

Q.35 Medical Providers -- Pneumonia

1st Time

a. Months/years had that time.

MONTH		YEAR	
(12)	(13)	(14)	(15)

TO		YEAR	
(16)	(17)	(18)	(19)

2nd Time

a. Months/years had that time.

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

TO		YEAR	
(24)	(25)	(26)	(27)

3rd Time

a. Months/years had that time.

MONTH		YEAR	
(28)	(29)	(30)	(31)

TO		YEAR	
(32)	(33)	(34)	(35)

b. Doctor/facility who made diagnosis.

Name _____

Address _____

C/S _____

e. Name of hospital.

Name _____

Address _____

C/S _____

b. Doctor/facility who made diagnosis.

Name _____

Address _____

C/S _____

e. Name of hospital.

Name _____

Address _____

C/S _____

b. Doctor/facility who made diagnosis.

Name _____

Address _____

C/S _____

e. Name of hospital.

Name _____

Address _____

C/S _____

Q.36. Medical Providers -- Cancer

Part 1c. Month/year first diagnosed

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

d. Doctor/facility where first diagnosis made:

Name _____

Address _____

C/S _____

e. Doctor/facility last consulted.

Name _____

Address _____

C/S _____

f. Month/year last consulted.

MONTH		YEAR	
(40)	(41)	(42)	(43)

Part 2c. Month/year first diagnosed

MONTH		YEAR	
(44)	(45)	(46)	(47)

d. Doctor/facility where first diagnosis made:

Name _____

Address _____

C/S _____

e. Doctor/facility last consulted.

Name _____

Address _____

C/S _____

f. Month/year last consulted.

MONTH		YEAR	
(48)	(49)	(50)	(51)

Part 3c. Month/year first diagnosed

MONTH		YEAR	
(52)	(53)	(54)	(55)

d. Doctor/facility where first diagnosis made:

Name _____

Address _____

C/S _____

e. Doctor/facility last consulted.

Name _____

Address _____

C/S _____

f. Month/year last consulted.

MONTH		YEAR	
(56)	(57)	(58)	(59)

Q.36. Medical Providers -- Cancer

Part 4

Part 5

Part 6

c. Month/year first
diagnosed

MONTH		YEAR	
(60)	(61)	(62)	(63)

d. Doctor/facility where
first diagnosis made:

Name _____

Address _____

C/S _____

e. Doctor/facility last
consulted.

Name _____

Address _____

C/S _____

f. Month/year last
consulted.

MONTH		YEAR	
(64)	(65)	(66)	(67)

c. Month/year first
diagnosed

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

d. Doctor/facility where
first diagnosis made:

Name _____

Address _____

C/S _____

e. Doctor/facility last
consulted.

Name _____

Address _____

C/S _____

f. Month/year last
consulted.

MONTH		YEAR	
(72)	(73)	(74)	(75)

c. Month/year first
diagnosed

MONTH		YEAR	
(12)	(13)	(14)	(15)

d. Doctor/facility where
first diagnosis made:

Name _____

Address _____

C/S _____

e. Doctor/facility last
consulted.

Name _____

Address _____

C/S _____

f. Month/year last
consulted.

MONTH		YEAR	
(16)	(17)	(18)	(19)

Q.37 Medical Providers -- Leukemia

b. Month/year first
diagnosed

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

c. Doctor/facility where
first diagnosis made:

Name _____

Address _____

C/S _____

f. Doctor/facility last
consulted.

Name _____

Address _____

C/S _____

g. Month/year last
consulted.

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

9.18. Medical Providers -- OTHER MEDICAL CONDITIONS

DIABETES

h. First told had:

MONTH		YEAR	
(28)	(29)	(30)	(31)

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

g. Doctor last consulted:

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

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

THYROID

b. First told had:

MONTH		YEAR	
(44)	(45)	(46)	(47)

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

g. Doctor last consulted:

MONTH		YEAR	
(48)	(49)	(50)	(51)

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

ANEMIA

b. First told had:

MONTH		YEAR	
(60)	(61)	(62)	(63)

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

g. Doctor last consulted:

MONTH		YEAR	
(64)	(65)	(66)	(67)

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

HEART CONDITION

b. First told had:

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

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

g. Doctor last consulted:

MONTH		YEAR	
(40)	(41)	(42)	(43)

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

ENLARGED LIVER

b. First told had:

MONTH		YEAR	
(52)	(53)	(54)	(55)

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

g. Doctor last consulted:

MONTH		YEAR	
(56)	(57)	(58)	(59)

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

JAUNDICE

b. First told had:

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

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

g. Doctor last consulted:

MONTH		YEAR	
(72)	(73)	(74)	(75)

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

9.38. Medical Providers -- OTHER MEDICAL CONDITIONS (CONTINUED)

HEPATITISCIRRHOSIS OF THE LIVERINTESTINAL PARASITES

b. First told had:

MONTH		YEAR	
(12)	(13)	(14)	(15)

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

b. First told had:

MONTH		YEAR	
(28)	(29)	(30)	(31)

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

b. First told had:

MONTH		YEAR	
(44)	(45)	(46)	(47)

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

g. Doctor last consulted:

MONTH		YEAR	
(16)	(17)	(18)	(19)

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

g. Doctor last consulted:

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

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

g. Doctor last consulted:

MONTH		YEAR	
(48)	(49)	(50)	(51)

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

GALL BLADDEROTHER LIVER CONDITIONOTHER RESPIRATORY

b. First told had:

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

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

b. First told had:

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

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

b. First told had:

MONTH		YEAR	
(52)	(53)	(54)	(55)

e. Doctor/facility where diagnosis made:

Name _____

Address _____

C/S _____

g. Doctor last consulted:

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

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

g. Doctor last consulted:

MONTH		YEAR	
(40)	(41)	(42)	(43)

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

g. Doctor last consulted:

MONTH		YEAR	
(56)	(57)	(58)	(59)

h. Doctor/Facility last consulted.

Name _____

Address _____

C/S _____

Q.38. Medical Providers -- OTHER MEDICAL CONDITIONS (CONTINUED)

OTHER MAJOR CONDITIONS

b. First told had:

MONTH		YEAR	
(60)	(61)	(62)	(63)

e. Doctor/facility where
diagnosis made:

Name _____

Address _____

C/S _____

g. Doctor last consulted:

MONTH		YEAR	
(64)	(65)	(66)	(67)

h. Doctor/Facility last
consulted.

Name _____

Address _____

C/S _____

Q.41. Medical Providers -- Acne

b. Last consulted doctor

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

c. Doctor/facility last
consulted:

Name _____

Address _____

C/S _____

Q.42 -- Medical Providers

A.
PATCHES OF SKIN CHANGE COLORe. Doctor/facility where
diagnosis made:

Name _____

Address _____

C/S _____

f. Month/year diagnosis
made:

MONTH		YEAR	
(12)	(13)	(14)	(15)

g. Doctor/Facility last
consulted.

Name _____

Address _____

C/S _____

h. Month/year last
consulted:

MONTH		YEAR	
(16)	(17)	(18)	(19)

B.
EASIER BRUISING OF SKINe. Doctor/facility where
diagnosis made:

Name _____

Address _____

C/S _____

f. Month/year diagnosis
made:

MONTH		YEAR	
(28)	(29)	(30)	(31)

g. Doctor/Facility last
consulted.

Name _____

Address _____

C/S _____

h. Month/year last
consulted:

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

C.
SKIN EXTRA SENSITIVEe. Doctor/facility where
diagnosis made:

Name _____

Address _____

C/S _____

f. Month/year diagnosis
made:

MONTH		YEAR	
(44)	(45)	(46)	(47)

g. Doctor/Facility last
consulted.

Name _____

Address _____

C/S _____

h. Month/year last
consulted:

MONTH		YEAR	
(48)	(49)	(50)	(51)

D.
RASH ON BACKe. Doctor/facility where
diagnosis made:

Name _____

Address _____

C/S _____

f. Month/year diagnosis
made:

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

g. Doctor/Facility last
consulted.

Name _____

Address _____

C/S _____

h. Month/year last
consulted:

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

E.
EXCESSIVE HAIR GROWTHe. Doctor/facility where
diagnosis made:

Name _____

Address _____

C/S _____

f. Month/year diagnosis
made:

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

h. Doctor/Facility last
consulted.

Name _____

Address _____

C/S _____

h. Month/year last
consulted:

MONTH		YEAR	
(40)	(41)	(42)	(43)

Q.43 -- Medical Providers

A. NUMBNESS IN LIMBS	B. TINGLING IN LIMBS	C. BURNING IN LIMBS
h. Doctor/facility where diagnosis made:	h. Doctor/facility where diagnosis made:	h. Doctor/facility where diagnosis made:
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
C/S _____	C/S _____	C/S _____
i. Month/year diagnosis made:	i. Month/year diagnosis made:	i. Month/year diagnosis made:
<div>MONTH</div> <div>(52) (53)</div> <div>YEAR</div> <div>(54) (55)</div>	<div>MONTH</div> <div>(68) (69)</div> <div>YEAR</div> <div>(70) (71)</div>	<div>MONTH</div> <div>(16) (17)</div> <div>YEAR</div> <div>(18) (19)</div>
j. Doctor/Facility last consulted.	j. Doctor/Facility last consulted.	j. Doctor/Facility last consulted.
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
C/S _____	C/S _____	C/S _____
k. Month/year last consulted:	k. Month/year last consulted:	k. Month/year last consulted:
<div>MONTH</div> <div>(56) (57)</div> <div>YEAR</div> <div>(58) (59)</div>	<div>MONTH</div> <div>(72) (73)</div> <div>YEAR</div> <div>(74) (75)</div>	<div>MONTH</div> <div>(20) (21)</div> <div>YEAR</div> <div>(22) (23)</div>

D. PERSISTENT ACHEs IN LIMBS	E. REDUCTION IN GRIP STRENGTH
h. Doctor/facility where diagnosis made:	h. Doctor/facility where diagnosis made:
Name _____	Name _____
Address _____	Address _____
C/S _____	C/S _____
i. Month/year diagnosis made:	i. Month/year diagnosis made:
<div>MONTH</div> <div>(60) (61)</div> <div>YEAR</div> <div>(62) (63)</div>	<div>MONTH</div> <div>(76) (77)</div> <div>YEAR</div> <div>(78) (79)</div>
j. Doctor/Facility last consulted.	j. Doctor/Facility last consulted.
Name _____	Name _____
Address _____	Address _____
C/S _____	C/S _____
k. Month/year last consulted:	k. Month/year last consulted:
<div>MONTH</div> <div>(64) (65)</div> <div>YEAR</div> <div>(66) (67)</div>	<div>MONTH</div> <div>(12) (13)</div> <div>YEAR</div> <div>(14) (15)</div>

Respondent answer to Q.60 was . . .

