

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? \_\_\_\_\_