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WOMEN'S VIETNAM VETERANS HEALTH STUDY
PROTOCOL DEVELOPMENT

CONTRACT NO. V101(93)P-1138

QUESTIONNAIRE

DELIVERABLE C

SUBMITTED BY NEW ENGLAND RESEARCH INSTITUTE, INC.

PRINCIPAL INVESTIGATOR

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QUESTIONNAIRE CONSTRUCTION

Several instruments were reviewed for possible inclusion in the Women Veterans Health Study. Whenever possible, questions were taken from other health studies (in particular the National Health Interview Survey) to assure high validity and reliability. This is most evident in the general health section as well as the reproductive history, social support, lifestyle, and demographics sections.

Since much of the life history events data is open-ended, a format used successfully in the Framingham Heart Study for hospitalizations and surgical procedures was expanded for use in the civilian employment, military history, and marital history sections. The pertinent hospitalizations and surgeries, as well as the military history, will be validated using hospital and military records respectively.

The same format was used to collect employment and military history on the father of each pregnancy and the conception partner sections. These have been pre-tested extensively and have worked very well.

Several questions regarding current PTSD have been buried throughout the instrument purposefully as part of the study design. The CESD scale was also included as a reliable means of assessing depression for these women in general. In addition, a short military experience section also gathers information relating to PTSD. The instrument by Dr. Robert Stretch, "Vietnam-Era Nurses Adjustment Survey" provided the basis for this section, and several questions in Stretch's instrument were used here. This instrument is based on the Vietnam-Era Veterans Adjustment Survey (VEVAS), which has been used in research on other veterans, and has established reliability.

In addition, all of the following were reviewed for this section:

- The Stress Event Survey; Problem Checklist and Stress Event Test (Pearce, 1985)
- The Youthful Liability Scale (Laufer, 1985)
- Independent Variable and Demographic Questionnaire (Frye, 1982)
- Post-Traumatic Stress Disorder Checklist (Ellen Frank, University of Pittsburgh, School of Medicine, Department of Psychiatry, 1987)
- Post-Traumatic Stress Disorder questionnaire from the Diagnostic Interview Schedule (L.N. Robins, J.E. Helzer and J.L. Croughan)
- Psychiatric Epidemiology Research Interview (PERI; Laufer, 1985)

These instruments listed above (except for the problem checklists which are duplicative of several other instruments), were excluded due to the difficulty of administration (several must be done in an in-person interview and/or require a clinician's assessment) and the length of time required to administer them. Also, given that the primary focus of this study is on female reproductive outcomes, the scope of the study must be limited for feasibility and to meet the time limits of a telephone interview.

Several general health studies as well as studies of Vietnam Veterans were reviewed for the instrument design:

- The Veterans Health Survey Questionnaire for CDC (conducted by RTI, 1985)
- The Survey of Female Veterans for the VA (conducted by Louis Harris and Associates, 1985)
- The Vietnam Era Twin Study Survey of Health
- The Vietnam Veterans History Questionnaire for the VA (Foy, 1986)
- The Ranch Hand Study for the USAF (1982)
- The National Health Interview Survey for the U.S. Public Health Service (1984)

- The Australian Veterans Health Studies for the Australian Government (Australian Royal Commission, 1985)
- Thesis by Gregory Paul Korgeski for the University of Minnesota (1987) on "The Psychological, Neurological and Medical Correlates of Self-Reported and Objective Ratings of Herbicide Exposure among Vietnam Veterans."
- The Women Vietnam Era Veteran's Social History Form (Butler and Samson)
- A Guide to Obtaining a Military History from Vietnam Veterans (Scorfield and Blank)

In addition to all of those listed above, several other instruments were reviewed specifically for the reproductive history section. These instruments together formed the basis for this section and pertinent topics addressed in these instruments are covered in the protocol. In addition to instruments developed by this project's Principal Investigator on studies of female reproductive functioning and social support networks the following were reviewed:

- The Reproductive Health Questionnaire for NCHS
- National Survey of Family Growth Cycles III and IV for HHS
- Menstrual Distress Questionnaire (Moos, 1968)
- Social Support Questionnaire (Norbeck, 1983)

For the nursing section, the following were very helpful and formed the basis for questions included in this section:

- Protocol from the Vietnam Nurse Veteran Project (Paul and O'Neill, 1984)
- The Staff Burnout Scale for Health Professionals by J.W. Jones (Cronin-Stubbs, 1985)
- The Nursing Stress Scale by Gray-Toft (Cronin-Stubbs, 1985)
- Questionnaire for Rating Stressful factors in the ICU/CCU developed by Dr. L. Huckabay, (Norbeck, 1985)

These instruments were provided directly from the researchers through correspondence.

PRE-TEST REPORT

The pre-test was conducted with 37 interviewees in four distinct groups: (1) twenty-seven Red Cross women who served in Vietnam; (2) one non-military nurse who served in Vietnam with AID; (3) seven Vietnam-era veterans (both nurses and non-nurses); and (4) two Vietnam veteran nurses.

The majority of the 37 interviews were conducted with former Red Cross volunteers for two major reasons: (1) the similar exposure (i.e., Vietnam experience) and, (2) the fact that this group will not be eligible for the Women Veterans Health Study and therefore would not reduce the sample of interest.

In order to pre-test the specific military and nursing sections however, a small number of Vietnam and Vietnam-era veterans were included. These names were made available through consultants on the project who are Vietnam and Vietnam-era veterans themselves. The names came from veterans organizations and the American Nurses' Association. The number of women from these groups was purposely small so that very few would have to be eliminated from the proposed study.

The instrument went through several different modifications during the pre-test, and feedback was requested from interviewers and interviewees in an effort to improve the instrument. On the whole, the interview was well-received. Respondents felt that it was thorough, comprehensive and neither offensive nor intrusive. The utilization of professionally-trained interviewers with several years of interviewing experience was certainly an important factor in this assessment.

The interview was always conducted at a convenient time for the respondent and for the majority, a specific appointment time was made due to the length of time required to administer the initial versions of the instrument. The average length of time required to administer the instrument across all four groups was 69.61 minutes. The average was 71.20 for the Red Cross group; 85 minutes for the two Vietnam veteran nurses; 44 minutes for the one AID nurse; and 63 minutes for the seven Vietnam-era veterans (nurses and non-nurses).

INSTRUMENT BIBLIOGRAPHY

NOTE: The articles cited in this Bibliography provided the basis for correspondence with the individual researchers. We requested copies of the actual questionnaires or instruments used in their research. The researchers were extremely helpful and provided us with copies of their protocols for our review.

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WOMEN'S VETERAN HEALTH STUDY

QUESTIONNAIRE

GENERAL HEALTH SECTION

First, I have some general health questions to ask you.

1. Would you say your health in general is:

- 1. Excellent
- 2. Very good
- 3. Good
- 4. Fair, or
- 5. Poor
- 9. DK

2. Overall, how much do you worry about your health:

- 1. Not at all
- 2. Very little
- 3. Some of the time, or
- 4. Most of the time
- 9. DK

3. In the past 2 weeks, have you had any illness, accident or injury which has restricted your usual activities?

- 1. NO
- 2. YES

9. DK

3.1 How many days altogether were your usual activities restricted by illness, accident or injury in the past 2 weeks?

--	--

DAYS

3.2 What was the reason (or reasons) for this limitation?



4. I will read you a list of common problems which affect us from time to time in our daily lives. Thinking back over the past two weeks, have you been bothered by any of the following?

	<u>NO</u>	<u>YES</u>	<u>DK</u>
a. Dizzy spells	1	2	9
b. Lack of energy	1	2	9
c. Diarrhea	1	2	9
d. Constipation	1	2	9
e. Persistent cough	1	2	9
f. Feeling blue or depressed	1	2	9
g. Backaches or lower back pain.....	1	2	9
h. Anxiety	1	2	9
i. Upset stomach	1	2	9
j. Headaches	1	2	9
k. Night sweats	1	2	9
l. Aches/stiffness in joints	1	2	9
m. 'Pins and needles' in hands or feet	1	2	9
n. Sore throat	1	2	9
o. Loss of appetite	1	2	9
p. Menstrual problems	1	2	9
q. Fluid (water) retention	1	2	9
r. Difficulty in concentrating	1	2	9
s. Nervous tension	1	2	9
t. Urinary tract/bladder infections	1	2	9
u. Trouble with bladder control/frequency ..	1	2	9
v. Rapid heartbeat	1	2	9
w. Hot flushes/flushes	1	2	9
x. Nightmares	1	2	9
y. Trouble sleeping or insomnia	1	2	9
z. Irritability	1	2	9
aa. Depression	1	2	9
bb. Forgetfulness.....	1	2	9

IF YES TO ANY ASK:

Why do you think you've had these problems lately?

5. Compared with persons of your own age and sex, how would you rate your risk of having a heart attack or stroke within the next ten years?

1. Much lower than average
2. Somewhat lower than average
3. About average
4. Somewhat higher than average, or
5. Much higher than average
9. DK

6. Do you know approximately what your blood pressure is?

--	--	--

SYSTOLIC

DK - 999

--	--	--

DIASTOLIC

DK - 999

7. Do you know approximately what the level of cholesterol in your blood is?

--	--	--

mg/dl

DK - 999

8. How tall are you in your stocking/bare feet without shoes? Please round to the nearest inch.

--

FT.

DK - 999

--	--

IN.

--	--

INCHES

9. How much do you weigh in light indoor clothing without shoes? Please round to the nearest pound.

--	--	--

POUNDS

DK - 999

10. Excluding weight gains due to pregnancy, since you were 21, have you ever weighed 20 or more pounds over your current weight?

1. NO 2. YES

↓
10.1 When was that? (PROBE FOR YEAR(S) AND CIRCUMSTANCES)

10.2 What is the most you have ever weighed?

--	--	--

 POUNDS

DK - 999

11. Since you were 21, have you ever weighed 20 or more pounds under your current weight?

1. NO 2. YES

↓
11.1 When was that? (PROBE FOR YEAR(S) AND CIRCUMSTANCES)

11.2 What is the least you have ever weighed?

--	--	--

 POUNDS

DK - 999

CIVILIAN EMPLOYMENT HISTORY

In order to get a complete picture of you as an individual, we need to collect a complete history on several areas of your life. I'd like to start with your civilian employment history.

1. What have you been doing for most of the past 12 months -- were you in the military, working at a non-military job for pay, going to school, or doing something else?

1. SOMETHING ELSE

2. IN THE MILITARY

4. WORKING
AT A JOB
FOR PAY

3. GOING TO SCHOOL

1. What were you doing?

- 01. RETIRED
- 02. LAID OFF
- 03. LOOKING FOR WORK
- 04. KEEPING HOUSE
- 05. ILL
- 06. DISABLED
- 07. VOLUNTEER WORK
- 08. OTHER (SPECIFY):

2. Excluding active duty while in the military, have you ever worked at a job for pay?

1. NO

2. YES

9. DK

2.1 Excluding jobs before you were 21 years old and excluding active duty in the military, let's begin with your first job after you reached 21.

SKIP TO
NEXT
SECTION

IF NO PAID JOBS AFTER 21 YEARS OF AGE
SKIP TO NEXT SECTION

2.1 FOR EACH JOB ASK:

- (a) What were the dates of your employment for that job?
- (b) Was that full-time (35 hours or more per week) or part-time (<35 hours per week)?
- (c) What type of work did you do? What, specifically, were your job duties? FOR NURSES ASK: What was your specialty? What type of ward did you work on?
- (d) What type of an organization did you work for? (Was it a hospital, company, university, etc.?) And, in what city and state was it located?
- (e) IF NOT CURRENTLY WORKING AT THAT JOB, ASK: Why did that job end?

JOB #	(a) DATES				(b)		(c) TYPE OF WORK	
	MONTH	YEAR	TO	MONTH	YEAR	FT		PT
1	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	1	2	_____
2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	1	2	_____
3	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	1	2	_____
4	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	1	2	_____
5	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	1	2	_____
6	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	1	2	_____

IF NURSE:
SPECIALTY WARDS

(d)
ORGANIZATION
CITY, STATE

(e)
WHY LEFT

1	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
2	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
3	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
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5	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
6	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

2. (CONT.) FOR EACH JOB ASK:

(a) What were the dates of your employment for that job?

(b) Was that full-time (35 hours or more per week) or part-time (< 35 hours per week)?

(c) What type of work did you do? What, specifically, were your job duties? FOR NURSES ASK: What was your specialty? What type of ward did you work on?

(d) What type of an organization did you work for? (Was it a hospital, company, university, etc.?) And, in what city and state was it located?

(e) IF NOT CURRENTLY WORKING AT THAT JOB, ASK: Why did that job end?

