



A health study for oil spill clean-up workers and volunteers

Telephone Enrollment and Baseline Scripts and Questionnaires

OMB#0925-XXX
EXP:xx/xxxx

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**Part 1: Scripts – Pre-Telephone
Enrollment Questionnaire (Estimated
Burden: 2 minutes)**

SECTION A: Introduction**SECTION A.1: Initial Contact****SECTION A.1.a: Voicemail Script:**

Hello, this message is for [PARTICIPANT'S NAME] and I'm calling about the Gulf Long-term Follow-up Study (GuLF Study), sponsored by the National Institutes of Health. We would like to speak with you about participating in this important study. We will try to contact you again soon. Thank you.

[TERMINATE CALL]

SECTION A.1.b: Contact Script:

Hello, I'm calling about the Gulf Long-term Follow-up Study (GuLF Study), sponsored by the National Institutes of Health. May I please speak to [PARTICIPANT'S NAME]?

CODE ONE OF THE FOLLOWING 5:

1. PARTICIPANT MOVED → CONTACT SCRIPT QUESTION A2
2. PARTICIPANT DECEASED → SECTION B.1
3. PARTICIPANT INCAPACITATED → SECTION B.2
4. PARTICIPANT LANGUAGE → DIRECT TO BOX BELOW
5. PARTICIPANT TEMPORARILY NOT AVAILABLE → CONTINUE TO A1
6. PARTICIPANT PREVIOUSLY CONTACTED → GO TO A.5
7. CONTINUE WITH SURVEY → GO TO SECTION A.2

[INTERVIEWER: IF THE PARTICIPANT 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 PARTICIPANT'S LANGUAGE]

1. PARTICIPANT SPEAKS ENGLISH – CONTINUE
2. PARTICIPANT DOES NOT SPEAK ENGLISH – CALL BACK SCHEDULED, LANGUAGE FLAG SET
3. PARTICIPANT DOES NOT SPEAK ENGLISH – SOFT APPOINTMENT CALL BACK SCHEDULED, LANGUAGE FLAG SET
4. PARTICIPANT DOES NOT SPEAK ENGLISH AND REFUSES – HARD REFUSAL
5. PARTICIPANT IS UNABLE TO BE REACHED - REFER TO TRACING.

A1. I am sorry I missed [HIM/HER/NAME]. What is the best time to reach [HIM/HER/NAME]?

DATE 1: __/__/__ [MM/DD/YYYY] [CALENDAR]

TIME OF DAY 1: __/__/ [AM/PM]

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

[TERMINATE CALL]

[IF PARTICIPANT HAS DIFFERENT CONTACT INFORMATION
ACCORDING TO THE PERSON ANSWERING THE PHONE]

A2. It is important that we speak to [PARTICIPANT]. Do you have a telephone number or address where the [PARTICIPANT] may be reached?

Yes..... 1

No 2 [TERMINATE CALL]

DON'T KNOW..... 8 [TERMINATE CALL]

REFUSED..... 9 [TERMINATE CALL]

A2a. What is the phone number?

||_|_|_|_|_|_|_|_| TEN DIGIT #

DON'T KNOW 8

REFUSED 9

A2b. What is the address?

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: __/__/__/__/__/

DON'T KNOW 8

REFUSED 9

Thank you.

[TERMINATE CALL]

SECTION A.2: Introduction to the Study

[IF PARTICIPANT INITIALLY ANSWERED THE PHONE]

My name is [INTERVIEWER'S NAME]. The National Institutes of Health recently sent you a letter and brochure about the Gulf Long-term Follow-up Study (GuLF Study). I hope you received the letter.

Did you receive the study letter and brochure in the mail?

Yes..... 1

No 2

Are you in a place where you can talk on the phone and answer my questions?

Yes..... 1 [GO TO DID NOT RECEIVE MATERIALS OR CONTINUE TO ALL PARTICIPANTS, AS APPROPRIATE]

No 2

GO TO SECTION A.3 IF PARTICIPANT ASKS TO RESCHEDULE

I will attempt to contact you again soon. Thank you for your time.

[IF SOMEONE OTHER THAN THE PARTICIPANT INITIALLY ANSWERED THE PHONE]

Hello [PARTICIPANT'S NAME]. My name is [INTERVIEWER'S NAME]. I'm calling about the Gulf Long-term Follow-up Study (GuLF Study), sponsored by the National Institutes of Health. The National Institutes of Health recently sent you a letter and brochure about the Gulf Long-term Follow-up Study (GuLF Study). I hope you received the letter.

A.2.a.1. Did you receive the study letter and brochure in the mail?

Yes..... 1

No 2

Are you in a place where you can talk on the phone and answer my questions?

Yes..... 1 [GO TO DID NOT RECEIVE MATERIALS OR CONTINUE TO ALL PARTICIPANTS, AS APPROPRIATE]

No 2

GO TO SECTION A.3 IF PARTICIPANT ASKS TO RESCHEDULE

I will attempt to contact you again soon. Thank you for your time.

[IF PARTICIPANT DID NOT RECEIVE THE MATERIALS]

I would like to take a minute to tell you a little about this study. First, I would like to update your address so we can resend you the letter and study brochure.

A.2a. What is your mailing address?

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: ____/____/____/____/____/____/

REFUSED MAILING 8

REFUSED STUDY 9 [GO TO SECTION A.4]

[CONTINUE FOR ALL PARTICIPANTS]

The purpose of the GuLF Study is to learn more about any health effects of the oil spill. The study will include people who were involved in oil spill clean-up and others who did not do clean-up work. Findings from the study will identify health needs of people involved in oil spills and may change public health responses to similar disasters.

If you agree to participate, I will ask you questions about oil spill clean-up activities you may have done, your usual work, and your health. The telephone interview will take about 30 minutes.

I will also ask you to provide contact information and other information such as your birth date and Social Security Number that we can use to follow your health through available public health records like cancer registries and death certificates. If you agree to be in the GuLF Study, we will follow your health for at least 10 years.

Participation is voluntary. If you agree to answer the questions, you are giving consent to be part of the GuLF Study. Your privacy will be protected to the extent allowed by U.S. law. Data we collect may be shared with other qualified researchers, but your name and other information that can identify you will not be used in any study reports. You do not have to answer every question. If there is a question you don't want to answer, just let me know.

At the end of the telephone interview, you may be asked to be in a second part of the GuLF Study that includes a home visit and collects more health information. Agreeing to do the telephone interview **does not** mean you are agreeing to the second part of the study.

So, if I have your permission, I'll continue.

[INTERVIEWER: PAUSE FOR RESPONSE]

[IF YES CONTINUE TO BOX BELOW; IF PARTICIPANT ASKS TO RESCHEDULE CALL GO TO SECTION A.3; IF NO GO TO SECTION A.4]

DID THE PARTICIPANT REPORT RECEIVING THE MAILING?
[PROGRAMMER NOTE: PIPE IN RESPONSE FROM A.2.a.1] IF YES, READ SCRIPT BELOW; IF NO PROCEED TO PART 2, SECTION C:
BACKGROUND INFORMATION

Before we begin, did you have an opportunity to use the work history form that came with the letter and brochure you received?

Yes..... 1

No 2 [GO TO SECTION C]

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

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

Great! If you would like, please take a moment to locate the form as it may be helpful during the interview. [GO TO SECTION C].

SECTION A.3: Reschedule Enrollment Call

We appreciate your willingness to participate in the study. When might you have time for a 30-minute call?

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 schedule the interview, you can call the toll-free phone number 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]. The number is 1 855 NIH GuLF (1-855-644-4853). You can also find this information in the letter and brochure we sent.

[TERMINATE CALL]

SECTION A.4: Response to Refusals

[IF A REASON IS GIVEN FOR REFUSAL GO TO SECTION A.4.a;
IF A REASON IS NOT GIVEN FOR REFUSAL GO TO SECTION A.4.b]

SECTION A.4.a: 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 – FREE TEXT FIELD]

[IF CONVERSION ATTEMPT IS SUCCESSFUL GO TO PART 2:
QUESTIONNAIRE SECTION C: BACKGROUND INFORMATION]

Thank you.

[TERMINATE CALL]

SECTION A.4.b: 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 – FREE TEXT FIELD]

[IF CONVERSION ATTEMPT IS SUCCESSFUL GO TO PART 2:
QUESTIONNAIRE SECTION C: BACKGROUND INFORMATION]

Thank you.

[TERMINATE CALL]

SECTION A.5: Previously Contacted

[PARTICIPANT NAME], I apologize for the inconvenience. We thank you for speaking with us previously and if you have any questions or concerns please call the study hotline at 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]. Thank you.

[TERMINATE CALL]

SECTION B: Deceased or Incapacitated Participants**SECTION B.1: Apparently Deceased Subject**

I'm very sorry to hear that.

Would it be okay if I asked you a few questions about [PARTICIPANT'S NAME]? This will only take about 5 minutes. The information you provide will help us to identify health needs of people involved in oil spills and could change public health responses to similar disasters.

Yes.....1
No.....2 [GO TO B.1.c]
NEEDS TIME TO CONSIDER3 [GO TO B.1.e]
REFUSED.....9 [GO TO B.1.c]

SECTION B.1.a: Collection of information and confirmation of identity

Thank you for doing this. I understand that this may be difficult for you. If there is a question you don't want to answer, just let me know.

B1. Was [PARTICIPANT'S NAME] a male or female? [ASK ONLY IF UNKNOWN]

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

B2. Did he/she work 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
NO 2 [GO TO QUESTION B6]
DON'T KNOW..... 8 [GO TO QUESTION B6]
REFUSED..... 9 [GO TO QUESTION B6]

B3. What type of work did he/she did for the oil spill clean-up effort? I would like to know as much detail as you can provide.

[FREE TEXT]

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

B4. What is the approximate date when he/she started doing this work?

[PROGRAMMER NOTE: THIS DATE NEEDS TO BE ABLE TO CAPTURE ALL OR PARTIAL FIELDS]

MM/DD/YYYY [IF COMPLETE DATE, GO TO B5; IF DD IS UNKNOWN, GO TO B4a]

DON'T KNOW..... 8 [GO TO QUESTION B5]

REFUSED..... 9 [GO TO QUESTION B5]

B4a. Was it the beginning, middle, or end of the month?

Beginning 1

Middle 2

End..... 3

DON'T KNOW 8

REFUSED 9

B5. What is the approximate date when he/she stopped doing this work?

[PROGRAMMER NOTE: THIS DATE NEEDS TO BE ABLE TO CAPTURE ALL OR PARTIAL FIELDS; ALSO NEEDS TO BE ABLE TO CAPTURE DATE AND SELECT THAT WORK WAS NOT CONTINUOUS. IF NOT CONTINUOUS IS SELECTED THEN TEXT FIELD TO CAPTURE REASON, IF PROVIDED]
MM/DD/YYYY [IF COMPLETE DATE, GO TO B6; IF DD IS UNKNOWN, GO TO B5a]

NOT CONTINUOUS. 7 [TEXT FIELD FOR REASON]

DON'T KNOW..... 8 [GO TO QUESTION B6]

REFUSED..... 9 [GO TO QUESTION B6]

B5a. Was it the beginning, middle, or end of the month?

Beginning 1

Middle 2

End..... 3

DON'T KNOW 8

REFUSED..... 9

B6. What did he/she die of?

[FREE TEXT]

DON'T KNOW..... 8

REFUSED..... 9

B7. When did he/she die?

____/____/____ [MM/DD/YYYY]

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

REFUSED..... 99 99 9999

B8. What was his/her date of birth?

____/____/____ [MM/DD/YYYY]

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

REFUSED..... 99 99 9999

B9. Would you please confirm his/her full name, including middle initial? [SPELL FIRST, MI, THEN LAST NAME]

FIRST: _____ [FREE TEXT FIELD]

MI: _____[FREE TEXT FIELD]
LAST: _____[FREE TEXT FIELD]

B10. What was his/her address at the time that he/she died?

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: ____/____/____/____/____/

B11. [ASK ONLY IF B2 = 1; IF B2 = 2, 8, OR 9 GO TO B12]Did he/she live at this address while working on the oil spill?

Yes..... 1 [GO TO QUESTION B13]
No..... 2
DON'T KNOW..... 8
REFUSED..... 9

B11a. What was his/her address while working on the oil spill?

House number: _____[FREE TEXT FIELD]
Street name: _____[FREE TEXT FIELD]
Apartment number: _____[FREE TEXT FIELD]
City: _____[FREE TEXT FIELD]
State: _____[STATE DROP DOWN BOX] [GO TO QUESTION B13]
DON'T KNOW 8 [GO TO QUESTION B13]
REFUSED 9 [GO TO QUESTION B13]

B12. [ASK ONLY IF B2 = 2, 8, OR 9; IF B2 = 1 GO TO B13]Did he/she live at this address in the spring and summer of 2010?

Yes..... 1 [GO TO QUESTION B13]
No..... 2
DON'T KNOW..... 8
REFUSED..... 9

B12a. Where did they live at that time?

