

Q.28 Additional Periods of Infertility

FOURTH PERIOD

28a. In what month and year did the fourth 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)

28b. How old were you in (BEGINNING DATE OF PERIOD)?

AGE
| |
(26) (27)

28c. 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)

FIFTH PERIOD

28d. In what month and year did the fifth 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)

28e. How old were you in (BEGINNING DATE OF PERIOD)?

AGE
| |
(26) (27)

28f. 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)

SIXTH PERIOD

28g. In what month and year did the sixth 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)

28h. How old were you in (BEGINNING DATE OF PERIOD)?

AGE
| |
(26) (27)

28i. 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

(RETURN TO Q.12a)

Q.29-31 Additional Miscarriages/Stillbirths/Abortions

PREGNANCY 4

29a. In what month and year did the first such pregnancy end?

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

29b. Did this pregnancy end in a miscarriage, stillbirth, or abortion?

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

29c. After how many weeks did the pregnancy end?

(20)	(21)	Weeks
------	------	-------

29d. How old were you at that time?

(WRITE IN AGE)

(22)	(23)
------	------

29e. Was (STUDY RESPONDENT) your partner in this pregnancy?

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

29f. Were either of you using birth control at the time you became pregnant?

Yes.(25) -1 (ASK Q.29g)
No.....-2 (SKIP TO Q.29h)

(GO TO Q.29 g/h)

PREGNANCY 5

30a. In what month and year did the next such pregnancy end?

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

30b. Did this pregnancy end in a miscarriage, stillbirth, or abortion?

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

30c. After how many weeks did the pregnancy end?

(20)	(21)	Weeks
------	------	-------

30d. How old were you at that time?

(WRITE IN AGE)

(22)	(23)
------	------

30e. Was (STUDY RESPONDENT) your partner in this pregnancy?

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

30f. Were either of you using birth control at the time you became pregnant?

Yes.(25) -1 (ASK Q.30g)
No.....-2 (SKIP TO Q.30h)

(GO TO Q.30g/h)

PREGNANCY 6

31a. In what month and year did the next such pregnancy end?

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

31b. Did this pregnancy end in a miscarriage, stillbirth, or abortion?

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

31c. After how many weeks did the pregnancy end?

(20)	(21)	Weeks
------	------	-------

31d. How old were you at that time?

(WRITE IN AGE)

(22)	(23)
------	------

31e. Was (STUDY RESPONDENT) your partner in this pregnancy?

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

31f. Were either of you using birth control at the time you became pregnant?

Yes.(25) -1 (ASK Q.31g)
No.....-2 (SKIP TO Q.31h)

(GO TO Q.31g/h)

Q.29-31

PREGNANCY 4

[HAND RESPONDENT CARD "C"]

29g. 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

29h. 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

29i. (IF MISCARRIAGE OR STILLBIRTH IN Q.29b, ASK Q.29i. IF ABORTION IN Q.29h, SKIP TO Q.29m)

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

Yes.(41(-1 (ASK Q.29j)
No.....-2 (SKIP TO Q.29n)

29j. What did the doctor say caused the (miscarriage/stillbirth)?

29k. What is the name of the doctor or medical facility that you consulted about this?

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

29L. In what month and year was that?

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

(SKIP TO Q.29n)

(GO TO NEXT PAGE)

PREGNANCY 5

[HAND RESPONDENT CARD "C"]

30g. 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

30h. 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

30i. (IF MISCARRIAGE OR STILLBIRTH IN Q.30b, ASK Q.30i. IF ABORTION IN Q.30b, SKIP TO Q.30m)

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

Yes.(41(-1 (ASK Q.30j)
No.....-2 (SKIP TO Q.30n)

30j. What did the doctor say caused the (miscarriage/stillbirth)?

30k. What is the name of the doctor or medical facility that you consulted about this?

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

30L. In what month and year was that?

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

(SKIP TO Q.30n)

(GO TO NEXT PAGE)

PREGNANCY 6

[HAND RESPONDENT CARD "C"]

31g. 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

31h. 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

31i. (IF MISCARRIAGE OR STILLBIRTH IN Q.31b, ASK Q.31i. IF ABORTION IN Q.31b, SKIP TO Q.31m)

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

Yes.(41(-1 (ASK Q.31j)
No.....-2 (SKIP TO Q.31n)

31j. What did the doctor say caused the (miscarriage/stillbirth)?

31k. What is the name of the doctor or medical facility that you consulted about this?

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

31L. In what month and year was that?

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

(SKIP TO Q.31n)

(GO TO NEXT PAGE)

Q.29-31

PREGNANCY 4

29m. What was the main reason for the abortion?

29n. Did you smoke cigarettes on a fairly regular basis during this pregnancy?

Yes..(42(-1 (ASK Q.29o)

No.....-2 (SKIP TO Q.29p)

29o. 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.

(43)	(44)	Packs	

Less than one pack.(45(-1

29p. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(46(-1 (ASK Q.29q)

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

29q. About how many drinks a week would you say that you had during this pregnancy?

(47)	(48)	drinks	

01
79-80
(ASK Q.30a)

PREGNANCY 5

30m. What was the main reason for the abortion?

30n. Did you smoke cigarettes on a fairly regular basis during this pregnancy?

Yes..(42(-1 (ASK Q.30o)

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

30o. 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.

(43)	(44)	Packs	

Less than one pack.(45(-1

30p. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(46(-1 (ASK Q.30q)

No.....-2 (SKIP TO Q.31a)

30q. About how many drinks a week would you say that you had during this pregnancy?

(47)	(48)	drinks	

02
79-80
(ASK Q.31a)

PREGNANCY 6

31m. What was the main reason for the abortion?

31n. Did you smoke cigarettes on a fairly regular basis during this pregnancy?

Yes..(42(-1 (ASK Q.31o)

No.....-2 (RETURN TO Q.18a)

31o. 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.

(43)	(44)	Packs	

Less than one pack.(45(-1

31p. Did you drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis during this pregnancy?

Yes..(46(-1 (ASK Q.31q)

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

31q. About how many drinks a week would you say that you had during this pregnancy?

(47)	(48)	drinks	

03
79-80
(RETURN TO Q.18a)

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: 01-260-9654 TELEX: 200601 F

LOUIS HARRIS INTERNATIONAL, INC
OPINION RESEARCH CENTRE
30 WELBECK ST.
LONDON W1M 8AB ENGLAND
TEL: 01-486-5151 TELEX: 24403

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

Dear

Louis Harris and Associates has been asked by the United States Air Force to conduct a study of the health of former and current Air Force 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.

In order to complete the study, we need to interview both the Air Force personnel selected for this study and their wives. We have already completed an interview with your former husband and now we need your cooperation in this endeavor. The interview is quite short and should take no longer than twenty minutes to complete. The questionnaire focuses on the health of you and your family.

The validity of the results depends on the willingness of women like yourself to participate in the study. Reliable information will enable the Air Force to reach sound conclusions of vital relevance to all Vietnam veterans and their families.

A copy of the letter from the Surgeon General of the Air Force which was sent to your former husband is attached. It will explain the purpose of the study in detail. The fact sheet, which is part of this letter, includes a telephone number which you may call if you have additional questions.

One of our interviewers will be contacting you in the next two weeks to arrange an appointment. 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

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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

- 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. Lack of interest in sex
- e. Other known medical/physical conditions
- f. Some other reason

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UNITED STATES AIR FORCE HEALTH STUDY

Name of Medical Provider/Medical Facility

Name of Place

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 and their families. 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 Health Study with any medical information in your records on the health services received by me, _____ in connection with a birth on _____ . Related health care was provided during the period _____ to _____ .

Thank you very much.

