

## 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)

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)

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)

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)

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)

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?

		Weeks
(20)	(21)	

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?

		Weeks
(20)	(21)	

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?

		Weeks
(20)	(21)	

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

## PREGNANCY 5

## PREGNANCY 6

## [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?

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 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)

## [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?

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 Months  
 (38) (39)

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

30i. (IF MISCARRIAGE OR STILLBIRTH IN Q.30h, 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)

## [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?

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 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?

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100	101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150	151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200	201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250	251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300	301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350	351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400	401	402	403	404	405	406	407	408	409	410	411	412	413	414	415	416	417	418	419	420	421	422	423	424	425	426	427	428	429	430	431	432	433	434	435	436	437	438	439	440	441	442	443	444	445	446	447	448	449	450	451	452	453	454	455	456	457	458	459	460	461	462	463	464	465	466	467	468	469	470	471	472	473	474	475	476	477	478	479	480	481	482	483	484	485	486	487	488	489	490	491	492	493	494	495	496	497	498	499	500	501	502	503	504	505	506	507	508	509	510	511	512	513	514	515	516	517	518	519	520	521	522	523	524	525	526	527	528	529	530	531	532	533	534	535	536	537	538	539	540	541	542	543	544	545	546	547	548	549	550	551	552	553	554	555	556	557	558	559	560	561	562	563	564	565	566	567	568	569	570	571	572	573	574	575	576	577	578	579	580	581	582	583	584	585	586	587	588	589	590	591	592	593	594	595	596	597	598	599	600	601	602	603	604	605	606	607	608	609	610	611	612	613	614	615	616	617	618	619	620	621	622	623	624	625	626	627	628	629	630	631	632	633	634	635	636	637	638	639	640	641	642	643	644	645	646	647	648	649	650	651	652	653	654	655	656	657	658	659	660	661	662	663	664	665	666	667	668	669	670	671	672	673	674	675	676	677	678	679	680	681	682	683	684	685	686	687	688	689	690	691	692	693	694	695	696	697	698	699	700	701	702	703	704	705	706	707	708	709	710	711	712	713	714	715	716	717	718	719	720	721	722	723	724	725	726	727	728	729	730	731	732	733	734	735	736	737	738	739	740	741	742	743	744	745	746	747	748	749	750	751	752	753	754	755	756	757	758	759	760	761	762	763	764	765	766	767	768	769	770	771	772	773	774	775	776	777	778	779	780	781	782	783	784	785	786	787	788	789	790	791	792	793	794	795	796	797	798	799	800	801	802	803	804	805	806	807	808	809	810	811	812	813	814	815	816	817	818	819	820	821	822	823	824	825	826	827	828	829	830	831	832	833	834	835	836	837	838	839	840	841	842	843	844	845	846	847	848	849	850	851	852	853	854	855	856	857	858	859	860	861	862	863	864	865	866	867	868	869	870	871	872	873	874	875	876	877	878	879	880	881	882	883	884	885	886	887	888	889	890	891	892	893	894	895	896	897	898	899	900	901	902	903	904	905	906	907	908	909	910	911	912	913	914	915	916	917	918	919	920	921	922	923	924	925	926	927	928	929	930	931	932	933	934	935	936	937	938	939	940	941	942	943	944	945	946	947	948	949	950	951	952	953	954	955	956	957	958	959	960	961	962	963	964	965	966	967	968	969	970	971	972	973	974	975	976	977	978	979	980	981	982	983	984	985	986	987	988	989	990	991	992	993	994	995	996	997	998	999	1000	1001	1002	1003	1004	1005	1006	1007	1008	1009	10010	10011	10012	10013	10014	10015	10016	10017	10018	10019	10020	10021	10022	10023	10024	10025	10026	10027	10028	10029	10030	10031	10032	10033	10034	10035	10036	10037	10038	10039	10040	10041	10042	10043	10044	10045	10046	10047	10048	10049	10050	10051	10052	10053	10054	10055	10056	10057	10058	10059	10060	10061	10062	10063	10064	10065	10066	10067	10068	10069	10070	10071	10072	10073	10074	10075	10076	10077	10078	10079	10080	10081	10082	10083	10084	10085	10086	10087	10088	10089	10090	10091	10092	10093	10094	10095	10096	10097	10098	10099	100100	100101	100102	100103	100104	100105	100106	100107	100108	100109	100110	100111	100112	100113	100114	100115	100116	100117	100118	100119	100120	100121	100122	100123	100124	100125	100126	100127	100128	100129	100130	100131	100132	100133	100134	100135	100136	100137	100138	100139	100140	100141	100142	100143	100144	100145	100146	100147	100148	100149	100150	100151	100152	100153	100154	100155	100156	100157	100158	100159	100160	100161	100162	100163	100164	100165	100166	100167	100168	100169	100170	100171	100172	100173	1001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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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TEL: 01-486-5151 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

- 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.