House number: _____[FREE TEXT FIELD]
Street name: _____[FREE TEXT FIELD]
Apartment number: _____[FREE TEXT FIELD]
City: _____[FREE TEXT FIELD]
State: _____[STATE DROP DOWN BOX]
DON'T KNOW 8
REFUSED 9

B13. Is there any other address that they may have given?

Yes..... 1

No..... 2 [GO TO QUESTION B14]
DON'T KNOW..... 8 [GO TO QUESTION B14]
REFUSED..... 9 [GO TO QUESTION B14]

B13a. What was it?

House number: _____ [FREE TEXT FIELD]

Street name: _____ [FREE TEXT FIELD]

Apartment number: _____ [FREE TEXT FIELD]

City: _____ [FREE TEXT FIELD]

State: _____ [STATE DROP DOWN BOX]

DON'T KNOW 8

REFUSED 9

B14. His/Her social security number will help us link to the correct health records for him/her and help us make sure we have the correct person in our files. Reporting his/her social security number is voluntary. We will not share this information with others and we will do everything possible to keep it private. What was his/her social security number?

___/___/___ - ___/___ - ___/___/___/___ [GO TO SECTION B.1.b]

DON'T HAVE 000 00 0000 [GO TO SECTION B.1.b]

DON'T KNOW 888 88 8888

REFUSED 999 99 9999

B14a. Would you be willing or able to tell me the last four digits of his/her social security number? The last four digits of his/her social security number are not unique to him/her. Other people have those same last four digits. However, it will help us do a better job of linking to his/her public health records.

Last 4 numbers of SSN - ____ _

DON'T HAVE 0000

DON'T KNOW 8888

REFUSED 9999

SECTION B.1.b: End of Call for Deceased Participants

B15. What was your relationship to him/her?
[PULL-DOWN MENU]

B16. Would you please tell me your name? [SPELL FIRST, MI, THEN LAST NAME]

FIRST: _____ [FREE TEXT FIELD]

MI: _____ [FREE TEXT FIELD]

LAST: _____ [FREE TEXT FIELD]

REFUSED 9

That is all of the questions I have for you. Thank you for taking the time to talk with me today.

B17. Do you have any questions for me?

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]

If you have any other questions about the study, you may call the toll-free number to reach a member of the study staff. That number is 1 855 NIH GuLF (644 4853). The phone will be answered Monday through Saturday between [9 AM and 9 PM] and Sunday between [noon and 6pm] [CALL CENTER HOURS PRESENTED IN LOCAL TIME]. You can also visit the website at www.nihgulfstudy.org.

Thank you again for talking with me. Again, I am sorry for your loss.

[TERMINATE CALL]

SECTION B.1.c: Response to Refusals

[IF A REASON IS GIVEN FOR REFUSAL GO TO SECTION B.1.c.1;
IF A REASON IS NOT GIVEN FOR REFUSAL GO TO SECTION B.1.c.2]

SECTION B.1.c.1. 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 – FREE TEXT FIELD]

[IF CONVERSION ATTEMPT IS SUCCESSFUL GO TO SECTION B.1.a; IF CONVERSION ATTEMPT IS UNSUCCESSFUL GO TO SECTION B.1.d]

SECTION B.1.c.2: May I ask why you do not want to answer any questions?

[INTERVIEWER: USE TELEPHONE INTERVIEW Q & A TO RESPOND TO REASON FOR REFUSAL BY STATING THE BENEFITS]

[RECORD REASON– FREE TEXT FIELD]

[IF CONVERSION ATTEMPT IS SUCCESSFUL GO TO SECTION B.1.a ; IF
CONVERSION ATTEMPT IS UNSUCCESSFUL GO TO SECTION B.1.d]

SECTION B.1.d. End of Call for Refusals

Thank you for your time. Again, I want to extend my condolences to you.

[TERMINATE CALL]

SECTION B.1.e: Reschedule Call

We appreciate your willingness to consider answering our questions. When might you have time for a 5 minute call?

DATE 1: __/__/__ [MM/DD/YYYY] [CALENDAR]

TIME OF DAY 1: __/__/ [AM/PM]

Thank you. We'll call you then. In the meantime, if you have any questions you can call the toll-free phone number 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]. The number is 1 855 NIH GuLF (1-855-644-4853).

Thank you for your time. Again, I want to extend my condolences to you.

SECTION B.2.: Apparently Incapacitated Subject

I'm very sorry to hear that.

Would it be okay if I asked you a few questions about [PARTICIPANT'S NAME]? This will take only 5 minutes. The information you provide will help us to identify health needs of people involved in oil spills and could change public health responses to similar disasters.

Yes.....1

No.....2 [GO TO B.2.c]

NEEDS TIME TO CONSIDER8 [GO TO B.2.e]

REFUSED.....9 [GO TO B.2.c]

SECTION B.2.a: Collection of Information and Confirmation of Identity

Thank you for doing this. I understand that this may be difficult for you. If there is a question you don't want to answer, just let me know.

B18. Is [PARTICIPANT'S NAME] a male or female? [ASK ONLY IF UNKNOWN]

Male 1
Female 2
DON'T KNOW 8
REFUSED 9

B19. Did he/she work 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
NO 2 [GO TO QUESTION B23]
DON'T KNOW 8 [GO TO QUESTION B23]
REFUSED 9 [GO TO QUESTION B23]

B20. What type of work did he/she did for the oil spill clean-up effort? I would like to know as much detail as you can provide.

[FREE TEXT]

DON'T KNOW 8
REFUSED 9

B21. What is the approximate date when he/she started doing this work?

[PROGRAMMER NOTE: THIS DATE NEEDS TO BE ABLE TO CAPTURE ALL OR PARTIAL FIELDS]

MM/DD/YYYY [IF COMPLETE DATE, GO TO B22; IF DD IS UNKNOWN, GO TO B21a]

DON'T KNOW 8 [GO TO QUESTION B22]
REFUSED 9 [GO TO QUESTION B22]

B21a. Was it the beginning, middle, or end of the month?

Beginning 1
Middle 2
End 3
DON'T KNOW 8
REFUSED 9

B22. What is the approximate date when he/she stopped doing this work?

[PROGRAMMER NOTE: THIS DATE NEEDS TO BE ABLE TO CAPTURE ALL OR PARTIAL FIELDS; ALSO NEEDS TO BE ABLE TO CAPTURE DATE AND SELECT THAT WORK WAS NOT CONTINUOUS. IF NOT CONTINUOUS IS SELECTED THEN TEXT FIELD TO CAPTURE REASON, IF PROVIDED]

MM/DD/YYYY [IF COMPLETE DATE, GO TO B23; IF DD IS UNKNOWN, GO TO B22a]

NOT CONTINUOUS. 7 [TEXT FIELD FOR REASON]
DON'T KNOW 8 [GO TO QUESTION B23]
REFUSED 9 [GO TO QUESTION B23]

B22a. Was it the beginning, middle, or end of the month?

Beginning 1
 Middle 2
 End..... 3
 DON'T KNOW 8
 REFUSED 9

B23. [INTERVIEWER: IF RESPONDENT HAS PROVIDED THE NATURE / CAUSE OF INCAPACITATION] "If you don't mind, I'd like a moment to make a note.

[FREE TEXT] [RECORD NATURE/CAUSE OF INCAPACITATION PROVIDED BY RESPONDENT]

[INTERVIEWER: IF THE RESPONDENT HAS NOT PROVIDED THE REASON OF PARTICIPANT INCAPACITATION]

"What is the cause of [PARTICIPANT'S NAME] incapacitation?

[FREE TEXT] [RECORD NATURE/CAUSE OF INCAPACITATION PROVIDED BY RESPONDENT]

DON'T KNOW 8
 REFUSED 9

B24. When did he/she [CAUSE OF INCAPACITATION, AS PROVIDED BY RESPONDENT, PARAPHRASED IF NECESSARY BY INTERVIEWER]?

____ / ____ / ____ [MM/DD/YYYY]

DON'T KNOW 88 88 8888

REFUSED 99 99 9999

B25. What is his/her date of birth?

____ / ____ / ____ [MM/DD/YYYY]

DON'T KNOW 88 88 8888

REFUSED 99 99 9999

B26. Would you please confirm his/her full name, including middle initial? [SPELL FIRST, MI, THEN LAST NAME]

FIRST: _____ [FREE TEXT FIELD]

MI: _____ [FREE TEXT FIELD]

LAST: _____ [FREE TEXT FIELD]

B27. What is his/her address?

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: ____ / ____ / ____ / ____ / ____ / ____

DON'T KNOW 8

REFUSED..... 9

B28. [ASK ONLY IF B19 = 1; IF B19 = 2, 8, OR 9 GO TO B29] Did he/she live at this address while working on the oil spill?

Yes..... 1 [GO TO QUESTION B30]

No..... 2

DON'T KNOW..... 8

REFUSED..... 9

B28a. What was his/her address while working on the oil spill?

House number: _____ [FREE TEXT FIELD]

Street name: _____ [FREE TEXT FIELD]

Apartment number: _____ [FREE TEXT FIELD]

City: _____ [FREE TEXT FIELD]

State: _____ [STATE DROP DOWN BOX] [GO TO QUESTION B30]

DON'T KNOW 8 [GO TO QUESTION B30]

REFUSED 9 [GO TO QUESTION B30]

B29. [ASK ONLY IF B19 = 2, 8, OR 9; IF B19 = 1 GO TO B30] Did he/she live at this address in the spring and summer of 2010?

Yes..... 1 [GO TO QUESTION B30]

No..... 2

DON'T KNOW..... 8

REFUSED..... 9

B29a. Where did they live at that time?

House number: _____ [FREE TEXT FIELD]

Street name: _____ [FREE TEXT FIELD]

Apartment number: _____ [FREE TEXT FIELD]

City: _____ [FREE TEXT FIELD]

State: _____ [STATE DROP DOWN BOX]

DON'T KNOW 8

REFUSED 9

B30. Is there any other address that they may have given?

Yes..... 1

No..... 2 [GO TO QUESTION B31]

DON'T KNOW..... 8 [GO TO QUESTION B31]

REFUSED..... 9 [GO TO QUESTION B31]

B30a. What was it?

House number: _____ [FREE TEXT FIELD]

Street name: _____ [FREE TEXT FIELD]

Apartment number: _____ [FREE TEXT FIELD]

City: _____ [FREE TEXT FIELD]

State: _____ [STATE DROP DOWN BOX]
DON'T KNOW 8
REFUSED 9

B31. His/Her social security number will help us link to the correct health records for him/her. Reporting his/her social security number is voluntary. We will not share this information with others and we will do everything possible to keep it private. What is his/her social security number?

___/___/___ - ___/___ - ___/___/___/___ [GO TO SECTION B.2.b]
DON'T HAVE 000 00 0000 [GO TO SECTION B.2.b]
DON'T KNOW 888 88 8888
REFUSED 999 99 9999

B31a. Would you be willing or able to tell me the last four digits of his/her social security number? The last four digits of his/her social security number are not unique to him/her. Other people have those same last four digits. However, it will help us do a better job of linking to his/her public health records.

Last 4 numbers of SSN - ____ _ _ _
DON'T HAVE 0
DON'T KNOW 8
REFUSED 9

SECTION B.2.b: End of Call for Incapacitated Participants

B32. What is your relationship to him/her?
[PULL-DOWN MENU]

B33. Would you please tell me your name? [SPELL FIRST, MI, THEN LAST NAME]

FIRST: _____ [FREE TEXT FIELD]
MI: _____ [FREE TEXT FIELD]
LAST: _____ [FREE TEXT FIELD]
REFUSED 9

That is all of the questions I have for you. Thank you for taking the time to talk with me today.

B34. Do you have any questions for me?

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]

If you have any other questions about the study, you may call the toll-free number to reach a member of the study staff. That number is 1 855 NIH GuLF (644 4853). The phone will be answered Monday through Saturday between [9 AM and 9 PM] and Sunday between [noon and 6pm] [CALL CENTER HOURS PRESENTED IN LOCAL TIME]. You can also visit our website at www.nihgulfstudy.org.

Thank you again for talking with me. Please don't hesitate to contact us if you have any questions later. Again, I am sorry to hear about what happened to [PARTICIPANT'S NAME].

[TERMINATE CALL]

SECTION B.2.c: Response to Refusals

[IF A REASON IS GIVEN FOR REFUSAL GO TO SECTION B.2.c.1;
IF A REASON IS NOT GIVEN FOR REFUSAL GO TO SECTION B.2.c.2]

SECTION B.2.c.1: 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 – FREE TEXT FIELD]

[IF CONVERSION ATTEMPT IS SUCCESSFUL GO TO SECTION B.2.a; IF
CONVERSION ATTEMPT IS UNSUCCESSFUL GO TO SECTION B.2.d]

SECTION B.2.c.2: May I ask why you do not want to answer any questions?

