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Air Force Health Study

An Epidemiologic Investigation of Health Effects in Air Force Personnel Following Exposure to Herbicides

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February 1990

VOLUME II

1987 Followup Examination Results
May 1987 to January 1990

Contract Number F41689-85-D-0010
SAIC Project Number: 1-813-X4-195/254/437/011/942

APPENDIX A

1987 Interval Questionnaire

CASE ID # |_|_|_|_|_|_|

U.S. Air Force Health Study 1987-1988

NORC
University of Chicago
1987

BEGIN DECK 01

TIME BEGAN | AM / PM | 10-13/

SECTION 1: INTRODUCTION

This part of the study asks about the health of current and former Air Force Members and their families.

At various points in the questionnaire, we will be using the term "biological" to describe family relationships. For example, we might ask about your "biological" children. When we use this term, we do not mean your step-children or step-parents or people related to you through adoption. We mean people related to you by blood.

You may refuse to answer any question you choose. However, we and the Air Force ask that you answer as many of the questions as you can, so the results will accurately and fully tell your story. I'd also like to emphasize that we need as accurate a picture as you can remember. So when we ask you about the dates of events in your life, please think carefully.

First I have a few background questions to ask you.

1. My records indicate that your date of birth is (DATE OF BIRTH, FROM INFORMATION SHEET, ITEM 1). Is that correct?

   Yes 1 14/

   No (CORRECT INFORMATION SHEET, AND GO TO Q.2)...2

---

2. Do you remember the month and year of your last interview for this study? (IF NOT INTERVIEWED PREVIOUSLY, USE REFERENCE DATE OF DEC. 31, 1982.)

   A. Was it in 1981, 1982, 1985, or 1986 (RECORD ON INFORMATION SHEET)

   B. What month did the interview take place? (RECORD ON INFORMATION SHEET. IF R CAN'T REMEMBER EXACT MONTH ASK C)

   C. Was it in the Spring, Summer, Fall or Winter?
   (INTERVIEWER: IF SPRING, RECORD ON INFO SHEET AS MARCH
   IF SUMMER, RECORD ON INFO SHEET AS JUNE
   IF FALL, RECORD ON INFO SHEET AS SEPTEMBER
   IF WINTER, RECORD ON INFO SHEET AS DECEMBER

INTERVIEWER: CONTINUE TO FIND OUT FROM THE RESPONDENT ANY OTHER BLANK OR MISSING INFORMATION IN THE INFORMATION SHEET. RECORD ON THE INFORMATION SHEET.

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3. INTERVIEWER: SEE INFORMATION SHEET. WAS R INTERVIEWED IN 1985 OR 1986?

   Yes .....(SKIP TO SEC 2 P.3).....1

   No 2

DECKS 01-02

4. INTERVIEWER: ASK A FOR RESPONDENT; THEN ASK B AND C FOR PARENTS

HAND CARD A

A. RESPONDENT: To which of the following racial or ethnic groups do you belong? (CODE ALL THAT APPLY) (PROBE: What others?)		B. MOTHER: To which of the following racial or ethnic groups does your biological mother belong? (CODE ALL THAT APPLY) (PROBE: What others?)		C. FATHER: To which of the following racial or ethnic groups does your biological father belong? (CODE ALL THAT APPLY) (PROBE: What others?)	
English/Welsh....01	15-16/	English/Welsh....01	51-52/	English/Welsh....01	16-17/
Scottish.....02	17-18/	Scottish.....02	53-54/	Scottish.....02	18-19/
German.....03	19-20/	German.....03	55-56/	German.....03	20-21/
Irish.....04	21-22/	Irish.....04	57-58/	Irish.....04	22-23/
Scandinavian.....05	23-24/	Scandinavian.....05	59-60/	Scandinavian.....05	24-25/
Polish.....06	25-26/	Polish.....06	61-62/	Polish.....06	26-27/
Russian.....07	27-28/	Russian.....07	63-64/	Russian.....07	28-29/
Other Slavic.....08	29-30/	Other Slavic.....08	65-66/	Other Slavic.....08	30-31/
Jewish.....09	31-32/	Jewish.....09	67-68/	Jewish.....09	32-33/
French.....10	33-34/	French.....10	69-70/	French.....10	34-35/
Italian.....11	35-36/	Italian.....11	71-72/	Italian.....11	36-37/
Spanish.....12	37-38/	Spanish.....12	73-74/	Spanish.....12	38-39/
Mexican.....13	39-40/	Mexican.....13	75-76/	Mexican.....13	40-41/
Greek.....14	41-42/	Greek.....14	77-78/	Greek.....14	42-43/
American Indian..15	43-44/	American Indian..15	79-80/	American Indian..15	44-45/
		BEGIN DECK 02			
Asian.....16	45-46/	Asian.....16	10-11/	Asian.....16	46-47/
African (or Black American)..17	47-48/	African (or Black American)..17	12-13/	African (or Black American)..17	48-49/
Other (SPECIFY) _____		Other (SPECIFY) _____		Other (SPECIFY) _____	
_____ .18	49-50/	_____ ..18	14-15/	_____ ..18	50-51/

SECTION 2: EDUCATION

1A. My records show that when you were last interviewed you had received a (DEGREE LAST OBTAINED FROM ITEM 2, INFORMATION SHEET). Is that correct? (IF MISSING, ADD TO INFO SHEET AND CONTINUE)

Yes.....1

No.....(CORRECT INFO SHEET AND GO TO Q.1B).....2

1B. Have you received any (additional) regular school certificates, diplomas or degrees since that time, that is, since (DATE OF LAST INTERVIEW)?

Yes.....(ASK A AND B).....1

No.....(SKIP TO Q.2).....2 52/

INTERVIEWER: FOR EACH DEGREE CODED IN A, ASK B.

HAND CARD B	A. What certificates, diplomas, and/or degrees did you get? (CODE ALL THAT APPLY)		B. In what year did you receive (DEGREE IN A.)? RECORD YEAR	
	High school diploma.....01	53-54/	19__ Year	55-56/
	High school equivalency diploma.....02	57-58/	19__ Year	59-60/
	Associate of Arts (A.A.).....03	61-62/	19__ Year	63-64/
	Bachelor of Arts (B.A.) or Bachelor of Science (B.S.).....04	65-66/	19__ Year	67-68/
	Masters (M.A. or M.S.).....05	69-70/	19__ Year	71-72/
	Doctorate (Ph.D., M.D., Ed.D., Sc.D.)..06	73-74/	19__ Year	75-76/
	Others (SPECIFY)			
	_____		19__ Year	79-80/
	_____ ..07	77-78/		
	No certificate, diploma, or degree (volunteered).....08	BEGIN DECK 03 10-11/		

2. Since (DATE OF LAST INTERVIEW) have you participated in any civilian job training programs (other than the formal schooling that we discussed), that prepared you for a major change in your occupation?

Yes.....(ASK A).....1

No.....(SKIP TO Q.3).....2 12/

1ST PROGRAM	2ND PROGRAM	3RD PROGRAM
A. For what kind of work was your first civilian training program preparing you? PROBE: What would your main duties be if you went into this line of work?	E. For what kind of work was your second civilian training program preparing you? PROBE: What would your main duties be if you went into this line of work?	I. For what kind of work was your third civilian training program preparing you? PROBE: What would your main duties be if you went into this line of work?
_____ 13-15/	_____ 25-27/	_____ 37-39/
B. In what month and year did you start this training? ____ Month Year 16-19/	F. In what month and year did you start this training? ____ Month Year 28-31/	J. In what month and year did you start this training? ____ Month Year 40-43/
C. In what month and year did you complete this training? ____ Month Year 20-23/	G. In what month and year did you complete this training? ____ Month Year 32-35/	K. In what month and year did you complete this training? ____ Month Year 44-47/
CURRENTLY IN TRAINING...1	CURRENTLY IN TRAINING...1	CURRENTLY IN TRAINING...1
D. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?	H. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?	L. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?
Yes...(ASK E)...1 24/	Yes..(ASK I).....1 36/	Yes(GO TO NEW QUEX).1 48/
No.(SKIP TO Q.3)..2	No.(SKIP TO Q.3)..2	No..(GO TO Q.3).....2

3. Have you served in the military full-time on active duty since (DATE OF LAST INTERVIEW).

Yes.....1 69/

No.....(SKIP TO SECTION 3).....2

---

4. Are you currently serving in the military on active duty?

Yes.....1 50/

No.....2

---

5. Now, let's talk about any military and specialized training programs that prepared you for a major change in your occupation. Since (DATE OF LAST INTERVIEW), (and besides the formal schooling and job training programs you've told me about), have you participated in any military technical or specialized training programs that prepared you for a major change in your career?

Yes....(ASK A-E).....1 51/

No.(SKIP TO SECTION 3)..2

5. (Continued)

1ST PROGRAM	2ND PROGRAM	3RD PROGRAM
A. For what kind of work was your first military training program preparing you?	F. For what kind of work was your second military training program preparing you?	K. For what kind of work was your third military training program preparing you?
B. What is the AFSC for that job? ⌊_⌊_⌊_⌊_⌊_⌋ 52-56/	G. What is the AFSC for that job? ⌊_⌊_⌊_⌊_⌊_⌋ 66-70/	L. What is the AFSC for that job? ⌊_⌊_⌊_⌊_⌊_⌋ 10-14/
C. In what month and year did you start this training? ⌊_⌊_⌊_⌊_⌊_⌋ Month Year 57-60/	H. In what month and year did you start this training? ⌊_⌊_⌊_⌊_⌊_⌋ Month Year 71-74/	M. In what month and year did you start this training? ⌊_⌊_⌊_⌊_⌊_⌋ Month Year 15-18/
D. In what month and year did you complete this training? ⌊_⌊_⌊_⌊_⌊_⌋ Month Year 61-64/	I. In what month and year did you complete this training? ⌊_⌊_⌊_⌊_⌊_⌋ Month Year 75-78/	N. In what month and year did you complete this training? ⌊_⌊_⌊_⌊_⌊_⌋ Month Year 19-22/
CURRENTLY IN TRAINING..1	CURRENTLY IN TRAINING..1	CURRENTLY IN TRAINING..1
E. Have you participated in any other military job training program that prepared you for a major change in your occupation? Yes..(ASK F)..1 65/ No.....2	J. Have you participated in any other military job training program that prepared you for a major change in your occupation? Yes..(ASK K)..1 79/ No.....2	O. Have you participated in any other military job training program that prepared you for a major change in your occupation? Yes(NEW QUEX).1 23/ No.....2

24-27/R

SECTION 3: EMPLOYMENT

Now I have some questions about working. Please tell me about any jobs you've had that lasted for 3 months or longer since (DATE OF LAST INTERVIEW). Include current or newly found jobs. If you had more than one job at the same time, please tell me about each job separately. Count changes of jobs for the same employer as separate jobs. Do not include jobs in the military. Let's start with the most recent regular job you've had and work back in time to (DATE OF LAST INTERVIEW).

1. In what month and year did you start your current job, or if you don't have a current job, your most recent job that lasted 3 months or longer?

Month Year ____ 28-31/

NO CIVILIAN JOBS (SKIP TO SECTION 4).....1 32/

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

_____ 33-57/

_____

B. (Is/Was) this a full-time or part-time job?

Full-time.....1 58/

Part-time.....2

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

_____ 59-61/

_____

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

_____ 62-64/

_____

1. (Continued)

E. Please look at this card and tell me which number best describes the kind of industry you (work/worked) in? (WRITE IN NUMBER)

HAND CARD C

ENTER NUMBER: ____ 65-66/

F. In what month and year did this job end or is this your current job?

Month Year ____ 67-70/

CURRENT JOB.....(SKIP TO Q.2).....1 71/

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

_____ 72-73/

_____

2. While working at (EMPLOYER) (do/did) you come in contact with any of the substances on this card? By contact I mean that you inhaled, tasted, had skin contact with these fibers and chemicals or were exposed to ionizing or nuclear radiation. CODE ALL THAT APPLY

FOR EACH SUBSTANCE CODED IN Q.2, ASK A.

A. In general, how many days a month did you come in contact with (SUBSTANCE)?

			Less than once a month
Asbestos.....01	74-75/	____ days	.....95 76-77/
	BEGIN DECK 05		
Ionizing or nuclear radiation.....02	10-11/	____ days	.....95 12-13/
HAND CARD D — Industrial chemicals.....03	14-15/	____ days	.....95 16-17/
Insecticides or pesticides.....04	18-19/	____ days	.....95 20-21/
Degreasing chemicals.....05	22-23/	____ days	.....95 24-25/
Defoliants or herbicides.....06	26-27/	____ days	.....95 28-29/
None of the above (SKIP TO Q.5)...07	30-31/		

3. While you were on that job, how often (do/did) you wash to remove the (SUBSTANCES) or use protective gear -- would you say all of the time, some of the time, or never?

All of the time.....1 32/

Some of the time.....2

Never.....(SKIP TO Q.5).....3

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4. Which of the following (do/did) you use on that job? (CODE ALL THAT APPLY)

HAND CARD E

Air filter.....01 33-34/

Goggles.....02 35-36/

Face shield.....03 37-38/

Special clothing.....04 39-40/

Washing facilities.....05 41-42/

Self-contained or supplied air breathing apparatus.....06 43-44/

None.....07 45-46/

---

5. Did you have another job before the job with (NAME IN Q.1A) but, since (DATE OF LAST INTERVIEW) that lasted 3 months or longer?

Yes.....1 47/

No.....(SKIP TO Q.21).....2

---

6. In what month and year did you start that job?

|_|_| |_|_| 48-51/

Month Year

A. What was the name of your employer?

_____ 52-76/

_____

B. Was this a full-time or part-time job?

Full-time.....1 77/

Part-time.....2

6. (Continued)

C. What kind of business was that--what did they make or do there?

_____ 10-12/

_____

D. What did you actually do on the job--what were some of your main duties?

_____ 13-15/

_____

E. Please look at this card and tell me which number best describes the kind of industry you worked in? (WRITE IN NUMBER)

HAND CARD C

ENTER NUMBER: |_|_| 16-17/

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

|_|_| |_|_| 18-21/

Month Year

CURRENT JOB:....(SKIP TO Q.7)....0001

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

_____ 22-23/

_____

7. While working at (EMPLOYER) did you come in contact with any of the substances on this card? By contact I mean that you inhaled, tasted, had skin contact with these fibers and chemicals, or were exposed to ionizing or nuclear radiation. (CODE ALL THAT APPLY)

FOR EACH SUBSTANCE CODED IN Q.7, ASK A.

