

FIGURE 4a. Form in Use 1968-73

CERTIFICATE OF LIVE BIRTH
GEORGIA DEPARTMENT OF PUBLIC HEALTH

State File No. _____

Custodian's No. _____

THIS CHILD	1. NAME OF CHILD (First) (Middle) (Last)			2. SEX MALE <input type="checkbox"/> FEMALE <input type="checkbox"/>		3. WEIGHT OF CHILD AT BIRTH Lbs. Ozs. Grams		4. HOUR OF BIRTH A. M. P. M.		5. DATE OF BIRTH	
	6. THIS BIRTH Single <input type="checkbox"/> Twin <input type="checkbox"/> Triplet <input type="checkbox"/>			7. IF TWIN OR TRIPLET, THIS CHILD BORN 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/>			8. IS CHILD ALIVE WHEN REPORT FILED? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	9. PLACE OF BIRTH—COUNTY			10. CITY OR TOWN			11. IN CITY LIMITS? Yes <input type="checkbox"/> No <input type="checkbox"/>				
	12. NAME OF HOSPITAL (If Not in a Hospital, Give Street Address or Rural Route—Do Not Give P. O. Box)										
	13. NAME OF FATHER (First) (Middle) (Last)			14. RACE		15. AGE AT TIME OF THIS BIRTH		16. BIRTHPLACE OF FATHER			
FATHER OF CHILD	17. USUAL OCCUPATION			18. KIND OF BUSINESS OR INDUSTRY							
	19. MAIDEN NAME OF MOTHER (First) (Middle) (Last)			20. RACE		21. AGE AT TIME OF THIS BIRTH		22. BIRTHPLACE OF MOTHER		23. LENGTH OF PREGNANCY Completed Weeks	
MOTHER OF CHILD	24. PREVIOUS DELIVERIES TO MOTHER (Do Not Include This Birth)			NUMBER OF OTHER CHILDREN NOW ALIVE—NOW DEAD		NUMBER OF OTHER CHILDREN NOW ALIVE—NOW DEAD		NUMBER OF FETAL DEATHS OF ANY GESTATION AGE			
	25. USUAL RESIDENCE OF MOTHER—City or Town			26. COUNTY		27. STATE					
USUAL RESIDENCE OF MOTHER	28. ADDRESS—(Give Street Address or Rural Route Number)			29. IN CITY LIMITS? Yes <input type="checkbox"/> No <input type="checkbox"/>		30. IS RESIDENCE ON A FARM? Yes <input type="checkbox"/> No <input type="checkbox"/>					
	31. PARENT SIGNATURE Sign Here _____			32. RELATIONSHIP TO INFANT							
ATTENDANT'S CERTIFICATION	I hereby certify that this child was born alive on the date stated above.			33. ATTENDANT'S OWN SIGNATURE				<input type="checkbox"/> M. D. <input type="checkbox"/> Midwife			
				34. ATTENDANT'S POST OFFICE ADDRESS			35. DATE SIGNED				
LOCAL REGISTRAR	36. LOCAL REGISTRAR'S OWN SIGNATURE			37. DATE FILED							
AMENDMENTS OR CORRECTIONS	38. DATE OF AMENDMENT OR CORRECTION			39. EVIDENCE USED							

SAMPLE

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FIGURE 4b. Form in Use 1974-79

STATE OF GEORGIA
CERTIFICATE OF LIVE BIRTH

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1a. Child's Name First Middle Last		1b. Date of Birth Mo. Day Yr.		1c. Time of Birth : : A.M. P.M.	
1d. Sex Male <input type="radio"/> Female <input checked="" type="radio"/>		1e. This Birth Single <input type="radio"/> Twin <input type="radio"/> Triplet <input type="radio"/> Other <input type="radio"/>		1f. If not Single Birth (specify) Born 1st <input type="radio"/> Born 2nd <input type="radio"/> Born 3rd <input type="radio"/> Other <input type="radio"/>	
1g. County of Birth		1h. City, Town, or Location of Birth		1i. Hospital—Name (if not hospital give street and number)	
2a. Mother's Name First Middle Last		2b. Mother's Birthplace		2c. Usual Residence—Street & Number, P.O. Box, Route, Etc.	
2d. Mother's Birthdate Mo. Day Yr.		2e. Race White <input type="radio"/> Black <input checked="" type="radio"/> Other <input type="radio"/>		2f. City	
2g. State and Zip Code		2h. County		2i. Inside City No Yes <input type="radio"/> Outside City No Yes <input checked="" type="radio"/>	
3a. Father's Name First Middle Last		3b. Father's Birthplace		3c. Race White <input type="radio"/> Black <input checked="" type="radio"/> Other <input type="radio"/>	
3d. Father's Birthdate Mo. Day Yr.		4a. Signature of Either Parent		4b. Relationship to Child Father <input type="radio"/> Mother <input checked="" type="radio"/>	
5a. I certify that the above named child was born at the place and time and on the date stated above.		5b. Date Signed Mo. Day Yr.		5c. Attendant M.D. <input type="radio"/> Nurse-Midwife <input type="radio"/> Midwife <input checked="" type="radio"/> Other <input type="radio"/>	
5d. Physician or Other Attendant (type or print name and signature)		5e. Mailing Address (Street or R.F.D. No., City or Town, State)			
6a. Signature of Local Registrar		6b. Date Signed Mo. Day Yr.			

CONFIDENTIAL INFORMATION FOR MEDICAL AND HEALTH USE ONLY
This information is not a part of the legal record of birth and will be reported on certified copies.

7a. MOTHER'S SOCIAL SECURITY NUMBER		7b. MOTHER'S EDUCATION Elementary & High School <input type="checkbox"/> College <input type="checkbox"/>		7c. FATHER'S EDUCATION Elementary & High School <input type="checkbox"/> College <input type="checkbox"/>	
8a. THIS PREGNANCY 9a. Birth Weight of This Child Weight Registered in: Lbs. Ozs. Grams <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input checked="" type="checkbox"/>		8b. PREVIOUS PREGNANCIES Number Born Alive 9a. Less Than 1 Lb. 9b. 1.5-5 Lbs. 9c. Over 5.2 Lbs. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		8c. PREVIOUS PREGNANCIES Number Born Dead 9a. Less Than 1 Lb. 9b. 1.5-5 Lbs. 9c. Over 5.2 Lbs. <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
9a. Date Last Normal Menses Began Mo. Day Yr.		9b. Month of Pregnancy Prenatal Care Began		9c. Number of Prenatal Visits	

THIS PREGNANCY—MARK AT LEAST ONE IN EACH CATEGORY

10a. Complications Related to Pregnancy None <input checked="" type="radio"/> Eclampsia <input type="radio"/> Hypertension <input type="radio"/> Sensitization <input type="radio"/> Gonorrhea <input type="radio"/> Syphilis <input type="radio"/> Rubella or Other Viral Infection <input type="radio"/> Chlamydia (IgG > 10 mIU/ml < 30 mIU/ml) <input type="radio"/> Other <input type="radio"/>	10b. Complications Not Related to Pregnancy None <input checked="" type="radio"/> Diabetes <input type="radio"/> Heart Disease, Symptomatic <input type="radio"/> Chronic Hypertension <input type="radio"/> Chronic Renal Disease <input type="radio"/> Pyelocystitis <input type="radio"/> Injury, Tumor or Surgery <input type="radio"/> Other <input type="radio"/>	10c. Complications of Labor None <input checked="" type="radio"/> Abruptio Placenta <input type="radio"/> Placenta Previa <input type="radio"/> Cord (Prolapse or Compression) <input type="radio"/> Dystocia <input type="radio"/> Breech <input type="radio"/> Maternal Hypotension/Shock <input type="radio"/> Prolonged Labor <input type="radio"/> Intrapartum Fever/Chorioamnionitis <input type="radio"/> Other <input type="radio"/>	10d. Method of Delivery Spontaneous Controlled <input checked="" type="radio"/> Spontaneous Uncontrolled <input type="radio"/> Low Forceps <input type="radio"/> Other Forceps Procedure <input type="radio"/> Emergency C-Section <input type="radio"/> Elective C-Section <input type="radio"/> Breech Delivery <input type="radio"/> Version and Extraction <input type="radio"/> Other <input type="radio"/>	10e. Birth Injuries or Diseases of Child None <input checked="" type="radio"/> Trauma—CNS <input type="radio"/> Trauma—Other <input type="radio"/> Difficult Resuscitation <input type="radio"/> Hemolytic Disease <input type="radio"/> Termination Induced Prior to Viability <input type="radio"/> Other <input type="radio"/>	10f. Congenital Anomalies None <input checked="" type="radio"/> Anencephaly <input type="radio"/> Spina Bifida <input type="radio"/> Hydrocephalus <input type="radio"/> Cleft Lip and/or Palate <input type="radio"/> Cardiovascular Anomaly <input type="radio"/> Gastro-intestinal Anomaly <input type="radio"/> Musculo-Skeletal Anomaly <input type="radio"/> Down's Syndrome (Mongolism) <input type="radio"/> Other <input type="radio"/>
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FIGURE 4c. Form in Use in 1980

STATE OF GEORGIA - CERTIFICATE OF LIVE BIRTH

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

CHILD

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

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

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

MOTHER

10. **MOTHER'S NAME** FIRST MIDDLE LAST
 11. **AGE** (At time of this birth) _____
 12. **DATE OF BIRTH** (Mo., Day, Year) _____
 13. **STATE OF BIRTH** (If not U.S.A., Name Country) _____

14. **RESIDENCE - STATE** _____ **COUNTY** _____
 15. **CITY, TOWN, OR LOCATION** _____
 16. **STREET AND NUMBER OF RESIDENCE** _____

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

FATHER

19. **FATHER'S NAME** FIRST MIDDLE LAST
 20. **AGE** (At time of this birth) _____
 21. **DATE OF BIRTH** (Mo., Day, Year) _____
 22. **STATE OF BIRTH** (If not U.S.A., Name Country) _____

23. **CERTIFY THAT THE PERSONAL INFORMATION PROVIDED ON THIS CERTIFICATE IS CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF** (Signature of Parent) _____
 24. **RELATION TO CHILD** _____

