

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 <i>Field Note</i>	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	<div>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.</div> <div>Survey Start Time</div>	<div>text (datetime_mdy)</div> <div>Field Annotation: @NOW @HIDDEN</div>																																																																																		
3794	a1_street	<div>Street:</div>	<div>text</div> <div>Custom alignment: RH</div>																																																																																		
3795	a1_state	<div>State:</div> <div>--- Select One ---</div>	<div>dropdown (autocomplete)</div> <table><tr><td>1</td><td>Alabama</td></tr><tr><td>2</td><td>Alaska</td></tr><tr><td>3</td><td>Arizona</td></tr><tr><td>4</td><td>Arkansas</td></tr><tr><td>5</td><td>California</td></tr><tr><td>6</td><td>Colorado</td></tr><tr><td>7</td><td>Connecticut</td></tr><tr><td>8</td><td>Delaware</td></tr><tr><td>51</td><td>District of Columbia(DC)</td></tr><tr><td>9</td><td>Florida</td></tr><tr><td>10</td><td>Georgia</td></tr><tr><td>11</td><td>Hawaii</td></tr><tr><td>12</td><td>Idaho</td></tr><tr><td>13</td><td>Illinois</td></tr><tr><td>14</td><td>Indiana</td></tr><tr><td>15</td><td>Iowa</td></tr><tr><td>16</td><td>Kansas</td></tr><tr><td>17</td><td>Kentucky</td></tr><tr><td>18</td><td>Louisiana</td></tr><tr><td>19</td><td>Maine</td></tr><tr><td>20</td><td>Maryland</td></tr><tr><td>21</td><td>Massachusetts</td></tr><tr><td>22</td><td>Michigan</td></tr><tr><td>23</td><td>Minnesota</td></tr><tr><td>24</td><td>Mississippi</td></tr><tr><td>25</td><td>Missouri</td></tr><tr><td>26</td><td>Montana</td></tr><tr><td>27</td><td>Nebraska</td></tr><tr><td>28</td><td>Nevada</td></tr><tr><td>29</td><td>New Hampshire</td></tr><tr><td>30</td><td>New Jersey</td></tr><tr><td>31</td><td>New Mexico</td></tr><tr><td>32</td><td>New York</td></tr><tr><td>33</td><td>North Carolina</td></tr><tr><td>34</td><td>North Dakota</td></tr><tr><td>35</td><td>Ohio</td></tr><tr><td>36</td><td>Oklahoma</td></tr><tr><td>37</td><td>Oregon</td></tr><tr><td>38</td><td>Pennsylvania</td></tr><tr><td>39</td><td>Rhode Island</td></tr><tr><td>40</td><td>South Carolina</td></tr></table>	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
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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: <i>Ages lived at this address? (Example: 6-18 years old). [ENTER "00" IF FROM BIRTH]</i> Age started living at this address? [Enter "00" if from birth] <i>Years old</i>	text (integer, Min: 0, Max: 105), Identifier Custom alignment: RH																								
3801	a1a_end	Age stopped living at this address? [Enter "00" if from birth] <i>Years old</i>	text (integer, Min: 0, Max: 105), Identifier Custom alignment: RH																								
3802	a1b	Section Header: <i>Was this residence located in an urban, suburban, small town, or rural area?</i> Residence Location:	radio <table><tr><td>1</td><td>Urban (City)</td></tr><tr><td>2</td><td>Suburban</td></tr><tr><td>3</td><td>Small Town</td></tr><tr><td>4</td><td>Rural</td></tr><tr><td>5</td><td>Other</td></tr><tr><td>8</td><td>Don't know</td></tr></table> <div>Custom alignment: LV</div>	1	Urban (City)	2	Suburban	3	Small Town	4	Rural	5	Other	8	Don't know												
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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 <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> <div>Custom alignment: LV</div>	1	Yes	0	No																				
1	Yes																										
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3805	a2_street Show the field ONLY if: [a2_samea1] <> 1	Section Header: <i>What is the full street address of the residence where you lived the longest as an adult?</i> 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)
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27	Nebraska
28	Nevada
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35	Ohio
36	Oklahoma
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47	Washington

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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: <i>Ages lived at this address? (Example: 19-60 years old) [ENTER "00" IF FROM BIRTH]</i> Age started living at this address? [Enter "00" if from birth] <i>years old</i>	text (integer, Min: 0, Max: 105), Identifier Custom alignment: RH														
3812	a2a_end	Age stopped living at this address? [Enter "00" if from birth] <i>years old</i>	text (integer, Min: 0, Max: 105), Identifier Custom alignment: RH														
3813	a2b	Section Header: <i>Is this residence located in an urban, suburban, small town, or rural area?</i> Residence Location:	radio <table border="1"> <tr><td>1</td><td>Urban (City)</td></tr> <tr><td>2</td><td>Suburban</td></tr> <tr><td>3</td><td>Small Town</td></tr> <tr><td>4</td><td>Rural</td></tr> <tr><td>5</td><td>Other</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> <p>Custom alignment: LV</p>	1	Urban (City)	2	Suburban	3	Small Town	4	Rural	5	Other	8	Don't know		
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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 <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No										
1	Yes																
0	No																
3816	a3_street Show the field ONLY if: [a3_samea2] <> 1	Section Header: <i>What is the full street address of your current/primary residence?</i> 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) <table border="1"> <tr><td>1</td><td>Alabama</td></tr> <tr><td>2</td><td>Alaska</td></tr> <tr><td>3</td><td>Arizona</td></tr> <tr><td>4</td><td>Arkansas</td></tr> <tr><td>5</td><td>California</td></tr> <tr><td>6</td><td>Colorado</td></tr> <tr><td>7</td><td>Connecticut</td></tr> </table>	1	Alabama	2	Alaska	3	Arizona	4	Arkansas	5	California	6	Colorado	7	Connecticut
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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	<p>Section Header: <i>What month and year did you start living in your current residence?</i></p> <p>Month started living in your current residence: --- Select One ---</p>	<p>dropdown</p> <table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> <tr><td>6</td><td>June</td></tr> <tr><td>7</td><td>July</td></tr> <tr><td>8</td><td>August</td></tr> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> </table> <p>Custom alignment: RH</p>	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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3823	a4_year	<p>Year start living in your current residence:</p> <p>Year</p>	<p>text (integer, Min: 1920, Max: 2021)</p> <p>Custom alignment: RH</p>																								
3824	a5	<p>Section Header: <i>Is this residence located in an urban, suburban, small town, or rural area?</i></p> <p>Residence Location:</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Urban (City)</td></tr> <tr><td>2</td><td>Suburban</td></tr> <tr><td>3</td><td>Small Town</td></tr> <tr><td>4</td><td>Rural</td></tr> <tr><td>5</td><td>Other</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> <p>Custom alignment: LV</p>	1	Urban (City)	2	Suburban	3	Small Town	4	Rural	5	Other	8	Don't know												
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3825	a5_spec Show the field ONLY if: [a5]=5	If other area, please specify:	<p>text</p> <p>Custom alignment: RH</p>																								
3826	a6	<p>Section Header: <i>The remaining questions in this section ask about your current residence.</i></p> <p>Which of the following best describes your current residence?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Detached house</td></tr> <tr><td>2</td><td>Duplex/Triplex</td></tr> <tr><td>3</td><td>Row house/Town house</td></tr> <tr><td>4</td><td>Low rise apartment or condo (1-3 floors)</td></tr> <tr><td>5</td><td>High rise apartment or condo (more than 3 floors)</td></tr> <tr><td>6</td><td>Mobile home/Trailer</td></tr> <tr><td>7</td><td>Other</td></tr> </table> <p>Custom alignment: LV</p>	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										
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3827	a6_spec Show the field ONLY if: [a6]=7	If other type of residence, please specify:	<p>text</p> <p>Custom alignment: RH</p>																								

3828	a7_age	Section Header: <i>What is the approximate age of your residence?</i> Age of your residence: <i>years old</i>	text (integer, Min: 0, Max: 217) Custom alignment: RH																								
3829	a7_year	Year your residence was built: <i>Year</i>	text (integer, Min: 1800, Max: 2021) Custom alignment: RH																								
3830	a8	Section Header: <i>Heating: The following questions ask about how you heat your current residence.</i> Does your current residence have a central heating system with ducts that blow air into most rooms?	yesno <table><tr><td>1</td><td>Yes</td></tr><tr><td>0</td><td>No</td></tr></table> Custom alignment: LV	1	Yes	0	No																				
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3831	a9_start	During which month do you usually start using heating devices? SELECT THE START MONTH BELOW. --- Select One ---	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table> Custom alignment: LH	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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3832	a9_stop	During which month do you usually stop using heating devices? SELECT THE STOP MONTH BELOW. --- Select One ---	dropdown (autocomplete) <table><tr><td>1</td><td>January</td></tr><tr><td>2</td><td>February</td></tr><tr><td>3</td><td>March</td></tr><tr><td>4</td><td>April</td></tr><tr><td>5</td><td>May</td></tr><tr><td>6</td><td>June</td></tr><tr><td>7</td><td>July</td></tr><tr><td>8</td><td>August</td></tr><tr><td>9</td><td>September</td></tr><tr><td>10</td><td>October</td></tr><tr><td>11</td><td>November</td></tr><tr><td>12</td><td>December</td></tr></table> Custom alignment: LH	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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3833	a11	Which fuels are used for heating your residence? (CHOOSE ALL THAT APPLY)	<div>checkbox</div> <table border="1"> <tr><td>01</td><td>a11__01</td><td>Natural gas serviced by a utility company</td></tr> <tr><td>02</td><td>a11__02</td><td>Gas: bottled, tank or liquid propane</td></tr> <tr><td>03</td><td>a11__03</td><td>Electricity</td></tr> <tr><td>04</td><td>a11__04</td><td>Fuel oil or kerosene</td></tr> <tr><td>05</td><td>a11__05</td><td>Coal or coke made from coal</td></tr> <tr><td>06</td><td>a11__06</td><td>Wood</td></tr> <tr><td>07</td><td>a11__07</td><td>Solar energy</td></tr> <tr><td>08</td><td>a11__08</td><td>Other fuel</td></tr> <tr><td>09</td><td>a11__09</td><td>No fuel used</td></tr> <tr><td>98</td><td>a11__98</td><td>Don't know</td></tr> </table> <div>Custom alignment: LV</div>	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
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98	a11__98	Don't know																															
3834	a11_08_spec Show the field ONLY if: [a11(08)]=1	If other fuel is used for heating, please specify:	<div>text</div> <div>Custom alignment: RH</div>																														
3835	a12	Is there a fireplace or wood-burning stove inside this residence?	<div>yesno</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <div>Custom alignment: LV</div>	1	Yes	0	No																										
1	Yes																																
0	No																																
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"] <i>days per year</i>	<div>text (integer, Min: 0, Max: 365)</div> <div>Custom alignment: LH</div>																														
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]	<div>checkbox</div> <table border="1"> <tr><td>01</td><td>a14__01</td><td>Wood</td></tr> <tr><td>02</td><td>a14__02</td><td>Coal</td></tr> <tr><td>03</td><td>a14__03</td><td>Natural gas or propane</td></tr> <tr><td>04</td><td>a14__04</td><td>Artificial logs</td></tr> <tr><td>05</td><td>a14__05</td><td>Other fuel</td></tr> </table> <div>Custom alignment: LV</div>	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															
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3838	a14_05_spec Show the field ONLY if: [a14(05)]=1	If other fuel is burned in the fireplace/stove, please specify:	<div>text</div> <div>Custom alignment: RH</div>																														
3839	a15	What is the energy source for the cooking stove top or range top? [CHOOSE ALL THAT APPLY]	<div>checkbox</div> <table border="1"> <tr><td>01</td><td>a15__01</td><td>Electricity</td></tr> <tr><td>02</td><td>a15__02</td><td>Natural gas</td></tr> <tr><td>03</td><td>a15__03</td><td>Wood fire</td></tr> <tr><td>04</td><td>a15__04</td><td>Coal</td></tr> <tr><td>05</td><td>a15__05</td><td>Propane</td></tr> <tr><td>06</td><td>a15__06</td><td>Other</td></tr> </table> <div>Custom alignment: LV</div>	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												
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06	a15__06	Other																															
3840	a15_06_spec Show the field ONLY if: [a15(06)]=1	If other energy source, please specify:	<div>text</div> <div>Custom alignment: RH</div>																														
3841	a16	Section Header: <i>Cooling: The following questions ask about how you cool your current residence.</i> Do you use air conditioning to cool your current residence?	<div>yesno</div> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> <div>Custom alignment: LV</div>	1	Yes	0	No																										
1	Yes																																
0	No																																

