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PHILADELPHIA, PENNSYLVANIA 19122

STUDY #540-384-01
WINTER/SPRING 1986-1987

2900-0411
MARCH 1987

TWIN VETERANS HEALTH REGISTRY

National Research Council
of the
National Academy of Sciences

All information you supply will be held in strict confidence. No individual will be identified in the published results of any study accessing data from the registry. Your response is entirely voluntary and failure to provide some or all of the requested information will not in any way adversely affect you. The study has nothing to do with any compensation, claims, or other contacts you may have with the Veterans Administration. The information asked for in this survey is being collected under authority of Title 38, Section 41 of the Code of Federal Regulations.

MAILING #

BEFORE YOU BEGIN ... PLEASE READ THESE INSTRUCTIONS

For some questions in this survey, you will simply write answers in your own words. Other questions, however, ask you to follow instructions and use the answer categories provided. You will find instructions for responding included with each question, in CAPITAL LETTERS within parentheses. Below are examples of the different instructions you will see, and the correct way to answer each type of question.

INSTRUCTION 1: (CIRCLE ONE)

1. What is the color of your eyes? (CIRCLE ONE)

1 BLUE

2 BROWN

3 GREEN

4 ANOTHER COLOR

IF THE COLOR OF YOUR EYES IS
BROWN, YOU WOULD CIRCLE THE
NUMBER TO THE LEFT OF "BROWN."

INSTRUCTION 2: (CIRCLE ALL THAT APPLY)

2. Last week, did you do any of the following?
(CIRCLE ALL THAT APPLY)

1 WORK FOR PAY

2 ATTEND CLASSES

3 WATCH TV

4 VISIT FRIENDS

5 EXERCISE

IF YOU WORKED FOR PAY,
EXERCISED, AND WATCHED TV
LAST WEEK, YOU WOULD CIRCLE
THE NUMBER TO THE LEFT OF
THE ITEMS, AS SHOWN.

INSTRUCTION 3: (CIRCLE ONE FOR EACH LINE)

3. Do you plan to do any of the following next week?
(CIRCLE ONE FOR EACH LINE)

	YES	NOT SURE	NO
a. Visit a relative	1	2	<input checked="" type="radio"/> 3
b. Go to a museum	1	<input checked="" type="radio"/> 2	3
c. Go to a library	<input checked="" type="radio"/> 1	2	3
d. Watch sports on TV	<input checked="" type="radio"/> 1	2	3

IF YOU DON'T PLAN TO VISIT
A RELATIVE NEXT WEEK, MAY
GO TO A MUSEUM, DEFINITELY
ARE GOING TO A LIBRARY, AND
WILL WATCH SPORTS ON TV,
YOU WOULD CIRCLE THE
NUMBERS AS SHOWN.

(INSTRUCTIONS CONTINUED ON THE NEXT PAGE)

INSTRUCTION 4: (WRITE IN NUMBER. PUT A "0" IN ANY EXTRA BOXES ON THE LEFT)

4. How many cups of coffee do you drink each day, on average?
(WRITE IN NUMBER. PUT A "0" IN ANY EXTRA BOXES ON THE LEFT)

05

CUPS OF COFFEE

IF YOU DRINK 5 CUPS OF COFFEE DAILY, YOU WOULD WRITE IN THE NUMBER AS SHOWN.

Some items require you to skip over one or more questions depending upon your answers. You will be directed either by an arrow or by an arrow and boxed instructions.

INSTRUCTION 5: DIRECTIONS TO SKIP AN ITEM

5. Have you ever been to a soccer game? (CIRCLE ONE)

1 YES

2 NO

NO

PLEASE GO TO QUESTION 7

6. In what year did you last go to a soccer game? (WRITE IN YEAR)

1 9

YEAR

7. Do you plan on going to a soccer game in the next six months? (CIRCLE ONE)

1 YES

2 NO

IF YOU HAD NEVER BEEN TO A SOCCER GAME, YOU WOULD HAVE CIRCLED THE CODE FOR "NO," AND ANSWERED QUESTION 7 NEXT. QUESTION 6 WOULD BE LEFT BLANK.

(IF YOU HAD BEEN TO A SOCCER GAME, QUESTIONS 5, 6, AND 7 WOULD BE ANSWERED.)

This survey concerns the health of twins who served in the military. While some of the questions may not appear to be directly related to health issues, they all ask for information that has been shown in other studies to be associated with the physical or psychological health of twins, veterans, or both.

