Environmental Polymorphisms Registry

PID 61

Codebook

Data Dictionary Codebook

06/11/2021 2:36pm

Expand all instruments | Expand all instruments

#	Variable / Field Name	Field Label *Field Note*	Field Attributes (Field Type, Validation, Choices, Calculations, etc.)
Instrument: **New Participant** (new_participant)			Expand Expand
Instrument: **Contact** (contact) Enabled as survey			Expand Expand
Instrument: **Demographics** (demographics) Enabled as survey			Expand Expand
Instrument: **Core Medical History** (core_medical_history)			Expand Expand
Instrument: **Medications** (medications)			Expand Expand
Instrument: **Blood Sample Collection** (blood_sample_collection)			Expand Expand
Instrument: **Status** (status)			Expand Expand
Instrument: **Event History** (event_history)			Expand Expand
Instrument: **Consent** (consent)			Expand Expand
Instrument: **Reconsent Backend** (reconsent_backend)			Expand Expand
Instrument: **Reconsent** (reconsent) Enabled as survey			Expand Expand
Instrument: **Recontact Update** (recontact_update) Enabled as survey			Expand Expand
Instrument: **Alternate Contact Update** (alternate_contact_update) Enabled as survey			Expand Expand
Instrument: **Health And Exposure Survey** (health_and_exposure_survey) Enabled as survey			Expand Expand
Instrument: **Adverse Event** (adverse_event)			Expand Expand
Instrument: **WGS Spring 2019** (wgs_spring_2019) Enabled as survey			Expand Expand
Instrument: **Redonate Spring 2019** (redonate_spring_2019) Enabled as survey			Expand Expand
Instrument: **Redonate Reminder Link** (redonate_reminder_link) Enabled as survey			Expand Expand
Instrument: **Diabetes Screener** (diabetes_screener) Enabled as survey			Expand Expand
Instrument: **Eczema Screener** (eczema_screener) Enabled as survey			Expand Expand
Instrument: **Right Not To Know (Phase I)** (right_not_to_know) Enabled as survey			Expand Expand
Instrument: **Ones Recruitment** (ones_recruitment) Enabled as survey			Expand Expand
Instrument: **Right Not To Know Main** (right_not_to_know_main) Enabled as survey			Expand Expand
Instrument: **Covid19 Tracking App** (covid19_tracking_app) Enabled as survey			Expand Expand
Instrument: **Exposome Invite for WGS** (exposome_invite_for_wgs) Enabled as survey			Expand Expand
Instrument: **Exposome for WGS GIFT CARD SENDOUT** (exposome_for_wgs_gift_card_sendout) Enabled as survey			Expand Expand
Instrument: **Exposome Part A** (exposome_part_a) Enabled as survey			Expand Collapse

3793	expo_a_qx_strt	Section Header: *A. Characteristics of Current and Past Residences The questions in this section ask about places where you currently live and where you lived in the past. Even if you cannot remember every detail, please answer to the best of your ability and provide as much information as you can. What is the full street address of the CHILDHOOD residence where you lived the LONGEST [that is, where did you live most of the time in your childhood (0-18 years of age)]? Please complete any information you remember.* Survey Start Time	text (datetime_mdy) Field Annotation: @NOW @HIDDEN
3794	a1_street	Street:	text Custom alignment: RH
3795	a1_state	State: *-- Select One --*	dropdown (autocomplete)

1	Alabama
2	Alaska
3	Arizona
4	Arkansas
5	California
6	Colorado
7	Connecticut
8	Delaware
51	District of Columbia(DC)
9	Florida
10	Georgia
11	Hawaii
12	Idaho
13	Illinois
14	Indiana
15	Iowa
16	Kansas
17	Kentucky
18	Louisiana
19	Maine
20	Maryland
21	Massachusetts
22	Michigan
23	Minnesota
24	Mississippi
25	Missouri
26	Montana
27	Nebraska
28	Nevada
29	New Hampshire
30	New Jersey
31	New Mexico
32	New York
33	North Carolina
34	North Dakota
35	Ohio
36	Oklahoma
37	Oregon
38	Pennsylvania
39	Rhode Island
40	South Carolina

			41 South Dakota 42 Tennessee 43 Texas 44 Utah 45 Vermont 46 Virginia 47 Washington 48 West Virginia 49 Wisconsin 50 Wyoming 52 Outside of US 98 Don't know Custom alignment: RH
3796	a1_city	City:	text Custom alignment: RH
3797	a1_zip	Zip/Postal Code:	text (zipcode) Custom alignment: RH
3798	a1_prov Show the field ONLY if: [a1_state] = 52	Province (if outside the US):	text Custom alignment: RH
3799	a1_country Show the field ONLY if: [a1_state] = 52	Country (if outside the US):	text Custom alignment: RH
3800	a1a_begin	Section Header: *Ages lived at this address? (Example: 6-18 years old). [ENTER "00" IF FROM BIRTH]* Age started living at this address? [Enter "00" if from birth] *Years old*	text (integer, Min: 0, Max: 105), Identifier Custom alignment: RH
3801	a1a_end	Age stopped living at this address? [Enter "00" if from birth] *Years old*	text (integer, Min: 0, Max: 105), Identifier Custom alignment: RH
3802	a1b	Section Header: *Was this residence located in an urban, suburban, small town, or rural area?* Residence Location:	radio 1 Urban (City) 2 Suburban 3 Small Town 4 Rural 5 Other 8 Don't know Custom alignment: LV
3803	a1b_spec Show the field ONLY if: [a1b]='5'	If other area, please specify:	text Custom alignment: RH
3804	a2_samea1	Section Header: Is the address of the residence where you lived the longest as an adult the same as the address you already listed above?	yesno 1 Yes 0 No Custom alignment: LV
3805	a2_street Show the field ONLY if: [a2_samea1] <> 1	Section Header: *What is the full street address of the residence where you lived the longest as an adult?* Street:	text Custom alignment: RH
3806	a2_city Show the field ONLY if: [a2_samea1] <> 1	City:	text Custom alignment: RH
3807	a2_state	State :	dropdown (autocomplete)

	Show the field ONLY if: [a2_samea1] <> 1	-- Select One --	1, Alabama 2, Alaska 3, Arizona 4, Arkansas 5, California 6, Colorado 7, Connecticut 8, Delaware 51, District of Columbia(DC) 9, Florida 10, Georgia 11, Hawaii 12, Idaho 13, Illinois 14, Indiana 15, Iowa 16, Kansas 17, Kentucky 18, Louisiana 19, Maine 20, Maryland 21, Massachusetts 22, Michigan 23, Minnesota 24, Mississippi 25, Missouri 26, Montana 27, Nebraska 28, Nevada 29, New Hampshire 30, New Jersey 31, New Mexico 32, New York 33, North Carolina 34, North Dakota 35, Ohio 36, Oklahoma 37, Oregon 38, Pennsylvania 39, Rhode Island 40, South Carolina 41, South Dakota 42, Tennessee 43, Texas 44, Utah 45, Vermont 46, Virginia 47, Washington

			48 West Virginia 49 Wisconsin 50 Wyoming 52 Outside of US 98 Don't know Custom alignment: RH
3808	a2_zip Show the field ONLY if: [a2_samea1] <> 1	Zip/Postal Code:	text (zipcode) Custom alignment: RH
3809	a2_prov Show the field ONLY if: [a2_state] = 52	Province (if outside the US):	text Custom alignment: RH
3810	a2_country Show the field ONLY if: [a2_state] = 52	Country (if outside of the US):	text Custom alignment: RH
3811	a2a_begin	Section Header: *Ages lived at this address? (Example: 19-60 years old) [ENTER "00" IF FROM BIRTH]* Age started living at this address? [Enter "00" if from birth] *years old*	text (integer, Min: 0, Max: 105), Identifier Custom alignment: RH
3812	a2a_end	Age stopped living at this address? [Enter "00" if from birth] *years old*	text (integer, Min: 0, Max: 105), Identifier Custom alignment: RH
3813	a2b	Section Header: *Is this residence located in an urban, suburban, small town, or rural area?* Residence Location:	radio 1 Urban (City) 2 Suburban 3 Small Town 4 Rural 5 Other 8 Don't know Custom alignment: LV
3814	a2b_spec Show the field ONLY if: [a2b]=5	If other area, please specify:	text Custom alignment: RH
3815	a3_samea2	Section Header: Is the address of the residence where you lived the longest as an adult the same as the address you already listed above?	yesno 1 Yes 0 No Custom alignment: LV
3816	a3_street Show the field ONLY if: [a3_samea2] <> 1	Section Header: *What is the full street address of your current/primary residence?* Street:	text Custom alignment: RH
3817	a3_city Show the field ONLY if: [a3_samea2] <> 1	City:	text Custom alignment: RH
3818	a3_state Show the field ONLY if: [a3_samea2] <> 1	State: *--- Select One ---*	dropdown (autocomplete) 1 Alabama 2 Alaska 3 Arizona 4 Arkansas 5 California 6 Colorado 7 Connecticut

8	Delaware
51	District of Columbia(DC)
9	Florida
10	Georgia
11	Hawaii
12	Idaho
13	Illinois
14	Indiana
15	Iowa
16	Kansas
17	Kentucky
18	Louisiana
19	Maine
20	Maryland
21	Massachusetts
22	Michigan
23	Minnesota
24	Mississippi
25	Missouri
26	Montana
27	Nebraska
28	Nevada
29	New Hampshire
30	New Jersey
31	New Mexico
32	New York
33	North Carolina
34	North Dakota
35	Ohio
36	Oklahoma
37	Oregon
38	Pennsylvania
39	Rhode Island
40	South Carolina
41	South Dakota
42	Tennessee
43	Texas
44	Utah
45	Vermont
46	Virginia
47	Washington
48	West Virginia
49	Wisconsin
50	Wyoming
52	Outside of US
98	Don't know

Custom alignment: RH

3819	a3_zip Show the field ONLY if: [a3_samea2] <> 1	Zip/Postal Code:	text (zipcode) Custom alignment: RH
3820	a3_prov Show the field ONLY if: [a3_state] = 52	Province (if outside the US):	text Custom alignment: RH
3821	a3_country Show the field ONLY if: [a3_state] = 52	Country (if outside the US):	text Custom alignment: RH
3822	a4_month	Section Header: *What month and year did you start living in your current residence?* Month started living in your current residence: *— Select One —*	dropdown 1, January 2, February 3, March 4, April 5, May 6, June 7, July 8, August 9, September 10, October 11, November 12, December Custom alignment: RH
3823	a4_year	Year start living in your current residence: *Year*	text (integer, Min: 1920, Max: 2021) Custom alignment: RH
3824	a5	Section Header: *Is this residence located in an urban, suburban, small town, or rural area?* Residence Location:	radio 1, Urban (City) 2, Suburban 3, Small Town 4, Rural 5, Other 8, Don't know Custom alignment: LV
3825	a5_spec Show the field ONLY if: [a5]=5	If other area, please specify:	text Custom alignment: RH
3826	a6	Section Header: *The remaining questions in this section ask about your current residence.* Which of the following best describes your current residence?	radio 1, Detached house 2, Duplex/Triplex 3, Row house/Town house 4, Low rise apartment or condo (1-3 floors) 5, High rise apartment or condo (more than 3 floors) 6, Mobile home/Trailer 7, Other Custom alignment: LV
3827	a6_spec Show the field ONLY if: [a6]=7	If other type of residence, please specify:	text Custom alignment: RH

3828	a7_age	Section Header: *What is the approximate age of your residence?* Age of your residence: *years old*	text (integer, Min: 0, Max: 217) Custom alignment: RH
3829	a7_year	Year your residence was built: *Year*	text (integer, Min: 1800, Max: 2021) Custom alignment: RH
3830	a8	Section Header: *Heating: The following questions ask about how you heat your current residence.* Does your current residence have a central heating system with ducts that blow air into most rooms?	yesno 1, Yes 0, No Custom alignment: LV
3831	a9_start	During which month do you usually start using heating devices? SELECT THE START MONTH BELOW. *-- Select One --*	dropdown (autocomplete) 1, January 2, February 3, March 4, April 5, May 6, June 7, July 8, August 9, September 10, October 11, November 12, December Custom alignment: LH
3832	a9_stop	During which month do you usually stop using heating devices? SELECT THE STOP MONTH BELOW. *-- Select One --*	dropdown (autocomplete) 1, January 2, February 3, March 4, April 5, May 6, June 7, July 8, August 9, September 10, October 11, November 12, December Custom alignment: LH