3842	a17 Show the field ONLY if: [a16] =1	Which type of air conditioning units do you use? [CHOOSE ALL THAT APPLY]	checkbox <table border="1"> <tr> <td>01</td> <td>a17__01</td> <td>Central unit(s)</td> </tr> <tr> <td>02</td> <td>a17__02</td> <td>Window or wall unit(s)</td> </tr> <tr> <td>03</td> <td>a17__03</td> <td>Portable unit(s)</td> </tr> </table> Custom alignment: LV	01	a17__01	Central unit(s)	02	a17__02	Window or wall unit(s)	03	a17__03	Portable unit(s)															
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03	a17__03	Portable unit(s)																									
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) <table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> <tr><td>6</td><td>June</td></tr> <tr><td>7</td><td>July</td></tr> <tr><td>8</td><td>August</td></tr> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> </table> Custom alignment: LH	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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10	October																										
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12	December																										
3844	a17b_stop Show the field ONLY if: [a16]=1	During which month do you usually stop using air conditioning? --- Select One ---	dropdown (autocomplete) <table border="1"> <tr><td>1</td><td>January</td></tr> <tr><td>2</td><td>February</td></tr> <tr><td>3</td><td>March</td></tr> <tr><td>4</td><td>April</td></tr> <tr><td>5</td><td>May</td></tr> <tr><td>6</td><td>June</td></tr> <tr><td>7</td><td>July</td></tr> <tr><td>8</td><td>August</td></tr> <tr><td>9</td><td>September</td></tr> <tr><td>10</td><td>October</td></tr> <tr><td>11</td><td>November</td></tr> <tr><td>12</td><td>December</td></tr> </table> Custom alignment: LH	1	January	2	February	3	March	4	April	5	May	6	June	7	July	8	August	9	September	10	October	11	November	12	December
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11	November																										
12	December																										
3845	a18	Section Header: <i>Water and Dampness: The following questions ask about water in your current residence.</i> What is your current residence's main source of drinking water?	radio <table border="1"> <tr><td>1</td><td>City or town water</td></tr> <tr><td>2</td><td>Community well</td></tr> <tr><td>3</td><td>Private well</td></tr> <tr><td>4</td><td>Rain water or cistern</td></tr> <tr><td>5</td><td>River, lake, or pond water</td></tr> <tr><td>6</td><td>Bottled water</td></tr> <tr><td>7</td><td>Don't drink water</td></tr> </table> Custom alignment: LV	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										
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3846	a19	Do you use a filtering system (e.g. Brita, PUR, Culligan, etc.), not including water-softening system?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No																				
1	Yes																										
0	No																										

3847	a20	What is your main water source for showering and bathing?	radio <table border="1"> <tr><td>1</td><td>City or town water</td></tr> <tr><td>2</td><td>Community well</td></tr> <tr><td>3</td><td>Private well</td></tr> <tr><td>4</td><td>Rain water or cistern</td></tr> <tr><td>5</td><td>River, lake, or pond water</td></tr> <tr><td>6</td><td>Bottled water</td></tr> </table> Custom alignment: LV	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												
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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.) <i>Showers per month</i>	text (integer, Min: 1, Max: 99) Custom alignment: LH																								
3849	a21_noshower		checkbox <table border="1"> <tr> <td>1</td> <td>a21_noshower__1</td> <td>I do not take showers</td> </tr> </table> Custom alignment: LV	1	a21_noshower__1	I do not take showers																					
1	a21_noshower__1	I do not take showers																									
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? <i>minutes</i>	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.) <i>Baths per month</i>	text (integer, Min: 1, Max: 99) Custom alignment: LH																								
3852	a22_nobath		checkbox <table border="1"> <tr> <td>1</td> <td>a22_nobath__1</td> <td>I do not take baths</td> </tr> </table> Custom alignment: LV	1	a22_nobath__1	I do not take baths																					
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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? <i>minutes (e.g., 5 minutes)</i>	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 <table border="1"> <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	1	Yes	0	No	8	Don't know																		
1	Yes																										
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8	Don't know																										
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] <i>Weeks</i>	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 <table border="1"> <tr><td>01</td><td>a24a__01</td><td>Kitchen</td></tr> <tr><td>02</td><td>a24a__02</td><td>Bathroom(s)</td></tr> <tr><td>03</td><td>a24a__03</td><td>Bedroom(s)</td></tr> <tr><td>04</td><td>a24a__04</td><td>Living room</td></tr> <tr><td>05</td><td>a24a__05</td><td>Basement</td></tr> <tr><td>06</td><td>a24a__06</td><td>Crawl space(s)</td></tr> <tr><td>07</td><td>a24a__07</td><td>Duct(s)</td></tr> <tr><td>08</td><td>a24a__08</td><td>None of the above</td></tr> </table> Custom alignment: LV	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
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08	a24a__08	None of the above																									

3857	a25	During the time you have lived there, have there been renovations or repairs (due to moisture damage) in your residence?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LV	1	Yes	0	No																				
1	Yes																										
0	No																										
3858	a25a Show the field ONLY if: [a25]=1	When was the renovation or repair (because of moisture damage in your residence) completed?	radio <table border="1"> <tr> <td>1</td> <td>During the past 12 months</td> </tr> <tr> <td>2</td> <td>1-3 years ago</td> </tr> <tr> <td>3</td> <td>More than 3 years ago</td> </tr> <tr> <td>8</td> <td>Don't know</td> </tr> </table> Custom alignment: LV	1	During the past 12 months	2	1-3 years ago	3	More than 3 years ago	8	Don't know																
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8	Don't know																										
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] <i>Weeks</i>	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 <table border="1"> <tr> <td>01</td> <td>a25c__01</td> <td>Kitchen</td> </tr> <tr> <td>02</td> <td>a25c__02</td> <td>Bathroom(s)</td> </tr> <tr> <td>03</td> <td>a25c__03</td> <td>Bedroom(s)</td> </tr> <tr> <td>04</td> <td>a25c__04</td> <td>Living room</td> </tr> <tr> <td>05</td> <td>a25c__05</td> <td>Basement</td> </tr> <tr> <td>06</td> <td>a25c__06</td> <td>Crawl space(s)</td> </tr> <tr> <td>07</td> <td>a25c__07</td> <td>Duct(s)</td> </tr> <tr> <td>08</td> <td>a25c__08</td> <td>None of the above</td> </tr> </table> Custom alignment: LV	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
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08	a25c__08	None of the above																									
3861	a25d	On average, how often is a HEPA filter used in your residence?	radio <table border="1"> <tr> <td>1</td> <td>Daily</td> </tr> <tr> <td>2</td> <td>Weekly</td> </tr> <tr> <td>3</td> <td>Once or twice a month</td> </tr> <tr> <td>4</td> <td>Less than once per month</td> </tr> <tr> <td>5</td> <td>Never</td> </tr> </table> Custom alignment: LV	1	Daily	2	Weekly	3	Once or twice a month	4	Less than once per month	5	Never														
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5	Never																										
3862	a25e	On average, how often is your residence vacuumed?	radio <table border="1"> <tr> <td>1</td> <td>Daily</td> </tr> <tr> <td>2</td> <td>Weekly</td> </tr> <tr> <td>3</td> <td>Once or twice a month</td> </tr> <tr> <td>4</td> <td>Less than once per month</td> </tr> <tr> <td>5</td> <td>Never</td> </tr> </table> Custom alignment: LV	1	Daily	2	Weekly	3	Once or twice a month	4	Less than once per month	5	Never														
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5	Never																										
3863	a26	Section Header: <i>Walls and Flooring: The following questions ask about the walls and flooring in your current residence.</i> Other than for moisture damage, has there been painting, wall-papering or floor refinishing in your current residence during the past 12 months?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LV	1	Yes	0	No																				
1	Yes																										
0	No																										

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 <table border="1"> <tr> <td>01</td> <td>a26a__01</td> <td>Painting, less than half of the walls area</td> </tr> <tr> <td>02</td> <td>a26a__02</td> <td>Painting, at least half of the walls area</td> </tr> <tr> <td>03</td> <td>a26a__03</td> <td>Wall-papering, less than half of the wall area</td> </tr> <tr> <td>04</td> <td>a26a__04</td> <td>Wall-papering, at least half of the wall area</td> </tr> <tr> <td>05</td> <td>a26a__05</td> <td>Floor refinishing</td> </tr> <tr> <td>06</td> <td>a26a__06</td> <td>Use of floor putty</td> </tr> </table> Custom alignment: LV	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
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05	a26a__05	Floor refinishing																			
06	a26a__06	Use of floor putty																			
3865	a27	Do you have wall-to-wall carpeting in your residence?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LV	1	Yes	0	No														
1	Yes																				
0	No																				
3866	a27a Show the field ONLY if: [a27] = 1	How much of the floor area is carpeted?	radio <table border="1"> <tr> <td>1</td> <td>Less than half of the floor area</td> </tr> <tr> <td>2</td> <td>At least half of the floor area</td> </tr> </table> Custom alignment: LV	1	Less than half of the floor area	2	At least half of the floor area														
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2	At least half of the floor area																				
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 <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LV	1	Yes	0	No														
1	Yes																				
0	No																				
3868	a28a Show the field ONLY if: [a28] = 1	How much of the floor area is plastic/vinyl?	radio <table border="1"> <tr> <td>1</td> <td>Less than half of the floor area</td> </tr> <tr> <td>2</td> <td>At least half of the floor area</td> </tr> </table> Custom alignment: LV	1	Less than half of the floor area	2	At least half of the floor area														
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3869	a29	Is any of the wall material in your residence textile (cloth, fiber wallpaper, etc.)? Do not include curtains.	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LV	1	Yes	0	No														
1	Yes																				
0	No																				
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 <table border="1"> <tr> <td>1</td> <td>Less than half of the wall surface area</td> </tr> <tr> <td>2</td> <td>At least half of the wall surface area</td> </tr> </table> Custom alignment: LV	1	Less than half of the wall surface area	2	At least half of the wall surface area														
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2	At least half of the wall surface area																				
3871	a30	Excluding the bathroom, is any of the wall material in your residence plastic?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LV	1	Yes	0	No														
1	Yes																				
0	No																				
3872	a30a Show the field ONLY if: [a30] = 1	How much of the wall material is plastic?	radio <table border="1"> <tr> <td>1</td> <td>Less than half of the wall surface area</td> </tr> <tr> <td>2</td> <td>At least half of the wall surface area</td> </tr> </table> Custom alignment: LV	1	Less than half of the wall surface area	2	At least half of the wall surface area														
1	Less than half of the wall surface area																				
2	At least half of the wall surface area																				

