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FIGURE 4a. Form in Use 1968-73

CERTIFICATE OF LIVE BIRTH
GEORGIA DEPARTMENT OF PUBLIC HEALTH

State File No. _____

Custodian's No. _____
 (Last)

THIS CHILD	1. NAME OF CHILD (First) _____ (Middle) _____ (Last) _____		2. SEX Male <input type="checkbox"/> Female <input type="checkbox"/>		3. WEIGHT OF CHILD AT BIRTH Lbs. _____ Ozs. _____ Grams _____		4. HOUR OF BIRTH A. M. _____ P. M. _____		5. DATE OF BIRTH _____/_____/_____		
	6. THIS BIRTH Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>		7. IF TWIN OR TRIPLET, THIS CHILD BORN 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>		8. PLACE OF BIRTH—COUNTY _____		9. CITY OR TOWN _____		10. CITY LIMITS? Yes <input type="checkbox"/> No <input type="checkbox"/>		11. IS CHILD ALIVE WHEN REPORT FILED? Yes <input type="checkbox"/> No <input type="checkbox"/>
PLACE OF BIRTH	12. NAME OF HOSPITAL (If Not in a Hospital, Give Street Address or Rural Route—Do Not Give P. O. Box) _____										
FATHER OF CHILD	13. NAME OF FATHER (First) _____ (Middle) _____ (Last) _____										
MOTHER OF CHILD	14. RACE _____										
USUAL RESIDENCE OF MOTHER	15. AGE AT TIME OF THIS BIRTH _____										
	16. USUAL OCCUPATION _____										
LOCAL REGISTRAR AMENDMENTS OR CORRECTIONS	17. MAIDEN NAME OF MOTHER (First) _____ (Last) _____										
	18. RACE _____										
ATTENDANT'S SIGNATURE	19. AGE AT TIME OF THIS BIRTH _____										
	20. PREVIOUS DELIVERIES TO MOTHER (Do Not Include This Birth) _____										
LOCAL REGISTRAR AMENDMENTS OR CORRECTIONS	21. USUAL RESIDENCE OF MOTHER—City or Town _____										
	22. ADDRESS—(Give Street Address or Rural Route Number) _____										
LOCAL REGISTRAR AMENDMENTS OR CORRECTIONS	23. IN CITY LIMITS? Yes <input type="checkbox"/> No <input type="checkbox"/>										
	24. RELATIONSHIP TO INFANT _____										
LOCAL REGISTRAR AMENDMENTS OR CORRECTIONS	25. I hereby certify that this child was born alive on the date stated above.										
	26. LOCAL REGISTRAR'S OWN SIGNATURE _____										
LOCAL REGISTRAR AMENDMENTS OR CORRECTIONS	27. DATE OF AMENDMENT OR CORRECTION _____										
	28. EVIDENCE USED _____										

UNFILED

FIGURE 4b. Form in Use 1974-79

STATE OF GEORGIA
CERTIFICATE OF LIVE BIRTH

110 -

1a. Child's Name: First, Middle, Last

1b. Date of Birth: Mo., Day, Yr.

1c. Time of Birth: A.M., P.M.

1d. Sex: Male, Female

1e. This Birth: Single, Twin, Triplet, Other

1f. If not Single Birth (specify): Born 1st, Born 2nd, Born 3rd, Other

1g. County of Birth

1h. City, Town, or Location of Birth

1i. Hospital—Name (if not hospital give street and number)

2a. Mother's Name: First, Middle, Last, Maiden Last Name

2b. Mother's Birthplace

2c. Usual Residence—Street & Number, P. O. Box, Route, Etc.

2d. Mother's Birthdate: Mo., Day, Yr.

2e. Race: White, Black, Other

2f. City

2g. State and Zip Code

2h. County

2i. Inside City: Yes, No

3a. Father's Name: First, Middle, Last

3b. Father's Birthplace

3c. Race: White, Black, Other

3d. Father's Birthdate: Mo., Day, Yr.

4a. Signature of Either Parent

4b. Relationship to Child: Father, Mother

5a. I certify that the above named child was born to me at the place and time and on the date stated above.

5b. Date Signed: Mo., Day, Yr.

5c. Attendant: Nurse-Midwife, Midwife, Other

5d. Physician or Other Attendant (type or print name and signature)

5e. Mailing Address (Street or R. F. D. No., City or Town, State)

6a. Signature of Local Registrar

7a. MOTHER'S SOCIAL SECURITY NUMBER

7b. MOTHER'S EDUCATION: Years of School, Elementary & High School, College

7c. MOTHER'S EDUCATION: Years of School, Elementary & High School, College

9a. Birth Weight of This Child: lbs./ozs., Grams

9b. Date Last Normal Menses Began: Mo., Day, Yr.

9c. Month of Pregnancy Prenatal Care Began

9d. Number of Prenatal Visits

9e. Number of Living Children From Other Pregnancies

9f. Date of Last Live Birth: Mo., Day, Yr.

9g. Date of Last Fetal Death: Mo., Day, Yr.

THIS PREGNANCY—MARK AT LEAST ONE IN EACH CATEGORY

10a. Complications Related to Pregnancy	10b. Complications Not Related to Pregnancy	10c. Complications of Labor	10d. Method of Delivery	10e. Birth Injuries or Diseases of Child	10f. Congenital Anomalies
None <input checked="" type="checkbox"/>	None <input checked="" type="checkbox"/>	None <input checked="" type="checkbox"/>	Spontaneous Controlled <input checked="" type="checkbox"/>	None <input checked="" type="checkbox"/>	None <input checked="" type="checkbox"/>
reeclampsia <input type="checkbox"/>	Diabetes <input type="checkbox"/>	Abruptio Placenta <input type="checkbox"/>	Spontaneous Uncontrolled <input type="checkbox"/>	Trauma—CNS <input type="checkbox"/>	Anencephaly <input type="checkbox"/>
clampsia <input type="checkbox"/>	Heart Disease, Symptomatic <input type="checkbox"/>	Placenta Previa <input type="checkbox"/>	Low Forceps <input type="checkbox"/>	Trauma—Other <input type="checkbox"/>	Spina Bifida <input type="checkbox"/>
h Sensitization <input type="checkbox"/>	Chronic Hypertension <input type="checkbox"/>	Cord (Prolapse or Compression) <input type="checkbox"/>	Other Forceps Procedure <input type="checkbox"/>	Difficult Resuscitation <input type="checkbox"/>	Hydrocephalus <input type="checkbox"/>
ypertitis <input type="checkbox"/>	Chronic Renal Disease <input type="checkbox"/>	Dystocia <input type="checkbox"/>	Emergency C-Section <input type="checkbox"/>	Hemolytic Disease <input type="checkbox"/>	Cleft Lip and/or Palate <input type="checkbox"/>
ubella or Other viral infection <input type="checkbox"/>	Pyelocystitis <input type="checkbox"/>	Breech <input type="checkbox"/>	Elective C-Section <input type="checkbox"/>	Termination Induced Prior to Viability <input type="checkbox"/>	Cardiovascular Anomaly <input type="checkbox"/>
emia (Hgb < 10 gm/dl < 30%) <input type="checkbox"/>	Injury, Tumor or Surgery <input type="checkbox"/>	Maternal Hypotension/Shock <input type="checkbox"/>	Breech Delivery <input type="checkbox"/>	Other <input type="checkbox"/>	Gastro-intestinal Anomaly <input type="checkbox"/>
Other <input type="checkbox"/>	Other <input type="checkbox"/>	Prolonged Labor <input type="checkbox"/>	Version and Extraction <input type="checkbox"/>		Musculo-Skeletal Anomaly <input type="checkbox"/>
		Intrapartum Fever/Chorioamnionitis <input type="checkbox"/>	Other <input type="checkbox"/>		Down's Syndrome (Mongolism) <input type="checkbox"/>
		Other <input type="checkbox"/>			Other <input type="checkbox"/>

FIGURE 4c. Form in Use in 1980

STATE OF GEORGIA - CERTIFICATE OF LIVE BIRTH

Local File Number _____ State File Number **110-**

CHILD

1. CHILD'S NAME: FIRST _____ MIDDLE _____ LAST _____ SEX _____ DATE OF BIRTH (Mo., Day, Year) _____ TIME OF BIRTH _____

2. THIS BIRTH (Single, Twin, Triplet, Etc.) _____ IF NOT SINGLE BIRTH, SPECIFY BIRTH ORDER _____ CITY, TOWN, OR LOCATION OF BIRTH _____

3. HOSPITAL NAME (If not Hospital, give Street and Number) _____ COUNTY OF BIRTH _____

MOTHER

4. MOTHER (MAIDEN NAME) FIRST _____ MIDDLE _____ LAST _____ AGE (At time of this birth) _____ DATE OF BIRTH (Mo., Day, Year) _____ STATE OF BIRTH (If not U.S.A., name Country) _____

5. RESIDENCE - STATE _____ COUNTY _____ CITY, TOWN, OR LOCATION _____ STREET AND NUMBER OF RESIDENCE _____

6. MOTHER'S MAILING ADDRESS - IF SAME AS ABOVE, ENTER ZIP CODE _____ INSIDE CITY LIMITS? (Yes or No) _____

FATHER

7. FATHER'S NAME FIRST _____ MIDDLE _____ LAST _____ AGE (At time of this birth) _____ DATE OF BIRTH (Mo., Day, Year) _____ STATE OF BIRTH (If not U.S.A., name Country) _____

8. I CERTIFY THAT THE PERSONAL INFORMATION PROVIDED IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF RELATIONSHIP TO CHILD _____

CERTIFIER

9. I CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE _____

10. CERTIFIER - NAME AND TITLE (Type or Print) _____ SIGNATURE _____ DATE _____

11. ATTENDANT AT BIRTH (IF OTHER THAN CERTIFIER) (Type or Print) _____ SIGNATURE _____ DATE _____

REGISTRAR

12. REGISTRAR (Signature) _____ DATE RECEIVED BY LOCAL REGISTRAR (Mo., Day, Year) _____

DEPARTMENT OF HUMAN RESOURCES, VITAL RECORDS SERVICE

FATHER

13. FATHER - RACE (White, Black, American Indian, Etc.) (Specify) _____ ORIGIN OR DESCENT (Mexican, Puerto Rican, German, Cuban, Etc.) (Specify) _____ EDUCATION (Specify Highest Grade Completed) (College 15 9) _____

14. HOSPITAL REIMBURSEMENT BY (Check Either, Both or None) _____

MOTHER

15. MOTHER - RACE (White, Black, American Indian, Etc.) (Specify) _____ ORIGIN OR DESCENT (Mexican, Puerto Rican, German, Cuban, Etc.) (Specify) _____ EDUCATION (Specify Highest Grade Completed) (College 11 8) _____

16. SOCIAL SECURITY NO. _____

17. DATE LAST NORMAL MENSTRUATION BEGAN (Mo., Day, Year) _____ MONTH OF PREGNANCY PRENATAL CARE BEGAN (Check Appropriate Box) _____ TOTAL PRENATAL VISITS (If None, Enter 0) _____

18. IS MOTHER MARRIED? Yes No

THIS BIRTH

19. CHECK IF THIS BIRTH IS FIRST PREGNANCY Y N

20. BIRTH WEIGHT (Enter One Only) IF GRAMS _____ Grams _____ At 1 Minute _____ APGAR SCORE _____ At 5 Minutes _____

21. RESULT OF LAST PREGNANCY (Check One Box Only) Live Born _____ Other Termination _____

22. PREVIOUS LIVE BIRTHS - DO NOT INCLUDE THIS BIRTH 2500 Grams or 5 1/2 Pounds OR LESS _____ GREATER THAN 2500 Grams or 5 1/2 Pounds _____

23. ALL OTHER PREGNANCY TERMINATIONS WHICH DID NOT RESULT IN A LIVE BIRTH _____

24. DATE OF LAST LIVE BIRTH (Mo., Day, Year) _____

25. DATE OF LAST FETAL DEATH (Mo., Day, Year) _____

PREVIOUS PREGNANCIES

26. DEATH UNDER ONE YEAR OF AGE ENTER STATE OR LOCAL FILE NUMBER OF DEATH CERTIFICATE FOR THIS CHILD

Number	a. New Living	b. New Dead	c. New Living	d. New Dead	e. Spontaneous	f. Induced	g. Spontaneous	h. Induced	24b. DATE OF LAST LIVE BIRTH (Mo., Day, Year)	24c. DATE OF LAST FETAL DEATH (Mo., Day, Year)
1	None 0	None 0	None 0	None 0	None 0	None 0	None 0	None 0		

THIS PREGNANCY - MARK AT LEAST ONE CATEGORY IN EACH COLUMN

25a. COMPLICATIONS OF PREGNANCY (Check All Which Apply)	25b. CONCURRENT ILLNESS OR CONDITIONS AFFECTING PREGNANCY (Check All Which Apply)	25c. COMPLICATIONS OF LABOR (Check All Which Apply)	25d. METHOD OF DELIVERY (Check One)	25e. CONFIDENTIAL ANOMALIES (See Rev. HD 140.8 - 1980) (Check All Which Apply)
1. Bleeding in Early Pregnancy <input type="checkbox"/>	1. Diabetes <input type="checkbox"/>	1. Abruptio Placenta <input type="checkbox"/>	1. Spontaneous Controlled <input type="checkbox"/>	1. Anencephalus <input type="checkbox"/>
2. Eclampsia <input type="checkbox"/>	2. Heart Disease Symptomatic <input type="checkbox"/>	2. Placenta Previa <input type="checkbox"/>	2. Spontaneous Uncontrolled <input type="checkbox"/>	2. Of Digestive System (Specify) <input type="checkbox"/>
3. Preeclampsia <input type="checkbox"/>	3. Hypertension <input type="checkbox"/>	3. Cord Protrusion or Compression <input type="checkbox"/>	3. Low Forceps <input type="checkbox"/>	3. Spina Bifida <input type="checkbox"/>
4. Rh Sensitization <input type="checkbox"/>	4. Chronic Renal Disease <input type="checkbox"/>	4. Dystocia (Specify Type) <input type="checkbox"/>	4. Other Forceps Procedure <input type="checkbox"/>	4. Of Genital Organs (Specify) <input type="checkbox"/>
5. Toxemia <input type="checkbox"/>	5. Pyelocystitis <input type="checkbox"/>	5. Breech <input type="checkbox"/>	5. Primary C-Section <input type="checkbox"/>	5. Other Nervous System (Specify) <input type="checkbox"/>
6. Anemia (Hb < 10 gm./dcl < 30%) <input type="checkbox"/>	6. Syphilis <input type="checkbox"/>	6. Maternal Hypotension/Shock <input type="checkbox"/>	6. Repeat C-Section <input type="checkbox"/>	6. Of Urinary System (Specify) <input type="checkbox"/>
7. Amnionitis <input type="checkbox"/>	7. Rubella <input type="checkbox"/>	7. Intrapartum Fever/Chorioamnionitis <input type="checkbox"/>	7. Breech Delivery <input type="checkbox"/>	7. Cleft Lip/Palate (Specify) <input type="checkbox"/>
8. Urinary Tract Infection <input type="checkbox"/>	8. Drug Addiction or Dependence <input type="checkbox"/>	8. None <input type="checkbox"/>	8. Version and Extraction <input type="checkbox"/>	8. Of Eye <input type="checkbox"/>
9. None <input type="checkbox"/>	9. Previous C-Section (Specify Number) <input type="checkbox"/>	9. None <input type="checkbox"/>	9. Other (Specify) <input type="checkbox"/>	9. Of Ear, Face, Neck (Specify) <input type="checkbox"/>
10. Other (Specify) <input type="checkbox"/>	10. None <input type="checkbox"/>	10. Other (Specify) <input type="checkbox"/>		10. Of Integument (Specify) <input type="checkbox"/>
				11. Of Musculoskeletal (Specify) <input type="checkbox"/>
				12. Of Respiratory System (Specify) <input type="checkbox"/>

Form 3901 (Rev. 7-79) DEPARTMENT OF HUMAN RESOURCES, VITAL RECORDS SERVICE

FIGURE 5. Analytical Matrix

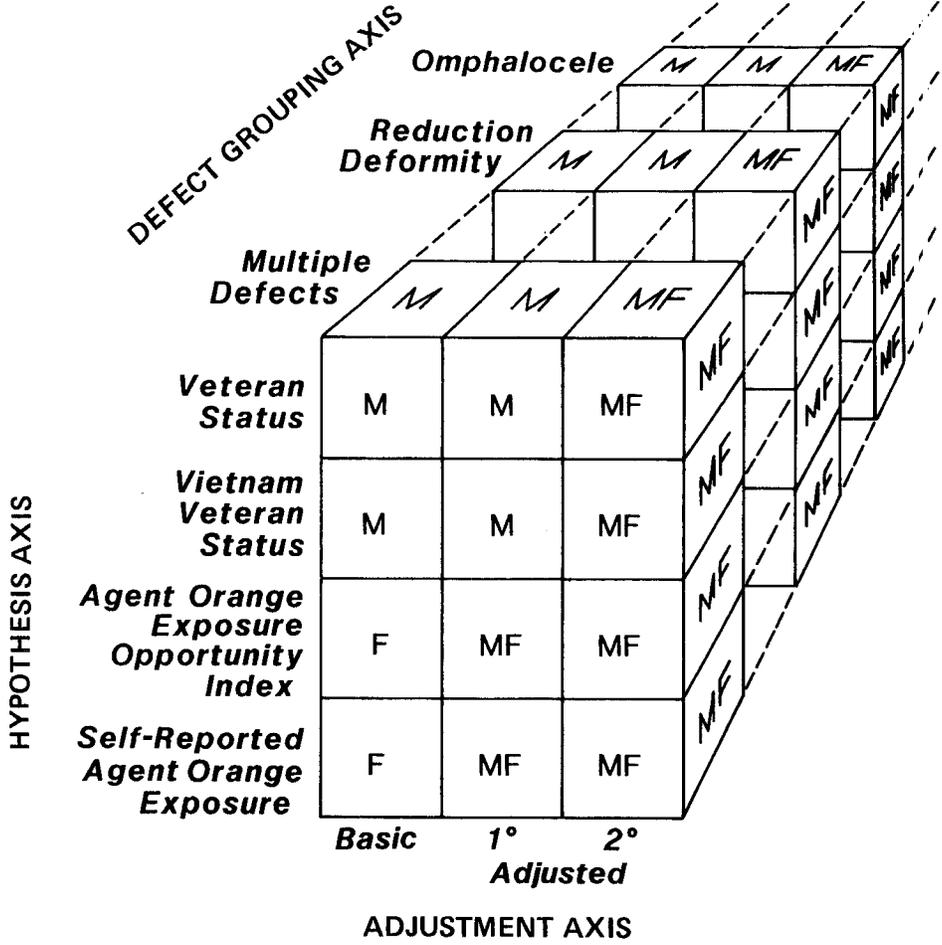


FIGURE 6. Percentage of Parents with Fully Completed Interviews, by Year of Index Birth and Race

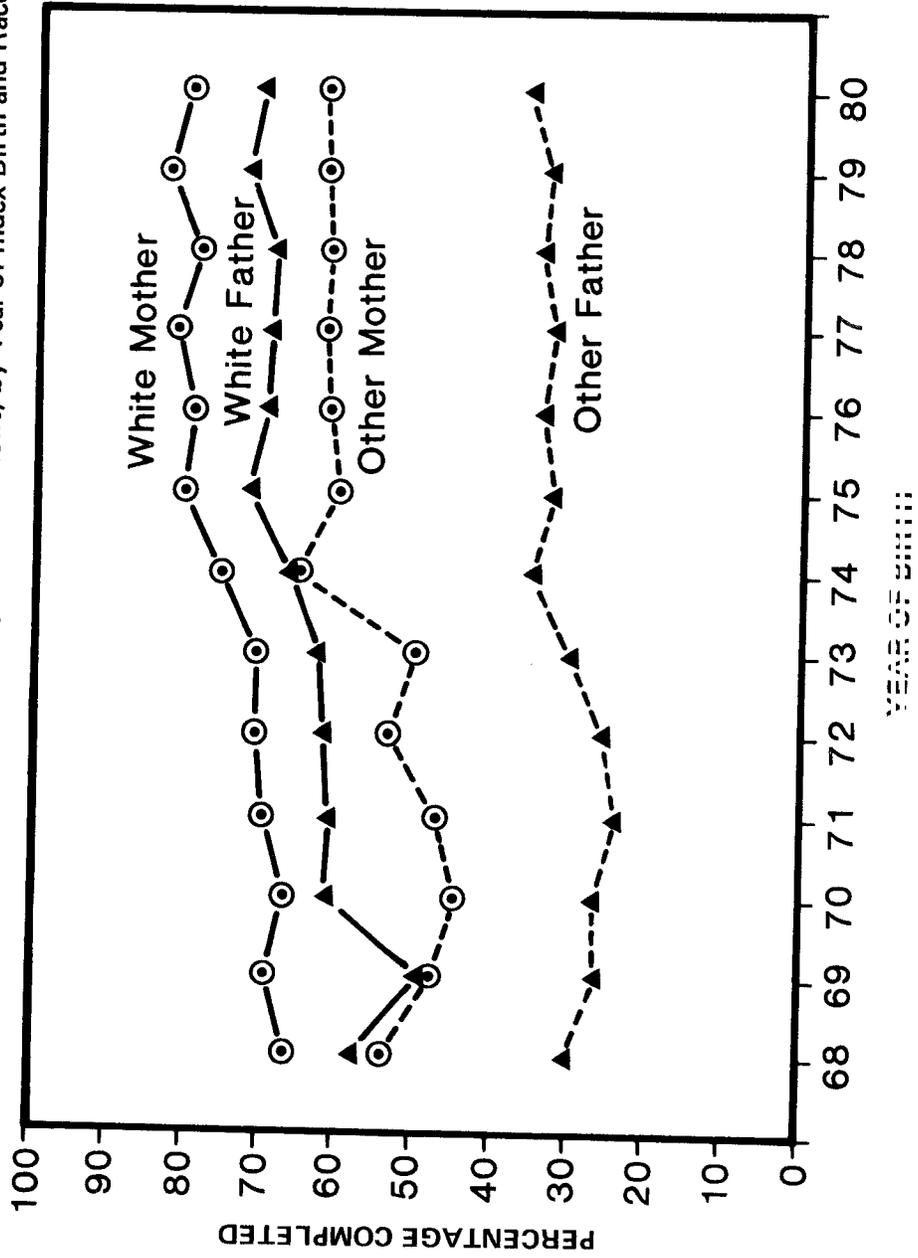


FIGURE 7. Veteran Fathers as a Percentage of All Fathers, by Year of Index Birth and Race

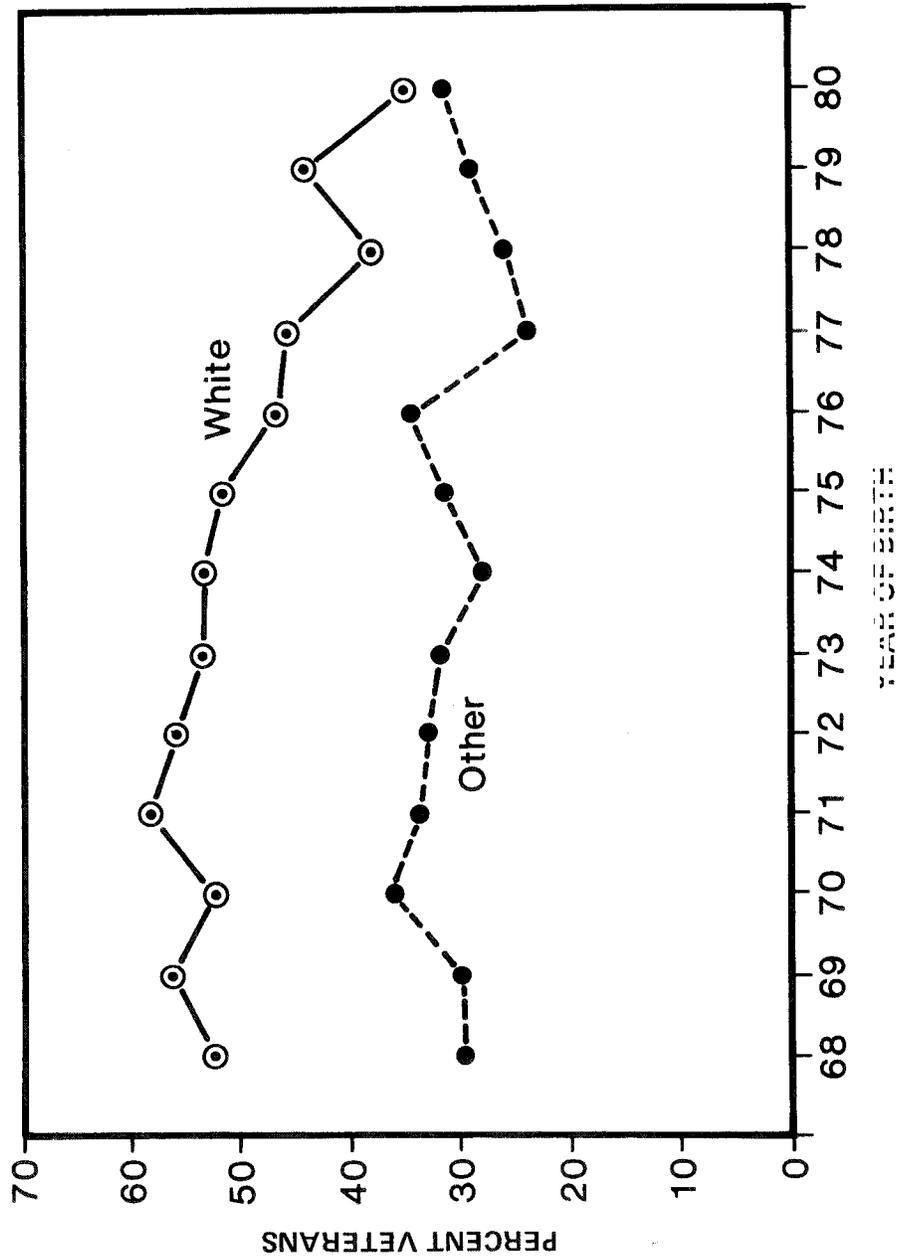


FIGURE 8. Vietnam Veteran Fathers as a Percentage of All Fathers, by Year of Index Birth and Race

