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

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November 1982

Initial Report for Period September 1981 — November 1982

Approved for public release; distribution unlimited.

Prepared for:

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

USAF SCHOOL OF AEROSPACE MEDICINE
Aerospace Medical Division (AFSC)
Brooks Air Force Base, Texas 78235



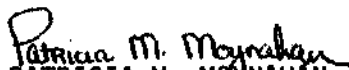
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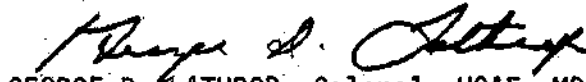
This initial report was submitted by personnel of the Epidemiology Division and the Data Sciences Division, USAF School of Aerospace Medicine, Aerospace Medical Division, AFSC, Brooks Air Force Base, Texas, under job order 2767-00-01.


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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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Herbicides	Miniquestionnaire	
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<p>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</p>		

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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.

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 acknowledgement 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. _____
(12-17)

Study No. 812039

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)		
(1) _____	(32(_____ -1	YEAR [] [] (48) (49)
(2) _____	(33(_____ -1	YEAR [] [] (50) (51)
(3) _____	(34(_____ -1	YEAR [] [] (52) (53)
No certificate, diploma, or degree (volunteered)....	(35(_____ -1	YEAR [] [] (54) (55)

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?																																				
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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?																																				
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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?																																				
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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) No..... -2 (SKIP TO Q.7)	Yes. (28() -1 (ASK Q.6j) No..... -2 (SKIP TO Q.7)	Yes. (28() -1 (RECORD ADDITIONAL TRAINING PROGRAMS IN S.R.B. ON PG. 14) 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?	g. For what kind of work was your next military training program preparing you?	L. For what kind of work was your next military training program preparing you?																																				
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c. What is the AFSC for that job?	h. What is the AFSC for that job?	m. What is the AFSC for that job?																																				
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d. In what month and year did you start this training?	i. In what month and year did you start this training?	n. In what month and year did you start this training?																																				
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(21)	(22)	(23)	(24)																																			
e. In what month and year did you complete this training?	j. In what month and year did you complete this training?	o. In what month and year did you complete this training?																																				
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f. Have you participated in any other military job training program that prepared you for a major change in your occupation?	k. Have you participated in any other military job training program that prepared you for a major change in your occupation?	p. 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)	Yes. (29(_____-1 (ASK Q.7L) No.....-2 (SKIP TO Q.8)	Yes. (29(_____-1 (RECORD ADDITIONAL TRAINING PROGRAMS IN S.R.B. ON PG. 15) No.....-2 (GO TO Q.8)																																				
01 79-80	02 79-80	03 79-80																																				

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)

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)

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)

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)

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.10a)

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	
(5)	(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

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

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"

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)

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)

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)

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)

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)

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)

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

12-13

a. In what month and year did you first 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. 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. (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.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)																								
(14-15)	No others. (16) -1 (SKIP TO Q.18)	No others. (16) -1 (SKIP TO Q.18)																								
/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)?																								
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MONTH	YEAR																									
(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) 2. (29-31) 3. (32-34)	1. (26-28) 2. (29-31) 3. (32-34)	1. (26-28) 2. (29-31) 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 No..... -2	Yes. (35) -1 No..... -2	Yes. (35) -1 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)?																								
<table border="1"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>(36) (37) (38)</td></tr> </table> Hours				(36) (37) (38)	<table border="1"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>(36) (37) (38)</td></tr> </table> Hours				(36) (37) (38)	<table border="1"> <tr><td> </td><td> </td><td> </td></tr> <tr><td>(36) (37) (38)</td></tr> </table> Hours				(36) (37) (38)												
(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) 2. (44-47) 3. (48-51) 4. (52-55) (ASK Q.16g)	1. (40-43) 2. (44-47) 3. (48-51) 4. (52-55) (ASK Q.16m)	1. (40-43) 2. (44-47) 3. (48-51) 4. (52-55) (ASK Q.17a)																								
01 79-80	02 79-80	03 79-80																								

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)?

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

END			
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)?

			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.17r)

04
79-80

Fifth 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)?

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

END			
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)?

			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.17m)

05
79-80

Sixth 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)?

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

END			
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)?

			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)

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

06
79-80

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) (14)

FIRST/ONLY MARRIAGE

SECOND MARRIAGE

THIRD MARRIAGE

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

MONTH YEAR
[] [] - [] []
(5) (6) (17) (18)

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

MONTH YEAR
[] [] - [] []
(5) (6) (17) (18)

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

MONTH YEAR
[] [] - [] []
(5) (6) (7) (18)

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

RECORD IN S.R.B. PG 2

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

RECORD IN S.R.B. PG 2

22b. 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

21c. What was her maiden name?

RECORD IN S.R.B. PG 2

22c. 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)

21d. What is her date of birth?

MONTH YEAR
[] [] - [] []
(19) (20) (21) (22)

22d. 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

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

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

22e. 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

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

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

Don't know -3 (SKIP TO Q.20L)

20g. 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.20h)

Don't know -3 (SKIP TO Q.21L)

21g. 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.21h)

Don't know -3 (SKIP TO Q.22L)

22g. 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.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

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

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)

20k. 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)

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

1st MONTH YEAR (54) (55) (56) (57)

2nd MONTH YEAR (58) (59) (60) (61)

3rd MONTH YEAR (62) (63) (64) (65)

4th MONTH YEAR (66) (67) (68) (69) (GO TO Q.20n)

79-80

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

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

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)

21k. What did the doctor say caused the miscarriage?

1st

2nd

3rd

4th

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)

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

1st MONTH YEAR (54) (55) (56) (57)

2nd MONTH YEAR (58) (59) (60) (61)

3rd MONTH YEAR (62) (63) (64) (65)

4th MONTH YEAR (66) (67) (68) (69) (GO TO Q.21n)

79-80

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

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

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)

22k. What did the doctor say caused the miscarriage?

1st

2nd

3rd

4th

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)

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

1st MONTH YEAR (54) (55) (56) (57)

2nd MONTH YEAR (58) (59) (60) (61)

3rd MONTH YEAR (62) (63) (64) (65)

4th MONTH YEAR (66) (67) (68) (69) (GO TO Q.22n)

79-80

FIRST/ONLY MARRIAGE
MISCARRIAGES - Q.20h

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.21h

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.22h

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 types of birth control you used.

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

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

1st: _____ (21-22)
2nd: _____ (23-24)
3rd: _____ (25-26)
4th: _____ (27-28)
(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)
2nd: _____ (40-41)
3rd: _____ (42-43)
4th: _____ (44-45)
(GO TO Q.20q)

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

1st: _____ (38-39)
2nd: _____ (40-41)
3rd: _____ (42-43)
4th: _____ (44-45)
(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
(44) (40)

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

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

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)

2nd: _____ (57-58)

3rd: _____ (59-60)

4th: _____ (61-62)

(GO TO Q.20c)

1st: _____ (55-56)

2nd: _____ (57-58)

3rd: _____ (59-60)

4th: _____ (61-62)

(GO TO Q.21c)

1st: _____ (55-56)

2nd: _____ (57-58)

3rd: _____ (59-60)

4th: _____ (61-62)

(GO TO Q.22c)

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

20o. Did a doctor tell you why this stillbirth might have occurred?

Yes.(15(___ -1 (ASK Q.20p)
No.....-2 (SKIP TO Q.20q)

20p. 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)

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)

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

20t. What was the main reason for the (1st, etc.) abortion?

1st

2nd

3rd

4th

(GO TO Q.20v)

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

21o. Did a doctor tell you why this stillbirth might have occurred?

Yes.(15(___ -1 (ASK Q.21p)
No.....-2 (SKIP TO Q.21q)

21p. What did the doctor say caused the (1st, etc.) stillbirth?

1st

2nd

3rd

4th

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)

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)

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

21t. What was the main reason for the (1st, etc.) abortion?

1st

2nd

3rd

4th

(GO TO Q.21v)

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

22o. Did a doctor tell you why this stillbirth might have occurred?

Yes.(15(___ -1 (ASK Q.22p)
No.....-2 (SKIP TO Q.22q)

22p. What did the doctor say caused the (1st, etc.) stillbirth?

1st

2nd

3rd

4th

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)

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)

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

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.20v) Did either you or your wife use birth control techniques regularly?

Yes..(36) -1 (ASK Q.20v) No.....-2 (ASK Q.20x)

HAND RESPONDENT CARD "C"

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?

Grid for times living apart: (50) (51) Times

Never..(52) -1 (SKIP TO Q.20aa/bb)

20y. How many months did you live apart the (first/next) time?

Grid for months living apart: 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.20z)

21u. (IF ANY CONCEPTIONS -- CHILD, MISCARRIAGE, STILLBIRTH, OR ABORTION: SKIP TO Q.21w ALL OTHERS: ASK Q.21v) Did either you or your wife use birth control techniques regularly?

Yes..(36) -1 (ASK Q.21v) No.....-2 (ASK Q.21x)

HAND RESPONDENT CARD "C"

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?

Grid for times living apart: (50) (51) Times

Never..(52) -1 (SKIP TO Q.21aa/bb)

21y. How many months did you live apart the (first/next) time?

Grid for months living apart: 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.21z)

22u. (IF ANY CONCEPTIONS -- CHILD, MISCARRIAGE, STILLBIRTH, OR ABORTION: SKIP TO Q.22w ALL OTHERS: ASK Q.22v) Did either you or your wife use birth control techniques regularly?

Yes..(36) -1 (ASK Q.22v) No.....-2 (ASK Q.22x)

HAND RESPONDENT CARD "C"

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?

Grid for times living apart: (50) (51) Times

Never..(52) -1 (SKIP TO Q.22aa/bb)

22y. How many months did you live apart the (first/next) time?

Grid for months living apart: 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.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....(65) -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....(65) -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
(13) (14)

FIRST PARTNER

SECOND PARTNER

THIRD PARTNER

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

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

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

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

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

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

24b. How old was she at that time?

(WRITE IN AGE) [] []
(19) (20)

24i. How old was she at that time?

(WRITE IN AGE) [] []
(19) (20)

24p. 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)

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

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

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

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

Current..(25) -1

Current..(25) -1

Current..(25) -1

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

Yes..Q6 (-1 (ASK Q.24e)
No..... -2 (SKIP TO Q.24g)

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

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

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

Yes..Q6 (-1 (ASK Q.24s)
No..... -2 (SKIP TO Q.24u)

24e. When was that?

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

24L. When was that?

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

24s. When was that?

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

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

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

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

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

Table with 2 columns: First, Second. Rows: Live birth, Miscarriage, Stillbirth, Abortion, Not sure.

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

Table with 2 columns: First, Second. Rows: Live birth, Miscarriage, Stillbirth, Abortion, Not sure.

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

Table with 2 columns: First, Second. Rows: Live birth, Miscarriage, Stillbirth, Abortion, Not sure.

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 } 79-80

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

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

Yes..(37) (-1) (RECORD ADDITIONAL PARTNERS IN S.R.B. PG 26) 03
No..... -2 } 79-80

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

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

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

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

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

TO

MONTH		YEAR	
(63)	(34)	(65)	(36)

Second time

FROM

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

TO

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

Third Time

FROM

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

TO

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	<input type="text"/> <input type="text"/> (28) (29)
		Spouse/partner(19 (_____ -1	<input type="text"/> <input type="text"/> (30) (31)
B. Sterility due to injury, accident, or illness (SPECIFY) _____.	(13 (_____ -1	Respondent....(20 (_____ -1	<input type="text"/> <input type="text"/> (32) (33)
		Spouse/partner(21 (_____ -1	<input type="text"/> <input type="text"/> (34) (35)
C. Sterility due to unknown causes.....	(14 (_____ -1	Respondent....(22 (_____ -1	<input type="text"/> <input type="text"/> (36) (37)
		Spouse/partner(23 (_____ -1	<input type="text"/> <input type="text"/> (38) (39)
D. Impotence.....	(15 (_____ -1	/	<input type="text"/> <input type="text"/> (40) (41)
E. Other known medical or physical conditions (SPECIFY) _____.	(16 (_____ -1	Respondent....(24 (_____ -1	<input type="text"/> <input type="text"/> (42) (43)
		Spouse/partner(25 (_____ -1	<input type="text"/> <input type="text"/> (44) (45)
F. Some other reason (SPECIFY) _____.	(17 (_____ -1	Respondent....(26 (_____ -1	<input type="text"/> <input type="text"/> (46) (47)
		Spouse/partner(27 (_____ -1	<input type="text"/> <input type="text"/> (48) (49)

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)

--	--

 children (ASK Q.29)
(12) (13)

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? <table border="1" style="margin: 5px auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Age (15) (16)			31a. How old is (CHILD) now? <table border="1" style="margin: 5px auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Age (15) (16)			32a. How old is (CHILD) now? <table border="1" style="margin: 5px auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Age (15) (16)																				
Child died..(17) -1	Child died..(17) -1	Child died..(17) -1																								
30b. (Is/Was) (CHILD) male or female? Male.....(18) _____ -1 Female..... _____ -2	31b. (Is/Was) (CHILD) male or female? Male.....(18) _____ -1 Female..... _____ -2	32b. (Is/Was) (CHILD) male or female? Male.....(18) _____ -1 Female..... _____ -2																								
30c. How much did (CHILD) weigh at birth? <table border="1" style="margin: 5px auto;"><tr><th colspan="2" style="text-align: center;">POUNDS</th><th colspan="2" style="text-align: center;">OUNCES</th></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (19) (20) (21) (22)	POUNDS		OUNCES						31c. How much did (CHILD) weigh at birth? <table border="1" style="margin: 5px auto;"><tr><th colspan="2" style="text-align: center;">POUNDS</th><th colspan="2" style="text-align: center;">OUNCES</th></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (19) (20) (21) (22)	POUNDS		OUNCES						32c. How much did (CHILD) weigh at birth? <table border="1" style="margin: 5px auto;"><tr><th colspan="2" style="text-align: center;">POUNDS</th><th colspan="2" style="text-align: center;">OUNCES</th></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (19) (20) (21) (22)	POUNDS		OUNCES					
POUNDS		OUNCES																								
POUNDS		OUNCES																								
POUNDS		OUNCES																								
Don't know...(23) _____ -1	Don't know...(23) _____ -1	Don't know...(23) _____ -1																								
30d. What is (CHILD)'s birth-date? <table border="1" style="margin: 5px auto;"><tr><th style="text-align: center;">MONTH</th><th style="text-align: center;">DAY</th><th style="text-align: center;">YEAR</th></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (24) (25) (26) (27) (28) (29)	MONTH	DAY	YEAR				31d. What is (CHILD)'s birth-date? <table border="1" style="margin: 5px auto;"><tr><th style="text-align: center;">MONTH</th><th style="text-align: center;">DAY</th><th style="text-align: center;">YEAR</th></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (24) (25) (26) (27) (28) (29)	MONTH	DAY	YEAR				32d. What is (CHILD)'s birth-date? <table border="1" style="margin: 5px auto;"><tr><th style="text-align: center;">MONTH</th><th style="text-align: center;">DAY</th><th style="text-align: center;">YEAR</th></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (24) (25) (26) (27) (28) (29)	MONTH	DAY	YEAR									
MONTH	DAY	YEAR																								
MONTH	DAY	YEAR																								
MONTH	DAY	YEAR																								
[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? Premature.(30) _____ -1 Full term..... _____ -2 Overdue..... _____ -3 Not sure..... _____ -4	31e. Was the child premature, full term, or overdue? Premature.(30) _____ -1 Full term..... _____ -2 Overdue..... _____ -3 Not sure..... _____ -4	32e. Was the child premature, full term, or overdue? 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?

RECORD IN S.R.B. PG 3

31f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

32f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

30g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

31g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

32g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

30h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 3

31h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 3

32h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 3

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. (33(-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. (33(-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. (33(-1 (ASK Q.32k)

No..... -2 (SKIP TO Q.32L)

HAND RESPONDENT CARD "C"

HAND RESPONDENT CARD "C"

HAND RESPONDENT CARD "C"

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. (34(<u> </u> -1	06. (39(<u> </u> -1
02. (35(<u> </u> -1	07. (40(<u> </u> -1
03. (36(<u> </u> -1	08. (41(<u> </u> -1
04. (37(<u> </u> -1	09. (42(<u> </u> -1
05. (38(<u> </u> -1	10. (43(<u> </u> -1
	11. (44(<u> </u> -1

12 (SPECIFY)

..... (45(-1

(GO TO Q.30L)

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. (34(<u> </u> -1	06. (39(<u> </u> -1
02. (35(<u> </u> -1	07. (40(<u> </u> -1
03. (36(<u> </u> -1	08. (41(<u> </u> -1
04. (37(<u> </u> -1	09. (42(<u> </u> -1
05. (38(<u> </u> -1	10. (43(<u> </u> -1
	11. (44(<u> </u> -1

12 (SPECIFY)

..... (45(-1

(GO TO Q.31L)

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. (34(<u> </u> -1	06. (39(<u> </u> -1
02. (35(<u> </u> -1	07. (40(<u> </u> -1
03. (36(<u> </u> -1	08. (41(<u> </u> -1
04. (37(<u> </u> -1	09. (42(<u> </u> -1
05. (38(<u> </u> -1	10. (43(<u> </u> -1
	11. (44(<u> </u> -1

12 (SPECIFY)

..... (45(-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?

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?

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?

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 YEAR
[] [] - [] []
(51) (52) (53) (54)

30q. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57() -1

(GO TO Q.30r)

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 YEAR
[] [] - [] []
(51) (52) (53) (54)

31q. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57() -1

(GO TO Q.31r)

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 YEAR
[] [] - [] []
(51) (52) (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
<p>30r. (Does/Did)(CHILD) have a diagnosed learning disability?</p>	<p>31r. (Does/Did)(CHILD) have a diagnosed learning disability?</p>	<p>32r. (Does/Did)(CHILD) have a diagnosed learning disability?</p>
<p>Yes. (58) () -1 (ASK Q.30s)</p>	<p>Yes. (58) () -1 (ASK Q.31s)</p>	<p>Yes. (58) () -1 (ASK Q.32s)</p>
<p>No. -2 (SKIP TO Q.30t)</p>	<p>No. -2 (SKIP TO Q.31t)</p>	<p>No. -2 (SKIP TO Q.32t)</p>
<p>30s. What kind of learning disability (does/did) (s)he have?</p>	<p>31s. What kind of learning disability (does/did) (s)he have?</p>	<p>32s. What kind of learning disability (does/did) (s)he have?</p>
<p>30t. (Does/Did)(CHILD) have any physical, mental, or motor impairments?</p>	<p>31t. (Does/Did)(CHILD) have any physical, mental, or motor impairments?</p>	<p>32t. (Does/Did)(CHILD) have any physical, mental, or motor impairments?</p>
<p>Yes. (59) () -1 (ASK Q.30u)</p>	<p>Yes. (59) () -1 (ASK Q.31u)</p>	<p>Yes. (59) () -1 (ASK Q.32u)</p>
<p>No. -2 (SKIP TO Q.30v)</p>	<p>No. -2 (SKIP TO Q.31v)</p>	<p>No. -2 (SKIP TO Q.32v)</p>
<p>30u. What kind of impairment (does/did) (s)he have?</p>	<p>31u. What kind of impairment (does/did) (s)he have?</p>	<p>32u. What kind of impairment (does/did) (s)he have?</p>
<p>IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO NEXT CHILD</p>	<p>IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO NEXT CHILD</p>	<p>IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO NEXT CHILD</p>
<p>30v. On what date did (CHILD) die?</p>	<p>31v. On what date did (CHILD) die?</p>	<p>32v. On what date did (CHILD) die?</p>
<p>MONTH DAY YEAR | | | - | | | - | | | (60) (61) (62) (63) (64) (65)</p>	<p>MONTH DAY YEAR | | | - | | | - | | | (60) (61) (62) (63) (64) (65)</p>	<p>MONTH DAY YEAR | | | - | | | - | | | (60) (61) (62) (63) (64) (65)</p>
<p>30w. What was the cause of death?</p>	<p>31w. What was the cause of death?</p>	<p>32w. What was the cause of death?</p>
<p>30x. Where is (CHILD)'s death registered? In what city and state is that?</p>	<p>31x. Where is (CHILD)'s death registered? In what city and state is that?</p>	<p>32x. Where is (CHILD)'s death registered? In what city and state is that?</p>
<p>RECORD IN S.R.B. PG 3</p>	<p>RECORD IN S.R.B. PG 3</p>	<p>RECORD IN S.R.B. PG 3</p>
<p>(GO TO NEXT CHILD Q.31a)</p>	<p>(GO TO NEXT CHILD Q.32a)</p>	<p>(RECORD ADDITIONAL CHILDREN IN S.R.B. - PG 28-39)</p>

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
(4)		(15)		

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

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)?

Grid for recording month and year for treatments: Radiation, Chemotherapy, Surgery, Other. Includes instructions to go to next body part.

Grid for recording month and year for treatments: Radiation, Chemotherapy, Surgery, Other. Includes instructions to go to next body part.

Grid for recording month and year for treatments: Radiation, Chemotherapy, Surgery, Other. Includes instructions to go to next body part.

01 79-80

02 79-80

03 79-80

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 637d. What treatments or medicines have you taken for leukemia? RECORD BELOWD. MEDICINE/TREATMENTE. 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 625-60

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

ASK Q.38b THROUGH Q.38h
FOR EACH BOX "X"ED ON
PP. 26-28

DIABETES

THYROID PROBLEMS

ANEMIA

A HEART CONDITION

AN ENLARGED LIVER

[]

[]

[]

[]

[]

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 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 diag-
nosis 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(-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)

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 con-
sulted about your
(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

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

30

	JAUNDICE	HEPATITIS	CIRRHOSIS OF THE LIVER	INTESTINAL PARASITES	GALL BLADDER PROBLEMS
ASK Q.38b THROUGH Q.38h FOR EACH BOX "X"ED ON FF. 26-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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
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
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)
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)
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
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
(GO TO NEXT CONDITION "X"ED)	(GO TO NEXT CONDITION "X"ED)	(GO TO NEXT CONDITION "X"ED)	(GO TO NEXT CONDITION "X"ED)	(GO TO NEXT CONDITION "X"ED)	(GO TO NEXT CONDITION "X"ED)
66 79-80	67 79-80	68 79-80	69 79-80	70 79-80	

51

ASK Q.38b THROUGH Q.38h FOR EACH BOX "X"ED ON PP. 26-28	ANY OTHER LIVER CONDITION	A RESPIRATORY CONDITION OTHER THAN PNEUMONIA	ANY OTHER MAJOR CONDITION
	[]	[]	[]
38b. When did a doctor first tell you that you had (CONDITION)?.....	[RECORD IN S.R.B.] [PAGE 8]	[RECORD IN S.R.B.] [PAGE 8]	[RECORD IN S.R.B.] [PAGE 9]
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 8]	[RECORD IN S.R.B.] [PAGE 8]	[RECORD IN S.R.B.] [PAGE 9]
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)
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)
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 8]	[RECORD IN S.R.B.] [PAGE 8]	[RECORD IN S.R.B.] [PAGE 9]
38h. What is the full name of the doctor or medical facility you last consulted about your (CONDITION)?.....	[RECORD IN S.R.B.] [PAGE 8]	[RECORD IN S.R.B.] [PAGE 8]	[RECORD IN S.R.B.] [PAGE 9]
	(GO TO NEXT CONDITION "X"ED) 71 79-80	(GO TO NEXT CONDITION "X"ED) 72 79-80	73 79-80

52

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

Second Period

Third Period

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

MONTH YEAR [] [] - [] [] (06) (17) (18) (19)

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

MONTH YEAR [] [] - [] [] (32) (33) (34) (35)

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

MONTH YEAR [] [] - [] [] (48) (49) (50) (51)

40c. Until when did that last?

MONTH YEAR [] [] - [] [] (20) (21) (22) (23)

40g. Until when did that last?

MONTH YEAR [] [] - [] [] (36) (37) (38) (39)

40k. Until when did that last?

MONTH YEAR [] [] - [] [] (52) (53) (54) (55)

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

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

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

HAND RESPONDENT CARD "E"

HAND RESPONDENT CARD "E"

HAND RESPONDENT CARD "E"

MULTIPLE RECORD BELOW

MULTIPLE RECORD BELOW

MULTIPLE RECORD BELOW

Table with 2 columns: Location and Count. Rows: Temples (24), Eyes or eyelids (25), Ears (26), Cheeks (27), Nose (28), Forehead (29), Jaw, Chin, Other (30).

Table with 2 columns: Location and Count. Rows: Temples (40), Eyes or eyelids (41), Ears (42), Cheeks (43), Nose (44), Forehead (45), Jaw, Chin, Other (46).

Table with 2 columns: Location and Count. Rows: Temples (66), Eyes or eyelids (67), Ears (68), Cheeks (69), Nose (60), Forehead (61), Jaw, Chin, Other (62).

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

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

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

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

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

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) No.....-2 (GO TO NEXT CONDITION)	Yes.(74(-1 (ASK Q.42d) 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? <u>RECORD IN S.R.B. - PG 10</u>	e. 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 10</u>
f. During what month and year was the diagnosis made? <u>RECORD IN S.R.B. - PG 10</u>	f. During what month and year was the diagnosis made? <u>RECORD IN S.R.B. - PG 10</u>
g. What is the name of the doctor or medical facility you last consulted about (CONDITION)? <u>RECORD IN S.R.B. - PG 10</u>	g. What is the name of the doctor or medical facility you last consulted about (CONDITION)? <u>RECORD IN S.R.B. - PG 10</u>
h. During what month and year did you last consult (NAME IN Q.42g)? <u>RECORD IN S.R.B. - PG 10</u>	h. During what month and year did you last consult (NAME IN Q.42g)? <u>RECORD IN S.R.B. - PG 10</u>

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)?																																																																																																
<table border="1"> <tr> <th colspan="2">MONTH</th> <th colspan="2">YEAR</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>(13)</td><td>(14)</td><td>(15)</td><td>(16)</td> </tr> </table>	MONTH		YEAR						(13)	(14)	(15)	(16)	<table border="1"> <tr> <th colspan="2">MONTH</th> <th colspan="2">YEAR</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>(28)</td><td>(29)</td><td>(30)</td><td>(31)</td> </tr> </table>	MONTH		YEAR						(28)	(29)	(30)	(31)	<table border="1"> <tr> <th colspan="2">MONTH</th> <th colspan="2">YEAR</th> </tr> <tr> <td> </td><td> </td><td> </td><td> </td> </tr> <tr> <td>(43)</td><td>(44)</td><td>(45)</td><td>(46)</td> </tr> </table>	MONTH		YEAR						(43)	(44)	(45)	(46)																																																												
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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?																																																																																																
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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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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]

D.	E.																																																																																								
<p>Persistent aches and pains in any of your limbs?</p> <p>Yes..(12(-1 No.....-2</p> <p>b. When did you first notice (CONDITION)?</p> <table style="width: 100%; text-align: center;"> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>(13)</td> <td>(14)</td> <td>(15)</td> <td>(16)</td> </tr> </table> <p>c. Which limbs or muscles were affected? (CONDITION)? Any other part?</p> <hr/> <p>d. Do you still have (CONDITION)?</p> <p>Yes.(17(-1 No.....-2</p> <p>e. During what period was the (CONDITION) most intense?</p> <table style="width: 100%; text-align: center;"> <tr> <td colspan="4">FROM</td> </tr> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>(18)</td> <td>(19)</td> <td>(20)</td> <td>(21)</td> </tr> <tr> <td colspan="4">TO</td> </tr> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> <tr> <td>(22)</td> <td>(23)</td> <td>(24)</td> <td>(25)</td> </tr> </table> <p>f. Did you see a doctor for (CONDITION)?</p> <p>Yes.(26(-1 (IF NO, GO TO No.....-2 NEXT CONDITION)</p> <p>g. What was the diagnosis?</p> <hr/> <p>h. 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 11</u></p> <p>i. During what month and year was the diagnosis made? <u>RECORD IN S.R.B. - PG 11</u></p> <p>j. What is the name of the doctor or medical facility you last consulted about (CONDITION)? <u>RECORD IN S.R.B. - PG 11</u></p> <p>k. During what month and year did you last consult (NAME IN Q.42g)? <u>RECORD IN S.R.B. - PG 11</u></p>	MONTH		YEAR						(13)	(14)	(15)	(16)	FROM				MONTH		YEAR						(18)	(19)	(20)	(21)	TO				MONTH		YEAR						(22)	(23)	(24)	(25)	<p>A reduction in grip strength?</p> <p>Yes..(27(-1 No.....-2</p> <p>b. 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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) (13) -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.

		packs per week
(21)	(22)	

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?

		packs per week
(27)	(28)	

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?

		packs per week
(33)	(34)	

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)?

		days
(39)	(40)	

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

		packs per day
(41)	(42)	

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

Yes... (43) (44) -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?