A. In general how many days a month did you come in contact with (SUBSTANCE)?

				Less than once a month	
Asbestos.....01	24-25/	___	days	95	26-27/
Ionizing or nuclear radiation....02	28-29/	___	days	95	30-31/
HAND CARD D — Industrial chemicals.....03	32-33/	___	days	95	34-35/
Insecticides or pesticides.....04	36-37/	___	days	95	38-39/
Degreasing chemicals.....05	40-41/	___	days	95	42-43/
Defoliants or herbicides.....06	44-45/	___	days	95	46-47/
None of the above (SKIP TO Q.10).07	48-49/				

8. While you were on that job, how often did you wash to remove the (SUBSTANCES) or use protective gear — would you say all of the time, some of the time, or never?

All of the time.....1 50/

Some of the time.....2

Never.....(SKIP TO Q.10).....3

9. Which of the following did you use on that job? (CODE ALL THAT APPLY)

Air filter.....01	51-52/
Goggles.....02	53-54/
HAND CARD E — Face shield.....03	55-56/
Special clothing.....04	57-58/
Washing facilities.....05	59-60/
Self-contained or supplied air breathing apparatus.....06	61-62/
None.....07	63-64/

10. Did you have another job before the job with (NAME IN Q.6A) but, since (DATE OF LAST INTERVIEW)?

Yes.....1 65/

No .....(SKIP TO Q.21).....2

11. In what month and year did you start that job?

___ ___ ___ ___
Month Year 66-69/

BEGIN DECK 07

A. What was the name of your employer?

_____ 10-34/

_____

B. Was this a full-time or part-time job?

Full-time.....1 35/

Part-time.....2

C. What kind of business was that--what did they make or do there?

_____ 36-38/

_____

D. What did you actually do on the job--what were some of your main duties?

_____ 39-41/

_____

E. Please look at this card and tell me which number best describes the kind of industry you worked in?

HAND CARD C — ENTER NUMBER: ___ 42-43/

11. (Continued)

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

|_|_|_|_| 44-47/
Month Year

CURRENT JOB:....(SKIP TO Q.12)....0001

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

_____ 48-49/

_____

12. While working at (EMPLOYER) did you come in contact with any of the substances on this card? By contact I mean that you inhaled, tasted, had skin contact with these fibers and chemicals, or were exposed to ionizing or nuclear radiation. CODE ALL THAT APPLY

FOR EACH SUBSTANCE CODED IN Q.12, ASK A.

A. In general how many days a month did you come in contact with (SUBSTANCE)? Less than once a month

Asbestos.....01	50-51/	|_|_| days	95	52-53/
Ionizing or nuclear radiation....02	54-55/	|_|_| days	95	56-57/
HAND CARD D — Industrial chemicals.....03	58-59/	|_|_| days	95	60-61/
Insecticides or pesticides.....04	62-63/	|_|_| days	95	64-65/
Degreasing chemicals.....05	66-67/	|_|_| days	95	68-69/
Defoliants or herbicides.....06	70-71/	|_|_| days	95	72-73/

None of the above (SKIP TO Q.15).07 74-75/

13. While you were on that job, how often did you wash to remove the (SUBSTANCES) or use protective gear -- would you say all of the time, some of the time, or never?

All of the time.....1 76/

Some of the time.....2

Never.....(SKIP TO Q.15).....3

14. Which of the following did you use on that job? (CODE ALL THAT APPLY)

HAND CARD E

Air filter.....01	10-11/
Goggles.....02	12-13/
Face shield.....03	14-15/
Special clothing.....04	16-17/
Washing facilities.....05	18-19/
Self-contained or supplied air breathing apparatus.....06	20-21/
None.....07	22-23/

15. Did you have another job before job with (NAME IN Q.11A), but since (DATE OF LAST INTERVIEW)?

Yes.....1 24/

No .....(SKIP TO Q.21).....2

16. In what month and year did you start that job?

|_|_|_|_| 25-28/
Month Year

A. What was the name of your employer?

_____ 29-53/

_____

B. Was this a full-time or part-time job?

Full-time.....1 54/

Part-time.....2

C. What kind of business was that--what did they make or do there?

_____ 55-57/

_____

16. (Continued)

D. What did you actually do on the job--what were some of your main duties?

_____ 58-60/

_____

E. Please look at this card and tell me which number best describes the kind of industry you worked in? (WRITE IN NUMBER)

HAND CARD C

ENTER NUMBER: |__|__| 61-62/

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

|__|__|__|__| 63-66/
Month Year

CURRENT JOB:....(SKIP TO Q.17)....0001

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

_____ 67-68/

_____

17. While working at (EMPLOYER) did you come in contact with any of the substances on this card? By contact I mean that you inhaled, tasted, had skin contact with these fibers and chemicals, or were exposed to ionizing or nuclear radiation. (CODE ALL THAT APPLY)

FOR EACH SUBSTANCE CODED IN Q.17, ASK A.

A. In general, how many days a month did you come in contact with (SUBSTANCE)?

			Less than once a month	
Asbestos.....01	69-70/	|__|__| days	95	71-72/
Ionizing or nuclear radiation....02	73-74/	|__|__| days	95	75-76/
HAND CARD D — Industrial chemicals.....03	77-78/	|__|__| days	95	79-80/
BEGIN DECK 09					
Insecticides or pesticides.....04	10-11/	|__|__| days	95	12-13/
Degreasing chemicals.....05	14-15/	|__|__| days	95	16-17/
Defoliants or herbicides.....06	18-19/	|__|__| days	95	20-21/
None of the above (SKIP TO Q.20).07	22-23/				

18. While you were employed at that job how often did you wash to remove the (SUBSTANCES) or use protective gear -- would you say all of the time, some of the time, or never?

All of the time.....1 24/

Some of the time.....2

Never.....(SKIP TO Q.20).....3

19. Which of the following did you use on that job? CODE ALL THAT APPLY

HAND CARD E

Air filter.....01	25-26/
Goggles.....02	27-28/
Face shield.....03	29-30/
Special clothing.....04	31-32/
Washing facilities.....05	33-34/
Self-contained or supplied air breathing apparatus.....06	35-36/
None.....07	37-38/

20. Did you have another job before the job (NAME IN Q.16A), but since (DATE OF LAST INTERVIEW)?

Yes.....(USE NEW QUEX).....1 39/

No.....2

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

Yes.....1 40/

No.....(SKIP TO SECTION 4)...2

Retired.....(SKIP TO SECTION 4)...3

Unemployed..(SKIP TO SECTION 4)...4

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

ENTER NUMBER OF DAYS: |__|__|__| 41-43/

23. What illnesses or injuries caused you to miss work?

_____ 44/

_____

SECTION 4: MILITARY

1. INTERVIEWER: WAS R INTERVIEWED IN 1985 OR 1986? SEE INFORMATION SHEET.

YES.....(SKIP TO Q3).....1

NO.....2

---

2. Which of the following statements best describes your assignment during the Vietnam War?

HAND CARD F

A crew member in Vietnam who was on flying status.....1 45/

Not a crew member, but flew one or more missions in Vietnam..2

A crew member, but did not log flying time in Vietnam.....3

Not a crew member.....4

---

3. INTERVIEWER: HAS R SERVED IN MILITARY ON ACTIVE DUTY SINCE LAST INTERVIEW? (IS Q.3 IN SECTION 2, PAGE 5, CODED "YES"?)

YES.....(GO TO Q.4).....1 46/

NO.....(SKIP TO SECTION 5).....2

Now I am going to ask you about some of your experiences in the military.

4. Since (DATE OF LAST INTERVIEW) have you retired, been discharged or separated from the (BRANCH OF SERVICE FROM INFORMATION SHEET ITEM 3)? (IF BRANCH MISSING, ASK AND ADD TO INFO SHEET.)

Yes.....(ASK A THROUGH C).....1 47/

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

A. Were you retired, discharged or separated?

Retired.....1 48/

Discharged/Separated.....2

B. In what month and year were you (retired/discharged/separated) from the (BRANCH OF SERVICE FROM INFORMATION SHEET ITEM 3)?

|_|_| |_|_| 49-52/

Month Year

4. (Continued)

C. Following your (retirement/separation/discharge) in (DATE IN B.), did you re-enter the armed forces?

Yes.....1 53/

No.....2

---

5. I would like to ask you the names of all the countries, including the United States, you have been stationed in since (DATE OF LAST INTERVIEW)

When last interviewed you were stationed in (COUNTRY FROM INFORMATION SHEET ITEM 3), and your assignment began in (DATE OF ASSIGNMENT FROM INFORMATION SHEET ITEM 3). Is that correct?

Yes....(ASK B THROUGH K).....1 54/

No...(CORRECT INFORMATION SHEET, THEN ASK B THROUGH K).....2

Missing.....(ASK COUNTRY AND DATE OF ASSIGNMENT, THEN ADD TO INFO SHEET AND ASK B THROUGH K).....3

No Active Duty At Last Interview ....(ASK A THROUGH K).....4

5. (Continued)

BEGIN DECK 10

A. Since (DATE OF LAST INTERVIEW), in what country were you next stationed while on active duty? Include temporary duties of greater than 90 days.

COUNTRY 55-56/

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

BEGIN
Month Year 57-60/

END
Month Year 61-64/

Current.....1

C. What specific job assignments (do/did) you have in (COUNTRY) since (DATE OF LAST INTERVIEW)? Can you give me the Air Force Specialty Code? (PROBE: What others?)

1. 65-69/
2. 70-74/
3. 75-79/

L. Since (DATE OF LAST INTERVIEW), in what country were you next stationed while on active duty? Include temporary duties of greater than 90 days.

COUNTRY 10-11/

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

BEGIN
Month Year 12-15/

END
Month Year 16-19/

Current.....1

N. What specific job assignments (do/did) you have in (COUNTRY) since (DATE OF LAST INTERVIEW)? Can you give me the Air Force Specialty Code? (PROBE: What others?)

1. 20-24/
2. 25-29/
3. 30-34/

W. Since (DATE OF LAST INTERVIEW), in what country were you next stationed while on active duty? Include temporary duties of greater than 90 days.

COUNTRY 35-36/

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

BEGIN
Month Year 37-40/

END
Month Year 41-44/

Current.....1

Y. What specific job assignments (do/did) you have in (COUNTRY) since (DATE OF LAST INTERVIEW)? Can you give me the Air Force Specialty Code? (PROBE: What others?)

1. 45-49/
2. 50-54/
3. 55-59/

5. (Continued)

BEGIN DECK 11

D. (Do/Did) your duties in (COUNTRY) since (DATE OF LAST INTERVIEW) include flying? 60/

Yes.....1
No...(SKIP TO G)....2

E. How many flight hours did you log while in (COUNTRY) since (DATE OF LAST INTERVIEW)? 61-64/

Hours

F. What specific letter and numerical designation(s) did each aircraft have since (DATE OF LAST INTERVIEW)?

1. 65-69/
2. 70-74/
3. 75-79/

O. (Do/Did) your duties in (COUNTRY) since (DATE OF LAST INTERVIEW) include flying? 10/

Yes.....1
No...(SKIP TO R)....2

P. How many flight hours did you log while in (COUNTRY) since (DATE OF LAST INTERVIEW)? 11-14/

Hours

Q. What specific letter and numerical designation(s) did each aircraft have since (DATE OF LAST INTERVIEW)?

1. 15-19/
2. 20-24/
3. 25-29/

Z. (Do/Did) your duties in (COUNTRY) since (DATE OF LAST INTERVIEW) include flying? 30/

Yes.....1
No..(SKIP TO CC)....2

AA. How many flight hours did you log while in (COUNTRY) since (DATE OF LAST INTERVIEW)? 31-34/

Hours

BB. What specific letter and numerical designation(s) did each aircraft have since (DATE OF LAST INTERVIEW)?

1. 35-39/
2. 40-44/
3. 45-49/

5. (Continued)

G. In your job assignments while stationed in (COUNTRY), (do/did) you come in contact with any of the substances on this card? By contact I mean that you inhaled, tasted, had skin contact with these fibers and chemicals, or were exposed to ionizing or nuclear radiation. CODE ALL THAT APPLY

HAND CARD D

asbestos.....01 50-51/

ionizing or nuclear radiation....02 52-53/

industrial chemicals.03 54-55/

insecticides or pesticides.....04 56-57/

degreasing chemicals.05 58-59/

defoliants or herbicides.....06 60-61/

none of the above (SKIP TO E, P.23)....07 62-63/

R. In your job assignments while stationed in (COUNTRY), (do/did) you come in contact with any of the substances on this card? By contact I mean that you inhaled, tasted, had skin contact with these fibers and chemicals, or were exposed to ionizing or nuclear radiation. CODE ALL THAT APPLY

HAND CARD D

asbestos.....01 64-65/

ionizing or nuclear radiation....02 66-67/

industrial chemicals.03 68-69/

insecticides or pesticides.....04 70-71/

degreasing chemicals.05 72-73/

defoliants or herbicides.....06 74-75/

none of the above (SKIP TO V, P.23)....07 76-77/

CC. In your job assignments while stationed in (COUNTRY), (do/did) you come in contact with any of the substances on this card? By contact I mean that you inhaled, tasted, had skin contact with these fibers and chemicals, or were exposed to ionizing or nuclear radiation. CODE ALL THAT APPLY

HAND CARD D — BEGIN DECK 12

asbestos.....01 10-11/

ionizing or nuclear radiation....02 12-13/

industrial chemicals.03 14-15/

insecticides or pesticides.....04 16-17/

degreasing chemicals.05 18-19/

defoliants or herbicides.....06 20-21/

none of the above (SKIP TO GG, P.23)...07 22-23/

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

asbestos |__|__| 24-25/

less than once a month.....95

ionizing or nuclear radiation |__|__| 26-27/

less than once a month.....95

industrial chemicals |__|__| 28-29/

less than once a month.....95

insecticides or pesticides |__|__| 30-31/

less than once a month.....95

degreasing chemicals |__|__| 32-33/

less than once a month.....95

defoliants or herbicides |__|__| 34-35/

less than once a month.....95

I. When you washed to remove the (SUBSTANCES) or used protective clothing or gear when stationed in (COUNTRY) was it all the time, some of the time, or never?

