

LOUIS HARRIS AND ASSOCIATES, INC.
630 FIFTH AVENUE
NEW YORK, NEW YORK 10111

Dear Mr. Doe

Louis Harris and Associates has been asked by the United States Air Force to conduct interviews for a health study of Air Force pilots and servicemen who served during the Vietnam conflict. The U.S. Air Force School of Aerospace Medicine is undertaking this study in order to answer questions about possible health effects of having served in Vietnam.

We need your cooperation in this study. The validity of the results of the study depends on the willingness of veterans like yourself, who have been selected for the survey, to participate. Reliable information will enable us to reach sound conclusions of vital relevance to all Vietnam veterans.

One of our interviewers will be calling you in the next two weeks to arrange an appointment with you. The interview will cover many aspects of your military experience, occupational experience, family history, health history and health care utilization. Since the interview may take one or two hours to complete, we will schedule the interview at your convenience.

Thank you for your cooperation. I hope that you will join us in this important project.

Sincerely,

LOUIS HARRIS

LOUIS HARRIS AND ASSOCIATES, INC.

650 FIFTH AVENUE
NEW YORK, NEW YORK 10011
TEL: 212-675-6100 TELEX: 48380

LOUIS HARRIS FRANCE
21 RUE VIVIENNE
75002 PARIS, FRANCE
TEL: 01-260 9654 TELEX: 200601 F

LOUIS HARRIS INTERNATIONAL INC
OPINION RESEARCH CENTRE
30 WELBECK ST.
LONDON W1M 8AB ENGLAND
TEL: 01-486-6151 TELEX: 24403

PRIVACY ACT STATEMENT - EPIDEMIOLOGIC STUDY

AUTHORITY: Section 133, 1071-87, 3012, 5031 and 8012, Title 10, United States Code and Executive Order 9397.

PRINCIPAL AND PURPOSE(S): The purpose of requesting personal information is to assist medical/technical personnel in developing records relative to your participation in an approved epidemiologic investigation. The Social Security Number (SSN) and Armed Forces Service Number (AFSN) are necessary to identify the person and records.

ROUTINE USES: This information will be used to initiate, coordinate, and conduct the investigation. It will be used to compile statistical data, but information allowing identification of the individual volunteer will not be included. Data and results from this investigation may be used to supplement other approved research studies conducted at the USAF School of Aerospace Medicine or at other Federal agencies engaged in the conduct of similar studies.

WHETHER DISCLOSURE IS MANDATORY OR VOLUNTARY, AND EFFECT ON INDIVIDUAL FOR NOT PROVIDING INFORMATION: Disclosure or requested information is voluntary. If the information is not furnished, acceptance as a subject is not possible. This is an all-inclusive Privacy Act Statement which will apply to all requests for personal information made by medical/technical personnel during the time you are a volunteer subject. A copy of this form will be placed in your investigation subject folder as evidence of this notification.

Your signature merely acknowledges that you have been advised of the foregoing. If requested, a copy of this form will be furnished to you.

Signature of Volunteer

SSN

Date

LIFE EVENTS CHART

U.S. Air Force Survey

YOUR AGE THEN	SCHOOLS	MILITARY EXPERIENCE	OTHER JOBS	MARRIAGE	CHILDREN	DEATH IN FAMILY	MAJOR ILLNESS	OTHER SPECIAL EVENTS
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High School Diploma

High School Equivalency Diploma

Associate of Arts (A.A.)

Bachelor of Arts (B.A.) or Bachelor of
Science (B.S.)

Masters (M.A. or M.S.)

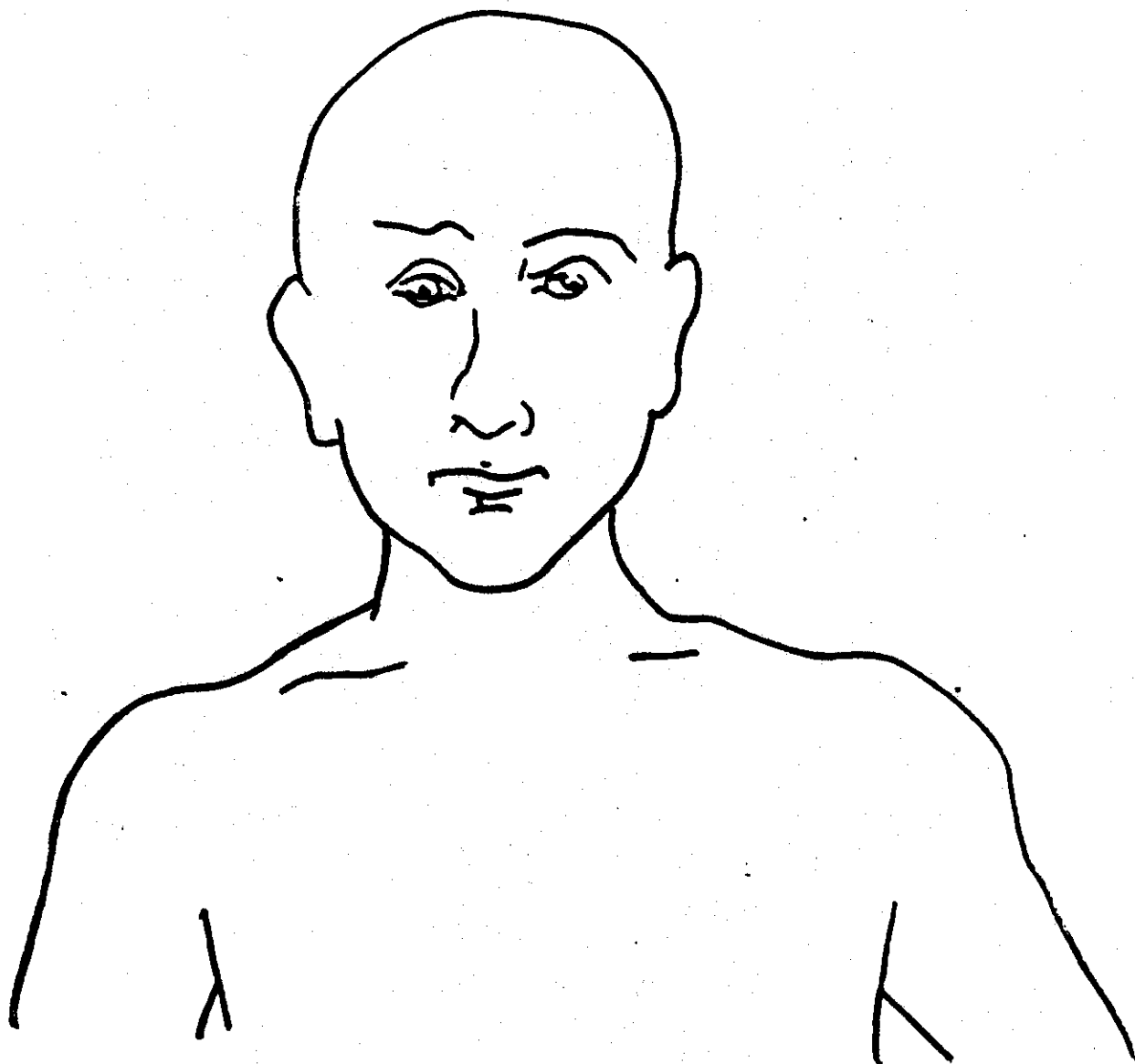
Doctorate (Ph.D., M.D., Ed.D., Sc.D.)

Others

- 01 Aerospace
- 02 Aircraft
- 03 Agriculture
- 04 Automotive
- 05 Chemical
- 06 Electronic
- 07 Mining
- 08 Pest Control
- 09 Petroleum
- 10 Textile
- 11 None Apply

- 01 Pill
- 02 Douche
- 03 Foam
- 04 Jelly, Cream, Suppository
- 05 IUD
- 06 Condom, Rubber
- 07 Diaphragm
- 08 Diaphragm and Jelly.
- 09 Rhythm - Calendar
- 10 Rhythm - Temperature
- 11 Withdrawal
- 12 Other

- a. Sterility due to surgery
- b. Known sterility due to injury, accident, or illness
- c. Sterility due to unknown causes
- d. Impotence
- e. Other known medical/physical conditions
- f. Some other reason



Very often

Fairly often

Sometimes

Almost never

Never

- 01 Asbestos
- 02 X-ray or nuclear radiation
- 03 Industrial chemicals
- 04 Defoliants or herbicides
- 05 Insecticides or pesticides
- 06 Degreasing chemicals
- 07 None of these

Air filter

Goggles

Face shield

Special clothing

Washing facilities

- A. \$5,000-\$9,999
- B. \$10,000-\$14,999
- C. \$15,000-\$19,999
- D. \$20,000-\$24,999
- E. \$25,000-\$29,999
- F. \$30,000-\$34,999
- G. \$35,000-\$39,999
- H. \$40,000-\$44,999
- I. \$45,000-\$49,999
- J. \$50,000-\$54,999
- K. \$55,000-\$59,999
- L. \$60,000-\$64,999
- M. \$65,000-\$69,999
- N. \$70,000-\$74,999
- O. \$75,000-\$79,999
- P. \$80,000-\$84,999
- Q. \$85,000-\$89,999
- R. \$90,000-\$94,999
- S. \$95,000-\$99,999
- T. \$100,000 or more

SELF-ADMINISTERED SHEET

These next questions are about how you have felt during the last three months.
 For each question, please circle a number for the one answer that comes closest to the way you have been feeling during the last three months.

1. How often did you become nervous or jumpy when faced with excitement or unexpected situations during the past 3 months?

- Always..... 1 (17)
- Very often..... 2
- Fairly often..... 3
- Sometimes..... 4
- Almost never..... 5
- Never..... 6

2. How much of the time, during the past 3 months, did you feel relaxed and free of tension?

- All of the time..... 1 (18)
- Most of the time..... 2
- A good deal of the time... 3
- Some of the time..... 4
- A little of the time..... 5
- None of the time..... 6

3. During the past 3 months, how much of the time have you felt restless, fidgety, or impatient?

- All of the time..... 1 (19)
- Most of the time..... 2
- A good deal of the time... 3
- Some of the time..... 4
- A little of the time..... 5
- None of the time..... 6

4. During the past 3 months, have you been anxious or worried?

- Yes, extremely so, to the point of being sick or almost sick..... 1 (20)
- Yes, very much so..... 2
- Yes, quite a lot..... 3
- Yes, some, enough to bother me..... 4
- Yes, a little bit..... 5
- No, not at all..... 6

PLEASE TURN OVER.

5. How often, during the past 3 months, have you been waking up feeling fresh and rested?

- Always, every day..... 1 (21)
- Almost every day..... 2
- Most days..... 3
- Some days, but usually not 4
- Hardly ever..... 5
- Never wake up feeling rested..... 6

6. During the past 3 months, how often did your hands shake when you tried to do something?

- Always, every day..... 1 (22)
- Very often..... 2
- Most days..... 3
- Some days, but usually not 4
- Hardly ever..... 5

7. How much of the time during the past 3 months have you felt calm and peaceful?

- All of the time..... 1 (23)
- Most of the time..... 2
- A good deal of the time... 3
- Some of the time..... 4
- A little of the time..... 5
- None of the time..... 6

8. During the past 3 months, how often did you get rattled, upset, or confused?

- Always..... 1 (24)
- Very often..... 2
- Fairly often..... 3
- Sometimes..... 4
- Almost never..... 5
- Never..... 6

9. How much have you been bothered by nervousness, or your "nerves," during the past 3 months?

- Extremely so, to the point where I could not take care of things..... 1 (25)
- Very much bothered..... 2
- Bothered quite a lot by nerves..... 3
- Bothered some, enough to notice..... 4
- Bothered just a little by nerves 5
- Not bothered at all by nerves..... 6

When you have completed items 1-9, return this sheet to interviewer.