(53)	(54)

pipefuls per week

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?

(59)	(60)

pipefuls per week

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?

(65)	(66)

pipefuls per week

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)?

(71)	(72)

days

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

(73)	(74)

pipefuls per day

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

Yes...(75(_____-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 43)

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

53c. 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
No....._____ -2 } (ALSO RECORD ON S.R.B. PAGE 12)

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.63 a)

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.63 a.
 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.63 a.
 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.

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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.

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1 2 3 4

(57)

5

IF "5" CIRCLED
 RECORD IN S.R.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.R.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.

FOR OFFICE USE ONLY

1 2 3 4

(15)

5

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

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.

FOR OFFICE USE ONLY

1 2 3 4

(22)

5

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

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.72 a)

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.72 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.72 a.
 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.72 a.
 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.72 a.
 ALL OTHERS: GO TO Q.72 a.

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

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 ...

TASK ONLY FOR CHECKED CONDITIONS

		Yes	No
<input type="checkbox"/>	Did you lose your appetite?.....	(61) -1	-2
<input type="checkbox"/>	Did you lose weight without trying to -- as much as ten pounds altogether?.....	(62) -1	-2
<input type="checkbox"/>	Did your eating increase so much that you gained ten pounds altogether?.....	(63) -1	-2
<input type="checkbox"/>	Did you have trouble falling asleep, staying asleep, or waking up too early?.....	(64) -1	-2
<input type="checkbox"/>	Were you sleeping too much?.....	(65) -1	-2
<input type="checkbox"/>	Did you feel tired out all the time?.....	(66) -1	-2
<input type="checkbox"/>	Did you talk or move more slowly than is usual for you?.....	(67) -1	-2
<input type="checkbox"/>	Did you have to be moving all the time -- that is, you couldn't sit still and paced up and down?.....	(68) -1	-2
<input type="checkbox"/>	Was your interest in sex a lot less than usual?.....	(69) -1	-2
<input type="checkbox"/>	Did you have a lot more trouble concentrating than is usual for you?.....	(70) -1	-2
<input type="checkbox"/>	Did your thoughts come much slower than usual or seem mixed up?.....	(71) -1	-2
<input type="checkbox"/>	Did you feel worthless, sinful, or guilty?.....	(72) -1	-2
<input type="checkbox"/>	Did you think a lot about death -- either your own, someone else's, or death in general?.....	(73) -1	-2
<input type="checkbox"/>	Did you feel like you wanted to die?.....	(74) -1	-2
<input type="checkbox"/>	Did you feel so low you thought of committing suicide?..	(75) -1	-2
<input type="checkbox"/>	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

(23)

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
 - 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)
- (SKIP TO SELF-ADMINISTERED SHEET AFTER 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
 - Fairly often...._____ -2
 - Sometimes....._____ -3
 - Almost never...._____ -4
 - Never....._____ -5
- (ASK Q.95b) (SKIP TO Q.96a)

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
 - Fairly often...._____ -2
 - Sometimes....._____ -3
 - Almost never...._____ -4
 - Never....._____ -5
- (ASK Q.96b) (SKIP TO Q.97a)

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) (ASK Q.97b)
- Fairly often.... _____ -2
- 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) (ASK Q.98b)
- Fairly often.... _____ -2
- 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) (ASK Q.99b)
- Fairly often.... _____ -2
- 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) (ASK Q.100b)
- Fairly often.... _____ -2
- 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)
 Fairly often...._____-2 } (ASK Q.101b)

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)
 Fairly often...._____-2 } (ASK Q.102b)

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)
 Fairly often...._____-2 } (ASK Q.103b)

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)
 Fairly often...._____-2 } (ASK Q.104b)

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		TO		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		TO		MONTH		YEAR	
(57)	(58)	(59)	(60)			(61)	(62)	(63)	(64)

No period.....(65(_____-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
 - Fairly often.... _____-2
- } (ASK Q.109b)
- Sometimes..... _____-3
 - Almost never.... _____-4
 - Never..... _____-5
- } (SKIP TO Q.110a)

109b. During what month and year did you first feel like a powder keg ready to explode?

MONTH	YEAR	}	(ASK Q.109c)
[] [] - [] []	[] [] - [] []		
(43) (44)	(45) (46)		

Don't remember.....(47) _____-1

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
[ ] [ ] | - | [ ] [ ]	[ ] [ ] | - | [ ] [ ]	TO	[ ] [ ] | - | [ ] [ ]	[ ] [ ] | - | [ ] [ ]
(48) (49)	(50) (51)	TO	(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
 - Fairly often.... _____-2
- } (ASK Q.110b)
- Sometimes..... _____-3
 - Almost never.... _____-4
 - Never..... _____-5
- } (SKIP TO Q.111a)

110b. During what month and year did you begin feeling tired all the time?

MONTH	YEAR	}	(ASK Q.110c)
[] [] - [] []	[] [] - [] []		
(58) (59)	(60) (61)		

Don't remember.....(62) _____-1

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
[ ] [ ] | - | [ ] [ ]	[ ] [ ] | - | [ ] [ ]	TO	[ ] [ ] | - | [ ] [ ]	[ ] [ ] | - | [ ] [ ]
(63) (64)	(65) (66)	TO	(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
 - Fairly often.... _____-2
 - Sometimes..... _____-3
 - Almost never.... _____-4
 - Never..... _____-5
- (ASK Q.111b)
- (SKIP TO Q.112a)

111b. During what month and year did you begin feeling too tired to walk up a flight of stairs?

MONTH		YEAR	
(13)	(14)	(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
 - Fairly often.... _____-2
 - Sometimes..... _____-3
 - Almost never.... _____-4
 - Never..... _____-5
- (ASK Q.112b)
- (SKIP TO Q.113a)

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
 - Fairly often.... _____ -2
 - Sometimes..... _____ -3
 - Almost never.... _____ -4
 - Never..... _____ -5
- (ASK Q.113b) (SKIP TO Q.114a)

113b. During what month and year did you begin to feel too exhausted to perform your duties competently?

MONTH		YEAR	
(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				MONTH		YEAR	
(48)	(49)	(50)	(51)	TO	(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
 - Somewhat more often... _____ -2
 - Just as often..... _____ -3
 - Somewhat less often... _____ -4
 - Much less often..... _____ -5
- (SKIP TO Q.115a) (ASK Q.114b)

114b. During what month and year did you begin speaking less often to your close friends?

MONTH		YEAR	
(58)	(59)	(60)	(61)

Don't remember..(62(_____ -1

HAND RESPONDENT CARD "F"

115a. How often has losing your temper created strains in your family relationships?

- Very often..(63(_____ -1
 - Fairly often.... _____ -2
 - Sometimes..... _____ -3
 - Almost never.... _____ -4
 - Never..... _____ -5
- (ASK Q.115b)
- (SKIP TO Q.116)

115b. During what month and year did losing your temper begin creating strains in your family relationships?

MONTH		YEAR	
(64)	(65)	(66)	(67)

(ASK Q.115c)

Don't remember.....(68(_____ -1

Within the last 12 months.. _____ -2 (SKIP TO Q.116a)

115c. During what period in your life was this most serious?

MONTH		YEAR		TO		MONTH		YEAR	
(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
 - Just as often/no difference..... _____ -3
- } (SKIP TO Q.120)
- Somewhat less often... _____ -4
 - Much less often..... _____ -5
- } (ASK Q.119b)

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
 - Just as great/no difference..... _____ -3
- } (SKIP TO Q.122a)
- Somewhat less..... _____ -4
 - Much less than it used to be..... _____ -5
- } (ASK Q.121b)

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
 - Never..... _____ -5
- } (SKIP TO Q.123a)

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 } (ASK Q.123b)
Fairly often.... _____ -2 }

Sometimes..... _____ -3 } (SKIP TO Q.124)
Almost never.... _____ -4 }
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 } (ASK Q.126b)
Fairly often.... _____ -2 }

Sometimes..... _____ -3 } (SKIP TO Q.127a)
Almost never.... _____ -4 }
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

Within the last 12 months.. _____ -2 (SKIP TO Q.127a)

126c. During what period in your life was this most serious?

MONTH YEAR MONTH YEAR
[] [] - [] [] TO [] [] - [] []
(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
 - Fairly often.... _____ -2
 - Sometimes..... _____ -3
 - Almost never.... _____ -4
 - Never..... _____ -5
- (ASK Q.127b) (SKIP TO Q.128)

127b. During what month and year did losing your temper first result in a friendship breaking up?

MONTH	YEAR	}	(ASK Q.127c)
(55) (56)	(57) (58)		

Don't remember.....(59(_____ -1

Within the last 12 months.. _____ -2 (SKIP TO Q.128a)

127c. During what period in your life was this most serious?

MONTH	YEAR	TO	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. Skeddieup	(71(_____ -1	_____ -2
4. Mountain climbing.....	(72(_____ -1	_____ -2
5. Hang gliding.....	(73(_____ -1	_____ -2
6. Plane racing or plane acrobatics, 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.

130. 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

SECOND JOB

THIRD JOB

HAND RESPONDENT CARD "G"

130a. While working at (EMPLOYER) as (DUTIES), do/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)

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..(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 (do/did) you come in contact with (SUBSTANCE)?

01.. [] [] [] [] 04.. [] [] [] []
 (19)(20) (21)(22)
 02.. [] [] [] [] 05.. [] [] [] []
 (23)(24) (25)(26)
 03.. [] [] [] [] 06.. [] [] [] []
 (27)(28) (29)(30)

01.. [] [] [] [] 04.. [] [] [] []
 (19)(20) (21)(22)
 02.. [] [] [] [] 05.. [] [] [] []
 (23)(24) (25)(26)
 03.. [] [] [] [] 06.. [] [] [] []
 (27)(28) (29)(30)

01.. [] [] [] [] 04.. [] [] [] []
 (19)(20) (21)(22)
 02.. [] [] [] [] 05.. [] [] [] []
 (23)(24) (25)(26)
 03.. [] [] [] [] 06.. [] [] [] []
 (27)(28) (29)(30)

IF ANY SUBSTANCE CODED IN Q.130b, ASK Q.130c

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..... -2
 Never..... -3 (GO TO NEXT JOB)

All the time (31) -1 (ASK Q. 130d)
 Some of the time..... -2
 Never..... -3 (GO TO NEXT JOB)

All the time (31) -1 (ASK Q. 130d)
 Some of the time..... -2
 Never..... -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.....(32) -1
 Goggles.....(33) -1 (GO TO
 Face shield.....(34) -1 NEXT JOB)
 Special clothing..(35) -1
 Washing facilities(36) -1

Air filter.....(32) -1
 Goggles.....(33) -1 (GO TO
 Face shield.....(34) -1 NEXT
 Special clothing..(35) -1 JOB)
 Washing facilities(36) -1

Air filter.....(32) -1
 Goggles.....(33) -1 (GO TO
 Face shield.....(34) -1 NEXT JOB)
 Special clothing..(35) -1
 Washing facilities(36) -1

01
 79-80

02
 79-80

03
 79-80

FOURTH JOB

FIFTH JOB

SIXTH JOB

HAND RESPONDENT CARD "G"

130a. While working at (EMPLOYER) as (DUTIES), do/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)

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..(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 (do/did) you come in contact with (SUBSTANCE)?

01.. [] [] [] [] 04.. [] [] [] []
(19)(20) (21)(22)

01.. [] [] [] [] 04.. [] [] [] []
(19)(20) (21)(22)

01.. [] [] [] [] 04.. [] [] [] []
(19)(20) (21)(22)

02.. [] [] [] [] 05.. [] [] [] []
(23)(24) (25)(26)

02.. [] [] [] [] 05.. [] [] [] []
(23)(24) (25)(26)

02.. [] [] [] [] 05.. [] [] [] []
(23)(24) (25)(26)

03.. [] [] [] [] 06.. [] [] [] []
(27)(28) (29)(30)

03.. [] [] [] [] 06.. [] [] [] []
(27)(28) (29)(30)

03.. [] [] [] [] 06.. [] [] [] []
(27)(28) (29)(30)

IF ANY SUBSTANCE CODED IN Q.130b, ASK Q.130c

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.
Some of (32(-1 } 130d)
the time..... -2 }
Never..... -3 (GO TO NEXT
JOB)

All the time.(31(-1 } (ASK Q.
Some of (32(-1 } 130d)
the time..... -2 }
Never..... -3 (GO TO
NEXT JOB)

All the time.(31(-1 } (ASK Q.
Some of (32(-1 } 130d)
the time..... -2 }
Never..... -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.....(32(-1)
Goggles.....(33(-1 (GO TO
Face shield.....(34(-1) NEXT JOB)
Special clothing..(35(-1)
Washing facilities(36(-1)

Air filter.....(32(-1)
Goggles.....(33(-1 (GO TO
Face shield.....(34(-1) NEXT
Special clothing..(35(-1) JOB)
Washing facilities(36(-1)

Air filter.....(32(-1 (IF MORE
Goggles.....(33(-1) THAN 6
Face shield.....(34(-1) JOBS, GO
Special clothing..(35(-1) TO PAGE
Washing facilities(36(-1) 44 IN
S.R.B.)

131. Have you ever had any other jobs, such as a temporary job or a job while you were in school, outside of the military?

Yes.....(12) ___ -1 (ASK Q.132a)

No..... ___ -2 (SKIP TO Q.133)

HAND RESPONDENT CARD "G"

132a. In those jobs, did you ever come in contact with any of the substances on this card? **RECORD AT TOP OF APPROPRIATE COLUMN!**

	Asbestos	X-Ray Or Nuclear Radiation	Industrial Chemicals	Defoliants Or Herbicides	Insecticides Or Pesticides	Degreasing Chemicals
Q.132a. Yes.....	(13) ___ -1	___ -2	___ -3	___ -4	___ -5	___ -6
FOR EACH SUBSTANCE CODED, ASK Q.132b.	FROM	FROM	FROM	FROM	FROM	FROM
132b. In what years were you in contact with (SUBSTANCE) on those jobs?	(14) (15)	(14) (15)	(14) (15)	(14) (15)	(14) (15)	(14) (15)
	TO	TO	TO	TO	TO	TO
	(16) (17)	(16) (17)	(16) (17)	(16) (17)	(16) (17)	(16) (17)
132c. How many days altogether would you say you came in contact with (SUBSTANCE) on these jobs?	DAYS	DAYS	DAYS	DAYS	DAYS	DAYS
	(18)(19)(20)	(18)(19)(20)	(18)(19)(20)	(18)(19)(20)	(18)(19)(20)	(18)(19)(20)
132d. On those days you came in contact with (SUBSTANCE) how often did you wash to remove the (SUBSTANCE), or use protective clothing or gear -- all the time, some of the time, or never?	All of the time.(21) ___ -1 Some of the time..... -2 Never..... -3 (IF "NEVER," GO TO NEXT SUBSTANCE REPORTED)	All of the time.(21) ___ -1 Some of the time..... -2 Never..... -3 (IF "NEVER," GO TO NEXT SUBSTANCE REPORTED)	All of the time.(21) ___ -1 Some of the time..... -2 Never..... -3 (IF "NEVER," GO TO NEXT SUBSTANCE REPORTED)	All of the time.(21) ___ -1 Some of the time..... -2 Never..... -3 (IF "NEVER," GO TO NEXT SUBSTANCE REPORTED)	All of the time.(21) ___ -1 Some of the time..... -2 Never..... -3 (IF "NEVER," GO TO NEXT SUBSTANCE REPORTED)	All of the time.(21) ___ -1 Some of the time..... -2 Never..... -3
HAND RESPONDENT CARD "H"	Air Filter.(22) ___ -1	Air Filter.(22) ___ -1	Air Filter.(22) ___ -1	Air Filter.(22) ___ -1	Air Filter.(22) ___ -1	Air Filter.(22) ___ -1
132e. Which of the following did you use?	Goggles....(23) ___ -1	Goggles....(23) ___ -1	Goggles....(23) ___ -1	Goggles....(23) ___ -1	Goggles....(23) ___ -1	Goggles....(23) ___ -1
MULTIPLE RECORD IF NECESSARY	Face Shield(24) ___ -1	Face Shield(24) ___ -1	Face Shield(24) ___ -1	Face Shield(24) ___ -1	Face Shield(24) ___ -1	Face Shield(24) ___ -1
	Special Clothing..(25) ___ -1	Special Clothing..(25) ___ -1	Special Clothing..(25) ___ -1	Special Clothing..(25) ___ -1	Special Clothing..(25) ___ -1	Special Clothing..(25) ___ -1
	Washing Facilities(26) ___ -1 (GO TO NEXT SUBSTANCE REPORTED)	Washing Facilities(26) ___ -1 (GO TO NEXT SUBSTANCE REPORTED)	Washing Facilities(26) ___ -1 (GO TO NEXT SUBSTANCE REPORTED)	Washing Facilities(26) ___ -1 (GO TO NEXT SUBSTANCE REPORTED)	Washing Facilities(26) ___ -1 (GO TO NEXT SUBSTANCE REPORTED)	Washing Facilities(26) ___ -1
	01 79-80	02 79-80	03 79-80	04 79-80	05 79-80	06 74-80

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 Q.134. IF MORE THAN SIX COUNTRIES ON S.R.B. PAGE 2, RECORD ADDITIONAL COUNTRIES AT TOP OF COLUMNS ON PAGES 46 AND 47 IN S.R.B.

133. Next, I'd like you to think again about your active duty assignments.

12-13

HAND RESPONDENT CARD "G"

133a. In your job assignments while stationed in (COUNTRY), (that time)(do/did) you come in contact with any of the following substances?

FIRST 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)

SECOND 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)

THIRD 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)

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)?

01.. 04..
 (23)(24) (25)(26)

02.. 05..
 (27)(28) (29)(30)

03.. 06..
 (31)(32) (33)(34)

01.. 04..
 (23)(24) (25)(26)

02.. 05..
 (27)(28) (29)(30)

03.. 06..
 (31)(32) (33)(34)

01.. 04..
 (23)(24) (25)(26)

02.. 05..
 (27)(28) (29)(30)

03.. 06..
 (31)(32) (33)(34)

IF ANY SUBSTANCE CODED IN Q.133a, ASK Q.133c

133c. 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?

All the time (35(-1 } (ASK Q.
 Some of (36(-1 } 133d)
 the time..... -2 }
 Never..... -3 (GO TO NEXT COUNTRY)

All the time (35(-1 } (ASK Q.
 Some of (36(-1 } 133d)
 the time..... -2 }
 Never..... -3 (GO TO NEXT COUNTRY)

All the time (35(-1 } (ASK Q.
 Some of (36(-1 } 133d)
 the time..... -2 }
 Never..... -3 (GO TO NEXT COUNTRY)

HAND RESPONDENT CARD "H"

133d. Which of the following do you use on that job? **MULTIPLE RECORD IF NECESSARY**

Air filter.....(36(-1 }
 Goggles.....(37(-1 } (GO TO
 Face shield.....(38(-1 } NEXT
 Special clothing..(39(-1 } COUNTRY)
 Washing facilities(40(-1 }

Air filter.....(36(-1 }
 Goggles.....(37(-1 } (GO TO
 Face shield.....(38(-1 } NEXT
 Special clothing..(39(-1 } COUNTRY)
 Washing facilities(40(-1 }

Air filter.....(36(-1 }
 Goggles.....(37(-1 } (GO TO
 Face shield.....(38(-1 } NEXT
 Special clothing..(39(-1 } COUNTRY)
 Washing facilities(40(-1 }

12-13

FOURTH COUNTRY

FIFTH COUNTRY

SIXTH COUNTRY

(14-15)

(14-15)

(14-15)

HAND RESPONDENT CARD "G"

133a. In your job assignments while stationed in (COUNTRY), (that time)(do/did) you come 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) (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)

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)?

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)

IF ANY SUBSTANCE CODED IN Q.133b, ASK Q.133c

133c. 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?

All the time.(35(-1) (ASK Q. 133d)
Some of the time.....-2
Never.....-3 (GO TO NEXT COUNTRY)

All the time.(35(-1) (ASK Q. 133d)
Some of the time.....-2
Never.....-3 (GO TO NEXT COUNTRY)

All the time.(35(-1) (ASK Q. 133d)
Some of the time.....-2
Never.....-3 (GO TO NEXT COUNTRY)

HAND RESPONDENT CARD "H"

133d. Which of the following did you use on that job? [MULTIPLE RECORD IF NECESSARY]

Air filter.....(36(-1)
Goggles.....(37(-1) (GO TO NEXT COUNTRY)
Face shield.....(38(-1)
Special clothing..(39(-1)
Washing facilities(40(-1)

Air filter.....(36(-1)
Goggles.....(37(-1) (GO TO NEXT COUNTRY)
Face shield.....(38(-1)
Special clothing..(39(-1)
Washing facilities(40(-1)

Air filter.....(36(-1) (RECORD ADDITIONAL COUNTRIES)
Goggles.....(37(-1)
Face shield.....(38(-1)
Special clothing..(39(-1)
Washing facilities(40(-1)
S.R.B.
PAGE 46)

HAND RESPONDENT CARD "G"

134a. Have your hobbies and sports activities ever brought you in contact with any of the following substances? **RECORD AT TOP OF APPROPRIATE COLUMN!**

	Asbestos	X-Ray Or Nuclear Radiation	Industrial Chemicals	Defoliants Or Herbicides	Insecticides Or Pesticides	Degreasing Chemicals
Q.134a. Yes.....(13(<u> </u> -1	_____ -2	_____ -3	_____ -4	_____ -5	_____ -6	
FOR EACH SUBSTANCE CODED, ASK Q.134b.	MONTH YEAR	MONTH YEAR	MONTH YEAR	MONTH YEAR	MONTH YEAR	MONTH YEAR
134b. In what month and year did your hobbies and sports activities first bring you in contact with (SUBSTANCE)?	(14) (15) (16) (17)	(14) (15) (16) (17)	(14) (15) (16) (17)	(14) (15) (16) (17)	(14) (15) (16) (17)	(14) (15) (16) (17)
134c. For how many years did you continue to come in contact with (SUBSTANCE)?	YEARS (18) (19)	YEARS (18) (19)	YEARS (18) (19)	YEARS (18) (19)	YEARS (18) (19)	YEARS (18) (19)
134d. In general, how many days per year did you come in contact with (SUBSTANCE)?	DAYS (20) (21) (22)	DAYS (20) (21) (22)	DAYS (20) (21) (22)	DAYS (20) (21) (22)	DAYS (20) (21) (22)	DAYS (20) (21) (22)
134e. On the days you came in contact with (SUBSTANCE) how often did you use protective clothing or gear or wash to remove (SUBSTANCE) -- all of the time, some of the time, or never?	All of the time.(23(<u> </u> -1 Some of the time..... -2 Never..... -2 (IF "NEVER," GO TO NEXT SUBSTANCE REPORTED)	All of the time.(23(<u> </u> -1 Some of the time..... -2 Never..... -2 (IF "NEVER," GO TO NEXT SUBSTANCE REPORTED)	All of the time.(23(<u> </u> -1 Some of the time..... -2 Never..... -2 (IF "NEVER," GO TO NEXT SUBSTANCE REPORTED)	All of the time.(23(<u> </u> -1 Some of the time..... -2 Never..... -2 (IF "NEVER," GO TO NEXT SUBSTANCE REPORTED)	All of the time.(23(<u> </u> -1 Some of the time..... -2 Never..... -2 (IF "NEVER," GO TO NEXT SUBSTANCE REPORTED)	All of the time.(23(<u> </u> -1 Some of the time..... -2 Never..... -3 (IF "NEVER," GO TO NEXT SUBSTANCE REPORTED)

HAND RESPONDENT CARD "H"

134f. Which of the following did you use?	Air Filter.(24(<u> </u> -1 Goggles....(25(<u> </u> -1 Face Shield(26(<u> </u> -1 Special Clothing..(27(<u> </u> -1 Washing Facilities(28(<u> </u> -1 (GO TO NEXT SUBSTANCE REPORTED)	Air Filter.(24(<u> </u> -1 Goggles....(25(<u> </u> -1 Face Shield(26(<u> </u> -1 Special Clothing..(27(<u> </u> -1 Washing Facilities(28(<u> </u> -1 (GO TO NEXT SUBSTANCE REPORTED)	Air Filter.(24(<u> </u> -1 Goggles....(25(<u> </u> -1 Face Shield(26(<u> </u> -1 Special Clothing..(27(<u> </u> -1 Washing Facilities(28(<u> </u> -1 (GO TO NEXT SUBSTANCE REPORTED)	Air Filter.(24(<u> </u> -1 Goggles....(25(<u> </u> -1 Face Shield(26(<u> </u> -1 Special Clothing..(27(<u> </u> -1 Washing Facilities(28(<u> </u> -1 (GO TO NEXT SUBSTANCE REPORTED)	Air Filter.(24(<u> </u> -1 Goggles....(25(<u> </u> -1 Face Shield(26(<u> </u> -1 Special Clothing..(27(<u> </u> -1 Washing Facilities(28(<u> </u> -1 (GO TO NEXT SUBSTANCE REPORTED)	Air Filter.(24(<u> </u> -1 Goggles....(25(<u> </u> -1 Face Shield(26(<u> </u> -1 Special Clothing..(27(<u> </u> -1 Washing Facilities(28(<u> </u> -1 (GO TO NEXT SUBSTANCE REPORTED)
MULTIPLE RECORD IF NECESSARY	01 79-80	02 79-80	03 79-80	04 79-80	05 79-80	06 79-80

Now I have some questions about your income.

HAND RESPONDENT CARD "I"

135. Please tell me which letter on 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. | \$5,000-\$9,999....(12 (| -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..(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 5-11 . 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.
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

Q.2. Where born: City: _____
State: _____

Q.8b. Employers

Q.8e 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

	<u>b.</u> Wife's Current Full Name	<u>c.</u> Wife's Maiden Name	<u>aa.</u> Living With Wife Or Divorced/ Separated/ Widowed
First/ only wife	_____	_____	_____
Second wife	_____	_____	_____
Third wife	_____	_____	_____
Fourth wife	_____	_____	_____
Fifth wife	_____	_____	_____
Sixth wife	_____	_____	_____

0.09-32 and 157 - 165 CHILDREN

CHILD	Q.29 NAME	d. BIRTHDATE	f. BIRTH RECORDS	g. CURRENT MEDICAL RECORDS	h. MOTHER'S FULL NAME	x. 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 _____

C.29-32 and 157 - 165 CHILDREN

CHILD	Q.29 NAME	d. BIRTHDATE	e. BIRTH RECORDS	g. CURRENT MEDICAL RECORDS	h. MOTHER'S FULL NAME	x. DEATH RECORDS
SEVENTH	First _____ Last _____	MONTH DAY YEAR | | | - | | | - | | |	Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____
EIGHTH	First _____ Last _____	MONTH DAY YEAR | | | - | | | - | | |	Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____
NINTH	First _____ Last _____	MONTH DAY YEAR | | | - | | | - | | |	Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____
TENTH	First _____ Last _____	MONTH DAY YEAR | | | - | | | - | | |	Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____
ELEV- ENTH	First _____ Last _____	MONTH DAY YEAR | | | - | | | - | | |	Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____
TELEFTH	First _____ Last _____	MONTH DAY YEAR | | | - | | | - | | |	Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____

Q.35 Medical Providers -- Pneumonia

1st Time

2nd Time

3rd Time

n. Months/years had that time.

MONTH		YEAR	
(12)	(13)	(14)	(15)

TO

MONTH		YEAR	
(16)	(17)	(18)	(19)

a. Months/years had that time.

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

TO

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

a. Months/years had that time.

MONTH		YEAR	
(28)	(29)	(30)	(31)

TO

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

b. Doctor/facility who made diagnosis.