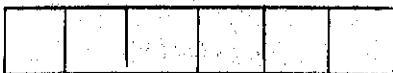
Sincerely,

Resp. #

**Signature of Patient**

**FOR OFFICE USE ONLY:**

Date \_\_\_\_\_



MEDICAL PROVIDER PERMISSION FORM: SPOUSE

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

IHAND 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/DECREE)? 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)

<u>1st Program</u>	<u>2nd Program</u>	<u>3rd Program</u>																																																																								
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?  ( ) ( ) ( )  ( ) ( ) ( )  ( ) ( ) ( )																																																																								
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e. 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) No..... ( ) -2 (SKIP TO Q.7a)	i. Did he participate in any other civilian job training program that prepared him for a major change in his occupation?  Yes. ( ) -1 (ASK Q.6j) No..... ( ) -2 (SKIP TO Q.7a)	m. Did he participate in any other civilian job training program that prepared him for a major change in his occupation?  Yes. ( ) -1 (RECORD ADDITIONAL TRAINING 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)

<u>1st Program</u>	<u>2nd Program</u>	<u>3rd Program</u>																														
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?  ( ( ) ( ( ) ( ( ) _____ _____ _____ _____																														
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f. 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)	k. Did he participate in any other military job training program that prepared him for a major change in his occupation?  Yes. ( ( ) -1 (ASK Q.7L) No..... ( ( ) -2 (SKIP TO Q.8)	p. Did he participate in any other military job training program that prepared him for a major change in his occupation?  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)



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.  (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)	g. 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)	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)																																																																																																																																																															
b. In what month and year did he begin and end active duty in (COUNTRY)?  BEGIN MONTH      YEAR <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> END MONTH      YEAR <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																																																																	h. In what month and year did he begin and end active duty in (COUNTRY)?  BEGIN MONTH      YEAR <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> END MONTH      YEAR <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>																																																																																
c. What specific job assignments did he have in (COUNTRY)? Can you give me the AFSC?  1. _____ 2. _____ 3. _____	i. What specific job assignments did he have in (COUNTRY)? Can you give me the AFSC?  1. _____ 2. _____ 3. _____	o. What specific job assignments did he have in (COUNTRY)? Can you give me the AFSC?  1. _____ 2. _____ 3. _____																																																																																																																																																															
d. Did his duties in (COUNTRY) include flying?  Yes. (____ -1) No. .... (____ -2)	j. Did his duties in (COUNTRY) include flying?  Yes. (____ -1) No. .... (____ -2)	p. Did his duties in (COUNTRY) include flying?  Yes. (____ -1) No. .... (____ -2)																																																																																																																																																															
e. How many flight hours did he log while in (COUNTRY)?  <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Hours  Other (SPECIFY) _____.(____ -1)																																									k. How many flight hours did he log while in (COUNTRY)?  <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Hours  Other (SPECIFY) _____.(____ -1)																																									q. How many flight hours did he log while in (COUNTRY)?  <table border="1"><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table> Hours  Other (SPECIFY) _____.(____ -1)																																																																															
f. What specific letter and numerical designation(s) did each aircraft have?  1. _____ 2. _____ 3. _____ 4. _____ (ASK Q.15g)	l. What specific letter and numerical designation(s) did each aircraft have?  1. _____ 2. _____ 3. _____ 4. _____ (ASK Q.15m)	r. What specific letter and numerical designation(s) did each aircraft have?  1. _____ 2. _____ 3. _____ 4. _____ (ASK Q.16a)																																																																																																																																																															