Yes.....
No.....

	Record "Yes" or "5"	Check Box If Any Recording In Question Group
62a. Did you lose your appetite.....	_____	} <input type="checkbox"/>
63a. Did you lose weight without trying to -- as much as ten pounds altogether.....	_____	
64a. Did your eating increase so much that you gained ten pounds altogether.....	_____	
65a. Did you have trouble falling asleep, staying asleep, or waking up too early.....	_____	} <input type="checkbox"/>
66a. Were you sleeping too much?.....	_____	
67a. Did you feel tired out all the time?.....	_____	<input type="checkbox"/>
68a. Did you talk or move more slowly than is usual for you?	_____	} <input type="checkbox"/>
69a. Did you have to be moving all the time -- that is, you couldn't sit still and paced up and down?.....	_____	
70a. Was your interest in sex a lot less than usual?.....	_____	<input type="checkbox"/>
71a. Did you have a lot more trouble concentrating than is usual for you?.....	_____	} <input type="checkbox"/>
72a. Did your thoughts come much slower than usual or seem mixed up?.....	_____	
73. Did you feel worthless, sinful, or guilty?.....	_____	<input type="checkbox"/>
74. Did you think a lot about death -- either your own, someone else's, or death in general?.....	_____	} <input type="checkbox"/>
75. Did you feel like you wanted to die?.....	_____	
76. Did you feel so low you thought of committing suicide?.....	_____	
77. Did you attempt suicide?.....	_____	

138a. If you were asked, would you be willing to have a physical examination at a time convenient for you?

Yes.....(59) -1
No..... -2 (ASK Q.138b)

138b. What is your reason for not wanting to have the examination?

138c. Under what conditions would you be willing to have an examination?

(60)

(61)

(62)

(63)

(64)

(65)

(66)

(67)

(68)

(69)

(70)

(71)

141. Additional Civilian Training Programs (0.6)

4th Program	5th Program	6th Program
b. For what kind of work was your next 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?
Q5 (	Q5 (	Q5 (
Q6 (	Q6 (	Q6 (
Q7 (	Q7 (	Q7 (
Q8 (	Q8 (	Q8 (
Q9 (	Q9 (	Q9 (
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	MONTH YEAR	MONTH YEAR
(20) (21) - (22) (23)	(20) (21) - (22) (23)	(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	MONTH YEAR	MONTH YEAR
(24) (25) - (26) (27)	(24) (25) - (26) (27)	(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.141f)	Yes. 28 (-1 (ASK Q.141j)	Yes. 28 (-1 (RETURN TO Q.7)
No. -2 (RETURN TO Q.7)	No. -2 (RETURN TO Q.7)	No. -2

04
79-8005
79-8006
79-80

142. Additional Military Job Training Programs (0.7)

5th Program	5th Program	6th Program
b. For what kind of work was your next 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> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div>(21) (22)</div> <div>(23) (24)</div> </div>	<div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div>(21) (22)</div> <div>(23) (24)</div> </div>	<div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div>(21) (22)</div> <div>(23) (24)</div> </div>
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> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div>(25) (26)</div> <div>(27) (28)</div> </div>	<div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div>(25) (26)</div> <div>(27) (28)</div> </div>	<div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div>(25) (26)</div> <div>(27) (28)</div> </div>
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. 142g) No. -2 (RETURN TO Q.8)	Yes. (29) -1 (ASK Q. 142i) No. -2 (RETURN TO Q.8)	Yes. (29) -1 (RETURN TO Q.8) No. -2

04
79-8005
79-8006
79-80

143-145 Additional jobs (Q.8-13)

Seventh Job

143a. In what month and year did you start your next job that lasted three months or longer?

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

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

RECORD IN S.R.B. - PG 1

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

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

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

e. 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"

f. 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)

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

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

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

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

(28(

(29(

(ASK Q.144a)

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79-80

Eighth Job

144a. In what month and year did you start your next job that lasted three months or longer?

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

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

RECORD IN S.R.B. - PG 1

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

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

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

e. 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"

f. 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)

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

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

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

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

(28(

(29(

(ASK Q.145a)

08
79-80

Ninth Job

145a. In what month and year did you start your next job that lasted three months or longer?

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

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

RECORD IN S.R.B. - PG 1

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

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

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

e. 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"

f. 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)

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

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

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

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

(28(

(29(

(ASK Q.146a)

09
79-80

146-148 Additional Jobs (8-13) Cont'd.

Tenth Job

146a. In what month and year did you start your next job that lasted three months or longer?

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

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

RECORD IN S.R.B. - PG 1

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

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

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

e. 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"

f. 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)

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

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

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

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

(28)

(29)

(ASK Q.147a)

16

19-80

Eleventh Job

147a. In what month and year did you start your next job that lasted three months or longer?

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

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

RECORD IN S.R.B. - PG 1

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

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

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

e. 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"

f. 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)

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

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

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

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

(28)

(29)

(ASK Q.148a)

11

19-80

Twelfth Job

148a. In what month and year did you start your next job that lasted three months or longer?

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

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

RECORD IN S.R.B. - PG 1

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

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

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

e. 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"

f. 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)

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

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

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

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

(28)

(29)

(RETURN TO Q.14a)

12

19-80

149. Additional Periods of Military Service (Q.15)

- a. 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

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

Discharged/
separated. (19) _____ -1 (ASK Q. d)

Still in
(MILITARY)..... -2 (RETURN
TO Q. 16)

- d. 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. 149f)
 No..... -2 (RETURN TO
Q. 16)

04
79-80

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

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

- g. What branch of the military was that?

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

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

Discharged/
separated. (19) _____ -1 (ASK Q. i)

Still in
(MILITARY)..... -2 (RETURN
TO Q. 16)

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

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

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

Yes.. (24) _____ -1 (ASK Q. 149k)
 No..... -2 (RETURN TO
Q. 16)

05
79-80

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

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

- l. What branch of the military was that?

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

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

Discharged/
separated. (19) _____ -1 (ASK Q. n)

Still in
(MILITARY)..... -2 (RETURN
TO Q. 16)

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

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

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

Yes.. (24) _____ -1 (RETURN TO
No..... -2 Q. 16)

06
79-80

150. Additional Countries Stationed (Q.16/17)

Seventh Country	Eighth Country	Ninth Country
a. What was the next country that you were stationed in for more than 90 days while on active duty?	p. What was the next country that you were stationed in for more than 90 days while on active duty?	m. What was the next country that you were stationed in for more than 90 days while on active duty?
(14-15)	(14-15)	(14-15)
(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)	(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)	(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)
No others. (16() -1 (RETURN TO Q.18)	No others. (16() -1 (RETURN TO Q.18)	No others. (16() -1 (RETURN TO Q.18)
b. In what month and year did you begin and end active duty in (COUNTRY)?	b. In what month and year did you begin and end active duty in (COUNTRY)?	n. In what month and year did you begin and end active duty in (COUNTRY)?
<div style="text-align: center;">BEGIN</div> <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div>(17) (18)</div> <div>(19) (20)</div> </div> <div style="text-align: center;">END</div> <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div>(21) (22)</div> <div>(23) (24)</div> </div>	<div style="text-align: center;">BEGIN</div> <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div>(17) (18)</div> <div>(19) (20)</div> </div> <div style="text-align: center;">END</div> <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div>(21) (22)</div> <div>(23) (24)</div> </div>	<div style="text-align: center;">BEGIN</div> <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div>(17) (18)</div> <div>(19) (20)</div> </div> <div style="text-align: center;">END</div> <div style="display: flex; justify-content: space-around;"> <div>MONTH</div> <div>YEAR</div> </div> <div style="display: flex; justify-content: space-around;"> <div>(21) (22)</div> <div>(23) (24)</div> </div>
Current... (25() -1	Current... (25() -1	Current... (25() -1
c. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?	i. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?	o. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?
1. (26-28)	1. (26-28)	1. (26-28)
2. (29-31)	2. (29-31)	2. (29-31)
3. (32-34)	3. (32-34)	3. (32-34)
d. (Do/Did) your duties in (COUNTRY) include flying?	j. (Do/Did) your duties in (COUNTRY) include flying?	p. (Do/Did) your duties in (COUNTRY) include flying?
Yes. (35() -1	Yes. (35() -1	Yes. (35() -1
No..... -2	No..... -2	No..... -2
e. How many flight hours did you log while in (COUNTRY)?	k. How many flight hours did you log while in (COUNTRY)?	q. How many flight hours did you log while in (COUNTRY)?
<div style="display: flex; justify-content: space-around;"> <div>(36) (37) (38)</div> <div>Hours</div> </div>	<div style="display: flex; justify-content: space-around;"> <div>(36) (37) (38)</div> <div>Hours</div> </div>	<div style="display: flex; justify-content: space-around;"> <div>(36) (37) (38)</div> <div>Hours</div> </div>
Other (SPECIFY)	Other (SPECIFY)	Other (SPECIFY)
..... (39() -1	..... (39() -1	..... (39() -1
f. What specific letter and numerical designation(s) did each aircraft have?	L. What specific letter and numerical designation(s) did each aircraft have?	r. What specific letter and numerical designation(s) did each aircraft have?
1. (40-43)	1. (40-43)	1. (40-43)
2. (44-47)	2. (44-47)	2. (44-47)
3. (48-51)	3. (48-51)	3. (48-51)
4. (52-55)	4. (52-55)	4. (52-55)
(ASK Q.150a)	(ASK Q.150a)	(ASK Q.151a)
07 79-80	08 79-80	09 79-80

