A health study for oil spill clean-up workers and volunteers

Home Visit Baseline Scripts and Questionnaires

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Part 4: Scripts and Administrative Modules - Pre-Home Visit Questionnaire (Estimated Burden: 55 minutes)

SECTION A: Scheduling Call

SECTION A.1: Initial Contact

SECTION A.1.a: Voicemail Script:
Hello, this message is for [PARTICIPANT'S NAME] and I'm calling about the Gulf Long-term Follow-up Study (GuLF STUDY), sponsored by the National Institutes of Health. We would like to speak with you about participating in this important study. We will try to contact you again soon. Thank you.

Section A.1.b: Contact Script

Hello, I am with the Gulf Long-term Follow-up Study (GuLF STUDY). May I please speak to [PARTICIPANT'S FULL NAME]?

A.1.b.1. [INTERVIEWER: DOES THE PARTICIPANT SPEAK ENGLISH? ATTEMPT TO FIND AN ENGLISH SPEAKER IN THE HOUSEHOLD TO CONFIRM THAT THE TARGET RESPONDENT DOES NOT SPEAK ENGLISH AND TO SCHEDULE A CALL BACK TO BE CONDUCTED IN THE PARTICIPANT'S LANGUAGE]

1. PARTICIPANT SPEAKS ENGLISH – CONTINUE TO SECTION A.2
2. PARTICIPANT DOES NOT SPEAK ENGLISH – CALL BACK SCHEDULED, LANGUAGE FLAG SET – CONTINUE TO SECTION A.2
3. PARTICIPANT DOES NOT SPEAK ENGLISH – SOFT APPOINTMENT CALL BACK SCHEDULED, LANGUAGE FLAG SET – CONTINUE
4. PARTICIPANT DOES NOT SPEAK ENGLISH AND REFUSES – HARD REFUSAL - GO TO SECTION A.5
5. INTERVIEWER: IF THE PERSON IS UNABLE TO BE REACHED, REFER TO TRACING – GO TO SECTION A.5

A.1.b.2. I am sorry I missed [HIM/HER/NAME]. What is the best time to reach [HIM/HER/NAME]?
A.1.b.2a. DATE: ___/____/_____ [DD/MM/YYYY] [CALENDAR]
A.1.b.2b. TIME OF DAY: _/_/ [AM/PM]

[TERMINATE CALL]

SECTION A.2: Introduction to the Home Visit

[IF PARTICIPANT INITIALLY ANSWERED THE PHONE]

My name is [INTERVIEWER NAME]. When we spoke with you last on [DATE], you agreed to participate in the next phase of this study. I am calling to schedule your appointment for the home visit.

A.2a. Are you in a place where you can safely talk on the phone?
YES..... 1 [GO TO CONTINUE FOR ALL PARTICIPANTS]
NO..... 2

I will attempt to contact you again soon. Thank you for your time.

[IF PARTICIPANT DID NOT INITIALLY ANSWER THE PHONE]

My name is [INTERVIEWER NAME] and I am with the Gulf Long-term Follow-up Study (GuLF STUDY). When we spoke with you last on [DATE], you agreed to participate in the next phase of this study. I am calling to schedule your appointment for the home visit.

A.2b. Are you in a place where you can safely talk on the phone?
YES..... 1 [GO TO CONTINUE FOR ALL PARTICIPANTS]
NO..... 2

I will attempt to contact you again soon. Thank you for your time.

[CONTINUE FOR ALL PARTICIPANTS]

During the visit, you'll be asked to:

- have your blood pressure, height, weight, hips, and waist measured
- blow into a machine to measure your lung function. If you are using an inhaler because of a lung condition, we ask that you not use the inhaler on the day of your home visit prior to the lung function test, if you are able to go without using the inhaler for a short period of time
- have a blood sample drawn and provide samples of urine, hair, and toenails
- complete a one-hour interview
- and allow our staff to collect a dust sample from your home

The visit will take place in your home and last about two and a half hours. You'll receive a $50 gift card for completing the home visit.

Also, if you complete the home visit, you will be entered into a drawing for a chance to win a $500 gift card. This drawing will be held after every 5,000th participant completes the home visit. Your odds of winning are about 1 in 1650. There is no cost associated with entering the drawing or accepting the prize.

[IF PARTICIPANT SELECTED FOR EXPOSURE MONITORING ADDENDUM]

You are also invited to complete additional study procedures to monitor current potential exposures to chemicals in the environment. Let me tell you a little more information so you can decide if you would like to complete the extra procedures.

[IF PARTICIPANT SELECTED FOR ADDITIONAL BLOOD SAMPLES ONLY]

Participation in this part of the study involves providing about 1 tablespoon of additional blood and answering some questions about your home, work, and lifestyle. You will receive an additional $10 gift card for the extra blood. You will be sent a confidential report of your blood chemical results at the conclusion of the study. Are you willing to complete these procedures?

[IF PARTICIPANT SELECTED FOR BLOOD AND PERSONAL AIR MONITOR]

Participation in this part of the study involves providing about 1 tablespoon of additional blood and answering some questions about your home, work, and lifestyle. We would also like for you to wear a small monitor for one day to monitor your exposure to environmental chemicals during the course of a normal day. We will send the monitor to you before your visit and give you instructions about when and how to wear it. You will receive an additional $30 gift card for completing these procedures. You will also be sent a confidential report of your blood chemical results at the conclusion of the study. Are you willing to complete these procedures? [Note to HVA: If the participant agrees, schedule the home visit at least two weeks from today to allow time for the monitor and instructions to be mailed out.]

A1. Do you have any questions about the home visit?

[IF YES, RESPOND TO CONCERNS BASED ON INFORMATION IN THE FAQ;
IF NO, GO TO SECTION A.3]

[IF PARTICIPANT AGREES TO PARTICIPATE, GO TO SECTION A.3;
IF PARTICIPANT ASKS FOR TIME TO CONSIDER, GO TO SECTION A.4;
IF REFUSAL AND A REASON IS GIVEN; GO TO SECTION A.5.a;
IF REFUSAL AND A REASON IS NOT GIVEN; GO TO SECTION A.5.b]

YES.....1 [RESPOND TO CONCERNS BASED ON INFORMATION FROM THE FAQ]
NO.....2
DON'T KNOW 8
REFUSED 9

SECTION A.3: Scheduling the Home Visit

A1.a. What would be a good date and time for you to complete the home visit?
[INTERVIEWER: RECORD DATE AND TIME]
A1.a.1. DATE: ___/____/_____ [DD/MM/YYYY]
A1.a.2. TIME OF DAY: __/__/ [AM/PM]

I would also like to confirm your address to make sure we have it correct for the appointment. We also need to send you some items in the mail before our visit.

A2. Is your mailing address [PARTICIPANT'S ADDRESS]?
YES……..1 [GO TO QUESTION A3]
NO……2

A2a. What is your mailing address?
A2a.1. House number: _____[FREE TEXT FIELD]
A2a.2. Street name: _____[FREE TEXT FIELD]
A2a.3. Apartment number: _____[FREE TEXT FIELD]
A2a.4. City: _____[FREE TEXT FIELD]
A2a.5. State: _____[STATE DROP DOWN BOX]

A3. Is this the same address for the home visit?
YES..... 1 [GO TO SCRIPTS BELOW]
NO..... 2
DON'T KNOW 8
REFUSED 9

A3a. What is the address for the home visit?

A3a.1. House number: _____[FREE TEXT FIELD]
A3a.2. Street name: _____[FREE TEXT FIELD]
A3a.3. Apartment number: _____[FREE TEXT FIELD]
A3a.4. City: _____[FREE TEXT FIELD]
A3a.5. State: _____[STATE DROP DOWN BOX]

A3b. Is this where you live?
YES 1
NO 2
DON'T KNOW 8
REFUSED 9

Great! Thank you. Before the visit we will mail you a package that includes the following items:

- A list of frequently asked questions with answers
- An Informed Consent packet, which is a document that explains the details of the GuLF STUDY and explains what you can expect during the home visit
- A shorter summary page that gives you a quick overview of the Informed Consent packet
- A urine collection container with urine collection instructions

The package will also contain instructions so you can prepare for the visit. When you get the package, please open it and read the information provided [INTERVIEWER: IF THE PARTICIPANT TELLS YOU THAT HE/SHE CANNOT READ, SAY: That is ok. When the package arrives, give me a call and I will talk you through it. My number is [INTERVIEWER'S PHONE NUMBER].

Please try not to eat or drink anything for eight hours before the visit. If you are diabetic, you should remember to take your medicines and you should eat a light meal or snack, as needed. Also, collect all of your current prescription and over-the-counter medications so that we can note them during the home visit. A urine collection container will be enclosed in the packet we send and it is important that you collect your first urine of the day on the day of the appointment. Please call us if you have any questions or concerns about the information that you receive, or if you do not receive any materials within the next few days.

A4. Do you have any questions?

[IF YES, RESPOND TO CONCERNS BASED ON INFORMATION IN THE FAQ]

I will give you a reminder call before the scheduled visit to confirm that the time still works for you.

But if you have any questions before then or if something comes up and you need to reschedule the visit, please call the study toll-free phone number at 855 NIH GuLF (855

644 4853) between the hours of [9 AM and 9 PM] and Sunday between the hours of [12pm and 6pm] [CALL CENTER HOURS PRESENTED IN LOCAL TIME].

Thank you. We look forward to seeing you soon.

[TERMINATE CALL]

SECTION A.4: Schedule Call to Reconsider Participation

A4.a. We appreciate your willingness to consider taking part in the study. When would be a convenient time to call you back to speak with you about the study?
[RECORD DATE AND TIME]
A4.a.1. DATE: ___/____/_____ [DD/MM/YYYY]
A4.a.2. TIME OF DAY: __/__/ [AM/PM]

Thank you. We'll call you then. In the meantime, if you have any questions or would like to speak with us about the study sooner, please call the study toll-free phone number at 855 NIH GuLF (855 644 4853) between the hours of [9 AM and 9 PM] and Sunday between the hours of [12pm and 6pm] [CALL CENTER HOURS PRESENTED IN LOCAL TIME].

[TERMINATE CALL]

SECTION A.5: Refusal to Participate

SECTION A.5.a. I understand you said…

[INTERVIEWER: RESTATE REASONS AND USE TELEPHONE INTERVIEW Q & A BENEFITS TO ATTEMPT A CONVERSION]

If you don't mind, I'd like to make a note of why you are not continuing. This information will help us improve the GuLF STUDY.

A.5.a.1. [RECORD REASON – FREE TEXT FIELD]

[PARTICIPANT'S NAME], I really appreciate your time. If you have any questions or concerns, you can call us toll-free at 855 NIH-GuLF (855 644-4853).

[TERMINATE CALL]

SECTION A.5.b: May I ask why you do not want to participate at this time? This information will help us improve the GuLF STUDY.

[INTERVIEWER: RESTATE REASON AND USE TELEPHONE INTERVIEW Q & A BENEFITS TO ATTEMPT A CONVERSION]

A.5.b.1. [RECORD REASON – FREE TEXT FIELD]

[PARTICIPANT'S NAME], I really appreciate your time. If you have any questions or concerns, you can call us toll-free at 855 NIH-GuLF (855 644-4853).

[TERMINATE CALL]

SECTION B: Home Visit Confirmation Call

SECTION B.1.a: Voicemail Script

Hello, this message is for [PARTICIPANT'S NAME] and I'm calling about the Gulf Long-term Follow-up Study (GuLF STUDY), sponsored by the National Institutes of Health. We would like to speak with you about participating in this important study. We will try to contact you again soon. Thank you.

SECTION B.1.b: Contact Script

B.1.0.1. Hello, I am with the Gulf Long-term Follow-up Study (GuLF STUDY). May I please speak to [PARTICIPANT'S FULL NAME]?
YES..... 1 [GO TO SECTION B.1]
NOT HERE ..... 3 [CONTINUE]

B.1.0.2. I am sorry I missed [HIM/HER/NAME]. What is the best time to reach [HIM/HER/NAME]?
B.1.0.2a. DATE: __/__/_____[MM/DD/YYYY] [CALENDAR]
B.1.0.2b. TIME: _/_/ [AM/PM]

B.1.0.2c. DATE2: __/__/_____[MM/DD/YYYY] [CALENDAR]
B.1.0.2d. TIME: _/_/ [AM/PM]

Thank you. I will call you back then.

[TERMINATE CALL]

SECTION B.1.c: Confirmation of Home Visit

[IF PARTICIPANT INITIALLY ANSWERED THE PHONE]

Good [MORNING], [PARTICIPANT'S NAME]. My name is [INTERVIEWER NAME]. Thank you very much for agreeing to participate in a home visit for the GuLF STUDY.

B.1.0.3. Are you in a place where you can safely talk on the phone?
YES..... 1 [GO TO CONTINUE FOR ALL PARTICIPANTS]
NO 2

I will attempt to contact you again soon. Thank you for your time.

[IF PARTICIPANT DID NOT INITIALLY ANSWER THE PHONE]

Good [MORNING], [PARTICIPANT'S NAME]. My name is [INTERVIEWER NAME] and I am with the Gulf Long-term Follow-up Study (GuLF STUDY). Thank you very much for agreeing to participate in a home visit for the GuLF STUDY.

B.1.0.4. Are you in a place where you can safely talk on the phone?
YES..... 1 [GO TO CONTINUE FOR ALL PARTICIPANTS]
NO 2

I will attempt to contact you again soon. Thank you for your time.

[CONTINUE FOR ALL PARTICIPANTS]

B.1.0.5. I have you scheduled for a visit on [DATE] at [TIME]. Does that time still work for you?
YES..... 1
NO ..... 2 [GO TO SECTION B.4]
DON'T KNOW..... 3 [GO TO SECTION B.3]

SECTION B.2: Conclusion of Home Visit Confirmation

Great, I look forward to seeing you then. I would like to confirm your address.

B1. Is the correct address for the home visit [PARTICIPANT'S ADDRESS]?
YES……..1 [GO TO QUESTION B2]
NO……2

B1a. What is the address for the home visit?
B1a.1. House number: _____[FREE TEXT FIELD]
B1a.2. Street name: _____[FREE TEXT FIELD]
B1a.3. Apartment number: _____[FREE TEXT FIELD]
B1a.4. City: _____[FREE TEXT FIELD]
B1a.5. State: _____[STATE DROP DOWN BOX]

B1b. Do you live at this address?
YES..... 1 [GO TO QUESTION B2]
NO..... 2

B1c. What is the address where you live?
B1c.1. House number: _____[FREE TEXT FIELD]
B1c.2. Street name: _____[FREE TEXT FIELD]
B1c.3. Apartment number: _____[FREE TEXT FIELD]
B1c.4. City: _____[FREE TEXT FIELD]
B1c.5. State: _____[STATE DROP DOWN BOX]
DON'T KNOW..... 8
REFUSED..... 9

B2. Did you receive the study materials in the mail?
YES……..1 IF YES: [INTERVIEWER: Great! Please hold onto the materials until the appointment.]
NO……2 [INTERVIEWER: I will bring the materials with me on the day of the visit.]

[IF PARTICIPANT AGREED TO EXPOSURE MONITORING PROCEDURES AND IS SELECTED TO WEAR A BADGE]

I would like to review the instructions wearing the monitoring badge. [Note to HVA: Review instructions for wearing badge. Remind the participant of the time to wear the badge and encourage them to call you if they have questions later.]

[CONTINUE FOR ALL PARTICIPANTS]

Please try not to eat or drink anything for eight hours before the visit. If you are diabetic, you should remember to take your medicines and you should eat a light meal or snack, as needed. Also, collect your current prescription and over-the-counter medications so that we can note them during the home visit. The night before our visit, you should place the collection container in your bathroom so that you can collect your first urine of the day. If you are using an inhaler because of a lung condition, we ask that you not use the inhaler for your [morning] dose on the day of your home visit prior to the lung function test, if you are able to go without using it for a short period of time.

B3. Do you have any questions for me?

[IF YES, RESPOND TO CONCERNS BASED ON INFORMATION IN THE FAQ]

If you need to reach me before my visit, please call me at [INTERVIEWER PHONE NUMBER] or the GuLF STUDY Hotline at 855 NIH GuLF (855 644 4853).

Thank you. I look forward to meeting with you soon!

[TERMINATE CALL]

SECTION B.3: Tentative Home Visit Confirmation

It sounds like you are unsure whether this is a convenient time for the home visit. Unless I hear otherwise from you, I will plan to arrive at your home on [DATE] at [TIME]. If you feel that you do need to reschedule, please let me know as soon as possible and I will be happy to set up an appointment time that fits your schedule.

Before we go, I would like to confirm your address.

B4. Is the correct address for the home visit [PARTICIPANT'S ADDRESS]?
YES……..1 [GO TO QUESTION B5]
NO……2

B4a. What is the address for the home visit?
B4a.1. House number: _____[FREE TEXT FIELD]
B4a.2. Street name: _____[FREE TEXT FIELD]
B4a.3. Apartment number: _____[FREE TEXT FIELD]
B4a.4. City: _____[FREE TEXT FIELD]
B4a.5. State: _____[STATE DROP DOWN BOX]

B4b. Do you live at this address?
YES..... 1 [GO TO QUESTION B5]
NO..... 2

B4c. What is the address where you live?
B4c.1. House number: _____[FREE TEXT FIELD]
B4c.2. Street name: _____[FREE TEXT FIELD]
B4c.3. Apartment number: _____[FREE TEXT FIELD]
B4c.4. City: _____[FREE TEXT FIELD]
B4c.5. State: _____[STATE DROP DOWN BOX]
DON'T KNOW 8
REFUSED 9

B5. Did you receive the study materials in the mail?
YES……..1 IF YES: [INTERVIEWER: Great! Please hold onto the materials until the appointment.]
NO……2 [INTERVIEWER: I will bring the materials with me on the day of the visit.]

Great. You can reach me at [INTERVIEWER PHONE NUMBER] or you may call the GuLF STUDY Hotline at 855 NIH GuLF (855 644 4853). If I don't hear back from you I'll be there on [DATE] at [TIME] for the home visit.

Thank you! I look forward to meeting with you soon!
[TERMINATE CALL]

SECTION B.4: Reschedule Home Visit

B5a. Let's see if we can find a time that is more convenient for you to complete the home visit. When would be a better date and time for you?
B5a.1. DATE: __/__/_____[MM/DD/YYYY]
B5a.2. TIME: _/_/ [AM/PM]

OK great! I am glad we could reschedule. Your participation is important and we really appreciate your time. I also would like to confirm your address and that you received the home visit materials in the mail.

B6. Is the correct address for the home visit [PARTICIPANT'S ADDRESS]?
YES……..1 [GO TO QUESTION B7]
NO……2

B6a. What is the address for the home visit?
B6a.1. House number: _____[FREE TEXT FIELD]
B6a.2. Street name: _____[FREE TEXT FIELD]
B6a.3. Apartment number: _____[FREE TEXT FIELD]
B6a.4. City: _____[FREE TEXT FIELD]
B6a.5. State: _____[STATE DROP DOWN BOX]

B6b. Do you live at this address?
YES..... 1 [GO TO QUESTION B7]
NO..... 2

B6c. What is the address where you live?
B6c.1. House number: _____[FREE TEXT FIELD]
B6c.2. Street name: _____[FREE TEXT FIELD]
B6c.3. Apartment number: _____[FREE TEXT FIELD]
B6c.4. City: _____[FREE TEXT FIELD]
B6c.5. State: _____[STATE DROP DOWN BOX]
DON'T KNOW..... 8
REFUSED..... 9

B7. Did you receive the study materials in the mail?
YES……..1 IF YES: [INTERVIEWER: Great! Please hold onto the materials until the appointment.]
NO……2 [INTERVIEWER: I will bring the materials with me on the day of the visit.]

Thank you for your time. If you have any questions or concerns before your visit you can reach me at [INTERVIEWER PHONE NUMBER] or you can call the GuLF STUDY Hotline at 855 NIH GuLF (855 644 4853).

We look forward to seeing you then. [TERMINATE CALL]

SECTION C: Consent

ENTER HOME VISIT START DATE
___/___/_____ MM/DD/YYYY

ENTER HOME VISIT START TIME
_____ HH:MM AM/PM

C1. INFORMED CONSENT PROCEDURES COMPLETED?
YES.....1
NO .....2 PLEASE PROVIDE A REASON: [FREE TEXT FIELD]

C1a. DOCUMENT #
15 1
16 2
17 3

C1b. VERSION #
I_I_I.I_I

C2. CONSENT TO SHARE INFORMATION WITH HEALTH CARE PROVIDER?
YES..... 1
NO. PARTICIPANT HAS HEALTH CARE PROVIDER, BUT DOES NOT WANT INFORMATION SHARED..... 2 [GO TO C3]
NO. PARTICIPANT DOES NOT HAVE HEALTH CARE PROVIDER..... 3 [GO TO C3]

C2.a. NAME AND CONTACT INFORMATION FOR PARTICIPANT'S DOCTOR OR HEALTHCARE PROVIDER:

C2.a.1. DOCTOR NAME _____ [FREE TEXT FIELD]
C2.a.2. PRACTICE NAME _____ [FREE TEXT FIELD]
C2.a.3. ADDRESS_____ [FREE TEXT FIELD]
C2.a.4. CITY _____ [FREE TEXT FIELD]
C2.a.5. STATE _____ [FREE TEXT FIELD]
C2.a.6. ZIP CODE_____ [FREE TEXT FIELD]
C2.a.7. PHONE _____ [FREE TEXT FIELD]

C3. IS THE PARTICIPANT INTERESTED IN RECEIVING A REFERRAL FOR MEDICAL OR MENTAL HEALTH CARE?
YES.....1
NO 2

C5. WAS THE PARTICIPANT ASKED TO VOLUNTEER TO PROVIDE QA SPECIMENS?
YES.....1
NO .....2 [GO TO SECTION D]
PARTICIPANT WAS NOT SELECTED FOR QA SPECIMENS 3 [GO TO SECTION D]

C5A. DID THE PARTICIPANT AGREE TO PROVIDE QA SPECIMENS?
YES...1
NO.....2

SECTION D: Home Visit Specimen Collection Checklist and HVA notes

[INTERVIEWER: USE THIS SECTION TO RECORD SPECIMEN DATA]

[INTERVIEWER NOTE: IF THIS IS A RETURN VISIT BECAUSE THE PARTICIPANT HAD ABNORMAL BLOOD PRESSURE OR ELEVATED HEART RATE AT THE LAST VISIT AND COULD NOT COMPLETE THE BLOOD COLLECTION OR PFT PORTION OF THE VISIT ONLY, GO TO SECTION W. ONLY GO TO SECTION W IF ALL OTHER DATA WAS COLLECTED AT THE LAST VISIT EXCEPT BLOOD SPECIMENS AND PFT. ALL OTHER CASES WILL CONTINUE WITH THE ORIGINAL SURVEY.]

D0. IS THIS A REPEAT VISIT?

YES.....1
NO .....2 [GO TO D1]

D0a. WAS THE VISIT TERMINATED AS A RESULT OF THE PARTICIPANT SEEKING EMERGENCY CARE?
YES.....1
NO.....2 [GO TO SECTION W]

[PROGRAMMER NOTE IF NO IS SELECTED: YOU ARE PROCEEDING TO SECTION W TO COLLECT BLOOD PRESSURE, BLOOD SPECIMENS, AND PFT ONLY.]