3833	a11	Which fuels are used for heating your residence? (CHOOSE ALL THAT APPLY)	checkbox 01 a11___01 Natural gas serviced by a utility company 02 a11___02 Gas: bottled, tank or liquid propane 03 a11___03 Electricity 04 a11___04 Fuel oil or kerosene 05 a11___05 Coal or coke made from coal 06 a11___06 Wood 07 a11___07 Solar energy 08 a11___08 Other fuel 09 a11___09 No fuel used 98 a11___98 Don't know Custom alignment: LV
3834	a11_08_spec Show the field ONLY if: [a11(08)]=1	If other fuel is used for heating, please specify:	text Custom alignment: RH
3835	a12	Is there a fireplace or wood-burning stove inside this residence?	yesno 1 Yes 0 No Custom alignment: LV
3836	a13_days Show the field ONLY if: [a12] =1	About how many days per year do you use a fireplace and/or wood-burning stove at this residence? [IF LESS THAN ONE DAY PER YEAR, ENTER "0"] *days per year*	text (integer, Min: 0, Max: 365) Custom alignment: LH
3837	a14 Show the field ONLY if: [a12] = 1	What kind of fuel do you burn in the fireplace and/or stove? [CHOOSE ALL THAT APPLY]	checkbox 01 a14___01 Wood 02 a14___02 Coal 03 a14___03 Natural gas or propane 04 a14___04 Artificial logs 05 a14___05 Other fuel Custom alignment: LV
3838	a14_05_spec Show the field ONLY if: [a14(05)]=1	If other fuel is burned in the fireplace/stove, please specify:	text Custom alignment: RH
3839	a15	What is the energy source for the cooking stove top or range top? [CHOOSE ALL THAT APPLY]	checkbox 01 a15___01 Electricity 02 a15___02 Natural gas 03 a15___03 Wood fire 04 a15___04 Coal 05 a15___05 Propane 06 a15___06 Other Custom alignment: LV
3840	a15_06_spec Show the field ONLY if: [a15(06)]=1	If other energy source, please specify:	text Custom alignment: RH
3841	a16	Section Header: *Cooling. The following questions ask about how you cool your current residence.* Do you use air conditioning to cool your current residence?	yesno 1 Yes 0 No Custom alignment: LV

3842	a17 Show the field ONLY if: [a16] =1	Which type of air conditioning units do you use? [CHOOSE ALL THAT APPLY]	checkbox 01 a17___01 Central unit(s) 02 a17___02 Window or wall unit(s) 03 a17___03 Portable unit(s) Custom alignment: LV
3843	a17a_start Show the field ONLY if: [a16] =1	During which month do you usually start using air conditioning to cool your residence? *-- Select One --*	dropdown (autocomplete) 1 January 2 February 3 March 4 April 5 May 6 June 7 July 8 August 9 September 10 October 11 November 12 December Custom alignment: LH
3844	a17b_stop Show the field ONLY if: [a16]=1	During which month do you usually stop using air conditioning? *-- Select One --*	dropdown (autocomplete) 1 January 2 February 3 March 4 April 5 May 6 June 7 July 8 August 9 September 10 October 11 November 12 December Custom alignment: LH
3845	a18	Section Header: *Water and Dampness: The following questions ask about water in your current residence.* What is your current residence's main source of drinking water?	radio 1 City or town water 2 Community well 3 Private well 4 Rain water or cistern 5 River, lake, or pond water 6 Bottled water 7 Don't drink water Custom alignment: LV
3846	a19	Do you use a filtering system (e.g. Brita, PUR, Culligan, etc.), not including water-softening system?	yesno 1 Yes 0 No Custom alignment: LV

3847	a20	What is your main water source for showering and bathing?	radio 1 City or town water 2 Community well 3 Private well 4 Rain water or cistern 5 River, lake, or pond water 6 Bottled water Custom alignment: LV
3848	a21_showers	How many showers do you take per month, on average? (Note: If you do not take showers, please choose response "I do not take showers". Do not enter 0.) *Showers per month*	text (integer, Min: 1, Max: 99) Custom alignment: LH
3849	a21_noshower		checkbox 1 a21_noshower___1 I do not take showers Custom alignment: LV
3850	a21a_minutes Show the field ONLY if: [a21_showers] > 0	About how many minutes, on average, do you spend each time you take a shower? *minutes*	text (integer, Min: 1, Max: 90) Custom alignment: LH
3851	a22_bath	How many baths do you take per month, on average? (Note: If you do not take baths, please choose the response "I do not take baths". Do not enter 0.) *Baths per month*	text (integer, Min: 1, Max: 99) Custom alignment: LH
3852	a22_nobath		checkbox 1 a22_nobath___1 I do not take baths Custom alignment: LV
3853	a22a_minutes Show the field ONLY if: [a22_bath] > 0	About how many minutes, on average, do you spend each time you take a bath? *minutes (e.g., 5 minutes)*	text (integer, Min: 1, Max: 120) Custom alignment: LH
3854	a23	During the past 12 months, has there been water or dampness in your residence from broken pipes, leaks, heavy rain, or flood?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
3855	a24_weeks	How many weeks in the last 52 weeks (1 year) has your residence had a mildew odor or musty smell? [ENTER "00" IF LESS THAN ONE WEEK IN THE LAST YEAR] *Weeks*	text (integer, Min: 0, Max: 52) Custom alignment: LH
3856	a24a Show the field ONLY if: [a24_weeks] > 0	Where was the mildew odor or musty smell in your residence? [CHOOSE ALL THAT APPLY]	checkbox 01 a24a___01 Kitchen 02 a24a___02 Bathroom(s) 03 a24a___03 Bedroom(s) 04 a24a___04 Living room 05 a24a___05 Basement 06 a24a___06 Crawl space(s) 07 a24a___07 Duct(s) 08 a24a___08 None of the above Custom alignment: LV

3857	a25	During the time you have lived there, have there been renovations or repairs (due to moisture damage) in your residence?	yesno 1 Yes 0 No Custom alignment: LV
3858	a25a Show the field ONLY if: [a25]=1	When was the renovation or repair (because of moisture damage in your residence) completed?	radio 1 During the past 12 months 2 1-3 years ago 3 More than 3 years ago 8 Don't know Custom alignment: LV
3859	a25b	How many weeks in the past 52 weeks (1 year) have you noticed mold in your residence? [ENTER "00" IF LESS THAN ONE WEEK IN THE LAST YEAR] *Weeks*	text (integer, Min: 0, Max: 52) Custom alignment: LH
3860	a25c Show the field ONLY if: [a25b]>'0'	Where was the mold in your residence? [CHOOSE ALL THAT APPLY]	checkbox 01 a25c___01 Kitchen 02 a25c___02 Bathroom(s) 03 a25c___03 Bedroom(s) 04 a25c___04 Living room 05 a25c___05 Basement 06 a25c___06 Crawl space(s) 07 a25c___07 Duct(s) 08 a25c___08 None of the above Custom alignment: LV
3861	a25d	On average, how often is a HEPA filter used in your residence?	radio 1 Daily 2 Weekly 3 Once or twice a month 4 Less than once per month 5 Never Custom alignment: LV
3862	a25e	On average, how often is your residence vacuumed?	radio 1 Daily 2 Weekly 3 Once or twice a month 4 Less than once per month 5 Never Custom alignment: LV
3863	a26	Section Header: *Walls and Flooring: The following questions ask about the walls and flooring in your current residence.* Other than for moisture damage, has there been painting, wall-papering or floor refinishing in your current residence during the past 12 months?	yesno 1 Yes 0 No Custom alignment: LV

3864	a26a Show the field ONLY if: [a26] = 1	Which of the following was done in your residence during the past 12 months? [CHOOSE ALL THAT APPLY]	checkbox 01 a26a___01 Painting, less than half of the walls area 02 a26a___02 Painting, at least half of the walls area 03 a26a___03 Wall-papering, less than half of the wall area 04 a26a___04 Wall-papering, at least half of the wall area 05 a26a___05 Floor refinishing 06 a26a___06 Use of floor putty Custom alignment: LV
3865	a27	Do you have wall-to-wall carpeting in your residence?	yesno 1 Yes 0 No Custom alignment: LV
3866	a27a Show the field ONLY if: [a27] = 1	How much of the floor area is carpeted?	radio 1 Less than half of the floor area 2 At least half of the floor area Custom alignment: LV
3867	a28	Some floor materials are made of plastic or vinyl, including but not limited to laminate flooring such as Pergo (faux wood floors) and linoleum. Excluding the bathroom, is any floor material in your residence plastic/vinyl?	yesno 1 Yes 0 No Custom alignment: LV
3868	a28a Show the field ONLY if: [a28] = 1	How much of the floor area is plastic/vinyl?	radio 1 Less than half of the floor area 2 At least half of the floor area Custom alignment: LV
3869	a29	Is any of the wall material in your residence textile (cloth, fiber wallpaper, etc.)? Do not include curtains.	yesno 1 Yes 0 No Custom alignment: LV
3870	a29a Show the field ONLY if: [a29] = 1	How much of the wall material is textile (cloth, fiber wallpaper, etc.)? Do not include curtains.	radio 1 Less than half of the wall surface area 2 At least half of the wall surface area Custom alignment: LV
3871	a30	Excluding the bathroom, is any of the wall material in your residence plastic?	yesno 1 Yes 0 No Custom alignment: LV
3872	a30a Show the field ONLY if: [a30] = 1	How much of the wall material is plastic?	radio 1 Less than half of the wall surface area 2 At least half of the wall surface area Custom alignment: LV

3873	a31	Section Header: *Garage and Basement: The following questions ask about garages and basement in your current residence.* Is there an enclosed garage attached to your current residence?	yesno 1 Yes 0 No Custom alignment: LV
3874	a31a Show the field ONLY if: [a31] = 1	Are automobile, vans, trucks or other motor vehicles parked in this attached garage?	yesno 1 Yes 0 No Custom alignment: LV
3875	a32	Does your residence have a basement or crawl space? [CHOOSE ALL THAT APPLY]	checkbox 01 a32___01 Yes, Basement 02 a32___02 Yes, Crawl space 03 a32___03 No basement or crawl space Custom alignment: LV
3876	a33	Not including cars, vans, or trucks are any gas powered devices stored in any room, basement, crawl space or attached garage in your residence? (For example, motorcycles, lawnmowers, trimmers or blowers, boat engines, etc.)	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
3877	a34	Section Header: *Pets: The following questions ask about pets in your current residence.* In the last 12 months, did any dogs, cats or other small furry animals, such as a rabbit, guinea pig or hamster, live or spend time inside your current residence?	yesno 1 Yes 0 No Custom alignment: LV
3878	a34a Show the field ONLY if: [a34] = 1	What kind of pet was it? [CHOOSE ALL THAT APPLY]	checkbox 01 a34a___01 Dog 02 a34a___02 Cat 03 a34a___03 Other 08 a34a___08 Don't know Custom alignment: LV
3879	a34a_03_spec Show the field ONLY if: [a34a(03)] = 1	If other pet, please specify:	text Custom alignment: RH
3880	a35	Section Header: *Pesticides and Insecticides: The following questions ask about pesticide and insecticide used in your current residence.* During the time you have been in your current residence, has your residence ever been treated regularly with insecticides or pesticides, either by you or someone else? [DO NOT INCLUDE THE OCCASIONAL SPOT USE OF CHEMICALS]	radio 1 Yes 0 No 8 Don't know Custom alignment: LV

3881	a35a Show the field ONLY if: [a35] = 1	For what kinds of pests was this residence regularly treated [CHOOSE ALL THAT APPLY]	checkbox 01 a35a___01 Ants 02 a35a___02 Cockroaches 03 a35a___03 Bees or wasps 04 a35a___04 Flies 05 a35a___05 Spiders 06 a35a___06 Mosquitoes 07 a35a___07 Fleas or ticks, not on pets 08 a35a___08 Termites 09 a35a___09 Any other pests, such as moths, silver fish, caterpillars, mice, rats, gophers, or moles. Custom alignment: LV
3882	a35a_09_spec Show the field ONLY if: [a35a(09)] = 1	If any other pests, please specify:	text Custom alignment: RH
3883	a35b Show the field ONLY if: [a35]= 1	Altogether, how often were pest control chemicals applied on average? [COMBINED FREQUENCY OF ALL APPLICATION]	radio 1 Daily 2 Weekly 3 Monthly 4 Every 2 or 3 months 5 Every 4 or 5 months 6 Once or twice a year Custom alignment: LV
3884	a35c Show the field ONLY if: [a35] = 1	When the pest control chemical were applied, how often did you personally apply them?	radio 1 All the time 2 About half of the time 3 Some of the time 4 Never Custom alignment: LV
3885	a35d Show the field ONLY if: [a35] = 1	How many years in total did these regular pest control treatments occur? [IF LESS THAN ONE YEAR, ENTER "00"] *years*	text (integer, Min: 0, Max: 105) Custom alignment: LH
3886	a36	Section Header: *Surrounding Area: The following questions ask about the area surrounding your current residence.* How would you describe the traffic on the road in front of your current residence during rush hour?	radio 1 Very light/none 2 Light 3 Moderate 4 Heavy 5 Very heavy Custom alignment: LV
3887	a37	Not including the road in front of your residence, is your residence within two miles of a heavy traveled road?	yesno 1 Yes 0 No Custom alignment: LV

