | |
| Name _____ | | Name _____ | |
| Address _____ | | Address _____ | |
| C/S _____ | | C/S _____ | |
| d. Month/year <u>last</u> consulted: | | d. Month/year <u>last</u> consulted: | |
| <div>MONTH YEAR</div> <div> <div></div><div></div> <div></div><div></div> <div></div><div></div> </div> <div>() () () ()</div> | | <div>MONTH YEAR</div> <div> <div></div><div></div> <div></div><div></div> <div></div><div></div> </div> <div>() () () ()</div> | |

Q.54 Additional Civilian Training Programs (Q.6)

| 4th Program | 5th Program | 6th Program |
|--|--|--|
| b. For what kind of work was his next civilian training program preparing him? | f. For what kind of work was his next civilian training program preparing him? | j. For what kind of work was his next civilian training program preparing him? |
| (15) | (15) | (15) |
| (16) | (16) | (16) |
| (17) | (17) | (17) |
| 18-19 | 18-19 | 18-19 |
| c. In what month and year did he start this training? | g. In what month and year did he start this training? | k. In what month and year did he start this training? |
| <div>MONTH YEAR</div> <div>(20) (21) - (22) (23)</div> | <div>MONTH YEAR</div> <div>(20) (21) - (22) (23)</div> | <div>MONTH YEAR</div> <div>(20) (21) - (22) (23)</div> |
| d. In what month and year did he complete this training? | h. In what month and year did he complete this training? | l. In what month and year did he complete this training? |
| <div>MONTH YEAR</div> <div>(24) (25) - (26) (27)</div> | <div>MONTH YEAR</div> <div>(24) (25) - (26) (27)</div> | <div>MONTH YEAR</div> <div>(24) (25) - (26) (27)</div> |
| e. Did he participate in any other civilian job training program that prepared him for a major change in his occupation? | i. Did he participate in any other civilian job training program that prepared him for a major change in his occupation? | m. Did he participate in any other civilian job training program that prepared him for a major change in his occupation? |
| Yes. (28) -1 (ASK Q.f) | Yes. (28) -1 (ASK Q.j) | Yes. (28) -1 (RETURN TO |
| No. -2 (RETURN TO Q.7a) | No. -2 (RETURN TO Q.7a) | No. -2 Q.7a) |
| 04
79-80 | 05
79-80 | 06
79-80 |

Q.55. Additional Military Training Programs (Q.7)

| 4th Program | 5th Program | 6th Program |
|--|--|--|
| b. For what kind of work was his next military training program preparing him? | g. For what kind of work was his next military training program preparing him? | L. For what kind of work was his next military training program preparing him? |
| (14) | (15) | (16) |
| (16) | (16) | (16) |
| (17) | (17) | (17) |
| (18-20) | (18-20) | (18-20) |
| c. What was the AFSC for that job? | h. What was the AFSC for that job? | m. What was the AFSC for that job? |
| () | () | () |
| d. In what month and year did he start this training? | i. In what month and year did he start this training? | n. In what month and year did he start this training? |
| MONTH YEAR
(21) (22) (23) (24) | MONTH YEAR
(21) (22) (23) (24) | MONTH YEAR
(21) (22) (23) (24) |
| e. In what month and year did he complete this training? | j. In what month and year did he complete this training? | o. In what month and year did he complete this training? |
| MONTH YEAR
(25) (26) (27) (28) | MONTH YEAR
(25) (26) (27) (28) | MONTH YEAR
(25) (26) (27) (28) |
| f. Did he participate in any other military job training program that prepared him for a major change in his occupation? | k. Did he participate in any other military job training program that prepared him for a major change in his occupation? | p. Did he participate in any other military job training program that prepared him for a major change in his occupation? |
| Yes. () -1 (ASK Q.8)
No. -2 (RETURN TO Q.8) | Yes. () -1 (ASK Q.8)
No. -2 (RETURN TO Q.8) | Yes. () -1 (RETURN TO Q.8)
No. -2 (RETURN TO Q.8) |

74-80

74-80

06
79-80

Q. 50-61 Additional Jobs (Q.8-13)

Seventh Job

56a. In what month and year did he start his next job that lasted three months or longer?

| MONTH | | YEAR | |
|-------|------|------|------|
| (15) | (16) | (17) | (18) |

b. What was the name of his employer?

RECORD IN S.R.B. - PG 1

c. Was the job full-time or part-time?

Full time..(19) -1
Part time.....-2

d. What kind of business was that -- what did they make or do there?

Eighth Job

57a. In what month and year did he start his next job that lasted three months or longer?

| MONTH | | YEAR | |
|-------|------|------|------|
| (15) | (16) | (17) | (18) |

b. What was the name of his employer?

RECORD IN S.R.B. - PG 1

c. Was the job full-time or part-time?

Full time..(19) -1
Part time.....-2

d. What kind of business was that -- what did they make or do there?

Ninth Job

58a. In what month and year did he start his next job that lasted three months or longer?

| MONTH | | YEAR | |
|-------|------|------|------|
| (15) | (16) | (17) | (18) |

b. What was the name of his employer?

RECORD IN S.R.B. - PG 1

c. Was the job full-time or part-time?

Full time..(19) -1
Part time.....-2

d. What kind of business was that -- what did they make or do there?

e. What did he actually do on the job -- what were some of his main duties?

RECORD IN S.R.B. - PG 1

HAND RESPONDENT CARD "B"

f. Please look at this card and tell me the number which best describes the kind of industry he worked in.

(WRITE IN NUMBER)

| | |
|------|------|
| (20) | (21) |
|------|------|

g. In what month and year did this job end?

| MONTH | | YEAR | |
|-------|------|------|------|
| (21) | (24) | (25) | (26) |

Current (RETURN TO job..(27) -1 Q.14)

h. What was the main reason he stopped working at that job?

(28)

(29)

(ASK Q.57a)

e. What did he actually do on the job -- what were some of his main duties?

RECORD IN S.R.B. - PG 1

HAND RESPONDENT CARD "B"

f. Please look at this card and tell me the number which best describes the kind of industry he worked in.

(WRITE IN NUMBER)

| | |
|------|------|
| (20) | (21) |
|------|------|

g. In what month and year did this job end?

| MONTH | | YEAR | |
|-------|------|------|------|
| (21) | (24) | (25) | (26) |

Current (RETURN TO job..(27) -1 Q.14)

h. What was the main reason he stopped working at that job?

(28)

(29)

(ASK Q.58a)

e. What did he actually do on the job -- what were some of his main duties?

RECORD IN S.R.B. - PG 1

HAND RESPONDENT CARD "B"

f. Please look at this card and tell me the number which best describes the kind of industry he worked in.

(WRITE IN NUMBER)

| | |
|------|------|
| (20) | (21) |
|------|------|

g. In what month and year did this job end?

| MONTH | | YEAR | |
|-------|------|------|------|
| (21) | (24) | (25) | (26) |

Current (RETURN TO job..(27) -1 Q.14)

h. What was the main reason he stopped working at that job?

(28)

(29)

(ASK Q.59a)

(30-33)

(34-36)

(37-40)

(41-44)

(45-48)

(49-52)

(53-56)

(57-60)

(61-64)

(65-68)

(69-72)

