

## **Appendix I: Enrollment Questionnaire**

## GuLF Study Telephone Enrollment Questionnaire

### SECTION A - INTRODUCTION

#### SECTION A1. INITIAL CONTACT

Hello, I'm calling about the Gulf Oil Spill Clean-up Worker Study, sponsored by the National Institutes of Health. May I please speak to [RESPONDENT'S FULL NAME AS REPRESENTED IN THE MASTER RECRUITMENT FILE]?

[INTERVIEWER: IF THE RESPONDENT DOES NOT SPEAK ENGLISH, ATTEMPT TO FIND AN ENGLISH SPEAKER IN THE HOUSEHOLD TO CONFIRM THAT THE TARGET RESPONDENT DOES NOT SPEAK ENGLISH AND TO SCHEDULE A CALL BACK TO BE CONDUCTED IN THE RESPONDENT'S LANGUAGE]

1. RESPONDENT SPEAKS ENGLISH – [CONTINUE TO A2]
2. RESPONDENT DOES NOT SPEAK ENGLISH – CALL BACK SCHEDULED, LANGUAGE FLAG SET
3. RESPONDENT DOES NOT SPEAK ENGLISH – SOFT APPOINTMENT CALL BACK SCHEDULED, LANGUAGE FLAG SET
4. RESPONDENT DOES NOT SPEAK ENGLISH AND REFUSES – HARD REFUSAL
5. INTERVIEWER: IF THE PERSON IS UNABLE TO BE REACHED, REFER TO TRACING.

I am sorry I missed [HIM/HER/NAME]. What is the best time to reach [HIM/HER/NAME]?

[INTERVIEWER: GO TO CATI SCHEDULING TO RECORD A HARD APPOINTMENT OR SOFT CALLBACK TIME]

DATE 1: \_\_/\_\_/\_\_ [MM/DD/YYYY] [CALENDAR]  
TIME OF DAY 1: \_\_/\_\_/ [AM/PM]

DATE 2: \_\_/\_\_/\_\_ [MM/DD/YYYY] [CALENDAR]  
TIME OF DAY 2: \_\_/\_\_/ [AM/PM]

#### SECTION A2. INTRODUCTION TO THE STUDY

Hello [RESPONDENT'S NAME]. My name is [INTERVIEWER'S NAME].

[IF RESPONDENT INITIALLY ANSWERED THE PHONE] The National Institutes of Health recently sent you a letter and brochure about the GuLF Study.

[IF SOMEONE ELSE INITIALLY ANSWERED THE PHONE] I am calling on behalf of the GuLF Study, which is sponsored by the National Institutes of Health. We recently sent you a letter and brochure about the GuLF Study.

[RESPONDENT DID NOT GET LEAD PACKET: I would like to take a minute to tell you a little about this study first and then update your address so we can resend you the letter and study brochure.]

The purpose of the study is to learn more about potential health impacts of the oil spill. People who did clean-up activities and people who did not do any clean-up activities are being asked to participate in this study. This is the largest and most thorough study of the potential health effects of an oil spill that has ever been done. The findings from the study may change long-term public health responses in Gulf communities or future responses to similar disasters.

If you agree to participate, I will ask you questions over the phone for about the next **30** minutes. The questions are about any work or volunteer activities in the oil spill clean-up effort that you may have done, your usual work, and your health and well-being. I will also ask you to provide identifying information that we will use to link to public health records. We will follow your health status for at least 10 years through linkages to these public health records. Data that we collect will be shared with other qualified researchers, but your name and other information that can identify you will not be shared.

Participation is voluntary. If you decide to answer the questions, your responses will remain confidential. You may choose not to answer certain questions. If there are any questions that you don't feel that you can answer, please let me know and we'll move on to the next one. So, if I have your permission, I'll continue.

[INTERVIEWER: PAUSE FOR RESPONSE]

[IF YES, GO TO QUESTIONNAIRE SECTION B – ELIGIBILITY QUESTIONS;]

IF PARTICIPANT ASKS TO RESCHEDULE CALL, GO TO SECTION A3;

IF NO, GO TO SECTION A4. ]

### **SECTION A3. RESCHEDULE ENROLLMENT CALL**

We appreciate your willingness to participate in the study and understand that you're very busy. When might you have time for a **30-minute** call to answer questions for our study?

DATE 1: \_\_/\_\_/\_\_ [MM/DD/YYYY] [CALENDAR]

TIME OF DAY 1: \_\_/\_\_/ [AM/PM]

DATE 2: \_\_/\_\_/\_\_ [MM/DD/YYYY] [CALENDAR]

TIME OF DAY 2: \_\_/\_\_/ [AM/PM]

Thank you. We'll call you then. In the meantime, if you have any questions or would like to answer study questions in advance of the scheduled time, let me give you our toll-free phone number. It is 1 855 NIH GuLF (1-855-644-4853). You may call Monday through Saturday between the hours of [9 AM AND 9 PM] and Sunday between the hours of [12PM AND 6PM] [CALL CENTER HOURS PRESENTED IN LOCAL TIME]. You can also find this information in the letter we sent.

### **SECTION A4. RESPONSE TO REFUSALS**

[IF A REASON IS GIVEN FOR REFUSAL; GO TO SECTION A4a;

IF A REASON IS NOT GIVEN FOR REFUSAL; GO TO SECTION A4b]

**SECTION A4a.** I understand you said ... [RESTATE REASONS AND USE TELEPHONE INTERVIEW Q & A BENEFITS TO ATTEMPT A CONVERSION.] If you don't mind, I'd like to make a note of your reason. This information will help us improve the GuLF Study.

[RECORD REASON – PULL DOWN MENU PLUS OTHER CATEGORY WITH TEXT FIELD]

[IF CONVERSION ATTEMPT IS SUCCESSFUL, GO TO SECTION B.]  
[IF CONVERSION ATTEMPT IS UNSUCCESSFUL, GO TO SECTION 4Ac.]

**SECTION A4b.** May I ask why you do not want to participate?  
[INTERVIEWER: USE TELEPHONE INTERVIEW Q & A TO RESPOND TO REASON FOR REFUSAL BY STATING THE BENEFITS]

[RECORD REASON– PULL DOWN MENU PLUS OTHER CATEGORY WITH TEXT FIELD]

[IF CONVERSION ATTEMPT IS SUCCESSFUL, GO TO SECTION B.]  
[IF CONVERSION ATTEMPT IS UNSUCCESSFUL, GO TO SECTION 4Ac.]

**SECTION A4c.** I understand that you do not wish to participate at this time; however, may we use your identifying information to link to public health records in the future? This will not involve any additional effort on your part or further contact from us.

A4c.1 [INTERVIEWER: RECORD RESPONSE TO USE OF IDENTIFYING INFORMATION QUESTION. USE Q&A AS NECESSARY TO EXPLAIN WHY IT IS NEEDED.]

Yes..... 1  
No ..... 2

[GO TO SECTION K6]

**SECTION B – Eligibility Questions**

Thank you for agreeing to take part in the study. Let's get started. First, I need to ask two eligibility questions.

B1. What is your date of birth?

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ [MM/DD/YYYY]

DON'T KNOW ..... 88 88 8888

REFUSED ..... 99 99 9999

[IF AGE INELIGIBLE, GO TO K7]

B2. Not counting any days you may have spent in training, did you work at least one day on the oil spill clean-up effort in any capacity, such as, cleaning up oil on the water or on the shore cleaning wildlife, or oil clean-up office work and support activities.

YES .....1 [CONTINUE TO SECTION C]

NO .....2 [CONTINUE TO SECTION C, SKIP OVER SECTION D – CLEAN UP TASKS THEN RESUME WITH SECTION E]

DON'T KNOW ..... 8 [CONTINUE TO SECTION C]

REFUSED .....9 [GO TO SECTION K6]

**SECTION C – CONTACT INFORMATION**

Your name and contact information came from one or more oil spill clean-up effort lists, like the PEC Premier and NIOSH training enrollment forms. I would like to make sure we have the right information for you.

C1. Is your name [SPELL FIRST, MI, THEN LAST NAME]?

FIRST: \_\_\_\_\_ [FREE TEXT FIELD]

MI: \_\_\_\_\_ [FREE TEXT FIELD]

LAST: \_\_\_\_\_ [FREE TEXT FIELD]

C2. What is your permanent address, the place where you spend most of your time? We are asking for your permanent address so we can share information with you in the future.

House number: \_\_\_\_\_ [FREE TEXT FIELD]

Street name: \_\_\_\_\_ [FREE TEXT FIELD]

Apartment number: \_\_\_\_\_ [FREE TEXT FIELD]

City: \_\_\_\_\_ [FREE TEXT FIELD]

State: \_\_\_\_\_ [STATE DROP DOWN BOX]

Zip Code: \_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/\_\_\_\_/

C3. What is your email address?

[FREE TEXT FIELD]

DON'T HAVE ..... 7

DON'T KNOW..... 8

REFUSED..... 9

C4. Please confirm your SSN.

\_\_\_\_/\_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_ - \_\_\_\_/\_\_\_\_/\_\_\_\_/

DON'T KNOW ..... 888 88 8888

REFUSED ..... 999 99 9999

**SECTION D – CLEAN-UP RELATED TASKS AND EXPOSURES DURING CLEAN-UP**

The next set of questions I'll ask you are about the clean-up activities you may have done.

D1. Are you currently working on the oil spill clean-up effort?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

D2. I'm going to read you a list of different types of jobs. Please tell me what kind of oil spill responder you are (If D1=1 or 8 or 9)/were (If D1=2). Are/were you...  
[INTERVIEWER: READ LIST; CHECK ALL THAT APPLY]

	YES	NO	DK	RE
D2a. A contractor to BP or another company	1	2	8	9
D2b. A BP employee	1	2	8	9
D2c. An employee of another company	1	2	8	9
D2d. A local state, or federal government worker	1	2	8	9
D2e. A volunteer	1	2	8	9
D2f. Or something else	1	2	8	9
D2f1. Specify _____				

[IF D2b=1, ASK D@]

D@. Were you a BP employee prior to the spill?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

D3. Where did you work? Was it...

	YES	NO	DK	RE
D3a. On a boat, ship or rig?	1	2	8	9
D3b. On land or in shallow water?	1	2	8	9

D#. Did you ever work in oily water?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

[PROGRAMMER -- LOGIC CHECK:

IF NO, DK, OR RE TO ALL IN D2, D3, AND D#, GO TO D\$.  
ELSE GO TO D4.]

