

Sister Study Baseline  
Computer-Assisted Telephone Interview (CATI)  
Part 1 of 2

**SECTION PX: PERSONAL HISTORY OF CANCER**

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

**<IF INT 9 = YES, GO TO PX2>**

**PX1. <FIRST OCCURRENCE:>**

Have you ever been diagnosed with any type of cancer?

YES ..... 1

**<ALL OTHER OCCURRENCES:>**

NO..... [PX8] ..... 2

Were there any other times you were diagnosed with cancer?

REF ..... [PX8] ..... 7

DK..... [PX8] ..... 8

**<BEGIN REPEATING RECORD - CANCER TYPE>**

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

[CHECK ALL THAT APPLY]

[IF R ANSWERS "SKIN CANCER," PROBE:

Was this melanoma or non-melanoma skin cancer?]

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

BASAL CELL CARCINOMA ..... 1

BLADDER..... 1

BLOOD ..... 1

BOWEL ..... 1

BRAIN ..... 1

BREAST ..... 1

CERVIX, CERVICAL..... 1

COLON, COLORECTAL ..... 1

ENDOMETRIAL..... 1

HODGKIN'S DISEASE ..... 1

INTESTINE, INTESTINAL..... 1

LEUKEMIA..... 1

LUNG ..... 1

LYMPH NODES ..... 1

LYMPHOMA ..... 1

MELANOMA SKIN CANCER..... 1

NON-MELANOMA SKIN CANCER

(EXAMPLE: BASAL OR SQUAMOUS CELL CARCINOMA)1

NON-HODGKIN'S LYMPHOMA .... 1

OVARY, OVARIAN ..... 1

RECTUM, RECTAL ..... 1

SQUAMOUS CELL CARCINOMA.. 1

UTERUS, UTERINE..... 1

OTHER1 SPECIFY: \_\_\_\_\_ 1

OTHER2 SPECIFY: \_\_\_\_\_ 1

OTHER3 SPECIFY: \_\_\_\_\_ 1

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

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

YES ..... 1

NO..... 2

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

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

<p>PX3. Where did the cancer begin? [IF R HAD “METASTATIC CANCER AND DOES NOT KNOW WHERE IT STARTED, CODE AS “OTHER” AND REMARK.] [IF R WAS TOLD BY DOCTOR THAT THE CANCER <u>STARTED IN TWO OR MORE (PRIMARY) SITES AT THE SAME TIME, CODE AS “OTHER”</u> AND SPECIFY “MULTIPLE PRIMARIES OF UNDETERMINED ORIGIN.”]</p>	<p>BASAL CELL CARCINOMA ..... 01 BLADDER..... 02 BLOOD ..... 03 BOWEL ..... 04 BRAIN ..... 05 BREAST ..... 06 CERVIX, CERVICAL..... 07 COLON, COLORECTAL ..... 08 ENDOMETRIAL..... 09 HODGKIN’S DISEASE ..... 10 INTESTINE, INTESTINAL ..... 11 LEUKEMIA..... 12 LUNG ..... 13 LYMPH NODES ..... 14 LYMPHOMA ..... 15 MELANOMA SKIN CANCER..... 16 NON-MELANOMA SKIN CANCER (EXAMPLE : BASAL OR SQUAMOUS CELL CARCINOMA)..... 17 NON-HODGKIN’S LYMPHOMA .. 18 OVARY, OVARIAN ..... 19 RECTUM, RECTAL ..... 20 SQUAMOUS CELL CARCINOMA 21 UTERUS, UTERINE..... 22 OTHER ..... 99 SPECIFY: _____</p>
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<ASK ONLY IF PX2 = BREAST CANCER; ELSE GO TO PX5>

PX4. What was the date of your diagnosis?

MONTH		DAY		YEAR			

<GO TO PX6 >

PX5. How old were you at the time of this diagnosis?  
[IF LESS THAN ONE YEAR OLD, ENTER AS “00”]

AGE	

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

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

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

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

<GO TO PX1>

<END REPEATING RECORD - CANCER TYPE>

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

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

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

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

**SECTION SX: SISTER HISTORY**

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

SX1. I see in your record that you have [# *SISTERS FROM SCREENER*] sister[s], living or deceased, with whom you share at least one biological parent. Is this correct? YES ..... [SX2] ..... 1  
NO ..... 2

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

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

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# OF SISTERS

**<BEGIN REPEATING RECORDS - SISTER>**

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

FIRST NAME: \_\_\_\_\_  
LAST NAME: \_\_\_\_\_  
MAIDEN NAME: \_\_\_\_\_

**SX3. QUESTION DELETED**

**SX4. QUESTION DELETED**

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

MONTH		DAY		YEAR			

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

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

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

SX7. How old is she now?

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

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AGE

**<GO TO SX10>**

SX8. What year did she die?

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YEAR

**<ASK IF SX8 = DK>**

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

SX9. How old was she when she died?

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AGE

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

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

SX11. [Do/Did] you share the same biological mother or the same biological father? [IR R SYAS SHE AND HER SISTER SHARE THE SAME MOTHER AND FATHER, GO BACK TO SX10 AND CHANGE RESPONSE TO "FULL" SISTER.]	SAME MOTHER..... 1 SAME FATHER..... 2
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**<BEGIN REPEATING RECORDS – SISTER CANCER HISTORY>**

SX12. <b>&lt;FIRST OCCURRENCE:&gt;</b> [Has/Was] [FIRST NAME] ever [been] diagnosed with <u>any type of cancer?</u>	YES ..... 1 NO..... [SX20] ..... 2 REF ..... [SX20] ..... 7 DK..... [SX20] ..... 8
<b>&lt;ALL OTHER OCCURRENCES:&gt;</b> Were there any other times she was diagnosed with cancer?	

SX13. What type or types of cancer did she have at the time of her [ <i>first/next</i> ] diagnosis? [CHECK ALL THAT APPLY] [IF R ANSWERS "SKIN CANCER," PROBE: Was this melanoma or non-melanoma skin cancer?] [IF R GIVES A CLINICAL RESPONSE, THAT DOES NOT MATCH A CATEGORY AND IS NOT A PART OF THE BODY, PROBE: "What specific part of the body did this cancer affect?"]	BASAL CELL CARCINOMA ..... 1 BLADDER..... 1 BLOOD..... 1 BOWEL ..... 1 BRAIN ..... 1 BREAST ..... 1 CERVIX, CERVICAL..... 1 COLON, COLORECTAL ..... 1 ENDOMETRIAL..... 1 HODGKIN'S DISEASE ..... 1 INTESTINE, INTESTINAL..... 1 LEUKEMIA..... 1 LUNG ..... 1 LYMPH NODES ..... 1 LYMPHOMA ..... 1 MELANOMA SKIN CANCER..... 1 NON-MELANOMA SKIN CANCER (EXAMPLE: BASAL OR SQUAMOUS CELL CARCINOMA)1 NON-HODGKIN'S LYMPHOMA .... 1 OVARY, OVARIAN..... 1 RECTUM, RECTAL ..... 1 SQUAMOUS CELL CARCINOMA.. 1 UTERUS, UTERINE ..... 1 OTHER1 SPECIFY: _____ 1 OTHER2 SPECIFY: _____ 1 OTHER3 SPECIFY: _____ 1
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**<ASK ONLY IF SX13 = BASAL CELL CARCINOMA OR SQUAMOUS CELL CARCINOMA; ELSE GO TO SX14>**

SX13a. Was this (basal cell/squamous cell) skin cancer?	YES ..... 1 NO..... 2
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**<ASK ONLY IF MORE THAN ONE CATEGORY IS CHECKED IN SX13; ELSE, GO TO SX15.>**

<p>SX14. Where did the cancer begin? [IF SISTER HAD “METASTATIC CANCER AND DOES NOT KNOW WHERE IT STARTED, CODE AS “OTHER” AND REMARK.] [IF SISTER WAS TOLD BY DOCTOR THAT THE CANCER <u>STARTED IN TWO OR MORE (PRIMARY) SITES AT THE SAME TIME</u>, CODE AS “OTHER” AND SPECIFY “MULTIPLE PRIMARIES OF UNDETERMINED ORIGIN.”]</p>	<p>BASAL CELL CARCINOMA ..... 01 BLADDER..... 02 BLOOD ..... 03 BOWEL ..... 04 BRAIN ..... 05 BREAST ..... 06 CERVIX, CERVICAL..... 07 COLON, COLORECTAL ..... 08 ENDOMETRIAL..... 09 HODGKIN’S DISEASE ..... 10 INTESTINE, INTESTINAL ..... 11 LEUKEMIA..... 12 LUNG ..... 13 LYMPH NODES ..... 14 LYMPHOMA ..... 15 MELANOMA SKIN CANCER..... 16 NON-MELANOMA SKIN CANCER (EXAMPLE : BASAL OR SQUAMOUS CELL CARCINOMA)..... 17 NON-HODGKIN’S LYMPHOMA .. 18 OVARY, OVARIAN ..... 19 RECTUM, RECTAL ..... 20 SQUAMOUS CELL CARCINOMA 21 UTERUS, UTERINE..... 22 OTHER ..... 99 SPECIFY: _____</p>
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SX15. How old was she at the time of this diagnosis? □ □  
 [IF LESS THAN ONE YEAR OLD, ENTER AS “00”] AGE