| Tenth Job | Eleventh Job | Twelfth Job |
|--|--|--|
| <p>59a. In what month and year did he start his next job that lasted three months or longer?</p> <p>MONTH YEAR</p> <p>(15) (16) (17) (18)</p> | <p>60a. In what month and year did he start his next job that lasted three months or longer?</p> <p>MONTH YEAR</p> <p>(15) (16) (17) (18)</p> | <p>61a. In what month and year did he start his next job that lasted three months or longer?</p> <p>MONTH YEAR</p> <p>(15) (16) (17) (18)</p> |
| <p>b. What was the name of his employer?</p> <p>RECORD IN S.R.B. - PG 1</p> | <p>b. What was the name of his employer?</p> <p>RECORD IN S.R.B. - PG 1</p> | <p>b. What was the name of his employer?</p> <p>RECORD IN S.R.B. - PG 1</p> |
| <p>c. Was the job full-time or part-time?</p> <p>Full time.....-1
Part time.....-2</p> | <p>c. Was the job full-time or part-time?</p> <p>Full time.....-1
Part time.....-2</p> | <p>c. Was the job full-time or part-time?</p> <p>Full time.....-1
Part time.....-2</p> |
| <p>d. What kind of business was that -- what (do, did) they make or do there?</p> | <p>d. What kind of business was that -- what (do, did) they make or do there?</p> | <p>d. What kind of business was that -- what (do, did) they make or do there?</p> |
| <p>e. What did he actually do on the job -- what were some of his main duties?</p> <p>RECORD IN S.R.B. - PG 1</p> | <p>e. What did he actually do on the job -- what were some of his main duties?</p> <p>RECORD IN S.R.B. - PG 1</p> | <p>e. What did he actually do on the job -- what were some of his main duties?</p> <p>RECORD IN S.R.B. - PG 1</p> |
| <p>THAND RESPONDENT CARD "B"</p> <p>f. Please look at this card and tell me the number which best describes the kind of industry he worked in.</p> <p>(WRITE IN NUMBER)</p> <p>(20) (21)</p> | <p>THAND RESPONDENT CARD "B"</p> <p>f. Please look at this card and tell me the number which best describes the kind of industry he worked in.</p> <p>(WRITE IN NUMBER)</p> <p>(20) (21)</p> | <p>THAND RESPONDENT CARD "B"</p> <p>f. Please look at this card and tell me the number which best describes the kind of industry he worked in.</p> <p>(WRITE IN NUMBER)</p> <p>(20) (21)</p> |
| <p>g. In what month and year did this job end?</p> <p>MONTH YEAR</p> <p>(23) (24) (25) (26)</p> | <p>g. In what month and year did this job end?</p> <p>MONTH YEAR</p> <p>(23) (24) (25) (26)</p> | <p>g. In what month and year did this job end?</p> <p>MONTH YEAR</p> <p>(23) (24) (25) (26)</p> |
| <p>Current (RETURN TO job..(27) -1 Q.14)</p> | <p>Current (RETURN TO job..(27) -1 Q.14)</p> | <p>Current (RETURN TO job..(27) -1 Q.14)</p> |
| <p>h. What was the main reason he stopped working at that job?</p> <p>(28)</p> <p>(29)</p> | <p>h. What was the main reason he stopped working at that job?</p> <p>(28)</p> <p>(29)</p> | <p>h. What was the main reason he stopped working at that job?</p> <p>(28)</p> <p>(29)</p> |
| <p>(ASK Q.60a)</p> | <p>(ASK Q.61a)</p> | <p>(RETURN TO Q.14)</p> |
| <p>11-11-11</p> <p>11-11-11</p> <p>11-11-11</p> | <p>11-11-11</p> <p>11-11-11</p> <p>11-11-11</p> | <p>11-11-11</p> <p>11-11-11</p> <p>11-11-11</p> |

Q.62. Additional Periods in Military (Q.14)

a. In what month and year did he next enter the Armed Forces?

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (14) | (15) | (16) | (17) |

b. What branch of the military was that?

Air Force. (18) _____ -1
 Navy. _____ -2
 Army. _____ -3
 Marines. _____ -4
 Coast Guard. _____ -5

c. Was he discharged or separated from the (BRANCH OF SERVICE)?

Discharged/
 separated. (19) _____ -1 (ASK Q.62d)
 Still in
 (MILITARY) _____ -2 (RETURN TO Q.15)

d. In what month and year was he discharged/ separated from the (BRANCH OF MILITARY)?

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (20) | (21) | (22) | (23) |

e. Following his separation or discharge in (DATE IN "d"), did he reenter the Armed Forces?

Yes. (24) _____ -1 (ASK Q.62f)
 No. _____ -2 (RETURN TO Q.15)

f. In what month and year did he next enter the Armed Forces?

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (14) | (15) | (16) | (17) |

g. What branch of the military was that?

Air Force. (18) _____ -1
 Navy. _____ -2
 Army. _____ -3
 Marines. _____ -4
 Coast Guard. _____ -5

h. Was he discharged or separated from the (BRANCH OF SERVICE)?

Discharged/
 separated. (19) _____ -1 (ASK Q.62i)
 Still in
 (MILITARY) _____ -2 (RETURN TO Q.15)

i. In what month and year was he discharged/ separated from the (BRANCH OF MILITARY)?

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (20) | (21) | (22) | (23) |

j. Following his separation or discharge in (DATE IN "i"), did he reenter the Armed Forces?

Yes. (24) _____ -1 (ASK Q.62k)
 No. _____ -2 (RETURN TO Q.15)

k. In what month and year did he next enter the Armed Forces?

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (14) | (15) | (16) | (17) |

l. What branch of the military was that?

Air Force. (18) _____ -1
 Navy. _____ -2
 Army. _____ -3
 Marines. _____ -4
 Coast Guard. _____ -5

m. Was he discharged or separated from the (BRANCH OF SERVICE)?

Discharged/
 separated. (19) _____ -1 (ASK Q.62n)
 Still in
 (MILITARY) _____ -2 (RETURN TO Q.15)

n. In what month and year was he discharged/ separated from the (BRANCH OF MILITARY)?

| MONTH | | YEAR | |
|-------|------|------|------|
| | | | |
| (20) | (21) | (22) | (23) |

o. Following his separation or discharge in (DATE IN "n"), did he reenter the Armed Forces?

Yes. (24) _____ -1 (RETURN TO Q.15)
 No. _____ -2

04
79-80

05
79-80

06
79-80

Q.03. Additional Countries (Q.15-16)

Seventh Country

a. What was the next country that he was stationed in for more than 90 days while on active duty?

(11) -1

(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)

No others. (11) -1 (RETURN TO Q.17)

b. In what month and year did he begin and end active duty in (COUNTRY)?

| BEGIN | | YEAR | |
|-------|------|-------|------|
| MONTH | YEAR | MONTH | YEAR |
| (17) | (18) | (19) | (20) |

| END | | YEAR | |
|-------|------|-------|------|
| MONTH | YEAR | MONTH | YEAR |
| (21) | (22) | (23) | (24) |

Current... (25) -1

c. What specific job assignments did he have in (COUNTRY)? Can you give me the AFSC?

1. (26) -28

2. (29) -31

3. (32) -34

d. Did his duties in (COUNTRY) include flying?

Yes. (35) -1
No. -2

e. How many flight hours did he log while in (COUNTRY)?

| Hours | | |
|-------|------|------|
| (36) | (37) | (38) |
| | | |

Other (SPECIFY)

(39) -1

f. What specific letter and numerical designation(s) did each aircraft have?

1. (40) -43

2. (44) -47

3. (48) -51

4. (52) -55

(ASK Q.4)

Eighth Country

g. What was the next country that he was stationed in for more than 90 days while on active duty?

(14) -15

(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)

No others. (14) -1 (RETURN TO Q.17)

h. In what month and year did he begin and end active duty in (COUNTRY)?

| BEGIN | | YEAR | |
|-------|------|-------|------|
| MONTH | YEAR | MONTH | YEAR |
| (17) | (18) | (19) | (20) |

| END | | YEAR | |
|-------|------|-------|------|
| MONTH | YEAR | MONTH | YEAR |
| (21) | (22) | (23) | (24) |

Current... (25) -1

i. What specific job assignments did he have in (COUNTRY)? Can you give me the AFSC?

1. (26) -28

2. (29) -31

3. (32) -34

j. Did his duties in (COUNTRY) include flying?

Yes. (35) -1
No. -2

k. How many flight hours did he log while in (COUNTRY)?

| Hours | | |
|-------|------|------|
| (36) | (37) | (38) |
| | | |

Other (SPECIFY)

(39) -1

l. What specific letter and numerical designation(s) did each aircraft have?

1. (40) -43

2. (44) -47

3. (48) -51

4. (52) -55

(ASK Q.m)

Ninth Country

m. What was the next country that he was stationed in for more than 90 days while on active duty?

(16) -15

(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)

No others. (16) -1 (RETURN TO Q.17)

n. In what month and year did he begin and end active duty in (COUNTRY)?

| BEGIN | | YEAR | |
|-------|------|-------|------|
| MONTH | YEAR | MONTH | YEAR |
| (17) | (18) | (19) | (20) |

| END | | YEAR | |
|-------|------|-------|------|
| MONTH | YEAR | MONTH | YEAR |
| (21) | (22) | (23) | (24) |

Current... (25) -1

o. What specific job assignments did he have in (COUNTRY)? Can you give me the AFSC?

1. (26) -28

2. (29) -31

3. (32) -34

p. Did his duties in (COUNTRY) include flying?

Yes. (35) -1
No. -2

q. How many flight hours did he log while in (COUNTRY)?

| Hours | | |
|-------|------|------|
| (36) | (37) | (38) |
| | | |

Other (SPECIFY)

(39) -1

r. What specific letter and numerical designation(s) did each aircraft have?