JOB #	(a) DATES				(b)		(c) TYPE OF WORK	
	MONTH	YEAR	TO	MONTH	YEAR	FT		PT
7	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	1	2	_____
8	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	1	2	_____
9	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	1	2	_____
10	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	1	2	_____
11	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	1	2	_____
12	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	1	2	_____

IF NURSE:
SPECIALTY WARDS

(d)
ORGANIZATION
CITY, STATE

(e)
WHY LEFT

7	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
8	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
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12	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

2. (CONT.) FOR EACH JOB ASK:

(a) What were the dates of your employment for that job?

(b) Was that full-time (35 hours or more per week) or part-time (<35 hours per week)?

(c) What type of work did you do? What, specifically, were your job duties? FOR NURSES ASK: What was your specialty? What type of ward did you work on?

(d) What type of an organization did you work for? (Was it a hospital, company, university, etc.?) And, in what city and state was it located?

(e) IF NOT CURRENTLY WORKING AT THAT JOB, ASK: Why did that job end?

JOB #	(a) DATES				(b)		(c) TYPE OF WORK	
	MONTH	YEAR	TO	MONTH	YEAR	FT		PT
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14	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	1	2	_____
15	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	1	2	_____
16	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	1	2	_____
17	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	1	2	_____
18	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	1	2	_____

IF NURSE:
SPECIALTY WARDS

(d)
ORGANIZATION
CITY, STATE

(e)
WHY LEFT

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17	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>
18	<hr/> <hr/>	<hr/> <hr/>	<hr/> <hr/>

MARITAL HISTORY

The next section asks for a complete marital history.

1. Have you ever been legally married?

1. NO

2. YES

9. DK

SKIP TO
NEXT
SECTION

1.1 What is your current marital status, are you:

1. Married and living with your spouse

2. Separated

3. Divorced, or

4. Widowed

1.2 How many times have you been legally married in your entire life?

--	--

ENTER #

GO TO MARITAL HISTORY SECTION AND RECORD MARRIAGES
UNTIL YOU REACH THE # ENTERED ABOVE.

2. (a) What were the dates of your marriage?

(b) IF NOT CURRENTLY IN THAT MARRIAGE, ASK: Did that marriage end in divorce, a legal separation, the death of your spouse, or in some other way? REPEAT FOR ALL MARRIAGES.

MARRIAGE #	(a) DATES	(b) REASON FOR END OF MARRIAGE																		
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REPRODUCTIVE HISTORY

The next set of questions ask for a complete reproductive history.

1. Have you ever taken any form of birth control pills?

1. NO 2. YES
9. DK

SKIP TO
QUESTION # 2

1.1a How old were you when you first began taking birth control pills? (b) What year was that?

(a) YEARS (b) 19

1.2 Are you taking birth control pills now?

1. NO 2. YES

1.2a What brand are you currently using?

(BRAND NAME)

SKIP TO QUESTION # 1.4

1.3 How long ago did you last take birth control pills?

- 01. ≤ 1 MONTH
- 02. > 1 MONTH; ≤ 1 YEAR AGO
- 03. > 1 YEAR; ≤ 5 YEARS AGO
- 04. > 5 YEARS; ≤ 10 YEARS AGO
- 05. > 10 YEARS; ≤ 20 YEARS AGO
- 06. > 20 YEARS AGO

1.4 As best as you can remember, I'd like to know all of the specific years or time periods when you used birth control pills, and the brand you used.

2. Have you ever used an IUD?

1. NO

9. DK

SKIP TO
QUESTION # 3

2. YES

2.1a How old were you when you first used an IUD? (b) What year was that?

(a) YEARS (b) 19

2.2 How long ago did you last use an IUD?

01. CURRENTLY USING; \leq 1 MONTH

02. $>$ 1 MONTH; \leq 1 YEAR AGO

03. $>$ YEAR; \leq 5 YEARS AGO

04. $>$ 5 YEARS; \leq 10 YEARS AGO

05. $>$ 10 YEARS; \leq 20 YEARS AGO

06. $>$ 20 YEARS AGO

2.3 As best as you can remember, I'd like to know all of the specific years or time periods when you used an IUD, and the brand you used.

3. Have you ever tried to conceive a child for a period of 12 months or more and been unable to get pregnant?

1. NO

2. YES

9. DK

SKIP TO Q # 4.1

4. Have you ever been in a relationship where you were having intercourse regularly (on a weekly basis) without using birth control for a period of 12 consecutive months or more without conceiving?

1. NO

2. YES

IF NO TO Q #
3 + 4
SKIP TO
QUESTION # 8

4.1 How old were you when this first happened?

--	--

YEARS

4.2 How long did this continue for?

--	--

MONTHS

OR

--	--

YEARS

4.3 Did you or your partner ever discuss this with a health professional or have any testing to determine why you did not conceive?

1. NO

2. YES

4.3a What types of tests did you and/or your partner have?

4.4 Were you or your partner ever treated by a health professional for this?

1. NO

2. YES

4.4a As best as you can remember, I'd like to know what types of treatments were prescribed for you and/or for your partner?

4.4b What was the outcome of the treatments?

CONCEPTION PARTNER SECTION

I'd like to ask you a few questions about the man you were in a relationship with when you did not conceive after 12 months. [REPEAT QUESTIONS 1 - 7 FOR EACH MAN WITH WHOM RESPONDENT WAS IN A RELATIONSHIP FOR 12 MONTHS WITHOUT CONCEPTION.]

* AT END, ASK: Did you ever try to conceive for 12 months or more with any other man or were you having regular intercourse for 12 consecutive months (on a weekly basis) with any other man without using birth control and without becoming pregnant? (IF YES, REPEAT CONCEPTION PARTNER SECTION.)

1. What is his date of birth? First the month, then the day and year.

--	--

MONTH

--	--

DAY

--	--

YEAR

9. DK

2. Did he ever serve in the military?

1. NO

2. YES

9. DK

2.1 Did he ever serve in Vietnam?

1. NO

2. YES

9. DK

SKIP TO QUESTION # 3

Now, I'd like to get his complete military service history while in Vietnam, for each tour of duty, beginning with his first tour in Vietnam. Please tell me where he served and for how long. Please include both temporary and permanent tours of duty.

(REPEAT UNTIL COMPLETE MILITARY HISTORY FOR ALL BRANCHES SERVED IN)

- 2.1 (a) What branch did he serve in?
- 2.1 (b) Where was he stationed? (COUNTRY AND AREA)
- 2.1 (c) For how long?
- 2.1 (d) What was his rank during that time?
- 2.1 (e) What was his assignment?
- 2.1 (f) FOR DOCTORS, NURSES AND MEDICS, ASK: What was his military occupational specialty? What hospital was he assigned to? What type of ward did he work on?

(a) BRANCH	(b) WHERE	(c) TIME				(d) RANK	
1 _____	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	TO	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____
		MONTH	YEAR		MONTH	YEAR	
2 _____	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	TO	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____
		MONTH	YEAR		MONTH	YEAR	
3 _____	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	TO	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____
		MONTH	YEAR		MONTH	YEAR	
4 _____	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	TO	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____
		MONTH	YEAR		MONTH	YEAR	
5 _____	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	TO	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____
		MONTH	YEAR		MONTH	YEAR	
6 _____	_____	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	TO	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	_____
		MONTH	YEAR		MONTH	YEAR	

(f)
FOR DOCTORS/
NURSES AND
MEDICS:

(e)
ASSIGNMENT

SPECIALTY

HOSPITAL
NAME

TYPE OF
WARD

1 _____

2 _____

3 _____

4 _____

5 _____

6 _____

3. Did he ever work in the manufacture or packaging of chemicals?

1. NO
9. DK

2. YES

SKIP TO
QUESTION # 4

- (a) What were the dates of his employment in that type of occupation?
- (b) Was that full-time (35 hours or more per week) or part-time (< 35 hours per week)?
- (c) What type of work did he do? What, specifically, were his job duties?
- (d) What was the name of the company he worked for?
- (e) What was the address of the company he worked for? I need the street, the city, state, and zip code, if you know it.

JOB	(a) DATES		(b) FT PT		(c) TYPE OF WORK
	MONTH	YEAR	1	2	
1	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>

4. Did he ever work in the field of agriculture?

1. NO 2. YES
 9. DK

SKIP TO
 QUESTION # 5

- (a) What were the dates of his employment in that type of occupation?
- (b) Was that full-time (35 hours or more per week) or part-time (< 35 hours per week)?
- (c) What type of work did he do? What, specifically, were his job duties?
- (d) What was the name of the company he worked for?
- (e) What was the address of the company he worked for? I need the street, the city, state, and zip code, if you know it.

JOB	(a) DATES		(b) FT PT		(c) TYPE OF WORK
	MONTH	YEAR	1	2	
1	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
	MONTH	YEAR		MONTH	YEAR
2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
	MONTH	YEAR		MONTH	YEAR
3	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
	MONTH	YEAR		MONTH	YEAR
4	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
	MONTH	YEAR		MONTH	YEAR
5	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
	MONTH	YEAR		MONTH	YEAR

(d)
NAME OF COMPANY

(e)
STREET ADDRESS (CITY, STATE, ZIP)

5. Did he ever work in forestry?

1. NO
9. DK

2. YES

SKIP TO
INTERVIEWER
CHECK AT THE
TOP OF
QUESTION # 6



- (a) What were the dates of his employment in that type of occupation?
- (b) Was that full-time (35 hours or more per week) or part-time (< 35 hours per week)?
- (c) What type of work did he do? What, specifically, were his job duties?
- (d) What was the name of the company he worked for?
- (e) What was the address of the company he worked for? I need the street, the city, state, and zip code, if you know it.

JOB	(a) DATES		(b) FT PT		(c) TYPE OF WORK
	MONTH	YEAR	1	2	
1	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
	MONTH	YEAR		MONTH	YEAR
2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
	MONTH	YEAR		MONTH	YEAR
3	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
	MONTH	YEAR		MONTH	YEAR
4	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
	MONTH	YEAR		MONTH	YEAR
5	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
	MONTH	YEAR		MONTH	YEAR

INTERVIEWER NOTE! ASK ONLY IF CURRENTLY MARRIED TO THIS MAN

6. What is his most recent occupation? What specifically does he do?

7. What was his usual occupation for most of the past 20 years? What specifically did he do for most of that time?

8. Have you ever been pregnant?

1. NO 2. YES

9. DK

SKIP TO
MENSTRUAL
HISTORY

8.1 Are you currently pregnant?

1. NO 2. YES

9. DK 8.1a What month of the pregnancy are you in?

_____ MONTH WEEKS

8.2 Altogether, how many times (including this pregnancy) have you ever been pregnant?

TIMES →

INTERVIEWER NOTE:

IF CURRENTLY PREGNANT FOR THE FIRST TIME, SKIP TO MENSTRUAL HISTORY SECTION.

GO TO PREGNANCY HISTORY AND RECORD PREGNANCIES UNTIL YOU REACH THE # ENTERED ABOVE

PREGNANCY HISTORY

I'd now like to ask you a series of questions about your pregnancy.

1. In what year did you become pregnant for the _____ time?

1 9 YEAR

2. How long did the pregnancy last? _____

WEEKS

3. What was the outcome of this pregnancy? [CODE RED]

1. MISCARRIAGE (SPONTANEOUS ABORTION) → SKIP TO QUESTION # 3.1

2. ECTOPIC PREGNANCY → SKIP TO QUESTION # 14

3. STILL BIRTH → SKIP TO QUESTION # 4

4. LIVE BIRTH

5. INDUCED ABORTION: ↓

(a) Could you please tell me why you had the abortion, or how you came to the decision to have the abortion?

(b) Was there any indication that the fetus was malformed?

1. NO 2. YES [CODE RED]

9. DK

SKIP TO QUESTION # 14



(c) Could you please tell me when the abortion took place?

--	--

MONTH

1 9

--	--

YEAR

(d) I'd also like to know the name and address of the hospital and the doctor who treated you.

HOSPITAL NAME

STREET ADDRESS

CITY

STATE

ZIP

DOCTOR'S NAME

STREET ADDRESS

CITY

STATE

ZIP

SKIP TO QUESTION # 14

3.1 Were you told by a physician that the miscarriage was caused by:
[READ a - b]

	NO	YES	DK
a. A congenital malformation?	1	2	9
b. A hydatidiform mole?	1	2	9

3.2 I'd also like to know the name and addresses
of the hospital and the doctor who treated
you.

HOSPITAL NAME

STREET ADDRESS

CITY STATE ZIP

DOCTOR'S NAME

STREET ADDRESS

CITY STATE ZIP

3.3 Were you or your partner given any information by a physician about why you may have had the miscarriage?

1. NO

2. YES

9. DK

3.3.1 What were you told?

3.4 Did you or your partner ever go for genetic counseling or have any tests to determine why you had the miscarriage?

1. NO

2. YES

9. DK

3.4.1 What types of tests were done and what was the outcome of the testing?

3.5 Did this miscarriage occur after amniocentesis or other similar test procedures?

1. NO

2. YES

9. DK

3.5.1 What tests were you given?

1. AMNIOCENTESIS

2. OTHER (SPECIFY: _____
_____)

3.6 Why do you think you had the miscarriage?

9. DK

SKIP TO
QUESTION # 14

INTERVIEWER NOTE: FOR MULTIPLE BIRTHS (TWINS, TRIPLETS, ETC.) RECORD FOR EACH CHILD.