D1. RECORD THE IDENTIFICATION NUMBER OF THE HOME VISIT KIT USED FOR THIS VISIT.
[__ __ __ __ __ __ __ - HVK]

D1A. RECORD TODAY'S DATE
_____

D1B. RECORD TODAY'S TIME
_____

D2. RECORD THE HOME VISIT AGENT ID. [AUTOPOPULATED]
[__ __ __ __ __ __]

QA 1. WAS THE PARTICIPANT SELECTED AS A QA CANDIDATE?
YES 1
NO 2

QA 2. DID THE PARTICIPANT SIGN THE CONSENT FORM TO ALLOW QA SAMPLES TO BE TAKEN?
YES 1
NO 2

D3. DID THE PARTICIPANT COLLECT A FIRST MORNING URINE SAMPLE?
YES….1 [GO TO D3a]
NO 2

D3.1a PLEASE PROVIDE A REASON: [GO TO D3c]
PARTICIPANT FORGOT..... 1
KIT NOT AVAILABLE 2
OTHER, SPECIFY ....3 [FREE TEXT FIELD]
REFUSED..... 9

D3a. RECORD THE TIME THE FIRST MORNING SPECIMEN WAS COLLECTED.
__/__/ : __/__/

D3a1. AM……...1
PM….....2

D3a2. What time did you last urinate PRIOR to this collection? [INTERVIEWER NOTE: “THIS COLLECTION” REFERS TO THE FIRST MORNING VOID URINE COLLECTION]
__/__/ : __/__/
DON’T KNOW……..8888 [GO TO QUESTION D3b]
REFUSED ... ……9999 [GO TO QUESTION D3b]

D3a2a. AM…….1
PM…….2

D3b. RECORD THE VOLUME OF THE COLLECTED FIRST MORNING SPECIMEN.
__/__/__/ ML [GO TO QUESTION D4]

D3b1. HOW WAS THE SPECIMEN COLLECTED?
MID-STREAM 1
WHOLE SPECIMEN 2
DON’T KNOW 3

D3c. IF A FIRST MORNING URINE SAMPLE WAS NOT COLLECTED, WAS A RANDOM URINE SPECIMEN COLLECTED DURING THE VISIT? [INTERVIEWER NOTE: IF A FIRST MORNING URINE SAMPLE WAS NOT COLLECTED, TRY TO GET A RANDOM URINE SPECIMEN NOW. IF THE PARTICIPANT IS UNABLE TO PROVIDE A URINE SPECIMEN, HAVE THEM DRINK A LARGE GLASS OF WATER, SKIP THIS QUESTION FOR NOW AND
RETURN TO IT LATER IN THE HOME VISIT WHEN THE PARTICIPANT IS ABLE TO PROVIDE A URINE SAMPLE.]
YES..... 1
NO..... 2 PLEASE PROVIDE A REASON: [FREE TEXT FIELD] [GO TO QUESTION D11]
REFUSED 9

D3c.1. RECORD THE TIME THE RANDOM URINE SPECIMEN WAS COLLECTED.
__/__/ : __/__/

D3c.1a. AM..... 1
PM..... 2

D3c.2. RECORD THE VOLUME OF THE RANDOM URINE SPECIMEN COLLECTED.
__/__/__/ [ML]

D3c2a. HOW WAS THE SPECIMEN COLLECTED?
MID-STREAM 1
WHOLE SPECIMEN 2
DON'T KNOW 3

D3c.3. What time did you last urinate PRIOR to this collection? [INTERVIEWER NOTE: "THIS COLLECTION" REFERS TO THE RANDOM URINE]
__/__/ : __/__/
DON'T KNOW……..8888
REFUSED ... ……9999

D3c.3a. AM…....1
PM…….2

D4. [PROGRAMMER NOTE: THIS IS ONLY SHOWN FOR BIOMEDICAL SUBCOHORT] WAS A BMS URINE ALIQUOT OBTAINED FOR LABCORP?
YES.....1
NO .....2 PLEASE PROVIDE A REASON: [FREE TEXT FIELD]

D4A. QA URINE CUP 07?
PREPARED FROM AN ALIQUOT OF THE ORIGINAL FIRST MORNING VOID (FMV) SPECIMEN 1
PREPARED FROM AN ALIQUOT OF THE RANDOM URINE SPECIMEN COLLECTED DURING THE VISIT 2
COLLECTED SPECIFICALLY TO PROVIDE ENOUGH URINE FOR THE QA SAMPLE (BECAUSE THERE WAS INSUFFICIENT SAMPLE VOLUME IN EITHER THE FMV OR RANDOM URINE) 3

D11. RECORD PARTICIPANT'S BLOOD PRESSURE AND HEART RATE. [PROGRAMMER NOTE: SET WARNING FLAG: IF THE AVERAGE OF THE LAST TWO SYSTOLIC BP ≥ 180 OR DIASTOLIC BP ≥ 110 OR HEART RATE ≤ 40 OR ≥ 120 THEN NO BLOOD WILL BE DRAWN AND NO PFT WILL BE COLLECTED.IF THE PARTICIPANT DECLINES EMERGENCY CARE, THE REST OF THE VISIT WILL CONTINUE. SKIP TO D11e

INTERVIEWER: IF THE PARTICIPANT'S AVEREAGE SYSTOLIC BP ≥ 180 OR DIASTOLIC BP ≥ 110 AND THE PARTICIPANT DECLINES EMERGENCY CARE, THE VISIT CAN CONTINUE, HOWEVER, NO BLOOD OR PFT WILL BE COLLECTED. IF HEART RATE ≤ 40 OR ≥ 120 NO BLOOD OR PFT WILL BE COLLECTED. FOLLOW PROTOCOL FOR FOLLOW-UP AT THE END OF THE VISIT.]
D11a. I_I_I_I / I_I_I_I D11a.1. HEART RATE _____
NOT OBTAINED..... 777 777 PLEASE PROVIDE A REASON: [FREE TEXT FIELD]
REFUSED..... 999 999

D11b. I_I_I_I / I_I_I_I D11b.1. HEART RATE _____
NOT OBTAINED..... 777 777 PLEASE PROVIDE A REASON: [FREE TEXT FIELD]
REFUSED..... 999 999

D11c. I_I_I_I / I_I_I_I D11c.1. HEART RATE _____
NOT OBTAINED..... 777 777 PLEASE PROVIDE A REASON: [FREE TEXT FIELD]
REFUSED..... 999 999

D11d. AVERAGE (CALCULATION BASED ON D11b AND D11c)
I_I_I_I / I_I_I_I D11d.1 HEART RATE _____
NOT OBTAINED..... 777 777 PLEASE PROVIDE A REASON: [FREE TEXT FIELD]

D11e. CONFIRMATION OF INTERPRETATION AND ADVICE [PROGRAMMER NOTE: DISPLAY CHECK MARK IN THE APPROPRIATE BOX]

✓	Your blood pressure readings are (mm Hg)	This is considered	You are advised to
	Systolic BP ≥ 180 OR Diastolic BP ≥ 110	Urgent*	Seek care as soon as possible if confirmed as a chronic condition.
	Systolic BP 160 to 179 OR Diastolic BP 100 to 109	Very High	See a health care provider **within the next month** to have your blood pressure rechecked and managed.
	Systolic BP 140 to 159 OR Diastolic BP 90 to 99	Mildly to Moderately High	See a health care provider **within the next two months** to have your blood pressure rechecked and managed.
	Systolic BP 120 to 139 OR Diastolic BP 80 to 89	Slightly High	Find out from a health care provider if any additional evaluations or lifestyle changes are indicated.
	Systolic BP <120 OR Diastolic BP <80	Normal	Your Blood Pressure is within normal limits. Talk to a health care provider about healthy lifestyle choices that you can take to prevent high blood pressure.

D11e.1. SYSTOLIC BP ≥ 180 OR DIASTOLIC BP ≥ 110. RECOMMEND CALLING 911 OR GOING TO THE EMERGENCY DEPARTMENT AS SOON AS POSSIBLE. EMERGENCY CARE NEEDED. [COMPLETE INCIDENT REPORT]
D11e.2. SYSTOLIC BP ≥ 180 OR DIASTOLIC BP ≥ 110. PARTICIPANT REFUSED 911 CALL AND ASSISTANCE WITH EMERGENCY CARE. VISIT CAN CONTINUE, EXCLUDING BLOOD COLLECTION AND PFT.
D11e.3. SYSTOLIC BP 160 TO 179 OR DIASTOLIC BP 100 TO 109. SEE YOUR HEALTH CARE PROVIDER WITHIN THE NEXT MONTH TO HAVE YOUR BLOOD PRESSURE RECHECKED AND MANAGED.
D11e.4. SYSTOLIC BP 140 TO 159 OR DIASTOLIC BP 90 TO 99. SEE YOUR HEALTH CARE PROVIDER WITHIN THE NEXT TWO MONTHS TO HAVE YOUR BLOOD PRESSURE RECHECKED AND MANAGED.
D11e.5. SYSTOLIC BP 120 TO 139 OR DIASTOLIC BP 80 TO 89. FIND OUT FROM YOUR HEALTH CARE PROVIDER IF LIFESTYLE CHANGES OR TREATMENTS ARE NEEDED.
D11e.6. SYSTOLIC BP <120 AND DIASTOLIC BP <80. YOUR BLOOD PRESSURE IS WITHIN NORMAL LIMITS. TALK TO YOUR HEALTH CARE PROVIDER ABOUT HEALTHY LIFESTYLE CHOICES THAT YOU CAN TAKE TO PREVENT HIGH BLOOD PRESSURE.
[GO TO QUESTION D6]

D11f. DOCUMENTATION OF REFERRAL
D11f.1. OFFERED, ACCEPTED, PROVIDED
D11f.2. OFFERED, ACCEPTED, CASE REFERRED TO CALL CENTER FOR ASSISTANCE
D11f.3. OFFERED, DECLINED
D11f.4. NOT OFFERED

D11g. HEART RATE CONFIRMATION AND INTERPRETATION OF ADVICE: [PROGRAMMER, DISPLAY A CHECK IN THE APPROPRAITE BOX]

✓	Your result is	This is considered	You are advised to
	HR greater than 120 BPM	Very High	Your resting heart rate is **very high**. You should see a health care provider as soon as possible. A very high heart rate can be a sign of a heart problem or other medical conditions.
	HR between 101 and 120 BPM	High	Your resting heart rate is **high**. A high heart rate may be due to a medical problem or other causes. You should see a health care provider within the next month.
	HR between 60 and 100 BPM	Normal	Your resting heart rate is **normal**.
	HR between 40 and 59 BPM	Low	Your resting heart rate is **low**. A low heart rate may be normal for some individuals. In others, it may be due to a medical problem. You should see a health care provider within the next month.
	HR less than 40 BPM	Very Low	Your resting heart rate is **very low**. You should see a health care provider as soon as possible. A very low heart can be a sign of a heart problem or other medical conditions.

D11g.1 DOCUMENTATION OF REFERRAL
D11g.1. OFFERED, ACCEPTED, PROVIDED
D11g.2. OFFERED, ACCEPTED, CASE REFERRED TO CALL CENTER FOR ASSISTANCE
D11g.3. OFFERED, DECLINED
D11g.4. NOT OFFERED

D6. RECORD PARTICIPANT'S HEIGHT TO THE NEAREST TENTH.
D6a. I_I_I_I.I_I CM
NOT OBTAINED 777
REFUSED..... 999 [GO TO D6b]

D6.1a. PLEASE PROVIDE A REASON
EQUIPMENT MALFUNCTION .... 1 SPECIFY [FREE TEXT]
MEDICAL REASON .... 2 SPECIFY [FREE TEXT]
OTHER, SPECIFY ..... 3 [FREE TEXT FIELD]

D6b. I_I_I_I.I_I CM
NOT OBTAINED 777
REFUSED..... 999 [GO TO D6c]

D6.1b. PLEASE PROVIDE A REASON
EQUIPMENT MALFUNCTION .... 1 SPECIFY [FREE TEXT]
MEDICAL REASON .... 2 SPECIFY [FREE TEXT]
OTHER, SPECIFY ..... 3 [FREE TEXT FIELD]

D6c. I_I_I_I.I_I CM
NOT OBTAINED 777
REFUSED..... 999 [GO TO D6d]

D6.1b. PLEASE PROVIDE A REASON
EQUIPMENT MALFUNCTION .... 1 SPECIFY [FREE TEXT]
MEDICAL REASON .... 2 SPECIFY [FREE TEXT]
OTHER, SPECIFY ..... 3 [FREE TEXT FIELD]

D6d. [PROGRAMMER NOTE: DO NOT SHOW IF D6a, D6b, AND D6c = REFUSED] RECORD METHOD OF COLLECTION
MEASURED STANDING 1
SELF-REPORTED.....3

D6e. HEIGHT AVERAGE [CAPI: INSERT HEIGHT AVERAGE CALCULATION FROM D6a, D6b, AND D6c AND CALCULATE CONVERSION TO INCHES FOR PARTICIPANT REPORTING]
I_I_I_I.I_I CM
I_I_I.|_I INCHES CONVERSION

D7. RECORD PARTICIPANT'S WEIGHT.
D7a. I_I_I_I.I_I KG
NOT OBTAINED..... 777 REFUSED 999 [GO TO D7b]

D7a.1 PLEASE PROVIDE A REASON
EQUIPMENT MALFUNCTION..... 1 SPECIFY [FREE TEXT]
MEDICAL REASON..... 2 SPECIFY [FREE TEXT]
EXCEEDS SCALE CAPACITY ..... 3 SPECIFY [FREE TEXT]
OTHER, SPECIFY ..... 4 [FREE TEXT FIELD]

D7b. I_I_I_I.I_I KG
NOT OBTAINED..... 777 REFUSED 999 [GO TO D7c]

D7b.1 PLEASE PROVIDE A REASON
EQUIPMENT MALFUNCTION..... 1 SPECIFY [FREE TEXT]
MEDICAL REASON..... 2 SPECIFY [FREE TEXT]
EXCEEDS SCALE CAPACITY ..... 3 SPECIFY [FREE TEXT]
OTHER, SPECIFY 4 [FREE TEXT FIELD] D7c. I_I_I_I.I_I KG
NOT OBTAINED..... 777 PLEASE PROVIDE A REASON: [FREE TEXT FIELD]
REFUSED..... 999

D7c.1 PLEASE PROVIDE A REASON
EQUIPMENT MALFUNCTION..... 1 SPECIFY [FREE TEXT]
MEDICAL REASON..... 2 SPECIFY [FREE TEXT]
EXCEEDS SCALE CAPACITY ..... 3 SPECIFY [FREE TEXT]
OTHER, SPECIFY ..... 4 [FREE TEXT FIELD]

D7d. [PROGRAMMER NOTE: DO NOT SHOW IF D7a, D7b. AND D7d = REFUSED] RECORD METHOD OF COLLECTION
MEASURED 1
SELF-REPORTED.....2

D7e. WEIGHT AVERAGE [CAPI: INSERT AVERAGE CALCULATION FROM D7a, D7b, AND D7c AND CALCULATE CONVERSION TO LBS FOR PARTICIPANT REPORTING]
I_I_I_I.I_I KG
I_I_I_I.I_I LBS

D8. RECORD PARTICIPANT'S BMI. [CAPI: INSERT BMI CALCULATION FROM D6e AND D7e]
I_I_I.I_I BMI

D8a. CONFIRMATION OF INTERPRETATION AND ADVICE

D8a.1. OBESE. YOU SHOULD TALK TO YOUR HEALTH CARE PROVIDER ABOUT THIS FINDING AND ANY NEED FOR ADDITIONAL EVALUATION OR CONSULTATION.
D8a.2. OVERWEIGHT. YOU SHOULD TALK TO YOUR HEALTH CARE PROVIDER ABOUT THIS FINDING AND ANY NEED FOR ADDITIONAL EVALUATION OR CONSULTATION.
D8a.3. NORMAL. MAINTAINING A HEALTHY WEIGHT MAY REDUCE THE RISK OF CHRONIC DISEASES ASSOCIATED WITH OVERWEIGHT AND OBESITY.
D8a.4. UNDERWEIGHT. TALK WITH YOUR HEALTH CARE PROVIDER TO DISCUSS THIS FINDING AND ANY NEED FOR ADDITIONAL EVALUATION OR CONSULTATION.
D8a.5. COULD NOT BE CALCULATED

D9. RECORD PARTICIPANT'S WAIST CIRCUMFERENCE.
D9a. I_I_I_I.I_I CM
NOT OBTAINED..... 777 PLEASE PROVIDE A REASON: [FREE TEXT FIELD]
REFUSED..... 999

D9b. I_I_I_I.I_I CM
NOT OBTAINED..... 777 PLEASE PROVIDE A REASON: [FREE TEXT FIELD]
REFUSED..... 999

D9c. I_I_I_I.I_I CM
NOT OBTAINED..... 777 PLEASE PROVIDE A REASON: [FREE TEXT FIELD]

D10. RECORD PARTICIPANT'S HIP CIRCUMFERENCE.
D10a. I_I_I_I.I_I CM
NOT OBTAINED..... 777 PLEASE PROVIDE A REASON: [FREE TEXT FIELD]
REFUSED..... 999

D10b. I_I_I_I.I_I CM
NOT OBTAINED..... 777 PLEASE PROVIDE A REASON: [FREE TEXT FIELD]
REFUSED..... 999

D10c. I_I_I_I.I_I CM
NOT OBTAINED..... 777 PLEASE PROVIDE A REASON: [FREE TEXT FIELD]
REFUSED..... 999

D20. How many hours has it been since you last ate food or drank anything besides water?
| __ | __ | [# HOURS]

[PROGRAMMER NOTE: DO NOT DISPLAY QUESTIONS IF HR OR BP CRITERIA WAS MET; DISPLAY THE FOLLOWING PROMPT: BP = XXX/XXX; HR = XXX; DO NOT PERFORM BLOOD COLLECTION.]

D21. WERE BLOOD SAMPLES COLLECTED?
YES....1 [GO TO D22]
NO 2

D21.1a. PLEASE PROVIDE A REASON
UNABLE TO COLLECT ....1 SPECIFY [FREE TEXT]
MEDICAL REASON ....2 SPECIFY [FREE TEXT]
OTHER, SPECIFY ....3 [FREE TEXT FIELD]
REFUSED 9

D21a. WAS AN ORAGENE SALIVA COLLECTION KIT PROVIDED?
YES..... 1 [GO TO D21a.1]
NO..... 2

D21.1a. PLEASE PROVIDE A REASON [GO TO QUESTION D30]
MEDICAL REASON ....1 SPECIFY [FREE TEXT]
OTHER, SPECIFY ....2 [FREE TEXT FIELD]
REFUSED 9

D21a.1. INDICATE TIME OF SALIVA COLLECTION.
__/__/ : __/__/
D21a.1a. AM ……..1 [GO TO QUESTION D30]
PM……...2 [GO TO QUESTION D30]

D22. INDICATE TIME OF BLOOD COLLECTION.
__/__/ : __/__/
AM ..... …….1
PM ..... ……..2

D23. WHICH ARM WAS BLOOD COLLECTED FROM?
LEFT ARM 1

RIGHT ARM..... 2

D24. WHICH VEIN WAS USED FOR COLLECTION?
CEPHALIC..... 1
MEDIAN CUBITAL..... 2
BASILIC 3
OTHER 4

D25. INDICATE THE NUMBER OF COLLECTION ATTEMPTS (STICKS).
____ ATTEMPT(S)

D26. DID YOU COLLECT THE FOLLOWING TUBES…

D26a. TUBE 1, 10 ML RED TOP?
YES…….1[GO TO D26b]
NO..... 2

D26a.1REASON?
UNABLE TO COLLECT..... 1 SPECIFY [FREE TEXT]
OTHER, SPECIFY [FREE TEXT] 2
EQUIPMENT MALFUNCTION 3
SPILLED..... 4
REFUSED 9

D26b. TUBE 2, 10 ML RED TOP?
YES……1[GO TO D26c]
NO..... 2

D26b.1REASON?
UNABLE TO COLLECT..... 1 SPECIFY [FREE TEXT]
OTHER, SPECIFY [FREE TEXT] 2
EQUIPMENT MALFUNCTION 3
SPILLED..... 4
REFUSED 9

D26c. TUBE 3, 10 ML LAVENDER TOP?
YES…….1 [GO TO D26d]
NO..... 2

D26c.1REASON?
UNABLE TO COLLECT..... 1 SPECIFY [FREE TEXT]
OTHER, SPECIFY [FREE TEXT] 2
EQUIPMENT MALFUNCTION 3
SPILLED..... 4
REFUSED 9

D26d. TUBE 4, 6 ML YELLOW TOP?
YES……1 [GO TO D26e]
NO..... 2

D26d.1REASON?
UNABLE TO COLLECT..... 1 SPECIFY [FREE TEXT]
OTHER, SPECIFY [FREE TEXT]..... 2
REFUSED 9

D26e. TUBE 5, 6 ML ROYAL BLUE TOP?
YES 1 [GO TO D26f]
NO 2

D26e.1REASON?
UNABLE TO COLLECT..... 1 SPECIFY [FREE TEXT]
OTHER, SPECIFY [FREE TEXT]..... 2
REFUSED 9

D26f. TUBE 6, 2 ML LAVENDER TOP?
YES 1 [GO TO D26g]
NO 2

D26f.1REASON?
UNABLE TO COLLECT..... 1 SPECIFY [FREE TEXT]
OTHER, SPECIFY [FREE TEXT]..... 2
REFUSED 9

D26g. TUBE 7, 6 ML LAVENDER TOP?
YES 1[GO TO D26h]
NO 2

D26g.1REASON?
UNABLE TO COLLECT..... 1 SPECIFY [FREE TEXT]
OTHER, SPECIFY [FREE TEXT]..... 2
EQUIPMENT MALFUNCTION 3
SPILLED..... 4
REFUSED 9

D26h. TUBE 8, PAXGENE RNA TUBE?
YES 1 [GO TO D26i]
NO 2

D26h.1REASON?
UNABLE TO COLLECT..... 1 SPECIFY [FREE TEXT]
OTHER, SPECIFY [FREE TEXT]..... 2
REFUSED 9

QUALITY CONTROL TUBES [PROGRAMMER NOTE: ONLY SHOW D26i-D26l FOR THE QA PARTICIPANTS]

D26i. QATUBE 1, RED TOP?
YES..... 1
NO..... 2 REASON? [FREE TEXT FIELD]
N/A 3

D26j. QATUBE 2, LAVENDER TOP?
YES..... 1
NO..... 2 REASON? [FREE TEXT FIELD]
N/A 3

D26k. QATUBE 3, YELLOW TOP?
YES..... 1
NO..... 2 REASON? [FREE TEXT FIELD]
N/A 3

D26l. QATUBE 4, ROYAL BLUE TOP TUBE?
YES..... 1
NO..... 2 REASON? [FREE TEXT FIELD]
N/A 3

D26m. QA TUBE 05, SERUM (WHITE CAP) SEPARATED FROM QA 01?
YES 1
NO 2 [PROVIDE A REASON]
N/A 3

D26N. QA TUBE 06, PLASMA (WHITE CAP) SEPARATED FROM QA 02?
YES 1
NO 2 [PROVIDE A REASON]
N/A 3

D27. WAS SERUM SEPARATED FROM THE RED TOP TUBES (TUBES 1 AND 2)?
YES 1 [GO TO D28]
NO 2

D27a. PLEASE PROVIDE A REASON
EQUIPMENT MALFUNCTION 1SPECIFY [FREE TEXT]
NO BLOOD COLLECTED 2
OTHER, SPECIFY [FREE TEXT] 3

D28. WAS PLASMA SEPARATED FROM THE LAVENDER TOP TUBES (TUBES 3 AND 7 AND, IF COLLECTED, QATUBE 2)?
YES..... 1 [GO TO D29]
NO .....2 BIOMEDICAL SURVEILLANCE SUBCOHORT [GO TO D29]

D28a. PLEASE PROVIDE A REASON
EQUIPMENT MALFUNCTION 1 SPECIFY [FREE TEXT]
NO BLOOD COLLECTED 2
OTHER, SPECIFY [FREE TEXT] 3

D29. [PROGRAMMER NOTE: ONLY SHOW IF D27 OR D28 = 1] RECORD TIME THAT SPECIMEN CENTRIFUGATION WAS COMPLETE.
__/__/ : __/__/

D29a. AM……1
PM……2

D30. WAS A HAIR SAMPLE COLLECTED?
YES 1
NO 2 [GO TO D30b]

D30a. WERE THE PROXIMAL AND DISTAL ENDS OF THE HAIR DESIGNATED?
YES..... 1
NO..... 2 PLEASE PROVIDE A REASON: [FREE TEXT FIELD]
[GO TO D31]

D30b. REASON WHY HAIR SAMPLE WAS NOT COLLECTED
NOT ENOUGH HAIR 1
REFUSED.....2
MEDICAL REASON .....3 SPECIFY [FREE TEXT]
OTHER, SPECIFY .....4 SPECIFY [FREE TEXT]

D31. WERE TOENAIL SAMPLES COLLECTED?
YES 1 [GO TO QUESTION D12]
NO 2

D31a. REASON WHY THE TOENAIL SAMPLES WERE NOT COLLECTED.
NAILS NOT LONG ENOUGH 1
MEDICAL CONDITION .....2 SPECIFY [FREE TEXT]
OTHER, SPECIFY .....3 SPECIFY [FREE TEXT]
REFUSED.....9

[PROGRAMMER: SHOW IF D31a IS 1,2 OR 3] INTERVIEWER NOTE: PLEASE LEAVE ENVELOPE AND INSTRUCTIONS FOR MAILING TOENAIL SAMPLE TO THE LAB.
WAS TOENAIL MAILING INSTRUCTIONS AND SUPPLIES LEFT WITH THE PARTICIPANT?
YES.....1
NO.....2 SPECIFY [FREE TEXT FIELD]

[INTERVIEWER: THE FOLLOWING QUESTIONS ARE EXCLUSION CRITERIA FOR THE PULMONARY FUNCTION TESTING. IF THE PARTICIPANT ANSWERS "YES", "DON'T KNOW" OR "REFUSED" TO ANY OF THE FOLLOWING QUESTIONS (D13 – D18), DO NOT ADMINISTER THE PULMONARY FUNCTION TEST]. IF HEART RATE IS > 120 AS INDICATED IN ANY OF D11a.1 - D11c.1, DO NOT ADMINISTER THE PULMONARY FUNCTION TEST.
RESULTS FROM D11a.1: [PIPE IN RESULT]
RESULTS FROM D11b.1: [PIPE IN RESULT]
RESULTS FROM D11c.1: [PIPE IN RESULT]

12. Do you use a medication or inhaler for a lung condition?
YES..... 1
NO ..... 2 [GO TO QUESTION D13]
DON'T KNOW..... 3 [GO TO QUESTION D13]
REFUSED..... 4 [GO TO QUESTION D13]

D12a. What medication(s) do you take?
Medication 1: [FREE TEXT FIELD]
Medication 2: [FREE TEXT FIELD]
Medication 3: [FREE TEXT FIELD]
DON'T KNOW.....8
REFUSED.....9

D12b. When did you last take this medication? [PROGRAMMER NOTE: REPEAT FOR EACH MEDICATION GIVEN IN D12a]
[FILL IN MEDICATION 1 FROM D12a]: [MM/DD/YYYY]
[FILL IN MEDICATION 2 FROM D12a]: [MM/DD/YYYY]
[FILL IN MEDICATION 3 FROM D12a]: [MM/DD/YYYY]
DON'T KNOW . 88/88/8888
REFUSED..... 99/99/9999

D12c. [PROGRAMMER NOTE: IF DATE PROVIDED IS MORE THAN SEVEN DAYS FROM CURRENT DATE, GO TO D13; IF DATE PROVIDED IS WITHIN THE PAST SEVEN DAYS REPEAT THE

FOLLOWING QUESTION UNTIL THE PARTICIPANT REPORTS A DATE THAT IS OUTSIDE OF THE SEVEN DAY PERIOD.]