D\$. Then did you do any type of work related to the clean-up of the oil spill?

Yes..... 1

No ..... 2 [GO TO SECTION E]

DON'T KNOW ..... 8

REFUSED ..... 9

D\$a. What did you do?

\_\_\_\_\_[FREE TEXT]

[INTERVIEWER: IF D\$a FITS INTO ANY CATEGORY/IES IN D2, D3, OR D#, GO BACK AND ENTER 1 (YES) FOR APROPRIATE CATEGORY/IES. IF IT DOES NOT FIT, GO TO SECTION E.]

### **BOOMS**

The next questions are about booms. A boom was used to contain or absorb oil and oil products floating on the surface of the water.

D4. First, did you handle booms?

Yes..... 1

No.....2 [GO TO D16]

DON'T KNOW..... 8

REFUSED..... 9

[If D3a=1, ASK D18]

*[HANDLED BOOMS FROM SHIPS OR BOATS]*

D18.Did you put the booms on oily water from ships, boats or other vessels or pull them back onboard after they were oily?

Yes..... 1

No ..... 2

DON'T KNOW..... 8

REFUSED..... 9

D18a. What kind of booms were these?

[DEFINE HARD BOOMS, SNARE BOOMS.]

\_\_\_\_\_[FREE TEXT]

[If D3b=1, CONTINUE, ELSE GO TO D7a]

*[PUT OUT BOOMS]*

D5. Did you put booms in oily shoreline water by standing in the water?

Yes..... 1

No ..... 2

DON'T KNOW..... 8

REFUSED..... 9

*[MOVED, CLEANED OR BROUGHT BOOMS IN]*



D5a. Did you move, clean, or bring in oily booms by standing in water near the shore?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

D5a.1. What kind of booms were these?

[DEFINE HARD BOOMS, SNARE BOOMS.]

\_\_\_\_\_[FREE TEXT]

*[USED OR WORKED WITH JET SKIS]*

D17. Did you use or work with shallow water jet-skis in oily water, including setting up, checking or launching the skis as well as handling oily booms and boom equipment?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

*[FOLDED, LOADED OR UNLOADED BOOMS ON SHORE]*

D7. Did you hold or carry by hand oily booms or boom equipment, including bundling, folding, retrieving or off-loading them from a boat or loading them onto a truck?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

D7a. What kind of booms were these?

[DEFINE HARD BOOMS, SNARE BOOMS.]

\_\_\_\_\_[FREE TEXT]

Dx. Did you clean oily hard booms while on a boat?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

**BOAT, SHIP OR RIG**

[If D3a <> 1 OR 8, GO TO D8]

The next questions deal with work on a boat, ship or rig. Please tell me whether or not you did the following kinds of work while working on the oil spill clean-up effort.

*[PATROLLED MARSHES AND BAYOUS TO SEARCH FOR OIL]*

D16. Did you patrol marshes or bayous in a small boat or on foot to search for oil?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

*[SKIMMED THE WATER WITHIN 5 MILES OF THE WELLHEAD]*

D19. Did you skim the water for oil, including retrieving and transferring the oil off the boat or ship, within 5 miles from the wellhead?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

*[SKIMMED THE WATER BEYOND 5 MILES]*

D20. Did you skim the water for oil, including retrieving and transferring the oil off the boat or ship, more than 5 miles from the wellhead?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

*[WORKED ON THE WELLHEAD]*

D21. Did you work in the wellhead area, containing or repairing the wellhead, drilling relief wells, injecting dispersants underwater, or collecting oil from the source.

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

*[WORKED IN THE OIL BURNING OPERATIONS ON WATER]*

D22. Were you involved in the burning of the oil on the surface of the water?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

**LAND/SHALLOW WATER CLEAN-UP**

The next questions ask about clean-up activities on land or in shallow water. Please tell me whether or not you did the following kinds of work while working on the oil spill clean-up effort.

[IF D3b <> 1 OR 8, GO TO D23]

*[RECOVERED OIL FROM GROUNDWATER]*

D8. Did you recover oil from the groundwater using a pump?

Yes..... 1

No ..... 2

DON'T KNOW..... 8

REFUSED..... 9

*[USED OR WORKED NEAR VACUUM TRUCKS, PUMPS OR SKIMMERS ON SHORE]*

D9. Did you use or work near vacuum trucks, vacuum pumps or portable skimmers, where oil is collected in sumps behind booms or deposited in natural depressions on the beach and later removed by vacuum trucks, vacuum pumps or portable skimmers?

Yes..... 1

No ..... 2

DON'T KNOW..... 8

REFUSED..... 9

*[MOPPED UP OIL WITH various size units OR JON BOATS]*

D10. Did you mop up the oil, where various sized units are used onshore or with shallow draft jon boats in water with little or no current?

Yes..... 1

No ..... 2

DON'T KNOW..... 8

REFUSED..... 9

*[REMOVED OILY MATERIALS BY HAND]*

D11. Did you remove oil or oily materials from beaches or marshy areas by hand, shovels, rakes, wheelbarrows or other tools?

Yes..... 1

No ..... 2

DON'T KNOW..... 8

REFUSED..... 9

*[CUT OR COLLECTED OILY PLANTS]*

D12. Did you cut, collect or stuff oily plants into bags or containers for disposal?

Yes..... 1

No ..... 2

DON'T KNOW..... 8

REFUSED..... 9

*[APPLIED MATERIALS TO SOAK UP OIL ON THE BEACH]*

D13. Did you apply by hand or hand tools any materials or chemicals applied to oily areas to soak up the oil?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

*[COLLECTED MATERIALS OR CHEMICALS TO SOAK UP THE OIL ON THE BEACH]*

D14. Did you collect these types of materials or chemicals from oily areas by hand or by hand tools?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

*[REMOVED TAR BALLS USING HAND TOOLS]*

D15. Did you remove tar balls using shovels, rakes, buckets, or other hand tools?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

*[COLLECTED OIL FOR TRANSPORT TO SOMEWHERE ELSE OR STORED, RECYCLED OR DISPOSED OF THE OIL]*

D15. After collecting the oil and oil materials on the beach, the oil and waste materials were removed from the beach area and taken to a site for disposal, recycling, or storage. Were you involved in this process, including collecting, transporting, storing, recycling or disposing of solid and liquid wastes?

[INTERVIEWER: WASTE STREAM MANAGEMENT DOES NOT INCLUDE MERELY HANDLING WASTE AT THE POINT WHERE IT IS GENERATED, SUCH AS BEACH CLEAN-UP SITES.]

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

**DECONTAMINATION**

D23. Did you clean boats or ships or other oily equipment?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

[IF D23=1, 8, OR 9, CONTINUE. ELSE GO TO D28]

*[CLEANED BOATS OR EQUIPMENT WITH A LOW PRESSURE SPRAYER]*

D24. Did you clean the spilled oil off boats or equipment using a garden-like hose or a sprayer with a handheld wand and small tank?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

*[CLEANED BOATS OR EQUIPMENT WITH A MEDIUM PRESSURE SPRAYER]*

D25. Did you clean the spilled oil off boats or equipment using an air compressor equipped with a tank

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

*[CLEAN BOATS OR EQUIPMENT WITH A HIGH PRESSURE SPRAYER]*

D26. Did you clean the spilled oil off boats or equipment using high pressure sprayers?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

*[USED DRY ICE PELLETS TO REMOVE OIL FROM BOATS OR EQUIPMENT]*

D27. Did you use dry ice pellets to remove oil from the spill off boats or equipment using a high-pressure thermal shock process?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

*[INSPECTED TANKS AND COMPARTMENTS]*

D28. Inspect cargo areas of boats or ships by opening tanks and storage compartments that had oil, oily clean-up materials, or oily plants.

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

**WILDLIFE REHABILITATION**

The next few questions are about caring for oily birds and other animals.

D29. Did you handle any animals during their cleanup?

Yes..... 1  
No ..... 2

DON'T KNOW..... 8  
REFUSED..... 9

[IF D29=1, CONTINUE. ELSE GO TO D26]

D29a. Did you handle the oily animal?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

D29b. Did you clean the oil off the animal with cloth, chemicals, and/or soap?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

D29c. Did you apply chemicals or soaps to clean the animal?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

D29d. Did you care for the cleaned animals?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

### **OFFICE AND SUPPORT SERVICES**

D26. Did you provide any office, logistical, or medical support service?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

### **OTHER TASKS**

D30. Did you do any other tasks related to clean-up of the oil spill that we did not ask you about already?

Yes..... 1  
No ..... 2 [GO TO MATRIX FOR EXPOSURE BY JOB]  
DON'T KNOW..... 8 [GO TO MATRIX FOR EXPOSURE BY JOB]  
REFUSED..... 9 [GO TO MATRIX FOR EXPOSURE BY JOB]

D30a. What other tasks did you do?

\_\_\_\_\_ [FREE TEXT FIELD]

DON'T KNOW .....8

REFUSED .....9

\$\$ [BEGIN MATRIX FOR EXPOSURE BY JOB]

[INTERVIEWER: FOR EACH SPECIFIC JOB MARKED YES, CATI WILL TAKE YOU THROUGH A SERIES OF EXPOSURE QUESTIONS FOR THAT PARTICULAR JOB. IT WILL REPEAT THE SERIES FOR EACH JOB MARKED YES.]

Now I would like ask you some questions to find out more about the jobs you just mentioned.

You said you [FILL IN JOB].

D31. What months did you do this? [SELECT ALL THAT APPLY]  
[LIST MONTHS ONLY THROUGH THE PRESENT MONTH]

APRIL 2010

MAY 2010

JUNE 2010

JULY 2010

AUGUST 2010

SEPTEMBER 2010

OCTOBER 2010

NOVEMBER 2010

DECEMBER 2010

JANUARY 2011

FEBRURY 2011

MARCH 2011

APRIL 2011

MAY 2011

JUNE 2011

JULY 2011

AUGUST 2011

SEPTEMBER 2011

OCTOBER 2011

NOVEMBER 2011

DECEMBER 2011

JANUARY 2012

FEBRURY 2012

MARCH 2012

APRIL 2012

MAY 2012

JUNE 2012

DON'T KNOW..... 88

REFUSED..... 99

D33. Approximately how many days a week do/did you usually work this job?

\_\_\_ days

DON'T KNOW..... 8

REFUSED..... 9

D34. Approximately how many hours a day do/did you usually work this job?