25. **CERTIFY THAT THE ABOVE NAMED CHILD WAS BORN AT THE PLACE AND TIME AND ON THE DATE STATED ABOVE** (Signature) _____
 26. **ATTENDANT AT BIRTH IF OTHER THAN CERTIFIER** (Type or Print) _____

27. **CERTIFIER - NAME AND TITLE** (Type or Print) _____
 28. **ADDRESS** (Street or R.F.D. No., City or Town, State, Zip) _____

29. **REGISTRAR** (Signature) _____
 30. **DATE RECEIVED BY LOCAL REGISTRAR** (Mo., Day, Year) _____

Form 2901 (Rev. 7/79) DEPARTMENT OF HUMAN RESOURCES, VITAL RECORDS SERVICE

CONFIDENTIAL - INFORMATION FOR MEDICAL OR HEALTH PURPOSES ONLY

FATHER

31. **FATHER - RACE** (White, Black, American Indian, Etc.) (Specify) _____
 32. **ORIGIN OR DESCENT** (Mexican, Puerto Rican, German, Cuban, Etc.) (Specify) _____
 33. **EDUCATION** (Specify Highest Grade Completed) _____
 34. **HOSPITAL REIMBURSEMENT** (Check 1, 2, or 3) _____

MOTHER

35. **MOTHER - RACE** (White, Black, American Indian, Etc.) (Specify) _____
 36. **ORIGIN OR DESCENT** (Mexican, Puerto Rican, German, Cuban, Etc.) (Specify) _____
 37. **EDUCATION** (Specify Highest Grade Completed) _____
 38. **SOCIAL SECURITY NO.** _____

39. **DATE LAST NORMAL MENSTRUATION BEGAN** (Mo., Day, Year) _____
 40. **MONTH OF PREGNANCY PRENATAL CARE BEGAN** (Check Appropriate Box) _____
 41. **TOTAL PRENATAL VISITS** (If None, Enter 0) _____
 42. **IS MOTHER MARRIED?** (Yes or No) _____

43. **CHECK IF THIS BIRTH IS FIRST PREGNANCY** _____
 44. **BIRTH WEIGHT** (Enter One Only) _____
 45. **APGAR SCORE** _____
 46. **RESULT OF LAST PREGNANCY** (Check One Box Only) _____

47. **PREVIOUS LIVE BIRTHS - DO NOT INCLUDE THIS BIRTH** _____
 48. **ALL OTHER PREGNANCY TERMINATIONS WHICH DID NOT RESULT IN A LIVE BIRTH** _____
 49. **DATE OF LAST LIVE BIRTH** (Mo., Day, Year) _____

50. **DEATH UNDER ONE YEAR OF AGE** (Enter State or Local File Number of Death Certificate for This Child) _____
 51. **DATE OF LAST FETAL DEATH** (Mo., Day, Year) _____

THIS PREGNANCY - MARK AT LEAST ONE CATEGORY IN EACH COLUMN

25a. COMPLICATIONS OF PREGNANCY (Check All Which Apply)	25b. CONCURRENT ILLNESS OR CONDITIONS AFFECTING PREGNANCY (Check All Which Apply)	25c. COMPLICATIONS OF LABOR (Check All Which Apply)	25d. METHOD OF DELIVERY (Check One)	25e. CONGENITAL ANOMALIES (94 Rev. ICD 10.0 - 150.9) (Check All Which Apply)
Bleeding in Early Pregnancy 1 <input type="checkbox"/>	Diabetes 1 <input type="checkbox"/>	Abruptio Placenta 1 <input type="checkbox"/>	Spontaneous Controlled 1 <input type="checkbox"/>	Anencephalus <input type="checkbox"/>
Eclampsia 2 <input type="checkbox"/>	Heart Disease Symptomatic 2 <input type="checkbox"/>	Placenta Previa 2 <input type="checkbox"/>	Spontaneous Uncontrolled 2 <input type="checkbox"/>	Of Digestive System (Specify) 10 <input type="checkbox"/>
Preeclampsia 3 <input type="checkbox"/>	Hypertension 3 <input type="checkbox"/>	Cord Protrusion or Compression 3 <input type="checkbox"/>	Low Forceps 3 <input type="checkbox"/>	Spina Bifida (Specify) 2 <input type="checkbox"/>
Rh Sensitization 4 <input type="checkbox"/>	Chronic Renal Disease 4 <input type="checkbox"/>	Dystocia (Specify Type) 4 <input type="checkbox"/>	Other Forceps Procedure 4 <input type="checkbox"/>	Of Genital Organs (Specify) 11 <input type="checkbox"/>
Toxemia 5 <input type="checkbox"/>	Pyelocystitis 5 <input type="checkbox"/>	Breech 5 <input type="checkbox"/>	Primary C-Section 5 <input type="checkbox"/>	Of Nervous System (Specify) 3 <input type="checkbox"/>
Anemia (Hgb < 10 gm/dl < 30%) 6 <input type="checkbox"/>	Syphilis 6 <input type="checkbox"/>	Breech 5 <input type="checkbox"/>	Repeat C-Section 6 <input type="checkbox"/>	Of Urinary System (Specify) 12 <input type="checkbox"/>
Amnionitis 7 <input type="checkbox"/>	Rubella 7 <input type="checkbox"/>	Maternal Hypotension/Shock 6 <input type="checkbox"/>	Breech Delivery 7 <input type="checkbox"/>	Cleft Lip/Palate (Specify) 4 <input type="checkbox"/>
Urinary Tract Infection 8 <input type="checkbox"/>	Drug Addiction or Dependence 8 <input type="checkbox"/>	Intrapartum Fever/Chorioamnionitis 7 <input type="checkbox"/>	Version and Extraction 8 <input type="checkbox"/>	Of Eye (Specify) 5 <input type="checkbox"/>
None 9 <input type="checkbox"/>	Previous C-Section (Specify Number) 9 <input type="checkbox"/>	None 8 <input type="checkbox"/>	Other (Specify) 9 <input type="checkbox"/>	Of Integument (Specify) 14 <input type="checkbox"/>
Other (Specify) 6 <input type="checkbox"/>	None 0 <input type="checkbox"/>	Other (Specify) 8 <input type="checkbox"/>		Of Ear, Face, Neck (Specify) 6 <input type="checkbox"/>
				Chromosomal (Specify) 15 <input type="checkbox"/>
				Of Heart (Specify) 7 <input type="checkbox"/>
				None 0 <input type="checkbox"/>
				Of Other Circulatory System (Specify) 8 <input type="checkbox"/>
				Other (Specify) 16 <input type="checkbox"/>
				Of Respiratory System (Specify) 4 <input type="checkbox"/>

Form 2901 (Rev. 7/79) DEPARTMENT OF HUMAN RESOURCES, VITAL RECORDS SERVICE

FIGURE 5. Analytical Matrix

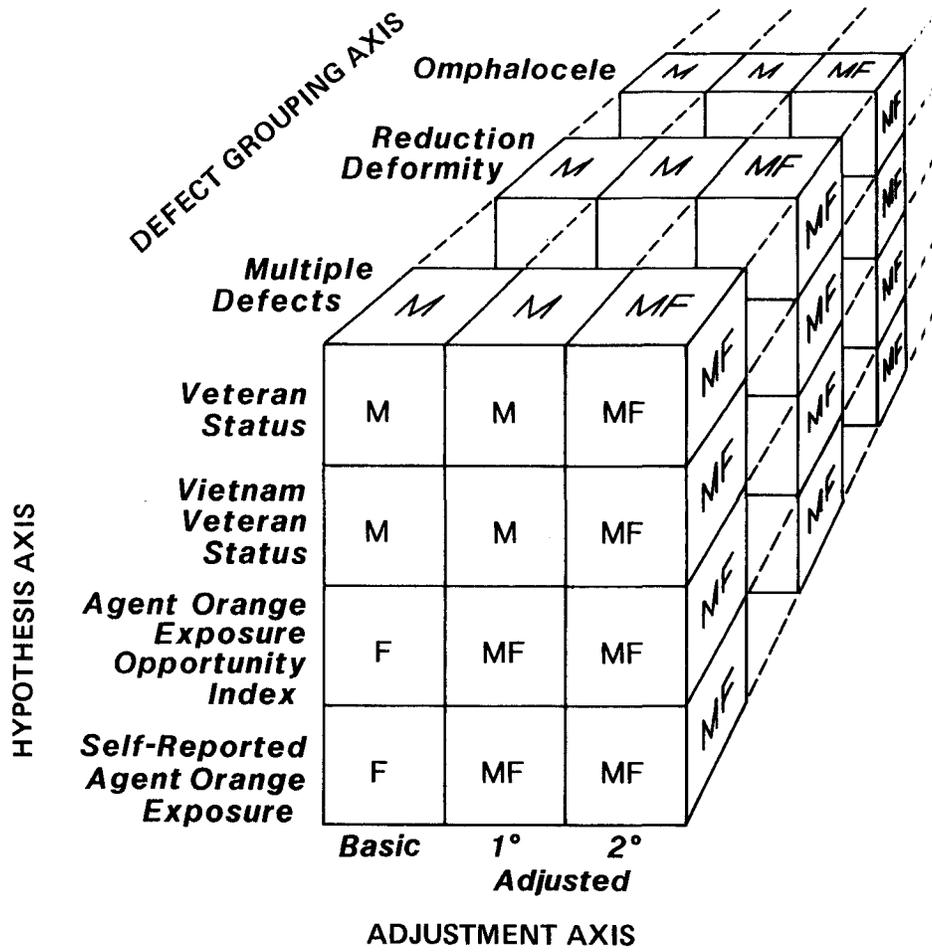


FIGURE 6. Percentage of Parents with Fully Completed Interviews, by Year of Index Birth and Race