3888	a38a	Section Header: *The next set of questions ask about how close you currently live to various types of businesses. PLEASE SELECT THE APPROPRIATE DISTANCE FOR EACH TYPE OF BUSINESS* Animal waste lagoon	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3889	a38b	Bus station/truck depot	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3890	a38c	Commercial airport	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3891	a38d	Dry cleaner	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3892	a38f	Farm	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3893	a38g	Gas station	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3894	a38h	Golf course	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3895	a38i	Greenhouse or commercial nursery	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know

3896	a38j	Hazardous waste site	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3897	a38k	High-tension power lines	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3898	a38l	Incinerator	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3899	a38m	Landfill or garbage dump	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3900	a38n	Leather tannery	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3901	a38o	Military base	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3902	a38p	Oil refinery	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3903	a38q	Paper mill	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know

3904	a38r	Poultry processing plant	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3905	a38s_01	Section Header: *Power generation plants* Coal	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3906	a38s_02	Gas	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3907	a38s_03	Petroleum/oil	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3908	a38s_04	Nuclear	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3909	a38e	Factory	radio (Matrix) 1 Live more than 2 miles away 2 Live within 2 miles but more than 1 mile away 3 Live within 1 mile but more than 1/4 mile away 4 Live within 1/4 mile or less 8 Don't know
3910	a38e_spec Show the field ONLY if: ([a38e] <> '') and ([a38e] <> 8) and ([a38e] <> 1)	Please specify the type of factory: *Type of factory*	text Custom alignment: RH
3911	a41	Section Header: *Agricultural Property Use: The following questions ask about historical agricultural land use for the property your current residence is on.* To the best of your knowledge, was this property used as a farm or orchard during the 20 years before you began living there?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV

3912	a40	Has this property been used as a farm or orchard for any of the time you have been living there?	yesno 1 Yes 0 No Custom alignment: LV
3913	a39 Show the field ONLY if: [a40] = 1	Is your residence on an active farm or orchard? (Do not include small, personal gardens).	yesno 1 Yes 0 No Custom alignment: LV
3914	b1a	Section Header: *B. Chemical and Metal Exposures at Work In this section, we ask about substances you may have ever been exposed to at work. By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it, swallowing it, or being around the substance in a past or present job. Do not include contact with sealed containers of a substance as an exposure. Solvents and Degreasers* Please select any solvents and degreasers you have ever been exposed to for 15 minutes a week or more in any job you have held. Do not include contact with sealed containers of solvents and degreasers. [CHOOSE ALL THAT APPLY] By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it or being around the substance.	checkbox, Required 01 b1a___01 Benzene 02 b1a___02 Chloroform 03 b1a___03 Chloroprene 04 b1a___04 Dichlorobenzene 05 b1a___05 Ethyl benzene 06 b1a___06 Ethylene dichloride 07 b1a___07 Perchloroethylene (tetrachloro-ethylene) 08 b1a___08 Toluene 09 b1a___09 Trichloroethylene 10 b1a___10 Xylenes 11 b1a___11 Other 98 b1a___98 Don't know 00 b1a___00 None of these Custom alignment: LV
3915	b1a_11_spc Show the field ONLY if: [b1a(11)] = 1	If other substance, please specify:	text Custom alignment: LH
3916	b2a Show the field ONLY if: ([b1a(01)] = 1) or ([b1a(02)] = 1) or ([b1a(03)] = 1) or ([b1a(04)] = 1) or ([b1a(05)] = 1) or ([b1a(06)] = 1) or ([b1a(07)] = 1) or ([b1a(08)] = 1) or ([b1a(09)] = 1) or ([b1a(10)] = 1) or ([b1a(11)] = 1)	Overall, how many years did you work in jobs in which you were exposed to solvents and degreasers for 15 minutes a week or more? [IF LESS THAN ONE YEAR, ENTER "00"] *years*	text (integer, Min: 0, Max: 105) Custom alignment: LH
3917	b3a Show the field ONLY if: ([b1a(01)] = 1) or ([b1a(02)] = 1) or ([b1a(03)] = 1) or ([b1a(04)] = 1) or ([b1a(05)] = 1) or ([b1a(06)] = 1) or ([b1a(07)] = 1) or ([b1a(08)] = 1) or ([b1a(09)] = 1) or ([b1a(10)] = 1) or ([b1a(11)] = 1)	When you were exposed to solvents and degreasers at work, how often were you exposed?	radio 1 Daily 2 At least once per week 3 At least once per month 4 At least once per year Custom alignment: LV
3918	b4a Show the field ONLY if: ([b1a(01)] = 1) or ([b1a(02)] = 1) or ([b1a(03)] = 1) or ([b1a(04)] = 1) or ([b1a(05)] = 1) or ([b1a(06)] = 1) or ([b1a(07)] = 1) or ([b1a(08)] = 1) or ([b1a(09)] = 1) or ([b1a(10)] = 1) or ([b1a(11)] = 1)	Did you experience any health problems from being exposed to solvents and degreasers?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV

3919	b5xa_start Show the field ONLY if: [b2a] <> ''	What year did you START being exposed to solvents and degreasers in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
3920	b5xa_stop Show the field ONLY if: [b2a] <> '' and [b5xa_ongoing(1)] <> '1'	What year did you STOP being exposed to solvents and degreasers in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
3921	b5xa_stop_2 Show the field ONLY if: [b5xa_ongoing(1)] = '1'	What year did you STOP being exposed to solvents and degreasers in any job you have held? *Year*	descriptive
3922	b5xa_ongoing Show the field ONLY if: [b2a] <> '' and [b5xa_stop]=''		checkbox 1 | b5xa_ongoing___1 | Still exposed Custom alignment: LV
3923	b1b	Section Header: *Lubricating Oils* Please select any lubricating oils you have ever been exposed to for 15 minutes a week or more in any job you have held. Do not include contact with sealed containers of lubricating oils. [CHOOSE ALL THAT APPLY] By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it, swallowing it or being around the substance.	checkbox, Required 01 | b1b___01 | Brake fluid 02 | b1b___02 | Transmission fluid 03 | b1b___03 | Hydraulic fluid 04 | b1b___04 | Motor oil 05 | b1b___05 | Other lubricating oils 98 | b1b___98 | Don't know 00 | b1b___00 | None of these Custom alignment: LV
3924	b1b_05_spec Show the field ONLY if: [b1b(05)] = 1	If other lubricating oils, please specify:	text Custom alignment: LH
3925	b2b Show the field ONLY if: ([b1b(01)] = 1) or ([b1b(02)] = 1) or ([b1b(03)] = 1) or ([b1b(04)] = 1) or ([b1b(05)] = 1)	Overall, how many years did you work in jobs in which you were exposed to lubricating oils for 15 minutes a week or more? [IF LESS THAN ONE YEAR, ENTER "00"] *years*	text (integer, Min: 0, Max: 105) Custom alignment: LH
3926	b3b Show the field ONLY if: ([b1b(01)] = 1) or ([b1b(02)] = 1) or ([b1b(03)] = 1) or ([b1b(04)] = 1) or ([b1b(05)] = 1)	When you were exposed to lubricating oils at work, how often were you exposed?	radio 1 | Daily 2 | At least once per week 3 | At least once per month 4 | At least once per year Custom alignment: LV
3927	b4b Show the field ONLY if: ([b1b(01)] = 1) or ([b1b(02)] = 1) or ([b1b(03)] = 1) or ([b1b(04)] = 1) or ([b1b(05)] = 1)	Did you experience any health problems from being exposed to lubricating oils?	radio 1 | Yes 0 | No 8 | Don't know Custom alignment: LV
3928	b5xb_start Show the field ONLY if: [b2b] <> ''	What year did you START being exposed to lubricating oils in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LV
3929	b5xb_stop Show the field ONLY if: [b2b] <> ''	What year did you STOP being exposed to lubricating oils in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
3930	b5xb_stop_2 Show the field ONLY if: [b5xb_ongoing(1)] = '1'	What year did you STOP being exposed to lubricating oils in any job you have held? *Year*	descriptive

3931	b5xb_ongoing Show the field ONLY if: [b2b] <> '' and [b5xb_stop]=''		checkbox 1 | b5xb_ongoing___1 | Still exposed Custom alignment: LV
3932	b1c	Section Header: *Cleaning Liquids* Please select any cleaning liquids you have ever been exposed to for 15 minutes a week or more in any job you have held [CHOOSE ALL THAT APPLY] By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it, swallowing it or being around the substance.	checkbox, Required 01 | b1c___01 | Chlorine bleach 02 | b1c___02 | Ammonia 03 | b1c___03 | Carbon tetrachloride 04 | b1c___04 | Other cleaning liquids 98 | b1c___98 | Don't know 00 | b1c___00 | None of these Custom alignment: LV
3933	b1c_04_spec Show the field ONLY if: [b1c(04)] = 1	If other cleaning liquids, please specify:	text Custom alignment: LH
3934	b2c Show the field ONLY if: ([b1c(01)] = 1) or ([b1c(02)] = 1) or ([b1c(03)] = 1) or ([b1c(04)] = 1)	Overall, how many years did you work in jobs in which you were exposed to cleaning liquids for 15 minutes a week or more? [IF LESS THAN ONE YEAR, ENTER "00"] *years*	text (integer, Min: 0, Max: 105) Custom alignment: LH
3935	b3c Show the field ONLY if: ([b1c(01)] = 1) or ([b1c(02)] = 1) or ([b1c(03)] = 1) or ([b1c(04)] = 1)	When you were exposed to cleaning liquids at work, how often were you exposed?	radio 1 | Daily 2 | At least once per week 3 | At least once per month 4 | At least once per year Custom alignment: LV
3936	b4c Show the field ONLY if: ([b1c(01)] = 1) or ([b1c(02)] = 1) or ([b1c(03)] = 1) or ([b1c(04)] = 1)	Did you experience any health problems from being exposed to cleaning liquids?	radio 1 | Yes 0 | No 8 | Don't know Custom alignment: LV
3937	b5xc_start Show the field ONLY if: [b2c] <> ''	What year did you START being exposed to cleaning liquids in any job you have held? *years*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
3938	b5xc_stop Show the field ONLY if: [b2c] <> '' and [b5xc_ongoing(1)]<>'1'	What year did you STOP being exposed to cleaning liquids in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
3939	b5xc_stop_2 Show the field ONLY if: [b5xc_ongoing(1)]='1'	What year did you STOP being exposed to cleaning liquids in any job you have held? *Year*	descriptive
3940	b5xc_ongoing Show the field ONLY if: [b2c] <> '' and [b5xc_stop]=''		checkbox 1 | b5xc_ongoing___1 | Still exposed Custom alignment: LV

3941	b1d	Section Header: *Heavy Metals* Please select any heavy metals you have ever been exposed to for 15 minutes a week or more in any job you have held [CHOOSE ALL THAT APPLY] By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it, swallowing it or being around the substance.	checkbox, Required 01 b1d___01 Arsenic 02 b1d___02 Beryllium 03 b1d___03 Cadmium 04 b1d___04 Chromates 05 b1d___05 Lead 06 b1d___06 Mercury 07 b1d___07 Nickel 08 b1d___08 Other heavy metals 98 b1d___98 Don't known 00 b1d___00 None of these Custom alignment: LV
3942	b1d_08_spec Show the field ONLY if: [b1d(08)] = 1	If other heavy metals, please specify:	text Custom alignment: LH
3943	b2d Show the field ONLY if: ([b1d(01)] = 1) or ([b1d(02)] = 1) or ([b1d(03)] = 1) or ([b1d(04)] = 1) or ([b1d(05)] = 1) or ([b1d(06)] = 1) or ([b1d(07)] = 1) or ([b1d(08)] = 1)	Overall, how many years did you work in jobs in which you were exposed to heavy metals for 15 minutes a week or more? [IF LESS THAN ONE YEAR, ENTER "00"] *years*	text (integer, Min: 0, Max: 105) Custom alignment: LH
3944	b3d Show the field ONLY if: ([b1d(01)] = 1) or ([b1d(02)] = 1) or ([b1d(03)] = 1) or ([b1d(04)] = 1) or ([b1d(05)] = 1) or ([b1d(06)] = 1) or ([b1d(07)] = 1) or ([b1d(08)] = 1)	When you were exposed to heavy metals at work, how often were you exposed?	radio 1 Daily 2 At least once per week 3 At least once per month 4 At least once per year Custom alignment: LV
3945	b4d Show the field ONLY if: ([b1d(01)] = 1) or ([b1d(02)] = 1) or ([b1d(03)] = 1) or ([b1d(04)] = 1) or ([b1d(05)] = 1) or ([b1d(06)] = 1) or ([b1d(07)] = 1) or ([b1d(08)] = 1)	Did you experience any health problems from being exposed to heavy metals?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
3946	b5xd_start Show the field ONLY if: [b2d] <> ''	What year did you START being exposed to heavy metals in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
3947	b5xd_stop Show the field ONLY if: [b2d] <> '' and [b5xd_ongoing(1)]<>'1'	What year did you STOP being exposed to heavy metals in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
3948	b5xd_stop_2 Show the field ONLY if: [b5xd_ongoing(1)]='1'	What year did you STOP being exposed to heavy metals in any job you have held? *Year*	descriptive
3949	b5xd_ongoing Show the field ONLY if: [b2d] <> '' and [b5xd_stop]=''		checkbox 1 b5xd_ongoing___1 Still exposed Custom alignment: LV

