Appendix D

TAR Adult and Child Baseline Surveys

OMB #0923-0039 Expires:

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	ADULT BASELINE
	DEMOGRAPHICS/RESIDENTIAL HISTORY
1.	Please tell me your full name : (a) First (b) Middle (c) Last
2.	Please tell me your date-of-birth: (a) Month (b) Day (c) Year
3.	What is your Social Security number?
4.	Sex
5.	Which of the following categories best describes your racial background? a. Black or African American b. White c. American Indian or Alaskan Native d. Asian e. Native Hawaiian or other Pacific Islander f. Other g. If other, please specify your racial background:
6.	Are you Hispanic or Latino (of Spanish origin or descent)? ¶Yes No
7.	Please tell me the addresses that you have lived at in the Libby area or Kootenai Valley area beginning with your current address: dress 1: (a)
	dress 1: (a) To To
Ado	dress 2: (b)
	Time Period: From To
Ado	dress 3: (c)
	Time Period: From To
	Time Period: From To dress 4: (d)

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0923-0039).

	<u>OCC</u>	UPATIONAL HISTOR	<u>RY</u>		
8.	Were you ever employed for pay of If "No," please skip to			I Yes	□No
9.	Did you ever work for W. R. Grac • If "No," please skip to			¶Yes	□No
10.	What year were you first employe	d by W.R. Grace or Zono	olite?	Year Star	ted
11.	What year were you last employed	l by W.R. Grace or Zono	lite?	Year Star	ted
	b. What department was that c. What were your main act		b?		
	d. What year did you start? e. What year did you end? How often did you use any type of		or example, a dust	mask) wh	ile
	e. What year did you end?		For example, a dust	mask) wh 『Frequ	
,	e. What year did you end? How often did you use any type of	e?	Sometimes		ently
14.	e. What year did you end? How often did you use any type of working at W.R. Grace or Zonolite	e?	Sometimes g work? Sometimes	□Frequ	ently ently
14. î	e. What year did you end? How often did you use any type of working at W.R. Grace or Zonolite How often did you shower or char	e? INever INever INever INever k clothes home from wor INever	Sometimes g work? Sometimes k? Sometimes	Frequ	ently ently ently

- If "Yes," please list below.

Please tell me the job titles you had working as a secondary contractor to the mining or processing facilities. Start with the first job you held and end with the last job you held.

- a. Job Title
- b. What were your main activities or duties in this job?
- c. What year did you start?
- d. What year did you end?
- 18. Have you had jobs, not including ones at W.R. Grace or Zonolite, in which you were exposed to a lot of dust (for example, foundry work, mining, or sandblasting)?
 - If "No," please skip to question 19.

• If "Yes," please list below.:

Please tell me the job titles, not including W. R. Grace or Zonolite in which you were exposed to a lot of dust. Start with the first job you held and end with the last job you held.

- a. Job Title
- b. What were your main activities or duties in this job?
- c. What year did you start?
- d. What year did you end?
- 19. Have you had jobs, not including ones at W.R. Grace or Zonolite, in which you may have been exposed to vermiculite (for example, insulation installer, logger near the mine, etc)?
 - If "No," please skip to question 20.
 - If "No," please list below

Please tell me the job titles, not including W. R. Grace or Zonolite in which you were exposed to a lot of vermiculite. Start with the first job you held and end with the last job you held.

- a. Job Title
- b. What were your main activities or duties in this job?
- c. What year did you start?
- d. What year did you end?
- 20. Have you had jobs, not including ones at W.R. Grace or Zonolite, in which you worked:
 - a. ...as a pipe or steam fitter?
 - b. ...as a plumber?
 - c. ...as a brake repair person?
 - d. ...as an insulator
 - e. ...as a dry wall finisher
 - f. ...as a carpenter?
 - g. ...as a roofer
 - h. ...as an electrician
 - i. ...as a welder
 - j. ...in a job where you mixed, cut or sprayed asbestos material?
 - k. ...in a shipyard, or performed ship construction or repair?
 - l. ...in any job where you may have been exposed to asbestos?
 - m. ...around anyone performing one of the jobs above?

TYes No

IF NO TO ALL OF THE ABOVE, SKIP TO QUESTION 21. IF YES TO ANY OF THE ABOVE, PLEASE LIST EACH JOB BELOW:

Please tell me the job titles. Start with the first job you held and end with the last job you held.

Job Title

What were your main activities or duties in this job?