1. (40) -43

2. (44) -47

3. (48) -51

4. (52) -55

(ASK Q.64a)

Q.64. Additional Countries (Q.15-16)

| Tenth Country | Eleventh Country | Twelfth Country |
|---|---|---|
| a. What was the next country that he was stationed in for more than 90 days while on active duty? | g. What was the next country that he was stationed in for more than 90 days while on active duty? | m. What was the next country that he was stationed in for more than 90 days while on active duty? |
| (14(-15) | (14(-15) | (14(-15) |
| (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE) | (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE) | (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE) |
| No others.(16(-1 (RETURN TO Q.17) | No others.(16(-1 (RETURN TO Q.17) | No others.(16(-1 (RETURN TO Q.17) |
| b. In what month and year did he begin and end active duty in (COUNTRY)? | h. In what month and year did he begin and end active duty in (COUNTRY)? | n. In what month and year did he begin and end active duty in (COUNTRY)? |
| BEGIN | BEGIN | BEGIN |
| MONTH YEAR | MONTH YEAR | MONTH YEAR |
| (17) (18) (19) (20) | (17) (18) (19) (20) | (17) (18) (19) (20) |
| END | END | END |
| MONTH YEAR | MONTH YEAR | MONTH YEAR |
| (21) (22) (23) (24) | (21) (22) (23) (24) | (21) (22) (23) (24) |
| Current...(25(-1 | Current...(25(-1 | Current...Q5(-1 |
| c. What specific job assignments did he have in (COUNTRY)? Can you give me the AFSC? | i. What specific job assignments did he have in (COUNTRY)? Can you give me the AFSC? | o. What specific job assignments did he have in (COUNTRY)? Can you give me the AFSC? |
| 1. Q6(-28 | 1. (26(-28 | 1. Q6(-28 |
| 2. (28(-31 | 2. (28(-31 | 2. Q9(-31 |
| 3. (38(-34 | 3. (38(-34 | 3. (38(-34 |
| d. Did his duties in (COUNTRY) include flying? | j. Did his duties in (COUNTRY) include flying? | p. Did his duties in (COUNTRY) include flying? |
| Yes.(39(-1 | Yes.(39(-1 | Yes.(39(-1 |
| No.....-2 | No.....-2 | No.....-2 |
| e. How many flight hours did he log while in (COUNTRY)? | k. How many flight hours did he log while in (COUNTRY)? | q. How many flight hours did he log while in (COUNTRY)? |
| Hours | Hours | Hours |
| (36) (37) (38) | (36) (37) (38) | (36) (37) (38) |
| Other (SPECIFY) | Other (SPECIFY) | Other (SPECIFY) |
| .(39(-1 | .(39(-1 | .(39(-1 |
| f. What specific letter and numerical designation(s) did each aircraft have? | L. What specific letter and numerical designation(s) did each aircraft have? | r. What specific letter and numerical designation(s) did each aircraft have? |
| 1. (40(-43 | 1. (40(-43 | 1. (40(-43 |
| 2. (44(-47 | 2. (44(-47 | 2. (44(-47 |
| 3. (48(-51 | 3. (48(-51 | 3. (48(-51 |
| 4. (52(-55 | 4. (52(-55 | 4. (52(-55 |
| (ASK Q.g) | (ASK Q.m) | (RETURN TO Q.17) |
| (56-59) (60-63) (64-67) | (56-59) (60-63) (64-67) | (56-59) (60-63) (64-67) |
| 10 70-80 | 11 70-80 | 12 70-80 |

Q.65-67. Additional Marriages

FOURTH MARRIAGE

65a. In what month and year did he get married the fourth time?

| MONTH | | YEAR | |
|-------|------|------|------|
| (15) | (16) | (17) | (18) |

b. What (is/was) the current full name of that wife

RECORD IN S.R.B. PG 2 |

c. What was her full maiden name?

RECORD IN S.R.B. PG 2 |

19-49

d. During this marriage, how many times was he living apart from his wife (you) for more than three months?

| | | |
|------|------|-------|
| (50) | (51) | Times |
|------|------|-------|

Never..(52(____-1 (SKIP TO Q.f)

e. How many months did they (you) live apart the (first/next) time?

1st

| | |
|------|------|
| (53) | (54) |
|------|------|

 Months

2nd

| | |
|------|------|
| (55) | (56) |
|------|------|

 Months

3rd

| | |
|------|------|
| (57) | (58) |
|------|------|

 Months

4th

| | |
|------|------|
| (59) | (60) |
|------|------|

 Months

5th

| | |
|------|------|
| (61) | (62) |
|------|------|

 Months

6th

| | |
|------|------|
| (63) | (64) |
|------|------|

 Months

(GO TO Q.65f)

FIFTH MARRIAGE

65a. In what month and year did he get married the fifth time?

| MONTH | | YEAR | |
|-------|------|------|------|
| (15) | (16) | (17) | (18) |

b. What (is/was) the current full name of that wife

RECORD IN S.R.B. PG 2 |

c. What was her full maiden name?

RECORD IN S.R.B. PG 2 |

Begin card 220 19-49

d. During this marriage, how many times was he living apart from his wife (you) for more than three months?

| | | |
|------|------|-------|
| (50) | (51) | Times |
|------|------|-------|

Never..(52(____-1 (SKIP TO Q.f)

e. How many months did they (you) live apart the (first/next) time?

1st

| | |
|------|------|
| (53) | (54) |
|------|------|

 Months

2nd

| | |
|------|------|
| (55) | (56) |
|------|------|

 Months

3rd

| | |
|------|------|
| (57) | (58) |
|------|------|

 Months

4th

| | |
|------|------|
| (59) | (60) |
|------|------|

 Months

5th

| | |
|------|------|
| (61) | (62) |
|------|------|

 Months

6th

| | |
|------|------|
| (63) | (64) |
|------|------|

 Months

(GO TO Q.66f)

SIXTH MARRIAGE

65a. In what month and year did he get married the sixth time?

| MONTH | | YEAR | |
|-------|------|------|------|
| (15) | (16) | (17) | (18) |

b. What (is/was) the current full name of that wife

RECORD IN S.R.B. PG 2 |

c. What was her full maiden name?

RECORD IN S.R.B. PG 2 |

Begin card 220 19-49

d. During this marriage, how many times was he living apart from his wife (you) for more than three months?

| | | |
|------|------|-------|
| (50) | (51) | Times |
|------|------|-------|

Never..(52(____-1 (SKIP TO Q.f)

e. How many months did they (you) live apart the (first/next) time?

1st

| | |
|------|------|
| (53) | (54) |
|------|------|

 Months

2nd

| | |
|------|------|
| (55) | (56) |
|------|------|

 Months

3rd

| | |
|------|------|
| (57) | (58) |
|------|------|

 Months

4th

| | |
|------|------|
| (59) | (60) |
|------|------|

 Months

5th

| | |
|------|------|
| (61) | (62) |
|------|------|

 Months

6th

| | |
|------|------|
| (63) | (64) |
|------|------|

 Months

(GO TO Q.67f)

Q.65-67. Additional Marriages (CONTINUED)

FOURTH MARRIAGEIF ONLY MARRIAGE

65f. At the time he (died/
became incapacitated)
was he divorced,
widowed, separated, or
was he married and
living with his wife?

Living with (RETURN
wife...(66(-1 TO Q.22)

Divorced.....-2 (SKIP TO
Separated.....-3 Q.h)
Widowed.....-4

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

g. How did that marriage
end -- was he divorced
or was he widowed?

Divorced(67(-1) (ASK Q.h)
Widowed.....-2

RECORD IN S.R.B. PG 2

h. In what month and year
was he (divorced/
widowed/separated)?

| MONTH | | YEAR | |
|-------|------|------|------|
| (68) | (69) | (70) | (71) |

(IF A FIFTH MARRIAGE GO TO
Q.66a)

.....(72-73)
.....(74-75)
.....(76-77)

04
79-80

FIFTH MARRIAGEIF LAST MARRIAGE

66f. At the time he (died/
became incapacitated)
was he divorced,
widowed, separated, or
was he married and
living with his wife?

Living with (RETURN
wife...(66(-1 TO Q.22)

Divorced.....-2 (SKIP TO
Separated.....-3 Q.h)
Widowed.....-4

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

g. How did that marriage
end -- was he divorced
or was he widowed?

Divorced(67(-1) (ASK Q.h)
Widowed.....-2

RECORD IN S.R.B. PG 2

h. In what month and year
was he (divorced/
widowed/separated)?

| MONTH | | YEAR | |
|-------|------|------|------|
| (68) | (69) | (70) | (71) |

(IF A SIXTH MARRIAGE GO TO
Q.67a)

.....(72-73)
.....(74-75)
.....(76-77)

05
79-80

SIXTH MARRIAGEIF LAST MARRIAGE

67f. At the time he (died/
became incapacitated)
was he divorced,
widowed, separated, or
was he married and
living with his wife?

Living with (RETURN
wife...(66(-1 TO Q.22)

Divorced.....-2 (SKIP TO
Separated.....-3 Q.h)
Widowed.....-4

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

g. How did that marriage
end -- was he divorced
or was he widowed?