[INTERVIEWER: USE TELEPHONE INTERVIEW Q & A TO RESPOND TO
REASON FOR REFUSAL BY STATING THE BENEFITS]

[RECORD REASON– FREE TEXT FIELD]

[IF CONVERSION ATTEMPT IS SUCCESSFUL GO TO SECTION B.2.a; IF
CONVERSION ATTEMPT IS UNSUCCESSFUL GO TO SECTION B.2.d]

SECTION B.2.d. End of Call for Refusals

Thank you for your time. Again, I am sorry to hear about what happened to [PARTICIPANT'S NAME].

[TERMINATE CALL]

SECTION B.2.e: Reschedule Call

We appreciate your willingness to consider answering our questions. When might you have time for a 5 minute call?

DATE 1: __/__/__ [MM/DD/YYYY] [CALENDAR]

TIME OF DAY 1: __/__/ [AM/PM]

Thank you. We'll call you then. In the meantime, if you have any questions you can call the toll-free phone number 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]. The number is 1 855 NIH GuLF (1-855-644-4853).

Thank you for your time.

**Part 2: Telephone Enrollment
Questionnaire (Estimated Burden:
Shortest Path = 30 minutes; Longest
Path = 50 minutes)**

SECTION C: Background Information

Thank you for agreeing to take part in the study. Let's get started.

C1. What is your date of birth?

____/____/____ [MM/DD/YYYY]

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

REFUSED..... 99 99 9999

[IF AGE INELIGIBLE, GO TO SECTION L.9]

I would like to make sure we have the right contact information for you.

[INTERVIEWER: REFER TO FAQ IF PARTICIPANT ASKS HOW NAME WAS OBTAINED]

C2. Is your name [SPELL FIRST, MI, THEN LAST NAME]?

FIRST: _____ [FREE TEXT FIELD]

MI: _____ [FREE TEXT FIELD]

LAST: _____ [FREE TEXT FIELD]

C3. What is your current address? I would like to know the physical location of this address – not a post-office box or rural route number.

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: ____/____/____/____/____/

C4. Did you live at this address while you were working on the oil spill?

Yes..... 1 [GO TO C5]

No..... 2

DON'T KNOW..... 8 [GO TO C5]

REFUSED..... 9 [GO TO C5]

C4a. What was your address while working on the oil spill? I would like to know the physical location of this address – not a post-office box or rural route number.

House number: _____ [FREE TEXT FIELD]

Street name: _____ [FREE TEXT FIELD]

Apartment number: _____ [FREE TEXT FIELD]

City: _____ [FREE TEXT FIELD]

State: _____ [STATE DROP DOWN BOX]

DON'T KNOW..... 8

REFUSED..... 9

C5. Do you expect to be at this address for the next 3 months?

Yes..... 1 [GO TO C6]

No..... 2

DON'T KNOW..... 8

REFUSED..... 9 [GO TO C6]

C5a. What address do you expect to be at 3 months from now?

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: ____/____/____/____/____/

DON'T KNOW..... 8

REFUSED..... 9

C6. [IF QUESTION A.2a = 1, GO TO QUESTION C7] Is your mailing address different from your current address?

Yes..... 1

No..... 2 [GO TO C7]

DON'T KNOW..... 8 [GO TO C7]

REFUSED..... 9 [GO TO C7]

C6a. What is your mailing address?

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: ____/____/____/____/____/

DON'T KNOW..... 8

REFUSED..... 9

C7. What is your email address? [INTERVIEWER: READ BACK FOR ACCURACY]

[FREE TEXT FIELD] EMAIL

DON'T HAVE..... 7

DON'T KNOW..... 8

REFUSED..... 9

C8. May I have contact information for a person would know how to reach you should we have difficulty contacting you in the future?

C8a. Relationship [DROP DOWN BOX]

DON'T KNOW..... 8

REFUSED..... 9

C8b. Name _____ [FREE TEXT FIELD]

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

C8c. Phone Number |_|_|_|_|_|_|_|_|_|_| TEN DIGIT #

DON'T KNOW..... 8

REFUSED..... 9

C8d. Street Address

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: ____/____/____/____/____/

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

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

C8d.1. Is this also their mailing address?

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

No 2

DON'T KNOW 8 [GO TO SECTION D]

REFUSED 9 [GO TO SECTION D]

C8d.2. What is their mailing address?

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: ____/____/____/____/____/

DON'T KNOW 8 [GO TO SECTION D]

REFUSED 9 [GO TO SECTION D]

SECTION D: Demographic Measures

Next, I will ask you some background questions.

D1. Are you male or female? [ASK ONLY IF UNKNOWN OR UNCERTAIN]

Male 1

Female 2

DON'T KNOW 8

REFUSED 9

D2. 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

D3. Were you born in the United States?

Yes 1 [GO TO QUESTION D4]

No 2

DON'T KNOW 8

REFUSED 9

D3a. What country were you born in?

_____ [FREE TEXT FIELD]

DON'T KNOW 8

REFUSED 9

D3b. How old were you when you came to the United States?

I _ _ I AGE

DON'T KNOW 88

REFUSED 99

D4. What race do you consider yourself to be? Please select one or more of these categories:

[NOTE TO INTERVIEWER: READ CHOICES 1-5, PROBE AND RECORD OTHER IF NECESSARY, SELECT ALL THAT APPLY]

American Indian

or Alaskan Native 1

Asian 2

Black or African American 3

Native Hawaiian

or Pacific Islander 4

White..... 5

[NOTE TO INTERVIEWER: Do not read the choices below but use to probe for another race if necessary]

OTHER 6 D4.1 Specify _____

DON'T KNOW..... 8 [GO TO QUESTION D4]

REFUSED..... 9 [GO TO QUESTION D4]

D4a. Where was your biological mother born?

In the United States..... 1 - Print name of state [_____]

Outside the United States.. 2 - Print U.S. Territory (e.g., Puerto Rico, U.S. Virgin Islands, Guam) or name of foreign country etc. [_____]

DON'T KNOW 8

REFUSED 9

D4b. Where was your biological father born?

In the United States..... 1 - Print name of state [_____]

Outside the United States.. 2 - Print U.S. Territory (e.g., Puerto Rico, U.S. Virgin Islands, Guam) or name of foreign country etc. [_____]

DON'T KNOW 8

REFUSED 9

[IF D4=2 (Asian), ELSE SKIP TO D5]

E4c. You had selected your race to be Asian. Are you Vietnamese, Chinese, Laoatian, Thai, Cambodian, or what?

VIETNAM 1

CAMBODIA..... 2

LAOS 3

SAMOA 4

PACIFIC ISLANDS..... 5 D4b.1 Specify _____

CHINA 6

PHILIPINES 7

JAPAN 8

KOREA..... 9

OTHER..... 10 D4b.2 Specify _____

DON'T KNOW 88

REFUSED 99

D5. 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 ST GRADE	1
2 ND GRADE	2
3 RD GRADE	3
4 TH GRADE	4
5 TH GRADE	5
6 TH GRADE	6
7 TH GRADE	7
8 TH GRADE	8
9 TH GRADE	9
10 TH GRADE	10
11 TH GRADE	11
12 TH 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

D6. 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

D7. How many children under 18 years of age usually live in your home?

____ Number of children	
NONE	00
DON'T KNOW	88
REFUSED	99

SECTION E: Clean-up Related Tasks and Exposures During Clean-up

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

E0. Not counting any days you may have spent in training, did you work at least one day since April 20, 2010 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 [GO TO E1]

NO 2

DON'T KNOW..... 8 [GO TO E1]

REFUSED..... 9 [GO TO SECTION L.6]

If subject listed on PEC or other training list. Else E1.

Ex. Why did you not work on the clean-up after completing your training?

DID NOT COMPLETE THE TRAINING 1

WAS NOT HIRED FOR HEALTH REASONS 2

..... SPECIFY: _____ [FREE TEXT FIELD]

COULD NOT WORK FOR HEALTH REASONS..... 3

..... SPECIFY: _____ [FREE TEXT FIELD]

FOUND OTHER WORK FIRST 4

WAS TOLD ONLY THAT NOT NEEDED..... 5

MOVED AWAY (FOR REASONS OTHER THAN THOSE ABOVE) 6

OTHER 7

..... SPECIFY: _____ [FREE TEXT FIELD]

DON'T KNOW..... 8

REFUSED..... 9 [GO TO SECTION

E1. Are you currently working on the oil spill clean-up effort?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

E2. Who do/did you get your paycheck from:

[INTERVIEWER: READ LIST; CHECK ALL THAT APPLY]

	YES	NO	DK	RE
E2a. A contractor to BP	1	2	8	9
E2b. BP	1	2	8	9
E2c. A town, city, parish or county, or state	1	2	8	9
E2d. The federal government	1	2	8	9
E2e. Did not get a pay check (volunteer)	1	2	8	9
E2f. Or something else	1	2	8	9

E2f1. Specify _____

[IF E2a=1 or 8, else E3]

E2a1. What is/was the name of the contractor_____

[PROGRAMMER: HAVE DROP DOWN MENU THAT ADDS AS GOES ALONG]

E3. Did you work...

	YES	NO	DK	RE
E3a. On a boat, ship, barge, rig or platform ship or other vessel?	1	2	8	9
E3b. In shallow water, where you could see the shore?		1	2	8
		9		
E3c. On land	1	2	8	9
E3d. In an aircraft?	1	2	8	9

BOOMS

My next questions are about booms. A boom was used to contain or absorb oil and oil products floating on the surface of the water. This does not include fire booms used when burning oil but it does include other oil absorbent material such as oil rags and spaghetti or pompom booms.

E4. Did you handle booms or boom equipment?

Yes..... 1

No.....2 [GO TO E12a]

DON'T KNOW..... 8

REFUSED..... 9

[If E3a or 3b=1, else go to E7]

[HANDLED BOOMS FROM SHIPS OR BOATS]

E5.Did the vessel you were on put out, move, or inspect booms on the water?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

[HANDLED OILY BOOMS FROM A BOAT]

[Note to programmer: If E5=1 and E6=1, [HANDLED OILY BOOMS ON THE BOAT] overrides E5 and E6 in the matrix in E58]

E6. Did you personally handle oily booms by moving them or bringing them onto the boat or other vessel from the water?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

E6a. What kinds of booms were these?

YES NO DK RE

HARD BOOMS	1	2	8	9
SNARE BOOMS	1	2	8	9
POMPOMS	1	2	8	9
SPAGHETTI	1	2	8	9
SAUSAGE	1	2	8	9
OTHER: _____	1	2	8	9

[If E3b=1, ELSE GO TO E9]

[PUT OUT BOOMS STANDING IN SHALLOW WATER]

E7. Did you put out booms, move, or inspect booms in shallow water when standing in oily water?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

[Note to programmer: If E7=1 and E8=1, [HANDLED OILY BOOMS STANDING IN SHALLOW WATER] overrides E7 and E8 in the matrix in E58]

[HANDLED OILY BOOMS IN SHALLOW WATER]

E8. Did you bring in oily booms by standing in water near the shore?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

If E3c=1, else go to E11

[HELD OR CARRIED OILY BOOMS ON SHORE]

E9. Did you hold or carry by hand, oily booms or boom equipment?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

[REPAIRED OILY BOOMS]

E11. Did you repair or otherwise handle oily booms?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

BOAT, SHIP OR RIG

If E3a =1, else go to E18

My next questions deal with your work on a boat, ship, rig or platform ship, or other vessel only for the cleanup operations.

E12a. As part of your oil spill clean-up work, have you worked on / did you work on... [CHECK ALL THAT APPLY] NOTE TO PROGRAMMER: FOR PURPOSES OF THE MATRIX, IF 12a4 = 1, USE FOR THE TERMS IN THE MATRIX "WHEN YOU WORKED ON THE OTHER VESSEL" UNLESS OVERRIDDEN BY TASK/LOCATION-SPECIFIC QUESTION.]

	YES	NO	DK	RE	
E12a1. A boat or ship		1	2	8	9
E12a2. A barge	1	2	8	9	
E12a3. A rig or platform ship	1	2	8	9	
E12a4. Other vessel		1	2	8	9

Describe: _____

If E12a1=1 OR E12a3=1, ELSE GO TO E14

[WORKED ON A RIG OR PLATFORM SHIP]

D12b. Did you work on the:

	YES	NO	DK	RE
E12b1) Enterprise	1	2	8	9
E12b2) Q4000	1	2	8	9
E12b3) DD2	1	2	8	9
E12b4) DD3	1	2	8	9

[NOTE TO PROGRAMMER: Below are a series of questions with some duplication. There are two general types: location/vessel where the subject worked (questions 13-15) and tasks the subject did (question 16). Tasks take precedence over location/vessel for fill-in verbiage in the matrix when task = 1 for that location/vessel.

However, for efficiency, some questions are combined into one set of matrix questions. Those are indicated]

E13a. While on the rig or platform ship, did you ever work in:

YES NO DK RE

[WORKED IN THE MOON POOL AREA]

[Note to programmer: If E13a1=1, *[WORKED IN THE MOON POOL AREA]* overrides *[WORKED ON A RIG OR PLATFORM SHIP]* in the matrix in E58.]

