APPENDIX B

Questionnaire Methodology

TABLE B-1.

Elements of the Interval Questionnaires

Type	Method	Elements
Participant Interval Questionnaire	In Person	Demographic, educational, occupational, toxic exposures, reproductive experience, medical
Spouse* Interval Questionnaire	By Mail	Comprehensive reproductive history
Baseline Participant Questionnaire	In Person	Demographic, educational, occupational, medical, compliance, toxic exposures, and reproductive experience
Baseline Spouse* Questionnaire	In Person	Comprehensive reproductive history
Telephone Survey	By Telephone	Self-perception of health: current medications, severity of recent illness, absenteeism, income level

*Present, former, or partner.

Participant Interval Questionnaire

BEGIN DECK 01

TIME BEGAN [AM / PM] 10-13/

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 and fully tell your story. I'd also like to emphasize that we need as accurate a picture as you can remember. So when we ask you 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 14/

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

2. Do you remember the month and year you were interviewed the last time for this study? We are talking about the interview in your home before you went for your physical exam.

   A. Was it in 1981 or 1982? (RECORD ON INFORMATION SHEET)

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

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

INTERVIEWER: CONTINUE TO FIND OUT FROM THE RESPONDENT ANY OTHER BLANK OR MISSING INFORMATION FROM THE INFORMATION SHEET. RECORD ON THE INFORMATION SHEET.

3. INTERVIEWER: ASK A FOR RESPONDENT; THEN ASK B AND C FOR PARENTS

HAND CARD A

A. RESPONDENT To which of the following racial or ethnic groups do you belong? (CODE ALL THAT APPLY) (PROBE: What others?)	B. MOTHER To which of the following racial or ethnic groups does your biological mother belong? (CODE ALL THAT APPLY) (PROBE: What others?)	C. FATHER To which of the following racial or ethnic groups does your biological father belong? (CODE ALL THAT APPLY) (PROBE: What others?)
English/Welsh....01 15-16/	English/Welsh....01 51-52/	English/Welsh....01 16-17/
Scottish.....02 17-18/	Scottish.....02 53-54/	Scottish.....02 18-19/
German.....03 19-20/	German.....03 55-56/	German.....03 20-21/
Irish.....04 21-22/	Irish.....04 57-58/	Irish.....04 22-23/
Scandinavian.....05 23-24/	Scandinavian.....05 59-60/	Scandinavian.....05 24-25/
Polish.....06 25-26/	Polish.....06 61-62/	Polish.....06 26-27/
Russian.....07 27-28/	Russian.....07 63-64/	Russian.....07 28-29/
Other Slavic.....08 29-30/	Other Slavic.....08 65-66/	Other Slavic.....08 30-31/
Jewish.....09 31-32/	Jewish.....09 67-68/	Jewish.....09 32-33/
French.....10 33-34/	French.....10 69-70/	French.....10 34-35/
Italian.....11 35-36/	Italian.....11 71-72/	Italian.....11 36-37/
Spanish.....12 37-38/	Spanish.....12 73-74/	Spanish.....12 38-39/
Mexican.....13 39-40/	Mexican.....13 75-76/	Mexican.....13 40-41/
Greek.....14 41-42/	Greek.....14 77-78/	Greek.....14 42-43/
American Indian..15 43-44/	American Indian..15 79-80/	American Indian..15 44-45/
Asian.....16 45-46/	BEGIN DECK 02 Asian.....16 10-11/	Asian.....16 46-47/
African.....17 47-48/	African.....17 12-13/	African.....17 48-49/
Other (SPECIFY)	Other (SPECIFY)	Other (SPECIFY)
_____ .18 49-50/	_____ ..18 14-15/	_____ ..18 50-51/

SECTION 2: EDUCATION

1. My records show that when you were last interviewed you had received a (DEGREE LAST OBTAINED FROM ITEM 2, INFORMATION SHEET). Have you received any additional regular school certificates, diplomas or degrees since that time, that is, since (DATE OF LAST INTERVIEW)?

Yes.....(ASK A AND B).....1

No.....(SKIP TO Q.2).....2 52/

INTERVIEWER: FOR EACH DEGREE CODED IN A, ASK B.

A. What certificates, diplomas, and/or degrees did you get? (CODE ALL THAT APPLY)		B. In what year did you receive (DEGREE IN A.)? RECORD YEAR	
High school diploma.....01	53-54/	19__ Year	55-56/
High school equivalency diploma.....02	57-58/	19__ Year	59-60/
HAND CARD B — Associate of Arts (A.A.).....03	61-62/	19__ Year	63-64/
Bachelor of Arts (B.A.) or Bachelor of Science (B.S.).....04	65-66/	19__ Year	67-68/
Masters (M.A. or M.S.).....05	69-70/	19__ Year	71-72/
Doctorate (Ph.D., M.D., DS.D., Sc.D.)..06	73-74/	19__ Year	75-76/
Others (SPECIFY) _____		19__ Year	79-80/
_____..07	77-78/		
No certificate, diploma, or degree (volunteered).....08	BEGIN DECK 03 10-11/		

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.....(ASK A).....1

No.....(SKIP TO Q.3).....2 12/

1ST PROGRAM	2ND PROGRAM	3RD PROGRAM
A. For what kind of work was your first civilian training program preparing you? _____ 13-15/	E. For what kind of work was your second civilian training program preparing you? _____ 25-27/	I. For what kind of work was your third civilian training program preparing you? _____ 37-39/
B. In what month and year did you start this training? __ Month __ Year 16-19/	F. In what month and year did you start this training? __ Month __ Year 28-31/	J. In what month and year did you start this training? __ Month __ Year 40-43/
C. In what month and year did you complete this training? __ Month __ Year 20-23/	G. In what month and year did you complete this training? __ Month __ Year 32-35/	K. In what month and year did you complete this training? __ Month __ Year 44-47/
CURRENTLY IN TRAINING...1	CURRENTLY IN TRAINING...1	CURRENTLY IN TRAINING...1
D. Have you participated in any other civilian job training program that prepared you for a major change in your occupation? Yes..(ASK E).....1 24/ No.(SKIP TO Q.3)..2	H. Have you participated in any other civilian job training program that prepared you for a major change in your occupation? Yes..(ASK I).....1 36/ No.(SKIP TO Q.3)..2	L. Have you participated in any other civilian job training program that prepared you for a major change in your occupation? Yes(GO TO NEW QUEX).1 48/ No..(GO TO Q.3).....2

3. Have you served in the military (at all) since (DATE OF LAST INTERVIEW)

Yes.....1 49/

No.....(SKIP TO SECTION 3).....2

4. Are you currently serving in the military?

Yes.....1 50/

No.....2

5. 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

5. (Continued)

BEGIN DECK 04

1ST PROGRAM

A. For what kind of work was your first military training program preparing you?

B. What is the AFSC for that job?

|_|_|_|_|_|_| 52-56/

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

|_|_|_|_|_| Month Year 57-60/

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

|_|_|_|_|_| Month Year 61-64/

CURRENTLY IN TRAINING..1

E. 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

2ND PROGRAM

F. For what kind of work was your second military training program preparing you?

G. What is the AFSC for that job?

|_|_|_|_|_|_| 66-70/

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

|_|_|_|_|_| Month Year 71-74/

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

|_|_|_|_|_| Month Year 75-78/

CURRENTLY IN TRAINING..1

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

Yes..(ASK K)..1 79/

No.....2

3RD PROGRAM

K. For what kind of work was your third military training program preparing you?

L. What is the AFSC for that job?

|_|_|_|_|_|_| 10-14/

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

|_|_|_|_|_| Month Year 15-18/

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

|_|_|_|_|_| Month Year 19-22/

CURRENTLY IN TRAINING..1

O. 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/R

SECTION 3: EMPLOYMENT

Now I have some questions about working. Please tell me about any jobs you've had that lasted for 3 months or longer since (DATE OF LAST INTERVIEW). If you had more than one job at the same time, please tell me about each job separately. Count changes of jobs for the same employer as separate jobs. Do not include jobs in the military. Let's start with the most recent regular job you've had and work back in time to (DATE OF LAST INTERVIEW).

1. In what month and year did you start your most recent job that lasted 3 months or longer?

|__|__|__|__| 28-31/
Month Year

NO CIVILIAN JOBS (SKIP TO SECTION 4).....1 32/

A. What (is/was) the name of your employer?

_____ 33-57/

_____

B. (Is/Was) this a full-time or part-time job?

Full-time.....1 58/

Part-time.....2

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

_____ 59-61/

_____

D. What (do/did) you actually do on the job--what (are/were) some of your main duties?

_____ 62-64/

_____

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)

HAND CARD C

ENTER NUMBER: |__|__| 65-66/

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

|__|__|__|__| 67-70/
Month Year

CURRENT JOB.....(SKIP TO Q.2).....1 71/

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

_____ 72-73/

_____

---

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, tested, 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.

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

Asbestos.....01	74-75/	|__|__| days		95	76-77/
BEGIN DECK 05					
Ionizing or nuclear radiation.....02	10-11/	|__|__| days		95	12-13/
Industrial chemicals.....03	14-15/	|__|__| days		95	16-17/
Insecticides or pesticides.....04	18-19/	|__|__| days		95	20-21/
Degreasing chemicals.....05	22-23/	|__|__| days		95	24-25/
Defoliants or herbicides.....06	26-27/	|__|__| days		95	28-29/
None of the above (SKIP TO Q.5)...07	30-31/				

HAND CARD D

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.....1 32/

Some of the time.....2

Never.....(SKIP TO Q.5).....3

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

HAND CARD E

Air filter.....01 33-34/

Goggles.....02 35-36/

Face shield.....03 37-38/

Special clothing.....04 39-40/

Washing facilities.....05 41-42/

Self-contained or supplied air breathing apparatus.....06 43-44/

None.....07 45-46/

5. Did you have another job before the job with (NAME IN Q.1A) but, since (DATE OF LAST INTERVIEW) that lasted 3 months or longer?

Yes.....1 47/

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

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

|__|__|__|__| 48-51/
Month Year

A. What was the name of your employer?

_____ 52-76/

_____

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

Full-time.....1 77/

Part-time.....2

6. (Continued)

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)

HAND CARD C

ENTER NUMBER: |__|__| 16-17/

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

|__|__|__|__| 18-21/
Month Year

CURRENT JOB:....(SKIP TO Q.7)....0001

G. 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, 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.7, ASK A.

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

Asbestos.....01	24-25/	__ days	Less than once a month 95	26-27/
Ionizing or nuclear radiation....02	28-29/	__ days	95	30-31/
HAND CARD D — Industrial chemicals.....03	32-33/	__ days	95	34-35/
Insecticides or pesticides.....04	36-37/	__ days	95	38-39/
Degreasing chemicals.....05	40-41/	__ days	95	42-43/
Defoliants or herbicides.....06	44-45/	__ days	95	46-47/
None of the above (SKIP TO Q.10).07	48-49/			

8. While you were on 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 50/

Some of the time.....2

Never.....(SKIP TO Q.10).....3

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

HAND CARD E

Air filter.....01 51-52/

Goggles.....02 53-54/

Face shield.....03 55-56/

Special clothing.....04 57-58/

Washing facilities.....05 59-60/

Self-contained or supplied air breathing apparatus.....06 61-62/

None.....07 63-64/

10. Did you have another job before the job with (NAME IN Q.6A) but, since (DATE OF LAST INTERVIEW)?

Yes.....1 65/

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

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

__ __ __ __
Month Year 66-69/

BEGIN DECK 07

A. What was the name of your employer?

_____ 10-34/

_____

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

Full-time.....1 35/

Part-time.....2

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

_____ 36-38/

_____

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

_____ 39-41/

_____

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

HAND CARD C

ENTER NUMBER: __ __ 42-43/

11. (Continued)

11. (Continued)

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

|__|__|__|__| 44-47/
Month Year

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

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

_____ 48-49/

_____

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

FOR EACH SUBSTANCE CODED IN Q.12, ASK A.

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

	Asbestos.....01	50-51/	|__|__| days	95	52-53/
	Ionizing or nuclear radiation....02	54-55/	|__|__| days	95	56-57/
HAND CARD D	Industrial chemicals.....03	58-59/	|__|__| days	95	60-61/
	Insecticides or pesticides.....04	62-63/	|__|__| days	95	64-65/
	Degreasing chemicals.....05	66-67/	|__|__| days	95	68-69/
	Defoliants or herbicides.....06	70-71/	|__|__| days	95	72-73/
	None of the above (SKIP TO Q.15).07	74-75/			

13. While you were on 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 76/

Some of the time.....2

Never.....(SKIP TO Q.15).....3

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

	Air filter.....01	10-11/
	Goggles.....02	12-13/
HAND CARD E	Face shield.....03	14-15/
	Special clothing.....04	16-17/
	Washing facilities.....05	18-19/
	Self-contained or supplied air breathing apparatus.....06	20-21/
	None.....07	22-23/

15. Did you have another job before job with (NAME IN Q.11A), but since (DATE OF LAST INTERVIEW)?

Yes.....1 24/

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

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

|__|__|__|__| 25-28/
Month Year

A. What was the name of your employer?

_____ 29-53/

_____

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

Full-time.....1 54/

Part-time.....2

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

_____ 55-57/

_____

16. (Continued)

16. (Continued)

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

_____ 58-60/

_____

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 C

ENTER NUMBER: |__|__| 61-62/

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

|__|__|__|__| 63-66/
Month Year

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

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/
Ionizing or nuclear radiation....02	73-74/	|__|__|	days	95	75-76/
Industrial chemicals.....03	77-78/	|__|__|	days	95	79-80/
BEGIN DECK 09					
Insecticides or pesticides.....04	10-11/	|__|__|	days	95	12-13/
Degreasing chemicals.....05	14-15/	|__|__|	days	95	16-17/
Defoliants or herbicides.....06	18-19/	|__|__|	days	95	20-21/
None of the above (SKIP TO Q.20).07	22-23/				

HAND CARD D

18. While you were 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

HAND CARD E

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 QUEX).....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 NUMBER OF DAYS: |__|__|__| 41-43/

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

_____ 44/

_____

SECTION 4: MILITARY

1. Now I am going to ask you about some of your experiences in the military. First, which of the following statements best describes your assignment during the Vietnam War?

HAND CARD F

A crew member in Vietnam who was on a 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

---

2. INTERVIEWER: HAS R SERVED IN MILITARY SINCE LAST INTERVIEW? (IS Q.3 IN SECTION 2, CODED "YES"?)

YES.....(GO TO Q.3).....1 46/

NO.....(SKIP TO SECTION 5).....2

---

3. Since (DATE OF LAST INTERVIEW) have you retired, been discharged or separated from the (BRANCH OF SERVICE FROM INFORMATION SHEET ITEM 3)?

Yes.....(ASK A THROUGH C).....1 47/

No.....(SKIP TO Q.4).....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/

3. (Continued)

C. Following your (retirement/separation/discharge) in (DATE IN B.), did you reenter the armed forces?

Yes.....1 53/

No.....2

---

4. 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 K).....1 54/

No...(CORRECT INFORMATION SHEET, THEN ASK B THROUGH K).....2

4. (Continued)

55-56/R

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

BEGIN

|__|__|__|__|
Month Year
57-60/

END

|__|__|__|__|
Month Year
61-64/

Current.....1

C. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the Air Force Specialty Code? (PROBE: What others?)

1. |__|__|__|__|__|__| 65-69/

2. |__|__|__|__|__|__| 70-74/

3. |__|__|__|__|__|__| 75-79/

BEGIN DECK 10

L. Since (DATE OF LAST INTERVIEW), in what country were you most stationed while on active duty? Include temporary duties of greater than 90 days.

_____
COUNTRY
10-11/

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

BEGIN

|__|__|__|__|__|
Month Year
12-15/

END

|__|__|__|__|__|
Month Year
16-19/

Current.....1

N. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the Air Force Specialty Code? (PROBE: What others?)

1. |__|__|__|__|__|__| 20-24/

2. |__|__|__|__|__|__| 25-29/

3. |__|__|__|__|__|__| 30-34/

M. Since (DATE OF LAST INTERVIEW), in what country were you most stationed while on active duty? Include temporary duties of greater than 90 days.

_____
COUNTRY
35-36/

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

BEGIN

|__|__|__|__|__|
Month Year
37-40/

END

|__|__|__|__|__|
Month Year
41-44/

Current.....1

T. What specific job assignments (do/did) you have in (COUNTRY)? Can you give me the Air Force Specialty Code? (PROBE: What others?)