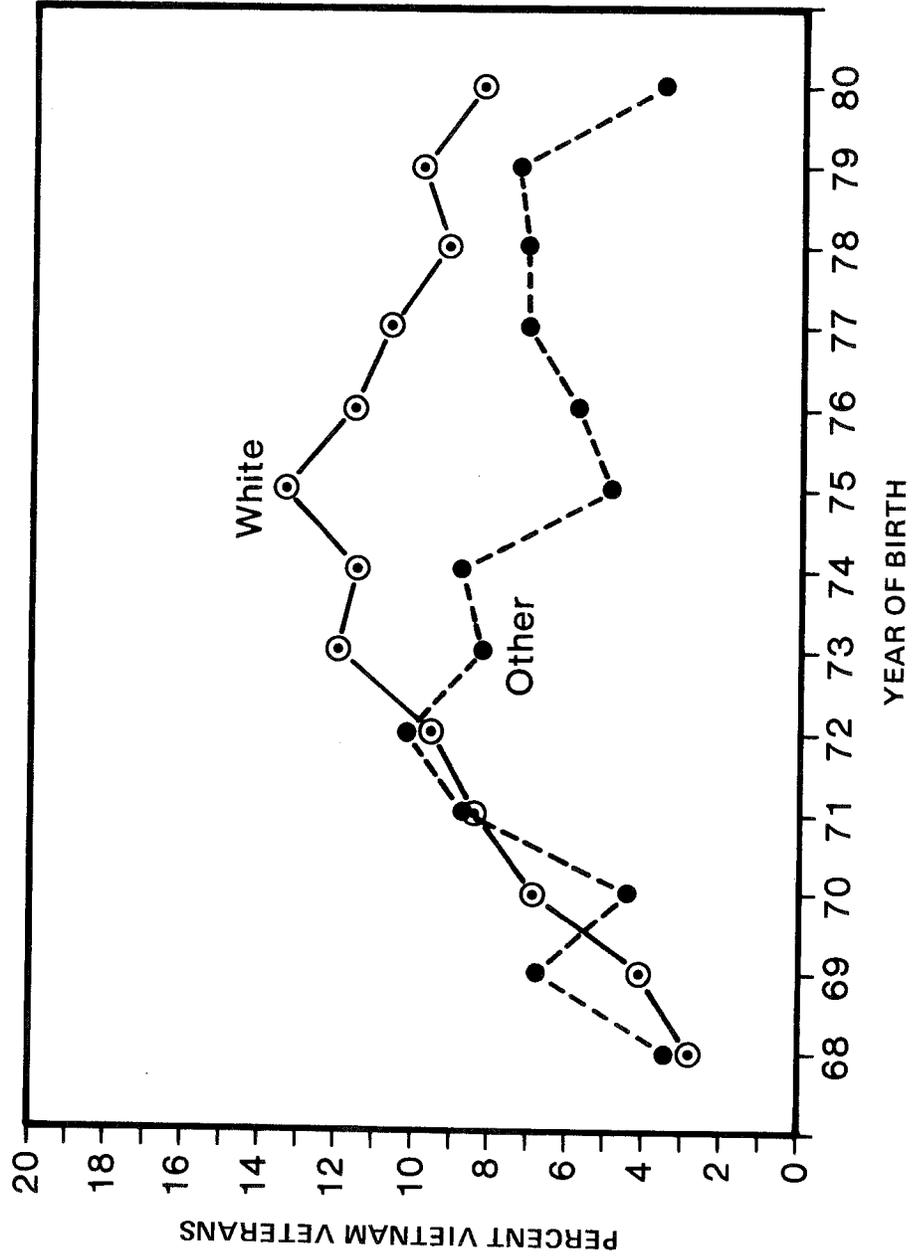


FIGURE 9. Power of the 1 Degree of Freedom Chi-Square Test, 2-Tailed, Uncorrected, Alpha = 0.05, Case-Control Study. Prevalence of Vietnam Service Among Fathers of Control Group Babies = 10%

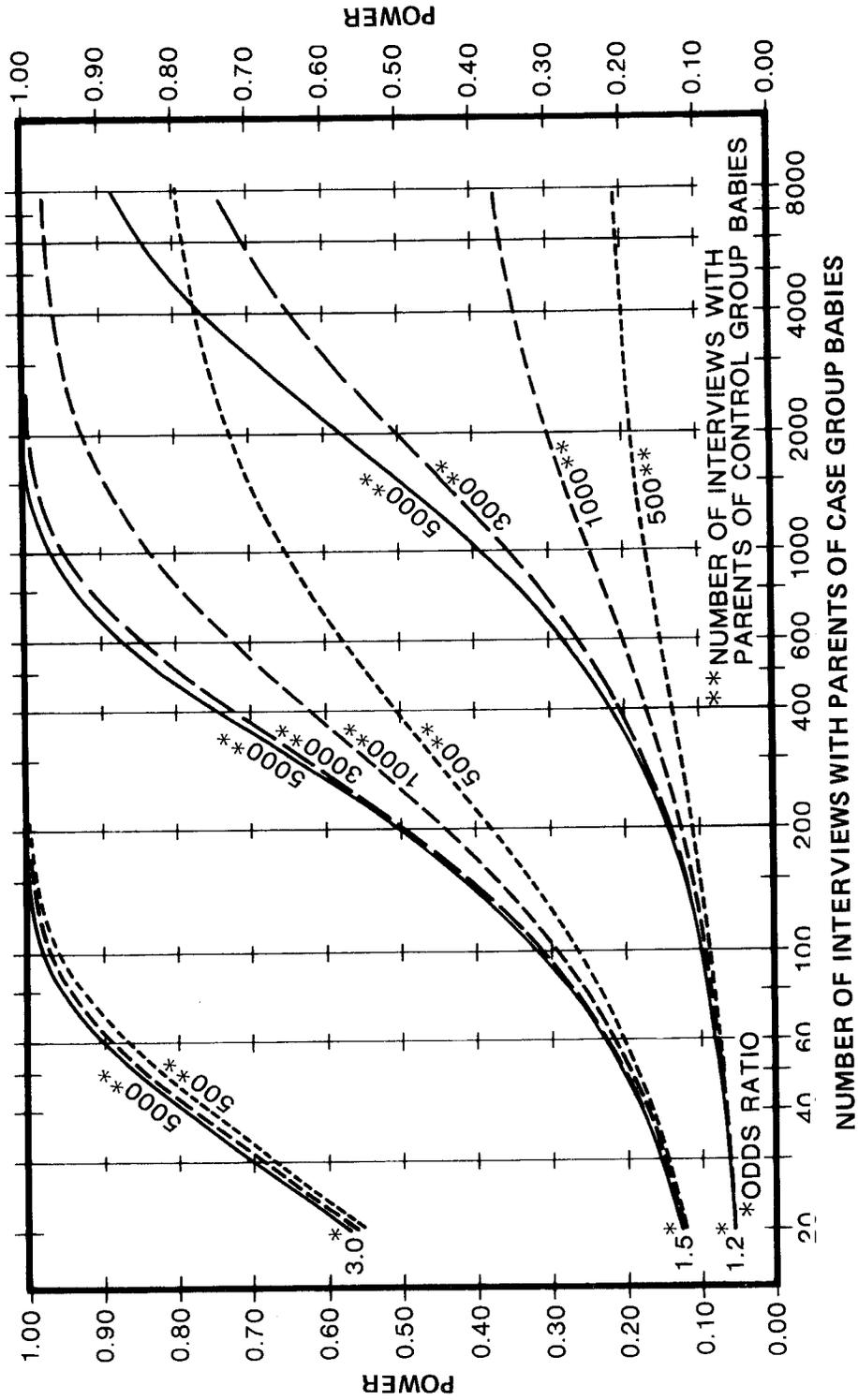
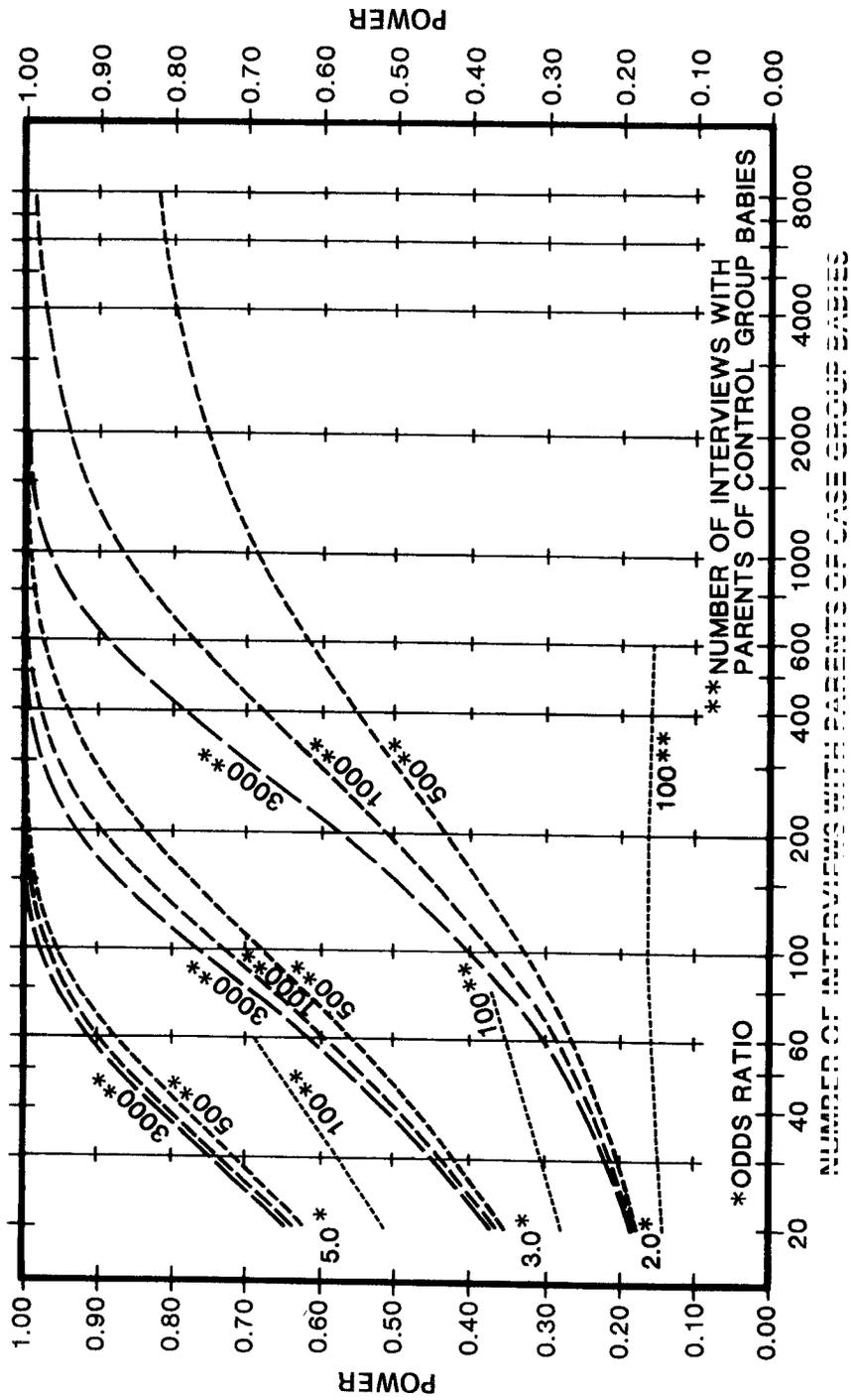
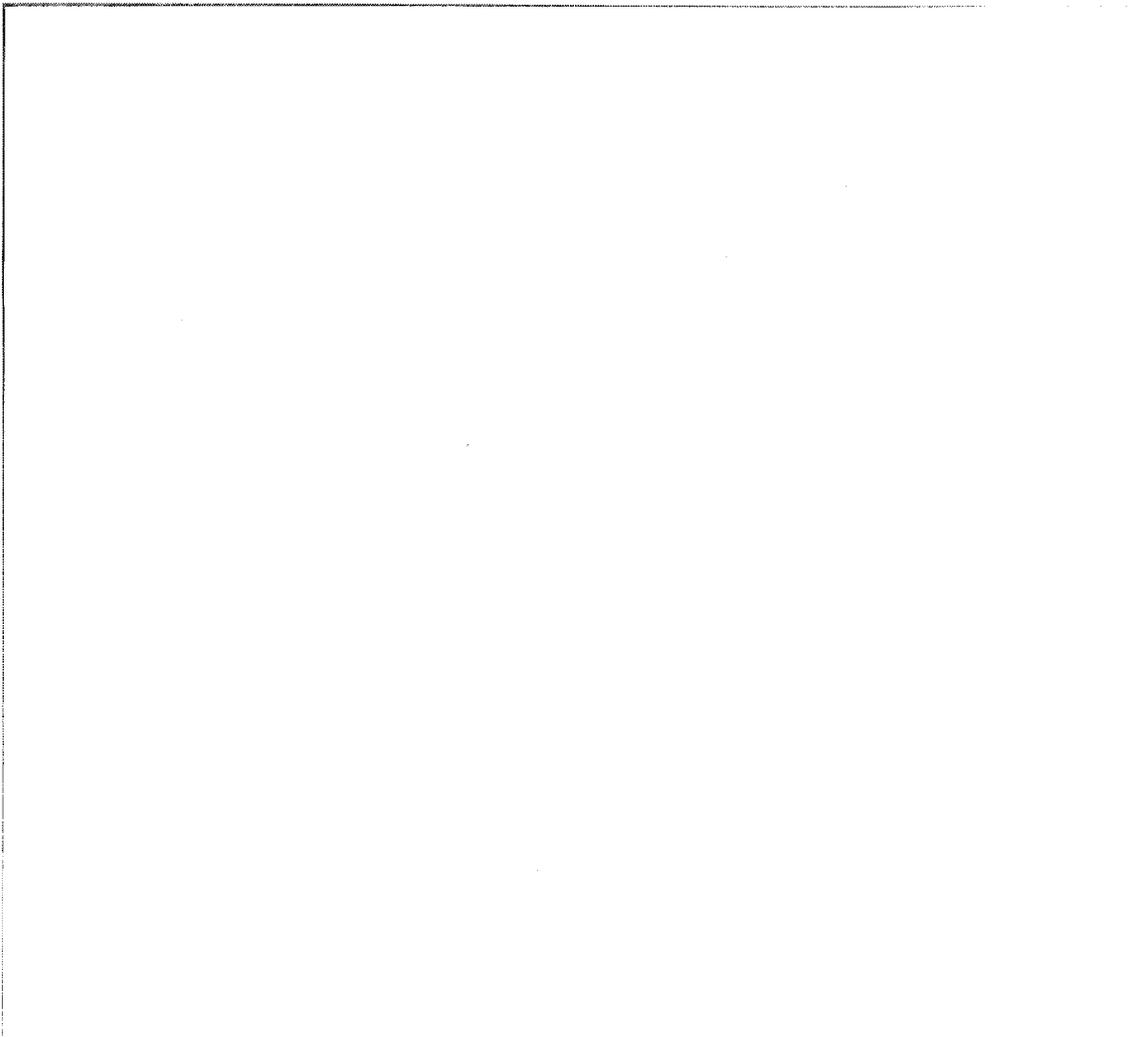


FIGURE 10. Power of the 1 Degree of Freedom Chi-Square Test, 2-Tailed, Uncorrected, Alpha = 0.05, Case-Control Study. Prevalence of Self-Reported Agent Orange Exposure Among Fathers of Control Group





7. REFERENCES

- Anderson CE, Edmonds LD, Erickson JD. Patent ductus arteriosus and ventricular septal defect: Trends in reported frequency. *Am J Epidemiol* 1978;107:281-9.
- Armitage P. *Statistical methods in medical research*. New York: John Wiley and Sons, 1971:104.
- Blank CE. Apert's syndrome—observations. *Ann Hum Genet* 1960;24:151-165.
- Bogen A. Symptoms of Vietnam veterans exposed to Agent Orange. *JAMA* 1979;242:2391.
- Breslow NE, Day NE. Estimations of multiple relative risk functions in matched case-control studies. *Am J Epidemiol* 1978;108:299-307.
- Breslow NE, Day NE. *Statistical methods in cancer research: Volume 1 — The analysis of case-control studies*. Lyon: International Agency for Research on Cancer (IARC), 1980; IARC Scientific Publication No. 32.
- British Paediatric Association (BPA). *Classification of diseases, compatible with ninth revision of World Health Organization international classification of diseases, 1977*. London: BPA, 1979.
- Carter CO. Clues to the etiology of neural tube malformations. *Dev Med Child Neurol* 1974;16(Supp 32):3-15.
- Committee on the Effects of Herbicides in Vietnam. *The effects of herbicides in South Vietnam: Part A: summary and conclusions*. Washington, D.C.: National Academy of Sciences, 1974.
- Courtney KD, Gaylor DW, Hogan MD, Falk HL. Teratogenic evaluation of 2,4,5-T. *Science* 1970;168:864-6.
- Courtney KD, Moore JA. Teratology studies with 2,4,5-T and 2,3,7,8-TCDD. *Toxicol Appl Pharmacol* 1971;20:396-403.
- Delbecq AL, VandeVen AH, Gustafson DH. *Group techniques for program planning—a guide to Nominal group and Delphi processes*. Glenview, Illinois: Scott, Foresman and Co., 1975.
- Donovan JW. *Case-control study of congenital anomalies and Vietnam service*. Sydney: Commonwealth Institute of Health, University of Sydney, 1983.
- Edmonds LD, Layde PM, James LM, et al. Congenital malformations surveillance: two American systems. *Int J Epidemiol* 1981;10:247-52.
- Gail MH, Lubin JH, Rubinstein LV. Likelihood calculations for matched case-control studies and survival studies with tied death times. *Biometrika* 1981;68:703-7.
- Gaines TB, Holson JF Jr, Nelson CJ, Schumacher HJ. Analysis of strain differences in sensitivity and reproducibility of results in assessing 2,4,5-T teratogenicity in mice. *Toxicol Appl Pharmacol* 1975;33:174-5.
- Hanify JA, Metcalf P, Nobbs CL, Worsley KJ. Aerial spraying of 2,4,5-T and human birth malformations: an epidemiologic investigation. *Science* 1981;212:349-51.
- Hanson JW, Smith DW. The fetal hydantoin syndrome. *J Pediatr* 1975;87:285-90.
- Hayes WJ. *Pesticides studied in man*. Baltimore: Williams and Wilkins, 1982.
- Hook EB, Regal RR. A search for a paternal-age effect upon cases of 47,+21 in which the extra chromosome is of paternal origin. *Am J Hum Genet* 1984;36:413-21.
- Kleinbaum DG, Kupper LL, Morgenstern H. *Epidemiologic research, principles, and quantitative methods*. London: Lifetime Learning Publications, 1982.
- Kunstadter P. *A study of herbicides and birth defects in the Republic of Vietnam: an analysis of hospital records*. Washington, D.C.: National Academy Press, 1982.

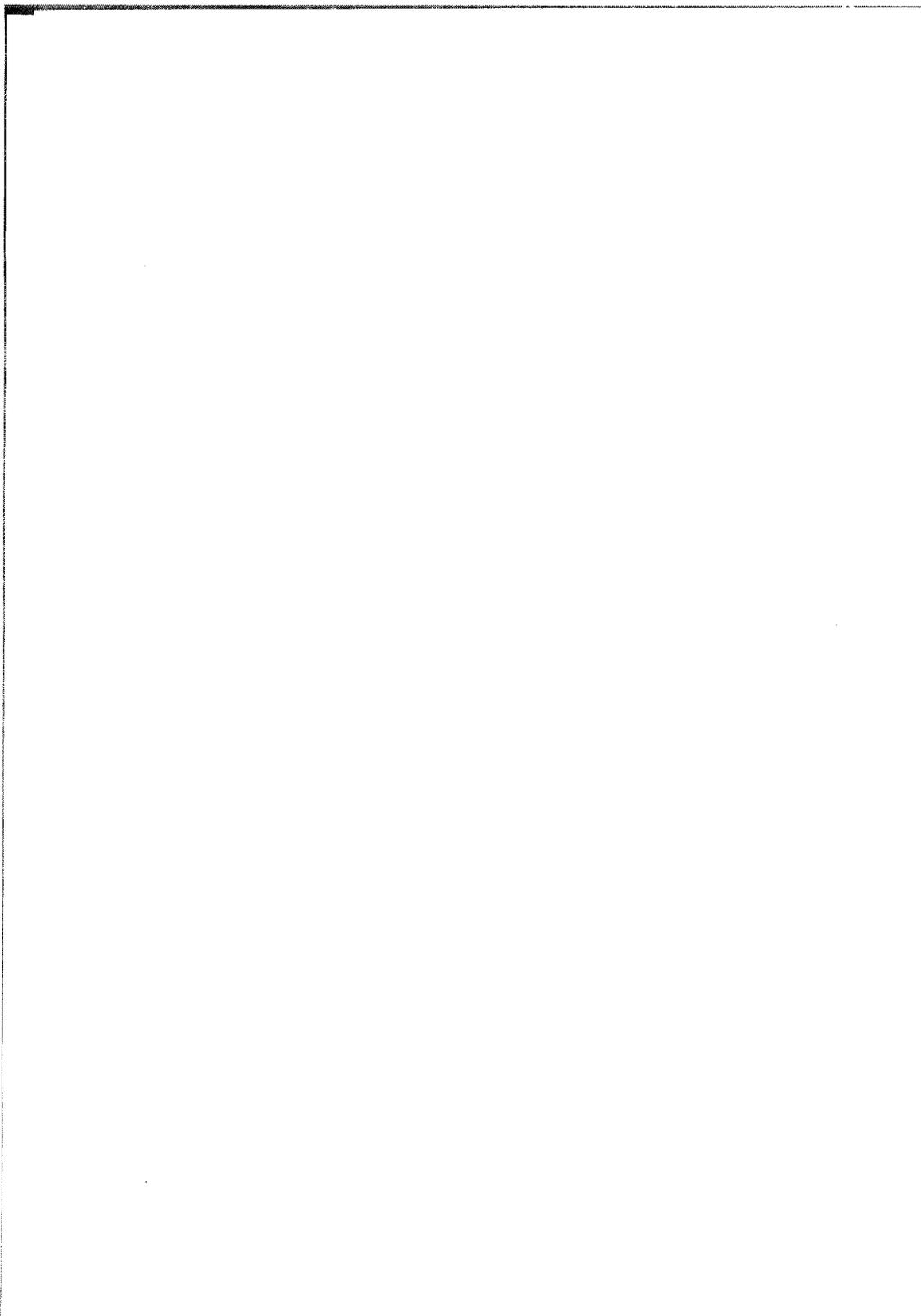
- Lamb JC, Moore JA, Marks TA. Evaluation of 2,4-D,2,4,5-T and 2,3,7,8-TCDD toxicity in C57BL/5 mice: reproduction and fertility in treated male mice and evaluation of congenital malformations in their offspring. Washington, D.C.: National Toxicology Program (NTP) 1980; NTP 80-44.
- Layde PM, Dooley K, Erickson JD, Edmonds LD. Is there an epidemic of ventricular septal defects in the U.S.A.? *Lancet* 1980;1:407-8.
- LaVecchio FA, Pashayan HM, Singer W. Agent Orange and birth defects. *N Engl J Med* 1983;308:719-20.
- MacMahon B, Pugh TF. *Epidemiologic methods*. Boston: Little Brown and Co, 1970.
- Manning CH, Goodman HO. Parental origin of chromosomes in Down's syndrome. *Hum Genet* 1981;59:101-3.
- Mantel N. Chi-square tests with one degree of freedom: extensions of the Mantel-Haenszel procedure. *J Am Statist Assoc* 1963;58:690-700.
- Mantel N. Synthetic retrospective studies and related topics. *Biometrics* 1973;29:479-86.
- Mantel N, Haenszel W. Statistical aspects of the analysis of data from retrospective studies of disease. *JNCI* 1959;22:719-48.
- Murray FJ, Smith FA, Nischke KD, et al. Three generation reproduction study of rats given 2,3,7,8-TCDD in the diet. *Toxicol Appl Pharmacol* 1979;50:241-52.
- Neel S. Vietnam studies: medical support of the US Army in Vietnam, 1965-1970. Washington, D.C.: U.S. Government Printing Office, 1973.
- Nelson CJ, Holson JF, Green HG, Gaylor DW. Retrospective study of relationship between agricultural use of 2,4,5-T and cleft palate occurrence in Arkansas. *Teratology* 1979;19:377-84.
- Niswander KR, Gordon M, eds. *Women and their pregnancies*. Philadelphia: WB Saunders; 1972.
- Oakley GP, James LM, Edmonds LD. Temporal trends in reported malformation incidence for the United States—Birth Defects Monitoring Program. *Morbidity Mortality Weekly Report Surveillance Summaries*, 1983;32:755-1055.
- Oliphant TH, McHugh RB. Least significant relative risk determination in the case of unequal sample sizes. *Am J Epidemiol* 1981;113:711-5.
- Penrose LS. Parental age in achondroplasia and mongolism. *Am J Hum Genet* 1957;9:167-71.
- Schlesselman JJ. *Case-control studies—design, conduct, analysis*. New York: Oxford University Press, 1982.
- Seltzer CC, Jablon S. Effects of selection on mortality. *Am J Epidemiol* 1974;100:367-72.
- Shanks AH. The current status of computer-assisted telephone interviewing. *Sociol Meth Res* 1983;12:119-42.
- Smith AH, Fisher DO, Pearce N, et al. Congenital defects and miscarriages among New Zealand 2,4,5-T sprayers. *Arch Environ Health* 1982;37:197-200.
- Smith FA, Schwetz BA, Nitschke KD. Teratogenicity of 2,3,7,8-TCDD in CF-1 mice. *Toxicol Appl Pharmacol* 1976;38:517-23.
- Statistical Analysis System Institute (SAS). *SAS User's Guide: basics*. 1982 ed. Cary, North Carolina: SAS Institute Inc, 1982.
- Thomas HF. 2,4,5-T use and congenital malformation rates in Hungary. *Lancet* 1980;2:214-5.
- Townsend JC, Bodner KM, VanPeenen PF, et al. Survey of reproductive events of wives of employees exposed to chlorinated dioxins. *Am J Epidemiol* 1982;115:695-713.

- Tung TT, Anh TK, Tuyen BQ, et al. Clinical effects of massive and continuous utilization of defoliants on civilians (preliminary survey). *Vietnamese Studies* 1971;29:53-81.
- U.S. Bureau of the Census. 1980 Census Population: Alphabetical index of industries and occupations. 2nd ed. Washington, D.C.: U.S. Government Printing Office, May 1981.
- Veterans Administration. Myths and realities: a study of attitudes toward Vietnam era veterans. Washington, D.C.: 96th Congress, 2nd Session, 1980: House Committee Print No. 89.
- Veterans Administration. Review of literature on herbicides, including phenoxy herbicides and associated dioxins. Volume 1: analysis of literature. Washington, D.C.: VA, 1981 (VA Contract No.: V101(93)P-823.)
- World Health Organization (WHO). International classification of diseases (ICD-8). 1965 Revision, vol. 1. Geneva: WHO, 1967.
- Young AL, Calcagni JA, Thalken CE, et al. The toxicology, environmental fate, and human risk of Herbicide Orange and its associated dioxin. Washington, D.C.: United States Air Force (USAF), 1978. USAF OEHL technical report, TR-78-92.



8. APPENDIX A

PART I. FATHER'S QUESTIONNAIRE



INTRODUCTION

Hello, this is (YOUR NAME). I am calling for the Centers for Disease Control, the CDC in Atlanta. May I speak with (NAME ON LABEL)?

