

ALS ID#	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	0	FORM	<input type="text"/>	<input type="text"/>	VER	<input type="text"/>	<input type="text"/>	(11-10)
RECORD	<input type="text"/>	<input type="text"/>	SUBRECORD	<input type="text"/>	<input type="text"/>					BLANK	<input type="text"/>		(11-15)
TIME:	<u>BEGAN</u>		<u>ENDED</u>		<u>TOTAL</u>								
	_____		_____		_____								
	_____		_____		_____								
	_____		_____		_____								
INTERVIEW LENGTH:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>			MINUTES						(16-18)

THE ENVIRONMENT AND HEALTH STUDY QUESTIONNAIRE

Good (morning/afternoon/evening). Thank you for agreeing to talk with us. I would like to ask you some questions from a questionnaire form. The questions deal with information about your medical history, personal habits, diet, hobbies, residential history, and job history. We are trying to learn about factors that relate to health. Therefore, we would appreciate your efforts to answer the questions as best you can. Some of the questions are sensitive in nature, so you don't have to answer any that you choose not to. Your name does not appear on the document I am completing; it is identified by a number. Please be assured that all information that you provide will be kept confidential as provided by law.

[FOR TELEPHONE INTERVIEW:]

If at any time you need to hang up, please let me know and we can continue at another time.

Interview Date	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(18-24)
	MM DD YY	
Date 5 years ago	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(25-30)
	MM DD YY	
Sex [CIRCLE:]	M=1 F=2 <input type="checkbox"/>	(31)
Birthdate	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	(32-37)
	MM DD YY	
Age now	<input type="text"/> <input type="text"/>	(38-39)
Age 5 years ago	<input type="text"/> <input type="text"/>	(40-41)
Age 20 years ago	<input type="text"/> <input type="text"/>	(42-43)

FOR SEPARATE SESSIONS:

DATE	TIME STARTED	TIME STOPPED	LENGTH OF SESSION (MINS)
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>
<input type="text"/> / <input type="text"/> / <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/> : <input type="text"/> : <input type="text"/>	<input type="text"/>
TOTAL TIME:			<input type="text"/>

[WRITE TOTAL TIME ON FRONT COVER]

SECTION A: BACKGROUND INFORMATION

The first section of this questionnaire asks for some general information.

A1. Were you born in the United States? YES [A4] 1 (44)
 NO 2

A2. What country were you born in? [][] [][] [][] (45-47)

A3. How old were you when you came to live in the United States? [][] (48-49)
YRS

A4. What is your marital status? MARRIED (OR LIVING AS MARRIED) .. [A7] .. 1 (50)
 SEPARATED/DIVORCED [A5] .. 2
 [READ CATEGORIES] WIDOWED [A6] .. 3
 NEVER MARRIED [A7] .. 4
 RF [A7] .. 7
 DK [A7] .. 8

A5. [IF 2:] What date were you (separated/divorced)? [][] [][] [][] (51-55)
MM DD YY

A6. [IF 3:] What date did your (husband/wife) die? [][] [][] [][] (57-62)
MM DD YY

A7. Which of these groups best describes your racial or ethnic heritage? WHITE 1 (63)
 BLACK OR AFRICAN-AMERICAN 2
 AMERICAN INDIAN OR ALASKAN NATIVE 3
 [READ CATEGORIES] ASIAN OR PACIFIC ISLANDER 4
 OTHER 5
 RF 7
 DK 8
 [SPECIFY OTHER:]

[][] [][] (64-65)

A8. Are you also hispanic? YES 1 (66)
 NO 2
 DK 8

A9. What is the highest grade or level of schooling that you have completed? I have a list of categories...

- 11TH GRADE OR LESS 1 (67)
- HIGH SCHOOL GRADUATE 2
- VOCATIONAL OR TECHNICAL TRAINING AFTER FINISHING HIGH SCHOOL 3
- SOME COLLEGE 4
- COLLEGE GRADUATE 5
- RF 7
- DK 8

[READ]

A10. Did you ever travel to Japan, New Guinea, Guam, or any other Pacific Island? Please include any time spent there in the military.

- YES 1 (68)
- NO [A14] 2
- DK [A14] 8

[IF YES:]

	A11.	A12.	A13.					
	Where did you go?/Where else did you go in the Pacific?	How old were you when you first went there?	How much time in total did you spend there?					
			Duration					
			#	days	weeks	months	years	
a	<input type="text"/> _____	<input type="text"/> YRS	<input type="text"/>	1	2	3	4	(69-76)
b	<input type="text"/> _____	<input type="text"/> YRS	<input type="text"/>	1	2	3	4	(77-84)
c	<input type="text"/> _____	<input type="text"/> YRS	<input type="text"/>	1	2	3	4	(85-92)

In this interview I will sometimes ask you questions that refer to the time 5 years ago, in 19(____), when you were (AGE) years old. Please think about that time for a moment, think about how old you were, where you lived, what job you had or how you spent your time.

A14. Five years ago, when you were (AGE), how tall were you?

(93-95)
FT IN

A15. How much did you weigh?

(96-98)
LBS

SECTION B: MEDICAL HISTORY

The next section is about your medical history.

B1. What date were you diagnosed by a doctor with the condition which brought you to this clinic?

MM	DD	YY

(99-104)

B2. What month and year did you first experience symptoms of the condition which brought you to this clinic?

MM	YY

(105-108)

[CASES ONLY] Controls → B5

B3. What part of your body was first affected by ALS? [CIRCLE RESPONSE FOR EACH SITE]

	YES	NO	DK	
right arm	1	2	8	(109)
left arm	1	2	8	(110)
right leg	1	2	8	(111)
left leg	1	2	8	(112)
tongue or throat	1	2	8	(113)
other [SPECIFY]	1	2	8	→
[SPECIFY OTHER:] _____				→

B4. Are you right- or left-handed?

RIGHT-HANDED	1	(114)
LEFT-HANDED	2	
AMBIDEXTROUS	3	

B5. Were you hospitalized as an infant because you were born before term?

YES	1	(115)
NO	2	
DK	8	

B6. About how many cavities have you had that were filled with silver fillings? Please include both your primary or baby teeth and your secondary or adult teeth. I have categories...

NONE	1	(116)
1 TO 10	2	
11 TO 20	3	
MORE THAN 20	4	
DK	8	

[READ]

B7. About how many fillings have you had removed and replaced? I have categories...

[READ]

NONE 1
1 TO 5 2
6 TO 10 3
MORE THAN 10 4
DK 8

(117)

B8. Did you ever donate whole blood?

[IF YES]

YES 1
NO [B11] 2
DK [B11] 8

(118)

B9. How old were you the first time you donated blood?

AGE

(119-120)

B10. How many times in your life did you donate whole blood?

times

(121-122)

[CODERS: RECODE B3 "OTHER" HERE FOR KEYING]

(123)

(124-126)

The following questions concern medical conditions that you may have had, other than the one which brought you to this clinic.

