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

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NOTICES

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

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

This report has been reviewed and is approved for publication.

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

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20. ABSTRACT (continued)

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

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QUESTIONNAIRE PREFACE

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

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

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

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

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

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

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

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CHAPTER I

STUDY SUBJECT QUESTIONNAIRE

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

Study No. 812039

Respondent #:

(5-8)

(5)

CONFIDENTIAL

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

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

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

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

1. What is your date of birth?

CARD 001

(WRITE IN DATE)

MONTH	DAY	YEAR
1-1	1-1	1-1
(18) (19)	(20)	(21)
	(22)	(23)

2. In what city and state were you born?

RECORD IN SUPPLEMENTARY RECORDING BOOK ON PAGE 11

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

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

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

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

THAND RESPONDENT CARD "A"

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

High school diploma.....	(26(-1	YEAR	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td>(36)</td><td>(37)</td></tr></table>			(36)	(37)
(36)	(37)							
High school equivalency diploma.....	(27(-1	YEAR	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td>(38)</td><td>(39)</td></tr></table>			(38)	(39)
(38)	(39)							
Associate of Arts (A.A.).....	(28(-1	YEAR	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td>(40)</td><td>(41)</td></tr></table>			(40)	(41)
(40)	(41)							
Bachelor of Arts (B.A.) or Bachelor of Science (B.S.).....	(29(-1	YEAR	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td>(42)</td><td>(43)</td></tr></table>			(42)	(43)
(42)	(43)							
Masters.....	(30(-1	YEAR	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td>(44)</td><td>(45)</td></tr></table>			(44)	(45)
(44)	(45)							
Doctorate.....	(31(-1	YEAR	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td>(46)</td><td>(47)</td></tr></table>			(46)	(47)
(46)	(47)							
Others (SPECIFY)			YEAR	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td>(48)</td><td>(49)</td></tr></table>			(48)	(49)
(48)	(49)							
(1) _____	(32(-1	YEAR	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td>(50)</td><td>(51)</td></tr></table>			(50)	(51)
(50)	(51)							
(2) _____	(33(-1	YEAR	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td>(52)</td><td>(53)</td></tr></table>			(52)	(53)
(52)	(53)							
(3) _____	(34(-1	YEAR	<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td> </td><td> </td></tr><tr><td>(54)</td><td>(55)</td></tr></table>			(54)	(55)
(54)	(55)							
No certificate, diploma, or degree (volunteered)....(35(-1					

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

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

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

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

13-14

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

1st Program

b. For what kind of work was your first civilian training program preparing you?

(15)

(16)

(17)

(18)

(19)

2nd Program

f. For what kind of work was your next civilian training program preparing you?

(15)

(16)

(17)

(18)

(19)

3rd Program

j. For what kind of work was your next civilian training program preparing you?

(15)

(16)

(17)

(18)

(19)

c. In what month and year did you start this training?

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

g. In what month and year did you start this training?

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

k. In what month and year did you start this training?

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

d. In what month and year did you complete this training?

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

h. In what month and year did you complete this training?

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

l. In what month and year did you complete this training?

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

e. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?

Yes. (28) -1 (ASK Q.6f)
No..... -2 (SKIP TO Q.7)

i. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?

Yes. (28) -1 (ASK Q.6j)
No..... -2 (SKIP TO Q.7)

m. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?

Yes. (28) -1 (RECORD ADDITIONAL TRAINING PROGRAMS IN S.R.B. ON PG. 14)
No..... -2 (GO TO Q.7)

01
79-80

02
79-80

03
79-80

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

13-14

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

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

1st Program

b. For what kind of work was your first military training program preparing you?

(15)

(16)

(17)

(18)

(19)

2nd Program

g. For what kind of work was your next military training program preparing you?

(15)

(16)

(17)

(18)

(19)

3rd Program

l. For what kind of work was your next military training program preparing you?

(15)

(16)

(17)

(18)

(19)

c. What is the AFSC for that job?

(20)

h. What is the AFSC for that job?

(20)

m. What is the AFSC for that job?

(20)

d. In what month and year did you start this training?

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

i. In what month and year did you start this training?

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

n. In what month and year did you start this training?

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

e. In what month and year did you complete this training?

MONTH	YEAR
(25)	(26)
(27)	(28)

j. In what month and year did you complete this training?

MONTH	YEAR
(25)	(26)
(27)	(28)

o. In what month and year did you complete this training?

MONTH	YEAR
(25)	(26)
(27)	(28)

f. Have you participated in any other military job training program that prepared you for a major change in your occupation?

Yes. (29) -1 (ASK Q.7g)
No..... -2 (SKIP TO Q.8)

k. Have you participated in any other military job training program that prepared you for a major change in your occupation?

Yes. (29) -1 (ASK Q.7l)
No..... -2 (SKIP TO Q.8)

p. Have you participated in any other military job training program that prepared you for a major change in your occupation?

Yes. (29) -1 (RECORD ADDITIONAL TRAINING PROGRAMS IN S.R.B. ON PG. 15)
No..... -2 (GO TO Q.8)

01
79-80

02
79-80

03
79-80

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

13-14 First Job

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

MONTH	YEAR

(15) (16) (17) (18)

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

RECORD IN S.R.B. - PG 1

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

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

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

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

RECORD IN S.R.B. - PG 1

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

(WRITE IN NUMBER)

(20)	(21)

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

MONTH	YEAR

(23) (24) (25) (26)

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

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

(28)

(29)

(ASK Q.9a)

01
79-80

Second Job

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

MONTH	YEAR

(15) (16) (17) (18)

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

RECORD IN S.R.B. - PG 1

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

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

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

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

RECORD IN S.R.B. - PG 1

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

(WRITE IN NUMBER)

(20)	(21)

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

MONTH	YEAR

(23) (24) (25) (26)

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

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

(28)

(29)

(ASK Q.10a)

02
79-80

Third Job

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

MONTH	YEAR

(15) (16) (17) (18)

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

RECORD IN S.R.B. - PG 1

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

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

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

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

RECORD IN S.R.B. - PG 1

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

(WRITE IN NUMBER)

(20)	(21)

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

MONTH	YEAR

(23) (24) (25) (26)

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

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

(28)

(29)

(ASK Q.11a)

03
79-80

Fourth Job

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

13-14

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

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

RECORD IN S.R.B. - PG 1

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

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

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

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

RECORD IN S.R.B. - PG 1

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

(WRITE IN NUMBER)

(20)	(21)

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

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

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

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

(28(

(29(

(ASK Q.12a)

04
79-80

Fifth Job

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

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

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

RECORD IN S.R.B. - PG 1

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

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

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

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

RECORD IN S.R.B. - PG 1

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

(WRITE IN NUMBER)

(20)	(21)

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

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

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

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

(28(

(29(

(ASK Q.13a)

05
79-80

Sixth Job

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

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

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

RECORD IN S.R.B. - PG 1

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

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

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

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

RECORD IN S.R.B. - PG 1

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

(WRITE IN NUMBER)

(20)	(21)

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

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

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

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

(28(

(29(

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

06
79-80

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

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

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

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

(WRITE IN NUMBER)

--	--	--

 days
(13) (14) (15)

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

(16)

(17)

(18)

(19)

(20)

(21)

(22)

(23)

(24)

(25)

(26)

(27)

(28)

(29)

(30)

(31)

(32)

(33)

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

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

12-13

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

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

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

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

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

b. What branch of the military was that?

