

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

## SECTION OC : OCCUPATION

Now I am going to ask about jobs you may have had over your lifetime. This includes full-time, part-time and seasonal jobs that you did for pay; military service; and volunteer work that involved a time commitment of at least 10 hours per week. If you had a major job change while working for the same employer, such as a promotion to a supervisory position, for example, please treat that like a separate job.

- OC1. Do you currently have a full-time or part-time job other than homemaking? YES ..... [OC4].....1  
NO.....2
- OC2. Which of the following best describes your current situation? Are you...  
[IF R GIVES TWO OR MORE RESPONSES, ASK: "This question only accepts one answer. Which answer best describes you?"]  
a homemaker .....01  
a student .....02  
unemployed.....03  
retired .....04  
or, do you do something else .....05  
SPECIFY: \_\_\_\_\_
- OC3. What month and year did you start this period of [*time as a homemaker / time as a student / unemployment / retirement / time doing OTHER*]?  
|\_|\_| / |\_|\_|\_|  
MONTH          YEAR  
<GO TO OC19>
- OC4. How many jobs do you currently have where you work at least 10 hours per week? |\_|\_|  
#JOBS

**<BEGIN REPEATING RECORDS – CURRENT JOBS>**  
**<CATI – WRITE ROSTER OF DATES, JOB TITLES, AND INDUSTRIES TO SCREEN>**

- OC5. What is your [*other*] job title? \_\_\_\_\_  
JOB TITLE
- OC6. What type of company or organization do you work for? That is, what do they make or what services do they provide? \_\_\_\_\_  
INDUSTRY
- OC7. What are the specific tasks that you usually do as a(n) [*JOB TITLE*]? \_\_\_\_\_  
ACTIVITIES
- OC8. What month and year did you start this job? |\_|\_| / |\_|\_|\_|  
MONTH          YEAR
- OC8a. Since you started this job, did you ever take time off, or a leave that lasted at least six weeks in a row? YES .....1  
NO..... [OC9].....2  
REF ..... [OC9].....7  
DK..... [OC9].....8
- OC8b. How many weeks and/or months in total did you spend away from this job, counting only times when you were away for at least six weeks in a row? |\_|\_|    |\_|\_|  
WEEKS    MOS
- OC9. How many hours per week do you usually work at this job? |\_|\_|\_|  
HRS/WEEK
- OC10. Do you work regular hours, that is, starting and stopping work at about the same time every day? YES ..... [OC11].....1  
NO.....2

OC10a. Do you work rotating shifts, or do you work irregular or varying hours?

ROTATING SHIFTS..... [OC12]..... 1  
IRREGULAR HOURS ... [OC15]..... 2

OC11. What hours of the day do you usually work at this job?

START TIME: |\_\_| : |\_\_| AM/PM  
STOP TIME: |\_\_| : |\_\_| AM/PM  
**<GO TO OC17>**  
REF ..... [OC15]..... 7  
DK..... [OC15]..... 8

OC12. How many different shifts do you rotate between at this job?

|\_\_|  
#SHIFTS

**<BEGIN REPEATING RECORDS – SHIFTS>**

OC13. What hours of the day do you work for the [first/next] shift?

START TIME: |\_\_| : |\_\_| AM/PM  
STOP TIME: |\_\_| : |\_\_| AM/PM

**<END REPEATING RECORDS – SHIFTS>**

OC14. How often do you change from one shift to the next?

CHANGE EVERY: |\_\_|  
# OF  
DAYS..... [OC17]..... 1  
WEEK(S) ..... [OC17]..... 2  
MONTH(S) ..... [OC17]..... 3

OC15. On average, how many days per week, per month, or per year do you work at night? “Work at night” means any shift that includes at least one hour between midnight and 2:00AM. [IF R SAYS “NEVER” ENTER 00.]

|\_\_|  
#DAYS  
PER WEEK..... 1  
PER MONTH..... 2  
PER YEAR ..... 3  
IN TOTAL ..... 4

**<IF OC15 = 00, REF OR DK GO TO OC17>**

OC16. On average, how many times per week, per month, or per year do you have to adjust your sleep schedule because of work?

|\_\_|  
#TIMES  
PER WEEK..... 1  
PER MONTH..... 2  
PER YEAR ..... 3  
IN TOTAL ..... 4

OC17. Which of the following best describes your usual physical activity while on the job? Is it...

mostly sitting, with some standing and/or walking ..... 1  
sitting and standing equally (may include some walking) ..... 2  
mostly standing with some walking ..... 3  
continuous walking or other movements that increase your heart rate slightly .4  
heavy manual labor that causes sweating and increases your heart rate substantially..... 5

OC18. While working at this job, do you regularly... Y N

- a. work in dusty conditions ..... 1 2
- b. breathe in chemical vapors  
or fumes..... 1 2
- c. get chemicals or oils on your  
skin or clothing..... 1 2
- d. come in contact with solvents  
or degreasers ..... 1 2
- e. come in contact with metal chips,  
metal dust or metal fumes ..... 1 2

**<ASK OC18a1 ONLY IF OC18a = YES>**

OC18a1. Was the dust from... Y N

- a. sand or rock ..... 1 2
- b. concrete, brick, or mortar ..... 1 2
- c. soil ..... 1 2
- d. grains, animal bedding,  
or manure ..... 1 2
- e. flour ..... 1 2
- f. clay, ceramics, or enamel..... 1 2
- g. wood dust ..... 1 2
- h. rubber, or plastic ..... 1 2
- i. metals ..... 1 2  
SPECIFY: \_\_\_\_\_
- j. other materials..... 1 2  
SPECIFY: \_\_\_\_\_

**<END REPEATING RECORDS – CURRENT JOBS>**

Now I will ask about jobs you have held for one year or longer from the time you turned 18 years old up to your current [job/situation]. We will ask about times you spent as a homemaker or student later. For now, please include only full-time and part-time jobs, military service, and volunteer work that took at least 10 hours per week of your time. Please do not include any jobs that lasted less than a year. If you were a teacher and worked less than 12 months out of the year, please include those teaching jobs along with the rest of your jobs that lasted a year or longer. And please remember, if you had a major job change while working for the same employer, such as a promotion to a supervisory position, for example, please treat that like a separate job.

**<BEGIN REPEATING RECORDS – PAST JOBS OUTLINE>**

**<CATI – WRITE ROSTER OF DATES, JOB TITLES, AND INDUSTRIES TO SCREEN>**

OC19. From the time you turned 18 years old up to your current YES ..... 1  
[job/situation], have you had [a/any other] full-time or part- NO ..... [OC27]..... 2  
time job that you held for at least 12 months in a row? REF ..... [OC47/OC48] ..... 7  
DK..... [OC47/OC48] ..... 8

**<IF OC1 = NO AND OC19 = NO ON FIRST ITERATION OF LOOP AND R'S AGE AT DATE FROM OC3 > 18, GO TO OC28 AND AUTOMATICALLY SET OC28 = NO; IF OC1 = NO AND OC19 = NO ON FIRST ITERATION OF LOOP AND R'S AGE AT DATE FROM OC3 ≤ 18, GO TO OC47>**

**<IF OC1= YES AND OC19 = NO ON FIRST ITERATION OF LOOP AND R'S AGE AT EARLIEST START DATE FROM OC8 > 18, GO TO OC28 AND AUTOMATICALLY SET OC28 = NO; IF OC1 = YES AND OC19 = NO ON FIRST ITERATION OF LOOP AND R'S AGE AT EARLIEST START DATE FROM OC8 ≤ 18, GO TO OC48>**



**<BEGIN REPEATING RECORDS – MORE PAST JOBS>**

**<CATI – WRITE ROSTER OF DATES, JOB TITLES, AND INDUSTRIES TO SCREEN>**

OC30. What was your job title for the [first/next] job you held?

\_\_\_\_\_
JOB TITLE

OC31. What type of company or organization did you work for? That is, what did they make or what services did they provide?

\_\_\_\_\_
INDUSTRY

OC32. What were your usual activities as a(n) [JOB TITLE]?

\_\_\_\_\_
ACTIVITIES

OC33. What month and year did you start this job?

\_\_ / \_\_\_\_
MONTH YEAR

OC34. What month and year did this job end?

\_\_ / \_\_\_\_
MONTH YEAR

**<ASK OC35 ONLY IF OC33 = DK AND/OR OC34 = DK>**

OC35. About how many years and/or months did this job last?

\_\_ #YRS \_\_ #MOS

OC35a. At any time during this job, did you ever take time off, or a leave that lasted at least six weeks in a row?

YES .....1
NO ..... [OC36].....2
REF ..... [OC36].....7
DK ..... [OC36].....8

OC35b. How many weeks and/or months in total did you spend away from this job, counting only times when you were away for at least six weeks in a row?

\_\_ WEEKS \_\_ MOS

OC36. How many hours per week did you usually work at this job?

\_\_ #HRS/WK

**<GO TO OC30 FOR NEXT JOB OR OC28 FOR NEXT GAP>**

**<END REPEATING RECORDS – MORE PAST JOBS>**

OC37. Which of the following best describes what you did [in YEAR/from YEAR to YEAR]? Were you...

a homemaker .....01
a student .....02
unemployed.....03
retired .....04
did you do something else.....05
or is there an error in one
of the dates I have recorded .....06

**<ASK ONLY IF OC37 = 05>**

OC38. Please describe briefly what you did.

\_\_\_\_\_
OTHER

**<GO TO OC28 FOR NEXT GAP, OR OC40>**

**<ASK ONLY IF OC37 = 06>**

OC39. What was the error in the dates?

\_\_\_\_\_
DESCRIPTION OF ERROR

**<GO TO OC28 FOR NEXT GAP, OR OC40>**

**<END REPEATING RECORDS – GAPS>**

**<BEGIN REPEATING RECORDS – DETAILS FOR EACH JOB LASTING ≥ TWO YEARS>**

OC40. You have told me about your work as a(n) [JOB TITLE] YES ..... [OC42]..... 1  
 from [MONTH/YR] to [the present/ MONTH/YR]. Did NO..... 2  
 you work regular hours at this job, that is, starting and REF ..... 7  
 stopping work at about the same time every day? DK..... 8

OC41. Did you work rotating shifts, or did you ROTATING SHIFTS ..... 1  
 work irregular or varying hours? IRREGULAR HOURS ..... 2

OC42. Did you ever work at night in this job? “Work at night” YES ..... 1  
 means any shift that includes at least one hour between NO..... [OC44]..... 2  
 midnight and 2:00AM. REF ..... [OC44]..... 7  
 DK..... [OC44]..... 8

OC43. How many years and/or months in total did you work at night in this job? |\_|\_| |\_|\_|  
#YRS #MOS

OC44. Which of the following best describes your usual physical activity in [this/these] jobs [that [was/were] similar to your current job]? Was it...  
 mostly sitting with some standing and/or walking ..... 1  
 sitting and standing equally (may include some walking) ..... 2  
 mostly standing with some walking ..... 3  
 continuous walking or other movements that increase your heart rate slightly .4  
 heavy manual labor that causes sweating and increases your heart rate substantially..... 5

OC45. While working at this job, did you regularly... Y N  
 a. work in dusty conditions ..... 1 2  
 b. breathe in chemical vapors or fumes..... 1 2  
 c. get chemicals or oils on your skin or clothing..... 1 2  
 d. come in contact with solvents or degreasers ..... 1 2  
 e. come in contact with metal chips, metal dust or metal fumes ..... 1 2

**<ASK OC46 ONLY IF OC45a = YES>**

OC46. Was the dust from... Y N  
 a. sand or rock ..... 1 2  
 b. concrete, brick, or mortar ..... 1 2  
 c. soil ..... 1 2  
 d. grains, animal bedding, or manure ..... 1 2  
 e. flour ..... 1 2  
 f. clay, ceramics, or enamel..... 1 2  
 g. wood dust ..... 1 2  
 h. rubber, or plastic ..... 1 2  
 i. metals ..... 1 2  
 SPECIFY: \_\_\_\_\_  
 j. other materials..... 1 2  
 SPECIFY: \_\_\_\_\_

**<GO TO OC40 FOR NEXT JOB OR GO TO OC47>**

**<END REPEATING RECORDS – DETAILS FOR EACH JOB LASTING ≥ TWO YEARS>**

**<ASK OC47 ONLY IF OC1 = NO AND OC19 = NO ON FIRST ITERATION OF LOOP>**

OC47. Have you ever had at least one full-time, part-time or summer job that you held for at least one month? Please include any paid or unpaid work that you did for at least 10 hours per week, even work that you did before the age of 18.

















YES ..... 1  
 NO.....[NEXT SECTION] .....2  
 REF .....[NEXT SECTION] .....7  
 DK..... [OC48].....8

**<FILL LAST SENTENCE ONLY IF OC47 WAS NOT ASKED>**

I will ask some questions about work in specific industries. Please tell me if you have ever worked in any of these industries, even if it was for as little as one month, or even if you have already told me about specific jobs in that industry. [Please include paid and unpaid work that you did for at least 10 hours per week, even work that you did before the age of 18.]

OC48. Have you <u>ever</u> worked (for at least one month)...	OC49. How old were you when you first worked...	OC50. About how many years and/or months in total did you do this kind of work?
a. as a hairdresser, barber, or assistant in a beauty salon or barber shop YES ..... 1 NO ...[OC48b] ...2 REF..[OC48b] ...7 DK ...[OC48b] ...8	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>                      AGE                 </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>                      YEARS    MONTHS  <b>&lt;IF OC50a ≥ 2 YEARS, GO TO MODULE&gt;</b> </div>
b. as a manicurist or pedicurist YES ..... 1 NO ...[OC48c] ...2 REF..[OC48c] ...7 DK ...[OC48c] ...8	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>                      AGE                 </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>                      YEARS    MONTHS  <b>&lt;IF OC50b ≥ 2 YEARS, GO TO MODULE&gt;</b> </div>
c. with cosmetics or perfumes YES ..... 1 NO ...[OC48d] ...2 REF..[OC48d] ...7 DK ...[OC48d] ...8	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>                      AGE                 </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>                      YEARS    MONTHS  <b>&lt;IF OC50c ≥ 2 YEARS, GO TO MODULE&gt;</b> </div>
d. cleaning houses or other buildings YES ..... 1 NO ...[OC48e] ...2 REF..[OC48e] ...7 DK ...[OC48e] ...8	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>                      AGE                 </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>                      YEARS    MONTHS                 </div>
e. in dry cleaning [IF R WORKED AT A DRY CLEANER BUT IS UNSURE IF CLEANING WAS DONE ON SITE, CODE AS “YES” AND REMARK.] YES ..... 1 NO ... [OC48f] ...2 REF.. [OC48f] ...7 DK ... [OC48f] ...8	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>                      AGE                 </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>                      YEARS    MONTHS  <b>&lt;IF OC50e ≥ 2 YEARS, GO TO MODULE&gt;</b> </div>
f. on a farm or orchard YES ..... 1 NO ...[OC48g] ...2 REF..[OC48g] ...7 DK ...[OC48g] ...8	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>                      AGE                 </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>                      YEARS    MONTHS  <b>&lt;IF OC50f ≥ 2 YEARS, GO TO MODULE&gt;</b> </div>



OC48. Have you <u>ever</u> worked (for at least a month)...	OC49. How old were you when you first worked...	OC50. About how many years and/or months in total did you do this kind of work?
g. in a greenhouse, a nursery, or in lawn care YES ..... 1 NO ... [OC48h] ... 2 REF.. [OC48h] ... 7 DK ... [OC48h] ... 8	 AGE	 YEARS MONTHS <b>&lt;IF OC50g ≥ 2 YEARS, GO TO MODULE&gt;</b>
h. as a teacher or teacher's aide YES ..... 1 NO ... [OC48i] ... 2 REF.. [OC48i] ... 7 DK ... [OC48i] ... 8	 AGE	 YEARS MONTHS <b>&lt;IF OC50h ≥ 2 YEARS, GO TO MODULE&gt;</b>
i. as a doctor or physician [INCLUDE RADIOLOGIST HERE] YES ..... 1 NO ... [OC48j] ... 2 REF.. [OC48j] ... 7 DK ... [OC48j] ... 8	 AGE	 YEARS MONTHS <b>&lt;IF OC50i ≥ 2 YEARS, GO TO MODULE&gt;</b>
j. as a nurse, nurse practitioner, student nurse or physician's assistant YES ..... 1 NO ... [OC48k] ... 2 REF.. [OC48k] ... 7 DK ... [OC48k] ... 8	 AGE	 YEARS MONTHS <b>&lt;IF OC50j ≥ 2 YEARS, GO TO MODULE&gt;</b>
k. as a dentist, dental hygienist, dental assistant, or in a dental lab YES ..... 1 NO ... [OC48l] ... 2 REF.. [OC48l] ... 7 DK ... [OC48l] ... 8	 AGE	 YEARS MONTHS <b>&lt;IF OC50k ≥ 2 YEARS, GO TO MODULE&gt;</b>
l. as an x-ray or other radiology technician YES ..... 1 NO .. [OC48m] ... 2 REF. [OC48m] ... 7 DK .. [OC48m] ... 8	 AGE	 YEARS MONTHS <b>&lt;IF OC50l ≥ 2 YEARS, GO TO MODULE&gt;</b>
m. handling chemicals, blood, or urine in a biological, medical or chemistry laboratory YES ..... 1 NO ... [OC48n] ... 2 REF.. [OC48n] ... 7 DK ... [OC48n] ... 8	 AGE	 YEARS MONTHS
n. in an animal shelter or veterinarian's office YES ..... 1 NO ... [OC48o] ... 2 REF.. [OC48o] ... 7 DK ... [OC48o] ... 8	 AGE	 YEARS MONTHS

OC48. Have you <u>ever</u> worked (for at least a month)...	OC49. How old were you when you first worked...	OC50. About how many years and/or months in total did you do this kind of work?
o. painting houses or other buildings YES ..... 1 NO ... [OC48p] ... 2 REF.. [OC48p] ... 7 DK ... [OC48p] ... 8	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS MONTHS <b>&lt;IF OC50o ≥ 2 YEARS, GO TO MODULE&gt;</b>
p. in building construction YES ..... 1 NO ... [OC48q] ... 2 REF.. [OC48q] ... 7 DK ... [OC48q] ... 8	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS MONTHS
q. in road construction YES ..... 1 NO ... [OC48r] ... 2 REF . [OC48r] ... 7 DK... [OC48r] ... 8	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS MONTHS
r. in a papermill or sawmill YES ..... 1 NO ... [OC48s] ... 2 REF . [OC48s] ... 7 DK... [OC48s] ... 8	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS MONTHS
s. in a mine or quarry YES ..... 1 NO ... [OC48t] ... 2 REF . [OC48t] ... 7 DK... [OC48t] ... 8	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS MONTHS
t. in a microchip manufacturing "clean room" YES ..... 1 NO ... [OC48u] ... 2 REF . [OC48u] ... 7 DK... [OC48u] ... 8	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS MONTHS
u. in a factory Please specify what kind: _____ YES ..... 1 NO ... [OC48v] ... 2 REF . [OC48v] ... 7 DK... [OC48v] ... 8	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS MONTHS
v. in any other job you think we should know about Please specify: _____ YES ..... 1 NO .... [OC51] ... 2 REF .. [OC51] ... 7 DK.... [OC51] ... 8	<input type="text"/> <input type="text"/> <input type="text"/> AGE	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS MONTHS

Now I'm going to ask about specific chemicals and other materials you may have ever used in any of the jobs you have held.

OC51. Have you handled [MATERIAL] at least once a week in any job you have had?	OC52. How many years and/or months in all have you worked with [MATERIAL] at least once a week?	OC53. During the [MONTHS/YEARS] you worked with [MATERIAL], about how many days per week or per month did you handle them?	OC54. When you used [MATERIAL], did you usually wear protective clothing such as gloves, coveralls or a mask?
a. gasoline or any other petroleum products YES ..... 1 NO... [OC51b]... 2 REF. [OC51b]... 7 DK... [OC51b]... 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS    MONTHS	<input type="text"/> <input type="text"/> # DAYS PER WEEK..... 1 PER MONTH..... 2 PER YEAR ..... 3 IN TOTAL ..... 4	YES ..... 1 NO ..... 2
b. any solvents, such as benzene, toluene, naphthalene and so forth YES ..... 1 NO... [OC51c]... 2 REF. [OC51c]... 7 DK... [OC51c]... 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS    MONTHS	<input type="text"/> <input type="text"/> # DAYS PER WEEK..... 1 PER MONTH..... 2 PER YEAR ..... 3 IN TOTAL ..... 4	YES ..... 1 NO ..... 2
c. any dyes or inks YES ..... 1 NO... [OC51d]... 2 REF. [OC51d]... 7 DK... [OC51d]... 8 [DO NOT INCLUDE USING OR HANDLING PENS, MARKERS, OR OTHER WRITING INSTRUMENTS, OR HANDLING TONER CARTRIDGES FOR COPIERS OR PRINTERS.]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS    MONTHS	<input type="text"/> <input type="text"/> # DAYS PER WEEK..... 1 PER MONTH..... 2 PER YEAR ..... 3 IN TOTAL ..... 4	YES ..... 1 NO ..... 2
d. any paints YES ..... 1 NO... [OC51e]... 2 REF. [OC51e]... 7 DK... [OC51e]... 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS    MONTHS	<input type="text"/> <input type="text"/> # DAYS PER WEEK..... 1 PER MONTH..... 2 PER YEAR ..... 3 IN TOTAL ..... 4	YES ..... 1 NO ..... 2
e. any stains or varnishes YES ..... 1 NO... [OC51f]... 2 REF. [OC51f]... 7 DK... [OC51f]... 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEARS    MONTHS	<input type="text"/> <input type="text"/> # DAYS PER WEEK..... 1 PER MONTH..... 2 PER YEAR ..... 3 IN TOTAL ..... 4	YES ..... 1 NO ..... 2

OC51. Have you handled [MATERIAL] at least once a week in any job you have had?	OC52. How many years and/or months in all have you worked with [MATERIAL] at least once a week?	OC53. During the [MONTHS/YEARS] you worked with [MATERIAL], about how many days per week or per month did you handle them?	OC54. When you used [MATERIAL], did you usually wear protective clothing such as gloves, coveralls or a mask?
f. any pesticides YES .....1 NO... [OC51g] ...2 REF . [OC51g] ...7 DK... [OC51g] ...8	<div style="text-align: center;"> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>            YEARS    MONTHS         </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>            # DAYS         </div> PER WEEK ..... 1 PER MONTH..... 2 PER YEAR ..... 3 IN TOTAL ..... 4	YES ..... 1 NO ..... 2
g. any acids YES ..... 1 NO... [OC51h]. 2 REF . [OC51h]. 7 DK... [OC51h]. 8	<div style="text-align: center;"> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>            YEARS    MONTHS         </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>            # DAYS         </div> PER WEEK ..... 1 PER MONTH..... 2 PER YEAR ..... 3 IN TOTAL ..... 4	YES ..... 1 NO ..... 2
h. any lubricating oils YES .....1 NO... [OC51i] ...2 REF . [OC51i] ...7 DK... [OC51i] ...8	<div style="text-align: center;"> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>            YEARS    MONTHS         </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>            # DAYS         </div> PER WEEK ..... 1 PER MONTH..... 2 PER YEAR ..... 3 IN TOTAL ..... 4	YES ..... 1 NO ..... 2
i. any glues or adhesives YES .....1 NO... [OC51j] ...2 [DO NOT REF . [OC51j] ...7 INCLUDE DK... [OC51j] ...8 ADHESIVE TAPES OF ANY KIND.]	<div style="text-align: center;"> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>            YEARS    MONTHS         </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>            # DAYS         </div> PER WEEK ..... 1 PER MONTH..... 2 PER YEAR ..... 3 IN TOTAL ..... 4	YES ..... 1 NO ..... 2
j. any soldering materials YES .....1 NO... [OC51k] ...2 REF . [OC51k] ...7 DK... [OC51k] ...8	<div style="text-align: center;"> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>            YEARS    MONTHS         </div>	<div style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>            # DAYS         </div> PER WEEK ..... 1 PER MONTH..... 2 PER YEAR ..... 3 IN TOTAL ..... 4	YES ..... 1 NO ..... 2

<p style="text-align: center;">OC51.</p> <p>Have you handled [<i>MATERIAL</i>] at least once a week in any job you have had?</p>	<p style="text-align: center;">OC52.</p> <p>How many years and/or months in all have you worked with [<i>MATERIAL</i>] at least once a week?</p>	<p style="text-align: center;">OC53.</p> <p>During the [<i>MONTHS/YEARS</i>] you worked with [<i>MATERIAL</i>], about how many days per week or per month did you handle them?</p>	<p style="text-align: center;">OC54.</p> <p>When you used [<i>MATERIAL</i>], did you usually wear protective clothing such as gloves, coveralls or a mask?</p>
<p>k. any metals    YES .....1  NO... [OC51i] ...2  REF . [OC51i] ...7  DK... [OC51i] ...8</p> <p>[DO NOT INCLUDE HANDLING FINISHED METAL PRODUCTS LIKE PENS, PAPER CLIPS, FILING CABINETS, OR TOOLS. ONLY INCLUDE WORKING WITH METAL BEING USED IN THE PRODUCTION OF SOMETHING ELSE.]</p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>  YEARS    MONTHS </p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>  # DAYS</p> <p>PER WEEK..... 1  PER MONTH..... 2  PER YEAR ..... 3  IN TOTAL ..... 4</p>	<p>YES ..... 1  NO ..... 2</p>
<p>l. dust from sand, rock, clay or brick    YES .....1  NO.. [OC51m] ..2  REF [OC51m] ..7  DK.. [OC51m] ..8</p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>  YEARS    MONTHS </p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>  # DAYS</p> <p>PER WEEK..... 1  PER MONTH..... 2  PER YEAR ..... 3  IN TOTAL ..... 4</p>	<p>YES ..... 1  NO ..... 2</p>
<p>m. animal parts, carcasses, blood, or raw meat    YES .....1  NO ...[OC51n] .....2  REF .[OC51n] .....7  DK...[OC51n] .....8</p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>  YEARS    MONTHS </p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>  # DAYS</p> <p>PER WEEK..... 1  PER MONTH..... 2  PER YEAR ..... 3  IN TOTAL ..... 4</p>	<p>YES ..... 1  NO ..... 2</p>
<p>n. x-rays    YES ..... 1  NO ..... [SECTION]....2  REF ... [SECTION]....7  DK..... [SECTION]....8</p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/>    <input type="text"/> <input type="text"/>  YEARS    MONTHS </p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>  # DAYS</p> <p>PER WEEK..... 1  PER MONTH..... 2  PER YEAR ..... 3  IN TOTAL ..... 4</p>	<p>YES ..... 1  NO ..... 2</p>

**SISTER STUDY JOB MODULE: BUILDING CONSTRUCTION**

BU1. How many different full-time or part-time jobs have you had working in building construction?

# JOBS

I am going to ask about some specific tasks that you may have done while working in building construction.  
<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:> In answering these questions, please think about your overall experience in all of your jobs of this type.

BU2. Did you ever do rough carpentry framing while working in building construction?

- YES..... 1
- NO ..... [GO TO BU6]..... 2
- REF..... [GO TO BU6]..... 7
- DK ..... [GO TO BU6]..... 8

BU3. How many years in total did you work in a (building construction) job where you did this (rough carpentry framing)?

#YEARS

BU4. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (rough carpentry framing)?

MONTHS/YR       WEEKS/YR

BU5. On average, how many hours per week did you do this (rough carpentry framing)?

# HOURS PER WEEK

BU6. Did you ever do finishing carpentry while working in building construction?

- YES..... 1
- NO ..... [GO TO BU10]..... 2
- REF..... [GO TO BU10]..... 7
- DK ..... [GO TO BU10]..... 8

BU7. How many years in total did you work in a (building construction) job where you did this (finishing carpentry)?

#YEARS

BU8. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (finishing carpentry)?

MONTHS/YR       WEEKS/YR

BU9. On average, how many hours per week did you do this (finishing carpentry)?

# HOURS PER WEEK

BU10. Did you ever install wood flooring while working in building construction?

- YES..... 1
- NO ..... [GO TO BU14]..... 2
- REF..... [GO TO BU14]..... 7
- DK ..... [GO TO BU14]..... 8

BU11. How many years in total did you work in a (building construction) job where you did this (install wood flooring)? |\_|\_|  
#YEARS

BU12. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (install wood flooring)? |\_|\_| MONTHS/YR    |\_|\_| WEEKS/YR

BU13. On average, how many hours per week did you do this (install wood flooring)? |\_|\_|\_|  
# HOURS PER WEEK

BU14. Did you ever sand wood while working in building construction?

YES..... 1  
NO ..... [GO TO BU22]..... 2  
REF..... [GO TO BU22]..... 7  
DK ..... [GO TO BU22]..... 8

BU15. How many years in total did you work in a (building construction) job where you did this (sand wood)? |\_|\_|  
#YEARS

BU16. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (sand wood)? |\_|\_| MONTHS/YR    |\_|\_| WEEKS/YR

BU17. On average, how many hours per week did you do this (sand wood)? |\_|\_|\_|  
# HOURS PER WEEK

BU18. About how often did you use an electric sander with a dust bag?

Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always..... [GO TO BU20]..... 5

BU19. About how often did you use an electric sander without a dust bag?

Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always..... 5

BU20. About how often did you sand wood by hand?

Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always..... 5

BU21. About how often did you wear a dust mask or other respiratory protection?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

BU22. Did you ever paint, varnish, stain, or apply other finishes while working in building construction?

- YES..... 1
- NO ..... [GO TO BU34]..... 2
- REF..... [GO TO BU34]..... 7
- DK ..... [GO TO BU34]..... 8

BU23. How many years in total did you work in a (building construction) job where you did this (paint, varnish, stain, or apply other finishes)?

#YEARS

BU24. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (paint, varnish, stain, or apply other finishes)?

MONTHS/YR       WEEKS/YR

BU25. On average, how many hours per week did you do this (paint, varnish, stain, or apply other finishes)?

# HOURS PER WEEK

BU26. About how often did you use water-based paints, for example, latex paints?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

BU27. About how often did you use oil-based or solvent-based paints?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

BU28. About how often did you use water-based wood stains?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

BU29. About how often did you use oil-based or solvent-based wood stains?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5



BU30. About how often did you use water-based varnishes? Rarely or never ..... 1  
 Sometimes ..... 2  
 Half the time ..... 3  
 Most of the time..... 4  
 Always..... 5

BU31. About how often did you use oil-based or solvent-based varnishes? Rarely or never ..... 1  
 Sometimes ..... 2  
 Half the time ..... 3  
 Most of the time..... 4  
 Always..... 5

BU32. Which of the following did you usually use to apply the paint, stain, or varnish?

	Y	N	REF	DK
a. brush.....	1	2	7	8
b. roller.....	1	2	7	8
c. spray gun.....	1	2	7	8
d. sponge or rag application.....	1	2	7	8
e. something else.....	1	2	7	8

Please specify: \_\_\_\_\_

BU33. Which of the following did you usually use to clean your equipment?

	Y	N	REF	DK
a. soap and water.....	1	2	7	8
b. turpentine .....	1	2	7	8
c. mineral spirits, or paint thinner .....	1	2	7	8
d. naphtha.....	1	2	7	8
e. some other solvent .....	1	2	7	8

BU34. Did you ever install fiberglass or mineral wool insulation while working in building construction?

YES..... 1  
 NO ..... [GO TO BU38]..... 2  
 REF..... [GO TO BU38]..... 7  
 DK ..... [GO TO BU38]..... 8

BU35. How many years in total did you work in a (building construction) job where you did this (install fiberglass or mineral wool insulation)?

| |  
#YEARS

BU36. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (install fiberglass or mineral wool insulation)?

| |      | |  
MONTHS/YR      WEEKS/YR

BU37. On average, how many hours per week did you do this (install fiberglass or mineral wool insulation)?

| | |  
# HOURS PER WEEK

BU38. Did you ever install asbestos insulation while working in building construction?

YES..... 1  
NO ..... [GO TO BU42]..... 2  
REF..... [GO TO BU42]..... 7  
DK ..... [GO TO BU42]..... 8

BU39. How many years in total did you work in a (building construction) job where you did this (install asbestos insulation)?

#YEARS

BU40. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (install asbestos insulation)?

       
MONTHS/YR      WEEKS/YR

BU41. On average, how many hours per week did you do this (install asbestos insulation)?

# HOURS PER WEEK

BU42. Did you ever remove fiberglass or mineral wool insulation while working in building construction?

YES..... 1  
NO ..... [GO TO BU46]..... 2  
REF..... [GO TO BU46]..... 7  
DK ..... [GO TO BU46]..... 8

BU43. How many years in total did you work in a (building construction) job where you did this (remove fiberglass or mineral wool insulation)?

#YEARS

BU44. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (remove fiberglass or mineral wool insulation)?

       
MONTHS/YR      WEEKS/YR

BU45. On average, how many hours per week did you do this?

# HOURS PER WEEK

BU46. Did you ever remove asbestos insulation while working in building construction?

YES..... 1  
NO ..... [GO TO BU50]..... 2  
REF..... [GO TO BU50]..... 7  
DK ..... [GO TO BU50]..... 8

BU47. How many years in total did you work in a (building construction) job where you did this (remove asbestos insulation)?

#YEARS

BU48. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (remove asbestos insulation)?

       
MONTHS/YR      WEEKS/YR

BU49. On average, how many hours per week did you do this (remove asbestos insulation)?

□ □ □

# HOURS PER WEEK

BU50. Did you ever strip paint while working in building construction?

- YES..... 1
- NO ..... [GO TO BU55]..... 2
- REF..... [GO TO BU55]..... 7
- DK ..... [GO TO BU55]..... 8

BU51. How many years in total did you work in a (building construction) job where you did this (strip paint)?

□ □

#YEARS

BU52. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (strip paint)?

□ □

MONTHS/YR

□ □

WEEKS/YR

BU53. On average, how many hours per week did you do this (strip paint)?

□ □ □

# HOURS PER WEEK

BU54. Which of the following methods did you use to strip paint?

	Y	N	REF	DK
a. methylene chloride				
paint strippers.....	1	2	7	8
b. acids .....	1	2	7	8
c. alkalis or caustic				
solutions .....	1	2	7	8
d. heat gun.....	1	2	7	8
e. torch .....	1	2	7	8
f. another method.....	1	2	7	8
Please specify:_____				

BU55. Did you ever use adhesives or glues while working in building construction?

- YES..... 1
- NO ..... [GO TO BU60]..... 2
- REF..... [GO TO BU60]..... 7
- DK ..... [GO TO BU60]..... 8

BU56. How many years in total did you work in a (building construction) job where you did this (use adhesives or glues)?

□ □

#YEARS

BU57. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (use adhesives or glues)?

□ □

MONTHS/YR

□ □

WEEKS/YR

BU58. On average, how many hours per week did you do this (use adhesives or glues)?

□ □ □

# HOURS PER WEEK

BU59. Which of the following adhesives did you use?

	Y	N	REF	DK
a. water based adhesives ...	1	2	7	8
b. hot melt adhesives.....	1	2	7	8
c. contact adhesives.....	1	2	7	8
d. any other adhesive.....	1	2	7	8

BU60. Did you ever apply wood preservatives while working in building construction?

YES..... 1  
NO ..... [GO TO BU65]..... 2  
REF..... [GO TO BU65]..... 7  
DK ..... [GO TO BU65]..... 8

BU61. How many years in total did you work in a (building construction) job where you did this (apply wood preservatives)?

#YEARS

BU62. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (apply wood preservatives)?

MONTHS/YR       WEEKS/YR

BU63. On average, how many hours per week did you do this (apply wood preservatives)?

# HOURS PER WEEK

BU64. Which of the following wood preservatives did you personally apply?

	Y	N	REF	DK
a. creosote .....	1	2	7	8
b. pentachlorophenol.....	1	2	7	8
c. inorganic arsenicals.....	1	2	7	8
d. any other preservatives..	1	2	7	8

Please specify:\_\_\_\_\_

BU65. Did you ever handle or build with wood that was pre-treated with preservatives while working in building construction?

YES..... 1  
NO ..... [GO TO BU70]..... 2  
REF..... [GO TO BU70]..... 7  
DK ..... [GO TO BU70]..... 8

BU66. How many years in total did you work in a (building construction) job where you did this (handle or build with wood that was pre-treated with preservatives)?

#YEARS

BU67. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (handle or build with wood that was pre-treated with preservatives)?

MONTHS/YR       WEEKS/YR

BU68. On average, how many hours per week did you do this (handle or build with wood that was pre-treated with preservatives)?

□ □ □

# HOURS PER WEEK

BU69. Which of the following wood preservatives was the wood pre-treated with?

	Y	N	REF	DK
a. creosote .....	1	2	7	8
b. pentachlorophenol .....	1	2	7	8
c. inorganic arsenicals .....	1	2	7	8
d. any other preservatives..	1	2	7	8

Please specify: \_\_\_\_\_

BU70. Did you ever lay bricks or concrete blocks while working in building construction?

- YES..... 1
- NO ..... [GO TO BU74]..... 2
- REF..... [GO TO BU74]..... 7
- DK ..... [GO TO BU74]..... 8

BU71. How many years in total did you work in a (building construction) job where you did this (lay bricks or concrete blocks)?

□ □

#YEARS

BU72. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (lay bricks or concrete blocks)?

□ □

MONTHS/YR

□ □

WEEKS/YR

BU73. On average, how many hours per week did you do this (lay bricks or concrete blocks)?

□ □ □

# HOURS PER WEEK

BU74. Did you ever mix mortar while working in building construction?

- YES..... 1
- NO ..... [GO TO BU78]..... 2
- REF..... [GO TO BU78]..... 7
- DK ..... [GO TO BU78]..... 8

BU75. How many years in total did you work in a (building construction) job where you did this (mix mortar)?

□ □

#YEARS

BU76. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (mix mortar)?

□ □

MONTHS/YR

□ □

WEEKS/YR

BU77. On average, how many hours per week did you do this (mix mortar)?

□ □ □

# HOURS PER WEEK

BU78. Did you ever clean masonry while working in building construction?

YES..... 1  
NO ..... [GO TO BU83]..... 2  
REF..... [GO TO BU83]..... 7  
DK ..... [GO TO BU83]..... 8

BU79. How many years in total did you work in a (building construction) job where you did this (clean masonry)?

#YEARS

BU80. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (clean masonry)?

MONTHS/YR       WEEKS/YR

BU81. On average, how many hours per week did you do this (clean masonry)?

# HOURS PER WEEK

BU82. Which of the following did you use to clean the masonry?

	Y	N	REF	DK
a. a scraper or wire brush..	1	2	7	8
b. muriatic or hydro-chloric acid.....	1	2	7	8
c. sandblasting.....	1	2	7	8
d. another method.....	1	2	7	8

BU83. Did you ever cut, shape, or remove damaged bricks or blocks with power tools while working in building construction?

YES..... 1  
NO ..... [GO TO BU89]..... 2  
REF..... [GO TO BU89]..... 7  
DK ..... [GO TO BU89]..... 8

BU84. How many years in total did you work in a (building construction) job where you did this (cut, shape, or remove damaged bricks or blocks with power tools)?

#YEARS

BU85. How many months and/or weeks per year on average did you work in a (building construction) job where you did this (cut, shape, or remove damaged bricks or blocks with power tools)?

MONTHS/YR       WEEKS/YR

BU86. On average, how many hours per week did you do this (cut, shape, or remove damaged bricks or blocks with power tools)?

# HOURS PER WEEK

BU87. On average, how many hours per week did you use tools or equipment that were powered by gasoline or diesel to cut, shape, or remove bricks or blocks?

# HOURS PER WEEK

BU88. About how often did you wear a dust mask or other respiratory protection while using power tools to cut shape or remove bricks or blocks?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

BU89. Overall, what protective equipment or clothing did you wear in your jobs doing building construction?

	YES	NO	REF	DK
a. chemical cartridge respirator .....	1	2	7	8
b. simple dust mask.....	1	2	7	8
c. gloves .....	1	2	7	8
d. goggles .....	1	2	7	8
e. hardhat or other protective headgear ...	1	2	7	8
f. other protective equipment.....	1	2	7	8
Please specify:_____				

Thank you for answering these questions about your work doing building construction. Now I will ask questions about some other industries.

<RETURN TO OC>

**SISTER STUDY JOB MODULE: CLEANING AND HOUSEKEEPING**

CH1. How many different full-time or part-time jobs have you had working as a cleaner or housekeeper? |\_|\_|  
# JOBS

I am going to ask about some specific tasks that you may have done while working as a cleaner or housekeeper.  
**<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:>** In answering these questions, please think about your overall experience in all of your jobs of this type.

CH2. Did you ever sweep floors with a broom while working as a cleaner or housekeeper? YES..... 1  
NO ..... [GO TO CH8]..... 2  
REF..... [GO TO CH8]..... 7  
DK ..... [GO TO CH8]..... 8

CH3. How many years in total did you work in a (cleaning or housekeeping) job where you did this (swept floors with a broom)? |\_|\_|  
#YEARS

CH4. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (swept floors with a broom)? |\_|\_|      |\_|\_|  
MONTHS/YR      WEEKS/YR

CH5. On average, how many hours per week did you do this (sweep floors with a broom)? |\_|\_|\_|  
# HOURS PER WEEK

CH6. About how often did you use sweeping compound? Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always..... 5

CH7. About how often did you wear a dust mask while sweeping? Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always..... 5

CH8. Did you ever clean floors with a dust mop while working as a cleaner or housekeeper? YES..... 1  
NO ..... [GO TO CH14]..... 2  
REF..... [GO TO CH14]..... 7  
DK ..... [GO TO CH14]..... 8

CH9. How many years in total did you work in a (cleaning or housekeeping) job where you did this (clean floors with a dust mop)? |\_|\_|  
#YEARS



CH10. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (clean floors with a dust mop)?

MONTHS/YR      WEEKS/YR

CH11. On average, how many hours per week did you do this (clean floors with a dust mop)?

# HOURS PER WEEK

CH12. About how often did you use dust mop treatments on your mops?

- Rarely or never ..... 1
Sometimes ..... 2
Half the time ..... 3
Most of the time..... 4
Always..... 5

CH13. About how often did you wear a dust mask while dust mopping?

- Rarely or never ..... 1
Sometimes ..... 2
Half the time ..... 3
Most of the time..... 4
Always..... 5

CH14. Did you ever clean floors with a wet mop while working as a cleaner or housekeeper?

- YES..... 1
NO ..... [GO TO CH18]..... 2
REF..... [GO TO CH18]..... 7
DK ..... [GO TO CH18]..... 8

CH15. How many years in total did you work in a (cleaning or housekeeping) job where you did this (clean floors with a wet mop)?

#YEARS

CH16. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (clean floors with a wet mop)?

MONTHS/YR      WEEKS/YR

CH17. On average, how many hours per week did you do this (clean floors with a wet mop)?

# HOURS PER WEEK

CH18. Did you ever wax or polish floors while working as a cleaner or housekeeper?

- YES..... 1
NO ..... [GO TO CH25]..... 2
REF..... [GO TO CH25]..... 7
DK ..... [GO TO CH25]..... 8

CH19. How many years in total did you work in a (cleaning or housekeeping) job where you did this (wax or polish floors)?

#YEARS

CH20. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (wax or polish floors)?

    |\_|\_|    |\_|\_|  
MONTHS/YR    WEEKS/YR

CH21. On average, how many hours per week did you do this (wax or polish floors)?

    |\_|\_|\_|  
# HOURS PER WEEK

CH22. About how often did you use a machine to wax or polish floors?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

CH23. About how often did you wear a dust mask while waxing or polishing floors?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

CH24. About how often did you wear gloves while waxing or polishing floors?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

CH25. Did you ever strip wax or polish from floors while working as a cleaner or housekeeper?

- YES..... 1
- NO ..... [GO TO CH32]..... 2
- REF..... [GO TO CH32]..... 7
- DK ..... [GO TO CH32]..... 8

CH26. How many years in total did you work in a (cleaning or housekeeping) job where you did this (strip wax or polish from floors)?

    |\_|\_|  
#YEARS

CH27. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (strip wax or polish from floors)?

    |\_|\_|    |\_|\_|  
MONTHS/YR    WEEKS/YR

CH28. On average, how many hours per week did you do this (strip wax or polish from floors)?

    |\_|\_|\_|  
# HOURS PER WEEK

CH29. About how often did you use a machine to strip wax or polish from floors?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

CH30. About how often did you wear a dust mask while stripping wax or polish from floors?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

CH31. About how often did you wear gloves while stripping wax or polish from floors?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

CH32. Did you ever vacuum carpets or rugs while working as a cleaner or housekeeper?

- YES..... 1
- NO ..... [GO TO CH38]..... 2
- REF..... [GO TO CH38]..... 7
- DK ..... [GO TO CH38]..... 8

CH33. How many years in total did you work in a (cleaning or housekeeping) job where you did this (vacuum carpets or rugs)?

#YEARS

CH34. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (vacuum carpets or rugs)?

MONTHS/YR        
WEEKS/YR

CH35. On average, how many hours per week did you do this (vacuum carpets or rugs)?

# HOURS PER WEEK

CH36. About how often did you use carpet deodorizers when vacuuming?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

CH37. About how often did you wear a dust mask while vacuuming?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

CH38. Did you ever shampoo or steam clean carpets or rugs while working as a cleaner or housekeeper?

- YES..... 1
- NO ..... [GO TO CH43]..... 2
- REF..... [GO TO CH43]..... 7
- DK ..... [GO TO CH43]..... 8

CH39. How many years in total did you work in a (cleaning or housekeeping) job where you did this (shampoo carpets or rugs)?   
#YEARS

CH40. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (shampoo carpets or rugs)?  MONTHS/YR  WEEKS/YR

CH41. On average, how many hours per week did you do this (shampoo carpets or rugs)?   
# HOURS PER WEEK

CH42. About how often did you wear gloves while shampooing carpets or rugs?  
Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always ..... 5

CH43. Did you ever use furniture polish while working as a cleaner or housekeeper?  
YES..... 1  
NO ..... [GO TO CH48]..... 2  
REF..... [GO TO CH48]..... 7  
DK ..... [GO TO CH48]..... 8

CH44. How many years in total did you work in a (cleaning or housekeeping) job where you did this (used furniture polish)?   
#YEARS

CH45. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (used furniture polish)?  MONTHS/YR  WEEKS/YR

CH46. On average, how many hours per week did you do this (used furniture polish)?   
# HOURS PER WEEK

CH47. About how often did you wear gloves while using furniture polish?  
Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always ..... 5

CH48. Did you ever use multipurpose cleaners while working as a cleaner or housekeeper?  
YES..... 1  
NO ..... [GO TO CH54]..... 2  
REF..... [GO TO CH54]..... 7  
DK ..... [GO TO CH54]..... 8

CH49. How many years in total did you work in a (cleaning or housekeeping) job where you did this (used multipurpose cleaners)?

#YEARS

CH50. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (used multipurpose cleaners)?

MONTHS/YR     WEEKS/YR

CH51. On average, how many hours per week did you do this (used multipurpose cleaners)?

# HOURS PER WEEK

CH52. About how often did you wear gloves while using multipurpose cleaners?

Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always ..... 5

CH53. About how often did you use cleaners that contain disinfectants?

Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always ..... 5

CH54. Did you ever use aerosol deodorizers while working as a cleaner or housekeeper?

YES..... 1  
NO ..... [GO TO CH58]..... 2  
REF..... [GO TO CH58]..... 7  
DK ..... [GO TO CH58]..... 8

CH55. How many years in total did you work in a (cleaning or housekeeping) job where you did this (used aerosol deodorizers)?

#YEARS

CH56. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (used aerosol deodorizers)?

MONTHS/YR     WEEKS/YR

CH57. On average, how many times per week did you do this (used aerosol deodorizers)?

# TIMES PER WEEK

CH58. Did you ever use oven cleaners while working as a cleaner or housekeeper?

YES..... 1  
NO ..... [GO TO CH63]..... 2  
REF..... [GO TO CH63]..... 7  
DK ..... [GO TO CH63]..... 8

CH59. How many years in total did you work in a (cleaning or housekeeping) job where you did this (used oven cleaners)?

#YEARS

CH60. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (used oven cleaners)?

MONTHS/YR        
WEEKS/YR

CH61. On average, how many hours per week did you do this (used oven cleaners)?

# HOURS PER WEEK

CH62. About how often did you wear gloves while using oven cleaners?

Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always ..... 5

CH63. Did you ever use window or glass cleaners while working as a cleaner or housekeeper?

YES..... 1  
NO ..... [GO TO CH68]..... 2  
REF..... [GO TO CH68]..... 7  
DK ..... [GO TO CH68]..... 8

CH64. How many years in total did you work in a (cleaning or housekeeping) job where you did this (used window or glass cleaners)?

#YEARS

CH65. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (used window or glass cleaners)?

MONTHS/YR        
WEEKS/YR

CH66. On average, how many hours per week did you do this (used window or glass cleaners)?

# HOURS PER WEEK

CH67. About how often did you wear gloves while using window or glass cleaners?

Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always ..... 5

CH68. Did you ever do laundry while working as a cleaner or housekeeper?

YES..... 1  
NO ..... [RETURN TO OC]..... 2  
REF..... [RETURN TO OC]..... 7  
DK ..... [RETURN TO OC]..... 8

CH69. How many years in total did you work in a (cleaning or housekeeping) job where you did this (did laundry)?

#YEARS

CH70. How many months and/or weeks per year on average did you work in a (cleaning or housekeeping) job where you did this (did laundry)?

MONTHS/YR        
WEEKS/YR

CH71. On average, how many hours per week did you do this (did laundry)?

# HOURS PER WEEK

CH72. About how often did you use powdered laundry detergents?

Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always ..... 5

CH73. About how often did you use liquid laundry detergents?

Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always ..... 5

CH74. About how often did you wear gloves while doing laundry?

Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always ..... 5

Thank you for answering these questions about your work as a cleaner or housekeeper. Now I will ask questions about some other industries.

**<RETURN TO OC>**

**SISTER STUDY JOB MODULE: COSMETICS AND PERFUMES**

CP1. Did you ever work ... [JOB TITLE]	CP2. How many different full-time or part-time jobs did you have working [JOB TITLE]?	CP3. How many years and/or months in total did you work [JOB TITLE]?
a. as a cosmetic chemist? YES ..... 1 NO .....[CP1b]..... 2 REF.....[CP1b]..... 7 DK .....[CP1b]..... 8	<input type="text"/> <input type="text"/> <input type="text"/> #JOBS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS    #MONTHS
b. in a plant where cosmetics are manufactured? YES ..... 1 NO .....[CP1c]..... 2 REF.....[CP1c]..... 7 DK .....[CP1c]..... 8	<input type="text"/> <input type="text"/> <input type="text"/> #JOBS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS    #MONTHS
c. as a cosmetics salesperson in a retail store? YES ..... 1 NO .....[CP1d]..... 2 REF.....[CP1d]..... 7 DK .....[CP1d]..... 8	<input type="text"/> <input type="text"/> <input type="text"/> #JOBS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS    #MONTHS
d. as a cosmetics salesperson through home-based direct sales? YES ..... 1 NO .....[CP1e]..... 2 REF.....[CP1e]..... 7 DK .....[CP1e]..... 8	<input type="text"/> <input type="text"/> <input type="text"/> #JOBS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS    #MONTHS
e. as a makeup artist? YES ..... 1 NO ..... [CP1f] ..... 2 REF..... [CP1f] ..... 7 DK ..... [CP1f] ..... 8	<input type="text"/> <input type="text"/> <input type="text"/> #JOBS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS    #MONTHS
f. as a personal assistant or beauty consultant YES ..... 1 NO ..... [*] ..... 2 REF..... [*] ..... 7 DK ..... [*] ..... 8	<input type="text"/> <input type="text"/> <input type="text"/> #JOBS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS    #MONTHS

I am going to ask about some specific tasks that you may have done working with cosmetics or perfumes. In answering these questions, please think about your overall experience in all of your jobs of this type.

<\* ASK CP4-CP5 ONLY IF CP1a = YES>

<BEGIN REPEATING RECORD – COSMETIC TYPES>

CP4. What was the [first/next] type of cosmetic product that you worked on as a cosmetic chemist? \_\_\_\_\_ COSMETIC TYPE  
<COSMETIC TYPES WILL BE SELECTED FROM A LOOK-UP TABLE>

CP5. Did you work on any other type of cosmetic product (as a cosmetic chemist)? YES.....[CP4]..... 1  
NO ..... 2

<END REPEATING RECORD – COSMETIC TYPES>



<ASK CP6 – CP10 ONLY IF CP1b = YES>

CP6. While working at a cosmetics manufacturing plant, did you work on the plant floor, or did you personally take part in the production process?