READ TO SELECTED RESPONDENT: Recently, we sent you a letter explaining that the Centers for Disease Control is conducting a study about birth defects. We are talking with a number of men who have been fathers. Some have had a child with a birth defect and others have not. You were chosen because you (had a child on [DATE OF INDEX BIRTH]/were the father of a pregnancy which ended on [DATE OF INDEX BIRTH]). I would like to confirm this information with you. (Did you, in fact, have a child/Were you, in fact, the father of a pregnancy which ended) on (DATE OF INDEX BIRTH)?

Yes 1 (CONTINUE WITH INTRODUCTION)
No 2 (Q.a)

a. (Did you have a child born/Were you the father of a pregnancy that ended) around that time?

Yes 1 (Q.b)
No 2 (THANK RESPONDENT
AND TERMINATE)

b. What is the correct date?

_____/_____/_____
MONTH DAY YEAR

c. At what hospital (was the child born/did the pregnancy end)?

NAME OF HOSPITAL

INTRODUCTION CONTINUED: The questions that follow are about your health in general, pregnancies that you have been the father of and jobs you have held. We will also be asking about your use of medicines and your exposure to chemicals. The interview will be done in two parts. The whole interview will take about 35 minutes. The first part should take about 5 to 10 minutes. Your participation is voluntary and you need not answer all the questions. The information you give will be used for statistical purposes only, and your name will never be mentioned in any published report. Your participation in this study is very important.

Time Began: _____

I'd like to start by asking you some questions about all of the pregnancies that you have been the father of.

1. First, how many times altogether have you been the father of a pregnancy? Please be sure to include any pregnancies that ended in a live birth, a miscarriage, a stillbirth or an induced abortion.

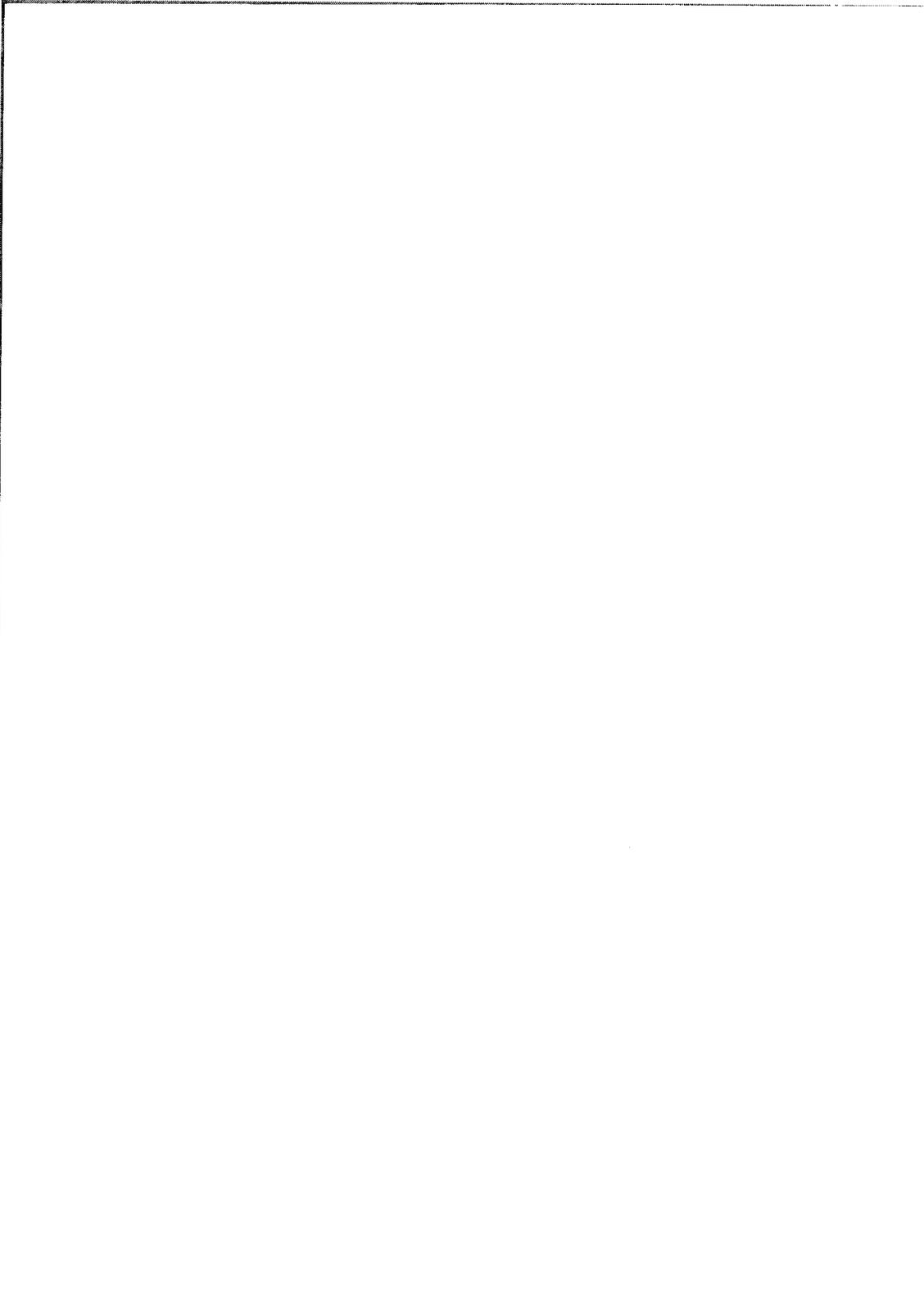
NUMBER

Now I'd like to ask you a few questions about (this pregnancy/each of these [NUMBER] pregnancies). As we go through these questions, if you remember any other pregnancies, please be sure to tell me about them.

(ASK Q's.2 THROUGH 16, AS APPLICABLE, FOR EACH PREGNANCY BEFORE GOING TO THE NEXT PREGNANCY.)

	FIRST PREGNANCY
2. Thinking now about the (1st/2nd/etc.) pregnancy, in what month and year did this pregnancy end?	_____/_____ MONTH YEAR
3. Was this a multiple pregnancy, that is, was the mother pregnant with twins or triplets?	Yes 1 (Q.4) No 2 (Q.5) Don't know . . . 8 (Q.5)
4. How many babies was she pregnant with?	_____ NUMBER OF BABIES
5. (For the [1st/2nd/etc.] baby), did this pregnancy result in a live birth, stillbirth, miscarriage, or induced abortion? (REPEAT FOR UP TO THREE BABIES. FOLLOW SKIP INSTRUCTION FOR BABY WITH THE LOWEST CODE NUMBER CIRCLED.)	Live birth . . . 01 (Q.7) Stillbirth . . . 02 (Q.7) Miscarriage . . . 03 (Q.6) Abortion 04 (Q.6) Tubal pregnancy. 05 (Q.6) Don't know . . . 98 (BOX 3) Live birth . . . 01 (Q.7) Stillbirth . . . 02 (Q.7) Miscarriage . . . 03 (Q.6) Abortion 04 (Q.6) Tubal pregnancy. 05 (Q.6) Don't know . . . 98 (BOX 3) Live Birth . . . 01 (Q.7) Stillbirth . . . 02 (Q.7) Miscarriage . . . 03 (Q.6) Abortion 04 (Q.6) Tubal pregnancy. 05 (Q.6) Don't know . . . 98 (BOX 3)
6. How many weeks had the mother been pregnant at the time of the (miscarriage/abortion/diagnosis of the tubal pregnancy)? (RECORD VERBATIM.)	_____ NUMBER OF WEEKS Don't know . . . 98 (GO TO Q.2 NEXT PREGNANCY, OR BOX 4)
7. Did the doctor say that this pregnancy ended early, late, or on time?	Early 1 (Q.8) Late 2 (Q.8) On time 3 (Q.9) Don't know . . . 8 (Q.9)
8. How many weeks (early/late)?	_____ # OF WEEKS Don't know . . . 98

SECOND PREGNANCY	THIRD PREGNANCY	FOURTH PREGNANCY	FIFTH PREGNANCY
<p>MONTH / YEAR</p> <p>Current pregnancy 9696 (BOX 4) SPECIFY # OF MONTHS PREGNANT: _____</p>	<p>MONTH / YEAR</p> <p>Current pregnancy 9696 (BOX 4) SPECIFY # OF MONTHS PREGNANT: _____</p>	<p>MONTH / YEAR</p> <p>Current pregnancy 9696 (BOX 4) SPECIFY # OF MONTHS PREGNANT: _____</p>	<p>MONTH / YEAR</p> <p>Current pregnancy 9696 (BOX 4) SPECIFY # OF MONTHS PREGNANT: _____</p>
<p>Yes 1 (Q.4) No 2 (Q.5) Don't know . . . 8 (Q.5)</p>	<p>Yes 1 (Q.4) No 2 (Q.5) Don't know . . . 8 (Q.5)</p>	<p>Yes 1 (Q.4) No 2 (Q.5) Don't know . . . 8 (Q.5)</p>	<p>Yes 1 (Q.4) No 2 (Q.5) Don't know . . . 8 (Q.5)</p>
<p>NUMBER OF BABIES</p>	<p>NUMBER OF BABIES</p>	<p>NUMBER OF BABIES</p>	<p>NUMBER OF BABIES</p>
<p>Live birth . . . 01 (Q.7) Stillbirth . . . 02 (Q.7) Miscarriage . . . 03 (Q.6) Abortion 04 (Q.6) Tubal pregnancy. 05 (Q.6) Don't know . . . 98 (BOX 3)</p>	<p>Live birth . . . 01 (Q.7) Stillbirth . . . 02 (Q.7) Miscarriage . . . 03 (Q.6) Abortion 04 (Q.6) Tubal pregnancy. 05 (Q.6) Don't know . . . 98 (BOX 3)</p>	<p>Live birth . . . 01 (Q.7) Stillbirth . . . 02 (Q.7) Miscarriage . . . 03 (Q.6) Abortion 04 (Q.6) Tubal pregnancy. 05 (Q.6) Don't know . . . 98 (BOX 3)</p>	<p>Live birth . . . 01 (Q.7) Stillbirth . . . 02 (Q.7) Miscarriage . . . 03 (Q.6) Abortion 04 (Q.6) Tubal pregnancy. 05 (Q.6) Don't know . . . 98 (BOX 3)</p>
<p>Live birth . . . 01 (Q.7) Stillbirth . . . 02 (Q.7) Miscarriage . . . 03 (Q.6) Abortion 04 (Q.6) Tubal pregnancy. 05 (Q.6) Don't know . . . 98 (BOX 3)</p>	<p>Live birth . . . 01 (Q.7) Stillbirth . . . 02 (Q.7) Miscarriage . . . 03 (Q.6) Abortion 04 (Q.6) Tubal pregnancy. 05 (Q.6) Don't know . . . 98 (BOX 3)</p>	<p>Live birth . . . 01 (Q.7) Stillbirth . . . 02 (Q.7) Miscarriage . . . 03 (Q.6) Abortion 04 (Q.6) Tubal pregnancy. 05 (Q.6) Don't know . . . 98 (BOX 3)</p>	<p>Live birth . . . 01 (Q.7) Stillbirth . . . 02 (Q.7) Miscarriage . . . 03 (Q.6) Abortion 04 (Q.6) Tubal pregnancy. 05 (Q.6) Don't know . . . 98 (BOX 3)</p>
<p>Live birth . . . 01 (Q.7) Stillbirth . . . 02 (Q.7) Miscarriage . . . 03 (Q.6) Abortion 04 (Q.6) Tubal pregnancy. 05 (Q.6) Don't know . . . 98 (BOX 3)</p>	<p>Live birth . . . 01 (Q.7) Stillbirth . . . 02 (Q.7) Miscarriage . . . 03 (Q.6) Abortion 04 (Q.6) Tubal pregnancy. 05 (Q.6) Don't know . . . 98 (BOX 3)</p>	<p>Live birth . . . 01 (Q.7) Stillbirth . . . 02 (Q.7) Miscarriage . . . 03 (Q.6) Abortion 04 (Q.6) Tubal pregnancy. 05 (Q.6) Don't know . . . 98 (BOX 3)</p>	<p>Live birth . . . 01 (Q.7) Stillbirth . . . 02 (Q.7) Miscarriage . . . 03 (Q.6) Abortion 04 (Q.6) Tubal pregnancy. 05 (Q.6) Don't know . . . 98 (BOX 3)</p>
<p>NUMBER OF WEEKS</p> <p>Don't know . . . 98</p> <p>(GO TO Q.2 NEXT PREGNANCY, OR BOX 4)</p>	<p>NUMBER OF WEEKS</p> <p>Don't know . . . 98</p> <p>(GO TO Q.2 NEXT PREGNANCY, OR BOX 4)</p>	<p>NUMBER OF WEEKS</p> <p>Don't know . . . 98</p> <p>(GO TO Q.2 NEXT PREGNANCY, OR BOX 4)</p>	<p>NUMBER OF WEEKS</p> <p>Don't know . . . 98</p> <p>(GO TO Q.2 NEXT PREGNANCY, OR BOX 4)</p>
<p>Early 1 (Q.8) Late 2 (Q.8) On time 3 (Q.9) Don't know . . . 8 (Q.9)</p>	<p>Early 1 (Q.8) Late 2 (Q.8) On time 3 (Q.9) Don't know . . . 8 (Q.9)</p>	<p>Early 1 (Q.8) Late 2 (Q.8) On time 3 (Q.9) Don't know . . . 8 (Q.9)</p>	<p>Early 1 (Q.8) Late 2 (Q.8) On time 3 (Q.9) Don't know . . . 8 (Q.9)</p>
<p># OF WEEKS</p> <p>Don't know . . . 98</p>	<p># OF WEEKS</p> <p>Don't know . . . 98</p>	<p># OF WEEKS</p> <p>Don't know . . . 98</p>	<p># OF WEEKS</p> <p>Don't know . . . 98</p>



Pregnancy No. [] [] []

	FIRST BABY
9. Was the (first/second/etc.) baby a boy or a girl?	Boy 1 Girl 2
10. IF LIVE BIRTH: Did (he/she) have a health problem at birth or a birth defect that was diagnosed during the first year of (his/her) life? IF STILLBIRTH: Did (he/she) have a birth defect?	Yes 1 (Q.11) No 2 (BOX 1) Don't know . . 8 (BOX 1)
11. What kind of birth defect (or health problem) was that? (RECORD VERBATIM.)	_____ _____ _____

BOX 1. IF PREGNANCY ENDED IN:

- STILLBIRTH, GO TO Q.2 FOR NEXT PREGNANCY OR GO TO BOX 4 IF THIS IS LAST PREGNANCY.
- LIVE BIRTH, CONTINUE.

12. Did (he/she) ever develop leukemia or cancer?	Yes, leukemia . 1 (Q.13) Yes, cancer . . 1 (Q.15) No 2 (BOX 3) Don't know . . 8 (BOX 3)
13. What type of leukemia did (he/she) develop? Was it lymphocytic, myelocytic or some other type?	Lymphocytic . . 1 Myelocytic . . . 2 Other (SPECIFY) 3 _____ Don't know . . . 8
14. In what month and year was this leukemia diagnosed by a doctor?	_____/_____ MONTH YEAR Don't know . . . 9898

BOX 2. IF BABY DEVELOPED CANCER, CONTINUE WITH Q.15. OTHERWISE, GO TO BOX 3.

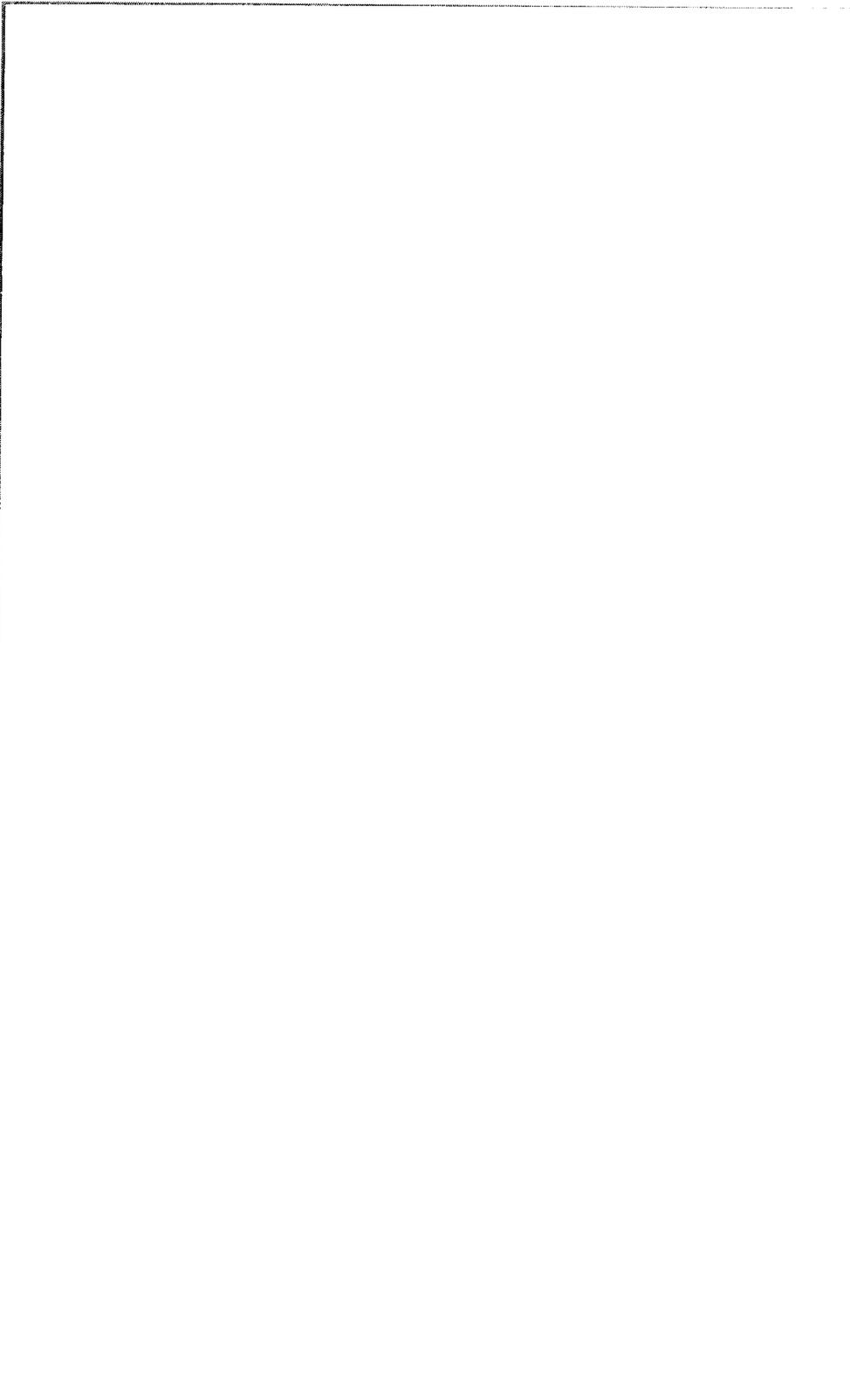
15. What type of cancer did (he/she) develop? (RECORD VERBATIM.)	_____ _____ _____
16. In what month and year was this cancer diagnosed by a doctor?	_____/_____ MONTH YEAR Don't know . . . 9898

BOX 3. IF MORE PREGNANCIES, RETURN TO Q.2. OTHERWISE, CONTINUE.



Pregnancy No.		Pregnancy No.		Pregnancy No.		Pregnancy No.	
SECOND BABY		THIRD BABY		FOURTH BABY		FIFTH BABY	
Boy 1 Girl 2		Boy 1 Girl 2		Boy 1 Girl 2		Boy 1 Girl 2	
Yes 1 (Q.11) No 2 (BOX 1) Don't know . . 8 (BOX 1)		Yes 1 (Q.11) No 2 (BOX 1) Don't know . . 8 (BOX 1)		Yes 1 (Q.11) No 2 (BOX 1) Don't know . . 8 (BOX 1)		Yes 1 (Q.11) No 2 (BOX 1) Don't know . . 8 (BOX 1)	
_____		_____		_____		_____	
_____		_____		_____		_____	
_____		_____		_____		_____	
Yes, leukemia . 1 (Q.13) Yes, cancer . . 1 (Q.15) No 2 (BOX 3) Don't know . . 8 (BOX 3)		Yes, leukemia . 1 (Q.13) Yes, cancer . . 1 (Q.15) No 2 (BOX 3) Don't know . . 8 (BOX 3)		Yes, leukemia . 1 (Q.13) Yes, cancer . . 1 (Q.15) No 2 (BOX 3) Don't know . . 8 (BOX 3)		Yes, leukemia . 1 (Q.13) Yes, cancer . . 1 (Q.15) No 2 (BOX 3) Don't know . . 8 (BOX 3)	
Lymphocytic . . 1 Myelocytic . . 2 Other (SPECIFY) 3 _____		Lymphocytic . . 1 Myelocytic . . 2 Other (SPECIFY) 3 _____		Lymphocytic . . 1 Myelocytic . . 2 Other (SPECIFY) 3 _____		Lymphocytic . . 1 Myelocytic . . 2 Other (SPECIFY) 3 _____	
Don't know . . 8		Don't know . . 8		Don't know . . 8		Don't know . . 8	
_____/_____ MONTH YEAR		_____/_____ MONTH YEAR		_____/_____ MONTH YEAR		_____/_____ MONTH YEAR	
Don't know . . . 9898		Don't know . . . 9898		Don't know . . . 9898		Don't know . . . 9898	
_____		_____		_____		_____	
_____		_____		_____		_____	
_____		_____		_____		_____	
_____/_____ MONTH YEAR		_____/_____ MONTH YEAR		_____/_____ MONTH YEAR		_____/_____ MONTH YEAR	
Don't know . . . 9898		Don't know . . . 9898		Don't know . . . 9898		Don't know . . . 9898	

PART II. FATHER'S QUESTIONNAIRE



SECTION A

I would like to start by asking some general questions.

A-1. First, when were you born?

_____/_____/_____
MONTH DAY YEAR

A-1a. How tall are you without shoes?

_____/_____
FT. IN.

A-2. How much do you weigh?

LBS.

A-3. Did you have a health problem at birth or a birth defect that was diagnosed during the first year of life?

- Yes 1 (A-4)
- No 2 (INTRO. TO A-1)
- Don't know 8 (INTRO. TO A-1)

A-4. What type of birth defect was that? (RECORD VERBATIM.)

The next few questions are about long lasting illnesses that require a doctor's care.

(ASK A-5 THROUGH A-9, AS APPROPRIATE, FOR EACH ILLNESS)	<u>Underactive thyroid</u> (Hypothyroidism)		
A-5. At any time before (DOIB), were you ever diagnosed as having (ILLNESS)?	Yes 1 (A-6) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)		
A-6. How old were you when (ILLNESS) was first diagnosed by a doctor? (RECORD VERBATIM.)	<p style="text-align: center;">AGE</p> At birth 96		
A-7. Did you take any medicines that a doctor prescribed for (ILLNESS)?	Yes 1 (A-8) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)		
A-8. What were the names of the medicines that you took for (ILLNESS)? (RECORD EACH MEDICATION IN A SEPARATE COLUMN.)	MEDICINE #1	MEDICINE #2	MEDICINE #3
	DK..... 98	DK..... 98	DK.... 98
A-9. For how long did you take (MEDICATION)? (RECORD VERBATIM.)	Still	Still	Still
	using 96 DK.... 98	using 96 DK.... 98	using 96 DK.... 98

Overactive thyroid (Hyperthyroidism)			Diabetes Mellitus or Sugar Diabetes			High blood pressure		
Yes 1 (A-6) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)			Yes 1 (A-6) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)			Yes 1 (A-6) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)		
_____ AGE At birth 96			_____ AGE At birth 96			_____ AGE At birth 96		
Yes 1 (A-8) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)			Yes 1 (A-8) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)			Yes 1 (A-8) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)		
MEDICINE #1	MEDICINE #2	MEDICINE #3	MEDICINE #1	MEDICINE #2	MEDICINE #3	MEDICINE #1	MEDICINE #2	MEDICINE #3
DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98
_____ Still using 96 DK..... 98	_____ Still using 96 DK..... 98	_____ Still using 96 DK..... 98	_____ Still using 96 DK..... 98	_____ Still using 96 DK..... 98	_____ Still using 96 DK..... 98	_____ Still using 96 DK..... 98	_____ Still using 96 DK..... 98	_____ Still using 96 DK..... 98

(ASK A-5 THROUGH A-9, AS APPROPRIATE,
FOR EACH ILLNESS)

		Rheumatic heart disease		
A-5. At any time before (DOIB), were you ever diagnosed as having (ILLNESS)?	Yes 1 (A-6) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)			
A-6. How old were you when (ILLNESS) was first diagnosed by a doctor? (RECORD VERBATIM.)	_____ AGE At birth 96			
A-7. Did you take any medicines that a doctor prescribed for (ILLNESS)?	Yes 1 (A-8) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)			
A-8. What were the names of the medicines that you took for (ILLNESS)? (RECORD EACH MEDICATION IN A SEPARATE COLUMN.)	MEDICINE #1	MEDICINE #2	MEDICINE #3	
	DK..... 98	DK..... 98	DK.... 96	
A-9. For how long did you take (MEDICATION)? (RECORD VERBATIM.)	Still using 96	Still using 96	Still using 96	
	DK.... 98	DK.... 98	DK.... 96	

Any heart disease, like holes in the heart, that is, VSD or ASD or any other heart disease			Epilepsy or seizures			Asthma		
Yes 1 (A-6) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)			Yes 1 (A-6) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)			Yes 1 (A-6) No 2 (A-10) Don't know . . . 8 (A-10)		
AGE At birth 96			AGE At birth 96			AGE At birth 96		
Yes 1 (A-8) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)			Yes 1 (A-8) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)			Yes 1 (A-8) No 2 (A-10) Don't know . . . 8 (A-10)		
MEDICINE #1	MEDICINE #2	MEDICINE #3	MEDICINE #1	MEDICINE #2	MEDICINE #3	MEDICINE #1	MEDICINE #2	MEDICINE #3
DK..... 98	DK..... 98	DK.... 98	DK..... 98	DK..... 98	DK.... 98	DK..... 98	DK..... 98	DK.... 98
Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98



A-10. At any time before (DOIB), were you ever diagnosed as having cancer? Yes 1 (A-11)
 No 2 (A-18)
 Don't know 8 (A-18)

A-11. How old were you when cancer was first diagnosed by a doctor? (RECORD VERBATIM.)

 AGE
 At birth 96

A-12. Did you take any medicines that a doctor prescribed for cancer? Yes 1 (A-13)
 No 2 (A-15)
 Don't know 8 (A-15)

	MEDICINE #1	MEDICINE #2	MEDICINE #3
A-13. What were the names of the medicines you took for cancer? (RECORD EACH MEDICATION IN A SEPARATE COLUMN.)	DK 98	DK 98	DK 98
A-14. For how long did you take (MEDICATION)? (RECORD VERBATIM.)	Rest of my life 95 Still using . . 96 DK 98	Rest of my life 95 Still using . . 96 DK 98	Rest of my life 95 Still using . . 96 DK 98

A-15. Did you receive any other kind of treatment for cancer? Yes 1 (A-16)
 No 2 (A-18)
 Don't know 8 (A-18)

A-16. What kind of treatment was this? (CIRCLE ALL THAT APPLY. FOLLOW SKIP FOR LOWEST CODE CIRCLED)
 X-ray or radiation treatment 1 (A-17)
 Surgery 2 (A-18)
 Special diet 3 (A-18)
 Other treatment (SPECIFY) 4 (A-18)

 Don't know 8 (A-18)

A-17. About how many times altogether did you have (x-ray/radiation) treatments for cancer?

