

## Q.31. Medical Providers -- OTHER MEDICAL CONDITIONS

DIABETES

b. First told had:

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

THYROID

b. First told had:

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

ANEMIA

b. First told had:

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

c. Doctor/facility where diagnosis made:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

d. Doctor last consulted:

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

e. Doctor/Facility last consulted.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

c. Doctor/facility where diagnosis made:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

d. Doctor last consulted:

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

e. Doctor/Facility last consulted.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

c. Doctor/facility where diagnosis made:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

d. Doctor last consulted:

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

e. Doctor/Facility last consulted.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

HEART CONDITION

b. First told had:

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

c. Doctor/facility where diagnosis made:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

d. Doctor last consulted:

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

e. Doctor/Facility last consulted.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

ENLARGED LIVER

b. First told had:

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

c. Doctor/facility where diagnosis made:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

d. Doctor last consulted:

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

e. Doctor/Facility last consulted.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

JAUNDICE

b. First told had:

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

c. Doctor/facility where diagnosis made:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

d. Doctor last consulted:

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

e. Doctor/Facility last consulted.

Name \_\_\_\_\_

Address \_\_\_\_\_

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

## Q.31. Medical Providers -- OTHER MEDICAL CONDITIONS (CONTINUED)

HEPATITIS

b. First told had:

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

c. Doctor/facility where diagnosis made:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 C/S \_\_\_\_\_

d. Doctor last consulted:

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

c. Doctor/Facility last consulted.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 C/S \_\_\_\_\_

CIRRHOsis OF THE LIVER

b. First told had:

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

c. Doctor/facility where diagnosis made:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 C/S \_\_\_\_\_

d. Doctor last consulted:

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

c. Doctor/Facility last consulted.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 C/S \_\_\_\_\_

INTESTINAL PARASITES

b. First told had:

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

c. Doctor/facility where diagnosis made:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 C/S \_\_\_\_\_

d. Doctor last consulted:

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

c. Doctor/Facility last consulted.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 C/S \_\_\_\_\_

GALL BLADDER

b. First told had:

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

c. Doctor/facility where diagnosis made:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 C/S \_\_\_\_\_

d. Doctor last consulted:

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

e. Doctor/Facility last consulted.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 C/S \_\_\_\_\_

OTHER LIVER CONDITION

b. First told had:

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

c. Doctor/facility where diagnosis made:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 C/S \_\_\_\_\_

d. Doctor last consulted:

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

e. Doctor/Facility last consulted.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 C/S \_\_\_\_\_

OTHER RESPIRATORY

b. First told had:

MONTH	YEAR
(62)	(63)
(54)	(55)

c. Doctor/facility where diagnosis made:

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 C/S \_\_\_\_\_

d. Doctor last consulted:

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

e. Doctor/Facility last consulted.

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 C/S \_\_\_\_\_

## Q.31. Medical Providers -- OTHER MEDICAL CONDITIONS (CONTINUED)

OTHER MAJOR CONDITIONS		SECOND MAJOR CONDITIONS		THIRD MAJOR CONDITIONS	
b. First told had:		b. First told had:		b. First told had:	
MONTH	YEAR	MONTH	YEAR	MONTH	YEAR
(60) (61)	(62) (63)	( ) ( )	( ) ( )	( ) ( )	( ) ( )
c. Doctor/facility where diagnosis made:		Doctor/facility where diagnosis made:		Doctor/facility where diagnosis made:	
Name		Name		Name	
Address		Address		Address	
C/S		C/S		C/S	
d. Doctor <u>last</u> consulted:		Doctor <u>last</u> consulted:		Doctor <u>last</u> consulted:	
MONTH	YEAR	MONTH	YEAR	MONTH	YEAR
(64) (65)	(66) (67)	( ) ( )	( ) ( )	( ) ( )	( ) ( )
e. Doctor/Facility <u>last</u> consulted.		Doctor/Facility <u>last</u> consulted.		Doctor/Facility <u>last</u> consulted.	
Name		Name		Name	
Address		Address		Address	
C/S		C/S		C/S	

## Q. 34 Medical Providers -- Acne

First

b. Last consulted doctor

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

c. Doctor/facility last consulted:

Name \_\_\_\_\_

Address \_\_\_\_\_

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

BOC

## Q.35 -- Medical Providers

A. PATCHES OF SKIN CHANGE COLOR	B. EASIER BRUISING OF SKIN	C. SKIN EXTRA SENSITIVE
e. Doctor/facility where diagnosis made: Name _____ Address _____ C/S _____ f. Month/year diagnosis made: MONTH                   YEAR _____ _____ _____ _____  (12) (13) (14) (15)	e. Doctor/facility where diagnosis made: Name _____ Address _____ C/S _____ f. Month/year diagnosis made: MONTH                   YEAR _____ _____ _____ _____  (28) (29) (30) (31)	e. Doctor/facility where diagnosis made: Name _____ Address _____ C/S _____ f. Month/year diagnosis made: MONTH                   YEAR _____ _____ _____ _____  (44) (45) (46) (47)
g. Doctor/Facility <u>last</u> consulted. Name _____ Address _____ C/S _____ h. Month/year <u>last</u> consulted: MONTH                   YEAR _____ _____ _____ _____  (16) (17) (18) (19)	g. Doctor/Facility <u>last</u> consulted. Name _____ Address _____ C/S _____ h. Month/year <u>last</u> consulted: MONTH                   YEAR _____ _____ _____ _____  (32) (33) (34) (35)	g. Doctor/Facility <u>last</u> consulted. Name _____ Address _____ C/S _____ h. Month/year <u>last</u> consulted: MONTH                   YEAR _____ _____ _____ _____  (48) (49) (50) (51)

