

Report SAM-TR- 82-42

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

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November 1982

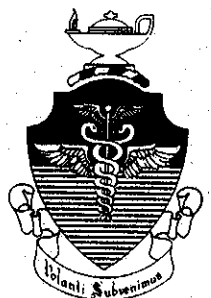
Initial Report for Period September 1981 — November 1982

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Prepared for:

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

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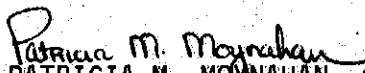
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This initial report was submitted by personnel of the Epidemiology Division and the Data Sciences Division, USAF School of Aerospace Medicine, Aerospace Medical Division, AFSC, Brooks Air Force Base, Texas, under job order 2767-00-01.


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This report has been reviewed and is approved for publication.


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SECURITY CLASSIFICATION OF THIS PAGE (When Data Entered)

REPORT DOCUMENTATION PAGE		READ INSTRUCTIONS BEFORE COMPLETING FORM
1. REPORT NUMBER SAM-TR-82-42	2. GOVT ACCESSION NO.	3. RECIPIENT'S CATALOG NUMBER
4. TITLE (and Subtitle) EPIDEMIOLOGIC INVESTIGATION OF HEALTH EFFECTS IN AIR FORCE PERSONNEL FOLLOWING EXPOSURE TO HERBICIDES: BASELINE QUESTIONNAIRES		5. TYPE OF REPORT & PERIOD COVERED Initial report Sep 1981-Nov 1982
		6. PERFORMING ORG. REPORT NUMBER
7. AUTHOR(s) George D. Lathrop, Colonel, USAF, MC Patricia M. Moynahan, Colonel, USAF, NC Richard A. Albanese, M.D. William H. Wolfe, Lieutenant Colonel, USAF, MC		8. CONTRACT OR GRANT NUMBER(s)
9. PERFORMING ORGANIZATION NAME AND ADDRESS USAF School of Aerospace Medicine (EKO) Aerospace Medical Division (AFSC) Brooks Air Force Base, Texas 78235		10. PROGRAM ELEMENT, PROJECT, TASK AREA & WORK UNIT NUMBERS 65306F 2767-00-01
11. CONTROLLING OFFICE NAME AND ADDRESS USAF School of Aerospace Medicine (EKO) Aerospace Medical Division (AFSC) Brooks Air Force Base, Texas 78235		12. REPORT DATE November 1982
		13. NUMBER OF PAGES 284
14. MONITORING AGENCY NAME & ADDRESS (if different from Controlling Office)		15. SECURITY CLASS. (of this report) Unclassified
		15a. DECLASSIFICATION/DOWNGRADING SCHEDULE
16. DISTRIBUTION STATEMENT (of this Report) Approved for public release; distribution unlimited.		
17. DISTRIBUTION STATEMENT (of the abstract entered in Block 20, if different from Report)		
18. SUPPLEMENTARY NOTES		
19. KEY WORDS (Continue on reverse side if necessary and identify by block number)		
Questionnaires	Spouse Questionnaire	Dioxin
Baseline Data Collection	Next-of-Kin Questionnaire	Epidemiologic Inves-
Herbicides	Miniquuestionnaire	tigation
Herbicide Orange	Morbidity	
Study Subject Questionnaire	Phenoxy Herbicides	
20. ABSTRACT (Continue on reverse side if necessary and identify by block number)		
<p>In 1979 the United States Air Force (USAF) made the commitment to Congress and to the White House to conduct an epidemiologic study of the possible health effects from chemical exposure in Air Force personnel who conducted aerial herbicide dissemination missions in Vietnam (Operation RANCH HAND). The purpose of this epidemiologic investigation is to determine whether long-term health effects exist and can be attributed to occupational</p>		

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20. ABSTRACT (continued)

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

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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 miniquestionnaire was to contain questions concerning general health status and noncompliance factors. All questionnaires (study subject, spouse, proxy, and noncomplaint) were required to be adaptable to telephone as well as in-person administration methods.

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

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

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

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

ACKNOWLEDGMENTS

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

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CHAPTER I

STUDY SUBJECT QUESTIONNAIRE

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

Study No. 812039

Respondent #:

(5-8)

STUDY SUBJECT QUESTIONNAIRE

CONFIDENTIAL

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

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

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

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

1. What is your date of birth?

CARD 001

(WRITE IN DATE)

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

2. In what city and state were you born?

RECORD IN SUPPLEMENTARY RECORDING BOOK ON PAGE 1

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

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

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

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

HAND RESPONDENT CARD "A"

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

High school diploma.....(26(_____ -1

YEAR	
(36)	(37)

High school equivalency diploma.....(27(_____ -1

YEAR	
(38)	(39)

Associate of Arts (A.A.).....(28(_____ -1

YEAR	
(40)	(41)

Bachelor of Arts (B.A.) or Bachelor of Science
(B.S.).....(29(_____ -1

YEAR	
(42)	(43)

Masters.....(30(_____ -1

YEAR	
(44)	(45)

Doctorate.....(31(_____ -1

YEAR	
(46)	(47)

Others (SPECIFY)

(1) _____ .(32(_____ -1

YEAR	
(48)	(49)

(2) _____ .(33(_____ -1

YEAR	
(50)	(51)

(3) _____ .(34(_____ -1

YEAR	
(52)	(53)

No certificate, diploma, or degree (volunteered)....(35(_____ -1

YEAR	
(54)	(55)

