

Attention interviewers (the italic section is to be filled by you):

A short explanation must be offered to the participants in this study to orient them. This will also put the participant in a more relaxed state of mind so they can best respond to our questions.

Please remember to get contact information for every participant so we can reach them later. We may need to take biological samples from them again

Section to be filled by the physician and/or the interviewer:

Questionnaire Identification Number _____

This questionnaire contains information about the father [] or, this questionnaire contains information about the mother []

Please note that the questionnaire for the mother and father of the child will have the same reference number as the clinical file for the child (i.e. the file for hospital use).

Interview date: _____

City: _____

Sex of the child _____

Birth date if the child:-----

Birth at _____ weeks of gestation

Clinical data: -----

Prognosis -----

Are any interventions required (i.e. therapeutic, surgical, or others)? -----

Objective exams done -----

Questionnaire for parents begins here;
Start the interview by telling the parent the following:

Since there are so many children with birth deformities we want to look into the possible causes of these problems. We need your help. We need to ask you some questions to help us understand this situation. We also need to be able to contact you later. Please give us contact information.

All the information you provide will be treated in strictest of confidence. No one, besides the research team, will have access to your information without your consent, below. We will use this information for scientific and clinical purposes only. Do you consent?

YES NO

1. Questions about the family

2. Are you the mother [] or the father []?
3. How old are **you**?
4. As a child, and an adolescent, did **you** have any especial health problems that stand out in your mind? Can you tell us about it?
5. How many children do you have?
6. How old are they?
7. Do you suffer from any diseases (cancer)?
8. Are your children generally healthy? Yes [] or No []

9. Have any of your children died, was malformed or had cancer (please tell us doctor's diagnosis if you know)?

10. Do you have any other spouses? Yes [] or No []

If **YES**, please answer questions 10 through 13,

If No, skip to question number 11:

1. How many children do you have with your second spouse?

2. How old are the children with your second spouse?

3. Are your children with your second spouse generally healthy? Yes [] or No []

4. Have any of your children with your second spouse died, was malformed or had cancer (please tell us doctor's diagnosis if you know)?

13. Are your **siblings** in general health? Yes [] or No []

14. Do you have **siblings** who have children of their own? Yes [] or No []

15. How many children do your **siblings** have altogether?

16. Have any of your sibling's children died, was malformed or had cancer? Did they live near you during the past 7 years?

17. How many siblings **live** near you?

18. How many siblings **don't live** near you?

19. Do you have neighbours who are **unrelated to you**, and have children with similar health problems as your child?

Questions 20 to 28 are for the mother only; for father skip to question 28

20. During your pregnancy, did you take painkillers? How many and how often?

21. During your pregnancy, did you take antidepressants?

22. How many and how often?

23. What do you think about your diet during pregnancy?

24. Have you had **spontaneous miscarriages**? Yes [] or No []

25. How many-----how long ago-----?

26. Have you had **still births**? Yes [] or No []

27. How many-----how long ago-----?

28. Have you had children with cancer? Yes [] or No []

29. How many-----how long ago-----?

Questions about the environment

30. Where did you live before 2003?

31. Where do you live now?

32. How long have you lived here?

33. Please tell us which cities, towns, or localities have you resided since 2003?

34. Where did you get your drinking water from (location of well, or water pipes or aqueduct), in each of the residences?

35. Were any of your residences bombed? Yes [] or No []

36. Were you at your residence during or after the attack? During [] or After []

37. Do you remember when (year) and where (location, city) and for how long the attack continued?

38. Were any of your neighbours bombed? Yes [] or No []

39. Was your house attacked with white phosphorus or any incendiary weapons? Yes [] or No []

40. Do you remember when (year) and where (location, city) and for how long the attack continued, can you describe the incident(s)?

41. Were you ever burned, wounded, or injured (what kind of injury which part of your body)?

42. Do you remember when (year) and where (location, city) and for how long the attack continued, can you describe the incident(s)?

43. Was any other member of your household burned or wounded or killed? Yes [] or No []

44. Did you take immediate care of them or of any other wounded or killed individual? Yes [] or No []

45. Do you remember when (year) and where (location, city); can you describe the incident(s)?

46. In the last 7 years have you worked or visited locations where civilians and/or military personnel (including wounded) have been transported, received, treated, housed during or following bombing or from the fighting areas?

47. Has this happened more than one time? When, and where (city, location in the country side)?

48. In the last 7years have you searched and recovered survivors, wounded, corpses; cleaned and prepared bodies for burial; searched bodies for identification; or transported any of these people?
49. Has this happened more than one time? When, and where (city, location in the country side)?
50. Does any particular incident of attacks or bombings stand out in your mind? Please tell us about it.
51. Did you clean up the rubble, recovered your things from the rubble, rebuild the house on the rubble?
52. Have you found strange objects nearby your residence (did you collect them)? Or, have you searched locations, equipment, buildings, caves, bunkers or other places, to collect materials?
53. Have your children played in bomb craters, buildings, construction sites or collected materials salvaged from sites that have been bombed?
54. Is there anything else you feel we might be interested in knowing?
55. Do you use hair dyes?

The following is a self evaluation of problems you may have experienced. If you sought medical help or if you remember it clearly please answer them. Do not reply if you are not sure.

56. During the bombings did you experience any of the following (check as many boxes as relevant)?
- a. Nose bleeds and or runny nose
 - b. Irritation and stinging sensations in throat, nasal passages, mouth
 - c. Skin and or eyes irritation and burning
 - d. Dry, upper respiratory cough
 - e. Cough, Cold and flu like symptoms lasting for weeks
57. After the bombings did you experience any of the following (check as many boxes as relevant)?
- a. Unusual tiredness, fatigue, weakness (disabling fatigue)
 - b. Intermittent fevers
 - c. Sweating at night
 - d. Short-term memory loss, inconsistent memory capacity

- e. Mental confusion and disorientation
- f. Depression and loss of initiative
- g. Headaches
- h. Recurring or continuous pain?
- i. Where?
- j. Chronic cold or flu, persistent with respiratory symptoms
- k. Asthma, chronic bronchitis
- l. Stinging sensation when urinating, ejaculating
- m. Gastrointestinal problems.

Thank you for your help. We may need to contact you in a few weeks to get some samples of your hair and nail. Please tell us how we can contact you?

Telephone number
Signature