3950	b1e	Section Header: *Alcohols* Please select any alcohols you have ever been exposed to for 15 minutes a week or more in any job you have held [CHOOSE ALL THAT APPLY] By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it, swallowing it or being around the substance.	checkbox, Required 01 b1e___01 Isopropanol 02 b1e___02 Methanol 03 b1e___03 Ethanol 04 b1e___04 Butanol 05 b1e___05 Other alcohol 98 b1e___98 Don't know 00 b1e___00 None of these Custom alignment: LV
3951	b1e_05_spec Show the field ONLY if: [b1e(05)] = 1	If other alcohols, please specify:	text Custom alignment: LH
3952	b2e Show the field ONLY if: ([b1e(01)] = 1) or ([b1e(02)] = 1) or ([b1e(03)] = 1) or ([b1e(04)] = 1) or ([b1e(05)] = 1)	Overall, how many years did you work in jobs in which you were exposed to alcohols for 15 minutes a week or more? [IF LESS THAN ONE YEAR, ENTER "00"] *years*	text (integer, Min: 0, Max: 105) Custom alignment: LH
3953	b3e Show the field ONLY if: ([b1e(01)] = 1) or ([b1e(02)] = 1) or ([b1e(03)] = 1) or ([b1e(04)] = 1) or ([b1e(05)] = 1)	When you were exposed to alcohols at work, how often were you exposed?	radio 1 Daily 2 At least once per week 3 At least once per month 4 At least once per year Custom alignment: LV
3954	b4e Show the field ONLY if: ([b1e(01)] = 1) or ([b1e(02)] = 1) or ([b1e(03)] = 1) or ([b1e(04)] = 1) or ([b1e(05)] = 1)	Did you experience any health problems from being exposed to alcohols?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
3955	b5xe_start Show the field ONLY if: [b2e] <> ''	What year did you START being exposed to alcohols in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
3956	b5xe_stop Show the field ONLY if: [b2e] <> '' and [b5xe_ongoing(1)]<>'1'	What year did you STOP being exposed to alcohols in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
3957	b5xe_stop_2 Show the field ONLY if: [b5xe_ongoing(1)]='1'	What year did you STOP being exposed to alcohols in any job you have held? *Year*	descriptive
3958	b5xe_ongoing Show the field ONLY if: [b2e] <> '' and [b5xe_stop]=''		checkbox 1 b5xe_ongoing___1 Still exposed Custom alignment: LV

3959	b1f	Section Header: *Pesticides/Fumigants* Please select any pesticides/fumigants you have ever been exposed to for 15 minutes a week or more in any job you have held [CHOOSE ALL THAT APPLY] By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it, swallowing it or being around the substance.	checkbox, Required 01 b1f___01 Ethyl dibromide 02 b1f___02 Chlorinated naphthalenes 03 b1f___03 Insecticides 04 b1f___04 Fungicides 05 b1f___05 Herbicides 06 b1f___06 Ethyl fumigants 07 b1f___07 Rodenticides 08 b1f___08 Other pesticides/fumigants 98 b1f___98 Don't know 00 b1f___00 None of these Custom alignment: LV
3960	b1f_08_spec Show the field ONLY if: [b1f(08)] = 1	If other pesticides/fumigants, please specify:	text Custom alignment: LH
3961	b2f Show the field ONLY if: ([b1f(01)] = 1) or ([b1f(02)] = 1) or ([b1f(03)] = 1) or ([b1f(04)] = 1) or ([b1f(05)] = 1) or ([b1f(06)] = 1) or ([b1f(07)] = 1) or ([b1f(08)] = 1)	Overall, how many years did you work in jobs in which you were exposed to pesticides/fumigants for 15 minutes a week or more? [IF LESS THAN ONE YEAR, ENTER "00"] *years*	text (integer, Min: 0, Max: 105) Custom alignment: LH
3962	b3f Show the field ONLY if: ([b1f(01)] = 1) or ([b1f(02)] = 1) or ([b1f(03)] = 1) or ([b1f(04)] = 1) or ([b1f(05)] = 1) or ([b1f(06)] = 1) or ([b1f(07)] = 1) or ([b1f(08)] = 1)	When you were exposed to pesticides/fumigants at work, how often were you exposed?	radio 1 Daily 2 At least once per week 3 At least once per month 4 At least once per year Custom alignment: LV
3963	b4f Show the field ONLY if: ([b1f(01)] = 1) or ([b1f(02)] = 1) or ([b1f(03)] = 1) or ([b1f(04)] = 1) or ([b1f(05)] = 1) or ([b1f(06)] = 1) or ([b1f(07)] = 1) or ([b1f(08)] = 1)	Did you experience any health problems from being exposed to pesticides/fumigants?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
3964	b5xf_start Show the field ONLY if: [b2f] <> ''	What year did you START being exposed to pesticides/fumigants in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
3965	b5xf_stop Show the field ONLY if: [b2f] <> '' and [b5xf_ongoing(1)]<>'1'	What year did you STOP being exposed to pesticides/fumigants in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
3966	b5xf_stop_2 Show the field ONLY if: [b5xf_ongoing(1)]='1'	What year did you STOP being exposed to pesticides/fumigants in any job you have held? *Year*	descriptive
3967	b5xf_ongoing Show the field ONLY if: [b2f] <> '' and [b5xf_stop]=''		checkbox 1 b5xf_ongoing___1 Still exposed Custom alignment: LV

3968	b1g	Section Header: *Compounds used in Plastic Production* Please select any compounds used in plastic production you have ever been exposed to for 15 minutes a week or more in any job you have held [CHOOSE ALL THAT APPLY] By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it, swallowing it or being around the substance.	checkbox, Required 01 b1g___01 Bisphenol A (BPA) 02 b1g___02 Vinyl chloride 03 b1g___03 Styrene 04 b1g___04 Phosgene 05 b1g___05 Phenol 06 b1g___06 Toluene diisocyanate (TDI) 07 b1g___07 Methylene bis(4-phenyl isocyanate) 08 b1g___08 Other compounds 98 b1g___98 Don't know 00 b1g___00 None of these Custom alignment: LV
3969	b1g_08_spec Show the field ONLY if: [b1g(08)] = 1	If other compounds, please specify:	text Custom alignment: LH
3970	b2g Show the field ONLY if: ([b1g(01)] = 1) or ([b1g(02)] = 1) or ([b1g(03)] = 1) or ([b1g(04)] = 1) or ([b1g(05)] = 1) or ([b1g(06)] = 1) or ([b1g(07)] = 1) or ([b1g(08)] = 1)	Overall, how many years did you work in jobs in which you were exposed to compounds used in plastic production for 15 minutes a week or more? [IF LESS THAN ONE YEAR, ENTER "00"] *years*	text (integer, Min: 0, Max: 105) Custom alignment: LH
3971	b3g Show the field ONLY if: ([b1g(01)] = 1) or ([b1g(02)] = 1) or ([b1g(03)] = 1) or ([b1g(04)] = 1) or ([b1g(05)] = 1) or ([b1g(06)] = 1) or ([b1g(07)] = 1) or ([b1g(08)] = 1)	When you were exposed to compounds used in plastic production at work, how often were you exposed?	radio 1 Daily 2 At least once per week 3 At least once per month 4 At least once per year Custom alignment: LV
3972	b4g Show the field ONLY if: ([b1g(01)] = 1) or ([b1g(02)] = 1) or ([b1g(03)] = 1) or ([b1g(04)] = 1) or ([b1g(05)] = 1) or ([b1g(06)] = 1) or ([b1g(07)] = 1) or ([b1g(08)] = 1)	Did you experience any health problems from being exposed to compounds used in plastic production?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
3973	b5xg_start Show the field ONLY if: [b2g] <> ''	What year did you START being exposed to compounds used in plastic production in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
3974	b5xg_stop Show the field ONLY if: [b2g] <> '' and [b5xg_ongoing(1)]<>'1'	What year did you STOP being exposed to compounds used in plastic production in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
3975	b5xg_stop_2 Show the field ONLY if: [b5xg_ongoing(1)]='1'	What year did you STOP being exposed to compounds used in plastic production in any job you have held? *Year*	descriptive
3976	b5xg_ongoing Show the field ONLY if: [b2g] <> '' and [b5xg_stop]=''		checkbox 1 b5xg_ongoing___1 Still exposed Custom alignment: LV

3977	b1h	Section Header: *Dust(s)* Please select any dust(s) you have ever been exposed to for 15 minutes a week or more in any job you have held [CHOOSE ALL THAT APPLY] By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it, swallowing it or being around the substance.	checkbox, Required 01 b1h___01 Coal dust 02 b1h___02 Fiberglass dust 03 b1h___03 Rock dust 04 b1h___04 Silica powder 05 b1h___05 Talc 06 b1h___06 Other dusts 98 b1h___98 Don't know 00 b1h___00 None of these Custom alignment: LV
3978	b1h_06_spec Show the field ONLY if: [b1h(06)] = 1	If other dusts, please specify:	text Custom alignment: LH
3979	b2h Show the field ONLY if: ([b1h(01)] = 1) or ([b1h(02)] = 1) or ([b1h(03)] = 1) or ([b1h(04)] = 1) or ([b1h(05)] = 1) or ([b1h(06)] = 1)	Overall, how many years did you work in jobs in which you were exposed to dust(s) for 15 minutes a week or more? [IF LESS THAN ONE YEAR, ENTER "00"] *years*	text (integer, Min: 0, Max: 105) Custom alignment: LH
3980	b3h Show the field ONLY if: ([b1h(01)] = 1) or ([b1h(02)] = 1) or ([b1h(03)] = 1) or ([b1h(04)] = 1) or ([b1h(05)] = 1) or ([b1h(06)] = 1)	When you were exposed to dust(s) at work, how often were you exposed?	radio 1 Daily 2 At least once per week 3 At least once per month 4 At least once per year Custom alignment: LV
3981	b4h Show the field ONLY if: ([b1h(01)] = 1) or ([b1h(02)] = 1) or ([b1h(03)] = 1) or ([b1h(04)] = 1) or ([b1h(05)] = 1) or ([b1h(06)] = 1)	Did you experience any health problems from being exposed to dust(s)?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
3982	b5xh_start Show the field ONLY if: [b2h] <>''	What year did you START being exposed to dust(s) in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
3983	b5xh_stop Show the field ONLY if: [b2h] <> '' and [b5xh_ongoing(1)]<>'1'	What year did you STOP being exposed to dust(s) in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
3984	b5xh_stop_2 Show the field ONLY if: [b5xh_ongoing(1)]='1'	What year did you STOP being exposed to dust(s) in any job you have held? *Year*	descriptive
3985	b5xh_ongoing Show the field ONLY if: [b2h]<>'' and [b5xh_stop]=''		checkbox 1 b5xh_ongoing___1 Still exposed Custom alignment: LV

3986	b1i	Section Header: *Emissions from Combustion of Gasoline and Other Fuels* Please select any emissions from combustion of gasoline and other fuels you have ever been exposed to for 15 minutes a week or more in any job you have held [CHOOSE ALL THAT APPLY] By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it, swallowing it or being around the substance.	checkbox, Required 01 b1i___01 Nitrous oxide 02 b1i___02 Carbon dioxide 03 b1i___03 Carbon monoxide 04 b1i___04 Ozone 05 b1i___05 Other emissions 98 b1i___98 Don't know 00 b1i___00 None of these Custom alignment: LV
3987	b1i_05_spec Show the field ONLY if: [b1i(05)] = 1	If other emissions, please specify:	text Custom alignment: LH
3988	b2i Show the field ONLY if: ([b1i(01)] = 1) or ([b1i(02)] = 1) or ([b1i(03)] = 1) or ([b1i(04)] = 1) or ([b1i(05)] = 1)	Overall, how many years did you work in jobs in which you were exposed to emissions from combustion of gasoline and other fuels for 15 minutes a week or more? [IF LESS THAN ONE YEAR, ENTER "00"] *years*	text (integer, Min: 0, Max: 105) Custom alignment: LH
3989	b3i Show the field ONLY if: ([b1i(01)] = 1) or ([b1i(02)] = 1) or ([b1i(03)] = 1) or ([b1i(04)] = 1) or ([b1i(05)] = 1)	When you were exposed to emissions from combustion of gasoline and other fuels at work, how often were you exposed?	radio 1 Daily 2 At least once per week 3 At least once per month 4 At least once per year Custom alignment: LV
3990	b4i Show the field ONLY if: ([b1i(01)] = 1) or ([b1i(02)] = 1) or ([b1i(03)] = 1) or ([b1i(04)] = 1) or ([b1i(05)] = 1)	Did you experience any health problems from being exposed to emissions from combustion of gasoline and other fuels?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
3991	b5xi_start Show the field ONLY if: [b2i] <> ''	What year did you START being exposed to emissions from combustion of gasoline and other fuels in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
3992	b5xi_stop Show the field ONLY if: [b2i] <> '' and [b5xi_ongoing(1)]<>'1'	What year did you STOP being exposed to emissions from combustion of gasoline and other fuels in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
3993	b5xi_stop_2 Show the field ONLY if: [b5xi_ongoing(1)]='1'	What year did you STOP being exposed to emissions from combustion of gasoline and other fuels in any job you have held? *Year*	descriptive Custom alignment: LH
3994	b5xi_ongoing Show the field ONLY if: [b2i] <> '' and [b5xi_stop]=''		checkbox 1 b5xi_ongoing___1 Still exposed Custom alignment: LV

