

Sister Study Baseline
Computer-Assisted Telephone Interview (CATI)

Main

STUDY ID**NAME****PRIMARY PHONE NUMBER****CATI TOP STATUS****SPECIAL ACCOMODATION: TYPE****EMSI VISIT (yes or no)****DATE of VISIT (yes or no)****Appointment (date or pending)*****R REQUESTS ON HOLD STATUS**

*(*We'll need to be able to capture: recontact date, enrollee will call us, call enrollee on or after recontact date, phone number and time) Ans, where will this be and how will we get to it? This needs to be in with the appointment stuff.*

Make a Dial

1. Interview
2. Non Contact
3. Appointment
4. Refusal
5. Supervisor Review

<CATI TOP STATUS WILL ROUTE APPROPRIATELY:**MN -> SS;****IF SS COMPLETED, THEN: MN ->IN;****IF CATIp1 IS A PARTIAL, THEN WHEN RESUMING: MN -> PN;****IF CATIp1 IS COMPLETE, THEN WHEN RESUMING: MN -> IP;****IF CATIp2 IS A PARTIAL, THEN WHEN RESUMING: MN -> PP >**

MN – Main

SS – Setting the Stage

IN – CATI part 1 Introduction

PN – Partial CATI part 1 Introduction

IP – CATI part 2 Introduction

PP – Partial CATI part 2 Introduction

<IF CATIp1 BECOMES A PARTIAL, THEN WHEN CLOSING: GOTO -> CN;**IF CATIp1 IS BEING COMPLETED, THEN WHEN CLOSING: GOTO -> CI;****IF CATIp2 BECOMES A PARTIAL, THEN WHEN CLOSING: GOTO -> CP;****IF CATIp2 IS BEING COMPLETED, THEN WHEN CLOSING: GOTO -> CC>**

CN – Partial CATI part 1 Closing

CI – CATI part 1 Closing

CP – Partial CATI part 2 Closing

CC – CATI part 2 Closing

MN1. Hello, my name is _____ and I'm calling about the Sister Study.

MN2. May I please speak with [NAME]?

YES.....1
 NOT AVAILABLE[GO TO CB SCREEN].....2
 WRONG #[GO TO PHONE # VER].....3
 REFUSAL BY RESPONDENT. [GO TO REF SCREEN]4
 REFUSAL BY OTHER[GO TO REF OTH SCREEN]...5

[IF ASK PURPOSE OF CALL, THEN SAY: "We're calling about a health study being conducted for the National Institute of Environmental Health Sciences. She recently contacted us about the study. Is she available?]

MN3. Ms. [LAST NAME], I'm calling about the Sister Study, the study of breast cancer. According to my records, you told us [PREFERRED DAYS/TIMES] would be a good time to contact you. Do you have *[a few minutes to speak with me now? I would like to see if you have any questions about your Sister Study kit and upcoming home visit, and then schedule the first part of your phone interview. /time to begin the first part of your phone interview/have time to begin the second part of your phone interview/have time to finish the first part of your phone interview/time to finish the rest of first half of your phone interview/time to finish the rest of the second half of your phone interview.]?*

- "a few minutes to speak with me now..." = *Set the Stage*
- "time to begin the first part of your telephone interview" = *Part 1*
- "time to begin the second part of your phone interview" = *Part 2*
- "time to finish the first part of your phone interview" = *Partial Part 1*
- "time to finish the rest of the second half of your phone interview" = *Partial Part 2*

YES.....[LAUNCH SET THE STAGE].1
 NO.....[GOTO CB SCREEN].....2
 ON HOLD STATUS REQ...[GOTO OH SCRIN]..3

Set the Stage

Before we begin, I would like to take this opportunity, on behalf of the entire Sister Study staff, to thank you for taking part in this important national study.

<ASK SS1/SS2 ONLY ONE TIME, FIRST TIME THROUGH SS>

SS1. In order to protect your confidentiality, I need to verify that I'm speaking with the correct person. Would you please spell your first, middle, last and maiden name?

[IF CORRECTION NEEDED, RECORD ON NAME AND ADDRESS FORM AND TURN INTO SUPERVISOR] ALL CORRECT.....1
CORRECTION NEEDED.....2

Thank you. Now I need to verify some eligibility information that you gave us when you enrolled.

SS2. Please tell me your date of birth.
[ENTER DOB]

/ /
 MONTH DAY YEAR

SS2a. I've entered [MM/DD/YYYY] as your DOB. Is this correct? YES.....1
NO.....[SS2].....2

<IF SS2a=1 THEN, CHECK AGE CALCULATED FROM SS2 AGAINST AGE REPORTED IN WS/CC FOR R; IF CALCULATED AGE FROM SS2 FALLS OUTSIDE OF ELIGIBILITY AGE REQUIREMENT (i.e., 35-74) THEN GO TO TERMAGE SCREEN >

<DO NOT ASK SS3 AND SS4 IF BREAST CANCER STATUS IS NEW DIAGNOSIS SINCE EC DATE; NOTIFICATION OF NEW STATUS MAY COME THROUGH HELP DESK, ETC.>

SS3. I see in your record that you've never been diagnosed with breast cancer. Is that correct?

YES.....[SS5].....1
NO.....2

SS4. Have you been diagnosed with breast cancer since you enrolled in the Sister Study on [EC Date]?

YES.....1
NO.....[*].....2

<*IF SS4=2, GO TO TERMSTATUS >

SS5. I see in your record that you have a sister who was diagnosed with breast cancer. Is that correct?

YES.....1
NO.....[TERMSTATUS].....2

<ASK SS6-SS9 ONLY IF R IS AGE 35-55, ELSE GO TO SS8:>

SS6. Are you currently pregnant?

YES.....1
 NO.....[SS7].....2
 REF.....[SS7].....7
 DK.....[SS7].....8

SS6a. What is your due date?

[VERIFY: I've entered [DUE DATE]
 as your due date. Is this correct?]

/ /
 MONTH DAY YEAR

<IF SS6 = YES, READ INTO TERMPREG DUE DATE FROM SS6a AND GO TO TERMPREG>

SS7. Have you been pregnant within the past three months?

YES.....1
 NO.....[SS8]2
 REF.....[SS8]7
 DK.....[SS8]8

SS7a. What month and day did your pregnancy end?

[VERIFY: I've entered [DATE PREG ENDED].
 Is this correct?]

/ /
 MONTH DAY YEAR

<IF SS7 = YES, READ INTO TERMPREG DUE DATE FROM SS7a AND GO TO TERMPREG>

Now I'd like to review your kit.

SS8. Your Sister Study kit was sent through Federal Express.

Have you received your kit?

YES.....1
 NO.....2

<IF SS8=1, ASK SS9, ELSE GO TO SS8a>

<IF SS8=2 OR DK, THEN GO TO SS8a>

<IF SS8=REF (R REFUSES TO ACKNOWLEDGE RECEIPT OF KIT,) THEN GO TO SS8b.>

SS8a. I apologize for the delay. I will have a staff person follow up on this immediately to make sure you receive your study materials.

[Note: Rationale for break off once Set the Stage is completed, EMSI order can be placed. R needs kit prior to order being placed to sign consent forms and get materials.]

RESET BEST TIME.....[CB SCRIN].....1
[IF R VOLUNTEERS] SET APPOINTMENT....[CB SCRIN].....2
 ON HOLD STATUS REQ...[GOTO OH SCRIN]...3

SS8b. I understand that you are reluctant to answer this question. I will have a study staff person follow up on this immediately, to see what your concerns are.

[BREAK OFF AND CODE AS SUPERVISOR MUST REVIEW.]

SS9. Have you had a chance to look through it?

YES.....1

NO.....2

IF YES: Great. I would like to briefly cover a few highlights as they relate to your study activities.

IF NO: Okay that's fine. I would like to briefly cover a few highlights as they relate to your study activities.

I'm going to review the different sections in the kit, starting with the green tabbed folder.

- In the green tabbed folder, you will find two copies of the study consent form, one is for your records and the other is for you to sign and give to the EMSI examiner.
- The next is the blue tab: the blue tabbed folder contains a Life Events worksheet and Medications booklet for you to use during your phone interviews. It will be helpful for you to have your Life Events Worksheet for both parts of the interview. You won't need the Medications booklet until the second part. These do not need to be returned with other materials. They are simply meant to be guides to use during the interviewing process.
- In the purple tabbed folder, you'll find three questionnaires: they are the Diet Questionnaire, Family History Questionnaire, and the Personal Care Products Questionnaire. We have included a pen and pencil, in the kit, for your use when filling these out.
- The yellow tabbed folder, includes everything you need for collecting your toenails.
- In the gray tabbed folder, you will find everything you need to collect the dust samples from your house.

Anytime before your visit, please complete the following: collect your toenails and dust samples; read and sign the consent forms in the green tabbed folder; and fill out the questionnaires in the purple tabbed folder.

- Lastly, you'll find the orange tabbed folder, which contains a short questionnaire (24 Hour Questionnaire) and instructions for collecting your urine from when you first wake up for the day. Please plan on completing this questionnaire and collecting your urine on the day of your visit.

A company called EMSI will be doing your home visit. In the very back of the kit, you will see a red tabbed folder, everything in there is for the examiner to use. They will begin trying to contact you soon.

SS10. Do you have any (other) questions about these materials or the study requirements?

YES.....1

NO.....2

SS11. Now, I'd like to schedule a time to do the first part of your phone interview. It is important, for scientific reasons, that we complete your phone interview and home visit within the next several weeks. So, as you pick a time for your phone interview, please keep this in mind.

SET APPOINTMENT.....[CB SCRIN].....1

LAUNCH CATI PART ONE.....2

ON HOLD STATUS REQ...[GOTO OH SCRIN]...3

[If SS11=1, then read after setting appointment.]

We look forward to speaking with you on [APPOINTMENT DATE/TIME.] If you do find that you have any questions, you can always call our Sister Study Help Desk, toll free, at 1-877-4SISTER (1-877-474-7837.) Thank you very much for your time.

[If SS11=2, then read this sentence.]

Let me check with my supervisor, to make sure that we have an opening available.

[IF no staff available, set appointment; ELSE launch CATI Part One.]

CATI Part One Initial Intro

Before we get started, I want to remind you that this part of the telephone interview will take about one hour. Your participation is voluntary and all of the information we collect will be kept strictly confidential. If, for any reason, you would rather not answer a question, just tell me and we can go on to the next one.

IN1. Have you already had your blood drawn for this study? YES.....1
NO.....2

<READ PREAMBLE TO IN2 AND ASK IN2 ONLY IN Intro for CATI part I>

The purpose of the next question is to help us keep in touch with you. This information will be kept separately from the data collected for this study and will be kept strictly confidential. Although providing this information is voluntary, if you choose not to answer, it may be more difficult for us to keep in contact with you over the course of the study.

IN2. What is your social security number?

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Next, I would like to explain how this interview is structured. I am going to read you a set of questions exactly as they are worded. This way, everyone in the study will be answering the exact same questions. Sometimes you will answer in your own words. At other times, I will give you a list of choices and ask you to pick the one that fits best. If, at any time during the interview, you have any questions, please let me know.

<IF R IS TOTALLY BLIND: BEGIN CATI PART ONE. ALL OTHER RESPONDENTS: READ SCRIPT>

You should have received a life events worksheet with your Sister Study kit. I will need you to refer to this during the interview.

IN3. Have you filled out your life events worksheet? (This is a blue form.) YES.....1
NO..... [***]2
CAN'T FILL OUT
(ILLITERATE)[****].....3

<* IF IN3 = 2:>** We can still begin part 1 of your telephone interview, but please take some time to fill out your worksheet before you do part 2 of your interview. **<BEGIN CATI PART 1>**

<** IF IN3 = 3:>** We can still begin part 1 of your telephone interview. **<BEGIN CATI PART 1>**

IN4. Do you have your worksheet in front of you? YES....[BEGIN CATI PART 1]...1
[ALLOW R TIME TO GATHER THESE MATERIALS IF NEEDED] NO.....[*****].....2

<*** IF IN4 = NO:>** We can still begin part 1 of your telephone interview. **<BEGIN CATI PART 1>**

CATI Part One Partial Intro

<IF IN3=1 FROM CATI PART ONE INTRO, THEN ASK PN1:>

<IF IN3=2 FROM CATI PART ONE INTRO, THEN ASK PN2: >

<IF IN3=3 FROM CATI PART ONE, THEN GO TO PN3:>

PN1. You told us last time we talked that you had filled out your life events worksheet, do you have it in front of you?

YES.....1

NO.....2

<IF PN1=2 THEN GO TO PN3:>

PN2. You should have received a life events worksheet with your Sister Study kit. I will need you to refer to this during the interview. Have you had a chance to fill it out?

YES.....1

NO.....[***].....2

CAN'T FILL OUT

(ILLITERATE).....[****].....3

<*** IF PN2=2:> We can still finish the first part of your phone interview, but please take some time to fill out your worksheet before you do part 2 of your interview. <BEGIN CATI PART 1>

<****IF PN2=3, THEN GOTO PN3>

PN3. According to my records, we left off in the [*Personal History of Cancer, Sister History of Cancer, Breast Conditions, Residential, Physical Activity, Smoking, Alcohol, Sleep, Questions about your Background*] section. Please bear with me as I get to the last answered question.

HIT 1 TO CONTINUE

CATI Part Two Intro

Before we get started, I want to remind you that this part of the telephone interview will take about one hour. Your participation is voluntary and all of the information we collect will be kept strictly confidential. If, for any reason, you would rather not answer a question, just tell me and we can go on to the next one.

<IF IN3 OR PN2=3, THEN GOTO IP5>

You should have received a life events worksheet and [*medications booklet/medications booklet in Braille*] with your Sister Study kit. It will be helpful for you to have these and any medications that you are currently taking for this part of the phone interview.

[ALLOW R TIME TO GATHER THESE MATERIALS IF NEEDED]

<IF IN3 OR PN2=1, THEN GO TO IP2:>

IP1. Have you filled out your life events worksheet? (This is a blue form.)	YES.....1 NO..... [***]2 CAN'T FILL OUT (ILLITERATE)[****].....3
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<* IF IP1 = 2 :>** We can still begin part 2 of your phone interview. **<GO TO IP3>**

<**IF IP1=3, THEN GO TO IP5:>**

IP2. Do you have your worksheet in front of you?	YES.....1 NO.....[*****].....2
---	-----------------------------------

<*** IF IP2 = NO:>** We can still begin part 2 of your phone interview.

IP3. Do you have your medications booklet in front of you? (You'll find the booklet in the blue tabbed folder.)

YES.....1 NO.....[*****].....2

<**IF IP3=2, THEN DO NOT ASK R IF SHE HAS LISTS IN SECTIONS PG & MC:>**

<**IF IP3=2, THEN:** We can still continue with your interview.:>

IP4. Can you read the medications booklet clearly?	YES.....1 NO.....2
---	-----------------------

<IF IP4=2, THEN DO NOT REFER TO LISTS/BOOKLET IN PG, MC, & MD>

<IF R IS TOTALLY BLIND, BEGIN CATI PART 2. ALL OTHER R: CONTINUE:>

<IF IN3 OR PN2 or IP1=3, THEN: It will be helpful for you to have any medications that you are currently taking with you for this part of the phone interview.>

IP5. Do you have your current medications in front of you? [ALLOW R TIME TO GATHER MEDICATIONS IF NEEDED]	YES.....1 NO.....2 DON'T TAKE MEDS6
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<LAUNCH CATI part 2>

CATI Part Two Partial Intro

<IF IN3 OR PN2 OR IP1=1, THEN ASK PP1:>

<IF IN3 OR PN2 OR IP1=2, THEN ASK PP2: >

<IF IN3 OR PN2 OR IP1=3, THEN GO TO PP3:>

PP1. You told us last time we talked that you had filled out your life events worksheet, do you have it in front of you?

YES.....1

NO.....2

<IF PP1=2 THEN GO TO PP3.:>

PP2. You should have received a life events worksheet with your Sister Study kit. I will need you to refer to this during the interview. Have you had a chance to fill it out?

YES.....1

NO.....2

<*** IF PP2 = 2:> We can still finish the rest of your phone interview. <GO TO PP3>

PP3. According to my records, we left off in the [*Occupation, Pregnancy, Hormone, Medical Conditions, Medications, Growth & Development*] section. Please bear with me as I get to the last answered question.

HIT 1 TO CONTINUE

CATI Part One *Closing For Partial*

Closing

CN1: [ACKNOWLEDGE NEED TO BREAK OFF] Before we hang up, I'd like to find out when would be the best time to give you a call back.

BEST TIME.....[CB SCRNL].....1
APPOINTMENT ...[CB SCRNL].....2
ON HOLD STATUS REQ...[GOTO OH SCRNL]...3

CATI Part Two *Closing For Partial*

Closing

CP1: [ACKNOWLEDGE NEED TO BREAK OFF] Before we hang up, I'd like to find out when would be the best time to give you a call back.

BEST TIME.....[CB SCRNL].....1
APPOINTMENT ...[CB SCRNL].....2
ON HOLD STATUS REQ...[GOTO OH SCRNL]...3

CATI Closing for Part One

We have finished part 1 of your phone interview. Before we hang up, I'd like to schedule a time for the second part of your interview. **[GO TO CALL BACK SCREEN]**

CI1. Okay. For Part 2 of your phone interview, it will be helpful for you to have your medications booklet, your life events worksheet and any medications that you are currently taking. We look forward to speaking with you on [APPOINTMENT DATE/TIME.] Thank you very much for your time.

INTERVIEWER REMARKS

CI2. The overall quality of this part of the interview is..... HIGH QUALITY.....[CI4].....1
 SATISFACTORY....[CI4].....2
 QUESTIONABLE.....3
 UNSATISFACTORY.....4

CI3. The main reason for questionable or unsatisfactory quality of information is because the respondent.....

did not want to be more specific or provide
 some more information.....01
 did not understand or speak English well.....02
 was distracted by other things going on in the
 background, or frequent interruptions.....03
 had poor hearing or speech.....04
 was physically ill.....05
 provided inconsistent information.....06
 other.....07
 specify _____

CI4. Please enter additional comments here:

CATI Closing for Part Two

CC1. Is there anything else you would like to tell us about your health or about exposures you have had that you think we should know?

YES.....1

NO.....[closing script].....2

CC2. Please specify: _____

<CLOSING SCRIPT>

We have finished the baseline phone interview. As soon as all of your first year study activities are completed, we will be sending you a thank you letter and an address & telephone # update form. We appreciate you keeping us informed if you move or change your phone number. We will also send you a health status update form; we ask that you let us know about any health problems you develop over the next year, by either filling out the form and returning it to us, or calling the toll free Sister Study number, 1-877-474-7837. Thank you very much for your contribution to this important research.

INTERVIEWER REMARKS

CC3. The overall quality of this part of the interview is..... HIGH QUALITY.....[CC5].....1
 SATISFACTORY....[CC5].....2
 QUESTIONABLE.....3
 UNSATISFACTORY.....4

CC4. The main reason for questionable or unsatisfactory quality of information is because the respondent.....

did not want to be more specific or provide
 some more information.....01
 did not understand or speak English well.....02
 was distracted by other things going on in the
 background, or frequent interruptions.....03
 had poor hearing or speech.....04
 was physically ill.....05
 provided inconsistent information.....06
 other.....07
 specify _____

CC5. Please enter additional comments here: _____

LEDGER

AM,M = Answering Machine Message
CB SCREEN = Call Back Screen
OH SCREEN = On Hold Screen
PHONE #VER = Phone Number Verification Screen
REF SCREEN = Refusal Screen
REF OTH SCREEN = Refusal by Other Screen
SUPEVIEW SCREEN = Supervisor Must Review Screen
TERMAGE = Term age
TERM WR# = Term wrong number
TERMPREG = Term pregnancy

SECTION PX: PERSONAL HISTORY OF CANCER

I'd like to begin with some questions about cancer.

<IF INT 9 = YES, GO TO PX2>

PX1. <FIRST OCCURRENCE:>

Have you ever been diagnosed with any type of cancer?

<ALL OTHER OCCURRENCES:>

Were there any other times you were diagnosed with cancer?

YES..... 1
NO..... [PX8] 2
REF [PX8] 7
DK..... [PX8] 8

<BEGIN REPEATING RECORD - CANCER TYPE>

PX2. What type or types of cancer did you have at the time of your [*first/next*] diagnosis?

[CHECK ALL THAT APPLY]

[IF R ANSWERS "SKIN CANCER," PROBE:

Was this melanoma or non-melanoma skin cancer?]

[IF R GIVES A CLINICAL RESPONSE, THAT DOES NOT MATCH A CATEGORY AND IS NOT A PART OF THE BODY, PROBE: "What specific part of the body did this cancer affect?"]

BASAL CELL CARCINOMA 1
BLADDER..... 1
BLOOD 1
BOWEL 1
BRAIN 1
BREAST 1
CERVIX, CERVICAL 1
COLON, COLORECTAL 1
ENDOMETRIAL 1
HODGKIN'S DISEASE 1
INTESTINE, INTESTINAL 1
LEUKEMIA..... 1
LUNG 1
LYMPH NODES 1
LYMPHOMA 1
MELANOMA SKIN CANCER..... 1
NON-MELANOMA SKIN CANCER
(EXAMPLE: BASAL OR
SQUAMOUS CELL CARCINOMA)1
NON-HODGKIN'S LYMPHOMA 1
OVARY, OVARIAN 1
RECTUM, RECTAL 1
SQUAMOUS CELL CARCINOMA.. 1
UTERUS, UTERINE 1
OTHER1 SPECIFY: 1
OTHER2 SPECIFY: 1
OTHER3 SPECIFY: 1

**<ASK ONLY IF PX2 = BASAL CELL CARCINOMA OR SQUAMOUS CELL CARCINOMA;
ELSE GO TO PX3>**

PX2a. Was this (basal cell/squamous cell) skin cancer?

YES..... 1
NO..... 2

<ASK ONLY IF MORE THAN ONE CATEGORY IS CHECKED IN PX2; ELSE, GO TO PX4.>

<ASK ONLY IF MORE THAN ONE CATEGORY IS CHECKED IN SX13; ELSE, GO TO SX15.>

PX3. Where did the cancer begin? [IF R HAD
"METASTATIC CANCER AND DOES NOT KNOW
WHERE IT STARTED, CODE AS "OTHER"
AND REMARK.]
[IF R WAS TOLD BY DOCTOR THAT THE
CANCER STARTED IN TWO OR MORE (PRIMARY)
SITES AT THE SAME TIME, CODE AS "OTHER"
AND SPECIFY "MULTIPLE PRIMARIES OF
UNDETERMINED ORIGIN."]

BASAL CELL CARCINOMA	01
BLADDER.....	02
BLOOD.....	03
BOWEL	04
BRAIN	05
BREAST	06
CERVIX, CERVICAL.....	07
COLON, COLORECTAL	08
ENDOMETRIAL.....	09
HODGKIN'S DISEASE	10
INTESTINE, INTESTINAL	11
LEUKEMIA.....	12
LUNG	13
LYMPH NODES	14
LYMPHOMA	15
MELANOMA SKIN CANCER.....	16
NON-MELANOMA SKIN CANCER (EXAMPLE : BASAL OR SQUAMOUS CELL CARCINOMA).....	17
NON-HODGKIN'S LYMPHOMA ..	18
OVARY, OVARIAN	19
RECTUM, RECTAL	20
SQUAMOUS CELL CARCINOMA	21
UTERUS, UTERINE.....	22
OTHER	99
SPECIFY: _____	

<ASK ONLY IF PX2 = BREAST CANCER; ELSE GO TO PX5>

PX4. What was the date of your diagnosis?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTH		DAY		YEAR	

<GO TO PX6 >

PX5. How old were you at the time of this diagnosis?

[IF LESS THAN ONE YEAR OLD, ENTER AS "00"]

<input type="text"/>	<input type="text"/>
AGE	

PX6. Did you have chemotherapy as a result of this
diagnosis?

YES	1
NO.....	2

PX7. Did you have radiation therapy as a result of this
diagnosis?

YES	1
NO.....	2

<GO TO PX1>

<END REPEATING RECORD - CANCER TYPE>

PX8. Have you been tested for BRCA 1 or 2? This is genetic
testing for breast cancer genes.

YES	1
NO.....[NEXT SECTION]	2
REF	7
DK.....[NEXT SECTION]	8

PX9. Were you told that you have a mutation in one
of the known breast cancer genes?

YES 1
NO..... 2

SECTION SX: SISTER HISTORY

Now I'd like to ask you some questions about your sister[s].

SX1. I see in your record that you have [# *SISTERS FROM SCREENER*] sister[s], living or deceased, with whom you share at least one biological parent. Is this correct?

YES [SX2] 1
NO 2

<IF SX1=YES, FILL SX1a WITH # OF SISTERS FROM ENROLLMENT DATA>

SX1a. How many sisters do you have, living or deceased, who share at least one biological parent with you?

OF SISTERS

<BEGIN REPEATING RECORDS - SISTER>

SX2. Please tell me your [*oldest/next oldest*] sister's first, last and maiden name. [VERIFY SPELLING.]

FIRST NAME: _____

LAST NAME: _____

MAIDEN NAME: _____

SX3. QUESTION DELETED

SX4. QUESTION DELETED

SX5. What is your sister's date of birth? (If you don't know her full date of birth, please give as much information as you can.)

MONTH DAY YEAR

SX6. Is [*FIRST NAME*] still living?

YES 1
NO [SX8] 2
REF [SX10] 7
DK [SX10] 8

<ASK ONLY IF SX6 = YES AND SX5-YEAR = DK; ELSE GO TO SX10>

SX7. How old is she now?

[IF LESS THAN ONE YEAR OLD, ENTER AS "00"]

AGE

<GO TO SX10>

SX8. What year did she die?

YEAR

<ASK IF SX8 = DK>

<ASK ONLY IF SX6 = NO AND SX5-YEAR = DK; ELSE GO TO SX10>

SX9. How old was she when she died?

AGE

SX10. [*Is/Was*] she your full sister or half sister?

FULL [SX12] 01
HALF 02
IDENTICAL TWIN [IF
VOLUNTEERED] [SX12] 03
FRATERNAL TWIN IF
VOLUNTEERED] [SX12] 04
TWIN, NOT SPECIFIED [IF
VOLUNTEERED] [SX12] 05
ONE OF A MULTIPLE BIRTH [IF
VOLUNTEERED] [SX12] 06

SX11. [Do/Did] you share the same biological mother or the same biological father? [IR R SYAS SHE AND HER SISTER SHARE THE SAME MOTHER AND FATHER, GO BACK TO SX10 AND CHANGE RESPONSE TO "FULL" SISTER.]

SAME MOTHER..... 1
SAME FATHER 2

<BEGIN REPEATING RECORDS – SISTER CANCER HISTORY>

SX12. <FIRST OCCURRENCE:>

[Has/Was] [FIRST NAME] ever [been] diagnosed with any type of cancer?

<ALL OTHER OCCURRENCES:>

Were there any other times she was diagnosed with cancer?

YES 1
NO [SX20] 2
REF [SX20] 7
DK [SX20] 8

SX13. What type or types of cancer did she have at the time of her [first/next] diagnosis? [CHECK ALL THAT APPLY] [IF R ANSWERS "SKIN CANCER," PROBE: Was this melanoma or non-melanoma skin cancer?] [IF R GIVES A CLINICAL RESPONSE, THAT DOES NOT MATCH A CATEGORY AND IS NOT A PART OF THE BODY, PROBE: "What specific part of the body did this cancer affect?"]

BASAL CELL CARCINOMA 1
BLADDER 1
BLOOD 1
BOWEL 1
BRAIN 1
BREAST 1
CERVIX, CERVICAL 1
COLON, COLORECTAL 1
ENDOMETRIAL 1
HODGKIN'S DISEASE 1
INTESTINE, INTESTINAL 1
LEUKEMIA 1
LUNG 1
LYMPH NODES 1
LYMPHOMA 1
MELANOMA SKIN CANCER 1
NON-MELANOMA SKIN CANCER
(EXAMPLE: BASAL OR
SQUAMOUS CELL CARCINOMA) 1
NON-HODGKIN'S LYMPHOMA 1
OVARY, OVARIAN 1
RECTUM, RECTAL 1
SQUAMOUS CELL CARCINOMA.. 1
UTERUS, UTERINE 1
OTHER1 SPECIFY: 1
OTHER2 SPECIFY: 1
OTHER3 SPECIFY: 1

<ASK ONLY IF SX13 = BASAL CELL CARCINOMA OR SQUAMOUS CELL CARCINOMA; ELSE GO TO SX14>

SX13a. Was this (basal cell/squamous cell) skin cancer?

YES 1
NO 2

<ASK ONLY IF MORE THAN ONE CATEGORY IS CHECKED IN SX13; ELSE, GO TO SX15.>

SX14. Where did the cancer begin? [IF SISTER HAD "METASTATIC CANCER AND DOES NOT KNOW WHERE IT STARTED, CODE AS "OTHER" AND REMARK.] [IF SISTER WAS TOLD BY DOCTOR THAT THE CANCER <u>STARTED IN TWO OR MORE (PRIMARY) SITES AT THE SAME TIME</u> , CODE AS "OTHER" AND SPECIFY "MULTIPLE PRIMARIES OF UNDETERMINED ORIGIN."]	BASAL CELL CARCINOMA 01 BLADDER..... 02 BLOOD 03 BOWEL 04 BRAIN 05 BREAST 06 CERVIX, CERVICAL..... 07 COLON, COLORECTAL 08 ENDOMETRIAL..... 09 HODGKIN'S DISEASE 10 INTESTINE, INTESTINAL 11 LEUKEMIA..... 12 LUNG 13 LYMPH NODES 14 LYMPHOMA 15 MELANOMA SKIN CANCER..... 16 NON-MELANOMA SKIN CANCER (EXAMPLE : BASAL OR SQUAMOUS CELL CARCINOMA)..... 17 NON-HODGKIN'S LYMPHOMA .. 18 OVARY, OVARIAN 19 RECTUM, RECTAL 20 SQUAMOUS CELL CARCINOMA 21 UTERUS, UTERINE 22 OTHER 99 SPECIFY: _____
--	--

SX15. How old was she at the time of this diagnosis?
[IF LESS THAN ONE YEAR OLD, ENTER AS "00"]

--	--

AGE

<ASK ONLY IF SX15 = DK OR RF>

SX15a. Was she in her...	teens 01 20s 02 30s 03 40s 04 50s 05 60s 06 70s 07 80s 08 90 or older 09
--------------------------	--

<ASK SX16-SX19 ONLY IF SX13 = BREAST CANCER>

SX16. Was the cancer found in her left breast, her right breast, or both breasts?	LEFT BREAST..... 1 RIGHT BREAST 2 BOTH BREASTS 3
SX17. There are different types of breast cancer. I am going to read a list. Please tell me if your sister was diagnosed with any of these types. [ADD REMARK AND NOTE ANY COMMENT GIVEN ON DIAGNOSIS.]	ductal carcinoma in situ (DCIS)..... 1 lobular carcinoma in situ (LCIS)..... 2 invasive (infiltrating) ductal carcinoma 3 invasive (infiltrating) lobular carcinoma 4

SX18. Was the breast cancer estrogen receptor positive, or
"ER positive"? YES 1
NO 2

SX19. Was the breast cancer progesterone receptor positive,
or "PR positive"? YES 1
NO 2

<END REPEATING RECORDS – SISTER CANCER HISTORY>

<ASK ONLY IF SISTER'S CURRENT AGE OR AGE AT DEATH IS \geq 30>

SX20. [*Before her diagnosis of breast cancer, had/did*]
[*Has/Did*] [*FIRST NAME*]'s menstrual periods YES 1
[*stopped/stop*] permanently? NO [*] 2
CURRENTLY GOING THROUGH
MENOPAUSE .[*] 6
REF [*] 7
DK [*] 8

<* GO TO SX22x1 OR NEXT SISTER OR NEXT SECTION>

SX21. Did her periods stop due to... a natural menopause 1
the surgical removal of her
uterus or ovaries 2
radiation or chemotherapy 3

SX22. At about what age did [*she go through menopause/*
she have her uterus or ovaries removed /she undergo
radiation or chemotherapy that stopped her periods
permanently]?
[IF R GIVES A RANGE OF AGES,
RECORD THE OLDEST AGE.]

AGE

<NEXT SISTER OR NEXT SECTION>

<ASK ONLY IF SX13 = BREAST CANCER>

SX22x1. Did your sister's breast cancer treatment cause
her periods to stop permanently? (This may
include radiation, chemotherapy, Tamoxifen,
or other treatments.) YES 1
NO[NEXT SISTER/NEXT SECT] . 2
REF...[NEXT SISTER/NEXT SECT] . 7
DK[NEXT SISTER/NEXT SECT] . 8

SX22x2. At about what age did her periods stop
due to breast cancer treatment?

AGE

<END REPEATING RECORDS – SISTER>

SECTION BC: GENERAL HEALTH AND BREAST CONDITIONS

Now I'm going to ask you a few questions about your general health and then some questions about any breast conditions you may have had.

BC1. In the past 12 months, would you say your health
has generally been...

excellent	1
very good.....	2
good.....	3
fair	4
poor	5

BC1a. When was your most recent routine physical exam,
or complete check up? Would you say it was...

less than 6 months ago	1
from 6 months to 1 year ago	2
more than 1 but less than 2 years ago	3
2-5 years ago	4
more than 5 years ago	5

BC2. Have you been to a dentist in the past 12 months?

YES	1
NO.....	2

BC3. Have you ever been told you had periodontal or gum disease?

YES	1
NO.....	2

BC4. Have you ever lost any adult teeth due to disease or decay?
(Please do not count wisdom teeth extractions, or teeth lost
due to accidents, violence or orthodontistry.)

YES	1
NO.....	2

The next few questions are about cancer screenings you may have had.

BC4a. Have you ever had your colon checked by having a
colonoscopy or sigmoidoscopy exam?

YES	1
NO.....	2

BC5. Have you had a Pap smear or pelvic exam in the past 12 months?

YES	1
NO.....	2

BC6. Have you had a breast exam by a doctor or other
health care provider in the past 12 months?

YES	1
NO.....	2

BC7. Have you ever had a mammogram?

YES	1
NO..... [BC8a]	2
REF	7
DK..... [BC8a]	8

BC8. Was your last mammogram....

less than a year ago	1
one to two years ago.....	2
more than two years ago	3

BC8a. Have you ever had a screening ultrasound of the breast?

YES	1
NO..... [BC8b]	2

BC8aAge. How old were you when you first had a
screening ultrasound of the breast?

--	--	--

AGE

BC8b. Have you ever had a screening MRI of the breast? YES 1
NO [BC10a] 2

BC8bAge. How old were you when you first had a screening MRI of the breast?

AGE

BC9. QUESTION DELETED

BC10. Has a doctor or other health professional told you that you ever had any of the following breast conditions?
Please answer “yes” or “no” for each.

	Y	N
a. breast lumps or nodules.....	1	2
b. dense breasts	1	2
c. uneven or one-sided breast densities.....	1	2
d. breast cysts	1	2
e. fibrocystic breasts.....	1	2
f. breast calcifications	1	2
g. fibroadenoma	1	2
h. any other breast condition	1	2

<IF “NO” TO ALL BC10a-h, GO TO BC 21>

<IF “BREAST LUMPS OR NODULES” IS “NO” IN BC10a, THEN DO NOT ASK BC11-12a>

<IF “BREAST CYSTS” IS “NO” BC10d, THEN DO NOT ASK BC13-14a>

Have you ever had [PROCEDURE] ...	How old were you when you first had [PROCEDURE]?	How many times in total have you had [PROCEDURE]?
BC11. a breast lump or lumps totally removed (lumpectomy)? YES 1 NO [BC13] 2	BC12. <input type="text"/> <input type="text"/> AGE	BC12a. <input type="text"/> <input type="text"/> # OF TIMES
BC13. a breast cyst or cysts drained (aspirated) or removed? YES 1 NO [BC15] 2	BC14. <input type="text"/> <input type="text"/> AGE	BC14a. <input type="text"/> <input type="text"/> # OF TIMES
BC15. a needle biopsy to diagnose a breast condition? YES 1 NO [BC17] 2	BC16. <input type="text"/> <input type="text"/> AGE	BC16a. <input type="text"/> <input type="text"/> # OF TIMES
BC17. a surgical biopsy to diagnose a breast condition? YES 1 NO [BC19] 2	BC18. <input type="text"/> <input type="text"/> AGE	BC18a. <input type="text"/> <input type="text"/> # OF TIMES
BC19. any other type of biopsy to diagnose a breast condition? YES 1 NO [BC21] 2	BC20. <input type="text"/> <input type="text"/> AGE	BC20a. <input type="text"/> <input type="text"/> # OF TIMES

BC21. Have you had a mastectomy to prevent breast cancer, that is, a prophylactic mastectomy? YES 1
NO [BC23] 2
REF [BC23] 7
DK [BC23] 8

BC22. How old were you when you had the prophylactic mastectomy?

AGE

BC23. [*Before your mastectomy did/Have*] you ever [*have/had*] breast reduction surgery? YES 1
NO..... [BC25] 2
REF [BC25] 7
DK..... [BC25] 8

BC24. How old were you when you had breast reduction surgery?

AGE

<BEGIN REPEATING RECORD - BREAST ENLARGEMENT>

BC25. [*Before your mastectomy did/Have*] you ever [*have/had*] [*another*] breast enlargement surgery? YES 1
NO..... [BC33] 2
REF [BC33] 7
DK..... [BC33] 8

BC26. How old were you when you had [*the next*] breast enlargement surgery? [IF R REPORTS MULTIPLE SURGERY AGES: Please tell me your age when you had the [*first/second/...*] surgery; I will ask about additional breast enlargement surgeries after I get some information about the [*first/second/...*] one.]

AGE

BC27. Was the surgery performed on your left breast, your right breast, or both breasts?

LEFT BREAST 1
RIGHT BREAST 2
BOTH BREASTS 3

BC28. What type of material was used in this breast enlargement, [*a*] breast implant[s] or your own bodily tissue?

IMPLANT 1
BODY TISSUE.....[BC25]..... 2
REF [BC25]..... 7
DK..... [BC25]..... 8

BC29. What type of breast implant did you have [*this time*]?
[READ CATEGORIES IF NEEDED]

silicone gel 01
saline 02
hydrogel 03
PVP 04
saline and silicone combined 05
other 06

BC30. Did you ever have [*this/either of these*] implant[s] removed?

YES 1
NO..... 2

<IF BC30 = NO AND BC27 = 1 OR 2, GO TO BC25; IF BC30 = NO AND BC27 = 3, GO TO BC33>

<IF BC30 = YES AND BC27 = 1 OR 2, GO TO BC32>

BC31. Was the implant removed from your left breast, your right breast, or both breasts?

LEFT BREAST 1
RIGHT BREAST 2
BOTH BREASTS 3

BC32. How many years and/or months did you have *[this/these]*
implant[s]?
[IF LESS THAN ONE MONTH, ENTER "00 00"]

YEARS MONTHS
<GO TO BC25>

<END REPEATING RECORD - BREAST ENLARGEMENT>

BC33. Have you ever had breast reconstruction surgery
of any kind?

YES 1
NO.....[NEXT SECTION] 2

BC34. How old were you when you first had breast reconstruction
surgery? [IF R REPORTS MULTIPLE SURGERY AGES:
Please tell me your age when you had the first surgery.]

AGE

BC35. Did you have this reconstruction on your
left breast, your right breast, or both breasts?

LEFT BREAST 1
RIGHT BREAST 2
BOTH BREASTS 3

SECTION RS: ENVIRONMENTAL EXPOSURES/ RESIDENTIAL HISTORY

Next I will ask about your current residence, the residence where you lived the longest as an adult, and where you lived the longest during childhood. For each of these residences there will be questions about the household and the neighborhood where it is located.

RS1. Do you live in one residence year-round, or do you have a second residence where you spend at least two months per year?

ONE RESIDENCE 1
HAVE SECOND RESIDENCE..... 2

<FILL “primary” and “that is...” IF RS1 = 2 (R HAS SECOND RESIDENCE)>

RS2. What is the full street address of your [*current/primary*] residence [, *that is, where you live most of the year*]?
(Please provide as much information as you can.)
[READ ADDRESS BACK TO R
AND VERIFY SPELLING.]
[ENTER “NA” FOR COUNTY IF THERE IS NO
COUNTY TO REPORT.]
[IF R OFFERS A PO BOX OR RFD (RURAL FREE
DELIVERY) NUMBER, PROBE: “Can you please tell
me your street address, that is, where your home is
physically located?”]
[IF R SAYS SHE ONLY HAS A PO BOX OR RURAL
ROUTE, PROBE: “Do you know your 911 address?”]

STREET #

STREET NAME

APARTMENT #

CITY/TOWN

STATE ZIP

COUNTY [*PARISH*]

RS2x1. Thinking about the street your house is on, how many lanes does this road have in total? [DO NOT READ CATEGORIES.]

1..... [RS2x3] 01
2..... 02
3..... 03
4..... 04
5..... 05
6..... 06
7..... 07
8..... 08
9..... 09
10 OR MORE..... 10

RS2x2. Is this road divided by a median or barrier of any kind?

YES 1
NO 2

RS2x3. How would you describe the traffic on this road during rush hour? Would you say that it is...
[IF R SAYS THERE IS NO TRAFFIC AT ALL,
RECORD AS “VERY LIGHT”.]

very light 1
light 2
moderate 3
heavy 4
very heavy 5

RS3. Please tell me the name of the nearest cross-street or road that intersects with the street where you live.
[READ BACK TO R AND VERIFY SPELLING.]

CROSS STREET NAME

RS3a. About how far away is your residence from this intersection?
Would you say it is...

1 = less than 1 city block
2 = 1 to 4 city blocks
3 = 5 to 16 city blocks
4 = more than 16 city blocks
(1 mile = 16 city blocks)

within 100 feet [RS3a1] 1
more than 100 feet, but less than a
quarter mile [RS3x1] 2
between a quarter mile and one
mile [RS3x1] 3
more than one mile. 4
RS3asp. SPECIFY #MILES:

MILES

<GO TO RS3x1>

REF [RS3x1] 7
DK [RS3x1] 8

RS3a1. Thinking about the road that intersects with the street
you live on, how many lanes does this road have in total?
[DO NOT READ CATEGORIES.]

1 [RS3a3] 01
2 02
3 03
4 04
5 05
6 06
7 07
8 08
9 09
10 OR MORE 10

RS3a2. Is this road divided by a median or barrier of any kind?

YES 1
NO 2

RS3a3. How would you describe the traffic on this road
during rush hour? Would you say that it is...
[IF R SAYS THERE IS NO TRAFFIC AT ALL,
RECORD AS "VERY LIGHT".]

very light 1
light 2
moderate 3
heavy 4
very heavy 5

RS3x1. Aside from the roads that you just told me about,
is your residence within two miles of a heavily
traveled road?

YES 1
NO [*] 2

<* IF RS3 = DK, GO TO RS4; IF RS3 = RESPONSE OR RF, SKIP TO RS6>

RS3x2. Is this road within a quarter mile of your
of your residence?

YES [RS3x4] 1
NO 2

RS3x3. Is it within one mile of your residence?

YES 1
NO 2

RS3x4. How many lanes does this road have in total?
[DO NOT READ CATEGORIES.]

1 01
2 02
3 03
4 04
5 05
6 06
7 07
8 08
9 09
10 OR MORE 10

<ASK RS4-RS5 ONLY IF RS3 = DK; ELSE, GO TO RS6.>

RS4. What is the nearest landmark to this residence
that you can recall?

[READ BACK TO R AND VERIFY SPELLING.]

LANDMARK

REF [RS6] 7

DK [RS6] 8

RS5. About how far away is your residence from this
landmark? Would you say it is...

within a quarter mile [RS6] 1

between a quarter mile and

one mile [RS6] 2

more than one mile 3

RS5sp. SPECIFY #MILES:

MILES

1 = 1 to 4 city blocks
2 = 5 to 16 city blocks
3 = more than 16 city blocks
(1 mile = 16 city blocks)

RS6. What year did you start living at this residence? [IF R
OFFERS LENGTH OF TIME SHE HAS LIVED AT RESIDENCE
ENTER "DON'T KNOW" AND RECORD YEARS AND
MONTHS IN NEXT QUESTION.]

YEAR

REF [RS8] 7

DK [RS8] 8

<ASK ONLY IF RS6 = CURRENT YEAR OR CURRENT YEAR - 1; ELSE GO TO RS9>

RS7. How many months have you been living at this
residence? [IF LESS THAN ONE MONTH,
ENTER "00"]

MONTHS

<GO TO RS9>

<ASK ONLY IF RS6 = DK>

RS8. How many years and/or months have you been
living at this residence?

YEARS MONTHS

RS9. Is this residence the one where you have lived the
longest since the age of 20?

YES 1

NO 2

<IF RS7 <12 MONTHS, GO TO RS15>

RS10. Since you began living at this residence, have there
been any periods of time when you did not live there
for three or more months in a row? (Due to extended
travel, for example.)

YES 1

NO [RS15] 2

REF [RS15] 7

DK [RS15] 8

RS11. Thinking about all those times, about how many
years and/or months in total were you away from this
residence?

.

YEARS MONTHS

<BEGIN REPEATING RECORD>

<IF RS11 >12 MONTHS, ASK RS12-RS14; ELSE, GO TO RS15>

RS12. **<FIRST OCCURRENCE:>** Did any of the times you
were away from this residence last 12 months or longer?
<ALL OTHER OCCURRENCES:> Were there any
other times you were away from this residence for 12

YES 1

NO [RS15] 2

RS13. What year did you [*first/next*] move out of this residence for at least 12 months?

--	--	--	--

YEAR

RS14. What year did you move back in? [IF R OFFERS LENGTH OF TIME SHE WAS AWAY FROM RESIDENCE, ENTER "DON'T KNOW" AND RECORD YEARS AND MONTHS IN NEXT QUESTION.]

--	--	--	--

YEAR

<ASK ONLY IF RS13 = DK OR RS14 = DK; ELSE GO TO RS12>

RS14a. How many years and/or months were you away from the residence this time?

--	--	--	--

YEARS MONTHS

<END REPEATING RECORD>

RS15. Is your current residence on an active farm or orchard? [A FARM IS WHERE CROPS ARE GROWN OR LIVESTOCK IS RAISED. DO NOT INCLUDE SMALL PERSONAL GARDENS.]

YES [RS18] 1
NO 2

RS16. Has this property ever been used as a farm or orchard for any of the time you have been living there? [A FARM IS WHERE CROPS ARE GROWN OR LIVESTOCK IS RAISED. DO NOT INCLUDE SMALL PERSONAL GARDENS.]

YES [RS18] 1
NO 2

RS17. To the best of your knowledge, was this property used as a farm or orchard within 20 years before you began living there? [A FARM IS WHERE CROPS ARE GROWN OR LIVESTOCK IS RAISED. DO NOT INCLUDE SMALL PERSONAL GARDENS.]

YES 1
NO 2

RS18. Is this residence located in an urban, suburban, small town, or rural area?

URBAN 1
SUBURBAN 2
SMALL TOWN 3
RURAL 4
OTHER 5

RS19. Which of the following best describes this residence?

single family house 01
duplex, or multi-family house 02
townhouse, row house, apartment, or condominium building with up to four stories 03
apartment or condominium building with five or more stories 04
mobile home or trailer 05
a room in an institution, such as a nursing home 06
another kind of residence 07

RS20. In what decade was this residence built?

BEFORE 1950	01
1950s	02
1960s	03
1970s	04
1980s	05
1990s	06
SINCE 2000	07

RS21. What is your personal main source of drinking water at this residence? Is it...

bottled water.....	01
community well.....	02
city or town water	03
private well.....	04
rain water or cistern.....	05
river, lake, or pond water	06
DON'T DRINK WATER .. [RS27] ..	08

<IF RS21 = 02, 03, OR 04, ASK:>

RS21a. Do you use a water filtering system? This does not include water-softening systems.

YES	1
NO	2

RS22. Was there ever a change in your main source of drinking water at this residence?

YES	1
NO	[*]..... 2
REF	[*]..... 7
DK	[*]..... 8

<* IF RS21 = 04 GO TO RS24; ELSE GO TO RS26>

RS23. What was the main source of drinking water for most of the time you have been living at this residence? Was it...

bottled water.....	01
community well.....	02
city or town water	03
private well.....	04
rain water or cistern.....	05
river, lake, or pond water	06

<IF RS21 = RS23, DO NOT ASK RS23a>

<IF RS23 = 02, 03, OR 04, ASK:>

RS23a. Did you use a water filtering system? This does not include water-softening systems.

YES	1
NO	2

<ASK ONLY IF RS21 = 04 OR RS23 = 04; ELSE GO TO RS26>

<FILL IF RS21 = 04 AND RS23 = 01, 02, 03, 05, 06, OR 07>

RS24. Has the private well [*that you currently use for drinking water*] been there the whole time you have been living at this residence?

YES	[RS26]	1
NO		2
DK	[RS26]	7
REF	[RS26]	8

RS25. What year was this well put in?

--	--	--	--

YEAR

RS26. Do you also use [*WATER SOURCE FROM RS21*] for coffee, tea, frozen concentrated juices, or other beverages you make or mix with water?

YES	[RS28]	1
NO		2
NOT APPLICABLE	[RS32]	6

RS27. What is the main source of water used at home for
[these beverages/coffee, tea, frozen concentrated
juices, and so forth]? Is it...

bottled water..... 01
community well..... 02
city or town water 03
private well..... 04
rain water or cistern..... 05
river, lake, or pond water 06
DON'T DRINK THESE
BEVERAGES[RS32]..... 08

<IF RS27 = 02, 03, OR 04, ASK:>

RS27a. Do you use a water filtering system? This does not
include water-softening systems.

YES..... 1
NO..... 2

RS28. Was there ever a change in your main source of
water used for these beverages at this residence?
(coffee, tea, frozen concentrated juices, and so forth)?

YES..... 1
NO.....[*]..... 2
REF.....[*]..... 7
DK.....[*]..... 8

<* IF RS27 = 04 GO TO RS30; ELSE GO TO RS32>

RS29. What was the main source of water for these
beverages (coffee, tea, frozen concentrated juices,
and so forth) for most of the time you have been
living at this residence? Was it...

bottled water..... 01
community well..... 02
city or town water 03
private well..... 04
rain water or cistern..... 05
river, lake, or pond water 06

<IF RS29 = RS21 OR 23 OR 27, DO NOT ASK RS29a>

<IF RS29 = 02, 03, OR 04, ASK:>

RS29a. Did you use a water filtering system? This does not
include water-softening systems.

YES..... 1
NO..... 2

<IF RS24 OR RS25 ARE ANSWERED, GO TO RS32>

<ASK ONLY IF RS27 = 04 OR RS29 = 04; ELSE GO TO RS36>

<FILL IF RS27 = 04 AND RS29 = 01, 02, 03, 05, 06, OR 07>

RS30. Has the private well [that you currently use for
these beverages] been there the whole time you
have been living at this residence?

YES..... [RS32] 1
NO..... 2
REF..... [RS32] 7
DK..... [RS32] 8

RS31. What year was this well put in?

--	--	--	--

 YEAR

RS32. What is your main water source for showering and bathing?
Is it...

bottled water..... 01
community well..... 02
city or town water 03
private well..... 04
rain water or cistern..... 05
river, lake, or pond water 06

RS32a. About how many minutes on average do you spend each
time you take a shower or bath?

--	--

 # MINUTES

RS32b. How many showers or baths do you take per day, per week, or per month, on average?

--	--	--

TIMES

PER DAY..... 1
 PER WEEK..... 2
 PER MONTH..... 3

RS33. Is there a fireplace or wood-burning stove inside this residence? YES 1
 NO..... [RS36] 2

RS34. About how many days per year do you use a fireplace and/or wood burning stove at this residence?
 [IF LESS THAN YEARLY, ENTER AS "0"]

--	--	--	--

DAYS PER
YEAR

<IF RS34 = 0, GO TO RS36>

RS35. What kind of fuel do you burn in the fireplace and/or stove? Do you use...

	Y	N
a. wood.....	1	2
b. coal.....	1	2
c. natural gas or propane	1	2
d. artificial logs (like Duraflame).1	2	
e. other fuel	1	2

RS36. What is the main source of heat at this residence? Is it...

natural gas01
 electricity.....02
 fuel oil03
 kerosene04
 propane.....05
 coal.....06
 wood.....07
 solar.....08
 OTHER99
 SPECIFY _____

RS37. What is the energy source for the cooking stove top or range top at this address? Is it...

electricity.....01
 gas or natural gas.....02
 wood fire03
 coal.....04
 propane.....05
 OTHER06

<IF RS6 =CURRENT YEAR OR CURRENT YEAR – 1, THEN GO TO RS43>

<IF RS9 = NO AND R LIVED AT CURRENT ADDRESS <10 YEARS, GO TO RS43>

RS38. During the time you have been living there, was this residence ever treated regularly with insecticides or pesticides, either by you or someone else, to control insects, rodents, or other pests, either inside or around the foundation? [DO NOT INCLUDE THE OCCASIONAL SPOT USE OF CHEMICALS.]

YES 1
 NO..... [RS43] 2
 REF [RS43] 7
 DK..... [RS43] 8

RS39. For what kinds of pests was this residence regularly

Y N

treated? Was it treated for...

- | | | |
|--|---|---|
| a. ants | 1 | 2 |
| b. cockroaches..... | 1 | 2 |
| c. bees or wasps..... | 1 | 2 |
| d. flies..... | 1 | 2 |
| e. spiders..... | 1 | 2 |
| f. mosquitoes | 1 | 2 |
| g. fleas or ticks, not on pets..... | 1 | 2 |
| h. termites..... | 1 | 2 |
| i. any other pests, such as moths,
silverfish, caterpillars, mice, rats,
gophers, or moles | 1 | 2 |
| SPECIFY: _____ | | |

RS40. Altogether, how often were pest control chemicals applied, on average? Would you say...
[COMBINE FREQUENCY OF ALL APPLICATIONS OF ANY PRODUCTS USED.]

- | | |
|----------------------------|---|
| daily..... | 1 |
| weekly | 2 |
| monthly | 3 |
| every 2 or 3 months..... | 4 |
| once or twice a year | 5 |

RS41. When the pest control chemicals were applied how often did you personally apply them? Would you say...

- | | |
|------------------------------|---|
| all the time..... | 1 |
| most of the time..... | 2 |
| about half of the time | 3 |
| some of the time..... | 4 |
| never..... | 5 |

RS42. How many years in total did these regular pest control treatments occur?
[IF LESS THAN ONE YEAR, ENTER "00"]

--	--

OF YEARS

<FILL "since you've lived there" IF RS6 = CURRENT YEAR OR CURRENT YEAR – 1>

RS43. Have any pest control chemicals been used at this residence even just once [*in the past 12 months/since you've lived there*], either inside or around the foundation?

- | | |
|----------------------|---|
| YES | 1 |
| NO..... [RS47] | 2 |
| REF | 7 |
| DK..... [RS47] | 8 |

RS44. For what kinds of pests were pest control chemicals used at this residence [*in the past 12 months/since you've lived there*]? Was it...

- | | Y | N |
|--|---|---|
| a. ants | 1 | 2 |
| b. cockroaches..... | 1 | 2 |
| c. bees or wasps..... | 1 | 2 |
| d. flies..... | 1 | 2 |
| e. spiders..... | 1 | 2 |
| f. mosquitoes | 1 | 2 |
| g. fleas or ticks, not on pets..... | 1 | 2 |
| h. termites..... | 1 | 2 |
| i. any other pests, such as moths,
silverfish, caterpillars, mice, rats,
gophers, or moles | 1 | 2 |
| SPECIFY: _____ | | |

- RS45. Altogether, how often were the pest control chemicals applied [*in the past 12 months/since you've lived there*]? Would you say...
[COMBINE FREQUENCY OF ALL APPLICATIONS OF ANY PRODUCTS USED.]
- daily..... 1
weekly 2
monthly 3
every 2 or 3 months..... 4
once or twice 5
- RS46. When pest control chemicals were applied, how often did you personally apply them? Would you say...
- all the time..... 1
most of the time..... 2
about half of the time 3
some of the time..... 4
never..... 5
- RS47. Does this residence have a garden or yard that has been treated [*in the past 12 months/since you've lived there*], with weed killers or insecticides including those labeled organic, such as pyrethrum or rotenone?
- YES..... 1
NO..... [RS51] 2
REF [RS51] 7
DK..... [RS51] 8
- RS48. Which of the following products, including those labeled organic, were used on your garden or yard [*in the last 12 months/since you've lived there*]?
<ONSCREEN INSTRUCTION FOR A:>
[IF R SAYS "FERTILIZER", PROBE: "Did this fertilizer contain a weed killer?" IF YES, RECORD AS "YES".]
<ONSCREEN INSTRUCTION FOR C:>
[IF R SAYS "FERTILIZER", PROBE: "Did this fertilizer contain insecticides?" IF YES, RECORD AS "YES".]
<ONSCREEN INSTRUCTION FOR I:>
[IF R SAYS "FERTILIZER", PROBE: "Did this fertilizer contain a weed killer or insecticides?" IF YES, PROBE FOR PRODUCT, GO BACK AND CHANGE ITEM A OR C.]
- Y N
a. weed killers applied broadly..... 1 2
b. occasional spot use of weed killers 1 2
c. lawn insecticides 1 2
d. chemicals to treat tree diseases..... 1 2
e. insecticides for tree infestations 1 2
f. pesticides for fruit or vegetable garden..... 1 2
g. chemicals for outdoor plant diseases..... 1 2
h. insecticides for outdoor plants 1 2
i. any other outdoor pesticides 1 2
- RS49. Altogether, how often have these products been used on your garden or yard [*in the past 12 months/since you've lived there*]?
Would you say... [COMBINE FREQUENCY OF ALL APPLICATIONS OF ANY PRODUCTS USED.]
- daily..... 1
weekly 2
monthly 3
every 2 or 3 months..... 4
once or twice a year 5
- RS50. When these products were applied, how often did you personally apply them? Would you say...
- all the time..... 1
most of the time..... 2
about half of the time 3
some of the time..... 4
never..... 5
- <ASK ONLY IF RS50 = 2, 3, 4, OR 5; ELSE GO TO RS51>
- RS50a. [*In the past 12 months/Since you've lived there*] have you used a professional lawn care service?
- YES 1
NO..... 2

Now I'd like to ask about some different places that may be near your residence. Please include those places that are currently operating, as well as those that have shut down.

Is your residence <u>within two miles of</u> ...	Is [ITEM]...	Is the [ITEM] currently operating, or has it shut down?
RS51. a power plant? YES..... 1 NO [RS54] 2 coal 1 gas 2 petroleum or oil 3 water or hydropower. 4 nuclear power 5 wind 6 solar power 7 geothermal power 8 RS51sp. What is the power or fuel source that generates electricity at this plant? Is it...	RS52. a. within a quarter mile of your residence Y.. [RS53] .1 N.....2 b. within one mile of your residence Y.....1 N.....2	RS53. OPERATING..... 1 SHUT DOWN ... 2
RS54. a bus station or truck depot YES..... 1 NO [RS57] 2	RS55. a. within a quarter mile of your residence Y.. [RS56] .1 N.....2 b. within one mile of your residence Y.....1 N.....2	RS56. OPERATING..... 1 SHUT DOWN ... 2
RS57. a gas station YES..... 1 NO [RS60] 2	RS58. a. within a quarter mile of your residence Y.. [RS59] .1 N.....2 b. within one mile of your residence Y.....1 N.....2	RS59. OPERATING..... 1 SHUT DOWN ... 2
RS60. a military base YES..... 1 NO [RS63] 2	RS61. a. within a quarter mile of your residence Y.. [RS62] .1 N.....2 b. within one mile of your residence Y.....1 N.....2	RS62. OPERATING..... 1 SHUT DOWN ... 2

Is your residence <u>within two miles of</u> ...	Is [ITEM]...	Is the [ITEM] currently operating, or has it shut down?
RS63. a dry cleaner YES.....1 NO [RS66]2 <IF RS63=YES, ASK:> RS63a. Is the dry cleaning YES.....1 done on site? NO2	RS64. a. within a quarter mile Y.. [RS65] .1 of your residence N.....2 b. within one mile Y.....1 of your residence N.....2	RS65. OPERATING..... 1 SHUT DOWN ... 2
RS66. an oil refinery YES.....1 NO [RS69]2	RS67. a. within a quarter mile Y.. [RS68] .1 of your residence N.....2 b. within one mile Y.....1 of your residence N.....2	RS68. OPERATING..... 1 SHUT DOWN ... 2
RS69. a paper mill YES.....1 NO [RS72]2	RS70. a. within a quarter mile Y.. [RS71] .1 of your residence N.....2 b. within one mile Y.....1 of your residence N.....2	RS71. OPERATING..... 1 SHUT DOWN ... 2
<BEGIN REPEATING RECORD> RS72. [a/any other] YES.....1 factory NO [RS75]2 RS72sp. What SPECIFY: kind of factory? _____ (What is made there?)	RS73. a. within a quarter mile Y.. [RS74] .1 of your residence N.....2 b. within one mile Y.....1 of your residence N.....2	RS74. OPERATING..... 1 SHUT DOWN ... 2 <END REPEATING RECORD>
RS75. a leather YES.....1 tannery NO [RS78]2	RS76. a. within a quarter mile Y.. [RS77] .1 of your residence N.....2 b. within one mile Y.....1 of your residence N.....2	RS77. OPERATING..... 1 SHUT DOWN ... 2

Is your residence <u>within two miles of</u> ...	Is [ITEM]...	Is the [ITEM] currently operating, or has it shut down?
RS78. a slaughterhouse. Please do not count poultry processing plants as slaughterhouses. YES 1 NO [RS81] 2	RS79. a. within a quarter mile of your residence Y.. [RS80] .1 N.....2 b. within one mile of your residence Y1 N.....2	RS80. OPERATING..... 1 SHUT DOWN ... 2
RS81. a poultry processing plant YES 1 NO [RS84] 2	RS82. a. within a quarter mile of your residence Y.. [RS83] .1 N.....2 b. within one mile of your residence Y1 N.....2	RS83. OPERATING..... 1 SHUT DOWN ... 2
RS84. a sewage treatment plant YES 1 NO [RS87] 2	RS85. a. within a quarter mile of your residence Y.. [RS86] .1 N.....2 b. within one mile of your residence Y1 N.....2	RS86. OPERATING..... 1 SHUT DOWN ... 2
RS87. a garbage dump or landfill YES 1 NO [RS90] 2	RS88. a. within a quarter mile of your residence Y.. [RS89] .1 N.....2 b. within one mile of your residence Y1 N.....2	RS89. OPERATING..... 1 SHUT DOWN ... 2
RS90. an incinerator (a furnace for burning waste or other materials) YES 1 NO [RS93] 2	RS91. a. within a quarter mile of your residence Y.. [RS92] .1 N.....2 b. within one mile of your residence Y1 N.....2	RS92. OPERATING..... 1 SHUT DOWN ... 2

Is your residence <u>within two miles of</u> ...	Is [ITEM]...	Is the [ITEM] currently operating, or has it shut down?
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<p><ASK ONLY IF RS15 = NO; ELSE GO TO RS96.></p> <p><BEGIN REPEATING RECORD></p> <p>RS93. [a/any other] farm or orchard</p> <p>[A FARM IS WHERE CROPS ARE GROWN OR LIVESTOCK IS RAISED. DO NOT INCLUDE SMALL PERSONAL GARDENS.]</p> <p>YES 1 NO [RS96] 2</p> <p>RS93sp. What kind of farm or orchard? SPECIFY: _____</p>	<p>RS94.</p> <p>a. within a quarter mile Y.. [RS95] .1 of your residence N.....2</p> <p>b. within one mile Y.....1 of your residence N.....2</p>	<p>RS95.</p> <p>OPERATING..... 1 SHUT DOWN ... 2</p> <p><END REPEATING RECORD></p>
<p>RS96. a nursery or commercial greenhouse, not including retail garden centers</p> <p>YES 1 NO [RS99] 2</p>	<p>RS97.</p> <p>a. within a quarter mile Y.. [RS98] .1 of your residence N.....2</p> <p>b. within one mile Y.....1 of your residence N.....2</p>	<p>RS98.</p> <p>OPERATING..... 1 SHUT DOWN ... 2</p>
<p>RS99. high tension power lines, that is, heavy power lines carried by very large, steel towers</p> <p>YES 1 NO [RS101] 2</p>	<p>RS100.</p> <p>a. within a quarter mile Y. [RS101] 1 of your residence N.....2</p> <p>b. within one mile Y.....1 of your residence N.....2</p>	<p></p>
<p>RS101. a commercial airport</p> <p>YES 1 NO [RS103] 2</p>	<p>RS102.</p> <p>a. within a quarter mile Y. [RS103] 1 of your residence N.....2</p> <p>b. within one mile Y.....1 of your residence N.....2</p>	<p></p>

<p>Is your residence <u>within two miles of</u>...</p>	<p>Is [ITEM]...</p>
<p>RS103. an animal waste lagoon</p> <p>YES 1 NO ... [RS105] 2</p>	<p>RS104.</p> <p>a. within a quarter mile Y. [RS105] 1 of your residence N.....2</p>

		b. within one mile of your residence	Y1 N2
		RS106.	
RS105. a hazardous waste site	YES 1 NO ... [RS107] 2	a. within a quarter mile of your residence	Y . [RS107] 1 N2
		b. within one mile of your residence	Y1 N2
		RS108.	
RS107. a golf course	YES 1 NO ... [RS109] 2	a. within a quarter mile of your residence	Y . [RS109] 1 N2
		b. within one mile of your residence	Y1 N2
		RS110.	
RS109. a swamp, marsh, or bog	YES 1 NO ... [RS111a] 2	a. within a quarter mile of your residence	Y [RS111a] 1 N2
		b. within one mile of your residence	Y1 N2

RS111. **QUESTION DELETED**RS112. **QUESTION DELETED**

<ASK ONLY IF RS1 = 2 (R HAS SECOND RESIDENCE); ELSE, GO TO RS114>

RS113. What is the full street address of your second residence,
where you spend at least two months per year?

(Please provide as much information as you can.)

[READ ADDRESS BACK TO R AND VERIFY

SPELLING.] [ENTER "NA" FOR COUNTY

IF THERE IS NO COUNTY TO REPORT.]

[IF R OFFERS A PO BOX OR RFD (RURAL FREE

DELIVERY) NUMBER, PROBE: "Can you please

tell me your street address, that is, where your home

is physically located?"]

[IF R SAYS SHE ONLY

HAS A PO BOX OR RURAL ROUTE, PROBE: "Do

you know your 911 address?"] [IF RESIDENCE WAS

IN ANOTHER COUNTRY, SELECT "NA" FROM

PULL DOWN LIST.]

STREET #

STREET NAME

APARTMENT #

CITY/TOWN

STATE

ZIP

COUNTY [PARISH]

COUNTRY

<IF RS9 = YES, GO TO RS195>**<IF R LIVED AT CURRENT RESIDENCE \geq 10 YEARS, GO TO RS195>****<IF RS9 = DK AND R LIVED AT CURRENT RESIDENCE \geq 10 YEARS, GO TO RS195>**

Now I am going to ask about the residence where you have lived the longest as an adult.

RS114. What is the full street address of the residence where
you lived the longest since the age of 20?

(Please provide as much information as you can.)

[READ ADDRESS BACK TO R AND VERIFY

SPELLING.] [IF R SAYS THERE WAS NO

ZIP CODE FOR THIS RESIDENCE, ENTER "96"

FOR ZIP CODE.] [ENTER "NA" FOR COUNTY

IF THERE IS NO COUNTY TO REPORT.]

[IF R OFFERS A PO BOX OR RFD (RURAL FREE

DELIVERY) NUMBER, PROBE: "Can you please

tell me your street address, that is, where your home is

physically located?"]

[IF R SAYS SHE ONLY HAS A PO BOX

OR RURAL ROUTE, PROBE: "Do you know your

911 address?"] [IF RESIDENCE WAS IN ANOTHER

COUNTRY, SELECT "NA" FROM PULL DOWN LIST.]

STREET #

STREET NAME

APARTMENT #

CITY/TOWN

STATE

ZIP

COUNTY [PARISH]

COUNTRY

RS114x1. Thinking about the street your house was on, how many
lanes did this road have in total? [DO NOT READ
CATEGORIES.]

1.....[RS114x3]..... 01
2..... 02
3..... 03
4..... 04
5..... 05
6..... 06
7..... 07
8..... 08
9..... 09
10 OR MORE..... 10

RS114x2. Was this road divided by a median or barrier of any kind?

YES..... 1
NO..... 2

RS114x3. How would you describe the traffic on this road during rush hour? Would you say that it was...
[IF R SAYS THERE IS NO TRAFFIC AT ALL, RECORD AS "VERY LIGHT".]

very light 1
light 2
moderate 3
heavy 4
very heavy 5

RS115. Please tell me the name of the nearest cross-street or road that intersected with the street where you lived.
[READ BACK TO R AND VERIFY SPELLING.]