YES..... 1  
 NO ..... [CP10]..... 2  
 REF..... [CP10]..... 7  
 DK ..... [CP10]..... 8

<BEGIN REPEATING RECORD – COSMETIC TYPES>

CP7. What was the [first/next] type of cosmetic product you personally helped manufacture? \_\_\_\_\_ COSMETIC TYPE  
 <COSMETIC TYPES WILL BE SELECTED FROM A LOOK-UP TABLE>

CP8. Did you work in the production of any other type of cosmetic product?

YES..... [CP7]..... 1  
 NO ..... 2

<END REPEATING RECORD – COSMETIC TYPES>

CP9. Did you handle or mix any chemicals as part of the production process?

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

CP10. What protective equipment or clothing did you usually wear during your time working in cosmetics manufacturing plants? Did you wear...

	YES	NO	REF	DK
a. a chemical cartridge respirator .....	1	2	7	8
b. a simple dust mask .....	1	2	7	8
c. gloves .....	1	2	7	8
d. goggles .....	1	2	7	8
e. a hardhat or other protective headgear ...	1	2	7	8
f. any other protective equipment.....	1	2	7	8
Please specify: _____				

<ASK CP11 – CP32 ONLY IF CP1c AND/OR CP1d AND/OR CP1e AND/OR CP1f = YES>

CP11. While working [*in cosmetics sales*] [*or*] [*as a make-up artist*] [*or*] [*personal assistant, or beauty consultant*], have you ever applied nail polish on client’s nails?

YES..... 1  
 NO ..... [CP15]..... 2  
 REF..... [CP15]..... 7  
 DK ..... [CP15]..... 8

CP12. How many years and/or months in total did you work in (cosmetics sales, make-up artist, personal assistant, or beauty consultant) jobs where you applied nail polish to clients’ nails?

YEARS			MONTHS	

CP13. On average, about how many times per day, per week, or per month did you apply nail polish to clients’ nails?

# TIMES		

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

CP14. Did you usually wear gloves while applying nail polish to clients’ nails?

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

CP15. While working [*in cosmetics sales*] [*or*] [*as a make-up artist*] [*or*] [*personal assistant, or beauty consultant*], have you ever used nail polish remover on client's nails?

YES..... 1  
NO ..... [CP19]..... 2  
REF..... [CP19]..... 7  
DK ..... [CP19]..... 8

CP16. How many years and/or months in total did you work in (cosmetics sales, make-up artist, personal assistant, or beauty consultant) jobs where you used nail polish remover on clients' nails?

YEARS MONTHS

CP17. On average, how many times per day, per week, or per month did you use nail polish remover on clients' nails?

# TIMES

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

CP18. Did you usually wear gloves while using nail polish remover on clients?

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

CP19. While working [*in cosmetic sales*] [*or*] [*as a make-up artist*] [*or*] [*as a personal assistant or beauty consultant*], have you ever applied or demonstrated perfumes, colognes or other fragrances?

YES..... 1  
NO ..... [CP22]..... 2  
REF..... [CP22]..... 7  
DK ..... [CP22]..... 8

CP20. How many years and/or months in total did you work in jobs where you applied or demonstrated perfumes, colognes, or other fragrances?

YEARS MONTHS

CP21. On average, how many times per day, per week, or per month did you spray or apply perfumes, colognes, or other fragrances as a part of your job?

# TIMES

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

CP22. While working [*in cosmetics sales*] [*or*] [*as a make-up artist*] [*or*] [*personal assistant, or beauty consultant*], have you ever applied face or skin creams on clients?

YES..... 1  
NO ..... [CP27]..... 2  
REF..... [CP27]..... 7  
DK ..... [CP27]..... 8

CP23. How many years and/or months in total did you work in (cosmetics sales, make-up artist, personal assistant, or beauty consultant) jobs where you applied face or skin creams on clients?

YEARS MONTHS

CP24. On average, how many times per day, per week, per month or per year did you apply face or skin creams on clients?

□ □ □ □

# TIMES

- PER DAY ..... 1
- PER WEEK ..... 2
- PER MONTH ..... 3
- PER YEAR ..... 4

CP25. About how often did you apply face or skin creams that contain hormones such as estrogen or progesterone on your clients?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time ..... 4
- Always ..... 5

CP26. About how often did you wear gloves while applying face or skin creams on clients?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time ..... 4
- Always ..... 5

CP27. While working [*in cosmetics sales*] [*or*] [*as a make-up artist*] [*or*] [*personal assistant, or beauty consultant*], have you ever applied makeup such as lipstick, foundation, eyeliner, or blush on clients?

- YES ..... 1
- NO ..... [CP30] ..... 2
- REF ..... [CP30] ..... 7
- DK ..... [CP30] ..... 8

CP28. How many years and/or months in total did you work in (cosmetics sales, make-up artist, personal assistant, or beauty consultant) jobs where you applied makeup on clients?

□ □    □ □  
YEARS    MONTHS

CP29. On average, how many times per day, per week, per month or per year did you apply makeup on clients?

□ □ □ □

# TIMES

- PER DAY ..... 1
- PER WEEK ..... 2
- PER MONTH ..... 3
- PER YEAR ..... 4

CP30. While working [*in cosmetics sales*] [*or*] [*as a make-up artist*] [*or*] [*personal assistant, or beauty consultant*], have you ever applied makeup such as lipstick, foundation, eyeliner, or blush on yourself to demonstrate it for your customers?

- YES ..... 1
- NO ..... [CP33] ..... 2
- REF ..... [CP33] ..... 7
- DK ..... [CP33] ..... 8

CP31. How many years and/or months in total did you work in (cosmetics sales, make-up artist, personal assistant, or beauty consultant) jobs where you applied makeup on yourself to demonstrate it for customers?

□ □    □ □  
YEARS    MONTHS

CP32. On average, how many times per day, per week, per month or per year did you apply makeup on yourself for demonstrations?

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# TIMES

- PER DAY ..... 1
- PER WEEK ..... 2
- PER MONTH ..... 3
- PER YEAR ..... 4

<ASK CP33 – CP52 ONLY IF CP1e = YES AND/OR IF CP1f = YES>

CP33. Have you ever done hair styling as a make-up artist, personal assistant, or beauty consultant?

- YES..... 1
- NO ..... [RETURN TO OC]..... 2
- REF..... [RETURN TO OC]..... 7
- DK ..... [RETURN TO OC]..... 8

CP34. Did you ever shampoo your clients' hair (as a make-up artist, personal assistant or beauty consultant)?

- YES..... 1
- NO ..... [CP38]..... 2
- REF..... [CP38]..... 7
- DK ..... [CP38]..... 8

CP35. How many years and/or months in total did you do this (shampoo hair as a make-up artist, personal assistant, or beauty consultant)?

YEARS			MONTHS		

CP36. On average, how many times per day, per week, per month or per year did you shampoo hair (as a make-up artist, personal assistant, or beauty consultant)?

--	--	--	--

# TIMES

- PER DAY ..... 1
- PER WEEK ..... 2
- PER MONTH ..... 3
- PER YEAR ..... 4

CP37. About how often did you use dandruff shampoo on clients?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always ..... 5

CP38. While working as make-up artist, personal assistant or beauty consultant, did you ever...[TASK]	CP39. How many years and or months in total did you [TASK]?	CP40. On average, how many times per day, week, month or year did you [TASK]?	CP41. About how often did you use dark colors such as black, brown, auburn, or dark red? Would you say...	CP42. About how often did you use light colors such as blonde, light red, gray, or silver? Would you say...
a. color or dye your clients' hair using <u>permanent</u> hair coloring products? YES ..... 1 NO. [CP38b]2 REF [CP38b]7 DK. [CP38b]8	<input type="text"/> <input type="text"/> #YEARS  <input type="text"/> <input type="text"/> #MONTHS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #TIMES PER DAY ..... 1 WEEK ..... 2 MONTH ..... 3 YEAR ..... 4 TOTAL ..... 5	rarely or never ..... 1 sometimes ..... 2 about half the time .... 3 most of the time ..... 4 always ..... 5	rarely or never ..... 1 sometimes ..... 2 about half the time .... 3 most of the time ..... 4 always ..... 5
b. color or dye your clients' hair using <u>semi-permanent</u> hair coloring products? YES ..... 1 NO. [CP38c]2 REF [CP38c]7 DK. [CP38c]8	<input type="text"/> <input type="text"/> #YEARS  <input type="text"/> <input type="text"/> #MONTHS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #TIMES PER DAY ..... 1 WEEK ..... 2 MONTH ..... 3 YEAR ..... 4 TOTAL ..... 5	rarely or never ..... 1 sometimes ..... 2 about half the time .... 3 most of the time ..... 4 always ..... 5	rarely or never ..... 1 sometimes ..... 2 about half the time .... 3 most of the time ..... 4 always ..... 5
c. color or dye your clients' hair using <u>temporary</u> hair coloring products? YES ..... 1 NO ..... [*]... 2 REF ... [*]... 7 DK ..... [*]... 8	<input type="text"/> <input type="text"/> #YEARS  <input type="text"/> <input type="text"/> #MONTHS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #TIMES PER DAY ..... 1 WEEK ..... 2 MONTH ..... 3 YEAR ..... 4 TOTAL ..... 5	rarely or never ..... 1 sometimes ..... 2 about half the time .... 3 most of the time ..... 4 always ..... 5	rarely or never ..... 1 sometimes ..... 2 about half the time .... 3 most of the time ..... 4 always ..... 5

<\* ASK CP43 – CP44 ONLY IF CP38a AND/OR CP38b AND/OR CP38c = YES>

- CP43. About how often did you wear gloves when you used hair colors or dyes on your clients' hair?
- Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time ..... 4  
Always ..... 5
- CP44. About how often did you get hair colors or dyes on your skin or in your eyes while applying them to your clients' hair?
- Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time ..... 4  
Always ..... 5

CP45. While working as make-up artist, personal assistant or beauty consultant, did you ever... [TASK]	CP46. How many years and or months in total did you work in (make-up artist, personal assistant, or beauty consultant) jobs where you... [TASK]?	CP47. On average, how many times per day, per week, per month, or per year did you... [TASK]?
a. bleach your clients' hair? YES ..... 1 NO .....[CP45b]..... 2 REF.....[CP45b]..... 7 DK .....[CP45b]..... 8	[ ] [ ] [ ] [ ] #YEARS #MONTHS	[ ] [ ] [ ] [ ] DAY..... 1 WEEK..... 2 #TIMES PER MONTH..... 3 YEAR ..... 4 TOTAL ..... 5
b. perm your clients' hair? YES ..... 1 NO .....[CP45c]..... 2 REF.....[CP45c]..... 7 DK .....[CP45c]..... 8	[ ] [ ] [ ] [ ] #YEARS #MONTHS	[ ] [ ] [ ] [ ] DAY..... 1 WEEK..... 2 #TIMES PER MONTH..... 3 YEAR ..... 4 TOTAL ..... 5
c. straighten your clients' hair using chemicals? YES ..... 1 NO ..... [*] ..... 2 REF..... [*] ..... 7 DK ..... [*] ..... 8	[ ] [ ] [ ] [ ] #YEARS #MONTHS	[ ] [ ] [ ] [ ] DAY..... 1 WEEK..... 2 #TIMES PER MONTH..... 3 YEAR ..... 4 TOTAL ..... 5

<\* ASK CP48 - CP49 ONLY IF CP45a AND/OR CP45b AND/OR CP45c = YES>

- CP48. About how often did you wear gloves when you used chemicals for [bleaching] [or] [perming] [or] [straightening] your clients' hair?
- Rarely or never ..... 1  
 Sometimes ..... 2  
 Half the time ..... 3  
 Most of the time..... 4  
 Always..... 5
- CP49. About how often did you get [bleaching] [or] [perming] [or] [hair straightening] chemicals on your skin or in your eyes while applying them to your clients' hair?
- Rarely or never ..... 1  
 Sometimes ..... 2  
 Half the time ..... 3  
 Most of the time..... 4  
 Always..... 5

<p style="text-align: center;">CP50.</p> <p>While working as make-up artist, personal assistant or beauty consultant, did you ever... [TASK]</p>	<p style="text-align: center;">CP51.</p> <p>How many years and or months in total did you work in (make-up artist, personal assistant, or beauty consultant) jobs where you... [TASK]?</p>	<p style="text-align: center;">CP52.</p> <p>On average, how many times per day, per week, per month, or per year did you... [TASK]?</p>
<p>a. use hairspray on your clients?      YES ..... 1  NO .....[CP50b]..... 2  REF.....[CP50b]..... 7  DK .....[CP50b]..... 8</p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/>      <input type="text"/> <input type="text"/>  #YEARS      #MONTHS </p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>      DAY..... 1  WEEK..... 2  #TIMES PER      MONTH..... 3  YEAR ..... 4  TOTAL ..... 5 </p>
<p>b. use talcum powder on your clients?      YES ..... 1  NO .....[CP50c]..... 2  REF.....[CP50c]..... 7  DK .....[CP50c]..... 8</p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/>      <input type="text"/> <input type="text"/>  #YEARS      #MONTHS </p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>      DAY..... 1  WEEK..... 2  #TIMES PER      MONTH..... 3  YEAR ..... 4  TOTAL ..... 5 </p>
<p>c. put talcum powder in your gloves?      YES ..... 1  NO ..... [*] ..... 2  REF..... [*] ..... 7  DK ..... [*] ..... 8</p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/>      <input type="text"/> <input type="text"/>  #YEARS      #MONTHS </p>	<p style="text-align: center;"> <input type="text"/> <input type="text"/> <input type="text"/>      DAY..... 1  WEEK..... 2  #TIMES PER      MONTH..... 3  YEAR ..... 4  TOTAL ..... 5 </p>

\* Thank you for answering these questions about your work with cosmetics and perfumes. Now I will ask about some other industries. <RETURN TO OC>

## LOOK-UP TABLE FOR COSMETIC TYPES

Shampoo, baby	Eyelash and eyebrow dyes
Shampoo, hair coloring	Eyebrow colorant
Shampoo, dandruff	Eyelash creams
Shampoo, general	Eyelash oils
Hair conditioner	Eye liner, liquid
Hair spray, general	Eye liner, pencil
Hair spray, coloring	Eye shadow, powder
Hair tonic	Eye shadow, stick
Hair gel	Eye shadow, cream
Hair wax	Mascara
Hair mousse	Eye makeup remover
Hair permanent wave (perm) products	Face masks
Hair straighteners	Foundation creams
Hair dressings and brilliantines	Hormone creams
Hair cream rinse	Lipstick
Hair bleach	Liquid makeup
Hair dyes, permanent	Face powders
Hair dyes, semi-permanent	Rouge
Hair dyes, temporary	Perfumes
Cleansing creams	Colognes
Cleansing lotions	Sachets
Conditioning cream	Pomades
Eye creams	
Eyebrow pencil	

*National Institute of Environmental Health Science / National Institutes of Health / Department of Health and Human Services*



**SISTER STUDY JOB MODULE: DENTISTS, DENTAL HYGIENISTS, DENTAL ASSISTANTS,  
AND DENTAL LAB WORKERS**

- DE1. How many different full-time or part-time jobs have you had working as a dentist, dental hygienist, dental assistant, or dental lab worker? |\_|\_|  
# JOBS
- DE2. Did you ever polish teeth? YES..... 1  
NO ..... [GO TO DE6] ..... 2  
REF..... [GO TO DE6] ..... 7  
DK ..... [GO TO DE6] ..... 8
- DE3. How many years in total did you work in a job where you did this (polish teeth)? |\_|\_|  
#YEARS
- DE4. In the years that you did this, how many months and/or weeks per year on average did you do this (polish teeth)? |\_|\_|    |\_|\_|  
MONTHS/YR    WEEKS/YR
- DE5. On average, how many hours per week did you do this (polish teeth)? |\_|\_|\_|  
# HOURS PER WEEK
- DE6. Did you ever work at least 5 hours per week for at least one month in a room where nitrous oxide or any other anesthetic gas was being administered by you or anyone else in your presence? YES..... 1  
NO ..... [GO TO DE15] ..... 2  
REF..... [GO TO DE15] ..... 7  
DK ..... [GO TO DE15] ..... 8
- DE7. How many years in total did you work in a job where you did this (work where nitrous oxide or other anesthetic gases were administered in your presence)? |\_|\_|  
#YEARS  
[IF LESS THAN 1 YEAR, ENTER "01"]
- DE8. In the years that you did this, how many months and/or weeks per year on average did you do this (work where nitrous oxide or other anesthetic gases were administered in your presence)? |\_|\_|    |\_|\_|  
MONTHS/YR    WEEKS/YR
- DE9. On average, how many hours per week did you do this? (work where nitrous oxide or other anesthetic gases were administered in your presence)? |\_|\_|\_|  
# HOURS PER WEEK

DE10. (When you worked in a room where anesthetic gases were in use,) was [ANESTHETIC] administered by you or by anyone else in your presence?	DE11. Did you <u>personally</u> administer [ANESTHETIC] at least 5 hours per week for at least one month out of the year?	DE12. How many years in total did you do this?	DE13. In the years that you did this, how many months and/or weeks per year, on average, did you personally administer [ANESTHETIC]?	DE14. On average, how many hours per week did you personally administer [ANESTHETIC]?
a. Nitrous oxide YES .....1 NO.... [DE10b] 2	YES ..... 1 NO..[DE10b] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
b. Halothane YES .....1 NO.... [DE10c] 2	YES ..... 1 NO..[DE10c] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
c. Ether YES .....1 NO.... [DE10d] 2	YES ..... 1 NO..[DE10d] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
d. Isoflurane YES .....1 NO.... [DE10e] 2	YES ..... 1 NO..[DE10e] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
e. Enflurane YES .....1 NO.... [DE10f] 2	YES ..... 1 NO..[DE10f] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
f. Chloroform YES .....1 NO.... [DE10g] 2	YES ..... 1 NO..[DE10g] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
g. Any other anesthetic gas YES .....1 NO.... [DE15] .2 SPECIFY: _____	YES ..... 1 NO..[DE15] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS

DE15. Did you ever assemble or disassemble syringes containing anesthetics at least 5 times per week?

YES..... 1  
NO ..... [GO TO DE19]..... 2  
REF..... [GO TO DE19]..... 7  
DK ..... [GO TO DE19]..... 8

DE16. How many years in total did you work in a job where you did this (assemble or disassemble syringes containing anesthetics)?

#YEARS

DE17. In the years that you did this, how many months and/or weeks per year on average did you do this? (assemble or disassemble syringes containing anesthetics)?

       
MONTHS/YR      WEEKS/YR

DE18. On average, how many hours per week did you do this (assemble or disassemble syringes containing anesthetics)?

# HOURS PER WEEK

DE19. Did you ever use a dental drill on patients?

YES..... 1  
NO ..... [GO TO DE23]..... 2  
REF..... [GO TO DE23]..... 7  
DK ..... [GO TO DE23]..... 8

DE20. How many years in total did you work in a job where you did this (use a dental drill on patients)?

#YEARS

DE21. In the years that you did this, how many months and/or weeks per year on average did you do this (use a dental drill on patients)?

       
MONTHS/YR      WEEKS/YR

DE22. On average, how many hours per week did you do this (use a dental drill)?

# HOURS PER WEEK

**<ASK DE23 ONLY IF DE19 = NO, REF, OR DK>**

DE23. Were you ever present in the room while a dental drill was being used on a patient?

YES..... 1  
NO ..... [GO TO DE27]..... 2  
REF..... [GO TO DE27]..... 7  
DK ..... [GO TO DE27]..... 8

DE24. How many years in total did you work in a job where you did this (were present where a dental drill was being used)?

#YEARS

DE25. In the years that you did this, how many months and/or weeks per year on average did you do this (were present where a dental drill was being used)?

       
MONTHS/YR      WEEKS/YR

DE26. On average, how many hours per week did you do this?  
(were present where a dental drill was being used)?

# HOURS PER WEEK

DE27. Did you ever prepare or mix dental amalgam?

- YES..... 1
- NO ..... [GO TO DE31]..... 2
- REF..... [GO TO DE31]..... 7
- DK ..... [GO TO DE31]..... 8

DE28. How many years in total did you work in a  
job where you did this (prepare or mix dental  
amalgam)?

#YEARS

DE29. In the years that you did this, how many months  
and/or weeks per year on average did you do this  
(prepare or mix dental amalgam)?

       
MONTHS/YR      WEEKS/YR

DE30. On average, how many hours per week did you  
do this (prepare or mix dental amalgam)?

# HOURS PER WEEK

DE31. Did you ever prepare dental composite materials?

- YES..... 1
- NO ..... [GO TO DE35]..... 2
- REF..... [GO TO DE35]..... 7
- DK ..... [GO TO DE35]..... 8

DE32. How many years in total did you work in a  
job where you did this (prepare dental  
composite materials)?

#YEARS

DE33. In the years that you did this, how many months  
and/or weeks per year on average did you do this?  
(prepare dental composite materials)?

       
MONTHS/YR      WEEKS/YR

DE34. On average, how many hours per week did you  
do this (prepare dental composite materials)?

# HOURS PER WEEK

DE35. Did you ever prepare glass ionomer materials?

- YES..... 1
- NO ..... [GO TO DE39]..... 2
- REF..... [GO TO DE39]..... 7
- DK ..... [GO TO DE39]..... 8

DE36. How many years in total did you work in a  
job where you did this (prepare glass ionomer  
materials)?

#YEARS

DE37. In the years that you did this, how many months and/or weeks per year on average did you do this (prepare glass ionomer materials)?

MONTHS/YR       WEEKS/YR

DE38. On average, how many hours per week did you do this (prepare glass ionomer materials)?

# HOURS PER WEEK

DE39. Did you ever make dental impressions?

- YES..... 1
- NO ..... [GO TO DE43]..... 2
- REF..... [GO TO DE43]..... 7
- DK ..... [GO TO DE43]..... 8

DE40. How many years in total did you work in a job where you did this (make dental impressions)?

#YEARS

DE41. In the years that you did this, how many months and/or weeks per year on average did you do this (make dental impressions)?

MONTHS/YR       WEEKS/YR

DE42. On average, how many hours per week did you do this (make dental impressions)?

# HOURS PER WEEK

DE43. Did you ever pour, trim, or polish stone or plaster casts?

- YES..... 1
- NO ..... [GO TO DE47]..... 2
- REF..... [GO TO DE47]..... 7
- DK ..... [GO TO DE47]..... 8

DE44. How many years in total did you work in a job where you did this (pour, trim, or polish stone or plaster casts)?

#YEARS

DE45. In the years that you did this, how many months and/or weeks per year on average did you do this (pour, trim, or polish stone or plaster casts)?

MONTHS/YR       WEEKS/YR

DE46. On average, how many hours per week did you do this (pour, trim, or polish stone or plaster casts)?

# HOURS PER WEEK

DE47. Did you ever construct custom impression trays?

- YES..... 1
- NO ..... [GO TO DE51]..... 2
- REF..... [GO TO DE51]..... 7
- DK ..... [GO TO DE51]..... 8

DE48. How many years in total did you work in a job where you did this (construct custom impression trays)?   
#YEARS

DE49. In the years that you did this, how many months and/or weeks per year on average did you do this (construct custom impression trays)?  MONTHS/YR  WEEKS/YR

DE50. On average, how many hours per week did you do this (construct custom impression trays)?   
# HOURS PER WEEK

DE51. Did you ever fabricate acrylic crowns?  
YES..... 1  
NO ..... [GO TO DE55]..... 2  
REF..... [GO TO DE55]..... 7  
DK ..... [GO TO DE55]..... 8

DE52. How many years in total did you work in a job where you did this (fabricate acrylic crowns)?   
#YEARS

DE53. In the years that you did this, how many months and/or weeks per year on average did you do this (fabricate acrylic crowns)?  MONTHS/YR  WEEKS/YR

DE54. On average, how many hours per week did you do this (fabricate acrylic crowns)?   
# HOURS PER WEEK

DE55. Did you ever fabricate acrylic partial dentures?  
YES..... 1  
NO ..... [GO TO DE59]..... 2  
REF..... [GO TO DE59]..... 7  
DK ..... [GO TO DE59]..... 8

DE56. How many years in total did you work in a job where you did this (fabricate acrylic partial dentures)?   
#YEARS

DE57. In the years that you did this, how many months and/or weeks per year on average did you do this (fabricate acrylic partial dentures)?  MONTHS/YR  WEEKS/YR

DE58. On average, how many hours per week did you do this (fabricate acrylic partial dentures)?   
# HOURS PER WEEK

DE59. Were you ever in the same room where patients were being X-rayed at least 5 times per week?

YES..... 1  
NO ..... [GO TO DE66] ..... 2  
REF..... [GO TO DE66] ..... 7  
DK ..... [GO TO DE66] ..... 8

DE60. How many years in total did you work in a job where you did this (were present in the same room where patients were being X-rayed) at least 5 times per week?

#YEARS

DE61. In the years that you did this, how many months and/or weeks per year on average did you do this (were present in the same room where patients were being X-rayed)?

       
MONTHS/YR      WEEKS/YR

DE62. On average, how many times per week were you in the same room where patients were being X-rayed?

# TIMES PER WEEK

DE63. How often did you wear a leaded apron or stand behind a leaded barrier while the X-rays were being shot?

all the time ..... 1  
most of the time ..... 2  
about half of the time..... 3  
some of the time ..... 4  
rarely or never..... 5  
REF ..... [GO TO DE66] ..... 7  
DK ..... [GO TO DE66] ..... 8

DE64. How often did you wear a dosimetry or film badge that measured your radiation exposure? Was it...  
[IF RESPONDENT SAYS ONLY A FEW TIMES, CODE AS RARELY OR NEVER]

all the time ..... 1  
most of the time ..... 2  
about half of the time..... 3  
some of the time ..... 4  
rarely or never..... [GO TO DE66] ..... 5  
REF ..... [GO TO DE66] ..... 7  
DK ..... [GO TO DE66] ..... 8

DE65. Did you ever receive a report that your measured dose of radiation was above the safe limit?

YES..... 1  
NO ..... [GO TO DE66] ..... 2  
REF..... [GO TO DE66] ..... 7  
DK ..... [GO TO DE66] ..... 8

DE66. Did you ever develop X-ray films?

YES..... 1  
NO ..... [GO TO DE70] ..... 2  
REF..... [GO TO DE70] ..... 7  
DK ..... [GO TO DE70] ..... 8

DE67. How many years in total did you work in a job where you did this (develop X-ray films)?

#YEARS

DE68. In the years that you did this, how many months and/or weeks per year on average did you do this (develop X-ray films)?

MONTHS/YR        WEEKS/YR

DE69. On average, how many hours per week did you do this (develop X-ray films)?

# HOURS PER WEEK

DE70. Did you ever work at least 5 hours per week for at least one month out of the year in a room where instruments or other equipment were being sterilized?

YES..... 1  
 NO ..... [GO TO DE79]..... 2  
 REF..... [GO TO DE79]..... 7  
 DK ..... [GO TO DE79]..... 8

DE71. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year in a room where instruments or other equipment were being sterilized)? [IF LESS THAN 1 YEAR, ENTER "01"]

# YEARS

DE72. In the years that you did this, how many months and/or weeks per year, on average, did you work in a room where instruments or other equipment were being sterilized?

MONTHS/YR        WEEKS/YR

DE73. On average, how many hours per week did you work in a room where instruments or other equipment were being sterilized?

# HOURS PER WEEK

DE74. (During this time,) was [STERILANT] used to sterilize the instruments or equipment?	DE75. Did you personally use [STERILANT] to sterilize the instruments or equipment at least 5 hours per week for at least one month out of the year?	DE76. How many years in total did you do this?	DE77. In the years that you did this, how many months and/or weeks per year, on average, did you personally use [STERILANT]?	DE78. On average, how many hours per week did you personally use [STERILANT]?
a. Ethylene oxide      YES .....1 NO .... [DE74b] 2	YES .....1 NO. [DE74b] 2	<input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> # MONTHS   # WKS	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS
b. hydrogen peroxide gas      YES .....1 plasma, such as      NO .... [DE74c] 2 the STERRAD system	YES .....1 NO. [DE74c] 2	<input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> # MONTHS   # WKS	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS



DE74. (During this time,) was [STERILANT] used to sterilize the instruments or equipment?	DE75. Did you personally use [STERILANT] to sterilize the instruments or equipment at least 5 hours per week for at least one month out of the year?	DE76. How many years in total did you do this?	DE77. In the years that you did this, how many months and/or weeks per year, on average, did you personally use [STERILANT]?	DE78. On average, how many hours per week did you personally use [STERILANT]?
c. glutaraldehyde products such as Cidex, ColdSport, Endocide, Glutacide, Hospex, Metricide, or Sporicidin YES .....1 NO .... [DE74d] 2	YES .....1 NO. [DE74d] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
d. ortho-phthalaldehyde products such as Cidex OPA YES .....1 NO .... [DE74e] 2	YES .....1 NO. [DE74e] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
e. peracetic acid products such as the Steris system YES .....1 NO .... [DE74f] 2	YES .....1 NO. [DE74f] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
f. hydrogen peroxide products such as Accell or Optim YES .....1 NO .... [DE74g] 2	YES .....1 NO. [DE74g] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
g. formaldehyde YES .....1 NO .... [DE74h] 2	YES .....1 NO. [DE74h] 2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
h. hexachlorophene products such as PhisoHex or Phisoderm YES .....1 NO .... [DE74i].2	YES .....1 NO. [DE74i].2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
i. any other sterilizing agent YES .....1 NO .... [DE79] .2 SPECIFY: _____	YES .....1 NO.. [DE79] .2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS

DE79. Did you ever personally use disinfectants to clean other equipment or the patient care area?

YES..... 1  
NO ..... [GO TO DE83]..... 2  
REF..... [GO TO DE83]..... 7  
DK ..... [GO TO DE83]..... 8

DE80. How many years in total did you work in a job where you did this?

#YEARS

DE81. In the years that you did this, how many months and/or weeks per year on average did you do this?

MONTHS/YR

WEEKS/YR

DE82. On average, how many hours per week did you do this?

# HOURS PER WEEK

DE83. About how many hours per week did you wear latex gloves, on average, while working in the dental field?

# HOURS PER WEEK

DE84. Did you ever use talcum powder in your gloves?

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

DE85. How many years in total did you work in a job where you did this?

#YEARS

DE86. In the years that you did this, how many months and/or weeks per year on average did you do this?

MONTHS/YR

WEEKS/YR

DE87. On average, how many times per week did you do this?

# TIMES PER WEEK

\* Thank you for answering these questions about your work in the dental field. Now I will ask questions about some other industries.

<RETURN TO OC>

**SISTER STUDY JOB MODULE: DOCTOR OR PHYSICIAN**

DOC1. How many different full-time or part-time jobs have you had working as a doctor or physician? This includes both paid and volunteer work that took at least 10 hours per week.

# JOBS

I am going to ask about some specific tasks that you may have done while working as a doctor or physician.  
**<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:>** In answering these questions, please think about your overall experience in all of your full-time or part-time jobs of this type.

While working as a doctor or physician, did you ever work ...	About how many years and/or months in total did you work there ( <i>[PLACE]</i> )?
DOC2. in a hospital, or large outpatient surgical center YES..... 1 NO... [GO TO DOC4].. 2 REF. [GO TO DOC4] .. 7 DK... [GO TO DOC4] .. 8	DOC3. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS            #MONTHS
DOC4. in a doctor's office YES..... 1 NO... [GO TO DOC6].. 2 REF. [GO TO DOC6] .. 7 DK... [GO TO DOC6] .. 8	DOC5. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS            #MONTHS
DOC6. in a nursing home, assisted living facility, or other residential care facility YES..... 1 NO... [GO TO DOC8].. 2 REF. [GO TO DOC8] .. 7 DK... [GO TO DOC8] .. 8	DOC7. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS            #MONTHS
DOC8. in a free-standing urgent care center, outpatient clinic, or HMO YES..... 1 NO.. [GO TO DOC10]. 2 REF [GO TO DOC10]. 7 DK.. [GO TO DOC10]. 8	DOC9. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS            #MONTHS
DOC10. providing home health care (that is, visiting patients at home) YES..... 1 NO.. [GO TO DOC12]. 2 REF [GO TO DOC12]. 7 DK.. [GO TO DOC12]. 8	DOC11. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS            #MONTHS
DOC12. in a school YES..... 1 NO.. [GO TO DOC14]. 2 REF [GO TO DOC14]. 7 DK.. [GO TO DOC14]. 8	DOC13. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS            #MONTHS
DOC14. in another type of workplace YES..... 1 NO.. [GO TO DOC16]. 2 REF [GO TO DOC16]. 7 DK.. [GO TO DOC16]. 8 SPECIFY: _____ _____	DOC15. <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS            #MONTHS

<BEGIN REPEATING RECORD – SPECIALTY AREAS>

DOC16. What was the [first/next] department or specialty area that you spent most of your time working?

\_\_\_\_\_  
MEDICAL SPECIALTY

<SPECIALTIES WILL BE SELECTED FROM A LOOK-UP TABLE>

DOC16a. Did you work in any other departments or specialty areas?

YES .....[DOC16] ..... 1  
NO ..... 2

<END REPEATING RECORD – SPECIALTY AREAS>

DOC17. Did you ever work at least 5 hours per week for at least one month out of the year in an operating room or anywhere else where general anesthetics were being administered by you or anyone else?

YES ..... 1  
NO ..... [GO TO DOC26] ..... 2  
REF..... [GO TO DOC26] ..... 7  
DK ..... [GO TO DOC26] ..... 8

DOC18. How many years in total did you do this (work in an operating room or anywhere else where general anesthetics were administered by you or others at least 5 hours per week for at least one month out of the year)? [IF LESS THAN 1 YEAR, ENTER "1"]

\_\_\_\_\_  
# YEARS

DOC19. In the years that you did this, how many months and/or weeks per year, on average, did you work in an operating room or anywhere else where general anesthetics were administered by you or others?

\_\_\_\_\_  
MONTHS/YR      WEEKS/YR

DOC20. On average, how many hours per week did you work in an operating room or anywhere else where general anesthetics were administered by you or others?

\_\_\_\_\_  
# HOURS PER WEEK

DOC21. (When you worked in an operating room or anywhere else general anesthetics were in use,) was [ANESTHETIC] administered by you or by others in your presence?		DOC22. Did you personally administer [ANESTHETIC] at least 5 hours per week for at least one month out of the year?	DOC23. How many years in total did you do this?	DOC24. In the years that you did this, how many months and/or weeks per year, on average, did you personally administer [ANESTHETIC]?	DOC25. On average, how many hours per week did you personally administer [ANESTHETIC]?
a. Nitrous oxide	YES .....1 NO.. [DOC21b]2	YES ..... 1 NO[DOC21b]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
b. Halothane	YES .....1 NO.. [DOC21c]2	YES ..... 1 NO[DOC21c]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
c. Ether	YES .....1 NO.. [DOC21d]2	YES ..... 1 NO[DOC21d]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
d. Flurane	YES .....1 NO.. [DOC21e]2	YES ..... 1 NO[DOC21e]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
e. Etherane	YES .....1 NO...[DOC21f]2	YES ..... 1 NO[DOC21f]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
f. Chloroform	YES .....1 NO.. [DOC21g]2	YES ..... 1 NO[DOC21g]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
g. Any other anesthetic	YES .....1 NO... [DOC26]2  SPECIFY: _____	YES ..... 1 NO [DOC26]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS

DOC26. Have you ever administered aerosolized ribavirin or Virazole, pentamidine or Nebupent, or tobramycin or Nebcin? YES ..... 1  
 NO .....[GO TO DOC34] ..... 2  
 REF.....[GO TO DOC34] ..... 7  
 DK .....[GO TO DOC34] ..... 8

		Y	N	REF	DK
DOC27. Which of these drugs have you administered in aerosolized form?	a. ribavirin or Virazole .....	1	2	7	8
	b. pentamidine or Nebupent.....	1	2	7	8
	c. tobramycin or Nebcin .....	1	2	7	8

DOC28. How many years in total did you have a job where you did this (administered aerosolized ribavirin or Virazole, pentamidine or Nebupent, or tobramycin)? # YEARS  
 [IF LESS THAN 1 YEAR, ENTER "1"]

DOC29. In the years that you did this, how many months and/or weeks per year, on average, did you do this? MONTHS/YR WEEKS/YR

DOC30. On average, about how many hours per week did you spend administering any of the aerosolized drugs? Please include only the time you spent actually handling the drug, were present in the area during administration, and in clean-up. Do not include set-up time, or time the patient was receiving the drug while you were not present. # HOURS PER WEEK

DOC31. When you administered aerosolized drugs, was it usually... inside a fully enclosed and sealed treatment chamber or booth..... 1  
 inside a partially enclosed treatment hood or tent..... 2  
 with no type of enclosure ..... 3

		Y	N	REF	DK
DOC32. When you administered aerosolized drugs, did you <u>usually</u> ...	a. inspect the aerosol generator for leaks or worn parts prior to use?.....	1	2	7	8
	b. use a nebulizer with an automatic shutoff valve?.....	1	2	7	8
	c. administer the medication in an isolation room under negative pressure (where air flows into the room from adjacent areas)?.....	1	2	7	8

		Y	N	REF	DK
DOC33. When you administered aerosolized drugs, did you <u>usually</u> wear any of the following protective equipment? (By usually we mean most of the time.)	a. a water resistant gown .....	1	2	7	8
	b. gloves.....	1	2	7	8
	c. goggles, safety glasses, or a face shield....	1	2	7	8
	d. respiratory protection; this does <u>not</u> include a surgical mask .....	1	2	7	8

DOC34. Did you ever work at least 5 hours per week for at least one month out of the year in a room where instruments or other equipment was being sterilized?

YES ..... 1  
 NO ..... [GO TO DOC43] ..... 2  
 REF..... [GO TO DOC43] ..... 7  
 DK ..... [GO TO DOC43] ..... 8

DOC35. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year in a room where instruments or other equipment was being sterilized)? [IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

DOC36. In the years that you did this, how many months and/or weeks per year, on average, did you work in a room where instruments or other equipment was being sterilized?

MONTHS/YR      WEEKS/YR

DOC37. On average, how many hours per week did you work in a room where instruments or other equipment was being sterilized?

# HOURS PER WEEK

DOC38. (During this time,) was [ANESTHETIC] used to sterilize the instruments or equipment?	DOC39. Did you personally use [ANESTHETIC] to sterilize the instruments or equipment at least 5 hours per week for at least one month out of the year?	DOC40. How many years in total did you do this?	DOC41. In the years that you did this, how many months and/or weeks per year, on average, did you personally use [ANESTHETIC]?	DOC42. On average, how many hours per week did you personally use [ANESTHETIC]?
a. Ethylene oxide	YES ..... 1 NO.. [DOC38b]2	YES ..... 1 NO[DOC38b]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
b. hydrogen peroxide gas plasma, such as the STERRAD system	YES ..... 1 NO.. [DOC38c]2	YES ..... 1 NO[DOC38c]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
c. glutaraldehyde products such as Cidex, ColdSport, Endocide, Glutacide, Hospex, Metricide, or Sporicidin	YES ..... 1 NO.. [DOC38d]2	YES ..... 1 NO[DOC38d]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
d. ortho-phthalaldehyde products such as Cidex OPA	YES ..... 1 NO.. [DOC38e]2	YES ..... 1 NO[DOC38e]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS

DOC38. (During this time,) was [ANESTHETIC] used to sterilize the instruments or equipment?		DOC39. Did you personally use[ANESTHETIC] to sterilize the instruments or equipment at least 5 hours per week for at least one month out of the year?	DOC40. How many years in total did you do this?	DOC41. In the years that you did this, how many months and/or weeks per year, on average, did you personally use [ANESTHETIC]?	DOC42. On average, how many hours per week did you personally use [ANESTHETIC]?
e. peracetic acid products such as the Steris system	YES .....1 NO...[DOC38f]2	YES ..... 1 NO[DOC38f]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
f. hydrogen peroxide products such as Accell or Optim	YES .....1 NO.. [DOC38g]2	YES ..... 1 NO[DOC38g]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
g. formaldehyde	YES .....1 NO.. [DOC38h]2	YES ..... 1 NO[DOC38h]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
h. hexachlorophene products such as Phisohex or Phisoderm	YES .....1 NO...[DOC38i]2	YES ..... 1 NO [DOC38i]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
i. any other sterilizing agent  SPECIFY: _____	YES .....1 NO... [DOC43]2	YES ..... 1 NO [DOC43]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS

DOC43. Did you ever use disinfectants or antiseptics at least 5 hours per week for at least one month out of the year while working as a doctor or physician?

YES ..... 1  
NO .....[GO TO DOC49] ..... 2  
REF.....[GO TO DOC49] ..... 7  
DK .....[GO TO DOC49] ..... 8

DOC44. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year using disinfectants or antiseptics)?  
[IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

DOC45. In the years that you did this, how many months and/or weeks per year, on average, did you work at least 5 hours per week using disinfectants or antiseptics?

MONTHS/YR       WEEKS/YR



DOC46. On average, how many hours per week did you use disinfectants or antiseptics?

--	--	--	--

# HOURS PER WEEK

		Y	N	REF	DK
DOC47. Which of the following disinfectants or antiseptics did you use? Did you use...	a. Betadine .....	1	2	7	8
	b. Duraprep .....	1	2	7	8
	c. Formaldehyde .....	1	2	7	8
	d. Hibclens .....	1	2	7	8
	e. Iodophor or iodophorm.....	1	2	7	8
	f. Lysol .....	1	2	7	8
	g. PhisoHex or phisoderm .....	1	2	7	8
	h. Skin prep or alcohol pads .....	1	2	7	8
	i. Alcare or other foamed alcohol products..	1	2	7	8
	j. Bactoshield .....	1	2	7	8
	k. Any other disinfectant.....	1	2	7	8
	SPECIFY: _____				

<IF MORE THAN ONE OF DOC47a-k IS ANSWERED "YES":>

DOC48. Which one disinfectant did you use the most?	BETADINE .....	01
	DURAPREP .....	02
	FORMALDEHYDE .....	03
	HIBCLENS.....	04
	IODOPHOR OR .....	
	IODOPHORM.....	05
	LYSOL .....	06
	PHISOHEX OR .....	
	PHISODERM.....	07
	SKIN PREP OR ALCOHOL .....	
	PADS.....	08
	ALCARE OR OTHER .....	
	FOAMED ALCOHOL .....	
	PRODUCTS .....	09
	BACTOSHIELD .....	10
	OTHER DISINFECTANT ....	11

DOC49. Did you ever take X-rays from a room that was separate from the room where the patient was, at least 5 times per week?

YES ..... 1  
NO ..... [GO TO DOC51] ..... 2  
REF..... [GO TO DOC51] ..... 7  
DK ..... [GO TO DOC51] ..... 8

DOC50. How many years in total did you work in a job where you took X-rays from a separate room (at least 5 times per week for at least one month out of the year)?  
[IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

DOC51. Were you ever in the same room where X-rays were being taken at least 5 times per week for at least one month out of the year?

YES ..... 1  
NO ..... [GO TO DOC58] ..... 2  
REF..... [GO TO DOC58] ..... 7  
DK ..... [GO TO DOC58] ..... 8

DOC52. How many years in total did you work in a job where you were in the same room while X-rays were being taken (at least 5 times per week for at least one month out of the year)?  
[IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

DOC53. In the years that you did this, how many months and/or weeks per year, on average, did you do this (work in a job where you were in the same room where X-rays were being taken at least 5 times per week)?

       
MONTHS/YR      WEEKS/YR

DOC54. On average, how many times per week were you in a room while X-rays were being taken?

# TIMES PER WEEK

DOC55. How often did you wear a dosimetry or film badge that measured your radiation exposure? Was it...  
[IF RESPONDENT SAYS ONLY A FEW TIMES, CODE AS RARELY OR NEVER]

all the time ..... 1  
most of the time ..... 2  
about half of the time..... 3  
some of the time ..... 4  
rarely or never[GO TO DOC57]5  
REF..... [GO TO DOC57] ... 7  
DK ..... [GO TO DOC57]... 8

DOC56. Did you ever receive a report that your measured dose of radiation was above the safe limit?

YES ..... 1  
NO ..... 2  
REF..... 7  
DK ..... 8

DOC57. How often did you wear a leaded apron or stand behind a leaded barrier while the x-ray was being taken?

all the time ..... 1  
most of the time ..... 2  
about half of the time..... 3  
some of the time ..... 4  
rarely or never..... 5  
REF..... 7  
DK ..... 8

DOC58. Did you ever work at least 5 hours per week for at least one month out of the year performing fluoroscopy? YES ..... 1  
 NO ..... [GO TO DOC62] ..... 2  
 REF..... [GO TO DOC62] ..... 7  
 DK ..... [GO TO DOC62] ..... 8

DOC59. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year performing fluoroscopy)? [IF LESS THAN 1 YEAR, ENTER "1"]   # YEARS

DOC60. In the years that you did this, how many months and/or weeks per year, on average, did you perform fluoroscopy?   MONTHS/YR   WEEKS/YR

DOC61. On average, how many hours per week did you do this? (perform fluoroscopy)?    # HOURS PER WEEK

DOC62. Did you ever work at least 5 hours per week for at least one month out of the year in a room where any other sources of radiation were being administered, such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography? YES ..... 1  
 NO ..... [GO TO DOC67] ..... 2  
 REF..... [GO TO DOC67] ..... 7  
 DK ..... [GO TO DOC67] ..... 8

DOC63. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year in a room where other sources of radiation were being administered such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)? [IF LESS THAN 1 YEAR, ENTER "1"]   # YEARS

DOC64. In the years that you did this, how many months and/or weeks per year, on average, did you work in a room where other sources of radiation were being administered (such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)?   MONTHS/YR   WEEKS/YR

DOC65. On average, how many hours per week did you work in a room where any other sources of radiation were being administered (such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)?    # HOURS PER WEEK

	Y	N	REF	DK
DOC66. Which of the following sources of radiation were present where you worked? Was there...				
a. CAT scan .....	1	2	7	8
b. MRI.....	1	2	7	8
c. Radioactive isotopes or nuclides .....	1	2	7	8
d. Angiography .....	1	2	7	8
e. Any other radiation source.....	1	2	7	8

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

DOC67. Did you ever work within five feet of a patient while lasers or other electrosurgery devices were being used? YES ..... 1  
 NO ..... [GO TO DOC73] ..... 2  
 REF ..... [GO TO DOC73] ..... 7  
 DK ..... [GO TO DOC73] ..... 8

DOC68. How many years in total did you have a job where you did this (work within 5 feet of where lasers or other electrosurgery devices were being used)? # YEARS  
 [IF LESS THAN 1 YEAR, ENTER "1"]

DOC69. In the years that you did this, how many months and/or weeks per year, on average, did you do this? MONTHS/YR WEEKS/YR

DOC70. On average, about how many hours per week did you do this? # HOURS PER WEEK

DOC71. On average, how many procedures per week involving lasers or other electrosurgery devices were performed within 5 feet of you? #/WEEK

DOC72. Was surgical smoke exhausted outside the room? YES ..... 1  
 NO ..... 2

DOC73. Did you ever work in a clinical or research laboratory at least 5 hours per week for at least one month out of the year while working as a doctor or physician? YES ..... 1  
 NO ..... [GO TO DOC78] ..... 2  
 REF ..... [GO TO DOC78] ..... 7  
 DK ..... [GO TO DOC78] ..... 8

DOC74. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year in a laboratory)? # YEARS  
 [IF LESS THAN 1 YEAR, ENTER "1"]

DOC75. In the years that you did this, how many months and/or weeks per year, on average, did you work in a laboratory? MONTHS/YR WEEKS/YR

DOC76. On average, how many hours per week did you work in a laboratory? # HOURS PER WEEK

	Y	N	REF	DK
DOC77. While working in a laboratory, did you ever use any of the following? (Did you use...)				
a. Dyes, as a powder, paste or liquid. Does not include handling previously stained slides.....	1	2	7	8
b. Mercury. Does not include handling thermometers containing mercury .....	1	2	7	8
c. Solvents, such as benzene or trichloroethylene .....	1	2	7	8
d. Dioxane.....	1	2	7	8
e. Formaldehyde .....	1	2	7	8

DOC78. Did you ever mix chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year?

YES ..... 1  
NO ..... [GO TO DOC82] ..... 2  
REF..... [GO TO DOC82] ..... 7  
DK ..... [GO TO DOC82] ..... 8

DOC79. How many years in total did you work in a job where you did this (mixed chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year)?  
[IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

DOC80. In the years that you did this, how many months and/or weeks per year, on average, did you mix chemotherapy agents or anti-neoplastic drugs at least 5 times per week?

       
MONTHS/YR      WEEKS/YR

DOC81. On average, how many times per week did you mix chemotherapy agents or anti-neoplastic drugs?

# TIMES PER WEEK

DOC82. Did you ever purge IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year?

YES ..... 1  
NO ..... [GO TO DOC86] ..... 2  
REF..... [GO TO DOC86] ..... 7  
DK ..... [GO TO DOC86] ..... 8

DOC83. How many years in total did you work in a job where you did this (...purged IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year)?  
[IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

DOC84. In the years that you did this, how many months and/or weeks per year, on average, did you purge IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs at least 5 times per week?

       
MONTHS/YR      WEEKS/YR

DOC85. On average, how many times per week did you purge IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs?

# TIMES PER WEEK

DOC86. Did you ever perform injections, IV insertions, or phlebotomy at least 5 times per week?

YES ..... 1  
NO ..... [GO TO DOC90] ..... 2  
REF..... [GO TO DOC90] ..... 7  
DK ..... [GO TO DOC90] ..... 8

DOC87. How many years in total did you do this (perform injections, IV insertions, or phlebotomy at least 5 times per week)?  
[IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

DOC88. In the years that you did this, how many months and/or weeks per year, on average, did you do this?

       
MONTHS/YR      WEEKS/YR

DOC89. On average, how many times per week did you do this?

# TIMES PER WEEK

DOC90. About how many hours per week did you wear latex gloves, on average?

# HOURS PER WEEK

DOC91. About how many hours per week did you wear non-latex gloves, such as nitrile gloves, on average?

# HOURS PER WEEK

DOC92. Did you ever use talcum powder on your patients or in your gloves at least 5 times per week for at least one month out of the year?

YES ..... 1  
NO ..... [GO TO DOC96] ..... 2  
REF ..... [GO TO DOC96] ..... 7  
DK ..... [GO TO DOC96] ..... 8

DOC93. How many years in total did you do this (work in a job where you used talcum powder on your patients or in your gloves at least 5 times per week for at least one month out of the year)? [IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

DOC94. In the years that you did this, how many months and/or weeks per year, on average, did you use talcum powder at least 5 times per week?

MONTHS/YR

WEEKS/YR

DOC95. On average, how many times per week did you use talcum powder on your patients or in your gloves?

# TIMES PER WEEK

DOC96. Were you ever accidentally stuck with a needle or an instrument such as a scalpel that was contaminated with blood?

YES ..... 1  
NO ..... [GO TO DOC99] ..... 2  
REF ..... [GO TO DOC99] ..... 7  
DK ..... [GO TO DOC99] ..... 8

DOC97. How many times has this happened?

# TIMES

DOC98. Were you ever treated with drugs for HIV prevention?

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

DOC99. On average, how many times per week did you have contact with patients infected with hepatitis, HIV, or tuberculosis?

# TIMES PER WEEK

DOC100. How often were you tested for TB with a skin-prick test? Was it...

once per year..... 1  
once every few years ..... 2  
rarely or never..... 3

Thank you for answering these questions about your work as a doctor. Now I will ask questions about some other industries.

## LOOK-UP TABLE FOR MEDICAL SPECIALTIES:

Adult primary care  
Anesthesiology  
Audiology  
Cardiology  
Central processing  
Dental services  
Dermatology  
Ear, nose, and throat  
Emergency  
Endocrinology  
Family practice  
Gastroenterology  
Geriatrics  
Hematology  
HIV/AIDS clinic  
Home healthcare  
Hospice care  
Immunology  
Infectious disease  
Infusion therapy  
Intensive care  
Laboratory  
Long-term mental health  
Nephrology  
Neurology  
Nuclear medicine  
Nutrition  
Obstetrics/gynecology  
Occupational medicine  
Oncology  
Ophthalmology  
Optometry  
Orthopedics/sports medicine  
Pathology  
Pediatrics  
Pharmacy  
Physical/occupational therapy  
Psychiatry  
Podiatry  
Post-anesthesia care unit  
Pulmonary  
Radiology  
Research  
Respiratory care  
Rheumatology  
Sleep disorders  
Social work  
Surgery  
Urology  
Other (SPECIFY):

**SISTER STUDY JOB MODULE: DRY CLEANER**

DCM1. How many different full-time or part-time jobs have you had working in dry cleaning?