151. Additional Countries Stationed (Q.16/17)

Tenth Country	Eleventh Country	Twelfth Country
a. What was the next country that you were stationed in for more than 90 days while on active duty?	g. What was the next country that you were stationed in for more than 90 days while on active duty?	m. What was the next country that you were stationed in for more than 90 days while on active duty?
(14-15)	(14-15)	(14-15)
(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)	(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)	(RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)
No others. (16() -1 (RETURN TO Q.18)	No others. (16() -1 (RETURN TO Q.18)	No others. (16() -1 (RETURN TO Q.18)
b. In what month and year did you begin and end active duty in (COUNTRY)?	h. In what month and year did you begin and end active duty in (COUNTRY)?	n. In what month and year did you begin and end active duty in (COUNTRY)?
BEGIN	BEGIN	BEGIN
MONTH YEAR	MONTH YEAR	MONTH YEAR
(17) (18) (19) (20)	(17) (18) (19) (20)	(17) (18) (19) (20)
END	END	END
MONTH YEAR	MONTH YEAR	MONTH YEAR
(21) (22) (23) (24)	(21) (22) (23) (24)	(21) (22) (23) (24)
Current... (25() -1	Current... (25() -1	Current... (25() -1
c. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?	i. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?	o. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the AFSC?
1. (26-28)	1. (26-28)	1. (26-28)
2. (29-31)	2. (29-31)	2. (29-31)
3. (32-34)	3. (32-34)	3. (32-34)
d. (Do/Did) your duties in (COUNTRY) include flying?	j. (Do/Did) your duties in (COUNTRY) include flying?	p. (Do/Did) your duties in (COUNTRY) include flying?
Yes. (35() -1	Yes. (35() -1	Yes. (35() -1
No. -2	No. -2	No. -2
e. How many flight hours did you log while in (COUNTRY)?	k. How many flight hours did you log while in (COUNTRY)?	q. How many flight hours did you log while in (COUNTRY)?
Hours	Hours	Hours
(36) (37) (38)	(36) (37) (38)	(36) (37) (38)
Other (SPECIFY)	Other (SPECIFY)	Other (SPECIFY)
(39() -1	(39() -1	(39() -1
f. What specific letter and numerical designation(s) did each aircraft have?	l. What specific letter and numerical designation(s) did each aircraft have?	r. What specific letter and numerical designation(s) did each aircraft have?
1. (40-43)	1. (40-43)	1. (40-43)
2. (44-47)	2. (44-47)	2. (44-47)
3. (48-51)	3. (48-51)	3. (48-51)
4. (52-55)	4. (52-55)	4. (52-55)
(ASK Q.151g)	(ASK Q.151m)	(RETURN TO Q.18)
10 79-80	11 79-80	12 79-80

152-154. Additional Marriages (Q.18-22)

FOURTH MARRIAGE

152a. In what month and year did you get married the fourth time?

MONTH		YEAR	
(5)	(6)	(7)	(18)

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

RECORD IN S.R.B. PG 2

c. What was her maiden name?

RECORD IN S.R.B. PG 2

d. What is her date of birth?

MONTH		YEAR	
(19)	(20)	(21)	(22)

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

Yes... (23) -1
No..... -2

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

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

No..... -2

Don't know -3 (SKIP TO Q.152L)

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

	MONTH	YEAR
1st	(25) (26)	(27) (28)
	MONTH	YEAR
2nd	(29) (30)	(31) (32)
	MONTH	YEAR
3rd	(33) (34)	(35) (36)
	MONTH	YEAR
4th	(37) (38)	(39) (40)
	(GO TO Q.152h)	

FIFTH MARRIAGE

153a. In what month and year did you get married the fifth time?

MONTH		YEAR	
(5)	(16)	(17)	(18)

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

RECORD IN S.R.B. PG 2

c. What was her maiden name?

RECORD IN S.R.B. PG 2

d. What is her date of birth?

MONTH		YEAR	
(19)	(20)	(21)	(22)

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

Yes... (23) -1
No..... -2

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

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

No..... -2

Don't know -3 (SKIP TO Q.153L)

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

	MONTH	YEAR
1st	(25) (26)	(27) (28)
	MONTH	YEAR
2nd	(29) (30)	(31) (32)
	MONTH	YEAR
3rd	(33) (34)	(35) (36)
	MONTH	YEAR
4th	(37) (38)	(39) (40)
	(GO TO Q.153h)	

SIXTH MARRIAGE

154a. In what month and year did you get married the sixth time?

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

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

RECORD IN S.R.B. PG 2

c. What was her maiden name?

RECORD IN S.R.B. PG 2

d. What is her date of birth?

MONTH		YEAR	
(19)	(20)	(21)	(22)

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

Yes... (23) -1
No..... -2

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

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

No..... -2

Don't know -3 (SKIP TO Q.154L)

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

	MONTH	YEAR
1st	(25) (26)	(27) (28)
	MONTH	YEAR
2nd	(29) (30)	(31) (32)
	MONTH	YEAR
3rd	(33) (34)	(35) (36)
	MONTH	YEAR
4th	(37) (38)	(39) (40)
	(GO TO Q.154h)	

FOURTH MARRIAGE
MISCARRIAGES - Q.152h

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.152i)

FIFTH MARRIAGE
MISCARRIAGES - Q.153h

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.153i)

SIXTH MARRIAGE
MISCARRIAGES - Q.154h

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.154i)

[AFTER Q.152k/153k/154k 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)
2nd: _____ (23-24)
3rd: _____ (25-26)
4th: _____ (27-28)
(GO TO Q.20L)

1st: _____ (21-22)
2nd: _____ (23-24)
3rd: _____ (25-26)
4th: _____ (27-28)
(GO TO Q.21L)

1st: _____ (21-22)
2nd: _____ (23-24)
3rd: _____ (25-26)
4th: _____ (27-28)
(GO TO Q.22L)

FOURTH MARRIAGE
STILLBIRTHS - Q.152n

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.152o)

FIFTH MARRIAGE
STILLBIRTHS - Q.153n

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.153o)

SIXTH MARRIAGE
STILLBIRTHS - Q.154n

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.154o)

[AFTER Q.152p/153p/154p 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)
2nd: _____ (40-41)
3rd: _____ (42-43)
4th: _____ (44-45)
(GO TO Q.152q)

1st: _____ (38-39)
2nd: _____ (40-41)
3rd: _____ (42-43)
4th: _____ (44-45)
(GO TO Q.153q)

1st: _____ (38-39)
2nd: _____ (40-41)
3rd: _____ (42-43)
4th: _____ (44-45)
(GO TO Q.154q)

FOURTH MARRIAGE
ABORTIONS - Q.152a

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.152c)

FIFTH MARRIAGE
ABORTIONS - Q.153a

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.153c)

SIXTH MARRIAGE
ABORTIONS - Q.154a

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.154c)

AFTER Q.152c/153c/154c 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: <input type="text"/> (55-56)	1st: <input type="text"/> (55-56)	1st: <input type="text"/> (55-56)
2nd: <input type="text"/> (57-58)	2nd: <input type="text"/> (57-58)	2nd: <input type="text"/> (57-58)
3rd: <input type="text"/> (59-60)	3rd: <input type="text"/> (59-60)	3rd: <input type="text"/> (59-60)
4th: <input type="text"/> (61-62)	4th: <input type="text"/> (61-62)	4th: <input type="text"/> (61-62)
(GO TO Q.152u)	(GO TO Q.153u)	(GO TO Q.154u)

04
79-80

05
79-80

06
79-80

FOURTH MARRIAGE

152h. 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

i. 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)

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

Yes..(52) -1 (ASK Q.k)
No..... -2 (SKIP TO Q.152L)

k. What did the doctor say caused the miscarriage?

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

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

Yes....(53) -1 (ASK Q.m)
No..... -2 (SKIP TO Q. 152q)

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

	MONTH	YEAR
<u>1st</u>	<u> </u> <u> </u> (54) (55)	<u> </u> <u> </u> (56) (57)
<u>2nd</u>	<u> </u> <u> </u> (58) (59)	<u> </u> <u> </u> (60) (61)
<u>3rd</u>	<u> </u> <u> </u> (62) (63)	<u> </u> <u> </u> (64) (65)
<u>4th</u>	<u> </u> <u> </u> (66) (67)	<u> </u> <u> </u> (68) (69)

(GO TO Q.152n) 04
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FIFTH MARRIAGE

153h. 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

i. 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)

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

Yes..(52) -1 (ASK Q.k)
No..... -2 (SKIP TO Q.153L)

k. What did the doctor say caused the miscarriage?

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

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

Yes....(53) -1 (ASK Q.m)
No..... -2 (SKIP TO Q. 153q)

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

	MONTH	YEAR
<u>1st</u>	<u> </u> <u> </u> (54) (55)	<u> </u> <u> </u> (56) (57)
<u>2nd</u>	<u> </u> <u> </u> (58) (59)	<u> </u> <u> </u> (60) (61)
<u>3rd</u>	<u> </u> <u> </u> (62) (63)	<u> </u> <u> </u> (64) (65)
<u>4th</u>	<u> </u> <u> </u> (66) (67)	<u> </u> <u> </u> (68) (69)

(GO TO Q.153n) 05
79-80

SIXTH MARRIAGE

154h. 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

i. 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)

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

Yes..(52) -1 (ASK Q.k)
No..... -2 (SKIP TO Q.154L)

k. What did the doctor say caused the miscarriage?

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

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

Yes....(53) -1 (ASK Q.m)
No..... -2 (SKIP TO Q. 154q)

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

	MONTH	YEAR
<u>1st</u>	<u> </u> <u> </u> (54) (55)	<u> </u> <u> </u> (56) (57)
<u>2nd</u>	<u> </u> <u> </u> (58) (59)	<u> </u> <u> </u> (60) (61)
<u>3rd</u>	<u> </u> <u> </u> (62) (63)	<u> </u> <u> </u> (64) (65)
<u>4th</u>	<u> </u> <u> </u> (66) (67)	<u> </u> <u> </u> (68) (69)