_____ CROSS STREET NAME

RS115a. About how far away was your residence from this intersection? Would you say it was...

within 100 feet [RS115a1] 1
more than 100 feet, but less than a
quarter mile [RS115x1] 2
between a quarter mile and
one mile..... [RS115x1] 3
more than one mile. 4
RS115asp. SPECIFY #MILES:

1 = less than 1 city block
2 = 1 to 4 city blocks
3 = 5 to 16 city blocks
4 = more than 16 city blocks
(1 mile = 16 city blocks)

MILES

<GO TO RS115x1>

REF [RS115x1] 7
DK..... [RS115x1] 8

RS115a1. Thinking about the road that intersected with the street you lived on, how many lanes did this road have in total?
[DO NOT READ CATEGORIES.]

1..... [RS115a3]..... 01
2..... 02
3..... 03
4..... 04
5..... 05
6..... 06
7..... 07
8..... 08
9..... 09
10 OR MORE..... 10

RS115a2. Was this road divided by a median or barrier of any kind?

YES 1
NO..... 2

RS115a3. How would you describe the traffic on this road during rush hour? Would you say that it was...
[IF R SAYS THERE IS NO TRAFFIC AT ALL, RECORD AS "VERY LIGHT".]

very light 1
light 2
moderate 3
heavy 4
very heavy 5

RS115x1. Aside from the roads that you just told me about, was your residence within two miles of a heavily traveled road?

YES 1
NO..... [*]..... 2

<* IF RS115 = DK, GO TO RS116; IF RS115 = RESPONSE OR RF, SKIP TO RS118>

RS115x2. Was this road within a quarter mile of your of your residence?

YES [RS115x4] 1
NO..... 2

RS115x3. Was it within one mile of your residence? YES 1
NO 2

RS115x4. How many lanes did this road have in total?
[DO NOT READ CATEGORIES.]

1 01
2 02
3 03
4 04
5 05
6 06
7 07
8 08
9 09
10 OR MORE 10

<ASK RS116-RS117 ONLY IF RS115 = DK; ELSE, GO TO RS118.>

RS116. What was the nearest landmark to this residence
that you can recall?
[READ BACK TO R AND VERIFY SPELLING.]

_____ LANDMARK
REF [RS118] 7
DK [RS118] 8

RS117. About how far away was your residence from this
landmark? Would you say it was...

within a quarter mile [RS118] 1
between a quarter mile
and one mile [RS118] 2
more than one mile 3
RS117sp. SPECIFY #MILES:

1 = 1 to 4 city blocks
2 = 5 to 16 city blocks
3 = more than 16 city blocks
(1 mile = 16 city blocks)

MILES

RS118. What year did you start living at this residence?

YEAR

RS119. What year did you stop living there? [IF R OFFERS LENGTH
OF TIME AT ADDRESS, ENTER "DON'T KNOW" AND
RECORD YEARS AND MONTHS IN NEXT QUESTION.]

YEAR

<ASK ONLY IF RS118 = DK OR RS119 = DK; ELSE, GO TO RS121>

RS120. How many years and/or months did you live at this residence?

YEARS MONTHS

RS121. Between the time you moved in [*in (START YEAR)*] and
moved out [*in (STOP YEAR)*], were there any periods of
time when you did not live at this residence for three months
or more in a row? (Due to extended travel, for example.)

YES 1
NO [RS126] 2
REF [RS126] 7
DK [RS126] 8

RS122. Thinking about all those times, about how many years
and/or months in total were you away from this residence?

YEARS MONTHS

<BEGIN REPEATING RECORD>

<IF RS122>12 MONTHS, ASK RS123-RS125; ELSE, GO TO RS126>

RS123. **<FIRST OCCURRENCE:>** Did any of the times you were away from this residence last 12 months or longer? YES 1
 NO..... [RS126] 2

<ALL OTHER OCCURRENCES:> Were there any other times you were away from this residence for 12 months or longer?

RS124. What year did you [first/next] move out of this residence for at least 12 months?

--	--	--	--

YEAR

RS125. What year did you move back in? [IF R OFFERS LENGTH OF TIME AWAY FROM RESIDENCE, ENTER "DON'T KNOW" AND RECORD YEARS AND MONTHS IN NEXT QUESTION.]

--	--	--	--

YEAR

<ASK ONLY IF RS124 = DK OR RS125 = DK; ELSE GO TO RS123>

RS125a. How many years and/or months were you away from this residence this time?

--	--

--	--

YEARS MONTHS

<END REPEATING RECORD>**<IF TIME AT THIS RESIDENCE ((MOVE OUT YEAR – MOVE IN YEAR +1) – TOTAL TIME AWAY) ≤ 2 YEARS, GO TO RS195>**

RS126. Was this property ever used as a farm or orchard for any of the time you were living there? [A FARM IS WHERE CROPS ARE GROWN OR LIVESTOCK IS RAISED. DO NOT INCLUDE SMALL PERSONAL GARDENS.] YES [RS128] 1
 NO..... 2

RS127. To the best of your knowledge, was this property used as a farm or orchard within 20 years before you began living there? [A FARM IS WHERE CROPS ARE GROWN OR LIVESTOCK IS RAISED. DO NOT INCLUDE SMALL PERSONAL GARDENS.] YES 1
 NO..... 2

RS128. Was this residence located in an urban, suburban, small town, or rural area? URBAN..... 1
 SUBURBAN..... 2
 SMALL TOWN 3
 RURAL 4
 OTHER 5

RS129. Which of the following best describes this residence? single family house 01
 duplex or multi-family house 02
 townhouse, row house, apartment or condominium building with up to four stories..... 03
 apartment or condominium building with five or more stories 04
 mobile home or trailer..... 05
 a room in an institution, such as a nursing home..... 06
 another kind of residence 07

RS130. In what decade was this residence built?

BEFORE 1950 01
 1950s 02
 1960s 03
 1970s 04
 1980s 05
 1990s 06
 SINCE 2000 07

RS131. What was your personal main source of drinking water for most of the time you lived at this residence? Was it...

bottled water..... [RS134]..... 01
 community well [RS134]..... 02
 city or town water [RS134]..... 03
 private well..... 04
 rain water or cistern..... [RS134]..... 05
 river, lake, or pond water [RS134]..... 06
 DIDN'T DRINK WATER [RS135] . 08

<IF RS131 = 02, 03, OR 04, ASK:>

RS131a. Did you use a water filtering system? This does not include water-softening systems.

YES 1
 NO 2

RS132. Was the private well there the whole time you were living at this residence?

YES [D134] 1
 NO 2

RS133. What year was this well put in?

--	--	--	--

YEAR

RS134. Did you also use [WATER SOURCE FROM D131] at this home for coffee, tea, frozen concentrated juices, or other beverages you make or mix with water?

YES [RS138] 1
 NO 2
 NOT APPLICABLE [RS138] 6

RS135. What was the main source of water used for [*these beverages/coffee, tea, frozen concentrated juices, or other beverages you make or mix with water*] for most of the time you lived at this residence? Was it...

bottled water..... [RS138]..... 01
 community well..... [RS138]..... 02
 city or town water [RS138]..... 03
 private well..... 04
 rain water or cistern..... [RS138]..... 05
 river, lake, or pond water [RS138]..... 06
 DON'T DRINK THESE BEVERAGES [RS138]..... 08

<IF RS135 = 02, 03, OR 04, ASK:>

RS135a. Did you use a water filtering system? This does not include water-softening systems.

YES 1
 NO 2

<IF RS132 OR RS133 ARE ANSWERED, GO TO RS138>

RS136. Was the private well there the whole time you lived at this residence?

YES [RS138] 1
 NO 2

--	--	--	--

YEAR

RS137. What year was this well put in?

RS138. What was your main water source for showering and bathing at this residence? Was it...

bottled water..... 01
 community well..... 02
 city or town water 03
 private well..... 04
 rain water or cistern..... 05
 river, lake, or pond water 06
 other water source 07

RS138a. When you lived at this residence, about how many minutes on average did you spend each time you took a shower or bath?

--	--

MINUTES

RS138b. When you lived at this residence, about how many showers or baths would you take per day, per week, or per month, on average?

--	--

TIMES

PER DAY..... 1
 PER WEEK..... 2
 PER MONTH..... 3

RS139. Did this residence have a fireplace or a wood-burning stove?

YES 1
 NO..... [RS142] 2

RS140. About how many days per year did you use a fireplace or wood burning stove at this residence?
 [IF LESS THAN YEARLY, ENTER AS "0"]

--	--	--

DAYS PER YR

<IF RS140 = 0, GO TO RS142>

RS141. What kind of fuel did you burn in the fireplace or stove? Did you use...

	Y	N
a. wood.....	1	2
b. coal.....	1	2
c. natural gas or propane	1	2
d. artificial logs (like Duraflame).....	1	2
e. other fuel	1	2

RS142. What was the main source of heat at this residence? Was it...

natural gas 01
 electric 02
 fuel oil 03
 kerosene 04
 propane..... 05
 coal 06
 wood..... 07
 solar..... 08
 OTHER 99
 SPECIFY: _____

- RS143. What was the energy source for the cooking stove top or range top at this address? Was it...
- | | |
|-------------------------|----|
| electricity..... | 01 |
| gas or natural gas..... | 02 |
| wood fire | 03 |
| coal..... | 04 |
| propane..... | 05 |
| OTHER | 06 |
- RS144. During the time you lived there, was this residence ever treated regularly with insecticides or pesticides, either by your or someone else, to control insects, rodents, or other pests, either inside or around the foundation?
- | | |
|------------------------|---|
| YES | 1 |
| NO..... [RS149] | 2 |
| REF..... [RS149] | 7 |
| DK..... [RS149] | 8 |
- RS145. For what kinds of pests was this residence regularly treated? Was it treated for...
- | | Y | N |
|--|---|---|
| a. ants | 1 | 2 |
| b. cockroaches..... | 1 | 2 |
| c. bees or wasps..... | 1 | 2 |
| d. flies..... | 1 | 2 |
| e. spiders..... | 1 | 2 |
| f. mosquitoes | 1 | 2 |
| g. fleas or ticks, not on pets..... | 1 | 2 |
| h. termites..... | 1 | 2 |
| i. any other pests, such as moths, silverfish, caterpillars, mice, rats, gophers, or moles | 1 | 2 |
| SPECIFY: _____ | | |
- RS146. Altogether, how often were pest control chemicals applied, on average? Would you say... [COMBINE FREQUENCY OF ALL APPLICATIONS OF ANY PRODUCTS USED.]
- | | |
|----------------------------|---|
| daily..... | 1 |
| weekly | 2 |
| monthly | 3 |
| every 2 or 3 months..... | 4 |
| once or twice a year | 5 |
- RS147. When pest control chemicals were applied, how often did you personally apply them? Would you say...
- | | |
|------------------------------|---|
| all the time..... | 1 |
| most of the time..... | 2 |
| about half of the time | 3 |
| some of the time..... | 4 |
| never..... | 5 |
- RS148. How many years in total did these regular pest control treatments occur? [IF LESS THAN ONE YEAR, ENTER "00".]
- | | |
|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> |
| #YEARS | |

Was this residence <u>within two miles of</u> ...	Is [ITEM]...
RS149. a power plant? YES..... 1 NO [RS151] 2 RS149sp. What was the power or fuel source that generated electricity at this plant? Was it... coal 1 gas 2 petroleum or oil 3 water or hydropower. 4 nuclear power 5 wind 6 solar power 7 geothermal power 8	RS150. a. within a quarter mile of your residence Y.[RS151] 1 N.....2 b. within one mile of your residence Y.....1 N.....2
RS151. a bus station or truck depot YES..... 1 NO [RS153] 2	RS152. a. within a quarter mile of your residence Y.[RS153] 1 N.....2 b. within one mile of your residence Y.....1 N.....2
RS153. a gas station YES..... 1 NO [RS155] 2	RS154. a. within a quarter mile of your residence Y.[RS155] 1 N.....2 b. within one mile of your residence Y.....1 N.....2
RS155. a military base YES..... 1 NO ... [RS157] 2	RS156. a. within a quarter mile of your residence Y.[RS157] 1 N.....2 b. within one mile of your residence Y.....1 N.....2

Was this residence <u>within two miles</u> of...	Is [ITEM]...
RS157. a dry cleaner YES.....1 NO ... [RS159]2 <IF RS157 = YES, ASK:> RS157a. Was the dry cleaning YES.... 1 done on site? NO..... 2	RS158. a. within a quarter mile Y. [RS159] 1 of your residence N.....2 b. within one mile Y1 of your residence N.....2
RS159. an oil YES.....1 refinery NO ... [RS161]2	RS160. a. within a quarter mile Y. [RS161] 1 of your residence N.....2 b. within one mile Y1 of your residence N.....2
RS161. a paper mill YES.....1 NO ... [RS163]2	RS162. a. within a quarter mile Y. [RS163] 1 of your residence N.....2 b. within one mile Y1 of your residence N.....2
<BEGIN REPEATING RECORD> RS163. [a/any other] factory YES.....1 NO ... [RS165]2 RS163sp. What SPECIFY: kind of factory? _____ (What is made there?)	RS164. a. within a quarter mile Y. [RS165] 1 of your residence N.....2 b. within one mile Y1 of your residence N.....2 <END REPEATING RECORD>
RS165. a leather YES.....1 tannery NO ... [RS167]2	RS166. a. within a quarter mile Y. [RS167] 1 of your residence N.....2 b. within one mile Y1 of your residence N.....2

Was this residence <u>within two miles of</u> ...	Is [ITEM]...
RS167. a slaughterhouse. Please do not count poultry processing plants as slaughterhouses.	RS168. a. within a quarter mile of your residence Y.[RS169] 1 N.....2 b. within one mile of your residence Y.....1 N.....2
RS169. a poultry processing plant YES.....1 NO ... [RS171].....2	RS170. a. within a quarter mile of your residence Y .[RS171] 1 N.....2 b. within one mile of your residence Y1 N.....2
RS171. a sewage treatment plant YES.....1 NO ... [RS173].....2	RS172. a. within a quarter mile of your residence Y .[RS173] 1 N.....2 b. within one mile of your residence Y1 N.....2
RS173. a garbage dump or landfill YES.....1 NO ... [RS175].....2	RS174. a. within a quarter mile of your residence Y .[RS175] 1 N.....2 b. within one mile of your residence Y1 N.....2
RS175. an incinerator (a furnace for burning waste or other materials) YES.....1 NO ... [RS177].....2	RS176. a. within a quarter mile of your residence Y .[RS177] 1 N.....2 b. within one mile of your residence Y1 N.....2

Was this residence <u>within two miles of...</u>	Is [ITEM]...
<p><ASK ONLY IF RS126 = NO; ELSE GO TO RS179.></p> <p><BEGIN REPEATING RECORD></p> <p>RS177. [a/any other] farm or orchard</p> <p>[A FARM IS WHERE CROPS ARE GROWN OR LIVESTOCK IS RAISED. DO NOT INCLUDE SMALL PERSONAL GARDENS.]</p> <p>YES 1 NO ... [RS179] 2</p> <p>RS177sp. What kind of farm or orchard? SPECIFY: _____</p>	<p>RS178.</p> <p>a. within a quarter mile Y. [RS179] 1 of your residence N.....2</p> <p>b. within one mile Y1 of your residence N.....2</p> <p><END REPEATING RECORD></p>
<p>RS179. a nursery or commercial greenhouse, YES 1 not including NO ... [RS181] 2 retail garden centers</p>	<p>RS180.</p> <p>a. within a quarter mile Y. [RS181] 1 of your residence N.....2</p> <p>b. within one mile Y1 of your residence N.....2</p>
<p>RS181. high tension power lines, YES 1 that is, heavy NO [RS183] 2 power lines carried by very large, steel towers</p>	<p>RS182.</p> <p>a. within a quarter mile Y. [RS183] 1 of your residence N.....2</p> <p>b. within one mile Y1 of your residence N.....2</p>
<p>RS183. a commercial YES 1 airport NO [RS185] 2</p>	<p>RS184.</p> <p>a. within a quarter mile Y. [RS185] 1 of your residence N.....2</p> <p>b. within one mile Y1 of your residence N.....2</p>

Now I am going to ask some questions about where you lived as a child. I understand it may be hard to remember events from a long time ago; please answer the best you can.

**<ASK IF RS9 = NO AND R HAS LIVED IN CURRENT RESIDENCE <10 YEARS; ELSE GO TO RS195b>
<FILL “primary” FOR RS195a AND RS195b IF RS1 = 2 (R HAS A SECOND RESIDENCE)>**

RS195a. Was the residence where you lived the longest before age 14 the same as your current [primary] residence, the residence where you lived the longest as an adult, or was it different from both?	SAME AS CURRENT RESIDENCE..... [RS238]..... 1 SAME RESIDENCE WHERE R LIVED LONGEST AS AN ADULT [RS238]..... 2 DIFFERENT FROM BOTH..... 3
---	--

<ASK ONLY IF RS9=YES OR IF R HAS LIVED IN CURRENT RESIDENCE ≥10 YEARS>

RS195b. Was the residence where you lived the longest before age 14 the same as your current [primary] residence?	YES [D238] 1 NO..... 2
---	---------------------------------------

RS196. What is the full street address of the residence where you lived longest before age 14? (Please provide as much information as you can.) [READ ADDRESS BACK TO R AND VERIFY SPELLING.] [IF R SAYS THERE WAS NO ZIP CODE FOR THIS RESIDENCE, ENTER “96” FOR ZIP CODE.] [ENTER “NA” FOR COUNTY IF THERE IS NO COUNTY TO REPORT.] [IF R OFFERS A PO BOX OR RFD (RURAL FREE DELIVERY) NUMBER, PROBE: “Can you please tell me your street address, that is, where your home is physically located?”] [IF R SAYS SHE ONLY HAS A PO BOX OR RURAL ROUTE, PROBE: “Do you know your 911 address?”] [IF RESIDENCE WAS IN ANOTHER COUNTRY, SELECT “NA” FROM PULL DOWN LIST.]

_____	STREET #
_____	STREET NAME
_____	APARTMENT #
_____	CITY/TOWN
STATE _____	ZIP _____
_____	COUNTY [PARISH]
_____	COUNTRY

RS196x1. Thinking about the street your house was on, how many lanes did this road have in total? [DO NOT READ CATEGORIES.]

1..... [RS196x3].....	01
2.....	02
3.....	03
4.....	04
5.....	05
6.....	06
7.....	07
8.....	08
9.....	09
10 OR MORE.....	10

RS196x2. Was this road divided by a median or barrier of any kind?

YES	1
NO.....	2

RS196x3. How would you describe the traffic on this road during rush hour? Would you say that it was... [IF R SAYS THERE IS NO TRAFFIC AT ALL, RECORD AS “VERY LIGHT”.]

very light	1
light	2
moderate	3
heavy	4
very heavy	5

RS197. Please tell me the name of the nearest cross-street or road that intersected with the street where you lived. [READ BACK TO R AND VERIFY SPELLING.]

_____	CROSS STREET NAME
-------	-------------------

RS197a. About how far away is your residence from this intersection? Would you say it was...

1 = less than 1 city block 2 = 1 to 4 city blocks 3 = 5 to 16 city blocks 4 = more than 16 city blocks (1 mile = 16 city blocks)
--

within 100 feet [RS197a1] 1
more than 100 feet, but less than a
quarter mile [RS198] 2
between a quarter mile and one
mile [RS198] 3
more than one mile. 4
RS197asp. SPECIFY #MILES:

MILES

<GO TO RS198>

REF [RS198] 7
DK [RS198] 8

RS197a1. Thinking about the road that intersected with the street you lived on, how many lanes did this road have in total?
[DO NOT READ CATEGORIES.]

1 [RS197a3] 01
2 02
3 03
4 04
5 05
6 06
7 07
8 08
9 09
10 OR MORE 10

RS197a2. Was this road divided by a median or barrier of any kind?

YES 1
NO 2

RS197a3. How would you describe the traffic on this road during rush hour? Would you say that it was...
[IF R SAYS THERE IS NO TRAFFIC AT ALL, RECORD AS "VERY LIGHT".]

very light 1
light 2
moderate 3
heavy 4
very heavy 5

RS198. Aside from the roads that you just told me about, was your residence within two miles of a heavily traveled road?

YES 1
NO [*] 2

<* IF RS197 = DK, GO TO RS199; IF RS197 = RESPONSE OR RF, SKIP TO RS201>

RS198a. Was this road within a quarter mile of your of your residence?

YES [RS198c] 1
NO 2

RS198b. Was it within one mile of your residence?

YES 1
NO 2

RS198c. How many lanes did this road have in total?

[DO NOT READ CATEGORIES.]

- 1..... 01
 2..... 02
 3..... 03
 4..... 04
 5..... 05
 6..... 06
 7..... 07
 8..... 08
 9..... 09
 10 OR MORE..... 10

<ASK RS199-RS200 ONLY IF RS197 = DK; ELSE, GO TO RS201.>

RS199. What was the nearest landmark to this residence
that you can recall?

[READ BACK TO R AND VERIFY SPELLING.]

LANDMARK
 REF [RS201] 7
 DK..... [RS201] 8

RS200. About how far away was your residence from this
landmark? Would you say it was...

within a quarter mile [RS201] 1
 between a quarter mile and
 one mile..... [RS201] 2
 more than one mile..... 3
 RS200sp. SPECIFY #MILES:

MILES

1 = 1 to 4 city blocks
 2 = 5 to 16 city blocks
 3 = more than 16 city blocks
 (1 mile = 16 city blocks)

RS201. What year did you start living there?

YEAR

RS202. What year did you stop living there? [IF R OFFERS
 LENGTH OF TIME SHE LIVED AT RESIDENCE,
 ENTER "DON'T KNOW" AND RECORD YEARS
 AND MONTHS IN NEXT QUESTION.]

YEAR

<ASK ONLY IF RS201 = DK OR RS202 = DK; ELSE GO TO RS204>

RS203. How many years and/or months did you live at this residence?

YEARS MONTHS

RS204. Between the time you moved in [*in (START YEAR)*] and
 moved out [*in (STOP YEAR)*], were there any periods of
 time when you did not live at this residence for
 three months or more in a row? (Due to a boarding school,
 or extended travel for example.)

YES 1
 NO..... [RS206] 2
 REF [RS206] 7
 DK..... [RS206] 8

RS205. Thinking about all those time, about how many years
 and/or months in total were you away from this residence?

YEARS MONTHS

<IF TIME AT THIS RESIDENCE \leq 2 YEARS, GO TO RS238>

RS206. Was this property ever used as a farm or orchard for any
 of the time you were living there? [A FARM IS WHERE
 CROPS ARE GROWN OR LIVESTOCK IS RAISED. DO

YES [RS208] 1
 NO..... 2

NOT INCLUDE SMALL PERSONAL GARDENS.]

RS207. To the best of your knowledge, was this property used as a farm or orchard within 20 years before you began living there? [A FARM IS WHERE CROPS ARE GROWN OR LIVESTOCK IS RAISED. DO NOT INCLUDE SMALL PERSONAL GARDENS.]

YES 1
NO 2

RS208. Was this residence located in an urban, suburban, small town, or rural area?

URBAN 1
SUBURBAN 2
SMALL TOWN 3
RURAL 4
OTHER 5

RS209. Which of the following best describes this residence?

single family house 01
duplex or multi-family house 02
townhouse, row house, apartment, or
condominium building with up to
four stories 03
apartment or condominium building
with five or more stories 04
mobile home or trailer 05
a room in an institution, such as a
nursing home 06
another kind of residence 07

RS210. In what decade was this residence built?

BEFORE 1950 1
1950s 2
1960s 3
1970s 4

RS211. What was your personal main source of drinking water for most of the time you lived at this residence? Was it...

bottled water 01
community well 02
city or town water 03
private well 04
rain water or cistern 05
river, lake, or pond water 06

<IF RS211 = 02, 03, OR 04, ASK:>

RS211a. Did you use a water filtering system?
This does not include water-softening systems.

YES 1
NO 2

RS212. To the best of your knowledge, was this residence ever treated regularly with insecticides or pesticides, either by you or someone else, to control insects, rodents, or other pests while you were living there, either inside or around the foundation?

YES 1
NO [RS215] 2
REF [RS215] 7
DK [RS215] 8

RS213. Altogether, how often were the pest control chemicals applied on average? Would you say...
[COMBINE FREQUENCY OF ALL APPLICATIONS OF ANY PRODUCTS USED.]

daily 1
weekly 2
monthly 3
every 2 or 3 months 4
once or twice a year 5

RS214. When pest control chemicals were applied, how often did you personally apply them? Would you say...

all the time..... 1
most of the time..... 2
about half of the time 3
some of the time..... 4
never..... 5

Y N

Was this residence within seeing, smelling or hearing distance of any of the following? Was it near...

RS215. a power plant?

..... 1. 2

RS215sp. What was the power or fuel source that generated electricity at this plant? Was it...

coal..... 1

gas..... 2

petroleum or oil..... 3

water or hydropower.. 4

nuclear power..... 5

wind 6

solar power..... 7

geothermal power 8

RS216. high tension power lines, that is, heavy power lines carried by very large, steel towers 1 2

RS217. a commercial airport..... 1 2

RS218. a bus station..... 1 2

RS219. a gas station 1 2

RS220. a military base 1 2

RS221. a dry cleaner 1 2

<IF RS221 = YES, ASK:>

RS221a. Was the dry cleaning done on site? 1 2

RS222. an oil refinery 1 2

RS223. a paper mill..... 1 2

<BEGIN REPEATING RECORD>

RS224. [a/any other] factory..... 1 2

RS224sp. What kind? (What was made there?) _____

<END REPEATING RECORD>

RS225. a leather tannery 1 2

RS226. a slaughterhouse. Please do not include poultry processing plants as slaughterhouses. 1 2

RS227. a poultry processing plant .. 1 2

RS228. an animal waste lagoon 1 2

RS229. a sewage treatment plant 1 2

RS230. a garbage dump or landfill . 1 2

RS231. an incinerator (a furnace for burning waste or other materials) 1 2

RS232. a hazardous waste site 1 2

<ASK ONLY IF RS206 = NO>

<BEGIN REPEATING RECORD>

RS233. [a/any other] farm or orchard..... 1 2

[A FARM IS WHERE CROPS ARE GROWN OR LIVESTOCK

IS RAISED. DO NOT INCLUDE
SMALL PERSONAL GARDENS.]

RS233sp. What kind of farm or
orchard? _____

<END REPEATING RECORD>

RS234.a nursery or commercial
greenhouse, not a retail garden
center1 2

RS235. a golf course1 2

RS236.a swamp, marsh, or bog.....1 2

RS237. QUESTION DELETED

For the next few questions, please think about your entire life time.

RS238. Were you ever directly in the fog or spray of chemicals,
or as a child, did you ever chase after the fogger trucks
or airplanes that sprayed for mosquitoes or other pests?

YES 1
NO [RS242] 2
REF [RS242] 7
DK [RS242] 8

RS239. Did this happen before 1975, after 1975, or did it
happen before and after 1975?

BEFORE 1975 1
AFTER 1975 [RS241] 2
BOTH BEFORE AND AFTER 3

RS240. How many times did this happen before 1975?

--	--	--

OF TIMES

<IF RS239 = 1, GO TO RS242>

--	--	--

OF TIMES

RS241. How many times did this happen after 1975?

<IF ANY OF R'S RESIDENCES WERE USED AS A FARM WHILE R LIVED THERE (RS15=YES OR
RS16=YES OR RS126=YES OR RS206=YES) THEN SKIP RS242, BEGIN RESIDENTIAL FARM
MODULE.>

RS242. Have you ever lived on a farm for 12 months or more
during your lifetime? This could be 12 months in a row,
or a few months per year over several years. [A FARM
IS WHERE CROPS ARE GROWN OR LIVESTOCK
IS RAISED. DO NOT INCLUDE SMALL PERSONAL
GARDENS.]

YES ... [RES. FARM MODULE] 1
NO 2

Environmental Section: Personal Pesticide Use

Now I'd like to ask you some questions about insect repellents and pest control.

RS243. In the past 12 months have you used any chemical insect
repellents on your skin, hair or clothing? [DO NOT
INCLUDE PRODUCTS THAT CONTAIN ONLY
CITRONELLA.]

YES 1
NO [RS246] 2
REF [RS246] 7
DK [RS246] 8

RS244. Over the past 12 months, how often did you use
insect repellents in the summer? Would you say...

all the time 1
most of the time 2
about half of the time 3
some of the time 4
never 5

RS245. Over the past 12 months, how often did you use insect repellents the rest of the year? Would you say...

all the time..... 1
 most of the time..... 2
 about half of the time 3
 some of the time 4
 never..... 5

RS246. In your lifetime, have you ever used an over-the-counter or prescription lice control product on yourself, or applied it to someone else's skin, hair, or clothing?

YES 1
 NO..... [RS248] 2
 REF [RS248] 7
 DK..... [RS248] 8

RS247. About how many times in your lifetime have you used a lice control product on yourself or applied it on someone else?

--	--	--

#TIMES

RS248. Do you currently have any pets?

YES 1
 NO.....[NEXT SECTION] 2
 REF[NEXT SECTION] 7
 DK.....[NEXT SECTION] 8

RS249. Have any pets in your household been treated with chemical products for fleas or ticks in the past 12 months?

YES 1
 NO.....[NEXT SECTION] 2
 REF[NEXT SECTION] 7
 DK.....[NEXT SECTION] 8

RS250. Which of the following kinds of chemical flea or tick treatment was used on your pets?

	Y	N
a. shampoos or dips.....	1	2
b. powders.....	1	2
c. sprays.....	1	2
d. pills.....	1	2
e. collars.....	1	2
f. topical drops applied to the skin or fur.....	1	2
g. any other type of chemical product.....	1	2

<ASK ONLY IF RS250a, b, c, f, or g = YES:>

RS251. Who usually applied or gave the flea or tick treatments in the past 12 months. Was it...

you..... 1
 another household member 2
 vet or groomer 3
 someone else 4

SECTION PH: PHYSICAL ACTIVITY, SUN EXPOSURE, AND HOBBIES

Now I am going to ask you about any physical activities you may do during your free time. These activities include sports, exercises, and chores around the home or garden; they do not include your activities while you are working at a job.

<BEGIN REPEATING RECORD - ACTIVITY>

PH1. **<FIRST OCCURRENCE:>** In the past 12 months, have you done any sports or exercise activities at least once a week for at least one month? Please include walking for exercise, yoga, dance classes and the like.
<ALL OTHER OCCURRENCES:> In the past 12 months, have you done any other sports or exercise activities at least once a week for at least one month?

YES 1
 NO[PH6] 2
 REF[PH6] 7
 DK[PH6] 8

PH2. What [*other*] sports or exercise activity have you done at least once a week for at least one month out of the past 12 months? Please tell me about each activity one at a time.

 ACTIVITY
<ACTIVITY WILL BE SELECTED FROM A LOOK-UP TABLE>

PH3. How many months out of the past 12 months have you done this [(ACTIVITY)]? [INCLUDE ANY MONTH IN WHICH R HAS DONE THIS ACTIVITY OR EXERCISE AT LEAST ONE TIME PER WEEK.]

MONTHS

PH4. In the months you did this [(ACTIVITY)], about how many days per week or per month did you do this, on average?

DAYS

PER WEEK 1
 PER MONTH 2

PH5. On the days that you did this activity [(ACTIVITY)], about how much time did you spend on average each day you did this? Was it...

less than 20 minutes per day 1
 20 to 29 minutes per day 2
 30 to 59 minutes per day 3
 60 to 90 minutes per day 4
 more than 90 minutes per day 5

<GO TO PH1>**<END REPEATING RECORD - ACTIVITY>**

PH6. On average during the past 12 months, about how much time did you spend walking each day? For example, walking to work, while shopping, or to the mailbox-- do not include walking for exercise. Would you say...

less than 20 minutes per day 01
 20 to 29 minutes per day 02
 30 to 59 minutes per day 03
 60 to 90 minutes per day 04
 more than 90 minutes per day 05
 IN WHEELCHAIR/ CAN'T WALK
 [PH8] 06

PH7. On average during the past 12 months, about how many flights of stairs did you climb up per day, per week, or per month? By one flight, we mean about 10 stairs. Please do not include the use of stair climbing exercise machines.

--	--	--	--

FLIGHTS

Please do
 PER DAY..... 1
 PER WEEK..... 2
 PER MONTH..... 3
 PER YEAR 4

PH8. On average during the past 12 months about how much time did you spend each week vacuuming, mopping, scrubbing, washing cars, or doing other chores that increase your heart rate slightly? Would you say...

less than 1 hour per week 1
 more than 1 but less than 3 hours
 per week 2
 at least 3 but less than 7 hours per
 week 3
 7 or more hours per week 4

PH9. On average during the past 12 months about how much time did you spend each week moving furniture, doing yard work, or other chores that cause sweating and increase your heart rate substantially? Would you say...

less than 1 hour per week 1
 more than 1 but less than 3 hours
 per week 2
 at least 3 but less than 7 hours per
 week 3
 7 or more hours per week 4

PH10. How would you rate your amount of physical activity over the past 12 months compared to when you were around the age of 30? Would you say you are much less, less, about the same, more, or much more active than you were around age 30?

MUCH LESS 1
 LESS 2
 ABOUT THE SAME 3
 MORE 4
 MUCH MORE 5

Now I'd like to ask you about any physical activities you may have done as a child.

<BEGIN REPEATING RECORD - ACTIVITY>

PH11. **<FIRST OCCURRENCE:>** Between the ages of 5 and 19, not including gym class or free play, did you do any sports or exercise activities at least once a week for at least two months? Please include dance, cheerleading, gymnastics, skating classes, and the like.

YES 1
 NO.....[PH16] 2
 REF[PH16] 7
 DK.....[PH16] 8

<ALL OTHER OCCURRENCES:> Between the ages of 5 and 19, not including gym class or free play, did you do any other sports or exercise activities at least once a week for at least two months?

PH12. Between the ages of 5 and 19, what [other] sports or exercise activity did you do at least once a week for at least two months? [IF R OFFERS >1 ACTIVITY: Please tell me about each activity one at a time.]

 ACTIVITY

PH13. At what ages did you do this [(ACTIVITY)]?
 [MARK ALL AGES THAT R DID ACTIVITY.]

5 6 7 8 9 10 11 12 13
 14 15 16 17 18 19
 ALL OF THE ABOVE

PH14. During [those years/that year], about how many months per year did you do this on average? Would you say...

less than 3 months 1
 3 to 6 months 2
 7 to 9 months 3
 more than 9 months 4

PH15. In the months you did this activity [(ACTIVITY)],
about how much time did you spend on average
each week doing this? Would you say...

less than 1 hour per week 1
more than 1 hour but less than 3 hours
per week 2
at least 3 but less than 7 hours per
week 3
7 or more hours per week 4

<GO TO PH11>

<END REPEATING RECORD - ACTIVITY>

PH16. When you were around 10 years old, about how
much of your free time did you spend on average
each week in physically active play, such as riding
a bike, hiking, skating, dancing, or playing ball?
Please include time spent during recess. Was it...

less than 1 hour per week 1
more than 1 but less than 3 hours
per week 2
at least 3 but less than 7 hours per
week 3
7 or more hours per week 4

PH17. When you were 10 years old did you usually...
[CHECK ALL THAT APPLY]

walk ½ mile or less to school 1
walk more than ½ mile to school 1
ride a bicycle to school 1
take a bus, car or train to school 1
DID NOT GO TO SCHOOL 1

PH18. When you were around 10 years old, about how
much time did you spend on average each week
doing yard work, farm chores, or other chores that
cause sweating and increase your heart rate
substantially? Would you say...

less than 1 hour per week 1
more than 1 but less than 3 hours
per week 2
at least 3 but less than 7 hours per
week 3
7 or more hours per week 4

PH19. When you were around 10 years old, could you have
been described as a "tomboy"?

YES 1
NO 2

For the next few questions, please think back to when you were around 16 years old.

PH20. When you were around 16 years old, about how
much time did you spend on average each week
riding a bike, hiking, skating, dancing, or doing
other recreational activities that were not part of an
organized sports team or regular exercise program?
Was it...

less than 1 hour per week 1
more than 1 but less than 3 hours
per week 2
at least 3 but less than 7 hours per
week 3
7 or more hours per week 4

PH21. When you were 16 years old did you usually...
[CHECK ALL THAT APPLY]

walk ½ mile or less to school 1
walk more than ½ mile to school 1
ride a bicycle to school 1
take a bus, car or train to school 1
DID NOT GO TO SCHOOL 1

<IF PH21 = “DID NOT GO TO SCHOOL”, ASK:>

PH21a. Did you work during this time?

YES..... 1

NO..... [PH22] 2

PH21b. How did you usually get to work? Did you...

[CHECK ALL THAT APPLY.]

walk ½ mile or less to work 1

walk more than ½ mile to work 1

ride a bicycle to work..... 1

take a bus, car or train to work..... 1

PH22. When you were around 16 years old, about how much time did you spend on average each week doing yard work, farm chores, or other chores that cause sweating and increase your heart rate substantially? Would you say...

less than 1 hour per week 1

more than 1 but less than 3 hours

per week 2

at least 3 but less than 7 hours per

week 3

7 or more hours per week..... 4

Environmental Section: Sun Exposure

These next questions ask about your time outdoors in daylight. This includes time spent in full sun as well as in the shade. When answering, please think about what you have usually done over the past five years. Remember that we are asking about all time spent outdoors including activities like gardening, walking, and biking, but also less physical activities such as relaxing. Please do not include time spent driving.

	During the [SEASON], about how many hours and/or minutes per day, week, or month do you spend outdoors in daylight?	When you are outdoors in the [SEASON], how often do you wear a visor or a hat with a brim? Would you say...	When you are outdoors in the [SEASON], how often do you wear long sleeves or long pants? Would you say...	When you are outdoors in the [SEASON], how often do you use a sunscreen or products containing sunscreen on your face? Would you say...	When you are outdoors in the [SEASON], how often do you use a sunscreen or products containing sunscreen on the other (not face) sun-exposed parts of your body? Would you say...
PH23. spring	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> <div> #HRS #MINS PER DAY 1 PER WEEK 2 PER MONTH 3 </div> <div><IF PH23 = 0, GO TO PH26></div>	PH24a. never5 rarely4 sometimes3 usually2 always1	PH24b. never5 rarely4 sometimes3 usually2 always1	PH25a. never5 rarely4 sometimes3 usually2 always1	PH25b. never 5 rarely 4 sometimes 3 usually 2 always 1
PH26. summer	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> <div> #HRS #MINS PER DAY 1 PER WEEK 2 PER MONTH 3 </div> <div><IF PH26 = 0, GO TO PH29></div>	PH27a. never5 rarely4 sometimes3 usually2 always1	PH27b. never5 rarely4 sometimes3 usually2 always1	PH28a. never5 rarely4 sometimes3 usually2 always1	PH28b. never 5 rarely 4 sometimes 3 usually 2 always 1
PH29. fall	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> <div> #HRS #MINS PER DAY 1 PER WEEK 2 PER MONTH 3 </div> <div><IF PH29 = 0, GO TO PH31></div>	PH29a. never5 rarely4 sometimes3 usually2 always1	PH29b. never5 rarely4 sometimes3 usually2 always1	PH30a. never5 rarely4 sometimes3 usually2 always1	PH30b. never 5 rarely 4 sometimes 3 usually 2 always 1
PH31. winter	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> <div> #HRS #MINS PER DAY 1 PER WEEK 2 PER MONTH 3 </div> <div><IF PH31 = 0, GO TO PH33></div>	PH31a. never5 rarely4 sometimes3 usually2 always1	PH31b. never5 rarely4 sometimes3 usually2 always1	PH32a. never5 rarely4 sometimes3 usually2 always1	PH32b. never 5 rarely 4 sometimes 3 usually 2 always 1

PH33. Have you ever used a tanning bed? YES 1
NO 2

PH34. Have you ever used a sunlamp for tanning or to control acne? YES 1
NO 2

PH35. Have you ever worked as a lifeguard outdoors? YES 1
NO [PH37] 2
REF [PH37] 7
DK [PH37] 8

PH36. About how many years and/or months in
all have you worked as a lifeguard outdoors?

YEARS MONTHS

PH37. As a teenager or young adult did you usually try to get a tan? YES 1
NO 2

PH38. Over the past five years, have you tried to get a tan? YES 1
NO 2

PH39. Which of the following choices is the closest to what would happen to your skin if it were exposed for the first time to strong sunlight for at least an hour without using sunscreen or protective clothing? Would you...
get a severe sunburn with blisters 1
get a painful sunburn, but not blisters 2
get a mild sunburn followed by some tanning 3
become tanned without any sunburn... 4
have no visible reaction..... 5

PH40. Have you ever had a sunburn? YES 1
NO 2

<ASK ONLY IF PH33 = YES:>

PH40a. Have you ever had a burn from a tanning bed? YES 1
NO 2

<ASK ONLY IF PH34 = YES:>

PH40b. Have you ever had a burn from a sunlamp? YES 1
NO 2

<ASK QUESTIONS PH41-PH46 ONLY IF PH40, PH40a, OR PH40b = YES:>

<FILL IF PH40a = YES OR PH40b = YES OR PH40 = YES:>

PH41. Have you ever had a blistering [*sunburn/or/ a burn from a tanning bed/or/sunlamp*] that did not require medical attention? YES 1
NO [PH44] 2
REF [PH44] 7
DK [PH44] 8

PH42. How many times has this happened?

TIMES

PH43. How old were you the first time this happened?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<FILL IF PH40 = YES OR PH40a = YES OR PH40b = YES:>

PH44. Have you ever had a blistering [*sunburn/or/ a burn from a tanning bed/or/sunlamp*] that caused you to seek medical attention? YES..... 1
 NO..... [PH47] 2
 REF [PH47] 7
 DK..... [PH47] 8

PH45. How many times has this happened?

TIMES

PH46. How old were you the first time this happened?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

PH47. What color are your eyes?


BLUE 01
 BROWN OR BLACK..... 02
 GREEN 03
 HAZEL 04
 GRAY 05
 OTHER 06






PH48. What is the natural color of your hair? [IF R ANSWERS "GRAY," PROBE: "What was the color of your hair before it turned gray?"]

BROWN..... 01
 BLACK 02
 BLONDE 03
 RED..... 04
 AUBURN..... 05
 OTHER 06

Now I have some questions about activities you may have done as a hobby, not as part of a regular job.

Have you ever done any of these activities or crafts on a regular basis, that is, more than just once in a while?	About how many years in total have you done this regularly?	Have you done this in the past 12 months?	During the year[s] you did this activity, about how much time did you spend on average each week doing this? Would you say...
PH49. oil painting, or other artistic painting (as a hobby) Y 1 N . [PH53] 2	PH50. <input type="text"/> <input type="text"/> YEARS [IF LESS THAN ONE YEAR, ENTER "00".]	PH51. Y..... 1 N..... 2	PH52. less than 1 hour per week.... 1 more than 1 but less than 3 hours per week..... 2 at least 3 but less than 7 hours per week..... 3 7 or more hours per week ... 4
PH53. developing photographs chemically (as a hobby) Y 1 N . [PH57] 2	PH54. <input type="text"/> <input type="text"/> YEARS [IF LESS THAN ONE YEAR, ENTER "00".]	PH55. Y..... 1 N..... 2	PH56. less than 1 hour per week.... 1 more than 1 but less than 3 hours per week..... 2 at least 3 but less than 7 hours per week..... 3 7 or more hours per week ... 4

PH57. woodworking (as a hobby) Y 1 N . [PH61] 2	PH58.  YEARS [IF LESS THAN ONE YEAR, ENTER "00".]	PH59. Y..... 1 N..... 2	PH60. less than 1 hour per week.... 1 more than 1 but less than 3 hours per week..... 2 at least 3 but less than 7 hours per week..... 3 7 or more hours per week ... 4
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Have you ever done any of these activities or crafts on a regular basis, that is, more than just once in a while?	About how many years in all have you done this regularly?	Have you done this in the past 12 months?	During the year[s] you did this activity, about how much time did you spend on average each week doing this? Would you say...
PH61. refinishing furniture (as a hobby) Y 1 N . [PH65] 2	PH62.  YEARS [IF LESS THAN ONE YEAR, ENTER "00".]	PH63. Y..... 1 N..... 2	PH64. less than 1 hour per week.... 1 more than 1 but less than 3 hours per week..... 2 at least 3 but less than 7 hours per week..... 3 7 or more hours per week ... 4
PH65. ceramics or pottery making (as a hobby) Y 1 N . [PH69] 2	PH 66.  YEARS [IF LESS THAN ONE YEAR, ENTER "00".]	PH67. Y..... 1 N..... 2	PH68. less than 1 hour per week.... 1 more than 1 but less than 3 hours per week..... 2 at least 3 but less than 7 hours per week..... 3 7 or more hours per week ... 4
PH69. glass blowing (as a hobby) Y 1 N . [PH73] 2	PH70.  YEARS [IF LESS THAN ONE YEAR, ENTER "00".]	PH71. Y..... 1 N..... 2	PH72. less than 1 hour per week.... 1 more than 1 but less than 3 hours per week..... 2 at least 3 but less than 7 hours per week..... 3 7 or more hours per week ... 4
PH73. etching (as a hobby) Y 1 N . [PH77] 2	PH74.  YEARS [IF LESS THAN ONE YEAR, ENTER "00".]	PH75. Y 1 N 2	PH76. less than 1 hour per week.... 1 more than 1 but less than 3 hours per week..... 2 at least 3 but less than 7 hours per week..... 3 7 or more hours per week ... 4
PH77. hobbies that involve soldering, such as stained glass or jewelry making Y 1 N . [PH81] 2	PH78.  YEARS [IF LESS THAN ONE YEAR, ENTER "00".]	PH79. Y 1 N 2	PH80. less than 1 hour per week.... 1 more than 1 but less than 3 hours per week..... 2 at least 3 but less than 7 hours per week..... 3 7 or more hours per week ... 4

PH81. hobbies that involve welding Y 1 N . [PH85] 2	PH82. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> YEARS [IF LESS THAN ONE YEAR, ENTER "00".]	PH83. Y..... 1 N..... 2	PH84. less than 1 hour per week.... 1 more than 1 but less than 3 hours per week 2 at least 3 but less than 7 hours per week 3 7 or more hours per week ... 4
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Have you ever done any of these activities or crafts on a regular basis, that is, more than just once in a while?	About how many years in all have you done this regularly?	Have you done this in the past 12 months?	During the year[s] you did this activity, about how much time did you spend on average each week doing this? Would you say...
PH85. leather crafting (as a hobby) Y 1 N . [PH89] 2	PH86. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> YEARS [IF LESS THAN ONE YEAR, ENTER "00".]	PH87. Y..... 1 N..... 2	PH88. less than 1 hour per week.... 1 more than 1 but less than 3 hours per week 2 at least 3 but less than 7 hours per week 3 7 or more hours per week ... 4
PH89. print making or silk screening (as a hobby) Y 1 N . [PH93] 2	PH90. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> YEARS [IF LESS THAN ONE YEAR, ENTER "00".]	PH91. Y..... 1 N..... 2	PH92. less than 1 hour per week..... 1 more than 1 but less than 3 hours per week 2 at least 3 but less than 7 hours per week 3 7 or more hours per week ... 4
PH93. auto or engine repair (as a hobby) [THIS INCLUDES GENERAL AUTOMOTIVE WORK AND REPAIRS TO ENGINES THAT RUN ON GAS, INCLUDING SOME LAWNMOWERS, MOTORCYCLES, AND GO CARTS.] Y 1 N . [PH97] 2	PH94. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> YEARS [IF LESS THAN ONE YEAR, ENTER "00".]	PH95. Y..... 1 N..... 2	PH96. less than 1 hour per week.... 1 more than 1 but less than 3 hours per week 2 at least 3 but less than 7 hours per week 3 7 or more hours per week ... 4

PH97. Have you ever done gardening on a regular basis, that is,

YES 1

more than just once in a while?

NO..... [PH104] 2
 REF [PH104] 7
 DK..... [PH104] 8

PH98. About how many years in all have you done this regularly? [IF LESS THAN ONE YEAR, ENTER "00".]

YEARS

PH99. Have you done this in the past 12 months?

YES 1
 NO 2

PH100. During the years you did gardening, about how many hours per week did you spend doing this in the spring? Would you say...

less than 1 hour per week 1
 more than 1 hour but less than 3 hours
 per week 2
 at least 3 but less than 7 hours per
 week 3
 7 or more hours per week 4

PH101. (During the years you did gardening,) about how many hours per week did you spend doing this in the summer? Would you say...

less than 1 hour per week 1
 more than 1 hour but less than 3 hours
 per week 2
 at least 3 but less than 7 hours per
 week 3
 7 or more hours per week 4

PH102. (During the years you did gardening,) about how many hours per week did you spend doing this in the fall? Would you say...

less than 1 hour per week 1
 more than 1 hour but less than 3 hours
 per week 2
 at least 3 but less than 7 hours per
 week 3
 7 or more hours per week 4

PH103. (During the years you did gardening,) about how many hours per week did you spend doing this in the winter? Would you say...

less than 1 hour per week 1
 more than 1 hour but less than 3 hours
 per week 2
 at least 3 but less than 7 hours per
 week 3
 7 or more hours per week 4

PH104. Have you ever done any other hobby that involves glues, solvents, metals, or other chemicals on a regular basis, that is, more than just once in a while?

YES 1
 SPECIFY: _____
 NO.....[NEXT SECTION] 2
 REF[NEXT SECTION] 7
 DK.....[NEXT SECTION] 8

PH105. About how many years in all have you done this regularly? [IF LESS THAN ONE YEAR, ENTER "00".]

YEARS

PH106. Have you done this in the past 12 months?

YES 1
 NO 2

PH107. During the year[s] you did this activity, about how much time did you spend on average each week doing this? Would you say...

less than 1 hour per week 1
 more than 1 hour but less than 3 hours
 per week 2

at least 3 but less than 7 hours per
week 3
7 or more hours per week..... 4

SECTION SM: SMOKING

Now I am going to ask you questions about smoking and your exposure to cigarette smoke from other people.

SM1. Have you ever smoked at least one cigarette
per day for six months or longer? YES [SM4] 1
NO 2

SM2. Have you ever smoked at least one cigarette
per month for one year or longer? YES 1
NO [SM10x1] 2
DK [SM10x1] 7
REF [SM10x1] 8

SM3. How many years in total have you smoked
at least one cigarette per month?
#YRS

SM3a. How old were you when you started smoking
at least one cigarette per month for a year or
longer?
AGE

SM3b. How old were you when you stopped smoking?
[IF R SAYS "NEVER STOPPED", ENTER R'S
CURRENT AGE.]
AGE

SM3c. On average, about how many days per year did
you smoke?
DAYS/YEAR

SM3d. On the days that you smoked, about how many
cigarettes did you usually smoke?
CIGARETTES

<GO TO SM10x1>

SM4. Have you smoked at least one cigarette per day, on average,
over the past 12 months? YES 1
NO [SM6] 2
DK [SM6] 7
REF [SM6] 8

SM5. On average, about how many cigarettes have you
smoked per day, per week, or per month over the
past 12 months? [1 PACK = 20; ½ PACK = 10]
CIGARETTES
PER DAY 1
PER WEEK 2
PER MONTH 3
TOTAL FOR PAST 12 MONTHS 4

I am going to ask you at what ages you have smoked cigarettes over your lifetime. If you have ever stopped and started, please try to remember each time you stopped smoking for at least one year, and then started again.

<BEGIN REPEATING RECORD - SMOKING SEGMENT>

SM6. How old were you when you [*first/next*] started smoking
cigarettes regularly, that is, at least one cigarette per day
for six months or longer?
AGE

<ASK SM6a ONLY IF SM6 = DK:>

SM6a. Giving your best guess, would you say that it was... before your teens1
 in your teens2
 in your 20s3
 in your 30s4
 [in your 40s]5
 [in your 50s]6
 [in your 60s]7
 [in your 70s]8

<ASK ONLY IF RESPONDENT IS A CURRENT SMOKER (SM4 = YES); ELSE GO TO SM8.>

SM7. Have you smoked cigarettes regularly every year since SMOKED EVERY YEAR..... [SM9]....1
 then, or did you ever stop smoking for a year or longer? STOPPED [SM8]....2

SM8. How old were you when you [first/next] stopped smoking (an average of one cigarette per day) for a year or longer?

AGE

<ASK SM8a ONLY IF SM8 = DK:>

SM8a. Giving your best guess, would you say that it was... before your teens1
 in your teens2
 in your 20s3
 in your 30s4
 [in your 40s]5
 [in your 50s]6
 [in your 60s]7
 [in your 70s]8

<IF A SMOKING SEGMENT IS LONGER THAN 10 YEARS, BREAK IT INTO DECADES AND REPEAT SM9 FOR EACH DECADE>

SM9. During the times you smoked regularly between the ages of [START AGE] and [STOP AGE], how many cigarettes did you smoke per day on average? [1 PACK = 20; ½ PACK = 10]

CIGARETTES

<IF SM7 = 1, GO TO SM11>

SM10. Were there any other times that you started smoking regularly again? YES [SM6]1
 NO2

<END REPEATING RECORD - SMOKING SEGMENT>

The next questions are about smoking marijuana. Please let me remind you that answering these questions is voluntary and all of the information we collect will be kept confidential. If for any reason you would rather not answer a question, just tell me and we can go on to the next one.

SM10x1. Have you ever smoked marijuana? YES1
 NO [SM11]2
 DK [SM11]7
 REF [SM11]8

SM10x2. How old were you the first time you smoked marijuana?

AGE

<ASK SM10x3 ONLY IF SM10x2 = DK:>

SM10x3. Giving your best guess, would you say that it was...

- before your teens1
 in your teens2
 in your 20s3
 in your 30s4
 [in your 40s]5
 [in your 50s]6
 [in your 60s]7
 [in your 70s]8

SM10x4. In total, how many years did you smoke marijuana?

--	--

 YRS

SM10x5. During the years that you smoked marijuana, on average how often did you smoke it?

--	--	--

 # TIMES

- PER DAY1
 PER WEEK2
 PER MONTH3
 PER YEAR4
 IN TOTAL5

The next questions are about exposure to the cigarette smoke of others that you might have experienced. We will start with the time from your birth up to age 18.

<BEGIN REPEATING RECORD >

- SM11. From the time you were [*born/AGE FROM M13*] up to age 18, YES1
 were there any [*other*] periods of time when your mother or NO [SM14]2
 guardian who took care of you most of the time REF [SM14]7
 smoked at least one cigarette per day, for six DK [SM14]8
 months or longer, in the house or in your presence? [IF R SAYS
 SHE HAD MORE THAN ONE CAREGIVER, PROBE: "Did
 either caregiver smoke in the house or in your presence?"]

SM12. To the best of your knowledge, how old were you when
 your mother or guardian (who took care of you most of the time)
 [*first/next*] started
 smoking regularly (at least one cigarette per day for six
 months or longer) in the house or in your presence?
 [IF R SAYS "FROM BIRTH," ENTER 00]

--	--

 AGE

SM13. How old were you when your daily exposure to this
 cigarette smoke [*first/next*] stopped for a year or longer?
 This could be because your caregiver stopped smoking,
 moved out of the house, or because you moved out.

--	--

 AGE

[IF R GIVES AN AGE >18: For this question we
 are only asking about your exposure to cigarette smoke up to
 age 18. I will ask about your exposure after age 18 later.
 Keeping this in mind, would you say you were exposed to

<IF AGE <17, GO TO SM11>

cigarette smoke up until you were 18 years old?]

<END REPEATING RECORD>

<BEGIN REPEATING RECORD>

SM14. From the time you were [*born/AGE FROM M16*] up to age 18, YES1
 have there been any [*other*] periods of time lasting six months NO..... [SM17]2
 or longer when someone other than your mother or guardian REF [SM17]7
 smoked at least one cigarette per day in your presence? DK..... [SM17]8

SM15. To the best of your knowledge, how old were you when
someone other than your mother or guardian
 [*first/next*] started smoking regularly (at least one per day
 for six months or longer) in your presence?
 [IF R SAYS "FROM BIRTH," ENTER 0]

AGE

SM16. How old were you when your daily exposure to others'
 cigarette smoke [*first/next*] stopped for a year or longer?
 [IF R GIVES AN AGE >18: For this question we are only asking
 about your exposure to cigarette smoke up to age 18. I will
 ask about your exposure after age 18 later. Keeping this in
 mind, would you say you were exposed to cigarette smoke
 up until you were 18 years old?]

AGE

<IF AGE <17, GO TO SM14>

<END REPEATING RECORD>

The next questions are about cigarette smoke exposure you may have experienced after the age of 18.

<BEGIN REPEATING RECORD>

SM17. From the age of [*19/AGE FROM M19*] up to the present, YES1
 have there been any [*other*] periods of time lasting six months NO..... [NEXT SECTION]2
 or longer when at least one cigarette per day was smoked in REF [NEXT SECTION]7
 your presence? DK..... [NEXT SECTION]8

SM18. How old were you when others [*first/next*] started
 smoking regularly (at least one cigarette per day
 for six months or longer) in your presence?
 [IF R GIVES AN AGE <19: For this question we are only
 asking about your exposure to cigarette smoke from the age
 19 and up.]

AGE

SM19. How old were you when your daily exposure to others'
 cigarette smoke [*first/next*] stopped for a year or longer?
 [IF R SAYS "NEVER," ENTER R'S CURRENT AGE.]

AGE

<IF AGE <CURRENT -1, GO TO SM17>

<END REPEATING RECORD>

SECTION AL: ALCOHOL

The following questions are about drinking alcohol. Alcoholic beverages include beer and other malt beverages, wine, wine coolers, and liquor. When I ask about a “drink,” think about a 12-ounce bottle or can of beer, a 5-ounce glass of wine, one wine cooler, one shot of liquor, or one mixed drink or cocktail.

AL1. Have you ever had an alcoholic beverage? YES 1
NO.....[NEXT SECTION] 2

AL2. Have you ever had ten or more alcoholic beverages in any 12-month period? YES 1
NO..... 2

AL3. How old were you when you first drank an alcoholic beverage
(, that is, a 12-ounce bottle or can of beer, a 5-ounce glass of wine,
one wine cooler, one shot of liquor, or one mixed drink or cocktail.)?

AGE

<ASK ONLY IF AL3 = DK:>

AL3a. When do you first remember drinking an alcoholic beverage? Was it...
before 20 01
in your 20s..... 02
in your 30s..... 03
[in your 40s] 04
[in your 50s] 05
[in your 60s] 06
[in your 70s] 07

AL4. Have you had an alcoholic beverage in the past 12 months? YES 1
NO..... [AL10] 2

AL5. During the past 12 months, about how many days per week,
per month, or in total have you had alcoholic beverages?

DAYS

PER WEEK..... 1
PER MONTH..... 2
TOTAL FOR PAST 12 MONTHS 3

AL6. During the past 12 months, which types of alcoholic beverages did you usually drink? Did you usually drink beer or malt beverages, white wine or white wine coolers, red wine or red wine coolers, liquor, or sherry or port? [CHECK ALL THAT APPLY.]
[IF R SAYS “CHAMPAGNE,” CHECK “WHITE WINE.”]
[IF R SAYS “MIXED DRINKS” OR “COCKTAILS,” CHECK “LIQUOR.”]

BEER/MALT BEVERAGES..... 1
WHITE WINE/WINE COOLERS..... 1
RED WINE/WINE COOLERS..... 1
LIQUOR..... 1
SHERRY/PORT..... 1

AL7. During the past 12 months, about how many drinks would you have on the days that you drank?

DRINKS/DAY

<FILL “During the past 12 months,” IF AL7≤4; FILL “of those” IF AL7≥5>

AL8. [During the past 12 months,] did you ever drink four or more [of those] alcoholic beverages in a row, in one sitting? YES 1
NO..... [AL11] 2

AL9. How many times has this happened in the past 12 months?

--	--	--

 # TIMES

 PER WEEK..... 1
 PER MONTH..... 2
 TOTAL FOR PAST 12 MONTHS 3

<ASK ONLY IF AL4 = NO>

AL10. How old were you when you last drank alcohol?

--	--

 AGE

<IF AL2 = NO, GO TO NEXT SECTION>

<READ ONLY IF AL4 = YES>

I have finished asking about the past 12 months. The next questions concern drinking alcoholic beverages over your lifetime.

<IF AL3 (START AGE) > 19 OR AL3a ≥ “IN YOUR 20s”, GO TO AL17>

<IF AL3 (START AGE) = 19, GO TO AL12>

AL11. At what ages between [START AGE] and [STOP AGE/19] did you drink alcoholic beverages?

 [8] [9] [10] [11] [12] [13] [14] [15] [16]
 [17] [18] [19]

Include any year in which you drank at least one drink (a 12-ounce bottle or can of beer, one wine cooler, a 5-ounce glass of wine, one shot of liquor, or one mixed drink or cocktail). [CHECK ALL THAT APPLY.]

 ALL OF THE ABOVE..... 1
 NONE OF THE ABOVE [AL17] 1

<IF AL3 (START AGE) = 19, FILL “When you were 19”>

AL12. [During those years/When you were 19] about how many days per week, per month, or per year did you drink alcoholic beverages, on average?

--	--	--

 # DAYS

 PER WEEK..... 1
 PER MONTH..... 2
 PER YEAR 3

 AL13. When you drank alcoholic beverages in your teen years, which types did you usually drink? Did you usually drink beer or malt beverages, white wine or white wine coolers, red wine or red wine coolers, liquor, or sherry or port? [CHECK ALL THAT APPLY.]
 [IF R SAYS “CHAMPAGNE,” CHECK “WHITE WINE.”]
 [IF R SAYS “MIXED DRINKS” OR “COCKTAILS,” CHECK “LIQUOR.”]

 BEER/MALT BEVERAGES..... 1
 WHITE WINE/WINE COOLERS..... 1
 RED WINE/WINE COOLERS..... 1
 LIQUOR..... 1
 SHERRY/PORT..... 1

AL14. During your teen years, about how many drinks would you have on the days that you drank?

--	--

 # DRINKS/DAY

AL15. When you were in your teens, did you ever drink four or more alcoholic beverages in a row, in one sitting?

 YES..... 1
 NO..... [AL17] 2

AL16. About how many times did this happen in your teens?

TIMES

PER WEEK..... 1
PER MONTH..... 2
PER YEAR 3
TOTAL FOR TEEN YEARS..... 4

<IF AL10 (STOP AGE) < 20, GO TO AL53>

<IF AL3 (START AGE) > 29 OR AL3a ≥ “IN YOUR 30s”, GO TO AL23>

<IF AL3 (START AGE) = 29, GO TO AL18>

AL17. At what ages between [START AGE/20] and [STOP AGE/29] did you drink alcoholic beverages?

[20] [21] [22] [23] [24] [25] [26] [27] [28]
[29]

Include any year in which you drank at least one drink
(a 12-ounce bottle or can of beer, one wine cooler,
a 5-ounce glass of wine, one shot of liquor, or one
mixed drink or cocktail.) [CHECK ALL THAT APPLY.]

ALL OF THE ABOVE..... 1
NONE OF THE ABOVE . [AL23] 1

<IF AL3 (START AGE) = 29, FILL “When you were 29”>

AL18. [During those years/When you were 29] about how many
days per week, per month, or per year did you drink alcoholic
beverages, on average?

DAYS

PER WEEK..... 1
PER MONTH..... 2
PER YEAR 3

AL19. When you drank alcoholic beverages during your
twenties, which types did you usually drink? Did you
usually drink beer or malt beverages, white wine or
white wine coolers, red wine or red wine coolers,
liquor, or sherry or port? [CHECK ALL THAT APPLY.]
[IF R SAYS “CHAMPAGNE,” CHECK “WHITE WINE.”]
[IF R SAYS “MIXED DRINKS” OR “COCKTAILS,” CHECK “LIQUOR.”]

BEER/MALT BEVERAGES..... 1
WHITE WINE/WINE COOLERS..... 1
RED WINE/WINE COOLERS..... 1
LIQUOR..... 1
SHERRY/PORT..... 1

AL20. During your twenties, about how many drinks would
you have on the days that you drank?

DRINKS/DAY

AL21. When you were in your twenties, did you ever drink
four or more alcoholic beverages in a row, in one
sitting?

YES 1
NO..... [AL23] 2

AL22. About how many times did this happen in your twenties?

TIMES

PER WEEK..... 1
PER MONTH..... 2
PER YEAR 3
TOTAL FOR 20s 4

<IF AL10 (STOP AGE) < 30, GO TO AL53>

<IF AL3 (START AGE) > 39 OR AL3a ≥ “IN YOUR 40s”, GO TO AL29>

<IF AL3 (START AGE) = 39, GO TO AL24>

AL23. At what ages between [START AGE/30] and [STOP AGE/39] did you drink alcoholic beverages?

Include any year in which you drank at least one drink

(a 12-ounce bottle or can of beer, one wine cooler,

a 5-ounce glass of wine, one shot of liquor, or one

mixed drink or cocktail.) [CHECK ALL THAT APPLY.]

[30] [31] [32] [33] [34] [35] [36] [37] [38]
[39]

ALL OF THE ABOVE..... 1

NONE OF THE ABOVE . [AL29] 1

<IF AL3 (START AGE) = 39, FILL “When you were 39”>

AL24. [During those years/When you were 39] about how many days per week, per month, or per year did you drink alcoholic beverages, on average?

DAYS

PER WEEK..... 1

PER MONTH..... 2

PER YEAR 3

AL25. When you drank alcoholic beverages during your thirties, which types did you usually drink? Did you usually drink beer or malt beverages, white wine or white wine coolers, red wine or red wine coolers, liquor, or sherry or port? [CHECK ALL THAT APPLY.] [IF R SAYS “CHAMPAGNE,” CHECK “WHITE WINE.”] [IF R SAYS “MIXED DRINKS” OR “COCKTAILS,” CHECK “LIQUOR.”]

BEER/MALT BEVERAGES..... 1

WHITE WINE/WINE COOLERS..... 1

RED WINE/WINE COOLERS..... 1

LIQUOR..... 1

SHERRY/PORT..... 1

AL26. During your thirties, about how many drinks would you have on the days that you drank?

DRINKS/DAY

AL27. When you were in your thirties, did you ever drink four or more alcoholic beverages in a row, in one sitting?

YES 1

NO..... [AL29] 2

AL28. About how many times did this happen in your thirties?

TIMES

PER WEEK..... 1

PER MONTH..... 2

PER YEAR 3

TOTAL FOR 30s 4

<IF R'S CURRENT AGE \leq 40, GO TO AL53>

<IF AL10 (STOP AGE) < 40, GO TO AL53>

<IF AL3 (START AGE) > 49 OR AL3a \geq "IN YOUR 50s", GO TO AL35>

<IF AL3 (START AGE) = 49, GO TO AL30>

AL29. At what ages between [START AGE/40] and [STOP AGE/49] did you drink alcoholic beverages?

Include any year in which you drank at least one drink (a 12-ounce bottle or can of beer, one wine cooler, a 5-ounce glass of wine, one shot of liquor, or one mixed drink or cocktail.) [CHECK ALL THAT APPLY.]

[40] [41] [42] [43] [44] [45] [46] [47] [48]
[49]

ALL OF THE ABOVE..... 1

NONE OF THE ABOVE . [AL35] 1

<IF AL3 (START AGE) = 49, FILL "When you were 49">

AL30. [During those years/When you were 49] about how many days per week, per month, or per year did you drink alcoholic beverages, on average?

DAYS

PER WEEK..... 1

PER MONTH..... 2

PER YEAR 3

AL31. When you drank alcoholic beverages during your forties, which types did you usually drink? Did you usually drink beer or malt beverages, white wine or white wine coolers, red wine or red wine coolers, or liquor, or sherry or port? [CHECK ALL THAT APPLY.] [IF R SAYS "CHAMPAGNE," CHECK "WHITE WINE."] [IF R SAYS "MIXED DRINKS" OR "COCKTAILS," CHECK "LIQUOR."]

BEER/MALT BEVERAGES..... 1

WHITE WINE/WINE COOLERS..... 1

RED WINE/WINE COOLERS..... 1

LIQUOR..... 1

SHERRY/PORT..... 1

AL32. During your forties, about how many drinks would you have on the days that you drank?

DRINKS/DAY

AL33. When you were in your forties, did you ever drink four or more alcoholic beverages in a row, in one sitting?

YES 1

NO..... [AL35] 2

AL34. About how many times did this happen in your forties?

TIMES

PER WEEK..... 1

PER MONTH..... 2

PER YEAR 3

TOTAL FOR 40s 4

<IF R'S CURRENT AGE \leq 50, GO TO AL53>

<IF AL10 (STOP AGE) < 50, GO TO AL53>

<IF AL3 (START AGE) > 59 OR AL3a \geq "IN YOUR 60s", GO TO AL41>

<IF AL3 (START AGE) = 59, GO TO AL36>

AL35. At what ages between [START AGE/50] and [STOP AGE/59] did you drink alcoholic beverages?

