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 )R
               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 o: life?

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

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 ?R
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 ?R
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).

_____

B-10H2.    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-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 MONTHS 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 MONTHS 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 <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-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 <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-10C5.    Did [he/she] have <u>any</u> <u>other</u> 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 <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-10F5.    Did [he/she] have <u>any</u> <u>other</u> 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).

_____

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

        ENTER AGE IN <u>EITHER</u> MONTHS OR YEARS (RANGE = 1-60 MONTH: 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] h.ive any
        serious health problem or impairment that was diagnosed by : doctor
        during the first five years of life (not counting the birth :efect(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 lif(?

        ENTER NUMBER THAT CORRESPONDS TO NAME OF (NEXT) CHILD W]TH
        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 sa) (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  R
             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 impai rment
          (that was diagnosed by a doctor during the first five ye rs 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  )R
             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.  OTHE₹WISE,
                      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 ᶦS 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.  OTHER₹ISE,
                      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 ANI) 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.  OTHEF\/ISE,
                           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.)

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).

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\*    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

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

          _____ MONTH

          _____ YEAR                                    (EDI[ 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 dut:y 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                                    (EDI[ 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

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 :.)

               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

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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.