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

g. What branch of the military was that?

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

l. What branch of the military was that?

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

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

Discharged/
 separated. (19) -1 (ASK
 Q.15d)
 Still in
 (MILITARY).... -2 (SKIP TO
 Q.16)

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

Discharged/
 separated. (19) -1 (ASK
 Q.15i)
 Still in
 (MILITARY).... -2 (SKIP TO
 Q.16)

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

Discharged/
 separated. (19) -1 (ASK
 Q.15n)
 Still in
 (MILITARY).... -2 (SKIP TO
 Q.16)

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

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

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

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

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

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

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

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

01
 79-80

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

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

02
 79-80

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

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

03
 79-80

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

First Country	Second Country	Third Country																																																																																																																								
<p>a. Starting with induction, in what country were you first stationed while on active duty? Include temporary duties of greater than 90 days.</p> <p>12-13 (14-15) (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)</p> <p>1/16/</p> <p>b. In what month and year did you begin and end active duty in (COUNTRY)?</p> <table border="1"> <thead> <tr> <th colspan="2">BEGIN</th> <th colspan="2">YEAR</th> </tr> <tr> <th>MONTH</th> <th>YEAR</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>(17) (18)</td> <td>(19) (20)</td> <td> </td> <td> </td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">END</th> <th colspan="2">YEAR</th> </tr> <tr> <th>MONTH</th> <th>YEAR</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>(21) (22)</td> <td>(23) (24)</td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Current... (25) -1</p> <p>c. 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(16) -1 (SKIP TO Q.18)</p> <p>h. In what month and year did you begin and end active duty in (COUNTRY)?</p> <table border="1"> <thead> <tr> <th colspan="2">BEGIN</th> <th colspan="2">YEAR</th> </tr> <tr> <th>MONTH</th> <th>YEAR</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>(17) (18)</td> <td>(19) (20)</td> <td> </td> <td> </td> </tr> </tbody> </table> <table border="1"> <thead> <tr> <th colspan="2">END</th> <th colspan="2">YEAR</th> </tr> <tr> <th>MONTH</th> <th>YEAR</th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td>(21) (22)</td> <td>(23) (24)</td> <td> </td> <td> </td> </tr> </tbody> </table> <p>Current... (25) -1</p> <p>i. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?</p> <p>1. (26-28) 2. (29-31) 3. (32-34)</p> <p>j. (Do/Did) your duties in (COUNTRY) include flying?</p> <p>Yes. 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01
79-80

02
79-80

03
79-80

Question 17

12-13	<u>Fourth Country</u>	<u>Fifth Country</u>	<u>Sixth Country</u>												
a.	What was the next country that you were stationed in for more than 90 days while on active duty?	g. What was the next country that you were stationed in for more than 90 days while on active duty?	m. What was the next country that you were stationed in for more than 90 days while on active duty?												
(14-15) (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)		(14-15) (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)													
No others. (16) -1 (SKIP TO Q.18)		No others. (16) -1 (SKIP TO Q.18)													
b.	In what month and year did you begin and end active duty in (COUNTRY)?	h. In what month and year did you begin and end active duty in (COUNTRY)?	n. In what month and year did you begin and end active duty in (COUNTRY)?												
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Current... (25) -1		Current... (25) -1													
c.	What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?	i. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?	o. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?												
1.	(26-28)	1.	(26-28)												
2.	(29-31)	2.	(29-31)												
3.	(32-34)	3.	(32-34)												
d.	(Do/Did) your duties in (COUNTRY) include flying?	j. (Do/Did) your duties in (COUNTRY) include flying?	p. (Do/Did) your duties in (COUNTRY) include flying?												
Yes. (35) -1	Yes. (35) -1	Yes. (35) -1	Yes. (35) -1												
No..... -2	No..... -2	No..... -2	No..... -2												
e.	How many flight hours did you log while in (COUNTRY)?	k. How many flight hours did you log while in (COUNTRY)?	q. How many flight hours did you log while in (COUNTRY)?												
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Other (SPECIFY)		Other (SPECIFY)													
(39) -1		(39) -1													
f.	What specific letter and numerical designation(s) did each aircraft have?	l. What specific letter and numerical designation(s) did each aircraft have?	r. What specific letter and numerical designation(s) did each aircraft have?												
1.	(40-43)	1.	(40-43)												
2.	(44-47)	2.	(44-47)												
3.	(48-51)	3.	(48-51)												
4.	(52-55)	4.	(52-55)												
(ASK Q.17g)		(ASK Q.17m)													

Now I would like to ask you about your marital history.

18. Have you ever been legally married?

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

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

19. How many times have you been legally married?

(WRITE IN NUMBER)

--	--

 times
(3) (14)

FIRST/ONLY MARRIAGE

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

MONTH YEAR

--	--

(15) (16) (17) (18)

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

RECORD IN S.R.B. PG 2

20c. What was her maiden name?

RECORD IN S.R.B. PG 2

20d. What is her date of birth?

MONTH YEAR

--	--

(19) (20) (21) (22)

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

Yes... (23) -1

No..... -2

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

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

No..... -2

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

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

MONTH YEAR

--	--

1st (25) (26) (27) (28)
MONTH YEAR

--	--

2nd (29) (30) (31) (32)
MONTH YEAR

--	--

3rd (33) (34) (35) (36)
MONTH YEAR

--	--

4th (37) (38) (39) (40)
(GO TO Q.20h)

SECOND MARRIAGE

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

MONTH YEAR

--	--

(15) (16) (17) (18)

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

RECORD IN S.R.B. PG 2

21c. What was her maiden name?

RECORD IN S.R.B. PG 2

21d. What is her date of birth?

MONTH YEAR

--	--

(19) (20) (21) (22)

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

Yes... (23) -1

No..... -2

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

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

No..... -2

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

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

MONTH YEAR

--	--

1st (25) (26) (27) (28)
MONTH YEAR

--	--

2nd (29) (30) (31) (32)
MONTH YEAR

--	--

3rd (33) (34) (35) (36)
MONTH YEAR

--	--

4th (37) (38) (39) (40)
(GO TO Q.21h)

THIRD MARRIAGE

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

MONTH YEAR

--	--

(15) (16) (17) (18)

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

RECORD IN S.R.B. PG 2

22c. What was her maiden name?