All the time.....1 36/

Some of the time...2

Never.(SKIP TO K)..3

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

asbestos |__|__| 37-38/

less than once a month.....95

ionizing or nuclear radiation |__|__| 39-40/

less than once a month.....95

industrial chemicals |__|__| 41-42/

less than once a month.....95

insecticides or pesticides |__|__| 43-44/

less than once a month.....95

degreasing chemicals |__|__| 45-46/

less than once a month.....95

defoliants or herbicides |__|__| 47-48/

less than once a month.....95

T. When you washed to remove the (SUBSTANCES) or used protective clothing or gear when stationed in (COUNTRY) was it all the time, some of the time, or never?

All the time.....1 49/

Some of the time...2

Never.(SKIP TO W)..3

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

asbestos |__|__| 50-51/

less than once a month.....95

ionizing or nuclear radiation |__|__| 52-53/

less than once a month.....95

industrial chemicals |__|__| 54-55/

less than once a month.....95

insecticides or pesticides |__|__| 56-57/

less than once a month.....95

degreasing chemicals |__|__| 58-59/

less than once a month.....95

defoliants or herbicides |__|__| 60-61/

less than once a month.....95

EE. When you washed to remove the (SUBSTANCES) or used protective clothing or gear when stationed in (COUNTRY) was it the time, some of the time, or never?

All the time.....1 62/

Some of the time...2

Never.(SKIP TO GG).3

BEGIN DECK 13

J. Which of the following did you use on that job?
CODE ALL THAT APPLY

HAND CARD E

Air filter.....01 63-64/
Goggles.....02 65-66/
Face Shield....03 67-68/
Special clothing.....04 69-70/
Washing facilities.....05 71-72/
Self contained or supplied air breathing apparatus.....06 73-74/
None.....07 75-76/

K. Are there any other countries that you have been stationed in since (DATE OF LAST INTERVIEW)?

Yes.(GO TO L ON P.19)...1 77/
NO.(SKIP TO SECTION 5)..2

U. Which of the following did you use on that job?
CODE ALL THAT APPLY

Air filter.....01 10-11/
Goggles.....02 12-13/
Face Shield....03 14-15/
Special clothing.....04 16-17/
Washing facilities.....05 18-19/
Self contained or supplied air breathing apparatus.....06 20-21/
None.....07 22-23/

V. Are there any other countries that you have been stationed in since (DATE OF LAST INTERVIEW)?

Yes.(GO TO W ON P.19)...1 24/
NO.(SKIP TO SECTION 5)..2

FF. Which of the following did you use on that job?
CODE ALL THAT APPLY

Air filter.....01 25-26/
Goggles.....02 27-28/
Face Shield....03 29-30/
Special clothing.....04 31-32/
Washing facilities.....05 33-34/
Self contained or supplied air breathing apparatus.....06 35-36/
None.....07 37-38/

GG. Are there any other countries that you have been stationed in since (DATE OF LAST INTERVIEW)?

Yes...(USE NEW QUEX)....1 39/
NO.(GO TO SECTION 5)..2

SECTION 5: MARITAL AND FERTILITY HISTORY

I. Now I would like to ask you about your personal relationships.

When we talked with you last, you said you were (READ MARITAL STATUS FROM INFORMATION SHEET ITEM 4). Is that correct?

Yes.....(GO TO A).....1 40/
No...(CORRECT INFO SHEET, THEN GO TO A).....2
Missing...(ASK AND ADD TO INFO SHEET THEN GO TO A).....3

A. INTERVIEWER: WAS STATUS MARRIED AT LAST INTERVIEW? (PROBE: WAS RESPONDENT LIVING WITH SPOUSE?)

YES.....(SKIP TO F).....1 41/
NO.....(ASK B).....2

B. When we talked with you last, you said you were READ STATUS FROM INFORMATION SHEET ITEM 5.

YES.....(GO TO C).....1
NO....(CORRECT INFO SHEET, THEN GO TO C)....2

C. INTERVIEWER: WAS RESPONDENT "LIVING WITH PARTNER" AT LAST INTERVIEW?

YES.....(ASK D).....1 42/
NO.....(SKIP TO Q.3, P.27).....2

D. What is the current full name of the person you were living with in (DATE OF LAST INTERVIEW)?

LAST NAME _____ MAIDEN _____

FIRST NAME _____ MIDDLE NAME _____

INTERVIEWER: RECORD NAME ON INFORMATION SHEET, ITEM 05

E. In what month and year did you start living with (NAME)?

ENTER MONTH AND YEAR |__|__| (MO) |__|__| (YR) 43-46/

(GO TO Q.2)

F. According to our records, you were married to (NAME AT INFORMATION SHEET ITEM 6). Is that correct?

Yes.....1 47/
No.....(CORRECT INFO SHEET).....2
Missing...(ASK AND ADD TO INFO SHEET).....3

1. (Continued)

G. In what month and year did you get married to (NAME)?

ENTER MONTH AND YEAR |__|__| |__|__| 48-51/
MO YR

---

2. Have you stopped living with (NAME)?

Yes.....(ASK A).....1 52/

No.....(SKIP TO C).....2

A. How did this (marriage/relationship) end?

HAND CARD G

Separation.....1 53/

Divorce.....2

Death of spouse or partner.....(ASK B-E THEN ASK Q.3).....3

B. In what month and year did this occur?

ENTER MONTH AND YEAR: |__|__|__|__| 54-57/
MO YR

C. During this (marriage/relationship), how many times were you living apart from (NAME) for 3 months or more since (DATE OF LAST INTERVIEW)? Each separation must have lasted at least 3 months or more.

ENTER NUMBER OF TIMES: |__|__| 58-59/

OR

None.....(SKIP TO F).....00

D. For how many months did you live apart the (first/next) time? Each separation must have lasted at least 3 months or more.

First/only time: |__|__| 60-61/

Second time: |__|__| 62-63/

Third time: |__|__| 64-65/

Fourth time: |__|__| 66-67/

2. (Continued)

E. During this (marriage/relationship), [since the (DATE OF LAST INTERVIEW)], did you ever have a problem conceiving a child because of prolonged separation?

Yes.....1 68/

No.....2

F. And what is (NAME OF SPOUSE/PARTNER)'s present street address?

STREET ADDRESS BEGIN DECK 14 10-34/

G. And what city, state and zip code does (SPOUSE/PARTNER) live in?

CITY 35-54/ STATE 55-56/ ZIP CODE 57-61/

H. And what is (NAME of SPOUSE/PARTNER)'s present telephone number?

|__|__|__| |__|__|__| |__|__|__| - |__|__|__|__| 62-74/
COUNTRY CODE (Foreign phone) AREA CODE NUMBER

NO PHONE.....1

I. Thinking of all the people you know, who would be the one person who would be most likely to know where (NAME OF SPOUSE/PARTNER) is? ENTER FULL NAME OF PERSON BELOW AND ASK J-M.

BEGIN DECK 15 10-29/
(LAST)

30-44/
(FIRST) (MIDDLE)

J. What is (PERSON'S) relationship to (NAME OF SPOUSE/PARTNER)?

45-46/

K. Where does (PERSON) live?

47-71/
STREET ADDRESS APT#

BEGIN DECK 16

CITY 10-29/ STATE 30-31/ ZIP CODE 32-36/

2. (Continued)

L. What is (PERSON'S) telephone number?

|___|___|___| |___|___|___| |___|___|___| - |___|___|___|___| 37-49/
COUNTRY CODE (foreign phone) AREA CODE NUMBER

NO PHONE.....7

M. IF (PERSON) HAS A PHONE: In whose name is the phone listed?

(PERSON'S) name.....(SKIP TO N).....1 50/

OTHER.....(SPECIFY BELOW).....2

DON'T KNOW.....(SKIP TO N).....8

_____ 51-74/
(LAST)

_____
(FIRST) (MIDDLE)

N. INTERVIEWER HAS R STOPPED LIVING WITH SPOUSE OR PARTNER? (IS "YES" CODED AT Q.27, P.25)

Yes.....1 75/

No.....(SKIP TO Q.10).....2

---

3. Since (DATE OF LAST INTERVIEW), have you done one of the following: (1) reconciled or married (again); or (2) lived with a wife or partner for 3 months or more?

Yes.....(ASK A).....1 76/

Did neither.(SKIP TO Q.10)..2

A. How many times have you been married or lived with a partner, for at least 3 months since (DATE OF LAST INTERVIEW)?

RECORD NUMBER OF TIMES: |___| 77/

---

4. Thinking of (that/the first) relationship since (DATE OF LAST INTERVIEW), did you marry this person?

Yes.....1 78/

No.....2

RECONCILED.....3

4. (Continued)

A. What is the current full name of (this person/your wife)?

|___|___| ID #

_____ 79-80/
(LAST)

_____
(FIRST) (MIDDLE)

INTERVIEWER: RECORD FULL NAME OF (SPOUSE/PARTNER) ON INFORMATION SHEET, ITEM 07 AND RECORD ID# ABOVE.

BEGIN DECK 17

What was her full maiden name?

_____ 10-29/

What was her birthdate? RECORD DATE: |___|___|___|___|___|___| 30-35/
MO DA YR

B. In what month and year did you (reconcile/get married to/start living with) (NAME)?

ENTER MONTH AND YEAR: |___|___|___|___| 36-39/
MO YR

C. Have you stopped living with (NAME)?

Yes.....(ASK D-F).....1 40/

No.....(SKIP TO Q.4F).....2

D. How did this (marriage/relationship) end?

HAND CARD G

Separation.....1 41/

Divorce.....2

Death of spouse or partner..(ASK E-F, THEN SKIP TO Q.5)...3

4. (Continued)

E. In what month and year did this occur?

ENTER MONTH AND YEAR: |__|__|__|__| 42-45/
MO YR

F. During this (marriage/relationship), how many times were you living apart from (NAME) for 3 months or more since (DATE OF LAST INTERVIEW)?

ENTER NUMBER OF TIMES: |__|__| 46-47/

OR

None.....(GO TO I).....00

G. For how many months did you live apart the (this/first/next) time?

First/only time: |__|__| 48-49/

Second time: |__|__| 50-51/

Third time: |__|__| 52-53/

Fourth time: |__|__| 54-55/

H. During this (marriage/relationship), [since the (DATE OF LAST INTERVIEW)], did you ever have a problem conceiving a child because of prolonged separation?

Yes.....1 56/

No.....2

I. And what is (NAME OF SPOUSE/PARTNER)'s present street address?

_____ 57-80/
STREET ADDRESS

BEGIN DECK 18

J. And what city, state and zip code does (SPOUSE/PARTNER) live in?

_____ |__|__| |__|__|__|__|__|
CITY STATE ZIP CODE
10-29/ 30-31/ 32-36/

K. And what is (NAME of SPOUSE/PARTNER)'s present telephone number?

|__|__|__| - |__|__|__| |__|__|__| - |__|__|__|__| 37-49/
COUNTRY CODE AREA CODE NUMBER
(foreign phone)

NO PHONE.....1

4. (Continued)

L. Thinking of all the people you know, either near your home or elsewhere, who would be the one person who would be most likely to know where (NAME OF SPOUSE/PARTNER) is? ENTER FULL NAME OF PERSON BELOW AND ASK M-P.

_____ 50-65/
(LAST),

_____ 66-80/
(FIRST) (MIDDLE)

BEGIN DECK 19

M. What is (PERSON'S) relationship to (NAME OF SPOUSE/PARTNER)?

_____ 10-11/

N. Where does (PERSON) live?

_____ 12-36/
STREET ADDRESS APT#

_____ |__|__| |__|__|__|__|__|
CITY STATE ZIP CODE
37-56/ 57-58/ 59-63/

O. What is (PERSON'S) telephone number?

|__|__|__| |__|__|__| |__|__|__|__| - |__|__|__|__| 64-76/
COUNTRY CODE AREA CODE NUMBER
(foreign phone)

NO PHONE.....1

P. IF (PERSON) HAS PHONE: In whose name is the phone listed?

(PERSON'S) name.....(SKIP TO Q.5).....1 77/

OTHER.....(SPECIFY BELOW).....2

DON'T KNOW.....(SKIP TO Q.5).....8

BEGIN DECK 20

_____ 10-34/
(LAST),

_____
(FIRST) (MIDDLE)

---

5. INTERVIEWER VERIFY: IS THERE A SECOND RELATIONSHIP SINCE THE DATE OF LAST INTERVIEW? IS NUMBER OF TIMES RECORDED IN Q.3A, P.27, EQUAL TO 2 OR MORE?

YES.....(GO TO Q.6).....1 35/

NO.....(SKIP TO Q.10).....2

6. Thinking of the next relationship since (DATE OF LAST INTERVIEW), did you marry this person?

Yes.....1 36/

No.....2

A. What is the current full name of this person?

ID #

(LAST) 37-38/

(FIRST) (MIDDLE)

INTERVIEWER: RECORD FULL NAME OF (SPOUSE/PARTNER) ON INFORMATION SHEET, ITEM 07 AND ID# ABOVE.

What was her full maiden name? 39-58/

What was her birthdate? RECORD DATE: MO DA YR 59-64/

B. In what month and year did you (get married to/start living with) (NAME)?

ENTER MONTH AND YEAR: MO YR 65-68/

C. Have you stopped living with (NAME)?

Yes.....(ASK D-F).....1 69/

No.....(SKIP TO F).....2

D. How did this (marriage/relationship) end?

HAND CARD C

Separation.....1 70/

Divorce.....2

Death of spouse or partner (ASK E-H, THEN SKIP TO Q.7).....3

6. (Continued)

E. In what month and year did this occur?

ENTER MONTH AND YEAR: MO YR 71-74/

F. During this relationship, how many times were you living apart from (NAME) for 3 months or more since (DATE OF LAST INTERVIEW)?

ENTER NUMBER OF TIMES: 75-76/

OR

None.....(GO TO I).....00

G. For how many months did you live apart the (first/next) time?

First time:..... 77-78/

Second time:..... 79-80/

BEGIN DECK 21

Third time:..... 10-11/

Fourth time:..... 12-13/

H. During this (marriage/relationship), [since the (DATE OF LAST INTERVIEW)], did you ever have a problem conceiving a child because of prolonged separation?

Yes.....1 14/

No.....2

I. And what is (NAME OF SPOUSE/PARTNER)'s present street address?

STREET ADDRESS 15-39/

J. And what city, state and zip code does (SPOUSE/PARTNER) live in?

CITY 40-59/ STATE 60-61/ ZIP CODE 62-66/

6. (Continued)

K. And what is (NAME OF SPOUSE/PARTNER)'s present telephone number?

|__|__|__| |__|__|__| |__|__|__| - |__|__|__|__| 67-79/
COUNTRY CODE (foreign phone) AREA CODE NUMBER

NO PHONE.....1

L. Thinking of all the people you know, either near your home or elsewhere, who would be the one person who would be most likely to know where (NAME OF SPOUSE/PARTNER) is? ENTER FULL NAME OF PERSON BELOW AND ASK M-P.