Name _____

Address _____

C/S _____

b. Doctor/facility who made diagnosis.

Name _____

Address _____

C/S _____

b. Doctor/facility who made diagnosis.

Name _____

Address _____

C/S _____

e. Name of hospital.

Name _____

Address _____

C/S _____

e. Name of hospital.

Name _____

Address _____

C/S _____

e. Name of hospital.

Name _____

Address _____

C/S _____

Q.36. Medical Providers -- Cancer

Part 1

Part 2

Part 3

c. Month/year first diagnosed

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

d. Doctor/facility where first diagnosis made:

Name _____

Address _____

C/S _____

c. Month/year first diagnosed

MONTH		YEAR	
(44)	(45)	(46)	(47)

d. Doctor/facility where first diagnosis made:

Name _____

Address _____

C/S _____

c. Month/year first diagnosed

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

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	
(40)	(41)	(42)	(43)

f. Month/year last consulted.

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

f. Month/year last consulted.

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)

d. Doctor/facility where first diagnosis made:

Name _____

Address _____

C/S _____

e. Doctor/facility last consulted.

Name _____

Address _____

C/S _____

f. Month/year last consulted.

MONTH		YEAR	
(64)	(65)	(66)	(67)

c. Month/year first diagnosed

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

d. Doctor/facility where first diagnosis made:

Name _____

Address _____

C/S _____

e. Doctor/facility last consulted.

Name _____

Address _____

C/S _____

f. Month/year last consulted.

MONTH		YEAR	
(72)	(73)	(74)	(75)

c. Month/year first diagnosed

MONTH		YEAR	
(12)	(13)	(14)	(15)

d. Doctor/facility where first diagnosis made:

Name _____

Address _____

C/S _____

e. Doctor/facility last consulted.

Name _____

Address _____

C/S _____

f. Month/year last consulted.

MONTH		YEAR	
(16)	(17)	(18)	(19)

Q.37 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)

9.3B. Medical Providers -- OTHER MEDICAL CONDITIONS

DIABETES

THYROID

ANEMIA

h. First told had:

b. First told had:

b. First told had:

MONTH		YEAR	
(28)	(29)	(30)	(31)

MONTH		YEAR	
(44)	(45)	(46)	(47)

MONTH		YEAR	
(60)	(61)	(62)	(63)

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 _____

g. Doctor last consulted:

g. Doctor last consulted:

g. Doctor last consulted:

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

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

MONTH		YEAR	
(64)	(65)	(66)	(67)

h. Doctor/Facility last consulted.

h. Doctor/Facility last consulted.

h. Doctor/Facility last consulted.

Name _____

Name _____

Name _____

Address _____

Address _____

Address _____

C/S _____

C/S _____

C/S _____

HEART CONDITION

ENLARGED LIVER

JAUNDICE

b. First told had:

b. First told had:

b. First told had:

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

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

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

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 _____

g. Doctor last consulted:

g. Doctor last consulted:

g. Doctor last consulted:

MONTH		YEAR	
(40)	(41)	(42)	(43)

MONTH		YEAR	
(56)	(57)	(58)	(59)

MONTH		YEAR	
(72)	(73)	(74)	(75)

h. Doctor/Facility last consulted.

h. Doctor/Facility last consulted.

h. Doctor/Facility last consulted.

Name _____

Name _____

Name _____

Address _____

Address _____

Address _____

C/S _____

C/S _____

C/S _____

Q.38. Medical Providers -- OTHER MEDICAL CONDITIONS (CONTINUED)

HEPATITIS

CIRRHOSIS OF THE LIVER

INTESTINAL PARASITES

b. First told had:

b. First told had:

b. First told had:

MONTH		YEAR	
(12)	(13)	(14)	(15)

MONTH		YEAR	
(28)	(29)	(30)	(31)

MONTH		YEAR	
(44)	(45)	(46)	(47)

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 _____

g. Doctor last consulted:

g. Doctor last consulted:

g. Doctor last consulted:

MONTH		YEAR	
(16)	(17)	(18)	(19)

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

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

h. Doctor/Facility last consulted.

h. Doctor/Facility last consulted.

h. Doctor/Facility last consulted.

Name _____

Name _____

Name _____

Address _____

Address _____

Address _____

C/S _____

C/S _____

C/S _____

GALL BLADDER

OTHER LIVER CONDITION

OTHER RESPIRATORY

b. First told had:

b. First told had:

b. First told had:

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

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

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

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 _____

g. Doctor last consulted:

g. Doctor last consulted:

g. Doctor last consulted:

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

MONTH		YEAR	
(40)	(41)	(42)	(43)

MONTH		YEAR	
(56)	(57)	(58)	(59)

h. Doctor/Facility last consulted.

h. Doctor/Facility last consulted.

h. Doctor/Facility last consulted.

Name _____

Name _____

Name _____

Address _____

Address _____

Address _____

C/S _____

C/S _____

C/S _____

Q.38. Medical Providers -- OTHER MEDICAL CONDITIONS (CONTINUED)

OTHER MAJOR CONDITIONS

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	
(64)	(65)	(66)	(67)

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

Q.41. Medical Providers -- Acne

b. Last consulted doctor

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

c. Doctor/facility last consulted:

Name _____

Address _____

C/S _____

Q.42 -- 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:																																				
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MONTH		YEAR																																				
(12)	(13)	(14)	(15)																																			
MONTH		YEAR																																				
(28)	(29)	(30)	(31)																																			
MONTH		YEAR																																				
(44)	(45)	(46)	(47)																																			
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:																																				
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MONTH		YEAR																																				
(16)	(17)	(18)	(19)																																			
MONTH		YEAR																																				
(32)	(31)	(34)	(35)																																			
MONTH		YEAR																																				
(48)	(49)	(50)	(51)																																			

D. RASH ON BACK	E. EXCESSIVE HAIR GROWTH																								
e. Doctor/facility where diagnosis made:	e. Doctor/facility where diagnosis made:																								
Name _____	Name _____																								
Address _____	Address _____																								
C/S _____	C/S _____																								
f. Month/year diagnosis made:	f. Month/year diagnosis made:																								
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MONTH		YEAR																							
(20)	(21)	(22)	(23)																						
MONTH		YEAR																							
(36)	(37)	(38)	(39)																						
g. Doctor/Facility <u>last</u> consulted.	h. Doctor/Facility <u>last</u> consulted.																								
Name _____	Name _____																								
Address _____	Address _____																								
C/S _____	C/S _____																								
h. Month/year <u>last</u> consulted:	h. Month/year <u>last</u> consulted:																								
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MONTH		YEAR																							
(24)	(25)	(26)	(27)																						
MONTH		YEAR																							
(40)	(41)	(42)	(43)																						

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:																																				
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MONTH		YEAR																																				
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j. Doctor/Facility <u>last</u> consulted.	j. Doctor/Facility <u>last</u> consulted.	j. Doctor/Facility <u>last</u> consulted.																																				
Name _____	Name _____	Name _____																																				
Address _____	Address _____	Address _____																																				
C/S _____	C/S _____	C/S _____																																				
k. Month/year <u>last</u> consulted:	k. Month/year <u>last</u> consulted:	k. Month/year <u>last</u> consulted:																																				
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(72)	(73)	(74)	(75)																																			
MONTH		YEAR																																				
(20)	(21)	(22)	(23)																																			

D. PERSISTENT ACHES 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:																								
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MONTH		YEAR																							
(60)	(61)	(62)	(63)																						
MONTH		YEAR																							
(76)	(77)	(78)	(79)																						
j. Doctor/Facility <u>last</u> consulted.	j. Doctor/Facility <u>last</u> consulted.																								
Name _____	Name _____																								
Address _____	Address _____																								
C/S _____	C/S _____																								
k. Month/year <u>last</u> consulted:	k. Month/year <u>last</u> consulted:																								
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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 Q.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 (Q.6)

<u>4th Program</u>	<u>5th Program</u>	<u>6th Program</u>																		
<p>b. For what kind of work was your next civilian training program preparing you?</p> <p style="text-align: center;">(15 (</p> <hr/> <p style="text-align: center;">(16 (</p> <hr/> <p style="text-align: center;">(17 (</p> <hr/> <p style="text-align: center;">(18 (</p> <hr/> <p style="text-align: center;">(19 (</p> <hr/>	<p>f. For what kind of work was your next civilian training program preparing you?</p> <p style="text-align: center;">(15 (</p> <hr/> <p style="text-align: center;">(16 (</p> <hr/> <p style="text-align: center;">(17 (</p> <hr/> <p style="text-align: center;">(18 (</p> <hr/> <p style="text-align: center;">(19 (</p> <hr/>	<p>j. For what kind of work was your next civilian training program preparing you?</p> <p style="text-align: center;">(15 (</p> <hr/> <p style="text-align: center;">(16 (</p> <hr/> <p style="text-align: center;">(17 (</p> <hr/> <p style="text-align: center;">(18 (</p> <hr/> <p style="text-align: center;">(19 (</p> <hr/>																		
<p>c. In what month and year did you start this training?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">MONTH</td> <td style="text-align: center; border-bottom: 1px solid black;">YEAR</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: none; text-align: center;">(20) (21)</td> <td style="border: none; text-align: center;">(22) (23)</td> </tr> </table>	MONTH	YEAR			(20) (21)	(22) (23)	<p>g. In what month and year did you start this training?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">MONTH</td> <td style="text-align: center; border-bottom: 1px solid black;">YEAR</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: none; text-align: center;">(20) (21)</td> <td style="border: none; text-align: center;">(22) (23)</td> </tr> </table>	MONTH	YEAR			(20) (21)	(22) (23)	<p>k. In what month and year did you start this training?</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center; border-bottom: 1px solid black;">MONTH</td> <td style="text-align: center; border-bottom: 1px solid black;">YEAR</td> </tr> <tr> <td style="border: 1px solid black; text-align: center;"> </td> <td style="border: 1px solid black; text-align: center;"> </td> </tr> <tr> <td style="border: none; text-align: center;">(20) (21)</td> <td style="border: none; text-align: center;">(22) (23)</td> </tr> </table>	MONTH	YEAR			(20) (21)	(22) (23)
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<p>e. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?</p> <p>Yes. (28 -1 (ASK Q. 141f) No.....-2 (RETURN TO Q.7)</p>	<p>i. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?</p> <p>Yes. (28 -1 (ASK Q. 141j) No.....-2 (RETURN TO Q.7)</p>	<p>m. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?</p> <p>Yes. (28 -1 (RETURN TO Q.7) No.....-2</p>																		

04
79-80

05
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06
79-80

16. Additional Military Job Training Programs (G.7)

4th Program	5th Program	6th Program																																				
b. For what kind of work was your next military training program preparing you?	g. For what kind of work was your next military training program preparing you?	l. For what kind of work was your next military training program preparing you?																																				
(15)	(15)	(15)																																				
(16)	(16)	(16)																																				
(17)	(17)	(17)																																				
(18)	(18)	(18)																																				
(19)	(19)	(19)																																				
c. What is the AFSC for that job?	h. What is the AFSC for that job?	m. What is the AFSC for that job?																																				
20	20	20																																				
d. In what month and year did you start this training?	i. In what month and year did you start this training?	n. In what month and year did you start this training?																																				
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e. In what month and year did you complete this training?	j. In what month and year did you complete this training?	o. In what month and year did you complete this training?																																				
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f. Have you participated in any other military job training program that prepared you for a major change in your occupation?	k. Have you participated in any other military job training program that prepared you for a major change in your occupation?	p. 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. 142g) No. -2 (RETURN TO Q.8)	Yes. (29) () -1 (ASK Q.142i) No. -2 (RETURN TO Q.8)	Yes. (29) () -1 (RETURN TO Q.8) No. -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 grid with boxes (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) grid with boxes (20) (21)

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

MONTH YEAR grid with boxes (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)

07 79-80

Eighth Job

144a. In what month and year did you start your next job that lasted three months or longer?

MONTH YEAR grid with boxes (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) grid with boxes (20) (21)

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

MONTH YEAR grid with boxes (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)

08 79-80

Ninth Job

145a. In what month and year did you start your next job that lasted three months or longer?

MONTH YEAR grid with boxes (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) grid with boxes (20) (21)

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

MONTH YEAR grid with boxes (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)

09 79-80

Tenth Job

146a. In what month and year did you start your next job that lasted three months or longer?

MONTH		YEAR	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(5)	(6)	(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?

Eleventh Job

147a. In what month and year did you start your next job that lasted three months or longer?

MONTH		YEAR	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(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?

Twelfth Job

148a. In what month and year did you start your next job that lasted three months or longer?

MONTH		YEAR	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(5)	(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)

<input type="text"/>	<input type="text"/>
(20)	(21)

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

MONTH		YEAR	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(23)	(24)	(25)	(26)

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

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

(28(

(29(

(ASK Q.147a)

16

79-80

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.

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<input type="text"/>	<input type="text"/>
(20)	(21)

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

MONTH		YEAR	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(23)	(24)	(25)	(26)

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

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

(28(

(29(

(ASK Q.148a)

11

79-80

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)

<input type="text"/>	<input type="text"/>
(20)	(21)

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

MONTH		YEAR	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(23)	(24)	(25)	(26)

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

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

(28(

(29(

(RETURN TO Q.14a)

17

79-80

149. Additional Periods of Military Service (Q.15)

a. In what month and year did you 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. Were you discharged or separated from the (BRANCH OF SERVICE)?

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

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	
(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. 149f)
 No..... -2 (RETURN TO Q. 16)
 04
 79-80

1. In what month and year did you 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. Were you discharged or separated from the (BRANCH OF SERVICE)?

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

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	
(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. 149k)
 No..... -2 (RETURN TO Q. 16)
 05
 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. (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. n)

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	
(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)
 No..... -2 (RETURN TO Q. 16)
 06
 79-80

150. Additional Countries Stationed (Q.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?	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?																																																
(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.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)?	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)?																																																
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2. (29-31)	2. (29-31)	2. (29-31)																																																
3. (32-34)	3. (32-34)	3. (32-34)																																																
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3. (48-51)	3. (48-51)	3. (48-51)																																																
4. (52-55)	4. (52-55)	4. (52-55)																																																
(ASK Q.150a)	(ASK Q.150a)	(ASK Q.151a)																																																
07 79-80	08 79-80	09 79-80																																																

151. Additional Countries Stationed (0.16/17)

Tenth Country	Eleventh Country	Twelfth Country
<p>a. What was the next country that you were stationed in for more than 90 days while on active duty?</p>	<p>g. What was the next country that you were stationed in for more than 90 days while on active duty?</p>	<p>m. What was the next country that you were stationed in for more than 90 days while on active duty?</p>
<p>(14-15) (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)</p>	<p>(14-15) (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)</p>	<p>(14-15) (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)</p>
<p>No others. (16() -1) (RETURN TO Q. 18)</p>	<p>No others. (16() -1) (RETURN TO Q. 18)</p>	<p>No others. (16() -1) (RETURN TO Q. 18)</p>
<p>b. In what month and year did you begin and end active duty in (COUNTRY)?</p>	<p>h. In what month and year did you begin and end active duty in (COUNTRY)?</p>	<p>n. In what month and year did you begin and end active duty in (COUNTRY)?</p>
<p>BEGIN MONTH YEAR | | | | | | | | | | | | (17) (18) (19) (20)</p>	<p>BEGIN MONTH YEAR | | | | | | | | | | | | (17) (18) (19) (20)</p>	<p>BEGIN MONTH YEAR | | | | | | | | | | | | (17) (18) (19) (20)</p>
<p>END MONTH YEAR | | | | | | | | | | | | (21) (22) (23) (24)</p>	<p>END MONTH YEAR | | | | | | | | | | | | (21) (22) (23) (24)</p>	<p>END MONTH YEAR | | | | | | | | | | | | (21) (22) (23) (24)</p>
<p>Current... (25() -1)</p>	<p>Current... (25() -1)</p>	<p>Current... (25() -1)</p>
<p>c. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?</p>	<p>i. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?</p>	<p>o. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?</p>
<p>1. (26-28)</p>	<p>1. (26-28)</p>	<p>1. (26-28)</p>
<p>2. (29-31)</p>	<p>2. (29-31)</p>	<p>2. (29-31)</p>
<p>3. (32-34)</p>	<p>3. (32-34)</p>	<p>3. (32-34)</p>
<p>d. (Do/Did) your duties in (COUNTRY) include flying?</p>	<p>j. (Do/Did) your duties in (COUNTRY) include flying?</p>	<p>p. (Do/Did) your duties in (COUNTRY) include flying?</p>
<p>Yes. (35() -1) No..... -2</p>	<p>Yes. (35() -1) No..... -2</p>	<p>Yes. (35() -1) No..... -2</p>
<p>e. How many flight hours did you log while in (COUNTRY)?</p>	<p>k. How many flight hours did you log while in (COUNTRY)?</p>	<p>q. How many flight hours did you log while in (COUNTRY)?</p>
<p>Hours | | | | | | | | | | | | (36) (37) (38)</p>	<p>Hours | | | | | | | | | | | | (36) (37) (38)</p>	<p>Hours | | | | | | | | | | | | (36) (37) (38)</p>
<p>Other (SPECIFY) (39() -1)</p>	<p>Other (SPECIFY) (39() -1)</p>	<p>Other (SPECIFY) (39() -1)</p>
<p>f. What specific letter and numerical designation(s) did each aircraft have?</p>	<p>l. What specific letter and numerical designation(s) did each aircraft have?</p>	<p>r. What specific letter and numerical designation(s) did each aircraft have?</p>
<p>1. (40-43)</p>	<p>1. (40-43)</p>	<p>1. (40-43)</p>
<p>2. (44-47)</p>	<p>2. (44-47)</p>	<p>2. (44-47)</p>
<p>3. (48-51)</p>	<p>3. (48-51)</p>	<p>3. (48-51)</p>
<p>4. (52-55)</p>	<p>4. (52-55)</p>	<p>4. (52-55)</p>
<p>(ASK Q. 15)g 10 79-80</p>	<p>(ASK Q. 15)m 11 79-80</p>	<p>(RETURN TO Q. 18) 12 79-80</p>

152-154. Additional Marriages (Q.18-22)

FOURTH MARRIAGE

152a. In what month and year did you get married the fourth time?

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

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.152L)
Don't know _____ -3

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

	MONTH	YEAR
1st		
	(25) (26)	(27) (28)
2nd		
	(29) (30)	(31) (32)
3rd		
	(33) (34)	(35) (36)
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)	(47)	(48)

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)
2nd		
	(29) (30)	(31) (32)
3rd		
	(33) (34)	(35) (36)
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)
2nd		
	(29) (30)	(31) (32)
3rd		
	(33) (34)	(35) (36)
4th		
	(37) (38)	(39) (40)

(GO TO Q.154h)

FOURTH MARRIAGE
MISCARRIAGES - Q.152k

FIFTH MARRIAGE
MISCARRIAGES - Q.153k

SIXTH MARRIAGE
MISCARRIAGES - Q.154k

2nd Months
(17) (18)
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.152i)

(GO TO Q.153i)

(GO TO Q.154i)

[AFTER Q.152k/153k/154k 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 types of birth control you used.

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

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

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

FOURTH MARRIAGE
STILLBIRTHS - Q.152n

FIFTH MARRIAGE
STILLBIRTHS - Q.153n

SIXTH MARRIAGE
STILLBIRTHS - Q.154n

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.152o)

(GO TO Q.153o)

(GO TO Q.154o)

[AFTER Q.152p/153p/154p 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)
2nd: _____ (40-41)
3rd: _____ (42-43)
4th: _____ (44-45)
(GO TO Q.152q)

1st: _____ (38-39)
2nd: _____ (40-41)
3rd: _____ (42-43)
4th: _____ (44-45)
(GO TO Q.153q)

1st: _____ (38-39)
2nd: _____ (40-41)
3rd: _____ (42-43)
4th: _____ (44-45)
(GO TO Q.154q)

FOURTH MARRIAGE
ABORTIONS - Q.152s

FIFTH MARRIAGE
ABORTIONS - Q.153s

SIXTH MARRIAGE
ABORTIONS - Q.154s

2nd Months
(46) (47)

Wasn't trying (48) -1
Don't know.....-2

3rd Months
(49) (50)

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.152t)

2nd Months
(46) (47)

Wasn't trying (48) -1
Don't know.....-2

3rd Months

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.153t)

2nd Months
(46) (47)

Wasn't trying (48) -1
Don't know.....-2

3rd Months

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.154t)

AFTER Q.152t/153t/154t 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)

2nd: _____ (57-58)

3rd: _____ (59-60)

4th: _____ (61-62)

(GO TO Q.152u)

1st: _____ (55-56)

2nd: _____ (57-58)

3rd: _____ (59-60)

4th: _____ (61-62)

(GO TO Q.153u)

1st: _____ (55-56)

2nd: _____ (57-58)

3rd: _____ (59-60)

4th: _____ (61-62)

(GO TO Q.154u)

04
79-80

05
79-80

06
79-80

FOURTH MARRIAGE

FIFTH MARRIAGE

SIXTH MARRIAGE

152h. 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

i. How many weeks had your wife been pregnant when the (1st, etc.) miscarriage occurred?

1st [] [] Weeks
(44) (45)

2nd [] [] Weeks
(46) (47)

3rd [] [] Weeks
(48) (49)

4th [] [] Weeks
(50) (51)

j. 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)

k. What did the doctor say caused the miscarriage?

1st

2nd

3rd

4th

l. 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)

m. When was that? (PROBE: Any others?)

1st MONTH YEAR
[] [] [] []
(54) (55) (56) (57)

2nd MONTH YEAR
[] [] [] []
(58) (59) (60) (61)

3rd MONTH YEAR
[] [] [] []
(62) (63) (64) (65)

4th MONTH YEAR
[] [] [] []
(66) (67) (68) (69)
(GO TO Q.152n) 04
79-80

153h. 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

i. How many weeks had your wife been pregnant when the (1st, etc.) miscarriage occurred?

1st [] [] Weeks
(44) (45)

2nd [] [] Weeks
(46) (47)

3rd [] [] Weeks
(48) (49)

4th [] [] Weeks
(50) (51)

j. Did a doctor tell you why this (1st, etc.) miscarriage might have occurred?

Yes..(52) (-1 (ASK Q.k)
No..... -2 (SKIP TO Q.153L)

k. What did the doctor say caused the miscarriage?

1st

2nd

3rd

4th

l. Did your wife have any pregnancies by you which ended in a stillbirth?

Yes... (53) (-1 (ASK Q.m)
No..... -2 (SKIP TO Q. 153q)

m. When was that? (PROBE: Any others?)

1st MONTH YEAR
[] [] [] []
(54) (55) (56) (57)

2nd MONTH YEAR
[] [] [] []
(58) (59) (60) (61)

3rd MONTH YEAR
[] [] [] []
(62) (63) (64) (65)

4th MONTH YEAR
[] [] [] []
(66) (67) (68) (69)
(GO TO Q.153n) 05
79-80

154h. 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

i. How many weeks had your wife been pregnant when the (1st, etc.) miscarriage occurred?

1st [] [] Weeks
(44) (45)

2nd [] [] Weeks
(46) (47)

3rd [] [] Weeks
(48) (49)

4th [] [] Weeks
(50) (51)

j. Did a doctor tell you why this (1st, etc.) miscarriage might have occurred?

Yes..(52) (-1 (ASK Q.k)
No..... -2 (SKIP TO Q.154L)

k. What did the doctor say caused the miscarriage?

1st

2nd

3rd

4th

l. Did your wife have any pregnancies by you which ended in a stillbirth?

Yes... (53) (-1 (ASK Q.m)
No..... -2 (SKIP TO Q. 154q)

m. When was that? (PROBE: Any others?)

1st MONTH YEAR
[] [] [] []
(54) (55) (56) (57)

2nd MONTH YEAR
[] [] [] []
(58) (59) (60) (61)

3rd MONTH YEAR
[] [] [] []
(62) (63) (64) (65)

4th MONTH YEAR
[] [] [] []
(66) (67) (68) (69)
(GO TO Q.154n) 06
79-80

FOURTH MARRIAGE	FIFTH MARRIAGE	SIXTH MARRIAGE
<p>152n. How many months did it take your wife to become pregnant this time?</p>	<p>153n. How many months did it take your wife to become pregnant this time?</p>	<p>154n. How many months did it take your wife to become pregnant this time?</p>
<p><input type="text"/> <input type="text"/> Months (12) (13)</p>	<p><input type="text"/> <input type="text"/> Months (12) (13)</p>	<p><input type="text"/> <input type="text"/> Months (12) (13)</p>
<p>Wasn't trying (14) -1 Don't know.....-2</p>	<p>Wasn't trying (14) -1 Don't know.....-2</p>	<p>Wasn't trying (14) -1 Don't know.....-2</p>
<p>o. Did a doctor tell you why this stillbirth might have occurred?</p>	<p>o. Did a doctor tell you why this stillbirth might have occurred?</p>	<p>o. Did a doctor tell you why this stillbirth might have occurred?</p>
<p>Yes. (15) -1 (ASK Q.p) No.....-2 (SKIP TO Q.152q)</p>	<p>Yes. (15) -1 (ASK Q.p) No.....-2 (SKIP TO Q.153q)</p>	<p>Yes. (15) -1 (ASK Q.p) No.....-2 (SKIP TO Q.154q)</p>
<p>p. What did the doctor say caused the (1st, etc.) stillbirth?</p>	<p>p. What did the doctor say caused the (1st, etc.) stillbirth?</p>	<p>p. What did the doctor say caused the (1st, etc.) stillbirth?</p>
<p>1st _____</p>	<p>1st _____</p>	<p>1st _____</p>
<p>2nd _____</p>	<p>2nd _____</p>	<p>2nd _____</p>
<p>3rd _____</p>	<p>3rd _____</p>	<p>3rd _____</p>
<p>4th _____</p>	<p>4th _____</p>	<p>4th _____</p>
<p>q. Did your wife ever have any pregnancies by you which ended in abortion?</p>	<p>q. Did your wife ever have any pregnancies by you which ended in abortion?</p>	<p>q. Did your wife ever have any pregnancies by you which ended in abortion?</p>
<p>Yes... (16) -1 (ASK Q.r) No.....-2 (SKIP TO Q.152u)</p>	<p>Yes... (16) -1 (ASK Q.r) No.....-2 (SKIP TO Q.153u)</p>	<p>Yes... (16) -1 (ASK Q.r) No.....-2 (SKIP TO Q.154u)</p>
<p>r. When was that? (PROBE: Any others?)</p>	<p>r. When was that? (PROBE: Any others?)</p>	<p>r. When was that? (PROBE: Any others?)</p>
<p>1st MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (17) (18) (19) (20)</p>	<p>1st MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (17) (18) (19) (20)</p>	<p>1st MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (17) (18) (19) (20)</p>
<p>2nd MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (21) (22) (23) (24)</p>	<p>2nd MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (21) (22) (23) (24)</p>	<p>2nd MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (21) (22) (23) (24)</p>
<p>3rd MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (25) (26) (27) (28)</p>	<p>3rd MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (25) (26) (27) (28)</p>	<p>3rd MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (25) (26) (27) (28)</p>
<p>4th MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (29) (30) (31) (32)</p>	<p>4th MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (29) (30) (31) (32)</p>	<p>4th MONTH YEAR <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> (29) (30) (31) (32)</p>
<p>s. How many months did it take your wife to become pregnant this time?</p>	<p>s. How many months did it take your wife to become pregnant this time?</p>	<p>s. How many months did it take your wife to become pregnant this time?</p>
<p><input type="text"/> <input type="text"/> Months (33) (34)</p>	<p><input type="text"/> <input type="text"/> Months (33) (34)</p>	<p><input type="text"/> <input type="text"/> Months (33) (34)</p>
<p>Wasn't trying (35) -1 Don't know.....-2</p>	<p>Wasn't trying (35) -1 Don't know.....-2</p>	<p>Wasn't trying (35) -1 Don't know.....-2</p>
<p>t. What was the main reason for the (1st, etc.) abortion?</p>	<p>t. What was the main reason for the (1st, etc.) abortion?</p>	<p>t. What was the main reason for the (1st, etc.) abortion?</p>
<p>1st _____</p>	<p>1st _____</p>	<p>1st _____</p>
<p>2nd _____</p>	<p>2nd _____</p>	<p>2nd _____</p>
<p>3rd _____</p>	<p>3rd _____</p>	<p>3rd _____</p>
<p>4th _____ (GO TO Q.152v)</p>	<p>4th _____ (GO TO Q.153v)</p>	<p>4th _____ (GO TO Q.154v)</p>

FOURTH MARRIAGE

FIFTH MARRIAGE

SIXTH MARRIAGE

152u. (IF ANY CONCEPTIONS -- CHILD, MISCARRIAGE, STILLBIRTH, OR ABORTION: SKIP TO Q.w ALL OTHERS: ASK Q.u) Did either you or your wife use birth control techniques regularly?