E13a1) the immediate area of the moon pool? 1 2 8 9

[WORKED IN THE DRILLING AREA]

[Note to programmer: If E13a2=1, *[WORKED IN THE DRILLING AREA]* overrides *[WORKED ON A RIG OR PLATFORM SHIP]* in the matrix in E58.]

E13a2) the drilling area? 1 2 8 9

If E13a1) or E13a2)=1, else go to E14)

E13a3) The drilling control room? 1 2 8 9

If E12a1=1, else go to E15

YES NO DK RE

Did you work on a boat or ship that:

[WORKED ON A SUPPLY BOAT]

E14a. Supplied fuel, chemicals, or equipment or transferred personnel

1 2 8 9

If E14a=1, else go to E14c.

E14b1. Was this supplying fuel? 1 2 8 9

E14b2. Was this supplying equipment or personnel? 1 2 8 9

[WORKED ON A BOAT OR SHIP THAT LOOKED FOR OIL]

E14c. Did you work on a boat or ship that looked for spilled oil or oil byproducts?

1 2 8 9

[WORKED ON A BOAT OR SHIP NEAR THE WELLHEAD]

E14d. Did you work on a boat or ship within sight of the wellhead area or worked in the hot zone?

1 2 8 9

[WORKED ON A BOAT OR SHIP THAT SKIMMED]

[Note to programmer: If E14c and E14e=1, *[WORKED ON A BOAT OR SHIP THAT LOOKED FOR AND SKIMMED OIL]* overrides E14c and E14e in the matrix in E58]

E14e. Did you work on a boat or ship that skimmed the water for oil?

1 2 8 9

[WORKED ON A BOAT OR SHIP INVOLVED IN BURNING THE OIL]

E14f. That burned or helped in the burning of the oil on water

1 2 8 9

[WORKED ON A BOAT OR SHIP THAT CARRIED OIL OR OILY WATER]

E14g. That carried crude oil or oily water to a barge or ship or to the shore

1 2 8 9

[WORKED ON A BOAT THAT PATROLLED THE SHORELINE]

E14h. That patrolled the beach, marshes and/or bayous for oil, oily water, tar balls or mats or animals?

1 2 8 9

[WORKED ON A BOAT OR SHIP THAT INJECTED DISPERSANT BELOW THE WATER SURFACE]

E14i. That injected dispersant below the water surface? Dispersant is the chemical used to break up the oil in the water.

1 2 8 9

[WORKED ON A BOAT OR SHIP THAT SPRAYED DISPERSANT ON THE WATER]

E14j. That sprayed dispersant onto the water?

1 2 8 9

[WORKED ON A BOAT OR SHIP THAT DECONNED OTHER VESSELS]

E14k. That deconned other vessels?

1 2 8 9

E14l. Were you on a boat or ship while it was being deconned by other workers?

1 2 8 9

If E12a2=1, else go to E16

[WORKED ON A BARGE]

E15a. What did the barge you worked on carry?:

YES NO DK RE

1) Gasoline

1 2 8 9

2) Diesel

1 2 8 9

3) Crude oil or oily water

1 2 8 9

4) Methanol

1 2 8 9

5) Anything else?

1 2 8 9

Describe _____

[WORKED ON A BARGE THAT DECONNED OTHER VESSELS]

[NOTE TO PROGRAMMER: if E15b=1, [WORKED ON A BARGE THAT DECONNED OTHER VESSELS] overrides E15a for matrix.]

E15b. Did the barge decon other vessels?

1 2 8 9

If E12a1, E12a2, E12a3, or E12a4=1, else go to E17.

E16. Did you personally:

YES NO DK RE

If E14k=1 or if E15b=1, else E16b

[DECONNED OTHER VESSELS]

[if E16a=yes, overrides E14k and E15b in the matrix]

E16a. Decon other vessels offshore

1 2 8 9

If E14e=1, else E16c.

[SKIMMED OR HELPED WITH SKIMMING]

[If E16b=yes, overrides E14e in the matrix]

E16b. Skim or help in the skimming?

1 2 8 9

If E14i or 14j, else E16g

[PREPARED DISPERSANT]

E16c. Prepare the dispersant?

1 2 8 9

[INJECTED OR PUMPED DISPERSANT INTO THE WATER]

[If E16d=yes, overrides E14i in the matrix]

E16d. Did you inject or pump dispersant into the water at the wellhead?

1 2 8 9

[INJECTED OR PUMPED DISPERSANT JUST BELOW THE WATER SURFACE]

[If E16x=yes, overrides E14i in the matrix]

E16x. Did you inject or pump dispersant just below the water surface?

1 2 8 9

[SPRAYED DISPERSANT]

[If E16e=yes, overrides E14j in the matrix]

E16e. Spray or help spray dispersant onto the water?

1 2 8 9

[WORKED OUTSIDE WHILE DISPERSANT WAS BEING SPRAYED]

E16f. Work outside, for example on a deck, while dispersant was being sprayed by someone on the [PROGRAMMER: fill in E12a1, E12a2, E12a3 or E12a4=1]?

1 2 8 9

[WORKED OUTSIDE WHILE DISPERSANT WAS BEING SPRAYED BY A PLANE]

E16y. Work outside while dispersant was being sprayed nearby by a plane?

1 2 8 9

[WORKED ON OR MAINTAINED PUMPS]

E16g. Work on or maintain the pumps or tanks containing

if E14i or E14j), else E16g2

E16g1) Dispersant?

1 2 8 9

E16g2) Gasoline

1 2 8 9

E16g3) Diesel

1 2 8 9

If E12a3=1 or E14e=1 or E14g=1 or E15a3=1, else go to E16g5

E16g4) Oil or oily water?

1 2 8 9

If E12b1 or E12b2)=1 or E15a4)=1, else go to E16g6

E16g5) Methanol

E16g6) Anything else?

1 2 8 9

Specify _____

[HANDLED OR PUMPED MATERIALS]

E16h. Did you handle or pump:

if E14i or E14j, else E16h2

E16h1) The dispersant?

1 2 8 9

E16h2) Gasoline

1 2 8 9

E16h3) Diesel

1 2 8 9

If E12a3=1 or E14e=1 or E14g=1 or E15a3=1, else go to E16h5

E16h4) Crude oil or oily water 1 2 8 9

If E12b1 or E12b2)=1 or E15a4)=1, else go to E16h6

E16h5) Methanol

E16h6) Anything else 1 2 8 9.

Specify _____

[CONNECTED OR DISCONNECTED TRANSFER HOSES OR LINES]

E16i. Did you connect or disconnect hoses or lines used to transfer:

if E14i or 14j, else E16i2

E16i1) The dispersant 1 2 8 9

E16i2) Gasoline 1 2 8 9

E16i3) Diesel 1 2 8 9

If E12a3=1 or E14e=1 or E14g=1 or E15a3=1, else go to E16i5

E16i4) Crude oil or oily water 1 2 8 9

If E12b1 or E12b2)=1 or E15a4)=1, else go to E16i6

E16i5) Methanol 1 2 8 9

E16i6) Anything else

Specify _____

[TAKE AN OIL OR OILY WATER SAMPLE]

E16l. Take an oil or oily water sample from the cargo tank? 1 2 8 9

E16l2. Did you take the sample through

a hatch or manhole or by opening a valve or spigot?

HATCH/MANHOLE 1 2 8 9

VALVE OR SPIGOT 1 2 8 9

[CLEANED POOLS OF OIL]

E16m. Clean up pools of oil? 1 2 8 9

E17. When working on a vessel, what best describes your time spent inside, such as on the bridge, or in the engine room or galley, compared to being outside the vessel, such as on a deck? Please think of a full 24-hour day. Was it...

>90% indoors vs <10% on a deck

75% indoors vs 25 % on a deck

50% indoors vs 50% on a deck

25% indoors vs 75% on a deck

<10% indoors vs >90% on a deck

If E3b or E3c=1, else go to E29

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 E3b=1 and E12a1=1, else go to E23

[PATROLLED THE SHORELINE TO SEARCH FOR OIL]

E18. Did you patrol the beach, marshes or bayous in a small boat to search for oil or oily animals?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

[PRESSURE WASHED ROCKS, JETTIES AND SHORELINE STRUCTURES]

E19. Did you work on a boat that pressure washed sea walls, rocks, jetties or other shoreline structures?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED 9

[HELPED BURN OILY GRASS IN MARSHY AREAS]

E20. Were you involved in burning oily grass in marshy areas or bayous?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED 9

E21. While working on the clean-up, did you work on land at the beach or in marshes or bayous?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

[USED ABSORBENT MATERIAL TO SOAK UP OIL]

E22. Did you soak up the oil or oily material by hand with pompoms, absorbent booms or diaper like material while on a shallow draft air or jon boat [if E21=1] or on land?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

If E21=1, else E29

[WORKED ON THE BEACH]

[Use WORKED ON THE BEACH in the matrix if E23, E24, or E25=1]

E23. Did you patrol the beach, marshes or bayous on foot to search for oil or oily animals?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

[SEARCHED FOR OIL UNDER THE SAND OR WATER]

E24. Did you use an auger or other handheld or bucket-like tool to search for oil under the sand or water?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

[OPERATED OR WORKED NEAR MOVING EQUIPMENT]

E25. While on the beach, did you operate or work within 20 feet of vacuum trucks, vacuum pumps, front end loaders, bobcats, portable skimmers or sifters, or sand shakers or washers?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

I'm now going to ask about cleaning up 1) tar balls, patties or mats; 2) oily plants and garbage; 3) oil and oily sand; and 4) rocks. [Interviewer: don't say 1, 2, 3 and 4, but pause after each one] First,

[CLEANED THE BEACH should be used in the matrix for questions E58-E60 if E26 or E27 or E28=1;

CLEANED THE BEACH OF TAR BALLS, PATTIES OR MATS should be used in the matrix for questions E60a and E60b if E26=1]

E26. Did you remove tar balls, patties or mats using shovels, rakes, buckets, or other hand tools from the beach, bayous, or marshy areas?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

[CUT AND COLLECTED OILY PLANTS should be used in the matrix for questions D60a and D60b if D27=1]

E27. Did you cut, collect or stuff oily plants, sargassum weed or grass, or garbage into bags or containers for disposal?

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

[COLLECTED OIL OR OILY SAND should be used in the matrix for questions E60a and E60b if E28=1]

E28. Did you remove oil or oily sand from the beach, bayous or marshy areas by hand, shovels, rakes, wheelbarrows or other tools?

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

[FUELED BOATS OR EQUIPMENT {WITH GASOLINE (IF E29a=1)} {WITH DIESEL (IF E29b=1)}. If both E29a and E29b=1 then use just FUELED BOATS OR EQUIPMENT]

E29. Did you fuel boats or equipment with gasoline or diesel fuel?

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

If E29=1, else E30	YES	NO	DK	RE
E29a. Did you pump gasoline?	1	2	8	9
E29b. ...Diesel fuel?	1	2	8	9

E30. After collecting the oil and oily materials, the oil and materials were removed from a boat or the beach area and taken to a site away from the cleanup operation in trucks. Were you involved after the collection of oil and oil materials, in:

	YES	NO	DK	RE
<i>[COLLECTED OIL FOR TRANSPORT</i>				
E30a. collecting bags of oily material or transporting them from the beach?	1	2	8	9
<i>[STORED OILY MATERIAL]</i>				
E30b. storing the material on a site distant from the beach?	1	2	8	9
<i>[RECYCLED OILY MATERIAL]</i>				
E30c. recycling the material?	1	2	8	9
<i>[DISPOSED OF OILY MATERIAL]</i>				
E30d. disposing of the material?	1	2	8	9

DECONTAMINATION

E31. Did you clean or decon or help clean or decon:

YES NO DK RE

[DECONNED VESSELS, EQUIPMENT AND/OR PERSONNEL ON LAND]

[Use DECONNED VESSELS, EQUIPMENT AND/OR PERSONNEL ON LAND in the matrix if E31a or E31c, E31d, E31e, E31f or E31g=1. If E31b=1 use DECONNED VESSELS OFFSHORE in the matrix.]

E31a. Boats, ships, barges or other vessels on land in a decon area?

1 2 8 9

[DECONNED VESSELS OFFSHORE]

E31b. Boats ships, barges or other vessels offshore? 1 2 8 9

E31c. Equipment or structures, such as wood deck boards, from boats, ships, barges or other vessels? 1 2 8 9

E31d. Mobile land equipment, such as vacuum trucks, tractors, sifters, bobcats, UTVs, ATVs and other moving equipment? 1 2 8 9

E31e. Booms 1 2 8 9

E31f. Small equipment such as rakes, hoses, and tools? 1 2 8 9

E31g. Other workers? 1 2 8 9

[IF E31a, E31b, E31c, E31d, E31e or E31f=1, 8, OR 9, CONTINUE. ELSE GO TO E36]

I'm now going to ask about spraying water and chemicals on boats or equipment for cleaning. There were 2 types of spraying: low pressure and high pressure. Low pressure used a garden-like hose or a sprayer with a handheld wand and small tank while high pressure used compressed air to spray.