3995	b1j	Section Header: *Occupational Carcinogens* Please select any occupational carcinogens you have ever been exposed to for 15 minutes a week or more in any job you have held [CHOOSE ALL THAT APPLY] By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it or being around the substance.	checkbox, Required 01 b1j___01 Polybrominated biphenyls (PBBs) 02 b1j___02 Polychlorinated biphenyls (PCBs) 03 b1j___03 Radiation 04 b1j___04 X-rays 05 b1j___05 Welding fumes 06 b1j___06 Other occupational carcinogens 98 b1j___98 Don't know 00 b1j___00 None of these Custom alignment: LV
3996	b1j_06_spec Show the field ONLY if: [b1j(06)] = 1	If other occupational carcinogens, please specify:	text Custom alignment: LH
3997	b2j Show the field ONLY if: ([b1j(01)] = 1) or ([b1j(02)] = 1) or ([b1j(03)] = 1) or ([b1j(04)] = 1) or ([b1j(05)] =1) or ([b1j(06)] = 1)	Overall, how many years did you work in jobs in which you were exposed to occupational carcinogens for 15 minutes a week or more? [IF LESS THAN ONE YEAR, ENTER "00"] *years*	text (integer, Min: 0, Max: 105) Custom alignment: LH
3998	b3j Show the field ONLY if: ([b1j(01)] = 1) or ([b1j(02)] = 1) or ([b1j(03)] = 1) or ([b1j(04)] = 1) or ([b1j(05)] =1) or ([b1j(06)] = 1)	When you were exposed to occupational carcinogens at work, how often were you exposed?	radio 1 Daily 2 At least once per week 3 At least once per month 4 At least once per year Custom alignment: LV
3999	b4j Show the field ONLY if: ([b1j(01)] = 1) or ([b1j(02)] = 1) or ([b1j(03)] = 1) or ([b1j(04)] = 1) or ([b1j(05)] =1) or ([b1j(06)] = 1)	Did you experience any health problems from being exposed to occupational carcinogens?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
4000	b5xj_start Show the field ONLY if: [b2j] <> ''	What year did you START being exposed to occupational carcinogens in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4001	b5xj_stop Show the field ONLY if: [b2j] <> '' and [b5xj_ongoing(1)]<>'1'	What year did you STOP being exposed to occupational carcinogens in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4002	b5xj_stop_2 Show the field ONLY if: [b5xj_ongoing(1)]='1'	What year did you STOP being exposed to occupational carcinogens in any job you have held? *Year*	descriptive
4003	b5xj_ongoing Show the field ONLY if: [b2j] <> '' and [b5xj_stop]=''		checkbox 1 b5xj_ongoing___1 Still exposed Custom alignment: LV

4004	b1k	Section Header: *Acids* Please select any acids you have ever been exposed to for 15 minutes a week or more in any job you have held [CHOOSE ALL THAT APPLY] By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it, swallowing it or being around the substance.	checkbox, Required 01 b1k___01 Hydrochloric 02 b1k___02 Sulfuric 03 b1k___03 Phosphoric 04 b1k___04 Acetic 05 b1k___05 Nitric 06 b1k___06 Other acids 98 b1k___98 Don't know 00 b1k___00 None of these Custom alignment: LV
4005	b1k_06_spec Show the field ONLY if: [b1k(06)] = 1	If other acids, please specify:	text Custom alignment: LH
4006	b2k Show the field ONLY if: ([b1k(01)] = 1) or ([b1k(02)] = 1) or ([b1k(03)] = 1) or ([b1k(04)] = 1) or ([b1k(05)] = 1) or ([b1k(06)] = 1)	Overall, how many years did you work in jobs in which you were exposed to acids for 15 minutes a week or more? [IF LESS THAN ONE YEAR, ENTER "00"] *years*	text (integer, Min: 0, Max: 105) Custom alignment: LH
4007	b3k Show the field ONLY if: ([b1k(01)] = 1) or ([b1k(02)] = 1) or ([b1k(03)] = 1) or ([b1k(04)] = 1) or ([b1k(05)] = 1) or ([b1k(06)] = 1)	When you were exposed to acids at work, how often were you exposed?	radio 1 Daily 2 At least once per week 3 At least once per month 4 At least once per year Custom alignment: LV
4008	b4k Show the field ONLY if: ([b1k(01)] = 1) or ([b1k(02)] = 1) or ([b1k(03)] = 1) or ([b1k(04)] = 1) or ([b1k(05)] = 1) or ([b1k(06)] = 1)	Did you experience any health problems from being exposed to acids?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
4009	b5xk_start Show the field ONLY if: [b2k] <> ''	What year did you START being exposed to acids in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4010	b5xk_stop Show the field ONLY if: [b2k] <> '' and [b5xk_ongoing(1)]<>'1'	What year did you STOP being exposed to acids in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4011	b5xk_stop_2 Show the field ONLY if: [b2k] <> '' and [b5xk_ongoing(1)]='1'	What year did you STOP being exposed to acids in any job you have held? *Year*	descriptive
4012	b5xk_ongoing Show the field ONLY if: [b2k] <> '' and [b5xk_stop]=''		checkbox 1 b5xk_ongoing___1 Still exposed Custom alignment: LV

4013	b1l	Section Header: *Alkalis* Please select any alkalis you have ever been exposed to for 15 minutes a week or more in any job you have held. [CHOOSE ALL THAT APPLY] By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it, swallowing it or being around the substance.	checkbox, Required 01 b1l___01 Sodium hydroxide 02 b1l___02 Calcium hydroxide 03 b1l___03 Potassium hydroxide 04 b1l___04 Magnesium hydroxide 05 b1l___05 Other alkalis 98 b1l___98 Don't know 00 b1l___00 None of these Custom alignment: LV
4014	b1l_05_spec Show the field ONLY if: [b1l(05)] = 1	If other alkalis, please specify:	text Custom alignment: LH
4015	b2l Show the field ONLY if: ([b1l(01)] = 1) or ([b1l(02)] = 1) or ([b1l(03)] = 1) or ([b1l(04)] = 1) or ([b1l(05)] = 1)	Overall, how many years did you work in jobs in which you were exposed to alkalis for 15 minutes a week or more? [IF LESS THAN ONE YEAR, ENTER "00"] *years*	text (integer, Min: 0, Max: 105) Custom alignment: LH
4016	b3l Show the field ONLY if: ([b1l(01)] = 1) or ([b1l(02)] = 1) or ([b1l(03)] = 1) or ([b1l(04)] = 1) or ([b1l(05)] = 1)	When you were exposed to alkalis at work, how often were you exposed?	radio 1 Daily 2 At least once per week 3 At least once per month 4 At least once per year Custom alignment: LV
4017	b4l Show the field ONLY if: ([b1l(01)] = 1) or ([b1l(02)] = 1) or ([b1l(03)] = 1) or ([b1l(04)] = 1) or ([b1l(05)] = 1)	Did you experience any health problems from being exposed to alkalis?	radio 1 Yes 0 No 3 Don't know Custom alignment: LV
4018	b5xl_start Show the field ONLY if: [b2l] <> ''	What year did you START being exposed to alkalis in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4019	b5xl_stop Show the field ONLY if: [b2l] <> '' and [b5xl_ongoing(1)]<>'1'	What year did you STOP being exposed to alkalis in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4020	b5xl_stop_2 Show the field ONLY if: [b5xl_ongoing(1)]='1'	What year did you STOP being exposed to alkalis in any job you have held? *Year*	descriptive
4021	b5xl_ongoing Show the field ONLY if: [b2l] <> '' and [b5xl_stop]=''		checkbox 1 b5xl_ongoing___1 Still exposed Custom alignment: LV

4022	b1m	Section Header: *Stains and Varnishes* Please select any stains and varnishes you have ever been exposed to for 15 minutes a week or more in any job you have held [CHOOSE ALL THAT APPLY] By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it, swallowing it or being around the substance.	checkbox, Required 01 b1m___01 Shellac 02 b1m___02 Wood stain 03 b1m___03 Resin (gum) varnish 04 b1m___04 Polyurethane 05 b1m___05 Lacquer 06 b1m___06 Acrylic 07 b1m___07 Other stains and varnishes 98 b1m___98 Don't know 00 b1m___00 None of these Custom alignment: LV
4023	b1m_07_spec Show the field ONLY if: [b1m(07)] = 1	If other stains and varnishes, please specify:	text Custom alignment: LH
4024	b2m Show the field ONLY if: ([b1m(01)] = 1) or ([b1m(02)] = 1) or ([b1m(03)] = 1) or ([b1m(04)] = 1) or ([b1m(05)] = 1) or ([b1m(06)] = 1) or ([b1m(07)] = 1)	Overall, how many years did you work in jobs in which you were exposed to stains and varnishes for 15 minutes a week or more? [IF LESS THAN ONE YEAR, ENTER "00"] *years*	text (integer, Min: 0, Max: 105) Custom alignment: LH
4025	b3m Show the field ONLY if: ([b1m(01)] = 1) or ([b1m(02)] = 1) or ([b1m(03)] = 1) or ([b1m(04)] = 1) or ([b1m(05)] = 1) or ([b1m(06)] = 1) or ([b1m(07)] = 1)	When you were exposed to stains and varnishes at work, how often were you exposed?	radio 1 Daily 2 At least once per week 3 At least once per month 4 At least once per year Custom alignment: LV
4026	b4m Show the field ONLY if: ([b1m(01)] = 1) or ([b1m(02)] = 1) or ([b1m(03)] = 1) or ([b1m(04)] = 1) or ([b1m(05)] = 1) or ([b1m(06)] = 1) or ([b1m(07)] = 1)	Did you experience any health problems from being exposed to stains and varnishes?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
4027	b5xm_start Show the field ONLY if: [b2m] <> ''	What year did you START being exposed to stains and varnishes in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4028	b5xm_stop Show the field ONLY if: [b2m] <> '' and [b5xm_ongoing(1)]<>'1'	What year did you STOP being exposed to stains and varnishes in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4029	b5xm_stop_2 Show the field ONLY if: [b5xm_ongoing(1)]='1'	What year did you STOP being exposed to stains and varnishes in any job you have held? *Year*	descriptive
4030	b5xm_ongoing Show the field ONLY if: [b2m] <> '' and [b5xm_stop] =''		checkbox 1 b5xm_ongoing___1 Still exposed Custom alignment: LV

4031	b1n	Section Header: *Paints and Paint Thinners* Please select any paints and paint thinners you have ever been exposed to for 15 minutes a week or more in any job you have held [CHOOSE ALL THAT APPLY] By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it, swallowing it or being around the substance.	checkbox, Required 01 b1n___01 Primer 02 b1n___02 Enamel 03 b1n___03 Oil-based 04 b1n___04 Acrylic 05 b1n___05 Luminescent (glows in the dark) 06 b1n___06 Acetone 07 b1n___07 Turpentine 08 b1n___08 Naphtha 09 b1n___09 Methyl ethyl ketone 10 b1n___10 Other 98 b1n___98 Don't know 00 b1n___00 None of these Custom alignment: LV
4032	b1n_10_spec Show the field ONLY if: [b1n(10)] = 1	If other paints and paint thinners, please specify:	text Custom alignment: LH
4033	b2n Show the field ONLY if: ([b1n(01)] = 1) or ([b1n(02)] = 1) or ([b1n(03)] = 1) or ([b1n(04)] = 1) or ([b1n(01)] = 1) or ([b1n(06)] = 1) or ([b1n(07)] = 1) or ([b1n(08)] = 1) or ([b1n(09)] = 1) or ([b1n(10)] = 1)	Overall, how many years did you work in jobs in which you were exposed to paints and paint thinners for 15 minutes a week or more? [IF LESS THAN ONE YEAR, ENTER "00"] *years*	text (integer, Min: 0, Max: 105) Custom alignment: LH
4034	b3n Show the field ONLY if: ([b1n(01)] = 1) or ([b1n(02)] = 1) or ([b1n(03)] = 1) or ([b1n(04)] = 1) or ([b1n(01)] = 1) or ([b1n(06)] = 1) or ([b1n(07)] = 1) or ([b1n(08)] = 1) or ([b1n(09)] = 1) or ([b1n(10)] = 1)	When you were exposed to paints and paint thinners at work, how often were you exposed?	radio 1 Daily 2 At least once per week 3 At least once per month 4 At least once per year Custom alignment: LV
4035	b4n Show the field ONLY if: ([b1n(01)] = 1) or ([b1n(02)] = 1) or ([b1n(03)] = 1) or ([b1n(04)] = 1) or ([b1n(01)] = 1) or ([b1n(06)] = 1) or ([b1n(07)] = 1) or ([b1n(08)] = 1) or ([b1n(09)] = 1) or ([b1n(10)] = 1)	Did you experience any health problems from being exposed to paints and paint thinners?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
4036	b5xn_start Show the field ONLY if: [b2n] <> ''	What year did you START being exposed to paints and paint thinners in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4037	b5xn_stop Show the field ONLY if: [b2n] <> '' and [b5xn_ongoing(1)]<>'1'	What year did you STOP being exposed to paints and paint thinners in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4038	b5xn_stop_2 Show the field ONLY if: [b5xn_ongoing(1)]='1'	What year did you STOP being exposed to paints and paint thinners in any job you have held? *Year*	descriptive
4039	b5xn_ongoing Show the field ONLY if: [b2n] <> '' and [b5xn_stop]=''		checkbox 1 b5xn_ongoing___1 Still exposed Custom alignment: LV