Divorced(67(-1) (ASK Q.h)
Widowed.....-2

RECORD IN S.R.B. PG 2

h. In what month and year
was he (divorced/
widowed/separated)?

| MONTH | | YEAR | |
|-------|------|------|------|
| (68) | (69) | (70) | (71) |

(RETURN TO Q.22)

.....(72-73)
.....(74-75)
.....(76-77)

06
79-80

68-70. Additional Children (Q.22-26)

| FOURTH CHILD | FIFTH CHILD | SIXTH CHILD |
|--|--|--|
| NAME: _____ | NAME: _____ | NAME: _____ |
| 68a. How old is (CHILD) now? | 69a. How old is (CHILD) now? | 70a. How old is (CHILD) now? |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Age</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 2px;"> (15)(16) </div> | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Age</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 2px;"> (15)(16) </div> | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">Age</div> </div> <div style="display: flex; justify-content: space-around; margin-top: 2px;"> (15)(16) </div> |
| Child died..(17)()-1 | Child died..(17)()-1 | Child died..(17)()-1 |
| b. (Is/Was) (CHILD) male or female? | b. (Is/Was) (CHILD) male or female? | b. (Is/Was) (CHILD) male or female? |
| Male.....(18)()-1 | Male.....(18)()-1 | Male.....(18)()-1 |
| Female.....-2 | Female.....-2 | Female.....-2 |
| c. How much did (CHILD) weigh at birth? | c. How much did (CHILD) weigh at birth? | c. How much did (CHILD) weigh at birth? |
| <div style="display: flex; justify-content: space-around;"> <div>POUNDS</div> <div>OUNCES</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 2px;"> (19)(20)(21)(22) </div> | <div style="display: flex; justify-content: space-around;"> <div>POUNDS</div> <div>OUNCES</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 2px;"> (19)(20)(21)(22) </div> | <div style="display: flex; justify-content: space-around;"> <div>POUNDS</div> <div>OUNCES</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 2px;"> (19)(20)(21)(22) </div> |
| Don't know...(23)()-1 | Don't know...(23)()-1 | Don't know...(23)()-1 |
| d. What is (CHILD)'s birth-date? | d. What is (CHILD)'s birth-date? | d. What is (CHILD)'s birth-date? |
| <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>DAY</div> <div>YEAR</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 2px;"> (24)(25)(26)(27)(28)(29) </div> | <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>DAY</div> <div>YEAR</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 2px;"> (24)(25)(26)(27)(28)(29) </div> | <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>DAY</div> <div>YEAR</div> </div> <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin-left: 5px;">-</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; margin-top: 2px;"> (24)(25)(26)(27)(28)(29) </div> |
| ALSO RECORD IN S.R.B.-PG 3 | ALSO RECORD IN S.R.B.-PG 3 | ALSO RECORD IN S.R.B.-PG 3 |
| e. Was the child premature, full term, or overdue? | e. Was the child premature, full term, or overdue? | e. Was the child premature, full term, or overdue? |
| Premature..(16)()-1 | Premature..(16)()-1 | Premature..(16)()-1 |
| Full term.....-2 | Full term.....-2 | Full term.....-2 |
| Overdue.....-3 | Overdue.....-3 | Overdue.....-3 |
| Not sure.....-4 | Not sure.....-4 | Not sure.....-4 |
| (GO TO Q.f) | (GO TO Q.f) | (GO TO Q.f) |

FOURTH CHILD

68f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 3

i. How old was the mother when (CHILD) was born?

Age
(31) (32)

33-48

j. Did (CHILD) have any birth defects?

Yes. (49) -1 (ASK Q.k)

No. -2 (SKIP TO Q.L)

k. What kind of birth defects did (s)he have? Any others?

L. Was (CHILD) ever diagnosed as having cancer?

Yes. (50) -1 (ASK Q.m)

No. -2 (SKIP TO Q.o)

m. In what month and year was the diagnosis made?

MONTH YEAR
(51) (52) (53) (54)

n. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) -1

(GO TO Q.o)

FIFTH CHILD

69f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 3

i. How old was the mother when (CHILD) was born?

Age
(31) (32)

33-48

j. Did (CHILD) have any birth defects?

Yes. (49) -1 (ASK Q.k)

No. -2 (SKIP TO Q.L)

k. What kind of birth defects did (s)he have? Any others?

L. Was (CHILD) ever diagnosed as having cancer?

Yes. (50) -1 (ASK Q.m)

No. -2 (SKIP TO Q.o)

m. In what month and year was the diagnosis made?

MONTH YEAR
(51) (52) (53) (54)

n. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) -1

(GO TO Q.o)

SIXTH CHILD

70f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 3

i. How old was the mother when (CHILD) was born?

Age
(31) (32)

33-48

j. Did (CHILD) have any birth defects?

Yes. (49) -1 (ASK Q.k)

No. -2 (SKIP TO Q.L)

k. What kind of birth defects did (s)he have? Any others?

L. Was (CHILD) ever diagnosed as having cancer?

Yes. (50) -1 (ASK Q.m)

No. -2 (SKIP TO Q.o)

m. In what month and year was the diagnosis made?

MONTH YEAR
(51) (52) (53) (54)

n. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) -1

(GO TO Q.o)

FOURTH CHILD

FIFTH CHILD

SIXTH CHILD

68a. (Does/Did)(CHILD) have a diagnosed learning disability?

Yes. (58) -1 (ASK Q.p)

No. -2 (SKIP TO Q.q)

p. What kind of learning disability (does/did) (s)he have?

69a. (Does/Did)(CHILD) have a diagnosed learning disability?

Yes. (58) -1 (ASK Q.p)

No. -2 (SKIP TO Q.q)

p. What kind of learning disability (does/did) (s)he have?

70a. (Does/Did)(CHILD) have a diagnosed learning disability?

Yes. (58) -1 (ASK Q.p)

No. -2 (SKIP TO Q.q)

p. What kind of learning disability (does/did) (s)he have?

q. (Does/Did)(CHILD) have any physical, mental, or motor impairments?

Yes. (59) -1 (ASK Q.r)

No. -2 (SKIP TO Q.s)

r. What kind of impairment (does/did) (s)he have?

q. (Does/Did)(CHILD) have any physical, mental, or motor impairments?

Yes. (59) -1 (ASK Q.r)

No. -2 (SKIP TO Q.s)

r. What kind of impairment (does/did) (s)he have?

q. (Does/Did)(CHILD) have any physical, mental, or motor impairments?

Yes. (59) -1 (ASK Q.r)

No. -2 (SKIP TO Q.s)

r. What kind of impairment (does/did) (s)he have?

IF CHILD IS DEAD: CONTINUE,
OTHERWISE: SKIP TO NEXT CHILD

s. On what date did (CHILD) die?

| MONTH | DAY | YEAR |
|-------|------|---------------------|
| (60) | (61) | (62) (63) (64) (65) |

t. What was the cause of death?

u. Where is (CHILD)'s death registered? In what city and state is that?

RECORD IN S.R.B. PG 3

(GO TO NEXT CHILD Q.69a)

68a. (60-67)
68b. (68-69)
68c. (70-71)
68d. (72-73)

IF CHILD IS DEAD: CONTINUE,
OTHERWISE: SKIP TO NEXT CHILD

s. On what date did (CHILD) die?

| MONTH | DAY | YEAR |
|-------|------|---------------------|
| (60) | (61) | (62) (63) (64) (65) |

t. What was the cause of death?

u. Where is (CHILD)'s death registered? In what city and state is that?

RECORD IN S.R.B. PG 3

(GO TO NEXT CHILD Q.70a)

69a. (60-67)
69b. (68-69)
69c. (70-71)
69d. (72-73)

IF CHILD IS DEAD: CONTINUE,
OTHERWISE: SKIP TO NEXT CHILD

s. On what date did (CHILD) die?

| MONTH | DAY | YEAR |
|-------|------|---------------------|
| (60) | (61) | (62) (63) (64) (65) |

t. What was the cause of death?

u. Where is (CHILD)'s death registered? In what city and state is that?