13

1. Do you have a twin brother? (CIRCLE ONE)

1 YES, LIVING

2 YES, DECEASED

3 NO

4 TRIPLET OR HIGHER

CONTINUE WITH QUESTION 2

PLEASE STOP HERE AND RETURN THE FORM IN THE ENVELOPE PROVIDED

2. As children, were you and your twin "as alike as two peas in a pod," or of only ordinary family resemblance? (CIRCLE ONE)

1 AS ALIKE AS TWO PEAS IN A POD

2 OF ONLY ORDINARY FAMILY RESEMBLANCE

3 DON'T KNOW

3. Do you yourself believe that you and your twin are identical (monozygotic) twins, or do you believe that you are fraternal (dizygotic) twins? (CIRCLE ONE)

1 IDENTICAL (MONOZYGOTIC)

2 FRATERNAL (DIZYGOTIC)

3 DON'T KNOW

4. When you were children, how often did the following persons have difficulty in telling you and your twin brother apart? (CIRCLE ONE FOR EACH LINE)

	ALL OF THE TIME	SOME OF THE TIME	NEVER	DON'T KNOW	DOES NOT APPLY
a. Parents	1	2	3	4	
b. Other brothers and sisters	1	2	3	4	5
c. Grandparents	1	2	3	4	5
d. Classmates	1	2	3	4	
e. Teachers	1	2	3	4	
f. Strangers	1	2	3	4	

21

5. The following list describes characteristics that you and your twin brother may or may not have shared when you were children. For each characteristic listed, please consider your childhood years (before you were teenagers), and describe whether you and your twin brother were very similar, somewhat similar, or not similar. (CIRCLE ONE FOR EACH LINE)

When we were children, our:	VERY SIMILAR	SOMEWHAT SIMILAR	NOT SIMILAR	DON'T KNOW
a. Eye color was	1	2	3	4
b. Hair color was	1	2	3	4
c. Hair type was	1	2	3	4
d. Heights were	1	2	3	4
e. Weights were	1	2	3	4
f. Teeth were	1	2	3	4
g. Voices were	1	2	3	4
h. Muscular strength was	1	2	3	4
i. Temperaments were	1	2	3	4
j. Musical abilities were	1	2	3	4
k. Language abilities were	1	2	3	4
l. Manual skills (dexterity) were	1	2	3	4

6. About how tall are you without shoes? (WRITE IN NUMBER OF FEET AND INCHES. IF ZERO INCHES, WRITE IN "00")

FEET INCHES

7. About how much do you weigh without clothes or shoes? (WRITE IN NUMBER OF POUNDS)

POUNDS

8. Would you say that your health in general is excellent, very good, good, fair, or poor? (CIRCLE ONE)

- 1 EXCELLENT
- 2 VERY GOOD
- 3 GOOD
- 4 FAIR
- 5 POOR

9. Compared to your twin brother's health, how would you rate your health?

Would you say your health is: (CIRCLE ONE)

1 BETTER THAN YOUR BROTHER'S

2 ABOUT THE SAME AS YOUR BROTHER'S

3 WORSE THAN YOUR BROTHER'S

4 DOESN'T APPLY, BROTHER IS NOT ALIVE

PLEASE GO TO QUESTION 11

PLEASE GO TO QUESTION 11

IF HEALTH IS BETTER OR WORSE:

10. In what way is your health different from your brother's health?

11. Please indicate which statement below best describes your present military duty status. Do not include activity in the National Guard or Reserves. (CIRCLE ONE)

1 DISCHARGED FROM ACTIVE DUTY IN 1975 OR EARLIER

PLEASE ANSWER THE QUESTIONS THAT FOLLOW ABOUT YOUR HEALTH SINCE YOUR DATE OF DISCHARGE

2 DISCHARGED FROM ACTIVE DUTY AFTER 1975

3 STILL ON ACTIVE MILITARY DUTY

PLEASE ANSWER THE QUESTIONS THAT FOLLOW ABOUT YOUR HEALTH SINCE 1975

1/

12a. Since 1975 or your discharge from active duty (if that was earlier), have you ever had any of the following health problems? (CIRCLE ALL THAT APPLY)

- 4.5
- 1 HIGH BLOOD PRESSURE/HYPERTENSION (INCLUDE EVEN IF CONTROLLED BY MEDICATION)
 - 2 RESPIRATORY CONDITIONS SUCH AS LUNG TROUBLE, PERSISTENT COUGHING, ETC.
 - 3 CANCER
 - 4 HEART TROUBLE
 - 5 STROKE
 - 6 KIDNEY, BLADDER, OR URINARY PROBLEMS SUCH AS STONES, INFECTIONS, KIDNEY FAILURE, ETC.
 - 7 PERSISTENT SKIN CONDITIONS SUCH AS SEVERE ACNE, RASHES, ETC.
 - 8 DIABETES
 - 9 STOMACH OR DIGESTIVE DISORDERS SUCH AS ULCERS, INFLAMMATIONS, ETC.
 - 10 LIVER PROBLEMS SUCH AS HEPATITIS, CIRRHOSIS, ETC.
 - 11 BLOOD DISORDERS SUCH AS ANEMIA, BLOOD CLOTS, ETC.
 - 12 NERVE DISORDERS SUCH AS EPILEPSY, MIGRAINES, ETC.
 - 13 JOINT OR SKELETAL DISORDERS SUCH AS ARTHRITIS, SWOLLEN JOINTS, ETC.
 - 14 HEARING PROBLEMS
 - 15 OTHER (PLEASE SPECIFY): _____