 # OF TIMES
 Don't know 98

A-18. At any time before (DOB), were you ever diagnosed as having any other long lasting illness?

Yes 1 (A-19)
 No 2 (A-24)
 Don't know 8 (A-24)

		ILLNESS #1		
A-19. What illness was that? (RECORD EACH LONG LASTING ILLNESS IN A SEPARATE COLUMN.)				
(ASK A-20 THROUGH A-23, AS APPROPRIATE, FOR EACH ILLNESS.)				
A-20. How old were you when (ILLNESS) was first diagnosed by a doctor? (RECORD VERBATIM.)		AGE		
		At birth 96		
A-21. Did you take any medicines that a doctor prescribed for (ILLNESS)?		Yes 1 (A-22) No 2 (NEXT ILLNESS) Don't know 8 OR A-24		
A-22. What were the names of the medicines that you took for (ILLNESS)? (RECORD EACH MEDICATION IN A SEPARATE COLUMN.)		MEDICINE #1	MEDICINE #2	MEDICINE #3
		DK..... 98	DK..... 98	DK.... 93
A-23. For how long did you take (MEDICATION)? (RECORD VERBATIM.)		Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 91

A-24. Did you have acne as a teenager? Yes 1
 No 2
 A few pimples, not very much 3

A-25. Have you had acne as an adult? Yes 1
 No 2
 A few pimples, not very much 3

ILLNESS #2			ILLNESS #3			ILLNESS #4		
AGE			AGE			AGE		
At birth 96			At birth 96			At birth 96		
Yes 1 (A-22) No 2 (NEXT ILLNESS Don't know . . . 8 } OR A-24)			Yes 1 (A-22) No 2 (NEXT ILLNESS Don't know . . . 8 } OR A-24)			Yes 1 (A-22) No 2 (NEXT ILLNESS Don't know . . . 8 } OR A-24)		
MEDICINE #1	MEDICINE #2	MEDICINE #3	MEDICINE #1	MEDICINE #2	MEDICINE #3	MEDICINE #1	MEDICINE #2	MEDICINE #3
DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98
Still using 96 DK..... 98	Still using 96 DK..... 98	Still using 96 DK..... 98	Still using 96 DK..... 98	Still using 96 DK..... 98	Still using 96 DK..... 96	Still using 96 DK..... 98	Still using 96 DK..... 98	Still using 96 DK..... 98

SECTION B

Now I have some questions which focus on the pregnancy that ended in (DDIB).

B-1. First, in what city and state were you living at the beginning of the pregnancy that ended in (DDIB)?

CITY
OR TOWN: _____ OR FOREIGN
STATE: _____ COUNTRY: _____

B-2. Was that pregnancy planned, that is, were you and the mother actually trying to have a baby?

- Yes 1 (B-3)
- No 2 (SECTION C)
- Not trying to get pregnant but not
trying to stop it. 3 (SECTION C)

B-3. Once you and the mother decided to have a baby, how many months did it take for her to become pregnant?

_____ OR _____
OF MONTHS # OF YEARS
Less than one month. 96
Don't know 98

B-4. Did the mother go to a doctor or clinic to talk about ways to help become pregnant?

- Yes 1 (B-5)
- No 2 (B-9)
- Don't know 8 (B-9)

B-5. When did she first go to a doctor or clinic for help in becoming pregnant that time?

_____/_____
MONTH YEAR
Don't know 9898

B-6. Did she take any fertility drug to help become pregnant that time?

- Yes 1 (B-7)
- No 2 (B-8)
- Don't know 8 (B-8)

B-7. What type of fertility drug was that?

Bromocriptine (Parlodel) 1
Clomid 2
HCG (Pregnyl or Follutein) 3
HMG (Pergonal) 4
Progesterone (Duphaston) 5
Other fertility drug (SPECIFY) 6

Don't know 8

B-8. What other kinds of medical treatment or advice did she receive?

B-9. Did you go to a doctor or clinic to talk about ways to help the mother become pregnant that time?

Yes 1 (B-10)
No 2 (SECTION C)
Don't know 8 (SECTION C)

B-10. When did you first go to a doctor or clinic for helping the mother become pregnant that time?

_____/_____
MONTH YEAR
Don't know 9898

B-11. What kinds of medical treatment or advice did you receive? (CIRCLE ALL THAT APPLY.)

HCG (Pregnyl) 1
Sperm test 1
Surgical correction of varicocele 1
Other (SPECIFY) 1

SECTION C

For the next set of questions, I want you to think about the months right before the beginning of the pregnancy that ended in (DOIB). These questions are about the period from six months before the pregnancy began up to the beginning of the pregnancy; that is from (ENTER DATES) ____/____/____ to ____/____/____.

- C-1. During the period from six months before the pregnancy began up to the start of the pregnancy, did you have any illness for which you saw a doctor?
- Yes 1 (C-2)
 No 2 (C-7)
 Don't know 8 (C-7)

		ILLNESS #1			
C-2. What kind of illness did you have? (RECORD EACH ILLNESS IN A SEPARATE COLUMN.)					
		EPISODE #1		EPISODE #2	
(ASK C-3 THROUGH C-6, AS APPROPRIATE, FOR EACH ILLNESS)					
C-3. In which month or months during this period did you have (ILLNESS)? (RECORD EACH EPISODE IN A SEPARATE COLUMN. CIRCLE ALL MONTHS THAT APPLY FOR EACH EPISODE.)		6th month before pregnancy 1	6th month before pregnancy 1	5th month before pregnancy 1	5th month before pregnancy 1
		4th month before pregnancy 1	4th month before pregnancy 1	3rd month before pregnancy 1	3rd month before pregnancy 1
		2nd month before pregnancy 1	2nd month before pregnancy 1	1st month before pregnancy 1	1st month before pregnancy 1
		Don't know 8	Don't know 8	Don't know 8	Don't know 8
(ASK C-4 THROUGH C-6, AS APPROPRIATE, FOR EACH EPISODE)					
C-4. Did you have a fever when you had the (ILLNESS) in the (MONTH)?		Yes 1 No 2 Don't know . . 8	Yes 1 No 2 Don't know . . 8	Yes 1 No 2 Don't know . . 8	Yes 1 No 2 Don't know . . 8
C-5. Did you take any medicine that the doctor prescribed?		Yes 1 (C-6) No 2 (NEXT ILLNESS OR C-7) Don't know . . 8 (EPISODE, NEXT ILLNESS OR C-7)	Yes 1 (C-6) No 2 (NEXT ILLNESS OR C-7) Don't know . . 8 (EPISODE, NEXT ILLNESS OR C-7)	Yes 1 (C-6) No 2 (NEXT ILLNESS OR C-7) Don't know . . 8 (EPISODE, NEXT ILLNESS OR C-7)	Yes 1 (C-6) No 2 (NEXT ILLNESS OR C-7) Don't know . . 8 (EPISODE, NEXT ILLNESS OR C-7)
C-6. What was the name of the medicine you took for the (1st/2nd/etc.) episode of (ILLNESS)? (RECORD EACH MEDICINE IN A SEPARATE COLUMN.)		MEDICINE #1	MEDICINE #2	MEDICINE #1	MEDICINE #2

C-7. During this six-month period were you ever given a general anesthetic, that is, were you put to sleep for surgery or any other problem?

Yes 1 (C-8)
No 2 (C-10)
Don't know 8 (C-10)

C-8. Did you get a shot, gas, or both?

Shot 1
Gas 2
Both 3
Don't know 8

C-9. In which month or months, during this period did you have a general anesthetic? (CIRCLE ALL THAT APPLY.)

6th month before pregnancy 1
5th month before pregnancy 1
4th month before pregnancy 1
3rd month before pregnancy 1
2nd month before pregnancy 1
1st month before pregnancy 1
Don't know 8

C-10. During this same six-month period, did you take any other medicine that was prescribed by a doctor?

Yes. 1 (C-11)
 No 2 (INTRO. TO C-14)
 Don't know 8 (INTRO. TO C-14)

	MEDICATION #1	MEDICATION #2	MEDICATION #3
C-11. What other medications did you take during this period? (RECORD EACH MEDICATION IN A SEPARATE COLUMN.)			
(ASK C-12 AND C-13 FOR EACH MEDICATION.) C-12. For what reason were you taking (MEDICATION)? (RECORD VERBATIM.)			
C-13. In which months during this time were you taking (MEDICATION)? (CIRCLE ALL THAT APPLY.)	6th month before pregnancy 1 5th month before pregnancy 1 4th month before pregnancy 1 3rd month before pregnancy 1 2nd month before pregnancy 1 1st month before pregnancy 1 Don't know. 8	6th month before pregnancy 1 5th month before pregnancy 1 4th month before pregnancy 1 3rd month before pregnancy 1 2nd month before pregnancy 1 1st month before pregnancy 1 Don't know. 8	6th month before pregnancy 1 5th month before pregnancy 1 4th month before pregnancy 1 3rd month before pregnancy 1 2nd month before pregnancy 1 1st month before pregnancy 1 Don't know. 1

Now I have some questions about cigarette smoking.

C-14. Did you smoke cigarettes during the period from six months before the pregnancy began up to the beginning of the pregnancy?

- Yes 1 (C-15)
- No 2 (INTRO. TO C-11)
- Don't know 8 (INTRO. TO C-11)

C-15. In which months during this period did you smoke cigarettes? (CIRCLE ALL THAT APPLY.)

- 6th month before pregnancy 1
- 5th month before pregnancy 1
- 4th month before pregnancy 1
- 3rd month before pregnancy 1
- 2nd month before pregnancy 1
- 1st month before pregnancy 1
- Don't know 8

C-16. Did you usually smoke low-tar cigarettes, another type of filtered cigarettes or unfiltered cigarettes?

- Low-tar cigarettes 1
- Other filtered cigarettes 2
- Unfiltered cigarettes 3
- Don't know 8

C-17. (When you smoked) during this period, about how many cigarettes did you smoke in a day?

- Less than one a day 01
- About one a day 02
- Just a few (2-4) 03
- About half a pack (5-14) 04
- About a pack (15-24) 05
- About a pack and a half (25-34) 06
- About 2 packs (35-44) 07
- More than 2 packs (45+) 08
- Don't know 98

C-18. Did you usually inhale?

- Yes 1
- No 2
- Don't know 8

The next questions are about alcoholic beverages.

C-19. During this period, did you ever drink beer, wine, or hard liquor?

Yes 1 (C-20)
No 2 (C-24)
Don't know 8 (C-24)

C-20. In which months during this period did you drink beer, wine, or hard liquor? (CIRCLE ALL THAT APPLY.)

6th month before pregnancy 1
5th month before pregnancy 1
4th month before pregnancy 1
3rd month before pregnancy 1
2nd month before pregnancy 1
1st month before pregnancy 1
Don't know 8

C-21. During that time, about how often did you drink beer, wine, or hard liquor? Would you say it was . . .

Less than one day a week, 1
1 or 2 days a week, 2
Every other day, 3
Or, every day? 4
Don't know 8

C-22. How many drinks did you have on the days that you drank beer, wine, or hard liquor?

_____ # OF DRINKS
Don't know 98

C-23. During that time, about how often did you have five or more drinks of beer, wine, or hard liquor at one particular time? Would you say it was . . .

Every day, 1
Every other day, 2
Once or twice a week, 3
Once every couple of weeks, 4
Or, once a month or less often? 5
Never 6
Don't know 8

C-24. During the time from six months before the pregnancy started up to the beginning of the pregnancy, did you drink coffee?

Yes 1 (C-25)
No 2 (C-27)
Don't know 8 (C-27)

C-25. About how many cups of coffee did you usually drink in a day during this period?

CUPS PER DAY
Less than 1 cup a day . . . 96
Don't know 98

C-26. Did you usually drink caffeinated coffee or decaffeinated coffee?

Caffeinated 1
Decaffeinated 2
Both caffeinated and decaffeinated . . . 3
Don't know 8

C-27. During this period, did you drink tea either hot or iced?

Yes 1 (C-28)
No 2 (C-29)
Don't know 8 (C-29)

C-28. About how many cups or glasses of tea did you usually drink in a day during this period?

CUPS OR GLASSES PER DAY
Less than 1 cup a day . . . 96
Don't know 98

C-29. During this period, did you drink any carbonated soft drinks?

Yes 1 (C-30)
No 2 (SECTION D)
Don't know 8 (SECTION D)

C-30. About how many cans or bottles of soft drink did you usually drink in a day during this period?

CANS OR BOTTLES PER DAY
Less than one a day . . . 96
Don't know 98

C-31. What brand of soft drink did you drink most often during this period? (For instance, Coke, 7-Up, Mountain Dew)

A&W Root Beer 1
Coca Cola (Coke) 2
Diet Pepsi 3
Pepsi 4
7-Up 5
Sprite 6
Tab. 7
Other (SPECIFY) 8

SECTION D

Now I have some questions about events that happen to everyone at some time. I'd like to know if any of these events happened to you or to anyone close to you, like your wife, parents, brothers or sisters, a child, or a close friend, during the period from six months before the pregnancy began up to the beginning of the pregnancy that is from ____/____/____ to ____/____/____.

D-1. Did anyone with whom you were very close die during this period?

- Yes 1 (D-2)
- No 2 (D-3)
- Don't know 8 (D-3)

D-2. Who was it that died during that time period? (CIRCLE ALL THAT APPLY.)

- Wife 1
- Parent 1
- Brother/Sister 1
- Child 1
- Grandparent 1
- Close friend 1
- Other (SPECIFY) _____ 1

D-3. Were you or was anyone close to you either separated or divorced during that period?

- Yes 1 (D-4)
- No 2 (D-5)
- Don't know 8 (D-5)

D-4. Who was it that was separated or divorced during that period? (CIRCLE ALL THAT APPLY.)

- Respondent 1
- Parent 1
- Brother/Sister 1
- Child 1
- Close friend 1
- Other (SPECIFY) _____ 1

D-5. Did you or anyone close to you lose a job during that time?

- Yes 1 (D-6)
- No 2 (SECTION E)
- Don't know 8 (SECTION E)

D-6. Who lost a job at that time? (CIRCLE ALL THAT APPLY.)

Respondent 1
Wife 1
Parent 1
Brother/Sister 1
Child 1
Close friend 1
Other (SPECIFY) _____ 1

SECTION E

Now, thinking about the two years just before (DOIB), that is, from (DOIB) back to (ENTER DATE) _____/_____/_____, . . . I'd like to get a complete history of the jobs that you held in those two years, if any, and the times when you were not working, such as, when you were a student or were looking for work.

(ASK E-1 THROUGH E-5, AS APPROPRIATE, FOR EACH TIME PERIOD.)	FIRST TIME PERIOD
E-1. (At the time the pregnancy ended in [DOIB],/and before that,) were you working in a job for at least ten hours a week, or were you looking for work, a student, or something else? (CIRCLE ALL THAT APPLY. FOLLOW SKIP FOR <u>LOWEST</u> CODE CIRCLED.)	Job. 1 (E-2) Looking for work 2 (E-5) Student. 3 (E-5) Homemaking 4 (E-5) Something else (SPECIFY) 5 (E-5)
E-2. What was your occupation then, that is, what was your job called?	_____ _____
E-3. What were your most important activities or duties?	_____ _____ _____ _____
E-4. What kind of place were you working for, that is, what did they make or do? (IF ARMY, NAVY, ETC., PROBE FOR WHETHER MEMBER OF ARMED FORCES, CIVIL SERVANT, OR CONTRACTOR AND RECORD.)	_____ _____ _____
E-5. In what month and year did you start (working there/looking for work/being a student/etc.) that time?	_____ / _____ MONTH YEAR

BOX 1. ● IF DATE IN E-5 IS LATER THAN (DOIB - 2 YEARS), RETURN TO E-1 FOR NEXT TIME PERIOD.

● IF FATHER HAS BEEN A STUDENT FOR THE ENTIRE TIME PERIOD, PROBE BY ASKING: Did you ever have a job for at least ten hours a week during the period from (DOIB) to (DOIB - 2 YEARS)?

- IF "YES," RECORD IN SECOND TIME PERIOD.

- IF "NO," CONTINUE WITH BOX 2.

● IF JOB HISTORY IS COMPLETE FOR TWO YEARS PRECEDING DOIB, CONTINUE WITH BOX 2.

BOX 2. IF R MENTIONED THAT HE WAS IN MILITARY, GO TO INTRODUCTION BEFORE E-7.
OTHERWISE, CONTINUE.

E-6. Did you ever serve in the military, like in the army, navy, marines, air force, coast guard, national guard or one of the reserves?

Yes 1 (INTRO. TO E-7)
 No 2 (E-39)
 Don't know 8 (E-39)

(You mentioned that you served in the military.) I am interested now in getting some information about all the times you served in the military.

E-7. When you first entered military service, did you volunteer or were you drafted?

Volunteered 1 (E-8)
 Drafted 2 (E-8)
 ROTC 3 (E-7a)
 Don't know 8 (E-8)

E-7a. Did you ever serve in the military other than when you were in ROTC?

Yes 1 (E-7b)
 No 2 (E-39)

E-7b. When you entered military service, other than when you were in ROTC, did you volunteer or were you drafted?

Volunteered 1
 Drafted 2

E-8. For how many different continuous periods of time did you serve in the military?

 NUMBER OF TIMES
 Don't know 98

(ASK E-9 THROUGH E-11 FOR EACH PERIOD OF SERVICE.)

	FIRST PERIOD	SECOND PERIOD	THIRD PERIOD
E-9. In what month and year did you start your (first/second/etc.) period of service?	<u> / </u> MONTH YEAR Don't know 9898	<u> / </u> MONTH YEAR Don't know 9898	<u> / </u> MONTH YEAR Don't know 9898
E-10. In which branch did you serve (that time)? Was it the . . .	Army, 01 Army Reserves, 02 Navy, 03 Navy Reserves, 04 Air Force, 05 Air Force Reserves, . . 06 Marines, 07 Marine Reserves, . . . 08 Coast Guard, 09 Or, National Guard?. . 10 Don't know 98	Army, 01 Army Reserves, 02 Navy, 03 Navy Reserves, 04 Air Force, 05 Air Force Reserves, . . 06 Marines, 07 Marine Reserves, . . . 08 Coast Guard, 09 Or, National Guard?. . 10 Don't know 98	Army, 01 Army Reserves, 02 Navy, 03 Navy Reserves, 04 Air Force, 05 Air Force Reserves, . . 06 Marines, 07 Marine Reserves, . . . 08 Coast Guard, 09 Or, National Guard?. . 10 Don't know 98
E-11. In what month and year did that period of service end?	<u> / </u> MONTH YEAR Don't know 9898	<u> / </u> MONTH YEAR Don't know 9898	<u> / </u> MONTH YEAR Don't know 9898

E-12. Were you ever in Southeast Asia when you were in the military?

Yes 1 (E-12)
No 2 (E-35)
Don't know 8 (E-35)

E-13. Was that in Vietnam, Thailand, or some other place? (CIRCLE ALL THAT APPLY AND FOLLOW SKIP FOR THE LOWEST CODE CIRCLED.)

Vietnam 1 (E-13)
Thailand 2 (E-39)
Some other place (SPECIFY) 3 (E-39)

Don't know 8 (E-39)

E-13a. Were you stationed in Vietnam?

Yes 1 (E-14)
No 2 (E-13)

E-13b. What did you do in Vietnam? (RECORD VERBATIM.)

(E-22)

E-14. Did you volunteer to serve in Vietnam?

Yes 1
No 2
Don't know 8

E-15. How many different tours of duty did you spend in Vietnam?

NUMBER OF TOURS
Don't know 98

(ASK E-16 THROUGH E-21 FOR EACH TOUR OF DUTY IN E-15.)

	FIRST TOUR OF DUTY	SECOND TOUR OF DUTY	THIRD TOUR OF DUTY
E-16. In what month and year did you begin your (first/second/etc.) tour of duty in Vietnam?	<p>_____/_____ MONTH YEAR</p> <p>Don't know 9898</p>	<p>_____/_____ MONTH YEAR</p> <p>Don't know 9898</p>	<p>_____/_____ MONTH YEAR</p> <p>Don't know 9898</p>
E-17. What was the name of the unit in which you served during that tour of duty? That is, which corps, battalion, company, platoon, wing, . . .? (RECORD VERBATIM.)	<p>_____</p> <p>_____</p> <p>_____</p> <p>Don't know 98</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>Don't know 98</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>Don't know 98</p>
E-17a. What kind of unit was that, for instance, infantry, artillery, signal battalion, intelligence unit or what? (RECORD VERBATIM.)	<p>_____</p> <p>_____</p> <p>_____</p> <p>Don't know 98</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>Don't know 98</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>Don't know 98</p>
E-18. On that tour of duty were you located in the cities, the large bases in the countryside, the jungle, or somewhere else? (CIRCLE ALL THAT APPLY.)	<p>Cities 1</p> <p>Bases in country . . . 1</p> <p>Jungle 1</p> <p>Other (SPECIFY). . . . 1</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Don't know 8</p>	<p>Cities 1</p> <p>Bases in country . . . 1</p> <p>Jungle 1</p> <p>Other (SPECIFY). . . . 1</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Don't know 8</p>	<p>Cities 1</p> <p>Bases in country . . . 1</p> <p>Jungle 1</p> <p>Other (SPECIFY). . . . 1</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Don't know 8</p>
E-19. Where in Vietnam were you located on that tour of duty, for instance, in what section of the country were you, or what were the names of places or areas near where you served? (RECORD VERBATIM.)	<p>_____</p> <p>_____</p> <p>_____</p> <p>Don't know 98</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>Don't know 98</p>	<p>_____</p> <p>_____</p> <p>_____</p> <p>Don't know 98</p>
E-20. What was your job on that tour of duty, that is, what did you do there? (RECORD VERBATIM.)	<p>_____</p> <p>_____</p> <p>Don't know 998</p>	<p>_____</p> <p>_____</p> <p>Don't know 998</p>	<p>_____</p> <p>_____</p> <p>Don't know 998</p>
E-20a. And what was your M.O.S. or military occupation specialty on that tour?	<p>_____</p> <p>_____</p> <p>Don't know 998</p> <p>(CONTINUE WITH E-20b)</p>	<p>_____</p> <p>_____</p> <p>Don't know 998</p> <p>(CONTINUE WITH E-20b)</p>	<p>_____</p> <p>_____</p> <p>Don't know 998</p> <p>(CONTINUE WITH E-20b)</p>

(CONTINUE WITH E-20b AND E-21 FOR EACH TOUR OF DUTY.)

	FIRST TOUR OF DUTY (CONT.)	SECOND TOUR OF DUTY (CONT.)	THIRD TOUR OF DUTY (CONT.)
E-20b. What was your rank on that tour of duty?	_____ _____ Don't know 998	_____ _____ Don't know 998	_____ _____ Don't know 998
E-21. In what month and year did your (first/second/etc.) tour of duty end?	_____/_____ MONTH YEAR Don't know 9898	_____/_____ MONTH YEAR Don't know 9898	_____/_____ MONTH YEAR Don't know 9898

E-22. Were you ever in an area which had recently been sprayed to make leaves drop from the bushes or trees?
 Yes 1 (E-23)
 No 2 (E-25)
 Don't know 8 (E-25)

	TIME #1	TIME #2	TIME #3
E-23. When were you in such an area? (RECORD EACH TIME IN A SEPARATE COLUMN.)	FROM: ____/____ MONTH YEAR TO: ____/____ MONTH YEAR Don't know 98	FROM: ____/____ MONTH YEAR TO: ____/____ MONTH YEAR Don't know 98	FROM: ____/____ MONTH YEAR TO: ____/____ MONTH YEAR Don't know 98
E-24. Where were you (that/the 1st/the 2nd/etc.) time, that is, from (MONTH/YEAR) to (MONTH/YEAR)?	_____ _____ _____ Don't know 98	_____ _____ _____ Don't know 98	_____ _____ _____ Don't know 98

E-25. Did you ever work clearing brush, trees, or weeds from around a base?
 Yes 1 (E-26)
 No 2 (E-28)
 Don't know 8 (E-28)

E-26. Did you ever spray any chemical to kill brush, trees, or weeds?
 Yes 1 (E-27)
 No 2 (E-28)
 Don't know 8 (E-28)

E-27. What was the chemical that you sprayed? (RECORD VERBATIM.)
 Agent Orange 01
 Don't know 98

E-28. Do you think you were ever exposed in (any/any other) way to herbicides, like Agent Orange?

Yes 1 (E-29)
 No 2 (E-31)
 Don't know 8 (E-31)

	TIME #1	TIME #2	TIME #3
E-29. When were you exposed? (RECORD EACH TIME IN A SEPARATE COLUMN.)	FROM: _____ / _____ MONTH YEAR TO: _____ / _____ MONTH YEAR Don't know 98	FROM: _____ / _____ MONTH YEAR TO: _____ / _____ MONTH YEAR Don't know 98	FROM: _____ / _____ MONTH YEAR TO: _____ / _____ MONTH YEAR Don't know 98
E-30. How were you exposed (that/the 1st/the 2nd/etc.) time, that is from (MONTH/YEAR) to (MONTH/YEAR)? (RECORD VERBATIM.)	_____ _____ _____ _____ Don't know 98	_____ _____ _____ _____ Don't know 98	_____ _____ _____ _____ Don't know 98

E-31. Did you ever get malaria?

Yes 1 (E-32)
 No 2 (E-34)
 Don't know 8 (E-34)

E-32. When did you get malaria?

 MONTH YEAR
Don't know 9898

E-33. What kind of treatment did you have for malaria?

Don't know 98

E-34. Did you take any medicine to keep from getting malaria?

Yes. 1 (E-35)
No 2 (E-38)
Don't know 8 (E-38)

E-35. When did you take medicine to keep from getting malaria?

FROM: _____ / _____
 MONTH YEAR

TO: _____ / _____
 MONTH YEAR

Don't know. 98

E-36. How often did you take it? (RECORD VERBATIM.)

Don't know 98

E-37. What color were the pills that you took to keep from getting malaria?

 COLOR
Don't know 98

E-38. If we know your military service number and your Social Security number, we may be able to learn from the Department of Defense whether you were in an area that was sprayed with Agent Orange. Would you please give me these numbers?

MILITARY SERVICE NUMBER: _____

SOCIAL SECURITY NUMBER: _____

E-39. Were you ever in Vietnam for some reason other than military service?

Yes. 1 (E-40)
No 2 (INTRO. TO : 45)
Don't know 8 (INTRO. TO : 45)

E-40. What did you do in Vietnam (when you were there for something other than military service)?
(RECORD VERBATIM.)

Don't know 998

E-41. Were you located in the cities, the large bases in the countryside, the jungle, or somewhere else?
(CIRCLE ALL THAT APPLY.)