LOUIS HARRIS AND ASSOCIATES, INC.

630 FIFTH AVENUE

NEW YORK, NEW YORK 10111

TEL (212) 975-1600 TELEX 148383

LOUIS HARRIS FRANCE

21 RUE VIVIENNE

75002 PARIS, FRANCE

TEL 01-260-9854 TELEX: 200601 F

LOUIS HARRIS INTERNATIONAL, INC

OPINION RESEARCH CENTRE

30 WELBECK ST.

LONDON W1M 8AB ENGLAND

TEL 01-486-5151 TELEX: 24403

UNITED STATES AIR FORCE HEALTH STUDY

Name of Medical Provider/Medical Facility

Street Address

City State Zip

()

Phone Number

Dear Doctor or Administrator:

I am participating in a survey conducted for the United States Air Force to gather information on the health of current and former Air Force personnel. As part of this survey, medical providers who have delivered health care services to me are being asked to supplement the information that I have already provided to the study.

By this statement or a photocopy of it, I hereby authorize and request you to furnish the United States Air Force Health Study with any medical information in your records concerning the health services received by me, _____.

These services were provided during the period _____
to _____.

Thank you very much.

Sincerely,

Resp. # _____

Signature of Patient

FOR OFFICE USE ONLY:

Date

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LOUIS HARRIS AND ASSOCIATES INC

330 FIFTH AVENUE

NEW YORK, NEW YORK 10001

TEL 212 975 1601 TELEX 49381

LOUIS HARRIS FRANCE

2 RUE VIVIER

75002 PARIS, FRANCE

TEL 01-260-9654 TELEX 200601 F

LOUIS HARRIS INTERNATIONAL INC

OPINION RESEARCH CENTRE

30 WELBECK ST

LONDON W1M 8AB ENGLAND

TEL 01-466-5151 TELEX 24402

Dear

Louis Harris and Associates has been asked by the United States Air Force to conduct a study of the health of Air Force pilots and servicemen who served during the Vietnam conflict. The U.S. Air Force School of Aerospace Medicine is undertaking this study in order to answer questions about possible effects of having served in Vietnam.

I have just completed an interview with Louis Harris and Associates on the United States Air Force Health Study. As part of this study, they would like to interview the former wives of study participants. You will be asked to provide information on health and health care services. It is essential to the accuracy and completeness of the study that all selected participants and their families participate in the study. Reliable information will help produce sound conclusions of vital relevance to all Vietnam veterans and their families.

I would appreciate it very much if you also would grant a representative of Louis Harris and Associates an interview. Shortly after receiving this letter, you will be called on by an interviewer from Louis Harris and Associates who, at your convenience, will either conduct the interview or set up an appointment. The interviewer will answer any questions you may have about the study.

Thank you.

Sincerely,

(SIGNATURE OF STUDY RESPONDENT)

(PRINTED NAME OF STUDY RESPONDENT)

LOUIS HARRIS AND ASSOCIATES, INC
630 Fifth Avenue
New York, New York 10111

812039
Air Force Health Survey

FOR OFFICE USE ONLY:

Case # _____

Respondent # _____

INTERVIEW EVALUATION

INTERVIEWER: _____

COMPLETE THE FOLLOWING IN PRIVATE IMMEDIATELY AFTER THE INTERVIEW, USING YOUR BEST JUDGMENT TO ANSWER EACH ITEM.

1. Race of respondent: Black.....
Nonblack.....
- 2a. Did the respondent want to terminate the interview before it was finished?
No..... (SKIP TO Q3a)
Yes..... (ANSWER 2b AND 2c)
- 2b. At what question number or during what question series?

- 2c. What was the reason? _____
- 3a. Were there any (other) significant problems during the interview?
No..... (SKIP TO Q4a)
Yes..... (ANSWER 3b)
- 3b. Describe the problems. _____
- 4a. Did respondent refer to records during the interview?
No..... (SKIP TO Q5a)
Yes..... (ANSWER 4b)
- 4b. What records did the respondent use? _____
- 5a. Was anyone else present at any time during the interview?
No..... (SKIP TO Q6)
Yes..... (ANSWER 5b and 5c)
- 5b. Who was present? **RECORD RELATIONSHIP** _____
- 5c. During which section(s)? _____
6. Length of interview:

--	--	--

 minutes

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

Study # 812039

AIR FORCE HEALTH SURVEY
MAILING TRANSMITTAL FORM

TO: New York Office
Louis Harris and Associates

FROM: Interviewer Name - Please Print _____

This package contains the following material for _____

Study Subject Respondent Number _____

Write in NUMBER of each item being sent on the line at the right

STUDY SUBJECT INTERVIEW

Study Subject Name Assignment Sheet.....

Study Subject Privacy Act Statement (Signed).....

Study Subject Questionnaire.....

Study Subject Supplemental Recording Book.....

Study Subject Self Administered Form.....

Study Subject Medical Consent Form.....

Study Subject Former Wife Consent Letter.....

Study Subject Interviewer Evaluation Form.....

PRESENT WIFE INTERVIEW

Privacy Act Statement (Signed).....

Spouse Questionnaire.....

Spouse Supplemental Recording Book.....

Spouse Medical Consent Form.....

Spouse Interviewer Evaluation Form.....

FORMER WIFE

Former Wife Name Assignment Sheet.....

Privacy Act Statement (Signed).....

Spouse Questionnaire.....

Spouse Supplemental Recording Book.....

Spouse Medical Consent Form.....

Spouse Interviewer Evaluation Form.....

PROXY INTERVIEW

Proxy Name Assignment Sheet.....

Privacy Act Statement (Signed).....

Proxy Questionnaire.....

Proxy Supplemental Recording Book.....

Proxy Medical Consent.....

Proxy Interviewer Evaluation.....

Received: _____

Date _____

Checked in by: _____

CHAPTER II

SPOUSE QUESTIONNAIRE

The following Spouse/Partner Questionnaire was used to collect baseline data for the Epidemiologic Investigation of Health Effects in Air Force Personnel Following Exposure to Herbicide Orange. This data was collected during 1981-1982. All available spouse/partners, both present and former, were included in this data collection effort. The questionnaire and supplemental recording book are the actual field instruments. They have been photocopied and reduced for the purpose of this report. Additional field documents, such as show cards, are included as attachments to the questionnaire. Additional attachments include: Introductory Letter, Privacy Act Statement, Medical Permission Form, Interview Evaluation, and Mailing Transmittal Form. The Spouse/Partner Questionnaire, as used in the field, follows.

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

O.M.B. NUMBER
0701-0033
Approval Expires
11/30/82

FOR OFFICE USE ONLY:

Case No. 12-17

Study No. 812039

Respondent #: 5-8

SPOUSE QUESTIONNAIRE

CONFIDENTIAL

Present wife.....(18) -1
Former wife..... -2

This study is being conducted to collect information on the health of current and former Air Force personnel and their families. I will be asking background questions and questions about health.

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

1. What is your date of birth?

(WRITE IN DATE)

MONTH		DAY		YEAR	
(19)	(20)	(21)	(22)	(23)	(24)

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

(WRITE IN NUMBER)

--	--

 children (ASK Q.3)
(25) (26)

No children.....(27(-1 (SKIP TO Q.8)

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

RECORD FIRST AND LAST NAMES OF ALL CHILDREN IN S.R.B. - PAGE 1. WRITE IN THE FIRST NAME ONLY AT THE TOP OF THE APPROPRIATE COLUMN(S).

FIRST CHILD	SECOND CHILD	THIRD CHILD																								
NAME: _____	NAME: _____	NAME: _____																								
4a. How old is (CHILD) now? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Age (28) (29)			5a. How old is (CHILD) now? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Age (28) (29)			6a. How old is (CHILD) now? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> Age (28) (29)																				
Child died..(30(<u> </u> -1	Child died..(30(<u> </u> -1	Child died..(30(<u> </u> -1																								
4b. (Is/Was) (CHILD) male or female? Male.....(31(<u> </u> -1 Female..... <u> </u> -2	5b. (Is/Was) (CHILD) male or female? Male.....(31(<u> </u> -1 Female..... <u> </u> -2	6b. (Is/Was) (CHILD) male or female? Male.....(31(<u> </u> -1 Female..... <u> </u> -2																								
4c. How much did (CHILD) weigh at birth? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td colspan="2" style="text-align: center;">POUNDS</td><td colspan="2" style="text-align: center;">OUNCES</td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (32) (33) (34) (35)	POUNDS		OUNCES						5c. How much did (CHILD) weigh at birth? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td colspan="2" style="text-align: center;">POUNDS</td><td colspan="2" style="text-align: center;">OUNCES</td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (32) (33) (34) (35)	POUNDS		OUNCES						6c. How much did (CHILD) weigh at birth? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td colspan="2" style="text-align: center;">POUNDS</td><td colspan="2" style="text-align: center;">OUNCES</td></tr><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (32) (33) (34) (35)	POUNDS		OUNCES					
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POUNDS		OUNCES																								
POUNDS		OUNCES																								
Don't know...(36(<u> </u> -1	Don't know...(36(<u> </u> -1	Don't know...(36(<u> </u> -1																								
4d. What is (CHILD)'s birth-date? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (37) (38) (39) (40) (41) (42)							5d. What is (CHILD)'s birth-date? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (37) (38) (39) (40) (41) (42)							6d. What is (CHILD)'s birth-date? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> (37) (38) (39) (40) (41) (42)												
ALSO RECORD IN S.R.B.-PG 1	ALSO RECORD IN S.R.B.-PG 1	ALSO RECORD IN S.R.B.-PG 1																								
4e. Was the child premature, full term, or overdue? Premature..(43(<u> </u> -1 } (ASK Q.4f) Overdue..... <u> </u> -2 }	5e. Was the child premature, full term, or overdue? Premature..(43(<u> </u> -1 } (ASK Q.5f) Overdue..... <u> </u> -2 }	6e. Was the child premature, full term, or overdue? Premature..(43(<u> </u> -1 } (ASK Q.6f) Overdue..... <u> </u> -2 }																								
Full term..... <u> </u> -3 } (SKIP TO Q.4g) Not sure..... <u> </u> -4 }	Full term..... <u> </u> -3 } (SKIP TO Q.5g) Not sure..... <u> </u> -4 }	Full term..... <u> </u> -3 } (SKIP TO Q.6g) Not sure..... <u> </u> -4 }																								
4f. How many weeks (overdue/premature) was (CHILD)? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> weeks (44) (45) (GO TO Q.4g)			5f. How many weeks (overdue/premature) was (CHILD)? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> weeks (44) (45) (GO TO Q.5g)			6f. How many weeks (overdue/premature) was (CHILD)? <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> weeks (44) (45) (GO TO Q.6g)																				