# JOBS

I am going to ask about some specific tasks that you may have done while working in dry cleaning.  
**<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:>** In answering these questions, please think about your overall experience in all of your jobs of this type.

DCM2. Did you spot clean clothes or other fabric items?

YES ..... 1  
 NO ..... [GO TO DCM3] ..... 2  
 REF..... [GO TO DCM3] ..... 7  
 DK ..... [GO TO DCM3] ..... 8

DCM2a. How many years in total did you do this for at least one month per year?

# YEARS

DCM2b. On average, how many months and/or weeks per year did you do this (...spot clean clothes or other fabric items)?

        
 MONTHS/YR      WEEKS/YR

DCM2c. On average, how many hours per week did you do this (...spot clean clothes or other fabric items)?

# HOURS PER WEEK

DCM2d. When you did spot cleaning, which of the following products did you usually use? Did you use...

	Y	N	REF	DK
a. ammonia	1	2	7	8
b. perchloroethylene or "perc"	1	2	7	8
c. tetrachloroethylene or "tetra"	1	2	7	8
d. trichloroethylene or "TCE"	1	2	7	8
e. carbon tetrachloride or "carbon tet"	1	2	7	8
f. stoddard solvent	1	2	7	8
g. petroleum distillates other than stoddard	1	2	7	8
h. paint, oil, grease remover or "POG"	1	2	7	8
i. gasoline	1	2	7	8
j. used something but don't know the name	1	2	7	8
k. used something else	1	2	7	8

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



DCM3. Did you ever...  [TASK]	DCM4. How many years in total did you do this for at least one month per year ?	DCM5. On average, how many months and/or weeks per year did you do this?	DCM6. On average, how many hours per week did you do this?
a. inspect dry cleaned clothes or other fabric items?	YES..... 1 NO[GO TO DCM3b]..2 REF[GO TO DCM3b] 7 DK[GO TO DCM3b]..8	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS      # MOS/YR    # WKS/YR	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS PER WEEK
b. press dry cleaned clothes or other fabric items?	YES..... 1 NO[GO TO DCM3c]..2 REF[GO TO DCM3c] 7 DK[GO TO DCM3c]..8	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS      # MOS/YR    # WKS/YR	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS PER WEEK
c. transfer dry cleaned clothes or other fabric items from the washer to the dryer? If the dry cleaning machines do the washing and drying in the same machine, the answer is “no.”	YES..... 1 NO[GO TO DCM3d]..2 REF[GO TO DCM3d] 7 DK[GO TO DCM3d]..8	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS      # MOS/YR    # WKS/YR	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS PER WEEK
d. transfer dry cleaning fluid (the cleaning chemicals) from a storage tank to a dry cleaning machine using a bucket or other container?	YES..... 1 NO[GO TO DCM3e]..2 REF[GO TO DCM3e] 7 DK[GO TO DCM3e]..8	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS      # MOS/YR    # WKS/YR	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS PER WEEK
e. maintain or repair dry cleaning equipment? This does not include cleaning the surface of the machines.	YES..... 1 NO[GO TO DCM3f] ..2 REF[GO TO DCM3f].7 DK[GO TO DCM3f] ..8	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS      # MOS/YR    # WKS/YR	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS PER WEEK
f. clean or maintain the dry cleaning fluid?	YES..... 1 NO[GO TO DCM3g]..2 REF[GO TO DCM3g] 7 DK[GO TO DCM3g]..8	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS      # MOS/YR    # WKS/YR	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS PER WEEK
g. add soap, bleaches, softeners, or other products to the washer or dryer?	YES..... 1 NO.....[*].....2 REF.....[*].....7 DK.....[*].....8	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS      # MOS/YR    # WKS/YR	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS PER WEEK

<\*IF DCM2 = NO AND ALL QUESTIONS DCM3 a-g = NO, GO TO CLOSING STATEMENT>

	Y	N	REF	DK
DCM7. Which of the following products were usually used in the dry cleaning machines? Was it..				
a. perchloroethylene or "perc".....	1	2	7	8
b. tetrachloroethylene or "tetra".....	1	2	7	8
c. trichloroethylene or "TCE".....	1	2	7	8
d. carbon tetrachloride or "carbon tet".....	1	2	7	8
e. stoddard solvent.....	1	2	7	8
f. petroleum distillates other than stoddard..	1	2	7	8
g. gasoline.....	1	2	7	8
h. used something but don't know the name	1	2	7	8
i. something else.....	1	2	7	8

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

DCM8. On average, how many times per day, per week, per month, or per year did you get any dry cleaning fluids on your bare hands?

--	--	--	--

TIMES

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

DCM9. While handling freshly dry cleaned clothes, or working with machines or cleaning chemicals, about how often did you wear chemically resistant gloves?

- Rarely or never..... 1
- Sometimes..... 2
- Half the time..... 3
- Most of the time..... 4
- Always..... 5

DCM10. While handling freshly dry cleaned clothes, or working with machines or cleaning chemicals, about how often did you wear a chemical cartridge respirator?

- Rarely or never..... 1
- Sometimes..... 2
- Half the time..... 3
- Most of the time..... 4
- Always..... 5

**CLOSING STATEMENT:**

Thank you for answering these questions about jobs you had working in dry cleaning. Now I will ask questions about some other industries.

**SISTER STUDY JOB MODULE: FACTORY WORKER**

FW1. How many different full-time or part-time jobs have you had working in factories?

--	--	--

# JOBS

FW2. While working in factories, did you work in the production area or personally take part in the production process?

YES..... 1  
 NO ..... [RETURN TO OC]..... 2  
 REF..... [RETURN TO OC]..... 7  
 DK ..... [RETURN TO OC]..... 8

**<BEGIN REPEATING RECORD – FACTORY TYPES>**

FW3. What was produced at the [*first/next*] factory that you worked in (where you worked in the production area or personally took part in the production process)?

\_\_\_\_\_ FACTORY TYPE

FW4. Did you work in any other factory?

YES..... [FW3] ..... 1  
 NO ..... 2

**<END REPEATING RECORD – FACTORY TYPES>**

FW5. What protective equipment or clothing did you usually wear during your time working in factories?

	YES	NO	REF	DK
a. chemical cartridge respirator .....	1	2	7	8
b. simple dust mask.....	1	2	7	8
c. gloves .....	1	2	7	8
d. goggles .....	1	2	7	8
e. hardhat or other protective headgear ...	1	2	7	8
f. other protective equipment.....	1	2	7	8
Please specify: _____				

**SISTER STUDY JOB MODULE: FARMING**

FM1. Did you live on the farm or farms where you did this farmwork? YES ..... 1  
 NO ..... [GO TO FM3]..... 2  
 REF..... [GO TO FM3]..... 7  
 DK ..... [GO TO FM3]..... 8

FM2. Did any of this farmwork take place on a farm that you did not live on? YES ..... 1  
 NO ..... [RETURN TO OC].... 2  
 REF..... [RETURN TO OC].... 7  
 DK ..... [RETURN TO OC].... 8

<IF YES TO FM2, READ THE FOLLOWING SCRIPT:> For these next questions please focus only on the farms where you were working but not living there.

FM3. How many farms have you worked on in total? |\_|\_|  
# FARMS

	Y	N	REF	DK
FM4. Which of the following were raised on the farm[s] where you worked?				
a. grains, such as wheat, corn, or rice .....	1	2	7	8
b. soybeans or other oilseeds .....	1	2	7	8
c. vegetables .....	1	2	7	8
d. orchard fruits, such as apples, grapes, or oranges.....	1	2	7	8
e. other fruits, such as berries or melons .....	1	2	7	8
f. cotton .....	1	2	7	8
g. tobacco.....	1	2	7	8
h. other cash crops .....	1	2	7	8

< IF NO TO ALL IN FM4 (a-h) — GO TO 20>

<ASK FM5a-5b ONLY IF FM3 (#FARMS) > 1; IF FM3 = 1, GO TO FM5c>

FM5a. About how many acres of crops were planted on the smallest of the farms you have worked on? Was it...  
 less than 5 acres ..... 1  
 5 to 9 acres..... 2  
 10 to 49 acres..... 3  
 50 to 199 acres..... 4  
 200 acres or more ..... 5

FM5b. About how many acres of crops were planted on the largest of the farms you have worked on? Was it...  
 less than 5 acres ..... 1  
 5 to 9 acres..... 2  
 10 to 49 acres..... 3  
 50 to 199 acres..... 4  
 200 acres or more ..... 5

FM5c. About how many acres of crops were planted, on average, on the farm[s] where you worked? Was it...  
 less than 5 acres ..... 1  
 5 to 9 acres..... 2  
 10 to 49 acres..... 3  
 50 to 199 acres..... 4  
 200 acres or more ..... 5

FM6. Were pesticides ever used on the crops grown on [*this farm/any of these farms*]? Pesticides include insecticides, herbicides, fungicides and fumigants.  
 YES ..... 1  
 NO ..... [GO TO FM13]..... 2  
 REF..... [GO TO FM13]..... 7  
 DK ..... [GO TO FM13]..... 8

FM7. Did you ever...	FM8. For how many years in total did you do this for any part of the year?	FM9. On average, about how many days per year did you do this? (year = 365 days)
a. personally mix any pesticides at [ <i>this farm /any of these farms</i> ], or help others do the mixing?	YES..... 1 NO [GO TO FM7b]2 REF[GO TO FM7b]7 DK [GO TO FM7b]8  # YEARS	# DAYS PER YEAR
b. personally load pesticides at [ <i>this farm any of these farms</i> ]?	YES..... 1 NO [GO TO FM7c]2 REF[GO TO FM7c]7 DK [GO TO FM7c]8  # YEARS	# DAYS PER YEAR
c. personally apply pesticides at [ <i>this farm any of these farms</i> ]?	YES..... 1 NO [GO TO FM7d]2 REF[GO TO FM7d]7 DK [GO TO FM7d]8  # YEARS	# DAYS PER YEAR
d. clean or help clean the pesticide mixing or application equipment used on [ <i>this farm/these farms</i> ]?	YES..... 1 NO..... [*] ..... 2 REF..... [*] ..... 7 DK..... [*] ..... 8  # YEARS	# DAYS PER YEAR

<\* IF NO TO ALL IN FM7 (a, b, c, d) — GO TO FM13>

	Y	N	REF	DK
FM10. When you mixed, loaded, or applied pesticides, or cleaned pesticide equipment at [ <i>this farm/these farms</i> ], did you <u>usually</u> wear any of the following protective items? (By usually we mean most of the time.) Did you <u>usually</u> wear... [IF 'R' SAYS "ONLY SOMETIMES" OR "RARELY" CODE AS NO]				
a. chemically resistant gloves .....	1	2	7	8
b. other gloves, such as cloth or leather .....	1	2	7	8
c. respirator or gas mask.....	1	2	7	8
d. dust mask .....	1	2	7	8
e. goggles or a face shield.....	1	2	7	8
f. a hat.....	1	2	7	8
g. long sleeves <u>and</u> long pants .....	1	2	7	8
h. chemically resistant boots.....	1	2	7	8
i. an apron .....	1	2	7	8
j. chemically resistant disposable outer clothing, such as a Tyvek suit.....	1	2	7	8

FM11. Did you ever get an unusually high amount of pesticides on your skin or clothing while mixing, loading, or applying pesticides, or repairing pesticide equipment, for example, from a spill or a break in a hose?

YES ..... 1  
NO .....[GO TO FM13]..... 2  
REF.....[GO TO FM13]..... 7  
DK .....[GO TO FM13]..... 8

FM12. How many times did this happen in total?

# TIMES

FM13. Did you ever work in the fields at [*this farm/any of these farms*]?

YES ..... 1  
NO .....[GO TO FM17]..... 2  
REF.....[GO TO FM17]..... 7  
DK .....[GO TO FM17]..... 8

FM14. For how many years did you work in the fields for any part of the year at [*this farm/these farms*]?

# YEARS

FM15. On average, about how many days per week, per month, or per year did you work in the fields?

# DAYS

PER WEEK ..... [GO TO FM15a]1  
PER MONTH ... [GO TO FM15b]2  
PER YEAR ..... [GO TO FM16]3

FM15a. How many weeks per year did you work in the fields?

# WEEKS  
<GO TO FM16>

FM15b. How many months per year did you work in the fields?

# MONTHS

FM16. On average, about how many hours per day did you work in the fields?

# HOURS PER DAY

<IF FM6 = NO (PESTICIDES NOT USED) — GO TO FM19x>

FM17. Were you ever present in the fields at the same time or on the same day as when pesticides were being applied to the crops?

YES ..... 1  
NO ..... [GO TO FM19x]..... 2  
REF..... [GO TO FM19x]..... 7  
DK ..... [GO TO FM19x]..... 8

FM18. How many years in total did this happen, even just once?

# YEARS

FM19. About how many days per year did this happen?

# DAYS PER YEAR

FM19x. Were chemical fertilizers ever used on the farm[s] where you worked?

YES ..... 1  
NO ..... [GO TO FM19x1]..... 2  
REF..... [GO TO FM19x1]..... 7  
DK ..... [GO TO FM19x1]..... 8

FM19xa. Did you ever personally apply chemical fertilizers at the farm[s] where you worked?

YES ..... 1  
NO ..... [GO TO FM19x1]..... 2  
REF..... [GO TO FM19x1]..... 7  
DK ..... [GO TO FM19x1]..... 8

FM19xb. For how many years in total did you do this for any part of the year?

# YEARS

FM19xc. On average, about how many days per year did you do this?

# DAYS PER YEAR

FM19x1. Were natural fertilizers, such as manure, ever used on the farm[s] where you worked?

YES ..... 1  
 NO ..... [GO TO FM20] ..... 2  
 REF ..... [GO TO FM20] ..... 7  
 DK ..... [GO TO FM20] ..... 8

FM19x1a. Did you ever personally apply natural fertilizers at the farm[s] where you worked?

YES ..... 1  
 NO ..... [GO TO FM20] ..... 2  
 REF ..... [GO TO FM20] ..... 7  
 DK ..... [GO TO FM20] ..... 8

FM19x1b. For how many years in total did you do this for any part of the year?

# YEARS

FM19x1c. On average, about how many days per year did you do this?

# DAYS PER YEAR

<p style="text-align: center;">FM20. Were [animal] raised on the farm where you worked?</p>	<p style="text-align: center;">FM21. On average, about how many [animal] were kept at [this farm/these farms]? Was it...</p>
<p>a. poultry birds, such as chickens, turkeys, and so forth</p> <p>YES ..... 1            NO. [GO TO FM20b]. 2            REF [GO TO FM20b]. 7            DK. [GO TO FM20b]. 8</p>	<p>1 to 24 ..... 1            25 to 49 ..... 2            50 to 99 ..... 3            100 to 399..... 4            400 or more ..... 5            REF ..... 7            DK..... 8</p>
<p>b. beef or dairy cows</p> <p>YES ..... 1            NO. [GO TO FM20c]. 2            REF [GO TO FM20c]. 7            DK. [GO TO FM20c]. 8</p>	<p>1 to 9 ..... 01            10 to 19 ..... 02            20 to 49 ..... 03            50 to 99 ..... 04            100 to 199..... 05            200 or more ..... 06            REF ..... 97            DK..... 98</p>
<p>c. hogs or pigs</p> <p>YES ..... 1            NO. [GO TO FM20d]. 2            REF [GO TO FM20d]. 7            DK. [GO TO FM20d]. 8</p>	<p>1 to 24 ..... 1            25 to 49 ..... 2            50 to 99 ..... 3            100 to 199..... 4            200 or more ..... 5            REF ..... 7            DK..... 8</p>
<p>d. other livestock</p> <p>YES ..... 1            NO..... [*] ..... 2            REF ..... [*] ..... 7            DK..... [*] ..... 8</p>	<p>1 to 24 ..... 1            25 to 49 ..... 2            50 to 99 ..... 3            100 to 199..... 4            200 or more ..... 5            REF ..... 7            DK..... 8</p>

<\* IF NO TO ALL IN FM20 (a-d) — GO TO CLOSING STATEMENT>

FM22. Did you feed, clean, herd, milk, shear, slaughter,  
or have any other contact with livestock on  
[*this farm/any of these farms*]?

YES ..... 1  
NO ..... [GO TO CLOSING]... 2  
REF..... [GO TO CLOSING]... 7  
DK ..... [GO TO CLOSING]... 8

FM23. Were livestock animals, or the buildings where  
livestock were kept ever treated with pesticides?

YES ..... 1  
NO ..... [GO TO CLOSING]... 2  
REF..... [GO TO CLOSING]... 7  
DK ..... [GO TO CLOSING]... 8

FM24. Did you personally apply pesticides to the animals  
or buildings where livestock were kept?

YES ..... 1  
NO ..... [GO TO CLOSING]... 2  
REF..... [GO TO CLOSING]... 7  
DK ..... [GO TO CLOSING]... 8

FM25. For how many years in total did you personally  
apply pesticides to the animals or buildings where  
livestock were kept, for any part of the year?

| | |  
# YEARS

FM26. On average, about how many days per year  
did you apply the pesticides?

| | | |  
# DAYS PER YEAR

		Y	N	REF	DK
FM27. When you applied pesticides to the animals or buildings where livestock were kept at [ <i>this farm/ these farms</i> ], did you <u>usually</u> wear any of the following? Did you <u>usually</u> wear...	a. chemically resistant gloves .....	1	2	7	8
	b. other gloves, such as cloth or leather .....	1	2	7	8
	c. respirator or gas mask .....	1	2	7	8
	d. dust mask .....	1	2	7	8
	e. goggles .....	1	2	7	8
	f. a hat .....	1	2	7	8
	g. long sleeves <u>and</u> long pants .....	1	2	7	8
	h. chemically resistant boots .....	1	2	7	8
	i. an apron .....	1	2	7	8
	j. chemically resistant disposable outer clothing, such as a Tyvek suit.....	1	2	7	8

FM28. Did you ever get an unusually high amount  
of pesticides on your skin or clothing while  
applying pesticides to the animals or buildings  
where livestock were kept at [*this farm/these farms*]?

YES ..... 1  
NO ..... [GO TO CLOSING]... 2  
REF..... [GO TO CLOSING]... 7  
DK ..... [GO TO CLOSING]... 8

FM29. How many times did this happen in total?

| | |  
# TIMES

Thank you for answering these questions about your farmwork. Now I will ask questions about some other industries.  
<RETURN TO SECTION OC>



**SISTER STUDY JOB MODULE: HAIRDRESSER, BARBER, ASSISTANT IN BEAUTY SALON**

HM1. How many different full-time or part-time jobs have you had working as a hairdresser, barber or assistant in a beauty salon or barbershop?  
[DO NOT INCLUDE NAIL CARE.]

|\_|\_|  
# JOBS

I am going to ask about some specific tasks that you may have done working as a hairdresser or assistant in a barbershop or beauty salon. <IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:> In answering these questions, please think about your overall experience in all of your jobs of this type.

HM2. On average, how many female customers did you personally have per week?

|\_|\_|\_|  
# FEMALE

HM3. On average, how many male customers did you personally have per week?

|\_|\_|\_|  
# MALE

HM4. Did you ever...  [TASK]	HM5. How many years and or months in total did you [TASK]?	HM6. On average, about how many times per day, week, month or year did you [TASK]?	HM7. About how often did you use dark colors such as black, brown, auburn, or dark red? Would you say...	HM7x. About how often did you use light colors such as blonde, light red, gray, or silver? Would you say...
a. color or dye hair using <u>permanent</u> hair coloring products? YES ..... 1 NO. [HM4b]2 REF [HM4b]7 DK. [HM4b]8	_ _  #YEARS   _ _  #MONTHS	_ _ _  #TIMES PER  DAY ..... 1 WEEK ..... 2 MONTH ..... 3 YEAR ..... 4 TOTAL ..... 5	rarely or never ..... 1 sometimes ..... 2 about half the time ..... 3 most of the time ..... 4 always ..... 5	rarely or never ..... 1 sometimes ..... 2 about half the time ..... 3 most of the time ..... 4 always ..... 5
b. color or dye hair using <u>semi-permanent</u> hair coloring products? YES ..... 1 NO. [HM4c]2 REF [HM4c]7 DK. [HM4c]8	_ _  #YEARS   _ _  #MONTHS	_ _ _  #TIMES PER  DAY ..... 1 WEEK ..... 2 MONTH ..... 3 YEAR ..... 4 TOTAL ..... 5	rarely or never ..... 1 sometimes ..... 2 about half the time ..... 3 most of the time ..... 4 always ..... 5	rarely or never ..... 1 sometimes ..... 2 about half the time ..... 3 most of the time ..... 4 always ..... 5
c. color or dye hair using <u>temporary</u> hair coloring products? YES ..... 1 NO. [HM8a]2 REF [HM8a]7 DK. [HM8a]8	_ _  #YEARS   _ _  #MONTHS	_ _ _  #TIMES PER  DAY ..... 1 WEEK ..... 2 MONTH ..... 3 YEAR ..... 4 TOTAL ..... 5	rarely or never ..... 1 sometimes ..... 2 about half the time ..... 3 most of the time ..... 4 always ..... 5	rarely or never ..... 1 sometimes ..... 2 about half the time ..... 3 most of the time ..... 4 always ..... 5

HM8. Did you ever...  [TASK]	HM9. How many years and or months in total did you [TASK]?	HM10. On average, about how many times per day, week, month or year did you [TASK]?
a. shampoo hair?  YES ..... 1 NO [GO TO HM8b] 2 REF [GO TO HM8b] 7 DK [GO TO HM8b] 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS    #MONTHS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY..... 1 WEEK..... 2 #TIMES PER MONTH..... 3 YEAR ..... 4 TOTAL ..... 5
b. bleach hair?  YES ..... 1 NO [GO TO HM8c] 2 REF [GO TO HM8c] 7 DK [GO TO HM8c] 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS    #MONTHS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY..... 1 WEEK..... 2 #TIMES PER MONTH..... 3 YEAR ..... 4 TOTAL ..... 5
c. perm hair?  YES ..... 1 NO [GO TO HM8d] 2 REF [GO TO HM8d] 7 DK [GO TO HM8d] 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS    #MONTHS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY..... 1 WEEK..... 2 #TIMES PER MONTH..... 3 YEAR ..... 4 TOTAL ..... 5
d. straighten hair using chemicals?  YES ..... 1 NO [GO TO HM8e] 2 REF [GO TO HM8e] 7 DK [GO TO HM8e] 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS    #MONTHS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY..... 1 WEEK..... 2 #TIMES PER MONTH..... 3 YEAR ..... 4 TOTAL ..... 5
e. use hairspray?  YES ..... 1 NO [GO TO HM8f] 2 REF [GO TO HM8f] 7 DK [GO TO HM8f] 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS    #MONTHS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY..... 1 WEEK..... 2 #TIMES PER MONTH..... 3 YEAR ..... 4 TOTAL ..... 5
f. use talcum powder on your customers or put it in your gloves?  YES ..... 1 NO [GO TO HM11] 2 REF [GO TO HM11] 7 DK [GO TO HM11] 8	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> #YEARS    #MONTHS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> DAY..... 1 WEEK..... 2 #TIMES PER MONTH..... 3 YEAR ..... 4 TOTAL ..... 5

HM11. What did you usually use to disinfect combs and brushes? Did you use...		Y	N	REF	DK
a. Barbicide solution.....	1	2	7	8	
b. Alcohol solution.....	1	2	7	8	
c. Chlorine solution .....	1	2	7	8	
d. Lysol solution .....	1	2	7	8	
e. Formaldehyde solution .....	1	2	7	8	
f. used something but don't know the name	1	2	7	8	
g. something else .....	1	2	7	8	
SPECIFY: _____					

HM12. About how often did you wear gloves while handling chemicals other than dyes? Would you say...

- rarely or never..... 1
- sometimes ..... 2
- about half the time ..... 3
- most of the time ..... 4
- always ..... 5

Thank you for answering these questions about your work in a beauty salon or barbershop. Now I will ask about some other industries. **<RETURN TO CATI>**

*National Institute of Environmental Health Science / National Institutes of Health / Department of Health and Human Services*

**SISTER STUDY JOB MODULE: LABORATORY TECHNICIAN**

LT1. Did you ever work in...		LT2. How many different full-time or part-time jobs have you had working in [PLACE]	LT3. About how many years and/or months in total did you work there ([PLACE])?	
a. an animal lab?	YES .....1 NO ..... [LT1b].....2 REF ..... [LT1b].....7 DK ..... [LT1b].....8	_ _  # JOBS	_ _  #YEARS	_ _  #MONTHS
b. a molecular biology or genetics lab?	YES .....1 NO ..... [LT1c].....2 REF ..... [LT1c].....7 DK ..... [LT1c].....8	_ _  # JOBS	_ _  #YEARS	_ _  #MONTHS
c. a medical or clinical lab?	YES .....1 NO ..... [LT1d].....2 REF ..... [LT1d].....7 DK ..... [LT1d].....8	_ _  # JOBS	_ _  #YEARS	_ _  #MONTHS
d. a nuclear or radiation lab?	YES .....1 NO ..... [LT1e].....2 REF ..... [LT1e].....7 DK ..... [LT1e].....8	_ _  # JOBS	_ _  #YEARS	_ _  #MONTHS
e. an organic chemistry lab?	YES .....1 NO ..... [LT1f].....2 REF ..... [LT1f].....7 DK ..... [LT1f].....8	_ _  # JOBS	_ _  #YEARS	_ _  #MONTHS
f. an inorganic chemistry lab?	YES .....1 NO ..... [LT4].....2 REF ..... [LT4].....7 DK ..... [LT4].....8	_ _  # JOBS	_ _  #YEARS	_ _  #MONTHS

**<ASK LT4 – LT23 ONLY IF LT1a = YES>**

First I'll ask about your work in animal labs.

LT4. While working in an animal lab, did you ever collect blood or other tissue samples? YES..... 1  
NO ..... [GO TO LT8] ..... 2  
REF ..... [GO TO LT8] ..... 7  
DK ..... [GO TO LT8] ..... 8

LT5. How many years in total did you work in a (animal lab) job where you did this (collected blood or other tissue samples)? |\_|\_|  
#YEARS

LT6. In the years that you did this, how many months and/or weeks per year on average did you work in a (animal lab) job where you did this (collected blood or other tissue samples)? |\_|\_| MONTHS/YR |\_|\_| WEEKS/YR

LT7. On average, how many times per week did you do this (collected blood or other tissue samples)? |\_|\_|\_|  
# TIMES PER WEEK

- LT8. While working in an animal lab, did you ever apply topical analgesics or topical anesthetics, or salves on the animals?
- YES..... 1  
 NO ..... [GO TO LT12] ..... 2  
 REF..... [GO TO LT12] ..... 7  
 DK ..... [GO TO LT12] ..... 8
- LT9. How many years in total did you work in a (animal lab) job where you did this (applied topical analgesics. topical anesthetics, salves)?
- #YEARS
- LT10. In the years that you did this, how many months and/or weeks per year on average did you work in a (animal lab) job where you did this (applied topical analgesics. topical anesthetics, salves)?
- MONTHS/YR      WEEKS/YR
- LT11. On average, how many hours per week did you do this (applied topical analgesics. topical anesthetics, salves)?
- # HOURS PER WEEK
- LT12. While working in an animal lab, did you ever administer sedatives by injection?
- YES..... 1  
 NO ..... [GO TO LT16] ..... 2  
 REF..... [GO TO LT16] ..... 7  
 DK ..... [GO TO LT16] ..... 8
- LT13. How many years in total did you work in a (animal lab) job where you did this (administered sedatives by injection)?
- #YEARS
- LT14. In the years that you did this, how many months and/or weeks per year on average did you work in a (animal lab) job where you did this (administered sedatives by injection)?
- MONTHS/YR      WEEKS/YR
- LT15. On average, how many times per week did you do this (administered sedatives by injection)?
- # TIMES PER WEEK
- LT16. While working in an animal lab, did you ever personally administer anesthetic gases?
- YES..... 1  
 NO ..... [GO TO LT20] ..... 2  
 REF..... [GO TO LT20] ..... 7  
 DK ..... [GO TO LT20] ..... 8
- LT17. How many years in total did you work in a (animal lab) job where you did this (administered anesthetic gases)?
- #YEARS

LT18. In the years that you did this, how many months and/or weeks per year on average did you work in a (animal lab) job where you did this (administered anesthetic gases)?

       
MONTHS/YR      WEEKS/YR

LT19. On average, how many hours per week did you do this (administered anesthetic gases)?

# HOURS PER WEEK

LT20. While working in an animal lab, did you ever clean and sterilize cages or floors?

YES..... 1  
NO ..... [GO TO LT23] ..... 2  
REF..... [GO TO LT23] ..... 7  
DK ..... [GO TO LT23] ..... 8

LT21. How many years in total did you work in a (animal lab) job where you did this (cleaned cages or floors)?

#YEARS

LT22. In the years that you did this, how many months and/or weeks per year on average did you work in a (animal lab) job where you did this (cleaned cages or floors)?

       
MONTHS/YR      WEEKS/YR

LT23. On average, how many hours per week did you do this (cleaned cages or floors)?

# HOURS PER WEEK

<ASK LT24 – LT67 ONLY IF LT1b = YES>

Next, I will ask about your work in molecular biology or genetics labs.

LT24. While working in a molecular biology or genetics lab, did you ever perform DNA purification?

YES..... 1  
NO ..... [GO TO LT28] ..... 2  
REF..... [GO TO LT28] ..... 7  
DK ..... [GO TO LT28] ..... 8

LT25. How many years in total did you work in a (laboratory) job where you did this (perform DNA purification)?

#YEARS

LT26. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (perform DNA purification)?

       
MONTHS/YR      WEEKS/YR

LT27. On average, how many hours per week did you do this (perform DNA purification)?

# HOURS PER WEEK

LT28. While working in a molecular biology or genetics lab, did you ever perform DNA extraction?

YES..... 1  
NO ..... [GO TO LT32] ..... 2  
REF..... [GO TO LT32] ..... 7  
DK ..... [GO TO LT32] ..... 8

LT29. How many years in total did you work in a (laboratory) job where you did this (perform DNA extraction)?

#YEARS

LT30. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (perform DNA extraction)?

       
MONTHS/YR      WEEKS/YR

LT31. On average, how many hours per week did you do this (perform DNA extraction)?

# HOURS PER WEEK

LT32. While working in a molecular biology or genetics lab, did you ever perform DNA ligation and transformation?

YES..... 1  
NO ..... [GO TO LT36] ..... 2  
REF..... [GO TO LT36] ..... 7  
DK ..... [GO TO LT36] ..... 8

LT33. How many years in total did you work in a (laboratory) job where you did this (perform DNA ligation and transformation)?

#YEARS

LT34. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (perform DNA ligation and transformation)?

       
MONTHS/YR      WEEKS/YR

LT35. On average, how many hours per week did you do this (perform DNA ligation and transformation)?

# HOURS PER WEEK

LT36. While working in a molecular biology or genetics lab, did you ever perform Southern and/or Northern blotting?

YES..... 1  
NO ..... [GO TO LT40] ..... 2  
REF..... [GO TO LT40] ..... 7  
DK ..... [GO TO LT40] ..... 8

LT37. How many years in total did you work in a (laboratory) job where you did this (perform Southern and/or Northern blotting)?

#YEARS

LT38. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (perform Southern and/or Northern blotting)?

       
MONTHS/YR      WEEKS/YR

LT39. On average, how many hours per week did you do this (perform Southern and/or Northern blotting)?

# HOURS PER WEEK

LT40. Did you ever perform DNA sequencing (while working in a molecular biology or genetics lab)?

YES..... 1  
NO ..... [GO TO LT44] ..... 2  
REF..... [GO TO LT44] ..... 7  
DK ..... [GO TO LT44] ..... 8

LT41. How many years in total did you work in a (laboratory) job where you did this (perform DNA sequencing)?

#YEARS

LT42. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (perform DNA sequencing)?

       
MONTHS/YR      WEEKS/YR

LT43. On average, how many hours per week did you do this (perform DNA sequencing)?

# HOURS PER WEEK

LT44. While working in a molecular biology or genetics lab, did you ever perform protein electrophoresis (running gels and staining gels)?

YES..... 1  
NO ..... [GO TO LT48] ..... 2  
REF..... [GO TO LT48] ..... 7  
DK ..... [GO TO LT48] ..... 8

LT45. How many years in total did you work in a (laboratory) job where you did this (perform protein electrophoresis)?

#YEARS

LT46. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (perform protein electrophoresis)?

       
MONTHS/YR      WEEKS/YR

LT47. On average, how many hours per week did you do this (perform protein electrophoresis)?

# HOURS PER WEEK



LT48. Did you ever perform polymerase chain reactions (PCR) (while working in a molecular biology or genetics lab)?

YES..... 1  
NO ..... [GO TO LT52] ..... 2  
REF..... [GO TO LT52] ..... 7  
DK ..... [GO TO LT52] ..... 8

LT49. How many years in total did you work in a (laboratory) job where you did this (perform polymerase chain reaction (PCR))?

#YEARS

LT50. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (perform polymerase chain reaction (PCR))?

MONTHS/YR        
WEEKS/YR

LT51. On average, how many hours per week did you do this (perform polymerase chain reaction (PCR))?

# HOURS PER WEEK

LT52. Did you ever perform enzyme-linked immunosorbent assays (ELISA) (while working in a molecular biology or genetics lab)?

YES..... 1  
NO ..... [GO TO LT56] ..... 2  
REF..... [GO TO LT56] ..... 7  
DK ..... [GO TO LT56] ..... 8

LT53. How many years in total did you work in a (laboratory) job where you did this (perform enzyme-linked immunosorbent assays (ELISA))?

#YEARS

LT54. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (perform enzyme-linked immunosorbent assays (ELISA))?

MONTHS/YR        
WEEKS/YR

LT55. On average, how many hours per week did you do this (perform enzyme-linked immunosorbent assays (ELISA))?

# HOURS PER WEEK

LT56. Did you ever perform Western blotting (while working in a molecular biology or genetics lab)?

YES..... 1  
NO ..... [GO TO LT60] ..... 2  
REF..... [GO TO LT60] ..... 7  
DK ..... [GO TO LT60] ..... 8

LT57. How many years in total did you work in a (laboratory) job where you did this (perform Western blotting)?

#YEARS

LT58. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (perform Western blotting)?

       
MONTHS/YR      WEEKS/YR

LT59. On average, how many hours per week did you do this (perform Western blotting)?

# HOURS PER WEEK

LT60. Did you ever run cell cultures (while working in a molecular biology or genetics lab)?

YES..... 1  
NO ..... [GO TO LT64] ..... 2  
REF..... [GO TO LT64] ..... 7  
DK ..... [GO TO LT64] ..... 8

LT61. How many years in total did you work in a (laboratory) job where you did this (ran cell cultures)?

#YEARS

LT62. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (ran cell cultures)?

       
MONTHS/YR      WEEKS/YR

LT63. On average, how many hours per week did you do this (ran cell cultures)?

# HOURS PER WEEK

LT64. Did you ever use radioisotopes while working in a molecular biology or genetics lab?

YES..... 1  
NO ..... [GO TO LT68] ..... 2  
REF..... [GO TO LT68] ..... 7  
DK ..... [GO TO LT68] ..... 8

LT65. How many years in total did you work in a (laboratory) job where you did this (use radioisotopes)?

#YEARS

LT66. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (use radioisotopes)?

       
MONTHS/YR      WEEKS/YR

LT67. On average, how many hours per week did you do this (use radioisotopes)?

# HOURS PER WEEK

<ASK LT68 – LT91 ONLY IF LT1c = YES>

Next, I will ask about your work in medical or clinical labs.

LT68. While working in a medical or clinical lab, did you ever perform phlebotomy (draw blood)?

YES..... 1  
NO ..... [GO TO LT72] ..... 2  
REF..... [GO TO LT72] ..... 7  
DK ..... [GO TO LT72] ..... 8

LT69. How many years in total did you work in a (medical or clinical lab) job where you did this (performed phlebotomy)?

#YEARS

LT70. In the years that you did this, how many months and/or weeks per year on average did you work in a (medical or clinical lab) job where you did this (performed phlebotomy)?

       
MONTHS/YR      WEEKS/YR

LT71. On average, how many times per week did you do this (performed phlebotomy)?

# TIMES PER WEEK

LT72. While working in a medical or clinical lab, did you ever perform hematology procedures, such as blood counts, hemoglobin, hematocrit, and so on?

YES..... 1  
NO ..... [GO TO LT76] ..... 2  
REF..... [GO TO LT76] ..... 7  
DK ..... [GO TO LT76] ..... 8

LT73. How many years in total did you work in a (medical or clinical lab) job where you did this (performed hematology procedures)?

#YEARS

LT74. In the years that you did this, how many months and/or weeks per year on average did you work in a (medical or clinical lab) job where you did this (performed hematology procedures)?

       
MONTHS/YR      WEEKS/YR

LT75. On average, how many hours per week did you do this (performed hematology procedures)?

# HOURS PER WEEK

LT76. While working in a medical or clinical lab, did you ever perform electrophoresis (running gels)?

YES..... 1  
NO ..... [GO TO LT80] ..... 2  
REF..... [GO TO LT80] ..... 7  
DK ..... [GO TO LT80] ..... 8

LT77. How many years in total did you work in a (medical or clinical lab) job where you did this (performed electrophoresis)?

#YEARS

LT78. In the years that you did this, how many months and/or weeks per year on average did you work in a (medical or clinical lab) job where you did this (performed electrophoresis)?

       
MONTHS/YR      WEEKS/YR

LT79. On average, how many hours per week did you do this (performed electrophoresis)?

# HOURS PER WEEK

LT80. While working in a medical or clinical lab, did you ever perform Western blotting?

YES..... 1  
NO ..... [GO TO LT84] ..... 2  
REF..... [GO TO LT84] ..... 7  
DK ..... [GO TO LT84] ..... 8

LT81. How many years in total did you work in a (medical or clinical lab) job where you did this (performed Western blotting)?

#YEARS

LT82. In the years that you did this, how many months and/or weeks per year on average did you work in a (medical or clinical lab) job where you did this (performed Western blotting)?

       
MONTHS/YR      WEEKS/YR

LT83. On average, how many hours per week did you do this (performed Western blotting)?

# HOURS PER WEEK

LT84. Did you ever perform enzyme-linked immunosorbent assays (ELISA) (while working in a medical or clinical lab)?

YES..... 1  
NO ..... [GO TO LT88] ..... 2  
REF..... [GO TO LT88] ..... 7  
DK ..... [GO TO LT88] ..... 8

LT85. How many years in total did you work in a (medical or clinical lab) job where you did this (perform enzyme-linked immunosorbent assays (ELISA))?

#YEARS

LT86. In the years that you did this, how many months and/or weeks per year on average did you work in a (medical or clinical lab) job where you did this (perform enzyme-linked immunosorbent assays (ELISA))?

       
MONTHS/YR      WEEKS/YR

LT87. On average, how many hours per week did you do this (perform enzyme-linked immunosorbent assays (ELISA))?

# HOURS PER WEEK

LT88. While working in a medical or clinical lab, did you ever perform histology procedures, such as tissue preservation, staining, and so on?

YES..... 1  
NO ..... [GO TO LT92] ..... 2  
REF..... [GO TO LT92] ..... 7  
DK ..... [GO TO LT92] ..... 8

LT89. How many years in total did you work in a (medical or clinical lab) job where you did this (performed histology procedures)?

#YEARS

LT90. In the years that you did this, how many months and/or weeks per year on average did you work in a (medical or clinical lab) job where you did this (performed histology procedures)?

       
MONTHS/YR      WEEKS/YR

LT91. On average, how many hours per week did you do this (performed histology procedures)?

# HOURS PER WEEK

<ASK LT92 – LT ONLY IF LT1d = YES>

Next, I will ask about your work in nuclear or radiation labs.

LT92. While working in a nuclear or radiation lab, did you ever use liquid scintillation detectors?

YES..... 1  
NO ..... [GO TO LT96] ..... 2  
REF..... [GO TO LT96] ..... 7  
DK ..... [GO TO LT96] ..... 8

LT93. How many years in total did you work in a (nuclear or radiation lab) job where you did this (used liquid scintillation detectors)?

#YEARS

LT94. In the years that you did this, how many months and/or weeks per year on average did you work in a (nuclear or radiation lab) job where you did this (used liquid scintillation detectors)?

       
MONTHS/YR      WEEKS/YR

LT95. On average, how many hours per week did you do this (used liquid scintillation detectors)?

# HOURS PER WEEK

LT96. While working in a nuclear or radiation lab, did you ever develop or process photographic film?

YES..... 1  
NO ..... [GO TO LT100] ..... 2  
REF..... [GO TO LT100] ..... 7  
DK ..... [GO TO LT100] ..... 8

LT97. How many years in total did you work in a (nuclear or radiation lab) job where you did this (developed or processed photographic film)?

#YEARS

LT98. In the years that you did this, how many months and/or weeks per year on average did you work in a (nuclear or radiation lab) job where you did this (developed or processed photographic film)?

       
MONTHS/YR      WEEKS/YR

LT99. On average, how many hours per week did you do this (developed or processed photographic film)?

# HOURS PER WEEK

LT100. While working in a nuclear or radiation lab, did you ever calibrate instruments with a radioactive source?

YES..... 1  
NO ..... [GO TO LT104] ..... 2  
REF..... [GO TO LT104] ..... 7  
DK ..... [GO TO LT104] ..... 8

LT101. How many years in total did you work in a (nuclear or radiation lab) job where you did this (calibrated instruments with a radioactive source)?

#YEARS

LT102. In the years that you did this, how many months and/or weeks per year on average did you work in a (nuclear or radiation lab) job where you did this (calibrated instruments with a radioactive source)?

       
MONTHS/YR      WEEKS/YR

LT103. On average, how many hours per week did you do this (calibrated instruments with a radioactive source)?

# HOURS PER WEEK

LT104. While working in a nuclear or radiation lab, did you ever use wipe samples to test for radioactivity?

YES..... 1  
NO ..... [GO TO LT108] ..... 2  
REF..... [GO TO LT108] ..... 7  
DK ..... [GO TO LT108] ..... 8

LT105. How many years in total did you work in a (nuclear or radiation lab) job where you did this (used wipe samples to test for radioactivity)?

#YEARS

LT106. In the years that you did this, how many months and/or weeks per year on average did you work in a (nuclear or radiation lab) job where you did this (used wipe samples to test for radioactivity)?

       
MONTHS/YR      WEEKS/YR

LT107. On average, how many times per week did you do this (used wipe samples to test for radioactivity)?

# TIMES PER WEEK

<ASK LT108 – LT FOR EVERYONE>

LT108. Thinking about all the labs you have worked in, did you ever prepare stains and reagents?

YES..... 1  
 NO ..... [GO TO LT112] ..... 2  
 REF..... [GO TO LT112] ..... 7  
 DK ..... [GO TO LT112] ..... 8

LT109. How many years in total did you work in a (medical or clinical lab) job where you did this (prepared stains and reagents)?

#YEARS

LT110. In the years that you did this, how many months and/or weeks per year on average did you work in a (medical or clinical lab) job where you did this (prepared stains and reagents)?

MONTHS/YR      WEEKS/YR

LT111. On average, how many hours per week did you do this (prepared stains and reagents)?

# HOURS PER WEEK

LT112. Thinking about all the labs you have worked in, did you ever use solvents at least one hour per week on average?

YES..... 1  
 NO ..... [GO TO LT117] ..... 2  
 REF..... [GO TO LT117] ..... 7  
 DK ..... [GO TO LT117] ..... 8

LT113. How many years in total did you work in a (laboratory) job where you did this (use solvents)?

#YEARS

LT114. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (use solvents)?

MONTHS/YR      WEEKS/YR

LT115. On average, how many hours per week did you do this (use solvents)?

# HOURS PER WEEK

	Y	N	REF	DK
LT116. Which of the following solvents have you commonly used in your work in organic or inorganic chemistry labs?				
a. ethanol .....	1	2	7	8
b. methylene chloride.....	1	2	7	8
c. acetone .....	1	2	7	8
d. methanol .....	1	2	7	8
e. toluene .....	1	2	7	8
f. hexane.....	1	2	7	8
g. tetrahydrofuran .....	1	2	7	8
h. ethyl acetate .....	1	2	7	8
i. chloroform .....	1	2	7	8
j. 1,2-dichloroethane .....	1	2	7	8
k. hydrazine .....	1	2	7	8
l. benzene .....	1	2	7	8

LT117. Thinking about all the labs you have worked in, did you ever use acids at least one hour per week on average?

YES..... 1  
 NO ..... [GO TO LT122] ..... 2  
 REF..... [GO TO LT122] ..... 7  
 DK ..... [GO TO LT122] ..... 8

LT118. How many years in total did you work in a (laboratory) job where you did this (use acids)?

#YEARS

LT119. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (use acids)?

       
 MONTHS/YR      WEEKS/YR

LT120. On average, how many hours per week did you do this (use acids)?

# HOURS PER WEEK

LT121. Which of the following acids have you commonly used?

	Y	N	REF	DK
a. hydrochloric acid .....	1	2	7	8
b. phosphoric acid.....	1	2	7	8
c. sulfuric acid .....	1	2	7	8
d. nitric acid .....	1	2	7	8
e. perchloric acid .....	1	2	7	8
f. trichloroacetic acid.....	1	2	7	8
g. acetic acid .....	1	2	7	8
h. hydrobromic acid.....	1	2	7	8
i. kojic acid.....	1	2	7	8

LT122. Thinking about all the labs you have worked in, did you ever use elemental metals or metalloids at least one hour per week on average?

YES..... 1  
 NO ..... [GO TO LT127] ..... 2  
 REF..... [GO TO LT127] ..... 7  
 DK ..... [GO TO LT127] ..... 8

LT123. How many years in total did you work in a (laboratory) job where you did this (use elemental metals or metalloids)?

#YEARS

LT124. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (use elemental metals or metalloids)?

       
 MONTHS/YR      WEEKS/YR

LT125. On average, how many hours per week did you do this (use elemental metals or metalloids)?

# HOURS PER WEEK



LT126. Which of the following elemental metals or metalloids have you commonly used?

	Y	N	REF	DK
a. antimony .....	1	2	7	8
b. arsenic .....	1	2	7	8
c. beryllium.....	1	2	7	8
d. cadmium .....	1	2	7	8
e. chromium.....	1	2	7	8
f. cobalt .....	1	2	7	8
g. lead.....	1	2	7	8
h. mercury .....	1	2	7	8
i. nickel .....	1	2	7	8

LT127. Thinking about all the labs you have worked in, did you ever use [COMPOUND] at least one hour per week on average?		LT128. How many years in total did you do this (use [COMPOUND] at least one hour per week)?	LT129. In the years that you did this, how many months and/or weeks per year, on average, did you use [CMPND]?	LT130. On average, how many hours per week did you use [COMPOUND]?
a. hydrogen peroxide	YES..... 1 NO... [LT127b] .. 2 REF . [LT127b] .. 7 DK... [LT127b] .. 8	<input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> # HOURS
b. formaldehyde	YES..... 1 NO... [LT127c] .. 2 REF .. [LT127c] .. 7 DK... [LT127c] .. 8	<input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> # HOURS
c. lead dioxide	YES..... 1 NO... [LT127d] .. 2 REF . [LT127d] .. 7 DK... [LT127d] .. 8	<input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> # HOURS
d. lead tetraacetate	YES..... 1 NO... [LT127e] .. 2 REF .. [LT127e] .. 7 DK... [LT127e] .. 8	<input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> # HOURS
e. diethyl sulfate	YES..... 1 NO... [LT127f] .. 2 REF .. [LT127f] .. 7 DK... [LT127f] .. 8	<input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> # HOURS
f. dimethyl sulfate	YES..... 1 NO... [LT127g] .. 2 REF . [LT127g] .. 7 DK... [LT127g] .. 8	<input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> # HOURS
g. methyl chloride	YES..... 1 NO... [LT127h] .. 2 REF . [LT127h] .. 7 DK... [LT127h] .. 8	<input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> # HOURS

LT127. Thinking about all the labs you have worked in, did you ever use [COMPOUND] at least one hour per week on average?	LT128. How many years in total did you do this (use [COMPOUND] at least one hour per week)?	LT129. In the years that you did this, how many months and/or weeks per year, on average, did you use [CMPND]?	LT130. On average, how many hours per week did you use [COMPOUND]?
h. tetranitromethane YES ..... 1 NO.... [LT127i]... 2 REF .. [LT127i]... 7 DK.... [LT127i]... 8	<input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS
i. mercuric chloride YES ..... 1 NO.... [LT127j]... 2 REF .. [LT127j]... 7 DK.... [LT127j]... 8	<input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS
j. potassium dichromate YES ..... 1 NO.... [LT131] ... 2 REF .. [LT131] ... 7 DK.... [LT131] ... 8	<input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> # HOURS

LT131. Thinking about all the labs you have worked in, did you ever wash laboratory glassware by hand?

YES..... 1  
NO ..... [GO TO LT137] ..... 2  
REF..... [GO TO LT137] ..... 7  
DK ..... [GO TO LT137] ..... 8

LT132. How many years in total did you work in a (laboratory) job where you did this (wash laboratory glassware by hand)?

#YEARS

LT133. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (wash laboratory glassware by hand)?

MONTHS/YR WEEKS/YR

LT134. On average, how many hours per week did you do this (wash laboratory glassware by hand)?

# HOURS PER WEEK

LT135. About how often did you use acids such as chromic acid, or sulfuric acid to wash glassware by hand?

Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always..... 5

LT136. About how often did you use solvents such as methylene chloride, or petroleum distillate to wash glassware by hand?

Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always..... 5

LT137. Thinking about all the labs you have worked in, did you ever use disinfectants on benches and work spaces?

YES..... 1  
NO ..... [GO TO LT142] ..... 2  
REF..... [GO TO LT142] ..... 7  
DK ..... [GO TO LT142] ..... 8

LT138. How many years in total did you work in a (laboratory) job where you did this (used disinfectants on benches and work spaces)?

#YEARS

LT139. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (used disinfectants on benches and work spaces)?

       
MONTHS/YR      WEEKS/YR

LT140. On average, how many hours per week did you do this (disinfectants on benches and work spaces)?

# HOURS PER WEEK

LT141. Did any of the disinfectants you commonly used contain any of the following ingredients?

	Y	N	REF	DK
a. dipropylene glycol monomethyl ether .....	1	2	7	8
b. 2-butoxyethanol .....	1	2	7	8
c. dipropylene glycol butyl ether .....	1	2	7	8
d. nonyl phenol ethoxylate.....	1	2	7	8
e. o-phenylphenol .....	1	2	7	8

LT142. Thinking about all the labs you have worked in, did you ever mouth pipette chemicals?

YES..... 1  
NO ..... [GO TO LT146] ..... 2  
REF..... [GO TO LT146] ..... 7  
DK ..... [GO TO LT146] ..... 8

LT143. How many years in total did you work in a (laboratory) job where you did this (mouth pipetted chemicals)?

#YEARS

LT144. In the years that you did this, how many months and/or weeks per year on average did you work in a (laboratory) job where you did this (mouth pipetted chemicals)?

       
MONTHS/YR      WEEKS/YR

LT145. On average, how many hours per week did you do this (mouth pipetted chemicals)?

# HOURS PER WEEK

<p>LT146. Thinking about all the labs you have worked in, when you handled chemicals, about how often did you work under a laboratory hood? Was it...</p>	<p>Rarely or never ... [GO TO LT148] ..... 1  Sometimes ..... 2  Half the time ..... 3  Most of the time..... 4  Always..... 5</p>
<p>LT147. Did the labs you worked in typically keep the hood fans running continuously, or were the fans operated only when the hood was in use?</p>	<p>RAN CONTINUOUSLY ..... 1  RAN ONLY WHEN HOOD IN USE .. 2</p>
<p>LT148. Did the labs you worked in typically keep chemicals in storage cabinets that were ventilated; storage cabinets that were not ventilated; in refrigerators or freezers; in the open, for example, on a lab bench; or somewhere else?</p>	<p>VENTILATED CABINET ..... 1  UNVENTILATED CABINET ..... 2  REFRIGERATOR OR FREEZER ..... 3  IN THE OPEN ..... 4  SOMEWHERE ELSE ..... 5</p>
<p>LT149. Thinking about all the labs you have worked in, about how often did you wear a lab coat, or other outer protective clothing? Was it...</p>	<p>Rarely or never ..... 1  Sometimes ..... 2  Half the time ..... 3  Most of the time..... 4  Always..... 5</p>
<p>LT150. Thinking about all the labs you have worked in, about how often did you wear gloves while handling chemicals? Was it...</p>	<p>Rarely or never ..... 1  Sometimes ..... 2  Half the time ..... 3  Most of the time..... 4  Always..... 5</p>

Thank you for answering these questions about your work in laboratories. Now I will ask questions about some other industries.

