IF B-03 ≥ 2 | CHILD 2 |

B-04A02. Was your second child a boy or girl?

          1 = BOY
          2 = GIRL

B-04B02. In what month and year was [he/she] born?
          ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

          _____ MONTH   _____ YEAR   (EDIT 3.)

B-04C02. Was [he/she] a live birth or a stillbirth?

          1 = LIVEBIRTH
          2 = STILLBIRTH → SKIP TO NEXT CHILD IF B-03 > 2. OTHERWISE,
                             GO GO B-05A. CATI SUPPLIES "STILLBORN,
                             YEAR OF BIRTH" IN ROSTER.

B-04D02. What did you name [him/her]?

          ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMIT OF 15
          CHARACTERS.)

          _____

IF B-03 ≥ 3 | CHILD 3 |

B-04A03. Was your third child a boy or girl?

          1 = BOY
          2 = GIRL

B-04B03. In what month and year was [he/she] born?
          ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

          _____ MONTH   _____ YEAR   (EDIT 3.)

B-04C03. Was [he/she] a live birth or a stillbirth?

          1 = LIVEBIRTH
          2 = STILLBIRTH → SKIP TO NEXT CHILD IF B-03 >3. OTHERWISE,
                             GO TO B-05A. CATI SUPPLIES "STILLBORN,
                             YEAR OF BIRTH" IN ROSTER.

B-04D03. What did you name [him/her]?

          ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMIT OF 15
          CHARACTERS.)

          _____

IF B-03 ≥ 4 | CHILD 4 |

B-04A04.   Was your fourth child a boy or girl?

            1 = BOY
            2 = GIRL

B-04B04.   In what month and year was [he/she] born?
           ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

           _____ MONTH   _____ YEAR   (EDIT 3.)

B-04C04.   Was [he/she] a live birth or a stillbirth?

            1 = LIVEBIRTH
            2 = STILLBIRTH → SKIP TO NEXT CHILD IF B-03 > 4. OTHERWISE,
                               GO TO B-05A. CATI SUPPLIES "STILLBORN,
                               YEAR OF BIRTH" IN ROSTER.

B-04D04.   What did you name [him/her]?

            ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMIT OF 15
            CHARACTERS.)

            _____

IF B-03 ≥ 5 | CHILD 5 |

B-04A05.   Was your fifth child a boy or girl?

            1 = BOY
            2 = GIRL

B-04B05.   In what month and year was [he/she] born?
           ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

           _____ MONTH   _____ YEAR   (EDIT 3.)

B-04C05.   Was [he/she] a live birth or a stillbirth?

            1 = LIVEBIRTH
            2 = STILLBIRTH → SKIP TO NEXT CHILD IF B-03 > 5. OTHERWISE,
                               GO TO B-05A. CATI SUPPLIES "STILLBORN,
                               YEAR OF BIRTH" IN ROSTER.

B-04D05.   What did you name [him/her]?

            ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMIT OF 15
            CHARACTERS.)

            _____

IF B-03 ≥ 6 [CHILD 6]

B-04A06.   Was your sixth child a boy or girl?

            1 = BOY
            2 = GIRL

B-04B06.   In what month and year was [he/she] born?
            ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

            _____ MONTH   _____ YEAR   (EDIT 3.)

B-04C06.   Was [he/she] a live birth or a stillbirth?

            1 = LIVEBIRTH
            2 = STILLBIRTH → SKIP TO NEXT CHILD IF B-03 > 6. OTHERWISE,
                               GO TO B-05A. CATI SUPPLIES "STILLBORN,
                               YEAR OF BIRTH" IN ROSTER.

B-04D06.   What did you name [him/her]?

            ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMIT OF 15
            CHARACTERS.)

            _____

IF B-03 ≥ 7 [CHILD 7]

B-04A07.   Was your seventh child a boy or girl?

            1 = BOY
            2 = GIRL

B-04B07.   In what month and year was [he/she] born?
            ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

            _____ MONTH   _____ YEAR   (EDIT 3.)

B-04C07.   Was [he/she] a live birth or a stillbirth?

            1 = LIVEBIRTH
            2 = STILLBIRTH → SKIP TO NEXT CHILD IF B-03 > 7. OTHERWISE,
                               GO TO B-05A. CATI SUPPLIES "STILLBORN,
                               YEAR OF BIRTH" IN ROSTER.

B-04D07.   What did you name [him/her]?

            ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMIT OF 15
            CHARACTERS.)

            _____

IF B-03 ≥ 8 [CHILD 8]

B-04A08. Was your eighth child a boy or girl?

        1 = BOY
        2 = GIRL

B-04B08. In what month and year was [he/she] born?
        ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

       _____ MONTH   _____ YEAR   (EDIT 3.)

B-04C08. Was [he/she] a live birth or a stillbirth?

        1 = LIVEBIRTH
        2 = STILLBIRTH → SKIP TO NEXT CHILD IF B-03 > 8. OTHERWISE,
                              GO TO B-05A. CATI SUPPLIES "STILLBORN,
                              YEAR OF BIRTH" IN ROSTER.

B-04D08. What did you name [him/her]?

        ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMIT OF 15
        CHARACTERS.)

        _____

IF B-03 ≥ 9 [CHILD 9]

B-04A09. Was your ninth child a boy or girl?

        1 = BOY
        2 = GIRL

B-04B09. In what month and year was [he/she] born?
        ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

       _____ MONTH   _____ YEAR   (EDIT 3.)

B-04C09. Was [he/she] a live birth or a stillbirth?

        1 = LIVEBIRTH
        2 = STILLBIRTH → SKIP TO NEXT CHILD IF B-03 > 9. OTHERWISE,
                              GO TO B-05A. CATI SUPPLIES "STILLBORN,
                              YEAR OF BIRTH" IN ROSTER.

B-04D09. What did you name [him/her]?

        ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMIT OF 15
        CHARACTERS.)

        _____

IF B-03 ≥ 10 | CHILD 10 |

B-04A10. Was your tenth child a boy or girl?

          1 = BOY
          2 = GIRL

B-04B10. In what month and year was [he/she] born?
          ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

          _____ MONTH   _____ YEAR   (EDIT }.)

B-04C10. Was [he/she] a live birth or a stillbirth?

          1 = LIVEBIRTH
          2 = STILLBIRTH → SKIP TO NEXT CHILD IF B-03 > 10. OTHERWISE,
                             GO TO B-05A. CATI SUPPLIES "STILLBORN,
                             YEAR OF BIRTH" IN ROSTER.

B-04D10. What did you name [him/her]?

          ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMIT OF 15
          CHARACTERS.)

          _____

IF B-03 ≥ 11 | CHILD 11 |

B-04A11. Was your eleventh child a boy or girl?

          1 = BOY
          2 = GIRL

B-04B11. In what month and year was [he/she] born?
          ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

          _____ MONTH   _____ YEAR   (EDIT }.)

B-04C11. Was [he/she] a live birth or a stillbirth?

          1 = LIVEBIRTH
          2 = STILLBIRTH → SKIP TO NEXT CHILD IF B-03 > 11. OTHERWISE,
                             GO TO B-05A. CATI SUPPLIES "STILLBORN,
                             YEAR OF BIRTH" IN ROSTER.

B-04D11. What did you name [him/her]?

          ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMIT OF 15
          CHARACTERS.)

          _____

IF B-03 ≥ 12 CHILD 12

B-04A12. Was your twelfth child a boy or girl?

        1 = BOY
        2 = GIRL

B-04B12. In what month and year was [he/she] born?
          ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

        _____ MONTH   _____ YEAR   (EDIT 3.)

B-04C12. Was [he/she] a live birth or a stillbirth?

        1 = LIVEBIRTH
        2 = STILLBIRTH → SKIP TO NEXT CHILD IF B-03 > 12. OTHERWISE,
                           GO TO B-05A. CATI SUPPLIES "STILLBORN,
                           YEAR OF BIRTH" IN ROSTER.

B-04D12. What did you name [him/her]?

          ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMIT OF 15
          CHARACTERS.)

          _____

IF B-03 ≥ 13 CHILD 13

B-04A13. Was your thirteenth child a boy or girl?

        1 = BOY
        2 = GIRL

B-04B13. In what month and year was [he/she] born?
          ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

        _____ MONTH   _____ YEAR   (EDIT 3.)

B-04C13. Was [he/she] a live birth or a stillbirth?

        1 = LIVEBIRTH
        2 = STILLBIRTH → SKIP TO NEXT CHILD IF B-03 > 13. OTHERWISE,
                           GO TO B-05A. CATI SUPPLIES "STILLBORN,
                           YEAR OF BIRTH" IN ROSTER.   .

B-04D13. What did you name [him/her]?

          ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMIT OF 15
          CHARACTERS.)

          _____

IF B-03 ≥ 14 | CHILD 14 |

B-04A14. Was your fourteenth child a boy or girl?

        1 = BOY
        2 = GIRL

B-04B14. In what month and year was [he/she] born?
          ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

          _____ MONTH   _____ YEAR   (EDIT ?.)

B-04C14. Was [he/she] a live birth or a stillbirth?

        1 = LIVEBIRTH
        2 = STILLBIRTH → SKIP TO NEXT CHILD IF B-03 > 14. OTHERWISE,
                           GO TO B-05A. CATI SUPPLIES "STILLBORN,
                           YEAR OF BIRTH" IN ROSTER.

