

ID Number

**Attachment 4** Pre- and Post-Shift Red Tide Questionnaire

Form Approved  
OMB no. 0920-0494  
Exp. Date xx/xx/20xx

DAY 1: Pre-Shift

1. INTERVIEWER NAME \_\_\_\_\_

2. DATE OF INTERVIEW \_\_\_\_\_  
mm dd yyyy

3. TIME \_\_:\_\_ am / pm

4. LOCATION

\_\_\_\_\_  
STREET ADDRESS

\_\_\_\_\_  
NAME OF BEACH

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE, ZIP

Home Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

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ID Number

To begin this part of the interview, I have a few questions about your home and your job.

5. Does your home have air conditioning?

1. NO (GO TO QUESTION 6)
2. YES (GO TO QUESTION 5a)
88. DON'T KNOW
99. REFUSED

5a. Are you using it regularly?

1. NO
2. YES
77. NA
88. DON'T KNOW
99. REFUSED

5b. Did you use your air conditioner last night?

1. NO
2. YES
77. NA
88. DON'T KNOW
99. REFUSED

6. What is your job title?

1. LIFEGUARD
2. MARINE BIOLOGIST/  
RESEARCH ASSISTANT
3. OTHER  
Specify \_\_\_\_\_
88. DON'T KNOW
99. REFUSED

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7. Counting the time you are at work and other times, about how many hours do you spend on the water during the average work week?

- 1. \_\_\_\_\_ hours
- 88. DON'T KNOW
- 99. REFUSED

8. When was the last time you were on the water while at work before today.

- 1. YESTERDAY
- 2. WITHIN THE LAST WEEK
- 3. WITHIN THE LAST MONTH
- 4. OTHER
- Specify \_\_\_\_\_
- 88. DON'T KNOW
- 99. REFUSED

9. About how many hours do you spend on the beach or close to shore during the average work week?

- 1. \_\_\_\_\_ hours
- 88. DON'T KNOW
- 99. REFUSED

10. When was the last time you were on the beach or close to shore while at work before today?

- 1. YESTERDAY
- 2. WITHIN THE LAST WEEK
- 3. WITHIN THE LAST MONTH
- 4. OTHER
- Specify \_\_\_\_\_
- 88. DON'T KNOW
- 99. REFUSED

11. Have you ever been on the water or on the beach or shore during a red tide?

- 1. NO (GO TO QUESTION 12)
- 2. YES (GO TO QUESTION 11a)
- 88. DON'T KNOW
- 99. REFUSED

11a. Did you have any symptoms or health problems during the red tide?

- 1. NO (GO TO QUESTION 12)
- 2. YES (GO TO QUESTION 11a1)
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

Can you tell me what your symptoms were and whether you felt they were mild, moderate, or severe?

11a1. Cough

- 1. NO
- 2. YES
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

- 11a1a. 1. MILD
- 2. MODERATE
- 3. SEVERE
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

ID Number

11a2. Wheezing	1. NO 2. YES 77. NA 88. DON'T KNOW 99. REFUSED	11a2a. 1. MILD 2. MODERATE 3. SEVERE 77. NA 88. DON'T KNOW 99. REFUSED
11a3. Throat irritation	1. NO 2. YES 77. NA 88. DON'T KNOW 99. REFUSED	11a3a. 1. MILD 2. MODERATE 3. SEVERE 77. NA 88. DON'T KNOW 99. REFUSED
11a4. Shortness of breath	1. NO 2. YES 77. NA 88. DON'T KNOW 99. REFUSED	11a4a. 1. MILD 2. MODERATE 3. SEVERE 77. NA 88. DON'T KNOW 99. REFUSED
11a5. Chest heaviness or tightness	1. NO 2. YES 77. NA 88. DON'T KNOW 99. REFUSED	11a5a. 1. MILD 2. MODERATE 3. SEVERE 77. NA 88. DON'T KNOW 99. REFUSED
11a6. Nasal congestion	1. NO 2. YES 77. NA 88. DON'T KNOW 99. REFUSED	11a6a. 1. MILD 2. MODERATE 3. SEVERE 77. NA 88. DON'T KNOW 99. REFUSED
11a7. Eye irritation/tearing	1. NO 2. YES 77. NA 88. DON'T KNOW 99. REFUSED	11a7a. 1. MILD 2. MODERATE 3. SEVERE 77. NA 88. DON'T KNOW 99. REFUSED

