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OMB No. 2900-0428  
Expires April 30, 1986

THE VETERANS HEALTH SURVEY  
QUESTIONNAIRE

CATI NO. 

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 SUBJECT'S LAST NAME: \_\_\_\_\_

INTERVIEWER NAME: \_\_\_\_\_ DATE COMPLETED: \_\_\_\_\_

-----  
KEYED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

October 15, 1984

Prepared for:

Centers for Disease Control  
Center for Environmental Health  
Atlanta, GA

Prepared by:

Research Triangle Institute  
Research Triangle Park, NC

INTRODUCTION

A. Hello, Mr. (LAST NAME). My name is (NAME) from Research Triangle Institute. I am calling for the Centers for Disease Control of the U.S. Public Health Service. We are conducting a nationwide study of the health of U.S. Army veterans called the Veterans Health Survey.

You should have received a letter <sup>describing this important study</sup> ~~recently~~ from Dr. James Mason, the Director of the Centers for Disease Control. ~~The letter described this important study.~~

Do you remember receiving this letter?

- 1 = YES → SKIP TO C.
- 2 = NO

B. I'm sorry that you haven't received the letter. We mailed the letter to (ADDRESS), (CITY, STATE, ZIP).

Is that your correct mailing address?

- 1 = YES → Apparently it has been delayed in the mail, but let me briefly tell you what it says.
- 2 = NO → I will get your correct address later, but let me briefly tell you what it says.

The Centers for Disease Control is a nationally recognized public agency that specializes in health-related research. The purpose of the Veterans Health Survey is to find out if certain groups of Army veterans have more health problems than others, and if so, why. You are one of approximately 40,000 veterans who have been selected at random from Army records to be invited to participate in this important study. Our records show that you served in the Army from (ENTRY YEAR) to (DISCHARGE YEAR). Is that correct?

- 1 = YES
- 2 = NO → SKIP TO ID-1.

An important part of this study is a <sup>20</sup>~~30~~ to <sup>40</sup>~~45~~ minute telephone interview about your tour of duty in the Army and a number of health related topics. Participation in the survey is voluntary. There is no penalty for not participating, nor will it affect any benefits you may be entitled to. However, you are very important to the study because your answers will represent thousands of other Army veterans like you. In addition, although there may be no direct benefit to you from participation, we feel that the survey results may benefit all veterans as a group.

We can assure you that no one outside of the U.S. Public Health Service and the private research firms working on this study will know you have participated or what information you gave.

SKIP TO D.

- C. The letter you received described the Veterans Health Survey, which will involve telephone interviews with over 30,000 Army veterans. You are very important to us because your answers will represent thousands of other Army veterans like you. In addition, we feel that the survey results may benefit all veterans as a group. Your answers will be held in complete confidence by the Centers for Disease Control.
- D. Unless you have questions or would like some more information, I would like for us to begin the interview now. If at any time you decide that you do not wish to answer one or more questions, just let me know and I will go on to the next question.

ANSWER ANY QUESTIONS BEFORE CONTINUING.

IS SUBJECT WILLING TO COMPLETE INTERVIEW?

- 1 = YES  
2 = NO - NEED TO SCHEDULE A CALLBACK APPOINTMENT  
3 = NO - SUBJECT REFUSES INTERVIEW

IDENTIFICATION

ΔΔΔ ID-1. Is your correct name (FIRST NAME, MIDDLE INITIAL, LAST NAME, SUFFIX)?

- 1 = YES → SKIP TO ID-3.  
2 = NO (ENTER NO IF ANY PART OF NAME IS INCORRECT.)

ID-2. What is your correct name?

ENTER THE CORRECT FIRST NAME (LIMIT OF 15 CHARACTERS).

---

ENTER THE CORRECT MIDDLE INITIAL (LIMIT OF 1 CHARACTER).  
(IF NO MIDDLE INITIAL, ENTER "8".)

---

ENTER THE CORRECT LAST NAME (LIMIT OF 20 CHARACTERS).

---

ENTER THE CORRECT SUFFIX; i.e., JR., SR. (LIMIT OF 3 CHARACTERS).  
(IF NO SUFFIX, ENTER "888")

---

ΔΔΔ ID-3. Is your date of birth (MONTH, DAY, YEAR)?

- 1 = YES → SKIP TO ID-4.  
2 = NO

ENTER THE CORRECT DATE OF BIRTH:

MONTH - (1-12) \_\_\_\_\_

DAY - (1-31) \_\_\_\_\_

YEAR - (LAST 2 DIGITS ONLY) \_\_\_\_\_

ΔΔΔ ID-4. Were you born in (CITY, STATE/COUNTY)?

1 = YES → SKIP TO ID-5.  
2 = NO

In what city and state were you born?

ENTER THE CORRECT CITY OF BIRTH (LIMIT 15 CHARACTERS).

CITY: \_\_\_\_\_

ENTER THE CORRECT STATE OR FOREIGN COUNTRY OF BIRTH ABBREVIATION  
(2 LETTERS).

STATE: \_\_\_\_\_

ΔΔΔ ID-5. (IF DATES NOT KNOWN, SKIP TO ID-5A.)

Did you serve in the Army from (ENTRY YEAR) to (DISCHARGE YEAR)?

1 = YES → SKIP TO SECTION A.  
2 = NO

ID-5A. What year did you enter the Army?

RECORD LAST 2 DIGITS OF YEAR.

\_\_\_\_\_

ID-5B. What year did you leave the Army?

RECORD LAST 2 DIGITS OF YEAR.

\_\_\_\_\_

INTERVIEWER:

IN YOUR BEST JUDGMENT, ARE YOU SPEAKING WITH THE CORRECT RESPONDENT?

1 = YES → CONTINUE WITH SECTION A.  
2 = NO → DISCONTINUE INTERVIEW.

SECTION A. GENERAL HEALTH HISTORY

My first questions are about your general health, as well as some specific health conditions. For some questions, you will need to answer only "yes" or "no". For others, I will ask you to give me a more detailed answer or description. Please take time to think carefully about each question and give me the most accurate answer you can. ~~We want to get complete, accurate information for this study.~~

ΔΔΔ A-01. Compared to other people your age, would you say your health in general is excellent, good, fair, or poor?

- 1 = EXCELLENT
- 2 = GOOD
- 3 = FAIR
- 4 = POOR

ΔΔΔ A-02. How tall are you without shoes?

ENTER NUMBER OF FEET (RANGE = 4 - 7).

FEET: \_\_\_\_\_

ENTER NUMBER OF INCHES (RANGE = 0 - 11).

INCH: \_\_\_\_\_

ΔΔΔ A-03. How much do you weigh without clothes or shoes?

ENTER THE NUMBER OF POUNDS ROUNDED TO NEAREST POUND.  
(RANGE = 75 - 500).

POUNDS: \_\_\_\_\_

~~ΔΔΔ A-04. Over the last 3 months, how many times have you gone to see a doctor or other medical person? Do not include times when you were an overnight patient in a hospital or visits to the dentist.~~

~~ENTER THE NUMBER OF TIMES.  
IF NONE ENTER "888" AND SKIP TO A-06A.~~

~~VISITS: \_\_\_\_\_~~

**VISIT 1**

A-05A. Now thinking back to your most recent doctor visit, what was the main condition that caused you to go to the doctor? What did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.  
ailment      cancer      disease      impairment  
attack      condition      disorder      problem  
bad      defect      illness      rupture      trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

IF A-04 = 1 VISIT, SKIP TO A-06A ON PAGE 6.

VISIT 2

A-05B. Now thinking back to your next most recent doctor visit, what was the main condition that caused you to go to the doctor? What did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

IF A-04 = 2 VISITS, SKIP TO A-06A ON PAGE 6.

VISIT 3

A-05C. Now thinking back to your next most recent doctor visit, what was the main condition that caused you to go to the doctor? What did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

IF A-04 = 3 VISITS, SKIP TO A-06A ON PAGE 6.

VISIT 4

A-05D. Now thinking back to you next most recent doctor visit, what was the main condition that caused you to go to the doctor? What did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).



AAA A-06A. Are you currently taking any type of medication that was prescribed for you by a doctor, or other medical person?  
 1 = YES <sup>1, or dentist,</sup>  
 2 = NO → SKIP TO A-10A ON PAGE 9.

A-07A. I will need to record the names of each of the prescribed medications that you are currently taking. Since I need to spell the medication names correctly, it would be helpful if you would read the names from the container. (ALLOW RESPONDENT TO RETRIEVE CONTAINERS.)

**MEDICATION 1**

What is the name of the medication you most frequently take?  
 ENTER THE MEDICATION NAME (LIMIT OF 30 CHARACTERS).

A-08A. What is the main condition for which you take this medication? What did the doctor say the problem was? *(Probe: What part of the body is affected?) (Probe: What kind of [keyword] is it?)*  
~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-06B. Are you currently taking any other prescribed medication?  
 1 = YES  
 2 = NO → SKIP TO A-10A ON PAGE 9.

**MEDICATION 2**

A-07B. What is the name of the second prescribed medication you are taking?  
 ENTER THE MEDICATION NAME (LIMIT OF 30 CHARACTERS).

A-08B. What is the main condition for which you take this medication? What did the doctor say the problem was?  
~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-06C. Are you currently taking any other prescribed medication?

1 = YES

2 = NO → SKIP TO A-10A ON PAGE 9.

**MEDICATION 3**

A-07C. What is the name of the third prescribed medication you are taking?

ENTER THE MEDICATION NAME (LIMIT OF 30 CHARACTERS).

A-08C. What is the main condition for which you take this medication? (What did the doctor say the problem was?)

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

~~A-06D. Are you currently taking any other prescribed medication?~~

~~1 = YES~~

~~2 = NO → SKIP TO A-10A ON PAGE 9.~~

**MEDICATION 4**

~~A-07D. What is the name of the fourth prescribed medication you are taking?~~

~~ENTER THE MEDICATION NAME (LIMIT OF 30 CHARACTERS).~~

~~A-08D. What is the main condition for which you take this medication? What did the doctor say the problem was?~~

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

~~ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).~~

A-06E. Are you currently taking any other prescribed medication?

1 = YES  
2 = NO → SKIP TO A-10A ON PAGE 9.

**MEDICATION 5**

A-07E. What is the name of the fifth prescribed medication you are taking?

ENTER THE MEDICATION NAME (LIMIT OF 30 CHARACTERS).

A-08E. What is the main condition for which you take this medication? What did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.  
ailment      cancer              disease              impairment  
attack        condition            disorder            problem  
bad            defect                illness              rupture            trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-06F. Are you currently taking any other prescribed medication?

1 = YES  
2 = NO → SKIP TO A-10A ON PAGE 9.

**MEDICATION 6**

A-07F. What is the name of the sixth prescribed medication you are taking?

ENTER THE MEDICATION NAME (LIMIT OF 30 CHARACTERS).

A-08F. What is the main condition for which you take this medication? What did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.  
ailment      cancer              disease              impairment  
attack        condition            disorder            problem  
bad            defect                illness              rupture            trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

AAA A-10A. Are you currently taking any form of treatment prescribed by a doctor or other medical person, other than medication?

- 1 = YES
- 2 = NO → SKIP TO A-14 ON PAGE 10.

**TREATMENT 1**

A-11A. What is the treatment that you take most frequently?

ENTER TREATMENT (LIMIT OF 40 CHARACTERS).

A-12A. What is the main condition for which you take this treatment? What did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.

ailment	cancer	disease	impairment	
attack	condition	disorder	problem	
bad	defect	illness	rupture	trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-10B. Is there any other prescribed treatment that you are currently taking?

- 1 = YES
- 2 = NO → SKIP TO A-14 ON PAGE 10.

**TREATMENT 2**

A-11B. What is the second treatment that you are taking?

ENTER TREATMENT NAME (LIMIT OF 40 CHARACTERS).

A-12B. What is the main condition for which you take this treatment? What did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.

ailment	cancer	disease	impairment	
attack	condition	disorder	problem	
bad	defect	illness	rupture	trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-10C. Is there any other prescribed treatment that you are currently taking?

- 1 = YES
- 2 = NO → SKIP TO A-14.

TREATMENT 3

A-11C. What is the third treatment that you are taking?

ENTER TREATMENT (LIMIT OF 40 CHARACTERS).

A-12C. What is the main condition for which you take this treatment? What did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.

ailment	cancer	disease	impairment	
attack	condition	disorder	problem	
bad	defect	illness	rupture	trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

AAA A-14. Does any impairment or health problem keep you from working for pay either full or part time?

- 1 = YES → SKIP TO A-17.
- 2 = NO

A-15. Are you limited in the kind or amount of work you can do because of any impairment or health problem?

- 1 = YES → SKIP TO A-17.
- 2 = NO

A-16. Are you limited in any way in any activities because of an impairment or health problem?

- 1 = YES
- 2 = NO → SKIP TO A-20.

A-17. What is the main condition that [keeps you from working/limits the kind or amount of work you can do/limits your activities]?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.~~

<del>ailment</del>	<del>cancer</del>	<del>disease</del>	<del>impairment</del>	
<del>attack</del>	<del>condition</del>	<del>disorder</del>	<del>problem</del>	
<del>bad</del>	<del>defect</del>	<del>illness</del>	<del>rupture</del>	<del>trouble</del>

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

Questions A-14 to A-17 have been moved. They now precede question A-66A

\* Format for questions A-20 to A-22F has been revised (see attached revision) These questions have also been moved to directly follow A-656.

ΔΔΔ A-20. Since your discharge from active duty in (DISCHARGE YEAR) until now, how many different times have you been a patient in a hospital overnight or longer?

ENTER NUMBER; IF NONE ENTER "888" AND SKIP TO A-23 ON PAGE 15.

\_\_\_\_\_

**HOSPITAL STAY 1**

A-21A. In what year did you first go to the hospital after your discharge from active duty?

ENTER THE LAST 2 DIGITS OF THE YEAR.

\_\_\_\_\_

(YEAR MUST BE  $\geq$  DISCHARGE YEAR.)

A-22A. What was the main condition for which you entered the hospital? What did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.

ailment	cancer	disease	impairment	
attack	condition	disorder	problem	
bad	defect	illness	rupture	trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

\_\_\_\_\_

IF A-20 = 1 HOSPITALIZATION, SKIP TO A-23 ON PAGE 15.

**HOSPITAL STAY 2**

A-21B. In what year did you next go to the hospital?

ENTER THE LAST 2 DIGITS OF THE YEAR.

\_\_\_\_\_

A-22B. What was the main condition for which you entered the hospital? What did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.

ailment	cancer	disease	impairment	
attack	condition	disorder	problem	
bad	defect	illness	rupture	trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

\_\_\_\_\_

IF A-20 = 2 HOSPITALIZATIONS, SKIP TO A-23 ON PAGE 15.

A-20.

Since your discharge from active duty in (DISCHARGE YEAR) until now, have you been a patient in a hospital overnight or longer?

1 = YES

2 = NO → SKIP

HOSPITAL STAY 1
-----------------

A. In what year did you first go to the hospital after your discharge from active duty?

ENTER THE LAST 2 DIGITS OF THE YEAR

B. What was the main condition for which you entered the hospital? What did the doctor say the problem was?  
 (PROBE: What part of the body was affected?)  
 (PROBE: What kind of (Word) is it?)

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS)

C. Were you ~~not~~ hospitalized overnight or longer for this same condition any other time since your discharge?

1 = YES

2 = NO → SKIP

D. Not counting the hospitalization we just talked about, how many other times have you been hospitalized for this same condition (since your discharge)?

ENTER NUMBER OF TIMES.

---

The above cycle will be repeated six times to allow for recording of six unique conditions (resulting in hospitalization) since discharge.



HOSPITAL STAY 7

A-21G. In what year did you next go to the hospital?

ENTER THE LAST 2 DIGITS OF THE YEAR.