1. |__|__|__|__|__|__| 45-49/

2. |__|__|__|__|__|__| 50-54/

3. |__|__|__|__|__|__| 55-59/

4. (Continued)

D. (Do/Did) your duties in (COUNTRY) include flying?

60/

Yes.....1

No...(SKIP TO G)....2

E. How many flight hours did you log while in (COUNTRY)?

61-64/

|__|__|__|__|
Hours

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

1. |__|__|__|__|__|__| 65-69/

2. |__|__|__|__|__|__| 70-74/

3. |__|__|__|__|__|__| 75-79/

BEGIN DECK 11

O. (Do/Did) your duties in (COUNTRY) include flying?

10/

Yes.....1

No...(SKIP TO R)....2

P. How many flight hours did you log while in (COUNTRY)?

11-14/

|__|__|__|__|
Hours

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

1. |__|__|__|__|__|__| 15-19/

2. |__|__|__|__|__|__| 20-24/

3. |__|__|__|__|__|__| 25-29/

Z. (Do/Did) your duties in (COUNTRY) include flying?

30/

Yes.....1

No..(SKIP TO CC)....2

AA. How many flight hours did you log while in (COUNTRY)?

31-34/

|__|__|__|__|
Hours

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

1. |__|__|__|__|__|__| 35-39/

2. |__|__|__|__|__|__| 40-44/

3. |__|__|__|__|__|__| 45-49/

4. (Continued)

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

HAND CARD D

asbestos.....01 50-51/

ionizing or nuclear radiation....02 52-53/

industrial chemicals.03 54-55/

insecticides or pesticides.....04 56-57/

degreasing chemicals.05 58-59/

defoliants or herbicides.....06 60-61/

none of the above (SKIP TO K).....07 62-63/

R. 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

HAND CARD D

asbestos.....01 64-65/

ionizing or nuclear radiation....02 66-67/

industrial chemicals.03 68-69/

insecticides or pesticides.....04 70-71/

degreasing chemicals.05 72-73/

defoliants or herbicides.....06 74-75/

none of the above (SKIP TO V).....07 76-77/

CC. 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

HAND CARD D

BEGIN DECK 12

asbestos.....01 10-11/

ionizing or nuclear radiation....02 12-13/

industrial chemicals.03 14-15/

insecticides or pesticides.....04 16-17/

degreasing chemicals.05 18-19/

defoliants or herbicides.....06 20-21/

none of the above (SKIP TO GG).....07 22-23/

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

asbestos |__|__| 24-25/

less than once a month.....95

ionizing or nuclear radiation |__|__| 26-27/

less than once a month.....95

industrial chemicals |__|__| 28-29/

less than once a month.....95

insecticides or pesticides |__|__| 30-31/

less than once a month.....95

degreasing chemicals |__|__| 32-33/

less than once a month.....95

defoliants or herbicides |__|__| 34-35/

less than once a month.....95

I. Did you wash to remove the (SUBSTANCES) or did you use protective clothing or gear when stationed in (COUNTRY) all the time, some of the time, or never?

All the time.....1 36/

Some of the time...2

Never.(SKIP TO K)..3

S. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)?

asbestos |__|__| 37-38/

less than once a month.....95

ionizing or nuclear radiation |__|__| 39-40/

less than once a month.....95

industrial chemicals |__|__| 41-42/

less than once a month.....95

insecticides or pesticides |__|__| 43-44/

less than once a month.....95

degreasing chemicals |__|__| 45-46/

less than once a month.....95

defoliants or herbicides |__|__| 47-48/

less than once a month.....95

T. Did you wash to remove the (SUBSTANCES) or did you use protective clothing or gear when stationed in (COUNTRY) all the time, some of the time, or never?

All the time.....1 49/

Some of the time...2

Never.(SKIP TO V)..3

DD. In general, how many days a month (do/did) you come in contact with (SUBSTANCE)?

asbestos |__|__| 50-51/

less than once a month.....95

ionizing or nuclear radiation |__|__| 52-53/

less than once a month.....95

industrial chemicals |__|__| 54-55/

less than once a month.....95

insecticides or pesticides |__|__| 56-57/

less than once a month.....95

degreasing chemicals |__|__| 58-59/

less than once a month.....95

defoliants or herbicides |__|__| 60-61/

less than once a month.....95

EE. Did you wash to remove the (SUBSTANCES) or did you use protective clothing or gear when stationed in (COUNTRY) all the time, some of the time, or never?

All the time.....1 62/

Some of the time...2

Never.(SKIP TO GG).3

BEGIN DECK 13

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

HAND CARD E

Air filter.....01 63-64/

Goggles.....02 65-66/

Face Shield....03 67-68/

Special clothing.....04 69-70/

Washing facilities.....05 71-72/

Self contained or supplied air breathing apparatus.....06 73-74/

None.....07 75-76/

K. Are there any other countries that you have been stationed in since (DATE OF LAST INTERVIEW)?

Yes.(GO TO L)...1 77/

NO.(SKIP TO SECTION 5)..2

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

Air filter.....01 10-11/

Goggles.....02 12-13/

Face Shield....03 14-15/

Special clothing.....04 16-17/

Washing facilities.....05 18-19/

Self contained or supplied air breathing apparatus.....06 20-21/

None.....07 22-23/

V. Are there any other countries that you have been stationed in since (DATE OF LAST INTERVIEW)?

Yes.(GO TO W)...1 24/

NO.(SKIP TO SECTION 5)..2

FF. 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/

GG. Are there any other countries that you have been stationed in since (DATE OF LAST INTERVIEW)?

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

NO.(GO TO SECTION 5)..2

SECTION 5: MARITAL AND FERTILITY HISTORY

1. Now 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.....(ASK A).....1 40/

No.....(CORRECT INFO SHEET, THEN ASK A).....2

A. INTERVIEWER: WAS STATUS "MARRIED" AT LAST INTERVIEW?

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

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

B. INTERVIEWER: SEE INFORMATION SHEET ITEM 5. WAS RESPONDENT "LIVING WITH PARTNER" AT LAST INTERVIEW?

YES.....(ASK C).....1 42/

NO.....(SKIP TO Q.3).....2

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

LAST NAME

FIRST NAME MIDDLE NAME

INTERVIEWER: RECORD NAME ON INFORMATION SHEET, ITEM 05

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

ENTER MONTH AND YEAR |__|__| |__|__| 43-46/
MO YR

(GO TO Q.2)

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

Yes.....1 47/

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

1. (Continued)

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

ENTER MONTH AND YEAR |__|__| |__|__| 48-51/
MO YR

2. Have you stopped living with (NAME)?

Yes.....(ASK A).....1 52/

No.....(SKIP TO C).....2

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

HAND CARD G

Separation.....1 53/

Divorce.....2

Death of spouse or partner.....(ASK B-E) THEN ASK Q.3).....3

B. In what month and year did this occur?

ENTER MONTH AND YEAR: |__|__|__|__| 54-57/
MO YR

C. 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: |__|__| 58-59/

OR

None.....(SKIP TO F).....00

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

First time: |__|__| 60-61/

Second time: |__|__| 62-63/

Third time: |__|__| 64-65/

Fourth time: |__|__| 66-67/

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?

Yes.....1 68/

No.....2

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

STREET ADDRESS

BEGIN DECK 14
10-34/

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

CITY 35-54/ |__|__| STATE 55-56/ |__|__|__|__|__| ZIP CODE 57-61/

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

|__|__|__| AREA CODE |__|__|__| - |__|__|__|__| NUMBER 62-71/

NO PHONE.....1

I. Thinking of all the people you know, 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 J-N.

BEGIN DECK 15

(LAST), 10-29/

(FIRST) (MIDDLE) 30-44/

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

|__|__|__|__|__|__|__|__|__|__|__|__|__|__| 45-46/

K. Where does (PERSON) live?

STREET ADDRESS APT# 47-71/

BEGIN DECK 16

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

2. (Continued)

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

|__|__|__| |__|__|__| - |__|__|__|__| 37-46/
AREA CODE PHONE NUMBER

NO PHONE.....1

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

(PERSON'S) name.....(SKIP TO N).....1 47/

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

DON'T KNOW.....8

_____ 48-72/
(LAST),

_____
(FIRST) (MIDDLE)

N. INTERVIEWER: HAS R STOPPED LIVING WITH SPOUSE OR PARTNER? (IS "YES" CODED AT Q.27)

Yes.....1 73/

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

---

3. Since (DATE OF LAST INTERVIEW), have you reconciled, married (again) or have you lived together as a partner for 3 months or more with someone to whom you weren't married?

Yes.....(ASK A).....1 74/

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

A. How many times did you get married or live as a partner with someone for 3 months or more since (DATE OF LAST INTERVIEW)?

RECORD NUMBER OF TIMES: |__| 75/

---

4. Thinking of (that/the first) relationship since (DATE OF LAST INTERVIEW), did you marry this person?

Yes.....1 76/

No.....2

RECONCILED.....3

4. (Continued)

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

|__|__|
ID #

_____ 77-78/
(LAST)

_____
(FIRST) (MIDDLE)

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

BEGIN DECK 17

What was her full maiden name?

|__|__|__|__|__|__|__|__|__|__|__|__|__|__| 10-29/

What was her birthdate? RECORD DATE: |__|__|__|__|__|__| 30-35/
MO DA YR

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

ENTER MONTH AND YEAR: |__|__|__|__| 36-39/
MO YR

C. Have you stopped living with (NAME)?

Yes.....(ASK D-F).....1 40/

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

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

HAND CARD G

Separation.....1 41/

Divorce.....2

Death of spouse or partner..(ASK E-H, THEN SKIP TO Q.5)...3

4. (Continued)

E. In what month and year did this occur?

ENTER MONTH AND YEAR: |__|__|__|__| 42-45/
MO YR

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/

OR

None.....(GO TO I).....00

G. For how many months did you live apart the (first/next) 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.....1 56/

No.....2

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

_____ 57-80/
STREET ADDRESS

BEGIN DECK 18

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

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

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

|__|__|__| |__|__|__| - |__|__|__|__|
AREA CODE NUMBER 37-46/

NO PHONE.....1

4. (Continued)

L. Thinking of all the people you know, either around here 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 M-P.

_____ 47-65/
(LAST),

_____ 66-80/
(FIRST) (MIDDLE)

BEGIN DECK 19

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

_____ 10-11/

N. Where does (PERSON) live?

_____ 12-36/
STREET ADDRESS APTS

_____ |__|__| |__|__|__|__|__|
CITY STATE ZIP CODE
37-56/ 57-58/ 59-63/

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

|__|__|__| |__|__|__| - |__|__|__|__|
AREA CODE PHONE NUMBER 64-73/

NO PHONE.....1

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

(PERSON'S) name.....(SKIP TO Q.5).....1 74/

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

DON'T KNOW.....(SKIP TO Q.5).....8

BEGIN DECK 20

_____ 10-34/
(LAST),

_____
(FIRST) (MIDDLE)

5. INTERVIEWER: IS THERE A SECOND RELATIONSHIP SINCE THE DATE LAST INTERVIEW? (IS NUMBER OF TIMES RECORDED IN Q.3A EQUAL TO 2 OR MORE?)

YES.....(GO TO Q.6).....1 35/

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

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

Yes.....1 36/

No.....2

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

|__|__| ID #

(LAST)

37-38/

(FIRST) (MIDDLE)

INTERVIEWER: RECORD FULL NAME OF (SPOUSE/PARTNER) ON INFORMATION SHEET, ITEM 07 AND 100 ABOVE.

What was her full maiden name?

|__|__|__|__|__|__|__|__|__|__|__|__|__|__| 39-50/

What was her birthdate? RECORD DATE: |__|__|__|__|__|__| 59-64/

MO DA YR

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

ENTER MONTH AND YEAR: |__|__|__|__| 65-68/

MO YR

C. Have you stopped living with (NAME)?

Yes.....(ASK D-F).....1 69/

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

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

HAND CARD G

Separation.....1 70/

Divorce.....2

Death of spouse or partner (ASK D-G, THEN SKIP TO Q.7).....3

6. (Continued)

E. In what month and year did this occur?

ENTER MONTH AND YEAR: |__|__|__|__| 71-74/

MO 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: |__|__| 75-76/

OR

None.....(GO TO I).....00

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

First time:.....|__|__| 77-78/

Second time:.....|__|__| 79-80/

BEGIN DECK 21

Third time:.....|__|__| 10-11/

Fourth time:.....|__|__| 12-13/

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 14/

No.....2

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

STREET ADDRESS 15-39/

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

CITY 40-59/ |__|__| STATE 60-61/ |__|__|__|__|__| ZIP CODE 62-66/

6. (Continued)

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

|__|__|__| |__|__|__| - |__|__|__|__| 67-76/
AREA CODE NUMBER

NO PHONE.....1

L. Thinking of all the people you know, either around here 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 M-P.

BEGIN DECK 22

_____ 10-29/
(LAST),

_____ 30-44/
(FIRST) (MIDDLE)

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

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| 45-46/

N. Where does (PERSON) live?

_____ 47-71/
STREET ADDRESS APT#

BEGIN DECK 23

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

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

|__|__|__| |__|__|__| - |__|__|__|__| 37-46/
AREA CODE PHONE NUMBER

NO PHONE 1

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

(PERSON'S) name....(SKIP TO Q.7).....1 47/

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

DON'T KNOW.....(SKIP TO Q.7).....8

_____ 48-72/
(LAST),

_____
(FIRST) (MIDDLE)

7. INTERVIEWER: IS THERE A THIRD RELATIONSHIP SINCE THE DATE LAST INTERVIEW? (IS NUMBER OF TIMES RECORDED IN Q.3A EQUAL TO 3 OR MORE?)

YES.....(GO TO Q.8).....1 73/

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

---

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

Yes.....1 74/

No.....2

|__|__|
ID #

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

_____ 75-76/
(LAST)

_____
(FIRST) (MIDDLE)

INTERVIEWER: RECORD FULL NAME OF (SPOUSE/PARTNER) ON INFORMATION SHEET, ITEM #7 AND ID # ABOVE.

What was her full maiden name?

BEGIN DECK 24

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| 10-29/

What was her birthdate? RECORD DATE: |__|__|__|__|__|__| 30-35/
MO DA YR

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

ENTER MONTH AND YEAR: |__|__|__|__| 36-39/
MO YR

C. Have you stopped living with (NAME)?

Yes.....(ASK D-P)....1 40/

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

B. (Continued)

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

HAND CARD G

Separation.....1 41/

Divorce.....2

Death of spouse or partner (ASK E-H, THEN SKIP TO Q.9).....3

E. In what month and year did this occur?

ENTER MONTH AND YEAR: |__|__|__|__| 42-45/
MO YR

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/

OR

None.....(GO TO Q.9).....00

G. For how many months did you live apart the (first/next) 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.....1 56/

No.....2

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

_____ 57-00/
STREET ADDRESS

BEGIN DECK 25

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

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

B. (Continued)

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

|__|__|__| |__|__|__| - |__|__|__|__|
AREA CODE NUMBER 37-46/

NO PHONE 1

L. Thinking of all the people you know, either around here 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 M-P.

_____ 47-71/
(LAST),

_____
(FIRST) (MIDDLE)

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

|__|__|__|__|__|__|__|__|__|__|__|__|__|__| 72-73/

BEGIN DECK 26

N. Where does (PERSON) live?

_____ 10-34/
STREET ADDRESS APT#

_____ |__|__| |__|__|__|__|__|
CITY STATE ZIP CODE
35-54/ 55-56/ 57-61/

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

|__|__|__| |__|__|__| - |__|__|__|__|
AREA CODE PHONE NUMBER 62-71/

NO PHONE.....1

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

(PERSON'S) name....(SKIP TO Q.9).....1 72/

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

DON'T KNOW.....(SKIP TO Q.9).....8

BEGIN DECK 27

_____
(LAST),

10-34/

_____
(FIRST) (MIDDLE)

9. INTERVIEWER: IS THERE A FOURTH RELATIONSHIP SINCE THE DATE LAST INTERVIEW? (IS NUMBER OF TIMES RECORDED IN Q.3A 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 INCORRECT, 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 INCORRECT, 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: |__|__| 39-40/	CHILD ID: |__|__| 60-61/	CHILD ID: |__|__| 10-11/
CAUSE:	_____ 41/	_____ 62/	_____ 12/
REGISTRATION:	_____ (CITY) 42-57/	_____ (CITY) 63-78/	_____ (CITY) 13-28/
	_____ (STATE) 58-59/	_____ (STATE) 79-80/	_____ (STATE) 29-30/

12. INTERVIEWER: HAS R 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)?

Yes.....(ASK B).....1 32/

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: |__|__|__|__| 35-38/
MO YR

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

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

NO.....(GO TO C).....2

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

RECORD NAME:

(LAST) _____ 40-64/

(FIRST) _____ (MIDDLE)

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

|__|__| 65-66/

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

RECORD MONTHS AND/OR YEARS |__|__| AND/OR |__|__| 67-68/
MOS YRS

Wasn't trying.....00 69-70/
OR
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 71/

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

13. (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.