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

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

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

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

13-14

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

1st Program	2nd Program	3rd Program
b. For what kind of work was your first civilian training program preparing you?	f. For what kind of work was your next civilian training program preparing you?	j. For what kind of work was your next civilian training program preparing you?
(15(	(15(	(15(
(16(	(16(	(16(
(17(	(17(	(17(
(18(	(18(	(18(
(19(	(19(	(19(
c. In what month and year did you start this training?	g. In what month and year did you start this training?	k. In what month and year did you start this training?
MONTH YEAR (20) (21) - (22) (23)	MONTH YEAR (20) (21) - (22) (23)	MONTH YEAR (20) (21) - (22) (23)
d. In what month and year did you complete this training?	h. In what month and year did you complete this training?	L. In what month and year did you complete this training?
MONTH YEAR (24) (25) - (26) (27)	MONTH YEAR (24) (25) - (26) (27)	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?	i. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?	m. Have you participated in any other civilian job training program that prepared you for a major change in your occupation?
Yes.(28(_____-1 (ASK Q.6f) No.....-2 (SKIP TO Q.7)	Yes.(28(_____-1 (ASK Q.6j) No.....-2 (SKIP TO Q.7)	Yes.(28(_____-1 (RECORD ADDITIONAL TRAINING PROGRAMS IN S.R.B. ON PG. 14) No.....-2 (GO TO Q.7)
01 79-80	02 79-80	03 79-80

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

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

13-14

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

1st Program	2nd Program	3rd Program
b. For what kind of work was your first military training program preparing you?	g. For what kind of work was your next military training program preparing you?	L. For what kind of work was your next military training program preparing you?
(15(_____	(15(_____	(15(_____
(16(_____	(16(_____	(16(_____
(17(_____	(17(_____	(17(_____
(18(_____	(18(_____	(18(_____
(19(_____	(19(_____	(19(_____
c. What is the AFSC for that job?	h. What is the AFSC for that job?	m. What is the AFSC for that job?
(20(_____	(20(_____	(20(_____
d. In what month and year did you start this training?	i. In what month and year did you start this training?	n. In what month and year did you start this training?
<div style="display: flex; justify-content: space-around;"> <div>MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> <div>YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> </div> <div style="text-align: center;">-</div> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div>	<div style="display: flex; justify-content: space-around;"> <div>MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> <div>YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> </div> <div style="text-align: center;">-</div> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div>	<div style="display: flex; justify-content: space-around;"> <div>MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> <div>YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> </div> <div style="text-align: center;">-</div> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div>
(21) (22) - (23) (24)	(21) (22) - (23) (24)	(21) (22) - (23) (24)
e. In what month and year did you complete this training?	j. In what month and year did you complete this training?	o. In what month and year did you complete this training?
<div style="display: flex; justify-content: space-around;"> <div>MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> <div>YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> </div> <div style="text-align: center;">-</div> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div>	<div style="display: flex; justify-content: space-around;"> <div>MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> <div>YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> </div> <div style="text-align: center;">-</div> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div>	<div style="display: flex; justify-content: space-around;"> <div>MONTH <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> <div>YEAR <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div> </div> <div style="text-align: center;">-</div> <div> <div style="border: 1px solid black; width: 20px; height: 20px; display: flex; align-items: center; justify-content: center;"> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> <div style="width: 10px; height: 10px; border: 1px solid black;"></div> </div> </div>
(25) (26) - (27) (28)	(25) (26) - (27) (28)	(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?	k. Have you participated in any other military job training program that prepared you for a major change in your occupation?	p. Have you participated in any other military job training program that prepared you for a major change in your occupation?
Yes. (29(_____ -1 (ASK Q.7g)	Yes. (29(_____ -1 (ASK Q.7L)	Yes. (29(_____ -1 (RECORD ADDI-
No..... -2 (SKIP TO Q.8)	No..... -2 (SKIP TO Q.8)	TIONAL TRAIN- ING 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)

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)

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)

Fourth Job

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

13-14

MONTH		YEAR	
(05)	(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.....Q2 (_____-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)

(13)	(14)	(15)

 days

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	
(14)	(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

- a. Starting with induction, in what country were you first stationed while on active duty? Include temporary duties of greater than 90 days.

12-13

(14-15)

(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)

/16/

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

BEGIN
MONTH YEAR
[] [] - [] []
(17) (18) (19) (20)

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

Current... (25) -1

- c. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?

1. (26-28)
2. (29-31)
3. (32-34)

- d. (Do/Did) your duties in (COUNTRY) include flying?

Yes. (35) -1
No..... -2

- e. How many flight hours did you log while in (COUNTRY)?

[] [] [] Hours
(36) (37) (38)

Other (SPECIFY)

.(39) -1

- f. What specific letter and numerical designation(s) did each aircraft have?

1. (40-43)
2. (44-47)
3. (48-51)
4. (52-55)
(ASK Q.16g)

01
79-80Second Country

- g. What was the next country that you were stationed in for more than 90 days while on active duty?

(14-15)

(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)

No others. (16) -1 (SKIP TO Q.18)

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

BEGIN
MONTH YEAR
[] [] - [] []
(17) (18) (19) (20)

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

Current... (25) -1

- i. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?

1. (26-28)
2. (29-31)
3. (32-34)

- j. (Do/Did) your duties in (COUNTRY) include flying?

Yes. (35) -1
No..... -2

- k. How many flight hours did you log while in (COUNTRY)?

[] [] [] Hours
(36) (37) (38)

Other (SPECIFY)

.(39) -1

- L. What specific letter and numerical designation(s) did each aircraft have?

1. (40-43)
2. (44-47)
3. (48-51)
4. (52-55)
(ASK Q.16m)

02
79-80Third Country

- m. What was the next country that you were stationed in for more than 90 days while on active duty?

(14-15)

(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)

No others. (16) -1 (SKIP TO Q.18)

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

BEGIN
MONTH YEAR
[] [] - [] []
(17) (18) (19) (20)

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

Current... (25) -1

- o. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?

1. (26-28)
2. (29-31)
3. (32-34)

- p. (Do/Did) your duties in (COUNTRY) include flying?

Yes. (35) -1
No..... -2

- q. How many flight hours did you log while in (COUNTRY)?

[] [] [] Hours
(36) (37) (38)

Other (SPECIFY)

.(39) -1

- r. What specific letter and numerical designation(s) did each aircraft have?