\_\_\_ hours

DON'T KNOW..... 88

REFUSED..... 99

D34%. For [FILL IN JOB], did you receive any training on:

a. protective clothing or gear?

Yes..... 1

No ..... 2

DON'T KNOW..... 8

REFUSED..... 9

b. how to work on the job?

Yes..... 1

No ..... 2

DON'T KNOW..... 8

REFUSED..... 9

D35. When you [FILL IN JOB], how often do/did you have oil on your skin or on your clothes that came into contact with your skin? Was it...

[INTERVIEWER: READ LIST]

&gt;60 hr/wk ..... 1

40-59 hr/wk ..... 2

20-39 hr/wk ..... 3

10-19 hr/wk ..... 4

1-9 hr/wk ..... 5

&lt;1 hr/wk ..... 6

Never ..... 7

DON'T KNOW..... 8

REFUSED..... 9

D37. When you [FILL IN JOB], how often did you breathe smoke from burning oil? Was it...

[INTERVIEWER: READ LIST]



>60 hr/wk ..... 1  
 40-59 hr/wk ..... 2  
 20-39 hr/wk ..... 3  
 10-19 hr/wk ..... 4  
 1-9 hr/wk ..... 5  
 <1 hr/wk ..... 6  
 Never ..... 6  
 DON'T KNOW ..... 8  
 REFUSED ..... 9

\$\$[END MATRIX FOR EXPOSURE BY JOB]

We know that there were issues with wearing the protective clothing or gear identified in the training because of the heat or other working conditions.

D38. Was a respirator or mask recommended for any of your job(s)?

Yes ..... 1  
 No ..... 2  
 DON'T KNOW ..... 8  
 REFUSED ..... 9

Dxx. Did you generally use a respirator or mask for any of your jobs? Do not include dust or surgical masks.

Yes ..... 1  
 No ..... 2  
 DON'T KNOW ..... 8  
 REFUSED ..... 9

[IF D38=1 AND Dxx=2 OR 8, ASK QUESTION Dxx]

Dxx. Why did you not usually use a respirator or mask? [SELECT ALL THAT APPLY]

NONE PROVIDED BY EMPLOYER

NONE AVAILABLE IN MY SIZE

IT WAS BROKEN OR DID NOT WORK

WAS UNCOMFORTABLE (FOR REASONS OTHER THAN HEAT)

WAS TOO HOT

IMPEDED WORK

USE WAS DISCOURAGED BY EMPLOYER OR SUPERVISOR

USE WAS DISCOURAGED BY COLLEAGUES

DID NOT THINK IT WAS NECESSARY

OTHER

SPECIFY: \_\_\_\_\_ [FREE TEXT FIELD]

DON'T KNOW ..... 88

REFUSED ..... 99

D38xy. Was other protective clothing or gear recommended for any of your job?

Yes ..... 1  
 No ..... 2  
 DON'T KNOW ..... 8  
 REFUSED ..... 9

[IF D38xy=1 or 8, ASK D38xy^1]

D38xy^1. What types of protective clothing or gear were recommended?

[SELECT ALL THAT APPLY]

Chemical resistant gloves 1  
 Rubber boots or over boots 2  
 Chemical protective clothing, such as a Tyvek suit 3  
 Other 4

Specify \_\_\_\_\_

DON'T KNOW 8  
 REFUSED 9

D38xz. Did you generally use other protective clothing or gear for any of your jobs?

Yes ..... 1  
 No ..... 2  
 DON'T KNOW ..... 8  
 REFUSED ..... 9

..... [IF D38xz=1 or 8, ASK D38^1]

..... D38^1. What types did you use? [SELECT ALL THAT APPLY]

..... Chemical resistant gloves 1  
 ..... Rubber boots or over boots 2  
 ..... Chemical protective clothing, such as a Tyvek suit 3  
 ..... Other 4

..... Specify \_\_\_\_\_

..... DON'T KNOW 8  
 ..... REFUSED 9

[IF D38xy^1 DOES NOT CONTAIN ALL OF D38^1, ASK QUESTION Dxzz]

Dxzz. Why did you not use all of the protective clothing or gear that were recommended? [SELECT ALL THAT APPLY]

NONE PROVIDED BY EMPLOYER

NONE AVAILABLE IN MY SIZE

IT WAS BROKEN OR DID NOT WORK

WAS UNCOMFORTABLE (FOR REASONS OTHER THAN HEAT)

WAS TOO HOT

IMPEDED WORK

USE WAS DISCOURAGED BY EMPLOYER OR SUPERVISOR

USE WAS DISCOURAGED BY COLLEAGUES

DID NOT THINK IT WAS NECESSARY

OTHER

SPECIFY: \_\_\_\_\_ [FREE TEXT FIELD]

DON'T KNOW.....88  
 REFUSED.....99  
 .....Dxzz.1. CONFIRM AND LIST ITEM(S) NOT USED [SELECT ALL  
 THAT APPLY]  
 .....Chemical resistant gloves 1  
 .....Rubber boots or over boots 2  
 .....Chemical protective clothing, such as a Tyvek suit 3  
 .....Other(s) 4  
 .....SPECIFY: \_\_\_\_\_  
 .....DON'T KNOW 8  
 .....REFUSED 9

D39. While working on the clean-up effort, did you ever handle or apply chemical dispersants?

Yes 1  
 No 2 [GO TO D40]  
 DON'T KNOW 8  
 REFUSED 9 [GO TO D40]

D39a. Please describe the nature of any work you did that involved handling or applying chemical dispersants.

[SELECT ALL THAT APPLY]

LOADED/UNLOADED FROM TRUCK OR CAR 10  
 LOADED/UNLOADED FROM BOAT 11  
 LOADED/UNLOADED FROM SUBMERSIBLE 12  
 LOADED/UNLOADED FROM AIRCRAFT 13  
 LOADED/UNLOADED FROM OTHER 14 SPECIFY:

\_\_\_\_\_  
 APPLIED FROM BOAT 15  
 APPLIED FROM AIRCRAFT 16  
 APPLIED FROM OTHER 17 SPECIFY:

\_\_\_\_\_  
 MIXED 18  
 OTHER 19 SPECIFY:

\_\_\_\_\_  
 DON'T KNOW 88  
 REFUSED 99

D40. While working on the clean-up effort, did you ever come into physical contact with chemical dispersants?

Yes 1  
 No 2 [GO TO D41/NEXT SECTION]  
 DON'T KNOW 8  
 REFUSED 9 [GO TO D41/NEXT SECTION]

D40a. Please describe the nature of this contact with chemical dispersants.

[SELECT ALL THAT APPLY]

SKIN CONTACT WITH CHEMICAL DISPERSANT

ITSELF 10

SKIN CONTACT WITH SEA WATER CONTAINING CHEMICAL DISPERSANT

11

INHALATION OF CHEMICAL DISPERSANT

ITSELF 12

INHALATION OF SEA WATER CONTAINING CHEMICAL

DISPERSANT 13

OTHER

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

DON'T

KNOW

88

REFUSED

99

\$\$[START MATRIX FOR ITEMS SELECTED IN D40a]

D40b. About how many times did [TYPE OF DISPERSANT CONTACT] happen?

|\_|\_| TIMES

DON'T KNOW 88

REFUSED 99 [GO TO D41/NEXT SECTION]

D40c. On average, how long did [TYPE OF DISPERSANT CONTACT] last?

|\_|\_| Units

Minutes..... 1

Hours..... 2

DON'T KNOW... 88

REFUSED..... 99 [GO TO D41/NEXT SECTION]

[IF D39=2 or 9, GO TO D40e]

D40d. Were you usually handling or applying the chemical dispersant when  
[TYPE OF DISPERSANT CONTACT] occurred?

Yes 1 [GO TO D40e]

No 2

DON'T KNOW 8

REFUSED 9 [GO TO D40e]

D40e. On average, how far away was the boat, plane, or other vehicle that was  
applying the chemical dispersant from you when [TYPE OF DISPERSANT  
CONTACT] occurred?

|\_|\_|\_| Units

Feet..... 10

Miles..... 11

Meters..... 12

Kilometers..... 13  
DON'T KNOW..... 88  
REFUSED..... 99 [GO TO D41]  
\$\$[END MATRIX FOR ITEMS SELECTED IN D40a]

D41. While working on the oil spill response, did/do you ever sleep in a “quarters barge” or “flotel” or in a FEMA trailer?

Yes 1 Specify: \_\_\_\_\_  
No 2 [GO TO NEXT SECTION]  
DON'T KNOW 8 [GO TO NEXT SECTION]  
REFUSED 9 [GO TO NEXT SECTION]

<IF MORE THAN ONE HOUSING TYPE, REPEATE D41a- AS NECESSARY>

D41a. About how many nights total did you sleep in [FLOTEL/TRAILER FROM D41]?

|\_|\_| Units  
Nights..... 1  
Weeks..... 2  
Months..... 3  
DON'T KNOW... 88  
REFUSED..... 99 [GO TO NEXT SECTION]

D41b. When did you last sleep in [FLOTEL/TRAILER FROM D41]?

MM/DD/YYYY TO MM/DD/YYYY

NEVER..... 7  
DON'T KNOW..... 8  
REFUSED..... 9 [GO TO NEXT SECTION]

D41c. Did you spend at least 1 night on water which visibly contained oil?

Yes 1 [GO TO D41c]  
No 2  
DON'T KNOW 8  
REFUSED 9 [GO TO D41d]

<IF D41c IS YES, THEN ASK D41c1>

D41c1. How many nights did you spend on water which visibly contained oil?

|\_|\_| Units  
Nights..... 1  
Weeks..... 2  
Months..... 3  
DON'T KNOW... 88  
REFUSED..... 99 [GO TO NEXT SECTION]

**SECTION E – DEMOGRAPHIC MEASURES**

Next, I will ask you some demographic background questions.

E1. Are you male or female? [ASK ONLY IF UNKNOWN OR UNCERTAIN]

Male ..... 1  
 Female ..... 2  
 DON'T KNOW ..... 8  
 REFUSED ..... 9

E2. Do you consider yourself to be Hispanic or Latino?

[INTERVIEWER READ IF RESPONDENT UNSURE OF DEFINITION OF HISPANIC OR LATINO: Where do your ancestors come from? Puerto Rico, Cuba, Dominican Republic, Mexico, Central or South America or another Latin American country?]