Include any year in which you drank at least one drink (a 12-ounce bottle or can of beer, one wine cooler, a 5-ounce glass of wine, one shot of liquor, or one mixed drink or cocktail.) [CHECK ALL THAT APPLY.]

[50] [51] [52] [53] [54] [55] [56] [57] [58]

[59]

ALL OF THE ABOVE..... 1

NONE OF THE ABOVE . [AL41] 1

<IF AL3 (START AGE) = 59, FILL "When you were 59">

AL36. [During those years/When you were 59] about how many days per week, per month, or per year did you drink alcoholic beverages, on average?

DAYS

PER WEEK..... 1

PER MONTH..... 2

PER YEAR 3

AL37. When you drank alcoholic beverages during your fifties, which types did you usually drink? Did you usually drink beer or malt beverages, white wine or white wine coolers, red wine or red wine coolers, liquor, or sherry or port? [CHECK ALL THAT APPLY.] [IF R SAYS "CHAMPAGNE," CHECK "WHITE WINE."] [IF R SAYS "MIXED DRINKS" OR "COCKTAILS," CHECK "LIQUOR."]

BEER/MALT BEVERAGES..... 1

WHITE WINE/WINE COOLERS..... 1

RED WINE/WINE COOLERS..... 1

LIQUOR..... 1

SHERRY/PORT..... 1

AL38. During your fifties, about how many drinks would you have on the days that you drank?

DRINKS/DAY

AL39. When you were in your fifties, did you ever drink four or more alcoholic beverages in a row, in one sitting?

YES 1

NO..... [AL41] 2

AL40. About how many times did this happen in your fifties?

TIMES

PER WEEK..... 1

PER MONTH..... 2

PER YEAR 3

TOTAL FOR 50s 4

<IF R'S CURRENT AGE \leq 60, GO TO AL53>

<IF AL10 (STOP AGE) < 60, GO TO AL53>

<IF AL3 (START AGE) > 69 OR AL3a \geq "IN YOUR 70s", GO TO AL47>

<IF AL3 (START AGE) = 69, GO TO AL42>

AL41. At what ages between [START AGE/60] and [STOP AGE/69] did you drink alcoholic beverages?

Include any year in which you drank at least one drink (a 12-ounce bottle or can of beer, one wine cooler, a 5-ounce glass of wine, one shot of liquor, or one mixed drink or cocktail.) [CHECK ALL THAT APPLY.]

[60] [61] [62] [63] [64] [65] [66] [67] [68]

[69]

ALL OF THE ABOVE..... 1

NONE OF THE ABOVE . [AL47] 1

<IF AL3 (START AGE) = 69, FILL "When you were 69">

AL42. [During those years/When you were 69] about how many days per week, per month, or per year did you drink alcoholic beverages, on average?

DAYS

PER WEEK..... 1

PER MONTH..... 2

PER YEAR 3

AL43. When you drank alcoholic beverages during your sixties which types did you usually drink? Did you usually drink beer or malt beverages, white wine or white wine coolers, red wine or red wine coolers, liquor, or sherry or port? [CHECK ALL THAT APPLY.] [IF R SAYS "CHAMPAGNE," CHECK "WHITE WINE."] [IF R SAYS "MIXED DRINKS" OR "COCKTAILS," CHECK "LIQUOR."]

BEER/MALT BEVERAGES..... 1

WHITE WINE/WINE COOLERS..... 1

RED WINE/WINE COOLERS..... 1

LIQUOR..... 1

SHERRY/PORT..... 1

AL44. During your sixties, about how many drinks would you have on the days that you drank?

DRINKS/DAY

AL45. When you were in your sixties, did you ever drink four or more alcoholic beverages in a row, in one sitting?

YES 1

NO..... [AL47] 2

AL46. About how many times did this happen in your sixties?

TIMES

PER WEEK..... 1

PER MONTH..... 2

PER YEAR 3

TOTAL FOR 60s 4

<IF R'S CURRENT AGE \leq 70, GO TO AL53>

<IF AL10 (STOP AGE) < 70, GO TO AL53>

<IF AL3 (START AGE) = 74, GO TO AL48>

AL47. At what ages between [START AGE/70] and [STOP AGE/CURRENT AGE/74] did you drink alcoholic beverages? Include any year in which you drank at least one drink (a 12-ounce bottle or can of beer, one wine cooler, a 5-ounce glass of wine, one shot of liquor, or one mixed drink or cocktail.) [CHECK ALL THAT APPLY.]

[70] [71] [72] [73] [74] [75]
ALL OF THE ABOVE..... 1

<IF AL3 (START AGE) = 74, FILL "When you were 74">

AL48. [During those years/When you were 74] about how many days per week, per month, or per year did you drink alcoholic beverages, on average?

DAYS

PER WEEK..... 1
PER MONTH..... 2
PER YEAR 3

AL49. When you drank alcoholic beverages during your seventies which types did you usually drink? Did you usually drink beer or malt beverages, white wine or white wine coolers, red wine or red wine coolers, liquor, or sherry or port? [CHECK ALL THAT APPLY.] [IF R SAYS "CHAMPAGNE," CHECK "WHITE WINE."] [IF R SAYS "MIXED DRINKS" OR "COCKTAILS," CHECK "LIQUOR."]

BEER/MALT BEVERAGES..... 1
WHITE WINE/WINE COOLERS..... 1
RED WINE/WINE COOLERS..... 1
LIQUOR..... 1
SHERRY/PORT..... 1

AL50. During your seventies, about how many drinks would you have on the days that you drank?

DRINKS/DAY

AL51. When you were in your seventies, did you ever drink four or more alcoholic beverages in a row, in one sitting?

YES 1
NO..... [N53] 2

AL52. About how many times did this happen in your seventies?

TIMES

PER WEEK..... 1
PER MONTH..... 2
PER YEAR 3
TOTAL FOR 70s 4

This next question is asked of everyone.

AL53. Was there ever a period in your life when a doctor or a health professional told you that your drinking was hurting your health? [DO NOT INCLUDE TIMES WHEN A PHYSICIAN TOLD R NOT TO DRINK BECAUSE IT MAY INTERFERE WITH A MEDICATION.] [DO NOT INCLUDE TIMES R WAS TOLD NOT TO DRINK BECAUSE IT MIGHT WORSEN AN EXISTING MEDICAL CONDITION.] [DO NOT COUNT IF R WAS TOLD NOT TO DRINK BECAUSE SHE WAS PREGNANT.]

YES 1
NO..... 2

<ASK ONLY IF AL8, AL15, AL21, AL27, AL33, AL39, AL45, OR AL51 = YES>

AL54. Did you ever wake up in the morning after you had been drinking, and find that you couldn't remember where you had been or what had happened?

YES 1
NO.....[NEXT SECTION] 2
REF[NEXT SECTION] 7
DK.....[NEXT SECTION] 8

AL55. About how many times has this happened?

--	--	--

OF TIMES

SECTION SL: SLEEP PATTERNS

Next I will ask you about your sleep patterns.

- SL1. Which of the following best describes your pattern for waking up during the past six weeks? I have four choices I will read. Please choose one of the following choices.

I wake up at about the same time, that is,
within 1 hour, every day of the
week 1

I wake up at about the same time on
workdays, but I have a different wake-
up time on my days off..... 2

The time when I wake up varies by 2 or more hours depending on what day of the week it is, but the pattern is consistent from week to week 3

I have no consistent wake-up time4

- SL2. Which of the following best describes your pattern for going to sleep during the past six weeks? (I have four choices I will read. Please choose one of the following choices.)

I go to sleep at about the same time, that is, within 1 hour, every day of the week 1

I go to sleep at about the same time on
workdays, but I have a different
bedtime on my days off..... 2

The time when I go to bed varies by 2 or more hours depending on what day of the week it is, but the pattern is consistent from week to week..... 3

I have no consistent bedtime 4

- SL3. About how many years and/or months has this current sleep pattern lasted?

--	--

--	--

YEARS # MONTHS

<ASK ONLY IF SL1 = 1>

- SL4. About what time do you usually wake up for the day?

_____ am ☐
 _____ pm ☐

<GO TO SL8>

<ASK SL5 – SL6 ONLY IF SL1 = 2>

- SL5. About what time do you usually wake up on...

a. workdays

_____ : _____ am ☐
 _____ : _____ pm ☐

b. days off

_____ : _____ am ☐
 _____ : _____ pm ☐

- SL5a1. How many days per week do you usually get up at this time?

L

OF DAYS/WK

<GO TO SL8>

SL6. **QUESTION DELETED**

<ASK ONLY IF SL1 = 3>

SL7. About what time do you usually wake up on...

- a. MONDAY : am ☐
 : pm ☐
- b. TUESDAY : am ☐
 : pm ☐
- c. WEDNESDAY : am ☐
 : pm ☐
- d. THURSDAY : am ☐
 : pm ☐
- e. FRIDAY : am ☐
 : pm ☐
- f. SATURDAY : am ☐
 : pm ☐
- g. SUNDAY : am ☐
 : pm ☐

<ASK ONLY IF SL2 = 1>

SL8. About what time do you usually go to sleep?

 : am ☐
 : pm ☐

<GO TO SL12>

<ASK ONLY IF SL2 = 2>

SL9. About what time do you usually go to sleep on...

- a. workdays : am ☐
 : pm ☐
- b. days off : am ☐
 : pm ☐

SL9a1. How many days per week do you usually go to sleep at this time?

 # OF DAYS/WK

<GO TO SL12>

SL10. **QUESTION DELETED**

<ASK ONLY IF SL2 = 3>

SL11. About what time do you usually go to sleep on...

- a. MONDAY : am ☐
 : pm ☐
- b. TUESDAY : am ☐
 : pm ☐
- c. WEDNESDAY : am ☐
 : pm ☐
- d. THURSDAY : am ☐
 : pm ☐
- e. FRIDAY : am ☐
 : pm ☐
- f. SATURDAY : am ☐
 : pm ☐
- g. SUNDAY : am ☐
 : pm ☐

<ASK ONLY IF SL1 OR SL2 = 4>

SL12. Do you usually sleep during the daytime or nighttime?

DAYTIME 1
 NIGHTTIME 2
 BOTH..... 3

<FILL “nights” FOR SL13–SL15 ONLY IF SL12 = 2; ELSE, FILL “days”>

<ASK SL13–SL14 ONLY IF SL1 =4 OR SL2 = 4>

SL13. On the [nights/days] that you get the most sleep, about how many hours and/or minutes of sleep do you get?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# HOURS		# MINS	

SL14. On the [nights/days] that you get the least sleep, about how many hours and/or minutes of sleep do you get?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# HOURS		# MINS	

<ASK EVERYONE>

SL15. About how many hours and/or minutes of sleep per [night/day] do you get on average?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# HOURS		# MINS	

For the next several questions, please think about the past [# OF YEARS AND/OR MONTHS FROM SL3].

SL16. About how long does it take you to fall asleep on average? Would you say you fall asleep in...
 [DO NOT INCLUDE TIME R MAY SPEND IN
 THE BED READING, WATCHING TV, ETC.,
 BEFORE FALLING ASLEEP.]

less than 15 minutes 1
 15 minutes to half an hour..... 2
 more than half an hour but less than
 one hour..... 3
 one hour or more 4

<IF R IS BLIND AND CANNOT PERCEIVE CHANGES IN LIGHT (FROM SECTION MC), GO TO SL19>

SL17. Do you usually sleep with a mask on to keep out light?

YES 1
 NO..... 2

<IF R SLEEPS DURING THE DAY (BEDTIME BETWEEN 5AM AND 4:59PM OR SL12 = 1) DO NOT SHOW “LIGHT FROM OUTSIDE.”>

SL18. What kind of light is usually present when you sleep?
Is there...

	Y	N
a. daylight.....	1	2
b. one or more lights on in the room	1	2
c. light from a television on in the room for <u>most or all</u> of the night	1	2
d. light from other rooms.....	1	2
e. light from outside shining in through windows at night, such as car headlights, street lights, or porch lights.....	1	2
f. light from a small nightlight or clock radio.....	1	2

<IF ALL SL18a–SL18f = NO, ASK SL18g>

SL18g. Just to confirm, there is usually no light at
all present when you sleep?

YES 1
 NO..... [SL18a] 2

<FILL "nights" FOR SL19–SL20 ONLY IF SL12 = 2; ELSE FILL "days">

- SL19. When you are asleep, how often do you wake up for any reason? Would you say...
- | | |
|---|----|
| every [night/day] or most [nights/days] | 01 |
| three or four [nights/days] <u>a week</u> | 02 |
| one or two [nights/days] <u>a week</u> | 03 |
| one to three [nights/days] <u>per month</u> | 04 |
| less than once <u>a month</u> | 05 |
| never..... [SL22] | 06 |

- SL20. On those [nights/days], how many times do you usually wake up each [night/day]?

--	--	--

TIMES

<IF R IS BLIND AND CANNOT PERCEIVE CHANGES IN LIGHT (FROM SECTION MC), GO TO SL22>

- SL21. When you are awakened, do you usually turn on a light?
- | | |
|-----------------------|---|
| YES | 1 |
| NO..... | 2 |
| LIGHT ALREADY ON..... | 3 |

- SL22. How often do you take naps? Would you say...
- | | |
|-----------------------------------|----|
| every day or most days..... | 01 |
| three or four days a week | 02 |
| one or two days a week | 03 |
| one to three days per month | 04 |
| less than once a month | 05 |
| never..... | 06 |

- SL23. Have you taken prescription or over the counter medication in the past six weeks to help you fall asleep or stay asleep? [DO NOT INCLUDE HERBAL TEAS, MILK, LIQUOR, OR ACUPUNCTURE. IF R IS UNSURE THE TYPE OF MEDICATION COUNTS, ENTER AS "YES" AND REMARK NAME OF MEDICATION.]
- | | |
|-----------------------------|---|
| YES | 1 |
| NO.....[NEXT SECTION] | 2 |

- SL24. How many times have you taken sleeping medicines (prescription or over the counter) in the past six weeks?

--	--	--

TIMES

- | | |
|------------------------------|---|
| PER WEEK..... | 1 |
| PER MONTH..... | 2 |
| TOTAL FOR PAST 6 WEEKS | 3 |

SECTION SE: SOCIOECONOMIC CHARACTERISTICS

Now I'd like to ask some questions about your background. You may have answered some of these questions during your enrollment, but please bear with me as I ask them again as a part of your interview.

SE1. Were you born in the United States? [IF R SAYS SHE WAS BORN IN A U.S. TERRITORY OR COMMON-WEALTH, ENTER "NO."]

YES [SE4] 1
NO 2

SE2. What country were you born in?

COUNTRY _____

SE3. How old were you when you came to live in the USA? [IF LESS THAN ONE YEAR OLD, ENTER '00.']

AGE

SE4. Do you consider yourself to be Hispanic or Latina?

YES 1
NO [SE6] 2
REF [SE6] 7
DK [SE6] 8

SE5. What is your specific Hispanic origin or ancestry? You may select one or more of the following:

	Y	N
a. Puerto Rican	1	2
b. Cuban or Cuban American	1	2
c. Dominican (Republic)	1	2
d. Mexican or Mexican American	1	2
e. Central or South American	1	2
f. Other Hispanic origin	1	2

SE6. What race do you consider yourself to be? You may choose one or more of the following:

	Y	N
a. American Indian or Alaska Native	1	2
b. Asian	1	2
c. Black or African American	1	2
d. Native Hawaiian or other Pacific Islander	1	2
e. White	1	2

SE7. To the best of your knowledge, were you adopted or raised by someone other than your biological parents? [IF R WAS RAISED IN AN ORPHANAGE OR FOSTER HOME(S) BUT WAS NEVER ADOPTED, ENTER AS "YES."]

YES [SE7a] 1
NO [SE8a] 2

SE7a. At what age were you adopted (or did you begin living with someone other than your parents)? [IF LESS THAN ONE MONTH OLD, ENTER '00 00']

YEARS MONTHS

SE8. Do you have any knowledge about your biological mother?

YES 1
NO [SE9] 2
REF [SE9] 7
DK [SE9] 8

	Y	N
SE8a. Do any of your biological mother's ancestors come from...		
a. Eastern Europe	1	2
b. Scandinavia	1	2
c. Asia	1	2
d. Africa	1	2
e. the Middle East or Mediterranean	1	2

<IF SE7 = NO, GO TO SE10>

SE9. Do you have any knowledge of your biological father?	YES	1
	NO..... [SE11]	2
	REF..... [SE11]	7
	DK..... [SE11]	8

	Y	N
SE10. Do any of your biological father's ancestors come from...		
a. Eastern Europe	1	2
b. Scandinavia	1	2
c. Asia	1	2
d. Africa	1	2
e. the Middle East or Mediterranean	1	2

These next questions are about your sexuality, marital status, and current living arrangements. Some of these questions may seem personal, but this information is very important to the study. Please remember that all your answers will be kept confidential.

SE11. Would you say you are heterosexual, sexually attracted only to men; homosexual, sexually attracted only to women; or bisexual, sexually attracted to both men and women?	HETEROSEXUAL	1
	HOMOSEXUAL	2
	BISEXUAL	3
	NO SEXUAL ORIENTATION (ASEXUAL)	4
	REFUSED	7

SE12. Have you ever been legally married?	YES	1
	NO..... [SE14]	2
	DK..... [SE14]	7
	REF..... [SE14]	8

SE13. Which of the following best describes your <u>current</u> marital status? Are you...	legally married	[SE15]	1
	widowed		2
	divorced		3
	separated		4

SE14. Are you currently living with someone <u>as though married</u> ?	YES	1
	NO	2

<IF SE12 = NO AND SE14 = NO, THEN GO TO SE18; ELSE, GO TO SE15.>

<FILL BASED ON SE13 AND SE14>

SE15. How many years and/or months have you [*been married to your current spouse/lived with your current partner/ been widowed/been divorced/been separated*]?
[IF LESS THAN ONE MONTH, ENTER '00 00.']

--	--	--	--

YEARS MONTHS

<ASK ONLY IF SE11 = BISEXUAL AND SE13=1 OR SE14 = YES>

SE16. Is your partner male or female?

MALE 1
FEMALE..... 2

<ASK SE17 ONLY IF SE13 = 1 (R IS CURRENTLY MARRIED), OR IF SE14 =1 (LIVING WITH SOMEONE AS MARRIED)>

SE17. What is the highest year or level of school
your spouse or partner has completed?
Please bear with me as I read through this list one time.
Is it... [IF R SEEMS UNSURE, PROBE: "What is the
minimum level of education you are sure of?"]

no formal schooling 01
less than or equal to 6th grade..... 02
7th grade or higher but less than high
school degree..... 03
completed high school 04
G.E.D. (General Education Diploma) 05
some college but no degree 06
associate or technical degree (include
LPN, RN and 1 to 3 year Nursing
Certification Program) 07
bachelor's degree (BA, BS, BSN) 08
master's degree (MA, MS, MENG
MED, MSW, MSN)..... 09
doctoral degree (PHD, MD, JD, DMD,
DDS, DVM) 10

SE18. What is the highest year or level of school
you completed? (Please bear with me as I read
through this list one time. Is it...)
[READ CATEGORIES IF NEEDED]

no formal schooling 01
less than or equal to 6th grade..... 02
7th grade or higher but less than
high school degree..... 03
completed high school 04
G.E.D. (General Education
Diploma) 05
some college but no degree 06
associate or technical degree (include
LPN, RN and 1 to 3 year Nursing
Certification Program) 07
bachelor's degree (BA, BS, BSN) 08
master's degree (MA, MS, MENG,
MED, MSW, MSN) 09
doctoral degree (PHD, MD, JD,
DMD, DDS, DVM)..... 10

SE19. Thinking about last year, which of the following
categories best describes your total income from
all household members before taxes? Please
include income from all sources such as annuities,
social security, stocks, alimony and child support
earned in the past year. Was it...

less than \$20,000..... 1
\$20,000 to \$49,999..... 2
\$50,000 to \$99,999..... 3
\$100,000 to \$200,000..... 4
more than \$200,000..... 5

SE20. Last year, how many people, including yourself, were supported by this income?

[VERIFY THAT R HAS INCLUDED HERSELF IN THE TOTAL NUMBER.]

PEOPLE

<ASK ONLY IF SE20 >1, ELSE GO TO SE23>

SE21. How many of these people were under 18 years old?

PEOPLE

SE22. How many were 65 or older?

PEOPLE

For the next few questions, please think back to your childhood years.

SE23. Please tell me the adults who lived in your household who were legally responsible for you when you were age 13.

[CHECK ALL THAT APPLY]

[IF R SAYS "MOTHER" OR "FATHER," VERIFY IF PARENT IS BIOLOGICAL OR ADOPTIVE, A STEPPARENT, OR A FOSTER PARENT.]

MOTHER (BIOLOGICAL OR ADOPTIVE)..... 1
 FATHER (BIOLOGICAL OR ADOPTIVE)..... 1
 STEPMOTHER..... 1
 STEPFATHER..... 1
 FOSTER MOTHER..... 1
 FOSTER FATHER..... 1
 GRANDMOTHER..... 1
 GRANDFATHER..... 1
 AUNT..... 1
 UNCLE..... 1
 ADULT SISTER..... 1
 ADULT BROTHER..... 1
 LEGAL GUARDIAN, NOT A RELATIVE..... 1
 PARENT OR GUARDIAN'S LIVE-IN PARTNER..... 1
 NOT APPLICABLE (ORPHANAGE OR INSTITUTION) [SE25] 1
 OTHER1 SPECIFY: 1
 OTHER2 SPECIFY: 1
 OTHER3 SPECIFY: 1

<BEGIN REPEATING RECORD – HOUSEHOLD MEMBER EDUCATION>

<FILL BASED ON RESPONSES TO SE23>

SE24. What is the highest year or level of school your [HOUSEHOLD MEMBER] had completed when you were 13 years old? [READ CATEGORIES IF NEEDED] [IF R SEEMS UNSURE, PROBE: "What is the minimum level of education you are sure of?"]

no formal schooling 01
 less than or equal to 6th grade..... 02
 7th grade or higher but less than high school degree..... 03
 completed high school 04
 G.E.D. (General Education Diploma)..... 05
 some college but no degree 06
 associate or technical degree (include LPN, RN and 1 to 3 year Nursing Certification Program) 07
 bachelor's degree (BA, BS, BSN) 08
 master's degree (MA, MS, MENG MED, MSW, MSN) 09
 doctoral degree (PHD, MD, JD, DMD, DDS, DVM) 10

<END REPEATING RECORD – HOUSEHOLD MEMBER EDUCATION>

SE25. How would you characterize your family's income level during the majority of your time growing up?
Would you say your family was...

well off 1
middle income 2
low income 3
poor 4

SE26. When you were growing up, were there times when your family didn't have enough to eat?

YES 1
NO 2

The following questions are about your experiences in the past 30 days. Please answer the following questions as either: never, almost never, sometimes, fairly often, or very often.

	never	almost never	some- times	fairly often	very often
SE27. During the past 30 days, how often have you felt that you were unable to control the important things in your life? Would you say...	5	4	3	2	1
SE28. During the past 30 days, how often have you felt confident about your ability to handle your personal problems? (Would you say...)	5	4	3	2	1
SE29. During the past 30 days, how often have you felt that things were going your way? (Would you say...)	5	4	3	2	1
SE30. During the past 30 days, how often have you felt difficulties were piling up so high that you could not overcome them? (Would you say...)	5	4	3	2	1

SECTION OC : OCCUPATION

Now I am going to ask about jobs you may have had over your lifetime. This includes full-time, part-time and seasonal jobs that you did for pay; military service; and volunteer work that involved a time commitment of at least 10 hours per week. If you had a major job change while working for the same employer, such as a promotion to a supervisory position, for example, please treat that like a separate job.

- OC1. Do you currently have a full-time or part-time job other than homemaking? YES [OC4] 1
NO 2
- OC2. Which of the following best describes your current situation? Are you...
[IF R GIVES TWO OR MORE RESPONSES, ASK:
"This question only accepts one answer. Which answer best describes you?"]
a homemaker 01
a student 02
unemployed 03
retired 04
or, do you do something else 05
SPECIFY: _____
- OC3. What month and year did you start this period of [*time as a homemaker / time as a student / unemployment / retirement / time doing OTHER*]?
_____ / _____
MONTH YEAR
<GO TO OC19>
- OC4. How many jobs do you currently have where you work at least 10 hours per week? _____
#JOBS

<BEGIN REPEATING RECORDS – CURRENT JOBS>**<CATI – WRITE ROSTER OF DATES, JOB TITLES, AND INDUSTRIES TO SCREEN>**

- OC5. What is your [*other*] job title? _____
JOB TITLE
- OC6. What type of company or organization do you work for? That is, what do they make or what services do they provide? _____
INDUSTRY
- OC7. What are the specific tasks that you usually do as a(n) [*JOB TITLE*]? _____
ACTIVITIES
- OC8. What month and year did you start this job? _____ / _____
MONTH YEAR
- OC8a. Since you started this job, did you ever take time off, or a leave that lasted at least six weeks in a row?
YES 1
NO [OC9] 2
REF [OC9] 7
DK [OC9] 8
- OC8b. How many weeks and/or months in total did you spend away from this job, counting only times when you were away for at least six weeks in a row? _____
WEEKS MOS
- OC9. How many hours per week do you usually work at this job? _____
HRS/WEEK
- OC10. Do you work regular hours, that is, starting and stopping work at about the same time every day? YES [OC11] 1
NO 2

OC10a. Do you work rotating shifts, or do you
work irregular or varying hours?

ROTATING SHIFTS [OC12] 1
IRREGULAR HOURS [OC15] 2

OC11. What hours of the day do you usually work
at this job?

START TIME: | | : | | | AM/PM
STOP TIME: | | : | | | AM/PM
<GO TO OC17>

REF [OC15] 7
DK [OC15] 8

OC12. How many different shifts do you rotate between
at this job?

| | |
#SHIFTS

<BEGIN REPEATING RECORDS – SHIFTS>

OC13. What hours of the day do you work for the
[*first/next*] shift?

START TIME: | | : | | | AM/PM
STOP TIME: | | : | | | AM/PM

<END REPEATING RECORDS – SHIFTS>

OC14. How often do you change from one shift to the next?

CHANGE EVERY: | | |
OF
DAYS [OC17] 1
WEEK(S) [OC17] 2
MONTH(S) [OC17] 3

OC15. On average, how many days per week, per month, or per
year do you work at night? “Work at night” means any
shift that includes at least one hour between midnight and
2:00AM. [IF R SAYS “NEVER” ENTER 00.]

| | |
#DAYS
PER WEEK 1
PER MONTH 2
PER YEAR 3
IN TOTAL 4

<IF OC15 = 00, REF OR DK GO TO OC17>

OC16. On average, how many times per week, per month,
or per year do you have to adjust your sleep schedule
because of work?

| | |
#TIMES
PER WEEK 1
PER MONTH 2
PER YEAR 3
IN TOTAL 4

OC17. Which of the following best describes your usual
physical activity while on the job? Is it...

mostly sitting, with some
standing and/or walking 1
sitting and standing equally
(may include some walking) 2
mostly standing with some walking 3
continuous walking or other movements
that increase your heart rate slightly .4
heavy manual labor that causes
sweating and increases your
heart rate substantially 5

OC18. While working at this job, do you regularly...

	Y	N
a. work in dusty conditions	1	2
b. breathe in chemical vapors or fumes.....	1	2
c. get chemicals or oils on your skin or clothing.....	1	2
d. come in contact with solvents or degreasers	1	2
e. come in contact with metal chips, metal dust or metal fumes	1	2

<ASK OC18a1 ONLY IF OC18a = YES>

OC18a1. Was the dust from...

	Y	N
a. sand or rock	1	2
b. concrete, brick, or mortar	1	2
c. soil	1	2
d. grains, animal bedding, or manure	1	2
e. flour	1	2
f. clay, ceramics, or enamel.....	1	2
g. wood dust	1	2
h. rubber, or plastic	1	2
i. metals	1	2
SPECIFY:		
j. other materials.....	1	2
SPECIFY:		

<END REPEATING RECORDS – CURRENT JOBS>

Now I will ask about jobs you have held for one year or longer from the time you turned 18 years old up to your current [job/situation]. We will ask about times you spent as a homemaker or student later. For now, please include only full-time and part-time jobs, military service, and volunteer work that took at least 10 hours per week of your time. Please do not include any jobs that lasted less than a year. If you were a teacher and worked less than 12 months out of the year, please include those teaching jobs along with the rest of your jobs that lasted a year or longer. And please remember, if you had a major job change while working for the same employer, such as a promotion to a supervisory position, for example, please treat that like a separate job.

<BEGIN REPEATING RECORDS – PAST JOBS OUTLINE>

<CATI – WRITE ROSTER OF DATES, JOB TITLES, AND INDUSTRIES TO SCREEN>

OC19. From the time you turned 18 years old up to your current	YES	1
[job/situation], have you had [a/any other] full-time or part-	NO..... [OC27].....	2
time job that you held for at least 12 months in a row?	REF	7
	DK..... [OC47/OC48]	8

<IF OC1 = NO AND OC19 = NO ON FIRST ITERATION OF LOOP AND R'S AGE AT DATE FROM OC3 > 18, GO TO OC28 AND AUTOMATICALLY SET OC28 = NO; IF OC1 = NO AND OC19 = NO ON FIRST ITERATION OF LOOP AND R'S AGE AT DATE FROM OC3 ≤ 18, GO TO OC47>

<IF OC1= YES AND OC19 = NO ON FIRST ITERATION OF LOOP AND R'S AGE AT EARLIEST START DATE FROM OC8 > 18, GO TO OC28 AND AUTOMATICALLY SET OC28 = NO; IF OC1 = YES AND OC19 = NO ON FIRST ITERATION OF LOOP AND R'S AGE AT EARLIEST START DATE FROM OC8 ≤ 18, GO TO OC48>

OC20. What was your job title for the [first/next] job you held for at least 12 months in a row since you were 18 years old?

JOB TITLE

OC21. What type of company or organization did you work for? That is, what did they make or what services did they provide?

INDUSTRY

OC22. What were your usual activities as a(n) [JOB TITLE]?

ACTIVITIES

OC23. What month and year did you start this job?

____ / ____
MONTH YEAR

OC24. What month and year did this job end?

____ / ____
MONTH YEAR

<ASK OC25 ONLY IF OC23 = DK AND/OR OC24 = DK>

OC25. About how many years and/or months did this job last?

____ #YRS ____ #MOS

OC25a. At any time during this job, did you ever take time off, or a leave that lasted at least six weeks in a row?

YES1
NO [OC26]2
REF [OC26]7
DK [OC26]8

OC25b. How many weeks and/or months in total did you spend away from this job, counting only times when you were away for at least six weeks in a row?

____ WEEKS ____ MOS

OC26. How many hours per week did you usually work at this job?

#HRS/WK

OC27. Here's what I have recorded, starting from when you were 18 up to the present: [READ ROSTER OF JOBS AND DATES TO RESPONDENT INCLUDING START AND STOP DATES, GO BACK AND CORRECT ERRORS IN DATES BEFORE ANSWERING THE QUESTION BELOW] Is this a complete list of all the jobs you have held for one year or longer?

YES1
NO [OC20]2
REF7
DK8

<END REPEATING RECORDS – PAST JOBS OUTLINE>

<BEGIN REPEATING RECORDS – GAPS>

<ASK OC28-OC39 ONLY FOR A GAP ≥ 1 CALENDAR YEAR BETWEEN OCCUPATIONS>

OC28. I do not have anything recorded for [YEAR/YEAR to YEAR]. During that time, did you have a full-time or part-time job that lasted for at least 12 months in a row that you haven't already told me about?

YES1
NO [OC37]2
REF [OC28/OC40]7
DK [OC28/OC40]8

OC29. How many jobs did you have [in YEAR/from YEAR to YEAR] that lasted for 12 months or longer?

#JOBS

<BEGIN REPEATING RECORDS – MORE PAST JOBS>

<CATI – WRITE ROSTER OF DATES, JOB TITLES, AND INDUSTRIES TO SCREEN>

OC30. What was your job title for the [first/next] job you held?

JOB TITLE

OC31. What type of company or organization did you work for? That is, what did they make or what services did they provide?

INDUSTRY

OC32. What were your usual activities as a(n) [JOB TITLE]?

ACTIVITIES

OC33. What month and year did you start this job?

____ / ____
MONTH YEAR

OC34. What month and year did this job end?

____ / ____
MONTH YEAR

<ASK OC35 ONLY IF OC33 = DK AND/OR OC34 = DK>

OC35. About how many years and/or months did this job last?

____ #YRS ____ #MOS

OC35a. At any time during this job, did you ever take time off, or a leave that lasted at least six weeks in a row?

YES1
NO..... [OC36].....2
REF [OC36].....7
DK..... [OC36].....8

OC35b. How many weeks and/or months in total did you spend away from this job, counting only times when you were away for at least six weeks in a row?

____ WEEKS ____ MOS

OC36. How many hours per week did you usually work at this job?

#HRS/WK

<GO TO OC30 FOR NEXT JOB OR OC28 FOR NEXT GAP>

<END REPEATING RECORDS – MORE PAST JOBS>

OC37. Which of the following best describes what you did [in YEAR/from YEAR to YEAR]? Were you...

a homemaker01
a student02
unemployed.....03
retired04
did you do something else.....05
or is there an error in one
of the dates I have recorded06

<ASK ONLY IF OC37 = 05>

OC38. Please describe briefly what you did.

OTHER

<GO TO OC28 FOR NEXT GAP, OR OC40>

<ASK ONLY IF OC37 = 06>

OC39. What was the error in the dates?

DESCRIPTION OF ERROR

<GO TO OC28 FOR NEXT GAP, OR OC40>

<END REPEATING RECORDS – GAPS>

- OC-6

<ASK OC47 ONLY IF OC1 = NO AND OC19 = NO ON FIRST ITERATION OF LOOP>

OC47. Have you ever had at least one full-time, part-time or summer job that you held for at least one month? Please include any paid or unpaid work that you did for at least 10 hours per week, even work that you did before the age of 18.

YES1
 NO [NEXT SECTION]2
 REF [NEXT SECTION]7
 DK [OC48]8

<FILL LAST SENTENCE ONLY IF OC47 WAS NOT ASKED>

I will ask some questions about work in specific industries. Please tell me if you have ever worked in any of these industries, even if it was for as little as one month, or even if you have already told me about specific jobs in that industry. *[Please include paid and unpaid work that you did for at least 10 hours per week, even work that you did before the age of 18.]*

OC48. Have you <u>ever</u> worked (for at least one month)...	OC49. How old were you when you first worked...	OC50. About how many years and/or months in total did you do this kind of work?
a. as a hairdresser, barber, or assistant in a beauty salon or barber shop YES1 NO ...[OC48b] ...2 REF..[OC48b] ...7 DK ...[OC48b] ...8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> YEARS MONTHS <IF OC50a ≥ 2 YEARS, GO TO MODULE>
b. as a manicurist or pedicurist YES1 NO ...[OC48c] ...2 REF..[OC48c] ...7 DK ...[OC48c] ...8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> YEARS MONTHS <IF OC50b ≥ 2 YEARS, GO TO MODULE>
c. with cosmetics or perfumes YES1 NO ...[OC48d] ...2 REF..[OC48d] ...7 DK ...[OC48d] ...8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> YEARS MONTHS <IF OC50c ≥ 2 YEARS, GO TO MODULE>
d. cleaning houses or other buildings YES1 NO ...[OC48e] ...2 REF..[OC48e] ...7 DK ...[OC48e] ...8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> YEARS MONTHS
e. in dry cleaning [IF R WORKED AT A DRY CLEANER BUT IS UNSURE IF CLEANING WAS DONE ON SITE, CODE AS "YES" AND REMARK.] YES1 NO ... [OC48f] ...2 REF..[OC48f] ...7 DK ...[OC48f] ...8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> YEARS MONTHS <IF OC50e ≥ 2 YEARS, GO TO MODULE>
f. on a farm or orchard YES1 NO ...[OC48g] ...2 REF..[OC48g] ...7 DK ...[OC48g] ...8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> </div> YEARS MONTHS <IF OC50f ≥ 2 YEARS, GO TO MODULE>

OC48. Have you <u>ever</u> worked (for at least a month)...	OC49. How old were you when you first worked...	OC50. About how many years and/or months in total did you do this kind of work?
g. in a greenhouse, a nursery, or in lawn care YES 1 NO ...[OC48h] ...2 REF..[OC48h] ...7 DK ...[OC48h] ...8	<div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> AGE </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> YEARS MONTHS <IF OC50g ≥ 2 YEARS, GO TO MODULE> </div>
h. as a teacher or teacher's aide YES 1 NO ... [OC48i]...2 REF.. [OC48i]...7 DK ... [OC48i]...8	<div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> AGE </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> YEARS MONTHS <IF OC50h ≥ 2 YEARS, GO TO MODULE> </div>
i. as a doctor or physician YES 1 NO ... [OC48j]...2 [INCLUDE REF.. [OC48j]...7 RADIOLOGIST DK ... [OC48j]...8 HERE]	<div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> AGE </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> YEARS MONTHS <IF OC50i ≥ 2 YEARS, GO TO MODULE> </div>
j. as a nurse, nurse practitioner, student nurse or physician's assistant YES 1 NO ...[OC48k] ...2 REF..[OC48k] ...7 DK ...[OC48k] ...8	<div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> AGE </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> YEARS MONTHS <IF OC50j ≥ 2 YEARS, GO TO MODULE> </div>
k. as a dentist, dental hygienist, dental assistant, or in a dental lab YES 1 NO ... [OC48l]...2 REF.. [OC48l]...7 DK ... [OC48l]...8	<div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> AGE </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> YEARS MONTHS <IF OC50k ≥ 2 YEARS, GO TO MODULE> </div>
l. as an x-ray or other radiology technician YES 1 NO .. [OC48m]...2 REF. [OC48m]...7 DK .. [OC48m]...8	<div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> AGE </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> YEARS MONTHS <IF OC50l ≥ 2 YEARS, GO TO MODULE> </div>
m. handling chemicals, blood, or urine in a biological, medical or chemistry laboratory YES 1 NO ...[OC48n] ...2 REF..[OC48n] ...7 DK ...[OC48n] ...8	<div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> AGE </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> YEARS MONTHS </div>
n. in an animal shelter or veterinarian's office YES 1 NO ...[OC48o] ...2 REF..[OC48o] ...7 DK ...[OC48o] ...8	<div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> AGE </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block;"></div> YEARS MONTHS </div>

OC48. Have you <u>ever</u> worked (for at least a month)...	OC49. How old were you when you first worked...	OC50. About how many years and/or months in total did you do this kind of work?
o. painting houses or other buildings YES 1 NO ...[OC48p] ...2 REF..[OC48p] ...7 DK ...[OC48p] ...8	<div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> </div> AGE	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> </div> YEARS MONTHS <IF OC50o ≥ 2 YEARS, GO TO MODULE>
p. in building construction YES 1 NO ...[OC48q] ...2 REF..[OC48q] ...7 DK ...[OC48q] ...8	<div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> </div> AGE	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> </div> YEARS MONTHS
q. in road construction YES 1 NO ... [OC48r] ...2 REF . [OC48r] ...7 DK... [OC48r] ...8	<div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> </div> AGE	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> </div> YEARS MONTHS
r. in a papermill or sawmill YES 1 NO ... [OC48s] ...2 REF . [OC48s] ...7 DK... [OC48s] ...8	<div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> </div> AGE	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> </div> YEARS MONTHS
s. in a mine or quarry YES 1 NO ... [OC48t] ...2 REF . [OC48t] ...7 DK... [OC48t] ...8	<div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> </div> AGE	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> </div> YEARS MONTHS
t. in a microchip manufacturing "clean room" YES 1 NO ...[OC48u] ...2 REF . [OC48u] ...7 DK... [OC48u] ...8	<div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> </div> AGE	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> </div> YEARS MONTHS
u. in a factory Please specify what kind: _____ YES 1 NO ...[OC48v] ...2 REF . [OC48v] ...7 DK... [OC48v] ...8	<div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> </div> AGE	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> </div> YEARS MONTHS
v. in any other job you think we should know about Please specify: _____ YES 1 NO[OC51]2 REF ..[OC51]7 DK[OC51]8	<div style="text-align: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; display: inline-block; margin-right: 5px;"></div> </div> AGE	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; display: inline-block; margin-right: 10px;"></div> </div> YEARS MONTHS

Now I'm going to ask about specific chemicals and other materials you may have ever used in any of the jobs you have held.

OC51. Have you handled [MATERIAL] at least once a week in any job you have had?	OC52. How many years and/or months in all have you worked with [MATERIAL] at least once a week?	OC53. During the [MONTHS/YEARS] you worked with [MATERIAL], about how many days per week or per month did you handle them?	OC54. When you used [MATERIAL], did you usually wear protective clothing such as gloves, coveralls or a mask?
a. gasoline or any other petroleum products YES1 NO... [OC51b] ...2 REF. [OC51b] ...7 DK... [OC51b] ...8	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> </div> YEARS MONTHS	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> </div> # DAYS PER WEEK1 PER MONTH2 PER YEAR3 IN TOTAL4	YES 1 NO 2
b. any solvents, such as benzene, toluene, naphthalene and so forth YES1 NO... [OC51c] ...2 REF. [OC51c] ...7 DK... [OC51c] ...8	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> </div> YEARS MONTHS	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> </div> # DAYS PER WEEK1 PER MONTH2 PER YEAR3 IN TOTAL4	YES 1 NO 2
c. any dyes or inks YES1 NO... [OC51d] ...2 REF. [OC51d] ...7 DK... [OC51d] ...8 [DO NOT INCLUDE USING OR HANDLING PENS, MARKERS, OR OTHER WRITING INSTRUMENTS, OR HANDLING TONER CARTRIDGES FOR COPIERS OR PRINTERS.]	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> </div> YEARS MONTHS	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> </div> # DAYS PER WEEK1 PER MONTH2 PER YEAR3 IN TOTAL4	YES 1 NO 2
d. any paints YES1 NO... [OC51e] ...2 REF. [OC51e] ...7 DK... [OC51e] ...8	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> </div> YEARS MONTHS	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> </div> # DAYS PER WEEK1 PER MONTH2 PER YEAR3 IN TOTAL4	YES 1 NO 2
e. any stains or varnishes YES1 NO... [OC51f] ...2 REF. [OC51f] ...7 DK... [OC51f] ...8	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> </div> YEARS MONTHS	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 5px;"></div> </div> # DAYS PER WEEK1 PER MONTH2 PER YEAR3 IN TOTAL4	YES 1 NO 2

OC51. Have you handled [MATERIAL] at least once a week in any job you have had?	OC52. How many years and/or months in all have you worked with [MATERIAL] at least once a week?	OC53. During the [MONTHS/YEARS] you worked with [MATERIAL], about how many days per week or per month did you handle them?	OC54. When you used [MATERIAL], did you usually wear protective clothing such as gloves, coveralls or a mask?
f. any pesticides YES.....1 NO...[OC51g]...2 REF.[OC51g]...7 DK...[OC51g]...8	<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>YEARS MONTHS</div> </div>	<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div># DAYS</div> <div>PER WEEK.....1</div> <div>PER MONTH.....2</div> <div>PER YEAR3</div> <div>IN TOTAL4</div> </div>	YES 1 NO 2
g. any acids YES.....1 NO...[OC51h]. 2 REF.[OC51h]. 7 DK...[OC51h]. 8	<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>YEARS MONTHS</div> </div>	<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div># DAYS</div> <div>PER WEEK.....1</div> <div>PER MONTH.....2</div> <div>PER YEAR3</div> <div>IN TOTAL4</div> </div>	YES 1 NO 2
h. any lubricating oils YES.....1 NO...[OC51i]...2 REF.[OC51i]...7 DK...[OC51i]...8	<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>YEARS MONTHS</div> </div>	<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div># DAYS</div> <div>PER WEEK.....1</div> <div>PER MONTH.....2</div> <div>PER YEAR3</div> <div>IN TOTAL4</div> </div>	YES 1 NO 2
i. any glues or adhesives YES.....1 NO...[OC51j]...2 [DO NOT REF.[OC51j]...7 INCLUDE DK...[OC51j]...8 ADHESIVE TAPES OF ANY KIND.]	<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>YEARS MONTHS</div> </div>	<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div># DAYS</div> <div>PER WEEK.....1</div> <div>PER MONTH.....2</div> <div>PER YEAR3</div> <div>IN TOTAL4</div> </div>	YES 1 NO 2
j. any soldering materials YES.....1 NO...[OC51k]...2 REF.[OC51k]...7 DK...[OC51k]...8	<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>YEARS MONTHS</div> </div>	<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div># DAYS</div> <div>PER WEEK.....1</div> <div>PER MONTH.....2</div> <div>PER YEAR3</div> <div>IN TOTAL4</div> </div>	YES 1 NO 2

OC51. Have you handled [MATERIAL] at least once a week in any job you have had?	OC52. How many years and/or months in all have you worked with [MATERIAL] at least once a week?	OC53. During the [MONTHS/YEARS] you worked with [MATERIAL], about how many days per week or per month did you handle them?	OC54. When you used [MATERIAL], did you usually wear protective clothing such as gloves, coveralls or a mask?
k. any metals YES1 NO... [OC51i] ...2 REF . [OC51i] ...7 DK... [OC51i] ...8 [DO NOT INCLUDE HANDLING FINISHED METAL PRODUCTS LIKE PENS, PAPER CLIPS, FILING CABINETS, OR TOOLS. ONLY INCLUDE WORKING WITH METAL BEING USED IN THE PRODUCTION OF SOMETHING ELSE.]	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> YEARS </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> MONTHS </div> </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/> # DAYS </div> PER WEEK..... 1 PER MONTH..... 2 PER YEAR 3 IN TOTAL 4	YES 1 NO 2
l. dust from sand, rock, clay or brick YES1 NO.. [OC51m] ..2 REF [OC51m] ..7 DK.. [OC51m] ..8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> YEARS </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> MONTHS </div> </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/> # DAYS </div> PER WEEK..... 1 PER MONTH..... 2 PER YEAR 3 IN TOTAL 4	YES 1 NO 2
m. animal parts, carcasses, blood, or raw meat YES1 NO ...[OC51n]2 REF .[OC51n]7 DK ...[OC51n]8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> YEARS </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> MONTHS </div> </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/> # DAYS </div> PER WEEK..... 1 PER MONTH..... 2 PER YEAR 3 IN TOTAL 4	YES 1 NO 2
n. x-rays YES 1 NO [SECTION]....2 REF ... [SECTION]....7 DK [SECTION]....8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> YEARS </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> MONTHS </div> </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/> # DAYS </div> PER WEEK..... 1 PER MONTH..... 2 PER YEAR 3 IN TOTAL 4	YES 1 NO 2

SISTER STUDY JOB MODULE: BUILDING CONSTRUCTION

BU1. How many different full-time or part-time jobs have you had working in building construction?

JOBS

I am going to ask about some specific tasks that you may have done while working in building construction.

<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:> In answering these questions, please think about your overall experience in all of your jobs of this type.

BU2. Did you ever do rough carpentry framing while working in building construction?

YES..... 1
NO [GO TO BU6]..... 2
REF..... [GO TO BU6]..... 7
DK [GO TO BU6]..... 8

BU3. How many years in total did you work in a (building construction) job where you did this (rough carpentry framing)?

#YEARS

BU4. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (rough carpentry framing)?

MONTHS/YR WEEKS/YR

BU5. On average, how many hours per week did you do this (rough carpentry framing)?

HOURS PER WEEK

BU6. Did you ever do finishing carpentry while working in building construction?

YES..... 1
NO [GO TO BU10]..... 2
REF..... [GO TO BU10]..... 7
DK [GO TO BU10]..... 8

BU7. How many years in total did you work in a (building construction) job where you did this (finishing carpentry)?

#YEARS

BU8. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (finishing carpentry)?

MONTHS/YR WEEKS/YR

BU9. On average, how many hours per week did you do this (finishing carpentry)?

HOURS PER WEEK

BU10. Did you ever install wood flooring while working in building construction?

YES..... 1
NO [GO TO BU14]..... 2
REF..... [GO TO BU14]..... 7
DK [GO TO BU14]..... 8

BU11. How many years in total did you work in a
(building construction) job where you did this
(install wood flooring)?

#YEARS

BU12. How many months and/or weeks per year on
average did you work in a (building construction)
job where you did this (install wood flooring)?

MONTHS/YR WEEKS/YR

BU13. On average, how many hours per week did you do
this (install wood flooring)?

HOURS PER WEEK

BU14. Did you ever sand wood while working in
building construction?

YES..... 1
NO [GO TO BU22] 2
REF..... [GO TO BU22] 7
DK [GO TO BU22] 8

BU15. How many years in total did you work in a
(building construction) job where you did this
(sand wood)?

#YEARS

BU16. How many months and/or weeks per year on
average did you work in a (building construction)
job where you did this (sand wood)?

MONTHS/YR WEEKS/YR

BU17. On average, how many hours per week did you do
this (sand wood)?

HOURS PER WEEK

BU18. About how often did you use an electric sander with
a dust bag?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... [GO TO BU20]..... 5

BU19. About how often did you use an electric sander without
a dust bag?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

BU20. About how often did you sand wood by hand?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

BU21. About how often did you wear a dust mask or other respiratory protection?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

BU22. Did you ever paint, varnish, stain, or apply other finishes while working in building construction?

YES..... 1
 NO [GO TO BU34] 2
 REF..... [GO TO BU34] 7
 DK [GO TO BU34] 8

BU23. How many years in total did you work in a (building construction) job where you did this (paint, varnish, stain, or apply other finishes)?

#YEARS

BU24. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (paint, varnish, stain, or apply other finishes)?

MONTHS/YR WEEKS/YR

BU25. On average, how many hours per week did you do this (paint, varnish, stain, or apply other finishes)?

HOURS PER WEEK

BU26. About how often did you use water-based paints, for example, latex paints?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

BU27. About how often did you use oil-based or solvent-based paints?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

BU28. About how often did you use water-based wood stains?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

BU29. About how often did you use oil-based or solvent-based wood stains?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

BU30. About how often did you use water-based varnishes?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

BU31. About how often did you use oil-based or solvent-based varnishes?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

BU32. Which of the following did you usually use to apply the paint, stain, or varnish?

	Y	N	REF	DK
a. brush.....	1	2	7	8
b. roller.....	1	2	7	8
c. spray gun.....	1	2	7	8
d. sponge or rag application.....	1	2	7	8
e. something else.....	1	2	7	8

Please specify:_____

BU33. Which of the following did you usually use to clean your equipment?

	Y	N	REF	DK
a. soap and water.....	1	2	7	8
b. turpentine	1	2	7	8
c. mineral spirits, or paint thinner	1	2	7	8
d. naphtha.....	1	2	7	8
e. some other solvent	1	2	7	8

BU34. Did you ever install fiberglass or mineral wool insulation while working in building construction?

YES..... 1
 NO [GO TO BU38]..... 2
 REF..... [GO TO BU38]..... 7
 DK [GO TO BU38]..... 8

BU35. How many years in total did you work in a (building construction) job where you did this (install fiberglass or mineral wool insulation)?

#YEARS

BU36. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (install fiberglass or mineral wool insulation)?

MONTHS/YR WEEKS/YR

BU37. On average, how many hours per week did you do this (install fiberglass or mineral wool insulation)?

HOURS PER WEEK

BU38. Did you ever install asbestos insulation while working in building construction?

YES..... 1
NO [GO TO BU42] 2
REF..... [GO TO BU42] 7
DK [GO TO BU42] 8

BU39. How many years in total did you work in a (building construction) job where you did this (install asbestos insulation)?

#YEARS

BU40. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (install asbestos insulation)?

MONTHS/YR WEEKS/YR

BU41. On average, how many hours per week did you do this (install asbestos insulation)?

HOURS PER WEEK

BU42. Did you ever remove fiberglass or mineral wool insulation while working in building construction?

YES..... 1
NO [GO TO BU46] 2
REF..... [GO TO BU46] 7
DK [GO TO BU46] 8

BU43. How many years in total did you work in a (building construction) job where you did this (remove fiberglass or mineral wool insulation)?

#YEARS

BU44. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (remove fiberglass or mineral wool insulation)?

MONTHS/YR WEEKS/YR

BU45. On average, how many hours per week did you do this?

HOURS PER WEEK

BU46. Did you ever remove asbestos insulation while working in building construction?

YES..... 1
NO [GO TO BU50] 2
REF..... [GO TO BU50] 7
DK [GO TO BU50] 8

BU47. How many years in total did you work in a (building construction) job where you did this (remove asbestos insulation)?

#YEARS

BU48. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (remove asbestos insulation)?

MONTHS/YR WEEKS/YR

BU49. On average, how many hours per week did you do this (remove asbestos insulation)?

HOURS PER WEEK

BU50. Did you ever strip paint while working in building construction?

YES..... 1
NO [GO TO BU55]..... 2
REF..... [GO TO BU55]..... 7
DK [GO TO BU55]..... 8

BU51. How many years in total did you work in a (building construction) job where you did this (strip paint)?

#YEARS

BU52. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (strip paint)?

MONTHS/YR WEEKS/YR

BU53. On average, how many hours per week did you do this (strip paint)?

HOURS PER WEEK

BU54. Which of the following methods did you use to strip paint?

	Y	N	REF	DK
a. methylene chloride				
paint strippers.....	1	2	7	8
b. acids	1	2	7	8
c. alkalis or caustic				
solutions	1	2	7	8
d. heat gun.....	1	2	7	8
e. torch	1	2	7	8
f. another method.....	1	2	7	8
Please specify:_____				

BU55. Did you ever use adhesives or glues while working in building construction?

YES..... 1
NO [GO TO BU60]..... 2
REF..... [GO TO BU60]..... 7
DK [GO TO BU60]..... 8

BU56. How many years in total did you work in a (building construction) job where you did this (use adhesives or glues)?

#YEARS

BU57. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (use adhesives or glues)?

MONTHS/YR WEEKS/YR

BU58. On average, how many hours per week did you do this (use adhesives or glues)?

HOURS PER WEEK

BU59. Which of the following adhesives did you use?

	Y	N	REF	DK
a. water based adhesives ...	1	2	7	8
b. hot melt adhesives.....	1	2	7	8
c. contact adhesives.....	1	2	7	8
d. any other adhesive.....	1	2	7	8

BU60. Did you ever apply wood preservatives while working in building construction?

YES..... 1
 NO [GO TO BU65] 2
 REF..... [GO TO BU65] 7
 DK [GO TO BU65] 8

BU61. How many years in total did you work in a (building construction) job where you did this (apply wood preservatives)?

#YEARS

BU62. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (apply wood preservatives)?

MONTHS/YR

WEEKS/YR

BU63. On average, how many hours per week did you do this (apply wood preservatives)?

HOURS PER WEEK

BU64. Which of the following wood preservatives did you personally apply?

	Y	N	REF	DK
a. creosote	1	2	7	8
b. pentachlorophenol.....	1	2	7	8
c. inorganic arsenicals.....	1	2	7	8
d. any other preservatives..	1	2	7	8

Please specify:_____

BU65. Did you ever handle or build with wood that was pre-treated with preservatives while working in building construction?

YES..... 1
 NO [GO TO BU70] 2
 REF..... [GO TO BU70] 7
 DK [GO TO BU70] 8

BU66. How many years in total did you work in a (building construction) job where you did this (handle or build with wood that was pre-treated with preservatives)?

#YEARS

BU67. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (handle or build with wood that was pre-treated with preservatives)?

MONTHS/YR

WEEKS/YR

BU68. On average, how many hours per week did you do this (handle or build with wood that was pre-treated with preservatives)?

HOURS PER WEEK

BU69. Which of the following wood preservatives was the wood pre-treated with?

	Y	N	REF	DK
a. creosote	1	2	7	8
b. pentachlorophenol	1	2	7	8
c. inorganic arsenicals	1	2	7	8
d. any other preservatives..	1	2	7	8

Please specify: _____

BU70. Did you ever lay bricks or concrete blocks while working in building construction?

YES..... 1
NO [GO TO BU74]..... 2
REF..... [GO TO BU74]..... 7
DK [GO TO BU74]..... 8

BU71. How many years in total did you work in a (building construction) job where you did this (lay bricks or concrete blocks)?

#YEARS

BU72. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (lay bricks or concrete blocks)?

MONTHS/YR WEEKS/YR

BU73. On average, how many hours per week did you do this (lay bricks or concrete blocks)?

HOURS PER WEEK

BU74. Did you ever mix mortar while working in building construction?

YES..... 1
NO [GO TO BU78]..... 2
REF..... [GO TO BU78]..... 7
DK [GO TO BU78]..... 8

BU75. How many years in total did you work in a (building construction) job where you did this (mix mortar)?

#YEARS

BU76. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (mix mortar)?

MONTHS/YR WEEKS/YR

BU77. On average, how many hours per week did you do this (mix mortar)?

HOURS PER WEEK

BU78. Did you ever clean masonry while working in building construction?

YES..... 1
 NO [GO TO BU83] 2
 REF..... [GO TO BU83] 7
 DK [GO TO BU83] 8

BU79. How many years in total did you work in a (building construction) job where you did this (clean masonry)?

#YEARS

BU80. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (clean masonry)?

MONTHS/YR WEEKS/YR

BU81. On average, how many hours per week did you do this (clean masonry)?

HOURS PER WEEK

BU82. Which of the following did you use to clean the masonry?

	Y	N	REF	DK
a. a scraper or wire brush..	1	2	7	8
b. muriatic or hydro-chloric acid.....	1	2	7	8
c. sandblasting.....	1	2	7	8
d. another method.....	1	2	7	8

BU83. Did you ever cut, shape, or remove damaged bricks or blocks with power tools while working in building construction?

YES..... 1
 NO [GO TO BU89] 2
 REF..... [GO TO BU89] 7
 DK [GO TO BU89] 8

BU84. How many years in total did you work in a (building construction) job where you did this (cut, shape, or remove damaged bricks or blocks with power tools)?

#YEARS

BU85. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (cut, shape, or remove damaged bricks or blocks with power tools)?

MONTHS/YR WEEKS/YR

BU86. On average, how many hours per week did you do this (cut, shape, or remove damaged bricks or blocks with power tools)?

HOURS PER WEEK

BU87. On average, how many hours per week did you use use tools or equipment that were powered by gasoline or diesel to cut, shape, or remove bricks or blocks?

HOURS PER WEEK

BU88. About how often did you wear a dust mask or other respiratory protection while using power tools to cut shape or remove bricks or blocks?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

BU89. Overall, what protective equipment or clothing did you wear in your jobs doing building construction?

	YES	NO	REF	DK
a. chemical cartridge respirator	1	2	7	8
b. simple dust mask	1	2	7	8
c. gloves	1	2	7	8
d. goggles	1	2	7	8
e. hardhat or other protective headgear ...	1	2	7	8
f. other protective equipment.....	1	2	7	8
Please specify:_____				

Thank you for answering these questions about your work doing building construction. Now I will ask questions about some other industries.

<RETURN TO OC>

SISTER STUDY JOB MODULE: CLEANING AND HOUSEKEEPING

CH1. How many different full-time or part-time jobs have you had working as a cleaner or housekeeper?

JOBS

I am going to ask about some specific tasks that you may have done while working as a cleaner or housekeeper.
<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:> In answering these questions, please think about your overall experience in all of your jobs of this type.

CH2. Did you ever sweep floors with a broom while working as a cleaner or housekeeper?

YES..... 1
NO [GO TO CH8]..... 2
REF..... [GO TO CH8]..... 7
DK [GO TO CH8]..... 8

CH3. How many years in total did you work in a (cleaning or housekeeping) job where you did this (swept floors with a broom)?

#YEARS

CH4. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (swept floors with a broom)?

MONTHS/YR WEEKS/YR

CH5. On average, how many hours per week did you do this (sweep floors with a broom)?

HOURS PER WEEK

CH6. About how often did you use sweeping compound?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

CH7. About how often did you wear a dust mask while sweeping?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

CH8. Did you ever clean floors with a dust mop while working as a cleaner or housekeeper?

YES..... 1
NO [GO TO CH14]..... 2
REF..... [GO TO CH14]..... 7
DK [GO TO CH14]..... 8

CH9. How many years in total did you work in a (cleaning or housekeeping) job where you did this (clean floors with a dust mop)?

#YEARS

CH10. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (clean floors with a dust mop)?

MONTHS/YR WEEKS/YR

CH11. On average, how many hours per week did you do this (clean floors with a dust mop)?

HOURS PER WEEK

CH12. About how often did you use dust mop treatments on your mops?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

CH13. About how often did you wear a dust mask while dust mopping?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

CH14. Did you ever clean floors with a wet mop while working as a cleaner or housekeeper?

YES..... 1
NO [GO TO CH18] 2
REF..... [GO TO CH18] 7
DK [GO TO CH18] 8

CH15. How many years in total did you work in a (cleaning or housekeeping) job where you did this (clean floors with a wet mop)?

#YEARS

CH16. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (clean floors with a wet mop)?

MONTHS/YR WEEKS/YR

CH17. On average, how many hours per week did you do this (clean floors with a wet mop)?

HOURS PER WEEK

CH18. Did you ever wax or polish floors while working as a cleaner or housekeeper?

YES..... 1
NO [GO TO CH25] 2
REF..... [GO TO CH25] 7
DK [GO TO CH25] 8

CH19. How many years in total did you work in a (cleaning or housekeeping) job where you did this (wax or polish floors)?

#YEARS

CH20. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (wax or polish floors)?

MONTHS/YR WEEKS/YR

CH21. On average, how many hours per week did you do this (wax or polish floors)?

HOURS PER WEEK

CH22. About how often did you use a machine to wax or polish floors?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

CH23. About how often did you wear a dust mask while waxing or polishing floors?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

CH24. About how often did you wear gloves while waxing or polishing floors?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

CH25. Did you ever strip wax or polish from floors while working as a cleaner or housekeeper?

YES..... 1
NO [GO TO CH32]..... 2
REF..... [GO TO CH32]..... 7
DK [GO TO CH32]..... 8

CH26. How many years in total did you work in a (cleaning or housekeeping) job where you did this (strip wax or polish from floors)?

#YEARS

CH27. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (strip wax or polish from floors)?

MONTHS/YR WEEKS/YR

CH28. On average, how many hours per week did you do this (strip wax or polish from floors)?

HOURS PER WEEK

CH29. About how often did you use a machine to strip wax or polish from floors?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

CH30. About how often did you wear a dust mask while stripping wax or polish from floors?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

CH31. About how often did you wear gloves while stripping wax or polish from floors?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

CH32. Did you ever vacuum carpets or rugs while working as a cleaner or housekeeper?

YES..... 1
 NO [GO TO CH38] 2
 REF..... [GO TO CH38] 7
 DK [GO TO CH38] 8

CH33. How many years in total did you work in a (cleaning or housekeeping) job where you did this (vacuum carpets or rugs)?

#YEARS

CH34. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (vacuum carpets or rugs)?

MONTHS/YR WEEKS/YR

CH35. On average, how many hours per week did you do this (vacuum carpets or rugs)?

HOURS PER WEEK

CH36. About how often did you use carpet deodorizers when vacuuming?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

CH37. About how often did you wear a dust mask while vacuuming?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

CH38. Did you ever shampoo or steam clean carpets or rugs while working as a cleaner or housekeeper?

YES..... 1
 NO [GO TO CH43] 2
 REF..... [GO TO CH43] 7
 DK [GO TO CH43] 8

CH39. How many years in total did you work in a (cleaning or housekeeping) job where you did this (shampoo carpets or rugs)?

#YEARS

CH40. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (shampoo carpets or rugs)?

MONTHS/YR WEEKS/YR

CH41. On average, how many hours per week did you do this (shampoo carpets or rugs)?

HOURS PER WEEK

CH42. About how often did you wear gloves while shampooing carpets or rugs?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always 5

CH43. Did you ever use furniture polish while working as a cleaner or housekeeper?

YES..... 1
NO [GO TO CH48] 2
REF..... [GO TO CH48] 7
DK [GO TO CH48] 8

CH44. How many years in total did you work in a (cleaning or housekeeping) job where you did this (used furniture polish)?

#YEARS

CH45. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (used furniture polish)?

MONTHS/YR WEEKS/YR

CH46. On average, how many hours per week did you do this (used furniture polish)?

HOURS PER WEEK

CH47. About how often did you wear gloves while using furniture polish?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always 5

CH48. Did you ever use multipurpose cleaners while working as a cleaner or housekeeper?

YES..... 1
NO [GO TO CH54] 2
REF..... [GO TO CH54] 7
DK [GO TO CH54] 8

CH49. How many years in total did you work in a (cleaning or housekeeping) job where you did this (used multipurpose cleaners)?

#YEARS

CH50. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (used multipurpose cleaners)?

MONTHS/YR WEEKS/YR

CH51. On average, how many hours per week did you do this (used multipurpose cleaners)?

HOURS PER WEEK

CH52. About how often did you wear gloves while using multipurpose cleaners?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always 5

CH53. About how often did you use cleaners that contain disinfectants?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always 5

CH54. Did you ever use aerosol deodorizers while working as a cleaner or housekeeper?

YES..... 1
NO [GO TO CH58]..... 2
REF..... [GO TO CH58]..... 7
DK [GO TO CH58]..... 8

CH55. How many years in total did you work in a (cleaning or housekeeping) job where you did this (used aerosol deodorizers)?

#YEARS

CH56. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (used aerosol deodorizers)?

MONTHS/YR WEEKS/YR

CH57. On average, how many times per week did you do this (used aerosol deodorizers)?

TIMES PER WEEK

CH58. Did you ever use oven cleaners while working as a cleaner or housekeeper?

YES..... 1
NO [GO TO CH63]..... 2
REF..... [GO TO CH63]..... 7
DK [GO TO CH63]..... 8

CH59. How many years in total did you work in a (cleaning or housekeeping) job where you did this (used oven cleaners)?

#YEARS

CH60. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (used oven cleaners)?

MONTHS/YR WEEKS/YR

CH61. On average, how many hours per week did you do this (used oven cleaners)?

HOURS PER WEEK

CH62. About how often did you wear gloves while using oven cleaners?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always 5

CH63. Did you ever use window or glass cleaners while working as a cleaner or housekeeper?

YES..... 1
NO [GO TO CH68] 2
REF..... [GO TO CH68] 7
DK [GO TO CH68] 8

CH64. How many years in total did you work in a (cleaning or housekeeping) job where you did this (used window or glass cleaners)?

#YEARS

CH65. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (used window or glass cleaners)?

MONTHS/YR WEEKS/YR

CH66. On average, how many hours per week did you do this (used window or glass cleaners)?

HOURS PER WEEK

CH67. About how often did you wear gloves while using window or glass cleaners?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always 5

CH68. Did you ever do laundry while working as a cleaner or housekeeper?

YES..... 1
NO [RETURN TO OC] 2
REF..... [RETURN TO OC] 7
DK [RETURN TO OC] 8

CH69. How many years in total did you work in a
(cleaning or housekeeping) job where you did
this (did laundry)?

#YEARS

CH70. How many months and/or weeks per year on
average did you work in a (cleaning or housekeeping)
job where you did this (did laundry)?

MONTHS/YR WEEKS/YR

CH71. On average, how many hours per week did you do
this (did laundry)?

HOURS PER WEEK

CH72. About how often did you use powdered
laundry detergents?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

CH73. About how often did you use liquid laundry
detergents?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

CH74. About how often did you wear gloves while
doing laundry?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

Thank you for answering these questions about your work as a cleaner or housekeeper. Now I will ask questions about some other industries.

<RETURN TO OC>

SISTER STUDY JOB MODULE: COSMETICS AND PERFUMES

CP1. Did you ever work ... [JOB TITLE]	CP2. How many different full-time or part-time jobs did you have working [JOB TITLE]?	CP3. How many years and/or months in total did you work [JOB TITLE]?
a. as a cosmetic chemist? YES 1 NO [CP1b] 2 REF..... [CP1b] 7 DK [CP1b] 8	<input type="text"/> <input type="text"/> #JOBS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
b. in a plant where cosmetics are manufactured? YES 1 NO [CP1c] 2 REF..... [CP1c] 7 DK [CP1c] 8	<input type="text"/> <input type="text"/> #JOBS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
c. as a cosmetics salesperson in a retail store? YES 1 NO [CP1d] 2 REF..... [CP1d] 7 DK [CP1d] 8	<input type="text"/> <input type="text"/> #JOBS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
d. as a cosmetics salesperson through home-based direct sales? YES 1 NO [CP1e] 2 REF..... [CP1e] 7 DK [CP1e] 8	<input type="text"/> <input type="text"/> #JOBS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
e. as a makeup artist? YES 1 NO [CP1f] 2 REF..... [CP1f] 7 DK [CP1f] 8	<input type="text"/> <input type="text"/> #JOBS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
f. as a personal assistant or beauty consultant YES 1 NO [*] 2 REF..... [*] 7 DK [*] 8	<input type="text"/> <input type="text"/> #JOBS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS

I am going to ask about some specific tasks that you may have done working with cosmetics or perfumes.
In answering these questions, please think about your overall experience in all of your jobs of this type.