## Question 16

<u>Fourth Country</u>	<u>Fifth Country</u>	<u>Sixth Country</u>																		
<p>b. What was the next country that he was stationed in for more than 90 days while on active duty?</p> <p>( ) (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)</p> <p>No others. ( ) -1 (SKIP TO Q.17)</p>	<p>g. What was the next country that he was stationed in for more than 90 days while on active duty?</p> <p>( ) (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)</p> <p>No others. ( ) -1 (SKIP TO Q.17)</p>	<p>m. What was the next country that he was stationed in for more than 90 days while on active duty?</p> <p>( ) (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)</p> <p>No others. ( ) -1 (SKIP TO Q.17)</p>																		
<p>b. In what month and year did he begin and end active duty in (COUNTRY)?</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><u>BEGIN</u></td> </tr> <tr> <td style="text-align: center;">MONTH      YEAR</td> </tr> <tr> <td style="text-align: center;">( ) ( ) - ( ) ( )</td> </tr> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><u>END</u></td> </tr> <tr> <td style="text-align: center;">MONTH      YEAR</td> </tr> <tr> <td style="text-align: center;">( ) ( ) - ( ) ( )</td> </tr> </table> <p>Current... ( ) -1</p>	<u>BEGIN</u>	MONTH      YEAR	( ) ( ) - ( ) ( )	<u>END</u>	MONTH      YEAR	( ) ( ) - ( ) ( )	<p>h. In what month and year did he begin and end active duty in (COUNTRY)?</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><u>BEGIN</u></td> </tr> <tr> <td style="text-align: center;">MONTH      YEAR</td> </tr> <tr> <td style="text-align: center;">( ) ( ) - ( ) ( )</td> </tr> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><u>END</u></td> </tr> <tr> <td style="text-align: center;">MONTH      YEAR</td> </tr> <tr> <td style="text-align: center;">( ) ( ) - ( ) ( )</td> </tr> </table> <p>Current... ( ) -1</p>	<u>BEGIN</u>	MONTH      YEAR	( ) ( ) - ( ) ( )	<u>END</u>	MONTH      YEAR	( ) ( ) - ( ) ( )	<p>n. In what month and year did he begin and end active duty in (COUNTRY)?</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><u>BEGIN</u></td> </tr> <tr> <td style="text-align: center;">MONTH      YEAR</td> </tr> <tr> <td style="text-align: center;">( ) ( ) - ( ) ( )</td> </tr> </table> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;"><u>END</u></td> </tr> <tr> <td style="text-align: center;">MONTH      YEAR</td> </tr> <tr> <td style="text-align: center;">( ) ( ) - ( ) ( )</td> </tr> </table> <p>Current... ( ) -1</p>	<u>BEGIN</u>	MONTH      YEAR	( ) ( ) - ( ) ( )	<u>END</u>	MONTH      YEAR	( ) ( ) - ( ) ( )
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MONTH      YEAR																				
( ) ( ) - ( ) ( )																				
<p>c. What specific job assignments did he have in (COUNTRY)? Can you give me the AFSC?</p> <p>1. ( ) 2. ( ) 3. ( )</p>	<p>i. What specific job assignments did he have in (COUNTRY)? Can you give me the AFSC?</p> <p>1. ( ) 2. ( ) 3. ( )</p>	<p>o. What specific job assignments did he have in (COUNTRY)? Can you give me the AFSC?</p> <p>1. ( ) 2. ( ) 3. ( )</p>																		
<p>d. Did his duties in (COUNTRY) include flying?</p> <p>Yes. ( ) -1 No. .... -2</p>	<p>j. Did his duties in (COUNTRY) include flying?</p> <p>Yes. ( ) -1 No. .... -2</p>	<p>p. Did his duties in (COUNTRY) include flying?</p> <p>Yes. ( ) -1 No. .... -2</p>																		
<p>e. How many flight hours did he log while in (COUNTRY)?</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">( ) ( ) ( ) Hours</td> </tr> </table>	( ) ( ) ( ) Hours	<p>k. How many flight hours did he log while in (COUNTRY)?</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">( ) ( ) ( ) Hours</td> </tr> </table>	( ) ( ) ( ) Hours	<p>q. How many flight hours did he log while in (COUNTRY)?</p> <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="text-align: center;">( ) ( ) ( ) Hours</td> </tr> </table>	( ) ( ) ( ) Hours															
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<p>Other (SPECIFY)</p> <p>.....( ) -1</p>	<p>Other (SPECIFY)</p> <p>.....( ) -1</p>	<p>Other (SPECIFY)</p> <p>.....( ) -1</p>																		
<p>f. What specific letter and numerical designation(s) did each aircraft have?</p> <p>1. ( ) 2. ( ) 3. ( ) 4. ( ) (ASK Q.16g)</p>	<p>l. What specific letter and numerical designation(s) did each aircraft have?</p> <p>1. ( ) 2. ( ) 3. ( ) 4. ( ) (ASK Q.16m)</p>	<p>r. What specific letter and numerical designation(s) did each aircraft have?</p> <p>1. ( ) 2. ( ) 3. ( ) 4. ( ) (RECORD ADDITIONAL COUNTRIES IN S.R.B. PG 18 AND 19)</p>																		