(GO TO Q.154n) 06
79-80

FOURTH MARRIAGE	FIFTH MARRIAGE	SIXTH MARRIAGE																																																																								
152n. How many months did it take your wife to become pregnant this time? <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px 0;"></div> Months (12) (13) Wasn't trying (14) -1 Don't know..... -2	153n. How many months did it take your wife to become pregnant this time? <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px 0;"></div> Months (12) (13) Wasn't trying (14) -1 Don't know..... -2	154n. How many months did it take your wife to become pregnant this time? <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px 0;"></div> Months (12) (13) Wasn't trying (14) -1 Don't know..... -2																																																																								
o. Did a doctor tell you why this stillbirth might have occurred? Yes. (15) -1 (ASK Q.p) No..... -2 (SKIP TO Q.152q)	o. Did a doctor tell you why this stillbirth might have occurred? Yes. (15) -1 (ASK Q.p) No..... -2 (SKIP TO Q.153q)	o. Did a doctor tell you why this stillbirth might have occurred? Yes. (15) -1 (ASK Q.p) No..... -2 (SKIP TO Q.154q)																																																																								
p. What did the doctor say caused the (1st, etc.) stillbirth? 1st _____ 2nd _____ 3rd _____ 4th _____	p. What did the doctor say caused the (1st, etc.) stillbirth? 1st _____ 2nd _____ 3rd _____ 4th _____	p. What did the doctor say caused the (1st, etc.) stillbirth? 1st _____ 2nd _____ 3rd _____ 4th _____																																																																								
q. Did your wife ever have any pregnancies by you which ended in abortion? Yes... (16) -1 (ASK Q.r) No..... -2 (SKIP TO Q.152u)	q. Did your wife ever have any pregnancies by you which ended in abortion? Yes... (16) -1 (ASK Q.r) No..... -2 (SKIP TO Q.153u)	q. Did your wife ever have any pregnancies by you which ended in abortion? Yes... (16) -1 (ASK Q.r) No..... -2 (SKIP TO Q.154u)																																																																								
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(PROBE: Any others?) 1st <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>MONTH</td><td>YEAR</td></tr><tr><td><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td><td><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td></tr><tr><td>(17) (18)</td><td>(19) (20)</td></tr></table> 2nd <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>MONTH</td><td>YEAR</td></tr><tr><td><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td><td><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td></tr><tr><td>(21) (22)</td><td>(23) (24)</td></tr></table> 3rd <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>MONTH</td><td>YEAR</td></tr><tr><td><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td><td><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td></tr><tr><td>(25) (26)</td><td>(27) (28)</td></tr></table> 4th <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>MONTH</td><td>YEAR</td></tr><tr><td><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td><td><div style="border: 1px solid black; width: 30px; height: 20px;"></div></td></tr><tr><td>(29) (30)</td><td>(31) (32)</td></tr></table>	MONTH	YEAR	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	(17) (18)	(19) (20)	MONTH	YEAR	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	(21) (22)	(23) (24)	MONTH	YEAR	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	(25) (26)	(27) (28)	MONTH	YEAR	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	<div style="border: 1px solid black; width: 30px; height: 20px;"></div>	(29) (30)	(31) (32)	r. When was that? 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(29) (30)	(31) (32)																																																																									
s. How many months did it take your wife to become pregnant this time? <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px 0;"></div> Months (33) (34) Wasn't trying (35) -1 Don't know..... -2	s. How many months did it take your wife to become pregnant this time? <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px 0;"></div> Months (33) (34) Wasn't trying (35) -1 Don't know..... -2	s. How many months did it take your wife to become pregnant this time? <div style="border: 1px solid black; width: 40px; height: 20px; margin: 5px 0;"></div> Months (33) (34) Wasn't trying (35) -1 Don't know..... -2																																																																								
t. What was the main reason for the (1st, etc.) abortion? 1st _____ 2nd _____ 3rd _____ 4th _____ (GO TO Q.152v)	t. What was the main reason for the (1st, etc.) abortion? 1st _____ 2nd _____ 3rd _____ 4th _____ (GO TO Q.153v)	t. What was the main reason for the (1st, etc.) abortion? 1st _____ 2nd _____ 3rd _____ 4th _____ (GO TO Q.154v)																																																																								

FOURTH MARRIAGE	FIFTH MARRIAGE	SIXTH MARRIAGE
<p>152a. (IF ANY CONCEPTIONS -- CHILD, MISCARRIAGE, STILLBIRTH, OR ABORTION: SKIP TO Q.w ALL OTHERS: ASK Q.u) Did either you or your wife use birth control techniques regularly?</p> <p>Yes..(36(-1 (ASK Q.v) No.....-2 (ASK Q.x)</p>	<p>153a. (IF ANY CONCEPTIONS -- CHILD, MISCARRIAGE, STILLBIRTH, OR ABORTION: SKIP TO Q.w ALL OTHERS: ASK Q.u) Did either you or your wife use birth control techniques regularly?</p> <p>Yes..(36(-1 (ASK Q.v) No.....-2 (ASK Q.x)</p>	<p>154a. (IF ANY CONCEPTIONS -- CHILD, MISCARRIAGE, STILLBIRTH, OR ABORTION: SKIP TO Q.w ALL OTHERS: ASK Q.u) Did either you or your wife use birth control techniques regularly?</p> <p>Yes..(36(-1 (ASK Q.v) No.....-2 (ASK Q.x)</p>
<p>HAND RESPONDENT CARD "C"</p> <p>v. Please look at this card and tell me all the numbers that apply to the types of birth control you or your wife normally used.</p>	<p>HAND RESPONDENT CARD "C"</p> <p>v. Please look at this card and tell me all the numbers that apply to the types of birth control you or your wife normally used.</p>	<p>HAND RESPONDENT CARD "C"</p> <p>v. Please look at this card and tell me all the numbers that apply to the types of birth control you or your wife normally used.</p>
<p>01.(37(-1 06.(42(-1 02.(38(-1 07.(43(-1 03.(39(-1 08.(44(-1 04.(40(-1 09.(45(-1 05.(41(-1 10.(46(-1 11.(47(-1</p>	<p>01.(37(-1 06.(42(-1 02.(38(-1 07.(43(-1 03.(39(-1 08.(44(-1 04.(40(-1 09.(45(-1 05.(41(-1 10.(46(-1 11.(47(-1</p>	<p>01.(37(-1 06.(42(-1 02.(38(-1 07.(43(-1 03.(39(-1 08.(44(-1 04.(40(-1 09.(45(-1 05.(41(-1 10.(46(-1 11.(47(-1</p>
<p>12 (SPECIFY)</p> <p>.....(48(-1 (SKIP TO Q.x)</p>	<p>12 (SPECIFY)</p> <p>.....(48(-1 (SKIP TO Q.x)</p>	<p>12 (SPECIFY)</p> <p>.....(48(-1 (SKIP TO Q.x)</p>
<p>w. Did any of these pregnancies occur while either you or your wife were practicing birth control?</p> <p>Yes....(49(-1 No.....-2</p>	<p>w. Did any of these pregnancies occur while either you or your wife were practicing birth control?</p> <p>Yes....(49(-1 No.....-2</p>	<p>w. Did any of these pregnancies occur while either you or your wife were practicing birth control?</p> <p>Yes....(49(-1 No.....-2</p>
<p>x. During this marriage, how many times were you living apart from your wife for more than three months?</p> <p>Times (50) (51)</p>	<p>x. During this marriage, how many times were you living apart from your wife for more than three months?</p> <p>Times (50) (51)</p>	<p>x. During this marriage, how many times were you living apart from your wife for more than three months?</p> <p>Times (50) (51)</p>
<p>Never..(52(-1 (SKIP TO Q.aa/bb)</p>	<p>Never..(52(-1 (SKIP TO Q.aa/bb)</p>	<p>Never..(52(-1 (SKIP TO Q.aa/bb)</p>
<p>y. How many months did you live apart the (first/next) time?</p> <p>1st (53) (54) Months 2nd (55) (56) Months 3rd (57) (58) Months 4th (59) (60) Months 5th (61) (62) Months 6th (63) (64) Months (GO TO 0.152z)</p>	<p>y. How many months did you live apart the (first/next) time?</p> <p>1st (53) (54) Months 2nd (55) (56) Months 3rd (57) (58) Months 4th (59) (60) Months 5th (61) (62) Months 6th (63) (64) Months (GO TO 0.153z)</p>	<p>y. How many months did you live apart the (first/next) time?</p> <p>1st (53) (54) Months 2nd (55) (56) Months 3rd (57) (58) Months 4th (59) (60) Months 5th (61) (62) Months 6th (63) (64) Months (GO TO Q.154z)</p>

FOURTH MARRIAGE

152z.As a result of (this/
these) separations, did
you and your wife have
fewer children than you
wanted to have?

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

IF ONLY MARRIAGE

aa.Are you currently mar-
ried and living with
your wife, or are you
divorced, widowed, or
separated?

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

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

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

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

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

RECORD IN S.R.B. PG 2

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

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

(IF A FIFTH MARRIAGE GO TO
Q.153a)

04
79-80

FIFTH MARRIAGE

153z.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

aa.Are you currently mar-
ried and living with
your wife, or are you
divorced, widowed, or
separated?

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

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

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

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

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

RECORD IN S.R.B. PG 2

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

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

(IF A SIXTH MARRIAGE GO TO
Q.154a)

05
79-80

SIXTH MARRIAGE

154z.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

aa.Are you currently mar-
ried and living with
your wife, or are you
divorced, widowed, or
separated?

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

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

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

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

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

RECORD IN S.R.B. PG 2

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

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

(RETURN TO Q.23a)

06
79-80

155. Additional Partners (Q.24)

FOURTH PARTNER

- a. In what month and year did you begin living with a partner the fourth time?

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

- b. How old was she at that time?

(WRITE IN AGE)

(19)	(20)
------	------

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

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

Current..(25(____-1

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

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

- e. When was that?

1st

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

2nd

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

- f. 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	

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

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

FIFTH PARTNER

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

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

- i. How old was she at that time?

(WRITE IN AGE)

(19)	(20)
------	------

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

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

Current..(25(____-1

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

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

- L. When was that?

1st

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

2nd

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

- m. 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	

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

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

SIXTH PARTNER

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

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

- p. How old was she at that time?

(WRITE IN AGE)

(19)	(20)
------	------

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

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

Current..(25(____-1

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

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

- s. When was that?

1st

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

2nd

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

- t. 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	

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

Yes(37(____-1 } (RETURN TO Q.25a)
No.....-2 }

156. Additional Pregnancies (Q.25)

b. When was that?

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

c. 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.156d)

d. When was that?

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

e. 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.156f)

f. When was that?

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

g. 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?
 (RETURN TO Q.26a)

157-159. Additional Children (Q.30-32)

FOURTH CHILD

NAME: _____

157a. How old is (CHILD) now?

				Age
(15)	(16)			

Child died..(17) -1

b. (Is/Was) (CHILD) male or female?

 Male.....(18) -1
 Female..... -2

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

POUNDS		OUNCES	
(19)	(20)	(21)	(22)

Don't know...(23) -1

d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(24)	(25)	(26) (27) (28) (29)

ALSO RECORD IN S.R.B.-PG 3

e. Was the child premature, full term, or overdue?

 Premature.(30) -1
 Full term..... -2
 Overdue..... -3
 Not sure..... -4

(GO TO Q.157f)

FIFTH CHILD

NAME: _____

158a. How old is (CHILD) now?

				Age
(15)	(16)			

Child died..(17) -1

b. (Is/Was) (CHILD) male or female?

 Male.....(18) -1
 Female..... -2

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

POUNDS		OUNCES	
(19)	(20)	(21)	(22)

Don't know...(23) -1

d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(24)	(25)	(26) (27) (28) (29)

ALSO RECORD IN S.R.B.-PG 3

e. Was the child premature, full term, or overdue?

 Premature.(30) -1
 Full term..... -2
 Overdue..... -3
 Not sure..... -4

(GO TO Q.158f)

SIXTH CHILD

NAME: _____

159a. How old is (CHILD) now?

				Age
(15)	(16)			

Child died..(17) -1

b. (Is/Was) (CHILD) male or female?