RECORD IN S.R.B. PG 2

22d. What is her date of birth?

MONTH YEAR

--	--

(19) (20) (21) (22)

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

Yes... (23) -1

No..... -2

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

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

No..... -2

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

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

MONTH YEAR

--	--

1st (25) (26) (27) (28)
MONTH YEAR

--	--

2nd (29) (30) (31) (32)
MONTH YEAR

--	--

3rd (33) (34) (35) (36)
MONTH YEAR

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4th (37) (38) (39) (40)
(GO TO Q.22h)

FIRST/ONLY MARRIAGE		SECOND MARRIAGE		THIRD MARRIAGE																			
20h. How many months did it take your wife to become pregnant this time?		21h. How many months did it take your wife to become pregnant this time?		22h. How many months did it take your wife to become pregnant this time?																			
<input type="text"/> <input type="text"/> Months (41) (42)		<input type="text"/> <input type="text"/> Months (41) (42)		<input type="text"/> <input type="text"/> Months (41) (42)																			
Wasn't trying (43) -1 Don't know.....-2		Wasn't trying (43) -1 Don't know.....-2		Wasn't trying (43) -1 Don't know.....-2																			
20i. How many weeks had your wife been pregnant when the (1st, etc.) miscarriage occurred?		21i. How many weeks had your wife been pregnant when the (1st, etc.) miscarriage occurred?		22i. How many weeks had your wife been pregnant when the (1st, etc.) miscarriage occurred?																			
1st	<input type="text"/> <input type="text"/> Weeks (44) (45)	1st	<input type="text"/> <input type="text"/> Weeks (44) (45)	1st	<input type="text"/> <input type="text"/> Weeks (44) (45)																		
2nd	<input type="text"/> <input type="text"/> Weeks (46) (47)	2nd	<input type="text"/> <input type="text"/> Weeks (46) (47)	2nd	<input type="text"/> <input type="text"/> Weeks (46) (47)																		
3rd	<input type="text"/> <input type="text"/> Weeks (48) (49)	3rd	<input type="text"/> <input type="text"/> Weeks (48) (49)	3rd	<input type="text"/> <input type="text"/> Weeks (48) (49)																		
4th	<input type="text"/> <input type="text"/> Weeks (50) (51)	4th	<input type="text"/> <input type="text"/> Weeks (50) (51)	4th	<input type="text"/> <input type="text"/> Weeks (50) (51)																		
20j. Did a doctor tell you why this (1st, etc.) miscarriage might have occurred?		21j. Did a doctor tell you why this (1st, etc.) miscarriage might have occurred?		22j. Did a doctor tell you why this (1st, etc.) miscarriage might have occurred?																			
Yes. (52) -1 (ASK Q.20k) No.....-2 (SKIP TO Q.20L)		Yes. (52) -1 (ASK Q.21k) No.....-2 (SKIP TO Q.21L)		Yes. (52) -1 (ASK Q.22k) No.....-2 (SKIP TO Q.22L)																			
20k. What did the doctor say caused the miscarriage?		21k. What did the doctor say caused the miscarriage?		22k. What did the doctor say caused the miscarriage?																			
1st	<input type="text"/>	1st	<input type="text"/>	1st	<input type="text"/>																		
2nd	<input type="text"/>	2nd	<input type="text"/>	2nd	<input type="text"/>																		
3rd	<input type="text"/>	3rd	<input type="text"/>	3rd	<input type="text"/>																		
4th	<input type="text"/>	4th	<input type="text"/>	4th	<input type="text"/>																		
20l. Did your wife have any pregnancies by you which ended in a stillbirth?		21l. Did your wife have any pregnancies by you which ended in a stillbirth?		22l. Did your wife have any pregnancies by you which ended in a stillbirth?																			
Yes... (53) -1 (ASK Q.20m) No.....-2 (SKIP TO Q.20q)		Yes... (53) -1 (ASK Q.21m) No.....-2 (SKIP TO Q.21q)		Yes... (53) -1 (ASK Q.22m) No.....-2 (SKIP TO Q.22q)																			
20m. When was that? (PROBE: Any others?)		21m. When was that? (PROBE: Any others?)		22m. When was that? (PROBE: Any others?)																			
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FIRST/ONLY MARRIAGE
MISCARRIAGES - Q.20hSECOND MARRIAGE
MISCARRIAGES - Q.21hTHIRD MARRIAGE
MISCARRIAGES - Q.22h2nd

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 Months
(12) (13)Wasn't trying (14) -1
Don't know..... -22nd

--	--

 Months
(12) (13)Wasn't trying (14) -1
Don't know..... -22nd

--	--

 Months
(12) (13)Wasn't trying (14) -1
Don't know..... -23rd

--	--

 Months
(15) (16)Wasn't trying (17) -1
Don't know..... -23rd

--	--

 Months
(15) (16)Wasn't trying (17) -1
Don't know..... -23rd

--	--

 Months
(15) (16)Wasn't trying (17) -1
Don't know..... -24th

--	--

 Months
(18) (19)Wasn't trying (20) -1
Don't know..... -24th

--	--

 Months
(18) (19)Wasn't trying (20) -1
Don't know..... -24th

--	--

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

(GO TO Q.20i)

(GO TO Q.21i)

(GO TO Q.22i)

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

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

FOR ANY "YES" ASK:

HAND RESPONDENT CARD "C"

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

1st: _____ (21-22) 1st: _____ (21-22) 1st: _____ (21-22)

2nd: _____ (23-24) 2nd: _____ (23-24) 2nd: _____ (23-24)

3rd: _____ (25-26) 3rd: _____ (25-26) 3rd: _____ (25-26)

4th: _____ (27-28) 4th: _____ (27-28) 4th: _____ (27-28)

(GO TO Q.20L)

(GO TO Q.21L)

(GO TO Q.22L)

FIRST/ONLY MARRIAGE
STILLBIRTHS - Q.20nSECOND MARRIAGE
STILLBIRTHS - Q.21nTHIRD MARRIAGE
STILLBIRTHS - Q.22n2nd

--	--

 Months

(29) (30)

Wasn't trying (31) -1
Don't know..... -22nd

--	--

 Months

(29) (30)

Wasn't trying (31) -1
Don't know..... -22nd

--	--

 Months

(29) (30)

Wasn't trying (31) -1
Don't know..... -23rd

--	--

 Months

(32) (33)

Wasn't trying (34) -1
Don't know..... -23rd

--	--

 Months

(32) (33)