153u. (IF ANY CONCEPTIONS -- CHILD, MISCARRIAGE, STILLBIRTH, OR ABORTION: SKIP TO Q.w ALL OTHERS: ASK Q.u) Did either you or your wife use birth control techniques regularly?

154u. (IF ANY CONCEPTIONS -- CHILD, MISCARRIAGE, STILLBIRTH, OR ABORTION: SKIP TO Q.w ALL OTHERS: ASK Q.u) Did either you or your wife use birth control techniques regularly?

Yes... (36) (-1 (ASK Q.v) No..... (-2 (ASK Q.x)

Yes... (36) (-1 (ASK Q.v) No..... (-2 (ASK Q.x)

Yes... (36) (-1 (ASK Q.v) No..... (-2 (ASK Q.x)

HAND RESPONDENT CARD "C"

HAND RESPONDENT CARD "C"

HAND RESPONDENT CARD "C"

v. 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.

v. 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.

v. 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

- 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

- 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)

12 (SPECIFY)

12 (SPECIFY)

.....(48) (-1 (SKIP TO Q.x)

.....(48) (-1 (SKIP TO Q.x)

.....(48) (-1 (SKIP TO Q.x)

w. Did any of these pregnancies occur while either you or your wife were practicing birth control?

w. Did any of these pregnancies occur while either you or your wife were practicing birth control?

w. Did any of these pregnancies 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?

Times (50) (51)

Times (50) (51)

Times (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 Months (53) (54)

1st Months (53) (54)

1st Months (53) (54)

2nd Months (55) (56)

2nd Months (55) (56)

2nd Months (55) (56)

3rd Months (57) (58)

3rd Months (57) (58)

3rd Months (57) (58)

4th Months (59) (60)

4th Months (59) (60)

4th Months (59) (60)

5th Months (61) (62)

5th Months (61) (62)

5th Months (61) (62)

6th Months (63) (64)

6th Months (63) (64)

6th Months (63) (64)

(GO TO Q.152z)

(GO TO Q.153z)

(GO TO Q.154z)

FOURTH MARRIAGE

152z.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 ONLY MARRIAGE

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

Living with (RETURN wife... (66 (-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(67 (-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

153z.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

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

Living with (RETURN wife... (66 (-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(67 (-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

154z.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

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

Living with (RETURN wife... (66 (-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(67 (-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 (Q.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()-1

d. Did this partner ever become pregnant by you?

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

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

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

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

04
79-80

FIFTH PARTNER

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

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

i. How old was she at that time?

(WRITE IN AGE)

(19)	(20)

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

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

Current..(25()-1

k. Did this partner ever become pregnant by you?

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

l. When was that?

1st

MONTH		YEAR	
(27)	(28)	(29)	(30)

2nd

MONTH		YEAR	
(31)	(32)	(33)	(34)

m. 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
Stillbirth....	-3	-3
Abortion.....	-4	-4
Not sure.....	-5	-5

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

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

05
79-80

SIXTH PARTNER

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

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

p. How old was she at that time?

(WRITE IN AGE)

(19)	(20)

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

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

Current..(25()-1

r. Did this partner ever become pregnant by you?

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

s. When was that?

1st

MONTH		YEAR	
(27)	(28)	(29)	(30)

2nd

MONTH		YEAR	
(31)	(32)	(33)	(34)

t. 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
Stillbirth....	-3	-3
Abortion.....	-4	-4
Not sure.....	-5	-5

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

Yes.(37()-1 } (RETURN TO Q.25a)
No.....-2 }

06
79-80

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)

157-159. Additional Children (Q.30-32)

FOURTH CHILD

FIFTH CHILD

SIXTH CHILD

NAME: _____

NAME: _____

NAME: _____

157a. How old is (CHILD) now?

158a. How old is (CHILD) now?

159a. How old is (CHILD) now?

				Age
(15)	(16)			

				Age
(15)	(16)			

				Age
(15)	(16)			

Child died..(1/A) 1

Child died..(1/A) 1

Child died..(1/A) 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?

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?

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.157f)

(GO TO Q.158f)

(GO TO Q.159f)

FOURTH CHILD

FIFTH CHILD

SIXTH 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
(31)	(32)			

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. 33(-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 (SPECIFY)

.....45(-1

(GO TO Q.157L)

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
(31)	(32)			

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. 33(-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 (SPECIFY)

.....45(-1

(GO TO Q.158L)

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
(31)	(32)			

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. 33(-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 (SPECIFY)

.....45(-1

(GO TO Q.159L)

FOURTH CHILD	FIFTH CHILD	SIXTH CHILD																																				
<p>157L. How many months did it take her to become pregnant with this child?</p>	<p>158L. How many months did it take her to become pregnant with this child?</p>	<p>159L. How many months did it take her to become pregnant with this child?</p>																																				
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				Months																																		
(46)	(47)																																					
<p>Less than 1 month. (48) _____ -1 Not trying..... -2</p>	<p>Less than 1 month. (48) _____ -1 Not trying..... -2</p>	<p>Less than 1 month. (48) _____ -1 Not trying..... -2</p>																																				
<p>m. Did (CHILD) have any birth defects?</p> <p>Yes. (49) _____ -1 (ASK Q.n) No..... -2 (SKIP TO Q.o)</p>	<p>m. Did (CHILD) have any birth defects?</p> <p>Yes. (49) _____ -1 (ASK Q.n) No..... -2 (SKIP TO Q.o)</p>	<p>m. Did (CHILD) have any birth defects?</p> <p>Yes. (49) _____ -1 (ASK Q.n) No..... -2 (SKIP TO Q.o)</p>																																				
<p>n. What kind of birth defects did (s)he have? Any others?</p>	<p>n. What kind of birth defects did (s)he have? Any others?</p>	<p>n. What kind of birth defects did (s)he have? Any others?</p>																																				
<p>o. Was (CHILD) ever diagnosed as having cancer?</p> <p>Yes. (50) _____ -1 (ASK Q.p) No..... -2 (SKIP TO Q.r)</p>	<p>o. Was (CHILD) ever diagnosed as having cancer?</p> <p>Yes. (50) _____ -1 (ASK Q.p) No..... -2 (SKIP TO Q.r)</p>	<p>o. Was (CHILD) ever diagnosed as having cancer?</p> <p>Yes. (50) _____ -1 (ASK Q.p) No..... -2 (SKIP TO Q.r)</p>																																				
<p>p. In what month and year was the diagnosis made?</p>	<p>p. In what month and year was the diagnosis made?</p>	<p>p. In what month and year was the diagnosis made?</p>																																				
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MONTH		YEAR																																				
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(51)	(52)	(53)	(54)																																			
<p>q. What kind of cancer was diagnosed?</p> <p>(55-56)</p>	<p>q. What kind of cancer was diagnosed?</p> <p>(55-56)</p>	<p>q. What kind of cancer was diagnosed?</p> <p>(55-56)</p>																																				
<p>Not sure..(57) _____ -1</p>	<p>Not sure..(57) _____ -1</p>	<p>Not sure..(57) _____ -1</p>																																				
<p>(GO TO Q.157r)</p>	<p>(GO TO Q.158r)</p>	<p>(GO TO Q.159r)</p>																																				

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

MONTH DAY YEAR

MONTH DAY YEAR

		-			-			
(60)	(61)	(62)	(63)	(64)	(65)			

		-			-			
(60)	(61)	(62)	(63)	(64)	(65)			

		-			-			
(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 _____ that?
[RECORD IN S.R.B. PG 3]

x. Where is (CHILD)'s death registered? In _____ that?
[RECORD IN S.R.B. PG 3]

x. Where is (CHILD)'s death registered? In _____ that?
[RECORD IN S.R.B. PG 3]

(GO TO NEXT CHILD Q.158a)

(GO TO NEXT CHILD Q.159a)

(RECORD ADDITIONAL CHILDREN IN S.R.B. - PG 32-35)

04
79-80

05
79-80

06
79-80

160-162. Additional Children (Q.30-32)(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
(15)	(16)			

				Age
(15)	(16)			

				Age
(15)	(16)			

Child died (1/1) 1

Child died (1/1) 1

Child died (1/1) 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?

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?

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.160F)

(GO TO Q.161F)

(GO TO Q.162F)

SEVENTH CHILD

EIGHTH CHILD

NINTH CHILD

160f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

161f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

162f. 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

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
(31)	(32)	

i. How old was the mother when (CHILD) was born?

		Age
(31)	(32)	

i. How old was the mother when (CHILD) was born?

		Age
(31)	(32)	

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. (33) -1 (ASK Q.k)
No. -2 (SKIP TO Q.160L)

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. (33) -1 (ASK Q.k)
No. -2 (SKIP TO Q.161L)

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. (33) -1 (ASK Q.k)
No. -2 (SKIP TO Q.162L)

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. <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)

(45) -1

(GO TO Q.160L)

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. <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)

(45) -1

(GO TO Q.161L)

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. <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)

(45) -1

(GO TO Q.162L)

SEVENTH CHILD

EIGHTH CHILD

NINTH CHILD

160L..How many months did it take her to become pregnant with this child?

		Months							
(46)		(47)							

Less than 1 month. (48 (___ -1
Not trying. 2

m. Did (CHILD) have any birth defects?

Yes. (49 (___ -1 (ASK Q.n)
No.....__-2 (SKIP TO Q.o)

n. What kind of birth defects did (s)he have? Any others?

161L..How many months did it take her to become pregnant with this child?

		Months							
(46)		(47)							

Less than 1 month. (48 (___ -1
Not trying. 2

m. Did (CHILD) have any birth defects?

Yes. (49 (___ -1 (ASK Q.n)
No.....__-2 (SKIP TO Q.o)

n. What kind of birth defects did (s)he have? Any others?

162L..How many months did it take her to become pregnant with this child?

		Months							
(46)		(47)							

Less than 1 month. (48 (___ -1
Not trying. 2

m. Did (CHILD) have any birth defects?

Yes. (49 (___ -1 (ASK Q.n)
No.....__-2 (SKIP TO Q.o)

n. What kind of birth defects did (s)he have? Any others?

o. Was (CHILD) ever diagnosed as having cancer?

Yes. (50 (___ -1 (ASK Q.p)
No.....__-2 (SKIP TO Q.160r)

p. In what month and year was the diagnosis made?

MONTH		YEAR	
(51) (52)		(53) (54)	

q. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57 (___ -1

(GO TO Q.160r)

o. Was (CHILD) ever diagnosed as having cancer?

Yes. (50 (___ -1 (ASK Q.p)
No.....__-2 (SKIP TO Q.161r)

p. In what month and year was the diagnosis made?

MONTH		YEAR	
(51) (52)		(53) (54)	

q. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57 (___ -1

(GO TO Q.161r)

o. Was (CHILD) ever diagnosed as having cancer?

Yes. (50 (___ -1 (ASK Q.p)
No.....__-2 (SKIP TO Q.162r)

p. In what month and year was the diagnosis made?

MONTH		YEAR	
(51) (52)		(53) (54)	

q. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57 (___ -1

(GO TO Q.162r)

SEVENTH CHILD	EIGHTH CHILD	NINTH CHILD																											
160r.(Does/Did)(CHILD) have a diagnosed learning disability?	161r.(Does/Did)(CHILD) have a diagnosed learning disability?	162r.(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?																											
<table border="1"> <tr> <td>IF CHILD IS DEAD: CON- TINUE</td> </tr> <tr> <td>OTHERWISE: SKIP TO NEXT CHILD</td> </tr> </table>	IF CHILD IS DEAD: CON- TINUE	OTHERWISE: SKIP TO NEXT CHILD	<table border="1"> <tr> <td>IF CHILD IS DEAD: CON- TINUE</td> </tr> <tr> <td>OTHERWISE: SKIP TO NEXT CHILD</td> </tr> </table>	IF CHILD IS DEAD: CON- TINUE	OTHERWISE: SKIP TO NEXT CHILD	<table border="1"> <tr> <td>IF CHILD IS DEAD: CON- TINUE</td> </tr> <tr> <td>OTHERWISE: SKIP TO NEXT CHILD</td> </tr> </table>	IF CHILD IS DEAD: CON- TINUE	OTHERWISE: SKIP TO NEXT CHILD																					
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IF CHILD IS DEAD: CON- TINUE																													
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?																											
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(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? [RECORD IN S.R.B. PG 3]	x. Where is (CHILD)'s death registered? In what city and state is that? [RECORD IN S.R.B. PG 3]	x. 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.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 (Q.30-32)(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?

(15)		(16)		Age	

(15)		(16)		Age	

(15)		(16)		Age	

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?

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?

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

163f. 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)			

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. 33(-1 (ASK Q.k)

No..... -2 (SKIP 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. <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)

..... 45(-1

(GO TO Q.163L)

ELEVENTH CHILD

164f. 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)			

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. 33(-1 (ASK Q.k)

No..... -2 (SKIP 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. <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)

..... 45(-1

(GO TO Q.164L)

TWELFTH CHILD

165f. 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)			

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. 33(-1 (ASK Q.k)

No..... -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. <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)

..... 45(-1

(GO TO Q.165L)

TENTH CHILD

ELEVENTH CHILD

TWELFTH CHILD

163l. How many months did it take her to become pregnant with this child?

Months											
(46)		(47)									

Less than 1 month. (48) _____ -1
 Not trying..... -2

m. Did (CHILD) have any birth defects?

Yes. (49) _____ -1 (ASK Q.n)
 No..... -2 (SKIP TO Q.o)

n. What kind of birth defects did (s)he have? Any others?

164l. How many months did it take her to become pregnant with this child?

Months											
(46)		(47)									

Less than 1 month. (48) _____ -1
 Not trying..... -2

m. Did (CHILD) have any birth defects?

Yes. (49) _____ -1 (ASK Q.n)
 No..... -2 (SKIP TO Q.o)

n. What kind of birth defects did (s)he have? Any others?

165l. How many months did it take her to become pregnant with this child?

Months											
(46)		(47)									

Less than 1 month. (48) _____ -1
 Not trying..... -2

m. Did (CHILD) have any birth defects?

Yes. (49) _____ -1 (ASK Q.n)
 No..... -2 (SKIP TO Q.o)

n. What kind of birth defects did (s)he have? Any others?

o. Was (CHILD) ever diagnosed as having cancer?

Yes. (50) _____ -1 (ASK Q.p)
 No..... -2 (SKIP TO Q.163r)

p. In what month and year was the diagnosis made?

MONTH		YEAR	
(61) (62)		(53) (54)	

q. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) _____ -1

(GO TO Q.163r)

o. Was (CHILD) ever diagnosed as having cancer?

Yes. (50) _____ -1 (ASK Q.p)
 No..... -2 (SKIP TO Q.164r)

p. In what month and year was the diagnosis made?

MONTH		YEAR	
(51) (52)		(53) (54)	

q. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) _____ -1

(GO TO Q.164r)

o. Was (CHILD) ever diagnosed as having cancer?

Yes. (50) _____ -1 (ASK Q.p)
 No..... -2 (SKIP TO Q.165r)

p. In what month and year was the diagnosis made?

MONTH		YEAR	
(51) (52)		(53) (54)	

q. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) _____ -1

(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?

a. 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 3

RECORD IN S.R.B. PG 3

RECORD IN S.R.B. PG 3

(GO TO NEXT CHILD Q.164a)

(GO TO NEXT CHILD Q.165a)

(RETURN TO Q.33)

166. Additional Cancer (Q.36)

Part 4

Part 5

Part 6

166c In what month and year was cancer of the (BODY PART) first diagnosed?
RECORD IN S.R.B. PG 6

166i In what month and year was cancer of the (BODY PART) first diagnosed?
RECORD IN S.R.B. PG 6

166o. 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

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

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

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

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

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

f. During what month and year did you last consult (NAME FROM Q.c.)
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

r. During what month and year did you last consult (NAME FROM Q.o.)
RECORD IN S.R.B. PG 6

g. What treatments or medicines did you take for cancer of the (BODY PART)?
MULTIPLE RECORD BELOW

m. What treatments or medicines did you take for cancer of the (BODY PART)?
MULTIPLE RECORD BELOW

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

Radiation.....(15(-1
Chemotherapy...(16(-1
Surgery.....(17(-1
Other (SPECIFY)
.....(18(-1

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.g) for cancer of the (BODY PART)?

n. During what month and year did you first receive (EACH TREATMENT CODED IN Q.m) for cancer of the (BODY PART)?

t. During what month and year did you first receive (EACH TREATMENT CODED IN Q.s) for cancer of the (BODY PART)?

	MONTH	YEAR		
Radia- tion....		-		
	(19) (20)	(21) (22)		
	MONTH	YEAR		
Chemo- therapy.		-		
	(23) (24)	(25) (26)		
	MONTH	YEAR		
Surgery..		-		
	(27) (28)	(29) (30)		
	MONTH	YEAR		
Other....		-		
	(31) (32)	(33) (34)		

	MONTH	YEAR		
Radia- tion....		-		
	(19) (20)	(21) (22)		
	MONTH	YEAR		
Chemo- therapy.		-		
	(23) (24)	(25) (26)		
	MONTH	YEAR		
Surgery..		-		
	(27) (28)	(29) (30)		
	MONTH	YEAR		
Other....		-		
	(31) (32)	(33) (34)		

	MONTH	YEAR		
Radia- tion....		-		
	(19) (20)	(21) (22)		
	MONTH	YEAR		
Chemo- therapy.		-		
	(23) (24)	(25) (26)		
	MONTH	YEAR		
Surgery..		-		
	(27) (28)	(29) (30)		
	MONTH	YEAR		
Other....		-		
	(31) (32)	(33) (34)		

(GO TO NEXT BODY PART)

(GO TO NEXT BODY PART)

(RETURN TO Q.37a)

04
79-80

05
79-80

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.50.
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		(IF DATE IS THE SAME AS Q.51c: RETURN TO Q.53a. ALL OTHERS: CONTINUE)
(38)	(39)	(40)	(41)	

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		(RETURN TO Q.53a)
(44)	(45)	(46)	(47)	

170. Additional Drinking Periods (Q.54-56)

170c. After that, about how many drinks per week did you have?

(48)		(49)	

 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)	

 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 Marihuana Periods (Q.57-59)

171c. After that, about how many joints per week did you smoke?

(60)		(61)	

 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)	

 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)

Q.172. Additional Jobs and Toxic Substances (Q.130)

SEVENTH JOB

EIGHTH JOB

NINTH JOB

HAND RESPONDENT CARD "G"

172a. While working at (EMPLOYER) as (DUTIES), do/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)

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..(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.172b FOR EACH SUBSTANCE CODED IN Q.172a.

172b. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)?

01.. [] [] [] [] 04.. [] [] [] []
(19)(20) (21)(22)
02.. [] [] [] [] 05.. [] [] [] []
(23)(24) (25)(26)
03.. [] [] [] [] 06.. [] [] [] []
(27)(28) (29)(30)

01.. [] [] [] [] 04.. [] [] [] []
(19)(20) (21)(22)
02.. [] [] [] [] 05.. [] [] [] []
(23)(24) (25)(26)
03.. [] [] [] [] 06.. [] [] [] []
(27)(28) (29)(30)

01.. [] [] [] [] 04.. [] [] [] []
(19)(20) (21)(22)
02.. [] [] [] [] 05.. [] [] [] []
(23)(24) (25)(26)
03.. [] [] [] [] 06.. [] [] [] []
(27)(28) (29)(30)

IF ANY SUBSTANCE CODED IN Q.172b, ASK Q.172c.

172c. 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. 172d)
Some of the time.....-2
Never.....-3 (GO TO NEXT JOB)

All the time.(31(-1) (ASK Q. 172d)
Some of the time.....-2
Never.....-3 (GO TO NEXT JOB)

All the time.(31(-1) (ASK Q. 172d)
Some of the time.....-2
Never.....-3 (GO TO NEXT JOB)

HAND RESPONDENT CARD "H"

172d. Which of the following did you use on that job? [MULTIPLE RECORD IF NECESSARY]

Air filter.....(32(-1)
Goggles.....(33(-1) (GO TO NEXT JOB)
Face shield.....(34(-1)
Special clothing..(35(-1)
Washing facilities(36(-1)

Air filter.....(32(-1)
Goggles.....(33(-1) (GO TO NEXT JOB)
Face shield.....(34(-1)
Special clothing..(35(-1)
Washing facilities(36(-1)

Air filter.....(32(-1)
Goggles.....(33(-1) (GO TO NEXT JOB)
Face shield.....(34(-1)
Special clothing..(35(-1)
Washing facilities(36(-1)

Q.172. Additional Jobs and Toxic Substances (Q.130) (CONT'D)

TENTH JOB

ELEVENTH JOB

TWELFTH JOB

HAND RESPONDENT CARD "G"

172a. While working at (EMPLOYER) as (DUTIES), do/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)

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..(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.172b FOR EACH SUBSTANCE CODED IN Q.172a.

172b. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)?

01.. [] [] [] [] 04.. [] [] [] []
(19)(20) (21)(22)
02.. [] [] [] [] 05.. [] [] [] []
(23)(24) (25)(26)
03.. [] [] [] [] 06.. [] [] [] []
(27)(28) (29)(30)

01.. [] [] [] [] 04.. [] [] [] []
(19)(20) (21)(22)
02.. [] [] [] [] 05.. [] [] [] []
(23)(24) (25)(26)
03.. [] [] [] [] 06.. [] [] [] []
(27)(28) (29)(30)

01.. [] [] [] [] 04.. [] [] [] []
(19)(20) (21)(22)
02.. [] [] [] [] 05.. [] [] [] []
(23)(24) (25)(26)
03.. [] [] [] [] 06.. [] [] [] []
(27)(28) (29)(30)

IF ANY SUBSTANCE CODED IN Q.172b, ASK Q.172c.

172c. 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. 172d)
Some of the time.....-2
Never.....-3 (GO TO NEXT JOB)

All the time.(31(-1) (ASK Q. 172d)
Some of the time.....-2
Never.....-3 (GO TO NEXT JOB)

All the time.(31(-1) (ASK Q. 172d)
Some of the time.....-2
Never.....-3 (RETURN TO Q.131)

HAND RESPONDENT CARD "H"

172d. Which of the following did you use on that job? [MULTIPLE RECORD IF NECESSARY]

Air filter.....(32(-1)
Goggles.....(33(-1) (GO TO NEXT JOB)
Face shield.....(34(-1)
Special clothing..(35(-1)
Washing facilities(36(-1)

Air filter.....(32(-1)
Goggles.....(33(-1) (GO TO NEXT JOB)
Face shield.....(34(-1)
Special clothing..(35(-1)
Washing facilities(36(-1)

Air filter.....(32(-1)
Goggles.....(33(-1) (RETURN TO Q.131)
Face shield.....(34(-1)
Special clothing..(35(-1)
Washing facilities(36(-1)

173. Additional Countries and Toxic Substances (Q.133)

SEVENTH COUNTRY

EIGHTH COUNTRY

NINTH COUNTRY

HAND RESPONDENT CARD "G"

173a. In your job assignments while stationed in (COUNTRY), (that time)(do/did) you come in contact 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)

(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)

(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)

ASK Q.173b FOR EACH SUBSTANCE CODED IN Q.173a.

173b. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)?

01.. [] [] [] [] 04.. [] [] [] []
 (23)(24) (25)(26)

02.. [] [] [] [] 05.. [] [] [] []
 (27)(28) (29)(30)

03.. [] [] [] [] 06.. [] [] [] []
 (31)(32) (33)(34)

01.. [] [] [] [] 04.. [] [] [] []
 (23)(24) (25)(26)

02.. [] [] [] [] 05.. [] [] [] []
 (27)(28) (29)(30)

03.. [] [] [] [] 06.. [] [] [] []
 (31)(32) (33)(34)

01.. [] [] [] [] 04.. [] [] [] []
 (23)(24) (25)(26)

02.. [] [] [] [] 05.. [] [] [] []
 (27)(28) (29)(30)

03.. [] [] [] [] 06.. [] [] [] []
 (31)(32) (33)(34)

IF ANY SUBSTANCE CODED IN Q.173b, ASK Q.173c.

173c. 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?

All the time.(35(-1) (ASK Q.
 Some of (36(-1) 173d)
 the time.....-2
 Never.....-3 (GO TO NEXT
 COUNTRY)

All the time.(35(-1) (ASK Q.
 Some of (36(-1) 173d)
 the time.....-2
 Never.....-3 (GO TO NEXT
 COUNTRY)

All the time.(35(-1) (ASK Q.
 Some of (36(-1) 173d)
 the time.....-2
 Never.....-3 (GO TO NEXT
 COUNTRY)

HAND RESPONDENT CARD "H"

173d. Which of the following did you use on that job? MULTIPLE RECORD IF NECESSARY

Air filter.....(36(-1)
 Goggles.....(37(-1) (GO TO
 Face shield.....(38(-1) NEXT
 Special clothing..(39(-1) COUNTRY)
 Washing facilities(40(-1)

Air filter.....(36(-1)
 Goggles.....(37(-1) (GO TO
 Face shield.....(38(-1) NEXT
 Special clothing..(39(-1) COUNTRY)
 Washing facilities(40(-1)

Air filter.....(36(-1)
 Goggles.....(37(-1) (GO TO
 Face shield.....(38(-1) NEXT
 Special clothing..(39(-1) COUNTRY)
 Washing facilities(40(-1)

133

173. Additional Countries and Toxic Substances (Q.133) (CONT'D)

TENTH COUNTRY

ELEVENTH COUNTRY

TWELFTH COUNTRY

HAND RESPONDENT CARE "G"

173a. In your job assignments while stationed in (COUNTRY), (that time (do/did) you come in contact 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)

(14-15)

01..(16(-1 05.(20(-1
 02..(17(-1 06.(21(-1
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 SKIP TO
 NEXT
 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)

ASK Q.173b FOR EACH SUBSTANCE CODED IN Q.173a.

173b. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)?

01.. [][] [][] 04.. [][] [][]
 (23)(24) (25)(26)

02.. [][] [][] 05.. [][] [][]
 (27)(28) (29)(30)

03.. [][] [][] 06.. [][] [][]
 (31)(32) (33)(34)

01.. [][] [][] 04.. [][] [][]
 (23)(24) (25)(26)

02.. [][] [][] 05.. [][] [][]
 (27)(28) (29)(30)

03.. [][] [][] 06.. [][] [][]
 (31)(32) (33)(34)

01.. [][] [][] 04.. [][] [][]
 (23)(24) (25)(26)

02.. [][] [][] 05.. [][] [][]
 (27)(28) (29)(30)

03.. [][] [][] 06.. [][] [][]
 (31)(32) (33)(34)

IF ANY SUBSTANCE CODED IN Q.173b, ASK Q.173c.

173c. 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?

All the time.(35(-1 } (ASK Q.
 Some of (36(-1 } 173d)
 the time..... -2 }
 Never..... -3 (GO TO NEXT
 COUNTRY)

All the time.(35(-1 } (ASK Q.
 Some of (36(-1 } 173d)
 the time..... -2 }
 Never..... -3 (GO TO NEXT
 COUNTRY)

All the time.(35(-1 } (ASK Q.
 Some of (36(-1 } 173d)
 the time..... -2 }
 Never..... -3 (RETURN TO
 Q.134a)

HAND RESPONDENT CARE "B"

173d. Which of the following did you use on that job? MULTIPLE RECORD IF NECESSARY

Air filter.....(36(-1
 Goggles.....(37(-1 (GO TO
 Face shield.....(38(-1 NEXT
 Special clothing..(39(-1 COUNTRY)
 Washing facilities(40(-1

Air filter.....(36(-1
 Goggles.....(37(-1 (GO TO
 Face shield.....(38(-1 NEXT
 Special clothing..(39(-1 COUNTRY)
 Washing facilities(40(-1

Air filter.....(36(-1 (RETURN
 Goggles.....(37(-1 TO Q.
 Face shield.....(38(-1 134a)
 Special clothing..(39(-1
 Washing facilities(40(-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

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.