HAND CARD H

1. Pill.....01 72-73/
2. Douche.....02 74-75/
3. Foam.....03 76-77/
4. Jelly, cream, suppository.....04 78-79/

BEGIN DECK 29

5. IUD.....05 10-11/
6. Condom, rubber.....06 12-13/
7. Diaphragm.....07 14-15/
8. Diaphragm and jelly.....08 16-17/
9. Rhythm - Calendar.....09 18-19/
10. Rhythm - Temperature.....10 20-21/
11. Withdrawal.....11 22-23/
12. Other (SPECIFY) _____ 12 24-25/

DON'T KNOW.....98 26-27/

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

Live birth.....(ASK A-J).....1 28/
Miscarriage.....(SKIP TO Q.16).....2
Stillbirth.....(SKIP TO Q.16).....3
Abortion.....(SKIP TO Q.16).....4
Still pregnant.....(SKIP TO Q.25).....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 |__|__| 29-30/

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: |__|__| 31-32/
AND
OUNCES: |__|__| 33-34/
OR
Don't know.....98

14. (Continued)

E. Was (CHILD) a twin?

Yes.....1 35/

No.....2

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

Premature.....1 36/
Full term.....2
Overdue.....3
Don't know.....8

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

RECORD AGE: |__|__| 37-38/

Don't know.....98

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

DOCTOR'S NAME OR FACILITY NAME 39/

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 40/

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 K-M. OTHERS GO TO Q.15.

14. (Continued)

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.

41/

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

(CITY) (STATE)

42-57/ 58-59/

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

YES.....(SKIP TO Q.17).....1 60/

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

16. When did that pregnancy end?

RECORD DATE: |__|__|__|__|__|__| 61-66/
MO DA YR

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

ENTER NUMBER OF WEEKS: |__|__| 67-68/

Don't know.....98

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

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

Yes.....(ASK C).....1 69/

No.....(GO TO D).....2

C. What did the doctor say caused the (miscarriage/stillbirth)? RECORD VERBATIM.

70/

16. (Continued)

D. 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 71/

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

---

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

ENTER MONTH AND YEAR: |__|__|__|__| 72-75/
MO YR

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

YES.....(ASK B).....1 76/

NO.....(GO TO C).....2

BEGIN DECK 30

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

RECORD NAME: _____ 10-34/
(LAST)

_____
(FIRST) (MIDDLE)

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 YEARS: |__|__| MOS AND/OR |__|__| YRS 37-38/

Wasn't trying.....00 39-40/
OR
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 41/

No.....(SKIP TO Q.18).....2

17. (Continued)

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

HAND CARD H

1. Pill.....01 42-43/
2. Douche.....02 44-45/
3. Foam.....03 46-47/
4. Jelly, cream, suppository.....04 48-49/
5. IUD.....05 50-51/
6. Condom, rubber.....06 52-53/
7. Diaphragm.....07 54-55/
8. Diaphragm and jelly.....08 56-57/
9. Rhythm - Calendar.....09 58-59/
10. Rhythm - Temperature.....10 60-61/
11. Withdrawal.....11 62-63/
12. Other (SPECIFY)_____ 12 64-65/
_____
DON'T KNOW.....98 66-67/

---

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

Live birth.....(ASK A-J).....1 68/
Miscarriage.....(SKIP TO Q.20).....2
Stillbirth.....(SKIP TO Q.20).....3
Abortion.....(SKIP TO Q.20).....4
Still pregnant.....(SKIP TO Q.25).....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. |__|__| 69-70/

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: |__|__| 71-72/
AND
OUNCES: |__|__| 73-74/
OR
Don't know.....98

18. (Continued)

E. Was (CHILD) a twin?

Yes.....1 75/

No.....2

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

Premature.....1 76/
Full term.....2
Overdue.....3
Don't know.....8

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

RECORD AGE: |__|__| 77-78/

Don't know.....98

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

DOCTOR'S NAME OR FACILITY NAME 79/

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 80/

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 K-M. OTHERS GO TO Q.19.

18. (Continued)

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.

10/

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

|__|__|

(CITY) 11-26/ (STATE) 27-28/

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

YES.....(SKIP TO Q.21).....1 29/

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

20. When did that pregnancy end?

RECORD DATE: |__|__|__|__|__|__| 30-35/
MO DA YR

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

ENTER NUMBER OF WEEKS: |__|__| 36-37/

Don't know.....98

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

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

Yes.....(ASK C).....1 38/

No.....(GO TO D).....2

C. What did the doctor say caused the (miscarriage/stillbirth)? RECORD VERBATIM.

39/

20. (Continued)

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

YES.....(GO TO Q.21).....1 40/

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

---

21. When did the next pregnancy begin? What month and year?

ENTER MONTH AND YEAR: |__|__|__|__| 41-44/
MO YR

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

YES.....1 45/

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

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

RECORD NAME: _____ 46-70/
(LAST)

_____
(FIRST) (MIDDLE)

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

|__|__| 71-72/

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

RECORD MONTHS AND/OR YEARS: |__|__| AND/OR |__|__| 73-74/
MOS YRS

Wasn't trying.....00
OR
DON'T KNOW.....98 75-76/

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

Yes.....(ASK E).....1 77/

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

21. (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.

HAND CARD B

1. Pill.....01 10-11/
2. Douche.....02 12-13/
3. Foam.....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. Rhythm - Calendar.....09 26-27/
10. Rhythm - Temperature.....10 28-29/
11. Withdrawal.....11 30-31/
12. Other (SPECIFY) _____

_____ 12 32-33/
DON'T KNOW.....98 34-35/

---

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

Live birth.....(ASK A-J).....1 36/
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. 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. |__|__| 37-38/

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: |__|__| 39-40/
AND
OUNCES: |__|__| 41-42/
OR
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 44/
Full term.....2
Overdue.....3
Don't know.....8

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

RECORD AGE: |__|__| 45-46/

Don't know.....98

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

DOCTOR'S NAME OR FACILITY NAME
47/
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
48/
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 K-M. OTHERS GO TO Q.23.

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

22. (Continued)

L. What was the cause of death? RECORD BELOW. 49/

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

(CITY) |__|__|
(STATE)
50-65/ 66-67/

23. INTERVIEWER: IS THERE A FOURTH PREGNANCY SINCE THE DATE OF LAST INTERVIEW? (IS NUMBER OF PREGNANCIES IN Q.12B EQUAL TO 4 OR MORE?)

YES.....(GO TO NEW QUESTIONNAIRE).....1 68/

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

24. When did that pregnancy end?

RECORD DATE: |__|__|__|__|__|__| 69-74/
MO DA YR

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

ENTER NUMBER OF WEEKS: |__|__| 75-76/

Don't know.....98

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

B. Did a doctor tell why this miscarriage might have occurred?

Yes.....(ASK C).....1 77/

No.....(GO TO D).....2

C. What did the doctor say caused the miscarriage? RECORD VERBATIM.
78/

D. INTERVIEWER: IS THERE A FOURTH PREGNANCY SINCE DATE OF LAST INTERVIEW? (IS NUMBER OF PREGNANCIES IN Q.12B EQUAL TO 4 OR MORE?)

YES.....(GO TO NEW QUESTIONNAIRE).....1 79/

NO.....2

25. 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.....1 10/

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

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

One.....1 11/
Two.....2
Three.....3

27. 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/ End 16-19/

|_|_|_|_| MO YR |_|_|_|_| MO YR OR HAS NOT ENDED.....0000

28. During (PERIOD) what was your wife or partner's first name? RECORD BELOW.

20-33/
|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| |_|_| 34-35/ ID #

29. How old was (NAME) in (BEGINNING DATE OF PERIOD)?

RECORD AGE: |_|_| 36-37/

30. During (PERIOD), did either of you see a doctor to discuss any difficulties in conceiving children?

Yes.....1 38/

No.....2

31. CODE "PERIOD 1" 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 applied 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.

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

YES.....(GO TO Q.33).....1 39/

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

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

Begin 40-43/ End 44-47/

|_|_|_|_| MO YR |_|_|_|_| MO YR

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

48-61/
|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| |_|_| 62-63/ ID #

35. How old was (NAME) in (BEGINNING DATE OF PERIOD)?

RECORD AGE: |_|_| 64-65/

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

Yes.....1 66/

No.....2

37. CODE "PERIOD 2" 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 applied 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.

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

YES.....(GO TO Q.39).....1 67/

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

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

Begin 68-71/ End 72-75/

|__|__|__|__| MO YR |__|__|__|__| MO YR OR HAS NOT ENDED.....0000

BEGIN DECK 34

40. During (PERIOD) what was your wife or partner's first name? RECORD BELOW.

|__|__|__|__|__|__|__|__|__|__|__|__|__|__|__| |__|__| ID # 10-23/ 24-25/

---

41. How old was (NAME) in (BEGINNING DATE OF PERIOD)?

RECORD AGE: |__|__| 26-27/

---

42. During (PERIOD), did either of you see a doctor to discuss any difficulties in conceiving children?

Yes.....1 28/

No.....2

---

43. CODE "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 applied 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.

Section 6: Child and Family Health

Now 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 unusual birthmarks to a missing or mishappen 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.....(ASK A).....1 29/

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

First, I would like to verify whether (any of) your biological child(ren) have (had) a birth defect.

A. ARE CHILDREN RECORDED ON CHILDREN'S RECORD FORM?

YES.....(ASK B).....1 30/

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

B. FOR EACH CHILD LISTED ON CHILDREN'S RECORD FORM ASK: Our records indicate that (CHILD)(had/did not have) a birth defect in 1982, when you were last interviewed. Is this information correct?

IF INFORMATION IS CORRECT..(GO TO Q.2).....1 31/

IF INFORMATION IS INCORRECT, MAKE CORRECTIONS ON CHILDREN'S RECORD FORM.....(Then go to Q.2).....2

Don't know.....(GO TO Q.2).....8

---

2. FOR EACH CHILD (EXCEPT CHILDREN WHO DIED BEFORE 1982) ASK: Has a(n additional) defect been identified in (CHILD)(since 1982)? RECORD ON CHILDREN'S RECORD FORM OR 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)).

PLEASE GO ON TO NEXT PAGE ---------->

	1ST CHILD		2ND CHILD	
CHILD'S NAME:				
CHILD'S ID#	32-33/		49-50/	
MOTHER'S ID#	34-35/		51-52/	
4. Did (CHILD) ever have a diagnosed...(READ EACH CATEGORY)...	Yes No		Yes No	
learning disability.....	1 2	36/	....1 2	53/
physical or motor impairment.	1 2	37/	....1 2	54/
mental impairment.....	1 2	38/	....1 2	55/
5. Was (CHILD) ever diagnosed as having cancer?				
Yes.....(ASK A & B).....	1	39/	..(A & B)..1	56/
No.....(GO TO Q.6).....	2		...(Q.6)...2	
A. In what month and year was the diagnosis made?	MO YR	40-43/	MO YR	57-60/
B. What kind of cancer was diagnosed?		44/		61/
Don't know.....	8		Don't know.....8	
6. INTERVIEWER: HAS ANY DEFECT OR IMPAIRMENT BEEN IDENTIFIED ON (CHILD)? CHECK CHILDREN'S RECORD FORM AND QS. 1,2, AND 4.				
YES.....(GO TO Q.7).....	1	45/	.....(Q.7).....1	62/
NO.....(ASK A).....	2		.....(A).....2	
A. INTERVIEWER: IS THERE ANOTHER CHILD?				
YES.....(ASK Q.4 AND 5).....	1	46/	..(Q.4 AND 5)..1	63/
NO.....(SKIP TO Q.22).....	2		.....(Q.22)....2	
7. What kind of (birth defect(s)/impairment) does/did (CHILD) have? Any others?		47/		64/
8. Did you (or someone else) discuss (CHILD'S) (birth defect(s)/impairment) with a doctor?				
Yes.....(GO TO Q.9).....	1	48/	.....(Q.9).....1	65/
No.....(SKIP TO Q.11).....	2		.....(Q.11)....2	

3RD CHILD	4TH CHILD	5TH CHILD	6TH CHILD
66-67/	14-15/	31-32/	48-49/
68-69/	16-17/	33-34/	50-51/
Yes / No	Yes / No	Yes / No	Yes / No
.....1 / 2 70/	.....1 / 2 18/	.....1 / 2 35/	.....1 / 2 52/
.....1 / 2 71/	.....1 / 2 19/	.....1 / 2 36/	.....1 / 2 53/
.....1 / 2 72/	.....1 / 2 20/	.....1 / 2 37/	.....1 / 2 54/
....(A & B)....1 73/	....(A & B)....1 21/	....(A & B)....1 38/	....(A & B)....1 55/
.....(0.6).....2	.....(0.6).....2	.....(0.6).....2	.....(0.6).....2
74-77/	22-25/	39-42/	56-59/
MO YR	MO YR	MO YR	MO YR
78/	26/	43/	60/
Don't know.....8	Don't know.....8	Don't know.....8	Don't know.....8
BEGIN DECK 35			
.....(0.7).....1 10/	.....(0.7).....1 27/	.....(0.7).....1 44/	.....(0.7).....1 61/
....(ASK A)....2	....(ASK A)....2	....(ASK A)....2	....(ASK A)....2
..(0.4 AND 5)..1 11/	..(0.4 AND 5)..1 28/	..(0.4 AND 5)..1 45/	..(0.4 AND 5)..1 62/
....(0.22).....2	....(0.22).....2	....(0.22).....2	....(0.22).....2
12/	29/	46/	63/
.....(0.9).....1 13/	.....(0.9).....1 30/	.....(0.9).....1 47/	.....(0.9).....1 64/
.....(0.11)....2	.....(0.11)....2	.....(0.11)....2	.....(0.11)....2

	1ST CHILD	2ND CHILD
CHILD'S NAME:		
CHILD'S ID #		
MOTHER'S ID #		
9. INTERVIEWER: IF DEFECT(S), DISABILITY, OR IMPAIRMENT FOUND SINCE 1982 ASK Q.9; OTHERS GO TO Q.10. What is the name and address of the doctor who diagnosed CHILD as having a birth defect/impairment?	DOCTOR'S NAME OR 65/ FACILITY NAME STREET ADDRESS CITY STATE	DOCTOR'S NAME OR 71/ FACILITY NAME STREET ADDRESS CITY STATE
10. Did the doctor say that (CHILD) needs(/ed) any testing, medication, treatment, surgery, or special equipment because of a (birth defect/impairment)? (By special equipment I mean a wheelchair, walker, artificial limb, body brace(s), or crutches).	Yes.....1 66/ No.....2 Don't Know.....8	.....1 72/ 2 8
11. Did (CHILD) ever receive any testing, medication, treatment, surgery or special equipment because of a (birth defect/impairment)?	Yes.....1 67/ No.....2 Don't know.....8	.....1 73/ 2 8
12. At any time, did (CHILD'S) (birth defect(s)/impairment) interfere in any way with (CHILD's) physical or social development? For example, getting a job or making friends?	Yes.....(GO TO Q.13).....1 68/ No.....(ASK A).....2 Don't know.....8	.....(Q.13).....1 74/ .....(ASK A).....2 8
A. INTERVIEWER: WAS THERE A YES CODED AT Q.10 or Q.11?	YES.....(GO TO Q.13).....1 69/ NO.....(ASK B).....2	.....(Q.13).....1 75/ .....(ASK B).....2
B. INTERVIEWER: IS THERE ANOTHER CHILD?	YES....(GO BACK TO Q.4 FOR NEXT CHILD)....1 70/ NO.....(SKIP TO Q.22).....2	.....(Q.4).....1 76/ .....(Q.22).....2

3RD CHILD	4TH CHILD	5TH CHILD	6TH CHILD
DOCTOR'S NAME OR 77/	DOCTOR'S NAME OR 13/	DOCTOR'S NAME OR 19/	DOCTOR'S NAME OR 25/
FACILITY NAME	FACILITY NAME	FACILITY NAME	FACILITY NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY STATE	CITY STATE	CITY STATE	CITY STATE
.....1 78/	.....1 14/	.....1 20/	.....1 26/
.....2	2	2	2
.....8	8	8	8
.....1 79/	.....1 15/	.....1 21/	.....1 27/
.....2	2	2	2
.....8	8	8	8
BEGIN DECK 36			
.....(Q.13).....1 10/	.....(Q.13).....1 16/	.....(Q.13).....1 22/	.....(Q.13).....1 28/
.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2
.....8	8	8	8
.....(Q.13).....1 11/	.....(Q.13).....1 17/	.....(Q.13).....1 23/	.....(Q.13).....1 29/
.....(ASK B).....2	.....(ASK B).....2	.....(ASK B).....2	.....(ASK B).....2
.....(Q.4).....1 12/	.....(Q.4).....1 18/	.....(Q.4).....1 24/	.....(Q.4).....1 30/
.....(Q.22).....2	.....(Q.22).....2	.....(Q.22).....2	.....(Q.22).....2

