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TABLE 8

O.C. Use—Time Periods Used

	1st time	2d time	3d time	4th time
(*a*) When started				
(*b*) When stopped				
(*c*) Brand name				
(*d*) Reason stopped				

30. Did you consult your doctor or go to a clinic for advice on birth control pills?

Yes_____ No_____

Do you recall the name of the Doctor or clinic that prescribed this medicine?

Name _____

_____

31. About how many cigarettes a day were you smoking just before your hospitalization:

Occasionally.

Less than ½ pack.

½–1 pack.

1–2 packs.

Nonsmoker.

32. Were you working just before your hospitalization?

Yes_____ No_____

What kind of work were you doing?

Type _____

33. Was your husband working at that time?

Yes_____ No_____

What kind of work was he doing?

Type _____