 Male.....(18) -1
 Female..... -2

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

POUNDS		OUNCES	
(19)	(20)	(21)	(22)

Don't know...(23) -1

d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(24)	(25)	(26) (27) (28) (29)

ALSO RECORD IN S.R.B.-PG 3

e. Was the child premature, full term, or overdue?

 Premature.(30) -1
 Full term..... -2
 Overdue..... -3
 Not sure..... -4

(GO TO Q.159f)

FOURTH CHILD

157f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

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

RECORD IN S.R.B. PG 3

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

 Age
(31) (32)

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. 33 (-1 (ASK Q.k)

No. -2 (SKIP TO Q.L)

HAND RESPONDENT CARD "C"

k. 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.157L)

FIFTH CHILD

158f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

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

RECORD IN S.R.B. PG 3

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

 Age
(31) (32)

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. 33 (-1 (ASK Q.k)

No. -2 (SKIP TO Q.L)

HAND RESPONDENT CARD "C"

k. 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.158L)

SIXTH CHILD

159f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

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

RECORD IN S.R.B. PG 3

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

 Age
(31) (32)

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. 33 (-1 (ASK Q.k)

No. -2 (SKIP TO Q.L)

HAND RESPONDENT CARD "C"

k. 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.159L)

FOURTH CHILD

157L. How many months did it take her to become pregnant with this child?

Months
(46) (47)

Less than 1 month. (48) -1

Not trying..... -2

m. Did (CHILD) have any birth defects?

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

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

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

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

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

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

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

MONTH YEAR
 -
(51) (52) (53) (54)

q. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) -1

(GO TO Q.157r)

FIFTH CHILD

158L. How many months did it take her to become pregnant with this child?

Months
(46) (47)

Less than 1 month. (48) -1

Not trying..... -2

m. Did (CHILD) have any birth defects?

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

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

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

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

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

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

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

MONTH YEAR
 -
(51) (52) (53) (54)

q. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) -1

(GO TO Q.158r)

SIXTH CHILD

159L. How many months did it take her to become pregnant with this child?

Months
(46) (47)

Less than 1 month. (48) -1

Not trying..... -2

m. Did (CHILD) have any birth defects?

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

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

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

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

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

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

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

MONTH YEAR
 -
(51) (52) (53) (54)

q. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) -1

(GO TO Q.159r)

FOURTH CHILD

157r. (Does/Did) (CHILD) have a diagnosed learning disability?

Yes. (58) (-1 (ASK Q.s)

No. -2 (SKIP TO Q.t)

s. What kind of learning disability (does/did) (s)he have?

t. (Does/Did) (CHILD) have any physical, mental, or motor impairments?

Yes. (59) (-1 (ASK Q.u)

No. -2 (SKIP TO Q.v)

u. What kind of impairment (does/did) (s)he have?

IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO NEXT CHILD

v. On what date did (CHILD) die?

MONTH DAY YEAR

(60) (61) (62) (63) (64) (65)

w. What was the cause of death?

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

RECORD IN S.R.B. PG 3

(GO TO NEXT CHILD Q.158a)

04
79-80

FIFTH CHILD

158r. (Does/Did) (CHILD) have a diagnosed learning disability?

Yes. (58) (-1 (ASK Q.s)

No. -2 (SKIP TO Q.t)

s. What kind of learning disability (does/did) (s)he have?

t. (Does/Did) (CHILD) have any physical, mental, or motor impairments?

Yes. (59) (-1 (ASK Q.u)

No. -2 (SKIP TO Q.v)

u. What kind of impairment (does/did) (s)he have?

IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO NEXT CHILD

v. On what date did (CHILD) die?

MONTH DAY YEAR

(60) (61) (62) (63) (64) (65)

w. What was the cause of death?

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

RECORD IN S.R.B. PG 3

(GO TO NEXT CHILD Q.159a)

05
79-80

SIXTH CHILD

159r. (Does/Did) (CHILD) have a diagnosed learning disability?

Yes. (58) (-1 (ASK Q.s)

No. -2 (SKIP TO Q.t)

s. What kind of learning disability (does/did) (s)he have?

t. (Does/Did) (CHILD) have any physical, mental, or motor impairments?

Yes. (59) (-1 (ASK Q.u)

No. -2 (SKIP TO Q.v)

u. What kind of impairment (does/did) (s)he have?

IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO NEXT CHILD

v. On what date did (CHILD) die?

MONTH DAY YEAR

(60) (61) (62) (63) (64) (65)

w. What was the cause of death?

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

RECORD IN S.R.B. PG 3

(RECORD ADDITIONAL CHILDREN IN S.R.B. - PG 32-35)

06
79-80

160-162. Additional Children (Q.30-32)(CONT'D)

SEVENTH CHILD

NAME: _____

160a. How old is (CHILD) now?

		Age
(15)	(16)	

Child died..(17) -1

b. (Is/Was) (CHILD) male or female?

 Male.....(18) -1
 Female..... -2

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

POUNDS		OUNCES	
(19)	(20)	(21)	(22)

Don't know...(23) -1

d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(24)	(25)	(26) (27) (28) (29)

ALSO RECORD IN S.R.B.-PG 3

e. Was the child premature, full term, or overdue?

 Premature.(30) -1
 Full term..... -2
 Overdue..... -3
 Not sure..... -4

(GO TO Q.160f)

EIGHTH CHILD

NAME: _____

161a. How old is (CHILD) now?

		Age
(15)	(16)	

Child died..(17) -1

b. (Is/Was) (CHILD) male or female?

 Male.....(18) -1
 Female..... -2

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

POUNDS		OUNCES	
(19)	(20)	(21)	(22)

Don't know...(23) -1

d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(24)	(25)	(26) (27) (28) (29)

ALSO RECORD IN S.R.B.-PG 3

e. Was the child premature, full term, or overdue?

 Premature.(30) -1
 Full term..... -2
 Overdue..... -3
 Not sure..... -4

(GO TO Q.161f)

NINTH CHILD

NAME: _____

162a. How old is (CHILD) now?

		Age
(15)	(16)	

Child died..(17) -1

b. (Is/Was) (CHILD) male or female?

 Male.....(18) -1
 Female..... -2

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

POUNDS		OUNCES	
(19)	(20)	(21)	(22)

Don't know...(23) -1

d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(24)	(25)	(26) (27) (28) (29)

ALSO RECORD IN S.R.B.-PG 3

e. Was the child premature, full term, or overdue?

 Premature.(30) -1
 Full term..... -2
 Overdue..... -3
 Not sure..... -4

(GO TO Q.162f)

SEVENTH CHILD

160f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

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

RECORD IN S.R.B. PG 3

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

 Age
(31) (32)

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. (33(-1 (ASK Q.k)

No. -2 (SKIP TO Q.160L)

HAND RESPONDENT CARD "C"

k. 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.160L)

EIGHTH CHILD

161f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

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

RECORD IN S.R.B. PG 3

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

 Age
(31) (32)

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. (33(-1 (ASK Q.k)

No. -2 (SKIP TO Q.161L)

HAND RESPONDENT CARD "C"

k. 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.161L)

NINTH CHILD

162f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

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

RECORD IN S.R.B. PG 3

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

 Age
(31) (32)

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. (33(-1 (ASK Q.k)

No. -2 (SKIP TO Q.162L)

HAND RESPONDENT CARD "C"

k. 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.162L)

SEVENTH CHILD	EIGHTH CHILD	NINTH CHILD
160L. How many months did it take her to become pregnant with this child?	161L. How many months did it take her to become pregnant with this child?	162L. How many months did it take her to become pregnant with this child?
<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> Months (46) (47)	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> Months (46) (47)	<div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px; margin-right: 5px;"></div> Months (46) (47)
Less than 1 month. (48) -1	Less than 1 month. (48) -1	Less than 1 month. (48) -1
Not trying..... -2	Not trying..... -2	Not trying..... -2
m. Did (CHILD) have any birth defects?	m. Did (CHILD) have any birth defects?	m. Did (CHILD) have any birth defects?
Yes. (49) -1 (ASK Q.n)	Yes. (49) -1 (ASK Q.n)	Yes. (49) -1 (ASK Q.n)
No..... -2 (SKIP TO Q.o)	No..... -2 (SKIP TO Q.o)	No..... -2 (SKIP TO Q.o)
n. What kind of birth defects did (s)he have? Any others?	n. What kind of birth defects did (s)he have? Any others?	n. What kind of birth defects did (s)he have? Any others?
o. Was (CHILD) ever diagnosed as having cancer?	o. Was (CHILD) ever diagnosed as having cancer?	o. Was (CHILD) ever diagnosed as having cancer?
Yes. (50) -1 (ASK Q.p)	Yes. (50) -1 (ASK Q.p)	Yes. (50) -1 (ASK Q.p)
No..... -2 (SKIP TO Q.160r)	No..... -2 (SKIP TO Q.161r)	No..... -2 (SKIP TO Q.162r)
p. In what month and year was the diagnosis made?	p. In what month and year was the diagnosis made?	p. In what month and year was the diagnosis made?
<div style="display: flex; justify-content: space-around;"> <div> MONTH <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> (51) (52) </div> <div> YEAR <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> (53) (54) </div> </div>	<div style="display: flex; justify-content: space-around;"> <div> MONTH <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> (51) (52) </div> <div> YEAR <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> (53) (54) </div> </div>	<div style="display: flex; justify-content: space-around;"> <div> MONTH <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> (51) (52) </div> <div> YEAR <div style="border: 1px solid black; display: inline-block; width: 40px; height: 20px;"></div> (53) (54) </div> </div>
q. What kind of cancer was diagnosed?	q. What kind of cancer was diagnosed?	q. What kind of cancer was diagnosed?
(55-56)	(55-56)	(55-56)
Not sure.. (57) -1	Not sure.. (57) -1	Not sure.. (57) -1
(GO TO Q.160r)	(GO TO Q.161r)	(GO TO Q.162r)

SEVENTH CHILDEIGHTH CHILDNINTH CHILD

160r. (Does/Did) (CHILD) have a diagnosed learning disability?

Yes. (58(-1 (ASK Q.s)

No. -2 (SKIP TO Q.t)

s. What kind of learning disability (does/did) (s)he have?

161r. (Does/Did) (CHILD) have a diagnosed learning disability?

Yes. (58(-1 (ASK Q.s)

No. -2 (SKIP TO Q.t)

s. What kind of learning disability (does/did) (s)he have?

162r. (Does/Did) (CHILD) have a diagnosed learning disability?

Yes. (58(-1 (ASK Q.s)

No. -2 (SKIP TO Q.t)

s. What kind of learning disability (does/did) (s)he have?

t. (Does/Did) (CHILD) have any physical, mental, or motor impairments?