**<ASK ONLY IF SX15 = DK OR RF>**

<p>SX15a. Was she in her...</p>	<p>teens ..... 01 20s ..... 02 30s ..... 03 40s ..... 04 50s ..... 05 60s ..... 06 70s ..... 07 80s ..... 08 90 or older ..... 09</p>
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**<ASK SX16-SX19 ONLY IF SX13 = BREAST CANCER>**

<p>SX16. Was the cancer found in her left breast, her right breast, or both breasts?</p>	<p>LEFT BREAST..... 1 RIGHT BREAST ..... 2 BOTH BREASTS ..... 3</p>
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<p>SX17. There are different types of breast cancer. I am going to read a list. Please tell me if your sister was diagnosed with any of these types. [ADD REMARK AND NOTE ANY COMMENT GIVEN ON DIAGNOSIS.]</p>	<p>ductal carcinoma in situ (DCIS)..... 1 lobular carcinoma in situ (LCIS)..... 2 invasive (infiltrating) ductal carcinoma ..... 3 invasive (infiltrating) lobular carcinoma ..... 4</p>
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SX18. Was the breast cancer estrogen receptor positive, or “ER positive”?  
YES ..... 1  
NO ..... 2

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

**<END REPEATING RECORDS – SISTER CANCER HISTORY>**

**<ASK ONLY IF SISTER’S CURRENT AGE OR AGE AT DEATH IS ≥ 30>**

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

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

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

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

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AGE

**<NEXT SISTER OR NEXT SECTION>**

**<ASK ONLY IF SX13 = BREAST CANCER>**

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

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

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AGE

**<END REPEATING RECORDS – SISTER>**



## SECTION BC: GENERAL HEALTH AND BREAST CONDITIONS

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

BC1. In the past 12 months, would you say your health has generally been...  
 excellent ..... 1  
 very good..... 2  
 good..... 3  
 fair ..... 4  
 poor ..... 5

BC1a. When was your most recent routine physical exam, or complete check up? Would you say it was...  
 less than 6 months ago ..... 1  
 from 6 months to 1 year ago ..... 2  
 more than 1 but less than 2 years ago . 3  
 2-5 years ago ..... 4  
 more than 5 years ago ..... 5

BC2. Have you been to a dentist in the past 12 months?  
 YES ..... 1  
 NO ..... 2

BC3. Have you ever been told you had periodontal or gum disease?  
 YES ..... 1  
 NO ..... 2

BC4. Have you ever lost any adult teeth due to disease or decay? (Please do not count wisdom teeth extractions, or teeth lost due to accidents, violence or orthodontistry.)  
 YES ..... 1  
 NO ..... 2

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

BC4a. Have you ever had your colon checked by having a colonoscopy or sigmoidoscopy exam?  
 YES ..... 1  
 NO ..... 2

BC5. Have you had a Pap smear or pelvic exam in the past 12 months?  
 YES ..... 1  
 NO ..... 2

BC6. Have you had a breast exam by a doctor or other health care provider in the past 12 months?  
 YES ..... 1  
 NO ..... 2

BC7. Have you ever had a mammogram?  
 YES ..... 1  
 NO ..... [BC8a] ..... 2  
 REF ..... [BC8a] ..... 7  
 DK ..... [BC8a] ..... 8

BC8. Was your last mammogram....  
 less than a year ago ..... 1  
 one to two years ago..... 2  
 more than two years ago ..... 3

BC8a. Have you ever had a screening ultrasound of the breast?  
 YES ..... 1  
 NO ..... [BC8b] ..... 2

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

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AGE

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

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

**BC9. QUESTION DELETED**

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

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

<IF “NO” TO ALL BC10a-h, GO TO BC 21>

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

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

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

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

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

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

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

**<BEGIN REPEATING RECORD - BREAST ENLARGEMENT>**

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

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

BC27. Was the surgery performed on your left breast, your right breast, or both breasts?	LEFT BREAST.....	1
	RIGHT BREAST .....	2
	BOTH BREASTS .....	3

BC28. What type of material was used in this breast enlargement, [a] breast implant[s] or your own bodily tissue?	IMPLANT .....	1
	BODY TISSUE.....[BC25].....	2
	REF .....	[BC25].....
	DK.....[BC25].....	8

BC29. What type of breast implant did you have [this time]? [READ CATEGORIES IF NEEDED]	silicone gel .....	01
	saline .....	02
	hydrogel .....	03
	PVP .....	04
	saline and silicone combined .....	05
	other .....	06

BC30. Did you ever have [this/either of these] implant[s] removed?	YES .....	1
	NO.....	2

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

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

BC31. Was the implant removed from your left breast, your right breast, or both breasts?	LEFT BREAST.....	1
	RIGHT BREAST .....	2
	BOTH BREASTS .....	3

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

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YEARS MONTHS  
<GO TO BC25>

<END REPEATING RECORD - BREAST ENLARGEMENT>

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

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

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

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AGE

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

LEFT BREAST ..... 1  
RIGHT BREAST ..... 2  
BOTH BREASTS ..... 3

**SECTION RS: ENVIRONMENTAL EXPOSURES/ RESIDENTIAL HISTORY**

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

RS1. Do you live in one residence year-round, or do you have a second residence where you spend at least two months per year? ONE RESIDENCE ..... 1  
HAVE SECOND RESIDENCE..... 2

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

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

\_\_\_\_\_  
STREET #  
\_\_\_\_\_  
STREET NAME  
\_\_\_\_\_  
APARTMENT #  
\_\_\_\_\_  
CITY/TOWN  
\_\_\_\_\_  
STATE                      ZIP  
\_\_\_\_\_  
COUNTY [PARISH]

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

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

RS2x2. Is this road divided by a median or barrier of any kind? YES ..... 1  
NO..... 2

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

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

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

\_\_\_\_\_  
CROSS STREET NAME

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

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

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

RS3asp. SPECIFY #MILES:    
 # MILES

<GO TO RS3x1>

REF ..... [RS3x1] ..... 7  
 DK ..... [RS3x1] ..... 8

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

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

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

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

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

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

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

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

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

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

YES ..... [RS3x4] ..... 1  
 NO ..... 2

RS3x3. Is it within one mile of your residence?

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

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

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

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

RS4. What is the nearest landmark to this residence that you can recall?  
[READ BACK TO R AND VERIFY SPELLING.]

LANDMARK  
REF ..... [RS6] ..... 7  
DK..... [RS6] ..... 8

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

within a quarter mile ..... [RS6]..... 1  
between a quarter mile and  
one mile..... [RS6]..... 2  
more than one mile..... 3

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

RS5sp. SPECIFY #MILES:    
# MILES

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

YEAR

REF ..... [RS8] ..... 7  
DK..... [RS8] ..... 8

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

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

# MONTHS

<GO TO RS9>

<ASK ONLY IF RS6 = DK>

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

YEARS MONTHS

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

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

<IF RS7 <12 MONTHS, GO TO RS15>

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

YES ..... 1  
NO..... [RS15] ..... 2  
REF ..... [RS15] ..... 7  
DK..... [RS15] ..... 8

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

.  
YEARS MONTHS

<BEGIN REPEATING RECORD>

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

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

YES ..... 1  
NO..... [RS15] ..... 2

months or longer?

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

\_\_\_\_\_  
YEAR

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

\_\_\_\_\_  
YEAR

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

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

\_\_\_\_\_  
YEARS    MONTHS

<END REPEATING RECORD>

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

YES ..... [RS18] ..... 1  
NO ..... 2

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

YES ..... [RS18] ..... 1  
NO ..... 2

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

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

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

URBAN ..... 1  
SUBURBAN ..... 2  
SMALL TOWN ..... 3  
RURAL ..... 4  
OTHER ..... 5

RS19. Which of the following best describes this residence?

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



RS20. In what decade was this residence built?

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

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

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

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

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

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

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

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

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

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

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

**<IF RS21 = RS23, DO NOT ASK RS23a>**

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

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

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

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

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

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

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

RS25. What year was this well put in?

--	--	--	--	--

YEAR

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

RS31. What year was this well put in?

YEAR

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

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

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

# MINUTES

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

--	--	--

# TIMES

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

RS33. Is there a fireplace or wood-burning stove inside this residence?

- YES ..... 1
- NO ..... [RS36] ..... 2

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

--	--	--	--

DAYS PER YEAR

<IF RS34 = 0, GO TO RS36>

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

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

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

- natural gas ..... 01
- electricity..... 02
- fuel oil ..... 03
- kerosene ..... 04
- propane..... 05
- coal..... 06
- wood..... 07
- solar..... 08
- OTHER ..... 99
- SPECIFY \_\_\_\_\_

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

- electricity..... 01
- gas or natural gas..... 02
- wood fire ..... 03
- coal..... 04
- propane..... 05
- OTHER ..... 06

<IF RS6 =CURRENT YEAR OR CURRENT YEAR – 1, THEN GO TO RS43>  
 <IF RS9 = NO AND R LIVED AT CURRENT ADDRESS <10 YEARS, GO TO RS43>

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

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

RS39. For what kinds of pests was this residence regularly

Y N

treated? Was it treated for...

