Air Force Health Study

An Epidemiologic Investigation of Health Effects in Air Force Personnel Following Exposure to Herbicides

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APPENDIX A

1987 Interval Questionnaire
SECTION 1: INTRODUCTION

This part of the study asks about the health of current and former Air Force members and their families.

At various points in the questionnaire, we will be using the term "biological" to describe family relationships. For example, we might ask about your "biological" children. When we use this term, we do not mean your step-children or step-parents or people related to you through adoption. We mean people related to you by blood.

You may refuse to answer any question you choose. However, we and the Air Force ask that you answer as many of the questions as you can, so the results will accurately reflect your situation. We'd also like to emphasize that we need it accurate a picture as you can remember. So when you answer about the dates of events in your life, please think carefully.

First I have a few background questions to ask you.

1. My records indicate that your date of birth is (DATE OF BIRTH, FROM INFORMATION SHEET, ITEM 1). Is that correct?

   Yes.................................................. 1/ 
   No (CORRECT INFORMATION SHEET), AND GO TO Q.2) 2/ 

2. Do you remember the month and year of your last interview for this study? (IF NOT INTERVIEWED PREVIOUSLY, USE REFERENCE DATE OF DEC. 31, 1962.)

   A. Was it in 1961, 1962, 1963, or 1966 (RECORD ON INFORMATION SHEET)

   B. What month did the interview take place? (RECORD ON INFORMATION SHEET. IF I CAN'T REMEMBER EXACT MONTH ASK C)

   C. Was it in the Spring, Summer, Fall or Winter? (INTERVIEWER: IF SPRING, RECORD ON INFO SHEET AS MARCH 
   IF SUMMER, RECORD ON INFO SHEET AS JULY 
   IF FALL, RECORD ON INFO SHEET AS SEPTEMBER 
   IF WINTER, RECORD ON INFO SHEET AS DECEMBER

INTERVIEWER: CONTINUE TO FIND OUT IF THE RESPONDENT AND OTHER MEMBERS OF THE FAMILY ARE ALIVE. RECORD ON THE INFORMATION SHEET.

3. INTERVIEW: SEE INFORMATION SHEET. WAS R INTERVIEWED IN 1965 OR 1966?

   Yes .............. (SKIP TO SEC 2 P.3) .............. 1/ 
   No .................................................. 1/
### SECTION 2: EDUCATION

**1A.** My records show that when you were last interviewed you had received a degree (DEGREE LAST OBTAINED FROM ITEM 2, INFORMATION SHEET). Is that correct? (IF MISSING, ADD TO INFO SHEET AND CONTINUE)

- Yes
- No

**2.** Since (DATE OF LAST INTERVIEW) have you participated in any civilian job training programs (other than the formal schooling that we discussed), that prepared you for a major change in your occupation?

- Yes
- No

---

<table>
<thead>
<tr>
<th>DEGREE CODED IN A</th>
<th>1ST PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A.</strong> What certificate, diploma, and/or degree did you get? (CODE ALL THAT APPLY)</td>
<td><strong>B.</strong> In what year did you receive (DEGREE IN A)?</td>
</tr>
<tr>
<td><strong>High school diploma</strong></td>
<td>19__</td>
</tr>
<tr>
<td><strong>High school equivalency diploma</strong></td>
<td>19__</td>
</tr>
<tr>
<td><strong>Associate of Arts (A.A.)</strong></td>
<td>19__</td>
</tr>
<tr>
<td><strong>Bachelor of Arts (B.A.) or Bachelor of Science (B.S.)</strong></td>
<td>19__</td>
</tr>
<tr>
<td><strong>Doctorate (Ph.D., Ed.D., Sc.D.)</strong></td>
<td>19__</td>
</tr>
<tr>
<td><strong>Others (SPECIFY)</strong></td>
<td>19__</td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>DEGREE CODED IN A</th>
<th>2ND PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>E.</strong> For what kind of work was your second civilian training program preparing you?</td>
<td></td>
</tr>
<tr>
<td><strong>F.</strong> What would your main duties be if you went into this line of work?</td>
<td></td>
</tr>
</tbody>
</table>

---

<table>
<thead>
<tr>
<th>DEGREE CODED IN A</th>
<th>3RD PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>I.</strong> For what kind of work was your third civilian training program preparing you?</td>
<td></td>
</tr>
<tr>
<td><strong>J.</strong> What would your main duties be if you went into this line of work?</td>
<td></td>
</tr>
</tbody>
</table>

---

No certificate, diploma, or degree | **O.** Have you participated in any other civilian job training program that prepared you for a major change in your occupation? |

- Yes
- No

---

No certificate, diploma, or degree | **H.** Have you participated in any other civilian job training program that prepared you for a major change in your occupation? |

- Yes
- No

---

No certificate, diploma, or degree | **L.** Have you participated in any other civilian job training program that prepared you for a major change in your occupation? |

- Yes
- No
1. Have you served in the military full-time on active duty since (DATE OF LAST INTERVIEW)?

Yes........................................1 49/
No............(SKIP TO SECTION 3)........2

2. Are you currently serving in the military on active duty?

Yes........................................1 50/
No........................................2

3. Now, let's talk about any military and specialized training programs that prepared you for a major change in your occupation. Since (DATE OF LAST INTERVIEW), and besides the formal schooling and job training programs you've told me about, have you participated in any military technical or specialized training programs that prepared you for a major change in your career?

Yes....(ASK A-E).................1 51/
No.(SKIP TO SECTION 3)........2

4. What is the AFSC for that job?

5. In what month and year did you start this training?

6. In what month and year did you complete this training?

7. Have you participated in any other military job training program that prepared you for a major change in your occupation?

Yes..(ASK F)......1 65/
No............2

8. Have you participated in any other military job training program that prepared you for a major change in your occupation?

Yes..(ASK G)......1 79/
No............2

9. Have you participated in any other military job training program that prepared you for a major change in your occupation?

Yes..(NEW QUEX)......1 23/
No............2 24-27/
1. (Continued)

E. Please look at this card and tell me which number best describes the kind of industry you (work/worked) in? (WRITE IN NUMBER)

<table>
<thead>
<tr>
<th>HAND CARD</th>
<th>ENTER NUMBER:</th>
<th>65-66/</th>
</tr>
</thead>
<tbody>
<tr>
<td>C</td>
<td></td>
<td>65-66/</td>
</tr>
</tbody>
</table>

F. In what month and year did this job end or is this your current job?

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>72-73/</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

2. While working at (EMPLOYER) (do/did) you come in contact with any of the substances on this card? By contact I mean that you inhaled, tasted, had skin contact with these fibers and chemicals or were exposed to ionizing or nuclear radiation. CODE ALL THAT APPLY. FOR EACH SUBSTANCE CODED IN Q.2, ASK A.

<table>
<thead>
<tr>
<th>HARD CARD</th>
<th>CODED IN Q.2, ASK A.</th>
<th>A. In general, how many days a month did you come in contact with (SUBSTANCE)?</th>
<th>Less than once a month</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. Asbestos...........................................01 74-75/</td>
<td>days</td>
<td>93 76-77/</td>
<td>BEGIN DECK 05</td>
</tr>
<tr>
<td>B. Ionizing or nuclear radiation........................02 10-11/</td>
<td>days</td>
<td>93 12-13/</td>
<td></td>
</tr>
<tr>
<td>C. Industrial chemicals.................................03 14-15/</td>
<td>days</td>
<td>93 16-17/</td>
<td></td>
</tr>
<tr>
<td>D. Insecticides or pesticides..........................04 18-19/</td>
<td>days</td>
<td>93 20-21/</td>
<td></td>
</tr>
<tr>
<td>E. Degreasing chemicals.................................05 22-23/</td>
<td>days</td>
<td>93 24-25/</td>
<td></td>
</tr>
<tr>
<td>F. Defoliants or herbicides............................06 25-27/</td>
<td>days</td>
<td>93 28-29/</td>
<td></td>
</tr>
<tr>
<td>G. None of the above (SKIP TO Q.3)....................07 30-31/</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
3. While you were on that job, how often (do/did) you wash to remove the (SUBSTANCES) or use protective gear — would you say all of the time, some of the time, or never?

- All of the time: 32/..
- Some of the time: 33-34/..
- Never: (SKIP TO Q.3): 35-36/..

4. Which of the following (do/did) you use on that job? (CODE ALL THAT APPLY)

- Air filters: 37-38/..
- Goggles: 39-40/..
- Face shield: 41-42/..
- Special clothing: 43-44/..
- Washing facilities: 45-46/..
- Self-contained or supplied air breathing apparatus: 47-48/..

5. Did you have another job before the job with (DATE OF LAST INTERVIEW) that lasted 3 months or longer?

- Yes: 49-50/..
- No: (SKIP TO Q.21): 51-52/..

6. In what month and year did you start that job?

- Month: 53-54/..

A. What was the name of your employer? 55-56/..

B. Was this a full-time or part-time job?

- Full-time: 57-58/..
- Part-time: 59-60/..

6. (Continued)

C. What kind of business was that — what did they make or do there? 10-12/..

D. What did you actually do on the job — what were some of your main duties? 13-15/..

E. Please look at this card and tell me which number best describes the kind of industry you worked in? (WRITE IN NUMBER) 16-17/..

F. In what month and year did this job end? 18-21/..

C. What was the main reason you stopped working on your job? 22-23/..
7. While working at (EMPLOYER) did you come in contact with any of the substances on this card? By contact I mean that you inhaled, touched, had skin contact with those fibers and chemicals, or were exposed to ionizing or nuclear radiation. (CODE ALL THAT APPLY)

A. In general how many days a month did you come in contact with (SUBSTANCE)?

<table>
<thead>
<tr>
<th>Substance</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos</td>
<td>01</td>
</tr>
<tr>
<td>Ionizing or nuclear radiation</td>
<td>02</td>
</tr>
<tr>
<td>Industrial chemicals</td>
<td>03</td>
</tr>
<tr>
<td>Insecticides or pesticides</td>
<td>04</td>
</tr>
<tr>
<td>Degreasing chemicals</td>
<td>05</td>
</tr>
<tr>
<td>Defoliants or herbicides</td>
<td>06</td>
</tr>
<tr>
<td>None of the above (SKIP TO Q.10)</td>
<td>07</td>
</tr>
</tbody>
</table>

Less than once a month

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

<table>
<thead>
<tr>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time</td>
</tr>
<tr>
<td>Some of the time</td>
</tr>
<tr>
<td>Never</td>
</tr>
</tbody>
</table>

9. Which of the following did you use on that job? (CODE ALL THAT APPLY)

A. Air filter

B. Goggles

C. Face shield

D. Special clothing

E. Washing facilities

F. Self-contained or supplied air breathing apparatus

G. None

10. Did you have another job before the job with (NAME IN Q.4A) but, since (DATE OF LAST INTERVIEW)?

| Yes                           | 00       |
| No                            | 01       |

11. In what month and year did you start that job?

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

| 01 | 02 |

12. Did you have another job before the job with (NAME IN Q.4A) but, since (DATE OF LAST INTERVIEW)?

| Yes                           | 00       |
| No                            | 01       |

13. In what month and year did you start that job?

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
</table>

| 01 | 02 |

14. Which of the following did you use on that job? (CODE ALL THAT APPLY)

A. Air filter

B. Goggles

C. Face shield

D. Special clothing

E. Washing facilities

F. Self-contained or supplied air breathing apparatus

G. None

15. Enter number: 00-02
11. (Continued)

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

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>64-47</td>
<td></td>
</tr>
</tbody>
</table>

CURRENT JOB:... (SKIP TO Q.12)... 0001

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


12. While working at (EMPLOYER) did you come in contact with any of the substances on this card? By contact I mean that you inhaled, tasted, had skin contact with these fibers and chemicals, or were exposed to ionizing or nuclear radiation.