What year did you start?

What year did you end?

MILITARY SERVICE HISTORY

21. Were you ever in a military service?

	a. b.	If yes, ple	itary, did you ever w ase describe your du ware of any exposui ase describe how you	ties: re to asbestos	during you	ır military servio	$\square Yes$	□No □No
			HOUSEHOLI) CONTAC	T HISTOR	<u> Y</u>		
22.	Did you No		vith someone while t lease skip to question	·	for W.R. Gi	race or Zonolite	?	□Yes
23.	a. Nan	ne:	b. N	lame:		c. Namo	e:	
24.	What is	*	NAME) relationship b. F	to you?: Relation:		c. Relat	ion:	
25.	How lo		live with (INSERT N b. Years:	IAME)?:	(c. Years:		
26.		race or Zon	ears that you lived wolite? b. Years:	rith (INSER	ŕ	id (INSERT NA c. Years:	AME) w	ork for
27.	What jo	ob did (INS)	ERT NAME) do at V b. J		r Zonolite?	c. Job:		
28.	How of	ten did (IN	SERT NAME a, b, o	c) wear his	or her worl	clothes home? Sometimes	<pre>□Frequ</pre>	ently
29.	How of	ten did you	do the laundry for (I	NSERT NA	ME a, b, or	c)? Sometimes	<pre>□Frequ</pre>	ently
30.	How of	ten did you	visit (INSERT NAM	ſE a, b, or c)	while he/sl	ne was at work?	□Frequ	ently
31.	How of	ten did (IN	SERT NAME a, b, o	c) use the h	ousehold ca	ar for work trans	portatio []Frequ	

If "No," please skip to question 22.

POTENTIAL ENVIRONMENTAL EXPOSURES

32. To your knowledge, is vermiculite insulation present at any of the Lincoln County, Montana addresses you provided?

				<pre></pre>	\square No
	If YES, specify residence				
33.	Some products for the home, such as floor tiles, pipe Are you aware of any asbestos-containing products o still present, at any of the Lincoln County, Montana	ther than v	ermiculite that		
		-	-	$\square Yes$	\square No
	If YES, specify asbestos-containing product and resid	dence			
34.	Did you ever use vermiculite from the mine/plant for	gardening	<u>;</u> ?		
	If YES, specify residence			□Yes	□No
35.	Did you ever use vermiculite around one of the Linco for any other purpose?	oln County	, Montana addre	esses you	provided
	If YES, specify purpose and residence			Tyes	□No
36.	How often did you handle vermiculite insulation?	<pre>INever</pre>	Sometimes	[]Frequ	ently
37.	How often did you participate in recreational activitien Road?	es (hiking,	hunting, etc.) al	ong Rair	ıy Creek
	roud.	<pre>INever</pre>	Sometimes	<pre>□Frequ</pre>	ently
38.	How often did you play at the ball fields near the exp	ansion pla	nt?		
		<pre>Never</pre>	Sometimes	□Frequ	ently
39.	How often did you play in or around the vermiculite	piles? 『Never	Sometimes	□Frequ	ently
	If YES, where were these piles located?				J
40.	How often did you heat vermiculite ore to make it ex	pand or po	op?		
	·	□Never	Sometimes	□Frequ	ently
41.	How often did you participate in activities where you insulation, products, or ores not mentioned above?	came into			
	If YES, please specify:	□Never	Sometimes	□Frequ	ently
	, predoc opecinj .				

TOBACCO USE

42. Have you ever smoked cigarettes? This means at least 400 cigarettes or 20 packs during your whole life.

 IYes

 INo

• If "No," please skip to question 48.