<* ASK CP4-CP5 ONLY IF CP1a = YES>

<BEGIN REPEATING RECORD – COSMETIC TYPES>

CP4. What was the [first/next] type of cosmetic product that you worked on as a cosmetic chemist?

_____ COSMETIC TYPE

<COSMETIC TYPES WILL BE SELECTED FROM A LOOK-UP TABLE>

CP5. Did you work on any other type of cosmetic product (as a cosmetic chemist)?

YES..... [CP4]..... 1
NO 2

<END REPEATING RECORD – COSMETIC TYPES>

<ASK CP6 – CP10 ONLY IF CP1b = YES>

CP6. While working at a cosmetics manufacturing plant, did you work on the plant floor, or did you personally take part in the production process?

YES..... 1
 NO [CP10]..... 2
 REF..... [CP10]..... 7
 DK [CP10]..... 8

<BEGIN REPEATING RECORD – COSMETIC TYPES>

CP7. What was the [first/next] type of cosmetic product you personally helped manufacture? _____ COSMETIC TYPE

<COSMETIC TYPES WILL BE SELECTED FROM A LOOK-UP TABLE>

CP8. Did you work in the production of any other type of cosmetic product?

YES..... [CP7]..... 1
 NO 2

<END REPEATING RECORD – COSMETIC TYPES>

CP9. Did you handle or mix any chemicals as part of the production process?

YES..... 1
 NO 2

CP10. What protective equipment or clothing did you usually wear during your time working in cosmetics manufacturing plants? Did you wear...

	YES	NO	REF	DK
a. a chemical cartridge respirator	1	2	7	8
b. a simple dust mask	1	2	7	8
c. gloves	1	2	7	8
d. goggles	1	2	7	8
e. a hardhat or other protective headgear ...	1	2	7	8
f. any other protective equipment.....	1	2	7	8

Please specify: _____

<ASK CP11 – CP32 ONLY IF CP1c AND/OR CP1d AND/OR CP1e AND/OR CP1f = YES>

CP11. While working [*in cosmetics sales*] [*or*] [*as a make-up artist*] [*or*] [*personal assistant, or beauty consultant*], have you ever applied nail polish on client's nails?

YES..... 1
 NO [CP15]..... 2
 REF..... [CP15]..... 7
 DK [CP15]..... 8

CP12. How many years and/or months in total did you work in (cosmetics sales, make-up artist, personal assistant, or beauty consultant) jobs where you applied nail polish to clients' nails?

_____ YEARS _____ MONTHS

CP13. On average, about how many times per day, per week, or per month did you apply nail polish to clients' nails?

_____ # TIMES

PER DAY 1
 PER WEEK 2
 PER MONTH 3

CP14. Did you usually wear gloves while applying nail polish to clients' nails?

YES..... 1
 NO 2

CP15. While working [*in cosmetics sales*] [*or*] [*as a make-up artist*] [*or*] [*personal assistant, or beauty consultant*], have you ever used nail polish remover on client's nails?

YES..... 1
 NO [CP19]..... 2
 REF..... [CP19]..... 7
 DK [CP19]..... 8

CP16. How many years and/or months in total did you work in (cosmetics sales, make-up artist, personal assistant, or beauty consultant) jobs where you used nail polish remover on clients' nails?

YEARS MONTHS

CP17. On average, how many times per day, per week, or per month did you use nail polish remover on clients' nails?

TIMES

PER DAY 1
 PER WEEK 2
 PER MONTH 3

CP18. Did you usually wear gloves while using nail polish remover on clients?

YES..... 1
 NO 2

CP19. While working [*in cosmetic sales*] [*or*] [*as a make-up artist*] [*or*] [*as a personal assistant or beauty consultant*], have you ever applied or demonstrated perfumes, colognes or other fragrances?

YES..... 1
 NO [CP22]..... 2
 REF..... [CP22]..... 7
 DK [CP22]..... 8

CP20. How many years and/or months in total did you work in jobs where you applied or demonstrated perfumes, colognes, or other fragrances?

YEARS MONTHS

CP21. On average, how many times per day, per week, or per month did you spray or apply perfumes, colognes, or other fragrances as a part of your job?

TIMES

PER DAY 1
 PER WEEK 2
 PER MONTH 3

CP22. While working [*in cosmetics sales*] [*or*] [*as a make-up artist*] [*or*] [*personal assistant, or beauty consultant*], have you ever applied face or skin creams on clients?

YES..... 1
 NO [CP27]..... 2
 REF..... [CP27]..... 7
 DK [CP27]..... 8

CP23. How many years and/or months in total did you work in (cosmetics sales, make-up artist, personal assistant, or beauty consultant) jobs where you applied face or skin creams on clients?

YEARS MONTHS

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CP24. On average, how many times per day, per week, per month or per year did you apply face or skin creams on clients?

TIMES

PER DAY 1
 PER WEEK 2
 PER MONTH 3
 PER YEAR 4

CP25. About how often did you apply face or skin creams that contain hormones such as estrogen or progesterone on your clients?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time 4
 Always 5

CP26. About how often did you wear gloves while applying face or skin creams on clients?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time 4
 Always 5

CP27. While working [*in cosmetics sales*] [*or*] [*as a make-up artist*] [*or*] [*personal assistant, or beauty consultant*], have you ever applied makeup such as lipstick, foundation, eyeliner, or blush on clients?

YES 1
 NO [CP30] 2
 REF [CP30] 7
 DK [CP30] 8

CP28. How many years and/or months in total did you work in (cosmetics sales, make-up artist, personal assistant, or beauty consultant) jobs where you applied makeup on clients?

--	--	--	--	--

YEARS MONTHS

CP29. On average, how many times per day, per week, per month or per year did you apply makeup on clients?

--	--	--

TIMES

PER DAY 1
 PER WEEK 2
 PER MONTH 3
 PER YEAR 4

CP30. While working [*in cosmetics sales*] [*or*] [*as a make-up artist*] [*or*] [*personal assistant, or beauty consultant*], have you ever applied makeup such as lipstick, foundation, eyeliner, or blush on yourself to demonstrate it for your customers?

YES 1
 NO [CP33] 2
 REF [CP33] 7
 DK [CP33] 8

CP31. How many years and/or months in total did you work in (cosmetics sales, make-up artist, personal assistant, or beauty consultant) jobs where you applied makeup on yourself to demonstrate it for customers?

--	--	--	--	--

YEARS MONTHS

CP32. On average, how many times per day, per week, per month or per year did you apply makeup on yourself for demonstrations?

--	--	--

TIMES

PER DAY 1
 PER WEEK 2
 PER MONTH 3
 PER YEAR 4

<ASK CP33 – CP52 ONLY IF CP1e = YES AND/OR IF CP1f = YES>

CP33. Have you ever done hair styling as a make-up artist, personal assistant, or beauty consultant?

YES..... 1
 NO [RETURN TO OC]..... 2
 REF..... [RETURN TO OC]..... 7
 DK [RETURN TO OC]..... 8

CP34. Did you ever shampoo your clients' hair (as a make-up artist, personal assistant or beauty consultant)?

YES..... 1
 NO [CP38]..... 2
 REF..... [CP38]..... 7
 DK [CP38]..... 8

CP35. How many years and/or months in total did you do this (shampoo hair as a make-up artist, personal assistant, or beauty consultant)?

--	--	--	--	--	--

YEARS MONTHS

CP36. On average, how many times per day, per week, per month or per year did you shampoo hair (as a make-up artist, personal assistant, or beauty consultant)?

--	--	--

TIMES

PER DAY 1
 PER WEEK 2
 PER MONTH 3
 PER YEAR 4

CP37. About how often did you use dandruff shampoo on clients?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

CP38. While working as make-up artist, personal assistant or beauty consultant, did you ever...[TASK]	CP39. How many years and or months in total did you [TASK]?	CP40. On average, how many times per day, week, month or year did you [TASK]?	CP41. About how often did you use dark colors such as black, brown, auburn, or dark red? Would you say...	CP42. About how often did you use light colors such as blonde, light red, gray, or silver? Would you say...
a. color or dye your clients' hair using <u>permanent</u> hair coloring products? YES 1 NO. [CP38b]2 REF[CP38b]7 DK. [CP38b]8	<div> <div> <div></div> <div></div> </div> <div>#YEARS</div> <div> <div></div> <div></div> </div> <div>#MONTHS</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>#TIMES PER</div> <div> <div>DAY 1</div> <div>WEEK2</div> <div>MONTH3</div> <div>YEAR.....4</div> <div>TOTAL.....5</div> </div> </div>	rarely or never..... 1 sometimes 2 about half the time 3 most of the time 4 always 5	rarely or never 1 sometimes 2 about half the time 3 most of the time 4 always..... 5
b. color or dye your clients' hair using <u>semi-permanent</u> hair coloring products? YES 1 NO. [CP38c]2 REF[CP38c]7 DK. [CP38c]8	<div> <div> <div></div> <div></div> </div> <div>#YEARS</div> <div> <div></div> <div></div> </div> <div>#MONTHS</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>#TIMES PER</div> <div> <div>DAY 1</div> <div>WEEK2</div> <div>MONTH3</div> <div>YEAR.....4</div> <div>TOTAL.....5</div> </div> </div>	rarely or never..... 1 sometimes 2 about half the time 3 most of the time 4 always 5	rarely or never 1 sometimes 2 about half the time 3 most of the time 4 always..... 5
c. color or dye your clients' hair using <u>temporary</u> hair coloring products? YES 1 NO [*]...2 REF ... [*]... 7 DK..... [*]...8	<div> <div> <div></div> <div></div> </div> <div>#YEARS</div> <div> <div></div> <div></div> </div> <div>#MONTHS</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div>#TIMES PER</div> <div> <div>DAY 1</div> <div>WEEK2</div> <div>MONTH3</div> <div>YEAR.....4</div> <div>TOTAL.....5</div> </div> </div>	rarely or never..... 1 sometimes 2 about half the time 3 most of the time 4 always 5	rarely or never 1 sometimes 2 about half the time 3 most of the time 4 always..... 5

<* ASK CP43 – CP44 ONLY IF CP38a AND/OR CP38b AND/OR CP38c = YES>

- CP43. About how often did you wear gloves when you used hair colors or dyes on your clients' hair?
- Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5
- CP44. About how often did you get hair colors or dyes on your skin or in your eyes while applying them to your clients' hair?
- Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

CP45. While working as make-up artist, personal assistant or beauty consultant, did you ever... [TASK]	CP46. How many years and or months in total did you work in (make-up artist, personal assistant ,or beauty consultant) jobs where you... [TASK]?	CP47. On average, how many times per day, per week, per month, or per year did you... [TASK]?
a. bleach your clients' hair? YES 1 NO[CP45b] 2 REF.....[CP45b] 7 DK[CP45b] 8	<div style="display: flex; justify-content: space-around;"> <div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> </div> #YEARS #MONTHS	<div style="display: flex; justify-content: space-around;"> <div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> </div> #TIMES PER
		DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR 4 TOTAL 5
b. perm your clients' hair? YES 1 NO[CP45c] 2 REF.....[CP45c] 7 DK[CP45c] 8	<div style="display: flex; justify-content: space-around;"> <div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> </div> #YEARS #MONTHS	<div style="display: flex; justify-content: space-around;"> <div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> </div> #TIMES PER
		DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR 4 TOTAL 5
c. straighten your clients' hair using chemicals? YES 1 NO [*] 2 REF..... [*] 7 DK [*] 8	<div style="display: flex; justify-content: space-around;"> <div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> </div> #YEARS #MONTHS	<div style="display: flex; justify-content: space-around;"> <div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> <div> <div style="border: 1px solid black; width: 30px; height: 20px; margin-bottom: 5px;"></div> <div style="border: 1px solid black; width: 30px; height: 20px;"></div> </div> </div> #TIMES PER
		DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR 4 TOTAL 5

<* ASK CP48 - CP49 ONLY IF CP45a AND/OR CP45b AND/OR CP45c = YES>

CP48. About how often did you wear gloves when you used chemicals for [bleaching] [or] [perming] [or] [straightening] your clients' hair?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

CP49. About how often did you get [bleaching] [or] [perming] [or] [hair straightening] chemicals on your skin or in your eyes while applying them to your clients' hair?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

CP50. While working as make-up artist, personal assistant or beauty consultant, did you ever... [TASK]	CP51. How many years and or months in total did you work in (make-up artist, personal assistant ,or beauty consultant) jobs where you... [TASK]?	CP52. On average, how many times per day, per week, per month, or per year did you... [TASK]?
a. use hairspray on your clients? YES 1 NO[CP50b] 2 REF.....[CP50b] 7 DK[CP50b] 8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #YEARS </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #MONTHS </div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> #TIMES PER </div> <div style="text-align: center;"> DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR 4 TOTAL 5 </div> </div>
b. use talcum powder on your clients? YES 1 NO[CP50c] 2 REF.....[CP50c] 7 DK[CP50c] 8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #YEARS </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #MONTHS </div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> #TIMES PER </div> <div style="text-align: center;"> DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR 4 TOTAL 5 </div> </div>
c. put talcum powder in your gloves? YES 1 NO [*] 2 REF..... [*] 7 DK [*] 8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #YEARS </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #MONTHS </div> </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/> #TIMES PER </div> <div style="text-align: center;"> DAY..... 1 WEEK..... 2 MONTH..... 3 YEAR 4 TOTAL 5 </div> </div>

* Thank you for answering these questions about your work with cosmetics and perfumes. Now I will ask about some other industries. <RETURN TO OC>

LOOK-UP TABLE FOR COSMETIC TYPES

Shampoo, baby	Eyelash and eyebrow dyes
Shampoo, hair coloring	Eyebrow colorant
Shampoo, dandruff	Eyelash creams
Shampoo, general	Eyelash oils
Hair conditioner	Eye liner, liquid
Hair spray, general	Eye liner, pencil
Hair spray, coloring	Eye shadow, powder
Hair tonic	Eye shadow, stick
Hair gel	Eye shadow, cream
Hair wax	Mascara
Hair mousse	Eye makeup remover
Hair permanent wave (perm) products	Face masks
Hair straighteners	Foundation creams
Hair dressings and brilliantines	Hormone creams
Hair cream rinse	Lipstick
Hair bleach	Liquid makeup
Hair dyes, permanent	Face powders
Hair dyes, semi-permanent	Rouge
Hair dyes, temporary	Perfumes
Cleansing creams	Colognes
Cleansing lotions	Sachets
Conditioning cream	Pomades
Eye creams	
Eyebrow pencil	

National Institute of Environmental Health Science / National Institutes of Health / Department of Health and Human Services

**SISTER STUDY JOB MODULE: DENTISTS, DENTAL HYGIENISTS, DENTAL ASSISTANTS,
AND DENTAL LAB WORKERS**

- DE1. How many different full-time or part-time jobs have you had working as a dentist, dental hygienist, dental assistant, or dental lab worker? [][]
JOBS
- DE2. Did you ever polish teeth? YES..... 1
NO [GO TO DE6] 2
REF..... [GO TO DE6] 7
DK [GO TO DE6] 8
- DE3. How many years in total did you work in a job where you did this (polish teeth)? [][]
#YEARS
- DE4. In the years that you did this, how many months and/or weeks per year on average did you do this (polish teeth)? [][] [][]
MONTHS/YR WEEKS/YR
- DE5. On average, how many hours per week did you do this (polish teeth)? [][][]
HOURS PER WEEK
- DE6. Did you ever work at least 5 hours per week for at least one month in a room where nitrous oxide or any other anesthetic gas was being administered by you or anyone else in your presence? YES..... 1
NO [GO TO DE15] 2
REF..... [GO TO DE15] 7
DK [GO TO DE15] 8
- DE7. How many years in total did you work in a job where you did this (work where nitrous oxide or other anesthetic gases were administered in your presence)?
[IF LESS THAN 1 YEAR, ENTER "01"] [][]
#YEARS
- DE8. In the years that you did this, how many months and/or weeks per year on average did you do this (work where nitrous oxide or other anesthetic gases were administered in your presence)? [][] [][]
MONTHS/YR WEEKS/YR
- DE9. On average, how many hours per week did you do this? (work where nitrous oxide or other anesthetic gases were administered in your presence)? [][][]
HOURS PER WEEK

DE10. (When you worked in a room where anesthetic gases were in use,) was [ANESTHETIC] administered by you or by anyone else in your presence?	DE11. Did you <u>personally</u> administer [ANESTHETIC] at least 5 hours per week for at least one month out of the year?	DE12. How many years in total did you do this?	DE13. In the years that you did this, how many months and/or weeks per year, on average, did you personally administer [ANESTHETIC]?	DE14. On average, how many hours per week did you personally administer [ANESTHETIC]?
a. Nitrous oxide YES1 NO[DE10b] 2	YES 1 NO .[DE10b] 2	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"] </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # MONTHS </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # WKS </div> </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # HOURS </div>
b. Halothane YES1 NO[DE10c] 2	YES 1 NO .[DE10c] 2	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"] </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # MONTHS </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # WKS </div> </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # HOURS </div>
c. Ether YES1 NO[DE10d] 2	YES 1 NO .[DE10d] 2	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"] </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # MONTHS </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # WKS </div> </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # HOURS </div>
d. Isoflurane YES1 NO[DE10e] 2	YES 1 NO .[DE10e] 2	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"] </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # MONTHS </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # WKS </div> </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # HOURS </div>
e. Enflurane YES1 NO[DE10f] 2	YES 1 NO .[DE10f] 2	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"] </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # MONTHS </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # WKS </div> </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # HOURS </div>
f. Chloroform YES1 NO[DE10g] 2	YES 1 NO .[DE10g] 2	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"] </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # MONTHS </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # WKS </div> </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # HOURS </div>
g. Any other anesthetic gas YES1 NO[DE15] .2 SPECIFY: _____	YES 1 NO ..[DE15] 2	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"] </div>	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # MONTHS </div> <div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # WKS </div> </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 30px; height: 20px; margin: 0 auto;"></div> # HOURS </div>

DE15. Did you ever assemble or disassemble syringes containing anesthetics at least 5 times per week?

YES..... 1
NO [GO TO DE19] 2
REF..... [GO TO DE19] 7
DK [GO TO DE19] 8

DE16. How many years in total did you work in a job where you did this (assemble or disassemble syringes containing anesthetics)?

#YEARS

DE17. In the years that you did this, how many months and/or weeks per year on average did you do this? (assemble or disassemble syringes containing anesthetics)?

MONTHS/YR WEEKS/YR

DE18. On average, how many hours per week did you do this (assemble or disassemble syringes containing anesthetics)?

HOURS PER WEEK

DE19. Did you ever use a dental drill on patients?

YES..... 1
NO [GO TO DE23] 2
REF..... [GO TO DE23] 7
DK [GO TO DE23] 8

DE20. How many years in total did you work in a job where you did this (use a dental drill on patients)?

#YEARS

DE21. In the years that you did this, how many months and/or weeks per year on average did you do this (use a dental drill on patients)?

MONTHS/YR WEEKS/YR

DE22. On average, how many hours per week did you do this (use a dental drill)?

HOURS PER WEEK

<ASK DE23 ONLY IF DE19 = NO, REF, OR DK>

DE23. Were you ever present in the room while a dental drill was being used on a patient?

YES..... 1
NO [GO TO DE27] 2
REF..... [GO TO DE27] 7
DK [GO TO DE27] 8

DE24. How many years in total did you work in a job where you did this (were present where a dental drill was being used)?

#YEARS

DE25. In the years that you did this, how many months and/or weeks per year on average did you do this (were present where a dental drill was being used)?

MONTHS/YR WEEKS/YR

DE26. On average, how many hours per week did you do this?
(were present where a dental drill was being used)?

HOURS PER WEEK

DE27. Did you ever prepare or mix dental amalgam?

YES..... 1
NO [GO TO DE31] 2
REF..... [GO TO DE31] 7
DK [GO TO DE31] 8

DE28. How many years in total did you work in a
job where you did this (prepare or mix dental
amalgam)?

#YEARS

DE29. In the years that you did this, how many months
and/or weeks per year on average did you do this
(prepare or mix dental amalgam)?

MONTHS/YR WEEKS/YR

DE30. On average, how many hours per week did you
do this (prepare or mix dental amalgam)?

HOURS PER WEEK

DE31. Did you ever prepare dental composite materials?

YES..... 1
NO [GO TO DE35] 2
REF..... [GO TO DE35] 7
DK [GO TO DE35] 8

DE32. How many years in total did you work in a
job where you did this (prepare dental
composite materials)?

#YEARS

DE33. In the years that you did this, how many months
and/or weeks per year on average did you do this?
(prepare dental composite materials)?

MONTHS/YR WEEKS/YR

DE34. On average, how many hours per week did you
do this (prepare dental composite materials)?

HOURS PER WEEK

DE35. Did you ever prepare glass ionomer materials?

YES..... 1
NO [GO TO DE39] 2
REF..... [GO TO DE39] 7
DK [GO TO DE39] 8

DE36. How many years in total did you work in a
job where you did this (prepare glass ionomer
materials)?

#YEARS

DE37. In the years that you did this, how many months and/or weeks per year on average did you do this (prepare glass ionomer materials)?

MONTHS/YR WEEKS/YR

DE38. On average, how many hours per week did you do this (prepare glass ionomer materials)?

HOURS PER WEEK

DE39. Did you ever make dental impressions?

YES..... 1
NO [GO TO DE43] 2
REF..... [GO TO DE43] 7
DK [GO TO DE43] 8

DE40. How many years in total did you work in a job where you did this (make dental impressions)?

#YEARS

DE41. In the years that you did this, how many months and/or weeks per year on average did you do this (make dental impressions)?

MONTHS/YR WEEKS/YR

DE42. On average, how many hours per week did you do this (make dental impressions)?

HOURS PER WEEK

DE43. Did you ever pour, trim, or polish stone or plaster casts?

YES..... 1
NO [GO TO DE47] 2
REF..... [GO TO DE47] 7
DK [GO TO DE47] 8

DE44. How many years in total did you work in a job where you did this (pour, trim, or polish stone or plaster casts)?

#YEARS

DE45. In the years that you did this, how many months and/or weeks per year on average did you do this (pour, trim, or polish stone or plaster casts)?

MONTHS/YR WEEKS/YR

DE46. On average, how many hours per week did you do this (pour, trim, or polish stone or plaster casts)?

HOURS PER WEEK

DE47. Did you ever construct custom impression trays?

YES..... 1
NO [GO TO DE51] 2
REF..... [GO TO DE51] 7
DK [GO TO DE51] 8

DE48. How many years in total did you work in a job where you did this (construct custom impression trays)?

#YEARS

DE49. In the years that you did this, how many months and/or weeks per year on average did you do this (construct custom impression trays)?

MONTHS/YR WEEKS/YR

DE50. On average, how many hours per week did you do this (construct custom impression trays)?

HOURS PER WEEK

DE51. Did you ever fabricate acrylic crowns?

YES..... 1
NO [GO TO DE55] 2
REF..... [GO TO DE55] 7
DK [GO TO DE55] 8

DE52. How many years in total did you work in a job where you did this (fabricate acrylic crowns)?

#YEARS

DE53. In the years that you did this, how many months and/or weeks per year on average did you do this (fabricate acrylic crowns)?

MONTHS/YR WEEKS/YR

DE54. On average, how many hours per week did you do this (fabricate acrylic crowns)?

HOURS PER WEEK

DE55. Did you ever fabricate acrylic partial dentures?

YES..... 1
NO [GO TO DE59] 2
REF..... [GO TO DE59] 7
DK [GO TO DE59] 8

DE56. How many years in total did you work in a job where you did this (fabricate acrylic partial dentures)?

#YEARS

DE57. In the years that you did this, how many months and/or weeks per year on average did you do this (fabricate acrylic partial dentures)?

MONTHS/YR WEEKS/YR

DE58. On average, how many hours per week did you do this (fabricate acrylic partial dentures)?

HOURS PER WEEK

DE59. Were you ever in the same room where patients were being X-rayed at least 5 times per week?

YES..... 1
 NO [GO TO DE66] 2
 REF..... [GO TO DE66] 7
 DK [GO TO DE66] 8

DE60. How many years in total did you work in a job where you did this (were present in the same room where patients were being X-rayed) at least 5 times per week?

#YEARS

DE61. In the years that you did this, how many months and/or weeks per year on average did you do this (were present in the same room where patients were being X-rayed)?

MONTHS/YR

WEEKS/YR

DE62. On average, how many times per week were you in the same room where patients were being X-rayed?

TIMES PER WEEK

DE63. How often did you wear a leaded apron or stand behind a leaded barrier while the X-rays were being shot?

all the time 1
 most of the time 2
 about half of the time..... 3
 some of the time 4
 rarely or never..... 5
 REF..... 7
 DK 8

DE64. How often did you wear a dosimetry or film badge that measured your radiation exposure? Was it...
 [IF RESPONDENT SAYS ONLY A FEW
 TIMES, CODE AS RARELY OR NEVER]

all the time 1
 most of the time 2
 about half of the time..... 3
 some of the time 4
 rarely or never..... [GO TO DE66] 5
 REF..... [GO TO DE66] 7
 DK [GO TO DE66] 8

DE65. Did you ever receive a report that your measured dose of radiation was above the safe limit?

YES..... 1
 NO 2
 REF..... 7
 DK 8

DE66. Did you ever develop X-ray films?

YES..... 1
 NO [GO TO DE70] 2
 REF..... [GO TO DE70] 7
 DK [GO TO DE70] 8

DE67. How many years in total did you work in a job where you did this (develop X-ray films)?

#YEARS

DE68. In the years that you did this, how many months and/or weeks per year on average did you do this (develop X-ray films)?

MONTHS/YR WEEKS/YR

DE69. On average, how many hours per week did you do this (develop X-ray films)?

HOURS PER WEEK

DE70. Did you ever work at least 5 hours per week for at least one month out of the year in a room where instruments or other equipment were being sterilized?

YES..... 1
NO [GO TO DE79] 2
REF..... [GO TO DE79] 7
DK [GO TO DE79] 8

DE71. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year in a room where instruments or other equipment were being sterilized)? [IF LESS THAN 1 YEAR, ENTER "01"]

YEARS

DE72. In the years that you did this, how many months and/or weeks per year, on average, did you work in a room where instruments or other equipment were being sterilized?

MONTHS/YR WEEKS/YR

DE73. On average, how many hours per week did you work in a room where instruments or other equipment were being sterilized?

HOURS PER WEEK

DE74. (During this time,) was [STERILANT] used to sterilize the instruments or equipment?		DE75. Did you <u>personally</u> use [STERILANT] to sterilize the instruments or equipment at least 5 hours per week for at least one month out of the year?	DE76. How many years in total did you do this?	DE77. In the years that you did this, how many months and/or weeks per year, on average, did you personally use [STERILANT]?	DE78. On average, how many hours per week did you personally use [STERILANT]?
a. Ethylene oxide	YES 1 NO [DE74b] 2	YES 1 NO. [DE74b] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS
b. hydrogen peroxide gas plasma, such as the STERRAD system	YES 1 NO [DE74c] 2	YES 1 NO. [DE74c] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS

DE74. (During this time,) was [STERILANT] used to sterilize the instruments or equipment?	DE75. Did you personally use[STERILAN T] to sterilize the instruments or equipment at least 5 hours per week for at least one month out of the year?	DE76. How many years in total did you do this?	DE77. In the years that you did this, how many months and/or weeks per year, on average, did you personally use [STERILANT]?	DE78. On average, how many hours per week did you personally use [STERILANT]?
c. glutaraldehyde YES1 products such NO [DE74d] 2 as Cidex, ColdSport, Endocide, Glutacide, Hospex, Metricide, or Sporicidin	YES1 NO. [DE74d] 2	<div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"] </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # WKS </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS </div>
d. ortho- phthalaldehyde YES1 products such NO [DE74e] 2 as Cidex OPA	YES1 NO. [DE74e] 2	<div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"] </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # WKS </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS </div>
e. peracetic acid products YES1 such as the NO [DE74f] 2 Steris system	YES1 NO. [DE74f].2	<div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"] </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # WKS </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS </div>
f. hydrogen peroxide YES1 products such NO [DE74g] 2 as Accell or Optim	YES1 NO. [DE74g] 2	<div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"] </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # WKS </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS </div>
g. formaldehyde YES1 NO [DE74h] 2	YES1 NO. [DE74h] 2	<div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"] </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # WKS </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS </div>
h. hexachlorophen YES1 e products such NO [DE74i].2 as PhisoHex or Phisoderm	YES1 NO. [DE74i].2	<div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"] </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # WKS </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS </div>
i. any other YES1 sterilizing agent NO [DE79] .2 SPECIFY: _____	YES1 NO.. [DE79] .2	<div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"] </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # WKS </div>	<div style="text-align: center;"> <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS </div>

DE79. Did you ever personally use disinfectants to clean other equipment or the patient care area?

YES..... 1
NO [GO TO DE83] 2
REF..... [GO TO DE83] 7
DK [GO TO DE83] 8

DE80. How many years in total did you work in a job where you did this?

#YEARS

DE81. In the years that you did this, how many months and/or weeks per year on average did you do this?

MONTHS/YR

WEEKS/YR

DE82. On average, how many hours per week did you do this?

HOURS PER WEEK

DE83. About how many hours per week did you wear latex gloves, on average, while working in the dental field?

HOURS PER WEEK

DE84. Did you ever use talcum powder in your gloves?

YES..... 1
NO[GO TO *]..... 2
REF.....[GO TO *]..... 7
DK[GO TO *]..... 8

DE85. How many years in total did you work in a job where you did this?

#YEARS

DE86. In the years that you did this, how many months and/or weeks per year on average did you do this?

MONTHS/YR

WEEKS/YR

DE87. On average, how many times per week did you do this?

TIMES PER WEEK

* Thank you for answering these questions about your work in the dental field. Now I will ask questions about some other industries.

<RETURN TO OC>

SISTER STUDY JOB MODULE: DOCTOR OR PHYSICIAN

DOC1. How many different full-time or part-time jobs have you had working as a doctor or physician? This includes both paid and volunteer work that took at least 10 hours per week.

JOBS

I am going to ask about some specific tasks that you may have done while working as a doctor or physician.

<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:> In answering these questions, please think about your overall experience in all of your full-time or part-time jobs of this type.

While working as a doctor or physician, did you ever work ...		About how many years and/or months in total did you work there (<i>[PLACE]</i>)?
DOC2. in a hospital, or large outpatient surgical center	YES..... 1 NO... [GO TO DOC4].. 2 REF. [GO TO DOC4].. 7 DK... [GO TO DOC4].. 8	DOC3. <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
DOC4. in a doctor's office	YES..... 1 NO... [GO TO DOC6].. 2 REF. [GO TO DOC6].. 7 DK... [GO TO DOC6].. 8	DOC5. <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
DOC6. in a nursing home, assisted living facility, or other residential care facility	YES..... 1 NO... [GO TO DOC8].. 2 REF. [GO TO DOC8].. 7 DK... [GO TO DOC8].. 8	DOC7. <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
DOC8. in a free-standing urgent care center, outpatient clinic, or HMO	YES..... 1 NO.. [GO TO DOC10]. 2 REF [GO TO DOC10]. 7 DK.. [GO TO DOC10]. 8	DOC9. <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
DOC10. providing home health care (that is, visiting patients at home)	YES..... 1 NO.. [GO TO DOC12]. 2 REF [GO TO DOC12]. 7 DK.. [GO TO DOC12]. 8	DOC11. <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
DOC12. in a school	YES..... 1 NO.. [GO TO DOC14]. 2 REF [GO TO DOC14]. 7 DK.. [GO TO DOC14]. 8	DOC13. <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
DOC14. in another type of workplace SPECIFY: _____ _____	YES..... 1 NO.. [GO TO DOC16]. 2 REF [GO TO DOC16]. 7 DK.. [GO TO DOC16]. 8	DOC15. <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS

<BEGIN REPEATING RECORD – SPECIALTY AREAS>

DOC16. What was the *[first/next]* department or specialty area that you spent most of your time working?

<SPECIALTIES WILL BE SELECTED FROM A LOOK-UP TABLE>

MEDICAL SPECIALTY

DOC16a. Did you work in any other departments or specialty areas?

YES[DOC16] 1
NO 2

<END REPEATING RECORD – SPECIALTY AREAS>

DOC17. Did you ever work at least 5 hours per week for at least one month out of the year in an operating room or anywhere else where general anesthetics were being administered by you or anyone else?

YES 1
NO [GO TO DOC26] 2
REF..... [GO TO DOC26] 7
DK [GO TO DOC26] 8

DOC18. How many years in total did you do this (work in an operating room or anywhere else where general anesthetics were administered by you or others at least 5 hours per week for at least one month out of the year)?
[IF LESS THAN 1 YEAR, ENTER “1”]

YEARS

DOC19. In the years that you did this, how many months and/or weeks per year, on average, did you work in an operating room or anywhere else where general anesthetics were administered by you or others?

MONTHS/YR WEEKS/YR

DOC20. On average, how many hours per week did you work in an operating room or anywhere else where general anesthetics were administered by you or others?

HOURS PER WEEK

DOC21. (When you worked in an operating room or anywhere else general anesthetics were in use,) was [ANESTHETIC] administered by you or by others in your presence?		DOC22. Did you personally administer [ANESTHETIC] at least 5 hours per week for at least one month out of the year?	DOC23. How many years in total did you do this?	DOC24. In the years that you did this, how many months and/or weeks per year, on average, did you personally administer [ANESTHETIC]?	DOC25. On average, how many hours per week did you personally administer [ANESTHETIC]?
a. Nitrous oxide	YES1 NO.. [DOC21b]2	YES 1 NO[DOC21b]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS
b. Halothane	YES1 NO.. [DOC21c]2	YES 1 NO[DOC21c]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS
c. Ether	YES1 NO.. [DOC21d]2	YES 1 NO[DOC21d]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS
d. Flurane	YES1 NO.. [DOC21e]2	YES 1 NO[DOC21e]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS
e. Etherane	YES1 NO...[DOC21f]2	YES 1 NO[DOC21f]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS
f. Chloroform	YES1 NO.. [DOC21g]2	YES 1 NO[DOC21g]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS
g. Any other anesthetic SPECIFY: _____	YES1 NO... [DOC26]2	YES 1 NO [DOC26]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS

DOC26. Have you ever administered aerosolized ribavirin or Virazole, pentamidine or Nebupent, or tobramycin or Nebcin?

YES 1
 NO[GO TO DOC34] 2
 REF.....[GO TO DOC34] 7
 DK[GO TO DOC34] 8

DOC27. Which of these drugs have you administered in aerosolized form?

	Y	N	REF	DK
a. ribavirin or Virazole	1	2	7	8
b. pentamidine or Nebupent.....	1	2	7	8
c. tobramycin or Nebcin	1	2	7	8

DOC28. How many years in total did you have a job where you did this (administered aerosolized ribavirin or Virazole, pentamidine or Nebupent, or tobramycin)?

YEARS

[IF LESS THAN 1 YEAR, ENTER "1"]

DOC29. In the years that you did this, how many months and/or weeks per year, on average, did you do this?

MONTHS/YR WEEKS/YR

DOC30. On average, about how many hours per week did you spend administering any of the aerosolized drugs? Please include only the time you spent actually handling the drug, were present in the area during administration, and in clean-up. Do not include set-up time, or time the patient was receiving the drug while you were not present.

HOURS PER WEEK

DOC31. When you administered aerosolized drugs, was it usually...

inside a fully enclosed
 and sealed treatment
 chamber or booth 1
 inside a partially enclosed
 treatment hood or tent..... 2
 with no type of enclosure 3

DOC32. When you administered aerosolized drugs, did you usually...

	Y	N	REF	DK
a. inspect the aerosol generator for leaks or worn parts prior to use?.....	1	2	7	8
b. use a nebulizer with an automatic shutoff valve?.....	1	2	7	8
c. administer the medication in an isolation room under negative pressure (where air flows into the room from adjacent areas)?.....	1	2	7	8

DOC33. When you administered aerosolized drugs, did you usually wear any of the following protective equipment?
 (By usually we mean most of the time.)

	Y	N	REF	DK
a. a water resistant gown	1	2	7	8
b. gloves.....	1	2	7	8
c. goggles, safety glasses, or a face shield....	1	2	7	8
d. respiratory protection; this does <u>not</u> include a surgical mask	1	2	7	8

DOC34. Did you ever work at least 5 hours per week for at least one month out of the year in a room where instruments or other equipment was being sterilized?

YES 1
 NO[GO TO DOC43] 2
 REF.....[GO TO DOC43] 7
 DK[GO TO DOC43] 8

DOC35. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year in a room where instruments or other equipment was being sterilized)?
 [IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC36. In the years that you did this, how many months and/or weeks per year, on average, did you work in a room where instruments or other equipment was being sterilized?

MONTHS/YR WEEKS/YR

DOC37. On average, how many hours per week did you work in a room where instruments or other equipment was being sterilized?

HOURS PER WEEK

DOC38. (During this time,) was [ANESTHETIC] used to sterilize the instruments or equipment?		DOC39. Did you personally use[ANESTHETIC] to sterilize the instruments or equipment at least 5 hours per week for at least one month out of the year?	DOC40. How many years in total did you do this?	DOC41. In the years that you did this, how many months and/or weeks per year, on average, did you personally use [ANESTHETIC]?	DOC42. On average, how many hours per week did you personally use [ANESTHETIC]?
a. Ethylene oxide	YES1 NO.. [DOC38b]2	YES 1 NO[DOC38b]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> # MONTHS <input type="text"/> <input type="text"/> <input type="text"/> # WKS	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS
b. hydrogen peroxide gas plasma, such as the STERRAD system	YES1 NO.. [DOC38c]2	YES 1 NO[DOC38c]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> # MONTHS <input type="text"/> <input type="text"/> <input type="text"/> # WKS	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS
c. glutaraldehyde products such as Cidex, ColdSport, Endocide, Glutacide, Hospex, Metricide, or Sporicidin	YES1 NO.. [DOC38d]2	YES 1 NO[DOC38d]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> # MONTHS <input type="text"/> <input type="text"/> <input type="text"/> # WKS	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS
d. ortho-phthalaldehyde products such as Cidex OPA	YES1 NO.. [DOC38e]2	YES 1 NO[DOC38e]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> # MONTHS <input type="text"/> <input type="text"/> <input type="text"/> # WKS	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS

DOC38. (During this time,) was [ANESTHETIC] used to sterilize the instruments or equipment?	DOC39. Did you personally use[ANESTHETIC] to sterilize the instruments or equipment at least 5 hours per week for at least one month out of the year?	DOC40. How many years in total did you do this?	DOC41. In the years that you did this, how many months and/or weeks per year, on average, did you personally use [ANESTHETIC]?	DOC42. On average, how many hours per week did you personally use [ANESTHETIC]?
e. peracetic acid products such as the Steris system YES1 NO...[DOC38f]2	YES 1 NO[DOC38f]2	<input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS
f. hydrogen peroxide products such as Accell or Optim YES1 NO.. [DOC38g]2	YES 1 NO[DOC38g]2	<input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS
g. formaldehyde YES1 NO.. [DOC38h]2	YES 1 NO[DOC38h]2	<input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS
h. hexachlorophene products such as PhisoHex or Phisoderm YES1 NO...[DOC38i]2	YES 1 NO [DOC38i]2	<input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS
i. any other sterilizing agent YES1 NO... [DOC43]2 SPECIFY: _____	YES 1 NO [DOC43]2	<input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS

DOC43. Did you ever use disinfectants or antiseptics at least 5 hours per week for at least one month out of the year while working as a doctor or physician?

YES 1
NO[GO TO DOC49] 2
REF.....[GO TO DOC49] 7
DK[GO TO DOC49] 8

DOC44. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year using disinfectants or antiseptics)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC45. In the years that you did this, how many months and/or weeks per year, on average, did you work at least 5 hours per week using disinfectants or antiseptics?

MONTHS/YR WEEKS/YR

DOC46. On average, how many hours per week did you use
disinfectants or antiseptics?

HOURS PER WEEK

	Y	N	REF	DK
DOC47. Which of the following disinfectants or antiseptics did you use? Did you use...				
a. Betadine	1	2	7	8
b. Duraprep	1	2	7	8
c. Formaldehyde	1	2	7	8
d. Hibclens	1	2	7	8
e. Iodophor or iodophorm.....	1	2	7	8
f. Lysol	1	2	7	8
g. PhisoHex or phisoderm	1	2	7	8
h. Skin prep or alcohol pads	1	2	7	8
i. Alcare or other foamed alcohol products..	1	2	7	8
j. Bactoshield	1	2	7	8
k. Any other disinfectant.....	1	2	7	8
SPECIFY:				

<IF MORE THAN ONE OF DOC47a-k IS ANSWERED "YES":>

DOC48. Which one disinfectant did you use the most?

BETADINE 01
 DURAPREP 02
 FORMALDEHYDE 03
 HIBCLENS..... 04
 IODOPHOR OR
 IODOPHORM..... 05
 LYSOL 06
 PHISOHEX OR
 PHISODERM..... 07
 SKIN PREP OR ALCOHOL
 PADS..... 08
 ALCARE OR OTHER
 FOAMED ALCOHOL
 PRODUCTS 09
 BACTOSHIELD 10
 OTHER DISINFECTANT 11

DOC49. Did you ever take X-rays from a room that was separate from the room where the patient was, at least 5 times per week?

YES 1
NO[GO TO DOC51] 2
REF.....[GO TO DOC51] 7
DK[GO TO DOC51] 8

DOC50. How many years in total did you work in a job where you took X-rays from a separate room (at least 5 times per week for at least one month out of the year)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC51. Were you ever in the same room where X-rays were being taken at least 5 times per week for at least one month out of the year?

YES 1
NO[GO TO DOC58] 2
REF.....[GO TO DOC58] 7
DK[GO TO DOC58] 8

DOC52. How many years in total did you work in a job where you were in the same room while X-rays were being taken (at least 5 times per week for at least one month out of the year)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC53. In the years that you did this, how many months and/or weeks per year, on average, did you do this (work in a job where you were in the same room where X-rays were being taken at least 5 times per week)?

MONTHS/YR WEEKS/YR

DOC54. On average, how many times per week were you in a room while X-rays were being taken?

TIMES PER WEEK

DOC55. How often did you wear a dosimetry or film badge that measured your radiation exposure? Was it...
[IF RESPONDENT SAYS ONLY A FEW TIMES, CODE AS RARELY OR NEVER]

all the time 1
most of the time 2
about half of the time..... 3
some of the time 4
rarely or never[GO TO DOC57]5
REF.....[GO TO DOC57] 7
DK[GO TO DOC57] 8

DOC56. Did you ever receive a report that your measured dose of radiation was above the safe limit?

YES 1
NO 2
REF..... 7
DK 8

DOC57. How often did you wear a leaded apron or stand behind a leaded barrier while the x-ray was being taken?

all the time 1
most of the time 2
about half of the time..... 3
some of the time 4
rarely or never..... 5
REF..... 7
DK 8

DOC58. Did you ever work at least 5 hours per week for at least one month out of the year performing fluoroscopy?

YES 1
 NO [GO TO DOC62] 2
 REF..... [GO TO DOC62] 7
 DK [GO TO DOC62] 8

DOC59. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year performing fluoroscopy)?
 [IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC60. In the years that you did this, how many months and/or weeks per year, on average, did you perform fluoroscopy?

MONTHS/YR WEEKS/YR

DOC61. On average, how many hours per week did you do this? (perform fluoroscopy)?

HOURS PER WEEK

DOC62. Did you ever work at least 5 hours per week for at least one month out of the year in a room where any other sources of radiation were being administered, such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography?

YES 1
 NO [GO TO DOC67] 2
 REF..... [GO TO DOC67] 7
 DK [GO TO DOC67] 8

DOC63. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year in a room where other sources of radiation were being administered such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)?
 [IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC64. In the years that you did this, how many months and/or weeks per year, on average, did you work in a room where other sources of radiation were being administered (such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)?

MONTHS/YR WEEKS/YR

DOC65. On average, how many hours per week did you work in a room where any other sources of radiation were being administered (such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)?

HOURS PER WEEK

DOC66. Which of the following sources of radiation were present where you worked? Was there...

	Y	N	REF	DK
a. CAT scan	1	2	7	8
b. MRI.....	1	2	7	8
c. Radioactive isotopes or nuclides	1	2	7	8
d. Angiography	1	2	7	8
e. Any other radiation source.....	1	2	7	8

SPECIFY: _____

DOC67. Did you ever work within five feet of a patient while lasers or other electrosurgery devices were being used?

YES 1
 NO[GO TO DOC73] 2
 REF.....[GO TO DOC73] 7
 DK[GO TO DOC73] 8

DOC68. How many years in total did you have a job where you did this (work within 5 feet of where lasers or other electrosurgery devices were being used)?
 [IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC69. In the years that you did this, how many months and/or weeks per year, on average, did you do this?

MONTHS/YR WEEKS/YR

DOC70. On average, about how many hours per week did you do this?

HOURS PER WEEK

DOC71. On average, how many procedures per week involving lasers or other electrosurgery devices were performed within 5 feet of you?

#/WEEK

DOC72. Was surgical smoke exhausted outside the room?

YES 1
 NO 2

DOC73. Did you ever work in a clinical or research laboratory at least 5 hours per week for at least one month out of the year while working as a doctor or physician?

YES 1
 NO[GO TO DOC78] 2
 REF.....[GO TO DOC78] 7
 DK[GO TO DOC78] 8

DOC74. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year in a laboratory)?
 [IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC75. In the years that you did this, how many months and/or weeks per year, on average, did you work in a laboratory?

MONTHS/YR WEEKS/YR

DOC76. On average, how many hours per week did you work in a laboratory?

HOURS PER WEEK

DOC77. While working in a laboratory, did you ever use any of the following? (Did you use...)

	Y	N	REF	DK
a. Dyes, as a powder, paste or liquid. Does not include handling previously stained slides.....	1	2	7	8
b. Mercury. Does not include handling thermometers containing mercury	1	2	7	8
c. Solvents, such as benzene or trichloroethylene	1	2	7	8
d. Dioxane.....	1	2	7	8
e. Formaldehyde	1	2	7	8

DOC78. Did you ever mix chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year?

YES 1
NO[GO TO DOC82] 2
REF.....[GO TO DOC82] 7
DK[GO TO DOC82] 8

DOC79. How many years in total did you work in a job where you did this (mixed chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC80. In the years that you did this, how many months and/or weeks per year, on average, did you mix chemotherapy agents or anti-neoplastic drugs at least 5 times per week?

MONTHS/YR WEEKS/YR

DOC81. On average, how many times per week did you mix chemotherapy agents or anti-neoplastic drugs?

TIMES PER WEEK

DOC82. Did you ever purge IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year?

YES 1
NO[GO TO DOC86] 2
REF.....[GO TO DOC86] 7
DK[GO TO DOC86] 8

DOC83. How many years in total did you work in a job where you did this (...purged IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC84. In the years that you did this, how many months and/or weeks per year, on average, did you purge IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs at least 5 times per week?

MONTHS/YR WEEKS/YR

DOC85. On average, how many times per week did you purge IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs?

TIMES PER WEEK

DOC86. Did you ever perform injections, IV insertions, or phlebotomy at least 5 times per week?

YES 1
NO[GO TO DOC90] 2
REF.....[GO TO DOC90] 7
DK[GO TO DOC90] 8

DOC87. How many years in total did you do this (perform injections, IV insertions, or phlebotomy at least 5 times per week)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC88. In the years that you did this, how many months and/or weeks per year, on average, did you do this?

MONTHS/YR WEEKS/YR

DOC89. On average, how many times per week did you do this?

TIMES PER WEEK

DOC90. About how many hours per week did you wear latex gloves, on average?

HOURS PER WEEK

DOC91. About how many hours per week did you wear non-latex gloves, such as nitrile gloves, on average?

HOURS PER WEEK

DOC92. Did you ever use talcum powder on your patients or in your gloves at least 5 times per week for at least one month out of the year?

YES 1
NO [GO TO DOC96] 2
REF..... [GO TO DOC96] 7
DK [GO TO DOC96] 8

DOC93. How many years in total did you do this (work in a job where you used talcum powder on your patients or in your gloves at least 5 times per week for at least one month out of the year)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

DOC94. In the years that you did this, how many months and/or weeks per year, on average, did you use talcum powder at least 5 times per week?

MONTHS/YR

WEEKS/YR

DOC95. On average, how many times per week did you use talcum powder on your patients or in your gloves?

TIMES PER WEEK

DOC96. Were you ever accidentally stuck with a needle or an instrument such as a scalpel that was contaminated with blood?

YES 1
NO [GO TO DOC99] 2
REF..... [GO TO DOC99] 7
DK [GO TO DOC99] 8

DOC97. How many times has this happened?

TIMES

DOC98. Were you ever treated with drugs for HIV prevention?

YES 1
NO 2

DOC99. On average, how many times per week did you have contact with patients infected with hepatitis, HIV, or tuberculosis?

TIMES PER WEEK

DOC100. How often were you tested for TB with a skin-prick test?
Was it...

once per year..... 1
once every few years 2
rarely or never..... 3

Thank you for answering these questions about your work as a doctor. Now I will ask questions about some other industries.

LOOK-UP TABLE FOR MEDICAL SPECIALTIES:

Adult primary care
Anesthesiology
Audiology
Cardiology
Central processing
Dental services
Dermatology
Ear, nose, and throat
Emergency
Endocrinology
Family practice
Gastroenterology
Geriatrics
Hematology
HIV/AIDS clinic
Home healthcare
Hospice care
Immunology
Infectious disease
Infusion therapy
Intensive care
Laboratory
Long-term mental health
Nephrology
Neurology
Nuclear medicine
Nutrition
Obstetrics/gynecology
Occupational medicine
Oncology
Ophthalmology
Optometry
Orthopedics/sports medicine
Pathology
Pediatrics
Pharmacy
Physical/occupational therapy
Psychiatry
Podiatry
Post-anesthesia care unit
Pulmonary
Radiology
Research
Respiratory care
Rheumatology
Sleep disorders
Social work
Surgery
Urology
Other (SPECIFY):

SISTER STUDY JOB MODULE: DRY CLEANER

DCM1. How many different full-time or part-time jobs have you had working in dry cleaning?

JOBS

I am going to ask about some specific tasks that you may have done while working in dry cleaning.

<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:> In answering these questions, please think about your overall experience in all of your jobs of this type.

DCM2. Did you spot clean clothes or other fabric items?

YES 1

NO [GO TO DCM3] 2

REF..... [GO TO DCM3] 7

DK [GO TO DCM3] 8

DCM2a. How many years in total did you do this for at least one month per year?

YEARS

DCM2b. On average, how many months and/or weeks per year did you do this (...spot clean clothes or other fabric items)?

MONTHS/YR

WEEKS/YR

DCM2c. On average, how many hours per week did you do this (...spot clean clothes or other fabric items)?

HOURS PER WEEK

DCM2d. When you did spot cleaning, which of the following products did you usually use? Did you use...

	Y	N	REF	DK
a. ammonia	1	2	7	8
b. perchloroethylene or "perc"	1	2	7	8
c. tetrachloroethylene or "tetra"	1	2	7	8
d. trichloroethylene or "TCE"	1	2	7	8
e. carbon tetrachloride or "carbon tet"	1	2	7	8
f. stoddard solvent	1	2	7	8
g. petroleum distillates other than stoddard	1	2	7	8
h. paint, oil, grease remover or "POG"	1	2	7	8
i. gasoline	1	2	7	8
j. used something but don't know the name	1	2	7	8
k. used something else	1	2	7	8

SPECIFY: _____

DCM3. Did you ever... [TASK]	DCM4. How many years in total did you do this for at least one month per year ?	DCM5. On average, how many months and/or weeks per year did you do this?	DCM6. On average, how many hours per week did you do this?
a. inspect dry cleaned clothes or other fabric items? YES 1 NO[GO TO DCM3b]..2 REF[GO TO DCM3b] 7 DK[GO TO DCM3b]..8	<div> </div> <div> </div> # YEARS	<div> </div> <div> </div> <div> </div> <div> </div> # MOS/YR # WKS/YR	<div> </div> <div> </div> # HOURS PER WEEK
b. press dry cleaned clothes or other fabric items? YES 1 NO[GO TO DCM3c]..2 REF[GO TO DCM3c] 7 DK[GO TO DCM3c]..8	<div> </div> <div> </div> # YEARS	<div> </div> <div> </div> <div> </div> <div> </div> # MOS/YR # WKS/YR	<div> </div> <div> </div> # HOURS PER WEEK
c. transfer dry cleaned clothes or other fabric items from the washer to the dryer? If the dry cleaning machines do the washing and drying in the same machine, the answer is “no.” YES 1 NO[GO TO DCM3d]..2 REF[GO TO DCM3d] 7 DK[GO TO DCM3d]..8	<div> </div> <div> </div> # YEARS	<div> </div> <div> </div> <div> </div> <div> </div> # MOS/YR # WKS/YR	<div> </div> <div> </div> # HOURS PER WEEK
d. transfer dry cleaning fluid (the cleaning chemicals) from a storage tank to a dry cleaning machine using a bucket or other container? YES 1 NO[GO TO DCM3e]..2 REF[GO TO DCM3e] 7 DK[GO TO DCM3e]..8	<div> </div> <div> </div> # YEARS	<div> </div> <div> </div> <div> </div> <div> </div> # MOS/YR # WKS/YR	<div> </div> <div> </div> # HOURS PER WEEK
e. maintain or repair dry cleaning equipment? This does not include cleaning the surface of the machines. YES 1 NO[GO TO DCM3f] ..2 REF[GO TO DCM3f].7 DK[GO TO DCM3f] ..8	<div> </div> <div> </div> # YEARS	<div> </div> <div> </div> <div> </div> <div> </div> # MOS/YR # WKS/YR	<div> </div> <div> </div> # HOURS PER WEEK
f. clean or maintain the dry cleaning fluid? YES 1 NO[GO TO DCM3g]..2 REF[GO TO DCM3g] 7 DK[GO TO DCM3g]..8	<div> </div> <div> </div> # YEARS	<div> </div> <div> </div> <div> </div> <div> </div> # MOS/YR # WKS/YR	<div> </div> <div> </div> # HOURS PER WEEK
g. add soap, bleaches, softeners, or other products to the washer or dryer? YES 1 NO.....[*].....2 REF[*].....7 DK.....[*].....8	<div> </div> <div> </div> # YEARS	<div> </div> <div> </div> <div> </div> <div> </div> # MOS/YR # WKS/YR	<div> </div> <div> </div> # HOURS PER WEEK

<*IF DCM2 = NO AND ALL QUESTIONS DCM3 a-g = NO, GO TO CLOSING STATEMENT>

	Y	N	REF	DK
DCM7. Which of the following products were usually used in the dry cleaning machines? Was it..				
a. perchloroethylene or "perc".....	1	2	7	8
b. tetrachloroethylene or "tetra".....	1	2	7	8
c. trichloroethylene or "TCE".....	1	2	7	8
d. carbon tetrachloride or "carbon tet".....	1	2	7	8
e. stoddard solvent	1	2	7	8
f. petroleum distillates other than stoddard ..	1	2	7	8
g. gasoline	1	2	7	8
h. used something but don't know the name	1	2	7	8
i. something else	1	2	7	8

SPECIFY: _____

DCM8. On average, how many times per day, per week, per month, or per year did you get any dry cleaning fluids on your bare hands?

TIMES

PER DAY 1
PER WEEK 2
PER MONTH 3
PER YEAR 4
TOTAL 5

DCM9. While handling freshly dry cleaned clothes, or working with machines or cleaning chemicals, about how often did you wear chemically resistant gloves?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

DCM10. While handling freshly dry cleaned clothes, or working with machines or cleaning chemicals, about how often did you wear a chemical cartridge respirator?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

CLOSING STATEMENT:

Thank you for answering these questions about jobs you had working in dry cleaning. Now I will ask questions about some other industries.

SISTER STUDY JOB MODULE: FACTORY WORKER

FW1. How many different full-time or part-time jobs have you had working in factories?

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JOBS

FW2. While working in factories, did you work in the production area or personally take part in the production process?

YES..... 1
 NO [RETURN TO OC]..... 2
 REF..... [RETURN TO OC]..... 7
 DK [RETURN TO OC]..... 8

<BEGIN REPEATING RECORD – FACTORY TYPES>

FW3. What was produced at the [*first/next*] factory that you worked in (where you worked in the production area or personally took part in the production process)?

 FACTORY TYPE

FW4. Did you work in any other factory?

YES..... [FW3] 1
 NO 2

<END REPEATING RECORD – FACTORY TYPES>

FW5. What protective equipment or clothing did you usually wear during your time working in factories?

	YES	NO	REF	DK
a. chemical cartridge respirator	1	2	7	8
b. simple dust mask	1	2	7	8
c. gloves	1	2	7	8
d. goggles	1	2	7	8
e. hardhat or other protective headgear ...	1	2	7	8
f. other protective equipment.....	1	2	7	8
Please specify: _____				

SISTER STUDY JOB MODULE: FARMING

FM1. Did you live on the farm or farms where you did this farmwork?

YES 1
 NO[GO TO FM3]..... 2
 REF.....[GO TO FM3]..... 7
 DK[GO TO FM3]..... 8

FM2. Did any of this farmwork take place on a farm that you did not live on?

YES 1
 NO[RETURN TO OC].... 2
 REF.....[RETURN TO OC].... 7
 DK[RETURN TO OC].... 8

<IF YES TO FM2, READ THE FOLLOWING SCRIPT:> For these next questions please focus only on the farms where you were working but not living there.

FM3. How many farms have you worked on in total?

--	--

FARMS

	Y	N	REF	DK
FM4. Which of the following were raised on the farm[s] where you worked?				
a. grains, such as wheat, corn, or rice	1	2	7	8
b. soybeans or other oilseeds	1	2	7	8
c. vegetables	1	2	7	8
d. orchard fruits, such as apples, grapes, or oranges.....	1	2	7	8
e. other fruits, such as berries or melons	1	2	7	8
f. cotton	1	2	7	8
g. tobacco.....	1	2	7	8
h. other cash crops	1	2	7	8

< IF NO TO ALL IN FM4 (a-h) — GO TO 20>

<ASK FM5a-5b ONLY IF FM3 (#FARMS) > 1; IF FM3 = 1, GO TO FM5c>

FM5a. About how many acres of crops were planted on the smallest of the farms you have worked on? Was it...

less than 5 acres 1
 5 to 9 acres..... 2
 10 to 49 acres..... 3
 50 to 199 acres..... 4
 200 acres or more 5

FM5b. About how many acres of crops were planted on the largest of the farms you have worked on? Was it...

less than 5 acres 1
 5 to 9 acres..... 2
 10 to 49 acres..... 3
 50 to 199 acres..... 4
 200 acres or more 5

FM5c. About how many acres of crops were planted, on average, on the farm[s] where you worked? Was it...

less than 5 acres 1
 5 to 9 acres..... 2
 10 to 49 acres..... 3
 50 to 199 acres..... 4
 200 acres or more 5

FM6. Were pesticides ever used on the crops grown on [*this farm/any of these farms*]?

Pesticides include insecticides, herbicides, fungicides and fumigants.

YES 1
 NO[GO TO FM13]..... 2
 REF.....[GO TO FM13]..... 7
 DK[GO TO FM13]..... 8

FM7. Did you ever...		FM8. For how many years in total did you do this for any part of the year?	FM9. On average, about how many days per year did you do this? (year = 365 days)
a. personally mix any pesticides at [<i>this farm /any of these farms</i>], or help others do the mixing?	YES 1 NO [GO TO FM7b]2 REF[GO TO FM7b]7 DK [GO TO FM7b]8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # DAYS PER YEAR
b. personally load pesticides at [<i>this farm any of these farms</i>]?	YES 1 NO [GO TO FM7c]2 REF[GO TO FM7c]7 DK [GO TO FM7c]8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # DAYS PER YEAR
c. personally apply pesticides at [<i>this farm any of these farms</i>]?	YES 1 NO [GO TO FM7d]2 REF[GO TO FM7d]7 DK [GO TO FM7d]8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # DAYS PER YEAR
d. clean or help clean the pesticide mixing or application equipment used on [<i>this farm/these farms</i>]?	YES 1 NO [*] 2 REF [*] 7 DK [*] 8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # DAYS PER YEAR

<* IF NO TO ALL IN FM7 (a, b, c, d) — GO TO FM13>

	Y	N	REF	DK
FM10. When you mixed, loaded, or applied pesticides, or cleaned pesticide equipment at [<i>this farm/these farms</i>], did you <u>usually</u> wear any of the following protective items? (By usually we mean most of the time.) Did you <u>usually</u> wear... [IF 'R' SAYS "ONLY SOMETIMES" OR "RARELY" CODE AS NO]				
a. chemically resistant gloves	1	2	7	8
b. other gloves, such as cloth or leather	1	2	7	8
c. respirator or gas mask	1	2	7	8
d. dust mask	1	2	7	8
e. goggles or a face shield	1	2	7	8
f. a hat	1	2	7	8
g. long sleeves <u>and</u> long pants	1	2	7	8
h. chemically resistant boots	1	2	7	8
i. an apron	1	2	7	8
j. chemically resistant disposable outer clothing, such as a Tyvek suit	1	2	7	8

FM11. Did you <u>ever</u> get an unusually high amount of pesticides on your skin or clothing while mixing, loading, or applying pesticides, or repairing pesticide equipment, for example, from a spill or a break in a hose?	YES 1 NO[GO TO FM13]..... 2 REF[GO TO FM13]..... 7 DK[GO TO FM13]..... 8
--	---

FM12. How many times did this happen in total?	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # TIMES
--	--

FM13. Did you ever work in the fields at [<i>this farm/any of these farms</i>]?	YES 1 NO[GO TO FM17]..... 2 REF[GO TO FM17]..... 7 DK[GO TO FM17]..... 8
---	---

FM14. For how many years did you work in the fields for any part of the year at [*this farm/these farms*]?

YEARS

FM15. On average, about how many days per week, per month, or per year did you work in the fields?

DAYS

PER WEEK[GO TO FM15a]1

PER MONTH ...[GO TO FM15b]2

PER YEAR[GO TO FM16]3

FM15a. How many weeks per year did you work in the fields?

WEEKS
<GO TO FM16>

FM15b. How many months per year did you work in the fields?

MONTHS

FM16. On average, about how many hours per day did you work in the fields?

HOURS PER DAY

<IF FM6 = NO (PESTICIDES NOT USED) — GO TO FM19x>

FM17. Were you ever present in the fields at the same time or on the same day as when pesticides were being applied to the crops?

YES 1
NO[GO TO FM19x]..... 2
REF.....[GO TO FM19x]..... 7
DK[GO TO FM19x]..... 8

FM18. How many years in total did this happen, even just once?

YEARS

FM19. About how many days per year did this happen?

DAYS PER YEAR

FM19x. Were chemical fertilizers ever used on the farm[s] where you worked?

YES 1
NO[GO TO FM19x1]..... 2
REF.....[GO TO FM19x1]..... 7
DK[GO TO FM19x1]..... 8

FM19xa. Did you ever personally apply chemical fertilizers at the farm[s] where you worked?

YES 1
NO[GO TO FM19x1]..... 2
REF.....[GO TO FM19x1]..... 7
DK[GO TO FM19x1]..... 8

FM19xb. For how many years in total did you do this for any part of the year?

YEARS

FM19xc. On average, about how many days per year did you do this?

DAYS PER YEAR

FM19x1. Were natural fertilizers, such as manure, ever used on the farm[s] where you worked?

YES 1
 NO[GO TO FM20]..... 2
 REF.....[GO TO FM20]..... 7
 DK[GO TO FM20]..... 8

FM19x1a. Did you ever personally apply natural fertilizers at the farm[s] where you worked?

YES 1
 NO[GO TO FM20]..... 2
 REF.....[GO TO FM20]..... 7
 DK[GO TO FM20]..... 8

FM19x1b. For how many years in total did you do this for any part of the year?

YEARS

FM19x1c. On average, about how many days per year did you do this?

DAYS PER YEAR

FM20. Were [animal] raised on the farm where you worked?		FM21. On average, about how many [animal] were kept at [this farm/these farms]? Was it...
a. poultry birds, such as chickens, turkeys, and so forth	YES..... 1 NO.[GO TO FM20b]. 2 REF[GO TO FM20b]. 7 DK.[GO TO FM20b]. 8	1 to 24 1 25 to 49 2 50 to 99 3 100 to 399..... 4 400 or more 5 REF 7 DK..... 8
b. beef or dairy cows	YES..... 1 NO.[GO TO FM20c]. 2 REF[GO TO FM20c]. 7 DK.[GO TO FM20c]. 8	1 to 9 01 10 to 19 02 20 to 49 03 50 to 99 04 100 to 199..... 05 200 or more 06 REF 97 DK..... 98
c. hogs or pigs	YES..... 1 NO.[GO TO FM20d]. 2 REF[GO TO FM20d]. 7 DK.[GO TO FM20d]. 8	1 to 24 1 25 to 49 2 50 to 99 3 100 to 199..... 4 200 or more 5 REF 7 DK..... 8
d. other livestock	YES..... 1 NO..... [*] 2 REF..... [*] 7 DK..... [*] 8	1 to 24 1 25 to 49 2 50 to 99 3 100 to 199..... 4 200 or more 5 REF 7 DK..... 8

<* IF NO TO ALL IN FM20 (a-d) — GO TO CLOSING STATEMENT>

FM22. Did you feed, clean, herd, milk, shear, slaughter,
or have any other contact with livestock on
[*this farm/any of these farms*]?

YES 1
NO [GO TO CLOSING] ... 2
REF..... [GO TO CLOSING] ... 7
DK [GO TO CLOSING] ... 8

FM23. Were livestock animals, or the buildings where
livestock were kept ever treated with pesticides?

YES 1
NO [GO TO CLOSING] ... 2
REF..... [GO TO CLOSING] ... 7
DK [GO TO CLOSING] ... 8

FM24. Did you personally apply pesticides to the animals
or buildings where livestock were kept?

YES 1
NO [GO TO CLOSING] ... 2
REF..... [GO TO CLOSING] ... 7
DK [GO TO CLOSING] ... 8

FM25. For how many years in total did you personally
apply pesticides to the animals or buildings where
livestock were kept, for any part of the year?

YEARS

FM26. On average, about how many days per year
did you apply the pesticides?

DAYS PER YEAR

	Y	N	REF	DK
FM27. When you applied pesticides to the animals or buildings where livestock were kept at [<i>this farm/these farms</i>], did you <u>usually</u> wear any of the following? Did you <u>usually</u> wear...				
a. chemically resistant gloves	1	2	7	8
b. other gloves, such as cloth or leather	1	2	7	8
c. respirator or gas mask	1	2	7	8
d. dust mask	1	2	7	8
e. goggles	1	2	7	8
f. a hat	1	2	7	8
g. long sleeves <u>and</u> long pants	1	2	7	8
h. chemically resistant boots	1	2	7	8
i. an apron	1	2	7	8
j. chemically resistant disposable outer clothing, such as a Tyvek suit	1	2	7	8

FM28. Did you ever get an unusually high amount
of pesticides on your skin or clothing while
applying pesticides to the animals or buildings
where livestock were kept at [*this farm/these farms*]?

YES 1
NO [GO TO CLOSING] ... 2
REF..... [GO TO CLOSING] ... 7
DK [GO TO CLOSING] ... 8

FM29. How many times did this happen in total?

TIMES

Thank you for answering these questions about your farmwork. Now I will ask questions about some other industries.
<RETURN TO SECTION OC>

SISTER STUDY JOB MODULE: HAIRDRESSER, BARBER, ASSISTANT IN BEAUTY SALON

HM1. How many different full-time or part-time jobs have you had working
as a hairdresser, barber or assistant in a beauty salon or barbershop?
[DO NOT INCLUDE NAIL CARE.]

JOBS

I am going to ask about some specific tasks that you may have done working as a hairdresser or assistant in a barbershop or beauty salon. **<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:>** In answering these questions, please think about your overall experience in all of your jobs of this type.

HM2. On average, how many female customers did you personally
have per week?

FEMALE

HM3. On average, how many male customers did you personally
have per week?