1. (40-43)
2. (44-47)
3. (48-51)
4. (52-55)
(ASK Q.17a)

03
79-80

Question 17

12-13

Fourth Country

- a. What was the next country that you were stationed in for more than 90 days while on active duty?

(14-15)

(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)

No others. (16 () -1 (SKIP TO Q.18)

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

BEGIN

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

END

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

Current... (25 () -1

- c. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?

1. (26-28)

2. (29-31)

3. (32-34)

- d. (Do/Did) your duties in (COUNTRY) include flying?

Yes. (35 () -1

No..... -2

- e. How many flight hours did you log while in (COUNTRY)?

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

 Hours

Other (SPECIFY)

..... (39 () -1

- f. What specific letter and numerical designation(s) did each aircraft have?

1. (40-43)

2. (44-47)

3. (48-51)

4. (52-55)

(ASK Q.17g)

04
79-80Fifth Country

- g. What was the next country that you were stationed in for more than 90 days while on active duty?

(14-15)

(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)

No others. (16 () -1 (SKIP TO Q.18)

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

BEGIN

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

END

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

Current... (25 () -1

- i. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?

1. (26-28)

2. (29-31)

3. (32-34)

- j. (Do/Did) your duties in (COUNTRY) include flying?

Yes. (35 () -1

No..... -2

- k. How many flight hours did you log while in (COUNTRY)?

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

 Hours

Other (SPECIFY)

..... (39 () -1

- l. What specific letter and numerical designation(s) did each aircraft have?

1. (40-43)

2. (44-47)

3. (48-51)

4. (52-55)

(ASK Q.17m)

05
79-80Sixth Country

- m. What was the next country that you were stationed in for more than 90 days while on active duty?

(14-15)

(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)

No others. (16 () -1 (SKIP TO Q.18)

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

BEGIN

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

END

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

Current... (25 () -1

- o. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?

1. (26-28)

2. (29-31)

3. (32-34)

- p. (Do/Did) your duties in (COUNTRY) include flying?

Yes. (35 () -1

No..... -2

- q. How many flight hours did you log while in (COUNTRY)?

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

 Hours

Other (SPECIFY)

..... (39 () -1

- r. What specific letter and numerical designation(s) did each aircraft have?

1. (40-43)

2. (44-47)

3. (48-51)

4. (52-55)

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

06
79-80

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

18. Have you ever been legally married?

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

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

19. How many times have you been legally married?

(WRITE IN NUMBER)

--	--

 times
(13) (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)
2nd				
	(29)	(30)	(31)	(32)
3rd				
	(33)	(34)	(35)	(36)
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... (21 () -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)
2nd				
	(29)	(30)	(31)	(32)
3rd				
	(33)	(34)	(35)	(36)
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)
2nd				
	(29)	(30)	(31)	(32)
3rd				
	(33)	(34)	(35)	(36)
4th				
	(37)	(38)	(39)	(40)
	(GO TO Q.22h)			

FIRST/ONLY MARRIAGESECOND MARRIAGETHIRD MARRIAGE

20h. How many months did it take your wife to become pregnant this time?

Months
(41) (42)

Wasn't trying (43) -1
Don't know.....-2

20i. How many weeks had your wife been pregnant when the (1st, etc.) miscarriage occurred?

1st Weeks
(44) (45)

2nd Weeks
(46) (47)

3rd Weeks
(48) (49)

4th Weeks
(50) (51)

20j. Did a doctor tell you why this (1st, etc.) miscarriage might have occurred?

Yes..(52) (-1 (ASK Q.20k)
No.....-2 (SKIP TO Q.20L)

20k. What did the doctor say caused the miscarriage?

1st _____
2nd _____
3rd _____
4th _____

20L. Did your wife have any pregnancies by you which ended in a stillbirth?

Yes...(53) (-1 (ASK Q.20m)
No.....-2 (SKIP TO Q.20q)

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

	MONTH	YEAR
1st	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(54) (55)	(56) (57)
	MONTH	YEAR
2nd	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(58) (59)	(60) (61)
	MONTH	YEAR
3rd	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(62) (63)	(64) (65)
	MONTH	YEAR
4th	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(66) (67)	(68) (69)
	(GO TO Q.20n)	

-01-
79-80

21h. How many months did it take your wife to become pregnant this time?

Months
(41) (42)

Wasn't trying (43) -1
Don't know.....-2

21i. How many weeks had your wife been pregnant when the (1st, etc.) miscarriage occurred?

1st Weeks
(44) (45)

2nd Weeks
(46) (47)

3rd Weeks
(48) (49)

4th Weeks
(50) (51)

21j. Did a doctor tell you why this (1st, etc.) miscarriage might have occurred?

Yes..(52) (-1 (ASK Q.21k)
No.....-2 (SKIP TO Q.21L)

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

1st _____
2nd _____
3rd _____
4th _____

21L. Did your wife have any pregnancies by you which ended in a stillbirth?

Yes...(53) (-1 (ASK Q.21m)
No.....-2 (SKIP TO Q.21q)

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

	MONTH	YEAR
1st	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(54) (55)	(56) (57)
	MONTH	YEAR
2nd	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(58) (59)	(60) (61)
	MONTH	YEAR
3rd	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(62) (63)	(64) (65)
	MONTH	YEAR
4th	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(66) (67)	(68) (69)
	(GO TO Q.21n)	

-02-
79-80

22h. How many months did it take your wife to become pregnant this time?

Months
(41) (42)

Wasn't trying (43) -1
Don't know.....-2

22i. How many weeks had your wife been pregnant when the (1st, etc.) miscarriage occurred?

1st Weeks
(44) (45)

2nd Weeks
(46) (47)

3rd Weeks
(48) (49)

4th Weeks
(50) (51)

22j. Did a doctor tell you why this (1st, etc.) miscarriage might have occurred?