CHILD'S NAME:	1ST CHILD	2ND CHILD
CHILD'S ID # / MOTHER'S ID #		
13. Did (CHILD'S) doctor say that any of (CHILD'S) (birth defect(s)/impairments was/were life-threatening if left untreated? (By untreated I mean if (CHILD) did not receive surgery, medication, a special diet, or some other medical intervention.)	31/	37/
Yes.....(ASK A).....1		.....(ASK A).....1
No.....(ASK A).....2		.....(ASK A).....2
Don't know...(ASK A).....8		.....(ASK A).....8
A. INTERVIEWER: IS CHILD UNDER TWO YEARS OLD OR DID CHILD DIE BEFORE HE/SHE WAS TWO YEARS OLD?	32/	38/
YES.....(SKIP TO Q.20).....1		.....(Q.20).....1
NO.....2		2
14. Did (CHILD) ever need help with eating, dressing, bathing, or using the toilet because of a (birth defect/impairment)? (Help includes someone actually helping rather than just standing by to assist if needed.)	33/	39/
Yes.....1		1
No.....2		2
15. Because of a (birth defect/impairment), did (CHILD) ever use or need any mechanical or special aids such as a wheelchair, walker, body braces, artificial limbs, or crutches to carry out everyday activities?	34/	40/
Yes.....1		1
No.....2		2
16. Was (CHILD) ever unable to take part at all in ordinary play with other children because of a (birth defect/impairment)?	35/	41/
Yes.....(GO TO Q.17).....1		.....(Q.17).....1
No.....(ASK A).....2		.....(ASK A).....2
A. Was (CHILD) ever limited in the kind or amount of play he/she could do because of his/her (birth defect/impairment)?	36/	42/
Yes.....1		1
No.....2		2

3RD CHILD	4TH CHILD	5TH CHILD	6TH CHILD
43/	49/	55/	61/
.....(ASK A).....1	.....(ASK A).....1	.....(ASK A).....1	.....(ASK A).....1
.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2
.....(ASK A).....8	.....(ASK A).....8	.....(ASK A).....8	.....(ASK A).....8
44/	50/	56/	62/
.....(0.20).....1	.....(0.20).....1	.....(0.20).....1	.....(0.20).....1
.....2	2	2	2
45/	51/	57/	63/
.....1	1	1	1
.....2	2	2	2
46/	52/	58/	64/
.....1	1	1	1
.....2	2	2	2
47/	53/	59/	65/
.....(0.17).....1	.....(0.17).....1	.....(0.17).....1	.....(0.17).....1
.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2	.....(ASK A).....2
48/	54/	60/	66/
.....1	1	1	1
.....2	2	2	2

	1ST CHILD	2ND CHILD
CHILD'S NAME:		
CHILD'S ID # / MOTHER'S ID #		
17. Did (CHILD'S) (birth defect(s)/impairment) ever keep (his/her) from going to school?	Yes.....(GO TO Q.18).....1 67/	.....(Q.18).....1 75/
	No.....(ASK A).....2	.....(ASK A)....2
A. Did (CHILD) ever have to go to a certain type of school, or be in a special class because of (his/her)(birth defect(s)/impairment)?	Yes.....(GO TO Q.18).....1 68/	.....(Q.18).....1 76/
	No.....(ASK B).....2	.....(ASK B)....2
B. Was (CHILD) ever limited in school attendance or in being able to learn because of (his/her)(birth defect(s)/impairment)?	Yes.....1 69/	.....1 77/
	No.....2	2
18. Because of (his/her) (birth defect(s)/impairment) did (CHILD) ever need a lot more help than other children (CHILD'S) age in going outside, getting to school, going to the store, and other everyday activities like that?	Yes.....1 70/	.....1 78/
	No.....2	2
19. Because of a (birth defect/impairment), did (CHILD) ever need the help of another person for everyday activities such as taking care of the house or yard, doing the laundry, or preparing meals?	Yes.....1 71/	.....1 79/
	No.....2	2
		BEGIN DECK 37
20. Will/Would (CHILD'S) birth defect(s) (keep/have kept) (him/her from working on a job for pay?	Yes.....(GO TO Q.21).....1 72/	.....(Q.21).....1 10/
	No.....(ASK A).....2	.....(ASK A).....2
A. Will/Would (CHILD) (be/have been) limited in the kind of work (he/she) could (do/have done) because of (his/her) birth defect(s)?	Yes.....(GO TO Q.21).....1 73/	.....(Q.21).....1 11/
	No.....(ASK B).....2	.....(ASK B).....2
B. Will/Would (CHILD) (be/have been) limited in the amount of work (he/she) could (do/have done) because of (his/her) birth defect(s)?	Yes.....1 74/	.....1 12/
	No.....2	2

3RD CHILD	4TH CHILD	5TH CHILD	6TH CHILD
....(Q.18).....1 13/	....(Q.18).....1 21/	....(Q.18).....1 29/	.....(Q.18).....1 37/
....(ASK A)....2	....(ASK A)....2	....(ASK A)....2	.....(ASK A).....2
....(Q.18).....1 14/	....(Q.18).....1 22/	....(Q.18).....1 30/	.....(Q.18).....1 38/
....(ASK B)....2	....(ASK B)....2	....(ASK B)....2	.....(ASK B).....2
.....1 15/	.....1 23/	.....1 31/	.....1 39/
.....2	2	2	2
.....1 16/	.....1 24/	.....1 32/	.....1 40/
.....2	2	2	2
.....1 17/	.....1 25/	.....1 33/	.....1 41/
.....2	2	2	2
....(Q.21).....1 18/	....(Q.21).....1 26/	....(Q.21).....1 34/	.....(Q.21).....1 42/
....(ASK A)....2	....(ASK A)....2	....(ASK A)....2	.....(ASK A).....2
....(Q.21).....1 19/	....(Q.21).....1 27/	....(Q.21).....1 35/	.....(Q.21).....1 43/
....(ASK B)....2	....(ASK B)....2	....(ASK B)....2	.....(ASK B).....2
.....1 20/	.....1 28/	.....1 36/	.....1 44/
.....2	2	2	2

	1ST CHILD	2ND CHILD
CHILD'S NAME:		
CHILD'S ID #		
MOTHER'S ID #		
21. INTERVIEWER: DOES RESPONDENT HAVE ANOTHER CHILD?	YES....(GO BACK TO Q.5)....1 45/	.....(Q.5).....1 46/
	NO.....(GO TO Q.22).....2	.....(Q.22).....2

22. Did you ever have a birth defect?

Yes.....(ASK A).....1 47/

No.....2

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

_____ 48/

_____

_____

23. 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).....1 49/

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

Don't Know..(SKIP TO Q.25).....8

3RD CHILD	4TH CHILD	5TH CHILD	6TH CHILD
.....(Q.3).....1 50/	.....(Q.3).....1 51/	.....(Q.3).....1 52/	.....(Q.3).....1 53/
.....(Q.22)....2	.....(Q.22)....2	.....(Q.22)....2	.....(Q.22).....2

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

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)...1 Full (brother/sister)...2	57/	Half (brother/sister)..1 Full (brother/sister)..2	59/
Sibling 3		**Sibling 4**	
DEFECT:_____	60/	DEFECT:_____	62/
_____		_____	
Half (brother/sister)...1 Full (brother/sister)...2	61/	Half (brother/sister)..1 Full (brother/sister)..2	63/

25. Now 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/

_____ _____

Now I have some different kind of questions.

28. Has anyone near to you died in the last 12 months?

HAND CARD I

Yes..(ASK A AND B).....1 68/

No.....2

A. What was the person's relationship to you? Please choose as many 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/

BEGIN DECK 38

G. Other (SPECIFY) _____

_____ 07 10-11/

B. What (was the date/were the dates) of the death(s)? What month and year?

ENTER MONTH AND YEAR: |__|__|__|__| 12-15/
MO YR

ENTER MONTH AND YEAR: |__|__|__|__| 16-19/
MO YR

ENTER MONTH AND YEAR: |__|__|__|__| 20-23/
MO YR

SECTION 7: HEALTH

1. Now 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.8).....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/next] 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).

First	Second	Third
|__|__|__|__| 28-31/	|__|__|__|__| 36-39/	|__|__|__|__| 44-47/
Mo Yr	Mo Yr	Mo Yr
to	to	to
|__|__|__|__| 32-35/	|__|__|__|__| 40-43/	|__|__|__|__| 48-51/
Mo Yr	Mo Yr	Mo Yr

HAND CARD J

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

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

	FIRST TIME Yes	No		SECOND TIME Yes	No		THIRD TIME Yes	No	
Temples	1	2	52/	1	2	61/	1	2	70/
Eyes or eyelids	1	2	53/	1	2	62/	1	2	71/
Ears	1	2	54/	1	2	63/	1	2	72/
Cheeks	1	2	55/	1	2	64/	1	2	73/
Nose	1	2	56/	1	2	65/	1	2	74/
Forehead	1	2	57/	1	2	66/	1	2	75/
Jaw, Chin Other	1	2	58/	1	2	67/	1	2	76/
Chest	1	2	59/	1	2	68/	1	2	77/
Back	1	2	60/	1	2	69/	1	2	78/

IF ANY "YES" TO TEMPLES, EYES, EYELIDS OR EARS IN A ABOVE, ASK Q.5
ALL OTHERS SKIP TO Q.8

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.8).....2

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

BEGIN DECK 39

|__|__|__|__| 10-13/
Mo Yr

7. What was the name of the doctor or medical facility you consulted at the time?

_____
Last Name

_____
First Name

OR

_____
Facility Name

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

_____ 14/
STREET ADDRESS

_____|__|__|
CITY (STATE)

8. What is your blood type?

HAND CARD K

A.....1 15/

B.....2

O.....3

AB.....4

Don't know.....8

A. Is that positive or negative?

Positive.....1 16/

Negative.....2

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

HAND CARD L

More than 4 aspirin a day.....1 17/

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

ASK OF ALL RESPONDENTS

10. The next questions deal with your reaction to the sun without the use of suntan lotions. If your skin was exposed to the sunlight for the first time in the summer for a period of 30 minutes would you

HAND CARD H

Always burn, never tan.....1 18/

Usually burn, tan with difficulty.....2

Sometimes burn mildly, tan above average....3

Rarely burn, tan with ease.....4

11. 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

A painful burn.....1 19/

A burn.....2

Some redness only.....3

No Reaction.....4

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

HAND CARD H

Only freckled or no suntan at all.....1 20/

Only mildly tanned due to a tendency to peel.....2

Moderately tanned.....3

Very brown and deeply tanned.....4

13. HAND SELF-ADMINISTERED FORM 2. We would like you to tell us all the places you've lived since you were born. Please list all the places you've lived for more than 12 months starting with the first place since birth. Please take your time. It will probably take you 10 minutes or so to fill out this form. Please begin. 21/

14. During any period in your life, did a doctor ever tell you that you had a peptic or stomach ulcer?

Yes.....(GO TO Q.15).....1 22/

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

15. During what month and year did a doctor first tell you that you had a peptic or stomach ulcer?

|__|__|__|__| 23-26/
Mo Yr

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

LAST

FIRST MIDDLE

OR

FACILITY NAME

A. What is the address of that (doctor/medical facility)? 27/

STREET ADDRESS

CITY (STATE)

17. Do you have a peptic or stomach ulcer now?

Yes.....1 28/

No.....2

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

|__|__|__|__| 29-32/
Mo Yr

19. Have you ever during any period in your life had a bleeding ulcer?

Yes.....1 33/

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

20. During what month(s) and year(s) did you have a bleeding ulcer?

FROM			TO		
Mo Yr	34-37/		Mo Yr	38-41/	
Mo Yr	42-45/		Mo Yr	46-49/	
Mo Yr	50-53/		Mo Yr	54-57/	

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

Yes.....1 58/

No.....2

22. Have you ever (during any period in your life) had surgery for your peptic or stomach ulcer?

Yes.....1 59/

No.....2

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

Yes.....1 60/

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

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

1) _____ 61-63/

2) _____ 64-66/

3) _____ 67-69/

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

HAND CARD O

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/

BEGIN DECK 40

6. Half Sister.....06 10-11/
7. None.....07 12-13/
8. Don't Know.....98 14-15/

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

Yes.....1 16/

No.....(SKIP TO Q.28).....2

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

Yes.....1 17/

No.....2

27. Was this stomach pain awakened you from sleep?

Yes.....1 18/

No.....2

28. Have you vomited blood recently?

Yes.....1 19/

No.....2

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

Yes.....1 20/

No.....2

PLEASE GO ON TO NEXT PAGE ---------->

Now I would like to ask you some questions that deal only with the period of time between (DATE OF LAST INTERVIEW) and now.

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

Since (DATE OF LAST INTERVIEW) has a doctor told you that you had ...	Yes	No	A Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	B What is the full name and address of the doctor who made the diagnosis or the medical facility where the diagnosis was made?
30. Diabetes?	1	2 21/ SKIP TO Q.31	|_|_| |_|_| Mo Yr 22-25/	_____ Last Name 26/ _____ First Name OR _____ Facility Name _____ Street Address _____ |_|_| City State
31. Thyroid problems? (SPECIFY) _____ 28/	1	2 27/ SKIP TO Q.32	|_|_| |_|_| Mo Yr 29-32/	_____ Last Name 33/ _____ First Name OR _____ Facility Name _____ Street Address _____ |_|_| City State

C: Do you have (CONDITION) now? Yes	C: No	D: Are you currently taking any prescribed medicines for your (CONDITION)? Yes	D: No	E: What are the names of medicines you are taking? Any others?	F: When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?	G: What is the full name and address of the doctor or medical facility you last consulted
1	2 34/ SKIP TO F	1	2 35/ SKIP TO F	1) _____ 36-37/ 2) _____ 38-41/ 3) _____ 42-45/	Mo Yr 45-48/	Last Name 49/ First Name OR Facility Name Street Address City State
1	2 50/ SKIP TO F	1	2 51/ SKIP TO F	1) _____ 52-54/ 2) _____ 55-57/ 3) _____ 58-60/	Mo Yr 61-64/	Last Name 65/ First Name OR Facility Name Street Address City State

Since (DATE OF LAST INTERVIEW) has a doctor told you that you had ...	Yes	No	A: Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	B: What is the full name and address of the doctor who made the diagnosis or the medical facility where the diagnosis was made?
32. Anemia?	1	2 66/ SKIP TO Q.33	Mo Yr 67-70/	Last Name 71/ First Name OR Facility Name Street Address City State
33. A heart condition? (SPECIFY) _____ 73/	1	2 72/ SKIP TO Q.34	Mo Yr 74-77/	Last Name 78/ First Name OR Facility Name Street Address City State

BEGIN DECK 41

C		D		E	F	G
Do you have (CONDITION) now?		Are you currently taking any prescribed medicines for your (CONDITION)?		What are the names of medicines you are taking? What others?	When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?	What is the full name and address of the doctor or medical facility you last consulted
Yes	No	Yes	No			
1	2 10/ SKIP TO F	1	2 11/ SKIP TO F	1) _____ 12-14/ 2) _____ 15-17/ 3) _____ 18-20/	|_|_| Mo |_|_| Yr 21-24/	_____ Last Name 25/ _____ First Name OR _____ Facility Name _____ Street Address _____ City |_|_| State
1	2 26/ SKIP TO F	1	2 27/ SKIP TO F	1) _____ 28-30/ 2) _____ 31-33/ 3) _____ 34-36/	|_|_| Mo |_|_| Yr 37-40/	_____ Last Name 41/ _____ First Name OR _____ Facility Name _____ Street Address _____ City |_|_| State

		A	B
Since (DATE OF LAST INTERVIEW) has a doctor told you that you had ...		Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	What is the full name and address of the doctor who made the diagnosis or the medical facility where the diagnosis was made?
	Yes No		
34. An enlarged liver?	1 2 42/ SKIP TO Q.35	|_|_| Mo |_|_| Yr 43-46/	_____ Last Name 47/ _____ First Name OR _____ Facility Name _____ Street Address _____ City |_|_| State
35. Jaundice?	1 2 48/ SKIP TO Q.36	|_|_| Mo |_|_| Yr 49-52/	_____ Last Name 53/ _____ First Name OR _____ Facility Name _____ Street Address _____ City |_|_| State