MALE

HM4. Did you ever... [TASK]	HM5. How many years and or months in total did you [TASK]?	HM6. On average, about how many times per day, week, month or year did you [TASK]?	HM7. About how often did you use dark colors such as black, brown, auburn, or dark red? Would you say...	HM7x. About how often did you use light colors such as blonde, light red, gray, or silver? Would you say...
a. color or dye hair using <u>permanent</u> hair coloring products? YES 1 NO. [HM4b]2 REF [HM4b]7 DK. [HM4b]8	<input type="text"/> <input type="text"/> #YEARS <input type="text"/> <input type="text"/> #MONTHS	<input type="text"/> <input type="text"/> <input type="text"/> #TIMES PER DAY 1 WEEK 2 MONTH 3 YEAR 4 TOTAL 5	rarely or never 1 sometimes 2 about half the time 3 most of the time 4 always 5	rarely or never 1 sometimes 2 about half the time 3 most of the time 4 always 5
b. color or dye hair using <u>semi-permanent</u> hair coloring products? YES 1 NO. [HM4c]2 REF [HM4c]7 DK. [HM4c]8	<input type="text"/> <input type="text"/> #YEARS <input type="text"/> <input type="text"/> #MONTHS	<input type="text"/> <input type="text"/> <input type="text"/> #TIMES PER DAY 1 WEEK 2 MONTH 3 YEAR 4 TOTAL 5	rarely or never 1 sometimes 2 about half the time 3 most of the time 4 always 5	rarely or never 1 sometimes 2 about half the time 3 most of the time 4 always 5
c. color or dye hair using <u>temporary</u> hair coloring products? YES 1 NO. [HM8a]2 REF [HM8a]7 DK. [HM8a]8	<input type="text"/> <input type="text"/> #YEARS <input type="text"/> <input type="text"/> #MONTHS	<input type="text"/> <input type="text"/> <input type="text"/> #TIMES PER DAY 1 WEEK 2 MONTH 3 YEAR 4 TOTAL 5	rarely or never 1 sometimes 2 about half the time 3 most of the time 4 always 5	rarely or never 1 sometimes 2 about half the time 3 most of the time 4 always 5

HM8. Did you ever... [TASK]	HM9. How many years and or months in total did you [TASK]?	HM10. On average, about how many times per day, week, month or year did you [TASK]?
a. shampoo hair? YES 1 NO [GO TO HM8b] 2 REF [GO TO HM8b] 7 DK [GO TO HM8b] 8	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> #YEARS #MONTHS	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> DAY 1 WEEK 2 MONTH 3 YEAR 4 TOTAL 5
b. bleach hair? YES 1 NO [GO TO HM8c] 2 REF [GO TO HM8c] 7 DK [GO TO HM8c] 8	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> #YEARS #MONTHS	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> DAY 1 WEEK 2 MONTH 3 YEAR 4 TOTAL 5
c. perm hair? YES 1 NO [GO TO HM8d] 2 REF [GO TO HM8d] 7 DK [GO TO HM8d] 8	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> #YEARS #MONTHS	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> DAY 1 WEEK 2 MONTH 3 YEAR 4 TOTAL 5
d. straighten hair using chemicals? YES 1 NO [GO TO HM8e] 2 REF [GO TO HM8e] 7 DK [GO TO HM8e] 8	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> #YEARS #MONTHS	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> DAY 1 WEEK 2 MONTH 3 YEAR 4 TOTAL 5
e. use hairspray? YES 1 NO [GO TO HM8f] 2 REF [GO TO HM8f] 7 DK [GO TO HM8f] 8	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> #YEARS #MONTHS	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> DAY 1 WEEK 2 MONTH 3 YEAR 4 TOTAL 5
f. use talcum powder on your customers or put it in your gloves? YES 1 NO [GO TO HM11] 2 REF [GO TO HM11] 7 DK [GO TO HM11] 8	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> #YEARS #MONTHS	<div> <div> <div></div><div></div><div></div> </div> <div> <div></div><div></div><div></div> </div> </div> DAY 1 WEEK 2 MONTH 3 YEAR 4 TOTAL 5

HM11. What did you usually use to disinfect
combs and brushes? Did you use...

	Y	N	REF	DK
a. Barbicide solution	1	2	7	8
b. Alcohol solution.....	1	2	7	8
c. Chlorine solution	1	2	7	8
d. Lysol solution	1	2	7	8
e. Formaldehyde solution	1	2	7	8
f. used something but don't know the name	1	2	7	8
g. something else	1	2	7	8
SPECIFY: _____				

HM12. About how often did you wear gloves while
handling chemicals other than dyes? Would
you say...

rarely or never..... 1
sometimes 2
about half the time 3
most of the time 4
always 5

Thank you for answering these questions about your work in a beauty salon or barbershop. Now I will ask about some
other industries. **<RETURN TO CATI>**

National Institute of Environmental Health Science / National Institutes of Health / Department of Health and Human Services

SISTER STUDY JOB MODULE: LABORATORY TECHNICIAN

LT1. Did you ever work in...		LT2. How many different full-time or part-time jobs have you had working in [PLACE]	LT3. About how many years and/or months in total did you work there ([PLACE])?
a. an animal lab?	YES1 NO [LT1b]2 REF [LT1b]7 DK [LT1b]8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # JOBS	<div style="display: inline-block; text-align: center; margin-right: 20px;"><div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>#YEARS</div> <div style="display: inline-block; text-align: center;"><div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>#MONTHS</div>
b. a molecular biology or genetics lab?	YES1 NO [LT1c]2 REF [LT1c]7 DK [LT1c]8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # JOBS	<div style="display: inline-block; text-align: center; margin-right: 20px;"><div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>#YEARS</div> <div style="display: inline-block; text-align: center;"><div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>#MONTHS</div>
c. a medical or clinical lab?	YES1 NO [LT1d]2 REF [LT1d]7 DK [LT1d]8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # JOBS	<div style="display: inline-block; text-align: center; margin-right: 20px;"><div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>#YEARS</div> <div style="display: inline-block; text-align: center;"><div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>#MONTHS</div>
d. a nuclear or radiation lab?	YES1 NO [LT1e]2 REF [LT1e]7 DK [LT1e]8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # JOBS	<div style="display: inline-block; text-align: center; margin-right: 20px;"><div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>#YEARS</div> <div style="display: inline-block; text-align: center;"><div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>#MONTHS</div>
e. an organic chemistry lab?	YES1 NO [LT1f]2 REF [LT1f]7 DK [LT1f]8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # JOBS	<div style="display: inline-block; text-align: center; margin-right: 20px;"><div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>#YEARS</div> <div style="display: inline-block; text-align: center;"><div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>#MONTHS</div>
f. an inorganic chemistry lab?	YES1 NO [LT4]2 REF [LT4]7 DK [LT4]8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # JOBS	<div style="display: inline-block; text-align: center; margin-right: 20px;"><div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>#YEARS</div> <div style="display: inline-block; text-align: center;"><div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div>#MONTHS</div>

<ASK LT4 – LT23 ONLY IF LT1a = YES>

First I'll ask about your work in animal labs.

LT4. While working in an animal lab, did you ever collect blood or other tissue samples?

 YES..... 1
 NO [GO TO LT8] 2
 REF [GO TO LT8] 7
 DK [GO TO LT8] 8

LT5. How many years in total did you work in a (animal lab) job where you did this (collected blood or other tissue samples)?

 #YEARS

LT6. In the years that you did this, how many months and/or weeks per year on average did you work in a (animal lab) job where you did this (collected blood or other tissue samples)?

MONTHS/YR

WEEKS/YR

LT7. On average, how many times per week did you do this (collected blood or other tissue samples)?

 # TIMES PER WEEK

LT8. While working in an animal lab, did you ever apply topical analgesics or topical anesthetics, or salves on the animals?

YES..... 1
NO [GO TO LT12] 2
REF..... [GO TO LT12] 7
DK [GO TO LT12] 8

LT9. How many years in total did you work in a (animal lab) job where you did this (applied topical analgesics. topical anesthetics, salves)?

#YEARS

LT10. In the years that you did this, how many months and/or weeks per year on average did you work in a (animal lab) job where you did this (applied topical analgesics. topical anesthetics, salves)?

MONTHS/YR WEEKS/YR

LT11. On average, how many hours per week did you do this (applied topical analgesics. topical anesthetics, salves)?

HOURS PER WEEK

LT12. While working in an animal lab, did you ever administer sedatives by injection?

YES..... 1
NO [GO TO LT16] 2
REF..... [GO TO LT16] 7
DK [GO TO LT16] 8

LT13. How many years in total did you work in a (animal lab) job where you did this (administered sedatives by injection)?

#YEARS

LT14. In the years that you did this, how many months and/or weeks per year on average did you work in a (animal lab) job where you did this (administered sedatives by injection)?

MONTHS/YR WEEKS/YR

LT15. On average, how many times per week did you do this (administered sedatives by injection)?

TIMES PER WEEK

LT16. While working in an animal lab, did you ever personally administer anesthetic gases?

YES..... 1
NO [GO TO LT20] 2
REF..... [GO TO LT20] 7
DK [GO TO LT20] 8

LT17. How many years in total did you work in a (animal lab) job where you did this (administered anesthetic gases)?

#YEARS

LT18. In the years that you did this, how many months and/or weeks per year on average did you work in a (animal lab) job where you did this (administered anesthetic gases)?

MONTHS/YR WEEKS/YR

LT19. On average, how many hours per week did you do this (administered anesthetic gases)?

HOURS PER WEEK

LT20. While working in an animal lab, did you ever clean and sterilize cages or floors?

YES..... 1
NO [GO TO LT23] 2
REF..... [GO TO LT23] 7
DK [GO TO LT23] 8

LT21. How many years in total did you work in a (animal lab) job where you did this (cleaned cages or floors)?

#YEARS

LT22. In the years that you did this, how many months and/or weeks per year on average did you work in a (animal lab) job where you did this (cleaned cages or floors)?

MONTHS/YR WEEKS/YR

LT23. On average, how many hours per week did you do this (cleaned cages or floors)?

HOURS PER WEEK

<ASK LT24 – LT67 ONLY IF LT1b = YES>

Next, I will ask about your work in molecular biology or genetics labs.

LT24. While working in a molecular biology or genetics lab, did you ever perform DNA purification?

YES..... 1
NO [GO TO LT28] 2
REF..... [GO TO LT28] 7
DK [GO TO LT28] 8

LT25. How many years in total did you work in a (laboratory) job where you did this (perform DNA purification)?

#YEARS

LT26. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (perform DNA purification)?

MONTHS/YR WEEKS/YR

LT27. On average, how many hours per week did you do this (perform DNA purification)?

HOURS PER WEEK

LT28. While working in a molecular biology or genetics lab, did you ever perform DNA extraction?

YES..... 1
NO [GO TO LT32] 2
REF..... [GO TO LT32] 7
DK [GO TO LT32] 8

LT29. How many years in total did you work in a (laboratory) job where you did this (perform DNA extraction)?

#YEARS

LT30. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (perform DNA extraction)?

MONTHS/YR WEEKS/YR

LT31. On average, how many hours per week did you do this (perform DNA extraction)?

HOURS PER WEEK

LT32. While working in a molecular biology or genetics lab, did you ever perform DNA ligation and transformation?

YES..... 1
NO [GO TO LT36] 2
REF..... [GO TO LT36] 7
DK [GO TO LT36] 8

LT33. How many years in total did you work in a (laboratory) job where you did this (perform DNA ligation and transformation)?

#YEARS

LT34. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (perform DNA ligation and transformation)?

MONTHS/YR WEEKS/YR

LT35. On average, how many hours per week did you do this (perform DNA ligation and transformation)?

HOURS PER WEEK

LT36. While working in a molecular biology or genetics lab, did you ever perform Southern and/or Northern blotting?

YES..... 1
NO [GO TO LT40] 2
REF..... [GO TO LT40] 7
DK [GO TO LT40] 8

LT37. How many years in total did you work in a (laboratory) job where you did this (perform Southern and/or Northern blotting)?

#YEARS

LT38. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (perform Southern and/or Northern blotting)?

MONTHS/YR WEEKS/YR

LT39. On average, how many hours per week did you do this (perform Southern and/or Northern blotting)?

HOURS PER WEEK

LT40. Did you ever perform DNA sequencing (while working in a molecular biology or genetics lab)?

YES..... 1
NO [GO TO LT44] 2
REF..... [GO TO LT44] 7
DK [GO TO LT44] 8

LT41. How many years in total did you work in a (laboratory) job where you did this (perform DNA sequencing)?

#YEARS

LT42. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (perform DNA sequencing)?

MONTHS/YR WEEKS/YR

LT43. On average, how many hours per week did you do this (perform DNA sequencing)?

HOURS PER WEEK

LT44. While working in a molecular biology or genetics lab, did you ever perform protein electrophoresis (running gels and staining gels)?

YES..... 1
NO [GO TO LT48] 2
REF..... [GO TO LT48] 7
DK [GO TO LT48] 8

LT45. How many years in total did you work in a (laboratory) job where you did this (perform protein electrophoresis)?

#YEARS

LT46. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (perform protein electrophoresis)?

MONTHS/YR WEEKS/YR

LT47. On average, how many hours per week did you do this (perform protein electrophoresis)?

HOURS PER WEEK

LT48. Did you ever perform polymerase chain reactions (PCR) (while working in a molecular biology or genetics lab)?

YES..... 1
 NO [GO TO LT52] 2
 REF..... [GO TO LT52] 7
 DK [GO TO LT52] 8

LT49. How many years in total did you work in a (laboratory) job where you did this (perform polymerase chain reaction (PCR))?

#YEARS

LT50. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (perform polymerase chain reaction (PCR))?

 MONTHS/YR WEEKS/YR

LT51. On average, how many hours per week did you do this (perform polymerase chain reaction (PCR))?

HOURS PER WEEK

LT52. Did you ever perform enzyme-linked immunosorbent assays (ELISA) (while working in a molecular biology or genetics lab)?

YES..... 1
 NO [GO TO LT56] 2
 REF..... [GO TO LT56] 7
 DK [GO TO LT56] 8

LT53. How many years in total did you work in a (laboratory) job where you did this (perform enzyme-linked immunosorbent assays (ELISA))?

#YEARS

LT54. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (perform enzyme-linked immunosorbent assays (ELISA))?

 MONTHS/YR WEEKS/YR

LT55. On average, how many hours per week did you do this (perform enzyme-linked immunosorbent assays (ELISA))?

HOURS PER WEEK

LT56. Did you ever perform Western blotting (while working in a molecular biology or genetics lab)?

YES..... 1
 NO [GO TO LT60] 2
 REF..... [GO TO LT60] 7
 DK [GO TO LT60] 8

LT57. How many years in total did you work in a (laboratory) job where you did this (perform Western blotting)?

#YEARS

LT58. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (perform Western blotting)?

MONTHS/YR WEEKS/YR

LT59. On average, how many hours per week did you do this (perform Western blotting)?

HOURS PER WEEK

LT60. Did you ever run cell cultures (while working in a molecular biology or genetics lab)?

YES..... 1
NO [GO TO LT64] 2
REF..... [GO TO LT64] 7
DK [GO TO LT64] 8

LT61. How many years in total did you work in a (laboratory) job where you did this (ran cell cultures)?

#YEARS

LT62. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (ran cell cultures)?

MONTHS/YR WEEKS/YR

LT63. On average, how many hours per week did you do this (ran cell cultures)?

HOURS PER WEEK

LT64. Did you ever use radioisotopes while working in a molecular biology or genetics lab?

YES..... 1
NO [GO TO LT68] 2
REF..... [GO TO LT68] 7
DK [GO TO LT68] 8

LT65. How many years in total did you work in a (laboratory) job where you did this (use radioisotopes)?

#YEARS

LT66. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (use radioisotopes)?

MONTHS/YR WEEKS/YR

LT67. On average, how many hours per week did you do this (use radioisotopes)?

HOURS PER WEEK

<ASK LT68 – LT91 ONLY IF LT1c = YES>

Next, I will ask about your work in medical or clinical labs.

LT68. While working in a medical or clinical lab, did you ever perform phlebotomy (draw blood)?

YES..... 1
NO [GO TO LT72] 2
REF..... [GO TO LT72] 7
DK [GO TO LT72] 8

LT69. How many years in total did you work in a (medical or clinical lab) job where you did this (performed phlebotomy)?

#YEARS

LT70. In the years that you did this, how many months and/or weeks per year on average did you work in a (medical or clinical lab) job where you did this (performed phlebotomy)?

MONTHS/YR WEEKS/YR

LT71. On average, how many times per week did you do this (performed phlebotomy)?

TIMES PER WEEK

LT72. While working in a medical or clinical lab, did you ever perform hematology procedures, such as blood counts, hemoglobin, hematocrit, and so on?

YES..... 1
NO [GO TO LT76] 2
REF..... [GO TO LT76] 7
DK [GO TO LT76] 8

LT73. How many years in total did you work in a (medical or clinical lab) job where you did this (performed hematology procedures)?

#YEARS

LT74. In the years that you did this, how many months and/or weeks per year on average did you work in a (medical or clinical lab) job where you did this (performed hematology procedures)?

MONTHS/YR WEEKS/YR

LT75. On average, how many hours per week did you do this (performed hematology procedures)?

HOURS PER WEEK

LT76. While working in a medical or clinical lab, did you ever perform electrophoresis (running gels)?

YES..... 1
NO [GO TO LT80] 2
REF..... [GO TO LT80] 7
DK [GO TO LT80] 8

LT77. How many years in total did you work in a (medical or clinical lab) job where you did this (performed electrophoresis)?

#YEARS

LT78. In the years that you did this, how many months and/or weeks per year on average did you work in a (medical or clinical lab) job where you did this (performed electrophoresis)?

MONTHS/YR WEEKS/YR

LT79. On average, how many hours per week did you do this (performed electrophoresis)?

HOURS PER WEEK

LT80. While working in a medical or clinical lab, did you ever perform Western blotting?

YES..... 1
NO [GO TO LT84] 2
REF..... [GO TO LT84] 7
DK [GO TO LT84] 8

LT81. How many years in total did you work in a (medical or clinical lab) job where you did this (performed Western blotting)?

#YEARS

LT82. In the years that you did this, how many months and/or weeks per year on average did you work in a (medical or clinical lab) job where you did this (performed Western blotting)?

MONTHS/YR WEEKS/YR

LT83. On average, how many hours per week did you do this (performed Western blotting)?

HOURS PER WEEK

LT84. Did you ever perform enzyme-linked immunosorbent assays (ELISA) (while working in a medical or clinical lab)?

YES..... 1
NO [GO TO LT88] 2
REF..... [GO TO LT88] 7
DK [GO TO LT88] 8

LT85. How many years in total did you work in a (medical or clinical lab) job where you did this (perform enzyme-linked immunosorbent assays (ELISA))?

#YEARS

LT86. In the years that you did this, how many months and/or weeks per year on average did you work in a (medical or clinical lab) job where you did this (perform enzyme-linked immunosorbent assays (ELISA))?

MONTHS/YR WEEKS/YR

LT87. On average, how many hours per week did you do this (perform enzyme-linked immunosorbent assays (ELISA))?

HOURS PER WEEK

LT88. While working in a medical or clinical lab, did you ever perform histology procedures, such as tissue preservation, staining, and so on?

YES..... 1
 NO [GO TO LT92] 2
 REF..... [GO TO LT92] 7
 DK [GO TO LT92] 8

LT89. How many years in total did you work in a (medical or clinical lab) job where you did this (performed histology procedures)?

#YEARS

LT90. In the years that you did this, how many months and/or weeks per year on average did you work in a (medical or clinical lab) job where you did this (performed histology procedures)?

 MONTHS/YR WEEKS/YR

LT91. On average, how many hours per week did you do this (performed histology procedures)?

HOURS PER WEEK

<ASK LT92 – LT ONLY IF LT1d = YES>

Next, I will ask about your work in nuclear or radiation labs.

LT92. While working in a nuclear or radiation lab, did you ever use liquid scintillation detectors?

YES..... 1
 NO [GO TO LT96] 2
 REF..... [GO TO LT96] 7
 DK [GO TO LT96] 8

LT93. How many years in total did you work in a (nuclear or radiation lab) job where you did this (used liquid scintillation detectors)?

#YEARS

LT94. In the years that you did this, how many months and/or weeks per year on average did you work in a (nuclear or radiation lab) job where you did this (used liquid scintillation detectors)?

 MONTHS/YR WEEKS/YR

LT95. On average, how many hours per week did you do this (used liquid scintillation detectors)?

HOURS PER WEEK

LT96. While working in a nuclear or radiation lab, did you ever develop or process photographic film?

YES..... 1
 NO [GO TO LT100] 2
 REF..... [GO TO LT100] 7
 DK [GO TO LT100] 8

LT97. How many years in total did you work in a (nuclear or radiation lab) job where you did this (developed or processed photographic film)?

#YEARS

LT98. In the years that you did this, how many months and/or weeks per year on average did you work in a (nuclear or radiation lab) job where you did this (developed or processed photographic film)?

MONTHS/YR WEEKS/YR

LT99. On average, how many hours per week did you do this (developed or processed photographic film)?

HOURS PER WEEK

LT100. While working in a nuclear or radiation lab, did you ever calibrate instruments with a radioactive source?

YES..... 1
NO [GO TO LT104] 2
REF..... [GO TO LT104] 7
DK [GO TO LT104] 8

LT101. How many years in total did you work in a (nuclear or radiation lab) job where you did this (calibrated instruments with a radioactive source)?

#YEARS

LT102. In the years that you did this, how many months and/or weeks per year on average did you work in a (nuclear or radiation lab) job where you did this (calibrated instruments with a radioactive source)?

MONTHS/YR WEEKS/YR

LT103. On average, how many hours per week did you do this (calibrated instruments with a radioactive source)?

HOURS PER WEEK

LT104. While working in a nuclear or radiation lab, did you ever use wipe samples to test for radioactivity?

YES..... 1
NO [GO TO LT108] 2
REF..... [GO TO LT108] 7
DK [GO TO LT108] 8

LT105. How many years in total did you work in a (nuclear or radiation lab) job where you did this (used wipe samples to test for radioactivity)?

#YEARS

LT106. In the years that you did this, how many months and/or weeks per year on average did you work in a (nuclear or radiation lab) job where you did this (used wipe samples to test for radioactivity)?

MONTHS/YR WEEKS/YR

LT107. On average, how many times per week did you do this (used wipe samples to test for radioactivity)?

TIMES PER WEEK

<ASK LT108 – LT FOR EVERYONE>

LT108. Thinking about all the labs you have worked in,
did you ever prepare stains and reagents?

YES..... 1
NO [GO TO LT112] 2
REF..... [GO TO LT112] 7
DK [GO TO LT112] 8

LT109. How many years in total did you work in
a (medical or clinical lab) job where you did this
(prepared stains and reagents)?

#YEARS

LT110. In the years that you did this, how many months
and/or weeks per year on average did you work in
a (medical or clinical lab) job where you did this
(prepared stains and reagents)?

MONTHS/YR WEEKS/YR

LT111. On average, how many hours per week did you
do this (prepared stains and reagents)?

HOURS PER WEEK

LT112. Thinking about all the labs you have worked in,
did you ever use solvents at least one hour per week
on average?

YES..... 1
NO [GO TO LT117] 2
REF..... [GO TO LT117] 7
DK [GO TO LT117] 8

LT113. How many years in total did you work in a
(laboratory) job where you did this (use solvents)?

#YEARS

LT114. In the years that you did this, how many months
and/or weeks per year on average did you work in a
(laboratory) job where you did this (use solvents)?

MONTHS/YR WEEKS/YR

LT115. On average, how many hours per week did you
do this (use solvents)?

HOURS PER WEEK

	Y	N	REF	DK
LT116. Which of the following solvents				
have you commonly used in your				
work in organic or inorganic				
chemistry labs?				
a. ethanol	1	2	7	8
b. methylene chloride.....	1	2	7	8
c. acetone	1	2	7	8
d. methanol	1	2	7	8
e. toluene	1	2	7	8
f. hexane	1	2	7	8
g. tetrahydrofuran	1	2	7	8
h. ethyl acetate	1	2	7	8
i. chloroform	1	2	7	8
j. 1,2-dichloroethane	1	2	7	8
k. hydrazine	1	2	7	8
l. benzene	1	2	7	8

LT117. Thinking about all the labs you have worked in,
did you ever use acids at least one hour per week
on average?

YES..... 1
NO [GO TO LT122] 2
REF..... [GO TO LT122] 7
DK [GO TO LT122] 8

LT118. How many years in total did you work in a
(laboratory) job where you did this (use acids)?

#YEARS

LT119. In the years that you did this, how many months
and/or weeks per year on average did you work in a
(laboratory) job where you did this (use acids)?

MONTHS/YR WEEKS/YR

LT120. On average, how many hours per week did you
do this (use acids)?

HOURS PER WEEK

LT121. Which of the following acids
have you commonly used?

	Y	N	REF	DK
a. hydrochloric acid	1	2	7	8
b. phosphoric acid.....	1	2	7	8
c. sulfuric acid	1	2	7	8
d. nitric acid	1	2	7	8
e. perchloric acid	1	2	7	8
f. trichloroacetic acid.....	1	2	7	8
g. acetic acid	1	2	7	8
h. hydrobromic acid.....	1	2	7	8
i. kojic acid.....	1	2	7	8

LT122. Thinking about all the labs you have worked in,
did you ever use elemental metals or metalloids
at least one hour per week on average?

YES..... 1
NO [GO TO LT127] 2
REF..... [GO TO LT127] 7
DK [GO TO LT127] 8

LT123. How many years in total did you work in a
(laboratory) job where you did this (use
elemental metals or metalloids)?

#YEARS

LT124. In the years that you did this, how many months
and/or weeks per year on average did you work in a
(laboratory) job where you did this (use elemental
metals or metalloids)?

MONTHS/YR WEEKS/YR

LT125. On average, how many hours per week did you
do this (use elemental metals or metalloids)?

HOURS PER WEEK

	Y	N	REF	DK
LT126. Which of the following elemental metals or metalloids have you commonly used?				
a. antimony	1	2	7	8
b. arsenic	1	2	7	8
c. beryllium.....	1	2	7	8
d. cadmium	1	2	7	8
e. chromium.....	1	2	7	8
f. cobalt	1	2	7	8
g. lead.....	1	2	7	8
h. mercury	1	2	7	8
i. nickel	1	2	7	8

LT127. Thinking about all the labs you have worked in, did you ever use [COMPOUND] at least one hour per week on average?		LT128. How many years in total did you do this (use [COMPOUND] at least one hour per week)?	LT129. In the years that you did this, how many months and/or weeks per year, on average, did you use [CMPND]?	LT130. On average, how many hours per week did you use [COMPOUND]?
a. hydrogen peroxide	YES..... 1 NO... [LT127b] .. 2 REF. [LT127b] .. 7 DK... [LT127b] .. 8	<div> </div> <div> </div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div> </div> <div> </div> <div> </div> <div> </div> # MONTHS # WKS	<div> </div> <div> </div> <div> </div> # HOURS
b. formaldehyde	YES..... 1 NO... [LT127c] .. 2 REF.. [LT127c] .. 7 DK... [LT127c] .. 8	<div> </div> <div> </div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div> </div> <div> </div> <div> </div> <div> </div> # MONTHS # WKS	<div> </div> <div> </div> <div> </div> # HOURS
c. lead dioxide	YES..... 1 NO... [LT127d] .. 2 REF. [LT127d] .. 7 DK... [LT127d] .. 8	<div> </div> <div> </div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div> </div> <div> </div> <div> </div> <div> </div> # MONTHS # WKS	<div> </div> <div> </div> <div> </div> # HOURS
d. lead tetraacetate	YES..... 1 NO... [LT127e] .. 2 REF.. [LT127e] .. 7 DK... [LT127e] .. 8	<div> </div> <div> </div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div> </div> <div> </div> <div> </div> <div> </div> # MONTHS # WKS	<div> </div> <div> </div> <div> </div> # HOURS
e. diethyl sulfate	YES..... 1 NO... [LT127f] .. 2 REF.. [LT127f] .. 7 DK... [LT127f] .. 8	<div> </div> <div> </div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div> </div> <div> </div> <div> </div> <div> </div> # MONTHS # WKS	<div> </div> <div> </div> <div> </div> # HOURS
f. dimethyl sulfate	YES..... 1 NO... [LT127g] .. 2 REF. [LT127g] .. 7 DK... [LT127g] .. 8	<div> </div> <div> </div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div> </div> <div> </div> <div> </div> <div> </div> # MONTHS # WKS	<div> </div> <div> </div> <div> </div> # HOURS
g. methyl chloride	YES..... 1 NO... [LT127h] .. 2 REF. [LT127h] .. 7 DK... [LT127h] .. 8	<div> </div> <div> </div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div> </div> <div> </div> <div> </div> <div> </div> # MONTHS # WKS	<div> </div> <div> </div> <div> </div> # HOURS

LT127. Thinking about all the labs you have worked in, did you ever use [COMPOUND] at least one hour per week on average?		LT128. How many years in total did you do this (use [COMPOUND] at least one hour per week)?	LT129. In the years that you did this, how many months and/or weeks per year, on average, did you use [CMPND]?	LT130. On average, how many hours per week did you use [COMPOUND]?
h. tetranitromethane	YES 1 NO....[LT127i]... 2 REF ..[LT127i]... 7 DK....[LT127i]... 8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS
i. mercuric chloride	YES 1 NO....[LT127j]... 2 REF ..[LT127j]... 7 DK....[LT127j]... 8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS
j. potassium dichromate	YES 1 NO.... [LT131] ... 2 REF .. [LT131] ... 7 DK.... [LT131] ... 8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="display: inline-block; border: 1px solid black; width: 40px; height: 20px; margin-right: 10px;"></div> <div style="border: 1px solid black; width: 40px; height: 20px;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS

LT131. Thinking about all the labs you have worked in, did you ever wash laboratory glassware by hand?

YES..... 1
NO [GO TO LT137] 2
REF..... [GO TO LT137] 7
DK [GO TO LT137] 8

LT132. How many years in total did you work in a (laboratory) job where you did this (wash laboratory glassware by hand)?

#YEARS

LT133. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (wash laboratory glassware by hand)?

MONTHS/YR WEEKS/YR

LT134. On average, how many hours per week did you do this (wash laboratory glassware by hand)?

HOURS PER WEEK

LT135. About how often did you use acids such as chromic acid, or sulfuric acid to wash glassware by hand?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

LT136. About how often did you use solvents such as methylene chloride, or petroleum distillate to wash glassware by hand?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

LT137. Thinking about all the labs you have worked in, did you ever use disinfectants on benches and work spaces?

YES..... 1
 NO [GO TO LT142] 2
 REF..... [GO TO LT142] 7
 DK [GO TO LT142] 8

LT138. How many years in total did you work in a (laboratory) job where you did this (used disinfectants on benches and work spaces)?

#YEARS

LT139. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (used disinfectants on benches and work spaces)?

MONTHS/YR WEEKS/YR

LT140. On average, how many hours per week did you do this (disinfectants on benches and work spaces)?

HOURS PER WEEK

LT141. Did any of the disinfectants you commonly used contain any of the following ingredients?

	Y	N	REF	DK
a. dipropylene glycol monomethyl ether	1	2	7	8
b. 2-butoxyethanol	1	2	7	8
c. dipropylene glycol butyl ether	1	2	7	8
d. nonyl phenol ethoxylate.....	1	2	7	8
e. o-phenylphenol	1	2	7	8

LT142. Thinking about all the labs you have worked in, did you ever mouth pipette chemicals?

YES..... 1
 NO [GO TO LT146] 2
 REF..... [GO TO LT146] 7
 DK [GO TO LT146] 8

LT143. How many years in total did you work in a (laboratory) job where you did this (mouth pipetted chemicals)?

#YEARS

LT144. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (mouth pipetted chemicals)?

MONTHS/YR WEEKS/YR

LT145. On average, how many hours per week did you do this (mouth pipetted chemicals)?

HOURS PER WEEK

LT146. Thinking about all the labs you have worked in,
when you handled chemicals, about how often
did you work under a laboratory hood? Was it...

Rarely or never ... [GO TO LT148] 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

LT147. Did the labs you worked in typically keep the
hood fans running continuously, or were the
fans operated only when the hood was in use?

RAN CONTINUOUSLY 1
RAN ONLY WHEN HOOD IN USE .. 2

LT148. Did the labs you worked in typically keep chemicals in
storage cabinets that were ventilated; storage cabinets that
were not ventilated; in refrigerators or freezers; in the open,
for example, on a lab bench; or somewhere else?

VENTILATED CABINET 1
UNVENTILATED CABINET 2
REFRIGERATOR OR FREEZER 3
IN THE OPEN..... 4
SOMEWHERE ELSE 5

LT149. Thinking about all the labs you have worked in,
about how often did you wear a lab coat, or other
outer protective clothing? Was it...

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

LT150. Thinking about all the labs you have worked in,
about how often did you wear gloves while handling
chemicals? Was it...

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

Thank you for answering these questions about your work in laboratories. Now I will ask questions about some other industries.

<RETURN TO OC>

ID#: SIS INT. #: INITIALS: _____ INT. DATE:
MONTH DAY YEAR

SISTER STUDY JOB MODULE: MANICURIST/PEDICURIST

MP1. How many different full-time or part-time jobs have you had working as a manicurist or pedicurist?

JOBS

I am going to ask about some specific tasks that you may have done working as a manicurist or pedicurist.

<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:> In answering these questions, please think about your overall experience in all of your jobs of this type.

MP2. On average, how many hours per day did you usually work as a manicurist or pedicurist?

HOURS
PER DAY

MP3. On average, how many days per week did you usually work as a manicurist or pedicurist?

DAYS /
WEEK

MP4. During your time working as a manicurist or pedicurist, on average, how many manicures did you personally do per day or per week?
[ENTER 000 IF NONE AND GO TO MP6]

#MANICURE

PER DAY 1
PER WEEK 2

MP5. Did you usually wear gloves while you did manicures?

YES..... 1
NO 2

MP6. During your time working as a manicurist or pedicurist, on average, how many pedicures did you personally do per day or per week?
[ENTER 000 IF NONE AND GO TO MP8]

#PEDICURE

PER DAY 1
PER WEEK 2

MP7. Did you usually wear gloves while you did pedicures?

YES..... 1
NO 2

MP8. During your time working as a manicurist or pedicurist, did you ever provide a hand or foot massage with lotion for your customers?

YES..... 1
NO [GO TO MP11]..... 2
REF..... [GO TO MP11]..... 7
DK [GO TO MP11]..... 8

MP9. How many years and/or months in total did you work in (manicurist or pedicurist) jobs where you personally provided hand or foot massages with lotion?

YEARS MONTHS

MP10. On average, about how many times per day, per week, or per month did you personally provide hand or foot massages?

TIMES

PER DAY 1
PER WEEK 2
PER MONTH 3

MP11. (During your time working as a manicurist or pedicurist,) On average, about how many times per day, per week, or per month did you use nail polish remover on your customers' nails (including both manicures and pedicures)?

--	--	--

TIMES

PER DAY 1
 PER WEEK 2
 PER MONTH 3

MP12. (During your time working as a manicurist or pedicurist,) On average, about how many times per day, per week, or per month did you apply nail polish with the brush provided with the nail polish (including both manicures and pedicures)?

--	--	--

TIMES

PER DAY 1
 PER WEEK 2
 PER MONTH 3

MP13. (During your time working as a manicurist or pedicurist,) Did you ever apply artificial fingernails such as acrylics, gels, or silk wraps?

YES..... 1
 NO [GO TO MP20]..... 2
 REF..... [GO TO MP20]..... 7
 DK [GO TO MP20]..... 8

MP14. How many years and/or months in total did you work in (manicurist or pedicurist) jobs where you applied artificial fingernails?

--	--	--	--	--

YEARS MONTHS

MP15. On average, about how many times per day, per week, or per month did you apply a full set of artificial fingernails? This does not include fill-ins.

--	--	--

TIMES

PER DAY 1
 PER WEEK 2
 PER MONTH 3

MP16. On average, about how many times per day, per week, or per month did you perform fill-ins (on your customers' artificial nails)?

--	--	--

TIMES

PER DAY 1
 PER WEEK 2
 PER MONTH 3

MP17. About how often did you use an electric tool to shape and file the artificial nails? Was it...

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

MP18. About how often did you wear a dust mask while you worked on artificial nails and fill-ins? Was it...

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

MP19. About how often did you wear gloves while you worked on artificial nails? Was it...

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time 4
 Always 5

MP20. (During your time working as a manicurist or pedicurist,) Did you ever use an airbrush to apply color or designs on nails?

YES 1
 NO [GO TO MP25] 2
 REF [GO TO MP25] 7
 DK [GO TO MP25] 8

MP21. How many years and/or months in total did you work in (manicurist or pedicurist) jobs where you used an airbrush to apply color or designs on nails?

YEARS MONTHS

MP22. On average, about how many times per day, per week, or per month did you use an airbrush (to apply color or designs on nails)?

TIMES

PER DAY 1
 PER WEEK 2
 PER MONTH 3

MP23. About how often did you wear gloves while you used an airbrush? Was it...

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time 4
 Always 5

MP24. About how often did spray from the airbrush get on your bare skin?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time 4
 Always 5

MP25. (During your time working as a manicurist or pedicurist,) Did you ever use quick-drying spray-on products to help nail polish dry faster?

YES 1
 NO [GO TO MP28] 2
 REF [GO TO MP28] 7
 DK [GO TO MP28] 8

MP26. How many years and/or months in total did you work in (manicurist or pedicurist) jobs where you used quick-drying spray-on products?

YEARS MONTHS

MP27. On average, about how many times per day, per week, or per month did you use a quick-drying spray-on product?

TIMES

PER DAY 1
 PER WEEK 2
 PER MONTH 3

MP28. (During your time working as a manicurist or pedicurist,) Did you ever use a manicure table with a built-in fan under the table top?

YES..... 1
 NO [GO TO MP31]..... 2
 REF..... [GO TO MP31]..... 7
 DK [GO TO MP31]..... 8

MP29. About how many years and/or months in total did you work in (manicurist or pedicurist) jobs where you used a table with a built-in fan?

YEARS MONTHS

MP30. About how often did you keep the fan turned on while you were working on a customer's nails?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

MP31. (During your time working as a manicurist or pedicurist,) About how often did you use disinfectants to clean your work area and tools?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

MP32. (During your time working as a manicurist or pedicurist,) About how often did you use a trashcan with a lid or other cover for discarded materials?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

MP33. (During your time working as a manicurist or pedicurist,) About how many times per day did you usually wash your hands during the workday?

TIMES PER DAY

<FILL MP34 and MP35 IF #JOBS IN MP1 > 1>

MP34. [Thinking about all the jobs you had as a manicurist or pedicurist], what was the smallest number of manicurists who worked in the salon at the same time as you?

#WORKERS

MP35. [Thinking about all the jobs you had as a manicurist or pedicurist], what was the largest number of manicurists who worked in the salon at the same time as you?

#WORKERS

MP36. About how many years and/or months in total did you work in jobs with [#WORKERS FROM MP35] manicurists working at the same time as you?

YEARS MONTHS

MP37. (During your time working as a manicurist or pedicurist,) Did you ever have a job where your table was three feet away or less from other tables?

YES..... 1
 NO [GO TO MP40]..... 2
 REF..... [GO TO MP40]..... 7
 DK [GO TO MP40]..... 8

MP38. About how many years and/or months in total did you work in (manicurist or pedicurist) jobs where your table was three feet away or less from other tables?

YEARS MONTHS

MP39. At these jobs, about how many other tables, on average, were within three feet of your table?

#TABLES

MP40. About how often were the shop doors kept open during business hours?

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

MP41. Did you ever work in a shop in an indoor shopping center, such as a mall?

YES..... 1
NO [RETURN TO OC]..... 2
REF..... [RETURN TO OC]..... 7
DK [RETURN TO OC]..... 8

MP42. About how many years and/or months in total did you work in a shop in an indoor shopping center?

YEARS MONTHS

Thank you for answering these questions about your work as a manicurist or pedicurist. Now I will ask about some other industries. <RETURN TO OC>

SISTER STUDY JOB MODULE: MICROCHIP MANUFACTURING

1. How many different full-time or part-time jobs have you had working in a microchip manufacturing "clean room"?

JOBS

I am going to ask about some specific tasks that you may have done working in microchip manufacturing "clean rooms."
<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:> In answering these questions, please think about your overall experience in all of your jobs of this type.

2. Did [*any of*] the manufacturer[s] you worked for make wafers?

YES..... 1
 NO[GO TO 4]..... 2
 REF.....[GO TO 4]..... 7
 DK[GO TO 4]..... 8

3. Which of the following materials were the wafers made of?

	Y	N	REF	DK
a. silicon	1	2	7	8
b. gallium-arsenide.....	1	2	7	8
c. something else.....	1	2	7	8
Please specify:_____				

4. Did you work in an area where the electrical junctions between different parts of the wafer were made?

YES..... 1
 NO[GO TO 8]..... 2
 REF.....[GO TO 8]..... 7
 DK[GO TO 8]..... 8

5. How many years in total did you work in a job where you did this (work in an area where the electrical junctions between different parts of the wafer were made)?

#YEARS

6. In the years that you did this, how many months per year and/or weeks per year, on average, did you do this (work in an area where the electrical junctions between different parts of the wafer were made)?

 MONTHS/YR WEEKS/YR

7. On average, how many hours per week did you do this? (work in an area where the electrical junctions between different parts of the wafer were made)?

HOURS PER WEEK

8. Did you work in an area where wafers were put in a heated furnace or chamber to build layers of chemicals or dopant on the wafer?

YES..... 1
 NO[GO TO 13]..... 2
 REF.....[GO TO 13]..... 7
 DK[GO TO 13]..... 8

9. How many years in total did you work in a job where you did this (work in an area where wafers were put in a heated furnace or chamber to build layers of chemicals or dopant on the wafer)?

#YEARS

10. In the years that you did this, how many months per year and/or weeks per year, on average did you do this? (work in an area where wafers were put in a heated furnace or chamber to build layers of chemicals or dopant on the wafer)?
- MONTHS/YR WEEKS/YR
11. On average, how many hours per week did you do this? (work in an area where wafers were put in a heated furnace or chamber to build layers of chemicals or dopant on the wafer)?
- # HOURS PER WEEK
12. Did you ever clean the furnace or chamber (where wafers were placed to build layers of chemicals on them)?
- YES..... 1
NO 2
13. Did you work in an area where wafers were cut or polished?
- YES..... 1
NO [GO TO 18]..... 2
REF..... [GO TO 18]..... 7
DK [GO TO 18]..... 8
14. How many years in total did you work in a job where you did this (work in an area where wafers were cut or polished)?
- #YEARS
15. In the years that you did this, how many months per year and/or weeks per year, on average, did you do this (work in an area where wafers were cut or polished)?
- MONTHS/YR WEEKS/YR
16. On average, how many hours per week did you do this? (work in an area where wafers were cut or polished)?
- # HOURS PER WEEK
17. Did you cut or polish the wafers yourself, or did someone else do it?
- RESPONDENT HERSELF..... 1
SOMEONE ELSE 2
18. Did you work in an area where wafers were etched in tanks containing chemicals?
- YES..... 1
NO [GO TO 22]..... 2
REF..... [GO TO 22]..... 7
DK [GO TO 22]..... 8
19. How many years in total did you work in a job where you did this (work in an area where wafers were etched in tanks containing chemicals)?
- #YEARS

20. In the years that you did this, how many months per year and/or weeks per year, on average, did you do this (work in an area where wafers were etched in tanks containing chemicals)?

MONTHS PER YEAR

21. On average, how many hours per week did you do this? (work in an area where wafers were etched in tanks containing chemicals)?

HOURS PER WEEK

22. About how often did you wear a “clean room bunnysuit” or full body suit? Was it...

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

23. About how often did you wear an acid apron or smock? Was it...

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

24. About how often did you wear chemically resistant gloves? Was it...

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

25. About how often did you wear chemically resistant boots? Was it...

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

26. About how often did you wear safety goggles or a face mask? Was it...

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

27. About how often did you use a respirator? Was it...

Rarely or never 1
Sometimes 2
Half the time 3
Most of the time..... 4
Always..... 5

Thank you for answering these questions about your work in microchip manufacturing “clean rooms.” Now I will ask about some other industries. **<RETURN TO CATI>**

SISTER STUDY JOB MODULE: MINE OR QUARRY

MQ1. How many different full-time or part-time jobs have you had working in mines or quarries?

--	--	--

JOBS

MQ2. While working in mines or quarries, did you personally take part in the extraction or processing of ore, minerals or stone?

YES..... 1
 NO [RETURN TO OC]..... 2
 REF..... [RETURN TO OC]..... 7
 DK [RETURN TO OC]..... 8

<BEGIN REPEATING RECORD – MINE TYPES>

MQ3. What ore, mineral, or stone was extracted at the [*first/next*] mine or quarry that you worked in?

MINE TYPE

MQ4. Did you usually work underground at this mine or quarry?

YES..... 1
 NO 2

MQ5. Did you work in any other mine or quarry?

YES..... [MQ3]..... 1
 NO 2

<END REPEATING RECORD – MINE TYPES>

MQ6. What protective equipment or clothing did you usually wear during your time working in mines or quarries?

	YES	NO	REF	DK
a. chemical cartridge respirator	1	2	7	8
b. simple dust mask	1	2	7	8
c. gloves	1	2	7	8
d. goggles	1	2	7	8
e. hardhat or other protective headgear ...	1	2	7	8
f. other protective equipment.....	1	2	7	8
Please specify: _____				

**SISTER STUDY JOB MODULE: NURSE, NURSE PRACTITIONER,
STUDENT NURSE, PHYSICIAN ASSISTANT**

NPA1. How many different full-time or part-time jobs have you had working as a nurse, nurse practitioner, student nurse, or physician assistant? This includes both paid and volunteer work that took at least 10 hours per week.

JOBS

I am going to ask about some specific tasks that you may have done while working as a nurse, nurse practitioner, student nurse, or physician assistant. **<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:>** In answering these questions, please think about your overall experience in all of your full-time or part-time jobs of this type.

While working as a nurse, nurse practitioner, student nurse, or physician assistant, did you ever work ...	About how many years and/or months in total did you work in [PLACE]?
NPA2. in a hospital, or large outpatient surgical center YES..... 1 NO... [GO TO NPA4] .. 2 REF. [GO TO NPA4] .. 7 DK... [GO TO NPA4] .. 8	NPA3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
NPA4. in a doctor's office YES..... 1 NO... [GO TO NPA6] .. 2 REF. [GO TO NPA6] .. 7 DK... [GO TO NPA6] .. 8	NPA5. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
NPA6. in a nursing home, assisted living facility, or other residential care facility YES..... 1 NO... [GO TO NPA8] .. 2 REF. [GO TO NPA8] .. 7 DK... [GO TO NPA8] .. 8	NPA7. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
NPA8. in a free-standing urgent care center, outpatient clinic, or HMO YES..... 1 NO.. [GO TO NPA10] . 2 REF [GO TO NPA10] . 7 DK.. [GO TO NPA10] . 8	NPA9. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
NPA10. providing home health care (that is, visiting patients at home) YES..... 1 NO.. [GO TO NPA12] . 2 REF [GO TO NPA12] . 7 DK.. [GO TO NPA12] . 8	NPA11. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
NPA12. in a school YES..... 1 NO.. [GO TO NPA14] . 2 REF [GO TO NPA14] . 7 DK.. [GO TO NPA14] . 8	NPA13. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS
NPA14. in another type of workplace SPECIFY: _____ _____	NPA15. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS #MONTHS

<BEGIN REPEATING RECORD – SPECIALTY AREAS>

NPA16. What was the *[first/next]* department or specialty area that you spent most of your time working?

<SPECIALTIES WILL BE SELECTED FROM A LOOK-UP TABLE>

MEDICAL SPECIALTY

NPA16a. Did you work in any other departments or specialty areas?

YES [NPA16] 1
NO 2

<END REPEATING RECORD – SPECIALTY AREAS>

NPA17. Did you ever work at least 5 hours per week for at least one month out of the year in an operating room or anywhere else where general anesthetics were being administered by you or anyone else?

YES 1
NO[GO TO NPA26]..... 2
REF.....[GO TO NPA26]..... 7
DK[GO TO NPA26]..... 8

NPA18. How many years in total did you do this (work in an operating room or anywhere else where general anesthetics were administered by you or others at least 5 hours per week for at least one month out of the year)?
[IF LESS THAN 1 YEAR, ENTER “1”]

YEARS

NPA19. In the years that you did this, how many months and/or weeks per year, on average, did you work in an operating room or anywhere else where general anesthetics were administered by you or others?

MONTHS/YR WEEKS/YR

NPA20. On average, how many hours per week did you work in an operating room or anywhere else where general anesthetics were administered by you or others?

HOURS PER WEEK

NPA21. (When you worked in an operating room or anywhere else general anesthetics were in use,) was [ANESTHETIC] administered by you or by others in your presence?		NPA22. Did you personally administer [ANESTHETIC] at least 5 hours per week for at least one month out of the year?	NPA23. How many years in total did you do this?	NPA24. In the years that you did this, how many months and/or weeks per year, on average, did you personally administer [ANESTHETIC]?	NPA25. On average, how many hours per week did you personally administer [ANESTHETIC]?
a. Nitrous oxide	YES1 NO...[NPA21b]2	YES 1 NO[NPA21b]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS
b. Halothane	YES1 NO...[NPA21c]2	YES 1 NO[NPA21c]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS
c. Ether	YES1 NO...[NPA21d]2	YES 1 NO[NPA21d]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS
d. Flurane	YES1 NO...[NPA21e]2	YES 1 NO[NPA21e]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS
e. Etherane	YES1 NO...[NPA21f]2	YES 1 NO [NPA21f]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS
f. Chloroform	YES1 NO...[NPA21g]2	YES 1 NO[NPA21g]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS
g. Any other anesthetic	YES1 NO....[NPA26]2 SPECIFY: _____	YES 1 NO [NPA26]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS

NPA26. Have you ever administered aerosolized ribavirin or Virazole, pentamidine or Nebupent, or tobramycin or Nebcin?

YES 1
NO [GO TO NPA34] 2
REF..... [GO TO NPA34] 7
DK [GO TO NPA34] 8

		Y	N	REF	DK
NPA27. Which of these drugs have you administered in aerosolized form?	a. ribavirin or Virazole	1	2	7	8
	b. pentamidine or Nebupent.....	1	2	7	8
	c. tobramycin or Nebcin	1	2	7	8
NPA28. How many years in total did you have a job where you did this (administered aerosolized ribavirin or Virazole, pentamidine or Nebupent, or tobramycin)?					
					<input type="text"/> <input type="text"/> <input type="text"/>
					# YEARS
[IF LESS THAN 1 YEAR, ENTER "1"]					
NPA29. In the years that you did this, how many months and/or weeks per year, on average, did you do this?					
					<input type="text"/> <input type="text"/> <input type="text"/>
					MONTHS/YR
					<input type="text"/> <input type="text"/> <input type="text"/>
					WEEKS/YR
NPA30. On average, about how many hours per week did you spend administering any of the aerosolized drugs? Please include only the time you spent actually handling the drug, were present in the area during administration, and in clean-up. Do <u>not</u> include set-up time, or time the patient was receiving the drug while you were not present.					
					<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
					# HOURS PER WEEK
NPA31. When you administered aerosolized drugs, was it <u>usually</u> ...					
inside a fully enclosed and sealed treatment chamber or booth..... 1					
inside a partially enclosed treatment hood or tent..... 2					
with no type of enclosure 3					
NPA32. When you administered aerosolized drugs, did you <u>usually</u> ...					
a. inspect the aerosol generator for leaks or worn parts prior to use?..... 1 2 7 8					
b. use a nebulizer with an automatic shutoff valve?..... 1 2 7 8					
c. administer the medication in an isolation room under negative pressure (where air flows into the room from adjacent areas)?..... 1 2 7 8					
NPA33. When you administered aerosolized drugs, did you <u>usually</u> wear any of the following protective equipment? (By usually we mean most of the time.)					
a. a water resistant gown 1 2 7 8					
b. gloves..... 1 2 7 8					
c. goggles, safety glasses, or a face shield.... 1 2 7 8					
d. respiratory protection; this does <u>not</u> include a surgical mask 1 2 7 8					

NPA34. Did you ever work at least 5 hours per week for at least one month out of the year in a room where instruments or other equipment was being sterilized?

YES 1
 NO [GO TO NPA43] 2
 REF..... [GO TO NPA43] 7
 DK [GO TO NPA43] 8

NPA35. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year in a room where instruments or other equipment was being sterilized)?
 [IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

NPA36. In the years that you did this, how many months and/or weeks per year, on average, did you work in a room where instruments or other equipment was being sterilized?

MONTHS/YR WEEKS/YR

NPA37. On average, how many hours per week did you work in a room where instruments or other equipment was being sterilized?

HOURS PER WEEK

NPA38. (During this time,) was [ANESTHETIC] used to sterilize the instruments or equipment?		NPA39. Did you personally use[ANESTHETIC] to sterilize the instruments or equipment at least 5 hours per week for at least one month out of the year?	NPA40. How many years in total did you do this?	NPA41. In the years that you did this, how many months and/or weeks per year, on average, did you personally use [ANESTHETIC]?	NPA42. On average, how many hours per week did you personally use [ANESTHETIC]?
a. Ethylene oxide	YES 1 NO ...[NPA38b]2	YES 1 NO [NPA38b]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
b. hydrogen peroxide gas plasma, such as the STERRAD system	YES 1 NO ...[NPA38c]2	YES 1 NO [NPA38c]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
c. glutaraldehyde products such as Cidex, ColdSport, Endocide, Glutacide, Hospex, Metricide, or Sporicidin	YES 1 NO ...[NPA38d]2	YES 1 NO [NPA38d]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
d. ortho-phthalaldehyde products such as Cidex OPA	YES 1 NO ...[NPA38e]2	YES 1 NO [NPA38e]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS

NPA38. (During this time,) was [ANESTHETIC] used to sterilize the instruments or equipment?	NPA39. Did you personally use[ANESTHETIC] to sterilize the instruments or equipment at least 5 hours per week for at least one month out of the year?	NPA40. How many years in total did you do this?	NPA41. In the years that you did this, how many months and/or weeks per year, on average, did you personally use [ANESTHETIC]?	NPA42. On average, how many hours per week did you personally use [ANESTHETIC]?
e. peracetic acid products such as the Steris system YES1 NO ...[NPA38f]2	YES 1 NO [NPA38f]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS
f. hydrogen peroxide products such as Accell or Optim YES1 NO ...[NPA38g]2	YES 1 NO [NPA38g]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS
g. formaldehyde YES1 NO ...[NPA38h]2	YES 1 NO [NPA38h]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS
h. hexachlorophene products such as PhisoHex or Phisoderm YES1 NO ...[NPA38i]2	YES 1 NO [NPA38i]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS
i. any other sterilizing agent YES1 NO[NPA43]2 SPECIFY: _____	YES 1 NO [NPA43]2	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # MONTHS # WKS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # HOURS

NPA43. Did you ever use disinfectants or antiseptics at least 5 hours per week for at least one month out of the year while working as a nurse, nurse practitioner, student nurse, or physician assistant?

YES 1
NO [GO TO NPA49] 2
REF..... [GO TO NPA49] 7
DK [GO TO NPA49] 8

NPA44. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year using disinfectants or antiseptics)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

NPA45. In the years that you did this, how many months and/or weeks per year, on average, did you work at least 5 hours per week using disinfectants or antiseptics?

MONTHS/YR WEEKS/YR

NPA46. On average, how many hours per week did you use

HOURS PER WEEK

disinfectants or antiseptics?

	Y	N	REF	DK
NPA47. Which of the following disinfectants or antiseptics did you use? Did you use...				
a. Betadine	1	2	7	8
b. Duraprep	1	2	7	8
c. Formaldehyde	1	2	7	8
d. Hibclens	1	2	7	8
e. Iodophor or iodophorm.....	1	2	7	8
f. Lysol	1	2	7	8
g. PhisoHex or phisoderm	1	2	7	8
h. Skin prep or alcohol pads	1	2	7	8
i. Alcare or other foamed alcohol products..	1	2	7	8
j. Bactoshield	1	2	7	8
k. Any other disinfectant.....	1	2	7	8
SPECIFY:				

<IF MORE THAN ONE OF NPA47a-k IS ANSWERED "YES":>

NPA48. Which one disinfectant did you use the most?

BETADINE	01
DURAPREP	02
FORMALDEHYDE	03
HIBCLENS.....	04
IODOPHOR OR IODOPHORM.....	05
LYSOL	06
PHISOHEX OR PHISODERM	07
SKIN PREP OR ALCOHOL PADS	08
ALCARE OR OTHER FOAMED ALCOHOL PRODUCTS	09
BACTOSHIELD	10
OTHER DISINFECTANT	11

NPA49. Did you ever take X-rays from a room that was separate from the room where the patient was, at least 5 times per week?

YES 1
NO [GO TO NPA51] 2
REF..... [GO TO NPA51] 7
DK [GO TO NPA51] 8

NPA50. How many years in total did you work in a job where you took X-rays from a separate room (at least 5 times per week for at least one month out of the year)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

NPA51. Were you ever in the same room where X-rays were being taken at least 5 times per week for at least one month out of the year?

YES 1
NO [GO TO NPA58] 2
REF..... [GO TO NPA58] 7
DK [GO TO NPA58] 8

NPA52. How many years in total did you work in a job where you were in the same room while X-rays were being taken (at least 5 times per week for at least one month out of the year)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

NPA53. In the years that you did this, how many months and/or weeks per year, on average, did you do this (work in a job where you were in the same room where X-rays were being taken at least 5 times per week)?

MONTHS/YR WEEKS/YR

NPA54. On average, how many times per week were you in a room while X-rays were being taken?

TIMES PER WEEK

NPA55. How often did you wear a dosimetry or film badge that measured your radiation exposure? Was it...
[IF RESPONDENT SAYS ONLY A FEW TIMES, CODE AS RARELY OR NEVER]

all the time 1
most of the time 2
about half of the time..... 3
some of the time 4
rarely or never[GO TO NPA57]5
REF..... [GO TO NPA57]... 7
DK [GO TO NPA57]... 8

NPA56. Did you ever receive a report that your measured dose of radiation was above the safe limit?

YES 1
NO 2
REF..... 7
DK 8

NPA57. How often did you wear a leaded apron or stand behind a leaded barrier while the x-ray was being taken?

all the time 1
most of the time 2
about half of the time..... 3
some of the time 4
rarely or never..... 5
REF..... 7
DK 8

NPA58. Did you ever work at least 5 hours per week for at least one month out of the year performing fluoroscopy?

YES 1
 NO [GO TO NPA62] 2
 REF..... [GO TO NPA62] 7
 DK [GO TO NPA62] 8

NPA59. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year performing fluoroscopy)?
 [IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

NPA60. In the years that you did this, how many months and/or weeks per year, on average, did you perform fluoroscopy?

MONTHS/YR WEEKS/YR

NPA61. On average, how many hours per week did you do this?
 (perform fluoroscopy)?

HOURS PER WEEK

NPA62. Did you ever work at least 5 hours per week for at least one month out of the year in a room where any other sources of radiation were being administered, such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography?

YES 1
 NO [GO TO NPA67] 2
 REF..... [GO TO NPA67] 7
 DK [GO TO NPA67] 8

NPA63. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year in a room where other sources of radiation were being administered such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)?
 [IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

NPA64. In the years that you did this, how many months and/or weeks per year, on average, did you work in a room where other sources of radiation were being administered (such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)?

MONTHS/YR WEEKS/YR

NPA65. On average, how many hours per week did you work in a room where any other sources of radiation were being administered (such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)?

HOURS PER WEEK

NPA66. Which of the following sources of radiation were present where you worked? Was there...

	Y	N	REF	DK
a. CAT scan	1	2	7	8
b. MRI.....	1	2	7	8
c. Radioactive isotopes or nuclides	1	2	7	8
d. Angiography	1	2	7	8
e. Any other radiation source.....	1	2	7	8

SPECIFY: _____

NPA67. Did you ever work within five feet of a patient while lasers or other electrosurgery devices were being used?

YES 1
 NO [GO TO NPA73] 2
 REF..... [GO TO NPA73] 7
 DK [GO TO NPA73] 8

NPA68. How many years in total did you have a job where you did this (work within 5 feet of where lasers or other electrosurgery devices were being used)?[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

NPA69. In the years that you did this, how many months and/or weeks per year, on average, did you do this?

MONTHS/YR
 WEEKS/YR

NPA70. On average, about how many hours per week did you do this?

HOURS PER WEEK

NPA71. On average, how many procedures per week involving lasers or other electrosurgery devices were performed within 5 feet of you?

#/WEEK

NPA72. Was surgical smoke exhausted outside the room?

YES 1
 NO 2

NPA73. Did you ever work in a clinical or research laboratory at least 5 hours per week for at least one month out of the year while working as a nurse, nurse practitioner, student nurse, or physician assistant?

YES 1
 NO [GO TO NPA78] 2
 REF..... [GO TO NPA78] 7
 DK [GO TO NPA78] 8

NPA74. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year in a laboratory)? [IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

NPA75. In the years that you did this, how many months and/or weeks per year, on average, did you work in a laboratory?

MONTHS/YR
 WEEKS/YR

NPA76. On average, how many hours per week did you work in a laboratory?

HOURS PER WEEK

NPA77. While working in a laboratory, did you ever use any of the following? (Did you use...)

	Y	N	REF	DK
a. Dyes, as a powder, paste or liquid. Does not include handling previously stained slides.....	1	2	7	8
b. Mercury. Does not include handling thermometers containing mercury	1	2	7	8
c. Solvents, such as benzene or trichloroethylene	1	2	7	8
d. Dioxane.....	1	2	7	8
e. Formaldehyde	1	2	7	8

NPA78. Did you ever mix chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year?

YES 1
 NO [GO TO NPA82] 2
 REF..... [GO TO NPA82] 7
 DK [GO TO NPA82] 8

NPA79. How many years in total did you work in a job where you did this (mixed chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year)?
 [IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

NPA80. In the years that you did this, how many months and/or weeks per year, on average, did you mix chemotherapy agents or anti-neoplastic drugs at least 5 times per week?

MONTHS/YR
 WEEKS/YR

NPA81. On average, how many times per week did you mix chemotherapy agents or anti-neoplastic drugs?

TIMES PER WEEK

NPA82. Did you ever purge IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year?

YES 1
 NO [GO TO NPA86] 2
 REF..... [GO TO NPA86] 7
 DK [GO TO NPA86] 8

NPA83. How many years in total did you work in a job where you did this (...purged IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year)?
 [IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

NPA84. In the years that you did this, how many months and/or weeks per year, on average, did you purge IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs at least 5 times per week?

MONTHS/YR
 WEEKS/YR

NPA85. On average, how many times per week did you purge IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs?

TIMES PER WEEK

NPA86. Did you ever perform injections, IV insertions, or phlebotomy at least 5 times per week?

YES 1
 NO [GO TO NPA90] 2
 REF..... [GO TO NPA90] 7
 DK [GO TO NPA90] 8

NPA87. How many years in total did you do this (perform injections, IV insertions, or phlebotomy at least 5 times per week)?
 [IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

NPA88. In the years that you did this, how many months and/or weeks per year, on average, did you do this?

MONTHS/YR
 WEEKS/YR

NPA89. On average, how many times per week did you do this?

TIMES PER WEEK

NPA90. About how many hours per week did you wear latex gloves, on average?

HOURS PER WEEK

NPA91. About how many hours per week did you wear non-latex gloves, such as nitrile gloves, on average?

HOURS PER WEEK

NPA92. Did you ever use talcum powder on your patients or in your gloves at least 5 times per week for at least one month out of the year?

YES 1
NO [GO TO NPA96] 2
REF..... [GO TO NPA96] 7
DK [GO TO NPA96] 8

NPA93. How many years in total did you do this (work in a job where you used talcum powder on your patients or in your gloves at least 5 times per week for at least one month out of the year)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

NPA94. In the years that you did this, how many months and/or weeks per year, on average, did you use talcum powder at least 5 times per week?

MONTHS/YR

WEEKS/YR

NPA95. On average, how many times per week did you use talcum powder on your patients or in your gloves?

TIMES PER WEEK

NPA96. Were you ever accidentally stuck with a needle or an instrument such as a scalpel that was contaminated with blood?

YES 1
NO [GO TO NPA99] 2
REF..... [GO TO NPA99] 7
DK [GO TO NPA99] 8

NPA97. How many times has this happened?

TIMES

NPA98. Were you ever treated with drugs for HIV prevention?

YES 1
NO 2

NPA99. On average, how many times per week did you have contact with patients infected with hepatitis, HIV, or tuberculosis?

TIMES PER WEEK

NPA100. How often were you tested for TB with a skin-prick test?
Was it...

once per year..... 1
once every few years 2
rarely or never..... 3

Thank you for answering these questions about your work as a nurse, nurse practitioner, student nurse, or physician assistant. Now I will ask questions about some other industries.

LOOK-UP TABLE FOR MEDICAL SPECIALTIES:

Adult primary care
Anesthesiology
Audiology
Cardiology
Central processing
Dental services
Dermatology
Ear, nose, and throat
Emergency
Endocrinology
Family practice
Gastroenterology
Geriatrics
Hematology
HIV/AIDS clinic
Home healthcare
Hospice care
Immunology
Infectious disease
Infusion therapy
Intensive care
Laboratory
Long-term mental health
Nephrology
Neurology
Nuclear medicine
Nutrition
Obstetrics/gynecology
Occupational medicine
Oncology
Ophthalmology
Optometry
Orthopedics/sports medicine
Pathology
Pediatrics
Pharmacy
Physical/occupational therapy
Psychiatry
Podiatry
Post-anesthesia care unit
Pulmonary
Radiology
Research
Respiratory care
Rheumatology
Sleep disorders
Social work
Surgery
Urology
Other (SPECIFY):

SISTER JOB MODULE: NURSERY, GREENHOUSE, LAWN CARE

NGL1. How many different full-time or part-time jobs have you had working in a nursery or greenhouse? This includes both paid and volunteer work that took at least 10 hours per week.
[IF NONE, ENTER 00]

JOBS

<IF #JOBS = 00 GO TO NGL60>

I am going to ask about some specific tasks that you may have done working in nurseries or greenhouses.

<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:>

In answering these questions, please think about your overall experience in all of your jobs of this type.

NGL2. Did you ever work inside a greenhouse for at least one month out of the year?

YES..... 1
NO [GO TO NGL31]..... 2
REF..... [GO TO NGL31]..... 7
DK [GO TO NGL31]..... 8

NGL3. How many years in total did you work inside a greenhouse for at least one month per year?

YEARS

NGL4. In the years that you did this, about how many months and/or weeks per year, on average, did you work inside a greenhouse?

MONTHS/YR WEEKS/YR

NGL5. On average, how many hours per week did you work inside a greenhouse?

HOURS PER WEEK

NGL6. What were the main types of plants you worked with inside greenhouses?

	Y	N	REF	DK
a. vegetables such as cucumbers, tomatoes, peppers, or lettuce.....	1	2	7	8
b. herbs such as basil or rosemary	1	2	7	8
c. cut flowers such as roses or lilies.....	1	2	7	8
d. potted flowers and ornamentals such as chrysanthemums or poinsettias.....	1	2	7	8
e. bedding plants such as geraniums, begonias, impatiens, or pansies.....	1	2	7	8
f. ferns	1	2	7	8
g. ornamental greens or foliage plants				
h. other plants.....	1	2	7	8

Please specify:

NGL7. Were pesticides ever used in the greenhouses where you worked? Pesticides include insecticides, herbicides, fungicides and fumigants.

YES..... 1
NO [GO TO NGL23]..... 2
REF..... [GO TO NGL23]..... 7
DK [GO TO NGL23]..... 8

NGL8. Did you ever...		NGL9. For how many years in total did you do this for at least one day per year?	NGL10. On average, about how many days per year did you do this? (1 year = 365 days)
a. personally mix any pesticides for use in the greenhouses where you worked, or help others do the mixing?	YES 1 NO[GO TO NGL8b] . 2 REF[GO TO NGL8b] 7 DK[GO TO NGL8b] . 8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # DAYS PER YEAR
b. personally load pesticides at the greenhouses where you worked?	YES 1 NO[GO TO NGL8c] . 2 REF[GO TO NGL8c] 7 DK[GO TO NGL8c] . 8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # DAYS PER YEAR
c. personally apply pesticides inside the greenhouses where you worked?	YES 1 NO[GO TO NGL8d] . 2 REF[GO TO NGL8d] 7 DK[GO TO NGL8d] . 8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # DAYS PER YEAR
d. clean or help clean the pesticide mixing or application equipment used in the greenhouses where you worked?	YES 1 NO [*] 2 REF [*] 7 DK [*] 8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # DAYS PER YEAR

<* IF NGL8c = YES, ASK NGL11; ELSE GO TO NGL12>

NGL11. In the years that you personally applied pesticides in the greenhouses where you worked, were you the one who always applied the pesticides?

YES..... [GO TO NGL16]..... 1
NO 2
REF..... 7
DK 8

NGL12. About how many times per month, per year, or in total did others apply pesticides to plants inside the greenhouses where you worked?

TIMES
PER MONTH 1
PER YEAR 2
IN TOTAL 3

NGL13. Were you ever inside a greenhouse at the same time as when someone else was applying pesticides?

YES..... 1
NO [GO TO NGL16]..... 2
REF..... [GO TO NGL16]..... 7
DK [GO TO NGL16]..... 8

NGL14. How many years in total did this happen at least one time?

YEARS

NGL15. About how many days per year did this happen?

DAYS PER YEAR

NGL16. About how many minutes, hours, or days after pesticides were sprayed did you usually go back into the greenhouse?