4. Was this child male or female?

1. MALE 2. FEMALE

5. How much did the child weigh at birth?

--	--

POUNDS

--	--

OUNCES

6. Did this child have any birth defects or abnormalities when s/he was born?

1. NO 2. YES



6.1 Please describe the birth defect or abnormality.
(any others?)

6.2 Could I please have the name, address, city, state and zip code of the physician who diagnosed your child's abnormality or handicap, and the hospital at which the diagnosis was made?

NAME OF DOCTOR

ADDRESS

CITY

STATE

ZIP

NAME OF HOSPITAL

ADDRESS

CITY

STATE

ZIP

7. Was this a forceps delivery?

1. NO 2. YES 9. DK

8. Did you smoke at all during this pregnancy?

1. NO 2. YES

9. DK



8.1 How many cigarettes per day on the average did you smoke during this pregnancy?

CIGARETTES PER DAY



9. Did you drink alcoholic beverages at all during this pregnancy?

1. NO 2. YES

9. DK



9.1 About how often did you drink alcoholic beverages on the average during this pregnancy?

- 1. Less than once a month
- 2. Less than once a week
- 3. 1 or 2 days a week
- 4. 3 or 4 days a week
- 5. 5 or more days a week



10. Did you have any of the following complications during this pregnancy, as a result of the pregnancy?

[READ a-d, FOR EACH YES, ASK: During which month or months of the pregnancy did you have this?]

	<u>NO</u>	<u>YES</u>	<u>DK</u>	<u>MONTHS</u>
a. Toxemia.....	1	2	9	_____
b. Diabetes.....	1	2	9	_____
c. High Blood Pressure.....	1	2	9	_____
d. Spotting (Vaginal bleeding)...	1	2	9	_____

11. Did you have any other complications during this pregnancy?

1. NO

2. YES



9. DK

11.1 What complications?

INTERVIEWER NOTE: FOR STILLBIRTHS, SKIP TO QUESTION # 14

QUESTIONS 12 AND 13
FOR LIVE BIRTHS ONLY:

12a. How old is this child now?

MONTHS OR YEARS

8. DECEASED

↓
12.1 How old was your child when s/he died?

MONTHS OR YEARS

13. Did this child ever develop any abnormalities, handicaps or learning disabilities which were diagnosed?

1. NO 2. YES

↓
9. DK

SKIP TO
QUESTION
14

13.1 Were you told that your child had a learning disorder or disability of any type?

1. NO 2. YES

↓
9. DK

SKIP TO
Q # 13.2

13.1.1 How old was the child when this first appeared?

MONTHS OR YEARS

13.1.2 What specific type of disability were you told your child had? [CIRCLE ALL THAT APPLY]

- a. HYPERACTIVITY
- b. EXCITABILITY
- c. ATTENTION DEFICIT DISORDER
- d. DYSLEXIA
- e. OTHER (SPECIFY): _____

13.1.3 In what specific area of learning is the disability?

13.1.4 Who diagnosed the problem? [CIRCLE ALL THAT APPLY]

- 01. SPECIAL EDUCATION TEACHER
- 02. PEDIATRICIAN
- 03. PH.D. CLINICAL PSYCHOLOGIST
- 04. SCHOOL PSYCHOLOGIST (M.A.)
- 05. NEUROLOGIST
- 06. CHILD PSYCHIATRIST
- 07. OTHER (SPECIFY:) _____

13.1.5 Could I please have the name, address, city, state and zip code of the professional who diagnosed your child's learning abnormality, and the year in which the diagnosis was made?

NAME OF DOCTOR

ADDRESS

CITY

STATE

ZIP

1 9

--	--

YEAR DIAGNOSED

13.1.6 Were you told that your child's disability was neurologically based?

1. NO

2. YES

9. DK

13.1.7 Were you told that your child's disability was emotionally based?

1. NO

2. YES

9. DK

13.1.8 What were you told was the cause of the learning disability?

13.2 Were you told that your child had any abnormalities or handicaps other than learning disabilities?

1. NO

2. YES

9. DK

13.2.1 How old was the child when this first appeared?

↓
SKIP TO
Q # 14

		OR		
--	--	----	--	--

13.2.2 What abnormalities or handicaps did s/he develop?

13.2.3 What were you told was the cause of the abnormality or handicap?

13.2.4 Who diagnosed the problem? [CIRCLE ALL THAT APPLY]

01. PEDIATRICIAN

02. NEUROLOGIST

03. CHILD PSYCHIATRIST

04. OTHER (SPECIFY:) _____

13.2.5 Could I please have the name, address, city, state and zip code of the professional who diagnosed your child's abnormality or handicap, and the year in which the diagnosis was made?

NAME OF DOCTOR

ADDRESS

CITY

STATE

ZIP

1 9

--	--

YEAR DIAGNOSED

ASK EVERYONE

14. Were you or your partner using any form of birth control when you became pregnant the _____ time?

1. NO

2. YES

9. DK

14.1 What type of birth control were you or your partner using at the time? (CIRCLE ALL THAT APPLY)

01. BIRTH CONTROL PILLS

02. IUD

03. DIAPHRAGM

04. SPERMICIDAL JELLY

05. SPERMICIDAL FOAM

06. CONDOMS

07. CERVICAL CAP

08. CERVICAL SPONGE

09. DOUCHING AS A FORM OF BIRTH CONTROL

10. NATURAL FAMILY PLANNING (BASAL TEMPERATURE AND/OR CERVICAL MUCUS TEST)

11. RHYTHM

12. TUBAL LIGATION

13. VASECTOMY

14. OTHER (SPECIFY): _____

GO TO FATHER OF PREGNANCY SECTION

FATHER OF PREGNANCY SECTION

I'd like to ask you a few questions about the man who fathered the pregnancy.

1. What is the father's date of birth? First the month, then the day and year.

MONTH

DAY

YEAR

INTERVIEWER CHECK: IF SAME MAN AS PREVIOUS PREGNANCY, CHECK BOX AND SKIP TO NEXT PREGNANCY. AT END OF PREGNANCY SECTION, SKIP TO MENSTRUAL HISTORY.

2. Did he ever serve in the military?

1. NO 2. YES

9. DK 2.1 Did he ever serve in Vietnam?

1. NO 2. YES
9. DK

SKIP TO QUESTION # 3

Now, I'd like to get his complete military service history while in Vietnam, for each tour of duty, beginning with his first tour in Vietnam. Please tell me where he served and for how long. Please include both temporary and permanent tours of duty.

(REPEAT UNTIL COMPLETE MILITARY HISTORY FOR ALL BRANCHES SERVED IN)

- 2.1 (a) What branch did he serve in?
- 2.1 (b) Where was he stationed? (COUNTRY AND AREA)
- 2.1 (c) For how long?
- 2.1 (d) What was his rank during that time?
- 2.1 (e) What was his assignment?
- 2.1 (f) FOR DOCTORS, NURSES AND MEDICS, ASK: What was his military occupational specialty? What hospital was he assigned to? What type of ward did he work on?

(a) BRANCH	(b) WHERE	(c) TIME		(d) RANK	
1 _____	_____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	TO <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	_____
		MONTH	YEAR		
2 _____	_____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	TO <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	_____
		MONTH	YEAR		
3 _____	_____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	TO <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	_____
		MONTH	YEAR		
4 _____	_____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	TO <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	_____
		MONTH	YEAR		
5 _____	_____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	TO <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	_____
		MONTH	YEAR		
6 _____	_____	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	<div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	TO <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></div>	_____
		MONTH	YEAR		

(f)
FOR DOCTORS/
NURSES AND
MEDICS:

(e) ASSIGNMENT	SPECIALTY	HOSPITAL NAME	TYPE OF WARD
1 _____	_____	_____	_____
2 _____	_____	_____	_____
3 _____	_____	_____	_____
4 _____	_____	_____	_____
5 _____	_____	_____	_____
6 _____	_____	_____	_____

3. Did he ever work in the manufacture or packaging of chemicals?

1. NO 2. YES

9. DK
↓

SKIP TO
QUESTION # 4

- ↓
- (a) What were the dates of his employment in that type of occupation?
- (b) Was that full-time (35 hours or more per week) or part-time (< 35 hours per week)?
- (c) What type of work did he do? What, specifically, were his job duties?
- (d) What was the name of the company he worked for?
- (e) What was the address of the company he worked for? I need the street, the city, state, and zip code, if you know it.

JOB	(a) DATES	(b) FT PT	(c) TYPE OF WORK
1	<div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> TO <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> <div style="display: flex; justify-content: space-between; padding: 0 5px;"> MONTH YEAR </div> </div>	1 2	<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> <hr style="border: 0.5px solid black; margin-bottom: 5px;"/>
2	<div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> TO <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> <div style="display: flex; justify-content: space-between; padding: 0 5px;"> MONTH YEAR </div> </div>	1 2	<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> <hr style="border: 0.5px solid black; margin-bottom: 5px;"/>
3	<div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> TO <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> <div style="display: flex; justify-content: space-between; padding: 0 5px;"> MONTH YEAR </div> </div>	1 2	<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> <hr style="border: 0.5px solid black; margin-bottom: 5px;"/>
4	<div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> TO <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> <div style="display: flex; justify-content: space-between; padding: 0 5px;"> MONTH YEAR </div> </div>	1 2	<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> <hr style="border: 0.5px solid black; margin-bottom: 5px;"/>
5	<div style="display: flex; align-items: center; gap: 5px;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> TO <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> <div style="border: 1px solid black; width: 30px; height: 20px; display: flex; justify-content: space-between; padding: 2px;"> </div> <div style="display: flex; justify-content: space-between; padding: 0 5px;"> MONTH YEAR </div> </div>	1 2	<hr style="border: 0.5px solid black; margin-bottom: 5px;"/> <hr style="border: 0.5px solid black; margin-bottom: 5px;"/>

4. Did he ever work in the field of agriculture?

1. NO 2. YES
 9. DK

SKIP TO
QUESTION # 5

- (a) What were the dates of his employment in that type of occupation?
- (b) Was that full-time (35 hours or more per week) or part-time (< 35 hours per week)?
- (c) What type of work did he do? What, specifically, were his job duties?
- (d) What was the name of the company he worked for?
- (e) What was the address of the company he worked for? I need the street, the city, state, and zip code, if you know it.

JOB	(a) DATES		(b) FT PT		(c) TYPE OF WORK
	MONTH	YEAR	1	2	
1	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
	MONTH	YEAR		MONTH	YEAR
2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
	MONTH	YEAR		MONTH	YEAR
3	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
	MONTH	YEAR		MONTH	YEAR
4	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
	MONTH	YEAR		MONTH	YEAR
5	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
	MONTH	YEAR		MONTH	YEAR

(d)
NAME OF COMPANY

(e)
STREET ADDRESS (CITY, STATE, ZIP)

5. Did he ever work in forestry?

1. NO 2. YES
 ↓ ↓
 9. DK

SKIP TO
 INTERVIEWER
 CHECK AT TOP
 OF QUESTION
 # 6

- (a) What were the dates of his employment in that type of occupation?
- (b) Was that full-time (35 hours or more per week) or part-time (< 35 hours per week)?
- (c) What type of work did he do? What, specifically, were his job duties?
- (d) What was the name of the company he worked for?
- (e) What was the address of the company he worked for? I need the street, the city, state, and zip code, if you know it.

JOB	(a) DATES		(b) FT PT		(c) TYPE OF WORK
	MONTH	YEAR	1	2	
1	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
4	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
5	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>

INTERVIEWER NOTE! ASK ONLY IF CURRENTLY MARRIED TO THIS MAN

6. What is his most recent occupation? What specifically does he do?

7. What was his usual occupation for most of the past 20 years? What specifically did he do for most of that time?

MENSTRUAL HISTORY

I'd now like to get a complete menstrual history from you.

- 1.a. How old were you when your period (or menstrual cycles) started? (b) What year was that?

		YEARS	19	
--	--	-------	----	--

- 2.a. When you first began menstruating, did you experience any of the following?
[READ a - k]

- 2.b. Over the course of your menstrual history have you experienced any of the following?

- 2.c. FOR EACH YES TO 2.b, ASK: When was this most severe?