Yes ..... 1  
 No ..... 2  
 DON'T KNOW ..... 8  
 REFUSED ..... 9

E3. What race do you consider yourself to be? I will read the list and you may select one or more of the following categories.

American Indian or Alaskan Native ..... 1 [GO TO QUESTION E4]  
 Asian ..... 2  
 Black or African American ..... 3 [GO TO QUESTION E4]  
 Native Hawaiian or Pacific Islander ..... 4  
 White ..... 5 [GO TO QUESTION E4]  
 Other ..... 6 E3.1

Specify \_\_\_\_\_

DON'T KNOW ..... 8 [GO TO QUESTION E4]  
 REFUSED ..... 9 [GO TO QUESTION E4]

E3a. What is your mother's country of origin, the place where your mother's relatives are from?

VIETNAM ..... 1  
 CAMBODIA ..... 2  
 LAOS ..... 3  
 SAMOA ..... 4  
 PACIFIC ISLANDS ..... 5 E3a.1

Specify \_\_\_\_\_

CHINA ..... 6  
 PHILIPINES ..... 7  
 JAPAN ..... 8  
 KOREA ..... 9  
 OTHER ..... 10 E3a.2

Specify \_\_\_\_\_

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

E3b. What is your father's country of origin, the place where your father's relatives are from?

VIETNAM ..... 1  
CAMBODIA ..... 2  
LAOS ..... 3  
SAMOA ..... 4  
PACIFIC ISLANDS ..... 5 E3b.1  
Specify \_\_\_\_\_  
CHINA ..... 6  
PHILIPINES ..... 7  
JAPAN ..... 8  
KOREA ..... 9  
OTHER ..... 10 E3b.2  
Specify \_\_\_\_\_  
DON'T KNOW ..... 88  
REFUSED ..... 99

E4. What is the **highest** grade or level of school you have **completed** or the **highest degree** you have **received**? [INTERVIEWER: PROBE AS NECESSARY, BUT DO NOT READ LIST]

NEVER ATTENDED/KINDERGARTEN ONLY ..... 0  
1<sup>ST</sup> GRADE ..... 1  
2<sup>ND</sup> GRADE ..... 2  
3<sup>RD</sup> GRADE ..... 3  
4<sup>TH</sup> GRADE ..... 4  
5<sup>TH</sup> GRADE ..... 5  
6<sup>TH</sup> GRADE ..... 6  
7<sup>TH</sup> GRADE ..... 7  
8<sup>TH</sup> GRADE ..... 8  
9<sup>TH</sup> GRADE ..... 9  
10<sup>TH</sup> GRADE ..... 10  
11<sup>TH</sup> GRADE ..... 11  
12<sup>TH</sup> GRADE, NO DIPLOMA ..... 12  
HIGH SCHOOL GRADUATE ..... 13  
GED OR EQUIVALENT ..... 14  
SOME COLLEGE, NO DEGREE ..... 15  
ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL OR VOCATIONAL PROGRAM ..... 16  
ASSOCIATE DEGREE: ACADEMIC PROGRAM ..... 17  
BACHELOR'S DEGREE (EXAMPLE: BA, AB, BS, BBA) ..... 18  
MASTER'S DEGREE (EXAMPLE: MA, MS, MEng, MEd, MBA) ..... 19  
PROFESSIONAL SCHOOL DEGREE (EXAMPLE: MD, DDS, DVM, JD) ..... 20  
DOCTORAL DEGREE (EXAMPLE: PhD, EdD) ..... 21

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

E5. Are you now married, widowed, divorced, separated, never married, or living with a partner?

MARRIED ..... 1  
WIDOWED ..... 2  
DIVORCED ..... 3  
SEPARATED ..... 4  
NEVER MARRIED ..... 5  
LIVING WITH PARTNER ..... 6  
DON'T KNOW ..... 8  
REFUSED ..... 9

E6. How many children less than 18 years of age usually live in your household?

\_\_\_ \_\_\_ Number of children  
NONE ..... 00  
DON'T KNOW..... 88  
REFUSED..... 99



**SECTION F – HEALTH**

Next, I will ask about your health.

F1. How tall are you without shoes?

[ENTER HEIGHT IN FEET AND INCHES]

|\_|\_| feet |\_|\_| inches

DON'T KNOW. 8' 8"

REFUSED..... 9' 9"

F2. How much do you weigh without clothes or shoes?

|\_|\_| lbs.

DON'T KNOW.. 888

REFUSED..... 999

**Health Symptoms**

I am going to ask you about your health during the past thirty days.

F3. In the past thirty days, have you had a cough?

All the time ..... 1

Most of the time ..... 2

Sometimes ..... 3

Rarely ..... 4

Never ..... 5

DON'T KNOW..... 8

REFUSED..... 9

F4. In the past thirty days, have you had wheezing or whistling in your chest?

All the time ..... 1

Most of the time ..... 2

Sometimes ..... 3

Rarely ..... 4

Never ..... 5

DON'T KNOW..... 8

REFUSED..... 9

F5. In the past thirty days, have you had tightness in your chest?

All the time ..... 1

Most of the time ..... 2

Sometimes ..... 3

Rarely ..... 4

Never ..... 5

DON'T KNOW..... 8

REFUSED..... 9

F6. In the past thirty days, have you been short of breath?

All the time ..... 1

Most of the time ..... 2

Sometimes ..... 3

Rarely ..... 4

Never ..... 5

DON'T KNOW ..... 8

REFUSED ..... 9

F7. In the past thirty days, have you had a stuffy, itchy or runny nose?

All the time ..... 1  
Most of the time ..... 2  
Sometimes ..... 3  
Rarely ..... 4  
Never ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

F8. In the past thirty days, have you had watery or itchy eyes?

All the time ..... 1  
Most of the time ..... 2  
Sometimes ..... 3  
Rarely ..... 4  
Never ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

F9. In the past thirty days, have you had burning eyes?

All the time ..... 1  
Most of the time ..... 2  
Sometimes ..... 3  
Rarely ..... 4  
Never ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

F10. In the past thirty days, have you had burning in your nose, throat or lungs?

All the time ..... 1  
Most of the time ..... 2  
Sometimes ..... 3  
Rarely ..... 4  
Never ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

F11. In the past thirty days, have you had a skin rash that lasted two or more days?

All the time ..... 1  
Most of the time ..... 2  
Sometimes ..... 3  
Rarely ..... 4  
Never ..... 5 [GO TO QUESTION F12]  
DON'T KNOW ..... 8 [GO TO QUESTION F12]  
REFUSED ..... 9 [GO TO QUESTION F12]

F11a. Did you get the rash on a part of your body that touched or came into contact with any of these? [INTERVIEWER: READ LIST AND CODE ALL THAT APPLY]

Oil.....1  
Chemical dispersants.....2  
Your personal protective equipment,  
for example, boots, gloves,  
Tyvek suit, or respirator).....3  
Sunscreen.....4  
Poison ivy or poison oak.....5  
DON'T KNOW.....8  
REFUSED.....9

[INTERVIEWER: READ THE FOLLOWING PROMPT ONCE BEFORE ASKING F12 TO F16]

Now I'm going to ask you some questions about how often you have been troubled with certain symptoms during the past thirty days. Please answer All the time, Most of the time, Sometimes, Rarely or Never.

F12. How often did/do you have a severe headache or migraine? Was that ...

All the time ..... 1  
Most of the time ..... 2  
Sometimes ..... 3  
Rarely ..... 4  
Never ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

F13. How often did/do you have dizziness or lightheadedness? Was that ...

All the time ..... 1  
Most of the time ..... 2  
Sometimes ..... 3  
Rarely ..... 4  
Never ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

F14. How often did/do you have nausea? Was that...

All the time ..... 1  
Most of the time ..... 2  
Sometimes ..... 3  
Rarely ..... 4  
Never ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

F15. How often did/do you have blurred or distorted vision? Was that...

All the time ..... 1  
Most of the time ..... 2  
Sometimes ..... 3  
Rarely ..... 4  
Never ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

F16. How often did/do you have lower back pain? Was that...

All the time ..... 1  
Most of the time ..... 2  
Sometimes ..... 3  
Rarely ..... 4  
Never ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

F16a. How often did/do you have excessive fatigue / extreme tiredness? Was that...

All the time ..... 1  
Most of the time ..... 2  
Sometimes ..... 3  
Rarely ..... 4  
Never ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

F16b. How often did/do you have diarrhea / frequent bowel movements? Was that...

All the time ..... 1  
Most of the time ..... 2  
Sometimes ..... 3  
Rarely ..... 4  
Never ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

F16c. How often did/do you have constipation? Was that...

All the time ..... 1  
Most of the time ..... 2  
Sometimes ..... 3  
Rarely ..... 4  
Never ..... 5  
DON'T KNOW ..... 8

REFUSED..... 9

F16d. How often did/do you have burning / itchy / watery eyes? Was that...

All the time ..... 1

Most of the time ..... 2

Sometimes ..... 3

Rarely ..... 4

Never ..... 5

DON'T KNOW..... 8

REFUSED..... 9

F16e. How often did/do you have skin rashes / sores / blisters? Was that...

All the time ..... 1

Most of the time ..... 2

Sometimes ..... 3

Rarely ..... 4

Never ..... 5

DON'T KNOW..... 8

REFUSED..... 9

F16f. How often did/do you have a sore throat? Was that...

All the time ..... 1

Most of the time ..... 2

Sometimes ..... 3

Rarely ..... 4

Never ..... 5

DON'T KNOW..... 8

REFUSED..... 9

F16g. How often did/do you have a stuffy nose? Was that...

All the time ..... 1

Most of the time ..... 2

Sometimes ..... 3

Rarely ..... 4

Never ..... 5

DON'T KNOW..... 8

REFUSED..... 9

[F17, F18, F19 ARE ONLY ASKED FOR THOSE WHO INDICATED THAT THEY  
WORKED ON THE OIL SPILL RESPONSE]

F17. Did you work in the heat during the oil response?

Yes..... 1

No ..... 2 [GO TO QUESTION F18]

DON'T KNOW..... 8 [GO TO QUESTION F18]

REFUSED..... 9 [GO TO QUESTION F18]

F17a. Not counting scheduled work breaks, did you ever have to stop working because you were too tired or too hot?

Yes..... 1  
No .....2  
DON'T KNOW .....8  
REFUSED ... 9

While you were working during the oil spill response, how often did you experience any of the following health symptoms?

F17a. Breathing problems?