44. How old were you when you first started smoking regularly? 45. If you have stopped smoking completely, how old were you when you stopped? 46. How many cigarettes do you now smoke per day? Cigarettes/day 47. On the average over the entire time you smoked, how many cigarettes did you smoke per day? Cigarettes/day 48. Have you ever smoked a pipe regularly? (Yes means more than 12 oz of tobacco in a lifetime.) 19Yes	43. Do you now smoke cigarettes (as of one month ago)?	IYes INo
46. How many cigarettes do you now smoke per day? Cigarettes/day 47. On the average over the entire time you smoked, how many cigarettes did you smoke per day? Cigarettes/day 48. Have you ever smoked a pipe regularly? (Yes means more than 12 oz of tobacco in a lifetime.) (IYes	44. How old were you when you first started smoking regularly?	Age in years
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59. Do you or did you inhale cigar smoke? Not at all/Slightly/Moderately/Deeply 60. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? Yes No • If "No," Please skip to question 63. 61. While using smokeless tobacco, how many cans or pouches of tobacco do or did you use per week? Containers/week 62. Do you currently use smokeless tobacco products every day, some days, or not at all? Every day/Some days/Not at all 63. Did any member of your family or household regularly smoke cigarettes inside the residence		
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Every day/Some days/Not at all 63. Did any member of your family or household regularly smoke cigarettes inside the residence		
63. Did any member of your family or household regularly smoke cigarettes inside the residence		
	Every day/Soi	ne days/Not at all
during the time that you lived together? Check yes for each person listed below. IF YES, please indicate how many years you lived in the same household with them while they were smoking inside the residence. a. Mother	during the time that you lived together? Check yes for each person listed below IF YES, please indicate how many years you lived in the same household with were smoking inside the residence.	v. them while they
b. Father Tyes Tho Years		

c.	Spouse	\square Yes	\square No	Years
d.	Other	\square Yes	\square No	Years
e.	Other	\square Yes	\square No	Years
f.	Other	\square Yes	\square No	Years
g.	Are you currently living with someone who smokes	inside th	ie residei	nce?
_		\square Yes	\square No	

MEDICAL/SYMPTOM HISTORY

- 64. Do you have a regular doctor or clinic that you go to?
 - a. Name
 - b. Address

Asbestos-Related Disease

- 65. Has your doctor ever told you that you had or treated you for asbestosis? If yes,
 - a. When were you were first treated for asbestosis?
 - b. Are you currently receiving treatment for asbestosis?
 - c. Were you hospitalized for asbestosis?
- 66. Has your doctor ever told you that you had or treated you for lung cancer? If yes,
 - a. When were you were first treated for lung cancer?
 - b. Are you currently receiving treatment for lung cancer?
 - c. Were you hospitalized for lung cancer?
- 67. Has your doctor ever told you that you had or treated you for mesothelioma? If yes,
 - a. When were you were first treated for mesothelioma?
 - b. Are you currently receiving treatment for mesothelioma?
 - c. Were you hospitalized for mesothelioma?

Cough

 $68. \ \, \text{Do you usually have a cough?} \qquad \qquad \text{ \squareYes } \qquad \text{ \squareNo} \\ \text{(Count a cough with first smoke or on fist going out-of-doors. Exclude clearing of the throat.)}$

- If "No," please skip to 70.
- $69. \ \,$ Do you usually cough as much as 4 to 6 times a day, 4 or more days out of the week?

70. Do you usually cough at all on getting up, or first thing in the morning?

 IYes

 INo

71. Do you usually cough at all during the rest of the day or night?

□Yes □No

IF YES TO ANY OF THE ABOVE, ANSWER THE FOLLOWING:

72. Do you usually cough like this on most days for 3 consecutive months or more during the year?

 IYes

 INo

73. For how many years have you had this cough?	Years	
Phlegm 7.4 W		
74. Have you ever coughed up phlegm (thick mucous) that was bloody?	□Yes	No
IF YES, ask: a. In the past year have you coughed up phlegm that was bloody 	y? [[Yes	I No
75. Do you usually bring up phlegm from your chest?(Count phlegm with the first smoke or on first going out-of-doors. Exclud Count swallowed phlegm.)If "No" please skip to 77.	□Yes e phlegn	□No n from the nose.
76. Do you usually bring up phlegm like this as much as twice a day, 4 or	more da	ys out of the week?
77. Do you usually bring up phlegm at all on getting up, or first thing in the	ne morni Yes	ng? [No
78. Do you usually bring up phlegm at all during the rest of the day or at a		①No
IF YES TO ANY OF 75-78, ANSWER THE FOLLOWING: 79. Do you bring up phlegm like this on most days for 3 consecutive mon 80. For how many years have you had trouble with phlegm?	ths or mo	ore during the year?
Episodes of cough and phlegm 81. Have you had periods or episodes of (increased*) cough and phlegm l each year? *(For persons who usually have cough and/or phlegm.)	asting fo	r 3 weeks or more
IF YES: 82. For how long have you had at least 1 such episode per year?	Years	
Other Medical/Symptom History 83. Have you ever had tuberculosis?	□Yes	□No
84. Have you ever been hospitalized for pneumonia or pleurisy?	□No	
85. Have you ever had congestive heart failure or fluid on the lungs?	Tyes	No
86. Have you ever had any other chest illness?	□No	
87. Have you ever had a significant chest injury?	Tyes	I No
88. Have you ever had chest surgery (open heart or chest drainage tube)?	IYes	□No
89. Do you suffer from rheumatoid arthritis, scleroderma, or lupus?	Tyes	No
90. Have you ever had or do you now have any type of cancer? a. IF YES, Please specify the type of cancer:	□No	