D12 C.1.When did you last take this medication prior to that?
[PROGRAMMER NOTE: REPEAT FOR EACH MEDICATION GIVEN IN D12a]
[FILL IN MEDICATION 1 FROM D12a]: [MM/DD/YYYY]
[FILL IN MEDICATION 2 FROM D12a]: [MM/DD/YYYY]
[FILL IN MEDICATION 3 FROM D12a]: [MM/DD/YYYY]
DON'T KNOW 8
REFUSED 9

D13. In the past three months, have you had any surgery to your chest or abdomen?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

D14. In the past three months, have you had a heart attack or stroke?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

D15. In the past three months, have you had a detached retina or eye surgery?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

D16. In the past three months, have you been hospitalized for any other heart problem?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

D17. [INTERVIEWER: ONLY ASK IF PARTICIPANT IS FEMALE] Are you pregnant?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

D18. Are you currently taking medication for tuberculosis?
YES..... 1

NO 2
DON'T KNOW..... 8
REFUSED..... 9

[INTERVIEWER: IF ANY OF D13 – D18= YES, DON'T KNOW, OR REFUSED **DO NOT COMPLETE THE PULMONARY FUNCTION TESTING**]

RESULTS FROM D13: [PIPE IN RESULT]
RESULTS FROM D14: [PIPE IN RESULT]
RESULTS FROM D15: [PIPE IN RESULT]
RESULTS FROM D16: [PIPE IN RESULT]
RESULTS FROM D17: [PIPE IN RESULT]
RESULTS FROM D18: [PIPE IN RESULT]

D19. WAS PULMONARY FUNCTION TESTING COMPLETED?
YES..... 1
NO 2

D19a. SELECT A REASON WHY PULMONARY TESTING WAS NOT COMPLETED.
MEDICAL EXCLUSION CRITERIA MET 1
SPIROMETRY EQUIPMENT MALFUNCTION ..... 2 [GO TO D5]
OTHER [SPECIFY] ..... 3 [GO TO D5]
REFUSED ..... 9 [GO TO D5]

D5. WAS URINE DIPSTICK TESTING COMPLETED?
YES.....1
NO .....2 PLEASE PROVIDE A REASON: [FREE TEXT FIELD] [GO TO QUESTION D5x]

D5a. URINE GLUCOSE LEVEL

1	Negative
2	100 mg/dL, 1/10% (TRACE)
3	250 mg/dL, ¼% (POSITIVE)
4	500 mg/dL. ½% (POSITIVE)
5	1000 mg/dL, 1% (POSITIVE)
6	2000 + mg/dL, 2% or more (POSITIVE)

D5x. During the telephone interview we asked you if a doctor has ever told you that you have diabetes and you responded:

[PROGRAMMER: PIPE IN RESPONSE FROM TELEPHONE QUESTIONNAIRE F39]

D5b. Is this correct?
YES..... 1 [GO TO D5b.1]
NO..... 2
DON'T KNOW..... 8
REFUSED..... 9

D5b.a1. Have you previously been diagnosed with diabetes?
YES 1
NO 2
DON'T KNOW 8
REFUSED ... 9

D5b.1. In the last month, have you experienced frequent urination or unusual thirst?
YES..... 1
NO..... 2
DON'T KNOW..... 8
REFUSED..... 9

[PROGRAMMER NOTE: DO NOT SHOW QUESTIONS D5b.2 IF D5a =2}
D5b.2. How many hours did you last sleep?
[INTERVIEWER PROBE: IF YOU WOKE UP DURING YOUR SLEEP, SUBTRACT THE TIME FROM THE TOTAL ONLY IF YOU WERE AWAKE AT LEAST 30 MINUTES.

NOTE: COLLECT HOURS AND MINUTES SLEPT BEFORE THE COLLECTION OF THE FIRST MORNING VOID / BEFORE THIS INTERVIEW]

|_| |_| Hours AND |_| |_| Minutes
OR
Didn't go to sleep ……. 7777
DON'T KNOW..... ……..8888
REFUSED..... ……..9999

[PROGRAMMER NOTE: PLEASE DISPLAY THE CORRESPONDING ROW FROM THE TABLE BELOW BASED ON THE ANSWERS PROVIDED IN D5x, D5b.a1, AND D5b1. IF D5a = 1, THEN NEGATIVE; IF D5a = 2, THEN TRACE; IF D5a = 3-6, POSITIVE. THE TABLE SHOULD HAVE 3 COLUMNS, WITH THE LAST COLUMN ONLY REFLECTING THE APPROPRIATE CELL.]

Prior diagnosis of diabetes?	Symptoms of diabetes?	Urine Glucose Level		
		Negative	Trace (1/10th %)	Positive (≥ ¼ %)
Yes	Yes	Of potential concern	Urgent	Urgent
No	Yes	Of potential concern	Urgent	Urgent
Yes	No	Normal	Of potential concern	Urgent
No	No	Normal	Of potential concern	Urgent

D5c.[PROGRAMMER NOTE: DISPLAY THE CORRESPONDING ADVICE FROM THE TABLE ABOVE] CONFIRMATION OF INTERPRETATION AND ADVICE

D5c.1. Urgent. See your health care provider within the next week to have your glucose levels checked again.
D5c.2. Of potential concern. See your health care provider within the next month to have your glucose levels checked again or sooner if your symptoms appear or worsen.
D5c.3. Normal. No follow-up action is required. [SKIP TO D32]

D5d. DOCUMENTATION OF REFERRAL
OFFERED, ACCEPTED, PROVIDED.....1
OFFERED, ACCEPTED, CASE REFERRED
TO CALL CENTER FOR ASSISTANCE.....2
OFFERED, DECLINED 3
NO REFERRAL OFFERED 4

[PROGRAMMER NOTE: DUST WILL NOT BE COLLECTED IF HOME VISIT IS AT AN ALTERNATE LOCATION. IF A3b, B1b, B4b, OR B6b = 2 DO NOT SHOW QUESTION D32]

Da.32. IS THE VISIT AT THE PARTICIPANT'S HOME
YES.....1
NO .....2 [GO TO D34]

D32. WAS A DUST SAMPLE COLLECTED?
YES.....1 [GO TO D34]
NO .....2 PLEASE PROVIDE A REASON: [FREE TEXT FIELD][GO TO QUESTION D34]
REFUSED.....9

D32a. INDICATE LOCATION(S) FROM WHICH DUST WAS COLLECTED: [SELECT ALL THAT APPLY]

	TOP OF DOOR FRAME	TOP OF WINDOW FRAME	TOP OF PICTURE FRAME	TOP OF FURNITURE	OTHER
KITCHEN					
LIVING ROOM/DEN					
DINING ROOM					
FOYER					
HALL					
BEDROOM					

D34. RECORD GPS COORDINATES
Latitude : ___° __’ __· __ __” N [DD°MM’SS.S”]
Longitude___° __’ __· __ __” N [DD°MM’SS.S”]

D34.a REASON NOT COLLECTED:
EQUIPMENT MALFUNTION……. .....1 SPECIFY [FREE TEXT]
VISIT NOT AT PPT HOME 2
REFUSED…….....9

D34.b WHAT GPS APPLICATION WAS USED FOR COLLECTION?
[PROGRAMMER NOTE: POP LIST WITH PRIMARY AS DEFAULT]
PRIMARY.....1
SECONDARY 2

[PROGRAMMER NOTE: DUST WILL NOT BE COLLECTED IF HOME VISIT IS AT AN ALTERNATE LOCATION. IF A3b, B1b, B4b, or B6b = 2 GO TO QUESTION D36.]

D35.a. IS THE VISIT AT THE PARTICIPANT'S HOME?
YES 1
NO.....2 [GO TO NEXT SECTION]

D35.WAS A VACUUMED DUST SAMPLE COLLECTED FROM THE BED?
YES.....1[GO TO D35a]
NO.....2
N/A……..3 [GO TO NEXT SECTION]

D35a.1 REASON NOT COLLECTED
EQUIPMENT MALFUNCTION 1[GO TO D36]
OTHER, SPECIFY 2[FREE TEXT FIELD] [GO TO D36]
REFUSED 9[GO TO D36]

D35a. RECORD THE TEMPERATURE IN THE PARTICIPANT'S BEDROOM. |_|_|_|.|_|°F

D35b. RECORD THE RELATIVE HUMIDITY IN THE PARTICIPANT'S BEDROOM. |_|_|%

D35c. WHAT ARE THE DIMENSIONS OF THE AREA VACUUMED ON THE BED?
D35c1. LENGTH OF AREA VACUUMED |_|_|_| CM
D35c2. WIDTH OF AREA VACUUMED |_|_|_| CM

D35d. IS THERE AN IMPERMEABLE COVER THAT COMPLETELY ENCASES THE PARTICIPANT'S MATTRESS, BOXSPRING, AND/OR PILLOW?

	YES	NO	DON'T KNOW
D35d1. MATTRESS.	1	2	8
D35d2. BOXSPRING	1	2	8
D35d3. PILLOW	1	2	8

D35e. WERE THERE ANY DEVIATIONS FROM PROTOCOL FOR THE VACUUMED DUST SAMPLE COLLECTION FROM THE BED?
YES.....1
NO.....2 GO TO D36

D35e1. PLEASE EXPLAIN THE DEVIATION(S) FROM PROTOCOL. [FREE TEXTFIELD]

D36. [PROGRAMMER NOTE: DUST WILL NOT BE COLLECTED IF HOME VISIT IS AT AN ALTERNATE LOCATION. IF A3b, B1b, B4b, or B6b = 2 DO NOT SHOW QUESTION D36.] WAS A VACUUMED DUST SAMPLE COLLECTED FROM THE FLOOR?
YES.....1[GO TO D36a]
N/A 2 [GOT TO NEXT SECTION]
NO.....3

D36a.1 REASON NOT COLLECTED
MISSED 1SPECIFY [FREE TEXT]
EQUIPMENT MALFUNCTION 2
OTHER, SPECIFY 3[FREE TEXT FIELD] [GO TO NEXT SECTION]
REFUSED 9

D36a. WHAT ARE THE DIMENSIONS OF THE AREA VACUUMED ON THE FLOOR?
D36a1. LENGTH OF AREA VACUUMED |_|_|_| CM
D36a2. WIDTH OF AREA VACUUMED |_|_|_| CM

D36b. WHAT TYPE OF SURFACE WAS VACUUMED?
ALL CARPET 1
SMOOTH FLOOR AND CARPET..... 2
ALL SMOOTH FLOOR 3

D36c. WERE THERE ANY DEVIATIONS FROM PROTOCOL FOR THE VACUUMED DUST SAMPLE COLLECTION FROM THE FLOOR?
YES.....1
NO.....2 GO TO E1

D36c1. PLEASE EXPLAIN THE DEVIATION(S) FROM PROTOCOL. [FREE TEXTFIELD]

Part 5: Home Visit Questionnaire (Estimated Burden: Shortest Path = 31 minutes; Longest Path = 66 minutes)

SECTION E: Clean-up Related Tasks and Exposures During Clean-up

[CAPI: CONTROLS GO TO SECTION F]

[INTERVIEWER: THE CAPI WILL TAKE YOU THROUGH A SET OF QUESTIONS FOR EACH OF SEVERAL EXPOSURES, YOU WILL DETERMINE IN WHICH JOBS/TASKS THE PARTICIPANT EXPERIENCED THIS. THE JOBS/TASKS WILL BE PROVIDED IN CHECKLISTS BASED ON WHAT THE PARTICIPANT REPORTED IN THE TELEPHONE INTERVIEW.

FOR QUESTIONS IN THE MATRIX THAT PROVIDE A CHECKLIST OF JOBS OR TASKS FOR THE PARTICIPANT TO CHOOSE FROM, READ THE CHECKLIST TO THE PARTICIPANT ABOUT EVERY 3 TIMES THAT SUCH A QUESTION OCCURS OR IF THE LIST CHANGES FROM THE PREVIOUS QUESTION, OR MORE OFTEN IF NECESSARY. USE “ANOTHER JOB NOT LISTED ABOVE” IF NO OTHER ANSWER OPTIONS APPLY.]

I would like to begin our interview by asking you some questions about your oil spill clean-up related jobs that we did not ask you about on the telephone.

$$ [BEGIN MATRIX FOR JOB BY EXPOSURE]

E1. During your clean-up work, do/did you ever smell or breathe exhaust fumes from the engines of ATVs, UTVs, trucks, boats, generators, or other mobile equipment?

YES	1
NO	2 [GO TO E2]
DON’T KNOW	8 [GO TO E2]
REFUSED	9 [GO TO E2]

E1a. In which of your jobs did this happen?

DISPLAY CHECKLIST

E1b. On average, how many hours a day did you smell or breathe these exhaust fumes?

__ __ HOURS	
__ __ MINUTES	
DON’T KNOW	88
REFUSED	99

E2. During your clean-up work, do/did you ever smell an odor from oil, dispersants, or cleaning chemicals from any source for <u>ten or more minutes a day</u>?

YES	1
NO	2 [GO TO E3]
DON’T KNOW	8 [GO TO E3]
REFUSED	9 [GO TO E3]

E2a. Is/Was the odor sweet?

YES	1
NO	2 [GO TO E2b]
DON'T KNOW	8 [GO TO E2b]
REFUSED	9 [GO TO E2b]

E2a1. In which of your jobs did you smell this sweet odor?

DISPLAY CHECKLIST

E2b. Is/Was the odor sour?

YES	1
NO	2 [GO TO E2c]
DON'T KNOW	8 [GO TO E2c]
REFUSED	9 [GO TO E2c]

E2b1. In which of your jobs did you smell this sour odor?

DISPLAY CHECKLIST

E2c. Is/Was the odor pleasant?

YES	1
NO	2 [GO TO E2d]
DON'T KNOW	8 [GO TO E2d]
REFUSED	9 [GO TO E2d]

E2c1. In which of your jobs did you smell this pleasant odor?

DISPLAY CHECKLIST

E2d. Is/Was the odor obnoxious?

YES	1
NO	2 [GO TO E2e]
DON'T KNOW	8 [GO TO E2e]
REFUSED	9 [GO TO E2e]

E2d1. In which of your jobs did you smell this obnoxious odor?

DISPLAY CHECKLIST

E2e. Is/Was the odor irritating to the eyes?

YES	1
NO	2 [GO TO E2f]
DON'T KNOW	8 [GO TO E2f]
REFUSED	9 [GO TO E2f]

E2e1. In which of your jobs did you smell this irritating odor?

DISPLAY CHECKLIST

E2f. Is/Was the odor irritating to the nose?

YES	1
NO	2 [GO TO E3]
DON'T KNOW	8 [GO TO E3]
REFUSED	9 [GO TO E3]

E2f1. In which of your jobs did you smell this irritating odor?

DISPLAY CHECKLIST

E3. If you usually wear/wore gloves during your clean-up work, do/did you wear a second glove inside an outer glove?

YES	1
NO	2 [GO TO E4]
DIDN'T WEAR GLOVES ……..	3 [GO TO E4]
DON'T KNOW	8 [GO TO E4]
REFUSED	9 [GO TO E4]

E3a. In which of your jobs did you do this?

DISPLAY CHECKLIST

E4. During your clean-up work, do/did any part of your body or clothing ever become wet with a chemical?

YES	1
NO	2 [GO TO E5]
DON'T KNOW	8 [GO TO E5]
REFUSED	9 [GO TO E5]

E4a. In which of your jobs did this happen?

DISPLAY CHECKLIST

E4b. [INTENTIONALLY BLANK]

E4b1. On average, how often did your head or any headgear such as hats, bandanas, headbands or visors, become wet with a chemical?

Less than one day per month	1
1-4 days per month	2
1-5 days per **week**	3
Almost every day	4

DON'T KNOW	8
REFUSED	9

E4b2. On average, how often did your forearms or the clothing on your forearms become wet with a chemical?

Less than one day per month	1
1-4 days per month	2
1-5 days per **week**	3
Almost every day	4
DON'T KNOW	8
REFUSED	9

E4b3. Your upper arms?

Less than one day per month	1
1-4 days per month	2
1-5 days per **week**	3
Almost every day	4
DON'T KNOW	8
REFUSED	9

E4b4. Your chest?

Less than one day per month	1
1-4 days per month	2
1-5 days per **week**	3
Almost every day	4
DON'T KNOW	8
REFUSED	9

E4b5. Your back?

Less than one day per month	1
1-4 days per month	2
1-5 days per **week**	3
Almost every day	4
DON'T KNOW	8
REFUSED	9

E4b6. On average, how often did your upper legs or the clothing on your upper legs become wet with a chemical?

Less than one day per month	1
1-4 days per month	2
1-5 days per **week**	3
Almost every day	4
DON'T KNOW	8
REFUSED	9

E4b7. Your lower legs?

Less than one day per month	1
1-4 days per month	2
1-5 days per **week**	3
Almost every day	4
DON'T KNOW	8
REFUSED	9

E5. During your clean-up work, do/did you ever get oil, oily residue, tar, or a chemical on your shoes due to a leak in your booties or chicken feet?

YES	1
NO	2 [GO TO E6]
DON'T KNOW	8 [GO TO E6]
REFUSED	9 [GO TO E6]

E5a. In which of your jobs did this happen?

DISPLAY CHECKLIST

E5b. On average, how often during your clean-up work did you get oil, oily residue, tar, or a chemical on your shoes because of a leak?

Less than one day per month	1
1-4 days per month	2
1-5 days per **week**	3
Almost every day	4
DON'T KNOW	8
REFUSED	9

$$ [END MATRIX FOR JOB BY EXPOSURE]

Non-cleanup-related exposure to spilled oil

E6. At any time during or since the clean-up operation, did you handle or repair fishing nets or other fishing equipment that had oil, oily residue, or tar on it?

YES.....1
NO ..... 2 [GO TO F1]
DON'T KNOW 8 [GO TO F1]
REFUSED..... 9 [GO TO F1]

E6a1. What month and year did you first do this?

__ __..... .... MONTH
__ __ __ __ ..... YEAR
DON'T KNOW.....88 8888
REFUSED.....99 9999

E6a2. What month and year did you last do this?

__ __..... .... MONTH
__ __ __ __ ..... YEAR

DON'T KNOW.....88 8888
REFUSED.....99 9999

E6a3. About how many days, weeks, or months in total did you handle or repair this equipment that had oil, oily residue, or tar on it?
|__|__|__| UNITS
Days.....1
Weeks.....2
Months.....3
DON'T KNOW.....888
REFUSED.....999

E6b. Did you usually wear gloves when doing this work?
YES.....1
NO ..... 2 [GO TO E6c]
DON'T KNOW8 [GO TO E6c]
REFUSED.... 9 [GO TO E6c]

E6b1. What type of gloves did you usually wear?
Leather.....1
Cotton 2
Rubber or synthetic.....3
DON'T KNOW8 [GO TO E6c]
REFUSED.... 9 [GO TO E6c]

E6c. Did you usually wear protective coveralls such as Tyvek when doing this work?
YES.....1
NO .....2 [GO TO E6d]
DON'T KNOW8 [GO TO E6d]
REFUSED....9 [GO TO E6d]

E6d. Did you usually wear long sleeved shirts, jackets, or coveralls when doing this work?
YES.....1
NO .....2 [GO TO E6e]
DON'T KNOW8 [GO TO E6e]
REFUSED....9 [GO TO E6e]

E6e. Did your skin or clothing come in contact with oil, oily residue, or tar when doing this work?
YES.....1
NO .....2 [GO TO E7a]
DON'T KNOW8 [GO TO E7a]
REFUSED....9 [GO TO E7a]

E6e1. When you did this work on an average work day, how much of the time was your skin or clothing in contact with this oil, oily residue, or tar?
None 1
Less than half 2
About half.....3
More than half.....4
All of it.....5
DON'T KNOW.....8
REFUSED.....9

E7a. Have you done any other work or recreational activities that were not related to the clean-up effort that resulted in contact with oil, oily residue, or tar that you believe was from the oil spill?
YES.....1
NO ..... 2 [GO TO F1]
DON'T KNOW 8 [GO TO F1]
REFUSED..... 9 [GO TO F1]

E7a1. Please describe what you were doing and the kind of exposure you experienced.
[FREE TEXT]
DON'T KNOW.....8
REFUSED.....9

E7a2. What month and year did you first do this?
__ __..... .... MONTH
__ __ __ __ ..... YEAR
DON'T KNOW.....88 8888
REFUSED.....99 9999

E7a3. What month and year did you last do this?
__ __..... .... MONTH
__ __ __ __ ..... YEAR
DON'T KNOW.....88 8888
REFUSED.....99 9999

E7a4. About how many days, weeks, or months in total did you do these activities and come into contact with oil, oily residue, or tar that you believe was from the oil spill?
|__|__|__| UNITS
Days.....1
Weeks.....2
Months.....3
DON'T KNOW.....888
REFUSED 999

SECTION F: Health

Now I will ask you some questions about your health beginning with any medications you may be taking.

F1. Are you currently using any over-the-counter or prescription medications for any reason?
YES..... 1
NO ..... 2 [GO TO QUESTION F2]
DON'T KNOW..... 8 [GO TO QUESTION F2]
REFUSED..... 9 [GO TO QUESTION F2]

F1a. If you have not already done so, please collect your medications so that I can record what you are taking.

	Medication	Dose	Frequency
Medication 1			
Medication 2			
Medication 3			
Medication 4			
Medication 5			
Medication 6			

F1b. Are there any other medications that you are taking?
YES..... 1
NO..... 2 [GO TO QUESTION F2]
DON'T KNOW..... 8 [GO TO QUESTION F2]
REFUSED..... 9 [GO TO QUESTION F2]

F1b.1. List other medications.

	Medication	Dose	Frequency
Medication 1			
Medication 2			
Medication 3			
Medication 4			
Medication 5			
Medication 6			

The following questions are about colds and the flu.

PROGRAMMER NOTE: FOR QUESTIONS F2 – F7b, NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW ≤ OCTOBER 1, 2011 USE "year" FOR [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE "two years"; IF DATE OF INTERVIEW ≥ OCTOBER 2, 2012 USE "three years"]

During the past [YEAR FILL], have you had any of the following conditions?