**<RETURN TO OC>**

## SISTER STUDY JOB MODULE: MANICURIST/PEDICURIST

MP1. How many different full-time or part-time jobs have you had working as a manicurist or pedicurist? |\_|\_|  
# JOBS

I am going to ask about some specific tasks that you may have done working as a manicurist or pedicurist.  
**<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:>** In answering these questions, please think about your overall experience in all of your jobs of this type.

MP2. On average, how many hours per day did you usually work as a manicurist or pedicurist? |\_|\_|  
# HOURS  
PER DAY

MP3. On average, how many days per week did you usually work as a manicurist or pedicurist? |\_|\_|  
# DAYS /  
WEEK

MP4. During your time working as a manicurist or pedicurist, on average, how many manicures did you personally do per day or per week? |\_|\_|\_|  
#MANICURE  
 [ENTER 000 IF NONE AND GO TO MP6]  
 PER DAY ..... 1  
 PER WEEK ..... 2

MP5. Did you usually wear gloves while you did manicures? YES..... 1  
 NO ..... 2

MP6. During your time working as a manicurist or pedicurist, on average, how many pedicures did you personally do per day or per week? |\_|\_|\_|  
#PEDICURE  
 [ENTER 000 IF NONE AND GO TO MP8]  
 PER DAY ..... 1  
 PER WEEK ..... 2

MP7. Did you usually wear gloves while you did pedicures? YES..... 1  
 NO ..... 2

MP8. During your time working as a manicurist or pedicurist, did you ever provide a hand or foot massage with lotion for your customers? YES..... 1  
 NO ..... [GO TO MP11]..... 2  
 REF..... [GO TO MP11]..... 7  
 DK ..... [GO TO MP11]..... 8

MP9. How many years and/or months in total did you work in (manicurist or pedicurist) jobs where you personally provided hand or foot massages with lotion? |\_|\_|    |\_|\_|  
YEARS    MONTHS

MP10. On average, about how many times per day, per week, or per month did you personally provide hand or foot massages? |\_|\_|\_|  
# TIMES  
 PER DAY ..... 1  
 PER WEEK ..... 2  
 PER MONTH ..... 3

MP11. (During your time working as a manicurist or pedicurist,) On average, about how many times per day, per week, or per month did you use nail polish remover on your customers' nails (including both manicures and pedicures)?

--	--	--	--

# TIMES

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

MP12. (During your time working as a manicurist or pedicurist,) On average, about how many times per day, per week, or per month did you apply nail polish with the brush provided with the nail polish (including both manicures and pedicures)?

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# TIMES

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

MP13. (During your time working as a manicurist or pedicurist,) Did you ever apply artificial fingernails such as acrylics, gels, or silk wraps?

YES..... 1  
 NO ..... [GO TO MP20]..... 2  
 REF..... [GO TO MP20]..... 7  
 DK ..... [GO TO MP20]..... 8

MP14. How many years and/or months in total did you work in (manicurist or pedicurist) jobs where you applied artificial fingernails?

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YEARS MONTHS

MP15. On average, about how many times per day, per week, or per month did you apply a full set of artificial fingernails? This does not include fill-ins.

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# TIMES

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

MP16. On average, about how many times per day, per week, or per month did you perform fill-ins (on your customers' artificial nails)?

--	--	--	--

# TIMES

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

MP17. About how often did you use an electric tool to shape and file the artificial nails? Was it...

Rarely or never ..... 1  
 Sometimes ..... 2  
 Half the time ..... 3  
 Most of the time..... 4  
 Always ..... 5

MP18. About how often did you wear a dust mask while you worked on artificial nails and fill-ins? Was it...

Rarely or never ..... 1  
 Sometimes ..... 2  
 Half the time ..... 3  
 Most of the time..... 4  
 Always ..... 5

MP19. About how often did you wear gloves while you worked on artificial nails? Was it...

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

MP20. (During your time working as a manicurist or pedicurist,) Did you ever use an airbrush to apply color or designs on nails?

- YES..... 1
- NO ..... [GO TO MP25]..... 2
- REF..... [GO TO MP25]..... 7
- DK ..... [GO TO MP25]..... 8

MP21. How many years and/or months in total did you work in (manicurist or pedicurist) jobs where you used an airbrush to apply color or designs on nails?

YEARS			MONTHS	

MP22. On average, about how many times per day, per week, or per month did you use an airbrush (to apply color or designs on nails)?

# TIMES			

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

MP23. About how often did you wear gloves while you used an airbrush? Was it...

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

MP24. About how often did spray from the airbrush get on your bare skin?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

MP25. (During your time working as a manicurist or pedicurist,) Did you ever use quick-drying spray-on products to help nail polish dry faster?

- YES..... 1
- NO ..... [GO TO MP28]..... 2
- REF..... [GO TO MP28]..... 7
- DK ..... [GO TO MP28]..... 8

MP26. How many years and/or months in total did you work in (manicurist or pedicurist) jobs where you used quick-drying spray-on products?

YEARS			MONTHS	

MP27. On average, about how many times per day, per week, or per month did you use a quick-drying spray-on product?

# TIMES			

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

MP28. (During your time working as a manicurist or pedicurist,) Did you ever use a manicure table with a built-in fan under the table top?

YES..... 1  
 NO ..... [GO TO MP31]..... 2  
 REF..... [GO TO MP31]..... 7  
 DK ..... [GO TO MP31]..... 8

MP29. About how many years and/or months in total did you work in (manicurist or pedicurist) jobs where you used a table with a built-in fan?

      
 YEARS    MONTHS

MP30. About how often did you keep the fan turned on while you were working on a customer's nails?

Rarely or never ..... 1  
 Sometimes ..... 2  
 Half the time ..... 3  
 Most of the time..... 4  
 Always..... 5

MP31. (During your time working as a manicurist or pedicurist,) About how often did you use disinfectants to clean your work area and tools?

Rarely or never ..... 1  
 Sometimes ..... 2  
 Half the time ..... 3  
 Most of the time..... 4  
 Always..... 5

MP32. (During your time working as a manicurist or pedicurist,) About how often did you use a trashcan with a lid or other cover for discarded materials?

Rarely or never ..... 1  
 Sometimes ..... 2  
 Half the time ..... 3  
 Most of the time..... 4  
 Always..... 5

MP33. (During your time working as a manicurist or pedicurist,) About how many times per day did you usually wash your hands during the workday?

# TIMES PER DAY

<FILL MP34 and MP35 IF #JOBS IN MP1 > 1>

MP34. [Thinking about all the jobs you had as a manicurist or pedicurist], what was the smallest number of manicurists who worked in the salon at the same time as you?

#WORKERS

MP35. [Thinking about all the jobs you had as a manicurist or pedicurist], what was the largest number of manicurists who worked in the salon at the same time as you?

#WORKERS

MP36. About how many years and/or months in total did you work in jobs with [#WORKERS FROM MP35] manicurists working at the same time as you?

      
 YEARS    MONTHS

MP37. (During your time working as a manicurist or pedicurist,) Did you ever have a job where your table was three feet away or less from other tables?

YES..... 1  
 NO ..... [GO TO MP40]..... 2  
 REF..... [GO TO MP40]..... 7  
 DK ..... [GO TO MP40]..... 8



MP38. About how many years and/or months in total did you work in (manicurist or pedicurist) jobs where your table was three feet away or less from other tables?

      
YEARS    MONTHS

MP39. At these jobs, about how many other tables, on average, were within three feet of your table?

#TABLES

MP40. About how often were the shop doors kept open during business hours?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

MP41. Did you ever work in a shop in an indoor shopping center, such as a mall?

- YES..... 1
- NO ..... [RETURN TO OC]..... 2
- REF..... [RETURN TO OC]..... 7
- DK ..... [RETURN TO OC]..... 8

MP42. About how many years and/or months in total did you work in a shop in an indoor shopping center?

      
YEARS    MONTHS

Thank you for answering these questions about your work as a manicurist or pedicurist. Now I will ask about some other industries. <RETURN TO OC>

**SISTER STUDY JOB MODULE: MICROCHIP MANUFACTURING**

1. How many different full-time or part-time jobs have you had working in a microchip manufacturing “clean room”? □□  
# JOBS

I am going to ask about some specific tasks that you may have done working in microchip manufacturing “clean rooms.”  
**<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:>** In answering these questions, please think about your overall experience in all of your jobs of this type.

2. Did [*any of*] the manufacturer[s] you worked for make wafers? YES..... 1  
NO ..... [GO TO 4]..... 2  
REF..... [GO TO 4]..... 7  
DK ..... [GO TO 4]..... 8

3. Which of the following materials were the wafers made of? Y N REF DK

a. silicon.....	1	2	7	8
b. gallium-arsenide.....	1	2	7	8
c. something else.....	1	2	7	8

Please specify: \_\_\_\_\_

4. Did you work in an area where the electrical junctions between different parts of the wafer were made? YES..... 1  
NO ..... [GO TO 8]..... 2  
REF..... [GO TO 8]..... 7  
DK ..... [GO TO 8]..... 8

5. How many years in total did you work in a job where you did this (work in an area where the electrical junctions between different parts of the wafer were made)? □□  
#YEARS

6. In the years that you did this, how many months per year and/or weeks per year, on average, did you do this (work in an area where the electrical junctions between different parts of the wafer were made)? □□      □□  
MONTHS/YR      WEEKS/YR

7. On average, how many hours per week did you do this? (work in an area where the electrical junctions between different parts of the wafer were made)? □□□  
# HOURS PER WEEK

8. Did you work in an area where wafers were put in a heated furnace or chamber to build layers of chemicals or dopant on the wafer? YES..... 1  
NO ..... [GO TO 13]..... 2  
REF..... [GO TO 13]..... 7  
DK ..... [GO TO 13]..... 8

9. How many years in total did you work in a job where you did this (work in an area where wafers were put in a heated furnace or chamber to build layers of chemicals or dopant on the wafer)? □□  
#YEARS

10. In the years that you did this, how many months per year and/or weeks per year, on average did you do this? (work in an area where wafers were put in a heated furnace or chamber to build layers of chemicals or dopant on the wafer)?
- MONTHS/YR      WEEKS/YR
11. On average, how many hours per week did you do this? (work in an area where wafers were put in a heated furnace or chamber to build layers of chemicals or dopant on the wafer)?
- # HOURS PER WEEK
12. Did you ever clean the furnace or chamber (where wafers were placed to build layers of chemicals on them)?
- YES..... 1  
 NO ..... 2
13. Did you work in an area where wafers were cut or polished?
- YES..... 1  
 NO ..... [GO TO 18]..... 2  
 REF..... [GO TO 18]..... 7  
 DK ..... [GO TO 18]..... 8
14. How many years in total did you work in a job where you did this (work in an area where wafers were cut or polished)?
- #YEARS
15. In the years that you did this, how many months per year and/or weeks per year, on average, did you do this (work in an area where wafers were cut or polished)?
- MONTHS/YR      WEEKS/YR
16. On average, how many hours per week did you do this? (work in an area where wafers were cut or polished)?
- # HOURS PER WEEK
17. Did you cut or polish the wafers yourself, or did someone else do it?
- RESPONDENT HERSELF ..... 1  
 SOMEONE ELSE ..... 2
18. Did you work in an area where wafers were etched in tanks containing chemicals?
- YES..... 1  
 NO ..... [GO TO 22]..... 2  
 REF..... [GO TO 22]..... 7  
 DK ..... [GO TO 22]..... 8
19. How many years in total did you work in a job where you did this (work in an area where wafers were etched in tanks containing chemicals)?
- #YEARS

20. In the years that you did this, how many months per year and/or weeks per year, on average, did you do this (work in an area where wafers were etched in tanks containing chemicals)?

--	--

# MONTHS PER YEAR

21. On average, how many hours per week did you do this? (work in an area where wafers were etched in tanks containing chemicals)?

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# HOURS PER WEEK

- |   |  |
|---|--|
| 22. About how often did you wear a “clean room bunny suit” or full body suit? Was it... | Rarely or never ..... 1<br>Sometimes ..... 2<br>Half the time ..... 3<br>Most of the time..... 4<br>Always ..... 5 |
| 23. About how often did you wear an acid apron or smock? Was it...                      | Rarely or never ..... 1<br>Sometimes ..... 2<br>Half the time ..... 3<br>Most of the time..... 4<br>Always ..... 5 |
| 24. About how often did you wear chemically resistant gloves? Was it...                 | Rarely or never ..... 1<br>Sometimes ..... 2<br>Half the time ..... 3<br>Most of the time..... 4<br>Always ..... 5 |
| 25. About how often did you wear chemically resistant boots? Was it...                  | Rarely or never ..... 1<br>Sometimes ..... 2<br>Half the time ..... 3<br>Most of the time..... 4<br>Always ..... 5 |
| 26. About how often did you wear safety goggles or a face mask? Was it...               | Rarely or never ..... 1<br>Sometimes ..... 2<br>Half the time ..... 3<br>Most of the time..... 4<br>Always ..... 5 |
| 27. About how often did you use a respirator? Was it...                                 | Rarely or never ..... 1<br>Sometimes ..... 2<br>Half the time ..... 3<br>Most of the time..... 4<br>Always ..... 5 |

Thank you for answering these questions about your work in microchip manufacturing “clean rooms.” Now I will ask about some other industries. **<RETURN TO CATI>**

**SISTER STUDY JOB MODULE: MINE OR QUARRY**

MQ1. How many different full-time or part-time jobs have you had working in mines or quarries?

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# JOBS

MQ2. While working in mines or quarries, did you personally take part in the extraction or processing of ore, minerals or stone?

YES..... 1  
 NO ..... [RETURN TO OC]..... 2  
 REF..... [RETURN TO OC]..... 7  
 DK ..... [RETURN TO OC]..... 8

**<BEGIN REPEATING RECORD – MINE TYPES>**

MQ3. What ore, mineral, or stone was extracted at the [first/next] mine or quarry that you worked in?

\_\_\_\_\_

MINE TYPE

MQ4. Did you usually work underground at this mine or quarry?

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

MQ5. Did you work in any other mine or quarry?

YES..... [MQ3]..... 1  
 NO ..... 2

**<END REPEATING RECORD – MINE TYPES>**

MQ6. What protective equipment or clothing did you usually wear during your time working in mines or quarries?

	YES	NO	REF	DK
a. chemical cartridge respirator .....	1	2	7	8
b. simple dust mask.....	1	2	7	8
c. gloves .....	1	2	7	8
d. goggles .....	1	2	7	8
e. hardhat or other protective headgear ...	1	2	7	8
f. other protective equipment.....	1	2	7	8
Please specify: _____				

**SISTER STUDY JOB MODULE: NURSE, NURSE PRACTITIONER,  
STUDENT NURSE, PHYSICIAN ASSISTANT**

NPA1. How many different full-time or part-time jobs have you had working as a nurse, nurse practitioner, student nurse, or physician assistant? This includes both paid and volunteer work that took at least 10 hours per week.

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# JOBS

I am going to ask about some specific tasks that you may have done while working as a nurse, nurse practitioner, student nurse, or physician assistant. **<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:>** In answering these questions, please think about your overall experience in all of your full-time or part-time jobs of this type.

While working as a nurse, nurse practitioner, student nurse, or physician assistant, did you ever work ...		About how many years and/or months in total did you work in [PLACE]?				
NPA2. in a hospital, or large outpatient surgical center	YES..... 1 NO... [GO TO NPA4] .. 2 REF. [GO TO NPA4] .. 7 DK... [GO TO NPA4] .. 8	NPA3. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> #YEARS                  #MONTHS				
NPA4. in a doctor's office	YES..... 1 NO... [GO TO NPA6] .. 2 REF. [GO TO NPA6] .. 7 DK... [GO TO NPA6] .. 8	NPA5. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> #YEARS                  #MONTHS				
NPA6. in a nursing home, assisted living facility, or other residential care facility	YES..... 1 NO... [GO TO NPA8] .. 2 REF. [GO TO NPA8] .. 7 DK... [GO TO NPA8] .. 8	NPA7. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> #YEARS                  #MONTHS				
NPA8. in a free-standing urgent care center, outpatient clinic, or HMO	YES..... 1 NO.. [GO TO NPA10]. 2 REF [GO TO NPA10]. 7 DK.. [GO TO NPA10]. 8	NPA9. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> #YEARS                  #MONTHS				
NPA10. providing home health care (that is, visiting patients at home)	YES..... 1 NO.. [GO TO NPA12]. 2 REF [GO TO NPA12]. 7 DK.. [GO TO NPA12]. 8	NPA11. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> #YEARS                  #MONTHS				
NPA12. in a school	YES..... 1 NO.. [GO TO NPA14]. 2 REF [GO TO NPA14]. 7 DK.. [GO TO NPA14]. 8	NPA13. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> #YEARS                  #MONTHS				
NPA14. in another type of workplace  SPECIFY: _____  _____	YES..... 1 NO.. [GO TO NPA16]. 2 REF [GO TO NPA16]. 7 DK.. [GO TO NPA16]. 8	NPA15. <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr></table> #YEARS                  #MONTHS				

**<BEGIN REPEATING RECORD – SPECIALTY AREAS>**

NPA16. What was the [first/next] department or specialty area that you spent most of your time working?

\_\_\_\_\_ MEDICAL SPECIALTY

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

NPA16a. Did you work in any other departments or specialty areas?

YES ..... [NPA16] ..... 1  
NO ..... 2

**<END REPEATING RECORD – SPECIALTY AREAS>**

NPA17. Did you ever work at least 5 hours per week for at least one month out of the year in an operating room or anywhere else where general anesthetics were being administered by you or anyone else?

YES ..... 1  
NO ..... [GO TO NPA26] ..... 2  
REF ..... [GO TO NPA26] ..... 7  
DK ..... [GO TO NPA26] ..... 8

NPA18. How many years in total did you do this (work in an operating room or anywhere else where general anesthetics were administered by you or others at least 5 hours per week for at least one month out of the year)? [IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

NPA19. In the years that you did this, how many months and/or weeks per year, on average, did you work in an operating room or anywhere else where general anesthetics were administered by you or others?

         
MONTHS/YR      WEEKS/YR

NPA20. On average, how many hours per week did you work in an operating room or anywhere else where general anesthetics were administered by you or others?

# HOURS PER WEEK

NPA21. (When you worked in an operating room or anywhere else general anesthetics were in use,) was [ANESTHETIC] administered by you or by others in your presence?		NPA22. Did you personally administer [ANESTHETIC] at least 5 hours per week for at least one month out of the year?	NPA23. How many years in total did you do this?	NPA24. In the years that you did this, how many months and/or weeks per year, on average, did you personally administer [ANESTHETIC]?	NPA25. On average, how many hours per week did you personally administer [ANESTHETIC]?
a. Nitrous oxide	YES .....1 NO...[NPA21b]2	YES ..... 1 NO[NPA21b]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
b. Halothane	YES .....1 NO...[NPA21c]2	YES ..... 1 NO[NPA21c]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
c. Ether	YES .....1 NO...[NPA21d]2	YES ..... 1 NO[NPA21d]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
d. Flurane	YES .....1 NO...[NPA21e]2	YES ..... 1 NO[NPA21e]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
e. Etherane	YES .....1 NO...[NPA21f]2	YES ..... 1 NO [NPA21f]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
f. Chloroform	YES .....1 NO...[NPA21g]2	YES ..... 1 NO[NPA21g]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS
g. Any other anesthetic	YES .....1 NO...[NPA26]2  SPECIFY: _____	YES ..... 1 NO [NPA26]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # HOURS

NPA26. Have you ever administered aerosolized ribavirin or Virazole, pentamidine or Nebupent, or tobramycin or Nebcin?

YES ..... 1  
NO ..... [GO TO NPA34] ..... 2  
REF ..... [GO TO NPA34] ..... 7  
DK ..... [GO TO NPA34] ..... 8



		Y	N	REF	DK
NPA27. Which of these drugs have you administered in aerosolized form?	a. ribavirin or Virazole .....	1	2	7	8
	b. pentamidine or Nebupent.....	1	2	7	8
	c. tobramycin or Nebcin .....	1	2	7	8

NPA28. How many years in total did you have a job where you did this (administered aerosolized ribavirin or Virazole, pentamidine or Nebupent, or tobramycin)?

# YEARS

[IF LESS THAN 1 YEAR, ENTER "1"]

NPA29. In the years that you did this, how many months and/or weeks per year, on average, did you do this?

         
 MONTHS/YR      WEEKS/YR

NPA30. On average, about how many hours per week did you spend administering any of the aerosolized drugs? Please include only the time you spent actually handling the drug, were present in the area during administration, and in clean-up. Do not include set-up time, or time the patient was receiving the drug while you were not present.

# HOURS PER WEEK

NPA31. When you administered aerosolized drugs, was it usually...

inside a fully enclosed and sealed treatment chamber or booth..... 1  
 inside a partially enclosed treatment hood or tent..... 2  
 with no type of enclosure ..... 3

		Y	N	REF	DK
NPA32. When you administered aerosolized drugs, did you <u>usually</u> ...	a. inspect the aerosol generator for leaks or worn parts prior to use?.....	1	2	7	8
	b. use a nebulizer with an automatic shutoff valve?.....	1	2	7	8
	c. administer the medication in an isolation room under negative pressure (where air flows into the room from adjacent areas)?.....	1	2	7	8

		Y	N	REF	DK
NPA33. When you administered aerosolized drugs, did you <u>usually</u> wear any of the following protective equipment? (By usually we mean most of the time.)	a. a water resistant gown .....	1	2	7	8
	b. gloves.....	1	2	7	8
	c. goggles, safety glasses, or a face shield....	1	2	7	8
	d. respiratory protection; this does <u>not</u> include a surgical mask .....	1	2	7	8

NPA34. Did you ever work at least 5 hours per week for at least one month out of the year in a room where instruments or other equipment was being sterilized?

YES ..... 1  
 NO ..... [GO TO NPA43] ..... 2  
 REF..... [GO TO NPA43] ..... 7  
 DK ..... [GO TO NPA43] ..... 8

NPA35. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year in a room where instruments or other equipment was being sterilized)? [IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

NPA36. In the years that you did this, how many months and/or weeks per year, on average, did you work in a room where instruments or other equipment was being sterilized?

MONTHS/YR      WEEKS/YR

NPA37. On average, how many hours per week did you work in a room where instruments or other equipment was being sterilized?

# HOURS PER WEEK

<p>NPA38. (During this time,) was [ANESTHETIC] used to sterilize the instruments or equipment?</p>	<p>NPA39. Did you personally use[ANESTHETIC] to sterilize the instruments or equipment at least 5 hours per week for at least one month out of the year?</p>	<p>NPA40. How many years in total did you do this?</p>	<p>NPA41. In the years that you did this, how many months and/or weeks per year, on average, did you personally use [ANESTHETIC]?</p>	<p>NPA42. On average, how many hours per week did you personally use [ANESTHETIC]?</p>
<p>a. Ethylene oxide      YES ..... 1           NO...[NPA38b]2</p>	<p>YES ..... 1          NO[NPA38b]2</p>	<p><input type="text"/> <input type="text"/> <input type="text"/>          # YEARS          [IF LESS THAN 1 YEAR, ENTER "1"]</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>          # MONTHS # WKS</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>          # HOURS</p>
<p>b. hydrogen peroxide gas plasma, such as the STERRAD system      YES ..... 1           NO...[NPA38c]2</p>	<p>YES ..... 1          NO[NPA38c]2</p>	<p><input type="text"/> <input type="text"/> <input type="text"/>          # YEARS          [IF LESS THAN 1 YEAR, ENTER "1"]</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>          # MONTHS # WKS</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>          # HOURS</p>
<p>c. glutaraldehyde products such as Cidex, ColdSport, Endocide, Glutacide, Hospex, Metricide, or Sporicidin      YES ..... 1           NO...[NPA38d]2</p>	<p>YES ..... 1          NO[NPA38d]2</p>	<p><input type="text"/> <input type="text"/> <input type="text"/>          # YEARS          [IF LESS THAN 1 YEAR, ENTER "1"]</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>          # MONTHS # WKS</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>          # HOURS</p>
<p>d. ortho-phthalaldehyde products such as Cidex OPA      YES ..... 1           NO...[NPA38e]2</p>	<p>YES ..... 1          NO[NPA38e]2</p>	<p><input type="text"/> <input type="text"/> <input type="text"/>          # YEARS          [IF LESS THAN 1 YEAR, ENTER "1"]</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>          # MONTHS # WKS</p>	<p><input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>          # HOURS</p>

NPA38. (During this time,) was [ANESTHETIC] used to sterilize the instruments or equipment?	NPA39. Did you personally use[ANESTHETIC] to sterilize the instruments or equipment at least 5 hours per week for at least one month out of the year?	NPA40. How many years in total did you do this?	NPA41. In the years that you did this, how many months and/or weeks per year, on average, did you personally use [ANESTHETIC]?	NPA42. On average, how many hours per week did you personally use [ANESTHETIC]?
e. peracetic acid products such as the Steris system	YES ..... 1 NO...[NPA38f]2	YES ..... 1 NO [NPA38f]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS # HOURS
f. hydrogen peroxide products such as Accell or Optim	YES ..... 1 NO...[NPA38g]2	YES ..... 1 NO [NPA38g]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS # HOURS
g. formaldehyde	YES ..... 1 NO...[NPA38h]2	YES ..... 1 NO [NPA38h]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS # HOURS
h. hexachlorophene products such as Phisohex or Phisoderm	YES ..... 1 NO... [NPA38i]2	YES ..... 1 NO [NPA38i]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS # HOURS
i. any other sterilizing agent SPECIFY: _____	YES ..... 1 NO....[NPA43]2	YES ..... 1 NO [NPA43]2	<input type="text"/> <input type="text"/> <input type="text"/> # YEARS [IF LESS THAN 1 YEAR, ENTER "1"]	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> # MONTHS # WKS # HOURS

NPA43. Did you ever use disinfectants or antiseptics at least 5 hours per week for at least one month out of the year while working as a nurse, nurse practitioner, student nurse, or physician assistant?

YES ..... 1  
NO ..... [GO TO NPA49] ..... 2  
REF..... [GO TO NPA49] ..... 7  
DK ..... [GO TO NPA49] ..... 8

NPA44. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year using disinfectants or antiseptics)?  
[IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

NPA45. In the years that you did this, how many months and/or weeks per year, on average, did you work at least 5 hours per week using disinfectants or antiseptics?

MONTHS/YR WEEKS/YR

NPA46. On average, how many hours per week did you use

# HOURS PER WEEK

disinfectants or antiseptics?

		Y	N	REF	DK
NPA47. Which of the following disinfectants or antiseptics did you use? Did you use...	a. Betadine .....	1	2	7	8
	b. Duraprep .....	1	2	7	8
	c. Formaldehyde .....	1	2	7	8
	d. Hibclens .....	1	2	7	8
	e. Iodophor or iodophorm.....	1	2	7	8
	f. Lysol .....	1	2	7	8
	g. PhisoHex or phisoderm .....	1	2	7	8
	h. Skin prep or alcohol pads .....	1	2	7	8
	i. Alcare or other foamed alcohol products..	1	2	7	8
	j. Bactoshield .....	1	2	7	8
	k. Any other disinfectant.....	1	2	7	8
SPECIFY: _____					

<IF MORE THAN ONE OF NPA47a-k IS ANSWERED "YES":>

NPA48. Which one disinfectant did you use the most?

BETADINE .....	01
DURAPREP .....	02
FORMALDEHYDE .....	03
HIBCLENS.....	04
IODOPHOR OR IODOPHORM.....	05
LYSOL .....	06
PHISOHEX OR PHISODERM.....	07
SKIN PREP OR ALCOHOL PADS.....	08
ALCARE OR OTHER FOAMED ALCOHOL PRODUCTS .....	09
BACTOSHIELD .....	10
OTHER DISINFECTANT ....	11

NPA49. Did you ever take X-rays from a room that was separate from the room where the patient was, at least 5 times per week?

YES ..... 1  
NO ..... [GO TO NPA51] ..... 2  
REF..... [GO TO NPA51] ..... 7  
DK ..... [GO TO NPA51] ..... 8

NPA50. How many years in total did you work in a job where you took X-rays from a separate room (at least 5 times per week for at least one month out of the year)?  
[IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

NPA51. Were you ever in the same room where X-rays were being taken at least 5 times per week for at least one month out of the year?

YES ..... 1  
NO ..... [GO TO NPA58] ..... 2  
REF..... [GO TO NPA58] ..... 7  
DK ..... [GO TO NPA58] ..... 8

NPA52. How many years in total did you work in a job where you were in the same room while X-rays were being taken (at least 5 times per week for at least one month out of the year)?  
[IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

NPA53. In the years that you did this, how many months and/or weeks per year, on average, did you do this (work in a job where you were in the same room where X-rays were being taken at least 5 times per week)?

       
MONTHS/YR      WEEKS/YR

NPA54. On average, how many times per week were you in a room while X-rays were being taken?

# TIMES PER WEEK

NPA55. How often did you wear a dosimetry or film badge that measured your radiation exposure? Was it...  
[IF RESPONDENT SAYS ONLY A FEW TIMES, CODE AS RARELY OR NEVER]

all the time ..... 1  
most of the time ..... 2  
about half of the time..... 3  
some of the time ..... 4  
rarely or never[GO TO NPA57]5  
REF..... [GO TO NPA57]... 7  
DK ..... [GO TO NPA57]... 8

NPA56. Did you ever receive a report that your measured dose of radiation was above the safe limit?

YES ..... 1  
NO ..... 2  
REF..... 7  
DK ..... 8

NPA57. How often did you wear a leaded apron or stand behind a leaded barrier while the x-ray was being taken?

all the time ..... 1  
most of the time ..... 2  
about half of the time..... 3  
some of the time ..... 4  
rarely or never..... 5  
REF..... 7  
DK ..... 8

NPA58. Did you ever work at least 5 hours per week for at least one month out of the year performing fluoroscopy?

YES ..... 1  
 NO ..... [GO TO NPA62] ..... 2  
 REF..... [GO TO NPA62] ..... 7  
 DK ..... [GO TO NPA62] ..... 8

NPA59. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year performing fluoroscopy)?  
 [IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

NPA60. In the years that you did this, how many months and/or weeks per year, on average, did you perform fluoroscopy?

        
 MONTHS/YR      WEEKS/YR

NPA61. On average, how many hours per week did you do this? (perform fluoroscopy)?

# HOURS PER WEEK

NPA62. Did you ever work at least 5 hours per week for at least one month out of the year in a room where any other sources of radiation were being administered, such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography?

YES ..... 1  
 NO ..... [GO TO NPA67] ..... 2  
 REF..... [GO TO NPA67] ..... 7  
 DK ..... [GO TO NPA67] ..... 8

NPA63. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year in a room where other sources of radiation were being administered such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)?  
 [IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

NPA64. In the years that you did this, how many months and/or weeks per year, on average, did you work in a room where other sources of radiation were being administered (such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)?

        
 MONTHS/YR      WEEKS/YR

NPA65. On average, how many hours per week did you work in a room where any other sources of radiation were being administered (such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)?

# HOURS PER WEEK

	Y	N	REF	DK
NPA66. Which of the following sources of radiation were present where you worked? Was there...				
a. CAT scan .....	1	2	7	8
b. MRI.....	1	2	7	8
c. Radioactive isotopes or nuclides .....	1	2	7	8
d. Angiography .....	1	2	7	8
e. Any other radiation source.....	1	2	7	8

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

NPA67. Did you ever work within five feet of a patient while lasers or other electrosurgery devices were being used? YES ..... 1  
 NO ..... [GO TO NPA73] ..... 2  
 REF..... [GO TO NPA73] ..... 7  
 DK ..... [GO TO NPA73] ..... 8

NPA68. How many years in total did you have a job where you did this (work within 5 feet of where lasers or other electrosurgery devices were being used)?[IF LESS THAN 1 YEAR, ENTER "1"]   # YEARS

NPA69. In the years that you did this, how many months and/or weeks per year, on average, did you do this?   MONTHS/YR   WEEKS/YR

NPA70. On average, about how many hours per week did you do this?    # HOURS PER WEEK

NPA71. On average, how many procedures per week involving lasers or other electrosurgery devices were performed within 5 feet of you?   #/WEEK

NPA72. Was surgical smoke exhausted outside the room? YES ..... 1  
 NO ..... 2

NPA73. Did you ever work in a clinical or research laboratory at least 5 hours per week for at least one month out of the year while working as a nurse, nurse practitioner, student nurse, or physician assistant? YES ..... 1  
 NO ..... [GO TO NPA78] ..... 2  
 REF..... [GO TO NPA78] ..... 7  
 DK ..... [GO TO NPA78] ..... 8

NPA74. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year in a laboratory)? [IF LESS THAN 1 YEAR, ENTER "1"]   # YEARS

NPA75. In the years that you did this, how many months and/or weeks per year, on average, did you work in a laboratory?   MONTHS/YR   WEEKS/YR

NPA76. On average, how many hours per week did you work in a laboratory?    # HOURS PER WEEK

	Y	N	REF	DK
NPA77. While working in a laboratory, did you ever use any of the following? (Did you use...)				
a. Dyes, as a powder, paste or liquid. Does not include handling previously stained slides.....	1	2	7	8
b. Mercury. Does not include handling thermometers containing mercury .....	1	2	7	8
c. Solvents, such as benzene or trichloroethylene .....	1	2	7	8
d. Dioxane.....	1	2	7	8
e. Formaldehyde .....	1	2	7	8

NPA78. Did you ever mix chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year?

YES ..... 1  
NO ..... [GO TO NPA82] ..... 2  
REF..... [GO TO NPA82] ..... 7  
DK ..... [GO TO NPA82] ..... 8

NPA79. How many years in total did you work in a job where you did this (mixed chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year)?  
[IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

NPA80. In the years that you did this, how many months and/or weeks per year, on average, did you mix chemotherapy agents or anti-neoplastic drugs at least 5 times per week?

       
MONTHS/YR      WEEKS/YR

NPA81. On average, how many times per week did you mix chemotherapy agents or anti-neoplastic drugs?

# TIMES PER WEEK

NPA82. Did you ever purge IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year?

YES ..... 1  
NO ..... [GO TO NPA86] ..... 2  
REF..... [GO TO NPA86] ..... 7  
DK ..... [GO TO NPA86] ..... 8

NPA83. How many years in total did you work in a job where you did this (...purged IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs at least 5 times per week for at least one month out of the year)?  
[IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

NPA84. In the years that you did this, how many months and/or weeks per year, on average, did you purge IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs at least 5 times per week?

       
MONTHS/YR      WEEKS/YR

NPA85. On average, how many times per week did you purge IVs or syringes that contained chemotherapy agents or anti-neoplastic drugs?

# TIMES PER WEEK

NPA86. Did you ever perform injections, IV insertions, or phlebotomy at least 5 times per week?

YES ..... 1  
NO ..... [GO TO NPA90] ..... 2  
REF..... [GO TO NPA90] ..... 7  
DK ..... [GO TO NPA90] ..... 8

NPA87. How many years in total did you do this (perform injections, IV insertions, or phlebotomy at least 5 times per week)?  
[IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

NPA88. In the years that you did this, how many months and/or weeks per year, on average, did you do this?

       
MONTHS/YR      WEEKS/YR

NPA89. On average, how many times per week did you do this?

# TIMES PER WEEK



NPA90. About how many hours per week did you wear latex gloves, on average?   
# HOURS PER WEEK

NPA91. About how many hours per week did you wear non-latex gloves, such as nitrile gloves, on average?   
# HOURS PER WEEK

NPA92. Did you ever use talcum powder on your patients or in your gloves at least 5 times per week for at least one month out of the year?  
YES ..... 1  
NO ..... [GO TO NPA96] ..... 2  
REF..... [GO TO NPA96] ..... 7  
DK ..... [GO TO NPA96] ..... 8

NPA93. How many years in total did you do this (work in a job where you used talcum powder on your patients or in your gloves at least 5 times per week for at least one month out of the year)? [IF LESS THAN 1 YEAR, ENTER "1"]   
# YEARS

NPA94. In the years that you did this, how many months and/or weeks per year, on average, did you use talcum powder at least 5 times per week?  MONTHS/YR  WEEKS/YR

NPA95. On average, how many times per week did you use talcum powder on your patients or in your gloves?   
# TIMES PER WEEK

NPA96. Were you ever accidentally stuck with a needle or an instrument such as a scalpel that was contaminated with blood?  
YES ..... 1  
NO ..... [GO TO NPA99] ..... 2  
REF..... [GO TO NPA99] ..... 7  
DK ..... [GO TO NPA99] ..... 8

NPA97. How many times has this happened?   
# TIMES

NPA98. Were you ever treated with drugs for HIV prevention?  
YES ..... 1  
NO ..... 2

NPA99. On average, how many times per week did you have contact with patients infected with hepatitis, HIV, or tuberculosis?   
# TIMES PER WEEK

NPA100. How often were you tested for TB with a skin-prick test? Was it...  
once per year..... 1  
once every few years ..... 2  
rarely or never..... 3

Thank you for answering these questions about your work as a nurse, nurse practitioner, student nurse, or physician assistant. Now I will ask questions about some other industries.

## LOOK-UP TABLE FOR MEDICAL SPECIALTIES:

Adult primary care  
Anesthesiology  
Audiology  
Cardiology  
Central processing  
Dental services  
Dermatology  
Ear, nose, and throat  
Emergency  
Endocrinology  
Family practice  
Gastroenterology  
Geriatrics  
Hematology  
HIV/AIDS clinic  
Home healthcare  
Hospice care  
Immunology  
Infectious disease  
Infusion therapy  
Intensive care  
Laboratory  
Long-term mental health  
Nephrology  
Neurology  
Nuclear medicine  
Nutrition  
Obstetrics/gynecology  
Occupational medicine  
Oncology  
Ophthalmology  
Optometry  
Orthopedics/sports medicine  
Pathology  
Pediatrics  
Pharmacy  
Physical/occupational therapy  
Psychiatry  
Podiatry  
Post-anesthesia care unit  
Pulmonary  
Radiology  
Research  
Respiratory care  
Rheumatology  
Sleep disorders  
Social work  
Surgery  
Urology  
Other (SPECIFY):

**SISTER JOB MODULE: NURSERY, GREENHOUSE, LAWN CARE**

NGL1. How many different full-time or part-time jobs have you had working in a nursery or greenhouse? This includes both paid and volunteer work that took at least 10 hours per week.  
[IF NONE, ENTER 00]

| | |  
# JOBS

<IF #JOBS = 00 GO TO NGL60>

I am going to ask about some specific tasks that you may have done working in nurseries or greenhouses.

<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:>

In answering these questions, please think about your overall experience in all of your jobs of this type.

NGL2. Did you ever work inside a greenhouse for at least one month out of the year?

- YES..... 1
- NO ..... [GO TO NGL31]..... 2
- REF..... [GO TO NGL31]..... 7
- DK ..... [GO TO NGL31]..... 8

NGL3. How many years in total did you work inside a greenhouse for at least one month per year?

| | |  
# YEARS

NGL4. In the years that you did this, about how many months and/or weeks per year, on average, did you work inside a greenhouse?

| | |      | | |  
MONTHS/YR      WEEKS/YR

NGL5. On average, how many hours per week did you work inside a greenhouse?

| | |  
# HOURS PER WEEK

NGL6. What were the main types of plants you worked with inside greenhouses?

	Y	N	REF	DK
a. vegetables such as cucumbers, tomatoes, peppers, or lettuce.....	1	2	7	8
b. herbs such as basil or rosemary .....	1	2	7	8
c. cut flowers such as roses or lilies.....	1	2	7	8
d. potted flowers and ornamentals such as chrysanthemums or poinsettias.....	1	2	7	8
e. bedding plants such as geraniums, begonias, impatiens, or pansies.....	1	2	7	8
f. ferns .....	1	2	7	8
g. ornamental greens or foliage plants				
h. other plants.....	1	2	7	8
Please specify:				

NGL7. Were pesticides ever used in the greenhouses where you worked? Pesticides include insecticides, herbicides, fungicides and fumigants.

- YES..... 1
- NO ..... [GO TO NGL23]..... 2
- REF..... [GO TO NGL23]..... 7
- DK ..... [GO TO NGL23]..... 8

NGL8. Did you ever...	NGL9. For how many years in total did you do this for at least one day per year?	NGL10. On average, about how many days per year did you do this? (1 year = 365 days)
a. personally mix any pesticides for use in the greenhouses where you worked, or help others do the mixing? YES ..... 1 NO[GO TO NGL8b] . 2 REF[GO TO NGL8b] 7 DK[GO TO NGL8b] . 8	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/>            # YEARS         </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/>            # DAYS PER YEAR         </div>
b. personally load pesticides at the greenhouses where you worked? YES ..... 1 NO[GO TO NGL8c] . 2 REF[GO TO NGL8c] 7 DK[GO TO NGL8c] . 8	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/>            # YEARS         </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/>            # DAYS PER YEAR         </div>
c. personally apply pesticides inside the greenhouses where you worked? YES ..... 1 NO[GO TO NGL8d] . 2 REF[GO TO NGL8d] 7 DK[GO TO NGL8d] . 8	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/>            # YEARS         </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/>            # DAYS PER YEAR         </div>
d. clean or help clean the pesticide mixing or application equipment used in the greenhouses where you worked? YES ..... 1 NO ..... [*] ..... 2 REF ..... [*] ..... 7 DK ..... [*] ..... 8	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/>            # YEARS         </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/>            # DAYS PER YEAR         </div>

<\* IF NGL8c = YES, ASK NGL11; ELSE GO TO NGL12>

NGL11. In the years that you personally applied pesticides in the greenhouses where you worked, were you the one who always applied the pesticides?

YES..... [GO TO NGL16]..... 1  
 NO ..... 2  
 REF..... 7  
 DK ..... 8

NGL12. About how many times per month, per year, or in total did others apply pesticides to plants inside the greenhouses where you worked?

# TIMES

PER MONTH..... 1  
 PER YEAR..... 2  
 IN TOTAL..... 3

NGL13. Were you ever inside a greenhouse at the same time as when someone else was applying pesticides?

YES..... 1  
 NO ..... [GO TO NGL16]..... 2  
 REF..... [GO TO NGL16]..... 7  
 DK ..... [GO TO NGL16]..... 8

NGL14. How many years in total did this happen at least one time?

# YEARS

NGL15. About how many days per year did this happen?

# DAYS PER YEAR

NGL16. About how many minutes, hours, or days after pesticides were sprayed did you usually go back into the greenhouse?

--	--	--

# OF

MINUTES ..... 1  
 HOURS..... 2  
 DAYS ..... 3

<\* IF NO TO ALL IN NGL8 (a, b, c, d) — GO TO NGL20>

NGL17. When you mixed or applied pesticides, or cleaned pesticide equipment at the greenhouses, did you usually wear any of the following items: (By usually we mean most of the time.) [IF 'R' SAYS "ONLY SOMETIMES" OR "RARELY" CODE AS NO]

	Y	N	REF	DK
a. chemically resistant gloves .....	1	2	7	8
b. other gloves, such as cloth or leather .....	1	2	7	8
c. respirator or gas mask .....	1	2	7	8
d. dust mask .....	1	2	7	8
e. goggles or a face shield.....	1	2	7	8
f. a hat.....	1	2	7	8
g. long sleeves and long pants .....	1	2	7	8
h. chemically resistant boots.....	1	2	7	8
i. an apron .....	1	2	7	8
j. chemically resistant disposable outer clothing, such as a Tyvek suit.....	1	2	7	8

NGL18. Did you ever get an unusually high amount of pesticides on your skin or clothing while mixing, loading, or applying pesticides, or repairing pesticide equipment, for example, from a spill or a break in a hose?

YES..... 1  
 NO ..... [GO TO NGL20]..... 2  
 REF..... [GO TO NGL20]..... 7  
 DK ..... [GO TO NGL20]..... 8

NGL19. How many times did this happen in total?

--	--

# TIMES

NGL20. About how many days per week, per month, or per year did you handle plants that had recently been sprayed with pesticides, for example, while pruning or potting plants?

--	--	--

# DAYS

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

NGL21. Did you usually wear gloves when you handled plants that had recently been sprayed?

YES..... 1  
 NO ..... [GO TO NGL23]..... 2  
 REF..... [GO TO NGL23]..... 7  
 DK ..... [GO TO NGL23]..... 8

NGL22. Were the gloves made of...

cloth or leather ..... 1  
 rubber..... 2  
 a chemically resistant material like nitrile..... 3

NGL23. Were chemical fertilizers ever used in the greenhouses where you worked?

YES..... 1  
 NO ..... [GO TO NGL27]..... 2  
 REF..... [GO TO NGL27]..... 7  
 DK ..... [GO TO NGL27]..... 8

NGL24. Did you ever personally apply chemical fertilizers in the greenhouses where you worked?

YES..... 1  
NO ..... [GO TO NGL27]..... 2  
REF..... [GO TO NGL27]..... 7  
DK ..... [GO TO NGL27]..... 8

NGL25. For how many years in total did you do this for any part of the year?

# YEARS

NGL26. On average, about how many days per year did you do this?

# DAYS PER YEAR

NGL27. Were natural fertilizers, such as manure, ever used in the greenhouses where you worked?

YES..... 1  
NO ..... [GO TO NGL31]..... 2  
REF..... [GO TO NGL31]..... 7  
DK ..... [GO TO NGL31]..... 8

NGL28. Did you ever personally apply natural fertilizers in the greenhouses where you worked?

YES..... 1  
NO ..... [GO TO NGL31]..... 2  
REF..... [GO TO NGL31]..... 7  
DK ..... [GO TO NGL31]..... 8

NGL29. For how many years in total did you do this for any part of the year?

# YEARS

NGL30. On average, about how many days per year did you do this?

# DAYS PER YEAR

NGL31. Did you ever work in outdoor nursery fields for at least one month out of the year?

YES..... 1  
NO ..... [GO TO NGL60]..... 2  
REF..... [GO TO NGL60]..... 7  
DK ..... [GO TO NGL60]..... 8

NGL32. How many years in total did you work in outdoor nursery fields for at least one month per year?

# YEARS

NGL33. In the years that you did this, about how many months and/or weeks per year, on average, did you work ?

MONTHS/YR       WEEKS/YR

NGL34. On average, how many hours per week did you work in nursery fields?

# HOURS PER WEEK

		Y	N	REF	DK
NGL35. What were the main types of nursery crops you worked with?	a. evergreen trees and shrubs.....	1	2	7	8
	b. deciduous trees and shrubs .....	1	2	7	8
	c. fruit trees.....	1	2	7	8
	d. perennial flowers .....	1	2	7	8
	e. vines and ground covers .....	1	2	7	8
	f. sod or grass .....	1	2	7	8
	g. other plants.....	1	2	7	8
	Please specify:				

---

NGL36. Were pesticides ever used on the nursery crops? Pesticides include insecticides, herbicides, fungicides and fumigants.	YES.....	1
	NO .....	[GO TO NGL52]..... 2
	REF.....	[GO TO NGL52]..... 7
	DK .....	[GO TO NGL52]..... 8

NGL37. Did you ever...	NGL38. For how many years in total did you do this for at least one day per year?	NGL39. On average, about how many days per year did you do this? (1 year = 365 days)
a. personally mix any pesticides for use on nursery crops, or help others do the mixing? YES..... 1 NO[GO TO NGL37b] 2 REF[GO TO NGL37b]7 DK[GO TO NGL37b] 8	<input type="text"/> # YEARS	<input type="text"/> # DAYS PER YEAR
b. personally load pesticides for use on nursery crops? YES..... 1 NO[GO TO NGL37c] 2 REF[GO TO NGL37c]7 DK[GO TO NGL37c] 8	<input type="text"/> # YEARS	<input type="text"/> # DAYS PER YEAR
c. personally apply pesticides on nursery crops? YES..... 1 NO[GO TO NGL37d] 2 REF[GO TO NGL37d]7 DK[GO TO NGL37d] 8	<input type="text"/> # YEARS	<input type="text"/> # DAYS PER YEAR
d. clean or help clean the pesticide mixing or application equipment used on nursery crops? YES..... 1 NO..... [*]..... 2 REF..... [*]..... 7 DK..... [*]..... 8	<input type="text"/> # YEARS	<input type="text"/> # DAYS PER YEAR

<\* IF NGL37c = YES, ASK NGL40; ELSE GO TO NGL41>

NGL40. In the years that you personally applied pesticides on nursery crops, were you the one who <u>always</u> applied the pesticides?	YES..... [GO TO NGL45].....	1
	NO .....	2
	REF.....	7
	DK .....	8

NGL41. About how many times per month, per year, or in total did others apply pesticides on nursery crops?

# TIMES

PER MONTH ..... 1  
 PER YEAR ..... 2  
 IN TOTAL ..... 3

NGL42. Were you ever working in the nursery fields at the same time as when someone else was applying pesticides?

YES ..... 1  
 NO ..... [GO TO NGL45] ..... 2  
 REF ..... [GO TO NGL45] ..... 7  
 DK ..... [GO TO NGL45] ..... 8

NGL43. How many years in total did this happen at least one time?

# YEARS

NGL44. About how many days per year did this happen?

# DAYS PER YEAR

NGL45. About how many minutes, hours, or days after pesticides were sprayed did you usually go back into the fields?

# OF

MINUTES ..... 1  
 HOURS ..... 2  
 DAYS ..... 3

<\* IF NO TO ALL IN NGL37 (a, b, c, d) — GO TO NGL49>

NGL46. When you mixed or applied pesticides, or cleaned pesticide equipment at the nursery, did you usually wear any of the following items: (By usually we mean most of the time.) [IF 'R' SAYS "ONLY SOMETIMES" OR "RARELY" CODE AS NO]

	Y	N	REF	DK
a. chemically resistant gloves .....	1	2	7	8
b. other gloves, such as cloth or leather .....	1	2	7	8
c. respirator or gas mask .....	1	2	7	8
d. dust mask .....	1	2	7	8
e. goggles or a face shield.....	1	2	7	8
f. a hat.....	1	2	7	8
g. long sleeves and long pants .....	1	2	7	8
h. chemically resistant boots.....	1	2	7	8
i. an apron .....	1	2	7	8
j. chemically resistant disposable outer clothing, such as a Tyvek suit.....	1	2	7	8

NGL47. While working at nurseries, did you ever get an unusually high amount of pesticides on your skin or clothing while mixing, loading, or applying pesticides, or repairing pesticide equipment, for example, from a spill or a break in a hose?

YES ..... 1  
 NO ..... [GO TO NGL49] ..... 2  
 REF ..... [GO TO NGL49] ..... 7  
 DK ..... [GO TO NGL49] ..... 8

NGL48. How many times did this happen in total?

# TIMES

# DAYS



NGL49. About how many days per week, per month, or per year did you work with plants that had recently been sprayed with pesticides, for example, while pruning or weeding?

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

NGL50. Did you usually wear gloves when you handled plants that had recently been sprayed?

YES..... 1  
 NO ..... [GO TO NGL52]..... 2  
 REF..... [GO TO NGL52]..... 7  
 DK ..... [GO TO NGL52]..... 8

NGL51. Were the gloves made of...

cloth or leather ..... 1  
 rubber..... 2  
 a chemically resistant material  
 like nitrile..... 3

NGL52. Were chemical fertilizers ever used on the nursery crops?

YES..... 1  
 NO ..... [GO TO NGL56]..... 2  
 REF..... [GO TO NGL56]..... 7  
 DK ..... [GO TO NGL56]..... 8

NGL53. Did you ever personally apply chemical fertilizers on the nursery crops?

YES..... 1  
 NO ..... [GO TO NGL56]..... 2  
 REF..... [GO TO NGL56]..... 7  
 DK ..... [GO TO NGL56]..... 8

NGL54. For how many years in total did you do this for any part of the year?

# YEARS

NGL55. On average, about how many days per year did you do this?

# DAYS PER YEAR

NGL56. Were natural fertilizers, such as manure, ever used on the nursery crops?