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

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

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

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

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

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

--	--

# OF YEARS

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

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

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

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

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

RS45. Altogether, how often were the pest control chemicals applied [ <i>in the past 12 months/since you've lived there</i> ]? Would you say... [COMBINE FREQUENCY OF ALL APPLICATIONS OF ANY PRODUCTS USED.]	daily..... 1 weekly ..... 2 monthly ..... 3 every 2 or 3 months..... 4 once or twice ..... 5																														
RS46. When pest control chemicals were applied, how often did you <u>personally</u> apply them? Would you say...	all the time..... 1 most of the time..... 2 about half of the time ..... 3 some of the time ..... 4 never..... 5																														
RS47. Does this residence have a garden or yard that has been treated [ <i>in the past 12 months/since you've lived there</i> ], with weed killers or insecticides including those labeled organic, such as pyrethrum or rotenone?	YES ..... 1 NO..... [RS51] ..... 2 REF ..... [RS51] ..... 7 DK..... [RS51] ..... 8																														
RS48. Which of the following products, including those labeled organic, were used on your garden or yard [ <i>in the last 12 months/since you've lived there</i> ]? <b>&lt;ONSCREEN INSTRUCTION FOR A:&gt;</b> [IF R SAYS "FERTILIZER", PROBE: "Did this fertilizer contain a weed killer?" IF YES, RECORD AS "YES".] <b>&lt;ONSCREEN INSTRUCTION FOR C:&gt;</b> [IF R SAYS "FERTILIZER", PROBE: "Did this fertilizer contain insecticides?" IF YES, RECORD AS "YES".] <b>&lt;ONSCREEN INSTRUCTION FOR I:&gt;</b> [IF R SAYS "FERTILIZER", PROBE: "Did this fertilizer contain a weed killer or insecticides?" IF YES, PROBE FOR PRODUCT, GO BACK AND CHANGE ITEM A OR C.]	<table border="0"> <thead> <tr> <th></th> <th style="text-align: center;">Y</th> <th style="text-align: center;">N</th> </tr> </thead> <tbody> <tr> <td>a. weed killers applied broadly.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>b. occasional spot use of weed killers .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>c. lawn insecticides .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>d. chemicals to treat tree diseases.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>e. insecticides for tree infestations</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>f. pesticides for fruit or vegetable garden.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>g. chemicals for outdoor plant diseases.....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>h. insecticides for outdoor plants .</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> <tr> <td>i. any other outdoor pesticides .....</td> <td style="text-align: center;">1</td> <td style="text-align: center;">2</td> </tr> </tbody> </table>		Y	N	a. weed killers applied broadly.....	1	2	b. occasional spot use of weed killers .....	1	2	c. lawn insecticides .....	1	2	d. chemicals to treat tree diseases.....	1	2	e. insecticides for tree infestations	1	2	f. pesticides for fruit or vegetable garden.....	1	2	g. chemicals for outdoor plant diseases.....	1	2	h. insecticides for outdoor plants .	1	2	i. any other outdoor pesticides .....	1	2
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h. insecticides for outdoor plants .	1	2																													
i. any other outdoor pesticides .....	1	2																													
RS49. Altogether, how often have these products been used on your garden or yard [ <i>in the past 12 months/since you've lived there</i> ]? Would you say... [COMBINE FREQUENCY OF ALL APPLICATIONS OF ANY PRODUCTS USED.]	daily..... 1 weekly ..... 2 monthly ..... 3 every 2 or 3 months..... 4 once or twice a year ..... 5																														
RS50. When these products were applied, how often did you <u>personally</u> apply them? Would you say...	all the time..... 1 most of the time..... 2 about half of the time ..... 3 some of the time ..... 4 never..... 5																														
<b>&lt;ASK ONLY IF RS50 = 2, 3, 4, OR 5; ELSE GO TO RS51&gt;</b>																															
RS50a. [ <i>In the past 12 months/Since you've lived there</i> ] have you used a professional lawn care service?	YES ..... 1 NO..... 2																														

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

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

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

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

Is your residence <u>within two miles of...</u>	Is [ITEM]...	Is the [ITEM] currently operating, or has it shut down?



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

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

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

RS111. **QUESTION DELETED**

RS112. **QUESTION DELETED**

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

RS113. What is the full street address of your second residence, where you spend at least two months per year?  
 (Please provide as much information as you can.)  
 [READ ADDRESS BACK TO R AND VERIFY SPELLING.] [ENTER "NA" FOR COUNTY IF THERE IS NO COUNTY TO REPORT.]  
 [IF R OFFERS A PO BOX OR RFD (RURAL FREE DELIVERY) NUMBER, PROBE: "Can you please tell me your street address, that is, where your home is physically located?"]  
 [IF R SAYS SHE ONLY HAS A PO BOX OR RURAL ROUTE, PROBE: "Do you know your 911 address?"] [IF RESIDENCE WAS IN ANOTHER COUNTRY, SELECT "NA" FROM PULL DOWN LIST.]

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

**<IF RS9 = YES, GO TO RS195>**

**<IF R LIVED AT CURRENT RESIDENCE ≥10 YEARS, GO TO RS195>**

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

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

RS114. What is the full street address of the residence where you lived the longest since the age of 20?  
 (Please provide as much information as you can.)  
 [READ ADDRESS BACK TO R AND VERIFY SPELLING.] [IF R SAYS THERE WAS NO ZIP CODE FOR THIS RESIDENCE, ENTER "96" FOR ZIP CODE.] [ENTER "NA" FOR COUNTY IF THERE IS NO COUNTY TO REPORT.]  
 [IF R OFFERS A PO BOX OR RFD (RURAL FREE DELIVERY) NUMBER, PROBE: "Can you please tell me your street address, that is, where your home is physically located?"]  
 [IF R SAYS SHE ONLY HAS A PO BOX OR RURAL ROUTE, PROBE: "Do you know your 911 address?"] [IF RESIDENCE WAS IN ANOTHER COUNTRY, SELECT "NA" FROM PULL DOWN LIST.]

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

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

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

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

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

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

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

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

\_\_\_\_\_ CROSS STREET NAME

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

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

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

# MILES  
**<GO TO RS115x1>**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

\_\_\_\_\_ LANDMARK  
 REF ..... [RS118] ..... 7  
 DK..... [RS118] ..... 8

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

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

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

# MILES

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

YEAR

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

YEAR

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

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

YEARS MONTHS

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

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

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

YEARS MONTHS

**<BEGIN REPEATING RECORD>**

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

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

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

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

**<ASK ONLY IF RS124 = DK OR RS125 = DK; ELSE GO TO RS123>**  
 RS125a. How many years and/or months were you away from this residence this time? |\_|\_|    |\_|\_|  
YEARS    MONTHS

**<END REPEATING RECORD>**

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

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

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

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

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

RS130. In what decade was this residence built?

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

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

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

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

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

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

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

YES ..... [D134] ..... 1  
 NO ..... 2

RS133. What year was this well put in?

--	--	--	--

YEAR

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

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

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

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

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

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

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

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

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

YES ..... [RS138] ..... 1  
 NO ..... 2

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YEAR

RS137. What year was this well put in?

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

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

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

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# MINUTES

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

--	--	--

# TIMES

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

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

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

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

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# DAYS PER YR

<IF RS140 = 0, GO TO RS142>

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

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

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

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

SPECIFY: \_\_\_\_\_



RS143. What was the energy source for the cooking stove top or range top at this address? Was it...

- electricity..... 01
- gas or natural gas..... 02
- wood fire ..... 03
- coal..... 04
- propane..... 05
- OTHER ..... 06

RS144. During the time you lived there, was this residence ever treated regularly with insecticides or pesticides, either by your or someone else, to control insects, rodents, or other pests, either inside or around the foundation?

- YES ..... 1
- NO..... [RS149] ..... 2
- REF ..... [RS149] ..... 7
- DK..... [RS149] ..... 8

RS145. For what kinds of pests was this residence regularly treated? Was it treated for...

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

RS146. Altogether, how often were pest control chemicals applied, on average? Would you say... [COMBINE FREQUENCY OF ALL APPLICATIONS OF ANY PRODUCTS USED.]

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

RS147. When pest control chemicals were applied, how often did you personally apply them? Would you say...

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

RS148. How many years in total did these regular pest control treatments occur? [IF LESS THAN ONE YEAR, ENTER "00".]

--	--

#YEARS

Now I'd like to ask about some different places that may have been near this residence.