	b.	IF YES, Please specify the year of diagnosis:		
91. Ha	ve yo	ou ever had chest x-ray?	Tyes	По
	a. b.	IF YES, What year did you have your most current chest x-ray IF YES, Where was this x-ray taken?	y?	Year Clinic and city:
92. Ha	ve yo	ou ever been told by a doctor that you have a lung disease or co	ndition? 『Yes	I No
	a. b. c.	IF YES, What kind(s) of lung condition(s)? IF YES, When were you told about it? IF YES, Who told you about the problem? Dr		
93. Ha	ve yo	ou become hoarse or developed difficulty swallowing in the last	year? 『Yes	По
94. In t	the p	ast year, have you had periods of chest pain related to breathing	g? 『Yes	□No
95. Ha	ve yo	ou lost more than 15 pounds without dieting over the past 6 mor	nths? 『Yes	□No
		now troubled by shortness of breath when walking up a slight ound?	hill or wh	nen hurrying on 『No
	a.	Do you have to walk slower than people your own age becaus	e of short	tness of breath? ¶Yes ¶No
	b.	Do you have to stop for breath when walking at your own pac	e on leve Yes	l ground? □No
	c.	Do you have to stop for breath when walking about 100 yards minutes) on level ground?	(or after	walking several
	d.	Are you too short of breath to leave the house, or are you shor or undressing?		_
		OTHER INFORMATION ncerned or worried are you that there is something in your neigharming your health? Not at all/A little		l environment that

98. We may ask to interview you again in the future to check up on your health status. Keeping in mind that people move, we would like to get a little more information to help us locate you in the future. Could we have the addresses of two people who live outside of your household and who would always know how to find you?

 IVes

IF YES:

a. Contact #1: Name/Phone Number/Address/Relationship

b. Contact #2: Name/Phone Number/Address/Relationship

	there any comments you would ld know?:	like to add or any important information that you think we
100.	Interviewer comments:	<u> </u>
Thank you for	r participating.	

OMB #0923-0039 Expires:

For Office Use Only
Interviewer: Date:
Start:
Stop:
CHILD BASELINE
DEMOGRAPHICS/RESIDENTIAL HISTORY
1. Please tell me your full name: (a) First (b) Middle (c) Last
2. What is your relationship to the child:
3. Please tell me your child's full name: (a) First (b) Middle (c) Last
4. Please tell me [CHILD NAME] date-of-birth: (a) Month (b) Day (c) Year
5. What is [CHILD NAME] Social Security number?
6. What is [CHILD NAME] Sex?
 7. Which of the following categories best describes your child's racial background? a. Black or African American b. White c. American Indian or Alaskan Native
d. Asian e. Native Hawaiian or other Pacific Islander
f. Other g. If other, please specify your racial background:
8. Is your Hispanic or Latino (of Spanish origin or descent)? [Yes [No
9. Please tell me the addresses that [CHILD NAME] has lived at in the Libby area or Kootenai Valley beginning with [CHILD NAME] current address:
Address 1: (a)
Time Period: From To
Address 2: (b)
Time Period: From To
Address 3: (c)
Address 3: (c) To To

Public reporting burden of this collection of information is estimated to average 30 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA 0923-0039).