YES..... 1  
 NO ..... [GO TO NGL60]..... 2  
 REF..... [GO TO NGL60]..... 7  
 DK ..... [GO TO NGL60]..... 8

NGL57. Did you ever personally apply natural fertilizers on the nursery crops?

YES..... 1  
 NO ..... [GO TO NGL60]..... 2  
 REF..... [GO TO NGL60]..... 7  
 DK ..... [GO TO NGL60]..... 8

NGL58. For how many years in total did you do this for any part of the year?

# YEARS

NGL59. On average, about how many days per year did you do this?

# DAYS PER YEAR

NGL60. How many different full-time or part-time jobs have you had working in lawn care? This includes both paid and volunteer work that took at least 10 hours per week.  
[IF NONE, ENTER 00]

# JOBS

<IF #JOBS = 00, GO TO CLOSING STATEMENT>

I am going to ask about some specific tasks that you may have done working in lawn care.

<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:>

In answering these questions, please think about your overall experience in all of your jobs of this type.

NGL61. How many years in total did you have a job doing lawn care work for at least one month per year?

# YEARS

NGL62. In the years that you did this, about how many months and/or weeks per year, on average, did you do lawn care?

MONTHS/YR

WEEKS/YR

NGL63. On average, how many hours per week did you spend doing lawn care?

# HOURS PER WEEK

NGL64. Were pesticides ever used on the lawns you worked on? Pesticides include insecticides, herbicides, fungicides and fumigants.

YES..... 1  
NO ..... [GO TO NGL77]..... 2  
REF..... [GO TO NGL77]..... 7  
DK ..... [GO TO NGL77]..... 8

NGL65. Did you ever...	NGL66. For how many years in total did you do this for at least one day per year?	NGL67. On average, about how many days per year did you do this? (1 year = 365 days)
a. personally mix any pesticides or help others do the mixing for any lawn care job? YES..... 1 NO[GO TO NGL65b]..2 REF[GO TO NGL65b] 7 DK[GO TO NGL65b]..8	<input type="text"/> # YEARS	<input type="text"/> # DAYS PER YEAR
b. personally load pesticides for any lawn care job? YES..... 1 NO[GO TO NGL65c]..2 REF[GO TO NGL65c] 7 DK[GO TO NGL65c]..8	<input type="text"/> # YEARS	<input type="text"/> # DAYS PER YEAR
c. personally apply pesticides for any lawn care job? YES..... 1 NO[GO TO NGL65d]..2 REF[GO TO NGL65d] 7 DK[GO TO NGL65d]..8	<input type="text"/> # YEARS	<input type="text"/> # DAYS PER YEAR
d. clean or help clean the pesticide mixing or application equipment for any lawn care job? YES..... 1 NO..... [*] ..... 2 REF ..... [*] ..... 7 DK..... [*] ..... 8	<input type="text"/> # YEARS	<input type="text"/> # DAYS PER YEAR

<\* IF NGL65c = YES, ASK NGL68; ELSE GO TO NGL69>

NGL68. In the years that you personally applied pesticides on lawns, were you the one who always applied the pesticides?

YES..... [GO TO NGL73]..... 1  
 NO ..... 2  
 REF..... 7  
 DK ..... 8

NGL69. About how many times per month, per year, or in total did others apply pesticides on lawns?

| | |  
# TIMES

PER MONTH ..... 1  
 PER YEAR ..... 2  
 IN TOTAL ..... 3

NGL70. Were you ever working on a lawn at the same time as when someone else was applying pesticides?

YES..... 1  
 NO ..... [GO TO NGL73]..... 2  
 REF..... [GO TO NGL73]..... 7  
 DK ..... [GO TO NGL73]..... 8

NGL71. How many years in total did this happen at least one time?

| | |  
# YEARS

NGL72. About how many days per year did this happen?

| | | |  
# DAYS PER YEAR

NGL73. About how many minutes, hours, or days after pesticides were sprayed did you usually go back onto the lawn?

| | | |  
# OF

MINUTES ..... 1  
 HOURS..... 2  
 DAYS ..... 3

**<IF NO TO ALL IN NGL65 (a, b, c, d) – GO TO NGL77**

	Y	N	REF	DK
NGL74. When you mixed or applied pesticides, or cleaned pesticide equipment for a lawn care job, did you <u>usually</u> wear any of the following items: (By usually we mean most of the time.) [IF 'R' SAYS "ONLY SOMETIMES" OR "RARELY" CODE AS NO]				
a. chemically resistant gloves .....	1	2	7	8
b. other gloves, such as cloth or leather				
c. respirator or gas mask .....	1	2	7	8
d. dust mask .....	1	2	7	8
e. goggles or a face mask.....	1	2	7	8
f. a hat.....	1	2	7	8
g. long sleeves and long pants .....	1	2	7	8
h. chemically resistant boots.....	1	2	7	8
i. an apron .....	1	2	7	8
j. chemically resistant disposable outer clothing, such as a Tyvek suit.....	1	2	7	8

NGL75. When handling pesticides for lawn care jobs, did you ever get an unusually high amount of pesticides on your skin or clothing while mixing, loading, or applying pesticides, or repairing pesticide equipment, for example, from a spill or a break in a hose?

YES..... 1  
 NO ..... [GO TO NGL77]..... 2  
 REF..... [GO TO NGL77]..... 7  
 DK ..... [GO TO NGL77]..... 8

NGL76. How many times did this happen in total?

| | |  
# TIMES

NGL77. Were chemical fertilizers ever used on the lawns you worked on?

YES..... 1  
NO ..... [GO TO NGL81]..... 2  
REF..... [GO TO NGL81]..... 7  
DK ..... [GO TO NGL81]..... 8

NGL78. Did you ever personally apply chemical fertilizers on the lawns you worked on?

YES..... 1  
NO ..... [GO TO NGL81]..... 2  
REF..... [GO TO NGL81]..... 7  
DK ..... [GO TO NGL81]..... 8

NGL79. For how many years in total did you do this for any part of the year?

# YEARS

NGL80. On average, about how many days per year did you do this?

# DAYS PER YEAR

NGL81. Were natural fertilizers, such as manure, ever used on the lawns you worked on?

YES..... 1  
NO ..... [GO TO CLOSING] ..... 2  
REF..... [GO TO CLOSING] ..... 7  
DK ..... [GO TO CLOSING] ..... 8

NGL82. Did you ever personally apply natural fertilizers on the lawns you worked on?

YES..... 1  
NO ..... [GO TO CLOSING] ..... 2  
REF..... [GO TO CLOSING] ..... 7  
DK ..... [GO TO CLOSING] ..... 8

NGL83. For how many years in total did you do this for any part of the year?

# YEARS

NGL84. On average, about how many days per year did you do this?

# DAYS PER YEAR

Thank you for answering these questions about your jobs you had working in nurseries, greenhouses, or in lawn care. Now I will ask questions about some other industries.

<RETURN TO SECTION OC>

**SISTER JOB MODULE: PAINTER**

PM1. How many different full-time or part-time jobs have you had working as a painter? This includes both paid and volunteer work that took at least 10 hours per week.

--	--

# JOBS

I am going to ask about some specific tasks that you may have done working as a painter.

**<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:>**

In answering these questions, please think about your overall experience in all of your jobs of this type.

PM2. Did you ever use sandpaper to prepare surfaces?

YES ..... 1  
 NO ..... [GO TO PM3]..... 2  
 REF..... [GO TO PM3]..... 7  
 DK ..... [GO TO PM3]..... 8

PM2a. How many years in all did you use sandpaper to prepare surfaces for at least one month per year?

--	--

# YEARS

PM2b. On average, how many months and/or weeks per year did you do this (use sandpaper to prepare surfaces)?

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MONTHS/YR      WEEKS/YR

PM2c. On average, how many hours per week did you do this (use sandpaper to prepare surfaces)?

--	--

# HOURS PER WEEK

PM3. Did you ever strip paint?

YES ..... 1  
 NO ..... [GO TO PM4]..... 2  
 REF..... [GO TO PM4]..... 7  
 DK ..... [GO TO PM4]..... 8

PM3a. How many years in all did you strip paint for at least one month per year?

--	--

# YEARS

PM3b. On average, how many months and/or weeks per year did you do this (strip paint)?

--	--	--	--

MONTHS/YR      WEEKS/YR

PM3c. On average, how many hours per week did you do this (strip paint)?

--	--

# HOURS PER WEEK

	Y	N	REF	DK
PM3d. When you stripped paint, which of the following methods did you commonly use? Did you use...				
a. methylene chloride paint strippers.....	1	2	7	8
b. acids .....	1	2	7	8
c. alkalis or caustic solutions .....	1	2	7	8
d. heat gun.....	1	2	7	8
d. torch .....	1	2	7	8
e. another method .....	1	2	7	8
SPECIFY: _____				

PM4. Did you ever apply primers, or other preparation coats?

YES ..... 1  
NO ..... [GO TO PM5]..... 2  
REF..... [GO TO PM5]..... 7  
DK ..... [GO TO PM5]..... 8

PM4a. How many years in all did you apply primers for at least one month per year?

# YEARS

PM4b. On average, how many months and/or weeks per year did you do this (apply primers)?

MONTHS/YR      WEEKS/YR

PM4c. On average, how many hours per week did you do this (apply primers)?

# HOURS PER WEEK

PM4d1. About how often did you use water-based or latex primers?

Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always..... 5

PM4d2. About how often did you use oil-based or solvent-based primers?

Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always..... 5

PM4d3. About how often did you use epoxy primers?

Rarely or never ..... 1  
Sometimes ..... 2  
Half the time ..... 3  
Most of the time..... 4  
Always..... 5

PM4e. Which of the following did you commonly use to apply the primers? Did you use...

	Y	N	REF	DK
a. brushes .....	1	2	7	8
b. rollers .....	1	2	7	8
c. a spray gun.....	1	2	7	8
d. something else .....	1	2	7	8

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

PM5. Did you ever apply paints?

YES ..... 1  
NO ..... [GO TO PM6]..... 2  
REF..... [GO TO PM6]..... 7  
DK ..... [GO TO PM6]..... 8

PM5a. How many years in all did you apply paints for at least one month per year?

# YEARS

PM5b. On average, how many months and/or weeks per year did you do this (apply paints)?

MONTHS/YR      WEEKS/YR

PM5c. On average, how many hours per week did you do this (apply paints)?

# HOURS PER WEEK

PM5d. About how often did you use water-based paints, for example, latex paints?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

PM5e. About how often did you use oil-based or solvent-based paints?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

PM5f. Which of the following did you commonly use to apply the paints? Did you use...

	Y	N	REF	DK
a. brushes .....	1	2	7	8
b. rollers .....	1	2	7	8
c. a spray gun.....	1	2	7	8
d. sponge or rag application.....	1	2	7	8
e. something else .....	1	2	7	8

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

PM6. Did you ever apply stains or varnishes?

- YES ..... 1
- NO ..... [GO TO PM7]..... 2
- REF..... [GO TO PM7]..... 7
- DK ..... [GO TO PM7]..... 8

PM6a. How many years in all did you apply stains or varnishes for at least one month per year?

# YEARS

PM6b. On average, how many months and/or weeks per year did you do this (apply stains or varnishes)?

MONTHS/YR	WEEKS/YR

PM6c. On average, how many hours per week did you do this (apply stains or varnishes)?

# HOURS PER WEEK

PM6d. About how often did you use water-based stains?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

PM6e. About how often did you use oil-based or solvent-based stains?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

PM6f. About how often did you use water-based varnishes?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

PM6g. About how often did you use oil-based or solvent-based varnishes?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

PM6h. Which of the following did you commonly use to apply the stains or varnishes? Did you use...

	Y	N	REF	DK
a. brushes .....	1	2	7	8
b. rollers .....	1	2	7	8
c. a spray gun.....	1	2	7	8
d. sponge or rag application.....	1	2	7	8
e. something else .....	1	2	7	8

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

PM7. Which of the following did you commonly use to clean up your equipment? Did you use...

	Y	N	REF	DK
a. soap and water .....	1	2	7	8
b. turpentine .....	1	2	7	8
c. mineral spirits or paint thinner.....	1	2	7	8
d. naphtha.....	1	2	7	8
e. anything else .....	1	2	7	8

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

PM8. Which of the following did you commonly use to clean your hands? Did you use...

	Y	N	REF	DK
a. soap and water .....	1	2	7	8
b. turpentine .....	1	2	7	8
c. mineral spirits or paint thinner.....	1	2	7	8
d. naphtha.....	1	2	7	8
d. anything else .....	1	2	7	8

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

PM9. About how often did you wear gloves while working as a painter?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

PM10. About how often did you wear goggles or other eye protection while working as a painter?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

PM11. About how often did you wear a dust mask while working as a painter?

- Rarely or never ..... 1
- Sometimes ..... 2
- Half the time ..... 3
- Most of the time..... 4
- Always..... 5

Thank you for answering these questions about your work as a painter. Now I will ask about some other industries.

<RETURN TO OC>



**SISTER STUDY JOB MODULE: RADIOLOGY TECHNICIAN**

RT1. How many different full-time or part-time jobs have you had working as an x-ray or other radiology technician? This includes both paid and volunteer work that took at least 10 hours per week. |\_|\_|  
# JOBS

I am going to ask about some specific tasks that you may have done while working as an x-ray or other radiology technician. **<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:>** In answering these questions, please think about your overall experience in all of your full-time or part-time jobs of this type.

RT2. Did you ever take X-rays from a room that was separate from the room where the patient was, at least 5 times per week for at least one month out of the year? YES ..... 1  
NO ..... [GO TO RT4]..... 2  
REF..... [GO TO RT4]..... 7  
DK ..... [GO TO RT4]..... 8

RT3. How many years in total did you work in a job where you took X-rays from a separate room (at least 5 times per week for at least one month out of the year)? |\_|\_|  
# YEARS  
[IF LESS THAN 1 YEAR, ENTER "1"]

RT4. Were you ever in the same room where X-rays were being taken at least 5 times per week for at least one month out of the year? YES ..... 1  
NO ..... [GO TO RT11]..... 2  
REF..... [GO TO RT11]..... 7  
DK ..... [GO TO RT11]..... 8

RT5. How many years in total did you work in a job where you were in the same room while X-rays were being taken (at least 5 times per week for at least one month out of the year)? |\_|\_|  
# YEARS  
[IF LESS THAN 1 YEAR, ENTER "1"]

RT6. In the years that you did this, how many months and/or weeks per year, on average, did you do this (work in a job where you were in the same room where X-rays were being taken at least 5 times per week)? |\_|\_|      |\_|\_|  
MONTHS/YR      WEEKS/YR

RT7. On average, how many times per week were you in a room while X-rays were being taken? |\_|\_|\_|  
# TIMES PER WEEK

RT8. How often did you wear a dosimetry or film badge that measured your radiation exposure? Was it... all the time ..... 1  
most of the time ..... 2  
about half of the time..... 3  
some of the time ..... 4  
rarely or never. [GO TO RT10]5  
REF..... [GO TO RT10]7  
DK ..... [GO TO RT10]8  
[IF RESPONDENT SAYS ONLY A FEW TIMES, CODE AS RARELY OR NEVER]

RT9. Did you ever receive a report that your measured dose of radiation was above the safe limit? YES ..... 1  
NO ..... 2  
REF..... 7  
DK ..... 8

RT10. How often did you wear a leaded apron or stand behind a leaded barrier while the x-ray was being taken? all the time ..... 1  
most of the time ..... 2  
about half of the time..... 3  
some of the time ..... 4  
rarely or never..... 5

RT11. Did you ever work at least 5 hours per week for at least one month out of the year performing fluoroscopy?

YES ..... 1  
 NO ..... [GO TO RT15]..... 2  
 REF..... [GO TO RT15]..... 7  
 DK ..... [GO TO RT15]..... 8

RT12. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year performing fluoroscopy)?  
 [IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

RT13. In the years that you did this, how many months and/or weeks per year, on average, did you perform fluoroscopy?

MONTHS/YR       WEEKS/YR

RT14. On average, how many hours per week did you do this? (perform fluoroscopy)?

# HOURS PER WEEK

RT15. Did you ever work at least 5 hours per week for at least one month out of the year in a room where any other sources of radiation were being administered, such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography?

YES ..... 1  
 NO .... [GO TO CLOSING]..... 2  
 REF... [GO TO CLOSING]..... 7  
 DK .... [GO TO CLOSING]..... 8

RT16. How many years in total did you do this (work at least 5 hours per week for at least one month out of the year in a room where other sources of radiation were being administered such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)?  
 [IF LESS THAN 1 YEAR, ENTER "1"]

# YEARS

RT17. In the years that you did this, how many months and/or weeks per year, on average, did you work in a room where other sources of radiation were being administered (such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)?

MONTHS/YR       WEEKS/YR

RT18. On average, how many hours per week did you work in a room where any other sources of radiation were being administered (such as radioisotopes, radionuclides, MRIs, CAT scans, or angiography)?

# HOURS PER WEEK

	Y	N	REF	DK
RT19. Which of the following sources of radiation were present where you worked? Was there...				
a. CAT scan .....	1	2	7	8
b. MRI.....	1	2	7	8
c. Radioactive isotopes or nuclides .....	1	2	7	8
d. Angiography .....	1	2	7	8
e. Any other radiation source.....	1	2	7	8
SPECIFY: _____				

Thank you for answering these questions about your work as a radiology technician. Now I will ask questions about some other industries.

**SISTER STUDY JOB MODULE: ROAD CONSTRUCTION**

- RC1. Did you ever personally do rock drilling? YES..... 1  
NO ..... [GO TO RC5]..... 2  
REF..... [GO TO RC5]..... 7  
DK ..... [GO TO RC5]..... 8
- RC2. How many years in total did you work in a job where you did this (rock drilling)?   
#YEARS
- RC3. In the years that you did this, how many months and/or weeks per year on average did you do this (rock drilling)?  MONTHS/YR  WEEKS/YR
- RC4. On average, how many hours per week did you do this (rock drilling)?   
# HOURS PER WEEK
- RC5. Did you ever use explosives to blast away rock? YES..... 1  
NO ..... [GO TO RC9]..... 2  
REF..... [GO TO RC9]..... 7  
DK ..... [GO TO RC9]..... 8
- RC6. How many years in total did you work in a job where you did this (blast rock)?   
#YEARS
- RC7. In the years that you did this, how many months and/or weeks per year on average did you do this (blast rock)?  MONTHS/YR  WEEKS/YR
- RC8. On average, how many times per week did blasting take place?   
# HOURS PER WEEK
- RC9. Did you ever drive a grader, bulldozer, crane or other heavy equipment? YES..... 1  
NO ..... [GO TO RC14]..... 2  
REF..... [GO TO RC14]..... 7  
DK ..... [GO TO RC14]..... 8
- RC10. How many years in total did you work in a job where you did this (drive heavy equipment)?   
#YEARS
- RC11. In the years that you did this, how many months and/or weeks per year on average did you do this (drive heavy equipment)?  MONTHS/YR  WEEKS/YR

RC12. On average, how many hours per week did you do this (drive heavy equipment)?

□ □ □

# HOURS PER WEEK

RC13. Was the equipment usually powered by diesel fuel?

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

RC14. Did you ever mix concrete?

YES..... 1  
NO ..... [GO TO ]..... 2  
REF..... [GO TO ]..... 7  
DK ..... [GO TO ]..... 8

RC15. How many years in total did you work in a job where you did this (mix concrete)?

□ □

#YEARS

RC16. In the years that you did this, how many months and/or weeks per year on average did you do this (mix concrete)

□ □

MONTHS/YR

□ □

WEEKS/YR

RC17. On average, how many hours per week did you do this (mix concrete)?

□ □ □

# HOURS PER WEEK

RC18. Did you usually mix the concrete in a concrete mixer?

YES..... 1  
NO ..... [GO TO RC21]..... 2

RC19. Was the mixer powered by gasoline, diesel fuel or something else?

GASOLINE ..... 1  
DIESEL ..... 2  
SOMETHING ELSE ..... 3

Please specify:

\_\_\_\_\_

RC20. Did you usually feed the mixer yourself?

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

RC21. Did you ever lay or spray concrete?

YES..... 1  
NO ..... [GO TO RC25]..... 2  
REF..... [GO TO RC25]..... 7  
DK ..... [GO TO RC25]..... 8

RC22. How many years in total did you work in a job where you did this (lay concrete)?

□ □

#YEARS

RC23. In the years that you did this, how many months and/or weeks per year on average did you do this (lay concrete)?

□ □

MONTHS/YR

□ □

WEEKS/YR

RC24. On average, how many hours per week did you do this (lay concrete)?

# HOURS PER WEEK

RC25. Did you ever grind or break up concrete?

- YES..... 1
- NO ..... [GO TO RC30]..... 2
- REF..... [GO TO RC30]..... 7
- DK ..... [GO TO RC30]..... 8

RC26. How many years in total did you work in a job where you did this (grind or break up concrete)?

#YEARS

RC27. In the years that you did this, how many months and/or weeks per year on average did you do this (grind or break up concrete)?

MONTHS/YR

WEEKS/YR

RC28. On average, how many hours per week did you do this (grind or break up concrete)?

# HOURS PER WEEK

RC29. On average, how many hours per week did you use tools or equipment powered by gasoline or diesel to break up concrete?

# HOURS PER WEEK

RC30. Did you ever lay asphalt?

- YES..... 1
- NO ..... [GO TO RC34]..... 2
- REF..... [GO TO RC34]..... 7
- DK ..... [GO TO RC34]..... 8

RC31. How many years in total did you work in a job where you did this (lay asphalt)?

#YEARS

RC32. In the years that you did this, how many months and/or weeks per year on average did you do this (lay asphalt)?

MONTHS/YR

WEEKS/YR

RC33. On average, how many hours per week did you do this (lay asphalt)?

# HOURS PER WEEK

RC34. Did you ever help build tunnels?

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

RC35. Did you ever work inside the tunnel? YES..... 1  
NO .....[GO TO \*]..... 2

RC36. How many years in total did you work in a job where you did this (work inside tunnels)?   
#YEARS

RC37. In the years that you did this, how many months and/or weeks per year on average did you do this (work inside tunnels)?  MONTHS/YR  WEEKS/YR

RC38. On average, how many hours per week did you do this (work inside tunnels)?   
# HOURS PER WEEK

RC39. Did you drive or operate equipment that was powered by diesel while you were in the tunnel? YES..... 1  
NO ..... 2

RC40. Did you drive or operate equipment that was powered by gasoline while you were in the tunnel? YES..... 1  
NO ..... 2

\* Thank you for answering these questions about your work doing road construction. Now I will ask questions about some other industries.

<RETURN TO OC>

## SISTER STUDY JOB MODULE: TEACHER

TM1. How many different full-time or part-time jobs have you had working as a teacher? This includes both paid and volunteer work that took at least 10 hours per week.

# JOBS

I am going to ask about some specific tasks that you may have done while working as a teacher.  
**<IF MORE THAN 1 JOB READ THE FOLLOWING SCRIPT:>** In answering these questions, please think about your overall experience in all of your jobs of this type.

	Y	N	REF	DK
TM2. Which of the following grade levels have you taught? Have you taught...				
a. nursery school or preschool .....	1	2	7	8
b. elementary school or kindergarten.....	1	2	7	8
c. junior high or middle school.....	1	2	7	8
d. high school.....	1	2	7	8
e. vocational or technical school.....	1	2	7	8
f. college or university.....	1	2	7	8
g. something else .....	1	2	7	8
SPECIFY: _____				

TM3. Have you ever taught... [SUBJECT]	TM4. Did you teach a lab in the [SUBJECT] class?	TM5. How many years and/or months in total did you teach a [SUBJECT] lab?
a. biology      YES..... 1 NO....[GO TO TM3b] .. 2 REF ..[GO TO TM3b] .. 7 DK....[GO TO TM3b] .. 8	YES ..... 1 NO ... [GO TO TM3b]...2 REF . [GO TO TM3b]...7 DK... [GO TO TM3b]...8	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>              #YEARS           </div> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>              #MONTHS           </div> </div>
b. chemistry    YES..... 1 NO....[GO TO TM6] ... 2 REF ...[GO TO TM6] ... 7 DK....[GO TO TM6] ... 8	YES ..... 1 NO .... [GO TO TM6]...2 REF .. [GO TO TM6]...7 DK.... [GO TO TM6]...8	<div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>              #YEARS           </div> <div style="text-align: center;"> <input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>              #MONTHS           </div> </div>

TM6. Have you ever taught... [SUBJECT]	TM7. How many years and/or months in total did you teach [SUBJECT]?
a. art            YES ..... 1 NO... [GO TO TM6b]...2 REF. [GO TO TM6b]...7 DK... [GO TO TM6b]...8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> #YEARS           </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> #MONTHS           </div> </div>
b. wood shop    YES ..... 1 NO... [GO TO TM6c]...2 REF. [GO TO TM6c]...7 DK... [GO TO TM6c]...8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> #YEARS           </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> #MONTHS           </div> </div>
c. auto shop     YES ..... 1 NO... [GO TO TM6d]...2 REF. [GO TO TM6d]...7 DK... [GO TO TM6d]...8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> #YEARS           </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> #MONTHS           </div> </div>
d. another shop   YES ..... 1 class            NO..... [GO TO *] .....2 SPECIFY:        REF..... [GO TO *] .....7 _____     DK..... [GO TO *] .....8	<div style="display: flex; justify-content: space-around;"> <div style="text-align: center;"> <input type="text"/><input type="text"/> #YEARS           </div> <div style="text-align: center;"> <input type="text"/><input type="text"/> #MONTHS           </div> </div>

**<\*ASK TM8 ONLY IF ANY OF THE ABOVE (TM3a-b, 6a-d) ARE YES; ELSE GO TO TM9.>**

TM8. Did you use any of the following materials in your class?	Y	N	REF	DK
a. acetone .....	1	2	7	8
b. acids .....	1	2	7	8
c. alcohol.....	1	2	7	8
d. benzene .....	1	2	7	8
e. chloroform .....	1	2	7	8
f. ethers.....	1	2	7	8
g. gasoline .....	1	2	7	8
h. glues (any type).....	1	2	7	8
i. hydraulic fluids .....	1	2	7	8
j. ketones .....	1	2	7	8
k. oil based paints .....	1	2	7	8
l. other paints.....	1	2	7	8
m. turpentine .....	1	2	7	8
n. paint thinner or mineral spirits.....	1	2	7	8
o. varnish.....	1	2	7	8
p. esters .....	1	2	7	8
q. caustic solutions.....	1	2	7	8
r. oils (motor oils, linseed, etc.).....	1	2	7	8
s. anything else .....	1	2	7	8
SPECIFY: _____				



<ASK EVERYONE:>

TM9. Did you ever use a blue or black ink mimeograph or "ditto" machine? This is not a photocopier.

YES ..... 1  
NO ..... [GO TO TM13] ..... 2  
REF ..... [GO TO TM13] ..... 7  
DK ..... [GO TO TM13] ..... 8

TM10. About how many years and/or months in all were you in a job where you used a mimeograph machine?

# YEARS # MONTHS

TM11. When you were in a job where you used a mimeograph machine, on average, how many times per day, per week, per month, or per year did you use a mimeograph machine?

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

TM12. Each time you used a mimeograph machine, about how long, on average did it take?

# OF  
MINUTES ..... 1  
HOURS ..... 2

TM13. Did you ever use a chalkboard?

YES ..... 1  
NO ..... [GO TO TM17] ..... 2  
REF ..... [GO TO TM17] ..... 7  
DK ..... [GO TO TM17] ..... 8

TM14. About how many years in total did you work in a job where you used a chalkboard?

# YEARS

TM15. In the years that you did this, about how many months and/or weeks per year did you use a chalkboard?

MONTHS/YR WEEKS/YR

TM16. On average, about how many hours per week did you spend writing or erasing at the chalkboard?

# HOURS PER WEEK

TM17. Did you ever use a dry erase marker board, or white board?

YES ..... 1  
NO ..... [GO TO CLOSING] ... 2  
REF ..... [GO TO CLOSING] ... 7  
DK ..... [GO TO CLOSING] ... 8

TM18. About how many years in total did you work in a job where you used a dry erase marker board, or white board?

# YEARS

TM19. In the years that you did this, about how many months and/or weeks per year did you use a dry erase marker board, or white board?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
MONTHS/YR		WEEKS/YR	

TM20. On average, about how many hours per week did you spend writing or erasing at the dry erase marker board, or white board?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
# HOURS PER WEEK			

Thank you for answering these questions about your work as a teacher. Now I will ask questions about some other industries.

*National Institute of Environmental Health Science / National Institutes of Health / Department of Health and Human Services*

**SECTION PG: MENARCHE, PREGNANCY AND INFERTILITY**

This ends the questions about your work history. Now I'd like to ask you about your reproductive history. Specifically, about your menstrual cycles, any planned or unplanned pregnancies, and your use of different birth control methods. The purpose of this section is to gain a better understanding of health issues that may be related to reproduction.

PG1. How old were you when you had your first menstrual period?  
**<SOFT EDIT IF LESS THAN 10 YEARS OLD OR MORE THAN 17 YEARS OLD>**  
 [IF R HAS NEVER HAD A PERIOD, ENTER '96' FOR YEARS]

      
 YEARS    MONTHS

**<IF PG1-YEARS = 96 GO TO PG4>**

**<ASK ONLY IF PG1 = DK>**

PG2. What grade were you in when you had your first menstrual period? [HIGH SCHOOL FRESHMAN = 09, SOPHOMORE = 10, JUNIOR = 11, SENIOR = 12]

GRADE IN SCHOOL

**<SOFT EDIT IF BEFORE 5TH GRADE OR LATER THAN 12TH GRADE>**

**<ASK ONLY IF PG2 = DK>**

PG3. Do you think your period started before, after, or around the same time as other girls your age?

BEFORE ..... 1  
 AFTER ..... 2  
 SAME TIME ..... 3

PG4a. Are you currently pregnant?

YES ..... 1  
 NO ..... [PG4b] ..... 2

**<ASK ONLY IF PG4a = YES:>**

PG4a1. What is your due date?

/   /     
 MONTH    DAY    YEAR

The next questions are about any pregnancies you may have had. When thinking about these questions, please include ectopic and molar pregnancies as well as any pregnancies which may have ended in miscarriage or abortion.

**<FILL BASED ON R'S CURRENT PREGNANCY STATUS>**

PG4b. Have you [ever been pregnant/had any other pregnancies before this one]?

YES ..... 1  
 NO ..... [PG29] ..... 2  
 REF ..... [PG29] ..... 7  
 DK ..... [PG29] ..... 8

**<FILL IF R IS CURRENTLY PREGNANT>**

PG5. How many times have you been pregnant? [Please count only past pregnancies.]

# PREGNANCIES

I'd like to ask you about [this pregnancy/each of these pregnancies starting with your first pregnancy].

**<BEGIN REPEATING RECORD – PREGNANCY>**

PG6. How did your [first/second/etc.] pregnancy end? Was it a...  
 [WE ARE LOOKING FOR THE FINAL OUTCOME]

single live birth ..... [PG9] ..... 01  
 multiple birth ..... [PG9] ..... 02

OF THE PREGNANCY. THAT IS, HOW MANY BABIES WERE DELIVERED, OR IF THERE WAS NO DELIVERY, WE WANT TO KNOW HOW THE PREGNANCY ENDED.]

- single stillbirth..... [PG9] ..... 03
- miscarriage (including spontaneous abortion)..... 04
- elective or therapeutic abortion..... 05
- tubal or ectopic pregnancy ..... 06
- molar pregnancy..... 07

PG7. How many months and/or weeks did this pregnancy last? [PROBE:] Beginning with the last normal menstrual period before this pregnancy, how far along were you when this pregnancy ended?

# MONTHS    # WEEKS

PG8. How old were you when this pregnancy ended?

AGE
   
**<GO TO PG26>**

PG9. What was the month and year that this pregnancy ended? [IF R SAYS DK, PROBE: Is it the month you don't know, the year, or both?]

MONTH            YEAR

REF ..... [\*] ..... 7

**<IF PG9 MONTH AND PG9 YEAR = DK AND PG6 = 01 OR 03, GO TO PG17; IF PG6 = 02, GO TO PG11.>**

**<\* IF PG6 = 01 OR 03, GO TO PG17; IF PG6 = 02, GO TO PG11.>**

**<ASK ONLY IF PG9 MONTH = DK AND PG9 YEAR IS ANSWERED>**

- PG10. In what season did your [*first/second/etc.*] pregnancy end?
- WINTER ..... 01
  - SPRING ..... 04
  - SUMMER ..... 07
  - FALL..... 10

**<IF PG6 = 01 OR 03, GO TO PG17; IF PG6 = 02, CONTINUE.>**

**<ASK ONLY IF PG6 = 02:>**

- PG11. Were any of these babies stillborn?
- YES ..... 1
  - NO..... 2

PG12. How many babies did you deliver [*including stillbirths*]?

**<CODE LIST BEGINS WITH 02 TO REDUCE KEYING ERRORS>**

- 2/TWINS ..... 02
- 3/TRIPLETS ..... 03
- 4/QUADRUPLETS..... 04
- 5/QUINTUPLETS ..... 05
- 6/SEXTUPLETS ..... 06
- 7 OR MORE..... 07

**<BEGIN REPEATING RECORD – MULTIPLE BIRTH PREGNANCY>**

**<ASK ONLY IF PG11 = YES; ELSE GO TO PG14>**

- PG13. Was the [*first/next*] baby delivered a live birth?
- YES ..... 1
  - NO..... 2

PG14. Was the [*first/next*] baby a girl or boy? [IF R SAYS THE BABY WAS A HERMAPHRODITE, OR WAS

- GIRL ..... 1
- BOY ..... 2

BORN WITH BOTH SEXES, ENTER AS "DON'T  
KNOW" AND REMARK.]

PG15. How much did that baby weigh at delivery?  
 [IF R REPORTS WEIGHT IN GRAMS, ENTER '96'  
 FOR POUNDS AND RECORD WEIGHT IN GRAMS.]  
 [VERIFY POUNDS OR GRAMS]

POUNDS OUNCES

GRAMS

**<GO TO NEXT  
 BABY OR PG20>**

**<IF PG15 = DK, ASK>**

PG16. Was this baby's birth weight less than five  
 pounds, or was it five pounds or more?

< 5 POUNDS (<2268 GRAMS) ..... 1  
 5 OR MORE POUNDS (2268  
 GRAMS OR MORE) ..... 2

**<END REPEATING RECORD – MULTIPLE BIRTH PREGNANCY**

**<ASK ONLY IF PG6 = 01 OR 03>**

PG17. Was this baby a girl or a boy? [IF R SAYS THE BABY  
 WAS A HERMAPHRODITE, OR WAS BORN WITH  
 BOTH SEXES, ENTER AS "DON'T KNOW" AND  
 REMARK.]

GIRL ..... 1  
 BOY ..... 2

PG18. How much did the baby weigh at delivery?  
 [IF R REPORTS WEIGHT IN GRAMS, ENTER '96'  
 FOR POUNDS AND RECORD WEIGHT IN GRAMS.]  
 [VERIFY POUNDS OR GRAMS]

POUNDS OUNCES

GRAMS

**<IF PG18 = DK, ASK>**

PG19. Was this baby's birth weight less than five  
 pounds, or was it five pounds or more?

< 5 POUNDS (<2268 GRAMS) ..... 1  
 5 OR MORE POUNDS (2268  
 GRAMS OR MORE) ..... 2

**<ASK FOR ALL MULTIPLE BIRTHS, SINGLE LIVE BIRTHS AND SINGLE STILLBIRTHS>**

PG20. Did you deliver [*this baby/these babies*] within one  
 week of your due date, more than one week before your  
 due date, or more than one week after your due date?

WITHIN ONE WEEK OF  
 DUE DATE ..... [\*] ..... 1  
 MORE THAN ONE WEEK  
 BEFORE DUE DATE ..... 2  
 MORE THAN ONE WEEK  
 AFTER DUE DATE ..... 3

**<\* IF PG6 = 01 OR 02, GO TO PG23; IF PG6 = 03, GO TO PG24a.>**

**<ASK ONLY IF PG20 = 2 OR 3:>**

PG21. How many months, weeks, and/or days [*before/after*]  
 your due date [*was this baby/were these babies*]  
 delivered?

MONTHS WEEKS DAYS



**<FILL PARENTHESES ONLY FOR PREGNANCIES AFTER THE FIRST>**  
**<USE THE FILL “this time” ONLY FOR PREGNANCIES AFTER THE FIRST>**

[(]We are interested in how easy or difficult it was for you to get pregnant [*this time*]. This next question is about how many months in a row you had sexual intercourse without using any method of birth control before this pregnancy, whether or not you were trying to get pregnant. For our purposes, birth control includes condoms, diaphragms, pills, patches, injections, implants like Norplant, IUDs, the rhythm method, withdrawal, vasectomy, and tubal ligation.[)]

**<FILL “with a man” IF SE11 = 2 OR 3>**

PG27. Before this pregnancy, did you have sexual intercourse *[with a man]* at least once per month without using birth control for at least 12 months in a row? (Birth control includes condoms, diaphragms, pills, patches, injections, IUDs, the rhythm method, withdrawal, vasectomy, and tubal ligation.)

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

**<END REPEATING RECORD – PREGNANCY>**

PG28. I have recorded a total of [# *OF PREGNANCIES*] pregnancies. Have you had any other pregnancies that I have not recorded?

YES .....[PG5]..... 1  
 NO ..... 2

**<IF PG28 = YES, AMEND PG5 AND COMPLETE APPROPRIATE QUESTIONS PG6–PG27>**

**<FILL PARENTHESES ONLY IF PG5 = 1>**

Next, I will ask about your fertility. Please think about times in your life, if any, when you regularly had sexual intercourse without using any method of birth control and without getting pregnant. [(]For our purposes, birth control includes condoms, diaphragms, pills, patches, injections, implants like Norplant, IUDs, the rhythm method, withdrawal, vasectomy, and tubal ligation.[)]

**<FIRST FILL ONLY IF PG27 = YES>**

**<SECOND FILL “with a man” IF SE11 = 2 OR 3>**

**<THIRD FILL FOR WOMEN ≥40 YEARS OF AGE>**

PG29. [*Aside from the time[s] when it took a year or more for you to become pregnant, has/Has*] there ever been a period of time lasting 12 months in a row or longer when you were having sexual intercourse [*with a man*] at least once per month without using birth control, yet you did not become pregnant? [*If you have gone through menopause, please think only about the time before menopause.*]

YES ..... 1  
 NO ..... [PG31] ..... 2  
 NEVER HAD SEXUAL INTER-COURSE W/ A MAN ..... [PG31]..... 3

PG30. How old were you when this first happened? | |  
AGE

PG31. Did you ever visit a doctor, clinic or hospital to seek help for you to become pregnant?

YES ..... 1  
 NO ..... [PG34] ..... 2

PG32. How old were you when you first visited a doctor to seek help for you to become pregnant? | |  
AGE

PG33. Did you ever receive X-rays on your pelvic area to treat infertility?

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

Now I’d like to ask about fertility medications. These are drugs that are used to help women become pregnant, or



to stimulate the release of eggs for donation. Fertility drugs are often taken by injection, but may be taken in pill form or as a nasal spray.

**<BEGIN REPEATING RECORD – FERTILITY DRUGS>**

PG34. **<FIRST OCCURRENCE>** Have you ever taken any medications to help you become pregnant, or for egg donation? Please do not include medications you may have taken to prevent miscarriages. YES ..... [PG35] ..... 1  
NO.....[NEXT SECTION] ..... 2

PG34a. **<ALL OTHER OCCURRENCES>** Have you ever taken any other medications to help you become pregnant? Please do not include any medications you may have taken to prevent miscarriages. YES ..... [PG36] ..... 1  
NO..... [PG42] ..... 2

**<IF INT16, INT19 OR INT20 = NO, GO TO PG36>**

PG35. Please find the medications booklet from your Sister Study kit. [WAIT FOR R TO BRING TO THE PHONE.] Do you have the medications booklet in front of you? YES ..... 1  
NO..... 2

**<FILL IF PG35 = YES>**

PG36. [Please look at List A on page 1 of your medications booklet.] What is the [code or] name of the [first/next] medication you took? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.] \_\_\_\_\_  
MEDICATION NAME

PG37. What was your age when you first started taking [FERTILITY DRUG]?    
AGE

PG38. For how many months or menstrual cycles in all did you take this medication? [IF R OFFERS BOTH MONTHS AND CYCLES, REPORT NUMBER OF CYCLES.]    
# OF  
MONTHS ..... 1  
MENSTRUAL CYCLES ..... 2

PG39. Did any of the cycles of this medication result in a pregnancy that lasted 10 or more weeks? YES ..... 1  
NO..... [NEXT MED OR PG42] ..... 2

PG40. How many times did this occur?    
# OF  
PREGNANCIES

**<BEGIN REPEATING RECORD – FERTILITY DRUG PREGNANCIES>**

PG41. How old were you when [this/the first/the next] pregnancy (that lasted 10 or more weeks) occurred?    
AGE

**<END REPEATING RECORD – FERTILITY DRUG PREGNANCIES>**

**<END REPEATING RECORD – FERTILITY DRUGS>**

PG42. Did a doctor or medical professional ever tell you that you had Ovarian Hyperstimulation Syndrome (OHSS), a complication of fertility drugs? YES ..... 1  
NO.....[NEXT SECTION] ..... 2

PG43. How old were you when you were first diagnosed with OHSS?

--	--

AGE

**SECTION HR: HORMONES**

Now I would like to ask about your use of birth control methods that involve hormones. Please be sure to include any hormonal birth control methods you have used for contraception, control of menstrual cycles, or any other medical reason. For this section, please do not include non-hormonal birth control methods such as condoms, diaphragms, spermicides, rhythm method, withdrawal, or vasectomy.

- HR1. Have you ever used any of the following hormonal birth control methods for contraception, cycle control, or any other medical reason?
- |   |   |   |
|---|---|---|
|   | Y | N |
| a. birth control pills.....                                   | 1 | 2 |
| b. a Norplant implant<br>inserted in your arm .....           | 1 | 2 |
| c. Depo-Provera injections .....                              | 1 | 2 |
| d. birth control patches.....                                 | 1 | 2 |
| e. an intrauterine device, or IUD<br>containing hormones..... | 1 | 2 |
| f. any other type of<br>hormonal birth control .....          | 1 | 2 |
- <IF “NO” TO ALL HR1a-f, GO TO HR8>**

Next I would like to ask you questions about when you used these birth control methods. I will ask you at what ages you've used different birth control methods. If you've used any method off and on over a period of years, please try your best to remember each time you stopped for at least 3 months and then started again. Please do not include non-hormonal birth control methods such as condoms, diaphragms, spermicides, rhythm method, withdrawal, or vasectomy.

**<BEGIN REPEATING RECORDS – BIRTH CONTROL>**

**<FILL “BC NAME” IF ONLY ONE ITEM CHOSEN IN HR1; FILL “any of these hormonal birth control methods” IF MORE THAN ONE ITEM CHOSEN IN HR1>**

- HR2. **<FIRST OCCURRENCE:>** How old were you when you [first/next] started using [BC NAME/ any of these hormonal birth control methods]? | |  
AGE
- [IF R HAS NOT USED ANOTHER METHOD, ENTER “96”] **<IF AGE = 96 GO TO HR8>**

**<IF ONLY ONE ITEM CHOSEN IN HR1, DO NOT ASK HR3 (SKIP TO HR4)>**

- HR3. What type of hormonal birth control was it? birth control pills..... 01  
Was it... a Norplant implant ..... 02  
Depo-Provera injections ..... 03  
birth control patches..... 04  
an intrauterine device, or IUD,  
    containing hormones..... 05  
any other type of  
    hormonal birth control ..... 06  
SPECIFY: \_\_\_\_\_

**<IF HR2 = CURRENT AGE GO TO HR6>**

- HR4. Have you stopped using [FILL FROM HR3] since you were age [AGE FROM HR2]? YES..... 1  
Only consider times when you stopped for three months or longer. NO..... [HR6] ..... 2  
REF..... [HR6] ..... 7  
DK..... [HR6] ..... 8

- HR5. How old were you when you [first/next] stopped using [FILL FROM HR3] for three months or longer? | |  
AGE
- <GO TO HR2>**

HR6. Are you currently using [FILL FROM HR3]? YES..... [\*]..... 1  
 NO.....[HR2] ..... 2  
 REF.....[HR2] ..... 7  
 DK.....[HR2] ..... 8

<\* IF HR3 = 01 OR 04, ASK HR7; ELSE GO TO HR2>

HR7. What is the name of the birth control  
 [pill/patch] you are currently using? \_\_\_\_\_  
 BIRTH CONTROL NAME  
 <GO TO HR2>

<END REPEATING RECORDS – BIRTH CONTROL>

HR8. Have you ever had a tubal ligation, that is,  
 had your tubes tied? YES..... 1  
 NO.....[HR12] ..... 2  
 REF.....[HR12] ..... 7  
 DK.....[HR12] ..... 8

HR9. At what age did you have a tubal ligation?    
 AGE

HR10. Did you ever have surgery to have the  
 tubal ligation reversed? YES..... 1  
 NO.....[HR12] ..... 2  
 REF.....[HR12] ..... 7  
 DK.....[HR12] ..... 8

HR11. At what age did you have it reversed?    
 AGE

**Hormone Replacement Therapy**

Now I would like to ask you about your use of female hormones such as estrogen or progesterone for the control of hot flashes or other menopausal symptoms. This is sometimes referred to as “hormone replacement therapy” or “HRT” and may be in the form of pills or patches. Some women may also be taking medications to prevent bone loss, heart disease, or breast cancer. When answering these next questions, please do not include creams or suppositories, herbal preparations, soy treatments, or fertility drugs.

HR12. Have you ever used any of the following? Y N  
 Have you used... a. estrogen or progesterone.....1 2  
 b. tamoxifen or Nolvadex; these are  
 taken to prevent breast cancer.....1 2  
 c. raloxifene or Evista.....1 2  
 <IF “NO” TO ALL HR12a-c, GO TO HR22>

Next I would like to ask you questions about when you used these hormone replacement, or breast cancer or bone loss therapies. I will ask you at what ages you've used different therapies. If you've used any therapy off and on over a period of years, please try your best to remember each time you stopped for at least 3 months and then started again. Please do not include creams or suppositories, herbal preparations, soy treatments, or fertility drugs.

<BEGIN REPEATING RECORDS – HRT>

HR13. How old were you when you [first/next] started using \_\_\_\_\_  
 [estrogen or progesterone/tamoxifen or Nolvadex/raloxifene  
 or Evista]?    
 AGE  
 <IF AGE = 96 GO TO HR22>  
 [IF R HAS NOT USED ANOTHER METHOD, ENTER “96”]  
 [IF R OFFERS MORE THAN ONE METHOD: “Please tell me  
 about these one at a time.”]

**<IF ONLY ONE ITEM CHOSEN IN HR12, DO NOT ASK HR14>**

HR14. What type of therapy was it?  
[IF R OFFERS MORE THAN ONE METHOD: "Please tell me about these one at a time."]  
female hormone replacement..... 1  
tamoxifen or Nolvadex ..... [HR17]... 2  
raloxifene or Evista..... [HR17]... 3

HR15. What type of female hormone replacement therapy did you use? Was it...  
a combined pill containing both estrogen and progesterone [SUCH AS PREMPRO] ..... [HR17].. 01  
an estrogen-only pill [SUCH AS PREMARIN] ... [HR17].. 02  
an estrogen pill and a separate progesterone pill [PROVERA] ..... 03  
a progesterone-only pill ..... 04  
an estrogen-only patch ..... [HR17].. 05  
a patch containing both estrogen and progesterone ..... [HR17].. 06  
estrogen pills or patches, but you don't know if they also contain progesterone ..... [HR17].. 07  
some other type of therapy..... [HR17].. 08  
SPECIFY: \_\_\_\_\_

HR16. Did you take the progesterone pills...  
every day..... 1  
2 to 3 weeks each month..... 2  
less than 2 weeks each month ..... 3  
some other way ..... 4  
SPECIFY: \_\_\_\_\_

**<IF HR13 = CURRENT AGE GO TO HR19>**

HR17. Have you stopped using [FILL FROM HR14] since you were age [AGE FROM HR13]? Only consider times when you stopped for three months or longer.  
YES..... 1  
NO.....[HR19] ..... 2  
REF.....[HR19] ..... 7  
DK.....[HR19] ..... 8

HR18. How old were you when you [first/next] stopped using [FILL FROM HR14] for three months or longer?  

--	--

  
AGE

**<GO TO HR13>**

HR19. Are you currently taking this therapy?  
YES..... [\*]..... 1  
NO.....[HR13] ..... 2  
REF.....[HR13] ..... 7  
DK.....[HR13] ..... 8

**<\* IF HR14 = 1, ASK HR20; ELSE GO TO HR13>**

**<BEGIN REPEATING RECORDS – HRT NAME>**

HR20. What is the name of the hormone replacement product you are currently using? \_\_\_\_\_ HRT NAME

HR21. Are you currently taking any other hormone replacement product?  
YES.....[HR20] ..... 1  
NO.....[HR13] ..... 2  
REF.....[HR13] ..... 7  
DK.....[HR13] ..... 8

**<END REPEATING RECORDS – HRT NAME>**

**<END REPEATING RECORDS – HRT>**

## Medical Procedures

**<IF R IS CURRENTLY PREGNANT, GO TO HR40>**

Next I will ask you questions about some medical procedures that can stop your menstrual periods.

HR22. Have you ever had radiation or chemotherapy that permanently stopped your menstrual periods?

YES..... 1  
 NO.....[HR24] ..... 2  
 REF.....[HR24] ..... 7  
 DK.....[HR24] ..... 8

HR23. At what age did you start the radiation or chemotherapy that permanently stopped your periods?

AGE

HR24. Have you ever had a uterine or endometrial ablation?

YES..... 1  
 NO.....[HR29] ..... 2  
 REF.....[HR29] ..... 7  
 DK.....[HR29] ..... 8

HR25. At what age did you have the ablation?

AGE

HR26. Did your menstrual periods stop as a result of this ablation?

YES..... 1  
 NO.....[HR29] ..... 2  
 REF.....[HR29] ..... 7  
 DK.....[HR29] ..... 8

HR27. Did your menstrual periods ever resume?

YES..... 1  
 NO.....[HR29] ..... 2  
 REF.....[HR29] ..... 7  
 DK.....[HR29] ..... 8

HR28. How many years and/or months in total did your menstrual periods stop?

    
 
  
 # YEARS # MONTHS

HR29. Have you ever had a uterine embolization (also known as a uterine artery embolization or uterine fibroid embolization)?

YES..... 1  
 NO.....[HR34] ..... 2  
 REF.....[HR34] ..... 7  
 DK.....[HR34] ..... 8

HR30. At what age did you have the embolization?

AGE

HR31. Did your menstrual periods stop as a result of this embolization?

YES..... 1  
 NO.....[HR34] ..... 2  
 REF.....[HR34] ..... 7  
 DK.....[HR34] ..... 8

HR32. Did your menstrual periods ever resume?

YES..... 1  
 NO.....[HR34] ..... 2  
 REF.....[HR34] ..... 7  
 DK.....[HR34] ..... 8

HR33. How many years and/or months in total did your menstrual periods stop?

    
 
  
 # YEARS # MONTHS

HR34. Have you ever had a hysterectomy, that is, an operation to remove your uterus or womb?

YES..... 1  
NO.....[HR40] ..... 2  
REF.....[HR40] ..... 7  
DK.....[HR40] ..... 8

HR35. At what age did you have the hysterectomy?

AGE

HR36. In the six months before your hysterectomy, did you have any of the following...

Y N  
a. abnormal bleeding.....1 2  
b. pelvic pain.....1 2  
c. urinary incontinence .....1 2  
d. uterine prolapse.....1 2  
e. any other symptoms .....1 2  
SPECIFY: \_\_\_\_\_

HR37. Did you have part or all of either of your ovaries removed at the same time you had the hysterectomy?

YES..... 1  
NO.....[HR39] ..... 2  
REF.....[HR39] ..... 7  
DK.....[HR39] ..... 8

HR38. Did you have...

both ovaries totally removed... [HR45].... 1  
one ovary totally removed ..... 2  
part of one or part of  
both ovaries removed..... 3

HR39. Did you still have part of at least one ovary left after the hysterectomy?

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

<BEGIN REPEATING RECORDS – OVARIAN SURGERY>

<FILL IF HR37 – YES.>

HR40. <FIRST OCCURRENCE:> [*Aside from during your hysterectomy,*] Have you ever had surgery to remove part or all of either of your ovaries? Please include wedge resections on the ovaries.