C		D		E	F	G
Do you have (CONDITION) now? Yes	No	Are you currently taking any prescribed medicines for your (CONDITION)? Yes	No	What are the names of medicines you are taking? Any others?	When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?	What is the full name and address of the doctor or medical facility you last consulted
1	2 54/ SKIP TO F	1	2 55/ SKIP TO F	1) _____ 58-58/ 2) _____ 59-61/ 3) _____ 62-64/	___ ___ Mo Yr 65-68/	Last Name 69/ First Name OR Facility Name Street Address City ___ State
					BEGIN DECK 42	
1	2 70/ SKIP TO F	1	2 71/ SKIP TO F	1) _____ 73-74/ 2) _____ 75-77/ 3) _____ 78-80/	___ ___ Mo Yr 10-13/	Last Name 14/ First Name OR Facility Name Street Address City ___ State

Since (DATE OF LAST INTERVIEW) has a doctor told you that you had ...	Yes	No	A Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	B What is the full name and address of the doctor who made the diagnosis or the medical facility where the diagnosis was made?
36. Hepatitis?	1	2 15/ SKIP TO Q.37	___ ___ Mo Yr 16-19/	Last Name 20/ First Name OR Facility Name Street Address City ___ State
37. Cirrhosis of the liver? ("SIR-O-SIS")	1	2 21/ SKIP TO Q.38	___ ___ Mo Yr 22-25/	Last Name 26/ First Name OR Facility Name Street Address City ___ State

C		D		E	F	G
Do you have (CONDITION) now? Yes	No	Are you currently taking any prescribed medicines for your (CONDITION)? Yes	No	What are the names of medicines you are taking? What others?	When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?	What is the full name and address of the doctor or medical facility you last consulted
1	2 27/ SKIP TO F	1	2 28/ SKIP TO F	1) _____ 29-31/ 2) _____ 32-34/ 3) _____ 35-37/	Mo Yr 38-41/	Last Name 42/ First Name OR Facility Name Street Address City State
1	2 43/ SKIP TO F	1	2 44/ SKIP TO F	1) _____ 45-47/ 2) _____ 48-50/ 3) _____ 51-53/	Mo Yr 54-57	Last Name 58/ First Name OR Facility Name Street Address City State

			A	B
Since (DATE OF LAST INTERVIEW) has a doctor told you that you had ...	Yes	No	Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	What is the full name and address of the doctor who made the diagnosis or the medical facility where the diagnosis was made?
38. Intestinal parasites?	1	2 59/ SKIP TO/ 0.39	Mo Yr 60-63/	Last Name 64/ First Name OR Facility Name Street Address City State
39. Gall bladder problems?	1	2 65/ SKIP TO 0.40	Mo Yr 66-69/	Last Name 70/ First Name OR Facility Name Street Address City State

C		D		E	F	G
Do you have (CONDITION) now? Yes	No	Are you currently taking any prescribed medicines for your (CONDITION)? Yes	No	What are the names of medicines you are taking? What others?	When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?	What is the full name and address of the doctor or medical facility you last consulted
1	2 71/ SKIP TO F	1	2 72/ SKIP TO F	1) _____ 73-75/ 2) _____ 76-78/ BEGIN DECK 43 3) _____ 80-12/	Mo Yr 13-16/	Last Name 17/ First Name OR Facility Name Street Address City State
1	2 18/ SKIP TO F	1	2 19/ SKIP TO F	1) _____ 20-22/ 2) _____ 23-25/ 3) _____ 26-28/	Mo Yr 29-32/	Last Name 33/ First Name OR Facility Name Street Address City State

			A	B
Since (DATE OF LAST INTERVIEW) has a doctor told you that you had ...	Yes	No	Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	What is the full name and address of the doctor who made the diagnosis or the medical facility where the diagnosis was made?
40. Any other liver condition? (SPECIFY) _____ 35/	1	2 34/ SKIP TO Q.41	Mo Yr 38-39/	Last Name 40/ First Name OR Facility Name Street Address City State
41. Pneumonia?	1	2 41/ SKIP TO Q.42	Mo Yr 42-45/	Last Name 46/ First Name OR Facility Name Street Address City State

C		D		E	F	G
Do you have (CONDITION) now? Yes	No	Are you currently taking any prescribed medicines for your (CONDITION)? Yes	No	What are the names of medicines you are taking? What others?	When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?	What is the full name and address of the doctor or medical facility you last consulted
1	2 47/ SKIP TO F	1	2 48/ SKIP TO F	1) _____ 49-51/ 2) _____ 52-54/ 3) _____ 55-57/	Mo Yr 58-61/	Last Name 62/ First Name OR Facility Name Street Address City State
1	2 63/ SKIP TO F	1	2 64/ SKIP TO F	1) _____ 65-67/ 2) _____ 68-70/ 3) _____ 71-73/	Mo Yr 74-77/	Last Name 78/ First Name OR Facility Name Street Address City State

		A	B
Since (DATE OF LAST INTERVIEW) has a doctor told you that you had ...	Yes No	Between (DATE OF LAST INTERVIEW) and now, in what month and year did a doctor first tell you that you had (CONDITION)?	What is the full name and address of the doctor who made the diagnosis or the medical facility where the diagnosis was made?
42. A respiratory condition other than pneumonia? (SPECIFY) _____ 11/	1 2 10/ SKIP TO Q.43	Mo Yr 12-15/	Last Name 16/ First Name OR Facility Name Street Address City State
43. Any other major condition? (SPECIFY) _____ _____ 18/	1 2 17/ SKIP TO Q.44	Mo Yr 19-22/	Last Name 23/ First Name OR Facility Name Street Address City State

C		D		E	F	G
Do you have (CONDITION) now?		Are you currently taking any prescribed medicines for your (CONDITION)?		What are the names of medicines you are taking? What others?	When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?	What is the full name and address of the doctor or medical facility you last consulted
Yes	No	Yes	No			
1	2 24/ SKIP TO F	1	2 25/ SKIP TO F	1) _____ 26-28/ 2) _____ 29-31/ 3) _____ 32-34/	Mo Yr 35-38/	Last Name 39/ First Name OR Facility Name Street Address City State
1	2 40/ SKIP TO F	1	2 41/ SKIP TO F	1) _____ 42-44/ 2) _____ 45-47/ 3) _____ 48-50/	Mo Yr 51-54/	Last Name 55/ First Name OR Facility Name Street Address City State

		A	B
	Yes No	Now, during what month and year did a doctor first tell you that you had (CONDITION)?	What is the full name and address of the doctor who made the diagnosis or the medical facility where the diagnosis was made?
44. Have you ever in your entire life been treated for a mental or emotional disorder? (SPECIFY) _____ 57/	1 2 56/ SKIP TO Q.45	Mo Yr 58-61/	Last Name 62/ First Name OR Facility Name Street Address City State

C		D		E	F	G
Do you have (CONDITION) now?		Are you currently taking any prescribed medicines for your (CONDITION)?		What are the names of medicines you are taking? What others?	When did you last consult a doctor for (CONDITION) between (DATE OF LAST INTERVIEW) and now?	What is the full name and address of the doctor or medical facility you last consulted
Yes	No	Yes	No			
1	2 63/ SKIP TO F	1	2 64/ SKIP TO F	1) _____ 65-67/ 2) _____ 68-70/ 3) _____ 71-73/	|_|_| |_|_| No Yr 74-77/	_____ Last Name 78/ _____ First Name OR _____ Facility Name _____ Street Address _____ |_|_| City State

45. At any time since (DATE OF LAST INTERVIEW) has a doctor told you that you had cancer?

Yes.....1 10/

No...(SKIP TO Q.49).....2

46. Did the doctor tell you that this was a skin cancer or a systemic (body) cancer?

Skin cancer only.....1 11/

Systemic cancer only.....(SKIP TO Q.48).....2

BOTH SKIN AND SYSTEMIC CANCER.....3

SKIN CANCER ONLY

47. Please look at this chart and tell me where each of your skin cancers (is/was) located.

INTERVIEWER: INDICATE THE ANATOMICAL CODE FOR EACH SITE BEING REPORTED.

HAND CARD J	SITE NUMBER	1	2	3
	SITE CODE	|_|_| 12-13/	|_|_| 14-15/	|_|_| 16-17/

CODES:
(01) Scalp or Forehead
(02) Eye Lid
(03) Ear
(04) Nose
(05) Head or Neck, Not Otherwise Specified
(06) Cheek, chin or jaw
(07) Neck or Supraclavicular
(08) Vermilion
(09) Trunk, Front
(10) Trunk, Back
(11) Trunk, Not Otherwise Specified
(12) Arm
(13) Hand
(14) Arm or Hand, Not Otherwise Specified
(15) Genitals
(16) Leg
(17) Foot
(18) Leg or Foot, Not Otherwise Specified
(19) Skin, Not Otherwise Specified
(20) Upperlip, Not Otherwise Specified
(21) Lowerlip, Not Otherwise Specified
(22) Lip, Not Otherwise Specified

INTERVIEWER: FOR EACH SITE REPORTED ASK A THROUGH F

SKIN CANCER ONLY

SITE 1

A. In what month and year was cancer of the (SITE) first diagnosed?

|_|_| |_|_| 18-21/
No. Yr.

HAND CARD P

B. What kind of skin cancer was this?

Basal cell carcinoma.....1 22/

Squamous cell carcinoma.....2

Melanoma.....3

Cancer metastatic to the skin.....4

DON'T KNOW.....8

C. What is the full name and address of the doctor or the medical facility where the diagnosis was made?

Last Name 23/

First Name

OR

Facility Name

Street Address

City

|_|_|
State

SITE 2

A. In what month and year was cancer of the (SITE) first diagnosed?

|_|_| |_|_| 24-27/
No. Yr.

HAND CARD P

B. What kind of skin cancer was this?

Basal cell carcinoma.....1 28/

Squamous cell carcinoma.....2

Melanoma.....3

Cancer metastatic to the skin.....4

DON'T KNOW.....8

C. What is the full name and address of the doctor or the medical facility where the diagnosis was made?

Last Name 29/

First Name

OR

Facility Name

Street Address

City

|_|_|
State

SITE 3

A. In what month and year was cancer of the (SITE) first diagnosed?

|_|_| |_|_| 30-33/
No. Yr.

HAND CARD P

B. What kind of skin cancer was this?

Basal cell carcinoma.....1 34/

Squamous cell carcinoma.....2

Melanoma.....3

Cancer metastatic to the skin.....4

DON'T KNOW.....8

C. What is the full name and address of the doctor or the medical facility where the diagnosis was made?

Last Name 35/

First Name

OR

Facility Name

Street Address

City

|_|_|
State

47.

HAND CARD Q

SITE 1

D. What treatments or medicines (do/did) you take for cancer of the(SITE)? CODE ALL THAT APPLY

Radiation.....1 36/

Chemotherapy.....2 37/

Surgery.....3 38/

Other.(SPECIFY)..4 39/

HONE.....0

E. During what month and year did you first receive (EACH TREATMENT CODED IN D) for cancer of the (SITE)?

RADIA-TION |_|_| NO |_|_| YR 40-43/

CHEMO-THERAPY |_|_| NO |_|_| YR 44-47/

SURGERY |_|_| NO |_|_| YR 48-51/

OTHER |_|_| NO |_|_| YR 52-55/

IF SECOND SITE CODED IN Q.47 GO TO SITE 2

IF Q.46 CODED "1", SKIP TO Q.49

SITE 2

D. What treatments or medicines (do/did) you take for cancer of the(SITE)? CODE ALL THAT APPLY

Radiation.....1 56/

Chemotherapy.....2 57/

Surgery.....3 58/

Other.(SPECIFY)..4 59/

HONE.....0

E. During what month and year did you first receive (EACH TREATMENT CODED IN D) for cancer of the (SITE)?

RADIA-TION |_|_| NO |_|_| YR 60-63/

CHEMO-THERAPY |_|_| NO |_|_| YR 64-67/

SURGERY |_|_| NO |_|_| YR 68-71/

OTHER |_|_| NO |_|_| YR 72-75/

IF THIRD SITE CODED IN Q.47 GO TO SITE 3

IF Q.46 CODED "1", SKIP TO Q.49

SITE 3

D. What treatments or medicines (do/did) you take for cancer of the(SITE)? CODE ALL THAT APPLY

Radiation.....1 76/

Chemotherapy.....2 77/

Surgery.....3 78/

Other.(SPECIFY)..4 79/

HONE.....0

BEGIN DECK 46

E. During what month and year did you first receive (EACH TREATMENT CODED IN D) for cancer of the (SITE)?

RADIA-TION |_|_| NO |_|_| YR 10-13/

CHEMO-THERAPY |_|_| NO |_|_| YR 14-17/

SURGERY |_|_| NO |_|_| YR 18-21/

OTHER |_|_| NO |_|_| YR 22-25/

IF Q.46 CODED "1", SKIP TO Q.49

SYSTEMIC (BODY) CANCER ONLY

40.

BODY PART 1

A. In what part of your body (is/was) cancer located
(RECORD VERBATIM) 26-45/

B. What kind of cancer was it? 46/

C. In what month and year was cancer of the (BODY PART) first diagnosed?

|__|__| |__|__| 47-50/
Mo. Yr.

BODY PART 2

A. In what part of your body (is/was) cancer located?
(RECORD VERBATIM) 51-70/

B. What kind of cancer was it? 71/

C. In what month and year was cancer of the (BODY PART) first diagnosed?

|__|__| |__|__| 72-75/
Mo. Yr.

BEGIN DECK 47

BODY PART 3

A. In what part of your body (is/was) cancer located?
(RECORD VERBATIM) 10-29/

B. What kind of cancer was it? 30/

C. In what month and year was cancer of the (BODY PART) first diagnosed?

|__|__| |__|__| 31-34/
Mo. Yr.

40. (Continued)

BODY PART 1

D. What is the full name and address of the doctor or the medical facility where the diagnosis was made?

Last Name 35/

First Name

OR

Facility Name

Street Address

City

|__|__|
State

E. What treatments or medicines (do/did) you take for cancer of the (BODY PART)? CODE ALL THAT APPLY

Radiation.....1 36/

Chemotherapy.....2 37/

Surgery.....3 38/

Other.(SPECIFY)..4 39/

NONE.....0

HAND CARD 9

BODY PART 2

D. What is the full name and address of the doctor or the medical facility where the diagnosis was made?

Last Name 40/

First Name

OR

Facility Name

Street Address

City

|__|__|
State

E. What treatments or medicines (do/did) you take for cancer of the (BODY PART)? CODE ALL THAT APPLY

Radiation.....1 41/

Chemotherapy.....2 42/

Surgery.....3 43/

Other.(SPECIFY)..4 44/

NONE.....0

BODY PART 3

D. What is the full name and address of the doctor or the medical facility where the diagnosis was made?

Last Name 45/

First Name

OR

Facility Name

Street Address

City

|__|__|
State

E. What treatments or medicines (do/did) you take for cancer of the (BODY PART)? CODE ALL THAT APPLY

Radiation.....1 46/

Chemotherapy.....2 47/

Surgery.....3 48/

Other.(SPECIFY)..4 49/

NONE.....0

48. (Continued)

BODY PART 1

F. During what month and year did you first receive (EACH TREATMENT CODED IN E) for cancer of the (BODY PART)?

RADIATION |__|__| MO |__|__| YR 50-53/

CHEMOTHERAPY |__|__| MO |__|__| YR 54-57/

SURGERY |__|__| MO |__|__| YR 58-61/

OTHER |__|__| MO |__|__| YR 62-65/

G. IS THERE ANOTHER BODY PART AFFECTED?

Yes..(GO TO 48A-Body Part 2)....1

No..(SKIP TO Q.49).....2 66/

BODY PART 2

F. During what month and year did you first receive (EACH TREATMENT CODED IN E) for cancer of the (BODY PART)?

RADIATION |__|__| MO |__|__| YR 67-70/

CHEMOTHERAPY |__|__| MO |__|__| YR 71-74/

SURGERY |__|__| MO |__|__| YR 75-78/

BEGIN DECK 48

OTHER |__|__| MO |__|__| YR 10-13/

G. IS THERE ANOTHER BODY PART AFFECTED?

Yes..(GO TO 48A-Body Part 3)....1

No..(SKIP TO Q.49).....2 14/

BODY PART 3

F. During what month and year did you first receive (EACH TREATMENT CODED IN E) for cancer of the (BODY PART)?

RADIATION |__|__| MO |__|__| YR 15-18/

CHEMOTHERAPY |__|__| MO |__|__| YR 19-22/

SURGERY |__|__| MO |__|__| YR 23-26/

OTHER |__|__| MO |__|__| YR 27-30/

G. IS THERE ANOTHER BODY PART AFFECTED?

Yes..(GO TO NEW QUEX).....1

No..(SKIP TO Q.49).....2 31/

49. At any time since (DATE OF LAST INTERVIEW) has a doctor told you that you had leukemia?

Yes.....(ASK A-F).....1 32/

No.....(GO TO Q.51).....2

A. Thinking about the period between (DATE OF LAST INTERVIEW) and now, in what month and year was your leukemia diagnosed?

|__|__| Mo. |__|__| Yr. 33-36/

B. What is the name and address of the doctor or the medical facility where the diagnosis was made?

_____ Last Name 37/

_____ First Name

OR

_____ Facility Name

_____ Street Address

_____ City |__|__| State

C. What treatments or medicines have you taken for leukemia since (DATE OF LAST INTERVIEW)?

1) _____ 38-40/

2) _____ 41-43/

3) _____ 44-46/

D. For the period between (DATE OF LAST INTERVIEW) and now, during what month and year did you first receive (EACH TREATMENT OR MEDICINE IN C)?