Cities 1
Bases in country 1
Jungle 1
Other (SPECIFY) 1

Don't know 8

E-42. In what month and year did you go to Vietnam (that time)?

_____/_____
MONTH YEAR
Don't know. 9898

E-43. In what month and year did you leave Vietnam (that time)?

_____/_____
MONTH YEAR
Don't know. 9898

E-44. Did you ever come in contact with Agent Orange while you were in Vietnam (that time)?

Yes. 1
No 2
Don't know 8

Now, thinking about the year just before (DOIB), that is, from (DOIB) back to (ENTER DATE) ____/____, . . . I'd like to get a complete history of the jobs that the mother of that pregnancy held in that year, if any, and the times when she was not working, such as, when she was a student or a housewife.

(ASK E-45 THROUGH E-49, AS APPROPRIATE, FOR EACH TIME PERIOD.)	FIRST TIME PERIOD
E-45. (At the time the pregnancy ended in [DOIB],/and before that,) was she working in a job for at least ten hours a week, or was she a student, a housewife, or something else? (CIRCLE ALL THAT APPLY. FOLLOW SKIP FOR <u>LOWEST</u> CODE CIRCLED.)	Job 1 (E-46) Looking for work 2 (E-49) Student 3 (E-49) Housewife 4 (E-49) Something else (SPECIFY) 5 (E-49)
E-46. What was her occupation then, that is, what was her job called?	_____ _____ _____
E-47. What were her most important activities or duties?	_____ _____ _____ _____
E-48. What kind of place was she working for, that is, what did they make or do?	_____ _____ _____ _____
E-49. In what month and year did she start (working there/being a student/housewife/etc.) that time?	_____ / _____ MONTH YEAR

BOX 3. ■ IF DATE IN E-49 is LATER THAN (DOIB - 2 YEARS), RETURN TO E-45 FOR NEXT TIME PERIOD.

■ IF MOTHER HAS BEEN A STUDENT OR A HOUSEWIFE FOR ENTIRE TIME PERIOD, PROBE BY ASKING: Did you ever have a job for at least ten hours a week during the period from (DOIB) to (DOIB - 2 YEARS)?

- IF "YES," RECORD IN SECOND TIME PERIOD.

- IF "NO," CONTINUE WITH E-50.

■ IF JOB HISTORY IS COMPLETE FOR TWO YEARS PRECEDING DOIB, CONTINUE WITH E-50.

E-50. Was she ever in Vietnam?

Yes 1 (E-51)
No 2 (SECTION F)

E-51. What did she do in Vietnam, that is, was she in the military, the Red Cross, AID, the USO, or what?

Military 1 (E-52)
Red Cross 2 (E-54)
AID 3 (E-54)
USO 4 (E-54)
Other (SPECIFY) _____ 5 (E-54)

E-52. In which branch of the military did she serve in Vietnam? Was it the Army, Navy, Air Force, or what?

BRANCH

E-53. What was the name of the unit in which she served while she was there? That is, which corps, battalion, company, platoon, wing. . . . ?

UNIT

Don't know. 98

E-54. Was she located in the cities, large bases in the countryside, the jungle or somewhere else? (CIRCLE ALL THAT APPLY.)

Cities 1
Bases in country 1
Jungle 1
Other (SPECIFY) _____ 1

Don't know 8

E-55. In what month and year did she first go to Vietnam?

_____/_____
MONTH YEAR

E-56. In what month and year did she leave Vietnam?

_____/_____
MONTH YEAR

SECTION F

Now I have some questions about your family.

F-1. Do you have, or did you ever have any full brothers or sisters?

- Yes. 1 (F-2)
- No 2 (F-3)
- Don't know 8 (F-9)

F-2. How many full brothers and sisters have you had?

_____ # OF SIBLINGS

F-3. Did you have any full brothers or sisters who died before the age of one year old that you (may have forgotten/forgot to include in the [NUMBER FROM F-2] that you mentioned)?

- Yes. 1 (F-4)
- No 2 (BOX 3)
- Don't know 8 (BOX 3)

F-4. How many full brothers or sisters did you forget to mention?

_____ # OF SIBLINGS

BOX 3. IF R HAS NO SIBLINGS, GO TO F-9. IF R HAS SIBLINGS, CONTINUE.

F-5. Did (your brother or sister/either of your brothers or sisters/any of your [TOTAL NUMBER FROM F-2 AND F-4] brothers or sisters) have a health problem at birth or a birth defect that was diagnosed during the first year of life?

- Yes. 1 (F-6)
- No 2 (F-9)
- Don't know 8 (F-9)

(ASK F-6 THROUGH F-8,
AS APPROPRIATE FOR EACH
SIBLING LISTED IN F-2
AND/OR F-4.)

	SIBLING #1	SIBLING #2	SIBLING #3
F-6. Did your (1st/2nd/ etc.) brother or sister have a health problem at birth or a birth defect that was diagnosed during the first year of life?	Yes 1 (F-7) No 2 (NEXT SIBLING OR F-9) Don't know . . 8	Yes 1 (F-7) No 2 (NEXT SIBLING OR F-9) Don't know . . 8	Yes 1 (F-7) No 2 (NEXT SIBLING OR F-9) Don't know . . 8
F-7. What was the problem? (RECORD VERBATIM.)	 Stillborn. . . 96 (NEXT SIBLING OR F-9)	 Stillborn. . . 96 (NEXT SIBLING OR F-9)	 Stillborn. . . 96 (NEXT SIBLING OR F-9)
F-8. Did your brother or sister die from that problem?	Yes 1 No 2 Don't know . . 8	Yes 1 No 2 Don't know . . 8	Yes 1 No 2 Don't know . . 8

F-9. Did your mother have a health problem at birth or a birth defect that was diagnosed during the first year of life?

Yes 1 (F-10)
No 2 (F-11)
Don't know 8 (F-11)

F-10. What type of problem did she have? (RECORD VERBATIM.)

Don't know 98

F-11. Did your father have a health problem at birth or a birth defect that was diagnosed during the first year of life?

Yes 1 (F-12)
No 2 (INTRO. TO F-1)
Don't know 8 (INTRO. TO F-1)

F-12. What type of problem did he have? (RECORD VERBATIM.)

Don't know 98

Now I have some questions about the mother of the pregnancy that ended in (DDIB) and about her family.

F-13. First, when was she born?

_____/_____/____ (F-14)
MONTH DAY YEAR
Don't know 989898 (F-13a)

F-13a. How old was she at the time the pregnancy ended in (DDIB)?

AGE

F-14. Did the mother of the pregnancy have a health problem at birth or a birth defect that was diagnosed during the first year of life?

Yes 1 (F-15)
No 2 (F-16)
Don't know 8 (F-16)

F-15. What type of problem did she have? (RECORD VERBATIM.)

Don't know 98

F-16. Does she have, or did she ever have any full brothers or sisters?

Yes 1 (F-17)
No 2 (F-18)
Don't know 8 (F-24)

F-17. How many full brothers or sisters has she had?

OF SIBLINGS
Don't know 98

F-18. Did she have any full brothers or sisters who died before the age of one year old that you (may have forgotten/forgot to include in the [NUMBER FROM F-17] that you mentioned)?

Yes 1 (F-19)
No 2 (BOX 4)
Don't know 8 (BOX 4)

F-19. How many full brothers or sisters did you forget to mention?

OF SIBLINGS

BOX 4. IF MOTHER HAS NO SIBLINGS, GO TO F-24.
IF MOTHER HAS SIBLINGS, CONTINUE.

F-20. Did (her brother or sister/either of her brothers or sisters/any of her [TOTAL NUMBER FROM F-17 AND F-19] brothers or sisters) have a health problem at birth or a birth defect that was diagnosed during the first year of life?

Yes 1 (F-21)
No 2 (F-24)
Don't know 8 (F-24)

(ASK F-21 THROUGH F-23, AS APPROPRIATE, FOR EACH SIBLING LISTED IN F-17 AND/OR F-19.)

	SIBLING #1	SIBLING #2	SIBLING #3
F-21. Did her (1st/2nd/ etc.) brother or sister have a health problem at birth or a birth defect that was diagnosed during the first year of life?	Yes 1 (F-22) No 2 (NEXT) Don't know . . 8 (SIBLING OR F-24)	Yes 1 (F-22) No 2 (NEXT) Don't know . . 8 (SIBLING OR F-24)	Yes 1 (F-22) No 2 (NEXT) Don't know . . 8 (SIBLING OR F-24)
F-22. What was the problem? (RECORD VERBATIM.)	_____ _____ _____ Stillborn . . . 96 (NEXT SIBLING OR F-24)	_____ _____ _____ Stillborn . . . 96 (NEXT SIBLING OR F-24)	_____ _____ _____ Stillborn . . . 96 (NEXT SIBLING OR F-24)
F-23. Did her brother or sister die from that problem?	Yes 1 No 2 Don't know . . 8	Yes 1 No 2 Don't know . . 8	Yes 1 No 2 Don't know . . 8

F-24. Did her mother have a health problem at birth or a birth defect that was diagnosed during the first year of life?

Yes 1 (F-25)
No 2 (F-26)
Don't know 8 (F-26)

F-25. What type of problem did she have? (RECORD VERBATIM.)

Don't know 98

F-26. Did her father have a health problem at birth or a birth defect that was diagnosed during the first year of life?

Yes 1 (F-27)
No 2 (SECTION G)
Don't know 8 (SECTION G)

F-27. What type of problem did he have? (RECORD VERBATIM.)

Don't know 98

SECTION G

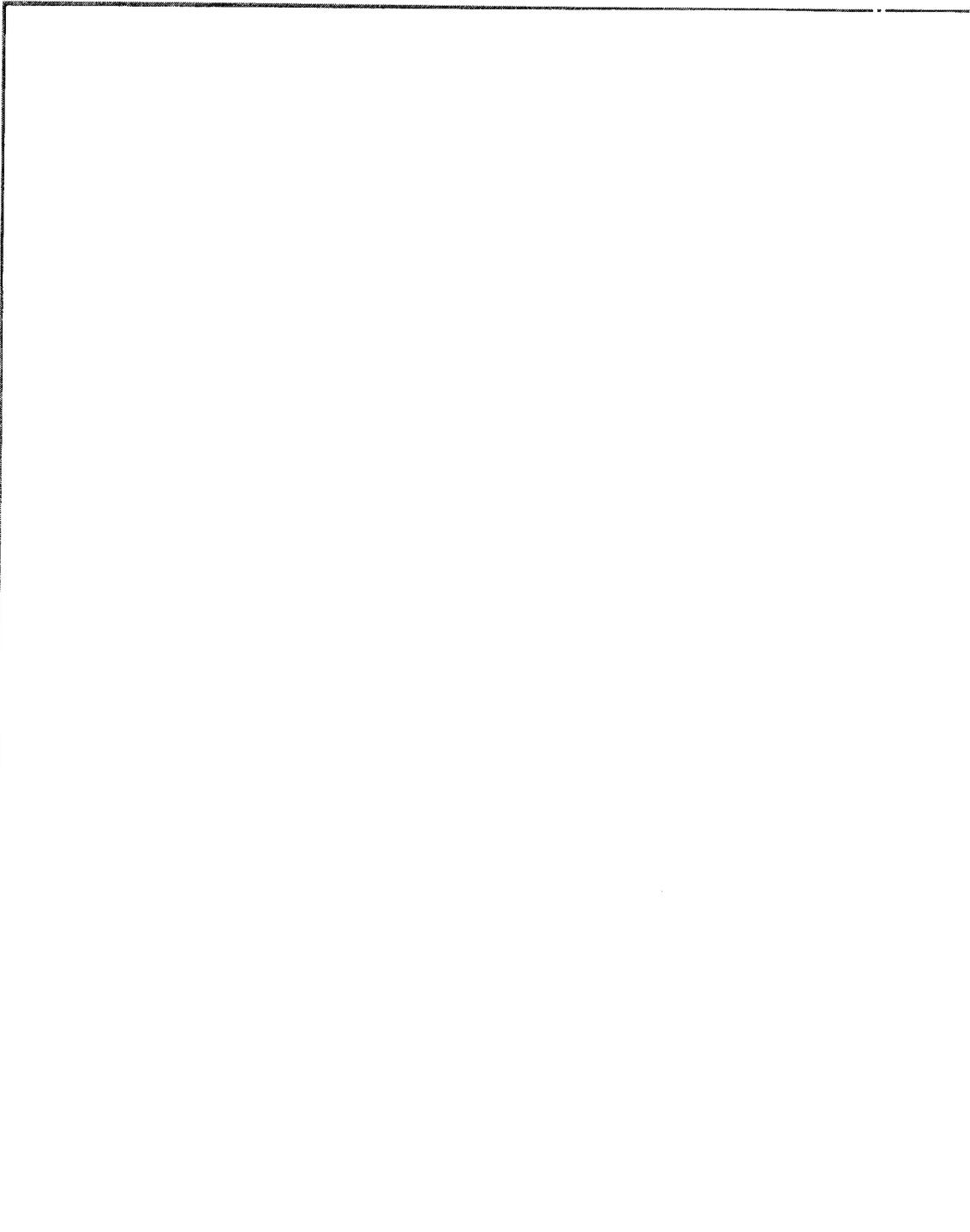
Now I have some questions about long lasting illnesses that the mother of the pregnancy may have had.

(ASK G-1 THROUGH G-6, AS APPROPRIATE, FOR EACH ILLNESS)	<u>Underactive thyroid</u> (<u>Hypothyroidism</u>)		
G-1. At any time before (DDIB), was she ever diagnosed as having (ILLNESS)?	Yes 1 (G-2) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)		
G-2. How old was she when (ILLNESS) was first diagnosed by a doctor? (RECORD VERBATIM.)	AGE: _____ At birth 96 Don't know 98		
G-3. Did she take any medicines that a doctor prescribed for (ILLNESS)?	Yes 1 (G-4) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)		
G-4. What were the names of the medicines that she took for (ILLNESS)? (RECORD EACH MEDICATION IN A SEPARATE COLUMN.)	MEDICINE #1	MEDICINE #2	MEDICINE #3
	DK..... 98	DK..... 98	DK.... 98
(ASK G-5 AND G-6, AS APPROPRIATE, FOR EACH MEDICATION.) G-5. For how long did she take (MEDICATION)? (RECORD VERBATIM.)	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98
(IF ILLNESS ENDED IN CHILDHOOD, CIRCLE CODE "1" AND GO TO NEXT MEDICATION OR NEXT ILLNESS.) G-6. Did she take any (MEDICATION) during the pregnancy that ended in (DDIB)?	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8

Overactive thyroid (Hyperthyroidism)			Diabetes Mellitus or Sugar Diabetes			High blood pressure		
Yes 1 (G-2) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)			Yes 1 (G-2) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)			Yes 1 (G-2) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)		
AGE: _____ At birth 96 Don't know 98			AGE: _____ At birth 96 Don't know 98			AGE: _____ At birth 96 Don't know 98		
Yes 1 (G-4) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)			Yes 1 (G-4) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)			Yes 1 (G-4) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)		
MEDICINE #1	MEDICINE #2	MEDICINE #3	MEDICINE #1	MEDICINE #2	MEDICINE #3	MEDICINE #1	MEDICINE #2	MEDICINE #3
DK 98	DK 98	DK 98	DK 98	DK 98	DK 98	DK 98	DK 98	DK 91
Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 91
Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8

(ASK G-1 THROUGH G-6, AS APPROPRIATE, FOR EACH ILLNESS)	Rheumatic heart disease		
G-1. At any time before (DOIB), was she ever diagnosed as having (ILLNESS)?	Yes 1 (G-2) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)		
G-2. How old was she when (ILLNESS) was first diagnosed by a doctor? (RECORD VERBATIM.)	AGE: _____ At birth 96 Don't know 98		
G-3. Did she take any medicines that a doctor prescribed for (ILLNESS)?	Yes 1 (G-4) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)		
G-4. What were the names of the medicines that she took for (ILLNESS)? (RECORD EACH MEDICATION IN A SEPARATE COLUMN.)	MEDICINE #1	MEDICINE #2	MEDICINE #3
	DK 98	DK 98	DK 98
G-5. (ASK G-5 AND G-6, AS APPROPRIATE, FOR EACH MEDICATION.) For how long did she take (MEDICATION)? (RECORD VERBATIM.)	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98
	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8
G-6. (IF ILLNESS ENDED IN CHILDHOOD, CIRCLE CODE "1" AND GO TO NEXT MEDICATION, NEXT ILLNESS OR G-7.) Did she take any (MEDICATION) during the pregnancy that ended in (DOIB)?	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8

Any heart disease, like holes in the heart, that is, VSD or ASD or any other heart disease			Epilepsy or seizures			Asthma		
Yes 1 (G-2) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)			Yes 1 (G-2) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)			Yes 1 (G-2) No 2 (G-7) Don't know 8 (G-7)		
AGE: _____ At birth 96 Don't know 98			AGE: _____ At birth 96 Don't know 98			AGE: _____ At birth 96 Don't know 98		
Yes 1 (G-4) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)			Yes 1 (G-4) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)			Yes 1 (G-4) No 2 (G-7) Don't know 8 (G-7)		
MEDICINE #1	MEDICINE #2	MEDICINE #3	MEDICINE #1	MEDICINE #2	MEDICINE #3	MEDICINE #1	MEDICINE #2	MEDICINE #3
DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98
Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98
Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8



G-7. At any time before (DOIB), was she ever diagnosed as having cancer? Yes 1 (G-8)
 No 2 (G-16)
 Don't know 8 (G-16)

G-8. How old was she when her cancer was first diagnosed by a doctor? (RECORD VERBATIM.)

AGE

At birth 96
 Don't know 98

G-9. Did she take any medicines that a doctor prescribed for cancer? Yes 1 (G-10)
 No 2 (G-13)
 Don't know 8 (G-13)

	MEDICINE #1	MEDICINE #2	MEDICINE #3
G-10. What were the names of the medicines that she took for cancer? (RECORD EACH MEDICATION IN A SEPARATE COLUMN.)			
	DK..... 98	DK..... 98	DK.... 98
(ASK G-11 AND G-12, AS APPROPRIATE, FOR EACH MEDICATION.)			
G-11. For how long did she take (MEDICATION)? (RECORD VERBATIM.)			
	Rest of her life. 95 Still using 96 DK.... 98	Rest of her life. 95 Still using 96 DK.... 98	Rest of her life. 95 Still using 96 DK.... 98
(IF CANCER ENDED IN CHILDHOOD, CIRCLE CODE "1" AND GO TO NEXT MEDICATION OR G-13.)			
G-12. Did she take any (MEDICATION) during the pregnancy that ended in (DOIB)?	Child-hood... 1 Yes.... 2 No..... 3 DK..... 8	Child-hood... 1 Yes.... 2 No..... 3 DK..... 8	Child-hood... 1 Yes.... 2 No..... 3 DK..... 8

G-13. Did she receive any other kind of treatment for cancer? Yes 1 (G-14)
 No 2 (G-16)
 Don't know 8 (G-16)

G-14. What kind of treatment was this? (CIRCLE ALL THAT APPLY. FOLLOW SKIP PATTERN OF LOWEST CODE CIRCLED.)

X-ray or radiation treatment 1 (G-15)
 Surgery 2 (G-16)
 Special diet 3 (G-16)
 Other treatment (SPECIFY) 4 (G-16)

Don't know 8 (G-16)

G-15. About how many times altogether did she have (x-ray/radiation) treatments for cancer?

OF TIMES

Don't know 98

G-16. At any time before (DDIB), was she ever diagnosed as having any other long lasting illness?

Yes 1 (G-17)
 No 2 (INTRO. TO G-23)
 Don't know 8 (INTRO. TO G-23)

		ILLNESS #1		
G-17. What illness was that? (RECORD EACH LONG LASTING ILLNESS IN A SEPARATE COLUMN.)				
(ASK G-18 THROUGH G-22, AS APPROPRIATE, FOR EACH ILLNESS.)				
G-18. How old was she when (ILLNESS) was first diagnosed by a doctor? (RECORD VERBATIM.)		AGE		
		At birth 96		
G-19. Did she take any medicines that a doctor prescribed for (ILLNESS)?		Yes 1 (G-20) No 2 (NEXT ILLNESS OR Don't know 8 (INTRO. TO G-23))		
G-20. What were the names of the medicines that she took for (ILLNESS)? (RECORD EACH MEDICATION IN A SEPARATE COLUMN.)		MEDICINE #1	MEDICINE #2	MEDICINE #3
		DK..... 98	DK..... 98	DK.... 98
(ASK G-21 AND G-22, AS APPROPRIATE, FOR EACH MEDICATION.)				
G-21. For how long did she take (MEDICATION)? (RECORD VERBATIM.)		Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98
(IF ILLNESS ENDED IN CHILDHOOD, CIRCLE CODE "1" AND GO TO NEXT MEDICATION, NEXT ILLNESS OR G-23.)				
G-22. Did she take any (MEDICATION) during the pregnancy that ended in (DDIB)?		Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8

ILLNESS #2			ILLNESS #3			ILLNESS #4		
AGE At birth 96			AGE At birth 96			AGE At birth 96		
Yes 1 (G-20) No 2 (NEXT ILLNESS OR Don't know . . . B' INTRO. TO G-23)			Yes 1 (G-20) No 2 (NEXT ILLNESS OR Don't know . . . B' INTRO. TO G-23)			Yes 1 (G-20) No 2 (NEXT ILLNESS OR Don't know . . . B' INTRO. TO G-23)		
MEDICINE #1	MEDICINE #2	MEDICINE #3	MEDICINE #1	MEDICINE #2	MEDICINE #3	MEDICINE #1	MEDICINE #2	MEDICINE #3
DK 98	DK 98	DK 98	DK 98	DK 98	DK 98	DK 98	DK 98	DK 98
Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98
Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8

The next questions are about a different time period -- the six months right around the time that the pregnancy started. These questions are about things that the mother may have done during the period from (ENTER DATES) _____/_____/_____ to _____/_____/_____, that is, from three months before the pregnancy started through the first three months of the pregnancy.

G-23. During this time, that is, from three months before the pregnancy started through the first three months of the pregnancy, was she ever given a general anesthetic, that is, was she put to sleep for surgery or for any other problem?

Yes 1 (G-24)
 No 2 (G-26)
 Don't know 8 (G-26)

G-24. Did she get a shot, gas, or both?

Shot 1
 Gas 2
 Both 3
 Don't know 8

G-25. In which month, or months, during this period did she have a general anesthetic?
 (CIRCLE ALL THAT APPLY.)

3rd month before pregnancy began 1
 2nd month before pregnancy began 1
 1st month before pregnancy began 1
 1st month of pregnancy 1
 2nd month of pregnancy 1
 3rd month of pregnancy 1
 Don't know 8

G-26. During this six-month period, did the mother of the pregnancy smoke cigarettes?

Yes 1 (G-27)
 No 2 (INTRO. TO G-31)
 Don't know 8 (INTRO. TO G-31)

G-27. In which months during this period did she smoke cigarettes? (CIRCLE ALL THAT APPLY.)

- 3rd month before pregnancy began 1
- 2nd month before pregnancy began 1
- 1st month before pregnancy began 1
- 1st month of pregnancy 1
- 2nd month of pregnancy 1
- 3rd month of pregnancy 1
- Don't know 8

G-28. Did she usually smoke low-tar cigarettes, another type of filtered cigarette or unfiltered cigarettes?

- Low-tar cigarettes 1
- Other filtered cigarettes. 2
- Unfiltered cigarettes. 3
- Don't know 8

G-29. (When she smoked) during this period, about how many cigarettes did she smoke in a day?

- Less than one a day. 01
- About one a day. 02
- Just a few (2-4) 03
- About half a pack (5-14) 04
- About a pack (15-24) 05
- About a pack and a half (25-34) 06
- About 2 packs (35-44) 07
- More than 2 packs (45+) 08
- Pattern changed. 09 (G-29a)
- Don't know 98 (G-30)

G-29a. How many cigarettes did she smoke in a day before she changed her smoking pattern?

- Less than one a day. 01
- About one a day. 02
- Just a few (2-4) 03
- About half a pack (5-14) 04
- About a pack (15-24) 05
- About a pack and a half (25-34) 06
- About 2 packs (35-44) 07
- More than 2 packs (45+) 08
- Don't know 98

G-29b. How many cigarettes did she smoke in a day after she changed her smoking pattern?

- Less than one a day. 01
- About one a day. 02
- Just a few (2-4) 03
- About half a pack (5-14) 04
- About a pack (15-24) 05
- About a pack and a half (25-34). 06
- About 2 packs (35-44). 07
- More than 2 packs (45+). 08
- Don't know 98

G-29c. Was she pregnant at the time her smoking patterns changed?

- Yes. 1 (G-29d)
- No 2 (G-30)

G-29d. How many weeks pregnant was she at the time she changed her smoking pattern?

- NUMBER OF WEEKS
- Don't know. 98

G-30. Did she usually inhale?

- Yes. 1
- No 2
- Don't know 8

The next questions are about alcoholic beverages.

G-31. During the period from three months before the pregnancy began through the first three months of the pregnancy, did the mother ever drink beer, wine, or hard liquor?

- Yes. 1 (G-32)
- No 2 (INTRO. TO G-35)
- Don't know 8 (INTRO. TO G-35)

G-32. In which months during this period did she drink beer, wine, or hard liquor? (CIRCLE ALL THAT APPLY.)

- 3rd month before pregnancy began 1
- 2nd month before pregnancy began 1
- 1st month before pregnancy began 1
- 1st month of pregnancy 1
- 2nd month of pregnancy 1
- 3rd month of pregnancy 1
- Don't know 8

G-33. During that time, about how often did she drink beer, wine, or hard liquor? Would you say it was . . .

- Less than 1 day a week, 1
- 1 or 2 days a week, 2
- Every other day, 3
- Or, every day? 4
- Pattern changed. 5 (G-33a)
- Don't know 8 (G-34)

G-33a. How often did she drink beer, wine or hard liquor before the pattern changed?

- Less than one day a week, 1
- 1 or 2 days a week, 2
- Every other day, 3
- Or, every day? 4
- Don't know 8

G-33b. How often did she drink beer, wine or hard liquor after the pattern changed?

- Less than one day a week, 1
- 1 or 2 days a week, 2
- Every other day, 3
- Or, every day? 4
- Don't know 8

G-33c. Was she pregnant when she changed her drinking pattern?

- Yes. 1 (G-33d)
- No 2 (G-34)
- Don't know 8 (G-34)

G-33d. How many weeks pregnant was she at the time she changed her drinking patterns?

NUMBER OF WEEKS
Don't know. 98

G-34. On the days that she drank beer, wine, or hard liquor, about how many drinks did she have in a day?

OF DRINKS
Pattern changed. 95 (G-34a)
Don't know 98 (G-35)

G-34a. How many drinks did she have in a day before the pattern changed?

NUMBER OF DRINKS
Don't know. 98

G-34b. How many drinks did she have in a day after the pattern changed?

NUMBER OF DRINKS
Don't know. 98

G-34c. Was she pregnant at the time she changed her drinking patterns?

Yes. 1 (G-34d)
No 2 (G-35)
Don't know 8 (G-35)

G-34d. How many weeks pregnant was she at the time she changed her drinking patterns?