B-04D14. What did you name [him/her]?

          ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMIT OF 15
          CHARACTERS.)

          _____

IF B-03 ≥ 15 | CHILD 15 |

B-04A15. Was your fifteenth child a boy or girl?

        1 = BOY
        2 = GIRL

B-04B15. In what month and year was [he/she] born?
          ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

          _____ MONTH   _____ YEAR   (EDIT ?.)

B-04C15. Was [he/she] a live birth or a stillbirth?

        1 = LIVEBIRTH
        2 = STILLBIRTH → SKIP TO NEXT CHILD IF B-03 > 15. OTHERWISE,
                           GO TO B-05A. CATI SUPPLIES "STILLBORN,
                           YEAR OF BIRTH" IN ROSTER.

B-04D15. What did you name [him/her]?

          ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMIT OF 15
          CHARACTERS.)

          _____

IF B-03 ≥ 16 [CHILD 16]

B-04A16. Was your sixteenth child a boy or girl?

        1 = BOY
        2 = GIRL

B-04B16. In what month and year was [he/she] born?
        ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

    _____ MONTH   _____ YEAR   (EDIT 3.)

B-04C16. Was [he/she] a live birth or a stillbirth?

        1 = LIVEBIRTH
        2 = STILLBIRTH → SKIP TO NEXT CHILD IF B-03 > 16. OTHERWISE,
                             GO TO B-05A. CATI SUPPLIES "STILLBORN,
                             YEAR OF BIRTH" IN ROSTER.

B-04D16. What did you name [him/her]?

        ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMIT OF 15
        CHARACTERS.)

    _____

IF B-03 ≥ 17 [CHILD 17]

B-04A17. Was your seventeenth child a boy or girl?

        1 = BOY
        2 = GIRL

B-04B17. In what month and year was [he/she] born?
        ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

    _____ MONTH   _____ YEAR   (EDIT 3.)

B-04C17. Was [he/she] a live birth or a stillbirth?

        1 = LIVEBIRTH
        2 = STILLBIRTH → SKIP TO NEXT CHILD IF B-03 > 17. OTHERWISE,
                             GO TO B-05A. CATI SUPPLIES "STILLBORN,
                             YEAR OF BIRTH" IN ROSTER.

B-04D17. What did you name [him/her]?

        ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMIT OF 15
        CHARACTERS.)

    _____

IF B-03 ≥ 18 [CHILD 18]

B-04A18. Was your eighteenth child a boy or girl?

       1 = BOY
       2 = GIRL

B-04B18. In what month and year was [he/she] born?
       ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

     _____ MONTH   _____ YEAR   (EDIT :.)

B-04C18. Was [he/she] a live birth or a stillbirth?

       1 = LIVEBIRTH
       2 = STILLBIRTH → SKIP TO NEXT CHILD IF B-03 > 18. OTHI:RWISE,
                           GO TO B-05A. CATI SUPPLIES "STILLBORI:,
                           YEAR OF BIRTH" IN ROSTER.

B-04D18. What did you name [him/her]?

     ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMI: OF 15
     CHARACTERS.)

     _____

IF B-03 ≥ 19 [CHILD 19]

B-04A19. Was your nineteenth child a boy or girl?

       1 = BOY
       2 = GIRL

B-04B19. In what month and year was [he/she] born?
       ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

     _____ MONTH   _____ YEAR   (EDIT :.)

B-04C19. Was [he/she] a live birth or a stillbirth?

       1 = LIVEBIRTH
       2 = STILLBIRTH → SKIP TO NEXT CHILD IF B-03 > 19. OTHI:RWISE,
                           GO TO B-05A. CATI SUPPLIES "STILLBOI:I,
                           YEAR OF BIRTH" IN ROSTER.

B-04D19. What did you name [him/her]?

     ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMI:T OF 15
     CHARACTERS.)

     _____

IF B-03 ≥ 20 [CHILD 20]

B-04A20. Was your twentieth child a boy or girl?

          1 = BOY
          2 = GIRL

B-04B20. In what month and year was [he/she] born?
          ENTER MONTH (RANGE 1-12) AND LAST TWO DIGITS OF YEAR.

          _____ MONTH   _____ YEAR   (EDIT 3.)

B-04C20. Was [he/she] a live birth or a stillbirth?

          1 = LIVEBIRTH
          2 = STILLBIRTH → SKIP TO B-05A. CATI SUPPLIES
                              "STILLBORN, YEAR OF BIRTH" IN ROSTER.

B-04D20. What did you name [him/her]?

          ENTER FIRST NAME. CATI SUPPLIES NAME IN ROSTER. (LIMIT OF 15
          CHARACTERS.)

          _____

B-05A.   [Was your child/Were any of your children] born with any type of
          birth defect or malformation that was diagnosed by a doctor?

          1 = YES
          2 = NO → SKIP TO B-08A.

          CATI DISPLAYS ROSTER OF ALL CHILDREN (LIVEBORN AND STILLBORN).

          EXAMPLE:
          1 = JOHN, 70
          2 = STILLBORN, 72
          3 = SUZIE, 75

B-06A.   (DON'T ASK IF ONLY ONE CHILD.) Which child was born with a birth
          defect or malformation?
          (IF MORE THAN ONE: Let's begin with the first child who was born
          with a birth defect.)
          ENTER NUMBER THAT CORRESPONDS TO NAME OF (FIRST) CHILD WITH BIRTH
          DEFECT.

                  _____ (RANGE = 1 - MAX. CHILD #.)

[FIRST CHILD WITH BIRTH DEFECT]

B-07A1.   What kind of birth defect or malformation did the doctor say (NAME)
          had--did the doctor give it a medical name?

              (PROBE: What part of the body was affected?)
              (PROBE: What kind of (KEYWORD) was it?)

              ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

B-07B1.   Was [he/she] born with any <u>other</u> birth defect or malformation that
          was diagnosed by a doctor?

                  1 = YES
                  2 = NO → GO TO B-05B IF TWO OR MORE LIVEBORN OR STILLBORN
                            CHILDREN. OTHERWISE, GO TO B-08A.

B-07C1.   What other birth defect or malformation did the doctor say (NAME)
          had? (Did the doctor give it a medical name?)

                  (PROBE: What part of the body was affected?)
                  (PROBE: What kind of (KEYWORD) was it?)

                  ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

                  _____

B-05B.   [Was your other child/Were any of your other children] born with any
          type of birth defect or malformation that was diagnosed by a doctor?

                  1 = YES
                  2 = NO → SKIP TO B-08A.

          CATI DISPLAYS ROSTER OF ALL CHILDREN (LIVEBORN AND STILLBORN).

B-06B.   Which other child was born with a birth defect or malformation?

                  ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD WITH
                  BIRTH DEFECT.

                  _____ (RANGE = 1 - MAX. CHILD # AND ≠ CHILD # IN B-06A.)

┌─────────────────────────────┐
│ SECOND CHILD WITH BIRTH DEFECT │
└─────────────────────────────┘

B-07A2.   What kind of birth defect or malformation did the doctor say (NAME)
          had--did the doctor give it a medical name?

                  (PROBE: What part of the body was affected?)
                  (PROBE: What kind of (KEYWORD) was it?)

                  ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

                  _____

B-07B2. Was [he/she] born with any _other_ birth defect or malformation t:at
         was diagnosed by a doctor?

              1 = YES
              2 = NO → GO TO B-05C IF THREE OR MORE LIVEBORN OR STILLBOR\
                         CHILDREN. OTHERWISE, GO TO B-08A.

B-07C2. What other birth defect or malformation did the doctor say (NA:E)
         had? (Did the doctor give it a medical name?)

              (PROBE: What part of the body was affected?)
              (PROBE: What kind of (KEYWORD) was it?)

              ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

         _____ _ ─

B-05C.   [Was your other child/Were any of your other children] born with any
         type of birth defect or malformation that was diagnosed by a doct:r?

              1 = YES
              2 = NO → SKIP TO B-08A.

         CATI DISPLAYS ROSTER OF ALL CHILDREN (LIVEBORN AND STILLBOR\).

B-06C.   Which other child was born with a birth defect or malformati(n?

              ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD W]TH
              BIRTH DEFECT.

                   (RANGE = 1 - MAX. CHILD # AND ≠ CHILD #s IN B-06/.
              _____ AND B-06B.)

| THIRD CHILD WITH BIRTH DEFECT |

B-07A3. What kind of birth defect or malformation did the doctor say (NAhE)
         had--did the doctor give it a medical name?

              (PROBE: What part of the body was affected?)
              (PROBE: What kind of (KEYWORD) was it?)

              ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

         _____ _ ─

B-07B3.   Was [he/she] born with any other birth defect or malformation that
           was diagnosed by a doctor?

                1 = YES
                2 = NO → GO TO B-05D IF FOUR OR MORE LIVEBORN OR STILLHORN
                           CHILDREN. OTHERWISE, GO TO B-08A.

B-07C3.   What other birth defect or malformation did the doctor say (NAME)
           had? (Did the doctor give it a medical name?)

                (PROBE: What part of the body was affected?)
                (PROBE: What kind of (KEYWORD) was it?)

                ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

           _____

B-05D.   [Was your other child/Were any of your other children] born with any
           type of birth defect or malformation that was diagnosed by a ioctor?

                1 = YES
                2 = NO → SKIP TO B-08A.