-27

36-43

## Q.36 -- Medical Providers

A. NUMBNESS IN LIMBS	B. TINGLING IN LIMBS	C. BURNING IN LIMBS
g. Doctor/facility where diagnosis made: Name _____ Address _____ C/S _____ h. Month/year diagnosis made: MONTH      YEAR _____ _____ _____ _____  (52) (53) (54) (55)	g. Doctor/facility where diagnosis made: Name _____ Address _____ C/S _____ h. Month/year diagnosis made: MONTH      YEAR _____ _____ _____ _____  (68) (69) (70) (71)	g. Doctor/facility where diagnosis made: Name _____ Address _____ C/S _____ h. Month/year diagnosis made: MONTH      YEAR _____ _____ _____ _____  (6) (17) (18) (19)
i. Doctor/Facility last consulted. Name _____ Address _____ C/S _____ j. Month/year last consulted: MONTH      YEAR _____ _____ _____ _____  (56) (57) (58) (59)	i. Doctor/Facility last consulted. Name _____ Address _____ C/S _____ j. Month/year last consulted: MONTH      YEAR _____ _____ _____ _____  (72) (73) (74) (75)	i. Doctor/Facility last consulted. Name _____ Address _____ C/S _____ j. Month/year last consulted: MONTH      YEAR _____ _____ _____ _____  (20) (21) (22) (23)

D. PERSISTENT ACHES IN LIMBS	E. REDUCTION IN GRIP STRENGTH
g. Doctor/facility where diagnosis made: Name _____ Address _____ C/S _____ h. Month/year diagnosis made: MONTH      YEAR _____ _____ _____ _____  (60) (61) (62) (63)	g. Doctor/facility where diagnosis made: Name _____ Address _____ C/S _____ h. Month/year diagnosis made: MONTH      YEAR _____ _____ _____ _____  (70) (71) (78) (79)
i. Doctor/Facility last consulted. Name _____ Address _____ C/S _____ j. Month/year last consulted: MONTH      YEAR _____ _____ _____ _____  (64) (65) (66) (67)	i. Doctor/Facility last consulted. Name _____ Address _____ C/S _____ j. Month/year last consulted: MONTH      YEAR _____ _____ _____ _____  (12) (13) (14) (15)

## Q.54 Additional Civilian Training Programs (Q.6)

## 4th Program

b. For what kind of work was his next civilian training program preparing him?

(15)	(15)
(16)	(16)
(17)	(17)
_____	
_____	
_____	
_____	

18-19

## 5th Program

f. For what kind of work was his next civilian training program preparing him?

(15)	(15)
(16)	(16)
(17)	(17)
_____	
_____	
_____	
_____	

18-19

## 6th Program

j. For what kind of work was his next civilian training program preparing him?

(15)	(15)
(16)	(16)
(17)	(17)
_____	
_____	
_____	
_____	

18-19

c. In what month and year did he start this training?

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

g. In what month and year did he start this training?

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

18-19

k. In what month and year did he start this training?

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

18-19

d. In what month and year did he complete this training?

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

h. In what month and year did he complete this training?

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

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

l. In what month and year did he complete this training?

e. Did he participate in any other civilian job training program that prepared him for a major change in his occupation?

Yes. (28) -1 (ASK Q.f)  
No..... -2 (RETURN 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. (28) -1 (ASK Q.j)  
No..... -2 (RETURN 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. (28) -1 (RETURN TO  
No..... -2 Q.7a)

04  
79-8005  
79-8006  
79-80

## Q.55. Additional Military Training Programs (Q.7)

4th Program

b. For what kind of work was his next military training program preparing him?

(15)

(16)

(17)

18-20

5th Program

g. For what kind of work was his next military training program preparing him?

(15)

(16)

(17)

18-20

6th Program

l. For what kind of work was his next military training program preparing him?

(15)

(16)

(17)

18-20

c. What was the AFSC for that job?

( )

d. In what month and year did he start this training?

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

e. In what month and year did he complete this training?

MONTH	YEAR
(25)	(26)
(27)	(28)

f. Did he participate in any other military job training program that prepared him for a major change in his occupation?

Yes. (29) -1 (ASK Q.8)  
No..... -2 (RETURN TO Q.8)

04  
79-80

h. What was the AFSC for that job?

( )

i. In what month and year did he start this training?

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

j. In what month and year did he complete this training?

MONTH	YEAR
(25)	(26)
(27)	(28)

k. Did he participate in any other military job training program that prepared him for a major change in his occupation?

Yes. (29) -1 (ASK Q.8)  
No..... -2 (RETURN TO Q.8)

05  
79-80

m. What was the AFSC for that job?

( )

n. In what month and year did he start this training?

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

o. In what month and year did he complete this training?

MONTH	YEAR
(25)	(26)
(27)	(28)

p. Did he participate in any other military job training program that prepared him for a major change in his occupation?

Yes. (29) -1 (RETURN TO Q.8)  
No..... -2 Q.8

06  
79-80

## Q. 56-61 Additional Jobs (Q.8-13)

Seventh Job

56a. In what month and year did he start his next job that lasted three months or longer?

MONTH	YEAR

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

b. What was the name of his employer?

RECORD IN S.R.B. - PG 1

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

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

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

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

(WRITE IN NUMBER) 

--	--

 (20) (21)

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

MONTH 

--	--

 YEAR  
(23) (24) - (25) (26)

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

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

   
(28)  
(29)

(ASK Q.57a)

Eighth Job

57a. In what month and year did he start his next job that lasted three months or longer?

MONTH	YEAR

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

b. What was the name of his employer?

RECORD IN S.R.B. - PG 1

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

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

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

RECORD IN S.R.B. - PG 1

HAND RESPONDENT CARD "B"  
f. Please look at this card and tell me the number which best describes the kind of industry he worked in.

(WRITE IN NUMBER) 

--	--

 (20) (21)

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

MONTH 

--	--

 YEAR  
(23) (24) - (25) (26)

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

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

   
(28)  
(29)

(ASK Q.58a)

Ninth Job

58a. In what month and year did he start his next job that lasted three months or longer?

MONTH	YEAR

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

b. What was the name of his employer?

RECORD IN S.R.B. - PG 1

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

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

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

RECORD IN S.R.B. - PG 1

HAND RESPONDENT CARD "B"  
f. Please look at this card and tell me the number which best describes the kind of industry he worked in.

(WRITE IN NUMBER) 

--	--

 (20) (21)

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

MONTH 

--	--

 YEAR  
(23) (24) - (25) (26)

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

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

   
(28)  
(29)

(ASK Q.59a)

(30-33)

07  
79-80

(30-33)

08  
79-80

(30-33)

09  
79-80

(34-36)

(34-36)

(34-36)

Tenth Job

59a. In what month and year did he start his next job that lasted three months or longer?