\_\_\_\_\_

(YEAR MUST BE  $\geq$  DISCHARGE YEAR.)

A-22G. What was the main condition for which you entered the hospital?  
What did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.

ailment	cancer	disease	impairment	
attack	condition	disorder	problem	
bad	defect	illness	rupture	trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

\_\_\_\_\_

IF A-20 = 7 HOSPITALIZATIONS, SKIP TO A-23 ON PAGE 15.

HOSPITAL STAY 8

A-21H. In what year did you next go to the hospital?

ENTER THE LAST 2 DIGITS OF THE YEAR.

\_\_\_\_\_

(YEAR MUST BE  $\geq$  DISCHARGE YEAR.)

A-22H. What was the main condition for which you entered the hospital?  
What did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.

ailment	cancer	disease	impairment	
attack	condition	disorder	problem	
bad	defect	illness	rupture	trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

\_\_\_\_\_

IF A-20 = 8 HOSPITALIZATIONS, SKIP TO A-23 ON PAGE 15.

HOSPITAL STAY 9

A-21I. In what year did you next go to the hospital?

ENTER THE LAST 2 DIGITS OF THE YEAR.

\_\_\_\_\_

(YEAR MUST BE  $\geq$  DISCHARGE YEAR.)

A-22I. What was the main condition for which you entered the hospital?  
What did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.

ailment	cancer	disease	impairment	
attack	condition	disorder	problem	
bad	defect	illness	rupture	trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

\_\_\_\_\_

IF A-20 = 9 HOSPITALIZATIONS, SKIP TO A-23.

HOSPITAL STAY 10

A-21J. In what year did you next go to the hospital?

ENTER THE LAST 2 DIGITS OF THE YEAR.

\_\_\_\_\_

(YEAR MUST BE  $\geq$  DISCHARGE YEAR.)

A-22J. What was the main condition for which you entered the hospital?  
What did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.

ailment	cancer	disease	impairment	
attack	condition	disorder	problem	
bad	defect	illness	rupture	trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

\_\_\_\_\_

AAA A-23. Has a doctor or other medical person ever told you that you had chloracne--that is, acne related to a chemical exposure, not regular acne?

1 = YES

2 = NO → SKIP TO A-28 ON PAGE 16.

A-24. What parts of your body were affected?

ENTER ALL THAT APPLY - UP TO <sup>4</sup> ~~8~~ CODES.

*Shorten and renumber  
body parts list as  
indicated.*

- |     |   |                                     |                                   |
|-----|---|-------------------------------------|-----------------------------------|
| 1 = | { | 1 = FACE (INC. NOSE, LIPS, EYELIDS) | <del>8 = ABDOMEN</del>            |
|     |   | 2 = NECK                            | 6 = {                             |
|     |   | 3 = EAR                             | 9 = THIGH, LEG, KNEE              |
|     |   | 4 = SCALP                           | 10 = FOOT, ANKLE, TOES            |
| 3 = |   | 5 = CHEST                           | 2 = {                             |
|     |   | 6 = BACK, SHOULDERS                 | 11 = ARM, FOREARM, WRIST, ELBOW   |
| 4 = | { | 7 = BUTTOCKS                        | 12 = HAND, FINGERS                |
|     |   | 5 = GROIN                           | 7 = <del>13</del> = ALL OVER BODY |
|     |   |                                     | <del>14 = OTHER</del>             |
|     |   |                                     | 8 = DK = DO NOT KNOW              |

A-25. In what year did you first develop chloracne?

ENTER LAST 2 DIGITS OF YEAR.

\_\_\_\_\_

A-26A. What chemical caused your chloracne?

ENTER THE CHEMICAL NAME (LIMIT OF 40 CHARACTERS).

DK → SKIP TO A-28

\_\_\_\_\_

A-27A. Were there any other chemicals that ~~helped~~ <sup>d</sup> cause your chloracne?

- 1 = YES  
2 = NO → SKIP TO A-28.

A-26B. What other chemical caused your chloracne?

ENTER THE CHEMICAL NAME (LIMIT OF 40 CHARACTERS).

\_\_\_\_\_

~~A-27B. Was there any other chemical that helped cause your chloracne?~~

- ~~1 = YES  
2 = NO → SKIP TO A-28.~~

~~A-26C. What other chemical caused your chloracne?~~

~~ENTER THE CHEMICAL NAME (LIMIT OF 40 CHARACTERS).~~

\_\_\_\_\_

ΔΔΔ A-28. Since your discharge from active duty in (DISCHARGE YEAR), have you ~~noticed~~ <sup>had</sup> excessive hair growth on any part of your body?

- 1 = YES  
2 = NO → SKIP TO A-31.

A-29. What parts of your body were affected?

ENTER ALL THAT APPLY - UP TO <sup>4</sup>/~~8~~ CODES.

- |   |   |                                     |                                     |
|---|---|-------------------------------------|-------------------------------------|
| 1 | { | 1 = FACE (INC. NOSE, LIPS, EYELIDS) | <del>8 = ABDOMEN</del>              |
|   |   | 2 = NECK                            | 6 { 9 = THIGH, LEG, KNEE            |
|   |   | 3 = EAR                             | { 10 = FOOT, ANKLE, TOES            |
|   |   | 4 = SCALP                           | 2 { 11 = ARM, FOREARM, WRIST, ELBOW |
| 3 |   | <del>5</del> = CHEST                | { 12 = HAND, FINGERS                |
| 4 | { | 6 = BACK, SHOULDERS                 | 7 <del>13</del> = ALL OVER BODY     |
|   |   | 7 = BUTTOCKS                        | <del>14 = OTHER</del>               |
|   |   | 5 = GROIN                           | 8 = DK = DO NOT KNOW                |

A-30. In what year did you first notice <sup>this</sup> excessive hair growth?

ENTER LAST 2 DIGITS OF YEAR.

ΔΔΔ A-31. Since your discharge from active duty, have you seen a doctor or other medical person because of any type of skin condition? (*other than chloasma*)?

- 1 = YES
- 2 = NO → SKIP TO A-37 ON PAGE 21.

**SKIN CONDITION 1**

A-32A. Please describe the most recent skin condition for which you have seen a doctor or other medical person. What did the doctor say the problem was?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~

<del>ailment</del>	<del>cancer</del>	<del>disease</del>	<del>impairment</del>
<del>attack</del>	<del>condition</del>	<del>disorder</del>	<del>problem</del>
<del>bad</del>	<del>defect</del>	<del>illness</del>	<del>rupture</del> <del>trouble</del>

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-33A. What parts of your body were affected by this condition?

ENTER ALL THAT APPLY - UP TO <sup>4</sup>/~~8~~ CODES.

*Change list as in A-24*

- |                                     |                                 |
|-------------------------------------|---------------------------------|
| 1 = FACE (INC. NOSE, LIPS, EYELIDS) | 8 = ABDOMEN                     |
| 2 = NECK                            | 9 = THIGH, LEG, KNEE            |
| 3 = EAR                             | 10 = FOOT, ANKLE, TOES          |
| 4 = SCALP                           | 11 = ARM, FOREARM, WRIST, ELBOW |
| 5 = CHEST                           | 12 = HAND, FINGERS              |
| 6 = BACK, SHOULDERS                 | 13 = ALL OVER BODY              |
| 7 = BUTTOCKS                        | 14 = OTHER                      |
|                                     | DK = DO NOT KNOW                |

A-35A. Did you first notice this condition before, during, or after your active duty in the Army?

- 1 = BEFORE
- 2 = DURING
- 3 = AFTER

A-36A. Have you had any other skin condition since being discharged for which you've seen a doctor?

- 1 = YES
- 2 = NO → SKIP TO A-37 ON PAGE 21.

**SKIN CONDITION 2**

A-32B. Please describe this other skin condition. What did the doctor say the problem was?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-33B. What parts of your body were affected by this condition?

ENTER ALL THAT APPLY - UP TO <sup>4</sup> CODES

*Change as in A-24*

- 1 = FACE (INC. NOSE, LIPS, EYELIDS)
- 2 = NECK
- 3 = EAR
- 4 = SCALP
- 5 = CHEST
- 6 = BACK, SHOULDERS
- 7 = BUTTOCKS
- 8 = ABDOMEN
- 9 = THIGH, LEG, KNEE
- 10 = FOOT, ANKLE, TOES
- 11 = ARM, FOREARM, WRIST, ELBOW
- 12 = HAND, FINGERS
- 13 = ALL OVER BODY
- 14 = OTHER
- DK = DO NOT KNOW

A-35B. Did you first notice this condition before, during, or after your active duty in the Army? <sup>^</sup>

- 1 = BEFORE
- 2 = DURING
- 3 = AFTER

A-36B. Have you had any other skin condition since being discharged for which you've seen a doctor?

- 1 = YES
- 2 = NO → SKIP TO A-37 ON PAGE 21.

SKIN CONDITION 3

A-32C. Please describe this other skin condition. (What did the doctor say the problem was?)

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble~~

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-33C. What parts of your body were affected by this condition?

ENTER ALL THAT APPLY - UP TO <sup>4</sup>/<sub>8</sub> CODES.

*Change list as in A-24*

- 1 = FACE (INC. NOSE, LIPS, EYELIDS)
- 2 = NECK
- 3 = EAR
- 4 = SCALP
- 5 = CHEST
- 6 = BACK, SHOULDERS
- 7 = BUTTOCKS
- 8 = ABDOMEN
- 9 = THIGH, LEG, KNEE
- 10 = FOOT, ANKLE, TOES
- 11 = ARM, FOREARM, WRIST, ELBOW
- 12 = HAND, FINGERS
- 13 = ALL OVER BODY
- 14 = OTHER
- DK = DO NOT KNOW

A-35C. Did you first notice this condition before, during, or after your active duty in the Army?

- 1 = BEFORE
- 2 = DURING
- 3 = AFTER

A-36C. Have you had any other skin condition since being discharged for which you've seen a doctor?

- 1 = YES
- 2 = NO → SKIP TO A-37 ON PAGE 21.

SKIN CONDITION 4

A-32D. Please describe this other skin condition. (What did the doctor say the problem was?)

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble~~

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-33D. What parts of your body were affected by this condition?

ENTER ALL THAT APPLY - UP TO <sup>4</sup>8 CODES.

*Change as in A-24*

- |                                     |                                 |
|-------------------------------------|---------------------------------|
| 1 = FACE (INC. NOSE, LIPS, EYELIDS) | 8 = ABDOMEN                     |
| 2 = NECK                            | 9 = THIGH, LEG, ANKLE           |
| 3 = EAR                             | 10 = FOOT, ANKLE, TOES          |
| 4 = SCALP                           | 11 = ARM, FOREARM, WRIST, ELBOW |
| 5 = CHEST                           | 12 = HAND, FINGERS              |
| 6 = BACK, SHOULDERS                 | 13 = ALL OVER BODY              |
| 7 = BUTTOCKS                        | 14 = OTHER                      |
|                                     | DK = DO NOT KNOW                |

A-35D. Did you first notice this condition before, during, or after your active duty in the Army?

- 1 = BEFORE
- 2 = DURING
- 3 = AFTER

A-36D. Have you had any other skin conditions since being discharged for which you've seen a doctor?

- 1 = YES
- 2 = NO → SKIP TO A-37 ON PAGE 21.

SKIN CONDITION 5

A-32E. Please describe this other skin condition. What did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.

ailment	cancer	disease	impairment	
attack	condition	disorder	problem	
bad	defect	illness	rupture	trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-33E. What parts of your body were affected by this condition?

ENTER ALL THAT APPLY - UP TO 8 CODES.

- |                                     |                                 |
|-------------------------------------|---------------------------------|
| 1 = FACE (INC. NOSE, LIPS, EYELIDS) | 8 = ABDOMEN                     |
| 2 = NECK                            | 9 = THIGH, LEG, KNEE            |
| 3 = EAR                             | 10 = FOOT, ANKLE, TOES          |
| 4 = SCALP                           | 11 = ARM, FOREARM, WRIST, ELBOW |
| 5 = CHEST                           | 12 = HAND, FINGERS              |
| 6 = BACK, SHOULDERS                 | 13 = ALL OVER BODY              |
| 7 = BUTTOCKS                        | 14 = OTHER                      |
|                                     | DK = DO NOT KNOW                |

A-35E. Did you first notice this condition before, during, or after your active duty in the Army?

- 1 = BEFORE
- 2 = DURING
- 3 = AFTER

A-36E. Have you had any other skin condition since being discharged for which you have seen a doctor?

- 1 = YES
- 2 = NO → SKIP TO A-37.

**SKIN CONDITION 6**

A-32F. Please describe this other skin condition. What did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.  
ailment      cancer              disease              impairment  
attack        condition            disorder            problem  
bad            defect                illness             rupture            trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-33F. What parts of your body were affected by this condition?

ENTER ALL THAT APPLY - UP TO 8 CODES.

- |                                     |                                 |
|-------------------------------------|---------------------------------|
| 1 = FACE (INC. NOSE, LIPS, EYELIDS) | 8 = ABDOMEN                     |
| 2 = NECK                            | 9 = THIGH, LEG, KNEE            |
| 3 = EAR                             | 10 = FOOT, ANKLE, TOES          |
| 4 = SCALP                           | 11 = ARM, FOREARM, WRIST, ELBOW |
| 5 = CHEST                           | 12 = HAND, FINGERS              |
| 6 = BACK, SHOULDERS                 | 13 = ALL OVER BODY              |
| 7 = BUTTOCKS                        | 14 = OTHER                      |
|                                     | DK = DO NOT KNOW                |

A-35F. Did you first notice this condition before, during, or after you active duty in the Army?

- 1 = BEFORE
- 2 = DURING
- 3 = AFTER

ΔΔΔ A-37. Over your entire lifetime, how many different times have you had a blood transfusion? (IF NOT SURE, PROBE: About how many times?)

ENTER THE NUMBER OF TIMES; IF NONE ENTER "888."



ΔΔΔ A-38. Since your discharge from active duty in (DISCHARGE YEAR), has a doctor ~~or other medical person ever~~ told you that you had anemia or "tired blood"?

- 1 = YES
- 2 = NO

ΔΔΔ A-39. Since your discharge, ~~from active duty in (DISCHARGE YEAR)~~, has a doctor ~~or other medical person ever~~ told you that you had infectious mononucleosis or mono?

- 1 = YES
- 2 = NO

ΔΔΔ A-40. *Has a doctor ever told you that*  
~~Do~~ you have diabetes?

- 1 = YES
- 2 = NO → SKIP TO A-42A.

A-41. In what year were you first told by a doctor ~~or other medical person~~ that you had diabetes? <sup>^</sup>

ENTER LAST 2 DIGITS OF YEAR.

---

ΔΔΔ A-42A. Has a doctor ~~or other medical person ever~~ told you that you had any form of cancer? <sup>including</sup> leukemia, <sup>^</sup> Hodgkins disease, <sup>or</sup> ~~and~~ skin cancer? ~~as well as any other form of cancer.~~

- 1 = YES
- 2 = NO → SKIP TO A-46A ON PAGE 23.

**CANCER I**

---

A-43A. In what year were you first told you had cancer?

ENTER LAST 2 DIGITS OF YEAR.

---

A-44A. What type of cancer did the doctor say you had? ~~then?~~

RECORD CANCER TYPE (LIMIT OF 40 CHARACTERS).

---

A-42B. Were you ever told that you had a second type of cancer, one that was not spread from the one you just told me about?

- 1 = YES
- 2 = NO → SKIP TO A-46A ON PAGE 23.

CANCER 2

A-43B. In what year were you told you had the second type of cancer?

ENTER LAST 2 DIGITS OF YEAR.

A-44B. What type of cancer did the doctor say you had then?

RECORD CANCER TYPE (LIMIT OF 40 CHARACTERS).