           CATI DISPLAYS ROSTER OF ALL CHILDREN (LIVEBORN AND STILLBORN).

B-06D.   Which other child was born with a birth defect or malformation?

                ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD WITH
                BIRTH DEFECT.

                            (RANGE = 1 - MAX. CHILD # AND ≠ CHILD #s IN B-06A,
                _____ B-06B, AND B-06C.)

┌─────────────────────────────────┐
│ FOURTH CHILD WITH BIRTH DEFECT │
└─────────────────────────────────┘

B-07A4.   What kind of birth defect or malformation did the doctor say (NAME)
           had--did the doctor give it a medical name?

                (PROBE: What part of the body was affected?)
                (PROBE: What kind of (KEYWORD) was it?)

                ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

           _____

213

B-07B4. Was [he/she] born with any other birth defect or malformation that was diagnosed by a doctor?

 1 = YES
 2 = NO → GO TO B-05E IF FIVE OR MORE LIVEBORN OR STILLBORN CHILDREN. OTHERWISE, GO TO B-08A.

B-07C4. What other birth defect or malformation did the doctor say (NAME) had? (Did the doctor give it a medical name?)

 (PROBE: What part of the body was affected?)
 (PROBE: What kind of (KEYWORD) was it?)

 ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

_____

B-05E. [Was your other child/Were any of your other children] born with any type of birth defect or malformation that was diagnosed by a doctor?

 1 = YES
 2 = NO → SKIP TO B-08A.

CATI DISPLAYS ROSTER OF ALL CHILDREN (LIVEBORN AND STILLBORN).

B-06E. Which other child was born with a birth defect of malformation?

 ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD WITH BIRTH DEFECT.

 (RANGE = 1 - MAX. CHILD # AND ≠ CHILD #s IN B-06A,
 _____ B-06B, B-06C, AND B-06D.)

| FIFTH CHILD WITH BIRTH DEFECT |

B-07A5. What kind of birth defect or malformation did the doctor say (NAME) had--did the doctor give it a medical name?

 (PROBE: What part of the body was affected?)
 (PROBE: What kind of (KEYWORD) was it?)

 ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

_____

214

B-07B5.   Was [he/she] born with any other birth defect or malformation that
          was diagnosed by a doctor?

                1 = YES
                2 = NO   →   GO TO B-05F IF SIX OR MORE LIVEBORN OR STILLBORN
                             CHILDREN. OTHERWISE, GO TO B-08A.

B-07C5.   What other birth defect or malformation did the doctor say (NAME)
          had? (Did the doctor give it a medical name?)

                (PROBE: What part of the body was affected?)
                (PROBE: What kind of (KEYWORD) was it?)

                ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

          _____

B-05F.   [Was your other child/Were any of your other children] born with any
          type of birth defect or malformation that was diagnosed by a doctor?

                1 = YES
                2 = NO   →   SKIP TO B-08A.

          CATI DISPLAYS ROSTER OF ALL CHILDREN (LIVEBORN AND STILLBORN).

B-06F.   Which other child was born with a birth defect or malformation?

                ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD WITH
                BIRTH DEFECT.

                        (RANGE = 1 - MAX. CHILD # AND ≠ CHILD #s IN B-06A,
                _____   B-06B, B-06C, B-06D, AND B-06E.)

┌─────────────────────────────────┐
│ SIXTH CHILD WITH BIRTH DEFECT │
└─────────────────────────────────┘

B-07A6.   What kind of birth defect or malformation did the doctor say (NAME)
          had--did the doctor give it a medical name?

                (PROBE: What part of the body was affected?)
                (PROBE: What kind of (KEYWORD) was it?)

                ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

          _____

B-07B6.   Was [he/she] born with any <u>other</u> birth defect or malformation that
           was diagnosed by a doctor?

           1 = YES
           2 = NO → GO TO B-08A.

B-07C6.   What other birth defect or malformation did the doctor say (NAME)
           had? (Did the doctor give it a medical name?)

           (PROBE: What part of the body was affected?)
           (PROBE: What kind of (KEYWORD) was it?)

           ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS)

           _____

           ┌─────────────────────────────────────┐
           │ IF ALL CHILDREN STILLBORN, SKIP TO B-17. │
           └─────────────────────────────────────┘

B-08A.   Children sometimes develop major health problems or impairments
           during their first five years. These problems are more serious than
           normal childhood diseases such as measles, chickenpox, colds or flu,
           and earaches.
           Not counting normal childhood diseases, injuries, or poisonings, did
           (any of) your child(ren) have any serious health problem or impair-
           ment that was diagnosed by a doctor during the first five years of
           life? (Do not include the birth defect(s) you've already told me
           about.)

           1 = YES
           2 = NO → SKIP TO B-11A.

           CATI DISPLAYS ROSTER OF ALL LIVEBORN AND STILLBORN CHILDREN.

B-09A.   (DON'T ASK IF ONLY ONE CHILD.) Which child(ren) had a serious
           health problem or impairment that was diagnosed during the first
           five years of life?
           (IF MORE THAN ONE: Let's begin with the <u>oldest</u> child who had a
           serious health problem.)
           ENTER NUMBER THAT CORRESPONDS TO NAME OF (FIRST) CHILD WITH PROBLEM.

           _____ (RANGE = VALUES OF CHILD #s FOR LIVEBORN CHILDREN.)

216

FIRST CHILD WITH PROBLEM

B-10A1. What kind of health problem or impairment did the doctor say (NAME) had--did the doctor give it a medical name?

(PROBE: What part of the body was affected?)
(PROBE: What kind of (KEYWORD) was it?)

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

_____

B-10B1. How old was [he/she] when this was diagnosed?

ENTER AGE IN EITHER MONTHS OR YEARS (RANGE = 1-60 MONTHS OR 1-5 YEARS; IF < 1 MONTH, ENTER 1).

_____

ENTER APPLICABLE UNIT:

1 = MONTHS
2 = YEARS

B-10C1. Did [he/she] have any other serious health problem or impairment that was diagnosed by a doctor during the first five years of life?

1 = YES
2 = NO → GO TO B-08B IF TWO OR MORE LIVEBORN CHILDREN.
          OTHERWISE, GO TO B-11A.

B-10D1. What other health problem or impairment did the doctor say (NAME) had? (Did the doctor give it a medical name?)

(PROBE: What part of the body was affected?)
(PROBE: What kind of (KEYWORD) was it?)

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

_____

B-10E1. How old was [he/she] when this was diagnosed?

ENTER AGE IN EITHER MONTHS OR YEARS (RANGE = 1-60 MONTHS OR 1-5 YEARS; IF < 1 MONTH, ENTER 1).

_____

ENTER APPLICABLE UNIT:

1 = MONTHS
2 = YEARS

B-10F1. Did [he/she] have any other serious health problem or impairment that was diagnosed by a doctor during the first five years of life?

1 = YES
2 = NO → GO TO B-08B IF TWO OR MORE LIVEBORN CHILDREN.
          OTHERWISE, GO TO B-11A.

217

B-10G1. What other health problem or impairment did the doctor say (NAME)
         had--did the doctor give it a medical name?

             (PROBE: What part of the body was affected?)
             (PROBE: What kind of (KEYWORD) was it?)

             ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

             _____

B-10H1. How old was [he/she] when this was diagnosed?

             ENTER AGE IN EITHER MONTHS OR YEARS (RANGE = 1-60 MONTHS OR
             1-5 YEARS; IF < 1 MONTH, ENTER 1).

             _____

             ENTER APPLICABLE UNIT:

             1 = MONTHS
             2 = YEARS

B-08B.   [Did your other child/Did any of your other children] have any
         serious health problem or impairment that was diagnosed by a doctor
         during the first five years of life (not counting the birth
         defect(s) you've already told me about)?

             1 = YES
             2 = NO   → SKIP TO B-11A.

         CATI DISPLAYS ROSTER OF ALL LIVEBORN AND STILLBORN CHILDREN.

B-09B.   Which other child had a serious health problem or impairment that
         was diagnosed by a doctor during the first five years of life?

             ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD WITH
             PROBLEM.
                         (RANGE = VALUES OF CHILD #s FOR LIVEBORN CHILDREN
             _____   BUT ≠ CHILD # IN B-09A.)

         | SECOND CHILD WITH PROBLEM |

B-10A2. What kind of health problem or impairment did the doctor say (NAME)
         had--did the doctor give it a medical name?

             (PROBE: What part of the body was affected?)
             (PROBE: What kind of (KEYWORD) was it?)

             ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

             _____

B-10B2.   How old was [he/she] when this was diagnosed?

           ENTER AGE IN EITHER MONTHS OR YEARS (RANGE = 1-60 MONTHS OR
           1-5 YEARS; IF < 1 MONTH, ENTER 1).

           _____

           ENTER APPLICABLE UNIT:

           1 = MONTHS
           2 = YEARS

B-10C2.   Did [he/she] have any other serious health problem or impairment
           that was diagnosed by a doctor during the first five years of life?

           1 = YES
           2 = NO → GO TO B-08C IF THREE OR MORE LIVEBORN CHILDREN.
                      OTHERWISE, GO TO B-11A.

B-10D2.   What other health problem or impairment did the doctor say (NAME)
           had? (Did the doctor give it a medical name?)