All the time ..... 1  
Most of the time .... 2  
Sometimes ..... 3  
Rarely ..... 4  
Never ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

F17b. Chest pains? [REPEAT ANSWER CHOICES FROM F17a]

F17c. Watery / Runny / Burning eyes?

F17d. Skin Rashes / sores / blisters?

F17e. Headaches / Nausea?

F17f. Dizziness / Lightheadedness?

F17g. Excessive fatigue / Extreme tiredness?

F17h. Diarrhea / frequent bowel movements?

F17i. Constipation?

F17j. A sore throat?

F17k. A stuffy nose?

F18. Did you seek medical help for any symptom or illness that occurred during your work on the oil response, whether or not this happened during work hours?

Yes..... 1  
No .....2 [GO TO QUESTION F19]  
NO SYMPTOMS OR ILLNESSES ..... 7 [GO TO QUESTION F19]  
DON'T KNOW ..... 8 [GO TO QUESTION F19]  
REFUSED ..... 9 [GO TO QUESTION F19]

F18a. What was/were the symptom(s) or illness(es) that you went for medical help for?

[FREE TEXT FIELD]

DON'T KNOW ..... 8  
REFUSED ... 9

F18b. Where did you go for medical help? I am going to read you a list of places you could have gone for help. Please tell me all that apply.

[INTERVIEWER: CODE ALL THAT APPLY]

	YES	NO	DK	RE
Urgent care clinic .....	1	2	8	9
Emergency room .....	1	2	8	9
Personal physician .....	1	2	8	9
Other .....	1	2	8	9

..... F18b.1. Specify \_\_\_\_\_

F18c. Were you hospitalized for this/these symptom(s) or illness(es)?

Hospitalized means admitted at least overnight.

Yes..... 1

No ..... 2

DON'T KNOW ..... 8

REFUSED ..... 9

F19. Have you sought medical help for any symptom or illness that occurred since you stopped working on the oil response?

Yes..... 1

No ..... 2 [GO TO QUESTION F20]

NO SYMPTOMS OR ILLNESSES ..... 7 [GO TO QUESTION F20]

DON'T KNOW ..... 8 [GO TO QUESTION F20]

REFUSED ..... 9 [GO TO QUESTION F20]

F19a. What was/were the symptom(s) or illness(es) that you went for medical help for?

[FREE TEXT FIELD]

DON'T KNOW ..... 8

REFUSED ... ..... 9

F19b. Where did you go for medical help? I am going to read you a list of places you could have gone for help. Please tell me all that apply.

[INTERVIEWER: CODE ALL THAT APPLY]

	YES	NO	DK	RE
Urgent care clinic .....	1	2	8	9
Emergency room .....	1	2	8	9
Personal physician .....	1	2	8	9
Other .....	1	2	8	9

..... F19b.1. Specify \_\_\_\_\_

F19c. Were you hospitalized for this/these symptom(s) or illness(es)?

Hospitalized means admitted at least overnight.

Yes..... 1

No ..... 2

DON'T KNOW ..... 8



REFUSED ..... 9

F20. How would you rate your physical health?

Excellent ..... 1  
Very good ..... 2  
Good ..... 3  
Fair ..... 4  
Poor ..... 5  
DON'T KNOW ..... 8  
REFUSED ..... 9

F21. Compared with two years ago, would you say your health is now better, worse, or about the same?

Better ..... 1  
Worse ..... 2  
Sometimes ..... 3  
About the same ..... 4  
DON'T KNOW ..... 8  
REFUSED ..... 9

Now I would like to ask you some questions about medical conditions that you may have been diagnosed with.

F22. Have you ever been diagnosed with the following conditions?

If Respondent answers "Yes" to any condition, ask date of first diagnosis. If Respondent doesn't know the date of diagnosis, ask age at diagnosis. If Respondent doesn't know date or age of first diagnosis, then indicate "don't know".

If date of first diagnosis is after April 2010, then continue to the next condition/question.

If date of diagnosis is before April 2010 or "don't know", then

For potentially reversible conditions such as asthma or high blood pressure, ask

"Did you have [CONDITION] two years ago?" and  
"Has a doctor or health care provider told you that you have [CONDITION] within the past two years?"

For potentially recurring or episodic conditions such as heart attack or stroke, ask

"Has a doctor or health care provider told you that you had a [CONDITION] within the past two years?"

F22 a. asthma?

F22a1. What was the date of first diagnosis? [MONTH AND YEAR ONLY]

\_\_\_ / \_\_\_ [MM/YYYY]

DON'T KNOW ..... 88/8888

REFUSED ..... 99/9999

F22 b. emphysema?

F22 c. chronic bronchitis?

F22 d. high blood pressure?

F22 e. angina, also called angina pectoris?

F22 f. coronary heart disease?

F22 g. heart attack, also called a myocardial infarction?

F22 h. congestive heart failure?

F22 i. stroke?

F22 j. cirrhosis?

F22 k. fatty liver disease?

F22 l. hepatitis?

F22 m. weak or failing kidneys? [INTERVIEWER: PROBE AS NECESSARY. DO NOT INCLUDE KIDNEY STONES, BLADDER INFECTIONS, OR

INCONTINENCE.] F22 n. Peripheral neuropathy?

F22 o. diabetes or sugar diabetes

F22 p. Rheumatoid arthritis

F22 q. Lupus F22 r. Grave's disease or other thyroid disease

F22 s. Sarcoidosis F22 t. Post Traumatic Stress Disorder

F22 u. Fibromyalgia

F22 v. Chronic fatigue syndrome

F22 w. Shingles? (Herpes Zoster)

F23. ...cancer?

Yes..... 1

No ..... 2 [GO TO SECTION G]

DON'T KNOW ..... 8 [GO TO SECTION G]

REFUSED ..... 9 [GO TO SECTION G]

F23a. What kind of cancer was it?

## CANCER DROP DOWN BOX

BLADDER..... 10	LIVER ..... 22	SKIN (NON-MELANOMA)..... 32
BLOOD ..... 11	LUNG ..... 23	SKIN (DON'T KNOW) ..... 33
BONE ..... 12	NON HODGKIN'S LYMPHOMA.. 40	SOFT TISSUE (MUSCLE/ FAT).. 34
BRAIN..... 13	HODGKIN'S DISEASE ..... 24	STOMACH ..... 35
BREAST..... 14	MULTIPLE MYELOMA ..... 41	TESTIS (TESTICULAR) ..... 36
CERVIX (CERVICAL) ..... 15	MELANOMA ..... 25	THYROID ..... 37
COLON ..... 16	MOUTH/TONGUE/LIP ..... 26	UTERUS (UTERINE) ..... 38

ESOPHAGUS (ESOPHAGEAL... 17	NERVOUS SYSTEM ..... 27	OTHER (SPECIFY)..... 39
GALLBLADDER..... 18	OVARY (OVARIAN)..... 28	
KIDNEY..... 19	PANCREAS (PANCREATIC)..... 29	DON'T KNOW .....77
LARYNX/WINDPIPE ..... 20	PROSTATE..... 30	REFUSED ..... 99
LEUKEMIA..... 21	RECTUM (RECTAL ..... 31	

[INTERVIEWER: ENTER UP TO 3 KINDS]

F23a.1 Type 1: [SELECT FROM CANCER DROP DOWN BOX]

F23a.2 Type 2: [SELECT FROM CANCER DROP DOWN BOX]

F23a.3 Type 3: [SELECT FROM CANCER DROP DOWN BOX]

F23a.4 OTHER [SPECIFY] \_\_\_\_\_[FREE TEXT FIELD]

F23b. What was the month and year when [CANCER TYPE 1] was first diagnosed? [MONTH AND YEAR ONLY]

\_\_\_ / \_\_\_ [MM/YYYY]

DON'T KNOW ..... 88/8888

REFUSED ..... 99/9999

F23c. What was the month and year when [CANCER TYPE 2] was first diagnosed? [MONTH AND YEAR ONLY]

\_\_\_ / \_\_\_ [MM/YYYY]

DON'T KNOW ..... 88/8888

REFUSED ..... 99/9999

F23d. What was the month and year when [CANCER TYPE 3] was first diagnosed? [MONTH AND YEAR ONLY]

\_\_\_ / \_\_\_ [MM/YYYY]

DON'T KNOW ..... 88/8888

REFUSED ..... 99/9999

**SECTION G: MENTAL HEALTH**

Now I am going to ask you some questions about your general mental health. The first set of questions is about your levels of worry and/or stress before and after the oil spill in April 2010.

**SOCIAL CONTEXT**

G1. Since the oil spill in April 2010, how often have you been worried or stressed about having enough money to pay your rent or mortgage? Have you been worried or stressed... [INTERVIEWER: READ LIST]

- Always ..... 1
- Usually ..... 2
- Sometimes ..... 3
- Rarely ..... 4
- Never ..... 5
- NOT APPLICABLE ..... 7 [GO TO QUESTION G2]
- DON'T KNOW ..... 8 [GO TO QUESTION G2]
- REFUSED ..... 9 [GO TO QUESTION G2]

G1a. How does this compare to the year before the oil spill in April 2010? Are you more worried and stressed about having enough money to pay your rent or mortgage, less worried and stressed, or is it about the same? [INTERVIEWER: READ LIST]

- More worried ..... 1
- Less worried ..... 2
- About the same .... 3
- DON'T KNOW ..... 8
- REFUSED ..... 9

G2. Since the oil spill in April 2010, how often would you say you were worried or stressed about having enough money to buy nutritious meals? Would you say you were worried or stressed... [INTERVIEWER: READ LIST]

- Always ..... 1
- Usually ..... 2
- Sometimes ..... 3
- Rarely ..... 4
- Never ..... 5
- NOT APPLICABLE ..... 7 [GO TO QUESTION G3]
- DON'T KNOW ..... 8 [GO TO QUESTION G3]
- REFUSED ..... 9 [GO TO QUESTION G3]

G2a. How does this compare to the year before the oil spill in April 2010? Are you more worried and stressed about having enough money to buy nutritious meals, less worried and stressed, or is it about the same?

- More worried ..... 1
- Less worried ..... 2

About the same .... 3  
 DON'T KNOW ..... 8  
 REFUSED ..... 9

G3. Since the oil spill in April 2010, how much have you worried about your future physical health as a result of working on the oil spill? Would you say...