3873	a31	<p>Section Header: <i>Garage and Basement: The following questions ask about garages and basement in your current residence.</i></p> <p>Is there an enclosed garage attached to your current residence?</p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No								
1	Yes														
0	No														
3874	<p>a31a</p> <p>Show the field ONLY if: [a31] = 1</p>	<p>Are automobile, vans, trucks or other motor vehicles parked in this attached garage?</p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No								
1	Yes														
0	No														
3875	a32	<p>Does your residence have a basement or crawl space? [CHOOSE ALL THAT APPLY]</p>	<p>checkbox</p> <table border="1"> <tr> <td>01</td> <td>a32__01</td> <td>Yes, Basement</td> </tr> <tr> <td>02</td> <td>a32__02</td> <td>Yes, Crawl space</td> </tr> <tr> <td>03</td> <td>a32__03</td> <td>No basement or crawl space</td> </tr> </table> <p>Custom alignment: LV</p>	01	a32__01	Yes, Basement	02	a32__02	Yes, Crawl space	03	a32__03	No basement or crawl space			
01	a32__01	Yes, Basement													
02	a32__02	Yes, Crawl space													
03	a32__03	No basement or crawl space													
3876	a33	<p>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.)</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Yes	0	No	8	Don't know						
1	Yes														
0	No														
8	Don't know														
3877	a34	<p>Section Header: <i>Pets: The following questions ask about pets in your current residence.</i></p> <p>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?</p>	<p>yesno</p> <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No								
1	Yes														
0	No														
3878	<p>a34a</p> <p>Show the field ONLY if: [a34] = 1</p>	<p>What kind of pet was it? [CHOOSE ALL THAT APPLY]</p>	<p>checkbox</p> <table border="1"> <tr> <td>01</td> <td>a34a__01</td> <td>Dog</td> </tr> <tr> <td>02</td> <td>a34a__02</td> <td>Cat</td> </tr> <tr> <td>03</td> <td>a34a__03</td> <td>Other</td> </tr> <tr> <td>08</td> <td>a34a__08</td> <td>Don't know</td> </tr> </table> <p>Custom alignment: LV</p>	01	a34a__01	Dog	02	a34a__02	Cat	03	a34a__03	Other	08	a34a__08	Don't know
01	a34a__01	Dog													
02	a34a__02	Cat													
03	a34a__03	Other													
08	a34a__08	Don't know													
3879	<p>a34a_03_spec</p> <p>Show the field ONLY if: [a34a(03)] = 1</p>	<p>If other pet, please specify:</p>	<p>text</p> <p>Custom alignment: RH</p>												
3880	a35	<p>Section Header: <i>Pesticides and Insecticides: The following questions ask about pesticide and insecticide used in your current residence.</i></p> <p>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]</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Yes	0	No	8	Don't know						
1	Yes														
0	No														
8	Don't know														

3881	a35a Show the field ONLY if: [a35] = 1	For what kinds of pests was this residence regularly treated [CHOOSE ALL THAT APPLY]	checkbox <table border="1"> <tr><td>01</td><td>a35a__01</td><td>Ants</td></tr> <tr><td>02</td><td>a35a__02</td><td>Cockroaches</td></tr> <tr><td>03</td><td>a35a__03</td><td>Bees or wasps</td></tr> <tr><td>04</td><td>a35a__04</td><td>Flies</td></tr> <tr><td>05</td><td>a35a__05</td><td>Spiders</td></tr> <tr><td>06</td><td>a35a__06</td><td>Mosquitoes</td></tr> <tr><td>07</td><td>a35a__07</td><td>Fleas or ticks, not on pets</td></tr> <tr><td>08</td><td>a35a__08</td><td>Termites</td></tr> <tr><td>09</td><td>a35a__09</td><td>Any other pests, such as moths, silver fish, caterpillars, mice, rats, gophers, or moles.</td></tr> </table> Custom alignment: LV	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.
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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 <table border="1"> <tr><td>1</td><td>Daily</td></tr> <tr><td>2</td><td>Weekly</td></tr> <tr><td>3</td><td>Monthly</td></tr> <tr><td>4</td><td>Every 2 or 3 months</td></tr> <tr><td>5</td><td>Every 4 or 5 months</td></tr> <tr><td>6</td><td>Once or twice a year</td></tr> </table> Custom alignment: LV	1	Daily	2	Weekly	3	Monthly	4	Every 2 or 3 months	5	Every 4 or 5 months	6	Once or twice a year															
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5	Every 4 or 5 months																													
6	Once or twice a year																													
3884	a35c Show the field ONLY if: [a35] = 1	When the pest control chemical were applied, how often did you personally apply them?	radio <table border="1"> <tr><td>1</td><td>All the time</td></tr> <tr><td>2</td><td>About half of the time</td></tr> <tr><td>3</td><td>Some of the time</td></tr> <tr><td>4</td><td>Never</td></tr> </table> Custom alignment: LV	1	All the time	2	About half of the time	3	Some of the time	4	Never																			
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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"] <i>years</i>	text (integer, Min: 0, Max: 105) Custom alignment: LH																											
3886	a36	Section Header: <i>Surrounding Area: The following questions ask about the area surrounding your current residence.</i> How would you describe the traffic on the road in front of your current residence during rush hour?	radio <table border="1"> <tr><td>1</td><td>Very light/none</td></tr> <tr><td>2</td><td>Light</td></tr> <tr><td>3</td><td>Moderate</td></tr> <tr><td>4</td><td>Heavy</td></tr> <tr><td>5</td><td>Very heavy</td></tr> </table> Custom alignment: LV	1	Very light/none	2	Light	3	Moderate	4	Heavy	5	Very heavy																	
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4	Heavy																													
5	Very heavy																													
3887	a37	Not including the road in front of your residence, is your residence within two miles of a heavy traveled road?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No																							
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0	No																													

3888	a38a	<p>Section Header: <i>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</i></p> <p>Animal waste lagoon</p>	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Live more than 2 miles away</td></tr> <tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr> <tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr> <tr><td>4</td><td>Live within 1/4 mile or less</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table>	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
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3889	a38b	Bus station/truck depot	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Live more than 2 miles away</td></tr> <tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr> <tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr> <tr><td>4</td><td>Live within 1/4 mile or less</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table>	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
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3890	a38c	Commercial airport	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Live more than 2 miles away</td></tr> <tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr> <tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr> <tr><td>4</td><td>Live within 1/4 mile or less</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table>	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
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3891	a38d	Dry cleaner	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Live more than 2 miles away</td></tr> <tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr> <tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr> <tr><td>4</td><td>Live within 1/4 mile or less</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table>	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
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3892	a38f	Farm	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Live more than 2 miles away</td></tr> <tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr> <tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr> <tr><td>4</td><td>Live within 1/4 mile or less</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table>	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
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3893	a38g	Gas station	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Live more than 2 miles away</td></tr> <tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr> <tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr> <tr><td>4</td><td>Live within 1/4 mile or less</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table>	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
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3894	a38h	Golf course	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Live more than 2 miles away</td></tr> <tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr> <tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr> <tr><td>4</td><td>Live within 1/4 mile or less</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table>	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
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3895	a38i	Greenhouse or commercial nursery	<p>radio (Matrix)</p> <table border="1"> <tr><td>1</td><td>Live more than 2 miles away</td></tr> <tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr> <tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr> <tr><td>4</td><td>Live within 1/4 mile or less</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table>	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
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3896	a38j	Hazardous waste site	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Live more than 2 miles away</td></tr><tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr><tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr><tr><td>4</td><td>Live within 1/4 mile or less</td></tr><tr><td>8</td><td>Don't know</td></tr></table>	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
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3897	a38k	High-tension power lines	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Live more than 2 miles away</td></tr><tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr><tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr><tr><td>4</td><td>Live within 1/4 mile or less</td></tr><tr><td>8</td><td>Don't know</td></tr></table>	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
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3898	a38l	Incinerator	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Live more than 2 miles away</td></tr><tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr><tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr><tr><td>4</td><td>Live within 1/4 mile or less</td></tr><tr><td>8</td><td>Don't know</td></tr></table>	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
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3899	a38m	Landfill or garbage dump	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Live more than 2 miles away</td></tr><tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr><tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr><tr><td>4</td><td>Live within 1/4 mile or less</td></tr><tr><td>8</td><td>Don't know</td></tr></table>	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
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3900	a38n	Leather tannery	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Live more than 2 miles away</td></tr><tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr><tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr><tr><td>4</td><td>Live within 1/4 mile or less</td></tr><tr><td>8</td><td>Don't know</td></tr></table>	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
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3901	a38o	Military base	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Live more than 2 miles away</td></tr><tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr><tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr><tr><td>4</td><td>Live within 1/4 mile or less</td></tr><tr><td>8</td><td>Don't know</td></tr></table>	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
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3902	a38p	Oil refinery	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Live more than 2 miles away</td></tr><tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr><tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr><tr><td>4</td><td>Live within 1/4 mile or less</td></tr><tr><td>8</td><td>Don't know</td></tr></table>	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
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3903	a38q	Paper mill	<div>radio (Matrix)</div> <table><tr><td>1</td><td>Live more than 2 miles away</td></tr><tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr><tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr><tr><td>4</td><td>Live within 1/4 mile or less</td></tr><tr><td>8</td><td>Don't know</td></tr></table>	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
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3904	a38r	Poultry processing plant	radio (Matrix) <table border="1"> <tr><td>1</td><td>Live more than 2 miles away</td></tr> <tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr> <tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr> <tr><td>4</td><td>Live within 1/4 mile or less</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table>	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
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8	Don't know												
3905	a38s_01	Section Header: <i>Power generation plants</i> Coal	radio (Matrix) <table border="1"> <tr><td>1</td><td>Live more than 2 miles away</td></tr> <tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr> <tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr> <tr><td>4</td><td>Live within 1/4 mile or less</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table>	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
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4	Live within 1/4 mile or less												
8	Don't know												
3906	a38s_02	Gas	radio (Matrix) <table border="1"> <tr><td>1</td><td>Live more than 2 miles away</td></tr> <tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr> <tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr> <tr><td>4</td><td>Live within 1/4 mile or less</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table>	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
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3907	a38s_03	Petroleum/oil	radio (Matrix) <table border="1"> <tr><td>1</td><td>Live more than 2 miles away</td></tr> <tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr> <tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr> <tr><td>4</td><td>Live within 1/4 mile or less</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table>	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
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3908	a38s_04	Nuclear	radio (Matrix) <table border="1"> <tr><td>1</td><td>Live more than 2 miles away</td></tr> <tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr> <tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr> <tr><td>4</td><td>Live within 1/4 mile or less</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table>	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
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3909	a38e	Factory	radio (Matrix) <table border="1"> <tr><td>1</td><td>Live more than 2 miles away</td></tr> <tr><td>2</td><td>Live within 2 miles but more than 1 mile away</td></tr> <tr><td>3</td><td>Live within 1 mile but more than 1/4 mile away</td></tr> <tr><td>4</td><td>Live within 1/4 mile or less</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table>	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
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3910	a38e_spec Show the field ONLY if: ([a38e] <> ") and ([a38e] <> 8) and ([a38e] <> 1)	Please specify the type of factory: <i>Type of factory</i>	text Custom alignment: RH										
3911	a41	Section Header: <i>Agricultural Property Use: The following questions ask about historical agricultural land use for the property your current residence is on.</i> 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 <table border="1"> <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	1	Yes	0	No	8	Don't know				
1	Yes												
0	No												
8	Don't know												