	Mo.	Yr.	
TREATMENT 1	|__|__|	|__|__|	47-50/
TREATMENT 2	|__|__|	|__|__|	51-54/
TREATMENT 3	|__|__|	|__|__|	55-58/

49. (Continued)

E. What is the name and address of the doctor or medical facility you last consulted about your leukemia?

_____ 59/
Last Name

_____
First Name

OR

_____
Facility Name

_____
Street Address

_____ |__|__|
City State

F. During what month and year did you last consult (NAME IN E)?

|__|__| |__|__| 60-63/
Mo. Yr.

INTERVIEWER: FOR EACH YES, ASK A THROUGH D:

ASK C-G FOR EACH "YES" AT B.

50. Since (DATE OF LAST INTERVIEW) have you had . . .	A. HAND CARD J Yes	No	On what part of your body did you have (CONDITION)? Any other part?	B. Did you discuss (CONDITION) with a doctor? Yes	No	C. What was the diagnosis?	D. What is the doct. name and address?
1. Patches of your skin change color	1	2 64/	|__|__| Site Code 65-66/ |__|__| Site Code 67-68/ |__|__| Site Code 69-70/	1	2 71/	_____ _____ _____ 72/	Last Name First Name Facility Address City State
BEGIN DECK 49							
2. Easier bruising of the skin than usual?	1	2 74/	|__|__| Site Code 75-76/ |__|__| Site Code 77-78/ |__|__| Site Code 79-80/	1	2 10/	_____ _____ _____ 11/	Last Name First Name Facility Address City State

CODES FOR Q.50

GO TO Q.50 CONTINUED

CODES:
(01) Scalp or Forehead
(02) Eye Lid
(03) Ear
(04) Nose
(05) Head or Neck, Not Otherwise Specified
(06) Cheek, chin or jaw
(07) Neck or Supraclavicular
(08) Vermilion
(09) Trunk, Front
(10) Trunk, Back
(11) Trunk, Not Otherwise Specified
(12) Arm
(13) Hand
(14) Arm or Hand, Not Otherwise Specified
(15) Genitals
(16) Leg
(17) Foot
(18) Leg or Foot, Not Otherwise Specified
(19) Skin, Not Otherwise Specified
(20) Upperlip, Not Otherwise Specified
(21) Lowerlip, Not Otherwise Specified
(22) Lip, Not Otherwise Specified

50. (Continued)

E. During what month and year was that?	F. What is the name and address of the doctor or medical facility you last consulted about (CONDITION)?	G. During what month and year did you last consult (NAME FROM 1)?
Mo. Yr. 15-16/	Last Name First Name 17/ OR Facility Name Street Address City State	Mo. Yr. 18-21/
Mo. Yr. 22-25/	Last Name First Name 26/ OR Facility Name Street Address City State	Mo. Yr. 27-30/

ASK C-G FOR EACH "YES" AT B.

50. Since (DATE OF LAST INTERVIEW) have you had . . . Yes No	A. HAND CARD J On what part of your body did you have (CONDITION)? What other part?	B. Did you discuss (CONDITION) with a doctor? Yes No	C. What was the diagnosis?	D. What is the doctor's name and address?
3. Skin that was extra sensitive or seemed to hurt for no reason? 1 2 31/	Site Code 32-33/ Site Code 34-35/ Site Code 36-37/	1 2 38/	39/	Last Name 40/ First Name Facility Address City State

GO TO Q.50 CONTINUED -

CODES FOR Q.50

CODES:
(01) Scalp or Forehead
(02) Eye Lid
(03) Ear
(04) Nose
(05) Head or Neck, Not Otherwise Specified
(06) Cheek, chin or jaw
(07) Neck or Supraclavicular
(08) Vertebra
(09) Trunk, Front
(10) Trunk, Back
(11) Trunk, Not Otherwise Specified
(12) Arm
(13) Hand
(14) Arm or Hand, Not Otherwise Specified
(15) Genitals
(16) Leg
(17) Foot
(18) Leg or Foot, Not Otherwise Specified
(19) Skin, Not Otherwise Specified
(20) Upperlip, Not Otherwise Specified
(21) Lowerlip, Not Otherwise Specified
(22) Lip, Not Otherwise Specified

50. (Continued)

E. During what month and year was that?	F. What is the name and address of the doctor or medical facility you last consulted about (CONDITION)?	G. During what month and year did you last consult (NAME FROM E)?
__ __ Mo. Yr. 41-44/	Last Name First Name 45/ OR Facility Name Street Address City State	__ __ Mo. Yr. 46-49/

ASK A THROUGH J FOR EACH YES

50. (Continued) Aside from injury, since (DATE OF LAST INTERVIEW) have you had . . .	A. Thinking about the period between (DATE OF LAST INTERVIEW) and now, when did you first notice (CONDITION)?	B. Which limbs or muscles were affected?	C. Do you still have (CONDITION)?
4. Persistent numbness of any of your limbs? Yes 1 No 2 50/	__ __ Mo. Yr. 51-54/	____ ____ ____ 55-58/	Yes 1 No 2 57/
5. Persistent tingling sensations in any of your limbs? Yes 1 No 2 59/	__ __ Mo. Yr. 59-62/	____ ____ ____ 63-66/	Yes 1 No 2 65/

50. (Continued)

D From (DATE OF LAST INTERVIEW) and now, during what months and year(s) was the (CONDITION) most intense?	E Did you see a doctor for (CONDITION)? Yes No	F What was the diagnosis?	G What is the name and address of the doctor who made the diagnosis or the medical facility where the diagnosis was made?
___ ___ 64-69/ Mo. Yr. TO ___ ___ 70-75/ Mo. Yr.	1 2 74/ SKIP TO 5	_____ _____ _____ 75/	Last Name _____ 76/ First Name _____ OR Facility Name _____ Street Address _____ City _____ State ___
___ ___ 77-80/ Mo. Yr. TO BEGIN DECK 50 ___ ___ 10-13 Mo. Yr.	1 2 14/ SKIP TO 0,51	_____ _____ _____ 15/	Last Name _____ 16/ First Name _____ OR Facility Name _____ Street Address _____ City _____ State ___

50. (Continued)

H. During what month and year was that?	I. What is the name and address of the doctor or medical facility you last consulted about (CONDITION)?	J. During what month and year did you last consult (NAME FROM I)?
___ ___ 17-20 Mo. Yr.	Last Name _____ First Name _____ 21/ OR Facility Name _____ Street Address _____ City _____ State ___	___ ___ 22-25/ Mo. Yr.
___ ___ 26-29/ Mo. Yr.	Last Name _____ First Name _____ 30/ OR Facility Name _____ Street Address _____ City _____ State ___	___ ___ 31-34/ Mo. Yr.

PLEASE GO ON TO NEXT PAGE →

ASK A THROUGH J FOR EACH YES

51. Aside from injury, since (DATE OF LAST INTERVIEW) have you had . . .	Yes	No	A. Thinking about the period between (DATE OF LAST INTERVIEW) and now, when did you first notice (CONDITION)?	B. Which limbs or muscles were affected?	C. Do you still have (CONDITION) Yes	No
1. Persistent deep burning sensations in any of your limbs	1	2 35/	|_|_|_|_| Mo. Yr. 36-39/	40-41/	1	2 42/
2. Persistent aches and pains in any of your limbs?	1	2 43/	|_|_|_|_| Mo. Yr. 44-47/	48-49/	1	2 50/

51. (Continued)

D	E	F	G
Between (DATE OF LAST INTERVIEW) and now, during what months and year(s) was the (CONDITION) most intense?	Did you see a doctor for (CONDITION)? Yes No	What was the diagnosis	What is the name and address of the doctor who made the diagnosis or the medical facility where the diagnosis was made?
No. Yr. 51-54/ TO No. Yr. 55-58/	1 2 59/ SKIP TO 2	60/	Last Name 61/ First Name OR Facility Name Street Address City State
No. Yr. 62-65/ TO No. Yr. 66-69/	1 2 70/ SKIP TO Q.52	71/	Last Name 72/ First Name OR Facility Name Street Address City State

51. (Continued)

H.	I.	J.
During what month and year was that?	What is the name and address of the doctor or medical facility you last consulted about (CONDITION)?	During what month and year did you last consult (NAME FROM 1)? BEGIN DECK 51
No. Yr. 73-76/	Last Name 77/ First Name OR Facility Name Street Address City State	No. Yr. 10-13/
No. Yr. 14-17/	Last Name 18/ First Name OR Facility Name Street Address City State	No. Yr. 19-22/

ASK A THROUGH J FOR EACH YES

			A.	B.	C.
52. Aside from injury, since (DATE OF LAST INTERVIEW) have you had . . .	Yes	No	Thinking about the period between (DATE OF LAST INTERVIEW) and now, when did you first notice (CONDITION)?	Which limbs or muscles were affected?	Do you still have (CONDITION) Yes / No
I. A reduction in grip strength	1	2 25/	__ __ No. __ __ Yr. 24-21/	_____ _____ _____ 28-29/	1 2 30/

PLEASE GO ON TO NEXT PAGE →

52. (Continued)

D	E	F	G
From (DATE OF LAST INTERVIEW) and now, during what months and year(s) was the (CONDITION) most intense?	Did you see a doctor for (CONDITION)? Yes No	What was the diagnosis?	What is the name and address of the doctor who made the diagnosis or the medical facility where the diagnosis was made?
Mo. Yr. 51-54/ TO Mo. Yr. 55-58/	1 2 59/ SKIP TO Q.55	60/	Last Name 61/ First Name OR Facility Name Street Address City State

52. (Continued)

H.	I.	J.
During what month and year was that?	What is the name and address of the doctor or medical facility you last consulted about (CONDITION)?	During what month and year did you last consult (NAME FROM 1)?
Mo. Yr. 62-65/	Last Name 66/ First Name OR Facility Name Street Address City State	Mo. Yr. 67-70/

53. (Besides the prescribed medicines you told me about) are you currently taking any (other) prescribed medicines?

Yes.....(ASK A).....1 51/

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

A. For what conditions are the medicines? What other conditions?

1) _____ 52/

2) _____

3) _____

SECTION B: HEALTH HABITS

The next set of questions refers to smoking habits.

1. Have you ever smoked at least as many as 5 packs of cigarettes, that is, 100 cigarettes, during your entire life?

Yes.....1 53/

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

2. Do you now smoke cigarettes?

Yes.....1 54/

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

CURRENT CIGARETTE SMOKER SECTION

3. On average, how many cigarettes do you smoke a day?

INTERVIEWER: IF R ANSWERS BY GIVING NUMBER OF PACKS OF CIGARETTES, RECORD VERBATIM. THEN MULTIPLY THE NUMBER OF PACKS BY 20 AND ENTER THE NUMBER OF CIGARETTES SMOKED.

ENTER NUMBER OF CIGARETTES PER DAY: |__|__| 55-56/

(IF NOT EVERY DAY:) 8|__|__| PER MONTH 57-58/

OR

(IF NOT EVERY DAY:) 8|__|__| PER YEAR 59-60/

4. For how many years have you been smoking (NUMBER IN Q.3) (cigarettes per day/per month/per year)?

HAND CARD R

Less than 2 years.....01 61-62/

2-5 years.....02

6-10 years.....02

11-15 years.....03

16-20 years.....04

21-25 years.....05

26-30 years.....06

31-35 years.....08

36-40 years.....09

More than 40 years.....10

5. What brand of cigarettes do you usually smoke? (IF MORE THAN ONE BRAND OR NO REGULAR BRAND MENTIONED ASK: Which one do you smoke the most?)

ENTER BRAND _____ OFFICE USE

No regular brand.....996 |__|__|__| 63-65/

6. For how long now have you been smoking this particular brand?

ENTER DAYS: |__|__| 66-67/

OR WEEKS: |__|__| 68-69/

OR MONTHS: |__|__| 70-71/

OR YEARS: |__|__| 72-73/

7. What type of cigarettes are they? Are they . . . (READ EACH PAIR TOGETHER)

CODE ONE

A. Filter tip or.....1 74/

Non-filter tip?.....2

CODE ONE

B. Regular size.....1 75/

King size or.....2

100 Millimeter?.....3

8. Now I am going to show you a diagram of different size cigarettes. Please look at the picture of the (KIND OF CIGARETTE IN Q.7A AND Q.7B). Now, considering your style of smoking--for example, how long you usually leave the cigarette in an ashtray or just hold it in your hand--tell me the number which indicates how much of the cigarette you actually smoke.

HAND CARD S

Section 1.....1 76/

Section 2.....2

Section 3.....3

Section 4.....4

9. During the period when you were smoking the most heavily on a regular basis, about how many cigarettes did you usually smoke in a day?

ENTER NUMBER: |__|__| PER DAY 77-78/

(IF NOT EVERY DAY:) # |__|__| PER MONTH 79-80/

OR BEGIN DECK 52

(IF NOT EVERY DAY:) # |__|__| PER YEAR 10-11/

A. When was that?

FROM

|__|__|__|__| 12-15/

Mo Yr

TO

|__|__|__|__| 16-19/

Mo Yr

10. When you smoke cigarettes, how deeply do you usually inhale? Would you say:

HAND CARD T

As deeply into the chest as possible.....1 20/

Only partly into the chest.....2

As far back as the throat.....3

Well back into the mouth, or.....4

Just puff and don't really draw it in at all.....5

DON'T KNOW.....8

SKIP TO Q.22

FORMER CIGARETTE SMOKER SECTION

11. How long has it been since you smoked cigarettes fairly regularly (RECORD NUMBER)

ENTER DAYS: |_|_| 21-22/

OR WEEKS: |_|_| 23-24/

OR MONTHS: |_|_| 25-26/

OR YEARS: |_|_| 27-28/

NEVER SMOKED REGULARLY.....(SKIP TO Q.22).....1 29/

12. On the average, about how many cigarettes a day were you smoking at that time?

INTERVIEWER: IF R ANSWERS BY GIVING NUMBER OF PACKS OF CIGARETTES, RECORD VERBATIM. THEN MULTIPLY THE NUMBER OF PACKS BY 20 AND ENTER THE NUMBER OF CIGARETTES SMOKED.

ENTER NUMBER OF CIGARETTES PER DAY: |_|_| 30-31/

(IF NOT EVERY DAY:) 0|_|_| PER MONTH 32-33/

OR

(IF NOT EVERY DAY:) 0|_|_| PER YEAR 34-35/

13. How long had you been smoking (NUMBER IN Q.12) (cigarettes per day/per week/per month)?

HAND CARD R

Less than 2 years.....01 36-37/

2-5 years.....02

6-10 years.....03

11-15 years.....04

16-20 years.....05

21-25 years.....06

26-30 years.....07

31-35 years.....08

36-40 years.....09

More than 40 years.....10

14. You mentioned that you have not smoked regularly for (TIME IN Q.11). Did you ever stay off cigarettes for a longer period of time?

Yes.....1 38/

No.....(SKIP TO Q.16).....2

15. How long did you stay off cigarettes at that time?

ENTER DAYS: |_|_| 39-40/

OR WEEKS: |_|_| 41-42/

OR MONTHS: |_|_| 43-44/

OR YEARS: |_|_| 45-46/

16. What brand of cigarettes did you usually smoke just before you stopped smoking cigarettes regularly? (IF MORE THAN ONE BRAND OR NO REGULAR BRAND MENTIONED, ASK: Which one did you smoke the most?

OFFICE USE

ENTER BRAND _____ |_|_|_| 47-49/

No regular brand.....996

17. For how long did you smoke this particular brand?

ENTER DAYS: |__|__| 50-51/

OR WEEKS: |__|__| 52-53/

OR MONTHS: |__|__| 54-55/

OR YEARS: |__|__| 56-57/

18. What type of cigarettes were they?

A. Filter tip or.....1 58/

Non-filter tip?.....2

B. Regular size.....1 59/

King size or.....2

100 Millimeter?.....3

19. Now I am going to show you a diagram of different size cigarettes. Please look at the picture of the (KIND OF CIGARETTE IN Q.18A AND Q.18B). Now, considering your style of smoking--for example, how long you usually leave the cigarette in an ashtray or just hold it in your hand--tell me the number which indicates how much of the cigarette you actually smoked.