Wasn't trying (34) -1
Don't know..... -23rd

--	--

 Months

(32) (33)

Wasn't trying (34) -1
Don't know..... -24th

--	--

 Months

(35) (36)

Wasn't trying (37) -1
Don't know..... -24th

--	--

 Months

(35) (36)

Wasn't trying (37) -1
Don't know..... -24th

--	--

 Months

(35) (36)

Wasn't trying (37) -1
Don't know..... -2

(GO TO Q.20o)

(GO TO Q.21o)

(GO TO Q.22o)

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

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

FOR ANY "YES" ASK:

HAND RESPONDENT CARD "C"

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

1st: _____ (38-39) 1st: _____ (38-39) 1st: _____ (38-39)

2nd: _____ (40-41) 2nd: _____ (40-41) 2nd: _____ (40-41)

3rd: _____ (42-43) 3rd: _____ (42-43) 3rd: _____ (42-43)

4th: _____ (44-45) 4th: _____ (44-45) 4th: _____ (44-45)

(GO TO Q.20q)

(GO TO Q.21q)

(GO TO Q.22q)

ADDITIONAL RECORDING SHEET FOR NON-LIVE-BIRTHS

CARD 143

812039

FIRST/ONLY MARRIAGE
ABORTIONS - Q.20sSECOND MARRIAGE
ABORTIONS - Q.21sTHIRD MARRIAGE
ABORTIONS - Q.22s2nd

--	--

 Months
(46) (47)Wasn't trying (48) -1
Don't know..... -23rd

--	--

 Months
(49) (50)Wasn't trying (51) -1
Don't know..... -24th

--	--

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

(GO TO Q.20t)

2nd

--	--

 Months
(46) (47)Wasn't trying (48) -1
Don't know..... -23rd

--	--

 Months
(51) (52)Wasn't trying (51) -1
Don't know..... -24th

--	--

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

(GO TO Q.21t)

2nd

--	--

 Months
(46) (47)Wasn't trying (48) -1
Don't know..... -23rd

--	--

 Months
(51) (52)Wasn't trying (51) -1
Don't know..... -24th

--	--

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

(GO TO Q.22t)

[AFTER Q.20t/21t/22t ASK FOR EACH ABORTION:]

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

[FOR ANY "YES" ASK:]

HAND RESPONDENT CARD "C"

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

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

01
79-8002
79-8003
79-80

FIRST/ONLY MARRIAGE		SECOND MARRIAGE		THIRD MARRIAGE																															
20n. How many months did it take your wife to become pregnant this time?	21n. How many months did it take your wife to become pregnant this time?	22n. How many months did it take your wife to become pregnant this time?																																	
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20o. Did a doctor tell you why this stillbirth might have occurred?	21o. Did a doctor tell you why this stillbirth might have occurred?	22o. Did a doctor tell you why this stillbirth might have occurred?																																	
Yes.(15) -1 (ASK Q.20p) No..... -2 (SKIP TO Q.20q)	Yes.(15) -1 (ASK Q.21p) No..... -2 (SKIP TO Q.21q)	Yes.(15) -1 (ASK Q.22p) No..... -2 (SKIP TO Q.22q)																																	
20p. What did the doctor say caused the (1st, etc.) stillbirth?	21p. What did the doctor say caused the (1st, etc.) stillbirth?	22p. What did the doctor say caused the (1st, etc.) stillbirth?																																	
1st	1st	1st																																	
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3rd	3rd	3rd																																	
4th	4th	4th																																	
20q. Did your wife ever have any pregnancies by you which ended in abortion?	21q. Did your wife ever have any pregnancies by you which ended in abortion?	22q. Did your wife ever have any pregnancies by you which ended in abortion?																																	
Yes...(16) -1 (ASK Q.20r) No..... -2 (SKIP TO Q. 20u)	Yes...06 (17) -1 (ASK Q.21r) No..... -2 (SKIP TO Q. 21u)	Yes...(16) -1 (ASK Q.22r) No..... -2 (SKIP TO Q. 22u)																																	
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20s. How many months did it take your wife to become pregnant this time?	21s. How many months did it take your wife to become pregnant this time?	22s. How many months did it take your wife to become pregnant this time?																																	
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Wasn't trying (35) -1 Don't know..... -2	Wasn't trying (35) -1 Don't know..... -2	Wasn't trying (35) -1 Don't know..... -2																																	
20t. What was the main reason for the (1st, etc.) abortion?	21t. What was the main reason for the (1st, etc.) abortion?	22t. What was the main reason for the (1st, etc.) abortion?																																	
1st	1st	1st																																	
2nd	2nd	2nd																																	
3rd	3rd	3rd																																	
4th	4th	4th																																	
(GO TO Q.20v)	(GO TO Q.21v)	(GO TO Q.22v)																																	

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

FIRST/ONLY MARRIAGE

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

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

SECOND MARRIAGE

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

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

THIRD MARRIAGE

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

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

IF ONLY MARRIAGE

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

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

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

RECORD IN S.R.B. PG 2

IF LAST MARRIAGE

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

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

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

RECORD IN S.R.B. PG 2

IF LAST MARRIAGE

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

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

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

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

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

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

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

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

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

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

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

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

RECORD IN S.R.B. PG 2

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

MONTH	YEAR

(68) (69) (70) (71)
(IF A SECOND MARRIAGE GO TO
Q.21a)

01
79-80

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

MONTH	YEAR

(68) (69) (70) (71)
(IF A THIRD MARRIAGE GO TO
Q.22a)

02
79-80

MONTH	YEAR

(68) (69) (70) (71)
(RECORD OTHER MARRIAGES
IN S.R.B. PG 21-25)

03
79-80

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

Yes.....(12) -1 (ASK Q.23b)

No.....(13) -2 (SKIP TO Q.25)
Refused.....(14) -3

23b. How many times did you live as a partner with someone for 3 months or more? (WRITE IN NUMBER) times
(13) (14)

FIRST PARTNER

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

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

24b. How old was she at that time?

(WRITE IN AGE)
(19) (20)

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

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

Current..(25) -1

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

Yes.(26) -1 (ASK Q.24e)
No.....(27) -2 (SKIP TO Q.24g)

24e. When was that?

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

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

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

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

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

Yes.(37) -1 } (GO TO NEXT
No.....(38) -2 } PARTNER
 Q.24h) 01

SECOND PARTNER

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

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

24i. How old was she at that time?

(WRITE IN AGE)
(19) (20)

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

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

Current..(25) -1

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

Yes.(26) -1 (ASK Q.24l)
No.....(27) -2 (SKIP TO Q.24n)

24l. When was that?