NUMBER OF WEEKS
Don't know. 98

G-35. During that time, about how often did she have five or more drinks of beer, wine, or hard liquor at one particular time? Would you say it was . . .

Every day, 1
Every other day, 2
Once or twice a week, 3
Once every couple of weeks, 4
Or, once a month or less often? 5
Never. 6
Pattern changed. 7 (G-35a)
Don't know 8 (G-36)

G-35a. How often did she have five or more drinks before the pattern changed?

Every day, 1
Every other day, 2
Once or twice a week, 3
Once every couple of weeks, 4
Or, once a month or less often? 5
Never. 6
Don't know 8

G-35b. How often did she have five or more drinks after the pattern changed?

- Every day, 1
- Every other day, 2
- Once or twice a week, 3
- Once every couple of weeks, 4
- Or, once a month or less often? 5
- Never. 6
- Don't know 8

G-35c. Was she pregnant at the time her drinking pattern changed?

- Yes. 1 (G-35d)
- No 2 (INTRO. TO 1-36)
- Don't know 8 (INTRO. TO 1-36)

G-35d. How many weeks pregnant was she at the time she changed her drinking patterns?

- NUMBER OF WEEKS
- Don't know. 98

Now I have some questions about drugs you or the mother may have used during the time from three months before the pregnancy began through the first three months of the pregnancy. As I go through these questions, feel free to tell me if you don't want to answer.

(ASK G-36 FOR EACH DRUG. THEN GO BACK AND ASK G-37 AND G-38 FOR EACH DRUG USED IN G-36.)	Marijuana	Hashish
G-36. During that time did you ever try (DRUG)?	Yes 1 No 2 } (NEXT Don't know 8 } (DRUG)	Yes 1 No 2 } (NEXT Don't know 8 } (DRUG)
G-37. In which months during this period did you use (DRUG)? (CIRCLE ALL THAT APPLY.)	3rd month <u>before</u> pregnancy began. . . 1 2nd month <u>before</u> pregnancy began. . . 1 1st month <u>before</u> pregnancy began. . . 1 1st month <u>of</u> pregnancy. 1 2nd month <u>of</u> pregnancy. 1 3rd month <u>of</u> pregnancy. 1 Don't know 8	3rd month <u>before</u> pregnancy began. . . 1 2nd month <u>before</u> pregnancy began. . . 1 1st month <u>before</u> pregnancy began. . . 1 1st month <u>of</u> pregnancy. 1 2nd month <u>of</u> pregnancy. 1 3rd month <u>of</u> pregnancy. 1 Don't know 8
G-38. How often did you use (DRUG) during this period? Was it . . .	Less than 1 day a week, 1 1 or 2 days a week, . . 2 Every other day, . . . 3 Or, every day? 4 Don't know 8	Less than 1 day a week, 1 1 or 2 days a week, . . 2 Every other day, . . . 3 Or, every day? 4 Don't know 8

Hallucinogenics, like LSD, acid, or mescaline	Cocaine	Heroin	Methadone
Yes 1 No 2 Don't know . . . 8	Yes 1 No 2 Don't know . . . 8	Yes 1 No 2 Don't know . . . 8	Yes 1 No 2 Don't know . . . 8
3rd month <u>before</u> pregnancy began. . . 1 2nd month <u>before</u> pregnancy began. . . 1 1st month <u>before</u> pregnancy began. . . 1 1st month <u>of</u> pregnancy. 1 2nd month <u>of</u> pregnancy. 1 3rd month <u>of</u> pregnancy. 1 Don't know 8	3rd month <u>before</u> pregnancy began. . . 1 2nd month <u>before</u> pregnancy began. . . 1 1st month <u>before</u> pregnancy began. . . 1 1st month <u>of</u> pregnancy. 1 2nd month <u>of</u> pregnancy. 1 3rd month <u>of</u> pregnancy. 1 Don't know 8	3rd month <u>before</u> pregnancy began. . . 1 2nd month <u>before</u> pregnancy began. . . 1 1st month <u>before</u> pregnancy began. . . 1 1st month <u>of</u> pregnancy. 1 2nd month <u>of</u> pregnancy. 1 3rd month <u>of</u> pregnancy. 1 Don't know 8	3rd month <u>before</u> pregnancy began. . . 1 2nd month <u>before</u> pregnancy began. . . 1 1st month <u>before</u> pregnancy began. . . 1 1st month <u>of</u> pregnancy. 1 2nd month <u>of</u> pregnancy. 1 3rd month <u>of</u> pregnancy. 1 Don't know 8
Less than 1 day a week. 1 1 or 2 days a week. . . 2 Every other day. . . . 3 Or, every day? 4 Don't know 8	Less than 1 day a week. 1 1 or 2 days a week. . . 2 Every other day. . . . 3 Or, every day? 4 Don't know 8	Less than 1 day a week. 1 1 or 2 days a week. . . 2 Every other day. . . . 3 Or, every day? 4 Don't know 8	Less than 1 day a week. 1 1 or 2 days a week. . . 2 Every other day. . . . 3 Or, every day? 4 Don't know 8

BOX 8. IF "YES" FOR ANY DRUG IN G-36, ASK G-37 AND G-38 FOR EACH DRUG USED. OTHERWISE CONTINUE.

(ASK G-39 FOR EACH DRUG. THEN GO BACK AND ASK G-40 AND G-41 FOR EACH DRUG USED IN G-39.)	Marijuana	Hashish
G-39. During that time, did the mother ever try (DRUG)?	Yes 1 (NEXT No 2 (NEXT Don't know . . . 8 (DRUG)	Yes 1 (NEXT No 2 (NEXT Don't know . . . 8 (DRUG)
G-40. In which months during this period did she use (DRUG)? (CIRCLE ALL THAT APPLY.)	3rd month <u>before</u> pregnancy began. . . 1 2nd month <u>before</u> pregnancy began. . . 1 1st month <u>before</u> pregnancy began. . . 1 1st month <u>of</u> pregnancy. 1 2nd month <u>of</u> pregnancy. 1 3rd month <u>of</u> pregnancy. 1 Don't know 8	3rd month <u>before</u> pregnancy began. . . 1 2nd month <u>before</u> pregnancy began. . . 1 1st month <u>before</u> pregnancy began. . . 1 1st month <u>of</u> pregnancy. 1 2nd month <u>of</u> pregnancy. 1 3rd month <u>of</u> pregnancy. 1 Don't know 8
G-41. How often did she use (DRUG) during this period? Was it . . .	Less than 1 day } (NEXT a week, 1 } DRUG 1 or 2 days } USED a week, 2 } OR Every other day, 3 } SEC. Or, every day? . 4 } H) Pattern changed. 5 (G-41a) Don't know . . . 8 (NEXT DRUG USED OR SECT. H)	Less than 1 day } (NEXT a week, 1 } DRUG 1 or 2 days } USED a week, 2 } OR Every other day, 3 } SEC. Or, every day? . 4 } H) Pattern changed. 5 (G-41a) Don't know . . . 8 (NEXT DRUG USED OR SECT. H)
G-41a. How often did she use (DRUG) <u>before</u> the pattern changed?	Less than 1 day a week, 1 1 or 2 days a week, . . 2 Every other day, . . . 3 Or, every day? 4 Don't know 8	Less than 1 day a week, 1 1 or 2 days a week, . . 2 Every other day, . . . 3 Or, every day? 4 Don't know 8
G-41b. How often did she use (DRUG) <u>after</u> the pattern changed?	Less than 1 day/wk, . . 1 1 or 2 days a week, . . 2 Every other day, . . . 3 Or, every day? 4 Don't know 8	Less than 1 day/wk, . . 1 1 or 2 days a week, . . 2 Every other day, . . . 3 Or, every day? 4 Don't know 8
G-41bb. Was she pregnant at the time she changed her pattern of (DRUG) usage?	Yes. 1 (NEXT No 2 (NEXT Don't know . . . 8 (NEXT OR SEC.H)	Yes. 1 (NEXT No 2 (NEXT Don't know . . . 8 (NEXT OR SEC.H)
G-41c. How many weeks pregnant was she at the time she changed her pattern of (DRUG) usage?	NUMBER OF WEEKS Don't know 98	NUMBER OF WEEKS Don't know 98

Hallucinogenics, like LSD, acid, or mescaline	Cocaine	Heroin	Methadone
Yes 1 (NEXT No 2 DRUG Don't know . . . 8	Yes 1 (NEXT No 2 DRUG Don't know . . . 8	Yes 1 (NEXT No 2 DRUG Don't know . . . 8	Yes 1 (BOX No 2 11) Don't know . . . 8
3rd month before pregnancy began. . . 1 2nd month before pregnancy began. . . 1 1st month before pregnancy began. . . 1 1st month of pregnancy. 1 2nd month of pregnancy. 1 3rd month of pregnancy. 1 Don't know 8	3rd month before pregnancy began. . . 1 2nd month before pregnancy began. . . 1 1st month before pregnancy began. . . 1 1st month of pregnancy. 1 2nd month of pregnancy. 1 3rd month of pregnancy. 1 Don't know 8	3rd month before pregnancy began. . . 1 2nd month before pregnancy began. . . 1 1st month before pregnancy began. . . 1 1st month of pregnancy. 1 2nd month of pregnancy. 1 3rd month of pregnancy. 1 Don't know 8	3rd month before pregnancy began. . . 1 2nd month before pregnancy began. . . 1 1st month before pregnancy began. . . 1 1st month of pregnancy. 1 2nd month of pregnancy. 1 3rd month of pregnancy. 1 Don't know 8
Less than 1 day a week. 1 (NEXT DRUG USED 1 or 2 days a week. 2 OR Every other day, 3 SEC. H) Or, every day? . . . 4 1) Pattern changed. 5 (H-35a) Don't know . . . 8 (NEXT DRUG USED OR SECT. H)	Less than 1 day a week. 1 (NEXT DRUG USED 1 or 2 days a week. 2 OR Every other day, 3 SEC. H) Or, every day? . . . 4 1) Pattern changed. 5 (H-35a) Don't know . . . 8 (NEXT DRUG USED OR SECT. H)	Less than 1 day a week. 1 (NEXT DRUG USED 1 or 2 days a week. 2 OR Every other day, 3 SEC. H) Or, every day? . . . 4 1) Pattern changed. 5 (H-35a) Don't know . . . 8 (NEXT DRUG USED OR SECT. H)	Less than 1 day a week. 1 (NEXT DRUG USED 1 or 2 days a week. 2 OR Every other day, 3 SEC. H) Or, every day? . . . 4 1) Pattern changed. 5 (H-35a) Don't know . . . 8 (NEXT DRUG USED OR SECT. H)
Less than 1 day a week. 1 1 or 2 days a week. . . . 2 Every other day. 3 Or, every day? 4 Don't know 8	Less than 1 day a week. 1 1 or 2 days a week. . . . 2 Every other day. 3 Or, every day? 4 Don't know 8	Less than 1 day a week. 1 1 or 2 days a week. . . . 2 Every other day. 3 Or, every day? 4 Don't know 8	Less than 1 day a week. 1 1 or 2 days a week. . . . 2 Every other day. 3 Or, every day? 4 Don't know 8
Less than 1 day/wk. . . . 1 1 or 2 days a week. . . . 2 Every other day. 3 Or, every day? 4 Don't know 8	Less than 1 day/wk. . . . 1 1 or 2 days a week. . . . 2 Every other day. 3 Or, every day? 4 Don't know 8	Less than 1 day/wk. . . . 1 1 or 2 days a week. . . . 2 Every other day. 3 Or, every day? 4 Don't know 8	Less than 1 day/wk. . . . 1 1 or 2 days a week. . . . 2 Every other day. 3 Or, every day? 4 Don't know 8
Yes 1 (NEXT No 2 DRUG Don't know . . . 8 USED OR SEC. H)	Yes 1 (NEXT No 2 DRUG Don't know . . . 8 USED OR SEC. H)	Yes 1 (NEXT No 2 DRUG Don't know . . . 8 USED OR SEC. H)	Yes 1 (NEXT No 2 DRUG Don't know . . . 8 USED OR SEC. H)
NUMBER OF WEEKS Don't know 98	NUMBER OF WEEKS Don't know 98	NUMBER OF WEEKS Don't know 98	NUMBER OF WEEKS Don't know 98

BOX 9. IF "YES" FOR ANY DRUG IN G-39, ASK G-40 AND G-41 FOR EACH DRUG USED. OTHERWISE CONTINUE.

SECTION H

Now, I have just a few questions about your background and about the background of the mother of the pregnancy that ended in (DOIIB).

H-1. What is your racial background? Are you black, white, Asian or Pacific Islander or American Indian or Alaskan native? (CIRCLE ALL THAT APPLY.)

- Black 1
- White 1
- Asian or Pacific Islander 1
- American Indian or Alaskan native 1

H-2. Most people in this country have ancestors who came here from other parts of the world. What nationality or ethnicity were your ancestors, for instance, Puerto Rican, English, Jewish, Afro-American, Chinese, . . . ? (CIRCLE ALL THAT APPLY.)

- Afro-American 01
- American Indian 02
- Chinese 03
- Cuban 04
- English, Scot, Welsh 05
- French 06
- German 07
- Indian (Eastern) 08
- Irish 09
- Italian 10
- Japanese 11
- Jewish 12
- Mexican American (Mexican, Mexicano
Chicano) 13
- Pakistani 14
- Polish 15
- Puerto Rican 16
- Russian 17
- Other Asian or Pacific Islander such
as Korean, Filipino or Samoan 18
- Other Spanish or Latin American 19
- Other (SPECIFY) _____ 20
- _____
- American 21

H-3. What is the mother's race? Is she black, white, Asian or Pacific Islander, or American Indian or Alaskan native? (CIRCLE ALL THAT APPLY.)

Black. 1
White. 1
Asian or Pacific Islander. 1
American Indian or Alaskan native. 1

H-4. What nationality or ethnicity were the mother's ancestors?

Afro-American. 01
American Indian. 02
Chinese. 03
Cuban. 04
English, Scot, Welsh. 05
French. 06
German. 07
Indian (Eastern). 08
Irish. 09
Italian. 10
Japanese. 11
Jewish. 12
Mexican American (Mexican, Mexicano
Chicano). 13
Pakistani. 14
Polish. 15
Puerto Rican. 16
Russian. 17
Other Asian or Pacific Islander such
as Korean, Filipino or Samoan. 18
Other Spanish or Latin American. 19
Other (SPECIFY) _____ 20

American. 21
Don't know. 98

H-5. What is the highest grade or year of regular school or college that you have completed?

No formal schooling. 01
1-6 years. 02
7-9 years. 03
10-11 years. 04
12 years, completed high school. 05
1-3 years of college. 06
4 years of college, bachelor's
degree. 07
5 or more years of college, post-
graduate work. 08

H-6. What is the highest grade or year of regular school or college that the mother has completed?

- No formal schooling. 01
- 1-6 years. 02
- 7-9 years. 03
- 10-11 years. 04
- 12 years, completed high school. 05
- 1-3 years of college 06
- 4 years of college, bachelor's degree 07
- 5 or more years of college, post-graduate work. 08
- Don't know 9B

H-7. Which of the following groups best describes your total family income before taxes in (YEAR OF INDEX BIRTH)? Was it . . .

- Less than \$5,000. 1
- \$ 5,000 to \$ 9,999. 2
- \$10,000 to \$14,999. 3
- \$15,000 to \$24,999. 4
- \$25,000 to \$34,999. 5
- Or, \$35,000 or more? 6
- Don't know 8

H-8. We would like to mail a short questionnaire to your mother and to the mother's mother. The questionnaire will ask some questions about their families. Is this alright with you?

FATHER'S MOTHER

- Alright to mail. . . . 1 (ASK H-9)
- Not alright to mail. . . 2 } (MOTHER'S
- Mother deceased. . . . 3 } MOTHER)

MOTHER'S MOTHER

- Alright to mail. . . . 1 (ASK H-10)
- Not alright to mail. . . 2 } (H-11)
- Mother deceased. . . . 3 }

H-9. What is your mother's name, current mailing address, and phone number?

NAME: _____
STREET: _____
CITY: _____
STATE & ZIP: _____
PHONE #: () _____
Area code
Don't know 9B

H-10. And what is the name, current mailing address, and phone number of the mother's mother?

NAME: _____
STREET: _____
CITY: _____
STATE & ZIP: _____
PHONE #: () _____
Area code
Don't know 9B

H-11. I would like to know if you have any ideas about what causes birth defects. Some causes of birth defects have been discovered because parents have told doctors about their ideas. (RECORD VERBATIM.)

H-12. In case we want to get in touch with you in the future, would you please give me the names, addresses and phone numbers of two close relatives or friends who would be likely to know where you can be reached? (CHECK BOX(ES) BELOW IF RESPONDENT LISTS HIS MOTHER OR MOTHER'S MOTHER. YOU DO NOT HAVE TO REWRITE NAME, ADDRESS OR PHONE NUMBER.)

NAME: _____
STREET: _____
CITY/STATE/ZIP: _____
PHONE #: () _____
Area code
FATHER'S MOTHER []

() _____
Area code
MOTHER'S MOTHER []

Time Ended: _____

Thank you very much for your help. The information that you have given will be used to understand birth defects better in the future. We have asked you a number of questions about many different things. These things do not necessarily cause birth defects. We just want to make sure that things that are commonly done by many people do not cause birth defects.

INTERVIEWER: DID FATHER CONSULT WITH MOTHER FOR ANSWERS TO QUESTIONS?

YES 1
NO 2

BOX 10. IF R WAS IN THE MILITARY IN VIETNAM, ASK H-13 AND H-14.
OTHERWISE, GO TO BOX 11.

H-13. We may need to know something more about your service in Vietnam. Could we contact you again if we need to?

Yes. 1 (H-14)
No 2 (BOX 11)

H-14. What is your complete mailing address? (PROBE FOR ZIP CODE.)

STREET: _____
CITY: _____
STATE & ZIP: _____

BOX 11. IF MOTHER HAS BEEN INTERVIEWED, GO TO CLOSING STATEMENT.
OTHERWISE, CONTINUE.

H-15. I would like to ask some questions of the mother of the pregnancy that ended in (DOIB). Does she live with you?

Yes 1 (BOX 12)
No 2 (H-16)

BOX 12. ● IF MOTHER OF DOIB IS LISTED AS UNKNOWN, YET LIVES WITH FATHER, OBTAIN HER FULL NAME BEFORE ATTEMPTING TO INTERVIEW HER.

- IF MOTHER AVAILABLE NOW, GO TO STATEMENT BELOW CLOSING.
- IF UNABLE TO INTERVIEW MOTHER NOW, GET INFORMATION ABOUT BEST TIME TO CALL HER, RECORD INFORMATION ON CALL RECORD, AND THEN GO TO CLOSING STATEMENT.

H-16. What is her full name and her current address and phone number? (PROBE FOR ZIP CODE.)

NAME: _____
STREET: _____
CITY, STATE, ZIP: _____
PHONE #: () _____
 AREA CODE
Don't know 98

CLOSING STATEMENT:

Thank you again. My supervisor may be calling you to confirm some of the answers I have recorded.

(IF MOTHER TO BE INTERVIEWED NOW, SAY:) In order to maintain the confidentiality of the information you just gave to me, another interviewer will conduct her interview. She will come to the phone right now.

PART I. MOTHER'S QUESTIONNAIRE

INTRODUCTION

Hello, this is (YOUR NAME). I am calling for the Centers for Disease Control, the CDC in Atlanta. May I speak with (NAME ON LABEL)?

READ TO SELECTED RESPONDENT: Recently, we sent you a letter explaining that the Centers for Disease Control is conducting a study about birth defects. We are talking with a number of women who have been pregnant. Some have had a child with a birth defect and others have not. You were chosen because you (gave birth to a child on [DATE OF INDEX BIRTH]/had a pregnancy which ended on [DATE OF INDEX BIRTH]). I would like to confirm this information with you. Did you, in fact, have (a child/a pregnancy which ended) on (DATE OF INDEX BIRTH)?

Yes 1 (CONTINUE WITH INTRODUCTION)
No 2 (Q.a)

a. Did you have a (child born/pregnancy end) around that time?

Yes 1 (Q.b)
No 2 (THANK RESPONDENT
AND TERMINATE)

b. What is the correct date?

_____/_____/_____
MONTH DAY YEAR

c. At what hospital (was the child born/did the pregnancy end)?

NAME OF HOSPITAL

d. And what was your full name at that time?

NAME

INTRODUCTION CONTINUED: The questions that follow are about your health in general, your past pregnancies and jobs you have held. We will also be asking about your use of medicines and your exposure to chemicals. The interview will be done in two parts. The whole interview will take about 45 minutes. The first part should take 5 to 10 minutes. Your participation is voluntary and you need not answer all the questions. The information you give will be used for statistical purposes only, and your name will never be mentioned in any published report. Your participation in this study is very important.

Time Began: _____

I'd like to start by asking you some questions about all of your pregnancies.

1. First, how many times altogether have you been pregnant? Please be sure to include any pregnancies that ended in a live birth, a miscarriage, a stillbirth or an induced abortion.

_____ NUMBER _____

Now I'd like to ask you a few questions about (this pregnancy/each of these [NUMBER] pregnancies). As we go through these questions, if you remember any other pregnancies, please be sure to tell me about them.

(ASK Q's.2 THROUGH 16, AS APPLICABLE, FOR EACH PREGNANCY BEFORE GOING TO THE NEXT PREGNANCY.)

	FIRST PREGNANCY
2. Thinking now about your (1st/2nd/etc.) pregnancy, in what month and year did this pregnancy end?	_____/_____ MONTH / YEAR
3. Was this a multiple pregnancy, that is, were you pregnant with twins or triplets?	Yes 1 (Q.4) No 2 (Q.5) Don't know . . . 8 (Q.5)
4. How many babies were you pregnant with?	_____ NUMBER OF BABIES
5. (For the [1st/2nd/etc.] baby), did this pregnancy result in a live birth, stillbirth, miscarriage, or induced abortion? (REPEAT FOR UP TO THREE BABIES. FOLLOW SKIP INSTRUCTION FOR BABY WITH THE LOWEST CODE NUMBER CIRCLED.)	Live birth . . . 01 (Q.7) Stillbirth . . . 02 (Q.7) Miscarriage . . . 03 (Q.6) Abortion 04 (Q.6) Tubal pregnancy. 05 (Q.6) Live birth . . . 01 (Q.7) Stillbirth . . . 02 (Q.7) Miscarriage . . . 03 (Q.6) Abortion 04 (Q.6) Tubal pregnancy. 05 (Q.6) Live birth . . . 01 (Q.7) Stillbirth . . . 02 (Q.7) Miscarriage . . . 03 (Q.6) Abortion 04 (Q.6) Tubal pregnancy. 05 (Q.6)
6. How many weeks had you been pregnant at the time of the (miscarriage/abortion/diagnosis of the tubal pregnancy)?	_____ NUMBER OF WEEKS (GO TO Q.2 NEXT PREGNANCY, OR INTRO. BEFORE BOX 4 IF LAST PREGNANCY)
7. Did your doctor say that this pregnancy ended early, late, or on time?	Early 1 (Q.8) Late 2 (Q.8) On time 3 (Q.9)
8. How many weeks (early/late)?	_____ # OF WEEKS

SECOND PREGNANCY	THIRD PREGNANCY	FOURTH PREGNANCY	FIFTH PREGNANCY
<p>MONTH / YEAR</p> <p>Current pregnancy 9696 (INTRO. SPECIFY # BEFORE OF MONTHS BOX 4) PREGNANT: _____</p>	<p>MONTH / YEAR</p> <p>Current pregnancy 9696 (INTRO. SPECIFY # BEFORE OF MONTHS BOX 4) PREGNANT: _____</p>	<p>MONTH / YEAR</p> <p>Current pregnancy 9696 (INTRO. SPECIFY # BEFORE OF MONTHS BOX 4) PREGNANT: _____</p>	<p>MONTH / YEAR</p> <p>Current pregnancy 9696 (INTRO. SPECIFY # BEFORE OF MONTHS BOX 4) PREGNANT: _____</p>
<p>Yes 1 (Q.4)</p> <p>No 2 (Q.5)</p> <p>Don't know . . . 8 (Q.5)</p>	<p>Yes 1 (Q.4)</p> <p>No 2 (Q.5)</p> <p>Don't know . . . 8 (Q.5)</p>	<p>Yes 1 (Q.4)</p> <p>No 2 (Q.5)</p> <p>Don't know . . . 8 (Q.5)</p>	<p>Yes 1 (Q.4)</p> <p>No 2 (Q.5)</p> <p>Don't know . . . 8 (Q.5)</p>
<p>NUMBER OF BABIES</p>	<p>NUMBER OF BABIES</p>	<p>NUMBER OF BABIES</p>	<p>NUMBER OF BABIES</p>
<p>Live birth . . . 01 (Q.7)</p> <p>Stillbirth . . . 02 (Q.7)</p> <p>Miscarriage . . . 03 (Q.6)</p> <p>Abortion 04 (Q.6)</p> <p>Tubal pregnancy. 05 (Q.6)</p>	<p>Live birth . . . 01 (Q.7)</p> <p>Stillbirth . . . 02 (Q.7)</p> <p>Miscarriage . . . 03 (Q.6)</p> <p>Abortion 04 (Q.6)</p> <p>Tubal pregnancy. 05 (Q.6)</p>	<p>Live birth . . . 01 (Q.7)</p> <p>Stillbirth . . . 02 (Q.7)</p> <p>Miscarriage . . . 03 (Q.6)</p> <p>Abortion 04 (Q.6)</p> <p>Tubal pregnancy. 05 (Q.6)</p>	<p>Live birth . . . 01 (Q.7)</p> <p>Stillbirth . . . 02 (Q.7)</p> <p>Miscarriage . . . 03 (Q.6)</p> <p>Abortion 04 (Q.6)</p> <p>Tubal pregnancy. 05 (Q.6)</p>
<p>Live birth . . . 01 (Q.7)</p> <p>Stillbirth . . . 02 (Q.7)</p> <p>Miscarriage . . . 03 (Q.6)</p> <p>Abortion 04 (Q.6)</p> <p>Tubal pregnancy. 05 (Q.6)</p>	<p>Live birth . . . 01 (Q.7)</p> <p>Stillbirth . . . 02 (Q.7)</p> <p>Miscarriage . . . 03 (Q.6)</p> <p>Abortion 04 (Q.6)</p> <p>Tubal pregnancy. 05 (Q.6)</p>	<p>Live birth . . . 01 (Q.7)</p> <p>Stillbirth . . . 02 (Q.7)</p> <p>Miscarriage . . . 03 (Q.6)</p> <p>Abortion 04 (Q.6)</p> <p>Tubal pregnancy. 05 (Q.6)</p>	<p>Live birth . . . 01 (Q.7)</p> <p>Stillbirth . . . 02 (Q.7)</p> <p>Miscarriage . . . 03 (Q.6)</p> <p>Abortion 04 (Q.6)</p> <p>Tubal pregnancy. 05 (Q.6)</p>
<p>Live birth . . . 01 (Q.7)</p> <p>Stillbirth . . . 02 (Q.7)</p> <p>Miscarriage . . . 03 (Q.6)</p> <p>Abortion 04 (Q.6)</p> <p>Tubal pregnancy. 05 (Q.6)</p>	<p>Live birth . . . 01 (Q.7)</p> <p>Stillbirth . . . 02 (Q.7)</p> <p>Miscarriage . . . 03 (Q.6)</p> <p>Abortion 04 (Q.6)</p> <p>Tubal pregnancy. 05 (Q.6)</p>	<p>Live birth . . . 01 (Q.7)</p> <p>Stillbirth . . . 02 (Q.7)</p> <p>Miscarriage . . . 03 (Q.6)</p> <p>Abortion 04 (Q.6)</p> <p>Tubal pregnancy. 05 (Q.6)</p>	<p>Live birth . . . 01 (Q.7)</p> <p>Stillbirth . . . 02 (Q.7)</p> <p>Miscarriage . . . 03 (Q.6)</p> <p>Abortion 04 (Q.6)</p> <p>Tubal pregnancy. 05 (Q.6)</p>
<p>NUMBER OF WEEKS</p> <p>(GO TO Q.2 NEXT PREGNANCY, OR INTRO. BEFORE BOX 4 IF LAST PREGNANCY)</p>	<p>NUMBER OF WEEKS</p> <p>(GO TO Q.2 NEXT PREGNANCY, OR INTRO. BEFORE BOX 4 IF LAST PREGNANCY)</p>	<p>NUMBER OF WEEKS</p> <p>(GO TO Q.2 NEXT PREGNANCY, OR INTRO. BEFORE BOX 4 IF LAST PREGNANCY)</p>	<p>NUMBER OF WEEKS</p> <p>(GO TO Q.2 NEXT PREGNANCY, OR INTRO. BEFORE BOX 4 IF LAST PREGNANCY)</p>
<p>Early 1 (Q.8)</p> <p>Late 2 (Q.8)</p> <p>On time 3 (Q.9)</p>	<p>Early 1 (Q.8)</p> <p>Late 2 (Q.8)</p> <p>On time 3 (Q.9)</p>	<p>Early 1 (Q.8)</p> <p>Late 2 (Q.8)</p> <p>On time 3 (Q.9)</p>	<p>Early 1 (Q.8)</p> <p>Late 2 (Q.8)</p> <p>On time 3 (Q.9)</p>
<p># OF WEEKS</p>	<p># OF WEEKS</p>	<p># OF WEEKS</p>	<p># OF WEEKS</p>

Pregnancy No. | | | |

	FIRST BABY
9. Was the (first/second/etc.) baby a boy or a girl?	Boy 1 Girl 2
10. IF LIVE BIRTH: Did (he/she) have a health problem at birth or a birth defect that was diagnosed during the first year of (his/her) life? IF STILLBIRTH: Did (he/she) have a birth defect?	Yes 1 (Q.11) No 2 (BOX 1)
11. What kind of birth defect (or health problem) was that? (RECORD VERBATIM.)	_____ _____ _____ _____

BOX 1. IF PREGNANCY ENDED IN:
 • STILLBIRTH, GO TO Q.2 FOR NEXT PREGNANCY OR GO TO INTRO. BEFORE BOX 4 IF THIS IS LAST PREGNANCY.
 • LIVE BIRTH, CONTINUE.