           (PROBE: What part of the body was affected?)
           (PROBE: What kind of (KEYWORD) was it?)

           ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

           _____

B-10E2.   How old was [he/she] when this was diagnosed?

           ENTER AGE IN EITHER MONTHS OR YEARS (RANGE = 1-60 MONTHS OR
           1-5 YEARS; IF < 1 MONTH, ENTER 1).

           _____

           ENTER APPLICABLE UNIT:

           1 = MONTHS
           2 = YEARS

B-10F2.   Did [he/she] have any other serious health problem or impairment
           that was diagnosed by a doctor during the first five years of life?

           1 = YES
           2 = NO → GO TO B-08C IF THREE OR MORE LIVEBORN CHILDREN.
                      OTHERWISE, GO TO B-11A.

B-10G2.   What other health problem or impairment did the doctor say (NAME)
           had--did the doctor give it a medical name?

           (PROBE: What part of the body was affected?)
           (PROBE: What kind of (KEYWORD) was it?)

           ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

           _____

219

B-10H2.   How old was [he/she] when this was diagnosed?

ENTER AGE IN <u>EITHER</u> MONTHS OR YEARS (RANGE = 1-60 MONTHS OR 1-5 YEARS; IF < 1 MONTH, ENTER 1).

_____

ENTER APPLICABLE UNIT:

1 = MONTHS
2 = YEARS

B-08C.   [Did your other child/Did any of your other children] have any serious health problem or impairment that was diagnosed by a doctor during the first five years of life (not counting the birth defect(s) you've already told me about)?

1 = YES
2 = NO   → SKIP TO B-11A.

CATI DISPLAYS ROSTER OF ALL LIVEBORN AND STILLBORN CHILDREN.

B-09C.   Which other child had a serious health problem or impairment that was diagnosed by a doctor during the first five years of life?

ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD WITH PROBLEM.

(RANGE = VALUES OF CHILD #s FOR LIVEBORN CHILDREN BUT ≠ CHILD #s IN B-09A AND B-09B.)

_____

| THIRD CHILD WITH PROBLEM |

B-10A3.   What kind of health problem or impairment did the doctor say (NAME) had--did the doctor give it a medical name?

(PROBE: What part of the body was affected?)
(PROBE: What kind of (KEYWORD) was it?)

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

_____

B-10B3.   How old was [he/she] when this was diagnosed?

ENTER AGE IN EITHER MONTHS OR YEARS (RANGE = 1-60 MONTH; OR
1-5 YEARS; IF < 1 MONTH, ENTER 1).

_____

ENTER APPLICABLE UNIT:

1 = MONTHS
2 = YEARS

B-10C3.   Did [he/she] have any other serious health problem or impairment
(that was diagnosed by a doctor during the first five years of
life)?

1 = YES
2 = NO → GO TO B-08D IF FOUR OR MORE LIVEBORN CHILDREN.
              OTHERWISE, GO TO B-11A.

B-10D3.   What other health problem or impairment did the doctor say (NAME)
had? (Did the doctor give it a medical name?)

(PROBE: What part of the body was affected?)
(PROBE: What kind of (KEYWORD) was it?)

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

_____

B-10E3.   How old was [he/she] when this was diagnosed?

ENTER AGE IN EITHER MONTHS OR YEARS (RANGE = 1-60 MONTH; OR
1-5 YEARS; IF < 1 MONTH, ENTER 1).

_____

ENTER APPLICABLE UNIT:

1 = MONTHS
2 = YEARS

B-10F3.   Did [he/she] have any other serious health problem or impairment
(that was diagnosed by a doctor during the first five years of
life)?

1 = YES
2 = NO → GO TO B-08D IF FOUR OR MORE LIVEBORN CHILDREN.
              OTHERWISE, GO TO B-11A.

B-10G3.   What other health problem or impairment did the doctor say (NAME) had? (Did the doctor give it a medical name?)

          (PROBE: What part of the body was affected?)
          (PROBE: What kind of (KEYWORD) was it?)

          ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

          _____ ---

B-10H3.   How old was [he/she] when this was diagnosed?

          ENTER AGE IN EITHER MONTHS OR YEARS (RANGE = 1-60 MONTHS OR
          1-5 YEARS; IF < 1 MONTH, ENTER 1).

          _____

          ENTER APPLICABLE UNIT:

          1 = MONTHS
          2 = YEARS

B-08D.   [Did your other child/Did any of your other children] have any
          serious health problem or impairment that was diagnosed by a doctor
          during the first five years of life (not counting the birth defect(s)
          you've already told me about)?

          1 = YES
          2 = NO   → SKIP TO B-11A.

          CATI DISPLAYS ROSTER OF ALL LIVEBORN AND STILLBORN CHILDREN.

B-09D.   Which other child had a serious health problem or impairment that
          was diagnosed by a doctor during the first five years of life?

          ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD WITH
          PROBLEM.

                                  (RANGE = VALUES OF CHILD #s FOR LIVEBORN CHILDREN
          _____   BUT ≠ CHILD #s IN B-09A, B-09B, AND B-09C.)

┌─────────────────────────┐
│ FOURTH CHILD WITH PROBLEM │
└─────────────────────────┘

B-10A4.   What kind of health problem or impairment did the doctor say (NAME)
          had--did the doctor give it a medical name?

          (PROBE: What part of the body was affected?)
          (PROBE: What kind of (KEYWORD) was it?)

          ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

          _____ ---

B-10B4.   How old was [he/she] when this was diagnosed?

ENTER AGE IN EITHER MONTHS OR YEARS (RANGE = 1-60 MONTHS OR
1-5 YEARS; IF < 1 MONTH, ENTER 1).

_____

ENTER APPLICABLE UNIT:

1 = MONTHS
2 = YEARS

B-10C4.   Did [he/she] have any other serious health problem or impairment
that was diagnosed by a doctor during the first five years of life?

1 = YES
2 = NO   →   GO TO B-08E IF FIVE OR MORE LIVEBORN CHILDREN.
             OTHERWISE, GO TO B-11A.

B-10D4.   What other health problem or impairment did the doctor say (NAME)
had?   (Did the doctor give it a medical name?)

(PROBE: What part of the body was affected?)
(PROBE: What kind of (KEYWORD) was it?)

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

_____

B-10E4.   How old was [he/she] when this was diagnosed?

ENTER AGE IN EITHER MONTHS OR YEARS (RANGE = 1-60 MONTHS OR
1-5 YEARS; IF < 1 MONTH, ENTER 1).

_____

ENTER APPLICABLE UNIT:

1 = MONTHS
2 = YEARS

B-10F4.   Did [he/she] have any other serious health problem or impairment
that was diagnosed by a doctor during the first five years of life?

1 = YES
2 = NO   →   GO TO B-08E IF FIVE OR MORE LIVEBORN CHILDREN.
             OTHERWISE, GO TO B-11A.

B-10G4.   What other health problem or impairment did the doctor say (NAME)
had?   (Did the doctor give it a medical name?)

(PROBE: What part of the body was affected?)
(PROBE: What kind of (KEYWORD) was it?)

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

_____

B-10H4.   How old was [he/she] when this was diagnosed?

                ENTER AGE IN EITHER MONTHS OR YEARS (RANGE = 1-60 MONTHS OR
                1-5 YEARS; IF < 1 MONTH, ENTER 1).

                _____

                ENTER APPLICABLE UNIT:

                1 = MONTHS
                2 = YEARS

B-08E.   [Did your other child/Did any of your other children] have any
           serious health problem or impairment that was diagnosed by a doctor
           during the first five years of life (not counting the birth defect(s)
           you've already told me about)?

                1 = YES
                2 = NO   → SKIP TO B-11A.

           CATI DISPLAYS ROSTER OF ALL LIVEBORN AND STILLBORN CHILDREN.

B-09E.   Which other child had a serious health problem or impairment that
           was diagnosed by a doctor during the first five years of life?

                ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD WITH
                PROBLEM.

                                (RANGE = VALUES OF CHILD #s FOR LIVEBORN CHILDREN
                _____   BUT ≠ CHILD #s IN B-09A, B-09B, B-09C, AND B-09D.)

| FIFTH CHILD WITH PROBLEM |

B-10A5.   What kind of health problem or impairment did the doctor say (NAME)
           had--did the doctor give it a medical name?

                (PROBE: What part of the body was affected?)
                (PROBE: What kind of (KEYWORD) was it?)

                ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

                _____

B-10B5.   How old was [he/she] when this was diagnosed?

ENTER AGE IN EITHER MONTHS OR YEARS (RANGE = 1-60 MONTHS OR
1-5 YEARS; IF < 1 MONTH, ENTER 1).

_____

ENTER APPLICABLE UNIT:

1 = MONTHS
2 = YEARS

B-10C5.   Did [he/she] have any other serious health problem or impairment
that was diagnosed by a doctor during the first five years of life?

1 = YES
2 = NO → GO TO B-08F IF SIX OR MORE LIVEBORN CHILDREN.
              OTHERWISE, GO TO B-11A.

B-10D5.   What other health problem or impairment did the doctor say (NAME)
had? (Did the doctor give it a medical name?)

(PROBE: What part of the body was affected?)
(PROBE: What kind of (KEYWORD) was it?)

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

_____

B-10E5.   How old was [he/she] when this was diagnosed?