- 5.9

16 I HAVEN'T HAD ANY HEALTH PROBLEMS SINCE THAT TIME.

PLEASE SKIP TO QUESTION 13

1/

12b. Do you currently have any of the following health problems? (CIRCLE ALL THAT APPLY)

- 6.0
- 6.1
- 1 HIGH BLOOD PRESSURE/HYPERTENSION (INCLUDE EVEN IF CONTROLLED BY MEDICATION)
 - 2 RESPIRATORY CONDITIONS SUCH AS LUNG TROUBLE, PERSISTENT COUGHING, ETC.
 - 3 CANCER
 - 4 HEART TROUBLE
 - 5 STROKE
 - 6 KIDNEY, BLADDER, OR URINARY PROBLEMS SUCH AS STONES, INFECTIONS, KIDNEY FAILURE, ETC.
 - 7 PERSISTENT SKIN CONDITIONS SUCH AS SEVERE ACNE, RASHES, ETC.
 - 8 DIABETES
 - 9 STOMACH OR DIGESTIVE DISORDERS SUCH AS ULCERS, INFLAMMATIONS, ETC.
 - 10 LIVER PROBLEMS SUCH AS HEPATITIS, CIRRHOSIS, ETC.
 - 11 BLOOD DISORDERS SUCH AS ANEMIA, BLOOD CLOTS, ETC.
 - 12 NERVE DISORDERS SUCH AS EPILEPSY, MIGRAINES, ETC.
 - 13 JOINT OR SKELETAL DISORDERS SUCH AS ARTHRITIS, SWOLLEN JOINTS, ETC.
 - 14 HEARING PROBLEMS
 - 15 OTHER (PLEASE SPECIFY): _____

 - 16 I HAVE NO HEALTH PROBLEMS CURRENTLY.
- 7.5

12c. Since 1975 or your discharge from active duty (if that was earlier), have you seen a physician for any of the following health problems? (CIRCLE ALL THAT APPLY)

- 1 HIGH BLOOD PRESSURE/HYPERTENSION (INCLUDE EVEN IF CONTROLLED BY MEDICATION)
- 2 RESPIRATORY CONDITIONS SUCH AS LUNG TROUBLE, PERSISTENT COUGHING, ETC.
- 3 CANCER
- 4 HEART TROUBLE
- 5 STROKE
- 6 KIDNEY, BLADDER, OR URINARY PROBLEMS SUCH AS STONES, INFECTIONS, KIDNEY FAILURE, ETC.
- 7 PERSISTENT SKIN CONDITIONS SUCH AS SEVERE ACNE, RASHES, ETC.
- 8 DIABETES
- 9 STOMACH OR DIGESTIVE DISORDERS SUCH AS ULCERS, INFLAMMATIONS, ETC.
- 10 LIVER PROBLEMS SUCH AS HEPATITIS, CIRRHOSIS, ETC.
- 11 BLOOD DISORDERS SUCH AS ANEMIA, BLOOD CLOTS, ETC.
- 12 NERVE DISORDERS SUCH AS EPILEPSY, MIGRAINES, ETC.
- 13 JOINT OR SKELETAL DISORDERS SUCH AS ARTHRITIS, SWOLLEN JOINTS, ETC.
- 14 HEARING PROBLEMS
- 15 OTHER (PLEASE SPECIFY): _____

14

28

16 I'VE NEVER SEEN A PHYSICIAN FOR ANY OF THESE HEALTH PROBLEMS SINCE THAT TIME.

PLEASE SKIP TO QUESTION 13

The next question asks for two pieces of information for each health problem. If you have been hospitalized overnight for a given problem, we would also like to know the year you were first hospitalized for that problem.

12d. Since 1975 or your discharge from active duty (if that was earlier), have you been hospitalized overnight for any of the following conditions? (CIRCLE ALL THAT APPLY)

29

If hospitalized overnight, in what year (since 1975 or discharge) did that first happen? (WRITE IN YEAR FOR EACH PROBLEM CIRCLED)

YEAR FIRST HOSPITALIZED

- 1 HIGH BLOOD PRESSURE/HYPERTENSION (INCLUDE EVEN IF CONTROLLED BY MEDICATION)

1	9		
---	---	--	--
- 2 RESPIRATORY CONDITIONS SUCH AS LUNG TROUBLE, PERSISTENT COUGHING, ETC.

1	9		
---	---	--	--
- 3 CANCER

1	9		
---	---	--	--
- 4 HEART TROUBLE

1	9		
---	---	--	--
- 5 STROKE

1	9		
---	---	--	--
- 6 KIDNEY, BLADDER, OR URINARY PROBLEMS SUCH AS STONES, INFECTIONS, KIDNEY FAILURE, ETC.