Sincerely,

Resp. # _____

Signature of Patient

FOR OFFICE USE ONLY:

Date

--	--	--	--	--	--

MEDICAL PROVIDER PERMISSION FORM: SPOUS

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 III

NEXT OF KIN (PROXY) QUESTIONNAIRE

The following Next of Kin (Proxy) 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 proxies 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. One show card, anatomical representation, is included as an attachment to demonstrate to the reader complete data collection methods. Additional attachments include the Privacy Act Statement, Life Events Chart, Medical Permission Form, Introductory Letters, Interview Evaluation, and Mailing Transmittal Form. The Next of Kin (Proxy) Questionnaire, as used in the field, follows.

Study No. 812039

Respondent #: _____

PROXY QUESTIONNAIRE

CONFIDENTIAL

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

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

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

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

1. What (is/was) (STUDY RESPONDENT'S) date of birth?

(WRITE IN DATE)

MONTH		DAY		YEAR	
()	()	()	()	()	()

2. In what city and state was (STUDY RESPONDENT) born?

RECORD IN SUPPLEMENTARY RECORDING BOOK ON PAGE 1

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

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

4. What was the highest grade or year in high school that he completed?

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

HAND RESPONDENT CARD "A"

5a. Please look at this card and tell me which of these regular academic school certificates, diplomas, or degrees (STUDY RESPONDENT) had obtained?

MULTIPLE RECORD BELOW

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

YEAR	
()	()

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

YEAR	
()	()

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

YEAR	
()	()

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

YEAR	
()	()

Masters.....((_____) -1

YEAR	
()	()

Doctorate.....((_____) -1

YEAR	
()	()

Others (SPECIFY)

(1) _____.((_____) -1

YEAR	
()	()

(2) _____.((_____) -1

YEAR	
()	()

(3) _____.((_____) -1

YEAR	
()	()

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

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

5b. In what year did he receive his (CERTIFICATE/DIPLOMA/DEGREE)?

RECORD ABOVE

6a. I am interested in training programs which prepared (STUDY RESPONDENT) for a major change in his occupation. First, I will ask about civilian job training programs. Besides the formal schooling you told me about, did he participate in any civilian job training programs that prepared him for a major change in his occupation?

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

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

1st Program	2nd Program	3rd Program
b. For what kind of work was his first civilian training program preparing him?	f. For what kind of work was his next civilian training program preparing him?	j. For what kind of work was his next civilian training program preparing him?
(()	(()	(()
(()	(()	(()
(()	(()	(()
c. In what month and year did he start this training?	g. In what month and year did he start this training?	k. In what month and year did he start this training?
MONTH YEAR	MONTH YEAR	MONTH YEAR
-	-	-
() () () ()	() () () ()	() () () ()
d. In what month and year did he complete this training?	h. In what month and year did he complete this training?	L. In what month and year did he complete this training?
MONTH YEAR	MONTH YEAR	MONTH YEAR
-	-	-
() () () ()	() () () ()	() () () ()
e. Did he participate in any other civilian job training program that prepared him for a major change in his occupation?	i. Did he participate in any other civilian job training program that prepared him for a major change in his occupation?	m. Did he participate in any other civilian job training program that prepared him for a major change in his occupation?
Yes.(() -1 (ASK Q.6f)	Yes.(() -1 (ASK Q.6j)	Yes.(() -1 (RECORD ADDI-
No..... -2 (SKIP TO Q.7a)	No..... -2 (SKIP TO Q.7a)	TIONAL TRAIN-
		ING PROGRAMS
		IN S.R.B. ON
		PG. 13)
		No..... -2 (GO TO Q.7a)

7a. Now, let's talk about military technical and specialized training programs that prepared (STUDY RESPONDENT) for a major change in his occupation. Besides the formal schooling (and the job training programs) you've told me about, did he participate in any military technical or specialized training programs that prepared him for a major change in his occupation?

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

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

1st Program	2nd Program	3rd Program
b. For what kind of work was his first military training program preparing him?	g. For what kind of work was his next military training program preparing him?	L. For what kind of work was his next military training program preparing him?
(()	(()	(()
(()	(()	(()
(()	(()	(()
c. What was the AFSC for that job?	h. What was the AFSC for that job?	m. What was the AFSC for that job?
(()	(()	(()
d. In what month and year did he start this training?	i. In what month and year did he start this training?	n. In what month and year did he start this training?
MONTH YEAR [][] - [][] () () () ()	MONTH YEAR [][] - [][] () () () ()	MONTH YEAR [][] - [][] () () () ()
e. In what month and year did he complete this training?	j. In what month and year did he complete this training?	o. In what month and year did he complete this training?
MONTH YEAR [][] - [][] () () () ()	MONTH YEAR [][] - [][] () () () ()	MONTH YEAR [][] - [][] () () () ()
f. Did he participate in any other military job training program that prepared him for a major change in his occupation?	k. Did he participate in any other military job training program that prepared him for a major change in his occupation?	p. Did he participate in any other military job training program that prepared him for a major change in his occupation?
Yes.(() -1 (ASK Q.7g) No..... -2 (SKIP TO Q.8)	Yes.(() -1 (ASK Q.7L) No..... -2 (SKIP TO Q.8)	Yes.(() -1 (RECORD ADDITIONAL TRAINING PROGRAMS IN S.R.B. ON PG. 14) No..... -2 (GO TO Q.8)

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

First Job

- 8a. In what month and year did he start his first job that lasted three months or longer?

MONTH		YEAR	
()	()	()	()

- 8b. What was the name of his employer?

RECORD IN S.R.B. - PG 1

- 8c. Was the job full-time or part-time?

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

- 8d. What kind of business was that -- what did they make or do there?

() ()

() ()

- 8e. What did he actually do on the job -- what were some of his main duties?

RECORD IN S.R.B. - PG 1

HAND RESPONDENT CARD "B"

- 8f. Please look at this card and tell me the number which best describes the kind of industry he worked in.

(WRITE IN NUMBER)

()	()
-----	-----

() ()

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

MONTH		YEAR	
()	()	()	()

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

- 8h. What was the main reason he stopped working at that job?

() ()

() ()

(ASK Q.9a)

Second Job

- 9a. In what month and year did he start his next job that lasted three months or longer?

MONTH		YEAR	
()	()	()	()

- 9b. What was the name of his employer?

RECORD IN S.R.B. - PG 1

- 9c. Was the job full-time or part-time?

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

- 9d. What kind of business was that -- what did they make or do there?

() ()

() ()

- 9e. What did he actually do on the job -- what were some of his main duties?

RECORD IN S.R.B. - PG 1

HAND RESPONDENT CARD "B"

- 9f. Please look at this card and tell me the number which best describes the kind of industry he worked in.

(WRITE IN NUMBER)

()	()
-----	-----

() ()

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

MONTH		YEAR	
()	()	()	()

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

- 9h. What was the main reason he stopped working at that job?

() ()

() ()

(ASK Q.10a)

Third Job

- 10a. In what month and year did he start his next job that lasted three months or longer?

MONTH		YEAR	
()	()	()	()

- 10b. What was the name of his employer?

RECORD IN S.R.B. - PG 1

- 10c. Was the job full-time or part-time?

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

- 10d. What kind of business was that -- what did they make or do there?

() ()

() ()

- 10e. What did he actually do on the job -- what were some of his main duties?

RECORD IN S.R.B. - PG 1

HAND RESPONDENT CARD "B"

- 10f. Please look at this card and tell me the number which best describes the kind of industry he worked in.

(WRITE IN NUMBER)

()	()
-----	-----

() ()

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

MONTH		YEAR	
()	()	()	()

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

- 10h. What was the main reason he stopped working at that job?

() ()

() ()

(ASK Q.11a)

Fourth Job

- 11a. In what month and year did he start his next job that lasted three months or longer?

MONTH		YEAR	
()	()	()	()

- 11b. What was the name of his employer?

RECORD IN S.R.B. - PG 1

- 11c. Was the job full-time or part-time?