F2. …Cold(s)
YES..... 1
NO ..... 2 [GO TO QUESTION F3]
DON'T KNOW..... 8 [GO TO QUESTION F3]
REFUSED..... 9 [GO TO QUESTION F3]

F2a. How many colds in the past [YEAR FILL]?
I_I_I_I Episodes

F3. …Flu or Influenza
YES..... 1
NO ..... 2 [GO TO QUESTION F4]
DON'T KNOW..... 8 [GO TO QUESTION F4]
REFUSED..... 9 [GO TO QUESTION F4]

F3a. How many episodes in the past [YEAR FILL]?
I_I_I_I Episodes

F4. In the past [YEAR FILL], have you had a flu shot?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

F5. In the past [YEAR FILL], other than due to a cold or the flu, have you had a stuffy, itchy or runny nose?
YES..... 1
NO ..... 2 [GO TO QUESTION F6]
DON'T KNOW..... 8 [GO TO QUESTION F6]
REFUSED..... 9 [GO TO QUESTION F6]

F5a. How many episodes in the past [YEAR FILL]?
I_I_I_I Episodes

F6. In the past [YEAR FILL], have you had sinusitis or sinus problems?
YES..... 1
NO ..... 2 [GO TO QUESTION F7]
DON'T KNOW..... 8 [GO TO QUESTION F7]

REFUSED..... 9 [GO TO QUESTION F7]

F6a. How many episodes in the past [YEAR FILL]?
I_I_I_I Episodes

F7. Have you ever had cold sores or fever blisters on your lips?
YES..... 1
NO ..... 2 [GO TO QUESTION F8]
DON'T KNOW..... 8 [GO TO QUESTION F8]
REFUSED..... 9 [GO TO QUESTION F8]

F7a. In the past [YEAR FILL], have you had at least one episode of cold sores?
YES..... 1
NO..... 2 [GO TO QUESTION F8]
DON'T KNOW..... 8 [GO TO QUESTION F8]
REFUSED..... 9 [GO TO QUESTION F8]

F7b. Have your cold sores been worse or more frequent in the past [YEAR FILL]?
YES..... 1
NO..... 2
DON'T KNOW..... 8
REFUSED..... 9

Respiratory Symptoms
The next set of questions is about respiratory symptoms. These questions pertain mainly to your chest.

F8. Do you usually have a cough? [INTERVIEWER PROBE: Count a cough with first smoke or on first going out-of-doors. Exclude clearing of throat.]
YES..... 1
NO ..... 2 [GO TO QUESTION F13]
DON'T KNOW..... 8 [GO TO QUESTION F13]
REFUSED..... 9 [GO TO QUESTION F13]

F9. Do you usually cough as much as 4 to 6 times a day, 4 or more days out of the week?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

F10. Do you usually cough at all on getting up, or first thing in the morning?
YES..... 1
NO 2

DON'T KNOW..... 8
REFUSED..... 9

F11. Do you usually cough at all during the rest of the day or at night?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

[IF YES TO ANY OF THE ABOVE (F8 – F11), ANSWER THE FOLLOWING QUESTION F12. IF NO TO ALL, GO TO F13.]

F12. For how long have you had this cough?
|_|_|_I Units
Days..... 1
Weeks..... 2
Months..... 3
Years 4
DON'T KNOW..... 88 [GO TO QUESTION F13]
REFUSED..... 99 [GO TO QUESTION F13]

[IF F12 < # OF UNITS SINCE APRIL 20, GO TO QUESTION F13]

[PROGRAMMER NOTE: FOR QUESTIONS F12a, F16a, F21a, AND F27b, NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW ≤ OCTOBER 1, 2011 USE "two years" FOR [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE "three years"; IF DATE OF INTERVIEW ≥ OCTOBER 2, 2012 USE "four years"]

F12a. Thinking about [YEAR FILL] ago, how has this condition been in the past thirty days?
Better 1
Worse..... 2
No Change..... 3
Resolved 4
DON'T KNOW 8
REFUSED 9

F13. Do you usually bring up phlegm from your chest? [INTERVIEWER PROBE: Count phlegm with the first smoke or on first going out-of-doors. Exclude phlegm from the nose. Count swallowed or spit phlegm.]
YES..... 1
NO ..... 2 [GO TO QUESTION F14]
DON'T KNOW..... 8 [GO TO QUESTION F14]
REFUSED..... 9 [GO TO QUESTION F14]

F13a. Do you usually bring up phlegm like this as much as twice a day, 4 or more days out of the week?
YES..... 1
NO..... 2
DON'T KNOW..... 8
REFUSED..... 9

F14. Do you usually bring up phlegm at all on getting up or first thing in the morning?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

F15. Do you usually bring up phlegm at all during the rest of the day or at night?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

[IF YES TO ANY OF F13 - F15, ANSWER THE FOLLOWING QUESTION F16. IF NO TO ALL, GO TO F17.]

F16. For how long have you had trouble with phlegm?
|_|_|_I Units
Days..... 1
Weeks..... 2
Months..... 3
Years 4
DON'T KNOW..... 88 [GO TO QUESTION F17]
REFUSED..... 99 [GO TO QUESTION F17]

[IF F16< # OF UNITS SINCE APRIL 20, GO TO QUESTION F17]

F16a. Compared to [YEAR FILL] ago, how has this condition been in the past thirty days?
Better 1
Worse..... 2
No Change..... 3
Resolved 4
DON'T KNOW..... 8
REFUSED..... 9

F17. Have you had periods or episodes of (increased*) cough and phlegm lasting at least three weeks or more each year? [*FOR INDIVIDUALS WHO USUALLY HAVE COUGH AND / OR PHLEGM]
YES..... 1
NO ..... 2 [GO TO QUESTION F18]
DON'T KNOW..... 8 [GO TO QUESTION F18]
REFUSED..... 9 [GO TO QUESTION F18]

F17a. For how long have you had at least one such episode per year?
I_I_I [# OF YEARS]
DON'T KNOW 8
REFUSED 9

F18. Does your chest ever sound wheezy or whistling when you have a cold?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

F19. Does your chest ever sound wheezy or whistling occasionally, apart from colds?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

F20. Does your chest sound wheezy or whistling most days or nights?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

[IF YES TO ANY OF F18 – F20, ANSWER THE FOLLOWING QUESTIONS F21. IF NO TO ALL, GO TO F22.]

F21. For how long has this been present?
|_|_|_I Units
Days..... 1
Weeks..... 2
Months..... 3
Years 4
DON'T KNOW..... 88
REFUSED..... 99

[IF F21 < # OF UNITS SINCE APRIL 20, GO TO QUESTION F22]

F21a. Compared to [YEAR FILL] ago, how has this condition been in the past thirty days?
Better 1
Worse..... 2
No Change 3
Resolved 4
DON'T KNOW 8
REFUSED 9

F22. Have you ever had an ***attack*** of wheezing that has made you feel short of breath?
YES..... 1
NO ..... 2 [GO TO QUESTION F23]
DON'T KNOW..... 8 [GO TO QUESTION F23]
REFUSED..... 9 [GO TO QUESTION F23]

F22a. How old were you when you had your first such attack?
__ | __ Number of years
DON'T KNOW 88
REFUSED 99

F22b. Have you had 2 or more such episodes?
YES 1
NO.....2 [GO TO QUESTION F23]
DON'T KNOW 8
REFUSED .....9 [GO TO QUESTION F22d]

F22c. Have you ever required medicine or treatment for the(se) attack(s)?
YES 1
NO.....2
DON'T KNOW 8
REFUSED 9

[PROGRAMMER NOTE: FOR QUESTION F22d NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW ≤ OCTOBER 1, 2011 USE "two years" FOR [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE "three years"; IF DATE OF INTERVIEW ≥ OCTOBER 2, 2012 USE "four years"]

F22d. Before [YEAR FILL] ago, how many such attacks did you have in a typical year?
__ | __ Number of attacks
NO SUCH ATTACKS 00
DON'T KNOW 88

REFUSED 99

[PROGRAMMER NOTE: FOR QUESTION F22e NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW ≤ OCTOBER 1, 2011 USE “two years” FOR [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE “three years”; IF DATE OF INTERVIEW ≥ OCTOBER 2, 2012 USE “four years”]

F22e. In the past [YEAR FILL], how many such attacks have you had?
__ | __ Number of attacks
NO SUCH ATTACKS 00
DON’T KNOW 88
REFUSED 99

F23. Do you have shortness of breath when hurrying on a level surface or walking up a slight hill?
YES..... 1
NO ..... 2 [GO TO QUESTION F28]
DON’T KNOW..... 8 [GO TO QUESTION F28]
REFUSED..... 9 [GO TO QUESTION F28]

F24. Do you have to walk slower than people of your age on a level surface because of breathlessness?
YES..... 1
NO 2
DON’T KNOW..... 8
REFUSED..... 9

F25. Do you ever have to stop for breath when walking at your own pace on a level surface?
YES..... 1
NO 2
DON’T KNOW..... 8
REFUSED..... 9

F26. Do you ever have to stop for breath after walking about 100 yards or after a few minutes on a level surface?
YES..... 1
NO 2
DON’T KNOW..... 8
REFUSED..... 9

F27. Are you too breathless to leave the house or do you get breathless when dressing or undressing?
YES..... 1

NO 2
DON'T KNOW..... 8 [GO TO QUESTION F28]
REFUSED..... 9 [GO TO QUESTION F28]

F27a. For how long have you had trouble with breathlessness?
|_|_|_I Units
Days..... 1
Weeks..... 2
Months 3
Years..... 4
DON'T KNOW..... 88
REFUSED..... 99

[IF F27a < # OF UNITS SINCE APRIL 20, GO TO QUESTION F28]

F27b. Compared [YEAR FILL] ago, how has this condition been in the past thirty days?
Better 1
Worse..... 2
No Change..... 3
Resolved 4
DON'T KNOW..... 8
REFUSED..... 9

F28. If you get a cold, does it usually go to your chest? Usually means more than half the time.
YES..... 1
NO 2
Don't get colds 3
DON'T KNOW..... 8
REFUSED..... 9

[PROGRAMMER NOTE: FOR QUESTION F29, F31, AND F32, NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW ≤ OCTOBER 1, 2011 USE "two years" FOR [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE "three years"; IF DATE OF INTERVIEW ≥ OCTOBER 2, 2012 USE "four years"]

F29. During the past [YEAR FILL], have you had any chest illnesses that kept you off work, indoors at home, or in bed?
YES..... 1
NO ..... 2 [GO TO QUESTION F33]
DON'T KNOW..... 8 [GO TO QUESTION F33]
REFUSED..... 9 [GO TO QUESTION F33]

F30. Did you produce phlegm with any of these chest illnesses?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

F31. Before [YEAR FILL] ago, how many such illnesses where you had increased phlegm did you have that lasted a week or more in a typical year?
__ | __ Number of illnesses
NO SUCH ILLNESSES..... 00
DON'T KNOW..... 88
REFUSED..... 99

F32. During the past [YEAR FILL], how many such illnesses where you had increased phlegm have you had that lasted a week or more?
__ | __ Number of illnesses
NO SUCH ILLNESSES..... 00
DON'T KNOW..... 88
REFUSED..... 99

F33. Did you have any lung trouble before the age of 16?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

F34. Have you ever had attacks of bronchitis?
YES..... 1
NO ..... 2 [GO TO QUESTION F35]
DON'T KNOW..... 8 [GO TO QUESTION F35]
REFUSED..... 9 [GO TO QUESTION F35]

F34a. Was it confirmed by a doctor?
YES..... 1
NO..... 2
DON'T KNOW..... 8
REFUSED..... 9

F34b. At what age was your first attack?
__ | __ Age in years
DON'T KNOW..... 88
REFUSED..... 99

[PROGRAMMER NOTE: FOR QUESTION F34c, NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW ≤ OCTOBER 1, 2011 USE “two years” FOR [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE “three years”; IF DATE OF INTERVIEW ≥ OCTOBER 2, 2012 USE “four years”]

F34c. Did you see a doctor for this condition [YEAR FILL] ago?
YES..... 1
NO..... 2
DON’T KNOW..... 8
REFUSED..... 9

[PROGRAMMER NOTE: FOR QUESTION F34d, NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW ≤ OCTOBER 1, 2011 USE “year” FOR [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE “two years”; IF DATE OF INTERVIEW ≥ OCTOBER 2, 2012 USE “three years”]

F34d. Have you seen a doctor for this condition in the past [YEAR FILL]?
YES..... 1
NO..... 2
DON’T KNOW..... 8
REFUSED..... 9

F35. Have you ever had pneumonia?
YES..... 1
NO ..... 2 [GO TO QUESTION F36]
DON’T KNOW..... 8 [GO TO QUESTION F36]
REFUSED..... 9 [GO TO QUESTION F36]

F35a. Was it confirmed by a doctor?
YES..... 1
NO..... 2
DON’T KNOW..... 8
REFUSED..... 9

F35b. At what age did you first have it?
__ | __ Age in years
DON’T KNOW..... 88
REFUSED..... 99

[PROGRAMMER NOTE: FOR QUESTION F35c NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW ≤ OCTOBER 1, 2011 USE “two years” FOR [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE “three years”; IF DATE OF INTERVIEW ≥ OCTOBER 2, 2012 USE “four years”]

F35c. Did you see a doctor for this condition [YEAR FILL] ago?
YES..... 1
NO..... 2
DON’T KNOW..... 8
REFUSED..... 9

[PROGRAMMER NOTE: FOR QUESTION F34d, NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW ≤ OCTOBER 1, 2011 USE “year” FOR [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE “two years”; IF DATE OF INTERVIEW ≥ OCTOBER 2, 2012 USE “three years”]

F35d. Did you see a doctor for this condition in the past [YEAR FILL]?
YES..... 1
NO..... 2
DON’T KNOW..... 8
REFUSED..... 9

F36. Have you ever had hay fever?
YES..... 1
NO ..... 2 [GO TO QUESTION F37]
DON’T KNOW..... 8 [GO TO QUESTION F37]
REFUSED..... 9 [GO TO QUESTION F37]

F36a. Was it confirmed by a doctor?
YES..... 1
NO..... 2
DON’T KNOW..... 8
REFUSED..... 9

F36b. At what age did it start?
__ | __ Age in years
DON’T KNOW..... 88
REFUSED..... 99

F37. Have you ever had any other chest illnesses?
YES..... 1
NO ..... 2 [GO TO QUESTION F38]

DON'T KNOW..... 8 [GO TO QUESTION F38]
REFUSED..... 9 [GO TO QUESTION F38]

F37a. If YES, please specify [FREE TEXT FIELD]

F37b. When was it diagnosed? [MONTH AND YEAR ONLY]
__ __ / __ __ __ __ [MM/YYYY]
DON'T KNOW..... 88/8888
REFUSED..... 99/9999

F38. Have you ever had any chest illnesses that required surgery?
YES..... 1
NO ..... 2 [GO TO QUESTION F39]
DON'T KNOW..... 8 [GO TO QUESTION F39]
REFUSED..... 9 [GO TO QUESTION F39]

F38a. If YES, please specify [FREE TEXT FIELD]

F38b. When was it diagnosed? [MONTH AND YEAR ONLY]
__ __ / __ __ __ __ [MM/YYYY]
DON'T KNOW..... 88/8888
REFUSED..... 99/9999

F39. Have you ever had any chest injuries?
YES..... 1
NO ..... 2 [GO TO QUESTION F126]
DON'T KNOW..... 8 [GO TO QUESTION F126]
REFUSED..... 9 [GO TO QUESTION F126]

F39a. If YES, please specify

BROKEN/FRACTURED RIBS	1
BROKEN STERNUM	2
IMPACT OR BRUSING TO CHEST	3
GUN OR KNIFE WOUND	4
OTHER, SPECIFY	5 [FREE TEXT FIELD]

F39b. When did the injury occur? [MONTH AND YEAR ONLY]
__ __ / __ __ __ __ [MM/YYYY]
DON'T KNOW..... 88/8888
REFUSED..... 99/9999

Medical Conditions

Now I am going to ask you about some medical conditions that I haven't already asked you about.

F126. [INTENTIONALLY BLANK]

F126a. [INTENTIONALLY BLANK]

F126a1. [INTENTIONALLY BLANK]

F127. [INTENTIONALLY BLANK]

F127a. [INTENTIONALLY BLANK]

F127a.1. [INTENTIONALLY BLANK]

F129. [INTENTIONALLY BLANK]

F129a. [INTENTIONALLY BLANK]

F129a.1. [INTENTIONALLY BLANK]
F129b. [INTENTIONALLY BLANK]
F130. [INTENTIONALLY BLANK]

F130a. [INTENTIONALLY BLANK]

F130a.1. [INTENTIONALLY BLANK]

F131. [INTENTIONALLY BLANK]

F131a. [INTENTIONALLY BLANK]

F131a.1. [INTENTIONALLY BLANK]

F131b. [INTENTIONALLY BLANK]

F132. [INTENTIONALLY BLANK]

F132a. [INTENTIONALLY BLANK]

F132a.1. [INTENTIONALLY BLANK]

F133. [INTENTIONALLY BLANK]

F133a. [INTENTIONALLY BLANK]

F133a.1. [INTENTIONALLY BLANK]

F133b. [INTENTIONALLY BLANK]

F134. [INTENTIONALLY BLANK]

F134a. [INTENTIONALLY BLANK] [INTENTIONALLY BLANK]

F135. [INTENTIONALLY BLANK]

F135a. [INTENTIONALLY BLANK]

F135a.1. [INTENTIONALLY BLANK]

F136. [INTENTIONALLY BLANK]

F136a. [INTENTIONALLY BLANK]

F136a.1. [INTENTIONALLY BLANK]
F137. [INTENTIONALLY BLANK]

F137a. [INTENTIONALLY BLANK]

F137a.1. [INTENTIONALLY BLANK]

F138. Has a doctor ever told you that you had peripheral neuropathy?

[PROBE: Peripheral neuropathy means that you have nerve damage in your hands or feet that is not due to an injury.

NOTE TO INTERVIEWER: THIS INCLUDES TINGLING, NUMBNESS, LOSS OF SENSATION]

YES..... 1
NO ..... 2 [GO TO QUESTION F140]
DON'T KNOW..... 8 [GO TO QUESTION F140]
REFUSED..... 9 [GO TO QUESTION F140]

F138a. What month and year were you <u>first</u> told you had peripheral neuropathy?
__ __ / __ __ __ __ [MM/YYYY] [GO TO QUESTION F119]
DON'T KNOW 88/8888
REFUSED 99/9999

F138a.1. At what age were you <u>first</u> told you had peripheral neuropathy?
_____ [AGE]
DON'T KNOW 88
REFUSED 99

F119. Have you ever been told by a doctor that you had epilepsy or a seizure disorder?
YES.....1
NO .....2 [GO TO QUESTION F140]
DON'T KNOW.....8 [GO TO QUESTION F140]
REFUSED.....9 [GO TO QUESTION F140]

F1119a.1. At what age were you first told you have epilepsy or a seizure disorder?
_____ [AGE]
DON'T KNOW 88
REFUSED 99

F140. Has a doctor ever told you that you had rheumatoid arthritis?
YES..... 1
NO ..... 2 [GO TO QUESTION F141]
DON'T KNOW..... 8 [GO TO QUESTION F141]
REFUSED..... 9 [GO TO QUESTION F141]

F140a. What month and year were you first told you had rheumatoid arthritis?
__ __ / __ __ __ __ [MM/YYYY] [GO TO QUESTION F141]
DON'T KNOW 88/8888
REFUSED 99/9999

F140a.1. At what age were you first told you had rheumatoid arthritis?
_____ [AGE]
DON'T KNOW 88
REFUSED 99

F141. Has a doctor ever told you that you had systemic lupus or SLE?
YES..... 1
NO ..... 2 [GO TO QUESTION F142]
DON'T KNOW..... 8 [GO TO QUESTION F142]
REFUSED..... 9 [GO TO QUESTION F142]

F141a. What month and year were you first told you have systemic lupus or SLE?
__ __ / __ __ __ __ [MM/YYYY] [GO TO QUESTION F142]
DON'T KNOW 88/8888
REFUSED 99/9999

F141a.1. At what age were you first told you have systemic lupus or SLE?
_____ [AGE]

DON'T KNOW 88
REFUSED 99

F142. Has a doctor ever told you that you had Grave's disease or other thyroid disease?
YES..... 1
NO ..... 2 [GO TO QUESTION F143]
DON'T KNOW..... 8 [GO TO QUESTION F143]
REFUSED..... 9 [GO TO QUESTION F143]

F142a. What month and year were you first told you had Grave's disease or other thyroid disease?
__ __ / __ __ __ __ [MM/YYYY] [GO TO QUESTION F143]
DON'T KNOW 88/8888
REFUSED 99/9999

F142a.1. At what age were you first told you had Grave's disease or other thyroid disease?
_____ [AGE]
DON'T KNOW 88
REFUSED 99

F142b. Did you have an overactive thyroid (hyperthyroidism), underactive thyroid (hypothyroidism) or both?
Overactive thyroid (hyperthyroidism) …… 1
Underactive thyroid (hypothyroidism) …… 2
Both underactive and overactive thyroid (hyper and hypo-thyroidism ….. 3
DON'T KNOW 8
REFUSED 9

F143. Has a doctor ever told you that you had sarcoidosis?
YES..... 1
NO ..... 2 [GO TO QUESTION F144]
DON'T KNOW..... 8 [GO TO QUESTION F144]
REFUSED..... 9 [GO TO QUESTION F144]

F143a. What month and year were you first told you had sarcoidosis?
__ __ / __ __ __ __ [MM/YYYY] [GO TO QUESTION F144]
DON'T KNOW 88/8888
REFUSED 99/9999

F143a.1. At what age were you first told you had sarcoidosis?
_____ [AGE]
DON'T KNOW 88
REFUSED 99

F144. Has a doctor ever told you that you had fibromyalgia?
YES..... 1
NO ..... 2 [GO TO QUESTION F145]
DON'T KNOW..... 8 [GO TO QUESTION F145]
REFUSED..... 9 [GO TO QUESTION F145]

F144a. What month and year were you first told you had fibromyalgia?
__ __ / __ __ __ __ [MM/YYYY] [GO TO QUESTION F145]
DON'T KNOW 88/8888
REFUSED 99/9999

F144a.1. At what age were you first told you had fibromyalgia?
_____ [AGE]
DON'T KNOW 88
REFUSED 99

F145. Has a doctor ever told you that you had chronic fatigue syndrome?
YES..... 1
NO ..... 2 [GO TO QUESTION F146]
DON'T KNOW..... 8 [GO TO QUESTION F146]
REFUSED..... 9 [GO TO QUESTION F146]

F145a. What month and year were you first told you had chronic fatigue syndrome?
__ __ / __ __ __ __ [MM/YYYY] [GO TO QUESTION F146]
DON'T KNOW 88/8888
REFUSED 99/9999

F145a.1. At what age were you first told you had chronic fatigue syndrome?
_____ [AGE]
DON'T KNOW 88
REFUSED 99

F146. Has a doctor ever told you that you had shingles?
YES..... 1
NO ..... 2 [GO TO QUESTION F40]
DON'T KNOW..... 8 [GO TO QUESTION F40]
REFUSED..... 9 [GO TO QUESTION F40]

F146a. What month and year were you first told you had shingles?
__ __ / __ __ __ __ [MM/YYYY] [IF DATE ≥ APRIL 2010 GO TO QUESTION F40; IF DATE < APRIL 2010 GO TO QUESTION F146b]
DON'T KNOW 88/8888
REFUSED 99/9999

F146a.1. At what age were you first told you had shingles?
_____ [AGE] [IF AGE ≥ AGE AT APRIL 2010 GO TO QUESTION F40; IF AGE < AGE AT APRIL 2010 GO TO QUESTION F146b]
DON'T KNOW 88
REFUSED 99

F146b. Has a doctor told you that you had shingles within the past [YEAR FILL]?
YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

During the past 7 days, have you had…

F40. A stuffy, itchy, or runny nose?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

F41. Watery, itchy eyes?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

F42. A cold?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

F43. Sinusitis or sinus problems?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

F44. Flu?
YES..... 1
NO 2
DON'T KNOW..... 8

REFUSED..... 9

F45. Pneumonia?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

F46. Fever?
YES..... 1
NO ..... 2 [SKIP TO F47]
DON'T KNOW..... 8 [SKIP TO F47]
REFUSED..... 9 [SKIP TO F47]

F46a. Have you had a fever in the past 24 hours?
YES.....1
NO.....2
DON'T KNOW.....8
REFUSED.....9

F47. During the past thirty days, have you had any health problems that we did not discuss today?
YES.....1
NO .....2 [GO TO SECTION G]
DON'T KNOW.....8 [GO TO SECTION G]
REFUSED.....9 [GO TO SECTION G]

F47a. What was it?
F47a.1. Type 1: [FREE TEXT FIELD]
F47a.1a. Did you have any others?
YES.....1
NO.....2 [GO TO SECTION G]
DON'T KNOW.....8 [GO TO SECTION G]
REFUSED.....9 [GO TO SECTION G]

F47a.2. Type 2: [FREE TEXT FIELD]
F47a.2a. Did you have any others?
YES.....1
NO.....2 [GO TO SECTION G]
DON'T KNOW.....8 [GO TO SECTION G]
REFUSED.....9 [GO TO SECTION G]

F47a.3. Type 2: [FREE TEXT FIELD]
F47a.3a. Did you have any others?
YES.....1

NO.....2 [GO TO SECTION G]
DON'T KNOW.....8 [GO TO SECTION G]
REFUSED.....9 [GO TO SECTION G]

F47a.4. Type 2: [FREE TEXT FIELD]
F47a.4a. Did you have any others?
YES.....1
NO.....2 [GO TO SECTION G]
DON'T KNOW.....8 [GO TO SECTION G]
REFUSED.....9 [GO TO SECTION G]

F47a.5. Type 2: [FREE TEXT FIELD]
YES.....1
NO.....2
DON'T KNOW.....8
REFUSED.....9

SECTION G: Access to Healthcare

G1. Do you have any kind of health care coverage? This could include health insurance, membership in a health maintenance organization or HMO, or government plans such as Medicaid, Medicare, TRICARE, Veterans Benefits, or state health care plans?
YES..... 1
NO ..... 2 [GO TO G3]
DON'T KNOW..... 8 [GO TO G3]
REFUSED..... 9 [GO TO G3]

G2. Does your health care plan include mental health coverage?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

G3. Do you have one person you think of as your personal doctor or health care provider?
YES, ONLY ONE ..... 1 [GO TO QUESTION G4]
MORE THAN ONE..... 2 [GO TO QUESTION G4]
NO ..... 3 [GO TO QUESTION G4]
DON'T KNOW..... 8
REFUSED..... 9

G3a. Is there more than one, or is there no person who you think of as your personal doctor or health care provider?
More than one 1
No person who I think of as my personal doctor
or health care provider 2
DON'T KNOW 8
REFUSED 9

G4. Do you know of a clinic or health care provider where you can go to get medical care?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

SECTION H: Family Medical History

These next questions are about your family's medical history. For these questions, please think about your blood relatives only. Do not include people who are related to you by marriage or adoption. If you are adopted please answer only for biological relatives that you know about.