[INTERVIEWER: READ LIST]

A lot..... 1  
 Some ..... 2  
 A little, or ..... 3  
 Not at all..... 4  
 DON'T KNOW..... 8 [GO TO QUESTION G4]  
 REFUSED..... 9 [GO TO QUESTION G4]

G3a. How does this compare to the year before the oil spill in April 2010?  
 Are you more worried about your future physical health, less worried, or is it about the same?

More worried ..... 1  
 Less worried..... 2  
 About the same .... 3  
 DON'T KNOW ..... 8  
 REFUSED ..... 9

G4. Have you ever been diagnosed with an anxiety disorder, including acute stress disorder, anxiety, generalized anxiety disorder, obsessive-compulsive disorder, panic disorder, phobia, posttraumatic stress disorder, or social anxiety disorder?

Yes..... 1  
 No ..... 2 [GO TO QUESTION G5]  
 DON'T KNOW..... 8 [GO TO QUESTION G5]  
 REFUSED..... 9 [GO TO QUESTION G5]

G4x. What was the diagnosis?

acute stress disorder	01
anxiety	02
generalized anxiety disorder	03
obsessive-compulsive disorder	04
panic disorder	05
phobia	06
posttraumatic stress disorder	07
social anxiety disorder	08
DON'T KNOW	88
REFUSED	99

G4a. When were you first diagnosed?

\_\_\_ / \_\_\_ [MM/YYYY]

DON'T KNOW ..... 88 8888

REFUSED ..... 99 9999

G4b. [IF DATE IN G4A IS BEFORE APRIL 2010] Have you been diagnosed since April 2010?

\_\_\_ / \_\_\_ [MM/YYYY]

DON'T KNOW ..... 88 8888

REFUSED ..... 99 9999

G4c. [IF DATE IN G4A IS AFTER APRIL 2010] Were you diagnosed BEFORE April 2010?

\_\_\_ / \_\_\_ [MM/YYYY]

DON'T KNOW ..... 88 8888

REFUSED ..... 99 9999

G5. Have you ever been diagnosed with a depressive disorder, including depression, major depression, dysthymia, or minor depression?

Yes..... 1

No ..... 2 [GO TO QUESTION G6]

DON'T KNOW ..... 8 [GO TO QUESTION G6]

REFUSED ..... 9 [GO TO QUESTION G6]

G5a. When were you first diagnosed?

\_\_\_ / \_\_\_ [MM/YYYY]

DON'T KNOW ..... 88 8888

REFUSED ..... 99 9999

G5b. [IF DATE IN G5A IS AFTER APRIL 2010, SKIP TO G6] Have you been diagnosed since April 2010?

\_\_\_ / \_\_\_ [MM/YYYY]

DON'T KNOW ..... 88 8888

G5c. [IF DATE IN G5A IS AFTER APRIL 2010] Were you diagnosed BEFORE April 2010?

\_\_\_ / \_\_\_ [MM/YYYY]

DON'T KNOW ..... 88 8888

REFUSED ..... 99 9999

## PERCEIVED STRESS SCALE

These next questions will be about stress you are experiencing.

G6. In the last month, how often have you felt that you were unable to control the important things in your life? [INTERVIEWER: READ LIST]

Never ..... 1

Almost Never ..... 2

Sometimes..... 3  
Fairly Often ..... 4  
Very Often..... 5  
DON'T KNOW..... 8  
REFUSED..... 9

G7. In the last month, how often have you felt confident about your ability to handle your personal problems? [INTERVIEWER: READ LIST]

Never ..... 1  
Almost Never ..... 2  
Sometimes..... 3  
Fairly Often ..... 4  
Very Often..... 5  
DON'T KNOW..... 8  
REFUSED..... 9

G8. In the last month, how often have you felt that things were going your way? [INTERVIEWER: READ LIST]

Never ..... 1  
Almost Never ..... 2  
Sometimes..... 3  
Fairly Often ..... 4  
Very Often..... 5  
DON'T KNOW..... 8  
REFUSED..... 9

G9. In the last month, how often have you felt difficulties were piling up so high that you could not overcome them? [INTERVIEWER: READ LIST]

Never ..... 1  
Almost Never ..... 2  
Sometimes..... 3  
Fairly Often ..... 4  
Very Often..... 5  
DON'T KNOW..... 8  
REFUSED..... 9

**SECTION H – REPRODUCTIVE HISTORY AND MENOPAUSAL STATUS  
FEMALES ONLY**

[INTERVIEWER: ASK QUESTIONS H1 – H5 OF FEMALES ONLY. READ THE FOLLOWING PROMPT BEFORE ASKING THESE QUESTIONS. IF MALE, GO TO SECTION I.]

I'm now going to ask you some questions about your reproductive history.

H1. Are you currently pregnant?

Yes..... 1

No ..... 2 [GO TO QUESTION H2]

DON'T KNOW..... 8 [GO TO QUESTION H2]

REFUSED..... 9 [GO TO QUESTION H2]

H1a. When is your due date?

\_\_\_\_/\_\_\_\_/\_\_\_\_ [MM/DD/YYYY]

DON'T KNOW...88 88 8888

REFUSED .....99 99 9999

H1b. How much did you weigh when you became pregnant?

|\_\_|\_\_|\_\_| lbs.

DON'T KNOW.. 888

REFUSED ..... 999

H2. How many births have you had, including live and still births?

\_\_\_\_ Number of births [IF 0 GO TO QUESTION H3]

DON'T KNOW.... 88 [GO TO QUESTION H3]

REFUSED..... 99 [GO TO QUESTION H3]

H2a. What was the date of your first birth, live or still?

\_\_\_\_/\_\_\_\_/\_\_\_\_ [MM/DD/YYYY]

DON'T KNOW...88 88 8888

REFUSED .....99 99 9999

H2b. What was the date of your most recent birth, live or still?

\_\_\_\_/\_\_\_\_/\_\_\_\_ [MM/DD/YYYY]

DON'T KNOW...88 88 8888

REFUSED .....99 99 9999

H3. Have your menstrual periods stopped permanently?

YES , NO MENSTRUAL PERIODS 1

YES, BUT HAVE PERIODS NOW  
DUE TO FEMALE HORMONES..2

NO .....3 [GO TO QUESTION H5]

DON'T KNOW.....8 [GO TO QUESTION H5]



REFUSED..... 9 [GO TO QUESTION H5]

H4. How old were you when your periods stopped?

\_\_\_ \_\_\_ Age in years

DON'T KNOW..... 88

REFUSED..... 99

H5. How old were you when you got your first menstrual period?

\_\_\_ \_\_\_ Age in years

DON'T KNOW.... 88

REFUSED..... 99

**SECTION I – LIFESTYLE - ALCOHOL**

Now I would like to ask you some questions about your alcohol use.

The next question is about drinking alcohol. This includes coolers, beer, wine, champagne, liquor such as whiskey, rum, gin, vodka, scotch, or liqueurs, and also any other type of alcohol.

I1. In your entire life, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips?

Yes..... 1  
No ..... 2 [GO TO NEXT SECTION]  
DON'T KNOW..... 8 [GO TO NEXT SECTION]  
REFUSED..... 9 [GO TO NEXT SECTION]

I2. About how old were you when you first started drinking, not counting small tastes or sips of alcohol?? [INTERVIEWER: PLEASE READ]

NEVER HAD A DRINK OF ALCOHOL OTHER THAN A FEW SIPS 00

[ ] [ ] Age in years

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

<ASK ONLY IF I2 = DK:>

I2a. When do you first remember drinking an alcoholic beverage? Was it...

before 20.....01  
in your 20s .....02  
in your 30s .....03  
[in your 40s].....04  
[in your 50s].....05  
[in your 60s].....06  
[in your 70s].....07  
DON'T KNOW..... 88  
REFUSED..... 99

I3. Have you had an alcoholic beverage in the past 12 months?

YES.....1  
NO.....2  
DON'T KNOW..... 8  
REFUSED..... 9

<ASK ONLY IF I3 = NO>

I3a. How old were you when you last drank alcohol?

|\_| |\_| AGE

14. During the past 12 months, about how many days per week, per month, or in total have you had alcoholic beverages?

|\_| |\_| # DAYS

PER WEEK .....1  
PER MONTH .....2  
TOTAL FOR PAST 12 MONTHS .....3  
DON'T KNOW..... 8  
REFUSED..... 9

15. During the past 12 months, about how many drinks would you have on the days that you drank?

|\_| |\_| # DRINKS / DAY / WEEK / MONTH &lt;INDICATE WHICH UNIT&gt;

&lt;FILL "During the past 12 months," IF I5 &lt; 4; FILL "of those" IF I5 &gt; 5&gt;

16. [During the past 12 months,] did you ever drink four or more [of those] alcoholic beverages in a row, in one sitting?

YES.....1  
NO..... [I10] .....2  
DON'T KNOW..... 8  
REFUSED..... 9

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

|\_| |\_| # TIMES

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

18. Think specifically about the past 30 days, from [DATEFILL\*], up to and including today. During the past 30 days, on how many days did you drink one or

more drinks of an alcoholic beverage?

# OF DAYS: \_\_ \_\_ [RANGE: 0 - 30] [IF 0 GO TO QUESTION I5]

DON'T KNOW ..... 88 [GO TO QUESTION I5]

REFUSED ..... 99 [GO TO QUESTION I5]

I9. On the days that you drank during the past 30 days, how many **drinks** did you **usually** have each day? Count as a drink a can or bottle of beer; a wine cooler or a glass of wine, champagne, or sherry; a shot of liquor or a mixed drink or cocktail.

# OF DRINKS: \_\_ \_\_ [RANGE: 1 - 90]

DON'T KNOW ..... 88

REFUSED..... 99

I10. In your lifetime, what is the largest number of drinks you have ever had in a 24-hour period (including all types of alcohol)?

|\_| |\_| # DRINKS

DON'T KNOW ..... 88

REFUSED..... 99

I11. Was there ever a period in your life when a doctor or a health professional told you that your drinking was hurting your health?

YES.....1

NO.....2

DON'T KNOW ..... 88

REFUSED..... 99

**SECTION II – LIFESTYLE - TOBACCO**

Now I would like to ask you some questions about your tobacco use.

II1. Have you smoked at least 100 cigarettes in your entire life? Do not include cigars or marijuana. [NOTE TO INTERVIEWER: 100 CIGARETTES = APPROXIMATELY 5 PACKS]

Yes..... 1  
No ..... 2 [GO TO QUESTION II4]  
DON'T KNOW..... 8 [GO TO QUESTION II4]  
REFUSED..... 9 [GO TO QUESTION II4]

II2. How old were you when you first started to smoke cigarettes fairly regularly?