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

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

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

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

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

Yes.(37) -1 } (GO TO NEXT
No.....(38) -2 } PARTNER
 Q.24o) 02

THIRD PARTNER

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

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

24p. How old was she at that time?

(WRITE IN AGE)
(19) (20)

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

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

Current..(25) -1

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

Yes.(26) -1 (ASK Q.24s)
No.....(27) -2 (SKIP TO Q.24u)

24s. When was that?

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

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

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

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

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

Yes.(37) -1 } (RECORD ADDITION-
No.....(38) -2 } ALL PARTNERS IN
 S.R.B. PG 26) 03

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

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

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

25b. When was that?

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

25d. When was that?

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

25f. When was that?

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

25c. What was the outcome of that pregnancy?

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

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

25e. What was the outcome of that pregnancy?

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

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

25g. What was the outcome of that pregnancy?

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

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

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

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

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

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

First time

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

Second time

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

Third Time

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

TO

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

TO

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

TO

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

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

Yes. (53) -1

No..... -2

[ASK EVERYONE] [HAND RESPONDENT CARD "D"]

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

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

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

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

	Q.27a	Q.27b	Q.27c Year								
A.	Sterility due to surgery.....(12 (-1	Respondent....(18 (-1 Spouse/partner(19 (-1	<table border="1"><tr><td></td><td></td></tr><tr><td>(28)</td><td>(29)</td></tr></table> <table border="1"><tr><td></td><td></td></tr><tr><td>(30)</td><td>(31)</td></tr></table>			(28)	(29)			(30)	(31)
(28)	(29)										
(30)	(31)										
B.	Sterility due to injury, accident, or illness (SPECIFY) (13 (-1	Respondent....(20 (-1 Spouse/partner(21 (-1	<table border="1"><tr><td></td><td></td></tr><tr><td>(32)</td><td>(33)</td></tr></table> <table border="1"><tr><td></td><td></td></tr><tr><td>(34)</td><td>(35)</td></tr></table>			(32)	(33)			(34)	(35)
(32)	(33)										
(34)	(35)										
C.	Sterility due to unknown causes.....(14 (-1	Respondent....(22 (-1 Spouse/partner(23 (-1	<table border="1"><tr><td></td><td></td></tr><tr><td>(36)</td><td>(37)</td></tr></table> <table border="1"><tr><td></td><td></td></tr><tr><td>(38)</td><td>(39)</td></tr></table>			(36)	(37)			(38)	(39)
(36)	(37)										
(38)	(39)										
D.	Impotence.....(15 (-1		<table border="1"><tr><td></td><td></td></tr><tr><td>(40)</td><td>(41)</td></tr></table>			(40)	(41)				
(40)	(41)										
E.	Other known medical or physical conditions (SPECIFY) (16 (-1	Respondent....(24 (-1 Spouse/partner(25 (-1	<table border="1"><tr><td></td><td></td></tr><tr><td>(42)</td><td>(43)</td></tr></table> <table border="1"><tr><td></td><td></td></tr><tr><td>(44)</td><td>(45)</td></tr></table>			(42)	(43)			(44)	(45)
(42)	(43)										
(44)	(45)										
F.	Some other reason (SPECIFY) (17 (-1	Respondent....(26 (-1 Spouse/partner(27 (-1	<table border="1"><tr><td></td><td></td></tr><tr><td>(46)</td><td>(47)</td></tr></table> <table border="1"><tr><td></td><td></td></tr><tr><td>(48)</td><td>(49)</td></tr></table>			(46)	(47)			(48)	(49)
(46)	(47)										
(48)	(49)										

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

(WRITE IN NUMBER) children (ASK Q.29)
(12) (13)

No children.....(4) -1 (SKIP TO Q.33)

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

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

FIRST CHILD	SECOND CHILD	THIRD CHILD
NAME: _____	NAME: _____	NAME: _____
30a. How old is (CHILD) now? <input type="text"/> <input type="text"/> Age (15) (16)	31a. How old is (CHILD) now? <input type="text"/> <input type="text"/> Age (15) (16)	32a. How old is (CHILD) now? <input type="text"/> <input type="text"/> Age (15) (16)
Child died..(17) -1	Child died..(17) -1	Child died..(17) -1
30b. (Is/Was) (CHILD) male or female? Male.....(18) -1 Female.....(19) -2	31b. (Is/Was) (CHILD) male or female? Male.....(18) -1 Female.....(19) -2	32b. (Is/Was) (CHILD) male or female? Male.....(18) -1 Female.....(19) -2
30c. How much did (CHILD) weigh at birth? POUNDS <input type="text"/> OUNCES <input type="text"/> (19) (20) <input type="text"/> (21) (22)	31c. How much did (CHILD) weigh at birth? POUNDS <input type="text"/> OUNCES <input type="text"/> (19) (20) <input type="text"/> (21) (22)	32c. How much did (CHILD) weigh at birth? POUNDS <input type="text"/> OUNCES <input type="text"/> (19) (20) <input type="text"/> (21) (22)
Don't know...(23) -1	Don't know...(23) -1	Don't know...(23) -1
30d. What is (CHILD)'s birth date? MONTH <input type="text"/> DAY <input type="text"/> YEAR <input type="text"/> (24) (25) <input type="text"/> (26) (27) (28) (29)	31d. What is (CHILD)'s birth date? MONTH <input type="text"/> DAY <input type="text"/> YEAR <input type="text"/> (24) (25) <input type="text"/> (26) (27) (28) (29)	32d. What is (CHILD)'s birth date? MONTH <input type="text"/> DAY <input type="text"/> YEAR <input type="text"/> (24) (25) <input type="text"/> (26) (27) (28) (29)
[ALSO RECORD IN S.R.B.-PG 3]		
30e. Was the child premature, full term, or overdue? Premature.(30) -1 Full term.....(31) -2 Overdue.....(32) -3 Not sure.....(33) -4	31e. Was the child premature, full term, or overdue? Premature.(30) -1 Full term.....(31) -2 Overdue.....(32) -3 Not sure.....(33) -4	32e. Was the child premature, full term, or overdue? Premature.(30) -1 Full term.....(31) -2 Overdue.....(32) -3 Not sure.....(33) -4
(GO TO Q.30f)		
(GO TO Q.31f)		
(GO TO Q.32f)		