Yes..(52) (-1 (ASK Q.22k)
No.....-2 (SKIP TO Q.22L)

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

1st _____
2nd _____
3rd _____
4th _____

22L. Did your wife have any pregnancies by you which ended in a stillbirth?

Yes...(53) (-1 (ASK Q.22m)
No.....-2 (SKIP TO Q.22q)

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

	MONTH	YEAR
1st	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(54) (55)	(56) (57)
	MONTH	YEAR
2nd	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(58) (59)	(60) (61)
	MONTH	YEAR
3rd	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(62) (63)	(64) (65)
	MONTH	YEAR
4th	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(66) (67)	(68) (69)
	(GO TO Q.22n)	

-03-
79-80

FIRST/ONLY MARRIAGE
MISCARRIAGES - Q.20h

2nd Months
(12) (13)

Wasn't trying (14) -1
Don't know..... -2

3rd Months
(15) (16)

Wasn't trying (17) -1
Don't know..... -2

4th Months
(18) (19)

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

(GO TO Q.20i)

SECOND MARRIAGE
MISCARRIAGES - Q.21h

2nd Months
(12) (13)

Wasn't trying (14) -1
Don't know..... -2

3rd Months
(15) (16)

Wasn't trying (17) -1
Don't know..... -2

4th Months
(18) (19)

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

(GO TO Q.21i)

THIRD MARRIAGE
MISCARRIAGES - Q.22h

2nd Months
(12) (13)

Wasn't trying (14) -1
Don't know..... -2

3rd Months
(15) (16)

Wasn't trying (17) -1
Don't know..... -2

4th Months
(18) (19)

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

(GO TO Q.22i)

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

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

FOR ANY "YES" ASK:

HAND RESPONDENT CARD "C"

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

1st: _____ (21-22) 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.20n

2nd Months
(29) (30)

Wasn't trying (31) -1
Don't know..... -2

3rd Months
(32) (33)

Wasn't trying (34) -1
Don't know..... -2

4th Months
(35) (36)

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

(GO TO Q.20o)

SECOND MARRIAGE
STILLBIRTHS - Q.21n

2nd Months
(29) (30)

Wasn't trying (31) -1
Don't know..... -2

3rd Months
(32) (33)

Wasn't trying (34) -1
Don't know..... -2

4th Months
(35) (36)

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

(GO TO Q.21o)

THIRD MARRIAGE
STILLBIRTHS - Q.22n

2nd Months
(29) (30)

Wasn't trying (31) -1
Don't know..... -2

3rd Months
(32) (33)

Wasn't trying (34) -1
Don't know..... -2

4th Months
(35) (36)

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

(GO TO Q.22o)

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

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

FOR ANY "YES" ASK:

HAND RESPONDENT CARD "C"

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

1st: _____ (38-39) 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)

FIRST/ONLY MARRIAGE
ABORTIONS - Q.20a

2nd

--	--

 Months
(46) (47)

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

3rd

--	--

 Months
(49) (50)

Wasn't trying (51) -1
Don't know.....-2

4th

--	--

 Months
(52) (53)

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

(GO TO Q.20t)

SECOND MARRIAGE
ABORTIONS - Q.21a

2nd

--	--

 Months
(46) (47)

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

3rd

--	--

 Months

Wasn't trying (51) -1
Don't know.....-2

4th

--	--

 Months
(52) (53)

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

(GO TO Q.21t)

THIRD MARRIAGE
ABORTIONS - Q.22a

2nd

--	--

 Months
(46) (47)

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

3rd

--	--

 Months

Wasn't trying (51) -1
Don't know.....-2

4th

--	--

 Months
(52) (53)

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

(GO TO Q.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)

2nd: _____ (57-58)

3rd: _____ (59-60)

4th: _____ (61-62)

(GO TO Q.20u)

01
79-80

1st: _____ (55-56)

2nd: _____ (57-58)

3rd: _____ (59-60)

4th: _____ (61-62)

(GO TO Q.21u)

02
79-80

1st: _____ (55-56)

2nd: _____ (57-58)

3rd: _____ (59-60)

4th: _____ (61-62)

(GO TO Q.22u)

03
79-80

FIRST/ONLY MARRIAGESECOND MARRIAGETHIRD MARRIAGE

20n. How many months did it take your wife to become pregnant this time?

Months
(12) (13)

Wasn't trying (14) -1
Don't know.....-2

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

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

20p. What did the doctor say caused the (1st, etc.) stillbirth?

1st

2nd

3rd

4th

20q. Did your wife ever have any pregnancies by you which ended in abortion?

Yes... (16) -1 (ASK Q.20r)
No.....-2 (SKIP TO Q.20u)

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

	MONTH	YEAR
1st	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(17) (18)	(19) (20)
	MONTH	YEAR
2nd	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(21) (22)	(23) (24)
	MONTH	YEAR
3rd	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(25) (26)	(27) (28)
	MONTH	YEAR
4th	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(29) (30)	(31) (32)

20s. How many months did it take your wife to become pregnant this time?

Months
(33) (34)

Wasn't trying (35) -1
Don't know.....-2

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

1st

2nd

3rd

4th

(GO TO Q.20v)

21n. How many months did it take your wife to become pregnant this time?

Months
(12) (13)

Wasn't trying (14) -1
Don't know.....-2

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

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

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

1st

2nd

3rd

4th

21q. Did your wife ever have any pregnancies by you which ended in abortion?

Yes... (16) -1 (ASK Q.21r)
No.....-2 (SKIP TO Q.21u)

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

	MONTH	YEAR
1st	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(17) (18)	(19) (20)
	MONTH	YEAR
2nd	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(21) (22)	(23) (24)
	MONTH	YEAR
3rd	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(25) (26)	(27) (28)
	MONTH	YEAR
4th	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(29) (30)	(31) (32)

21s. How many months did it take your wife to become pregnant this time?