YES..... 1  
NO.....[HR45] ..... 2  
REF.....[HR45] ..... 7  
DK.....[HR45] ..... 8

<ALL OTHER OCCURRENCES:> Have you had any other surgeries to remove part or all of either of your ovaries? (Please include wedge resections on the ovaries.)

HR41. What was the reason for this surgery? Was it...

Y N  
a. ovarian cysts .....1 2  
b. ovarian cancer .....1 2  
c. some other reason .....1 2  
SPECIFY: \_\_\_\_\_

HR42. At what age did you [*first/next*] have ovarian surgery?

AGE

HR43. During this surgery did you have...

both ovaries totally removed... [HR45].... 1  
one ovary totally removed ..... 2  
part of one or part of  
both ovaries removed..... 3

<IF R IS CURRENTLY PREGNANT, GO TO HR40>

<ASK HR44 ONLY IF HR43 = 2 OR 3>

HR44. Did you still have part of at least one ovary left after this surgery? YES.....[HR40] ..... 1  
NO..... 2

<END REPEATING RECORDS – OVARIAN SURGERY>

Menstrual Cycles, LMP, and Menopause

Now I'd like to ask you some questions about your menstrual cycles.

<IF R IS CURRENTLY PREGNANT, GO TO HR47>

<IF R DID NOT HAVE A HYSTERECTOMY (HR34 = NO), SKIP HR45;

IF R HAD A HYSTERECTOMY (HR34 = YES) AND NO OTHER MEDICAL PROCEDURES (HR22 = NO, HR24 = NO; HR29 = NO, HR40 = NO), ASK HR45;

IF R HAD A HYSTERECTOMY (HR34 = YES) AND RAD/CHEMO (HR22 = YES), SKIP HR45;

IF R HAD A HYSTERECTOMY (HR34 = YES) AND ABLATION THAT STOPPED PDS (HR24 = YES AND HR26 = YES), SKIP HR45;

IF R HAD A HYSTERECTOMY (HR34 = YES) AND ABLATION BUT PDS DID NOT STOP (HR24 = YES AND HR26 = NO), ASK HR45;

IF R HAD A HYSTERECTOMY (HR34 = YES) AND EMBOLIZATION THAT STOPPED PDS (HR29 = YES AND HR31 = YES), SKIP HR45;

IF R HAD A HYSTERECTOMY (HR34 = YES) AND EMBOLIZATION BUT PDS DID NOT STOP (HR29 = YES AND HR31 = NO), ASK HR45;

IF R HAD HYST (HR34 = YES) AND ALSO HAD OVAR SURG (HR40 = YES), AND AGE(S) OF OVAR SURG (HR42) > AGE OF HYST (HR35), ASK HR45;

IF R HAD HYST AND OVAR SURG, AND AGE(S) OF OVAR SURG < AGE OF HYST, AND R STILL HAD OVARIAN TISSUE (HR44 = YES), ASK HR45;

IF R HAD HYST AND OVAR SURG, AND AGE(S) OF OVAR SURG < AGE OF HYST, AND R HAD NO OVARIAN TISSUE REMAINING (EITHER HR43 = 1 OR HR44 = NO), SKIP HR45>

HR45. Had your menstrual periods stopped permanently before your hysterectomy? YES..... [\*] ..... 1  
NO.....[HR50] ..... 2  
REF..... 7  
DK..... 8

<\* IF HR45 = YES AND R HAD OVAR SURG (HR40 = YES) AND HYST (HR34 = YES), AND AGE(S) OF OVAR SURG (HR42) < AGE OF HYST (HR35), AND R STILL HAD OVARIAN TISSUE (HR44 = YES), ASK HR46; FOR ALL OTHER HR45 = YES, GO TO HR49

<IF R DID NOT HAVE OVARIAN SURGERY (HR40 = NO), SKIP HR46;

IF R HAD OVARIAN SURGERY (HR40 = YES), AND NO OTHER MEDICAL PROCEDURES (HR22 = NO, HR24 = NO; HR29 = NO, HR34 = NO), ASK HR46;

IF R HAD OVARIAN SURGERY (HR40 = YES), AND RAD/CHEMO (HR22 = YES), SKIP HR46;

IF R HAD OVAR SURG, AND ABLAT THAT STOPPED PDS (HR24 = YES AND HR26 = YES), SKIP HR46;

IF R HAD OVARIAN SURGERY (HR40 = YES), AND ABLAT BUT PDS DID NOT STOP (HR24 = YES AND HR26 = NO), ASK HR46;

IF R HAD OVARIAN SURGERY (HR40 = YES), AND EMBOL THAT STOPPED PDS (HR29 = YES AND HR31 = YES), SKIP HR46;

IF R HAD OVARIAN SURGERY (HR40 = YES), AND EMBOL BUT PDS DID NOT STOP (HR29 = YES AND HR31 = NO), ASK HR46;

IF R HAD OVAR SURG (HR40 = YES) AND HYST (HR34 = YES), AND AGE(S) OF OVAR SURG (HR42) < AGE OF HYST (HR35), ASK HR46

IF R HAD MORE THAN ONE OVARIAN SURGERY, ASK HR46 FOR THE LATEST INSTANCE>

HR46. Had your menstrual periods stopped permanently before your ovarian surgery at age [AGE FROM HR42]? YES.....[HR49] ..... 1  
NO.....[\*\*] ..... 2  
REF.....[\*\*] ..... 7  
DK.....[\*\*] ..... 8



<**\*\*IF HR46 = NO AND HR45 = YES AND HR42 < HR35 AND HR44 = YES, GO TO HR49.>**  
 <**\*\* IF HR46 = [NO OR REF OR DK] AND R HAD OVARIAN SURGERY (HR40 = YES) AND HAS NOT HAD A HYSTERECTOMY (HR34 = NO), AND R STILL HAS OVARIAN TISSUE (HR44 = YES), GO TO HR47; FOR ALL OTHER HR46 = NO, REF, OR DK, GO TO HR50>**

<**IF R HAD RADIATION OR CHEMO THAT STOPPED PDS (HR22 = YES), GO TO HR50>**  
 <**IF R HAD ABLAT. THAT STOPPED PDS (HR24 = YES AND HR26 = YES AND HR27 = NO), GO TO HR50>**  
 <**IF R HAD ABLAT. BUT PDS DID NOT STOP (HR24 = YES AND HR26 = NO), GO TO HR47>**  
 <**IF R HAD ABLAT. AND PDS STOPPED AND RESUMED AGAIN (HR24 = YES AND HR26 = YES AND HR27 = YES), GO TO HR47>**  
 <**IF R HAD EMBOL. THAT STOPPED PDS (HR29 = YES AND HR31 = YES AND HR32 = NO), GO TO HR50>**  
 <**IF R HAD EMBOL. BUT PDS DID NOT STOP (HR29 = YES AND HR31 = NO), GO TO HR47>**  
 <**IF R HAD EMBOL. AND PDS STOPPED AND RESUMED AGAIN (HR29 = YES AND HR31 = YES AND HR32 = YES), GO TO HR47>**

HR47. Have you had a menstrual period in the past 12 months? YES..... 1  
 NO.....[HR49] ..... 2

HR48. What was the month and year of your most recent menstrual period? MONTH YEAR  
 <GO TO HR50>

HR49. How old were you when you had your last menstrual period? AGE

<ASK EVERYONE>  
 <CATI WILL CHECK FOR ANY SEGMENT OF HORMONE USE THAT COINCIDES WITH LMP AGE>  
 <LMP AGE IS ONE THE FOLLOWING; IF MORE THAN ONE IS ANSWERED, CHOOSE THE YOUNGEST:  
 HR23 (CHEMO OR RADIATION THAT STOPPED PDS PERMANENTLY);  
 HR25 WHEN HR26 =YES AND HR27 = NO (ABLATION THAT STOPPED PDS PERMANENTLY);  
 HR30 WHEN HR31 = YES AND HR32 = NO (EMBOILIZATION THAT STOPPED PDS PERMANENTLY);  
 HR35 WHEN HR45 = NO (R HAD HYSTERECTOMY AND PDS DID NOT STOP PRIOR TO HYST.);  
 HR42 WHEN HR46 = NO AND [EITHER HR43 = 1 OR HR44 = NO] (R HAD OVARIAN SURGERY AND PDS DID NOT STOP PRIOR TO SURG. AND NO OVARIAN TISSUE WAS REMAINING AFTER SURG.);  
 HR48 (LMP WAS WITHIN PAST 12 MONTHS);  
 HR49 (LMP AGE FOR EVERYONE ELSE NOT COVERED BY THE ABOVE)>

<IF THERE IS NO HORMONE USE, ASK HR50a>  
 <IF HORMONE USE BEGINS AT LMP AGE, ASK HR50b>  
 <IF HORMONE USE SURROUNDS LMP, OR IF IT ENDS AT LMP AGE, ASKHR50b>  
 <IF HORMONE USE ENDS THE YEAR BEFORE LMP: ASK BOTH HR50a AND HR50b>

HR50a. How many periods did you have in the 12 months before you had your last menstrual period at the age of [LMP AGE]? Was it... none..... 01  
 1 to 3 ..... 02  
 4 to 6 ..... 03  
 7 to 9 ..... 04  
 10 to 12 ..... 05  
 13 to 15 ..... 06  
 16 or more..... 07

HR50b. I have recorded that you were taking [HORMONE] [at the same age/the year before] you had your last menstrual period. How many periods did you have in the 12 months before you started taking [HORMONE] at the age of [PRE-LMP START AGE]? Was it... none..... 01  
 1 to 3 ..... 02  
 4 to 6 ..... 03  
 7 to 9 ..... 04  
 10 to 12 ..... 05  
 13 to 15 ..... 06  
 16 or more..... 07

<FILL “Around the time of your last menstrual period” IF HR50a IS ANSWERED>

<FILL “Before you started taking [HORMONE]...” IF HR50b IS ANSWERED>

<FILL “Around the time of your last menstrual period” IF BOTH HR50a AND HR50b ARE ANSWERED>

HR51. [Around the time of your last menstrual period/ Before you started taking [HORMONE] at age [PRE-LMP START AGE]], were you having hot flashes? [DO NOT INCLUDE NIGHT SWEATS] YES..... 1 NO..... 2

HR52. [Around the time of your last menstrual period/ Before you started taking [HORMONE] at age [PRE-LMP START AGE]], were you having any other symptoms of menopause such as poor sleeping, night sweats, irritability, or depression? YES..... 1 NO..... 2

<IF HR51 = YES, GO TO HR54>

HR53. Have you ever had hot flashes? [DO NOT INCLUDE NIGHT SWEATS] YES..... 1 NO.....[HR55] ..... 2 REF.....[HR55] ..... 7 DK.....[HR55] ..... 8

HR54. How old were you when you first had hot flashes? AGE

<IF HR52 = YES, GO TO HR56>

HR55. Have you ever had any other symptoms of menopause such as poor sleeping, night sweats, irritability, or depression? YES..... 1 NO.....[HR57] ..... 2 REF.....[HR57] ..... 7 DK.....[HR57] ..... 8

HR56. How old were you when you first had these other menopausal symptoms? AGE

<CATI WILL CHECK FOR INSTANCES OF HORMONE USE AND BIRTHS BETWEEN THE AGES OF 25-35. IF THERE IS A SPAN OF YEARS WHEN NEITHER OCCURRED, USE AGES TO FILL IN HR57. IF THERE IS MORE THAN ONE SPAN OF YEARS, CHOOSE THE FIRST SPAN. IF THERE IS NO SUCH SPAN, GO TO HR58.>

HR57. Thinking about the ages of [SPAN OF YEARS WHEN R WAS NOT PREGNANT OR TAKING BC HORMONES OR HRT], when you were not pregnant, not breastfeeding, and not taking any hormones or hormonal birth control, about how many days would pass between the start of one period and the start of the next period? Was it... less than 21 days, and fairly regular..... 01 21 to 24 days, and fairly regular ..... 02 25 to 34 days, and fairly regular ..... 03 35 to 60 days, and fairly regular ..... 04 more than 2 months..... 05 too irregular to say ..... 06 DID NOT HAVE PERIODS ..... 07 [IF R DISAGREES WITH THE AGES, PROBE: “Thinking about the ages in your 20s or 30s when you were not pregnant, not breastfeeding, and not taking any hormones, about how many days would pass between the start of one period and the start of the next period?”]

<DO NOT ASK HR58-HR60 IF LMP ≤ 35>

<BEGIN REPEATING RECORD>

HR58. <FIRST OCCURRENCE:> As women get older, they may experience changes in how often they have their menstrual periods. Since the age of 35, did you notice a change in the frequency of your periods when you weren’t pregnant, breastfeeding, or taking hormones, or hormonal birth control? YES..... 1 NO.....[HR61] ..... 2 REF.....[HR61] ..... 7 DK.....[HR61] ..... 8

<ALL OTHER OCCURRENCES:> Did you experience any other changes in the frequency of your menstrual cycle after this (when you weren't pregnant, breastfeeding, or taking hormones, or hormonal birth control)?

□ □

HR59. At what age did you [first/next] notice a change?

AGE

HR60. When you [first/next] noticed a change, did the length of time between your periods...

- become shorter .....[HR58] ..... 1
- become longer .....[HR58] ..... 2
- become less regular .....[HR58] ..... 3
- became more regular .....[HR58] ..... 4
- periods stopped permanently ..... 5
- OTHER .....[HR58] ..... 6

<END REPEATING RECORD>

<DO NOT ASK HR61 AND HR62 IF R IS CURRENTLY PREGNANT>

HR61. Has a doctor or other health professional ever told you that you have gone through menopause?

- YES .....[HR63] ..... 1
- NO ..... 2
- GOING THROUGH IT/  
IN MIDDLE OF IT .....[HR63] ..... 3

HR62. Do you think that you have gone through menopause?

- YES ..... 1
- NO ..... 2
- GOING THROUGH IT/  
IN MIDDLE OF IT ..... 3

Other Hormones

HR63. <FIRST OCCURRENCE:> Have you ever been a participant in a clinical trial in which you received a hormone that was being tested? Please do not include trials in which you know you received a placebo.

- YES ..... 1
- NO .....[HR70] ..... 2
- REF .....[HR70] ..... 7
- DK .....[HR70] ..... 8

<ALL OTHER OCCURRENCES:> Were there any other times when you were a participant in a clinical trial in which you received a hormone that was being tested?

HR64. What is the name of the hormone or hormones that you received? [IF R OFFERS >1 CLINICAL TRIAL: Please tell me about these trials one at a time.]

HORMONE(S): \_\_\_\_\_

HR65. How old were you when you [first/next] started taking [HORMONE NAME]?

□ □

AGE

<IF HR65 = CURRENT AGE GO TO HR69>

HR66. Have you stopped taking [HORMONE NAME] since you were [AGE FROM HR65]?

- YES ..... 1
- NO .....[HR69] ..... 2
- REF .....[HR69] ..... 7
- DK .....[HR69] ..... 8

HR67. How old were you when you [first/next] stopped taking [HORMONE NAME] for at least a year?

□ □

AGE

HR68. Were there any other times that you started taking [HORMONE NAME] again? YES.....[HR65] ..... 1  
 NO.....[HR63] ..... 2  
 REF.....[HR63] ..... 7  
 DK.....[HR63] ..... 8

HR69. Are you currently taking [HORMONE NAME]? YES.....[HR63] ..... 1  
 NO.....[HR63] ..... 2

HR70. <FIRST OCCURRENCE:> Have you ever taken Lupron or Danocrine (for reasons other than infertility)? YES..... 1  
 <ALL OTHER OCCURRENCES:> Were there any other periods of time that you took Lupron or Danocrine (for reasons other than infertility)? NO.....[HR75] ..... 2  
 REF.....[HR75] ..... 7  
 DK.....[HR75] ..... 8

HR71. How old were you when you [first/next] started taking Lupron or Danocrine for reasons other than infertility?     
 AGE  
 <IF HR71 = CURRENT AGE GO TO HR74>

HR72. Have you stopped taking Lupron or Danocrine since you were [AGE FROM HR71]? Only consider times when you stopped for a year or longer. YES..... 1  
 NO.....[HR74] ..... 2  
 REF.....[HR74] ..... 7  
 DK.....[HR74] ..... 8

HR73. How old were you when you [first/next] stopped taking Lupron or Danocrine for reasons other than infertility?     
 AGE  
 <GO TO HR70>

HR74. Are you currently taking Lupron or Danocrine for reasons other than infertility? YES.....[HR70] ..... 1  
 NO.....[HR70] ..... 2

HR75. <FIRST OCCURRENCE:> Have you ever taken testosterone by patch, pill, or injection? Please do not include testosterone cream. YES..... 1  
 <ALL OTHER OCCURRENCES:> Were there any other times when you took testosterone by patch, pill, or injection? (Please do not include testosterone cream.) NO..... [NEXT SECTION]..... 2  
 REF..... [NEXT SECTION]..... 7  
 DK..... [NEXT SECTION]..... 8

HR76. How old were you when you [first/next] started taking testosterone?     
 AGE  
 <IF HR76 = CURRENT AGE GO TO HR79>

HR77. Have you stopped taking testosterone since you were [AGE FROM HR76]? Only consider times when you stopped for a year or longer. YES..... 1  
 NO.....[HR79] ..... 2  
 REF.....[HR79] ..... 7  
 DK.....[HR79] ..... 8

HR78. How old were you when you [first/next] stopped taking testosterone?     
 AGE  
 <GO TO HR75>

HR79. Are you currently taking testosterone? YES.....[HR75] ..... 1  
 NO.....[HR75] ..... 2

**Section MC: Medical Conditions**

In the next set of questions I am going to ask you about some medical conditions, and about the medications you may have taken for these conditions. When reporting medications, please do not include vitamins or herbal supplements.

**<IF INT21 = 6 (R DOES NOT TAKE ANY MEDS), GO TO MC2.>**

MC1. Do you have your current medications in front of you? YES ..... 1  
NO ..... 2

**<IF INT16, INT19 OR INT20 = NO, GO TO MC3>**

MC2. Do you have the medications booklet from your Sister Study kit in front of you? YES ..... 1  
NO ..... 2

MC3. Has a doctor or other health care provider ever told you that you had diabetes or high blood sugar, or that you had borderline diabetes other than during pregnancy? YES ..... 1  
NO ..... [MC13] ..... 2  
BORDERLINE ..... 3  
REF ..... [MC13] ..... 7  
DK ..... [MC13] ..... 8

MC4. How old were you when a doctor or other health care provider first told you that you had diabetes (other than during pregnancy)? [IF LESS THAN ONE YEAR OLD, ENTER AS "00".] | |  
AGE

MC5. Have you ever taken insulin by injection for your diabetes? YES ..... 1  
NO ..... [MC7] ..... 2

MC6. Do you currently take insulin by injection? YES ..... 1  
NO ..... 2

MC7. Have you ever taken insulin through an indwelling pump? YES ..... 1  
NO ..... [\*] ..... 2

**<\* IF MC5 = YES, GO TO MC9; IF MC5 = NO, GO TO MC12a>**

MC8. Do you currently take insulin through an indwelling pump? YES ..... 1  
NO ..... 2

**<ASK MC9—MC11 ONLY IF MC5 = YES OR MC7 = YES:>**

MC9. How old were you when you first started taking insulin [by injection] [or] [through an indwelling pump]? [IF LESS THAN ONE YEAR OLD, ENTER "00".] | |  
AGE

**<ASK MC10 IF MC6 = YES OR MC8 = YES; ELSE GO TO MC11>**

MC10. Have you taken insulin without stopping since you first started? YES ..... [MC12a] ..... 1  
NO ..... 2

MC11. How many years, months, and/or weeks in total have you taken insulin [by injection] [or] [through an indwelling pump]? | | | | | |  
YEARS MONTHS WEEKS

MC12a. Have you ever taken oral medication for your diabetes? YES ..... 1  
NO.....[MC13]..... 2

MC12b. At what age did you first take oral medication for diabetes? [IF LESS THAN ONE YEAR OLD, ENTER "00".]    
AGE

**<BEGIN REPEATING RECORDS: CURRENT DIABETES MEDS:>**

MC12c. Are you currently taking [any other] oral medication at least once a week for your diabetes? YES ..... 1  
NO..... [MC12j] ..... 2

**<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>**

MC12d. [Please look at List B on page 2 of your medications booklet.] What is the [code number or] \_\_\_\_\_  
name of the [first/next] oral medication MEDICATION NAME  
you are currently taking for this condition? [IF R OFFERS >  
1 MEDICATION: Please tell me about each medication  
one at a time.]

**<ASK MC12e ONLY IF MED NAME FROM MC12d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HRR; ELSE, GO TO MC12f>**

MC12e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR]? YES ..... [MC12i] ..... 1  
NO..... 2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC12f. At what age did you first take [MEDICATION NAME] for diabetes? [IF LESS THAN ONE YEAR OLD, ENTER "00".]    
AGE

MC12g. How many days per week do you take this medication?    
# DAYS/WEEK

MC12h. On the days you take this medication, how many times per day do you take it?    
# TIMES/DAY

MC12i. How many years and/or months in total have you taken this medication for [CONDITION]?      
YEARS MONTHS  
**<GO TO MC12c>**

**<END REPEATING RECORDS: CURRENT DIABETES MEDS>**

**<BEGIN REPEATING RECORDS: PAST 12 MONTHS DIABETES MEDS:>**

MC12j. Have you taken any [other] oral medication at least once a week for your diabetes in the past 12 months? YES ..... 1  
NO.....[MC12q]..... 2

**<FIRST FILL ONLY IF MC2 = YES>**

MC12k. [Please look at List B on page 2 of your medications booklet.] What is the [code number or] name of the [first/next] oral medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC12i ONLY IF MED NAME FROM MC12k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC12m>**

MC12l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC12p] ..... 1  
NO ..... 2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC12m. At what age did you first take [MEDICATION NAME] for diabetes? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

\_\_\_\_\_  
AGE

MC12n. How many days per week did you take this medication?

\_\_\_\_\_  
# DAYS/WEEK

MC12o. On the days you took this medication, how many times per day did you take it?

\_\_\_\_\_  
# TIMES/DAY

MC12p. How many years and/or months in total have you taken this medication?

\_\_\_\_\_  
YEARS    MONTHS

**<GO TO MC12j>**

**<END REPEATING RECORDS: PAST 12 MONTHS DIABETES MEDS>**

**<FILL IF MC12c = YES AND MC12j = YES:>**

MC12q. [Including all the times you have just told me about,] how many years and/or months in total have you taken oral medications for your diabetes?

\_\_\_\_\_  
YEARS    MONTHS

**<ASK MC12r—MC12s IF BOTH OF THE DURATIONS FROM MC12i AND MC12p ARE LESS THAN HALF THE DURATION FROM MC12q, OR IF MC12c AND MC12j BOTH = NO; ELSE GO TO MC13>**

MC12r. [Other than [MEDICATIONS FROM MC12d AND MC12k,] what is the name of the oral medication you have taken for this condition for the longest time?

\_\_\_\_\_ MEDICATION NAME

MC12s. How many years and/or months in all have you taken this medication?

\_\_\_\_\_  
YEARS    MONTHS

MC13. (Has a doctor or other health professional ever told you that you had) thyroid disease or thyroid problems?

YES ..... 1  
NO ..... [MC19] ..... 2

- |       |  |     |
|-------|--|-----|
|       |  | Y N |
| MC14. | Have you ever been told (by a doctor or other health professional) that you had... |     |
|       | a. hyperthyroidism, that is, an overactive thyroid .....                           | 1 2 |
|       | b. hypothyroidism, that is, an underactive thyroid .....                           | 1 2 |
|       | c. an enlarged thyroid or goiter ...   | 1 2 |
|       | d. CATEGORY COMBINED WITH C  |     |
|       | e. thyroid nodules .....   | 1 2 |
|       | f. adenoma.....  | 1 2 |
|       | g. thyroid cancer.....   | 1 2 |

**<BEGIN REPEATING RECORDS>**

**<IF MC14a-g ARE ALL = NO, REF, OR DK, ASK MC15 ONCE AND FILL “a thyroid disease or thyroid condition”>**

- |       |   |     |
|-------|---|-----|
| MC15. | How old were you when you were <u>first</u> told you had [CONDITION FROM 14a-g/a thyroid disease or thyroid condition]? |     |
|       | [IF LESS THAN ONE YEAR OLD, ENTER “00”.]  | AGE |

**<END REPEATING RECORDS>**

- |       |  |     |
|-------|--|-----|
|       |  | Y N |
| MC16. | Was your thyroid disease due to...                                 |     |
|       | a. Graves' disease .....   | 1 2 |
|       | b. Hashimoto’s or autoimmune thyroiditis .....                     | 1 2 |
|       | c. postpartum thyroiditis .....                                    | 1 2 |
|       | d. thyroiditis .....   | 1 2 |
|       | e. thyrotoxicosis .....  | 1 2 |
|       | f. goiter (unspecified).....                                       | 1 2 |
|       | g. toxic nodular goiter, toxic adenoma, or Plummer’s disease ..... | 1 2 |

- |       |  |     |
|-------|--|-----|
|       |  | Y N |
| MC17. | Have you received any of the following treatments for your thyroid condition[s]? |     |
|       | a. radioactive iodine .....  | 1 2 |
|       | b. surgery.....  | 1 2 |
|       | c. any other treatment, not including medications or biopsies .....              | 1 2 |
|       | SPECIFY: _____   |     |

- |        |   |                    |   |
|--------|---|--------------------|---|
| MC18a. | Have you ever taken medication for your thyroid condition[s]? | YES .....          | 1 |
|        |   | NO.....[MC19]..... | 2 |

- |        |  |     |
|--------|--|-----|
| MC18b. | At what age did you first take medication for your thyroid condition[s]? |     |
|        | [IF LESS THAN ONE YEAR OLD, ENTER “00”.]                                 | AGE |

**<BEGIN REPEATING RECORDS: CURRENT THYROID MEDS:>**

- |        |   |                       |   |
|--------|---|-----------------------|---|
| MC18c. | Are you currently taking [any other] medication at least once a week for your thyroid condition[s]? | YES .....             | 1 |
|        |   | NO..... [MC18j] ..... | 2 |



**<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>**

MC18d.[Please look at List C on page 3 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC18e ONLY IF MED NAME FROM MC18d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC18f>**

MC18e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".] YES ..... [MC18i] .....1 NO.....2

MC18f. At what age did you first take [MEDICATION NAME] for your thyroid condition[s]? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

\_\_\_\_\_  
AGE

MC18g. How many days per week do you take this medication?

\_\_\_\_\_  
# DAYS/WEEK

MC18h. On the days you take this medication, how many times per day do you take it?

\_\_\_\_\_  
# TIMES/DAY

MC18i. How many years and/or months in total have you taken this medication for [CONDITION]?

\_\_\_\_\_  
YEARS MONTHS

**<GO TO MC18c>**

**<END REPEATING RECORDS: CURRENT THYROID MEDS>**

**<BEGIN REPEATING RECORDS: PAST 12 MONTHS THYROID MEDS:>**

MC18j. Have you taken any [other] medication at least once a week for your thyroid condition[s] in the past 12 months? YES ..... 1 NO.....[MC18q]..... 2

**<FIRST FILL ONLY IF MC2 = YES>**

MC18k.[Please look at List C on page 3 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC18i ONLY IF MED NAME FROM MC18k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC18m>**

MC18l. Was this the same medication use that you reported for *[CONDITION(S) FROM SECTION HR/MC]*? YES .....[MC18p].....1  
 NO.....2  
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC18m. At what age did you first take *[MEDICATION NAME]* for your thyroid condition[s]? [IF LESS THAN ONE YEAR OLD, ENTER "00".]   AGE

MC18n. How many days per week did you take this medication?   # DAYS/WEEK

MC18o. On the days you took this medication, how many times per day did you take it?   # TIMES/DAY

MC18p. How many years and/or months in total have you taken this medication?   YEARS MONTHS

**<GO TO MC18j>**

**<END REPEATING RECORDS: PAST 12 MONTHS THYROID MEDS>**

**<FILL IF MC18c = YES AND MC18j = YES:>**

MC18q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for your thyroid condition[s]?   YEARS MONTHS

**<ASK MC18r—MC18s IF BOTH OF THE DURATIONS FROM MC18i AND MC18p ARE LESS THAN HALF THE DURATION FROM MC18q, OR IF MC18c AND MC18j BOTH = NO; ELSE GO TO MC19>**

MC18r. [Other than *[MEDICATIONS FROM MC18d AND MC18k]*, what is the name of the medication you have taken for this condition for the longest time? \_\_\_\_\_ MEDICATION NAME

MC18s. How many years and/or months in all have you taken this medication?   YEARS MONTHS

MC19. Has a doctor or other health professional ever told you that you had high blood pressure or hypertension, or that you had borderline high blood pressure other than during pregnancy? YES ..... 1  
 NO.....[MC21]..... 2  
 BORDERLINE ..... 3  
 REF .....[MC21]..... 7  
 DK.....[MC21]..... 8

MC20. How old were you when you were first told you had this condition (high blood pressure or hypertension)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]   AGE

MC20a. Have you ever taken medication for your high blood pressure or hypertension? YES ..... 1  
NO ..... [MC21] ..... 2

MC20b. At what age did you first take medication for your high blood pressure or hypertension? [IF LESS THAN ONE YEAR OLD, ENTER "00".]    
AGE

**<BEGIN REPEATING RECORDS: CURRENT HIGH BLOOD PRESSURE MEDS:>**

MC20c. Are you currently taking [any other] medication at least once a week for your high blood pressure or hypertension? YES ..... 1  
NO ..... [MC20j] ..... 2

**<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>**

MC20d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the  MEDICATION NAME  
[code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

**<ASK MC20e ONLY IF MED NAME FROM MC20d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC20f>**

MC20e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC20i] ..... 1  
NO ..... 2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC20f. At what age did you first take [MEDICATION NAME] for high blood pressure or hypertension? [IF LESS THAN ONE YEAR OLD, ENTER "00".]    
AGE

MC20g. How many days per week do you take this medication?    
# DAYS/WEEK

MC20h. On the days you take this medication, how many times per day do you take it?    
# TIMES/DAY

MC20i. How many years and/or months in total have you taken this medication for [CONDITION]?      
YEARS MONTHS

**<GO TO MC20c>**

**<END REPEATING RECORDS: CURRENT HIGH BLOOD PRESSURE MEDS>**

**<BEGIN REPEATING RECORDS: PAST 12 MONTHS HIGH BLOOD PRESSURE MEDS:>**

MC20j. Have you taken any [other] medication at least once a week for high blood pressure or hypertension in the past 12 months? YES ..... 1  
NO ..... [MC20q] ..... 2

**<FIRST FILL ONLY IF MC2 = YES>**

MC20k. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC20i ONLY IF MED NAME FROM MC20k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC20m>**

MC20i. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/I]? YES ..... [MC20p] ..... 1  
NO ..... 2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC20m. At what age did you first take [MEDICATION NAME] for high blood pressure or hypertension? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

\_\_\_\_\_  
AGE

MC20n. How many days per week did you take this medication?

\_\_\_\_\_  
# DAYS/WEEK

MC20o. On the days you took this medication, how many times per day did you take it?

\_\_\_\_\_  
# TIMES/DAY

MC20p. How many years and/or months in total have you taken this medication?

\_\_\_\_\_  
YEARS    MONTHS

**<GO TO MC20j>**

**<END REPEATING RECORDS: PAST 12 MONTHS HIGH BLOOD PRESSURE MEDS>**

**<FILL IF MC20c = YES AND MC20j = YES:>**

MC20q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for high blood pressure or hypertension?

\_\_\_\_\_  
YEARS    MONTHS

**<ASK MC20r—MC20s IF BOTH OF THE DURATIONS FROM MC20i AND MC20p ARE LESS THAN HALF THE DURATION FROM MC20q, OR IF MC20c AND MC20j BOTH = NO; ELSE GO TO MC21>**

MC20r. [Other than [MEDICATIONS FROM MC20d AND MC20k], what is the name of the medication you have taken for this condition for the longest time?

\_\_\_\_\_ MEDICATION NAME

MC20s. How many years and/or months in all have you taken this medication?

\_\_\_\_\_  
YEARS    MONTHS

MC21. Has a doctor or other health professional ever told you that you had high cholesterol, or that you had borderline high cholesterol?

YES ..... 1  
 NO.....[MC23]..... 2  
 BORDERLINE ..... 3  
 REF .....[MC23]..... 7  
 DK.....[MC23]..... 8

MC22. How old were you when you were first told you had this condition (high cholesterol)?  
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

| |  
 AGE

MC22a. Have you ever taken medication for your high cholesterol?

YES ..... 1  
 NO.....[MC23]..... 2

MC22b. At what age did you first take medication for your high cholesterol?  
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

| |  
 AGE

**<BEGIN REPEATING RECORDS: CURRENT HIGH CHOLESTEROL MEDS:>**

MC22c. Are you currently taking [*any other*] medication at least once a week for high cholesterol?

YES ..... 1  
 NO..... [MC22j] ..... 2

**<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>**

MC22d. [*Please look at List D on pages 4 through 6 of your medications booklet.*] What is the [code number or] name of the [*first/next*] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC22e ONLY IF MED NAME FROM MC22d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC22f>**

MC22e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/I]?  
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

YES ..... [MC22i] ..... 1  
 NO..... 2

MC22f. At what age did you first take [*MEDICATION NAME*] for high cholesterol?  
 [IF LESS THAN ONE YEAR OLD, ENTER "00".]

| |  
 AGE

MC22g. How many days per week do you take this medication?

| |  
 # DAYS/WEEK

MC22h. On the days you take this medication, how many times per day do you take it?

| |  
 # TIMES/DAY

MC22i. How many years and/or months in total have you taken this medication for [CONDITION]?

Y Y Y MONTHS MONTHS MONTHS MONTHS  
YEARS MONTHS

<GO TO MC22c>

<END REPEATING RECORDS: CURRENT HIGH CHOLESTEROL MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS HIGH CHOLESTEROL MEDS:>

MC22j. Have you taken any [other] medication at least once a week for high cholesterol in the past 12 months? YES ..... 1 NO.....[MC22q]..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC22k.[Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

<ASK MC22I ONLY IF MED NAME FROM MC22k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC22m>

MC22l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES .....[MC22p]..... 1 NO..... 2 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC22m. At what age did you first take [MEDICATION NAME] for high cholesterol? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

Y Y AGE

MC22n. How many days per week did you take this medication?

Y Y # DAYS/WEEK

MC22o. On the days you took this medication, how many times per day did you take it?

Y Y # TIMES/DAY

MC22p. How many years and/or months in total have you taken this medication?

Y Y Y MONTHS MONTHS MONTHS MONTHS  
YEARS MONTHS

<GO TO MC22j>

<END REPEATING RECORDS: PAST 12 MONTHS HIGH CHOLESTEROL MEDS>

<FILL IF MC22c = YES AND MC22j = YES:>

MC22q. [Including all the times you have just told me about,] how many years and/or months in total have you taken

Y Y Y MONTHS MONTHS MONTHS MONTHS  
YEARS MONTHS

medications for high cholesterol?

<ASK MC22r—MC22s IF BOTH OF THE DURATIONS FROM MC22i AND MC22p ARE LESS THAN HALF THE DURATION FROM MC22q, OR IF MC22c AND MC22j BOTH = NO; ELSE GO TO MC23>

MC22r. [Other than [MEDICATIONS FROM MC22d AND MC22k], what is the name of the medication you have taken for this condition for the longest time?

\_\_\_\_\_ MEDICATION NAME

MC22s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC23. (Has a doctor or other health professional ever told you that you had) angina, that is, heart-related chest pain usually related to exertion or stress?

YES ..... 1  
NO ..... [MC25] ..... 2  
REF ..... [MC25] ..... 7  
DK ..... [MC25] ..... 8

MC24. How old were you when you were first told you had this condition (angina, that is, heart-related chest pain, usually related to exertion or stress)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC24a. Have you ever taken medication for angina?

YES ..... 1  
NO ..... [MC25] ..... 2

MC24b. At what age did you first take medication for angina? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT ANGINA MEDS:>

MC24c. Are you currently taking [any other] medication at least once a week for angina?

YES ..... 1  
NO ..... [MC24j] ..... 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC24d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

<ASK MC24e ONLY IF MED NAME FROM MC24d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC24f>

MC24e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

YES ..... [MC24i] ..... 1  
NO ..... 2

MC24f. At what age did you first take [MEDICATION NAME] for angina? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC24g. How many days per week do you take this medication?

□ □

# DAYS/WEEK

MC24h. On the days you take this medication, how many times per day do you take it?

□ □

# TIMES/DAY

MC24i. How many years and/or months in total have you taken this medication for [CONDITION]?

□ □    □ □

YEARS    MONTHS

<GO TO MC24c>

<END REPEATING RECORDS: CURRENT ANGINA MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS ANGINA MEDS:>

MC24j. Have you taken any [other] medication at least once a week for angina in the past 12 months? YES ..... 1 NO.....[MC24q]..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC24k. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

<ASK MC24I ONLY IF MED NAME FROM MC24k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC24m>

MC24l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/I]? YES .....[MC24p]..... 1 NO..... 2 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC24m. At what age did you first take [MEDICATION NAME] for angina? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

□ □

AGE

MC24n. How many days per week did you take this medication?

□ □

# DAYS/WEEK

MC24o. On the days you took this medication, how many times per day did you take it?

□ □

# TIMES/DAY

MC24p. How many years and/or months in total have you taken this medication?

□ □    □ □

YEARS    MONTHS

<GO TO MC24j>

<END REPEATING RECORDS: PAST 12 MONTHS ANGINA MEDS>



**<FILL IF MC24c = YES AND MC24j = YES:>**

MC24q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for angina?

YEARS MONTHS

**<ASK MC24r—MC24s IF BOTH OF THE DURATIONS FROM MC24i AND MC24p ARE LESS THAN HALF THE DURATION FROM MC24q, OR IF MC24c AND MC24j BOTH = NO; ELSE GO TO MC25>**

MC24r. [Other than [MEDICATIONS FROM MC24d AND MC24k], what is the name of the medication you have taken for this condition for the longest time?

\_\_\_\_\_  
MEDICATION NAME

MC24s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC25. (Has a doctor or other health professional ever told you that you had) a heart attack? Please do not include congestive heart failure or stroke.

- YES ..... 1
- NO ..... [MC27] ..... 2
- REF ..... [MC27] ..... 7
- DK ..... [MC27] ..... 8

MC26. How old were you when you were first told you had a heart attack?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC26a. Have you ever taken medication as a result of a heart attack?

- YES ..... 1
- NO ..... [MC27] ..... 2

MC26b. At what age did you first take medication as a result of a heart attack?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

**<BEGIN REPEATING RECORDS: CURRENT HEART ATTACK MEDS:>**

MC26c. Are you currently taking [any other] medication at least once a week as a result of a heart attack?

- YES ..... 1
- NO ..... [MC26j] ..... 2

**<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>**

MC26d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking as a result of a heart attack?  
[IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

\_\_\_\_\_  
MEDICATION NAME

**<ASK MC26e ONLY IF MED NAME FROM MC26d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC26f>**

MC26e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC26i] ..... 1  
NO ..... 2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC26f. At what age did you first take [MEDICATION NAME] as a result of a heart attack? [IF LESS THAN ONE YEAR OLD, ENTER "00".]   AGE

MC26g. How many days per week do you take this medication?   # DAYS/WEEK

MC26h. On the days you take this medication, how many times per day do you take it?   # TIMES/DAY

MC26i. How many years and/or months in total have you taken this medication as a result of a heart attack?   YEARS   MONTHS  
**<GO TO MC26c>**

**<END REPEATING RECORDS: CURRENT HEART ATTACK MEDS>**

**<BEGIN REPEATING RECORDS: PAST 12 MONTHS HEART ATTACK MEDS:>**

MC26j. Have you taken any [other] medication at least once a week as a result of a heart attack in the past 12 months? YES ..... 1  
NO ..... [MC26q] ..... 2

**<FIRST FILL ONLY IF MC2 = YES>**

MC26k. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.] \_\_\_\_\_ MEDICATION NAME

**<ASK MC26l ONLY IF MED NAME FROM MC26k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC26m>**

MC26l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/I]? YES ..... [MC26p] ..... 1  
NO ..... 2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC26m. At what age did you first take [MEDICATION NAME] as a result of a heart attack?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC26n. How many days per week did you take this medication?

# DAYS/WEEK

MC26o. On the days you took this medication, how many times per day did you take it?

# TIMES/DAY

MC26p. How many years and/or months in total have you taken this medication?

      
YEARS    MONTHS

<GO TO MC26j>

<END REPEATING RECORDS: PAST 12 MONTHS HEART ATTACK MEDS>

<FILL IF MC26c = YES AND MC26j = YES:>

MC26q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications as a result of a heart attack?

      
YEARS    MONTHS

<ASK MC26r—MC26s IF BOTH OF THE DURATIONS FROM MC26i AND MC26p ARE LESS THAN HALF THE DURATION FROM MC26q, OR IF MC26c AND MC26j BOTH = NO; ELSE GO TO MC27>

MC26r. [Other than [MEDICATIONS FROM MC26d AND MC26k], what is the name of the medication you have taken as a result of a heart attack for the longest time?

\_\_\_\_\_ MEDICATION NAME

MC26s. How many years and/or months in all have you taken this medication?

      
YEARS    MONTHS

MC27. (Has a doctor or other health professional ever told you that you had) congestive heart failure?

YES ..... 1  
NO ..... [MC29] ..... 2  
REF ..... [MC29] ..... 7  
DK ..... [MC29] ..... 8

MC28. How old were you when you were first told you had this condition (congestive heart failure)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC28a. Have you ever taken medication for congestive heart failure?

YES ..... 1  
NO ..... [MC29] ..... 2

MC28b. At what age did you first take medication for congestive heart failure?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT CONGESTIVE HEART FAILURE MEDS:>

MC28c. Are you currently taking [any other] medication at least once a week for congestive heart failure?

YES ..... 1  
NO ..... [MC28j] ..... 2

**<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>**

MC28d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC28e ONLY IF MED NAME FROM MC28d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC28f>**

MC28e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/I]? YES ..... [MC28i] ..... 1  
NO ..... 2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC28f. At what age did you first take [MEDICATION NAME] for congestive heart failure? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

\_\_\_\_\_  
AGE

MC28g. How many days per week do you take this medication?

\_\_\_\_\_  
# DAYS/WEEK

MC28h. On the days you take this medication, how many times per day do you take it?

\_\_\_\_\_  
# TIMES/DAY

MC28i. How many years and/or months in total have you taken this medication for [CONDITION]?

\_\_\_\_\_  
YEARS MONTHS

**<GO TO MC28c>**

**<END REPEATING RECORDS: CURRENT CONGESTIVE HEART FAILURE MEDS>**

**<BEGIN REPEATING RECORDS: PAST 12 MONTHS CONGESTIVE HEART FAILURE MEDS:>**

MC28j. Have you taken any [other] medication at least once a week for congestive heart failure in the past 12 months? YES ..... 1  
NO ..... [MC28q] ..... 2

**<FIRST FILL ONLY IF MC2 = YES>**

MC28k. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC28i ONLY IF MED NAME FROM MC28k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC28m>**

MC28l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES .....[MC28p].....1  
NO.....2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC28m. At what age did you first take [MEDICATION NAME] for congestive heart failure? [IF LESS THAN ONE YEAR OLD, ENTER "00".]   AGE

MC28n. How many days per week did you take this medication?   # DAYS/WEEK  
MC28o. On the days you took this medication, how many times per day did you take it?   # TIMES/DAY

MC28p. How many years and/or months in total have you taken this medication?   YEARS MONTHS  
<GO TO MC28j>

MC28q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for congestive heart failure?   YEARS MONTHS

**<ASK MC28r—MC28s IF BOTH OF THE DURATIONS FROM MC28i AND MC28p ARE LESS THAN HALF THE DURATION FROM MC28q, OR IF MC28c AND MC28j BOTH = NO; ELSE GO TO MC29>**

MC28r. [Other than [MEDICATIONS FROM MC28d AND MC28k], what is the name of the medication you have taken for this condition for the longest time? \_\_\_\_\_ MEDICATION NAME

MC28s. How many years and/or months in all have you taken this medication?   YEARS MONTHS

MC29. (Has a doctor or other health professional ever told you that you had) cardiac arrhythmia (irregular heart beat), also called atrial or ventricular fibrillation. YES ..... 1  
NO .....[MC31]..... 2  
REF .....[MC31]..... 7  
DK .....[MC31]..... 8

MC30. How old were you when you were first told you had this condition (cardiac arrhythmia, irregular heart beat, or atrial or ventricular fibrillation)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]   AGE

MC30a. Have you ever taken medication for cardiac arrhythmia? YES ..... 1  
 NO ..... [MC31] ..... 2

MC30b. At what age did you first take medication for cardiac arrhythmia?    
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

**<BEGIN REPEATING RECORDS: CURRENT CARDIAC ARRHYTHMIA MEDS:>**

MC30c. Are you currently taking [any other] medication at least once a week for cardiac arrhythmia? YES ..... 1  
 NO ..... [MC30j] ..... 2

**<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>**

MC30d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the \_\_\_\_\_  
 [code number or] name of the [first/next] medication MEDICATION NAME  
 you are currently taking for this condition? [IF R OFFERS >  
 1 MEDICATION: Please tell me about each medication  
 one at a time.]

**<ASK MC30e ONLY IF MED NAME FROM MC30d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC30f>**

MC30e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC30i] ..... 1  
 NO ..... 2  
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC30f. At what age did you first take [MEDICATION NAME] for cardiac arrhythmia?    
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC30g. How many days per week do you take this medication?    
 # DAYS/WEEK

MC30h. On the days you take this medication, how many times per day do you take it?    
 # TIMES/DAY

MC30i. How many years and/or months in total have you taken this medication for [CONDITION]?      
 YEARS MONTHS

**<GO TO MC30c>**

**<END REPEATING RECORDS: CURRENT CARDIAC ARRHYTHMIA MEDS>**

**<BEGIN REPEATING RECORDS: PAST 12 MONTHS CARDIAC ARRHYTHMIA MEDS:>**

MC30j. Have you taken any [other] medication at least once a week for cardiac arrhythmia in the past 12 months? YES ..... 1  
 NO ..... [MC30q] ..... 2

**<FIRST FILL ONLY IF MC2 = YES>**

MC30k. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC30i ONLY IF MED NAME FROM MC30k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC30m>**

MC30l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES .....[MC30p].....1  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".] NO .....2

MC30m. At what age did you first take [MEDICATION NAME] for cardiac arrhythmia? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

\_\_\_\_\_  
AGE

MC30n. How many days per week did you take this medication?

\_\_\_\_\_  
# DAYS/WEEK

MC30o. On the days you took this medication, how many times per day did you take it?

\_\_\_\_\_  
# TIMES/DAY

MC30p. How many years and/or months in total have you taken this medication?

\_\_\_\_\_  
YEARS    MONTHS

**<GO TO MC30j>**

**<END REPEATING RECORDS: PAST 12 MONTHS CARDIAC ARRHYTHMIA MEDS>**

**<FILL IF MC30c = YES AND MC30j = YES:>**

MC30q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for cardiac arrhythmia?

\_\_\_\_\_  
YEARS    MONTHS

**<ASK MC30r—MC30s IF BOTH OF THE DURATIONS FROM MC30i AND MC30p ARE LESS THAN HALF THE DURATION FROM MC30q, OR IF MC30c AND MC30j BOTH = NO; ELSE GO TO MC31>**

MC30r. [Other than [MEDICATIONS FROM MC30d AND MC30k], what is the name of the medication you have taken for this condition for the longest time?

\_\_\_\_\_ MEDICATION NAME

MC30s. How many years and/or months in all have you taken this medication?

\_\_\_\_\_  
YEARS    MONTHS

MC31. (Has a doctor or other health professional ever told you that you had) mitral valve prolapse (MVP) or a heart murmur? YES ..... 1  
 NO.....[MC33]..... 2  
 REF .....[MC33]..... 7  
 DK.....[MC33]..... 8

MC32. How old were you when you were first told you had this condition?    
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC32a. Have you ever taken medication for mitral valve prolapse (MVP) or a heart murmur? YES ..... 1  
 NO.....[MC33]..... 2

MC32b. At what age did you first take medication for mitral valve prolapse (MVP) or a heart murmur?    
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

**<BEGIN REPEATING RECORDS: CURRENT OTHER CORONARY ARTERY DISEASE MEDS:>**

MC32c. Are you currently taking [any other] medication at least once a week for mitral valve prolapse (MVP) or a heart murmur? YES ..... 1  
 NO..... [MC32j] ..... 2

**<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>**

MC32d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the  MEDICATION NAME  
 [code number or] name of the [first/next] medication  
 you are currently taking for this condition? [IF R OFFERS >  
 1 MEDICATION: Please tell me about each medication  
 one at a time.]

**<ASK MC32e ONLY IF MED NAME FROM MC32d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC32f>**

MC32e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC32i] ..... 1  
 NO..... 2  
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC32f. At what age did you first take [MEDICATION NAME] for mitral valve prolapse (MVP) or a heart murmur?    
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC32g. How many days per week do you take this medication?    
 # DAYS/WEEK

MC32h. On the days you take this medication, how many times per day do you take it?    
 # TIMES/DAY



MC32i. How many years and/or months in total have you taken this medication for mitral valve prolapse (MVP) or a heart murmur?

YEARS	MONTHS		

<GO TO MC32c>

<END REPEATING RECORDS: CURRENT OTHER CORONARY ARTERY DISEASE MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS AN OTHER CORONARY ARTERY DISEASE MEDS:>

MC32j. Have you taken any [other] medication at least once a week for mitral valve prolapse (MVP) or a heart murmur in the past 12 months? YES ..... 1 NO.....[MC32q]..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC32k.[Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.] \_\_\_\_\_ MEDICATION NAME

<ASK MC32I ONLY IF MED NAME FROM MC32k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC32m>

MC32l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES .....[MC32p]..... 1 NO..... 2 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC32m. At what age did you first take [MEDICATION NAME] for mitral valve prolapse (MVP) or a heart murmur? [IF LESS THAN ONE YEAR OLD, ENTER "00"]. \_\_\_\_\_ AGE

MC32n. How many days per week did you take this medication? \_\_\_\_\_ # DAYS/WEEK

MC32o. On the days you took this medication, how many times per day did you take it? \_\_\_\_\_ # TIMES/DAY

MC32p. How many years and/or months in total have you taken this medication? \_\_\_\_\_ YEARS MONTHS <GO TO MC32j>

<END REPEATING RECORDS: PAST 12 MONTHS OTHER CORONARY ARTERY DISEASE MEDS>

<FILL IF MC32c = YES AND MC32j = YES:>

MC32q.[Including all the times you have just told me about,] how many years and/or months in total have you taken medications for mitral valve prolapse (MVP) or \_\_\_\_\_ YEARS MONTHS

heart murmur?

<ASK MC32r—MC32s IF BOTH OF THE DURATIONS FROM MC32i AND MC32p ARE LESS THAN HALF THE DURATION FROM MC32q, OR IF MC32c AND MC32j BOTH = NO; ELSE GO TO MC33>

MC32r. [Other than [MEDICATIONS FROM MC32d AND MC32k], what is the name of the medication you have taken for this condition for the longest time?