OF

MINUTES 1
HOURS 2
DAYS 3

<* IF NO TO ALL IN NGL8 (a, b, c, d) — GO TO NGL20>

	Y	N	REF	DK
NGL17. When you mixed or applied pesticides, or cleaned pesticide equipment at the greenhouses, did you <u>usually</u> wear any of the following items: (By usually we mean most of the time.) [IF 'R' SAYS "ONLY SOMETIMES" OR "RARELY" CODE AS NO]				
a. chemically resistant gloves	1	2	7	8
b. other gloves, such as cloth or leather	1	2	7	8
c. respirator or gas mask	1	2	7	8
d. dust mask	1	2	7	8
e. goggles or a face shield.....	1	2	7	8
f. a hat.....	1	2	7	8
g. long sleeves and long pants	1	2	7	8
h. chemically resistant boots.....	1	2	7	8
i. an apron	1	2	7	8
j. chemically resistant disposable outer clothing, such as a Tyvek suit.....	1	2	7	8

NGL18. Did you ever get an unusually high amount of pesticides on your skin or clothing while mixing, loading, or applying pesticides, or repairing pesticide equipment, for example, from a spill or a break in a hose?

YES..... 1
NO [GO TO NGL20] 2
REF..... [GO TO NGL20] 7
DK [GO TO NGL20] 8

NGL19. How many times did this happen in total?

TIMES

NGL20. About how many days per week, per month, or per year did you handle plants that had recently been sprayed with pesticides, for example, while pruning or potting plants?

DAYS

PER WEEK 1
PER MONTH 2
PER YEAR..... 3

NGL21. Did you usually wear gloves when you handled plants that had recently been sprayed?

YES..... 1
NO [GO TO NGL23] 2
REF..... [GO TO NGL23] 7
DK [GO TO NGL23] 8

NGL22. Were the gloves made of...

cloth or leather 1
rubber..... 2
a chemically resistant material
like nitrile..... 3

NGL23. Were chemical fertilizers ever used in the greenhouses where you worked?

YES..... 1
NO [GO TO NGL27] 2
REF..... [GO TO NGL27] 7
DK [GO TO NGL27] 8

NGL24. Did you ever personally apply chemical fertilizers in the greenhouses where you worked?

YES..... 1
NO [GO TO NGL27]..... 2
REF..... [GO TO NGL27]..... 7
DK [GO TO NGL27]..... 8

NGL25. For how many years in total did you do this for any part of the year?

YEARS

NGL26. On average, about how many days per year did you do this?

DAYS PER YEAR

NGL27. Were natural fertilizers, such as manure, ever used in the greenhouses where you worked?

YES..... 1
NO [GO TO NGL31]..... 2
REF..... [GO TO NGL31]..... 7
DK [GO TO NGL31]..... 8

NGL28. Did you ever personally apply natural fertilizers in the greenhouses where you worked?

YES..... 1
NO [GO TO NGL31]..... 2
REF..... [GO TO NGL31]..... 7
DK [GO TO NGL31]..... 8

NGL29. For how many years in total did you do this for any part of the year?

YEARS

NGL30. On average, about how many days per year did you do this?

DAYS PER YEAR

NGL31. Did you ever work in outdoor nursery fields for at least one month out of the year?

YES..... 1
NO [GO TO NGL60]..... 2
REF..... [GO TO NGL60]..... 7
DK [GO TO NGL60]..... 8

NGL32. How many years in total did you work in outdoor nursery fields for at least one month per year?

YEARS

NGL33. In the years that you did this, about how many months and/or weeks per year, on average, did you work ?

MONTHS/YR WEEKS/YR

NGL34. On average, how many hours per week did you work in nursery fields?

HOURS PER WEEK

	Y	N	REF	DK
NGL35. What were the main types of nursery crops you worked with?				
a. evergreen trees and shrubs	1	2	7	8
b. deciduous trees and shrubs	1	2	7	8
c. fruit trees	1	2	7	8
d. perennial flowers	1	2	7	8
e. vines and ground covers	1	2	7	8
f. sod or grass	1	2	7	8
g. other plants.....	1	2	7	8
Please specify:				

NGL36. Were pesticides ever used on the nursery crops? Pesticides include insecticides, herbicides, fungicides and fumigants.	YES..... 1
	NO [GO TO NGL52]..... 2
	REF..... [GO TO NGL52]..... 7
	DK [GO TO NGL52]..... 8

NGL37. Did you ever...	NGL38. For how many years in total did you do this for at least one day per year?	NGL39. On average, about how many days per year did you do this? (1 year = 365 days)
a. personally mix any pesticides for use on nursery crops, or help others do the mixing? YES..... 1 NO[GO TO NGL37b] 2 REF[GO TO NGL37b]7 DK[GO TO NGL37b] 8	<div> <div> <div></div> <div></div> </div> <div># YEARS</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># DAYS PER YEAR</div> </div>
b. personally load pesticides for use on nursery crops? YES..... 1 NO[GO TO NGL37c] 2 REF[GO TO NGL37c]7 DK[GO TO NGL37c] 8	<div> <div> <div></div> <div></div> </div> <div># YEARS</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># DAYS PER YEAR</div> </div>
c. personally apply pesticides on nursery crops? YES..... 1 NO[GO TO NGL37d] 2 REF[GO TO NGL37d]7 DK[GO TO NGL37d] 8	<div> <div> <div></div> <div></div> </div> <div># YEARS</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># DAYS PER YEAR</div> </div>
d. clean or help clean the pesticide mixing or application equipment used on nursery crops? YES..... 1 NO..... [*]..... 2 REF..... [*]..... 7 DK..... [*]..... 8	<div> <div> <div></div> <div></div> </div> <div># YEARS</div> </div>	<div> <div> <div></div> <div></div> <div></div> </div> <div># DAYS PER YEAR</div> </div>

<* IF NGL37c = YES, ASK NGL40; ELSE GO TO NGL41>

NGL40. In the years that you personally applied pesticides on nursery crops, were you the one who <u>always</u> applied the pesticides?	YES..... [GO TO NGL45]..... 1
	NO 2
	REF..... 7
	DK 8

NGL41. About how many times per month, per year, or in total did others apply pesticides on nursery crops?

TIMES

PER MONTH 1
PER YEAR 2
IN TOTAL 3

NGL42. Were you ever working in the nursery fields at the same time as when someone else was applying pesticides?

YES 1
NO [GO TO NGL45] 2
REF [GO TO NGL45] 7
DK [GO TO NGL45] 8

NGL43. How many years in total did this happen at least one time?

YEARS

NGL44. About how many days per year did this happen?

DAYS PER YEAR

NGL45. About how many minutes, hours, or days after pesticides were sprayed did you usually go back into the fields?

OF

MINUTES 1
HOURS 2
DAYS 3

<* IF NO TO ALL IN NGL37 (a, b, c, d) — GO TO NGL49>

NGL46. When you mixed or applied pesticides, or cleaned pesticide equipment at the nursery, did you usually wear any of the following items:
(By usually we mean most of the time.)
[IF 'R' SAYS "ONLY SOMETIMES"
OR "RARELY" CODE AS NO]

	Y	N	REF	DK
a. chemically resistant gloves	1	2	7	8
b. other gloves, such as cloth or leather	1	2	7	8
c. respirator or gas mask	1	2	7	8
d. dust mask	1	2	7	8
e. goggles or a face shield	1	2	7	8
f. a hat	1	2	7	8
g. long sleeves and long pants	1	2	7	8
h. chemically resistant boots	1	2	7	8
i. an apron	1	2	7	8
j. chemically resistant disposable outer clothing, such as a Tyvek suit	1	2	7	8

NGL47. While working at nurseries, did you ever get an unusually high amount of pesticides on your skin or clothing while mixing, loading, or applying pesticides, or repairing pesticide equipment, for example, from a spill or a break in a hose?

YES 1
NO [GO TO NGL49] 2
REF [GO TO NGL49] 7
DK [GO TO NGL49] 8

NGL48. How many times did this happen in total?

TIMES

DAYS

NGL49. About how many days per week, per month, or per year did you work with plants that had recently been sprayed with pesticides, for example, while pruning or weeding?

PER WEEK 1
PER MONTH 2
PER YEAR 3

NGL50. Did you usually wear gloves when you handled plants that had recently been sprayed?

YES..... 1
NO [GO TO NGL52] 2
REF..... [GO TO NGL52] 7
DK [GO TO NGL52] 8

NGL51. Were the gloves made of...

cloth or leather 1
rubber..... 2
a chemically resistant material
like nitrile..... 3

NGL52. Were chemical fertilizers ever used on the nursery crops?

YES..... 1
NO [GO TO NGL56] 2
REF..... [GO TO NGL56] 7
DK [GO TO NGL56] 8

NGL53. Did you ever personally apply chemical fertilizers on the nursery crops?

YES..... 1
NO [GO TO NGL56] 2
REF..... [GO TO NGL56] 7
DK [GO TO NGL56] 8

NGL54. For how many years in total did you do this for any part of the year?

YEARS

NGL55. On average, about how many days per year did you do this?

DAYS PER YEAR

NGL56. Were natural fertilizers, such as manure, ever used on the nursery crops?

YES..... 1
NO [GO TO NGL60] 2
REF..... [GO TO NGL60] 7
DK [GO TO NGL60] 8

NGL57. Did you ever personally apply natural fertilizers on the nursery crops?

YES..... 1
NO [GO TO NGL60] 2
REF..... [GO TO NGL60] 7
DK [GO TO NGL60] 8

NGL58. For how many years in total did you do this for any part of the year?

YEARS

NGL59. On average, about how many days per year did you do this?

DAYS PER YEAR

NGL60. How many different full-time or part-time jobs have you had working in lawn care? This includes both paid and volunteer work that took at least 10 hours per week.
[IF NONE, ENTER 00]

JOBS

<IF #JOBS = 00, GO TO CLOSING STATEMENT>

I am going to ask about some specific tasks that you may have done working in lawn care.

<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:>

In answering these questions, please think about your overall experience in all of your jobs of this type.

NGL61. How many years in total did you have a job doing lawn care work for at least one month per year?

YEARS

NGL62. In the years that you did this, about how many months and/or weeks per year, on average, did you do lawn care?

MONTHS/YR WEEKS/YR

NGL63. On average, how many hours per week did you spend doing lawn care?

HOURS PER WEEK

NGL64. Were pesticides ever used on the lawns you worked on? Pesticides include insecticides, herbicides, fungicides and fumigants.

YES..... 1
NO [GO TO NGL77]..... 2
REF..... [GO TO NGL77]..... 7
DK [GO TO NGL77]..... 8

NGL65. Did you ever...	NGL66. For how many years in total did you do this for at least one day per year?	NGL67. On average, about how many days per year did you do this? (1 year = 365 days)
a. personally mix any pesticides or help others do the mixing for any lawn care job? YES 1 NO[GO TO NGL65b]..2 REF[GO TO NGL65b] 7 DK[GO TO NGL65b]..8	<input type="text"/> <input type="text"/> # YEARS	<input type="text"/> <input type="text"/> <input type="text"/> # DAYS PER YEAR
b. personally load pesticides for any lawn care job? YES 1 NO[GO TO NGL65c]..2 REF[GO TO NGL65c] 7 DK[GO TO NGL65c]..8	<input type="text"/> <input type="text"/> # YEARS	<input type="text"/> <input type="text"/> <input type="text"/> # DAYS PER YEAR
c. personally apply pesticides for any lawn care job? YES 1 NO[GO TO NGL65d]..2 REF[GO TO NGL65d] 7 DK[GO TO NGL65d]..8	<input type="text"/> <input type="text"/> # YEARS	<input type="text"/> <input type="text"/> <input type="text"/> # DAYS PER YEAR
d. clean or help clean the pesticide mixing or application equipment for any lawn care job? YES 1 NO..... [*] 2 REF [*] 7 DK..... [*] 8	<input type="text"/> <input type="text"/> # YEARS	<input type="text"/> <input type="text"/> <input type="text"/> # DAYS PER YEAR

<* IF NGL65c = YES, ASK NGL68; ELSE GO TO NGL69>

NGL68. In the years that you personally applied pesticides on lawns, were you the one who always applied the pesticides?

YES..... [GO TO NGL73]..... 1
NO 2
REF..... 7
DK 8

NGL69. About how many times per month, per year, or in total did others apply pesticides on lawns?

TIMES

PER MONTH 1
PER YEAR 2
IN TOTAL 3

NGL70. Were you ever working on a lawn at the same time as when someone else was applying pesticides?

YES..... 1
NO [GO TO NGL73]..... 2
REF..... [GO TO NGL73]..... 7
DK [GO TO NGL73]..... 8

NGL71. How many years in total did this happen at least one time?

YEARS

NGL72. About how many days per year did this happen?

DAYS PER YEAR

NGL73. About how many minutes, hours, or days after pesticides were sprayed did you usually go back onto the lawn?

OF

MINUTES 1
HOURS 2
DAYS 3

<IF NO TO ALL IN NGL65 (a, b, c, d) – GO TO NGL77

NGL74. When you mixed or applied pesticides, or cleaned pesticide equipment for a lawn care job, did you usually wear any of the following items:
(By usually we mean most of the time.)
[IF 'R' SAYS "ONLY SOMETIMES"
OR "RARELY" CODE AS NO]

	Y	N	REF	DK
a. chemically resistant gloves	1	2	7	8
b. other gloves, such as cloth or leather				
c. respirator or gas mask	1	2	7	8
d. dust mask	1	2	7	8
e. goggles or a face mask	1	2	7	8
f. a hat	1	2	7	8
g. long sleeves and long pants	1	2	7	8
h. chemically resistant boots	1	2	7	8
i. an apron	1	2	7	8
j. chemically resistant disposable outer clothing, such as a Tyvek suit.....	1	2	7	8

NGL75. When handling pesticides for lawn care jobs, did you ever get an unusually high amount of pesticides on your skin or clothing while mixing, loading, or applying pesticides, or repairing pesticide equipment, for example, from a spill or a break in a hose?

YES..... 1
NO [GO TO NGL77]..... 2
REF..... [GO TO NGL77]..... 7
DK [GO TO NGL77]..... 8

NGL76. How many times did this happen in total?

TIMES

NGL77. Were chemical fertilizers ever used on the lawns you worked on?

YES..... 1
NO [GO TO NGL81] 2
REF..... [GO TO NGL81] 7
DK [GO TO NGL81] 8

NGL78. Did you ever personally apply chemical fertilizers on the lawns you worked on?

YES..... 1
NO [GO TO NGL81] 2
REF..... [GO TO NGL81] 7
DK [GO TO NGL81] 8

NGL79. For how many years in total did you do this for any part of the year?

YEARS

NGL80. On average, about how many days per year did you do this?

DAYS PER YEAR

NGL81. Were natural fertilizers, such as manure, ever used on the lawns you worked on?

YES..... 1
NO [GO TO CLOSING] 2
REF..... [GO TO CLOSING] 7
DK [GO TO CLOSING] 8

NGL82. Did you ever personally apply natural fertilizers on the lawns you worked on?

YES..... 1
NO [GO TO CLOSING] 2
REF..... [GO TO CLOSING] 7
DK [GO TO CLOSING] 8

NGL83. For how many years in total did you do this for any part of the year?

YEARS

NGL84. On average, about how many days per year did you do this?

DAYS PER YEAR

Thank you for answering these questions about your jobs you had working in nurseries, greenhouses, or in lawn care. Now I will ask questions about some other industries.

<RETURN TO SECTION OC>

SISTER JOB MODULE: PAINTER

PM1. How many different full-time or part-time jobs have you had working as a painter? This includes both paid and volunteer work that took at least 10 hours per week.

JOBS

I am going to ask about some specific tasks that you may have done working as a painter.

<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:>

In answering these questions, please think about your overall experience in all of your jobs of this type.

PM2. Did you ever use sandpaper to prepare surfaces?

YES 1
NO [GO TO PM3] 2
REF [GO TO PM3] 7
DK [GO TO PM3] 8

PM2a. How many years in all did you use sandpaper to prepare surfaces for at least one month per year?

YEARS

PM2b. On average, how many months and/or weeks per year did you do this (use sandpaper to prepare surfaces)?

MONTHS/YR WEEKS/YR

PM2c. On average, how many hours per week did you do this (use sandpaper to prepare surfaces)?

HOURS PER WEEK

PM3. Did you ever strip paint?

YES 1
NO [GO TO PM4] 2
REF [GO TO PM4] 7
DK [GO TO PM4] 8

PM3a. How many years in all did you strip paint for at least one month per year?

YEARS

PM3b. On average, how many months and/or weeks per year did you do this (strip paint)?

MONTHS/YR WEEKS/YR

PM3c. On average, how many hours per week did you do this (strip paint)?

HOURS PER WEEK

PM3d. When you stripped paint, which of the following methods did you commonly use? Did you use...

	Y	N	REF	DK
a. methylene chloride paint strippers.....	1	2	7	8
b. acids	1	2	7	8
c. alkalis or caustic solutions	1	2	7	8
d. heat gun.....	1	2	7	8
d. torch	1	2	7	8
e. another method	1	2	7	8

SPECIFY: _____

PM4. Did you ever apply primers, or other preparation coats?

YES 1
 NO [GO TO PM5] 2
 REF..... [GO TO PM5] 7
 DK [GO TO PM5] 8

PM4a. How many years in all did you apply primers for at least one month per year?

YEARS

PM4b. On average, how many months and/or weeks per year did you do this (apply primers)?

MONTHS/YR WEEKS/YR

PM4c. On average, how many hours per week did you do this (apply primers)?

HOURS PER WEEK

PM4d1. About how often did you use water-based or latex primers?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

PM4d2. About how often did you use oil-based or solvent-based primers?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

PM4d3. About how often did you use epoxy primers?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

PM4e. Which of the following did you commonly use to apply the primers? Did you use...

	Y	N	REF	DK
a. brushes	1	2	7	8
b. rollers	1	2	7	8
c. a spray gun.....	1	2	7	8
d. something else	1	2	7	8

SPECIFY: _____

PM5. Did you ever apply paints?

YES 1
 NO [GO TO PM6] 2
 REF..... [GO TO PM6] 7
 DK [GO TO PM6] 8

PM5a. How many years in all did you apply paints for at least one month per year?

YEARS

PM5b. On average, how many months and/or weeks per year did you do this (apply paints)?

MONTHS/YR WEEKS/YR

PM5c. On average, how many hours per week did you do this (apply paints)?

HOURS PER WEEK

PM5d. About how often did you use water-based paints, for example, latex paints?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time 4
 Always 5

PM5e. About how often did you use oil-based or solvent-based paints?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time 4
 Always 5

PM5f. Which of the following did you commonly use to apply the paints? Did you use...

	Y	N	REF	DK
a. brushes	1	2	7	8
b. rollers	1	2	7	8
c. a spray gun	1	2	7	8
d. sponge or rag application	1	2	7	8
e. something else	1	2	7	8

SPECIFY: _____

PM6. Did you ever apply stains or varnishes?

YES 1
 NO [GO TO PM7] 2
 REF [GO TO PM7] 7
 DK [GO TO PM7] 8

PM6a. How many years in all did you apply stains or varnishes for at least one month per year?

YEARS

PM6b. On average, how many months and/or weeks per year did you do this (apply stains or varnishes)?

MONTHS/YR WEEKS/YR

PM6c. On average, how many hours per week did you do this (apply stains or varnishes)?

HOURS PER WEEK

PM6d. About how often did you use water-based stains?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time 4
 Always 5

PM6e. About how often did you use oil-based or solvent-based stains?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time 4
 Always 5

PM6f. About how often did you use water-based varnishes?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time 4
 Always 5

PM6g. About how often did you use oil-based or solvent-based varnishes?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

PM6h. Which of the following did you commonly use to apply the stains or varnishes? Did you use...

	Y	N	REF	DK
a. brushes	1	2	7	8
b. rollers	1	2	7	8
c. a spray gun.....	1	2	7	8
d. sponge or rag application.....	1	2	7	8
e. something else	1	2	7	8

SPECIFY: _____

PM7. Which of the following did you commonly use to clean up your equipment? Did you use...

	Y	N	REF	DK
a. soap and water	1	2	7	8
b. turpentine	1	2	7	8
c. mineral spirits or paint thinner.....	1	2	7	8
d. naphtha.....	1	2	7	8
e. anything else	1	2	7	8

SPECIFY: _____

PM8. Which of the following did you commonly use to clean your hands? Did you use...

	Y	N	REF	DK
a. soap and water	1	2	7	8
b. turpentine	1	2	7	8
c. mineral spirits or paint thinner.....	1	2	7	8
d. naphtha.....	1	2	7	8
d. anything else	1	2	7	8

SPECIFY: _____

PM9. About how often did you wear gloves while working as a painter?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

PM10. About how often did you wear goggles or other eye protection while working as a painter?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

PM11. About how often did you wear a dust mask while working as a painter?

Rarely or never 1
 Sometimes 2
 Half the time 3
 Most of the time..... 4
 Always..... 5

Thank you for answering these questions about your work as a painter. Now I will ask about some other industries.

<RETURN TO OC>

SISTER STUDY JOB MODULE: RADIOLOGY TECHNICIAN

RT1. How many different full-time or part-time jobs have you had working as an x-ray or other radiology technician? This includes both paid and volunteer work that took at least 10 hours per week.

JOBS

I am going to ask about some specific tasks that you may have done while working as an x-ray or other radiology technician. **<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:>** In answering these questions, please think about your overall experience in all of your full-time or part-time jobs of this type.

RT2. Did you ever take X-rays from a room that was separate from the room where the patient was, at least 5 times per week for at least one month out of the year?

YES 1
 NO [GO TO RT4]..... 2
 REF..... [GO TO RT4]..... 7
 DK [GO TO RT4]..... 8

RT3. How many years in total did you work in a job where you took X-rays from a separate room (at least 5 times per week for at least one month out of the year)?
 [IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

RT4. Were you ever in the same room where X-rays were being taken at least 5 times per week for at least one month out of the year?

YES 1
 NO [GO TO RT11]..... 2
 REF..... [GO TO RT11]..... 7
 DK [GO TO RT11]..... 8

RT5. How many years in total did you work in a job where you were in the same room while X-rays were being taken (at least 5 times per week for at least one month out of the year)?
 [IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

RT6. In the years that you did this, how many months and/or weeks per year, on average, did you do this (work in a job where you were in the same room where X-rays were being taken at least 5 times per week)?

MONTHS/YR

WEEKS/YR

RT7. On average, how many times per week were you in a room while X-rays were being taken?

TIMES PER WEEK

RT8. How often did you wear a dosimetry or film badge that measured your radiation exposure? Was it...
 [IF RESPONDENT SAYS ONLY A FEW TIMES, CODE AS RARELY OR NEVER]

all the time 1
 most of the time 2
 about half of the time..... 3
 some of the time 4
 rarely or never. [GO TO RT10]5
 REF..... [GO TO RT10]7
 DK [GO TO RT10]8

RT9. Did you ever receive a report that your measured dose of radiation was above the safe limit?

YES 1
 NO 2
 REF..... 7
 DK 8

RT10. How often did you wear a leaded apron or stand behind a leaded barrier while the x-ray was being taken?

all the time 1
 most of the time 2
 about half of the time..... 3
 some of the time 4
 rarely or never..... 5

RT11. Did you ever work at least 5 hours per week for at least one month out of the year performing fluoroscopy?

YES 1
NO [GO TO RT15]..... 2
REF..... [GO TO RT15]..... 7
DK [GO TO RT15]..... 8

RT12. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year performing fluoroscopy)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

RT13. In the years that you did this, how many months and/or weeks per year, on average, did you perform fluoroscopy?

MONTHS/YR WEEKS/YR

RT14. On average, how many hours per week did you do this?
(perform fluoroscopy)?

HOURS PER WEEK

RT15. Did you ever work at least 5 hours per week for at least one month out of the year in a room where any other sources of radiation were being administered, such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography?

YES 1
NO [GO TO CLOSING]..... 2
REF... [GO TO CLOSING]..... 7
DK [GO TO CLOSING]..... 8

RT16. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year in a room where other sources of radiation were being administered such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)?
[IF LESS THAN 1 YEAR, ENTER "1"]

YEARS

RT17. In the years that you did this, how many months and/or weeks per year, on average, did you work in a room where other sources of radiation were being administered (such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)?

MONTHS/YR WEEKS/YR

RT18. On average, how many hours per week did you work in a room where any other sources of radiation were being administered (such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)?

HOURS PER WEEK

RT19. Which of the following sources of radiation were present where you worked? Was there...

	Y	N	REF	DK
a. CAT scan	1	2	7	8
b. MRI.....	1	2	7	8
c. Radioactive isotopes or nuclides	1	2	7	8
d. Angiography	1	2	7	8
e. Any other radiation source.....	1	2	7	8
SPECIFY: _____				

Thank you for answering these questions about your work as a radiology technician. Now I will ask questions about some other industries.

SISTER STUDY JOB MODULE: ROAD CONSTRUCTION

RC1. Did you ever personally do rock drilling?

YES..... 1
 NO [GO TO RC5]..... 2
 REF..... [GO TO RC5]..... 7
 DK [GO TO RC5]..... 8

RC2. How many years in total did you work in a job where you did this (rock drilling)?

#YEARS

RC3. In the years that you did this, how many months and/or weeks per year on average did you do this (rock drilling)?

MONTHS/YR

WEEKS/YR

RC4. On average, how many hours per week did you do this (rock drilling)?

HOURS PER WEEK

RC5. Did you ever use explosives to blast away rock?

YES..... 1
 NO [GO TO RC9]..... 2
 REF..... [GO TO RC9]..... 7
 DK [GO TO RC9]..... 8

RC6. How many years in total did you work in a job where you did this (blast rock)?

#YEARS

RC7. In the years that you did this, how many months and/or weeks per year on average did you do this (blast rock)?

MONTHS/YR

WEEKS/YR

RC8. On average, how many times per week did blasting take place?

HOURS PER WEEK

RC9. Did you ever drive a grader, bulldozer, crane or other heavy equipment?

YES..... 1
 NO [GO TO RC14]..... 2
 REF..... [GO TO RC14]..... 7
 DK [GO TO RC14]..... 8

RC10. How many years in total did you work in a job where you did this (drive heavy equipment)?

#YEARS

RC11. In the years that you did this, how many months and/or weeks per year on average did you do this (drive heavy equipment)?

MONTHS/YR

WEEKS/YR

RC12. On average, how many hours per week did you do this (drive heavy equipment)?

HOURS PER WEEK

RC13. Was the equipment usually powered by diesel fuel?

YES..... 1
NO 2

RC14. Did you ever mix concrete?

YES..... 1
NO[GO TO]..... 2
REF.....[GO TO]..... 7
DK[GO TO]..... 8

RC15. How many years in total did you work in a job where you did this (mix concrete)?

#YEARS

RC16. In the years that you did this, how many months and/or weeks per year on average did you do this (mix concrete)

MONTHS/YR WEEKS/YR

RC17. On average, how many hours per week did you do this (mix concrete)?

HOURS PER WEEK

RC18. Did you usually mix the concrete in a concrete mixer?

YES..... 1
NO [GO TO RC21]..... 2

RC19. Was the mixer powered by gasoline, diesel fuel or something else?

GASOLINE 1
DIESEL 2
SOMETHING ELSE 3
Please specify:

RC20. Did you usually feed the mixer yourself?

YES..... 1
NO 2

RC21. Did you ever lay or spray concrete?

YES..... 1
NO [GO TO RC25]..... 2
REF..... [GO TO RC25]..... 7
DK [GO TO RC25]..... 8

RC22. How many years in total did you work in a job where you did this (lay concrete)?

#YEARS

RC23. In the years that you did this, how many months and/or weeks per year on average did you do this (lay concrete)?

MONTHS/YR WEEKS/YR

RC24. On average, how many hours per week did you do this (lay concrete)?

HOURS PER WEEK

RC25. Did you ever grind or break up concrete?

YES..... 1
NO [GO TO RC30] 2
REF..... [GO TO RC30] 7
DK [GO TO RC30] 8

RC26. How many years in total did you work in a job where you did this (grind or break up concrete)?

#YEARS

RC27. In the years that you did this, how many months and/or weeks per year on average did you do this (grind or break up concrete)?

MONTHS/YR WEEKS/YR

RC28. On average, how many hours per week did you do this (grind or break up concrete)?

HOURS PER WEEK

RC29. On average, how many hours per week did you use tools or equipment powered by gasoline or diesel to break up concrete?

HOURS PER WEEK

RC30. Did you ever lay asphalt?

YES..... 1
NO [GO TO RC34] 2
REF..... [GO TO RC34] 7
DK [GO TO RC34] 8

RC31. How many years in total did you work in a job where you did this (lay asphalt)?

#YEARS

RC32. In the years that you did this, how many months and/or weeks per year on average did you do this (lay asphalt)?

MONTHS/YR WEEKS/YR

RC33. On average, how many hours per week did you do this (lay asphalt)?

HOURS PER WEEK

RC34. Did you ever help build tunnels?

YES..... 1
NO [GO TO *] 2
REF..... [GO TO *] 7
DK [GO TO *] 8

RC35. Did you ever work inside the tunnel?

YES..... 1
NO[GO TO *]..... 2

RC36. How many years in total did you work in a
job where you did this (work inside tunnels)?

#YEARS

RC37. In the years that you did this, how many months
and/or weeks per year on average did you do this
(work inside tunnels)?

MONTHS/YR WEEKS/YR

RC38. On average, how many hours per week did you
do this (work inside tunnels)?

HOURS PER WEEK

RC39. Did you drive or operate equipment that was powered
by diesel while you were in the tunnel?

YES..... 1
NO 2

RC40. Did you drive or operate equipment that was powered
by gasoline while you were in the tunnel?

YES..... 1
NO 2

* Thank you for answering these questions about your work doing road construction. Now I will ask questions about some other industries.

<RETURN TO OC>

SISTER STUDY JOB MODULE: TEACHER

TM1. How many different full-time or part-time jobs have you had working as a teacher? This includes both paid and volunteer work that took at least 10 hours per week.

--	--

JOBS

I am going to ask about some specific tasks that you may have done while working as a teacher.

<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:> In answering these questions, please think about your overall experience in all of your jobs of this type.

		Y	N	REF	DK
TM2. Which of the following grade levels have you taught? Have you taught...	a. nursery school or preschool	1	2	7	8
	b. elementary school or kindergarten.....	1	2	7	8
	c. junior high or middle school.....	1	2	7	8
	d. high school.....	1	2	7	8
	e. vocational or technical school.....	1	2	7	8
	f. college or university.....	1	2	7	8
	g. something else	1	2	7	8
	SPECIFY: _____				

TM3. Have you ever taught... [SUBJECT]	TM4. Did you teach a lab in the [SUBJECT] class?	TM5. How many years and/or months in total did you teach a [SUBJECT] lab?
a. biology YES..... 1 NO....[GO TO TM3b] .. 2 REF..[GO TO TM3b] .. 7 DK....[GO TO TM3b] .. 8	YES 1 NO ... [GO TO TM3b]...2 REF . [GO TO TM3b]...7 DK ... [GO TO TM3b]...8	<div><div><div></div><div></div><div></div></div><div>#YEARS</div></div> <div><div><div></div><div></div><div></div></div><div>#MONTHS</div></div>
b. chemistry YES..... 1 NO....[GO TO TM6] ... 2 REF ...[GO TO TM6] ... 7 DK....[GO TO TM6] ... 8	YES 1 NO [GO TO TM6]....2 REF .. [GO TO TM6]....7 DK ... [GO TO TM6]....8	<div><div><div></div><div></div><div></div></div><div>#YEARS</div></div> <div><div><div></div><div></div><div></div></div><div>#MONTHS</div></div>

TM6. Have you ever taught... [SUBJECT]	TM7. How many years and/or months in total did you teach [SUBJECT]?
a. art YES 1 NO ... [GO TO TM6b]...2 REF . [GO TO TM6b]...7 DK... [GO TO TM6b]...8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #YEARS </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #MONTHS </div> </div>
b. wood shop YES 1 NO ... [GO TO TM6c]...2 REF . [GO TO TM6c]...7 DK... [GO TO TM6c]...8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #YEARS </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #MONTHS </div> </div>
c. auto shop YES 1 NO ... [GO TO TM6d]...2 REF . [GO TO TM6d]...7 DK... [GO TO TM6d]...8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #YEARS </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #MONTHS </div> </div>
d. another shop YES 1 class NO [GO TO *]2 SPECIFY: REF [GO TO *]7 _____ DK..... [GO TO *]8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #YEARS </div> <div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/> #MONTHS </div> </div>

<*ASK TM8 ONLY IF ANY OF THE ABOVE (TM3a-b, 6a-d) ARE YES; ELSE GO TO TM9.>

	Y	N	REF	DK
TM8. Did you use any of the following materials in your class?				
a. acetone	1	2	7	8
b. acids	1	2	7	8
c. alcohol.....	1	2	7	8
d. benzene	1	2	7	8
e. chloroform	1	2	7	8
f. ethers.....	1	2	7	8
g. gasoline	1	2	7	8
h. glues (any type).....	1	2	7	8
i. hydraulic fluids	1	2	7	8
j. ketones	1	2	7	8
k. oil based paints	1	2	7	8
l. other paints.....	1	2	7	8
m. turpentine	1	2	7	8
n. paint thinner or mineral spirits.....	1	2	7	8
o. varnish.....	1	2	7	8
p. esters	1	2	7	8
q. caustic solutions.....	1	2	7	8
r. oils (motor oils, linseed, etc.).....	1	2	7	8
s. anything else	1	2	7	8
SPECIFY: _____				

<ASK EVERYONE:>

TM9. Did you ever use a blue or black ink mimeograph or “ditto” machine? This is not a photocopier.

YES 1
NO [GO TO TM13] 2
REF [GO TO TM13] 7
DK [GO TO TM13] 8

TM10. About how many years and/or months in all were you in a job where you used a mimeograph machine?

YEARS # MONTHS

TM11. When you were in a job where you used a mimeograph machine, on average, how many times per day, per week, per month, or per year did you use a mimeograph machine?

TIMES
PER DAY 1
PER WEEK 2
PER MONTH 3
PER YEAR 4
IN TOTAL 5

TM12. Each time you used a mimeograph machine, about how long, on average did it take?

OF
MINUTES 1
HOURS 2

TM13. Did you ever use a chalkboard?

YES 1
NO [GO TO TM17] 2
REF [GO TO TM17] 7
DK [GO TO TM17] 8

TM14. About how many years in total did you work in a job where you used a chalkboard?

YEARS

TM15. In the years that you did this, about how many months and/or weeks per year did you use a chalkboard?

MONTHS/YR WEEKS/YR

TM16. On average, about how many hours per week did you spend writing or erasing at the chalkboard?

HOURS PER WEEK

TM17. Did you ever use a dry erase marker board, or white board?

YES 1
NO [GO TO CLOSING] ... 2
REF [GO TO CLOSING] ... 7
DK [GO TO CLOSING] ... 8

TM18. About how many years in total did you work in a job where you used a dry erase marker board, or white board?

YEARS

TM19. In the years that you did this, about how many months
and/or weeks per year did you use a dry erase marker board,
or white board?

MONTHS/YR WEEKS/YR

TM20. On average, about how many hours per week did you
spend writing or erasing at the dry erase marker board,
or white board?

HOURS PER WEEK

Thank you for answering these questions about your work as a teacher. Now I will ask questions about some other industries.

National Institute of Environmental Health Science / National Institutes of Health / Department of Health and Human Services

SECTION PG: MENARCHE, PREGNANCY AND INFERTILITY

This ends the questions about your work history. Now I'd like to ask you about your reproductive history. Specifically, about your menstrual cycles, any planned or unplanned pregnancies, and your use of different birth control methods. The purpose of this section is to gain a better understanding of health issues that may be related to reproduction.

PG1. How old were you when you had your first menstrual period?

<SOFT EDIT IF LESS THAN 10 YEARS OLD OR MORE THAN 17 YEARS OLD>

[IF R HAS NEVER HAD A PERIOD, ENTER '96' FOR YEARS]

YEARS MONTHS

<IF PG1-YEARS = 96 GO TO PG4>

<ASK ONLY IF PG1 = DK>

PG2. What grade were you in when you had your first menstrual period? [HIGH SCHOOL FRESHMAN = 09, SOPHOMORE = 10, JUNIOR = 11, SENIOR = 12]

GRADE IN SCHOOL

<SOFT EDIT IF BEFORE 5TH GRADE OR LATER THAN 12TH GRADE>

<ASK ONLY IF PG2 = DK>

PG3. Do you think your period started before, after, or around the same time as other girls your age?

BEFORE 1
AFTER 2
SAME TIME 3

PG4a. Are you currently pregnant?

YES 1
NO [PG4b] 2

<ASK ONLY IF PG4a = YES:>

PG4a1. What is your due date?

/ /
MONTH DAY YEAR

The next questions are about any pregnancies you may have had. When thinking about these questions, please include ectopic and molar pregnancies as well as any pregnancies which may have ended in miscarriage or abortion.

<FILL BASED ON R'S CURRENT PREGNANCY STATUS>

PG4b. Have you [*ever been pregnant/had any other pregnancies before this one*]?

YES 1
NO [PG29] 2
REF [PG29] 7
DK [PG29] 8

<FILL IF R IS CURRENTLY PREGNANT>

PG5. How many times have you been pregnant? [*Please count only past pregnancies.*]

PREGNANCIES

I'd like to ask you about [*this pregnancy/each of these pregnancies starting with your first pregnancy*].

<BEGIN REPEATING RECORD – PREGNANCY>

PG6. How did your [*first/second/etc.*] pregnancy end? Was it a...
[WE ARE LOOKING FOR THE FINAL OUTCOME]

single live birth [PG9] 01
multiple birth [PG9] 02

OF THE PREGNANCY. THAT IS, HOW MANY BABIES WERE DELIVERED, OR IF THERE WAS NO DELIVERY, WE WANT TO KNOW HOW THE PREGNANCY ENDED.]

single stillbirth..... [PG9] 03
miscarriage (including spontaneous abortion)..... 04
elective or therapeutic abortion..... 05
tubal or ectopic pregnancy 06
molar pregnancy..... 07

PG7. How many months and/or weeks did this pregnancy last? [PROBE:] Beginning with the last normal menstrual period before this pregnancy, how far along were you when this pregnancy ended?

MONTHS # WEEKS

PG8. How old were you when this pregnancy ended?

AGE
<GO TO PG26>

PG9. What was the month and year that this pregnancy ended? [IF R SAYS DK, PROBE: Is it the month you don't know, the year, or both?]

MONTH YEAR

REF [*] 7

<IF PG9 MONTH AND PG9 YEAR = DK AND PG6 = 01 OR 03, GO TO PG17; IF PG6 = 02, GO TO PG11.>

<* IF PG6 = 01 OR 03, GO TO PG17; IF PG6 = 02, GO TO PG11.>

<ASK ONLY IF PG9 MONTH = DK AND PG9 YEAR IS ANSWERED>

PG10. In what season did your [first/second/etc.] pregnancy end?

WINTER 01
SPRING 04
SUMMER 07
FALL..... 10

<IF PG6 = 01 OR 03, GO TO PG17; IF PG6 = 02, CONTINUE.>

<ASK ONLY IF PG6 = 02:>

PG11. Were any of these babies stillborn?

YES 1
NO..... 2

PG12. How many babies did you deliver [including stillbirths]?

<CODE LIST BEGINS WITH 02 TO REDUCE KEYING ERRORS>

2/TWINS 02
3/TRIPLETS 03
4/QUADRUPLETS..... 04
5/QUINTUPLETS 05
6/SEXTUPLETS 06
7 OR MORE..... 07

<BEGIN REPEATING RECORD – MULTIPLE BIRTH PREGNANCY>

<ASK ONLY IF PG11 = YES; ELSE GO TO PG14>

PG13. Was the [first/next] baby delivered a live birth?

YES 1
NO..... 2

PG14. Was the [first/next] baby a girl or boy? [IF R SAYS THE BABY WAS A HERMAPHRODITE, OR WAS

GIRL 1
BOY 2

BORN WITH BOTH SEXES, ENTER AS “DON’T
KNOW” AND REMARK.]

PG15. How much did that baby weigh at delivery?
 [IF R REPORTS WEIGHT IN GRAMS, ENTER '96'
 FOR POUNDS AND RECORD WEIGHT IN GRAMS.]
 [VERIFY POUNDS OR GRAMS]

POUNDS OUNCES

GRAMS
**<GO TO NEXT
 BABY OR PG20>**

<IF PG15 = DK, ASK>

PG16. Was this baby's birth weight less than five
 pounds, or was it five pounds or more?

< 5 POUNDS (<2268 GRAMS) 1
 5 OR MORE POUNDS (2268
 GRAMS OR MORE) 2

<END REPEATING RECORD – MULTIPLE BIRTH PREGNANCY

<ASK ONLY IF PG6 = 01 OR 03>

PG17. Was this baby a girl or a boy? [IF R SAYS THE BABY
 WAS A HERMAPHRODITE, OR WAS BORN WITH
 BOTH SEXES, ENTER AS "DON'T KNOW" AND
 REMARK.]

GIRL 1
 BOY 2

PG18. How much did the baby weigh at delivery?
 [IF R REPORTS WEIGHT IN GRAMS, ENTER '96'
 FOR POUNDS AND RECORD WEIGHT IN GRAMS.]
 [VERIFY POUNDS OR GRAMS]

POUNDS OUNCES

GRAMS

<IF PG18 = DK, ASK>

PG19. Was this baby's birth weight less than five
 pounds, or was it five pounds or more?

< 5 POUNDS (<2268 GRAMS) 1
 5 OR MORE POUNDS (2268
 GRAMS OR MORE) 2

<ASK FOR ALL MULTIPLE BIRTHS, SINGLE LIVE BIRTHS AND SINGLE STILLBIRTHS>

PG20. Did you deliver [*this baby/these babies*] within one
 week of your due date, more than one week before your
 due date, or more than one week after your due date?

WITHIN ONE WEEK OF
 DUE DATE [*] 1
 MORE THAN ONE WEEK
 BEFORE DUE DATE 2
 MORE THAN ONE WEEK
 AFTER DUE DATE 3

<* IF PG6 = 01 OR 02, GO TO PG23; IF PG6 = 03, GO TO PG24a.>

<ASK ONLY IF PG20 = 2 OR 3:>

PG21. How many months, weeks, and/or days [*before/after*]
 your due date [*was this baby/were these babies*]
 delivered?

MONTHS WEEKS DAYS

<ASK ONLY IF PG21 = DK>

PG22. How many months and/or weeks were you pregnant?

MONTHS		WEEKS	

<ASK ONLY IF PG6 = 01 OR IF PG6 = 02 AND PG13 = 1>

PG23. Did you breastfeed and/or pump your breast milk for
[this baby/these babies]?
 YES 1
 NO [PG24a] 2

 PG24. For how many years, months, and/or weeks in all did
 you do this at least twice in a 24-hour period?
 [IF LESS THAN 1 WEEK, ENTER '00' FOR YEARS,
 MONTHS AND WEEKS]
 [IF R IS STILL BREASTFEEDING, ENTER
 '96' FOR YEARS.]

YEARS		MONTHS		WEEKS	

PG24a. Were you given a hormone shot or pills to stop milk
production after this pregnancy?
 YES 1
 NO 2
PG25. How many pounds (or kilograms) did you gain during
this pregnancy? Would you say you gained...
 less than 20 pounds (less than 9
 kilograms) 1
 20 to 35 pounds (9 to 16 kilograms) ... 2
 more than 35 pounds (more than 16
 kilograms) 3

<IF PG7 < 20 WEEKS, GO TO PG27>

PG26. Did you have any of the following special medical
problems during this pregnancy?

		Y	N
a. pre-eclampsia or toxemia 1	2	
b. eclampsia 1	2	
c. abnormal vaginal bleeding 1	2	
d. nausea with vomiting 1	2	

 PG26e. Did you have pregnancy-related high blood pressure,
 or were you told that you were borderline during this
 pregnancy? [IF R HAD HIGH BLOOD PRESSURE
 PRIOR TO HER PREGNANCY, THE RESPONSE
 SHOULD BE "NO."]

 YES 1
 NO 2
 BORDERLINE 3

 PG26f. Did you have pregnancy-related diabetes, an
 abnormal glucose tolerance test, or were you told
 that you were borderline during this pregnancy?
 [IF R HAD DIABETES PRIOR TO HER PREGNANCY,
 THE RESPONSE SHOULD BE "NO."]

 YES 1
 NO 2
 BORDERLINE 3

<FILL PARENTHESES ONLY FOR PREGNANCIES AFTER THE FIRST>

<USE THE FILL "this time" ONLY FOR PREGNANCIES AFTER THE FIRST>

[(/]We are interested in how easy or difficult it was for you to get pregnant [*this time*]. This next question is about how many months in a row you had sexual intercourse without using any method of birth control before this pregnancy, whether or not you were trying to get pregnant. For our purposes, birth control includes condoms, diaphragms, pills, patches, injections, implants like Norplant, IUDs, the rhythm method, withdrawal, vasectomy, and tubal ligation.[/)]

<FILL "with a man" IF SE11 = 2 OR 3>

PG27. Before this pregnancy, did you have sexual intercourse YES 1
[*with a man*] at least once per month without using birth NO 2
control for at least 12 months in a row? (Birth control includes
condoms, diaphragms, pills, patches, injections, IUDs, the
rhythm method, withdrawal, vasectomy, and tubal ligation.)

<END REPEATING RECORD – PREGNANCY>

PG28. I have recorded a total of [# OF PREGNANCIES] YES[PG5]..... 1
pregnancies. Have you had any other pregnancies NO 2
that I have not recorded?

<IF PG28 = YES, AMEND PG5 AND COMPLETE APPROPRIATE QUESTIONS PG6–PG27>

<FILL PARENTHESES ONLY IF PG5 = 1>

Next, I will ask about your fertility. Please think about times in your life, if any, when you regularly had sexual intercourse without using any method of birth control and without getting pregnant. [(/For our purposes, birth control includes condoms, diaphragms, pills, patches, injections, implants like Norplant, IUDs, the rhythm method, withdrawal, vasectomy, and tubal ligation.[/)]

<FIRST FILL ONLY IF PG27 = YES>

<SECOND FILL "with a man" IF SE11 = 2 OR 3>

<THIRD FILL FOR WOMEN ≥40 YEARS OF AGE>

PG29. [*Aside from the time[s] when it took a year or more for* YES 1
you to become pregnant, has/Has] there ever been a NO [PG31] 2
period of time lasting 12 months in a row or longer NEVER HAD SEXUAL INTER-
when you were having sexual intercourse [*with a man*] COURSE W/ A MAN.....[PG31].....3
at least once per month without using birth control, yet you
did not become pregnant? [*If you have gone through menopause,*
please think only about the time before menopause.]

PG30. How old were you when this first happened?

AGE

PG31. Did you ever visit a doctor, clinic or hospital YES 1
to seek help for you to become pregnant? NO [PG34] 2

PG32. How old were you when you first visited a doctor
to seek help for you to become pregnant?

AGE

PG33. Did you ever receive X-rays on your pelvic area to YES 1
treat infertility? NO 2

Now I'd like to ask about fertility medications. These are drugs that are used to help women become pregnant, or

to stimulate the release of eggs for donation. Fertility drugs are often taken by injection, but may be taken in pill form or as a nasal spray.

<BEGIN REPEATING RECORD – FERTILITY DRUGS>

PG34. **<FIRST OCCURRENCE>** Have you ever taken any medications to help you become pregnant, or for egg donation? Please do not include medications you may have taken to prevent miscarriages.

YES [PG35] 1
NO [NEXT SECTION] 2

PG34a. **<ALL OTHER OCCURRENCES>** Have you ever taken any other medications to help you become pregnant? Please do not include any medications you may have taken to prevent miscarriages.

YES [PG36] 1
NO [PG42] 2

<IF INT16, INT19 OR INT20 = NO, GO TO PG36>

PG35. Please find the medications booklet from your Sister Study kit. [WAIT FOR R TO BRING TO THE PHONE.]
Do you have the medications booklet in front of you?

YES 1
NO 2

<FILL IF PG35 = YES>

PG36. [Please look at List A on page 1 of your medications booklet.]
What is the [code or] name of the [first/next] medication you took? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

PG37. What was your age when you first started taking [FERTILITY DRUG]? [][]
AGE

PG38. For how many months or menstrual cycles in all did you take this medication? [IF R OFFERS BOTH MONTHS AND CYCLES, REPORT NUMBER OF CYCLES.] [][]
OF

MONTHS 1
MENSTRUAL CYCLES 2

PG39. Did any of the cycles of this medication result in a pregnancy that lasted 10 or more weeks?

YES 1
NO [NEXT MED OR PG42] 2

PG40. How many times did this occur? [][]
OF
PREGNANCIES

<BEGIN REPEATING RECORD – FERTILITY DRUG PREGNANCIES>

PG41. How old were you when [this/the first/the next] pregnancy (that lasted 10 or more weeks) occurred? [][]
AGE

<END REPEATING RECORD – FERTILITY DRUG PREGNANCIES>

<END REPEATING RECORD – FERTILITY DRUGS>

PG42. Did a doctor or medical professional ever tell you that you had Ovarian Hyperstimulation Syndrome (OHSS), a complication of fertility drugs?

YES 1
NO [NEXT SECTION] 2

PG43. How old were you when you were first diagnosed
with OHSS?

--	--

AGE

SECTION HR: HORMONES

Now I would like to ask about your use of birth control methods that involve hormones. Please be sure to include any hormonal birth control methods you have used for contraception, control of menstrual cycles, or any other medical reason. For this section, please do not include non-hormonal birth control methods such as condoms, diaphragms, spermicides, rhythm method, withdrawal, or vasectomy.

- HR1. Have you ever used any of the following hormonal birth control methods for contraception, cycle control, or any other medical reason?
- | | Y | N |
|---|---|---|
| a. birth control pills..... | 1 | 2 |
| b. a Norplant implant
inserted in your arm | 1 | 2 |
| c. Depo-Provera injections | 1 | 2 |
| d. birth control patches..... | 1 | 2 |
| e. an intrauterine device, or IUD
containing hormones..... | 1 | 2 |
| f. any other type of
hormonal birth control | 1 | 2 |
- <IF "NO" TO ALL HR1a-f, GO TO HR8>**

Next I would like to ask you questions about when you used these birth control methods. I will ask you at what ages you've used different birth control methods. If you've used any method off and on over a period of years, please try your best to remember each time you stopped for at least 3 months and then started again. Please do not include non-hormonal birth control methods such as condoms, diaphragms, spermicides, rhythm method, withdrawal, or vasectomy.

<BEGIN REPEATING RECORDS – BIRTH CONTROL>

<FILL "BC NAME" IF ONLY ONE ITEM CHOSEN IN HR1; FILL "any of these hormonal birth control methods" IF MORE THAN ONE ITEM CHOSEN IN HR1>

- HR2. **<FIRST OCCURRENCE:>** How old were you when you
[*first/next*] started using [*BC NAME/ any of these hormonal*
birth control methods]?

AGE

[IF R HAS NOT USED ANOTHER METHOD, ENTER "96"]

<IF AGE = 96 GO TO HR8>

<IF ONLY ONE ITEM CHOSEN IN HR1, DO NOT ASK HR3 (SKIP TO HR4)>

- HR3. What type of hormonal birth control was it? birth control pills..... 01
Was it... a Norplant implant 02
Depo-Provera injections 03
birth control patches..... 04
an intrauterine device, or IUD,
 containing hormones..... 05
any other type of
 hormonal birth control 06
SPECIFY: _____

<IF HR2 = CURRENT AGE GO TO HR6>

- HR4. Have you stopped using [*FILL FROM HR3*]
since you were age [*AGE FROM HR2*]? YES..... 1
Only consider times when you stopped for NO.....[HR6] 2
three months or longer. REF.....[HR6] 7
DK.....[HR6] 8

- HR5. How old were you when you [*first/next*]
stopped using [*FILL FROM HR3*] for
three months or longer?

AGE

<GO TO HR2>

HR6. Are you currently using [*FILL FROM HR3*]? YES..... [*]..... 1
 NO.....[HR2] 2
 REF.....[HR2] 7
 DK.....[HR2] 8

<* IF HR3 = 01 OR 04, ASK HR7; ELSE GO TO HR2>

HR7. What is the name of the birth control
 [*pill/patch*] you are currently using?

_____ BIRTH CONTROL NAME

<GO TO HR2>

<END REPEATING RECORDS – BIRTH CONTROL>

HR8. Have you ever had a tubal ligation, that is,
 had your tubes tied?

YES..... 1
 NO.....[HR12] 2
 REF.....[HR12] 7
 DK.....[HR12] 8

HR9. At what age did you have a tubal ligation?

AGE

HR10. Did you ever have surgery to have the
 tubal ligation reversed?

YES..... 1
 NO.....[HR12] 2
 REF.....[HR12] 7
 DK.....[HR12] 8

HR11. At what age did you have it reversed?

AGE

Hormone Replacement Therapy

Now I would like to ask you about your use of female hormones such as estrogen or progesterone for the control of hot flashes or other menopausal symptoms. This is sometimes referred to as “hormone replacement therapy” or “HRT” and may be in the form of pills or patches. Some women may also be taking medications to prevent bone loss, heart disease, or breast cancer. When answering these next questions, please do not include creams or suppositories, herbal preparations, soy treatments, or fertility drugs.

HR12. Have you ever used any of the following?
 Have you used...

Y N

a. estrogen or progesterone 1 2
 b. tamoxifen or Nolvadex; these are
 taken to prevent breast cancer..... 1 2
 c. raloxifene or Evista..... 1 2

<IF “NO” TO ALL HR12a-c, GO TO HR22>

Next I would like to ask you questions about when you used these hormone replacement, or breast cancer or bone loss therapies. I will ask you at what ages you've used different therapies. If you've used any therapy off and on over a period of years, please try your best to remember each time you stopped for at least 3 months and then started again. Please do not include creams or suppositories, herbal preparations, soy treatments, or fertility drugs.

<BEGIN REPEATING RECORDS – HRT>

HR13. How old were you when you [*first/next*] started using
 [*estrogen or progesterone/tamoxifen or Nolvadex/raloxifene*
 or *Evista*]? _____

AGE

<IF AGE = 96 GO TO HR22>

[IF R HAS NOT USED ANOTHER METHOD, ENTER “96”]
 [IF R OFFERS MORE THAN ONE METHOD: “Please tell me
 about these one at a time.”]

<IF ONLY ONE ITEM CHOSEN IN HR12, DO NOT ASK HR14>

HR14. What type of therapy was it?
 [IF R OFFERS MORE THAN ONE
 METHOD: "Please tell me about these
 one at a time."]

female hormone replacement..... 1
 tamoxifen or Nolvadex [HR17]... 2
 raloxifene or Evista..... [HR17]... 3

HR15. What type of female hormone
 replacement therapy did you use?
 Was it...

a combined pill containing both
 estrogen and progesterone
 [SUCH AS PREMPRO] [HR17].. 01
 an estrogen-only pill
 [SUCH AS PREMARIN] ... [HR17].. 02
 an estrogen pill and a separate
 progesterone pill [PROVERA] 03
 a progesterone-only pill 04
 an estrogen-only patch [HR17].. 05
 a patch containing both estrogen
and progesterone [HR17].. 06
 estrogen pills or patches, but
 you don't know if they also
 contain progesterone [HR17].. 07
 some other type of therapy..... [HR17].. 08
 SPECIFY: _____

HR16. Did you take the
 progesterone pills...

every day..... 1
 2 to 3 weeks each month..... 2
 less than 2 weeks each month 3
 some other way 4
 SPECIFY: _____

<IF HR13 = CURRENT AGE GO TO HR19>

HR17. Have you stopped using [FILL FROM HR14]
 since you were age [AGE FROM HR13]?
 Only consider times when you stopped for
 three months or longer.

YES..... 1
 NO..... [HR19] 2
 REF [HR19] 7
 DK..... [HR19] 8

HR18. How old were you when you [first/next]
 stopped using [FILL FROM HR14] for
 three months or longer?

AGE

<GO TO HR13>

HR19. Are you currently taking this therapy?

YES..... [*] 1
 NO..... [HR13] 2
 REF [HR13] 7
 DK..... [HR13] 8

<* IF HR14 = 1, ASK HR20; ELSE GO TO HR13>**<BEGIN REPEATING RECORDS – HRT NAME>**

HR20. What is the name of the hormone
 replacement product you are
 currently using?

_____ HRT NAME

HR21. Are you currently taking any other
 hormone replacement product?

YES..... [HR20] 1
 NO..... [HR13] 2
 REF [HR13] 7
 DK..... [HR13] 8

<END REPEATING RECORDS – HRT NAME>**<END REPEATING RECORDS – HRT>**

Medical Procedures**<IF R IS CURRENTLY PREGNANT, GO TO HR40>**

Next I will ask you questions about some medical procedures that can stop your menstrual periods.

- HR22. Have you ever had radiation or chemotherapy that permanently stopped your menstrual periods?
- YES 1
 NO.....[HR24] 2
 REF[HR24] 7
 DK.....[HR24] 8
- HR23. At what age did you start the radiation or chemotherapy that permanently stopped your periods?
- AGE
- HR24. Have you ever had a uterine or endometrial ablation?
- YES 1
 NO.....[HR29] 2
 REF[HR29] 7
 DK.....[HR29] 8
- HR25. At what age did you have the ablation?
- AGE
- HR26. Did your menstrual periods stop as a result of this ablation?
- YES 1
 NO.....[HR29] 2
 REF[HR29] 7
 DK.....[HR29] 8
- HR27. Did your menstrual periods ever resume?
- YES 1
 NO.....[HR29] 2
 REF[HR29] 7
 DK.....[HR29] 8
- HR28. How many years and/or months in total did your menstrual periods stop?
- # YEARS # MONTHS
- HR29. Have you ever had a uterine embolization (also known as a uterine artery embolization or uterine fibroid embolization)?
- YES 1
 NO.....[HR34] 2
 REF[HR34] 7
 DK.....[HR34] 8
- HR30. At what age did you have the embolization?
- AGE
- HR31. Did your menstrual periods stop as a result of this embolization?
- YES 1
 NO.....[HR34] 2
 REF[HR34] 7
 DK.....[HR34] 8
- HR32. Did your menstrual periods ever resume?
- YES 1
 NO.....[HR34] 2
 REF[HR34] 7
 DK.....[HR34] 8
- HR33. How many years and/or months in total did your menstrual periods stop?
- # YEARS # MONTHS

HR34. Have you ever had a hysterectomy, that is, an operation to remove your uterus or womb?

YES	1
NO.....[HR40]	2
REF.....[HR40]	7
DK.....[HR40]	8

HR35. At what age did you have the hysterectomy?

--	--

AGE

HR36. In the six months before your hysterectomy, did you have any of the following...

	Y	N
a. abnormal bleeding.....	1	2
b. pelvic pain.....	1	2
c. urinary incontinence	1	2
d. uterine prolapse.....	1	2
e. any other symptoms	1	2
SPECIFY: _____		

HR37. Did you have part or all of either of your ovaries removed at the same time you had the hysterectomy?

YES	1
NO.....[HR39]	2
REF.....[HR39]	7
DK.....[HR39]	8

HR38. Did you have...

both ovaries totally removed... [HR45]	1
one ovary totally removed	2
part of one or part of	
both ovaries removed.....	3

HR39. Did you still have part of at least one ovary left after the hysterectomy?

YES	1
NO.....	2

<BEGIN REPEATING RECORDS – OVARIAN SURGERY>

<FILL IF HR37 – YES.>

HR40. **<FIRST OCCURRENCE:>** [*Aside from during your hysterectomy,*] Have you ever had surgery to remove part or all of either of your ovaries? Please include wedge resections on the ovaries.

YES	1
NO.....[HR45]	2
REF.....[HR45]	7
DK.....[HR45]	8

<ALL OTHER OCCURRENCES:> Have you had any other surgeries to remove part or all of either of your ovaries? (Please include wedge resections on the ovaries.)

HR41. What was the reason for this surgery? Was it...

	Y	N
a. ovarian cysts	1	2
b. ovarian cancer	1	2
c. some other reason	1	2
SPECIFY: _____		

HR42. At what age did you [*first/next*] have ovarian surgery?

--	--

AGE

HR43. During this surgery did you have...

both ovaries totally removed... [HR45]	1
one ovary totally removed	2
part of one or part of	
both ovaries removed.....	3

<IF R IS CURRENTLY PREGNANT, GO TO HR40>

<ASK HR44 ONLY IF HR43 = 2 OR 3>

HR44. Did you still have part of at least one ovary left
after this surgery?

YES.....[HR40] 1
NO..... 2

<END REPEATING RECORDS – OVARIAN SURGERY>

Menstrual Cycles, LMP, and Menopause

Now I'd like to ask you some questions about your menstrual cycles.

<IF R IS CURRENTLY PREGNANT, GO TO HR47>

<IF R DID NOT HAVE A HYSTERECTOMY (HR34 = NO), SKIP HR45;

IF R HAD A HYSTERECTOMY (HR34 = YES) AND NO OTHER MEDICAL PROCEDURES (HR22 = NO,
HR24 = NO; HR29 = NO, HR40 = NO), ASK HR45;

IF R HAD A HYSTERECTOMY (HR34 = YES) AND RAD/CHEMO (HR22 = YES), SKIP HR45;

IF R HAD A HYSTERECTOMY (HR34 = YES) AND ABLATION THAT STOPPED PDS (HR24 = YES AND
HR26 = YES), SKIP HR45;

IF R HAD A HYSTERECTOMY (HR34 = YES) AND ABLATION BUT PDS DID NOT STOP (HR24 = YES
AND HR26 = NO), ASK HR45;

IF R HAD A HYSTERECTOMY (HR34 = YES) AND EMBOLIZATION THAT STOPPED PDS (HR29 = YES
AND HR31 = YES), SKIP HR45;

IF R HAD A HYSTERECTOMY (HR34 = YES) AND EMBOLIZATION BUT PDS DID NOT STOP
(HR29 = YES AND HR31 = NO), ASK HR45;

IF R HAD HYST (HR34 = YES) AND ALSO HAD OVAR SURG (HR40 = YES), AND AGE(S) OF OVAR
SURG (HR42) > AGE OF HYST (HR35), ASK HR45;

IF R HAD HYST AND OVAR SURG, AND AGE(S) OF OVAR SURG < AGE OF HYST, AND R STILL HAD
OVARIAN TISSUE (HR44 = YES), ASK HR45;

IF R HAD HYST AND OVAR SURG, AND AGE(S) OF OVAR SURG < AGE OF HYST, AND R HAD NO
OVARIAN TISSUE REMAINING (EITHER HR43 = 1 OR HR44 = NO), SKIP HR45>

HR45. Had your menstrual periods stopped permanently
before your hysterectomy?

YES..... [*] 1
NO.....[HR50] 2
REF 7
DK..... 8

<* IF HR45 = YES AND R HAD OVAR SURG (HR40 = YES) AND HYST (HR34 = YES), AND AGE(S) OF
OVAR SURG (HR42) < AGE OF HYST (HR35), AND R STILL HAD OVARIAN TISSUE (HR44 = YES),
ASK HR46; FOR ALL OTHER HR45 = YES, GO TO HR49

<IF R DID NOT HAVE OVARIAN SURGERY (HR40 = NO), SKIP HR46;

IF R HAD OVARIAN SURGERY (HR40 = YES), AND NO OTHER MEDICAL PROCEDURES (HR22 = NO,
HR24 = NO; HR29 = NO, HR34 = NO), ASK HR46;

IF R HAD OVARIAN SURGERY (HR40 = YES), AND RAD/CHEMO (HR22 = YES), SKIP HR46;

IF R HAD OVAR SURG, AND ABLAT THAT STOPPED PDS (HR24 = YES AND HR26 = YES), SKIP HR46;

IF R HAD OVARIAN SURGERY (HR40 = YES), AND ABLAT BUT PDS DID NOT STOP (HR24 = YES AND
HR26 = NO), ASK HR46;

IF R HAD OVARIAN SURGERY (HR40 = YES), AND EMBOL THAT STOPPED PDS (HR29 = YES AND
HR31 = YES), SKIP HR46;

IF R HAD OVARIAN SURGERY (HR40 = YES), AND EMBOL BUT PDS DID NOT STOP (HR29 = YES AND
HR31 = NO), ASK HR46;

IF R HAD OVAR SURG (HR40 = YES) AND HYST (HR34 = YES), AND AGE(S) OF OVAR SURG (HR42) <
AGE OF HYST (HR35), ASK HR46

IF R HAD MORE THAN ONE OVARIAN SURGERY, ASK HR46 FOR THE LATEST INSTANCE>

HR46. Had your menstrual periods stopped permanently
before your ovarian surgery at age [AGE FROM HR42]?

YES.....[HR49] 1
NO.....[**] 2
REF [**] 7
DK..... [**] 8

< **IF HR46 = NO AND HR45 = YES AND HR42 < HR35 AND HR44 = YES, GO TO HR49.>

< ** IF HR46 = [NO OR REF OR DK] AND R HAD OVARIAN SURGERY (HR40 = YES) AND HAS NOT HAD A HYSTERECTOMY (HR34 = NO), AND R STILL HAS OVARIAN TISSUE (HR44 = YES), GO TO HR47;
FOR ALL OTHER HR46 = NO, REF, OR DK, GO TO HR50>

<IF R HAD RADIATION OR CHEMO THAT STOPPED PDS (HR22 = YES), GO TO HR50>

<IF R HAD ABLAT. THAT STOPPED PDS (HR24 = YES AND HR26 = YES AND HR27 = NO), GO TO HR50>

<IF R HAD ABLAT. BUT PDS DID NOT STOP (HR24 = YES AND HR26 = NO), GO TO HR47>

<IF R HAD ABLAT. AND PDS STOPPED AND RESUMED AGAIN (HR24 = YES AND HR26 = YES AND HR27 = YES), GO TO HR47>

<IF R HAD EMBOL. THAT STOPPED PDS (HR29 = YES AND HR31 = YES AND HR32 = NO), GO TO HR50>

<IF R HAD EMBOL. BUT PDS DID NOT STOP (HR29 = YES AND HR31 = NO), GO TO HR47>

<IF R HAD EMBOL. AND PDS STOPPED AND RESUMED AGAIN (HR29 = YES AND HR31 = YES AND HR32 = YES), GO TO HR47>

HR47. Have you had a menstrual period in the past 12 months?

YES 1

NO.....[HR49] 2

HR48. What was the month and year of your most recent menstrual period?

--	--	--	--	--	--	--	--

MONTH YEAR

<GO TO HR50>

HR49. How old were you when you had your last menstrual period?

--	--

AGE

<ASK EVERYONE>

<CATI WILL CHECK FOR ANY SEGMENT OF HORMONE USE THAT COINCIDES WITH LMP AGE>

<LMP AGE IS ONE THE FOLLOWING; IF MORE THAN ONE IS ANSWERED, CHOOSE THE YOUNGEST:
HR23 (CHEMO OR RADIATION THAT STOPPED PDS PERMANENTLY);

HR25 WHEN HR26 =YES AND HR27 = NO (ABLATION THAT STOPPED PDS PERMANENTLY);

HR30 WHEN HR31 = YES AND HR32 = NO (EMBOLIZATION THAT STOPPED PDS PERMANENTLY);

HR35 WHEN HR45 = NO (R HAD HYSTERECTOMY AND PDS DID NOT STOP PRIOR TO HYST.);

HR42 WHEN HR46 = NO AND [EITHER HR43 = 1 OR HR44 = NO] (R HAD OVARIAN SURGERY AND PDS DID NOT STOP PRIOR TO SURG. AND NO OVARIAN TISSUE WAS REMAINING AFTER SURG.);

HR48 (LMP WAS WITHIN PAST 12 MONTHS);

HR49 (LMP AGE FOR EVERYONE ELSE NOT COVERED BY THE ABOVE)>

<IF THERE IS NO HORMONE USE, ASK HR50a>

<IF HORMONE USE BEGINS AT LMP AGE, ASK HR50b>

<IF HORMONE USE SURROUNDS LMP, OR IF IT ENDS AT LMP AGE, ASK HR50b>

<IF HORMONE USE ENDS THE YEAR BEFORE LMP: ASK BOTH HR50a AND HR50b>

HR50a. How many periods did you have in the 12 months before you had your last menstrual period at the age of [LMP AGE]? Was it...

none.....	01
1 to 3	02
4 to 6	03
7 to 9	04
10 to 12	05
13 to 15	06
16 or more.....	07

HR50b. I have recorded that you were taking [HORMONE] [at the same age/the year before] you had your last menstrual period. How many periods did you have in the 12 months before you started taking [HORMONE] at the age of [PRE-LMP START AGE]? Was it...

none.....	01
1 to 3	02
4 to 6	03
7 to 9	04
10 to 12	05
13 to 15	06
16 or more.....	07

<FILL "Around the time of your last menstrual period" IF HR50a IS ANSWERED>

<FILL "Before you started taking [HORMONE]..." IF HR50b IS ANSWERED>

<FILL "Around the time of your last menstrual period" IF BOTH HR50a AND HR50b ARE ANSWERED>

HR51. [Around the time of your last menstrual period/
Before you started taking [HORMONE] at age [PRE-
LMP START AGE]], were you having hot flashes?
[DO NOT INCLUDE NIGHT SWEATS]

YES..... 1
NO..... 2

HR52. [Around the time of your last menstrual period/
Before you started taking [HORMONE] at age [PRE-
LMP START AGE]], were you having any other
symptoms of menopause such as poor sleeping,
night sweats, irritability, or depression?