*[CLEANED BOATS OR EQUIPMENT WITH A LOW PRESSURE SPRAYER]**[If E32=1, override in the matrix [DECONNED VESSELS, EQUIPMENT AND/OR PERSONNEL ON LAND] in E31]*

E32. Did you clean or help clean the oil off boats, ships, barges or other vessels [if E31a or E31b=1] or equipment [if E31c, E31d, E31e or E31f=1] using low pressure sprays?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

*[CLEANED BOATS OR EQUIPMENT WITH A HIGH PRESSURE SPRAYER]**[If D33=1, override in the matrix [DECONNED VESSELS, EQUIPMENT AND/OR PERSONNEL ON LAND] in 31 and [CLEANED BOATS OR EQUIPMENT WITH A LOW PRESSURE SPRAYER] in 32]*

E33. Did you clean or help clean the oil off boats, ships, barges or other vessels [if E31a or E31b=1] or equipment [if E31c, E31d, E31e or E31f=1] using high pressure sprays?

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

If E31a=1 or if E31b=1, else go to E35

E34. Did you wash the boats, ships, barges or other vessels with hot water or with water that was cold or room temperature?

	YES	NO	DK	RE
[WASHED VESSELS WITH HOT WATER]				
E34a. HOT	1	2	8	9

[Note to programmer; do not ask about in matrix]

E34b. COLD/ROOM TEMPERATURE	1	2	8	9
-----------------------------	---	---	---	---

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

E34x. Did you use dry ice pellets to remove oil from boats, ships or equipment?

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

[CLEANED VESSELS BY HAND]

E35. Did you clean the boats, ships, barges or other vessels or equipment any other way, such as with a cloth, sponges or brushes?

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

If E3a or E3c=1, else go to E40

E36. Did you inspect the insides of, or enter, tanks, storage compartments, or cargo areas that contained oil or oily water or materials?

Yes..... 1
 No 2 [GO TO E40]
 DON'T KNOW..... 8
 REFUSED..... 9

[INSPECTED OR CLEANED TANKS AND COMPARTMENTS FROM THE INSIDE]

E37. Did you enter these containers to:

YES NO DK RE

[INSPECTED TANKS FROM THE INSIDE should be used in the matrix for questions D60a and D60b if D37a=1]

E37a. Inspect them?

1 2 8 9

[CLEANED TANKS FROM THE INSIDE should be used in the matrix for questions D60a and D60b if D37b=1]

E37b. Clean them?

1 2 8 9

[INSPECTED OR CLEANED FROM OUTSIDE THE TANKS AND COMPARTMENTS]

E38. Did you stay on the outside of these containers to:

YES NO DK RE

[INSPECTED TANKS FROM THE OUTSIDE should be used in the matrix for questions D60a and D60b if D38a=1]

E38a. Inspect them?

1 2 8 9

[CLEANED TANKS FROM THE OUTSIDE should be used in the matrix for questions D60a and D60b if D38b=1]

E38b. Clean them?

1 2 8 9

If D3c=1, else go to D45

E40. Did you ever handle, apply or come into contact with dispersants or chemicals used to break up the oil on the water?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

E41. Did you:

YES NO DK RE

E41a. [Load/unload dispersant]

Load dispersant to, or unload it from, a truck, boat, or plane?

1 2 8 9

E41b. [Mix the dispersant]

Mix the dispersant with water or other chemicals?

1 2 8 9

[If D3d=yes, else D41d]

[SPRAYED DISPERSANT FROM A PLANE]

E41c. Did you spray the dispersant from a plane

..... 1 2 8 9

E41d. Did you do anything else with dispersants?

..... 1 2 8 9

[FREE TEXT]

WILDLIFE REHABILITATION

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

E45. Did you rescue, handle or care for any birds or animals as part of your cleanup work?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

If D45=no, go to D50

[HANDLED OR CARE FOR WILDLIFE]

E46. Did you rescue, handle or care for any oily birds or animals?

Yes..... 1

No 2 [D49]

DON'T KNOW..... 8

REFUSED..... 9

[CLEANED WILDLIFE]

E47. Did you clean the oil off the animal with a cloth, sponges, or brushes?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

[APPLY SOAPS TO ANIMALS]

E48. Did you apply soaps to clean the animal?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

E49. Did you care for the cleaned animals?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

ADDITIONAL TASKS

If D3a or D3c=1, else go to D54.

[CONNECTED OR DISCONNECTED TRANSFER LINES AND HOSES]

E53. Did you connect and disconnect transfer lines and hoses from cargo tanks, barges or other vessels or storage tanks to transfer the crude oil or oily water on the shore into containers or trucks?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

If D2a=1, else go to D55

[WORKED AS A SAFETY, INDUSTRIAL HYGIENE, OR ENVIRONMENTAL TECHNICIAN OR PROFESSIONAL OR AS A MANAGER FOR A BP CONTRACTOR]

E54. Did you work as a safety, industrial hygiene, or environmental technician or professional or as a manager for a BP contractor?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

[WORKED AS IF D2d=1 A SAFETY, INDUSTRIAL HYGIENIST, OR ENVIRONMENTAL TECHNICIAN OR PROFESSIONAL or IF D2a=1 WORKED AS A MANAGER FOR A BP CONTRACTOR]

If D54=1 or D2b=1 or D2d=1, else go to D56.

E55. How much of the time you were working on the oil spill response did you spend:

E55a. On a rig or platform ship

>90%.....1

75-90%.....2

50-74%.....3

25-49%.....4

<10%.....5

E55b. On another ship, boat, barge or other vessel in the area near the wellhead or in the hot zone

>90%.....1

75-90%.....2

50-74%.....3

25-49%.....4

<10%.....5

E55c. On another ship, boat, barge or other vessel outside of the wellhead area or hot zone.

>90%.....1

75-90%.....2

50-74%.....3

25-49%.....4

<10%.....5

E55d. On the beach?

>90%.....1

75-90%.....2

50-74%.....3

25-49%.....4

<10%.....5

E55e. In an office on land?

>90%.....1

75-90%.....2

50-74%.....3

25-49%.....4

<10%.....5

If only D3c=yes and D18-D55 all =no, else go to D57

OFFICE AND SUPPORT SERVICES

E56. The cleanup operation required a lot of workers who were not on boats, on the beach, in a decon area, or did not handle oil or oily materials. These workers include cooks, fork lift drivers, security, office workers, drivers and many others. What did you do?

OTHER TASKS

E57. Did you do any other tasks related the oil spill response 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]

E57a. 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].

E58. What date did you start and [IF D1=2] end this job? SELECT ALL THAT APPLY]

[ONLY SHOW THE MONTHS OF THE INTERVIEW AND PRIOR]

INTERVIEWER: IF SUBJECT IS HAVING PROBLEMS ANSWERING CLICK ON PROBLEM AND ASK IF THE FIRST, MIDDLE OR END OF THE MONTH OR IF STILL HAVING PROBLEMS, WHICH MONTH] NOTE TO

PROGRAMMER: ADD A PROBLEM FIELD. IF CLICKED SHOW FOR EACH MONTH FIRST, MIDDLE OR END OF THE MONTH AND ALLOW INTERVIEWER TO CLICK ON THAT OR JUST ON THE 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
FEBRUARY 2012
MARCH 2012
APRIL 2012
MAY 2012
JUNE 2012
JULY 2012
AUGUST 2012

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

E59. How many days do/did you typically work this job in a two-week pay period
____ days
DON'T KNOW..... 8
REFUSED..... 9

E60. Approximately how many hours a day do/did you usually work this job?
____ hours
DON'T KNOW..... 8
REFUSED..... 9

[Note to programmer: If the following question = 1, then ask D60a and D60b for each of the questions, using the text in square brackets]

Question #	Fill-in term 2 in E60a
EE5, E6, E7, E8, E9, E11, E13a1, E13a2, E14a, E14c, E14d, E14e	[THE BOAT SKIM THE WATER]
E14f	[THE BOAT BURN OIL]
E14g	[THE BOAT CARRY CRUDE OIL OR OILY WATER]
E14h, E14i	[SOMEONE ON THE BOAT DO THIS]
E14j	[SOMEONE ON THE BOAT DO THIS]
E14k	[SOMEONE ON THE BOAT DO THIS]
E14l	[YOU SAID YOU WORKED ON A BOAT THAT WAS DECONNED BY OTHERS]
E15b	[SOMEONE ON THE BARGE DO THIS]
E16a, E16b, 16c, E16d1, E16x, E16e, E16f, E16y	[THIS HAPPEN]
E16g1	[YOU WORK ON OR MAINTAIN PUMPS OR TANKS WITH DISPERSANT]
E16g2	[YOU WORK ON OR MAINTAIN PUMPS OR TANKS WITH

	GASOLINE]
E16g3	[YOU WORK ON OR MAINTAIN PUMPS OR TANKS WITH DIESEL]
E16g4	[YOU WORK ON OR MAINTAIN PUMPS OR TANKS WITH OIL OR OILY WATER]
E16g5	[YOU WORK ON OR MAINTAIN PUMPS OR TANKS WITH METHANOL]
E16g6	[YOU WORK ON OR MAINTAIN PUMPS OR TANKS WITH _____]
E16h1	[YOU HANDLE OR PUMP DISPERSANT]
E16h2	[YOU HANDLE OR PUMP GASOLINE]
E16h3	[YOU HANDLE OR PUMP DIESEL]
E16h4	[YOU HANDLE OR PUMP OIL OR OILY WATER]
E16h5	[YOU HANDLE OR PUMP METHANOL]
E16h6	[YOU HANDLE OR PUMP _____]
E16i1	[YOU CONNECT OR DISCONNECT TRANSFER DISPERSANT HOSES OR LINES]
E16i2	[YOU CONNECT OR DISCONNECT TRANSFER GASOLINE HOSES OR LINES]
E16i3	[YOU CONNECT OR DISCONNECT TRANSFER DIESEL HOSES OR LINES]
E16i4	[YOU CONNECT OR DISCONNECT TRANSFER OIL OR OILY WATER HOSES OR LINES]
E16i5	[YOU CONNECT OR DISCONNECT TRANSFER METHANOL HOSES OR LINES]
E16i6	[YOU CONNECT OR DISCONNECT TRANSFER _____ HOSES OR LINES]
E16l, E16m, E18, E19, E20, E22, E23, E24, E25, E26, E27, E28, E29a, E29b, E30a, E30b, E30c, E30d, E31a, E31b, E31c, E31d, E31e, E31f, E31g, E32, E33, E35, E37a, E37b, E38a, E38b, E41a, E41b, E41c, E41d, E46, E47, E48, E49, E53	[YOU GENERALLY DO THIS]

Ask D60a and D60b for one task before asking for the second task.]

E60a. You said you [TERM ASSOCIATED WITH QUESTION (See QUESTION FOR TERM)]. How many days in a 2 week pay period did [TERM ABOVE]?

1-2 days.....1
 3-5 days.....2
 6-9 days.....3
 10 or more days.....4
 DON'T KNOW 8
 REFUSED 9

[Note to programmer: If the following question = 1, then use the text in square brackets for E60b.

Question #	Fill-in term in D60b
E5, E6, E7, E8, E9, E11, E13a1, E13a2, E14d	[WAS THE VESSEL IN THE AREA OF THE WELLHEAD]
E14e	[DID THE BOAT SKIM THE WATER FOR OIL]
E14f	[DID THE BOAT BURN OIL]
E14i, E14j, E14k, E14l	[DID THIS HAPPEN]
E15b	[WAS DECONNING OF YOUR VESSEL DONE]
E16a, E16b, E16c, E16d, E16d1, E16e, E16f, E16x, E16g1, E16g2, E16g3, E16g4, E16g5, E16g6, E16h1, E16h2, E16h3, E16h4, E16h5, E16h6, E16m, E18, E19, E20, E22, E23, E24, E25, E26, E27, E28, E30a, E30b, E30c, E30d, E31a, E31b, E31c, E31d, E31e, E31f, E31g, E32, E33, E34, E34a, E35, E37a, E37b, E38a, E38b, E41a, E41b, E41c, E41d, E46, E47, E48, E49	[DID YOU DO THIS]

E60b. How many hours a day [TERM ABOVE]?

<2.....1
 2-<4.....2
 4-8.....3
 More than 8.....4
 DON'T KNOW 8
 REFUSED 9

If E16i1, E16i2, E16i3, E16i4, E16i5, E16i6, E16l, E29a, E29b, E53=1
 E60c. How many times a day did you do this?

If E3a=1 then go to E62

E61. What was the closest town, park, parish or county you worked on for this job? [Get locations from BP and use drop down menu that adds as locations are entered]_____

If E3a =1, else go to E63

E62. What was the name of each boat, ship, barge or vessel that you worked on for this job?

1. _____
2. _____
3. _____
4. _____

NO NAME

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.