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

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

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

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

Was this residence <u>within two miles of...</u>	Is [ITEM]...
RS185. an animal waste lagoon YES ..... 1 NO ... [RS187] ..... 2	RS186. a. within a quarter mile of your residence Y.[RS187] 1 N.....2 b. within one mile of your residence Y .....1 N.....2
RS187. a hazardous waste site YES ..... 1 NO ... [RS189] ..... 2	RS188. a. within a quarter mile of your residence Y.[RS189] 1 N.....2 b. within one mile of your residence Y.....1 N.....2
RS189. a golf course YES ..... 1 NO ... [RS191] ..... 2	RS190. a. within a quarter mile of your residence Y.[RS191] 1 N.....2 b. within one mile of your residence Y .....1 N.....2
RS191. a swamp, marsh, or bog YES ..... 1 NO ...[RS193a] ..... 2	RS192. a. within a quarter mile of your residence Y [RS193a]1 N.....2 b. within one mile of your residence Y .....1 N.....2

RS193. QUESTION DELETED

RS194. QUESTION DELETED

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

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

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

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

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

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

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

RS196x1. Thinking about the street your house was on, how many lanes did this road have in total? [DO NOT READ CATEGORIES.] 1..... [RS196x3]..... 01  
2..... 02  
3..... 03  
4..... 04  
5..... 05  
6..... 06  
7..... 07  
8..... 08  
9..... 09  
10 OR MORE..... 10

RS196x2. Was this road divided by a median or barrier of any kind? YES ..... 1  
NO..... 2

RS196x3. How would you describe the traffic on this road during rush hour? Would you say that it was... [IF R SAYS THERE IS NO TRAFFIC AT ALL, RECORD AS “VERY LIGHT”.] very light ..... 1  
light ..... 2  
moderate..... 3  
heavy ..... 4  
very heavy ..... 5

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

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

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

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

# MILES  
 <GO TO RS198>

REF ..... [RS198] ..... 7  
 DK ..... [RS198] ..... 8

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

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

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

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

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

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

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

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

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

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

YES ..... [RS198c] ..... 1  
 NO ..... 2

RS198b. Was it within one mile of your residence?

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



RS198c. How many lanes did this road have in total?  
 [DO NOT READ CATEGORIES.]

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

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

RS199. What was the nearest landmark to this residence  
 that you can recall?  
 [READ BACK TO R AND VERIFY SPELLING.]

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

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

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

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

# MILES

RS201. What year did you start living there?

YEAR

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

YEAR

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

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

YEARS    MONTHS

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

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

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

YEARS    MONTHS

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

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

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

NOT INCLUDE SMALL PERSONAL GARDENS.]

RS207. To the best of your knowledge, was this property used as a farm or orchard within 20 years <u>before</u> you began living there? [A FARM IS WHERE CROPS ARE GROWN OR LIVESTOCK IS RAISED. DO NOT INCLUDE SMALL PERSONAL GARDENS.]	YES ..... 1 NO ..... 2
RS208. Was this residence located in an urban, suburban, small town, or rural area?	URBAN ..... 1 SUBURBAN ..... 2 SMALL TOWN ..... 3 RURAL ..... 4 OTHER ..... 5
RS209. Which of the following best describes this residence?	single family house ..... 01 duplex or multi-family house ..... 02 townhouse, row house, apartment, or condominium building with up to four stories ..... 03 apartment or condominium building with five or more stories ..... 04 mobile home or trailer ..... 05 a room in an institution, such as a nursing home ..... 06 another kind of residence ..... 07
RS210. In what decade was this residence built?	BEFORE 1950 ..... 1 1950s ..... 2 1960s ..... 3 1970s ..... 4
RS211. What was your personal main source of <u>drinking</u> water for <u>most</u> of the time you lived at this residence? Was it...	bottled water ..... 01 community well ..... 02 city or town water ..... 03 private well ..... 04 rain water or cistern ..... 05 river, lake, or pond water ..... 06
<b>&lt;IF RS211 = 02, 03, OR 04, ASK:&gt;</b>	
RS211a. Did you use a water filtering system? This does not include water-softening systems.	YES ..... 1 NO ..... 2
RS212. To the best of your knowledge, was this residence ever treated <u>regularly</u> with insecticides or pesticides, either by you or someone else, to control insects, rodents, or other pests while you were living there, either inside or around the foundation?	YES ..... 1 NO ..... [RS215] ..... 2 REF ..... [RS215] ..... 7 DK ..... [RS215] ..... 8
RS213. Altogether, how often were the pest control chemicals applied on average? Would you say... [COMBINE FREQUENCY OF ALL APPLICATIONS OF ANY PRODUCTS USED.]	daily ..... 1 weekly ..... 2 monthly ..... 3 every 2 or 3 months ..... 4 once or twice a year ..... 5

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

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

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

Y N

- RS215. a power plant? ..... 1 2
- ..... 1 2
- RS215sp. What was the power or fuel source that generated electricity at this plant? Was it...
- coal..... 1
- gas ..... 2
- petroleum or oil..... 3
- water or hydropower.. 4
- nuclear power..... 5
- wind ..... 6
- solar power..... 7
- geothermal power ..... 8
- RS216.high tension power lines, that is, heavy power lines carried by very large, steel towers .....1 2
- RS217.a commercial airport.....1 2
- RS218.a bus station.....1 2
- RS219.a gas station .....1 2
- RS220.a military base .....1 2
- RS221.a dry cleaner .....1 2
- <IF RS221 = YES, ASK:>**
- RS221a. Was the dry cleaning done on site? .....1 2
- RS222.an oil refinery .....1 2
- RS223.a paper mill.....1 2
- <BEGIN REPEATING RECORD>**
- RS224.[a/any other] factory.....1 2
- RS224sp. What kind? (What was made there?)\_\_\_\_\_
- <END REPEATING RECORD>**
- RS225.a leather tannery .....1 2
- RS226.a slaughterhouse. Please do not include poultry processing plants as slaughterhouses. ....1 2
- RS227.a poultry processing plant ..1 2
- RS228.an animal waste lagoon .....1 2
- RS229.a sewage treatment plant ....1 2
- RS230.a garbage dump or landfill .1 2
- RS231.an incinerator (a furnace for burning waste or other materials) .....1 2
- RS232.a hazardous waste site .....1 2
- <ASK ONLY IF RS206 = NO>**
- <BEGIN REPEATING RECORD>**
- RS233.[a/any other] farm or orchard.....1 2
- [A FARM IS WHERE CROPS ARE GROWN OR LIVESTOCK

IS RAISED. DO NOT INCLUDE  
SMALL PERSONAL GARDENS.]  
RS233sp. What kind of farm or  
orchard?\_\_\_\_\_

<END REPEATING RECORD>

RS234.a nursery or commercial  
greenhouse, not a retail garden  
center .....1 2  
RS235. a golf course .....1 2  
RS236.a swamp, marsh, or bog.....1 2

RS237. QUESTION DELETED

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

RS238. Were you ever directly in the fog or spray of chemicals,  
or as a child, did you ever chase after the fogger trucks  
or airplanes that sprayed for mosquitoes or other pests?  
YES ..... 1  
NO ..... [RS242] ..... 2  
REF ..... [RS242] ..... 7  
DK ..... [RS242] ..... 8

RS239. Did this happen before 1975, after 1975, or did it  
happen before and after 1975?  
BEFORE 1975 ..... 1  
AFTER 1975 ..... [RS241] ..... 2  
BOTH BEFORE AND AFTER ..... 3

RS240. How many times did this happen before 1975?

# OF TIMES

<IF RS239 = 1, GO TO RS242>

# OF TIMES

RS241. How many times did this happen after 1975?

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

RS242. Have you ever lived on a farm for 12 months or more  
during your lifetime? This could be 12 months in a row,  
or a few months per year over several years. [A FARM  
IS WHERE CROPS ARE GROWN OR LIVESTOCK  
IS RAISED. DO NOT INCLUDE SMALL PERSONAL  
GARDENS.]  
YES ... [RES. FARM MODULE] ..... 1  
NO ..... 2

**Environmental Section: Personal Pesticide Use**

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

RS243. In the past 12 months have you used any chemical insect  
repellents on your skin, hair or clothing? [DO NOT  
INCLUDE PRODUCTS THAT CONTAIN ONLY  
CITRONELLA.]  
YES ..... 1  
NO ..... [RS246] ..... 2  
REF ..... [RS246] ..... 7  
DK ..... [RS246] ..... 8

RS244. Over the past 12 months, how often did you use  
insect repellents in the summer? Would you say...  
all the time ..... 1  
most of the time ..... 2  
about half of the time ..... 3  
some of the time ..... 4  
never ..... 5

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

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

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

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

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

#TIMES			

RS248. Do you currently have any pets?

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

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

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

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

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

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

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

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

**SECTION PH: PHYSICAL ACTIVITY, SUN EXPOSURE, AND HOBBIES**

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

**<BEGIN REPEATING RECORD - ACTIVITY>**

<p>PH1. <b>&lt;FIRST OCCURRENCE:&gt;</b> In the past 12 months, have you done any sports or exercise activities at least once a week <u>for at least one month</u>? Please include walking for exercise, yoga, dance classes and the like.</p> <p><b>&lt;ALL OTHER OCCURRENCES:&gt;</b> In the past 12 months, have you done any other sports or exercise activities at least once a week for at least one month?</p>	<p>YES ..... 1</p> <p>NO.....[PH6]..... 2</p> <p>REF .....[PH6]..... 7</p> <p>DK.....[PH6]..... 8</p>
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PH2. What [*other*] sports or exercise activity have you done at least once a week for at least one month out of the past 12 months? Please tell me about each activity one at a time.