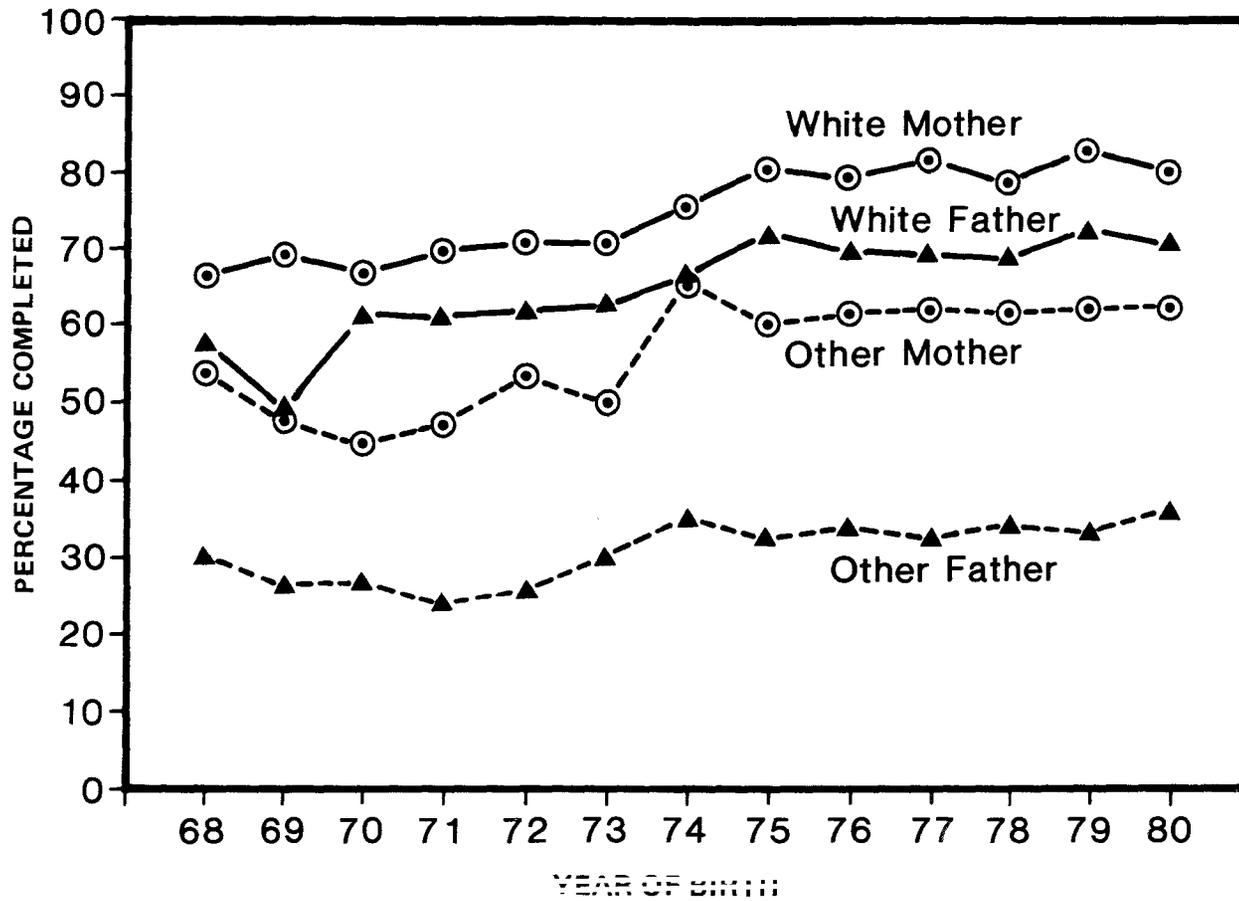


FIGURE 7. Veteran Fathers as a Percentage of All Fathers, by Year of Index Birth and Race

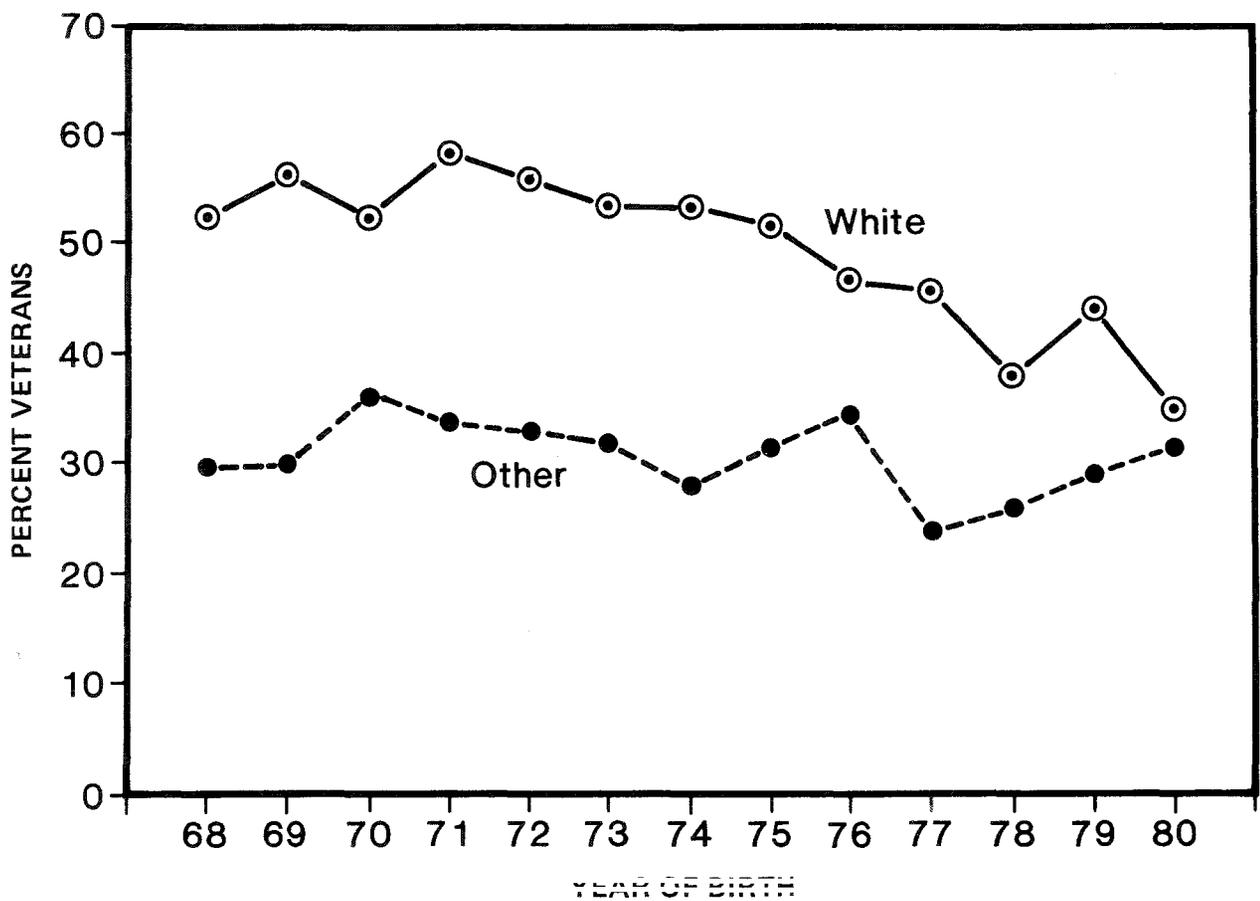


FIGURE 8. Vietnam Veteran Fathers as a Percentage of All Fathers, by Year of Index Birth and Race

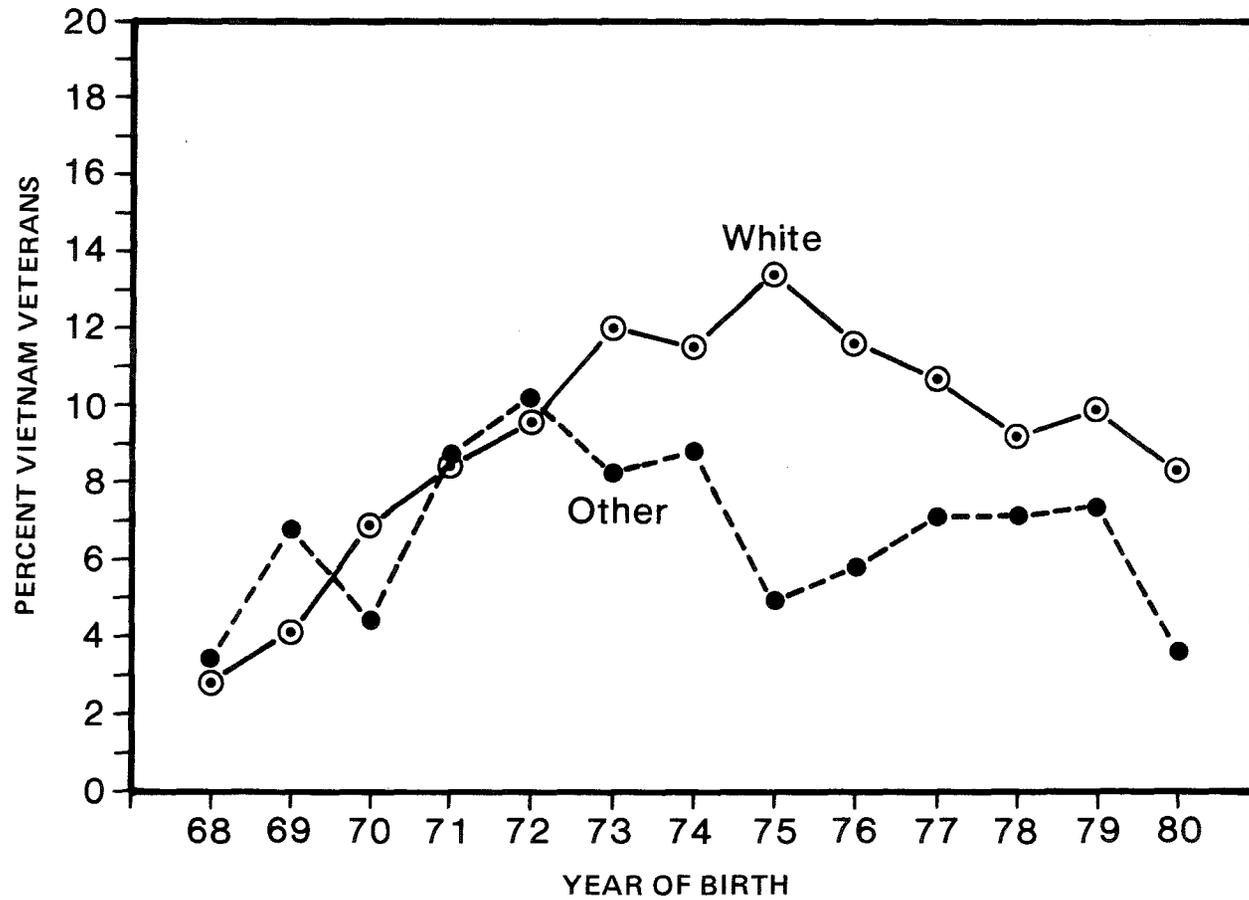


FIGURE 9. Power of the 1 Degree of Freedom Chi-Square Test, 2-Tailed, Uncorrected, Alpha = 0.05, Case-Control Study. Prevalence of Vietnam Service Among Fathers of Control Group Babies = 10%