630 FIFTH AVENUE

NEW YORK, NEW YORK 10111

TEL: 212-975-8900 TELETYPE: 483883

LOUIS HARRIS FRANCE
21 RUE VIVIENNE
75002 PARIS, FRANCE
TEL: 01-260 9834 TELEX: 80080CF

LOUIS HARRIS INTERNATIONAL
OPINION RESEARCH CENTRE
30 WELBECK ST.
LONDON W1M 8AB ENGLAND
TEL: 01-466-0181 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

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
30								
31								
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81								

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.)

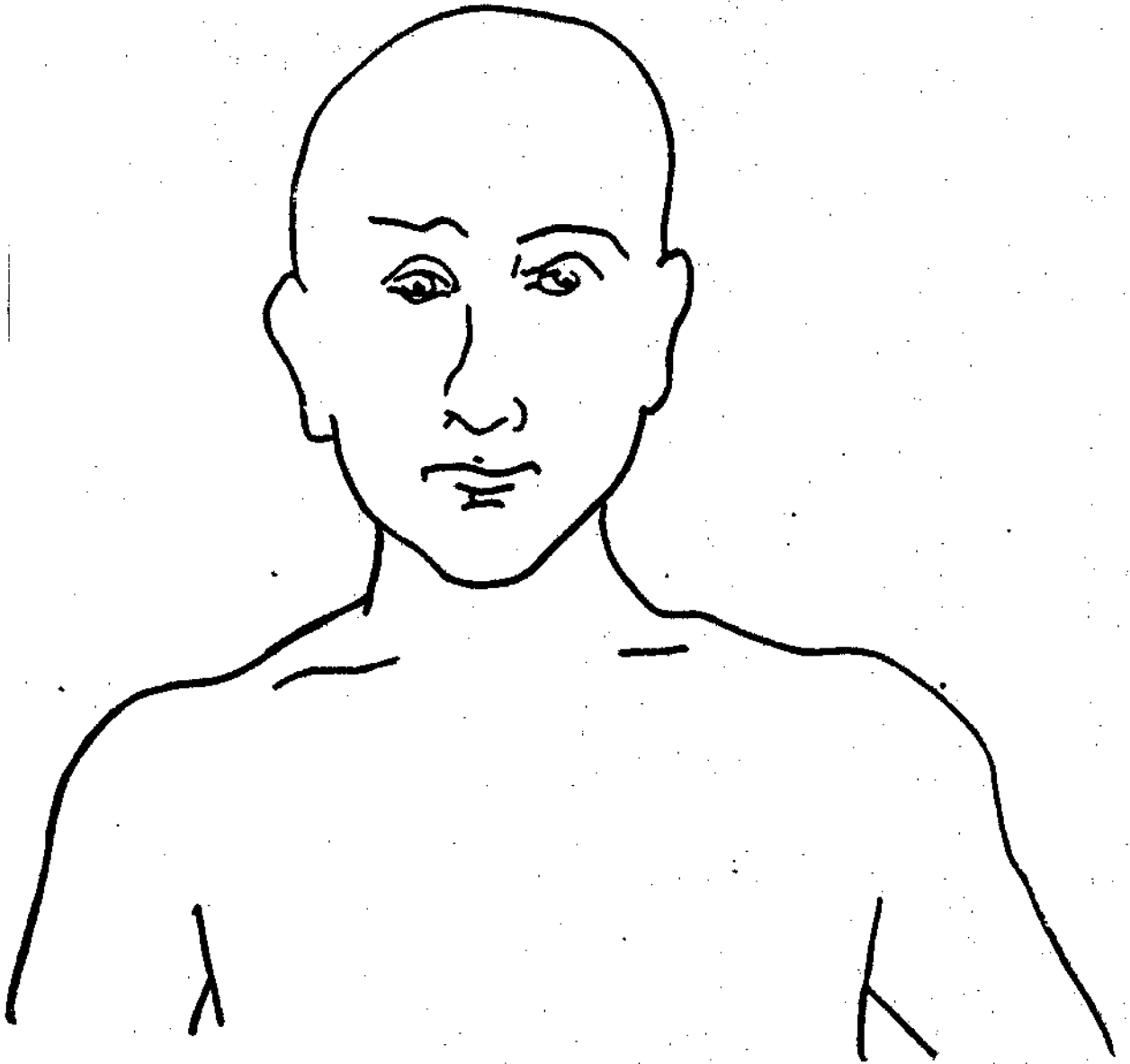
Doctorate (Ph.D., M.D., Ed.D., Sc.D.)

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



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 SHEET

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 jumpy when faced with excitement or unexpected situations during the past 3 months?

- Always..... 1 (17)
 Very often..... 2
 Fairly often..... 3
 Sometimes..... 4
 Almost never..... 5
 Never..... 6

2. How much of the time, during the past 3 months, did you feel relaxed and free of tension?

- All of the time..... 1 (18)
 Most of the time..... 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. During the past 3 months, how much of the time have you felt restless, fidgety, or impatient?

- All of the time..... 1 (19)
 Most of the time..... 2
 A good deal of the time... 3
 Some of the time..... 4
 A little of the time..... 5
 None of the time..... 6

4. During the past 3 months, have you been anxious or worried?

- Yes, extremely so, to the point of being sick or almost sick..... 1 (20)
 Yes, very much so..... 2
 Yes, quite a lot..... 3
 Yes, some, enough to bother me..... 4
 Yes, a little bit..... 5
 No, not at all..... 6

PLEASE TURN OVER

5. How often, during the past 3 months, have you been waking up feeling fresh and rested?

- Always, every day..... 1 (21)
- Almost every day..... 2
- Most days..... 3
- Some days, but usually not 4
- Hardly ever..... 5
- Never wake up feeling rested..... 6

6. During the past 3 months, how often did your hands shake when you tried to do something?

- Always, every day..... 1 (22)
- Very often..... 2
- Most days..... 3
- Some days, but usually not 4
- Hardly ever..... 5

7. How much of the time during the past 3 months have you felt calm and peaceful?

- All of the time..... 1 (23)
- Most of the time..... 2
- A good deal of the time... 3
- Some of the time..... 4
- A little of the time..... 5
- None of the time..... 6

8. During the past 3 months, how often did you get rattled, upset, or confused?

- Always..... 1 (24)
- Very often..... 2
- Fairly often..... 3
- Sometimes..... 4
- Almost never..... 5
- Never..... 6

9. How much have you been bothered by nervousness, or your "nerves," during the past 3 months?

- Extremely so, to the point where I could not take care of things..... 1 (25)
- Very much bothered..... 2
- Bothered quite a lot by nerves..... 3
- Bothered some, enough to notice..... 4
- Bothered just a little by nerves 5
- Not bothered at all by nerves..... 6

When you have completed items 1-9, return this sheet to interviewer.

LOUIS HARRIS AND ASSOCIATES, INC.

630 FIFTH AVENUE

NEW YORK, NEW YORK 10111

TEL (212) 975-1600 TELEX 148383

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

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

1300 NORTH AVE. E.
NEW YORK, NEW YORK 10017
TEL. 212 975 1600 TELE. 40230

LOUIS HARRIS FRANCE
2 RUE VIVIENNE
75002 PARIS, FRANCE
TEL. 01-280-8884 TELE. 200601 F

LOUIS HARRIS INTERNATIONAL
OPINION RESEARCH CENTRE
30 WELBECK ST
LONDON W1M 8AB ENGLAND
TEL. 0-468-5151 TELE. 2440

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)

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

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 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

Respondent #: 5-8

SPOUSE QUESTIONNAIRE

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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
(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.3)
(25) (26)

No children.....(27(_____ -1 (SKIP TO Q.8)

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 NAMES OF ALL CHILDREN IN S.R.B. - 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? <table border="1" style="margin: 5px auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Age (28) (29)			4a. How old is (CHILD) now? <table border="1" style="margin: 5px auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Age (28) (29)			4a. How old is (CHILD) now? <table border="1" style="margin: 5px auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Age (28) (29)																				
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? <table border="1" style="margin: 5px auto;"><tr><th colspan="2" style="text-align: center;">POUNDS</th><th colspan="2" style="text-align: center;">OUNCES</th></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (32) (33) (34) (35)	POUNDS		OUNCES						4c. How much did (CHILD) weigh at birth? <table border="1" style="margin: 5px auto;"><tr><th colspan="2" style="text-align: center;">POUNDS</th><th colspan="2" style="text-align: center;">OUNCES</th></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (32) (33) (34) (35)	POUNDS		OUNCES						4c. How much did (CHILD) weigh at birth? <table border="1" style="margin: 5px auto;"><tr><th colspan="2" style="text-align: center;">POUNDS</th><th colspan="2" style="text-align: center;">OUNCES</th></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (32) (33) (34) (35)	POUNDS		OUNCES					
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POUNDS		OUNCES																								
POUNDS		OUNCES																								
Don't know...(36(_____ -1	Don't know...(36(_____ -1	Don't know...(36(_____ -1																								
4d. What is (CHILD)'s birth-date? <table border="1" style="margin: 5px auto;"><tr><th style="width: 20%;">MONTH</th><th style="width: 20%;">DAY</th><th style="width: 20%;">YEAR</th></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (37) (38) (39) (40) (41) (42)	MONTH	DAY	YEAR				4d. What is (CHILD)'s birth-date? <table border="1" style="margin: 5px auto;"><tr><th style="width: 20%;">MONTH</th><th style="width: 20%;">DAY</th><th style="width: 20%;">YEAR</th></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (37) (38) (39) (40) (41) (42)	MONTH	DAY	YEAR				4d. What is (CHILD)'s birth-date? <table border="1" style="margin: 5px auto;"><tr><th style="width: 20%;">MONTH</th><th style="width: 20%;">DAY</th><th style="width: 20%;">YEAR</th></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (37) (38) (39) (40) (41) (42)	MONTH	DAY	YEAR									
MONTH	DAY	YEAR																								
MONTH	DAY	YEAR																								
MONTH	DAY	YEAR																								
[ALSO RECORD IN S.R.B.-PG 1]	[ALSO RECORD IN S.R.B.-PG 1]	[ALSO RECORD IN S.R.B.-PG 1]																								
4e. Was the child premature, full term, or overdue? Premature.(43(_____ -1)(ASK Overdue..... _____ -2) Q.4f)	4e. Was the child premature, full term, or overdue? Premature.(43(_____ -1)(ASK Overdue..... _____ -2) Q.5f)	4e. Was the child premature, full term, or overdue? Premature.(43(_____ -1)(ASK Overdue..... _____ -2) Q.6f)																								
Full term..... _____ -3)(SKIP TO Not sure..... _____ -4) Q.4g)	Full term..... _____ -3)(SKIP TO Not sure..... _____ -4) Q.5g)	Full term..... _____ -3)(SKIP TO Not sure..... _____ -4) Q.6g)																								
4f. How many weeks (overdue/premature) was (CHILD)? <table border="1" style="margin: 5px auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> weeks (44) (45) (GO TO Q.4g)			4f. How many weeks (overdue/premature) was (CHILD)? <table border="1" style="margin: 5px auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> weeks (44) (45) (GO TO Q.5g)			4f. How many weeks (overdue/premature) was (CHILD)? <table border="1" style="margin: 5px auto;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> weeks (44) (45) (GO TO Q.6g)																				

FIRST CHILD

SECOND CHILD

THIRD CHILD

4g. Where are (CHILD)'s birth registration records located? In what city and state is that?
RECORD IN S.R.B. PG 1

5g. Where are (CHILD)'s birth registration records located? In what city and state is that?
RECORD IN S.R.B. PG 1

6g. Where are (CHILD)'s birth registration records located? In what city and state is that?
RECORD IN S.R.B. PG 1

4h. Where are (CHILD)'s current medical records located? In what city and state is that?
RECORD IN S.R.B. PG 1

5h. Where are (CHILD)'s current medical records located? In what city and state is that?
RECORD IN S.R.B. PG 1

6h. Where are (CHILD)'s current medical records located? In what city and state is that?
RECORD IN S.R.B. PG 1

4i. What was (CHILD)'s father's full name?
RECORD IN S.R.B. PG 1

5i. What was (CHILD)'s father's full name?
RECORD IN S.R.B. PG 1

6i. What was (CHILD)'s father's full name?
RECORD IN S.R.B. PG 1

4j. How old were you when (CHILD) was born?

		Age
(46)	(47)	

5j. How old were you when (CHILD) was born?

		Age
(46)	(47)	

6j. How old were you when (CHILD) was born?

		Age
(46)	(47)	

4k. Were either of you using birth control at the time you became pregnant with (CHILD)?

Yes. (48(-1 (ASK Q.4L)

No. -2 (SKIP TO Q.4m)

5k. Were either of you using birth control at the time you became pregnant with (CHILD)?

Yes. (48(-1 (ASK Q.5L)

No. -2 (SKIP TO Q.5m)

6k. Were either of you using birth control at the time you became pregnant with (CHILD)?

Yes. (48(-1 (ASK Q.6L)

No. -2 (SKIP TO Q.6m)

HAND RESPONDENT CARD "C"

4L. 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(<u> </u> -1 | 06. (54(<u> </u> -1 |
| 02. (50(<u> </u> -1 | 07. (55(<u> </u> -1 |
| 03. (51(<u> </u> -1 | 08. (56(<u> </u> -1 |
| 04. (52(<u> </u> -1 | 09. (57(<u> </u> -1 |
| 05. (53(<u> </u> -1 | 10. (58(<u> </u> -1 |
| | 11. (59(<u> </u> -1 |
- 12 (SPECIFY)

.(60(-1

(GO TO Q.4m)

HAND RESPONDENT CARD "C"

5L. 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(<u> </u> -1 | 06. (54(<u> </u> -1 |
| 02. (50(<u> </u> -1 | 07. (55(<u> </u> -1 |
| 03. (51(<u> </u> -1 | 08. (56(<u> </u> -1 |
| 04. (52(<u> </u> -1 | 09. (57(<u> </u> -1 |
| 05. (53(<u> </u> -1 | 10. (58(<u> </u> -1 |
| | 11. (59(<u> </u> -1 |
- 12 (SPECIFY)

.(60(-1

(GO TO Q.5m)

HAND RESPONDENT CARD "C"

6L. 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(<u> </u> -1 | 06. (54(<u> </u> -1 |
| 02. (50(<u> </u> -1 | 07. (55(<u> </u> -1 |
| 03. (51(<u> </u> -1 | 08. (56(<u> </u> -1 |
| 04. (52(<u> </u> -1 | 09. (57(<u> </u> -1 |
| 05. (53(<u> </u> -1 | 10. (58(<u> </u> -1 |
| | 11. (59(<u> </u> -1 |
- 12 (SPECIFY)

.(60(-1

(GO TO Q.6m)

FIRST CHILD

SECOND CHILD

THIRD CHILD

4m. How many months did it take you to become pregnant with this child?

(61)	(62)	Months		

Less than 1 month.(63(-1
Wasn't trying.....-2

4n. Did (CHILD) have any birth defects?

Yes.(64(-1 (ASK Q.4o)

No.....-2 (SKIP TO Q.4p)

4o. What kind of birth defects did (s)he have? Any others?

5m. How many months did it take you to become pregnant with this child?

(61)	(62)	Months		

Less than 1 month.(63(-1
Wasn't trying.....-2

5n. Did (CHILD) have any birth defects?

Yes.(64(-1 (ASK Q.5o)

No.....-2 (SKIP TO Q.5p)

5o. What kind of birth defects did (s)he have? Any others?

6m. How many months did it take you to become pregnant with this child?

(61)	(62)	Months		

Less than 1 month.(63(-1
Wasn't trying.....-2

6n. Did (CHILD) have any birth defects?

Yes.(64(-1 (ASK Q.6o)

No.....-2 (SKIP TO Q.6p)

6o. What kind of birth defects did (s)he have? Any others?

4p. Was (CHILD) ever diagnosed as having cancer?

Yes.(65(-1 (ASK Q.4q)

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

5p. Was (CHILD) ever diagnosed as having cancer?

Yes.(65(-1 (ASK Q.5q)

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

6p. Was (CHILD) ever diagnosed as having cancer?

Yes.(65(-1 (ASK Q.6q)

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																											
<p>4s. (Does/Did)(CHILD) have a diagnosed learning disability?</p>	<p>5s. (Does/Did)(CHILD) have a diagnosed learning disability?</p>	<p>6s. (Does/Did)(CHILD) have a diagnosed learning disability?</p>																											
<p>Yes. (12(___ -1 (ASK Q.4t)</p>	<p>Yes. (12(___ -1 (ASK Q.5t)</p>	<p>Yes. (12(___ -1 (ASK Q.6t)</p>																											
<p>No..... ___ -2 (SKIP TO Q.4u)</p>	<p>No..... ___ -2 (SKIP TO Q.5u)</p>	<p>No..... ___ -2 (SKIP TO Q.6u)</p>																											
<p>4t. What kind of learning disability (does/did) (s)he have?</p>	<p>5t. What kind of learning disability (does/did) (s)he have?</p>	<p>6t. What kind of learning disability (does/did) (s)he have?</p>																											
<p>4u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?</p>	<p>5u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?</p>	<p>6u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?</p>																											
<p>Yes. (13(___ -1 (ASK Q.4v)</p>	<p>Yes. (13(___ -1 (ASK Q.5v)</p>	<p>Yes. (13(___ -1 (ASK Q.6v)</p>																											
<p>No..... ___ -2 (SKIP TO Q.4w)</p>	<p>No..... ___ -2 (SKIP TO Q.5w)</p>	<p>No..... ___ -2 (SKIP TO Q.6w)</p>																											
<p>4v. What kind of impairment (does/did) (s)he have?</p>	<p>5v. What kind of impairment (does/did) (s)he have?</p>	<p>6v. What kind of impairment (does/did) (s)he have?</p>																											
<p>IF CHILD IS DEAD: CON- TINUE OTHERWISE: SKIP TO Q.4z</p>	<p>IF CHILD IS DEAD: CON- TINUE OTHERWISE: SKIP TO Q.5z</p>	<p>IF CHILD IS DEAD: CON- TINUE OTHERWISE: SKIP TO Q.6z</p>																											
<p>4w. On what date did (CHILD) die?</p>	<p>5w. On what date did (CHILD) die?</p>	<p>6w. On what date did (CHILD) die?</p>																											
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MONTH	DAY	YEAR																											
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MONTH	DAY	YEAR																											
(14) (15) (16)	(17) (18) (19)																												
<p>4x. What was the cause of death?</p>	<p>5x. What was the cause of death?</p>	<p>6x. What was the cause of death?</p>																											
<p>4y. Where is (CHILD)'s death registered? In what city and state is that?</p>	<p>5y. Where is (CHILD)'s death registered? In what city and state is that?</p>	<p>6y. Where is (CHILD)'s death registered? In what city and state is that?</p>																											
<p>RECORD IN S.R.B. PG 1</p>	<p>RECORD IN S.R.B. PG 1</p>	<p>RECORD IN S.R.B. PG 1</p>																											
<p>(GO TO Q.4z)</p>	<p>(GO TO Q.5z)</p>	<p>(GO TO Q.6z)</p>																											

FIRST CHILD

SECOND CHILD

THIRD CHILD

4z. Did you smoke on a fairly regular basis during this pregnancy?

Yes..(20(-1 (ASK Q.4za)

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.

				Packs
(21)		(22)		

Less than one pack.(23(-1

4bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(24(-1 (ASK Q.4cc)

No.....-2 (GO TO NEXT CHILD)

4cc. About how many drinks a week would you say that you had during this pregnancy?

				drinks
(25)		(26)		

01
79-80

(GO TO NEXT CHILD)

5z. Did you smoke on a fairly regular basis during this pregnancy?

Yes..(20(-1 (ASK Q.5aa)

No.....-2 (SKIP TO NEXT CHILD)

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.

				Packs
(21)		(22)		

Less than one pack.(23(-1

5bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(24(-1 (ASK Q.5cc)

No.....-2 (GO TO NEXT CHILD)

5cc. About how many drinks a week would you say that you had during this pregnancy?

				drinks
(25)		(26)		

02
79-80

(GO TO NEXT CHILD)

6z. Did you smoke on a fairly regular basis during this pregnancy?

Yes..(20(-1 (ASK Q.6aa)

No.....-2 (SKIP TO NEXT CHILD)

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)		

Less than one pack.(23(-1

6bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(24(-1 (ASK Q.6cc)

No.....-2 (GO TO NEXT CHILD)

6cc. About how many drinks a week would you say that you had during this pregnancy?

				drinks
(25)		(26)		

03
79-80

(RECORD ADDITIONAL CHILDREN IN S.R.B. PAGE 4)

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

SECOND PERIOD

THIRD PERIOD

10a. In what month and year did the first period begin? And in what month and year did it end?

FROM MONTH YEAR TO MONTH YEAR
(18) (19) (20) (21)
(22) (23) (24) (25)

10d. In what month and year did the second period begin? And in what month and year did it end?

FROM MONTH YEAR TO MONTH YEAR
(18) (19) (20) (21)
(22) (23) (24) (25)

10g. In what month and year did the third period begin? And in what month and year did it end?

FROM MONTH YEAR TO MONTH YEAR
(18) (19) (20) (21)
(22) (23) (24) (25)

10b. How old were you in (BEGINNING DATE OF PERIOD)?

____ AGE
(26) (27)

10e. How old were you in (BEGINNING DATE OF PERIOD)?

____ AGE
(26) (27)

10h. 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)

10f. 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)

10i. During this period did either of you see a doctor to discuss any difficulties in conceiving children?

Yes.....(28(____)-1
No.....-2

(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

ASK EVERYONE **HAND RESPONDENT CARD "D-1"**

12a. 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 (STUDY RESPONDENT). Any other reason?

ASK Q.12b AND Q.12c FOR EACH REASON IN Q.12a.

12b. Did reason (LETTER) apply to you or your spouse? **MULTIPLE RECORD BELOW**

12c. In what year did this occur or become known to you?

	Q.12a	Q.12b	Q.12c	Year
A. Sterility due to surgery.....	.12(____) -1	Spouse respondent..(18(____) -1	<input type="text"/>	<input type="text"/>
			(30)	(31)
		Study respondent..(19(____) -1	<input type="text"/>	<input type="text"/>
			(32)	(33)
B. Sterility due to injury, accident, or illness (SPECIFY) _____.	.13(____) -1	Spouse respondent..(20(____) -1	<input type="text"/>	<input type="text"/>
			(34)	(35)
		Study respondent..(21(____) -1	<input type="text"/>	<input type="text"/>
			(36)	(37)
C. Sterility due to unknown causes.....	.14(____) -1	Spouse respondent..(22(____) -1	<input type="text"/>	<input type="text"/>
			(38)	(39)
		Study respondent..(23(____) -1	<input type="text"/>	<input type="text"/>
			(40)	(41)
D. Lack of interest in sex.....	.15(____) -1	Spouse respondent..(24(____) -1	<input type="text"/>	<input type="text"/>
			(42)	(43)
		Study respondent..(25(____) -1	<input type="text"/>	<input type="text"/>
			(44)	(45)
E. Other known medical or physical conditions (SPECIFY) _____.	.16(____) -1	Spouse respondent..(26(____) -1	<input type="text"/>	<input type="text"/>
			(46)	(47)
		Study respondent..(27(____) -1	<input type="text"/>	<input type="text"/>
			(48)	(49)
F. Some other reason (SPECIFY) _____.	.17(____) -1	Spouse respondent..(28(____) -1	<input type="text"/>	<input type="text"/>
			(50)	(51)
		Spouse respondent..(29(____) -1	<input type="text"/>	<input type="text"/>
			(52)	(53)

13. Now I'd like to know about any other pregnancies you had that did not end in live births -- 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 g/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"

HAND RESPONDENT CARD "C"

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.

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.

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

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

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)

12 (SPECIFY)

12 (SPECIFY)

.(37(-1

.(37(-1

.(37(-1

15h. How many months did it take you to become pregnant this time?

16h. How many months did it take you to become pregnant this time?

17h. How many months did it take you to become pregnant this time?

Months					
(38) (39)					

Months					
(38) (39)					

Months					
(38) (39)					

Less than 1 month.(40(-1
Wasn't trying.....-2

Less than 1 month.(40(-1
Wasn't trying.....-2

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)

16i. (IF MISCARRIAGE OR STILLBIRTH IN Q.16b, ASK Q.16i. IF ABORTION IN Q.16b, SKIP TO Q.16m)

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?

Did a doctor tell you why this (miscarriage/ stillbirth) might have occurred?

Did a doctor tell you why this (miscarriage/ stillbirth) might have occurred?

Yes.(41(-1 (ASK Q.15j)
No.....-2 (SKIP TO Q.15n)

Yes.(41(-1 (ASK Q.16j)
No.....-2 (SKIP TO Q.16n)

Yes.(41(-1 (ASK Q.17j)
No.....-2 (SKIP TO Q.17n)

15j. What did the doctor say caused the (miscarriage/stillbirth)?

16j. What did the doctor say caused the (miscarriage/stillbirth)?

17j. What did the doctor say caused the (miscarriage/stillbirth)?

15k. What is the name of the doctor or medical facility that you consulted about this?

16k. What is the name of the doctor or medical facility that you consulted about this?

17k. What is the name of the doctor or medical facility that you consulted about this?

RECORD IN S.R.B. - PG 3 |

RECORD IN S.R.B. - PG 3 |

RECORD IN S.R.B. - PG 3 |

15L. In what month and year was that?

16L. In what month and year was that?

17L. In what month and year was that?

RECORD IN S.R.B. - PG 3 |

RECORD IN S.R.B. - PG 3 |

RECORD IN S.R.B. - PG 3 |

(SKIP TO Q.5n)

(SKIP TO Q.6n)

(SKIP TO Q.7n)

(GO TO NEXT PAGE)

(GO TO NEXT PAGE)

(GO TO NEXT PAGE)

PREGNANCY 1	PREGNANCY 2	PREGNANCY 3																								
<p>15m. What was the main reason for the abortion?</p>	<p>16m. What was the main reason for the abortion?</p>	<p>17m. What was the main reason for the abortion?</p>																								
<p>15n. Did you smoke cigarettes on a fairly regular basis during this pregnancy?</p> <p>Yes..(42(___ -1 (ASK Q.15o)</p> <p>No....._-2 (SKIP TO Q.15p)</p>	<p>16n. Did you smoke cigarettes on a fairly regular basis during this pregnancy?</p> <p>Yes..(42(___ -1 (ASK Q.16o)</p> <p>No....._-2 (SKIP TO Q.16p)</p>	<p>17n. Did you smoke cigarettes on a fairly regular basis during this pregnancy?</p> <p>Yes..(42(___ -1 (ASK Q.17o)</p> <p>No....._-2 (SKIP TO Q.17p)</p>																								
<p>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.</p>	<p>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.</p>	<p>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.</p>																								
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(43)	(44)	Packs																								
(43)	(44)	Packs																								
(43)	(44)	Packs																								
<p>Less than one pack.(45(___ -1</p>	<p>Less than one pack.(45(___ -1</p>	<p>Less than one pack.(45(___ -1</p>																								
<p>15p. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?</p> <p>Yes..(46(___ -1 (ASK Q.15q)</p> <p>No....._-2 (GO TO NEXT PREGNANCY)</p>	<p>16p. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?</p> <p>Yes..(46(___ -1 (ASK Q.16q)</p> <p>No....._-2 (GO TO NEXT PREGNANCY)</p>	<p>17p. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?</p> <p>Yes..(46(___ -1 (ASK Q.17q)</p> <p>No....._-2 (GO TO NEXT PREGNANCY)</p>																								
<p>15q. About how many drinks a week would you say that you had during this pregnancy?</p>	<p>16q. About how many drinks a week would you say that you had during this pregnancy?</p>	<p>17q. About how many drinks a week would you say that you had during this pregnancy?</p>																								
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(47)	(48)	drinks																								
<p style="text-align: center;">01 79-80</p>	<p style="text-align: center;">02 79-80</p>	<p style="text-align: center;">03 79-80</p>																								
<p>(GO TO NEXT PREGNANCY)</p>	<p>(GO TO NEXT PREGNANCY)</p>	<p>(RECORD ADDITIONAL PREGNANCIES IN S.R.B. PAGE 20)</p>																								

18a. 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. PG 3. ENTER NAMES OF MEDICAL PROVIDERS ON APPROPRIATE PERMISSION FORMS AND ASK RESPONDENT TO SIGN EACH FORM.