	B11.		B12.	B13.		B14.		REC 02 (16-20) (21-25) (26-30) (31-35) (36-40) (41-45) (46-50) (51-55) (56-60) (61-65) (66-70) (71-75) (76-80) (81-85) (86-90) (91-95) (96-100) (101-105)
	Yes	No	Age	Yes	No	Yes	No	
Did a doctor ever tell you that you had (condition)? IF YES, then ask B12 through B14.								
a) Hyperthyroid, Graves disease [PROBE: MED = PTU, TAPEZOLE]	1	2	<input type="text"/>	1	2	1	2	
b) Hypothyroid [PROBE: MED = SYNTHROID]	1	2	<input type="text"/>	1	2	1	2	
c) Hyperparathyroid	1	2	<input type="text"/>	1	2	1	2	
d) High blood pressure	1	2	<input type="text"/>	1	2	1	2	
e) Gastric or peptic ulcer	1	2	<input type="text"/>	1	2	1	2	
f) High calcium	1	2	<input type="text"/>	1	2	1	2	
g) Kidney stones	1	2	<input type="text"/>	1	2	1	2	
h) Osteoporosis	1	2	<input type="text"/>	1	2	1	2	
i) Curved spine or scoliosis or kyphosis	1	2	<input type="text"/>	1	2	1	2	
j) Paget's disease	1	2	<input type="text"/>	1	2	1	2	
k) Bone infection	1	2	<input type="text"/>	1	2	1	2	
l) Porphyria	1	2	<input type="text"/>	1	2	1	2	
m) Lymphoma or Hodgkin's disease	1	2	<input type="text"/>	1	2	1	2	
n) Multiple myeloma	1	2	<input type="text"/>	1	2	1	2	
o) Leukemia	1	2	<input type="text"/>	1	2	1	2	
p) Polio	1	2	<input type="text"/>	1	2	1	2	
q) Polyneuritis or Guillain-Barré syndrome	1	2	<input type="text"/>	1	2	1	2	
r) Parkinson's disease or parkinsonian symptoms	1	2	<input type="text"/>	1	2	1	2	

The following questions concern some medications you may have taken, with or without a doctor's prescription.

B15.		B16.		B17.	B18.	
Did you ever use (medication)?		[IF YES] What is/was the name of the medication?		How old were you when you started using (medication)?	How many years or months in total did you use (medication)?	
IF YES, ask B16 through B18.					[< 1 = 00]	
	Yes No	Name		Age	Duration	
a) Medicine to lower blood pressure	1 2	1	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	REC 03 (16-28)
		2	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(29-40)
		3	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(41-52)
b) Antacids or medicine for heartburn	1 2	1	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(53-65)
		2	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(66-77)
		3	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(78-89)
c) Diet pills or other stimulants	1 2	1	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(90-102)
		2	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(103-114)
		3	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(115-126)
d) Sleeping pills or other sedatives	1 2	1	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	REC 04 (16-28)
		2	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(29-40)
		3	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(41-52)
e) Tranquilizers or muscle relaxants	1 2	1	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(53-65)
		2	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(66-77)
		3	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(78-89)
f) Medicine for depression	1 2	1	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(90-102)
		2	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(103-114)
		3	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(115-126)
g) Psychotherapeutic drugs	1 2	1	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	REC 05 (16-28)
		2	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(29-40)
		3	<input type="text"/>	<input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(41-52)

The following questions concern some treatments and procedures you may have had.

Did you ever have (treatment)? IF YES, ask B20 & B21	B19.			B20.	B21.			
	Yes	No	DK	How many times did you have (treatment)? #	How old were you (the 1st/2nd/3rd) time? [DK=98] 1st age	2nd age	3rd age	
a) Immunization against polio either with an injection or with an oral vaccine (drops on tongue or sugar cube)	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(63-61)
b) Spinal anesthesia (the anesthetic is given as a shot in the spinal column)	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(62-70)
c) Spinal tap (for this test, a needle is inserted into the spinal column to remove spinal fluid)	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(71-79)
d) Myelogram (for this test, a dye is injected into the spine and viewed by x-ray)	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(80-88)
e) Electroshock therapy (used to treat depression)	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(89-97)

B22. Did you ever have surgery? YES 1 (98)
 NO [B28] 2
 DK [B28] 8

[IF YES]

B23. How many times have you had surgery? # surgeries (99-100)

B24.		B25.		B26.		B27.			
How old were you (the 1st/2nd/3rd/ etc.) time?		What was the surgery?		What part of your body was operated on?		Did the surgery require general anesthesia?			
Age		[DESCRIBE:]		[SPECIFY:]		Yes	No	DK	
01						1	2	8	REC 06 (16-26) (27-29) (30-32)
02						1	2	8	(16-26) (27-29) (30-32)
03						1	2	8	(16-26) (27-29) (30-32)
04						1	2	8	(16-26) (27-29) (30-32)
05						1	2	8	(16-26) (27-29) (30-32)
06						1	2	8	(16-26) (27-29) (30-32)

CONTINUATION PAGES? YES NO

B28. Have you ever broken a bone, including a rib or a vertebra, even if it did not need to be set in a cast? YES 1 (16)
 NO [B32] 2
 DK [B32] 8

[IF YES]

B29.

B30.

How old were you (the 1st/2nd/3rd/4th) time?	Age	What bone/s did you break?	Bone/s	
a) 1st	<input type="text"/>		<input type="text"/>	(17-21)
b) 2nd	<input type="text"/>		<input type="text"/>	(22-26)
c) 3rd	<input type="text"/>		<input type="text"/>	(27-31)
d) 4th	<input type="text"/>		<input type="text"/>	(32-36)

B31. In your whole life, how many bones were broken on all occasions? (The same bone broken twice counts as 2 breaks.) total # breaks (37-38)

B32. Did you ever have an electric shock so severe that you required medical attention? YES 1 (39)
 NO [B37] 2
 DK [B37] 8

[IF YES]

B33. How many times did this happen? # times (40-41)

B34.

B35.

B36.

How old were you (the 1st/2nd/3rd) time?	Age	Was the shock so severe that you were knocked unconscious?			How many minutes or hours were you unconscious?			
		Yes	No	DK	#	Minutes	Hours	
a) 1st	<input type="text"/>	1	2	8	<input type="text"/>	1	2	(42-47)
b) 2nd	<input type="text"/>	1	2	8	<input type="text"/>	1	2	(48-53)
c) 3rd	<input type="text"/>	1	2	8	<input type="text"/>	1	2	(54-59)

B37. Were you ever struck by lightning? YES 1 (60)
 NO [B39] 2
 DK [B39] 8

[IF YES]

B38. How old were you? AGE (61-62)

B39. Were you ever injured so severely that you required medical attention, for example while playing a sport, in a fight, or in an accident?

YES 1 (63)
 NO [B43] 2
 DK [B43] 8

[IF YES]

B40. How many times did this happen?

times (64-65)

B41.

B42.

How old were you (the 1st/2nd/3rd) time?		On what part or parts of your body were you injured?/Anywhere else?											
Age		[CIRCLE RESPONSE FOR EACH SITE]											
		HEAD		TRUNK		RIGHT ARM		LEFT ARM		RIGHT LEG		LEFT LEG	
		Y	N	Y	N	Y	N	Y	N	Y	N	Y	N
a) 1st	<input type="text"/> <input type="text"/>	1	2	1	2	1	2	1	2	1	2	1	2
b) 2nd	<input type="text"/> <input type="text"/>	1	2	1	2	1	2	1	2	1	2	1	2
c) 3rd	<input type="text"/> <input type="text"/>	1	2	1	2	1	2	1	2	1	2	1	2

(66-73)

(74-81)

(82-89)

B43. Were you ever shot with a gun?

YES 1 (90)
 NO [B48] 2
 DK [B48] 8

[IF YES]

B44. How many times did this happen?

times (91-92)

B45.

B46.

B47.

How old were you (the 1st/2nd/3rd) time?	How many bullets or shotgun pellets entered your body?	How many bullets or shotgun pellets are still in your body?
Age	# bullets/pellets	# remaining
a) 1st <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b) 2nd <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c) 3rd <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

(93-98)

(99-104)

(105-110)

B48. Did you ever require medical attention because you were poisoned with...