		(2a) NO	YES	DK	NO	(2b) YES	DK	(2c) YEARS
a. Severe cramps.....	1	2	9	1	2	9	_____	
b. A heavy flow.....	1	2	9	1	2	9	_____	
c. Nausea or vomiting.....	1	2	9	1	2	9	_____	
d. A very short period (3 days or less).....	1	2	9	1	2	9	_____	
e. A very lengthy period (7 or more days).....	1	2	9	1	2	9	_____	
f. Periods of Amenorrhea (loss of periods not caused by pregnancy)...	1	2	9	1	2	9	_____	
g. A regular but very short cycle (<28 days)	1	2	9	1	2	9	_____	
h. A regular but very long cycle (>35 days).	1	2	9	1	2	9	_____	
i. An irregular menstrual cycle anywhere between 26 - 40+ days apart with no pattern.....	1	2	9	1	2	9	_____	
j. Clotting during your period.....	1	2	9	1	2	9	_____	
k. Premenstrual symptoms (such as breast tender- ness or irritability)..	1	2	9	1	2	9	_____	

3. Have you had a period in the past 12 months?

1. NO 2. YES

↓
3.1 About how long ago was your last period?

01. HAVING IT NOW

02. < 1 MONTH AGO OR SLIGHTLY LONGER THAN 30 DAYS
BUT STILL REGULARLY MENSTRUATING.

03. > 1; ≤ 3 MONTHS AGO

04. > 3; ≤ 6 MONTHS AGO

05. > 6; ≤ 9 MONTHS AGO

06. > 9; ≤ 12 MONTHS AGO

SKIP TO QUESTION # 6

↓
4. Have your periods stopped?

1. NO 2. YES

↓
4.1 What caused your periods to stop?

01. PREGNANCY/LACTATION

02. SURGERY

03. NATURAL (NON-SURGICAL) MENOPAUSE

04. RADIATION OR CHEMOTHERAPY

05. OTHER CAUSE (SPECIFY): _____

99. DK

↓

5. About how old were you when you had your last period?

--	--

 YEARS

6. What was the date your last period started?

MONTH		DAY		YEAR	

7. When was the last time you had a Pap Test (Pap Smear)?

1. NEVER					
	MONTH		YEAR		

9. DK

9. DK

SKIP TO
NEXT
SECTION

8.1 How often do you usually have a Pap Test?

01. AT LEAST ONCE EVERY 6 MONTHS;

02. AT LEAST ONCE A YEAR;

03. AT LEAST ONCE EVERY OTHER YEAR;

04. AT LEAST ONCE EVERY FIVE YEARS;

05. AT LEAST ONCE EVERY TEN YEARS;

06. AT LEAST ONCE EVERY 20 YEARS;

07. OTHER (SPECIFY): _____

MEDICAL HISTORY

I'd now like to get a complete medical history from you.

1. (a) Has a doctor or other health professional ever told you that you had any of the following? [READ a - ff.]

FOR EACH YES, ASK:

(b) When was this first diagnosed? (YEAR)

(c) Do you still have: ?

(d) Have you been treated for _____ in the past 6 months?

	(a)			(b)	(c) HAS			(d) TREATMENT		
	NO	DK	YES	(YEAR)	NO	YES	DK	NO	YES	DK
a. High blood pressure (hypertension)	1	9	2	_____	1	2	9	1	2	9
b. Heart disease (inc., heart attack, heart failure, rapid heart, angina)	1	9	2	_____	1	2	9	1	2	9
c. Diabetes (high blood sugar)	1	9	2	_____	1	2	9	1	2	9
d. Stroke or hemorrhage of the brain	1	9	2	_____	1	2	9	1	2	9
e. Convulsions or seizures	1	9	2	_____	1	2	9	1	2	9
f. Any disease of the pancreas	1	9	2	_____	1	2	9	1	2	9
g. Arthritis or rheumatism	1	9	2	_____	1	2	9	1	2	9
h. Non-Hodgkins lymphoma	1	9	2	_____	1	2	9	1	2	9
i. Cancer (IF YES, SPECIFY)										
_____	1	9	2	_____	1	2	9	1	2	9

j. Fibrocystic breast disease	1	9	2	_____	1	2	9	1	2	9
k. A pelvic infection or pelvic inflammatory disease (PID)	1	9	2	_____	1	2	9	1	2	9
l. Abnormal Pap Smear	1	9	2	_____	1	2	9	1	2	9

	(a)			(b)	(c) HAS			(d) TREATMENT		
	NO	DK	YES	(YEAR)	NO	YES	DK	NO	YES	DK
m. Gonorrhoea	1	9	2	_____	1	2	9	1	2	9
n. Syphilis	1	9	2	_____	1	2	9	1	2	9
o. Genital herpes	1	9	2	_____	1	2	9	1	2	9
p. Any other sexually transmitted disease (IF YES, SPECIFY: _____)	1	9	2	_____	1	2	9	1	2	9
q. Trichomoniasis	1	9	2	_____	1	2	9	1	2	9
r. Vaginal warts	1	9	2	_____	1	2	9	1	2	9
s. Recurrent vaginal infections	1	9	2	_____	1	2	9	1	2	9
t. Urinary tract infections	1	9	2	_____	1	2	9	1	2	9
u. Gallstones or any gall bladder problems	1	9	2	_____	1	2	9	1	2	9
v. Any chronic stomach problems (ulcer, gastrointestinal bleeding, colitis)	1	9	2	_____	1	2	9	1	2	9
w. Allergies	1	9	2	_____	1	2	9	1	2	9
x. Any liver problems (SPECIFY _____)	1	9	2	_____	1	2	9	1	2	9
y. Thyroid problems (SPECIFY _____)	1	9	2	_____	1	2	9	1	2	9
z. Skin rashes	1	9	2	_____	1	2	9	1	2	9
aa. Asthma	1	9	2	_____	1	2	9	1	2	9
bb. Acne or chloracne	1	9	2	_____	1	2	9	1	2	9
cc. Alcoholism	1	9	2	_____	1	2	9	1	2	9

	(a)			(b)	(c) HAS			(d) TREATMENT		
	NO	DK	YES	(YEAR)	NO	YES	DK	NO	YES	DK
dd. Drug Addiction	1	9	2	_____	1	2	9	1	2	9
ee. Hepatitis	1	9	2	_____	1	2	9	1	2	9
ff. Any others (SPECIFY)										
_____	1	9	2	_____	1	2	9	1	2	9
_____	1	9	2	_____	1	2	9	1	2	9
_____	1	9	2	_____	1	2	9	1	2	9

We also need to know if you have ever used medications. I am going to read a list of common medications.

2. For each one, please tell me if you have ever taken it. If you have taken it, I'd like to know when you took it and for how long. (From when to when?)
 [READ a - z]

	NEVER	YES, TAKEN	WHEN				
			MONTH	YEAR	TO	MONTH	YEAR
(a) Medicine for your heart or heartbeat.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(b) Medicine for cholesterol or fats in your blood.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(c) Medicine for your blood pressure...	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(d) Diuretic or water pills.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(e) Aspirin, Tylenol or a similar non-prescription pain reliever.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(f) Medication prescribed for migraine headaches.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(g) Any other pain reliever needing a prescription.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(h) Sleeping pills.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(i) Diet pills.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(j) Pills to relax you which required a prescription (valium, librium)... (SPECIFY:)	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(k) Medication for depression..... (SPECIFY:)	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(l) Hormone pills for menopause or aging symptoms (premarin, DES, estrace, estrogen, etc.)..... (SPECIFY:)	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(m) Hormone treatments for any other problems..... (SPECIFY PROBLEM AND TREATMENT:)	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>

NEVER YES, WHEN
 TAKEN MONTH YEAR MONTH YEAR

(n) Any antimalarial medication.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(o) Medicine for menstrual problems....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(p) Insulin.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(q) Calcium/Tums.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(r) Vitamins, iron supplements or other minerals.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(s) Thyroid pills.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(t) Medicine for an upset stomach.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(u) Herbs or teas for medicinal purposes.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(v) Medicine for allergies (including injections).....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(w) Prescription medication for arthritis or rheumatism.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(x) Prescription medication for other muscle/joint problems.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(y) Laxatives.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(z) Antibiotics.....	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>
(aa.) Any others? (SPECIFY):							
_____	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>

_____	1	2	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>

3. Have you ever had any surgery as an in-patient or on an outpatient basis since 1960?

1. NO

2. YES [CODE RED]

9. DK

FOR EACH SURGERY, ASK:

GO TO
CHECKLIST
AT END OF
THIS
SECTION
QUESTION # 4

3.1 (a) When did you have the surgery?

(b) What was the diagnosis (or for what reason were you operated on)?

(c) Please give me the name and address of both the hospital where you were operated on and the surgeon who performed the operation.
[RECORD EACH SURGERY, THEN GO TO CHECKLIST]

SURGERY #	(a) DATE	(b) DIAGNOSIS								
(1)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>MONTH</td><td>YEAR</td><td></td><td></td></tr></table>					MONTH	YEAR			<hr/> <hr/> <hr/>
MONTH	YEAR									
(2)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>MONTH</td><td>YEAR</td><td></td><td></td></tr></table>					MONTH	YEAR			<hr/> <hr/> <hr/>
MONTH	YEAR									
(3)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>MONTH</td><td>YEAR</td><td></td><td></td></tr></table>					MONTH	YEAR			<hr/> <hr/> <hr/>
MONTH	YEAR									
(4)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>MONTH</td><td>YEAR</td><td></td><td></td></tr></table>					MONTH	YEAR			<hr/> <hr/> <hr/>
MONTH	YEAR									
(5)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>MONTH</td><td>YEAR</td><td></td><td></td></tr></table>					MONTH	YEAR			<hr/> <hr/> <hr/>
MONTH	YEAR									

(SURGERIES CONTINUED)

FOR EACH SURGERY, ASK:

- 3.1 (a) When did you have the surgery?
- (b) What was the diagnosis (or for what reason were you operated on)?
- (c) Please give me the name and address of both the hospital where you were operated on and the surgeon who performed the operation.
[RECORD EACH SURGERY, THEN GO TO CHECKLIST]

SURGERY #	(a) DATE	(b) DIAGNOSIS								
(6)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>MONTH</td><td> </td><td>YEAR</td><td> </td></tr></table>					MONTH		YEAR		<hr/> <hr/> <hr/>
MONTH		YEAR								
(7)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>MONTH</td><td> </td><td>YEAR</td><td> </td></tr></table>					MONTH		YEAR		<hr/> <hr/> <hr/>
MONTH		YEAR								
(8)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>MONTH</td><td> </td><td>YEAR</td><td> </td></tr></table>					MONTH		YEAR		<hr/> <hr/> <hr/>
MONTH		YEAR								
(9)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>MONTH</td><td> </td><td>YEAR</td><td> </td></tr></table>					MONTH		YEAR		<hr/> <hr/> <hr/>
MONTH		YEAR								
(10)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td>MONTH</td><td> </td><td>YEAR</td><td> </td></tr></table>					MONTH		YEAR		<hr/> <hr/> <hr/>
MONTH		YEAR								

(SURGERIES CONTINUED)

FOR EACH SURGERY, ASK:

- 3.1 (a) When did you have the surgery?
- (b) What was the diagnosis (or for what reason were you operated on)?
- (c) Please give me the name and address of both the hospital where you were operated on and the surgeon who performed the operation.
[RECORD EACH SURGERY, THEN GO TO CHECKLIST]

SURGERY #	(a) DATE	(b) DIAGNOSIS				
(11)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH YEAR					<hr/> <hr/> <hr/>
(12)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH YEAR					<hr/> <hr/> <hr/>
(13)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH YEAR					<hr/> <hr/> <hr/>
(14)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH YEAR					<hr/> <hr/> <hr/>
(15)	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> MONTH YEAR					<hr/> <hr/> <hr/>

SURGERY CHECKLIST

INTERVIEWER: AFTER RESPONDENT LISTS ALL HER SURGERIES PROBE ONLY FOR THOSE NOT MENTIONED ABOVE IN SURGERY SECTION.

4. Have you ever had any of the following operations or procedures?
[READ a - i]

	<u>NO</u>	<u>YES</u>	<u>NOT SURE</u>
(a) Removal of the uterus.....	1	2	9
(b) Removal of left ovary only.....	1	2	9
(c) Removal of right ovary only.....	1	2	9
(d) Removal of both ovaries.....	1	2	9
(e) Tubal ligation (having your tubes tied)	1	2	9
(f) Dilation and curettage (a D&C, scraping of the uterus).....	1	2	9
(g) Breast surgery for cysts or benign tumors.....	1	2	9
(h) Breast surgery for cancer.....	1	2	9
(i) Any pelvic surgery.....	1	2	9

(IF YES, SPECIFY REASON: _____)

FOR EACH YES THAT HAS NOT BEEN RECORDED IN SURGERY SECTION, GO BACK AND COMPLETE QUESTIONS 3.1 a - c

5. Have you ever been treated for any type of cancer or leukemia with either radiation or chemotherapy?

1. NO

2. YES [CODE RED]

9. DK

[FOR EACH SET OF TREATMENTS, ASK:]

SKIP TO
QUESTION
6

5.1 (a) When were you treated?