E63. When you [FILL IN JOB], for most days did you wear

	YES	NO	DK	RE
a. Leather gloves	1	2	8	9
b. Cotton gloves	1	2	8	9
c. Rubber or synthetic gloves	1	2	8	9
d. Boots or rubber slip-ons, booties or chicken feet	1	2	8	9
e. Long sleeved shirts, jackets or coveralls	1	2	8	9
e. Protective coveralls such as TYVEK	1	2	8	9
g. Other				
[Programmer show for Other:				
GOGGLES				
FACE SHIELD				
BOOTIES				
LIFE JACKETS, LIFE VESTS, OR PFD (PERSONAL FLOTATION DEVICE)]				

NO PROTECTIVE CLOTHING

[IF E63=no or NONE, else go to E65]

E64. Why did you not usually use [IF 63a, b or c all =2] gloves, [if 63d=no] boots, [63e=no] protective clothing when [FILL IN JOB]? [SELECT ALL THAT APPLY]

NOT RECOMMENDED

NONE PROVIDED BY EMPLOYER/ORGANIZATION

NONE AVAILABLE IN MY SIZE

IT WAS BROKEN OR DID NOT WORK

WAS TOO HOT

WAS UNCOMFORTABLE (FOR REASONS OTHER THAN HEAT)

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

E65. On an average day when you [FILL IN JOB], how often was your skin wet with [a, b, c, d, and e below]? Was it less than $\frac{1}{2}$ hour, $\frac{1}{2}$ to 2 hours, or more than 2 hours for

<1/2 1/2-2 >2 DK RE

a. Oil

<1/2.....1

$\frac{1}{2}$ -2.....2

>2.....3

NEVER...4

DK.....8

RE.....9

b. Oily residue, tar or weathered oil

<1/2.....1

$\frac{1}{2}$ -2.....2

>2.....3

NEVER...4

DK.....8

RE.....9

if E14i or E14j or E40=1, else go to E65d

c. Dispersant

<1/2.....1

$\frac{1}{2}$ -2.....2

>2.....3

NEVER...4

DK.....8

RE.....9

If E31a, E31b, E31c, E31d, E31e, E31f, or E31g=1, else go to E65e

d. Chemicals used to clean or decon boats, ships, barges or other vessels [if E31a or E31b=1] or equipment [if E31c, E31d, E31e or E31f=1]

<1/2.....1

$\frac{1}{2}$ -2.....2

>2.....3

NEVER...4

DK.....8

RE.....9

e. Water

<1/2.....1

$\frac{1}{2}$ -2.....2

>2.....3

NEVER...4

DK.....8

RE.....9

If E3a=1, else go to next job in matrix

E70. When you [FILL IN JOB], how many hours a day did you breathe smoke from burning oil? Was it...

[INTERVIEWER: READ LIST]

<2 hr/d..... 1

2-<4 hr/d 2

4-8 hr/d 3

>8 hr/d..... 4

Never 6

DON'T KNOW..... 8

REFUSED..... 9

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

Now I'm going to ask you questions covering all jobs you worked for the cleanup operation.

E71. How often, on average, did you put sunscreen on your skin?

Never.....1

Less often than once a day.....2

Once a day.....3

More than once a day?.....4

DON'T KNOW.... 8

REFUSED..... 9

E72. Not counting scheduled work breaks, did you ever have to stop working because you were too hot?

Yes..... 1

No 2 [GO TO E73]

DON'T KNOW 8 [GO TO E73]

REFUSED 9 [GO TO E73]

E72a. On about how many different days did this happen?

Less than 5 days 1

5-10 days..... 2

11-20 days..... 3

More than 20 days... 4

DON'T KNOW 8

REFUSED 9

E73. How often, on average, did you put a bug spray or cream on your skin?

Never.....1

Less often than once a day.....2

Once a day.....3
 More than once a day?.....4
 DON'T KNOW.... 8
 REFUSED..... 9

E74. Did you smoke while on the job?

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

E75. While working on the spill response, do/did you sleep in a flotel, a quarters barge, boat or a FEMA trailer?

	YES	NO	DK	RE
D75a. FLOTEL	1	2	8	9
D75b. QUARTERS BARGE	1	2	8	9
D75c. Boat	1	2	8	9
D75d. FEMA trailer	1	2	8	9

E76. What was the name of the town, parish (if D61=LA) or county (if D61= other than LA) where you slept? [Same locations D61, plus drop down menu that adds as new locations are entered]

If E75c=1, else go to E79

E77. Did you sleep on the boat, ship, barge or other vessel you worked on?

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

If E77=2, else E79

E78. What was the name of the vessel(s) you slept on?

If E75a, E75b, or E75c=1, else 82

E79. About how many nights total did you sleep [on a FLOTEL/BARGE/BOAT FROM D75]?

|_|_| Units
 Nights..... 1
 Weeks..... 2
 Months..... 3
 DON'T KNOW... 88
 REFUSED..... 99

E80. Did you spend at least 1 night [on a FLOTEL/BARGE/BOAT FROM D75] on water that visibly contained oil or had a sheen on it?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

IF E80=1, Else 82

E81. How many nights did you spend in this type of water?

_ _ Units	
Nights.....	1
Weeks.....	2
Months.....	3
DON'T KNOW...	88
REFUSED.....	99

If E75d=1, else E83

E82. About how many nights total did you sleep in a FEMA trailer?

_ _ Units	
Nights.....	1
Weeks.....	2
Months.....	3
DON'T KNOW...	88
REFUSED.....	99

E83. When you had days off, in what town, parish (IFE61= LA) or county (IF E61=other than LA) did you stay? _____

SECTION F: Health

This next section will focus on your health. First, I need your height and weight.

F1. How tall are you?

|_|_| feet |_|_| inches [OR]

|_|_|_| cm

DON'T KNOW 8' 88"

REFUSED.....9' 99"

F2. How much do you weigh?

|_|_|_| lbs [OR]

|_|_|_| kg

DON'T KNOW.. 888

REFUSED..... 999

F3. How would you rate your physical health?

Excellent 1

Very good 2

Good 3

Fair..... 4

Poor 5

DON'T KNOW..... 8

REFUSED..... 9

[PROGRAMMER NOTE: FOR F4, NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW $\leq$ OCTOBER 1, 2011 USE "two years" FOR [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE "three years"; IF DATE OF INTERVIEW $\geq$ OCTOBER 2, 2012 USE "four years"]

F4. Compared to [YEAR FILL] ago, would you say your health is now better, worse, or about the same?

Better 1

Worse 2

About the same..... 3

DON'T KNOW..... 8

REFUSED..... 9

[PROGRAMMER NOTE: QUESTIONS F5 – F24 ARE NOT ASKED FOR PARTICIPANTS WHO DID NOT WORK ON THE OIL SPILL. IF QUESTION D0 = 2 GO TO QUESTION F25]

Health Symptoms while Working on the Oil Spill

Now I'm going to ask you how often you had specific symptoms while you were working on the oil spill. Please answer *All the time*, *Most of the time*, *Sometimes*, *Rarely*, or *Never*.

F5. How often did you have a cough?

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

F6. How often did you have 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

F7. How often did you have 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

F8. How often were you short of breath?

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

F9. How often did you have a stuffy, itchy or runny nose? [INTERVIEWER:
READ ANSWER OPTIONS]

All the time 1
Most of the time 2
Sometimes 3
Rarely 4

Never 5
DON'T KNOW..... 8
REFUSED..... 9

F10. How often did you have 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

F11. How often did you have burning eyes?

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

F12. How often did you have 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

F13. How often did you have a sore throat? [INTERVIEWER: READ ANSWER
OPTIONS]

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 you have a severe headache or migraine?

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 you feel dizzy or lightheaded?

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

F16. How often were you nauseous?

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

F17. How often did you have blurred or distorted vision? [INTERVIEWER: READ
ANSWER OPTIONS]

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

F18. How often did you have lower back pain?

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

F19. How often did you have excessive fatigue or extreme tiredness?

All the time 1
Most of the time 2
Sometimes 3
Rarely 4

Never 5
DON'T KNOW..... 8
REFUSED..... 9

F20. How often did you have diarrhea or frequent bowel movements?

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

F21. How often were you constipated? [INTERVIEWER: READ ANSWER OPTIONS]

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

F22. Did you have any skin rashes, sores, or blisters that lasted two or more days?

Yes..... 1
No 2 [GO TO QUESTION F23]
DON'T KNOW..... 8 [GO TO QUESTION F23]
REFUSED..... 9 [GO TO QUESTION F23]

F22a. Did you get the rash on a part of your body that touched or came into contact with oil or chemical dispersant?

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

F23. [ONLY ASK IF ANY OF F5 – F22 = 1-4 OR YES] Did you seek medical help for any of these symptoms or illnesses that occurred during your work on the oil response, whether or not this happened during work hours?

Yes..... 1
No 2 [GO TO QUESTION F24]
DON'T KNOW..... 8 [GO TO QUESTION F24]
REFUSED..... 9 [GO TO QUESTION F24]

F23a. Were you hospitalized for any of these symptom(s) or illness(es) where hospitalized means admitted at least overnight?

Yes..... 1
No 2 [GO TO QUESTION F24]
DON'T KNOW 8 [GO TO QUESTION F24]
REFUSED 9 [GO TO QUESTION F24]

F23b. Why were you hospitalized?

[FREE TEXT FIELD]
DON'T KNOW 8
REFUSED 9

F23c. When were you hospitalized the first time?

MM/DD/YYYY [ENTER ALL OR PARTIAL DATE]
DON'T KNOW 8
REFUSED 9

F24. [PROGRAMMER NOTE: IF D1=1 (CURRENTLY WORKING ON THE OIL SPILL RESPONSE) GO TO QUESTION F25] Did you seek medical help for any of these symptoms or illnesses since you stopped working on the oil spill response?

Yes..... 1
No 2 [GO TO QUESTION F25]
DON'T KNOW 8 [GO TO QUESTION F25]
REFUSED 9 [GO TO QUESTION F25]

F24a. Were you hospitalized for any of these symptom(s) or illness(es) where hospitalized means admitted at least overnight?

Yes..... 1
No 2 [GO TO QUESTION F25]
DON'T KNOW 8 [GO TO QUESTION F25]
REFUSED 9 [GO TO QUESTION F25]

F24b. Why were you hospitalized?

[FREE TEXT FIELD]
DON'T KNOW 8
REFUSED 9

F24c. When were you hospitalized the first time after you stopped working on the oil spill?

MM/DD/YYYY [ENTER ALL OR PARTIAL DATE]
DON'T KNOW 8
REFUSED 9

Now I would like to ask you some questions about your health history.

[PROGRAMMER NOTE: NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW ≤ OCTOBER 1, 2011 USE “year” for [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE “two years”; IF DATE OF INTERVIEW ≥ OCTOBER 2, 2012 USE “three years”].

F25. Has a doctor ever told you that you have asthma?

Yes..... 1
No 2 [GO TO QUESTION F26]
DON'T KNOW..... 8 [GO TO QUESTION F26]
REFUSED..... 9 [GO TO QUESTION F26]

F25a. What month and year were you first told that you have asthma?
____ / ____ [MM/YYYY] [IF DATE ≥ APRIL 20, 2010 GO TO
QUESTION F26; IF DATE < APRIL 20, 2010 GO TO QUESTION F25b]
DON'T KNOW 88/8888
REFUSED 99/9999

F25a.1. At what age were you first told that you have asthma?
_____ [AGE] [IF AGE ≥ AGE AT APRIL 2010 GO TO
QUESTION F26; IF AGE < AGE AT APRIL 2010 GO TO
QUESTION F25b]
DON'T KNOW 88
REFUSED 99

F25b. Have you had any asthma attacks in the past [YEAR FILL]?
Yes..... 1
No 2
DON'T KNOW 8
REFUSED 9

F26. Has a doctor ever told you that you have emphysema?

Yes..... 1
No 2 [GO TO QUESTION F27]
DON'T KNOW..... 8 [GO TO QUESTION F27]
REFUSED..... 9 [GO TO QUESTION F27]

F26a. What month and year were you first told you have emphysema?
____ / ____ [MM/YYYY] [GO TO QUESTION F27]
DON'T KNOW 88/8888
REFUSED 99/9999

F261. At what age were you first told you have emphysema?

_____ [AGE]
DON'T KNOW 88
REFUSED 99

F27. Has a doctor ever told you that you have chronic bronchitis?

Yes..... 1
No 2 [GO TO QUESTION F28]
DON'T KNOW..... 8 [GO TO QUESTION F28]
REFUSED..... 9 [GO TO QUESTION F28]

F27a. What month and year were you first told you have chronic bronchitis?

____ / ____ [MM/YYYY] [GO TO QUESTION F28]
DON'T KNOW 88/8888
REFUSED 99/9999

F27a.1. At what age were you first told you have chronic bronchitis?

_____ [AGE]
DON'T KNOW 88
REFUSED 99

F28. Has a doctor ever told you that you have high blood pressure?