CODE ALL THAT APPLY

A. In general how many days a month did you come in contact with (SUBSTANCE)?

<table>
<thead>
<tr>
<th>SUBSTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asbestos</td>
</tr>
<tr>
<td>01 50-51/ 95 52-53/</td>
</tr>
<tr>
<td>Ionizing or nuclear radiation</td>
</tr>
<tr>
<td>02 54-55/ 95 56-57/</td>
</tr>
<tr>
<td>Industrial chemicals</td>
</tr>
<tr>
<td>03 55-59/ 95 60-61/</td>
</tr>
<tr>
<td>Pesticides or pesticides</td>
</tr>
<tr>
<td>04 62-63/ 95 64-65/</td>
</tr>
<tr>
<td>Degreasing chemicals</td>
</tr>
<tr>
<td>05 66-67/ 95 68-69/</td>
</tr>
<tr>
<td>Defoliant or herbicides</td>
</tr>
<tr>
<td>06 70-71/ 95 72-73/</td>
</tr>
</tbody>
</table>

13. While you were on that job, how often did you have to wear protective gear -- would you say all of the time, some of the time, or never?

<table>
<thead>
<tr>
<th>SUBSTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>All of the time</td>
</tr>
<tr>
<td>74/</td>
</tr>
<tr>
<td>Some of the time</td>
</tr>
<tr>
<td>Never</td>
</tr>
</tbody>
</table>

14. Which of the following did you use on that job? (CODE ALL THAT APPLY)

<table>
<thead>
<tr>
<th>SUBSTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air filter</td>
</tr>
<tr>
<td>01 10-11/</td>
</tr>
<tr>
<td>Congest</td>
</tr>
<tr>
<td>02 12-13/</td>
</tr>
<tr>
<td>Face shield</td>
</tr>
<tr>
<td>03 14-15/</td>
</tr>
<tr>
<td>Special clothing</td>
</tr>
<tr>
<td>04 16-17/</td>
</tr>
<tr>
<td>Washing facilities</td>
</tr>
<tr>
<td>05 18-19/</td>
</tr>
<tr>
<td>Self-contained or supplied air breathing apparatus</td>
</tr>
<tr>
<td>06 20-21/</td>
</tr>
<tr>
<td>None</td>
</tr>
<tr>
<td>07 22-23/</td>
</tr>
</tbody>
</table>

15. Did you have another job before job with (NAME OF LAST INTERVIEW)?

<table>
<thead>
<tr>
<th>DATE OF LAST INTERVIEW</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>24/</td>
</tr>
<tr>
<td>No</td>
</tr>
<tr>
<td>(SKIP TO Q.21)</td>
</tr>
<tr>
<td>22-23/</td>
</tr>
</tbody>
</table>

16. In what month and year did you start that job?

<table>
<thead>
<tr>
<th>Month</th>
<th>Year</th>
</tr>
</thead>
<tbody>
<tr>
<td>25-28</td>
<td></td>
</tr>
</tbody>
</table>

A. What was the name of your employer?

<table>
<thead>
<tr>
<th>NAME OF YOUR EMPLOYER</th>
</tr>
</thead>
<tbody>
<tr>
<td>29-33/</td>
</tr>
</tbody>
</table>

B. Was this a full-time or part-time job?

<table>
<thead>
<tr>
<th>FULL-TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 94/</td>
</tr>
<tr>
<td>PART-TIME</td>
</tr>
<tr>
<td>2 55-57/</td>
</tr>
</tbody>
</table>

C. What kind of business was that—what did they make or do there?

<table>
<thead>
<tr>
<th>KIND OF BUSINESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>55-57/</td>
</tr>
</tbody>
</table>
16. (Continued)

D. What did you actually do on the job—what were some of your main duties?

____________________________________________________________________________________ 38-60/


E. Please look at this card and tell me which number best describes the kind of industry you worked in? (WRITE IN NUMBER)

HAND CARD

ENTER NUMBER: __________ 61-62/


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

Month Year

63-66/

CURRENT JOB:... (REFER TO Q.17)... 0091


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

____________________________________________________________________________________ 67-68/


17. While working at (EMPLOYER) did you come in contact with any of the substances on this card? By contact, I mean that you inhaled, tasted, had skin contact with these fibers and chemicals, or were exposed to ionizing or nuclear radiation. (CODE ALL THAT APPLY)

FOR EACH SUBSTANCE CODED IN Q.17, ASK A.

A. In general, how many days a month did you come in contact with (SUBSTANCE)? Less than once a month

Asbestos..................01 69-70/ ___ days .. ... 95 71-72/

Leasing or nuclear radiation..02 73-74/ ___ days .. ... 95 75-76/

Industrial chemicals........03 77-78/ ___ days .. ... 95 79-80/

Insecticides or pesticides...04 10-11/ ___ days .. ... 95 12-13/

Degreasing chemicals.....05 14-15/ ___ days .. ... 95 16-17/

Defoamers or herbicides...06 18-19/ ___ days .. ... 95 20-21/

None of the above (REFER TO Q.10).07 22-23/


18. While you were employed at that job how often did you wash to remove the (SUBSTANCES) or use protective gear—would you say all of the time, some of the time, or never?

All of the time...............1 24/

Some of the time...........2

Never........(SKIP TO Q.20)......3


19. Which of the following did you use on that job? CODE ALL THAT APPLY

Air filter..................01 25-26/

Goggles...................02 27-28/

Face shield.................03 29-30/

Special clothing...........04 31-32/

Washing facilities..........05 33-34/

Self-contained or supplied air breathing apparatus...06 35-36/

None.....................07 37-38/


20. Did you have another job before the job (NAME IN Q.16A), but since (DATE OF LAST INTERVIEW)?

Yes........(USE NEW QUEE).....1 39/

No.........................2


21. During the past six months, did illness or injury keep you from work, not counting work around the house?

Yes.........................1 40/

No........(SKIP TO SECTION 4)...2

Retired........(SKIP TO SECTION 4)...3

Unemployed........(SKIP TO SECTION 4)...4


22. Altogether, how many days did illness or injury keep you from work during the past six months? (REFERS TO WORKING DAYS ONLY)

ENTER NUMBERS OF DAYS: ___ ___ 41-63/


23. What illnesses or injuries caused you to miss work?

____________________________________________________________________________________ 44/
SECTION 4: MILITARY

1. INTERVIEWER: WAS R INTERVIEWED IN 1965 OR 1966? SEE INFORMATION SHEET.
   YES...........(SKIP TO Q:3)..................1
   NO...........................2

2. Which of the following statements best describes your assignment during the Vietnam War?
   A crew member in Vietnam who was on flying status.............1 45/
   Not a crew member, but flew one or more missions in Vietnam..2
   A crew member, but did not log flying time in Vietnam..........3
   Not a crew member..................................4

3. INTERVIEWER: WAS R SERVED IN MILITARY ON ACTIVE DUTY SINCE LAST INTERVIEW? (IN Q3 IN SECTION 2, PAGE 5, CODED "YES")
   YES.............(GO TO Q:4)..................1 46/
   NO...........(SKIP TO SECTION 5)...........2

   Now I am going to ask you about some of your experiences in the military.

4. Since (DATE OF LAST INTERVIEW) have you retired, been discharged or separated from the [BRANCH OF SERVICE FROM INFORMATION SHEET ITEM 3]? (IF BRANCH MISSING, ASK AND ADD TO INFO SHEET.)
   Yes...........(ASK A THROUGH C).............1 47/
   No...........(SKIP TO Q:5)...................2

   A. Were you retired, discharged or separated?
      Retired........................................1 48/
      Discharged/Separated.......................2

   B. In what month and year were you [retired/discharged/separated] from the [BRANCH OF SERVICE FROM INFORMATION SHEET ITEM 3]?
      ________
      Month Year 49-52/

4. (Continued)

   C. Following your (retirement/separation/discharge) in (DATE in B.),
      did you re-enter the armed forces?
      Yes..............................................1 53/
      No..............................................2

5. I would like to ask you the names of all the countries, including the United States, you have been stationed in since (DATE OF LAST INTERVIEW).

   When last interviewed you were stationed in [COUNTRY FROM INFORMATION SHEET ITEM 3], and your assignment began in [DATE OF ASSIGNMENT FROM INFORMATION SHEET ITEM 3]. Is that correct?
   Yes....(ASK B THROUGH E)..........................1 54/
   No....(CORRECT INFORMATION SHEET, THEN ASK B THROUGH E).....2
   Missing....(ASK COUNTRY AND DATE OF ASSIGNMENT, THEN ADD TO INFO SHEET AND ASK B THROUGH E)..........3
   No Active Duty At Last Interview....(ASK A THROUGH E).....4
G. In your job assignments while stationed in (COUNTRY), (do/did) you come in contact with any of the substances on this card? By contact I mean that you inhaled, tasted, had skin contact with these fibers and chemicals, or were exposed to ionizing or nuclear radiation. CODE ALL THAT APPLY.

<table>
<thead>
<tr>
<th>CARD</th>
<th>SUBSTANCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>asbestos</td>
</tr>
<tr>
<td>B</td>
<td>ionizing or nuclear radiation</td>
</tr>
<tr>
<td>C</td>
<td>industrial chemicals</td>
</tr>
<tr>
<td>D</td>
<td>insecticides or pesticides</td>
</tr>
<tr>
<td>E</td>
<td>degreasing chemicals</td>
</tr>
<tr>
<td>F</td>
<td>defoliants or herbicides</td>
</tr>
<tr>
<td>G</td>
<td>none of the above</td>
</tr>
</tbody>
</table>

H. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)? CODE ALL THAT APPLY.

<table>
<thead>
<tr>
<th>SUBSTANCE</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>asbestos</td>
<td>24-25/</td>
</tr>
<tr>
<td>ionizing or nuclear radiation</td>
<td>26-27/</td>
</tr>
<tr>
<td>industrial chemicals</td>
<td>28-29/</td>
</tr>
<tr>
<td>insecticides or pesticides</td>
<td>30-31/</td>
</tr>
<tr>
<td>defoliants or herbicides</td>
<td>32-33/</td>
</tr>
<tr>
<td>degreasing chemicals</td>
<td>34-35/</td>
</tr>
</tbody>
</table>

I. When you washed to remove the (SUBSTANCES) or used protective clothing or gear when stationed in (COUNTRY) was it all the time, some of the time, or never?

<table>
<thead>
<tr>
<th>TIME</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time</td>
<td>36/</td>
</tr>
<tr>
<td>Some of the time</td>
<td>49/</td>
</tr>
<tr>
<td>Never</td>
<td>62/</td>
</tr>
</tbody>
</table>

J. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)? CODE ALL THAT APPLY.

<table>
<thead>
<tr>
<th>SUBSTANCE</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>asbestos</td>
<td>37-38/</td>
</tr>
<tr>
<td>ionizing or nuclear radiation</td>
<td>39-40/</td>
</tr>
<tr>
<td>industrial chemicals</td>
<td>41-42/</td>
</tr>
<tr>
<td>insecticides or pesticides</td>
<td>43-44/</td>
</tr>
<tr>
<td>defoliants or herbicides</td>
<td>45-46/</td>
</tr>
<tr>
<td>degreasing chemicals</td>
<td>47-48/</td>
</tr>
<tr>
<td>none of the above</td>
<td>49-50/</td>
</tr>
</tbody>
</table>

K. When you washed to remove the (SUBSTANCES) or used protective clothing or gear when stationed in (COUNTRY) was it all the time, some of the time, or never?

<table>
<thead>
<tr>
<th>TIME</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>All the time</td>
<td>36/</td>
</tr>
<tr>
<td>Some of the time</td>
<td>49/</td>
</tr>
<tr>
<td>Never</td>
<td>62/</td>
</tr>
</tbody>
</table>

L. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)? CODE ALL THAT APPLY.

<table>
<thead>
<tr>
<th>SUBSTANCE</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>asbestos</td>
<td>51-52/</td>
</tr>
<tr>
<td>ionizing or nuclear radiation</td>
<td>53-54/</td>
</tr>
<tr>
<td>industrial chemicals</td>
<td>55-56/</td>
</tr>
<tr>
<td>insecticides or pesticides</td>
<td>57-58/</td>
</tr>
<tr>
<td>defoliants or herbicides</td>
<td>59-60/</td>
</tr>
</tbody>
</table>

M. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)? CODE ALL THAT APPLY.