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

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

<u>FIRST CHILD</u>	<u>SECOND CHILD</u>	<u>THIRD CHILD</u>
30r. (Does/Did)(CHILD) have a diagnosed learning disability? Yes. (58) -1 (ASK Q.30s) No..... -2 (SKIP TO Q.30t)	31r. (Does/Did)(CHILD) have a diagnosed learning disability? Yes. (58) -1 (ASK Q.31s) No..... -2 (SKIP TO Q.31t)	32r. (Does/Did)(CHILD) have a diagnosed learning disability? Yes. (58) -1 (ASK Q.32s) No..... -2 (SKIP TO Q.32t)
30s. What kind of learning disability (does/did) (s)he have?	31s. What kind of learning disability (does/did) (s)he have?	32s. What kind of learning disability (does/did) (s)he have?
30t. (Does/Did)(CHILD) have any physical, mental, or motor impairments? Yes. (59) -1 (ASK Q.30u) No..... -2 (SKIP TO Q.30v)	31t. (Does/Did)(CHILD) have any physical, mental, or motor impairments? Yes. (59) -1 (ASK Q.31u) No..... -2 (SKIP TO Q.31v)	32t. (Does/Did)(CHILD) have any physical, mental, or motor impairments? Yes. (59) -1 (ASK Q.32u) No..... -2 (SKIP TO Q.32v)
30u. What kind of impairment (does/did) (s)he have?	31u. What kind of impairment (does/did) (s)he have?	32u. What kind of impairment (does/did) (s)he have?
IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO NEXT CHILD	IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO NEXT CHILD	IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO NEXT CHILD
30v. On what date did (CHILD) die? MONTH DAY YEAR (60) (61) (62) (63) (64) (65)	31v. On what date did (CHILD) die? MONTH DAY YEAR (60) (61) (62) (63) (64) (65)	32v. On what date did (CHILD) die? MONTH DAY YEAR (60) (61) (62) (63) (64) (65)
30w. What was the cause of death? RECORD IN S.R.B. PG 3	31w. What was the cause of death? RECORD IN S.R.B. PG 3	32w. What was the cause of death? RECORD IN S.R.B. PG 3
(GO TO NEXT CHILD Q.31a)	(GO TO NEXT CHILD Q.32a)	(RECORD ADDITIONAL CHILDREN IN S.R.B. - PG 28-39)
01 79-80	02 79-80	03 79-80

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

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

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

Yes.(13) -1 (ASK Q.34b)

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

34b. How many times have you had pneumonia?

(WRITE IN NUMBER)

(4) (15) times

First Time

Second Time

Third Time

35a. During what months and years did you have pneumonia (the first time)?

RECORD IN S.R.B. PG 5

IF BEFORE 1961, SKIP TO Q.35f.

35f. During what months and years did you have pneumonia (the second time)?

RECORD IN S.R.B. PG 5

IF BEFORE 1961, SKIP TO Q.35k.

35k. During what months and years did you have pneumonia (the third time)?

RECORD IN S.R.B. PG 5

IF BEFORE 1961, SKIP TO Q.36a

35b. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?

RECORD IN S.R.B. PG 5

35g. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?

RECORD IN S.R.B. PG 5

35l. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?

RECORD IN S.R.B. PG 5

35c. What prescribed medicine did you take for the pneumonia you had that time?

1.

2.

3.

35h. What prescribed medicine did you take for the pneumonia you had that time?

1.

2.

3.

35m. What prescribed medicine did you take for the pneumonia you had that time?

1.

2.

3.

35d. Were you hospitalized for the pneumonia you had that time?

Yes.(16) -1 (ASK Q.35e)
No..... -2 (SKIP TO Q.35f)

35i. Were you hospitalized for the pneumonia you had that time?

Yes.(17) -1 (ASK Q.35i)
No..... -2 (SKIP TO Q.35k)

35n. Were you hospitalized for the pneumonia you had that time?

Yes.(18) -1 (ASK Q.35o)
No..... -2 (SKIP TO Q.36a)

35e. What was the full name of that hospital?

RECORD IN S.R.B. PG 5

35j. What was the full name of that hospital?

RECORD IN S.R.B. PG 5

35o. What was the full name of that hospital?

RECORD IN S.R.B. PG 5

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

13-14

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

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

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

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

Part 1	Part 2	Part 3
36c. In what month and year was cancer of the (BODY PART) first diagnosed? [RECORD IN S.R.B. PG 5]	36i. In what month and year was cancer of the (BODY PART) first diagnosed? [RECORD IN S.R.B. PG 5]	36o. In what month and year was cancer of the (BODY PART) first diagnosed? [RECORD IN S.R.B. PG 5]
36d. What is the full name of the doctor or the medical facility where the diagnosis was made? [RECORD IN S.R.B. PG 5]	36j. What is the full name of the doctor or the medical facility where the diagnosis was made? [RECORD IN S.R.B. PG 5]	36p. What is the full name of the doctor or the medical facility where the diagnosis was made? [RECORD IN S.R.B. PG 5]
36e. What is the full name of the doctor or the medical facility you last consulted about cancer of the (BODY PART)? [RECORD IN S.R.B. PG 5]	36k. What is the full name of the doctor or the medical facility you last consulted about cancer of the (BODY PART)? [RECORD IN S.R.B. PG 5]	36q. What is the full name of the doctor or the medical facility you last consulted about cancer of the (BODY PART)? [RECORD IN S.R.B. PG 5]
36f. During what month and year did you last consult (NAME FROM Q.36e)? [RECORD IN S.R.B. PG 5]	36l. During what month and year did you last consult (NAME FROM Q.36k)? [RECORD IN S.R.B. PG 5]	36r. During what month and year did you last consult (NAME FROM Q.36q)? [RECORD IN S.R.B. PG 5]
36g. What treatments or medicines did you take for cancer of the (BODY PART)? [MULTIPLE RECORD BELOW]	36m. What treatments or medicines did you take for cancer of the (BODY PART)? [MULTIPLE RECORD BELOW]	36s. What treatments or medicines did you take for cancer of the (BODY PART)? [MULTIPLE RECORD BELOW]
Radiation.....(15(-1 Chemotherapy...(16(-1 Surgery.....(17(-1 Other (SPECIFY) _____.(18(-1	Radiation.....(15(-1 Chemotherapy...(16(-1 Surgery.....(17(-1 Other (SPECIFY) _____.(18(-1	Radiation.....(15(-1 Chemotherapy...(16(-1 Surgery.....(17(-1 Other (SPECIFY) _____.(18(-1
36h. During what month and year did you first receive (EACH TREATMENT CODED IN Q.36g) for cancer of the (BODY PART)? Radia- tion... [MONTH (19) (20) (21) (22) YEAR _____. Chemo- therapy. [MONTH (23) (24) (25) (26) YEAR _____. Surgery.. [MONTH (27) (28) (29) (30) YEAR _____. Other.... [MONTH (31) (32) (33) (34) YEAR _____. (GO TO NEXT BODY PART)	36n. During what month and year did you first receive (EACH TREATMENT CODED IN Q.36m) for cancer of the (BODY PART)? Radia- tion... [MONTH (19) (20) (21) (22) YEAR _____. Chemo- therapy. [MONTH (23) (24) (25) (26) YEAR _____. Surgery.. [MONTH (27) (28) (29) (30) YEAR _____. Other.... [MONTH (31) (32) (33) (34) YEAR _____. (GO TO NEXT BODY PART)	36t. During what month and year did you first receive (EACH TREATMENT CODED IN Q.36s) for cancer of the (BODY PART)? Radia- tion... [MONTH (19) (20) (21) (22) YEAR _____. Chemo- therapy. [MONTH (23) (24) (25) (26) YEAR _____. Surgery.. [MONTH (27) (28) (29) (30) YEAR _____. Other.... [MONTH (31) (32) (33) (34) YEAR _____. (GO TO NEXT BODY PART IN S.R.B. PAGE 40)