		ID Number
11a8. Headache	1. NO 2. YES 77. NA 88. DON'T KNOW 99. REFUSED	11a8a. 1. MILD 2. MODERATE 3. SEVERE 77. NA 88. DON'T KNOW 99. REFUSED
11a9. Itchy skin	1. NO 2. YES 77. NA 88. DON'T KNOW 99. REFUSED	11a9a. 1. MILD 2. MODERATE 3. SEVERE 77. NA 88. DON'T KNOW 99. REFUSED
11a10. Diarrhea	1. NO 2. YES 77. NA 88. DON'T KNOW 99. REFUSED	11a10a.1. MILD 2. MODERATE 3. SEVERE 77. NA 88. DON'T KNOW 99. REFUSED
11a11. Other	1. NO 2. YES Specify _____ 77. NA 88. DON'T KNOW 99. REFUSED	11a11a.1. MILD 2. MODERATE 3. SEVERE 77. NA 88. DON'T KNOW 99. REFUSED

Now, I am going to ask you about a series of symptoms, and I'd like you to tell me if you are having the symptom now, and whether it is mild, moderate, or severe.

12a1. Cough	1. NO 2. YES 77. NA 88. DON'T KNOW 99. REFUSED	12a1a. 1. MILD 2. MODERATE 3. SEVERE 77. NA 88. DON'T KNOW 99. REFUSED
12a2. Wheezing	1. NO 2. YES 77. NA 88. DON'T KNOW 99. REFUSED	12a2a. 1. MILD 2. MODERATE 3. SEVERE 77. NA 88. DON'T KNOW 99. REFUSED

ID Number

12a3. Throat irritation

- 1. NO
- 2. YES
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

- 12a3a. 1. MILD
- 2. MODERATE
- 3. SEVERE
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

12a4. Shortness of breath

- 1. NO
- 2. YES
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

- 12a4a. 1. MILD
- 2. MODERATE
- 3. SEVERE
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

12a5. Chest heaviness or tightness

- 1. NO
- 2. YES
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

- 12a5a. 1. MILD
- 2. MODERATE
- 3. SEVERE
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

12a6. Nasal congestion

- 1. NO
- 2. YES
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

- 12a6a. 1. MILD
- 2. MODERATE
- 3. SEVERE
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

12a7. Eye irritation/tearing

- 1. NO
- 2. YES
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

- 12a7a. 1. MILD
- 2. MODERATE
- 3. SEVERE
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

12a8. Headache

- 1. NO
- 2. YES
- 3. YES-UNRELATED
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

- 12a8a. 1. MILD
- 2. MODERATE
- 3. SEVERE
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

		ID Number
12a9. Itchy skin	1. NO 2. YES 77. NA 88. DON'T KNOW 99. REFUSED	12a9a. 1. MILD 2. MODERATE 3. SEVERE 77. NA 88. DON'T KNOW 99. REFUSED
12a10. Diarrhea	1. NO 2. YES 77. NA 88. DON'T KNOW 99. REFUSED	12a10a.1. MILD 2. MODERATE 3. SEVERE 77. NA 88. DON'T KNOW 99. REFUSED
12a11. Other	1. NO 2. YES Specify _____ 77. NA 88. DON'T KNOW 99. REFUSED	12a11a.1. MILD 2. MODERATE 3. SEVERE 77. NA 88. DON'T KNOW 99. REFUSED

Now, I need to ask you a few questions that will help us interpret the results of your pulmonary function tests.

13. Have you taken any medications, including allergy or asthma medicines, such as inhalers, antihistamines, or cough medicine today?
1. NO  
2. YES  
88. DON'T KNOW  
99. REFUSED
14. Have you had a cold in the last three weeks?
1. NO  
2. YES  
88. DON'T KNOW  
99. REFUSED
15. Have you smoked a cigarette in the last hour?
1. NO  
2. YES  
77. NA  
88. DON'T KNOW  
99. REFUSED

Now, just a few more questions about your height and weight:

16. Have you lost or gained 10 or more pounds in the last month?
1. NO  
2. YES  
77. NA  
88. DON'T KNOW  
99. REFUSED

ID Number

17. Height \_\_\_\_\_ inches

18. Weight \_\_\_\_\_ pounds

That is my last question for this part of the interview. Now, we would like to have you do some pulmonary function tests.