<table>
<thead>
<tr>
<th>SUBSTANCE</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>asbestos</td>
<td>61-62/</td>
</tr>
<tr>
<td>ionizing or nuclear radiation</td>
<td>63-64/</td>
</tr>
<tr>
<td>industrial chemicals</td>
<td>65-66/</td>
</tr>
<tr>
<td>insecticides or pesticides</td>
<td>67-68/</td>
</tr>
<tr>
<td>defoliants or herbicides</td>
<td>69-70/</td>
</tr>
</tbody>
</table>

N. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)? CODE ALL THAT APPLY.

<table>
<thead>
<tr>
<th>SUBSTANCE</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>asbestos</td>
<td>71-72/</td>
</tr>
<tr>
<td>ionizing or nuclear radiation</td>
<td>73-74/</td>
</tr>
<tr>
<td>industrial chemicals</td>
<td>75-76/</td>
</tr>
<tr>
<td>insecticides or pesticides</td>
<td>77-78/</td>
</tr>
<tr>
<td>defoliants or herbicides</td>
<td>79-80/</td>
</tr>
</tbody>
</table>

O. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)? CODE ALL THAT APPLY.

<table>
<thead>
<tr>
<th>SUBSTANCE</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>asbestos</td>
<td>81-82/</td>
</tr>
<tr>
<td>ionizing or nuclear radiation</td>
<td>83-84/</td>
</tr>
<tr>
<td>industrial chemicals</td>
<td>85-86/</td>
</tr>
<tr>
<td>insecticides or pesticides</td>
<td>87-88/</td>
</tr>
<tr>
<td>defoliants or herbicides</td>
<td>89-90/</td>
</tr>
</tbody>
</table>

P. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)? CODE ALL THAT APPLY.

<table>
<thead>
<tr>
<th>SUBSTANCE</th>
<th>CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>asbestos</td>
<td>91-92/</td>
</tr>
<tr>
<td>ionizing or nuclear radiation</td>
<td>93-94/</td>
</tr>
<tr>
<td>industrial chemicals</td>
<td>95-96/</td>
</tr>
<tr>
<td>insecticides or pesticides</td>
<td>97-98/</td>
</tr>
<tr>
<td>defoliants or herbicides</td>
<td>99-100/</td>
</tr>
</tbody>
</table>
SECTION 3: MARITAL AND FERTILITY HISTORY

I. How I would like to ask you about your personal relationships.

When we talked with you last, you said you were (READ MARITAL STATUS FROM INFORMATION SHEET ITEM 4). Is that correct?

Yes... (GO TO A) ........................................ 1 40/

No... (CORRECT INFO SHEET, THEN GO TO A) .......... 2

Missing... (ASK AND ADD TO INFO SHEET THEN GO TO A) .................................................. 3

A. INTERVIEWER: WAS STATUS MARRIED AT LAST INTERVIEW (PROBE: WAS RESPONDENT LIVING WITH SPOUSE?)

YES... (SKIP TO F) ........................................ 1 41/

NO... (ASK B) ........................................ 2

B. When we talked with you last, you said you were READ STATUS FROM INFORMATION SHEET ITEM 5.

YES... (GO TO C) ........................................ 1 42/

NO... (CORRECT INFO SHEET, THEN GO TO C) .... 2

C. INTERVIEWER: WAS RESPONDENT "LIVING WITH PARTNER" AT LAST INTERVIEW?

YES... (ASK D) ........................................ 1 43/

NO... (SKIP TO Q.3, P.27) .................................. 2

D. What is the current full name of the person you were living with at (DATE OF LAST INTERVIEW)?

LAST NAME ____________________________

FIRST NAME ________________________

MIDDLE NAME ________________________

INTERVIEWER: RECORD NAME ON INFORMATION SHEET, ITEM 05

E. In what month and year did you start living with (NAME)?

ENTER MONTH AND YEAR ____________

(43-46) (GO TO O.2)

F. According to our records, you were married to (NAME AT INFORMATION SHEET ITEM 6). Is that correct?

Yes... (GO TO A) ........................................ 1 47/

No... (CORRECT INFO SHEET) .................................. 2

Missing... (ASK AND ADD TO INFO SHEET) ........... 3
1. (Continued)

G. In what month and year did you get married to (NAME)?

<table>
<thead>
<tr>
<th>ENTER MONTH AND YEAR</th>
<th>NO</th>
<th>YES</th>
<th>48-51/</th>
</tr>
</thead>
</table>

2. Have you stopped living with (NAME)?

<table>
<thead>
<tr>
<th>YES</th>
<th>52/</th>
</tr>
</thead>
</table>

A. How did this (marriage/relationship) end?

<table>
<thead>
<tr>
<th>REASON</th>
<th>53/</th>
</tr>
</thead>
</table>

A. Separation.................................................................

C. Divorce.................................................................

Death of spouse or partner................................................

<table>
<thead>
<tr>
<th>ENTER MONTH AND YEAR</th>
<th>NO</th>
<th>YES</th>
<th>54-57/</th>
</tr>
</thead>
</table>

C. During this (marriage/relationship), how many times were you living apart from (NAME) for 3 months or more since (DATE OF LAST INTERVIEW)? Each separation must have lasted at least 3 months or more.

<table>
<thead>
<tr>
<th>ENTER NUMBER OF TIMES</th>
<th>58-59/</th>
</tr>
</thead>
</table>

OR

<table>
<thead>
<tr>
<th>NONE</th>
<th>(SKIP TO F)</th>
<th>60-61/</th>
</tr>
</thead>
</table>

D. For how many months did you live apart the (first/next) time? Each separation must have lasted at least 3 months or more.

<table>
<thead>
<tr>
<th>FIRST TIME</th>
<th>62-63/</th>
</tr>
</thead>
<tbody>
<tr>
<td>SECOND TIME</td>
<td>64-65/</td>
</tr>
<tr>
<td>THIRD TIME</td>
<td>66-67/</td>
</tr>
</tbody>
</table>

2. (Continued)

E. During this (marriage/relationship), [since the (DATE OF LAST INTERVIEW)], did you ever have a problem conceiving a child because of prolonged separation?

<table>
<thead>
<tr>
<th>YES</th>
<th>68/</th>
</tr>
</thead>
</table>

F. And what is (NAME OF SPOUSE/PARTNER)'s present street address?

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>BEGIN DECK 16</th>
</tr>
</thead>
</table>

G. And what city, state and zip code does (SPOUSE/PAINTER) live in?

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>BEGIN DECK 16</th>
</tr>
</thead>
</table>

H. And what is (NAME OF SPOUSE/PAINTER)'s present telephone number?

<table>
<thead>
<tr>
<th>COUNTRY CODE</th>
<th>AREA CODE</th>
<th>NUMBER</th>
<th>NO PHONE</th>
<th>BEGIN DECK 16</th>
</tr>
</thead>
</table>

I. Thinking of all the people you know, who would be the one person who would be most likely to have heard (NAME OF SPOUSE/PAINTER)'s name? Enter FULL NAME OF PERSON BELOW AND ASK J-H.

<table>
<thead>
<tr>
<th>(LAST)</th>
<th>BEGIN DECK 15</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>(FIRST)</th>
<th>(MIDDLE)</th>
<th>BEGIN DECK 15</th>
</tr>
</thead>
</table>

J. What is (PERSON'S) relationship to (NAME OF SPOUSE/PARTNER)?

<table>
<thead>
<tr>
<th>PERSON'S RELATIONSHIP</th>
<th>BEGIN DECK 16</th>
</tr>
</thead>
</table>

K. Where does (PERSON) live?

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>BEGIN DECK 16</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>CITY</th>
<th>STATE</th>
<th>ZIP CODE</th>
<th>BEGIN DECK 16</th>
</tr>
</thead>
</table>
2. (Continued)

L. What is (PERSON'S) telephone number?

<table>
<thead>
<tr>
<th>COUNTRY CODE</th>
<th>AREA CODE</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>37-69/</td>
</tr>
</tbody>
</table>

(NO PHONE).................1

H. If (PERSON) has a phone: In whose name is the phone listed?

(PERSON'S) name........(SKIP TO H)...............1 50/

OTHER.................(SPECIFY BELOW)...............2

DON'T KNOW................(SKIP TO H)...............8

(LAST)

______________________(FIRST)

______________________(MIDDLE)

N. Interviewer has R stopped living with spouse or partner?

(US "YES" CODED AT Q.27, P.29)

Yes.........................1 75/

No....(SKIP TO Q.10)....2

3. Since (DATE OF LAST INTERVIEW), have you done one of the following: (1) reconciled or married (again); or (2) lived with a wife or partner for 3 months or more?

Yes........(ASK A).............1 76/

Old mother.(SKIP TO Q.10) .2

A. How many times have you been married or lived with a partner, for at least 3 months since (DATE OF LAST INTERVIEW)?

RECORD NUMBER OF TIMES: [ ] 77/

4. (Continued)

A. What is the current full name of (this person/your wife)?

[ ] 10 /

(LAST)

________________________________________

79-80/

(FIRST)____________(MIDDLE)

INTERVIEWER: RECORD FULL NAME OF (SPouse/PARTNER) ON INFORMATION SHEET, ITEM 07 AND RECORD IDP ABOVE.

BEGIN DECK 17

What was her full maiden name?

10-29/

What was her birthdate? RECORD DATE: [ ] [ ] [ ] [ ] 30-35/

B. In what month and year did you (reconcile/get married/to start living with) (NAME)?

ENTER MONTH AND YEAR: [ ] [ ] [ ] [ ] 36-39/

C. Have you stopped living with (NAME)?

Yes..............(ASK 0-5).........1 40/

No.............(SKIP TO Q.4F)........2

D. How did this (marriage/relationship) end?

[ ] SEPARATION

[ ] DIVORCE

[ ] DEATH OF SPOUSE/TEME (ASK D-E, THEN SKIP TO Q.38)
4. (Continued)

E. In what month and year did this occur?

ENTER MONTH AND YEAR: [___] 42-45/

F. During this (marriage/relationship), how many times were you living apart from (NAME) for 3 months or more since (DATE OF LAST INTERVIEW)?

ENTER NUMBER OF TIMES: [___] 46-47/

G. For how many months did you live apart the (this/first/next) time?

First/only time: [___] 48-49/
Second time: [___] 50-51/
Third time: [___] 52-53/
Fourth time: [___] 54-55/

H. During this (marriage/relationship), [since the (DATE OF LAST INTERVIEW)], did you ever have a problem conceiving a child because of prolonged separation?

Yes...................................................................... 56/

No...................................................................... 57/

I. And what is (NAME OF SPOUSE/PARTNER)’s present street address?

STREET ADDRESS ........................................................................................................................................ 58-80/

BEGIN DECK 18

J. And what city, state and zip code does (SPOUSE/PARTNER) live in?

CITY ................................................................................................................................. 59-81/

STATE ............................................................................................................................. 59-81/

ZIP CODE ...................................................................................................................... 59-81/

BEGIN DECK 18

K. And what is (NAME OF SPOUSE/PARTNER)’s present telephone number?

COUNTRY CODE AREA CODE NUMBER ........................................................................ 59-82/

(for foreign phone) NO PHONE........................................................................ 59-82/

BEGIN DECK 18

5. INTERVIEWER VERIF.: IS THERE A SECOND RELATIONSHIP SINCE THE DATE OF LAST INTERVIEW? IS NUMBER OF TIMES RECORDING IN Q.3A, P.3B, EQUAL TO 2 OR MORE?

YES.......................................................................................1 35/

NO.................................................................2 35/
6. Thinking of the next relationship since (DATE OF LAST INTERVIEW), did you marry this person?
   Yes........................................ 1
   No......................................... 2

A. What is the current full name of this person?
   (LAST)....................................
   (FIRST)................................. (MIDDLE)

INTERVIEWER: RECORD FULL NAME OF (SPouse/PARTNER) ON INFORMATION SHEET, ITEM 07 AND 106 ABOVE.