Siblings

H1. How many brothers do you have, including those who are deceased?
__/__/ brothers
DON'T KNOW..... 8
REFUSED..... 9

H2. How many sisters do you have, including those who are deceased?
__/__/ sisters
DON'T KNOW..... 8
REFUSED..... 9

Respiratory Symptoms / Diseases – Family History

H3. [PROGRAMMER NOTE: IF H1 AND H2 BOTH = 0, DO NOT SHOW "or siblings"] Was your father or mother [or siblings] ever told by a doctor that they had asthma?
YES.....1
NO .....2 [GO TO QUESTION H5]
DON'T KNOW.....8 [GO TO QUESTION H5]
REFUSED.....9 [GO TO QUESTION H5]

H4. Please tell me which relative(s).

	YES	NO	DK	RE
H4a. MOTHER	1	2	8	9
H4b. FATHER	1	2	8	9
[PROGRAMMER NOTE: IF H2 = 0 DO NOT SHOW H4c]				
H4c. SISTER	1	2	8	9
[PROGRAMMER NOTE: IF H1 = 0 DO NOT SHOW H4d]				
H4d. BROTHER	1	2	8	9

H5. [PROGRAMMER NOTE: IF H1 AND H2 BOTH = 0, DO NOT SHOW "or siblings"] Was your father or mother [or siblings] ever told by a doctor that they had a chronic lung condition such as emphysema or chronic bronchitis?
YES.....1
NO .....2 [GO TO QUESTION H7]
DON'T KNOW.....8 [GO TO QUESTION H7]
REFUSED.....9 [GO TO QUESTION H7]

H6. Please tell me which relative(s) were diagnosed with a chronic lung condition.

	YES	NO	DK	RE
H6a. MOTHER	1	2	8	9
H6b. FATHER	1	2	8	9
[PROGRAMMER NOTE: IF H2 = 0 DO NOT SHOW H4c]				
H6c. SISTER	1	2	8	9
[PROGRAMMER NOTE: IF H1 = 0 DO NOT SHOW H4d]				
H6d. BROTHER	1	2	8	9

Cardiovascular Disease – Family History

H7. [PROGRAMMER NOTE: IF H1 AND H2 BOTH = 0, DO NOT SHOW "or siblings"] Was your father or mother [or siblings] ever told by a doctor that they had a heart attack or myocardial infarction?
YES.....1
NO .....2 [GO TO QUESTION H9]
DON'T KNOW.....8 [GO TO QUESTION H9]
REFUSED.....9 [GO TO QUESTION H9]

H8. Please tell me which blood relative(s) had a heart attack or myocardial infarction?

	YES	NO	DK	RE
H8a. MOTHER	1	2	8	9
H8b. FATHER	1	2	8	9
[PROGRAMMER NOTE: IF H2 = 0 DO NOT SHOW H4c]				
H8c. SISTER	1	2	8	9
[PROGRAMMER NOTE: IF H1 = 0 DO NOT SHOW H4d]				
H8d. BROTHER	1	2	8	9

H9. [PROGRAMMER NOTE: IF H1 AND H2 BOTH = 0, DO NOT SHOW "or siblings"] Has your father or mother [or siblings] ever had heart procedures, for example, coronary bypass surgery, balloon angioplasty, or placement of stents?
YES.....1
NO .....2 [GO TO QUESTION H11]
DON'T KNOW.....8 [GO TO QUESTION H11]
REFUSED.....9 [GO TO QUESTION H11]

H10. Please tell me which relative(s) had a heart procedure.

	YES	NO	DK	RE
H10a. MOTHER	1	2	8	9
H10b. FATHER	1	2	8	9
[PROGRAMMER NOTE: IF H2 = 0 DO NOT SHOW H4c]				

H10c. SISTER	1	2	8	9
[PROGRAMMER NOTE: IF H1 = 0 DO NOT SHOW H4d]				
H10d. BROTHER	1	2	8	9

H11. [PROGRAMMER NOTE: IF H1 AND H2 BOTH = 0, DO NOT SHOW "or siblings"] Was your father or mother [or siblings] ever told by a doctor that they had a stroke or a cerebral hemorrhage?
YES.....1
NO .....2 [GO TO QUESTION H13]
DON'T KNOW.....8 [GO TO QUESTION H13]
REFUSED.....9 [GO TO QUESTION H13]

H12. Please tell me which relative(s) had a stroke, or a cerebral hemorrhage.

	YES	NO	DK	RE
H12a. MOTHER	1	2	8	9
H12b. FATHER	1	2	8	9
[PROGRAMMER NOTE: IF H2 = 0 DO NOT SHOW H4c]				
H12c. SISTER	1	2	8	9
[PROGRAMMER NOTE: IF H1 = 0 DO NOT SHOW H4d]				
H12d. BROTHER	1	2	8	9

H13. [PROGRAMMER NOTE: IF H1 AND H2 BOTH = 0, DO NOT SHOW "or siblings"] Was your father or mother [or siblings] ever told by a doctor that they had hypertension or high blood pressure?
YES.....1
NO .....2 [GO TO QUESTION H15]
DON'T KNOW.....8 [GO TO QUESTION H15]
REFUSED.....9 [GO TO QUESTION H15]

H14. Please tell me which relative(s) had hypertension or high blood pressure.

	YES	NO	DK	RE
H14a. MOTHER	1	2	8	9
H14b. FATHER	1	2	8	9
[PROGRAMMER NOTE: IF H2 = 0 DO NOT SHOW H4c]				
H14c. SISTER	1	2	8	9
[PROGRAMMER NOTE: IF H1 = 0 DO NOT SHOW H4d]				
H14d. BROTHER	1	2	8	9

Diabetes – Family History

H15. [PROGRAMMER NOTE: IF H1 AND H2 BOTH = 0, DO NOT SHOW "or siblings"] Was your father or mother [or siblings] ever told by a doctor that they had diabetes or high blood sugar?
YES.....1
NO .....2 [GO TO QUESTION H17]
DON'T KNOW.....8 [GO TO QUESTION H17]

REFUSED.....9 [GO TO QUESTION H17]

H16. Please tell me which relative(s) had diabetes or high blood sugar.

	YES	NO	DK	RE
H16a. MOTHER	1	2	8	9
H16b. FATHER	1	2	8	9
[PROGRAMMER NOTE: IF H2 = 0 DO NOT SHOW H4c]				
H16c. SISTER	1	2	8	9
[PROGRAMMER NOTE: IF H1 = 0 DO NOT SHOW H4d]				
H16d. BROTHER	1	2	8	9

Cancer – Family History

H17. [PROGRAMMER NOTE: IF H1 AND H2 BOTH = 0, DO NOT SHOW "or siblings"] Was your father or mother [or siblings] ever told by a doctor that they had cancer?
YES.....1
NO .....2 [GO TO QUESTION H19]
DON'T KNOW.....8 [GO TO QUESTION H19]
REFUSED.....9 [GO TO QUESTION H19]

H18. Please tell me which relative(s) had cancer.

	YES	NO	DK	RE
H18a. MOTHER	1	2	8	9
H18b. FATHER	1	2	8	9
[PROGRAMMER NOTE: IF H2 = 0 DO NOT SHOW H4c]				
H18c. SISTER	1	2	8	9
[PROGRAMMER NOTE: IF H1 = 0 DO NOT SHOW H4d]				
H18d. BROTHER	1	2	8	9

H18e. What type of cancer did each of them have?
[INTERVIEWER: RECORD UP TO SIX TYPES OF CANCER]
H18e.1-6. Type: [SELECT FROM CANCER OPTIONS]
H18e.1-6.a. OTHER [SPECIFY] _____

Neurological Disease – Family History

H19. [PROGRAMMER NOTE: IF H1 AND H2 BOTH = 0, DO NOT SHOW "or siblings"] Was your father or mother [or siblings] ever told by a doctor that they had epilepsy or a seizure disorder?
YES.....1
NO .....2 [GO TO QUESTION H21]
DON'T KNOW.....8 [GO TO QUESTION H21]
REFUSED.....9 [GO TO QUESTION H21]

H20. Please tell me which relative(s) had epilepsy or a seizure disorder.

	YES	NO	DK	RE
H20a. MOTHER	1	2	8	9
H20b. FATHER	1	2	8	9
[PROGRAMMER NOTE: IF H2 = 0 DO NOT SHOW H4c]				
H20c. SISTER	1	2	8	9
[PROGRAMMER NOTE: IF H1 = 0 DO NOT SHOW H4d]				
H20d. BROTHER	1	2	8	9

H21. [PROGRAMMER NOTE: IF H1 AND H2 BOTH = 0, DO NOT SHOW "or siblings"] Was your father or mother [or siblings] ever told by a doctor that they had amyotrophic lateral sclerosis, also known as ALS, motor neuron disease, and Lou Gehrig's disease?

YES.....1
NO .....2 [GO TO QUESTION H23]
DON'T KNOW.....8 [GO TO QUESTION H23]
REFUSED.....9 [GO TO QUESTION H23]

H22. Please tell me which relative(s) had ALS.

	YES	NO	DK	RE
H22a. MOTHER	1	2	8	9
H22b. FATHER	1	2	8	9
[PROGRAMMER NOTE: IF H2 = 0 DO NOT SHOW H4c]				
H22c. SISTER	1	2	8	9
[PROGRAMMER NOTE: IF H1 = 0 DO NOT SHOW H4d]				
H22d. BROTHER	1	2	8	9

H23. [PROGRAMMER NOTE: IF H1 AND H2 BOTH = 0, DO NOT SHOW "or siblings"] Was your father or mother [or siblings] ever told by a doctor that they had Parkinson's disease?

YES.....1
NO .....2 [GO TO QUESTION H25]
DON'T KNOW.....8 [GO TO QUESTION H25]
REFUSED.....9 [GO TO QUESTION H25]

H24. Please tell me which relative(s) had Parkinson's disease.

	YES	NO	DK	RE
H24a. MOTHER	1	2	8	9
H24b. FATHER	1	2	8	9
[PROGRAMMER NOTE: IF H2 = 0 DO NOT SHOW H4c]				
H24c. SISTER	1	2	8	9
[PROGRAMMER NOTE: IF H1 = 0 DO NOT SHOW H4d]				
H24d. BROTHER	1	2	8	9

H25. [PROGRAMMER NOTE: IF H1 AND H2 BOTH = 0, DO NOT SHOW "or siblings"] Was your father or mother [or siblings] ever told by a doctor that they had Alzheimer's disease?
YES.....1
NO .....2 [GO TO QUESTION H27]
DON'T KNOW.....8 [GO TO QUESTION H27]
REFUSED.....9 [GO TO QUESTION H27]

H26. Please tell me which relative(s) had Alzheimer's disease.

	YES	NO	DK	RE
H26a. MOTHER	1	2	8	9
H26b. FATHER	1	2	8	9
[PROGRAMMER NOTE: IF H2 = 0 DO NOT SHOW H4c]				
H26c. SISTER	1	2	8	9
[PROGRAMMER NOTE: IF H1 = 0 DO NOT SHOW H4d]				
H26d. BROTHER	1	2	8	9

Autoimmune Disease – Family History

H27. [PROGRAMMER NOTE: IF H1 AND H2 BOTH = 0, DO NOT SHOW "or siblings"] Was your father or mother [or siblings] ever told by a doctor that they had systemic lupus or SLE?
YES.....1
NO .....2 [GO TO QUESTION H29]
DON'T KNOW.....8 [GO TO QUESTION H29]
REFUSED.....9 [GO TO QUESTION H29]

H28. Please tell me which relative(s) have had systemic lupus or SLE.

	YES	NO	DK	RE
H28a. MOTHER	1	2	8	9
H28b. FATHER	1	2	8	9
[PROGRAMMER NOTE: IF H2 = 0 DO NOT SHOW H4c]				
H28c. SISTER	1	2	8	9
[PROGRAMMER NOTE: IF H1 = 0 DO NOT SHOW H4d]				
H28d. BROTHER	1	2	8	9

H29. [PROGRAMMER NOTE: IF H1 AND H2 BOTH = 0, DO NOT SHOW "or siblings"] Was your father or mother [or siblings] ever told by a doctor that they had rheumatoid arthritis?
YES.....1
NO .....2 [GO TO QUESTION H31]
DON'T KNOW.....8 [GO TO QUESTION H31]
REFUSED.....9 [GO TO QUESTION H31]

H30. Please tell me which relative(s) have had rheumatoid arthritis.

	YES	NO	DK	RE

H30a. MOTHER	1	2	8	9
H30b. FATHER	1	2	8	9
[PROGRAMMER NOTE: IF H2 = 0 DO NOT SHOW H4c]				
H30c. SISTER	1	2	8	9
[PROGRAMMER NOTE: IF H1 = 0 DO NOT SHOW H4d]				
H30d. BROTHER	1	2	8	9

H31. [INTENTIONALLY BLANK]

H32. [INTENTIONALLY BLANK]

SECTION I: Mental Health

Now I am going to ask you some questions about your mood. When answering these questions, please think about how many days each of the following has occurred in the last two weeks.

Anxiety

I1. Over the last 2 weeks, how many days have you been nervous, anxious, or on edge?
01-14 days ..... _ _
None 00
DON'T KNOW..... 88
REFUSED..... 99

I2. Over the last 2 weeks, how many days have you not been able to stop or control worrying?
01-14 days ..... _ _
None 00
DON'T KNOW..... 88
REFUSED..... 99

I3. Over the last 2 weeks, how many days have you worried too much about different things?
01-14 days ..... _ _
None 00
DON'T KNOW..... 88
REFUSED..... 99

I4. Over the last 2 weeks, how many days have you had trouble relaxing?
01-14 days ..... _ _
None 00
DON'T KNOW..... 88
REFUSED..... 99

I5. Over the last 2 weeks, how many days have you been so restless that it was hard to sit still?
01-14 days ..... _ _
None 00
DON'T KNOW..... 88
REFUSED..... 99

I6. Over the last 2 weeks, how many days have you been easily annoyed or irritable?
01-14 days ..... _ _
None 00

DON'T KNOW..... 88
REFUSED..... 99

I7. Over the last 2 weeks, how many days have you felt afraid as if something awful might happen?
01-14 days ..... _ _
None 00
DON'T KNOW..... 88
REFUSED..... 99

Depression
The next set of questions is about depression.

I8. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?
01-14 days ..... _ _
None 00
DON'T KNOW..... 88
REFUSED..... 99

I9. Over the last 2 weeks, how many days have you felt down, depressed or hopeless?
01-14 days ..... _ _
None 00
DON'T KNOW..... 88
REFUSED..... 99

I10. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?
01-14 days ..... _ _
None 00
DON'T KNOW..... 88
REFUSED..... 99

I11. Over the last 2 weeks, how many days have you felt tired or had little energy?
01-14 days ..... _ _
None 00
DON'T KNOW..... 88
REFUSED..... 99

I12. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?
01-14 days ..... _ _
None 00
DON'T KNOW..... 88

REFUSED..... 99

I13. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?
01-14 days ..... _ _
None 00
DON'T KNOW..... 88
REFUSED..... 99

I14. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?
01-14 days ..... _ _
None 00
DON'T KNOW..... 88
REFUSED..... 99

I15. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?
01-14 days ..... _ _
None 00
DON'T KNOW..... 88
REFUSED..... 99

I15x. Over the last 2 weeks, how many days have you had thoughts that you would be better off dead or of hurting yourself in some way?
01-14 days_ _ [INTERVIEWER PROBE: "If you would you like a mental health referral, I would be happy to provide one at the end of the interview."]
None 00
DON'T KNOW..... 88
REFUSED..... 99

PTSD
The following questions are about any traumatic experiences.

During the past 30 days have you …..

I16. Had nightmares about the oil spill or any clean-up efforts you engaged in or thought about it when you did not want to?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

I17. Tried hard not to think about the oil spill or any clean-up efforts you engaged in or went out of your way to avoid situations that remind you of it?

YES..... 1
NO 2
DON'T KNOW..... .8
REFUSED..... 9

I18. Been constantly on guard, watchful, or easily startled?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

I19. Felt numb or detached from others, activities, or your surroundings?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

Resiliency / Coping
I'm now going to make some statements and ask if you agree with them or not.

I20. What happens to me in the future mostly depends on me. Would you say that you….?
Strongly Disagree 1
Disagree 2
Neither Agree nor Disagree 3
Agree 4
Strongly Agree 5
DON'T KNOW……....8
REFUSED.....9

I21. I can do just about anything I really set my mind to do. Would you say that you….?
Strongly Disagree 1
Disagree 2
Neither Agree nor Disagree 3
Agree 4
Strongly Agree 5
DON'T KNOW…….....8
REFUSED.....9

I22. I am confident in my ability to handle unexpected problems. Would you say that you….?
Strongly Disagree 1
Disagree 2
Neither Agree nor Disagree 3
Agree 4

Strongly Agree 5
DON'T KNOW…….....8
REFUSED.....9

I23. When I need suggestions about how to deal with a personal problem, I know there is someone I can turn to. Would you say that you….?
Strongly Disagree 1
Disagree 2
Neither Agree nor Disagree 3
Agree 4
Strongly Agree 5
DON'T KNOW…… 8
REFUSED.....9

Social Support
Now I would like to ask you about your social support system.

[PROGRAMMER NOTE: FOR QUESTIONS I24-26, NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW ≤ OCTOBER 1, 2011 USE "year" FOR [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE "two years"; IF DATE OF INTERVIEW ≥ OCTOBER 2, 2012 USE "three years"]

In the past [YEAR FILL], how often….

I24. Have you had someone willing to listen to you when you need to talk? It need not always be the same person. Would you say it's been….?
Always 1
Usually 2
Sometimes..... 3
Rarely 4
Never 5
DON'T KNOW..... 8
REFUSED..... 9

I25. Have you had contact with people who are in a similar situation? Would you say it's been….?
Always 1
Usually 2
Sometimes..... 3
Rarely 4
Never 5
DON'T KNOW..... 8
REFUSED..... 9

I26. Did you receive practical help, for example financial help, help with household repairs, or meals provided by others? Would you say it's been….
Always 1
Usually 2
Sometimes..... 3
Rarely 4
Never 5
DON'T KNOW..... 8
REFUSED..... 9

Received Mental Health Care
The following questions are about mental health care you may have received.

[PROGRAMMER NOTE: FOR QUESTION I27, NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW ≤ OCTOBER 1, 2011 USE "two years" FOR [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE "three years"; IF DATE OF INTERVIEW ≥ OCTOBER 2, 2012 USE "four years"]

I27. Before [YEAR FILL] ago, did you receive any sort of counseling for problems with your emotions, nerves, or mental health?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

[PROGRAMMER NOTE: FOR QUESTION I28, NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW ≤ OCTOBER 1, 2011 USE "year" FOR [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE "two years"; IF DATE OF INTERVIEW ≥ OCTOBER 2, 2012 USE "three years"]

I28. In the past [YEAR FILL], have you received any sort of counseling for problems with your emotions, nerves, or mental health?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

[PROGRAMMER NOTE: FOR QUESTION I29, NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW ≤ OCTOBER 1, 2011 USE "two years" FOR [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE "three years"; IF DATE OF INTERVIEW ≥ OCTOBER 2, 2012 USE "four years"]

I29. Before [YEAR FILL] ago, were you prescribed medication for problems with your emotions, nerves, or mental health?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

[PROGRAMMER NOTE: FOR QUESTION I30, NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW ≤ OCTOBER 1, 2011 USE "year" FOR [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE "two years"; IF DATE OF INTERVIEW ≥ OCTOBER 2, 2012 USE "three years"]

I30. In the past [YEAR FILL], were you prescribed medication for problems with your emotions, nerves, or mental health?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

Quick Inventory of Depressive Symptoms (K6)
The following questions ask about how you have been feeling during the past 30 days. Some of them may sound like ones I've already asked you, but they're a little different and it's important that you answer them as best you can.

I31. During the past 30 days, about how often did you feel...

I31a. Nervous?

All of the time	1
Most of the time	2
Some of the time	3
A little of the time	4
None of the time	5
DON'T KNOW	8
REFUSED	9

I31b. Hopeless?

All of the time	1
Most of the time	2
Some of the time	3
A little of the time	4
None of the time	5
DON'T KNOW	8
REFUSED	9

I31c. Restless or fidgety?

All of the time	1

Most of the time	2
Some of the time	3
A little of the time	4
None of the time	5
DON'T KNOW	8
REFUSED	9

I31d. During the past 30 days, about how often did you feel so depressed that nothing could cheer you up?

All of the time	1
Most of the time	2
Some of the time	3
A little of the time	4
None of the time	5
DON'T KNOW	8
REFUSED	9

I31e. During the past 30 days, about how often did you feel that everything was an effort?

All of the time	1
Most of the time	2
Some of the time	3
A little of the time	4
None of the time	5
DON'T KNOW	8
REFUSED	9

I31f. During the past 30 days, about how often did you feel worthless?

All of the time	1
Most of the time	2
Some of the time	3
A little of the time	4
None of the time	5
DON'T KNOW	8
REFUSED	9

If any of I31a-I31f=1-4, else J1

I32. The last six questions asked about feelings that might have occurred during the past 30 days. Taking them altogether, did these feelings occur…

A lot more often than usual	1
Somewhat more often than usual	2
A little more often than usual	3
About the same as usual	4
A little less often than usual	4
Somewhat less often than usual	5
A lot less often than usual	6

DON'T KNOW 8
REFUSED 9

I33. During the past 30 days, how many days out of 30 were you totally unable to work or carry out your normal activities because of these feelings?
__ __ Number of days
DON'T KNOW 88
REFUSED 99

[PROGRAMMER: OMIT THE FIRST PHRASE ("Not counting the [FILL IN FROM I33] days you just reported,") IF I33=0, DK, OR MISSING.]
I34. Not counting the [FILL IN FROM I33] days you just reported, how many days in the past 30 were you able to do only half or less of what you would normally have been able to do, because of these feelings?
__ __ Number of days
DON'T KNOW 88
REFUSED 99

I35. During the past 30 days, how many times did you see a doctor or other health professional about these feelings?
__ __ Number of times
DON'T KNOW 88
REFUSED 99

I36. During the past 30 days, how often have physical health problems been the main cause of these feelings?
All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
DON'T KNOW 8
REFUSED 9

SECTION J: Occupational History

Now I would like to ask you just a few questions about your work history.