Months
(33) (34)

Wasn't trying (35) -1
Don't know.....-2

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

1st

2nd

3rd

4th

(GO TO Q.21v)

22n. How many months did it take your wife to become pregnant this time?

Months
(12) (13)

Wasn't trying (14) -1
Don't know.....-2

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

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

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

1st

2nd

3rd

4th

22q. Did your wife ever have any pregnancies by you which ended in abortion?

Yes... (16) -1 (ASK Q.22r)
No.....-2 (SKIP TO Q.22u)

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

	MONTH	YEAR
1st	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(17) (18)	(19) (20)
	MONTH	YEAR
2nd	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(21) (22)	(23) (24)
	MONTH	YEAR
3rd	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(25) (26)	(27) (28)
	MONTH	YEAR
4th	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
	(29) (30)	(31) (32)

22s. How many months did it take your wife to become pregnant this time?

Months
(33) (34)

Wasn't trying (35) -1
Don't know.....-2

22t. What was the main reason for the (1st, etc.) abortion?

1st

2nd

3rd

4th

(GO TO Q.22v)

FIRST/ONLY MARRIAGE

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?

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

HAND RESPONDENT CARD "C"

20v. Please look at this card and tell me all the numbers that apply to the types of birth control you or your wife normally used.

01.(37(-1 06.(42(-1
02.(38(-1 07.(43(-1
03.(39(-1 08.(44(-1
04.(40(-1 09.(45(-1
05.(41(-1 10.(46(-1
11.(47(-1

12 (SPECIFY)

.....(48(-1
(SKIP TO Q.20x)

20w. Did any of these pregnancies occur while either you or your wife were practicing birth control?

Yes....(49(-1
No.....-2

20x. During this marriage, how many times were you living apart from your wife for more than three months?

Times
(50) (51)

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

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

1st Months
(53) (54)

2nd Months
(55) (56)

3rd Months
(57) (58)

4th Months
(59) (60)

5th Months
(61) (62)

6th Months
(63) (64)
(GO TO Q.20z)

SECOND MARRIAGE

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?

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

HAND RESPONDENT CARD "C"

21v. Please look at this card and tell me all the numbers that apply to the types of birth control you or your wife normally used.

01.(37(-1 06.(42(-1
02.(38(-1 07.(43(-1
03.(39(-1 08.(44(-1
04.(40(-1 09.(45(-1
05.(41(-1 10.(46(-1
11.(47(-1

12 (SPECIFY)

.....(48(-1
(SKIP TO Q.20x)

21w. Did any of these pregnancies occur while either you or your wife were practicing birth control?

Yes....(49(-1
No.....-2

21x. During this marriage, how many times were you living apart from your wife for more than three months?

Times
(50) (51)

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

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

1st Months
(53) (54)

2nd Months
(55) (56)

3rd Months
(57) (58)

4th Months
(59) (60)

5th Months
(61) (62)

6th Months
(63) (64)
(GO TO Q.21z)

THIRD MARRIAGE

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?

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

HAND RESPONDENT CARD "C"

22v. Please look at this card and tell me all the numbers that apply to the types of birth control you or your wife normally used.

01.(37(-1 06.(42(-1
02.(38(-1 07.(43(-1
03.(39(-1 08.(44(-1
04.(40(-1 09.(45(-1
05.(41(-1 10.(46(-1
11.(47(-1

12 (SPECIFY)

.....(48(-1
(SKIP TO Q.20x)

22w. Did any of these pregnancies occur while either you or your wife were practicing birth control?

Yes....(49(-1
No.....-2

22x. During this marriage, how many times were you living apart from your wife for more than three months?

Times
(50) (51)

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

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

1st Months
(53) (54)

2nd Months
(55) (56)

3rd Months
(57) (58)

4th Months
(59) (60)

5th Months
(61) (62)

6th Months
(63) (64)
(GO TO Q.22z)

FIRST/ONLY MARRIAGE

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

Yes....(6X) -1
No..... -2

IF ONLY MARRIAGE

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

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

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

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

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

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

RECORD IN S.R.B. PG 2

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

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

(IF A SECOND MARRIAGE GO TO Q.21a)

01
79-80

SECOND MARRIAGE

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

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

IF LAST MARRIAGE

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

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

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

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

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

Divorced(6X (-1) (ASK Q.21cc)
Widowed..... -2

RECORD IN S.R.B. PG 2

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

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

(IF A THIRD MARRIAGE GO TO Q.22a)

02
79-80

THIRD MARRIAGE

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

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

IF LAST MARRIAGE

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

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

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

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

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

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

RECORD IN S.R.B. PG 2

22cc. In what month and year were you (divorced/widowed/separated)?

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

(RECORD OTHER MARRIAGES IN S.R.B. PG 21-25)

03
79-80

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

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

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

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

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(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

--	--

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(21) (22) (23) (24)

Current..(25) -1

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

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

24e. When was that?

MONTH YEAR
1st

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--	--

(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 PARTNER Q.24h)
No.....-2 }

01
79-80

SECOND PARTNER

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

MONTH YEAR

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--	--

(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

--	--

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(21) (22) (23) (24)

Current..(25) -1

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

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

24L. When was that?

MONTH YEAR
1st

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 -

--	--

(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 PARTNER Q.24o)
No.....-2 }

02
79-80

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.....-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 ADDITIONAL PARTNERS IN S.R.B. PG 26)
No.....-2 }

03
79-80

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

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

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

25b. When was that?

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

25c. What was the outcome of that pregnancy?

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

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

25d. When was that?

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

25e. What was the outcome of that pregnancy?

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

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

25f. When was that?

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

25g. What was the outcome of that pregnancy?