RECORD IN S.R.B. PG 3

(GO TO NEXT CHILD Q.71a)

70a. (60-67)
70b. (68-69)
70c. (70-71)
70d. (72-73)

71-73. Additional Children

| SEVENTH CHILD | EIGHTH CHILD | NINTH CHILD |
|---|---|---|
| NAME: _____ | NAME: _____ | NAME: _____ |
| 71a. How old is (CHILD) now? | 72a. How old is (CHILD) now? | 73a. How old is (CHILD) now? |
| <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="margin-left: 5px;">Age</div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (15)(16) </div> | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="margin-left: 5px;">Age</div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (15)(16) </div> | <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; padding: 2px; margin-right: 5px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="margin-left: 5px;">Age</div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (15)(16) </div> |
| Child died..(17)()-1 | Child died..(17)()-1 | Child died..(17)()-1 |
| b. (Is/Was) (CHILD) male or female? | b. (Is/Was) (CHILD) male or female? | b. (Is/Was) (CHILD) male or female? |
| Male.....(18)()-1
Female.....-2 | Male.....(18)()-1
Female.....-2 | Male.....(18)()-1
Female.....-2 |
| c. How much did (CHILD) weigh at birth? | c. How much did (CHILD) weigh at birth? | c. How much did (CHILD) weigh at birth? |
| <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">POUNDS</div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (19)(20) </div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">OUNCES</div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (21)(22) </div> </div> </div> | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">POUNDS</div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (19)(20) </div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">OUNCES</div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (21)(22) </div> </div> </div> | <div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">POUNDS</div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (19)(20) </div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">OUNCES</div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (21)(22) </div> </div> </div> |
| Don't know...(23)()-1 | Don't know...(23)()-1 | Don't know...(23)()-1 |
| d. What is (CHILD)'s birth-date? | d. What is (CHILD)'s birth-date? | d. What is (CHILD)'s birth-date? |
| <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">MONTH</div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (24)(25) </div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">DAY</div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (26)(27) </div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">YEAR</div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (28)(29) </div> </div> </div> | <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">MONTH</div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (24)(25) </div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">DAY</div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (26)(27) </div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">YEAR</div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (28)(29) </div> </div> </div> | <div style="display: flex; justify-content: space-between;"> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">MONTH</div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (24)(25) </div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">DAY</div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (26)(27) </div> </div> <div style="text-align: center;"> <div style="border: 1px solid black; padding: 2px; margin-bottom: 2px;">YEAR</div> <div style="border: 1px solid black; padding: 2px;"> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> <div style="border-bottom: 1px solid black; width: 20px; height: 15px;"></div> </div> <div style="display: flex; justify-content: space-around; font-size: small;"> (28)(29) </div> </div> </div> |
| ALSO RECORD IN S.R.B.-PG 4 | ALSO RECORD IN S.R.B.-PG 4 | ALSO RECORD IN S.R.B.-PG 4 |
| e. Was the child premature, full term, or overdue? | e. Was the child premature, full term, or overdue? | e. Was the child premature, full term, or overdue? |
| Premature..(10)()-1
Full term.....-2
Overdue.....-3
Not sure.....-4 | Premature..(10)()-1
Full term.....-2
Overdue.....-3
Not sure.....-4 | Premature..(10)()-1
Full term.....-2
Overdue.....-3
Not sure.....-4 |
| (GO TO Q.f) | (GO TO Q.f) | (GO TO Q.f) |

SEVENTH CHILD

71f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 4

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 4

h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 4

i. How old was the mother when (CHILD) was born?

Age
(11) (32)

33-48

j. Did (CHILD) have any birth defects?

Yes. (49) -1 (ASK Q.k)

No. -2 (SKIP TO Q.L)

k. What kind of birth defects did (s)he have? Any others?

L. Was (CHILD) ever diagnosed as having cancer?

Yes. (50) -1 (ASK Q.m)

No. -2 (SKIP TO Q.o)

m. In what month and year was the diagnosis made?

MONTH YEAR
(51) (52) (53) (54)

n. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) -1

(GO TO Q.o)

EIGHTH CHILD

72f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 4

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 4

h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 4

i. How old was the mother when (CHILD) was born?

Age
(11) (32)

33-48

j. Did (CHILD) have any birth defects?

Yes. (49) -1 (ASK Q.k)

No. -2 (SKIP TO Q.L)

k. What kind of birth defects did (s)he have? Any others?

L. Was (CHILD) ever diagnosed as having cancer?

Yes. (50) -1 (ASK Q.m)

No. -2 (SKIP TO Q.o)

m. In what month and year was the diagnosis made?

MONTH YEAR
(51) (52) (53) (54)

n. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) -1

(GO TO Q.o)

NINTH CHILD

73f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 4

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 4

h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 4

i. How old was the mother when (CHILD) was born?

Age
(11) (32)

33-48

j. Did (CHILD) have any birth defects?

Yes. (49) -1 (ASK Q.k)

No. -2 (SKIP TO Q.L)

k. What kind of birth defects did (s)he have? Any others?

L. Was (CHILD) ever diagnosed as having cancer?

Yes. (50) -1 (ASK Q.m)

No. -2 (SKIP TO Q.o)

m. In what month and year was the diagnosis made?

MONTH YEAR
(51) (52) (53) (54)

n. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) -1

(GO TO Q.o)

| SEVENTH CHILD | EIGHTH CHILD | NINTH CHILD |
|---|---|---|
| 71o. (Does/Did)(CHILD) have a diagnosed learning disability? | 72o. (Does/Did)(CHILD) have a diagnosed learning disability? | 73o. (Does/Did)(CHILD) have a diagnosed learning disability? |
| Yes. (58) -1 (ASK Q.p) | Yes. (58) -1 (ASK Q.p) | Yes. (58) -1 (ASK Q.p) |
| No. -2 (SKIP TO Q.q) | No. -2 (SKIP TO Q.q) | No. -2 (SKIP TO Q.q) |
| p. What kind of learning disability (does/did) (s)he have? | p. What kind of learning disability (does/did) (s)he have? | p. What kind of learning disability (does/did) (s)he have? |
| q. (Does/Did)(CHILD) have any physical, mental, or motor impairments? | q. (Does/Did)(CHILD) have any physical, mental, or motor impairments? | q. (Does/Did)(CHILD) have any physical, mental, or motor impairments? |
| Yes. (59) -1 (ASK Q.r) | Yes. (59) -1 (ASK Q.r) | Yes. (59) -1 (ASK Q.r) |
| No. -2 (SKIP TO Q.s) | No. -2 (SKIP TO Q.s) | No. -2 (SKIP TO Q.s) |
| r. What kind of impairment (does/did) (s)he have? | r. What kind of impairment (does/did) (s)he have? | r. What kind of impairment (does/did) (s)he have? |
| IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO NEXT CHILD | IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO NEXT CHILD | IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO NEXT CHILD |
| s. On what date did (CHILD) die? | s. On what date did (CHILD) die? | s. On what date did (CHILD) die? |
| MONTH DAY YEAR
(60) (61) (62) (63) (64) (65) | MONTH DAY YEAR
(60) (61) (62) (63) (64) (65) | MONTH DAY YEAR
(60) (61) (62) (63) (64) (65) |
| t. What was the cause of death? | t. What was the cause of death? | t. What was the cause of death? |
| u. Where is (CHILD)'s death registered? In what city and state is that? | u. Where is (CHILD)'s death registered? In what city and state is that? | u. Where is (CHILD)'s death registered? In what city and state is that? |
| RECORD IN S.R.B. PG 4 | RECORD IN S.R.B. PG 4 | RECORD IN S.R.B. PG 4 |
| (GO TO NEXT CHILD Q.72a) | (GO TO NEXT CHILD Q.73a) | (GO TO NEXT CHILD Q.74a) |
| 68u. (66-67) | 68u. (66-67) | 68u. (66-67) |
| 68i. (68-69) | 68i. (68-69) | 68i. (68-69) |
| 68n. (70-71) | 68n. (70-71) | 68n. (70-71) |
| 68p. (74-75) | 68p. (74-75) | 68p. (74-75) |

74-76. Additional Children

TENTH CHILD

ELEVENTH CHILD

TWELFTH CHILD

NAME: _____

NAME: _____

NAME: _____

74a. How old is (CHILD) now?

75a. How old is (CHILD) now?

76a. How old is (CHILD) now?

| | | | |
|-----|-----|-----|-----|
| | | | |
| (1) | (2) | (3) | (4) |

 Age

| | | | |
|-----|-----|-----|-----|
| | | | |
| (1) | (2) | (3) | (4) |

 Age

| | | | |
|-----|-----|-----|-----|
| | | | |
| (1) | (2) | (3) | (4) |

 Age

Child died... (1) -1

Child died... (1) -1

Child died... (1) -1

b. (Is/Was) (CHILD) male or female?

b. (Is/Was) (CHILD) male or female?

b. (Is/Was) (CHILD) male or female?