Commercial fishing

J1. Have you ever worked as a commercial fisherman, either part-time, full-time, or seasonally?
YES..... 1
NO ..... 2 [GO TO QUESTION J2]
DON'T KNOW..... 8 [GO TO QUESTION J2]
REFUSED..... 9 [GO TO QUESTION J2]

J1a. Were you working as a commercial fisherman, either part-time, full-time, or seasonally, [YEAR FILL] ago?
YES..... 1
NO..... 2 [GO TO QUESTION J1b]
DON'T KNOW …….8 [GO TO QUESTION J1b]
REFUSED..... 9 [GO TO QUESTION J1b]

J1a1. Were you doing this year-round or seasonally?
Year-round 1
Seasonally..... 2
DON'T KNOW 8
REFUSED 9

J1a2. Were you usually doing this full-time, part time, or some combination of the two?
[INTERVIEWER: If respondent answers "FULL-TIME SEASONAL" *and* "FULL-TIME REST OF YEAR", then select "FULL-TIME YEAR-ROUND" option. Similarly, if respondent answers "PART-TIME SEASONAL" *and* "PART-TIME REST OF YEAR", then select "PART-TIME YEAR-ROUND" option.]
FULL-TIME YEAR-ROUND……. 1
PART-TIME YEAR-ROUND……... 2
FULL-TIME SEASONALLY; PART TIME REST OF YEAR…….3
OTHER.....4 SPECIFY:_____ [FREE TEXT]
DON'T KNOW……..8
REFUSED.....9

J1a3. Please tell me all the places where you were fishing commercially [YEAR FILL] ago.

[FREE TEXT FIELD] FISHERY(IES)
DON'T KNOW 8
REFUSED 9

J1a4. What were you fishing for commercially then?
SELECT ALL THAT APPLY
CATFISH..... 1
CRAB 2
CRAWFISH 3
GROUPER 4
FLOUNDER 5
MACKREL 6
MULLET 7
OYSTERS 10
RED SNAPPER 11
SHRIMP 12
TUNA 13
OTHER, SPECIFY .... 14 [FREE TEXT FIELD]
DON'T KNOW 8
REFUSED 9

J1b. Have you worked as a commercial fisherman, either part-time, full-time, or seasonally, at any time since the spring or summer of 2010?
YES 1
NO ..... 2 [GO TO QUESTION J1e]
DON'T KNOW ..... 8 [GO TO QUESTION J1e]
REFUSED ..... 9 [GO TO QUESTION J1e]

J1b1. Have you done this year-round or seasonally?
YEAR-ROUND 1
SEASONALLY 2
DON'T KNOW 8
REFUSED 9

J1b2. Have you usually done this full-time, part time, or some combination of the two?
[INTERVIEWER: If respondent answers "FULL-TIME SEASONAL" *and* "FULL-TIME REST OF YEAR", then select "FULL-TIME YEAR-ROUND" option. Similarly, if respondent answers "PART-TIME SEASONAL" *and* "PART-TIME REST OF YEAR", then select "PART-TIME YEAR-ROUND" option.]
FULL-TIME YEAR-ROUND……. 1
PART-TIME YEAR-ROUND……... 2
FULL-TIME SEASONALLY; PART TIME REST OF YEAR…….3
OTHER..... 4 SPECIFY:_____ [FREE TEXT]

DON'T KNOW……..8
REFUSED.....9

[INTERVIEWER: Select "LIST OF FISHERIES FROM J1a3" option ONLY if participant reports fishing in ALL of the locations listed in J1a3.]
J1b3. Please tell me all the places where you have fished commercially since the spring or summer of 2010.
[FREE TEXT FIELD] FISHERY(IES)
[LIST OF FISHERIES FROM J1a3]…..1
DON'T KNOW.....8
REFUSED.....9

[INTERVIEWER: Select "LIST OF FISH FROM J1a4" option ONLY if participant reports ALL of the fish listed in J1a4.]
J1b4. What have you fished for commercially since the spring or summer of 2010?
[FREE TEXT FIELD] TYPE(S) OF FISH
[LIST OF FISH FROM J1a4]…..1
DON'T KNOW.....8
REFUSED.....9

J1c. To the best of your knowledge, have you fished commercially since the spring or summer of 2010 in any waters that were previously closed due to the oil spill?
YES.....1
NO.....2 [GO TO QUESTION J1d]
DON'T KNOW.....8 [GO TO QUESTION J1d]
REFUSED.....9 [GO TO QUESTION J1d]

J1c1. When did you start fishing in those areas after the spring or summer of 2010?

[INTERVIEWER: IF PARTICIPANT HAS TROUBLE ANSWERING, ASK "CAN YOU TELL ME THE MONTH AND WHETHER YOU STARTED EARLY, MIDDLE, OR LATE IN THE MONTH?"; ENTER DAY AS "EE", "MM", OR "LL" FOR EARLY, MIDDLE, OR LATE, RESPECTIVELY. IF PARTICIPANT CONTINUES TO HAVE TROUBLE ANSWERING, ASK "CAN YOU TELL ME JUST THE MONTH THAT YOU STARTED?"; ENTER DAY AS 88.]
_ _ / _ _ / _ _ DATE
DON'T KNOW..... 888888
REFUSED..... 999999

If J1b1=YEAR-ROUND, Else J1c3.
J1c2. Have you fished commercially in those areas year-round or seasonally?

YEAR-ROUND 1
SEASONALLY 2
DON'T KNOW 8
REFUSED 9

J1c3. Have you usually fished in those areas full-time, part time, or some combination of the two?
[INTERVIEWER: If respondent answers "FULL-TIME SEASONAL" *and* "FULL-TIME REST OF YEAR", then select "FULL-TIME YEAR-ROUND" option. Similarly, if respondent answers "PART-TIME SEASONAL" *and* "PART-TIME REST OF YEAR", then select "PART-TIME YEAR-ROUND" option.]
FULL-TIME YEAR-ROUND……1 [PROGRAMMER: list only if J1b2= FULL-TIME YEAR-ROUND *and* J1c2=YEAR-ROUND]
PART-TIME YEAR-ROUND……...2
FULL-TIME SEASONALLY; PART TIME REST OF YEAR……3
Other ..... 4 Specify: _____ [FREE TEXT]
DON'T KNOW 8
REFUSED 9

[INTERVIEWER: Select "LIST OF FISHERIES FROM J1b3" option ONLY if participant reports fishing in ALL of the locations listed in J1b3.]
J1c4. Please tell me all the places that were previously closed where you have fished commercially since the spring or summer of 2010.
[FREE TEXT FIELD] FISHERY(IES)
[LIST OF FISHERIES FROM J1b3]…..1
DON'T KNOW 8
REFUSED 9

[INTERVIEWER: Select "LIST OF FISH FROM J1b4" option ONLY if participant reports ALL of the fish listed in J1b4.]
J1c5. What have you fished for commercially in those areas?
[FREE TEXT FIELD] TYPE(S) OF FISH
[LIST OF FISH FROM J1b4]…..1
DON'T KNOW 8
REFUSED 9

If J1a=1 and J1b=1. Else J1e.
J1d. Compared to [YEAR FILL] ago, would you say that your income from fishing in the past year is more, less, or about the same?
MORE 1
LESS 2
ABOUT THE SAME 3
DON'T KNOW 8
REFUSED 9

J1e. About how long in total have you worked/did you work [TENSE BASED ON J1b: PAST IF J1b=2, PRESENT OTHERWISE], either part-time or full-time, as a commercial fisherman?
|___|___|___| Units
Days 1
Weeks 2
Months 3
Years..... 4
DON'T KNOW 888 8
REFUSED 999 9

Shift work

J2. Have you ever worked the night shift? That is, have you ever had a job where your shift included at least one hour between midnight and 2 am?
YES..... 1
NO ..... 2 [GO TO QUESTION J3]
DON'T KNOW..... 8 [GO TO QUESTION J3]
REFUSED..... 9 [GO TO QUESTION J3]

J2a. In total, how many months or years did you work the night shift?
__ __ __ UNITS
MONTHS.....1
YEARS.....2
DON'T KNOW 88 8
REFUSED 99 9

J2b. On average, during that time, how many days per week or per month did you work the night shift?
__ __ UNITS
PER WEEK 1
PER MONTH.....2
DON'T KNOW 88 8
REFUSED 99 9

J3. Have you ever worked rotating shifts? That is, have you ever had a job where your work shift changed periodically from days to evenings or nights?
YES..... 1
NO ..... 2 [GO TO QUESTION J4]
DON'T KNOW..... 8 [GO TO QUESTION J4]
REFUSED..... 9 [GO TO QUESTION J4]

J3a. In total, how many months or years did you work rotating shifts?
__ __ __ UNITS
MONTHS.....1
YEARS.....2

DON'T KNOW 88 8
REFUSED 99 9

J3b. On average, how many different shifts did you usually rotate between?
__ # SHIFTS
DON'T KNOW 8
REFUSED 9

J3c. Did your rotating shifts ever include the night shift? That is, did any of your rotating shifts include at least one hour between midnight and 2 am?
YES 1
NO 2
DON'T KNOW 8
REFUSED ... 9

J4. Have you ever worked irregular hours? That is, have you ever had a job where your schedule changed periodically, but in no specific pattern?
YES 1
NO ..... 2 [GO TO QUESTION J5]
DON'T KNOW ..... 8 [GO TO QUESTION J5]
REFUSED ..... 9 [GO TO QUESTION J5]

J4a. In total, how many months or years did you work irregular hours?
__ __ __ UNITS
MONTHS 1
YEARS 2
DON'T KNOW 88 8
REFUSED 99 9

J4b. On average, when you worked irregular hours, how many times per week or per month did your schedule change?
__ __ # TIMES
PER WEEK 1
PER MONTH 2
DON'T KNOW 88 8
REFUSED 99 9

J4c. When you worked irregular hours, did you ever have to work a shift that included at least one hour between midnight and 2 am?
YES 1
NO 2
DON'T KNOW 8
REFUSED 9

<u>Current job</u>

J5. Are you currently employed?
YES..... 1
NO ..... 2 [GO TO SECTION K]
DON'T KNOW..... 8 [GO TO SECTION K]
REFUSED..... 9 [GO TO SECTION K]

Now I would like to ask you a few questions about your current job.

[IF THE PARTICIPANT SAYS "FLEXTIME", ETC., PROBE TO DETERMINE WHETHER THE SHIFT THAT IS WORKED ACTUALLY FALLS IN A DAY, EVENING, NIGHT, OR ROTATING SHIFT CATEGORY BEFORE CODING IT AS "ANOTHER SCHEDULE."

HELP AVAILABLE:
Standard Shift Definitions are:
A regular daytime schedule: this is work anytime between 6am and 6pm.
A regular evening shift: this is work anytime between 2pm and midnight.
A regular night shift: this is work anytime between 9pm and 8am.
A rotating shift: a work shift that changes periodically from days to evenings or nights.
An irregular schedule: work hours change periodically, but in no specific pattern.
Another schedule includes: a split shift (consisting of two distinct work periods each day) or any other schedule]

J5a. Which of the following best describes the hours you worked in the past 4 weeks?
A regular daytime schedule ..... 1 [GO TO J7]
A regular evening shift ..... 2 [GO TO J7]
A regular night shift..... 3 [GO TO J7]
A rotating shift..... 4
An irregular schedule..... 5
Another schedule..... 6
DON'T KNOW..... 8
REFUSED..... 9 [GO TO J7]

J6. Which of the following best describes the hours you worked in the past week?
A regular daytime schedule 1
A regular evening shift 2
A regular night shift..... 3
A rotating shift..... 4
An irregular schedule..... 5
Another schedule..... 6
REFUSED..... 8
DON'T KNOW..... 9

If J5<>3 and J6<>3. Else J8.
J7. In your current job, do you ever work the night shift? That is, does your shift include at least one hour between midnight and 2 am?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

If J5=3 or J6=3 or J7=1. Else J9.
J8. On average, how many days per week or per month do you work the night shift in your current job?
__ __ UNITS
PER WEEK..... 1
PER MONTH 2
DON'T KNOW..... 88 8
REFUSED..... 99 9

If J5<>4 and J6<>4. Else J10.
J9. In your current job, do you ever work rotating shifts? That is, does your shift changed periodically from days to evenings or nights?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

If J5=4 or J6=4 or J9=1. Else J11.
J10. On average, how many different shifts do you usually rotate between in your current job?
__ # SHIFTS
DON'T KNOW..... 8
REFUSED..... 9

If J9=1,8, or 9. Else J12
J11. Do your rotating shifts ever include the night shift?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

J12. In your current job, 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

NONE 4
DON'T KNOW..... 88 8
REFUSED..... 99 9

If J7=1 or J11=1
J13. Did you work a night shift during the past 24 hours?
YES..... 1
NO ..... 2 [SKIP TO SECTION K]
DON'T KNOW..... 8 [SKIP TO SECTION K]
REFUSED..... 9 [SKIP TO SECTION K]

J13a. What time did you start this shift?
__/__/ : __/__/
J13a.1. AM 1
PM..... 2

J13b. What time did you stop this shift?
__/__/ : __/__/
J13b.2. AM 1
PM..... 2

SECTION K: Non-occupational Exposures

Now I would like to ask you about your exposure to oil or other chemicals outside of your work activities, such as in a hobby.

K1. Do you have any of the following hobbies?

	YES	NO	DK	RE
K1a. Woodworking or cabinetry	1	2	8	9
K1b. Boat repair	1	2	8	9
K1c. Car, motorcycle, or other vehicle repair	1	2	8	9
K1d. Gardening	1	2	8	9
K1e. Fishing	1	2	8	9
K1f. Pottery	1	2	8	9
K1g. Painting as art work	1	2	8	9
K1h. Sculpture	1	2	8	9
K1i. Home repairs or handyman work	1	2	8	9
K1j. Raising farm animals	1	2	8	9

SECTION L: Lifestyle

Now I'm going to ask you some questions about smoking.

Passive Smoking in the Home

L1. How many regular smokers do you currently live with? Do not count yourself if you smoke. [INTERVIEWER: If subject indicates that they currently live in more than one place, ask "How many regular smokers, not counting yourself, live in the home where you spent the most time during the past 24 hours?".]

None 1
1..... 2
2..... 3
3-4..... 4
5 or more 5
DON'T KNOW..... 8
REFUSED..... 9

L2. About how many hours or minutes were you exposed to other people's tobacco smoke in the past 24 hours? Include all locations, such as home, work, and all other places you spend time where others might smoke.

None 1
Less than 30 minutes 2
30-59 minutes 3
1-2 hours..... 4
3-4 hours..... 5
5-6 hours..... 5
7-8 hours..... 5
More than 8 hours.. 5
DON'T KNOW..... 8
REFUSED..... 9

Current Smoking

[ONLY ASK L3 FOR CURRENT SMOKERS (TELEPHONE J3=1, 2 OR 8]

L3. How many hours ago did you last smoke?
OF HOURS AGO ..... [RANGE: 0 - 24]

1-2 DAYS AGO..... 71 [GO TO QUESTION L5]
3-4 DAYS AGO..... 72 [GO TO QUESTION L5]
5-7 DAYS AGO..... 73 [GO TO QUESTION L5]
MORE THAN 7 DAYS AGO..... 74 [GO TO QUESTION L5]
DON'T KNOW 88
REFUSED..... 99

L4. How many cigarettes have you smoked in the past 24 hours?
OF CIGARETTES: __ [RANGE: 0 - 100] [IF 0, PROBE FURTHER TO CONFIRM]
DON'T KNOW 888
REFUSED 999

[ONLY ASK L5 FOR CURRENT DRINKERS (TELEPHONE I3=1, 8 OR 9]

Current Alcohol Consumption

Now I'm going to ask you some questions about drinking alcohol.

L5. How many drinks have you had <u>in the past 24 hours</u>? Count as a drink a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.
OF DRINKS: __ __ [RANGE: 0 - 80]
DON'T KNOW 88
REFUSED..... 99

SECTION M: Residential History

[INTERVIEWER: READ THE FOLLOWING PROMPT BEFORE ASKING QUESTIONS M1 TO M6. ASK EACH OF THESE QUESTIONS FOR ONE RESIDENCE BEFORE MOVING TO THE NEXT RESIDENCE]

I'm now going to ask you about places you have lived for 3 months or more. We'll start with where you live now and move backward to your first residence.

M1. What is/was the address of that residence? [INTERVIEWER: IF PARTICIPANT CAN'T REMEMBER THE FULL ADDRESS, ASK FOR A CITY, STATE AND LANDMARK, IF APPLICABLE. FOR CURRENT RESIDENCE INSERT CURRENT ADDRESS]
_____ [ADDRESS FIELDS]
DON'T KNOW..... 8
REFUSED..... 9

M2. What years have/did you live at this/the residence?
_/_/_/_ - _/_/_/_ [YEAR – YEAR]
DON'T KNOW..... 8888 – 8888
REFUSED..... 9999 – 9999

M3. Did you have a different residence before that?
YES..... 1 [REPEAT LOOP M1-M3]
NO ..... 2 [GO TO MATRIX M4-M6]
DON'T KNOW..... 8 [GO TO MATRIX M4-M6]
REFUSED..... 9 [GO TO MATRIX M4-M6]

[CAPI: REPEAT M1 - M3 UNTIL AGE 18; THEN PRESENT M4 – M8 FOR EACH ADDRESS NAMED]

M4. Was [FILL PARTIAL ADDRESS] on a farm?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

M5. What was your usual water supply?
City..... 1
Private Well..... 2
Filtered Water 3
Bottled Water 4
Other..... 5 (Specify:)_____[FREE TEXT FIELD]
DON'T KNOW..... 8
REFUSED..... 9

M6. [INTENTIONALLY BLANK]

M7. [INTENTIONALLY BLANK]

M8. Did you live close to the center or margin of town?
Center..... 1
Margin..... 2
DON'T KNOW..... 8
REFUSED..... 9

M10. Did you live within 1/2 mile of a:	YES	NO	DK	REF
M10a. Major highway	1	2	8	9
M10b. Boatyard	1	2	8	9
M10c. Docks	1	2	8	9
M10d. Oil refinery...	1	2	8	9
M10e. Petroleum storage or transfer facility	1	2	8	9
M10f. Gas station...	1	2	8	9
M10g. Factory.....	1	2	8	9
M10h. Power plant.	1	2	8	9
M10i. Hazardous waste site or Superfund site	1	2	8	9
M10j. Landfill.....	1	2	8	9

[INTERVIEWER NOTE: ½ MILE DISTANCE IS "AS THE CROW FLIES" AND NOT VIA SURFACE ROADS]

END MATRIX

M9. [INTENTIONALLY BLANK]

SECTION N: Experiences with Hurricane Katrina

Now I would like to ask you some questions regarding your experiences with Hurricane Katrina.

N1. Were you living in the gulf region at the time of Hurricane Katrina?
YES..... 1
NO ..... 2 [GO TO QUESTION N7]
DON'T KNOW..... 8 [GO TO QUESTION N7]
REFUSED..... 9 [GO TO QUESTION N7]

N1a. Please provide the city and state that you lived in at the time of Hurricane Katrina.
N1a1. City_____ [FREE TEXT FIELD]
N1a2. State _____[DROP-DOWN MENU]

N2. Were you forced to leave your residence because of the Hurricane?
YES..... 1
NO ..... 2 [GO TO QUESTION N7]
DON'T KNOW..... 8
REFUSED..... 9 [GO TO QUESTION N7]

N3. Where did you go?
_____ [FREE TEXT FIELD]

N4. After the Hurricane, did you return to your prior residence or to a different residence?
Prior ..... 1 [GO TO QUESTION N6]
Different 2
Didn't return 3
DON'T KNOW..... 8
REFUSED..... ..... 9 [GO TO QUESTION N7]

N5. Was your new residence in the same city or town and neighborhood?
Same city or town, same neighborhood 1
Same city or town, different neighborhood..... 2
Different city or town 3
DON'T KNOW..... 8
REFUSED..... 9 [GO TO QUESTION N7]

N5a. What type of building was this new residence?
Single family house 1
Multi-family house 2
Apartment 3
Trailer 4

Other ..... 5 (Specify): _____
DON'T KNOW 8
REFUSED ..... 9 [GO TO QUESTION N7]

[IF N4 = 3, GO TO N7]
N6. For how many months were you unable to return?
| __ | __ | Months

N7. Did you lose your job as a result of the Hurricane?
YES 1
NO ....2 [GO TO QUESTION N9]
Was unemployed before the Hurricane...3
DON'T KNOW..... 8
REFUSED..... .....9 [GO TO QUESTION N9]

N8.How long were you unemployed after the Hurricane?
| __ | __ | # of units
Days..... 1
Weeks..... 2
Months..... 3
Years 4
HAVE NOT WORKED SINCE THE HURRICANE 66
DID NOT WORK UNTIL THE OIL SPILL CLEAN-UP 77
DON'T KNOW..... 88
REFUSED..... 99

N9. Did you experience the loss of a loved one or a serious injury to you or a loved one during the Hurricane?
YES..... 1
NO ..... 2 [GO TO SECTION O]
DON'T KNOW..... 8 [GO TO SECTION O]
REFUSED..... 9 [GO TO SECTION O]

N9a. Please describe this loss or injury [SELECT ALL THAT APPLY]:

Event	Person
N9a1. Death N9a2. Injury N9a3. Other (Specify): _____ [FREE TEXT FIELD]	N9b1. Self N9b2. Spouse/partner N9b3. Child N9b4. Brother N9b5. Sister N9b6. Father N9b7. Mother N9b8. Other (Specify): _____ [FREE TEXT FIELD]
N9a4. Death	N9b9. Self

N9a5. Injury N9a6. Other (Specify): _____ [FREE TEXT FIELD]	N9b10. Spouse/partner N9b11. Child N9b12. Brother N9b13. Sister N9b14. Father N9b15. Mother N9b16. Other (Specify): _____ [FREE TEXT FIELD]
N9a7. Death N9a8. Injury N9a9. Other (Specify): _____ [FREE TEXT FIELD]	N9b17. Self N9b18. Spouse/partner N9b19. Child N9b20. Brother N9b21. Sister N9b22. Father N9b23. Mother N9b24. Other (Specify): _____ [FREE TEXT FIELD]

SECTION X: Hurricane Isaac

[PROGRAMMER NOTE: ONLY DISPLAY SECTION X IF THE PARTICIPANT DID NOT ANSWER THE QUESTIONS DURING THE TELEPHONE ENROLLMENT INTERVIEW]

Now I would like to ask you some questions regarding your recent experiences with Hurricane Isaac.

X2. Were you forced to leave your residence because of Hurricane Isaac?
YES..... 1
NO ..... 2 [GO TO QUESTION X7]
DON'T KNOW..... 8
REFUSED..... 9 [GO TO QUESTION X7]

X3. Have you returned to your prior residence or are you in a different residence?
Prior residence 1
Different residence ..... 2 [GO TO QUESTION X5]
DON'T KNOW..... 8
REFUSED..... ..... 9 [GO TO QUESTION X7]

X3a1. For how many days, weeks, or months were you unable to return?
__I__I UNITS

DAYS	1
WEEKS	2
MONTHS	3
DON'T KNOW	88
REFUSED	99

[GO TO QUESTION X7]

X5. Do you expect to return to your prior residence, to stay where you are now, or to move somewhere else?
Return to prior residence . 1
Stay in current residence . 2 [GO TO QUESTION X5b1]
Move to new residence .... 3 [GO TO QUESTION X5c1]
DON'T KNOW..... 8
REFUSED..... ..... 9 [GO TO QUESTION X7]

X5a3. What has prevented you from moving back already?
Not allowed 1
House damaged 2
Need money 3
No way to get there 4

Other .....5 Reason _____ [FREE-TEXT FIELD]
DON'T KNOW 8
REFUSED 9

[GO TO QUESTION X7]

X5b1. Is your current residence in the same city or town and neighborhood?
Same city or town, same neighborhood 1
Same city or town, different neighborhood 2
Different city or town 3
DON'T KNOW 8
REFUSED ..... 9 [GO TO QUESTION X7]

[GO TO QUESTION X7]

X5c1. Do you know if your new residence will be in the same city or town and neighborhood?
Same city or town, same neighborhood 1
Same city or town, different neighborhood 2
Different city or town 3
DON'T KNOW ..... 8 [GO TO QUESTION X7]
REFUSED ..... 9 [GO TO QUESTION X7]

X7. Did you experience significant property damage or financial hardship as a result of Hurricane Isaac?
YES 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

X8. Did you experience the loss of a loved one or a serious injury to you or a loved one during the Hurricane?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

SECTION O: Physical Activity

READ: I am going to ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

READ: Now, think about all the *vigorous* activities which take *hard physical effort* that you did in the last 7 days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics, or fast bicycling. Think only about those physical activities that you did for at least 10 minutes at a time.