FIRST CHILD	SECOND CHILD	THIRD CHILD
<p>4g. Where are (CHILD)'s birth registration records located? In what city and state is that?</p> <p><u>RECORD IN S.R.B. PG 1</u></p>	<p>5g. Where are (CHILD)'s birth registration records located? In what city and state is that?</p> <p><u>RECORD IN S.R.B. PG 1</u></p>	<p>6g. Where are (CHILD)'s birth registration records located? In what city and state is that?</p> <p><u>RECORD IN S.R.B. PG 1</u></p>
<p>4h. Where are (CHILD)'s current medical records located? In what city and state is that?</p> <p><u>RECORD IN S.R.B. PG 1</u></p>	<p>5h. Where are (CHILD)'s current medical records located? In what city and state is that?</p> <p><u>RECORD IN S.R.B. PG 1</u></p>	<p>6h. Where are (CHILD)'s current medical records located? In what city and state is that?</p> <p><u>RECORD IN S.R.B. PG 1</u></p>
<p>4i. What was (CHILD)'s father's full name?</p> <p><u>RECORD IN S.R.B. PG 1</u></p>	<p>5i. What was (CHILD)'s father's full name?</p> <p><u>RECORD IN S.R.B. PG 1</u></p>	<p>6i. What was (CHILD)'s father's full name?</p> <p><u>RECORD IN S.R.B. PG 1</u></p>
<p>4j. How old were you when (CHILD) was born?</p> <p><u> </u> <u> </u> Age (46) (47)</p>	<p>5j. How old were you when (CHILD) was born?</p> <p><u> </u> <u> </u> Age (46) (47)</p>	<p>6j. How old were you when (CHILD) was born?</p> <p><u> </u> <u> </u> Age (46) (47)</p>
<p>4k. Were either of you using birth control at the time you became pregnant with (CHILD)?</p> <p>Yes. (48(<u> </u> -1 (ASK Q.4L)</p> <p>No. -2 (SKIP TO Q.4m)</p>	<p>5k. Were either of you using birth control at the time you became pregnant with (CHILD)?</p> <p>Yes. (48(<u> </u> -1 (ASK Q.5L)</p> <p>No. -2 (SKIP TO Q.5m)</p>	<p>6k. Were either of you using birth control at the time you became pregnant with (CHILD)?</p> <p>Yes. (48(<u> </u> -1 (ASK Q.6L)</p> <p>No. -2 (SKIP TO Q.6m)</p>
<p><u>HAND RESPONDENT CARD "C"</u></p> <p>4L. 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?</p> <p>01.(49(<u> </u> -1 06.(54(<u> </u> -1 02.(50(<u> </u> -1 07.(55(<u> </u> -1 03.(51(<u> </u> -1 08.(56(<u> </u> -1 04.(52(<u> </u> -1 09.(57(<u> </u> -1 05.(53(<u> </u> -1 10.(58(<u> </u> -1 11.(59(<u> </u> -1</p> <p>12 (SPECIFY)</p> <p> .(60(<u> </u> -1</p> <p>(GO TO Q.4m)</p>	<p><u>HAND RESPONDENT CARD "C"</u></p> <p>5L. 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?</p> <p>01.(49(<u> </u> -1 06.(54(<u> </u> -1 02.(50(<u> </u> -1 07.(55(<u> </u> -1 03.(51(<u> </u> -1 08.(56(<u> </u> -1 04.(52(<u> </u> -1 09.(57(<u> </u> -1 05.(53(<u> </u> -1 10.(58(<u> </u> -1 11.(59(<u> </u> -1</p> <p>12 (SPECIFY)</p> <p> .(60(<u> </u> -1</p> <p>(GO TO Q.5m)</p>	<p><u>HAND RESPONDENT CARD "C"</u></p> <p>6L. 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?</p> <p>01.(49(<u> </u> -1 06.(54(<u> </u> -1 02.(50(<u> </u> -1 07.(55(<u> </u> -1 03.(51(<u> </u> -1 08.(56(<u> </u> -1 04.(52(<u> </u> -1 09.(57(<u> </u> -1 05.(53(<u> </u> -1 10.(58(<u> </u> -1 11.(59(<u> </u> -1</p> <p>12 (SPECIFY)</p> <p> .(60(<u> </u> -1</p> <p>(GO TO Q.6m)</p>

FIRST CHILD

4m. How many months did it take you to become pregnant with this child?

		Months
(61)	(62)	

Less than 1 month. (63(_____-1
Wasn't trying.....-2

4n. Did (CHILD) have any birth defects?

Yes. (64(_____-1 (ASK Q.4o)

No.....-2 (SKIP TO Q.4p)

4o. What kind of birth defects did (s)he have? Any others?

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

Yes. (65(_____-1 (ASK Q.4q)

No.....-2 (SKIP TO Q.4s)

4q. In what month and year was the diagnosis made?

MONTH		YEAR	
(66)	(67)	(68)	(69)

4r. What kind of cancer was diagnosed?

Not sure..(70(_____-1

(GO TO Q.4s)

01
79-80

SECOND CHILD

5m. How many months did it take you to become pregnant with this child?

		Months
(61)	(62)	

Less than 1 month. (63(_____-1
Wasn't trying.....-2

5n. Did (CHILD) have any birth defects?

Yes. (64(_____-1 (ASK Q.5o)

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

5o. What kind of birth defects did (s)he have? Any others?

5p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65(_____-1 (ASK Q.5q)

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

5q. In what month and year was the diagnosis made?

MONTH		YEAR	
(66)	(67)	(68)	(69)

5r. What kind of cancer was diagnosed?

Not sure..(70(_____-1

(GO TO Q.5s)

02
79-80

THIRD CHILD

6m. How many months did it take you to become pregnant with this child?

		Months
(61)	(62)	

Less than 1 month. (63(_____-1
Wasn't trying.....-2

6n. Did (CHILD) have any birth defects?

Yes. (64(_____-1 (ASK Q.6o)

No.....-2 (SKIP TO Q.6p)

6o. What kind of birth defects did (s)he have? Any others?

6p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65(_____-1 (ASK Q.6q)

No.....-2 (SKIP TO Q.6s)

6q. In what month and year was the diagnosis made?

MONTH		YEAR	
(66)	(67)	(68)	(69)

6r. What kind of cancer was diagnosed?

Not sure..(70(_____-1

(GO TO Q.6s)

03
79-80

FIRST CHILD	SECOND CHILD	THIRD CHILD
4s. (Does/Did)(CHILD) have a diagnosed learning disability?	5s. (Does/Did)(CHILD) have a diagnosed learning disability?	6s. (Does/Did)(CHILD) have a diagnosed learning disability?
Yes.(12(-1 (ASK Q.4t)	Yes.(12(-1 (ASK Q.5t)	Yes.(12(-1 (ASK Q.6t)
No.....-2 (SKIP TO Q.4u)	No.....-2 (SKIP TO Q.5u)	No.....-2 (SKIP TO Q.6u)
4t. What kind of learning disability (does/did) (s)he have?	5t. What kind of learning disability (does/did) (s)he have?	6t. What kind of learning disability (does/did) (s)he have?
4u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?	5u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?	6u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?
Yes.(13(-1 (ASK Q.4v)	Yes.(13(-1 (ASK Q.5v)	Yes.(13(-1 (ASK Q.6v)
No.....-2 (SKIP TO Q.4w)	No.....-2 (SKIP TO Q.5w)	No.....-2 (SKIP TO Q.6w)
4v. What kind of impairment (does/did) (s)he have?	5v. What kind of impairment (does/did) (s)he have?	6v. What kind of impairment (does/did) (s)he have?
IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO Q.4z	IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO Q.5z	IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO Q.6z
4w. On what date did (CHILD) die?	5w. On what date did (CHILD) die?	6w. On what date did (CHILD) die?
MONTH DAY YEAR (14) (15) (16) (17) (18) (19)	MONTH DAY YEAR (14) (15) (16) (17) (18) (19)	MONTH DAY YEAR (14) (15) (16) (17) (18) (19)
4x. What was the cause of death?	5x. What was the cause of death?	6x. What was the cause of death?
4y. Where is (CHILD)'s death registered? In what city and state is that?	5y. Where is (CHILD)'s death registered? In what city and state is that?	6y. Where is (CHILD)'s death registered? In what city and state is that?
RECORD IN S.R.B. PG 1	RECORD IN S.R.B. PG 1	RECORD IN S.R.B. PG 1
(GO TO Q.4z)	(GO TO Q.5z)	(GO TO Q.6z)

FIRST CHILD	SECOND CHILD	THIRD CHILD						
4z. Did you smoke on a fairly regular basis during this pregnancy?	5z. Did you smoke on a fairly regular basis during this pregnancy?	6z. Did you smoke on a fairly regular basis during this pregnancy?						
Yes..(20(-1 (ASK Q.4aa)	Yes..(20(-1 (ASK Q.5aa)	Yes..(20(-1 (ASK Q.6aa)						
No.....-2 (SKIP TO NEXT CHILD)	No.....-2 (SKIP TO NEXT CHILD)	No.....-2 (SKIP TO NEXT CHILD)						
4aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.	5aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.	6aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.						
<table border="1"><tr><td></td><td></td></tr></table> Packs (21) (22)			<table border="1"><tr><td></td><td></td></tr></table> Packs (21) (22)			<table border="1"><tr><td></td><td></td></tr></table> Packs (21) (22)		
Less than one pack..(23(-1	Less than one pack..(23(-1	Less than one pack..(23(-1						
4bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?	5bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?	6bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?						
Yes..(24(-1 (ASK Q.4cc)	Yes..(24(-1 (ASK Q.5cc)	Yes..(24(-1 (ASK Q.6cc)						
No.....-2 (GO TO NEXT CHILD)	No.....-2 (GO TO NEXT CHILD)	No.....-2 (GO TO NEXT CHILD)						
4cc. About how many drinks a week would you say that you had during this pregnancy?	5cc. About how many drinks a week would you say that you had during this pregnancy?	6cc. About how many drinks a week would you say that you had during this pregnancy?						
<table border="1"><tr><td></td><td></td></tr></table> drinks (25) (26) 01 79-80 (GO TO NEXT CHILD)			<table border="1"><tr><td></td><td></td></tr></table> drinks (25) (26) 02 79-80 (GO TO NEXT CHILD)			<table border="1"><tr><td></td><td></td></tr></table> drinks (25) (26) 03 79-80 (RECORD ADDITIONAL CHILDREN IN S.R.B. PAGE 4)		

CARD 007

IF ANY CHILDREN: ASK Q.7.
IF NO CHILDREN: SKIP TO Q.8.

7. Did you and (STUDY RESPONDENT) have the number of children you planned on?

Yes.....(12(-1 } (SKIP TO Q.9)
No.....-2 }

8. Did you and (STUDY RESPONDENT) plan to have children?

Yes.....(13(-1
No.....-2

9a. Did you and (STUDY RESPONDENT) ever try for a period of a year or more to conceive a child without being able to?

Yes.....(14(_____-1 (ASK Q.9b)

No.....-2 (SKIP TO Q.11)

9b. For how many periods of one year or more did this happen?

 periods
(15) (16)

Not sure.....(17(_____-1

FIRST PERIOD

10a. In what month and year did the first period begin? And in what month and year did it end?