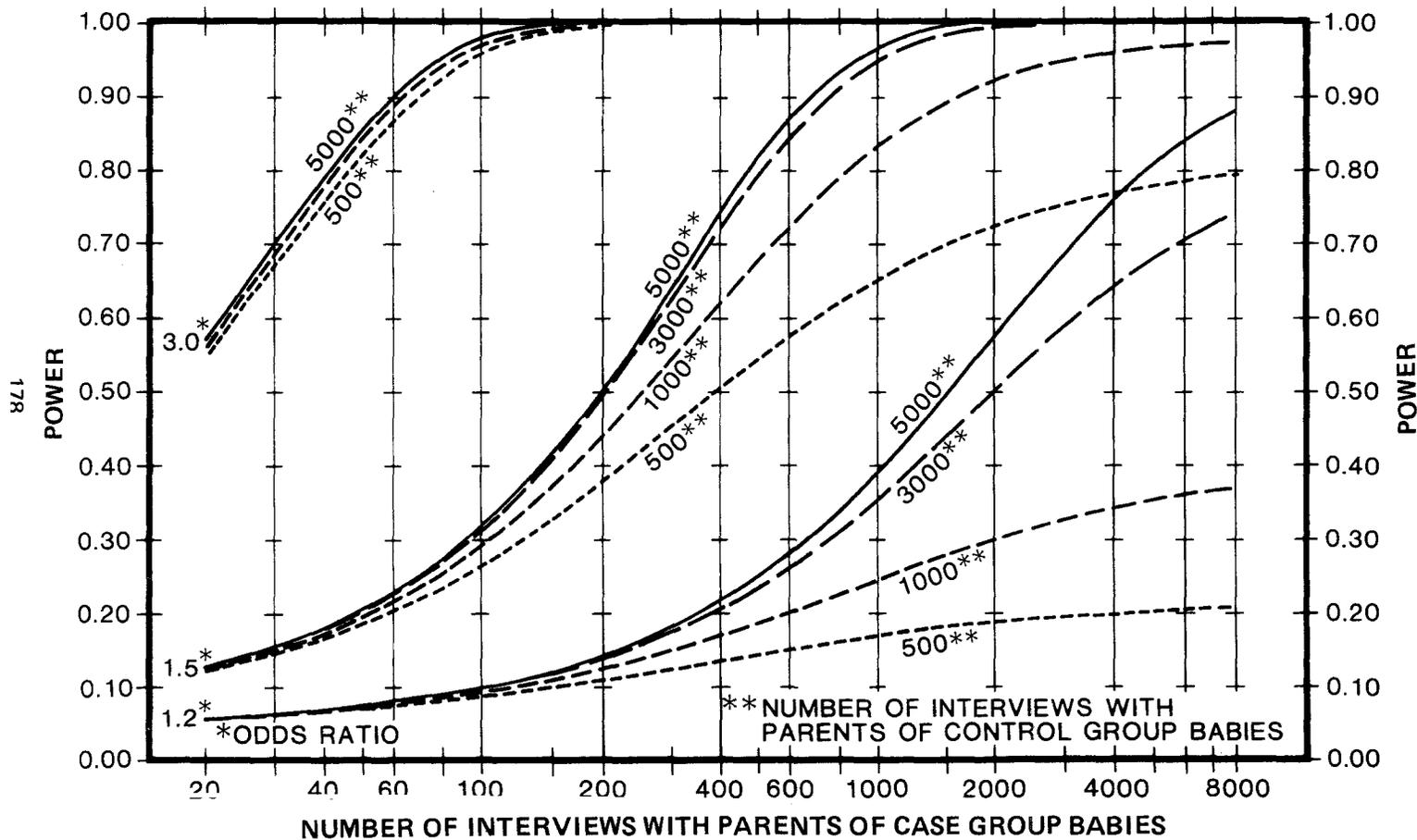
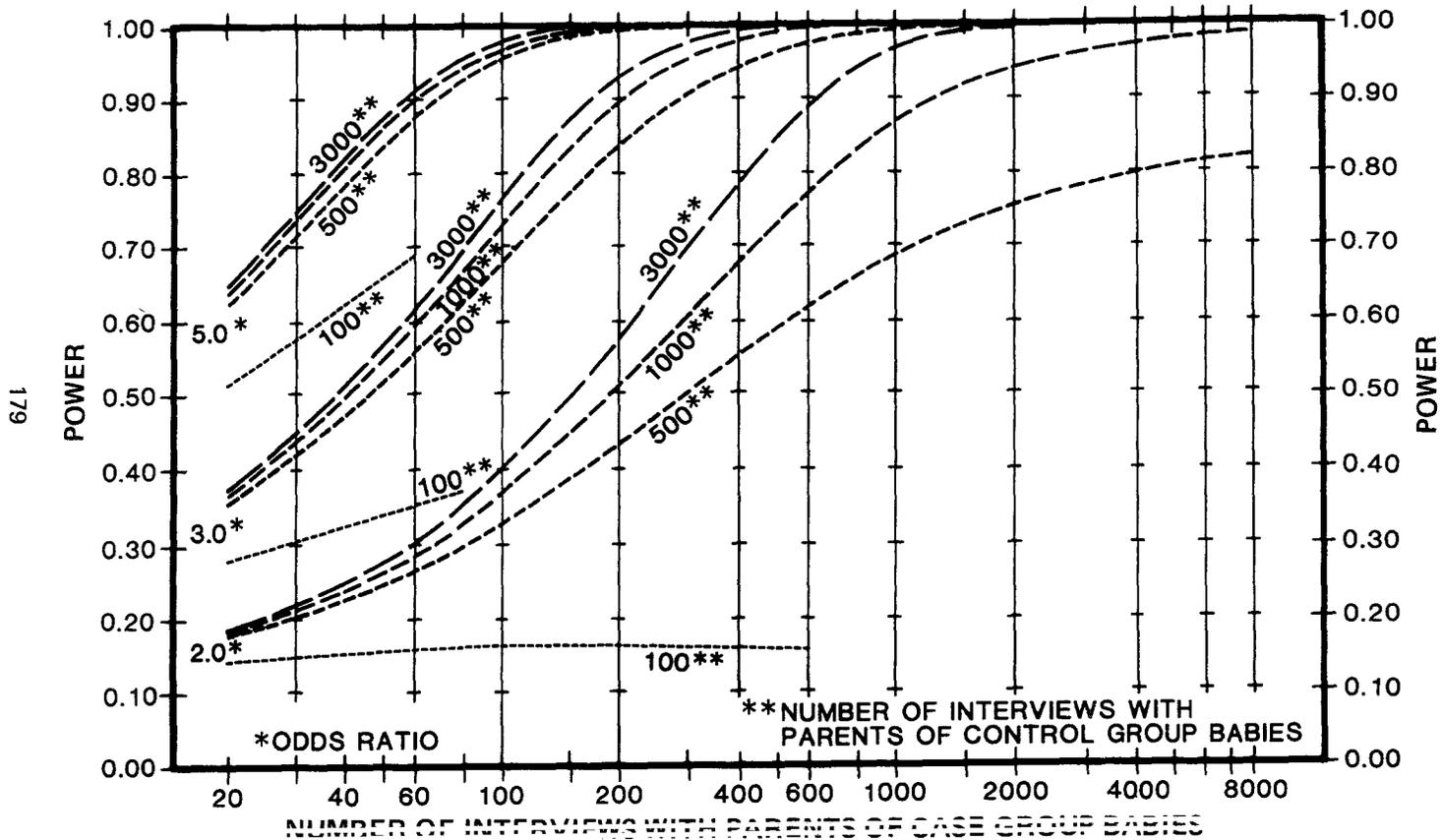


FIGURE 10. Power of the 1 Degree of Freedom Chi-Square Test, 2-Tailed, Uncorrected, Alpha = 0.05, Case-Control Study. Prevalence of Self-Reported Agent Orange Exposre Among Fathers of Control Group