01
79-80

02
79-80

03
79-80

IF LEUKEMIA NOT PREVIOUSLY MENTIONED, ASK:

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

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

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

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

[RECORD IN S.R.B. - PG 6]

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

[RECORD IN S.R.B. - PG 6]37d. What treatments or medicines have you taken for leukemia? [RECORD BELOW]D. MEDICINE/TREATMENT

1.

E. FIRST RECEIVED

MONTH	YEAR
(13)	(14)

2.

MONTH	YEAR
(17)	(18)

3.

MONTH	YEAR
(21)	(22)

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

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

[RECORD IN S.R.B. - PG 6]

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

[RECORD IN S.R.B. - PG 6]

/25-60/

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

1. Did you ever have diabetes?

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

2. Did you ever have thyroid problems?

Yes (SPECIFY)

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

3. Did you ever have anemia?

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

4. Did you ever have a heart condition?

Yes (SPECIFY)

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

5. Did you ever have an enlarged liver?

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

6. Did you ever have jaundice?

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

7. Did you ever have hepatitis?

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

8. Did you ever have cirrhosis of the liver?

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

9. Did you ever have intestinal parasites?

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

10. Did you ever have gall bladder problems?

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

11. Did you ever have any other liver condition?

Yes (SPECIFY)

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

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

Yes (SPECIFY)

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

13. Did you ever have any other major condition?

Yes (SPECIFY)

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

ASK Q.386 THROUGH Q.38h
FOR EACH BOX "X"ED ON
PP. 26-28

DIABETES

THYROID PROBLEMS

ANEMIA

A HEART CONDITION

AN ENLARGED LIVER

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

RECORD IN S.R.B.
PAGE 7

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

RECORD IN S.R.B.
PAGE 7

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

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

RECORD IN S.R.B.
PAGE 7

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

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

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

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

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

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

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

RECORD IN S.R.B.
PAGE 7

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

RECORD IN S.R.B.
PAGE 7

(GO TO NEXT CONDITION
"X"ED)

RECORD IN S.R.B.
PAGE 7

(GO TO NEXT CONDITION
"X"ED)

RECORD IN S.R.B.
PAGE 7

(GO TO NEXT CONDITION
"X"ED)

RECORD IN S.R.B.
PAGE 7

(GO TO NEXT CONDITION
"X"ED)

RECORD IN S.R.B.
PAGE 7

(GO TO NEXT CONDITION
"X"ED)

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

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

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

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

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

38g)

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

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

38g)

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

.....
.....
.....

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

RECORD IN S.R.B.
PAGE 7

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

RECORD IN S.R.B.
PAGE 7

(GO TO NEXT CONDITION
"X"ED)

66
79-80

JAUNDICE

HEPATITIS

CIRRHOSIS OF THE LIVER

INTESTINAL PARASITES

CALL BLADDER PROBLEMS

RECORD IN S.R.B.
PAGE 7

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 7

RECORD IN S.R.B.
PAGE 8

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

38g)

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

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

38g)

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

.....
.....
.....

RECORD IN S.R.B.
PAGE 8

(GO TO NEXT CONDITION
"X"ED)

67
79-80

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

RECORD IN S.R.B.
PAGE 8

(GO TO NEXT CONDITION
"X"ED)

68
79-80

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

RECORD IN S.R.B.
PAGE 8

(GO TO NEXT CONDITION
"X"ED)

69
79-80

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

RECORD IN S.R.B.
PAGE 8

(GO TO NEXT CONDITION
"X"ED)

70
79-80

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

ANY OTHER LIVER
CONDITIONA RESPIRATORY CONDITION
OTHER THAN PNEUMONIAANY OTHER
MAJOR CONDITION

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

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 9

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

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 9

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

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

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

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

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

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

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

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

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

.....
.....
.....

.....
.....
.....

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

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 9

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

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 9

(GO TO NEXT CONDITION
"X"ED)

71
79-80

72
79-80

73
79-80

39. Have you ever had acne on your face?

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

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

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

(WRITE IN YEAR)

--	--	--

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

First Period

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

MONTH	YEAR

(06) (17) (18) (19)

40c. Until when did that last?

MONTH	YEAR

(20) (21) (22) (23)

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

HAND RESPONDENT CARD "E"

MULTIPLE RECORD BELOW

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

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

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

Second Period

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

MONTH	YEAR

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

40g. Until when did that last?

MONTH	YEAR

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

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

HAND RESPONDENT CARD "E"

MULTIPLE RECORD BELOW

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

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

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

Third Period

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

MONTH	YEAR

(48) (49) (50) (51)

40k. Until when did that last?

MONTH	YEAR

(52) (53) (54) (55)

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

HAND RESPONDENT CARD "E"

MULTIPLE RECORD BELOW

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

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

Yes.(63) -1
No..... -2

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

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

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

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

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

RECORD IN S.R.B. - PG 9

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

RECORD IN S.R.B. - PG 9

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

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

No.....(27) -2 (SKIP TO Q.42)

41e. Where was that? CODE ALL THAT APPLY

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

41f. When was that?

FROM
MONTH YEAR
_____|_____|
(32) (33) (34) (35)

TO
MONTH YEAR
_____|_____|
(36) (37) (38) (39)

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

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

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

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

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

D.

A rash on your back caused by lower back pain?

Yes..(71(-1
No..... -2

b. On what part of your body did you have (CONDITION)? Any other part?

c. Did you discuss (CONDITION) with a doctor?

Yes.(72(-1 (ASK Q.42d)

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

d. What was the diagnosis?

e. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?

[RECORD IN S.R.B. - PG 10]

f. During what month and year was the diagnosis made?

[RECORD IN S.R.B. - PG 10]

g. What is the name of the doctor or medical facility you last consulted about (CONDITION)?

[RECORD IN S.R.B. - PG 10]

h. During what month and year did you last consult (NAME IN Q.42g)?

[RECORD IN S.R.B. - PG 10]

E.