Male..... (1) -1
Female..... -2Male..... (1) -1
Female..... -2Male..... (1) -1
Female..... -2

c. How much did (CHILD) weigh at birth?

c. How much did (CHILD) weigh at birth?

c. How much did (CHILD) weigh at birth?

| POUNDS | | OUNCES | |
|--------|-----|--------|-----|
| | | | |
| (1) | (2) | (3) | (4) |

| POUNDS | | OUNCES | |
|--------|-----|--------|-----|
| | | | |
| (1) | (2) | (3) | (4) |

| POUNDS | | OUNCES | |
|--------|-----|--------|-----|
| | | | |
| (1) | (2) | (3) | (4) |

Don't know... (1) -1

Don't know... (1) -1

Don't know... (1) -1

d. What is (CHILD)'s birth-date?

d. What is (CHILD)'s birth-date?

d. What is (CHILD)'s birth-date?

| MONTH | DAY | YEAR |
|-------|-----|------|
| | | |
| (1) | (2) | (3) |

| MONTH | DAY | YEAR |
|-------|-----|------|
| | | |
| (1) | (2) | (3) |

| MONTH | DAY | YEAR |
|-------|-----|------|
| | | |
| (1) | (2) | (3) |

ALSO RECORD IN S.R.B.-PG 41

ALSO RECORD IN S.R.B.-PG 41

ALSO RECORD IN S.R.B.-PG 41

e. Was the child premature, full term, or overdue?

e. Was the child premature, full term, or overdue?

e. Was the child premature, full term, or overdue?

Premature... (1) -1
Full term..... -2
Overdue..... -3
Not sure..... -4Premature... (1) -1
Full term..... -2
Overdue..... -3
Not sure..... -4Premature... (1) -1
Full term..... -2
Overdue..... -3
Not sure..... -4

(GO TO Q.f)

(GO TO Q.f)

(GO TO Q.f)

TENTH CHILD

74f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 4 I

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 4 I

h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 4 I

i. How old was the mother when (CHILD) was born?

Age
(11) (12)

33-48

j. Did (CHILD) have any birth defects?

Yes. (49) -1 (ASK Q.k)

No.....-2 (SKIP TO Q.L)

k. What kind of birth defects did (s)he have? Any others?

L. Was (CHILD) ever diagnosed as having cancer?

Yes. (50) -1 (ASK Q.m)

No.....-2 (SKIP TO Q.o)

m. In what month and year was the diagnosis made?

MONTH YEAR
(51) (52) (53) (54)

n. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) -1

(GO TO Q.o)

ELEVENTH CHILD

75f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 4 I

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 4 I

h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 4 I

i. How old was the mother when (CHILD) was born?

Age
(11) (12)

33-48

j. Did (CHILD) have any birth defects?

Yes. (49) -1 (ASK Q.k)

No.....-2 (SKIP TO Q.L)

k. What kind of birth defects did (s)he have? Any others?

L. Was (CHILD) ever diagnosed as having cancer?

Yes. (50) -1 (ASK Q.m)

No.....-2 (SKIP TO Q.o)

m. In what month and year was the diagnosis made?

MONTH YEAR
(51) (52) (53) (54)

n. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) -1

(GO TO Q.o)

TWELFTH CHILD

76f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 4 I

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 4 I

h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 4 I

i. How old was the mother when (CHILD) was born?

Age
(11) (12)

33-48

j. Did (CHILD) have any birth defects?

Yes. (49) -1 (ASK Q.k)

No.....-2 (SKIP TO Q.L)

k. What kind of birth defects did (s)he have? Any others?

L. Was (CHILD) ever diagnosed as having cancer?

Yes. (50) -1 (ASK Q.m)

No.....-2 (SKIP TO Q.o)

m. In what month and year was the diagnosis made?

MONTH YEAR
(51) (52) (53) (54)

n. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) -1

(GO TO Q.o)

| TENTH CHILD | ELEVENTH CHILD | TWELFTH CHILD |
|---|---|---|
| 76c. (Does/did)(CHILD) have a diagnosed learning disability? | 76c. (Does/did)(CHILD) have a diagnosed learning disability? | 76c. (Does/did)(CHILD) have a diagnosed learning disability? |
| Yes, () -1 (ASK Q.p) | Yes, () -1 (ASK Q.p) | Yes, () -1 (ASK Q.p) |
| No, () -2 (SKIP TO Q.q) | No, () -2 (SKIP TO Q.q) | No, () -2 (SKIP TO Q.q) |
| p. What kind of learning disability (does/did) (s/he) have? | p. What kind of learning disability (does/did) (s/he) have? | p. What kind of learning disability (does/did) (s/he) have? |
| q. (Does/did)(CHILD) have any physical, mental, or motor impairments? | q. (Does/did)(CHILD) have any physical, mental, or motor impairments? | q. (Does/did)(CHILD) have any physical, mental, or motor impairments? |
| Yes, () -1 (ASK Q.r) | Yes, () -1 (ASK Q.r) | Yes, () -1 (ASK Q.r) |
| No, () -2 (SKIP TO Q.s) | No, () -2 (SKIP TO Q.s) | No, () -2 (SKIP TO Q.s) |
| r. What kind of impairment (does/did) (s/he) have? | r. What kind of impairment (does/did) (s/he) have? | r. What kind of impairment (does/did) (s/he) have? |
| IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO NEXT CHILD | IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO NEXT CHILD | IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO NEXT CHILD |
| s. On what date did (CHILD) die? | s. On what date did (CHILD) die? | s. On what date did (CHILD) die? |
| MONTH DAY YEAR
() () () () () () | MONTH DAY YEAR
() () () () () () | MONTH DAY YEAR
() () () () () () |
| t. What was the cause of death? | t. What was the cause of death? | t. What was the cause of death? |
| u. Where is (CHILD)'s death registered? In what city and state is that? | u. Where is (CHILD)'s death registered? In what city and state is that? | u. Where is (CHILD)'s death registered? In what city and state is that? |
| RECORD IN S.R.B. PG 4 | RECORD IN S.R.B. PG 4 | RECORD IN S.R.B. PG 4 |
| (GO TO NEXT CHILD Q.76a) | (GO TO NEXT CHILD Q.76a) | (RETURN TO Q.27a) |

22. Additional Pneumonia (Q.76)

| Fourth Time | Fifth Time | Sixth Time |
|--|---|---|
| 77a. During what months and years did he have pneumonia (the fourth time)? | 77f. During what months and years did he have pneumonia (the fifth time)? | 77k. During what months and years did he have pneumonia (the sixth time)? |
| RECORD IN S.R.B. PG 5 | RECORD IN S.R.B. PG 5 | RECORD IN S.R.B. PG 5 |
| IF BEFORE 1961, SKIP TO Q.77. | IF BEFORE 1961, SKIP TO Q.77. | IF BEFORE 1961, RETURN TO Q.79a. |

| | | |
|---|---|---|
| 77b. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made? | 77g. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made? | 77l. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made? |
| RECORD IN S.R.B. PG 5 | RECORD IN S.R.B. PG 5 | RECORD IN S.R.B. PG 5 |

| | | |
|---|---|---|
| 77c. What prescribed medicine did he take for the pneumonia he had that time? | 77h. What prescribed medicine did he take for the pneumonia he had that time? | 77m. What prescribed medicine did he take for the pneumonia he had that time? |
| 1. () | 1. () | 1. () |
| 2. () | 2. () | 2. () |
| 3. () | 3. () | 3. () |

| | | |
|--|--|--|
| 77d. Was he hospitalized for the pneumonia he had that time? | 77i. Was he hospitalized for the pneumonia he had that time? | 77n. Was he hospitalized for the pneumonia he had that time? |
| Yes. () -1 (ASK Q.77) | Yes. () -1 (ASK Q.77) | Yes. () -1 (ASK Q.77) |
| No. -2 (SKIP TO Q.77) | No. -2 (SKIP TO Q.77) | No. -2 (RETURN TO Q.79a) |

| | | |
|---|---|---|
| 77e. What was the full name of that hospital? | 77j. What was the full name of that hospital? | 77o. What was the full name of that hospital? |
| RECORD IN S.R.B. PG 5 | RECORD IN S.R.B. PG 5 | RECORD IN S.R.B. PG 5 |

78. Additional Cancer (0.29)

Part 4

78c. In what month and year was cancer of the (BODY PART) first diagnosed?

RECORD IN S.R.B. PG. 6

d. What is the full name of the doctor or the medical facility where the diagnosis was made?

RECORD IN S.R.B. PG. 6

e. What is the full name of the doctor or the medical facility he last consulted about cancer of the (BODY PART)?

RECORD IN S.R.B. PG. 6

f. During what month and year did he last consult (NAME FROM D. e)?

RECORD IN S.R.B. PG. 6

g. What treatments or medicines did he take for cancer of the (BODY PART)?