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

b. What was the name of his employer?

[RECORD IN S.R.B. - PG 1]

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

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

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

e. 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"

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

(WRITE IN NUMBER) 

(20)	(21)

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

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

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

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

(28)  
(29)

(ASK Q.60a)

(30-33)

10  
79-80

(34-36)

Eleventh Job

60a. In what month and year did he start his next job that lasted three months or longer?

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

b. What was the name of his employer?

[RECORD IN S.R.B. - PG 1]

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

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

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

e. 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"

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

(WRITE IN NUMBER) 

(20)	(21)

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

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

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

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

(28)  
(29)

(ASK Q.61a)

Twelfth Job

61a. In what month and year did he start his next job that lasted three months or longer?

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

b. What was the name of his employer?

[RECORD IN S.R.B. - PG 1]

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

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

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

e. 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"

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

(WRITE IN NUMBER) 

(20)	(21)

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

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

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

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

(28)  
(29)

(RETURN TO Q.14)

(30-33)

11  
79-80

(34-36)

12  
79-80

## Q.62. Additional Periods in Military (Q.14)

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

MONTH	YEAR

(14) (15) (16) (17)

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

MONTH	YEAR

(14) (15) (16) (17)

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

MONTH	YEAR

(14) (15) (16) (17)

b. What branch of the military was that?

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

g. What branch of the military was that?

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

l. What branch of the military was that?

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

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

Discharged/  
 separated. (19) -1 (ASK  
 Q.62d)  
 Still in  
 (MILITARY).... -2 (RETURN  
 TO Q.15)

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

Discharged/  
 separated. (19) -1 (ASK  
 Q.62i)  
 Still in  
 (MILITARY).... -2 (RETURN  
 TO Q.15)

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

Discharged/  
 separated. (19) -1 (ASK  
 Q.62n)  
 Still in  
 (MILITARY).... -2 (RETURN  
 TO Q.15)

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

MONTH	YEAR

(20) (21) (22) (23)

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

MONTH	YEAR

(20) (21) (22) (23)

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

MONTH	YEAR

(20) (21) (22) (23)

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

Yes... (24) -1 (ASK Q.62f)  
 No..... -2 (RETURN TO  
 Q.15)      04  
 79-80

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

Yes... (24) -1 (ASK Q.62k)  
 No..... -2 (RETURN TO  
 Q.15)      05  
 79-80

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

Yes... (24) -1 (RETURN TO  
 No..... -2 } Q.15)      06  
 79-80

## Q.63. Additional Countries (Q.15-16)

<u>Seventh Country</u>	<u>Eighth Country</u>	<u>Ninth Country</u>																																																																								
a. What was the next country that he was stationed in for more than 90 days while on active duty?  (14 -15) (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)  No others. (16 -1 (RETURN TO Q.17)	g. What was the next country that he was stationed in for more than 90 days while on active duty?  (14 -15) (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)  No others. (16 -1 (RETURN TO Q.17)	m. What was the next country that he was stationed in for more than 90 days while on active duty?  (14 -15) (RECORD COUNTRY HERE AND IN S.R.B. PG 2 AND CONTINUE)  No others. (16 -1 (RETURN TO Q.17)																																																																								
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      (56-59)       (68-71)  
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      (56-59)       (68-71)  
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 \_\_\_\_\_ (64-67)       09  
 \_\_\_\_\_ /9-80

## Q.64. Additional Countries (Q.15-16)

Tenth Country		Eleventh Country		Twelfth Country																									
a. What was the next country that he was stationed in for more than 90 days while on active duty?	(14(-15)	g. What was the next country that he was stationed in for more than 90 days while on active duty?	(14(-15)	m. What was the next country that he was stationed in for more than 90 days while on active duty?	(14(-15)																								
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(56-59)	(68-71)	(56-59)	(68-71)	(56-59)	(68-71)																								
(60-63)	(72-75)	(60-63)	(72-75)	(60-63)	(72-75)																								
(64-67)	10	(64-67)	11	(64-67)	12																								
	79-80		79-80		79-80																								

## Q.65-67. Additional Marriages

## FOURTH MARRIAGE

65a. In what month and year did he get married the fourth time?

MONTH                   YEAR  
 \_\_\_\_\_ - \_\_\_\_\_  
 (15) (16) - (17) (18)

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

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

c. What was her full maiden name?

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

19-49

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

\_\_\_\_\_ Times  
 (50) (51)

Never..(52) -1 (SKIP TO Q.f)

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

1st    \_\_\_\_\_ Months  
 (53) (54)

2nd    \_\_\_\_\_ Months  
 (55) (56)

3rd    \_\_\_\_\_ Months  
 (57) (58)

4th    \_\_\_\_\_ Months  
 (59) (60)

5th    \_\_\_\_\_ Months  
 (61) (62)

6th    \_\_\_\_\_ Months  
 (63) (64)

(GO TO Q.65f)

## FIFTH MARRIAGE

66a. In what month and year did he get married the fifth time?

MONTH                   YEAR  
 \_\_\_\_\_ - \_\_\_\_\_  
 (15) (16) - (17) (18)

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

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

c. What was her full maiden name?

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

Begin card 220 19-49

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

\_\_\_\_\_ Times  
 (50) (51)

Never..(52) -1 (SKIP TO Q.f)

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

1st    \_\_\_\_\_ Months  
 (53) (54)

2nd    \_\_\_\_\_ Months  
 (55) (56)

3rd    \_\_\_\_\_ Months  
 (57) (58)

4th    \_\_\_\_\_ Months  
 (59) (60)

5th    \_\_\_\_\_ Months  
 (61) (62)

6th    \_\_\_\_\_ Months  
 (63) (64)

(GO TO Q.66f)

## SIXTH MARRIAGE

67a. In what month and year did he get married the sixth time?

MONTH                   YEAR  
 \_\_\_\_\_ - \_\_\_\_\_  
 (15) (16) - (17) (18)

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

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

c. What was her full maiden name?