(b) What was the diagnosis (or type of cancer)?

(c) Please give me the name and address of the hospital and the doctor who treated you.

CANCER #	(a) DATE	(b) DIAGNOSIS
(1)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	_____
	MONTH YEAR MONTH YEAR	_____
(2)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	_____
	MONTH YEAR MONTH YEAR	_____
(3)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	_____
	MONTH YEAR MONTH YEAR	_____
(4)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	_____
	MONTH YEAR MONTH YEAR	_____
(5)	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/>	_____
	MONTH YEAR MONTH YEAR	_____

(HOSPITALIZATION CONTINUED)

[FOR EACH HOSPITALIZATION, ASK:]

6.1 (a) When were you hospitalized?

(b) What was the diagnosis (or for what reason were you hospitalized)?

(c) Please give me the name and address of the hospital and the doctor who treated you.

HOSPITAL #	(a) DATE	(b) DIAGNOSIS																		
(6)	<table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td>TO</td><td> </td><td> </td><td> </td><td> </td></tr><tr><td>MONTH</td><td>YEAR</td><td>MONTH</td><td>YEAR</td><td></td><td>MONTH</td><td>YEAR</td><td></td><td></td></tr></table>					TO					MONTH	YEAR	MONTH	YEAR		MONTH	YEAR			<hr/> <hr/> <hr/>
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				TO																
MONTH	YEAR	MONTH	YEAR		MONTH	YEAR														

7. Have you ever seen a counselor or mental health professional for any reason?

1. NO

2. YES

9. DK

[FOR EACH, ASK:]

SKIP TO
QUESTION
8

7.1 (a) When was that?

(b) What was the reason you went?

[PROBE: Any other times?]

(a)
DATE

(b)
REASON

(1) TO
MONTH YEAR MONTH YEAR

(2) TO
MONTH YEAR MONTH YEAR

(3) TO
MONTH YEAR MONTH YEAR

(4) TO
MONTH YEAR MONTH YEAR

(5) TO
MONTH YEAR MONTH YEAR

8. Have you ever been part of a support group or therapy group led by a licensed therapist or a certified counselor, such as a licensed social worker, a psychologist or a psychiatrist?

1. NO

2. YES

9. DK

[FOR EACH GROUP, ASK:]

**SKIP TO
NEXT
SECTION**

8.1 (a) When was that?

(b) What was the reason you went?

[PROBE: Any other groups?]

(a)
DATE

(b)
REASON

(1) TO
MONTH YEAR MONTH YEAR

(2) TO
MONTH YEAR MONTH YEAR

(3) TO
MONTH YEAR MONTH YEAR

(4) TO
MONTH YEAR MONTH YEAR

(5) TO
MONTH YEAR MONTH YEAR

SOCIAL SUPPORT NETWORK

The next questions concern contact with other people.

1. Are there any groups or organizations that you attend regularly, such as church groups, political groups, unions, clubs, veterans groups, exercise or sports groups, neighborhood or school associations, etc.?

1. NO
9. DK
2. YES

SKIP TO Q # 2



1.1 What is the first group that comes to mind?

1.2 How frequently do you attend it?

(RECORD RESPONSES TO BOTH QUESTIONS ON THE FIRST LINE BELOW, THEN PROBE: Is there another group? How frequently do you attend it? RECORD RESPONSE ON THE SECOND LINE BELOW. REPEAT PROBE UNTIL ALL LINES ARE FILLED OR THE RESPONDENT CANNOT THINK OF ANYMORE GROUPS.)

<u>NAME OR TYPE OF GROUP</u>	<u>AT LEAST ONCE A WEEK</u>	<u>AT LEAST ONCE A MONTH</u>	<u>AT LEAST ONCE EVERY 3 MONTHS</u>	<u>AT LEAST ONCE EVERY 6 MONTHS</u>	<u>LESS THAN ONCE EVERY 6 MONTHS</u>
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5
_____	1	2	3	4	5

2. Now I have some questions about people who may be close to you. Do you have anyone who you can go to with problems or from whom you can get advice, help or emotional support? You may include your spouse, partner or other members of your immediate family, other relatives, friends, neighbors, or people with whom you work.

1. NO
9. DK
2. YES

SKIP TO NEXT SECTION



2.1 Who is the first person that comes to mind?
(PROBE 2 TIMES: Is there anyone else?)

PERSON 1

PERSON 2

PERSON 3

IF THREE PEOPLE ARE LISTED, ASK: How many others?

SIZE OF NETWORK (GRAND TOTAL):

ABOVE +

↓
[] [] []

Now I would like to ask you a few questions about each of the people you just mentioned.

2.2 Is _____:
(USE NAME/RELATIONSHIP GIVEN BY RESPONDENT)

- 1. Male
- 2. Female

[] [] []

2.3 Approximately how old is _____?
(RECORD ANSWER IN YEARS)

[] [] [] [] [] []

2.4 Is _____ :

- 1. Never married
- 2. Married and living with spouse
- 3. Separated
- 4. Divorced
- 5. Widowed
- 9. DON'T KNOW

[] [] []

2.5 Is _____ currently working? [IF YES ASK, part time or full time?]

- 1. NO
- 2. YES, PART TIME < 35 HOURS PER WEEK
- 3. YES, FULL TIME ≥ 35 HOURS PER WEEK
- 9. NOT SURE/DON'T KNOW

[] [] []

2.6 Approximately how long have you known _____ ?
(RECORD ANSWER IN YEARS - ROUND TO NEAREST YEAR)

[] [] [] [] [] []

2.7 What is _____ 's ethnic background? [CIRCLE ALL MENTIONED]

- 01. IRISH
- 02. ENGLISH
- 03. FRENCH OR FRENCH
CANADIAN
- 04. GREEK
- 05. ITALIAN
- 06. BLACK, AFRO-
AMERICAN
- 07. JEWISH
- 08. HISPANIC
- 09. NO PARTICULAR ETHNIC BACKGROUND
- 10. OTHER (SPECIFY:) (1) _____
- (2) _____
- (3) _____
- 77. REFUSED
- 99. NOT SURE/DK

--	--	--	--	--	--

2.8 What is _____ 's relationship to you?

- 01. SPOUSE
- 02. OTHER IMMEDIATE FAMILY MEMBER LIVING IN HOUSEHOLD
- 03. OTHER RELATIVE NOT LIVING IN HOUSEHOLD
- 04. FRIEND
- 05. NEIGHBOR
- 06. CO-WORKER
- 07. CLERGYMAN/DOCTOR/OTHER/PROFESSIONAL, ETC.
- 08. OTHER

SKIP TO
Q # 3

--	--	--	--	--	--

2.9 Does _____ live:

- 1. In your neighborhood (or within 1 mile)
- 2. In your town/city (within 10 miles of you)
- 3. Elsewhere in your state, or
- 4. Out-of-state

--	--	--

2.10 How do you and _____ usually contact each other?

- 01. In person,
- 02. By telephone,
- 03. By mail,
- 04. In person and over the telephone
- 05. By telephone and mail, or
- 06. All three (PERSON, TELEPHONE, MAIL)

--	--	--	--	--	--

2.11 How often do you and _____ contact each other in this way?

- 01. AT LEAST ONCE A DAY
- 02. AT LEAST ONCE A WEEK
- 03. AT LEAST ONCE A MONTH
- 04. AT LEAST ONCE EVERY THREE MONTHS
- 05. AT LEAST ONCE EVERY SIX MONTHS
- 06. LESS THAN ONCE EVERY SIX MONTHS

--	--	--	--	--	--

2.12 Who usually makes the contact?

- 1. Do you make the contact most of the time, does
- 2. _____ make the contact most of the time
or does
- 3. Each of you make the contact equally

--	--	--

3. Among the _____ (NUMBER) people you have named, do any of them know each other?

1. NO

2. YES

9. DK

ASK FOR EACH PAIR

3.1 Does [PERSON #1] know [PERSON #2]? [PERSON #3]?
Does [PERSON #2] know [PERSON #3]?

<u>RECORD NAMES BELOW</u>	<u>NUMBERS OF PAIRS</u>	<u>NO</u>	<u>YES</u>	<u>NOT SURE/DK</u>
_____	a. 1 WITH 2	1	2	9
_____	b. 1 WITH 3	1	2	9
_____	c. 2 WITH 3	1	2	9

3.2 Are these people likely to contact each other independently of you, about something which does not have to do with you?

1. NO

2. YES

9. DK

3.2.1 [ASK ONLY FOR PAIRS WHO KNOW EACH OTHER]

Would [INSERT PAIRS] contact each other independently of you about something which does not have to do with you?

<u>RECORD NAMES BELOW</u>	<u>NUMBERS OF PAIRS</u>	<u>NO</u>	<u>YES</u>	<u>NOT SURE/DK</u>
_____	a. 1 WITH 2	1	2	9
_____	b. 1 WITH 3	1	2	9
_____	c. 2 WITH 3	1	2	9

LIFESTYLE SECTION

This next section asks several questions about lifestyle habits.

LIFESTYLE: ALCOHOL

1. On the average, do you drink alcoholic beverages:

1. Daily;
2. At least once a week;
3. At least once a month;
4. Less than once a month; or

5. Not at all
9. DK

1.1 Have you ever drunk any alcoholic beverages?

1. NO
2. YES

1.2 Are there any particular reasons why you don't drink (now)?
[RECORD VERBATIM] [CIRCLE ALL THAT APPLY]

- a. I'VE NEVER DRUNK IN MY LIFE.
- b. RELIGIOUS/MORAL REASONS/DON'T BELIEVE IN IT/BROUGHT UP NOT TO DRINK.
- c. FOR DIET/MEDICAL/HEALTH REASONS.
- d. (FAMILY) PROBLEMS CAUSED BY OTHERS WHO DRINK.
- e. PERSONAL/FAMILY/JOB/SCHOOL PROBLEMS CAUSED BY OWN DRINKING.
- f. I'M AN ALCOHOLIC; I HAVE A DRINKING PROBLEM/I NEEDED TO STOP DRINKING/I WAS SPENDING TOO MUCH TIME DRINKING/I JOINED AA.
- g. SOCIAL/PEER FAMILY PRESSURE TO STOP DRINKING/OTHER SOCIAL CIRCUMSTANCES/OTHERS DON'T DRINK.
- h. PERSONAL PREFERENCE/I DON'T LIKE THE TASTE/DIDN'T DRINK MUCH & DECIDED TO QUIT.
- i. TOO EXPENSIVE TO DRINK/TOO MUCH MONEY.
- j. PREGNANT.
- k. OTHER: _____

SKIP TO INTERVIEWER CHECK AT TOP OF QUESTION # 5

2. How often do you usually drink beer?

0. Never

9. DK

↓
SKIP TO
QUESTION # 3

1. Less than once a month,

2. Less than once a week,

3. 1 or 2 days a week,

4. 3 or 4 days a week, or

5. 5 or more days a week.

2.1 Thinking of all the times you have had beer recently, when you drink beer, how many do you usually drink each time?

--	--

BEERS

2.2 When you drink beer, what is the most you drink?

--	--

BEERS

2.3 About how often do you drink this much beer?

1. Less than once a month,

2. Less than once a week,

3. 1 or 2 days a week,

4. 3 or 4 days a week, or

5. 5 or more days a week.

3. How often do you usually drink wine, or a punch containing wine?

0. Never

9. DK

SKIP TO
QUESTION # 4

1. Less than once a month,

2. Less than once a week,

3. 1 or 2 days a week,

4. 3 or 4 days a week, or

5. 5 or more days a week.

3.1 Thinking of all the times you have had wine recently, when you drink wine, how many glasses do you usually drink each time?

--	--

GLASSES

3.2 When you drink wine, what is the most you drink?

--	--

GLASSES

3.3 About how often do you drink this much wine?

1. Less than once a month,

2. Less than once a week,

3. 1 or 2 days a week,

4. 3 or 4 days a week, or

5. 5 or more days a week.

4. How often do you usually have drinks containing liquor (such as martinis, manhattans, highballs, or straight drinks)?

0. Never

9. DK

↓
SKIP TO
QUESTION # 5

1. Less than once a month,

2. Less than once a week,

3. 1 or 2 days a week,

4. 3 or 4 days a week, or

5. 5 or more days a week.

4.1 Thinking of all the times you have had liquor recently, when you have drinks containing liquor, how much do you usually drink each time?