1	9		
---	---	--	--
- 7 PERSISTENT SKIN CONDITIONS SUCH AS SEVERE ACNE, RASHES, ETC.

1	9		
---	---	--	--
- 8 DIABETES

1	9		
---	---	--	--
- 9 STOMACH OR DIGESTIVE DISORDERS SUCH AS ULCERS, INFLAMMATIONS, ETC.

1	9		
---	---	--	--
- 10 LIVER PROBLEMS SUCH AS HEPATITIS, CIRRHOSIS, ETC. ...

1	9		
---	---	--	--
- 11 BLOOD DISORDERS SUCH AS ANEMIA, BLOOD CLOTS, ETC. ...

1	9		
---	---	--	--
- 12 NERVE DISORDERS SUCH AS EPILEPSY, MIGRAINES, ETC. ...

1	9		
---	---	--	--
- 13 JOINT OR SKELETAL DISORDERS SUCH AS ARTHRITIS, SWOLLEN JOINTS, ETC.

1	9		
---	---	--	--
- 14 HEARING PROBLEMS

1	9		
---	---	--	--
- 15 OTHER (PLEASE SPECIFY): _____

1	9		
---	---	--	--

30

74

16 I'VE NEVER BEEN HOSPITALIZED OVERNIGHT SINCE THAT TIME.

13. In the past 6 months, how frequently have you experienced the following problems? (CIRCLE ONE FOR EACH LINE)

	VERY OFTEN	OFTEN	SOME-TIMES	ALMOST NEVER	NEVER
a. Had trouble falling asleep, staying asleep, or sleeping too much	1	2	3	4	5
b. Had repeated dreams or nightmares about things that happened to you while in the military	1	2	3	4	5
c. Had painful memories of things that happened to you while in the military ..	1	2	3	4	5
d. Avoided activities that might remind you of things that happened to you while in the military	1	2	3	4	5
e. Found yourself in a situation where you started to feel and act as though a disturbing event you experienced in the military was happening all over again ..	1	2	3	4	5
f. Had times when feelings or actions became stronger when you were in situations that reminded you of times in the military	1	2	3	4	5
g. Felt ashamed or guilty about the kind of things you did to survive while in the military	1	2	3	4	5
h. Had trouble concentrating	1	2	3	4	5
i. Had trouble with your memory	1	2	3	4	5
j. Have been irritable and short-tempered	1	2	3	4	5
k. Had explosions of angry or aggressive behavior	1	2	3	4	5
l. Lost interest in your usual daily activities	1	2	3	4	5
m. Felt distant from everyone, even those people you care about	1	2	3	4	5
n. Felt that life is not meaningful	1	2	3	4	5
o. Felt jumpy and easily startled or felt that you had to stay on guard all of the time	1	2	3	4	5

14. Have you ever consulted a health care professional (such as a physician, psychologist, or social worker) about a mental or emotional problem? (CIRCLE ONE)

1 YES
2 NO → PLEASE GO TO QUESTION 16

15. In what year did you first consult a health care professional about this problem? (WRITE IN YEAR)

1 9 YEAR

16. Have you ever been hospitalized for a mental or emotional problem? (CIRCLE ONE)

1 YES
2 NO → PLEASE GO TO QUESTION 18

17. In what year were you first hospitalized for this problem? (WRITE IN YEAR)

1 9 YEAR

18. Do you have a mental or emotional problem now? (CIRCLE ONE)

1 YES
2 NO

In order to get an accurate picture of each twin's general health, everyone is asked the next few questions about smoking and alcoholic beverages.

19. Have you smoked at least 100 cigarettes in your life? (CIRCLE ONE)

1 YES
2 NO → PLEASE GO TO QUESTION 24

20. Do you smoke cigarettes now? (CIRCLE ONE)

1 YES → PLEASE GO TO QUESTION 22
2 NO

21. About how long has it been since you last smoked cigarettes regularly? (WRITE IN NUMBER OF YEARS. IF LESS THAN 1 YEAR, WRITE IN "00." IF NEVER SMOKED REGULARLY, CIRCLE "95.")