B49.

	Yes	No	DK	[IF YES] How old were you?	
a) lead?	1	2	8	<input type="text"/> <input type="text"/>	(111-113)
b) mercury?	1	2	8	<input type="text"/> <input type="text"/>	(114-116)
c) pesticides?	1	2	8	<input type="text"/> <input type="text"/>	(117-119)
d) anything else?	1	2	8	<input type="text"/> <input type="text"/>	(120-122)



[OTHER, SPECIFY:] (123-124)

- B50. How old were you when you began having menstrual periods? AGE (16-17)
- B51. Were you ever pregnant? Please count all pregnancies, whether or not a child was born or survived. YES 1 (18)
 NO [B58] 2
 DK [B58] 8
- B52. How many times were you pregnant? # pregnancies (19-20)
- B53. How many of these pregnancies lasted at least six months? # 6 mo. pregnancies (21-22)
- B54. How many live births did you have? # live births (23-24)
 [IF 00 → B58]
- B55. Did you breastfeed any of your children? YES 1 (25)
 NO [B58] 2
 DK [B58] 8

[IF YES]

B56.

B57.

Start with your first child, and tell me whether you nursed him or her. How long?

Child #	Yes	No	DK	Number of Months Nursed	
1	1	2	8	<input type="text"/> <input type="text"/>	(26-28)
2	1	2	8	<input type="text"/> <input type="text"/>	(29-31)
3	1	2	8	<input type="text"/> <input type="text"/>	(32-34)
4	1	2	8	<input type="text"/> <input type="text"/>	(35-37)
5	1	2	8	<input type="text"/> <input type="text"/>	(38-40)
6	1	2	8	<input type="text"/> <input type="text"/>	(41-43)
7	1	2	8	<input type="text"/> <input type="text"/>	(44-46)
8	1	2	8	<input type="text"/> <input type="text"/>	(47-49)
9	1	2	8	<input type="text"/> <input type="text"/>	(50-52)
10	1	2	8	<input type="text"/> <input type="text"/>	(53-55)

B58. Do you still have menstrual periods?

YES [B66] 1
 NO 2
 DK 8

(56)

[IF NO]

B59. How old were you when you had your last period?

AGE

(57-58)

B60. Did you have a natural or surgical menopause?

NATURAL .. [B62] 1
 SURGICAL 2
 DK [B62] 8

(59)

[FOR A WOMAN WHO HAD A HYSTERECTOMY:]

You said that you had a hysterectomy. Right?

[IF SURGICAL]

B61. At the time of your surgery, did they remove...

	Yes	No	DK	
your uterus?	1	2	8	(60)
both ovaries?,	1	2	8	(61)
or one ovary?	1	2	8	(62)

B62. Did you ever use replacement estrogen or vitamins for menopausal symptoms or osteoporosis?

YES 1
 NO [B66] 2
 DK [B66] 8

(63)

B63.

B64.

B65.

[IF YES] What have you taken?	At what age did you first take it?	For how many months or years in total did you take it?	
Name	Age	Duration	
a) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(64-75)
b) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(76-87)
c) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(88-99)
d) _____ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> yrs <input type="text"/> mos	(100-111)

B66. Were you adopted? [IF ADOPTED BUT HAVE SOME INFO ABOUT PARENTS' MED HX, ASK B67-86 AND WRITE 3 HERE ->]

YES [SECTION C] 1
 NO 2
 DK [SECTION C] 8

(16)

Did a doctor ever tell your mother or father that they had any of the following diseases?

B67.		B68.		B69.			B70.			B71.		
Is your (parent) still alive?		[IF YES] How old is your (parent) now? [IF NO] How old was s/he when s/he died? [DK=998]		ALS or motor neuron disease?			Parkinson's disease or parkinsonism?			Alzheimer's disease or dementia?		
Yes	No	Age		Yes	No	DK	Yes	No	DK	Yes	No	DK
Mother	1 2	[][][][]		1	2	8	1	2	8	1	2	8
Father	1 2	[][][][]		1	2	8	1	2	8	1	2	8

B76. How many full brothers and sisters have you had? We're asking about brothers and sisters that had both the same mother and father as you did.

Did a doctor ever tell any of your siblings that they had any of the following diseases?

B77.		B78.		B79.			B80.			B81.			B82.		
Is your (oldest/next) (sibling) a brother or a sister? Is s/he still alive?		[IF YES] How old is s/he now? [IF NO] How old was s/he when s/he died? [DK=998]		ALS or motor neuron disease?			Parkinson's disease or parkinsonism?			Alzheimer's disease or dementia?					
Sibling		Age		Yes	No	DK	Yes	No	DK	Yes	No	DK			
B	S	Yes	No	Yes	No	DK	Yes	No	DK	Yes	No	DK			
01	1 2	1	2	[][][][]	1	2	8	1	2	8	1	2	8		
02	1 2	1	2	[][][][]	1	2	8	1	2	8	1	2	8		
03	1 2	1	2	[][][][]	1	2	8	1	2	8	1	2	8		
04	1 2	1	2	[][][][]	1	2	8	1	2	8	1	2	8		
05	1 2	1	2	[][][][]	1	2	8	1	2	8	1	2	8		
06	1 2	1	2	[][][][]	1	2	8	1	2	8	1	2	8		
07	1 2	1	2	[][][][]	1	2	8	1	2	8	1	2	8		
08	1 2	1	2	[][][][]	1	2	8	1	2	8	1	2	8		
09	1 2	1	2	[][][][]	1	2	8	1	2	8	1	2	8		
10	1 2	1	2	[][][][]	1	2	8	1	2	8	1	2	8		

(16)

(17)

(18-20)

(21)

(22)

(23)

B72.			B73.			B74.			B75.									
Thyroid disease?			Polio?			Other diseases affecting the nervous system?			[IF YES, SPECIFY:]									
Yes	No	DK	Yes	No	DK	Yes	No	DK										
1	2	8	1	2	8	1	2	8										
1	2	8	1	2	8	1	2	8										

(17-36)

(37-56)

brothers

sisters

[IF BOTH 00 → B87]

(57-60)

SUB

(61-62)

REC 10

B83.			B84.			B85.			B86.									
Thyroid disease?			Polio?			Other diseases affecting the nervous system?			[IF YES, SPECIFY:]									
Yes	No	DK	Yes	No	DK	Yes	No	DK										
1	2	8	1	2	8	1	2	8										
1	2	8	1	2	8	1	2	8										
1	2	8	1	2	8	1	2	8										
1	2	8	1	2	8	1	2	8										
1	2	8	1	2	8	1	2	8										
1	2	8	1	2	8	1	2	8										
1	2	8	1	2	8	1	2	8										
1	2	8	1	2	8	1	2	8										
1	2	8	1	2	8	1	2	8										
1	2	8	1	2	8	1	2	8										
1	2	8	1	2	8	1	2	8										

(24)

(25)

(26)

(27-31)

(32-36)

IF MORE THAN 10 SIBLINGS, GO TO SIBLING CONTINUATION SHEET(S).

CONTINUATION SHEETS?

YES NO

[FOR WOMEN, CHECK B54 AND CONFIRM]

B87. How many children have you had that were born to you?

[FOR WOMEN WITH LIVE BIRTHS:] You said that you had () live births. Am I right?

B88. How many were daughters and how many were sons?

Did a doctor ever tell any of your children that they had any of the following diseases?

