SPOUSE #3

	Pregnancy #1
m. Did the (child/children) have any birth defects?	Yes . . . 1 No . . . 2 *[o]*
n. What specific birth defects did (he/she/they) have?	_____ _____ _____
o. (Was the child/Were the children) ever diagnosed as having cancer?	Yes . . . 1 No . . . 2 *[r]* *DK . . . 8 [r]*
p. In what year was the diagnosis made?	19 _____ *DK . . 98*
q. What specific type of cancer was diagnosed?	_____ _____ _____
r. (Was the child/Were the children) ever diagnosed as having a learning disability?	Yes . . . 1 No . . . 2 *DK . . . 8*

STLCOPCB4043478