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

Begin card 220 19-49

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

\_\_\_\_\_ Times  
 (50) (51)

Never..(52) -1 (SKIP TO Q.f)

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

1st    \_\_\_\_\_ Months  
 (53) (54)

2nd    \_\_\_\_\_ Months  
 (55) (56)

3rd    \_\_\_\_\_ Months  
 (57) (58)

4th    \_\_\_\_\_ Months  
 (59) (60)

5th    \_\_\_\_\_ Months  
 (61) (62)

6th    \_\_\_\_\_ Months  
 (63) (64)

(GO TO Q.67f)

## Q.65-67. Additional Marriages (CONTINUED)

## FOURTH MARRIAGE

## IF ONLY MARRIAGE

65f. At the time he (died/became incapacitated) was he divorced, widowed, separated, or was he married and living with his wife?

Living with (RETURN wife... (66(-1 TO Q.22)

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

RECORD IN S.R.B. PG 2

## IF OTHER MARRIAGES

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

Divorced(67(-1) (ASK Q.h)  
Widowed.... -2 )

RECORD IN S.R.B. PG 2

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

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

(IF A FIFTH MARRIAGE GO TO  
Q.66a)

(72-73)

(74-75)

(76-77)

04  
79-80

## FIFTH MARRIAGE

## IF LAST MARRIAGE

66f. At the time he (died/became incapacitated) was he divorced, widowed, separated, or was he married and living with his wife?

Living with (RETURN wife... (66(-1 TO Q.22)

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

RECORD IN S.R.B. PG 2

## IF OTHER MARRIAGES

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

Divorced(67(-1) (ASK Q.h)  
Widowed.... -2 )

RECORD IN S.R.B. PG 2

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

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

(IF A SIXTH MARRIAGE GO TO  
Q.67a)

(72-73)

(74-75)

(76-77)

05  
79-80

## SIXTH MARRIAGE

## IF LAST MARRIAGE

67f. At the time he (died/became incapacitated) was he divorced, widowed, separated, or was he married and living with his wife?

Living with (RETURN wife... (66(-1 TO Q.22)

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

RECORD IN S.R.B. PG 2

## IF OTHER MARRIAGES

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

Divorced(67(-1) (ASK Q.h)  
Widowed.... -2 )

RECORD IN S.R.B. PG 2

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

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

(RETURN TO Q.22)

(72-73)

(74-75)

(76-77)

06  
79-80

## 68-70. Additional Children (Q.22-26)

FOURTH CHILD	FIFTH CHILD	SIXTH CHILD
NAME: _____	NAME: _____	NAME: _____
68a. How old is (CHILD) now? _____ (15) (16) Age	69a. How old is (CHILD) now? _____ (15) (16) Age	70a. How old is (CHILD) now? _____ (15) (16) Age
Child died..(17) -1	Child died..(17) -1	Child died..(17) -1
b. (Is/Was) (CHILD) male or female? Male.....(18) -1 Female....._____-2	b. (Is/Was) (CHILD) male or female? Male.....(18) -1 Female....._____-2	b. (Is/Was) (CHILD) male or female? Male.....(18) -1 Female....._____-2
c. How much did (CHILD) weigh at birth? POUNDS      OUNCES _____ (19) (20)    (21) (22)	c. How much did (CHILD) weigh at birth? POUNDS      OUNCES _____ (19) (20)    (21) (22)	c. How much did (CHILD) weigh at birth? POUNDS      OUNCES _____ (19) (20)    (21) (22)
Don't know...(23) -1	Don't know...(23) -1	Don't know...(23) -1
d. What is (CHILD)'s birth-date? MONTH      DAY      YEAR _____ (24) (25) (26) (27) (28) (29)	d. What is (CHILD)'s birth-date? MONTH      DAY      YEAR _____ (24) (25) (26) (27) (28) (29)	d. What is (CHILD)'s birth-date? MONTH      DAY      YEAR _____ (24) (25) (26) (27) (28) (29)
ALSO RECORD IN S.R.B.-PG 3	ALSO RECORD IN S.R.B.-PG 3	ALSO RECORD IN S.R.B.-PG 3
e. Was the child premature, full term, or overdue? Premature.(30) -1 Full term....._____-2 Overdue....._____-3 Not sure....._____-4  (GO TO Q.f)	e. Was the child premature, full term, or overdue? Premature.(30) -1 Full term....._____-2 Overdue....._____-3 Not sure....._____-4  (GO TO Q.f)	e. Was the child premature, full term, or overdue? Premature.(30) -1 Full term....._____-2 Overdue....._____-3 Not sure....._____-4  (GO TO Q.f)

## FOURTH CHILD

68f. Where are (CHILD)'s birth registration records located? In what city and state is that?

TRECORD IN S.R.B. PG 3

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

TRECORD IN S.R.B. PG 3

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

TRECORD IN S.R.B. PG 3

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

<u> </u>	<u> </u>
(31)	(32)

Age

33-48

j. Did (CHILD) have any birth defects?

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

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

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

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

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

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

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

MONTH	YEAR
<u> </u>	<u> </u>
(51) (52)	(53) (54)

n. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57 -1

(GO TO Q.o)

## FIFTH CHILD

69f. Where are (CHILD)'s birth registration records located? In what city and state is that?

TRECORD IN S.R.B. PG 3

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

TRECORD IN S.R.B. PG 3

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

TRECORD IN S.R.B. PG 3

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

<u> </u>	<u> </u>
(31)	(32)

Age

33-48

j. Did (CHILD) have any birth defects?

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

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

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

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

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

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

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

MONTH	YEAR
<u> </u>	<u> </u>
(51) (52)	(53) (54)

n. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57 -1

(GO TO Q.o)

## SIXTH CHILD

70f. Where are (CHILD)'s birth registration records located? In what city and state is that?

TRECORD IN S.R.B. PG 3

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

TRECORD IN S.R.B. PG 3

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

TRECORD IN S.R.B. PG 3

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

<u> </u>	<u> </u>
(31)	(32)

Age

33-48

j. Did (CHILD) have any birth defects?

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

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

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

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

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

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

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

MONTH	YEAR
<u> </u>	<u> </u>
(51) (52)	(53) (54)

n. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57 -1

(GO TO Q.o)

FOURTH CHILD

68o. (Does/Did)(CHILD) have a diagnosed learning disability?

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

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

FIFTH CHILD

69o. (Does/Did)(CHILD) have a diagnosed learning disability?