O1. During the **last 7 days**, on how many days did you do **vigorous** physical activities?
_____ Days per week
Don't Know/Not Sure…….8
Refused……9

[**Interviewer clarification**: Think only about those physical activities that you do for at least 10 minutes at a time.]

[**Interviewer note**: If participant answers zero, refuses or does not know, skip to Question O3]

O2. How much time did you usually spend doing **vigorous** physical activities on one of those days?
O2.a. __ __ __ Units
O2.b. __ 1 Hours [SKIP TO O3]
2 Minutes
Don't Know/Not Sure…..9998
Refused……9999

[**Interviewer clarification**: Think only about those physical activities you do for at least 10 minutes at a time.]

[**Interviewer probe**: An average time for one of the days on which you do vigorous activity is being sought. If the participant can't answer because the pattern of time spent varies widely from day to day, ask: "How much time in total would you spend **over the last 7 days** doing vigorous physical activities?"
O2.1.a. __ __ __ Units
O2.1.b. __ 1 Hours
__ 2 Minutes

Don't Know/Not Sure…..9998
Refused……9999

READ: Now think about activities which take *moderate physical effort* that you did in the last 7 days. Moderate physical activities make you breathe somewhat harder than normal and may include carrying light loads, bicycling at a regular pace, recreational fishing or hunting. Do not include walking. Again, think about only those physical activities that you did for at least 10 minutes at a time.

O3. During the **last 7 days**, on how many days did you do **moderate** physical activities?
____ Days per week
Don't Know/Not Sure…..8
Refused……9

[**Interviewer clarification**: Think only about those physical activities that you do for at least 10 minutes at a time.]

[**Interviewer Note**: *If participant answers zero*, refuses or does not know, skip to Question O5]

O4. How much time did you usually spend doing **moderate** physical activities on one of those days?
O4.a. __ __ __ Units
O4.b. __ 1 Hours [SKIP TO O5]
2 Minutes
Don't Know/Not Sure…..9998
Refused……9999

[**Interviewer clarification**: Think only about those physical activities that you do for at least 10 minutes at a time.]

[**Interviewer probe**: An average time for one of the days on which you do moderate activity is being sought. If the participant can't answer because the pattern of time spent varies widely from day to day, or includes time spent in multiple jobs, ask: "What is the total amount of time you spent over the **last 7 days** doing moderate physical activities?"
O4.1.a. __ __ __ Units
O4.1.b. __ 1 Hours
__ 2 Minutes
Don't Know/Not Sure…..9998
Refused……9999

READ: Now think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

O5. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?
____ Days per week
Don't Know/Not Sure…..8
Refused……9

[**Interviewer clarification**: Think only about the walking that you do for at least 10 minutes at a time.]

[**Interviewer Note**: *If participant answers zero*, refuses or does not know, skip to Question O7]

O6. How much time did you usually spend **walking** on one of those days?
O6.a. __ __ __ Units
O6.b. __ 1 Hours [SKIP TO O7]
2 Minutes
Don't Know/Not Sure…..9998
Refused……9999

[**Interviewer probe**: An average time for one of the days on which you walk is being sought. If the participant can't answer because the pattern of time spent varies widely from day to day, ask: "What is the total amount of time you spent walking over **the last 7 days**?"
O6.1.a. __ __ __ Units
O6.1.b. __ 1 Hours
__ 2 Minutes
Don't Know/Not Sure…..9998
Refused……9999

READ: Now think about the time you spent sitting on week days during the last 7 days. Include time spent at work, at home, and during leisure time. This may include time spent sitting at a desk, visiting friends, reading or sitting or lying down to watch television or playing video games, driving or riding in a car or bus.

O7. During the last 7 days, how much time did you usually spend ***sitting*** on a **week day**?
O7.a. __ __ __ Units
O7.b. __ 1 Hours [SKIP TO SECTION P]
2 Minutes
Don't Know/Not Sure…..9998

Refused……9999

[**Interviewer clarification**: Include time spent lying down (awake) as well as sitting.]

[**Interviewer probe**: An average time per day spent sitting is being sought. If the participant can't answer because the pattern of time spent varies widely from day to day, ask: "What is the total amount of time you spent *sitting* last **Wednesday**?"
O7.1.a. __ __ __ Units
O7.1.b. __ 1 Hours
__ 2 Minutes
Don't Know/Not Sure…..9998
Refused……9999

SECTION P: Fish Consumption

The next set of questions is about seafood you may have eaten since the oil spill.

P1. During the past 6 months, about how many times per week or per month have you eaten ***raw*** seafood that came directly from the Gulf?
_ _ UNITS
PER WEEK…….. 1
PER MONTH……2
DON'T KNOW……..8 [GO TO QUESTION P2]
REFUSED…… 9 [GO TO QUESTION P2]

P1a. Did you stop eating ***raw*** seafood from the Gulf after the oil spill began?
YES..... 1
NO ..... 2 [SKIP TO P1c]
DON'T KNOW..... 8 [SKIP TO P1c]
REFUSED..... 9 [SKIP TO P1c]

P1b. When did you start eating ***raw*** seafood from the Gulf again?

[INTERVIEWER: IF PARTICIPANT HAS TROUBLE ANSWERING, ASK "CAN YOU TELL ME THE MONTH AND WHETHER YOU STARTED EARLY, MIDDLE, OR LATE IN THE MONTH?"; ENTER DAY AS "EE", "MM", OR "LL" FOR EARLY, MIDDLE, OR LATE, RESPECTIVELY. IF PARTICIPANT CONTINUES TO HAVE TROUBLE ANSWERING, ASK "CAN YOU TELL ME JUST THE MONTH THAT YOU STARTED?"; ENTER DAY AS 88.

IF PARTICIPANT REPORTS ONLY TIME SINCE START OF THE SPILL, THEN CALCULATE THE MONTH AND YEAR AND CONFIRM WITH PARTICIPANT [E.G., IF PARTICIPANT SAYS THAT THEY STARTED EATING RAW SEAFOOD FROM THE GULF AGAIN 3 MONTHS AFTER THE SPILL BEGAN, THEN ASK PARTICIPANT "SO YOU STARTED EATING RAW SEAFOOD FROM THE GULF AGAIN AROUND JULY OF 2010?" [BECAUSE JULY 2010 IS 3 MONTHS AFTER APRIL 2010, WHICH IS WHEN THE SPILL BEGAN]. DO THE SAME IF PARTICIPANT REPORTS ONLY TIME SINCE END OF THE SPILL, USING A BASE DATE OF JULY 2010, WHICH IS WHEN THE SPILL ENDED.]

_ _ / _ _ / _ _ DATE
NEVER STARTED…… 777777
DON'T KNOW…… 888888
REFUSED ... …… 999999

P1c. What types of ***raw*** seafood from the Gulf have you eaten since the spill?
CRAB 1
OYSTERS..... 2
SHRIMP 3
TUNA 4
SNAPPER..... 5
OTHER, SPECIFY ..... 6_____[FREE TEXT FIELD]
DON'T KNOW……..8
REFUSED…… 9

P1d. Since the spill, about what percentage of the times that you ate ***raw*** shellfish from the Gulf did you catch it yourself?
_ _ _ PERCENT
DON'T KNOW……..888
REFUSED…… 999

P1e. Since the spill, about what percentage of the times that you ate ***other raw*** fish from the Gulf did you catch it yourself?
_ _ _ PERCENT
DON'T KNOW……..888
REFUSED…… 999

P2. During the past 6 months, about how many times per week or per month have you eaten ***cooked*** seafood that came directly from the Gulf?
_ _ UNITS
PER WEEK…….. 1
PER MONTH…….... 2
DON'T KNOW……..88 [GO TO SECTION Q]
REFUSED…… 99 [GO TO SECTION Q]

P2a. Did you stop eating ***cooked*** seafood from the Gulf after the oil spill began?
YES..... 1
NO ..... 2 [SKIP TO P2c]
DON'T KNOW..... 8 [SKIP TO P2c]
REFUSED..... 9 [SKIP TO P2c]

P2b. When did you start eating ***cooked*** seafood from the Gulf again?

[INTERVIEWER: IF PARTICIPANT HAS TROUBLE ANSWERING, ASK "CAN YOU TELL ME THE MONTH AND WHETHER YOU STARTED EARLY, MIDDLE, OR LATE IN THE MONTH?"; ENTER DAY AS "EE", "MM", OR "LL" FOR EARLY, MIDDLE, OR LATE, RESPECTIVELY. IF PARTICIPANT CONTINUES TO HAVE TROUBLE ANSWERING, ASK "CAN YOU TELL ME JUST THE MONTH THAT YOU STARTED?"; ENTER DAY AS 88.
IF PARTICIPANT REPORTS ONLY TIME SINCE START OF THE SPILL, THEN CALCULATE THE MONTH AND YEAR AND CONFIRM WITH PARTICIPANT [E.G., IF PARTICIPANT SAYS THAT THEY STARTED EATING RAW SEAFOOD FROM THE GULF AGAIN 3 MONTHS AFTER THE SPILL BEGAN, THEN ASK PARTICIPANT "SO YOU STARTED EATING RAW SEAFOOD FROM THE GULF AGAIN AROUND JULY OF 2010?" [BECAUSE JULY 2010 IS 3 MONTHS AFTER APRIL 2010, WHICH IS WHEN THE SPILL BEGAN]. DO THE SAME IF PARTICIPANT REPORTS ONLY TIME SINCE END OF THE SPILL, USING A BASE DATE OF JULY 2010, WHICH IS WHEN THE SPILL ENDED]

_ _ / _ _ / _ _ DATE
NEVER STARTED…… 777777
DON'T KNOW…… 888888
REFUSED ... …… 999999

P2c. What types of ***cooked*** seafood from the Gulf have you eaten since the spill? [SELECT ALL]
CATFISH 1
CRAB 2
CRAWFISH..... 3
FLOUNDER 4
GROUPER..... 5
MACKERAL 6
OYSTERS..... 7
SCALLOPS..... 10
SHRIMP 11
SNAPPER..... 12
TALPIA 13
TUNA 14

TROUT 15
OTHER, SPECIFY.....16_____[FREE TEXT FIELD]
DON'T KNOW……..8
REFUSED…… 9

P2d. Since the spill, about what percentage of the times that you ate ***cooked*** shellfish from the Gulf did you catch it yourself?
_ _ _ PERCENT
DON'T KNOW……. 888
REFUSED…… 999

P2e. Since the spill, about what percentage of the times that you ate ***other cooked*** fish did you catch it yourself?
_ _ _ PERCENT
DON'T KNOW……..888
REFUSED…… 999

SUPPLEMENTAL SECTION: ATSDR - Millard Refrigerated Services Ammonia Release Questionnaire

[PROGRAMMER NOTE: PLEASE DISPLAY APPENDIX A (QUESTIONNAIRE) AND APPENDIX B (MAP) FOR PARTICIPANTS IDENTIFIED TO RECEIVE THE ATSDR SUPPLEMENTAL COLLECTION OF QUESTIONS]

SUPPLEMENTAL SECTION: Exposure Monitoring Addendum

[PROGRAMMER NOTE: PLEASE DISPLAY APPENDIX C FOR PARTICIPANTS IDENTIFIED TO RECEIVE THE EXPOSURE MONITORING ADDENDUM COLLECTION OF QUESTIONS]

SECTION Q: Social Security Number And Transition

[PROGRAMMER NOTE: SHOW ONLY IF SSN IS MISSING; REFER TO TELEPHONE SECTION L.1]

Q1. What is your social security number?

[PROBE: Your social security number will help us keep in touch with you over the years and allow us to link to the correct records about your health. Reporting your social security number is voluntary. We will not share your social security number with others and we will do everything possible to keep it private.]

__/__/__/ - __/__/ - __/__/__/__/ [GO TO SECTION R]
DON'T HAVE..... 000 00 0000 [GO TO SECTION R]
DON'T KNOW..... 888 88 8888
REFUSED..... 999 99 9999

Q1a. Would you be willing to tell me the last four digits of your social security number? The last four digits of your Social Security Number are not unique to you. Other people have those same last four digits. However, it will help us do a better job of keeping up with you and your public health records over the years.
Last 4 numbers of SSN - __ __ __ __
DON'T HAVE..... 0
DON'T KNOW..... 8
REFUSED..... 9

Part 6: Scripts and Administrative Modules Post-Home Visit Questionnaire (Estimated Burden: 1 minute)

SECTION R: Conclusion of Home Visit

SECTION R.1: Active Subcohort

Thank you for completing the home visit. We very much appreciate your participation. Over the course of the study, we'll stay in touch with you and we'll ask you to:

- update us each year on any changes to your contact information
- complete a short questionnaire every other year by phone

R.1.a. Do you have any questions?

[IF YES, RESPOND TO CONCERNS BASED ON INFORMATION IN THE FAQ]

As you think of additional questions, here is the toll-free number you can call and the web-site address for the study that has helpful information.

Please tell your family, friends and co-workers about the study and encourage them to join too. They may contact the study hotline center to see if they are eligible and enroll in the study.

R.1 I can leave study posters, flyers, and my business cards with you if you would llike to share this information with your friends and family.[INTERVIEWER: DID YOU LEAVE ANY MATERIALS WITH THE PARTICIPANT?]
YES 1
NO 2

We thank you very much for your help.

[CONCLUDE VISIT]

SECTION R.2: Biomedical Surveillance Subcohort

Thank you for completing the home visit. We very much appreciate your participation. Over the course of the study, we'll stay in touch with you and we'll ask you to:

- update us each year on any changes to your contact information
- complete a short questionnaire every other year by phone

You may also be invited to take part in more detailed clinical studies with our research collaborators who live in your area. The purpose and requirements of these studies will be explained to you before you're enrolled, and you can decide

whether or not you want to participate. You'll receive additional reimbursements for participating in these studies.

R.2.a. Do you have any questions?

[IF YES, RESPOND TO CONCERNS BASED ON INFORMATION IN THE FAQ]

As you think of additional questions, here is the toll-free number you can call and the web-site address for the study that has helpful information.

Please tell your family, friends and co-workers about the study and encourage them to join too. They may contact the study hotline center to see if they are eligible and enroll in the study.

R.2 I can leave study posters, flyers, and my business cards with you if you would llike to share this information with your friends and family.[INTERVIEWER: DID YOU LEAVE ANY MATERIALS WITH THE PARTICIPANT?]
YES 1
NO 2

We thank you very much for your help.

SECTION RX: HVA Shipping Instructions

INTERVIEWER: PLEASE FOLLOW THE SHIPPING INSTRUCTIONS INDICATED BELOW.

RX.1. WILL YOU REACH THE FEDEX LOCATION BEFORE THE CUTOFF TIME?
YES 1
NO 2

SHIPPING INSTRUCTIONS: [PROGRAMMER: USE TIMESTAMP INFORMATION FROM THIS SECTION FOR DATE AND TIME AND RESPONSE TO RX.1 TO DETERMINE THE APPROPRIATE SHIPPING TEXT FROM THE TABLE BELOW. PLEASE DISPLAY THE TEXT IN THE COLORED CELL ONLY, NOT THE TABLE.]

Which Cohort?	What time of day is it?	What day of the week is it?						
		Monday	Tuesday	Wed	Thurs	Friday	Sat	Sunday
Active Follow-up AND Biomedical Surveillance Subcohorts	Before FedEx cutoff time	Send by FedEx as usual	Send by FedEx as usual	Send by FedEx as usual	Send by FedEx as usual	Send by FedEx using **Saturday** label	Hold until MONDAY and re-ice each morning	Hold until MONDAY and re-ice each morning
	After FedEx cutoff time	Hold until tomorrow and re-ice in morning	Hold until tomorrow and re-ice in morning	Hold until tomorrow and re-ice in morning	Hold until tomorrow and re-ice in morning	Hold until MONDAY and re-ice each morning	Hold until MONDAY and re-ice each morning	Hold until MONDAY and re-ice each morning

INTERVIEWER: ALWAYS CHECK WITH THE AGENT AT THE TIME OF DROP-OFF TO ENSURE THAT THE SHIPMENT WILL ARRIVE THE NEXT DAY. IF IT WILL NOT: TAKE THE HVK HOME WITH YOU AND RE-ICE FOR SHIPMENT ON THE NEXT DAY

[CONCLUDE VISIT]

SECTION S: Medical Referral

S1. WAS A MEDICAL REFERRAL PROVIDED?
YES..... 1
NO ..... 2 [GO TO SECTION T]

S1a. HOW MANY REFERRALS WERE PROVIDED?

|_| |_| Number of referrals

S2. PLEASE PROVIDE THE REFERRAL INDEX NUMBER: [PROGRAMMER NOTE: PLEASE PROGRAM **[INSERT NUMBER OF LOOPS FROM S1a.] LOOPS – MAXIMUM OF 5**. REFERRAL INDEX # _/_/_/_/_/_/

S2h1. REASON FOR REFERRAL

[FREE TEXT FIELD]

SECTION T: Incident Report

T1. WHAT IS THE REASON FOR THIS INCIDENT REPORT?
[SELECT ALL THAT APPLY]

[PROGRAMMER: ONLY SHOW T1.1 OPTION IN THE CAPI INTERVIEW]
T1.1. NO INCIDENT REPORT NECESSARY ..... 1 [GO TO SECTION U]
[PROGRAMMER: ONLY SHOW THIS OPTION IN THE CAPI INTERVIEW]

T1.2. ACUTE MEDICAL PROBLEM 2
T1.2a WHAT WAS THIS MEDICAL PROBLEM AN ADVERSE EVENT?
YES..... 1
NO..... 2
T1.2.b. DESCRIBE THE REASON FOR THIS INCIDENT.
_____[FREE TEXT FIELD]
T1.2.c. WHAT ACTION WAS TAKEN AS A RESULT? [SELECT ALL THAT APPLY]

T1.3. ACUTE MENTAL HEALTH PROBLEM 3
T1.3.a. DESCRIBE THE REASON FOR THIS INCIDENT.
_____[FREE TEXT FIELD]
T1.3.b. WHAT ACTION WAS TAKEN AS A RESULT? [SELECT ALL THAT APPLY]

T1.4. OBSERVED CHILD ABUSE OR NEGLECT..... 4
T1.4.a. DESCRIBE THE REASON FOR THIS INCIDENT.
_____[FREE TEXT FIELD]
T1.4.b. WHAT ACTION WAS TAKEN AS A RESULT? [SELECT ALL THAT APPLY]

T1.5. POSSIBLE ABUSE OR NEGLECT OF OTHERS IN THE HOME……..5
T1.5.a. DESCRIBE THE REASON FOR THIS INCIDENT.
_____[FREE TEXT FIELD]
T1.5.b. WHAT ACTION WAS TAKEN AS A RESULT? [SELECT ALL THAT APPLY]

T1.6. OBSERVED ELDER ABUSE OR NEGLECT..... 6
T1.6.a. DESCRIBE THE REASON FOR THIS INCIDENT.
_____[FREE TEXT FIELD]
T1.4.b. WHAT ACTION WAS TAKEN AS A RESULT? [SELECT ALL APPLY]

T1.7. POSSIBLE ABUSE OF SPOUSE OR PARTNER (NOT THE PARTICIPANT)..... 7
T1.7.a. DESCRIBE THE REASON FOR THIS INCIDENT.

_____[FREE TEXT FIELD]

T1.8. POSSIBLE ABUSE OF SPOUSE OR PARTNER (PARTICIPANT)…….8

T1.8.a. DID THE PARTICIPANT REQUEST INFORMATION ON OBTAINING ASSISTANCE?

YES..... 1

NO..... 2

T1.8.b. DESCRIBE THE REASON FOR THIS INCIDENT.

_____[FREE TEXT FIELD]

T1.8.c. WHAT ACTION WAS TAKEN AS A RESULT? [SELECT ALL THAT APPLY]

T1.9. OTHER 9

T1.9.a. DESCRIBE THE REASON FOR THIS INCIDENT.

_____[FREE TEXT FIELD]

T1.9.b. WHAT ACTION WAS TAKEN AS A RESULT? [SELECT ALL THAT APPLY]

[PROGRAMMER: RESPONSE SET FOR ACTION TAKEN SUB-QUESTIONS ABOVE WITH SELECT ALL THAT APPLY OPTION]

911 OR OTHER EMERGENCY SERVICES NOTIFIED

ASSISTED PARTICIPANT IN RECEIVING EMERGENCY MEDICAL SERVICES

OFFERED TO CALL 911 OR ASSIST PARTICIPANT IN OBTAINING EMERGENCY MEDICAL SERVICES, BUT OFFER WAS DECLINED

NOTIFIED REGIONAL MANAGER

NOTIFIED SRA

ENDED VISIT

PROCEEDED WITH YOUR EVALUATION BECAUSE SUSPICION OF ABUSE OR NEGLECT DID NOT WARRANT IMMEDIATE ACTION

OTHER

DESCRIBE OTHER ACTIONS TAKEN.

_____ [FREE TEXT FIELD]

SECTION U: Follow-up Calls

U1. DID THE PARTICIPANT RECEIVE AN INITIAL FOLLOW-UP CALL?
YES……1
NO……..2 [GO TO QUESTION U2]

U1a. RECORD THE DATE OF THE CALL.
__/__/____ [MM/DD/YYYY]

U1b. RECORD THE TIME OF THE CALL.
__:__
U1b1. AM……1
PM……2

U1c. DID YOU SPEAK WITH THE PARTICIPANT?
YES……..1
NO……2

U1d. RECORD ANY ADVICE AND REFERRALS GIVEN TO THE PARTICIPANT.
_____[FREE TEXT FIELD]

U2. DID THE PARTICIPANT RECEIVE A SECOND FOLLOW-UP CALL?
YES……1
NO……..2 [GO TO END]

U2a. RECORD THE DATE OF THE CALL.
__/__/____ [MM/DD/YYYY]

U2b. RECORD THE TIME OF THE CALL.
__:__
U2b1. AM……1
PM……2

U2c. DID YOU SPEAK WITH THE PARTICIPANT?
YES……..1
NO……2

U2d. RECORD ANY ADVICE AND REFERRALS GIVEN TO THE PARTICIPANT.
_____[FREE TEXT FIELD]

SECTION V: Shipping

V1. WHICH COURIER WAS USED?
FEDEX..... 1
UPS 2
WORLD COURIER..... 3

V1a. RECORD THE [RESPONSE FROM V1] SHIPMENT TRACKING NUMBER.
[FREE TEXT FIELD]

V1b. RECORD THE [RESPONSE FROM V1] SHIPPING LOCATION.
[FREE TEXT FIELD]

V1.c1. RECORD THE DATE THAT THE SHIPMENT WAS DELIVERED TO
[RESPONSE FROM V1] [MM/DD/YYYY]
[FREE TEXT FIELD]

V1.c2. RECORD THE TIME THAT THE SHIPMENT WAS DELIVERED TO
[RESPONSE FROM V1]
[FREE TEXT FIELD] [HH:MM]

V1.c3. SELECT
AM 1
PM 2

SECTION W: Follow-up Visit

W1. RECORD THE IDENTIFICATION NUMBER OF THE HOME VISIT KIT USED FOR THIS VISIT.
[__ __ __ __ __ __ __ - HVK]

W2. RECORD THE HOME VISIT AGENT ID. [AUTOPOPULATED]
[__ __ __ __ __ __]

W3. RECORD PARTICIPANT'S BLOOD PRESSURE AND HEART RATE. [PROGRAMMER NOTE: SET WARNING FLAG: IF THE AVERAGE OF THE LAST TWO SYSTOLIC BP ≥ 180 OR DIASTOLIC BP ≥ 110 OR HEART RATE ≤ 40 OR ≥ 120 THEN NO BLOOD WILL BE DRAWN AND NO PFT WILL BE COLLECTED.IF THE PARTICIPANT DECLINES EMERGENCY CARE, THE REST OF THE VISIT WILL CONTINUE. SKIP TO D11e

INTERVIEWER: IF THE PARTICIPANT'S AVEREAGE SYSTOLIC BP ≥ 180 OR DIASTOLIC BP ≥ 110 AND THE PARTICIPANT DECLINES EMERGENCY CARE, THE VISIT CAN CONTINUE, HOWEVER, NO BLOOD OR PFT WILL BE COLLECTED. IF HEART RATE ≤ 40 OR ≥ 120 NO BLOOD OR PFT WILL BE COLLECTED. FOLLOW PROTOCOL FOR FOLLOW-UP AT THE END OF THE VISIT.]