EHOLD CONTACT HISTORY with someone while they worked for W. R. Grace or "Yes "No JESTION 18 relationship to [INSERT NAME]? J live with [INSERT NAME]?	IF NO, PLEASE SKIP TO QUESTION 18 a. Name b. Name c. Name 1. What is the [CHILD NAME] relationship to [INSERT NAME]? a. Relationship b. Relationship c. Relationship c. Relationship 2. How long did [CHILD NAME] live with [INSERT NAME]? a. Years b. Years c. Years 3. How many of the years that [CHILD NAME] lived with [INSERT NAME] did [INSERT NAME] work for W.R. Grace or Zonolite? a. Years b. Years c. Years c. Years 4. How often did [INSERT NAME] wear his or her work clothes home? How often did y shower or change clothes before leaving work?	Ti	(e)				
EHOLD CONTACT HISTORY with someone while they worked for W. R. Grace or "Yes "No JESTION 18 relationship to [INSERT NAME]? J live with [INSERT NAME]?	HOUSEHOLD CONTACT HISTORY 0. Did [CHILD NAME] ever live with someone while they worked for W. R. Grace or Zonolite? If NO, PLEASE SKIP TO QUESTION 18 a. Name b. Name c. Name 1. What is the [CHILD NAME] relationship to [INSERT NAME]? a. Relationship b. Relationship c. Relationship c. Relationship 2. How long did [CHILD NAME] live with [INSERT NAME]? a. Years b. Years c. Years 1. How many of the years that [CHILD NAME] lived with [INSERT NAME] did [INSERT NAME] work for W.R. Grace or Zonolite? a. Years b. Years c. Years c. Years d. How often did [INSERT NAME] wear his or her work clothes home? How often did y shower or change clothes before leaving work? INEVER DESCRIPTIONS INDER DESCRIPTIONS		ne Period: From	To			
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	shower or change clothes before leaving work? [Never [Sometimes Frequently]]	C.	Years				
[E] wear his or her work clothes home? How often did y	Never Sometimes Frequently	14. How of	ten did [INSERT NA	ME] wear b	is or her wo	ork clothes ho	me? How often did y
		shower	or change clothes be	fore leaving			
UNever USometimes UFrequently	F W. C. BURGHER WARRY I WAS A COMPANY OF THE PROPERTY OF THE P				Never S	ometimes	∥Frequently
	5. How often did [CHILD NAME] help with the laundry for [INSERT NAME]?	15. How o f	ten did [CHILD NA	ME] help wit	th the laund	lry for [INSEI	RT NAME]?
E] help with the laundry for [INSERT NAME]?	Day 00				<pre>INever</pre>	Sometimes	IFrequently
÷	UNever USometimes UF requently	16. How o f	iten did [CHILD NA	ME] visit [IN	ISERT NAM	MEl while he/s	she was at work?
INever ISometimes IFrequently	•						Frequently
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19. Some products for the home, such as floor tiles asbestos. Are you aware of any asbestos-conta were present, or are still present, at any of the	ining produ	cts other than v	ermiculi	te that
provided?			TYes	[]No
If YES, specify asbestos-containing product an	d residence_			
20. Did [CHILD NAME] ever live at a residence was used for gardening? If YES, specify residence		ulite from the I	nine/plan []Yes	nt was [No
21. Was vermiculite used around any of the addre any purposes other than gardening? If YES, specify purpose and residence	•		ILD NAM IYes	IE] for INo
22. How often did [CHILD NAME] handle vermio	ulite insulat ®Never	ion? [Sometimes	0Frequ	iently
23. How often did [CHILD NAME] participate in along Rainy Creek Road?	recreational	activities (hiki	ng, hunti	ng, etc.)
arong ramy or con roun.	<pre>INever</pre>	Sometimes	0Frequ	iently
24. How often did [CHILD NAME] play at the bal	l fields near [Never	the expansion Sometimes	-	iently
25. How often did [CHILD NAME] play in or around If YES, where were these piles located?	<pre>INever</pre>	Sometimes	0Frequ	iently
If YES, where were these piles located?				
26. How often did [CHILD NAME] heat vermicul	ite ore to ma	ke it expand or		iently
27. How often did [CHILD NAME] participate in vermiculite insulation, products, or ores not m		ove?	nto conta IFrequ	
If YES, please specify:		usometimes	arrequ	icitaly
TOBACC	O USE			
28. Has [CHILD NAME] ever smoked cigarettes? during his/her whole life.	This means	at least 400 cig	arettes o	r 20 pack
IF NO, PLEASE SKIP TO QUESTION 34.			IYes	□No
29. Does [CHILD NAME] now smoke cigarettes (as 30. How old was[CHILD NAME] when he/she first s		o ,	□No	
31. If [CHILD NAME] has stopped smoking comple	tely, how old	was he/she whe	Age in n he/she s Age in	stopped?
32. How many cigarettes does [CHILD NAME] now	smoke per da	av? Cigare	ettes/day	, cars