HAND CARD 8

Section 1.....1 60/

Section 2.....2

Section 3.....3

Section 4.....4

20. During the period when you were smoking the most heavily on a regular basis, about how many cigarettes did you usually smoke in a day?

ENTER NUMBER: |__|__| PER DAY 61-62/

(IF NOT EVERY DAY:) 0 |__|__| PER MONTH 63-64/

OR

(IF NOT EVERY DAY:) 0 |__|__| PER YEAR 65-66/

A. When was that?

FROM

|__|__|__|__| 67-70/

Mo Yr

TO

|__|__|__|__| 71-74/

Mo Yr

21. When you smoked cigarettes, how deeply did you usually inhale? Would you say:

HAND CARD 9

As deeply into the chest as possible.....1 75/

Only partly into the chest.....2

As far back as the throat 3

Well back into the mouth, or.....4

Just puff and don't really draw it in at all.....5

DON'T KNOW.....8

CURRENT PIPE SMOKER SECTION

22. During your entire life, have you smoked at least as many as 50 pipefuls of tobacco?

Yes.....1 76/

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

23. Do you now smoke a pipe?

Yes.....1 77/

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

---

24. About how many average sized pipefuls of tobacco do you usually smoke in a day?

ENTER NUMBER OF PIPEFULS OF TOBACCO PER DAY: |__|__| 78-79/
BEGIN DECK 53

(IF NOT EVERY DAY:) 8|__|__| PER MONTH 10-11/

OR

(IF NOT EVERY DAY:) 8|__|__| PER YEAR 12-13/

---

25. For how many years have you been smoking (NUMBER IN Q.24) (pipefuls per day/per month/per year)?

HAND CARD R

Less than 2 years.....01 14-15/

2-5 years.....02

6-10 years.....02

11-15 years.....03

16-20 years.....04

21-25 years.....05

26-30 years.....06

31-35 years.....08

36-40 years.....09

More than 40 years.....10

---

26. During the period when you were smoking the most heavily, about how many pipefuls of tobacco did you usually smoke in a day?

ENTER NUMBER: |__|__| PER DAY 16-17/

(IF NOT EVERY DAY:) 8 |__|__| PER MONTH 18-19/

OR

(IF NOT EVERY DAY:) 8 |__|__| PER YEAR 20-21/

26. (Continued)

A. When was that?

FROM

|__|__|__|__| 22-25/
Mo Yr

TO

|__|__|__|__| 26-29/
Mo Yr

---

27. When you smoke a pipe, how deeply do you usually inhale? Would you say:

HAND CARD T

As deeply into the chest as possible.....1 30/

Only partly into the chest.....2

As far back as the throat.....3

Well back into the mouth, or.....4

Just puff and don't really draw it in at all....5

DON'T KNOW.....8

(SKIP TO Q.35)

FORMER PIPE SMOKER SECTION

28. How long has it been since you smoked a pipe fairly regularly? (RECORD NUMBER)

ENTER DAYS: |__|__| 31-32/

OR WEEKS: |__|__| 33-34/

OR MONTHS: |__|__| 35-36/

OR YEARS: |__|__| 37-38/

NEVER SMOKED REGULARLY.....(SKIP TO Q.35).....1 39/

---

29. On the average, about how many pipefuls of tobacco a day were you smoking at that time?

ENTER NUMBER OF PIPEFULS OF TOBACCO PER DAY: |__|__| 40-41/

(IF NOT EVERY DAY:) 8|__|__| PER MONTH 42-43/

OR

(IF NOT EVERY DAY:) 8|__|__| PER YEAR 44-45/

30. For how long did you smoke (NUMBER IN Q.29) (pipefuls of tobacco per day/per week/per month)?

HAND CARD R

Less than 2 years.....01 46-47/
2-5 years.....02
6-10 years.....03
11-15 years.....04
16-20 years.....05
21-25 years.....06
26-30 years.....07
31-35 years.....08
36-40 years.....09
40 or more years.....10

31. You mentioned that you have not smoked regularly for (TIME IN Q.30). Did you ever not smoke a pipe for a longer period of time?

Yes.....1 48/
No.....(SKIP TO Q.33).....2

32. How long did you not smoke a pipe at that time?

ENTER DAYS: |__|__| 49-50/
OR WEEKS: |__|__| 51-52/
OR MONTHS: |__|__| 53-54/
OR YEARS: |__|__| 55-56/

33. During the period when you were smoking the most heavily on a regular basis, about how many pipefuls of tobacco did you usually smoke in a day?

ENTER NUMBER: |__|__| PER DAY 57-58/
(IF NOT EVERY DAY:) 0|__|__| PER MONTH 59-60/
OR
(IF NOT EVERY DAY:) 0|__|__| PER YEAR 61-62/

A. When was that?

FROM
|__|__|__|__|
Mo Yr 63-66/

TO
|__|__|__|__|
Mo Yr 67-70/

34. When you smoked a pipe, how deeply did you usually inhale? Would you say:

HAND CARD T

As deeply into the chest as possible.....1 71/
Only partly into the chest.....2
As far back as the throat.....3
Well back into the mouth, or.....4
Just puff and don't really draw it in at all....5
DON'T KNOW.....8

CURRENT CIGAR SMOKER SECTION

35. During your entire life have you smoked at least as many as 50 cigars?

Yes.....1 72/
No....(SKIP TO Q.51).....2

36. Do you now smoke cigars?

Yes.....1 73/
No.....(SKIP TO Q.42).....2

37. On average, about how many cigars a day do you now smoke?

ENTER NUMBER OF CIGARS PER DAY: |__|__| 74-75/
(IF NOT EVERY DAY:) 0|__|__| PER MONTH 76-77/
OR
(IF NOT EVERY DAY:) 0|__|__| PER YEAR 78-79/

38. For how many years have you been smoking (# in Q.37) cigars per day/per month/per year)?

HAND CARD R

Less than 2 years.....01 10-11/

2-5 years.....02

6-10 years.....03

11-15 years.....04

16-20 years.....05

21-25 years.....06

26-30 years.....07

31-35 years.....08

36-40 years.....09

More than 40 years.....10

---

39. During the period when you were smoking the most heavily on a regular basis, about how many cigars did you usually smoke in a day.

ENTER NUMBER: |__|__| PER DAY 12-13/

(IF NOT EVERY DAY:) 0|__|__| PER MONTH 14-15/

OR

(IF NOT EVERY DAY:) 0|__|__| PER YEAR 16-17/

A. When was that?

FROM

|__|__|__|__| 18-21/

Mo Yr

TO

|__|__|__|__| 22-25/

Mo Yr

40. When you smoke cigars, how deeply do you usually inhale? Would you say:

HAND CARD T

As deeply into the chest as possible.....1 26/

Only partly into the chest.....2

As far back as the throat.....3

Well back into the mouth, or.....4

Just puff and don't really draw it in at all....5

DON'T KNOW.....8

---

41. What type of cigars do you usually smoke?

CODE ONE

Filter tip or.....1 27/

Non-filter tip?.....2

A. Now I am going to show you a diagram of different size cigars. Please look at the picture of the (KIND OF CIGAR IN Q.41). Now considering your style of smoking--for example, how long you usually leave the cigar in an ashtray or just hold it in your hand--tell me the number which indicates how much of the cigar you actually smoke.

HAND CARD U

Section 1.....1 28/

Section 2.....2

Section 3.....3

Section 4.....4

SKIP TO Q.51

FORMER CIGAR SMOKER SECTION

42. How long has it been since you smoked cigars fairly regularly?

ENTER DAYS: |__|__| 29-30/

OR WEEKS: |__|__| 31-32/

OR MONTHS |__|__| 33-34/

OR YEARS |__|__| 35-36/

NEVER SMOKED REGULARLY.....(SKIP TO Q.51)....1 37/

43. On the average, about how many cigars a day were you smoking at that time?

ENTER NUMBER OF CIGARS PER DAY: |__|__| 38-39/

(IF NOT EVERY DAY:) 0|__|__| PER MONTH 40-41/

OR

(IF NOT EVERY DAY:) 0|__|__| PER YEAR 42-43/

---

44. For how long did you smoke (NUMBER PER DAY IN Q.43) cigars per day?

HAND CARD R

Less than 2 years.....01 44-45/
2-5 years.....02
6-10 years.....03
11-15 years.....04
16-20 years.....05
21-25 years.....06
26-30 years.....07
31-35 years.....08
36-40 years.....09
More than 40 years.....10

---

45. You mentioned that you have not smoked regularly for (TIME IN Q.42). Did you ever stay off cigars for a longer period of time?

Yes.....1 46/
No.....(SKIP TO Q.47).....2

---

46. How long did you stay off cigars at that time?

ENTER DAYS: |__|__| 47-48/
OR WEEKS: |__|__| 49-50/
OR MONTHS: |__|__| 51-52/
OR YEARS: |__|__| 53-54/

47. What type of cigars did you usually smoke just before you stopped smoking cigars regularly?

CODE ONE

Filter tip or.....1 55/
Non-filter tip?.....2

---

48. Now I am going to show you a diagram of different size cigars. Please look at the picture of the (KIND OF CIGAR IN Q.47). Now, considering your style of smoking--for example, how long you usually leave the cigar in an ashtray or just hold it in your hand--tell me the number which indicates how much of the cigar you actually smoke.

HAND CARD U

Section 1.....1 56/
Section 2.....2
Section 3.....3
Section 4.....4

---

49. During the period when you were smoking the most on a regular basis, about how many cigars did you usually smoke in a day?

ENTER NUMBER: |__|__| PER DAY 57-58/

(IF NOT EVERY DAY:) 0|__|__| PER MONTH 59-60/

OR

(IF NOT EVERY DAY:) 0|__|__| PER YEAR 61-62/

A. When was that?

FROM
|__|__|__|__| 63-66/
Mo Yr

TO
|__|__|__|__| 67-70/-
Mo Yr

50. When you smoked a cigar, how deeply did you usually inhale? Would you say:

HAND CARD T

As deeply into the chest as possible.....1 71/

Only partly into the chest.....2

As far back as the throat.....3

Well back into the mouth, or.....4

Just puff and don't really draw it in at all....5

DON'T KNOW.....8

51. INTERVIEWER: DOES R CURRENTLY HAVE A SPOUSE OR PARTNER? (IS ANY "NO" CODED IN SECTION 5, Q's 2,6c or 8c 7).

YES.....1 72/

NO.....(SKIP TO Q.53).....2

52. Does your (spouse/partner) smoke regularly any of the following?

	YES	NO	DON'T KNOW	
Cigarettes	1	2	8	73/
Cigars	1	2	8	74/
Pipe	1	2	8	75/

53. Approximately how much smoke is there in the air in your home?

A lot.....1 76/

A little.....2

None.....(SKIP TO Q.56).....3

54. Approximately how many hours a week are you exposed to this smoke in your home?

HAND CARD U

10 hours or less.....1 77/

11 to 15 hours.....2

16 to 20 hours.....3

21 to 25 hours.....4

26 or more hours.....5

55. For how many years have you been exposed to smoke in this way? (CHECK ONLY ONE)

HAND CARD W

Less than 1 year.....01 78-79/

1 to 4 years.....02

5 to 10 years.....03

11 to 15 years.....04

16 to 20 years.....05

21 to 30 years.....06

More than 30 years.....07

Don't Know.....98

BEGIN DECK 55

56. INTERVIEWER: DOES R WORK? (IS "YES" CODED AT SEC 2, Q.4 OR "CURRENT JOB" CODED AT SEC 3, Q.1?7)

Yes.....1 10/

No.....(SKIP TO Q.62).....2

A. Approximately how much smoke is there in the air in the transportation you take to and from work (For example, your car, the train, the bus, etc.)?

A lot.....1 11/

A little.....2

None....(SKIP TO Q.59).....3

57. Approximately how many hours a week are you exposed to this smoke?

HAND CARD V

10 hours or less.....1 12/

11 to 15 hours.....2

16 to 20 hours.....3

21 to 25 hours.....4

26 or more hours.....5

58. For how many years have you been exposed to this smoke?

HAND CARD W

Less than 1 year.....01 13-14/

1 to 4 years.....02

5 to 10 years.....03

11 to 15 years.....04

16 to 20 years.....05

21 to 30 years.....06

More than 30 years.....07

Don't Know.....98

59. Approximately how much smoke is there in the air where you work?

A lot.....1 15/

A little.....2

None.....(SKIP TO Q.62)....3

60. Approximately how many hours a week are you exposed to this smoke?

HAND CARD V

10 hours or less.....1 16/

11 to 15 hours.....2

16 to 20 hours.....3

21 to 25 hours.....4

26 or more hours.....5

61. For how many years have you been exposed to this smoke at work?

HAND CARD W

Less than 1 year.....01 17-18/

1 to 4 years.....02

5 to 10 years.....03

11 to 15 years.....04

16 to 20 years.....05

21 to 30 years.....06

More than 30 years.....07

62. There are some questions that are asked in survey research that are difficult to ask directly because many people think they are too personal. While it is understandable that people feel this way, there is a real need for the information for the population as a whole. We now have a way that makes it possible for people to give information, without telling anyone about their own situation. Let me show you how this works; we will use the next question I have here as an example. HAND R CARD X. As you see, there are two questions on the card. One deals with the "real" question that the research is concerned with, the other is completely unrelated. Both questions can be answered "yes" or "no." (One of the two questions is selected by chance and you answer it. (I'll show you how that works in a minute). I do not know which question you are answering. When all the questionnaires have been tallied, the researchers can tell how many people have smoked marijuana, but they have no way of knowing whether it was you or any other person in particular who has smoked marijuana.

HAND CARD X

HAND R COIN

It is very simple, as you will see. You will flip the coin. The question you will answer is selected by chance. In no way can a truthful answer prove harmful to you. There is no identifying information that can link you to your answers.

Please take the coin that you have been handed and flip it now. Don't tell me which side came up. If the coin shows heads, please answer only question 1. If the coin shows tails, please answer only question 2. I won't look to see if the coin comes up heads or tails; and you don't tell me which question you are answering. Just tell me if your answer is "yes" or "no".

Yes.....1 19/

No.....2

Don't Know.....0

A. Now let's do that again, using the next question. HAND R CARD Y. Flip the coin again. If the coin turns up heads, please answer only question number 1. If the coin comes up tails, please answer only question number 2. Don't tell me the question. Is your answer "yes" or "no"?

HAND CARD Y

Yes.....1 20/

No.....2

Don't Know.....0

63. Have you ever been arrested for a felony?

Yes.....1 21/

No....(SKIP TO Q.64).....2

A. Have you ever been convicted of a felony?

Yes.....1 22/

No.....(SKIP TO Q.64).....2

B. How many felonies have you been convicted of ?

ENTER NUMBER: ___ 23-24/

C. What month and year were you convicted of this/your first) felony?

____ 25-28/
Mo Yr

D. On what charge were you convicted?

_____ 29-30/

_____

_____

E. INTERVIEWER: HAS R EVER BEEN CONVICTED OF A SECOND FELONY? (IS R IN Q.63B EQUAL TO 2 OR MORE?)

Yes.....1 31/

No....(SKIP TO Q.64).....2

F. What month and year were you convicted of this/your first) felony?

____ 32-35/
Mo Yr

G. On what charge were you convicted?

_____ 36-37/

_____

_____

63. (Continued)

H. INTERVIEWER: HAS R EVER BEEN CONVICTED OF A THIRD FELONY? (IS R IN Q.63B EQUAL TO 3 OR MORE?)

Yes....(GO TO NEW QUEX).....1 38/

No.....2

Next, I'd like some information about drinking alcholic beverages.

64. Have you had any alcoholic beverages, including beer, wine, or liquor, since (DATE OF LAST INTERVIEW)?

Yes.....1 39/

No.....(SKIP TO SECTION 9).....2

65. Since (DATE OF LAST INTERVIEW) have you had a drink of beer?

Yes.....1 40/

No.....(SKIP TO Q.71).....2

---

66. How long has it been since your last drink of beer?

HAND CARD E

Today.....01 41-42/

1-7 days ago.....02

8-14 days ago.....03

15-30 days ago.....04

1 month ago.....05

2-3 months ago.....06

4-6 months ago.....07

7-12 months ago.....08

More than 1 year ago.....09

---

67. As you think back over the period of time between (DATE OF LAST INTERVIEW) and now, about how many cans or bottles of beer would you drink on a typical day when you drank beer?

ENTER NUMBER OF CANS OR BOTTLES: ___ 43-44/

68. Again, thinking back over the period of time between (DATE OF LAST INTERVIEW) and now, about how regularly did you drink beer? PROBE IF NECESSARY: It's sometimes hard to remember. Just give me your best guess.