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

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

() ()

() ()

- 11e. What did he actually do on the job -- what were some of his main duties?

RECORD IN S.R.B. - PG 1

HAND RESPONDENT CARD "B"

- 11f. Please look at this card and tell me the number which best describes the kind of industry he worked in.

(WRITE IN NUMBER)

()	()	()	()

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

MONTH		YEAR	
()	()	()	()

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

- 11h. What was the main reason he stopped working at that job?

() ()

() ()

(ASK Q.12a)

Fifth Job

- 12a. In what month and year did he start his next job that lasted three months or longer?

MONTH		YEAR	
()	()	()	()

- 12b. What was the name of his employer?

RECORD IN S.R.B. - PG 1

- 12c. Was the job full-time or part-time?

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

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

() ()

() ()

- 12e. What did he actually do on the job -- what were some of his main duties?

RECORD IN S.R.B. - PG 1

HAND RESPONDENT CARD "B"

- 12f. Please look at this card and tell me the number which best describes the kind of industry he worked in.

(WRITE IN NUMBER)

()	()	()	()

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

MONTH		YEAR	
()	()	()	()

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

- 12h. What was the main reason he stopped working at that job?

() ()

() ()

(ASK Q.13a)

Sixth Job

- 13a. In what month and year did he start his next job that lasted three months or longer?

MONTH		YEAR	
()	()	()	()

- 13b. What was the name of his employer?

RECORD IN S.R.B. - PG 1

- 13c. Was the job full-time or part-time?

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

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

() ()

() ()

- 13e. What did he actually do on the job -- what were some of his main duties?

RECORD IN S.R.B. - PG 1

HAND RESPONDENT CARD "B"

- 13f. Please look at this card and tell me the number which best describes the kind of industry he worked in.

(WRITE IN NUMBER)

()	()	()	()

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

MONTH		YEAR	
()	()	()	()

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

- 13h. What was the main reason he stopped working at that job?

() ()

() ()

(RECORD ADDITIONAL JOBS IN
S.R.B. - PG 15 AND 16)

14. Now I am going to ask you about (STUDY RESPONDENT'S) years in the military.

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

MONTH		YEAR	
()	()	()	()

- b. What branch of the military was that?

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

- c. Was he discharged or separated from the (BRANCH OF SERVICE)?

Discharged/
 separated. () -1 (ASK Q.14d)

Still in
 (MILITARY)..... -2 (SKIP TO Q.15)

- d. In what month and year was he discharged/separated from the (BRANCH OF MILITARY)?

MONTH		YEAR	
()	()	()	()

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

Yes.. () -1 (ASK Q.14f)
 No..... -2 (SKIP TO Q.15)

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

MONTH		YEAR	
()	()	()	()

- g. What branch of the military was that?

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

- h. Was he discharged or separated from the (BRANCH OF SERVICE)?

Discharged/
 separated. () -1 (ASK Q.14i)

Still in
 (MILITARY)..... -2 (SKIP TO Q.15)

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

MONTH		YEAR	
()	()	()	()

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

Yes.. () -1 (ASK Q.14k)
 No..... -2 (SKIP TO Q.15)

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

MONTH		YEAR	
()	()	()	()

- l. What branch of the military was that?

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

- m. Was he discharged or separated from the (BRANCH OF SERVICE)?

Discharged/
 separated. () -1 (ASK Q.14n)

Still in
 (MILITARY)..... -2 (SKIP TO Q.15)

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

MONTH		YEAR	
()	()	()	()

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

Yes.. () -1 (RECORD ADDITIONAL SERVICE PERIODS IN S.R.B. PG 17)
 No..... -2 (SKIP TO Q.15)

15. I would like to ask you the names of all the countries (STUDY RESPONDENT) was stationed in while on active duty in the Armed Forces.

First Country	Second Country	Third Country
a. Starting with induction, in what country was he first stationed while on active duty? Include temporary duties of greater than 90 days.	g. What was the next country that he was stationed in for more than 90 days while on active duty?	m. What was the next country that he was stationed in for more than 90 days while on active duty?
(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. () -1 (SKIP TO Q.17)	No others. () -1 (SKIP TO Q.17)	No others. () -1 (SKIP TO Q.17)
b. In what month and year did he begin and end active duty in (COUNTRY)?	h. In what month and year did he begin and end active duty in (COUNTRY)?	n. In what month and year did he begin and end active duty in (COUNTRY)?
<p>BEGIN</p> <p>MONTH YEAR</p> <p>() () - () ()</p> <p>END</p> <p>MONTH YEAR</p> <p>() () - () ()</p>	<p>BEGIN</p> <p>MONTH YEAR</p> <p>() () - () ()</p> <p>END</p> <p>MONTH YEAR</p> <p>() () - () ()</p>	<p>BEGIN</p> <p>MONTH YEAR</p> <p>() () - () ()</p> <p>END</p> <p>MONTH YEAR</p> <p>() () - () ()</p>
Current... () -1	Current... () -1	Current... () -1
c. What specific job assignments did he have in (COUNTRY)? Can you give me the AFSC?	i. What specific job assignments did he have in (COUNTRY)? Can you give me the AFSC?	o. What specific job assignments did he have in (COUNTRY)? Can you give me the AFSC?
1. () ()	1. () ()	1. () ()
2. () ()	2. () ()	2. () ()
3. () ()	3. () ()	3. () ()
d. Did his duties in (COUNTRY) include flying?	j. Did his duties in (COUNTRY) include flying?	p. Did his duties in (COUNTRY) include flying?
Yes. () -1	Yes. () -1	Yes. () -1
No..... -2	No..... -2	No..... -2
e. How many flight hours did he log while in (COUNTRY)?	k. How many flight hours did he log while in (COUNTRY)?	q. How many flight hours did he log while in (COUNTRY)?
<p>() () () () Hours</p> <p>Other (SPECIFY)</p> <p>() () -1</p>	<p>() () () () Hours</p> <p>Other (SPECIFY)</p> <p>() () -1</p>	<p>() () () () Hours</p> <p>Other (SPECIFY)</p> <p>() () -1</p>
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. () ()	1. () ()	1. () ()
2. () ()	2. () ()	2. () ()
3. () ()	3. () ()	3. () ()
4. () ()	4. () ()	4. () ()
(ASK Q.15g)	(ASK Q.15m)	(ASK Q.16a)

Sixth Country

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

((

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

No others. ((-1 (SKIP TO
Q.17)

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

MONTH		YEAR	

MONTH END YEAR

Current... ((-1

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

1. ((

2. _____ ()

3. _____ ()

p. Did his duties in (COUNTRY) include flying?

Yes. () -1
No. -2

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

()	()	()	Hours

Other (SPECIFY)

_____ . ((-)

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

1. ((

2. ((

3. ((

4. ((

(RECORD ADDITIONAL COUNTRIES
IN S.R.B. PG 18 AND 19)

Now I would like to ask you about about (STUDY RESPONDENT'S) marital history.
17. Was he ever legally married?

Yes..(() -1 (ASK Q.18)

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

18. How many times was he legally married?

(WRITE IN NUMBER)

() () times
() ()

FIRST/ONLY MARRIAGE

19a. In what month and year did he get married (the first time)?

MONTH YEAR
() () - () () () ()

19b. What (is/was) the current full name of that wife

RECORD IN S.R.B. PG 2

19c. What was her full maiden name?

RECORD IN S.R.B. PG 2

19d. During this marriage, how many times was he living apart from his wife (you) for more than three months?

() () Times
() ()

Never..(() -1 (SKIP TO Q.19f)

19e. How many months did they (you) live apart the (first/next) time?

1st () () Months
() ()

2nd () () Months
() ()

3rd () () Months
() ()

4th () () Months
() ()

5th () () Months
() ()

6th () () Months
() ()

(GO TO Q.19f)

SECOND MARRIAGE

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

MONTH YEAR
() () - () () () ()

20b. What (is/was) the current full name of that wife

RECORD IN S.R.B. PG 2

20c. What was her full maiden name?