A-42C. Were you ever told that you had a third type of cancer, one that was not spread from either of the first two cancers?

1 = YES

2 = NO → SKIP TO A-46A.

CANCER 3

A-43C. In what year were you told you had the third type of cancer?

ENTER LAST 2 DIGITS OF YEAR.

A-44C. What type of cancer did the doctor say you had then?

RECORD CANCER TYPE (LIMIT OF 40 CHARACTERS).

ΔΔΔ A-46A. Has a doctor or other medical person ever told you that you had a non-cancerous or benign tumor, growth, or cyst?

1 = YES

2 = NO → SKIP TO A-50A ON PAGE 26.

BENIGN GROWTH 1

A-47A. In what year were you first told you had ~~the condition?~~ *a benign tumor, growth, or cyst?*

ENTER LAST 2 DIGITS OF YEAR.

A-48A. What type of <sup>benign</sup> tumor, growth, or cyst did the doctor say you had ~~then?~~  
and where was it located?  
RECORD TYPE (LIMIT OF 40 CHARACTERS).  
^  
AND PART OF BODY

---

A-46B. Has a doctor ~~or other medical person~~ ever told you that you had any  
other type of ~~non-cancerous tumor, cyst, or growth?~~  
<sup>benign</sup> growth, or cyst?  
1 = YES  
2 = NO → SKIP TO A-50A ON PAGE 26.

---

**BENIGN GROWTH 2**

---

A-47B. In what year were you first told you had this second tumor, growth,  
or cyst?  
ENTER LAST 2 DIGITS OF YEAR.

---

A-48B. What type of tumor, growth or cyst did the doctor say you had ~~then?~~  
and where was it located?  
RECORD TYPE (LIMIT OF 40 CHARACTERS).  
^  
AND PART OF BODY

---

A-46C. Has a doctor or other medical person ever told you that you had any  
other type of ~~non-cancerous~~ tumor, growth, or cyst?  
<sup>benign</sup>  
1 = YES  
2 = NO → SKIP TO A-50A ON PAGE 26.

---

**BENIGN GROWTH 3**

---

A-47C. In what year were you <sup>first</sup> told you had this third tumor, growth, or  
cyst?  
ENTER LAST 2 DIGITS OF YEAR.

---

A-48C. What type of tumor, growth, or cyst did the doctor say you had ~~then?~~  
and where was it located?  
RECORD TYPE (LIMIT OF 40 CHARACTERS).  
^  
AND PART OF BODY.

---

A-46D. Has a doctor or other medical person ever told you that you had any other type of non-cancerous tumor, growth, or cyst?

1 = YES

2 = NO → SKIP TO A-50A ON PAGE 26.

**BENIGN GROWTH 4**

A-47D. In what year were you told you had this tumor, growth, or cyst?

ENTER LAST 2 DIGITS OF YEAR.

\_\_\_\_\_

A-48D. What type of tumor, growth, or cyst did the doctor say you had then?

RECORD TYPE (LIMIT OF 40 CHARACTERS).

\_\_\_\_\_  
\_\_\_\_\_

A-46E. Has a doctor or other medical person ever told you that you had any other type of tumor, growth, or cyst?

1 = YES

2 = NO → SKIP TO A-50A ON PAGE 26.

**BENIGN GROWTH 5**

A-47E. In what year were you told you had this other tumor, cyst, or growth?

ENTER LAST 2 DIGITS OF YEAR.

\_\_\_\_\_

A-48E. What type of tumor, cyst, or growth did the doctor say you had then?

RECORD TYPE (LIMIT OF 40 CHARACTERS).

\_\_\_\_\_  
\_\_\_\_\_

A-46F. Has a doctor or other medical person ever told you that you had any other type of non-cancerous tumor, growth, or cyst?

1 = YES

2 = NO → SKIP TO A-50A ON PAGE 26.

BENIGN GROWTH 6

A-47F. In what year were you told you had this tumor, growth, or cyst?  
ENTER LAST 2 DIGITS OF YEAR.

A-48F. What type of tumor, growth, or cyst did the doctor say you had then?  
RECORD TYPE (LIMIT OF 40 CHARACTERS).

ΔΔΔ A-50A. Has a doctor ~~or other medical person~~ ever told you that you had cirrhosis of the liver?

1 = YES  
2 = NO → SKIP TO A-50B.

A-51A. In what year <sup>were you first told</sup> ~~did a doctor or other medical person first tell you~~ that you had cirrhosis of the liver?

ENTER LAST 2 DIGITS OF YEAR.

ΔΔΔ A-50B. Has a doctor ~~or other medical person~~ ever told you that you had hepatitis or jaundice?

1 = YES  
2 = NO → SKIP TO A-50C.

A-51B. In what year <sup>were you first told</sup> ~~did a doctor or other medical person first tell you~~ that you had hepatitis or jaundice?

ENTER LAST 2 DIGITS OF YEAR.

ΔΔΔ A-50C. Has a doctor ~~or other medical person~~ ever told you that you had porphyria (por-~~fur~~-ee-ah)?  
*-fer-*

1 = YES  
2 = NO → SKIP TO A-50D.

A-51C. In what year <sup>were you first told</sup> ~~did a doctor or other medical person first tell you~~ that you had porphyria?

ENTER LAST 2 DIGITS OF YEAR.

ΔΔΔ A-50D. Has a doctor ~~or other medical person~~ ever told you that you had a liver abcess?

- 1 = YES
- 2 = NO → SKIP TO A-50E1.

A-51D. In what year <sup>were you first told</sup> ~~did a doctor or other medical person first tell you~~ that you had a liver abcess?

ENTER LAST 2 DIGITS OF YEAR.

ΔΔΔ A-50E1. Has a doctor ~~or other medical person~~ ever told you that you had any other type of liver condition?

- 1 = YES
- 2 = NO → SKIP TO A-52A.

A-50E2. What <sup>type of liver condition</sup> ~~did the doctor say that the condition~~ <sup>it</sup> was?

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-51E. In what year did a doctor ~~or other medical person~~ first tell you that you had that condition?

ENTER LAST 2 DIGITS OF YEAR.

ΔΔΔ A-52A. ~~Since your discharge from active duty, Has a doctor, <sup>over</sup> or other medical person told you that you had any type of ulcer? ~~other than a skin ulcer?~~~~

- 1 = YES
- 2 = NO → SKIP TO A-55A ON PAGE 28.

3 new questions will be substituted for A-52A asking specifically about: 1) esophageal ulcer 2) gastric, stomach or peptic ulcer 3) duodenal or intestinal ulcer

ULCER 1

A-53A. What kind of ~~ulcer~~ did the doctor say it was?

RECORD TYPE (LIMIT OF 40 CHARACTERS).

A-54A. In what year were you first told you had this <sup>?</sup> ~~ulcer~~?

ENTER LAST 2 DIGITS OF YEAR.

This question will follow each specific type of ulcer question generated from A-52A

A-52B. Since your discharge from active duty, has a doctor or other medical person ever said you had any other type of ulcer?

- 1 = YES
- 2 = NO → SKIP TO A-55A BELOW.

**ULCER 2**

A-53B. What kind of ulcer did the doctor say it was?

RECORD TYPE (LIMIT OF 40 CHARACTERS).

A-54B. In what year were you first told you had this ulcer?

ENTER LAST 2 DIGITS YEAR.

A-52C. Since your discharge from active duty, has a doctor or other medical person ever told you that you had any other type of ulcer?

- 1 = YES
- 2 = NO → SKIP TO A-55A BELOW.

**ULCER 3**

A-53C. What kind of ulcer did the doctor say it was?

ENTER TYPE (LIMIT OF 40 CHARACTERS).

A-54C. In what year were you first told you had this ulcer?

ENTER LAST 2 DIGITS OF YEAR.

ΔΔΔ A-55A. Since your discharge from active duty, has a doctor or other medical person told you that you had any other type of stomach, intestine, rectal, or gallbladder problem?

- 1 = YES
- 2 = NO → SKIP TO A-58A ON PAGE 32.

GASTROINTESTINAL 1

A-56A. What did the doctor or medical person say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-57A. In what year did a doctor or other medical person first tell you that you had this condition?

ENTER LAST 2 DIGITS OF YEAR.

A-55B. Since your discharge from active duty, has a doctor or other medical person told you that you had any other type of stomach, intestine, rectal, or gallbladder problem?

1 = YES  
2 = NO → SKIP TO A-58A ON PAGE 32.

GASTROINTESTINAL 2

A-56B. What did the doctor or medical person say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-57B. In what year did a doctor or other medical person first tell you that you had this condition?

ENTER LAST 2 DIGITS OF YEAR.



A-55B. Since your discharge from active duty, has a doctor or other medical person told you that you had any other type of stomach, intestine, rectal, or gallbladder problem?

1 = YES  
2 = NO → SKIP TO A-58A ON PAGE 32.

GASTROINTESTINAL 3

A-56C. What did the doctor or medical person say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble

ENTER THE CONDITION NAME (LIMIT 40 CHARACTERS).

A-57C. In what year did a doctor or other medical person first tell you that you had this condition?

ENTER LAST 2 DIGITS OF YEAR.

A-55D. Since your discharge from active duty, has a doctor or other medical person told you that you had any other type of stomach, intestine, rectal, or gallbladder problem?

1 = YES  
2 = NO → SKIP TO A-58A ON PAGE 32.

GASTROINTESTINAL 4

A-56D. What did the doctor or medical person say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble

ENTER THE CONDITION NAME (LIMIT 40 CHARACTERS).

A-57D. In what year did a doctor or other medical person first tell you that you had this condition?

ENTER LAST 2 DIGITS OF YEAR.

A-55E. Since your discharge from active duty, has a doctor or other medical person told you that you had any other type of stomach, intestine, rectal, or gallbladder problem?

1 = YES  
2 = NO → SKIP TO A-58A ON PAGE 32.

**GASTROINTESTINAL 5**

A-56E. What did the doctor or medical person say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-57E. In what year did a doctor or other medical person first tell you that you had this condition?

ENTER LAST 2 DIGITS OF YEAR.

A-55F. Since your discharge from active duty, has a doctor or other medical person told you that you had any other type of stomach, intestine, rectal, or gallbladder problem?

1 = YES  
2 = NO → SKIP TO A-58A ON PAGE 32.

**GASTROINTESTINAL 6**

A-56F. What did the doctor or medical person say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

~~A-57F.~~ In what year did a doctor or other medical person first tell you that you had this condition?

~~ENTER LAST 2 DIGITS OF YEAR.~~

AAA A-58A. Since your discharge from active duty, has a doctor or other medical person told you that you had any type of kidney, bladder, urinary tract, ~~or prostate~~ problem? <sup>OL</sup>

1 = YES

2 = NO → SKIP TO A-61 ON PAGE 35.

KIDNEY 1

A-59A. What did the doctor ~~or medical person~~ say the problem was?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-60A. In what year did <sup>the</sup> doctor ~~or other medical person~~ first tell you that you had this condition? <sup>^</sup>

ENTER LAST 2 DIGITS OF YEAR.

A-58B. Since your discharge, ~~from active duty~~, has a doctor ~~or other medical person~~ told you that you had any other type of kidney, bladder, urinary tract, ~~or prostate~~ problem? <sup>OL</sup> <sup>^</sup>

1 = YES

2 = NO → SKIP TO A-61 ON PAGE 35.

KIDNEY 2

A-59B. What did the doctor ~~or medical person~~ say the problem was?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-60B. In what year did <sup>the</sup> doctor ~~or other medical person~~ first tell you that you had this condition? <sup>^</sup>

ENTER LAST 2 DIGITS OF YEAR.

A-58C. Since your discharge, ~~from active duty,~~ has a doctor ~~or other medical person~~ told you that you had any other type of kidney, bladder, urinary tract, ~~or prostate~~ problem? <sup>^</sup>

- 1 = YES
- 2 = NO → SKIP TO A-61 ON PAGE 35.

**KIDNEY 3**

A-59C. What did the doctor ~~or medical person~~ say the problem was?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-60C. In what year did <sup>the</sup> doctor ~~or other medical person~~ first tell you that you had this condition? <sup>^</sup>

ENTER LAST 2 DIGITS OF YEAR.

~~A-58D. Since your discharge from active duty, has a doctor or other medical person told you that you had any other type of kidney, bladder, urinary tract, or prostate problem? :~~

- ~~1 = YES~~
- ~~2 = NO → SKIP TO A-61 ON PAGE 35.~~

**KIDNEY 4**

~~A-59D. What did the doctor or medical person say the problem was?~~

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

~~ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).~~

A-60D. In what year did a doctor or other medical person first tell you that you had this condition?

ENTER LAST 2 DIGITS OF YEAR.

A-58E. Since your discharge from active duty, has a doctor or other medical person told you that you had any other type of kidney, bladder, urinary tract, or prostate problem?

1 = YES  
2 = NO → SKIP TO A-61 ON PAGE 35.

KIDNEY 5

A-59E. What did the doctor or medical person say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-60E. In what year did a doctor or other medical person first tell you that you had this condition?

ENTER LAST 2 DIGITS OF YEAR.

A-58F. Since your discharge from active duty, has a doctor or other medical person told you that you had any other type of kidney, bladder, urinary tract, or prostate problem?

1 = YES  
2 = NO → SKIP TO A-61 ON PAGE 35.

KIDNEY 6

A-59F. What did the doctor or medical person say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

~~A-60F.~~ In what year did a doctor or other medical person first tell you that you had this condition?

~~ENTER LAST 2 DIGITS OF YEAR~~

ΔΔΔ A-61. Have you ever been told by a doctor or other medical person that you had high blood pressure or hypertension?

- 1 = YES
- 2 = NO → SKIP TO A-65A.

A-62. In what year were you first told you had high blood pressure (or hypertension)?

ENTER LAST 2 DIGITS OF YEAR.

A-63. Has a doctor or other medical person ever advised you to lose weight because of high blood pressure (or hypertension)?

- 1 = YES
- 2 = NO

A-64. Has a doctor ever prescribed medicine for your high blood pressure (or hypertension)?

- 1 = YES
- 2 = NO

*My next questions ask about symptoms you may have had during the past 4 weeks.*

ΔΔΔ A-65A. During the past 4 weeks, have you been bothered by persistent or migraine headaches?

- 1 = YES
- 2 = NO

ΔΔΔ A-65B. During the past 4 weeks, have you been bothered by twitching, tics, or tremors?

- 1 = YES
- 2 = NO

ΔΔΔ A-65C. (During the past 4 weeks,) have you been bothered by dizziness?

- 1 = YES
- 2 = NO

ΔΔΔ A-65D. (During the past 4 weeks,) have you been bothered by ~~any~~ loss of feeling, numbness, or tingling in your feet or hands?

1 = YES  
2 = NO

ΔΔΔ A-65E. (During the past 4 weeks,) have you been bothered by ~~any~~ weakness in your arms or legs?

1 = YES  
2 = NO

ΔΔΔ A-65F. (During the past 4 weeks,) have you been bothered by ~~any~~ soreness in the muscles of your arms, hands, legs, or feet?

1 = YES  
2 = NO

ΔΔΔ A-65G. (During the past 4 weeks,) have you been bothered by ringing or other funny noises in one or both ears?

1 = YES  
2 = NO

ΔΔΔ A-66A. Do you <sup>currently</sup> have <sup>any</sup> <sup>other</sup> health problem that <sup>we have not already talked about?</sup> ~~has not been mentioned so far?~~ <sup>Please do not include dental problems.</sup>

1 = YES  
2 = NO → SKIP TO SECTION B ON PAGE 39.

**PROBLEM 1**

A-67A. What is this other condition? (Probe: What part of the body is affected?)  
(Probe: What kind of [keyword] is it?)