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

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

SIXTH CHILD

70o. (Does/Did)(CHILD) have a diagnosed learning disability?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

s. On what date did (CHILD) die?

MONTH DAY YEAR  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(60) (61) (62) (63) (64) (65)

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

s. On what date did (CHILD) die?

MONTH DAY YEAR  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(60) (61) (62) (63) (64) (65)

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

s. On what date did (CHILD) die?

MONTH DAY YEAR  
\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_  
(60) (61) (62) (63) (64) (65)

t. What was the cause of death?

t. What was the cause of death?

t. What was the cause of death?

u. 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.69a)

68u..... (66-67)

68f..... (68-69)

68n..... (70-73)

68p..... (74-77)

RECORD IN S.R.B. PG 3

(GO TO NEXT CHILD Q.70a)

68u..... (66-67)

68f..... (68-69)

68n..... (70-73)

68p..... (74-77)

RECORD IN S.R.B. PG 3

(GO TO NEXT CHILD Q.71a)

68u..... (66-67)

68f..... (68-69)

68n..... (70-73)

68p..... (74-77)

04  
79-80

05  
79-80

06  
79-80

## 71-73. Additional Children

SEVENTH CHILD	EIGHTH CHILD	NINTH CHILD
NAME: _____	NAME: _____	NAME: _____
71a. How old is (CHILD) now? _____ (15) (16) Age	72a. How old is (CHILD) now? _____ (15) (16) Age	73a. How old is (CHILD) now? _____ (15) (16) Age
Child died..(17) -1	Child died..(17) -1	Child died..(17) -1
b. (Is/Was) (CHILD) male or female? Male.....(18) -1 Female.....(19) -2	b. (Is/Was) (CHILD) male or female? Male.....(18) -1 Female.....(19) -2	b. (Is/Was) (CHILD) male or female? Male.....(18) -1 Female.....(19) -2
c. How much did (CHILD) weigh at birth? POUNDS                    OUNCES _____ (19) (20)            (21) (22)	c. How much did (CHILD) weigh at birth? POUNDS                    OUNCES _____ (19) (20)            (21) (22)	c. How much did (CHILD) weigh at birth? POUNDS                    OUNCES _____ (19) (20)            (21) (22)
Don't know...(23) -1	Don't know...(23) -1	Don't know...(23) -1
d. What is (CHILD)'s birth date? MONTH            DAY            YEAR _____ (24) (25) (26) (27) (28) (29)	d. What is (CHILD)'s birth date? MONTH            DAY            YEAR _____ (24) (25) (26) (27) (28) (29)	d. What is (CHILD)'s birth date? MONTH            DAY            YEAR _____ (24) (25) (26) (27) (28) (29)
ALSO RECORD IN S.R.B.-PG 4	ALSO RECORD IN S.R.B.-PG 4	ALSO RECORD IN S.R.B.-PG 4
e. Was the child premature, full term, or overdue? Premature.(30) -1 Full term.....(31) -2 Overdue.....(32) -3 Not sure.....(33) -4  (GO TO Q.F)	e. Was the child premature, full term, or overdue? Premature.(30) -1 Full term.....(31) -2 Overdue.....(32) -3 Not sure.....(33) -4  (GO TO Q.F)	e. Was the child premature, full term, or overdue? Premature.(30) -1 Full term.....(31) -2 Overdue.....(32) -3 Not sure.....(33) -4  (GO TO Q.F)



SEVENTH CHILD	EIGHTH CHILD	NINTH CHILD
71o. (Does/Did)(CHILD) have a diagnosed learning disability?	72o. (Does/Did)(CHILD) have a diagnosed learning disability?	73o. (Does/Did)(CHILD) have a diagnosed learning disability?
Yes. (58c -1 (ASK Q.p))	Yes. (58c -1 (ASK Q.p))	Yes. (58c -1 (ASK Q.p))
No..... -2 (SKIP TO Q.q)	No..... -2 (SKIP TO Q.q)	No..... -2 (SKIP TO Q.q)
p. What kind of learning disability (does/did) (s)he have?	p. What kind of learning disability (does/did) (s)he have?	p. What kind of learning disability (does/did) (s)he have?
q. (Does/Did)(CHILD) have any physical, mental, or motor impairments?	q. (Does/Did)(CHILD) have any physical, mental, or motor impairments?	q. (Does/Did)(CHILD) have any physical, mental, or motor impairments?
Yes. (59c -1 (ASK Q.r))	Yes. (59c -1 (ASK Q.r))	Yes. (59c -1 (ASK Q.r))
No..... -2 (SKIP TO Q.s)	No..... -2 (SKIP TO Q.s)	No..... -2 (SKIP TO Q.s)
r. What kind of impairment (does/did) (s)he have?	r. What kind of impairment (does/did) (s)he have?	r. What kind of impairment (does/did) (s)he have?
<b>IF CHILD IS DEAD: CONTINUE OTHERWISE: SKIP TO NEXT CHILD</b>		
s. On what date did (CHILD) die?	s. On what date did (CHILD) die?	s. On what date did (CHILD) die?
MONTH      DAY      YEAR	MONTH      DAY      YEAR	MONTH      DAY      YEAR
(60) (61) (62) (63) (64) (65)	(60) (61) (62) (63) (64) (65)	(60) (61) (62) (63) (64) (65)
t. What was the cause of death?	t. What was the cause of death?	t. What was the cause of death?
u. Where is (CHILD)'s death registered? In what city and state is that?	u. Where is (CHILD)'s death registered? In what city and state is that?	u. Where is (CHILD)'s death registered? In what city and state is that?
<b>RECORD IN S.R.B. PG 4</b>		
<b>(GO TO NEXT CHILD Q.72a)</b>		
68u. .... (66-67)	68u. .... (66-67)	68u. .... (66-67)
68f. .... (68-69)	68f. .... (68-69)	68f. .... (68-69)
68n. .... (70-71)	68n. .... (70-71)	68n. .... (70-71)
68p. .... (74-77)	68p. .... (74-77)	68p. .... (74-77)

## 74-76. Additional Children

TENTH CHILD

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

74a. How old is (CHILD) now?