Yes. (59(-1 (ASK Q.u)

No. -2 (SKIP TO Q.v)

u. What kind of impairment (does/did) (s)he have?

t. (Does/Did) (CHILD) have any physical, mental, or motor impairments?

Yes. (59(-1 (ASK Q.u)

No. -2 (SKIP TO Q.v)

u. What kind of impairment (does/did) (s)he have?

t. (Does/Did) (CHILD) have any physical, mental, or motor impairments?

Yes. (59(-1 (ASK Q.u)

No. -2 (SKIP TO Q.v)

u. What kind of impairment (does/did) (s)he have?

IF CHILD IS DEAD: CON-
TINUE
OTHERWISE: SKIP TO NEXT
CHILD

v. On what date did (CHILD) die?

MONTH		DAY		YEAR	
(60)	(61)	(62)	(63)	(64)	(65)

w. What was the cause of death?

IF CHILD IS DEAD: CON-
TINUE
OTHERWISE: SKIP TO NEXT
CHILD

v. On what date did (CHILD) die?

MONTH		DAY		YEAR	
(60)	(61)	(62)	(63)	(64)	(65)

w. What was the cause of death?

IF CHILD IS DEAD: CON-
TINUE
OTHERWISE: SKIP TO NEXT
CHILD

v. On what date did (CHILD) die?

MONTH		DAY		YEAR	
(60)	(61)	(62)	(63)	(64)	(65)

w. What was the cause of death?

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

RECORD IN S.R.B. PG 3

(GO TO NEXT CHILD
Q.161a)

07
79-80

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

RECORD IN S.R.B. PG 3

(GO TO NEXT CHILD
Q.162a)

08
79-80

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

RECORD IN S.R.B. PG 3

(RECORD ADDITIONAL CHILDREN
IN S.R.B. - PG 36-39)

09
79-80

163-165. Additional Children (Q.30-32)(CONT'D)

TENTH CHILD

NAME: _____

163a. How old is (CHILD) now?

				Age
(15)	(16)			

Child died..(17) -1

b. (Is/Was) (CHILD) male or female?

 Male.....(18) -1
 Female..... -2

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

POUNDS		OUNCES	
(19)	(20)	(21)	(22)

Don't know...(23) -1

d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(24)	(25)	(26) (27) (28) (29)

[ALSO RECORD IN S.R.B.-PG 3]

e. Was the child premature, full term, or overdue?

 Premature.(30) -1
 Full term..... -2
 Overdue..... -3
 Not sure..... -4

(GO TO Q.163f)

ELEVENTH CHILD

NAME: _____

164a. How old is (CHILD) now?

				Age
(15)	(16)			

Child died..(17) -1

b. (Is/Was) (CHILD) male or female?

 Male.....(18) -1
 Female..... -2

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

POUNDS		OUNCES	
(19)	(20)	(21)	(22)

Don't know...(23) -1

d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(24)	(25)	(26) (27) (28) (29)

[ALSO RECORD IN S.R.B.-PG 3]

e. Was the child premature, full term, or overdue?

 Premature.(30) -1
 Full term..... -2
 Overdue..... -3
 Not sure..... -4

(GO TO Q.164f)

TWELFTH CHILD

NAME: _____

165a. How old is (CHILD) now?

				Age
(15)	(16)			

Child died..(17) -1

b. (Is/Was) (CHILD) male or female?

 Male.....(18) -1
 Female..... -2

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

POUNDS		OUNCES	
(19)	(20)	(21)	(22)

Don't know...(23) -1

d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(24)	(25)	(26) (27) (28) (29)

[ALSO RECORD IN S.R.B.-PG 3]

e. Was the child premature, full term, or overdue?

 Premature.(30) -1
 Full term..... -2
 Overdue..... -3
 Not sure..... -4

(GO TO Q.165f)

TENTH CHILD

163f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

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

RECORD IN S.R.B. PG 3

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

 Age
(31) (32)

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. (33) -1 (ASK Q.k)

No. -2 (SKIP TO Q.163L)

HAND RESPONDENT CARD "C"

k. 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.163L)

ELEVENTH CHILD

164f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

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

RECORD IN S.R.B. PG 3

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

 Age
(31) (32)

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. (33) -1 (ASK Q.k)

No. -2 (SKIP TO Q.164L)

HAND RESPONDENT CARD "C"

k. 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.164L)

TWELFTH CHILD

165f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

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

RECORD IN S.R.B. PG 3

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

 Age
(31) (32)

j. Were either of you using birth control at the time she became pregnant with (CHILD)?

Yes. (33) -1 (ASK Q.k)

No. -2 (SKIP TO Q.165L)

HAND RESPONDENT CARD "C"

k. 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.165L)

TENTH CHILD

163L. How many months did it take her to become pregnant with this child?

--	--

 Months
(46) (47)

Less than 1 month. (46) -1
Not trying..... -2

m. Did (CHILD) have any birth defects?

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

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

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

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

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

No..... -2 (SKIP TO Q.163r)

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

MONTH		YEAR	

(61) (62) (53) (54)

q. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) -1

(GO TO Q.163r)

ELEVENTH CHILD

164L. How many months did it take her to become pregnant with this child?

--	--

 Months
(46) (47)

Less than 1 month. (48) -1
Not trying..... -2

m. Did (CHILD) have any birth defects?

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

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

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

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

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

No..... -2 (SKIP TO Q.164r)

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

MONTH		YEAR	

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

q. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) -1

(GO TO Q.164r)

TWELFTH CHILD

165L. How many months did it take her to become pregnant with this child?

--	--

 Months
(46) (47)

Less than 1 month. (48) -1
Not trying..... -2

m. Did (CHILD) have any birth defects?

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

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

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

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

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

No..... -2 (SKIP TO Q.165r)

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

MONTH		YEAR	

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

q. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) -1

(GO TO Q.165r)

TENTH CHILDELEVENTH CHILDTWELFTH CHILD

163r. (Does/Did) (CHILD) have a diagnosed learning disability?

Yes. (58() -1 (ASK Q.s)

No. -2 (SKIP TO Q.t)

s. What kind of learning disability (does/did) (s)he have?

r. (Does/Did) (CHILD) have any physical, mental, or motor impairments?

Yes. (59() -1 (ASK Q.u)

No. -2 (SKIP TO Q.v)

u. What kind of impairment (does/did) (s)he have?

IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO NEXT CHILD

v. On what date did (CHILD) die?

MONTH	DAY	YEAR
()	()	()
(60)	(61)	(62)
(63)	(64)	(65)

w. What was the cause of death?

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

RECORD IN S.R.B. PG 3

(GO TO NEXT CHILD
Q.164a)

10
79-80

164r. (Does/Did) (CHILD) have a diagnosed learning disability?

Yes. (58() -1 (ASK Q.s)

No. -2 (SKIP TO Q.t)

s. What kind of learning disability (does/did) (s)he have?

t. (Does/Did) (CHILD) have any physical, mental, or motor impairments?

Yes. (59() -1 (ASK Q.u)

No. -2 (SKIP TO Q.v)

u. What kind of impairment (does/did) (s)he have?

IF CHILD IS DEAD: CONTINUE
OTHERWISE: SKIP TO NEXT CHILD

v. On what date did (CHILD) die?

MONTH	DAY	YEAR
()	()	()
(60)	(61)	(62)
(63)	(64)	(65)

w. What was the cause of death?

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

RECORD IN S.R.B. PG 3

(GO TO NEXT CHILD
Q.165a)

11
79-80

165r. (Does/Did) (CHILD) have a diagnosed learning disability?

Yes. (58() -1 (ASK Q.s)

No. -2 (SKIP TO Q.t)

s. What kind of learning disability (does/did) (s)he have?

t. (Does/Did) (CHILD) have any physical, mental, or motor impairments?

Yes. (59() -1 (ASK Q.u)

No. -2 (SKIP TO Q.v)

u. What kind of impairment (does/did) (s)he have?

IF CHILD IS DEAD: CONTINUE
OTHERWISE: RETURN TO Q.33.

v. On what date did (CHILD) die?

MONTH	DAY	YEAR
()	()	()
(60)	(61)	(62)
(63)	(64)	(65)

w. What was the cause of death?

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

RECORD IN S.R.B. PG 3

(RETURN TO Q.33)

12
79-80

166. Additional Cancer (Q.36)

Part 4

166c In what month and year was cancer of the (BODY PART) first diagnosed?

RECORD IN S.R.B. PG 6

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

RECORD IN S.R.B. PG 6

e. 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 6

f. During what month and year did you last consult (NAME FROM Q.c.)

RECORD IN S.R.B. PG 6

g. What treatments or medicines did you take for cancer of the (BODY PART)?

MULTIPLE RECORD BELOW

Radiation.....(15(-1
Chemotherapy...(16(-1
Surgery.....(17(-1
Other (SPECIFY)

.....(18(-1

h. During what month and year did you first receive (EACH TREATMENT CODED IN Q.g) for cancer of the (BODY PART)?

	MONTH		YEAR	
Radiation....	(19)	(20)	(21)	(22)
Chemotherapy..	(23)	(24)	(25)	(26)
Surgery..	(27)	(28)	(29)	(30)
Other....	(31)	(32)	(33)	(34)

(GO TO NEXT BODY PART)

04
79-80

Part 5

166i In what month and year was cancer of the (BODY PART) first diagnosed?

RECORD IN S.R.B. PG 6

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

RECORD IN S.R.B. PG 6

k. 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 6

L. During what month and year did you last consult (NAME FROM Q.k)

RECORD IN S.R.B. PG 6

m. What treatments or medicines did you take for cancer of the (BODY PART)?

MULTIPLE RECORD BELOW

Radiation.....(15(-1
Chemotherapy...(16(-1
Surgery.....(17(-1
Other (SPECIFY)

.....(18(-1

n. During what month and year did you first receive (EACH TREATMENT CODED IN Q.m) for cancer of the (BODY PART)?

	MONTH		YEAR	
Radiation....	(19)	(20)	(21)	(22)
Chemotherapy..	(23)	(24)	(25)	(26)
Surgery..	(27)	(28)	(29)	(30)
Other....	(31)	(32)	(33)	(34)

(GO TO NEXT BODY PART)

05
79-80

Part 6

166o. In what month and year was cancer of the (BODY PART) first diagnosed?

RECORD IN S.R.B. PG 6

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

RECORD IN S.R.B. PG 6

q. 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 6

r. During what month and year did you last consult (NAME FROM Q.q)

RECORD IN S.R.B. PG 6

s. What treatments or medicines did you take for cancer of the (BODY PART)?