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~

<del>ailment</del>	<del>cancer</del>	<del>disease</del>	<del>impairment</del>
<del>attack</del>	<del>condition</del>	<del>disorder</del>	<del>problem</del>
<del>bad</del>	<del>defect</del>	<del>illness</del>	<del>rupture</del> <del>trouble</del>

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-66B. Do you <sup>currently</sup> have <sup>any</sup> <sup>other</sup> health problem? ~~that has not been mentioned so far?~~

1 = YES  
2 = NO → SKIP TO SECTION B ON PAGE 39.

{ Questions A-20 to A-22.F (Revised version) and questions A-14 to A-17 are now located here.

PROBLEM 2

A-67B. What is this other condition?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-66C. Do you have any other health problem<sup>?</sup> ~~that has not been mentioned so far?~~

1 = YES  
2 = NO → SKIP TO SECTION B ON PAGE 39.

PROBLEM 3

A-67C. What is this other condition?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-66D. Do you have any other health problem that has not been mentioned so far?

1 = YES  
2 = NO → SKIP TO SECTION B ON PAGE 39.

PROBLEM 4

A-67D. What is this other condition?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).



A-66E. Do you have any other health problem that has not been mentioned so far?

1 = YES

2 = NO → SKIP TO SECTION B ON PAGE 39.

**PROBLEM 5**

A-67E. What is this other condition?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.

ailment	cancer	disease	impairment	
attack	condition	disorder	problem	
bad	defect	illness	rupture	trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

A-66F. Do you have any other health problem that has not been mentioned so far?

1 = YES

2 = NO → SKIP TO SECTION B ON PAGE 39.

**PROBLEM 6**

A-67F. What is this other condition?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.

ailment	cancer	disease	impairment	
attack	condition	disorder	problem	
bad	defect	illness	rupture	trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

SECTION B. MARITAL AND REPRODUCTIVE HISTORY

AAA B-01. Now I would like to ask ~~a few questions~~ about your marital status, ~~and all the pregnancies you have fathered~~. Are you currently married, widowed, separated, divorced, or have you never been married?

- 1 = MARRIED
- 2 = WIDOWED
- 3 = SEPARATED
- 4 = DIVORCED
- 5 = NEVER MARRIED → SKIP TO B-03.

B-02. How many times have you been married?

ENTER NUMBER OF TIMES.

\_\_\_\_\_

~~AAA B-03. How many times altogether have you fathered a pregnancy? Include any pregnancies that ended in a live birth, a miscarriage, a stillbirth, or an induced abortion, but do not include a current pregnancy.~~

~~(IF UNSURE PROBE: About how many times?)~~

~~ENTER NUMBER: IF NONE ENTER "88" AND SKIP TO B-19 ON PAGE 44.~~

\_\_\_\_\_

- ~~• COMPLETE A PREGNANCY SECTION FOR EACH PREGNANCY REPORTED ABOVE.~~
- ~~• IF A PREGNANCY RESULTED IN MULTIPLE BIRTHS, FOLLOW INSTRUCTIONS IN RECONCILIATION BOX FOR COLLECTING DATA ON ALL BABIES.~~

B-03. Now I have some questions about the children, if any, that you have fathered. Please include all babies who were born alive, as well as any babies who may have been stillborn or who died shortly after birth or during childhood. Do not, however, count miscarriages, abortions, or any pregnancy that did not result in a liveborn or stillborn baby. Altogether, how many children have you fathered?

ENTER NUMBER. IF NONE, ENTER "88" AND SKIP TO B-17.

**CHILD 1**

B-04.A. (Let's begin with the <sup>first-born</sup> ~~oldest~~ child.) Was your (first) child a boy or girl?

- 1 = BOY
- 2 = GIRL

B-04.B. In what month and year was [he/she] born?

\_\_\_\_\_ MONTH \_\_\_\_\_ YEAR

B-04.C. Was [he/she] a live birth or a stillbirth?

- 1 = LIVEBIRTH
- 2 = STILLBIRTH → SKIP TO NEXT CHILD. CATI SUPPLIES "STILLBORN, YEAR OF BIRTH" IN ROSTER.

B-04.D. What did you name [him/her]?

ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER.

**CHILD 2**

B-04.A. Was your (second) child a boy or girl?

- 1 = BOY
- 2 = GIRL

B-04.B. In what month and year was [he/she] born?

\_\_\_\_\_ MONTH \_\_\_\_\_ YEAR

B-04.C. Was [he/she] a live birth or a stillbirth?

- 1 = LIVEBIRTH
- 2 = STILLBIRTH → SKIP TO NEXT CHILD. CATI SUPPLIES "STILLBORN, YEAR OF BIRTH" IN ROSTER.

B-04.D. What did you name [him/her]?

ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER.

**CHILD 3**

B-04.A. Was your (third) child a boy or girl?

- 1 = BOY
- 2 = GIRL

B-04.B. In what month and year was [he/she] born?

\_\_\_\_\_ MONTH \_\_\_\_\_ YEAR

B-04.C. Was [he/she] a live birth or a stillbirth?

- 1 = LIVEBIRTH
- 2 = STILLBIRTH → SKIP TO NEXT CHILD. CATI SUPPLIES "STILLBORN, YEAR OF BIRTH" IN ROSTER.

B-04.D. What did you name [him/her]?

ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER.

**REPEAT SERIES FOR 17 MORE CHILDREN.**

B-05. [Was your child/Were any of your children] born with any type of birth defect or malformation that was diagnosed by a doctor?

- 1 = YES
- 2 = NO → SKIP TO B-08.

*Called info for verification*

B-06. SHOW ROSTER OF ALL CHILDREN (LIVEBORN AND STILLBORN).

- 1 = JOHN
- 2 = STILLBORN, 72
- 3 = SUZIE
- ETC.

Which child was born with a birth defect or malformation?

(PROBE: Any others?)

ENTER NUMBER THAT CORRESPONDS TO NAME OF EACH CHILD WITH BIRTH DEFECT.

\_\_\_\_\_

\_\_\_\_\_

**FIRST CHILD WITH BIRTH DEFECT**

B-07.A. What kind of birth defect or malformation did the doctor say (NAME) had--did the doctor give it a medical name? *(Probe: What part of the body was affected?) (Probe: What kind of [keyword] was it?)*

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

B-07.B. Was [he/she] born with any other birth defect or malformation that was diagnosed by a doctor?

- 1 = YES
  - 2 = NO
  - 8 = DON'T KNOW
  - 9 = REFUSED
- } → GO TO NEXT CHILD WITH BIRTH DEFECT OR B-08.

B-07.C. What other birth defect or malformation did the doctor say (NAME) had? (Did the doctor give it a medical name?)

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

**SECOND CHILD WITH BIRTH DEFECT**

B-07.A. What kind of birth defect or malformation did the doctor say (NAME) had--did the doctor give it a medical name?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

B-07.B. Was [he/she] born with any other birth defect or malformation that was diagnosed by a doctor?

- 1 = YES
  - 2 = NO
  - 8 = DON'T KNOW
  - 9 = REFUSED
- } → GO TO NEXT CHILD WITH BIRTH DEFECT OR B-08.

B-07.C. What other birth defect or malformation did the doctor say (NAME) had? (Did the doctor give it a medical name?),

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~

~~ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

---

**THIRD CHILD WITH BIRTH DEFECT**

B-07.A. What kind of birth defect or malformation did the doctor say (NAME) had--did the doctor give it a medical name?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~

~~ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

---

B-07.B. Was [he/she] born with any other birth defect or malformation that was diagnosed by a doctor?

1 = YES

2 = NO

8 = DON'T KNOW

9 = REFUSED

} → GO TO NEXT CHILD WITH BIRTH DEFECT OR B-08.

B-07.C. What other birth defect or malformation did the doctor say (NAME) had? (Did the doctor give it a medical name?)

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~

~~ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

---

**FOURTH CHILD WITH BIRTH DEFECT**

B-07.A. What kind of birth defect or malformation did the doctor say (NAME) had--did the doctor give it a medical name?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

B-07.B. Was [he/she] born with any other birth defect or malformation that was diagnosed by a doctor?

1 = YES  
2 = NO  
8 = DON'T KNOW } → GO TO NEXT CHILD WITH BIRTH DEFECT OR B-08.  
9 = REFUSED

B-07.C. What other birth defect or malformation did the doctor say (NAME) had? (Did the doctor give it a medical name?)

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

**FIFTH CHILD WITH BIRTH DEFECT**

B-07.A. What kind of birth defect or malformation did the doctor say (NAME) had--did the doctor give it a medical name?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

B-07.B. Was [he/she] born with any other birth defect or malformation that was diagnosed by a doctor?

1 = YES  
2 = NO  
8 = DON'T KNOW } → GO TO NEXT CHILD WITH BIRTH DEFECT OR B-08.  
9 = REFUSED

B-07.C. What other birth defect or malformation did the doctor say (NAME) had? (Did the doctor give it a medical name?).

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

---

**SIXTH CHILD WITH BIRTH DEFECT**

B-07.A. What kind of birth defect or malformation did the doctor say (NAME) had--did the doctor give it a medical name?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

---

B-07.B. Was [he/she] born with any other birth defect or malformation that was diagnosed by a doctor?

1 = YES  
2 = NO  
8 = DON'T KNOW } → GO TO B-08.  
9 = REFUSED

B-07.C. What other birth defect or malformation did the doctor say (NAME) had? (Did the doctor give it a medical name?)

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

---

**IF ALL CHILDREN STILLBORN, SKIP TO B-17.**



(other)

B-08. Did (any of) your child(ren) have any serious health problem or impairment that was diagnosed by a doctor within the first year of life (not counting the birth defects you've already told me about)?

- 1 = YES
- 2 = NO → SKIP TO B-11.

five

B-09. SHOW ROSTER OF ALL LIVEBORN CHILDREN.

- 1 = JOIN
- 3 = SUZIE
- ETC.

Which child(ren) had a serious health problem or impairment that was diagnosed within their first year of life?  
 (PROBE: Any others?)  
 ENTER NUMBER THAT CORRESPONDS TO NAME OF EACH CHILD WITH FIRST YEAR PROBLEM.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FIRST CHILD WITH PROBLEM**

B-10.A. What kind of health problem or impairment did the doctor say (NAME) had--did the doctor give it a medical name? (Probe: What part of the body was affected?) (Probe: What type of [keyword] was it?)

- ~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~
- |         |           |          |            |
|---------|-----------|----------|------------|
| ailment | cancer    | disease  | impairment |
| attack  | condition | disorder | problem    |
| bad     | defect    | illness  | rupture    |
|         |           |          | trouble    |

**NEW QUESTION!**

How old was the child when this was diagnosed?  
 \_\_\_\_\_ MONTHS \_\_\_\_\_ YEARS

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

B-10.B. Did [he/she] have any other serious health problem or impairment that was diagnosed by a doctor within the first year of life?

- 1 = YES
  - 2 = NO
  - 8 = DON'T KNOW
  - 9 = REFUSED
- } → GO TO NEXT CHILD WITH PROBLEM OR B-11.

five

B-10.C. What other health problem or impairment did the doctor say (NAME) had? (Did the doctor give it a medical name?)

- ~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~
- |         |           |          |            |
|---------|-----------|----------|------------|
| ailment | cancer    | disease  | impairment |
| attack  | condition | disorder | problem    |
| bad     | defect    | illness  | rupture    |
|         |           |          | trouble    |

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

How old was the child when this was diagnosed?  
 \_\_\_\_\_ MONTHS \_\_\_\_\_ YEARS

**SECOND CHILD WITH PROBLEM**

B-10.A. What kind of health problem or impairment did the doctor say (NAME) had--did the doctor give it a medical name?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

*How old...?* →

B-10.B. Did [he/she] have any other serious health problem or impairment that was diagnosed by a doctor within the first year of life?

- 1 = YES
  - 2 = NO
  - 8 = DON'T KNOW } → GO TO NEXT CHILD WITH PROBLEM OR B-11.
  - 9 = REFUSED
- five* ↑

B-10.C. What other health problem or impairment did the doctor say ~~the~~ (NAME) had? (Did the doctor give it a medical name?)

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

*How old...?* →

**THIRD CHILD WITH PROBLEM**

B-10.A. What kind of health problem or impairment did the doctor say (NAME) had--did the doctor give it a medical name?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

*How old...?* →

B-10.B. Did [he/she] have any other serious health problem or impairment that was diagnosed by a doctor within the first <sup>1</sup> <sup>1</sup> years of life?

- 1 = YES
  - 2 = NO
  - 8 = DON'T KNOW
  - 9 = REFUSED
- } → GO TO NEXT CHILD WITH PROBLEM OR B-11.
- five*

B-10.C. What other health problem or impairment did the doctor say ~~the~~ (NAME) had? (Did the doctor give it a medical name?)

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~

<del>ailment</del>	<del>cancer</del>	<del>disease</del>	<del>impairment</del>
<del>attack</del>	<del>condition</del>	<del>disorder</del>	<del>problem</del>
<del>bad</del>	<del>defect</del>	<del>illness</del>	<del>rupture</del> <del>trouble</del>

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

*How old...?*

**FOURTH CHILD WITH PROBLEM**

B-10.A. What kind of health problem or impairment did the doctor say (NAME) had--did the doctor give it a medical name?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~

<del>ailment</del>	<del>cancer</del>	<del>disease</del>	<del>impairment</del>
<del>attack</del>	<del>condition</del>	<del>disorder</del>	<del>problem</del>
<del>bad</del>	<del>defect</del>	<del>illness</del>	<del>rupture</del> <del>trouble</del>

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

*How old...?*

B-10.B. Did [he/she] have any other serious health problem or impairment that was diagnosed by a doctor within the first year of life?

- 1 = YES
  - 2 = NO
  - 8 = DON'T KNOW
  - 9 = REFUSED
- } → GO TO NEXT CHILD WITH PROBLEM OR B-11.
- five*

B-10.C. What other health problem or impairment did the doctor say ~~the~~ (NAME) had? (Did the doctor give it a medical name?)

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~

<del>ailment</del>	<del>cancer</del>	<del>disease</del>	<del>impairment</del>
<del>attack</del>	<del>condition</del>	<del>disorder</del>	<del>problem</del>
<del>bad</del>	<del>defect</del>	<del>illness</del>	<del>rupture</del> <del>trouble</del>

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

*How old...?*

**FIFTH CHILD WITH PROBLEM**

B-10.A. What kind of health problem or impairment did the doctor say (NAME) had--did the doctor give it a medical name?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

*How old...?*  
→

B-10.B. Did [he/she] have any other serious health problem or impairment that was diagnosed by a doctor within the first <sup>five</sup> years of life?

- 1 = YES
- 2 = NO
- 8 = DON'T KNOW } → GO TO NEXT CHILD WITH PROBLEM OR B-11.
- 9 = REFUSED

B-10.C. What other health problem or impairment did the doctor say ~~the~~ (NAME) had? (Did the doctor give it a medical name?)

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

*How old...?*  
→

**SIXTH CHILD WITH PROBLEM**

B-10.A. What kind of health problem or impairment did the doctor say (NAME) had--did the doctor give it a medical name?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

*How old...?*  
→

B-10.B. Did [he/she] have any other serious health problem or impairment that was diagnosed by a doctor within the first year of life?

1 = YES  
2 = NO  
8 = DON'T KNOW } → GO TO B-11.  
9 = REFUSED

B-10.C. What other health problem or impairment did the doctor say ~~the~~ (NAME) had? (Did the doctor give it a medical name?)

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E. G.,~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~had defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

---

B-11. Did (any of) your child(ren) ever develop leukemia or cancer?

1 = YES  
2 = NO → SKIP TO B-14.

B-12. SHOW ROSTER OF ALL LIVEBORN CHILDREN.

1 = JOHN  
3 = SUZIE  
ETC.

Which child(ren) developed leukemia or cancer?

(PROBE: Any others?)