What was her full maiden name?
   ________________________________

What was her birthdate? RECORD DATE: [___ ___ ___] [___ ___ ___ ]
   NO DA YR

B. In what month and year did you (get married to/start living with) (NAME)?
   ENTER MONTH AND YEAR: [___ ___ ___] [___ ___ ___ ]
   NO DA YR

C. Have you stopped living with (NAME)?
   Yes...................................... (ASK D-P)........................................ 1
   No...................................... (SKIP TO F)........................................ 2

D. How did this (marriage/relationship) end?
   HAND CAED
   Separation.............................. 1
   Divorce.................................. 2
   Death of spouse or partner (ASK D-H, THEN SKIP TO Q.7).......................... 3

E. In what month and year did this occur?
   ENTER MONTH AND YEAR: [___ ___ ___ ]
   NO YR

F. During this relationship, how many times were you living apart from (NAME) for 3 months or more since (DATE OF LAST INTERVIEW)?
   ENTER NUMBER OF TIMES: [___ ___ ___ ]
   OR
   None. (GO TO 1)........................................ 00

G. For how many months did you live apart the (first/next) time?
   First time: [___ ___ ___ ]
   Second time: [___ ___ ___ ]
   Third time: [___ ___ ___ ]
   Fourth time: [___ ___ ___ ]

H. During this (marriage/relationship), [since the (DATE OF LAST INTERVIEW)], did you ever have a problem conceiving a child because of prolonged separation?
   Yes........................................ 1
   No........................................ 2

I. And what is (NAME OF SPOUSE/PARTNER)'s present street address?
   STREET ADDRESS_____________________
   NO YR

J. And what city, state and zip code does (SPOUSE/PARTNER) live in?
   CITY..............................................
   STATE......................................
   ZIP CODE...................................
6. (Continued)

E. And what is (NAME OF SPOUSE/PARTNER)'s present telephone number?

<table>
<thead>
<tr>
<th>COUNTRY CODE</th>
<th>AREA CODE</th>
<th>NUMBER</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>67-79/</td>
<td></td>
</tr>
</tbody>
</table>

(Country phone) NO PHONE

foreign phone

(for phone)

G. Thinking of all the people you know, either near your home or elsewhere, who would be the one person who would be most likely to know where (NAME OF SPOUSE/PARTNER) is? ENTER FULL NAME OF PERSON BELOW AND ASK H-P.

BEGIN DECK 22

(LAST),

10-29/

(FIRST),

(MIDDLE),

30-44/

H. What is (PERSON'S) relationship to (NAME OF SPOUSE/PARTNER)?

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>47-71/</td>
</tr>
</tbody>
</table>

APTD BEGIN DECK 23

CITY STATE ZIP CODE

10-29/ 30-31/ 32-36/

I. Where does (PERSON) live?

<table>
<thead>
<tr>
<th>ZIP CODE</th>
</tr>
</thead>
<tbody>
<tr>
<td>37-49/</td>
</tr>
</tbody>
</table>

(COUNTRY CODE) NO PHONE

(for phone)

foreign phone

J. IF (PERSON) HAS PHONE: In whose name is the phone listed?

(PERSON'S) name... (SKIP TO Q.7)...

<table>
<thead>
<tr>
<th>OTHER</th>
<th>(SPECIFY BELOW)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>2</td>
</tr>
</tbody>
</table>

DON'T KNOW... (SKIP TO Q.7)...

LAST),

(FIRST),

(MIDDLE)

M. Linear Interviewer: Is there a third relationship since the date of last interview? (Is number of times recorded in Q.36, F.27 equal to 3 or more?)

YES... (GO TO Q.8)...

76/ NO... (SKIP TO Q.10)...

8. Thinking of the next relationship since (DATE OF LAST INTERVIEW), did you marry this person?

Yes...

77/ No...

A. What is the current full name of this person?

(LAST),

78-79/

(FIRST),

(MIDDLE)

INTERVIEWER: RECORD FULL NAME OF (SPOUSE/PARTNER) ON INFORMATION SHEET, ITEM 07 AND ID # ABOVE.

What was her full maiden name?

BEGIN DECK 24

CITY

10-29/

State 30-31/

ZIP CODE 32-36/

B. In what month and year did you (get married or start living with) (NAME)?

ENTER MONTH AND YEAR: 36-39/

NO TR

C. Have you stopped living with (NAME)?

Yes... (ASK D-F)...

40/ No...

(SKIP TO F)...

2
E. In what month and year did this occur?

ENTER MONTH AND YEAR: [_____] [_____] 42-43/

F. During this (marriage/relationship), how many times were you living apart from (NAME) for 3 months or more since (DATE OF LAST INTERVIEW)?

ENTER NUMBER OF TIMES: [_____] 44-47/

G. For how many months did you live apart the (first/most) time?

First time: [_____] 48-49/
Second time: [_____] 50-51/
Third time: [_____] 52-53/
Fourth time: [_____] 54-55/

H. During this (marriage/relationship), since the (DATE OF LAST INTERVIEW), did you ever have a problem conceiving a child because of prolonged separation?

Yes: [_____] 56/
No: [_____] 57-80/

I. And what is (NAME OF SPOUSE/PARTNER)'s present street address?

STREET ADDRESS BEGIN DEC 25

J. And what city, state and zip code does (SPOUSE/PARTNER) live in?

CITY 10-29/ STATE 30-31/ ZIP CODE 32-36/

K. And what is (NAME OF SPOUSE/PARTNER)'s present telephone number?

COUNTRY CODE [_____] AREA CODE [_____] NUMBER [_____] 37-69/

L. Thinking of all the people you know, either near your home or elsewhere, who would be the one person who would be most likely to know where (NAME OF SPOUSE/PARTNER) is? ENTER FULL NAME OF PERSON BELOW AND ASK 9-10.

(MIDDLE)

M. What is (PERSON'S) relationship to (NAME OF SPOUSE/PARTNER)?

75-76/

BEGIN DEC 16

N. Where does (PERSON) live?

ADDRESS BEGIN DEC 17

CITY 10-34/ STATE 35-36/ ZIP CODE 37-61/

O. What is (PERSON'S) telephone number?

COUNTRY CODE [_____] AREA CODE [_____] NUMBER [_____] 62-74/

P. IF (PERSON) HAS PHONE: In whose name is the phone listed?

(PERSON'S) name [_____] 75/

OTHER [_____] (SPECIFY BELOW) 76/

DON'T KNOW [_____] 77/

BEGIN DEC 27

MIDDLE)

Q. And what is (NAME OF SPOUSE/PARTNER)'s present street address?

STREET ADDRESS BEGIN DEC 25

R. And what city, state and zip code does (SPOUSE/PARTNER) live in?

CITY 10-29/ STATE 30-31/ ZIP CODE 32-36/
9. INTERVIEWER: IS THERE A FOURTH RELATIONSHIP SINCE THE DATE OF LAST INTERVIEW? (IS NUMBER OF TIMES RECORDED IN Q.1A EQUAL TO 4 OR MORE?)

YES...........GO TO NEW QUESTIONNAIRE).................1 35/

NO..................2

--- VERIFICATION OF BIOLOGICAL CHILDREN USING CHILDREN'S RECORD FORM ---

10. INTERVIEWER: ARE CHILDREN LISTED ON CHILDREN'S RECORD FORM?

YES.............(ASK A).................1 36/

NO...........(ASK B).................2

A. I'd like to read information about your (child/children) from our last interview to check our records. As of (DATE OF LAST INTERVIEW), our records show that you have had (NUMBER OF CHILDREN). ...(READ EACH CHILD'S FULL NAME, SEX, AND BIRTHDATE AND MOTHER'S NAME). Is that correct?

IF INFORMATION IS CORRECT (GO TO Q.11)..............................................1 37/

IF INFORMATION IS INCOMPLETE OR INCOMPLETE MAKE CORRECTIONS ON CHILDREN'S RECORD FORM (THEN GO TO Q.11)....2

B. Our records show that you had not had any children of your own as of (DATE OF LAST INTERVIEW). Is that correct?

IF INFORMATION IS CORRECT (GO TO Q.12)..............................................1 38/

IF INFORMATION IS INCOMPLETE OR INCOMPLETE, ASK FOR (CHILD/CHILDREN)'S FULL NAME, SEX, BIRTHDATE AND MOTHER'S NAME. RECORD BEGINNING AT LINE 01 ON CHILDREN'S RECORD FORM...(THEN GO TO Q.11)....2

11. INTERVIEWER: ASK THIS QUESTION FOR EACH CHILD LISTED ON CHILDREN'S RECORD FORM FOR WHOM THERE IS NO DEATH DATE.

What is (NAME OF 1ST CHILD/NAME OF 2ND CHILD, ETC.)*'s current age? RECORD ON CHILDREN'S RECORD FORM.

IF DECEASED SINCE LAST INTERVIEW, ASK A-C. OTHERS GO TO Q.12.

A. When did (CHILD) die? RECORD DAY, MONTH, AND YEAR ON CHILDREN'S RECORD FORM.

B. What was the cause of death? RECORD BELOW.

BEGIN DECK 28

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

CHILD ID: [ ] [ ] CHILD ID: [ ] [ ] CHILD ID: [ ] [ ]

CITY: 42/57/ CITY: 63/78/ CITY: 13/28/

STATE: 58/59/ STATE: 79/80/ STATE: 29/30/

12. INTERVIEWER VERIFY: HAS SHE BEEN MARRIED OR HAD A PARTNER FOR 3 MONTHS OR MORE SINCE (DATE OF LAST INTERVIEW)?

YES.............(ASK A).......................1 31/

NO............(SKIP TO SECTION 6)..................2

A. Has/Have (your wife/any of your partners) become pregnant by you since (DATE OF LAST INTERVIEW)? This includes pregnancies that began before (DATE OF LAST INTERVIEW) and ended after (DATE OF LAST INTERVIEW).

Yes.............(ASK B).......................1 12/

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

B. How many pregnancies (has your wife/have your partners) had with you since (DATE OF LAST INTERVIEW)?

ENTER NUMBER OF PREGNANCIES: [ ] [ ] 33/34/

(GO TO Q.13)
13. When did (that/the first, etc.) pregnancy begin? What month and year?

ENTER MONTH AND YEAR: __________ 35-36/

A. INTERVIEWER: WAS IT MORE THAN ONE RELATIONSHIP SINCE DATE OF LAST INTERVIEW? (SEE INFORMATION SHEET, ITEMS 05, 06 AND 07)

YES.........(ASK B)...........1 39/

NO.........(ASK B)...........2

B. Which (spouse/partner) had this pregnancy?

RECORD NAME: __________________________ 60-64/

(LAST) ______________ (MIDDLE) ______________ (FIRST) ______________

INTERVIEWER: RECORD ID # FROM INFORMATION SHEET, ITEM 03, 04, OR 07

___ __________ 65-66/

C. How many months did it take (NAME OF SPOUSE/PARTNER) to become pregnant (this time)?

RECORD MONTHS ___ AND/OR ___ AND/OR YEARS ___ NO ___ YES ___

WON'T TRYING...........00 69-70/

OR

DON'T KNOW...........99

D. Were either you or (NAME OF SPOUSE/PARTNER) using birth control at the time she became pregnant?

YES.........(ASK E)...........1 71/

NO.........(GO TO Q.14)...........2

14. Did that pregnancy result in a live birth; or in a miscarriage, stillbirth, or abortion, for (NAME) still pregnant?

Live birth..........(ASK A-J)...........1 30/

Miscarriage........(SKIP TO Q.16)...........2

Stillbirth........(SKIP TO Q.16)...........3

Abortion........(SKIP TO Q.16)...........4

Still pregnant........(SKIP TO Q.23)...........5

A. What is the first and last name of the child as it appears on the birth certificate? RECORD ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

INTERVIEWER: RECORD ID FROM CHILDREN'S RECORD FORM ___ ___ 31-32/

B. When was (CHILD) born? ENTER BIRTHDATE ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

C. Was (CHILD) male or female? RECORD ON CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

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

ENTER POUNDS: ___ ___ AND

OUNCES: ___ ___ OR

Don't know...........99
14. (Continued)
E. Was (CHILD) a twin?