MULTIPLE RECORD BELOW

Radiation.....(15(-1
Chemotherapy...(16(-1
Surgery.....(17(-1
Other (SPECIFY)

.....(18(-1

t. During what month and year did you first receive (EACH TREATMENT CODED IN Q.s) for cancer of the (BODY PART)?

	MONTH		YEAR	
Radiation....	(19)	(20)	(21)	(22)
Chemotherapy..	(23)	(24)	(25)	(26)
Surgery..	(27)	(28)	(29)	(30)
Other....	(31)	(32)	(33)	(34)

(RETURN TO Q.37a)

06
79-80

167. Additional Cigarette Periods (Q.45-47)

167c. After that, about how many packs per week did you smoke?

(12)	(13)	packs per week	

d. Until what month and year did you continue to smoke (NUMBER) packs per week on a regular basis?

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

(IF DATE IS THE SAME AS Q.45c: RETURN TO Q.47a.
ALL OTHERS: CONTINUE)

e. After that, about how many packs per week did you smoke?

(18)	(19)	packs per week	

f. Until what month and year did you continue to smoke (NUMBER) packs per week on a regular basis?

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

(RETURN TO Q.47a)

168. Additional Pipe Periods (Q.48-50)

168c. After that, about how many pipefuls per week did you smoke?

(24)	(25)	pipefuls per week	

d. Until what month and year did you continue to smoke (NUMBER) pipefuls per week on a regular basis?

MONTH		YEAR	
(26)	(27)	(28)	(29)

(IF DATE IS THE SAME AS Q.48c: RETURN TO Q.50.
ALL OTHERS: CONTINUE)

e. After that, about how many pipefuls per week did you smoke?

(30)	(31)	pipefuls per week	

f. Until what month and year did you continue to smoke (NUMBER) pipefuls per week on a regular basis?

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

(RETURN TO Q.50a)

169. Additional Cigar Periods (Q.51-53)

169c. After that, about how many cigars per week did you smoke?

(36)	(37)	

 cigars per week

d. Until what month and year did you continue to smoke (NUMBER) cigars per week on a regular basis?

MONTH		YEAR	
(38)	(39)	(40)	(41)

(IF DATE IS THE SAME AS Q.51c: RETURN TO Q.53a.
ALL OTHERS: CONTINUE)

e. After that, about how many cigars per week did you smoke?

(42)	(43)	

 cigars per week

f. Until what month and year did you continue to smoke (NUMBER) cigars per week on a regular basis?

MONTH		YEAR	
(44)	(45)	(46)	(47)

(RETURN TO Q.53a)

170. Additional Drinking Periods (Q.54-56)

170c. After that, about how many drinks per week did you have?

--	--

 drinks per week
 (48) (49)

d. Until what month and year did you continue to drink (NUMBER) drinks per week on a regular basis?

MONTH		YEAR	

 (50) (51) - (52) (53) (IF DATE IS THE SAME AS Q.54c: RETURN TO Q.56a. ALL OTHERS: CONTINUE)

e. After that, about how many drinks per week did you have?

--	--

 drinks per week
 (54) (55)

f. Until what month and year did you continue to drink (NUMBER) drinks per week on a regular basis?

MONTH		YEAR	

 (56) (57) - (58) (59) (RETURN TO Q.56a)

171. Additional Marihuana Periods (Q.57-59)

171c. After that, about how many joints per week did you smoke?

--	--

 joints per week
 (60) (61)

d. Until what month and year did you continue to smoke (NUMBER) joints per week on a regular basis?

MONTH		YEAR	

 (62) (63) - (64) (65) (IF DATE IS THE SAME AS Q.57c: RETURN TO Q.59a. ALL OTHERS: CONTINUE)

e. After that, about how many joints per week did you smoke?

--	--

 joints per week
 (66) (67)

f. Until what month and year did you continue to smoke (NUMBER) joints per week on a regular basis?

MONTH		YEAR	

 (68) (69) - (70) (71) (RETURN TO Q.59a)

Q.172. Additional Jobs and Toxic Substances (Q.130)

SEVENTH JOB

EIGHTH JOB

NINTH JOB

HAND RESPONDENT CARD "G"

172a. While working at (EMPLOYER) as (DUTIES), do/did you come in contact with any of the substances on this card? By contact, I mean that you inhaled, tasted, had skin contact with, or were radiated by any of these substances? **[MULTIPLE RECORD]**

ASK Q.172b FOR EACH SUBSTANCE CODED IN Q.172a.

172b. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)?

01.. <input type="text"/> <input type="text"/> <input type="text"/>	04.. <input type="text"/> <input type="text"/> <input type="text"/>
(19)(20)	(21)(22)
02.. <input type="text"/> <input type="text"/> <input type="text"/>	05.. <input type="text"/> <input type="text"/> <input type="text"/>
(23)(24)	(25)(26)
03.. <input type="text"/> <input type="text"/> <input type="text"/>	06.. <input type="text"/> <input type="text"/> <input type="text"/>
(27)(28)	(29)(30)

All the time (31(-1) } (ASK Q.
Some of (32(-1) } 172d)
the time..... -2

Never..... -3 (GO TO NEXT JOB)

Air filter..... (32(-1)
Goggles..... (33(-1) } (GO TO
Face shield..... (34(-1) } NEXT JOB)
Special clothing.. (35(-1)
Washing facilities (36(-1)

07
79-80

01.. (12(-1	05.. (16(-1
02.. (13(-1	06.. (17(-1
03.. (14(-1	07.. (18(-1
04.. (15(-1	(IF "07,"
	SKIP TO
	NEXT JOB)

01.. <input type="text"/> <input type="text"/> <input type="text"/>	04.. <input type="text"/> <input type="text"/> <input type="text"/>
(19)(20)	(21)(22)
02.. <input type="text"/> <input type="text"/> <input type="text"/>	05.. <input type="text"/> <input type="text"/> <input type="text"/>
(23)(24)	(25)(26)
03.. <input type="text"/> <input type="text"/> <input type="text"/>	06.. <input type="text"/> <input type="text"/> <input type="text"/>
(27)(28)	(29)(30)

All the time (31(-1) } (ASK Q.
Some of (32(-1) } 172d)
the time..... -2

Never..... -3 (GO TO NEXT JOB)

Air filter..... (32(-1)
Goggles..... (33(-1) } (GO TO
Face shield..... (34(-1) } NEXT
Special clothing.. (35(-1) } JOB)
Washing facilities (36(-1)

08
79-80

01.. (12(-1	05.. (16(-1
02.. (13(-1	06.. (17(-1
03.. (14(-1	07.. (18(-1
04.. (15(-1	(IF "07,"
	SKIP TO
	NEXT JOB)

01.. <input type="text"/> <input type="text"/> <input type="text"/>	04.. <input type="text"/> <input type="text"/> <input type="text"/>
(19)(20)	(21)(22)
02.. <input type="text"/> <input type="text"/> <input type="text"/>	05.. <input type="text"/> <input type="text"/> <input type="text"/>
(23)(24)	(25)(26)
03.. <input type="text"/> <input type="text"/> <input type="text"/>	06.. <input type="text"/> <input type="text"/> <input type="text"/>
(27)(28)	(29)(30)

All the time (31(-1) } (ASK Q.
Some of (32(-1) } 172d)
the time..... -2

Never..... -3 (GO TO NEXT JOB)

Air filter..... (32(-1)
Goggles..... (33(-1) } (GO TO
Face shield..... (34(-1) } NEXT JOB)
Special clothing.. (35(-1)
Washing facilities (36(-1)

09
79-80

HAND RESPONDENT CARD "H"

172d. Which of the following did you use on that job? **[MULTIPLE RECORD IF NECESSARY]**

Q.172. Additional Jobs and Toxic Substances (Q.130) (CONT'D)

TENTH JOBELEVENTH JOBTWELFTH JOBHAND RESPONDENT CARD "G"

172a. While working at (EMPLOYER) as (DUTIES), do/did you come in contact with any of the substances on this card? By contact, I mean that you inhaled, tasted, had skin contact with, or were radiated by any of these substances? MULTIPLE RECORD

01..(12(-1 05..(16(-1
02..(13(-1 06..(17(-1
03..(14(-1 07..(18(-1
04..(15(-1 (IF "07,"
SKIP TO
NEXT JOB)

01..(12(-1 05..(16(-1
02..(13(-1 06..(17(-1
03..(14(-1 07..(18(-1
04..(15(-1 (IF "07,"
SKIP TO
NEXT JOB)

01..(12(-1 05..(16(-1
02..(13(-1 06..(17(-1
03..(14(-1 07..(18(-1
04..(15(-1 (IF "07,"
SKIP TO
NEXT JOB)

ASK Q.172b FOR EACH SUBSTANCE CODED IN Q.172a.

172b. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)?

01..() () (19)(20) 04..() () (21)(22)
02..() () (23)(24) 05..() () (25)(26)
03..() () (27)(28) 06..() () (29)(30)

01..() () (19)(20) 04..() () (21)(22)
02..() () (23)(24) 05..() () (25)(26)
03..() () (27)(28) 06..() () (29)(30)

01..() () (19)(20) 04..() () (21)(22)
02..() () (23)(24) 05..() () (25)(26)
03..() () (27)(28) 06..() () (29)(30)

IF ANY SUBSTANCE CODED IN Q.172b, ASK Q.172c

172c. While you were on that job, how often did you wash to remove the (SUBSTANCES) or use protective gear -- would you say all of the time, some of the time, or never?

All the time (31(-1 } (ASK Q.
Some of (32(-1 } 172d)
the time..... -2 }
Never..... -3 (GO TO NEXT
JOB)

All the time (31(-1 } (ASK Q.
Some of (32(-1 } 172d)
the time..... -2 }
Never..... -3 (GO TO
NEXT JOB)

All the time (31(-1 } (ASK Q.
Some of (32(-1 } 172d)
the time..... -2 }
Never..... -3 (RETURN TO
Q.131)

HAND RESPONDENT CARD "H"

172d. Which of the following did you use on that job? MULTIPLE RECORD IF NECESSARY

Air filter.....(32(-1 }
Goggles.....(33(-1 } (GO TO
Face shield.....(34(-1 } NEXT JOB)
Special clothing..(35(-1 }
Washing facilities(36(-1 }

Air filter.....(32(-1 }
Goggles.....(33(-1 } (GO TO
Face shield.....(34(-1 } NEXT
Special clothing..(35(-1 } JOB)
Washing facilities(36(-1 }

Air filter.....(32(-1 }
Goggles.....(33(-1 } (RETURN TO
Face shield.....(34(-1 } Q.131)
Special clothing..(35(-1 }
Washing facilities(36(-1 }

173. Additional Countries and Toxic Substances (Q.133)

SEVENTH COUNTRYEIGHTH COUNTRYNINTH COUNTRYHAND RESPONDENT CARD "G"

173a. In your job assignments while stationed in (COUNTRY), (that time)(do/did) you come in contact with any of the following substances?