B89.		B90.		B91.		B92.			B93.			B94.		
Is your (oldest/next child) a daughter or a son? Is s/he still alive?				[IF YES] How old is s/he now? [IF NO] How old was s/he when s/he died? [DK=98]		ALS or motor neuron disease?			Parkinson's disease or parkinsonism?			Alzheimer's disease or dementia?		
D	S	Yes	No	Age	Yes	No	DK	Yes	No	DK	Yes	No	DK	
														Child
01	1 2	1	2	□ □ □	1	2	8	1	2	8	1	2	8	
02	1 2	1	2	□ □ □	1	2	8	1	2	8	1	2	8	
03	1 2	1	2	□ □ □	1	2	8	1	2	8	1	2	8	
04	1 2	1	2	□ □ □	1	2	8	1	2	8	1	2	8	
05	1 2	1	2	□ □ □	1	2	8	1	2	8	1	2	8	
06	1 2	1	2	□ □ □	1	2	8	1	2	8	1	2	8	
07	1 2	1	2	□ □ □	1	2	8	1	2	8	1	2	8	
08	1 2	1	2	□ □ □	1	2	8	1	2	8	1	2	8	
09	1 2	1	2	□ □ □	1	2	8	1	2	8	1	2	8	
10	1 2	1	2	□ □ □	1	2	8	1	2	8	1	2	8	

(16)

(17)

(18-19)

(20)

(21)

(22)

children

[IF 00 → SECTION C]

daughters

sons

SUB (22-23)

B95.			B96.			B97.			B98.											
Thyroid disease?			Polio?			Other diseases affecting the nervous system?			[IF YES, SPECIFY:]											
Yes	No	DK	Yes	No	DK	Yes	No	DK												
1	2	8	1	2	8	1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
1	2	8	1	2	8	1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
1	2	8	1	2	8	1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
1	2	8	1	2	8	1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
1	2	8	1	2	8	1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
1	2	8	1	2	8	1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
1	2	8	1	2	8	1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
1	2	8	1	2	8	1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
1	2	8	1	2	8	1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
1	2	8	1	2	8	1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
1	2	8	1	2	8	1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
1	2	8	1	2	8	1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
1	2	8	1	2	8	1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							
1	2	8	1	2	8	1	2	8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>							

(23)

(24)

(25)

(26-30)

(31-35)

IF MORE THAN 10 CHILDREN, GO TO CONTINUATION SHEET(S).

CONTINUATION SHEETS? YES NO

SECTION C: SMOKING

The questions in this section are about your smoking habits.

REC 13

- C1. Did you ever smoke at least one cigarette per day for as long as a year? YES 1 (16)
 NO [SECTION D] 2
 DK [SECTION D] 8

[IF YES:]

- C2. About how old were you when you first started smoking cigarettes regularly? (17-18)
 AGE

- C3. On average over the entire time you smoked, about how many cigarettes did you smoke per day? (ONE PACK = 20 CIGARETTES) [$< 1 \text{ CIG/DAY} = 00$] (19-20)
 # CIGS

- C4. Do you smoke cigarettes now? YES [C6] 1 (21)
 NO [C5] 2
 DK [C6] 8

- C5. [IF NO:] How old were you when you stopped for good? (22-23)
 AGE

- C6. While you were smoking, did you ever quit smoking for a year or more and then start again? YES 1 (24)
 NO [SECTION D] 2
 DK [SECTION D] 8

[IF YES:]

- C7. How many years in total did you quit? (25-26)
 # YRS QUIT

SECTION D: ALCOHOL

The next questions are about drinking alcoholic beverages. Included are beer, wine, wine coolers, liquor, such as whiskey, rum, or gin, or any other type of alcoholic beverage.

- D1. In your entire life, have you had at least 10 drinks of any kind of alcoholic beverage?
- | | | | |
|--|----------------------|---|------|
| | YES | 1 | (27) |
| | NO [SECTION E] | 2 | |
| | DK [SECTION E] | 8 | |

[IF YES:]

- D2. Five years ago, when you were (AGE), how often did you drink any kind of alcoholic beverage? I have categories...
- | | | | |
|--|----------------------------------|----|---------|
| | EVERY DAY | 01 | (28-29) |
| | ALMOST EVERY DAY | 02 | |
| | TWO TO FOUR TIMES A WEEK | 03 | |
| | ONCE A WEEK | 04 | |
| | ONE TO THREE TIMES A MONTH | 05 | |
| | LESS THAN ONE TIME A MONTH | 06 | |
| | NEVER [D4] | 07 | |
| | RF | 97 | |
| | DK | 98 | |
- [READ]

- D3. Five years ago, when you were (AGE), about how many drinks would you usually have on days when you had a drink? A drink is a 12 oz. beer or wine cooler, 4 ozs. of wine, or a drink containing 1 oz. of liquor. I have categories...
- | | | | |
|--|---------------------|---|------|
| | NINE OR MORE | 1 | (30) |
| | FIVE TO EIGHT | 2 | |
| | THREE OR FOUR | 3 | |
| | ONE OR TWO | 4 | |
| | RF | 7 | |
| | DK | 8 | |
- [READ]

- D4. Twenty years ago, did you drink more, less, or about the same amount of alcohol, compared to five years ago?
- | | | | |
|--|----------------------|---|------|
| | MORE | 1 | (31) |
| | LESS | 2 | |
| | ABOUT THE SAME | 3 | |
| | RF | 7 | |
| | DK | 8 | |

- D5. In your entire life, have you had at least 10 drinks of moonshine or homemade liquor?
- | | | | |
|--|-----------|---|------|
| | YES | 1 | (32) |
| | NO | 2 | |
| | RF | 7 | |
| | DK | 8 | |

SECTION E: RECREATIONAL DRUGS

The next questions refer to some recreational drugs that you may have tried.

E1. E2. E3.

Did you ever try (drug)? IF YES, ASK E2-E3	E1.		E2.		E3.				
	Yes	No	How old were you when you first tried (drug)?	# times	Maximum Frequency				
					day	week	month	year	
a. Marijuana or hashish	1	2	<input type="text"/>	<input type="text"/>	1	2	3	4	(33-38)
b. Cocaine or crack	1	2	<input type="text"/>	<input type="text"/>	1	2	3	4	(39-44)
c. Heroin or methadone	1	2	<input type="text"/>	<input type="text"/>	1	2	3	4	(45-50)
d. Amphetamines, uppers, speed	1	2	<input type="text"/>	<input type="text"/>	1	2	3	4	(51-56)
e. Sedatives or downers	1	2	<input type="text"/>	<input type="text"/>	1	2	3	4	(57-62)
f. Laughing gas or whippets	1	2	<input type="text"/>	<input type="text"/>	1	2	3	4	(63-68)
g. Amyl nitrate (poppers)	1	2	<input type="text"/>	<input type="text"/>	1	2	3	4	(69-74)
h. LSD, mescaline, or peyote	1	2	<input type="text"/>	<input type="text"/>	1	2	3	4	(75-80)
i. Sniffing glue	1	2	<input type="text"/>	<input type="text"/>	1	2	3	4	(81-86)

E4. [RATE LEVEL OF SUBJECT DISCOMFORT WITH E1-E3:]

LOW DISCOMFORT 1 (87)
 MODERATE DISCOMFORT 2
 HIGH DISCOMFORT 3

**[FOR VERSION 03, SECTION F, THE DIETARY FREQUENCY, IS
PRINTED SEPARATELY.**

BEFORE CODING AND KEYING IT WILL BE BOUND HERE.