 YEAR → PLEASE CONTINUE WITH QUESTION 22
OR
95 - NEVER SMOKED REGULARLY → PLEASE GO TO QUESTION 24

22. On the average, about how many cigarettes a day (do/did) you smoke? (WRITE IN NUMBER SMOKED. PUT A "0" IN ANY EXTRA BOX ON THE LEFT)

CIGARETTES

23. About how old were you when you first started smoking cigarettes regularly? (WRITE IN AGE)

YEARS OLD

24. Have you had more than 20 alcoholic drinks in your entire life? (CIRCLE ONE)

- 1 YES
- 2 NO → PLEASE GO TO QUESTION 34

25. How old were you when you started drinking alcoholic beverages regularly? (WRITE IN AGE OR CIRCLE "00" IF NEVER DRANK REGULARLY)

YEARS OLD

OR

00 - NEVER DRANK REGULARLY → PLEASE GO TO QUESTION 34

26. Do you drink alcoholic beverages now? (CIRCLE ONE)

- 1 YES → PLEASE GO TO QUESTION 28
- 2 NO →

27. How old were you when you stopped drinking alcoholic beverages? (WRITE IN AGE)

YEARS OLD → PLEASE GO TO QUESTION 34

28. On the average, how many days in a week do you drink at least one alcoholic beverage? (WRITE IN DAYS PER WEEK OR CIRCLE "0" IF YOU AVERAGE LESS THAN 1 DAY A WEEK)

DAYS PER AVERAGE WEEK

OR

0 - LESS THAN 1 DAY PER WEEK ON THE AVERAGE → PLEASE GO TO QUESTION 30

29. In this study, a drink is one can or bottle of beer, or one glass of wine, or one mixed drink, or one shot of hard liquor.

On those days when you have an alcoholic beverage, how many drinks do you have, on the average? (WRITE IN NUMBER OF DRINKS)

DRINKS ON AVERAGE DAY

30. Was there a period in your life (of at least six months in a row) when your consumption was more than this? (CIRCLE ONE)

- 1 YES
- 2 NO → PLEASE GO TO QUESTION 34

31. When was that period? (WRITE IN MONTH AND YEAR)

STARTED ENDED

TO

MONTH YEAR MONTH YEAR

32. During that period, on the average, how many days in a week did you drink at least one alcoholic beverage? (WRITE IN NUMBER OF DAYS)

DAYS PER AVERAGE WEEK DURING THAT PERIOD

33. On those days when you had an alcoholic beverage, how many drinks did you have, on the average? (WRITE IN NUMBER OF DRINKS)

DRINKS ON AVERAGE DAY DURING THAT PERIOD

This section asks for some information about your service in the military.

34. When did you first enter active military service? (WRITE IN MONTH AND YEAR. DO NOT INCLUDE ANY TIME SPENT IN THE NATIONAL GUARD OR RESERVES)

MONTH

YEAR

35. What was your rank at that time?

RANK: _____

36. Not including National Guard or Reserves, are you currently on active duty? (CIRCLE ONE)

1 YES → 37. What is your current rank?

RANK: _____ → PLEASE GO TO QUESTION 40

2 NO

38. When were you last discharged from active military service, not including National Guard or Reserves? (WRITE IN MONTH AND YEAR)

MONTH

YEAR

39. What was your rank at that time?

RANK: _____

40. While on active military duty, not including National Guard or Reserves, how many times were you admitted to a hospital, for any reason, for an overnight stay or longer? (CIRCLE ONE)

- 1 NEVER ADMITTED FOR OVERNIGHT OR LONGER
- 2 1-2 TIMES
- 3 3-5 TIMES
- 4 6-10 TIMES
- 5 MORE THAN 10 TIMES

41. While in the military, did you ever receive a medal or decoration? (CIRCLE ONE)

1 YES

2 NO → PLEASE GO TO QUESTION 43

42. In the space provided below, describe any medal(s) or decoration(s) you received while in the military.

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

43. While in the military, did you request a Vietnam duty assignment? (CIRCLE ONE)

1 YES

2 NO

44. When you were in the military, were you stationed in Vietnam, Laos, or Cambodia; in the waters in or around these countries; or fly in missions over these areas? (CIRCLE ONE)

1 YES → CONTINUE WITH QUESTION 45

2 NO → PLEASE GO TO QUESTION 47

45. How many different tours of active duty did you spend in that theatre? (CIRCLE ONE)

- 1 ONE
- 2 TWO
- 3 THREE
- 4 FOUR OR MORE

For each of those tours, please write in the information requested below. Be sure to enter the full name of the unit in which you served during each tour--for example: Division, Battalion, Company, Platoon, Wing, Ship, etc.

TOUR OF DUTY IN THAT THEATRE	A. DATE TOUR BEGAN (MONTH/YEAR)	B. DATE TOUR ENDED (MONTH/YEAR)	C. UNIT YOU SERVED IN DURING TOUR
1. First Tour of Duty	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR	_____
2. Second Tour of Duty	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR	_____
3. Third Tour of Duty	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR	_____
4. Fourth Tour of Duty (ENTER LAST TOUR IF MORE THAN FOUR)	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> MONTH <input type="text"/> <input type="text"/> YEAR	_____

46. Below is a list of 18 different combat roles and experiences that men had during the Vietnam War. Please indicate those that you had during the Vietnam War. (CIRCLE ALL THAT APPLY)