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)

<u>FIRST/ONLY MARRIAGE</u>	<u>SECOND MARRIAGE</u>	<u>THIRD MARRIAGE</u>
<u>IF ONLY MARRIAGE</u>		
19f. At the time he (died/became incapacitated) was he divorced, widowed, separated, or was he married and living with his wife?	20f. At the time he (died/became incapacitated) was he divorced, widowed, separated, or was he married and living with his wife?	21f. At the time he (died/became incapacitated) was he divorced, widowed, separated, or was he married and living with his wife?
Living with wife... (SKIP TO wife... ( -1 Q.22))	Living with wife... (SKIP TO wife... ( -1 Q.22))	Living with wife... (SKIP TO wife... ( -1 Q.22))
Divorced.... -2 } (SKIP TO Separated.... -3 } Q.19h) Widowed.... -4 }	Divorced.... -2 } (SKIP TO Separated.... -3 } Q.20h) Widowed.... -4 }	Divorced.... -2 } (SKIP TO Separated.... -3 } Q.21h) Widowed.... -4 }
<u>RECORD IN S.R.B. PG 2</u>		
<u>IF OTHER MARRIAGES</u>		
19g. How did that marriage end -- was he divorced or was he widowed?	20g. How did that marriage end -- was he divorced or was he widowed?	21g. How did that marriage end -- was he divorced or was he widowed?
Divorced( ( -1 } (ASK Q.19h) Widowed.... -2 )	Divorced( ( -1 } (ASK Q.20h) Widowed.... -2 )	Divorced( ( -1 } (ASK Q.21h) Widowed.... -2 )
<u>RECORD IN S.R.B. PG 2</u>		
19h. In what month and year was he (divorced/widowed/separated)?	20h. In what month and year was he (divorced/widowed/separated)?	21h. In what month and year was he (divorced/widowed/separated)?
MONTH                   YEAR _____ _____ _____ _____ _____	MONTH                   YEAR _____ _____ _____ _____ _____	MONTH                   YEAR _____ _____ _____ _____ _____
(IF A SECOND MARRIAGE GO TO Q.20a)		
(IF A THIRD MARRIAGE GO TO Q.21a)		

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 CHILDSECOND CHILDTHIRD CHILD

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

NAME: \_\_\_\_\_

24a. How old is (CHILD) now?

( )	( )

Age

( )	( )

Age

( )	( )

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?

POUNDS	OUNCES
( )	( )

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

POUNDS	OUNCES
( )	( )

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

POUNDS	OUNCES
( )	( )

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

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

MONTH	DAY	YEAR
( )	( )	( )

MONTH	DAY	YEAR
( )	( )	( )

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)



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

First Time

28a. During what months and years did he have pneumonia (the first time)?

RECORD IN S.R.B. PG 5

IF BEFORE 1961, SKIP TO Q.28f.

Second Time

28f. During what months and years did he have pneumonia (the second time)?

RECORD IN S.R.B. PG 5

IF BEFORE 1961, SKIP TO Q.28k.

Third Time

28k. During what months and years did he have pneumonia (the third time)?

RECORD IN S.R.B. PG 5

IF BEFORE 1961, SKIP TO Q.29a.

28b. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?

RECORD IN S.R.B. PG 5

28g. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?

RECORD IN S.R.B. PG 5

28l. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made?

RECORD IN S.R.B. PG 5

28c. What prescribed medicine did he take for the pneumonia he had that time?

1.                    ( )  
2.                    ( )  
3.                    ( )

28h. What prescribed medicine did he take for the pneumonia he had that time?

1.                    ( )  
2.                    ( )  
3.                    ( )

28m. What prescribed medicine did he take for the pneumonia he had that time?

1.                    ( )  
2.                    ( )  
3.                    ( )

28d. Was he hospitalized for the pneumonia he had that time?

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

28i. Was he hospitalized for the pneumonia he had that time?

