37. Did the timing of any abnormal pregnancy outcome coincide with present employment?
   [ ] Yes
   [ ] No

List dates of occurrences: ____________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

38. What is the occupation of your spouse or partner?
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

For Women Only

39. Do you have menstrual periods?
   [ ] Yes
   [ ] No

Have you had menstrual irregularities?
   [ ] Yes
   [ ] No

If yes, specify type: ____________________________________________
__________________________________________________________________
__________________________________________________________________
__________________________________________________________________

If yes, what was the approximated date this problem began? ____________
__________________________________________________________________
__________________________________________________________________

Approximate date problem stopped? ________________________________
__________________________________________________________________
__________________________________________________________________