

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.

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).

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 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.)

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
 - 4 = OTHER (1 BABY MISCARRIED BUT ANOTHER WAS DELIVERED)
- } → SKIP TO B-18C1.

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 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
 - 4 = OTHER (1 BABY MISCARRIED BUT ANOTHER WAS DELIVERED)
- } → SKIP TO B-18C2.

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
 - 4 = OTHER (1 BABY MISCARRIED
BUT ANOTHER WAS DELIVERED)
- } → SKIP TO B-18C3.

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
 - 4 = OTHER (1 BABY MISCARRIED BUT ANOTHER WAS DELIVERED)
- } → SKIP TO B-18C4.

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
 - 4 = OTHER (1 BABY MISCARRIED BUT ANOTHER WAS DELIVERED)
- } → SKIP TO B-18C5.

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
 - 4 = OTHER (1 BABY MISCARRIED BUT ANOTHER WAS DELIVERED)
- } → SKIP TO B-18C7.

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
 - 4 = OTHER (1 BABY MISCARRIED
BUT ANOTHER WAS DELIVERED)
- } → SKIP TO B-18C8.

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 main 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 first 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 you see a doctor about this difficulty in conceiving with your [wife/partner]?

1 = YES
2 = NO → SKIP TO B BOX.