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

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

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

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

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

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

First time

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

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

Second time

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

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

Third Time

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

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

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

Yes. (53(_____ -1
 No..... _____ -2

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

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

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

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

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

Q.27a	Q.27b	Q.27c Year
A. Sterility due to surgery.....(12 (_____) -1	Respondent....(18 (_____) -1 Spouse/partner(19 (_____) -1	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="text-align: center;">(28) (29)</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="text-align: center;">(30) (31)</div>
B. Sterility due to injury, accident, or illness (SPECIFY) _____.(13 (_____) -1	Respondent....(20 (_____) -1 Spouse/partner(21 (_____) -1	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="text-align: center;">(32) (33)</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="text-align: center;">(34) (35)</div>
C. Sterility due to unknown causes.....(14 (_____) -1	Respondent....(22 (_____) -1 Spouse/partner(23 (_____) -1	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="text-align: center;">(36) (37)</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="text-align: center;">(38) (39)</div>
D. Impotence.....(15 (_____) -1		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="text-align: center;">(40) (41)</div>
E. Other known medical or physical conditions (SPECIFY) _____.(16 (_____) -1	Respondent....(24 (_____) -1 Spouse/partner(25 (_____) -1	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="text-align: center;">(42) (43)</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="text-align: center;">(44) (45)</div>
F. Some other reason (SPECIFY) _____.(17 (_____) -1	Respondent....(26 (_____) -1 Spouse/partner(27 (_____) -1	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="text-align: center;">(46) (47)</div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px;"></div> <div style="text-align: center;">(48) (49)</div>

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

(WRITE IN NUMBER)

--	--

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

No children.....(14 (_____ -1 (SKIP TO Q.33)

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

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

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

FIRST CHILD

30f. 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

30h. 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)

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)

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)

SECOND CHILD

31f. Where are (CHILD)'s birth registration 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

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

RECORD IN S.R.B. PG 3

31i. How old was the mother when (CHILD) was born?

 Age
(31) (32)

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)

HAND RESPONDENT CARD "C"

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)

THIRD CHILD

32f. Where are (CHILD)'s birth registration 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

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

RECORD IN S.R.B. PG 3

32i. How old was the mother when (CHILD) was born?

 Age
(31) (32)

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"

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)

FIRST CHILD

30L. How many months did it take her to become pregnant with this child?

--	--

 Months
(46) (47)

Less than 1 month. (48(_____-1
Wasn't trying....._-2

30m. Did (CHILD) have any birth defects?

Yes. (49(_____-1 (ASK Q.30n)

No....._-2 (SKIP TO Q.30o)

30n. What kind of birth defects did (s)he have?
Any others?

30o. Was (CHILD) ever diagnosed as having cancer?

Yes. (50(_____-1 (ASK Q.30p)

No....._-2 (SKIP TO Q.30r)

30p. In what month and year was the diagnosis made?

MONTH		YEAR	

(51) (52) (53) (54)

30q. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57(_____-1

(GO TO Q.30r)

SECOND CHILD

31L. How many months did it take her to become pregnant with this child?

--	--

 Months
(46) (47)

Less than 1 month. (48(_____-1
Wasn't trying....._-2

31m. Did (CHILD) have any birth defects?

Yes. (49(_____-1 (ASK Q.31n)

No....._-2 (SKIP TO Q.31o)

31n. What kind of birth defects did (s)he have?
Any others?

31o. Was (CHILD) ever diagnosed as having cancer?

Yes. (50(_____-1 (ASK Q.31p)

No....._-2 (SKIP TO Q.31r)

31p. In what month and year was the diagnosis made?

MONTH		YEAR	

(51) (52) (53) (54)

31q. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57(_____-1

(GO TO Q.31r)

THIRD CHILD

32L. How many months did it take her to become pregnant with this child?

--	--

 Months
(46) (47)

Less than 1 month. (48(_____-1
Wasn't trying....._-2

32m. Did (CHILD) have any birth defects?

Yes. (49(_____-1 (ASK Q.32n)

No....._-2 (SKIP TO Q.32o)

32n. What kind of birth defects did (s)he have?
Any others?

32o. Was (CHILD) ever diagnosed as having cancer?

Yes. (50(_____-1 (ASK Q.32p)

No....._-2 (SKIP TO Q.32r)

32p. In what month and year was the diagnosis made?

MONTH		YEAR	

(51) (52) (53) (54)

32q. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57(_____-1

(GO TO Q.32r)

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

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

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

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

Yes. Q3 () -1 (ASK Q.34b)

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

34b. How many times have you had pneumonia?

(WRITE IN NUMBER)

times
 (4) (15)