\_\_\_\_\_

ACTIVITY

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

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

--	--

  
 # MONTHS

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

--	--

  
 # DAYS

PER WEEK..... 1  
 PER MONTH..... 2

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

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

**<GO TO PH1>**

**<END REPEATING RECORD - ACTIVITY>**

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

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

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

--	--	--	--

# FLIGHTS

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

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

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

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

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

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

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

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

<BEGIN REPEATING RECORD - ACTIVITY>

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

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

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

\_\_\_\_\_

ACTIVITY

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

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

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

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

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

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

<GO TO PH11>

<END REPEATING RECORD - ACTIVITY>

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

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

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

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

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

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

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

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

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

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

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

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

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



**<IF PH21 = "DID NOT GO TO SCHOOL", ASK:>**

PH21a. Did you work during this time?

YES ..... 1  
NO ..... [PH22] ..... 2

PH21b. How did you usually get to work? Did you...  
[CHECK ALL THAT APPLY.]

walk ½ mile or less to work ..... 1  
walk more than ½ mile to work ..... 1  
ride a bicycle to work..... 1  
take a bus, car or train to work..... 1

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

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

**Environmental Section: Sun Exposure**

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

	During the [SEASON], about how many hours and/or minutes per day, week, or month do you spend outdoors in daylight?	When you are outdoors in the [SEASON], how often do you wear a visor or a hat with a brim? Would you say...	When you are outdoors in the [SEASON], how often do you wear long sleeves or long pants? Would you say...	When you are outdoors in the [SEASON], how often do you use a sunscreen or products containing sunscreen on your face? Would you say...	When you are outdoors in the [SEASON], how often do you use a sunscreen or products containing sunscreen on the other (not face) sun-exposed parts of your body? Would you say...
PH23. spring	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>#HRS #MINS            PER DAY ..... 1            PER WEEK ..... 2            PER MONTH ..... 3</p> <p><b>&lt;IF PH23 = 0, GO TO PH26&gt;</b></p>	<p>PH24a.</p> never .....5 rarely .....4 sometimes .....3 usually .....2 always .....1	<p>PH24b.</p> never .....5 rarely .....4 sometimes .....3 usually .....2 always .....1	<p>PH25a.</p> never .....5 rarely .....4 sometimes .....3 usually .....2 always .....1	<p>PH25b.</p> never ..... 5 rarely ..... 4 sometimes ..... 3 usually ..... 2 always ..... 1
PH26. summer	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>#HRS #MINS            PER DAY ..... 1            PER WEEK ..... 2            PER MONTH ..... 3</p> <p><b>&lt;IF PH26 = 0, GO TO PH29&gt;</b></p>	<p>PH27a.</p> never .....5 rarely .....4 sometimes .....3 usually .....2 always .....1	<p>PH27b.</p> never .....5 rarely .....4 sometimes .....3 usually .....2 always .....1	<p>PH28a.</p> never .....5 rarely .....4 sometimes .....3 usually .....2 always .....1	<p>PH28b.</p> never ..... 5 rarely ..... 4 sometimes ..... 3 usually ..... 2 always ..... 1
PH29. fall	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>#HRS #MINS            PER DAY ..... 1            PER WEEK ..... 2            PER MONTH ..... 3</p> <p><b>&lt;IF PH29 = 0, GO TO PH31&gt;</b></p>	<p>PH29a.</p> never .....5 rarely .....4 sometimes .....3 usually .....2 always .....1	<p>PH29b.</p> never .....5 rarely .....4 sometimes .....3 usually .....2 always .....1	<p>PH30a.</p> never .....5 rarely .....4 sometimes .....3 usually .....2 always .....1	<p>PH30b.</p> never ..... 5 rarely ..... 4 sometimes ..... 3 usually ..... 2 always ..... 1
PH31. winter	<div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div> <p>#HRS #MINS            PER DAY ..... 1            PER WEEK ..... 2            PER MONTH ..... 3</p> <p><b>&lt;IF PH31 = 0, GO TO PH33&gt;</b></p>	<p>PH31a.</p> never .....5 rarely .....4 sometimes .....3 usually .....2 always .....1	<p>PH31b.</p> never .....5 rarely .....4 sometimes .....3 usually .....2 always .....1	<p>PH32a.</p> never .....5 rarely .....4 sometimes .....3 usually .....2 always .....1	<p>PH32b.</p> never ..... 5 rarely ..... 4 sometimes ..... 3 usually ..... 2 always ..... 1

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

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

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

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

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

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

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

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

<ASK ONLY IF PH33 = YES:>

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

<ASK ONLY IF PH34 = YES:>

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

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

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

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

PH42. How many times has this happened?    
# TIMES

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

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

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

PH45. How many times has this happened?    
 # TIMES


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






PH47. What color are your eyes? BLUE ..... 01  
 BROWN OR BLACK..... 02  
 GREEN ..... 03  
 HAZEL ..... 04  
 GRAY ..... 05  
 OTHER ..... 06


PH48. What is the natural color of your hair? [IF R ANSWERS "GRAY," PROBE: "What was the color of your hair before it turned gray?"] BROWN..... 01  
 BLACK ..... 02  
 BLONDE ..... 03  
 RED..... 04  
 AUBURN..... 05  
 OTHER ..... 06




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

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

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

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

PH97. Have you ever done gardening on a regular basis, that is, YES ..... 1

more than just once in a while? NO..... [PH104] ..... 2  
 REF ..... [PH104] ..... 7  
 DK..... [PH104] ..... 8

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

PH99. Have you done this in the past 12 months? YES ..... 1  
 NO..... 2

PH100. During the years you did gardening, about how many hours per week did you spend doing this in the spring? Would you say...  
 less than 1 hour per week ..... 1  
 more than 1 hour but less than 3 hours per week ..... 2  
 at least 3 but less than 7 hours per week ..... 3  
 7 or more hours per week..... 4

PH101. (During the years you did gardening,) about how many hours per week did you spend doing this in the summer? Would you say...  
 less than 1 hour per week ..... 1  
 more than 1 hour but less than 3 hours per week ..... 2  
 at least 3 but less than 7 hours per week ..... 3  
 7 or more hours per week..... 4

PH102. (During the years you did gardening,) about how many hours per week did you spend doing this in the fall? Would you say...  
 less than 1 hour per week ..... 1  
 more than 1 hour but less than 3 hours per week ..... 2  
 at least 3 but less than 7 hours per week ..... 3  
 7 or more hours per week..... 4

PH103. (During the years you did gardening,) about how many hours per week did you spend doing this in the winter? Would you say...  
 less than 1 hour per week ..... 1  
 more than 1 hour but less than 3 hours per week ..... 2  
 at least 3 but less than 7 hours per week ..... 3  
 7 or more hours per week..... 4

PH104. Have you ever done any other hobby that involves glues, solvents, metals, or other chemicals on a regular basis, that is, more than just once in a while? YES ..... 1  
 SPECIFY: \_\_\_\_\_  
 NO.....[NEXT SECTION] ..... 2  
 REF .....[NEXT SECTION] ..... 7  
 DK.....[NEXT SECTION] ..... 8

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

PH106. Have you done this in the past 12 months? YES ..... 1  
 NO..... 2

PH107. During the year[s] you did this activity, about how much time did you spend on average each week doing this? Would you say...  
 less than 1 hour per week ..... 1  
 more than 1 hour but less than 3 hours per week ..... 2

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



**SECTION SM: SMOKING**

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

- SM1. Have you ever smoked at least one cigarette per day for six months or longer? YES ..... [SM4] .....1  
NO.....2
- SM2. Have you ever smoked at least one cigarette per month for one year or longer? YES .....1  
NO..... [SM10x1] .....2  
DK..... [SM10x1] .....7  
REF ..... [SM10x1] .....8
- SM3. How many years in total have you smoked at least one cigarette per month?   #YRS
- SM3a. How old were you when you started smoking at least one cigarette per month for a year or longer?   AGE
- SM3b. How old were you when you stopped smoking? [IF R SAYS "NEVER STOPPED", ENTER R'S CURRENT AGE.]   AGE
- SM3c. On average, about how many days per year did you smoke?    # DAYS/YEAR
- SM3d. On the days that you smoked, about how many cigarettes did you usually smoke?    # CIGARETTES

**<GO TO SM10x1>**

- SM4. Have you smoked at least one cigarette per day, on average, over the past 12 months? YES .....1  
NO..... [SM6] .....2  
DK..... [SM6] .....7  
REF ..... [SM6] .....8
- SM5. On average, about how many cigarettes have you smoked per day, per week, or per month over the past 12 months? [1 PACK = 20; ½ PACK = 10]    # CIGARETTES
- PER DAY.....1  
PER WEEK.....2  
PER MONTH.....3  
TOTAL FOR PAST 12 MONTHS .....4