BEGIN DECK 22

_____ 10-29/
(LAST),

_____ 30-44/
(FIRST) (MIDDLE)

M. What is (PERSON'S) relationship to (NAME OF SPOUSE/PARTNER)?

_____ 45-46/

N. Where does (PERSON) live?

_____ 47-71/
STREET ADDRESS APT#

BEGIN DECK 23

_____ |__|__| |__|__|__|__|__|
CITY STATE ZIP CODE
10-29/ 30-31/ 32-36/

O. What is (PERSON'S) telephone number?

|__|__|__| |__|__|__| |__|__|__| - |__|__|__|__| 37-49/
COUNTRY CODE (foreign phone) AREA CODE NUMBER

NO PHONE.....1

P. IF (PERSON) HAS PHONE: In whose name is the phone listed?

(PERSON'S) name....(SKIP TO Q.7).....1 50/

OTHER.....(SPECIFY BELOW).....2

DON'T KNOW.....(SKIP TO Q.7).....8

_____ 51-75/
(LAST),

_____
(FIRST) (MIDDLE)

7. INTERVIEWER VERIFY: IS THERE A THIRD RELATIONSHIP SINCE THE DATE OF LAST INTERVIEW? (IS NUMBER OF TIMES RECORDED IN Q.34, P.27 EQUAL TO 3 OR MORE?)

YES.....(GO TO Q.8).....1 76/

NO.....(SKIP TO Q.10).....2

---

8. Thinking of the next relationship since (DATE OF LAST INTERVIEW), did you marry this person?

Yes.....1 77/

No.....2

|__|__|
ID #

A. What is the current full name of this person?

_____ 78-79/
(LAST)

_____
(FIRST) (MIDDLE)

INTERVIEWER: RECORD FULL NAME OF (SPOUSE/PARTNER) ON INFORMATION SHEET, ITEM 07 AND ID # ABOVE.

What was her full maiden name? BEGIN DECK 24

_____ 10-29/

What was her birthdate? RECORD DATE: |__|__|__|__|__|__| 30-35/
MO DA YR

B. In what month and year did you (get married to/start living with) (NAME)?

ENTER MONTH AND YEAR: |__|__|__|__| 36-39/
MO YR

C. Have you stopped living with (NAME)?

Yes.....(ASK D-P)....1 40/

No.....(SKIP TO F)...2

8. (Continued)

D. How did this (marriage/relationship) end?

HAND CARD G

Separation.....1 41/

Divorce.....2

Death of spouse or partner (ASK E-G, THEN SKIP TO Q.9).....3

E. In what month and year did this occur?

ENTER MONTH AND YEAR: |__|__|__|__| 42-45/
MO YR

F. During this (marriage/relationship), how many times were you living apart from (NAME) for 3 months or more since (DATE OF LAST INTERVIEW)?

ENTER NUMBER OF TIMES: |__|__| 46-47/

OR

None.....(GO TO I).....00

G. For how many months did you live apart the (first/next) time?

First time:.....|__|__| 48-49/

Second time:.....|__|__| 50-51/

Third time:.....|__|__| 52-53/

Fourth time:.....|__|__| 54-55/

H. During this (marriage/relationship), since the (DATE OF LAST INTERVIEW), did you ever have a problem conceiving a child because of prolonged separation?

Yes.....1 56/

No.....2

I. And what is (NAME OF SPOUSE/PARTNER)'s present street address?

_____ 57-80/
STREET ADDRESS

BEGIN DECK 25

J. And what city, state and zip code does (SPOUSE/PARTNER) live in?

_____ |__|__| |__|__|__|__|__|
CITY 10-29/ STATE 30-31/ ZIP CODE 32-36/

8. (Continued)

K. And what is (NAME OF SPOUSE/PARTNER)'s present telephone number?

|__|__|__| |__|__|__| |__|__|__| - |__|__|__|__| 37-49/
COUNTRY CODE (foreign phone) AREA CODE NUMBER

NO PHONE.....1

L. Thinking of all the people you know, either near your home or elsewhere, who would be the one person who would be most likely to know where (NAME OF SPOUSE/PARTNER) is? ENTER FULL NAME OF PERSON BELOW AND ASK M-P.

_____ 50-74/
(LAST),

_____
(FIRST) (MIDDLE)

M. What is (PERSON'S) relationship to (NAME OF SPOUSE/PARTNER)?

_____ 75-76/

BEGIN DECK 26

N. Where does (PERSON) live?

_____ 10-34/
STREET ADDRESS APT#

_____ |__|__| |__|__|__|__|__|
CITY 35-54/ STATE 55-56/ ZIP CODE 57-61/

O. What is (PERSON'S) telephone number?

|__|__|__| |__|__|__| |__|__|__| - |__|__|__|__| 62-74/
COUNTRY CODE (foreign phone) AREA CODE NUMBER

NO PHONE.....1

P. IF (PERSON) HAS PHONE: In whose name is the phone listed?

(PERSON'S) name....(SKIP TO Q.9).....1 75/

OTHER.....(SPECIFY BELOW).....2

DON'T KNOW.....(SKIP TO Q.9).....8

BEGIN DECK 27

_____ 10-34/
(LAST),

_____
(FIRST) (MIDDLE)

9. INTERVIEWER: IS THERE A FOURTH RELATIONSHIP SINCE THE DATE OF LAST INTERVIEW? (IS NUMBER OF TIMES RECORDED IN Q.3A EQUAL TO 4 OR MORE?)

YES....(GO TO NEW QUESTIONNAIRE).....1 35/

NO.....2

VERIFICATION OF BIOLOGICAL CHILDREN USING CHILDREN'S RECORD FORM

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10. INTERVIEWER: ARE CHILDREN LISTED ON CHILDREN'S RECORD FORM?

YES.....(ASK A).....1 36/

NO.....(ASK B).....2

A. I'd like to read information about your (child/children) from our last interview to check our records. As of (DATE OF LAST INTERVIEW), our records show that you have had (NUMBER OF CHILDREN). . .(READ EACH CHILD'S FULL NAME, SEX, AND BIRTHDATE AND MOTHER'S NAME). Is that correct?

IF INFORMATION IS CORRECT (GO TO Q.11).....1 37/

IF INFORMATION IS INCOMPLETE OR INCORRECT MAKE CORRECTIONS ON CHILDREN'S RECORD FORM (THEN GO TO Q.11)....2

B. Our records show that you had not had any children of your own as of (DATE OF LAST INTERVIEW). Is that correct?

IF INFORMATION IS CORRECT (GO TO Q.12).....1 38/

IF INFORMATION IS INCOMPLETE OR INCORRECT, ASK FOR (CHILD/CHILDREN)'S FULL NAME, SEX, BIRTHDATE AND MOTHER'S NAME. RECORD BEGINNING AT LINE 01 ON CHILDREN'S RECORD FORM...(THEN GO TO Q.11)..2

11. INTERVIEWER: ASK THIS QUESTION FOR EACH CHILD LISTED ON CHILDREN'S RECORD FORM FOR WHOM THERE IS NO DEATH DATE.

What is (NAME OF 1ST CHILD/NAME OF 2ND CHILD, ETC.)'s current age? RECORD ON CHILDREN'S RECORD FORM.

IF DECEASED SINCE LAST INTERVIEW, ASK A-C. OTHERS GO TO Q.12.

A. When did (CHILD) die? RECORD DAY, MONTH, AND YEAR ON CHILDREN'S RECORD FORM.

B. What was the cause of death? RECORD BELOW.

BEGIN DECK 28

C. Where is (CHILD)'s death registered? In what city and state?

	CHILD ID: ___ 39-40/	CHILD ID: ___ 60-61/	CHILD ID: ___ 10-11/
CAUSE:	_____ 41/	_____ 62/	_____ 12/
REGISTRATION:	_____ (CITY) 42-57/	_____ (CITY) 63-78/	_____ (CITY) 13-28/
	_____ (STATE) 58-59/	_____ (STATE) 79-80/	_____ (STATE) 29-30/

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12. INTERVIEWER VERIFY: HAS R BEEN MARRIED OR HAD A PARTNER FOR 3 MONTHS OR MORE SINCE (DATE OF LAST INTERVIEW)?

YES.....(ASK A).....1 31/

NO.....(SKIP TO SECTION 6).....2

A. Has/Have (your wife/any of your partners) become pregnant by you since (DATE OF LAST INTERVIEW)? This includes pregnancies that began before (DATE OF LAST INTERVIEW) and ended after (DATE OF LAST INTERVIEW).

Yes.....(ASK B).....1 32/

No.....(SKIP TO Q.25).....2

B. How many pregnancies (has your wife/have your partners) had with you since (DATE OF LAST INTERVIEW)?

ENTER NUMBER OF PREGNANCIES: ___ 33-34/

(GO TO Q.13)

13. When did (that/the first, etc.) pregnancy begin? What month and year?

ENTER MONTH AND YEAR: |__|__| |__|__| 35-38/
MO YR

A. INTERVIEWER: HAS R HAD MORE THAN ONE RELATIONSHIP SINCE DATE OF LAST INTERVIEW? (SEE INFORMATION SHEET, ITEMS 05, 06 AND 07)

YES.....(ASK B).....1 39/

NO.....(ASK B).....2

B. Which (spouse/partner) had this pregnancy?

RECORD NAME: _____ 40-64/
(LAST) (MAIDEN)

_____
(FIRST) (MIDDLE)

INTERVIEWER: RECORD ID # FROM INFORMATION SHEET, ITEM 05, 06, OR 07

|__|__| 65-66/

C. How many months did it take (NAME OF SPOUSE/PARTNER) to become pregnant (this time)?

RECORD MONTHS AND/OR YEARS |__|__| MOS AND/OR |__|__| YRS 67-68/

Wasn't trying.....00 69-70/
OR
DON'T KNOW.....98

D. Were either you or (NAME OF SPOUSE/PARTNER) using birth control at the time she became pregnant?

Yes.....(ASK E).....1 71/

No.....(GO TO Q.14).....2

13. (Continued)

E. Please look at this card and tell me all the numbers of the types of birth control you or (NAME) were using when she became pregnant. CODE ALL THAT APPLY.

HAND CARD N

1.	Pill.....01	72-73/
2.	Douche.....02	74-75/
3.	Foam.....03	76-77/
4.	Jelly, cream, suppository.....04	78-79/
	BEGIN DECK 29	
5.	IUD.....05	10-11/
6.	Condom, rubber.....06	12-13/
7.	Diaphragm.....07	14-15/
8.	Diaphragm and jelly.....08	16-17/
9.	Sponge.....09	18-19/
10.	Rhythm - Calendar.....10	20-21/
11.	Rhythm - Temperature.....11	22-23/
12.	Withdrawal.....12	24-25/
13.	Other (SPECIFY)_____	
	_____ 13	26-27/
	DON'T KNOW.....98	28-29/

14. Did that pregnancy result in a live birth; or in a miscarriage, stillbirth, or abortion, [or is (NAME) still pregnant]?

Live birth.....(ASK A-J).....1 30/
Miscarriage.....(SKIP TO Q.16).....2
Stillbirth.....(SKIP TO Q.16).....3
Abortion.....(SKIP TO Q.16).....4
Still pregnant.....(SKIP TO Q.25).....5

A. What is the first and last name of the child as it appears on the birth certificate? RECORD ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

INTERVIEWER: RECORD ID FROM CHILDREN'S RECORD FORM |__|__| 31-32/

B. When was (CHILD) born? ENTER BIRTHDATE ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

C. Was (CHILD) male or female? RECORD ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

D. How much did (CHILD) weigh at birth?

ENTER POUNDS: |__|__| 33-34/
AND
OUNCES: |__|__| 35-36/
OR
Don't know.....98

14. (Continued)

E. Was (CHILD) a twin?

Yes.....1 37/

No.....2

F. Was (CHILD) premature, full term, or overdue?

Premature.....1 38/
Full term.....2
Overdue.....3
Don't know.....8

G. How old was (NAME OF MOTHER) when (CHILD) was born?

RECORD AGE: |__|__| 39-40/

Don't know.....98

H. What is the name and address of the hospital where this child was born? RECORD BELOW

_____ 41/
NAME OF HOSPITAL

_____
STREET ADDRESS

_____|__|__|
(CITY) (STATE)

INTERVIEWER: RECORD NAME AND ADDRESS ON MEDICAL CONSENT FORM

I. What is the name and address of the doctor or medical facility who has (CHILD)'s current medical records? RECORD BELOW.

_____ 42/
DOCTOR'S NAME OR FACILITY NAME

_____
STREET ADDRESS

_____|__|__|
(CITY) (STATE)

INTERVIEWER: RECORD NAME AND ADDRESS ON MEDICAL CONSENT FORM

J. What is (CHILD)'s current age? RECORD IN CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM. IF DECEASED, ASK K-M. OTHERS GO TO Q.15.

14. (Continued)

K. When did (CHILD) die? RECORD DAY, MONTH, AND YEAR ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

L. What was the cause of death? RECORD BELOW.

_____ 43/

M. Where is (CHILD'S) death registered? In what city and state?

_____|__|__|
(CITY) (STATE)
44-59/ 60-61/

---

15. INTERVIEWER: IS THERE A SECOND PREGNANCY SINCE THE DATE OF LAST INTERVIEW (IS NUMBER OF PREGNANCIES IN Q.12B EQUAL TO 2 OR MORE?)

YES.....(SKIP TO Q.17).....1 62/

NO.....(SKIP TO Q.25).....2

---

16. When did that pregnancy end?

RECORD DATE: |__|__| |__|__| |__|__| 63-68/
MO DA YR

A. How many weeks had (NAME) been pregnant when that happened?

ENTER NUMBER OF WEEKS: |__|__| 69-70/

Don't know.....98

IF MISCARRIAGE OR STILLBIRTH, ASK B-C; OTHERS GO TO D.

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

Yes.....(ASK C).....1 71/

No.....(GO TO D).....2

C. What did the doctor say caused the (miscarriage/stillbirth)? RECORD VERBATIM.

_____ 72/

16. (Continued)

O. INTERVIEWER: IS THERE A SECOND PREGNANCY SINCE DATE OF LAST INTERVIEW? (IS NUMBER OF PREGNANCIES IN Q.12B EQUAL TO 2 OR MORE?)