ENTER AGE IN EITHER MONTHS OR YEARS (RANGE = 1-60 MONTHS OR
1-5 YEARS; IF < 1 MONTH, ENTER 1).

_____

ENTER APPLICABLE UNIT:

1 = MONTHS
2 = YEARS

B-10F5.   Did [he/she] have any other serious health problem or impairment
that was diagnosed by a doctor during the first five years of life?

1 = YES
2 = NO → GO TO B-08F IF SIX OR MORE LIVEBORN CHILDREN.
              OTHERWISE, GO TO B-11A.

B-10G5.   What other health problem or impairment did the doctor say (NAME)
had--did the doctor give it a medical name?

(PROBE: What part of the body was affected?)
(PROBE: What kind of (KEYWORD) was it?)

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

_____

B-10H5.   How old was [he/she] when this was diagnosed?

                   ENTER AGE IN EITHER MONTHS OR YEARS (RANGE = 1-60 MONTHS OR
                   1-5 YEARS; IF < 1 MONTH, ENTER 1).

                   _____

                   ENTER APPLICABLE UNIT:

                   1 = MONTHS
                   2 = YEARS

B-08F.   [Did your other child/Did any of your other children] have any
           serious health problem or impairment that was diagnosed by a doctor
           during the first five years of life (not counting the birth defect(s)
           you've already told me about)?

                   1 = YES
                   2 = NO   → SKIP TO B-11A.

           CATI DISPLAYS ROSTER OF ALL LIVEBORN AND STILLBORN CHILDREN.

B-09F.   Which other child had a serious health problem or impairment that
           was diagnosed by a doctor during the first five years of life?

                   ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD WITH
                   PROBLEM.

                                   (RANGE = VALUES OF CHILD #s FOR LIVEBORN CHILDREN
                   _____ BUT ≠ CHILD #s IN B-09A, B-09B, B-09C, B-09D, AND
                                   B-09E.)

┌─────────────────────────┐
│ SIXTH CHILD WITH PROBLEM │
└─────────────────────────┘

B-10A6.   What kind of health problem or impairment did the doctor say (NAME)
           had--did the doctor give it a medical name?

                   (PROBE: What part of the body was affected?)
                   (PROBE: What kind of (KEYWORD) was it?)

                   ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

                   _____

B-10B6.   How old was [he/she] when this was diagnosed?

              ENTER AGE IN EITHER MONTHS OR YEARS (RANGE = 1-60 MONTHS OR
              1-5 YEARS; IF < 1 MONTH, ENTER 1).

              _____

              ENTER APPLICABLE UNIT:

              1 = MONTHS
              2 = YEARS

B-10C6.   Did [he/she] have any other serious health problem or impairment
              (that was diagnosed by a doctor during the first five years of
              life)?

              1 = YES
              2 = NO   →   GO TO B-11A.

B-10D6.   What other health problem or impairment did the doctor say (NAME)
              had?   (Did the doctor give it a medical name?)

              (PROBE: What part of the body was affected?)
              (PROBE: What kind of (KEYWORD) was it?)

              ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

              _____

B-10E6.   How old was [he/she] when this was diagnosed?

              ENTER AGE IN EITHER MONTHS OR YEARS (RANGE = 1-60 MONTHS OR
              1-5 YEARS; IF < 1 MONTH, ENTER 1).

              _____

              ENTER APPLICABLE UNIT:

              1 = MONTHS
              2 = YEARS

B-10F6.   Did [he/she] have any other serious health problem or impairment that was diagnosed by a doctor during the first five years of life?

          1 = YES
          2 = NO → GO TO B-11A.

B-10G6.   What other health problem or impairment did the doctor say (NAME) had--did the doctor give it a medical name?

          (PROBE: What part of the body was affected?)
          (PROBE: What kind of (KEYWORD) was it?)

          ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

          _____

B-10H6.   How old was [he/she] when this was diagnosed?

          ENTER AGE IN EITHER MONTHS OR YEARS (RANGE = 1-60 MONTHS OR 1-5 YEARS; IF < 1 MONTH, ENTER 1).

          _____

          ENTER APPLICABLE UNIT:

          1 = MONTHS
          2 = YEARS

B-11A.   (IF LEUKEMIA OR CANCER WAS MENTIONED EARLIER FOR ANY CHILD: You have already told me that (one of) your child(ren) had cancer (or leukemia) so this next question is repetitive, and I apologize.)

          Did (any of) your child(ren) ever develop leukemia or cancer?

          1 = YES
          2 = NO   → SKIP TO B-14A.

          CATI DISPLAYS ROSTER OF ALL LIVEBORN AND STILLBORN CHILDREN.

B-12A.   (DON'T ASK IF ONLY ONE CHILD.) Which child(ren) developed leukemia
          or cancer?
          ENTER NUMBER THAT CORRESPONDS TO NAME OF (FIRST) CHILD WITH LEUKEMIA
          OR CANCER.

          _____   (RANGE = VALUES OF CHILD #s FOR LIVEBORN CHILDREN.)

| FIRST CHILD WITH CANCER |

B-13A1.   What type of leukemia or cancer did (NAME) develop? What did the
          doctor say it was?

          ENTER NAME OF SPECIFIC CANCER (LIMIT OF 40 CHARACTERS)

          _____

B-11B.   (ASK IF NOT ALREADY KNOWN:) [Did your other child/Did any of your
          other children] ever develop leukemia or cancer?

          1 = YES
          2 = NO → SKIP TO B-14A.

          CATI DISPLAYS ROSTER OF ALL LIVEBORN AND STILLBORN CHILDREN.

B-12B.   (ASK IF NOT ALREADY KNOWN:) Which child developed leukemia or
          cancer?
          ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD WITH LEUKEMIA
          OR CANCER.

          _____   (RANGE = VALUES OF CHILD #s FOR LIVEBORN CHILDREN
                        BUT ≠ CHILD # IN B-12A.

| SECOND CHILD WITH CANCER |

B-13A2.   What type of leukemia or cancer did (NAME) develop? What did the
          doctor say it was?

          ENTER NAME OF SPECIFIC CANCER (LIMIT OF 40 CHARACTERS)

          _____

B-11C.   (ASK IF NOT ALREADY KNOWN:) [Did your other child/Did any of your
          other children] ever develop leukemia or cancer?

          1 = YES
          2 = NO → SKIP TO B-14A.

          CATI DISPLAYS ROSTER OF ALL LIVEBORN AND STILLBORN CHILDREN.

B-12C.   (ASK IF NOT ALREADY KNOWN:) Which child developed leukemia or
          cancer?
          ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD WITH LEUKEMIA
          OR CANCER.

                                (RANGE = VALUES OF CHILD #s FOR LIVEBORN CHILDREN
          _____   BUT ≠ CHILD #s IN B-12A AND B-12B.)

| THIRD CHILD WITH CANCER |

B-13A3.   What type of leukemia or cancer did (NAME) develop? What did the
          doctor say it was?

               ENTER NAME OF SPECIFIC CANCER (LIMIT OF 40 CHARACTERS)

          _____

B-11D.   (ASK IF NOT ALREADY KNOWN:) [Did your other child/Did any of your
          other children] ever develop leukemia or cancer?

               1 = YES
               2 = NO → SKIP TO B-14A.

          CATI DISPLAYS ROSTER OF ALL LIVEBORN AND STILLBORN CHILDREN.

B-12D.   (ASK IF NOT ALREADY KNOWN:) Which child developed leukemia or
          cancer?
          ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD WITH LEUKEMIA
          OR CANCER.

                                (RANGE = VALUES OF CHILD #s FOR LIVEBORN CHILDREN
          _____   BUT ≠ CHILD #s IN B-12A, B-12B, AND B-12C.)

| FOURTH CHILD WITH CANCER |

B-13A4.   What type of leukemia or cancer did (NAME) develop? What did the
          doctor say it was?

               ENTER NAME OF SPECIFIC CANCER (LIMIT OF 40 CHARACTERS)

          _____

B-14A.   [Is (NAME) still living?/Are all of your liveborn children still
          living?] IF DK, PROBE: "As far as you know..."

               1 = YES → SKIP TO B-17.
               2 = NO

CATI DISPLAYS ROSTER OF ALL LIVEBORN AND STILLBORN CHILDREN.

B-15A.   (DON'T ASK IF ONLY ONE CHILD.) Which child(ren) (is/are) not living?

ENTER NUMBER THAT CORRESPONDS TO NAME OF (FIRST) CHILD WHO IS DEAD.

_____   (RANGE = VALUES OF CHILD #s FOR LIVEBORN CHILDREN.)

| FIRST DECEASED CHILD |

B-16A1.   Did (NAME) die before [he/she] was 1 year old?

1 = YES
2 = NO → GO TO B-14B IF > 1 LIVEBORN CHILD. OTHERWISE,
              GO TO B-17.

B-16B1.   What did the doctor say was the cause of [his/her] death?

(PROBE: What part of the body was affected?)
(PROBE: What kind of (KEYWORD) was it?)

ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

_____

B-14B.   (ASK IF NOT ALREADY KNOWN:) [Is your other child/Are all of your other liveborn children] still living?

1 = YES → SKIP TO B-17.
2 = NO

CATI DISPLAYS ROSTER OF ALL LIVEBORN AND STILLBORN CHILDREN.

B-15B.   (ASK IF NOT ALREADY KNOWN:) Which other child is not living?

ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD WHO IS DEAD.

                          (RANGE = VALUES OF CHILD #s FOR LIVEBORN CHILDREN
_____   BUT ≠ CHILD # IN B-15A.)

SECOND DECEASED CHILD

B-16A2.   Did (NAME) die before [he/she] was 1 year old?

         1 = YES
         2 = NO → GO TO B-14C IF > 2 LIVEBORN CHILDREN. OTHERWISE,
                    GO TO B-17.

B-16B2.   What did the doctor say was the cause of [his/her] death?

         (PROBE: What part of the body was affected?)
         (PROBE: What kind of (KEYWORD) was it?)

         ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

_____

B-14C.   (ASK IF NOT ALREADY KNOWN:) [Is your other child/Are all of your
           other liveborn children] still living?

         1 = YES → SKIP TO B-17.
         2 = NO

         CATI DISPLAYS ROSTER OF ALL LIVEBORN AND STILLBORN CHILDREN.

B-15C.   (ASK IF NOT ALREADY KNOWN:) Which other child is not living?

         ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD WHO IS DEAD.

                        (RANGE = VALUES OF CHILD #s FOR LIVEBORN CHILDREN
         _____   BUT ≠ CHILD #s IN B-15A AND B-15B.)

THIRD DECEASED CHILD

B-16A3.   Did (NAME) die before [he/she] was 1 year old?

         1 = YES
         2 = NO → GO TO B-14D IF > 3 LIVEBORN CHILDREN. OTHERWISE,
                    GO TO B-17.

B-16B3.   What did the doctor say was the cause of [his/her] death?

           (PROBE: What part of the body was affected?)
           (PROBE: What kind of (KEYWORD) was it?)

           ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

           _____

B-14D.   (ASK IF NOT ALREADY KNOWN:) [Is your other child/Are all of your
           other liveborn children] still living?

               1 = YES → SKIP TO B-17.
               2 = NO

           CATI DISPLAYS ROSTER OF ALL LIVEBORN AND STILLBORN CHILDREN.

B-15D.   (ASK IF NOT ALREADY KNOWN:) Which other child is not living?

           ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD WHO IS DEAD.

                                     (RANGE = VALUES OF CHILD #s FOR LIVEBORN CHILDREN
                         _____   BUT ≠ CHILD #s IN B-15A, B-15B AND B-15C.)

           ┌─────────────────────┐
           │ FOURTH DECEASED CHILD │
           └─────────────────────┘

B-16A4.   Did (NAME) die before [he/she] was 1 year old?

               1 = YES
               2 = NO → GO TO B-14E IF > 4 LIVEBORN CHILDREN. OTHERWISE,
                          GO TO B-17.

B-16B4.   What did the doctor say was the cause of [his/her] death?

           (PROBE: What part of the body was affected?)
           (PROBE: What kind of (KEYWORD) was it?)

           ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

           _____

B-14E.   (ASK IF NOT ALREADY KNOWN:) [Is your other child/Are all of your
           other liveborn children] still living?

               1 = YES → SKIP TO B-17.
               2 = NO

CATI DISPLAYS ROSTER OF ALL LIVEBORN AND STILLBORN CHILDREN.

B-15E.   (ASK IF NOT ALREADY KNOWN:) Which other child is not living?

          ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD WHO IS DEAD.

                              (RANGE = VALUES OF CHILD #s FOR LIVEBORN CHILDREN
          _____   BUT ≠ CHILD #s IN B-15A, B-15B, B-15C AND B-15D.)

┌─────────────────────┐
│ FIFTH DECEASED CHILD │
└─────────────────────┘

B-16A5.   Did (NAME) die before [he/she] was 1 year old?

          1 = YES
          2 = NO → GO TO B-14F IF > 5 LIVEBORN CHILDREN. OTHERWISE,
                     GO TO B-17.

B-16B5.   What did the doctor say was the cause of [his/her] death?

          (PROBE: What part of the body was affected?)
          (PROBE: What kind of (KEYWORD) was it?)

          ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

          _____

B-14F.   (ASK IF NOT ALREADY KNOWN:) [Is your other child/Are all of your
          other liveborn children] still living?

          1 = YES → SKIP TO B-17.
          2 = NO

          CATI DISPLAYS ROSTER OF ALL LIVEBORN AND STILLBORN CHILDREN.

B-15F.   (ASK IF NOT ALREADY KNOWN:) Which other child is not living?

          ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD WHO IS DEAD.

                              (RANGE = VALUES OF CHILD #s FOR LIVEBORN CHILDREN
          _____   BUT ≠ CHILD #s IN B-15A, B-15B, B-15C, B-15D AND
                              B-15E.)

234

SIXTH DECEASED CHILD

B-16A6.   Did (NAME) die before [he/she] was 1 year old?

           1 = YES
           2 = NO → GO TO B-17.

B-16B6.   What did the doctor say was the cause of [his/her] death?

           (PROBE: What part of the body was affected?)
           (PROBE: What kind of (KEYWORD) was it?)

           ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

           _____

* B-17.   (In addition to the child(ren) that you've just told me about,) we
            need to know about (other) pregnancies, if any, that you fathered
            that ended early, such as a miscarriage, an induced abortion, or a
            tubal pregnancy.
            How many pregnancies have you fathered that ended in a miscarriage,
            an induced abortion, or a tubal pregnancy?

            ENTER NUMBER. IF NONE, ENTER "88" AND SKIP TO B-19.

                       _____ (RANGE = 1-15.)

IF B-17 > 0 [FIRST PREGNANCY]

B-18A1.   Thinking now about the (first) pregnancy that ended early--did it
           end in a miscarriage, an induced abortion, or a tubal pregnancy?

           1 = MISCARRIAGE
           2 = INDUCED ABORTION }
           3 = TUBAL PREGNANCY   } → SKIP TO B-18C1.
           4 = OTHER (1 BABY MISCARRIED
               BUT ANOTHER WAS DELIVERED)

B-18B1.   How far along was the pregnancy when the miscarriage occurred--how
           many weeks or months?

           ENTER NUMBER.
                              (RANGE = 1-40 WEEKS OR 1-9 MONTHS.)

           _____

           ENTER APPLICABLE UNIT:

           1 = WEEKS
           2 = MONTHS

235

B-18C1.   In what month and year did that occur?
             ENTER MONTH (RANGE = 1-12) AND LAST TWO DIGITS OF YEAR.

             _____ MONTH

             _____ YEAR   (EDIT 3.)

             IF YEAR GIVEN, SKIP TO NEXT PREGNANCY OR B-19.
             IF YEAR UNKNOWN OR REFUSED, GO TO B-18D1.

B-18D1.   Did this occur before, during, or after your tour of duty in the
           Army?

             1 = BEFORE
             2 = DURING
             3 = AFTER

IF B-17 > 1 SECOND PREGNANCY

B-18A2.   Thinking now about the second pregnancy (that ended early)--did it
           end in a miscarriage, an induced abortion, or a tubal pregnancy?

             1 = MISCARRIAGE
             2 = INDUCED ABORTION }
             3 = TUBAL PREGNANCY   } → SKIP TO B-18C2.
             4 = OTHER (1 BABY MISCARRIED
                 BUT ANOTHER WAS DELIVERED)

B-18B2.   How far along was the pregnancy when the miscarriage occurred--how
           many weeks or months?

             ENTER NUMBER.
                        (RANGE = 1-40 WEEKS OR 1-9 MONTHS.)

             _____

             ENTER APPLICABLE UNIT:

             1 = WEEKS
             2 = MONTHS

B-18C2.   In what month and year did that occur?
             ENTER MONTH (RANGE = 1-12) AND LAST TWO DIGITS OF YEAR.

             _____ MONTH

             _____ YEAR   (EDIT 3.)

             IF YEAR GIVEN, SKIP TO NEXT PREGNANCY OR B-19.
             IF YEAR UNKNOWN OR REFUSED, GO TO B-18D2.

B-18D2.   Did this occur before, during, or after your tour of duty in the Army?

        1 = BEFORE
        2 = DURING
        3 = AFTER

IF B-17 > 2 [THIRD PREGNANCY]

B-18A3.   Thinking now about the third pregnancy (that ended early)--did it end in a miscarriage, an induced abortion, or a tubal pregnancy?

        1 = MISCARRIAGE
        2 = INDUCED ABORTION ⎫
        3 = TUBAL PREGNANCY ⎬ → SKIP TO B-18C3.
        4 = OTHER (1 BABY MISCARRIED
            BUT ANOTHER WAS DELIVERED)

B-18B3.   How far along was the pregnancy when the miscarriage occurred--how many weeks or months?

        ENTER NUMBER.
                        (RANGE = 1-40 WEEKS OR 1-9 MONTHS.)

        _____

        ENTER APPLICABLE UNIT:

        1 = WEEKS
        2 = MONTHS

B-18C3.   In what month and year did that occur?
          ENTER MONTH (RANGE = 1-12) AND LAST TWO DIGITS OF YEAR.

        _____ MONTH

        _____ YEAR   (EDIT 3.)

        IF YEAR GIVEN, SKIP TO NEXT PREGNANCY OR B-19.
        IF YEAR UNKNOWN OR REFUSED, GO TO B-18D3.

B-18D3.   Did this occur before, during, or after your tour of duty in the Army?