Yes........................................1 37/
No........................................2

F. Was (CHILD) premature, full term, or overdue?

Premature..............................1 38/
Full term................................2
Overdue..................................3
Don't know..............................8

G. How old was (NAME OF MOTHER) when (CHILD) was born?

RECORD AGE: [ ] [ ] 39-40/

H. What is the name and address of the hospital where this child was

RECORD BELOW

NAME OF HOSPITAL

STREET ADDRESS

(CITY) (STATE)

INTERVIEWER: RECORD NAME AND ADDRESS ON MEDICAL CONSENT FORM

I. What is the name and address of the doctor or medical facility who

RECORD BELOW

DOCTOR'S NAME OR FACILITY NAME

STREET ADDRESS

(CITY) (STATE)

INTERVIEWER: RECORD NAME AND ADDRESS ON MEDICAL CONSENT FORM

J. What is (CHILD)'s current age? RECORD IN CHILDREN'S RECORD FORM OR

SUPPLEMENTARY CHILDREN'S RECORD FORM. IF DECEASED, ASK E-N.

OTHERS GO TO Q.15.

K. When did (CHILD) die? RECORD DAY, MONTH, AND YEAR ON CHILDREN'S

RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM.

L. What was the cause of death? RECORD BELOW.

M. Where is (CHILD'S) death registered? In what city and state?

(CITY) (STATE)

N. INTERVIEWER: IS THERE A SECOND PREGNANCY SINCE THE DATE OF LAST

INTERVIEW (IS NUMBER OF PREGNANCIES IN Q.128 EQUAL TO 2

OR MORE?)

YES...........(SKIP TO Q.17)...............1 62/
NO...........(SKIP TO Q.23)...............2

O. How many weeks had (NAME) been pregnant when that happened?

ENTER NUMBER OF WEEKS: [ ] [ ] 69-70/

Don't know................................98

IF MISCARRIAGE OR STILLBIRTH, ASK B-C; OTHERS GO TO D.

P. Did a doctor tell you why this (miscarriage/stillbirth) might have

occurred?

Yes...........(ASK C)...........1 71/
No..........(GO TO D)...........2

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

RECORD VERBATIM.
16. (Continued)

G. INTERVIEWER: IS THERE A SECOND PREGNANCY SINCE DATE OF LAST
INTERVIEW? (IS NUMBER OF PREGNANCIES IN Q.12B EQUAL
TO 2 OR MORE?)

YES............ (GO TO Q.17)............ 1 73/
NO............ (SKIP TO Q.25)............ 2

17. When did the most pregnancy begin? What month and year?

ENTER MONTH AND YEAR: [ ] [ ] 74-77/

A. INTERVIEWER: HAS ANY OF THE RELATIONSHIPS SINCE DATE OF
LAST INTERVIEW (SEE INFO SHEET, ITEMS 03, 06 AND 07)

YES............ (ASK B)............ 1 78/
NO............ (GO TO C)............ 2

BEGIN DECK 30

E. Which (spouse/partner) had this pregnancy?

RECORD NAME:

(LAST) 10-34/
(MIDDLE) 10-34/
(FIRST) 10-34/

INTERVIEWER: RECORD ID # FROM INFORMATION SHEET,
ITEM 05, 06, OR 07 [ ] [ ] 35-36/

C. How many months did it take (NAME OF SPOUSE/PARTNER) to become
pregnant (this time)?

RECORD MONTHS [ ] [ ] AND/OR [ ] [ ] 37-38/

AND/OR YEARS: NO YES 39-40/

WASN'T TRYING............ 00 41-42/

DON'T KNOW............ 98

D. Were either you or (NAME OF SPOUSE/PARTNER) using birth control
at the time she became pregnant?

YES............ (ASK E)............ 1 43/
NO............ (SKIP TO Q.18)............ 2

17. (Continued)

E. Please look at this card and tell me all the numbers of the types
of birth control you or (NAME) were using when she became
pregnant. CODE ALL THAT APPLY.

1. Pill........................................ 01 62-43/
2. Douches.................................. 02 64-45/
3. Foam....................................... 03 66-47/
4. Jelly, cream, suppository........... 04 68-49/
5. IUD.......................................... 05 50-51/
6. Condom, rubber........................ 06 52-53/
7. Diaphragm................................. 07 54-55/
8. Diaphragm and jelly................... 08 56-57/
9. Sponge..................................... 09 58-59/
10. Rhythm - Calendar..................... 10 60-61/
11. Rhythm - Temperature................ 11 62-63/
12. Withdrawal.............................. 12 64-65/
13. Other (SPECIFY)...................... 13 66-67/

DON'T KNOW.................... 98 68-69/

18. Did that pregnancy result in a live birth; or in a miscarriage,
stillbirth, or abortion, [or is (NAME) still pregnant]? CODE ALL THAT APPLY.

Live birth............ (ASK A-J)............ 1 70/
Miscarriage............ (SKIP TO Q.20)...... 2
Stillbirth............ (SKIP TO Q.20)...... 3
Abortion............ (SKIP TO Q.20)...... 4
Still pregnant............ (SKIP TO Q.22).... 5

A. What is the first and last name of the child as it appears on the
birth certificate? RECORD ON CHILDREN'S RECORD FORM OR
SUPPLEMENTARY CHILDREN'S RECORD FORM.

INTERVIEWER: RECORD ID FROM CHILDREN'S RECORD FORM OR
SUPPLEMENTARY CHILDREN'S RECORD FORM. [ ] [ ] 71-72

B. When was (CHILD) born? ENTER BIRTHDATE ON CHILDREN'S RECORD FORM OR
SUPPLEMENTARY CHILDREN'S RECORD FORM.

C. Was (CHILD) male or female? RECORD ON CHILDREN'S RECORD FORM OR
SUPPLEMENTARY CHILDREN'S RECORD FORM.

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

ENTER POUNDS: [ ] [ ] 73-74/

AND OUNCES: [ ] [ ] 75-76/

OR DON'T KNOW............ 98
18. (Continued)

E. Was (CHILD) a twin?

Yes.............................................1 77/
No.............................................2

F. Was (CHILD) premature, full term, or overdue?

Premature........................................1 78/
Full term........................................2
Overdue..........................................3
Don't know......................................8

G. How old was (NAME OF MOTHER) when (CHILD) was born?

RECORD AGE: [ ] 79-80/

Don't know.................................90

H. What is the name and address of the hospital where this child was born? RECORD BELOW

[ ] Name of hospital

STREET ADDRESS

(CITY) [ ] [ ] [ ]                  

(STATE)

INTERVIEWER: RECORD NAME AND ADDRESS ON MEDICAL CONSENT FORM

I. What is the name and address of the doctor or medical facility who has (CHILD)'s current medical records? RECORD BELOW

[ ] DOCTOR'S NAME
[ ] OR
[ ] FACILITY NAME

STREET ADDRESS

(CITY) [ ] [ ] [ ]                  

(STATE)

INTERVIEWER: RECORD NAME AND ADDRESS ON MEDICAL CONSENT FORM

J. What is (CHILD)'s current age? RECORD IN CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM. IF DECEASED, ASK E-H.

OTHERS GO TO Q.19.
20. (Continued)

D. **INTERVIEWER**: IS THERE A THIRD PREGNANCY SINCE DATE OF LAST INTERVIEW? (IS NUMBER OF PREGNANCIES IN Q.12 EQUAL TO 3 OR MORE?)

**YES**.................(GO TO Q.21)................. 40/

**NO**.................(SKIP TO Q.25)................. 2

21. **INTERVIEWER**: WHAT WAS THE DATE OF THE LAST PREGNANCY? (SEE INFO SHEET, ITEMS 05, 06 AND 07)

**YES**................. 41-44/

**NO**.................(ASK C)................. 2

A. **INTERVIEWER**: WAS THERE MORE THAN ONE RELATIONSHIP SINCE DATE OF LAST INTERVIEW? (SEE INFO SHEET, ITEMS 05, 06 AND 07)

**YES**................. 42/

**NO**.................(ASK C)................. 2

B. **INTERVIEWER**: WHICH (SPOUSE/Partner) HAD THIS PREGNANCY?

**RECORD NAME**:

**(LAST)**................. 46-70/

**(FIRST)**................. (MIDDLE)

**INTERVIEWER**: RECORD ID # FROM INFORMATION SHEET, ITEM 05, 06 OR 07

71-72/

C. **INTERVIEWER**: HOW MANY MONTHS DID IT TAKE (NAME OF SPOUSE/Partner) TO BECOME PREGNANT THIS TIME?

**RECORD MONTHS** AND/OR **TEARS**

73-74/

**WAS'NT TRYING**................. 00

**DON'T KNOW**................. 01

D. **INTERVIEWER**: WERE EITHER YOU OR (NAME OF SPOUSE/Partner) USING BIRTH CONTROL AT THE TIME SHE BECAME PREGNANT?

**YES**.................(ASK E)................. 77/

**NO**.................(SKIP TO Q.22)................. 2

22. (Continued)

E. **INTERVIEWER**: PLEASE LOOK AT THIS CARD AND TELL ME ALL THE NUMBERS OF THE TYPES OF BIRTH CONTROL YOU OR (NAME) WERE USING WHEN SHE BECAME PREGNANT. CODE ALL THAT APPLY.

1. **PILL**................. 01 10-11/

2. **Douches**................. 02 12-13/

3. **Pessaries**................. 03 14-15/

4. **Jelly, cream, suppository**................. 04 16-17/

5. **IUD**................. 05 18-19/

6. **Condom, rubber**................. 06 20-21/

7. **Diaphragm**................. 07 22-23/

8. **Diaphragm and jelly**................. 08 24-25/

9. **Spriul**................. 09 26-27/

10. **Rhythm - Calendar**................. 10 28-29/

11. **Rhythm - Temperature**................. 11 30-31/

12. **Withdrawal**................. 12 32-33/

13. **Other** (SPECIFY)................. 13 34-35/

**DON'T KNOW**................. 98 36-37/

22. (Continued)

22. **INTERVIEWER**: DID THAT PREGNANCY RESULT IN A LIVE BIRTH; OR IN A MISCARRIAGE, STILLBIRTH, OR ABORTION, [OR IN (NAME) STILL PREGNANT]?

**LIVE BIRTH**.................(ASK A-J)................. 1 38/

**MISCARRIAGE**.................(SKIP TO Q.24)................. 2

**STILLBIRTH**.................(SKIP TO Q.24)................. 3

**ABORTION**.................(SKIP TO Q.24)................. 4

**STILL PREGNANT**.................(SKIP TO Q.25)................. 5

A. **INTERVIEWER**: WHAT IS THE FIRST AND LAST NAME OF THE CHILD AS IT APPEARS ON THE BIRTH CERTIFICATE? RECORD ON CHILDREN'S SECOND FORM OR SUPPLEMENTARY CHILDREN'S SECOND FORM.

**INTERVIEWER**: RECORD ID # FROM CHILDREN'S SECOND FORM OR SUPPLEMENTARY CHILDREN'S SECOND FORM. 【】 39-40/

B. **INTERVIEWER**: WHEN WAS (CHILD) BORN? ENTER BIRTHDATE ON CHILDREN'S SECOND FORM OR SUPPLEMENTARY CHILDREN'S SECOND FORM.

C. **INTERVIEWER**: WERE (CHILD) MALE OR FEMALE? RECORD ON CHILDREN'S SECOND FORM OR SUPPLEMENTARY CHILDREN'S SECOND FORM.