YES.....(GO TO Q.17).....1 73/

NO.....(SKIP TO Q.25).....2

---

17. When did the next pregnancy begin? What month and year?

ENTER MONTH AND YEAR: |__|__| |__|__| 74-77/
MO YR

A. INTERVIEWER: HAS R HAD MORE THAN ONE RELATIONSHIP SINCE DATE OF LAST INTERVIEW? (SEE INFO SHEET, ITEMS 05, 06 AND 07)

YES.....(ASK B).....1 78/

NO.....(GO TO C).....2

BEGIN DECK 30

B. Which (spouse/partner) had this pregnancy?

RECORD NAME: _____ 10-34/
(LAST)

_____
(FIRST) (MIDDLE)

INTERVIEWER: RECORD ID # FROM INFORMATION SHEET, ITEM 05, 06, OR 07

|__|__| 35-36/

C. How many months did it take (NAME OF SPOUSE/PARTNER) to become pregnant (this time)?

RECORD MONTHS AND/OR YEARS: |__|__| MOS AND/OR |__|__| YRS 37-38/

Wasn't trying.....00 39-40/
OR
DON'T KNOW.....98

D. Were either you or (NAME OF SPOUSE/PARTNER) using birth control at the time she became pregnant?

Yes.....(ASK E).....1 41/

No.....(SKIP TO Q.18).....2

17. (Continued)

E. Please look at this card and tell me all the numbers of the types of birth control you or (NAME) were using when she became pregnant. CODE ALL THAT APPLY.

HAND CARD N

1.	Pill.....01	42-43/
2.	Douche.....02	44-45/
3.	Foam.....03	46-47/
4.	Jelly, cream, suppository.....04	48-49/
5.	IUD.....05	50-51/
6.	Condom, rubber.....06	52-53/
7.	Diaphragm.....07	54-55/
8.	Diaphragm and jelly.....08	56-57/
9.	Sponge.....09	58-59/
10.	Rhythm - Calendar.....10	60-61/
11.	Rhythm - Temperature.....11	62-63/
12.	Withdrawal.....12	64-65/
13.	Other (SPECIFY)_____ 13	66-67/
	DON'T KNOW.....98	68-69/

---

18. Did that pregnancy result in a live birth; or in a miscarriage, stillbirth, or abortion, [or is (NAME) still pregnant]?

Live birth.....(ASK A-J).....1 70/
Miscarriage.....(SKIP TO Q.20).....2
Stillbirth.....(SKIP TO Q.20).....3
Abortion.....(SKIP TO Q.20).....4
Still pregnant.....(SKIP TO Q.25).....5

A. What is the first and last name of the child as it appears on the birth certificate? RECORD ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

INTERVIEWER: RECORD ID FROM CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM. |__|__| 71-72

B. When was (CHILD) born? ENTER BIRTHDATE ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

C. Was (CHILD) male or female? RECORD ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

D. How much did (CHILD) weigh at birth?

ENTER POUNDS: |__|__| 73-74/
AND
OUNCES: |__|__| 75-76/
OR
Don't know.....98

18. (Continued)

E. Was (CHILD) a twin?

Yes.....1 77/

No.....2

F. Was (CHILD) premature, full term, or overdue?

Premature.....1 78/
Full term.....2
Overdue.....3
Don't know.....8

G. How old was (NAME OF MOTHER) when (CHILD) was born?

RECORD AGE: |__|__| 79-80/

Don't know.....98

H. What is the name and address of the hospital where this child was born? RECORD BELOW

_____
Name of hospital

_____
STREET ADDRESS

_____|__|__|
(CITY) (STATE)

INTERVIEWER: RECORD NAME AND ADDRESS ON MEDICAL CONSENT FORM

I. What is the name and address of the doctor or medical facility who has (CHILD)'s current medical records? RECORD BELOW

_____
DOCTOR'S NAME OR FACILITY NAME

_____
STREET ADDRESS

_____|__|__|
(CITY) (STATE)

INTERVIEWER: RECORD NAME AND ADDRESS OR MEDICAL CONSENT FORM

J. What is (CHILD)'s current age? RECORD IN CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM. IF DECEASED, ASK K-M. OTHERS GO TO Q.19.

18. (Continued)

K. When did (CHILD) die? RECORD DAY, MONTH, AND YEAR ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

L. What was the cause of death? RECORD BELOW.

_____ 10/

M. Where is (CHILD'S) death registered? In what city and state?

_____|__|__|
(CITY) 11-26/ (STATE) 27-28/

19. INTERVIEWER: IS THERE A THIRD PREGNANCY SINCE THE DATE OF LAST INTERVIEW? (IS NUMBER OF PREGNANCIES IN Q.12B EQUAL TO 3 OR MORE?)

YES.....(SKIP TO Q.21).....1 29/

NO.....(SKIP TO Q.25).....2

20. When did that pregnancy end?

RECORD DATE: |__|__|__|__|__|__| 30-35/
MO DA YR

A. How many weeks had (NAME) been pregnant when that happened?

ENTER NUMBER OF WEEKS: |__|__| 36-37/

Don't know.....98

IF MISCARRIAGE OR STILLBIRTH, ASK B-C; OTHERS GO TO D.

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

Yes.....(ASK C).....1 38/

No.....(GO TO D).....2

C. What did the doctor say caused the (miscarriage/stillbirth)? RECORD VERBATIM.

39/

_____

20. (Continued)

D. INTERVIEWER: IS THERE A THIRD PREGNANCY SINCE DATE OF LAST INTERVIEW? (IS NUMBER OF PREGNANCIES IN Q.12B EQUAL TO 3 OR MORE?)

YES.....(GO TO Q.21).....1 40/

NO.....(SKIP TO Q.25).....2

---

21. When did the next pregnancy begin? What month and year?

ENTER MONTH AND YEAR: |__|__| |__|__| 41-44/
MO YR

A. INTERVIEWER: HAS R HAD MORE THAN ONE RELATIONSHIP SINCE DATE OF LAST INTERVIEW? (SEE INFO SHEET, ITEMS 05, 06 AND 07)

YES.....1 45/

NO.....(ASK C).....2

B. Which (spouse/partner) had this pregnancy?

RECORD NAME: _____ 46-70/
(LAST)

_____
(FIRST) (MIDDLE)

INTERVIEWER: RECORD ID # FROM INFORMATION SHEET, ITEM 05, 06, OR 07
|__|__| 71-72/

C. How many months did it take (NAME OF SPOUSE/PARTNER) to become pregnant (this time)?

RECORD MONTHS AND/OR YEARS: |__|__| MOS AND/OR |__|__| YRS 73-74/

Wasn't trying.....00
OR 75-76/
DON'T KNOW.....98

D. Were either you or (NAME OF SPOUSE/PARTNER) using birth control at the time she became pregnant?

Yes.....(ASK E).....1 77/

No...(SKIP TO Q.22).....2

21. (Continued)

E. Please look at this card and tell me all the numbers of the types of birth control you or (NAME) were using when she became pregnant. CODE ALL THAT APPLY.

HAND CARD H

1.	Pill.....01	10-11/
2.	Douche.....02	12-13/
3.	Foam.....03	14-15/
4.	Jelly, cream, suppository.....04	16-17/
5.	IUD.....05	18-19/
6.	Condom, rubber.....06	20-21/
7.	Diaphragm.....07	22-23/
8.	Diaphragm and jelly.....08	24-25/
9.	Sponge.....09	26-27/
10.	Rhythm - Calendar.....10	28-29/
11.	Rhythm - Temperature.....11	30-31/
12.	Withdrawal.....12	32-33/
13.	Other (SPECIFY)_____	
	_____ 13	34-35/
	DON'T KNOW.....98	36-37/

---

22. Did that pregnancy result in a live birth; or in a miscarriage, stillbirth, or abortion, [or is (NAME) still pregnant]?

Live birth.....(ASK A-J).....1 38/
Miscarriage.....(SKIP TO Q.24).....2
Stillbirth.....(SKIP TO Q.24).....3
Abortion.....(SKIP TO Q.24).....4
Still pregnant.....(SKIP TO Q.25).....5

A. What is the first and last name of the child as it appears on the birth certificate? RECORD ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

INTERVIEWER: RECORD ID FROM CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM. |__|__| 39-40/

B. When was (CHILD) born? ENTER BIRTHDATE ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

C. Was (CHILD) male or female? RECORD ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

D. How much did (CHILD) weigh at birth?

ENTER POUNDS: |__|__| 41-42/
AND
OUNCES: |__|__| 43-44/
OR
Don't know.....98

22. (Continued)

E. Was (CHILD) a twin?

Yes.....1
No.....2 45/

F. Was (CHILD) premature, full term, or overdue?

Premature.....1
Full term.....2
Overdue.....3
Don't know.....8 46/

G. How old was (NAME OF MOTHER) when (CHILD) was born?

RECORD AGE: |__|__| 47-48/

Don't know.....98

H. What is the name and address of the hospital where this child was born? RECORD BELOW

_____
Name of hospital

_____
STREET ADDRESS

_____ |__|__|
(CITY) (STATE)

INTERVIEWER: RECORD NAME AND ADDRESS ON MEDICAL AUTHORIZATION FORM

I. What is the name and address of the doctor or medical facility who has (CHILD)'s current medical records? RECORD BELOW

_____
DOCTOR'S NAME OR FACILITY NAME

_____
STREET ADDRESS

_____ |__|__|
(CITY) (STATE)

INTERVIEWER: RECORD NAME AND ADDRESS ON MEDICAL CONSENT FORM

J. What is (CHILD)'s current age? RECORD IN CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM. IF DECEASED, ASK K-M. OTHERS GO TO Q.23.

K. When did (CHILD) die? RECORD DAY, MONTH, AND YEAR ON CHILDREN'S RECORD FORM.

22. (Continued)

L. What was the cause of death? RECORD BELOW. 49/

_____

M. Where is (CHILD'S) death registered? In what city and state?

_____ |__|__|
(CITY) (STATE)
50-65/ 66-67/

---

23. INTERVIEWER: IS THERE A FOURTH PREGNANCY SINCE THE DATE OF LAST INTERVIEW? (IS NUMBER OF PREGNANCIES IN Q.12B EQUAL TO 4 OR MORE?)

YES.....(GO TO NEW QUESTIONNAIRE).....1 68/

NO.....(SKIP TO Q.25).....2

---

24. When did that pregnancy end?

RECORD DATE: |__|__|__|__|__|__| 69-74/
MO DA YR

A. How many weeks had (NAME) been pregnant when that happened?

ENTER NUMBER OF WEEKS: |__|__| 75-76/

Don't know.....98

IF MISCARRIAGE, ASK B-C; OTHERS GO TO D.

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

Yes.....(ASK C).....1 77/

No.....(GO TO D).....2

C. What did the doctor say caused the (miscarriage/stillbirth)? RECORD VERBATIM. 78/

_____

D. INTERVIEWER: IS THERE A FOURTH PREGNANCY SINCE DATE OF LAST INTERVIEW? (IS NUMBER OF PREGNANCIES IN Q.12B EQUAL TO 4 OR MORE?)

YES.....(GO TO NEW QUESTIONNAIRE).....1 79/

NO.....2

25. Since (DATE OF LAST INTERVIEW) have you ever tried for a period of one year or more, to conceive a child and were not able to do so?

Yes.....1 10/

No.....(SKIP TO SECTION 6).....2

---

26. For how many periods of one year or more did this happen?

One.....1 11/
Two.....2
Three.....3
Four.....4

---

27. Since (DATE OF LAST INTERVIEW), in what month and year did the first period begin? And in what month and year did it end?

Begin 12-15/ End 16-19/

MO YR MO YR

OR HAS NOT ENDED.....0000

---

28. During this first period, what was your wife or partner's first name? RECORD BELOW.

20-33/
34-35/

ID #

---

29. How old was (NAME) in (BEGINNING DATE OF PERIOD)?

RECORD AGE: 36-37/

---

30. During this first period, did either of you see a doctor to discuss any difficulties in conceiving children?

Yes.....1 38/

No.....2

---

31. ON BLUE SELF ADMINISTERED FORM 1, CODE ""PERIOD 1." GIVE BLUE FORM TO R, AND READ THESE INSTRUCTIONS.

There are many reasons that some couples find it difficult or impossible to conceive a child. Please read this card and circle the number on Side A for each reason which applied to you for this period. Side B provides reasons appropriate for your spouse. Circle as many responses as appropriate.

Now please fill out this card and place it in the envelope when you are finished.

32. INTERVIEWER: IS THERE A SECOND PERIOD OF INFERTILITY SINCE DATE OF LAST INTERVIEW? (IS Q.26 CODED "TWO" OR MORE?)

YES.....(GO TO Q.33).....1 39/

NO.....(SKIP TO SECTION 6).....2

---

33. Since (DATE OF LAST INTERVIEW), in what month and year did the second period begin? And in what month and year did it end?

Begin 40-43/ End 44-47/

MO YR MO YR

OR HAS NOT ENDED.....0000

---

34. During this second period what was your wife or partner's first name? RECORD BELOW.

48-61/
62-63/

ID #

---

35. How old was (NAME) in (BEGINNING DATE OF PERIOD)?

RECORD AGE: 64-65/

---

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

Yes.....1 66/

No.....2

---

37. CODE "PERIOD 2" AND HAND SELF-ADMINISTERED FORM 1.

There are many reasons that some couples find it difficult or impossible to conceive a child. Please read this card and circle the number on Side A for each reason which applied to you for this period. Side B provides reasons appropriate for your spouse. Circle as many responses as appropriate.

Now please fill out this card and place it in the envelope when you are finished.

---

38. INTERVIEWER: IS THERE A THIRD PERIOD OF INFERTILITY SINCE DATE OF LAST INTERVIEW? (IS Q.26 CODED "THREE"?)

YES.....(GO TO Q.39).....1 67/

NO.....(SKIP TO SECTION 6).....2

39. Since (DATE OF LAST INTERVIEW), in what month and year did the third period begin? And in what month and year did it end?