RECORD IN S.R.B. PG 2

20d. During this marriage, how many times was he living apart from his wife (you) for more than three months?

() () Times
() ()

Never..(() -1 (SKIP TO Q.20f)

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

1st () () Months
() ()

2nd () () Months
() ()

3rd () () Months
() ()

4th () () Months
() ()

5th () () Months
() ()

6th () () Months
() ()

(GO TO Q.20f)

THIRD MARRIAGE

21a. In what month and year did he get married (the third time)?

MONTH YEAR
() () - () () () ()

21b. What (is/was) the current full name of that wife

RECORD IN S.R.B. PG 2

21c. What was her full maiden name?

RECORD IN S.R.B. PG 2

21d. During this marriage, how many times was he living apart from his wife (you) for more than three months?

() () Times
() ()

Never..(() -1 (SKIP TO Q.21f)

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

1st () () Months
() ()

2nd () () Months
() ()

3rd () () Months
() ()

4th () () Months
() ()

5th () () Months
() ()

6th () () Months
() ()

(GO TO Q.21f)

FIRST/ONLY MARRIAGEIF ONLY MARRIAGE

19f. At the time he (died/
became incapacitated)
was he divorced,
widowed, separated, or
was he married and
living with his wife?

Living with _____ (SKIP TO
wife... ((-1 Q.22)

Divorced.....-2 (SKIP TO
Separated.....-3 Q.19h)
Widowed.....-4

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

19g. How did that marriage
end -- was he divorced
or was he widowed?

Divorced((-1) (ASK Q.19h)
Widowed.....-2

RECORD IN S.R.B. PG 2

19h. In what month and year
was he (divorced/
widowed/separated)?

MONTH		YEAR	
()	()	()	()

(IF A SECOND MARRIAGE GO TO
Q.20a)

SECOND MARRIAGEIF LAST MARRIAGE

20f. At the time he (died/
became incapacitated)
was he divorced,
widowed, separated, or
was he married and
living with his wife?

Living with _____ (SKIP TO
wife... ((-1 Q.22)

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

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

20g. How did that marriage
end -- was he divorced
or was he widowed?

Divorced((-1) (ASK Q.20h)
Widowed.....-2

RECORD IN S.R.B. PG 2

20h. In what month and year
was he (divorced/
widowed/separated)?

MONTH		YEAR	
()	()	()	()

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

THIRD MARRIAGEIF LAST MARRIAGE

21f. At the time he (died/
became incapacitated)
was he divorced,
widowed, separated, or
was he married and
living with his wife?

Living with _____ (SKIP TO
wife... ((-1 Q.22)

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

RECORD IN S.R.B. PG 2

IF OTHER MARRIAGES

21g. How did that marriage
end -- was he divorced
or was he widowed?

Divorced((-1) (ASK Q.21h)
Widowed.....-2

RECORD IN S.R.B. PG 2

21h. In what month and year
was he (divorced/
widowed/separated)?

MONTH		YEAR	
()	()	()	()

(RECORD OTHER MARRIAGES
IN S.R.B. PG 20 AND 21)

22. How many children (has/did) (STUDY RESPONDENT) (had/have) -- that is, of how many children was he the natural father? Please include all children, both those who are living and those who may no longer be living.

(WRITE IN NUMBER)

--	--

 children (ASK Q.23)
() ()

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

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

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

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

FIRST CHILD

24f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 3

24g. Where are (CHILD)'s current medical records located? In what city and state is that?

RECORD IN S.R.B. PG 3

24h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 3

24i. How old was the mother when (CHILD) was born?

Age
() ()

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

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

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

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

()
()
()

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

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

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

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

MONTH YEAR
() () - () ()

24n. What kind of cancer was diagnosed?

()

Not sure..() -1

(GO TO Q.24o)

SECOND CHILD

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

RECORD IN S.R.B. PG 3

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

RECORD IN S.R.B. PG 3

25h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 3

25i. How old was the mother when (CHILD) was born?

Age
() ()

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

Yes. () -1 (ASK Q.25k)

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

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

()
()
()

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

Yes. () -1 (ASK Q.25m)

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

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

MONTH YEAR
() () - () ()

25n. What kind of cancer was diagnosed?

()

Not sure..() -1

(GO TO Q.25o)

THIRD CHILD

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

RECORD IN S.R.B. PG 3

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

RECORD IN S.R.B. PG 3

26h. What was (CHILD)'s mother's full name?

RECORD IN S.R.B. PG 3

26i. How old was the mother when (CHILD) was born?

Age
() ()

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

Yes. () -1 (ASK Q.26k)

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

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

()
()
()

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

Yes. () -1 (ASK Q.26m)

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

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

MONTH YEAR
() () - () ()

26n. What kind of cancer was diagnosed?

()

Not sure..() -1

(GO TO Q.26o)

FIRST CHILDSECOND CHILDTHIRD CHILD

24p. (Does/Did)(CHILD) have a diagnosed learning disability?

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

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

24p. What kind of learning disability (does/did) (s)he have?

() ()

() ()

24q. (Does/Did)(CHILD) have any physical, mental, or motor impairments?

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

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

24r. What kind of impairment (does/did) (s)he have?

() ()

() ()

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

24s. On what date did (CHILD) die?

MONTH		DAY		YEAR	
()	()	()	()	()	()
()	()	()	()	()	()

24t. What was the cause of death?

() ()

() ()

24u. 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.25a)

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

Yes. () -1 (ASK Q.25p)

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

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

() ()

() ()

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

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

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

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

() ()

() ()

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

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

MONTH		DAY		YEAR	
()	()	()	()	()	()
()	()	()	()	()	()

25t. What was the cause of death?

() ()

() ()

25u. 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.26a)

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

Yes. () -1 (ASK Q.26p)

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

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

() ()

() ()

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

Yes. () -1 (ASK Q.26r)

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

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

() ()

() ()

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

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

MONTH		DAY		YEAR	
()	()	()	()	()	()
()	()	()	()	()	()

26t. What was the cause of death?

() ()

() ()

26u. 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 22-30)

Now let's talk about (STUDY SUBJECT'S) health.
27a. Did (STUDY SUBJECT) ever have pneumonia?

Yes. (() -1 (ASK Q.27b)

No.....-2 (SKIP TO Q.29a)

27b. How many times did he have pneumonia?

(WRITE IN NUMBER)

--	--	--

 times
() () ()

<u>First Time</u>	<u>Second Time</u>	<u>Third Time</u>
<p>28a. During what months and years did he have pneumonia (the first time)?</p> <p><u>RECORD IN S.R.B. PG 5</u></p> <p>IF BEFORE 1961, SKIP TO Q.28f.</p>	<p>28f. During what months and years did he have pneumonia (the second time)?</p> <p><u>RECORD IN S.R.B. PG 5</u></p> <p>IF BEFORE 1961, SKIP TO Q.28k.</p>	<p>28k. During what months and years did he have pneumonia (the third time)?</p> <p><u>RECORD IN S.R.B. PG 5</u></p> <p>IF BEFORE 1961, SKIP TO Q.29a.</p>
<p>28b. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?</p> <p><u>RECORD IN S.R.B. PG 5</u></p>	<p>28g. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?</p> <p><u>RECORD IN S.R.B. PG 5</u></p>	<p>28l. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?</p> <p><u>RECORD IN S.R.B. PG 5</u></p>
<p>28c. What prescribed medicine did he take for the pneumonia he had that time?</p> <p>1. (()</p> <p>2. (()</p> <p>3. (()</p>	<p>28h. What prescribed medicine did he take for the pneumonia he had that time?</p> <p>1. (()</p> <p>2. (()</p> <p>3. (()</p>	<p>28m. What prescribed medicine did he take for the pneumonia he had that time?</p> <p>1. (()</p> <p>2. (()</p> <p>3. (()</p>
<p>28d. Was he hospitalized for the pneumonia he had that time?</p> <p>Yes. (() -1 (ASK Q.28e) No.....-2 (SKIP TO Q.28f)</p>	<p>28i. Was he hospitalized for the pneumonia he had that time?</p> <p>Yes. (() -1 (ASK Q.28i) No.....-2 (SKIP TO Q.28k)</p>	<p>28n. Was he hospitalized for the pneumonia he had that time?</p> <p>Yea. (() -1 (ASK Q.28o) No.....-2 (SKIP TO Q.77a IN S.R.B. PG 31)</p>
<p>28e. What was the full name of that hospital?</p> <p><u>RECORD IN S.R.B. PG 5</u></p>	<p>28j. What was the full name of that hospital?</p> <p><u>RECORD IN S.R.B. PG 5</u></p>	<p>28o. What was the full name of that hospital?</p> <p><u>RECORD IN S.R.B. PG 5</u></p> <p>(RECORD ADDITIONAL PERIODS IN S.R.B. PAGE 31)</p>