D. **INTERVIEWER**: HOW MUCH DID (CHILD) WEIGHT AT BIRTH?

**ENTER POUNDS**: 【】 41-42/

**AND OUNCES**: 【】 43-44/

**DON'T KNOW**................. 98
22. (Continued)

E. Was (CHILD) a twin?

Yes.......................... 1 43/
No............................ 2

F. Was (CHILD) premature, full term, or overdue?

Premature...................... 1 46/
Full term........................ 2
Overdue.......................... 3
Don't know....................... 8

G. How old was (NAME OF MOTHER) when (CHILD) was born?

RECORD AGE: [ ] 47-48/
Don't know................... 98

H. What is the name and address of the hospital where this child was born? RECORD BELOW

Name of hospital

STREET ADDRESS

(CITY) (STATE)

INTERVIEWER: RECORD NAME AND ADDRESS ON MEDICAL AUTHORIZATION FORM

I. What is the name and address of the doctor or medical facility who has (CHILD)'s current medical records? RECORD BELOW

DOCTOR'S NAME

OR

FACILITY NAME

STREET ADDRESS

(CITY) (STATE)

INTERVIEWER: RECORD NAME AND ADDRESS ON MEDICAL CONSENT FORM

J. What is (CHILD)'s current age? RECORD IN CHILDREN'S RECORD FORM OR SUPPLEMENTARY CHILDREN'S RECORD FORM. IF DECEASED, ASK E-H. OTHERS GO TO Q.23.

K. When did (CHILD) die? RECORD DAY, MONTH, AND YEAR ON CHILDREN'S RECORD FORM.
## INTERVIEWER

**INTERVIEWER:** IS THERE A SECOND PERIOD OF INFERTILITY SINCE DATE OF LAST INTERVIEW? (IS Q.26 CODED "TWO" OR MORE?)

<table>
<thead>
<tr>
<th>Yes</th>
<th>39/</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>39/</td>
</tr>
</tbody>
</table>

**INTERVIEWER:** IS THERE A THIRD PERIOD OF INFERTILITY SINCE DATE OF LAST INTERVIEW? (IS Q.26 CODED "THREE"?)

<table>
<thead>
<tr>
<th>Yes</th>
<th>67/</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>67/</td>
</tr>
</tbody>
</table>

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**SECTION 6:**

1. Since (DATE OF LAST INTERVIEW) have you ever tried for a period of one year or more, to conceive a child and were not able to do so?

   - Yes: 
   - No: (SKIP TO SECTION 6)

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

   - One: 
   - Two: 
   - Three: 
   - Four: 

3. Since (DATE OF LAST INTERVIEW), in what month and year did the first period begin? And in what month and year did it end?

   - Begin 12-15/16-19/NO TRY NO TRY
   - OR HAS NOT ENDED: 0000

4. During this first period, what was your wife or partner's first name? RECORD BELOW.

   - RECORD AGE: 30-37/

5. During this first period, did either of you see a doctor to discuss any difficulties in conceiving children?

   - Yes: 
   - No: 

6. [Additional questions related to fertility and healthcare, with various input values and options for recording responses.]
39. Since (DATE OF LAST INTERVIEW), in what month and year did the third period begin?  And in what month and year did it end?  
   Begin  68-71/  End  72-75/  
   OR HAS NOT  ENDED........0000  

40. During this third period, what was your wife or partner’s first name?  
   RECORD BELOW.  
   [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ]  10-23/  24-25/  
   ID #  

41. How old was (NAME) in (BEGINNING DATE OF PERIOD)?  
   RECORD AGE: [ ] 26-27/  

42. During this third period, did either of you see a doctor to discuss any difficulties in conceiving children?  
   Yes...........................................1  28/  
   No...............................................2  

43. COPY "PERIOD 3" AND HAND SELF-ADMINISTERED FORM 1.  

   There are many reasons that some couples find it difficult or impossible to conceive a child. Please read this card and circle the number on Side A for each reason which applies to you for this period. Side B provides reasons appropriate for your spouse. Circle as many responses as appropriate.  

   Now please fill out this card and place it in the envelope when you are finished.  

44. INTERVIEWER: IS THERE A FOURTH PERIOD OF IMPERFERTILITY SINCE DATE OF LAST INTERVIEW?  (IS Q.26 CODED "FOUR")?  
   YES....(GO TO NEW QUESTIONNAIRE)...1  29/  
   NO...........(GO TO SECTION 6)...2  

Section 6: Child and Family Health  

How I would like to ask you some questions about birth defects in your family. By birth defects I mean a physical abnormality present (though not necessarily noticed) at the time of birth. Birth defects range in severity from unnoticeable birthmarks to a missing or misshapen limb. Birth defects can affect any part of the body, including bones, body organs such as kidneys or the heart, reproductive and respiratory systems, blood, and the skin.  

1. INTERVIEWER: HAS RESPONDENT HAD ANY BIOLOGICAL CHILDREN?  
   YES........................................1  29/  
   NO.......(SKIP TO Q.22)........2  

   A. ARE CHILDREN INCLUDED ON CHILDREN'S RECORD FORM?  
   YES......(ASK B)...................1  30/  
   NO.......(SKIP TO Q.28)........2  

   IF NEEDED, VERIFY AND CORRECT BIRTH DATE, SEX AND BOTH MOTHER'S AND CHILD'S NAME FOR EACH CHILD ON THE CHILDREN'S RECORD FORM.  

   B. FOR EACH CHILD LIVING ON CHILDREN'S RECORD FORM ASK: Our records indicate that (CHILD) (had/did not have) a birth defect at the time you were last interviewed. Is this information correct?  

   IF INFORMATION IS CORRECT...(GO TO Q.2A)......1  31/  
   IF INFORMATION IS INCORRECT, MAKE CORRECTIONS ON CHILDREN'S RECORD FORM.....(THEN GO TO Q.2A)......2  

   DON'T KNOW..............8  

   2A. FOR EACH CHILD ON RECORD FORM (EXCEPT CHILDREN WHO DIED BEFORE DATE OF LAST INTERVIEW) ASK: Has (an additional) defect been identified in (CHILD) (since date of last interview)? RECORD ON CHILDREN'S RECORD FORM.  

   RECORD ALL NEW CHILDREN ON THE SUPPLEMENTARY CHILDREN'S RECORD FORM.  

   2B. FOR EACH CHILD ON THE SUPPLEMENTARY FORM ASK: Has a defect been identified in (CHILD)? RECORD ON SUPPLEMENTARY CHILDREN'S RECORD FORM.  

   3. INTERVIEWER: ASK QUESTIONS 4-20 FOR EACH CHILD, INCLUDING ALL WHO MAY HAVE DIED.  

   [Now I would like to ask about (NEXT CHILD)].
<table>
<thead>
<tr>
<th>CHILDS NAME</th>
<th>1ST CHILD</th>
<th>2ND CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>CHILDS ID</td>
<td>32-35</td>
<td>46-50</td>
</tr>
<tr>
<td>MOTHER'S ID</td>
<td>34-35</td>
<td>31-32</td>
</tr>
</tbody>
</table>

4. WAS CHILD ever diagnosed as having cancer?  
   Yes: .................................. 56/56  
   No: .................................. 55/55

FILL OUT HEALTH CARE PROVIDER FEE.  
IF NEEDED, COMPLETE A MEDICAL AUTHORIZATION FEE.

5. Old (CHILD) ever have a diagnosed...read each category...  
   learning disability: .......... 1 56/ 1 56/  
   physical or motor impairment: 1 36/ 1 36/  
   mental impairment: .......... 1 56/ 1 56/  

6. INTERVIEWER: HAS ANY CANCER, DEFECT OR IMPAIRMENT BEEN IDENTIFIED IN CHILD?  
   YES: .................................. 45/55  
   NO: .................................. 40/50  

   INTERVIEWER: IS THERE ANOTHER CHILD  
   YES: .................................. 46/ 1 46/  
   NO: .................................. 40/ 1 40/  

   INTERVIEWER:  
   What kind of birth defect(S)/  
   impairment) does/ did (CHILD)  
   have? Any other?  

   INTERVIEWER:  
   Did you ever receive from  
   diagnosis (CHILD) birth  
   defect(S)/impairment) with  
   a pt part?  
   Yes: .................................. 48/58  
   No: .................................. 40/ 1 40/  

PLEASE GO ON TO NEXT PAGE
<table>
<thead>
<tr>
<th>3RD CHILD</th>
<th>4TH CHILD</th>
<th>5TH CHILD</th>
<th>6TH CHILD</th>
</tr>
</thead>
<tbody>
<tr>
<td>05-07/2 /</td>
<td>10-15/</td>
<td>15-30/</td>
<td>40-45/</td>
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<tr>
<td>05-06/2 /</td>
<td>10-15/</td>
<td>15-30/</td>
<td>40-45/</td>
</tr>
</tbody>
</table>

**Full Out Health Care Provider Page**

**If Necessary, Complete a Medical Authorization Form.**

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2</td>
<td>2/3</td>
<td>1/2</td>
<td>2/3</td>
<td>1/2</td>
<td>2/3</td>
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</table>

**Full Out the Health Care Provider Page**

**If Necessary, Complete a Medical Authorization Form.**

<table>
<thead>
<tr>
<th>1ST CHILD</th>
<th>2ND CHILD</th>
</tr>
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</table>

**Child's Name:**

**Child's ID #:**

**Mother's ID #:**

| 10. Did the doctor say that (child needs/does) any testing, medication, treatment, surgery, or special equipment because of a (birth defect/impairment)? (If special equipment I mean a wheelchair, walker, artificial limb, body brace(s), or crutches).|
|---|---|
| Yes | No |

| 11. Did (child) ever receive any testing, medication, treatment, surgery or special equipment because of a (birth defect/impairment)?|
|---|---|
| Yes | No |

| 12. At any time, did (child)’s (birth defect/impairment) interfere in any way with (child’s) physical or social development? For example, getting a job or making friends.|
|---|---|
| Yes | No |

<table>
<thead>
<tr>
<th>A. Interventions are there a yes child at 0.10 or 0.11?</th>
<th>TEL</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>(ask 80)</td>
<td>(ask 81)</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>B. Interventions: Is there another child</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>YES</td>
<td>(ask 82)</td>
<td>(ask 83)</td>
</tr>
<tr>
<td>3rd Child</td>
<td>4th Child</td>
<td>5th Child</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>DECKS 35-36</td>
<td></td>
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</tr>
</tbody>
</table>

**CHILD'S NAME:**

**CHILD'S ID #**

**FATHER'S ID #**

13. Did (CHILD'S) doctor say that (CHILD) had any of the following at birth?

<table>
<thead>
<tr>
<th>Description</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth defect/Impairment</td>
<td>37/</td>
<td>37/</td>
</tr>
</tbody>
</table>

14. Did (CHILD) ever need help with self-care, dressing, bathing, or eating because of a birth defect/Impairment?

<table>
<thead>
<tr>
<th>Help Needed</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>39/</td>
<td>39/</td>
</tr>
</tbody>
</table>

15. Because of a birth defect/Impairment, did (CHILD) ever need help with any of the following?

<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>39/</td>
<td>39/</td>
</tr>
</tbody>
</table>

16. Did (CHILD) ever need help with any of the following?

<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>41/</td>
<td>41/</td>
</tr>
</tbody>
</table>

17. Did (CHILD) ever need help with any of the following?

<table>
<thead>
<tr>
<th>Task</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>42/</td>
<td>42/</td>
</tr>
<tr>
<td>3RD CHILD</td>
<td>4TH CHILD</td>
<td>5TH CHILD</td>
</tr>
<tr>
<td>-----------</td>
<td>-----------</td>
<td>-----------</td>
</tr>
<tr>
<td>45/</td>
<td>49/</td>
<td>95/</td>
</tr>
<tr>
<td>4 (ASK A)</td>
<td>4 (ASK A)</td>
<td>4 (ASK A)</td>
</tr>
<tr>
<td>4 (ASK A)</td>
<td>4 (ASK A)</td>
<td>4 (ASK A)</td>
</tr>
<tr>
<td>45/</td>
<td>95/</td>
<td>95/</td>
</tr>
<tr>
<td>4 (ASK A)</td>
<td>4 (ASK A)</td>
<td>4 (ASK A)</td>
</tr>
<tr>
<td>45/</td>
<td>95/</td>
<td>95/</td>
</tr>
<tr>
<td>4 (ASK A)</td>
<td>4 (ASK A)</td>
<td>4 (ASK A)</td>
</tr>
<tr>
<td>4 (ASK A)</td>
<td>4 (ASK A)</td>
<td>4 (ASK A)</td>
</tr>
</tbody>
</table>

17. Old (CHILD(5)) (birth defect(s)/
impairment) ever kept (child/ 
her) from going to school?

18. Old (CHILD(5)) ever have to go to a certain type
of school, or be in a special class because 
of (the/her)(birth 
defect(s)/impairment)?