3912	a40	Has this property been used as a farm or orchard for any of the time you have been living there?	yesno <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LV	1	Yes	0	No																																			
1	Yes																																									
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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 <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LV	1	Yes	0	No																																			
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3914	b1a	<p>Section Header: <i>B. Chemical and Metal Exposures at Work</i> 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</p> <p>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]</p> <p>By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it or being around the substance.</p>	checkbox, Required <table border="1"> <tr> <td>01</td> <td>b1a__01</td> <td>Benzene</td> </tr> <tr> <td>02</td> <td>b1a__02</td> <td>Chloroform</td> </tr> <tr> <td>03</td> <td>b1a__03</td> <td>Chloroprene</td> </tr> <tr> <td>04</td> <td>b1a__04</td> <td>Dichlorobenzene</td> </tr> <tr> <td>05</td> <td>b1a__05</td> <td>Ethyl benzene</td> </tr> <tr> <td>06</td> <td>b1a__06</td> <td>Ethylene dichloride</td> </tr> <tr> <td>07</td> <td>b1a__07</td> <td>Perchloroethylene (tetrachloroethylene)</td> </tr> <tr> <td>08</td> <td>b1a__08</td> <td>Toluene</td> </tr> <tr> <td>09</td> <td>b1a__09</td> <td>Trichloroethylene</td> </tr> <tr> <td>10</td> <td>b1a__10</td> <td>Xylenes</td> </tr> <tr> <td>11</td> <td>b1a__11</td> <td>Other</td> </tr> <tr> <td>98</td> <td>b1a__98</td> <td>Don't know</td> </tr> <tr> <td>00</td> <td>b1a__00</td> <td>None of these</td> </tr> </table> Custom alignment: LV	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 (tetrachloroethylene)	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
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11	b1a__11	Other																																								
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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"] <i>years</i>	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 <table border="1"> <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	1	Daily	2	At least once per week	3	At least once per month	4	At least once per year																															
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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 <table border="1"> <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	1	Yes	0	No	8	Don't know																																	
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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? <i>Year</i>	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? <i>Year</i>	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? <i>Year</i>	descriptive																					
3922	b5xa_ongoing Show the field ONLY if: [b2a] <> " and [b5xa_stop]="		checkbox <table border="1"> <tr> <td>1</td> <td>b5xa_ongoing__1</td> <td>Still exposed</td> </tr> </table> Custom alignment: LV	1	b5xa_ongoing__1	Still exposed																		
1	b5xa_ongoing__1	Still exposed																						
3923	b1b	<p>Section Header: <i>Lubricating Oils</i></p> <p>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]</p> <p>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.</p>	checkbox, Required <table border="1"> <tr> <td>01</td> <td>b1b__01</td> <td>Brake fluid</td> </tr> <tr> <td>02</td> <td>b1b__02</td> <td>Transmission fluid</td> </tr> <tr> <td>03</td> <td>b1b__03</td> <td>Hydraulic fluid</td> </tr> <tr> <td>04</td> <td>b1b__04</td> <td>Motor oil</td> </tr> <tr> <td>05</td> <td>b1b__05</td> <td>Other lubricating oils</td> </tr> <tr> <td>98</td> <td>b1b__98</td> <td>Don't know</td> </tr> <tr> <td>00</td> <td>b1b__00</td> <td>None of these</td> </tr> </table> Custom alignment: LV	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
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05	b1b__05	Other lubricating oils																						
98	b1b__98	Don't know																						
00	b1b__00	None of these																						
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"] <i>years</i>	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 <table border="1"> <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	1	Daily	2	At least once per week	3	At least once per month	4	At least once per year													
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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 <table border="1"> <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	1	Yes	0	No	8	Don't know															
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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? <i>Year</i>	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? <i>Year</i>	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? <i>Year</i>	descriptive																					

3931	b5xb_ongoing Show the field ONLY if: [b2b] <> " and [b5xb_stop]="		checkbox <table border="1"> <tr> <td>1</td> <td>b5xb_ongoing__1</td> <td>Still exposed</td> </tr> </table> Custom alignment: LV	1	b5xb_ongoing__1	Still exposed															
1	b5xb_ongoing__1	Still exposed																			
3932	b1c <p>Section Header: <i>Cleaning Liquids</i></p> <p>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]</p> <p>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.</p>		checkbox, Required <table border="1"> <tr> <td>01</td> <td>b1c__01</td> <td>Chlorine bleach</td> </tr> <tr> <td>02</td> <td>b1c__02</td> <td>Ammonia</td> </tr> <tr> <td>03</td> <td>b1c__03</td> <td>Carbon tetrachloride</td> </tr> <tr> <td>04</td> <td>b1c__04</td> <td>Other cleaning liquids</td> </tr> <tr> <td>98</td> <td>b1c__98</td> <td>Don't know</td> </tr> <tr> <td>00</td> <td>b1c__00</td> <td>None of these</td> </tr> </table> Custom alignment: LV	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
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98	b1c__98	Don't know																			
00	b1c__00	None of these																			
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"] <i>years</i>	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 <table border="1"> <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	1	Daily	2	At least once per week	3	At least once per month	4	At least once per year										
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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 <table border="1"> <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	1	Yes	0	No	8	Don't know												
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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? <i>years</i>	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? <i>Year</i>	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? <i>Year</i>	descriptive																		
3940	b5xc_ongoing Show the field ONLY if: [b2c] <> " and [b5xc_stop]="		checkbox <table border="1"> <tr> <td>1</td> <td>b5xc_ongoing__1</td> <td>Still exposed</td> </tr> </table> Custom alignment: LV	1	b5xc_ongoing__1	Still exposed															
1	b5xc_ongoing__1	Still exposed																			

3941	b1d	<p>Section Header: <i>Heavy Metals</i></p> <p>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]</p> <p>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.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>01</td><td>b1d__01</td><td>Arsenic</td></tr> <tr><td>02</td><td>b1d__02</td><td>Beryllium</td></tr> <tr><td>03</td><td>b1d__03</td><td>Cadmium</td></tr> <tr><td>04</td><td>b1d__04</td><td>Chromates</td></tr> <tr><td>05</td><td>b1d__05</td><td>Lead</td></tr> <tr><td>06</td><td>b1d__06</td><td>Mercury</td></tr> <tr><td>07</td><td>b1d__07</td><td>Nickel</td></tr> <tr><td>08</td><td>b1d__08</td><td>Other heavy metals</td></tr> <tr><td>98</td><td>b1d__98</td><td>Don't known</td></tr> <tr><td>00</td><td>b1d__00</td><td>None of these</td></tr> </table> <p>Custom alignment: LV</p>	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
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3942	b1d_08_spec	If other heavy metals, please specify:	<p>text</p> <p>Custom alignment: LH</p>																														
3943	b2d	<p>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"]</p> <p><i>years</i></p>	<p>text (integer, Min: 0, Max: 105)</p> <p>Custom alignment: LH</p>																														
3944	b3d	<p>When you were exposed to heavy metals at work, how often were you exposed?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Daily	2	At least once per week	3	At least once per month	4	At least once per year																						
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2	At least once per week																																
3	At least once per month																																
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3945	b4d	<p>Did you experience any health problems from being exposed to heavy metals?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Yes	0	No	8	Don't know																								
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0	No																																
8	Don't know																																
3946	b5xd_start	<p>What year did you START being exposed to heavy metals in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																														
3947	b5xd_stop	<p>What year did you STOP being exposed to heavy metals in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																														
3948	b5xd_stop_2	<p>What year did you STOP being exposed to heavy metals in any job you have held?</p> <p><i>Year</i></p>	<p>descriptive</p>																														
3949	b5xd_ongoing	<p>Show the field ONLY if: [b2d] <> " and [b5xd_stop]="</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>b5xd_ongoing__1</td><td>Still exposed</td></tr> </table> <p>Custom alignment: LV</p>	1	b5xd_ongoing__1	Still exposed																											
1	b5xd_ongoing__1	Still exposed																															

3950	b1e	<p>Section Header: <i>Alcohols</i></p> <p>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]</p> <p>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.</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>01</td> <td>b1e__01</td> <td>Isopropanol</td> </tr> <tr> <td>02</td> <td>b1e__02</td> <td>Methanol</td> </tr> <tr> <td>03</td> <td>b1e__03</td> <td>Ethanol</td> </tr> <tr> <td>04</td> <td>b1e__04</td> <td>Butanol</td> </tr> <tr> <td>05</td> <td>b1e__05</td> <td>Other alcohol</td> </tr> <tr> <td>98</td> <td>b1e__98</td> <td>Don't know</td> </tr> <tr> <td>00</td> <td>b1e__00</td> <td>None of these</td> </tr> </table> <p>Custom alignment: LV</p>	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
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98	b1e__98	Don't know																						
00	b1e__00	None of these																						
3951	b1e_05_spec	If other alcohols, please specify:	<p>text</p> <p>Custom alignment: LH</p>																					
3952	b2e	<p>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"]</p> <p><i>years</i></p>	<p>text (integer, Min: 0, Max: 105)</p> <p>Custom alignment: LH</p>																					
3953	b3e	<p>When you were exposed to alcohols at work, how often were you exposed?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Daily	2	At least once per week	3	At least once per month	4	At least once per year													
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3954	b4e	<p>Did you experience any health problems from being exposed to alcohols?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Yes	0	No	8	Don't know															
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3955	b5xe_start	<p>What year did you START being exposed to alcohols in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																					
3956	b5xe_stop	<p>What year did you STOP being exposed to alcohols in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																					
3957	b5xe_stop_2	<p>What year did you STOP being exposed to alcohols in any job you have held?</p> <p><i>Year</i></p>	<p>descriptive</p>																					
3958	b5xe_ongoing	<p>Show the field ONLY if: [b2e] <> " and [b5xe_stop]="</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>b5xe_ongoing__1</td> <td>Still exposed</td> </tr> </table> <p>Custom alignment: LV</p>	1	b5xe_ongoing__1	Still exposed																		
1	b5xe_ongoing__1	Still exposed																						

3959	b1f	<p>Section Header: <i>Pesticides/Fumigants</i></p> <p>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]</p> <p>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.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>01</td><td>b1f__01</td><td>Ethyl dibromide</td></tr> <tr><td>02</td><td>b1f__02</td><td>Chlorinated naphthalenes</td></tr> <tr><td>03</td><td>b1f__03</td><td>Insecticides</td></tr> <tr><td>04</td><td>b1f__04</td><td>Fungicides</td></tr> <tr><td>05</td><td>b1f__05</td><td>Herbicides</td></tr> <tr><td>06</td><td>b1f__06</td><td>Ethyl fumigants</td></tr> <tr><td>07</td><td>b1f__07</td><td>Rodenticides</td></tr> <tr><td>08</td><td>b1f__08</td><td>Other pesticides/fumigants</td></tr> <tr><td>98</td><td>b1f__98</td><td>Don't know</td></tr> <tr><td>00</td><td>b1f__00</td><td>None of these</td></tr> </table> <p>Custom alignment: LV</p>	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
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98	b1f__98	Don't know																															
00	b1f__00	None of these																															
3960	b1f_08_spec	If other pesticides/fumigants, please specify:	<p>text</p> <p>Custom alignment: LH</p>																														
3961	b2f	<p>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"]</p> <p><i>years</i></p>	<p>text (integer, Min: 0, Max: 105)</p> <p>Custom alignment: LH</p>																														
3962	b3f	<p>When you were exposed to pesticides/fumigants at work, how often were you exposed?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Daily	2	At least once per week	3	At least once per month	4	At least once per year																						
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3963	b4f	<p>Did you experience any health problems from being exposed to pesticides/fumigants?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Yes	0	No	8	Don't know																								
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3964	b5xf_start	<p>What year did you START being exposed to pesticides/fumigants in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																														
3965	b5xf_stop	<p>What year did you STOP being exposed to pesticides/fumigants in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																														
3966	b5xf_stop_2	<p>What year did you STOP being exposed to pesticides/fumigants in any job you have held?</p> <p><i>Year</i></p>	<p>descriptive</p>																														
3967	b5xf_ongoing	<p>Show the field ONLY if: [b2f] <> " and [b5xf_stop]="</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>b5xf_ongoing__1</td><td>Still exposed</td></tr> </table> <p>Custom alignment: LV</p>	1	b5xf_ongoing__1	Still exposed																											
1	b5xf_ongoing__1	Still exposed																															

3968	b1g	<p>Section Header: <i>Compounds used in Plastic Production</i></p> <p>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]</p> <p>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.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>01</td><td>b1g__01</td><td>Bisphenol A (BPA)</td></tr> <tr><td>02</td><td>b1g__02</td><td>Vinyl chloride</td></tr> <tr><td>03</td><td>b1g__03</td><td>Styrene</td></tr> <tr><td>04</td><td>b1g__04</td><td>Phosgene</td></tr> <tr><td>05</td><td>b1g__05</td><td>Phenol</td></tr> <tr><td>06</td><td>b1g__06</td><td>Toluene diisocyanate (TDI)</td></tr> <tr><td>07</td><td>b1g__07</td><td>Methylene bis(4-phenyl isocyanate)</td></tr> <tr><td>08</td><td>b1g__08</td><td>Other compounds</td></tr> <tr><td>98</td><td>b1g__98</td><td>Don't know</td></tr> <tr><td>00</td><td>b1g__00</td><td>None of these</td></tr> </table> <p>Custom alignment: LV</p>	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
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3969	b1g_08_spec	If other compounds, please specify:	<p>text</p> <p>Custom alignment: LH</p>																														
3970	b2g	<p>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"]</p> <p><i>years</i></p>	<p>text (integer, Min: 0, Max: 105)</p> <p>Custom alignment: LH</p>																														
3971	b3g	<p>When you were exposed to compounds used in plastic production at work, how often were you exposed?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Daily	2	At least once per week	3	At least once per month	4	At least once per year																						
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3972	b4g	<p>Did you experience any health problems from being exposed to compounds used in plastic production?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Yes	0	No	8	Don't know																								
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3973	b5xg_start	<p>What year did you START being exposed to compounds used in plastic production in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																														
3974	b5xg_stop	<p>What year did you STOP being exposed to compounds used in plastic production in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																														
3975	b5xg_stop_2	<p>What year did you STOP being exposed to compounds used in plastic production in any job you have held?</p> <p><i>Year</i></p>	<p>descriptive</p>																														
3976	b5xg_ongoing	<p>Show the field ONLY if: [b2g] <> " and [b5xg_stop]="</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>b5xg_ongoing__1</td><td>Still exposed</td></tr> </table> <p>Custom alignment: LV</p>	1	b5xg_ongoing__1	Still exposed																											
1	b5xg_ongoing__1	Still exposed																															