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

**<BEGIN REPEATING RECORD - SMOKING SEGMENT>**

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

**<ASK SM6a ONLY IF SM6 = DK:>**

SM6a. Giving your best guess, would you say that it was...	before your teens.....	1
	in your teens.....	2
	in your 20s.....	3
	in your 30s.....	4
	[in your 40s].....	5
	[in your 50s].....	6
	[in your 60s].....	7
	[in your 70s].....	8

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

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

SM8. How old were you when you [first/next] stopped smoking (an average of one cigarette per day) for a year or longer?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> AGE		

**<ASK SM8a ONLY IF SM8 = DK:>**

SM8a. Giving your best guess, would you say that it was...	before your teens.....	1
	in your teens.....	2
	in your 20s.....	3
	in your 30s.....	4
	[in your 40s].....	5
	[in your 50s].....	6
	[in your 60s].....	7
	[in your 70s].....	8

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

SM9. During the times you smoked regularly between the ages of [START AGE] and [STOP AGE], how many cigarettes did you smoke per day on average? [1 PACK = 20; ½ PACK = 10]	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> # CIGARETTES				

**<IF SM7 = 1, GO TO SM11>**

SM10. Were there any other times that you started smoking regularly again?	YES..... [SM6].....	1
	NO.....	2

**<END REPEATING RECORD - SMOKING SEGMENT>**

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

SM10x1. Have you <u>ever</u> smoked marijuana?	YES.....	1
	NO..... [SM11].....	2
	DK..... [SM11].....	7
	REF..... [SM11].....	8

SM10x2. How old were you the first time you smoked marijuana?	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> AGE		

<ASK SM10x3 ONLY IF SM10x2 = DK:>

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

- before your teens ..... 1
- in your teens ..... 2
- in your 20s ..... 3
- in your 30s ..... 4
- [in your 40s] ..... 5
- [in your 50s] ..... 6
- [in your 60s] ..... 7
- [in your 70s] ..... 8

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

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YRS

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

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# TIMES

- PER DAY ..... 1
- PER WEEK ..... 2
- PER MONTH ..... 3
- PER YEAR ..... 4
- IN TOTAL ..... 5

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

<BEGIN REPEATING RECORD >

SM11. From the time you were [born/AGE FROM M13] up to age 18, were there any [other] periods of time when your mother or guardian who took care of you most of the time smoked at least one cigarette per day, for six months or longer, in the house or in your presence? [IF R SAYS SHE HAD MORE THAN ONE CAREGIVER, PROBE: "Did either caregiver smoke in the house or in your presence?"]

- YES ..... 1
- NO ..... [SM14] ..... 2
- REF ..... [SM14] ..... 7
- DK ..... [SM14] ..... 8

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

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AGE

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

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AGE

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

<IF AGE <17, GO TO SM11>

cigarette smoke up until you were 18 years old?]

<END REPEATING RECORD>

<BEGIN REPEATING RECORD>

SM14. From the time you were [ <i>born/AGE FROM M16</i> ] up to age 18,	YES .....	1
have there been any [ <i>other</i> ] periods of time lasting six months	NO..... [SM17] .....	2
or longer when <u>someone other than</u> your mother or guardian	REF .....	7
smoked at least one cigarette per day in your presence?	DK..... [SM17] .....	8

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

AGE

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

AGE

<IF AGE <17, GO TO SM14>

<END REPEATING RECORD>

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

<BEGIN REPEATING RECORD>

SM17. From the age of [ <i>19/AGE FROM M19</i> ] up to the present,	YES .....	1
have there been any [ <i>other</i> ] periods of time lasting six months	NO..... [NEXT SECTION] .....	2
or longer when at least one cigarette per day was smoked in	REF .....	7
your presence?	DK..... [NEXT SECTION] .....	8

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

AGE

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

AGE

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

<END REPEATING RECORD>

## SECTION AL: ALCOHOL

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

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

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

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

**<ASK ONLY IF AL3 = DK:>**

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

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

AL5. During the past 12 months, about how many days per week, per month, or in total have you had alcoholic beverages? | | |  
# DAYS  
PER WEEK..... 1  
PER MONTH..... 2  
TOTAL FOR PAST 12 MONTHS ..... 3

AL6. During the past 12 months, which types of alcoholic beverages did you usually drink? Did you usually drink beer or malt beverages, white wine or white wine coolers, red wine or red wine coolers, liquor, or sherry or port? [CHECK ALL THAT APPLY.]  
[IF R SAYS “CHAMPAGNE,” CHECK “WHITE WINE.”]  
[IF R SAYS “MIXED DRINKS” OR “COCKTAILS,” CHECK “LIQUOR.”]  
BEER/MALT BEVERAGES..... 1  
WHITE WINE/WINE COOLERS..... 1  
RED WINE/WINE COOLERS..... 1  
LIQUOR..... 1  
SHERRY/PORT..... 1

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

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

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

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

□ □ □

# TIMES

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

<ASK ONLY IF AL4 = NO>

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

□ □

AGE

<IF AL2 = NO, GO TO NEXT SECTION>

<READ ONLY IF AL4 = YES>

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

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

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

AL11. At what ages between [START AGE] and [STOP AGE/19] did you drink alcoholic beverages? Include any year in which you drank at least one drink (a 12-ounce bottle or can of beer, one wine cooler, a 5-ounce glass of wine, one shot of liquor, or one mixed drink or cocktail). [CHECK ALL THAT APPLY.]

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

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

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

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

□ □ □

# DAYS

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

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

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

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

□ □

# DRINKS/DAY

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

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

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

□ □ □  
# TIMES

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

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

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

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

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

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

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

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

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

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

□ □ □  
# DAYS

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

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

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

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

□ □ □  
# DRINKS/DAY

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

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

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

□ □ □  
# TIMES

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

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

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

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

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

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

[30] [31] [32] [33] [34] [35] [36] [37] [38] [39]  
ALL OF THE ABOVE..... 1  
NONE OF THE ABOVE . [AL29] ..... 1

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

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

# DAYS

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

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

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

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

# DRINKS/DAY

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

YES ..... 1  
NO..... [AL29] ..... 2

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

# TIMES

PER WEEK..... 1  
PER MONTH..... 2  
PER YEAR ..... 3  
TOTAL FOR 30s ..... 4



<IF R'S CURRENT AGE ≤ 40, GO TO AL53>  
 <IF AL10 (STOP AGE) < 40, GO TO AL53>  
 <IF AL3 (START AGE) > 49 OR AL3a ≥ "IN YOUR 50s", GO TO AL35>  
 <IF AL3 (START AGE) = 49, GO TO AL30>

AL29. At what ages between [START AGE/40] and [STOP AGE/49] did you drink alcoholic beverages? [40] [41] [42] [43] [44] [45] [46] [47] [48] [49]  
 Include any year in which you drank at least one drink (a 12-ounce bottle or can of beer, one wine cooler, a 5-ounce glass of wine, one shot of liquor, or one mixed drink or cocktail.) [CHECK ALL THAT APPLY.]  
 ALL OF THE ABOVE..... 1  
 NONE OF THE ABOVE . [AL35]..... 1

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

AL30. [During those years/When you were 49] about how many days per week, per month, or per year did you drink alcoholic beverages, on average? □ □ □  
# DAYS  
 PER WEEK..... 1  
 PER MONTH..... 2  
 PER YEAR ..... 3

AL31. When you drank alcoholic beverages during your forties, which types did you usually drink? Did you usually drink beer or malt beverages, white wine or white wine coolers, red wine or red wine coolers, or liquor, or sherry or port? [CHECK ALL THAT APPLY.]  
 [IF R SAYS "CHAMPAGNE," CHECK "WHITE WINE."] [IF R SAYS "MIXED DRINKS" OR "COCKTAILS," CHECK "LIQUOR."]  
 BEER/MALT BEVERAGES..... 1  
 WHITE WINE/WINE COOLERS..... 1  
 RED WINE/WINE COOLERS..... 1  
 LIQUOR..... 1  
 SHERRY/PORT..... 1

AL32. During your forties, about how many drinks would you have on the days that you drank? □ □ □  
# DRINKS/DAY

AL33. When you were in your forties, did you ever drink four or more alcoholic beverages in a row, in one sitting?  
 YES ..... 1  
 NO..... [AL35]..... 2

AL34. About how many times did this happen in your forties? □ □ □  
# TIMES  
 PER WEEK..... 1  
 PER MONTH..... 2  
 PER YEAR ..... 3  
 TOTAL FOR 40s ..... 4

<IF R'S CURRENT AGE ≤ 50, GO TO AL53>

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

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

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

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

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

[50] [51] [52] [53] [54] [55] [56] [57] [58] [59]

ALL OF THE ABOVE..... 1  
NONE OF THE ABOVE . [AL41] ..... 1

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

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

# DAYS

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

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

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

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

# DRINKS/DAY

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

YES ..... 1  
NO..... [AL41] ..... 2

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

# TIMES

PER WEEK..... 1  
PER MONTH..... 2  
PER YEAR ..... 3  
TOTAL FOR 50s ..... 4

<IF R'S CURRENT AGE ≤ 60, GO TO AL53>

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

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

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

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

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

[60] [61] [62] [63] [64] [65] [66] [67] [68] [69]

ALL OF THE ABOVE..... 1  
NONE OF THE ABOVE . [AL47]..... 1

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

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

# DAYS

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

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

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

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

# DRINKS/DAY

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

YES ..... 1  
NO..... [AL47] ..... 2

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

# TIMES

PER WEEK..... 1  
PER MONTH..... 2  
PER YEAR ..... 3  
TOTAL FOR 60s ..... 4

<IF R'S CURRENT AGE ≤ 70, GO TO AL53>

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

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

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

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

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

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

# DAYS

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

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

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

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

# DRINKS/DAY

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

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

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

# TIMES

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

This next question is asked of everyone.