ASK Q.173b FOR EACH SUBSTANCE CODED IN Q.173a.

173b. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)?

01..(16)(-1) 05.(20)(-1)
02..(17)(-1) 06.(21)(-1)
03..(18)(-1) 07.(22)(-1)
04..(19)(-1) (IF "07,"
SKIP TO
NEXT
COUNTRY)

01..(23)(24) 04..(25)(26)
02..(27)(28) 05..(29)(30)
03..(31)(32) 06..(33)(34)

All the time.(35)(-1) (ASK Q.
Some of 173d)
the time.....-2
Never.....-3 (GO TO NEXT
COUNTRY)

Air filter.....(36)(-1)
Goggles.....(37)(-1) (GO TO
Face shield.....(38)(-1) NEXT
Special clothing..(39)(-1) COUNTRY)
Washing facilities(40)(-1)

07

(14-15)

01..(16)(-1) 05.(20)(-1)
02..(17)(-1) 06.(21)(-1)
03..(18)(-1) 07.(22)(-1)
04..(19)(-1) (IF "07,"
SKIP TO
NEXT
COUNTRY)

01..(23)(24) 04..(25)(26)
02..(27)(28) 05..(29)(30)
03..(31)(32) 06..(33)(34)

All the time.(35)(-1) (ASK Q.
Some of 173d)
the time.....-2

Never.....-3 (GO TO NEXT
COUNTRY)

Air filter.....(36)(-1)
Goggles.....(37)(-1) (GO TO
Face shield.....(38)(-1) NEXT
Special clothing..(39)(-1) COUNTRY)
Washing facilities(40)(-1)

08

(14-15)

01..(16)(-1) 05.(20)(-1)
02..(17)(-1) 06.(21)(-1)
03..(18)(-1) 07.(22)(-1)
04..(19)(-1) (IF "07,"
SKIP TO
NEXT
COUNTRY)

01..(23)(24) 04..(25)(26)
02..(27)(28) 05..(29)(30)
03..(31)(32) 06..(33)(34)

All the time.(35)(-1) (ASK Q.
Some of 173d)
the time.....-2
Never.....-3 (GO TO NEXT
COUNTRY)

Air filter.....(36)(-1)
Goggles.....(37)(-1) (GO TO
Face shield.....(38)(-1) NEXT
Special clothing..(39)(-1) COUNTRY)
Washing facilities(40)(-1)

09

173. Additional Countries and Toxic Substances (Q.133) (CONT'D)

TENTH COUNTRYELEVENTH COUNTRYTWELFTH COUNTRYHAND RESPONDENT CARD "G"

173a. In your job assignments while stationed in (COUNTRY), (that time (do/did) you come in contact with any of the following substances?

(14-15)

01..(16(-1 05.(20(-1
02..(17(-1 06.(21(-1
03..(18(-1 07.(22(-1
04..(19(-1 (IF "07,"
SKIP TO
NEXT
COUNTRY)

(14-15)

01..(16(-1 05.(20(-1
02..(17(-1 06.(21(-1
03..(18(-1 07.(22(-1
04..(19(-1 (IF "07,"
SKIP TO
NEXT
COUNTRY)

(14-15)

01..(16(-1 05.(20(-1
02..(17(-1 06.(21(-1
03..(18(-1 07.(22(-1
04..(19(-1 (IF "07,"
SKIP TO
NEXT
COUNTRY)

ASK Q.173b FOR EACH SUBSTANCE CODED IN Q.173a.

173b. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)?

01..

(23)	(24)	

 04..

(25)	(26)	

02..

(27)	(28)	

 05..

(29)	(30)	

03..

(31)	(32)	

 06..

(33)	(34)	

01..

(23)	(24)	

 04..

(25)	(26)	

02..

(27)	(28)	

 05..

(29)	(30)	

03..

(31)	(32)	

 06..

(33)	(34)	

01..

(23)	(24)	

 04..

(25)	(26)	

02..

(27)	(28)	

 05..

(29)	(30)	

03..

(31)	(32)	

 06..

(33)	(34)	

IF ANY SUBSTANCE CODED IN Q.173b, ASK Q.173c.

173c. Did you wash to remove the (SUBSTANCE) or did you use protective clothing or gear when stationed in (COUNTRY) -- all of the time, some of the time, or never?

All the time (35(-1 } (ASK Q.
Some of the time..... -2 } 173d)
Never..... -3 (GO TO NEXT COUNTRY)

All the time (35(-1 } (ASK Q.
Some of the time..... -2 } 173d)
Never..... -3 (GO TO NEXT COUNTRY)

All the time (35(-1 } (ASK Q.
Some of the time..... -2 } 173d)
Never..... -3 (RETURN TO Q.134a)

HAND RESPONDENT CARD "H"

173d. Which of the following did you use on that job? MULTIPLE RECORD IF NECESSARY

Air filter.....(36(-1
Goggles.....(37(-1 (GO TO
Face shield.....(38(-1 NEXT
Special clothing..(39(-1 COUNTRY)
Washing facilities(40(-1

Air filter.....(36(-1
Goggles.....(37(-1 (GO TO
Face shield.....(38(-1 NEXT
Special clothing..(39(-1 COUNTRY)
Washing facilities(40(-1

Air filter.....(36(-1 (RETURN
Goggles.....(37(-1 TO Q.
Face shield.....(38(-1 134a)
Special clothing..(39(-1
Washing facilities(40(-1

DEPARTMENT OF THE AIR FORCE
WASHINGTON DC 20330

OFFICE OF THE SECRETARY

James W. Doe
1215 Middle Grove
Norfolk, MD 23456

Dear Mr Doe

The Air Force will soon begin conducting a very comprehensive health assessment of certain Air Force members who served our Nation in the Vietnam conflict. This health assessment is part of a medical study designed to help determine if you or your fellow Vietnam veterans may have had any compromise to your health as a result of exposure to the complex environment of Southeast Asia.

Scientists at the USAF School of Aerospace Medicine have been given the responsibility for conducting this important project. The Air Force Surgeon General will contact you soon with more details and ask for your voluntary participation.

A major focus of the President's program for veterans is the resolution of health issues raised by them. The Air Force and I are committed to doing our part in resolving these issues. I ask that you help us and all Vietnam veterans by voluntarily participating in this major study.

Sincerely,

Verne Orr
Secretary of the Air Force



DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
BOLLING AFB DC 20332

James W. Doe
1215 Middle Grove
Norfolk, MD 23456

Dear Mr Doe

The Air Force is conducting a very comprehensive health assessment of certain Air Force members who served our Nation in the Vietnam conflict. The USAF School of Aerospace Medicine has been given the responsibility for conducting this study.

The purpose of the study is to determine whether there may be any causal relationship between health problems and exposure to the complex and unique environment of the war in Southeast Asia. Simply stated, we do not know if such health effects exist. You are being asked to voluntarily participate in this study because of your unique Southeast Asia experience. Your participation is critical to the success of this study. However, you should not view this invitation to participate as a cause for alarm nor as an implication that you are at risk for any known disease.

To insure the scientific validity of the study, both an in-depth interview and a detailed physical examination will be conducted. The administration of the interview will begin soon under the direction of a nationally recognized health survey organization. You will be contacted by phone or letter to arrange a convenient time for an in-home interview which will take from two to three hours.

Shortly after the interview you will again be contacted to schedule a physical examination at a nationally recognized civilian medical facility. The physical examination will take approximately four days. Every effort will be made to minimize disruption of your normal activities and to facilitate your participation in the study. Travel and per diem will be paid by the Air Force. For those not precluded by law, a stipend of \$100 per day will be paid as a partial compensation for your time.

Our intent is to maintain all individual health data in strictest confidence. In case outside parties attempt to gain access to the data, the Air Force and the Department of Justice are committed to protect this individual confidentiality. Only in the event of an adverse final court decision, or in the highly unlikely instance where serious medical deficiencies must be shared with appropriate medical authorities to protect public health and safety, will any personal health data be revealed. You are referred to the Fact Sheet for further information regarding this matter.

This is perhaps one of the most important health studies undertaken by the Air Force. Your voluntary participation is critical to its success. Although you may feel healthy, numerous Vietnam veterans believe that they have illnesses which may be attributable to service in Southeast Asia. The only way we can get clarification of these difficult questions is through your cooperation and participation.

Sincerely

PAUL W. MYERS
Lieutenant General, USAF, MC
Surgeon General

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Fact Sheet

FACT SHEET

INTRODUCTION

- The USAF School of Aerospace Medicine, Brooks AFB, Texas, is conducting the study.
- You are being invited to participate in this study because of your specific duties and period of assignment in Southeast Asia.

PURPOSE

- To determine whether there is a causal relationship between adverse health effects and exposure to the complex environment of Southeast Asia.

METHODS

- An in-depth health questionnaire will be administered to you by a member of a health evaluation team from Louis Harris and Associates, Inc.
- A complete profile of your current health will be obtained by a physical examination which will be conducted by a nationally recognized outpatient clinic.
- Follow-up abbreviated health questionnaires and physical examinations will be conducted at years 3, 5, 10, 15, and 20 of the study.
- Travel expenses (including board and lodging) for the physical examination will be paid by the Air Force.
- Stipend of \$100 per day will be paid to study participants who are not on active duty, Government employed or otherwise precluded by law from receiving such a stipend.
- Confidentiality is to be maintained except in two cases:
 - A judicial order to release personal medical data following an Air Force and Justice Department defended lawsuit.
 - Serious medical findings which impact public health and safety. Two examples of situations in which public health and safety would raise the questions of disclosure are: a participant has typhoid fever, a participant who directly impacts the safety of others either in his profession, or as a volunteer, is found to have a serious nerve, heart or mental disorder. In this instance a committee composed of a physician (whose specialty is the area of the identified problem), a physician of your choice, a flight surgeon, a judge advocate (lawyer) and a representative from your field of expertise will be convened to review the medical findings. Before any disclosure is made to medical authorities, the committee must determine that the findings jeopardize the public health and safety.

BENEFITS TO YOU

- You will receive a complete health review and physical examination of top level executive calibre at no cost to yourself.

- You will be completely informed of all examination results.

- The information from this study will be provided to a physician of your choice if you so request.

- Questions concerning the study may be referred to the USAF School of Aerospace Medicine, Epidemiology Division, Brooks Air Force Base, Texas 78235, or by calling collect AC 512 536-3309.

- If you have recently changed your address or have an unlisted phone number, please advise the USAF School of Aerospace Medicine at the above address and phone number so that your records may be properly updated.