W3a. I_I_I_I / I_I_I_I W3a.1. HEART RATE _____
NOT OBTAINED ..... 777 777 PLEASE PROVIDE A REASON: [FREE TEXT FIELD]
REFUSED 999 999

W3b. I_I_I_I / I_I_I_I W3b.1. HEART RATE _____
NOT OBTAINED ..... 777 777 PLEASE PROVIDE A REASON: [FREE TEXT FIELD]
REFUSED 999 999

W3c. I_I_I_I / I_I_I_I W3c.1. HEART RATE _____
NOT OBTAINED ..... 777 777 PLEASE PROVIDE A REASON: [FREE TEXT FIELD]
REFUSED 999 999

W3d. AVERAGE (CALCULATION BASED ON W3b AND W3c)
I_I_I_I / I_I_I_I W3d.1 HEART RATE _____
NOT OBTAINED ..... 777 777 PLEASE PROVIDE A REASON: [FREE TEXT FIELD]

W3e. CONFIRMATION OF INTERPRETATION AND ADVICE [PROGRAMMER NOTE: DISPLAY CHECK MARK IN THE APPROPRIATE BOX]

✓	Your blood pressure readings are (mm Hg)	This is considered	You are advised to
	Systolic BP ≥ 180 OR Diastolic BP ≥ 110	Urgent*	Seek care as soon as possible if confirmed as a chronic condition.
	Systolic BP 160 to 179 OR Diastolic BP 100 to 109	Very High	See a health care provider **within the next month** to have your blood pre sure rechecked a d managed.
	Systolic BP 140 to 159 OR Diastolic BP 90 to 99	Mildly to Moderately High	See a health care provider **within the next two months** to have your blood pressure rechecked and managed.
	Systolic BP 120 to 139 OR Diastolic BP 80 to 89	Slightly High	Find out from a health care provider if any additional evaluations or lifestyle changes are indicated.
	Systolic BP <120 OR Diastolic BP <80	Normal	Your Blood Pressure is within normal limits. Talk to a health care provider about healthy lifestyle choices that you can take to prevent high blood pressure.

W3e.1. SYSTOLIC BP ≥ 180 OR DIASTOLIC BP ≥ 110. RECOMMEND CALLING 911 OR GOING TO THE EMERGENCY DEPARTMENT AS SOON AS POSSIBLE. EMERGENCY CARE NEEDED. [COMPLETE INCIDENT REPORT]
W3e.2. SYSTOLIC BP ≥ 180 OR DIASTOLIC BP ≥ 110. PARTICIPANT REFUSED 911 CALL AND ASSISTANCE WITH EMERGENCY CARE. VISIT CAN CONTINUE, EXCLUDING BLOOD COLLECTION AND PFT.
W3e.3. SYSTOLIC BP 160 TO 179 OR DIASTOLIC BP 100 TO 109. SEE YOUR HEALTH CARE PROVIDER WITHIN THE NEXT MONTH TO HAVE YOUR BLOOD PRESSURE RECHECKED AND MANAGED.
W3e.4. SYSTOLIC BP 140 TO 159 OR DIASTOLIC BP 90 TO 99. SEE YOUR HEALTH CARE PROVIDER WITHIN THE NEXT TWO MONTHS TO HAVE YOUR BLOOD PRESSURE RECHECKED AND MANAGED.
W3e.5. SYSTOLIC BP 120 TO 139 OR DIASTOLIC BP 80 TO 89. FIND OUT FROM YOUR HEALTH CARE PROVIDER IF LIFESTYLE CHANGES OR TREATMENTS ARE NEEDED.
W3e.6. SYSTOLIC BP <120 AND DIASTOLIC BP <80. YOUR BLOOD PRESSURE IS WITHIN NORMAL LIMITS. TALK TO YOUR HEALTH CARE PROVIDER ABOUT HEALTHY LIFESTYLE CHOICES THAT YOU CAN TAKE TO PREVENT HIGH BLOOD PRESSURE.

W3e.7. DOCUMENTATION OF REFERRAL
W3e.7.1. OFFERED, ACCEPTED, PROVIDED

W3e.7.2. OFFERED, ACCEPTED, CASE REFERRED TO CALL CENTER FOR ASSISTANCE
W3e.7.3. OFFERED, DECLINED
W3e.7.4. NOT OFFERED

W4. How many hours has it been since you last ate food or drank anything besides water?
| __ | __ | [# HOURS]

[PROGRAMMER NOTE: DO NOT DISPLAY QUESTIONS IF HR OR BP CRITERIA WAS MET; DISPLAY THE FOLLOWING PROMPT: BP = XXX/XXX; HR = XXX; DO NOT PERFORM BLOOD COLLECTION.]

W5. WERE BLOOD SAMPLES COLLECTED?
YES ... 1 [GO TO W6]
NO 2

W6.1a. PLEASE PROVIDE A REASON
UNABLE TO COLLECT .... 1 SPECIFY [FREE TEXT]
MEDICAL REASON..... ..... 2 SPECIFY [FREE TEXT]
OTHER, SPECIFY .... 3 [FREE TEXT FIELD]
REFUSED 9

W6a. WAS AN ORAGENE SALIVA COLLECTION KIT PROVIDED?
YES .....1 [GO TO W6a.1]
NO 2

W6.1a. PLEASE PROVIDE A REASON [GO TO QUESTION W]
MEDICAL REASON..... ..... 1 SPECIFY [FREE TEXT]
OTHER, SPECIFY .... 2 [FREE TEXT FIELD]
REFUSED..... 9

W6a.1. INDICATE TIME OF SALIVA COLLECTION.
__/__/ : __/__/
W6a.1a. AM ……..1 [GO TO QUESTION W14]
PM……...2 [GO TO QUESTION W14]

W6. INDICATE TIME OF BLOOD COLLECTION.
__/__/ : __/__/
AM..... …….1
PM..... ……..2

W7. WHICH ARM WAS BLOOD COLLECTED FROM?
LEFT ARM.....1
RIGHT ARM 2

W8. WHICH VEIN WAS USED FOR COLLECTION?
CEPHALIC 1
MEDIAN CUBITAL 2
BASILIC.....3
OTHER.....4

W9. INDICATE THE NUMBER OF COLLECTION ATTEMPTS (STICKS).
____ ATTEMPT(S)

W10. DID YOU COLLECT THE FOLLOWING TUBES…

W10a. TUBE 1, 10 ML RED TOP?
YES…….1[GO TO W10b]
NO 2

W10a.1REASON?
UNABLE TO COLLECT .....1 SPECIFY [FREE TEXT]
OTHER, SPECIFY [FREE TEXT] 2
EQUIPMENT MALFUNCTION.....3
SPILLED 4
REFUSED.....9

W10. TUBE 2, 10 ML RED TOP?
YES……1[GO TO W10c]
NO 2

W10b.1REASON?
UNABLE TO COLLECT .....1 SPECIFY [FREE TEXT]
OTHER, SPECIFY [FREE TEXT] 2
EQUIPMENT MALFUNCTION.....3
SPILLED 4
REFUSED.....9

W10c. TUBE 3, 10 ML LAVENDER TOP?
YES…….1 [GO TO W10d]
NO 2

W10.1REASON?
UNABLE TO COLLECT .....1 SPECIFY [FREE TEXT]
OTHER, SPECIFY [FREE TEXT] 2
EQUIPMENT MALFUNCTION.....3
SPILLED 4
REFUSED.....9

W10d. TUBE 4, 6 ML YELLOW TOP?
YES……1 [GO TO W10e]
NO 2

W10d.1REASON?
UNABLE TO COLLECT .....1 SPECIFY [FREE TEXT]
OTHER, SPECIFY [FREE TEXT] 2
REFUSED.....9

W10e. TUBE 5, 6 ML ROYAL BLUE TOP?
YES 1 [GO TO D26f]
NO 2

W10e.1REASON?
UNABLE TO COLLECT ..... 1 SPECIFY [FREE TEXT]
OTHER, SPECIFY [FREE TEXT]..... 2
REFUSED 9

W10f. TUBE 6, 2 ML LAVENDER TOP?
YES 1 [GO TO W10g]
NO 2

W10f.1REASON?
UNABLE TO COLLECT ..... 1 SPECIFY [FREE TEXT]
OTHER, SPECIFY [FREE TEXT]..... 2
REFUSED 9

W10g. TUBE 7, 6 ML LAVENDER TOP?
YES 1[GO TO W10h]
NO 2

W10g.1REASON?
UNABLE TO COLLECT ..... 1 SPECIFY [FREE TEXT]
OTHER, SPECIFY [FREE TEXT]..... 2
EQUIPMENT MALFUNCTION 3
SPILLED 4
REFUSED 9

W10h. TUBE 8, PAXGENE RNA TUBE?
YES 1 [GO TO W10i]
NO 2

W10h.1REASON?
UNABLE TO COLLECT ..... 1 SPECIFY [FREE TEXT]
OTHER, SPECIFY [FREE TEXT]..... 2
REFUSED 9

W11. WAS SERUM SEPARATED FROM THE RED TOP TUBES (TUBES 1 AND 2 AND, IF COLLECTED, QATUBE 1)?
YES1 [GO TO W12]
NO..... 2

W11a. PLEASE PROVIDE A REASON
EQUIPMENT MALFUNCTION 1SPECIFY [FREE TEXT]
NO BLOOD COLLECTED 2
OTHER, SPECIFY [FREE TEXT] 3

W12. WAS PLASMA SEPARATED FROM THE LAVENDER TOP TUBES (TUBES 3 AND 7 AND, IF COLLECTED, QATUBE 2)?
YES1 [GO TO W13]
NO..... 2 BIOMEDICAL SURVEILLANCE SUBCOHORT [GO TO W13]
NO..... 3

W12a. PLEASE PROVIDE A REASON
EQUIPMENT MALFUNCTION 1 SPECIFY [FREE TEXT]
NO BLOOD COLLECTED 2
OTHER, SPECIFY [FREE TEXT] 3

W13. [PROGRAMMER NOTE: ONLY SHOW IF W11 OR W12 = 1] RECORD TIME THAT SPECIMEN CENTRIFUGATION WAS COMPLETE.
__/__/ : __/__/

W13a. AM…...1
PM…...2

[INTERVIEWER: THE FOLLOWING QUESTIONS ARE EXCLUSION CRITERIA FOR THE PULMONARY FUNCTION TESTING. IF THE PARTICIPANT ANSWERS "YES", "DON'T KNOW" OR "REFUSED" TO ANY OF THE FOLLOWING QUESTIONS (W15 – W20), DO NOT ADMINISTER THE PULMONARY FUNCTION TEST]. IF HEART RATE IS > 120 AS INDICATED IN ANY OF W3a.1 – W3c.1, DO NOT ADMINISTER THE PULMONARY FUNCTION TEST.
RESULTS FROM W3a.1: [PIPE IN RESULT]
RESULTS FROM W3b.1: [PIPE IN RESULT]
RESULTS FROM W3c.1: [PIPE IN RESULT]

W14. Do you use a medication or inhaler for a lung condition?
YES..... 1
NO ..... 2 [GO TO QUESTION W14]
DON'T KNOW..... 3 [GO TO QUESTION W14]
REFUSED..... 4 [GO TO QUESTION W14]

W14a. What medication(s) do you take?
Medication 1: [FREE TEXT FIELD]
Medication 2: [FREE TEXT FIELD]
Medication 3: [FREE TEXT FIELD]
DON'T KNOW.....8
REFUSED.....9

W14b. When did you last take this medication? [PROGRAMMER NOTE: REPEAT FOR EACH MEDICATION GIVEN IN W14a]
[FILL IN MEDICATION 1 FROM W14a]: [MM/DD/YYYY]
[FILL IN MEDICATION 2 FROM W14a]: [MM/DD/YYYY]
[FILL IN MEDICATION 3 FROM W14a]: [MM/DD/YYYY]
DON'T KNOW . 88/88/8888
REFUSED..... 99/99/9999

W14c. [PROGRAMMER NOTE: IF DATE PROVIDED IS MORE THAN SEVEN DAYS FROM CURRENT DATE, GO TO W15; IF DATE PROVIDED IS WITHIN THE PAST SEVEN DAYS REPEAT THE FOLLOWING QUESTION UNTIL THE PARTICIPANT REPORTS A DATE THAT IS OUTSIDE OF THE SEVEN DAY PERIOD.]

W14 C.1.When did you last take this medication prior to that? [PROGRAMMER NOTE: REPEAT FOR EACH MEDICATION GIVEN IN W14a]
[FILL IN MEDICATION 1 FROM W14a]: [MM/DD/YYYY]
[FILL IN MEDICATION 2 FROM W14a]: [MM/DD/YYYY]
[FILL IN MEDICATION 3 FROM W14a]: [MM/DD/YYYY]
DON'T KNOW 8
REFUSED 9

W15. In the past three months, have you had any surgery to your chest or abdomen?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

W16. In the past three months, have you had a heart attack or stroke?
YES..... 1
NO 2

DON'T KNOW..... 8
REFUSED..... 9

W17. In the past three months, have you had a detached retina or eye surgery?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

W18 In the past three months, have you been hospitalized for any other heart problem?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

W19. [INTERVIEWER: ONLY ASK IF PARTICIPANT IS FEMALE] Are you pregnant?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

W20. Are you currently taking medication for tuberculosis?
YES..... 1
NO 2
DON'T KNOW..... 8
REFUSED..... 9

INTERVIEWER: IF ANY OF W15 – W20 = YES, DON'T KNOW, OR REFUSED **DO NOT COMPLETE THE PULMONARY FUNCTION TESTING**]

RESULTS FROM W15: [PIPE IN RESULT]
RESULTS FROM W16: [PIPE IN RESULT]
RESULTS FROM W17: [PIPE IN RESULT]
RESULTS FROM W18: [PIPE IN RESULT]
RESULTS FROM W19: [PIPE IN RESULT]
RESULTS FROM W20: [PIPE IN RESULT]

W21. WAS PULMONARY FUNCTION TESTING COMPLETED?
YES.....1
NO.....2

W21a. SELECT A REASON WHY PULMONARY TESTING WAS NOT COMPLETED.
MEDICAL EXCLUSION CRITERIA MET..... 1
SPIROMETRY EQUIPMENT MALFUNCTION..... 2 [GO TO W22]
OTHER [SPECIFY]..... 3 [GO TO W22]
REFUSED ..... 9 [GO TO W22]

W22. WHICH COURIER WAS USED?
FEDEX 1
UPS..... 2

W22a. RECORD THE [RESPONSE FROM V1] SHIPMENT TRACKING NUMBER.
[FREE TEXT FIELD]

W22b. RECORD THE [RESPONSE FROM V1] SHIPPING LOCATION.
[FREE TEXT FIELD]

W22.c1. RECORD THE DATE THAT THE SHIPMENT WAS DELIVERED TO
[RESPONSE FROM V1] [MM/DD/YYYY]
[FREE TEXT FIELD]

W22.c2. RECORD THE TIME THAT THE SHIPMENT WAS DELIVERED TO
[RESPONSE FROM V1]
[FREE TEXT FIELD] [HH:MM]

W22.c3. SELECT
AM..... 1
PM..... 2

APPENDIX A: ATSDR – MILLARD REFRIGERATED SERVICES AMMONIA RELEASE QUESTIONNAIRE

Action	Date
V1.0 Submitted to NIEHS IRB	09/07/12
V1.0 Integrated into Questionnaire	01/25/12

Q1. Were you working at or near the BP Recovery site across the channel from the Millard Refrigerated Services compound on August 23, 2010, the morning that the Millard Refrigerated Services had an ammonia release?
Yes 1
No .....2 [GO TO END]
DON'T KNOW .....8 [GO TO END]
REFUSED .....9 [GO TO END]

Exposure to the Ammonia

Q2a. At the time of the release (9:05 a.m.), where were you working? [SHOW MAP OF THE FACILITY.]
BP Site 1.....1
BP Site 2.....2
BP Site 3.....3
BP Site 4.....4
BP Site 5.....5
BP Site 6.....6
Vessel Staging Area 7
Marine Support Operations.....10
Decon 11
Resolve Company.....12
OTHER [GO TO Q2a.1].....13 Q2a.1. Other location: _____
DON'T KNOW.....8
REFUSED.....9

Q2b.	Were you indoors or outdoors?	Indoors	Outdoors	DK	R
Q2c.	Did you smell an ammonia odor?	Yes	No	DK	R
Q2d.	Did you shelter in place, meaning go or stay indoors with doors and windows closed and the ventilation system turned off?	Yes	No	DK	R
Q2e.	Did you evacuate?	Yes	No [GO TO Q3]	DK [GO TO Q3]	R
	Q2e.1. Approximately when did you evacuate?	Time: [GO TO Q3]		DK [GO TO Q2e.2]	R
	Q2e.2. IF DO NOT KNOW THE TIME, ASK: About how long was it before you left?			DK	R

Symptoms Experienced after the Ammonia Release

Q3. Now I'm going to ask you if you had specific symptoms within 24 hours of the ammonia release Please answer *yes or no.*

Within 24 hours of the ammonia release, did you have…?	Yes	No	DON'T KNOW	REFUSED	If "Yes", about how long was it before the symptom went away?
a. irritation, pain, or burning of your eyes	Y	N	DK	R	
b. burning of your nose, throat or lungs	Y	N	DK	R	
c. headache	Y	N	DK	R	
d. dizziness or lightheadedness	Y	N	DK	R	
e. loss of consciousness or fainting	Y	N	DK	R	
f. ringing of the ears	Y	N	DK	R	
g. difficulty breathing or feeling out-of-breath	Y	N	DK	R	
h. coughing	Y	N	DK	R	
i. increased congestion or phlegm	Y	N	DK	R	
j. wheezing in chest	Y	N	DK	R	
k. chest tightness or chest pain or angina	Y	N	DK	R	
l. nausea	Y	N	DK	R	
m. vomiting	Y	N	DK	R	
n. irritation, pain, or burning of skin	Y	N	DK	R	
o. skin rash	Y	N	DK	R	

Medical Care for Problems Related to the Ammonia Exposure
Q4. Did you receive medical care for any symptoms or illnesses that you feel are related to the ammonia exposure? [PROBE IF NEEDED: EXAMPLES OF MEDICAL CARE INCLUDE COMPANY DOCTOR, EMT, EMERGENCY DEPARTMENT, ETC.]
Yes.....1 [GO TO Q4a]
No .....2 [GO TO Q5]
DON'T KNOW.....8 [GO TO Q6]
REFUSED.....9 [GO TO Q6]

Q4a. Were you treated… [READ LIST AND SELECT ALL THAT APPLY, THEN GO TO Q6.]
By a paramedic or EMT? 1
At a hospital emergency department and released? ... 2
At a hospital emergency department and admitted?.... 3
At a doctor's office or urgent care clinic? 4
By a company doctor or nurse? 5
By a doctor specializing in occupational health?..... 6
By a doctor specializing in breathing problems?..... 7
DON'T KNOW..... 8
REFUSED..... 9

Q5. <u>IF ANSWERED YES TO AT LEAST ONE SYMPTOM AND DID NOT RECEIVE MEDICAL CARE (IF ANY OF Q3a-o = "Yes" AND Q4="No," ELSE GO TO Q6):</u> You described that you had symptoms after the ammonia exposure, but did not seek medical care. Why not? [IF NEEDED, PROMPT, BUT DO NOT READ LIST.]
SYMPTOMS WERE NOT BAD ENOUGH 1
DON'T LIKE TO GO TO THE DOCTOR 2
DIDN'T WANT TO TAKE TIME..... 3
WORRIED ABOUT WHO WOULD PAY FOR THE MEDICAL VISIT 4
WORRIED ABOUT LOSING JOB..... 5
OTHER ..... 6 [GO TO Q5a]
DON'T KNOW..... 8
REFUSED..... 9

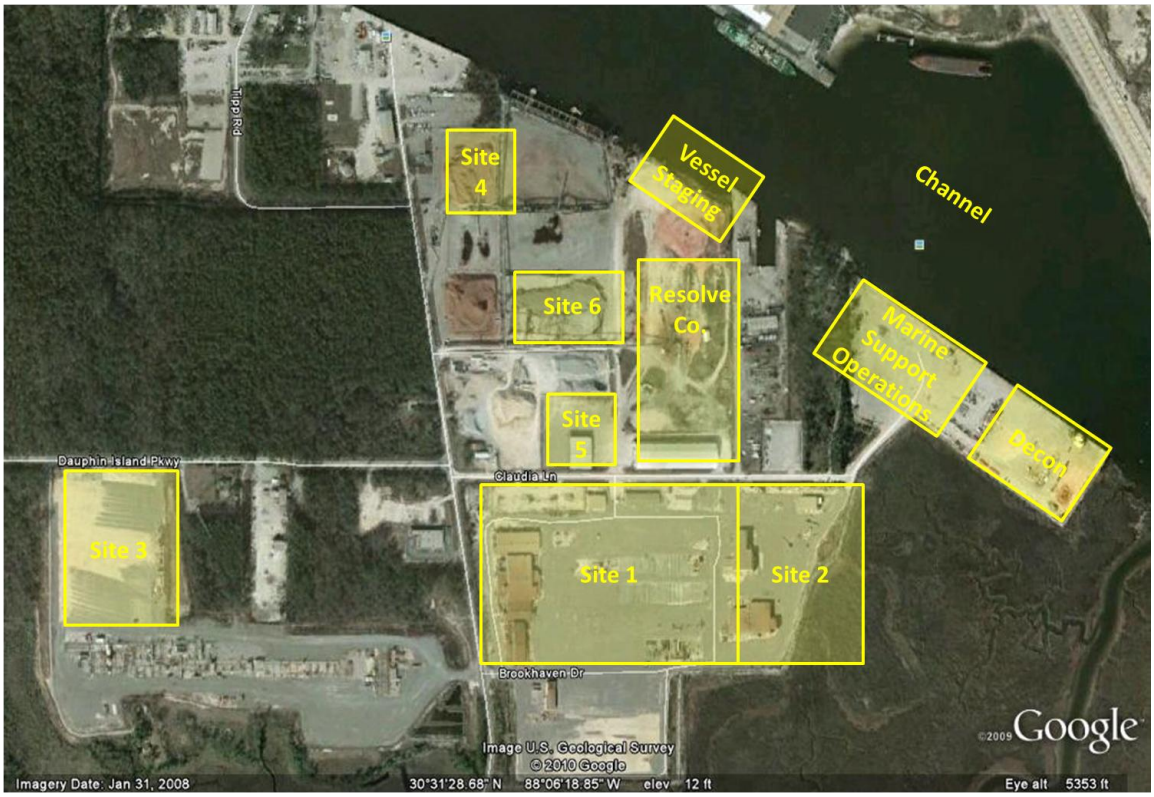
Q5a. Other reason:
_____

Q6. Is there anything important that we did not cover that you want to tell us related to the ammonia release?

<u>END:</u> Thank you. This completes the ammonia release survey. I would like to sincerely thank you for your time. Your contributions will help efforts to better assist and respond to future chemical releases.

APPENDIX B: ATSDR – MILLARD REFRIGERATED SERVICES AMMONIA RELEASE MAP

Action	Date
V1.0 Submitted to NIEHS IRB	09/07/12
V1.0 Integrated into Questionnaire	01/25/12


Site 4
Vessel Staging
Channel
Site 6
Resolve Co.
Marine Support Operations
Site 5
Decon
Dauphin Island Pkwy
Claudia Ln
Site 3
Site 1
Site 2
Brookhaven Dr
Image U.S. Geological Survey
© 2010 Google
©2009 Google
Imagery Date: Jan 31, 2008
30°31'28.68" N 88°06'18.85" W elev 12 ft
Eye alt 5353 ft

APPENDIX C: Exposure Monitoring Addendum

Action	Date
V1.0 Submitted to NIEHS IRB	06/01/2012
V1.0 Integrated into Questionnaire	Pending