Yes. (        -1 (ASK Q.28i)  
No.....        -2 (SKIP TO Q.28k)

28n. Was he hospitalized for the pneumonia he had that time?

Yes. (        -1 (ASK Q.28o)  
No.....        -2 (SKIP TO Q.77a  
IN S.R.B. PG 31)

28e. What was the full name of that hospital?

RECORD IN S.R.B. PG 5

28j. What was the full name of that hospital?

RECORD IN S.R.B. PG 5

28o. What was the full name of that hospital?

RECORD IN S.R.B. PG 5

(RECORD ADDITIONAL PERIODS  
IN S.R.B. PAGE 31)

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.29q)? 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]	29m. What treatments or medicines did he take for cancer of the (BODY PART)? [MULTIPLE RECORD BELOW]	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	Radiation.....( ( -1 Chemotherapy... ( ( -1 Surgery.....( ( -1 Other (SPECIFY) .....( ( -1	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)?	29n. During what month and year did he first receive (EACH TREATMENT CODED IN Q.29m) for cancer of the (BODY PART)?	29t. During what month and year did he first receive (EACH TREATMENT CODED IN Q.29s) for cancer of the (BODY PART)?																														
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MONTH	YEAR																															
Radia- tion.... .....( ( ) ( ) ( ) ( )	MONTH .....( ( ) ( ) ( ) ( )																															
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Radia- tion.... .....( ( ) ( ) ( ) ( )	MONTH .....( ( ) ( ) ( ) ( )																															
Chemo- therapy. ....( ( ) ( ) ( ) ( )	MONTH .....( ( ) ( ) ( ) ( )																															
Surgery.. ....( ( ) ( ) ( ) ( )	MONTH .....( ( ) ( ) ( ) ( )																															
Other.... ....( ( ) ( ) ( ) ( )	MONTH .....( ( ) ( ) ( ) ( )																															
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Other.... ....( ( ) ( ) ( ) ( )	MONTH .....( ( ) ( ) ( ) ( )																															
(GO TO NEXT BODY PART)																																

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

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

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

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

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

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

DIABETES

THYROID PROBLEMS

ANEMIA

A HEART CONDITION

AN ENLARGED LIVER






RECORD IN S.R.B.  
PAGE 8

(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

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

RECORD IN S.R.B.  
PAGE 8

RECORD IN S.R.B.  
PAGE 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

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

RECORD IN S.R.B.  
PAGE 8

RECORD IN S.R.B.  
PAGE 9

(GO TO NEXT CONDITION  
"X"ED)

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

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

ANY OTHER LIVER CONDITION

A RESPIRATORY CONDITION OTHER THAN PNEUMONIA

ANY OTHER MAJOR CONDITION

SECOND OTHER MAJOR CONDITION

THIRD OTHER MAJOR CONDITION

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

RECORD IN S.R.B.  
PAGE 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 consulted 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)

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 } (SKIP TO Q.35a)  
Don't know.. -3 }

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..( <u>  </u> -1 No..... <u>  </u> -2 DK..... <u>  </u> -3	Yes..( <u>  </u> -1 No..... <u>  </u> -2 DK..... <u>  </u> -3	Yes..( <u>  </u> -1 No..... <u>  </u> -2 DK..... <u>  </u> -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?  Yes..( <u>  </u> -1 (ASK Q.35d) No..... <u>  </u> -2 } (GO TO NEXT DK..... <u>  </u> -3 } CONDITION)	c. Did he discuss (CONDI- TION) with a doctor?  Yes..( <u>  </u> -1 (ASK Q.35d) No..... <u>  </u> -2 } (GO TO NEXT DK..... <u>  </u> -3 } CONDITION)	c. Did he discuss (CONDI- TION) with a doctor?  Yes..( <u>  </u> -1 (ASK Q.35d) No..... <u>  </u> -2 } (SKIP TO DK..... <u>  </u> -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?  RECORD IN S.R.B. - PG 111	e. What is the name of the doctor who made the diag- nosis or the medical facility where the diag- nosis was made?  RECORD IN S.R.B. - PG 111	e. What is the name of the doctor who made the diag- nosis or the medical facility where the diag- nosis was made?  RECORD IN S.R.B. - PG 111
f. During what month and year was the diagnosis made?  RECORD IN S.R.B. - PG 111	f. During what month and year was the diagnosis made?  RECORD IN S.R.B. - PG 111	f. During what month and year was the diagnosis made?  RECORD IN S.R.B. - PG 111
g. What is the name of the doctor or medical facil- ty he last consulted about (CONDITION)?  RECORD IN S.R.B. - PG 111	g. What is the name of the doctor or medical facil- ty he last consulted about (CONDITION)?  RECORD IN S.R.B. - PG 111	g. What is the name of the doctor or medical facil- ty he last consulted about (CONDITION)?  RECORD IN S.R.B. - PG 111
h. During what month and year did he last con- sult (NAME IN Q.35g)?  RECORD IN S.R.B. - PG 111	h. During what month and year did he last con- sult (NAME IN Q.35g)?  RECORD IN S.R.B. - PG 111	h. During what month and year did he last con- sult (NAME IN Q.35g)?  RECORD IN S.R.B. - PG 111