ENTER NUMBER THAT CORRESPONDS TO NAME OF EACH CHILD WITH LEUKEMIA OR CANCER.

\_\_\_\_\_  
\_\_\_\_\_

**FIRST CHILD WITH CANCER**

B-13.A. What type of leukemia or cancer did (NAME) develop? What did the doctor say it was?

ENTER NAME OF SPECIFIC CANCER (LIMIT OF 40 CHARACTERS)

---

**SECOND CHILD WITH CANCER**

B-13.A. What type of leukemia or cancer did (NAME) develop? What did the doctor say it was?

ENTER NAME OF SPECIFIC CANCER (LIMIT OF 40 CHARACTERS)

---

**THIRD CHILD WITH CANCER**

B-13.A. What type of leukemia or cancer did (NAME) develop? What did the doctor say it was?

ENTER NAME OF SPECIFIC CANCER (LIMIT OF 40 CHARACTERS)

---

**FOURTH CHILD WITH CANCER**

B-13.A. What type of leukemia or cancer did (NAME) develop? What did the doctor say it was?

ENTER NAME OF SPECIFIC CANCER (LIMIT OF 40 CHARACTERS)

---

B-14. Is (NAME) still living?  
Are all of your ~~(NUMBER)~~ liveborn children still living?

- 1 = YES → SKIP TO B-17.
- 2 = NO

B-15. SHOW ROSTER OF ALL LIVEBORN CHILDREN.

- 1 = JOHN
- 3 = SUZIE
- ETC.

Which child(ren) (is/are) not living?

ENTER NUMBER THAT CORRESPONDS TO NAME OF EACH CHILD WHO IS DEAD.

\_\_\_\_\_

\_\_\_\_\_

**FIRST DECEASED CHILD**

B-16.A. Did (NAME) die before [he/she] was 1 year old?

- 1 = YES
  - 2 = NO
  - 8 = DON'T KNOW
  - 9 = REFUSED
- } → GO TO NEXT DECEASED CHILD OR B-17.

B-16.B. What did the doctor say was the cause of (his/her) death?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment      cancer      disease      impairment~~  
~~attack      condition      disorder      problem~~  
~~had      defect      illness      rupture      trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

---

**SECOND DECEASED CHILD**

B-16.A. Did (NAME) die before [he/she] was 1 year old?

- 1 = YES
  - 2 = NO
  - 8 = DON'T KNOW
  - 9 = REFUSED
- } → GO TO NEXT DECEASED CHILD OR B-17.

B-16.B. What did the doctor say was the cause of (his/her) death?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment      cancer      disease      impairment~~  
~~attack      condition      disorder      problem~~  
~~had      defect      illness      rupture      trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

---

**THIRD DECEASED CHILD**

B-16.A. Did (NAME) die before [he/she] was 1 year old?

- 1 = YES
- 2 = NO
- 8 = DON'T KNOW } → GO TO NEXT DECEASED CHILD OR B-17.
- 9 = REFUSED

B-16.B. What did the doctor say was the cause of (his/her) death?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

---

**FOURTH DECEASED CHILD**

B-16.A. Did (NAME) die before [he/she] was 1 year old?

- 1 = YES
- 2 = NO
- 8 = DON'T KNOW } → GO TO NEXT DECEASED CHILD OR B-17.
- 9 = REFUSED

B-16.B. What did the doctor say was the cause of (his/her) death?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

---

**FIFTH DECEASED CHILD**

B-16.A. Did (NAME) die before [he/she] was 1 year old?

- 1 = YES
- 2 = NO
- 8 = DON'T KNOW } → GO TO NEXT DECEASED CHILD OR B-17.
- 9 = REFUSED



B-16.B. What did the doctor say was the cause of (his/her) death?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

---

**SIXTH DECEASED CHILD**

B-16.A. Did (NAME) die before [he/she] was 1 year old?

1 = YES  
2 = NO  
8 = DON'T KNOW } → GO TO B-17.  
9 = REFUSED

B-16.B. What did the doctor say was the cause of (his/her) death?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

---

B-17. In addition to the child(ren) that you've just told me about, we need to know about other pregnancies, if any, that you fathered that ended early, such as a miscarriage, an induced abortion, or a tubal pregnancy.

How many pregnancies have you fathered that ended in a miscarriage, an induced abortion, or a tubal pregnancy?

~~(Do not include a current pregnancy.)~~

ENTER NUMBER. IF NONE, ENTER "88" AND SKIP TO B-19.

---

**FIRST PREGNANCY**

B-18-A. Thinking now about the (first) pregnancy (that ended early)--did it end in a miscarriage, an induced abortion, or a tubal pregnancy?

- 1 = MISCARRIAGE
- 2 = INDUCED ABORTION
- 3 = TUBAL PREGNANCY
- 4 = OTHER (1 BABY MISCARRIED BUT ANOTHER WAS DELIVERED)

*IF # 1, SKIP TO B-18.B.*

B-18.B. In what month and year did that (TYPE) occur?

\_\_\_\_\_ MONTH  
 \_\_\_\_\_ YEAR

*IF DK, →*

**NEW QUESTION #2**

*Did this occur before, during, or after your tour of duty in the army?*

**SECOND PREGNANCY**

B-18-A. Thinking now about the (second) pregnancy (that ended early)--did it end in a miscarriage, an induced abortion, or a tubal pregnancy?

- 1 = MISCARRIAGE
- 2 = INDUCED ABORTION
- 3 = TUBAL PREGNANCY
- 4 = OTHER (1 BABY MISCARRIED BUT ANOTHER WAS DELIVERED)

*same changes for all additional pregnancies*

B-18.B. In what month and year did that (TYPE) occur?

\_\_\_\_\_ MONTH  
 \_\_\_\_\_ YEAR

**THIRD PREGNANCY**

B-18-A. Thinking now about the (third) pregnancy (that ended early)--did it end in a miscarriage, an induced abortion, or a tubal pregnancy?

- 1 = MISCARRIAGE
- 2 = INDUCED ABORTION
- 3 = TUBAL PREGNANCY
- 4 = OTHER (1 BABY MISCARRIED BUT ANOTHER WAS DELIVERED)

B-18.B. In what month and year did that (TYPE) occur?

\_\_\_\_\_ MONTH  
 \_\_\_\_\_ YEAR

**NEW QUESTION #1**

*How far along was the pregnancy when the miscarriage occurred? How many weeks or months?*

\_\_\_\_\_ weeks  
 \_\_\_\_\_ months

**FOURTH PREGNANCY**

*same changes*

B-18-A. Thinking now about the (fourth) pregnancy (that ended early)--did it end in a miscarriage, an induced abortion, or a tubal pregnancy?

- 1 = MISCARRIAGE
- 2 = INDUCED ABORTION
- 3 = TUBAL PREGNANCY
- 4 = OTHER (1 BABY MISCARRIED BUT ANOTHER WAS DELIVERED)

B-18.B. In what month and year did that (TYPE) occur?

\_\_\_\_\_ MONTH

\_\_\_\_\_ YEAR

**FIFTH PREGNANCY**

*same changes*

B-18-A. Thinking now about the (fifth) pregnancy (that ended early)--did it end in a miscarriage, an induced abortion, or a tubal pregnancy?

- 1 = MISCARRIAGE
- 2 = INDUCED ABORTION
- 3 = TUBAL PREGNANCY
- 4 = OTHER (1 BABY MISCARRIED BUT ANOTHER WAS DELIVERED)

B-18.B. In what month and year did that (TYPE) occur?

\_\_\_\_\_ MONTH

\_\_\_\_\_ YEAR

**SIXTH PREGNANCY**

*same changes*

B-18-A. Thinking now about the (sixth) pregnancy (that ended early)--did it end in a miscarriage, an induced abortion, or a tubal pregnancy?

- 1 = MISCARRIAGE
- 2 = INDUCED ABORTION
- 3 = TUBAL PREGNANCY
- 4 = OTHER (1 BABY MISCARRIED BUT ANOTHER WAS DELIVERED)

B-18.B. In what month and year did that (TYPE) occur?

\_\_\_\_\_ MONTH

\_\_\_\_\_ YEAR

AAA B-19.

Did you and any wife or partner ever try for a period of a year or more to conceive a child without being able to?

1 = YES

2 = NO → SKIP TO ~~SECTION G ON PAGE 48.~~

*IF "NO" SKIP TO NEW QUESTIONS, ATTACHED.*

B-20.

Did this ~~problem~~ happen with more than one wife or partner?

1 = YES

2 = NO

B-22A.

In what year did <sup>this difficulty</sup> you first ~~have this problem with a wife or partner?~~ happen?

ENTER LAST 2 DIGITS OF YEAR.

B-23A.

Did <sup>your</sup> ~~this~~ wife (or partner) see a doctor ~~or other medical person~~ to discuss difficulties in conceiving children?

1 = YES

2 = NO → SKIP TO B-25A.

B-24A.

Did the doctor say your <sup>[wife/</sup> partner] ~~was the one who had the problem?~~ <sup>had a condition that made it difficult to conceive?</sup>

1 = YES

2 = NO

B-25A.

Did you see a doctor ~~or other medical person~~ about this difficulty <sup>in conceiving</sup> with this <sup>[wife/</sup> partner]?

1 = YES

2 = NO → SKIP TO B BOX ON PAGE 45.

B-26A1.

Did the doctor ~~or other medical person~~ say you had a ~~problem?~~ <sup>condition that made it difficult to conceive?</sup>

1 = YES

2 = NO → SKIP TO B BOX ON PAGE 45.

B-27A1.

What did the doctor ~~or other medical person~~ say the <sup>main condition</sup> ~~problem~~ was <sup>the doctor</sup> did he give it a medical name?

ENTER CONDITION OR PROBLEM NAME (LIMIT OF 40 CHARACTERS).

~~B-26A2.~~

~~Did the doctor or other medical person say you had any other problem?~~

~~1 = YES~~

~~2 = NO → SKIP TO B BOX ON PAGE 45.~~

If respondent answers No to B-19, add following questions:

**NEW QUESTION 1**

Have you ever been told by a doctor that it would be difficult or impossible for you to father a child?

1 = YES

2 = NO → SKIP TO SECTION C ON PG. 48

**NEW QUESTION 2**

In what year were you told this?

---

**NEW QUESTION 3**

What did the doctor say the main condition was?

---

SKIP TO SECTION C ON PAGE 48

B-27A2. What did the doctor or other medical person say the problem was, did he give it a medical name?

ENTER CONDITION OR PROBLEM NAME (LIMIT OF 40 CHARACTERS).

B-26A3. Did the doctor or other medical person say you had any other problem?

1 = YES  
2 = NO → SKIP TO B BOX.

B-27A3. What did the doctor or other medical person say the problem was, did he give it a medical name?

ENTER CONDITION OR PROBLEM NAME (LIMIT OF 40 CHARACTERS).

B BOX	IF FERTILITY PROBLEM OCCURRED WITH MORE THAN ONE PARTNER (B-20=YES, CONTINUE WITH B-22B. OTHERWISE, SKIP TO SECTION C ON PAGE 48.
----------	---

Earlier you told me ~~that~~ there was another wife or partner with whom you tried for a year or more to conceive a child but were unable to do so.

B22B. In what year did you first have <sup>difficulty</sup> ~~the problem~~ with the second <sup>wife or</sup> partner with whom you couldn't conceive a child?

ENTER LAST 2 DIGITS OF YEAR.

B-23B. Did that wife (or partner) see a doctor ~~or other medical person~~ to discuss difficulties in conceiving children?

1 = YES  
2 = NO → SKIP TO B-25B.

B-24B. Did the doctor say your <sup>wife /</sup> partner <sup>had a condition that made it</sup> ~~was the one who had the problem?~~ <sup>difficult to conceive?</sup>

1 = YES  
2 = NO

B-25B. Did you see a doctor ~~or other medical person~~ about this difficulty with this <sup>wife /</sup> partner?

1 = YES  
2 = NO → SKIP TO ~~B-28 ON PAGE 46.~~ SECTION C ON PAGE 48

B-26B1. Did the doctor ~~or medical person~~ say you had a ~~problem?~~ *condition that made it difficult to conceive?*  
1 = YES  
2 = NO → SKIP TO ~~B-28.~~ *SECTION C ON PAGE 48*

B-27B1. What did the doctor ~~or other medical person~~ say the ~~problem~~ *main condition* was, did he give it a medical name?  
*the doctor*  
ENTER CONDITION OR PROBLEM NAME (LIMIT OF 40 CHARACTERS).  
\_\_\_\_\_

B-26B2. Did the doctor or other medical person say you had any other problem?  
1 = YES  
2 = NO → SKIP TO B-28.

B-27B2. What did the doctor or other medical person say the problem was, did he give it a medical name?  
ENTER CONDITION OR PROBLEM NAME (LIMIT OF 40 CHARACTERS).  
\_\_\_\_\_

B-26B3. Did the doctor or other medical person say you had any other problem?  
1 = YES  
2 = NO → SKIP TO B-28.

B-27B3. What did the doctor or other medical person say the problem was, did he give it a medical name?  
ENTER CONDITION OR PROBLEM NAME (LIMIT OF 40 CHARACTERS).  
\_\_\_\_\_

B-28. Was there a third wife or partner with whom you tried unsuccessfully for a year or more to conceive a child?  
1 = YES  
2 = NO → SKIP TO SECTION C ON PAGE 48.

B-22C. In what year did you first have this problem with this wife or partner?  
ENTER LAST 2 DIGITS OF YEAR.  
\_\_\_\_\_

B-23C. Did that wife or partner see a doctor or other medical person to discuss difficulties in conceiving children?

- 1 = YES
- 2 = NO → SKIP TO B-25C.

B-24C. Did the doctor say your partner was the one who had the problem?

- 1 = YES
- 2 = NO

B-25C. Did you see a doctor or other medical person about this difficulty with your third partner?

- 1 = YES
- 2 = NO → SKIP TO SECTION C ON PAGE 48.

B-26C1. Did the doctor or other medical person say you had a problem?

- 1 = YES
- 2 = NO → SKIP TO SECTION C ON PAGE 48.

B-27C1. What did the doctor or other medical person say the problem was, did he give it a medical name?

ENTER CONDITION OR PROBLEM NAME (LIMIT OF 40 CHARACTERS).

---

B-26C2. Did the doctor or other medical person say you had any other problem?

- 1 = YES
- 2 = NO → SKIP TO SECTION C ON PAGE 48.

B-27C2. What did the doctor or other medical person say the problem was, did he give it a medical name?

ENTER CONDITION OR PROBLEM NAME (LIMIT OF 40 CHARACTERS).

---

B-26C3. Did the doctor or other medical person say you had any other problem?

- 1 = YES
- 2 = NO → SKIP TO SECTION C ON PAGE 48.

B-27C3. What did the doctor or other medical person say the problem was, did he give it a medical name?

ENTER CONDITION OR PROBLEM NAME (LIMIT OF 40 CHARACTERS).

---



\* Questions C-01 to C-03E have been revised in a manner similar to civilian hospitalizations. Section C has also been moved. It now follows Section G, Occupation & Employment.

C. MEDICAL CARE IN ARMY

AAA C-01. Now I would like to ask you about medical care you received in the Army. ~~How many different times~~ Were you a patient in a hospital overnight or longer while you were in the Army?

~~ENTER THE NUMBER OF TIMES; IF NONE ENTER "888" AND SKIP TO C-05A ON PAGE 50.~~

1 = YES

2 = NO → SKIP TO C-05A ON PAGE 50

ARMY HOSPITAL STAY 1

A. What was the main condition for which you were admitted the first time you were hospitalized while you were in the Army? What did the doctor say the problem was? (Probe: What part of the body was affected?) (Probe: What kind of (word) is it?)