- 1 IN AN ARTILLERY UNIT WHICH FIRED ON THE ENEMY
- 2 FLEW IN AN AIRCRAFT (RECONNAISSANCE, OR FIXED WING F-14, B-52, ETC.)
- 3 FLEW HELICOPTER ATTACK GUNSHIPS OR MEDVACS
- 4 STATIONED AT A FORWARD OBSERVATION POST
- 5 TUNNEL RAT CHECKING ENEMY BASE CAMPS
- 6 SERVED ON RIVER PATROL OR GUNBOAT
- 7 DEMOLITIONS EXPERT IN THE FIELD
- 8 ASSIGNED TO GRAVES AND REGISTRATION TO RETRIEVE DEAD BODIES FROM THE FIELD
- 9 SERVED AS A MEDIC IN COMBAT
- 10 RECEIVED INCOMING FIRE
- 11 ENCOUNTERED MINES AND BOOBY TRAPS
- 12 RECEIVED SNIPER OR SAPPER FIRE
- 13 UNIT PATROL AMBUSHED
- 14 FLEW IN AIRCRAFT (FIXED WING OR HELICOPTERS) AND WAS SHOT DOWN
- 15 ENGAGED VC AND/OR NVA IN FIREFIGHT
- 16 SAW AMERICANS KILLED, AND/OR SAW VIETNAMESE KILLED
- 17 WOUNDED
- 18 CAPTURED BY THE ENEMY
- 19 I HAD NONE OF THESE ROLES OR EXPERIENCES IN THE VIETNAM WAR

If you are still on active military duty (not including activity in the National Guard or Reserves), PLEASE GO TO QUESTION 53.

If you are not on active duty, PLEASE CONTINUE WITH QUESTION 47.

47. After your discharge from active military duty, how often did you talk to the following individuals about your experiences in the military? (CIRCLE ONE FOR EACH LINE)

	VERY OFTEN	OFTEN	SOME-TIMES	RARELY	NEVER	DOES NOT APPLY
a. Parents	1	2	3	4	5	6
b. Wife or Girlfriend	1	2	3	4	5	6
c. Twin Brother	1	2	3	4	5	6
d. Other Siblings	1	2	3	4	5	6
e. Other Relatives	1	2	3	4	5	6
f. Friends, not Vietnam-era Veterans	1	2	3	4	5	6
g. Vietnam-era Veterans	1	2	3	4	5	6

48. After your discharge from active military duty, were you eager to get involved in everything or did you not want to participate in things with other people?

Were you: (CIRCLE ONE)

- 1 VERY RELUCTANT TO GET INVOLVED
- 2 SOMEWHAT RELUCTANT TO GET INVOLVED
- 3 SOMEWHAT EAGER TO GET INVOLVED
- 4 VERY EAGER TO GET INVOLVED

49. Overall, how would you describe your adjustment to civilian life after your release from active duty?

Would you say that returning to civilian life caused you: (CIRCLE ONE)

- 1 CONSIDERABLE DIFFICULTY
- 2 SOME DIFFICULTY
- 3 VERY LITTLE DIFFICULTY
- 4 NONE, OR PRACTICALLY NO DIFFICULTY

50. Is your twin brother still on active duty? (CIRCLE ONE)

- 1 YES → PLEASE GO TO QUESTION 53
- 2 NO

51. Compared to your twin brother's adjustment to civilian life, how would you rate your adjustment to civilian life?

Would you say your adjustment was: (CIRCLE ONE)

- 1 EASIER THAN YOUR BROTHER'S
- 2 ABOUT THE SAME → PLEASE GO TO QUESTION 53
- 3 MORE DIFFICULT THAN YOUR BROTHER'S
- 4 DOES NOT APPLY, BROTHER DIED BEFORE DISCHARGE → PLEASE GO TO QUESTION 53

IF ADJUSTMENT WAS EASIER OR MORE DIFFICULT:

52. In what way was your adjustment to civilian life different from your brother's?

The next set of questions is about your family life.

53. Is your current partner (wife) pregnant? (CIRCLE ONE)

- 1 YES
- 2 NO
- 3 DOES NOT APPLY, NO CURRENT PARTNER OR WIFE

54. Have you and any partner (wife) ever tried to conceive a child, that is, to have your partner (wife) become pregnant? (CIRCLE ONE)

- 1 YES
- 2 NO → PLEASE GO TO QUESTION 57

55. Have you and any partner (wife) ever tried for a period of a year or more to conceive a child? (CIRCLE ONE)

- 1 YES
- 2 NO → PLEASE GO TO QUESTION 57

56. Did that partner (wife) become pregnant after a year or more of trying? (CIRCLE ONE)

- 1 YES
- 2 NO

57. Do you have or have you ever had any natural (not adopted) children? (CIRCLE ONE).

- 1 YES → CONTINUE WITH QUESTION 58
- 2 NO → PLEASE GO TO QUESTION 59
- 3 DON'T KNOW → PLEASE GO TO QUESTION 59

58. In the table below, we would like you to enter information about your natural (not adopted) children. Please include ALL live births, even if a child is no longer living. Please tell us:

- [A] The date of birth of each child.
- [B] The age of the child's mother at the time of birth.
- [C] Whether the child had any abnormality, birth defect or handicap. If so, please briefly describe the problem.
- [D] If the child has died, please provide the date of death.