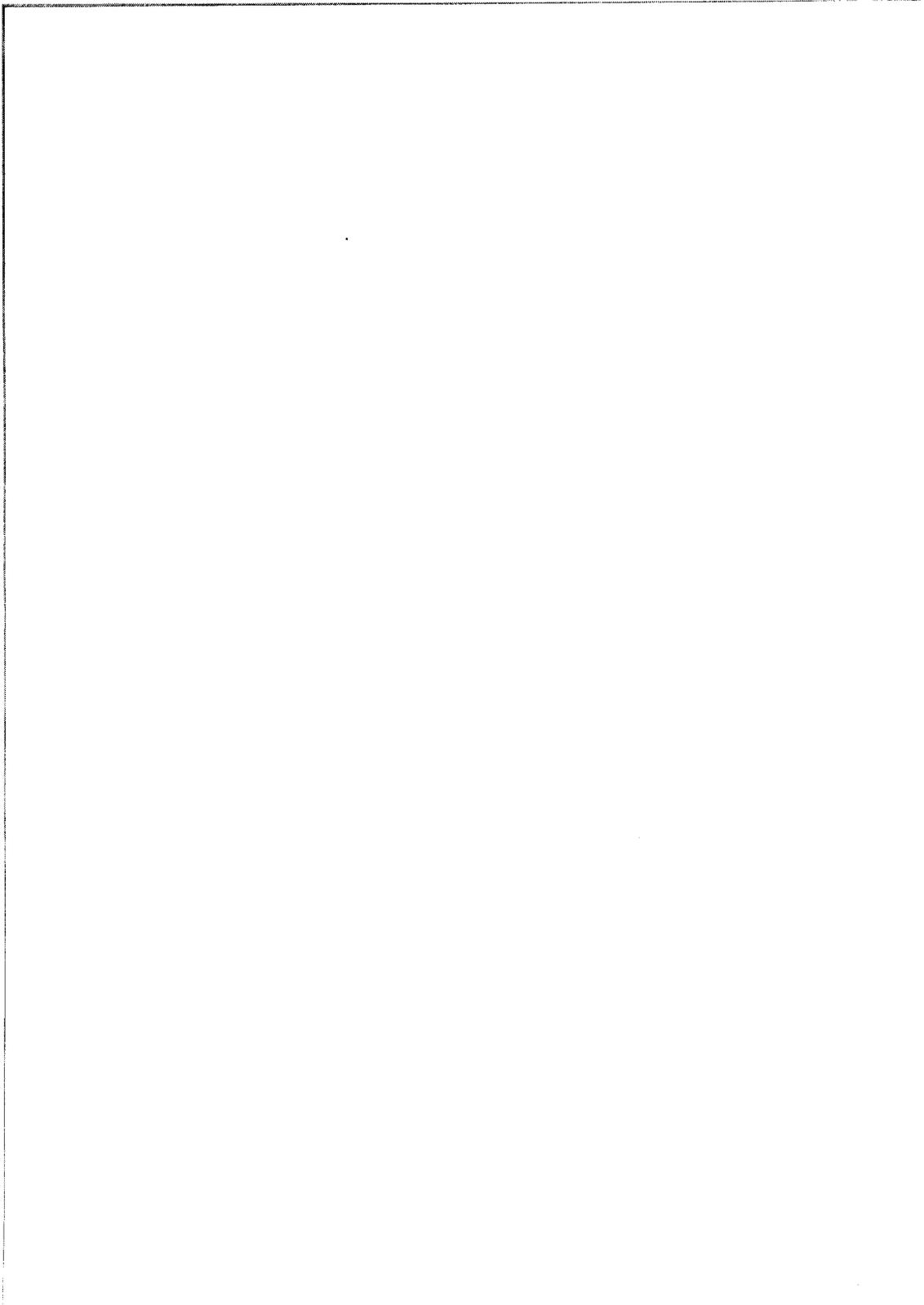
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8. APPENDIX A

PART I. FATHER'S QUESTIONNAIRE



INTRODUCTION

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

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

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

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

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

b. What is the correct date?

_____/_____/_____
MONTH DAY YEAR

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

NAME OF HOSPITAL

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

Time Began: _____

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

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

NUMBER

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

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

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

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



Pregnancy No. | | |

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

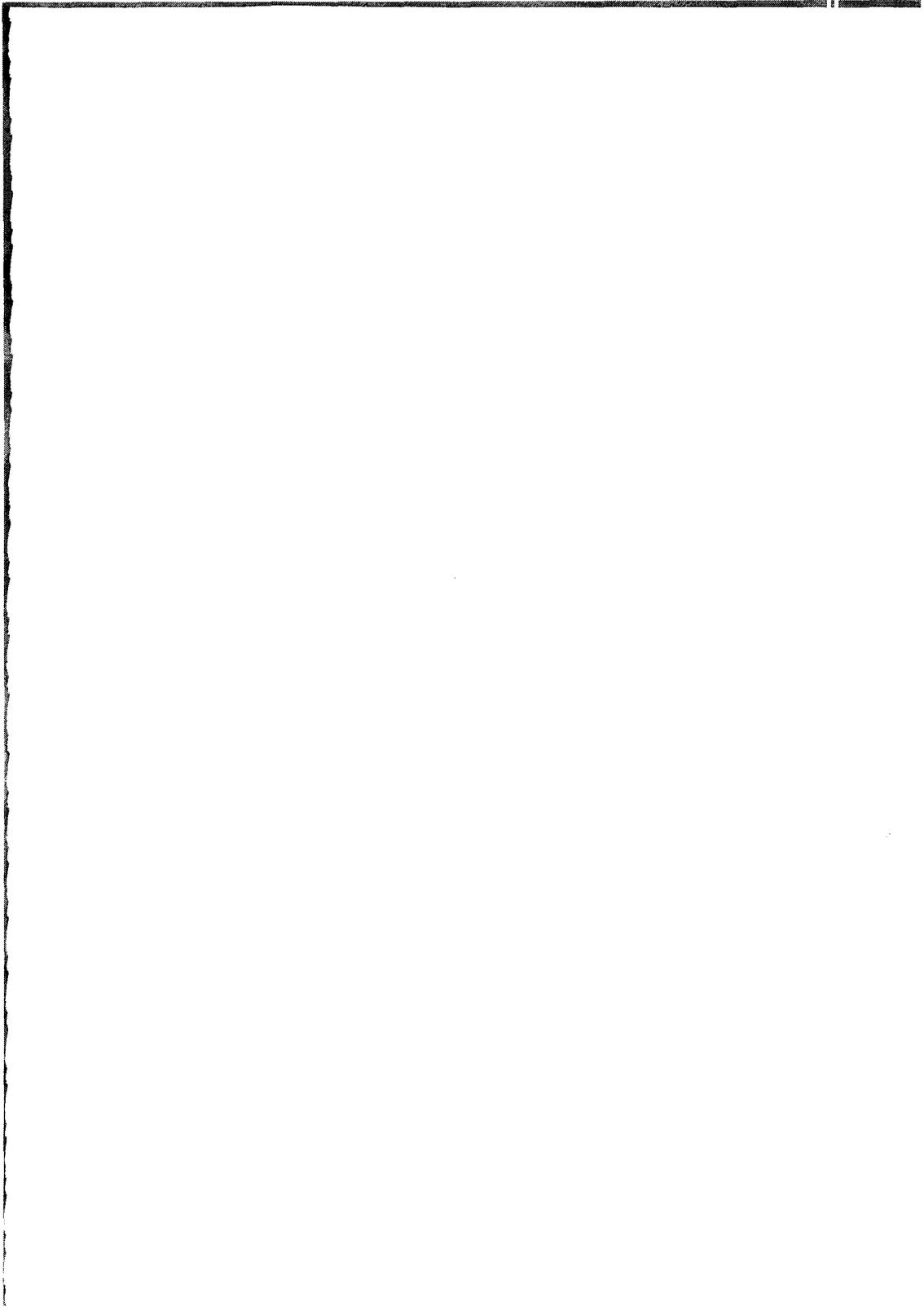
BOX 1. IF PREGNANCY ENDED IN:
 • STILLBIRTH, GO TO Q.2 FOR NEXT PREGNANCY OR GO TO BOX 4 IF THIS IS LAST PREGNANCY.
 • LIVE BIRTH, CONTINUE.

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

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

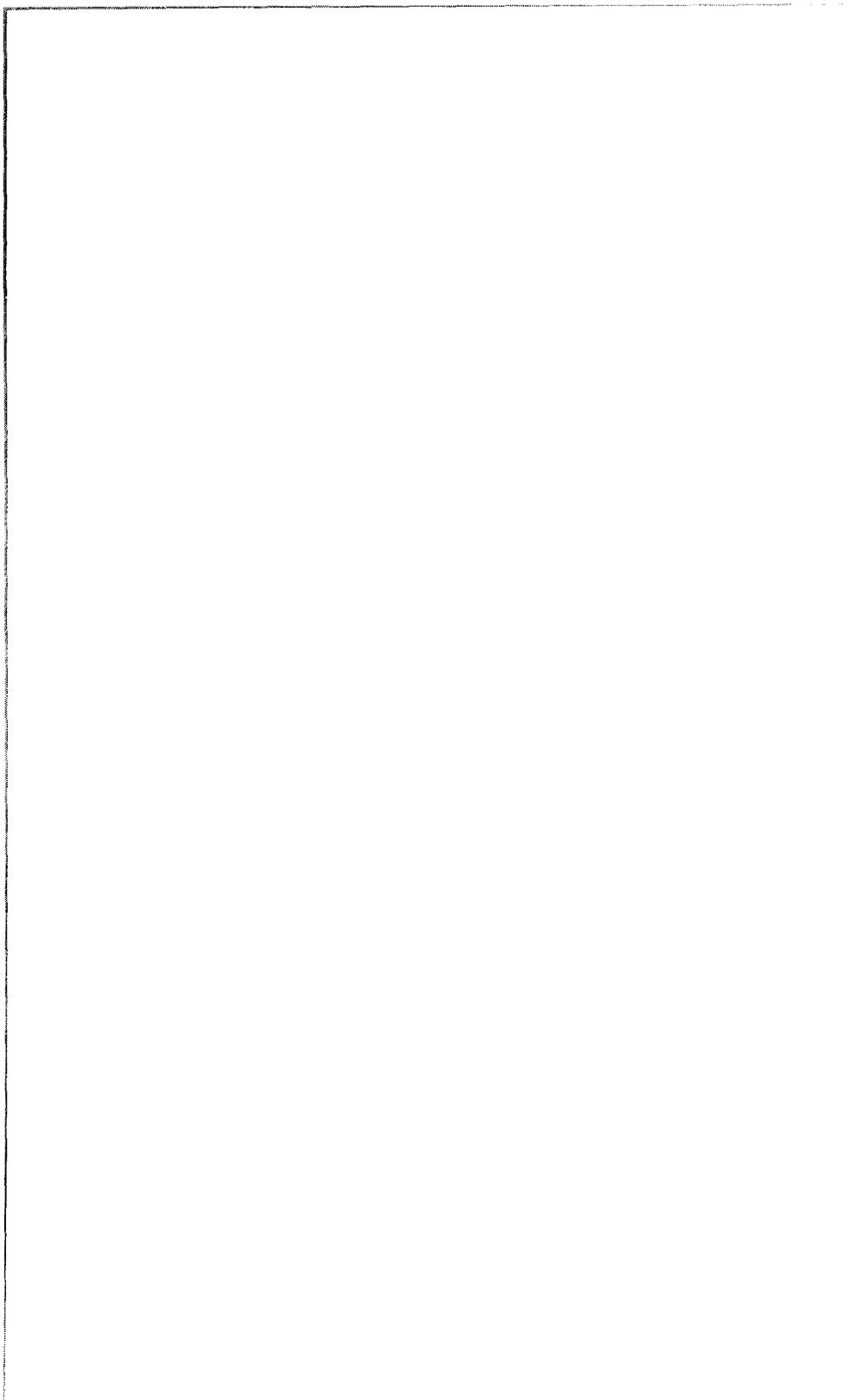
15. What type of cancer did (he/she) develop? (RECORD VERBATIM.)	_____ _____ _____
16. In what month and year was this cancer diagnosed by a doctor?	_____/_____ MONTH YEAR Don't know . . . 9898

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



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

PART II. FATHER'S QUESTIONNAIRE



SECTION A

I would like to start by asking some general questions.