12. Did (he/she) ever develop leukemia or cancer?	Yes, leukemia . 1 (Q.13) Yes, cancer . . 1 (Q.15) No 2 (BOX 3)
13. What type of leukemia did (he/she) develop? Was it lymphocytic, myelocytic or some other type?	Lymphocytic . . 1 Myelocytic . . . 2 Other (SPECIFY) 3 _____ Don't know . . 8
14. In what month and year was this leukemia diagnosed by a doctor?	_____/_____ MONTH YEAR

BOX 2. IF BABY DEVELOPED CANCER, CONTINUE WITH Q.15. OTHERWISE, GO TO BOX 3.

15. What type of cancer did (he/she) develop? (RECORD VERBATIM.)	_____ _____ _____
16. In what month and year was this cancer diagnosed by a doctor?	_____/_____ MONTH YEAR

BOX 3. IF MORE PREGNANCIES, RETURN TO Q.2. OTHERWISE, CONTINUE.

Now I'd like to ask a few more questions about (the baby born on [DATE OF INDEX BIRTH]/the pregnancy that ended on [DATE OF INDEX BIRTH]).

BOX 4. IF DOIB ENDED IN STILLBIRTH, GO TO Q.18. OTHERWISE, CONTINUE.

17. How much did the (baby/babies) weigh at birth?

BABY #1 _____ / _____ OR _____
LBS. OZ. GRAMS

BABY #2 _____ / _____ OR _____
LBS. OZ. GRAMS

BABY #3 _____ / _____ OR _____
LBS. OZ. GRAMS

18. How much weight did you gain during this pregnancy?

LBS.

19. And how much did you weigh just before the baby was born?

LBS.

BOX 5. IF R HAS BEEN PREGNANT ONLY ONCE, GO TO CLOSING STATEMENT ON BACK PAGE. OTHERWISE, CONTINUE.

20. And now, about the father of the (baby born on [DATE OF INDEX BIRTH]/the pregnancy that ended on [DATE OF INDEX BIRTH]), is he the father of (both/all) of your pregnancies?

Yes 1 (CLOSING STATEMENT ON BACK PAGE)
No 2 (BOX 6)

BOX 6. IF R HAS BEEN PREGNANT ONLY TWICE, GO TO CLOSING STATEMENT. OTHERWISE, CONTINUE.

21. What are the ending dates of the other pregnancies for which he is the father?

_____/_____ MONTH YEAR	_____/_____ MONTH YEAR	_____/_____ MONTH YEAR
_____/_____ MONTH YEAR	_____/_____ MONTH YEAR	_____/_____ MONTH YEAR

None of the other pregnancies. 9595
 Current pregnancy. 9696

Thank you very much for this information. Now I am going to have another interviewer take over from here. She will ask you questions about your life in general and especially about the time right around the pregnancy that ended in (DOIB). We want to get equal answers from all the parents in this study, and if the interviewer knew whether or not you had a baby with a problem at birth, it might influence the way she asks the questions or hears the answers. She will not know the outcome of the pregnancy, and she will not ask you what the outcome was. So please try not to tell her. Thank you very much for your help with my part of the interview. The next part of the interview will take about 35 minutes. The other interviewer is coming to the phone right now.

INTERVIEWER: DID MOTHER CONSULT WITH FATHER FOR ANSWERS TO QUESTIONS?

Yes. 1
 No 2

Time Ended: _____



PART II. MOTHER'S QUESTIONNAIRE

Time Began: _____

SECTION A

A-1. Let me start by asking, in what city and state were you living at the time you became pregnant with your (DOIB) pregnancy?

CITY
OR TOWN: _____ OR FOREIGN
STATE: _____ COUNTRY: _____

Now, thinking about the two years just before (DOIB), that is, from (DOIB) back to (ENTER DATE) _____/_____, . . . I'd like to get a complete history of the jobs you held in those two years, if any, and the times when you were not working, such as, when you were a student or a housewife.

(ASK A-2 THROUGH A-6, AS APPROPRIATE, FOR EACH TIME PERIOD.)

	FIRST TIME PERIOD
A-2. (At the time your pregnancy ended in [DOIB],/and before that,) were you working in a job for at least ten hours a week, or were you a student, a housewife, or something else? (CIRCLE ALL THAT APPLY. FOLLOW SKIP FOR <u>LOWEST</u> CODE CIRCLED.)	Job. 1 (A-3) Looking for work 2 (A-6) Student. 3 (A-6) Housewife. 4 (A-6) Something else (SPECIFY) 5 (A-6)
A-3. What was your occupation then, that is, what was your job called?	_____ _____ _____
A-4. What were your most important activities or duties?	_____ _____ _____ _____
A-5. What kind of place were you working for, that is, what did they make or do?	_____ _____ _____ _____
A-6. In what month and year did you start (working there/being a student/housewife/etc.) that time?	_____/_____ MONTH YEAR

BOX 1.

- IF DATE IN A-6 IS LATER THAN (DOIB - 2 YEARS), RETURN TO A-6 FOR NEXT TIME PERIOD.
- IF R HAS BEEN A STUDENT OR HOUSEWIFE FOR ENTIRE TIME PERIOD, PROBE BY ASKING:
Did you ever have a job for at least ten hours a week during the period from (DOIB) to (DOIB - 2 YEARS)?
 - IF "YES," RECORD IN SECOND TIME PERIOD.
 - IF "NO," CONTINUE WITH SECTION B.
- IF JOB HISTORY IS COMPLETE FOR TWO YEARS PRECEDING DOIB, CONTINUE WITH SECTION B.

SECOND TIME PERIOD	THIRD TIME PERIOD	FOURTH TIME PERIOD
Job 1 (A-3) Looking for work 2 (A-6) Student 3 (A-6) Housewife 4 (A-6) Something else (SPECIFY) 5 (A-6)	Job 1 (A-3) Looking for work 2 (A-6) Student 3 (A-6) Housewife 4 (A-6) Something else (SPECIFY) 5 (A-6)	Job 1 (A-3) Looking for work 2 (A-6) Student 3 (A-6) Housewife 4 (A-6) Something else (SPECIFY) 5 (A-6)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____ / _____ MONTH YEAR	_____ / _____ MONTH YEAR	_____ / _____ MONTH YEAR
IF R REPORTED STUDENT/HOUSEWIFE FOR ENTIRE PERIOD, ASK: And in what month and year did you stop working there? _____ / _____ MONTH YEAR		

SECTION B

Now I would like to ask some general questions.

B-1a. First, when were you born?

_____/_____/_____
MONTH DAY YEAR

B-1b. How tall are you without shoes?

_____/_____
FT. IN.

B-2. How much did you weigh when you were born?

_____/_____
LBS. OZ.

Don't know 9 1/8

B-3. Did you have a health problem at birth or a birth defect that was diagnosed during the first year of life?

- Yes 1 (B-4)
- No 2 (INTRO. T1 B-5)
- Don't know 8 (INTRO. T1 B-5)

B-4. What type of problem was that? (RECORD VERBATIM.)

The next few questions are about long lasting illnesses that require a doctor's care.

(ASK B-5 THROUGH B-10, AS APPROPRIATE, FOR EACH ILLNESS)	<u>Underactive thyroid</u> (<u>Hypothyroidism</u>)		
B-5. At any time before (DOIB), were you ever diagnosed as having (ILLNESS)?	Yes 1 (B-6) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)		
B-6. How old were you when (ILLNESS) was first diagnosed by a doctor? (RECORD VERBATIM.)	AGE At birth 96		
B-7. Did you take any medicines that a doctor prescribed for (ILLNESS)?	Yes 1 (B-8) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)		
B-8. What were the names of the medicines that you took for (ILLNESS)? (RECORD EACH MEDICATION IN A SEPARATE COLUMN.)	MEDICINE #1	MEDICINE #2	MEDICINE #3
	DK 98	DK 98	DK 98
(ASK B-9 AND B-10 FOR EACH MEDICATION.) B-9. For how long did you take (MEDICATION)? (RECORD VERBATIM.)	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98
(IF ILLNESS ENDED IN CHILDHOOD, CIRCLE CODE "1" AND GO TO NEXT MEDICATION OR NEXT ILLNESS.) B-10. Did you take any (MEDICATION) during the pregnancy that ended in (DOIB)?	Child- hood.. 1 Yes 2 No 3 DK 8	Child- hood.. 1 Yes 2 No 3 DK 8	Child- hood.. 1 Yes 2 No 3 DK 8

Overactive thyroid (Hyperthyroidism)			Diabetes Mellitus or Sugar Diabetes			High blood pressure		
Yes 1 (B-6) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)			Yes 1 (B-6) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)			Yes 1 (B-6) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)		
AGE At birth 96			AGE At birth 96			AGE At birth 96		
Yes 1 (B-6) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)			Yes 1 (B-6) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)			Yes 1 (B-6) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)		
MEDICINE #1	MEDICINE #2	MEDICINE #3	MEDICINE #1	MEDICINE #2	MEDICINE #3	MEDICINE #1	MEDICINE #2	MEDICINE #3
DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK..... 98	DK.. 98
Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.. 98
Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8

(ASK B-5 THROUGH B-10, AS APPROPRIATE,
FOR EACH ILLNESS)

		Rheumatic heart disease		
B-5. At any time before (DOB), were you ever diagnosed as having (ILLNESS)?	Yes 1 (B-6) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)			
B-6. How old were you when (ILLNESS) was first diagnosed by a doctor? (RECORD VERBATIM.)	_____ AGE At birth 96			
B-7. Did you take any medicines that a doctor prescribed for (ILLNESS)?	Yes 1 (B-8) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)			
B-8. What were the names of the medicines that you took for (ILLNESS)? (RECORD EACH MEDICATION IN A SEPARATE COLUMN.)	MEDICINE #1	MEDICINE #2	MEDICINE #3	
	DK..... 98	DK..... 98	DK.... 98	
(ASK B-9 AND B-10 FOR EACH MEDICATION.) B-9. For how long did you take (MEDICATION)? (RECORD VERBATIM.)	_____ Still using 96 DK.... 98	_____ Still using 96 DK.... 98	_____ Still using 96 DK.... 98	
(IF ILLNESS ENDED IN CHILDHOOD, CIRCLE CODE "1" AND GO TO NEXT MEDICATION, NEXT ILLNESS OR B-11.) B-10. Did you take any (MEDICATION) during the pregnancy that ended in (DOB)?	Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8	

Any heart disease, like holes in the heart, that is, VSD or ASD or any other heart disease			Epilepsy or seizures			Asthma		
Yes 1 (B-6) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)			Yes 1 (B-6) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)			Yes 1 (B-6) No 2 (B-11) Don't know . . . 8 (B-11)		
AGE At birth 96			AGE At birth 96			AGE At birth 96		
Yes 1 (B-8) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)			Yes 1 (B-8) No 2 (NEXT ILLNESS) Don't know . . . 8 (NEXT ILLNESS)			Yes 1 (B-8) No 2 (B-11) Don't know . . . 8 (B-11)		
MEDICINE #1	MEDICINE #2	MEDICINE #3	MEDICINE #1	MEDICINE #2	MEDICINE #3	MEDICINE #1	MEDICINE #2	MEDICINE #3
DK 98	DK 98	DK 98	DK 98	DK 98	DK 98	DK 98	DK 98	DK 98
Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98
Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8

B-11. At any time before (DOIB), were you ever diagnosed as having cancer? Yes. 1 (B-12)
 No 2 (B-20)
 Don't know 8 (B-20)

B-12. How old were you when cancer was first diagnosed by a doctor? (RECORD VERBATIM.)

AGE

At birth. 96

B-13. Did you take any medicines that a doctor prescribed for cancer? Yes. 1 (B-14)
 No 2 (B-17)
 Don't know 8 (B-17)

	MEDICINE #1	MEDICINE #2	MEDICINE #3
B-14. What were the names of the medicines you took for cancer? (RECORD EACH MEDICATION IN A SEPARATE COLUMN.)	DK 98	DK 98	DK 98
(ASK B-15 AND B-16 AS APPROPRIATE, FOR EACH MEDICATION.)			
B-15. For how long did you take (MEDICATION)? (RECORD VERBATIM.)	Rest of life . 95 Still using. . 96 DK 98	Rest of life . 95 Still using. . 96 DK 98	Rest of life . 95 Still using. . 96 DK 98
(IF CANCER ENDED IN CHILDHOOD, CIRCLE CODE "1" AND GO TO NEXT MEDICATION OR B-17.)			
B-16. Did you take any (MEDICATION) during the pregnancy that ended in (DOIB)?	Childhood. . . 1 Yes. 2 No 3 DK 8	Childhood. . . 1 Yes. 2 No 3 DK 8	Childhood. . . 1 Yes. 2 No 3 DK 8

B-17. Did you receive any other kind of treatment for cancer? Yes. 1 (B-18)
 No 2 (B-20)
 Don't know 8 (B-20)

B-18. What kind of treatment was this? (CIRCLE ALL THAT APPLY. FOLLOW SKIP FOR LOWEST CODE CIRCLED.)

X-ray or radiation treatment 1 (B-19)
 Surgery. 2 (B-20)
 Special diet 3 (B-20)
 Other treatment (SPECIFY). 4 (B-20)

Don't know 8 (B-20)

B-19. About how many times altogether did you have (x-ray/radiation) treatments for cancer?

OF TIMES

Don't know. 98

B-20. At any time before (DOIB), were you ever diagnosed as having any other long lasting illness? Yes 1 (B-21)
 No 2 (B-27)
 Don't know 8 (B-27)

		ILLNESS #1		
B-21. What illness was that? (RECORD EACH LONG LASTING ILLNESS IN A SEPARATE COLUMN.)				
(ASK B-22 THROUGH B-26, AS APPROPRIATE, FOR EACH ILLNESS.)				
B-22. How old were you when (ILLNESS) was first diagnosed by a doctor? (RECORD VERBATIM.)		AGE		
		At birth 96		
B-23. Did you take any medicines that a doctor prescribed for (ILLNESS)?		Yes 1 (B-24) No 2 (NEXT ILLNESS) Don't know 8 OR B-27		
B-24. What were the names of the medicines that you took for (ILLNESS)? (RECORD EACH MEDICATION IN A SEPARATE COLUMN.)		MEDICINE #1	MEDICINE #2	MEDICINE #3
		DK..... 98	DK..... 98	DK.... 98
(ASK B-25 AND B-26 FOR EACH MEDICATION.)				
B-25. For how long did you take (MEDICATION)? (RECORD VERBATIM.)		Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98
(IF ILLNESS ENDED IN CHILDHOOD, CIRCLE CODE "1" AND GO TO NEXT MEDICATION, NEXT ILLNESS OR B-27.)				
B-26. Did you take any (MEDICATION) during the pregnancy that ended in (DOIB)?		Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8

B-27. Have you ever had a shot to prevent rubella? Rubella is also called the German measles or the three-day measles? Yes 1 (B-28)
 No 2 (SECTION C)
 Don't know 8 (SECTION C)

B-28. How old were you when you had a rubella shot?

 AGE
 Don't know 98

ILLNESS #2			ILLNESS #3			ILLNESS #4		
AGE At birth 96			AGE At birth 96			AGE At birth 96		
Yes 1 (B-24) No 2 (NEXT ILLNESS) Don't know . . . 8 (OR B-27)			Yes 1 (B-24) No 2 (NEXT ILLNESS) Don't know . . . 8 (OR B-27)			Yes 1 (B-24) No 2 (NEXT ILLNESS) Don't know . . . 8 (OR B-27)		
MEDICINE #1	MEDICINE #2	MEDICINE #3	MEDICINE #1	MEDICINE #2	MEDICINE #3	MEDICINE #1	MEDICINE #2	MEDICINE #3
DK 98	DK 98	DK 98	DK 98	DK 98	DK 98	DK 98	DK 98	DK 98
Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98	Still using 96 DK 98
Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8	Child-hood.. 1 Yes 2 No 3 DK 8

SECTION C

Now I have some questions which focus on the pregnancy that ended in (D01B).

C-1. First, did you have any morning sickness or nausea with the pregnancy that ended in (D01B)?

- Yes 1 (C-2)
- No 2 (C-9)
- Don't know 8 (C-9)

C-2. In which month of the pregnancy did you first have the nausea?

- _____
- MONTH
- Don't know 98

C-3. How many months did you have the nausea? Would you say it was for . . .

- Less than a month, 1
- About a month, 2
- Two or three months, 3
- Or, more than three months? 4
- Don't know 8

C-4. And how often did you have the nausea? Would you say it was . . .

- Every day, 1
- Several days a week, 2
- Once a week, 3
- Or, less than once a week? 4
- Don't know 8

C-5. Did you take any medicine for the nausea, for instance, Alka-Seltzer, Pepto-Bismol, or Bendectin?

- Yes 1 (C-6)
- No 2 (C-9)
- Don't know 8 (C-9)

	FIRST MEDICINE	SECOND MEDICINE	THIRD MEDICINE
C-6. What kind of medicine did you take? (RECORD EACH MEDICINE IN A SEPARATE COLUMN.)	Don't know 98	Don't know 98	Don't know 98
(ASK C-7 AND C-8, FOR EACH MEDICINE LISTED.)			
C-7. In which week of the pregnancy did you start taking (MEDICINE)?	WEEK Don't know 98	WEEK Don't know 98	WEEK Don't know 98
C-8. For how many weeks did you take (MEDICINE)?	# OF WEEKS Throughout the pregnancy 96 Don't know 98	# OF WEEKS Throughout the pregnancy 96 Don't know 98	# OF WEEKS Throughout the pregnancy 96 Don't know 98

C-9. Was the pregnancy that ended in (D01B) planned, that is, were you actually trying to become pregnant when you did?

- Yes 1 (C-10)
- No 2 (C-26)
- Not trying to get pregnant, but not trying to stop it 3 (C-26)

C-10. Once you decided to become pregnant, how many months did it take you to become pregnant? (RECORD BELOW AND IN BOX 2, PAGE 19.)

OR

OF MONTHS # OF YEARS

Less than one month 96

Don't know 98

C-11. Did you, yourself, go to a doctor or clinic to talk about ways to help you become pregnant?

- Yes 1 (C-12)
- No 2 (C-23)

C-12. When did you first go to a doctor or clinic for help in becoming pregnant that time?

/

MONTH YEAR

Don't know 9898

C-13. Did you take clomid to help you become pregnant that time?

Yes 1 (C-14)
No 2 (C-17)
Don't know 8 (C-17)

C-14. In what month and year did you start taking clomid that time?

_____/_____
MONTH YEAR
Don't know 9898

C-15. Were you still taking clomid at the time you became pregnant?

Yes 1
No 2
Don't know 8

C-16. In what month and year did you stop taking clomid that time?

_____/_____
MONTH YEAR
Don't know 9898

C-17. Did you take any other fertility drug to help you become pregnant that time?

Yes 1 (C-18)
No 2 (C-22)
Don't know 8 (C-22)

C-18. What type of fertility drug was that?

Bromocriptine (Parlodel) 1
HCG (Pregnyl or Follutein) 2
HMG (Pergonal) 3
Progesterone (Duphaston) 4
Other fertility drug (SPECIFY) 5

Don't know 8

C-19. In what month and year did you start taking (DRUG) that time?

_____/_____
MONTH YEAR
Don't know 9898

C-20. Were you still taking (DRUG) at the time you became pregnant?

Yes 1
No 2
Don't know 8

C-21. In what month and year did you stop taking (DRUG) that time?

_____/_____
MONTH YEAR
Don't know 9898

C-22. What (other) kinds of medical treatment or advice did you receive?

C-23. Did the father of the pregnancy that ended in (D01B) go to a doctor or clinic to talk about ways to help you become pregnant that time?

Yes 1 (C-24)
No 2 (C-26)
Don't know 8 (C-26)

C-24. When did he first go to a doctor or clinic for help in your becoming pregnant that time?

_____/_____
MONTH YEAR
Don't know 9898

C-25. What kinds of medical treatment or advice did he receive? (CIRCLE ALL THAT APPLY.)

HCG (Pregnyl) 1
Sperm test 1
Surgical correction of varicocele 1
Other (SPECIFY) 1

C-26. In order to find out whether or not you were pregnant, did you take pills or have a shot and then wait to see if you had a period?

Yes, pills 1
Yes, shot 2
No 3
Don't know 8

SECTION D

For the next set of questions, I want you to think about the months right around the beginning of the pregnancy that ended in (D01B). These questions are about the period from three months before the pregnancy began through the first three months of the pregnancy, that is from (ENTER DATES) ____/____ to ____/____.

BOX 2. ENTER RESPONSE TO C-10: _____. IF RESPONSE TO C-10, PAGE 15, IS MORE THAN 3 MONTHS, GO TO D-13, PAGE 24. OTHERWISE, CONTINUE.

- D-1. During this time did you ever use birth control pills?
- Yes 1 (D-2)
 - No 2 (D-4)
 - Don't know 8 (D-4)

- D-2. Were you still taking birth control pills after the pregnancy started?
- Yes 1
 - No 2
 - Don't know 8

- D-3. In which month did you stop taking birth control pills? (CIRCLE ONE.)
- 3rd month before pregnancy began 01
 - 2nd month before pregnancy began 02
 - 1st month before pregnancy began 03
 - 1st month of pregnancy 04
 - 2nd month of pregnancy 05
 - 3rd month of pregnancy 06
 - 4th - 6th month of pregnancy 07
 - 7th - 9th month of pregnancy 08
 - Don't know 98
- } (D-13)

- D-4. During that time, did you have an IUD in place, such as, a loop, coil, shield or copper ??
- Yes 1 (D-5)
 - No 2 (D-6)
 - Don't know 8 (D-6)

D-5. In which months during this time did you have the IUD? (CIRCLE ALL THAT APPLY.)

- 3rd month before pregnancy began 1
 - 2nd month before pregnancy began 1
 - 1st month before pregnancy began 1
 - 1st month of pregnancy 1
 - 2nd month of pregnancy 1
 - 3rd month of pregnancy 1
 - Don't know 8
- } (D-13)

D-6. From three months before the pregnancy began through the first three months of the pregnancy, did you ever use a diaphragm with jelly or cream?

- Yes 1 (D-6a)
- No 2 (D-9)
- Don't know 8 (D-9)

D-6a. Were you still using a diaphragm with jelly or cream after the pregnancy started?

- Yes 1
- No 2
- Don't know 8

D-6b. In which month did you stop using a diaphragm with jelly or cream? (CIRCLE ONE.)

- 3rd month before pregnancy began 1
- 2nd month before pregnancy began 1
- 1st month before pregnancy began 1
- 1st month of pregnancy 1
- 2nd month of pregnancy 1
- 3rd month of pregnancy 1
- Don't know 8

D-7. Did you usually use a jelly or a cream?

- Jelly 1
- Cream 2

D-8. What brand of (jelly/cream) did you usually use?

- JELLY
- Crescent 1
 - Koromex II 2
 - Orthogynol 3
 - Ramses - Vag-gel 4
 - Other jelly (SPECIFY) 5
- } (D-11)

- CREAMS
- Anvita 1
 - Conceptroz 2
 - Delfen Cream 3
 - Koromex 4
 - Orthocream 5
 - Other cream (SPECIFY) 6
- } (D-11)
- Don't know 8

D-9. During that time, did you ever use a contraceptive jelly or cream without a diaphragm?

- Yes 1 (D-9a)
- No 2 (D-11)
- Don't know 8 (D-11)

D-9a. Were you still using jelly or cream without a diaphragm after the pregnancy started?

- Yes 1
- No 2
- Don't know 8

D-9b. In which month did you stop using jelly or cream without a diaphragm? (CIRCLE ONE.)

- 3rd month before pregnancy began 1
- 2nd month before pregnancy began 1
- 1st month before pregnancy began 1
- 1st month of pregnancy 1
- 2nd month of pregnancy 1
- 3rd month of pregnancy 1
- Don't know 8

D-10. Did you usually use a jelly or a cream?

- Jelly 1
- Cream 2

D-10a. What brand of (jelly/cream) did you usually use?