ENTER THE CONDITION NAME (40 CHARACTERS)

B. Did this hospitalization happen during Basic Training?

1 = YES → SKIP

2 = NO

C. Did it happen during ~~or~~ after a foreign tour of duty?

1 = YES

2 = NO

D. Were you ever hospitalized overnight or longer for this same condition any other time while you were in the army?

1 = YES

2 = NO → SKIP

E. Not counting the hospitalization we just talked about, how many other times were you hospitalized for this same condition while you were in the army?

ENTER NUMBER OF TIMES

\_\_\_\_\_

---

[The above cycle will be repeated five times to allow for recording of five unique conditions (resulting in hospitalization) during active duty.]

C-03D. Did this hospitalization happen during Basic Training?  
1 = YES → SKIP TO C-02E IF C-01 > 4 HOSPITAL STAYS. IF  
C-01 = 4, SKIP TO C-05A BELOW.  
2 = NO

C-04D. Did it happen during or after a foreign tour of duty?  
1 = YES  
2 = NO

ARMY HOSPITAL STAY 5

C-02E. What was the main condition for which you were hospitalized prior to the time you just told me about? What did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.  
ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

C-03E. Did this hospitalization happen during Basic Training?  
1 = YES → SKIP TO C-05A.  
2 = NO

C-03E. Did it happen during or after a foreign tour of duty?  
1 = YES  
2 = NO

ΔΔΔ C-05A. While you were in the Army, did you have any health problems which caused you to see a doctor or other medical person? (Do not include problems you just mentioned you were hospitalized for.)

1 = YES  
2 = NO → SKIP TO SECTION D ON PAGE 55.

HEALTH PROBLEM 1

C-06A. What health problem ~~or problems~~ caused you to see a doctor or other medical person? What did the doctor say the problem was? (*Probe: What part of the body was affected?*)

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

C-05B. Did you have any other health problems<sup>✓</sup> in the Army that caused you to see a doctor but for which you were not hospitalized?

1 = YES

2 = NO → SKIP TO SECTION D ON PAGE 55.

HEALTH PROBLEM 2

C-06B. What other health problem caused you to see a doctor or other medical person? (What did the doctor say the problem was?)

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

C-05C. Did you have any other health problems<sup>✓</sup> in the Army that caused you to see a doctor but for which you were not hospitalized?

1 = YES

2 = NO → SKIP TO SECTION D ON PAGE 55.

HEALTH PROBLEM 3

C-06C. What other health problem caused you to see a doctor or other medical person? (What did the doctor say the problem was?)

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

C-05D. Did you have any other health problems<sup>✓</sup> in the Army that caused you to see a doctor but for which you were not hospitalized?

1 = YES

2 = NO → SKIP TO SECTION D ON PAGE 55.

HEALTH PROBLEM 4

C-06D. What other health problem caused you to see a doctor or other medical person? (What did the doctor say the problem was?)

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

C-05E. Did you have any other health problems in the Army that caused you to see a doctor but for which you were not hospitalized?

- 1 = YES
- 2 = NO → SKIP TO SECTION D ON PAGE 55.

HEALTH PROBLEM 5

C-06E. What other health problem caused you to see a doctor or other medical person? (What did the doctor say the problem was?)

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

~~C-05F. Did you have any other health problems in the Army that caused you to see a doctor but for which you were not hospitalized?~~

- ~~1 = YES~~
- ~~2 = NO → SKIP TO SECTION D ON PAGE 55.~~

HEALTH PROBLEM 6

C-06F. What other health problem caused you to see a doctor or other medical person, what did the doctor say the problem was?

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.~~  
~~ailment cancer disease impairment~~  
~~attack condition disorder problem~~  
~~bad defect illness rupture trouble~~

~~ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).~~

C-05G. Did you have any other health problems in the Army that caused you to see a doctor but for which you were not hospitalized?

1 = YES

2 = NO → SKIP TO SECTION D ON PAGE 55.

HEALTH PROBLEM 7

C-06G. What other health problem caused you to see a doctor or other medical person, what did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.

ailment	cancer	disease	impairment	
attack	condition	disorder	problem	
bad	defect	illness	rupture	trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

C-05H. Did you have any other health problems in the Army that caused you to see a doctor but for which you were not hospitalized?

1 = YES

2 = NO → SKIP TO SECTION D ON PAGE 55.

HEALTH PROBLEM 8

C-06H. What other health problem caused you to see a doctor or other medical person, what did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.

ailment	cancer	disease	impairment	
attack	condition	disorder	problem	
bad	defect	illness	rupture	trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

C-05I. Did you have any other health problems in the Army that caused you to see a doctor but for which you were not hospitalized?

1 = YES

2 = NO → SKIP TO SECTION D ON PAGE 55.

HEALTH PROBLEM 9

C-06I. What other health problem caused you to see a doctor or other medical person, what did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.

ailment	cancer	disease	impairment	
attack	condition	disorder	problem	
bad	defect	illness	rupture	trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

C-05J. Did you have any other health problems in the Army that caused you to see a doctor but for which you were not hospitalized?

1 = YES

2 = NO → SKIP TO SECTION D ON PAGE 55.

HEALTH PROBLEM 10

C-06J. What other health problem caused you to see a doctor or other medical person, what did the doctor say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.

ailment	cancer	disease	impairment	
attack	condition	disorder	problem	
bad	defect	illness	rupture	trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

SECTION D. SMOKING AND ALCOHOL USE

ΔΔΔ D-01. Now I would like to ask you some questions about smoking and alcohol use. Have you smoked more than 100 cigarettes -- that is, 5 packs or more -- during your entire life?

1 = YES  
2 = NO → SKIP TO D-08.

D-02. Have you ever smoked cigarettes regularly, that is, at least one a day?

1 = YES  
2 = NO → SKIP TO D-08.

D-3. Do you now smoke cigarettes regularly, *that is, at least one a day?*

1 = YES  
2 = NO → SKIP TO D-05.

D-4. On the average, how many cigarettes a day do you smoke?

ENTER NUMBER; ~~IF LESS THAN 1 A DAY ENTER "888".~~

\_\_\_\_\_ → SKIP TO D-07.

D-05. On the average, how many cigarettes a day did you smoke *when you were just before you quit? smoking regularly (at least one cigarette a day)?*

ENTER NUMBER OF CIGARETTES; ~~IF LESS THAN ONE ENTER "888".~~

\_\_\_\_\_

D-06. How long has it been since you smoked cigarettes regularly, (that is, at least one a day)?

ENTER NUMBER OF YEARS; IF LESS THAN ONE YEAR ENTER "888".

\_\_\_\_\_

D-07. How old were you when you started smoking cigarettes regularly *(at least one cigarette a day)?*

ENTER AGE IN YEARS.

\_\_\_\_\_

ΔΔΔ D-08. Have you smoked more than 50 cigars in your life?

1 = YES  
2 = NO → SKIP TO D-11.



D-09. For how many years altogether have you smoked <sup>or did you smoke</sup> cigars?

ENTER NUMBER OF YEARS; IF LESS THAN ONE YEAR ENTER "888".

\_\_\_\_\_

D-10. Over that time period, how many cigars a week would you smoke, on the average?

ENTER NUMBER; IF LESS THAN ONE ENTER "888".

\_\_\_\_\_

ΔΔΔ D-11. Have you smoked more than 50 pipes of tobacco in your life?

1 = YES  
2 = NO → SKIP TO SECTION E ON PAGE 57.

D-12. For how many years altogether have you smoked <sup>or did you smoke</sup> a pipe?

ENTER NUMBER OF YEARS; IF LESS THAN ONE YEAR ENTER "888".

\_\_\_\_\_

D-13. Over that time period, how many pipefuls of tobacco a week would you smoke, on the average?

ENTER NUMBER; IF LESS THAN ONE ENTER "888".

\_\_\_\_\_ pipefuls  
\_\_\_\_\_ ounces

SECTION E. ALCOHOL USE

AAA E-01.

Have you <sup>ever</sup> had at least <sup>one</sup> ~~50~~ alcoholic drinks <sup>a month for a year or longer?</sup> ~~in your life?~~ This includes beer, wine, and hard liquor.

1 = YES

2 = NO → SKIP TO SECTION F ON PAGE 59.

<sup>03</sup>  
E-02.

Do you now drink alcoholic beverages <sup>at least once a month?</sup>

1 = YES

2 = NO → SKIP TO E-03.

<sup>04</sup>  
E-03.

On about how many days per month do you drink alcoholic beverages, on the average?

ENTER NUMBER OF DAYS (RANGE 1-31). ~~IF LESS THEN ONE ENTER "88".~~

<sup>05</sup>  
E-04.

If a drink is considered one can or bottle of beer or one glass of wine, or one mixed drink or shot of hard liquor, how many drinks per day do you have on the average, on those days when you do drink?

ENTER NUMBER OF DRINKS.

→ SKIP TO E-05.

<sup>07</sup>  
E-05.

<sup>09</sup>  
~~During the entire time that you drank~~ <sup>When you were drinking</sup> alcoholic beverages, <sup>at least once a month</sup> how many days per month would you drink, on the average?

ENTER NUMBER OF DAYS (RANGE 1-31). ~~IF LESS THEN ONE ENTER "88".~~

<sup>08</sup>  
E-06.

How many drinks per day would you have on the average, on those days when you would drink?

ENTER NUMBER OF DRINKS.

<sup>06</sup>  
E-07.

How old were you when you stopped drinking alcoholic beverages? <sup>at least once a month</sup>

ENTER AGE IN YEARS.

<sup>02</sup>  
E-08.

How old were you when you started drinking alcoholic beverages?

ENTER AGE IN YEARS. AGE MUST BE ≤ AGE IN E-07.

E-09. ~~Was there a period in your life of at least 6 months when you averaged more than (NUMBER IN E-04 OR E-05) drink(s) per day on those days when you drank?~~

~~1 = YES~~

~~2 = NO → SKIP TO SECTION F ON PAGE 59.~~

E-10. What period was this, from what year to what year?

ENTER LAST 2 DIGITS OF YEAR STARTED.

\_\_\_\_\_  
ENTER LAST 2 DIGITS OF YEAR ENDED. YEAR ENDED MUST BE  $\geq$  YEAR STARTED.

E-11. During this time, on how many days per month would you drink alcoholic beverages, on the average?

ENTER NUMBER OF DAYS (RANGE 1-31); ~~IF LESS THAN ONE DAY-~~  
~~ENTER "00".~~

E-12. During this time, how many drinks per day would you have on the average, on those days when you would drink?

ENTER NUMBER OF DRINKS. ~~NUMBER MUST BE  $\geq$  NUMBER OF DRINKS IN E-04 OR E-05.~~

NEW QUESTION E-09

*Was there a period in your life of at least 6 months when you drank more than the amount you just told me about?*

SECTION F. BACKGROUND INFORMATION

ΔΔΔ F-01.

Now I have a few questions about your <sup>general</sup> background. What is the highest grade or year of regular school or college you have completed? ~~not including vocational training?~~

88 = NONE

ELEMENTARY/JUNIOR HIGH 01 02 03 04 05 06 07 08

HIGH SCHOOL 09 10 11 12

COLLEGE 13 14 15 16 17 <sup>18+</sup>

~~ΔΔΔ F-02.~~

~~How many months of vocational training have you had?~~

~~ENTER NUMBER OF MONTHS; IF NONE ENTER "88".~~

~~(60 = 60 OR MORE MONTHS.)~~

ΔΔΔ F-03.

Which of the following income groups represents <sup>the</sup> your total combined annual income, before taxes, for all members of your household during (LAST CALENDAR YEAR)?

READ CATEGORIES:

1 = LESS THAN <sup>A</sup> \$5,000

2 = \$5,000 TO \$10,000

3 = \$10,001 TO \$20,000

4 = \$20,001 TO \$30,000

5 = \$30,001 TO \$40,000

6 = \$40,001 TO \$50,000

7 = OVER \$50,000

ΔΔΔ F-04.

How many people were supported by this income?

ENTER NUMBER OF PEOPLE.

ΔΔΔ F-05.

What is your main racial background? Are you: (READ CATEGORIES TO RESPONDENT.) ^

1 = WHITE  ~~NON-HISPANIC~~

2 = BLACK  ~~NON-HISPANIC~~

3 = HISPANIC

4 = ASIAN OR PACIFIC ISLANDER

5 = AMERICAN INDIAN OR ALASKAN NATIVE

SECTION G. OCCUPATIONAL HISTORY

ΔΔΔ G-01. Are you currently working for pay either full or part time?

- 1 = YES
- 2 = NO → SKIP TO G-10 ON PAGE 61.

G-02. Is that full time or part time work?

- 1 = FULL TIME
- 2 = PART TIME
- 3 = MULTIPLE JOBS (IF MENTIONS MORE THAN ONE JOB)

G-03A. *Now I need to know about the*  
~~What~~ kind of work ~~do~~ you do? *What is your job title?*

RECORD JOB TITLE (LIMIT OF 40 CHARACTERS). IF MORE THAN ONE JOB, RECORD FULL TIME OR MOST FREQUENT PART TIME. ~~FIRST~~.

G-04A. What kind of business or industry is that in? *What do they make or do at the place where you work? (PROBE: Wholesale, Retail, Manufacturing, etc)*  
RECORD BUSINESS OR INDUSTRY (LIMIT OF 40 CHARACTERS).

~~ASK ONLY IF G-02 = 3, MULTIPLE JOBS. IF G-02 = 1 or 2, SKIP TO G-05.~~

~~G-03B. What kind of work do you do at your other job?~~

~~RECORD TYPE OF WORK (LIMIT OF 40 CHARACTERS).~~

~~G-04B. What kind of business or industry is that in?~~

~~RECORD BUSINESS OR INDUSTRY (LIMIT OF 40 CHARACTERS).~~

G-05. ~~Is this job/Are these jobs~~ your usual line of work ~~(i.e. the~~ *-- that is,*  
type(s) of job(s) you have held the longest?) ~~?)~~

- 1 = YES
- 2 = NO → SKIP TO G-07 ON PAGE 61.

G-06. How many years, altogether, have you worked as a (JOB TITLE IN G-03A)?

ENTER NUMBER OF YEARS, ROUNDED TO NEAREST WHOLE YEAR. *LESS THAN ONE YEAR, ENTER — .*

→ SKIP TO G-19 ON PAGE 62.

G-07. What kind of work do you usually do? *same change*  
RECORD TYPE OF WORK (LIMIT OF 40 CHARACTERS).

---

G-08. What kind of business or industry is that in? *same change*  
RECORD TYPE OF BUSINESS OR INDUSTRY (LIMIT OF 40 CHARACTERS).

---

G-09. How many years, altogether, have you worked as a (JOB TITLE IN G-07)?  
ENTER NUMBER OF YEARS.  
\_\_\_\_\_ → SKIP TO G-19 ON PAGE 62.

G-10. Are you now looking for work, laid off, disabled, on strike, or something else? (IF MULTIPLE RESPONSE, CODE LOWEST NUMBER.)  
1 = LOOKING FOR WORK    4 = DISABLED  
2 = LAID OFF            5 = SOMETHING ELSE  
3 = ON STRIKE

G-11. When did you last work at a full time job?  
ENTER MONTH OF TERMINATION (RANGE 1-12).  
\_\_\_\_\_  
ENTER LAST 2 DIGITS OF YEAR OF TERMINATION.  
\_\_\_\_\_

G-12. What kind of work did you last do? *same change*  
RECORD TYPE OF WORK (LIMIT OF 40 CHARACTERS).

---

G-13. What kind of business or industry was that in? *same change*  
RECORD TYPE OF BUSINESS OR INDUSTRY (LIMIT OF 40 CHARACTERS).

---

G-14. Was that your usual line of work? *-- that is,* ~~is~~ the type of work you have done for the longest time?  
1 = YES  
2 = NO → SKIP TO G-16 ON PAGE 62.