FROM
MONTH YEAR
 -
(18) (19) (20) (21)
TO
MONTH YEAR
 -
(22) (23) (24) (25)

10b. How old were you in (BEGINNING DATE OF PERIOD)?

 AGE
(26) (27)

10c. During this period did either of you see a doctor to discuss any difficulties in conceiving children?

Yes.....(28(_____-1
No.....-2

(GO TO NEXT PERIOD)

SECOND PERIOD

10d. In what month and year did the second period begin? And in what month and year did it end?

FROM
MONTH YEAR
 -
(18) (19) (20) (21)
TO
MONTH YEAR
 -
(22) (23) (24) (25)

10e. How old were you in (BEGINNING DATE OF PERIOD)?

 AGE
(26) (27)

10f. During this period did either of you see a doctor to discuss any difficulties in conceiving children?

Yes.....(28(_____-1
No.....-2

02
79-80

(GO TO NEXT PERIOD)

THIRD PERIOD

10g. In what month and year did the third period begin? And in what month and year did it end?

FROM
MONTH YEAR
 -
(18) (19) (20) (21)
TO
MONTH YEAR
 -
(22) (23) (24) (25)

10h. How old were you in (BEGINNING DATE OF PERIOD)?

 AGE
(26) (27)

10i. During this period did either of you see a doctor to discuss any difficulties in conceiving children?

Yes.....(28(_____-1
No.....-2

03
79-80

(RECORD ADDITIONAL PERIODS
IN S.R.B. PAGE 19)

11. Did you ever have difficulties in conceiving a child with any other husband or partner?

Yes.....(29(_____-1
No.....-2
No other husband/
partner.....-3

01
79-80

ASK EVERYONE **HAND RESPONDENT CARD "D-1"**

12a. There are many reasons that some couples find it difficult or impossible to conceive a child. Please read this card and tell me the letter for each reason which ever applied to (STUDY RESPONDENT). Any other reason?

ASK Q.12b AND Q.12c FOR EACH REASON IN Q.12a.

12b. Did reason (LETTER) apply to you or your spouse? **MULTIPLE RECORD BELOW**

12c. In what year did this occur or become known to you?

	Q.12a	Q.12b	Q.12c Year
A.			
Sterility due to surgery.....	(12) -1	Spouse respondent..(18) -1	(30) (31)
		Study respondent..(19) -1	(32) (33)
B.			
Sterility due to injury, accident, or illness (SPECIFY)	(13) -1	Spouse respondent..(20) -1	(34) (35)
		Study respondent..(21) -1	(36) (37)
C.			
Sterility due to unknown causes.....	(14) -1	Spouse respondent..(22) -1	(38) (39)
		Study respondent..(23) -1	(40) (41)
D.			
Lack of interest in sex.....	(15) -1	Spouse respondent..(24) -1	(42) (43)
		Study respondent..(25) -1	(44) (45)
E.			
Other known medical or physical conditions (SPECIFY)	(16) -1	Spouse respondent..(26) -1	(46) (47)
		Study respondent..(27) -1	(48) (49)
F.			
Some other reason (SPECIFY)	(17) -1	Spouse respondent..(28) -1	(50) (51)
		Spouse respondent..(29) -1	(52) (53)

13. Now I'd like to know about any other pregnancies you had that did not end in live births -- that is, any pregnancies that ended in miscarriage, stillbirth, or abortion. Did you ever have a pregnancy that ended in miscarriage, stillbirth, or abortion?

Yes.....(12(_____-1 (ASK Q.14)

No....._____-2 } (SKIP TO Q.18a)
Not sure....._____-3 }

14. How many such pregnancies did you have?

--	--

 Number
(13) (14)

PREGNANCY 1

15a. In what month and year did the first such pregnancy end?

--	--

 MONTH

--	--

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

15b. Did this pregnancy end in a miscarriage, stillbirth, or abortion?

Miscarriage..(19(_____-1
Stillbirth....._____-2
Abortion....._____-3

15c. After how many weeks did the pregnancy end?

--	--

 Weeks
(20) (21)

15d. How old were you at that time?

(WRITE IN AGE)

--	--

(22) (23)

15e. Was (STUDY RESPONDENT) your partner in this pregnancy?

Yes.(24(_____-1
No....._____-2

15f. Were either of you using birth control at the time you became pregnant?

Yes.(25(_____-1 (ASK Q.15g)
No....._____-2 (SKIP TO Q.15h)

(GO TO Q.15 g/h)

PREGNANCY 2

16a. In what month and year did the next such pregnancy end?

--	--

 MONTH

--	--

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

16b. Did this pregnancy end in a miscarriage, stillbirth, or abortion?

Miscarriage..(19(_____-1
Stillbirth....._____-2
Abortion....._____-3

16c. After how many weeks did the pregnancy end?

--	--

 Weeks
(20) (21)

16d. How old were you at that time?

(WRITE IN AGE)

--	--

(22) (23)

16e. Was (STUDY RESPONDENT) your partner in this pregnancy?

Yes.(24(_____-1
No....._____-2

16f. Were either of you using birth control at the time you became pregnant?

Yes.(25(_____-1 (ASK Q.16g)
No....._____-2 (SKIP TO Q.16h)

(GO TO Q.16g/h)

PREGNANCY 3

17a. In what month and year did the next such pregnancy end?

--	--

 MONTH

--	--

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

17b. Did this pregnancy end in a miscarriage, stillbirth, or abortion?

Miscarriage..(19(_____-1
Stillbirth....._____-2
Abortion....._____-3

17c. After how many weeks did the pregnancy end?

--	--

 Weeks
(20) (21)

17d. How old were you at that time?

(WRITE IN AGE)

--	--

(22) (23)

17e. Was (STUDY RESPONDENT) your partner in this pregnancy?

Yes.(24(_____-1
No....._____-2

17f. Were either of you using birth control at the time you became pregnant?

Yes.(25(_____-1 (ASK Q.17g)
No....._____-2 (SKIP TO Q.17h)

(GO TO Q.17g/h)

PREGNANCY 1

PREGNANCY 2

PREGNANCY 3

[HAND RESPONDENT CARD "C"]

15g. Please look at this card and tell me all the numbers that apply to the types of birth control you or your partner were using.

01.(26(-1 06.(31(-1
02.(27(-1 07.(32(-1
03.(28(-1 08.(33(-1
04.(29(-1 09.(34(-1
05.(30(-1 10.(35(-1
11.(36(-1

12 (SPECIFY)

.(37(-1

15h. How many months did it take you to become pregnant this time?

Months
(38) (39)

Less than 1 month.(40(-1
Wasn't trying.....-2

15i. (IF MISCARRIAGE OR STILLBIRTH IN Q.15b, ASK Q.15i. IF ABORTION IN Q.15b, SKIP TO Q.15m)

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

Yes.(41(-1 (ASK Q.15j)
No.....-2 (SKIP TO Q.15n)

15j. What did the doctor say caused the (miscarriage/stillbirth)?

15k. What is the name of the doctor or medical facility that you consulted about this?

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

15L. In what month and year was that?

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

(SKIP TO Q.5n)

(GO TO NEXT PAGE)

[HAND RESPONDENT CARD "C"]

16g. Please look at this card and tell me all the numbers that apply to the types of birth control you or your partner were using.

01.(26(-1 06.(31(-1
02.(27(-1 07.(32(-1
03.(28(-1 08.(33(-1
04.(29(-1 09.(34(-1
05.(30(-1 10.(35(-1
11.(36(-1

12 (SPECIFY)

.(37(-1

16h. How many months did it take you to become pregnant this time?

Months
(38) (39)

Less than 1 month.(40(-1
Wasn't trying.....-2

16i. (IF MISCARRIAGE OR STILLBIRTH IN Q.16b, ASK Q.16i. IF ABORTION IN Q.16b, SKIP TO Q.16m)

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

Yes.(41(-1 (ASK Q.16j)
No.....-2 (SKIP TO Q.16n)

16j. What did the doctor say caused the (miscarriage/stillbirth)?

16k. What is the name of the doctor or medical facility that you consulted about this?

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

16L. In what month and year was that?

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

(SKIP TO Q.6n)

(GO TO NEXT PAGE)

[HAND RESPONDENT CARD "C"]

17g. Please look at this card and tell me all the numbers that apply to the types of birth control you or your partner were using.

01.(26(-1 06.(31(-1
02.(27(-1 07.(32(-1
03.(28(-1 08.(33(-1
04.(29(-1 09.(34(-1
05.(30(-1 10.(35(-1
11.(36(-1

12 (SPECIFY)

.(37(-1

17h. How many months did it take you to become pregnant this time?

Months
(38) (39)

Less than 1 month.(40(-1
Wasn't trying.....-2

17i. (IF MISCARRIAGE OR STILLBIRTH IN Q.17b, ASK Q.17i. IF ABORTION IN Q.17b, SKIP TO Q.17m)

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

Yes.(41(-1 (ASK Q.17j)
No.....-2 (SKIP TO Q.17n)

17j. What did the doctor say caused the (miscarriage/stillbirth)?

17k. What is the name of the doctor or medical facility that you consulted about this?

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

17L. In what month and year was that?

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

(SKIP TO Q.7n)

(GO TO NEXT PAGE)

PREGNANCY 1	PREGNANCY 2	PREGNANCY 3
15m. What was the main reason for the abortion?	16m. What was the main reason for the abortion?	17m. What was the main reason for the abortion?
15n. Did you smoke cigarettes on a fairly regular basis during this pregnancy?	16n. Did you smoke cigarettes on a fairly regular basis during this pregnancy?	17n. Did you smoke cigarettes on a fairly regular basis during this pregnancy?
Yes..(42(-1 (ASK Q.15o)	Yes..(42(-1 (ASK Q.16o)	Yes..(42(-1 (ASK Q.17o)
No.....-2 (SKIP TO Q.15p)	No.....-2 (SKIP TO Q.16p)	No.....-2 (SKIP TO Q.17p)
15o. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.	16o. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.	17o. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Packs</div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> (43) (44) </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Packs</div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> (43) (44) </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>Packs</div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> (43) (44) </div>
Less than one pack..(45(-1	Less than one pack..(45(-1	Less than one pack..(45(-1
15p. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?	16p. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?	17p. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?
Yes..(46(-1 (ASK Q.15q)	Yes..(46(-1 (ASK Q.16q)	Yes..(46(-1 (ASK Q.17q)
No.....-2 (GO TO NEXT PREGNANCY)	No.....-2 (GO TO NEXT PREGNANCY)	No.....-2 (GO TO NEXT PREGNANCY)
15q. About how many drinks a week would you say that you had during this pregnancy?	16q. About how many drinks a week would you say that you had during this pregnancy?	17q. About how many drinks a week would you say that you had during this pregnancy?
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>drinks</div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> (47) (48) </div> <div style="text-align: center; margin-top: 10px;"> <u>01</u> 79-80 </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>drinks</div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> (47) (48) </div> <div style="text-align: center; margin-top: 10px;"> <u>02</u> 79-80 </div>	<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-right: 5px;"></div> <div>drinks</div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> (47) (48) </div> <div style="text-align: center; margin-top: 10px;"> <u>03</u> 79-80 </div>
(GO TO NEXT PREGNANCY)	(GO TO NEXT PREGNANCY)	(RECORD ADDITIONAL PREGNANCIES IN S.R.B. PAGE 20)

18a. We would like your consent for the doctors and medical facilities you mentioned during this interview to provide medical records to the Air Force Health Survey. These records will help us obtain more detailed information about the health services you talked about.