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DAY 1: Post-Shift Red Tide Questionnaire

1. INTERVIEWER NAME \_\_\_\_\_

2. DATE OF INTERVIEW \_\_\_\_\_  
mm dd yyyy

3. TIME \_\_\_:\_\_\_ am / pm

4. LOCATION \_\_\_\_\_

STREET ADDRESS

\_\_\_\_\_  
NAME OF BEACH

\_\_\_\_\_  
CITY

\_\_\_\_\_  
STATE, ZIP

5. At what time did you start your shift today? \_\_\_\_\_:\_\_\_\_\_ am / pm

6. Since we talked this morning, about how many hours have you spend on the water?  
\_\_\_\_\_ HOURS

88. DON'T KNOW

99. REFUSED

7. Since we talked this morning, about how many hours did you spend on the beach or near the shore?  
\_\_\_\_\_ HOURS

88. DON'T KNOW



ID Number  
99. REFUSED

I am going to read a list of symptoms to you. Would you please tell me if you had that symptom during your work day today, about when the symptom started, and about how long it lasted?  
I also want to know if you thought the symptom was mild, moderate, or severe.

**NOTE TO INTERVIEWERS:**

IF STUDY PARTICIPANT REPORTS THAT THEY EXPERIENCED A SYMPTOM, IT WENT AWAY, AND THEN RECURRED, PLEASE RECORD THE TIME AND SEVERITY INFORMATION FOR THE **FIRST OCCURRENCE** ANSWER YES TO QUESTION 8I.

ID Number

8a. Cough

- 1. NO
- 2. YES

8a1. WHEN STARTED \_\_\_:\_\_\_ am / pm  
77. NA

8a2. HOW LONG DID SYMPT. LAST?  
\_\_\_\_\_ HOURS  
66. ONGOING  
77. NA

- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

- 8a3.
- 1. MILD
  - 2. MODERATE
  - 3. SEVERE
  - 77. NA
  - 88. DON'T KNOW
  - 99. REFUSED

8b. Wheezing

- 1. NO
- 2. YES

8b1. WHEN STARTED \_\_\_:\_\_\_ am / pm  
77. NA

8b2. HOW LONG DID SYMPT. LAST?  
\_\_\_\_\_ HOURS  
66. ONGOING  
77. NA

- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

- 8b3.
- 1. MILD
  - 2. MODERATE
  - 3. SEVERE
  - 77. NA
  - 88. DON'T KNOW
  - 99. REFUSED

8c. Throat irritation

- 1. NO
- 2. YES

8c1. WHEN STARTED \_\_\_:\_\_\_ am / pm  
77. NA

8c2. HOW LONG DID SYMPT. LAST?  
\_\_\_\_\_ HOURS  
66. ONGOING  
77. NA

- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

ID Number

- 8c3. 1. MILD  
2. MODERATE  
3. SEVERE  
77. NA  
88. DON'T KNOW  
99. REFUSED

8d. Shortness of breath

1. NO  
2. YES  
8d1. WHEN STARTED \_\_\_:\_\_\_ am / pm  
77. NA  
8d2. HOW LONG DID SYMPT. LAST?  
\_\_\_\_\_ HOURS  
66. ONGOING  
77. NA  
77. NA  
88. DON'T KNOW  
99. REFUSED

- 8d3. 1. MILD  
2. MODERATE  
3. SEVERE  
77. NA  
88. DON'T KNOW  
99. REFUSED

8e. Chest heaviness or tightness

1. NO  
2. YES  
8e1. WHEN STARTED \_\_\_:\_\_\_ am / pm  
77. NA  
8e2. HOW LONG DID SYMPT. LAST?  
\_\_\_\_\_ HOURS  
66. ONGOING  
77. NA  
77. NA  
88. DON'T KNOW  
99. REFUSED