\_\_\_\_\_ MEDICATION NAME

MC32s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC33. Have you ever had bypass surgery or a procedure to remove plaque in your arteries? YES ..... 1  
NO ..... 2

MC34. Have you ever had angioplasty, that is, a procedure on an artery to increase blood flow to the heart? YES ..... 1  
NO ..... 2

MC35. Do you have a pacemaker or an implanted defibrillator? YES ..... 1  
NO ..... 2

MC36. Has a doctor or other health professional ever told you that you had a mini-stroke or transient ischemic attack, also called TIA? YES ..... 1  
NO ..... [MC38] ..... 2  
REF ..... [MC38] ..... 7  
DK ..... [MC38] ..... 8

MC37. How old were you when you were first told you had this condition (a mini-stroke or TIA (transient ischemic attack))?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC37a. Have you ever taken medication for a mini-stroke or TIA (transient ischemic attack)? YES ..... 1  
NO ..... [MC38] ..... 2

MC37b. At what age did you first take medication for a mini-stroke or TIA (transient ischemic attack)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT MINMCSTROKE, OR TIA MEDS:>

MC37c. Are you currently taking [any other] medication at least once a week for a mini-stroke or TIA (transient ischemic attack)? YES ..... 1  
NO ..... [MC37j] ..... 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC37d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC37e ONLY IF MED NAME FROM MC37d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC37f>**

MC37e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC37i] ..... 1  
NO ..... 2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC37f. At what age did you first take [MEDICATION NAME] for a mini-stroke or TIA (transient ischemic attack)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]   AGE

MC37g. How many days per week do you take this medication?   # DAYS/WEEK

MC37h. On the days you take this medication, how many times per day do you take it?   # TIMES/DAY

MC37i. How many years and/or months in total have you taken this medication for [CONDITION]?   YEARS   MONTHS  
**<GO TO MC37c>**

**<END REPEATING RECORDS: CURRENT MINMCSTROKE, OR TIA MEDS>**

**<BEGIN REPEATING RECORDS: PAST 12 MONTHS MINMCSTROKE OR TIA MEDS:>**

MC37j. Have you taken any [other] medication at least once a week for a mini-stroke or TIA (transient ischemic attack) in the past 12 months? YES ..... 1  
NO ..... [MC37q] ..... 2

**<FIRST FILL ONLY IF MC2 = YES>**

MC37k. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the \_\_\_\_\_ MEDICATION NAME  
[code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

**<ASK MC37l ONLY IF MED NAME FROM MC37k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC37m>**

MC37l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/I]? YES ..... [MC37p] ..... 1  
NO ..... 2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC37m. At what age did you first take [MEDICATION NAME] for a mini-stroke or TIA (transient ischemic attack)?   AGE

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

MC37n. How many days per week did you take this medication?

□ □

# DAYS/WEEK

MC37o. On the days you took this medication, how many times per day did you take it?

□ □

# TIMES/DAY

MC37p. How many years and/or months in total have you taken this medication?

□ □ □ □

YEARS MONTHS

<GO TO MC37j>

<END REPEATING RECORDS: PAST 12 MONTHS MINMCSTROKE OR TIA MEDS>

<FILL IF MC37c = YES AND MC37j = YES:>

MC37q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for a mini-stroke or TIA (transient ischemic attack)?

□ □ □ □

YEARS MONTHS

<ASK MC37r—MC37s IF BOTH OF THE DURATIONS FROM MC37i AND MC37p ARE LESS THAN HALF THE DURATION FROM MC37q, OR IF MC37c AND MC37j BOTH = NO; ELSE GO TO MC38>

MC37r. [Other than [MEDICATIONS FROM MC37d AND MC37k], what is the name of the medication you have taken for this condition for the longest time?

\_\_\_\_\_ MEDICATION NAME

MC37s. How many years and/or months in all have you taken this medication?

□ □ □ □

YEARS MONTHS

MC38. (Has a doctor or other health professional ever told you that you had) a stroke?

- YES ..... 1
- NO ..... [MC42] ..... 2
- REF ..... [MC42] ..... 7
- DK ..... [MC42] ..... 8

MC39. How old were you when you were first told you had a stroke? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

□ □

AGE

MC40. Was this stroke due to bleeding, called a hemorrhagic stroke, or was it due to a clot or embolism, called an occlusive or thrombotic stroke?

- BLEEDING (HEMORRHAGIC) ..... 1
- CLOT OR EMBOLISM (OCCLUSIVE OR THROMBOTIC) ..... 2

MC41a. Have you ever taken medication for a stroke?

- YES ..... 1
- NO ..... [MC42] ..... 2

MC41b. At what age did you first take medication for a stroke? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

□□  
AGE

<BEGIN REPEATING RECORDS: CURRENT STROKE MEDS>

MC41c. Are you currently taking [any other] medication at least once a week for a stroke? YES ..... 1  
NO ..... [MC41j] ..... 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC41d. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the \_\_\_\_\_ MEDICATION NAME  
[code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

<ASK MC41e ONLY IF MED NAME FROM MC41d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC41f>

MC41e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC41i] ..... 1  
NO ..... 2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC41f. At what age did you first take [MEDICATION NAME] for a stroke? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

□□  
AGE

MC41g. How many days per week do you take this medication?

□□  
# DAYS/WEEK

MC41h. On the days you take this medication, how many times per day do you take it?

□□  
# TIMES/DAY

MC41i. How many years and/or months in total have you taken this medication for [CONDITION]?

□□ □□  
YEARS MONTHS

<GO TO MC41c>

<END REPEATING RECORDS: CURRENT STROKE MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS STROKE MEDS:>

MC41j. Have you taken any [other] medication at least once a week for a stroke? YES ..... 1  
NO ..... [MC41q] ..... 2

**<FIRST FILL ONLY IF MC2 = YES>**

MC41k. [Please look at List D on pages 4 through 6 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC41i ONLY IF MED NAME FROM MC41k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC41m>**

MC41l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES .....[MC41p].....1  
NO .....2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC41m. At what age did you first take [MEDICATION NAME] for this other a stroke? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

\_\_\_\_\_  
AGE

MC41n. How many days per week did you take this medication?

\_\_\_\_\_  
# DAYS/WEEK

MC41o. On the days you took this medication, how many times per day did you take it?

\_\_\_\_\_  
# TIMES/DAY

MC41p. How many years and/or months in total have you taken this medication?

\_\_\_\_\_  
YEARS MONTHS

**<GO TO MC41j>**

**<END REPEATING RECORDS: PAST 12 MONTHS STROKE MEDS>**

**<FILL IF MC41c = YES AND MC41j = YES:>**

MC41q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for a stroke?

\_\_\_\_\_  
YEARS MONTHS

**<ASK MC41r—MC41s IF BOTH OF THE DURATIONS FROM MC41i AND MC41p ARE LESS THAN HALF THE DURATION FROM MC41q, OR IF MC41c AND MC41j BOTH = NO; ELSE GO TO MC42>**

MC41r. [Other than [MEDICATIONS FROM MC41d AND MC41k], what is the name of the medication you have taken for this condition for the longest time?

\_\_\_\_\_ MEDICATION NAME

MC41s. How many years and/or months in all have you taken this medication?

\_\_\_\_\_  
YEARS MONTHS

MC42. (Has a doctor or other health professional ever told you that you had) Crohn's disease? YES ..... 1  
NO ..... [MC46] ..... 2

REF .....[MC46]..... 7  
DK.....[MC46]..... 8

MC43. How old were you when you were first told you had this condition (Crohn's disease)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]   AGE

MC44. Did you ever have a colostomy or colectomy (partial removal of the colon) for this condition (Crohn's disease)? YES ..... 1  
NO..... 2

MC45a. Have you ever taken medication for Crohn's disease? YES ..... 1  
NO.....[MC46]..... 2

MC45b. At what age did you first take medication for Crohn's disease? [IF LESS THAN ONE YEAR OLD, ENTER "00".]   AGE

**<BEGIN REPEATING RECORDS: CURRENT CROHNS MEDS:>**

MC45c. Are you currently taking [any other] medication at least once a week for Crohn's disease? YES ..... 1  
NO..... [MC45j] ..... 2

**<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>**

MC45d. [Please look at List E on page 7 of your medications booklet.] What is the  MEDICATION NAME  
[code number or] name of the [first/next] medication  
you are currently taking for this condition? [IF R OFFERS >  
1 MEDICATION: Please tell me about each medication  
one at a time.]

**<ASK MC45e ONLY IF MED NAME FROM MC45d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC45f>**

MC45e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC45i] ..... 1  
NO..... 2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC45f. At what age did you first take [MEDICATION NAME] for Crohn's disease? [IF LESS THAN ONE YEAR OLD, ENTER "00".]   AGE

MC45g. How many days per week do you take this medication?   # DAYS/WEEK

MC45h. On the days you take this medication, how many times per day do you take it?   # TIMES/DAY

MC45i. How many years and/or months in total have you been taking this medication for [CONDITION]?

Y Y MONTHS MONTHS  
YEARS MONTHS  
<GO TO MC45c>

<END REPEATING RECORDS: CURRENT CROHNS MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS CROHNS MEDS:>

MC45j. Have you taken any [other] medication at least once a week for Crohn’s disease in the past 12 months? YES ..... 1 NO.....[MC45q]..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC45k.[Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

<ASK MC45I ONLY IF MED NAME FROM MC45k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC45m>

MC45l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES .....[MC45p]..... 1 NO ..... 2

[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER “YES”. IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS “NO”.]

MC45m. At what age did you first take [MEDICATION NAME] for Crohn’s disease? [IF LESS THAN ONE YEAR OLD, ENTER “00”.]

Y Y  
AGE

MC45n. How many days per week did you take this medication?

Y Y  
# DAYS/WEEK

MC45o. On the days you took this medication, how many times per day did you take it?

Y Y  
# TIMES/DAY

MC45p. How many years and/or months in total have you taken this medication?

Y Y MONTHS MONTHS  
YEARS MONTHS  
<GO TO MC45j>

<END REPEATING RECORDS: PAST 12 MONTHS CROHNS MEDS>

<FILL IF MC45c = YES AND MC45j = YES:>

MC45q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for Crohn’s disease?

Y Y MONTHS MONTHS  
YEARS MONTHS

<ASK MC45r—MC45s IF BOTH OF THE DURATIONS FROM MC45i AND MC45p ARE LESS THAN HALF THE DURATION FROM MC45q, OR IF MC45c AND MC45j BOTH = NO; ELSE GO TO MC46>



MC45r. [Other than [MEDICATIONS FROM MC45d AND MC45k], what is the name of the medication you have taken for this condition for the longest time?

\_\_\_\_\_ MEDICATION NAME

MC45s. How many years and/or months in all have you taken this medication?

    | |   | |  
YEARS MONTHS

MC46. (Has a doctor or other health professional ever told you that you had) ulcerative colitis?

YES ..... 1  
NO ..... [MC50] ..... 2  
REF ..... [MC50] ..... 7  
DK ..... [MC50] ..... 8

MC47. How old were you when you were first told you had this condition (ulcerative colitis)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

    | |  
AGE

MC48. Did you ever have a colostomy or colectomy (partial removal of the colon) for this condition (ulcerative colitis)?

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

MC49a. Have you ever taken medication for ulcerative colitis?

YES ..... 1  
NO ..... [MC50] ..... 2

MC49b. At what age did you first take medication for this condition?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

    | |  
AGE

**<BEGIN REPEATING RECORDS: CURRENT ULCERATIVE COLITIS MEDS:>**

MC49c. Are you currently taking [any other] medication at least once a week for ulcerative colitis?

YES ..... 1  
NO ..... [MC49j] ..... 2

**<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>**

MC49d. [Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC49e ONLY IF MED NAME FROM MC49d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC49f>**

MC49e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

YES ..... [MC49i] ..... 1  
NO ..... 2

MC49f. At what age did you first take [MEDICATION NAME] for ulcerative colitis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

□□  
AGE

MC49g. How many days per week do you take this medication?

□□  
# DAYS/WEEK

MC49h. On the days you take this medication, how many times per day do you take it?

□□  
# TIMES/DAY

MC49i. How many years and/or months in total have you been taking this medication for [CONDITION]?

□□ □□  
YEARS MONTHS  
<GO TO MC49c>

<END REPEATING RECORDS: CURRENT ULCERATIVE COLITIS MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS ULCERATIVE COLITIS MEDS:>

MC49j. Have you taken any [other] medication at least once a week for ulcerative colitis in the past 12 months? YES ..... 1 NO ..... [MC49q] ..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC49k. [Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

\_\_\_\_\_  
MEDICATION NAME

<ASK MC49I ONLY IF MED NAME FROM MC49k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC49m>

MC49l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC49p] ..... 1 NO ..... 2 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC49m. At what age did you first take [MEDICATION NAME] for ulcerative colitis?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC49n. How many days per week did you take this medication?

# DAYS/WEEK

MC49o. On the days you took this medication, how many times per day did you take it?

# TIMES/DAY

MC49p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC49j>

<END REPEATING RECORDS: PAST 12 MONTHS ULCERATIVE COLITIS MEDS>

<FILL IF MC49c = YES AND MC49j = YES:>

MC49q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for ulcerative colitis?

YEARS MONTHS

<ASK MC49r—MC49s IF BOTH OF THE DURATIONS FROM MC49i AND MC49p ARE LESS THAN HALF THE DURATION FROM MC49q, OR IF MC49c AND MC49j BOTH = NO; ELSE GO TO MC50>

MC49r. [Other than [MEDICATIONS FROM MC49d AND MC49k], what is the name of the medication you have taken for this condition for the longest time?

\_\_\_\_\_ MEDICATION NAME

MC49s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC50. (Has a doctor or other health professional ever told you that you had) polyps in the colon or rectum?

YES ..... 1  
NO ..... [MC52] ..... 2  
REF ..... [MC52] ..... 7  
DK ..... [MC52] ..... 8

MC51. How old were you when you were first told you had this condition (polyps in the colon or rectum)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC52. (Has a doctor or other health professional ever told you that you had) gallstones or gallbladder disease?

YES ..... 1  
NO ..... [MC56] ..... 2  
REF ..... [MC56] ..... 7  
DK ..... [MC56] ..... 8

MC53. How old were you when you were first told you had this condition (gallstones or gallbladder disease)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC54. Did you have your gallbladder removed? YES ..... 1  
 NO.....[MC56]..... 2

MC55. At what age did you have your gallbladder removed?     
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC56. (Has a doctor or other health professional ever told you that you had) hepatitis? YES ..... 1  
 NO.....[MC62]..... 2  
 REF .....[MC62]..... 7  
 DK.....[MC62]..... 8

MC57. How old were you when you were first told you had this condition (hepatitis)?     
 [IF LESS THAN ONE YEAR OLD, ENTER "00".] AGE

MC58. What type of hepatitis were you told that you had? type A..... 1 2  
 type B ..... 1 2  
 type C ..... 1 2  
 type D..... 1 2  
 type E ..... 1 2

MC59. Do you have chronic hepatitis? YES ..... 1  
 NO.....[MC61a]..... 2

MC60. Was this hepatitis chronic persistent or chronic active? PERSISTENT ..... 1  
 ACTIVE..... 2

MC61a. Have you ever taken medication for hepatitis? YES ..... 1  
 NO.....[MC62]..... 2

MC61b. At what age did you first take medication for hepatitis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]     
 AGE

**<BEGIN REPEATING RECORDS: CURRENT HEPATITIS MEDS:>**

MC61c. Are you currently taking [any other] medication at least once a week for hepatitis? YES ..... 1  
 NO..... [MC61j] ..... 2

**<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>**

MC61d. [Please look at List E on page 7 of your medications booklet.] What is the        
 [code number or] name of the [first/next] medication MEDICATION NAME  
 you are currently taking for this condition? [IF R OFFERS >  
 1 MEDICATION: Please tell me about each medication  
 one at a time.]

**<ASK MC61e ONLY IF MED NAME FROM MC61d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC61f>**

MC61e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC61i] ..... 1  
NO ..... 2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC61f. At what age did you first take [MEDICATION NAME] for hepatitis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]    
AGE

MC61g. How many days per week do you take this medication?    
# DAYS/WEEK

MC61h. On the days you take this medication, how many times per day do you take it?    
# TIMES/DAY

MC61i. How many years and/or months in total have you been taking this medication for [CONDITION]?      
YEARS MONTHS  
**<GO TO MC61c>**

**<END REPEATING RECORDS: CURRENT HEPATITIS MEDS>**

**<BEGIN REPEATING RECORDS: PAST 12 MONTHS HEPATITIS MEDS:>**

MC61j. Have you taken any [other] medication at least once a week for hepatitis in the past 12 months? YES ..... 1  
NO ..... [MC61q] ..... 2

**<FIRST FILL ONLY IF MC2 = YES>**

MC61k. [Please look at List E on page 7 of your medications booklet.] What is the \_\_\_\_\_  
[code number or] name of the [first/next] medication MEDICATION NAME  
you have taken at least once a week for this condition  
in the past 12 months? [IF R OFFERS > 1 MED:  
Please tell me about each medication one at a time.]

**<ASK MC61l ONLY IF MED NAME FROM MC61k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC61m>**

MC61l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC61p] ..... 1  
NO ..... 2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC61m. At what age did you first take [MEDICATION NAME] for hepatitis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]    
AGE

MC61n. How many days per week did you take this medication?

□□

# DAYS/WEEK

MC61o. On the days you took this medication, how many times per day did you take it?

□□

# TIMES/DAY

MC61p. How many years and/or months in total have you taken this medication?

□□ □□

YEARS MONTHS

<GO TO MC61j>

<END REPEATING RECORDS: PAST 12 MONTHS HEPATITIS MEDS>

<FILL IF MC61c = YES AND MC61j = YES:>

MC61q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for hepatitis?

□□ □□

YEARS MONTHS

<ASK MC61r—MC61s IF BOTH OF THE DURATIONS FROM MC61i AND MC61p ARE LESS THAN HALF THE DURATION FROM MC61q, OR IF MC61c AND MC61j BOTH = NO; ELSE GO TO MC62>

MC61r. [Other than [MEDICATIONS FROM MC61d AND MC61k], what is the name of the medication you have taken for this condition for the longest time?

\_\_\_\_\_ MEDICATION NAME

MC61s. How many years and/or months in all have you taken this medication?

□□ □□

YEARS MONTHS

MC62. (Has a doctor or other health professional ever told you that you had) cirrhosis of the liver?

- YES ..... 1
- NO ..... [MC64] ..... 2
- REF ..... [MC64] ..... 7
- DK ..... [MC64] ..... 8

MC63. How old were you when you were first told you had this condition (cirrhosis of the liver)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

□□

AGE

MC64. (Has a doctor or other health professional ever told you that you had) shingles?

- YES ..... 1
- NO ..... [MC66] ..... 2
- REF ..... [MC66] ..... 7
- DK ..... [MC66] ..... 8

MC65. How old were you when you were first told you had this condition (shingles)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

□□

AGE

MC66. (Has a doctor or other health professional ever told you that you had) mononucleosis, also called "mono" or Epstein-Barr virus?

- YES ..... 1
- NO ..... [MC68] ..... 2
- REF ..... [MC68] ..... 7
- DK ..... [MC68] ..... 8

MC67. How old were you when you were first told you had this condition (mononucleosis or "mono", or Epstein-Barr virus)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

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AGE

MC68. (Has a doctor or other health professional ever told you that you had) fibromyalgia?

YES ..... 1  
 NO.....[MC72]..... 2  
 REF .....[MC72]..... 7  
 DK.....[MC72]..... 8

MC69. How old were you when you were first told you had this condition (fibromyalgia)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

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AGE

MC70. Have you ever taken medicine for this condition (fibromyalgia)?

YES ..... 1  
 NO.....[MC72]..... 2  
 REF .....[MC72]..... 7  
 DK.....[MC72]..... 8

MC71. Have you taken medications for this condition (fibromyalgia) in the past 12 months?

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

MC72. (Has a doctor or other health professional ever told you that you had) multiple sclerosis, also called MS?

YES ..... 1  
 NO.....[MC75]..... 2  
 REF .....[MC75]..... 7  
 DK.....[MC75]..... 8

MC73. How old were you when you were first told you had this condition (multiple sclerosis)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

--	--

AGE

MC74a. Have you ever taken medication for multiple sclerosis?

YES ..... 1  
 NO.....[MC75]..... 2

MC74b. At what age did you first take medication for multiple sclerosis?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

--	--

AGE

**<BEGIN REPEATING RECORDS: CURRENT MULTIPLE SCLEROSIS MEDS:>**

MC74c. Are you currently taking [*any other*] medication at least once a week for multiple sclerosis?

YES ..... 1  
 NO..... [MC74j] ..... 2

**<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>**

MC74d. [Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [*first/next*] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC74e ONLY IF MED NAME FROM MC74d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC74f>**

MC74e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES..... [MC74i] .....1  
NO.....2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC74f. At what age did you first take [MEDICATION NAME] for multiple sclerosis? [IF LESS THAN ONE YEAR OLD, ENTER "00"].]   AGE

MC74g. How many days per week do you take this medication?   # DAYS/WEEK

MC74h. On the days you take this medication, how many times per day do you take it?   # TIMES/DAY

MC74i. How many years and/or months in total have you been taking this medication for [CONDITION]?   YEARS   MONTHS  
**<GO TO MC74c>**

**<END REPEATING RECORDS: CURRENT MULTIPLE SCLEROSIS MEDS>**

**<BEGIN REPEATING RECORDS: PAST 12 MONTHS MULTIPLE SCLEROSIS MEDS:>**

MC74j. Have you taken any [other] medication at least once a week for your multiple sclerosis in the past 12 months? YES ..... 1  
NO.....[MC74q]..... 2

**<FIRST FILL ONLY IF MC2 = YES>**

MC74k. [Please look at List E on page 7 of your medications booklet.] What is the \_\_\_\_\_ MEDICATION NAME  
[code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

**<ASK MC74l ONLY IF MED NAME FROM MC74k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC74m>**

MC74l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES.....[MC74p].....1  
NO.....2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC74m. At what age did you first take [MEDICATION NAME] for multiple sclerosis? [IF LESS THAN ONE YEAR OLD, ENTER "00"].]   AGE

MC74n. How many days per week did you take this medication?   # DAYS/WEEK



MC74o. On the days you took this medication, how many times per day did you take it?

# TIMES/DAY

MC74p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

<GO TO MC12j>

<END REPEATING RECORDS: PAST 12 MONTHS MULTIPLE SCLEROSIS MEDS>

<FILL IF MC74c = YES AND MC74j = YES:>

MC74q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for multiple sclerosis?

YEARS MONTHS

<ASK MC74r—MC74s IF BOTH OF THE DURATIONS FROM MC74i AND MC74p ARE LESS THAN HALF THE DURATION FROM MC74q, OR IF MC74c AND MC74j BOTH = NO; ELSE GO TO MC75>

MC74r. [Other than [MEDICATIONS FROM MC74d AND MC74k], what is the name of the medication you have taken for this condition for the longest time?

\_\_\_\_\_  
MEDICATION NAME

MC74s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC75. (Has a doctor or other health professional ever told you that you had) rheumatoid arthritis?

YES ..... 1  
NO ..... [MC82] ..... 2  
REF ..... [MC82] ..... 7  
DK ..... [MC82] ..... 8

MC76. How old were you when you were first told you had this condition (rheumatoid arthritis)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC77. Have you ever had swelling in your wrist, finger, elbow, or knee joints lasting six or more weeks?

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

MC78. Have you ever had symptoms on both sides of your body?

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

MC79. Have you ever had a rheumatoid factor test or an erythrocyte sedimentation test (or "sed test" or "ESR" test)?

YES ..... 1  
NO ..... [MC81a] ..... 2

MC80. Were any of the results positive?

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

MC81a. Have you ever taken medication for rheumatoid

YES ..... 1

arthritis? NO.....[MC82]..... 2

MC81b. At what age did you first take medication for rheumatoid arthritis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]   AGE

<BEGIN REPEATING RECORDS: CURRENT ARTHRITIS MEDS:>

MC81c. Are you currently taking [any other] medication at least once a week for rheumatoid arthritis? YES ..... 1 NO..... [MC81j] ..... 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC81d. [Please look at List E on page 7 of your medications booklet.] What is the \_\_\_\_\_ MEDICATION NAME [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

<ASK MC81e ONLY IF MED NAME FROM MC81d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC81f>

MC81e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC81i] ..... 1 NO..... 2 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC81f. At what age did you first take [MEDICATION NAME] for rheumatoid arthritis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]   AGE

MC81g. How many days per week do you take this medication?   # DAYS/WEEK

MC81h. On the days you take this medication, how many times per day do you take it?   # TIMES/DAY

MC81i. How many years and/or months in total have you been taking this medication for [CONDITION]?   YEARS MONTHS <GO TO MC81c>

<END REPEATING RECORDS: CURRENT ARTHRITIS MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS ARTHRITIS MEDS:>

MC81j. Have you taken any [other] medication at least once a week for rheumatoid arthritis in the past 12 months? YES ..... 1 NO..... [MC81q] ..... 2

**<FIRST FILL ONLY IF MC2 = YES>**

MC81k. [Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC81i ONLY IF MED NAME FROM MC81k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC81m>**

MC81i. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES .....[MC81p].....1  
NO.....2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC81m. At what age did you first take [MEDICATION NAME] for rheumatoid arthritis?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

\_\_\_\_\_  
AGE

MC81n. How many days per week did you take this medication?

\_\_\_\_\_  
# DAYS/WEEK

MC81o. On the days you took this medication, how many times per day did you take it?

\_\_\_\_\_  
# TIMES/DAY

MC81p. How many years and/or months in total have you taken this medication?

\_\_\_\_\_  
YEARS MONTHS

**<GO TO MC81j>**

**<END REPEATING RECORDS: PAST 12 MONTHS ARTHRITIS MEDS>**

**<FILL IF MC81c = YES AND MC81j = YES:>**

MC81q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for rheumatoid arthritis?

\_\_\_\_\_  
YEARS MONTHS

**<ASK MC81r—MC81s IF BOTH OF THE DURATIONS FROM MC81i AND MC81p ARE LESS THAN HALF THE DURATION FROM MC81q, OR IF MC81c AND MC81j BOTH = NO; ELSE GO TO MC82>**

MC81r. [Other than [MEDICATIONS FROM MC81d AND MC81k], what is the name of the medication you have taken for this condition for the longest time?

\_\_\_\_\_ MEDICATION NAME

MC81s. How many years and/or months in all have you taken this medication?

\_\_\_\_\_  
YEARS MONTHS

MC82. (Has a doctor or other health professional ever told you that you had) scleroderma or systemic sclerosis? YES ..... 1  
 NO ..... [MC87] ..... 2  
 REF ..... [MC87] ..... 7  
 DK ..... [MC87] ..... 8

MC83. How old were you when you were first told you had this condition (scleroderma or systemic sclerosis)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC84. Have you ever had thickening or tightening of the skin on your arms, legs, face, neck, or trunk? YES ..... 1  
 NO ..... 2

MC85. Have you ever had thickening or tightening of the skin on your fingers or toes? YES ..... 1  
 NO ..... 2

MC86a. Have you ever taken medication for scleroderma or systemic sclerosis? YES ..... 1  
 NO ..... [MC87] ..... 2

MC86b. At what age did you first take medication for this condition (scleroderma or systemic sclerosis)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

**<BEGIN REPEATING RECORDS: CURRENT SCLERODERMA MEDS:>**

MC86c. Are you currently taking [any other] medication at least once a week for this condition (scleroderma or systemic sclerosis)? YES ..... 1  
 NO ..... [MC86j] ..... 2

**<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>**

MC86d. [Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC86e ONLY IF MED NAME FROM MC86d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC86f>**

MC86e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC86i] ..... 1  
 NO ..... 2  
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC86f. At what age did you first take [MEDICATION NAME] for this condition (scleroderma or systemic sclerosis)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC86g. How many days per week do you take this medication?

# DAYS/WEEK

MC86h. On the days you take this medication, how many times per day do you take it?

# TIMES/DAY

MC86i. How many years and/or months in total have you been taking this medication for [CONDITION]?

YEARS   MONTHS  
<GO TO MC86c>

<END REPEATING RECORDS: CURRENT SCLERODERMA MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS SCLERODERMA MEDS:>

MC86j. Have you taken any [other] medication at least once a week for this condition (scleroderma or systemic sclerosis) in the past 12 months? YES ..... 1  
NO.....[MC86q]..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC86k. [Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.] \_\_\_\_\_  
MEDIATION NAME

<ASK MC86i ONLY IF MED NAME FROM MC86k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC86m>

MC86l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC86p]..... 1  
NO..... 2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC86m. At what age did you first take [MEDIATION NAME] for this condition (scleroderma or systemic sclerosis)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC86n. How many days per week did you take this medication?

# DAYS/WEEK

MC86o. On the days you took this medication, how many times per day did you take it?

# TIMES/DAY

MC86p. How many years and/or months in total have you taken this medication?

YEARS   MONTHS  
<GO TO MC86j>

<END REPEATING RECORDS: PAST 12 MONTHS SCLERODERMA MEDS>

<FILL IF MC86c = YES AND MC86j = YES:>

MC86q. [Including all the times you have just told me about,] how  
  YEARS   MONTHS

many years and/or months in total have you taken medications for scleroderma or systemic sclerosis?

**<ASK MC86r—MC86s IF BOTH OF THE DURATIONS FROM MC86i AND MC86p ARE LESS THAN HALF THE DURATION FROM MC86q, OR IF MC86c AND MC86j BOTH = NO; ELSE GO TO MC87>**

MC86r. [Other than [MEDICATIONS FROM MC86d AND MC86k], what is the name of the medication you have taken for this condition for the longest time?

\_\_\_\_\_ MEDICATION NAME

MC86s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC87. (Has a doctor or other health professional ever told you that you had) lupus?

YES ..... 1  
NO ..... [MC94] ..... 2  
REF ..... [MC94] ..... 7  
DK ..... [MC94] ..... 8

MC88. Was this systemic lupus erythematosus or discoid lupus erythematosus?

SYSTEMIC LUPUS ..... 1  
DISCOID LUPUS ..... 2  
BOTH ..... 3

MC89. How old were you when you were first told you had this condition (lupus)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC90. Have you ever had a rash on your face that lasted for more than one month?

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

MC91. Did you ever have any of the following tests: Erythrocyte Sedimentation Test (SED test or ESR), an antinuclear antibody (ANA, FANA, or LE), prep blood test, anti-DNA, anti-Sm, anti-RNP, anti-Ro (SSA) or anti-La (SSB)?

YES ..... 1  
NO ..... [MC93a] ..... 2

MC92. Were any results positive?

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

MC93a. Have you ever taken medication for lupus?

YES ..... 1  
NO ..... [MC94] ..... 2

MC93b. At what age did you first take medication for lupus? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

**<BEGIN REPEATING RECORDS: CURRENT LUPUS MEDS:>**

MC93c. Are you currently taking [any other] medication at least once a week for lupus?

YES ..... 1  
NO ..... [MC93j] ..... 2

**<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>**

MC93d.[Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC93e ONLY IF MED NAME FROM MC93d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC93f>**

MC93e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".] YES ..... [MC93i] ..... 1 NO ..... 2

MC93f. At what age did you first take [MEDICATION NAME] for lupus? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

\_\_\_\_\_  
AGE

MC93g. How many days per week do you take this medication?

\_\_\_\_\_  
# DAYS/WEEK

MC93h. On the days you take this medication, how many times per day do you take it?

\_\_\_\_\_  
# TIMES/DAY

MC93i. How many years and/or months in total have you been taking this medication for [CONDITION]?

\_\_\_\_\_  
YEARS MONTHS

**<GO TO MC93c>**

**<END REPEATING RECORDS: CURRENT LUPUS MEDS>**

**<BEGIN REPEATING RECORDS: PAST 12 MONTHS LUPUS MEDS:>**

MC93j. Have you taken any [other] medication at least once a week for lupus in the past 12 months? YES ..... 1 NO ..... [MC93q] ..... 2

**<FIRST FILL ONLY IF MC2 = YES>**

MC93k.[Please look at List E on page 7 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC93i ONLY IF MED NAME FROM MC93k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC93m>**

MC93l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES .....[MC93p].....1  
NO.....2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC93m. At what age did you first take [MEDICATION NAME] for lupus? [IF LESS THAN ONE YEAR OLD, ENTER "00".]   AGE

MC93n. How many days per week did you take this medication?   # DAYS/WEEK

MC93o. On the days you took this medication, how many times per day did you take it?   # TIMES/DAY

MC93p. How many years and/or months in total have you taken this medication?   YEARS MONTHS

**<GO TO MC93j>**

**<END REPEATING RECORDS: PAST 12 MONTHS LUPUS MEDS>**

**<FILL IF MC93c = YES AND MC93j = YES:>**

MC93q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for lupus?   YEARS MONTHS

**<ASK MC93r—MC93s IF BOTH OF THE DURATIONS FROM MC93i AND MC93p ARE LESS THAN HALF THE DURATION FROM MC93q, OR IF MC93c AND MC93j BOTH = NO; ELSE GO TO MC94>**

MC93r. [Other than [MEDICATIONS FROM MC93d AND MC93k], what is the name of the medication you have taken for this condition for the longest time? \_\_\_\_\_ MEDICATION NAME

MC93s. How many years and/or months in all have you taken this medication?   YEARS MONTHS

MC94. (Has a doctor or other health professional ever told you that you had) a seizure disorder, such as epilepsy? YES ..... 1  
NO.....[MC97]..... 2  
REF .....[MC97]..... 7  
DK.....[MC97]..... 8

MC95. How old were you when you were first told you had this condition (a seizure disorder, such as epilepsy)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]   AGE

MC96a. Have you ever taken medication for a seizure disorder? YES ..... 1



MC96b. At what age did you first take medication for a seizure disorder? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

<BEGIN REPEATING RECORDS: CURRENT SEIZURE MEDS:>

MC96c. Are you currently taking [any other] medication at least once a week for a seizure disorder? YES.....1 NO.....[MC96j].....2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC96d. [Please look at List F on pages 8 through 9 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

MEDICATION NAME

<ASK MC96e ONLY IF MED NAME FROM MC96d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC96f>

MC96e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".] YES.....[MC96i].....1 NO.....2

MC96f. At what age did you first take [MEDICATION NAME] for a seizure disorder? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC96g. How many days per week do you take this medication?

# DAYS/WEEK

MC96h. On the days you take this medication, how many times per day do you take it?

# TIMES/DAY

MC96i. How many years and/or months in total have you been taking this medication for [CONDITION]?

YEARS MONTHS

<GO TO MC96c>

<END REPEATING RECORDS: CURRENT SEIZURE MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS SEIZURE MEDS:>

MC96j. Have you taken any [other] medication at least once a week for a seizure disorder in the past 12 months? YES.....1 NO.....[MC96q].....2

**<FIRST FILL ONLY IF MC2 = YES>**

MC96k. [Please look at List F on pages 8 through 9 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC96i ONLY IF MED NAME FROM MC96k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC96m>**

MC96i. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES .....[MC96p].....1  
NO .....2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC96m. At what age did you first take [MEDICATION NAME] for a seizure disorder? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

\_\_\_\_\_  
AGE

MC96n. How many days per week did you take this medication?

\_\_\_\_\_  
# DAYS/WEEK

MC96o. On the days you took this medication, how many times per day did you take it?

\_\_\_\_\_  
# TIMES/DAY

MC96p. How many years and/or months in total have you taken this medication?

\_\_\_\_\_  
YEARS MONTHS

**<GO TO MC96j>**

**<END REPEATING RECORDS: PAST 12 MONTHS SEIZURE MEDS>**

**<FILL IF MC96c = YES AND MC96j = YES:>**

MC96q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for a seizure disorder?

\_\_\_\_\_  
YEARS MONTHS

**<ASK MC96r—MC96s IF BOTH OF THE DURATIONS FROM MC96i AND MC96p ARE LESS THAN HALF THE DURATION FROM MC96q, OR IF MC96c AND MC96j BOTH = NO; ELSE GO TO MC97>**

MC96r. [Other than [MEDICATIONS FROM MC96d AND MC96k], what is the name of the medication you have taken for this condition for the longest time?

\_\_\_\_\_ MEDICATION NAME

MC96s. How many years and/or months in all have you taken this medication?

\_\_\_\_\_  
YEARS MONTHS

MC97. (Has a doctor or other health professional ever told you that you had) clinical depression? YES ..... 1  
 NO.....[MC100]..... 2  
 REF .....[MC100]..... 7  
 DK.....[MC100]..... 8

MC98. How old were you when you were first told you had this condition (clinical depression)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]    
 AGE

MC99a. Have you ever taken medication for depression? YES ..... 1  
 NO.....[MC100]..... 2

MC99b. At what age did you first take medication for depression? [IF LESS THAN ONE YEAR OLD, ENTER "00".]    
 AGE

**<BEGIN REPEATING RECORDS: CURRENT DEPRESSION MEDS:>**

MC99c. Are you currently taking [*any other*] medication at least once a week for depression? YES ..... 1  
 NO..... [MC99j] ..... 2

**<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>**

MC99d. [Please look at List F on pages 8 through 9 of your medications booklet.] What is the [code number or] name of the [*first/next*] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.] \_\_\_\_\_  
 MEDICATION NAME

**<ASK MC99e ONLY IF MED NAME FROM MC99d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC99f>**

MC99e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC99i] ..... 1  
 NO..... 2  
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC99f. At what age did you first take [MEDICATION NAME] for depression? [IF LESS THAN ONE YEAR OLD, ENTER "00".]    
 AGE

MC99g. How many days per week do you take this medication?    
 # DAYS/WEEK

MC99h. On the days you take this medication, how many times per day do you take it?    
 # TIMES/DAY

MC99i. How many years and/or months in total have you been taking this medication for [CONDITION]?      
 YEARS MONTHS

<GO TO MC99c>

<END REPEATING RECORDS: CURRENT DEPRESSION MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS DEPRESSION MEDS:>

MC99j. Have you taken any [other] medication at least once a week for depression in the past 12 months? YES ..... 1 NO.....[MC99q]..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC99k.[Please look at List F on page 8 through 9 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.] MEDICATION NAME

<ASK MC99i ONLY IF MED NAME FROM MC99k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC99m>

MC99l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES .....[MC99p]..... 1 NO..... 2 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC99m. At what age did you first take [MEDICATION NAME] for depression? [IF LESS THAN ONE YEAR OLD, ENTER "00"]. AGE

MC99n. How many days per week did you take this medication? # DAYS/WEEK

MC99o. On the days you took this medication, how many times per day did you take it? # TIMES/DAY

MC99p. How many years and/or months in total have you taken this medication? YEARS MONTHS

<GO TO MC99j>

<END REPEATING RECORDS: PAST 12 MONTHS DEPRESSIONMEDS>

<FILL IF MC99c = YES AND MC99j = YES:>

MC99q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for depression? YEARS MONTHS

<ASK MC99r—MC99s IF BOTH OF THE DURATIONS FROM MC99i AND MC99p ARE LESS THAN HALF THE DURATION FROM MC99q, OR IF MC99c AND MC99j BOTH = NO; ELSE GO TO MC100>

MC99r. [Other than [MEDICATIONS FROM MC99d AND MC99k], what is the name of the medication you have taken for this condition for the longest time?

\_\_\_\_\_ MEDICATION NAME

MC99s. How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC100. (Has a doctor or other health professional ever told you that you had) migraine headaches?

YES ..... 1  
NO ..... [MC104] ..... 2  
REF ..... [MC104] ..... 7  
DK ..... [MC104] ..... 8

MC101. How old were you when you were first told you had this condition (migraine headaches)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC102. Have you ever noticed a pattern where your migraine headaches got worse at certain times of your menstrual cycles?

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

MC103a. Have you ever taken medication for migraine headaches?

YES ..... 1  
NO ..... [MC104] ..... 2

MC103b. At what age did you first take medication for migraine headaches?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

**<BEGIN REPEATING RECORDS: CURRENT MIGRAINE MEDS:>**

MC103c. Are you currently taking [any other] medication at least once a week for migraine headaches?

YES ..... 1  
NO ..... [MC103j] ..... 2

**<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>**

MC103d. [Please look at List G on page 10 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC103e ONLY IF MED NAME FROM MC103d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC103f>**

MC103e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]?  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

YES ..... [MC103i] ..... 1  
NO ..... 2

MC103f. At what age did you first take [MEDICATION NAME] for migraine headaches? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC103g. How many days per week do you take this medication?

# DAYS/WEEK

MC103h. On the days you take this medication, how many times per day do you take it?

# TIMES/DAY

MC103i. How many years and/or months in total have you been taking this medication for [CONDITION]?

YEARS MONTHS  
<GO TO MC103c>

<END REPEATING RECORDS: CURRENT MIGRAINE MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS MIGRAINE MEDS:>

MC103j. Have you taken any [other] medication at least once a week for migraine headaches in the past 12 months? YES ..... 1 NO ..... [MC103q] ..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC103k. [Please look at List G on page 10 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

\_\_\_\_\_  
MEDICATION NAME

<ASK MC103I ONLY IF MED NAME FROM MC103k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC103m>

MC103l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC103p] ..... 1 NO ..... 2 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC103m. At what age did you first take [MEDICATION NAME] for migraine headaches? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC103n. How many days per week did you take this medication?

# DAYS/WEEK

MC103o. On the days you took this medication, how many times per day did you take it?

# TIMES/DAY

MC103p. How many years and/or months in total have you taken

YEARS MONTHS

this medication?

<GO TO MC103j>

<END REPEATING RECORDS: PAST 12 MONTHS MIGRAINE MEDS>

<FILL IF MC103c = YES AND MC103j = YES:>

MC103q.[Including all the times you have just told me about,] how many years and/or months in total have you taken medications for migraine headaches?

Y Y YEARS MONTHS M M

<ASK MC103r—MC103s IF BOTH OF THE DURATIONS FROM MC103i AND MC103p ARE LESS THAN HALF THE DURATION FROM MC103q, OR IF MC103c AND MC103j BOTH = NO; ELSE GO TO MC 104>

MC103r.[Other than [MEDICATIONS FROM MC103d AND MC103k], what is the name of the medication you have taken for this condition for the longest time?

MEDICATION NAME

MC103s.How many years and/or months in all have you taken this medication?

Y Y YEARS MONTHS M M

MC104.(Has a doctor or other health professional ever told you that you had) chronic fatigue syndrome?

YES ..... 1
NO.....[MC106]..... 2
REF .....[MC106]..... 7
DK.....[MC106]..... 8

MC105.How old were you when you were first told you had this condition (chronic fatigue syndrome)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

Y Y AGE

MC106.(Has a doctor or other health professional ever told you that you had) osteoporosis, osteopenia, or low bone density?

YES ..... 1
NO.....[MC110]..... 2
REF .....[MC110]..... 7
DK.....[MC110]..... 8

MC107.How old were you when you were first told you had this condition (osteoporosis or low bone density)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

Y Y AGE

MC108.Did you have a bone density scan to diagnose your low bone density?

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

MC109a.Have you ever taken medication for osteoporosis?

YES ..... 1
NO.....[MC110]..... 2

MC109b.At what age did you first take medication for osteoporosis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

Y Y AGE

<BEGIN REPEATING RECORDS: CURRENT OSTEOPOROSIS MEDS:>

MC109c.Are you currently taking [any other] medication at least once a week for osteoporosis?

YES ..... 1
NO..... [MC109j]..... 2

**<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>**

MC109d.[Please look at List H on page 10 of your medications booklet.] What is the [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MC109e ONLY IF MED NAME FROM MC109d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, OR SECTION MC; ELSE, GO TO MC109f>**

MC109e.Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC109i] .....1  
NO.....2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC109f.At what age did you first take [MEDICATION NAME] for osteoporosis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

\_\_\_\_\_  
AGE

MC109g.How many days per week do you take this medication?

\_\_\_\_\_  
# DAYS/WEEK

MC109h.On the days you take this medication, how many times per day do you take it?

\_\_\_\_\_  
# TIMES/DAY

MC109i.How many years and/or months in total have you been taking this medication for [CONDITION]?

\_\_\_\_\_  
YEARS MONTHS  
<GO TO MC109c>

**<END REPEATING RECORDS: CURRENT OSTEOPOROSIS MEDS>**

**<BEGIN REPEATING RECORDS: PAST 12 MONTHS OSTEOPOROSIS MEDS:>**

MC109j.Have you taken any [other] medication at least once a week for osteoporosis in the past 12 months? YES ..... 1  
NO ..... [MC109q] ..... 2

**<FIRST FILL ONLY IF MC2 = YES>**

MC109k.[Please look at List H on page 10 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME



**<ASK MC109i ONLY IF MED NAME FROM MC109k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC109m>**

MC109l. Was this the same medication use that you reported for YES .....[MC109p].....1  
[CONDITION(S) FROM SECTION HR/MC]? NO.....2

[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC109m. At what age did you first take [MEDICATION NAME] for osteoporosis? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC109n. How many days per week did you take this medication?

# DAYS/WEEK

MC109o. On the days you took this medication, how many times per day did you take it?

# TIMES/DAY

MC109p. How many years and/or months in total have you taken this medication?

YEARS MONTHS

**<GO TO MC109j>**

**<END REPEATING RECORDS: PAST 12 MONTHS OSTEOPOROSIS MEDS>**

**<FILL IF MC109c = YES AND MC109j = YES:>**

MC109q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for osteoporosis?

YEARS MONTHS

**<ASK MC109r—MC109s IF BOTH OF THE DURATIONS FROM MC109i AND MC109p ARE LESS THAN HALF THE DURATION FROM MC109q, OR IF MC109c AND MC109j BOTH = NO; ELSE GO TO MC110>**

MC109r.[Other than [MEDICATIONS FROM MC109d AND MC109k], what is the name of the medication you have taken for this condition for the longest time?

\_\_\_\_\_ MEDICATION NAME

MC109s.How many years and/or months in all have you taken this medication?

YEARS MONTHS

MC110.(Has a doctor or other health professional ever told you that you had) scoliosis or abnormal curvature of the spine?

YES ..... 1  
NO.....[MC114]..... 2  
REF .....[MC114]..... 7  
DK.....[MC114]..... 8

MC111.How old were you when you were first told you had this condition (scoliosis or abnormal curvature of the spine)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC112.Did you ever have x-rays to diagnose or monitor your scoliosis?

YES ..... 1  
NO.....[MC114]..... 2

MC113.About how many x-rays in total did you have to diagnose or monitor your scoliosis?

# X-RAYS

MC114.(Has a doctor or other health professional ever told you that you had) hemochromatosis, that is, an excess build up of iron in the body?

YES ..... 1  
NO.....[MC116]..... 2  
REF .....[MC116]..... 7  
DK.....[MC116]..... 8

MC115.How old were you when you were first told you had this condition (hemochromatosis)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC116.Has a doctor or other health professional ever told you that you had iron deficiency anemia, or that you were borderline other than during pregnancy?

YES ..... 1  
NO.....[MC118]..... 2  
BORDERLINE ..... 3  
REF .....[MC118]..... 7  
DK.....[MC118]..... 8

MC117.How old were you when you were first told you had this condition (iron deficiency anemia)? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC118.(Has a doctor or other health professional ever told you that you had) tuberculosis?

YES ..... 1  
NO.....[MC120]..... 2  
REF .....[MC120]..... 7  
DK.....[MC120]..... 8

MC119.How old were you when you were first told you had this condition (tuberculosis)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

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AGE

MC120.(Has a doctor or other health professional ever told you that you had) rheumatic fever?

- YES ..... 1
- NO.....[MC122]..... 2
- REF .....[MC122]..... 7
- DK.....[MC122]..... 8

MC121.How old were you when you were first told you had this condition (rheumatic fever)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

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AGE

These next questions deal with conditions that may affect your reproductive system, including some questions about sexually transmitted diseases. Please remember that all of your information is kept completely confidential. Should you wish to skip a question, just let me know and we'll move on to the next one.

MC122.Has a doctor or other health professional ever told you that you had cervical polyps?

- YES ..... 1
- NO.....[MC124]..... 2
- REF .....[MC124]..... 7
- DK.....[MC124]..... 8

MC123.How old were you when you were first told you had this condition (cervical polyps)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

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AGE

MC124.(Has a doctor or other health professional ever told you that you had) polyps in the endometrium or uterus?

- YES ..... 1
- NO.....[MC126]..... 2
- REF .....[MC126]..... 7
- DK.....[MC126]..... 8

MC125.How old were you when you were first told you had this condition (polyps in the endometrium or uterus)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

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AGE

MC126.(Has a doctor or health professional ever told you that you had) fibroids, fibroid tumors, uterine fibroids, or other benign tumors of the uterus?

- YES ..... 1
- NO.....[MC128]..... 2
- REF .....[MC128]..... 7
- DK.....[MC128]..... 8

MC127.How old were you when you were first told that you had fibroids, fibroid tumors, uterine fibroids, uterine polyps, or other benign tumors of the uterus?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

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AGE

MC128.(Has a doctor or health professional ever told you that you had) endometriosis?

- YES ..... 1
- NO.....[MC130]..... 2
- REF .....[MC130]..... 7
- DK.....[MC130]..... 8

MC129.How old were you when you were first told that you had endometriosis?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

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AGE

MC130.(Has a doctor or health professional ever told you that you had) polycystic ovaries or PCOS or Stein-Leventhal Syndrome?

YES ..... 1  
NO.....[MC132]..... 2  
REF .....[MC132]..... 7  
DK.....[MC132]..... 8

MC131.How old were you when you were first told that you had polycystic ovaries or PCOS or Stein-Leventhal Syndrome?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

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AGE

MC131x1. (Has a doctor or other health professional ever told you that you had) ovarian cysts, or benign ovarian neoplasm?

YES ..... 1  
NO..... [MC132]..... 2

MC131x2. How old were you when you were first told that you had ovarian cysts or benign ovarian neoplasm?

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AGE

MC132.(Has a doctor or health professional ever tell you that you had) pelvic inflammatory disease, or PID, or an infection in your uterus or fallopian tubes (or evidence of past infection in your tubes)?

YES ..... 1  
NO.....[MC134]..... 2  
REF .....[MC134]..... 7  
DK.....[MC134]..... 8

MC133.How old were you when you were first told that you had pelvic inflammatory disease or an infection in your uterus or fallopian tubes (or evidence of past infection in your tubes)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

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AGE

MC134.(Has a doctor or other health professional ever told you that you had) genital herpes?

YES ..... 1  
NO.....[MC138]..... 2  
REF .....[MC138]..... 7  
DK.....[MC138]..... 8

MC135.How old were you when you were first told you had this condition (genital herpes)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

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AGE

MC136.Have you ever taken medicine for this condition (genital herpes)?

YES ..... 1  
NO.....[MC138]..... 2  
REF .....[MC138]..... 7  
DK.....[MC138]..... 8

MC137.Have you taken medications for this condition (genital herpes) the past 12 months?

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

MC138.(Has a doctor or other health professional ever told you that you had) gonorrhea (drip)?

YES ..... 1  
NO.....[MC140]..... 2  
REF .....[MC140]..... 7  
DK.....[MC140]..... 8

MC139. How old were you when you were first told you had this condition (gonorrhea or drip)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC140. (Has a doctor or other health professional ever told you that you had) chlamydia?

- YES ..... 1
- NO ..... [MC142] ..... 2
- REF ..... [MC142] ..... 7
- DK ..... [MC142] ..... 8

MC141. How old were you when you were first told you had this condition (chlamydia)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC142. (Has a doctor or other health professional ever told you that you had) genital warts (venereal warts, HPV, condyloma)?

- YES ..... 1
- NO ..... [MC144] ..... 2
- REF ..... [MC144] ..... 7
- DK ..... [MC144] ..... 8

MC143. How old were you when you were first told you had this condition (genital warts, venereal warts, HPV, condyloma)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

Now I'd like to ask you a few questions about skin disorders.

MC144. Have you ever taken Accutane for acne?

- YES ..... 1
- NO ..... [MC147] ..... 2
- REF ..... [MC147] ..... 7
- DK ..... [MC147] ..... 8

MC145. How old were you when you were first took Accutane for acne?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC146. How many years and/or months in total have you taken Accutane for acne?

     
YEARS    MONTHS

MC147. (Has a doctor or other health professional ever told you that you had) severe or cystic scarring acne?

- YES ..... 1
- NO ..... [MC149] ..... 2
- REF ..... [MC149] ..... 7
- DK ..... [MC149] ..... 8

MC148. How old were you when you were first told you had this condition (cystic scarring acne)?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC149. Have you ever had a condition for which you had radiation treatment, such as x-ray treatment, radium needles, or implants? Please do not include x-rays for a diagnosis, or radiation treatments you have already told me about.