YES..... 1
NO..... 2

<IF HR51 = YES, GO TO HR54>

HR53. Have you ever had hot flashes?
[DO NOT INCLUDE NIGHT SWEATS]

YES..... 1
NO.....[HR55] 2
REF.....[HR55] 7
DK.....[HR55] 8

HR54. How old were you when you first had
hot flashes?

AGE

<IF HR52 = YES, GO TO HR56>

HR55. Have you ever had any other symptoms of
menopause such as poor sleeping, night sweats,
irritability, or depression?

YES..... 1
NO.....[HR57] 2
REF.....[HR57] 7
DK.....[HR57] 8

HR56. How old were you when you first had
these other menopausal symptoms?

AGE

<CATI WILL CHECK FOR INSTANCES OF HORMONE USE AND BIRTHS BETWEEN THE AGES OF 25-35. IF THERE IS A SPAN OF YEARS WHEN NEITHER OCCURRED, USE AGES TO FILL IN HR57. IF THERE IS MORE THAN ONE SPAN OF YEARS, CHOOSE THE FIRST SPAN. IF THERE IS NO SUCH SPAN, GO TO HR58.>

HR57. Thinking about the ages of [SPAN OF YEARS WHEN
R WAS NOT PREGNANT OR TAKING BC HORMONES
OR HRT], when you were not pregnant, not breastfeeding,
and not taking any hormones or hormonal birth control,
about how many days would pass between the start of one
period and the start of the next period? Was it...

less than 21 days, and fairly regular..... 01
21 to 24 days, and fairly regular 02
25 to 34 days, and fairly regular 03
35 to 60 days, and fairly regular 04
more than 2 months..... 05
too irregular to say 06
DID NOT HAVE PERIODS 07

[IF R DISAGREES WITH THE AGES, PROBE: "Thinking
about the ages in your 20s or 30s when you were not pregnant,
not breastfeeding, and not taking any hormones, about how
many days would pass between the start of one period and
the start of the next period?"]

<DO NOT ASK HR58-HR60 IF LMP \leq 35>

<BEGIN REPEATING RECORD>

HR58. <FIRST OCCURRENCE:> As women get older, they may
experience changes in how often they have their menstrual
periods. Since the age of 35, did you notice a change in
the frequency of your periods when you weren't pregnant,
breastfeeding, or taking hormones, or hormonal birth control?

YES..... 1
NO.....[HR61] 2
REF.....[HR61] 7
DK.....[HR61] 8

<ALL OTHER OCCURRENCES:> Did you experience any other changes in the frequency of your menstrual cycle after this (when you weren't pregnant, breastfeeding, or taking hormones, or hormonal birth control)?

--	--

AGE

HR59. At what age did you [*first/next*] notice a change?

HR60. When you [*first/next*] noticed a change, did the length of time between your periods...

become shorter[HR58] 1
 become longer[HR58] 2
 become less regular[HR58] 3
 became more regular[HR58] 4
 periods stopped permanently 5
 OTHER[HR58] 6

<END REPEATING RECORD>

<DO NOT ASK HR61 AND HR62 IF R IS CURRENTLY PREGNANT>

HR61. Has a doctor or other health professional ever told you that you have gone through menopause?

YES[HR63] 1
 NO 2
 GOING THROUGH IT/
 IN MIDDLE OF IT[HR63] 3

HR62. Do you think that you have gone through menopause?

YES 1
 NO 2
 GOING THROUGH IT/
 IN MIDDLE OF IT 3

Other Hormones

HR63. **<FIRST OCCURRENCE:>** Have you ever been a participant in a clinical trial in which you received a hormone that was being tested? Please do not include trials in which you know you received a placebo.

YES 1
 NO[HR70] 2
 REF[HR70] 7
 DK[HR70] 8

<ALL OTHER OCCURRENCES:> Were there any other times when you were a participant in a clinical trial in which you received a hormone that was being tested?

HR64. What is the name of the hormone or hormones that you received? [IF R OFFERS >1 CLINICAL TRIAL: Please tell me about these trials one at a time.]

HORMONE(S): _____

HR65. How old were you when you [*first/next*] started taking [*HORMONE NAME*]?

--	--

AGE

<IF HR65 = CURRENT AGE GO TO HR69>

HR66. Have you stopped taking [*HORMONE NAME*] since you were [*AGE FROM HR65*]?

YES 1
 NO[HR69] 2
 REF[HR69] 7
 DK[HR69] 8

HR67. How old were you when you [*first/next*] stopped taking [*HORMONE NAME*] for at least a year?

--	--

AGE

HR68. Were there any other times that you started taking [HORMONE NAME] again? YES.....[HR65] 1
 NO.....[HR63] 2
 REF.....[HR63] 7
 DK.....[HR63] 8

HR69. Are you currently taking [HORMONE NAME]? YES.....[HR63] 1
 NO.....[HR63] 2

HR70. <**FIRST OCCURRENCE:**> Have you ever taken Lupron or Danocrine (for reasons other than infertility)? YES..... 1
 <**ALL OTHER OCCURRENCES:**> Were there any other periods of time that you took Lupron or Danocrine (for reasons other than infertility)? NO.....[HR75] 2
 REF.....[HR75] 7
 DK.....[HR75] 8

HR71. How old were you when you [first/next] started taking Lupron or Danocrine for reasons other than infertility?
 AGE
 <IF HR71 = CURRENT AGE GO TO HR74>

HR72. Have you stopped taking Lupron or Danocrine since you were [AGE FROM HR71]? Only consider times when you stopped for a year or longer. YES..... 1
 NO.....[HR74] 2
 REF.....[HR74] 7
 DK.....[HR74] 8

HR73. How old were you when you [first/next] stopped taking Lupron or Danocrine for reasons other than infertility?
 AGE
 <GO TO HR70>

HR74. Are you currently taking Lupron or Danocrine for reasons other than infertility? YES.....[HR70] 1
 NO.....[HR70] 2

HR75. <**FIRST OCCURRENCE:**> Have you ever taken testosterone by patch, pill, or injection? Please do not include testosterone cream. YES..... 1
 <**ALL OTHER OCCURRENCES:**> Were there any other times when you took testosterone by patch, pill, or injection? (Please do not include testosterone cream.) NO.....[NEXT SECTION]..... 2
 REF.....[NEXT SECTION]..... 7
 DK.....[NEXT SECTION]..... 8

HR76. How old were you when you [first/next] started taking testosterone?
 AGE
 <IF HR76 = CURRENT AGE GO TO HR79>

HR77. Have you stopped taking testosterone since you were [AGE FROM HR76]? Only consider times when you stopped for a year or longer. YES..... 1
 NO.....[HR79] 2
 REF.....[HR79] 7
 DK.....[HR79] 8

HR78. How old were you when you [first/next] stopped taking testosterone?
 AGE
 <GO TO HR75>

HR79. Are you currently taking testosterone? YES.....[HR75] 1
 NO.....[HR75] 2

Section MC: Medical Conditions

In the next set of questions I am going to ask you about some medical conditions, and about the medications you may have taken for these conditions. When reporting medications, please do not include vitamins or herbal supplements.

<IF INT21 = 6 (R DOES NOT TAKE ANY MEDS), GO TO MC2.>

MC1. Do you have your current medications in front of you? YES 1
NO 2

<IF INT16, INT19 OR INT20 = NO, GO TO MC3>

MC2. Do you have the medications booklet from your Sister Study kit in front of you? YES 1
NO 2

MC3. Has a doctor or other health care provider ever told you that you had diabetes or high blood sugar, or that you had borderline diabetes other than during pregnancy? YES 1
NO [MC13] 2
BORDERLINE 3
REF [MC13] 7
DK [MC13] 8

MC4. How old were you when a doctor or other health care provider first told you that you had diabetes (other than during pregnancy)? [IF LESS THAN ONE YEAR OLD, ENTER AS "00".]

AGE

MC5. Have you ever taken insulin by injection for your diabetes? YES 1
NO [MC7] 2

MC6. Do you currently take insulin by injection? YES 1
NO 2

MC7. Have you ever taken insulin through an indwelling pump? YES 1
NO [*] 2

<* IF MC5 = YES, GO TO MC9; IF MC5 = NO, GO TO MC12a>

MC8. Do you currently take insulin through an indwelling pump? YES 1
NO 2

<ASK MC9—MC11 ONLY IF MC5 = YES OR MC7 = YES:>

MC9. How old were you when you first started taking insulin [by injection] [or] [through an indwelling pump]? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<ASK MC10 IF MC6 = YES OR MC8 = YES; ELSE GO TO MC11>

MC10. Have you taken insulin without stopping since you first started? YES [MC12a] 1
NO 2

MC11. How many years, months, and/or weeks in total have you taken insulin [by injection] [or] [through an indwelling pump]?

YEARS MONTHS WEEKS

MC12a. Have you ever taken oral medication for your diabetes? YES 1
 NO.....[MC13]..... 2

MC12b. At what age did you first take oral medication for
 diabetes? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT DIABETES MEDS:>

MC12c. Are you currently taking [*any other*] oral medication YES 1
 at least once a week for your diabetes? NO..... [MC12j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC12d. [Please look at List B on page 2 of your medications
booklet.] What is the [*code number or*]
 name of the [*first/next*] oral medication
 you are currently taking for this condition? [IF R OFFERS >
 1 MEDICATION: Please tell me about each medication
 one at a time.]

 MEDICATION NAME

**<ASK MC12e ONLY IF MED NAME FROM MC12d MATCHES A PREVIOUSLY REPORTED
 MED NAME FROM SECTION HRR; ELSE, GO TO MC12f>**

MC12e. Was this the same medication use that you reported for YES [MC12i] 1
 [CONDITION(S) FROM SECTION HR]? NO..... 2
 [IF R WAS USING THE SAME MEDICATION
 AT THE SAME TIME FOR MORE THAN ONE
 CONDITION, ENTER "YES". IF R TOOK THE
 SAME DRUG AT A DIFFERENT TIME, ENTER
 AS "NO".]

MC12f. At what age did you first take [*MEDICATION NAME*]
 for diabetes? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC12g. How many days per week do you take this medication?

DAYS/WEEK

MC12h. On the days you take this medication, how many times
 per day do you take it?

TIMES/DAY

MC12i. How many years and/or months in total have you taken
 this medication for [*CONDITION*]?

YEARS MONTHS
<GO TO MC12c>

<END REPEATING RECORDS: CURRENT DIABETES MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS DIABETES MEDS:>

MC12j. Have you taken any [*other*] oral medication at least YES 1
 once a week for your diabetes in the past 12 months? NO..... [MC12q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC12k. [Please look at List B on page 2 of your medications booklet.] What is the [code number or] name of the [first/next] oral medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

 MEDICATION NAME

<ASK MC12i ONLY IF MED NAME FROM MC12k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC12m>

MC12l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES.....[MC12p].....1
 NO.....2
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC12m. At what age did you first take [MEDICATION NAME] for diabetes? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

 AGE

MC12n. How many days per week did you take this medication?

 # DAYS/WEEK

MC12o. On the days you took this medication, how many times per day did you take it?

 # TIMES/DAY

MC12p. How many years and/or months in total have you taken this medication?

 YEARS MONTHS

<GO TO MC12j>
<END REPEATING RECORDS: PAST 12 MONTHS DIABETES MEDS>
<FILL IF MC12c = YES AND MC12j = YES:>

MC12q. [Including all the times you have just told me about,] how many years and/or months in total have you taken oral medications for your diabetes?

 YEARS MONTHS

<ASK MC12r—MC12s IF BOTH OF THE DURATIONS FROM MC12i AND MC12p ARE LESS THAN HALF THE DURATION FROM MC12q, OR IF MC12c AND MC12j BOTH = NO; ELSE GO TO MC13>

MC12r. [Other than [MEDICATIONS FROM MC12d AND MC12k,] what is the name of the oral medication you have taken for this condition for the longest time?

 MEDICATION NAME

MC12s. How many years and/or months in all have you taken this medication?

 YEARS MONTHS

MC13. (Has a doctor or other health professional ever told you that you had) thyroid disease or thyroid problems?

YES.....1
 NO.....[MC19].....2

- | | | Y | N |
|-------|--|---|---|
| MC14. | Have you ever been told (by a doctor or other health professional) that you had... | | |
| | a. hyperthyroidism, that is, an overactive thyroid | 1 | 2 |
| | b. hypothyroidism, that is, an underactive thyroid | 1 | 2 |
| | c. an enlarged thyroid or goiter ... | 1 | 2 |
| | d. CATEGORY COMBINED WITH C | | |
| | e. thyroid nodules | 1 | 2 |
| | f. adenoma..... | 1 | 2 |
| | g. thyroid cancer..... | 1 | 2 |

<BEGIN REPEATING RECORDS>

<IF MC14a-g ARE ALL = NO, REF, OR DK, ASK MC15 ONCE AND FILL “a thyroid disease or thyroid condition”>

- MC15. How old were you when you were first told you had [CONDITION FROM 14a-g/a thyroid disease or thyroid condition]?
[IF LESS THAN ONE YEAR OLD, ENTER “00”.]

--	--

AGE

<END REPEATING RECORDS>

- | | | Y | N |
|-------|--|---|---|
| MC16. | Was your thyroid disease due to... | | |
| | a. Graves' disease | 1 | 2 |
| | b. Hashimoto's or autoimmune thyroiditis | 1 | 2 |
| | c. postpartum thyroiditis | 1 | 2 |
| | d. thyroiditis | 1 | 2 |
| | e. thyrotoxicosis | 1 | 2 |
| | f. goiter (unspecified)..... | 1 | 2 |
| | g. toxic nodular goiter, toxic adenoma, or Plummer's disease | 1 | 2 |

- | | | Y | N |
|-------|--|---|---|
| MC17. | Have you received any of the following treatments for your thyroid condition[s]? | | |
| | a. radioactive iodine | 1 | 2 |
| | b. surgery..... | 1 | 2 |
| | c. any other treatment, not including medications or biopsies..... | 1 | 2 |
| | SPECIFY: _____ | | |

- MC18a. Have you ever taken medication for your thyroid condition[s]?
- YES 1
NO.....[MC19]..... 2

- MC18b. At what age did you first take medication for your thyroid condition[s]?
- [IF LESS THAN ONE YEAR OLD, ENTER “00”.]

--	--

AGE

<BEGIN REPEATING RECORDS: CURRENT THYROID MEDS:>

- MC18c. Are you currently taking [any other] medication at least once a week for your thyroid condition[s]?
- YES 1
NO..... [MC18j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC18d. [Please look at List C on page 3 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

 MEDICATION NAME

<ASK MC18e ONLY IF MED NAME FROM MC18d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC18f>

MC18e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

YES [MC18i] 1
 NO 2

MC18f. At what age did you first take [MEDICATION NAME] for your thyroid condition[s]? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC18g. How many days per week do you take this medication?

DAYS/WEEK

MC18h. On the days you take this medication, how many times per day do you take it?

TIMES/DAY

MC18i. How many years and/or months in total have you taken this medication for [CONDITION]?

YEARS MONTHS
<GO TO MC18c>

<END REPEATING RECORDS: CURRENT THYROID MEDS>**<BEGIN REPEATING RECORDS: PAST 12 MONTHS THYROID MEDS:>**

MC18j. Have you taken any [other] medication at least once a week for your thyroid condition[s] in the past 12 months?

YES 1
 NO [MC18q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC18k. [Please look at List C on page 3 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

 MEDICATION NAME

<ASK MC18i ONLY IF MED NAME FROM MC18k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC18m>

MC18l. Was this the same medication use that you reported for YES[MC18p].....1
[CONDITION(S) FROM SECTION HR/MC]? NO.....2

[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC18m. At what age did you first take [MEDICATION NAME]
for your thyroid condition[s]?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC18n. How many days per week did you take this medication?

MC18o. On the days you took this medication, how many times
per day did you take it?

DAYS/WEEK

TIMES/DAY

MC18p. How many years and/or months in total have you taken
this medication?

YEARS MONTHS

<GO TO MC18j>

<END REPEATING RECORDS: PAST 12 MONTHS THYROID MEDS>

<FILL IF MC18c = YES AND MC18j = YES:>

MC18q. [Including all the times you have just told me about,] how
many years and/or months in total have you taken
medications for your thyroid condition[s]?

YEARS MONTHS

<ASK MC18r—MC18s IF BOTH OF THE DURATIONS FROM MC18i AND MC18p ARE LESS THAN HALF THE DURATION FROM MC18q, OR IF MC18c AND MC18j BOTH = NO; ELSE GO TO MC19>

MC18r. [Other than [MEDICATIONS FROM MC18d AND
MC18k], what is the name of the medication you
have taken for this condition for the longest time?

MEDICATION NAME

MC18s. How many years and/or months in all have you taken
this medication?

YEARS MONTHS

MC19. Has a doctor or other health professional ever told you that
you had high blood pressure or hypertension, or that you had
borderline high blood pressure other than during pregnancy?

YES 1
NO [MC21] 2
BORDERLINE 3
REF [MC21] 7
DK [MC21] 8

MC20. How old were you when you were first told you
had this condition (high blood pressure or hypertension)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC20a. Have you ever taken medication for your high blood pressure or hypertension? YES 1
NO [MC21] 2

MC20b. At what age did you first take medication for your high blood pressure or hypertension?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT HIGH BLOOD PRESSURE MEDS:>

MC20c. Are you currently taking [any other] medication at least once a week for your high blood pressure or hypertension? YES 1
NO [MC20j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC20d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC20e ONLY IF MED NAME FROM MC20d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC20f>

MC20e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC20i] 1
NO 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC20f. At what age did you first take [MEDICATION NAME] for high blood pressure or hypertension?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC20g. How many days per week do you take this medication?

DAYS/WEEK

MC20h. On the days you take this medication, how many times per day do you take it?

TIMES/DAY

MC20i. How many years and/or months in total have you taken this medication for [CONDITION]?

YEARS MONTHS

<GO TO MC20c>

<END REPEATING RECORDS: CURRENT HIGH BLOOD PRESSURE MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS HIGH BLOOD PRESSURE MEDS:>

MC20j. Have you taken any [other] medication at least once a week for high blood pressure or hypertension in the past 12 months? YES 1
NO [MC20q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC20k. *[Please look at List D on pages 4 through 6 of your medications booklet.]* What is the
[code number or] name of the [first/next] medication
you have taken at least once a week for this condition
in the past 12 months? [IF R OFFERS > 1 MED:
Please tell me about each medication one at a time.]

 MEDICATION NAME

**<ASK MC20l ONLY IF MED NAME FROM MC20k MATCHES A PREVIOUSLY REPORTED
MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC20m>**

MC20l. Was this the same medication use that you reported for YES[MC20p].....1
[CONDITION(S) FROM SECTION HR/I]? NO2
[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC20m. At what age did you first take [MEDICATION NAME]
for high blood pressure or hypertension?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

 AGE

MC20n. How many days per week did you take this medication?

 # DAYS/WEEK

MC20o. On the days you took this medication, how many times
per day did you take it?

 # TIMES/DAY

MC20p. How many years and/or months in total have you taken
this medication?

 YEARS MONTHS

<GO TO MC20j>
<END REPEATING RECORDS: PAST 12 MONTHS HIGH BLOOD PRESSURE MEDS>
<FILL IF MC20c = YES AND MC20j = YES:>

MC20q. *[Including all the times you have just told me about,]* how
many years and/or months in total have you taken
medications for high blood pressure or hypertension?

 YEARS MONTHS

**<ASK MC20r—MC20s IF BOTH OF THE DURATIONS FROM MC20i AND MC20p ARE LESS
THAN HALF THE DURATION FROM MC20q, OR IF MC20c AND MC20j BOTH = NO; ELSE
GO TO MC21>**

MC20r. *[Other than [MEDICATIONS FROM MC20d AND
MC20k],* what is the name of the medication you
have taken for this condition for the longest time?

 MEDICATION NAME

MC20s. How many years and/or months in all have you taken
this medication?

 YEARS MONTHS

MC21. Has a doctor or other health professional ever told you that you had high cholesterol, or that you had borderline high cholesterol?

YES 1
 NO [MC23] 2
 BORDERLINE 3
 REF [MC23] 7
 DK [MC23] 8

MC22. How old were you when you were first told you had this condition (high cholesterol)?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC22a. Have you ever taken medication for your high cholesterol?

YES 1
 NO [MC23] 2

MC22b. At what age did you first take medication for your high cholesterol?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT HIGH CHOLESTEROL MEDS:>

MC22c. Are you currently taking [*any other*] medication at least once a week for high cholesterol?

YES 1
 NO [MC22j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC22d. [*Please look at List D on pages 4 through 6 of your medications booklet.*] What is the [*code number or*] name of the [*first/next*] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

 MEDICATION NAME

<ASK MC22e ONLY IF MED NAME FROM MC22d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC22f>

MC22e. Was this the same medication use that you reported for [*CONDITION(S) FROM SECTION HR/I*]?

YES [MC22i] 1
 NO 2

[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC22f. At what age did you first take [*MEDICATION NAME*] for high cholesterol?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC22g. How many days per week do you take this medication?

DAYS/WEEK

MC22h. On the days you take this medication, how many times per day do you take it?

TIMES/DAY

MC22i. How many years and/or months in total have you taken
this medication for [CONDITION]?

YEARS MONTHS

<GO TO MC22c>

<END REPEATING RECORDS: CURRENT HIGH CHOLESTEROL MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS HIGH CHOLESTEROL MEDS:>

MC22j. Have you taken any [other] medication at least once a week for high cholesterol in the past 12 months? YES 1
NO [MC22q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC22k. [Please look at List D on pages 4 through 6 of
your medications booklet.] What is the
[code number or] name of the [first/next] medication
you have taken at least once a week for this condition
in the past 12 months? [IF R OFFERS > 1 MED:
Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC22i ONLY IF MED NAME FROM MC22k MATCHES A PREVIOUSLY REPORTED
MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC22m>

MC22l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC22p] 1
NO 2
[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC22m. At what age did you first take [MEDICATION NAME]
for high cholesterol?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC22n. How many days per week did you take this medication?

DAYS/WEEK

MC22o. On the days you took this medication, how many times
per day did you take it?

TIMES/DAY

MC22p. How many years and/or months in total have you taken
this medication?

YEARS MONTHS

<GO TO MC22j>

<END REPEATING RECORDS: PAST 12 MONTHS HIGH CHOLESTEROL MEDS>

<FILL IF MC22c = YES AND MC22j = YES:>

MC22q. [Including all the times you have just told me about,] how
many years and/or months in total have you taken

YEARS MONTHS

medications for high cholesterol?

<ASK MC22r—MC22s IF BOTH OF THE DURATIONS FROM MC22i AND MC22p ARE LESS THAN HALF THE DURATION FROM MC22q, OR IF MC22c AND MC22j BOTH = NO; ELSE GO TO MC23>

MC22r. *[Other than [MEDICATIONS FROM MC22d AND MC22k], what is the name of the medication you have taken for this condition for the longest time?*

_____ MEDICATION NAME

MC22s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC23. (Has a doctor or other health professional ever told you that you had) angina, that is, heart-related chest pain usually related to exertion or stress?

YES 1
NO.....[MC25]..... 2
REF[MC25]..... 7
DK.....[MC25]..... 8

MC24. How old were you when you were first told you had this condition (angina, that is, heart-related chest pain, usually related to exertion or stress)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC24a. Have you ever taken medication for angina?

YES 1
NO.....[MC25]..... 2

MC24b. At what age did you first take medication for angina? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT ANGINA MEDS:>

MC24c. Are you currently taking *[any other]* medication at least once a week for angina?

YES 1
NO.....[MC24j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC24d. *[Please look at List D on pages 4 through 6 of your medications booklet.]* What is the *[code number or]* name of the *[first/next]* medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC24e ONLY IF MED NAME FROM MC24d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC24f>

MC24e. Was this the same medication use that you reported for *[CONDITION(S) FROM SECTION HR/MC]*?
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

YES [MC24i] 1
NO..... 2

MC24f. At what age did you first take *[MEDICATION NAME]* for angina? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC24g. How many days per week do you take this medication?

DAYS/WEEK

MC24h. On the days you take this medication, how many times per day do you take it?

TIMES/DAY

MC24i. How many years and/or months in total have you taken this medication for [CONDITION]?

YEARS MONTHS

<GO TO MC24c>

<END REPEATING RECORDS: CURRENT ANGINA MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS ANGINA MEDS:>

MC24j. Have you taken any [other] medication at least once a week for angina in the past 12 months?

YES 1

NO [MC24q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC24k. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

MEDICATION NAME

<ASK MC24i ONLY IF MED NAME FROM MC24k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC24m>

MC24l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/I]?

YES [MC24p] 1

NO 2

[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC24m. At what age did you first take [MEDICATION NAME] for angina?

AGE

[IF LESS THAN ONE YEAR OLD, ENTER "00".]

MC24n. How many days per week did you take this medication?

DAYS/WEEK

MC24o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC24p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC24j>

<END REPEATING RECORDS: PAST 12 MONTHS ANGINA MEDS>

<FILL IF MC24c = YES AND MC24j = YES:>

MC24q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for angina?

YEARS MONTHS

<ASK MC24r—MC24s IF BOTH OF THE DURATIONS FROM MC24i AND MC24p ARE LESS THAN HALF THE DURATION FROM MC24q, OR IF MC24c AND MC24j BOTH = NO; ELSE GO TO MC25>

MC24r. [Other than [MEDICATIONS FROM MC24d AND MC24k], what is the name of the medication you have taken for this condition for the longest time?

MEDICATION NAME

MC24s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC25. (Has a doctor or other health professional ever told you that you had) a heart attack? Please do not include congestive heart failure or stroke.

YES 1
NO [MC27] 2
REF [MC27] 7
DK [MC27] 8

MC26. How old were you when you were first told you had a heart attack?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC26a. Have you ever taken medication as a result of a heart attack?

YES 1
NO [MC27] 2

MC26b. At what age did you first take medication as a result of a heart attack?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT HEART ATTACK MEDS:>

MC26c. Are you currently taking [any other] medication at least once a week as a result of a heart attack?

YES 1
NO [MC26j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC26d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking as a result of a heart attack?
[IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

MEDICATION NAME

<ASK MC26e ONLY IF MED NAME FROM MC26d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC26f>

MC26e. Was this the same medication use that you reported for YES [MC26i] 1
 [CONDITION(S) FROM SECTION HR/MC]? NO 2
 [IF R WAS USING THE SAME MEDICATION
 AT THE SAME TIME FOR MORE THAN ONE
 CONDITION, ENTER "YES". IF R TOOK THE
 SAME DRUG AT A DIFFERENT TIME, ENTER
 AS "NO".]

MC26f. At what age did you first take [MEDICATION NAME]
 as a result of a heart attack?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC26g. How many days per week do you take this medication?

DAYS/WEEK

MC26h. On the days you take this medication, how many times
 per day do you take it?

TIMES/DAY

MC26i. How many years and/or months in total have you taken
 this medication as a result of a heart attack?

YEARS MONTHS

<GO TO MC26c>

<END REPEATING RECORDS: CURRENT HEART ATTACK MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS HEART ATTACK MEDS:>

MC26j. Have you taken any [other] medication at least YES 1
 once a week as a result of a heart attack in the past NO [MC26q] 2
 12 months?

<FIRST FILL ONLY IF MC2 = YES>

MC26k. [Please look at List D on pages 4 through 6 of
 your medications booklet.] What is the
 [code number or] name of the [first/next] medication
 you have taken at least once a week for this condition
 in the past 12 months? [IF R OFFERS > 1 MED:
 Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC26l ONLY IF MED NAME FROM MC26k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC26m>

MC26l. Was this the same medication use that you reported for YES [MC26p] 1
 [CONDITION(S) FROM SECTION HR/I]? NO 2
 [IF R WAS USING THE SAME MEDICATION
 AT THE SAME TIME FOR MORE THAN ONE
 CONDITION, ENTER "YES". IF R TOOK THE
 SAME DRUG AT A DIFFERENT TIME, ENTER
 AS "NO".]

MC26m. At what age did you first take [MEDICATION NAME]
as a result of a heart attack?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC26n. How many days per week did you take this medication?

DAYS/WEEK

MC26o. On the days you took this medication, how many times
per day did you take it?

TIMES/DAY

MC26p. How many years and/or months in total have you taken
this medication?

YEARS MONTHS

<GO TO MC26j>

<END REPEATING RECORDS: PAST 12 MONTHS HEART ATTACK MEDS>

<FILL IF MC26c = YES AND MC26j = YES:>

MC26q. [Including all the times you have just told me about,] how
many years and/or months in total have you taken
medications as a result of a heart attack?

YEARS MONTHS

<ASK MC26r—MC26s IF BOTH OF THE DURATIONS FROM MC26i AND MC26p ARE LESS
THAN HALF THE DURATION FROM MC26q, OR IF MC26c AND MC26j BOTH = NO; ELSE
GO TO MC27>

MC26r. [Other than [MEDICATIONS FROM MC26d AND
MC26k], what is the name of the medication you
have taken as a result of a heart attack for the longest time?

_____ MEDICATION NAME

MC26s. How many years and/or months in all have you taken
this medication?

YEARS MONTHS

MC27. (Has a doctor or other health professional ever told you that
you had) congestive heart failure?

YES 1
NO [MC29] 2
REF [MC29] 7
DK [MC29] 8

MC28. How old were you when you were first told you
had this condition (congestive heart failure)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC28a. Have you ever taken medication for congestive
heart failure?

YES 1
NO [MC29] 2

MC28b. At what age did you first take medication for
congestive heart failure?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT CONGESTIVE HEART FAILURE MEDS:>

MC28c. Are you currently taking [any other] medication
at least once a week for congestive heart failure?

YES 1
NO [MC28j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC28d. [Please look at List D on pages 4 through 6 of
your medications booklet.] What is the
[code number or] name of the [first/next] medication
you are currently taking for this condition? [IF R OFFERS >
1 MEDICATION: Please tell me about each medication
one at a time.]

 MEDICATION NAME

**<ASK MC28e ONLY IF MED NAME FROM MC28d MATCHES A PREVIOUSLY REPORTED
MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC28f>**

MC28e. Was this the same medication use that you reported for YES [MC28i] 1
[CONDITION(S) FROM SECTION HR/I]? NO 2
[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC28f. At what age did you first take [MEDICATION NAME]
for congestive heart failure?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

--	--

 AGE

MC28g. How many days per week do you take this medication?

--	--

 # DAYS/WEEK

MC28h. On the days you take this medication, how many times
per day do you take it?

--	--

 # TIMES/DAY

MC28i. How many years and/or months in total have you taken
this medication for [CONDITION]?

--	--

--	--

 YEARS MONTHS
<GO TO MC28c>**<END REPEATING RECORDS: CURRENT CONGESTIVE HEART FAILURE MEDS>**
**<BEGIN REPEATING RECORDS: PAST 12 MONTHS CONGESTIVE HEART FAILURE
MEDS:>**

MC28j. Have you taken any [other] medication at least once
a week for congestive heart failure in the past 12
months? YES 1
NO [MC28q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC28k. [Please look at List D on pages 4 through 6 of
your medications booklet.] What is the
[code number or] name of the [first/next] medication
you have taken at least once a week for this condition
in the past 12 months? [IF R OFFERS > 1 MED:
Please tell me about each medication one at a time.]

 MEDICATION NAME

<ASK MC28i ONLY IF MED NAME FROM MC28k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC28m>

MC28l. Was this the same medication use that you reported for YES[MC28p].....1
[CONDITION(S) FROM SECTION HR/MC]? NO.....2

[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC28m. At what age did you first take [MEDICATION NAME]
for congestive heart failure?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC28n. How many days per week did you take this medication?

DAYS/WEEK

MC28o. On the days you took this medication, how many times
per day did you take it?

TIMES/DAY

MC28p. How many years and/or months in total have you taken
this medication?

YEARS MONTHS

<GO TO MC28j>

MC28q. [Including all the times you have just told me about,] how
many years and/or months in total have you taken
medications for congestive heart failure?

YEARS MONTHS

<ASK MC28r—MC28s IF BOTH OF THE DURATIONS FROM MC28i AND MC28p ARE LESS THAN HALF THE DURATION FROM MC28q, OR IF MC28c AND MC28j BOTH = NO; ELSE GO TO MC29>

MC28r. [Other than [MEDICATIONS FROM MC28d AND
MC28k], what is the name of the medication you
have taken for this condition for the longest time?

MEDICATION NAME

MC28s. How many years and/or months in all have you taken
this medication?

YEARS MONTHS

MC29. (Has a doctor or other health professional ever told you that
you had) cardiac arrhythmia (irregular heart beat), also
called atrial or ventricular fibrillation.

YES 1
NO[MC31]..... 2
REF[MC31]..... 7
DK[MC31]..... 8

MC30. How old were you when you were first told you
had this condition (cardiac arrhythmia, irregular
heart beat, or atrial or ventricular fibrillation)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC30a. Have you ever taken medication for cardiac arrhythmia? YES 1
NO [MC31] 2

MC30b. At what age did you first take medication for cardiac arrhythmia?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT CARDIAC ARRHYTHMIA MEDS:>

MC30c. Are you currently taking [any other] medication at least once a week for cardiac arrhythmia? YES 1
NO [MC30j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC30d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC30e ONLY IF MED NAME FROM MC30d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC30f>

MC30e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC30i] 1
NO 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC30f. At what age did you first take [MEDICATION NAME] for cardiac arrhythmia?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC30g. How many days per week do you take this medication?

DAYS/WEEK

MC30h. On the days you take this medication, how many times per day do you take it?

TIMES/DAY

MC30i. How many years and/or months in total have you taken this medication for [CONDITION]?

YEARS MONTHS

<GO TO MC30c>

<END REPEATING RECORDS: CURRENT CARDIAC ARRHYTHMIA MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS CARDIAC ARRHYTHMIA MEDS:>

MC30j. Have you taken any [other] medication at least once a week for cardiac arrhythmia in the past 12 months? YES 1
NO [MC30q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC30k. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

 MEDICATION NAME

<ASK MC30l ONLY IF MED NAME FROM MC30k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC30m>

MC30l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES.....[MC30p].....1
 NO.....2
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC30m. At what age did you first take [MEDICATION NAME] for cardiac arrhythmia?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC30n. How many days per week did you take this medication?

DAYS/WEEK

MC30o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC30p. How many years and/or months in total have you taken this medication?

YEARS

MONTHS

<GO TO MC30j>

<END REPEATING RECORDS: PAST 12 MONTHS CARDIAC ARRHYTHMIA MEDS>**<FILL IF MC30c = YES AND MC30j = YES:>**

MC30q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for cardiac arrhythmia?

YEARS

MONTHS

<ASK MC30r—MC30s IF BOTH OF THE DURATIONS FROM MC30i AND MC30p ARE LESS THAN HALF THE DURATION FROM MC30q, OR IF MC30c AND MC30j BOTH = NO; ELSE GO TO MC31>

MC30r. [Other than [MEDICATIONS FROM MC30d AND MC30k], what is the name of the medication you have taken for this condition for the longest time?

 MEDICATION NAME

MC30s. How many years and/or months in all have you taken this medication?

YEARS

MONTHS

MC31. (Has a doctor or other health professional ever told you that you had) mitral valve prolapse (MVP) or a heart murmur?

YES 1
 NO.....[MC33]..... 2
 REF[MC33]..... 7
 DK.....[MC33]..... 8

MC32. How old were you when you were first told you had this condition? | |
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC32a. Have you ever taken medication for mitral valve prolapse (MVP) or a heart murmur?

YES 1
 NO.....[MC33]..... 2

MC32b. At what age did you first take medication for mitral valve prolapse (MVP) or a heart murmur? | |
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

<BEGIN REPEATING RECORDS: CURRENT OTHER CORONARY ARTERY DISEASE MEDS:>

MC32c. Are you currently taking [any other] medication at least once a week for mitral valve prolapse (MVP) or a heart murmur?

YES 1
 NO..... [MC32j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC32d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the _____
 [code number or] name of the [first/next] medication MEDICATION NAME
 you are currently taking for this condition? [IF R OFFERS >
 1 MEDICATION: Please tell me about each medication
 one at a time.]

<ASK MC32e ONLY IF MED NAME FROM MC32d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC32f>

MC32e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC32i] 1
 NO..... 2
 [IF R WAS USING THE SAME MEDICATION
 AT THE SAME TIME FOR MORE THAN ONE
 CONDITION, ENTER "YES". IF R TOOK THE
 SAME DRUG AT A DIFFERENT TIME, ENTER
 AS "NO".]

MC32f. At what age did you first take [MEDICATION NAME] for mitral valve prolapse (MVP) or a heart murmur? | |
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC32g. How many days per week do you take this medication? | |
DAYS/WEEK

MC32h. On the days you take this medication, how many times per day do you take it? | |
TIMES/DAY

MC32i. How many years and/or months in total have you taken this medication for mitral valve prolapse (MVP) or a heart murmur?

YEARS MONTHS
<GO TO MC32c>

<END REPEATING RECORDS: CURRENT OTHER CORONARY ARTERY DISEASE MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS AN OTHER CORONARY ARTERY DISEASE MEDS:>

MC32j. Have you taken any [other] medication at least once a week for mitral valve prolapse (MVP) or a heart murmur in the past 12 months? YES 1
NO [MC32q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC32k. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC32i ONLY IF MED NAME FROM MC32k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC32m>

MC32l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC32p] 1
NO 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC32m. At what age did you first take [MEDICATION NAME] for mitral valve prolapse (MVP) or a heart murmur? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC32n. How many days per week did you take this medication?

DAYS/WEEK

MC32o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC32p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC32j>

<END REPEATING RECORDS: PAST 12 MONTHS OTHER CORONARY ARTERY DISEASE MEDS>

<FILL IF MC32c = YES AND MC32j = YES:>

MC32q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for mitral valve prolapse (MVP) or

YEARS MONTHS

heart murmur?

<ASK MC32r—MC32s IF BOTH OF THE DURATIONS FROM MC32i AND MC32p ARE LESS THAN HALF THE DURATION FROM MC32q, OR IF MC32c AND MC32j BOTH = NO; ELSE GO TO MC33>

MC32r. *[Other than [MEDICATIONS FROM MC32d AND MC32k], what is the name of the medication you have taken for this condition for the longest time?*

 MEDICATION NAME

MC32s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC33. Have you ever had bypass surgery or a procedure to remove plaque in your arteries? YES 1
NO 2

MC34. Have you ever had angioplasty, that is, a procedure on an artery to increase blood flow to the heart? YES 1
NO 2

MC35. Do you have a pacemaker or an implanted defibrillator? YES 1
NO 2

MC36. Has a doctor or other health professional ever told you that you had a mini-stroke or transient ischemic attack, also called TIA? YES 1
NO [MC38] 2
REF [MC38] 7
DK [MC38] 8

MC37. How old were you when you were first told you had this condition (a mini-stroke or TIA (transient ischemic attack))?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC37a. Have you ever taken medication for a mini-stroke or TIA (transient ischemic attack)? YES 1
NO [MC38] 2

MC37b. At what age did you first take medication for a mini-stroke or TIA (transient ischemic attack)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT MINMCSTROKE, OR TIA MEDS:>

MC37c. Are you currently taking *[any other]* medication at least once a week for a mini-stroke or TIA (transient ischemic attack)? YES 1
NO [MC37j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC37d. *[Please look at List D on pages 4 through 6 of your medications booklet.]* What is the *[code number or]* name of the *[first/next]* medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

 MEDICATION NAME

<ASK MC37e ONLY IF MED NAME FROM MC37d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC37f>

MC37e. Was this the same medication use that you reported for YES [MC37i] 1
 [CONDITION(S) FROM SECTION HR/MC]? NO 2
 [IF R WAS USING THE SAME MEDICATION
 AT THE SAME TIME FOR MORE THAN ONE
 CONDITION, ENTER "YES". IF R TOOK THE
 SAME DRUG AT A DIFFERENT TIME, ENTER
 AS "NO".]

MC37f. At what age did you first take [MEDICATION NAME]
 for a mini-stroke or TIA (transient ischemic attack)?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC37g. How many days per week do you take this medication?

DAYS/WEEK

MC37h. On the days you take this medication, how many times
 per day do you take it?

TIMES/DAY

MC37i. How many years and/or months in total have you taken
 this medication for [CONDITION]?

YEARS MONTHS

<GO TO MC37c>

<END REPEATING RECORDS: CURRENT MINMCSTROKE, OR TIA MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS MINMCSTROKE OR TIA MEDS:>

MC37j. Have you taken any [other] medication at least once YES 1
 a week for a mini-stroke or TIA (transient ischemic NO [MC37q] 2
 attack) in the past 12 months?

<FIRST FILL ONLY IF MC2 = YES>

MC37k. [Please look at List D on pages 4 through 6 of
 your medications booklet.] What is the
 [code number or] name of the [first/next] medication
 you have taken at least once a week for this condition
 in the past 12 months? [IF R OFFERS > 1 MED:
 Please tell me about each medication one at a time.]

 MEDICATION NAME

<ASK MC37l ONLY IF MED NAME FROM MC37k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC37m>

MC37l. Was this the same medication use that you reported for YES [MC37p] 1
 [CONDITION(S) FROM SECTION HR/I]? NO 2
 [IF R WAS USING THE SAME MEDICATION
 AT THE SAME TIME FOR MORE THAN ONE
 CONDITION, ENTER "YES". IF R TOOK THE
 SAME DRUG AT A DIFFERENT TIME, ENTER
 AS "NO".]

MC37m. At what age did you first take [MEDICATION NAME]
 for a mini-stroke or TIA (transient ischemic attack)?

AGE

[IF LESS THAN ONE YEAR OLD, ENTER "00".]

MC37n. How many days per week did you take this medication?

DAYS/WEEK

MC37o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC37p. How many years and/or months in total have you taken this medication?

YEARS

MONTHS

<GO TO MC37j>

<END REPEATING RECORDS: PAST 12 MONTHS MINMCSTROKE OR TIA MEDS>

<FILL IF MC37c = YES AND MC37j = YES:>

MC37q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for a mini-stroke or TIA (transient ischemic attack)?

YEARS

MONTHS

<ASK MC37r—MC37s IF BOTH OF THE DURATIONS FROM MC37i AND MC37p ARE LESS THAN HALF THE DURATION FROM MC37q, OR IF MC37c AND MC37j BOTH = NO; ELSE GO TO MC38>

MC37r. [Other than [MEDICATIONS FROM MC37d AND MC37k], what is the name of the medication you have taken for this condition for the longest time?

MEDICATION NAME

MC37s. How many years and/or months in all have you taken this medication?

YEARS

MONTHS

MC38. (Has a doctor or other health professional ever told you that you had) a stroke?

YES 1
 NO [MC42] 2
 REF [MC42] 7
 DK [MC42] 8

MC39. How old were you when you were first told you had a stroke? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC40. Was this stroke due to bleeding, called a hemorrhagic stroke, or was it due to a clot or embolism, called an occlusive or thrombotic stroke?

BLEEDING (HEMORRHAGIC) 1
 CLOT OR EMBOLISM (OCCLUSIVE OR THROMBOTIC) 2

MC41a. Have you ever taken medication for a stroke?

YES 1
 NO [MC42] 2

MC41b. At what age did you first take medication for
a stroke? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT STROKE MEDS>

MC41c. Are you currently taking [any other] medication
at least once a week for a stroke?

YES 1
NO [MC41j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC41d. [Please look at List D on pages 4 through 6 of
your medications booklet.] What is the
[code number or] name of the [first/next] medication
you are currently taking for this condition? [IF R OFFERS >
1 MEDICATION: Please tell me about each medication
one at a time.]

_____ MEDICATION NAME

**<ASK MC41e ONLY IF MED NAME FROM MC41d MATCHES A PREVIOUSLY REPORTED
MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC41f>**

MC41e. Was this the same medication use that you reported for YES [MC41i] 1
[CONDITION(S) FROM SECTION HR/MC]? NO 2
[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC41f. At what age did you first take [MEDICATION NAME]
for a stroke? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC41g. How many days per week do you take this medication?

DAYS/WEEK

MC41h. On the days you take this medication, how many times
per day do you take it?

TIMES/DAY

MC41i. How many years and/or months in total have you taken
this medication for [CONDITION]?

YEARS MONTHS

<GO TO MC41c>

<END REPEATING RECORDS: CURRENT STROKE MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS STROKE MEDS:>

MC41j. Have you taken any [other] medication at least once
a week for a stroke?

YES 1
NO [MC41q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC41k. *[Please look at List D on pages 4 through 6 of your medications booklet.]* What is the
[code number or] name of the [first/next] medication
you have taken at least once a week for this condition
in the past 12 months? [IF R OFFERS > 1 MED:
Please tell me about each medication one at a time.]

 MEDICATION NAME

**<ASK MC41i ONLY IF MED NAME FROM MC41k MATCHES A PREVIOUSLY REPORTED
MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC41m>**

MC41l. Was this the same medication use that you reported for YES.....[MC41p].....1
[CONDITION(S) FROM SECTION HR/MC]? NO.....2
[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC41m. At what age did you first take [MEDICATION NAME]
for this other a stroke?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC41n. How many days per week did you take this medication?

DAYS/WEEK

MC41o. On the days you took this medication, how many times
per day did you take it?

TIMES/DAY

MC41p. How many years and/or months in total have you taken
this medication?

YEARS MONTHS

<GO TO MC41j>

<END REPEATING RECORDS: PAST 12 MONTHS STROKE MEDS>**<FILL IF MC41c = YES AND MC41j = YES:>**

MC41q. *[Including all the times you have just told me about,]* how
many years and/or months in total have you taken
medications for a stroke?

YEARS MONTHS

**<ASK MC41r—MC41s IF BOTH OF THE DURATIONS FROM MC41i AND MC41p ARE LESS
THAN HALF THE DURATION FROM MC41q, OR IF MC41c AND MC41j BOTH = NO; ELSE
GO TO MC42>**

MC41r. *[Other than [MEDICATIONS FROM MC41d AND
MC41k],* what is the name of the medication you
have taken for this condition for the longest time?

 MEDICATION NAME

MC41s. How many years and/or months in all have you taken
this medication?

YEARS MONTHS

MC42. (Has a doctor or other health professional ever told you that
you had) Crohn's disease?

YES.....1
NO.....[MC46].....2

REF[MC46]..... 7

DK.....[MC46]..... 8

MC43. How old were you when you were first told you
had this condition (Crohn's disease)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC44. Did you ever have a colostomy or colectomy
(partial removal of the colon) for
this condition (Crohn's disease)?

YES 1

NO 2

MC45a. Have you ever taken medication for Crohn's disease?

YES 1

NO[MC46]..... 2

MC45b. At what age did you first take medication for
Crohn's disease?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT CROHNS MEDS:>

MC45c. Are you currently taking [any other] medication
at least once a week for Crohn's disease?

YES 1

NO [MC45j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC45d. [Please look at List E on page 7 of your
medications booklet.] What is the
[code number or] name of the [first/next] medication
you are currently taking for this condition? [IF R OFFERS >
1 MEDICATION: Please tell me about each medication
one at a time.]

 MEDICATION NAME

**<ASK MC45e ONLY IF MED NAME FROM MC45d MATCHES A PREVIOUSLY REPORTED
MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC45f>**

MC45e. Was this the same medication use that you reported for
[CONDITION(S) FROM SECTION HR/MC]? YES [MC45i] 1
NO 2
[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC45f. At what age did you first take [MEDICATION NAME]
for Crohn's disease?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC45g. How many days per week do you take this medication?

DAYS/WEEK

MC45h. On the days you take this medication, how many times
per day do you take it?

TIMES/DAY

MC45i. How many years and/or months in total have you been taking this medication for [CONDITION]?

YEARS MONTHS
<GO TO MC45c>

<END REPEATING RECORDS: CURRENT CROHNS MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS CROHNS MEDS:>

MC45j. Have you taken any [other] medication at least YES 1
once a week for Crohn's disease in the past 12 months? NO [MC45q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC45k. [Please look at List E on page 7 of your medications booklet.] What is the _____
[code number or] name of the [first/next] medication MEDICATION NAME
you have taken at least once a week for this condition
in the past 12 months? [IF R OFFERS > 1 MED:
Please tell me about each medication one at a time.]

<ASK MC45i ONLY IF MED NAME FROM MC45k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC45m>

MC45l. Was this the same medication use that you reported for YES [MC45p] 1
[CONDITION(S) FROM SECTION HR/MC]? NO 2
[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC45m. At what age did you first take [MEDICATION NAME]
for Crohn's disease?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC45n. How many days per week did you take this medication?

DAYS/WEEK

MC45o. On the days you took this medication, how many times
per day did you take it?

TIMES/DAY

MC45p. How many years and/or months in total have you taken
this medication?

YEARS MONTHS
<GO TO MC45j>

<END REPEATING RECORDS: PAST 12 MONTHS CROHNS MEDS>

<FILL IF MC45c = YES AND MC45j = YES:>

MC45q. [Including all the times you have just told me about,] how
many years and/or months in total have you taken
medications for Crohn's disease?

YEARS MONTHS

<ASK MC45r—MC45s IF BOTH OF THE DURATIONS FROM MC45i AND MC45p ARE LESS THAN HALF THE DURATION FROM MC45q, OR IF MC45c AND MC45j BOTH = NO; ELSE GO TO MC46>

MC45r. [Other than [MEDICATIONS FROM MC45d AND MC45k], what is the name of the medication you have taken for this condition for the longest time?

MEDICATION NAME

MC45s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC46. (Has a doctor or other health professional ever told you that you had) ulcerative colitis?

YES 1
NO [MC50] 2
REF [MC50] 7
DK [MC50] 8

MC47. How old were you when you were first told you had this condition (ulcerative colitis)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC48. Did you ever have a colostomy or colectomy (partial removal of the colon) for this condition (ulcerative colitis)?

YES 1
NO 2

MC49a. Have you ever taken medication for ulcerative colitis?

YES 1
NO [MC50] 2

MC49b. At what age did you first take medication for this condition?

[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT ULCERATIVE COLITIS MEDS:>

MC49c. Are you currently taking [any other] medication at least once a week for ulcerative colitis?

YES 1
NO [MC49j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC49d. [Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

MEDICATION NAME

<ASK MC49e ONLY IF MED NAME FROM MC49d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC49f>

MC49e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]?
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

YES [MC49i] 1
NO 2

MC49f. At what age did you first take [*MEDICATION NAME*]
for ulcerative colitis?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC49g. How many days per week do you take this medication?

DAYS/WEEK

MC49h. On the days you take this medication, how many times
per day do you take it?

TIMES/DAY

MC49i. How many years and/or months in total have you been taking
this medication for [*CONDITION*]?

YEARS MONTHS
<GO TO MC49c>

<END REPEATING RECORDS: CURRENT ULCERATIVE COLITIS MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS ULCERATIVE COLITIS MEDS:>

MC49j. Have you taken any [*other*] medication at least YES 1
once a week for ulcerative colitis in the past 12 months? NO [MC49q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC49k. [*Please look at List E on page 7 of your
medications booklet.*] What is the
[*code number or*] name of the [*first/next*] medication
you have taken at least once a week for this condition
in the past 12 months? [IF R OFFERS > 1 MED:
Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC49l ONLY IF MED NAME FROM MC49k MATCHES A PREVIOUSLY REPORTED
MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC49m>

MC49l. Was this the same medication use that you reported for YES [MC49p] 1
[*CONDITION(S) FROM SECTION HR/MC*]? NO 2
[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC49m. At what age did you first take [MEDICATION NAME]
for ulcerative colitis?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC49n. How many days per week did you take this medication?

DAYS/WEEK

MC49o. On the days you took this medication, how many times
per day did you take it?

TIMES/DAY

MC49p. How many years and/or months in total have you taken
this medication?

YEARS MONTHS
<GO TO MC49j>

<END REPEATING RECORDS: PAST 12 MONTHS ULCERATIVE COLITIS MEDS>

<FILL IF MC49c = YES AND MC49j = YES:>

MC49q. [Including all the times you have just told me about,] how
many years and/or months in total have you taken
medications for ulcerative colitis?

YEARS MONTHS

**<ASK MC49r—MC49s IF BOTH OF THE DURATIONS FROM MC49i AND MC49p ARE LESS
THAN HALF THE DURATION FROM MC49q, OR IF MC49c AND MC49j BOTH = NO; ELSE
GO TO MC50>**

MC49r. [Other than [MEDICATIONS FROM MC49d AND
MC49k], what is the name of the medication you
have taken for this condition for the longest time?

MEDICATION NAME

MC49s. How many years and/or months in all have you taken
this medication?

YEARS MONTHS

MC50. (Has a doctor or other health professional ever told you that
you had) polyps in the colon or rectum?

YES 1
NO [MC52] 2
REF [MC52] 7
DK [MC52] 8

MC51. How old were you when you were first told you
had this condition (polyps in the colon or rectum)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC52. (Has a doctor or other health professional ever told you that
you had) gallstones or gallbladder disease?

YES 1
NO [MC56] 2
REF [MC56] 7
DK [MC56] 8

MC53. How old were you when you were first told you
had this condition (gallstones or gallbladder disease)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC54. Did you have your gallbladder removed? YES 1
NO [MC56] 2

MC55. At what age did you have your gallbladder removed?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC56. (Has a doctor or other health professional ever told you that you had) hepatitis?

YES 1
NO [MC62] 2
REF [MC62] 7
DK [MC62] 8

MC57. How old were you when you were first told you had this condition (hepatitis)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC58. What type of hepatitis were you told that you had?

type A 1 2
type B 1 2
type C 1 2
type D 1 2
type E 1 2

MC59. Do you have chronic hepatitis?

YES 1
NO [MC61a] 2

MC60. Was this hepatitis chronic persistent or chronic active?

PERSISTENT 1
ACTIVE 2

MC61a. Have you ever taken medication for hepatitis?

YES 1
NO [MC62] 2

MC61b. At what age did you first take medication for hepatitis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT HEPATITIS MEDS:>

MC61c. Are you currently taking [*any other*] medication at least once a week for hepatitis?

YES 1
NO [MC61j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC61d. [*Please look at List E on page 7 of your medications booklet.*] What is the [code number or] name of the [*first/next*] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC61e ONLY IF MED NAME FROM MC61d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC61f>

MC61e. Was this the same medication use that you reported for YES [MC61i] 1
 [CONDITION(S) FROM SECTION HR/MC]? NO 2
 [IF R WAS USING THE SAME MEDICATION
 AT THE SAME TIME FOR MORE THAN ONE
 CONDITION, ENTER "YES". IF R TOOK THE
 SAME DRUG AT A DIFFERENT TIME, ENTER
 AS "NO".]

MC61f. At what age did you first take [MEDICATION NAME]
 for hepatitis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC61g. How many days per week do you take this medication?

DAYS/WEEK

MC61h. On the days you take this medication, how many times
 per day do you take it?

TIMES/DAY

MC61i. How many years and/or months in total have you been taking
 this medication for [CONDITION]?

YEARS MONTHS
<GO TO MC61c>

<END REPEATING RECORDS: CURRENT HEPATITIS MEDS>**<BEGIN REPEATING RECORDS: PAST 12 MONTHS HEPATITIS MEDS:>**

MC61j. Have you taken any [other] medication at least YES 1
 once a week for hepatitis in the past 12 months? NO [MC61q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC61k. [Please look at List E on page 7 of your
 medications booklet.] What is the
 [code number or] name of the [first/next] medication
 you have taken at least once a week for this condition
 in the past 12 months? [IF R OFFERS > 1 MED:
 Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC61l ONLY IF MED NAME FROM MC61k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC61m>

MC61l. Was this the same medication use that you reported for YES [MC61p] 1
 [CONDITION(S) FROM SECTION HR/MC]? NO 2
 [IF R WAS USING THE SAME MEDICATION
 AT THE SAME TIME FOR MORE THAN ONE
 CONDITION, ENTER "YES". IF R TOOK THE
 SAME DRUG AT A DIFFERENT TIME, ENTER
 AS "NO".]

MC61m. At what age did you first take [MEDICATION NAME]
 for hepatitis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC61n. How many days per week did you take this medication?

DAYS/WEEK

MC61o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC61p. How many years and/or months in total have you taken this medication?

YEARS

MONTHS

<GO TO MC61j>

<END REPEATING RECORDS: PAST 12 MONTHS HEPATITIS MEDS>

<FILL IF MC61c = YES AND MC61j = YES:>

MC61q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for hepatitis?

YEARS

MONTHS

<ASK MC61r—MC61s IF BOTH OF THE DURATIONS FROM MC61i AND MC61p ARE LESS THAN HALF THE DURATION FROM MC61q, OR IF MC61c AND MC61j BOTH = NO; ELSE GO TO MC62>

MC61r. [Other than [MEDICATIONS FROM MC61d AND MC61k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC61s. How many years and/or months in all have you taken this medication?

YEARS

MONTHS

MC62. (Has a doctor or other health professional ever told you that you had) cirrhosis of the liver?

YES 1
NO [MC64] 2
REF [MC64] 7
DK [MC64] 8

MC63. How old were you when you were first told you had this condition (cirrhosis of the liver)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC64. (Has a doctor or other health professional ever told you that you had) shingles?

YES 1
NO [MC66] 2
REF [MC66] 7
DK [MC66] 8

MC65. How old were you when you were first told you had this condition (shingles)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC66. (Has a doctor or other health professional ever told you that you had) mononucleosis, also called "mono" or Epstein-Barr virus?

YES 1
NO [MC68] 2
REF [MC68] 7
DK [MC68] 8

MC67. How old were you when you were first told you had this condition (mononucleosis or "mono", or Epstein-Barr virus)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC68. (Has a doctor or other health professional ever told you that you had) fibromyalgia?

YES 1
NO [MC72] 2
REF [MC72] 7
DK [MC72] 8

MC69. How old were you when you were first told you had this condition (fibromyalgia)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC70. Have you ever taken medicine for this condition (fibromyalgia)?

YES 1
NO [MC72] 2
REF [MC72] 7
DK [MC72] 8

MC71. Have you taken medications for this condition (fibromyalgia) in the past 12 months?

YES 1
NO 2

MC72. (Has a doctor or other health professional ever told you that you had) multiple sclerosis, also called MS?

YES 1
NO [MC75] 2
REF [MC75] 7
DK [MC75] 8

MC73. How old were you when you were first told you had this condition (multiple sclerosis)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC74a. Have you ever taken medication for multiple sclerosis?

YES 1
NO [MC75] 2

MC74b. At what age did you first take medication for multiple sclerosis?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT MULTIPLE SCLEROSIS MEDS:>

MC74c. Are you currently taking [*any other*] medication at least once a week for multiple sclerosis?

YES 1
NO [MC74j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC74d. [Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [*first/next*] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC74e ONLY IF MED NAME FROM MC74d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC74f>

MC74e. Was this the same medication use that you reported for YES..... [MC74i]1
 [CONDITION(S) FROM SECTION HR/MC]? NO.....2
 [IF R WAS USING THE SAME MEDICATION
 AT THE SAME TIME FOR MORE THAN ONE
 CONDITION, ENTER "YES". IF R TOOK THE
 SAME DRUG AT A DIFFERENT TIME, ENTER
 AS "NO".]

MC74f. At what age did you first take [MEDICATION NAME]
 for multiple sclerosis?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC74g. How many days per week do you take this medication?

DAYS/WEEK

MC74h. On the days you take this medication, how many times
 per day do you take it?

TIMES/DAY

MC74i. How many years and/or months in total have you been taking
 this medication for [CONDITION]?

YEARS MONTHS
<GO TO MC74c>

<END REPEATING RECORDS: CURRENT MULTIPLE SCLEROSIS MEDS>**<BEGIN REPEATING RECORDS: PAST 12 MONTHS MULTIPLE SCLEROSIS MEDS:>**

MC74j. Have you taken any [other] medication at least YES.....1
 once a week for your multiple sclerosis in the past NO.....[MC74q].....2
 12 months?

<FIRST FILL ONLY IF MC2 = YES>

MC74k. [Please look at List E on page 7 of your
 medications booklet.] What is the
 [code number or] name of the [first/next] medication
 you have taken at least once a week for this condition
 in the past 12 months? [IF R OFFERS > 1 MED:
 Please tell me about each medication one at a time.]

 MEDICATION NAME

<ASK MC74l ONLY IF MED NAME FROM MC74k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC74m>

MC74l. Was this the same medication use that you reported for YES.....[MC74p].....1
 [CONDITION(S) FROM SECTION HR/MC]? NO.....2
 [IF R WAS USING THE SAME MEDICATION
 AT THE SAME TIME FOR MORE THAN ONE
 CONDITION, ENTER "YES". IF R TOOK THE
 SAME DRUG AT A DIFFERENT TIME, ENTER
 AS "NO".]

MC74m. At what age did you first take [MEDICATION NAME]
 for multiple sclerosis?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC74n. How many days per week did you take this medication?

DAYS/WEEK

MC74o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC74p. How many years and/or months in total have you taken this medication?

YEARS

MONTHS

<GO TO MC12j>

<END REPEATING RECORDS: PAST 12 MONTHS MULTIPLE SCLEROSIS MEDS>

<FILL IF MC74c = YES AND MC74j = YES:>

MC74q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for multiple sclerosis?

YEARS

MONTHS

<ASK MC74r—MC74s IF BOTH OF THE DURATIONS FROM MC74i AND MC74p ARE LESS THAN HALF THE DURATION FROM MC74q, OR IF MC74c AND MC74j BOTH = NO; ELSE GO TO MC75>

MC74r. [Other than [MEDICATIONS FROM MC74d AND MC74k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC74s. How many years and/or months in all have you taken this medication?

YEARS

MONTHS

MC75. (Has a doctor or other health professional ever told you that you had) rheumatoid arthritis?

YES 1
NO [MC82] 2
REF [MC82] 7
DK [MC82] 8

MC76. How old were you when you were first told you had this condition (rheumatoid arthritis)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC77. Have you ever had swelling in your wrist, finger, elbow, or knee joints lasting six or more weeks?

YES 1
NO 2

MC78. Have you ever had symptoms on both sides of your body?

YES 1
NO 2

MC79. Have you ever had a rheumatoid factor test or an erythrocyte sedimentation test (or "sed test" or "ESR" test)?

YES 1
NO [MC81a] 2

MC80. Were any of the results positive?

YES 1
NO 2

MC81a. Have you ever taken medication for rheumatoid

YES 1

arthritis?

NO.....[MC82]..... 2

MC81b. At what age did you first take medication for
rheumatoid arthritis?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT ARTHRITIS MEDS:>

MC81c. Are you currently taking [*any other*] medication
at least once a week for rheumatoid arthritis?

YES 1

NO.....[MC81j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC81d. [Please look at List E on page 7 of your
medications booklet.] What is the
[code number or] name of the [*first/next*] medication
you are currently taking for this condition? [IF R OFFERS >
1 MEDICATION: Please tell me about each medication
one at a time.]

 MEDICATION NAME

<ASK MC81e ONLY IF MED NAME FROM MC81d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC81f>

MC81e. Was this the same medication use that you reported for YES [MC81i] 1
[*CONDITION(S) FROM SECTION HR/MC*]?

NO..... 2

[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC81f. At what age did you first take [*MEDICATION NAME*]
for rheumatoid arthritis?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC81g. How many days per week do you take this medication?

DAYS/WEEK

MC81h. On the days you take this medication, how many times
per day do you take it?

TIMES/DAY

MC81i. How many years and/or months in total have you been taking
this medication for [*CONDITION*]?

YEARS MONTHS

<GO TO MC81c>

<END REPEATING RECORDS: CURRENT ARTHRITIS MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS ARTHRITIS MEDS:>

MC81j. Have you taken any [*other*] medication at least
once a week for rheumatoid arthritis in the past
12 months?

YES 1

NO.....[MC81q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC81k. *[Please look at List E on page 7 of your medications booklet.]* What is the *[code number or]* name of the *[first/next]* medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

 MEDICATION NAME

<ASK MC81i ONLY IF MED NAME FROM MC81k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC81m>

MC81l. Was this the same medication use that you reported for *[CONDITION(S) FROM SECTION HR/MC]*? YES[MC81p].....1
 NO.....2
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC81m. At what age did you first take *[MEDICATION NAME]* for rheumatoid arthritis?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC81n. How many days per week did you take this medication?

DAYS/WEEK

MC81o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC81p. How many years and/or months in total have you taken this medication?

YEARS

MONTHS

<GO TO MC81j>**<END REPEATING RECORDS: PAST 12 MONTHS ARTHRITIS MEDS>****<FILL IF MC81c = YES AND MC81j = YES:>**

MC81q. *[Including all the times you have just told me about,]* how many years and/or months in total have you taken medications for rheumatoid arthritis?

YEARS

MONTHS

<ASK MC81r—MC81s IF BOTH OF THE DURATIONS FROM MC81i AND MC81p ARE LESS THAN HALF THE DURATION FROM MC81q, OR IF MC81c AND MC81j BOTH = NO; ELSE GO TO MC82>

MC81r. *[Other than [MEDICATIONS FROM MC81d AND MC81k],* what is the name of the medication you have taken for this condition for the longest time?

 MEDICATION NAME

MC81s. How many years and/or months in all have you taken this medication?

YEARS

MONTHS

MC82. (Has a doctor or other health professional ever told you that you had) scleroderma or systemic sclerosis? YES 1
 NO [MC87] 2
 REF [MC87] 7
 DK [MC87] 8

MC83. How old were you when you were first told you had this condition (scleroderma or systemic sclerosis)?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC84. Have you ever had thickening or tightening of the skin on your arms, legs, face, neck, or trunk? YES 1
 NO 2

MC85. Have you ever had thickening or tightening of the skin on your fingers or toes? YES 1
 NO 2

MC86a. Have you ever taken medication for scleroderma or systemic sclerosis? YES 1
 NO [MC87] 2

MC86b. At what age did you first take medication for this condition (scleroderma or systemic sclerosis)?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT SCLERODERMA MEDS:>

MC86c. Are you currently taking [any other] medication at least once a week for this condition (scleroderma or systemic sclerosis)? YES 1
 NO [MC86j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC86d. [Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

 MEDICATION NAME

<ASK MC86e ONLY IF MED NAME FROM MC86d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC86f>

MC86e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC86i] 1
 NO 2
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC86f. At what age did you first take [MEDICATION NAME] for this condition (scleroderma or systemic sclerosis)?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC86g. How many days per week do you take this medication?

DAYS/WEEK

MC86h. On the days you take this medication, how many times
per day do you take it?

TIMES/DAY

MC86i. How many years and/or months in total have you been taking
this medication for [CONDITION]?

YEARS MONTHS
<GO TO MC86c>

<END REPEATING RECORDS: CURRENT SCLERODERMA MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS SCLERODERMA MEDS:>

MC86j. Have you taken any [other] medication at least once a week for this condition (scleroderma or systemic sclerosis) in the past 12 months?

YES 1
NO [MC86q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC86k. [Please look at List E on page 7 of your medications booklet.] What is the
[code number or] name of the [first/next] medication
you have taken at least once a week for this condition
in the past 12 months? [IF R OFFERS > 1 MED:
Please tell me about each medication one at a time.]

_____ MEDICATION NAME

**<ASK MC86l ONLY IF MED NAME FROM MC86k MATCHES A PREVIOUSLY REPORTED
MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC86m>**

MC86l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]?
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

YES [MC86p] 1
NO 2

MC86m. At what age did you first take [MEDICATION NAME]
for this condition (scleroderma or systemic sclerosis)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC86n. How many days per week did you take this medication?

DAYS/WEEK

MC86o. On the days you took this medication, how many times
per day did you take it?

TIMES/DAY

MC86p. How many years and/or months in total have you taken
this medication?

YEARS MONTHS

<GO TO MC86j>

<END REPEATING RECORDS: PAST 12 MONTHS SCLERODERMA MEDS>

<FILL IF MC86c = YES AND MC86j = YES:>

MC86q. [Including all the times you have just told me about,] how

YEARS MONTHS

many years and/or months in total have you taken
medications for scleroderma or systemic sclerosis?

<ASK MC86r—MC86s IF BOTH OF THE DURATIONS FROM MC86i AND MC86p ARE LESS THAN HALF THE DURATION FROM MC86q, OR IF MC86c AND MC86j BOTH = NO; ELSE GO TO MC87>

MC86r. [Other than [MEDICATIONS FROM MC86d AND MC86k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC86s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC87. (Has a doctor or other health professional ever told you that you had) lupus?

YES 1
NO [MC94] 2
REF [MC94] 7
DK [MC94] 8

MC88. Was this systemic lupus erythematosus or discoid lupus erythematosus?

SYSTEMIC LUPUS 1
DISCOID LUPUS 2
BOTH 3

MC89. How old were you when you were first told you had this condition (lupus)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC90. Have you ever had a rash on your face that lasted for more than one month?