--	--

DRINKS

4.2 When you have drinks containing liquor, what is the most you drink?

--	--

DRINKS

4.3 About how often do you drink this much liquor?

1. Less than once a month,

2. Less than once a week,

3. 1 or 2 days a week,

4. 3 or 4 days a week,

5. 5 or more days a week.

[INTERVIEWER CHECK: IF RESPONDENT NEVER DRANK, SKIP TO LIFESTYLE: TOBACCO]

5. I'm now going to ask you some questions about personal experiences you may have had when drinking.

	NO	YES	DK
a. Did drinking ever cause you to have an accident or injury of any kind?.....	1	2	9
b. Have you ever been arrested for drunk driving?.....	1	2	9
c. Have you ever been arrested because of anything connected with your drinking alcohol (aside from drunk driving arrests?.....	1	2	9
d. Have you ever lost or quit a job because of your drinking alcohol?.....	1	2	9
e. Have your <u>ever</u> lost a close friendship because of <u>your</u> drinking alcohol?.....	1	2	9
f. Has your drinking alcohol <u>ever</u> been a cause of trouble in your household?.....	1	2	9
g. Have you <u>ever</u> been separated or divorced because of your drinking alcohol?.....	1	2	9
h. Have you <u>ever</u> gotten into arguments or fights while drinking alcohol?.....	1	2	9

6. Have your drinking patterns changed at all from the time you were 18 up until now?

1. NO 2. YES

9. DK



6.1 Did you drink more or less when you were 18 than you do now?

1. MORE 2. LESS 9. DK

6.2 What were your drinking patterns when you were 18 and how have they changed since that time?

6.3 When (during what years) did the changes occur and why did they occur?



LIFESTYLE: TOBACCO AND OTHER

1. Do you:

- A. smoke cigarettes? 1. NO 2. YES
- B. smoke cigarillos? 1. NO 2. YES
- C. smoke a pipe? 1. NO 2. YES
- D. smoke cigars? 1. NO 2. YES
- E. chew tobacco? 1. NO 2. YES

IF NO TO ALL
OF A THRU E

↓
SKIP TO
QUESTION
2

IF YES TO ONLY
ONE OF A THRU E



IF YES TO MORE THAN
ONE OF A THRU E

- ↓
- 1.1 Which do you do most often?
[CIRCLE ONE]
- 1. Smoke cigarettes?
 - 2. Smoke cigarillos?
 - 3. Smoke a pipe?
 - 4. Smoke cigars, or
 - 5. Chew tobacco?

(REFER TO MOST FREQUENT ABOVE)

1.2 When you smoke/chew _____, about how many do you
smoke/chew in a day (cigarettes, pipefuls, plugs)

UNITS

1.3 In what year did you first smoke/chew?

19

DK - 99

1.4 Have you tried to quit in the past 12 months?

1. NO 2. YES 9. DK

1.5 Have your smoking/chewing patterns changed at all from the time you began up until now?

1. NO 2. YES

↓

9. DK

1.5.1 Did you smoke/chew more or less when you began than you do now?

1. MORE 2. LESS 9. DK

1.5.2 What were your smoking/chewing patterns when you began and how have they changed since that time?

1.5.3 When (during what years) did the changes occur and why did they occur?

→ SKIP TO QUESTION # 3 →

2. Have you ever smoked cigarettes, cigarillos, a pipe, cigars, or chewed tobacco?

1. NO 2. YES

↓
9. DK
↓

SKIP TO
QUESTION # 4

2.1 Which did you do most often? [CIRCLE ONE]

1. Smoke cigarettes?
2. Smoke cigarillos?
3. Smoke a pipe?
4. Smoke cigars, or
5. Chew tobacco?

[REFER TO MOST FREQUENT ABOVE]

2.2 When you smoked/chewed _____, about how many did you smoke/chew in a day? (cigarettes, pipefuls, plugs)?

UNITS

2.3 In what year did you first smoke/chew?

19 99. DK

2.4a. How long ago did you quit smoking/chewing tobacco?

(b) What year was that?

(a) MONTHS or YEARS AGO

(b) 19

3. Over your entire lifetime, for how long have you smoked/chewed altogether?

--	--

MONTHS OR

--	--

YEARS

99. DK

4. Does anyone else live with you who smokes cigarettes at home everyday?

1. NO 2. YES 9. DK

5. Do you work, on a daily basis with coworker(s) who smoke cigarettes around you everyday?

1. NO 2. YES 9. DK

6. Have you ever used any of the following substances? [READ a - h]

(IF YES to a - h, READ QUESTIONS 6.1 - 6.3 FOR THAT ITEM)

6.1 In what year did you first try it or start using it?

6.2 Do you ever use it now?

6.3 Did you ever have a problem with your use of _____?
IF YES, ASK: When (during what years)?

	YEAR TRIED			NOW USE			PROBLEM USE			YEARS	
	NO	YES	DK	NO	YES	DK	NO	YES	DK		
(a) Marijuana	1	2	9	19_____	1	2	9	1	2	9	_____
(b) Hashish	1	2	9	19_____	1	2	9	1	2	9	_____
(c) Barbiturates (Downers)	1	2	9	19_____	1	2	9	1	2	9	_____
(d) Amphetamines (Uppers)	1	2	9	19_____	1	2	9	1	2	9	_____
(e) Hallucinogens such as LSD or mescaline	1	2	9	19_____	1	2	9	1	2	9	_____
(f) Cocaine	1	2	9	19_____	1	2	9	1	2	9	_____
(g) Heroin	1	2	9	19_____	1	2	9	1	2	9	_____
(h) Opiates	1	2	9	19_____	1	2	9	1	2	9	_____

7. Have you ever had a gambling problem?

1. NO 2. YES

9. DK

7.1 During what years did you have that problem?

19 TO 19

8. Have you ever contemplated suicide?

1. NO 2. YES

9. DK

8.1 Have you ever attempted suicide?

1. NO 2. YES

9. DK

8.2 How many times?

SKIP TO
NEXT
SECTION

SKIP TO
NEXT
SECTION

ENTER #

8.3 Could you please tell me: (a) In what year(s) you made the attempt(s)?
(b) And, what was going on in your life at that time?

(a)

(b)

1

19

2

19

3

19

QUALITY OF LIFE SECTION

1. I am going to read you a list of ways you might have felt or behaved. Please tell me on how many different days you have felt this way during the past week:

During the past week:	ON AT MOST 1 DAY	ON UP TO 2 DAYS	ON 3-4 DAYS	ON 5-7 DAYS
I was bothered by things that usually don't bother me....	1	2	3	4
I did not feel like eating; my appetite was poor.....	1	2	3	4
I felt that I could not shake off the blues even with help from my family or friends.....	1	2	3	4
I felt I was just as good as other people.....	1	2	3	4
I had trouble keeping my mind on what I was doing.....	1	2	3	4
I felt depressed.....	1	2	3	4
I felt that everything I did was an effort.....	1	2	3	4
I felt hopeful about the future.....	1	2	3	4
I thought my life had been a failure.....	1	2	3	4
I felt fearful.....	1	2	3	4
My sleep was restless.....	1	2	3	4
I was happy.....	1	2	3	4
I talked less than usual.....	1	2	3	4
I felt lonely.....	1	2	3	4
People were unfriendly.....	1	2	3	4
I enjoyed life.....	1	2	3	4
I had crying spells.....	1	2	3	4
I felt sad.....	1	2	3	4
I felt that people dislike me...	1	2	3	4
I could not get "going".....	1	2	3	4

2. In general, how pleased are you with the way your life has gone so far?

1. Very Pleased,

2. Pleased,

3. You wish some things were different but are generally happy,

4. Unhappy, or

5. Very Unhappy

9. DK

3. Now looking towards the future, how do you feel about the rest of your life?

1. Very Optimistic,

2. Somewhat Optimistic,

3. Unsure,

4. Somewhat Pessimistic, or

5. Very Pessimistic

8. DO NOT THINK ABOUT IT

9. DK

MILITARY HISTORY

Let's go next to your military history.

1. Have you ever served either on active duty, or in the reserves in any branch of the United States armed forces?

1. NO 2. YES
 9. DK

SKIP TO
NEXT
SECTION

1.1 Did you serve in the (READ a-d)? FOR EACH YES ASK: During which years?

	<u>NO</u>	<u>YES</u>	<u>YEAR(S)</u>
a. National Guard or Reserves	1	2	
b. Army	1	2	
c. Navy	1	2	
d. Air Force	1	2	
e. Marines	1	2	

1.2 Were you ever in ROTC?

1. NO 2. YES

9. DK 1.2.1 When was that? (PROBE FOR YEARS)

1.2.2 What college were you in when you joined ROTC and what city and state was it in?

NAME OF COLLEGE

CITY STATE

2. Now, could you please tell me whether you are currently on active duty, in the reserves, retired or whether you have been permanently discharged?

1. ACTIVE DUTY 3. RETIRED
 2. RESERVES 4. PERMANENTLY DISCHARGED

2.1. In what year did you retire (were you discharged)?
 [IF >1 BRANCH, ASK FOR EACH BRANCH]

19 (YEAR) BRANCH _____

19 (YEAR) BRANCH _____



3. In what year did you first enter the armed forces?

1 9

--	--

YEAR

4. What was the highest grade of school that you had completed when you first entered the military?

1. 1-11
2. 12 (HIGH SCHOOL DIPLOMA OR GED)
3. 13-15 (SOME COLLEGE, TECHNICAL SCHOOL, ASSOCIATE'S DEGREE)
4. 16 (BACHELOR'S DEGREE)
5. 17+ (GRADUATE/PROFESSIONAL SCHOOL)
9. DK

5. What is the highest grade of school that you have completed up until now?

1. 1-11
2. 12 (HIGH SCHOOL DIPLOMA OR GED)
3. 13-15 (SOME COLLEGE, TECHNICAL SCHOOL, ASSOCIATE'S DEGREE)
4. 16 (BACHELOR'S DEGREE)
5. 17+ (GRADUATE/PROFESSIONAL SCHOOL)
9. DK

6. Why did you decide to enter the armed forces? (PROBE: Any other reasons? Any others?)

FIRST BRANCH JOINED

Why did you choose that particular branch of the service?
(PROBE: ANY OTHER REASONS? ANY OTHERS?)

[NOTE: ASK ONLY IF NOT CURRENTLY IN BRANCH 1]:

Why did you leave that particular branch of the service: (PROBE: ANY OTHER REASONS? ANY OTHERS?)

INTERVIEWER CHECK: IF RESPONDENT ONLY SERVED IN ONE BRANCH, SKIP TO NEXT SECTION. IF > 1 BRANCH CONTINUE.

SECOND BRANCH JOINED

Why did you choose that particular branch of the service?
(PROBE: ANY OTHER REASONS? ANY OTHERS?)

[NOTE: ASK ONLY IF NOT CURRENTLY IN BRANCH 2]:

Why did you leave that particular branch of the service: (PROBE: ANY OTHER REASONS? ANY OTHERS?)

THIRD BRANCH JOINED

Why did you choose that particular branch of the service?
(PROBE: ANY OTHER REASONS? ANY OTHERS?)

[NOTE: ASK ONLY IF NOT CURRENTLY IN BRANCH 3]:

Why did you leave that particular branch of the service: (PROBE: ANY OTHER REASONS? ANY OTHERS?)

FOURTH BRANCH JOINED

Why did you choose that particular branch of the service?
(PROBE: ANY OTHER REASONS? ANY OTHERS?)

[NOTE: ASK ONLY IF NOT CURRENTLY IN BRANCH 4]:

Why did you leave that particular branch of the service: (PROBE: ANY OTHER REASONS? ANY OTHERS?)

This next question deals with your tours of duty, beginning with your entry in the armed services. Please tell me where you served and for how long. Please include basic training and both temporary and permanent tours of duty. When you first joined the (BRANCH): (REPEAT UNTIL COMPLETE MILITARY HISTORY FOR ALL BRANCHES SERVED IN.)

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	(a) WHERE	(b) TIME	(c) RANK
BRANCH			

(1) _____

		TO		
MONTH	YEAR		MONTH	YEAR

(UNIT)

(2) _____

		TO		
MONTH	YEAR		MONTH	YEAR

(UNIT)

(*f) _____

NAME	STREET ADDRESS
CITY	STATE
	ZIP

(d)
ASSIGNMENT/MOS

(e)
(NURSES) HOSPITAL, WARD

TOURS OF DUTY CONTINUED

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	(a) WHERE	(b) TIME	(c) RANK
BRANCH			

(7) _____

		TO		
MONTH	YEAR		MONTH	YEAR

(UNIT)

(8) _____

		TO		
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The following questions deal with any problems or difficulties you may have experienced while in the Military or may be currently experiencing.