29a. Did (STUDY RESPONDENT) ever have cancer?

Yes..(() -1 (ASK Q.29b)

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

29b. In which parts of his body was cancer located?

LIST EACH BODY PART BELOW. IF MORE THAN THREE BODY PARTS, USE S.R.B. - PAGE 32 FOR ADDITIONAL PARTS.

Part 1	Part 2	Part 3
29c. In what month and year was cancer of the (BODY PART) first diagnosed? RECORD IN S.R.B. PG 6	29i. In what month and year was cancer of the (BODY PART) first diagnosed? RECORD IN S.R.B. PG 6	29o. In what month and year was cancer of the (BODY PART) first diagnosed? RECORD IN S.R.B. PG 6
29d. What is the full name of the doctor or the medical facility where the diagnosis was made? RECORD IN S.R.B. PG 6	29j. What is the full name of the doctor or the medical facility where the diagnosis was made? RECORD IN S.R.B. PG 6	29p. What is the full name of the doctor or the medical facility where the diagnosis was made? RECORD IN S.R.B. PG 6
29e. What is the full name of the doctor or the medical facility he last consulted about cancer of the (BODY PART)? RECORD IN S.R.B. PG 6	29k. What is the full name of the doctor or the medical facility he last consulted about cancer of the (BODY PART)? RECORD IN S.R.B. PG 6	29q. What is the full name of the doctor or the medical facility he last consulted about cancer of the (BODY PART)? RECORD IN S.R.B. PG 6
29f. During what month and year did he last consult (NAME FROM Q.29e)? RECORD IN S.R.B. PG 6	29l. During what month and year did he last consult (NAME FROM Q.29k)? RECORD IN S.R.B. PG 6	29r. During what month and year did he last consult (NAME FROM Q.29q)? RECORD IN S.R.B. PG 6
29g. What treatments or medicines did he take for cancer of the (BODY PART)? MULTIPLE RECORD BELOW Radiation.....(() -1 Chemotherapy...(() -1 Surgery.....(() -1 Other (SPECIFY)(() -1	29m. What treatments or medicines did he take for cancer of the (BODY PART)? MULTIPLE RECORD BELOW Radiation.....(() -1 Chemotherapy...(() -1 Surgery.....(() -1 Other (SPECIFY)(() -1	29s. What treatments or medicines did he take for cancer of the (BODY PART)? MULTIPLE RECORD BELOW Radiation.....(() -1 Chemotherapy...(() -1 Surgery.....(() -1 Other (SPECIFY)(() -1
29h. During what month and year did he first receive (EACH TREATMENT CODED IN Q.29g) for cancer of the (BODY PART)? Radiation.... MONTH YEAR () () - () () Chemotherapy. MONTH YEAR () () - () () Surgery.. MONTH YEAR () () - () () Other.... MONTH YEAR () () - () () (GO TO NEXT BODY PART)	29n. During what month and year did he first receive (EACH TREATMENT CODED IN Q.29m) for cancer of the (BODY PART)? Radiation.... MONTH YEAR () () - () () Chemotherapy. MONTH YEAR () () - () () Surgery.. MONTH YEAR () () - () () Other.... MONTH YEAR () () - () () (GO TO NEXT BODY PART)	29t. During what month and year did he first receive (EACH TREATMENT CODED IN Q.29s) for cancer of the (BODY PART)? Radiation.... MONTH YEAR () () - () () Chemotherapy. MONTH YEAR () () - () () Surgery.. MONTH YEAR () () - () () Other.... MONTH YEAR () () - () () (GO TO NEXT BODY PART IN S.R.B. PAGE 32)

IF LEUKEMIA NOT PREVIOUSLY MENTIONED, ASK:

30a. Did (STUDY RESPONDENT) ever have leukemia?

Yes..(() -1 (ASK Q.30b)

No..... -2 (SKIP TO Q.31a)

30b. In what month and year was his leukemia first diagnosed?

RECORD IN S.R.B. - PG 7

30c. What is the full name of the doctor or the medical facility where the diagnosis was made?

RECORD IN S.R.B. - PG 7

30d. What treatments or medicines did he take for leukemia? RECORD BELOW

D. MEDICINE/TREATMENT

1. _____ ((

2. _____ ((

3. _____ ((

E. FIRST RECEIVED

MONTH		YEAR	
()	()	()	()

MONTH		YEAR	
()	()	()	()

MONTH		YEAR	
()	()	()	()

30e. During what month and year did he first receive (EACH TREATMENT OR MEDICINE IN Q.30d)? RECORD ABOVE

30f. What is the full name of the doctor or medical facility he last consulted about his leukemia?

RECORD IN S.R.B. - PG 7

30g. During what month and year did he last consult (NAME IN Q.30f)?

RECORD IN S.R.B. - PG 7

31a. I would like to ask you some questions about other medical conditions (STUDY RESPONDENT) may have had.

1. Did he ever have diabetes?

Yes.....((_____ -1 ("X" BOX ON PAGE 18)
No..... _____ -2

2. Did he ever have thyroid problems?

Yes (SPECIFY) _____.((_____ -1 ("X" BOX ON PAGE 18)
No..... _____ -2

3. Did he ever have anemia?

Yes.....((_____ -1 ("X" BOX ON PAGE 18)
No..... _____ -2

4. Did he ever have a heart condition?

Yes (SPECIFY) _____.((_____ -1 ("X" BOX ON PAGE 18)
No..... _____ -2

5. Did he ever have an enlarged liver?

Yes.....((_____ -1 ("X" BOX ON PAGE 18)
No..... _____ -2

6. Did he ever have jaundice?

Yes.....((_____ -1 ("X" BOX ON PAGE 19)
No..... _____ -2

7. Did he ever have hepatitis?

Yes.....((_____ -1 ("X" BOX ON PAGE 19)
No..... _____ -2

8. Did he ever have cirrhosis of the liver?

Yes.....((_____ -1 ("X" BOX ON PAGE 19)
No..... _____ -2

9. Did he ever have intestinal parasites?

Yes.....((_____ -1 ("X" BOX ON PAGE 19)
No..... _____ -2

10. Did he ever have gall bladder problems?

Yes.....((_____ -1 ("X" BOX ON PAGE 19)
No..... _____ -2

11. Did he ever have any other liver condition?

Yes (SPECIFY) _____.((_____ -1 ("X" BOX ON PAGE 20)
No..... _____ -2

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

Yes (SPECIFY) _____.((_____ -1 ("X" BOX ON PAGE 20)
No..... _____ -2

13. Did he ever have any other major condition?

Yes (SPECIFY ALL OTHER CONDITIONS)

_____. ((_____ -1 ("X" BOX ON PAGE 20)
No..... _____ -2

ASK Q.31b THROUGH Q.31e
FOR EACH BOX "X"ED ON
PP. 18-20

DIABETES

☐

THYROID PROBLEMS

☐

ANEMIA

☐

A HEART CONDITION

☐

AN ENLARGED LIVER

☐

31b. When did a doctor first
tell him that he had
(CONDITION)?.....