TURN TO S.R.B. PG 3. ENTER NAMES OF MEDICAL PROVIDERS ON APPROPRIATE PERMISSION FORMS AND ASK RESPONDENT TO SIGN EACH FORM.

FOR EACH SIGNED FORM, ASK:

18b. What is the current address of (DOCTOR/FACILITY)?

Thank you for participating in the Air Force Health Study!

TIME INTERVIEW ENDED: _____ (am/pm)

LOUIS HARRIS AND ASSOCIATES, INC.
630 Fifth Avenue
New York, New York 10111

FOR OFFICE USE ONLY:

Case No. : _____

Study No. 812039

O.M.B. NUMBER
0701-0033
Approval Expires
11/30/82

Respondent #: _____

CONFIDENTIAL

AIR FORCE HEALTH SURVEY
SUPPLEMENTAL RECORDING BOOK
SPOUSE QUESTIONNAIRE

CARD

Q.4a-6a and 19-21 CHILDREN

CHILD	Q.29 NAME	d. BIRTHDATE	g. BIRTH RECORDS	h. CURRENT MEDICAL RECORDS	i. FATHER'S FULL NAME	y. DEATH RECORDS
FIRST	First _____ Last _____	<div>MONTH DAY YEAR</div> <div> <div>1</div><div>2</div><div>3</div> <div>4</div><div>5</div><div>6</div> <div>7</div><div>8</div><div>9</div> </div>	<div>Place _____</div> <div>C/S _____</div>	<div>Place _____</div> <div>C/S _____</div>	<div>First _____</div> <div>Last _____</div>	<div>Place _____</div> <div>C/S _____</div>
SECOND	First _____ Last _____	<div>MONTH DAY YEAR</div> <div> <div>1</div><div>2</div><div>3</div> <div>4</div><div>5</div><div>6</div> <div>7</div><div>8</div><div>9</div> </div>	<div>Place _____</div> <div>C/S _____</div>	<div>Place _____</div> <div>C/S _____</div>	<div>First _____</div> <div>Last _____</div>	<div>Place _____</div> <div>C/S _____</div>
THIRD	First _____ Last _____	<div>MONTH DAY YEAR</div> <div> <div>1</div><div>2</div><div>3</div> <div>4</div><div>5</div><div>6</div> <div>7</div><div>8</div><div>9</div> </div>	<div>Place _____</div> <div>C/S _____</div>	<div>Place _____</div> <div>C/S _____</div>	<div>First _____</div> <div>Last _____</div>	<div>Place _____</div> <div>C/S _____</div>
FOURTH	First _____ Last _____	<div>MONTH DAY YEAR</div> <div> <div>1</div><div>2</div><div>3</div> <div>4</div><div>5</div><div>6</div> <div>7</div><div>8</div><div>9</div> </div>	<div>Place _____</div> <div>C/S _____</div>	<div>Place _____</div> <div>C/S _____</div>	<div>First _____</div> <div>Last _____</div>	<div>Place _____</div> <div>C/S _____</div>
FIFTH	First _____ Last _____	<div>MONTH DAY YEAR</div> <div> <div>1</div><div>2</div><div>3</div> <div>4</div><div>5</div><div>6</div> <div>7</div><div>8</div><div>9</div> </div>	<div>Place _____</div> <div>C/S _____</div>	<div>Place _____</div> <div>C/S _____</div>	<div>First _____</div> <div>Last _____</div>	<div>Place _____</div> <div>C/S _____</div>
SIXTH	First _____ Last _____	<div>MONTH DAY YEAR</div> <div> <div>1</div><div>2</div><div>3</div> <div>4</div><div>5</div><div>6</div> <div>7</div><div>8</div><div>9</div> </div>	<div>Place _____</div> <div>C/S _____</div>	<div>Place _____</div> <div>C/S _____</div>	<div>First _____</div> <div>Last _____</div>	<div>Place _____</div> <div>C/S _____</div>

CARD

Q.4a-6a and 22-24 CHILDREN

CHILD	Q.29 NAME	d. BIRTHDATE	g. BIRTH RECORDS	h. CURRENT MEDICAL RECORDS	i. FATHER'S FULL NAME	y. DEATH RECORDS
SEVENTH	First _____ Last _____	<div>MONTH DAY YEAR</div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div>	<div>Place _____</div> <div>C/S _____</div>	<div>Place _____</div> <div>C/S _____</div>	<div>First _____</div> <div>Last _____</div>	<div>Place _____</div> <div>C/S _____</div>
EIGHTH	First _____ Last _____	<div>MONTH DAY YEAR</div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div>	<div>Place _____</div> <div>C/S _____</div>	<div>Place _____</div> <div>C/S _____</div>	<div>First _____</div> <div>Last _____</div>	<div>Place _____</div> <div>C/S _____</div>
NINTH	First _____ Last _____	<div>MONTH DAY YEAR</div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div>	<div>Place _____</div> <div>C/S _____</div>	<div>Place _____</div> <div>C/S _____</div>	<div>First _____</div> <div>Last _____</div>	<div>Place _____</div> <div>C/S _____</div>
TENTH	First _____ Last _____	<div>MONTH DAY YEAR</div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div>	<div>Place _____</div> <div>C/S _____</div>	<div>Place _____</div> <div>C/S _____</div>	<div>First _____</div> <div>Last _____</div>	<div>Place _____</div> <div>C/S _____</div>
ELEV- ENTH	First _____ Last _____	<div>MONTH DAY YEAR</div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div>	<div>Place _____</div> <div>C/S _____</div>	<div>Place _____</div> <div>C/S _____</div>	<div>First _____</div> <div>Last _____</div>	<div>Place _____</div> <div>C/S _____</div>
TWELFTH	First _____ Last _____	<div>MONTH DAY YEAR</div> <div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> <div> <div></div> <div></div> <div></div> </div> </div>	<div>Place _____</div> <div>C/S _____</div>	<div>Place _____</div> <div>C/S _____</div>	<div>First _____</div> <div>Last _____</div>	<div>Place _____</div> <div>C/S _____</div>

Q.15k-17k. Medical Providers -- Miscarriages/Stillbirth

Pregnancy 1

Pregnancy 2

Pregnancy 3

15k. Doctor/facility
consulted:16k. Doctor/facility
consulted:17k. Doctor/facility
consulted:

Name _____

Name _____

Name _____

Address _____

Address _____

Address _____

C/S _____

C/S _____

C/S _____

Q.15L-15m.

15L.

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

16L.

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

17L.

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

Q.29k-31k. Medical Providers -- Miscarriages/Stillbirth

29k. Doctor/facility
consulted:30k. Doctor/facility
consulted:31k. Doctor/facility
consulted:

Name _____

Name _____

Name _____

Address _____

Address _____

Address _____

C/S _____

C/S _____

C/S _____

Q.29L-31m.

29L.

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

30L.

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

31L.

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

Q.19-21 Additional Children

FOURTH CHILD	FIFTH CHILD	SIXTH CHILD																																				
NAME: _____	NAME: _____	NAME: _____																																				
19a. How old is (CHILD) now?	20a. How old is (CHILD) now?	21a. How old is (CHILD) now?																																				
<table border="1"><tr><td></td><td></td></tr><tr><td>(28)</td><td>(29)</td></tr></table> Age			(28)	(29)	<table border="1"><tr><td></td><td></td></tr><tr><td>(28)</td><td>(29)</td></tr></table> Age			(28)	(29)	<table border="1"><tr><td></td><td></td></tr><tr><td>(28)</td><td>(29)</td></tr></table> Age			(28)	(29)																								
(28)	(29)																																					
(28)	(29)																																					
(28)	(29)																																					
Child died..(30(-1	Child died..(30(-1	Child died..(30(-1																																				
19b. (Is/Was) (CHILD) male or female?	20b. (Is/Was) (CHILD) male or female?	21b. (Is/Was) (CHILD) male or female?																																				
Male.....(31(-1 Female.....-2	Male.....(31(-1 Female.....-2	Male.....(31(-1 Female.....-2																																				
19c. How much did (CHILD) weigh at birth?	20c. How much did (CHILD) weigh at birth?	21c. How much did (CHILD) weigh at birth?																																				
<table border="1"><tr><td colspan="2">POUNDS</td><td colspan="2">OUNCES</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>(32)</td><td>(33)</td><td>(34)</td><td>(35)</td></tr></table>	POUNDS		OUNCES						(32)	(33)	(34)	(35)	<table border="1"><tr><td colspan="2">POUNDS</td><td colspan="2">OUNCES</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>(32)</td><td>(33)</td><td>(34)</td><td>(35)</td></tr></table>	POUNDS		OUNCES						(32)	(33)	(34)	(35)	<table border="1"><tr><td colspan="2">POUNDS</td><td colspan="2">OUNCES</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>(32)</td><td>(33)</td><td>(34)</td><td>(35)</td></tr></table>	POUNDS		OUNCES						(32)	(33)	(34)	(35)
POUNDS		OUNCES																																				
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(32)	(33)	(34)	(35)																																			
POUNDS		OUNCES																																				
(32)	(33)	(34)	(35)																																			
Don't know...(36(-1	Don't know...(36(-1	Don't know...(36(-1																																				
19d. What is (CHILD)'s birth-date?	20d. What is (CHILD)'s birth-date?	21d. What is (CHILD)'s birth-date?																																				
<table border="1"><tr><td>MONTH</td><td>DAY</td><td>YEAR</td></tr><tr><td></td><td></td><td></td></tr><tr><td>(37)</td><td>(38)</td><td>(39) (40) (41) (42)</td></tr></table>	MONTH	DAY	YEAR				(37)	(38)	(39) (40) (41) (42)	<table border="1"><tr><td>MONTH</td><td>DAY</td><td>YEAR</td></tr><tr><td></td><td></td><td></td></tr><tr><td>(37)</td><td>(38)</td><td>(39) (40) (41) (42)</td></tr></table>	MONTH	DAY	YEAR				(37)	(38)	(39) (40) (41) (42)	<table border="1"><tr><td>MONTH</td><td>DAY</td><td>YEAR</td></tr><tr><td></td><td></td><td></td></tr><tr><td>(37)</td><td>(38)</td><td>(39) (40) (41) (42)</td></tr></table>	MONTH	DAY	YEAR				(37)	(38)	(39) (40) (41) (42)									
MONTH	DAY	YEAR																																				
(37)	(38)	(39) (40) (41) (42)																																				
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(37)	(38)	(39) (40) (41) (42)																																				
MONTH	DAY	YEAR																																				
(37)	(38)	(39) (40) (41) (42)																																				
ALSO RECORD IN S.R.B.-PG 1	ALSO RECORD IN S.R.B.-PG 1	ALSO RECORD IN S.R.B.-PG 1																																				
19e. Was the child premature, full term, or overdue?	20e. Was the child premature, full term, or overdue?	21e. Was the child premature, full term, or overdue?																																				
Premature.(43(-1 } (ASK Overdue.....-2 } Q.19f)	Premature.(43(-1 } (ASK Overdue.....-2 } Q.20f)	Premature.(43(-1 } (ASK Overdue.....-2 } Q.21f)																																				
Full term.....-3 } (SKIP TO Not sure.....-4 } Q.19g)	Full term.....-3 } (SKIP TO Not sure.....-4 } Q.20g)	Full term.....-3 } (SKIP TO Not sure.....-4 } Q.21g)																																				
19f. How many weeks (overdue/premature) was (CHILD)?	20f. How many weeks (overdue/premature) was (CHILD)?	21f. How many weeks (overdue/premature) was (CHILD)?																																				
<table border="1"><tr><td></td><td></td></tr><tr><td>(44)</td><td>(45)</td></tr></table> weeks			(44)	(45)	<table border="1"><tr><td></td><td></td></tr><tr><td>(44)</td><td>(45)</td></tr></table> weeks			(44)	(45)	<table border="1"><tr><td></td><td></td></tr><tr><td>(44)</td><td>(45)</td></tr></table> weeks			(44)	(45)																								
(44)	(45)																																					
(44)	(45)																																					
(44)	(45)																																					
(GO TO Q.19g)	(GO TO Q.20g)	(GO TO Q.21g)																																				

FOURTH CHILD

19g. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 1

19h. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 1

19i. What was (CHILD)'s father's full name?