Yes..... 1
No 2 [GO TO QUESTION F29]
DON'T KNOW..... 8 [GO TO QUESTION F29]
REFUSED..... 9 [GO TO QUESTION F29]

F28a. What month and year were you first told you have high blood pressure?

____ / ____ [MM/YYYY] [IF DATE ≥ APRIL 20, 2010 GO TO QUESTION F29; IF DATE < APRIL 20, 2010 GO TO QUESTION F28b]
DON'T KNOW 88/8888
REFUSED 99/9999

F28a.1. At what age were you first told you have high blood pressure?

_____ [AGE] [IF AGE ≥ AGE AT APRIL 2010 GO TO QUESTION F29; IF AGE < AGE AT APRIL 2010 GO TO QUESTION F28b]
DON'T KNOW 88
REFUSED 99

F28b. Has a doctor told you within the past [YEAR FILL] that you have high blood pressure?

Yes..... 1

No 2
DON'T KNOW 8
REFUSED 9

F29. Has a doctor ever told you that you have angina, also called angina pectoris?

Yes..... 1
No 2 [GO TO QUESTION F30]
DON'T KNOW..... 8 [GO TO QUESTION F30]
REFUSED..... 9 [GO TO QUESTION F30]

F29a. What month and year were you first told you have angina?
____ / ____ [MM/YYYY] [IF DATE ≥ APRIL 20, 2010 GO TO
QUESTION F30; IF DATE < APRIL 20, 2010 GO TO QUESTION F29b]
DON'T KNOW 88/8888
REFUSED 99/9999

F29a.1. At what age were you first told you have angina?
_____ [AGE] [IF AGE ≥ AGE AT APRIL 2010 GO TO
QUESTION F30; IF AGE < AGE AT APRIL 2010 GO TO
QUESTION F29b]
DON'T KNOW 88
REFUSED 99

F29b. Has a doctor told you within the past [YEAR FILL] that you have angina?

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

F30. Has a doctor ever told you that you have coronary heart disease?

Yes..... 1
No 2 [GO TO QUESTION F31]
DON'T KNOW..... 8 [GO TO QUESTION F31]
REFUSED..... 9 [GO TO QUESTION F31]

F30a. What month and year were you first told you have coronary heart disease?

____ / ____ [MM/YYYY] [GO TO QUESTION F31]
DON'T KNOW 88/8888
REFUSED 99/9999

F30a.1. At what age were you first told you have coronary heart disease?
_____ [AGE]

DON'T KNOW 88
REFUSED 99

F31. Has a doctor ever told you that you had a heart attack, also called a myocardial infarction?

Yes..... 1
No 2 [GO TO QUESTION F32]
DON'T KNOW..... 8 [GO TO QUESTION F32]
REFUSED..... 9 [GO TO QUESTION F32]

F31a. What month and year were you first told you had a heart attack?
____ / ____ [MM/YYYY] [IF DATE ≥ APRIL 20, 2010 GO TO
QUESTION F32; IF DATE < APRIL 20, 2010 GO TO QUESTION F31b]
DON'T KNOW 88/8888
REFUSED 99/9999

F31a.1. At what age were you first told you had a heart attack?
_____ [AGE] [IF AGE ≥ AGE AT APRIL 2010 GO TO
QUESTION F32; IF AGE < AGE AT APRIL 2010 GO TO
QUESTION F31b]
DON'T KNOW 88
REFUSED 99

F31b Has a doctor told you that you had a heart attack within the past
[YEAR FILL]?

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

F32. Has a doctor ever told you that you have congestive heart failure?

Yes..... 1
No 2 [GO TO QUESTION F33]
DON'T KNOW..... 8 [GO TO QUESTION F33]
REFUSED..... 9 [GO TO QUESTION F33]

F32a. What month and year were you first told you have congestive heart
failure?
____ / ____ [MM/YYYY] [GO TO QUESTION F33]
DON'T KNOW 88/8888
REFUSED 99/9999

F32a.1. At what age were you first told you have congestive heart
failure?
_____ [AGE]
DON'T KNOW 88

REFUSED 99

F33. Has a doctor ever told you that you have had a stroke?

Yes..... 1

No 2 [GO TO QUESTION F34]

DON'T KNOW..... 8 [GO TO QUESTION F34]

REFUSED..... 9 [GO TO QUESTION F34]

F33a. What month and year were you first told you had a stroke?

____ / ____ [MM/YYYY] [IF DATE ≥ APRIL 20, 2010 GO TO QUESTION F34; IF DATE < APRIL 20, 2010 GO TO QUESTION F33b]

DON'T KNOW 88/8888

REFUSED 99/9999

F33a.1. At what age were you first told you had a stroke?

_____ [AGE] [IF AGE ≥ AGE AT APRIL 2010 GO TO

QUESTION F34; IF AGE < AGE AT APRIL 2010 GO TO QUESTION F33b]

DON'T KNOW 88

REFUSED 99

F33b Has a doctor told you that you had a stroke within the past [YEAR
FILL]?

Yes..... 1

No 2

DON'T KNOW 8

REFUSED 9

F34. Has a doctor ever told you that you have cirrhosis of the liver?

Yes..... 1

No 2 [GO TO QUESTION F35]

DON'T KNOW..... 8 [GO TO QUESTION F35]

REFUSED..... 9 [GO TO QUESTION F35]

F34a. What month and year were you first told you have cirrhosis of the liver?

____ / ____ [MM/YYYY] [GO TO QUESTION F35]

DON'T KNOW 88/8888

REFUSED 99/9999

F34a.1. At what age were you first told you have cirrhosis of the liver?

_____ [AGE]

DON'T KNOW 88

REFUSED 99

F35. Has a doctor ever told you that you have fatty liver disease?

Yes..... 1
No 2 [GO TO QUESTION F36]
DON'T KNOW..... 8 [GO TO QUESTION F36]
REFUSED..... 9 [GO TO QUESTION F36]

F35a. What month and year were you first told you have fatty liver disease?

___ / ___ [MM/YYYY] [GO TO QUESTION F36]
DON'T KNOW 88/8888
REFUSED 99/9999

F35a.1. At what age were you first told you have fatty liver disease?

_____ [AGE]
DON'T KNOW 88
REFUSED 99

F36. Has a doctor ever told you that you have hepatitis?

Yes..... 1
No 2 [GO TO QUESTION F37]
DON'T KNOW..... 8 [GO TO QUESTION F37]
REFUSED..... 9 [GO TO QUESTION F37]

F36a. What month and year were you first told you have hepatitis?

___ / ___ [MM/YYYY] [GO TO QUESTION F37]
DON'T KNOW 88/8888
REFUSED 99/9999

F36a.1. At what age were you first told you have hepatitis?

_____ [AGE]
DON'T KNOW 88
REFUSED 99

F37. Has a doctor ever told you that you have weak or failing kidneys?

[INTERVIEWER: PROBE AS NECESSARY. DO NOT INCLUDE KIDNEY STONES, BLADDER INFECTIONS, OR INCONTINENCE]

Yes..... 1
No 2 [GO TO QUESTION F38]
DON'T KNOW..... 8 [GO TO QUESTION F38]
REFUSED..... 9 [GO TO QUESTION F38]

F37a. What month and year were you first told you have weak or failing kidneys?

___ / ___ [MM/YYYY] [GO TO QUESTION F38]
DON'T KNOW 88/8888
REFUSED 99/9999

F37a.1. At what age were you told you have weak or failing kidneys?

_____ [AGE]

DON'T KNOW 88

REFUSED 99

F38. Has a doctor ever told you that you have peripheral neuropathy?

Yes..... 1

No 2 [GO TO QUESTION F39]

DON'T KNOW..... 8 [GO TO QUESTION F39]

REFUSED..... 9 [GO TO QUESTION F39]

F38a. What month and year were you first told you have peripheral neuropathy?

____ / ____ [MM/YYYY] [GO TO QUESTION F39]

DON'T KNOW 88/8888

REFUSED 99/9999

F38a.1. At what age were you first told you have peripheral neuropathy?

_____ [AGE]

DON'T KNOW 88

REFUSED 99

F39. Has a doctor ever told you that you have diabetes or sugar diabetes?

Yes..... 1

No 2 [GO TO QUESTION F40]

DON'T KNOW..... 8 [GO TO QUESTION F40]

REFUSED..... 9 [GO TO QUESTION F40]

F39a. What month and year were you first told you have diabetes or sugar diabetes?

____ / ____ [MM/YYYY] [GO TO QUESTION F40]

DON'T KNOW 88/8888

REFUSED 99/9999

F39a.1. At what age were you first told you have diabetes or sugar diabetes?

_____ [AGE]

DON'T KNOW 88

REFUSED 99

F40. Has a doctor ever told you that you have rheumatoid arthritis?

Yes..... 1

No 2 [GO TO QUESTION F41]

DON'T KNOW..... 8 [GO TO QUESTION F41]

REFUSED..... 9 [GO TO QUESTION F41]

F40a. What month and year were you first told you have rheumatoid arthritis?

___ / ___ [MM/YYYY] [GO TO QUESTION F41]

DON'T KNOW 88/8888

REFUSED 99/9999

F40a.1. At what age were you first told you have rheumatoid arthritis?

_____ [AGE]

DON'T KNOW 88

REFUSED 99

F41. Has a doctor ever told you that you have lupus?

Yes..... 1

No 2 [GO TO QUESTION F42]

DON'T KNOW..... 8 [GO TO QUESTION F42]

REFUSED..... 9 [GO TO QUESTION F42]

F41a. What month and year were you first told you have lupus?

___ / ___ [MM/YYYY] [GO TO QUESTION F42]

DON'T KNOW 88/8888

REFUSED 99/9999

F41a.1. At what age were you first told you have lupus?

_____ [AGE]

DON'T KNOW 88

REFUSED 99

F42. Has a doctor ever told you that you have Grave's disease or other thyroid disease?

Yes..... 1

No 2 [GO TO QUESTION F43]

DON'T KNOW..... 8 [GO TO QUESTION F43]

REFUSED..... 9 [GO TO QUESTION F43]

F42a. What month and year were you first told you have Grave's disease or other thyroid disease?

___ / ___ [MM/YYYY] [GO TO QUESTION F43]

DON'T KNOW 88/8888

REFUSED 99/9999

F42a.1. At what age were you first told you have Grave's disease or other thyroid disease?

_____ [AGE]
DON'T KNOW 88
REFUSED 99

F43. Has a doctor ever told you that you have sarcoidosis?

Yes..... 1
No 2 [GO TO QUESTION F44]
DON'T KNOW..... 8 [GO TO QUESTION F44]
REFUSED..... 9 [GO TO QUESTION F44]

F43a. What month and year were you first told you have sarcoidosis?

___ / ___ [MM/YYYY] [GO TO QUESTION F44]
DON'T KNOW 88/8888
REFUSED 99/9999

F43a.1. At what age were you first told you have sarcoidosis?

_____ [AGE]
DON'T KNOW 88
REFUSED 99

F44. Has a doctor ever told you that you have fibromyalgia?

Yes..... 1
No 2 [GO TO QUESTION F45]
DON'T KNOW..... 8 [GO TO QUESTION F45]
REFUSED..... 9 [GO TO QUESTION F45]

F44a. What month and year were you first told you have fibromyalgia?

___ / ___ [MM/YYYY] [GO TO QUESTION F45]
DON'T KNOW 88/8888
REFUSED 99/9999

F44a.1. At what age were you first told you have fibromyalgia?

_____ [AGE]
DON'T KNOW 88
REFUSED 99

F45. Has a doctor ever told you that you have chronic fatigue syndrome?

Yes..... 1
No 2 [GO TO QUESTION F46]
DON'T KNOW..... 8 [GO TO QUESTION F46]
REFUSED..... 9 [GO TO QUESTION F46]

F45a. What month and year were you first told you have chronic fatigue syndrome?

___ / ___ [MM/YYYY] [GO TO QUESTION F46]
DON'T KNOW 88/8888

REFUSED 99/9999

F45a.1. At what age were you first told you have chronic fatigue syndrome?

_____ [AGE]

DON'T KNOW 88

REFUSED 99

F46. Has a doctor ever told you that you have shingles?

Yes..... 1

No 2 [GO TO QUESTION F47]

DON'T KNOW..... 8 [GO TO QUESTION F47]

REFUSED..... 9 [GO TO QUESTION F47]

F46a. What month and year were you first told you have shingles?

____ / ____ [MM/YYYY] [IF DATE ≥ APRIL 20, 2010 GO TO

QUESTION F47; IF DATE < APRIL 20, 2010 GO TO QUESTION F46b]

DON'T KNOW 88/8888

REFUSED 99/9999

F46a.1. At what age were you first told you have shingles?

_____ [AGE] [IF AGE ≥ AGE AT APRIL 2010 GO TO

QUESTION F47; IF AGE < AGE AT APRIL 2010 GO TO

QUESTION F46b]

DON'T KNOW 88

REFUSED 99

F46b Has a doctor told you that you had shingles within the past [YEAR FILL]?

Yes..... 1

No 2

DON'T KNOW 8

REFUSED 9

F47. Has a doctor ever told you that you have cancer?