FOR EACH SIGNED FORM, ASK:

18b. What is the current address of (DOCTOR/FACILITY)?

Thank you for participating in the Air Force Health Study!

TIME INTERVIEW ENDED: _____ (am/pm)

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

FOR OFFICE USE ONLY:

Case No. : _____

Study No. 812034

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

Respondent #: _____

CONFIDENTIAL

AIR FORCE HEALTH SURVEY
SUPPLEMENTAL RECORDING BOOK
SPOUSE QUESTIONNAIRE

CARD

Q.4a-6a and 19-21 CHILDREN

CHILD	Q.29 NAME	d. BIRTHDATE	g. BIRTH RECORDS	h. CURRENT MEDICAL RECORDS	i. FATHER'S FULL NAME	y. 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 _____

Q.4a-6a and 22-24 CHILDREN

CHILD	Q.29 NAME	d. BIRTHDATE	g. BIRTH RECORDS	h. CURRENT MEDICAL RECORDS	i. FATHER'S FULL NAME	y- DEATH RECORDS
SEVENTH	First _____ Last _____	MONTH DAY YEAR | | - | | - | | | | | | | |	Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____
EIGHTH	First _____ Last _____	MONTH DAY YEAR | | - | | - | | | | | | | |	Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____
NINTH	First _____ Last _____	MONTH DAY YEAR | | - | | - | | | | | | | |	Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____
TENTH	First _____ Last _____	MONTH DAY YEAR | | - | | - | | | | | | | |	Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____
ELEV- ENTH	First _____ Last _____	MONTH DAY YEAR | | - | | - | | | | | | | |	Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____
TWELFTH	First _____ Last _____	MONTH DAY YEAR | | - | | - | | | | | | | |	Place _____ C/S _____	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	
(12)	(13)	(14)	(15)

16L.

MONTH		YEAR	
(16)	(17)	(18)	(19)

17L.

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

Q.29k-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	
(24)	(25)	(26)	(27)

30L.

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

31L.

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

Q.19-21 Additional Children

FOURTH CHILD

NAME: _____

19a. How old is (CHILD) now?

						Age
(28)	(29)					

Child died..(30(-1

19b. (Is/Was) (CHILD) male or female?

Male.....(31(-1
Female..... -2

19c. How much did (CHILD) weigh at birth?

POUNDS		OUNCES	
(32)	(33)	(34)	(35)

Don't know...(36(-1

19d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(37)	(38)	(39) (40) (41) (42)

ALSO RECORD IN S.R.B.-PG 1

19e. Was the child premature, full term, or overdue?

Premature.(43(-1 } (ASK
Overdue..... -2 } Q.19f)

Full term..... -3 } (SKIP TO
Not sure..... -4 } Q.19g)

19f. How many weeks (overdue/premature) was (CHILD)?

			weeks
(44)	(45)		

(GO TO Q.19g)

FIFTH CHILD

NAME: _____

20a. How old is (CHILD) now?

						Age
(28)	(29)					

Child died..(30(-1

20b. (Is/Was) (CHILD) male or female?

Male.....(31(-1
Female..... -2

20c. How much did (CHILD) weigh at birth?

POUNDS		OUNCES	
(32)	(33)	(34)	(35)

Don't know...(36(-1

20d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(37)	(38)	(39) (40) (41) (42)

ALSO RECORD IN S.R.B.-PG 1

20e. Was the child premature, full term, or overdue?

Premature.(43(-1 } (ASK
Overdue..... -2 } Q.20f)

Full term..... -3 } (SKIP TO
Not sure..... -4 } Q.20g)

20f. How many weeks (overdue/premature) was (CHILD)?

			weeks
(44)	(45)		

(GO TO Q.20g)

SIXTH CHILD

NAME: _____

21a. How old is (CHILD) now?

						Age
(28)	(29)					

Child died..(30(-1

21b. (Is/Was) (CHILD) male or female?

Male.....(31(-1
Female..... -2

21c. How much did (CHILD) weigh at birth?

POUNDS		OUNCES	
(32)	(33)	(34)	(35)

Don't know...(36(-1

21d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(37)	(38)	(39) (40) (41) (42)

ALSO RECORD IN S.R.B.-PG 1

21e. Was the child premature, full term, or overdue?

Premature.(43(-1 } (ASK
Overdue..... -2 } Q.21f)

Full term..... -3 } (SKIP TO
Not sure..... -4 } Q.21g)

21f. How many weeks (overdue/premature) was (CHILD)?

			weeks
(44)	(45)		

(GO TO Q.21g)

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
- 02.(50(-1
- 03.(51(-1
- 04.(52(-1
- 05.(53(-1
- 06.(54(-1
- 07.(55(-1
- 08.(56(-1
- 09.(57(-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
- 02.(50(-1
- 03.(51(-1
- 04.(52(-1
- 05.(53(-1
- 06.(54(-1
- 07.(55(-1
- 08.(56(-1
- 09.(57(-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
- 02.(50(-1
- 03.(51(-1
- 04.(52(-1
- 05.(53(-1
- 06.(54(-1
- 07.(55(-1
- 08.(56(-1
- 09.(57(-1
- 10.(58(-1
- 11.(59(-1

12 (SPECIFY)

.(60(-1

(GO TO Q.21m)

FOURTH CHILD

FIFTH CHILD

SIXTH CHILD

19m. How many months did it take you to become pregnant with this child?

(61)	(62)	Months			

Less than 1 month. (63(-1
Wasn't trying..... -2

19n. Did (CHILD) have any birth defects?

Yes. (64(-1 (ASK Q.19o)

No..... -2 (SKIP TO Q.19p)

19o. What kind of birth defects did (s)he have? Any others?

20m. How many months did it take you to become pregnant with this child?

(61)	(62)	Months			

Less than 1 month. (63(-1
Wasn't trying..... -2

20n. Did (CHILD) have any birth defects?

Yes. (64(-1 (ASK Q.20o)

No..... -2 (SKIP TO Q.20p)

20o. What kind of birth defects did (s)he have? Any others?

21m. How many months did it take you to become pregnant with this child?

(61)	(62)	Months			

Less than 1 month. (63(-1
Wasn't trying..... -2

21n. Did (CHILD) have any birth defects?

Yes. (64(-1 (ASK Q.21o)

No..... -2 (SKIP TO Q.21p)

21o. What kind of birth defects did (s)he have? Any others?

19p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65(-1 (ASK Q.19q)

No..... -2 (SKIP TO Q.19s)

19q. In what month and year was the diagnosis made?

MONTH		YEAR	
(66)	(67)	(68)	(69)

20p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65(-1 (ASK Q.20q)

No..... -2 (SKIP TO Q.20s)

20q. In what month and year was the diagnosis made?

MONTH		YEAR	
(66)	(67)	(68)	(69)

21p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65(-1 (ASK Q.21q)

No..... -2 (SKIP TO Q.21s)

21q. In what month and year was the diagnosis made?

MONTH		YEAR	
(66)	(67)	(68)	(69)

19r. What kind of cancer was diagnosed?

Not sure.. (70(-1

(GO TO Q.4s)

04
79-80

20r. What kind of cancer was diagnosed?

Not sure.. (70(-1

(GO TO Q.5s)

05
79-80

21r. What kind of cancer was diagnosed?

Not sure.. (70(-1

(GO TO Q.6s)

06
79-80

FOURTH CHILD	FIFTH CHILD	SIXTH CHILD																											
19s. (Does/Did)(CHILD) have a diagnosed learning disability?	20s. (Does/Did)(CHILD) have a diagnosed learning disability?	21s. (Does/Did)(CHILD) have a diagnosed learning disability?																											
Yes. (12(___ -1 (ASK Q.19t)	Yes. (12(___ -1 (ASK Q.20t)	Yes. (12(___ -1 (ASK Q.21t)																											
No. ___-2 (SKIP TO Q.19u)	No. ___-2 (SKIP TO Q.20u)	No. ___-2 (SKIP TO Q.21u)																											
19t. What kind of learning disability (does/did) (s)he have?	20t. What kind of learning disability (does/did) (s)he have?	21t. What kind of learning disability (does/did) (s)he have?																											
19u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?	20u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?	21u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?																											
Yes. (13(___ -1 (ASK Q.19v)	Yes. (13(___ -1 (ASK Q.20v)	Yes. (13(___ -1 (ASK Q.21v)																											
No. ___-2 (SKIP TO Q.19w)	No. ___-2 (SKIP TO Q.20w)	No. ___-2 (SKIP TO Q.21w)																											
19v. What kind of impairment (does/did) (s)he have?	20v. What kind of impairment (does/did) (s)he have?	21v. What kind of impairment (does/did) (s)he have?																											
IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO Q.19z	IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO Q.20z	IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO Q.21z																											
19w. On what date did (CHILD) die?	20w. On what date did (CHILD) die?	21w. On what date did (CHILD) die?																											
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MONTH	DAY	YEAR																											
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(17)	(18)	(19)																											
MONTH	DAY	YEAR																											
(14)	(15)	(16)																											
(17)	(18)	(19)																											
MONTH	DAY	YEAR																											
(14)	(15)	(16)																											
(17)	(18)	(19)																											
19x. What was the cause of death?	20x. What was the cause of death?	21x. What was the cause of death?																											
19y. Where is (CHILD)'s death registered? In what city and state is that?	20y. Where is (CHILD)'s death registered? In what city and state is that?	21y. 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 Q.19z)	(GO TO Q.20z)	(GO TO Q.21z)																											

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)

Q.22-24 Additional Children

SEVENTH CHILD

EIGHTH CHILD

NINTH CHILD

NAME: _____

NAME: _____

NAME: _____

22a. How old is (CHILD) now?

23a. How old is (CHILD) now?

24a. How old is (CHILD) now?

				Age
(28)	(29)			

				Age
(28)	(29)			

				Age
(28)	(29)			

Child died..(30(-1

Child died..(30(-1

Child died..(30(-1

22b. (Is/Was) (CHILD) male or female?

23b. (Is/Was) (CHILD) male or female?

24b. (Is/Was) (CHILD) male or female?

Male.....(31(-1
Female..... -2

Male.....(31(-1
Female..... -2

Male.....(31(-1
Female..... -2

22c. How much did (CHILD) weigh at birth?

23c. How much did (CHILD) weigh at birth?

24c. How much did (CHILD) weigh at birth?

POUNDS		OUNCES	
(32)	(33)	(34)	(35)

POUNDS		OUNCES	
(32)	(33)	(34)	(35)

POUNDS		OUNCES	
(32)	(33)	(34)	(35)

Don't know...(36(-1

Don't know...(36(-1

Don't know...(36(-1

22d. What is (CHILD)'s birth-date?

23d. What is (CHILD)'s birth-date?

24d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(37)	(38)	(39) (40) (41) (42)

MONTH	DAY	YEAR
(37)	(38)	(39) (40) (41) (42)

MONTH	DAY	YEAR
(37)	(38)	(39) (40) (41) (42)

ALSO RECORD IN S.R.B.-PG 2

ALSO RECORD IN S.R.B.-PG 2

ALSO RECORD IN S.R.B.-PG 2

22e. Was the child premature, full term, or overdue?

23e. Was the child premature, full term, or overdue?

24e. Was the child premature, full term, or overdue?

Premature.(43(-1 } (ASK
Overdue..... -2 } Q.22f)
Full term..... -3 } (SKIP TO
Not sure..... -4 } Q.22g)

Premature.(43(-1 } (ASK
Overdue..... -2 } Q.23f)
Full term..... -3 } (SKIP TO
Not sure..... -4 } Q.23g)

Premature.(43(-1 } (ASK
Overdue..... -2 } Q.24f)
Full term..... -3 } (SKIP TO
Not sure..... -4 } Q.24g)

22f. How many weeks (overdue/premature) was (CHILD)?

23f. How many weeks (overdue/premature) was (CHILD)?

24f. How many weeks (overdue/premature) was (CHILD)?

				weeks
(44)	(45)			

				weeks
(44)	(45)			

				weeks
(44)	(45)			

(GO TO Q.22g)

(GO TO Q.23g)

(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?

23g. Where are (CHILD)'s birth registration records located? In what city and state is that?

24g. Where are (CHILD)'s birth registration records located? 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

22h. Where are (CHILD)'s current medical records located? In what city and state is that?

23h. Where are (CHILD)'s current medical records located? In what city and state is that?

24h. Where are (CHILD)'s current medical records located? 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

22i. What was (CHILD)'s father's full name?

23i. What was (CHILD)'s father's full name?

24i. What was (CHILD)'s father's full name?

RECORD IN S.R.B. PG 2

RECORD IN S.R.B. PG 2

RECORD IN S.R.B. PG 2

22j. How old were you when (CHILD) was born?

23j. How old were you when (CHILD) was born?

24j. How old were you when (CHILD) was born?

		Age
(46)	(47)	

		Age
(46)	(47)	

		Age
(46)	(47)	

22k. Were either of you using birth control at the time you became pregnant with (CHILD)?

23k. Were either of you using birth control at the time you became pregnant with (CHILD)?

24k. Were either of you using birth control at the time you became pregnant with (CHILD)?

Yes.(48(-1 (ASK Q.22L)

Yes.(48(-1 (ASK Q.23L)

Yes.(48(-1 (ASK Q.24L)

No..... -2 (SKIP TO Q.22m)

No..... -2 (SKIP TO Q.23m)

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

HAND RESPONDENT CARD "C"

HAND RESPONDENT CARD "C"

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?

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?

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?

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

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

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)

12 (SPECIFY)

12 (SPECIFY)

.....(60(-1

.....(60(-1

.....(60(-1

(GO TO Q.22m)

(GO TO Q.23m)

(GO TO Q.24m)

SEVENTH CHILD

EIGHTH CHILD

NINTH CHILD

22m. How many months did it take you to become pregnant with this child?

(61)	(62)	Months			

Less than 1 month. (63(_____-1
Wasn't trying....._-2

22n. Did (CHILD) have any birth defects?

Yes. (64(_____-1 (ASK Q.22o)

No....._-2 (SKIP TO Q.22p)

22o. What kind of birth defects did (s)he have? Any others?

23m. How many months did it take you to become pregnant with this child?

(61)	(62)	Months			

Less than 1 month. (63(_____-1
Wasn't trying....._-2

23n. Did (CHILD) have any birth defects?

Yes. (64(_____-1 (ASK Q.23o)

No....._-2 (SKIP TO Q.23p)

23o. What kind of birth defects did (s)he have? Any others?

24m. How many months did it take you to become pregnant with this child?

(61)	(62)	Months			

Less than 1 month. (63(_____-1
Wasn't trying....._-2

24n. Did (CHILD) have any birth defects?

Yes. (64(_____-1 (ASK Q.24o)

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

24o. What kind of birth defects did (s)he have? Any others?

22p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65(_____-1 (ASK Q.22q)

No....._-2 (SKIP TO Q.22s)

22q. In what month and year was the diagnosis made?

MONTH		YEAR	
(66)	(67)	(68)	(69)

22r. What kind of cancer was diagnosed?

Not sure..(70(_____-1

(GO TO Q.4s)

07
79-80

23p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65(_____-1 (ASK Q.23q)

No....._-2 (SKIP TO Q.23s)

23q. In what month and year was the diagnosis made?

MONTH		YEAR	
(66)	(67)	(68)	(69)

23r. What kind of cancer was diagnosed?

Not sure..(70(_____-1

(GO TO Q.5s)

08
79-80

24p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65(_____-1 (ASK Q.24q)

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

24q. In what month and year was the diagnosis made?

MONTH		YEAR	
(66)	(67)	(68)	(69)

24r. What kind of cancer was diagnosed?

Not sure..(70(_____-1

(GO TO Q.6s)

09
79-80

SEVENTH CHILD	EIGHTH CHILD	NINTH CHILD																											
22s. (Does/Did)(CHILD) have a diagnosed learning disability?	23s. (Does/Did)(CHILD) have a diagnosed learning disability?	24s. (Does/Did)(CHILD) have a diagnosed learning disability?																											
Yes. (12(___ -1 (ASK Q.22t)	Yes. (12(___ -1 (ASK Q.23t)	Yes. (12(___ -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(___ -1 (ASK Q.22v)	Yes. (13(___ -1 (ASK Q.23v)	Yes. (13(___ -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?																											
<table border="1"> <tr> <td>IF CHILD IS DEAD: CON- TINUE OTHERWISE: SKIP TO Q.22z</td> </tr> </table>	IF CHILD IS DEAD: CON- TINUE OTHERWISE: SKIP TO Q.22z	<table border="1"> <tr> <td>IF CHILD IS DEAD: CON- TINUE OTHERWISE: SKIP TO Q.23z</td> </tr> </table>	IF CHILD IS DEAD: CON- TINUE OTHERWISE: SKIP TO Q.23z	<table border="1"> <tr> <td>IF CHILD IS DEAD: CON- TINUE OTHERWISE: SKIP TO Q.24z</td> </tr> </table>	IF CHILD IS DEAD: CON- TINUE OTHERWISE: SKIP TO Q.24z																								
IF CHILD IS DEAD: CON- TINUE OTHERWISE: SKIP TO Q.22z																													
IF CHILD IS DEAD: CON- TINUE OTHERWISE: SKIP TO Q.23z																													
IF CHILD IS DEAD: CON- TINUE 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?																											
<table border="1"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>(14) (15) (16) (17) (18) (19)</td> <td>(14) (15) (16) (17) (18) (19)</td> <td>(14) (15) (16) (17) (18) (19)</td> </tr> </table>	MONTH	DAY	YEAR				(14) (15) (16) (17) (18) (19)	(14) (15) (16) (17) (18) (19)	(14) (15) (16) (17) (18) (19)	<table border="1"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>(14) (15) (16) (17) (18) (19)</td> <td>(14) (15) (16) (17) (18) (19)</td> <td>(14) (15) (16) (17) (18) (19)</td> </tr> </table>	MONTH	DAY	YEAR				(14) (15) (16) (17) (18) (19)	(14) (15) (16) (17) (18) (19)	(14) (15) (16) (17) (18) (19)	<table border="1"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>(14) (15) (16) (17) (18) (19)</td> <td>(14) (15) (16) (17) (18) (19)</td> <td>(14) (15) (16) (17) (18) (19)</td> </tr> </table>	MONTH	DAY	YEAR				(14) (15) (16) (17) (18) (19)	(14) (15) (16) (17) (18) (19)	(14) (15) (16) (17) (18) (19)
MONTH	DAY	YEAR																											
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MONTH	DAY	YEAR																											
(14) (15) (16) (17) (18) (19)	(14) (15) (16) (17) (18) (19)	(14) (15) (16) (17) (18) (19)																											
MONTH	DAY	YEAR																											
(14) (15) (16) (17) (18) (19)	(14) (15) (16) (17) (18) (19)	(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?																											
<table border="1"> <tr> <td>RECORD IN S.R.B. PG 2 </td> </tr> </table>	RECORD IN S.R.B. PG 2	<table border="1"> <tr> <td>RECORD IN S.R.B. PG 2 </td> </tr> </table>	RECORD IN S.R.B. PG 2	<table border="1"> <tr> <td>RECORD IN S.R.B. PG 2 </td> </tr> </table>	RECORD IN S.R.B. PG 2																								
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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

NAME: _____

25a. How old is (CHILD) now?

				Age
(28)	(29)			

Child died..(30(-1

25b. (Is/Was) (CHILD) male or female?

Male.....(31(-1
Female..... -2

25c. How much did (CHILD) weigh at birth?

POUNDS		OUNCES	
(32)	(33)	(34)	(35)

Don't know...(36(-1

25d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(37)	(38)	(39) (40) (41) (42)

ALSO RECORD IN S.R.B.-PG 2

25e. Was the child premature, full term, or overdue?

Premature.(43(-1 } (ASK
Overdue..... -2 } Q.25f)

Full term..... -3 } (SKIP TO
Not sure..... -4 } Q.25g)

25f. How many weeks (overdue/premature) was (CHILD)?

			weeks
(44)	(45)		

(GO TO Q.25g)

ELEVENTH CHILD

NAME: _____

26a. How old is (CHILD) now?

				Age
(28)	(29)			

Child died..(30(-1

26b. (Is/Was) (CHILD) male or female?

Male.....(31(-1
Female..... -2

26c. How much did (CHILD) weigh at birth?

POUNDS		OUNCES	
(32)	(33)	(34)	(35)

Don't know...(36(-1

26d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(37)	(38)	(39) (40) (41) (42)

ALSO RECORD IN S.R.B.-PG 2

26e. Was the child premature, full term, or overdue?

Premature.(43(-1 } (ASK
Overdue..... -2 } Q.26f)

Full term..... -3 } (SKIP TO
Not sure..... -4 } Q.26g)

26f. How many weeks (overdue/premature) was (CHILD)?

			weeks
(44)	(45)		

(GO TO Q.26g)

TWELFTH CHILD

NAME: _____

27a. How old is (CHILD) now?

				Age
(28)	(29)			

Child died..(30(-1

27b. (Is/Was) (CHILD) male or female?

Male.....(31(-1
Female..... -2

27c. How much did (CHILD) weigh at birth?

POUNDS		OUNCES	
(32)	(33)	(34)	(35)

Don't know...(36(-1

27d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(37)	(38)	(39) (40) (41) (42)

ALSO RECORD IN S.R.B.-PG 2

27e. Was the child premature, full term, or overdue?

Premature.(43(-1 } (ASK
Overdue..... -2 } Q.27f)

Full term..... -3 } (SKIP TO
Not sure..... -4 } Q.27g)

27f. How many weeks (overdue/premature) was (CHILD)?

			weeks
(44)	(45)		

(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 2 |

25h. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 2 |

25i. What was (CHILD)'s father's full name?

RECORD IN S.R.B. PG 2 |

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(<u> </u> -1 | 06.(54(<u> </u> -1 |
| 02.(50(<u> </u> -1 | 07.(55(<u> </u> -1 |
| 03.(51(<u> </u> -1 | 08.(56(<u> </u> -1 |
| 04.(52(<u> </u> -1 | 09.(57(<u> </u> -1 |
| 05.(53(<u> </u> -1 | 10.(58(<u> </u> -1 |
| | 11.(59(<u> </u> -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 2 |

26h. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 2 |

26i. What was (CHILD)'s father's full name?

RECORD IN S.R.B. PG 2 |

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)

Nb..... -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(<u> </u> -1 | 06.(54(<u> </u> -1 |
| 02.(50(<u> </u> -1 | 07.(55(<u> </u> -1 |
| 03.(51(<u> </u> -1 | 08.(56(<u> </u> -1 |
| 04.(52(<u> </u> -1 | 09.(57(<u> </u> -1 |
| 05.(53(<u> </u> -1 | 10.(58(<u> </u> -1 |
| | 11.(59(<u> </u> -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 2 |

27h. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 2 |

27i. What was (CHILD)'s father's full name?

RECORD IN S.R.B. PG 2 |

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(<u> </u> -1 | 06.(54(<u> </u> -1 |
| 02.(50(<u> </u> -1 | 07.(55(<u> </u> -1 |
| 03.(51(<u> </u> -1 | 08.(56(<u> </u> -1 |
| 04.(52(<u> </u> -1 | 09.(57(<u> </u> -1 |
| 05.(53(<u> </u> -1 | 10.(58(<u> </u> -1 |
| | 11.(59(<u> </u> -1 |

12 (SPECIFY)

.(60(-1

(GO TO Q.27m)

TENTH CHILD

ELEVENTH CHILD

TWELFTH 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

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

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																											
25e. (Does/Did)(CHILD) have a diagnosed learning disability?	26e. (Does/Did)(CHILD) have a diagnosed learning disability?	27e. (Does/Did)(CHILD) have a diagnosed learning disability?																											
Yes. (12(<u> </u> -1 (ASK Q.25t)	Yes. (12(<u> </u> -1 (ASK Q.26t)	Yes. (12(<u> </u> -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?																											
<hr/>	<hr/>	<hr/>																											
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(<u> </u> -1 (ASK Q.25v)	Yes. (13(<u> </u> -1 (ASK Q.26v)	Yes. (13(<u> </u> -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?																											
<hr/>	<hr/>	<hr/>																											
<table border="1"> <tr> <td>IF CHILD IS DEAD: CON- TINUE OTHERWISE: SKIP TO Q.25z</td> </tr> </table>	IF CHILD IS DEAD: CON- TINUE OTHERWISE: SKIP TO Q.25z	<table border="1"> <tr> <td>IF CHILD IS DEAD: CON- TINUE OTHERWISE: SKIP TO Q.26z</td> </tr> </table>	IF CHILD IS DEAD: CON- TINUE OTHERWISE: SKIP TO Q.26z	<table border="1"> <tr> <td>IF CHILD IS DEAD: CON- TINUE OTHERWISE: SKIP TO Q.27z</td> </tr> </table>	IF CHILD IS DEAD: CON- TINUE OTHERWISE: SKIP TO Q.27z																								
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IF CHILD IS DEAD: CON- TINUE 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?																											
<table border="1"> <thead> <tr> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>(14) (15) (16) (17) (18) (19)</td> <td>(14) (15) (16) (17) (18) (19)</td> <td>(14) (15) (16) (17) (18) (19)</td> </tr> </tbody> </table>	MONTH	DAY	YEAR				(14) (15) (16) (17) (18) (19)	(14) (15) (16) (17) (18) (19)	(14) (15) (16) (17) (18) (19)	<table border="1"> <thead> <tr> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>(14) (15) (16) (17) (18) (19)</td> <td>(14) (15) (16) (17) (18) (19)</td> <td>(14) (15) (16) (17) (18) (19)</td> </tr> </tbody> </table>	MONTH	DAY	YEAR				(14) (15) (16) (17) (18) (19)	(14) (15) (16) (17) (18) (19)	(14) (15) (16) (17) (18) (19)	<table border="1"> <thead> <tr> <th>MONTH</th> <th>DAY</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>(14) (15) (16) (17) (18) (19)</td> <td>(14) (15) (16) (17) (18) (19)</td> <td>(14) (15) (16) (17) (18) (19)</td> </tr> </tbody> </table>	MONTH	DAY	YEAR				(14) (15) (16) (17) (18) (19)	(14) (15) (16) (17) (18) (19)	(14) (15) (16) (17) (18) (19)
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25x. What was the cause of death?	26x. What was the cause of death?	27x. What was the cause of death?																											
<hr/>	<hr/>	<hr/>																											
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?																											
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(GO TO Q.25z)	(GO TO Q.26z)	(GO TO Q.27z)																											

Q.28 Additional Periods of Infertility

FOURTH PERIOD

28a. In what month and year did the fourth period begin? And in what month and year did it end?

FROM		YEAR	
MONTH	YEAR	MONTH	YEAR
(18) (19)	(20) (21)	(22) (23)	(24) (25)
TO			
MONTH	YEAR	MONTH	YEAR
(18) (19)	(20) (21)	(22) (23)	(24) (25)

28b. How old were you in (BEGINNING DATE OF PERIOD)?

AGE	AGE
(26) (27)	(26) (27)

28c. 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)

FIFTH PERIOD

28d. In what month and year did the fifth period begin? And in what month and year did it end?

FROM		YEAR	
MONTH	YEAR	MONTH	YEAR
(18) (19)	(20) (21)	(22) (23)	(24) (25)
TO			
MONTH	YEAR	MONTH	YEAR
(18) (19)	(20) (21)	(22) (23)	(24) (25)

28e. How old were you in (BEGINNING DATE OF PERIOD)?

AGE	AGE
(26) (27)	(26) (27)

28f. 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)

SIXTH PERIOD

28g. In what month and year did the sixth period begin? And in what month and year did it end?

FROM		YEAR	
MONTH	YEAR	MONTH	YEAR
(18) (19)	(20) (21)	(22) (23)	(24) (25)
TO			
MONTH	YEAR	MONTH	YEAR
(18) (19)	(20) (21)	(22) (23)	(24) (25)

28h. How old were you in (BEGINNING DATE OF PERIOD)?