A-1. First, when were you born?

_____/_____/_____
MONTH DAY YEAR

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

_____/_____
FT. IN.

A-2. How much do you weigh?

LBS.

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

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

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

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

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

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

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

Rheumatic heart disease

A-5. At any time before (DOIB), were you ever diagnosed as having
(ILLNESS)?

Yes 1 (A-6)
No 2 (NEXT ILLNESS)
Don't know 8 (NEXT ILLNESS)

A-6. How old were you when (ILLNESS) was first diagnosed by a doctor?
(RECORD VERBATIM.)

AGE

At birth 96

A-7. Did you take any medicines that a doctor prescribed for
(ILLNESS)?

Yes 1 (A-8)
No 2 (NEXT ILLNESS)
Don't know 8 (NEXT ILLNESS)

A-8. What were the names of the medicines that you took for
(ILLNESS)? (RECORD EACH MEDICATION IN A SEPARATE COLUMN.)

MEDICINE #1	MEDICINE #2	MEDICINE #3
DK..... 98	DK..... 98	DK.... 98

A-9. For how long did you take (MEDICATION)? (RECORD VERBATIM.)

Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98
--------------------------------	--------------------------------	--------------------------------

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



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

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

 AGE
 At birth 96

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

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

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

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

 Don't know 8 (A-18)

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

 # OF TIMES
 Don't know 98

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

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

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

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

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

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

SECTION B

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

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

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

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

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

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

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

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

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

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

_____/_____
MONTH YEAR
Don't know 9898

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

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

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

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

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

Shot 1
Gas 2
Both 3
Don't know 8

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

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

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

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

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

Now I have some questions about cigarette smoking.

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

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

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

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

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

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

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

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

C-18. Did you usually inhale?

Yes 1
No 2
Don't know 8

The next questions are about alcoholic beverages.

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

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

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

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

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

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

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

_____ # OF DRINKS
Don't know 98

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION D

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION E

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

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

BOX 1.

- IF DATE IN E-5 IS LATER THAN (DOIB - 2 YEARS), RETURN TO E-1 FOR NEXT TIME PERIOD.
- IF FATHER HAS BEEN A STUDENT FOR THE ENTIRE TIME PERIOD, PROBE BY ASKING: Did you ever have a job for at least ten hours a week during the period from (DOIB) to (DOIB - 2 YEARS)?
 - IF "YES," RECORD IN SECOND TIME PERIOD.
 - IF "NO," CONTINUE WITH BOX 2.
- IF JOB HISTORY IS COMPLETE FOR TWO YEARS PRECEDING DOIB, CONTINUE WITH BOX 2.

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

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

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

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

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

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

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

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

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

Volunteered 1
 Drafted 2

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

NUMBER OF TIMES
 Don't know 98

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

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

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

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

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

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

Don't know 8 (E-39)

E-13a. Were you stationed in Vietnam?

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

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

(E-22)

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

Yes 1
No 2
Don't know 8

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

NUMBER OF TOURS
Don't know 98

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

	FIRST TOUR OF DUTY	SECOND TOUR OF DUTY	THIRD TOUR OF DUTY																								
E-16. In what month and year did you begin your (first/second/etc.) tour of duty in Vietnam?	<table border="1"> <tr> <td>MONTH</td> <td>YEAR</td> </tr> <tr> <td>Don't know</td> <td>9898</td> </tr> </table>	MONTH	YEAR	Don't know	9898	<table border="1"> <tr> <td>MONTH</td> <td>YEAR</td> </tr> <tr> <td>Don't know</td> <td>9898</td> </tr> </table>	MONTH	YEAR	Don't know	9898	<table border="1"> <tr> <td>MONTH</td> <td>YEAR</td> </tr> <tr> <td>Don't know</td> <td>9898</td> </tr> </table>	MONTH	YEAR	Don't know	9898												
MONTH	YEAR																										
Don't know	9898																										
MONTH	YEAR																										
Don't know	9898																										
MONTH	YEAR																										
Don't know	9898																										
E-17. What was the name of the unit in which you served during that tour of duty? That is, which corps, battalion, company, platoon, wing, . . .? (RECORD VERBATIM.)	<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Don't know 98</td></tr> </table>	_____	_____	_____	_____	Don't know 98	<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Don't know 98</td></tr> </table>	_____	_____	_____	_____	Don't know 98	<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Don't know 98</td></tr> </table>	_____	_____	_____	_____	Don't know 98									

Don't know 98																											

Don't know 98																											

Don't know 98																											
E-17a. What kind of unit was that, for instance, infantry, artillery, signal battalion, intelligence unit or what? (RECORD VERBATIM.)	<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Don't know 98</td></tr> </table>	_____	_____	_____	_____	Don't know 98	<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Don't know 98</td></tr> </table>	_____	_____	_____	_____	Don't know 98	<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Don't know 98</td></tr> </table>	_____	_____	_____	_____	Don't know 98									

Don't know 98																											

Don't know 98																											

Don't know 98																											
E-18. On that tour of duty were you located in the cities, the large bases in the country-side, the jungle, or somewhere else? (CIRCLE ALL THAT APPLY.)	<table border="1"> <tr><td>Cities 1</td></tr> <tr><td>Bases in country . . . 1</td></tr> <tr><td>Jungle 1</td></tr> <tr><td>Other (SPECIFY) . . . 1</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Don't know 8</td></tr> </table>	Cities 1	Bases in country . . . 1	Jungle 1	Other (SPECIFY) . . . 1	_____	_____	_____	Don't know 8	<table border="1"> <tr><td>Cities 1</td></tr> <tr><td>Bases in country . . . 1</td></tr> <tr><td>Jungle 1</td></tr> <tr><td>Other (SPECIFY) . . . 1</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Don't know 8</td></tr> </table>	Cities 1	Bases in country . . . 1	Jungle 1	Other (SPECIFY) . . . 1	_____	_____	_____	Don't know 8	<table border="1"> <tr><td>Cities 1</td></tr> <tr><td>Bases in country . . . 1</td></tr> <tr><td>Jungle 1</td></tr> <tr><td>Other (SPECIFY) . . . 1</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Don't know 8</td></tr> </table>	Cities 1	Bases in country . . . 1	Jungle 1	Other (SPECIFY) . . . 1	_____	_____	_____	Don't know 8
Cities 1																											
Bases in country . . . 1																											
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Other (SPECIFY) . . . 1																											

Don't know 8																											
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Jungle 1																											
Other (SPECIFY) . . . 1																											

Don't know 8																											
E-19. Where in Vietnam were you located on that tour of duty, for instance, in what section of the country were you, or what were the names of places or areas near where you served? (RECORD VERBATIM.)	<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Don't know 98</td></tr> </table>	_____	_____	_____	_____	Don't know 98	<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Don't know 98</td></tr> </table>	_____	_____	_____	_____	Don't know 98	<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Don't know 98</td></tr> </table>	_____	_____	_____	_____	Don't know 98									

Don't know 98																											

Don't know 98																											

Don't know 98																											
E-20. What was your job on that tour of duty, that is, what did you do there? (RECORD VERBATIM.)	<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Don't know 998</td></tr> </table>	_____	_____	_____	Don't know 998	<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Don't know 998</td></tr> </table>	_____	_____	_____	Don't know 998	<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Don't know 998</td></tr> </table>	_____	_____	_____	Don't know 998												

Don't know 998																											

Don't know 998																											

Don't know 998																											
E-20a. And what was your M.O.S. or military occupation specialty on that tour?	<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Don't know 998</td></tr> <tr><td>(CONTINUE WITH E-20b)</td></tr> </table>	_____	_____	_____	Don't know 998	(CONTINUE WITH E-20b)	<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Don't know 998</td></tr> <tr><td>(CONTINUE WITH E-20b)</td></tr> </table>	_____	_____	_____	Don't know 998	(CONTINUE WITH E-20b)	<table border="1"> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>_____</td></tr> <tr><td>Don't know 998</td></tr> <tr><td>(CONTINUE WITH E-20b)</td></tr> </table>	_____	_____	_____	Don't know 998	(CONTINUE WITH E-20b)									

Don't know 998																											
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Don't know 998																											
(CONTINUE WITH E-20b)																											

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

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

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

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

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

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

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

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

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

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

E-31. Did you ever get malaria?

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

E-32. When did you get malaria?

 MONTH YEAR
 Don't know 9898

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

 Don't know 98

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

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

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

FROM: _____ / _____
 MONTH YEAR
TO: _____ / _____
 MONTH YEAR
Don't know. 98

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

Don't know 98

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

COLOR
Don't know 98

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

MILITARY SERVICE NUMBER: _____
SOCIAL SECURITY NUMBER: _____

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

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



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

Don't know 998

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

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

Don't know 8

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

_____/_____
MONTH YEAR
Don't know. 9898

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

_____/_____
MONTH YEAR
Don't know. 9898

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

Yes. 1
No 2
Don't know 8

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

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

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

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

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

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

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

SECOND TIME PERIOD	THIRD TIME PERIOD	FOURTH TIME PERIOD
Job. 1 (E-46) Looking for work 2 (E-49) Student. 3 (E-49) Housewife. 4 (E-49) Something else (SPECIFY) 5 (E-49)	Job. 1 (E-46) Looking for work 2 (E-49) Student. 3 (E-49) Housewife. 4 (E-49) Something else (SPECIFY) 5 (E-49)	Job. 1 (E-46) Looking for work 2 (E-49) Student. 3 (E-49) Housewife. 4 (E-49) Something else (SPECIFY) 5 (E-49)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____ / _____ MONTH YEAR	_____ / _____ MONTH YEAR	_____ / _____ MONTH YEAR
IF MOTHER WAS STUDENT/HOUSEWIFE FOR ENTIRE PERIOD, ASK: And in what month and year did she stop working there? _____ / _____ MONTH YEAR		

E-50. Was she ever in Vietnam?