Begin 68-71/ End 72-75/

MO YR MO YR

OR HAS NOT ENDED.....0000

BEGIN DECK 34

40. During this third period, what was your wife or partner's first name? RECORD BELOW.

10-23/

24-25/

ID #

41. How old was (NAME) in (BEGINNING DATE OF PERIOD)?

RECORD AGE: 26-27/

42. During this third period, did either of you see a doctor to discuss any difficulties in conceiving children?

Yes.....1 28/

No.....2

43. CODE "PERIOD 3" AND HAND SELF-ADMINISTERED FORM 1.

There are many reasons that some couples find it difficult or impossible to conceive a child. Please read this card and circle the number on Side A for each reason which applied to you for this period. Side B provides reasons appropriate for your spouse. Circle as many responses as appropriate.

Now please fill out this card and place it in the envelope when you are finished.

44. INTERVIEWER: IS THERE A FOURTH PERIOD OF INFERTILITY SINCE DATE OF LAST INTERVIEW? (IS Q.26 CODED "FOUR"?)

YES.....(GO TO NEW QUESTIONNAIRE).....1

NO.....(GO TO SECTION 6).....2

Section 6: Child and Family Health

Now I would like to ask you some questions about birth defects in your family. By birth defects I mean a physical abnormality present (though not necessarily noticed) at the time of birth. Birth defects range in severity from unusual birthmarks to a missing or misshapen limb. Birth defects can affect any part of the body, including bones, body organs such as kidneys or the heart, reproductive and respiratory systems, blood, and the skin.

1. INTERVIEWER: HAS RESPONDENT HAD ANY BIOLOGICAL CHILDREN?

YES.....1 29/

NO.....(SKIP TO Q.22).....2

A. ARE CHILDREN RECORDED ON CHILDREN'S RECORD FORM?

YES.....(ASK B).....1

30/

NO.....(SKIP TO Q.2B).....2

IF NEEDED, VERIFY AND CORRECT BIRTH DATE, SEX AND BOTH MOTHER'S AND CHILD'S NAME FOR EACH CHILD ON THE CHILDREN'S RECORD FORM.

B. FOR EACH CHILD LISTED ON CHILDREN'S RECORD FORM ASK: Our records indicate that (CHILD)(had/did not have) a birth defect at the time you were last interviewed. Is this information correct?

IF INFORMATION IS CORRECT..(GO TO Q.2A).....1 31/

IF INFORMATION IS INCORRECT, MAKE CORRECTIONS ON CHILDREN'S RECORD FORM.....(THEN GO TO Q.2A).....2

DON'T KNOW.....8

2A. FOR EACH CHILD ON RECORD FORM (EXCEPT CHILDREN WHO DIED BEFORE DATE OF LAST INTERVIEW) ASK: Has a(an additional) defect been identified in (CHILD)/(since DATE OF LAST INTERVIEW)? RECORD ON CHILDREN'S RECORD FORM.

RECORD ALL NEW CHILDREN ON THE SUPPLEMENTARY CHILDREN'S RECORD FORM.

2B. FOR EACH CHILD RECORDED ON THE SUPPLEMENTARY FORM ASK: Has a defect been identified in (CHILD)? RECORD ON SUPPLEMENTARY CHILDREN'S RECORD FORM.

3. INTERVIEWER: ASK QUESTIONS 4-20 FOR EACH CHILD, INCLUDING ALL WHO MAY HAVE DIED.

[Now I would like to ask about (NEXT CHILD)].

PLEASE GO ON TO NEXT PAGE ——————————>

	1ST CHILD			2ND CHILD		
CHILD'S AGE:						
CHILD'S ID#			32-33/			49-50/
MOTHER'S ID#			34-35/			51-52/

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

Yes	1	36/		1	53/	
No (GO TO Q.5)	2		(Q.5)	2		

FILL OUT HEALTH CARE PROVIDER FORM,
IF NECESSARY, COMPLETE A MEDICAL AUTHORIZATION FORM.

5. Did (CHILD) ever have a diagnosed...(READ EACH CATEGORY)...

	Yes	No		Yes	No	
learning disability	1	2	37/	1	2	54/
physical or motor impairment	1	2	38/	1	2	55/
mental impairment	1	2	39/	1	2	56/

		40-44/R			55-61/R
6. INTERVIEWER: HAS ANY CANCER, DEFECT OR IMPAIRMENT BEEN IDENTIFIED IN (CHILD)? CHECK CHILDREN'S RECORD FORM AND Q5, 18.2, AND 4. IF YES, CODE, ASK Q.7.					
YES (GO TO Q.7)	1	45/	(Q.7)	1	62/
NO (ASK A)	2		(A)	2	
4. INTERVIEWER: IS THERE ANOTHER CHILD?					
YES (ASK Q.4 AND 5)	1	46/	(Q.4 AND 5)	1	63/
NO (SKIP TO Q.22)	2		(Q.22)	2	

7. What kind of (birth defect(s)/ impairment) does/did (CHILD) have? Any others?

		47/			64/	

8. Did you (or someone else) discuss (CHILD'S) (birth defect(s)/impairment) with a doctor?

Yes (GO TO Q.9)	1	48/	(Q.9)	1	65/	
No (SKIP TO Q.11)	2		(Q.11)	2		

3RD CHILD	4TH CHILD	5TH CHILD	6TH CHILD
66-67/	14-15/	31-32/	48-49/
68-69/	16-17/	33-34/	50-51/
.....1 70/	....(A & B)....1 18/	....(A & B)....1 35/	....(A & B)....1 52/
.....(0,5).....2	.....(0,5).....2	.....(0,5).....2	.....(0,5).....2

FILL OUT HEALTH CARE PROVIDER FORM,
IF NECESSARY, COMPLETE A MEDICAL AUTHORIZATION FORM.

Yes	No	Yes	No	Yes	No	Yes	No
.....1	2 71/	1	2 19/	1	2 36/	1	2 53/
.....1	2 72/	1	2 20/	1	2 37/	1	2 54/
.....1	2 73/	1	2 21/	1	2 38/	1	2 55/

BEGIN DECK 35	22-26/R	39-43/R	56-60/R
.....(0,7).....1 10/	.....(0,7).....1 27/	.....(0,7).....1 44/	.....(0,7).....1 61/
....(ASK A)....2	....(ASK A)....2	....(ASK A)....2	....(ASK A)....2
..(0,4 AND 5)..1 11/	..(0,4 AND 5)..1 28/	..(0,4 AND 5)..1 45/	..(0,4 AND 5)..1 62/
....(0,22).....2	....(0,22).....2	....(0,22).....2	....(0,22).....2
_____ 12/	_____ 29/	_____ 46/	_____ 63/
_____	_____	_____	_____
.....(0,9).....1 13/	.....(0,9).....1 30/	.....(0,9).....1 47/	.....(0,9).....1 64/
.....(0,11)....2	.....(0,11)....2	.....(0,11)....2	.....(0,11)....2

CHILD'S NAME:	1ST CHILD	2ND CHILD
CHILD'S ID #		
MOTHER'S ID #		
9. FILL OUT THE HEALTH CARE PROVIDER FORM FOR EACH CANCER, DISABILITY AND DEFECT. IF NECESSARY, COMPLETE A MEDICAL AUTHORIZATION FORM	FILL OUT THE HEALTH CARE PROVIDER FORM FOR EACH CANCER, DISABILITY AND DEFECT. 65/R IF NECESSARY, COMPLETE A MEDICAL AUTHORIZATION FORM	FILL OUT THE HEALTH CARE PROVIDER FORM FOR EACH CANCER, DISABILITY AND DEFECT. 71/R IF NECESSARY COMPLETE A MEDICAL AUTHORIZATION FORM
10. Did the doctor say that (CHILD) need(s/ed) any testing, medication, treatment, surgery, or special equipment because of a (birth defect/impairment)? (By special equipment I mean a wheelchair, walker, artificial limb, body brace(s), or crutches).	Yes.....1 66/ No.....2 DON'T KNOW.....8	.....1 72/ 2 8
11. Did (CHILD) ever receive any testing, medication, treatment, surgery or special equipment because of a (birth defect/ impairment)?	Yes.....1 67/ No.....2 DON'T KNOW.....8	.....1 73/ 2 8
12. At any time, did (CHILD'S) (birth defect(s)/impairment) interfere in any way with (CHILD'S) physical or social development? For example, getting a job or making friends)	Yes.....(GO TO Q.13).....1 68/ No.....(ASK A).....2 DON'T KNOW.....8	.....(Q.13).....1 74/ .....(ASK A).....2 8
A. INTERVIEWER: WAS THERE A YES CODED AT Q.10 or Q.11?	YES.....(GO TO Q.13).....1 69/ NO.....(ASK B).....2	.....(Q.13).....1 75/ .....(ASK B).....2
B. INTERVIEWER: IS THERE ANOTHER CHILD?	YES,...(GO BACK TO Q.4 FOR NEXT CHILD)....1 70/ NO.....(SKIP TO Q.22).....2	.....(Q.4).....1 76/ .....(Q.22).....2

3RD CHILD	4TH CHILD	5TH CHILD	6TH CHILD
FILL OUT THE HEALTH CARE PROVIDER FORM FOR EACH CANCER, DISABILITY AND DEFECT. 77/R	FILL OUT THE HEALTH CARE PROVIDER FORM FOR EACH CANCER, DISABILITY AND DEFECT. 13/R	FILL OUT THE HEALTH CARE PROVIDER FORM FOR EACH CANCER, DISABILITY AND DEFECT. 19/R	FILL OUT THE HEALTH CARE PROVIDER FORM FOR EACH CANCER, DISABILITY AND DEFECT. 25/R
IF NECESSARY, COMPLETE A MEDICAL AUTHORIZATION FORM.	IF NECESSARY, COMPLETE A MEDICAL AUTHORIZATION FORM.	IF NECESSARY COMPLETE A MEDICAL AUTHORIZATION FORM.	IF NECESSARY COMPLETE A MEDICAL AUTHORIZATION FORM.
.....1 78/	.....1 14/	.....1 20/	.....1 26/
.....2	2	2	2
.....8	8	8	8
.....1 79/	.....1 15/	.....1 21/	.....1 27/
.....2	2	2	2
.....8	8	8	8
BEGIN DECK 36			
.....(0,13).....1 16/	.....(0,13).....1 16/	.....(0,13).....1 22/	.....(0,13).....1 28/
.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2
.....8	8	8	8
.....(0,13).....1 11/	.....(0,13).....1 17/	.....(0,13).....1 23/	.....(0,13).....1 29/
.....(ASK B).....2	.....(ASK B).....2	.....(ASK B).....2	.....(ASK B).....2
.....(0,4).....1 12/	.....(0,4).....1 18/	.....(0,4).....1 24/	.....(0,4).....1 30/
.....(0,22).....2	.....(0,22).....2	.....(0,22).....2	.....(0,22).....2

	1ST CHILD	2ND CHILD
CHILD'S NAME:		
CHILD'S ID #		
MOTHER'S ID #		
13. Did (CHILD'S) doctor say that any of (CHILD'S) (birth defect(s)/impairments) (was/were) life-threatening if left untreated? (By untreated I mean if (CHILD) did not receive surgery, medication, a special diet, or some other medical intervention.)	31/	37/
Yes.....(ASK A).....	1	.....(ASK A).....1
No.....(ASK A).....	2	.....(ASK A).....2
DON'T KNOW...(ASK A).....	8	.....(ASK A).....8
A. INTERVIEWER: IS CHILD UNDER TWO YEARS OLD OR DID CHILD DIE BEFORE HE OR SHE WAS TWO YEARS OLD?	32/	38/
YES.....(SKIP TO Q.20).....	1	.....(Q.20).....1
NO.....	2	2
14. Did (CHILD) ever need help with eating, dressing, bathing, or using the toilet because of a (birth defect/ impairment?)(Help includes someone actually helping rather than just standing by to assist if needed.)	33/	39/
Yes.....	1	1
No.....	2	2
15. Because of a (birth defect/ impairment), did (CHILD) ever use or need any mechanical or special aids such as a wheelchair, walker, body brace, artificial limbs, or crutches to carry out every-day activities?	34/	40/
Yes.....	1	1
No.....	2	2
16. Was (CHILD) ever unable to take part at all in ordinary play with other children because of a (birth defect/impairment)?	35/	41/
Yes.....(GO TO Q.17).....	1	.....(Q.17).....1
No.....(ASK A).....	2	.....(ASK A).....2
A. Was (CHILD) ever limited in the kind or amount of play he/she could do because of his/her (birth defect/ impairment)?	36/	42/
Yes.....	1	1
No.....	2	2

3RD CHILD	4TH CHILD	5TH CHILD	6TH CHILD
45/	49/	53/	61/
.....(ASK A).....1	.....(ASK A).....1	.....(ASK A).....1	.....(ASK A).....1
.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2
.....(ASK A).....8	.....(ASK A).....8	.....(ASK A).....8	.....(ASK A).....8
46/	50/	54/	62/
.....(0.20).....1	.....(0.20).....1	.....(0.20).....1	.....(0.20).....1
.....2	2	2	2
45/	51/	57/	65/
.....1	1	1	1
.....2	2	2	2
48/	52/	58/	64/
.....1	1	1	1
.....2	2	2	2
47/	53/	59/	65/
.....(0.17).....1	.....(0.17).....1	.....(0.17).....1	.....(0.17).....1
.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2
48/	54/	60/	66/
.....1	1	1	1
.....2	2	2	2

CHILD'S NAME:

	1ST CHILD	2ND CHILD
CHILD'S ID #		
MOTHER'S ID #		
17. Did (CHILD'S) (birth defect(s)/ impairment) ever keep (his/ her) from going to school?	Yes.....(GO TO Q.18).....1 67/	.....(Q.18).....1 75/
	No.....(ASK A).....2	.....(ASK A).....2
A. Did (CHILD) ever have to go to a certain type of school, or be in a special class because of (his/her)(birth defect(s)/impairment)?	Yes.....(GO TO Q.18).....1 68/	.....(Q.18).....1 76/
	No.....(ASK B).....2	.....(ASK B).....2
B. Was (CHILD) ever limited in school attendance or in being able to learn because of (his/her)(birth defect(s)/impairment)?	Yes.....1 69/	.....1 77/
	No.....2	2
18. Because of (his/her) (birth defect(s)/impairment) did (CHILD) ever need a lot more help than other children (CHILD'S) age in going outside, getting to school, going to the store, and other everyday activities like that?	Yes.....1 70/	.....1 78/
	No.....2	2
19. Because of a (birth defect/ impairment), did (CHILD) ever need the help of another person for every-day activities such as taking care of the house or yard, doing the laundry, or preparing meals?	Yes.....1 71/	.....1 79/
	No.....2	2
		BEGIN DECK 37
20. Will/Would (CHILD'S) birth defect(s) (keep/have kept) (him/her) from working on a job for pay?	Yes.....(GO TO Q.21).....1 72/	.....(Q.21).....1 10/
	No.....(ASK A).....2	.....(ASK A).....2
A. Will/Would (CHILD) (be/have been) limited in the kind of work (he/she) could (do/have done) because of (his/her) birth defect(s)?	Yes.....(GO TO Q.21).....1 73/	.....(Q.21).....1 11/
	No.....(ASK B).....2	.....(ASK B).....2
B. Will/Would (CHILD) (be/have been) limited in the amount of work (he/she) could (do/have done) because of (his/her) birth defect(s)?	Yes.....1 74/	.....1 12/
	No.....2	2