        1 = BEFORE
        2 = DURING
        3 = AFTER

237

IF B-17 > 3 [FOURTH PREGNANCY]

B-18A4.   Thinking now about the fourth pregnancy (that ended early)--did it
          end in a miscarriage, an induced abortion, or a tubal pregnancy?

                    1 = MISCARRIAGE
                    2 = INDUCED ABORTION ⎫
                    3 = TUBAL PREGNANCY ⎬ → SKIP TO B-18C4.
                                         ⎭
                    4 = OTHER (1 BABY MISCARRIED
                        BUT ANOTHER WAS DELIVERED)

B-18B4.   How far along was the pregnancy when the miscarriage occurred--how
          many weeks or months?

                    ENTER NUMBER.
                              (RANGE = 1-40 WEEKS OR 1-9 MONTHS.)

                    _____

                    ENTER APPLICABLE UNIT:

                    1 = WEEKS
                    2 = MONTHS

B-18C4.   In what month and year did that occur?
          ENTER MONTH (RANGE = 1-12) AND LAST TWO DIGITS OF YEAR.

                    _____ MONTH

                    _____ YEAR   (EDIT 3.)

          IF YEAR GIVEN, SKIP TO NEXT PREGNANCY OR B-19.
          IF YEAR UNKNOWN OR REFUSED, GO TO B-18D4.

B-18D4.   Did this occur before, during, or after your tour of duty in the
          Army?

                    1 = BEFORE
                    2 = DURING
                    3 = AFTER

IF B-17 > 4 [FIFTH PREGNANCY]

B-18A5.   Thinking now about the fifth pregnancy (that ended early)--did it
          end in a miscarriage, an induced abortion, or a tubal pregnancy?

                    1 = MISCARRIAGE
                    2 = INDUCED ABORTION ⎫
                    3 = TUBAL PREGNANCY ⎬ → SKIP TO B-18C5.
                                         ⎭
                    4 = OTHER (1 BABY MISCARRIED
                        BUT ANOTHER WAS DELIVERED)

B-18B5.   How far along was the pregnancy when the miscarriage occurred--how many weeks or months?

ENTER NUMBER.
                          (RANGE = 1-40 WEEKS OR 1-9 MONTHS.)

_____

ENTER APPLICABLE UNIT:

1 = WEEKS
2 = MONTHS

B-18C5.   In what month and year did that occur?
          ENTER MONTH (RANGE = 1-12) AND LAST TWO DIGITS OF YEAR.

_____   MONTH

_____   YEAR   (EDIT 3.)

IF YEAR GIVEN, SKIP TO NEXT PREGNANCY OR B-19.
IF YEAR UNKNOWN OR REFUSED, GO TO B-18D5.

B-18D5.   Did this occur before, during, or after your tour of duty in the Army?

1 = BEFORE
2 = DURING
3 = AFTER

IF B-17 > 5 [SIXTH PREGNANCY]

B-18A6.   Thinking now about the sixth pregnancy (that ended early)--did it end in a miscarriage, an induced abortion, or a tubal pregnancy?

1 = MISCARRIAGE
2 = INDUCED ABORTION ⎫
3 = TUBAL PREGNANCY   ⎬ → SKIP TO B-18C6 .
4 = OTHER (1 BABY MISCARRIED
      BUT ANOTHER WAS DELIVERED)

B-18B6.   How far along was the pregnancy when the miscarriage occurred--how many weeks or months?

ENTER NUMBER.
                          (RANGE = 1-40 WEEKS OR 1-9 MONTHS.)

_____

ENTER APPLICABLE UNIT:

1 = WEEKS
2 = MONTHS

B-18C6.   In what month and year did that occur?
           ENTER MONTH (RANGE = 1-12) AND LAST TWO DIGITS OF YEAR.

           _____ MONTH

           _____ YEAR   (EDIT 3.)

           IF YEAR GIVEN, SKIP TO NEXT PREGNANCY OR B-19.
           IF YEAR UNKNOWN OR REFUSED, GO TO B-18D6.

B-18D6.   Did this occur before, during, or after your tour of duty in the
           Army?

                1 = BEFORE
                2 = DURING
                3 = AFTER

IF B-17 > 6 | SEVENTH PREGNANCY |

B-18A7.   Thinking now about the seventh pregnancy (that ended early)--did it
           end in a miscarriage, an induced abortion, or a tubal pregnancy?

                1 = MISCARRIAGE
                2 = INDUCED ABORTION)
                3 = TUBAL PREGNANCY   ) → SKIP TO B-18C7.
                4 = OTHER (1 BABY MISCARRIED
                    BUT ANOTHER WAS DELIVERED)

B-18B7.   How far along was the pregnancy when the miscarriage occurred--how
           many weeks or months?

           ENTER NUMBER.
                          (RANGE = 1-40 WEEKS OR 1-9 MONTHS.)

           _____

           ENTER APPLICABLE UNIT:

                1 = WEEKS
                2 = MONTHS

B-18C7.   In what month and year did that occur?
           ENTER MONTH (RANGE = 1-12) AND LAST TWO DIGITS OF YEAR.

           _____ MONTH

           _____ YEAR   (EDIT 3.)

           IF YEAR GIVEN, SKIP TO NEXT PREGNANCY OR B-19.
           IF YEAR UNKNOWN OR REFUSED, GO TO B-18D7.

B-18D7.   Did this occur before, during, or after your tour of duty in the Army?

                        1 = BEFORE
                        2 = DURING
                        3 = AFTER

IF B-17 > 7 [EIGHTH PREGNANCY]

B-18A8.   Thinking now about the eighth pregnancy (that ended early)--did it end in a miscarriage, an induced abortion, or a tubal pregnancy?

                        1 = MISCARRIAGE
                        2 = INDUCED ABORTION ⎫
                        3 = TUBAL PREGNANCY   ⎬ → SKIP TO B-18C8.
                        4 = OTHER (1 BABY MISCARRIED
                              BUT ANOTHER WAS DELIVERED)

B-18B8.   How far along was the pregnancy when the miscarriage occurred--how many weeks or months?

          ENTER NUMBER.
                              (RANGE = 1-40 WEEKS OR 1-9 MONTHS.)

          _____

          ENTER APPLICABLE UNIT:

          1 = WEEKS
          2 = MONTHS

B-18C8.   In what month and year did that occur?
          ENTER MONTH (RANGE = 1-12) AND LAST TWO DIGITS OF YEAR.

          _____ MONTH

          _____ YEAR   (EDIT 3.)

          IF YEAR GIVEN, SKIP TO B-19.
          IF YEAR UNKNOWN OR REFUSED, GO TO B-18D8.

B-18D8.   Did this occur before, during, or after your tour of duty in the Army?

                        1 = BEFORE
                        2 = DURING
                        3 = AFTER

*   B-19.   Did you and any wife or partner ever try for a period of a year or more to conceive a child without being able to?

                        1 = YES → SKIP TO B-23.
                        2 = NO

B-20.   Have you ever been told by a doctor that it would be difficult or impossible for you to father a child?

         1 = YES
         2 = NO   →   SKIP TO SECTION C.

B-21.   In what year were you told this?

         ENTER LAST 2 DIGITS OF YEAR.   (EDIT 3.)

         _____

B-22.   What did the doctor say the <u>main</u> condition was--did the doctor give it a medical name?

         ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

         _____

         SKIP TO SECTION C.

B-23.   Did this happen with more than one wife or partner?

         1 = YES
         2 = NO

B-24A.   In what year did this difficulty <u>first</u> happen?

         ENTER LAST 2 DIGITS OF YEAR.   (EDIT 3.)

         _____

B-25A.   Did your [wife/partner] see a doctor to discuss difficulties in conceiving children?

         1 = YES
         2 = NO   →   SKIP TO B-27A.

B-26A.   Did the doctor say your [wife/partner] had a condition that made it difficult to conceive?

         1 = YES
         2 = NO

B-27A.   Did <u>you</u> see a doctor about this difficulty in conceiving with your [wife/partner]?

         1 = YES
         2 = NO   →   SKIP TO B BOX.

242

B-28A.   Did the doctor say you had a condition that made it difficult to conceive?

        1 = YES
        2 = NO   → SKIP TO B BOX.

B-29A.   What did the doctor say the main condition was--did the doctor give it a medical name?

        ENTER CONDITION OR PROBLEM NAME (LIMIT OF 40 CHARACTERS).

        _____

B BOX	IF FERTILITY PROBLEM OCCURRED WITH MORE THAN ONE PARTNER (B-2?=YES), CONTINUE. OTHERWISE, SKIP TO SECTION C.

Earlier you told me there was another wife or partner with whom you tried for a year or more to conceive a child but were unable to do so.

B-24B.   In what year did you first have this difficulty with your other wife or partner?

        ENTER LAST 2 DIGITS OF YEAR.   (EDIT ?)

        _____

B-25B.   Did your [wife/partner] see a doctor to discuss difficulties in conceiving children?

        1 = YES
        2 = NO   → SKIP TO B-27B.

B-26B.   Did the doctor say your [wife/partner] had a condition that made it difficult to conceive?

        1 = YES
        2 = NO

B-27B.   Did you see a doctor about this difficulty with your [wife/partner]?

        1 = YES
        2 = NO   → SKIP TO SECTION C.