G-15. How many years, altogether, did you work as a (JOB TITLE IN G-12)?  
ENTER NUMBER OF YEARS.

\_\_\_\_\_ → SKIP TO G-19.

G-16. What kind of work do you usually do?  
RECORD TYPE OF WORK (LIMIT OF 40 CHARACTERS).

*same change*

G-17. What kind of business or industry is that in?  
RECORD TYPE OF BUSINESS OR INDUSTRY (LIMIT OF 40 CHARACTERS).

*same change*

G-18. How many years, altogether, did you work as a (JOB TITLE IN G-16)?  
ENTER NUMBER OF YEARS.

ΔΔΔ G-19. About how many months, altogether, have you been unemployed over the past 3 years?

ENTER THE NUMBER OF MONTHS (RANGE 1-36).  
ENTIRE PERIOD = 36; LESS THEN 1 MONTH = 88  
*Code for no unemployment to be added*

ΔΔΔ G-20A. The next few questions are about specific jobs you may have had either full-time or part-time. (INCLUDE NOT-FOR-PAY JOBS IF VETERAN ASKS OR VOLUNTEERS)

Have you ever worked in farming or ranching?

1 = YES  
2 = NO → SKIP TO G-20B.

G-21A. *In what year did you first start working*  
~~During what period of time did you work in farming or ranching?~~

ENTER LAST 2 DIGITS OF START YEAR.

**NEW QUESTION**

\_\_\_\_\_

~~ENTER LAST 2 DIGITS OF END YEAR.~~

\_\_\_\_\_

*altogether, how many months or years did you work in farming or ranching?*

ΔΔΔ G-20B. Have you ever worked in forestry, <sup>or</sup> logging, ~~or lumbering?~~  
(DO NOT INCLUDE OTHER WOODWORKING)

1 = YES  
2 = NO → SKIP TO G-20C.

G-21B. *In what year did you first start working or*  
~~During what period did you work in forestry, logging, or lumbering?~~

ENTER LAST 2 DIGITS OF START YEAR.

\_\_\_\_\_

~~ENTER LAST 2 DIGITS OF END YEAR.~~

\_\_\_\_\_

*← altogether, how many months or years....?*

ΔΔΔ G-20C. Have you ever worked in highway, railroad, or utility right-of-way maintenance?

- 1 = YES
- 2 = NO → SKIP TO G-20D.

G-21A. *In what year did you first start doing*  
~~During what period of time did you do~~ that type of work?

ENTER LAST 2 DIGITS OF START YEAR.

\_\_\_\_\_

~~ENTER LAST 2 DIGITS OF END YEAR.~~

\_\_\_\_\_

*← altogether, how many months or years....?*

ΔΔΔ G-20D. Have you ever worked in landscaping, lawn care, or grounds maintenance?

- 1 = YES
- 2 = NO → SKIP TO G-20E.

G-21D. *In what year did you first start doing*  
~~During what period did you do~~ this type of work?

ENTER LAST 2 DIGITS OF START YEAR.

\_\_\_\_\_

~~ENTER LAST 2 DIGITS OF END YEAR.~~

\_\_\_\_\_

*← altogether, how many months or years...?*

ΔΔΔ G-20E. Have you ever worked in a ~~wood treatment plant?~~  
*1 saw mill, planing mill, or pulp mill?*

- 1 = YES
- 2 = NO → SKIP TO G-20F.

G-21E. *When did you first start working*  
~~During what period did you work~~ in a ~~wood treatment plant?~~  
*1 saw mill, planing mill, or pulp mill?*

ENTER LAST 2 DIGITS OF START YEAR.

\_\_\_\_\_

~~ENTER LAST 2 DIGITS OF END YEAR.~~

\_\_\_\_\_

*← Altogether, how many months or years....?*



ΔΔΔ G-20F. Have you ever worked <sup>at</sup> ~~in~~ an incinerator? ~~facility?~~

- 1 = YES
- 2 = NO → SKIP TO G-20G.

G-21F. <sup>When did you first start working at</sup> ~~During what period of time did you work in~~ an incinerator? ~~facility?~~

ENTER LAST 2 DIGITS OF START YEAR.

\_\_\_\_\_

~~ENTER LAST 2 DIGITS OF END YEAR.~~

\_\_\_\_\_

*Altogether, how many months or years...?*

ΔΔΔ G-20G. Have you ever worked in exterminating or pest control?

- 1 = YES
- 2 = NO → SKIP TO G-20H.

G-21G. <sup>When did you first start working</sup> ~~During what period did you work in~~ exterminating or pest control?

ENTER LAST 2 DIGITS OF START YEAR.

\_\_\_\_\_

~~ENTER LAST 2 DIGITS OF END YEAR.~~

\_\_\_\_\_

*Altogether, how many months or years...?*

~~ΔΔΔ G-20H. Have you ever worked in the making of herbicides?~~

- ~~1 = YES~~
- ~~2 = NO → SKIP TO G-22.~~

~~G-21H. During what period did you work in the making of herbicides?~~

~~ENTER LAST 2 DIGITS OF START YEAR.~~

~~\_\_\_\_\_~~

~~ENTER LAST 2 DIGITS OF END YEAR.~~

~~\_\_\_\_\_~~

ΔΔΔ G-22. Did you ever have a job where ~~any~~ chemicals such as coal tar products, oils, or solvents got on your skin or clothing regularly?

- 1 = YES
- 2 = NO

AAA G-23.

Have you ever lived on a farm or ranch?

1 = YES

2 = NO → SKIP TO H BOX.

G-24.

*In what year did you first live on a farm or ranch?*  
~~During what period of time was that?~~

ENTER LAST 2 DIGITS OF START YEAR.

\_\_\_\_\_

~~ENTER LAST 2 DIGITS OF END YEAR.~~

\_\_\_\_\_

*Altogether, how many months or years ...?*

H BOX	<p>DID THIS VETERAN SERVE IN VIETNAM?</p> <p><input type="checkbox"/> YES → CONTINUE WITH SECTION H.</p> <p><input type="checkbox"/> NO → SKIP TO SECTION I ON PAGE 75.</p>
----------	---

SECTION H. VIETNAM EXPERIENCE

ΔΔΔ H-01. The next ~~group~~ of questions are about your tour of duty in Vietnam. After you entered the Army, did you volunteer to serve in Vietnam?

1 = YES  
2 = NO

ΔΔΔ H-02. In what month and year did you begin your tour of duty in Vietnam?

ENTER START MONTH (RANGE 1-12, DK=DO NOT KNOW).

\_\_\_\_\_

ENTER LAST 2 DIGITS OF START YEAR (DK = DO NOT KNOW).

\_\_\_\_\_

NOTE: START YEAR MUST BE < DISCHARGE YEAR AND ≥ ENTRY YEAR.

ΔΔΔ H-03. In what month and year did you end your tour of duty in Vietnam?

ENTER END MONTH (RANGE 1-12, DK=DO NOT KNOW).

\_\_\_\_\_

ENTER LAST 2 DIGITS OF END YEAR (DK = DO NOT KNOW)

\_\_\_\_\_

NOTE: END YEAR MUST BE ≤ DISCHARGE YEAR AND ≥ ENTRY YEAR.

ΔΔΔ H-04A. You are probably familiar with the terms "herbicide" and "defoliant". These ~~are~~ chemicals, such as Agent Orange and Agent White, ~~which~~ are used to make leaves drop from bushes and trees, or to kill ~~brush~~, grass, ~~and~~ weeds.

Did you ever spray herbicides yourself in Vietnam?

1 = YES  
2 = NO

ΔΔΔ H-04B. Did you ever handle herbicide spray equipment or containers in Vietnam?

1 = YES  
2 = NO

ΔΔΔ H-04C. Were you ever present when others were spraying herbicides in Vietnam?

1 = YES  
2 = NO

ΔΔΔ H-04D. Did you ever get herbicides on your skin or clothing in Vietnam?  
1 = YES  
2 = NO  
8 = DON'T KNOW

ΔΔΔ H-04E. Did you ever pass through an area in Vietnam that had been sprayed with herbicide? *looked like it*  
1 = YES  
2 = NO  
8 = DON'T KNOW

~~ΔΔΔ H-04F. Did you ever go into an area the same day it was sprayed?  
1 = YES  
2 = NO  
8 = DON'T KNOW~~

~~ΔΔΔ H-04G. Did you ever drink or bathe in water that was contaminated with herbicides?  
1 = YES  
2 = NO  
8 = DON'T KNOW~~

ΔΔΔ H-04I1. *Do you think you were* ~~Were you~~ exposed to herbicides in any other way in Vietnam?  
1 = YES  
2 = NO  
8 = DON'T KNOW } → SKIP TO CHECKPOINT.

H-04J1. *In* What other way were you exposed?  
ENTER RESPONSE (LIMIT OF 50 CHARACTERS).

CHECKPOINT  
REFER TO H-04A AND H-04B.  
 ONE OR BOTH QUESTIONS = YES → ASK H-05.  
 BOTH QUESTIONS = NO → SKIP TO H-09A ON PAGE 68.

H-05. *Altogether* During your tour of duty in Vietnam, about how many *days,* weeks or months did you work spraying *herbicides*, or handling herbicides? *equipment or containers?*  
(PROBE: Please give me your best estimate.)  
ENTER NUMBER OF WEEKS OR MONTHS.  
*DAYS,*  
ENTER APPLICABLE UNIT:  
2 ~~WEEKS~~  
3 ~~MONTHS~~  
1 = DAYS

H-06. How frequently did you work with herbicides during this time?

- 1 = DAILY
- 2 = SEVERAL TIMES PER WEEK
- 3 = ONCE A WEEK
- 4 = SEVERAL TIMES PER MONTH
- 5 = ONCE A MONTH
- 6 = LESS THAN ONCE A MONTH

H-07A. What ~~were~~<sup>were</sup> the names of ~~the~~<sup>any</sup> herbicides that you worked with in Vietnam?

ENTER NAME OF HERBICIDE (LIMIT OF 40 CHARACTERS).

---

H-08A. Did you work with any other herbicide in Vietnam?

- 1 = YES
- 2 = NO → SKIP TO H-09A.

H-07B. What was the name of the other herbicide<sup>?</sup> ~~you worked with in Vietnam?~~

ENTER NAME OF HERBICIDE (LIMIT OF 40 CHARACTERS).

---

H-08B. Was there any other herbicide that you worked with in Vietnam?

- 1 = YES
- 2 = NO → SKIP TO H-09A.

H-07C. What was the name of the other herbicide<sup>?</sup> ~~you worked with in Vietnam?~~

ENTER NAME OF HERBICIDE (LIMIT OF 40 CHARACTERS).

---

ΔΔΔ H-09A. ~~Do you think that you~~ <sup>you</sup> have had any health problems that <sup>you think</sup> may have been caused by exposure to Agent Orange?

- 1 = YES
- 2 = NO → SKIP TO H-14A ON PAGE 72.
- 8 = DON'T KNOW → SKIP

**HEALTH PROBLEM 1**

---

H-10A. Please describe the health problem that you think may have been caused by your exposure to Agent Orange.

RECORD HEALTH PROBLEM (LIMIT OF 40 CHARACTERS).

---

H-11A. In what year did this problem start?

ENTER LAST 2 DIGITS OF YEAR (DK= DO NOT KNOW).

NOTE: YEAR MUST BE  $\geq$  SERVICE ENTRY YEAR.

~~H-12A. Did you go to a doctor or other medical person for treatment of this problem?~~

~~1 = YES~~

~~2 = NO → SKIP TO H-09B.~~

H-13A. What did the doctor or other medical person say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.

ailment	cancer	disease	impairment	
attack	condition	disorder	problem	
bad	defect	illness	rupture	trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

H-09B. ~~Do you think you~~ <sup>Have</sup> <sup>you</sup> had any other health problems that <sup>you think</sup> may have been caused by exposure to Agent Orange?

1 = YES

2 = NO → SKIP TO H-14A ON PAGE 72.

8 = DK → "

**HEALTH PROBLEM 2**

H-10B. Please describe the other health problem you think may have been caused by your exposure to Agent Orange.

RECORD HEALTH PROBLEM (LIMIT OF 40 CHARACTERS).

H-11B. In what year did this problem start?

ENTER LAST 2 DIGITS OF YEAR (DK= DO NOT KNOW).

NOTE: YEAR MUST BE  $\geq$  SERVICE ENTRY YEAR.

~~H-12B. Did you go to a doctor or other medical person for treatment of this problem?~~

~~1 = YES~~

~~2 = NO → SKIP TO H-09C.~~

~~H-13B. What did the doctor or other medical person say the problem was?~~

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.~~

~~ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble .~~

~~ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).~~

H-09C. ~~Do you think you~~ <sup>you</sup> Have had any other health problems that <sup>you think</sup> may have been caused by exposure to Agent Orange?

1 = YES

2 = NO → SKIP TO H-14A ON PAGE 72.

8 = DK → SKIP

HEALTH PROBLEM 3

H-10C. Please describe the other health problem you think may have been caused by your exposure to Agent Orange.

RECORD HEALTH PROBLEM (LIMIT OF 40 CHARACTERS).

H-11C. In what year did this problem start?

ENTER LAST 2 DIGITS OF YEAR (DK= DO NOT KNOW).

NOTE: YEAR MUST BE ≥ SERVICE ENTRY YEAR.

~~H-12C. Did you go to a doctor or other medical person for treatment of this problem?~~

~~1 = YES~~

~~2 = NO → SKIP TO H-09D.~~

~~H-13C. What did the doctor or other medical person say the problem was?~~

~~PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.~~

~~ailment cancer disease impairment  
attack condition disorder problem  
bad defect illness rupture trouble~~

~~ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).~~

H-09D. Do you think you have any other health problems that may have been caused by your exposure to Agent Orange?

1 = YES

2 = NO → SKIP TO H-14A ON PAGE 72.

HEALTH PROBLEM 4

H-10B. Please describe the other health problem you think may have been caused by your exposure to Agent Orange.

RECORD HEALTH PROBLEM (LIMIT OF 40 CHARACTERS).

H-11D. In what year did this problem start?

ENTER LAST 2 DIGITS OF YEAR (DK= DO NOT KNOW).

NOTE: YEAR MUST BE  $\geq$  SERVICE ENTRY YEAR.

H-12D. Did you go to a doctor or other medical person for treatment of this problem?

1 = YES

2 = NO → SKIP TO H-09E.

H-13D. What did the doctor or other medical person say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE , E.G.

ailment	cancer	disease	impairment	
attack	condition	disorder	problem	
bad	defect	illness	rupture	trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

H-09E. Do you think you have had any other health problem that may have been caused by exposure to Agent Orange?

1 = YES

2 = NO → SKIP TO H-14A ON PAGE 72.

HEALTH PROBLEM 5

H-10E. Please describe the other health problem you think may have been caused by your exposure to Agent Orange.

RECORD HEALTH PROBLEM (LIMIT OF 40 CHARACTERS).

H-11E. In what year did this problem start?

ENTER LAST 2 DIGITS OF YEAR (DK= DO NOT KNOW).

NOTE: YEAR MUST BE  $\geq$  SERVICE ENTRY YEAR.



H-12E. Did you go to a doctor or other medical person for treatment of this problem?

- 1 = YES
- 2 = NO → SKIP TO H-14A.

H-13E. What did the doctor or other medical person say the problem was?

PROBE FOR SPECIFIC CONDITION IF RESPONSE IS VAGUE, E.G.  
ailment      cancer      disease      impairment  
attack      condition      disorder      problem  
bad      defect      illness      rupture      trouble

ENTER THE CONDITION NAME (LIMIT OF 40 CHARACTERS).

ΔΔΔ H-14A. <sup>Did</sup> ~~Do you think you came~~ into contact with any chemicals (other than <sup>herbicides and defoliants</sup>) while you were in Vietnam? <sup>^</sup>

- 1 = YES
- 2 = NO → SKIP TO H-16 ON PAGE 73.