YES 1
NO 2

MC91. Did you ever have any of the following tests:
Erythrocyte Sedimentation Test (SED test or ESR), an antinuclear antibody (ANA, FANA, or LE), prep blood test, anti-DNA, anti-Sm, anti-RNP, anti-Ro (SSA) or anti-La (SSB)?

YES 1
NO [MC93a] 2

MC92. Were any results positive?

YES 1
NO 2

MC93a. Have you ever taken medication for lupus?

YES 1
NO [MC94] 2

MC93b. At what age did you first take medication for lupus? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT LUPUS MEDS:>

MC93c. Are you currently taking [any other] medication at least once a week for lupus?

YES 1
NO [MC93j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC93d. [Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

 MEDICATION NAME
<ASK MC93e ONLY IF MED NAME FROM MC93d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC93f>

MC93e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC93i] 1
 NO 2
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC93f. At what age did you first take [MEDICATION NAME] for lupus? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

 AGE

MC93g. How many days per week do you take this medication?

 # DAYS/WEEK

MC93h. On the days you take this medication, how many times per day do you take it?

 # TIMES/DAY

MC93i. How many years and/or months in total have you been taking this medication for [CONDITION]?

 YEARS MONTHS
<GO TO MC93c>**<END REPEATING RECORDS: CURRENT LUPUS MEDS>****<BEGIN REPEATING RECORDS: PAST 12 MONTHS LUPUS MEDS:>**

MC93j. Have you taken any [other] medication at least once a week for lupus in the past 12 months? YES 1
 NO [MC93q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC93k. [Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

 MEDICATION NAME

<ASK MC93i ONLY IF MED NAME FROM MC93k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC93m>

MC93l. Was this the same medication use that you reported for YES[MC93p].....1
[CONDITION(S) FROM SECTION HR/MC]? NO.....2

[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC93m. At what age did you first take [MEDICATION NAME]
for lupus? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC93n. How many days per week did you take this medication?

DAYS/WEEK

MC93o. On the days you took this medication, how many times
per day did you take it?

TIMES/DAY

MC93p. How many years and/or months in total have you taken
this medication?

YEARS MONTHS

<GO TO MC93j>

<END REPEATING RECORDS: PAST 12 MONTHS LUPUS MEDS>

<FILL IF MC93c = YES AND MC93j = YES:>

MC93q. [Including all the times you have just told me about,] how
many years and/or months in total have you taken
medications for lupus?

YEARS MONTHS

<ASK MC93r—MC93s IF BOTH OF THE DURATIONS FROM MC93i AND MC93p ARE LESS THAN HALF THE DURATION FROM MC93q, OR IF MC93c AND MC93j BOTH = NO; ELSE GO TO MC94>

MC93r. [Other than [MEDICATIONS FROM MC93d AND
MC93k], what is the name of the medication you
have taken for this condition for the longest time?

MEDICATION NAME

MC93s. How many years and/or months in all have you taken
this medication?

YEARS MONTHS

MC94. (Has a doctor or other health professional ever told you that
you had) a seizure disorder, such as epilepsy?

YES 1
NO [MC97] 2
REF [MC97] 7
DK [MC97] 8

MC95. How old were you when you were first told you
had this condition (a seizure disorder, such as epilepsy)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC96a. Have you ever taken medication for a seizure disorder? YES 1

NO.....[MC97]..... 2

MC96b. At what age did you first take medication for
a seizure disorder?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

--	--

AGE

<BEGIN REPEATING RECORDS: CURRENT SEIZURE MEDS:>

MC96c. Are you currently taking [any other] medication
at least once a week for a seizure disorder?

YES 1

NO.....[MC96j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC96d. [Please look at List F on pages 8 through 9 of
your medications booklet.] What is the
[code number or] name of the [first/next] medication
you are currently taking for this condition? [IF R OFFERS >
1 MEDICATION: Please tell me about each medication
one at a time.]

 MEDICATION NAME

<ASK MC96e ONLY IF MED NAME FROM MC96d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC96f>

MC96e. Was this the same medication use that you reported for
[CONDITION(S) FROM SECTION HR/MC]?

YES [MC96i] 1

NO 2

[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC96f. At what age did you first take [MEDICATION NAME]
for a seizure disorder?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

--	--

AGE

MC96g. How many days per week do you take this medication?

--	--

DAYS/WEEK

MC96h. On the days you take this medication, how many times
per day do you take it?

--	--

TIMES/DAY

MC96i. How many years and/or months in total have you been taking
this medication for [CONDITION]?

--	--	--	--

YEARS MONTHS

<GO TO MC96c>

<END REPEATING RECORDS: CURRENT SEIZURE MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS SEIZURE MEDS:>

MC96j. Have you taken any [other] medication at least
once a week for a seizure disorder in the past
12 months?

YES 1

NO.....[MC96q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC96k. [Please look at List F on pages 8 through 9 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

 MEDICATION NAME

<ASK MC96i ONLY IF MED NAME FROM MC96k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC96m>

MC96l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES[MC96p].....1
 NO2
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC96m. At what age did you first take [MEDICATION NAME] for a seizure disorder?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

 AGE

MC96n. How many days per week did you take this medication?

 # DAYS/WEEK

MC96o. On the days you took this medication, how many times per day did you take it?

 # TIMES/DAY

MC96p. How many years and/or months in total have you taken this medication?

 YEARS MONTHS

<GO TO MC96j>
<END REPEATING RECORDS: PAST 12 MONTHS SEIZURE MEDS>
<FILL IF MC96c = YES AND MC96j = YES:>

MC96q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for a seizure disorder?

 YEARS MONTHS

<ASK MC96r—MC96s IF BOTH OF THE DURATIONS FROM MC96i AND MC96p ARE LESS THAN HALF THE DURATION FROM MC96q, OR IF MC96c AND MC96j BOTH = NO; ELSE GO TO MC97>

MC96r. [Other than [MEDICATIONS FROM MC96d AND MC96k], what is the name of the medication you have taken for this condition for the longest time?

 MEDICATION NAME

MC96s. How many years and/or months in all have you taken this medication?

 YEARS MONTHS

MC97. (Has a doctor or other health professional ever told you that you had) clinical depression? YES 1
 NO [MC100] 2
 REF [MC100] 7
 DK [MC100] 8

MC98. How old were you when you were first told you had this condition (clinical depression)?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC99a. Have you ever taken medication for depression? YES 1
 NO [MC100] 2

MC99b. At what age did you first take medication for depression?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

<BEGIN REPEATING RECORDS: CURRENT DEPRESSION MEDS:>

MC99c. Are you currently taking [*any other*] medication at least once a week for depression? YES 1
 NO [MC99j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC99d. [Please look at List F on pages 8 through 9 of your medications booklet.] What is the _____
 [code number or] name of the [first/next] medication MEDICATION NAME
 you are currently taking for this condition? [IF R OFFERS >
 1 MEDICATION: Please tell me about each medication
 one at a time.]

<ASK MC99e ONLY IF MED NAME FROM MC99d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC99f>

MC99e. Was this the same medication use that you reported for YES [MC99i] 1
 [CONDITION(S) FROM SECTION HR/MC]? NO 2
 [IF R WAS USING THE SAME MEDICATION
 AT THE SAME TIME FOR MORE THAN ONE
 CONDITION, ENTER "YES". IF R TOOK THE
 SAME DRUG AT A DIFFERENT TIME, ENTER
 AS "NO".]

MC99f. At what age did you first take [*MEDICATION NAME*] for depression?
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC99g. How many days per week do you take this medication?
 # DAYS/WEEK

MC99h. On the days you take this medication, how many times per day do you take it?
 # TIMES/DAY

MC99i. How many years and/or months in total have you been taking this medication for [*CONDITION*]?
 YEARS MONTHS

<GO TO MC99c>

<END REPEATING RECORDS: CURRENT DEPRESSION MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS DEPRESSION MEDS:>

MC99j. Have you taken any [other] medication at least once a week for depression in the past 12 months? YES 1
NO.....[MC99q]..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC99k.[Please look at List F on page 8 through 9 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

 MEDICATION NAME

<ASK MC99l ONLY IF MED NAME FROM MC99k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC99m>

MC99l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES[MC99p]..... 1
NO..... 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC99m. At what age did you first take [MEDICATION NAME] for depression? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC99n. How many days per week did you take this medication?

DAYS/WEEK

MC99o. On the days you took this medication, how many times per day did you take it?

TIMES/DAY

MC99p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC99j>

<END REPEATING RECORDS: PAST 12 MONTHS DEPRESSION MEDS>

<FILL IF MC99c = YES AND MC99j = YES:>

MC99q.[Including all the times you have just told me about,] how many years and/or months in total have you taken medications for depression?

YEARS MONTHS

<ASK MC99r—MC99s IF BOTH OF THE DURATIONS FROM MC99i AND MC99p ARE LESS THAN HALF THE DURATION FROM MC99q, OR IF MC99c AND MC99j BOTH = NO; ELSE GO TO MC100>

MC99r. [Other than [MEDICATIONS FROM MC99d AND MC99k], what is the name of the medication you have taken for this condition for the longest time?

MEDICATION NAME

MC99s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC100. (Has a doctor or other health professional ever told you that you had) migraine headaches?

YES 1
NO [MC104] 2
REF [MC104] 7
DK [MC104] 8

MC101. How old were you when you were first told you had this condition (migraine headaches)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC102. Have you ever noticed a pattern where your migraine headaches got worse at certain times of your menstrual cycles?

YES 1
NO 2

MC103a. Have you ever taken medication for migraine headaches?

YES 1
NO [MC104] 2

MC103b. At what age did you first take medication for migraine headaches?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT MIGRAINE MEDS:>

MC103c. Are you currently taking [any other] medication at least once a week for migraine headaches?

YES 1
NO [MC103j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC103d. [Please look at List G on page 10 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

MEDICATION NAME

<ASK MC103e ONLY IF MED NAME FROM MC103d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC103f>

MC103e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC103i] 1
NO 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC103f. At what age did you first take [MEDICATION NAME]
for migraine headaches?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC103g. How many days per week do you take this medication?

DAYS/WEEK

MC103h. On the days you take this medication, how many times
per day do you take it?

TIMES/DAY

MC103i. How many years and/or months in total have you been taking
this medication for [CONDITION]?

YEARS MONTHS
<GO TO MC103c>

<END REPEATING RECORDS: CURRENT MIGRAINE MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS MIGRAINE MEDS:>

MC103j. Have you taken any [other] medication at least once a week for migraine headaches in the past 12 months?
YES 1
NO [MC103q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC103k. [Please look at List G on page 10 of your medications booklet.] What is the
[code number or] name of the [first/next] medication
you have taken at least once a week for this condition
in the past 12 months? [IF R OFFERS > 1 MED:
Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC103l ONLY IF MED NAME FROM MC103k MATCHES A PREVIOUSLY
REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC103m>

MC103l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]?
YES [MC103p] 1
NO 2
[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC103m. At what age did you first take [MEDICATION NAME]
for migraine headaches?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC103n. How many days per week did you take this medication?

DAYS/WEEK

MC103o. On the days you took this medication, how many times
per day did you take it?

TIMES/DAY

MC103p. How many years and/or months in total have you taken

YEARS MONTHS

this medication?

<GO TO MC103j>

<END REPEATING RECORDS: PAST 12 MONTHS MIGRAINE MEDS>

<FILL IF MC103c = YES AND MC103j = YES:>

MC103q.[Including all the times you have just told me about,] how many years and/or months in total have you taken medications for migraine headaches?

YEARS MONTHS

<ASK MC103r—MC103s IF BOTH OF THE DURATIONS FROM MC103i AND MC103p ARE LESS THAN HALF THE DURATION FROM MC103q, OR IF MC103c AND MC103j BOTH = NO; ELSE GO TO MC 104>

MC103r.[Other than [MEDICATIONS FROM MC103d AND MC103k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC103s.How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC104.(Has a doctor or other health professional ever told you that you had) chronic fatigue syndrome?

YES 1
NO.....[MC106]..... 2
REF[MC106]..... 7
DK.....[MC106]..... 8

MC105.How old were you when you were first told you had this condition (chronic fatigue syndrome)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC106.(Has a doctor or other health professional ever told you that you had) osteoporosis, osteopenia, or low bone density?

YES 1
NO.....[MC110]..... 2
REF[MC110]..... 7
DK.....[MC110]..... 8

MC107.How old were you when you were first told you had this condition (osteoporosis or low bone density)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC108.Did you have a bone density scan to diagnose your low bone density?

YES 1
NO..... 2

MC109a.Have you ever taken medication for osteoporosis?

YES 1
NO.....[MC110]..... 2

MC109b.At what age did you first take medication for osteoporosis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT OSTEOPOROSIS MEDS:>

MC109c.Are you currently taking [any other] medication at least once a week for osteoporosis?

YES 1
NO..... [MC109j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC109d.[Please look at List H on page 10 of your
medications booklet.] What is the

MEDICATION NAME

[code number or] name of the [first/next] medication
you are currently taking for this condition? [IF R OFFERS >
1 MEDICATION: Please tell me about each medication
one at a time.]

**<ASK MC109e ONLY IF MED NAME FROM MC109d MATCHES A PREVIOUSLY
REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC109f>**

MC109e.Was this the same medication use that you reported for YES [MC109i] 1
[CONDITION(S) FROM SECTION HR/MC]? NO..... 2

[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC109f.At what age did you first take [MEDICATION NAME]
for osteoporosis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC109g.How many days per week do you take this medication?

DAYS/WEEK

MC109h.On the days you take this medication, how many times
per day do you take it?

TIMES/DAY

MC109i.How many years and/or months in total have you been taking
this medication for [CONDITION]?

YEARS MONTHS
<GO TO MC109c>

<END REPEATING RECORDS: CURRENT OSTEOPOROSIS MEDS>**<BEGIN REPEATING RECORDS: PAST 12 MONTHS OSTEOPOROSIS MEDS:>**

MC109j.Have you taken any [other] medication at least YES 1
once a week for osteoporosis in the past NO.....[MC109q]..... 2
12 months?

<FIRST FILL ONLY IF MC2 = YES>

MC109k.[Please look at List H on page 10 of your
medications booklet.] What is the

MEDICATION NAME

[code number or] name of the [first/next] medication
you have taken at least once a week for this condition
in the past 12 months? [IF R OFFERS > 1 MED:
Please tell me about each medication one at a time.]

<ASK MC109i ONLY IF MED NAME FROM MC109k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC109m>

MC109l. Was this the same medication use that you reported for YES[MC109p].....1
[CONDITION(S) FROM SECTION HR/MC]? NO.....2

[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC109m. At what age did you first take [MEDICATION NAME]
for osteoporosis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC109n. How many days per week did you take this medication?

DAYS/WEEK

MC109o. On the days you took this medication, how many times
per day did you take it?

TIMES/DAY

MC109p. How many years and/or months in total have you taken
this medication?

YEARS MONTHS

<GO TO MC109j>

<END REPEATING RECORDS: PAST 12 MONTHS OSTEOPOROSIS MEDS>

<FILL IF MC109c = YES AND MC109j = YES:>

MC109q. [Including all the times you have just told me about,] how
many years and/or months in total have you taken
medications for osteoporosis?

YEARS MONTHS

**<ASK MC109r—MC109s IF BOTH OF THE DURATIONS FROM MC109i AND MC109p ARE
LESS THAN HALF THE DURATION FROM MC109q, OR IF MC109c AND MC109j BOTH =
NO; ELSE GO TO MC110>**

MC109r.[*Other than [MEDICATIONS FROM MC109d AND MC109k]*, what is the name of the medication you have taken for this condition for the longest time?

MEDICATION NAME

MC109s.How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC110.(Has a doctor or other health professional ever told you that you had) scoliosis or abnormal curvature of the spine?

YES 1
NO [MC114] 2
REF [MC114] 7
DK [MC114] 8

MC111.How old were you when you were first told you had this condition (scoliosis or abnormal curvature of the spine)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC112.Did you ever have x-rays to diagnose or monitor your scoliosis?

YES 1
NO [MC114] 2

MC113.About how many x-rays in total did you have to diagnose or monitor your scoliosis?

X-RAYS

MC114.(Has a doctor or other health professional ever told you that you had) hemochromatosis, that is, an excess build up of iron in the body?

YES 1
NO [MC116] 2
REF [MC116] 7
DK [MC116] 8

MC115.How old were you when you were first told you had this condition (hemochromatosis)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC116.Has a doctor or other health professional ever told you that you had iron deficiency anemia, or that you were borderline other than during pregnancy?

YES 1
NO [MC118] 2
BORDERLINE 3
REF [MC118] 7
DK [MC118] 8

MC117.How old were you when you were first told you had this condition (iron deficiency anemia)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC118.(Has a doctor or other health professional ever told you that you had) tuberculosis?

YES 1
NO [MC120] 2
REF [MC120] 7
DK [MC120] 8

MC119.How old were you when you were first told you
had this condition (tuberculosis)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC120.(Has a doctor or other health professional ever told you that
you had) rheumatic fever?

YES 1
NO [MC122] 2
REF [MC122] 7
DK [MC122] 8

MC121.How old were you when you were first told you
had this condition (rheumatic fever)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

These next questions deal with conditions that may affect your reproductive system, including some questions about sexually transmitted diseases. Please remember that all of your information is kept completely confidential. Should you wish to skip a question, just let me know and we'll move on to the next one.

MC122.Has a doctor or other health professional ever told you that
you had cervical polyps?

YES 1
NO [MC124] 2
REF [MC124] 7
DK [MC124] 8

MC123.How old were you when you were first told you
had this condition (cervical polyps)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC124.(Has a doctor or other health professional ever told you that
you had) polyps in the endometrium or uterus?

YES 1
NO [MC126] 2
REF [MC126] 7
DK [MC126] 8

MC125.How old were you when you were first told you
had this condition (polyps in the endometrium or uterus)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC126.(Has a doctor or health professional ever told you that you
had) fibroids, fibroid tumors, uterine fibroids, or other
benign tumors of the uterus?

YES 1
NO [MC128] 2
REF [MC128] 7
DK [MC128] 8

MC127.How old were you when you were first told that
you had fibroids, fibroid tumors, uterine fibroids,
uterine polyps, or other benign tumors of the uterus?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC128.(Has a doctor or health professional ever told you that you
had) endometriosis?

YES 1
NO [MC130] 2
REF [MC130] 7
DK [MC130] 8

MC129.How old were you when you were first told that
you had endometriosis?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC130.(Has a doctor or health professional ever told you that you
had) polycystic ovaries or PCOS or Stein-Leventhal
Syndrome?

YES 1
NO [MC132] 2
REF [MC132] 7
DK [MC132] 8

MC131.How old were you when you were first told that
you had polycystic ovaries or PCOS or
Stein-Leventhal Syndrome?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC131x1. (Has a doctor or other health professional ever told you
that you had) ovarian cysts, or benign ovarian neoplasm?

YES 1
NO [MC132] 2

MC131x2. How old were you when you were first told
that you had ovarian cysts or benign ovarian
neoplasm?

AGE

MC132.(Has a doctor or health professional ever tell you that you
had) pelvic inflammatory disease, or PID, or an infection in
your uterus or fallopian tubes (or evidence of past infection
in your tubes)?

YES 1
NO [MC134] 2
REF [MC134] 7
DK [MC134] 8

MC133.How old were you when you were first told that
you had pelvic inflammatory disease or an infection
in your uterus or fallopian tubes (or evidence of past
infection in your tubes)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC134.(Has a doctor or other health professional ever told you that
you had) genital herpes?

YES 1
NO [MC138] 2
REF [MC138] 7
DK [MC138] 8

MC135.How old were you when you were first told you
had this condition (genital herpes)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC136.Have you ever taken medicine for this condition
(genital herpes)?

YES 1
NO [MC138] 2
REF [MC138] 7
DK [MC138] 8

MC137.Have you taken medications for this condition
(genital herpes) the past 12 months?

YES 1
NO 2

MC138.(Has a doctor or other health professional ever told you that
you had) gonorrhea (drip)?

YES 1
NO [MC140] 2
REF [MC140] 7
DK [MC140] 8

MC139.How old were you when you were first told you
had this condition (gonorrhea or drip)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC140.(Has a doctor or other health professional ever told you that
you had) chlamydia?

YES 1
NO.....[MC142]..... 2
REF[MC142]..... 7
DK.....[MC142]..... 8

MC141.How old were you when you were first told you
had this condition (chlamydia)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC142.(Has a doctor or other health professional ever told you that
you had) genital warts (venereal warts, HPV, condyloma)?

YES 1
NO.....[MC144]..... 2
REF[MC144]..... 7
DK.....[MC144]..... 8

MC143.How old were you when you were first told you
had this condition (genital warts, venereal warts,
HPV, condyloma)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

Now I'd like to ask you a few questions about skin disorders.

MC144.Have you ever taken Accutane for acne?

YES 1
NO.....[MC147]..... 2
REF[MC147]..... 7
DK.....[MC147]..... 8

MC145.How old were you when you were first took
Accutane for acne?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC146.How many years and/or months in total have
you taken Accutane for acne?

YEARS MONTHS

MC147.(Has a doctor or other health professional ever told you that
you had) severe or cystic scarring acne?

YES 1
NO.....[MC149]..... 2
REF[MC149]..... 7
DK.....[MC149]..... 8

MC148.How old were you when you were first told you
had this condition (cystic scarring acne)?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC149.Have you ever had a condition for which you had
radiation treatment, such as x-ray treatment, radium
needles, or implants? Please do not include x-rays
for a diagnosis, or radiation treatments you have already
told me about.

YES 1
NO.....[MC173]..... 2

Did you ever have radiation to treat [<i>CONDITION</i>]?	How old were you when you <u>first</u> had radiation to treat [<i>CONDITION</i>]?	What was the <u>total</u> number of radiation treatments of any kind you had for [<i>CONDITION</i>]?	Did you have x-ray treatment, or another type of radiation treatment such as radium needles or implants for [<i>CONDITION</i>]?
MC150. spondylitis YES.....1 NO . [MC154].2 REF [MC154].7 DK . [MC154].8	MC151. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE [IF LESS THAN ONE YEAR OLD, ENTER "00".]	MC152. <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> TOTAL # TREATMENTS	MC153. X-RAY.....1 OTHER.....2 BOTH3
MC154. bursitis, arthritis, or other bone or joint problems YES.....1 NO . [MC158].2 REF [MC158].7 DK . [MC158].8	MC155. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE [IF LESS THAN ONE YEAR OLD, ENTER "00".]	MC156. <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> TOTAL # TREATMENTS	MC157. X-RAY.....1 OTHER.....2 BOTH3
MC158. skin conditions such as acne or ringworm YES.....1 NO . [MC162].2 REF [MC162].7 DK . [MC162].8	MC159. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE [IF LESS THAN ONE YEAR OLD, ENTER "00".]	MC160. <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> TOTAL # TREATMENTS	MC161. X-RAY.....1 OTHER.....2 BOTH3
MC162. enlarged tonsils or adenoids YES.....1 NO . [MC166].2 REF [MC166].7 DK . [MC166].8	MC163. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE [IF LESS THAN ONE YEAR OLD, ENTER "00".]	MC164. <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> TOTAL # TREATMENTS	MC165. X-RAY.....1 OTHER.....2 BOTH3
MC166. an enlarged thymus gland in infancy YES.....1 NO . [MC169].2 REF [MC169].7 DK . [MC169].8		MC167. <div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> TOTAL # TREATMENTS	MC168. X-RAY.....1 OTHER.....2 BOTH3

<p>MC169.</p> <p>any other condition YES.....1</p> <p>NO . [MC173].2</p> <p>MC169sp. SPECIFY: REF [MC173].7</p> <p>_____ DK . [MC173].8</p>	<p>MC170.</p> <p><input type="text"/><input type="text"/><input type="text"/></p> <p>AGE</p> <p>[IF LESS</p> <p>THAN ONE</p> <p>YEAR OLD,</p> <p>ENTER "00".]</p>	<p>MC171.</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>TOTAL #</p> <p>TREATMENTS</p>	<p>MC172.</p> <p>X-RAY..... 1</p> <p>OTHER..... 2</p> <p>BOTH 3</p>
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MC173. Since the age of 30 have you broken any bones? YES 1
 NO.....[MC195]..... 2

Since the age of 30 have you ever broken...	How old were you when this happened (after the age of 30)?	Was this broken bone the result of ...	How many times have you broken [BONE] since age 30?
MC174. a hip? Y..... 1 N....[MC178]2 DK.[MC178]7 REF[MC178]8	MC175. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE	MC176. doing everyday activities such as bending or lifting ... 1 a slip and fall or minor accident 2 a sports injury 3 a major accident..... 4	MC177. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> #TIMES
MC178. a wrist? Y..... 1 N....[MC182]2 DK.[MC182]7 REF[MC182]8	MC179. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE	MC180. doing everyday activities such as bending or lifting ... 1 a slip and fall or minor accident 2 a sports injury 3 a major accident..... 4	MC181. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> #TIMES
MC182. a rib? Y..... 1 N....[MC186]2 DK.[MC186]7 REF[MC186]8	MC183. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE	MC184. doing everyday activities such as bending or lifting ... 1 a slip and fall or minor accident 2 a sports injury 3 a major accident..... 4	MC185. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> #TIMES
MC186. a spinal vertebra? Y..... 1 N....[MC190]2 DK.[MC190]7 REF[MC190]8	MC187. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> AGE	MC188. doing everyday activities such as bending or lifting ... 1 a slip and fall or minor accident 2 a sports injury 3 a major accident..... 4	MC189. <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> #TIMES

MC190. Have you broken any other bones (besides a hip, wrist, rib, or spinal vertebra) since the age of 30?

YES 1
 NO.....[MC195]..... 2
 DK.....[MC195]..... 7
 REF[MC195]..... 8

<BEGIN REPEATING RECORD - OTHER BONES>

<FILL MC191 ONLY ON THE FIRST OCCURRENCE>

MC191. Have you broken any [*of these*] other bones
(besides a hip, wrist, rib or spinal vertebra,
since the age of 30) while doing everyday
activities such as bending, lifting an object,
coughing, or as a result of slipping or tripping?

YES 1
NO [MC195] 2
DK [MC195] 7
REF [MC195] 8

MC192. What other bone (besides a hip, wrist, rib or spinal
vertebra) have you broken since the age of 30
while doing everyday activities (such as bending,
lifting an object, coughing, or a result of slipping
or tripping)? [IF R REPORTS MORE THAN ONE
BONE: Please tell me about each bone one at a time.]

_____ BONE

MC193. How many times have you broken your [*BONE*]
while doing everyday activities (such as bending
lifting an object, coughing, or as a result of
slipping or tripping)?

OF TIMES

MC194. How old were you when this happened (after the age of 30)?

AGE

<GO TO MC191>

<END REPEATING RECORD - OTHER BONES>

<ASK ONLY IF ENROLLMENT COMPLETION = YES TO BLINDNESS; ELSE, GO TO MC199>

The next questions are about your ability to perceive light.

MC195. You reported in your enrollment that you are blind in
both eyes. Is this correct? [IF R SAYS "NO", ENTER A
REMARK TO VERIFY THAT SHE IS NOT BLIND.]

YES 1
NO [MC199] 2

MC196. Were you blind at birth?

YES [MC198] 1
NO 2

MC197. At what age did you become blind in both eyes?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC198. Are you able to perceive changes in light?

YES 1
NO 2

MC199. Have you ever had asthma?

YES 1
NO [MC208] 2

MC200. At what age did you first develop asthma symptoms?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC201. Was it confirmed by a doctor or other health
professional?

YES 1
NO [MC203] 2

MC202. At what age was it first diagnosed?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC203. Do you still have asthma? YES 1
NO [MC205] 2

<ASK ONLY IF MC203 = YES OR DK; ELSE, GO TO MC205>

MC204. Have you had an attack of asthma in the past 12 months? YES 1
NO 2

<ASK ONLY IF MC203 = NO; ELSE, GO TO MC206>

MC205. At what age did it stop?

AGE

<DO NOT ASK MC206 IF CURRENT AGE – MC200 <10 OR CURRENT AGE – MC205 >10>

MC206. After your asthma began, have you ever had a period of 10 years or more when you did not have any asthma symptoms? YES 1
NO 2

MC207a. Have you ever taken medication for asthma, including inhalers, pills, or sprays? YES 1
NO [MC208] 2

MC207b. At what age did you first take medication for asthma? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC207b1. When did you last use any medication for asthma? Was it...
in the past week [MC207c] 1
in the past month, but not in the past week [MC207c] 2
in the past 12 months, but not in the past month [MC207j] 3
more than 12 months ago 4

<ASK ONLY IF MC207b1 = 4 (MORE THAN 12 MONTHS AGO):>

MC207b2. At what age did you last use medication for asthma?

AGE

<GO TO MC207q>

<BEGIN REPEATING RECORDS: CURRENT ASTHMA MEDS:>

MC207c. Are you currently taking [any other] medication at least once a week for asthma? YES 1
NO [MC207j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC207d. [Please look at List I on page 11 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MC207e ONLY IF MED NAME FROM MC207d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC207f>

MC207e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES [MC207i] 1
NO 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER

MC207f. At what age did you first take [MEDICATION NAME]
for asthma? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC207g. How many days per week do you take this medication?

DAYS/WEEK

MC207h. On the days you take this medication, how many times
per day do you take it?

TIMES/DAY

MC207i. How many years and/or months in total have you been taking
this medication for [CONDITION]?

YEARS MONTHS
<GO TO MC207c>

<END REPEATING RECORDS: CURRENT ASTHMA MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS ASTHMA MEDS:>

MC207j. Have you taken any [other] medication at least once a week for asthma in the past 12 months?
YES 1
NO [MC207q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC207k. [Please look at List I on page 11 of your
medications booklet.] What is the
[code number or] name of the [first/next] medication
you have taken at least once a week for this condition
in the past 12 months? [IF R OFFERS > 1 MED:
Please tell me about each medication one at a time.]

MEDICATION NAME

<ASK MC207l ONLY IF MED NAME FROM MC207k MATCHES A PREVIOUSLY
REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC207m>

MC207l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]?
YES [MC207p] 1
NO 2
[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC207m. At what age did you first take [MEDICATION NAME]
for asthma? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC207n. How many days per week did you take this medication?

DAYS/WEEK

MC207o. On the days you took this medication, how many times
per day did you take it?

TIMES/DAY

MC207p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC207j>

<END REPEATING RECORDS: PAST 12 MONTHS ASTHMA MEDS>

<FILL IF MC207c = YES AND MC207j = YES:>

MC207q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for asthma?

YEARS MONTHS

<ASK MC207r—MC207s IF BOTH OF THE DURATIONS FROM MC207i AND MC207p ARE LESS THAN HALF THE DURATION FROM MC207q, OR IF MC207c AND MC207j BOTH = NO; ELSE GO TO MC208>

MC207r. [Other than [MEDICATIONS FROM MC207d AND MC207k], what is the name of the medication you have taken for this condition for the longest time?

_____ MEDICATION NAME

MC207s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC208.	Have you had wheezing or whistling in your chest at any time in the past 12 months?	YES 1 NO 2
--------	---	---------------------------

<ASK ONLY IF MC208 = YES; ELSE GO TO MC210>

MC209.	On about how many days or nights have you had wheezing in the past 12 months?	most days or nights 1 a few days or nights a week 2 a few days or nights a month 3 a few days or nights a year 4
--------	---	---

MC210.	Prior to the last 12 months, have you ever had wheezing or whistling in your chest?	YES 1 NO 2
--------	---	---------------------------

MC211.	Do you usually cough at all upon getting up, or first thing in the morning?	YES 1 NO 2
--------	---	---------------------------

MC212.	Do you usually cough at all during the rest of the day or night?	YES 1 NO 2
--------	--	---------------------------

<IF BOTH MC211 = NO AND MC212 = NO, GO TO MC215; IF EITHER MC211 = YES OR MC212 = YES, ASK MC213-214>

MC213.	During the past 12 months, have you had this cough on most days for three months or more?	YES 1 NO 2
--------	---	---------------------------

MC214. For how many years have you had this cough?

YEARS

MC215.	Do you usually bring up phlegm at all upon getting up or first thing in the morning? (Do not count phlegm from the nose.)	YES 1 NO 2
--------	---	---------------------------

MC216. Do you usually bring up phlegm at all during the rest of
of the day or night? YES 1
NO 2

**<IF BOTH MC215 = NO AND MC216 = NO, GO TO MC219; IF EITHER MC215 = YES
OR MC216 = YES, ASK MC217-218>**

MC217. During the past 12 months, have you brought
up phlegm on most days for three months or
more? YES 1
NO 2

MC218. For how many years have you brought up
phlegm like this?
YEARS

MC219. Has a doctor or other health professional ever said
that you had... Y N
a. chronic bronchitis 1 2
b. emphysema 1 2
c. chronic obstructive pulmonary
disease or COPD 1 2

MC220. Have you ever had allergic rhinitis, hay fever, or seasonal
allergies? YES 1
NO [MC230] 2

MC221. At what age did you first have allergic rhinitis,
hay fever, or seasonal allergies?
AGE

MC222. Have you ever been treated by a doctor for these
conditions (allergic rhinitis, hay fever, or seasonal
allergies)? YES 1
NO 2

MC223. In the past 12 months have you had hay fever, allergic
rhinitis or seasonal allergies? YES 1
NO [MC225] 2

<ASK ONLY IF MC223 = YES; ELSE GO TO MC225>

MC224. How would you rate the severity of your allergic
rhinitis, hay fever, or seasonal allergies in the past
12 months? the same as in recent years 1
worse than in recent years 2
better than in recent years 3

<ASK ONLY IF MC223 = NO:>

MC225. When did you last have allergic rhinitis, hay fever,
or seasonal allergies?
AGE

MC226. Have you ever had allergy shots? YES 1
NO [MC229a] 2

MC227. For how many years did you have allergy shots?
YEARS

MC228. Have you had allergy shots in the last 12 months? YES 1
NO 2

MC229a. Have you ever taken medication for allergic rhinitis,
hay fever, or seasonal allergies? YES 1
NO [MC230] 2

MC229b. At what age did you first take medication for
allergic rhinitis, hay fever, or seasonal allergies?
AGE

[IF LESS THAN ONE YEAR OLD, ENTER "00".]

<BEGIN REPEATING RECORDS: CURRENT ALLERGY MEDS:>

MC229c. Are you currently taking [any other] medication at least once a week for allergic rhinitis, hay fever, or seasonal allergies? YES 1
NO [MC229j] 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC229d. [Please look at List J on pages 12 through 13 of your medications booklet.] What is the _____ MEDICATION NAME
[code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

<ASK MC229e ONLY IF MED NAME FROM MC229d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC229f>

MC229e. Was this the same medication use that you reported for YES [MC229i] 1
[CONDITION(S) FROM SECTION HR/MC]? NO 2
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC229f. At what age did you first take [MEDICATION NAME] for allergic rhinitis, hay fever, or seasonal allergies? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC229g. How many days per week do you take this medication?

DAYS/WEEK

MC229h. On the days you take this medication, how many times per day do you take it?

TIMES/DAY

MC229i. How many years and/or months in total have you been taking this medication for [CONDITION]?

YEARS MONTHS
<GO TO MC229c>

<END REPEATING RECORDS: CURRENT ALLERGY MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS ALLERGY MEDS:>

MC229j. Have you taken any [other] medication at least once a week for allergic rhinitis, hay fever, or seasonal allergies in the past 12 months? YES 1
NO [MC229q] 2

<FIRST FILL ONLY IF MC2 = YES>

MC229k. [Please look at List J on pages 12 through 13 of your medications booklet.] What is the _____ MEDICATION NAME
[code number or] name of the [first/next] medication you have taken at least once a week for this condition

in the past 12 months? [IF R OFFERS > 1 MED:
Please tell me about each medication one at a time.]

**<ASK MC229i ONLY IF MED NAME FROM MC229k MATCHES A PREVIOUSLY
REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC229m>**

MC229l. Was this the same medication use that you reported for YES[MC229p].....1
[*CONDITION(S) FROM SECTION HR/MC*]? NO.....2

[IF R WAS USING THE SAME MEDICATION
AT THE SAME TIME FOR MORE THAN ONE
CONDITION, ENTER "YES". IF R TOOK THE
SAME DRUG AT A DIFFERENT TIME, ENTER
AS "NO".]

MC229m. At what age did you first take [*MEDICATION NAME*]
for allergic rhinitis, hay fever, or seasonal allergies?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC229n. How many days per week did you take this medication?

DAYS/WEEK

MC229o. On the days you took this medication, how many times
per day did you take it?

TIMES/DAY

MC229p. How many years and/or months in total have you taken
this medication?

YEARS MONTHS

<GO TO MC229j>

<END REPEATING RECORDS: PAST 12 MONTHS ALLERGY MEDS>

<FILL IF MC229c = YES AND MC229j = YES:>

MC229q. [*Including all the times you have just told me about,*] how
many years and/or months in total have you taken
medications for allergic rhinitis, hay fever, or seasonal
allergies?

YEARS MONTHS

**<ASK MC229r—MC229s IF BOTH OF THE DURATIONS FROM MC229i AND MC229p ARE
LESS THAN HALF THE DURATION FROM MC229q, OR IF MC229c AND MC229j BOTH =
NO; ELSE GO TO MC230>**

MC229r. [*Other than [MEDICATIONS FROM MC229d AND
MC229k],* what is the name of the medication you
have taken for this condition for the longest time?

_____ MEDICATION NAME

MC229s. How many years and/or months in all have you taken
this medication?

YEARS MONTHS

MC230. Have ever had an allergic reaction to...

Y N

- a. a food that gave you a rash or breathing problems; not just made you sick to your stomach..... 1 2
- b. a bee or wasp sting 1 2
- c. poison ivy, poison oak or poison sumac 1 2
- d. animals..... 1 2
- e. cosmetics or makeup 1 2
- f. perfumes 1 2
- g. penicillin 1 2
- h. sulfa drugs 1 2

MC231. Are you allergic to any other medications (other than penicillin or sulfa drugs)?

YES 1

SPECIFY _____

NO 2

MC232. Has a doctor or other health professional ever told you that you had eczema?

YES 1

NO [MC234] 2

MC233. Have you had eczema in the past 12 months?

YES 1

NO 2

MC234. Have you ever given blood?

YES 1

NO [NEXT SECTION] 2

REF [NEXT SECTION] 7

DK [NEXT SECTION] 8

MC235. About how many times have you given blood, or about how many gallons have you donated in total?

--	--	--

OF

TIMES 1

GALLONS 2

MC236. Have you given blood in the past 12 months?

YES 1

NO 2

Section MD: Other Medications

[You have reported taking [MEDS FROM SECTIONS HR AND MC] currently or in the past 12 months.]

<BEGIN REPEATING RECORDS: OTHER CURRENT MEDS>

MD1. Do you currently take any [other] prescription or non-prescription medications at least once a week?
Please do not include vitamins or herbal supplements.

YES1
NO.....[MD8]2
REF.....[MD8]7
DK.....[MD8]8

MD2. What is the name of the [next] [other] medication you currently take at least once a week?
[IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

MD3. For what condition are you taking this medication?

_____ CONDITION

MD4. At what age did you first take [MEDICATION NAME]?
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

____ AGE

MD5. How many days per week do you take this medication?

____ #DAYS/WK

MD6. On the days you take this medication, how many times per day do you take it?

____ #TIMES/DAY

MD7. How many years and/or months in total have you been taking this medication?

____ #YEARS ____ #MONTHS

<GO TO QUESTION MD1>

<END REPEATING RECORDS: OTHER CURRENT MEDS>

<FIRST FILL ONLY IF MC2 = YES (R HAS MEDS BOOKLET IN FRONT OF HER); SECOND FILL ONLY IF MC2 = NO (R DOES NOT HAVE MEDS BOOKLET IN FRONT OF HER)>

[Please look at List K on page 14 of your medications booklet.] These next questions are about pain and inflammation medications. Some of these are available only by prescription, and others are available over the counter [including common medications such as aspirin, ibuprofen, and acetaminophen]. They may be used for pain relief after surgeries or dental procedures, or for headaches, cramps, back pain, arthritis, or injuries like sprains, fractures, or pulled muscles. They may also be used as a preventive measure to reduce the risk of heart disease, stroke, or some types of cancers, such as breast cancer and colon cancer.

<BEGIN REPEATING RECORDS: ANTI-INFLAMMATORY MEDS>

MD8. Have you ever taken [any other] pain or inflammation medications at least three times per week for three months in a row or longer?
Do not include topical products

YES1
NO.....[MD17]2
REF.....[MD17]7
DK.....[MD17]8

<SECOND FILL ONLY IF MC2 = YES>

MD9. What is the [code number or] name of the [first/next] pain or inflammation medication [from Medication List K] you have taken at least three times per week for three months in a row or longer? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

_____ MEDICATION NAME

<ASK MD10 ONLY IF MED NAME FROM MD9 MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, SECTION MC, OR SECTION MD>

MD10. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC/MD]? [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".] YES[MD8]1
NO.....2

MD11. At what age did you first take [MEDICATION NAME] regularly, that is, at least three times per week for three months in a row or longer? [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MD12. Have you taken this medication regularly in the past 12 months? YES1
NO.....2

MD13. How many years and/or months in total did you take [MEDICATION NAME] regularly? #YEARS #MONTHS

MD14. How many days per week did you usually take this medication? #DAYS/WK

MD15. On the days you took this medication, how many times per day did you usually take it? #TIMES/DAY

MD16. For what condition or conditions have you taken this medication on a regular basis? _____
CONDITION
<GO TO MD8>

<END REPEATING RECORDS: ANTI-INFLAMMATORY MEDS>

[Please look at List L on page 15 of your medications booklet.] These next questions are about antibiotics. These medications are used for treating infections such as ear infections, urinary tract infections, or bronchitis; they are also used for chronic conditions such as acne. They may also be used with a medical device, or even to prevent heart disease.

<BEGIN REPEATING RECORDS: ANTIBIOTICS>

MD17. Have you ever taken [any other] antibiotics at least three times per week for three months in a row or longer? YES1
Please be sure to think about your entire life, including NO.....[NEXT SECTION]2
your childhood. Do not include topical products. REF[NEXT SECTION]7
DK.....[NEXT SECTION]8

<SECOND FILL ONLY IF MC2 = YES>

MD18. What is the [code number or] name of the [first/next] antibiotic [from Medication List L] you have taken at least three times per week for three months in a row or longer? [IF R OFFERS > 1 MED: MEDICATION NAME
Please tell me about each medication one at a time.]

<ASK MD19 ONLY IF MED NAME FROM MD18 MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, SECTION MC, OR SECTION MD>

MD19. Was this the same medication use that you reported for YES[MD17]1
 [CONDITION(S) FROM SECTION HR/MC/MD]? NO.....2
 [IF R WAS USING THE SAME MEDICATION
 AT THE SAME TIME FOR MORE THAN ONE
 CONDITION, ENTER "YES". IF R TOOK THE
 SAME DRUG AT A DIFFERENT TIME, ENTER
 AS "NO".]

MD20. At what age did you first take [MEDICATION NAME] regularly,
 that is, at least three times per week for three months in a row or longer? AGE

MD21. Have you taken this medication regularly in the past YES1
 12 months? NO.....2

MD22. How many years and/or months in total did you take
 [MEDICATION NAME] regularly? #YEARS #MONTHS

MD23. How many days per week did you usually take this medication?
 #DAYS/WK

MD24. On the days you took this medication, how many times
 per day did you usually take it? #TIMES/DAY

MD25. For what condition or conditions have you taken this
 medication on a regular basis? CONDITION
 <GO TO MD17>

<END REPEATING RECORDS: ANTIBIOTICS>

SECTION AN: ANTHROPOMETRY AND GROWTH AND DEVELOPMENT

Next I will ask you some questions about your height and weight now, during your 30s, during your teen years, and around the age of 10.

AN1. How tall are you without shoes?

FEET INCHES

AN2. What is the tallest you've ever been without shoes?

FEET INCHES

AN3. How old were you when you first reached your full adult height? This is usually before the age of 20.

AGE

<ASK ONLY IF AN3 = DK, ELSE GO TO AN4>

AN3a. Giving your best guess, how old would you say that you were when you first reached your full adult height? Were you...

10-13 years old..... 1
14-17 years old..... 2
18-20 years old..... 3

AN4. Now think back to when you were 10 years old. Would you say that you were shorter, taller, or about the same height compared to other girls your age?

SHORTER 1
TALLER 2
SAME HEIGHT 3

AN5. How much do you weigh now?

LBS

<IF R HAS NEVER BEEN PREGNANT, DO NOT INCLUDE INSTRUCTIONS FOR WEIGHT CHANGE DUE TO PREGNANCY>

AN6. What is the most you have ever weighed [*when you were not pregnant, breastfeeding, or in the 6 months after pregnancy*]?

LBS

AN7. At what age did you first weigh [*WEIGHT FROM AN6*] (the most you have ever weighed)?

AGE

AN8. So far in your lifetime, about how many total years have you weighed [WEIGHT FROM AN6] (the most you have ever weighed)? [IF LESS THAN 6 MONTHS, ENTER '0.' IF AT LEAST 6 MONTHS BUT LESS THAN 1 YEAR, ENTER '1.']

YEARS

AN9. What is the least you have ever weighed since you were 20 years old?

LBS

AN10. Since you were 20, at what age did you first weigh [WEIGHT FROM AN9] (the least you have ever weighed)?

AGE

<FILL AGE FROM AN10>

AN11. Since you were [AGE], about how many total years have you weighed [WEIGHT FROM AN9] (the least you have ever weighed)? [IF LESS THAN 6 MONTHS, ENTER '0.' IF AT LEAST 6 MONTHS BUT LESS THAN 1 YEAR, ENTER '1.']

YEARS

AN12. When you start to gain weight [*not related to pregnancy*], where on your body do you put it on first? Is it...

around the chest or shoulders..... 01
around the waist or stomach..... 02
around the hips or thighs..... 03
around the buttocks 04
equally all over..... 05
or you don't gain weight 06

AN13. **QUESTION DELETED**

AN14. **QUESTION DELETED**

AN15. How many times in your life have you lost 20 pounds (9 kilograms) or more, and then later gained all of the weight back? [*Do not count weight changes related to pregnancy.*]

#TIMES

<ASK ONLY IF R IS 40 OR OLDER; ELSE GO TO AN17>

AN16. Thinking back to your 30s [*when you were not pregnant, breastfeeding, or in the 6 months after pregnancy*], what was your average weight?

LBS

AN17. During your teen years, would you say that on average you were lighter, heavier, or about the same weight as other girls your age?

LIGHTER..... 1
HEAVIER 2
SAME WEIGHT 3

AN18. When you were 10 years old, would you say that on average you were lighter, heavier, or about the same weight as other girls your age?

LIGHTER..... 1
HEAVIER 2
SAME WEIGHT..... 3

AN19. How old were you when you first noticed your breasts developing? [IF R OFFERS HER GRADE INSTEAD OF AGE, ENTER "DON'T KNOW" AND RECORD GRADE IN SCHOOL IN NEXT QUESTION.]

AGE

<GO TO AN21>

<IF AN19 = DK>

AN20. What was your grade in school when you first noticed your breasts developing?

GRADE

<"In your mid-20s" FOR WOMEN WHO HAVE NEVER GIVEN BIRTH, OR WHOSE FIRST BIRTH WAS AT AGE 30 OR ABOVE. "Before your first full-term pregnancy" FOR ALL OTHERS.>

AN21. What was your bra size [*in your mid-20s/before your first full-term pregnancy*]? [IF R SAYS SHE DID NOT WEAR A BRA, PROBE: "Do you know what your bra size would have been?"]

INCHES

AAA..... 01
AA..... 02
A..... 03
B..... 04
C..... 05
D..... 06
DD..... 07
DDD..... 08
OTHER 99
SPECIFY: _____

AN22. What is your current bra size? [IF R SAYS SHE DOES NOT WEAR A BRA, PROBE: "Do you know what your bra size would be?"]

INCHES

AAA..... 01
AA..... 02
A..... 03
B..... 04
C..... 05
D..... 06
DD..... 07
DDD..... 08
OTHER 99
SPECIFY: _____

AN23. Are you right-handed, left-handed, or ambidextrous, that is, both right- and left-handed? [IF R HAS LOST USE OF ONE OR BOTH HANDS, PROBE: "Were you left-handed or right-handed before you lost use of your hand(s)?"] [IF R WAS BORN WITHOUT USE OF BOTH HANDS, ENTER AS "DON'T KNOW" AND REMARK.]

RIGHT 1
LEFT 2
AMBIDEXTROUS (BOTH RIGHT- AND LEFT-HANDED) 3

RESIDENTIAL FARM EXPOSURES MODULE

I am going to ask you about your experiences living on a farm. First we will focus on the time from your birth to age 18.

RFM1. Did you live on a farm for 12 months or more at any time from your birth up until age 18? This could be 12 months in a row, or a few months per year over several years.

YES 1
NO [RFM30] 2
REF [RFM30] 7
DK [RFM30] 8

RFM2. In total, on how many farms have you lived from your birth to age 18?

FARMS

RFM3. About how many years and/or months in total did you live on [*this farm/these farms*] before age 18?

YEARS # MONTHS

RFM4. Which of the following were raised on the farm[s] where you lived?

	Y	N
a. grains, such as wheat, corn, or rice.....	1	2
b. soybeans or other oilseeds.....	1	2
c. vegetables.....	1	2
d. orchard fruits, such as apples, grapes, or oranges.....	1	2
e. other fruits such as berries or melons.....	1	2
f. cotton.....	1	2
g. tobacco.....	1	2
h. other cash crops.....	1	2

<IF NO TO ALL IN RFM4a-h, GO TO RFM20>

<ASK RFM5a-5b ONLY IF RFM2 (#FARMS) > 1; IF RFM2 = 1, GO TO RFM5c>

RFM5a. About how many acres of crops were planted on the smallest of the farms you have lived on? Was it...

less than 5 acres..... 1
5 to 9 acres 2
10 to 49 acres 3
50 to 199 acres 4
200 acres or more..... 5

RFM5b. About how many acres of crops were planted on the largest of the farms you have lived on? Was it...

less than 5 acres..... 1
5 to 9 acres 2
10 to 49 acres 3
50 to 199 acres 4
200 acres or more..... 5

RFM5c. About how many acres of crops were planted, on average, on the farm[s] where you lived? Was it...

less than 5 acres..... 1
5 to 9 acres 2
10 to 49 acres 3
50 to 199 acres 4
200 acres or more..... 5

RFM6. Were pesticides ever used on the crops grown on [*this farm/any of these farms*]? Pesticides include insecticides, herbicides, fungicides and fumigants.

YES 1
NO [RFM13] 2
REF [RFM13] 7
DK [RFM13] 8

RFM7. Did you ever...		RFM8. For how many years in total did you do this for any part of the year?	RFM9. On average, about how many days per year did you do this? (year = 365 days)
a. personally mix any pesticides at [<i>this farm /any of these farms</i>], or help others do the mixing?	YES 1 NO[RFM7b] 2 REF....[RFM7b] 7 DK[RFM7b] 8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # DAYS PER YEAR
b. personally load pesticides at [<i>this farm any of these farms</i>]?	YES 1 NO[RFM7c] 2 REF....[RFM7c] 7 DK[RFM7c] 8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # DAYS PER YEAR
c. personally apply pesticides at [<i>this farm any of these farms</i>]?	YES 1 NO[RFM7d] 2 REF....[RFM7d] 7 DK[RFM7d] 8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # DAYS PER YEAR
d. clean or help clean the pesticide mixing or application equipment used on [<i>this farm/these farms</i>]?	YES 1 NO[*]..... 2 REF.....[*]..... 7 DK[*]..... 8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # DAYS PER YEAR

<* IF NO TO ALL IN RFM7 (a, b, c, d) — GO TO RFM13>

	Y	N
RFM10. When you mixed, loaded, or applied pesticides, or cleaned pesticide equipment at [<i>this farm/these farms</i>], did you <u>usually</u> wear any of the following protective items: (By usually we mean most of the time.) [IF 'R' SAYS "ONLY SOMETIMES" OR "RARELY" CODE AS NO]		
a. chemically resistant gloves.....	1	2
b. other gloves, such as cloth or leather	1	2
c. respirator or gas mask	1	2
d. dust mask.....	1	2
e. goggles or a face shield	1	2
f. a hat	1	2
g. long sleeves <u>and</u> long pants	1	2
h. chemically resistant boots	1	2
i. an apron.....	1	2
j. chemically resistant disposable outer clothing, such as a Tyvek suit	1	2
RFM11. Did you <u>ever</u> get an unusually high amount of pesticides on your skin or clothing while mixing, loading, or applying pesticides, or repairing pesticide equipment, for example, from a spill or a break in a hose?	YES 1 NO.....[RFM13] 2 REF[RFM13] 7 DK.....[RFM13] 8	
RFM12. How many times did this happen in total?		<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # TIMES
RFM13. Did you ever work in the fields at [<i>this farm/any of these farms</i>]?	YES 1 NO.....[RFM17] 2 REF[RFM17] 7 DK.....[RFM17] 8	

RFM14. For how many years did you work in the fields for any part of the year at [*this farm/these farms*]?

YEARS

RFM15. On average, about how many days per week, per month, or per year did you work in the fields?

DAYS

PER WEEK..... 1

PER MONTH.....[15b] 2

PER YEAR [16] 3

RFM15a. How many weeks per year did you work in the fields?

WEEKS

<GO TO RFM16>

RFM15b. How many months per year did you work in the fields?

MONTHS

RFM16. On average, about how many hours per day did you work in the fields?

HOURS/DAY

<IF RFM6 = NO (PESTICIDES NOT USED) — GO TO RFM19x>

RFM17. Were you ever present in the fields at the same time or on the same day as when pesticides were being applied to the crops?

YES..... 1

NO.....[RFM19x] 2

REF.....[RFM19x] 7

DK.....[RFM19x] 8

RFM18. How many years in total did this happen, even just once?

YEARS

RFM19. About how many days per year did this happen?

DAYS/YEAR

RFM19x. Were chemical fertilizers ever used on the farm[s] where you lived?

YES..... 1

NO.....[19x1]..... 2

REF.....[19x1]..... 7

DK.....[19x1]..... 8

RFM19xa. Did you ever personally apply chemical fertilizers at the farm[s] where you lived?

YES..... 1

NO.....[19x1]..... 2

REF.....[19x1]..... 7

DK.....[19x1]..... 8

RFM19xb. For how many years in total did you do this for any part of the year?

YEARS

RFM19xc. On average, about how many days per year did you do this?

DAYS PER YEAR

RFM19x1. Were natural fertilizers, such as manure, ever used on the farm[s] where you lived?

YES 1
 NO.....[RFM20] 2
 REF[RFM20] 7
 DK.....[RFM20] 8

RFM19x1a. Did you ever personally apply natural fertilizers at the farm[s] where you lived?

YES 1
 NO.....[RFM20] 2
 REF[RFM20] 7
 DK.....[RFM20] 8

RFM19x1b. For how many years in total did you do this for any part of the year?

YEARS

RFM19x1c. On average, about how many days per year did you do this?

DAYS PER YEAR

RFM20. Were [<i>animal</i>] raised on the farm where you lived?	RFM21. On average, about how many [<i>animal</i>] were kept at [<i>this farm/these farms</i>]? Was it...
a. poultry birds, such as chickens, turkeys, and so forth YES 1 NO[RFM20b] 2 REF.....[RFM20b] 7 DK[RFM20b] 8	1 to 24 1 25 to 49 2 50 to 99 3 100 to 399 4 400 or more 5 REF 7 DK..... 8
b. beef or dairy cows YES 1 NO[RFM20c] 2 REF.....[RFM20c] 7 DK[RFM20c] 8	1 to 9 01 10 to 19 02 20 to 49 03 50 to 99 04 100 to 199 05 200 or more 06 REF 97 DK..... 98
c. hogs or pigs YES 1 NO[RFM20d] 2 REF.....[RFM20d] 7 DK[RFM20d] 8	1 to 24 1 25 to 49 2 50 to 99 3 100 to 199 4 200 or more 5 REF 7 DK..... 8
d. other livestock YES 1 NO[*] 2 REF.....[*] 7 DK[*] 8	1 to 24 1 25 to 49 2 50 to 99 3 100 to 199 4 200 or more 5 REF 7 DK..... 8

<* IF NO TO ALL IN RFM20 (a-d) — GO TO RFM30>

RFM22. Did you feed, clean, herd, milk, shear, slaughter,
or have any other contact with livestock on
[*this farm/any of these farms*]? YES 1
NO [RFM30] 2
REF [RFM30] 7
DK [RFM30] 8

RFM23. Were livestock animals, or the buildings where
livestock were kept ever treated with pesticides? YES 1
NO [RFM30] 2
REF [RFM30] 7
DK [RFM30] 8

RFM24. Did you personally apply pesticides to the
animals or buildings where livestock were kept? YES 1
NO [RFM30] 2
REF [RFM30] 7
DK [RFM30] 8

RFM25. For how many years in total did you personally
apply pesticides to the animals or buildings where
livestock were kept, for any part of the year?
YEARS

RFM26. On average, about how many days per year did
you apply the pesticides?
DAYS/YEAR

		Y	N
RFM27. When you mixed, loaded, or applied pesticides, or cleaned pesticide equipment at [<i>this farm/these farms</i>], did you <u>usually</u> wear any of the following protective items: (By usually we mean most of the time.) [IF 'R' SAYS "ONLY SOMETIMES" OR "RARELY" CODE AS NO]	a. chemically resistant gloves.....	1	2
	b. other gloves, such as cloth or leather	1	2
	c. respirator or gas mask	1	2
	d. dust mask.....	1	2
	e. goggles or a face shield	1	2
	f. a hat	1	2
	g. long sleeves <u>and</u> long pants	1	2
	h. chemically resistant boots	1	2
	i. an apron.....	1	2
	j. chemically resistant disposable outer clothing, such as a Tyvek suit	1	2

RFM28. Did you ever get an unusually high amount of
pesticides on your skin or clothing while applying
pesticides to the animals or buildings where
livestock were kept at [*this farm/these farms*]? YES 1
NO [RFM30] 2
REF [RFM30] 7
DK [RFM30] 8

RFM29. How many times did this happen in total?
TIMES

<IF RFM1 = NO, REF, OR DK, DO NOT INCLUDE INTRO TEXT.>

[Now we are going to focus on the time you were age 19 to the present.]

RFM30. Have you lived on a farm for 12 months or more since the
age of 19? This could be 12 months in a row, or a few months
per year over several years. YES 1
NO [RS243] 2
REF [RS243] 7
DK [RS243] 8

RFM31. In total, on how many farms have you lived since the age of 19?

FARMS

RFM32. About how many years and/or months in all did you live on *[this farm/these farms]* since the age of 19?

YEARS # MONTHS

RFM33. Which of the following were raised on the farm[s] where you lived since the age of 19?

	Y	N
a. grains, such as wheat, corn, or rice.....	1	2
b. soybeans or other oilseeds.....	1	2
c. vegetables	1	2
d. orchard fruits, such as apples, grapes, or oranges.....	1	2
e. other fruits such as berries or melons.....	1	2
f. cotton.....	1	2
g. tobacco	1	2
h. other cash crops.....	1	2

<IF NO TO ALL IN RFM33a-h, GO TO RFM57>

<ASK RFM34a-34b ONLY IF RFM31 (#FARMS) > 1; IF RFM31 = 1, GO TO RFM34c>

RFM34a. About how many acres of crops were planted on the smallest of the farms you have lived on? Was it...

less than 5 acres..... 1
5 to 9 acres 2
10 to 49 acres 3
50 to 199 acres 4
200 acres or more 5

RFM34b. About how many acres of crops were planted on the largest of the farms you have lived on? Was it...

less than 5 acres..... 1
5 to 9 acres 2
10 to 49 acres 3
50 to 199 acres 4
200 acres or more 5

RFM34c. About how many acres of crops were planted, on average, on the farm[s] where you lived? Was it...

less than 5 acres..... 1
5 to 9 acres 2
10 to 49 acres 3
50 to 199 acres 4
200 acres or more 5

RFM35. Were pesticides ever used on the crops grown on *[this farm/any of these farms]*? Pesticides include insecticides, herbicides, fungicides and fumigants.

YES 1
NO.....[RFM42] 2
REF[RFM42] 7
DK.....[RFM42] 8

RFM36. Did you ever...		RFM37. For how many years in total did you do this for any part of the year?	RFM38. On average, about how many days per year did you do this? (year = 365 days)
a. personally mix any pesticides at [<i>this farm /any of these farms</i>], or help others do the mixing?	YES 1 NO[RFM36b] ...2 REF...[RFM36b] ...7 DK[RFM36b] ...8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # DAYS PER YEAR
b. personally load pesticides at [<i>this farm any of these farms</i>]?	YES 1 NO[RFM36c] ...2 REF...[RFM36c] ...7 DK[RFM36c] ...8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # DAYS PER YEAR
c. personally apply pesticides at [<i>this farm any of these farms</i>]?	YES 1 NO[RFM36d] ...2 REF...[RFM36d] ...7 DK[RFM36d] ...8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # DAYS PER YEAR
d. clean or help clean the pesticide mixing or application equipment used on [<i>this farm/these farms</i>]?	YES 1 NO[*].....2 REF.....[*].....7 DK[*].....8	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # YEARS	<div style="border: 1px solid black; width: 60px; height: 20px; margin: 0 auto;"></div> # DAYS PER YEAR

<* IF NO TO ALL IN RFM36 (a, b, c, d) — GO TO RFM42>

RFM39. When you mixed, loaded, or applied pesticides, or cleaned pesticide equipment at [<i>this farm/these farms</i>], did you <u>usually</u> wear any of the following protective items: (By usually we mean most of the time.) [IF 'R' SAYS "ONLY SOMETIMES" OR "RARELY" CODE AS NO]	<table border="0"> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>a. chemically resistant gloves.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>b. other gloves, such as cloth or leather</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. respirator or gas mask</td> <td>1</td> <td>2</td> </tr> <tr> <td>d. dust mask.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>e. goggles or a face shield</td> <td>1</td> <td>2</td> </tr> <tr> <td>f. a hat</td> <td>1</td> <td>2</td> </tr> <tr> <td>g. long sleeves <u>and</u> long pants</td> <td>1</td> <td>2</td> </tr> <tr> <td>h. chemically resistant boots</td> <td>1</td> <td>2</td> </tr> <tr> <td>i. an apron.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>j. chemically resistant disposable outer clothing, such as a Tyvek suit</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Y	N	a. chemically resistant gloves.....	1	2	b. other gloves, such as cloth or leather	1	2	c. respirator or gas mask	1	2	d. dust mask.....	1	2	e. goggles or a face shield	1	2	f. a hat	1	2	g. long sleeves <u>and</u> long pants	1	2	h. chemically resistant boots	1	2	i. an apron.....	1	2	j. chemically resistant disposable outer clothing, such as a Tyvek suit	1	2
	Y	N																																
a. chemically resistant gloves.....	1	2																																
b. other gloves, such as cloth or leather	1	2																																
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h. chemically resistant boots	1	2																																
i. an apron.....	1	2																																
j. chemically resistant disposable outer clothing, such as a Tyvek suit	1	2																																
RFM40. Did you <u>ever</u> get an unusually high amount of pesticides on your skin or clothing while mixing, loading, or applying pesticides, or repairing pesticide equipment, for example, from a spill or a break in a hose?	YES 1 NO.....[RFM42]2 REF[RFM42]7 DK.....[RFM42]8																																	
RFM41. How many times did this happen in total?	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> # TIMES																																	
RFM42. Did you ever work in the fields at [<i>this farm/any of these farms</i>]?	YES 1 NO.....[RFM46]2 REF[RFM46]7 DK.....[RFM46]8																																	

RFM43. For how many years did you work in the fields for any part of the year at [*this farm/these farms*]?

YEARS

RFM44. On average, about how many days per week, per month, or per year did you work in the fields?

DAYS

PER WEEK..... 1

PER MONTH.....[RFM44b] 2

PER YEAR[RFM45] 3

RFM44a. How many weeks per year did you work in the fields?

WEEKS

<GO TO RFM45>

RFM44b. How many months per year did you work in the fields?

MONTHS

RFM45. On average, about how many hours per day did you work in the fields?

HOURS/DAY

<IF RFM35 = NO (PESTICIDES NOT USED) — GO TO RFM49>

RFM46. Were you ever present in the fields at the same time or on the same day as when pesticides were being applied to the crops?

YES 1

NO.....[RFM49] 2

REF[RFM49] 7

DK.....[RFM49] 8

RFM47. How many years in total did this happen, even just once?

YEARS

RFM48. About how many days per year did this happen?

DAYS/YEAR

RFM49. Were chemical fertilizers ever used on the farm[s] where you lived?

YES 1

NO.....[RFM53] 2

REF[RFM53] 7

DK.....[RFM53] 8

RFM50. Did you ever personally apply chemical fertilizers at the farm[s] where you lived?

YES 1

NO.....[RFM53] 2

REF[RFM53] 7

DK.....[RFM53] 8

RFM51. For how many years in total did you do this for any part of the year?

YEARS

RFM52. On average, about how many days per year did you do this?

DAYS PER YEAR

RFM53. Were natural fertilizers, such as manure, ever used on the farm[s] where you lived?

YES 1
 NO.....[RFM57] 2
 REF[RFM57] 7
 DK.....[RFM57] 8

RFM54. Did you ever personally apply natural fertilizers at the farm[s] where you lived?

YES 1
 NO.....[RFM57] 2
 REF[RFM57] 7
 DK.....[RFM57] 8

RFM55. For how many years in total did you do this for any part of the year?

YEARS

RFM56. On average, about how many days per year did you do this?

DAYS PER YEAR

RFM57. Were [<i>animal</i>] raised on the farm where you lived?	RFM58. On average, about how many [<i>animal</i>] were kept at [<i>this farm/these farms</i>]? Was it...
a. poultry birds, such as chickens, turkeys, and so forth YES 1 NO[RFM57b] 2 REF.....[RFM57b] 7 DK[RFM57b] 8	1 to 24 1 25 to 49 2 50 to 99 3 100 to 399 4 400 or more 5 REF 7 DK..... 8
b. beef or dairy cows YES 1 NO[RFM57c]..... 2 REF.....[RFM57c]..... 7 DK[RFM57c]..... 8	1 to 9 01 10 to 19 02 20 to 49 03 50 to 99 04 100 to 199 05 200 or more 06 REF 97 DK..... 98
c. hogs or pigs YES 1 NO[RFM57d] 2 REF.....[RFM57d] 7 DK[RFM57d] 8	1 to 24 1 25 to 49 2 50 to 99 3 100 to 199 4 200 or more 5 REF 7 DK..... 8
d. other livestock YES 1 NO[*]..... 2 REF.....[*]..... 7 DK[*]..... 8	1 to 24 1 25 to 49 2 50 to 99 3 100 to 199 4 200 or more 5 REF 7 DK..... 8

<* IF NO TO ALL IN RFM57 (a-d) — GO TO RS243>

RFM59. Did you feed, clean, herd, milk, shear, slaughter,
or have any other contact with livestock on
[*this farm/any of these farms*]? YES 1
NO [RS243] 2
REF [RS243] 7
DK [RS243] 8

RFM60. Were livestock animals, or the buildings where
livestock were kept ever treated with pesticides? YES 1
NO [RS243] 2
REF [RS243] 7
DK [RS243] 8

RFM61. Did you personally apply pesticides to the
animals or buildings where livestock were kept? YES 1
NO [RS243] 2
REF [RS243] 7
DK [RS243] 8

RFM62. For how many years in total did you personally
apply pesticides to the animals or buildings where
livestock were kept, for any part of the year?
YEARS

RFM63. On average, about how many days per year did
you apply the pesticides?
DAYS/YEAR

		Y	N
RFM64. When you mixed, loaded, or applied pesticides, or cleaned pesticide equipment at [<i>this farm/these farms</i>], did you <u>usually</u> wear any of the following protective items: (By usually we mean most of the time.)	a. chemically resistant gloves.....	1	2
[IF 'R' SAYS "ONLY SOMETIMES"	b. other gloves, such as cloth or leather	1	2
OR "RARELY" CODE AS NO]	c. respirator or gas mask	1	2
	d. dust mask.....	1	2
	e. goggles or a face shield	1	2
	f. a hat	1	2
	g. long sleeves <u>and</u> long pants	1	2
	h. chemically resistant boots	1	2
	i. an apron.....	1	2
	j. chemically resistant disposable outer clothing, such as a Tyvek suit	1	2

RFM65. Did you ever get an unusually high amount of
pesticides on your skin or clothing while applying
pesticides to the animals or buildings where
livestock were kept at [*this farm/these farms*]? YES 1
NO [RS243] 2
REF [RS243] 7
DK [RS243] 8

RFM66. How many times did this happen in total?
TIMES

That's all the questions I have about your experience living on [*a farm/farms*]. Now I'd like to ask you some questions about insect repellents and pest control.

<GO TO RS243>