(15)	(16)	Age

Child died..(17) -1

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

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

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

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

Don't know... (2X) -1

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

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

ALSO RECORD IN S.R.B.-PG 4

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

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

(GO TO Q.f)

ELEVENTH CHILD

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

75a. How old is (CHILD) now? 76a. How old is (CHILD) now?

(15)	(16)	Age

Child died..(17) -1

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

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

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

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

Don't know... (2X) -1

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

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

ALSO RECORD IN S.R.B.-PG 4

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

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

(GO TO Q.f)

TWELFTH CHILD

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

76a. How old is (CHILD) now?

(15)	(16)	Age

Child died..(17) -1

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

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

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

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

Don't know... (2X) -1

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

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

ALSO RECORD IN S.R.B.-PG 4

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

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

(GO TO Q.f)

TENTH CHILD

74f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 4

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

RECORD IN S.R.B. PG 4

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

RECORD IN S.R.B. PG 4

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

(31)	(32)	Age

33-48

j. Did (CHILD) have any birth defects?

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

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

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

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

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

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

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

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

n. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) -1

(GO TO Q.o)

ELEVENTH CHILD

75f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 4

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

RECORD IN S.R.B. PG 4

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

RECORD IN S.R.B. PG 4

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

(31)	(32)	Age

33-48

j. Did (CHILD) have any birth defects?

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

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

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

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

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

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

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

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

n. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) -1

(GO TO Q.o)

TWELFTH CHILD

76f. Where are (CHILD)'s birth registration records located? In what city and state is that?

RECORD IN S.R.B. PG 4

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

RECORD IN S.R.B. PG 4

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

RECORD IN S.R.B. PG 4

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

(31)	(32)	Age

33-48

j. Did (CHILD) have any birth defects?

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

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

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

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

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

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

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

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

n. What kind of cancer was diagnosed?

(55-56)

Not sure.. (57) -1

(GO TO Q.o)

TENTH CHILDELEVENTH CHILDTWELFTH CHILD

74o. (Does/Did)(CHILD) have a diagnosed learning disability?

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

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

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

75o. (Does/Did)(CHILD) have a diagnosed learning disability?

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

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

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

76o. (Does/Did)(CHILD) have a diagnosed learning disability?

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

s. On what date did (CHILD) die?

MONTH DAY YEAR  
(60) (61) (62) (63) (64) (65)IF CHILD IS DEAD: CONTINUE  
OTHERWISE: SKIP TO NEXT CHILD

s. On what date did (CHILD) die?

MONTH DAY YEAR  
(60) (61) (62) (63) (64) (65)IF CHILD IS DEAD: CONTINUE  
OTHERWISE: SKIP TO NEXT CHILD

s. On what date did (CHILD) die?

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

t. What was the cause of death?

RECORD IN S.R.B. PG 4  
(GO TO NEXT CHILD Q.75a)

t. What was the cause of death?

RECORD IN S.R.B. PG 4  
(GO TO NEXT CHILD Q.76a)

t. What was the cause of death?

RECORD IN S.R.B. PG 4  
(RETURN TO Q.27a)

68u. (66-67)

68i. (68-69)

68ii. (70-73)

68p. (74-77)

68u. (66-67)

68i. (68-69)

68ii. (70-73)

68p. (74-77)

68u. (66-67)

68i. (68-69)

68ii. (70-73)

68p. (74-77)

## 77. Additional Pneumonia (Q.28)

<u>Fourth Time</u>	<u>Fifth Time</u>	<u>Sixth Time</u>
77a. During what months and years did he have pneumonia (the fourth time)?  [RECORD IN S.R.B. PG 5]  IF BEFORE 1961, SKIP TO Q.f.	77f. During what months and years did he have pneumonia (the fifth time)?  [RECORD IN S.R.B. PG 5]  IF BEFORE 1961, SKIP TO Q.k.	77k. During what months and years did he have pneumonia (the sixth time)?  [RECORD IN S.R.B. PG 5]  IF BEFORE 1961, RETURN TO Q.29a.

b. 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]	g. 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]	i. 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]
c. What prescribed medicine did he take for the pneumonia he had that time?  1. ( ) 2. ( ) 3. ( )	h. What prescribed medicine did he take for the pneumonia he had that time?  1. ( ) 2. ( ) 3. ( )	m. What prescribed medicine did he take for the pneumonia he had that time?  1. ( ) 2. ( ) 3. ( )
d. Was he hospitalized for the pneumonia he had that time?  Yes. ( ) -1 (ASK Q.e) No..... -2 (SKIP TO Q.f)	i. Was he hospitalized for the pneumonia he had that time?  Yes. ( ) -1 (ASK Q.j) No..... -2 (SKIP TO Q.k)	n. Was he hospitalized for the pneumonia he had that time?  Yes. ( ) -1 (ASK Q.o) No..... -2 (RETURN TO Q.29a)
e. What was the full name of that hospital?  [RECORD IN S.R.B. PG 5]	j. What was the full name of that hospital?  [RECORD IN S.R.B. PG 5]	o. What was the full name of that hospital?  [RECORD IN S.R.B. PG 5]