8a. While in the Military, did you:

8b. Do you currently:
[IF NO LONGER IN THE MILITARY, ASK:]

8c. Between then and now did you:

	(8a)			(8b)			(8c)		
	NO	YES	DK	NO	YES	DK	NO	YES	DK
(a.) Have trouble dealing with bad memories about your experiences in the Military?	1	2	9	1	2	9	1	2	9
(b.) Have trouble sleeping due to nightmares or bad dreams?	1	2	9	1	2	9	1	2	9
(c.) Have trouble getting along with others?	1	2	9	1	2	9	1	2	9
(d.) Have any trouble with: (8a. superiors) (8b. the law)?	1	2	9	1	2	9	1	2	9
(e.) Have trouble getting emotionally close to others?	1	2	9	1	2	9	1	2	9
(f.) Have trouble controlling your temper?	1	2	9	1	2	9	1	2	9
(g.) Have trouble tolerating frustration?	1	2	9	1	2	9	1	2	9
(h.) Have sexual problems?	1	2	9	1	2	9	1	2	9
(i.) Have trouble expressing your feelings to those you care about?	1	2	9	1	2	9	1	2	9
(j.) Ever feel depressed a lot?	1	2	9	1	2	9	1	2	9
(k.) Ever feel nervous a lot?	1	2	9	1	2	9	1	2	9
(l.) Have trouble feeling and expressing emotions (numbness)?	1	2	9	1	2	9	1	2	9
(m.) Have trouble trusting other people?	1	2	9	1	2	9	1	2	9
(n.) Have trouble dealing with stressful experiences?	1	2	9	1	2	9	1	2	9
(o.) Have trouble concentrating?	1	2	9	1	2	9	1	2	9
(p.) Ever feel your actions in the military were not worthwhile?	1	2	9	1	2	9	1	2	9

COMBAT EXPOSURE

9. For each of the following questions, please tell me whether or not it applies to your military experience. [READ a - i]

	NO	YES	DK
a. Did you serve in area designated as a war zone?.....	1	2	9
b. Did you fly in an aircraft over a combat zone?.....	1	2	9
c. Were you stationed in a combat zone?.....	1	2	9
d. Did you receive incoming fire from enemy artillery, rockets, or mortars?.....	1	2	9
e. Did you receive bombing attacks?.....	1	2	9
f. Did you receive sniper or sapper fire?.....	1	2	9
g. Did you receive full-scale enemy attack?.....	1	2	9
h. Did you receive war-related wounds?.....	1	2	9
i. Did you see Americans being killed or being wounded?.....	1	2	9
j. Were you a prisoner of war?.....	1	2	9

NURSING SECTION

These questions refer to your general nursing experience prior to entry into the military.

1. At what type of school did you receive your basic nursing education?

- 1. Community or Junior College
- 2. Hospital based school of nursing
- 3. College Program
- 4. OTHER (SPECIFY): _____
- 9. DK

2. At graduation did you feel professionally competent to be a registered nurse?

- 1. NO 2. YES 9. NOT SURE/DK

3. At graduation did you feel emotionally competent to be a registered nurse?

- 1. NO 2. YES 9. NOT SURE/DK

4. What was your highest nursing degree when you entered the military?

- | | |
|-----------------------|----------------------------|
| 01. STUDENT | 02. A.D. |
| SKIP TO Q # 18 | 03. R.N. |
| | 04. B.S.N. |
| | 05. M.S.N. |
| | 06. OTHER (SPECIFY:) _____ |
| | _____ |
| | 99. NOT SURE/DK |

5. Before you entered the military, how much nursing experience did you have?

- 1. \leq 6 months
- 2. $>$ 6 months, but \leq 1 year
- 3. $>$ 1 \leq 3 years
- 4. $>$ 3 \leq 5 years
- 5. $>$ 5 years
- 9. DK

6. Before you entered the military, had you been a charge nurse?

- 1. NO
- 2. YES
- 9. NOT SURE/DK

7. Before you entered the military, had you worked evenings (3 - 11 PM)?

- 1. NO
- 2. YES
- 9. NOT SURE/DK

8. Before you entered the military, had you worked nights (11 PM - / AM)?

- 1. NO
- 2. YES
- 9. NOT SURE/DK

9. Before you entered the military, had you worked in a: [READ a - b]

[IF YES, ASK: During which years?]

	NO	YES	YEARS
a. Tax supported hospital (City hospital)?	1	2	_____
b. Private hospital	1	2	_____
c. OTHER (SPECIFY): _____	1	2	_____

I'd like to ask you some questions regarding your work experience at the facility you worked in just prior to your entry in the military.

10. What type of facility was this? Was it a:

(READ a - e) CIRCLE ONE ONLY.

(a) General hospital,

(b) Psychiatric hospital,

(c) Outpatient facility, or

(d) Doctor's office

(e) OTHER (SPECIFY): _____

11. Was there adequate nursing staff at this facility?

1. NO 2. YES 9. NOT SURE/DK

12. In general, how were you treated by the civilian physicians at this facility? Were you treated:

1. As a colleague

2. As a servant, or

3. As a sexual object

4. OTHER (SPECIFY): _____

9. DK

13. Were equipment and/or supplies at this facility adequate?

1. NO 2. YES 3. NOT SURE/DK

14. Before you entered the military, in what area did you work the most?

01. MEDICAL NURSING

02. SURGICAL NURSING

03. OBSTETRICAL NURSING

04. PEDIATRIC NURSING

05. OPERATING ROOM

06. EMERGENCY ROOM

07. PSYCHIATRIC NURSING

08. PRE-ANESTHESIA HOLDING AREA (PRE-OP)

09. RECOVERY ROOM (POST-OP)

10. OTHER (SPECIFY): _____

99. DK

15. Before you entered the military, how much experience did you have with critically ill patients? Would you say you had:

1. A great deal of experience

2. A moderate amount

3. A limited amount, or

4. None

9. DK

16. Before you entered the military, did you regard nursing as a personally fulfilling profession?

1. NO 2. YES 9. NOT SURE/DK

17. Before entering the military, was nursing emotionally satisfying?

1. NO 2. YES 9. NOT SURE/DK

SELECT LONGEST VIETNAM/OTHER TOUR OF DUTY '65-'72 PER INSTRUCTIONS AND EXCLUDING ANY TOUR OF DUTY WHILE A STUDENT

I'd like to focus on just one of your tours of duty, namely the time when you were stationed in _____; from _____ to _____. Now, I'd like to ask you a set of questions about that particular assignment.

18. What was your nursing position during this assignment?
[READ 01 - 06 AND CIRCLE ONE ONLY]

- | | |
|--------------------------------|---------------------------------|
| 01. Operating room nurse | 02. Staff nurse, |
| 03. Charge nurse, | 04. Flight nurse, |
| 05. Intensive care nurse, or a | 06. Triage/Emergency room nurse |
| 07. OTHER (SPECIFY): _____ | |

[GO TO QUESTION # 19]

18.1 Which of the following anesthetics were used in the O.R.: was:
[READ a - d]

	NO	YES	DK
a. Fluothane,	1	2	9
b. Halothane,	1	2	9
c. Ketamine, or	1	2	9
d. Nitrous Oxide and Oxygen	1	2	9

18.2 Were instruments sterilized, using: [READ a - c]

	NO	YES	DK
a. Gas,	1	2	9
b. Ethylene Oxide, or	1	2	9
c. Steam	1	2	9

18.3 Were supplies of sterile equipment adequate?

1. NO 2. YES 9. NOT SURE/DK

ASK FOR ALL NURSES

19. During this assignment was the nursing staff adequate?
1. NO 2. YES 9. NOT SURE/DK
20. During this assignment were there adequate supplies?
1. NO 2. YES 9. NOT SURE/DK
21. At the beginning of your assignment did you feel professionally competent to carry out your military assignment?
1. NO 2. YES 9. NOT SURE/DK
22. At the end of your assignment did you feel professionally competent to carry out your military assignment?
1. NO 2. YES 9. NOT SURE/DK
23. At the beginning of your assignment did you feel emotionally competent to carry out your military assignment?
1. NO 2. YES 9. NOT SURE/DK
24. At the end of your assignment did you feel emotionally competent to carry out your military assignment?
1. NO 2. YES 9. NOT SURE/DK
25. In general, how were you treated by military physicians?
1. As a colleague
2. As a servant, or
3. As a sexual object
4. OTHER (SPECIFY): _____
9. NOT SURE/DK
26. Were you prepared emotionally for the types of injuries you would see as a military nurse?
1. NOT PREPARED 2. YES, PREPARED 3. DIDN'T SEE INJURIES
9. NOT SURE/DK

27. Were you prepared professionally for the types of injuries you saw in the military?

1. NOT PREPARED 2. YES, PREPARED 3. DIDN'T SEE INJURIES
9. NOT SURE/DK

28. While in the military did you feel the workload was more than you could handle?

1. NO 2. YES 9. NOT SURE/DK

29. Were the hospital units where you worked noisy?

1. NO 2. YES 9. NOT SURE/DK

30. Were you concerned about physical injury to yourself while on the job?

1. NO 2. YES 9. NOT SURE/DK

31. Were you concerned about physical injury to your patients while you were working in the hospital?

1. NO 2. YES 9. NOT SURE/DK

32. In general, did you experience communication problems with other nurses?

1. NO 2. YES 9. NOT SURE/DK

33. While on this assignment were you able to adequately meet the physical needs of the patients?

1. NO 2. YES 9. NOT SURE/DK

34. Do you remember many nursing tasks as unpleasant on this assignment?

1. NO 2. YES 9. NOT SURE/DK

35. On this assignment, did new staff need to be oriented frequently?

1. NO 2. YES 9. NOT SURE/DK

36. Were your expectations of what you would be doing as a military nurse on this assignment realistic?
1. NO 2. YES 9. NOT SURE/DK
37. How stressful was it for you to perform procedures that patients experienced as painful or embarrassing? Would you say:
1. Very stressful,
2. Moderately stressful, or
3. Only mildly stressful
9. NOT SURE/DK
38. How frequently did you need to operate specialized equipment with which you were unfamiliar? Would you say:
1. Often,
2. Sometimes, or
3. Never
9. NOT SURE/DK
39. Did you personally need to make rapid decisions:
1. Often,
2. Sometimes, or
3. Never
9. NOT SURE/DK
40. Was there adequate opportunity to share your experiences and feelings with other personnel?
1. NO 2. YES 9. NOT SURE/DK
41. Were there frequently large numbers of admissions at one time?
1. NO 2. YES 9. NOT SURE/DK
42. Were non-nursing tasks often required of you?
1. NO 2. YES 9. NOT SURE/DK

43. Were you frequently without a physician available during medical emergencies?

1. NO 2. YES 9. NOT SURE/DK

44. Were you frustrated by the inability to take scheduled breaks or days off.

1. NO 2. YES 9. NOT SURE/DK

45. Do you remember many patients dying while you were on this assignment?

1. NO 2. YES 9. NOT SURE/DK

46. Were you able to follow up on the condition of your patients after they left your care?

1. NO 2. YES

9. DK 46.1 Did you follow up on the condition of your patients?

1. NO 2. YES 9. DK

47. Did you take care of patients who were not Americans?

1. NO 2. YES

9. DK 47.1 Who were they? (What nationality were they?)

47.2 Did you have emotional problems in dealing with these patients?

1. NO 2. YES

9. DK 47.2a What types of problems?

48. On this assignment was military nursing satisfying to you in that you had the feeling of having helped your patients?

1. NO 2. YES 9. NOT SURE/DK

49. Did you receive feedback from your patients on the nursing care that you had given them?

1. NO 2. YES 9. NOT SURE/DK

These next few questions ask about your current nursing status.

50. Are you currently employed as a nurse?

1. NO

2. YES

9. DK

SKIP TO QUESTION 51

50.a How many years after this assignment did you leave nursing?

01. 0 - 3 YEARS

02. > 3 ≤ 5 YEARS

03. > 5 ≤ 7 YEARS

04. > 7 ≤ 10 YEARS

05. > 10 YEARS

06. NOT CURRENTLY EMPLOYED AS A NURSE, BUT HASN'T LEFT NURSING

99. DK

51. What is the highest nursing degree you have earned up until now?

01. A.D.

02. R.N.

03. BACHELORS IN NURSING

04. MASTERS IN NURSING

05. DOCTOR OF NURSING SCIENCE/PH.D. IN NURSING

06. OTHER (SPECIFY): _____

99. DK

VETERANS SERVICES

[INTERVIEWER CHECK: IF RESPONDENT IS CURRENTLY IN THE MILITARY SKIP TO QUESTION # 3]

Now I would like to ask you some questions about some programs for veterans.