33.	On the average over the entire time [CHILD NAME] smoked, how smoke per day?	w ma		rettes did ettes/day	he/she
34.	Has [CHILD NAME] ever smoked a pipe regularly? (Yes meanin a lifetime.)	ns r	nore tha	an 12 oz o 『Yes	of tobacco []No
	IF NO, PLEASE SKIP TO QUESTION 40.				
35.	How old was [CHILD NAME] when he/she started to smoke a pip	oe re	gularly?		
				Age in	years
36.	If [CHILD NAME] has stopped smoking a pipe completely, how old was he/she when he/she stopped? Age in years			ne/she	
37.	On the average over the entire time [CHILD NAME] smoked a pi	pe, h	now muc	h tobacco	did
	he/she smoke per week?		oz/wee		
	How much pipe tobacco is [CHILD NAME] smoking now?		oz/wee	ek	
39.	Does or did [CHILD NAME] inhale pipe smoke?		□Yes	□No	
40.	Has [CHILD NAME] ever smoked cigars regularly? (Yes means more than 1 cigar for a week for a year in a lifetim IF NO, PLEASE SKIP TO QUESTION 46.	1e.)		IYes	□No
11		rc ro	anlarky)		
41.	How old was [CHILD NAME] when he/she started to smoke cigar	rs re	guiarry:	Age in	vears
42.	If [CHILD NAME] has stopped smoking cigars completely, how ostopped?	old v	was he/sl Age in	he when h	•
43.	On the average over the entire time [CHILD NAME] smoked ciga smoke per week?	ırs, h	ow man Cigars		lid he/she
44.	How many cigars is [CHILD NAME] smoking per week now?		Cigars	/week	
45.	Do or did [CHILD NAME] inhale cigar smoke? Not at all	l/Sli	ghtly/Mo	oderately/	Deeply
46.	46. Has [CHILD NAME] ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?				
	INo IF NO, PLEASE SKIP TO QUESTION 49.				IYes
17	-		. doos o	. d:d [CIII	II D
47.	While using smokeless tobacco, how many cans or pouches of tobacco does or did [CHILD NAME] use per week? Containers/week				
48.	Do [CHILD NAME] currently use smokeless tobacco products evall?	ery (day, som		
		Every	y day/So	me days/l	Not at all
49.	Did any member of [CHILD NAME] family or household reguthe residence during the time that they lived together? Check below.				
	$ \label{eq:continuous} \textbf{IF YES, please indicate how many years you lived in the same } \\$	hou	sehold v	with then	ı while
	they were smoking inside the residence.		Път	3.7	
	a. Mother		□No	Years	
	b. Fatherc. SpouseIYe		□No □No	Years Years	
	c. Spouse UY6 d. Other UY6		□No	Years	

 ${\tt IYes}$

 \square No

 \square No

Years

Years

e. Other f. Other

g. Are you currently living with someone who smokes inside the residence?

Medical/Symptom History

- 50. Does [CHILD NAME] have a regular doctor or clinic that he/she goes to? If YES, what is the name and address of the doctor or clinic?
 - a. Name
 - b. Address

Asbestos-Related Disease

- 51. Has his/her doctor ever told you that [CHILD NAME] has or treated him/her for asbestosis? IF YES.
 - a. When was [CHILD NAME] first treated for asbestosis?
 - b. Is [CHILD NAME] currently receiving treatment for asbestosis?
 - c. Was [CHILD NAME] hospitalized for asbestosis?
- 52. Has his/her doctor ever told you that your child has or treated him/her for lung cancer? IF YES.
 - a. When was [CHILD NAME] first treated for lung cancer?
 - b. Is [CHILD NAME] currently receiving treatment for lung cancer?
 - c. Was [CHILD NAME] hospitalized for lung cancer?
- 53. Has his/her doctor ever told you that your child has or treated him/her for mesothelioma? IF YES,
 - a. When was [CHILD NAME] first treated for mesothelioma?
 - b. Is [CHILD NAME] currently receiving treatment for mesothelioma?
 - c. Was [CHILD NAME] hospitalized for mesothelioma?

Cough

54. Does [CHILD NAME] usually have a cough?

IYes INo

(Count a cough with first smoke or on fist going out-of-doors. Exclude clearing of the throat.) IF NO, SKIP TO 56.

- 55. Does [CHILD NAME] usually cough as much as 4 to 6 times a day, 4 or more days out of the week?
- 56. Does [CHILD NAME] usually cough at all on getting up, or first thing in the morning?
- 57. Does [CHILD NAME] usually cough at all during the rest of the day or night?