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

31c. What is the full name of
the doctor who made the
diagnosis or the medical
facility where the diag-
nosis was made?.....

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

31d. When did he last consult
a doctor for (CONDITION)?.

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

31e. What is the full name of
the doctor or medical
facility he last con-
sulted about his
(CONDITION)?.....

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 8

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

ASK Q.31b THROUGH Q.31e
FOR EACH BOX "X"ED ON
PP. 18-20

JAUNDICE

HEPATITIS

CIRRHOSIS OF THE LIVER

INTESTINAL PARASITES

GALL BLADDER PROBLEMS

--

--

--

--

--

31b. When did a doctor first
tell him that he had
(CONDITION)?.....

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 9

31c. What is the full name of
the doctor who made the
diagnosis or the medical
facility where the diag-
nosis was made?.....

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 9

31d. When did he last consult
a doctor for (CONDITION)?.

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 9

31e. What is the full name of
the doctor or medical
facility he last con-
sulted about his
(CONDITION)?.....

RECORD IN S.R.B.
PAGE 8

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 9

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

ASK Q.31b THROUGH Q.31e
FOR EACH BOX "X"ED ON
PP. 18-20

ANY OTHER LIVER
CONDITION

☐

A RESPIRATORY CONDITION
OTHER THAN PNEUMONIA

☐

ANY OTHER MAJOR
CONDITION

☐

SECOND OTHER MAJOR
CONDITION

☐

THIRD OTHER MAJOR
CONDITION

☐

31b. When did a doctor first
tell him that he had
(CONDITION)?.....

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 10

RECORD IN S.R.B.
PAGE 10

RECORD IN S.R.B.
PAGE 10

31c. What is the full name of
the doctor who made the
diagnosis or the medical
facility where the diag-
nosis was made?.....

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 10

RECORD IN S.R.B.
PAGE 10

RECORD IN S.R.B.
PAGE 10

31d. When did he last consult
a doctor for (CONDITION)?.

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 10

RECORD IN S.R.B.
PAGE 10

RECORD IN S.R.B.
PAGE 10

31e. What is the full name of
the doctor or medical
facility he last con-
sulted about his
(CONDITION)?.....

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 9

RECORD IN S.R.B.
PAGE 10

RECORD IN S.R.B.
PAGE 10

RECORD IN S.R.B.
PAGE 10

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

(GO TO NEXT CONDITION
"X"ED)

32. Did (STUDY RESPONDENT) ever have acne on his face?

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

No.....-2 (SKIP TO Q.35a)

33a. As far as you know, during what year did he last have acne on his face?

(WRITE IN YEAR)

--	--	--

 Year
(ASK Q.33b) Before 1961..((-1 (SKIP TO Q.35a)

First Period

33b. Think about the first time he had acne on his face -- when did it start?

MONTH		YEAR	
()	()	()	()

33c. Until when did that last?

MONTH		YEAR	
()	()	()	()

33d. Please show me on this diagram where the acne was located (the first time).

HAND RESPONDENT CARD "E"

MULTIPLE RECORD BELOW

Temples.....	((-1
Eyes or eyelids..	((-1
Ears.....	((-1
Cheeks.....	((-1
Nose.....	((-1
Forehead.....	((-1
Jaw, Chin, Other	((-1

33e. Did he ever have another period of acne on his face?

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

No.....-2 (SKIP TO Q.41a)

Second Period

33f. Think about the second time he had acne on his face -- when did it start?

MONTH		YEAR	
()	()	()	()

33g. Until when did that last?

MONTH		YEAR	
()	()	()	()

33h. Please show me on this diagram where the acne was located.

HAND RESPONDENT CARD "E"

MULTIPLE RECORD BELOW

Temples.....	((-1
Eyes or eyelids..	((-1
Ears.....	((-1
Cheeks.....	((-1
Nose.....	((-1
Forehead.....	((-1
Jaw, Chin, Other	((-1

33i. Did he ever have another period of acne on his face?

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

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

Third Period

33j. Think about the third time he had acne on his face -- when did it start?

MONTH		YEAR	
()	()	()	()

33k. Until when did that last?

MONTH		YEAR	
()	()	()	()

33L. Please show me on this diagram where the acne was located.

HAND RESPONDENT CARD "E"

MULTIPLE RECORD BELOW

Temples.....	((-1
Eyes or eyelids..	((-1
Ears.....	((-1
Cheeks.....	((-1
Nose.....	((-1
Forehead.....	((-1
Jaw, Chin, Other	((-1

33m. Did he ever have another period of acne on his face?

Yes.((-1

No.....-2

IF ANY "YES" TO TEMPLE, EYES, EYELIDS, OR EARS
IN Q.33d, ABOVE: ASK Q.34a.
ALL OTHERS: SKIP TO Q.35a.

34a. Did he ever consult a doctor or medical facility about the acne on his (temples/eyes or eyelids/ears)?

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

No.....-2
Don't know..-3 } (SKIP TO Q.35a)

34b. When did he last consult a doctor about the acne on his (temples/eyes or eyelids/ears)?

RECORD IN S.R.B. - PG

34c. What was the name of the doctor or medical facility he consulted at the time?

RECORD IN S.R.B. - PG

35a. Did (STUDY RESPONDENT) ever have (READ EACH COLUMN HEADING)?

IF "YES" TO ANY COLUMN HEADING, ASK Q.35b-h FOR THAT COLUMN

A.	B.	C.
Patches of his skin change color?	Easier bruising of the skin than usual?	Skin that was extra sensitive or seemed to hurt for no reason?
Yes..((-1 No.....-2 DK.....-3	Yes..((-1 No.....-2 DK.....-3	Yes..((-1 No.....-2 DK.....-3
b. On what part of his body did he have (CONDITION)? Any other part?	b. On what part of his body did he have (CONDITION)? Any other part?	b. On what part of his body did he have (CONDITION)? Any other part?
((((((
((((((
c. Did he discuss (CONDI- TION) with a doctor?	c. Did he discuss (CONDI- TION) with a doctor?	c. Did he discuss (CONDI- TION) with a doctor?
Yes..((-1 (ASK Q.35d)	Yes..((-1 (ASK Q.35d)	Yes..((-1 (ASK Q.35d)
No.....-2 (GO TO NEXT DK.....-3 CONDITION)	No.....-2 (GO TO NEXT DK.....-3 CONDITION)	No.....-2 (SKIP TO DK.....-3 Q.36a)
d. What was the diagnosis?	d. What was the diagnosis?	d. What was the diagnosis?
((((((
((((((
e. What is the name of the doctor who made the diag- nosis or the medical facility where the diag- nosis was made?	e. What is the name of the doctor who made the diag- nosis or the medical facility where the diag- nosis was made?	e. What is the name of the doctor who made the diag- nosis or the medical facility where the diag- nosis was made?
<u>RECORD IN S.R.B. - PG 11</u>	<u>RECORD IN S.R.B. - PG 11</u>	<u>RECORD IN S.R.B. - PG 11</u>
f. During what month and year was the diagnosis made?	f. During what month and year was the diagnosis made?	f. During what month and year was the diagnosis made?
<u>RECORD IN S.R.B. - PG 11</u>	<u>RECORD IN S.R.B. - PG 11</u>	<u>RECORD IN S.R.B. - PG 11</u>
g. What is the name of the doctor or medical facil- ity he last consulted about (CONDITION)?	g. What is the name of the doctor or medical facil- ity he last consulted about (CONDITION)?	g. What is the name of the doctor or medical facil- ity he last consulted about (CONDITION)?
<u>RECORD IN S.R.B. - PG 11</u>	<u>RECORD IN S.R.B. - PG 11</u>	<u>RECORD IN S.R.B. - PG 11</u>
h. During what month and year did he last con- sult (NAME IN Q.35g)?	h. During what month and year did he last con- sult (NAME IN Q.35g)?	h. During what month and year did he last con- sult (NAME IN Q.35g)?
<u>RECORD IN S.R.B. - PG 11</u>	<u>RECORD IN S.R.B. - PG 11</u>	<u>RECORD IN S.R.B. - PG 11</u>

36a. Aside from injury, (was there ever/has there ever been) a period of time when (STUDY RESPONDENT) had (READ EACH COLUMN HEADING)?