- YES ..... 1
- NO ..... [MC173] ..... 2

<p>Did you ever have radiation to treat [CONDITION]?</p>	<p>How old were you when you first had radiation to treat [CONDITION]?</p>	<p>What was the total number of radiation treatments of any kind you had for [CONDITION]?</p>	<p>Did you have x-ray treatment, or another type of radiation treatment such as radium needles or implants for [CONDITION]?</p>
<p>MC150.  spondylitis</p> <p>YES.....1 NO . [MC154].2 REF [MC154].7 DK . [MC154].8</p>	<p>MC151.   <input type="text"/> <input type="text"/>  AGE  [IF LESS THAN ONE YEAR OLD, ENTER "00".]</p>	<p>MC152.   <input type="text"/> <input type="text"/> <input type="text"/>  TOTAL # TREATMENTS</p>	<p>MC153.   X-RAY..... 1  OTHER..... 2  BOTH ..... 3</p>
<p>MC154.  bursitis, arthritis, or other bone or joint problems</p> <p>YES.....1 NO . [MC158].2 REF [MC158].7 DK . [MC158].8</p>	<p>MC155.   <input type="text"/> <input type="text"/>  AGE  [IF LESS THAN ONE YEAR OLD, ENTER "00".]</p>	<p>MC156.   <input type="text"/> <input type="text"/> <input type="text"/>  TOTAL # TREATMENTS</p>	<p>MC157.   X-RAY..... 1  OTHER..... 2  BOTH ..... 3</p>
<p>MC158.  skin conditions such as acne or ringworm</p> <p>YES.....1 NO . [MC162].2 REF [MC162].7 DK . [MC162].8</p>	<p>MC159.   <input type="text"/> <input type="text"/>  AGE  [IF LESS THAN ONE YEAR OLD, ENTER "00".]</p>	<p>MC160.   <input type="text"/> <input type="text"/> <input type="text"/>  TOTAL # TREATMENTS</p>	<p>MC161.   X-RAY..... 1  OTHER..... 2  BOTH ..... 3</p>
<p>MC162.  enlarged tonsils or adenoids</p> <p>YES.....1 NO . [MC166].2 REF [MC166].7 DK . [MC166].8</p>	<p>MC163.   <input type="text"/> <input type="text"/>  AGE  [IF LESS THAN ONE YEAR OLD, ENTER "00".]</p>	<p>MC164.   <input type="text"/> <input type="text"/> <input type="text"/>  TOTAL # TREATMENTS</p>	<p>MC165.   X-RAY..... 1  OTHER..... 2  BOTH ..... 3</p>
<p>MC166.  an enlarged thymus gland in infancy</p> <p>YES.....1 NO . [MC169].2 REF [MC169].7 DK . [MC169].8</p>	<div style="background-color: #cccccc; width: 100%; height: 100%;"></div>	<p>MC167.   <input type="text"/> <input type="text"/> <input type="text"/>  TOTAL # TREATMENTS</p>	<p>MC168.   X-RAY..... 1  OTHER..... 2  BOTH ..... 3</p>

<p>MC169.</p> <p>any other condition YES.....1  NO . [MC173].2  MC169sp. SPECIFY: REF [MC173].7  _____ DK . [MC173].8</p>	<p>MC170.</p> <p><input type="text"/><input type="text"/><input type="text"/></p> <p>AGE  [IF LESS  THAN ONE  YEAR OLD,  ENTER "00".]</p>	<p>MC171.</p> <p><input type="text"/><input type="text"/><input type="text"/><input type="text"/></p> <p>TOTAL #  TREATMENTS</p>	<p>MC172.</p> <p>X-RAY..... 1  OTHER..... 2  BOTH ..... 3</p>
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MC173. Since the age of 30 have you broken any bones? YES ..... 1  
 NO.....[MC195]..... 2

Since the age of 30 have you ever broken...	How old were you when this happened (after the age of 30)?	Was this broken bone the result of ...	How many times have you broken [BONE] since age 30?
MC174. a hip? Y..... 1 N....[MC178]2 DK.[MC178]7 REF[MC178]8	MC175. <input type="text"/> <input type="text"/> AGE	MC176. doing everyday activities such as bending or lifting ... 1 a slip and fall or minor accident ..... 2 a sports injury ..... 3 a major accident..... 4	MC177. <input type="text"/> <input type="text"/> #TIMES
MC178. a wrist? Y..... 1 N....[MC182]2 DK.[MC182]7 REF[MC182]8	MC179. <input type="text"/> <input type="text"/> AGE	MC180. doing everyday activities such as bending or lifting ... 1 a slip and fall or minor accident ..... 2 a sports injury ..... 3 a major accident..... 4	MC181. <input type="text"/> <input type="text"/> #TIMES
MC182. a rib? Y..... 1 N....[MC186]2 DK.[MC186]7 REF[MC186]8	MC183. <input type="text"/> <input type="text"/> AGE	MC184. doing everyday activities such as bending or lifting ... 1 a slip and fall or minor accident ..... 2 a sports injury ..... 3 a major accident..... 4	MC185. <input type="text"/> <input type="text"/> #TIMES
MC186. a spinal vertebra? Y..... 1 N....[MC190]2 DK.[MC190]7 REF[MC190]8	MC187. <input type="text"/> <input type="text"/> AGE	MC188. doing everyday activities such as bending or lifting ... 1 a slip and fall or minor accident ..... 2 a sports injury ..... 3 a major accident..... 4	MC189. <input type="text"/> <input type="text"/> #TIMES

MC190. Have you broken any other bones (besides a hip, wrist, rib, or spinal vertebra) since the age of 30? YES ..... 1  
 NO.....[MC195]..... 2  
 DK.....[MC195]..... 7  
 REF .....[MC195]..... 8





MC203. Do you still have asthma? YES ..... 1  
 NO..... [MC205]..... 2

<ASK ONLY IF MC203 = YES OR DK; ELSE, GO TO MC205>

MC204. Have you had an attack of asthma in the past 12 months? YES ..... 1  
 NO..... 2

<ASK ONLY IF MC203 = NO; ELSE, GO TO MC206>

MC205. At what age did it stop?   AGE

<DO NOT ASK MC206 IF CURRENT AGE – MC200 <10 OR CURRENT AGE – MC205 >10>

MC206. After your asthma began, have you ever had a period of 10 years or more when you did not have any asthma symptoms? YES ..... 1  
 NO..... 2

MC207a. Have you ever taken medication for asthma, including inhalers, pills, or sprays? YES ..... 1  
 NO..... [MC208]..... 2

MC207b. At what age did you first take medication for asthma? [IF LESS THAN ONE YEAR OLD, ENTER "00".]   AGE

MC207b1. When did you last use any medication for asthma? Was it... in the past week..... [MC207c]..... 1  
 in the past month, but not in the past week ..... [MC207c]..... 2  
 in the past 12 months, but not in the past month ..... [MC207j]..... 3  
 more than 12 months ago ..... 4

<ASK ONLY IF MC207b1 = 4 (MORE THAN 12 MONTHS AGO):>

MC207b2. At what age did you last use medication for asthma?   AGE

<GO TO MC207q>

<BEGIN REPEATING RECORDS: CURRENT ASTHMA MEDS:>

MC207c. Are you currently taking [any other] medication at least once a week for asthma? YES ..... 1  
 NO..... [MC207j]..... 2

<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>

MC207d. [Please look at List I on page 11 of your medications booklet.] What is the \_\_\_\_\_ MEDICATION NAME  
 [code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

<ASK MC207e ONLY IF MED NAME FROM MC207d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC207f>

MC207e. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC207i]..... 1  
 NO..... 2  
 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER

AS "NO".]

MC207f. At what age did you first take [MEDICATION NAME] for asthma? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

□□  
AGE

MC207g. How many days per week do you take this medication?

□□  
# DAYS/WEEK

MC207h. On the days you take this medication, how many times per day do you take it?

□□  
# TIMES/DAY

MC207i. How many years and/or months in total have you been taking this medication for [CONDITION]?

□□ □□  
YEARS MONTHS  
<GO TO MC207c>

<END REPEATING RECORDS: CURRENT ASTHMA MEDS>

<BEGIN REPEATING RECORDS: PAST 12 MONTHS ASTHMA MEDS:>

MC207j. Have you taken any [other] medication at least once a week for asthma in the past 12 months? YES ..... 1 NO ..... [MC207q] ..... 2

<FIRST FILL ONLY IF MC2 = YES>

MC207k. [Please look at List I on page 11 of your medications booklet.] What is the [code number or] name of the [first/next] medication you have taken at least once a week for this condition in the past 12 months? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

<ASK MC207I ONLY IF MED NAME FROM MC207k MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC207m>

MC207l. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC]? YES ..... [MC207p] ..... 1 NO ..... 2 [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC207m. At what age did you first take [MEDICATION NAME] for asthma? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

□□  
AGE

MC207n. How many days per week did you take this medication?

□□  
# DAYS/WEEK

MC207o. On the days you took this medication, how many times per day did you take it?

□□  
# TIMES/DAY

MC207p. How many years and/or months in total have you taken this medication?

Y Y MONTHS MONTHS  
YEARS MONTHS

<GO TO MC207j>

<END REPEATING RECORDS: PAST 12 MONTHS ASTHMA MEDS>

<FILL IF MC207c = YES AND MC207j = YES:>

MC207q. [Including all the times you have just told me about,] how many years and/or months in total have you taken medications for asthma?

Y Y MONTHS MONTHS  
YEARS MONTHS

<ASK MC207r—MC207s IF BOTH OF THE DURATIONS FROM MC207i AND MC207p ARE LESS THAN HALF THE DURATION FROM MC207q, OR IF MC207c AND MC207j BOTH = NO; ELSE GO TO MC208>

MC207r. [Other than [MEDICATIONS FROM MC207d AND MC207k], what is the name of the medication you have taken for this condition for the longest time?

\_\_\_\_\_ MEDICATION NAME

MC207s. How many years and/or months in all have you taken this medication?

Y Y MONTHS MONTHS  
YEARS MONTHS

MC208. Have you had wheezing or whistling in your chest at any time in the past 12 months? YES ..... 1  
NO ..... 2

<ASK ONLY IF MC208 = YES; ELSE GO TO MC210>

MC209. On about how many days or nights have you had wheezing in the past 12 months? most days or nights ..... 1  
a few days or nights a week ..... 2  
a few days or nights a month ..... 3  
a few days or nights a year ..... 4

MC210. Prior to the last 12 months, have you ever had wheezing or whistling in your chest? YES ..... 1  
NO ..... 2

MC211. Do you usually cough at all upon getting up, or first thing in the morning? YES ..... 1  
NO ..... 2

MC212. Do you usually cough at all during the rest of the day or night? YES ..... 1  
NO ..... 2

<IF BOTH MC211 = NO AND MC212 = NO, GO TO MC215; IF EITHER MC211 = YES OR MC212 = YES, ASK MC213-214>

MC213. During the past 12 months, have you had this cough on most days for three months or more? YES ..... 1  
NO ..... 2

MC214. For how many years have you had this cough?

Y Y  
# YEARS

MC215. Do you usually bring up phlegm at all upon getting up or first thing in the morning? (Do not count phlegm from the nose.) YES ..... 1  
NO ..... 2

MC216. Do you usually bring up phlegm at all during the rest of  
of the day or night? YES ..... 1  
NO ..... 2

**<IF BOTH MC215 = NO AND MC216 = NO, GO TO MC219; IF EITHER MC215 = YES  
OR MC216 = YES, ASK MC217-218>**

MC217. During the past 12 months, have you brought  
up phlegm on most days for three months or  
more? YES ..... 1  
NO ..... 2

MC218. For how many years have you brought up  
phlegm like this?     
# YEARS

MC219. Has a doctor or other health professional ever said  
that you had... Y N  
a. chronic bronchitis ..... 1 2  
b. emphysema ..... 1 2  
c. chronic obstructive pulmonary  
disease or COPD ..... 1 2

MC220. Have you ever had allergic rhinitis, hay fever, or seasonal  
allergies? YES ..... 1  
NO ..... [MC230] ..... 2

MC221. At what age did you first have allergic rhinitis,  
hay fever, or seasonal allergies?     
AGE

MC222. Have you ever been treated by a doctor for these  
conditions (allergic rhinitis, hay fever, or seasonal  
allergies)? YES ..... 1  
NO ..... 2

MC223. In the past 12 months have you had hay fever, allergic  
rhinitis or seasonal allergies? YES ..... 1  
NO ..... [MC225] ..... 2

**<ASK ONLY IF MC223 = YES; ELSE GO TO MC225>**

MC224. How would you rate the severity of your allergic  
rhinitis, hay fever, or seasonal allergies in the past  
12 months? the same as in recent years ..... 1  
worse than in recent years ..... 2  
better than in recent years ..... 3

**<ASK ONLY IF MC223 = NO:>**

MC225. When did you last have allergic rhinitis, hay fever,  
or seasonal allergies?     
AGE

MC226. Have you ever had allergy shots? YES ..... 1  
NO ..... [MC229a] ..... 2

MC227. For how many years did you have allergy shots?     
# YEARS

MC228. Have you had allergy shots in the last 12 months? YES ..... 1  
NO ..... 2

MC229a. Have you ever taken medication for allergic rhinitis,  
hay fever, or seasonal allergies? YES ..... 1  
NO ..... [MC230] ..... 2

MC229b. At what age did you first take medication for  
allergic rhinitis, hay fever, or seasonal allergies?     
AGE

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

**<BEGIN REPEATING RECORDS: CURRENT ALLERGY MEDS:>**

MC229c. Are you currently taking [any other] medication at least once a week for allergic rhinitis, hay fever, or seasonal allergies? YES ..... 1  
NO ..... [MC229j] ..... 2

**<FIRST FILL ONLY IF MC1 = NO AND MC2 = YES>**

MC229d. [Please look at List J on pages 12 through 13 of your medications booklet.] What is the \_\_\_\_\_ MEDICATION NAME  
[code number or] name of the [first/next] medication you are currently taking for this condition? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

**<ASK MC229e ONLY IF MED NAME FROM MC229d MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC229f>**

MC229e. Was this the same medication use that you reported for YES ..... [MC229i] ..... 1  
[CONDITION(S) FROM SECTION HR/MC]? NO ..... 2  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".]

MC229f. At what age did you first take [MEDICATION NAME] for allergic rhinitis, hay fever, or seasonal allergies? [IF LESS THAN ONE YEAR OLD, ENTER "00"].

\_\_\_\_\_  
AGE

MC229g. How many days per week do you take this medication?

\_\_\_\_\_  
# DAYS/WEEK

MC229h. On the days you take this medication, how many times per day do you take it?

\_\_\_\_\_  
# TIMES/DAY

MC229i. How many years and/or months in total have you been taking this medication for [CONDITION]?

\_\_\_\_\_  
YEARS MONTHS  
**<GO TO MC229c>**

**<END REPEATING RECORDS: CURRENT ALLERGY MEDS>**

**<BEGIN REPEATING RECORDS: PAST 12 MONTHS ALLERGY MEDS:>**

MC229j. Have you taken any [other] medication at least once a week for allergic rhinitis, hay fever, or seasonal allergies in the past 12 months? YES ..... 1  
NO ..... [MC229q] ..... 2

**<FIRST FILL ONLY IF MC2 = YES>**

MC229k. [Please look at List J on pages 12 through 13 of your medications booklet.] What is the \_\_\_\_\_ MEDICATION NAME  
[code number or] name of the [first/next] medication you have taken at least once a week for this condition

in the past 12 months? [IF R OFFERS > 1 MED:  
Please tell me about each medication one at a time.]

**<ASK MC229i ONLY IF MED NAME FROM MC229k MATCHES A PREVIOUSLY  
REPORTED MED NAME FROM SECTION HR OR SECTION MC; ELSE, GO TO MC229m>**

MC229i. Was this the same medication use that you reported for YES .....[MC229p].....1  
[CONDITION(S) FROM SECTION HR/MC]? NO.....2

[IF R WAS USING THE SAME MEDICATION  
AT THE SAME TIME FOR MORE THAN ONE  
CONDITION, ENTER "YES". IF R TOOK THE  
SAME DRUG AT A DIFFERENT TIME, ENTER  
AS "NO".]

MC229m. At what age did you first take [MEDICATION NAME]  
for allergic rhinitis, hay fever, or seasonal allergies?  
[IF LESS THAN ONE YEAR OLD, ENTER "00".]

AGE

MC229n. How many days per week did you take this medication?

# DAYS/WEEK

MC229o. On the days you took this medication, how many times  
per day did you take it?

# TIMES/DAY

MC229p. How many years and/or months in total have you taken  
this medication?

YEARS MONTHS

**<GO TO MC229j>**

**<END REPEATING RECORDS: PAST 12 MONTHS ALLERGY MEDS>**

**<FILL IF MC229c = YES AND MC229j = YES:>**

MC229q. [Including all the times you have just told me about,] how  
many years and/or months in total have you taken  
medications for allergic rhinitis, hay fever, or seasonal  
allergies?

YEARS MONTHS

**<ASK MC229r—MC229s IF BOTH OF THE DURATIONS FROM MC229i AND MC229p ARE  
LESS THAN HALF THE DURATION FROM MC229q, OR IF MC229c AND MC229j BOTH =  
NO; ELSE GO TO MC230>**

MC229r. [Other than [MEDICATIONS FROM MC229d AND  
MC229k], what is the name of the medication you  
have taken for this condition for the longest time?

\_\_\_\_\_ MEDICATION NAME

MC229s. How many years and/or months in all have you taken  
this medication?

YEARS MONTHS

MC230. Have ever had an allergic reaction to...

Y N

- a. a food that gave you a rash or breathing problems; not just made you sick to your stomach..... 1 2
- b. a bee or wasp sting ..... 1 2
- c. poison ivy, poison oak or poison sumac ..... 1 2
- d. animals..... 1 2
- e. cosmetics or makeup ..... 1 2
- f. perfumes ..... 1 2
- g. penicillin ..... 1 2
- h. sulfa drugs ..... 1 2

MC231. Are you allergic to any other medications (other than penicillin or sulfa drugs)?

YES ..... 1  
SPECIFY \_\_\_\_\_  
NO ..... 2

MC232. Has a doctor or other health professional ever told you that you had eczema?

YES ..... 1  
NO ..... [MC234] ..... 2

MC233. Have you had eczema in the past 12 months?

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

MC234. Have you ever given blood?

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

MC235. About how many times have you given blood, or about how many gallons have you donated in total?

# OF		

TIMES ..... 1  
GALLONS ..... 2

MC236. Have you given blood in the past 12 months?

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



**Section MD: Other Medications**

[You have reported taking [MEDS FROM SECTIONS HR AND MC] currently or in the past 12 months.]

**<BEGIN REPEATING RECORDS: OTHER CURRENT MEDS>**

MD1. Do you currently take any [other] prescription or non-prescription medications at least once a week? Please do not include vitamins or herbal supplements.

YES .....1  
 NO.....[MD8] .....2  
 REF .....[MD8] .....7  
 DK.....[MD8] .....8

MD2. What is the name of the [next] [other] medication you currently take at least once a week? [IF R OFFERS > 1 MEDICATION: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

MD3. For what condition are you taking this medication?

\_\_\_\_\_ CONDITION

MD4. At what age did you first take [MEDICATION NAME]? [IF LESS THAN ONE YEAR OLD, ENTER "00".]

[ ][ ] AGE

MD5. How many days per week do you take this medication?

[ ][ ] #DAYS/WK

MD6. On the days you take this medication, how many times per day do you take it?

[ ][ ] #TIMES/DAY

MD7. How many years and/or months in total have you been taking this medication?

[ ][ ] [ ][ ] #YEARS #MONTHS

**<GO TO QUESTION MD1>**

**<END REPEATING RECORDS: OTHER CURRENT MEDS>**

**<FIRST FILL ONLY IF MC2 = YES (R HAS MEDS BOOKLET IN FRONT OF HER); SECOND FILL ONLY IF MC2 = NO (R DOES NOT HAVE MEDS BOOKLET IN FRONT OF HER)>**

[Please look at List K on page 14 of your medications booklet.] These next questions are about pain and inflammation medications. Some of these are available only by prescription, and others are available over the counter [including common medications such as aspirin, ibuprofen, and acetaminophen]. They may be used for pain relief after surgeries or dental procedures, or for headaches, cramps, back pain, arthritis, or injuries like sprains, fractures, or pulled muscles. They may also be used as a preventive measure to reduce the risk of heart disease, stroke, or some types of cancers, such as breast cancer and colon cancer.

**<BEGIN REPEATING RECORDS: ANTI-INFLAMMATORY MEDS>**

MD8. Have you ever taken [any other] pain or inflammation medications at least three times per week for three months in a row or longer? Do not include topical products

YES .....1  
 NO.....[MD17] .....2  
 REF .....[MD17] .....7  
 DK.....[MD17] .....8

**<SECOND FILL ONLY IF MC2 = YES>**

MD9. What is the [code number or] name of the [first/next] pain or inflammation medication [from Medication List K] you have taken at least three times per week for three months in a row or longer? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.]

\_\_\_\_\_ MEDICATION NAME

**<ASK MD10 ONLY IF MED NAME FROM MD9 MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, SECTION MC, OR SECTION MD>**

MD10. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC/MD]? [IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".] YES .....[MD8] .....1  
NO.....2

MD11. At what age did you first take [MEDICATION NAME] regularly, that is, at least three times per week for three months in a row or longer? [IF LESS THAN ONE YEAR OLD, ENTER "00".]   AGE

MD12. Have you taken this medication regularly in the past 12 months? YES .....1  
NO.....2

MD13. How many years and/or months in total did you take [MEDICATION NAME] regularly?   #YEARS #MONTHS

MD14. How many days per week did you usually take this medication?   #DAYS/WK

MD15. On the days you took this medication, how many times per day did you usually take it?   #TIMES/DAY

MD16. For what condition or conditions have you taken this medication on a regular basis? \_\_\_\_\_ CONDITION  
<GO TO MD8>

**<END REPEATING RECORDS: ANTI-INFLAMMATORY MEDS>**

[Please look at List L on page 15 of your medications booklet.] These next questions are about antibiotics. These medications are used for treating infections such as ear infections, urinary tract infections, or bronchitis; they are also used for chronic conditions such as acne. They may also be used with a medical device, or even to prevent heart disease.

**<BEGIN REPEATING RECORDS: ANTIBIOTICS>**

MD17. Have you ever taken [any other] antibiotics at least three times per week for three months in a row or longer? YES .....1  
Please be sure to think about your entire life, including NO.....[NEXT SECTION] .....2  
your childhood. Do not include topical products. REF .....[NEXT SECTION] .....7  
DK.....[NEXT SECTION] .....8

**<SECOND FILL ONLY IF MC2 = YES>**

MD18. What is the [code number or] name of the [first/next] antibiotic [from Medication List L] you have taken at least three times per week for three months in a row or longer? [IF R OFFERS > 1 MED: Please tell me about each medication one at a time.] \_\_\_\_\_ MEDICATION NAME

**<ASK MD19 ONLY IF MED NAME FROM MD18 MATCHES A PREVIOUSLY REPORTED MED NAME FROM SECTION HR, SECTION MC, OR SECTION MD>**

MD19. Was this the same medication use that you reported for [CONDITION(S) FROM SECTION HR/MC/MD]? YES .....[MD17] .....1  
[IF R WAS USING THE SAME MEDICATION AT THE SAME TIME FOR MORE THAN ONE CONDITION, ENTER "YES". IF R TOOK THE SAME DRUG AT A DIFFERENT TIME, ENTER AS "NO".] NO.....2

MD20. At what age did you first take [MEDICATION NAME] regularly, that is, at least three times per week for three months in a row or longer?   AGE

MD21. Have you taken this medication regularly in the past 12 months? YES .....1  
NO.....2

MD22. How many years and/or months in total did you take [MEDICATION NAME] regularly?   #YEARS   #MONTHS

MD23. How many days per week did you usually take this medication?   #DAYS/WK

MD24. On the days you took this medication, how many times per day did you usually take it?   #TIMES/DAY

MD25. For what condition or conditions have you taken this medication on a regular basis? \_\_\_\_\_  
CONDITION  
<GO TO MD17>

**<END REPEATING RECORDS: ANTIBIOTICS>**

**SECTION AN: ANTHROPOMETRY AND GROWTH AND DEVELOPMENT**

Next I will ask you some questions about your height and weight now, during your 30s, during your teen years, and around the age of 10.

AN1. How tall are you without shoes?

_	_ _
FEET	INCHES

AN2. What is the tallest you've ever been without shoes?

_	_ _
FEET	INCHES

AN3. How old were you when you first reached your full adult height? This is usually before the age of 20.

_ _
AGE

**<ASK ONLY IF AN3 = DK, ELSE GO TO AN4>**

AN3a. Giving your best guess, how old would you say that you were when you first reached your full adult height? Were you...

10-13 years old.....	1
14-17 years old.....	2
18-20 years old.....	3

AN4. Now think back to when you were 10 years old. Would you say that you were shorter, taller, or about the same height compared to other girls your age?

SHORTER .....	1
TALLER .....	2
SAME HEIGHT .....	3

AN5. How much do you weigh now?

_ _ _
# LBS

**<IF R HAS NEVER BEEN PREGNANT, DO NOT INCLUDE INSTRUCTIONS FOR WEIGHT CHANGE DUE TO PREGNANCY>**

AN6. What is the most you have ever weighed [*when you were not pregnant, breastfeeding, or in the 6 months after pregnancy*]?

_ _ _
# LBS

AN7. At what age did you first weigh [*WEIGHT FROM AN6*] (the most you have ever weighed)?

_ _
AGE

AN8. So far in your lifetime, about how many total years have you weighed [WEIGHT FROM AN6] (the most you have ever weighed)? [IF LESS THAN 6 MONTHS, ENTER '0.' IF AT LEAST 6 MONTHS BUT LESS THAN 1 YEAR, ENTER '1.']

\_\_\_\_\_  
YEARS

AN9. What is the least you have ever weighed since you were 20 years old?

\_\_\_\_\_  
# LBS

AN10. Since you were 20, at what age did you first weigh [WEIGHT FROM AN9] (the least you have ever weighed)?

\_\_\_\_\_  
AGE

<FILL AGE FROM AN10>

AN11. Since you were [AGE], about how many total years have you weighed [WEIGHT FROM AN9] (the least you have ever weighed)? [IF LESS THAN 6 MONTHS, ENTER '0.' IF AT LEAST 6 MONTHS BUT LESS THAN 1 YEAR, ENTER '1.']

\_\_\_\_\_  
YEARS

AN12. When you start to gain weight [not related to pregnancy], where on your body do you put it on first? Is it...

- around the chest or shoulders..... 01
- around the waist or stomach..... 02
- around the hips or thighs..... 03
- around the buttocks ..... 04
- equally all over..... 05
- or you don't gain weight ..... 06

AN13. **QUESTION DELETED**

AN14. **QUESTION DELETED**

AN15. How many times in your life have you lost 20 pounds (9 kilograms) or more, and then later gained all of the weight back? [Do not count weight changes related to pregnancy.]

\_\_\_\_\_  
#TIMES

<ASK ONLY IF R IS 40 OR OLDER; ELSE GO TO AN17>

AN16. Thinking back to your 30s [when you were not pregnant, breastfeeding, or in the 6 months after pregnancy], what was your average weight?

\_\_\_\_\_  
# LBS

AN17. During your teen years, would you say that on average you were lighter, heavier, or about the same weight as other girls your age?

- LIGHTER..... 1
- HEAVIER ..... 2
- SAME WEIGHT ..... 3

AN18. When you were 10 years old, would you say that on average you were lighter, heavier, or about the same weight as other girls your age?

LIGHTER..... 1  
 HEAVIER ..... 2  
 SAME WEIGHT..... 3

AN19. How old were you when you first noticed your breasts developing? [IF R OFFERS HER GRADE INSTEAD OF AGE, ENTER "DON'T KNOW" AND RECORD GRADE IN SCHOOL IN NEXT QUESTION.]

AGE

<GO TO AN21>

<IF AN19 = DK>

AN20. What was your grade in school when you first noticed your breasts developing?

GRADE

<"In your mid-20s" FOR WOMEN WHO HAVE NEVER GIVEN BIRTH, OR WHOSE FIRST BIRTH WAS AT AGE 30 OR ABOVE. "Before your first full-term pregnancy" FOR ALL OTHERS.>

AN21. What was your bra size [*in your mid-20s/before your first full-term pregnancy*]? [IF R SAYS SHE DID NOT WEAR A BRA, PROBE: "Do you know what your bra size would have been?"]

INCHES

AAA..... 01  
 AA..... 02  
 A..... 03  
 B..... 04  
 C..... 05  
 D..... 06  
 DD..... 07  
 DDD..... 08  
 OTHER ..... 99  
 SPECIFY: \_\_\_\_\_

AN22. What is your current bra size? [IF R SAYS SHE DOES NOT WEAR A BRA, PROBE: "Do you know what your bra size would be?"]

INCHES

AAA..... 01  
 AA..... 02  
 A..... 03  
 B..... 04  
 C..... 05  
 D..... 06  
 DD..... 07  
 DDD..... 08  
 OTHER ..... 99  
 SPECIFY: \_\_\_\_\_

AN23. Are you right-handed, left-handed, or ambidextrous, that is, both right- and left-handed? [IF R HAS LOST USE OF ONE OR BOTH HANDS, PROBE: "Were you left-handed or right-handed before you lost use of your hand(s)?"] [IF R WAS BORN WITHOUT USE OF BOTH HANDS, ENTER AS "DON'T KNOW" AND REMARK.]

RIGHT ..... 1  
 LEFT ..... 2  
 AMBIDEXTROUS (BOTH RIGHT- AND LEFT-HANDED) ..... 3

## RESIDENTIAL FARM EXPOSURES MODULE

I am going to ask you about your experiences living on a farm. First we will focus on the time from your birth to age 18.

RFM1. Did you live on a farm for 12 months or more at any time from your birth up until age 18? This could be 12 months in a row, or a few months per year over several years.	YES ..... 1 NO .....[RFM30] ..... 2 REF .....[RFM30] ..... 7 DK .....[RFM30] ..... 8
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RFM2. In total, on how many farms have you lived from your birth to age 18?	<table style="margin-left: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> </tr> <tr> <td colspan="2" style="text-align: center;"># FARMS</td> </tr> </table>			# FARMS	
# FARMS					

RFM3. About how many years and/or months in total did you live on [ <i>this farm/these farms</i> ] before age 18?	<table style="margin-left: auto; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> <td style="border: 1px solid black; width: 20px; height: 20px; display: inline-block;"></td> </tr> <tr> <td colspan="2" style="text-align: center;"># YEARS</td> <td colspan="2" style="text-align: center;"># MONTHS</td> </tr> </table>					# YEARS		# MONTHS	
# YEARS		# MONTHS							

		Y	N
RFM4. Which of the following were raised on the farm[s] where you lived?	a. grains, such as wheat, corn, or rice.....	1	2
	b. soybeans or other oilseeds.....	1	2
	c. vegetables.....	1	2
	d. orchard fruits, such as apples, grapes, or oranges.....	1	2
	e. other fruits such as berries or melons.....	1	2
	f. cotton.....	1	2
	g. tobacco.....	1	2
	h. other cash crops.....	1	2

**<IF NO TO ALL IN RFM4a-h, GO TO RFM20>**

**<ASK RFM5a-5b ONLY IF RFM2 (#FARMS) > 1; IF RFM2 = 1, GO TO RFM5c>**

RFM5a. About how many acres of crops were planted on the <u>smallest</u> of the farms you have lived on? Was it...	less than 5 acres..... 1 5 to 9 acres ..... 2 10 to 49 acres ..... 3 50 to 199 acres ..... 4 200 acres or more..... 5
--	---

RFM5b. About how many acres of crops were planted on the <u>largest</u> of the farms you have lived on? Was it...	less than 5 acres..... 1 5 to 9 acres ..... 2 10 to 49 acres ..... 3 50 to 199 acres ..... 4 200 acres or more..... 5
---	---

RFM5c. About how many acres of crops were planted, <u>on average</u> , on the farm[s] where you lived? Was it...	less than 5 acres..... 1 5 to 9 acres ..... 2 10 to 49 acres ..... 3 50 to 199 acres ..... 4 200 acres or more..... 5
--	---

RFM6. Were pesticides ever used on the crops grown on [ <i>this farm/any of these farms</i> ]? Pesticides include insecticides, herbicides, fungicides and fumigants.	YES ..... 1 NO .....[RFM13] ..... 2 REF .....[RFM13] ..... 7 DK .....[RFM13] ..... 8
---	---

RFM7. Did you ever...	RFM8. For how many years in total did you do this for any part of the year?	RFM9. On average, about how many days per year did you do this? (year = 365 days)
a. personally mix any pesticides at [ <i>this farm /any of these farms</i> ], or help others do the mixing?           YES ..... 1 NO .....[RFM7b] .... 2 REF....[RFM7b] .... 7 DK .....[RFM7b] .... 8	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/>            # YEARS         </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/>            # DAYS PER YEAR         </div>
b. personally load pesticides at [ <i>this farm any of these farms</i> ]? YES ..... 1 NO .....[RFM7c] .... 2 REF....[RFM7c] .... 7 DK .....[RFM7c] .... 8	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/>            # YEARS         </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/>            # DAYS PER YEAR         </div>
c. personally apply pesticides at [ <i>this farm any of these farms</i> ]? YES ..... 1 NO .....[RFM7d] .... 2 REF....[RFM7d] .... 7 DK .....[RFM7d] .... 8	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/>            # YEARS         </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/>            # DAYS PER YEAR         </div>
d. clean or help clean the pesticide mixing or application equipment used on [ <i>this farm/these farms</i> ]? YES ..... 1 NO .....[*]..... 2 REF.....[*]..... 7 DK .....[*]..... 8	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/>            # YEARS         </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/>            # DAYS PER YEAR         </div>

**<\* IF NO TO ALL IN RFM7 (a, b, c, d) — GO TO RFM13>**

RFM10. When you mixed, loaded, or applied pesticides, or cleaned pesticide equipment at [ <i>this farm/these farms</i> ], did you <u>usually</u> wear any of the following protective items: (By usually we mean most of the time.) [IF 'R' SAYS "ONLY SOMETIMES" OR "RARELY" CODE AS NO]	<table> <thead> <tr> <th></th> <th>Y</th> <th>N</th> </tr> </thead> <tbody> <tr> <td>a. chemically resistant gloves.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>b. other gloves, such as cloth or leather .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>c. respirator or gas mask .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>d. dust mask.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>e. goggles or a face shield .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>f. a hat .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>g. long sleeves <u>and</u> long pants.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>h. chemically resistant boots .....</td> <td>1</td> <td>2</td> </tr> <tr> <td>i. an apron.....</td> <td>1</td> <td>2</td> </tr> <tr> <td>j. chemically resistant disposable outer clothing, such as a Tyvek suit .....</td> <td>1</td> <td>2</td> </tr> </tbody> </table>		Y	N	a. chemically resistant gloves.....	1	2	b. other gloves, such as cloth or leather .....	1	2	c. respirator or gas mask .....	1	2	d. dust mask.....	1	2	e. goggles or a face shield .....	1	2	f. a hat .....	1	2	g. long sleeves <u>and</u> long pants.....	1	2	h. chemically resistant boots .....	1	2	i. an apron.....	1	2	j. chemically resistant disposable outer clothing, such as a Tyvek suit .....	1	2
	Y	N																																
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RFM11. Did you <u>ever</u> get an unusually high amount of pesticides on your skin or clothing while mixing, loading, or applying pesticides, or repairing pesticide equipment, for example, from a spill or a break in a hose?	YES ..... 1 NO.....[RFM13] ..... 2 REF .....[RFM13] ..... 7 DK.....[RFM13] ..... 8																																	
RFM12. How many times did this happen in total?	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/>            # TIMES         </div>																																	
RFM13. Did you ever work in the fields at [ <i>this farm/any of these farms</i> ]?	YES ..... 1 NO.....[RFM17] ..... 2 REF .....[RFM17] ..... 7 DK.....[RFM17] ..... 8																																	



RFM14. For how many years did you work in the fields for any part of the year at [*this farm/these farms*]?

# YEARS

RFM15. On average, about how many days per week, per month, or per year did you work in the fields?

# DAYS  
PER WEEK..... 1  
PER MONTH..... [15b] ..... 2  
PER YEAR ..... [16] ..... 3

RFM15a. How many weeks per year did you work in the fields?

# WEEKS  
<GO TO RFM16>

RFM15b. How many months per year did you work in the fields?

# MONTHS

RFM16. On average, about how many hours per day did you work in the fields?

# HOURS/DAY

<IF RFM6 = NO (PESTICIDES NOT USED) — GO TO RFM19x>

RFM17. Were you ever present in the fields at the same time or on the same day as when pesticides were being applied to the crops?

YES ..... 1  
NO ..... [RFM19x] ..... 2  
REF ..... [RFM19x] ..... 7  
DK ..... [RFM19x] ..... 8

RFM18. How many years in total did this happen, even just once?

# YEARS

RFM19. About how many days per year did this happen?

# DAYS/YEAR

RFM19x. Were chemical fertilizers ever used on the farm[s] where you lived?

YES ..... 1  
NO ..... [19x1] ..... 2  
REF ..... [19x1] ..... 7  
DK ..... [19x1] ..... 8

RFM19xa. Did you ever personally apply chemical fertilizers at the farm[s] where you lived?

YES ..... 1  
NO ..... [19x1] ..... 2  
REF ..... [19x1] ..... 7  
DK ..... [19x1] ..... 8

RFM19xb. For how many years in total did you do this for any part of the year?

# YEARS

RFM19xc. On average, about how many days per year did you do this?

# DAYS PER YEAR

RFM19x1. Were natural fertilizers, such as manure, ever used on the farm[s] where you lived?

YES ..... 1  
 NO.....[RFM20] ..... 2  
 REF .....[RFM20] ..... 7  
 DK.....[RFM20] ..... 8

RFM19x1a. Did you ever personally apply natural fertilizers at the farm[s] where you lived?

YES ..... 1  
 NO.....[RFM20] ..... 2  
 REF .....[RFM20] ..... 7  
 DK.....[RFM20] ..... 8

RFM19x1b. For how many years in total did you do this for any part of the year?

# YEARS

RFM19x1c. On average, about how many days per year did you do this?

# DAYS PER YEAR

RFM20. Were [ <i>animal</i> ] raised on the farm where you lived?	RFM21. On average, about how many [ <i>animal</i> ] were kept at [ <i>this farm/these farms</i> ]? Was it...
a. poultry birds, such as chickens, turkeys, and so forth YES ..... 1 NO .....[RFM20b] ..... 2 REF.....[RFM20b] ..... 7 DK.....[RFM20b] ..... 8	1 to 24 ..... 1 25 to 49 ..... 2 50 to 99 ..... 3 100 to 399 ..... 4 400 or more ..... 5 REF ..... 7 DK..... 8
b. beef or dairy cows YES ..... 1 NO .....[RFM20c]..... 2 REF.....[RFM20c]..... 7 DK.....[RFM20c]..... 8	1 to 9 ..... 01 10 to 19 ..... 02 20 to 49 ..... 03 50 to 99 ..... 04 100 to 199 ..... 05 200 or more ..... 06 REF ..... 97 DK..... 98
c. hogs or pigs YES ..... 1 NO .....[RFM20d] ..... 2 REF.....[RFM20d] ..... 7 DK.....[RFM20d] ..... 8	1 to 24 ..... 1 25 to 49 ..... 2 50 to 99 ..... 3 100 to 199 ..... 4 200 or more ..... 5 REF ..... 7 DK..... 8
d. other livestock YES ..... 1 NO .....[*]..... 2 REF.....[*]..... 7 DK.....[*]..... 8	1 to 24 ..... 1 25 to 49 ..... 2 50 to 99 ..... 3 100 to 199 ..... 4 200 or more ..... 5 REF ..... 7 DK..... 8

<\* IF NO TO ALL IN RFM20 (a-d) — GO TO RFM30>

RFM22. Did you feed, clean, herd, milk, shear, slaughter, or have any other contact with livestock on [this farm/any of these farms]?  
 YES ..... 1  
 NO .....[RFM30] ..... 2  
 REF .....[RFM30] ..... 7  
 DK.....[RFM30] ..... 8

RFM23. Were livestock animals, or the buildings where livestock were kept ever treated with pesticides?  
 YES ..... 1  
 NO .....[RFM30] ..... 2  
 REF .....[RFM30] ..... 7  
 DK.....[RFM30] ..... 8

RFM24. Did you personally apply pesticides to the animals or buildings where livestock were kept?  
 YES ..... 1  
 NO .....[RFM30] ..... 2  
 REF .....[RFM30] ..... 7  
 DK.....[RFM30] ..... 8

RFM25. For how many years in total did you personally apply pesticides to the animals or buildings where livestock were kept, for any part of the year?  
 # YEARS

RFM26. On average, about how many days per year did you apply the pesticides?  
 # DAYS/YEAR

		Y	N
RFM27. When you mixed, loaded, or applied pesticides, or cleaned pesticide equipment at [this farm/these farms], did you usually wear any of the following protective items: (By usually we mean most of the time.) [IF 'R' SAYS "ONLY SOMETIMES" OR "RARELY" CODE AS NO]	a. chemically resistant gloves.....	1	2
	b. other gloves, such as cloth or leather .....	1	2
	c. respirator or gas mask .....	1	2
	d. dust mask.....	1	2
	e. goggles or a face shield .....	1	2
	f. a hat .....	1	2
	g. long sleeves <u>and</u> long pants .....	1	2
	h. chemically resistant boots .....	1	2
	i. an apron.....	1	2
	j. chemically resistant disposable outer clothing, such as a Tyvek suit .....	1	2

RFM28. Did you ever get an unusually high amount of pesticides on your skin or clothing while applying pesticides to the animals or buildings where livestock were kept at [this farm/these farms]?  
 YES ..... 1  
 NO .....[RFM30] ..... 2  
 REF .....[RFM30] ..... 7  
 DK.....[RFM30] ..... 8

RFM29. How many times did this happen in total?  
 # TIMES

<IF RFM1 = NO, REF, OR DK, DO NOT INCLUDE INTRO TEXT.>  
 [Now we are going to focus on the time you were age 19 to the present.]

RFM30. Have you lived on a farm for 12 months or more since the age of 19? This could be 12 months in a row, or a few months per year over several years.  
 YES ..... 1  
 NO ..... [RS243] ..... 2  
 REF ..... [RS243] ..... 7  
 DK..... [RS243] ..... 8

RFM31. In total, on how many farms have you lived since the age of 19?

# FARMS	

RFM32. About how many years and/or months in all did you live on [this farm/these farms] since the age of 19?

# YEARS		# MONTHS	

		Y	N
RFM33. Which of the following were raised on the farm[s] where you lived since the age of 19?	a. grains, such as wheat, corn, or rice.....	1	2
	b. soybeans or other oilseeds.....	1	2
	c. vegetables.....	1	2
	d. orchard fruits, such as apples, grapes, or oranges.....	1	2
	e. other fruits such as berries or melons.....	1	2
	f. cotton.....	1	2
	g. tobacco.....	1	2
	h. other cash crops.....	1	2

<IF NO TO ALL IN RFM33a-h, GO TO RFM57>

<ASK RFM34a-34b ONLY IF RFM31 (#FARMS) > 1; IF RFM31 = 1, GO TO RFM34c>

RFM34a. About how many acres of crops were planted on the <u>smallest</u> of the farms you have lived on? Was it...	less than 5 acres.....	1
	5 to 9 acres.....	2
	10 to 49 acres.....	3
	50 to 199 acres.....	4
	200 acres or more.....	5

RFM34b. About how many acres of crops were planted on the <u>largest</u> of the farms you have lived on? Was it...	less than 5 acres.....	1
	5 to 9 acres.....	2
	10 to 49 acres.....	3
	50 to 199 acres.....	4
	200 acres or more.....	5

RFM34c. About how many acres of crops were planted, <u>on average</u> , on the farm[s] where you lived? Was it...	less than 5 acres.....	1
	5 to 9 acres.....	2
	10 to 49 acres.....	3
	50 to 199 acres.....	4
	200 acres or more.....	5

RFM35. Were pesticides ever used on the crops grown on [this farm/any of these farms]? Pesticides include insecticides, herbicides, fungicides and fumigants.	YES.....	1
	NO.....[RFM42].....	2
	REF.....[RFM42].....	7
	DK.....[RFM42].....	8

RFM36. Did you ever...	RFM37. For how many years in total did you do this for any part of the year?	RFM38. On average, about how many days per year did you do this? (year = 365 days)
a. personally mix any pesticides at [ <i>this farm /any of these farms</i> ], or help others do the mixing?           YES ..... 1 NO ....[RFM36b] ...2 REF...[RFM36b] ...7 DK ....[RFM36b] ...8	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/>            # YEARS         </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/>            # DAYS PER YEAR         </div>
b. personally load pesticides at [ <i>this farm any of these farms</i> ]? YES ..... 1 NO ....[RFM36c] ...2 REF...[RFM36c] ...7 DK ....[RFM36c] ...8	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/>            # YEARS         </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/>            # DAYS PER YEAR         </div>
c. personally apply pesticides at [ <i>this farm any of these farms</i> ]? YES ..... 1 NO ....[RFM36d] ...2 REF...[RFM36d] ...7 DK ....[RFM36d] ...8	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/>            # YEARS         </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/>            # DAYS PER YEAR         </div>
d. clean or help clean the pesticide mixing or application equipment used on [ <i>this farm/these farms</i> ]? YES ..... 1 NO .....[*].....2 REF.....[*].....7 DK .....[*].....8	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/>            # YEARS         </div>	<div style="text-align: center;"> <input type="text"/><input type="text"/><input type="text"/><input type="text"/>            # DAYS PER YEAR         </div>

**<\* IF NO TO ALL IN RFM36 (a, b, c, d) — GO TO RFM42>**

	Y	N
RFM39. When you mixed, loaded, or applied pesticides, or cleaned pesticide equipment at [ <i>this farm/these farms</i> ], did you <u>usually</u> wear any of the following protective items: (By usually we mean most of the time.) [IF 'R' SAYS "ONLY SOMETIMES" OR "RARELY" CODE AS NO]		
a. chemically resistant gloves.....	1	2
b. other gloves, such as cloth or leather .....	1	2
c. respirator or gas mask .....	1	2
d. dust mask.....	1	2
e. goggles or a face shield .....	1	2
f. a hat .....	1	2
g. long sleeves <u>and</u> long pants .....	1	2
h. chemically resistant boots .....	1	2
i. an apron .....	1	2
j. chemically resistant disposable outer clothing, such as a Tyvek suit .....	1	2

RFM40. Did you <u>ever</u> get an unusually high amount of pesticides on your skin or clothing while mixing, loading, or applying pesticides, or repairing pesticide equipment, for example, from a spill or a break in a hose?	YES ..... 1	NO.....[RFM42] .....2	REF .....[RFM42] .....7	DK.....[RFM42] .....8
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RFM41. How many times did this happen in total? 
  
 # TIMES

RFM42. Did you ever work in the fields at [ <i>this farm/any of these farms</i> ]?	YES ..... 1	NO.....[RFM46] .....2	REF .....[RFM46] .....7	DK.....[RFM46] .....8
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RFM43. For how many years did you work in the fields for any part of the year at [*this farm/these farms*]?

# YEARS

RFM44. On average, about how many days per week, per month, or per year did you work in the fields?

# DAYS  
PER WEEK..... 1  
PER MONTH.....[RFM44b] ..... 2  
PER YEAR .....[RFM45] ..... 3

RFM44a. How many weeks per year did you work in the fields?

# WEEKS  
<GO TO RFM45>

RFM44b. How many months per year did you work in the fields?

# MONTHS

RFM45. On average, about how many hours per day did you work in the fields?

# HOURS/DAY

<IF RFM35 = NO (PESTICIDES NOT USED) — GO TO RFM49>

RFM46. Were you ever present in the fields at the same time or on the same day as when pesticides were being applied to the crops?

YES ..... 1  
NO.....[RFM49] ..... 2  
REF .....[RFM49] ..... 7  
DK.....[RFM49] ..... 8

RFM47. How many years in total did this happen, even just once?

# YEARS

RFM48. About how many days per year did this happen?

# DAYS/YEAR

RFM49. Were chemical fertilizers ever used on the farm[s] where you lived?

YES ..... 1  
NO.....[RFM53] ..... 2  
REF .....[RFM53] ..... 7  
DK.....[RFM53] ..... 8

RFM50. Did you ever personally apply chemical fertilizers at the farm[s] where you lived?

YES ..... 1  
NO.....[RFM53] ..... 2  
REF .....[RFM53] ..... 7  
DK.....[RFM53] ..... 8

RFM51. For how many years in total did you do this for any part of the year?

# YEARS

RFM52. On average, about how many days per year did you do this?

# DAYS PER YEAR

RFM53. Were natural fertilizers, such as manure, ever used on the farm[s] where you lived?

YES ..... 1  
 NO.....[RFM57] ..... 2  
 REF .....[RFM57] ..... 7  
 DK.....[RFM57] ..... 8

RFM54. Did you ever personally apply natural fertilizers at the farm[s] where you lived?

YES ..... 1  
 NO.....[RFM57] ..... 2  
 REF .....[RFM57] ..... 7  
 DK.....[RFM57] ..... 8

RFM55. For how many years in total did you do this for any part of the year?

# YEARS

RFM56. On average, about how many days per year did you do this?

# DAYS PER YEAR

RFM57. Were [ <i>animal</i> ] raised on the farm where you lived?	RFM58. On average, about how many [ <i>animal</i> ] were kept at [ <i>this farm/these farms</i> ]? Was it...
a. poultry birds, such as chickens, turkeys, and so forth YES ..... 1 NO .....[RFM57b] ..... 2 REF.....[RFM57b] ..... 7 DK.....[RFM57b] ..... 8	1 to 24 ..... 1 25 to 49 ..... 2 50 to 99 ..... 3 100 to 399 ..... 4 400 or more ..... 5 REF ..... 7 DK..... 8
b. beef or dairy cows YES ..... 1 NO .....[RFM57c]..... 2 REF.....[RFM57c]..... 7 DK.....[RFM57c]..... 8	1 to 9 ..... 01 10 to 19 ..... 02 20 to 49 ..... 03 50 to 99 ..... 04 100 to 199 ..... 05 200 or more ..... 06 REF ..... 97 DK..... 98
c. hogs or pigs YES ..... 1 NO .....[RFM57d] ..... 2 REF.....[RFM57d] ..... 7 DK.....[RFM57d] ..... 8	1 to 24 ..... 1 25 to 49 ..... 2 50 to 99 ..... 3 100 to 199 ..... 4 200 or more ..... 5 REF ..... 7 DK..... 8
d. other livestock YES ..... 1 NO .....[*]..... 2 REF.....[*]..... 7 DK.....[*]..... 8	1 to 24 ..... 1 25 to 49 ..... 2 50 to 99 ..... 3 100 to 199 ..... 4 200 or more ..... 5 REF ..... 7 DK..... 8

<\* IF NO TO ALL IN RFM57 (a-d) — GO TO RS243>

RFM59. Did you feed, clean, herd, milk, shear, slaughter,  
 or have any other contact with livestock on  
 [this farm/any of these farms]?  
 YES ..... 1  
 NO ..... [RS243] ..... 2  
 REF ..... [RS243] ..... 7  
 DK ..... [RS243] ..... 8

RFM60. Were livestock animals, or the buildings where  
 livestock were kept ever treated with pesticides?  
 YES ..... 1  
 NO ..... [RS243] ..... 2  
 REF ..... [RS243] ..... 7  
 DK ..... [RS243] ..... 8

RFM61. Did you personally apply pesticides to the  
 animals or buildings where livestock were kept?  
 YES ..... 1  
 NO ..... [RS243] ..... 2  
 REF ..... [RS243] ..... 7  
 DK ..... [RS243] ..... 8

RFM62. For how many years in total did you personally  
 apply pesticides to the animals or buildings where  
 livestock were kept, for any part of the year?  
    
 # YEARS

RFM63. On average, about how many days per year did  
 you apply the pesticides?  
     
 # DAYS/YEAR

		Y	N
RFM64. When you mixed, loaded, or applied pesticides, or cleaned pesticide equipment at [this farm/these farms], did you usually wear any of the following protective items: (By usually we mean most of the time.) [IF 'R' SAYS "ONLY SOMETIMES" OR "RARELY" CODE AS NO]	a. chemically resistant gloves.....	1	2
	b. other gloves, such as cloth or leather .....	1	2
	c. respirator or gas mask .....	1	2
	d. dust mask.....	1	2
	e. goggles or a face shield .....	1	2
	f. a hat .....	1	2
	g. long sleeves <u>and</u> long pants .....	1	2
	h. chemically resistant boots .....	1	2
	i. an apron.....	1	2
	j. chemically resistant disposable outer clothing, such as a Tyvek suit .....	1	2

RFM65. Did you ever get an unusually high amount of pesticides on your skin or clothing while applying pesticides to the animals or buildings where livestock were kept at [this farm/these farms]?  
 YES ..... 1  
 NO ..... [RS243] ..... 2  
 REF ..... [RS243] ..... 7  
 DK ..... [RS243] ..... 8

RFM66. How many times did this happen in total?  
    
 # TIMES

That's all the questions I have about your experience living on [a farm/farms]. Now I'd like to ask you some questions about insect repellents and pest control.  
 <GO TO RS243>