**RECORD NUMBERS AND COLUMNS WILL BE THE SAME AS IN
VERSION 02.**

**THE PAGE NUMBERS FROM HERE TO THE END OF THE
QUESTIONNAIRE WILL BE DIFFERENT DEPENDING ON WHICH
DIETARY FREQUENCY (SELF-ADMINISTERED OR INTERVIEWER-
ADMINISTERED) IS USED, BUT THE PAGE NUMBERS SHOULD BE
IGNORED BY CODERS AND KEYPUNCHERS.]**

SECTION G: LIFESTYLE

*The next group of questions is about hobbies or other activities that you may have engaged in throughout your life **OUTSIDE OF WORK**.*

Did you ever (do activity)? IF YES, then ask G2-G4	G1.		G2.			G3.			G4.				
	Yes	No	Child	Adult	Both	Duration			Frequency				
						#	Months	Years	# times	Week	Month		Year
a. Hunt	1	2	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(18-25)
b. Shoot skeet, trap, or targets	1	2	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(26-33)
c. Shoot on an indoor range	1	2	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(34-41)
d. Cast bullets or reload ammunition	1	2	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(42-49)
e. Fish using lead weights or sinkers	1	2	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(50-57)
f. Paint pictures with oil-based paint	1	2	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(58-65)
g. Glaze pottery or other ceramics	1	2	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(66-73)
h. Make stained glass	1	2	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(74-81)
i. Make silver jewelry	1	2	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(82-89)
j. Develop photographs	1	2	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(90-97)
k. Build models using glue	1	2	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(98-105)
l. Solder	1	2	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(106-113)
m. Paint, strip, or sandblast houses	1	2	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(114-121)
n. Paint or refinish furniture	1	2	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(122-129) REC 18
o. Repair cars or boats, other than fixing a flat tire or changing oil	1	2	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(16-23)
p. Garden or do other yard work, including lawn care	1	2	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(24-31) [IF YES, also ask G5]

[IF YES to G1p:]

G5. For gardening or other yard work, did you use...	G6. Did you use this as a child, age 18 or younger, an adult, age 19 or older, or both?			G7. How many months or years in total did you use it? [$<1 = 00$]			G8. During the (months/years) you used (product), about how many times a (week/month/year) did you use (product)?							
	Y	N	DK	Child	Adult	Both	Duration			Frequency				
							#	Months	Years	# times	Week	Month	Year	
a. Products that kill insects?	1	2	8	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(32-39)
b. Products that kill weeds?	1	2	8	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(40-47)
c. Products that kill mildew or blight?	1	2	8	1	2	3	<input type="text"/>	1	2	<input type="text"/>	1	2	3	(48-55)

G9. Did you ever have a pet cat or dog? YES 1 (56)
 NO [G15] 2
 DK [G15] 8

[IF YES]

G10. Was it when you were a child or adult, or both? CHILD 1 (57)
 ADULT 2
 BOTH 3

G11. How many years in total did you have a pet or pets? (58-59)
 # YRS

G12. Did you or someone else use any products to kill fleas or ticks on your pets? YES 1 (60)
 NO [G15] 2
 DK [G15] 8

[IF YES]

	Y	N	DK	
G13. Did you/they use...				
a dip,	1	2	8	(61)
spray,	1	2	8	(62)
[CIRCLE RESPONSE FOR EACH ITEM]				
powder,	1	2	8	(63)
or a collar?	1	2	8	(64)

G14. How many years in total did you/they use this/these product/s? (65-66)
 # YRS

G15.

G16.

G17.

Did you ever use the following household items once a week or more? [PROBE: FOR EXAMPLE, HANDMADE POTTERY OR SOMETHING LIKE FIESTA WARE]				[IF YES] Did you use them as a child or adult, or both?			For how many weeks, months, or years did you use them?				
	Y	N	DK	Child	Adult	Both	Duration				
							#	Wks	Mos	Yrs	
a. Dishes, casseroles, or cooking pots made of pottery?	1	2	8	1	2	3	<input type="text"/>	1	2	3	(67-71)
b. Stemware, glasses, bowls, or serving dishes made of leaded crystal?	1	2	8	1	2	3	<input type="text"/>	1	2	3	(72-76)

G18. Have you ever used any of the following first aid or grooming products more than ten times in your life?

	Yes	No	DK	
a. Mercurochrome or Merthiolate?	1	2	8	(77)
b. Grecian Formula or other products that gradually darken hair?	1	2	8	(78)
c. Skin lightening creams or soaps?	1	2	8	(79)

G19. Do you currently exercise at least once a week?

YES	1	(80)
NO [G23]	2	
DK [G23]	8	

G20.

G21.

G22.

[IF YES] What do you do?/Anything else?	Is it a moderate or strenuous exercise?		How many hours per week or month do you do it?				
	Moderate	Strenuous	Frequency				
			# hours	per	Week	Month	
a) _____ <input type="text"/>	1	2	<input type="text"/>		1	2	(81-86)
b) _____ <input type="text"/>	1	2	<input type="text"/>		1	2	(87-92)

Next I'm going to ask about the number of hours you usually spend sleeping, sitting, standing, walking, and in moderate or strenuous activity each day.

G23. On the average, how many hours do you spend each 24-hour period:

[ROUND TO QUARTER HOURS]

a. Lying down or sleeping	_____ hours	<input type="text"/>	.	<input type="text"/>	(93-96)
b. In moderate activity, such as housecleaning, gardening, or moderate exercise	_____ hours	<input type="text"/>	.	<input type="text"/>	(97-100)
c. In vigorous activity, such as climbing stairs, lifting heavy objects, or strenuous exercise	_____ hours	<input type="text"/>	.	<input type="text"/>	(101-104)
d. Walking	_____ hours	<input type="text"/>	.	<input type="text"/>	(106-108)
e. Standing	_____ hours	<input type="text"/>	.	<input type="text"/>	(109-112)
f. Sitting	_____ hours	<input type="text"/>	.	<input type="text"/>	(113-116)

TOTAL: 24 hours

G24. Were there ever periods in your life when you were confined to bed for more than a week?	YES	1	(117)
	NO [SECTION H]	2	
	DK [SECTION H]	8	

[IF YES]

G25. Including all such periods, how many weeks in total were you confined to bed?	<input type="text"/>	(118-120)
	# WEEKS	

G26. Have you ever chewed on lead pencils more than 10 times in your life?	YES	1	(121)
	NO	2	
	DK	8	

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SECTION H: RESIDENTIAL HISTORY

In this section, I will ask some questions about the places you have lived throughout your life, including your childhood. Please tell me about each place where you have lived for two years or more. Include all kinds of houses and apartments, including mobile homes. Don't include vacation homes or recreational vehicles where you stayed for only a few weeks, but do include places where you lived for most of the year, like an army barracks or a college dorm.

H1.

H2.

H3.

<p>Let's start with the first place you lived for at least 2 years after you were born. Tell me the name of the town, the state, and the street./ Where did you live next for at least 2 years?</p>	<p>From To</p>	<p>How old was the residence when you began living there? [READ]</p>
<p>Street _____</p> <p>City _____ State _____</p> <p>01</p>	<p> <u> </u> <u> </u></p>	<p>More than 50 years old 1 26 to 50 years old 2 10 to 25 years old 3 Less than 10 years old 4 DK 8</p>
<p>Street _____</p> <p>City _____ State _____</p> <p>02</p>	<p> <u> </u> <u> </u></p>	<p>More than 50 years old 1 26 to 50 years old 2 10 to 25 years old 3 Less than 10 years old 4 DK 8</p>
<p>Street _____</p> <p>City _____ State _____</p> <p>03</p>	<p> <u> </u> <u> </u></p>	<p>More than 50 years old 1 26 to 50 years old 2 10 to 25 years old 3 Less than 10 years old 4 DK 8</p>
<p>Street _____</p> <p>City _____ State _____</p> <p>04</p>	<p> <u> </u> <u> </u></p>	<p>More than 50 years old 1 26 to 50 years old 2 10 to 25 years old 3 Less than 10 years old 4 DK 8</p>
<p>Street _____</p> <p>City _____ State _____</p> <p>05</p>	<p> <u> </u> <u> </u></p>	<p>More than 50 years old 1 26 to 50 years old 2 10 to 25 years old 3 Less than 10 years old 4 DK 8</p>
<p>Street _____</p> <p>City _____ State _____</p> <p>06</p>	<p> <u> </u> <u> </u></p>	<p>More than 50 years old 1 26 to 50 years old 2 10 to 25 years old 3 Less than 10 years old 4 DK 8</p>

(16-19)

(20)

H4.