19. Old (CHILD(5)) ever limited in school attendance or 
in being able to learn
because of (the/her)(birth 
defect(s)/impairment)?

20. Old (CHILD(5)) ever needed lots of 
more help than other children
(CHILD(5)) age in going out/ 
getting to school/ going to 
the store, and other everyday 
activities (the/that)?

21. Old (CHILD(5)) (birth 
defect(s)/impairment) ever 
needed lots of help for
one or two daily activities
such as 
taking care of the house
or yard, doing the laundry, 
or preparing meals?

22. Will/ Would (CHILD(5)) (birth 
defect(s) (have/have kept)
(child/her) from earning on a
job for any

23. Will/ Would (CHILD(5)) (have/have been) limited in the kind 
of work (the/that) could 
(did/have done) because of 
(the/her) (birth defect(s)?)

24. Will/ Would (CHILD(5)) (have/have been) limited in the amount 
of work (the/that) could 
(did/have done) because of 
(the/her) (birth defect(s)?)
### Child's Information

<table>
<thead>
<tr>
<th>Child's Name</th>
<th>1st Child</th>
<th>2nd Child</th>
</tr>
</thead>
</table>

#### Interviewer: Does Respondent Have Another Child?

- Yes: Go back to Q.41
- No: Go to Q.27

#### Did you ever have a birth defect?

- Yes: (Ask A)
- No: 

  - A. What kind of birth defect was it? Any others?

  - 

#### Do you have any biological brothers or sisters? Include any brothers or sisters who may have died before the age of 1.

- Yes: (Ask Q.24)
- No: (Skip to Q.25)
- Don't Know: (Skip to Q.15)
24. Did any of your biological brothers or sisters ever have a birth defect?

   Yes.............(ASK A).............1 54/
   No............(SKIP TO Q.25)........2
   Don't know....(SKIP TO Q.25).....8

A. Who had a defect, brothers, sisters, or both?

   Brothers.............1 55/
   Sisters..............2 55/
   Both....................3

FOR EACH SIBLING WITH A BIRTH DEFECT, ASK: What kind of birth
defect did your (brother/sister) have? Was this sibling a half
(brother/sister) or a full (brother/sister)? RECORD BELOW.

Sibling 1  Sibling 2
DEFECT:.................. 56/  DEFECT:.................. 58/

Half (brother/sister)........... 57/  Half (brother/sister)........... 59/
Full (brother/sister).... 2  Full (brother/sister).... 2 59/

Sibling 3  Sibling 4
DEFECT:.................. 60/  DEFECT:.................. 62/

Half (brother/sister)........... 61/  Half (brother/sister)........... 63/
Full (brother/sister).... 2  Full (brother/sister).... 2 63/

25. How I would like to ask you some questions about your biological
parents. Did either your biological mother or biological father ever
have a birth defect?

   Yes.........(GO TO Q.26).............1 64/
   No..........(SKIP TO Q.28)...........2
   Don't know....(SKIP TO Q.28).....8

26. Which parent had a birth defect?

   Mother only..............1 65/
   Father only.............2
   Both parents............3
27. What kind of birth defect did your (PARENT) have?
   Mother: __________________ 66/ Father: __________________ 67/
   __________________ __________________
   ________ ________
   ________ ________
   ________ ________
   ________ ________

   How I have some different kind of questions.

28. Has anyone near to you died in the last 12 months?
   Yes (ASK A AND B) ......... 1 68/
   No ........................................ 2
   ________ ________

   A. What was the person’s relationship to you? Please choose as many codes as apply. CODE ALL THAT APPLY.
      A. Child: __________________ 01 69-70/
      B. Parent ................. 02 71-72/
      C. Spouse/partner ........... 03 73-74/
      D. Brother or sister .......... 04 75-76/
      E. Other near relative of you or your spouse/partner .......... 05 77-78/
      F. Friend: __________________ 06 79-80/
      G. Other (SPECIFY) __________________ __________________ 07 10-11/

   ________ ________

   B. What was the date (and the date) of the death(s)? What month and year? (ENTER DATES OF DEATH IN SAME ORDER AS CIRCLED CODES.)
   ENTER MONTH AND YEAR: [ ] [ ] [ ] 12-13/
       NO TR
   ENTER MONTH AND YEAR: [ ] [ ] [ ] 16-19/
       NO TR
   ENTER MONTH AND YEAR: [ ] [ ] [ ] 20-23/
       NO TR

SECTION 7: HEALTH

1. How let’s talk about health. Compared to other people your age, would you say that your health is . . . (READ CHOICES)?
   Excellent ....................... 1 24/
   Good ....................... 2
   Fair ....................... 3
   Poor ....................... 4

   ________ ________

   2. Since (DATE OF LAST INTERVIEW) have you had acne on your face, chest or back?
      Yes ....................... 1 25/
      No (SKIP TO Q. 9) ........... 2
      ________ ________

   3. During what year, between (DATE OF LAST INTERVIEW) and now, did you last have acne on your face, chest or back?
      RECORD YEAR: [ ] [ ] 26-27/

   ________ ________

   4. Think about the [first/second] time you had acne on your face, chest or back between (DATE OF LAST INTERVIEW) and now. When did it start and until when did it last? (PROBE FOR ALL PERIODS OF TIME).
<table>
<thead>
<tr>
<th>First</th>
<th>Second</th>
<th>Third</th>
</tr>
</thead>
<tbody>
<tr>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>28-31/</td>
<td>36-39/</td>
<td>44-47/</td>
</tr>
<tr>
<td>No</td>
<td>Tr</td>
<td>No</td>
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<tr>
<td>to</td>
<td>to</td>
<td>to</td>
</tr>
<tr>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
<td>[ ] [ ]</td>
</tr>
<tr>
<td>32-35/</td>
<td>40-43/</td>
<td>48-51/</td>
</tr>
<tr>
<td>No</td>
<td>Tr</td>
<td>No</td>
</tr>
</tbody>
</table>
   ________ ________

   ________ ________

   ________ ________
**Q.4 INTERVIEWER: ASK A FOR EACH TIME IN Q.4**

<table>
<thead>
<tr>
<th></th>
<th>FIRST TIME</th>
<th>SECOND TIME</th>
<th>THIRD TIME</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes No</td>
<td>Yes No</td>
<td>Yes No</td>
</tr>
<tr>
<td>Temple</td>
<td>1 2 52/</td>
<td>1 2 61/</td>
<td>1 2</td>
</tr>
<tr>
<td>Eyes or</td>
<td>1 2 53/</td>
<td>1 2 62/</td>
<td>1 2</td>
</tr>
<tr>
<td>eyelids</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ear</td>
<td>1 2 54/</td>
<td>1 2 63/</td>
<td>1 2</td>
</tr>
<tr>
<td>Cheeks</td>
<td>1 2 55/</td>
<td>1 2 64/</td>
<td>1 2</td>
</tr>
<tr>
<td>Nose</td>
<td>1 2 56/</td>
<td>1 2 65/</td>
<td>1 2</td>
</tr>
<tr>
<td>Forehead</td>
<td>1 2 57/</td>
<td>1 2 66/</td>
<td>1 2</td>
</tr>
<tr>
<td>Jaw, Chin</td>
<td>1 2 58/</td>
<td>1 2 67/</td>
<td>1 2</td>
</tr>
<tr>
<td>Other</td>
<td>1 2 59/</td>
<td>1 2 68/</td>
<td>1 2</td>
</tr>
</tbody>
</table>

**A.** Please show me on this diagram where the acne (is/was) located (the [first/next] time). CIRCLE "YES" OR "NO".

---

**A.** What was the name of the doctor or medical facility you consulted at the time? COMPLETE MEDICAL AUTHORIZATION FORM, IF NECESSARY.

<table>
<thead>
<tr>
<th>Physicians Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**OR**

<table>
<thead>
<tr>
<th>Facility Name</th>
</tr>
</thead>
</table>

**B.** What is the address of that (doctor/medical facility)?

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY (STATE)</td>
</tr>
</tbody>
</table>

**C.** What month and year did you last consult a doctor about the acne on your (temples/eyes/eyelids/ears)?

<table>
<thead>
<tr>
<th>_ _ _ _ _</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Yr</td>
</tr>
</tbody>
</table>

**D.** What was the name of the doctor or medical facility you consulted at the time? COMPLETE MEDICAL AUTHORIZATION FORM, IF NECESSARY.

<table>
<thead>
<tr>
<th>Physicians Last Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
</tr>
<tr>
<td></td>
</tr>
</tbody>
</table>

**OR**

<table>
<thead>
<tr>
<th>Facility Name</th>
</tr>
</thead>
</table>

---

**5.** Between (DATE OF LAST INTERVIEW) and now, did you ever consult a doctor or medical facility about the acne on your (temples/eyes/eyelids/ears)?

Yes........................1 79/

No...........(SKIP TO Q.9)........2 79/

---

**6.** What month and year did you first consult a doctor about the acne on your (temples/eyes/eyelids/ears)? BEGIN DECK 39

<table>
<thead>
<tr>
<th>_ _ _ _ _</th>
</tr>
</thead>
<tbody>
<tr>
<td>No Yr</td>
</tr>
</tbody>
</table>

10-13/
A. What is the address of that (doctor/medical facility)?

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
</tr>
</thead>
<tbody>
<tr>
<td>CITY</td>
</tr>
<tr>
<td>(STATE)</td>
</tr>
</tbody>
</table>


YES..............................................1
NO.................................................2

10. What is your blood type?

<table>
<thead>
<tr>
<th>BLOOD TYPE</th>
</tr>
</thead>
</table>
| A...........1
| B...........2
| O...........3
| AB...........4
| DON'T KNOW...5

A. Is that positive or negative?

<table>
<thead>
<tr>
<th>BLOOD GROUP</th>
</tr>
</thead>
</table>
| Positive...1
| Negative...2

11. During the last year, how often, on average, would you say you use aspirin?

<table>
<thead>
<tr>
<th>FREQUENCY</th>
</tr>
</thead>
</table>
| More than 4 aspirin a day........................1
| 4 aspirin a day (2 doses a day)..................2
| 2 aspirin a day (1 dose a day)..................3
| 6-8 aspirin a week (1 dose, 3-4 days/week).....4
| 4 aspirin a week or less..........................5
| None...........................................6

12. In the summer, once you have already been in the sun several times, what reaction will your skin have the next time you go out in the sun for two or more hours on a bright day? Would you say you get...

<table>
<thead>
<tr>
<th>REACTION</th>
</tr>
</thead>
</table>
| A painful burn?.............................1
| A burn?....................................2
| Some redness only?.........................3
| Or no reaction?............................4

13. After repeated sun exposure, for example, a two week vacation outdoors, will your skin become...

<table>
<thead>
<tr>
<th>TAN OR PEEL</th>
</tr>
</thead>
</table>
| Only freckled or no suntan at all...........1
| Only mildly tanned due to a tendency to peel...2
| Moderately tanned..........................3
| Very brown and deeply tanned................4
18. Do you have a peptic or stomach ulcer now?

Yes ........................................ 1
No ............................................ 2

19. What month and year did you last consult a doctor for your peptic or stomach ulcer?

[ ] [ ] [ ] [ ] [ ]

No Yr

A. Was this the same doctor that had originally diagnosed the stomach ulcer for the first time?

Yes ................................. 1
No ...................................... 2

B. What is the full name of the doctor you last consulted for your peptic or stomach ulcer? COMPLETE MEDICAL AUTHORIZATION FORM.