1. Have you had any contact at all with the Veterans Administration since you got out of the service?

- 1. NO
- 9. DK

2. YES

1.1 What have you been in contact with them about as best as you can recall? [DO NOT READ LIST -- CIRCLE ALL THAT APPLY]

- 01. LIFE INSURANCE
- 02. EDUCATION BENEFITS
- 03. HOME LOAN
- 04. MEDICAL PROBLEMS/BENEFITS
- 05. DISABILITY COMPENSATION
- 06. EMPLOYMENT, JOB ASSISTANCE
- 07. DENTAL CARE
- 08. INFORMATION ABOUT BENEFITS
- 09. OTHER (SPECIFY): _____



2. Are you currently receiving service-connected-disability compensation from the Veterans Administration?

- 1. NO
- 9. DK

2. YES

2.1 What is your current VA disability rating?

--	--	--

 PERCENT

2.2 In what year did you first receive this rating?

19

--	--



3. Do you currently belong to any Veterans organizations?

- 1. NO

2. YES

8.1 Which ones:

(1.) _____

NAME	STREET ADDRESS	CITY	STATE	ZIP

(2.) _____

NAME	STREET ADDRESS	CITY	STATE	ZIP



4. To the best of your knowledge, are you currently eligible for any Veterans Administration programs?

1. NO

2. YES

9. DK

SKIP TO
NEXT
SECTION

4.1 Which ones? [RECORD VERBATIM AND
CIRCLE ALL THAT APPLY]

01. HOSPITAL CARE FOR VETERANS WITH SERVICE-CONNECTED DISABILITIES
02. HOSPITAL CARE FOR VETERANS WITH LOW INCOMES
03. HOSPITAL CARE IN VA FACILITIES FOR ALL VETERANS 65 AND OVER
04. MONEY TO HELP VETERANS COMPLETE THEIR EDUCATION UNDER THE G.I. BILL
05. VOCATIONAL REHABILITATION TRAINING FOR VETERANS WITH SERVICE-CONNECTED DISABILITIES
06. FINANCIAL COMPENSATION FOR VETERANS WITH SERVICE-CONNECTED DISABILITIES
07. PENSIONS FOR LOW-INCOME VETERANS
08. NURSING HOME CARE FOR VETERANS AGED 65 AND OVER
09. DENTAL CARE IN VA FACILITIES
10. LIFE INSURANCE
11. HOME LOAN GUARANTEES
12. VOCATIONAL COUNSELING
13. TREATMENT FOR VETERANS WITH DRINKING PROBLEMS
14. TREATMENT FOR VETERANS WITH DRUG PROBLEMS
15. READJUSTMENT COUNSELING
16. PSYCHOLOGICAL COUNSELING OTHER THAN READJUSTMENT COUNSELING
17. DOMICILIARY CARE IN VA FACILITIES
18. OUTPATIENT CARE AT VA FACILITIES

OVERSEAS VOLUNTEER WORK

This question deals with any volunteer overseas assignments you may have had apart from your work history which we've already discussed.

Did you ever go overseas or to another country as a volunteer? For example, through the Peace Corps, or with a religious group?

1. NO

2. YES

9. DK

SKIP TO
NEXT
SECTION

- (a.) With what organization?
- (b.) Where did you go?
- (c.) When were you there? From when to when?
- (d.) What type of volunteer work did you do?
- (e.) Why did you decide to join the _____ ?
- (f.) Why did you go to this particular country?

[PROBE: Any others?]

(a) ORGANIZATION	(b) WHERE	(c) TIME	(d) TYPE OF WORK
		<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">TO</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> MONTH YEAR MONTH YEAR </div>	
(e)		(f)	
		<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">TO</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> MONTH YEAR MONTH YEAR </div>	
(e)		(f)	
		<div style="display: flex; align-items: center; justify-content: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">TO</div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div style="display: flex; justify-content: space-around; width: 100%; font-size: small;"> MONTH YEAR MONTH YEAR </div>	
(e)		(f)	

PERSONAL HISTORY AND DEMOGRAPHICS

Now I have just a few general background questions.

1. What is your date of birth? I need the month, then the day and year.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH		DAY		YEAR	

2. How many people live in your household (unit) including yourself?

<input type="text"/>	<input type="text"/>
TOTAL #	

1. LIVES ALONE

2. LIVES WITH OTHERS

↓
(IF ONE OTHER MENTIONED) Who is that?
(IF MORE THAN ONE OTHER) Who are they
in relation to you?
PROBE AT END: Anyone else?
[RECORD # IN EACH BOX]

a. SPOUSE/PARTNER

b. MOTHER &/OR M-IN-L

c. FATHER &/OR F-IN-L

d. DAUGHTERS (STEPDAUGHTERS)

e. SONS (STEPSONS)

f. SISTERS

g. BROTHERS

h. OTHER FEMALE/FEMALES

i. OTHER MALE/MALES



3. Did your mother ever take DES (Diethylstilbesterol) while she was pregnant with you or during any other pregnancy before you were conceived?

1. NO

2. YES

2. DK

3.1

Was that with you or during another pregnancy before you were born?

1. WITH RESPONDENT

2. WITH ANOTHER PREGNANCY BEFORE RESPONDENT WAS BORN

9. DK



4. Were any of your female blood relatives ever diagnosed as having breast cancer?

1. NO

2. YES

9. DK

4.1

Who was that: I don't need the name, just the relationship to you.

[PROBE: Any other blood relatives? CIRCLE ALL THAT APPLY]

01. MOTHER

02. SISTER

03. MOTHER'S SISTER

04. FATHER'S SISTER

05. MATERNAL GRANDMOTHER

06. PATERNAL GRANDMOTHER



5. Have you ever been fearful of having children, or of having more children for any reason?

1. NO

2. YES

9. DK

5.1 (a) When was that, (during what years)?

(b) And, why were you afraid?

(a) 19 TO 19

(b) _____



6. While you were growing up, did anyone in your family have a drinking problem?

1. NO

2. YES

9. DK

6.1 Could you please tell me what that person's relationship was to you? [PROBE: Anyone else? CIRCLE ALL THAT APPLY]

01. MOTHER

02. FATHER

03. SISTER

04. BROTHER

05. SON

06. DAUGHTER

07. HUSBAND OR PARTNER

08. STEP-PARENT/FOSTER PARENT

09. OTHER RELATIVE (IN-LAWS, AUNTS, UNCLES, COUSINS, NIECES, NEPHEWS, ETC.)

10. MYSELF



7. Have you ever lived on a farm or ranch?

1. NO

2. YES

9. DK

FOR EACH ASK:



SKIP TO
QUESTION # 8

(a) During what years did you live on a farm or ranch?

(b) Was it a farm or a ranch?

(c) What was the street address, and the city, state and zip code?

[PROBE: any others?]

#	(a) DATES	(b) FARM RANCH	(c) STREET ADDRESS CITY, STATE, ZIP CODE										
1	<table border="0"> <tr> <td><input type="text"/></td><td><input type="text"/></td> <td>TO</td> <td><input type="text"/></td><td><input type="text"/></td> </tr> <tr> <td>MONTH</td><td>YEAR</td> <td></td> <td>MONTH</td><td>YEAR</td> </tr> </table>	<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>	MONTH	YEAR		MONTH	YEAR	1 2	_____
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<input type="text"/>	<input type="text"/>	TO	<input type="text"/>	<input type="text"/>									
MONTH	YEAR		MONTH	YEAR									

8. Did you ever live in an area that was subject to documented chemical or toxic exposures? (TIMES BEACH, MO, LOVE CANAL, NY)

1. NO

9. DK

2. YES

[FOR EACH ASK:]

SKIP TO
QUESTION # 9

(a) When did you live there?

(b) What was the street address and the city, state and zip code?

[PROBE: any others?]

AREA	(a) DATES	(b) STREET ADDRESS CITY, STATE, ZIP CODE
1	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR MONTH YEAR	_____ _____
2	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR MONTH YEAR	_____ _____
3	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR MONTH YEAR	_____ _____
4	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR MONTH YEAR	_____ _____
5	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> TO <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> MONTH YEAR MONTH YEAR	_____ _____

9. Have you ever been exposed to any of the following substances in situations other than what we've already discussed [READ a - f]

FOR EACH YES, ASK: (a) When were you exposed? (What were the dates?)
 (b) How were you exposed?
 (c) What was the street address and the city, state and zip code of the area?

	NO	DK	YES	(a) DATES		
a. Asbestos	1	9	2	<input type="text"/>	<input type="text"/>	TO <input type="text"/>
b. Nuclear radiation	1	9	2	<input type="text"/>	<input type="text"/>	TO <input type="text"/>
c. Industrial chemicals	1	9	2	<input type="text"/>	<input type="text"/>	TO <input type="text"/>
d. Defoliants or herbicides	1	9	2	<input type="text"/>	<input type="text"/>	TO <input type="text"/>
e. Insecticides or pesticides	1	9	2	<input type="text"/>	<input type="text"/>	TO <input type="text"/>
f. Degreasing chemicals	1	9	2	<input type="text"/>	<input type="text"/>	<input type="text"/>

10. Have you ever used insect repellent on a weekly basis for a month or more?

1. NO

2. YES

9. DK

10.1 When was this? [PROBE FOR YEARS]



11. And, what state were you born in?
[INTERVIEWER NOTE: IF R BORN OUTSIDE THE UNITED STATES, RECORD THE
COUNTRY OF BIRTH.]

_____ STATE OR COUNTRY OF BIRTH

12. How would you describe your ethnic background? [CIRCLE ALL MENTIONED]

- | | |
|-------------------------------|---|
| 01. IRISH | 11. SCOTTISH |
| 02. ENGLISH | 12. WELSH |
| 03. FRENCH OR FRENCH CANADIAN | 13. GERMAN, AUSTRIAN, SWISS |
| 04. GREEK | 14. SWEDISH, FINNISH, DANISH, NORWEGIAN |
| 05. ITALIAN | 15. NO PARTICULAR ETHNIC BACKGROUND |
| 06. BLACK, AFRO-AMERICAN | 16. OTHER (SPECIFY:) _____ |
| 07. JEWISH | _____ |
| 08. HISPANIC, SPANISH | 77. REFUSED |
| 09. POLISH | 99. NOT SURE/DK |
| 10. RUSSIAN | |

13. What is your religious preference now? Are you:

- 01. Catholic,
- 02. Jewish,
- 03. Protestant, or
- 04. Something else? (SPECIFY): _____
- 05. NO RELIGION

14. What religion were you raised in?

- 01. CATHOLIC
- 02. JEWISH
- 03. PROTESTANT
- 04. SOMETHING ELSE (SPECIFY): _____
- 05. NO RELIGION

15. Which of the following groups do you consider yourself to be a part of?

- 01. White, Non-Hispanic
- 02. Black, Non-Hispanic
- 03. White - Hispanic
- 04. Black - Hispanic, or
- 05. Asian or Pacific Islander
- 06. OTHER
- 99. DK

16. Which of the following groups represents the total income during the past 12 months for all members in your household added together. Think of all possible sources of income such as wages, salaries, social security, interest income and so forth. Is it:

- 01. Less than \$5,000
- 02. \$5,000 - \$9,999
- 03. \$10,000 - \$19,999
- 04. \$20,000 - \$29,999
- 05. \$30,000 - \$39,999
- 06. \$40,000 - \$49,999
- 07. \$50,000 - \$79,999
- 08. \$80,000 - \$99,999
- 09. OVER \$100,000
- 77. REFUSED
- 99. DK

INTERVIEWER CHECK: WERE THERE ANY "CODE REDS"?

1. NO

2. YES



↓
We would like to obtain copies of your medical records. We will mail you a release form in the near future. Please sign it and return it promptly. Thank you again.

In order for us to re-contact you, should we need to do so, I'd like to get the name, address and phone number of someone who does not live in your household, but who is likely to know how to reach you.

NAME

LAST

FIRST

MI

STREET ADDRESS

CITY

STATE

ZIP CODE

TELEPHONE NUMBER () _____ - _____

Thank you, this concludes our interview. If you have any comments regarding the interview in general or the questions I have asked please tell me and I will jot them down.

[PLEASE COMPLETE AFTER EACH INTERVIEW]

INTERVIEWER'S NOTES

1. Please rate how comfortable Respondent was during interview.

Not at all
comfortable

Very
comfortable

1

2

3

4

5

2. Please rate how cooperative Respondent was during interview.

Not at all
cooperative

Very
cooperative

1

2

3

4

5

3. Did the Respondent have difficulty answering any of the questions?

1. NO

2. YES → Which ones? _____

4. Do you feel that the Respondent gave inaccurate or misleading information in any of the questions?

1. NO

2. YES → Which ones? _____

5. Were there any unusual circumstances at the time of the interview (e.g., R had difficulty hearing, concentrating, or there were frequent interruptions, etc.)?

1. NO

2. YES → Which ones? _____