HAND CARD AA

More often than once a day.....01 45-46/
Every day.....02
5 or 6 days a week.....03
3 or 4 days a week.....04
1 or 2 days a week.....05
Less often than once a week.....06
IF CANNOT DECIDE:Don't know.....98

69. How large were the cans or bottles that you usually drank?

HAND CARD BB

Standard 12 oz. cans or bottles.....1 47/
16 oz. (half quart) cans or bottles.....2
32 oz. (full quart) cans or bottles.....3
Less than 12 oz. cans or bottles.....4
More than 32 oz. cans or bottles.....5
Don't drink cans or bottles of beer.....6

70. During the last 12 months that you drank since (DATE OF LAST INTERVIEW), how often did you have 8 or more cans of beer in a single day (3 quarts or more)?

HAND CARD CC

Every day or nearly every day.....01 48-49/
3-4 times a week.....02
Once or twice a week.....03
1-3 times a month.....04
7-11 times a year.....05
3-6 times a year.....06
Once or twice a year.....07
Never.....08

71. Since (DATE OF LAST INTERVIEW) have you had a drink of wine?

Yes.....1 50/
No....(SKIP TO Q.76).....2

72. How long has it been since your last drink of wine?

HAND CARD E

Today.....01 51-52/
1-7 days ago.....02
8-14 days ago.....03
15-30 days ago.....04
1 month ago.....05
2-3 months ago.....06
4-6 months ago.....07
7-12 months ago.....08
More than 1 year ago.....09

73. As you think back over the period of time between (DATE OF LAST INTERVIEW) and now, about how many glasses of wine would you drink on a typical day when you drank wine?

ENTER NUMBER OF GLASSES: |__|__| 53-54/

74. Again, thinking back over the period of time between (DATE OF LAST INTERVIEW) and now, about how regularly did you drink wine? PROBE IF NECESSARY: It's sometimes hard to remember. Just give me your best guess.

HAND CARD AA

More often than once a day.....1 55/
Every day.....2
5 or 6 days a week.....3
3 or 4 days a week.....4
1 or 2 days a week.....5
Less often than once a week.....6
IF CANNOT DECIDE: Don't know.....8

75. During the last 12 months that you drank since (DATE OF LAST INTERVIEW), how often did you have 8 or more glasses of wine in a single day (more than a fifth)?

HAND CARD CC

Every day or nearly every day.....01 56-57/
3-4 times a week.....02
Once or twice a week.....03
1-3 times a month.....04
7-11 times a year.....05
3-6 times a year.....06
Once or twice a year.....07
Never.....08

76. Since (DATE OF LAST INTERVIEW) have you had a drink containing liquor, such as whiskey, vodka, gin, brandy, etc.?

Yes.....1 58/
No...(SKIP TO Q.82).....2

77. How long has it been since your last drink of hard liquor?

HAND CARD E

Today.....01 59-60/
1-7 days ago.....02
8-14 days ago.....03
15-30 days ago.....04
1 month ago.....05
2-3 months ago.....06
4-6 months ago.....07
7-12 months ago.....08
More than 1 year ago.....09

78. As you think back over the period of time between (DATE OF LAST INTERVIEW) and now, about how many drinks of hard liquor would you drink on a typical day in which you drank hard liquor?

ENTER NUMBER OF DRINKS: |__|__| 61-62/

79. Again, thinking back over the period of time between (DATE OF LAST INTERVIEW) and now, about how regularly did you drink hard liquor? PROBE IF NECESSARY: It's sometimes hard to remember. Just give me your best guess.

HAND CARD AA

More often than once a day.....1 63/
Every day.....2
5 or 6 days a week.....3
3 or 4 days a week.....4
1 or 2 days a week.....5
Less often than once a week.....6
IF CANNOT DECIDE: Don't know.....8

80. About how many ounces of hard liquor are there in the drinks that you usually drink?

HAND CARD BB

One ounce (one shot).....1 64/
1.5 ounces (one jigger).....2
2 ounces (2 shots).....3
3 ounces (2 jiggers or 3 shots).....4
4 ounces (4 shots).....5
5 or more ounces (3 or more jiggers)..6
Don't know.....8

81. During the last 12 months that you drank since (DATE OF LAST INTERVIEW), how often did you have 8 or more drinks of hard liquor in a single day (a half pint or more)?

HAND CARD CC

Every day or nearly every day.....01 65-66/
3-4 times a week.....02
Once or twice a week.....03
1-3 times a month.....04
7-11 times a year.....05
3-6 times a year.....06
Once or twice a year.....07
Never.....08

82. Have you had a drink of beer, wine or hard liquor in the last 12 months?

Yes.....1 67/

No.....(SKIP TO SECTION 9).....2

83. About how often during the past 12 months did you drink enough to feel high -- that is, happier or more carefree than usual, maybe a little flushed or dizzy, but not drunk, for more than 24 hours in a row?

5 or more times.....01 68-69/

4 times.....02

HAND CARD EE

3 times.....03

2 times.....04

Once.....05

Never in the past year, but sometime before that.....06

Never in my life.....07

84. Now I would like to ask you some questions about experiences that many people have had with drinking. During the past year. . .

	Yes	No	
A. Have you felt aggressive or angry while drinking?.....	1	2	70/
B. Have you gotten into a heated argument while drinking?..	1	2	71/
C. Have you gotten into a fight while drinking?.....	1	2	72/
D. Have you deliberately tried to cut down or quit drinking, but didn't manage to do so?.....	1	2	73/
E. Were you afraid you might be an alcoholic or that you might become one?.....	1	2	74/
F. Once you started drinking, was it difficult for you to stop before you became completely intoxicated?.....	1	2	75/
G. Have you awakened the next day not being able to remember things you had done while drinking?.....	1	2	76/
H. Have you often taken a drink the first thing when you got up in the morning?.....	1	2	77/
I. Have your hands shaken a lot the morning after drinking?.....	1	2	78/
J. Have you sometimes gotten drunk when drinking by yourself?.....	1	2	79/
K. Have you sometimes kept on drinking after promising yourself not to?.....	1	2	80/

85. INTERVIEWER: HAS R WORKED THE PAST YEAR?

YES...(ASK A THROUGH E).....1 10/

NO...(SKIP TO Q.86).....2

During the past year:

	Yes	No	
A. Have you stayed away from work because of a hangover?..	1	2	11/
B. Have you gotten drunk when on the job?.....	1	2	12/
C. Have you lost a job, or nearly lost one, because of drinking?.....	1	2	13/
D. Has drinking led to your quitting a job?.....	1	2	14/
E. Has drinking hurt your chances for promotion or raises or a better job?.....	1	2	15/

86. When you were growing up, do you think your father drank occasionally, drank frequently, had a drinking problem, or didn't he drink?

Drank occasionally.....1 16/

Drank frequently.....2

Had a drinking problem.....3

Didn't drink.....4

DON'T KNOW.....8

87. When you were growing up, do you think your mother drank occasionally, drank frequently, had a drinking problem, or didn't she drink?

Drank occasionally.....1 17/

Drank frequently.....2

Had a drinking problem.....3

Didn't drink.....4

DON'T KNOW.....8

SECTION 9: RECREATION, LEISURE, AND PHYSICAL ACTIVITIES

Now we would like you to answer some questions about your leisure time activities.

INTERVIEWER: HAND R SELF-ADMINISTERED FORM 3.

Listed below are a series of Leisure Time and Physical Activities. Related activities are grouped under general headings. 1) Please read the list and circle number 1 for each activity you have performed in the last 12 months, and circle number 2 for those you have not. 2) Check which months you performed those activities. 3) Record the average number of days per month you performed those activities, and 4) Record how many hours and minutes you performed those activities, on an average day.

1. Have you participated three or more times in (READ EACH ITEM)?

	Yes	No	
Scuba diving	1	2	18/
Auto, boat, or motorcycle racing	1	2	19/
Skydiving	1	2	20/
Mountain climbing	1	2	21/
Hang gliding	1	2	22/
Plane racing or plane acrobatics, not including flight training or any assignments for the Armed Forces	1	2	23/
Surf board riding	1	2	24/
Sailing long distance in small sailing craft	1	2	25/
Skiing fast down a high mountain slope	1	2	26/

2. INTERVIEWER: HAS R ANSWERED "YES" TO ANY QUESTIONS ON SELF-ADMINISTERED FORM 3 AND TO Q.1 ABOVE?

YES.....1 27/

NO.....(SKIP TO SECTION 11).....2

SECTION 10: TOXIC SUBSTANCES

FOR EACH SUBSTANCE CODED YES, ASK A THROUGH D.

1. Have any of the recreation, leisure, and/or physical activities you've participated in since (DATE OF LAST INTERVIEW) brought you in contact with any of the following substances . . .	YES	NO	A Since (DATE OF LAST INTERVIEW), in what month and year did your recreation, leisure and/or physical activities first bring you in contact with (SUBSTANCE)?	B Since (DATE OF LAST INTERVIEW), for how many years did you continue to come in contact with (SUBSTANCE)?
asbestos?.....	1	2 20/	MONTH - YEAR 29-32/	years 33-34/
industrial chemicals?.....	1	2 35/	MONTH - YEAR 36-39/	years 40-41/
insecticides or pesticides.....	1	2 42/	MONTH - YEAR 43-46/	years 47-48/
degreasing chemicals?.....	1	2 49/	MONTH - YEAR 50-53/	years 54-55/
defoliants or herbicides.....	1	2 56/	MONTH - YEAR 57-60/	years 61-62
X-ray or nuclear radiation.....	1	2 63/	MONTH - YEAR 64-67/	years 68-69

1. (Continued)

DECKS 56-57

C Since (DATE OF LAST INTERVIEW), how many days per year did you come in contact with (SUBSTANCE)?	D On the days you came in contact with (SUBSTANCE) how often did you use protective clothing or gear or wash to remove (SUBSTANCE)--all of the time, some of the time, or never?	E Which of the following did you use? HAND CARD E CODE ALL THAT APPLY.
DAYS 70-72/	73/ All of the time.(ASK E)...1 Some of the time.(ASK E)..2 Never.....3	air filter.....1 74/ goggles.....2 75/ face shield.....3 76/ special clothing.....4 77/ washing facilities.....5 78/ Self contained or supplied air breathing apparatus...6 79/ None.....0 80/
BEGIN DECK 57 DAYS 10-12/	13/ All of the time.(ASK E)...1 Some of the time.(ASK E)..2 Never.....3	air filter.....1 14/ goggles.....2 15/ face shield.....3 16/ special clothing.....4 17/ washing facilities.....5 18/ Self contained or supplied air breathing apparatus...6 19/ None.....0 20/
DAYS 21-23/	24/ All of the time.(ASK E)...1 Some of the time.(ASK E)..2 Never.....3	air filter.....1 25/ goggles.....2 26/ face shield.....3 27/ special clothing.....4 28/ washing facilities.....5 29/ Self contained or supplied air breathing apparatus...6 30/ None.....0 31/
DAYS 32-34/	35/ All of the time.(ASK E)...1 Some of the time.(ASK E)..2 Never.....3	air filter.....1 36/ goggles.....2 37/ face shield.....3 38/ special clothing.....4 39/ washing facilities.....5 40/ Self contained or supplied air breathing apparatus...6 41/ None.....0 42/
DAYS 43-45/	46/ All of the time.(ASK E)...1 Some of the time.(ASK E)..2 Never.....3	air filter.....1 47/ goggles.....2 48/ face shield.....3 49/ special clothing.....4 50/ washing facilities.....5 51/ Self contained or supplied air breathing apparatus...6 52/ None.....0 53/
DAYS 54-56/	57/ All of the time.(ASK E)...1 Some of the time.(ASK E)..2 Never.....3	air filter.....1 58/ goggles.....2 59/ face shield.....3 60/ special clothing.....4 61/ washing facilities.....5 62/ Self contained or supplied air breathing apparatus...6 63/ None.....0 64/

INTERVIEWER: HAND R SELF-ADMINISTERED FORM 4
AND GENERAL PURPOSE ANSWER SHEET

The Jenkins Activity Survey asks questions about aspects of behavior that have been found helpful in medical diagnosis. Each person is different, so there are no "right" or "wrong" answers.

For each question, choose the answer that is true for you. On your answer sheet, fill in the circle below the letter of your answer. Use a black lead pencil, and make your marks heavy and dark. Mark only one answer for each question. If you change your mind, erase the old mark completely.

65/

SECTION 11: INCOME

Now I have some questions about your income.

1. Please tell me which letter on this card best represents the total household income in 1984 before taxes or other deductions for all people in your household, not including roomers. This amount should include wages, net income from business, interest, dividends, pensions, and any other money income. Tell me the letter that comes closest.

66-67/

A. $5,000 - $9,999.....01
B. $10,000 - $14,999.....02
C. $15,000 - $19,999.....03
D. $20,000 - $24,999.....04
E. $25,000 - $29,999.....05
F. $30,000 - $34,999.....06
G. $35,000 - $39,999.....07
H. $40,000 - $44,999.....08
I. $45,000 - $49,999.....09
J. $50,000 - $54,999.....10
K. $55,000 - $59,999.....11
L. $60,000 - $64,999.....12
M. $65,000 - $69,999.....13
N. $70,000 - $74,999.....14
O. $75,000 - $79,999.....15
P. $80,000 - $84,999.....16
Q. $85,000 - $89,999.....17
R. $90,000 - $94,999.....18
S. $95,000 - $99,999.....19
T. $100,000 or more.....20

HAND CARD FF

2. Did you earn any income from any job during 1984? Do not include income from retirement plans or pensions.

Yes.....(ASK A).....1 68/

No.....(SKIP TO Q.3).....2

A. In which of these groups did your earnings from jobs in 1984 fall -- that is, before taxes or other deductions? Tell me the letter that come closest.

69-70/

A. $5,000 - $9,999.....01
B. $10,000 - $14,999.....02
C. $15,000 - $19,999.....03
D. $20,000 - $24,999.....04
E. $25,000 - $29,999.....05
F. $30,000 - $34,999.....06
G. $35,000 - $39,999.....07
H. $40,000 - $44,999.....08
I. $45,000 - $49,999.....09
J. $50,000 - $54,999.....10
K. $55,000 - $59,999.....11
L. $60,000 - $64,999.....12
M. $65,000 - $69,999.....13
N. $70,000 - $74,999.....14
O. $75,000 - $79,999.....15
P. $80,000 - $84,999.....16
Q. $85,000 - $89,999.....17
R. $90,000 - $94,999.....18
S. $95,000 - $99,999.....19
T. $100,000 or more.....20

HAND CARD FF

3. INTERVIEWER:

71-74/

RECORD TIME ENDED

	AM
	PM

INTERVIEWER REMARKS

INTERVIEWER: Please complete these remarks as soon as you have finished the questionnaire.

1. Length of the interview:

(Section 1. p.1 through Section 12) |_|_|_| MINUTES 75-77/

2. Date of the interview: BEGIN DECK 58

|_|_| MONTH |_|_| DAY |_|_| YEAR 10-15/

3. Race of Respondent: 16/

White.....1

Black.....2

Other.....3

4. In general, what was the respondent's attitude toward the interview? 17/

Friendly and interested.....1

Cooperative but not particularly interested.....2

Impatient and restless.....3

Hostile.....4

5. In general, was the respondent's understanding of the questions.... 18/

Good?.....1

Fair?.....2

Poor?.....3

6. List the questions that confused, angered, or caused discomfort to the respondent or questions that you feel the respondent did not answer truthfully. EXPLAIN. 19/

NONE.....0

SECTION		QUESTION	
A._____	20-21/	_____	22-24/
B._____	25-26/	_____	27-29/
C._____	30-31/	_____	32-34/

Describe Problem: _____ 35/

_____

7. List questions with skip errors, questions that were confusing to you, or questions that otherwise didn't work. EXPLAIN 36/

NONE.....0

SECTION		QUESTION	
A._____	37-38/	_____	39-41/
B._____	42-43/	_____	44-46/
C._____	47-48/	_____	49-51/

Describe Problem: _____ 52/

_____

8. Please record your interviewer ID #: _____ 53-58/

9. Please sign your name: _____

NORC
4428
5/85

AIR FORCE HEALTH SURVEY
TRANSMITTAL FORM

Complete this form and enclose a copy with each case mailed to Chicago.

Int. ID #_____ Int. Name:_____ Date Mailed:_____

	QUANTITY ENCLOSED	If not enclosed, explain
Information Sheet	____	
Children's Record Form	____	
Supplementary Children's Record Form	____	
Questionnaire	____	
Self-Administered Form 1	____	
Self-Administered Form 2	____	
Self-Administered Form 3	____	
Medical Consent Form	____	

FOR OFFICE USE ONLY

Date received in Chicago:_____

All required forms present: CIRCLE ONE Yes No