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

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

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

13-14

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

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

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

Part 1	Part 2	Part 3																																													
<p>36c. In what month and year was cancer of the (BODY PART) first diagnosed? [RECORD IN S.R.B. PG 5]</p> <p>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]</p> <p>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]</p> <p>36f. During what month and year did you last consult (NAME FROM Q.36e)? [RECORD IN S.R.B. PG 5]</p> <p>36g. What treatments or medicines did you take for cancer of the (BODY PART)? [MULTIPLE RECORD BELOW]</p> <p>Radiation.....(15(_____-1 Chemotherapy...(16(_____-1 Surgery.....(17(_____-1 Other (SPECIFY) _____(18(_____-1</p> <p>36h. During what month and year did you first receive (EACH TREATMENT CODED IN Q.36g) for cancer of the (BODY PART)?</p> <table border="1"> <thead> <tr> <th></th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td>Radiation....</td> <td>(19) (20)</td> <td>(21) (22)</td> </tr> <tr> <td>Chemo-therapy.</td> <td>(23) (24)</td> <td>(25) (26)</td> </tr> <tr> <td>Surgery..</td> <td>(27) (28)</td> <td>(29) (30)</td> </tr> <tr> <td>Other....</td> <td>(31) (32)</td> <td>(33) (34)</td> </tr> </tbody> </table> <p>(GO TO NEXT BODY PART)</p> <p>01 79-80</p>		MONTH	YEAR	Radiation....	(19) (20)	(21) (22)	Chemo-therapy.	(23) (24)	(25) (26)	Surgery..	(27) (28)	(29) (30)	Other....	(31) (32)	(33) (34)	<p>36i. In what month and year was cancer of the (BODY PART) first diagnosed? [RECORD IN S.R.B. PG 5]</p> <p>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]</p> <p>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]</p> <p>36L. During what month and year did you last consult (NAME FROM Q.36k)? [RECORD IN S.R.B. PG 5]</p> <p>36m. What treatments or medicines did you take for cancer of the (BODY PART)? [MULTIPLE RECORD BELOW]</p> <p>Radiation.....(15(_____-1 Chemotherapy...(16(_____-1 Surgery.....(17(_____-1 Other (SPECIFY) _____(18(_____-1</p> <p>36n. During what month and year did you first receive (EACH TREATMENT CODED IN Q.36m) for cancer of the (BODY PART)?</p> <table border="1"> <thead> <tr> <th></th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td>Radiation....</td> <td>(19) (20)</td> <td>(21) (22)</td> </tr> <tr> <td>Chemo-therapy.</td> <td>(23) (24)</td> <td>(25) (26)</td> </tr> <tr> <td>Surgery..</td> <td>(27) (28)</td> <td>(29) (30)</td> </tr> <tr> <td>Other....</td> <td>(31) (32)</td> <td>(33) (34)</td> </tr> </tbody> </table> <p>(GO TO NEXT BODY PART)</p> <p>02 79-80</p>		MONTH	YEAR	Radiation....	(19) (20)	(21) (22)	Chemo-therapy.	(23) (24)	(25) (26)	Surgery..	(27) (28)	(29) (30)	Other....	(31) (32)	(33) (34)	<p>36o. In what month and year was cancer of the (BODY PART) first diagnosed? [RECORD IN S.R.B. PG 5]</p> <p>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]</p> <p>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]</p> <p>36r. During what month and year did you last consult (NAME FROM Q.36q)? [RECORD IN S.R.B. PG 5]</p> <p>36s. What treatments or medicines did you take for cancer of the (BODY PART)? [MULTIPLE RECORD BELOW]</p> <p>Radiation.....(15(_____-1 Chemotherapy...(16(_____-1 Surgery.....(17(_____-1 Other (SPECIFY) _____(18(_____-1</p> <p>36t. During what month and year did you first receive (EACH TREATMENT CODED IN Q.36s) for cancer of the (BODY PART)?</p> <table border="1"> <thead> <tr> <th></th> <th>MONTH</th> <th>YEAR</th> </tr> </thead> <tbody> <tr> <td>Radiation....</td> <td>(19) (20)</td> <td>(21) (22)</td> </tr> <tr> <td>Chemo-therapy.</td> <td>(23) (24)</td> <td>(25) (26)</td> </tr> <tr> <td>Surgery..</td> <td>(27) (28)</td> <td>(29) (30)</td> </tr> <tr> <td>Other....</td> <td>(31) (32)</td> <td>(33) (34)</td> </tr> </tbody> </table> <p>(GO TO NEXT BODY PART IN S.R.B. PAGE 40)</p> <p>03 79-80</p>		MONTH	YEAR	Radiation....	(19) (20)	(21) (22)	Chemo-therapy.	(23) (24)	(25) (26)	Surgery..	(27) (28)	(29) (30)	Other....	(31) (32)	(33) (34)
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Other....	(31) (32)	(33) (34)																																													

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. _____

2. _____

3. _____

E. FIRST RECEIVED

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

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

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

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

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

RECORD IN S.R.B. - PG 6

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

RECORD IN S.R.B. - PG 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

	DIABETES	THYROID PROBLEMS	ANEMIA	A HEART CONDITION	AN ENLARGED LIVER
ASK Q.38b THROUGH Q.38h FOR EACH BOX "X"ED ON PP. 26-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38b. When did a doctor first tell you that you had (CONDITION)?.....	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7
38c. What is the full name of the doctor who made the diagnosis or the medical facility where the diag- nosis was made?.....	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7
38d. Do you have (CONDITION) now?.....	Yes. (12(-1 (ASK Q.38e) No..... -2 (SKIP TO Q. 38g)	Yes. (12(-1 (ASK Q.38e) No..... -2 (SKIP TO Q. 38g)	Yes. (12(-1 (ASK Q.38e) No..... -2 (SKIP TO Q. 38g)	Yes. (12(-1 (ASK Q.38e) No..... -2 (SKIP TO Q. 38g)	Yes. (12(-1 (ASK Q.38e) No..... -2 (SKIP TO Q. 38g)
38e. Are you currently taking any prescribed medicines for your (CONDITION).....	Yes. (13(-1 (ASK Q.38f) No..... -2 (SKIP TO Q. 38g)	Yes. (13(-1 (ASK Q.38f) No..... -2 (SKIP TO Q. 38g)	Yes. (13(-1 (ASK Q.38f) No..... -2 (SKIP TO Q. 38g)	Yes. (13(-1 (ASK Q.38f) No..... -2 (SKIP TO Q. 38g)	Yes. (13(-1 (ASK Q.38f) No..... -2 (SKIP TO Q. 38g)
38f. What are the names of the medicines you are taking for (CONDITION)? Any others?.....					
38g. When did you last consult a doctor for (CONDITION)?.	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7
38h. What is the full name of the doctor or medical facility you last con- sulted about your (CONDITION)?.....	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7	RECORD IN S.R.B. PAGE 7
(GO TO NEXT CONDITION "X"ED)	(GO TO NEXT CONDITION "X"ED)	(GO TO NEXT CONDITION "X"ED)	(GO TO NEXT CONDITION "X"ED)	(GO TO NEXT CONDITION "X"ED)	(GO TO NEXT CONDITION "X"ED)
61 79-80	62 79-80	63 79-80	64 79-80	65 79-80	