\_\_ | \_\_ | \_\_ Age in years

NEVER SMOKED CIGARETTES REGULARLY        777  
DON'T KNOW.....888  
REFUSED.....999

II3. Do you now smoke cigarettes...?

[INTERVIEWER: PLEASE READ]

Every day..... 1  
Some days..... 2  
Not at all..... 3  
DON'T KNOW..... 8  
REFUSED..... 9

[IF QUESTION II1 IS "YES" AND QUESTION II3 IS "SOME DAYS" (CURRENT SOME-DAY SMOKER) OR IF QUESTION II1 IS "YES" AND QUESTION II3 IS "NOT AT ALL" (FORMER SMOKER), THEN RESPONDENT IS ASKED THE NEXT TWO QUESTIONS, II3A AND II3B:]

II3a. Have you EVER smoked at least one cigarette per day for 6 months or longer?

Yes..... 1  
No ..... 2  
DON'T KNOW        8  
REFUSED... 9

[ONLY ASK IF II3 IS ANSWERED "NOT AT ALL....3" (FORMER SMOKER)]

II3b. About how long has it been since you COMPLETELY quit smoking cigarettes?

|\_|\_| Units  
Days..... 1  
Weeks ..... 2

Months ..... 3  
Years..... 4  
DON'T KNOW        88  
REFUSED... 99

[IF I13 = 1 or 8, THEN ASK QUESTION I13x – FOR CURRENT EVERY-DAY SMOKER]

I13x. On the average, about how many cigarettes do you now smoke each day?  
|\_\_|\_\_| # CIGARETTES PER DAY [RANGE: 1 - 97]  
DON'T KNOW        98  
REFUSED    99

[IF I13 = 2, THEN ASK QUESTION I13y.1 and I13y.2 – FOR CURRENT SOME-DAY SOMKERS]

I13y.1. On how many of the past 30 days did you smoke cigarettes?  
|\_\_|\_\_| # DAYS [RANGE: 1 - 30]  
DON'T KNOW        98  
REFUSED    99

I13y.2. On the average, on those [# DAYS] days, how many cigarettes did you usually smoke each day?  
|\_\_|\_\_| # CIGARETTES PER DAY [RANGE: 1 - 97]  
DON'T KNOW        98  
REFUSED    99

[IF I13 = 3, THEN ASK QUESTION I13z – FOR FORMER SMOKERS]

I13z. When you last smoked fairly regularly, on average how many cigarettes did you smoke each day?  
|\_\_|\_\_| # CIGARETTES PER DAY [RANGE: 1 - 97]  
DON'T KNOW        98  
REFUSED    99

I14. In your ENTIRE LIFE, have you ever. . .

I14a. ...smoked at least 50 cigars?  
Yes..... 1  
No ..... 2  
DON'T KNOW        8  
REFUSED... 9

I14b. ...smoked a pipe at least 50 times?

Yes..... 1  
No ..... 2  
DON'T KNOW       8  
REFUSED... 9

II4c. ...used snuff, such as Skoal®, Skoal Bandit® or Copenhagen® at least 20 times?

Yes..... 1  
No ..... 2  
DON'T KNOW       8  
REFUSED... 9

II4d. ...used chewing tobacco, such as Redman®, Levi Garrett® or Beechnut® at least 20 times?

Yes..... 1  
No ..... 2  
DON'T KNOW       8  
REFUSED... 9

**SECTION J – SOCIOECONOMIC FACTORS**

The next questions are about your total family income in 2010 **before taxes**. Income is important in analyzing the health information we collect. For example, this information will help us better understand the economic and potential health impact of the oil spill on you and your family. Please be assured that, like all other information you have provided, these answers will be kept strictly confidential.

When answering these questions, please remember that by "total combined family income", I mean your income PLUS the income of all family members living in this household including cohabitating partners, and armed forces members living at home.

J1. What is your best estimate of the total combined family income from all sources, before taxes, in 2010?

[ENTER INCOME] \_ \_ \_ \_ \_

Codes:

\$0-\$999,994..... 000000 to 999994 [GO TO QUESTION J8]

\$999,995+..... 999995 [GO TO QUESTION J8]

DON'T KNOW..... 888888

REFUSED..... 999999

[RESPONDENTS WHO DON'T KNOW OR REFUSE TO PROVIDE THEIR INCOME]

J2. Would you say that your total combined family income from all sources was less than \$50,000 or \$50,000 or more?

Less than \$50,000 . 1

\$50,000 or more..... 2 [GO TO QUESTION J6]

DON'T KNOW..... 8 [GO TO QUESTION J8]

REFUSED..... 9 [GO TO QUESTION J8]

[THE RESPONDENT ANSWERED LESS THAN \$50,000]

J3. Would you say that your total combined family income from all sources was less than \$35,000 or \$35,000 or more?

Less than \$35,000 . 1

\$35,000 or more..... 2 [GO TO QUESTION J8]

DON'T KNOW..... 8 [GO TO QUESTION J8]

REFUSED..... 9 [GO TO QUESTION J8]

[THE RESPONDENT ANSWERED LESS THAN \$35,000]

J4. Would you say that your total combined family income from all sources was less than \$20,000 or \$20,000 or more?

Less than \$20,000 . 1

\$20,000 or more..... 2 [GO TO QUESTION J8]

DON'T KNOW..... 8 [GO TO QUESTION J8]



REFUSED..... 9 [GO TO QUESTION J8]

J5. Would you say that your total combined family income from all sources was less than \$10,000 or \$10,000 or more?

Less than \$10,000 . 1 [GO TO QUESTION J8]

\$10,000 or more..... 2 [GO TO QUESTION J8]

DON'T KNOW..... 8 [GO TO QUESTION J8]

REFUSED..... 9 [GO TO QUESTION J8]

[THE RESPONDENT ANSWERED MORE THAN \$50,000]

J6. Would you say that your total combined family income from all sources was less than \$100,000 or \$100,000 or more?

Less than \$100,000 1

\$100,000 or more... 2 [GO TO QUESTION J8]

DON'T KNOW..... 8 [GO TO QUESTION J8]

REFUSED..... 9 [GO TO QUESTION J8]

[THE RESPONDENT ANSWERED LESS THAN \$100,000]

J7. Would you say that your total combined family income from all sources was less than \$75,000 or \$75,000 or more?

Less than \$75,000 . 1

\$75,000 or more..... 2

DON'T KNOW..... 8

REFUSED..... 9

J8. Would you say that your total combined family income from all sources before taxes for 2009 was higher, lower, or the same as 2010?

Higher ..... 1

Lower ..... 2

Same ..... 3

DON'T KNOW..... 8

REFUSED..... 9

## **JOB**

The next questions are about your employment status.

J9. We would like to know about what you do --are you working now, looking for work, retired, keeping house, a student, or what?

WORKING NOW.....1

ONLY TEMPORARILY LAID OFF, SICK LEAVE OR  
MATERNITY LEAVE.....2

LOOKING FOR WORK OR UNEMPLOYED 3 [GO TO QUESTION J14]

RETIRED .....4 [GO TO QUESTION J14]

DISABLED, PERMANENTLY OR TEMPORARILY 5 [GO TO QUESTION  
J14]

KEEPING HOUSE .....6 [GO TO QUESTION J14]  
STUDENT .....7 [GO TO QUESTION J14]  
OTHER .....8 J19a. Specify: [FREE TEXT FIELD]  
[GO TO QUESTION J14]  
DON'T KNOW.....88 [GO TO QUESTION J14]  
REFUSED.....99 [GO TO QUESTION J14]

J10. What kind of business or industry do you work in? For example, fishing, retail shoe store, the state department of agriculture, plastics company or, farm.  
[FREE TEXT FIELD] Type of business  
DON'T KNOW..... 8  
REFUSED..... 9

J11. What kind of work are you doing? For example, farmer, mail clerk, computer specialist, machine operator, welder, mechanic, etc.  
[FREE TEXT FIELD] Type of work  
DON'T KNOW..... 8  
REFUSED..... 9

J12. What are your most important activities on this job? For example, selling cars, keeping account books, operating a printing press.  
[FREE TEXT FIELD] Duties  
DON'T KNOW..... 8  
REFUSED..... 9

J13. About how long have you worked for this employer in this occupation?  
|\_|\_|\_| Units  
Days ..... 1  
Weeks ..... 2  
Months ..... 3  
Years ..... 4  
DON'T KNOW.. 888  
REFUSED..... 999

### Longest Held Job

J14. Thinking of all the paid jobs you have ever had, what kind of work were you doing the longest? For example, electrical engineer, stock clerk, typist, farmer.  
[FREE TEXT FIELD] Occupation  
NEVER WORKED . 7 [GO TO SECTION K]  
DON'T KNOW..... 8 [GO TO SECTION K]  
REFUSED..... 9 [GO TO SECTION K]

J15. What kind of business or industry did you work in for the longest period of time as a [LONGEST OCCUPATION]? For example, fishing, retail shoe store, the state department of agriculture, plastics company, or farm.  
[FREE TEXT FIELD] Business/Industry

DON'T KNOW..... 8  
REFUSED..... 9

J16. What were your most important activities on this job or business? For example, selling cars, keeping account books, operating printing press.

[FREE TEXT FIELD] Duties

DON'T KNOW..... 8  
REFUSED..... 9

J17. About how long did you work at that job or business?

|\_|\_|\_| Units

Days..... 1  
Weeks..... 2  
Months ..... 3  
Years ..... 4  
DON'T KNOW.. 888  
REFUSED..... 999

### Employment in oil industry

[SKIP TO J18 IF ANY OF J9-J17 INDICATE EMPLOYMENT IN OIL INDUSTRY]

Jx. Did you ever work in the oil industry, including exploration, extraction, refining, transportation, or other jobs?

Yes..... 1  
No ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

Jx.1. Thinking about the job you held the longest in the oil industry, what kind of work did you do?

[FREE TEXT FIELD] Type of work

DON'T KNOW..... 8  
REFUSED..... 9

Jx.2. What were your most important activities on this job?

[FREE TEXT FIELD] Duties

DON'T KNOW..... 8  
REFUSED..... 9

Jx.3.. About how long did you work at this job?

|\_|\_|\_| Units

Days..... 1  
Weeks..... 2  
Months ..... 3  
Years ..... 4  
DON'T KNOW.. 888  
REFUSED..... 999

**Advanced Occupational Training**

J18. Have you received any training in handling hazardous materials, such as HAZWOPER training?