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

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

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

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

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

AL55. About how many times has this happened?

--	--	--

# OF TIMES

## SECTION SL: SLEEP PATTERNS

Next I will ask you about your sleep patterns.

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

- I wake up at about the same time, that is, within 1 hour, every day of the week ..... 1
- I wake up at about the same time on workdays, but I have a different wake-up time on my days off..... 2
- The time when I wake up varies by 2 or more hours depending on what day of the week it is, but the pattern is consistent from week to week ..... 3
- I have no consistent wake-up time ..... 4

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

- I go to sleep at about the same time, that is, within 1 hour, every day of the week ..... 1
- I go to sleep at about the same time on workdays, but I have a different bedtime on my days off..... 2
- The time when I go to bed varies by 2 or more hours depending on what day of the week it is, but the pattern is consistent from week to week ..... 3
- I have no consistent bedtime ..... 4

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

_ _	_ _
# YEARS	# MONTHS

<ASK ONLY IF SL1 = 1>

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

_ _	:	_ _	am	<input type="checkbox"/>
_ _	:	_ _	pm	<input type="checkbox"/>

**<GO TO SL8>**

<ASK SL5 – SL6 ONLY IF SL1 = 2>

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

- a. workdays 

_ _	:	_ _	am	<input type="checkbox"/>
_ _	:	_ _	pm	<input type="checkbox"/>
- b. days off 

_ _	:	_ _	am	<input type="checkbox"/>
_ _	:	_ _	pm	<input type="checkbox"/>

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

_
# OF DAYS/WK

**<GO TO SL8>**

SL6. QUESTION DELETED

<ASK ONLY IF SL1 = 3>

SL7. About what time do you usually wake up on...

- a. MONDAY  :  am   
 :  pm
- b. TUESDAY  :  am   
 :  pm
- c. WEDNESDAY  :  am   
 :  pm
- d. THURSDAY  :  am   
 :  pm
- e. FRIDAY  :  am   
 :  pm
- f. SATURDAY  :  am   
 :  pm
- g. SUNDAY  :  am   
 :  pm

<ASK ONLY IF SL2 = 1>

SL8. About what time do you usually go to sleep?

:  am   
 :  pm

<GO TO SL12>

<ASK ONLY IF SL2 = 2>

SL9. About what time do you usually go to sleep on...

- a. workdays  :  am   
 :  pm
- b. days off  :  am   
 :  pm

SL9a1. How many days per week do you usually go to sleep at this time?

# OF DAYS/WK

<GO TO SL12>

SL10. QUESTION DELETED

<ASK ONLY IF SL2 = 3>

SL11. About what time do you usually go to sleep on...

- a. MONDAY  :  am   
 :  pm
- b. TUESDAY  :  am   
 :  pm
- c. WEDNESDAY  :  am   
 :  pm
- d. THURSDAY  :  am   
 :  pm
- e. FRIDAY  :  am   
 :  pm
- f. SATURDAY  :  am   
 :  pm
- g. SUNDAY  :  am   
 :  pm

<ASK ONLY IF SL1 OR SL2 = 4>

- SL12. Do you usually sleep during the daytime or nighttime? DAYTIME ..... 1  
 NIGHTTIME ..... 2  
 BOTH..... 3

<FILL “nights” FOR SL13–SL15 ONLY IF SL12 = 2; ELSE, FILL “days”>

<ASK SL13–SL14 ONLY IF SL1 =4 OR SL2 = 4>

- SL13. On the [nights/days] that you get the most sleep, about how many hours and/or minutes of sleep do you get?      
 # HOURS # MINS

- SL14. On the [nights/days] that you get the least sleep, about how many hours and/or minutes of sleep do you get?      
 # HOURS # MINS

<ASK EVERYONE>

- SL15. About how many hours and/or minutes of sleep per [night/day] do you get on average?      
 # HOURS # MINS

For the next several questions, please think about the past [# OF YEARS AND/OR MONTHS FROM SL3].

- SL16. About how long does it take you to fall asleep on average? Would you say you fall asleep in... less than 15 minutes ..... 1  
 15 minutes to half an hour..... 2  
 [DO NOT INCLUDE TIME R MAY SPEND IN more than half an hour but less than  
 THE BED READING, WATCHING TV, ETC., one hour..... 3  
 BEFORE FALLING ASLEEP.] one hour or more ..... 4

<IF R IS BLIND AND CANNOT PERCEIVE CHANGES IN LIGHT (FROM SECTION MC), GO TO SL19>

- SL17. Do you usually sleep with a mask on to keep out light? YES ..... 1  
 NO..... 2

<IF R SLEEPS DURING THE DAY (BEDTIME BETWEEN 5AM AND 4:59PM OR SL12 = 1) DO NOT SHOW “LIGHT FROM OUTSIDE.”>

- |   |  | Y | N |
|---|--|---|---|
| SL18. What kind of light is usually present when you sleep? Is there... | a. daylight.....   | 1 | 2 |
|   | b. one or more lights on in the room .....   | 1 | 2 |
|   | c. light from a television on in the room for <u>most or all</u> of the night .....                                    | 1 | 2 |
|   | d. light from other rooms.....   | 1 | 2 |
|   | e. light from outside shining in through windows at night, such as car headlights, street lights, or porch lights..... | 1 | 2 |
|   | f. light from a small nightlight or clock radio.....   | 1 | 2 |

<IF ALL SL18a–SL18f = NO, ASK SL18g>

- SL18g. Just to confirm, there is usually no light at all present when you sleep? YES ..... 1  
 NO..... [SL18a] ..... 2



<FILL "nights" FOR SL19–SL20 ONLY IF SL12 = 2; ELSE FILL "days">

SL19. When you are asleep, how often do you wake up for any reason? Would you say...  
 every [night/day] or most [nights/days] ..... 01  
 three or four [nights/days] a week..... 02  
 one or two [nights/days] a week..... 03  
 one to three [nights/days] per month. 04  
 less than once a month ..... 05  
 never..... [SL22] ..... 06

SL20. On those [nights/days], how many times do you usually wake up each [night/day]? □ □ □  
# TIMES

<IF R IS BLIND AND CANNOT PERCEIVE CHANGES IN LIGHT (FROM SECTION MC), GO TO SL22>

SL21. When you are awakened, do you usually turn on a light?  
 YES ..... 1  
 NO..... 2  
 LIGHT ALREADY ON..... 3

SL22. How often do you take naps? Would you say...  
 every day or most days..... 01  
 three or four days a week ..... 02  
 one or two days a week ..... 03  
 one to three days per month ..... 04  
 less than once a month ..... 05  
 never..... 06

SL23. Have you taken prescription or over the counter medication in the past six weeks to help you fall asleep or stay asleep? [DO NOT INCLUDE HERBAL TEAS, MILK, LIQUOR, OR ACUPUNCTURE. IF R IS UNSURE THE TYPE OF MEDICATION COUNTS, ENTER AS "YES" AND REMARK NAME OF MEDICATION.]  
 YES ..... 1  
 NO.....[NEXT SECTION] ..... 2

SL24. How many times have you taken sleeping medicines (prescription or over the counter) in the past six weeks? □ □ □  
# TIMES  
 PER WEEK..... 1  
 PER MONTH..... 2  
 TOTAL FOR PAST 6 WEEKS ..... 3

## SECTION SE: SOCIOECONOMIC CHARACTERISTICS

Now I'd like to ask some questions about your background. You may have answered some of these questions during your enrollment, but please bear with me as I ask them again as a part of your interview.

SE1. Were you born in the United States? [IF R SAYS SHE WAS BORN IN A U.S. TERRITORY OR COMMONWEALTH, ENTER "NO."]

YES ..... [SE4] ..... 1  
 NO ..... 2

SE2. What country were you born in? COUNTRY \_\_\_\_\_

SE3. How old were you when you came to live in the USA? [IF LESS THAN ONE YEAR OLD, ENTER '00.']

--	--

  
 AGE

SE4. Do you consider yourself to be Hispanic or Latina?

