PARTNER #1

	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*

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