MULTIPLE RECORD BELOW

Radiation.....(15) (-1)
Chemotherapy....(16) (-1)
Surgery.....(17) (-1)
Other (SPECIFY)

.....(18) (-1)

h. During what month and year did he first receive (EACH TREATMENT CODED IN Q.g) for cancer of the (BODY PART)?

| | MONTH | YEAR |
|------------------|---------------------|---------------------|
| Radiation.... | (19) (20) (21) (22) | (23) (24) (25) (26) |
| Chemotherapy.... | (27) (28) (29) (30) | (31) (32) (33) (34) |
| Surgery.. | (35) (36) (37) (38) | (39) (40) (41) (42) |
| Other.... | (43) (44) (45) (46) | (47) (48) (49) (50) |

(GO TO NEXT BODY PART)

Part 5

78i. In what month and year was cancer of the (BODY PART) first diagnosed?

RECORD IN S.R.B. PG. 6

j. What is the full name of the doctor or the medical facility where the diagnosis was made?

RECORD IN S.R.B. PG. 6

k. What is the full name of the doctor or the medical facility he last consulted about cancer of the (BODY PART)?

RECORD IN S.R.B. PG. 6

l. During what month and year did he last consult (NAME FROM Q.k)?

RECORD IN S.R.B. PG. 6

m. What treatments or medicines did he take for cancer of the (BODY PART)?

MULTIPLE RECORD BELOW

Radiation.....(51) (-1)
Chemotherapy....(52) (-1)
Surgery.....(53) (-1)
Other (SPECIFY)

.....(54) (-1)

n. During what month and year did he first receive (EACH TREATMENT CODED IN Q.m) for cancer of the (BODY PART)?

| | MONTH | YEAR |
|------------------|---------------------|---------------------|
| Radiation.... | (55) (56) (57) (58) | (59) (60) (61) (62) |
| Chemotherapy.... | (63) (64) (65) (66) | (67) (68) (69) (70) |
| Surgery.. | (71) (72) (73) (74) | (75) (76) (77) (78) |
| Other.... | (79) (80) (81) (82) | (83) (84) (85) (86) |

(GO TO NEXT BODY PART)

Part 6

78o. In what month and year was cancer of the (BODY PART) first diagnosed?

RECORD IN S.R.B. PG. 6

p. What is the full name of the doctor or the medical facility where the diagnosis was made?

RECORD IN S.R.B. PG. 6

q. What is the full name of the doctor or the medical facility he last consulted about cancer of the (BODY PART)?

RECORD IN S.R.B. PG. 6

r. During what month and year did he last consult (NAME FROM Q.q)?

RECORD IN S.R.B. PG. 6

s. What treatments or medicines did he take for cancer of the (BODY PART)?

MULTIPLE RECORD BELOW

Radiation.....(101) (-1)
Chemotherapy....(102) (-1)
Surgery.....(103) (-1)
Other (SPECIFY)

.....(104) (-1)

t. During what month and year did he first receive (EACH TREATMENT CODED IN Q.s) for cancer of the (BODY PART)?

| | MONTH | YEAR |
|------------------|-------------------------|-------------------------|
| Radiation.... | (105) (106) (107) (108) | (109) (110) (111) (112) |
| Chemotherapy.... | (113) (114) (115) (116) | (117) (118) (119) (120) |
| Surgery.. | (121) (122) (123) (124) | (125) (126) (127) (128) |
| Other.... | (129) (130) (131) (132) | (133) (134) (135) (136) |

(RETURN TO D.10a)

Q.50b-51 Medical Providers -- DEATH

50b. Name of Hospital _____
Address _____
City _____
State _____ Zip _____

51. Primary/Physician Name _____
Address _____
City _____
State _____

DEPARTMENT OF THE AIR FORCE
USAF SCHOOL OF AEROSPACE MEDICINE (AFSC)
BROOKS AIR FORCE BASE, TEXAS 78235



The Air Force is conducting a very comprehensive health study of certain Air Force members who served our nation in the Vietnam conflict. The purpose of the study is to determine the potential adverse health effects resulting from the complex environment of Southeast Asia.

Federal record systems identified your late as having been assigned in Southeast Asia. The collection of information concerning his health prior to his death is essential to the Air Force study. You are the best individual to give us the information we need. We ask that you help us and all Vietnam veterans by voluntarily participating in this major health study.

Your participation will consist of an in-depth interview in your home. The administration of the interview will begin in a few weeks under the direction of a nationally recognized health survey organization, Louis Harris and Associates, Inc. You will be contacted by phone or letter by them to arrange a convenient time for your interview which will take about two hours to complete.

Our intent is to maintain all individual health data in the strictest confidence. In case outside parties attempt to gain access to the data, the Air Force and the Department of Justice are committed to protect this individual confidentiality.

This is one of the most important health studies undertaken by the Air Force. Your voluntary participation is critical to its success. The only way we can get clarification of the difficult questions being asked by the Vietnam veterans is through your cooperation and participation. Any questions that you may have concerning this effort can be answered by letter from the United States Air Force School of Aerospace Medicine, Epidemiology Division, Brooks AFB, Texas 78235, or a collect call to Area Code 512-536-3309. Thank you.

Sincerely

GEORGE D. LATHROP, M.D., Ph.D.
Colonel, USAF, MC
Chief, Epidemiology Division

LOUIS HARRIS AND ASSOCIATES, INC.

630 FIFTH AVENUE

NEW YORK, NEW YORK 10111

TEL: (212) 975-1800 TELEX 148383

LOUIS HARRIS FRANCE

21 RUE VIVIENNE

75002 PARIS, FRANCE

TEL: 01-260-8884 TELEX: 200801 F

LOUIS HARRIS INTERNATIONAL, INC.

OPINION RESEARCH CENTRE

30 WELBECK ST.

LONDON W1M 8AB ENGLAND

TEL: 01-496-6181 TELEX: 84403

PRIVACY ACT STATEMENT - EPIDEMIOLOGIC STUDY

AUTHORITY: Section 133, 1071-87, 3012, 5031 and 8012, Title 10, United States Code and Executive Order 9397.

PRINCIPAL AND PURPOSE(S): The purpose of requesting personal information is to assist medical/technical personnel in developing records relative to your participation in an approved epidemiologic investigation. The Social Security Number (SSN) and Armed Forces Service Number (AFSN) are necessary to identify the person and records.

ROUTINE USES: This information will be used to initiate, coordinate, and conduct the investigation. It will be used to compile statistical data, but information allowing identification of the individual volunteer will not be included. Data and results from this investigation may be used to supplement other approved research studies conducted at the USAF School of Aerospace Medicine or at other Federal agencies engaged in the conduct of similar studies.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY, AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION: Disclosure or requested information is voluntary. If the information is not furnished, acceptance as a subject is not possible. This is an all-inclusive Privacy Act Statement which will apply to all requests for personal information made by medical/technical personnel during the time you are a volunteer subject. A copy of this form will be placed in your investigation subject folder as evidence of this notification.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