H5.

H6.

Was this residence located in a...?	During the day, how often did cars, buses, or trucks drive down the street where your house was?	Was this residence located within one mile of a...? [CIRCLE FOR EACH:]		Yes	No	DK
Large city of > 500,000 people 1	A few times a day or less . . 1	Smelter/foundry	1	2	8	
Town or city of > 50,000-500,000 people 2	A few times an hour 2	Battery manufacturing plant . . .	1	2	8	
Town of 5,000-50,000 people 3	Every few minutes or more 3	Refinery	1	2	8	
Town of < 5,000 people or a rural area 4	DK 8	Chemical factory/plant	1	2	8	
DK 8		Landfill/waste dump	1	2	8	
		Freeway/interstate highway . . .	1	2	8	
Large city of > 500,000 people 1	A few times a day or less . . 1	Smelter/foundry	1	2	8	
Town or city of > 50,000-500,000 people 2	A few times an hour 2	Battery manufacturing plant . . .	1	2	8	
Town of 5,000-50,000 people 3	Every few minutes or more 3	Refinery	1	2	8	
Town of < 5,000 people or a rural area 4	DK 8	Chemical factory/plant	1	2	8	
DK 8		Landfill/waste dump	1	2	8	
		Freeway/interstate highway . . .	1	2	8	
Large city of > 500,000 people 1	A few times a day or less . . 1	Smelter/foundry	1	2	8	
Town or city of > 50,000-500,000 people 2	A few times an hour 2	Battery manufacturing plant . . .	1	2	8	
Town of 5,000-50,000 people 3	Every few minutes or more 3	Refinery	1	2	8	
Town of < 5,000 people or a rural area 4	DK 8	Chemical factory/plant	1	2	8	
DK 8		Landfill/waste dump	1	2	8	
		Freeway/interstate highway . . .	1	2	8	
Large city of > 500,000 people 1	A few times a day or less . . 1	Smelter/foundry	1	2	8	
Town or city of > 50,000-500,000 people 2	A few times an hour 2	Battery manufacturing plant . . .	1	2	8	
Town of 5,000-50,000 people 3	Every few minutes or more 3	Refinery	1	2	8	
Town of < 5,000 people or a rural area 4	DK 8	Chemical factory/plant	1	2	8	
DK 8		Landfill/waste dump	1	2	8	
		Freeway/interstate highway . . .	1	2	8	
Large city of > 500,000 people 1	A few times a day or less . . 1	Smelter/foundry	1	2	8	
Town or city of > 50,000-500,000 people 2	A few times an hour 2	Battery manufacturing plant . . .	1	2	8	
Town of 5,000-50,000 people 3	Every few minutes or more 3	Refinery	1	2	8	
Town of < 5,000 people or a rural area 4	DK 8	Chemical factory/plant	1	2	8	
DK 8		Landfill/waste dump	1	2	8	
		Freeway/interstate highway . . .	1	2	8	

(21)

(22)

(23-28)

H1.

H2.

H3.

Where did you live next for at least 2 years?	From what age to what age did you live there?	How old was the residence when you began living there? [READ]
	From To	
Street _____ City _____ State _____ 07	[] [] [] []	More than 50 years old 1 26 to 50 years old 2 10 to 25 years old 3 Less than 10 years old 4 DK 8
Street _____ City _____ State _____ 08	[] [] [] []	More than 50 years old 1 26 to 50 years old 2 10 to 25 years old 3 Less than 10 years old 4 DK 8
Street _____ City _____ State _____ 09	[] [] [] []	More than 50 years old 1 26 to 50 years old 2 10 to 25 years old 3 Less than 10 years old 4 DK 8
Street _____ City _____ State _____ 10	[] [] [] []	More than 50 years old 1 26 to 50 years old 2 10 to 25 years old 3 Less than 10 years old 4 DK 8
Street _____ City _____ State _____ 11	[] [] [] []	More than 50 years old 1 26 to 50 years old 2 10 to 25 years old 3 Less than 10 years old 4 DK 8
Street _____ City _____ State _____ 12	[] [] [] []	More than 50 years old 1 26 to 50 years old 2 10 to 25 years old 3 Less than 10 years old 4 DK 8

(16-19)

(20)

H4.	H5.	H6.			
Was this residence located in a...?	<u>During the day</u> , how often did cars, buses, or trucks drive down the street where your house was?	Was this residence located within one mile of a...? [CIRCLE FOR EACH:]			
		Yes	No	DK	
Large city of > 500,000 people 1	A few times a day or less . 1	Smelter/foundry	1	2	8
Town or city of > 50,000-500,000 people 2	A few times an hour 2	Battery manufacturing plant . . .	1	2	8
Town of 5,000-50,000 people 3	Every few minutes or more 3	Refinery	1	2	8
Town of < 5,000 people or a rural area 4	DK 8	Chemical factory/plant	1	2	8
DK 8		Landfill/waste dump	1	2	8
		Freeway/interstate highway . . .	1	2	8
Large city of > 500,000 people 1	A few times a day or less . 1	Smelter/foundry	1	2	8
Town or city of > 50,000-500,000 people 2	A few times an hour 2	Battery manufacturing plant . . .	1	2	8
Town of 5,000-50,000 people 3	Every few minutes or more 3	Refinery	1	2	8
Town of < 5,000 people or a rural area 4	DK 8	Chemical factory/plant	1	2	8
DK 8		Landfill/waste dump	1	2	8
		Freeway/interstate highway . . .	1	2	8
Large city of > 500,000 people 1	A few times a day or less . 1	Smelter/foundry	1	2	8
Town or city of > 50,000-500,000 people 2	A few times an hour 2	Battery manufacturing plant . . .	1	2	8
Town of 5,000-50,000 people 3	Every few minutes or more 3	Refinery	1	2	8
Town of < 5,000 people or a rural area 4	DK 8	Chemical factory/plant	1	2	8
DK 8		Landfill/waste dump	1	2	8
		Freeway/interstate highway . . .	1	2	8
Large city of > 500,000 people 1	A few times a day or less . 1	Smelter/foundry	1	2	8
Town or city of > 50,000-500,000 people 2	A few times an hour 2	Battery manufacturing plant . . .	1	2	8
Town of 5,000-50,000 people 3	Every few minutes or more 3	Refinery	1	2	8
Town of < 5,000 people or a rural area 4	DK 8	Chemical factory/plant	1	2	8
DK 8		Landfill/waste dump	1	2	8
		Freeway/interstate highway . . .	1	2	8
Large city of > 500,000 people 1	A few times a day or less . 1	Smelter/foundry	1	2	8
Town or city of > 50,000-500,000 people 2	A few times an hour 2	Battery manufacturing plant . . .	1	2	8
Town of 5,000-50,000 people 3	Every few minutes or more 3	Refinery	1	2	8
Town of < 5,000 people or a rural area 4	DK 8	Chemical factory/plant	1	2	8
DK 8		Landfill/waste dump	1	2	8
		Freeway/interstate highway . . .	1	2	8

(21)

(22)

(23-28)

IF MORE THAN 12 RESIDENCES, GO TO RESIDENCE CONTINUATION SHEET(S). CONTINUATION SHEET(S)? YES NO

H7. Did you ever live in a residence where there was cracked or peeling paint on the inside or the outside of the residence?