3977	b1h	<p>Section Header: <i>Dust(s)</i></p> <p>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]</p> <p>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.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>01</td><td>b1h__01</td><td>Coal dust</td></tr> <tr><td>02</td><td>b1h__02</td><td>Fiberglass dust</td></tr> <tr><td>03</td><td>b1h__03</td><td>Rock dust</td></tr> <tr><td>04</td><td>b1h__04</td><td>Silica powder</td></tr> <tr><td>05</td><td>b1h__05</td><td>Talc</td></tr> <tr><td>06</td><td>b1h__06</td><td>Other dusts</td></tr> <tr><td>98</td><td>b1h__98</td><td>Don't know</td></tr> <tr><td>00</td><td>b1h__00</td><td>None of these</td></tr> </table> <p>Custom alignment: LV</p>	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
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3978	b1h_06_spec	If other dusts, please specify:	<p>text</p> <p>Custom alignment: LH</p>																								
3979	b2h	<p>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"]</p> <p><i>years</i></p>	<p>text (integer, Min: 0, Max: 105)</p> <p>Custom alignment: LH</p>																								
3980	b3h	<p>When you were exposed to dust(s) at work, how often were you exposed?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Daily	2	At least once per week	3	At least once per month	4	At least once per year																
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3981	b4h	<p>Did you experience any health problems from being exposed to dust(s)?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Yes	0	No	8	Don't know																		
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3982	b5xh_start	<p>What year did you START being exposed to dust(s) in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																								
3983	b5xh_stop	<p>What year did you STOP being exposed to dust(s) in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																								
3984	b5xh_stop_2	<p>What year did you STOP being exposed to dust(s) in any job you have held?</p> <p><i>Year</i></p>	<p>descriptive</p>																								
3985	b5xh_ongoing	<p>Show the field ONLY if: [b2h]<>" and [b5xh_stop]="</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>b5xh_ongoing__1</td><td>Still exposed</td></tr> </table> <p>Custom alignment: LV</p>	1	b5xh_ongoing__1	Still exposed																					
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3986	b1i	<p>Section Header: <i>Emissions from Combustion of Gasoline and Other Fuels</i></p> <p>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]</p> <p>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.</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>01</td> <td>b1i__01</td> <td>Nitrous oxide</td> </tr> <tr> <td>02</td> <td>b1i__02</td> <td>Carbon dioxide</td> </tr> <tr> <td>03</td> <td>b1i__03</td> <td>Carbon monoxide</td> </tr> <tr> <td>04</td> <td>b1i__04</td> <td>Ozone</td> </tr> <tr> <td>05</td> <td>b1i__05</td> <td>Other emissions</td> </tr> <tr> <td>98</td> <td>b1i__98</td> <td>Don't know</td> </tr> <tr> <td>00</td> <td>b1i__00</td> <td>None of these</td> </tr> </table> <p>Custom alignment: LV</p>	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
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3987	b1i_05_spec	If other emissions, please specify:	<p>text</p> <p>Custom alignment: LH</p>																					
3988	b2i	<p>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"]</p> <p><i>years</i></p>	<p>text (integer, Min: 0, Max: 105)</p> <p>Custom alignment: LH</p>																					
3989	b3i	<p>When you were exposed to emissions from combustion of gasoline and other fuels at work, how often were you exposed?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Daily	2	At least once per week	3	At least once per month	4	At least once per year													
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3990	b4i	<p>Did you experience any health problems from being exposed to emissions from combustion of gasoline and other fuels?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Yes	0	No	8	Don't know															
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3991	b5xi_start	<p>What year did you START being exposed to emissions from combustion of gasoline and other fuels in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																					
3992	b5xi_stop	<p>What year did you STOP being exposed to emissions from combustion of gasoline and other fuels in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																					
3993	b5xi_stop_2	<p>What year did you STOP being exposed to emissions from combustion of gasoline and other fuels in any job you have held?</p> <p><i>Year</i></p>	<p>descriptive</p> <p>Custom alignment: LH</p>																					
3994	b5xi_ongoing	<p>Show the field ONLY if: [b2i] <> " and [b5xi_stop]="</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>b5xi_ongoing__1</td> <td>Still exposed</td> </tr> </table> <p>Custom alignment: LV</p>	1	b5xi_ongoing__1	Still exposed																		
1	b5xi_ongoing__1	Still exposed																						

3995	b1j	<p>Section Header: <i>Occupational Carcinogens</i></p> <p>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]</p> <p>By "exposed," we mean that you have come into contact with a substance through breathing it in, touching it or being around the substance.</p>	<p>checkbox, Required</p> <table border="1"> <tr> <td>01</td> <td>b1j__01</td> <td>Polybrominated biphenyls (PBBs)</td> </tr> <tr> <td>02</td> <td>b1j__02</td> <td>Polychlorinated biphenyls (PCBs)</td> </tr> <tr> <td>03</td> <td>b1j__03</td> <td>Radiation</td> </tr> <tr> <td>04</td> <td>b1j__04</td> <td>X-rays</td> </tr> <tr> <td>05</td> <td>b1j__05</td> <td>Welding fumes</td> </tr> <tr> <td>06</td> <td>b1j__06</td> <td>Other occupational carcinogens</td> </tr> <tr> <td>98</td> <td>b1j__98</td> <td>Don't know</td> </tr> <tr> <td>00</td> <td>b1j__00</td> <td>None of these</td> </tr> </table> <p>Custom alignment: LV</p>	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
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98	b1j__98	Don't know																									
00	b1j__00	None of these																									
3996	b1j_06_spec	<p>If other occupational carcinogens, please specify:</p> <p>Show the field ONLY if: [b1j(06)] = 1</p>	<p>text</p> <p>Custom alignment: LH</p>																								
3997	b2j	<p>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"]</p> <p><i>years</i></p> <p>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)</p>	<p>text (integer, Min: 0, Max: 105)</p> <p>Custom alignment: LH</p>																								
3998	b3j	<p>When you were exposed to occupational carcinogens at work, how often were you exposed?</p> <p>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)</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Daily	2	At least once per week	3	At least once per month	4	At least once per year																
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3999	b4j	<p>Did you experience any health problems from being exposed to occupational carcinogens?</p> <p>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)</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Yes	0	No	8	Don't know																		
1	Yes																										
0	No																										
8	Don't know																										
4000	b5xj_start	<p>What year did you START being exposed to occupational carcinogens in any job you have held?</p> <p><i>Year</i></p> <p>Show the field ONLY if: [b2j] <> "</p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																								
4001	b5xj_stop	<p>What year did you STOP being exposed to occupational carcinogens in any job you have held?</p> <p><i>Year</i></p> <p>Show the field ONLY if: [b2j] <> " and [b5xj_ongoing(1)]<>'1'</p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																								
4002	b5xj_stop_2	<p>What year did you STOP being exposed to occupational carcinogens in any job you have held?</p> <p><i>Year</i></p> <p>Show the field ONLY if: [b5xj_ongoing(1)]='1'</p>	<p>descriptive</p>																								
4003	b5xj_ongoing	<p>Show the field ONLY if: [b2j] <> " and [b5xj_stop]='"</p>	<p>checkbox</p> <table border="1"> <tr> <td>1</td> <td>b5xj_ongoing__1</td> <td>Still exposed</td> </tr> </table> <p>Custom alignment: LV</p>	1	b5xj_ongoing__1	Still exposed																					
1	b5xj_ongoing__1	Still exposed																									

4004	b1k	<p>Section Header: <i>Acids</i></p> <p>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]</p> <p>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.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>01</td><td>b1k__01</td><td>Hydrochloric</td></tr> <tr><td>02</td><td>b1k__02</td><td>Sulfuric</td></tr> <tr><td>03</td><td>b1k__03</td><td>Phosphoric</td></tr> <tr><td>04</td><td>b1k__04</td><td>Acetic</td></tr> <tr><td>05</td><td>b1k__05</td><td>Nitric</td></tr> <tr><td>06</td><td>b1k__06</td><td>Other acids</td></tr> <tr><td>98</td><td>b1k__98</td><td>Don't know</td></tr> <tr><td>00</td><td>b1k__00</td><td>None of these</td></tr> </table> <p>Custom alignment: LV</p>	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
01	b1k__01	Hydrochloric																									
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06	b1k__06	Other acids																									
98	b1k__98	Don't know																									
00	b1k__00	None of these																									
4005	b1k_06_spec	If other acids, please specify:	<p>text</p> <p>Custom alignment: LH</p>																								
4006	b2k	<p>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"]</p> <p><i>years</i></p>	<p>text (integer, Min: 0, Max: 105)</p> <p>Custom alignment: LH</p>																								
4007	b3k	<p>When you were exposed to acids at work, how often were you exposed?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Daily	2	At least once per week	3	At least once per month	4	At least once per year																
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4008	b4k	<p>Did you experience any health problems from being exposed to acids?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Yes	0	No	8	Don't know																		
1	Yes																										
0	No																										
8	Don't know																										
4009	b5xk_start	<p>What year did you START being exposed to acids in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																								
4010	b5xk_stop	<p>What year did you STOP being exposed to acids in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																								
4011	b5xk_stop_2	<p>What year did you STOP being exposed to acids in any job you have held?</p> <p><i>Year</i></p>	<p>descriptive</p>																								
4012	b5xk_ongoing	<p>Show the field ONLY if: [b2k] <> " and [b5xk_stop]="</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>b5xk_ongoing__1</td><td>Still exposed</td></tr> </table> <p>Custom alignment: LV</p>	1	b5xk_ongoing__1	Still exposed																					
1	b5xk_ongoing__1	Still exposed																									