3RD CHILD	4TH CHILD	5TH CHILD	6TH CHILD
....(Q.18).....1 13/	....(Q.18).....1 21/	....(Q.18).....1 29/	.....(Q.18).....1 37/
....(ASK A).....2	....(ASK A).....2	....(ASK A).....2	.....(ASK A).....2
....(Q.18).....1 14/	....(Q.18).....1 22/	....(Q.18).....1 30/	.....(Q.18).....1 38/
....(ASK B).....2	....(ASK B).....2	....(ASK B).....2	.....(ASK B).....2
.....1 15/	.....1 23/	.....1 31/	.....1 39/
.....2	2	2	2
.....1 16/	.....1 24/	.....1 32/	.....1 40/
.....2	2	2	2
.....1 17/	.....1 25/	.....1 33/	.....1 41/
.....2	2	2	2
....(Q.21).....1 18/	....(Q.21).....1 26/	....(Q.21).....1 34/	.....(Q.21).....1 42/
....(ASK A).....2	....(ASK A).....2	....(ASK A).....2	.....(ASK A).....2
....(Q.21).....1 19/	....(Q.21).....1 27/	....(Q.21).....1 35/	.....(Q.21).....1 43/
....(ASK B).....2	....(ASK B).....2	....(ASK B).....2	.....(ASK B).....2
.....1 20/	.....1 28/	.....1 36/	.....1 44/
.....2	2	2	2

CHILD'S NAME:	1ST CHILD	2ND CHILD
CHILD'S ID #		
MOTHER'S ID #		

21. INTERVIEWER: DOES RESPONDENT HAVE ANOTHER CHILD?

YES....(GO BACK TO Q.4).....1 45/ .....(Q.4).....1 46/

NO.....(GO TO Q.22).....2 .....(Q.22).....2

22. Did you ever have a birth defect?

Yes.....(ASK A).....1 47/

No.....2

A. What kind of birth defect was it? Any others?

_____ 48/

_____

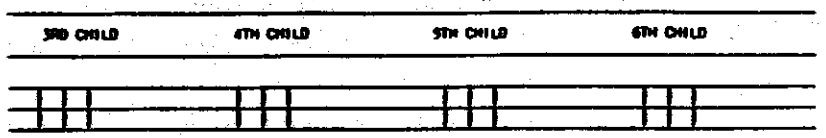
_____

23. Do you have any biological brothers or sisters? Include any brothers or sisters who may have died before the age of 1.

Yes.....(ASK Q.24).....1 49/

No.....(SKIP TO Q.25).....2

Don't Know..(SKIP TO Q.25).....8



.....(Q.4).....1 50/ .....(Q.4).....1 51/ .....(Q.4).....1 52/ ...(NEW QSEX).....1 53/

.....(Q.22).....2 .....(Q.22).....2 .....(Q.22).....2 .....(Q.22).....2

24. Did any of your biological brothers or sisters ever have a birth defect?

Yes.....(ASK A).....1 54/

No.....(SKIP TO Q.25).....2

Don't know...(SKIP TO Q.25).....8

A. Who had a defect, brothers, sisters, or both?

Brothers.....1 55/

Sisters.....2

Both.....3

FOR EACH SIBLING WITH A BIRTH DEFECT, ASK: What kind of birth defect did your (brother/sister) have? Was this sibling a half (brother/sister) or a full (brother/sister)? RECORD BELOW.

Sibling 1		Sibling 2	
DEFECT:_____	56/	DEFECT:_____	58/
_____		_____	
Half (brother/sister)...1 Full (brother/sister)...2	57/	Half (brother/sister)..1 Full (brother/sister)..2	59/
Sibling 3		**Sibling 4**	
DEFECT:_____	60/	DEFECT:_____	62/
_____		_____	
Half (brother/sister)...1 Full (brother/sister)...2	61/	Half (brother/sister)..1 Full (brother/sister)..2	63/

25. Now I would like to ask you some questions about your biological parents. Did either your biological mother or biological father ever have a birth defect?

Yes.....(GO TO Q.26).....1 64/

No.....(SKIP TO Q.28).....2

DON'T KNOW..(SKIP TO Q.28)..8

26. Which parent had a birth defect?

Mother only.....1 65/

Father only.....2

Both parents.....3

27. What kind of birth defect did your (PARENT) have?

Mother: _____ 66/ Father: _____ 67/

_____ _____

Now I have some different kind of questions.

28. Has anyone near to you died in the last 12 months?

HAND CARD I

Yes..(ASK A AND B).....1 68/

No.....2

A. What was the person's relationship to you? Please choose as many as apply. CODE ALL THAT APPLY.

A. Child.....01 69-70/

B. Parent.....02 71-72/

C. Spouse/partner.....03 73-74/

D. Brother or sister.....04 75-76/

E. Other near relative of you or your spouse/partner.....05 77-78/

F. Friend.....06 79-80/

BEGIN DECK 38

G. Other (SPECIFY)_____

_____07 10-11/

B. What (was the date/were the dates) of the death(s)? What month and year? (ENTER DATES OF DEATH IN SAME ORDER AS CIRCLED CODES.)

ENTER MONTH AND YEAR: |_|_|_|_| (MO YR) 12-15/

ENTER MONTH AND YEAR: |_|_|_|_| (MO YR) 16-19/

ENTER MONTH AND YEAR: |_|_|_|_| (MO YR) 20-23/

SECTION 7: HEALTH

1. Now let's talk about health. Compared to other people your age, would you say that your health is . . . (READ CHOICES)?

Excellent.....1 24/

Good.....2

Fair.....3

Poor.....4

---

2. Since (DATE OF LAST INTERVIEW) have you had acne on your face, chest or back?

Yes.....1 25/

No.....(SKIP TO Q.9).....2

---

3. During what year, between (DATE OF LAST INTERVIEW) and now, did you last have acne on your face, chest or back?

RECORD YEAR: |_|_| 26-27/

---

4. Think about the [first/next] time you had acne on your face, chest or back between (DATE OF LAST INTERVIEW) and now. When did it start and until when did it last? (PROBE FOR ALL PERIODS OF TIME).

First		Second		Third	
|_|_|_|_| (Mo Yr)	28-31/	|_|_|_|_| (Mo Yr)	36-39/	|_|_|_|_| (Mo Yr)	44-47/
to		to		to	
|_|_|_|_| (Mo Yr)	32-35/	|_|_|_|_| (Mo Yr)	40-43/	|_|_|_|_| (Mo Yr)	48-51/

HAND CARD J

Q. 4 INTERVIEWER: ASK A FOR EACH TIME IN Q.4

IF ANY "YES" TO TEMPLES, EYES, EYELIDS OR EARS IN A, ASK Q.5; ALL OTHERS SKIP TO Q.9.

A. Please show me on this diagram where the acne (is/was) located (the [first/next] time). CIRCLE "YES" OR "NO"

	FIRST TIME Yes	No		SECOND TIME Yes	No		THIRD TIME Yes	No	
Temples	1	2	52/	1	2	61/	1	2	70/
Eyes or eyelids	1	2	53/	1	2	62/	1	2	71/
Ears	1	2	54/	1	2	63/	1	2	72/
Cheeks	1	2	55/	1	2	64/	1	2	73/
Nose	1	2	56/	1	2	65/	1	2	74/
Forehead	1	2	57/	1	2	66/	1	2	75/
Jaw, Chin Other	1	2	58/	1	2	67/	1	2	76/
Chest	1	2	59/	1	2	68/	1	2	77/
Back	1	2	60/	1	2	69/	1	2	78/

5. Between (DATE OF LAST INTERVIEW) and now, did you ever consult a doctor or medical facility about the acne on your (temples/eyes/eyelids/ears)?

Yes.....1 79/

No.....(SKIP TO Q.9).....2

6. What month and year did you first consult a doctor about the acne on your (temples/eyes/eyelids/ears)?

BEGIN DECK 39

|_|_|_|_| 10-13/

Mo Yr

A. What was the name of the doctor or medical facility you consulted at the time?
COMPLETE MEDICAL AUTHORIZATION FORM, IF NECESSARY.

Physicians Last Name

First Name

OR

Facility Name

B. What is the address of that (doctor/medical facility)? 14/

STREET ADDRESS

CITY (STATE)

7. What month and year did you last consult a doctor about the acne on your (temples/eyes/eyelids/ears)?

|_|_|_|_| 15-18/

Mo Yr

8. What was the name of the doctor or medical facility you consulted at the time? COMPLETE MEDICAL AUTHORIZATION FORM, IF NECESSARY.

Physicians Last Name

First Name

OR

Facility Name

A. What is the address of that (doctor/medical facility)?

STREET ADDRESS

CITY (STATE) |__|__|

9. INTERVIEWER: WAS R INTERVIEWED IN 1985 OR 1986? SEE INFORMATION SHEET

YES.....(SKIP TO Q.11).....1

NO.....2

10. What is your blood type?

A.....1 19/

B.....2

HAND CARD K

O.....3

AB.....4

DON'T KNOW.....8

A. Is that positive or negative?

Positive.....1 20/

Negative.....2

ASK OF ALL RESPONDENTS

11. During the last year, how often, on average, would you say you use aspirin?

More than 4 aspirin a day.....1 21/

4 aspirin a day (2 doses a day).....2

HAND CARD L

2 aspirin a day (1 dose a day).....3

6-8 aspirin a week (1 dose, 3-4 days/week)..4

4 aspirin a week or less.....5

None.....6

12. In the summer, once you have already been in the sun several times, what reaction will your skin have the next time you go out in the sun for two or more hours on a bright day? Would you say you get . . .

A painful burn?.....1 22/

A burn?.....2

Some redness only?.....3

Or no reaction?.....4

13. After repeated sun exposures, for example, a two week vacation outdoors, will your skin become . . .

Only freckled or no suntan at all.....1 23/

HAND CARD M

Only mildly tanned due to a tendency to peel.....2

Moderately tanned.....3

Very brown and deeply tanned.....4

INTERVIEWER: WAS R INTERVIEWED IN 1985 OR 1986? SEE INFORMATION SHEET.

YES.....(SKIP TO Q.15).....1

NO.....2

---

14. HAND SELF-ADMINISTERED FORM 2. We would like you to tell us all the places you've lived since you were born. Please list all the places you've lived for more than 12 months starting with the first place since birth. Please take your time. It will probably take you 10 minutes or so to fill out this form. Please begin.

---

15. [Since (DATE OF LAST INTERVIEW)]/(During any period in your life), did a doctor (ever) tell you that you had a peptic or stomach ulcer?

Yes.....(GO TO Q.16).....1 24/

No.....(SKIP TO Q.30).....2

---

16. During what month and year did a doctor first tell you that you had a peptic or stomach ulcer?

|_|_| |_|_| 25-26/
Mo Yr

---

17. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made? COMPLETE MEDICAL AUTHORIZATION FORM, IF NECESSARY.

LAST

FIRST MIDDLE

OR

FACILITY NAME

A. What is the address of that (doctor/medical facility)?

STREET ADDRESS

CITY (STATE)

18. Do you have a peptic or stomach ulcer now?

Yes.....1 29/

No.....2

---

19. What month and year did you last consult a doctor for your peptic or stomach ulcer?

|_|_| |_|_| 30-33/
Mo Yr

A. Was this the same doctor that had originally diagnosed the stomach ulcer for the first time?

Yes....(SKIP TO Q.20).....1

No.....2

B. What is the full name of the doctor you last consulted for your peptic or stomach ulcer? COMPLETE MEDICAL AUTHORIZATION FORM.

LAST

FIRST

OR

FACILITY NAME

C. What is the address of that doctor/medical facility)?

STREET ADDRESS

CITY (STATE)

---

20. [Since (DATE OF LAST INTERVIEW) have you]/(Have you ever during any period in your life) had a bleeding ulcer?

Yes.....1 34/

No.....(SKIP TO Q.22).....2

21. During what month and year did a doctor first tell you that you had a bleeding ulcer?

|_|_|_|_| 35-38/
Mo Yr

22. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made? COMPLETE AUTHORIZATION FORM, IF NECESSARY.

INTERVIEWER: IF NAME OF DOCTOR IN Q.22 IS THE SAME AS IN Q.17, WRITE IN "SAME PROVIDER AS IN Q.17." LEAVE Q.23 BLANK

LAST

FIRST

OR

FACILITY NAME

23. What is the address of that (doctor/medical facility)?

STREET ADDRESS

CITY (STATE)

24. What month and year did you last consult a doctor for your bleeding ulcer?

|_|_|_|_| 39-42/
Mo Yr

A. Was this the same doctor that had originally diagnosed the stomach ulcer for the first time?

Yes....(SKIP TO Q.25).....1

No.....2

B. What is the full name of the doctor you last consulted for you bleeding ulcer? COMPLETE MEDICAL AUTHORIZATION FORM.

LAST

FIRST

OR

FACILITY NAME

C. What is the address of that doctor/medical facility)?

STREET ADDRESS

CITY (STATE)

25. What is the treatment you are currently taking for the bleeding ulcer?

26. During what month(s) and year(s) did you have a bleeding ulcer? Any other times?

FROM		FROM		FROM	
Mo Yr	43-46/	Mo Yr	51-54/	Mo Yr	59-62/
TO		TO		TO	
Mo Yr	47-50/	Mo Yr	55-58/	Mo Yr	63-66/

27. Were you ever (during any period in your life) hospitalized for your peptic or stomach ulcer?

Yes.....1 67/

No.....2

28. Have you ever (during any period in your life) had surgery for your peptic or stomach ulcer?

Yes.....1 68/

No.....2

---

29. Are you currently taking any prescribed medicines for your peptic or stomach ulcer?

Yes.....1 69/

No.....(SKIP TO Q.30).....2

A. What are the names of the medicines you are taking? (PROBE: WHAT OTHERS?)

1) _____

2) _____

3) _____

---

30. Please indicate which of the following members of your biological family have ever had a peptic or stomach ulcer?

HAND CARD O

1. Mother.....01 70-71/
2. Father.....02 72-73/
3. Full Brother.....03 74-75/
4. Half Brother.....04 76-77/
5. Full Sister.....05 78-79/

BEGIN DECK 40

6. Half Sister.....06 10-11/
7. None.....07 12-13/
8. DON'T KNOW.....98 14-15/

---

31. Do you have or have you recently had sharp upper stomach pain?

Yes.....1 16/

No.....(SKIP TO Q.34).....2

32. Was this pain relieved by food, milk, or antacids?

Yes.....1 17/

No.....2

---

33. Has this stomach pain awakened you from sleep?

Yes.....1 18/

No.....2

---

34. Have you vomited blood recently?

Yes.....1 19/

No.....2

---

35. Have you recently experienced dark tar colored stools or bowel movements?

Yes.....1 20/

No.....2

PLEASE GO ON TO NEXT PAGE ---------->

Now I would like to ask you some questions that deal only with the period of time between (DATE OF LAST INTERVIEW) and now. (IF NO PREVIOUS INTERVIEW: Between January 1,1983 and now.)