## 78. Additional Cancer (Q.29)

Part 4	Part 5	Part 6																																																																								
78c. In what month and year was cancer of the (BODY PART) first diagnosed? [RECORD IN S.R.B. PG 6]	78i. In what month and year was cancer of the (BODY PART) first diagnosed? [RECORD IN S.R.B. PG 6]	78o. In what month and year was cancer of the (BODY PART) first diagnosed? [RECORD IN S.R.B. PG 6]																																																																								
d. What is the full name of the doctor or the medical facility where the diagnosis was made? [RECORD IN S.R.B. PG 6]	j. What is the full name of the doctor or the medical facility where the diagnosis was made? [RECORD IN S.R.B. PG 6]	p. What is the full name of the doctor or the medical facility where the diagnosis was made? [RECORD IN S.R.B. PG 6]																																																																								
e. 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]	k. 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]	q. 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]																																																																								
f. During what month and year did he last consult (NAME FROM Q. o)? [RECORD IN S.R.B. PG 6]	l. During what month and year did he last consult (NAME FROM Q.k)? [RECORD IN S.R.B. PG 6]	r. During what month and year did he last consult (NAME FROM Q.q)? [RECORD IN S.R.B. PG 6]																																																																								
g. What treatments or medicines did he take for cancer of the (BODY PART)? [MULTIPLE RECORD BELOW]	m. What treatments or medicines did he take for cancer of the (BODY PART)? [MULTIPLE RECORD BELOW]	s. What treatments or medicines did he take for cancer of the (BODY PART)? [MULTIPLE RECORD BELOW]																																																																								
Radiation.....(15 ( -1 Chemotherapy...(16 ( -1 Surgery.....(17 ( -1 Other (SPECIFY) .....(18 ( -1	Radiation.....(15 ( -1 Chemotherapy...(16 ( -1 Surgery.....(17 ( -1 Other (SPECIFY) .....(18 ( -1	Radiation.....(15 ( -1 Chemotherapy...(16 ( -1 Surgery.....(17 ( -1 Other (SPECIFY) .....(18 ( -1																																																																								
h. During what month and year did he first receive (EACH TREATMENT CODED IN Q.g) for cancer of the (BODY PART)?	n. During what month and year did he first receive (EACH TREATMENT CODED IN Q.m) for cancer of the (BODY PART)?	t. During what month and year did he first receive (EACH TREATMENT CODED IN Q.s) for cancer of the (BODY PART)?																																																																								
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## Q.50b-51 Medical Providers -- DEATH

50b. Name of Hospital \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

51. Primary/Physician Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

DEPARTMENT OF THE AIR FORCE  
USAF SCHOOL OF AEROSPACE MEDICINE (AFSC)  
BROOKS AIR FORCE BASE, TEXAS 78235



The Air Force is conducting a very comprehensive health study of certain Air Force members who served our nation in the Vietnam conflict. The purpose of the study is to determine the potential adverse health effects resulting from the complex environment of Southeast Asia.

Federal record systems identified your late as having been assigned in Southeast Asia. The collection of information concerning his health prior to his death is essential to the Air Force study. You are the best individual to give us the information we need. We ask that you help us and all Vietnam veterans by voluntarily participating in this major health study.

Your participation will consist of an in-depth interview in your home. The administration of the interview will begin in a few weeks under the direction of a nationally recognized health survey organization, Louis Harris and Associates, Inc. You will be contacted by phone or letter by them to arrange a convenient time for your interview which will take about two hours to complete.

Our intent is to maintain all individual health data in the strictest confidence. In case outside parties attempt to gain access to the data, the Air Force and the Department of Justice are committed to protect this individual confidentiality.

This is one of the most important health studies undertaken by the Air Force. Your voluntary participation is critical to its success. The only way we can get clarification of the difficult questions being asked by the Vietnam veterans is through your cooperation and participation. Any questions that you may have concerning this effort can be answered by letter from the United States Air Force School of Aerospace Medicine, Epidemiology Division, Brooks AFB, Texas 78235, or a collect call to Area Code 512-536-3309. Thank you.

Sincerely

GEORGE D. LATHROP, M.D., Ph.D.  
Colonel, USAF, MC  
Chief, Epidemiology Division

LOUIS HARRIS AND ASSOCIATES, INC.

630 FIFTH AVENUE

NEW YORK, NEW YORK 10111

TEL: (212) 975-1800 TELEX: 148363

LOUIS HARRIS FRANCE  
21 RUE VIVIENNE  
75002 PARIS, FRANCE  
TEL: 01-260-9664 TELEX: 200601 F

LOUIS HARRIS INTERNATIONAL, INC.  
OPINION RESEARCH CENTRE  
30 WELBECK ST.  
LONDON W1M 8AB ENGLAND  
TEL: 01-486-8181 TELEX: 24403