4040	b1o	Section Header: *Anesthetics* Please select any anesthetics you have ever been exposed to for 15 minutes a week or more in any job you have held [CHOOSE ALL THAT APPLY] By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it, swallowing it or being around the substance.	checkbox, Required 01 b1o___01 Desflurane 02 b1o___02 Enflurane 03 b1o___03 Halothane 04 b1o___04 Isoflurane 05 b1o___05 Methoxyflurane 06 b1o___06 Nitrous oxide 07 b1o___07 Sevoflurane 08 b1o___08 Other anesthetics 98 b1o___98 Don't know 00 b1o___00 None of these Custom alignment: LV
4041	b1o_08_spec Show the field ONLY if: [b1o(08)] = 1	If other anesthetics, please specify:	text Custom alignment: LH
4042	b2o Show the field ONLY if: ([b1o(01)] = 1) or ([b1o(02)] = 1) or ([b1o(03)] = 1) or ([b1o(04)] = 1) or ([b1o(05)] = 1) or ([b1o(06)] = 1) or ([b1o(07)] = 1) or ([b1o(08)] = 1)	Overall, how many years did you work in jobs in which you were exposed to anesthetics for 15 minutes a week or more? [IF LESS THAN ONE YEAR, ENTER "00"] *years*	text (integer, Min: 0, Max: 105) Custom alignment: LH
4043	b3o Show the field ONLY if: ([b1o(01)] = 1) or ([b1o(02)] = 1) or ([b1o(03)] = 1) or ([b1o(04)] = 1) or ([b1o(05)] = 1) or ([b1o(06)] = 1) or ([b1o(07)] = 1) or ([b1o(08)] = 1)	When you were exposed to anesthetics at work, how often were you exposed?	radio 1 Daily 2 At least once per week 3 At least once per month 4 At least once per year Custom alignment: LV
4044	b4o Show the field ONLY if: ([b1o(01)] = 1) or ([b1o(02)] = 1) or ([b1o(03)] = 1) or ([b1o(04)] = 1) or ([b1o(05)] = 1) or ([b1o(06)] = 1) or ([b1o(07)] = 1) or ([b1o(08)] = 1)	Did you experience any health problems from being exposed to anesthetics?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
4045	b5xo_start Show the field ONLY if: [b2o] <> ''	What year did you START being exposed to anesthetics in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4046	b5xo_stop Show the field ONLY if: [b2o] <> '' and [b5xo_ongoing(1)]<>'1'	What year did you STOP being exposed to anesthetics in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4047	b5xo_stop_2 Show the field ONLY if: [b5xo_ongoing(1)]='1'	What year did you STOP being exposed to anesthetics in any job you have held? *Year*	descriptive
4048	b5xo_ongoing Show the field ONLY if: [b2o] <> '' and [b5xo_stop]=''		checkbox 1 b5xo_ongoing___1 Still Exposed Custom alignment: LV

4049	b1p	Section Header: *Glues and Adhesives* Please select any glues and adhesives you have ever been exposed to for 15 minutes a week or more in any job you have held [CHOOSE ALL THAT APPLY] By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it, swallowing it or being around the substance.	checkbox, Required 01 b1p___01 White glue 02 b1p___02 Rubber cement 03 b1p___03 Neoprene 04 b1p___04 Ethylene-vinyl acetate 05 b1p___05 Epoxy 06 b1p___06 Urethane 07 b1p___07 Polyimides 08 b1p___08 Cyanoacrylates 09 b1p___09 Wallpaper paste 10 b1p___10 Other glues and adhesives 98 b1p___98 Don't know 00 b1p___00 None of these Custom alignment: LV
4050	b1p_10_spec Show the field ONLY if: [b1p(10)] = 1	If other glues and adhesives, please specify:	text Custom alignment: LH
4051	b2p Show the field ONLY if: ([b1p(01)] = 1) or ([b1p(02)] = 1) or ([b1p(03)] = 1) or ([b1p(04)] = 1) or ([b1p(05)] = 1) or ([b1p(06)] = 1) or ([b1p(07)] = 1) or ([b1p(08)] = 1) or ([b1p(09)] = 1) or ([b1p(10)] = 1)	Overall, how many years did you work in jobs in which you were exposed to glues and adhesives for 15 minutes a week or more? [IF LESS THAN ONE YEAR, ENTER "00"] *years*	text (integer, Min: 0, Max: 105) Custom alignment: LH
4052	b3p Show the field ONLY if: ([b1p(01)] = 1) or ([b1p(02)] = 1) or ([b1p(03)] = 1) or ([b1p(04)] = 1) or ([b1p(05)] = 1) or ([b1p(06)] = 1) or ([b1p(07)] = 1) or ([b1p(08)] = 1) or ([b1p(09)] = 1) or ([b1p(10)] = 1)	When you were exposed to glues and adhesives at work, how often were you exposed?	radio 1 Daily 2 At least once per week 3 At least once per month 4 At least once per year Custom alignment: LV
4053	b4p Show the field ONLY if: ([b1p(01)] = 1) or ([b1p(02)] = 1) or ([b1p(03)] = 1) or ([b1p(04)] = 1) or ([b1p(05)] = 1) or ([b1p(06)] = 1) or ([b1p(07)] = 1) or ([b1p(08)] = 1) or ([b1p(09)] = 1) or ([b1p(10)] = 1)	Did you experience any health problems from being exposed to glues and adhesives?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
4054	b5xp_start Show the field ONLY if: [b2p] <> ''	What year did you START being exposed to glues and adhesives in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4055	b5xp_stop Show the field ONLY if: [b2p] <> '' and [b5xp_ongoing(1)]<>'1'	What year did you STOP being exposed to glues and adhesives in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4056	b5xp_stop_2 Show the field ONLY if: [b5xp_ongoing(1)]='1'	What year did you STOP being exposed to glues and adhesives in any job you have held? *Year*	descriptive
4057	b5xp_ongoing Show the field ONLY if: [b2p] <> '' and [b5xp_stop]=''		checkbox 1 b5xp_ongoing___1 Still exposed Custom alignment: LV

<table>
<tr>
<td>4058</td>
<td>b1q</td>
<td>Section Header: Soldering Materials
Please select any soldering materials you have ever been exposed to for 15 minutes a week or more in any job you have held [CHOOSE ALL THAT APPLY]

By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it, swallowing it or being around the substance.</td>
<td>checkbox, Required
<table>
<tr><td>01</td><td>b1q___01</td><td>Eutectic (tin-lead alloy)</td></tr>
<tr><td>02</td><td>b1q___02</td><td>Tin zinc alloy</td></tr>
<tr><td>03</td><td>b1q___03</td><td>Lead silver alloy</td></tr>
<tr><td>04</td><td>b1q___04</td><td>Cadmium silver alloy</td></tr>
<tr><td>05</td><td>b1q___05</td><td>Flux</td></tr>
<tr><td>06</td><td>b1q___06</td><td>Solder paste</td></tr>
<tr><td>07</td><td>b1q___07</td><td>Solder wire</td></tr>
<tr><td>08</td><td>b1q___08</td><td>Rosin</td></tr>
<tr><td>09</td><td>b1q___09</td><td>Solder fumes</td></tr>
<tr><td>10</td><td>b1q___10</td><td>Other soldering materials</td></tr>
<tr><td>98</td><td>b1q___98</td><td>Don't know</td></tr>
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Custom alignment: LV</td>
</tr>
<tr>
<td>4059</td>
<td>b1q_10_spec

Show the field ONLY if:
[b1q(10)] = 1</td>
<td>If other soldering materials, please specify:</td>
<td>text
Custom alignment: LH</td>
</tr>
<tr>
<td>4060</td>
<td>b2q

Show the field ONLY if:
([b1q(01)] = 1) or ([b1q(02)] = 1) or ([b1q(03)] = 1) or ([b1q(04)] = 1) or ([b1q(05)] = 1) or ([b1q(06)] = 1) or ([b1q(07)] = 1) or ([b1q(08)] = 1) or ([b1q(09)] = 1) or ([b1q(10)] = 1)</td>
<td>Overall, how many years did you work in jobs in which you were exposed to soldering materials for 15 minutes a week or more? [IF LESS THAN ONE YEAR, ENTER "00"]
years</td>
<td>text (integer, Min: 0, Max: 105)
Custom alignment: LH</td>
</tr>
<tr>
<td>4061</td>
<td>b3q

Show the field ONLY if:
([b1q(01)] = 1) or ([b1q(02)] = 1) or ([b1q(03)] = 1) or ([b1q(04)] = 1) or ([b1q(05)] = 1) or ([b1q(06)] = 1) or ([b1q(07)] = 1) or ([b1q(08)] = 1) or ([b1q(09)] = 1) or ([b1q(10)] = 1)</td>
<td>When you were exposed to soldering materials at work, how often were you exposed?</td>
<td>radio
<table>
<tr><td>1</td><td>Daily</td></tr>
<tr><td>2</td><td>At least once per week</td></tr>
<tr><td>3</td><td>At least once per month</td></tr>
<tr><td>4</td><td>At least once per year</td></tr>
</table>
Custom alignment: LV</td>
</tr>
<tr>
<td>4062</td>
<td>b4q

Show the field ONLY if:
([b1q(01)] = 1) or ([b1q(02)] = 1) or ([b1q(03)] = 1) or ([b1q(04)] = 1) or ([b1q(05)] = 1) or ([b1q(06)] = 1) or ([b1q(07)] = 1) or ([b1q(08)] = 1) or ([b1q(09)] = 1) or ([b1q(10)] = 1)</td>
<td>Did you experience any health problems from being exposed to soldering materials?</td>
<td>radio
<table>
<tr><td>1</td><td>Yes</td></tr>
<tr><td>0</td><td>No</td></tr>
<tr><td>8</td><td>Don't know</td></tr>
</table>
Custom alignment: LV</td>
</tr>
<tr>
<td>4063</td>
<td>b5xq_start

Show the field ONLY if:
[b2q] <> ''</td>
<td>What year did you START being exposed to soldering materials in any job you have held?
Year</td>
<td>text (integer, Min: 1910, Max: 2021)
Custom alignment: LH</td>
</tr>
<tr>
<td>4064</td>
<td>b5xq_stop

Show the field ONLY if:
[b2q] <> '' and [b5xq_ongoing(1)]<>'1'</td>
<td>What year did you STOP being exposed to soldering materials in any job you have held?
Year</td>
<td>text (integer, Min: 1910, Max: 2021)
Custom alignment: LH</td>
</tr>
<tr>
<td>4065</td>
<td>b5xq_stop_2

Show the field ONLY if:
[b5xq_ongoing(1)]='1'</td>
<td>What year did you STOP being exposed to soldering materials in any job you have held?
Year</td>
<td>descriptive</td>
</tr>
<tr>
<td>4066</td>
<td>b5xq_ongoing

Show the field ONLY if:
[b2q] <> '' and [b5xq_stop]=''</td>
<td></td>
<td>checkbox
<table>
<tr><td>1</td><td>b5xq_ongoing___1</td><td>Still exposed</td></tr>
</table>
Custom alignment: LV</td>
</tr>
</table>