Signature of Volunteer

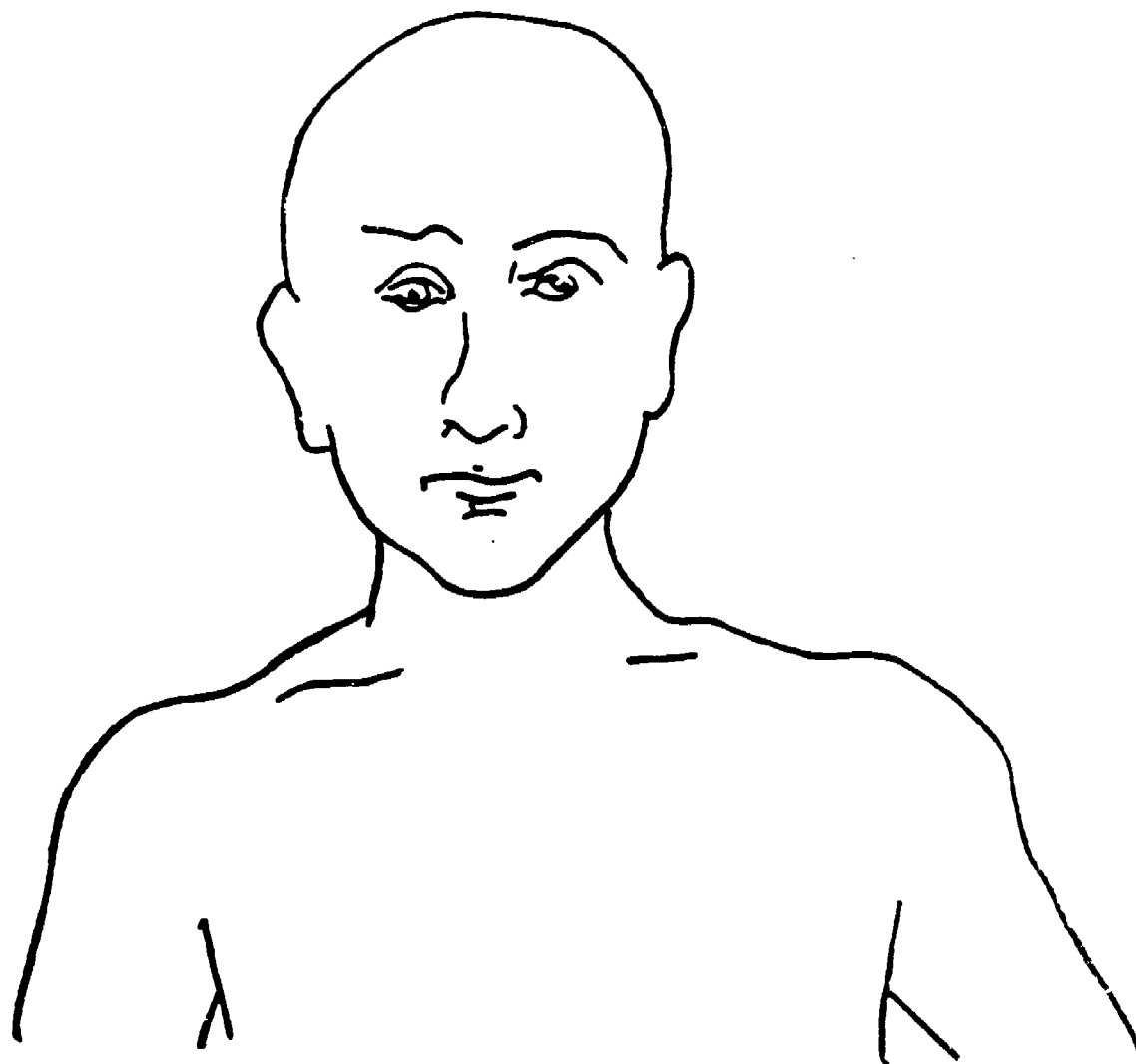
SSN

Date

U.S. Air Force Survey

[illegible]

- 01 Aerospace
- 02 Aircraft
- 03 Agriculture
- 04 Automotive
- 05 Chemical
- 06 Electronic
- 07 Mining
- 08 Pest Control
- 09 Petroleum
- 10 Textile
- 11 None Apply



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LOUIS HARRIS INTERNATIONAL INC
OPINION RESEARCH CENTRE
30 WELBECK ST
LONDON W1M 8AB ENGLAND
TEL 01-488-5151 TELEX 24403

UNITED STATES AIR FORCE HEALTH STUDY

Name of Medical Provider/Medical Facility

Name of Place

Street Address

City State Zip

()
Phone Number

Dear Doctor or Administrator:

As an authorized representative for _____, I am participating in a survey conducted for the United States Air Force to gather information on the health of current and former Air Force personnel. As part of this survey, medical providers who have delivered health care services to _____ are being asked to supplement information that I have already provided about him.

By this statement or a photocopy of it, I, _____ hereby authorize and request you furnish to the United States Air Force Health Study any medical information in your records concerning health services received by: _____

These services were provided during the period _____ to _____.

Thank you very much.

Sincerely,

Resp. = _____

Signature of Authorized Representative

FOR OFFICE USE ONLY:

Full Name of Authorized Representative

| | | | | | | |
|--|--|--|--|--|--|--|
| | | | | | | |
|--|--|--|--|--|--|--|

271

Date

MEDICAL PROVIDER PERMISSION FORM -- PROXY

LOUIS HARRIS AND ASSOCIATES, INC
630 Fifth Avenue
New York, New York 10111

812039
Air Force Health Survey

FOR OFFICE USE ONLY:

Case # _____

Respondent # _____

INTERVIEW EVALUATION

INTERVIEWER: _____

COMPLETE THE FOLLOWING IN PRIVATE IMMEDIATELY AFTER THE INTERVIEW, USING
YOUR BEST JUDGMENT TO ANSWER EACH ITEM.

1. Race of respondent:

Black.....
Nonblack.....

2a. Did the respondent want to terminate the interview before it was
finished?

No..... (SKIP TO Q3a)
Yes..... (ANSWER 2b AND 2c)

2b. At what question number or during what question series?

2c. What was the reason?

3a. Were there any (other) significant problems during the interview?

No..... (SKIP TO Q4a)
Yes..... (ANSWER 3b)

3b. Describe the problems. _____

4a. Did respondent refer to records during the interview?

No..... (SKIP TO Q5a)
Yes..... (ANSWER 4b)

4b. What records did the respondent use? _____

5a. Was anyone else present at any time during the interview?

No..... (SKIP TO Q6)
Yes..... (ANSWER 5b and 5c)

5b. Who was present? RECORD RELATIONSHIP _____

5c. During which section(s)? _____

6. Length of interview:

| | | |
|--|--|--|
| | | |
|--|--|--|

 minutes

FORNEY BARRETT AND ASSOCIATES, INC.,
630 LEXINGTON AVENUE
NEW YORK, NEW YORK 10017

Study # R12039

AIR FORCE HEALTH SURVEY
MAILING TRAVERSE MAIL FORM

TO: New York Office
For: Forney Barrett and Associates

FROM:

Interviewer Name - Please Print

This package contains the following material for

Study Subject Respondent Number

write the NUMBER of each item being sent on the line at the right

STUDY SUBJECT INTERVIEW
Study Subject Name Assignment Sheet
Study Subject Privacy Act Statement (Signed)
Study Subject Questionnaire
Study Subject Supplemental Recording Book
Study Subject Self Administered Form
Study Subject Medical Consent Form
Study Subject Former Wife Consent Letter
Study Subject Interviewer Evaluation Form
PRESENT WIFE INTERVIEW
Privacy Act Statement (Signed)
Spouse Questionnaire
Spouse Supplemental Recording Book
Spouse Medical Consent Form
Spouse Interviewer Evaluation Form
FORMER WIFE
Former Wife Name Assignment Sheet
Privacy Act Statement (Signed)
Spouse Questionnaire
Spouse Supplemental Recording Book
Spouse Medical Consent Form
Spouse Interviewer Evaluation Form
PROXY INTERVIEW
Proxy Name Assignment Sheet
Privacy Act Statement (Signed)
Proxy Questionnaire
Proxy Supplemental Recording Book
Proxy Medical Consent
Proxy Interviewer Evaluation

Received:

Date

Enc. For: 10017

CHAPTER IV

NON-COMPLIANT (MINI) QUESTIONNAIRE

The following Non-compliant Questionnaire was used to collect baseline data for the Epidemiologic Investigation of Health Effects in Air Force Personnel Following Exposure to Herbicide Orange. This data was collected during 1981-1982. The Mini-questionnaire was used for individuals who refused the Study Subject Questionnaire (in person and telephonically). This instrument was administered in person, via telephone, and independently (mailed to study subject). The Non-compliant Questionnaire, as used in the field, follows.

CONFIDENTAL

O.M.B. NO: 0701-003; APPROVAL EXPIRES: 11/30/82

UNITED STATES AIR FORCE STUDY
NON-INTERVIEW HEALTH QUESTIONS

CASE NUMBER 0102/45992A

INTERVIEWER NAME:

DATE OF NON-INTERVIEW HEALTH QUESTIONNAIRE:

| | | | | | | | |
|-------------|-------------|---|-------------|-------------|---|-------------|-------------|
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| MONTH | | | DAY | | | YEAR | |

1. Compared to other people your age would you say that your health is...

Excellent.....01

good, ...02

fair, or 03

poor? 04

2. Are you currently taking prescribed medicines for any illness?

Yes.....01

No.....02

3. For what condition are you taking prescribed medicines? Any other conditions?

4. Within the past three months, did illness or injury keep you from work, not counting work around the house?

Yes.....01(A&B)

No doesn't work..02

- A. How many days did you miss from work within the past three months?

| | |
|--|--|
| | |
|--|--|

 Days _____

- B. What illness or conditions caused you to miss work?
-

5. Did you earn any income from any job during 1980?

Yes.....01(A)

No.....02

- A. Was your income less than \$20,000, \$20,000 to \$40,000 or more than \$40,000?

less than \$20,000.....01

\$20,000 to \$40,000.....02

More than \$40,000.....03

6. In order to obtain the most complete and useful information that we can, we are asking some participants to have a physical examination. The USAF will pay for all travel and per diem expenses so that participants may go to a nationally recognized medical facility. (IF SEPARATED OR RETIRED FROM USAF, SAY: In addition, you will receive a \$100.00 per day stipend.) The examination will take place over a five day period that you find convenient.

If you are asked would you be willing to have a physical exam at a time most convenient for you?

Yes.....01

No.....02(A)

- A. What is your reason for not wanting to have the examination?

5 days too long from family...01

5 days too long from work.....02

Don't want to travel.....03

Other reason (SPECIFY) _____

Thank you very much.