PRIVACY ACT STATEMENT - EPIDEMIOLOGIC STUDY

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

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

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

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

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

Signature of Volunteer

SSN

Date

# LIFE EVENTS CHART

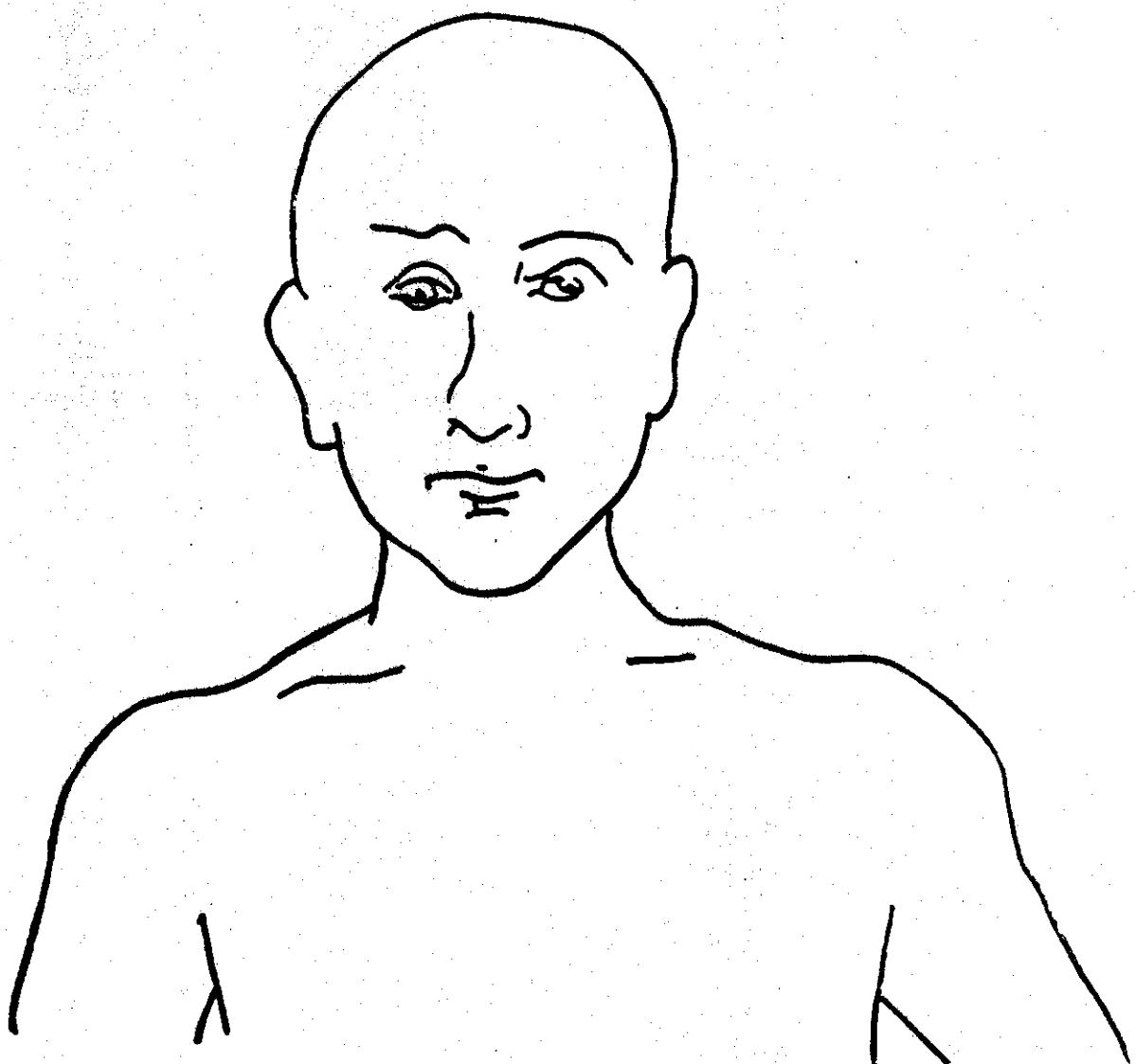
## U.S. Air Force Survey

YOUR AGE THEN	SCHOOLS	MILITARY EXPERIENCE	OTHER JOBS	MARRIAGE	CHILDREN	DEATH	IN	MAJOR	OTHER SPECIAL EVENTS
						IN FAMILY	MAJOR ILLNESS		
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- 01 Aerospace
- 02 Aircraft
- 03 Agriculture
- 04 Automotive
- 05 Chemical
- 06 Electronic
- 07 Mining
- 08 Pest Control
- 09 Petroleum
- 10 Textile
- 11 None Apply

SHOW CARD "E"

STUDY NO. 812039



LOUIS HARRIS AND ASSOCIATES, INC

630 FIFTH AVENUE  
NEW YORK, NEW YORK 10019  
TEL 212-975-1600 TELEX 148383

LOUIS HARRIS FRANCE  
2<sup>e</sup> RUE VIVIENNE  
75002 PARIS, FRANCE  
TEL 01-260-9854 TELEX 200601

LOUIS HARRIS INTERNATIONAL, INC  
OPINION RESEARCH CENTRE  
30 WELBECK ST  
LONDON W1M 8AB ENGLAND  
TEL 01-488-8181 TELEX 24403

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:

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

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

These services were provided during the period \_\_\_\_\_ to \_\_\_\_\_

Thank you very much.

Sincerely,

Resp. # \_\_\_\_\_

Signature of Authorized Representative

FOR OFFICE USE ONLY:

Full Name of Authorized Representative

--	--	--	--	--

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?

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

LODGE, HARVEY AND ASSOCIATES, INC.  
630 PARK AVENUE  
NEW YORK, NEW YORK 10016

Study # 812039

AIR FORCE HEALTH SURVEY

MAILING INSTRUCTIONS FORM

TO: New York Office

FROM: Louis, Harvey and Associates

AT: 630 Park Avenue, New York, New York 10016

FROM:

Interviewer Name - Please Print

Study Subject Respondent Number

Each page contains the following material for

Study Subject Questionnaire.....

Study Subject Name Assignment Sheet.....

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

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 Form.....

Received: \_\_\_\_\_ Date: \_\_\_\_\_

Checked in by: \_\_\_\_\_

## CHAPTER IV

### NON-COMPLIANT (MINI) QUESTIONNAIRE

The following Non-compliant Questionnaire was used to collect baseline data for the Epidemiologic Investigation of Health Effects in Air Force Personnel Following Exposure to Herbicide Orange. This data was collected during 1981-1982. The Mini-questionnaire was used for individuals who refused the Study Subject Questionnaire (in person and telephonically). This instrument was administered in person, via telephone, and independently (mailed to study subject). The Non-compliant Questionnaire, as used in the field, follows.

CONFIDENTIAL

O.M.B. NO: 0701-003; APPROVAL EXPIRES: 11/30/82

UNITED STATES AIR FORCE STUDY  
NON-INTERVIEW HEALTH QUESTIONS

CASE NUMBER 0102/45992A

---

INTERVIEWER NAME:

DATE OF NON-INTERVIEW HEALTH QUESTIONNAIRE:

-   -   
MONTH DAY YEAR

---

1. Compared to other people your age would you say that your health is...

Excellent,.....01

good, .....02

fair, or .....03

poor? .....04

---

2. Are you currently taking prescribed medicines for any illness?

Yes.....01

No.....02

---

3. For what condition are you taking prescribed medicines? Any other conditions?

---

---

4. Within the past three months, did illness or injury keep you from work, not counting work around the house?

Yes.....01(A&B)

No doesn't work..02

A. How many days did you miss from work within the past three months?

--	--

 Days \_\_\_\_\_

B. What illness or conditions caused you to miss work?

---

5. Did you earn any income from any job during 1980?

Yes.....01(A)

No.....02

A. Was your income less than \$20,000, \$20,000 to \$40,000 or more than \$40,000?

less than \$20,000.....01

\$20,000 to \$40,000.....02

More than \$40,000.....03

---

6. In order to obtain the most complete and useful information that we can, we are asking some participants to have a physical examination. The USAF will pay for all travel and per diem expenses so that participants may go to a nationally recognized medical facility. (IF SEPARATED OR RETIRED FROM USAF, SAY: In addition, you will receive a \$100.00 per day stipend.) The examination will take place over a five day period that you find convenient.

If you are asked would you be willing to have a physical exam at a time most convenient for you?

Yes.....01

No.....02(A)

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

5 days too long from family...01

5 days too long from work.....02

Don't want to travel.....03

Other reason (SPECIFY) \_\_\_\_\_

---

Thank you very much.

USAF SCHOOL OF AEROSPACE MEDICINE  
AEROSPACE MEDICAL DIVISION (AFSC)  
BROOKS AFB TX 78235

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PENALTY FOR PRIVATE USE, \$300

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