YES 1 (16)
NO [H9] 2
DK [H9] 8

[IF YES:]

H8. How many years in total did you live in places with cracked or peeling paint?

(17-18)
YEARS

H9. Did you ever live in a residence while most of the paint was being removed from the inside or the outside of the residence?

YES 1 (19)
NO [H12] 2
DK [H12] 8

[IF YES:]

H10. How many times did this happen?

(20-21)
TIMES

H11. How many years in total did you live in a place where paint was being removed?

(22-23)
YEARS

H12. Did you ever live in a residence that was regularly treated with insecticides to kill roaches, fleas, or other insects?

YES 1 (24)
NO [H14] 2
DK [H14] 8

[IF YES:]

H13. How many years in total did you live in places that were treated?

(25-26)
YEARS

H14. Did you ever live in a residence that was treated for termites or carpenter ants?

YES 1 (27)
NO [H16] 2
DK [H16] 8

[IF YES:]

H15. How many times were the places where you lived treated?

(28-29)
TIMES

H16. Did you ever live on a farm for more than one year?

YES 1 (30)
NO [H18] 2
DK [H18] 8

[IF YES:]

H17. How many years in total did you live on farms?

(31-32)
YEARS

H18. Did you ever live in a residence where the water supply came from a private well?

YES 1 (33)
NO [SECTION I] 2
DK [SECTION I] 8

[IF YES:]

H19. How many years in total did you live in places with wells?

(34-35)
YEARS

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SECTION I: OCCUPATIONAL HISTORY

Now I am going to ask you about jobs you have had. We are interested in finding out about each job you had since you were 19 years old that lasted two years or more. This includes full-time jobs, part-time jobs, and job-training programs. Please include jobs you had during military service and while you were in school if they lasted for at least two years.

- | | | | |
|------|---|---------------------------------|------|
| I-1. | First tell me if, since you were 19, you have ever worked outside the home in a job or job training program that lasted at least two years? | YES [I-2] 1 | (36) |
| | | NO [I-21] 2 | |
| | | DK [I-21] 8 | |

I-2.	I-3.	I-4.	I-5.	I-6.	I-7.
What was your first job that lasted at least two years?/What job did you have after that? [FILL OUT ONE ROW FOR EACH JOB EVEN IF MORE THAN ONE JOB WAS HELD AT THE SAME COMPANY]	What kind of organization did you work for? [FOR CONGLOMERATES:] What did your part of the company or organization specialize in; that is, what did they make or do?	What were your main activities or duties as a (job title)?	What year did you start working at that job?	What year did that job end?	How many hours per week did you work at this job?
Title	Industry	Activities	Start Year	Stop Year	# hours
01	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IND	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OCCUP	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
02	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IND	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OCCUP	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
03	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IND	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OCCUP	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
04	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IND	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OCCUP	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
05	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IND	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OCCUP	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>
06	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IND	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OCCUP	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>

(16-18)

(19-21)

(22-23)

(24-26)

(26-27)

I-2. What job did you have after that that lasted at least two years? [FILL OUT ONE ROW FOR EACH JOB EVEN IF MORE THAN ONE JOB WAS HELD AT THE SAME COMPANY] Title	I-3. What kind of organization did you work for? [FOR CONGLOMERATES:] What did your part of the company or organization specialize in; that is, what did they make or do? Industry	I-4. What were your main activities or duties as a (job title)? Activities	I-5. What year did you start working at that job? Start Year	I-6. What year did that job end? Stop Year	I-7. How many hours per week did you work at this job? # hours
07	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IND </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OCCUP </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>
08	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IND </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OCCUP </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>
09	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IND </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OCCUP </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>
10	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IND </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OCCUP </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>
11	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IND </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OCCUP </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>
12	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> IND </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OCCUP </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>	<div style="text-align: right;"> <input type="text"/> <input type="text"/> <input type="text"/> </div>

(CONTINUATION OF REC 21)

(16-18)

(19-21)

(22-23)

(24-26)

(26-27)

IF MORE THAN 12 JOBS, GO TO JOB CONTINUATION SHEET(S).

CONTINUATION SHEET(S)?

YES

NO

Now I will read a list of chemical and physical agents that you might have been exposed to while working on any job. Examples of exposure would be breathing fumes or skin contact.

I-8.

I-9.

I-10.

I-11.

On <u>any</u> of your jobs, were you exposed 10 times or more to... IF YES, ask I-9 through I-11.	I-8.			I-9.	I-10.	I-11.
	Y	N	DK	What year (were you first around/did you first use) (agent)? year	How many years in total (were you around/did you use) (agent)? # years	During those years, how many days per year (were you around/did you use) (agent)? # days
a) lead in any form (fumes, dust, particles)?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) mercury in any form (fumes, dust, particles)?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) insecticides?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) herbicides?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) fungicides?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) fumigants?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) oil-based paints?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
h) paint thinners?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
i) paint strippers?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
j) varnishes?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
k) adhesives?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
l) dyes or printing inks?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
m) cutting, cooling, or lubricating oils?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>

REC 22

(16-23)

(24-31)

(32-39)

(40-47)

(48-55)

(56-63)

(64-71)

(72-79)

(80-87)

(88-95)

(96-103)

(104-111)

(112-119)

I-8.

I-9.

I-10.

I-11.

On <u>any</u> of your jobs, were you exposed 10 times or more to... IF YES, ask I-9 through I-11.	I-8.			I-9.	I-10.	I-11.
	Y	N	DK	What year (were you first around/did you first use) (agent)? year	How many years in total (were you around/did you use) (agent)? # years	During those years, how many days per year (were you around/did you use) (agent)? # days
n) gas, diesel fuel, motor or fuel oil?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
o) antifreeze or coolants?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
p) degreasers or other cleaning agents?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
q) mineral spirits or white spirits?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
r) solvents like toluene or xylene?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
s) dry cleaning agents?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
t) anesthetic gases?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
u) electrical or electronic equipment or machinery?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>
v) electromagnetic fields (power lines, transformer stations)?	1	2	8	<input type="text"/>	<input type="text"/>	<input type="text"/>

REC 23

(16-23)

(24-31)

(32-39)

(40-47)

(48-55)

(56-63)

(64-71)

(72-79)

(80-87)

[IF NO TO ALL I-8 a-v → I-17]

The next questions refer to your use of the substances I just asked you about.

I-12. I'm going to read a list of four kinds of protective equipment. For each kind, tell me whether you used it all the time, sometimes, or never on the jobs involving the substances you used.../ Anything else?

	All the Time	Sometimes	Never	Don't Know	
a. Chemically resistant gloves, like neoprene or nitrile	1	3	2	8	(88)
b. Dust mask	1	3	2	8	(89)
c. Cartridge respirator	1	3	2	8	(90)
d. Apron, coveralls, or any removable outer clothing	1	3	2	8	(91)
e. Other	1	3	2	8	(92)

[SPECIFY:] _____ (93-94)

I-13. Now tell me which kinds of ventilation you had in those jobs. Was there/Did you ... all the time, sometimes, or never?/ ...Anything else?