RECORD IN S.R.B. PG 1

19j. How old were you when (CHILD) was born?

 Age
(46) (47)

19k. Were either of you using birth control at the time you became pregnant with (CHILD)?

Yes. (48(-1 (ASK Q.19L)

No. -2 (SKIP TO Q.19m)

HAND RESPONDENT CARD "C"

19L. 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.(49(-1 06.(54(-1
02.(50(-1 07.(55(-1
03.(51(-1 08.(56(-1
04.(52(-1 09.(57(-1
05.(53(-1 10.(58(-1
 11.(59(-1

12 (SPECIFY)

.(60(-1

(GO TO Q.19m)

FIFTH CHILD

20g. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 1

20h. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 1

20i. What was (CHILD)'s father's full name?

RECORD IN S.R.B. PG 1

20j. How old were you when (CHILD) was born?

 Age
(46) (47)

20k. Were either of you using birth control at the time you became pregnant with (CHILD)?

Yes. (48(-1 (ASK Q.20L)

No. -2 (SKIP TO Q.20m)

HAND RESPONDENT CARD "C"

20L. 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.(49(-1 06.(54(-1
02.(50(-1 07.(55(-1
03.(51(-1 08.(56(-1
04.(52(-1 09.(57(-1
05.(53(-1 10.(58(-1
 11.(59(-1

12 (SPECIFY)

.(60(-1

(GO TO Q.20m)

SIXTH CHILD

21g. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 1

21h. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 1

21i. What was (CHILD)'s father's full name?

RECORD IN S.R.B. PG 1

21j. How old were you when (CHILD) was born?

 Age
(46) (47)

21k. Were either of you using birth control at the time you became pregnant with (CHILD)?

Yes. (48(-1 (ASK Q.21L)

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

HAND RESPONDENT CARD "C"

21L. 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.(49(-1 06.(54(-1
02.(50(-1 07.(55(-1
03.(51(-1 08.(56(-1
04.(52(-1 09.(57(-1
05.(53(-1 10.(58(-1
 11.(59(-1

12 (SPECIFY)

.(60(-1

(GO TO Q.21m)

FOURTH CHILD

19m. How many months did it take you to become pregnant with this child?

		Months
(61)	(62)	

Less than 1 month. (63(_____-1
Wasn't trying....._-2

19n. Did (CHILD) have any birth defects?

Yes. (64(_____-1 (ASK Q.19o)

No....._-2 (SKIP TO Q.19p)

19o. What kind of birth defects did (s)he have? Any others?

19p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65(_____-1 (ASK Q.19q)

No....._-2 (SKIP TO Q.19s)

19q. In what month and year was the diagnosis made?

MONTH		YEAR	
(66)	(67)	(68)	(69)

19r. What kind of cancer was diagnosed?

Not sure..(70(_____-1

(GO TO Q.4s)

04
79-80

FIFTH CHILD

20m. How many months did it take you to become pregnant with this child?

		Months
(61)	(62)	

Less than 1 month. (63(_____-1
Wasn't trying....._-2

20n. Did (CHILD) have any birth defects?

Yes. (64(_____-1 (ASK Q.20o)

No....._-2 (SKIP TO Q.20p)

20o. What kind of birth defects did (s)he have? Any others?

20p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65(_____-1 (ASK Q.20q)

No....._-2 (SKIP TO Q.20s)

20q. In what month and year was the diagnosis made?

MONTH		YEAR	
(66)	(67)	(68)	(69)

20r. What kind of cancer was diagnosed?

Not sure..(70(_____-1

(GO TO Q.5s)

05
79-80

SIXTH CHILD

21m. How many months did it take you to become pregnant with this child?

		Months
(61)	(62)	

Less than 1 month. (63(_____-1
Wasn't trying....._-2

21n. Did (CHILD) have any birth defects?

Yes. (64(_____-1 (ASK Q.21o)

No....._-2 (SKIP TO Q.21p)

21o. What kind of birth defects did (s)he have? Any others?

21p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65(_____-1 (ASK Q.21q)

No....._-2 (SKIP TO Q.21s)

21q. In what month and year was the diagnosis made?

MONTH		YEAR	
(66)	(67)	(68)	(69)

21r. What kind of cancer was diagnosed?

Not sure..(70(_____-1

(GO TO Q.6s)

06
79-80

FOURTH CHILD

19s. (Does/Did)(CHILD) have a diagnosed learning disability?

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

No. -2 (SKIP TO Q.19u)

19t. What kind of learning disability (does/did) (s)he have?

19u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?

Yes. (13() -1 (ASK Q.19v)

No. -2 (SKIP TO Q.19w)

19v. What kind of impairment (does/did) (s)he have?

IF CHILD IS DEAD: CON-
TINUE
OTHERWISE: SKIP TO Q.19z

19w. On what date did (CHILD) die?

MONTH		DAY		YEAR	
(14)	(15)	(16)	(17)	(18)	(19)

19x. What was the cause of death?

19y. Where is (CHILD)'s death registered? In what city and state is that?

RECORD IN S.R.B. PG 1

(GO TO Q.19z)

FIFTH CHILD

20s. (Does/Did)(CHILD) have a diagnosed learning disability?

Yes. (12() -1 (ASK Q.20t)

No. -2 (SKIP TO Q.20u)

20t. What kind of learning disability (does/did) (s)he have?

20u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?

Yes. (13() -1 (ASK Q.20v)

No. -2 (SKIP TO Q.20w)

20v. What kind of impairment (does/did) (s)he have?

IF CHILD IS DEAD: CON-
TINUE
OTHERWISE: SKIP TO Q.20z

20w. On what date did (CHILD) die?

MONTH		DAY		YEAR	
(14)	(15)	(16)	(17)	(18)	(19)

20x. What was the cause of death?

20y. Where is (CHILD)'s death registered? In what city and state is that?

RECORD IN S.R.B. PG 1

(GO TO Q.20z)

SIXTH CHILD

21s. (Does/Did)(CHILD) have a diagnosed learning disability?

Yes. (12() -1 (ASK Q.21t)

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

21t. What kind of learning disability (does/did) (s)he have?

21u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?

Yes. (13() -1 (ASK Q.21v)

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

21v. What kind of impairment (does/did) (s)he have?

IF CHILD IS DEAD: CON-
TINUE
OTHERWISE: SKIP TO Q.21z

21w. On what date did (CHILD) die?

MONTH		DAY		YEAR	
(14)	(15)	(16)	(17)	(18)	(19)

21x. What was the cause of death?

21y. Where is (CHILD)'s death registered? In what city and state is that?

RECORD IN S.R.B. PG 1

(GO TO Q.21z)

FOURTH CHILD	FIFTH CHILD	SIXTH CHILD
19z. Did you smoke on a fairly regular basis during this pregnancy?	20z. Did you smoke on a fairly regular basis during this pregnancy?	21z. Did you smoke on a fairly regular basis during this pregnancy?
Yes..(20(-1 (ASK Q.19aa)	Yes..(20(-1 (ASK Q.20aa)	Yes..(20(-1 (ASK Q.21aa)
No.....-2 (SKIP TO Q.19bb)	No.....-2 (SKIP TO Q.20bb)	No.....-2 (SKIP TO Q.21bb)
19aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.	20aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.	21aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.
<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> Packs (21) (22)	<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> Packs (21) (22)	<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> Packs (21) (22)
Less than one pack. (23(-1	Less than one pack. (23(-1	Less than one pack. (23(-1
19bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?	20bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?	21bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?
Yes..(24(-1 (ASK Q.19cc)	Yes..(24(-1 (ASK Q.20cc)	Yes..(24(-1 (ASK Q.21cc)
No.....-2 (GO TO NEXT CHILD)	No.....-2 (GO TO NEXT CHILD)	No.....-2 (GO TO NEXT CHILD)
19cc. About how many drinks a week would you say that you had during this pregnancy?	20cc. About how many drinks a week would you say that you had during this pregnancy?	21cc. About how many drinks a week would you say that you had during this pregnancy?
<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> drinks (25) (26)	<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> drinks (25) (26)	<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> drinks (25) (26)
<div style="text-align: center;"> 04 79-80 </div>	<div style="text-align: center;"> 05 79-80 </div>	<div style="text-align: center;"> 06 79-80 </div>
(GO TO NEXT CHILD)	(GO TO NEXT CHILD)	(GO TO NEXT CHILD)

Q.22-24 Additional Children

SEVENTH CHILD

NAME: _____

22a. How old is (CHILD) now?

		Age
(28)	(29)	

Child died..(30(-1

22b. (Is/Was) (CHILD) male or female?

 Male.....(31(-1
 Female.....-2

22c. How much did (CHILD) weigh at birth?

POUNDS		OUNCES	
(32)	(33)	(34)	(35)

Don't know...(36(-1

22d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(37)	(38)	(39) (40) (41) (42)

[ALSO RECORD IN S.R.B.-PG 2]

22e. Was the child premature, full term, or overdue?

 Premature.(43(-1 } (ASK
 Overdue.....-2 } Q.22f)

 Full term.....-3 } (SKIP TO
 Not sure.....-4 } Q.22g)

22f. How many weeks (overdue/premature) was (CHILD)?

		weeks
(44)	(45)	

(GO TO Q.22g)

EIGHTH CHILD

NAME: _____

23a. How old is (CHILD) now?

		Age
(28)	(29)	

Child died..(30(-1

23b. (Is/Was) (CHILD) male or female?

 Male.....(31(-1
 Female.....-2

23c. How much did (CHILD) weigh at birth?

POUNDS		OUNCES	
(32)	(33)	(34)	(35)

Don't know...(36(-1

23d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(37)	(38)	(39) (40) (41) (42)

[ALSO RECORD IN S.R.B.-PG 2]

23e. Was the child premature, full term, or overdue?

 Premature.(43(-1 } (ASK
 Overdue.....-2 } Q.23f)

 Full term.....-3 } (SKIP TO
 Not sure.....-4 } Q.23g)

23f. How many weeks (overdue/premature) was (CHILD)?

		weeks
(44)	(45)	

(GO TO Q.23g)

NINTH CHILD

NAME: _____

24a. How old is (CHILD) now?