4013	b1l	<p>Section Header: <i>Alkalis</i></p> <p>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]</p> <p>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.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>01</td><td>b1l__01</td><td>Sodium hydroxide</td></tr> <tr><td>02</td><td>b1l__02</td><td>Calcium hydroxide</td></tr> <tr><td>03</td><td>b1l__03</td><td>Potassium hydroxide</td></tr> <tr><td>04</td><td>b1l__04</td><td>Magnesium hydroxide</td></tr> <tr><td>05</td><td>b1l__05</td><td>Other alkalis</td></tr> <tr><td>98</td><td>b1l__98</td><td>Don't know</td></tr> <tr><td>00</td><td>b1l__00</td><td>None of these</td></tr> </table> <p>Custom alignment: LV</p>	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
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05	b1l__05	Other alkalis																						
98	b1l__98	Don't know																						
00	b1l__00	None of these																						
4014	b1l_05_spec	If other alkalis, please specify:	<p>text</p> <p>Custom alignment: LH</p>																					
4015	b2l	<p>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"]</p> <p><i>years</i></p>	<p>text (integer, Min: 0, Max: 105)</p> <p>Custom alignment: LH</p>																					
4016	b3l	<p>When you were exposed to alkalis at work, how often were you exposed?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Daily	2	At least once per week	3	At least once per month	4	At least once per year													
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2	At least once per week																							
3	At least once per month																							
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4017	b4l	<p>Did you experience any health problems from being exposed to alkalis?</p>	<p>radio</p> <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> <tr><td>3</td><td>Don't know</td></tr> </table> <p>Custom alignment: LV</p>	1	Yes	0	No	3	Don't know															
1	Yes																							
0	No																							
3	Don't know																							
4018	b5xl_start	<p>What year did you START being exposed to alkalis in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																					
4019	b5xl_stop	<p>What year did you STOP being exposed to alkalis in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																					
4020	b5xl_stop_2	<p>What year did you STOP being exposed to alkalis in any job you have held?</p> <p><i>Year</i></p>	<p>descriptive</p>																					
4021	b5xl_ongoing	<p>Show the field ONLY if: [b2l] <> " and [b5xl_stop]="</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>b5xl_ongoing__1</td><td>Still exposed</td></tr> </table> <p>Custom alignment: LV</p>	1	b5xl_ongoing__1	Still exposed																		
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4022	b1m	<p>Section Header: <i>Stains and Varnishes</i></p> <p>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]</p> <p>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.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>01</td><td>b1m__01</td><td>Shellac</td></tr> <tr><td>02</td><td>b1m__02</td><td>Wood stain</td></tr> <tr><td>03</td><td>b1m__03</td><td>Resin (gum) varnish</td></tr> <tr><td>04</td><td>b1m__04</td><td>Polyurethane</td></tr> <tr><td>05</td><td>b1m__05</td><td>Lacquer</td></tr> <tr><td>06</td><td>b1m__06</td><td>Acrylic</td></tr> <tr><td>07</td><td>b1m__07</td><td>Other stains and varnishes</td></tr> <tr><td>98</td><td>b1m__98</td><td>Don't know</td></tr> <tr><td>00</td><td>b1m__00</td><td>None of these</td></tr> </table> <p>Custom alignment: LV</p>	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
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98	b1m__98	Don't know																												
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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 <table border="1"> <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> <p>Custom alignment: LV</p>	1	Daily	2	At least once per week	3	At least once per month	4	At least once per year																			
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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 <table border="1"> <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> <p>Custom alignment: LV</p>	1	Yes	0	No	8	Don't know																					
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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 <table border="1"> <tr><td>1</td><td>b5xm_ongoing__1</td><td>Still exposed</td></tr> </table> <p>Custom alignment: LV</p>	1	b5xm_ongoing__1	Still exposed																								
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4031	b1n	<p>Section Header: <i>Paints and Paint Thinners</i></p> <p>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]</p> <p>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.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>01</td><td>b1n__01</td><td>Primer</td></tr> <tr><td>02</td><td>b1n__02</td><td>Enamel</td></tr> <tr><td>03</td><td>b1n__03</td><td>Oil-based</td></tr> <tr><td>04</td><td>b1n__04</td><td>Acrylic</td></tr> <tr><td>05</td><td>b1n__05</td><td>Luminescent (glows in the dark)</td></tr> <tr><td>06</td><td>b1n__06</td><td>Acetone</td></tr> <tr><td>07</td><td>b1n__07</td><td>Turpentine</td></tr> <tr><td>08</td><td>b1n__08</td><td>Naphtha</td></tr> <tr><td>09</td><td>b1n__09</td><td>Methyl ethyl ketone</td></tr> <tr><td>10</td><td>b1n__10</td><td>Other</td></tr> <tr><td>98</td><td>b1n__98</td><td>Don't know</td></tr> <tr><td>00</td><td>b1n__00</td><td>None of these</td></tr> </table> <p>Custom alignment: LV</p>	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
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4032	b1n_10_spec	If other paints and paint thinners, please specify:	<p>text</p> <p>Custom alignment: LH</p>																																				
4033	b2n	<p>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"]</p> <p><i>years</i></p>	<p>text (integer, Min: 0, Max: 105)</p> <p>Custom alignment: LH</p>																																				
4034	b3n	<p>When you were exposed to paints and paint thinners at work, how often were you exposed?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Daily	2	At least once per week	3	At least once per month	4	At least once per year																												
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4035	b4n	<p>Did you experience any health problems from being exposed to paints and paint thinners?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Yes	0	No	8	Don't know																														
1	Yes																																						
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8	Don't know																																						
4036	b5xn_start	<p>What year did you START being exposed to paints and paint thinners in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																																				
4037	b5xn_stop	<p>What year did you STOP being exposed to paints and paint thinners in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																																				
4038	b5xn_stop_2	<p>What year did you STOP being exposed to paints and paint thinners in any job you have held?</p> <p><i>Year</i></p>	<p>descriptive</p>																																				
4039	b5xn_ongoing	<p>Show the field ONLY if: [b2n] <> " and [b5xn_stop]="</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>b5xn_ongoing__1</td><td>Still exposed</td></tr> </table> <p>Custom alignment: LV</p>	1	b5xn_ongoing__1	Still exposed																																	
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4040	b1o	<p>Section Header: <i>Anesthetics</i></p> <p>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]</p> <p>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.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>01</td><td>b1o__01</td><td>Desflurane</td></tr> <tr><td>02</td><td>b1o__02</td><td>Enflurane</td></tr> <tr><td>03</td><td>b1o__03</td><td>Halothane</td></tr> <tr><td>04</td><td>b1o__04</td><td>Isoflurane</td></tr> <tr><td>05</td><td>b1o__05</td><td>Methoxyflurane</td></tr> <tr><td>06</td><td>b1o__06</td><td>Nitrous oxide</td></tr> <tr><td>07</td><td>b1o__07</td><td>Sevoflurane</td></tr> <tr><td>08</td><td>b1o__08</td><td>Other anesthetics</td></tr> <tr><td>98</td><td>b1o__98</td><td>Don't know</td></tr> <tr><td>00</td><td>b1o__00</td><td>None of these</td></tr> </table> <p>Custom alignment: LV</p>	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
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98	b1o__98	Don't know																															
00	b1o__00	None of these																															
4041	b1o_08_spec	If other anesthetics, please specify:	<p>text</p> <p>Custom alignment: LH</p>																														
4042	b2o	<p>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"]</p> <p><i>years</i></p>	<p>text (integer, Min: 0, Max: 105)</p> <p>Custom alignment: LH</p>																														
4043	b3o	<p>When you were exposed to anesthetics at work, how often were you exposed?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Daily	2	At least once per week	3	At least once per month	4	At least once per year																						
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4044	b4o	<p>Did you experience any health problems from being exposed to anesthetics?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Yes	0	No	8	Don't know																								
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0	No																																
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4045	b5xo_start	<p>What year did you START being exposed to anesthetics in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																														
4046	b5xo_stop	<p>What year did you STOP being exposed to anesthetics in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																														
4047	b5xo_stop_2	<p>What year did you STOP being exposed to anesthetics in any job you have held?</p> <p><i>Year</i></p>	<p>descriptive</p>																														
4048	b5xo_ongoing	<p>Show the field ONLY if: [b2o] <> " and [b5xo_stop]="</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>b5xo_ongoing__1</td><td>Still Exposed</td></tr> </table> <p>Custom alignment: LV</p>	1	b5xo_ongoing__1	Still Exposed																											
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4049	b1p	<p>Section Header: <i>Glues and Adhesives</i></p> <p>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]</p> <p>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.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>01</td><td>b1p__01</td><td>White glue</td></tr> <tr><td>02</td><td>b1p__02</td><td>Rubber cement</td></tr> <tr><td>03</td><td>b1p__03</td><td>Neoprene</td></tr> <tr><td>04</td><td>b1p__04</td><td>Ethylene-vinyl acetate</td></tr> <tr><td>05</td><td>b1p__05</td><td>Epoxy</td></tr> <tr><td>06</td><td>b1p__06</td><td>Urethane</td></tr> <tr><td>07</td><td>b1p__07</td><td>Polyimides</td></tr> <tr><td>08</td><td>b1p__08</td><td>Cyanoacrylates</td></tr> <tr><td>09</td><td>b1p__09</td><td>Wallpaper paste</td></tr> <tr><td>10</td><td>b1p__10</td><td>Other glues and adhesives</td></tr> <tr><td>98</td><td>b1p__98</td><td>Don't know</td></tr> <tr><td>00</td><td>b1p__00</td><td>None of these</td></tr> </table> <p>Custom alignment: LV</p>	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
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4050	b1p_10_spec	If other glues and adhesives, please specify:	<p>text</p> <p>Custom alignment: LH</p>																																				
4051	b2p	<p>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"]</p> <p><i>years</i></p>	<p>text (integer, Min: 0, Max: 105)</p> <p>Custom alignment: LH</p>																																				
4052	b3p	<p>When you were exposed to glues and adhesives at work, how often were you exposed?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Daily	2	At least once per week	3	At least once per month	4	At least once per year																												
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4053	b4p	<p>Did you experience any health problems from being exposed to glues and adhesives?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Yes	0	No	8	Don't know																														
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4054	b5xp_start	<p>What year did you START being exposed to glues and adhesives in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																																				
4055	b5xp_stop	<p>What year did you STOP being exposed to glues and adhesives in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																																				
4056	b5xp_stop_2	<p>What year did you STOP being exposed to glues and adhesives in any job you have held?</p> <p><i>Year</i></p>	<p>descriptive</p>																																				
4057	b5xp_ongoing	<p>Show the field ONLY if: [b2p] <> " and [b5xp_stop]="</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>b5xp_ongoing__1</td><td>Still exposed</td></tr> </table> <p>Custom alignment: LV</p>	1	b5xp_ongoing__1	Still exposed																																	
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4058	b1q	<p>Section Header: <i>Soldering Materials</i></p> <p>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]</p> <p>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.</p>	<p>checkbox, Required</p> <table border="1"> <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> <tr><td>00</td><td>b1q__00</td><td>None of these</td></tr> </table> <p>Custom alignment: LV</p>	01	b1q__01	Eutectic (tin-lead alloy)	02	b1q__02	Tin zinc alloy	03	b1q__03	Lead silver alloy	04	b1q__04	Cadmium silver alloy	05	b1q__05	Flux	06	b1q__06	Solder paste	07	b1q__07	Solder wire	08	b1q__08	Rosin	09	b1q__09	Solder fumes	10	b1q__10	Other soldering materials	98	b1q__98	Don't know	00	b1q__00	None of these
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4059	b1q_10_spec	If other soldering materials, please specify:	<p>text</p> <p>Custom alignment: LH</p>																																				
4060	b2q	<p>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"]</p> <p><i>years</i></p>	<p>text (integer, Min: 0, Max: 105)</p> <p>Custom alignment: LH</p>																																				
4061	b3q	<p>When you were exposed to soldering materials at work, how often were you exposed?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Daily	2	At least once per week	3	At least once per month	4	At least once per year																												
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4062	b4q	<p>Did you experience any health problems from being exposed to soldering materials?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Yes	0	No	8	Don't know																														
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4063	b5xq_start	<p>What year did you START being exposed to soldering materials in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																																				
4064	b5xq_stop	<p>What year did you STOP being exposed to soldering materials in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																																				
4065	b5xq_stop_2	<p>What year did you STOP being exposed to soldering materials in any job you have held?</p> <p><i>Year</i></p>	<p>descriptive</p>																																				
4066	b5xq_ongoing	<p>Show the field ONLY if: [b2q] <> " and [b5xq_stop]="</p>	<p>checkbox</p> <table border="1"> <tr><td>1</td><td>b5xq_ongoing__1</td><td>Still exposed</td></tr> </table> <p>Custom alignment: LV</p>	1	b5xq_ongoing__1	Still exposed																																	
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4067	b1r	<p>Section Header: <i>Dyes and Inks</i></p> <p>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]</p> <p>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.</p>	<p>checkbox, Required</p> <table border="1"> <tr><td>01</td><td>b1r__01</td><td>Hair dye</td></tr> <tr><td>02</td><td>b1r__02</td><td>Leather dye</td></tr> <tr><td>03</td><td>b1r__03</td><td>Textile dye</td></tr> <tr><td>04</td><td>b1r__04</td><td>Paper dye</td></tr> <tr><td>05</td><td>b1r__05</td><td>India ink</td></tr> <tr><td>06</td><td>b1r__06</td><td>Inkjet printer</td></tr> <tr><td>07</td><td>b1r__07</td><td>Gel ink</td></tr> <tr><td>08</td><td>b1r__08</td><td>Fountain pen ink</td></tr> <tr><td>09</td><td>b1r__09</td><td>Toner</td></tr> <tr><td>10</td><td>b1r__10</td><td>Soy Ink</td></tr> <tr><td>11</td><td>b1r__11</td><td>Pharmaceutical ink</td></tr> <tr><td>12</td><td>b1r__12</td><td>Other dyes and inks</td></tr> <tr><td>98</td><td>b1r__98</td><td>Don't know</td></tr> <tr><td>00</td><td>b1r__00</td><td>None of these</td></tr> </table> <p>Custom alignment: LV</p>	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
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4068	b1r_12_spec	If other dyes and inks, please specify:	<p>text</p> <p>Custom alignment: LH</p>																																										
4069	b2r	<p>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"]</p> <p><i>years</i></p>	<p>text (integer, Min: 0, Max: 105)</p> <p>Custom alignment: LH</p>																																										
4070	b3r	<p>When you were exposed to dyes and inks at work, how often were you exposed?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Daily	2	At least once per week	3	At least once per month	4	At least once per year																																		
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4071	b4r	<p>Did you experience any health problems from being exposed to dyes and inks?</p>	<p>radio</p> <table border="1"> <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> <p>Custom alignment: LV</p>	1	Yes	0	No	8	Don't know																																				
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4072	b5xr_start	<p>What year did you START being exposed to dyes and inks in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																																										
4073	b5xr_stop	<p>What year did you STOP being exposed to dyes and inks in any job you have held?</p> <p><i>Year</i></p>	<p>text (integer, Min: 1910, Max: 2021)</p> <p>Custom alignment: LH</p>																																										
4074	b5xr_stop_2	<p>What year did you STOP being exposed to dyes and inks in any job you have held?</p> <p><i>Year</i></p>	<p>descriptive</p>																																										