4067	b1r	Section Header: *Dyes and Inks* Please select any dyes and inks you have ever been exposed to for 15 minutes a week or more in any job you have held [CHOOSE ALL THAT APPLY] By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it, swallowing it or being around the substance.	checkbox, Required 01 b1r___01 Hair dye 02 b1r___02 Leather dye 03 b1r___03 Textile dye 04 b1r___04 Paper dye 05 b1r___05 India ink 06 b1r___06 Inkjet printer 07 b1r___07 Gel ink 08 b1r___08 Fountain pen ink 09 b1r___09 Toner 10 b1r___10 Soy Ink 11 b1r___11 Pharmaceutical ink 12 b1r___12 Other dyes and inks 98 b1r___98 Don't know 00 b1r___00 None of these Custom alignment: LV
4068	b1r_12_spec Show the field ONLY if: [b1r(12)] = 1	If other dyes and inks, please specify:	text Custom alignment: LH
4069	b2r Show the field ONLY if: ([b1r(01)] = 1) or ([b1r(02)] = 1) or ([b1r(03)] = 1) or ([b1r(04)] = 1) or ([b1r(05)] = 1) or ([b1r(06)] = 1) or ([b1r(07)] = 1) or ([b1r(08)] = 1) or ([b1r(09)] = 1) or ([b1r(10)] = 1) or ([b1r(11)] = 1) or ([b1r(12)] = 1)	Overall, how many years did you work in jobs in which you were exposed to dyes and inks for 15 minutes a week or more? [IF LESS THAN ONE YEAR, ENTER "00"] *years*	text (integer, Min: 0, Max: 105) Custom alignment: LH
4070	b3r Show the field ONLY if: ([b1r(01)] = 1) or ([b1r(02)] = 1) or ([b1r(03)] = 1) or ([b1r(04)] = 1) or ([b1r(05)] = 1) or ([b1r(06)] = 1) or ([b1r(07)] = 1) or ([b1r(08)] = 1) or ([b1r(09)] = 1) or ([b1r(10)] = 1) or ([b1r(11)] = 1) or ([b1r(12)] = 1)	When you were exposed to dyes and inks at work, how often were you exposed?	radio 1 Daily 2 At least once per week 3 At least once per month 4 At least once per year Custom alignment: LV
4071	b4r Show the field ONLY if: ([b1r(01)] = 1) or ([b1r(02)] = 1) or ([b1r(03)] = 1) or ([b1r(04)] = 1) or ([b1r(05)] = 1) or ([b1r(06)] = 1) or ([b1r(07)] = 1) or ([b1r(08)] = 1) or ([b1r(09)] = 1) or ([b1r(10)] = 1) or ([b1r(11)] = 1) or ([b1r(12)] = 1)	Did you experience any health problems from being exposed to dyes and inks?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
4072	b5xr_start Show the field ONLY if: [b2r] <> ''	What year did you START being exposed to dyes and inks in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4073	b5xr_stop Show the field ONLY if: [b2r] <> '' and [b5xr_ongoing(1)]<>'1'	What year did you STOP being exposed to dyes and inks in any job you have held? *Year*	text (integer, Min: 1910, Max: 2021) Custom alignment: LH
4074	b5xr_stop_2 Show the field ONLY if: [b5xr_ongoing(1)]='1'	What year did you STOP being exposed to dyes and inks in any job you have held? *Year*	descriptive

4075	b5xr_ongoing Show the field ONLY if: [b2r] <> '' and [b5xr_stop]=''		checkbox 1 | b5xr_ongoing___1 | Still exposed Custom alignment: LV
4076	b5	Did you ever wear gloves when handling any of the previously listed chemicals?	radio 1 | Yes 0 | No 8 | Don't know 9 | Refused Custom alignment: LV
4077	b5a Show the field ONLY if: [b5]='1'	When handling any of the previously listed chemicals, how much of the time did you wear gloves, on average?	radio 1 | Less than half 2 | About half 3 | More than half 4 | All the time 8 | Don't know Custom alignment: LV
4078	b5b Show the field ONLY if: [b5]='1'	What type(s) of gloves did you wear? [CHOOSE ALL THAT APPLY]	checkbox 01 | b5b___01 | Leather gloves 02 | b5b___02 | Cotton gloves 03 | b5b___03 | Rubber or Synthetic gloves 08 | b5b___08 | Don't know Custom alignment: LV
4079	b6	Did you ever wear a face mask or respirator when handling any of the previously listed chemicals?	radio 1 | Yes 0 | No 8 | Don't know 9 | Refused Custom alignment: LV
4080	b6a Show the field ONLY if: [b6]='1'	When handling any of the previously listed chemicals, how much of the time did you wear a face mask or respirator, on average?	radio 1 | Less than half 2 | About half 3 | More than half 4 | All the time 8 | Don't know Custom alignment: LV
4081	b7	Did you ever wear protective clothing, such as Tyvek (high-density polyethylene synthetic fiber), lab coat, apron, etc. when handling any of the previously listed chemicals?	radio 1 | Yes 0 | No 8 | Don't know 9 | Refused Custom alignment: LV

4082	b7a Show the field ONLY if: [b7]='1'	When handling any of the previously listed chemicals, how much of the time did you wear protective clothing, on average?	radio 1 Less than half 2 About half 3 More than half 4 All the time 8 Don't know Custom alignment: LV
4083	c1_pre	Section Header: *C. Workplace Characteristics The following questions ask about things you may have been exposed to at your current/most recent workplace outside of the home. If you are currently not working, think about your most recent workplace.* Have you ever had a job outside of your home?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
4084	c1 Show the field ONLY if: [c1_pre] = 1	While you have worked at your current/most recent job, has there ever been renovation or repairs in your workspace because of moisture damage?	radio 1 Yes 0 No Custom alignment: LV
4085	c1a Show the field ONLY if: [c1] = 1	When were the renovations or repairs (bacause of moisture damage) in your current/most recent workspace completed?	radio 1 During the past year 2 1-3 years ago 3 More than 3 years ago 8 Don't know Custom alignment: LV
4086	c2 Show the field ONLY if: [c1_pre]='1'	What is the floor material in your current/most recent workspace? [CHOOSE ALL THAT APPLY]	checkbox 01 c2___01 Concrete 02 c2___02 Wood 03 c2___03 Cork 04 c2___04 Vinyl 05 c2___05 Wall-to-wall carpet 06 c2___06 Other floor materials 08 c2___08 Don't know Custom alignment: LV
4087	c2_06_spc Show the field ONLY if: [c2(06)] = 1	If other floor material, please specify	text Custom alignment: LH
4088	c3 Show the field ONLY if: [c1_pre]='1'	Is any of the wall material in your current/most recent workspace textile (cloth, fiber wallpaper, etc.)?	radio 1 Yes 0 No Custom alignment: LV
4089	c3a Show the field ONLY if: [c3] = 1	What proportion of the wall surfaces are textile (cloth, fiber wallpaper, etc.)?	radio 1 Less than half of the wall surfaces 2 At least half of the wall surfaces Custom alignment: LV

4090	c4 Show the field ONLY if: [c1_pre]='1'	Is any of the wall material of your current/most recent workspace plastic (plastic or vinyl wallpaper)?	radio 1 Yes 0 No Custom alignment: LV
4091	c4a Show the field ONLY if: [c4] = 1	What proportion of the wall surfaces are plastic?	radio 1 Less than half of the wall surfaces 2 At least half of the wall surfaces Custom alignment: LV
4092	d1a	Section Header: *D. Hobby Exposures The questions in this section ask about hobbies you may have participated in. Hobbies using Glues* Have you ever participated for 6 months or longer in hobbies using glues?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
4093	d2a_yr Show the field ONLY if: [d1a] = 1	Overall, for about how many years were you involved in hobbies using glues? [ENTER "00" FOR LESS THAN 1 YEAR.] *years*	text (integer, Min: 0, Max: 80) Custom alignment: LH
4094	d3a_hr Show the field ONLY if: [d1a] = 1	On average, about how many hours per week, per month, or per year did you participate in the hobby? *hours per week, per month or per year*	text (integer, Min: 0, Max: 99) Custom alignment: LH
4095	d3a_period Show the field ONLY if: [d1a] = 1	Please provide time period (week, month, year) of the hours that you participated in the hobby.	radio 1 Week 2 Month 3 Year Custom alignment: LV
4096	d1b	Section Header: *Hobbies involving Soldering* Have you ever participated for 6 months or longer in hobbies involving soldering, such as jewelry making or stained glass?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
4097	d2b_yr Show the field ONLY if: [d1b] = 1	Overall, for about how many years were you involved in hobbies involving soldering, such as jewelry making or stained glass? [ENTER "00" FOR LESS THAN 1 YEAR.] *years*	text (integer, Min: 0, Max: 80) Custom alignment: LH
4098	d3b_hr Show the field ONLY if: [d1b] = 1	On average, about how many hours per week, per month, or per year did you participated in the hobby? *hours per week, per month or per year*	text (integer, Min: 0, Max: 99) Custom alignment: LH
4099	d3b_period Show the field ONLY if: [d1b] = 1	Please provide time period (week, month, year) of the hours that you participated in the hobby.	radio 1 Week 2 Month 3 Year Custom alignment: LV
4100	d1c	Section Header: *Developing Photographs* Have you ever participated for 6 months or longer in developing photographs?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV

4101	d2c_yr Show the field ONLY if: [d1c] = 1	Overall, for about how many years were you involved in developing photographs? [ENTER "00" FOR LESS THAN 1 YEAR.] *years*	text (integer, Min: 0, Max: 80) Custom alignment: LH
4102	d3c_hr Show the field ONLY if: [d1c] = 1	On average, about how many hours per week, per month, or per year did you participated in the hobby? *hours per week, per month or per year*	text (integer, Min: 0, Max: 99) Custom alignment: LH
4103	d3c_period Show the field ONLY if: [d1c] = 1	Please provide time period (week, month, year) of the hours that you participated in the hobby.	radio 1 Week 2 Month 3 Year Custom alignment: LV
4104	d1d	Section Header: *Oil Painting* Have you ever participated for 6 months or longer in oil painting?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
4105	d2d_yr Show the field ONLY if: [d1d] = 1	Overall, for about how many years were you involved in developing photographs? [ENTER "00" FOR LESS THAN 1 YEAR.] *years*	text (integer, Min: 0, Max: 80) Custom alignment: LH
4106	d3d_hr Show the field ONLY if: [d1d] = 1	On average, about how many hours per week, per month, or per year did you participated in the hobby? *hours per week, per month or per year*	text (integer, Min: 0, Max: 99) Custom alignment: LH
4107	d3d_period Show the field ONLY if: [d1d] = 1	Please provide time period (week, month, year) of the hours that you participated in the hobby.	radio 1 Week 2 Month 3 Year Custom alignment: LV
4108	d1e	Section Header: *Woodworking or Refinishing Furniture* Have you ever participated for 6 months or longer in woodworking or refinishing furniture?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
4109	d2e_yr Show the field ONLY if: [d1e] = 1	Overall, for about how many years were you involved in woodworking or refinishing furniture? [ENTER "00" FOR LESS THAN 1 YEAR.] *years*	text (integer, Min: 0, Max: 80) Custom alignment: LH
4110	d3e_hr Show the field ONLY if: [d1e] = 1	On average, about how many hours per week, per month, or per year did you participated in the hobby? *hours per week, per month or per year*	text (integer, Min: 0, Max: 99) Custom alignment: LH
4111	d3e_period Show the field ONLY if: [d1e] = 1	Please provide time period (week, month, year) of the hours that you participated in the hobby.	radio 1 Week 2 Month 3 Year Custom alignment: LV
4112	d1f	Section Header: *Ceramics or Pottery* Have you ever participated for 6 months or longer in ceramics or pottery making?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV

4113	d2f_yr Show the field ONLY if: [d1f] = 1	Overall, for about how many years were you involved in ceramics or pottery making? [ENTER "0" FOR LESS THAN 1 YEAR.] *years*	text (integer, Min: 0, Max: 80) Custom alignment: LH
4114	d3f_hr Show the field ONLY if: [d1f] = 1	On average, about how many hours per week, per month, or per year did you participated in the hobby? *hours per week, per month or per year*	text (integer, Min: 0, Max: 99) Custom alignment: LH
4115	d3f_period Show the field ONLY if: [d1f] = 1	Please provide time period (week, month, year) of the hours that you participated in the hobby.	radio 1 Week 2 Month 3 Year Custom alignment: LV
4116	d1g	Section Header: *Leather Crafting* Have you ever participated for 6 months or longer in leather crafting?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
4117	d2g_yr Show the field ONLY if: [d1g] = 1	Overall, for about how many years were you involved in leather crafting? [ENTER "0" FOR LESS THAN 1 YEAR.] *years*	text (integer, Min: 0, Max: 80) Custom alignment: LH
4118	d3g_hr Show the field ONLY if: [d1g] = 1	On average, about how many hours per week, per month, or per year did you participated in the hobby? *hours per week, per month or per year*	text (integer, Min: 0, Max: 99) Custom alignment: LH
4119	d3g_period Show the field ONLY if: [d1g] = 1	Please provide time period (week, month, year) of the hours that you participated in the hobby.	radio 1 Week 2 Month 3 Year Custom alignment: LV
4120	d1i	Section Header: *Fishing using Lead Weights or Sinkers* Have you ever participated for 6 months or longer in fishing using lead weights or sinkers?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
4121	d2i_yr Show the field ONLY if: [d1i] = 1	Overall, for about how many years were you involved in fishing using lead weights or sinkers? [ENTER "0" FOR LESS THAN 1 YEAR.] *years*	text (integer, Min: 0, Max: 80) Custom alignment: LH
4122	d3i_hr Show the field ONLY if: [d1i] = 1	On average, about how many hours per week, per month, or per year did you participated in the hobby? *hours per week, per month or per year*	text (integer, Min: 0, Max: 99) Custom alignment: LH
4123	d3i_period Show the field ONLY if: [d1i] = 1	Please provide time period (week, month, year) of the hours that you participated in the hobby.	radio 1 Week 2 Month 3 Year Custom alignment: LV