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

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

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

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

BRANCH

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

UNIT

Don't know 98

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

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

Don't know 8

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

_____/_____
MONTH YEAR

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

_____/_____
MONTH YEAR

SECTION F

Now I have some questions about your family.

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

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

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

_____ # OF SIBLINGS

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

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

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

_____ # OF SIBLINGS

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

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

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

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

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

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

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

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

Don't know 98

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

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

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

Don't know 98

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

F-13. First, when was she born?

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

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

AGE

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

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

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

Don't know 98

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

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

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

OF SIBLINGS
Don't know 98

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

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

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

OF SIBLINGS

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

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

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

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

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

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

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

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

Don't know 98

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

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

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

Don't know 98

SECTION G

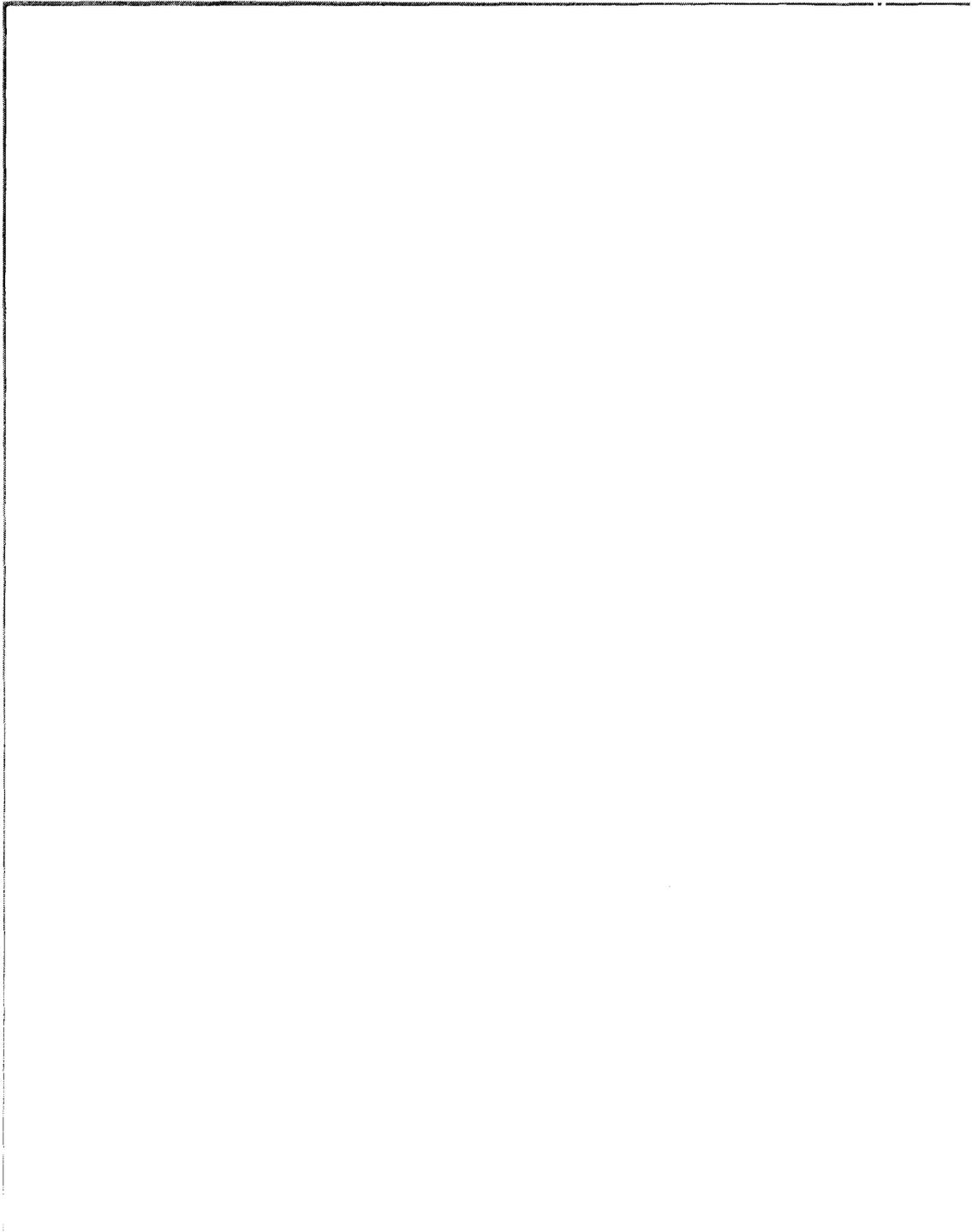
Now I have some questions about long lasting illnesses that the mother of the pregnancy may have had.

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

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

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

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



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

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

AGE	
At birth.	96
Don't know.	98

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

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

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

G-14. What kind of treatment was this? (CIRCLE ALL THAT APPLY. FOLLOW SKIP PATTERN OF LOWEST CODE CIRCLED.) X-ray or radiation treatment 1 (G-15)
 Surgery 2 (G-16)
 Special diet 3 (G-16)
 Other treatment (SPECIFY) 4 (G-16)

Don't know 8 (G-16)

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

# OF TIMES	
Don't know	98

G-16. At any time before (D01B), was she ever diagnosed as having any other long lasting illness?

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

		ILLNESS #1		
G-17. What illness was that? (RECORD EACH LONG LASTING ILLNESS IN A SEPARATE COLUMN.)				
(ASK G-18 THROUGH G-22, AS APPROPRIATE, FOR EACH ILLNESS.)				
G-18. How old was she when (ILLNESS) was first diagnosed by a doctor? (RECORD VERBATIM.)	AGE			
	At birth 96			
G-19. Did she take any medicines that a doctor prescribed for (ILLNESS)?	Yes 1 (G-20) No 2 (NEXT ILLNESS OR Don't know . . . 8 (INTRO. TO G-23))			
G-20. What were the names of the medicines that she took for (ILLNESS)? (RECORD EACH MEDICATION IN A SEPARATE COLUMN.)	MEDICINE #1	MEDICINE #2	MEDICINE #3	
	DK..... 98	DK..... 98	DK.... 98	
(ASK G-21 AND G-22, AS APPROPRIATE, FOR EACH MEDICATION.)				
G-21. For how long did she take (MEDICATION)? (RECORD VERBATIM.)	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98	
(IF ILLNESS ENDED IN CHILDHOOD, CIRCLE CODE "1" AND GO TO NEXT MEDICATION, NEXT ILLNESS OR G-23.)				
G-22. Did she take any (MEDICATION) during the pregnancy that ended in (D01B)?	Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child-hood.. 1 Yes.... 2 No..... 3 DK..... 8	

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

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

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

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

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

- Shot 1
- Gas 2
- Both 3
- Don't know 8

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

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

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

- Yes 1 (G-27)
- No 2 (INTRO. TO G-3)
- Don't know 8 (INTRO. TO G-3)

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

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

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

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

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

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

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

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

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

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

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

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

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

- NUMBER OF WEEKS
- Don't know. 98

G-30. Did she usually inhale?

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

The next questions are about alcoholic beverages.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

NUMBER OF DRINKS
Don't know. 98

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

NUMBER OF DRINKS
Don't know. 98

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

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

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

NUMBER OF WEEKS
Don't know. 98

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

SECTION H

Now, I have just a few questions about your background and about the background of the mother of the pregnancy that ended in (D018).

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

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

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

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

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

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

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

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

American. 21
Don't know. 98

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

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

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

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

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

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

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

FATHER'S MOTHER

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

MOTHER'S MOTHER

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

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

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

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

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

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

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

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

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

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

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

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

CLOSING STATEMENT:

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

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

PART I. MOTHER'S QUESTIONNAIRE

INTRODUCTION

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

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

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

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

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

b. What is the correct date?

_____/_____/_____
MONTH DAY YEAR

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

NAME OF HOSPITAL

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

NAME

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

Time Began: _____

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

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

NUMBER

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

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

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

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

Pregnancy No. [] [] []

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

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

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

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

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

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

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

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

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

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

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

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

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

LBS.

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

LBS.

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

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

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

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

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

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

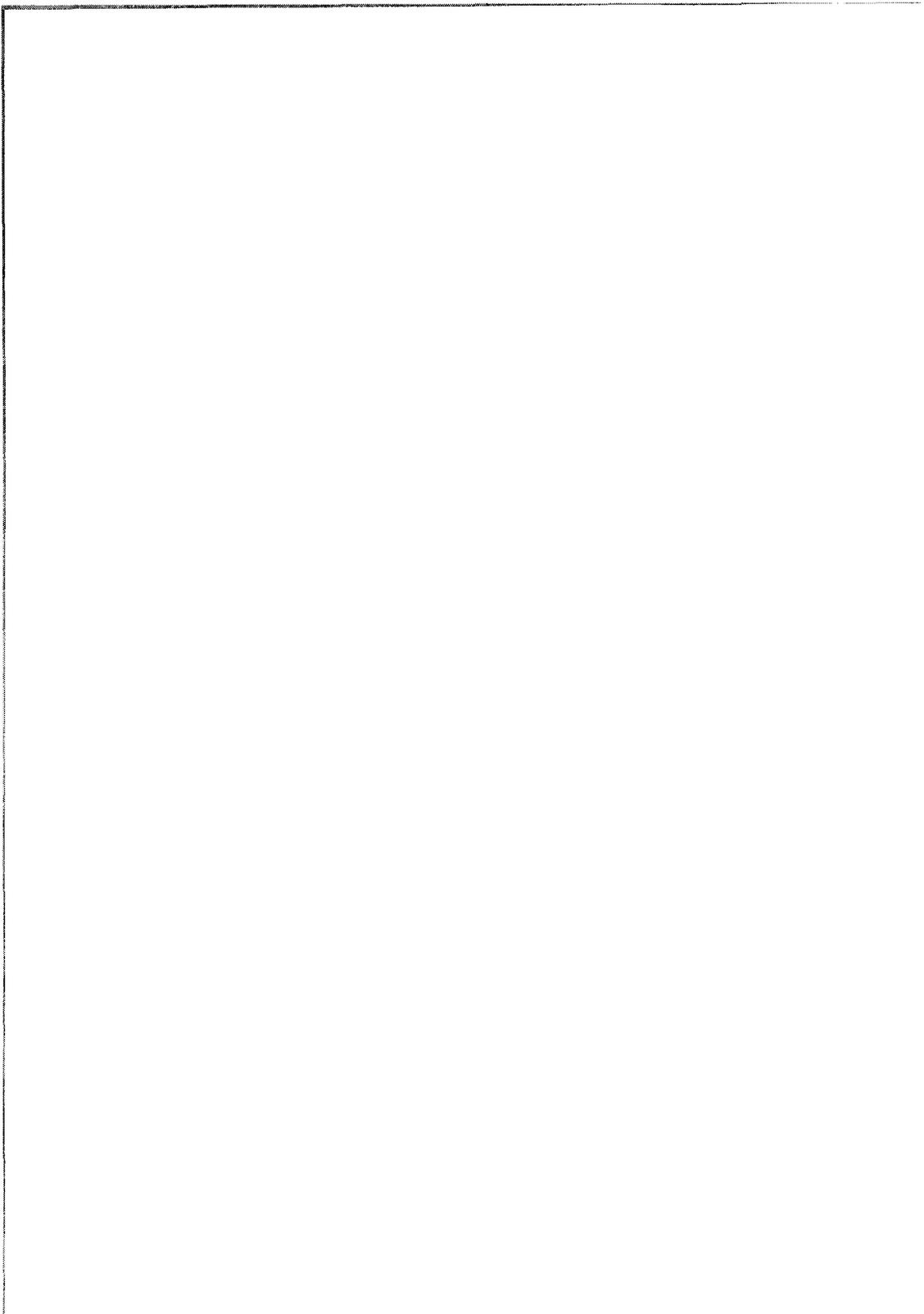
None of the other pregnancies. 9595
Current pregnancy. 9696