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-j FOR THAT COLUMN

A.

Persistent numbness in any of his limbs?

Yes..(   -1  
No.....  -2  
DK.....  -3

b. When did he first notice (CONDITION)?

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

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

( )

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

FROM  
MONTH      YEAR  
 ( ) ( ) - ( ) ( )  
 TO  
MONTH      YEAR  
 ( ) ( ) - ( ) ( )

e. Did he see a doctor for (CONDITION)?

Yes.(   -1 {IF NO OR DK,  
No.....  -2 {GO TO NEXT  
DK.....  -3 {CONDITION)

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?

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?

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)?

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)?

RECORD IN S.R.B. - PG 12

RECORD IN S.R.B. - PG 12

RECORD IN S.R.B. - PG 12

B.

Persistent tingling sensations in any of his limbs?

Yes..(   -1  
No.....  -2  
DK.....  -3

b. When did he first notice (CONDITION)?

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

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

( )

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

FROM  
MONTH      YEAR  
 ( ) ( ) - ( ) ( )  
 TO  
MONTH      YEAR  
 ( ) ( ) - ( ) ( )

e. Did he see a doctor for (CONDITION)?

Yes.(   -1 {IF NO OR DK,  
No.....  -2 {GO TO NEXT  
DK.....  -3 {CONDITION)

f. What was the diagnosis?

( )  
 ( )  
 ( )

C.

Persistent deep burning sensations in any of his limbs?

Yes..(   -1  
No.....  -2  
DK.....  -3

b. When did he first notice (CONDITION)?

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

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

( )

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

FROM  
MONTH      YEAR  
 ( ) ( ) - ( ) ( )  
 TO  
MONTH      YEAR  
 ( ) ( ) - ( ) ( )

e. Did he see a doctor for (CONDITION)?

Yes.(   -1 {IF NO OR DK,  
No.....  -2 {GO TO NEXT  
DK.....  -3 {CONDITION)

f. What was the diagnosis?

( )  
 ( )  
 ( )



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?

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?

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?

46. Who 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.E. 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. EmployersQ.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 69-67 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
<b>First/ only wife</b>	_____	_____	_____
<b>Second wife</b>	_____	_____	_____
<b>Third wife</b>	_____	_____	_____
<b>Fourth wife</b>	_____	_____	_____
<b>Fifth wife</b>	_____	_____	_____
<b>Sixth wife</b>	_____	_____	_____

## Q.24-26 and 68-76 CHILDREN

CHILD	Q.29 NAME	2. BIRTHDATE			4. BIRTH RECORDS		6. CURRENT MEDICAL RECORDS		8. MOTHER'S FULL NAME		10. DEATH RECORDS	
		MONTH	DAY	YEAR	Place	Place	First	Place	First	Place	First	Place
FIRST	First				Place	Place	First	Place	First	Place	First	Place
	Last	1	1	1	C/S	C/S	Last	C/S	Last	C/S	Last	C/S
SECOND	First				Place	Place	First	Place	First	Place	First	Place
	Last	1	1	1	C/S	C/S	Last	C/S	Last	C/S	Last	C/S
THIRD	First				Place	Place	First	Place	First	Place	First	Place
	Last	1	1	1	C/S	C/S	Last	C/S	Last	C/S	Last	C/S
235 FOURTH	First				Place	Place	First	Place	First	Place	First	Place
	Last	1	1	1	C/S	C/S	Last	C/S	Last	C/S	Last	C/S
FIFTH	First				Place	Place	First	Place	First	Place	First	Place
	Last	1	1	1	C/S	C/S	Last	C/S	Last	C/S	Last	C/S
SIXTH	First				Place	Place	First	Place	First	Place	First	Place
	Last	1	1	1	C/S	C/S	Last	C/S	Last	C/S	Last	C/S