(ANSWER QUESTIONS [A], [B], [C] AND, IF APPROPRIATE, [D] FOR EACH OF YOUR NATURAL CHILDREN)

NATURAL CHILDREN	[A] DATE OF BIRTH	[B] MOTHER'S AGE	[C] ABNORMALITY, BIRTH DEFECT OR HANDICAP? IF SO, PLEASE DESCRIBE.	[D] IF CHILD HAS DIED, DATE OF DEATH.
51/75 1st Child	□□ MONTH □□ DAY □□ YEAR	□□ AGE	1 YES _____ 2 NO _____	□□ MONTH □□ DAY □□ YEAR
6/13- 2nd Child	□□ MONTH □□ DAY □□ YEAR	□□ AGE	1 YES _____ 2 NO _____	□□ MONTH □□ DAY □□ YEAR
62 3rd Child	□□ MONTH □□ DAY □□ YEAR	□□ AGE	1 YES _____ 2 NO _____	□□ MONTH □□ DAY □□ YEAR
7/13- 4th Child	□□ MONTH □□ DAY □□ YEAR	□□ AGE	1 YES _____ 2 NO _____	□□ MONTH □□ DAY □□ YEAR
62 5th Child	□□ MONTH □□ DAY □□ YEAR	□□ AGE	1 YES _____ 2 NO _____	□□ MONTH □□ DAY □□ YEAR
8/13- 6th Child	□□ MONTH □□ DAY □□ YEAR	□□ AGE	1 YES _____ 2 NO _____	□□ MONTH □□ DAY □□ YEAR
38 Other Children				

59. Have you ever been the father of a stillborn child? (CIRCLE ONE)

1 YES

2 NO → PLEASE GO TO QUESTION 61

60. In what year (or years) did this happen? (WRITE IN YEAR[S]. IF MORE THAN 3, WRITE IN YEARS FOR THE FIRST 2 AND THE MOST RECENT STILLBIRTH.)

1 9 FIRST

1 9 SECOND

1 9 THIRD (MOST RECENT IF MORE THAN 3)

61. To your knowledge, did any partner (wife) ever have a miscarriage? (CIRCLE ONE)

1 YES

2 NO → PLEASE GO TO QUESTION 64

3 DON'T KNOW

62. How many miscarriages are you aware of? (WRITE IN THE NUMBER)

MISCARRIAGES

63. In what year (or years) did they occur? (WRITE IN YEAR[S]. IF MORE THAN 3, WRITE IN YEARS FOR THE FIRST 2 AND THE MOST RECENT MISCARRIAGE.)

1 9 FIRST

1 9 SECOND

1 9 THIRD (MOST RECENT IF MORE THAN 3)

64. Have you ever been married?

1 YES → CONTINUE WITH QUESTION 65

2 NO → PLEASE GO TO QUESTION 66

65. Now we need some information about your marriage, or marriages. Begin by filling in the month and year of your first marriage [A]. If that marriage ended [B], indicate how it ended [C], and when it ended [D]. If you were married more than once, please fill in the information for each marriage.

56:

(ANSWER QUESTIONS [A], [B] AND, IF APPROPRIATE, [C] AND [D] FOR EACH MARRIAGE)

	First or Only Marriage	Second Marriage	Third Marriage	Fourth Marriage
[A] DATE MARRIED	MONTH YEAR	MONTH YEAR	MONTH YEAR	MONTH YEAR
[B] ARE YOU STILL IN THIS MARRIAGE? (CIRCLE ONE)	1 YES (GO TO Q. 66) 2 NO (GO TO C)	1 YES (GO TO Q. 66) 2 NO (GO TO C)	1 YES (GO TO Q. 66) 2 NO (GO TO C)	1 YES (GO TO Q. 66) 2 NO (GO TO C)
[C] HOW DID THIS MARRIAGE END? (CIRCLE ONE)	1 DIVORCE 2 LEGAL SEPARATION 3 ANNULLED 4 DEATH OF SPOUSE 5 DESERTION 6 OTHER (SPECIFY):	1 DIVORCE 2 LEGAL SEPARATION 3 ANNULLED 4 DEATH OF SPOUSE 5 DESERTION 6 OTHER (SPECIFY):	1 DIVORCE 2 LEGAL SEPARATION 3 ANNULLED 4 DEATH OF SPOUSE 5 DESERTION 6 OTHER (SPECIFY):	1 DIVORCE 2 LEGAL SEPARATION 3 ANNULLED 4 DEATH OF SPOUSE 5 DESERTION 6 OTHER (SPECIFY):
[D] DATE MARRIAGE ENDED	MONTH YEAR	MONTH YEAR	MONTH YEAR	MONTH YEAR

This final set of questions asks about your education and job status.