H-15A. What chemicals <sup>are you</sup> ~~do you think you were~~ exposed to?

ENTER CHEMICAL NAME (LIMIT OF 40 CHARACTERS).

H-14B. <sup>Did</sup> ~~Do you think you came~~ into contact with any other chemicals [other than <sup>herbicides and defoliants</sup>] while you were in Vietnam? <sup>^</sup>

- 1 = YES
- 2 = NO → SKIP TO H-16 ON PAGE 73.

H-15B. What other chemicals <sup>were you</sup> ~~do you think you were~~ exposed to?

ENTER CHEMICAL NAME (LIMIT OF 40 CHARACTERS).

H-14C. <sup>Did</sup> ~~Do you think you came~~ into contact with any other chemicals [other than <sup>herbicides and defoliants</sup>] while you were in Vietnam? <sup>^</sup>

- 1 = YES
- 2 = NO → SKIP TO H-16 ON PAGE 73.

H-15C. What other chemical <sup>were you</sup> ~~do you think you were~~ exposed to?

ENTER CHEMICAL NAME (LIMIT OF 40 CHARACTERS).

~~ΔΔΔ H-16. Did you ever get malaria?~~

- ~~1 = YES~~
- ~~2 = NO → SKIP TO H-18.~~

~~H-17. Did you receive any treatment for malaria?~~

- ~~1 = YES~~
- ~~2 = NO~~

~~ΔΔΔ H-18. Did you take any <sup>pills</sup> ~~medicine~~ to keep from getting malaria?  
(NOT INCLUDING SHOTS)~~

- ~~1 = YES~~
- ~~2 = NO → SKIP TO H-26 ON PAGE 74.~~

~~H-19A. How many different types of pills did you take to keep from getting malaria?~~

~~ENTER NUMBER (RANGE 1-10)~~

~~H-20A. What color were the pills you took? ~~(for the longest period of time)?~~  
(if you took more than one kind, tell me about the ones you took first).~~

- ~~1=ORANGE~~
- ~~2=PINK~~
- ~~3=RED~~
- ~~4=WHITE~~
- ~~5=YELLOW~~
- ~~6=OTHER~~

~~H-20B. ~~How often did you take these pills?~~  
<sup>How many pills did you take in a week?</sup>~~

~~ENTER NUMBER OF ~~TIMES~~ <sup>PILLS PER WEEK</sup> (DK = DO NOT KNOW).~~

**NEW QUESTION**

*id you take any  
her pills to keep  
on getting malaria?  
1 = YES  
2 = NO → SKIP*

IF DON'T KNOW, SKIP TO H-19C IF NUMBER IN H-19A > 1.

~~ENTER APPLICABLE UNIT:  
1 = PER DAY } IF H-19A = 1, SKIP TO H-26 ON PAGE 74.  
2 = PER WEEK } IF H-19A > 1, ASK H-19C.~~

H-19C. What color were the other pills you took to keep from getting malaria? ~~that is, the ones that you took for the second longest period of time?~~

- ~~1=ORANGE~~
- ~~2=PINK~~
- ~~3=RED~~
- ~~4=WHITE~~
- ~~5=YELLOW~~
- ~~6=OTHER~~

H-20C.

*How many pills did you take in a week?*  
~~How often did you take these pills?~~

**PILLS PER WEEK**

ENTER NUMBER OF ~~TIMES~~ (DK = DO NOT KNOW).

IF DON'T KNOW, SKIP TO H-26.

~~ENTER APPLICABLE UNIT:~~

~~1 = PER DAY~~

~~2 = PER WEEK~~

*Now I would like to ask about different experiences you may have had in combat Vietnam*

ΔΔΔ H-26.

Which of the following statements, if any, describe your exposure to combat in Vietnam? <sup>(1)</sup> Did you ever receive incoming fire from artillery, rockets, or mortars?

**NEW QUESTIONS**

FOR "YES"

Responses to H-26 thru H-30

1 = YES →

2 = NO

9 = REFUSED →

*About how many times, altogether, did you receive incoming fire? (Please give me your best estimate.)*

SKIP TO SECTION I ON PAGE 75.

ΔΔΔ H-27.

Did you ever encounter mines or booby traps?

1 = YES →

2 = NO

9 = REFUSED →

*About how many times, altogether, did you encounter mines? (Please give me your best estimate)*

SKIP TO SECTION I ON PAGE 75.

ΔΔΔ H-28.

Did you ever receive sniper or sapper fire?

1 = YES →

2 = NO

9 = REFUSED →

*about how many times...*

SKIP TO SECTION I ON PAGE 75.

ΔΔΔ H-29.

Were you ever ambushed?

1 = YES →

2 = NO

9 = REFUSED →

*about how many times....*

SKIP TO SECTION I ON PAGE 75.

ΔΔΔ H-30.

Were you ever involved in a firefight with the Vietcong or the North Vietnamese Army?

1 = YES →

2 = NO

9 = REFUSED →

*about how many times....*

SKIP TO SECTION I ON PAGE 75.

ΔΔΔ H-31.

INTERVIEWER: DID THE RESPONDENT SHOW ANY SIGN OF HESITANCY OR DISTRESS DURING THIS COMBAT SECTION?

1 = YES

2 = NO

SECTION I. PSYCHOLOGICAL EXPERIENCES

ΔΔΔ I-01.

Now I would like to ask you some questions concerning <sup>different feelings or</sup> ~~various~~ experiences you may have had during the past 6 months <sup>(It)</sup> How often have you had repeated dreams or nightmares about things that happened to you while in the Army? Was that...(READ CHOICES)

1 = VERY OFTEN                      3 = SOMETIMES  
2 = OFTEN                              4 = NEVER

→ ΔΔΔ I-~~02~~<sup>03</sup>.

During the past 6 months, how often have you had painful memories of things that happened to you while in the Army. Was that...(READ CHOICES)

1 = VERY OFTEN                      3 = SOMETIMES  
2 = OFTEN                              4 = NEVER

→ ΔΔΔ I-~~03~~<sup>02</sup>.

During the past 6 months, how often have you avoided activities that might remind you of things that happened to you while in the Army? Was that...(READ CHOICES)

1 = VERY OFTEN                      3 = SOMETIMES  
2 = OFTEN                              4 = NEVER

ΔΔΔ I-04.

During the past 6 months, how often have you started to feel and act as though a disturbing event you experienced in the Army was happening all over again? Was that...(READ CHOICES)

1 = VERY OFTEN                      3 = SOMETIMES  
2 = OFTEN                              4 = NEVER

→ ΔΔΔ I-~~05~~<sup>06</sup>.

(During the past 6 months) how often have you felt anxious or troubled when you were in situations that reminded you of times in the Army? (Was that...(READ CHOICES))

1 = VERY OFTEN                      3 = SOMETIMES  
2 = OFTEN                              4 = NEVER

→ ΔΔΔ I-~~06~~<sup>05</sup>.

(During the past 6 months) how often have you felt ashamed or guilty about the kinds of things you did to survive while in the Army? (Was that...(READ CHOICES))

1 = VERY OFTEN                      3 = SOMETIMES  
2 = OFTEN                              4 = NEVER

ΔΔΔ I-07.

(During the past 6 months) how often have you had trouble falling asleep or sleeping too much? (Was that...(READ CHOICES))

1 = VERY OFTEN                      3 = SOMETIMES  
2 = OFTEN                              4 = NEVER

Questions I-01 to I-06 have been moved. They now follow questions I-07 to I-15.

ΔΔΔ I-08. (During the past 6 months,) how often have you had trouble concentrating? (Was that...(READ CHOICES))

- |                |               |
|----------------|---------------|
| 1 = VERY OFTEN | 3 = SOMETIMES |
| 2 = OFTEN      | 4 = NEVER     |

ΔΔΔ I-09. (During the past 6 months,) how often have you had trouble with your memory? (Was that...(READ CHOICES))

- |                |               |
|----------------|---------------|
| 1 = VERY OFTEN | 3 = SOMETIMES |
| 2 = OFTEN      | 4 = NEVER     |

ΔΔΔ I-10. (During the past 6 months,) how often have you been irritable and short-tempered? (Was that...(READ CHOICES))

- |                |               |
|----------------|---------------|
| 1 = VERY OFTEN | 3 = SOMETIMES |
| 2 = OFTEN      | 4 = NEVER     |

ΔΔΔ I-11. (During the past 6 months,) how often have you had explosions of <sup>aggressive</sup> ~~angry~~ or ~~aggressive~~ behavior? (Was that...(READ CHOICES))

- |                |               |
|----------------|---------------|
| 1 = VERY OFTEN | 3 = SOMETIMES |
| 2 = OFTEN      | 4 = NEVER     |

ΔΔΔ I-12. (During the past 6 months,) how often have you lost interest in your usual daily activities? (Was that...(READ CHOICES))

- |                |               |
|----------------|---------------|
| 1 = VERY OFTEN | 3 = SOMETIMES |
| 2 = OFTEN      | 4 = NEVER     |

ΔΔΔ I-13. (During the past 6 months,) how often have you felt distant from everyone, even those people you care about? (Was that...(READ CHOICES))

- |                |               |
|----------------|---------------|
| 1 = VERY OFTEN | 3 = SOMETIMES |
| 2 = OFTEN      | 4 = NEVER     |

ΔΔΔ I-14. (During the past 6 months,) how often have you felt that life is not meaningful? (Was that...(READ CHOICES))

- |                |               |
|----------------|---------------|
| 1 = VERY OFTEN | 3 = SOMETIMES |
| 2 = OFTEN      | 4 = NEVER     |

ΔΔΔ I-15. (During the past 6 months,) how often have you felt jumpy and easily startled or felt that you had to stay on guard all the time? (Was that...(READ CHOICES))

- |                |               |
|----------------|---------------|
| 1 = VERY OFTEN | 3 = SOMETIMES |
| 2 = OFTEN      | 4 = NEVER     |

ΔΔΔ I-16. Now, shifting the time period to include all of the past 12 months, during the past 12 months did you talk with a health professional about a drug, alcohol, or emotional problem? <sup>↑</sup> or mental health

1 = YES → SKIP TO I-18  
2 = NO

ΔΔΔ I-17. During the past 12 months, have you gone to anyone other than a health professional for help with a drug, alcohol, or emotional problem?

1 = YES  
2 = NO

IF I-16 AND I-17 = NO, SKIP TO I-19.

I-18. During the past 12 months, how many times have you gone for ~~pro-~~ fessional help with any of these problems?

ENTER NUMBER OF TIMES.

\_\_\_\_\_

ΔΔΔ I-19. During the past 12 months, were you admitted to any kind of treatment program because of a drug, alcohol, or emotional problem?

1 = YES  
2 = NO → SKIP TO I-21.

I-20. How many different times were you admitted to a treatment program for any of these problems during the past 12 months?

ENTER NUMBER OF TIMES.

\_\_\_\_\_

ΔΔΔ I-21. INTERVIEWER: WAS THERE ANY SIGN OF HESITANCY OR DISTRESS ON THE PART OF THE RESPONDENT DURING THIS LAST SECTION?

1 = YES  
2 = NO

\_\_\_\_\_

SECTION J. DRUG USE

AAA J-01.

The next few questions are about different drugs you may have used. Please keep in mind that your responses will be kept completely confidential.

While you were in the Army, did you use <sup>marijuana or hashish</sup> any of the following drugs at least once a week for 3 months or longer? ~~READ EACH DRUG AND ENTER ANSWER.~~

1 = YES  
2 = NO

	YES	NO
A. Marijuana or hashish . . . . .	1	2
B. LSD or mescaline . . . . .	1	2
C. Cocaine . . . . .	1	2
D. Barbituates or downers . . . . .	1	2
E. Amphetamines or speed . . . . .	1	2
F. Heroin . . . . .	1	2
G. PCP or angel dust . . . . .	1	2
H. Quaaludes . . . . .	1	2

03  
AAA J-02.

During the past 12 months, have you used <sup>marijuana or hashish</sup> any of the following drugs at least once a week? ~~READ EACH DRUG AND ENTER ANSWER.~~

1 = YES  
2 = NO

	YES	NO
A. Marijuana or hashish . . . . .	1	2
B. LSD or mescaline . . . . .	1	2
C. Cocaine . . . . .	1	2
D. Barbituates or downers . . . . .	1	2
E. Amphetamines or speed . . . . .	1	2
F. Heroin . . . . .	1	2
G. PCP or angel dust . . . . .	1	2
H. Quaaludes . . . . .	1	2

J-02

While you were in the army, did you use any other drugs such as LSD, barbituates, amphetamines, cocaine, heroin, PCP, or quaaludes at least once a week for 3 months or longer?

1 = Yes → What drugs did you use?  
2 = No

Code up to 4  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

J-04

During the past 12 months, have you used any other drugs at least once a week?

1 = YES → What drugs have you used?  
2 = No

Code up to 4  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ADDRESS UPDATES

ΔΔΔ So that we can update our records, I would like to get your current mailing address.

1 = YES

2 = NO - REFUSED → SKIP TO LOCATOR INFORMATION, PAGE 80.

ENTER STREET ADDRESS (LIMIT OF 35 CHARACTERS).

---

ENTER CITY (LIMIT OF 25 CHARACTERS).

---

ENTER 2 CHARACTER STATE CODE.

---

ENTER ZIP CODE.

---

I would also like to have a phone number where you can usually be reached during the day.

ENTER PHONE NUMBER (XXX) XXX-XXXX

---



LOCATOR INFORMATION

AAA In case you move, we <sup>would like to know</sup> ~~might want to get back in touch with you through a relative or close friend. Please tell me~~ the name, phone number, ~~and~~ mailing address <sup>and</sup> of someone, preferably a close relative, <sup>or friend</sup> not living with you, who will most likely know how to reach you.

ENTER NAME OF PERSON (LIMIT OF 25 CHARACTERS).

---

ENTER RELATIONSHIP OF PERSON TO RESPONDENT (LIMIT OF 15 CHARACTERS).

---

ENTER PHONE NUMBER OF RELATIVE OR FRIEND (XXX) XXX-XXXX.

- - -

---

ENTER STREET ADDRESS (LIMIT OF 35 CHARACTERS).

---

ENTER CITY OF RELATIVE OR FRIEND (LIMIT OF 15 CHARACTERS).

---

ENTER 2 LETTER STATE CODE.

---

Note:  
PT read only to veterans  
preselcted for medical exam

CONCLUSION

ΔΔΔ Mr. (LAST NAME), you have been selected by the Centers for Disease Control to be invited to the free medical examination that is a separate part of the study. Some information about the exam was included with the fact sheet and lead letter that were mailed. Within the next few months you will be given more information so you can make an informed decision about your participation.

We appreciate the time you have <sup>taken to answer these questions</sup> ~~given this important study.~~ <sup>On behalf of the Centers for Disease Control,</sup> We would like to thank you for your valuable contribution to the Veterans Health Survey. ~~Thank you again for your cooperation.~~ Good-bye, Mr. (LAST NAME).

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ΔΔΔ L-10. RESPONDENT COOPERATION WAS:

- 1 = VERY GOOD                      3 = FAIR
- 2 = GOOD                              4 = POOR

ΔΔΔ L-11. DID RESPONDENT CONSULT WITH ANYONE ELSE FOR HELP WITH ANSWERS?

- 1 = YES
- 2 = NO

ΔΔΔ L-12. WAS RESPONDENT INTERRUPTED OR DISTRACTED BY ANYONE?

- 1 = YES
- 2 = NO

ΔΔΔ L-13. DID <sup>You Give Out</sup> ~~THE~~ RESPONDENT EVER REQUEST THE PHONE NUMBER OF <sup>A</sup> ~~THE~~ VET CENTER?

- 1 = YES
- 2 = NO