Q.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 \_\_\_\_\_

MONTH DAY YEAR Place

Place First Place

Last \_\_\_\_\_

1 1 1 1 1 1 C/S

C/S Last C/S

EIGHTH First \_\_\_\_\_

MONTH DAY YEAR Place

Place First Place

Last \_\_\_\_\_

1 1 1 1 1 1 C/S

C/S Last C/S

NINTH First \_\_\_\_\_

MONTH DAY YEAR Place

Place First Place

Last \_\_\_\_\_

1 1 1 1 1 1 C/S

C/S Last C/S

TENTH First \_\_\_\_\_

MONTH DAY YEAR Place

Place First Place

Last \_\_\_\_\_

1 1 1 1 1 1 C/S

C/S Last C/S

ELEV- ELEVENTH First \_\_\_\_\_

MONTH DAY YEAR Place

Place First Place

Last \_\_\_\_\_

1 1 1 1 1 1 C/S

C/S Last C/S

TWELFTH First \_\_\_\_\_

MONTH DAY YEAR Place

Place First Place

Last \_\_\_\_\_

1 1 1 1 1 1 C/S

C/S Last C/S

## Q.28 Medical Providers -- Pneumonia

## 1st Time

a. Months/years had that time.

MONTH	YEAR
(1) (03)	(04) (05)
TO	
MONTH	YEAR
(6) (07)	(8) (09)

## 2nd Time

a. Months/years had that time.

MONTH	YEAR
(0) (01)	(2) (03)
TO	
MONTH	YEAR
(4) (05)	(6) (07)

## 3rd Time

a. Months/years had that time.

MONTH	YEAR
(8) (09)	(00) (01)
TO	
MONTH	YEAR
(2) (03)	(4) (05)

b. Doctor/facility who made diagnosis.

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

e. Name of hospital.

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

b. Doctor/facility who made diagnosis.

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

e. Name of hospital.

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

b. Doctor/facility who made diagnosis.

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

e. Name of hospital.

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

## 4th Time

a. Months/years had that time.

MONTH	YEAR
( ) ( )	( ) ( )
TO	
MONTH	YEAR
( ) ( )	( ) ( )

## 5th Time

a. Months/years had that time.

MONTH	YEAR
( ) ( )	( ) ( )
TO	
MONTH	YEAR
( ) ( )	( ) ( )

## 6th Time

a. Months/years had that time.

MONTH	YEAR
( ) ( )	( ) ( )
TO	
MONTH	YEAR
( ) ( )	( ) ( )

b. Doctor/facility who made diagnosis.

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

e. Name of hospital.

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

b. Doctor/facility who made diagnosis.

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

e. Name of hospital.

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

b. Doctor/facility who made diagnosis.

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

e. Name of hospital.

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

## Q.29. Medical Providers -- Cancer

Part 1c. Month/year first diagnosed

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

d. Doctor/facility where first diagnosis made:

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

e. Doctor/facility last consulted.

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

f. Month/year last consulted.

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

Part 2c. Month/year first diagnosed

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

d. Doctor/facility where first diagnosis made:

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

e. Doctor/facility last consulted.

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

f. Month/year last consulted.

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

Part 3c. Month/year first diagnosed

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

d. Doctor/facility where first diagnosis made:

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

e. Doctor/facility last consulted.

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

f. Month/year last consulted.

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

Part 4c. Month/year first diagnosed

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

d. Doctor/facility where first diagnosis made:

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

e. Doctor/facility last consulted.

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

f. Month/year last consulted.

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

Part 5c. Month/year first diagnosed

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

d. Doctor/facility where first diagnosis made:

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

e. Doctor/facility last consulted.

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

f. Month/year last consulted.

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

Part 6c. Month/year first diagnosed

MONTH	YEAR
(76)	(77)
(78)	(79)

d. Doctor/facility where first diagnosis made:

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

e. Doctor/facility last consulted.

Name \_\_\_\_\_

Address \_\_\_\_\_

C/S \_\_\_\_\_

f. Month/year last consulted.

MONTH	YEAR
(76)	(77)
(78)	(79)

## 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)