YES ..... 1  
 NO ..... [SE6] ..... 2  
 REF ..... [SE6] ..... 7  
 DK ..... [SE6] ..... 8

SE5. What is your specific Hispanic origin or ancestry? You may select one or more of the following:

	Y	N
a. Puerto Rican.....	1	2
b. Cuban or Cuban American.....	1	2
c. Dominican (Republic).....	1	2
d. Mexican or Mexican American.....	1	2
e. Central or South American.....	1	2
f. Other Hispanic origin.....	1	2

SE6. What race do you consider yourself to be? You may choose one or more of the following:

	Y	N
a. American Indian or Alaska Native.....	1	2
b. Asian .....	1	2
c. Black or African American .....	1	2
d. Native Hawaiian or other Pacific Islander.....	1	2
e. White.....	1	2

SE7. To the best of your knowledge, were you adopted or raised by someone other than your biological parents? [IF R WAS RAISED IN AN ORPHANAGE OR FOSTER HOME(S) BUT WAS NEVER ADOPTED, ENTER AS "YES."]

YES .....[SE7a] ..... 1  
 NO .....[SE8a] ..... 2

SE7a. At what age were you adopted (or did you begin living with someone other than your parents)? [IF LESS THAN ONE MONTH OLD, ENTER '00 00']

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 YEARS MONTHS

SE8. Do you have any knowledge about your biological mother?

YES ..... 1  
 NO ..... [SE9] ..... 2  
 REF ..... [SE9] ..... 7  
 DK ..... [SE9] ..... 8

	Y	N
SE8a. Do any of your biological mother's ancestors come from...		
a. Eastern Europe .....	1	2
b. Scandinavia .....	1	2
c. Asia .....	1	2
d. Africa .....	1	2
e. the Middle East or Mediterranean.....	1	2

**<IF SE7 = NO, GO TO SE10>**

SE9. Do you have any knowledge of your biological father?	YES .....	1
	NO..... [SE11] .....	2
	REF .....	7
	DK..... [SE11] .....	8

	Y	N
SE10. Do any of your biological father's ancestors come from...		
a. Eastern Europe .....	1	2
b. Scandinavia .....	1	2
c. Asia .....	1	2
d. Africa .....	1	2
e. the Middle East or Mediterranean.....	1	2

These next questions are about your sexuality, marital status, and current living arrangements. Some of these questions may seem personal, but this information is very important to the study. Please remember that all your answers will be kept confidential.

SE11. Would you say you are heterosexual, sexually attracted only to men; homosexual, sexually attracted only to women; or bisexual, sexually attracted to both men and women?	HETEROSEXUAL .....	1
	HOMOSEXUAL.....	2
	BISEXUAL.....	3
	NO SEXUAL ORIENTATION (ASEXUAL) .....	4
	REFUSED .....	7

SE12. Have you ever been legally married?	YES .....	1
	NO..... [SE14] .....	2
	DK..... [SE14] .....	7
	REF .....	8

SE13. Which of the following best describes your <u>current</u> marital status? Are you...	legally married .....	[SE15].....	1
	widowed.....		2
	divorced.....		3
	separated.....		4

SE14. Are you currently living with someone <u>as though married</u> ?	YES .....	1
	NO.....	2

**<IF SE12 = NO AND SE14 = NO, THEN GO TO SE18; ELSE, GO TO SE15.>**

**<FILL BASED ON SE13 AND SE14>**

SE15. How many years and/or months have you [*been married to your current spouse/lived with your current partner/been widowed/been divorced/been separated*]?  
 [IF LESS THAN ONE MONTH, ENTER '00 00.']

YEARS		MONTHS	

**<ASK ONLY IF SE11 = BISEXUAL AND SE13=1 OR SE14 = YES>**

SE16. Is your partner male or female? MALE ..... 1  
 FEMALE..... 2

**<ASK SE17 ONLY IF SE13 = 1 (R IS CURRENTLY MARRIED), OR IF SE14 =1 (LIVING WITH SOMEONE AS MARRIED)>**

SE17. What is the highest year or level of school your spouse or partner has completed? Please bear with me as I read through this list one time. Is it... [IF R SEEMS UNSURE, PROBE: "What is the minimum level of education you are sure of?"]

no formal schooling .....	01
less than or equal to 6th grade.....	02
7th grade or higher but less than high school degree.....	03
completed high school .....	04
G.E.D. (General Education Diploma).....	05
some college but no degree .....	06
associate or technical degree (include LPN, RN and 1 to 3 year Nursing Certification Program) .....	07
bachelor's degree (BA, BS, BSN) .....	08
master's degree (MA, MS, MENG MED, MSW, MSN).....	09
doctoral degree (PHD, MD, JD, DMD, DDS, DVM) .....	10

SE18. What is the highest year or level of school you completed? (Please bear with me as I read through this list one time. Is it...) [READ CATEGORIES IF NEEDED]

no formal schooling .....	01
less than or equal to 6th grade.....	02
7th grade or higher but less than high school degree.....	03
completed high school .....	04
G.E.D. (General Education Diploma) .....	05
some college but no degree .....	06
associate or technical degree (include LPN, RN and 1 to 3 year Nursing Certification Program) .....	07
bachelor's degree (BA, BS, BSN) .....	08
master's degree (MA, MS, MENG, MED, MSW, MSN) .....	09
doctoral degree (PHD, MD, JD, DMD, DDS, DVM).....	10

SE19. Thinking about last year, which of the following categories best describes your total income from all household members before taxes? Please include income from all sources such as annuities, social security, stocks, alimony and child support earned in the past year. Was it...

less than \$20,000.....	1
\$20,000 to \$49,999.....	2
\$50,000 to \$99,999.....	3
\$100,000 to \$200,000.....	4
more than \$200,000.....	5

SE20. Last year, how many people, including yourself, were supported by this income?  
 [VERIFY THAT R HAS INCLUDED HERSELF IN THE TOTAL NUMBER.]

# PEOPLE

<ASK ONLY IF SE20 >1, ELSE GO TO SE23>

SE21. How many of these people were under 18 years old?

# PEOPLE

SE22. How many were 65 or older?

# PEOPLE

For the next few questions, please think back to your childhood years.

SE23. Please tell me the adults who lived in your household who were legally responsible for you when you were age 13.  
 [CHECK ALL THAT APPLY]

[IF R SAYS "MOTHER" OR "FATHER," VERIFY IF PARENT IS BIOLOGICAL OR ADOPTIVE, A STEPPARENT, OR A FOSTER PARENT.]

- MOTHER (BIOLOGICAL OR ADOPTIVE)..... 1
- FATHER (BIOLOGICAL OR ADOPTIVE)..... 1
- STEPMOTHER..... 1
- STEPFATHER..... 1
- FOSTER MOTHER..... 1
- FOSTER FATHER..... 1
- GRANDMOTHER..... 1
- GRANDFATHER..... 1
- AUNT..... 1
- UNCLE..... 1
- ADULT SISTER..... 1
- ADULT BROTHER..... 1
- LEGAL GUARDIAN, NOT A RELATIVE..... 1
- PARENT OR GUARDIAN'S LIVE-IN PARTNER..... 1
- NOT APPLICABLE (ORPHANAGE OR INSTITUTION).... [SE25]..... 1
- OTHER1 SPECIFY: \_\_\_\_\_ 1
- OTHER2 SPECIFY: \_\_\_\_\_ 1
- OTHER3 SPECIFY: \_\_\_\_\_ 1

<BEGIN REPEATING RECORD – HOUSEHOLD MEMBER EDUCATION>

<FILL BASED ON RESPONSES TO SE23>

SE24. What is the highest year or level of school your [HOUSEHOLD MEMBER] had completed when you were 13 years old? [READ CATEGORIES IF NEEDED] [IF R SEEMS UNSURE, PROBE: "What is the minimum level of education you are sure of?"]

- no formal schooling ..... 01
- less than or equal to 6th grade..... 02
- 7th grade or higher but less than high school degree..... 03
- completed high school ..... 04
- G.E.D. (General Education Diploma)05
- some college but no degree ..... 06
- associate or technical degree (include LPN, RN and 1 to 3 year Nursing Certification Program) ..... 07
- bachelor's degree (BA, BS, BSN) ..... 08
- master's degree (MA, MS, MENG MED, MSW, MSN) ..... 09
- doctoral degree (PHD, MD, JD, DMD, DDS, DVM)..... 10

**<END REPEATING RECORD – HOUSEHOLD MEMBER EDUCATION>**

SE25. How would you characterize your family's income level during the majority of your time growing up? Would you say your family was...  
 well off ..... 1  
 middle income..... 2  
 low income..... 3  
 poor ..... 4

SE26. When you were growing up, were there times when your family didn't have enough to eat?  
 YES ..... 1  
 NO..... 2

The following questions are about your experiences in the past 30 days. Please answer the following questions as either: never, almost never, sometimes, fairly often, or very often.

	never	almost never	some-times	fairly often	very often
SE27. During the past 30 days, how often have you felt that you were unable to control the important things in your life? Would you say...	5	4	3	2	1
SE28. During the past 30 days, how often have you felt confident about your ability to handle your personal problems? (Would you say...)	5	4	3	2	1
SE29. During the past 30 days, how often have you felt that things were going your way? (Would you say...)	5	4	3	2	1
SE30. During the past 30 days, how often have you felt difficulties were piling up so high that you could not overcome them? (Would you say...)	5	4	3	2	1