- 8e3. 1. MILD  
2. MODERATE  
3. SEVERE  
77. NA  
88. DON'T KNOW  
99. REFUSED

8f. Nasal congestion

1. NO  
2. YES  
8f1. WHEN STARTED \_\_\_:\_\_\_ am / pm  
77. NA  
8f2. HOW LONG DID SYMPT. LAST?  
\_\_\_\_\_ HOURS

ID Number  
66. ONGOING  
77. NA

77. NA  
88. DON'T KNOW  
99. REFUSED

8f3. 1. MILD  
2. MODERATE  
3. SEVERE  
77. NA  
88. DON'T KNOW  
99. REFUSED

8g. Eye irritation/tearing

1. NO  
2. YES

8g1. WHEN STARTED \_\_\_:\_\_\_ am / pm  
77. NA

8g2. HOW LONG DID SYMPT. LAST?  
\_\_\_\_\_ HOURS  
66. ONGOING  
77. NA

77. NA  
88. DON'T KNOW  
99. REFUSED

8g3. 1. MILD  
2. MODERATE  
3. SEVERE  
77. NA  
88. DON'T KNOW  
99. REFUSED

8h. Headache

1. NO  
2. YES

8h1. WHEN STARTED \_\_\_:\_\_\_ am / pm  
77. NA

8h2. HOW LONG DID SYMPT. LAST?  
\_\_\_\_\_ HOURS  
66. ONGOING  
77. NA

77. NA  
88. DON'T KNOW  
99. REFUSED

8h3. 1. MILD  
2. MODERATE  
3. SEVERE  
77. NA  
88. DON'T KNOW  
99. REFUSED

8i. Itchy skin

1. NO  
2. YES

ID Number

8i1. WHEN STARTED \_\_\_:\_\_\_ am / pm

77. NA

8i2. HOW LONG DID SYMPT. LAST?

\_\_\_\_\_ HOURS

66. ONGOING

77. NA

77. NA

88. DON'T KNOW

99. REFUSED

- 8i3. 1. MILD  
2. MODERATE  
3. SEVERE  
77. NA  
88. DON'T KNOW  
99. REFUSED

8j. Diarrhea

1. NO

2. YES

8j1. WHEN STARTED \_\_\_:\_\_\_ am / pm

77. NA

8j2. HOW LONG DID SYMPT. LAST?

\_\_\_\_\_ HOURS

66. ONGOING

77. NA

77. NA

88. DON'T KNOW

99. REFUSED

- 8j3. 1. MILD  
2. MODERATE  
3. SEVERE  
77. NA  
88. DON'T KNOW  
99. REFUSED

8k. Other

1. NO

2. YES

8k4. Specify \_\_\_\_\_

8k1. WHEN STARTED \_\_\_:\_\_\_ am / pm

77. NA

8k2. HOW LONG DID SYMPT. LAST?

\_\_\_\_\_ HOURS

66. ONGOING

77. NA

77. NA

88. DON'T KNOW

99. REFUSED

- 8k3. 1. MILD  
2. MODERATE  
3. SEVERE

ID Number

- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

- 8l. SYMPTOMS RECURRED DURING THE SHIFT
- 1. YES
  - 2. NA
  - 88. DON'T KNOW
  - 99. REFUSED

IF NO TO QUESTION 8, SKIP TO QUESTION 13

9. Did your symptoms make you to stop working or performing your usual activities?

- 1. NO
- 2. YES
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

10. Did your symptoms make you leave the area of the beach or shore?

- 1. NO
- 2. YES
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

11. Did your symptoms get better when you left the area of the water OR (beach or shore)?

- 1. NO (GO TO QUESTION 12)
- 2. YES (GO TO QUESTION 11a)
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

11a. About how long did it take after leaving the area for your symptoms to get better?

- \_\_\_\_\_ hours
- 66. ONGOING
  - 77. NA
  - 88. DON'T KNOW
  - 99. REFUSED

12. Do you still have these symptoms?

- 1. NO
- 2. YES
- 77. NA
- 88. DON'T KNOW
- 99. REFUSED

13. Did anyone you were with experience any of these symptoms today?

- 1. NO
- 2. YES

ID Number  
88. DON'T KNOW  
99. REFUSED

Now, I need to ask you a few questions that will help us interpret the results of your pulmonary function tests.

14. Have you taken any medications, including allergy or asthma medicines, such as inhalers, antihistamines, or cough medicine today?

1. NO  
2. YES  
88. DON'T KNOW  
99. REFUSED

15. Have you had a cold in the last three weeks?

1. NO  
2. YES  
88. DON'T KNOW  
99. REFUSED

16. Have you smoked a cigarette in the last hour?

1. NO  
2. YES  
77. NA  
88. DON'T KNOW  
99. REFUSED

That is the end of this part of the interview. Thanks very much for your help with this study.