INTERVIEWER: ASK A THROUGH G FOR EACH CONDITION CODED YES.

		A	B
Since (DATE OF LAST INTERVIEW) has a doctor told you for the first time that you had .../	Yes / No	Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	What is the full name and address of the doctor who first made the diagnosis or the medical facility where the diagnosis was first made? REVIEW MEDICAL AUTHORIZATION FORMS. COMPLETE NEW MEDICAL AUTHORIZATION FORM, IF NECESSARY.
36. Diabetes?	1 2 21/ SKIP TO Q.37	__ Mo __ Yr 22-25/	_____ Last Name 26/ _____ First Name OR _____ Facility Name _____ Street Address _____ City __ State
37. Thyroid problems? (SPECIFY) _____ 28/	1 2 27/ SKIP TO Q.38	__ Mo __ Yr 29-32/	_____ Last Name 33/ _____ First Name OR _____ Facility Name _____ Street Address _____ City __ State

C	D	E	F	G
Do you have (CONDITION) now?	Are you currently taking any prescribed medicines for your (CONDITION)?	What are the names of medicines you are taking? Any others?	When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?	What is the full name and address of the doctor or medical facility you last consulted? IF DIFFERENT DOCTOR FROM B, COMPLETE MEDICAL AUTHORIZATION FORM.
Yes / No	Yes / No		Mo / Yr	
1 / 2 34/	1 / 2 35/ SKIP TO F	11 _____ 36-38/ 25 _____ 39-41/ 39 _____ 42-44/	|_|_| Mo |_|_| Yr 45-48/	_____ Last Name 49/ _____ First Name OR _____ Facility Name _____ Street Address |_|_| City State
1 / 2 50/	1 / 2 51/ SKIP TO F	11 _____ 52-54/ 25 _____ 55-57/ 39 _____ 58-60/	|_|_| Mo |_|_| Yr 61-64/	_____ Last Name 65/ _____ First Name OR _____ Facility Name _____ Street Address |_|_| City State

		A	B
	Since (DATE OF LAST INTERVIEW) has a doctor told you for the first time that you had...	Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	What is the full name and address of the doctor who first made the diagnosis or the medical facility where the diagnosis was first made? REVIEW MEDICAL AUTHORIZATION FORMS. COMPLETE NEW MEDICAL AUTHORIZATION FORM, IF NECESSARY.
	Yes / No	Mo / Yr	
38. Anemia?	1 / 2 66/ SKIP TO Q.39	|_|_| Mo |_|_| Yr 67-70/	_____ Last Name 71/ _____ First Name OR _____ Facility Name _____ Street Address |_|_| City State
39. A heart condition? (SPECIFY) _____ 74/	1 / 2 72/ SKIP TO 3,40	|_|_| Mo |_|_| Yr 73-77/	_____ Last Name 78/ _____ First Name OR _____ Facility Name _____ Street Address |_|_| City State

BEGIN DECK 41

BEGIN DECK 41

C: Do you have (CONDITION) now? Yes	C: No	D: Are you currently taking any prescribed medicines for your (CONDITION)? Yes	D: No	E: What are the names of medicines you are taking? Any others?	F: When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?	G: What is the full name and address of the doctor or medical facility you last consulted? IF DIFFERENT DOCTOR FROM B, COMPLETE MEDICAL AUTHORIZATION FORM.
1	2 10/	1	2 11/ SKIP TO F	1) _____ 12-14/ 2) _____ 15-17/ 3) _____ 18-20/	__ Mo __ Yr 21-26/	_____ Last Name 25/ _____ First Name OR _____ Facility Name _____ Street Address _____ City State
1	2 26/	1	2 27/ SKIP TO	1) _____ 28-29/ 2) _____ 30-31/ 3) _____ 32-34/	__ Mo __ Yr 37-42/	_____ Last Name 41/ _____ First Name OR _____ Facility Name _____ Street Address _____ City State

DECK 41

	A: Since (DATE OF LAST INTERVIEW) has a doctor told you for the first time that you had... Yes	No	A: Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	B: What is the full name and address of the doctor who first made the diagnosis or the medical facility where the diagnosis was first made? IF AUTHORIZATION FORM NOT COMPLETED FOR THIS DOCTOR, COMPLETE FORM.
40. An enlarged liver?	1	2 42/ SKIP TO Q.41	__ Mo __ Yr 43-46/	_____ Last Name 47/ _____ First Name OR _____ Facility Name _____ Street Address _____ City State
41. Jaundice?	1	2 48/ SKIP TO Q.42	__ Mo __ Yr 49-52/	_____ Last Name 53/ _____ First Name OR _____ Facility Name _____ Street Address _____ City State

C	D		E	F	G
Do you have (CONDITION) now?	Are you currently taking any prescribed medicines for your (CONDITION)?		What are the names of medicines you are taking? Any others?	When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?	What is the full name and address of the doctor or medical facility you last consulted? IF DIFFERENT DOCTOR FROM B, COMPLETE MEDICAL AUTHORIZATION FORM.
Yes / No	Yes / No				
1 / 2 54/	1 / 2 55/ SKIP TO F	1) _____ 56-58/ 2) _____ 59-61/ 3) _____ 62-64/	Mo / Yr 65-66/	Last Name 67/ First Name OR Facility Name Street Address City State
				BEGIN DECK 42	
1 / 2 70/	1 / 2 71/ SKIP TO F	1) _____ 72-74/ 2) _____ 75-77/ 3) _____ 78-80/	Mo / Yr 10-13/	Last Name 14/ First Name OR Facility Name Street Address City State

A	B
Since (DATE OF LAST INTERVIEW) has a doctor told you for the first time that you had ...	Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	What is the full name and address of the doctor who first made the diagnosis or the medical facility where the diagnosis was first made? IF AUTHORIZATION FORM NOT COMPLETE FOR THIS DOCTOR, COMPLETE FORM.
Yes / No		
42. Hepatitis? 1 / 2 15/ SKIP TO Q.43	Mo ___ Yr 16-19/	Last Name 20/ First Name OR Facility Name Street Address City State
43. Cirrhosis of the liver? 1 / 2 21/ SKIP TO Q.44 ("SIR-O-SIS")	Mo ___ Yr 22-25/	Last Name 26/ First Name OR Facility Name Street Address City State

A-44

	C	D	E	F	G
	Do you have (CONDITION) now?	Are you currently taking any prescribed medicines for your (CONDITION)?	What are the names of medicines you are taking? Any others?	When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?	What is the full name and address of the doctor or medical facility you last consulted? IF DIFFERENT DOCTOR FROM B, COMPLETE MEDICAL AUTHORIZATION FORM.
	Yes / No	Yes / No		Mo / Yr	
	1 / 2 27/	1 / 2 28/ SKIP TO F	11 _____ 29-31/ 29 _____ 32-34/ 30 _____ 35-37/	___ / ___ Mo / Yr 38-41/	_____ Last Name 42/ _____ First Name OR _____ Facility Name _____ Street Address _____ City ___ State
	1 / 2 43/	1 / 2 44/ SKIP TO F	11 _____ 45-47/ 29 _____ 48-50/ 30 _____ 51-53/	___ / ___ Mo / Yr 54-57	_____ Last Name 58/ _____ First Name OR _____ Facility Name _____ Street Address _____ City ___ State

	A	B
Since (DATE OF LAST INTERVIEW) has a doctor told you for the first time that you had...	Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	What is the full name and address of the doctor who first made the diagnosis or the medical facility where the diagnosis was first made? IF AUTHORIZATION FORM NOT COMPLETED FOR THIS DOCTOR, COMPLETE FORM.
	Yes / No	
44. Intestinal parasites?	1 / 2 59/ SKIP TO/ Q.45 ___ / ___ Mo / Yr 60-63/	_____ Last Name 64/ _____ First Name OR _____ Facility Name _____ Street Address _____ City ___ State
45. Gall bladder problems?	1 / 2 65/ SKIP TO Q.46 ___ / ___ Mo / Yr 66-69/	_____ Last Name 70/ _____ First Name OR _____ Facility Name _____ Street Address _____ City ___ State

C	D	E	F	G
Do you have (CONDITION) now?	Are you currently taking any prescribed medicines for your (CONDITION)?	What are the names of medicines you are taking? Any others?	When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?	What is the full name and address of the doctor or medical facility you last consulted? IF DIFFERENT DOCTOR FROM B, COMPLETE MEDICAL AUTHORIZATION FORM.
Yes No	Yes No			
1 2 71/	1 2 72/ SKIP TO F	1) _____ 73-75/ 2) _____ 76-78/ BEGIN DECK 43 3) _____ 10-12/	|_|_| Mo |_|_| Yr 13-16/	_____ Last Name 17/ _____ First Name OR _____ Facility Name _____ Street Address |_|_| City State
1 2 18/	1 2 19/ SKIP TO F	1) _____ 20-22/ 2) _____ 23-25/ 3) _____	|_|_| Mo |_|_| Yr 26-32/	_____ Last Name 33/ _____ First Name OR _____

	A	B
Since (DATE OF LAST INTERVIEW) has a doctor told you for the first time that you had	Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	What is the full name and address of the doctor who first made the diagnosis or the medical facility where the diagnosis was first made. IF AUTHORIZATION FORM NOT COMPLETED FOR THIS DOCTOR, COMPLETE FORM.
Yes No		
46. Any other liver condition? 1 2 34/ (SPECIFY) _____ _____ 35/ SKIP TO Q.47	|_|_| Mo |_|_| Yr 36-39/	_____ Last Name 40/ _____ First Name OR _____ Facility Name _____ Street Address |_|_| City State
47. Pneumonia? 1 2 41/ SKIP TO Q.48	|_|_| Mo |_|_| Yr 42-45/	_____ Last Name 46/ _____ First Name OR _____ Facility Name _____ Street Address |_|_| City State

C	D	E	F	G
Do you have (CONDITION) now?	Are you currently taking any prescribed medicines for your (CONDITION)?	What are the names of medicines you are taking? Any others?	When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?	What is the full name and address of the doctor or medical facility you last consulted? IF DIFFERENT DOCTOR FROM B, COMPLETE MEDICAL AUTHORIZATION FORM.
Yes / No	Yes / No		Mo / Yr	
1 / 2 47/	1 / 2 48/ SKIP TO F	1) _____ 49-51/ 2) _____ 52-54/ 3) _____ 55-57/	__ / __ Mo / Yr 58-61/	_____ Last Name 62/ _____ First Name OR _____ Facility Name _____ Street Address _____ City State
1 / 2 63/	1 / 2 64/ SKIP TO F	1) _____ 65-67/ 2) _____ 68-70/ 3) _____ 71-73/	__ / __ Mo / Yr 74-77/	_____ Last Name 78/ _____ First Name OR _____ Facility Name _____ Street Address _____ City State

A-47

	A	B
Since (DATE OF LAST INTERVIEW) has a doctor told you for the first time that you had	Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	What is the full name and address of the doctor who first made the diagnosis The diagnosis or the medical facility where the diagnosis was first made? IF AUTHORIZATION NOT COMPLETE FOR THIS DOCTOR, COMPLETE FORM.
Yes / No		
48. A respiratory condition other than pneumonia? (SPECIFY) _____ 11/ — 1 / 2 10/ SKIP TO Q.49	__ / __ Mo / Yr 12-15/	_____ Last Name 16/ _____ First Name OR _____ Facility Name _____ Street Address _____ City State
49. Any other major condition? (SPECIFY) _____ _____ _____ _____ 18/ — 1 / 2 17/ SKIP TO Q.50	__ / __ Mo / Yr 19-22/	_____ Last Name 23/ _____ First Name OR _____ Facility Name _____ Street Address _____ City State

C	D		E	F	G
Do you have (CONDITION) now?	Are you currently taking any prescribed medicines for your (CONDITION)?		What are the names of medicines you are taking? Any others?	When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?	What is the full name and address of the doctor or medical facility you last consulted? IF DIFFERENT DOCTOR FROM B, COMPLETE MEDICAL AUTHORIZATION FORM.
Yes No	Yes	No		Mo Yr	
1 2 24/	1	2 25/ SKIP TO F	1) _____ 26-28/ 2) _____ 29-31/ 3) _____ 32-34/	_|_| _|_|_| 35-38/	_____ Last Name 39/ _____ First Name OR _____ Facility Name _____ Street Address _____|_| City State
1 2 40/	1	2 41/ SKIP TO F	1) _____ 42-44/ 2) _____ 45-47/ 3) _____ 48-50/	_|_| _|_|_| 51-54/	_____ Last Name 55/ _____ First Name OR _____ Facility Name _____ Street Address _____|_| City State

A	B
Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	What is the full name and address of the doctor who first made the diagnosis or the medical facility where the diagnosis was first made? IF AUTHORIZATION FORM NOT COMPLETED FOR THIS DOCTOR, COMPLETE FORM.
Yes No	
56. Since (DATE OF LAST INTERVIEW), have you been treated for a mental or emotional disorder whether you were hospitalized or treated as an outpatient. (SPECIFY) _____ 57/ _____ _____ 1 2 58/ SKIP TO Q.51 _|_| Mo _|_|_| Yr 59-61/	_____ Last Name 62/ _____ First Name OR _____ Facility Name _____ Street Address _____|_| City State