 [Yes [No

IF YES TO ANY OF THE ABOVE, ANSWER THE FOLLOWING:

- 58. Does [CHILD NAME] usually cough like this on most days for 3 consecutive months or more during the year?
- 59. For how many years has he/she had this cough?

Years

Phlegm 60. In the past year, has [CHILD NAME] ever coughed up phlegm (the bloody? IF NO, ask: a. Has [CHILD NAME] ever coughed up phlegm that was bloody	TYes	ous) that INo IYes	i was
61. Does [CHILD NAME] usually bring up phlegm from your chest? (Count phlegm with the first smoke or on first going out-of-doors. Excusse. Count swallowed phlegm.) [IF NO, SKIP TO 63].		INo legm fro	m the
62. Does [CHILD NAME] usually bring up phlegm like this as much a days out of the week?	as twice a IYes	a day, 4 d INo	or more
63. Does [CHILD NAME] usually bring up phlegm at all on getting up morning?	p, or firs	t thing ir 『No	the
64. Does [CHILD NAME] usually bring up phlegm at all during the r	est of the 『Yes	day or a	at night?
IF YES TO ANY OF 61-64, ANSWER THE FOLLOWING:65. Does [CHILD NAME] bring up phlegm like this on most days for 3 cd during the year?66. For how many years has [CHILD NAME] had trouble with phlegm?	onsecutiv Yes Years	e months	or more

Episodes of cough and phlegm

67. Has [CHILD NAME] had periods or episodes of (increased*) cough and phlegm lasting for 3 weeks or more each year?

weeks or more each year?				
*(For persons who usually have cough and/or phlegm.)			
IF YES:				
68. For how long has [CHILD NAME] had at least 1 suc	h episode per year? Yea	ars		
Other Medical/Symptom History				
69. Has [CHILD NAME] ever had tuberculosis?	ПУ	es [[No		
70. Has [CHILD NAME] ever been hospitalized for p	neumonia or pleurisy? []Ye	es IINo		
70. Has [CITIED NAME] ever been nospitalized for p	neumonia of pieurisy:	:2 1110		
71. Has [CHILD NAME] ever had congestive heart failure or fluid on the lungs? [Yes				
72. Has [CHILD NAME] ever had any other chest illu	ness?	es [No		
73. Has [CHILD NAME] ever had a significant chest	injury?	es INo		
74. Has [CHILD NAME] ever had chest surgery (open heart or chest drainage tube)?				
74. Has [CHILD NAME] ever had chest surgery (ope	n neart or chest dramage tubb [Y]	•		
75. Does [CHILD NAME] suffer from rheumatoid arthritis, scleroderma, or lupus?				
		es [No		
76. Has [CHILD NAME] ever had or have now have a. IF YES, Please specify the type of cancer: b. IF YES, Please specify the year of diagnosis		es []No		
1 , ,				