JELLY
Crescent 1
Koromex II 2
Orthogynol 3
Ramses - Vag-gel 4
Other jelly (SPECIFY) 5

} (D-11)

CREAMS
Anvita 1
Conceptroz 2
Delfen Cream 3
Koromex 4
Orthocreem 5
Other cream (SPECIFY) 6

} (D-11)

Don't know 8

D-11. During that time, did you ever use a contraceptive foam?

Yes 1 (D-11a)
No 2 (D-12)
Don't know 8 (D-12)

D-11a. Were you still using a contraceptive foam after the pregnancy started?

Yes 1
No 2
Don't know 8

D-11b. In which month did you stop using a contraceptive foam? (CIRCLE ONE.)

3rd month before pregnancy began 1
2nd month before pregnancy began 1
1st month before pregnancy began 1
1st month of pregnancy 1
2nd month of pregnancy 1
3rd month of pregnancy 1
Don't know 8

D-11c. What brand of foam did you usually use?

Because 1
Daikon 2
Delfen 3
Enko 4
Koromex 5
Other (SPECIFY) 6

Don't know 8

D-12. During that time, did you ever use a contraceptive insert or suppository?

Yes 1 (D-12a)
No 2 (D-13)
Don't know 8 (D-13)

D-12a. Were you still using a contraceptive insert or suppository after the pregnancy started?

Yes 1
No 2
Don't know 8

D-12b. In which month did you stop using a contraceptive insert or suppository? (CIRCLE ONE.)

3rd month before pregnancy began 1
2nd month before pregnancy began 1
1st month before pregnancy began 1
1st month of pregnancy 1
2nd month of pregnancy 1
3rd month of pregnancy 1
Don't know 8

D-12c. What brand of contraceptive insert or suppository did you usually use?

Anvita 1
Encore Oval 2
Semicid. 3
S' Positive. 4
Other (SPECIFY). 5

D-13. At any time during the period from three months before the pregnancy began through the first three months of the pregnancy, did you take any vitamins regularly, that is, at least three times a week?

Yes 1 (D-14)
 No 2 (D-16)
 Don't know 8 (D-16)

	FIRST VITAMIN	SECOND VITAMIN	THIRD VITAMIN
D-14. What type of vitamin did you take, that is, were they multi-vitamins or were they a single vitamin like vitamin C or vitamin A? (RECORD EACH VITAMIN IN A SEPARATE COLUMN.)	Multivitamin 1 Iron 2 Vitamin A 3 Vitamin B 4 Vitamin C 5 Vitamin D 6 Other (SPECIFY) 7 _____ Don't know 8	Multivitamin 1 Iron 2 Vitamin A 3 Vitamin B 4 Vitamin C 5 Vitamin D 6 Other (SPECIFY) 7 _____ Don't know 8	Multivitamin 1 Iron 2 Vitamin A 3 Vitamin B 4 Vitamin C 5 Vitamin D 6 Other (SPECIFY) 7 _____ Don't know 8
(ASK D-15 FOR EACH VITAMIN.) D-15. In which months during this period did you take (VITAMIN)? (CIRCLE ALL THAT APPLY.)	3rd month <u>before</u> pregnancy began . . . 1 2nd month <u>before</u> pregnancy began . . . 1 1st month <u>before</u> pregnancy began . . . 1 1st month <u>of</u> pregnancy 1 2nd month <u>of</u> pregnancy 1 3rd month <u>of</u> pregnancy 1 Don't know 8	3rd month <u>before</u> pregnancy began . . . 1 2nd month <u>before</u> pregnancy began . . . 1 1st month <u>before</u> pregnancy began . . . 1 1st month <u>of</u> pregnancy 1 2nd month <u>of</u> pregnancy 1 3rd month <u>of</u> pregnancy 1 Don't know 8	3rd month <u>before</u> pregnancy began . . . 1 2nd month <u>before</u> pregnancy began . . . 1 1st month <u>before</u> pregnancy began . . . 1 1st month <u>of</u> pregnancy 1 2nd month <u>of</u> pregnancy 1 3rd month <u>of</u> pregnancy 1 Don't know 8

D-16. Did you have a flu that lasted more than 2 days at any time from three months before the pregnancy began through the first three months of the pregnancy?

Yes 1 (D-17)
 No 2 (D-21)
 Don't know 8 (D-21)

	EPISODE #1		EPISODE #2	
D-17. In which month or months during this period did you have the flu? (RECORD EACH SEPARATE EPISODE IN A SEPARATE COLUMN.)	3rd month <u>before</u> pregnancy began . . . 1	3rd month <u>before</u> pregnancy began . . . 1	2nd month <u>before</u> pregnancy began . . . 2	2nd month <u>before</u> pregnancy began . . . 2
	1st month <u>before</u> pregnancy began . . . 3	1st month <u>before</u> pregnancy began . . . 3	1st month <u>of</u> pregnancy 4	1st month <u>of</u> pregnancy 4
	2nd month <u>of</u> pregnancy 5	2nd month <u>of</u> pregnancy 5	3rd month <u>of</u> pregnancy 6	3rd month <u>of</u> pregnancy 6
	Don't know 8	Don't know 8	Don't know 8	Don't know 8
(ASK D-18 THROUGH D-20, AS APPROPRIATE, FOR EACH EPISODE)				
D-18. Did you have a fever when you had the flu in the (MONTH)?	Yes 1 No 2 Don't know . . . 8	Yes 1 No 2 Don't know . . . 8	Yes 1 No 2 Don't know . . . 8	Yes 1 No 2 Don't know . . . 8
D-19. Did you take any medicine when you had the flu in the (MONTH)?	Yes 1 (D-20) No 2 (NEXT EPISODE OR D-21) Don't know . . . 8	Yes 1 (D-20) No 2 (CONTINUATION BOOK OR D-21) Don't know . . . 8	Yes 1 (D-20) No 2 (CONTINUATION BOOK OR D-21) Don't know . . . 8	Yes 1 (D-20) No 2 (CONTINUATION BOOK OR D-21) Don't know . . . 8
D-20. What was the name of the medicine you took that time? (RECORD EACH MEDICINE IN A SEPARATE COLUMN.)	MEDICINE #1	MEDICINE #2	MEDICINE #1	MEDICINE #2
	DK..... 98	DK..... 98	DK..... 98	DK..... 98

D-21. Did you have a kidney infection that was diagnosed by a doctor at any time during this period?

Yes 1 (D-22)
 No 2 (D-26)
 Don't know 8 (D-26)

	EPISODE #1	EPISODE #2		
D-22. In which month or months during this period did you have a kidney infection? (RECORD EACH SEPARATE EPISODE IN A SEPARATE COLUMN.)	3rd month <u>before</u> pregnancy began . . . 1 2nd month <u>before</u> pregnancy began . . . 2 1st month <u>before</u> pregnancy began . . . 3 1st month <u>of</u> pregnancy 4 2nd month <u>of</u> pregnancy 5 3rd month <u>of</u> pregnancy 6 Don't know 8	3rd month <u>before</u> pregnancy began . . . 1 2nd month <u>before</u> pregnancy began . . . 2 1st month <u>before</u> pregnancy began . . . 3 1st month <u>of</u> pregnancy 4 2nd month <u>of</u> pregnancy 5 3rd month <u>of</u> pregnancy 6 Don't know 8		
(ASK D-23 THROUGH D-25, AS APPROPRIATE, FOR EACH EPISODE) D-23. Did you have a fever when you had the kidney infection in the (MONTH)?	Yes 1 No 2 Don't know . . . 8	Yes 1 No 2 Don't know . . . 8		
D-24. Did you take any medicine prescribed by a doctor when you had the kidney infection in the (MONTH)?	Yes 1 (D-25) No 2 (NEXT EPISODE OR D-26) Don't know . . . 8	Yes 1 (D-25) No 2 (CONTINUE BOOK OR D-26) Don't know . . . 8		
D-25. What was the name of the medicine you took that time? (RECORD EACH MEDICINE IN A SEPARATE COLUMN.)	MEDICINE #1 DK..... 98	MEDICINE #2 DK..... 98	MEDICINE #1 DK..... 98	MEDICINE #2 DK..... 98

D-26. Did you have rubella, that is, the 3-day measles or German measles, at any time from three months before the pregnancy began through the first three months of the pregnancy?

Yes 1 (D-27)
No 2 (D-29)
Don't know 8 (D-29)

D-27. In which month during this period did you have rubella? (CIRCLE ONE.)

3rd month before pregnancy began 1
2nd month before pregnancy began 2
1st month before pregnancy began 3
1st month of pregnancy 4
2nd month of pregnancy 5
3rd month of pregnancy 6
Don't know 8

D-28. Did you have a fever when you had rubella?

Yes 1
No 2
Don't know 8

D-29. During this six-month period, did you have any other illness for which you saw a doctor?

Yes 1 (D-30)
 No 2 (D-35)
 Don't know 8 (D-35)

		ILLNESS #1			
D-30. What kind of illness did you have? (RECORD EACH ILLNESS IN A SEPARATE COLUMN.)					
(ASK D-31 THROUGH D-34, AS APPROPRIATE, FOR EACH ILLNESS)		EPISODE #1		EPISODE #2	
D-31. In which month or months during this period did you have (ILLNESS)? (RECORD EACH SEPARATE EPISODE IN A SEPARATE COLUMN.)		3rd month before pregnancy began . . . 1	2nd month before pregnancy began . . . 1	3rd month before pregnancy began . . . 1	2nd month before pregnancy began . . . 1
		1st month before pregnancy began . . . 1	1st month of pregnancy 1	1st month before pregnancy began . . . 1	1st month of pregnancy 1
		2nd month of pregnancy 1	2nd month of pregnancy 1	2nd month of pregnancy 1	2nd month of pregnancy 1
		3rd month of pregnancy 1	3rd month of pregnancy 1	3rd month of pregnancy 1	3rd month of pregnancy 1
		Don't know 8	Don't know 8	Don't know 8	Don't know 8
(ASK D-32 THROUGH D-34, AS APPROPRIATE, FOR EACH EPISODE)					
D-32. Did you have a fever when you had the (ILLNESS) in the (MONTH)?		Yes 1	No 2	Don't know . . . 8	Yes 1
		No 2	Don't know . . . 8	Yes 1	No 2
		Don't know . . . 8	Yes 1	No 2	Don't know . . . 8
D-33. Did you take any medicine that the doctor prescribed?		Yes 1 (D-34)	No 2 (NEXT ILLNESS OR D-35)	Don't know . . . 8 (EPISODE, NEXT ILLNESS OR D-35)	Yes 1 (D-34)
		No 2 (NEXT ILLNESS OR D-35)	Don't know . . . 8 (EPISODE, NEXT ILLNESS OR D-35)	Yes 1 (D-34)	No 2 (NEXT ILLNESS OR D-35)
		Don't know . . . 8 (EPISODE, NEXT ILLNESS OR D-35)	Yes 1 (D-34)	No 2 (NEXT ILLNESS OR D-35)	Don't know . . . 8 (EPISODE, NEXT ILLNESS OR D-35)
D-34. What was the name of the medicine you took that time? (RECORD EACH MEDICINE IN A SEPARATE COLUMN.)		MEDICINE #1	MEDICINE #2	MEDICINE #1	MEDICINE #2

D-35. During the time from three months before the pregnancy began through the first three months of the pregnancy, did you take any blood-thinning agents like coumadin?

Yes 1 (D-36)
No 2 (D-39)
Don't know 8 (D-39)

D-36. What blood-thinning agent did you take? Was it . . .

Coumadin, 1
Warfarin, 2
Or, dicoumarol? 3
Don't know 8

D-37. What was the problem you were taking it for?

Atrial fibrillation 1
Coronary occlusion 2
Pulmonary embolus 3
Venus thrombosis 4
Other (SPECIFY) 5

Don't know 8

D-38. In which months, during this period did you take (DRUG)? (CIRCLE ALL THAT APPLY.)

3rd month before pregnancy began 1
2nd month before pregnancy began 1
1st month before pregnancy began 1
1st month of pregnancy 1
2nd month of pregnancy 1
3rd month of pregnancy 1
Don't know 8

D-39. During this period were you ever given a general anesthetic, that is, were you put to sleep for surgery or any other problem?

Yes 1 (D-40)
No 2 (D-42)
Don't know 8 (D-42)

D-40. Did you get a shot, gas, or both?

Shot 1
Gas 2
Both 3
Don't know 8

D-41. In which month or months, during this period did you have a general anesthetic? (CIRCLE ALL THAT APPLY)

- 3rd month before pregnancy began 1
- 2nd month before pregnancy began 1
- 1st month before pregnancy began 1
- 1st month of pregnancy 1
- 2nd month of pregnancy 1
- 3rd month of pregnancy 1
- Don't know 8

(ASK D-42 THROUGH D-44, AS APPROPRIATE, FOR EACH MEDICATION.)	Valium	Librium	Equanil
D-42. During this period, did you ever take (MEDICATION)?	Yes 1 (D-43) No 2 (NEXT DK 8 (MEDICATION))	Yes 1 (D-43) No 2 (NEXT DK 8 (MEDICATION))	Yes 1 (D-43) No 2 (NEXT DK 8 (MEDICATION))
D-43. In which months during this period were you taking (MEDICATION)? (CIRCLE ALL THAT APPLY.)	3rd month <u>before</u> pregnancy began 1 2nd month <u>before</u> pregnancy began 1 1st month <u>before</u> pregnancy began 1 1st month <u>of</u> pregnancy 1 2nd month <u>of</u> pregnancy 1 3rd month <u>of</u> pregnancy 1 Don't know 8	3rd month <u>before</u> pregnancy began 1 2nd month <u>before</u> pregnancy began 1 1st month <u>before</u> pregnancy began 1 1st month <u>of</u> pregnancy 1 2nd month <u>of</u> pregnancy 1 3rd month <u>of</u> pregnancy 1 Don't know 8	3rd month <u>before</u> pregnancy began 1 2nd month <u>before</u> pregnancy began 1 1st month <u>before</u> pregnancy began 1 1st month <u>of</u> pregnancy 1 2nd month <u>of</u> pregnancy 1 3rd month <u>of</u> pregnancy 1 Don't know 1
D-44. How many days a week did you take (MEDICATION) during this time?	DAYS PER WEEK Don't know 98	DAYS PER WEEK Don't know 98	DAYS PER WEEK Don't know 91

Serax	Haldol	Compazine	Quaaludes	Any other tranquilizer
Yes. . . . 1 (D-43)	Yes. . . . 1 (D-43) (SPECIFY) _____			
No 2 (NEXT DK 8 (MEDICA- TION)	No 2 (NEXT DK 8 (MEDICA- TION)	No 2 (NEXT DK 8 (MEDICA- TION)	No 2 (NEXT DK 8 (MEDICA- TION)	No 2 (D-45) DK 8 (D-45)
3rd month <u>before</u> pregnancy began 1 2nd month <u>before</u> pregnancy began 1 1st month <u>before</u> pregnancy began 1 1st month <u>of</u> pregnancy. . . . 1 2nd month <u>of</u> pregnancy. . . . 1 3rd month <u>of</u> pregnancy. . . . 1 Don't know 8	3rd month <u>before</u> pregnancy began 1 2nd month <u>before</u> pregnancy began 1 1st month <u>before</u> pregnancy began 1 1st month <u>of</u> pregnancy. . . . 1 2nd month <u>of</u> pregnancy. . . . 1 3rd month <u>of</u> pregnancy. . . . 1 Don't know 8	3rd month <u>before</u> pregnancy began 1 2nd month <u>before</u> pregnancy began 1 1st month <u>before</u> pregnancy began 1 1st month <u>of</u> pregnancy. . . . 1 2nd month <u>of</u> pregnancy. . . . 1 3rd month <u>of</u> pregnancy. . . . 1 Don't know 8	3rd month <u>before</u> pregnancy began 1 2nd month <u>before</u> pregnancy began 1 1st month <u>before</u> pregnancy began 1 1st month <u>of</u> pregnancy. . . . 1 2nd month <u>of</u> pregnancy. . . . 1 3rd month <u>of</u> pregnancy. . . . 1 Don't know 8	3rd month <u>before</u> pregnancy began 2nd month <u>before</u> pregnancy began 1st month <u>before</u> pregnancy began 1st month <u>of</u> pregnancy. . . . 2nd month <u>of</u> pregnancy. . . . 3rd month <u>of</u> pregnancy. . . . Don't know t
DAYS PER WEEK Don't know 98	DAYS PER WEEK Don't know 98	DAYS PER WEEK Don't know 98	DAYS PER WEEK Don't know 98	DAYS PER WEEK Don't know t

D-45. During this same six-month period, did you take any other medicine that was prescribed by a doctor, other than those we have already talked about?

Yes 1 (D-46)
 No 2 (INTRO. TO D-1')
 Don't know 8 (INTRO. TO D-1')

	MEDICATION #1	MEDICATION #2	MEDICATION #3
D-46. What other medications did you take during this period? (RECORD EACH MEDICATION IN A SEPARATE COLUMN.)			
(ASK D-47 AND D-48 FOR EACH MEDICATION.) D-47. For what reason were you taking (MEDICATION)? (RECORD VERBATIM.)			
D-48. In which months during this time were you taking (MEDICATION)? (CIRCLE ALL THAT APPLY.)	3rd month <u>before</u> pregnancy began 1 2nd month <u>before</u> pregnancy began 1 1st month <u>before</u> pregnancy began 1 1st month <u>of</u> pregnancy 1 2nd month <u>of</u> pregnancy 1 3rd month <u>of</u> pregnancy 1 Don't know 8	3rd month <u>before</u> pregnancy began 1 2nd month <u>before</u> pregnancy began 1 1st month <u>before</u> pregnancy began 1 1st month <u>of</u> pregnancy 1 2nd month <u>of</u> pregnancy 1 3rd month <u>of</u> pregnancy 1 Don't know 8	3rd month <u>before</u> pregnancy began 1 2nd month <u>before</u> pregnancy began 1 1st month <u>before</u> pregnancy began 1 1st month <u>of</u> pregnancy 1 2nd month <u>of</u> pregnancy 1 3rd month <u>of</u> pregnancy 1 Don't know 1

Now I have some questions about cigarette smoking.

D-49. Did you smoke cigarettes during this period?

Yes. 1 (D-50)
No 2 (INTRO. TO D-54)
Don't know 8 (INTRO. TO D-54)

D-50. In which months during this period did you smoke cigarettes? (CIRCLE ALL THAT APPLY.)

3rd month before pregnancy began 1
2nd month before pregnancy began 1
1st month before pregnancy began 1
1st month of pregnancy 1
2nd month of pregnancy 1
3rd month of pregnancy 1
Don't know 8

D-51. Did you usually smoke low-tar cigarettes, another type of filtered cigarette or unfiltered cigarettes?

Low-tar cigarettes 1
Other filtered cigarettes. 2
Unfiltered cigarettes. 3
Don't know 8

D-52. (When you smoked) during this period, about how many cigarettes did you smoke in a day?

Less than one a day. 01
About one a day. 02
Just a few (2-4) 03
About half a pack (5-14) 04
About a pack (15-24) 05
About a pack and a half (25-34) 06
About 2 packs (35-44) 07
More than 2 packs (45+) 08
Pattern changed. 09 (D-52a)
Don't know 98 (D-53)

D-52a. How many cigarettes did you smoke in a day before you changed your smoking pattern?

Less than one a day. 01
About one a day. 02
Just a few (2-4) 03
About half a pack (5-14) 04
About a pack (15-24) 05
About a pack and a half (25-34) 06
About 2 packs (35-44) 07
More than 2 packs (45+) 08
Don't know 98

D-52b. How many cigarettes did you smoke in a day after you changed your smoking pattern?

- Less than one a day. 01
- About one a day. 02
- Just a few (2-4) 03
- About half a pack (5-14) 04
- About a pack (15-24) 05
- About a pack and a half (25-34) 06
- About 2 packs (35-44) 07
- More than 2 packs (45+). 08
- Don't know 98

D-52c. Were you pregnant at the time your smoking pattern changed?

- Yes. 1 (D-52d)
- No 2 (D-53)

D-52d. How many weeks pregnant were you at the time you changed your smoking pattern?

- NUMBER OF WEEKS

- Don't know. 98

D-53. Did you usually inhale?

- Yes. 1
- No 2
- Don't know 8

The next questions are about alcoholic beverages.

D-54. During the period from three months before the pregnancy began through the first three months of the pregnancy, did you ever drink beer, wine, or hard liquor?

- Yes. 1 (D-55)
- No 2 (D-59)
- Don't know 8 (D-59)

D-55. In which months during this period did you drink beer, wine, or hard liquor? (CIRCLE ALL THAT APPLY.)

- 3rd month before pregnancy began 1
- 2nd month before pregnancy began 1
- 1st month before pregnancy began 1
- 1st month of pregnancy 1
- 2nd month of pregnancy 1
- 3rd month of pregnancy 1
- Don't know 8

D-56. During that time, about how often did you drink beer, wine, or hard liquor? Would you say it was . .

- Less than one day a week, 1
 - 1 or 2 days a week, 2
 - Every other day, 3
 - Or, every day? 4
- } (D-57)
- Pattern changed. 5 (D-56a)
 - Don't know 8 (D-57)

D-56a. How often did you drink beer, wine or hard liquor before the pattern changed?

- Less than one day a week, 1
 - 1 or 2 days a week, 2
 - Every other day, 3
 - Or, every day? 4
- Don't know 8

D-56b. How often did you drink beer, wine or hard liquor after the pattern changed?

- Less than one day a week, 1
 - 1 or 2 days a week, 2
 - Every other day, 3
 - Or, every day? 4
- Don't know 8

D-56c. Were you pregnant when you changed your drinking pattern?

- Yes. 1 (D-56d)
- No 2 (D-57)
- Don't know 8 (D-57)

D-56d. How many weeks pregnant were you at the time you changed your drinking patterns?

- _____
NUMBER OF WEEKS
- Don't know. 98

D-57. How many drinks did you have on the days that you drank beer, wine, or hard liquor?

- _____
OF DRINKS
- Pattern changed. 95 (D-57a)
 - Don't know 98 (D-58)

D-57a. How many drinks did you have in a day before the pattern changed?

NUMBER OF DRINKS
Don't know 98

D-57b. How many drinks did you have in a day after the pattern changed?

NUMBER OF DRINKS
Don't know 98

D-57c. Were you pregnant at the time you changed your drinking pattern?

Yes 1 (D-57d)
No 2 (D-58)
Don't know 8 (D-58)

D-57d. How many weeks pregnant were you at the time you changed your drinking patterns?

NUMBER OF WEEKS
Don't know 98

D-58. During that time, about how often did you have five or more drinks of beer, wine, or hard liquor at one particular time? Would you say it was . . .

Every day, 01
Every other day, 02
Once or twice a week, 03
Once every couple of weeks, 04
Or, once a month or less often?. 05
Never. 06
Pattern changed. 95 (D-58a)
Don't know 98 (D-59)

D-58a. How often did you have five or more drinks before the pattern changed?

Every day, 1
Every other day, 2
Once or twice a week, 3
Once every couple of weeks, 4
Or, once a month or less often?. 5
Never. 6
Don't know 8

D-58b. How often did you have five or more drinks after the pattern changed?

Every day, 1
Every other day, 2
Once or twice a week, 3
Once every couple of weeks, 4
Or, once a month or less often?, 5
Never, 6
Don't know 8

D-58c. Were you pregnant at the time your drinking pattern changed?

Yes, 1 (D-58d)
No 2 (D-59)
Don't know 8 (D-59)

D-58d. How many weeks pregnant were you at the time you changed your drinking patterns?

NUMBER OF WEEKS
Don't know 98

D-59. During the time from three months before the pregnancy started through the first three months of the pregnancy, did you drink coffee?

Yes, 1 (D-60)
No 2 (D-62)
Don't know 8 (D-62)

D-60. About how many cups of coffee did you usually drink in a day during this period?

(D-61)
CUPS PER DAY
Pattern changed, 95 (D-60a)
Less than 1 cup a day, 96 } (D-61)
Don't know 98 }

D-60a. How many cups of coffee did you drink in a day before the pattern changed?

CUPS PER DAY
Less than 1 cup a day, 96
Don't know 98

D-60b. How many cups of coffee did you drink in a day after the pattern changed?

CUPS PER DAY

Less than 1 cup a day. 96
Don't know 98

D-60c. Were you pregnant at the time your coffee-drinking pattern changed?

Yes. 1 (D-60d)
No 2 (D-61)
Don't know 8 (D-61)

D-60d. How many weeks pregnant were you at the time you changed your coffee-drinking patterns?

NUMBER OF WEEKS

Don't know. 98

D-61. Did you usually drink caffeinated coffee or decaffeinated coffee?

Caffeinated. 1
Decaffeinated. 2
Both caffeinated and decaffeinated . . . 3
Don't know 8

D-62. During this period, did you drink tea, either hot or iced?

Yes. 1 (D-63)
No 2 (D-64)
Don't know 8 (D-64)

D-63. About how many cups or glasses of tea did you usually drink in a day during this period?

(D-64)

CUPS OR GLASSES PER DAY

Pattern changed. 95 (D-63a)
Less than 1 cup a day. 96 } (D-64)
Don't know 98 }

D-63a. How many cups or glasses of tea did you drink in a day before the pattern changed?

CUPS OR GLASSES PER DAY

Less than 1 cup a day. 96
Don't know 98

D-63b. How many cups or glasses of tea did you drink in a day after the pattern changed?

CUPS OR GLASSES PER DAY

Less than 1 cup a day. 96
Don't know 98

D-63c. Were you pregnant at the time you changed your tea-drinking pattern?

Yes 1 (D-63d)
No 2 (D-64)
Don't know 8 (D-64)

D-63d. How many weeks pregnant were you at the time you changed your tea-drinking patterns?

NUMBER OF WEEKS

Don't know. 98

D-64. During this period, did you drink any carbonated soft drinks?

Yes 1 (D-65)
No 2 (SECTION I)
Don't know 8 (SECTION I)

D-65. About how many cans or bottles of soft drink did you usually drink in a day during this period?

CANS OR BOTTLES PER DAY (D-66)

Pattern changed. 95 (D-65a)
Less than one a day. 96 } (D-66)
Don't know 98 }

D-65a. How many cans or bottles of soft drink did you drink in a day before the pattern changed?

CANS OR BOTTLES PER DAY
Less than one a day. 96
Don't know 98

D-65b. How many cans or bottles of soft drink did you drink in a day after the pattern changed?

CANS OR BOTTLES PER DAY
Less than one a day. 96
Don't know 98

D-65c. Were you pregnant at the time you changed the number of soft drinks you had in a day?

Yes. 1 (D-65d)
No 2 (D-66)
Don't know 8 (D-66)

D-65d. How many weeks pregnant were you at the time you changed the number of soft drinks you had in a day?

NUMBER OF WEEKS
Don't know. 98

D-66. What brand of soft drink did you drink most often during this period? (For instance, Coke, 7-Up, Mountain Dew. . . .) (CIRCLE ALL THAT APPLY.)

A&W Root Beer. 1
Coca Cola (Coke) 2
Diet Pepsi 3
Pepsi. 4
7-Up 5
Sprite 6
Tab. 7
Other (SPECIFY). 8