B-28B.   Did the doctor say you had a condition that made it difficult to conceive?

        1 = YES
        2 = NO   → SKIP TO SECTION C.

B-29B.   What did the doctor say the <u>main</u> condition was--did the doctor give
         it a medical name?

              ENTER CONDITION NAME (LIMIT OF 40 CHARACTERS).

         _____

SECTION C. SMOKING

* C-01.   Now I would like to ask you some questions about smoking and alcohol
           use. Have you smoked more than 100 cigarettes -- that is, 5 packs or
           more -- during your entire life?

               1 = YES
               2 = NO   → SKIP TO C-08.

  C-02.   Have you ever smoked cigarettes regularly, that is, at least one a
           day?

               1 = YES
               2 = NO   → SKIP TO C-08.

  C-03.   Do you now smoke cigarettes regularly, that is, at least one a day?

               1 = YES
               2 = NO   → SKIP TO C-05.

  C-04.   On the average, how many cigarettes a day do you smoke?

               ENTER NUMBER.   (RANGE = 1-100.)

               _____   → SKIP TO C-07.

  C-05.   On the average, how many cigarettes a day did you smoke when you
           were smoking regularly (at least one cigarette a day)?

               ENTER NUMBER OF CIGARETTES.

               _____   (RANGE = 1-100.)

  C-06.   How long has it been since you smoked cigarettes regularly, (that
           is, at least one a day)?

               ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR, ENTER "888".

               _____   (EDIT (IF NOT 888): # ≥ 1 AND ≤ CURRENT AGE.)

  C-07.   For how many years altogether [have you smoked/did you smoke]
           cigarettes regularly?

               ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR, ENTER "888".

               _____   (EDIT (IF NOT 888: # ≥ 1 AND ≤ CURRENT AGE.)

* C-08.   Have you smoked more than 50 cigars in your life?

               1 = YES
               2 = NO   → SKIP TO C-12.

C-09.   Do you currently smoke cigars?

        1 = YES
        2 = NO

C-10.   For how many years altogether [have you smoked/did you smoke] cigars?

        ENTER NUMBER OF YEARS; IF LESS THAN ONE YEAR ENTER "888".

        _____ (EDIT (IF NOT 888): # ≥ 1 AND ≤ CURRENT AGE.)

C-11.   Over that time period, how many cigars a week would you smoke, on the average?

        ENTER NUMBER; IF LESS THAN ONE ENTER "88".

        _____ (RANGE = 1-60.)

* C-12.   Have you smoked more than 50 pipes of tobacco in your life?

        1 = YES
        2 = NO   → SKIP TO SECTION D.

C-13.   Do you currently smoke a pipe?

        1 = YES
        2 = NO

C-14.   For how many years altogether [have you smoked/did you smoke] a pipe?

        ENTER NUMBER OF YEARS; IF LESS THAN ONE YEAR ENTER "888".

        _____ (EDIT (IF NOT 888): # ≥ 1 AND ≤ CURRENT AGE.)

C-15.   Over that time period, how many pipefuls of tobacco a week would you smoke, on the average?

        ENTER NUMBER OF PIPEFULS OR OUNCES; IF LESS THAN ONE ENTER "888".

        _____ (RANGE = 1-100.)

        [SKIP IF DK OR RE.]
        ENTER APPLICABLE UNIT:

        1 = PIPEFULS
        2 = OUNCES

SECTION D. ALCOHOL USE

* D-01.   Have you ever had at least one alcoholic drink a month for a year or
            longer? This includes beer, wine, and hard liquor.

                1 = YES
                2 = NO   →   SKIP TO SECTION E.

   D-02.   How old were you when you started drinking alcoholic beverages?

                ENTER AGE IN YEARS.

                _____ (EDIT (IF < 98): # ≥ 1 AND ≤ CURRENT AGE.)

   D-03.   Do you now drink alcoholic beverages at least once a month?

                1 = YES
                2 = NO   → SKIP TO D-06.

   D-04.   On about how many days per month do you drink alcoholic beverages,
            on the average?

                ENTER NUMBER OF DAYS (RANGE 1-31).

                _____

   D-05.   If a drink is considered one can or bottle of beer or one glass of
            wine, or one mixed drink or shot of hard liquor, how many drinks per
            day do you have on the average, on those days when you drink?

                ENTER NUMBER OF DRINKS. (RANGE = 1-40.)

                _____ → SKIP TO D-09.

   D-06.   How old were you when you stopped drinking alcoholic beverages at
            least once a month?

                ENTER AGE IN YEARS.

                _____ (EDIT (IF < 98): # ≥ 1 AND ≤ CURRENT AGE.)

   D-07.   When you were drinking alcoholic beverages at least once a month,
            how many days per month would you drink, on the average?

                ENTER NUMBER OF DAYS (RANGE 1-31).

                _____

D-08.   If a drink is considered one can or bottle of beer or one glass of
          wine, or one mixed drink or shot of hard liquor, how many drinks per
          day would you have <u>on the average</u>, on those days when you would
          drink?

               ENTER NUMBER OF DRINKS.

          _____   (RANGE = 1-40.)

[SKIP TO SECTION E IF ANY OF (D-04, D-05, D-07, OR D-08) = DK OR RE.]

D-09.   Was there a period in your life of at least 6 months when you drank
          more than the amount you just told me about?

               1 = YES
               2 = NO   → SKIP TO SECTION E.

D-10.   What period was this, from what year to what year?

               ENTER LAST 2 DIGITS OF YEAR STARTED.   (EDIT 1.)

          _____

               ENTER LAST 2 DIGITS OF YEAR ENDED.   YEAR ENDED MUST BE ≥ YEAR
               STARTED.

                                                             (EDIT 1.)

          _____

D-11.   During this time, on how many days per month would you drink
          alcoholic beverages, <u>on the average</u>?

               ENTER NUMBER OF DAYS (RANGE 1-31).

          _____

D-12.   During this time, how many drinks per day would you have <u>on the
          average</u>, on those days when you would drink?

               ENTER NUMBER OF DRINKS.

          _____   (RANGE = 1-60.)

          (EDIT: IF D-11 < 98, THEN D-04 OR D-07 MUST BE ≤ D-11 OR
                   IF D-12 < 98, THEN D-05 OR D-08 MUST BE ≤ D-12.)

SECTION E.   BACKGROUND INFORMATION

*   E-01.   Now I have a few questions about your general background. What is the highest grade or year of <u>regular</u> school or college you have completed?

          88 = NONE
          ELEMENTARY/JUNIOR HIGH   01 02 03 04 05 06 07 08
          HIGH SCHOOL   09 10 11 12
          COLLEGE   13 14 15 16 17   18+

          ENTER GRADE

          _____   (RANGE - 1-18.)

*   E-02.   Which of the following income groups represents the tota. combined annual income, before taxes, for all members of your household during (LAST CALENDAR YEAR)?

          READ CATEGORIES:

          1 = LESS THAN $5,000
          2 = $5,000 TO $10,000
          3 = $10,001 TO $20,000
          4 = $20,001 TO $30,000
          5 = $30,001 TO $40,000
          6 = $40,001 TO $50,000
          7 = OVER $50,000

*   E-03.   How many people were supported by this income?

          ENTER NUMBER OF PEOPLE.

          _____   (RANGE = 1-25.)

*   E-04.   What is your <u>main</u> racial background? Are you: (READ CATEGORIES TO RESPONDENT.)

          1 = WHITE
          2 = BLACK
          3 = HISPANIC
          4 = ASIAN OR PACIFIC ISLANDER
          5 = AMERICAN INDIAN OR ALASKAN NATIVE

SECTION F.   OCCUPATIONAL HISTORY

* F-01.   Are you <u>currently</u> working for pay either full- or part-time?

    1 = YES
    2 = NO   → SKIP TO F-10.

F-02.   Is that full-time or part-time work?

    1 = FULL-TIME
    2 = PART-TIME
    3 = MULTIPLE JOBS (IF MENTIONS MORE THAN ONE JOB)

F-03.   Now I need to know about the kind of work you do. What is your job title?

    RECORD JOB TITLE (LIMIT OF 40 CHARACTERS). IF MORE THAN ONE
    JOB, RECORD FULL-TIME OR MOST FREQUENT PART-TIME JOB.

    _____

F-04.   What kind of business or industry is that in--what do they make or do at the place where you work?

    RECORD BUSINESS OR INDUSTRY (LIMIT OF 40 CHARACTERS).

    _____

F-05.   Is this the job you have held the longest?

    1 = YES
    2 = NO   → SKIP TO F-07.

F-06.   How many years, altogether, have you worked as a (JOB TITLE IN F-03)?

    ENTER NUMBER OF YEARS, ROUNDED TO NEAREST WHOLE YEAR.
    ENTER "888" IF LESS THAN ONE YEAR.

    _____   → SKIP TO F-19. (EDIT (IF NOT 888): # ≥ 1
                                                    AND ≤ CURRENT AGE.)

F-07.   What kind of job have you held the longest? What was your job title?

    RECORD JOB TITLE (LIMIT OF 40 CHARACTERS).

    _____

F-08.   What kind of business or industry was that in--what did they make or do at the place where you worked?

    RECORD TYPE OF BUSINESS OR INDUSTRY (LIMIT OF 40 CHARACTERS).

    _____