IF "YES" TO ANY COLUMN HEADING, ASK Q.36b-1 FOR THAT COLUMN

A.	B.	C.
Persistent numbness in any of his limbs?	Persistent tingling sensations in any of his limbs?	Persistent deep burning sensations in any of his limbs?
Yes..((-1 No.....-2 DK.....-3	Yes..((-1 No.....-2 DK.....-3	Yes..((-1 No.....-2 DK.....-3
b. When did he first notice (CONDITION)?	b. When did he first notice (CONDITION)?	b. When did he first notice (CONDITION)?
MONTH YEAR - () () () ()	MONTH YEAR - () () () ()	MONTH YEAR - () () () ()
c. Which limbs or muscles were affected? (CONDITION)? Any other part?	c. Which limbs or muscles were affected? (CONDITION)? Any other part?	c. Which limbs or muscles were affected? (CONDITION)? Any other part?
((((((
((((((
d. During what period was the (CONDITION) most intense?	d. During what period was the (CONDITION) most intense?	d. During what period was the (CONDITION) most intense?
FROM MONTH YEAR - () () () () TO MONTH YEAR - () () () ()	FROM MONTH YEAR - () () () () TO MONTH YEAR - () () () ()	FROM MONTH YEAR - () () () () TO MONTH YEAR - () () () ()
e. Did he see a doctor for (CONDITION)?	e. Did he see a doctor for (CONDITION)?	e. Did he see a doctor for (CONDITION)?
Yes.((-1 (IF NO OR DK, No.....-2 GO TO NEXT DK.....-3 (CONDITION)	Yes.((-1 (IF NO OR DK, No.....-2 GO TO NEXT DK.....-3 (CONDITION)	Yes.((-1 (IF NO OR DK, No.....-2 GO TO NEXT DK.....-3 (CONDITION)
f. What was the diagnosis?	f. What was the diagnosis?	f. What was the diagnosis?
((((((
((((((
g. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?	g. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?	g. What is the name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?
RECORD IN S.R.B. - PG 12	RECORD IN S.R.B. - PG 12	RECORD IN S.R.B. - PG 12
h. During what month and year was the diagnosis made?	h. During what month and year was the diagnosis made?	h. During what month and year was the diagnosis made?
RECORD IN S.R.B. - PG 12	RECORD IN S.R.B. - PG 12	RECORD IN S.R.B. - PG 12
i. What is the name of the doctor or medical facility he last consulted about (CONDITION)?	i. What is the name of the doctor or medical facility he last consulted about (CONDITION)?	i. What is the name of the doctor or medical facility he last consulted about (CONDITION)?
RECORD IN S.R.B. - PG 12	RECORD IN S.R.B. - PG 12	RECORD IN S.R.B. - PG 12
j. During what month and year did he last consult (NAME IN Q.36g)?	j. During what month and year did he last consult (NAME IN Q.36g)?	j. During what month and year did he last consult (NAME IN Q.36g)?
RECORD IN S.R.B. - PG 12	RECORD IN S.R.B. - PG 12	RECORD IN S.R.B. - PG 12

36a. Aside from injury, (was there ever/has there ever been) a period of time when (STUDY RESPONDENT) had (READ EACH COLUMN HEADING)?

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

D.	E.																								
Persistent aches and pains in any of his limbs?	A reduction in grip strength?																								
Yes..() -1 No.....-2 DK.....-3	Yes..() -1 No.....-2 DK.....-3																								
b. When did he first notice (CONDITION)?	b. When did he first notice (CONDITION)?																								
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RECORD IN S.R.B. - PG 12	RECORD IN S.R.B. - PG 12																								

37a. Did (STUDY RESPONDENT) ever smoke cigarettes regularly for a period of at least one month?

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

No.....-2 (SKIP TO Q.39a)

37b. In what month and year did he start smoking cigarettes on a fairly regular basis?

MONTH		YEAR	
()	()	()	()

37c. In what month and year did he last smoke cigarettes on a fairly regular basis?

MONTH		YEAR	
()	()	()	()

37d. Between (START DATE) and (END DATE), for about how many years altogether did (STUDY RESPONDENT) smoke cigarettes, not counting times when he stopped smoking?

()	()	Years
-----	-----	-------

38. When (STUDY RESPONDENT) was smoking cigarettes on a fairly regular basis, about how many packs per week did he smoke? By "pack" we mean 20 cigarettes.

()	()	packs per week
-----	-----	----------------

39a. Did (STUDY RESPONDENT) ever smoke a pipe regularly for a period of at least one month?

Yes.....(() -1 (ASK Q.39b)

No.....-2 (SKIP TO Q.41a)

39b. In what month and year did he start smoking a pipe on a fairly regular basis?

MONTH		YEAR	
()	()	()	()

39c. In what month and year did he last smoke a pipe on a fairly regular basis?

MONTH		YEAR	
()	()	()	()

39d. Between (START DATE) and (END DATE), for about how many years altogether did (STUDY RESPONDENT) smoke a pipe, not counting times when he stopped smoking?

()	()	Years
-----	-----	-------

40. When (STUDY RESPONDENT) was smoking a pipe on a fairly regular basis in (START DATE), about how many pipefuls per week did he smoke?

()	()	pipefuls per week
-----	-----	-------------------

41a. Did (STUDY RESPONDENT) ever smoke cigars regularly for a period of at least one month?

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

No.....-2 (SKIP TO Q.43a)

41b. In what month and year did he start smoking cigars on a fairly regular basis?

MONTH		YEAR	
()	()	()	()

41c. In what month and year did he last smoke cigars on a fairly regular basis?

MONTH		YEAR	
()	()	()	()

41d. Between (START DATE) and (END DATE), for about how many years altogether did (STUDY RESPONDENT) smoke cigars, not counting times when he stopped smoking?

()	()

Years

42. When (STUDY RESPONDENT) was smoking cigars on a fairly regular basis in (START DATE), about how many cigars per week did he smoke?

()	()

cigars per week

IF STUDY RESPONDENT SMOKED CIGARETTES, A PIPE, OR CIGARS, ASK:

43. In general, when he was smoking did he inhale the smoke?

Yes.....(() -1

No.....-2

44a. Now let's talk about drinking alcoholic beverages, that is, beer, wine, or hard liquor. Did he ever drink alcoholic beverages on a fairly regular basis?

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

No.....-2 (SKIP TO Q.46)

44b. When did he start drinking alcoholic beverages on a fairly regular basis?

MONTH		YEAR	
()	()	()	()

44c. When did he last drink on a fairly regular basis?

MONTH		YEAR	
()	()	()	()

45. When (STUDY RESPONDENT) drank alcoholic beverages on a fairly regular basis in (START DATE), about how many drinks per week did he usually have?

()	()

drinks per week

Now I'm going to ask you a few questions about his recreation and leisure activities.