A short period of excessive hair growth caused by lower back pain?

Yes..(73(-1
No..... -2

b. On what part of your body did you have (CONDITION)? Any other part?

c. Did you discuss (CONDITION) with a doctor?

Yes.(74(-1 (ASK Q.42d)

No..... -2

d. What was the diagnosis?

e. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?

[RECORD IN S.R.B. - PG 10]

f. During what month and year was the diagnosis made?

[RECORD IN S.R.B. - PG 10]

g. What is the name of the doctor or medical facility you last consulted about (CONDITION)?

[RECORD IN S.R.B. - PG 10]

h. During what month and year did you last consult (NAME IN Q.42g)?

[RECORD IN S.R.B. - PG 10]

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

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

A.	B.	C.																											
Persistent numbness in any of your limbs?	Persistent tingling sensations in any of your limbs?	Persistent deep burning sensations in any of your limbs?																											
Yes..(12(<u> </u> -1 No..... <u> </u> -2	Yes..(27(<u> </u> -1 No..... <u> </u> -2	Yes..(42(<u> </u> -1 No..... <u> </u> -2																											
b. When did you first notice (CONDITION)?	b. When did you first notice (CONDITION)?	b. When did you first notice (CONDITION)?																											
MONTH YEAR [] [] [] [] (13) (14) (15) (16)	MONTH YEAR [] [] [] [] (28) (29) (30) (31)	MONTH YEAR [] [] [] [] (43) (44) (45) (46)																											
c. Which limbs or muscles were affected? (CONDITION)? Any other part?	c. Which limbs or muscles were affected? (CONDITION)? Any other part?	c. Which limbs or muscles were affected? (CONDITION)? Any other part?																											
d. Do you still have (CONDITION)?	d. Do you still have (CONDITION)?	d. Do you still have (CONDITION)?																											
Yes.(17(<u> </u> -1 No..... <u> </u> -2	Yes.(32(<u> </u> -1 No..... <u> </u> -2	Yes.(47(<u> </u> -1 No..... <u> </u> -2																											
e. During what period was the (CONDITION) most intense?	FROM MONTH YEAR [] [] [] [] (18) (19) (20) (21) TO MONTH YEAR [] [] [] [] (22) (23) (24) (25)	FROM MONTH YEAR [] [] [] [] (33) (34) (35) (36) TO MONTH YEAR [] [] [] [] (37) (38) (39) (40)				f. Did you see a doctor for (CONDITION)?	f. Did you see a doctor for (CONDITION)?	f. Did you see a doctor for (CONDITION)?	Yes.(26(<u> </u> -1 (IF NO, GO TO No..... <u> </u> -2 NEXT CONDITION)	Yes.(41(<u> </u> -1 (IF NO, GO TO No..... <u> </u> -2 NEXT CONDITION)	Yes.(56(<u> </u> -1 (IF NO, GO TO No..... <u> </u> -2 NEXT CONDITION)	g. What was the diagnosis?		g. What was the diagnosis?				h. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?	RECORD IN S.R.B. - PG 111	RECORD IN S.R.B. - PG 111	i. During what month and year was the diagnosis made?	RECORD IN S.R.B. - PG 111	RECORD IN S.R.B. - PG 111	j. What is the name of the doctor or medical facility you last consulted about (CONDITION)?	RECORD IN S.R.B. - PG 111	RECORD IN S.R.B. - PG 111	k. During what month and year did you last consult (NAME IN Q.42g)?	RECORD IN S.R.B. - PG 111	RECORD IN S.R.B. - PG 111
f. Did you see a doctor for (CONDITION)?	f. Did you see a doctor for (CONDITION)?	f. Did you see a doctor for (CONDITION)?																											
Yes.(26(<u> </u> -1 (IF NO, GO TO No..... <u> </u> -2 NEXT CONDITION)	Yes.(41(<u> </u> -1 (IF NO, GO TO No..... <u> </u> -2 NEXT CONDITION)	Yes.(56(<u> </u> -1 (IF NO, GO TO No..... <u> </u> -2 NEXT CONDITION)																											
g. What was the diagnosis?		g. What was the diagnosis?																											
h. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?	RECORD IN S.R.B. - PG 111	RECORD IN S.R.B. - PG 111																											
i. During what month and year was the diagnosis made?	RECORD IN S.R.B. - PG 111	RECORD IN S.R.B. - PG 111																											
j. What is the name of the doctor or medical facility you last consulted about (CONDITION)?	RECORD IN S.R.B. - PG 111	RECORD IN S.R.B. - PG 111																											
k. During what month and year did you last consult (NAME IN Q.42g)?	RECORD IN S.R.B. - PG 111	RECORD IN S.R.B. - PG 111																											

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

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

D.

Persistent aches and pains in any of your limbs?

Yes..(12(-1
No.....-2

b. When did you first notice (CONDITION)?

MONTH	YEAR

(13) (14) (15) (16)

c. Which limbs or muscles were affected? (CONDITION)? Any other part?

d. Do you still have (CONDITION)?

Yes.(17(-1
No.....-2

e. During what period was the (CONDITION) most intense?

FROM
MONTH YEAR
 | -
(18) (19) (20) (21)

TO

MONTH YEAR
 | -
(22) (23) (24) (25)

f. Did you see a doctor for (CONDITION)?

Yes.(26(-1 (IF NO, GO TO
No.....-2 NEXT CONDITION)

g. What was the diagnosis?

h. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?

RECORD IN S.R.B. - PG 11

RECORD IN S.R.B. - PG 11

i. During what month and year was the diagnosis made?

RECORD IN S.R.B. - PG 11

RECORD IN S.R.B. - PG 11

j. What is the name of the doctor or medical facility you last consulted about (CONDITION)?

RECORD IN S.R.B. - PG 11

RECORD IN S.R.B. - PG 11

k. During what month and year did you last consult (NAME IN Q.42g)?

RECORD IN S.R.B. - PG 11

RECORD IN S.R.B. - PG 11

E.

A reduction in grip strength?

Yes..(27(-1
No.....-2

b. When did you first notice (CONDITION)?

MONTH	YEAR

(28) (29) (30) (31)

c. Which limbs or muscles were affected? (CONDITION)? Any other part?

d. Do you still have (CONDITION)?

Yes. G2 (-1
No.....-2

e. During what period was the (CONDITION) most intense?

FROM
MONTH YEAR
 | -
(33) (34) (35) (36)

TO

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

f. Did you see a doctor for (CONDITION)?

Yes.(41(-1
No.....-2

g. What was the diagnosis?

44a. (Besides the prescribed medicines you told me about), are you currently taking any (other) medicines prescribed by a doctor?

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

No.....13 -2 (SKIP TO Q.45)

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

(13)

(14)

(15)