//. H	<u>as [C</u>	HILD NAME] ever had chest x-ray?	IYes	<pre>INo</pre>
	a.	IF YES, What year did [CHILD NAME] have his/her most current che	est x-ray	?
				Year
	b.	IF YES, Where was this x-ray taken?	Clinic	and city:
_				
		HILD NAME] you ever been told by a doctor that he/she has a lung		
CC	n <u>diti</u>		1Yes	□No
	a.	IF YES, What kind(s) of lung condtion(s)?		
	b.	IF YES, When were you told about it?		
	c.	IF YES, Who told you about the problem? Dr		
·O		ATTER NAMED IN THE PARTY OF THE		
9. н	as [C	HILD NAME] become hoarse or developed difficulty swallowing in		-
			Tes	[]No
О ты	tha	past year, has [CHILD NAME] had periods of chest pain related to l	aroathir	142
U. II	ı me j	past year, has [CHILD NAME] had periods of thest pain related to t	Teauiii TYes	Ig: [No
			uics	22.10
	as [C	HII D NAME! lost more than 15 pounds without dieting over the pa		
	as [C	HILD NAME] lost more than 15 pounds without dieting over the pa	st 6 mo	nths?
	as [C	HILD NAME] lost more than 15 pounds without dieting over the pa		
1. н			st 6 mo Yes	nths? []No
1. H 2. Is	[CH	ILD NAME] troubled by shortness of breath when walking up a slig	st 6 mo Yes ht hill o	nths? []No or when
1. H 2. Is	[CH	ILD NAME] troubled by shortness of breath when walking up a slig ng on level ground?	st 6 mo Yes ht hill o Yes	nths? INo or when INo
1. H 2. Is	[CH	ILD NAME] troubled by shortness of breath when walking up a sliging on level ground? Does [CHILD NAME] have to walk slower than people his/her own ag	st 6 mo "Yes tht hill o "Yes ge becau	nths? INo or when INo use of
1. H 2. Is	[CH	ILD NAME] troubled by shortness of breath when walking up a slig ng on level ground?	st 6 mo Yes ht hill o Yes	nths? INo or when INo
1. H 2. Is	[CH urryii a.	ILD NAME] troubled by shortness of breath when walking up a slig ng on level ground? Does [CHILD NAME] have to walk slower than people his/her own ag shortness of breath?	st 6 mo "Yes tht hill o "Yes ge becau	or when ONO INO INO INO
1. H 2. Is	[CH	ILD NAME] troubled by shortness of breath when walking up a slig ng on level ground? Does [CHILD NAME] have to walk slower than people his/her own ag shortness of breath? Does [CHILD NAME] have to stop for breath when walking at his/her	st 6 mo "Yes "ht hill o "Yes ge becau "Yes "own pa	or when ONO INO ISE of ONO CE on level
1. H 2. Is	[CH urryii a.	ILD NAME] troubled by shortness of breath when walking up a slig ng on level ground? Does [CHILD NAME] have to walk slower than people his/her own ag shortness of breath?	st 6 mo "Yes tht hill o "Yes ge becau	or when ONO INO INO INO
1. H 2. Is	[CH urryin a. b.	ILD NAME] troubled by shortness of breath when walking up a slig ng on level ground? Does [CHILD NAME] have to walk slower than people his/her own ag shortness of breath? Does [CHILD NAME] have to stop for breath when walking at his/her ground?	ast 6 mo IYes The hill of IYes Ge because IYes Own pass IYes	nths? INo or when INo use of INo ce on leve
1. H 2. Is	[CH urryii a.	ILD NAME] troubled by shortness of breath when walking up a sligng on level ground? Does [CHILD NAME] have to walk slower than people his/her own ag shortness of breath? Does [CHILD NAME] have to stop for breath when walking at his/her ground? Does [CHILD NAME] have to stop for breath when walking about 100	st 6 mo IYes tht hill of IYes ge because IYes own pa IYes O yards (nths? INo or when INo ise of INo ce on level INo (or after
1. H 2. Is	[CH urryin a. b.	ILD NAME] troubled by shortness of breath when walking up a slig ng on level ground? Does [CHILD NAME] have to walk slower than people his/her own ag shortness of breath? Does [CHILD NAME] have to stop for breath when walking at his/her ground?	ast 6 mo IYes The hill of IYes Ge because IYes Own pass IYes	nths? INo or when INo use of INo ce on leve
51. H 52. Is	[CH urryin a. b.	ILD NAME] troubled by shortness of breath when walking up a sligng on level ground? Does [CHILD NAME] have to walk slower than people his/her own ag shortness of breath? Does [CHILD NAME] have to stop for breath when walking at his/her ground? Does [CHILD NAME] have to stop for breath when walking about 100 walking several minutes) on level ground?	st 6 mo [Yes tht hill of [Yes ge because [Yes own pathology [Yes oyards ([Yes	nths? INo or when INo ise of INo ce on leve INo (or after INo
81. H 82. Is	[CH arryin a. b.	ILD NAME] troubled by shortness of breath when walking up a sligng on level ground? Does [CHILD NAME] have to walk slower than people his/her own ag shortness of breath? Does [CHILD NAME] have to stop for breath when walking at his/her ground? Does [CHILD NAME] have to stop for breath when walking about 100	st 6 mo [Yes tht hill of [Yes ge because [Yes own pathology [Yes oyards ([Yes	nths? INo or when INo ise of INo ce on leve INo (or after INo

83. How concerned or worried are you that there is something in your neighborhood environment that may be harming your child's health?

Not at all/A little/Very

84. We may ask to interview your child again in the future to check up on his/her health status. Keeping in mind that people move, we would like to get a little more information to help us locate your child in the future. Could we have the addresses of two people who live outside of your child's household and who would always know how to find him/her?

IYes

 $\square No$

IF YES:

- a. Contact #1: Name/Phone Number/Address/Relationship
- b. Contact #2: Name/Phone Number/Address/Relationship

85. Are there any comments you would like to we should know?:	add or any important information that you think
86. Interviewer comments:	

Thank you for participating.