Yes..... 1  
No ..... 2 [GO TO SECTION K]  
DON'T KNOW..... 8 [GO TO SECTION K]  
REFUSED..... 9 [GO TO SECTION K]

J19. What type(s) or level(s) of training or certifications have you received?  
[INSERT TRAINING CATEGORIES HERE]

DON'T KNOW..... 8  
REFUSED..... 9

J20. Have you worked with any of the following materials?

Lead..... 1  
Asbestos ..... 2  
Radioactive Materials ..... 3  
Other? ..... 4 Please specify any additional materials: [FREE TEXT  
FIELD]  
DON'T KNOW..... 8  
REFUSED..... 9

**SECTION K – SCHEDULING**

[IF ELIGIBLE FOR ACTIVE COHORT, GO TO SECTION K1;  
IF ELIGIBLE FOR BIOMEDICAL SUBCOHORT, GO TO SECTION K2;  
IF ELIGIBLE FOR PASSIVE COHORT, GO TO SECTION K3]

**SECTION K1. STUDY REQUIREMENT FOR ACTIVE COHORT**

We really appreciate your participation and help so far. Based on your experiences since the oil spill, we invite you to continue in the next phase of the study. This next phase is even more important because your information will provide further insight into the possible health effects of the oil spill as well as how to handle future oil spill clean-up efforts. If you agree to take part, we'll send a member of our staff to your home for a study visit that takes about two and a half hours to complete. You'll receive a \$45 gift card for completing the home visit.

During the visit, you'll be asked to:

- have your blood pressure, height, weight, hips, and waist measured
- have your lung function tested [INTERVIEWER PROBE: By blowing hard into a tube]
- have a blood sample drawn and provide samples of urine, hair, and toenails
- complete a one-hour interview
- allow our staff to collect a dust sample from your home

Also, over the course of the study, we'll ask you to:

- update us each year on any changes to your contact information
- complete a short interview every other year by phone

Do you have any questions about this next phase of the study?

[IF YES, RESPOND TO CONCERNS BASED ON INFORMATION FROM THE FAQ, THEN  
READ SCRIPT BELOW; IF NO, READ SCRIPT BELOW.]

Are you willing to participate in this next phase of the study?

Yes..... 1 [GO TO SECTION K5]

No ..... 2 [GO TO SECTION K1a]

[IF PARTICIPANT AGREES TO PARTICIPATE, GO TO SECTION K5;  
IF PARTICIPANT ASKS FOR TIME TO CONSIDER, GO TO SECTION K4;  
IF NO AND A REASON IS GIVEN; GO TO SECTION K1a;  
IF NO AND A REASON IS NOT GIVEN; GO TO SECTION K1b]

**SECTION K1a.** I understand you said... [RESTATE REASON AND USE  
TELEPHONE INTERVIEW Q & A BENEFITS TO ATTEMPT A  
CONVERSION.] If you don't mind, I'd like to make a note of why you are  
choosing not to participate. This information will help us improve the GuLF  
Study.

[RECORD REASON]

Thank you for your time.

**SECTION K1b.** May I ask why you don't want to enroll at this time? This information will help us improve the GuLF Study.

[RECORD REASON]

Thank you for your time.

## **SECTION K2. STUDY REQUIREMENT FOR ACTIVE BIOMEDICAL SUBCOHORT**

We really appreciate your participation and help so far. Based on your experiences since the oil spill, we invite you to continue in the next phase of the study. This next phase is even more important because your information will provide insight to the impacts on the oil spill as well as how to handle future oil spill clean-up efforts. If you agree to take part, we'll send a member of our staff to your home for a study visit that takes about an hour and a half to complete. You will receive a \$45 gift card for completing the home visit.

During the visit, you will be asked to:

- have your blood pressure, height, weight, hips, and waist measured
- have your lung function tested [INTERVIEWER PROBE: By blowing hard into a tube]
- have a blood sample drawn and provide samples of urine, hair, toenails
- complete a one-hour interview
- allow our staff to collect a dust sample from your home

Over the course of the study, we will ask you to:

- update us each year on any changes to contact information
- complete a short interview every other year by phone

You may also be invited to take part in more detailed clinical studies with our research collaborators who live in your area. The purpose and requirements of these studies will be explained to you before you're enrolled, and you can decide whether or not you want to participate. You'll receive additional reimbursements for participating in these studies.

**Do you have any questions about the next phase of the study?**

Yes..... 1 [INTERVIEWER: RESPOND TO CONCERNS BASED ON INFORMATION IN THE FAQ]

No ..... 2 [INTERVIEWER: READ SCRIPT BELOW]

DON'T KNOW ..... 8 [INTERVIEWER: READ SCRIPT BELOW]

REFUSED ..... 9 [INTERVIEWER: READ SCRIPT BELOW]

**Are you willing to participate in this next phase of the study?**

Yes..... 1 [GO TO SECTION K5]

No ..... 2 [GO TO SECTION K2a]

DON'T KNOW ..... 8 [GO TO SECTION K2b]

REFUSED ..... 9 [GO TO SECTION K2b]

[IF PARTICIPANT ASKS FOR TIME TO CONSIDER, GO TO SECTION K4;  
IF YES, GO TO SECTION K5;  
IF NO AND A REASON IS GIVEN; GO TO SECTION K2a;

IF NO AND A REASON IS NOT GIVEN; GO TO SECTION K2b]

**SECTION K2a.** I understand you said... [RESTATE REASONS AND USE TELEPHONE INTERVIEW Q & A BENEFITS TO ATTEMPT A CONVERSION] If you don't mind, I'd like to make a note of why you are not continuing. This information will help us improve the GuLF Study.

[FREE TEXT FIELD] [RECORD REASON]

DON'T KNOW .....8

REFUSED .....9

Thank you for your time.

**SECTION K2b.** May I ask why you do not want to enroll at this time? This information will help us improve the GuLF Study. [RESTATE REASON AND USE TELEPHONE INTERVIEW Q & A BENEFITS TO ATTEMPT A CONVERSION.]

[FREE TEXT FIELD] [RECORD REASON]

DON'T KNOW .....8

REFUSED .....9

Thank you for your time.

### **SECTION K3 – PASSIVE COHORT**

Thank you for agreeing to take part in the study and for completing this interview.

In the next couple of weeks, we'll send you some information about the study in the mail. Each year you'll receive a study newsletter to keep you updated about study progress and findings of the study, as well as a request for updated contact information. If you have any questions about the study you may call a toll-free number to reach our study staff. That number is 1 855 NIH GuLF (644 4853). You may call Monday through Saturday between the hours of [9 AM and 9 PM] and Sunday between the hours of [12pm and 6pm] [CALL CENTER HOURS PRESENTED IN LOCAL TIME]. You can also visit our website at [STUDY WEBSITE ADDRESS].

Do you have any questions?

Yes..... 1 [RESPOND TO CONCERNS BASED ON INFORMATION FROM THE FAQ, THEN READ SCRIPT BELOW]

No ..... 2 [READ SCRIPT BELOW]

DON'T KNOW ..... 8 [READ SCRIPT BELOW]

REFUSED ..... 9 [READ SCRIPT BELOW]

[RESPONDENT'S NAME], I want to thank you again for taking part in the study. Please don't hesitate to contact us if you have any questions later.

### **SECTION K4 – SCHEDULE CALL TO CONFIRM PARTICIPATION**

We appreciate your willingness to consider taking part in the study. When may we call you back to speak to you about the study again?

[RECORD DATE AND TIME]

[INTERVIEWER: IF NO DATE/TIME SUGGESTED BY PARTICIPANT, SUGGEST 1 WEEK LATER AT THE SAME TIME]

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_ [MM/DD/YYYY]

Time: \_\_\_\_ : \_\_\_\_ AM/PM

HARD APPOINTMENT ..... 1

SOFT APPOINTMENT ..... 2

Thank you. We'll call you then. In the meantime, if you have any questions or would like to inform us of your decision earlier, let me give you our toll-free phone number to reach a member of our study staff who will be able to assist you. That number is 1 855 NIH GuLF (644 4853). You may call Monday through Saturday between the hours of [9 AM and 9 PM] and Sunday between the hours of [12pm and 6pm] [CALL CENTER HOURS PRESENTED IN LOCAL TIME].

#### **SECTION K5 – COORDINATE HOME VISIT SCHEDULING**

Thank you very much for agreeing to participate in the study. In the next few days, one of our staff members will contact you to schedule the home visit. To assist with the scheduling call, please let me know two days of the week and two times of the day that would work best for you to receive a scheduling call.

[RECORD DATES AND TIMES]

DAY OF WEEK 1: [DROP DOWN]

TIME OF DAY 1: \_\_\_\_/\_\_\_\_/ [AM/PM]

DAY OF WEEK 2: [DROP DOWN]

TIME OF DAY 2: \_\_\_\_/\_\_\_\_/ [AM/PM]

[RESPONDENT'S NAME], I really appreciate your time. If you have any questions or have any trouble scheduling your visit, let me give you our phone number to reach a member of our study staff who will be able to assist you. That toll-free number is 1 855 NIH GuLF (644 4853), and you may call Monday through Saturday between the hours of [9 AM and 9 PM] and Sunday between the hours of [12pm and 6pm] [CALL CENTER HOURS PRESENTED IN LOCAL TIME]. Again, thank you very much for your participation in the GuLF Study.

#### **SECTION K6 – REFUSAL TO PARTICIPATE**

[RESPONDENT'S NAME], I really appreciate your time. If you have any questions or concerns, let me give you our phone number to reach a member of our study staff who will be able to assist you. That toll-free number is 1 855 NIH GuLF (644 4853), and you may call Monday through Saturday between the hours of [9 AM and 9 PM] and Sunday between the hours of [12pm and 6pm] [CALL CENTER HOURS PRESENTED IN LOCAL TIME].

#### **SECTION K7 – INELIGIBLE**



[RESPONDENT'S NAME], I really appreciate your time. However, due to your age, you are ineligible to participate. Each state has a required minimum age for research participation. If you have any questions or concerns, let me give you our phone number to reach a member of our study staff who will be able to assist you. That toll-free number is 1 855 NIH GuLF (644 4853), and you may call Monday through Saturday between the hours of [9 AM and 9 PM] and Sunday between the hours of [12pm and 6pm] [CALL CENTER HOURS PRESENTED IN LOCAL TIME].