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

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

Yes. 1
No 2

Time Ended: _____



PART II. MOTHER'S QUESTIONNAIRE

Time Began: _____

SECTION A

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

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

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

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

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

BOX 1. ● IF DATE IN A-6 IS LATER THAN (DOIB - 2 YEARS), RETURN TO A-6 FOR NEXT TIME PERIOD.
 ● IF R HAS BEEN A STUDENT OR HOUSEWIFE FOR ENTIRE TIME PERIOD, PROBE BY ASKING:
 Did you ever have a job for at least ten hours a week during the period from (DOIB) to (DOIB - 2 YEARS)?
 - IF "YES," RECORD IN SECOND TIME PERIOD.
 - IF "NO," CONTINUE WITH SECTION B.
 ● IF JOB HISTORY IS COMPLETE FOR TWO YEARS PRECEDING DOIB, CONTINUE WITH SECTION B.

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

SECTION B

Now I would like to ask some general questions.

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

_____/_____/_____
MONTH DAY YEAR

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

_____/_____
FT. IN.

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

_____/_____
LBS. OZ.

Don't know 9 B

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

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

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

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

(ASK B-5 THROUGH B-10, AS APPROPRIATE, FOR EACH ILLNESS)	<u>Underactive thyroid</u> (Hypothyroidism)		
B-5. At any time before (D01B), were you ever diagnosed as having (ILLNESS)?	Yes 1 (B-6) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)		
B-6. How old were you when (ILLNESS) was first diagnosed by a doctor? (RECORD VERBATIM.)	AGE At birth 96		
B-7. Did you take any medicines that a doctor prescribed for (ILLNESS)?	Yes 1 (B-8) No 2 (NEXT ILLNESS) Don't know 8 (NEXT ILLNESS)		
B-8. What were the names of the medicines that you took for (ILLNESS)? (RECORD EACH MEDICATION IN A SEPARATE COLUMN.)	MEDICINE #1	MEDICINE #2	MEDICINE #3
	DK..... 98	DK..... 98	DK.... 98
(ASK B-9 AND B-10 FOR EACH MEDICATION.) B-9. For how long did you take (MEDICATION)? (RECORD VERBATIM.)	Still using 96 DK.... 98	Still using 96 DK.... 98	Still using 96 DK.... 98
(IF ILLNESS ENDED IN CHILDHOOD, CIRCLE CODE "1" AND GO TO NEXT MEDICATION OR NEXT ILLNESS.) B-10. Did you take any (MEDICATION) during the pregnancy that ended in (D01B)?	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8	Child- hood.. 1 Yes.... 2 No..... 3 DK..... 8

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

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

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

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

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

B-12. How old were you when cancer was first diagnosed by a doctor? (RECORD VERBATIM.) AGE
 At birth. 96

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

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

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

B-18. What kind of treatment was this? (CIRCLE ALL THAT APPLY. FOLLOW SKIP FOR LOWEST CODE CIRCLED.) X-ray or radiation treatment 1 (B-19)
 Surgery. 2 (B-20)
 Special diet 3 (B-20)
 Other treatment (SPECIFY). 4 (B-20)
 Don't know 8 (B-20)

B-19. About how many times altogether did you have (x-ray/radiation) treatments for cancer? # OF TIMES
 Don't know. 98

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

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

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

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

 AGE
 Don't know 98

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

SECTION C

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

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

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

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

- _____ MONTH
- Don't know. 9B

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

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

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

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

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

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

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

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

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

_____/_____
MONTH YEAR
Don't know 9898

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

Yes 1
No 2
Don't know 8

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

_____/_____
MONTH YEAR
Don't know 9898

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

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

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

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

Don't know 8

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

_____/_____
MONTH YEAR
Don't know 9898

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

Yes 1
No 2
Don't know 8

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

_____/_____
MONTH YEAR
Don't know. 9898

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

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

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

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

_____/_____
MONTH YEAR
Don't know. 9898

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

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

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

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

SECTION D

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

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

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

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

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

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

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

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

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

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

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

Yes	1
No	2
Don't know	8

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

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

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

Jelly	1
Cream	2

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

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

(D-11)

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

(D-11)

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

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

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

Yes 1
No 2
Don't know 8

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

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

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

Jelly 1
Cream 2

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

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

} (D-11)

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

} (D-11)

Don't know 8

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

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

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

Yes 1
No 2
Don't know 8

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

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

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

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

Don't know 8

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

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

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

Yes 1
No 2
Don't know 8

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

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

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

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

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

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

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

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

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

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

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

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

	EPISODE #1		EPISODE #2	
D-22. In which month or months during this period did you have a kidney infection? (RECORD EACH SEPARATE EPISODE IN A SEPARATE COLUMN.)	3rd month <u>before</u> pregnancy began . . . 1	3rd month <u>before</u> pregnancy began . . . 1	3rd month <u>before</u> pregnancy began . . . 1	3rd month <u>before</u> pregnancy began . . . 1
	2nd month <u>before</u> pregnancy began . . . 2	2nd month <u>before</u> pregnancy began . . . 2	2nd month <u>before</u> pregnancy began . . . 2	2nd month <u>before</u> pregnancy began . . . 2
	1st month <u>before</u> pregnancy began . . . 3	1st month <u>before</u> pregnancy began . . . 3	1st month <u>before</u> pregnancy began . . . 3	1st month <u>before</u> pregnancy began . . . 3
	1st month <u>of</u> pregnancy 4	1st month <u>of</u> pregnancy 4	1st month <u>of</u> pregnancy 4	1st month <u>of</u> pregnancy 4
	2nd month <u>of</u> pregnancy 5	2nd month <u>of</u> pregnancy 5	2nd month <u>of</u> pregnancy 5	2nd month <u>of</u> pregnancy 5
	3rd month <u>of</u> pregnancy 6	3rd month <u>of</u> pregnancy 6	3rd month <u>of</u> pregnancy 6	3rd month <u>of</u> pregnancy 6
	Don't know 8	Don't know 8	Don't know 8	Don't know 8
(ASK D-23 THROUGH D-25, AS APPROPRIATE, FOR EACH EPISODE)				
D-23. Did you have a fever when you had the kidney infection in the (MONTH)?	Yes 1 No 2 Don't know . . 8	Yes 1 No 2 Don't know . . 8	Yes 1 No 2 Don't know . . 8	Yes 1 No 2 Don't know . . 8
D-24. Did you take any medicine prescribed by a doctor when you had the kidney infection in the (MONTH)?	Yes 1 (D-25) No 2 (NEXT Don't know . . 8 EPISODE OR D-26)	Yes 1 (D-25) No 2 (CONTIN Don't know . . 8 UATION BOOK OR D-26)	Yes 1 (D-25) No 2 (CONTIN Don't know . . 8 UATION BOOK OR D-26)	Yes 1 (D-25) No 2 (CONTIN Don't know . . 8 UATION BOOK OR D-26)
D-25. What was the name of the medicine you took that time? (RECORD EACH MEDICINE IN A SEPARATE COLUMN.)	MEDICINE #1	MEDICINE #2	MEDICINE #1	MEDICINE #2
	DK..... 9B	DK..... 9B	DK..... 9B	DK..... 9B

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Don't know 8

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

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

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

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

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

Shot 1
Gas. 2
Both 3
Don't know 8

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

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

(ASK D-42 THROUGH D-44, AS APPROPRIATE, FOR EACH MEDICATION.)

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

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

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

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

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

Now I have some questions about cigarette smoking.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- NUMBER OF WEEKS

- Don't know. 98

D-53. Did you usually inhale?

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

The next questions are about alcoholic beverages.

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

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

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

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

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

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

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

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

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

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

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

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

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

- _____
NUMBER OF WEEKS
- Don't know 98

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

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

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

NUMBER OF DRINKS
Don't know 98

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

NUMBER OF DRINKS
Don't know 98

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

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

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

NUMBER OF WEEKS
Don't know 98

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

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

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

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

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

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

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

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

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

NUMBER OF WEEKS
Don't know. 98

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

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

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

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

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

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

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

CUPS PER DAY

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

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

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

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

NUMBER OF WEEKS

Don't know 98

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

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

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

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

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

(D-64)

CUPS OR GLASSES PER DAY

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

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

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

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

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

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

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

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

NUMBER OF WEEKS	
Don't know.	98

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

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

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

CANS OR BOTTLES PER DAY	
Pattern changed.	95 (D-65a)
Less than one a day.	96
Don't know	98

(D-66)

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

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

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

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

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

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

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

NUMBER OF WEEKS
Don't know 98

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

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