4075	b5xr_ongoing Show the field ONLY if: [b2r] <> " and [b5xr_stop]="		checkbox <table border="1"> <tr> <td>1</td> <td>b5xr_ongoing__1</td> <td>Still exposed</td> </tr> </table> Custom alignment: LV	1	b5xr_ongoing__1	Still exposed									
1	b5xr_ongoing__1	Still exposed													
4076	b5	Did you ever wear gloves when handling any of the previously listed chemicals?	radio <table border="1"> <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> <tr><td>9</td><td>Refused</td></tr> </table> Custom alignment: LV	1	Yes	0	No	8	Don't know	9	Refused				
1	Yes														
0	No														
8	Don't know														
9	Refused														
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 <table border="1"> <tr><td>1</td><td>Less than half</td></tr> <tr><td>2</td><td>About half</td></tr> <tr><td>3</td><td>More than half</td></tr> <tr><td>4</td><td>All the time</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	1	Less than half	2	About half	3	More than half	4	All the time	8	Don't know		
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4	All the time														
8	Don't know														
4078	b5b Show the field ONLY if: [b5]='1'	What type(s) of gloves did you wear? [CHOOSE ALL THAT APPLY]	checkbox <table border="1"> <tr><td>01</td><td>b5b__01</td><td>Leather gloves</td></tr> <tr><td>02</td><td>b5b__02</td><td>Cotton gloves</td></tr> <tr><td>03</td><td>b5b__03</td><td>Rubber or Synthetic gloves</td></tr> <tr><td>08</td><td>b5b__08</td><td>Don't know</td></tr> </table> Custom alignment: LV	01	b5b__01	Leather gloves	02	b5b__02	Cotton gloves	03	b5b__03	Rubber or Synthetic gloves	08	b5b__08	Don't know
01	b5b__01	Leather gloves													
02	b5b__02	Cotton gloves													
03	b5b__03	Rubber or Synthetic gloves													
08	b5b__08	Don't know													
4079	b6	Did you ever wear a face mask or respirator when handling any of the previously listed chemicals?	radio <table border="1"> <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> <tr><td>9</td><td>Refused</td></tr> </table> Custom alignment: LV	1	Yes	0	No	8	Don't know	9	Refused				
1	Yes														
0	No														
8	Don't know														
9	Refused														
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 <table border="1"> <tr><td>1</td><td>Less than half</td></tr> <tr><td>2</td><td>About half</td></tr> <tr><td>3</td><td>More than half</td></tr> <tr><td>4</td><td>All the time</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	1	Less than half	2	About half	3	More than half	4	All the time	8	Don't know		
1	Less than half														
2	About half														
3	More than half														
4	All the time														
8	Don't know														
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 <table border="1"> <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> <tr><td>9</td><td>Refused</td></tr> </table> Custom alignment: LV	1	Yes	0	No	8	Don't know	9	Refused				
1	Yes														
0	No														
8	Don't know														
9	Refused														

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 <table border="1"> <tr><td>1</td><td>Less than half</td></tr> <tr><td>2</td><td>About half</td></tr> <tr><td>3</td><td>More than half</td></tr> <tr><td>4</td><td>All the time</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	1	Less than half	2	About half	3	More than half	4	All the time	8	Don't know											
1	Less than half																							
2	About half																							
3	More than half																							
4	All the time																							
8	Don't know																							
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 <table border="1"> <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	1	Yes	0	No	8	Don't know															
1	Yes																							
0	No																							
8	Don't know																							
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 <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No																	
1	Yes																							
0	No																							
4085	c1a Show the field ONLY if: [c1] = 1	When were the renovations or repairs (because of moisture damage) in your current/most recent workspace completed?	radio <table border="1"> <tr><td>1</td><td>During the past year</td></tr> <tr><td>2</td><td>1-3 years ago</td></tr> <tr><td>3</td><td>More than 3 years ago</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	1	During the past year	2	1-3 years ago	3	More than 3 years ago	8	Don't know													
1	During the past year																							
2	1-3 years ago																							
3	More than 3 years ago																							
8	Don't know																							
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 <table border="1"> <tr><td>01</td><td>c2__01</td><td>Concrete</td></tr> <tr><td>02</td><td>c2__02</td><td>Wood</td></tr> <tr><td>03</td><td>c2__03</td><td>Cork</td></tr> <tr><td>04</td><td>c2__04</td><td>Vinyl</td></tr> <tr><td>05</td><td>c2__05</td><td>Wall-to-wall carpet</td></tr> <tr><td>06</td><td>c2__06</td><td>Other floor materials</td></tr> <tr><td>08</td><td>c2__08</td><td>Don't know</td></tr> </table> Custom alignment: LV	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
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																						
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 <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No																	
1	Yes																							
0	No																							
4089	c3a Show the field ONLY if: [c3] = 1	What proportion of the wall surfaces are textile (cloth, fiber wallpaper, etc.)?	radio <table border="1"> <tr><td>1</td><td>Less than half of the wall surfaces</td></tr> <tr><td>2</td><td>At least half of the wall surfaces</td></tr> </table> Custom alignment: LV	1	Less than half of the wall surfaces	2	At least half of the wall surfaces																	
1	Less than half of the wall surfaces																							
2	At least half of the wall surfaces																							

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 <table border="1"> <tr> <td>1</td> <td>Yes</td> </tr> <tr> <td>0</td> <td>No</td> </tr> </table> Custom alignment: LV	1	Yes	0	No		
1	Yes								
0	No								
4091	c4a Show the field ONLY if: [c4] = 1	What proportion of the wall surfaces are plastic?	radio <table border="1"> <tr> <td>1</td> <td>Less than half of the wall surfaces</td> </tr> <tr> <td>2</td> <td>At least half of the wall surfaces</td> </tr> </table> Custom alignment: LV	1	Less than half of the wall surfaces	2	At least half of the wall surfaces		
1	Less than half of the wall surfaces								
2	At least half of the wall surfaces								
4092	d1a	Section Header: <i>D. Hobby Exposures The questions in this section ask about hobbies you may have participated in. Hobbies using Glues</i> Have you ever participated for 6 months or longer in hobbies using glues?	radio <table border="1"> <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	1	Yes	0	No	8	Don't know
1	Yes								
0	No								
8	Don't know								
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.] <i>years</i>	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? <i>hours per week, per month or per year</i>	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 <table border="1"> <tr> <td>1</td> <td>Week</td> </tr> <tr> <td>2</td> <td>Month</td> </tr> <tr> <td>3</td> <td>Year</td> </tr> </table> Custom alignment: LV	1	Week	2	Month	3	Year
1	Week								
2	Month								
3	Year								
4096	d1b	Section Header: <i>Hobbies involving Soldering</i> Have you ever participated for 6 months or longer in hobbies involving soldering, such as jewelry making or stained glass?	radio <table border="1"> <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	1	Yes	0	No	8	Don't know
1	Yes								
0	No								
8	Don't know								
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.] <i>years</i>	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? <i>hours per week, per month or per year</i>	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 <table border="1"> <tr> <td>1</td> <td>Week</td> </tr> <tr> <td>2</td> <td>Month</td> </tr> <tr> <td>3</td> <td>Year</td> </tr> </table> Custom alignment: LV	1	Week	2	Month	3	Year
1	Week								
2	Month								
3	Year								
4100	d1c	Section Header: <i>Developing Photographs</i> Have you ever participated for 6 months or longer in developing photographs?	radio <table border="1"> <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	1	Yes	0	No	8	Don't know
1	Yes								
0	No								
8	Don't know								

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.] <i>years</i>	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? <i>hours per week, per month or per year</i>	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 <table border="1"> <tr><td>1</td><td>Week</td></tr> <tr><td>2</td><td>Month</td></tr> <tr><td>3</td><td>Year</td></tr> </table> Custom alignment: LV	1	Week	2	Month	3	Year
1	Week								
2	Month								
3	Year								
4104	d1d	Section Header: <i>Oil Painting</i> Have you ever participated for 6 months or longer in oil painting?	radio <table border="1"> <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	1	Yes	0	No	8	Don't know
1	Yes								
0	No								
8	Don't know								
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.] <i>years</i>	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? <i>hours per week, per month or per year</i>	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 <table border="1"> <tr><td>1</td><td>Week</td></tr> <tr><td>2</td><td>Month</td></tr> <tr><td>3</td><td>Year</td></tr> </table> Custom alignment: LV	1	Week	2	Month	3	Year
1	Week								
2	Month								
3	Year								
4108	d1e	Section Header: <i>Woodworking or Refinishing Furniture</i> Have you ever participated for 6 months or longer in woodworking or refinishing furniture?	radio <table border="1"> <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	1	Yes	0	No	8	Don't know
1	Yes								
0	No								
8	Don't know								
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.] <i>years</i>	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? <i>hours per week, per month or per year</i>	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 <table border="1"> <tr><td>1</td><td>Week</td></tr> <tr><td>2</td><td>Month</td></tr> <tr><td>3</td><td>Year</td></tr> </table> Custom alignment: LV	1	Week	2	Month	3	Year
1	Week								
2	Month								
3	Year								
4112	d1f	Section Header: <i>Ceramics or Pottery</i> Have you ever participated for 6 months or longer in ceramics or pottery making?	radio <table border="1"> <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	1	Yes	0	No	8	Don't know
1	Yes								
0	No								
8	Don't know								

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.] <i>years</i>	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? <i>hours per week, per month or per year</i>	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 <table border="1"> <tr><td>1</td><td>Week</td></tr> <tr><td>2</td><td>Month</td></tr> <tr><td>3</td><td>Year</td></tr> </table> Custom alignment: LV	1	Week	2	Month	3	Year
1	Week								
2	Month								
3	Year								
4116	d1g	Section Header: <i>Leather Crafting</i> Have you ever participated for 6 months or longer in leather crafting?	radio <table border="1"> <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	1	Yes	0	No	8	Don't know
1	Yes								
0	No								
8	Don't know								
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.] <i>years</i>	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? <i>hours per week, per month or per year</i>	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 <table border="1"> <tr><td>1</td><td>Week</td></tr> <tr><td>2</td><td>Month</td></tr> <tr><td>3</td><td>Year</td></tr> </table> Custom alignment: LV	1	Week	2	Month	3	Year
1	Week								
2	Month								
3	Year								
4120	d1i	Section Header: <i>Fishing using Lead Weights or Sinkers</i> Have you ever participated for 6 months or longer in fishing using lead weights or sinkers?	radio <table border="1"> <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	1	Yes	0	No	8	Don't know
1	Yes								
0	No								
8	Don't know								
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.] <i>years</i>	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? <i>hours per week, per month or per year</i>	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 <table border="1"> <tr><td>1</td><td>Week</td></tr> <tr><td>2</td><td>Month</td></tr> <tr><td>3</td><td>Year</td></tr> </table> Custom alignment: LV	1	Week	2	Month	3	Year
1	Week								
2	Month								
3	Year								

