SPOUSE #1

	Pregnancy #1
s. (Was the child/Were the children) ever diagnosed as having any physical, mental, or motor impairments?	Yes . . 1 No . . 2 *DK . . 8*
t. (Is the child/Are the children) still alive?	Yes . . 1 *[x]* No . . 2 *DK . . 8 [x]*
u. In what month and year did the (child/children) die?	____ / ____ month year *DK . . . 9898*
v. What was the cause of death?	_____ _____ _____
w. In what city and state is the death certificate located?	
City	_____
State	_____
Country *(if outside U.S.)*	_____
x. *(Interviewer): Is this the last pregnancy for spouse by R?*	*Yes . . 1 [Q.86 next page]* *No . . 2 [back to a]*

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