LAST

FIRST

MIDDLE

OR

FACILITY NAME

C. What is the address of that doctor/medical facility?

STREET ADDRESS

CITY (STATE)

20. [Since (DATE OF LAST INTERVIEW) have you?/Have you ever during any period in your life] had a bleeding ulcer?

Yes ........................................ 1
No ............................................ 2

[ ] [ ] [ ] [ ] [ ]

No Yr

A. Was this the same doctor that had originally diagnosed the stomach ulcer for the first time?

Yes ................................. 1
No ...................................... 2

B. What is the full name of the doctor you last consulted for your peptic or stomach ulcer? COMPLETE MEDICAL AUTHORIZATION FORM.

LAST

FIRST

MIDDLE

OR

FACILITY NAME

C. What is the address of that doctor/medical facility?

STREET ADDRESS

CITY (STATE)
21. During what month and year did a doctor first tell you that you had a bleeding ulcer?

[ ] [ ]

   Mo  Yr

22. What is the full name of the doctor who made the diagnosis or the medical facility where the diagnosis was made? Complete Authorization Form, if necessary.

Interviewer: If name of doctor in Q.22 is the same as in Q.17, write in "same provider as in Q.17." Leave Q.23 blank.

[ ] [ ] [ ] [ ]

   LAST FIRST

   OR

   FACILITY NAME

23. What is the address of that (doctor/medical facility)?

   STREET ADDRESS

   CITY [STATE]

24. What month and year did you last consult a doctor for your bleeding ulcer?

   [ ] [ ]

   Mo  Yr

A. Was this the same doctor that had originally diagnosed the stomach ulcer for the first time?

   Yes... (Skip to Q.25)

   No

25. What is the treatment you are currently taking for the bleeding ulcer?

   

26. During what month(s) and year(s) did you have a bleeding ulcer? Any other times?

   FROM [ ] [ ] [ ] [ ]
   Mo  Yr  Mo  Yr  Mo  Yr  Mo  Yr

   TO [ ] [ ] [ ] [ ]
   Mo  Yr  Mo  Yr  Mo  Yr  Mo  Yr

27. Were you ever (during any period in your life) hospitalized for your peptic or stomach ulcer?

   Yes

   No
26. Have you ever (during any period in your life) had surgery for your peptic or stomach ulcer?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>68/</td>
<td>69/</td>
</tr>
</tbody>
</table>

29. Are you currently taking any prescribed medicines for your peptic or stomach ulcer?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>69/</td>
<td>70/</td>
</tr>
</tbody>
</table>

A. What are the names of the medicines you are taking? (PROBE: WHAT OTHERS?)

1) 
2) 
3) 

30. Please indicate which of the following members of your biological family have ever had a peptic or stomach ulcer?

<table>
<thead>
<tr>
<th>CARD</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td></td>
</tr>
</tbody>
</table>

1. Mother..............01 70-71/
2. Father..............02 72-73/
3. Full Brother........03 74-75/
4. Half Brother........04 76-77/
5. Full Sister...........05 78-79/
6. Half Sister...........06 10-11/
7. Son...............07 12-13/
8. Don't Know...........08 14-15/

31. Do you have or have you recently had sharp upper stomach pain?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>16/</td>
<td>17/</td>
</tr>
</tbody>
</table>

32. Was this pain relieved by food, milk, or antacids?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>17/</td>
<td>18/</td>
</tr>
</tbody>
</table>

33. Has this stomach pain awakened you from sleep?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>18/</td>
<td>19/</td>
</tr>
</tbody>
</table>

34. Have you vomited blood recently?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>19/</td>
<td>20/</td>
</tr>
</tbody>
</table>

35. Have you recently experienced dark tar colored stools or bowel movements?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>20/</td>
<td>21/</td>
</tr>
</tbody>
</table>
Now I would like to ask you some questions that deal only with the period of time between (DATE OF LAST INTERVIEW) and now. (If no
PREVIOUS INTERVIEW: Between January 1, 1983 and now.)

INTERVIEWER: ASK A THROUGH C FOR EACH CONDITION CODED YES.

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Since (DATE OF LAST INTERVIEW) has a doctor told you for the first time that you had ...?</td>
<td>Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?</td>
</tr>
<tr>
<td>Yes No</td>
<td>Yes No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>SKIP</td>
<td>No Yr</td>
<td>22-25/</td>
</tr>
<tr>
<td>0.57</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>26/</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Facility Name</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>31. Thyroid problem?</th>
<th>1 2 3/</th>
<th>I I I I</th>
</tr>
</thead>
<tbody>
<tr>
<td>SKIP</td>
<td>No Yr</td>
<td>29-32/</td>
</tr>
<tr>
<td>0.56</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Name</th>
<th>31/</th>
</tr>
</thead>
<tbody>
<tr>
<td>First Name</td>
<td></td>
</tr>
<tr>
<td>OR</td>
<td></td>
</tr>
<tr>
<td>Facility Name</td>
<td></td>
</tr>
<tr>
<td>Street Address</td>
<td></td>
</tr>
<tr>
<td>City</td>
<td></td>
</tr>
<tr>
<td>C</td>
<td>D</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td><strong>Do you currently have any prescribed medications?</strong></td>
<td><strong>What are the names of the medications you are taking?</strong></td>
</tr>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**Form Instructions:**
- If you have a doctor who first made the diagnosis of the condition, enter the doctor's name and address.
- Complete the Medical Authorization Form if necessary.
<table>
<thead>
<tr>
<th>C</th>
<th>D</th>
<th>E</th>
<th>F</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you currently taking any prescribed medicine for your condition?</td>
<td></td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>When did you last consult a doctor for the condition?</td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Month</td>
<td>Year</td>
<td>Month</td>
<td>Year</td>
<td></td>
</tr>
<tr>
<td>What is the full name and address of the doctor or medical facility you last consulted? If different, check box to complete.</td>
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<tr>
<td>Since date of last interview has a doctor told you for the first time that you had...</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>Between date of last interview and now, in what month and year did a doctor first tell you that you had a condition?</td>
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<tr>
<td>What is the full name and address of the doctor who first made the diagnosis of the medical condition where the diagnosis was first made? If applicable, check box to complete.</td>
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<td></td>
</tr>
<tr>
<td>An enlarged liver?</td>
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<tr>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
<tr>
<td>First name</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facility name</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Street address</td>
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</tr>
<tr>
<td>City</td>
<td>State</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

41. Amniocentesis? | | | | |
| Yes | No | Yes | No | |
| First name | | | | |
| Facility name | | | | |
| Street address | | | | |
| City | State | | | |
### Questionnaire for Health Conditions

#### 1. Are you currently taking any prescribed medication for your condition?  
- Yes
- No

#### 2. What is the name of the medication you are taking?  
- Any others?

#### 3. What is the full name and address of the doctor or medical facility you last consulted?  
- Name:
- Address:

#### 4. Date of Last Consultation:  
- Date:

#### 5. Since Date of Last Consultation has a doctor told you for the first time that you had condition?  
- Yes
- No

#### 6. Between Date of Last Consultation and now, in what month and year did a doctor first tell you that you had condition?  
- Month:
- Year:

---

### Medical History

#### 1. Date of Birth:  
- Day:
- Month:
- Year:

#### 2. Name:  
- Last Name:
- First Name:
- OR
- Facility Name:
- Street Address:
- City:
- State:

#### 3. Condition: "Clincia of the Liver"  
- Date:
- Month:
- Year:
- Last Name:
- First Name:
- OR
- Facility Name:
- Street Address:
- City:
- State:

---

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<p>| | | | |</p>
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>7/</td>
<td>1</td>
</tr>
<tr>
<td>2</td>
<td>7/</td>
<td>1</td>
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<tr>
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<td>7/</td>
<td>1</td>
</tr>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

**Are you currently taking any prescribed medicines for your condition?**
- Yes: [ ]
- No: [ ]

**What are the names of medicines you are taking?**

**What is the full name and address of the doctor or medical facility you last consulted?**
- Name: [ ]
- Address: [ ]

---

**Since DATE OF LAST INTERVIEW has a doctor or medical facility told you for the first time that you had...**
- Yes: [ ]
- No: [ ]

**Between DATE OF LAST INTERVIEW and...**
- In what month and year did a doctor first tell you that you had your condition?**

**What is the full name and address of the doctor who first made the diagnosis or the medical facility where the diagnosis was first made?**
- Name: [ ]
- Address: [ ]

---

**Any other liver condition?**
- Yes: [ ]
- No: [ ]

**Specify:** [ ]

---

**Parasitic:**
- Yes: [ ]
- No: [ ]
<table>
<thead>
<tr>
<th>C</th>
<th>O</th>
<th>E</th>
<th>F</th>
<th>G</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Do you currently taking any prescribed medications for your condition?</strong></td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td><strong>What are the names of medications you are taking?</strong></td>
<td>Any others?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>What is the full name and address of the doctor or medical facility you last consulted for your condition?</strong></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

Since **DATE OF LAST INTERVIEW** has a doctor told you for the first time that you had ....

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>DATE OF LAST INTERVIEW</strong> and year, in what month and year did a doctor first tell you that you had <strong>CONDITION</strong>?</td>
<td></td>
</tr>
</tbody>
</table>

If automation not complete for this doctor, complete form.

<table>
<thead>
<tr>
<th>40. A respiratory condition other than pneumonia?</th>
<th>1</th>
<th>2 10/</th>
</tr>
</thead>
<tbody>
<tr>
<td>(SPECIFY)</td>
<td>F</td>
<td>10-15/</td>
</tr>
<tr>
<td></td>
<td></td>
<td>11/</td>
</tr>
<tr>
<td></td>
<td></td>
<td>12/</td>
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</table>

**First Name**

<table>
<thead>
<tr>
<th>49. Any other major condition?</th>
<th>1</th>
<th>2 12/</th>
</tr>
</thead>
<tbody>
<tr>
<td>(SPECIFY)</td>
<td>F</td>
<td>10-22/</td>
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<tr>
<td></td>
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<td>10/</td>
</tr>
</tbody>
</table>

**Facility Name**

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<thead>
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</thead>
<tbody>
<tr>
<td><strong>Street Address</strong></td>
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<td><strong>City</strong></td>
<td></td>
<td><strong>State</strong></td>
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<tr>
<td>C</td>
<td>O</td>
<td>D</td>
</tr>
<tr>
<td>---</td>
<td>---</td>
<td>---</td>
</tr>
<tr>
<td>Are you currently taking any prescribed medicines for your CONDITION?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>What are the names of medicines you are taking?</td>
<td>Any entered</td>
<td></td>
</tr>
<tr>
<td>When did you last commit a doctor to your CONDITION?</td>
<td>Date</td>
<td></td>
</tr>
<tr>
<td>What is the full name and address of the doctor or medical facility you last committed to?</td>
<td>Name and Address</td>
<td></td>
</tr>
<tr>
<td>Between DATE OF LAST INTERVIEW and now, is the doctor you first told you that you had CONDITION?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3/4</th>
<th>1</th>
<th>2</th>
<th>3/4</th>
<th>1</th>
<th>2</th>
<th>3/4</th>
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</thead>
<tbody>
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<td>26/1</td>
<td>27/1</td>
<td>28/1</td>
<td>29/1</td>
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<td>31/1</td>
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<td>25/1</td>
<td>26/1</td>
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<td>28/1</td>
<td>29/1</td>
<td>30/1</td>
<td>31/1</td>
<td>32/1</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>A</th>
<th>B</th>
</tr>
</thead>
</table>
| Doctor who first made a diagnosis of the condition as the first model of卿 
| Facility Name |
| Street Address |
| City | State |

90. Since DATE OF LAST INTERVIEW, have you been treated for a mental or emotional disorder whether you were hospitalized or treated as an outpatient? (SPECIFY) 24/1 | 25/1 | 26/1 | 27/1 | 28/1 | 29/1 | 30/1 | 31/1 | 32/1 |

A. | B. |
<table>
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<tr>
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<tbody>
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</tr>
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