		Age
(28)	(29)	

Child died..(30(-1

24b. (Is/Was) (CHILD) male or female?

 Male.....(31(-1
 Female.....-2

24c. How much did (CHILD) weigh at birth?

POUNDS		OUNCES	
(32)	(33)	(34)	(35)

Don't know...(36(-1

24d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(37)	(38)	(39) (40) (41) (42)

[ALSO RECORD IN S.R.B.-PG 2]

24e. Was the child premature, full term, or overdue?

 Premature.(43(-1 } (ASK
 Overdue.....-2 } Q.24f)

 Full term.....-3 } (SKIP TO
 Not sure.....-4 } Q.24g)

24f. How many weeks (overdue/premature) was (CHILD)?

		weeks
(44)	(45)	

(GO TO Q.24g)

SEVENTH CHILD	EIGHTH CHILD	NINTH CHILD
22g. Where are (CHILD)'s birth registration records located? In what city and state is that? <u>RECORD IN S.R.B. PG 2</u>	23g. Where are (CHILD)'s birth registration records located? In what city and state is that? <u>RECORD IN S.R.B. PG 2</u>	24g. Where are (CHILD)'s birth registration records located? In what city and state is that? <u>RECORD IN S.R.B. PG 2</u>
22h. Where are (CHILD)'s current medical records located? In what city and state is that? <u>RECORD IN S.R.B. PG 2</u>	23h. Where are (CHILD)'s current medical records located? In what city and state is that? <u>RECORD IN S.R.B. PG 2</u>	24h. Where are (CHILD)'s current medical records located? In what city and state is that? <u>RECORD IN S.R.B. PG 2</u>
22i. What was (CHILD)'s father's full name? <u>RECORD IN S.R.B. PG 2</u>	23i. What was (CHILD)'s father's full name? <u>RECORD IN S.R.B. PG 2</u>	24i. What was (CHILD)'s father's full name? <u>RECORD IN S.R.B. PG 2</u>
22j. How old were you when (CHILD) was born? <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div>Age</div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> (46) (47) </div>	23j. How old were you when (CHILD) was born? <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div>Age</div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> (46) (47) </div>	24j. How old were you when (CHILD) was born? <div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin-right: 5px;"></div> <div>Age</div> </div> <div style="display: flex; justify-content: space-around; width: 100px;"> (46) (47) </div>
22k. Were either of you using birth control at the time you became pregnant with (CHILD)? Yes. (48(<u> -1 </u> (ASK Q.22L) No. <u> -2 </u> (SKIP TO Q.22m)	23k. Were either of you using birth control at the time you became pregnant with (CHILD)? Yes. (48(<u> -1 </u> (ASK Q.23L) No. <u> -2 </u> (SKIP TO Q.23m)	24k. Were either of you using birth control at the time you became pregnant with (CHILD)? Yes. (48(<u> -1 </u> (ASK Q.24L) No. <u> -2 </u> (SKIP TO Q.24m)
<u>HAND RESPONDENT CARD "C"</u> 22L. 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? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">01. (49(<u> -1 </u></div> <div style="width: 50%;">06. (54(<u> -1 </u></div> <div style="width: 50%;">02. (50(<u> -1 </u></div> <div style="width: 50%;">07. (55(<u> -1 </u></div> <div style="width: 50%;">03. (51(<u> -1 </u></div> <div style="width: 50%;">08. (56(<u> -1 </u></div> <div style="width: 50%;">04. (52(<u> -1 </u></div> <div style="width: 50%;">09. (57(<u> -1 </u></div> <div style="width: 50%;">05. (53(<u> -1 </u></div> <div style="width: 50%;">10. (58(<u> -1 </u></div> <div style="width: 50%;">11. (59(<u> -1 </u></div> </div> 12 (SPECIFY) _____ _____ (60(<u> -1 </u> (GO TO Q.22m)	<u>HAND RESPONDENT CARD "C"</u> 23L. 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? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">01. (49(<u> -1 </u></div> <div style="width: 50%;">06. (54(<u> -1 </u></div> <div style="width: 50%;">02. (50(<u> -1 </u></div> <div style="width: 50%;">07. (55(<u> -1 </u></div> <div style="width: 50%;">03. (51(<u> -1 </u></div> <div style="width: 50%;">08. (56(<u> -1 </u></div> <div style="width: 50%;">04. (52(<u> -1 </u></div> <div style="width: 50%;">09. (57(<u> -1 </u></div> <div style="width: 50%;">05. (53(<u> -1 </u></div> <div style="width: 50%;">10. (58(<u> -1 </u></div> <div style="width: 50%;">11. (59(<u> -1 </u></div> </div> 12 (SPECIFY) _____ _____ (60(<u> -1 </u> (GO TO Q.23m)	<u>HAND RESPONDENT CARD "C"</u> 24L. 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? <div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;">01. (49(<u> -1 </u></div> <div style="width: 50%;">06. (54(<u> -1 </u></div> <div style="width: 50%;">02. (50(<u> -1 </u></div> <div style="width: 50%;">07. (55(<u> -1 </u></div> <div style="width: 50%;">03. (51(<u> -1 </u></div> <div style="width: 50%;">08. (56(<u> -1 </u></div> <div style="width: 50%;">04. (52(<u> -1 </u></div> <div style="width: 50%;">09. (57(<u> -1 </u></div> <div style="width: 50%;">05. (53(<u> -1 </u></div> <div style="width: 50%;">10. (58(<u> -1 </u></div> <div style="width: 50%;">11. (59(<u> -1 </u></div> </div> 12 (SPECIFY) _____ _____ (60(<u> -1 </u> (GO TO Q.24m)

SEVENTH CHILD

22m. How many months did it take you to become pregnant with this child?

		Months
(61)	(62)	

Less than 1 month. (63() -1
Wasn't trying..... -2

22n. Did (CHILD) have any birth defects?

Yes. (64() -1 (ASK Q.22o)

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

22o. What kind of birth defects did (s)he have?
Any others?

22p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65() -1 (ASK Q.22q)

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

22q. In what month and year was the diagnosis made?

MONTH		YEAR	
(66)	(67)	(68)	(69)

22r. What kind of cancer was diagnosed?

Not sure.. (70() -1

(GO TO Q.4s)

07
79-80

EIGHTH CHILD

23m. How many months did it take you to become pregnant with this child?

		Months
(61)	(62)	

Less than 1 month. (63() -1
Wasn't trying..... -2

23n. Did (CHILD) have any birth defects?

Yes. (64() -1 (ASK Q.23o)

No..... -2 (SKIP TO Q.23p)

23o. What kind of birth defects did (s)he have?
Any others?

23p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65() -1 (ASK Q.23q)

No..... -2 (SKIP TO Q.23s)

23q. In what month and year was the diagnosis made?

MONTH		YEAR	
(66)	(67)	(68)	(69)

23r. What kind of cancer was diagnosed?

Not sure.. (70() -1

(GO TO Q.5s)

08
79-80

NINTH CHILD

24m. How many months did it take you to become pregnant with this child?

		Months
(61)	(62)	

Less than 1 month. (63() -1
Wasn't trying..... -2

24n. Did (CHILD) have any birth defects?

Yes. (64() -1 (ASK Q.24o)

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

24o. What kind of birth defects did (s)he have?
Any others?

24p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65() -1 (ASK Q.24q)

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

24q. In what month and year was the diagnosis made?

MONTH		YEAR	
(66)	(67)	(68)	(69)

24r. What kind of cancer was diagnosed?

Not sure.. (70() -1

(GO TO Q.6s)

09
79-80

SEVENTH CHILD	EIGHTH CHILD	NINTH CHILD
22s. (Does/Did)(CHILD) have a diagnosed learning disability?	23s. (Does/Did)(CHILD) have a diagnosed learning disability?	24s. (Does/Did)(CHILD) have a diagnosed learning disability?
Yes.(12(-1 (ASK Q.22t)	Yes.(12(-1 (ASK Q.23t)	Yes.(12(-1 (ASK Q.24t)
No.....-2 (SKIP TO Q.22u)	No.....-2 (SKIP TO Q.23u)	No.....-2 (SKIP TO Q.24u)
22t. What kind of learning disability (does/did) (s)he have?	23t. What kind of learning disability (does/did) (s)he have?	24t. What kind of learning disability (does/did) (s)he have?
22u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?	23u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?	24u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?
Yes.(13(-1 (ASK Q.22v)	Yes.(13(-1 (ASK Q.23v)	Yes.(13(-1 (ASK Q.24v)
No.....-2 (SKIP TO Q.22w)	No.....-2 (SKIP TO Q.23w)	No.....-2 (SKIP TO Q.24w)
22v. What kind of impairment (does/did) (s)he have?	23v. What kind of impairment (does/did) (s)he have?	24v. What kind of impairment (does/did) (s)he have?
IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO Q.22z	IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO Q.23z	IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO Q.24z
22w. On what date did (CHILD) die?	23w. On what date did (CHILD) die?	24w. On what date did (CHILD) die?
MONTH DAY YEAR (14) (15) (16) (17) (18) (19)	MONTH DAY YEAR (14) (15) (16) (17) (18) (19)	MONTH DAY YEAR (14) (15) (16) (17) (18) (19)
22x. What was the cause of death?	23x. What was the cause of death?	24x. What was the cause of death?
22y. Where is (CHILD)'s death registered? In what city and state is that?	23y. Where is (CHILD)'s death registered? In what city and state is that?	24y. Where is (CHILD)'s death registered? In what city and state is that?
RECORD IN S.R.B. PG 2	RECORD IN S.R.B. PG 2	RECORD IN S.R.B. PG 2
(GO TO Q.22z)	(GO TO Q.23z)	(GO TO Q.24z)

SEVENTH CHILD

22z. Did you smoke on a fairly regular basis during this pregnancy?

Yes..(20(-1 (ASK Q.22aa)

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

22aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.

(21)	(22)
------	------

 Packs

Less than one pack..(23(-1

22bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(24(-1 (ASK Q.22cc)
No.....-2 (GO TO NEXT CHILD)

22cc. About how many drinks a week would you say that you had during this pregnancy?

(25)	(26)
------	------

 drinks

07
79-80

(GO TO NEXT CHILD)

EIGHTH CHILD

23z. Did you smoke on a fairly regular basis during this pregnancy?

Yes..(20(-1 (ASK Q.23aa)

No.....-2 (SKIP TO Q.23aa)

23aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.

(21)	(22)
------	------

 Packs

Less than one pack..(23(-1

23bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(24(-1 (ASK Q.23cc)
No.....-2 (GO TO NEXT CHILD)

23cc. About how many drinks a week would you say that you had during this pregnancy?

(25)	(26)
------	------

 drinks

08
79-80

(GO TO NEXT CHILD)

NINTH CHILD

24z. Did you smoke on a fairly regular basis during this pregnancy?

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

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

24aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.

(21)	(22)
------	------

 Packs

Less than one pack..(23(-1

24bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(24(-1 (ASK Q.24cc)
No.....-2 (GO TO NEXT CHILD)

24cc. About how many drinks a week would you say that you had during this pregnancy?

(25)	(26)
------	------

 drinks

09
79-80

(GO TO NEXT CHILD)

Q.25-27 Additional Children

TENTH CHILD

NAME: _____

25a. How old is (CHILD) now?