4124	d1j	Section Header: *Repairing Cars or Boats* Have you ever participated for 6 months or longer in repairing cars or boats (other than fixing a flat tire or changing the oil)?	radio 1 Yes 0 No 8 Don't Know Custom alignment: LV
4125	d2j_yr Show the field ONLY if: [d1j] = 1	Overall, for about how many years were you involved in repairing cars or boats ? [ENTER "0" FOR LESS THAN 1 YEAR.] *years*	text (integer, Min: 0, Max: 80) Custom alignment: LH
4126	d3j_hr Show the field ONLY if: [d1j] = 1	On average, about how many hours per week, per month, or per year did you participated in the hobby? *hours per week, per month or per year*	text (integer, Min: 0, Max: 99) Custom alignment: LH
4127	d3j_period Show the field ONLY if: [d1j] = 1	Please provide time period (week, month, year) of the hours that you participated in the hobby.	radio 1 Week 2 Month 3 Year Custom alignment: LV
4128	d1k	Section Header: *Gardening, Yard Work, and Lawn Care* Have you ever participated for 6 months or longer in gardening, yard work, and lawn care?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
4129	d2k_yr Show the field ONLY if: [d1k] = 1	Overall, for about how many years were you involved in gardening, yard work, and lawn care? [ENTER "0" FOR LESS THAN 1 YEAR.] *years*	text (integer, Min: 0, Max: 80) Custom alignment: LH
4130	d3k_hr Show the field ONLY if: [d1k] = 1	On average, about how many hours per week, per month, or per year did you participated in the hobby? *hours per week, per month or per year*	text (integer, Min: 0, Max: 99) Custom alignment: LH
4131	d3k_period Show the field ONLY if: [d1k] = 1	Please provide time period (week, month, year) of the hours that you participated in the hobby.	radio 1 Week 2 Month 3 Year Custom alignment: LV
4132	d1l	Section Header: *Other Hobbies Involving the Use of Chemicals* Have you ever participated for 6 months or longer in other hobbies involving the use of chemicals?	radio 1 Yes 0 No 8 Don't know Custom alignment: LV
4133	d1l_spec Show the field ONLY if: [d1l] = 1	Please specify the other hobbies involving the use of chemicals.	text Custom alignment: LH
4134	d2l_yr Show the field ONLY if: [d1l] = 1	Overall, for about how many years were you involved in other hobbies involving in the use of chemicals? [ENTER "0" FOR LESS THAN 1 YEAR.] *years*	text (integer, Min: 0, Max: 80) Custom alignment: LH
4135	d3l_hr Show the field ONLY if: [d1l] = 1	On average, about how many hours per week, per month, or per year did you participated in the hobby? *hours per week, per month or per year*	text (integer, Min: 0, Max: 99) Custom alignment: LH

4136	d3l_period Show the field ONLY if: [d1l] = 1	Please provide time period (week, month, year) of the hours that you participated in the hobby.	radio 1 Week 2 Month 3 Year Custom alignment: LV
4137	e1	Section Header: *E. Ultraviolet Light Exposures The following questions focus on your sun exposure.* If you spent an hour in the mid-day sun (10:00 am to 2:00 pm) for the first time without sunscreen, which of these reactions best describes what would happen to your skin? When we refer to a "tan," it means darkening of your natural skin color after sun exposure.	radio 1 A blistering sunburn 2 A sunburn without blisters 3 A mild sunburn that becomes a tan 4 A tan with no sunburn 5 No change in skin color Custom alignment: LV
4138	e2	Section Header: *Blistering Sunburn* Have you ever had a blistering sunburn?	yesno 1 Yes 0 No Custom alignment: LV
4139	e2a Show the field ONLY if: [e2] = 1	About how old were you the FIRST time you had a blistering sunburn?	radio 1 Under 5 years old 2 5 - 14 years old 3 15 - 24 years old 4 25 - 39 years old 5 40 - 64 years old 6 65 years old or older 8 Don't know Custom alignment: LV
4140	e2b Show the field ONLY if: [e2] = 1	About how old were you the LAST time you had a blistering sunburn?	radio 1 Under 5 years old 2 5 - 14 years old 3 15 - 24 years old 4 25 - 39 years old 5 40 - 64 years old 6 65 years old or older 8 Don't know Custom alignment: LV
4141	e2c Show the field ONLY if: [e2] = 1	About how many blistering sunburns have you had in your lifetime?	radio 1 1 or 2 2 3 or 4 3 5 - 9 4 10 - 19 5 20 or more 8 Don't know Custom alignment: LV
4142	e3	Section Header: *Skin Rash from Sun Exposure* Have you ever had a skin rash from sun exposure?	yesno 1 Yes 0 No Custom alignment: LV

4143	e3a Show the field ONLY if: [e3] = 1	About how old were you the FIRST time you had a skin rash from sun exposure?	radio 1 Under 5 years old 2 5 - 14 years old 3 15 - 24 years old 4 25 - 39 years old 5 40 - 64 years old 6 65 years old or older 8 Don't know Custom alignment: LV
4144	e3b Show the field ONLY if: [e3] = 1	About how old were you the LAST time you had a skin rash from sun exposure?	radio 1 Under 5 years old 2 5 - 14 years old 3 15 - 24 years old 4 25 - 39 years old 5 40 - 64 years old 6 65 years old or older 8 Don't know Custom alignment: LV
4145	e3c Show the field ONLY if: [e3] = 1	About how many times in your lifetime have you gotten a skin rash from sun exposure?	radio 1 1 or 2 2 3 or 4 3 5 - 9 4 10 - 19 5 20 or more 8 Don't know Custom alignment: LV
4146	e4	Section Header: *Tanning Booth* Have you ever used a tanning booth?	yesno 1 Yes 0 No Custom alignment: LV
4147	e4a Show the field ONLY if: [e4] = 1	About how old were you the FIRST time you used a tanning booth?	radio 1 Under 5 years old 2 5 - 14 years old 3 15 - 24 years old 4 25 - 39 years old 5 40 - 64 years old 6 65 years old or older 8 Don't know Custom alignment: LV

4148	e4b Show the field ONLY if: [e4] = 1	About how old were you the LAST time you used a tanning booth?	radio 1 Under 5 years old 2 5 - 14 years old 3 15 - 24 years old 4 25 - 39 years old 5 40 - 64 years old 6 65 years old or older 8 Don't know Custom alignment: LV
4149	e4c Show the field ONLY if: [e4] = 1	About how many times in your lifetime have you used a tanning booth?	radio 1 1 or 2 2 3 or 4 3 5 - 9 4 10 - 19 5 20 or more 8 Don't know Custom alignment: LV
4150	e5	Section Header: *Sunlamp* Have you ever used a sunlamp?	yesno 1 Yes 0 No Custom alignment: LV
4151	e5a Show the field ONLY if: [e5] = 1	About how old were you the FIRST time you used a sunlamp?	radio 1 Under 5 years old 2 5 - 14 years old 3 15 - 24 years old 4 25 - 39 years old 5 40 - 64 years old 6 65 years old or older 8 Don't know Custom alignment: LV
4152	e5b Show the field ONLY if: [e5] = 1	About how old were you the LAST time you used a sunlamp?	radio 1 Under 5 years old 2 5 - 14 years old 3 15 - 24 years old 4 25 - 39 years old 5 40 - 64 years old 6 65 years old or older 8 Don't know Custom alignment: LV

4153	e5c Show the field ONLY if: [e5] = 1	About how many times in your lifetime have you used a sunlamp?	radio 1, 1 or 2 2, 3 or 4 3, 5 - 9 4, 10 - 19 5, 20 or more 8, Don't know Custom alignment: LV
4154	e6a	Section Header: *Please answer the following questions about your exposure to the sun at different periods of your life. When we refer to "mid-day sun," it means between the hours of 10 AM and 2 PM. When we refer to a "tan," it means darkening of your natural skin color after sun exposure. If an age group does not apply to you, please choose "Not applicable." For example, if you are under the age of 20 years old, choose "Not applicable" for the age groups "In your twenties" and "In your thirties." On a typical WEEKDAY in the SUMMER, about how many hours per day did you spend in the mid-day sun (between 10 am and 2 pm)?* In your teens	radio (Matrix) 1, Less than 15 minutes 2, 15 minutes to less than an hour 3, 1 or 2 hours 4, 3 or 4 hours 8, Don't know 5, Not applicable
4155	e6b	In your twenties	radio (Matrix) 1, Less than 15 minutes 2, 15 minutes to less than an hour 3, 1 or 2 hours 4, 3 or 4 hours 8, Don't know 5, Not applicable
4156	e6c	In your thirties	radio (Matrix) 1, Less than 15 minutes 2, 15 minutes to less than an hour 3, 1 or 2 hours 4, 3 or 4 hours 8, Don't know 5, Not applicable
4157	e6d	In the past 10 years	radio (Matrix) 1, Less than 15 minutes 2, 15 minutes to less than an hour 3, 1 or 2 hours 4, 3 or 4 hours 8, Don't know 5, Not applicable
4158	e7a	Section Header: *On a typical WEEKEND in the SUMMER, about how many hours per day did you spend in the mid-day sun (between 10 am and 2 pm)?* In your teens	radio (Matrix) 1, Less than 15 minutes 2, 15 minutes to less than an hour 3, 1 or 2 hours 4, 3 or 4 hours 8, Don't know 5, Not applicable

4159	e7b	In your twenties	radio (Matrix) 1 Less than 15 minutes 2 15 minutes to less than an hour 3 1 or 2 hours 4 3 or 4 hours 8 Don't know 5 Not applicable
4160	e7c	In your thirties	radio (Matrix) 1 Less than 15 minutes 2 15 minutes to less than an hour 3 1 or 2 hours 4 3 or 4 hours 8 Don't know 5 Not applicable
4161	e7d	In the past 10 years	radio (Matrix) 1 Less than 15 minutes 2 15 minutes to less than an hour 3 1 or 2 hours 4 3 or 4 hours 8 Don't know 5 Not applicable
4162	e8a	Section Header: *On average, how many months per year did you usually have a tan? Please select an answer other than 'Not Applicable' for 'In your teens' and 'In the past 10 years'.* In your teens	radio (Matrix) 1 Never had a tan 2 1 - 3 months 3 4 - 6 months 4 7 - 9 months 5 10 - 12 months 8 Don't know
4163	e8b	In your twenties	radio (Matrix) 1 Never had a tan 2 1 - 3 months 3 4 - 6 months 4 7 - 9 months 5 10 - 12 months 8 Don't know 6 Not applicable
4164	e8c	In your thirties	radio (Matrix) 1 Never had a tan 2 1 - 3 months 3 4 - 6 months 4 7 - 9 months 5 10 - 12 months 8 Don't know 6 Not applicable

4165	e8d	In the past 10 years	radio (Matrix) 1 Never had a tan 2 1 - 3 months 3 4 - 6 months 4 7 - 9 months 5 10 - 12 months 8 Don't know
4166	e9	During leisure time, when you are outside in direct sunlight, how often do you wear a HAT WITH A BRIM?	radio 1 Never 2 Less than half the time 3 Half the time 4 More than half the time 5 All the time Custom alignment: LV
4167	e10	During leisure time, about how often do you wear SUNGLASSES when you are outside in direct sunlight?	radio 1 Never 2 Less than half the time 3 Half the time 4 More than half the time 5 All the time Custom alignment: LV
4168	e11	During leisure time, about how often do you wear SUNSCREEN when you are outside in direct sunlight?	radio 1 Never 2 Less than half the time 3 Half the time 4 More than half the time 5 All the time Custom alignment: LV
4169	closing_comment	Section Header: Please provide any comments you have about the survey below.	notes Custom alignment: LV
4170	closing_statement	Thank you for completing Part A of the Exposome Survey. Your responses will be used to study how our genes and environment interact to increase or decrease our risk for common diseases and health conditions. After you submit your responses to Part A, you will be directed to Part B of the survey. If you want to pause and come back later, you may exit the survey by closing your browser tab or window. The answers you provided up to that point are saved. When you are ready to continue, reopen the link for the survey and click "Start Survey" to begin from the point you left off. Click the "Submit" button now to submit your responses to Part A and continue to Part B. If needed, we may contact you in the future if we have questions about any of your responses.	descriptive
4171	exposome_part_a_complete	Section Header: *Form Status* Complete?	dropdown 0 Incomplete 1 Unverified 2 Complete

Instrument: **Exposome Part B** (exposome_part_b) Enabled as survey Expand Expand