	All the Time	Sometimes	Never	Don't Know	
a. Open window	1	3	2	8	(95)
b. Fans	1	3	2	8	(96)
c. Mechanical exhaust	1	3	2	8	(97)
d. Fume hood	1	3	2	8	(98)
e. Work outdoors	1	3	2	8	(99)
f. Other	1	3	2	8	(100)

[SPECIFY:] _____ (101-102)

I-14. Were you ever involved in a workplace accident involving spills of large amounts of any of the substances you used?

YES 1 (103)
 NO [I-17] 2
 DK [I-17] 8

[IF YES:]

I-15. What was the substance that was spilled?

- a) _____
- b) _____
- c) _____

I-16. How many times did this happen?

- a) # times (104-108)
- b) # times (109-113)
- c) # times (114-118)

I-17. Did you usually clean your hands with solvents or thinner on any job?

YES 1 (119)
NO 2
DK 8

I-18. Did you ever feel sick or high from an exposure at work?

YES 1 (120)
NO [SECTION J] 2
DK [SECTION J] 8

[IF YES:]

I-19. What made you feel sick or high?

--	--	--

 (121-123)

I-20. How many times did that happen?

--	--	--

 # times (124-126)

[→ SECTION J]

The next questions are only for subjects who never had a job that lasted at least two years.

REC 24

I-21. During most of your adult life, what was your usual job? _____ (16-18)

I-22. [IF HOMEMAKER OR STUDENT:] Did you have any occasional work? YES 1 (19)
 NO [SECTION J] 2
 DK [SECTION J] 8

I-23. What were your main activities or duties?
 _____ (20-22)
 OCCUP

I-24. What did the companies or organizations you worked for make or do?
 _____ (23-26)
 INDUST

I-25. How many years altogether did you work as a (job title from I-21 & I-23)? (26-27)
 # years

I-26.

While working on this job, were you ever exposed 10 times or more to...				
	Yes	No	Don't Know	
a) lead in any form (fumes, dust, particles)?	1	2	8	(28)
b) mercury in any form (fumes, dust, particles)?	1	2	8	(29)
c) insecticides?	1	2	8	(30)
d) herbicides?	1	2	8	(31)
e) fungicides?	1	2	8	(32)
f) fumigants?	1	2	8	(33)
g) oil-based paints?	1	2	8	(34)
h) paint thinners?	1	2	8	(35)
i) paint strippers?	1	2	8	(36)

While working on this job, were you ever exposed 10 times or more to...		Yes	No	Don't Know	
j)	varnishes?	1	2	8	(37)
k)	adhesives?	1	2	8	(38)
l)	dyes or printing inks?	1	2	8	(39)
m)	cutting, cooling, or lubricating oils?	1	2	8	(40)
n)	gas, diesel fuel, motor or fuel oil?	1	2	8	(41)
o)	antifreeze or coolants?	1	2	8	(42)
p)	degreasers or other cleaning agents?	1	2	8	(43)
q)	mineral spirits or white spirits?	1	2	8	(44)
r)	solvents like toluene or xylene?	1	2	8	(45)
s)	dry cleaning agents?	1	2	8	(46)
t)	anesthetic gases?	1	2	8	(47)
u)	electrical or electronic equipment or machinery?	1	2	8	(48)
v)	electromagnetic fields (power lines, transformer stations)?	1	2	8	(49)

I-27. Did you ever feel sick or high from a work exposure?

YES 1
 NO [SECTION J] 2
 DK [SECTION J] 8

(50)

[IF YES:]

I-28. What made you feel sick or high?

(51-53)

I-29. How many times did that happen?

times

(54-56)

SECTION J: INCOME

The last questions concern your income 5 years ago.

J1. 5 years ago, were you...? WORKING (FULL- OR PART-TIME) . 1 (67)
RETIRED 2
 [READ CATEGORIES] A HOMEMAKER 3
DISABLED 4
A STUDENT 5
OTHER 6
DK 8
 [SPECIFY OTHER:]

_____ (68-69)

J2. Were you married (or living as married) at that time? YES 1 (60)
NO [J4] 2
DK [J4] 8

[IF YES:]

J3. 5 years ago, was your husband/wife...? WORKING (FULL- OR PART-TIME) . 1 (61)
RETIRED 2
 [READ CATEGORIES] A HOMEMAKER 3
DISABLED 4
A STUDENT 5
OTHER 6
DK 8
 [SPECIFY OTHER:]

_____ (62-63)

J4. Besides you (and your spouse), were there other wage earners in the household? YES 1 (64)
NO 2
DK 8

J5. Five years ago, which of the following categories included your total annual household income from wages, investments, pension funds, or other sources? \$15,000 OR LESS 1 (65)
MORE THAN \$15,000 TO \$30,000 . . 2
MORE THAN \$30,000 TO \$55,000 . . 3
MORE THAN \$55,000 4
RF 7
DK 8

J6. How many people, including yourself, were supported by this income during that year?

PEOPLE

(66-67)

These are all the questions I have for you. Thank you very much for your patience and cooperation.

J7. Considering the kinds of questions we've asked in this interview, is there anything else you think we need to know?

(68)

Please understand that the questions I've asked you about working with chemicals and about different lifestyle habits are standard questions in this type of research study. It is not known whether any of these exposures have caused any particular medical problems.

SECTION K: INTERVIEWER REMARKS

K1. THE OVERALL QUALITY OF THIS INTERVIEW WAS:

HIGH QUALITY	[K3]	1	(69)
GENERALLY RELIABLE	[K3]	2	
QUESTIONABLE		3	
UNSATISFACTORY		4	

K2. IF CODE 3 OR 4 ABOVE: THE MAIN REASON FOR QUESTIONABLE OR UNSATISFACTORY QUALITY OF INFORMATION WAS BECAUSE THE RESPONDENT:

DID NOT KNOW ENOUGH INFORMATION REGARDING THE TOPIC	01	(70-71)
DID NOT WANT TO BE MORE SPECIFIC	02	
SOUNDED BORED OR UNINTERESTED	03	
SOUNDED UPSET, DEPRESSED OR ANGRY	04	
HAD POOR HEARING OR SPEECH	05	
SOUNDED CONFUSED OR DISTRACTED BY FREQUENT INTERRUPTIONS	06	
SOUNDED INHIBITED BY OTHERS AROUND HIM OR HER	07	
SOUNDED EMBARRASSED BY THE SUBJECT MATTER	08	
SOUNDED EMOTIONALLY UNSTABLE	09	
SOUNDED PHYSICALLY ILL	10	
OTHER (SPECIFY): _____		

K3. USE THIS SPACE FOR ANY OTHER COMMENTS YOU HAVE WHICH MAY AFFECT THE INTERPRETATION OF THIS RESPONDENT'S ANSWERS.

(72)

K4. WAS THE SUBJECT HELPED BY A PROXY? YES 1 (73)
 NO [K6] 2

[IF YES] RELATIONSHIP(S): _____ (74-76)

K5. TO WHAT EXTENT DID THE PROXY...	<u>LOW</u>	<u>MEDIUM</u>	<u>HIGH</u>	
A) ASSIST PHYSICALLY?	1	2	3	(76)
B) CONTRIBUTE INFORMATION?	1	2	3	(77)

K6. INTERVIEWER NAME AND ID: NAME: _____ ID: (78-79)

K7. HOW WAS THE MAIN QUESTIONNAIRE ADMINISTERED? IN-PERSON 1 (80)
 BY TELEPHONE 2

K8. HOW WAS THE DIET FREQUENCY ADMINISTERED? BY AN INTERVIEWER 1 (81)
 SELF-ADMINISTERED 2