		Age
(28)	(29)	

Child died..(30(_____-1

25b. (Is/Was) (CHILD) male or female?

 Male.....(31(_____-1
 Female....._____-2

25c. How much did (CHILD) weigh at birth?

POUNDS		OUNCES	
(32)	(33)	(34)	(35)

Don't know...(36(_____-1

25d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(37)	(38)	(39) (40) (41) (42)

[ALSO RECORD IN S.R.B.-PG 2]

25e. Was the child premature, full term, or overdue?

 Premature.(43(_____-1}{ASK
 Overdue.....-2} Q.25f)

 Full term.....-3}{SKIP TO
 Not sure.....-4} Q.25g)

25f. How many weeks (overdue/premature) was (CHILD)?

		weeks
(44)	(45)	

(GO TO Q.25g)

ELEVENTH CHILD

NAME: _____

26a. How old is (CHILD) now?

		Age
(28)	(29)	

Child died..(30(_____-1

26b. (Is/Was) (CHILD) male or female?

 Male.....(31(_____-1
 Female....._____-2

26c. How much did (CHILD) weigh at birth?

POUNDS		OUNCES	
(32)	(33)	(34)	(35)

Don't know...(36(_____-1

26d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(37)	(38)	(39) (40) (41) (42)

[ALSO RECORD IN S.R.B.-PG 2]

26e. Was the child premature, full term, or overdue?

 Premature.(43(_____-1}{ASK
 Overdue.....-2} Q.26f)

 Full term.....-3}{SKIP TO
 Not sure.....-4} Q.26g)

26f. How many weeks (overdue/premature) was (CHILD)?

		weeks
(44)	(45)	

(GO TO Q.26g)

TWELFTH CHILD

NAME: _____

27a. How old is (CHILD) now?

		Age
(28)	(29)	

Child died..(30(_____-1

27b. (Is/Was) (CHILD) male or female?

 Male.....(31(_____-1
 Female....._____-2

27c. How much did (CHILD) weigh at birth?

POUNDS		OUNCES	
(32)	(33)	(34)	(35)

Don't know...(36(_____-1

27d. What is (CHILD)'s birth-date?

MONTH	DAY	YEAR
(37)	(38)	(39) (40) (41) (42)

[ALSO RECORD IN S.R.B.-PG 2]

27e. Was the child premature, full term, or overdue?

 Premature.(43(_____-1}{ASK
 Overdue.....-2} Q.27f)

 Full term.....-3}{SKIP TO
 Not sure.....-4} Q.27g)

27f. How many weeks (overdue/premature) was (CHILD)?

		weeks
(44)	(45)	

(GO TO Q.27g)

TENTH CHILD

25g. Where are (CHILD)'s
birth registration
records located? In
what city and state is
that?

RECORD IN S.R.B. PG 2

25h. Where are (CHILD)'s
current medical records
located? In what city
and state is that?

RECORD IN S.R.B. PG 2

25i. What was (CHILD)'s
father's full name?

RECORD IN S.R.B. PG 2

25j. How old were you
when (CHILD) was born?

 Age
(46) (47)

25k. Were either of you using
birth control at the
time you became pregnant
with (CHILD)?

Yes. (48(-1 (ASK Q.25L)

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

HAND RESPONDENT CARD "C"

25L. 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.(49(-1 06.(54(-1
02.(50(-1 07.(55(-1
03.(51(-1 08.(56(-1
04.(52(-1 09.(57(-1
05.(53(-1 10.(58(-1
 11.(59(-1

12 (SPECIFY)

.....(60(-1

(GO TO Q.25m)

ELEVENTH CHILD

26g. Where are (CHILD)'s
birth registration
records located? In
what city and state is
that?

RECORD IN S.R.B. PG 2

26h. Where are (CHILD)'s
current medical records
located? In what city
and state is that?

RECORD IN S.R.B. PG 2

26i. What was (CHILD)'s
father's full name?

RECORD IN S.R.B. PG 2

26j. How old were you
when (CHILD) was born?

 Age
(46) (47)

26k. Were either of you using
birth control at the
time you became pregnant
with (CHILD)?

Yes. (48(-1 (ASK Q.26L)

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

HAND RESPONDENT CARD "C"

26L. 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.(49(-1 06.(54(-1
02.(50(-1 07.(55(-1
03.(51(-1 08.(56(-1
04.(52(-1 09.(57(-1
05.(53(-1 10.(58(-1
 11.(59(-1

12 (SPECIFY)

.....(60(-1

(GO TO Q.26m)

TWELFTH CHILD

27g. Where are (CHILD)'s
birth registration
records located? In
what city and state is
that?

RECORD IN S.R.B. PG 2

27h. Where are (CHILD)'s
current medical records
located? In what city
and state is that?

RECORD IN S.R.B. PG 2

27i. What was (CHILD)'s
father's full name?

RECORD IN S.R.B. PG 2

27j. How old were you
when (CHILD) was born?

 Age
(46) (47)

27k. Were either of you using
birth control at the
time you became pregnant
with (CHILD)?

Yes. (48(-1 (ASK Q.27L)

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

HAND RESPONDENT CARD "C"

27L. 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.(49(-1 06.(54(-1
02.(50(-1 07.(55(-1
03.(51(-1 08.(56(-1
04.(52(-1 09.(57(-1
05.(53(-1 10.(58(-1
 11.(59(-1

12 (SPECIFY)

.....(60(-1

(GO TO Q.27m)

TENTH CHILD

25m. How many months did it take you to become pregnant with this child?

		Months
(61)	(62)	

Less than 1 month. (63(_____-1
Wasn't trying....._-2

25n. Did (CHILD) have any birth defects?

Yes. (64(_____-1 (ASK Q.25o)

No....._-2 (SKIP TO Q.25p)

25o. What kind of birth defects did (s)he have?
Any others?

25p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65(_____-1 (ASK Q.25q)

No....._-2 (SKIP TO Q.25s)

25q. In what month and year was the diagnosis made?

MONTH		YEAR	
(66)	(67)	(68)	(69)

25r. What kind of cancer was diagnosed?

Not sure..(70(_____-1

(GO TO Q.4a)

10
79-80

ELEVENTH CHILD

26m. How many months did it take you to become pregnant with this child?

		Months
(61)	(62)	

Less than 1 month. (63(_____-1
Wasn't trying....._-2

26n. Did (CHILD) have any birth defects?

Yes. (64(_____-1 (ASK Q.26o)

No....._-2 (SKIP TO Q.26p)

26o. What kind of birth defects did (s)he have?
Any others?

26p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65(_____-1 (ASK Q.26q)

No....._-2 (SKIP TO Q.26s)

26q. In what month and year was the diagnosis made?

MONTH		YEAR	
(66)	(67)	(68)	(69)

26r. What kind of cancer was diagnosed?

Not sure..(70(_____-1

(GO TO Q.5a)

11
79-80

TWELFTH CHILD

27m. How many months did it take you to become pregnant with this child?

		Months
(61)	(62)	

Less than 1 month. (63(_____-1
Wasn't trying....._-2

27n. Did (CHILD) have any birth defects?

Yes. (64(_____-1 (ASK Q.27o)

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

27o. What kind of birth defects did (s)he have?
Any others?

27p. Was (CHILD) ever diagnosed as having cancer?

Yes. (65(_____-1 (ASK Q.27q)

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

27q. In what month and year was the diagnosis made?

MONTH		YEAR	
(66)	(67)	(68)	(69)

27r. What kind of cancer was diagnosed?

Not sure..(70(_____-1

(GO TO Q.6a)

12
79-80

TENTH CHILD

25s. (Does/Did)(CHILD) have a diagnosed learning disability?

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

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

25t. What kind of learning disability (does/did) (s)he have?

25u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?

Yes. (13() -1 (ASK Q.25v)

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

25v. What kind of impairment (does/did) (s)he have?

IF CHILD IS DEAD: CON-
TINUE
OTHERWISE: SKIP TO Q.25z

25w. On what date did (CHILD) die?

MONTH		DAY		YEAR	
(14)	(15)	(16)	(17)	(18)	(19)

25x. What was the cause of death?

25y. Where is (CHILD)'s death registered? In what city and state is that?

RECORD IN S.R.B. PG 2

(GO TO Q.25z)

ELEVENTH CHILD

26s. (Does/Did)(CHILD) have a diagnosed learning disability?

Yes. (12() -1 (ASK Q.26t)

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

26t. What kind of learning disability (does/did) (s)he have?

26u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?

Yes. (13() -1 (ASK Q.26v)

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

26v. What kind of impairment (does/did) (s)he have?

IF CHILD IS DEAD: CON-
TINUE
OTHERWISE: SKIP TO Q.26z

26w. On what date did (CHILD) die?

MONTH		DAY		YEAR	
(14)	(15)	(16)	(17)	(18)	(19)

26x. What was the cause of death?

26y. Where is (CHILD)'s death registered? In what city and state is that?

RECORD IN S.R.B. PG 2

(GO TO Q.26z)

TWELFTH CHILD

27s. (Does/Did)(CHILD) have a diagnosed learning disability?

Yes. (12() -1 (ASK Q.27t)

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

27t. What kind of learning disability (does/did) (s)he have?

27u. (Does/Did)(CHILD) have any physical, mental, or motor impairments?

Yes. (13() -1 (ASK Q.27v)

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

27v. What kind of impairment (does/did) (s)he have?

IF CHILD IS DEAD: CON-
TINUE
OTHERWISE: SKIP TO Q.27z

27w. On what date did (CHILD) die?

MONTH		DAY		YEAR	
(14)	(15)	(16)	(17)	(18)	(19)

27x. What was the cause of death?

27y. Where is (CHILD)'s death registered? In what city and state is that?

RECORD IN S.R.B. PG 2

(GO TO Q.27z)

TENTH CHILD

25z. Did you smoke on a fairly regular basis during this pregnancy?

Yes..(20(-1 (ASK Q.25aa)

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

25aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.

(21)	(22)	Packs	

Less than one pack..(23(-1

25bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(24(-1 (ASK Q.25cc)

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

25cc. About how many drinks a week would you say that you had during this pregnancy?

(25)	(26)	drinks	

10
79-80

(GO TO NEXT CHILD)

ELEVENTH CHILD

26z. Did you smoke on a fairly regular basis during this pregnancy?

Yes..(20(-1 (ASK Q.26aa)

No.....-2 (SKIP TO 26aa)

26aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.

(21)	(22)	Packs	

Less than one pack..(23(-1

26bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(24(-1 (ASK Q.26cc)

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

26cc. About how many drinks a week would you say that you had during this pregnancy?

(25)	(26)	drinks	

11
79-80

(GO TO NEXT CHILD)

TWELFTH CHILD

27z. Did you smoke on a fairly regular basis during this pregnancy?

Yes..(20(-1 (ASK Q.27aa)

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

27aa. When you were smoking cigarettes on a fairly regular basis during this pregnancy, on the average, how many packs per week did you smoke? By pack we mean 20 cigarettes.

(21)	(22)	Packs	

Less than one pack..(23(-1

27bb. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(24(-1 (ASK Q.27cc)

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

27cc. About how many drinks a week would you say that you had during this pregnancy?

(25)	(26)	drinks	

12
79-80

(RETURN TO Q.7)