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

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 <table border="1"> <tr><td>1</td><td>Week</td></tr> <tr><td>2</td><td>Month</td></tr> <tr><td>3</td><td>Year</td></tr> </table> Custom alignment: LV	1	Week	2	Month	3	Year								
1	Week																
2	Month																
3	Year																
4137	e1	Section Header: <i>E. Ultraviolet Light Exposures</i> 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 <table border="1"> <tr><td>1</td><td>A blistering sunburn</td></tr> <tr><td>2</td><td>A sunburn without blisters</td></tr> <tr><td>3</td><td>A mild sunburn that becomes a tan</td></tr> <tr><td>4</td><td>A tan with no sunburn</td></tr> <tr><td>5</td><td>No change in skin color</td></tr> </table> Custom alignment: LV	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				
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4138	e2	Section Header: <i>Blistering Sunburn</i> Have you ever had a blistering sunburn?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No										
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4139	e2a Show the field ONLY if: [e2] = 1	About how old were you the FIRST time you had a blistering sunburn?	radio <table border="1"> <tr><td>1</td><td>Under 5 years old</td></tr> <tr><td>2</td><td>5 - 14 years old</td></tr> <tr><td>3</td><td>15 - 24 years old</td></tr> <tr><td>4</td><td>25 - 39 years old</td></tr> <tr><td>5</td><td>40 - 64 years old</td></tr> <tr><td>6</td><td>65 years old or older</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	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
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4140	e2b Show the field ONLY if: [e2] = 1	About how old were you the LAST time you had a blistering sunburn?	radio <table border="1"> <tr><td>1</td><td>Under 5 years old</td></tr> <tr><td>2</td><td>5 - 14 years old</td></tr> <tr><td>3</td><td>15 - 24 years old</td></tr> <tr><td>4</td><td>25 - 39 years old</td></tr> <tr><td>5</td><td>40 - 64 years old</td></tr> <tr><td>6</td><td>65 years old or older</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	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
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4141	e2c Show the field ONLY if: [e2] = 1	About how many blistering sunburns have you had in your lifetime?	radio <table border="1"> <tr><td>1</td><td>1 or 2</td></tr> <tr><td>2</td><td>3 or 4</td></tr> <tr><td>3</td><td>5 - 9</td></tr> <tr><td>4</td><td>10 - 19</td></tr> <tr><td>5</td><td>20 or more</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	1	1 or 2	2	3 or 4	3	5 - 9	4	10 - 19	5	20 or more	8	Don't know		
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4142	e3	Section Header: <i>Skin Rash from Sun Exposure</i> Have you ever had a skin rash from sun exposure?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No										
1	Yes																
0	No																

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 <table border="1"> <tr><td>1</td><td>Under 5 years old</td></tr> <tr><td>2</td><td>5 - 14 years old</td></tr> <tr><td>3</td><td>15 - 24 years old</td></tr> <tr><td>4</td><td>25 - 39 years old</td></tr> <tr><td>5</td><td>40 - 64 years old</td></tr> <tr><td>6</td><td>65 years old or older</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	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
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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 <table border="1"> <tr><td>1</td><td>Under 5 years old</td></tr> <tr><td>2</td><td>5 - 14 years old</td></tr> <tr><td>3</td><td>15 - 24 years old</td></tr> <tr><td>4</td><td>25 - 39 years old</td></tr> <tr><td>5</td><td>40 - 64 years old</td></tr> <tr><td>6</td><td>65 years old or older</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	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
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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 <table border="1"> <tr><td>1</td><td>1 or 2</td></tr> <tr><td>2</td><td>3 or 4</td></tr> <tr><td>3</td><td>5 - 9</td></tr> <tr><td>4</td><td>10 - 19</td></tr> <tr><td>5</td><td>20 or more</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	1	1 or 2	2	3 or 4	3	5 - 9	4	10 - 19	5	20 or more	8	Don't know		
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4146	e4	Section Header: <i>Tanning Booth</i> Have you ever used a tanning booth?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No										
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4147	e4a Show the field ONLY if: [e4] = 1	About how old were you the FIRST time you used a tanning booth?	radio <table border="1"> <tr><td>1</td><td>Under 5 years old</td></tr> <tr><td>2</td><td>5 - 14 years old</td></tr> <tr><td>3</td><td>15 - 24 years old</td></tr> <tr><td>4</td><td>25 - 39 years old</td></tr> <tr><td>5</td><td>40 - 64 years old</td></tr> <tr><td>6</td><td>65 years old or older</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	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
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4148	e4b Show the field ONLY if: [e4] = 1	About how old were you the LAST time you used a tanning booth?	radio <table border="1"> <tr><td>1</td><td>Under 5 years old</td></tr> <tr><td>2</td><td>5 - 14 years old</td></tr> <tr><td>3</td><td>15 - 24 years old</td></tr> <tr><td>4</td><td>25 - 39 years old</td></tr> <tr><td>5</td><td>40 - 64 years old</td></tr> <tr><td>6</td><td>65 years old or older</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	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
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4149	e4c Show the field ONLY if: [e4] = 1	About how many times in your lifetime have you used a tanning booth?	radio <table border="1"> <tr><td>1</td><td>1 or 2</td></tr> <tr><td>2</td><td>3 or 4</td></tr> <tr><td>3</td><td>5 - 9</td></tr> <tr><td>4</td><td>10 - 19</td></tr> <tr><td>5</td><td>20 or more</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	1	1 or 2	2	3 or 4	3	5 - 9	4	10 - 19	5	20 or more	8	Don't know		
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4150	e5	Section Header: <i>Sunlamp</i> Have you ever used a sunlamp?	yesno <table border="1"> <tr><td>1</td><td>Yes</td></tr> <tr><td>0</td><td>No</td></tr> </table> Custom alignment: LV	1	Yes	0	No										
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4151	e5a Show the field ONLY if: [e5] = 1	About how old were you the FIRST time you used a sunlamp?	radio <table border="1"> <tr><td>1</td><td>Under 5 years old</td></tr> <tr><td>2</td><td>5 - 14 years old</td></tr> <tr><td>3</td><td>15 - 24 years old</td></tr> <tr><td>4</td><td>25 - 39 years old</td></tr> <tr><td>5</td><td>40 - 64 years old</td></tr> <tr><td>6</td><td>65 years old or older</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	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
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4152	e5b Show the field ONLY if: [e5] = 1	About how old were you the LAST time you used a sunlamp?	radio <table border="1"> <tr><td>1</td><td>Under 5 years old</td></tr> <tr><td>2</td><td>5 - 14 years old</td></tr> <tr><td>3</td><td>15 - 24 years old</td></tr> <tr><td>4</td><td>25 - 39 years old</td></tr> <tr><td>5</td><td>40 - 64 years old</td></tr> <tr><td>6</td><td>65 years old or older</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	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
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4153	e5c Show the field ONLY if: [e5] = 1	About how many times in your lifetime have you used a sunlamp?	radio <table border="1"> <tr><td>1</td><td>1 or 2</td></tr> <tr><td>2</td><td>3 or 4</td></tr> <tr><td>3</td><td>5 - 9</td></tr> <tr><td>4</td><td>10 - 19</td></tr> <tr><td>5</td><td>20 or more</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table> Custom alignment: LV	1	1 or 2	2	3 or 4	3	5 - 9	4	10 - 19	5	20 or more	8	Don't know
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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) <table border="1"> <tr><td>1</td><td>Less than 15 minutes</td></tr> <tr><td>2</td><td>15 minutes to less than an hour</td></tr> <tr><td>3</td><td>1 or 2 hours</td></tr> <tr><td>4</td><td>3 or 4 hours</td></tr> <tr><td>8</td><td>Don't know</td></tr> <tr><td>5</td><td>Not applicable</td></tr> </table>	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
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4157	e6d	In the past 10 years	radio (Matrix) <table border="1"> <tr><td>1</td><td>Less than 15 minutes</td></tr> <tr><td>2</td><td>15 minutes to less than an hour</td></tr> <tr><td>3</td><td>1 or 2 hours</td></tr> <tr><td>4</td><td>3 or 4 hours</td></tr> <tr><td>8</td><td>Don't know</td></tr> <tr><td>5</td><td>Not applicable</td></tr> </table>	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
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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) <table border="1"> <tr><td>1</td><td>Less than 15 minutes</td></tr> <tr><td>2</td><td>15 minutes to less than an hour</td></tr> <tr><td>3</td><td>1 or 2 hours</td></tr> <tr><td>4</td><td>3 or 4 hours</td></tr> <tr><td>8</td><td>Don't know</td></tr> <tr><td>5</td><td>Not applicable</td></tr> </table>	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
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4162	e8a	Section Header: <i>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'.</i> In your teens	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never had a tan</td></tr> <tr><td>2</td><td>1 - 3 months</td></tr> <tr><td>3</td><td>4 - 6 months</td></tr> <tr><td>4</td><td>7 - 9 months</td></tr> <tr><td>5</td><td>10 - 12 months</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table>	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		
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4163	e8b	In your twenties	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never had a tan</td></tr> <tr><td>2</td><td>1 - 3 months</td></tr> <tr><td>3</td><td>4 - 6 months</td></tr> <tr><td>4</td><td>7 - 9 months</td></tr> <tr><td>5</td><td>10 - 12 months</td></tr> <tr><td>8</td><td>Don't know</td></tr> <tr><td>6</td><td>Not applicable</td></tr> </table>	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
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4165	e8d	In the past 10 years	radio (Matrix) <table border="1"> <tr><td>1</td><td>Never had a tan</td></tr> <tr><td>2</td><td>1 - 3 months</td></tr> <tr><td>3</td><td>4 - 6 months</td></tr> <tr><td>4</td><td>7 - 9 months</td></tr> <tr><td>5</td><td>10 - 12 months</td></tr> <tr><td>8</td><td>Don't know</td></tr> </table>	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
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4166	e9	During leisure time, when you are outside in direct sunlight, how often do you wear a HAT WITH A BRIM?	radio <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than half the time</td></tr> <tr><td>3</td><td>Half the time</td></tr> <tr><td>4</td><td>More than half the time</td></tr> <tr><td>5</td><td>All the time</td></tr> </table> Custom alignment: LV	1	Never	2	Less than half the time	3	Half the time	4	More than half the time	5	All the time		
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4167	e10	During leisure time, about how often do you wear SUNGLASSES when you are outside in direct sunlight?	radio <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than half the time</td></tr> <tr><td>3</td><td>Half the time</td></tr> <tr><td>4</td><td>More than half the time</td></tr> <tr><td>5</td><td>All the time</td></tr> </table> Custom alignment: LV	1	Never	2	Less than half the time	3	Half the time	4	More than half the time	5	All the time		
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4	More than half the time														
5	All the time														
4168	e11	During leisure time, about how often do you wear SUNSCREEN when you are outside in direct sunlight?	radio <table border="1"> <tr><td>1</td><td>Never</td></tr> <tr><td>2</td><td>Less than half the time</td></tr> <tr><td>3</td><td>Half the time</td></tr> <tr><td>4</td><td>More than half the time</td></tr> <tr><td>5</td><td>All the time</td></tr> </table> Custom alignment: LV	1	Never	2	Less than half the time	3	Half the time	4	More than half the time	5	All the time		
1	Never														
2	Less than half the time														
3	Half the time														
4	More than half the time														
5	All the time														
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: <i>Form Status</i> Complete?	dropdown <table border="1"> <tr><td>0</td><td>Incomplete</td></tr> <tr><td>1</td><td>Unverified</td></tr> <tr><td>2</td><td>Complete</td></tr> </table>	0	Incomplete	1	Unverified	2	Complete						
0	Incomplete														
1	Unverified														
2	Complete														

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

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Expand