AGE	AGE
(26) (27)	(26) (27)

28i. 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

(RETURN TO Q.12a)

TENTH CHILD

ELEVENTH CHILD

TWELFTH 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.

(21)		(22)	

Packs

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?

(25)		(26)	

drinks

10
79-80

(GO TO NEXT 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.

(21)		(22)	

Packs

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?

(25)		(26)	

drinks

11
79-80

(GO TO NEXT 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.

(21)		(22)	

Packs

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?

(25)		(26)	

drinks

12
79-80

(RETURN TO Q.7)

Q.29-31 Additional Miscarriages/Stillbirths/Abortions

PREGNANCY 4

29a. In what month and year did the first such pregnancy end?

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

29b. Did this pregnancy end in a miscarriage, stillbirth, or abortion?

Miscarriage..(19()-1
 Stillbirth.....-2
 Abortion.....-3

29c. After how many weeks did the pregnancy end?

(20)	(21)

Weeks

29d. How old were you at that time?

(WRITE IN AGE)

(22)	(23)

29e. Was (STUDY RESPONDENT) your partner in this pregnancy?

Yes.(24()-1
 No.....-2

29f. Were either of you using birth control at the time you became pregnant?

Yes.(25()-1 (ASK Q.29g)
 No.....-2 (SKIP TO Q.29h)

(GO TO Q.29 g/h)

PREGNANCY 5

30a. In what month and year did the next such pregnancy end?

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

30b. Did this pregnancy end in a miscarriage, stillbirth, or abortion?

Miscarriage..(19()-1
 Stillbirth.....-2
 Abortion.....-3

30c. After how many weeks did the pregnancy end?

(20)	(21)

Weeks

30d. How old were you at that time?

(WRITE IN AGE)

(22)	(23)

30e. Was (STUDY RESPONDENT) your partner in this pregnancy?

Yes.(24()-1
 No.....-2

30f. Were either of you using birth control at the time you became pregnant?

Yes.(25()-1 (ASK Q.30g)
 No.....-2 (SKIP TO Q.30h)

(GO TO Q.30g/h)

PREGNANCY 6

31a. In what month and year did the next such pregnancy end?

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

31b. Did this pregnancy end in a miscarriage, stillbirth, or abortion?

Miscarriage..(19()-1
 Stillbirth.....-2
 Abortion.....-3

31c. After how many weeks did the pregnancy end?

(20)	(21)

Weeks

31d. How old were you at that time?

(WRITE IN AGE)

(22)	(23)

31e. Was (STUDY RESPONDENT) your partner in this pregnancy?

Yes.(24()-1
 No.....-2

31f. Were either of you using birth control at the time you became pregnant?

Yes.(25()-1 (ASK Q.31g)
 No.....-2 (SKIP TO Q.31h)

(GO TO Q.31g/h)

Q.29-31

PREGNANCY 4

PREGNANCY 5

PREGNANCY 6

HAND RESPONDENT CARD "C"

HAND RESPONDENT CARD "C"

HAND RESPONDENT CARD "C"

29g. 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.

30g. 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.

31g. 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

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

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)

12 (SPECIFY)

12 (SPECIFY)

_____.(37(-1

_____.(37(-1

_____.(37(-1

29h. How many months did it take you to become pregnant this time?

30h. How many months did it take you to become pregnant this time?

31h. How many months did it take you to become pregnant this time?

				Months
(38)	(39)			

				Months
(38)	(39)			

				Months
(38)	(39)			

Less than 1 month.(40(-1
Wasn't trying.....-2

Less than 1 month.(40(-1
Wasn't trying.....-2

Less than 1 month.(40(-1
Wasn't trying.....-2

29i. (IF MISCARRIAGE OR STILLBIRTH IN Q.29b, ASK Q.29i. IF ABORTION IN Q.29b, SKIP TO Q.29m)

30i. (IF MISCARRIAGE OR STILLBIRTH IN Q.30b, ASK Q.30i. IF ABORTION IN Q.30b, SKIP TO Q.30m)

31i. (IF MISCARRIAGE OR STILLBIRTH IN Q.31b, ASK Q.31i. IF ABORTION IN Q.31b, SKIP TO Q.31m)

Did a doctor tell you why this (miscarriage/stillbirth) might have occurred?

Did a doctor tell you why this (miscarriage/stillbirth) might have occurred?

Did a doctor tell you why this (miscarriage/stillbirth) might have occurred?

Yes.(41(-1 (ASK Q.29j)
No.....-2 (SKIP TO Q.29n)

Yes.(41(-1 (ASK Q.30j)
No.....-2 (SKIP TO Q.30n)

Yes.(41(-1 (ASK Q.31j)
No.....-2 (SKIP TO Q.31n)

29j. What did the doctor say caused the (miscarriage/stillbirth)?

30j. What did the doctor say caused the (miscarriage/stillbirth)?

31j. What did the doctor say caused the (miscarriage/stillbirth)?

29k. What is the name of the doctor or medical facility that you consulted about this?

30k. What is the name of the doctor or medical facility that you consulted about this?

31k. What is the name of the doctor or medical facility that you consulted about this?

RECORD IN S.R.B. - PG 3

RECORD IN S.R.B. - PG 3

RECORD IN S.R.B. - PG 3

29L. In what month and year was that?

30L. In what month and year was that?

31L. In what month and year was that?

RECORD IN S.R.B. - PG 3

RECORD IN S.R.B. - PG 3

RECORD IN S.R.B. - PG 3

(SKIP TO Q.29n)

(SKIP TO Q.30n)

(SKIP TO Q.31n)

(GO TO NEXT PAGE)

(GO TO NEXT PAGE)

(GO TO NEXT PAGE)

Q.29-31

<u>PREGNANCY 4</u>	<u>PREGNANCY 5</u>	<u>PREGNANCY 6</u>																														
<p>29m. What was the main reason for the abortion?</p>	<p>30m. What was the main reason for the abortion?</p>	<p>31m. What was the main reason for the abortion?</p>																														
<p>29n. Did you smoke cigarettes on a fairly regular basis during this pregnancy?</p>	<p>30n. Did you smoke cigarettes on a fairly regular basis during this pregnancy?</p>	<p>31n. Did you smoke cigarettes on a fairly regular basis during this pregnancy?</p>																														
<p>Yes..(42(<u> </u> -1 (ASK Q.29a)</p>	<p>Yes..(42(<u> </u> -1 (ASK Q.30a)</p>	<p>Yes..(42(<u> </u> -1 (ASK Q.31a)</p>																														
<p>No..... <u> </u> -2 (SKIP TO Q.29p)</p>	<p>No..... <u> </u> -2 (SKIP TO Q.30p)</p>	<p>No..... <u> </u> -2 (RETURN TO Q.18a)</p>																														
<p>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.</p>	<p>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.</p>	<p>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.</p>																														
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<p>Less than one pack.(45(<u> </u> -1</p>	<p>Less than one pack.(45(<u> </u> -1</p>	<p>Less than one pack.(45(<u> </u> -1</p>																														
<p>29p. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?</p>	<p>30p. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?</p>	<p>31p. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?</p>																														
<p>Yes..(46(<u> </u> -1 (ASK Q.29q)</p>	<p>Yes..(46(<u> </u> -1 (ASK Q.30q)</p>	<p>Yes..(46(<u> </u> -1 (ASK Q.31q)</p>																														
<p>No..... <u> </u> -2. (SKIP TO Q.30a)</p>	<p>No..... <u> </u> -2 (SKIP TO Q.31a)</p>	<p>No..... <u> </u> -2 (GO TO NEXT PREGNANCY)</p>																														
<p>29q. About how many drinks a week would you say that you had during this pregnancy?</p>	<p>30q. About how many drinks a week would you say that you had during this pregnancy?</p>	<p>31q. About how many drinks a week would you say that you had during this pregnancy?</p>																														
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<p style="text-align: center;">01 79-80</p>	<p style="text-align: center;">02 79-80</p>	<p style="text-align: center;">03 79-80</p>																														
<p>(ASK Q.30a)</p>	<p>(ASK Q.31a)</p>	<p>(RETURN TO Q.18a)</p>																														

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LOUIS HARRIS INTERNATIONAL, INC
OPINION RESEARCH CENTRE
30 WELBECK ST.
LONDON W1M 8AB ENGLAND
TEL: 01-486-6161 TELEX: 24403

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 10111

TEL: (212) 975-1600 TELEX: 148383

LOUIS HARRIS FRANCE

21 RUE VIVIENNE

75002 PARIS, FRANCE

TEL: 01-260-2654 TELEX: 200601 F

LOUIS HARRIS INTERNATIONAL, INC.

OPINION RESEARCH CENTRE

30 WELBECK ST.

LONDON W1M 8AB ENGLAND

TEL: 01-486-6181 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

- 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: 212-975-1600 TELE: 48383

LOUIS HARRIS FRANCE
21 RUE VIVIENNE
75002 PARIS, FRANCE
TEL: 01-260-9854 TELEX: 800801 F

LOUIS HARRIS INTERNATIONAL, INC.
OPINION RESEARCH CENTRE
30 WELBECK ST
LONDON W1M 6AB ENGLAND
TEL: 01-486-6191 TELEX: 24402

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

Date

FOR OFFICE USE ONLY:

--	--	--	--	--	--

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

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 in 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.

O.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 1

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?	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?																																				
((((((
((((((
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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?																																				
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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?																																				
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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) No..... -2 (SKIP TO Q.7a)	Yes.(() -1 (ASK Q.6j) No..... -2 (SKIP TO Q.7a)	Yes.(() -1 (RECORD ADDITIONAL TRAINING PROGRAMS IN S.R.B. ON PG. 13) No..... -2 (GO TO Q.7a)																																				

7a. Now, let's talk about military technical and specialized training programs that prepared (STUDY 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																														
<p>b. For what kind of work was his first military training program preparing him?</p>	<p>g. For what kind of work was his next military training program preparing him?</p>	<p>l. For what kind of work was his next military training program preparing him?</p>																														
((((((
((((((
((((((
<p>c. What was the AFSC for that job?</p>	<p>h. What was the AFSC for that job?</p>	<p>m. What was the AFSC for that job?</p>																														
((((((
<p>d. In what month and year did he start this training?</p>	<p>i. In what month and year did he start this training?</p>	<p>n. In what month and year did he start this training?</p>																														
<p>MONTH YEAR</p> <table border="1"> <tr> <td> </td><td> </td><td>-</td><td> </td><td> </td> </tr> <tr> <td>()</td><td>()</td><td></td><td>()</td><td>()</td> </tr> </table>			-			()	()		()	()	<p>MONTH YEAR</p> <table border="1"> <tr> <td> </td><td> </td><td>-</td><td> </td><td> </td> </tr> <tr> <td>()</td><td>()</td><td></td><td>()</td><td>()</td> </tr> </table>			-			()	()		()	()	<p>MONTH YEAR</p> <table border="1"> <tr> <td> </td><td> </td><td>-</td><td> </td><td> </td> </tr> <tr> <td>()</td><td>()</td><td></td><td>()</td><td>()</td> </tr> </table>			-			()	()		()	()
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<p>e. In what month and year did he complete this training?</p>	<p>j. In what month and year did he complete this training?</p>	<p>o. In what month and year did he complete this training?</p>																														
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<p>f. Did he participate in any other military job training program that prepared him for a major change in his occupation?</p>	<p>k. Did he participate in any other military job training program that prepared him for a major change in his occupation?</p>	<p>p. Did he participate in any other military job training program that prepared him for a major change in his occupation?</p>																														
<p>Yes. (() -1 (ASK Q.7g) No..... -2 (SKIP TO Q.8)</p>	<p>Yes. (() -1 (ASK Q.7L) No..... -2 (SKIP TO Q.8)</p>	<p>Yes. (() -1 (RECORD ADDITIONAL TRAINING PROGRAMS IN S.R.B. ON PG. 14) No..... -2 (GO TO Q.8)</p>																														

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

Second Job

Third Job

8a. In what month and year did he start his first job that lasted three months or longer?

MONTH		YEAR	
()	()	()	()

9a. In what month and year did he start his next job that lasted three months or longer?

MONTH		YEAR	
()	()	()	()

10a. In what month and year did he start his next job that lasted three months or longer?

MONTH		YEAR	
()	()	()	()

8b. What was the name of his employer?
RECORD IN S.R.B. - PG 1

9b. What was the name of his employer?
RECORD IN S.R.B. - PG 1

10b. 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

9c. Was the job full-time or part-time?
 Full time..((-1
 Part time.....-2

10c. 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?
 (())
 (())

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

10d. 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

9e. What did he actually do on the job -- what were some of his main duties?
RECORD IN S.R.B. - PG 1

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"
 8f. Please look at this card and tell me the number which best describes the kind of industry he worked in.

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.

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)

()	()

(WRITE IN NUMBER)

()	()

(WRITE IN NUMBER)

()	()

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

MONTH		YEAR	
()	()	()	()

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

MONTH		YEAR	
()	()	()	()

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

MONTH		YEAR	
()	()	()	()

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

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

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

8h. What was the main reason he stopped working at that job?
 (())
 (())
 (ASK Q.9a)

9h. What was the main reason he stopped working at that job?
 (())
 (())
 (ASK Q.10a)

10h. What was the main reason he stopped working at that job?
 (())
 (())
 (ASK Q.11a)

Fourth Job

Fifth Job

Sixth 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)

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)

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)

15. I would like to ask you the names of all the countries (STUDY RESPONDENT) was stationed in while on active duty in the Armed Forces.

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)

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
() ()	() ()

BEGIN

MONTH	YEAR
() ()	() ()

BEGIN

MONTH	YEAR
() ()	() ()

END

MONTH	YEAR
() ()	() ()

END

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. ((
2. ((
3. ((

1. ((
2. ((
3. ((

1. ((
2. ((
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. ((
2. ((
3. ((
4. ((

1. ((
2. ((
3. ((
4. ((

1. ((
2. ((
3. ((
4. ((

(ASK Q.15g)

(ASK Q.15m)

(ASK Q.16a)

Question 16

Fourth Country

Fifth Country

Sixth 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?

(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)?

Form with columns for MONTH, BEGIN, YEAR and a grid for data entry.

Form with columns for MONTH, BEGIN, YEAR and a grid for data entry.

Form with columns for MONTH, BEGIN, YEAR and a grid for data entry.

Form with columns for MONTH, END, YEAR and a grid for data entry.

Form with columns for MONTH, END, YEAR and a grid for data entry.

Form with columns for MONTH, END, YEAR and a grid for data entry.

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)?

Form with columns for Hours and a grid for data entry.

Form with columns for Hours and a grid for data entry.

Form with columns for Hours and a grid for data entry.

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.16g)

(ASK Q.16m)

(RECORD ADDITIONAL COUNTRIES IN S.R.B. PG 18 AND 19)

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

SECOND MARRIAGE

THIRD MARRIAGE

19a. In what month and year did he get married (the first time)?

MONTH		YEAR	
()	()	()	()

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

MONTH		YEAR	
()	()	()	()

21a. In what month and year did he get married (the third time)?

MONTH		YEAR	
()	()	()	()

19b. What (is/was) the current full name of that wife

RECORD IN S.R.B. PG 2

20b. What (is/was) the current full name of that wife

RECORD IN S.R.B. PG 2

21b. 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

20c. What was her full maiden name?

RECORD IN S.R.B. PG 2

21c. 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)

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)

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)

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)

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)

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 MARRIAGE

IF 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 MARRIAGE

IF 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 MARRIAGE

IF 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).

<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>																					
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></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></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></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><th style="width: 20px;">POUNDS</th><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><th style="width: 20px;">OUNCES</th><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> () () () ()	POUNDS			OUNCES			25c. How much did (CHILD) weigh at birth? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><th style="width: 20px;">POUNDS</th><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><th style="width: 20px;">OUNCES</th><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> () () () ()	POUNDS			OUNCES			26c. How much did (CHILD) weigh at birth? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><th style="width: 20px;">POUNDS</th><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><th style="width: 20px;">OUNCES</th><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> () () () ()	POUNDS			OUNCES					
POUNDS			OUNCES																				
POUNDS			OUNCES																				
POUNDS			OUNCES																				
Don't know...((_____ -1	Don't know...((_____ -1	Don't know...((_____ -1																					
24d. What is (CHILD)'s birth-date? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><th style="width: 20px;">MONTH</th><td style="width: 20px; height: 20px;"></td><th style="width: 20px;">DAY</th><td style="width: 20px; height: 20px;"></td><th style="width: 20px;">YEAR</th><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> () () () () () ()	MONTH		DAY		YEAR			25d. What is (CHILD)'s birth-date? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><th style="width: 20px;">MONTH</th><td style="width: 20px; height: 20px;"></td><th style="width: 20px;">DAY</th><td style="width: 20px; height: 20px;"></td><th style="width: 20px;">YEAR</th><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> () () () () () ()	MONTH		DAY		YEAR			26d. What is (CHILD)'s birth-date? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><th style="width: 20px;">MONTH</th><td style="width: 20px; height: 20px;"></td><th style="width: 20px;">DAY</th><td style="width: 20px; height: 20px;"></td><th style="width: 20px;">YEAR</th><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> () () () () () ()	MONTH		DAY		YEAR		
MONTH		DAY		YEAR																			
MONTH		DAY		YEAR																			
MONTH		DAY		YEAR																			
[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 grid with columns for tens and ones, and a row for parentheses.

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?

Three rows of () for listing defects.

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 grid with columns for month, day, and year, and a row for parentheses.

24n. What kind of cancer was diagnosed?

() for listing cancer type.

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 grid with columns for tens and ones, and a row for parentheses.

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?

Three rows of () for listing defects.

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 grid with columns for month, day, and year, and a row for parentheses.

25n. What kind of cancer was diagnosed?

() for listing cancer type.

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 grid with columns for tens and ones, and a row for parentheses.

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?

Three rows of () for listing defects.

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 grid with columns for month, day, and year, and a row for parentheses.

26n. What kind of cancer was diagnosed?

() for listing cancer type.

Not sure.. () -1

(GO TO Q.26o)

FIRST CHILD

SECOND CHILD

THIRD CHILD

24o. (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)

25o. (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)

26o. (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
<p>28a. During what months and years did he have pneumonia (the first time)?</p> <p><u>RECORD IN S.R.B. PG 5</u></p> <p>IF BEFORE 1961, SKIP TO Q.28f.</p>	<p>28f. During what months and years did he have pneumonia (the second time)?</p> <p><u>RECORD IN S.R.B. PG 5</u></p> <p>IF BEFORE 1961, SKIP TO Q.28k.</p>	<p>28k. During what months and years did he have pneumonia (the third time)?</p> <p><u>RECORD IN S.R.B. PG 5</u></p> <p>IF BEFORE 1961, SKIP TO Q.29a.</p>
<p>28b. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?</p> <p><u>RECORD IN S.R.B. PG 5</u></p>	<p>28g. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?</p> <p><u>RECORD IN S.R.B. PG 5</u></p>	<p>28l. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?</p> <p><u>RECORD IN S.R.B. PG 5</u></p>
<p>28c. What prescribed medicine did he take for the pneumonia he had that time?</p> <p>1. (()</p> <p>2. (()</p> <p>3. (()</p>	<p>28h. What prescribed medicine did he take for the pneumonia he had that time?</p> <p>1. (()</p> <p>2. (()</p> <p>3. (()</p>	<p>28m. What prescribed medicine did he take for the pneumonia he had that time?</p> <p>1. (()</p> <p>2. (()</p> <p>3. (()</p>
<p>28d. Was he hospitalized for the pneumonia he had that time?</p> <p>Yes. (() -1 (ASK Q.28e)</p> <p>No.....-2 (SKIP TO Q.28f)</p>	<p>28i. Was he hospitalized for the pneumonia he had that time?</p> <p>Yes. (() -1 (ASK Q.28i)</p> <p>No.....-2 (SKIP TO Q.28k)</p>	<p>28n. Was he hospitalized for the pneumonia he had that time?</p> <p>Yes. (() -1 (ASK Q.28o)</p> <p>No.....-2 (SKIP TO Q.27a IN S.R.B. PG 31)</p>
<p>28e. What was the full name of that hospital?</p> <p><u>RECORD IN S.R.B. PG 5</u></p>	<p>28j. What was the full name of that hospital?</p> <p><u>RECORD IN S.R.B. PG 5</u></p>	<p>28o. What was the full name of that hospital?</p> <p><u>RECORD IN S.R.B. PG 5</u></p> <p>(RECORD ADDITIONAL PERIODS IN S.R.B. PAGE 31)</p>

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
29c. In what month and year was cancer of the (BODY PART) first diagnosed? <u>RECORD IN S.R.B. PG 6</u>	29i. In what month and year was cancer of the (BODY PART) first diagnosed? <u>RECORD IN S.R.B. PG 6</u>	29o. In what month and year was cancer of the (BODY PART) first diagnosed? <u>RECORD IN S.R.B. PG 6</u>
29d. What is the full name of the doctor or the medical facility where the diagnosis was made? <u>RECORD IN S.R.B. PG 6</u>	29j. What is the full name of the doctor or the medical facility where the diagnosis was made? <u>RECORD IN S.R.B. PG 6</u>	29p. What is the full name of the doctor or the medical facility where the diagnosis was made? <u>RECORD IN S.R.B. PG 6</u>
29e. What is the full name of the doctor or the medical facility he last consulted about cancer of the (BODY PART)? <u>RECORD IN S.R.B. PG 6</u>	29k. What is the full name of the doctor or the medical facility he last consulted about cancer of the (BODY PART)? <u>RECORD IN S.R.B. PG 6</u>	29q. What is the full name of the doctor or the medical facility he last consulted about cancer of the (BODY PART)? <u>RECORD IN S.R.B. PG 6</u>
29f. During what month and year did he last consult (NAME FROM Q.29e)? <u>RECORD IN S.R.B. PG 6</u>	29l. During what month and year did he last consult (NAME FROM Q.29k)? <u>RECORD IN S.R.B. PG 6</u>	29r. During what month and year did he last consult (NAME FROM Q.29q)? <u>RECORD IN S.R.B. PG 6</u>
29g. What treatments or medicines did he take for cancer of the (BODY PART)? <u>MULTIPLE RECORD BELOW</u> Radiation.....(() -1 Chemotherapy... (() -1 Surgery..... (() -1 Other (SPECIFY) _____.(() -1	29m. What treatments or medicines did he take for cancer of the (BODY PART)? <u>MULTIPLE RECORD BELOW</u> Radiation.....(() -1 Chemotherapy... (() -1 Surgery..... (() -1 Other (SPECIFY) _____.(() -1	29s. What treatments or medicines did he take for cancer of the (BODY PART)? <u>MULTIPLE RECORD BELOW</u> 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)? Radiation... MONTH YEAR () () () () () () Chemotherapy... MONTH YEAR () () () () () () Surgery.. MONTH YEAR () () () () () () Other.... MONTH YEAR () () () () () () (GO TO NEXT BODY PART)	29n. During what month and year did he first receive (EACH TREATMENT CODED IN Q.29m) for cancer of the (BODY PART)? Radiation... MONTH YEAR () () () () () () Chemotherapy... MONTH YEAR () () () () () () Surgery.. MONTH YEAR () () () () () () Other.... MONTH YEAR () () () () () () (GO TO NEXT BODY PART)	29t. During what month and year did he first receive (EACH TREATMENT CODED IN Q.29s) for cancer of the (BODY PART)? Radiation... MONTH YEAR () () () () () () Chemotherapy... MONTH YEAR () () () () () () Surgery.. MONTH YEAR () () () () () () Other.... MONTH YEAR () () () () () () (GO TO NEXT BODY PART IN S.R.B. 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

	DIABETES	THYROID PROBLEMS	ANEMIA	A HEART CONDITION	AN ENLARGED LIVER
ASK Q. 31b THROUGH Q. 31e FOR EACH BOX "X"ED ON PP. 19-20	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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	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)	(GO TO NEXT CONDITION "X"ED)	(GO TO NEXT CONDITION "X"ED)	(GO TO NEXT CONDITION "X"ED)	(GO TO NEXT CONDITION "X"ED)	(GO TO NEXT CONDITION "X"ED)

ASK Q.31b THROUGH Q.31e
FOR EACH BOX "X"ED ON
PP. 18-20

JAUNDICE

HEPATITIS

CIRRHOSIS OF THE LIVER

INTESTINAL PARASITES

GALL BLADDER PROBLEMS

--

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--

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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)?.....

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

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

ASK Q. 31b THROUGH Q. 31e FOR EACH BOX "X"ED ON PP. 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	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
	(GO TO NEXT CONDITION "X"ED)	(GO TO NEXT CONDITION "X"ED)	(GO TO NEXT CONDITION "X"ED)	(GO TO NEXT CONDITION "X"ED)	(GO TO NEXT CONDITION "X"ED)

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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	
()	()	()	()

33c. Until when did that last?

MONTH		YEAR	
()	()	()	()

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.41a)

Second Period

33f. Think about the second time he had acne on his face -- when did it start?

MONTH		YEAR	
()	()	()	()

33g. Until when did that last?

MONTH		YEAR	
()	()	()	()

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	
()	()	()	()

33k. Until when did that last?

MONTH		YEAR	
()	()	()	()

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

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 S.R.B. - PG

34c. What was the name of the doctor or medical facility he consulted at the time?

RECORD IN S.R.B. - PG

35a. Did (STUDY RESPONDENT) ever have (READ EACH COLUMN HEADING)?

IF "YES" TO ANY COLUMN HEADING, ASK Q.35b-h FOR THAT COLUMN

A. Patches of his skin change color?	B. Easier bruising of the skin than usual?	C. 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? Yes..((-1 (ASK Q.35d) No.....-2 (GO TO NEXT DK.....-3 } CONDITION)	c. Did he discuss (CONDITION) with a doctor? Yes..((-1 (ASK Q.35d) No.....-2 (GO TO NEXT DK.....-3 } CONDITION)	c. Did he discuss (CONDITION) with a doctor? Yes..((-1 (ASK Q.35d) 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? <u>RECORD IN S.R.B. - PG 11</u>	e. 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 11</u>	e. 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 11</u>
f. During what month and year was the diagnosis made? <u>RECORD IN S.R.B. - PG 11</u>	f. During what month and year was the diagnosis made? <u>RECORD IN S.R.B. - PG 11</u>	f. During what month and year was the diagnosis made? <u>RECORD IN S.R.B. - PG 11</u>
g. What is the name of the doctor or medical facility he last consulted about (CONDITION)? <u>RECORD IN S.R.B. - PG 11</u>	g. What is the name of the doctor or medical facility he last consulted about (CONDITION)? <u>RECORD IN S.R.B. - PG 11</u>	g. What is the name of the doctor or medical facility he last consulted about (CONDITION)? <u>RECORD IN S.R.B. - PG 11</u>
h. During what month and year did he last consult (NAME IN Q.35g)? <u>RECORD IN S.R.B. - PG 11</u>	h. During what month and year did he last consult (NAME IN Q.35g)? <u>RECORD IN S.R.B. - PG 11</u>	h. During what month and year did he last consult (NAME IN Q.35g)? <u>RECORD IN S.R.B. - PG 11</u>

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.36b-1 FOR THAT COLUMN

A. Persistent numbness in any of his limbs?	B. Persistent tingling sensations in any of his limbs?	C. 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)? MONTH YEAR <table border="1" style="width:100%; text-align:center;"> <tr> <td> </td><td> </td><td>-</td><td> </td><td> </td> </tr> <tr> <td>()</td><td>()</td><td>()</td><td>()</td><td>()</td> </tr> </table>			-			()	()	()	()	()	b. When did he first notice (CONDITION)? MONTH YEAR <table border="1" style="width:100%; text-align:center;"> <tr> <td> </td><td> </td><td>-</td><td> </td><td> </td> </tr> <tr> <td>()</td><td>()</td><td>()</td><td>()</td><td>()</td> </tr> </table>			-			()	()	()	()	()	b. When did he first notice (CONDITION)? MONTH YEAR <table border="1" style="width:100%; text-align:center;"> <tr> <td> </td><td> </td><td>-</td><td> </td><td> </td> </tr> <tr> <td>()</td><td>()</td><td>()</td><td>()</td><td>()</td> </tr> </table>			-			()	()	()	()	()																														
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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. During what period was the (CONDITION) most intense? FROM <table border="1" style="width:100%; text-align:center;"> <tr> <td> </td><td> </td><td>-</td><td> </td><td> </td> </tr> <tr> <td>()</td><td>()</td><td>()</td><td>()</td><td>()</td> </tr> </table> TO <table border="1" style="width:100%; text-align:center;"> <tr> <td> </td><td> </td><td>-</td><td> </td><td> </td> </tr> <tr> <td>()</td><td>()</td><td>()</td><td>()</td><td>()</td> </tr> </table>			-			()	()	()	()	()			-			()	()	()	()	()	d. During what period was the (CONDITION) most intense? FROM <table border="1" style="width:100%; text-align:center;"> <tr> <td> </td><td> </td><td>-</td><td> </td><td> </td> </tr> <tr> <td>()</td><td>()</td><td>()</td><td>()</td><td>()</td> </tr> </table> TO <table border="1" style="width:100%; text-align:center;"> <tr> <td> </td><td> </td><td>-</td><td> </td><td> </td> </tr> <tr> <td>()</td><td>()</td><td>()</td><td>()</td><td>()</td> </tr> </table>			-			()	()	()	()	()			-			()	()	()	()	()	d. During what period was the (CONDITION) most intense? FROM <table border="1" style="width:100%; text-align:center;"> <tr> <td> </td><td> </td><td>-</td><td> </td><td> </td> </tr> <tr> <td>()</td><td>()</td><td>()</td><td>()</td><td>()</td> </tr> </table> TO <table border="1" style="width:100%; text-align:center;"> <tr> <td> </td><td> </td><td>-</td><td> </td><td> </td> </tr> <tr> <td>()</td><td>()</td><td>()</td><td>()</td><td>()</td> </tr> </table>			-			()	()	()	()	()			-			()	()	()	()	()
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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? <u>RECORD IN S.R.B. - PG 12</u>	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>	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>																																																												
h. During what month and year was the diagnosis made? <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>	h. During what month and year was the diagnosis made? <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>	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>	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>																																																												
j. During what month and year did he last consult (NAME IN Q.36g)? <u>RECORD IN S.R.B. - PG 12</u>	j. During what month and year did he last consult (NAME IN Q.36g)? <u>RECORD IN S.R.B. - PG 12</u>	j. During what month and year did he last consult (NAME IN Q.36g)? <u>RECORD IN S.R.B. - PG 12</u>																																																												

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.
Persistent aches and pains in any of his limbs?