66. Are you a student now? (CIRCLE ONE)

- 1 YES, FULL-TIME STUDENT
- 2 YES, PART-TIME STUDENT
- 3 NO, NOT A STUDENT

67. What is the highest grade or year of school you have completed and gotten credit for? (CIRCLE THE ONE HIGHEST GRADE OR YEAR)

00 - NONE

01

02

03

04

05

06

07

08

09

10

11

12

ELEMENTARY

HIGH SCHOOL

13

14

15

16

COLLEGE

17 - VOCATIONAL OR TECHNICAL SCHOOL
AFTER HIGH SCHOOL

18 - SOME GRADUATE SCHOOL

19 - GRADUATE DEGREE OR PROFESSIONAL DEGREE

68. Following your discharge from active military duty, did you enroll as a student?

- 1 YES
- 2 NO
- 3 DOES NOT APPLY, STILL ON ACTIVE DUTY

PLEASE GO TO QUESTION 75

69. After your discharge from active military duty, how long did it take you to find a full-time job? (CIRCLE ONLY ONE)

- 1 LESS THAN ONE MONTH
- 2 LESS THAN SIX MONTHS (1-5 MONTHS)
- 3 LESS THAN ONE YEAR (6-11 MONTHS)
- 4 ONE YEAR OR MORE (12+ MONTHS)
- 5 I'VE NEVER BEEN EMPLOYED FULL-TIME SINCE DISCHARGE

70. Are you presently employed? (CIRCLE ONE)

- 1 YES, FULL-TIME (AT LEAST 35 HOURS A WEEK AT ANY ONE JOB)
- 2 YES, PART-TIME (LESS THAN 35 HOURS A WEEK AT ANY ONE JOB)
- 3 NO, NOT EMPLOYED

PLEASE GO TO QUESTION 75

IF PRESENTLY EMPLOYED:

If you are employed at more than one job, answer the questions below for your main or primary job. If more than one of your current jobs could be your main job, answer the questions for the one you have worked at for the longest period of time.

71. What kind of business or industry is your main (or only) job? (Example: TV and radio manufacture, retail shoe store, State Labor Department, farm, etc.)

72. What kind of work are you doing in that job? (Example: Electrical engineer, stock clerk, typist, farmer, etc.)

73. What are your most important activities or duties in that job? (Example: Typing, filing, selling new cars, finishing concrete, etc.)

74. How many years have you worked at that job? (WRITE IN NUMBER OF YEARS. IF LESS THAN ONE YEAR, WRITE IN "00")

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 YEARS

75. This question concerns your total family income. Income is important for analyzing and interpreting the health information we receive. For example, income information helps us to learn whether persons in one income group have certain health conditions more or less frequently than people in another income group.

What was your total combined family income (that is, for both yourself and your partner, if any) during the past 12 months? Include money from jobs, Social Security, unemployment payments, retirement income, public assistance and so forth. (CIRCLE ONE)

- 01 LESS THAN \$ 5,000
 02 \$ 5,000 - \$ 9,999
 03 \$10,000 - \$14,999
 04 \$15,000 - \$19,999
 05 \$20,000 - \$24,999
 06 \$25,000 - \$29,999
 07 \$30,000 - \$34,999
 08 \$35,000 - \$39,999
 09 \$40,000 - \$49,999
 10 \$50,000 OR MORE

47-
48

-26-

ADDRESS UPDATING INFORMATION

The last set of questions will help us make sure that we have the correct address for both you and your twin brother, in case we need to contact you in future years for additional health surveys. The information on this page will be kept separate from the other information you have provided.

1. Please print your name, address, and telephone number (where you can be reached in the coming year).

Last Name _____ First Name & Middle Initial _____

Number & Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ - _____ - _____
 (Area Code)

2. Your Social Security Number _____ - _____ - _____

3. Your Date of Birth _____
 Month Day Year

4. If your twin brother is alive, please print his name, current address and telephone number.

Your Twin Brother's
 Last Name _____ First Name & Middle Initial _____

Number & Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ - _____ - _____
 (Area Code)

5. A. If your twin brother is dead, in what year did he die?

1	9		
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- B. In what city, state, and country did he die?

City _____ State _____ Country _____

-27-

6. Since we may need to contact you again at some time, please give us the name, address and telephone number of a person ~~other than your twin~~ who will always know where you can be reached.

Last Name _____ First Name & Middle Initial _____

Number & Street Address _____

City _____ State _____ Zip Code _____

Telephone Number _____ - _____ - _____
(Area Code)

In whose name is
the phone listed? _____
Last Name First Name & Middle Initial

THANK YOU FOR YOUR ASSISTANCE AND WELCOME TO THE REGISTRY

Your responses will be kept strictly confidential. Please return this questionnaire to us in the envelope provided.