46. What are some of the hobbies and sports he participated in on a regular basis? Any others?

1. _____ ((
2. _____ ((
3. _____ ((
4. _____ ((
5. _____ ((
6. _____ ((

47. Did he participate three or more times in (READ EACH ITEM)? (CODE "YES" FOR ANY ITEM MENTIONED IN Q.46 AND DO NOT READ THAT ITEM)

- | | Yes | No |
|--|-----|----|
| 1. Scuba diving.....((| -1 | -2 |
| 2. Auto, boat, or motorcycle racing.....((| -1 | -2 |
| 3. Skydiving.....((| -1 | -2 |
| 4. Mountain climbing.....((| -1 | -2 |
| 5. Hang gliding.....((| -1 | -2 |
| 6. Plane racing or plane acrobatics, not including flight training or any assignments for the Armed Forces.....((| -1 | -2 |

IF STUDY RESPONDENT IS DECEASED, ASK Q.48-52; OTHERWISE GO TO Q.53.

Now I would like to know more about the circumstances surrounding (STUDY RESPONDENT'S) death.

48. What was the official cause of his death?

_____ ((

_____ ((

_____ ((

49. In what city and state was (STUDY RESPONDENT) living at the time of his death?

City _____ ((

State _____ ((

(IF OUTSIDE U.S.) Country _____ ((

50a. Was he in a hospital at the time of his death?

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

No.....-2 (SKIP TO Q.51)

50b. What was the name of the hospital? RECORD IN S.R.B. PAGE 33

51. What is the name of the primary physician who was responsible for his care at the time of death?

RECORD IN S.R.B. PAGE 33

52. Was an autopsy performed?

Yes.....((-1

No.....-2

53. We would like your consent for the doctors and medical facilities you mentioned during this interview to provide (STUDY RESPONDENT'S) medical records to the Air Force Health Survey. This will help us to obtain more complete and detailed information about the health services you talked about.

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
PROXY

Q.2. Where born: City: _____
State: _____

Q.8b-13b. Employers

Q.8e-13e Main Duties

1st job: _____

2nd job: _____

3rd job: _____

4th job: _____

5th job: _____

6th job: _____

7th job: _____

8th job: _____

9th job: _____

10th job: _____

11th job: _____

12th job: _____

Q.16: Countries Served In:

1. _____	7. _____
2. _____	8. _____
3. _____	9. _____
4. _____	10. _____
5. _____	11. _____
6. _____	12. _____

Q.19-21 and 65-67 Marital History

	<u>b.</u> Wife's Current Full Name	<u>c.</u> Wife's Maiden Name	<u>f/g</u> Living With Wife Or Divorced/ Separated/ Widowed
First/ only wife	_____	_____	_____
Second wife	_____	_____	_____
Third wife	_____	_____	_____
Fourth wife	_____	_____	_____
Fifth wife	_____	_____	_____
Sixth wife	_____	_____	_____

Q.24-26 and 68-76 CHILDREN

CHILD	Q.29 NAME	e. BIRTHDATE	f. BIRTH RECORDS	g. CURRENT MEDICAL RECORDS	h. MOTHER'S FULL NAME	i. DEATH RECORDS
FIRST	First _____ Last _____	MONTH DAY YEAR - -	Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____
SECOND	First _____ Last _____	MONTH DAY YEAR - -	Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____
THIRD	First _____ Last _____	MONTH DAY YEAR - -	Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____
FOURTH	First _____ Last _____	MONTH DAY YEAR - -	Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____
FIFTH	First _____ Last _____	MONTH DAY YEAR - -	Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____
SIXTH	First _____ Last _____	MONTH DAY YEAR - -	Place _____ C/S _____	Place _____ C/S _____	First _____ Last _____	Place _____ C/S _____

2.24-26 and 63-76 CHILDREN

CHILD	Q.29 NAME	d. BIRTHDATE	f. BIRTH RECORDS	g. CURRENT MEDICAL RECORDS	h. MOTHER'S FULL NAME	u. 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.28 Medical Providers -- Pneumonia

1st Time	2nd Time	3rd Time
a. Months/years had that time.	a. Months/years had that time.	a. Months/years had that time.
<div>MONTH YEAR</div> <div>(12) (13) - (04) (05)</div> <div>TO</div> <div>MONTH YEAR</div> <div>(16) (17) - (18) (19)</div>	<div>MONTH YEAR</div> <div>(20) (21) - (22) (23)</div> <div>TO</div> <div>MONTH YEAR</div> <div>(24) (25) - (26) (27)</div>	<div>MONTH YEAR</div> <div>(28) (29) - (30) (31)</div> <div>TO</div> <div>MONTH YEAR</div> <div>(32) (33) - (34) (35)</div>
b. Doctor/facility who made diagnosis.	b. Doctor/facility who made diagnosis.	b. Doctor/facility who made diagnosis.
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
C/S _____	C/S _____	C/S _____
e. Name of hospital.	e. Name of hospital.	e. Name of hospital.
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
C/S _____	C/S _____	C/S _____

4th Time	5th Time	6th Time
a. Months/years had that time.	a. Months/years had that time.	a. Months/years had that time.
<div>MONTH YEAR</div> <div>() () - () ()</div> <div>TO</div> <div>MONTH YEAR</div> <div>() () - () ()</div>	<div>MONTH YEAR</div> <div>() () - () ()</div> <div>TO</div> <div>MONTH YEAR</div> <div>() () - () ()</div>	<div>MONTH YEAR</div> <div>() () - () ()</div> <div>TO</div> <div>MONTH YEAR</div> <div>() () - () ()</div>
b. Doctor/facility who made diagnosis.	b. Doctor/facility who made diagnosis.	b. Doctor/facility who made diagnosis.
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
C/S _____	C/S _____	C/S _____
e. Name of hospital.	e. Name of hospital.	e. Name of hospital.
Name _____	Name _____	Name _____
Address _____	Address _____	Address _____
C/S _____	C/S _____	C/S _____

Q.29. Medical Providers -- Cancer

Part 1	Part 2	Part 3																																				
<p>c. Month/year <u>first</u> diagnosed</p> <table border="1"> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> <tr> <td>(36)</td><td>(37)</td><td>(38)</td><td>(39)</td> </tr> </table>	MONTH		YEAR						(36)	(37)	(38)	(39)	<p>c. Month/year <u>first</u> diagnosed</p> <table border="1"> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> <tr> <td>(44)</td><td>(45)</td><td>(46)</td><td>(47)</td> </tr> </table>	MONTH		YEAR						(44)	(45)	(46)	(47)	<p>c. Month/year <u>first</u> diagnosed</p> <table border="1"> <tr> <td colspan="2">MONTH</td> <td colspan="2">YEAR</td> </tr> <tr> <td></td><td></td><td></td><td></td> </tr> <tr> <td>(52)</td><td>(53)</td><td>(54)</td><td>(55)</td> </tr> </table>	MONTH		YEAR						(52)	(53)	(54)	(55)
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(44)	(45)	(46)	(47)																																			
MONTH		YEAR																																				
(52)	(53)	(54)	(55)																																			
<p>d. Doctor/facility where first diagnosis made:</p> <p>Name _____</p> <p>Address _____</p> <p>C/S _____</p>	<p>d. Doctor/facility where first diagnosis made:</p> <p>Name _____</p> <p>Address _____</p> <p>C/S _____</p>	<p>d. Doctor/facility where first diagnosis made:</p> <p>Name _____</p> <p>Address _____</p> <p>C/S _____</p>																																				
<p>e. Doctor/facility <u>last</u> consulted.</p> <p>Name _____</p> <p>Address _____</p> <p>C/S _____</p>	<p>e. Doctor/facility <u>last</u> consulted.</p> <p>Name _____</p> <p>Address _____</p> <p>C/S _____</p>	<p>e. Doctor/facility <u>last</u> consulted.</p> <p>Name _____</p> <p>Address _____</p> <p>C/S _____</p>																																				
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MONTH		YEAR																																				
(48)	(49)	(50)	(51)																																			
MONTH		YEAR																																				
(56)	(57)	(58)	(59)																																			
Part 4	Part 5	Part 6																																				
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MONTH		YEAR																																				
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Q.30 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)