Yes..((-1
 No.....-2
 DK.....-3

b. When did he first notice (CONDITION)?

MONTH		YEAR	
()	()	()	()

c. Which limbs or muscles were affected? (CONDITION)? Any other part?

((

((

d. During what period was the (CONDITION) most intense?

FROM

MONTH		YEAR	
()	()	()	()

TO

MONTH		YEAR	
()	()	()	()

e. Did he see a doctor for (CONDITION)?

Yes..((-1 (IF NO. OR DK,
 No.....-2 GO TO NEXT
 DK.....-3 (CONDITION)

f. What was the diagnosis?

((

((

E.
A reduction in grip strength?

Yes..((-1
 No.....-2
 DK.....-3

b. When did he first notice (CONDITION)?

MONTH		YEAR	
()	()	()	()

c. Which limbs or muscles were affected? (CONDITION)? Any other part?

((

((

d. During what period was the (CONDITION) most intense?

FROM

MONTH		YEAR	
()	()	()	()

TO

MONTH		YEAR	
()	()	()	()

e. Did he see a doctor for (CONDITION)?

Yes..((-1
 No.....-2
 DK.....-3

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?

[RECORD IN S.R.B. - PG 12] [RECORD IN S.R.B. - PG 12]

h. During what month and year was the diagnosis made?

[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)?

[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.36g)?

[RECORD IN S.R.B. - PG 12] [RECORD IN S.R.B. - PG 12]

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)

	<u>Yes</u>	<u>No</u>
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.B. 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.B. PAGE 33

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 ENDED: _____ (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.M.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.19-21 and 65-67 Marital History

	<u>b.</u> Wife's Current Full Name	<u>c.</u> Wife's Maiden Name	<u>f/g</u> Living With Wife Or Divorced/ Separated/ Widowed
First/ only wife	_____	_____	_____
Second wife	_____	_____	_____
Third wife	_____	_____	_____
Fourth wife	_____	_____	_____
Fifth wife	_____	_____	_____
Sixth wife	_____	_____	_____

Q.24-26 and 68-76 CHILDREN

CHILD	Q.29 NAME	d. BIRTHDATE			e. BIRTH RECORDS	g. CURRENT MEDICAL RECORDS	h. MOTHER'S FULL NAME	i. DEATH RECORDS
FIRST	First _____	MONTH	DAY	YEAR	Place _____	Place _____	First _____	Place _____
	Last _____	| | - | | | - | | |	C/S _____	C/S _____	Last _____	C/S _____		
SECOND	First _____	MONTH	DAY	YEAR	Place _____	Place _____	First _____	Place _____
	Last _____	| | - | | | - | | |	C/S _____	C/S _____	Last _____	C/S _____		
THIRD	First _____	MONTH	DAY	YEAR	Place _____	Place _____	First _____	Place _____
	Last _____	| | - | | | - | | |	C/S _____	C/S _____	Last _____	C/S _____		
FOURTH	First _____	MONTH	DAY	YEAR	Place _____	Place _____	First _____	Place _____
	Last _____	| | - | | | - | | |	C/S _____	C/S _____	Last _____	C/S _____		
FIFTH	First _____	MONTH	DAY	YEAR	Place _____	Place _____	First _____	Place _____
	Last _____	| | - | | | - | | |	C/S _____	C/S _____	Last _____	C/S _____		
SIXTH	First _____	MONTH	DAY	YEAR	Place _____	Place _____	First _____	Place _____
	Last _____	| | - | | | - | | |	C/S _____	C/S _____	Last _____	C/S _____		

255

Q.24-26 and 68-76 CHILDREN

CHILD	Q.29 NAME	d. BIRTHDATE	f. BIRTH RECORDS	g. CURRENT MEDICAL RECORDS	h. MOTHER'S FULL NAME	u. DEATH RECORDS									
SEVENTH	First _____ Last _____	<table border="1"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>-</td> <td>-</td> <td></td> </tr> </table>	MONTH	DAY	YEAR				-	-		Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____
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-	-														
EIGHTH	First _____ Last _____	<table border="1"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>-</td> <td>-</td> <td></td> </tr> </table>	MONTH	DAY	YEAR				-	-		Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____
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-	-														
TENTH	First _____ Last _____	<table border="1"> <tr> <td>MONTH</td> <td>DAY</td> <td>YEAR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>-</td> <td>-</td> <td></td> </tr> </table>	MONTH	DAY	YEAR				-	-		Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____
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MONTH	DAY	YEAR													
-	-														

Q.28 Medical Providers -- Pneumonia

1st Time

a. Months/years had that time.

MONTH		YEAR	
(1) (2)	(3) (4)	(5) (6)	(7) (8)
TO		TO	
(9) (0)	(1) (2)	(3) (4)	(5) (6)

b. Doctor/facility who made diagnosis.

Name _____

Address _____

C/S _____

e. Name of hospital.

Name _____

Address _____

C/S _____

2nd Time

a. Months/years had that time.

MONTH		YEAR	
(9) (0)	(1) (2)	(3) (4)	(5) (6)
TO		TO	
(7) (8)	(9) (0)	(1) (2)	(3) (4)

b. Doctor/facility who made diagnosis.

Name _____

Address _____

C/S _____

e. Name of hospital.

Name _____

Address _____

C/S _____

3rd Time

a. Months/years had that time.

MONTH		YEAR	
(8) (9)	(0) (1)	(2) (3)	(4) (5)
TO		TO	
(2) (3)	(4) (5)	(6) (7)	(8) (9)

b. Doctor/facility who made diagnosis.

Name _____

Address _____

C/S _____

e. Name of hospital.

Name _____

Address _____

C/S _____

4th Time

a. Months/years had that time.

MONTH		YEAR	
() ()	() ()	() ()	() ()
TO		TO	
() ()	() ()	() ()	() ()

b. Doctor/facility who made diagnosis.

Name _____

Address _____

C/S _____

e. Name of hospital.

Name _____

Address _____

C/S _____

5th Time

a. Months/years had that time.

MONTH		YEAR	
() ()	() ()	() ()	() ()
TO		TO	
() ()	() ()	() ()	() ()

b. Doctor/facility who made diagnosis.

Name _____

Address _____

C/S _____

e. Name of hospital.

Name _____

Address _____

C/S _____

6th Time

a. Months/years had that time.

MONTH		YEAR	
() ()	() ()	() ()	() ()
TO		TO	
() ()	() ()	() ()	() ()

b. Doctor/facility who made diagnosis.

Name _____

Address _____

C/S _____

e. Name of hospital.

Name _____

Address _____

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" style="width: 100%; text-align: center;"> <tr> <th colspan="2">MONTH</th> <th colspan="2">YEAR</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>(36)</td> <td>(37)</td> <td>(38)</td> <td>(39)</td> </tr> </table>	MONTH		YEAR						(36)	(37)	(38)	(39)	<p>c. Month/year <u>first</u> diagnosed</p> <table border="1" style="width: 100%; text-align: center;"> <tr> <th colspan="2">MONTH</th> <th colspan="2">YEAR</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></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" style="width: 100%; text-align: center;"> <tr> <th colspan="2">MONTH</th> <th colspan="2">YEAR</th> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td>(52)</td> <td>(53)</td> <td>(54)</td> <td>(55)</td> </tr> </table>	MONTH		YEAR						(52)	(53)	(54)	(55)
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(72)	(73)	(74)	(75)																																			
MONTH		YEAR																																				
(66)	(67)	(68)	(69)																																			

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)

Q.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)

c. 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)

c. 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)

c. 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:																																				
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c. Doctor/facility where diagnosis made:	Doctor/facility where diagnosis made:	Doctor/facility where diagnosis made:																																				
Name _____	Name _____	Name _____																																				
Address _____	Address _____	Address _____																																				
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d. Doctor <u>last</u> consulted:	Doctor <u>last</u> consulted:	Doctor <u>last</u> consulted:																																				
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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		YEAR	
(68)	(69)	(70)	(71)

c. Doctor/facility last consulted:

Name _____

Address _____

C/S _____

EOC

Q.35 -- Medical Providers

A.
PATCHES OF SKIN CHANGE COLOR

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

f. Month/year diagnosis made:

MONTH		YEAR	
(12)	(13)	(14)	(15)

g. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

h. Month/year last consulted:

MONTH		YEAR	
(16)	(17)	(18)	(19)

B.
EASIER BRUISING OF SKIN

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

f. Month/year diagnosis made:

MONTH		YEAR	
(28)	(29)	(30)	(31)

g. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

h. Month/year last consulted:

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

C.
SKIN EXTRA SENSITIVE

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

f. Month/year diagnosis made:

MONTH		YEAR	
(44)	(45)	(46)	(47)

g. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

h. Month/year last consulted:

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

Q.36 -- 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:	g. Doctor/facility where diagnosis made:																																				
Name _____	Name _____	Name _____																																				
Address _____	Address _____	Address _____																																				
C/S _____	C/S _____	C/S _____																																				
i. Month/year diagnosis made:	h. Month/year diagnosis made:	h. Month/year diagnosis made:																																				
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D. PERSISTENT ACHEs IN LIMBS	E. REDUCTION IN GRIP STRENGTH																								
g. Doctor/facility where diagnosis made:	g. Doctor/facility where diagnosis made:																								
Name _____	Name _____																								
Address _____	Address _____																								
C/S _____	C/S _____																								
h. Month/year diagnosis made:	h. Month/year diagnosis made:																								
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(12)	(13)	(14)	(15)																						

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?																																				
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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?																																				
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(24)	(25)	(26)	(27)																																			
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) No..... -2 (RETURN TO Q.7a)	Yes. (28) -1 (ASK Q.j) No..... -2 (RETURN TO Q.7a)	Yes. (28) -1 (RETURN TO Q.7a) No..... -2 (RETURN TO Q.7a)																																				

04
79-80

05
79-80

06
79-80

Q.55. Additional Military Training Programs (Q.7)

4th Program

b. For what kind of work was his next military training program preparing him?

(15)

(16)

(17)

(18-20)

5th Program

g. For what kind of work was his next military training program preparing him?

(15)

(16)

(17)

(18-20)

6th Program

l. For what kind of work was his next military training program preparing him?

(15)

(16)

(17)

(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?

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

i. In what month and year did he start this training?

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

n. In what month and year did he start this training?

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

e. In what month and year did he complete this training?

MONTH		YEAR	
(25)	(26)	(27)	(28)

j. In what month and year did he complete this training?

MONTH		YEAR	
(25)	(26)	(27)	(28)

o. In what month and year did he complete this training?

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?

Yes. (29) () -1 (ASK Q.8)

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

k. Did he participate in any other military job training program that prepared him for a major change in his occupation?

Yes. (29) () -1 (ASK Q.8)

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

p. Did he participate in any other military job training program that prepared him for a major change in his occupation?

Yes. (29) () -1 (RETURN TO Q.8)

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

05
79-80

05
79-80

06
79-80

Q. 56-61 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)

22

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

MONTH		YEAR	
(23)	(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)

22

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

MONTH		YEAR	
(23)	(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)

22

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

MONTH		YEAR	
(23)	(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)

07
79-80

(34-36)

(30-33)

08
79-80

(34-36)

(30-33)

09
79-80

(34-36)

Tenth Job

Eleventh Job

Twelfth Job

59a. 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 (do/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)

22

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

MONTH		YEAR	
(23)	(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.60a)

(30-33)

(34-36)

10
79-80

60a. 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 (do/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)

22

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

MONTH		YEAR	
(23)	(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.61a)

(30-33)

(34-36)

11
79-80

61a. 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 (do/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)

22

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

MONTH		YEAR	
(23)	(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(_____

(RETURN TO Q.14)

(30-33)

(34-36)

12
79-80

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)

04
79-80

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)

05
79-80

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

06
79-80

Q.63. Additional Countries (Q.15-16)

Seventh Country

Eighth Country

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

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

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

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

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

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

Current...(25(-1

Current...(25(-1

Current...(25(-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. (26 -28)
2. (29 -31)
3. (32 -34)

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

- 1. (26 -28)
2. (29 -31)
3. (32 -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.(35(-1
No..... -2

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

Yes.(35(-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 (36) (37) (38)

Hours (36) (37) (38)

Hours (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)
2. (44(-47)
3. (48(-51)
4. (52(-55)

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

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

(ASK Q.g)

(ASK Q.m)

(ASK Q.64a)

(56-59) (60-63) (64-67) (68-71) (72-75) 07 79-80

(56-59) (60-63) (64-67) (68-71) (72-75) 08 79-80

(56-59) (60-63) (64-67) (68-71) (72-75) 09 79-80

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 MONTH YEAR | | | | (17) (18) (19) (20)	BEGIN MONTH YEAR | | | | (17) (18) (19) (20)	BEGIN MONTH YEAR | | | | (17) (18) (19) (20)
END MONTH YEAR | | | | (21) (22) (23) (24)	END MONTH YEAR | | | | (21) (22) (23) (24)	END MONTH YEAR | | | | (21) (22) (23) (24)
Current... (25(-1	Current... (25(-1	Current... (25(-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. (29(-31	2. (29(-31	2. Q9(-31
3. (32(-34	3. (32(-34	3. (32(-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. (35(-1 No.....-2	Yes. (35(-1 No.....-2	Yes. (35(-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 (36) (37) (38)	| | | Hours (36) (37) (38)	| | | Hours (36) (37) (38)
Other (SPECIFY) (39(-1	Other (SPECIFY) (39(-1	Other (SPECIFY) (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) (68-71)	(56-59) (68-71)	(56-59) (68-71)
(60-63) (72-75)	(60-63) (72-75)	(60-63) (72-75)
(64-67) 10	(64-67) 11	(64-67) 12
79-80	79-80	79-80

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?

[]	[]	Times
(50)	(51)	

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.65E)

FIFTH MARRIAGE

66a. 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?

[]	[]	Times
(50)	(51)	

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

67a. 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?

[]	[]	Times
(50)	(51)	

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?

				Age
(15)	(16)			

				Age
(15)	(16)			

				Age
(15)	(16)			

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?

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?

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.(19(____-1
Full term.....-2
Overdue.....-3
Not sure.....-4

Premature.(19(____-1
Full term.....-2
Overdue.....-3
Not sure.....-4

Premature.(19(____-1
Full term.....-2
Overdue.....-3
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?

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?

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)

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)

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

68o. (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?

69o. (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?

70o. (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)

68n. (66-67)

68i. (68-69)

68n. (70-71)

68p. (74-77)

05
79-80

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)

68n. (66-67)

68i. (68-69)

68n. (70-71)

68p. (74-77)

05
79-80

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)

68n. (66-67)

68i. (68-69)

68n. (70-71)

68p. (74-77)

06
79-80

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?

(15)	(16)	Age	

(15)	(16)	Age	

(15)	(16)	Age	

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?

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?

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 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.(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.f)

(GO TO Q.f)

(GO TO Q.f)

SEVENTH CHILD

EIGHTH CHILD

NINTH 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 (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)

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 (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)

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 (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)

SEVENTH CHILD

EIGHTH CHILD

NINTH CHILD

71o. (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?

72o. (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?

73o. (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 4

(GO TO NEXT CHILD Q.72a)

68u. (66-67) 68f. (68-69) 68n. (70-73) 68p. (74-77)

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 4

(GO TO NEXT CHILD Q.73a)

68u. (66-67) 68f. (68-69) 68n. (70-73) 68p. (74-77)

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 4

(GO TO NEXT CHILD Q.74a)

68u. (66-67) 68f. (68-69) 68n. (70-73) 68p. (74-77)

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?

				Age
(15)	(16)			

				Age
(15)	(16)			

				Age
(15)	(16)			

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?

POUNDS		OUNCES	
(19)	(20)	(21)	(22)

POUNDS		OUNCES	
(19)	(20)	(21)	(22)

POUNDS		OUNCES	
(19)	(20)	(21)	(22)

Don't know..() -1

Don't know..() -1

Don't know..() -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
(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 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..(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.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

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
(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?

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

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
(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?

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

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
(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)

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)

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

74o. (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?

75o. (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?

76o. (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?

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?

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 4

(GO TO NEXT CHILD Q.75a)

- 68u. (66-67)
- 68i. (68-69)
- 68n. (70-71)
- 68p. (74-77)

u. Where is (CHILD)'s death registered? In what city and state is that?

RECORD IN S.R.B. PG 4

(GO TO NEXT CHILD Q.76a)

- 68u. (66-67)
- 68f. (68-69)
- 68n. (70-71)
- 68p. (74-77)

u. Where is (CHILD)'s death registered? In what city and state is that?

RECORD IN S.R.B. PG 4

(RETURN TO Q.27a)

- 68u. (66-67)
- 68f. (68-69)
- 68n. (70-71)
- 68p. (74-77)

77. Additional Pneumonia (Q.28)

Fourth Time

77a. During what months and years did he have pneumonia (the fourth time)?

RECORD IN S.R.B. PG 5

IF BEFORE 1961, SKIP TO Q.f.

Fifth Time

77f. During what months and years did he have pneumonia (the fifth time)?

RECORD IN S.R.B. PG 5

IF BEFORE 1961, SKIP TO Q.k.

Sixth Time

77k. During what months and years did he have pneumonia (the sixth time)?

RECORD IN S.R.B. PG 5

IF BEFORE 1961, RETURN TO Q.29a.

b. 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

g. 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

l. 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

c. What prescribed medicine did he take for the pneumonia he had that time?

- 1. ((
- 2. ((
- 3. ((

h. What prescribed medicine did he take for the pneumonia he had that time?

- 1. ((
- 2. ((
- 3. ((

m. What prescribed medicine did he take for the pneumonia he had that time?

- 1. ((
- 2. ((
- 3. ((

d. Was he hospitalized for the pneumonia he had that time?

Yes. ((-1 (ASK Q.e)
No.....-2 (SKIP TO Q.f)

e. What was the full name of that hospital?

RECORD IN S.R.B. PG 5

i. Was he hospitalized for the pneumonia he had that time?

Yes. ((-1 (ASK Q.j)
No.....-2 (SKIP TO Q.k)

j. What was the full name of that hospital?

RECORD IN S.R.B. PG 5

n. Was he hospitalized for the pneumonia he had that time?

Yes. ((-1 (ASK Q.o)
No.....-2 (RETURN TO Q.29a)

o. What was the full name of that hospital?

RECORD IN S.R.B. PG 5

78. Additional Cancer (Q.29)

Part 4

Part 5

Part 6

78c. In what month and year was cancer of the (BODY PART) first diagnosed?

78i. In what month and year was cancer of the (BODY PART) first diagnosed?

78o. In what month and year was cancer of the (BODY PART) first diagnosed?

RECORD IN S.R.B. PG 6

RECORD IN S.R.B. PG 6

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?

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

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

RECORD IN S.R.B. PG 6

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)?

k. What is the full name of the doctor or the medical facility he last consulted about cancer of the (BODY PART)?

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

RECORD IN S.R.B. PG 6

RECORD IN S.R.B. PG 6

f. During what month and year did he last consult (NAME FROM Q. e)?

l. During what month and year did he last consult (NAME FROM Q.k)?

r. During what month and year did he last consult (NAME FROM Q.q)?

RECORD IN S.R.B. PG 6

RECORD IN S.R.B. PG 6

RECORD IN S.R.B. PG 6

g. What treatments or medicines did he take for cancer of the (BODY PART)?

m. What treatments or medicines did he take for cancer of the (BODY PART)?

s. What treatments or medicines did he take for cancer of the (BODY PART)?

MULTIPLE RECORD BELOW

MULTIPLE RECORD BELOW

MULTIPLE RECORD BELOW

Radiation.....(15 (-1
Chemotherapy...(16 (-1
Surgery.....(17 (-1
Other (SPECIFY)

Radiation.....(15 (-1
Chemotherapy...(16 (-1
Surgery.....(17 (-1
Other (SPECIFY)

Radiation.....(18 (-1
Chemotherapy...(19 (-1
Surgery.....(20 (-1
Other (SPECIFY)

.....(18 (-1

.....(18 (-1

.....(18 (-1

h. During what month and year did he first receive (EACH TREATMENT CODED IN Q.g) for cancer of the (BODY PART)?

n. During what month and year did he first receive (EACH TREATMENT CODED IN Q.m) for cancer of the (BODY PART)?

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....				
	(19)	(20)	(21)	(22)

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

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

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

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

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

	MONTH		YEAR	
Surgery..				
	(27)	(28)	(29)	(30)

	MONTH		YEAR	
Surgery..				
	(27)	(28)	(29)	(30)

	MONTH		YEAR	
Surgery..				
	(27)	(28)	(29)	(30)

	MONTH		YEAR	
Other....				
	(31)	(32)	(33)	(34)

	MONTH		YEAR	
Other....				
	(31)	(32)	(33)	(34)

	MONTH		YEAR	
Other....				
	(31)	(32)	(33)	(34)

(GO TO NEXT BODY PART)

(GO TO NEXT BODY PART)

(RETURN TO Q.30a)

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) 975-1600 TELETYPE 148363

LOUIS HARRIS FRANCE
21 RUE VIVIENNE
75002 PARIS, FRANCE
TEL. 01-260-8684 TELETYPE 200601 F

LOUIS HARRIS INTERNATIONAL, INC.
OPINION RESEARCH CENTRE
30 WELBECK ST.
LONDON W1M 0AB ENGLAND
TEL: 01-486-5151 TELETYPE 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.

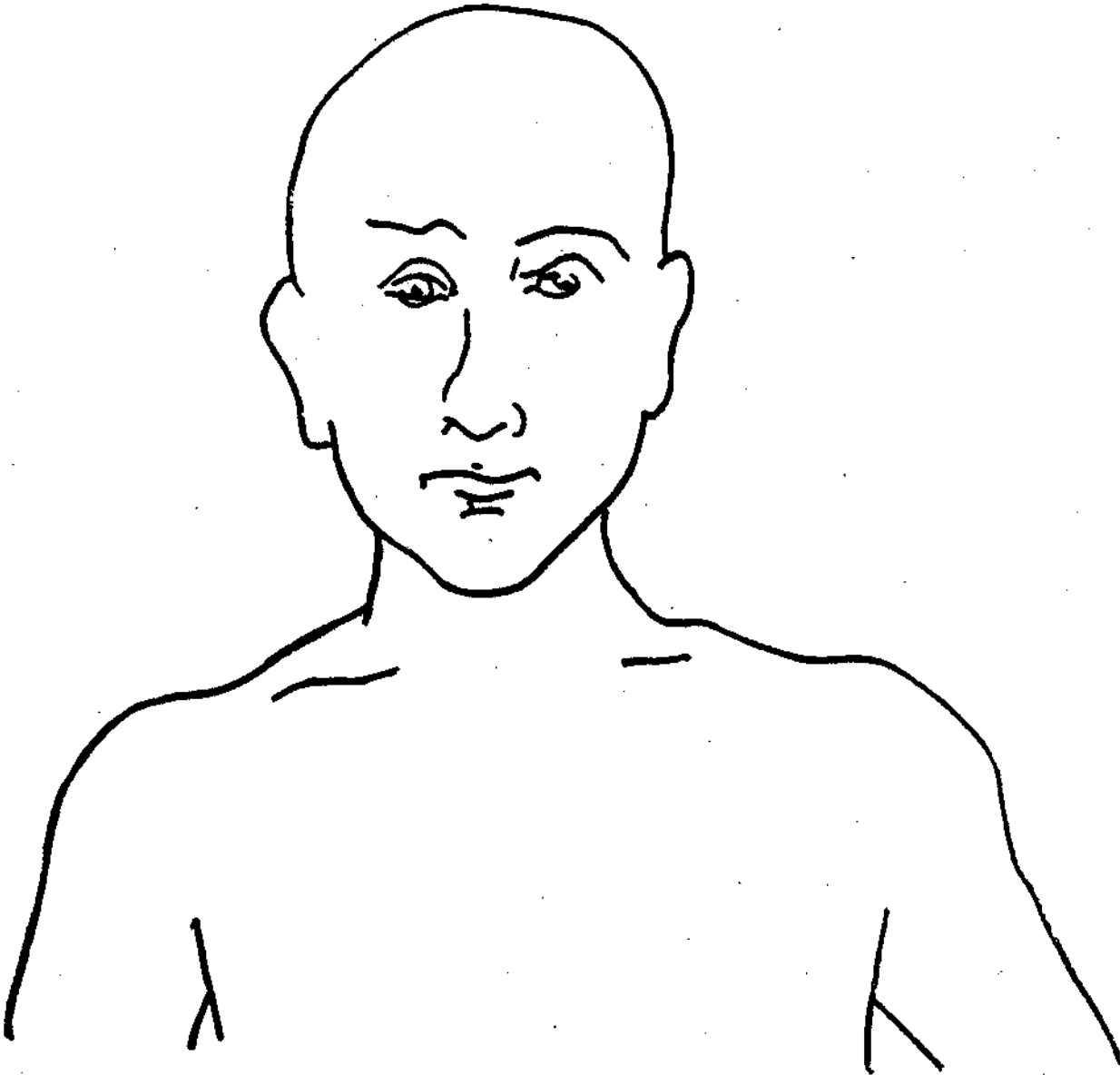
Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

Signature of Volunteer

SSN

Date

- 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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TEL 01-486-6161 TELEX 24403

LOUIS HARRIS FRANCE

21 RUE VIVIENNE

75002 PARIS, FRANCE

TEL 01-260-9654 TELEX: 200601 F

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

Table with 6 empty cells for office use.

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Date

MEDICAL PROVIDER PERMISSION FORM -- PROXY

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

B12039
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

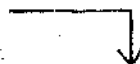
ATR-TCRCL HEALTH SURVEY
MAILING TRANSMITTAL FORM

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 in by:

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.

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:

--	--

MONTH

--	--

DAY

--	--

YEAR

1. Compared to other people your age would you say that your health is...

Excellent,.....01

good,02

fair, or03

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.