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

JAUNDICE

HEPATITIS

CIRRHOSIS OF THE LIVER

INTESTINAL PARASITES

GALL BLADDER PROBLEMS

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

RECORD IN S.R.B.
PAGE 7

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

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

RECORD IN S.R.B.
PAGE 7

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RECORD IN S.R.B.
PAGE 7

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

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

RECORD IN S.R.B.
PAGE 7

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

66
79-80

67
79-80

68
79-80

69
79-80

70
79-80

	ANY OTHER LIVER CONDITION	A RESPIRATORY CONDITION OTHER THAN PNEUMONIA	ANY OTHER MAJOR CONDITION
ASK Q.38b THROUGH Q.38h FOR EACH BOX "X"ED ON PP. 26-28	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38b. When did a doctor first tell you that you had (CONDITION)?.....	RECORD IN S.R.B. PAGE 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 diag- nosis 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. (1X) -1 (ASK Q.38e) No..... -2 (SKIP TO Q. 38g)	Yes. (1X) -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. (1X) -1 (ASK Q.38e) 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 con- sulted about your (CONDITION)?.....	RECORD IN S.R.B. PAGE 8	RECORD IN S.R.B. PAGE 8	RECORD IN S.R.B. PAGE 9
(GO TO NEXT CONDITION "X"ED)	71 79-80	(GO TO NEXT CONDITION "X"ED) 72 79-80	73 79-80

39. Have you ever had acne on your face?

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

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

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

(WRITE IN YEAR)

--	--

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

First Period

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

4ld. When you had this acne on your face did you also have it on your chest, back, shoulders, arms, or legs?

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

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

41e. Where was that? CODE ALL THAT APPLY

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

41f. When was that?

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

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

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

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

A.	B.	C.
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)	Yes..(68(-1 (ASK Q.42d)	Yes..(70(-1 (ASK Q.42d)
No.....-2 (GO TO NEXT CONDITION)	No.....-2 (GO TO NEXT CONDITION)	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?
<u>RECORD IN S.R.B. - PG 10</u>	<u>RECORD IN S.R.B. - PG 10</u>	<u>RECORD IN S.R.B. - PG 10</u>
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?
<u>RECORD IN S.R.B. - PG 10</u>	<u>RECORD IN S.R.B. - PG 10</u>	<u>RECORD IN S.R.B. - PG 10</u>
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)?
<u>RECORD IN S.R.B. - PG 10</u>	<u>RECORD IN S.R.B. - PG 10</u>	<u>RECORD IN S.R.B. - PG 10</u>
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)?
<u>RECORD IN S.R.B. - PG 10</u>	<u>RECORD IN S.R.B. - PG 10</u>	<u>RECORD IN S.R.B. - PG 10</u>

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?	E. A short period of excessive hair growth caused by lower back pain?
Yes..(71(-1 No.....-2	Yes..(73(-1 No.....-2
b. On what part of your body did you have (CONDITION)? Any other part? 	b. On what part of your body did you have (CONDITION)? Any other part?
c. Did you discuss (CONDITION) with a doctor?	c. Did you discuss (CONDITION) with a doctor?
Yes.(72(-1 (ASK Q.42d)	Yes.(74(-1 (ASK Q.42d)
No.....-2 (GO TO NEXT CONDITION)	No.....-2
d. What was the diagnosis? 	d. What was the diagnosis?
e. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?	e. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?
<u>RECORD IN S.R.B. - PG 10</u>	<u>RECORD IN S.R.B. - PG 10</u>
f. During what month and year was the diagnosis made?	f. During what month and year was the diagnosis made?
<u>RECORD IN S.R.B. - PG 10</u>	<u>RECORD IN S.R.B. - PG 10</u>
g. What is the name of the doctor or medical facility you last consulted about (CONDITION)?	g. What is the name of the doctor or medical facility you last consulted about (CONDITION)?
<u>RECORD IN S.R.B. - PG 10</u>	<u>RECORD IN S.R.B. - PG 10</u>
h. During what month and year did you last consult (NAME IN Q.42g)?	h. During what month and year did you last consult (NAME IN Q.42g)?
<u>RECORD IN S.R.B. - PG 10</u>	<u>RECORD IN S.R.B. - PG 10</u>

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

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

A.	B.	C.
Persistent numbness in any of your limbs?	Persistent tingling sensations in any of your limbs?	Persistent deep burning sensations in any of your limbs?
Yes..(12(-1 No.....-2	Yes..(27(-1 No.....-2	Yes..(42(-1 No.....-2
b. When did you first notice (CONDITION)?	b. When did you first notice (CONDITION)?	b. When did you first notice (CONDITION)?
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(-1 No.....-2	Yes..(32(-1 No.....-2	Yes..(47(-1 No.....-2
e. During what period was the (CONDITION) most intense?	e. During what period was the (CONDITION) most intense?	e. During what period was the (CONDITION) most intense?
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)	FROM MONTH YEAR (48) (49) (50) (51) TO MONTH YEAR (52) (53) (54) (55)
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(-1 (IF NO, GO TO No.....-2 NEXT CONDITION)	Yes..(41(-1 (IF NO, GO TO No.....-2 NEXT CONDITION)	Yes..(56(-1 (IF NO, GO TO No.....-2 NEXT CONDITION)
g. What was the diagnosis?	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?	h. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?	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	RECORD IN S.R.B. - PG 11
i. During what month and year was the diagnosis made?	i. During what month and year was the diagnosis made?	i. During what month and year was the diagnosis made?
RECORD IN S.R.B. - PG 11	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)?	j. What is the name of the doctor or medical facility you last consulted about (CONDITION)?	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	RECORD IN S.R.B. - PG 11
k. During what month and year did you last consult (NAME IN Q.42g)?	k. During what month and year did you last consult (NAME IN Q.42g)?	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	RECORD IN S.R.B. - PG 11

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 (CON-
DITION)?

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?

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 (CON-
DITION)?

Yes..(32(-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?

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

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

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

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

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

(13(_____

(14(_____

(15(_____