Yes..... 1

No 2 [GO TO SECTION F48]

DON'T KNOW..... 8 [GO TO SECTION F48]

REFUSED..... 9 [GO TO SECTION F48]

CANCER OPTIONS

BLADDER..... 10	LIVER.....22	SKIN (NON-MELANOMA)32
BLOOD11	LUNG23	SKIN (MELANOMA) 25
BONE 12	LYMPHOMA (NON	SKIN (DON'T KNOW; NOT SPECIFIED)..... 33
		SOFT TISSUE (MUSCLE/

BRAIN..... 13	HODGKIN'S)40 LYMPHOMA (HODGKIN'S DISEASE).....24 LYMPHOMA (DON'T KNOW; NOT SPECIFIED)42	FAT)..... 34 STOMACH 35
BREAST 14	MULTIPLE MYELOMA..41	TESTIS (TESTICULAR) 36
CERVIX (CERVICAL) . 15		THYROID37
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 KNOW77
LARYNX/WINDPIPE ... 20	PROSTATE30	REFUSED99
LEUKEMIA..... 21	RECTUM (RECTAL.....31	

F47a. What kind of cancer was it?

Type 1: [SELECT FROM CANCER OPTIONS]

F66a.1 What month and year were you first told you have [FIRST
TYPE OF CANCER]?

___ / ___ [MM/YYYY] [GO TO QUESTION F47a.2]

DON'T KNOW88/8888

REFUSED99/9999

F47a.1.a At what age were you first told you have [FIRST
TYPE OF CANCER]?

_____ [AGE]

DON'T KNOW.....88

REFUSED.....99

F47a.2. Has a doctor ever told that you have any other types of
cancer?

Yes1

No.....2 [GO TO SECTION F48]

DON'T KNOW8 [GO TO SECTION F48]

REFUSED 9..... [GO TO SECTION F48]

F47b. What kind of cancer was it?

Type 2: [SELECT FROM CANCER OPTIONS]

F47b.1 What month and year were you first told you have
[SECOND TYPE OF CANCER]?

___ / ___ [MM/YYYY] [GO TO QUESTION F47b.2]

DON'T KNOW88/8888
REFUSED99/9999

F47b.1.a At what age were you first told you have [SECOND TYPE OF CANCER]?

_____ [AGE]
DON'T KNOW.....88
REFUSED.....99

F47b.2. Has a doctor ever told you that you have any other types of cancer?

Yes1
No2 [GO TO SECTION F48]
DON'T KNOW.....8 [GO TO SECTION F48]
REFUSED.....9 [GO TO SECTION F48]

F47c. What kind of cancer was it?
Type 3: [SELECT FROM CANCER OPTIONS]

F47c.1 What month and year were you first told you have [THIRD TYPE OF CANCER]?

___ / ___ [MM/YYYY] [GO TO SECTION F48]
DON'T KNOW88/8888
REFUSED99/9999

F47c.1.a At what age were you first told you have [THIRD TYPE OF CANCER]?

_____ [AGE]
DON'T KNOW.....88
REFUSED.....99

Health Symptoms

Now I'm going to ask you how often you have had specific symptoms during the **past thirty days**. Please answer *All the time, Most of the time, Sometimes, Rarely, or Never*.

F48. How often 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

F49. How often 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

F50. How often 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

F51. In the past thirty days how often 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

F52. How often have you had a stuffy, itchy or runny nose? [INTERVIEWER:
READ ANSWER OPTIONS]

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

F53. How often 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

F54. How often 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

F55. In the past thirty days how often 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

F56. How often have you had a sore throat? [INTERVIEWER: READ ANSWER OPTIONS]

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

F57. How often have you had a severe headache or migraine?

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

F58. How often have you felt dizzy or lightheaded?

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

REFUSED..... 9

F59. In the past thirty days how often have you been nauseous?

All the time 1

Most of the time 2

Sometimes 3

Rarely 4

Never 5

DON'T KNOW..... 8

REFUSED..... 9

F60. How often have you had blurred or distorted vision? [INTERVIEWER: READ ANSWER OPTIONS]

All the time 1

Most of the time 2

Sometimes 3

Rarely 4

Never 5

DON'T KNOW..... 8

REFUSED..... 9

F61. How often have you had lower back pain?

All the time 1

Most of the time 2

Sometimes 3

Rarely 4

Never 5

DON'T KNOW..... 8

REFUSED..... 9

F62. How often have you had excessive fatigue or extreme tiredness?

All the time 1

Most of the time 2

Sometimes 3

Rarely 4

Never 5

DON'T KNOW..... 8

REFUSED..... 9

F63. In the past thirty days how often have you had diarrhea or frequent bowel movements?

All the time 1

Most of the time 2

Sometimes 3

Rarely 4

Never 5

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

F64. How often have you been constipated? [INTERVIEWER: READ ANSWER OPTIONS]

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

F65. In the past thirty days, have you had any skin rashes, sores, or blisters that lasted two or more days?

Yes..... 1
No 2 [GO TO QUESTION F66]
DON'T KNOW..... 8 [GO TO QUESTION F66]
REFUSED..... 9 [GO TO QUESTION F66]

[F65a IS ONLY ASKED FOR THOSE WHO INDICATED THAT THEY
WORKED ON THE OIL SPILL RESPONSE (D0 = 1)]

F65a. Did you get the rash on a part of your body that touched or came into contact with oil or chemical dispersant??

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

F66. [IF F24 IS ANSWERED, GO TO SECTION G; ELSE ASK ONLY IF ANY OF F48 – F65 = 1-4 OR YES] Have you sought medical help for any of these symptoms or illnesses since the spring or summer of 2010?

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

F66a. Were you hospitalized for any of these symptom(s) or illness(es), where hospitalized means admitted at least overnight?

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

F66b. Why were you hospitalized?

[FREE TEXT FIELD]

DON'T KNOW 8

REFUSED 9

F66c. When were you hospitalized the first time?

MM/DD/YYYY [ENTER ALL OR PARTIAL DATE]

DON'T KNOW 8

REFUSED 9

SECTION G: Mental Health

Now I am going to ask you some questions about stress and mental health.

SOCIAL CONTEXT

[PROGRAMMER NOTE: FOR QUESTIONS G1, G2, AND G3, NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW $\leq$ OCTOBER 1, 2011 USE "year" FOR [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE "two years"; IF DATE OF INTERVIEW $\geq$ OCTOBER 2, 2012 USE "three years"]

G1. In the past [YEAR FILL], how often have you been worried or stressed about having enough money to pay your rent or mortgage? Have you been worried or stressed...

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

[PROGRAMMER NOTE: FOR QUESTIONS G1a, G2a, AND G3a, NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW $\leq$ OCTOBER 1, 2011 USE "two years" FOR [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE "three years"; IF DATE OF INTERVIEW $\geq$ OCTOBER 2, 2012 USE "four years"]

G1a. How does this compare to [YEAR FILL] ago? 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?

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

G2. In the past [YEAR FILL],, how often would you say you were worried or stressed about having enough money to buy food? Would you say you were worried or stressed....

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

G2a. How does this compare to [YEAR FILL] ago? Are you more worried and stressed about having enough money to buy food, 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. In the past [YEAR FILL],, how much have you worried about your future physical health? Would you say...

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 [YEAR FILL] ago? 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. Has a doctor ever told you that you have...

G4a. ...acute stress disorder?

Yes 1
No 2 [GO TO QUESTION G4b]
DON'T KNOW 8 [GO TO QUESTION G4b]
REFUSED 9 [GO TO QUESTION G4b]

G4a.1. When were you first told?

____ / ____ [MM/YYYY] [IF DATE IS 04/2010 OR LATER GO TO QUESTION G4b]

DON'T KNOW 88 8888

REFUSED 99 9999

[PROGRAMMER NOTE: FOR QUESTIONS G4a.2, G4b.2, G4c.2, G4d.2, G4e.2, G4f.3, G5b, NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW ≤ OCTOBER 1, 2011 USE "year" FOR [YEAR FILL]; IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE "two years"; IF DATE OF INTERVIEW ≥ OCTOBER 2, 2012 USE "three years"]

G4a.2. Have you seen a doctor or been treated for this in the past [YEAR FILL]?

____ / ____ [MM/YYYY]

DON'T KNOW 88 8888

REFUSED 99 9999

G4b. Has a doctor ever told you that you have anxiety?

Yes..... 1

No 2 [GO TO QUESTION G4c]

DON'T KNOW..... 8 [GO TO QUESTION G4c]

REFUSED..... 9 [GO TO QUESTION G4c]

G4b.1. When were you first told?

____ / ____ [MM/YYYY] [IF DATE IS 04/2010 OR LATER GO TO QUESTION G4c]

DON'T KNOW 88 8888

REFUSED 99 9999

G4b.2. Have you seen a doctor or been treated for this in the past [YEAR FILL]?

____ / ____ [MM/YYYY]

DON'T KNOW 88 8888

REFUSED 99 9999

G4c. Has a doctor ever told you that you have generalized anxiety disorder?

Yes..... 1

No 2 [GO TO QUESTION G4d]

DON'T KNOW..... 8 [GO TO QUESTION G4d]

REFUSED..... 9 [GO TO QUESTION G4d]

G4c.1. When were you first told?

____ / ____ [MM/YYYY] [IF DATE IS 04/2010 OR LATER GO TO
QUESTION G4d]

DON'T KNOW 88 8888

REFUSED 99 9999

G4c.2. Have you seen a doctor or been treated for this in the past [YEAR
FILL]?

____ / ____ [MM/YYYY]

DON'T KNOW 88 8888

REFUSED 99 9999

G4d. Has a doctor ever told you that you have panic disorder?

Yes..... 1

No 2 [GO TO QUESTION G4e]

DON'T KNOW..... 8 [GO TO QUESTION G4e]

REFUSED..... 9 [GO TO QUESTION G4e]

G4d.1. When were you first told?

____ / ____ [MM/YYYY] [IF DATE IS 04/2010 OR LATER GO TO
QUESTION G4e]

DON'T KNOW 88 8888

REFUSED 99 9999

G4d.2. Have you seen a doctor or been treated for this in the past [YEAR
FILL]?

____ / ____ [MM/YYYY]

DON'T KNOW 88 8888

REFUSED 99 9999

G4e. Has a doctor ever told you that you have post-traumatic stress disorder?

Yes..... 1

No 2 [GO TO QUESTION G4f]

DON'T KNOW..... 8 [GO TO QUESTION G4f]

REFUSED..... 9 [GO TO QUESTION G4f]

G4e.1. When were you first told?

____ / ____ [MM/YYYY] [IF DATE IS 04/2010 OR LATER GO TO
QUESTION G4f]

DON'T KNOW 88 8888

REFUSED 99 9999

G4e.2. Have you seen a doctor or been treated for this in the past [YEAR
FILL]?

____ / ____ [MM/YYYY]

DON'T KNOW 88 8888

REFUSED 99 9999

G4f. Has a doctor ever told you that you have any other anxiety disorder?

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

G4f.1. What was the disorder?

_____ [FREE TEXT FIELD]

DON'T KNOW 8
 REFUSED 9

G4f.2. When were you first told?

___/___/___ [MM/YYYY] [IF DATE IS 04/2010 OR LATER GO TO QUESTION G5]

DON'T KNOW 88 8888
 REFUSED 99 9999

G4f.3. Have you seen a doctor or been treated for this in the past [YEAR FILL]?

___/___/___ [MM/YYYY]

DON'T KNOW 88 8888
 REFUSED 99 9999

G5. Has a doctor ever told you that you have 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 told?

___/___/___ [MM/YYYY] [IF DATE IS 04/2010 OR LATER GO TO QUESTION G6]

DON'T KNOW 88 8888
 REFUSED 99 9999

G5b. Have you seen a doctor or been treated for this in the past [YEAR FILL]?

___/___/___ [MM/YYYY]

DON'T KNOW 88 8888
 REFUSED 99 9999

PERCEIVED STRESS SCALE

G6. In the last month, how often have you felt that you were unable to control the important things in your life?

[INTERVIEWER READ ANSWERS]

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?

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?

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?

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 – H4 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. How old were you when you had your first menstrual period?

____ Age in years
 DON'T KNOW..... 88
 REFUSED..... 99

H2. Are you currently pregnant?

Yes..... 1
 No 2 [GO TO QUESTION H3]
 DON'T KNOW..... 8 [GO TO QUESTION H3]
 REFUSED..... 9 [GO TO QUESTION H3]

H2a. When is your due date?

____/____/____ [MM/DD/YYYY]
 DON'T KNOW...88 88 8888
 REFUSED99 99 9999

H2b. How much did you weigh when you became pregnant?

|_|_| lbs. OR
 |_|_| kgs.
 DON'T KNOW .. 888
 REFUSED 999

H3. How many births have you had, including live births and still births?

____ Number of births [IF 0 GO TO QUESTION H4]
 DON'T KNOW.... 88 [GO TO QUESTION H4]
 REFUSED..... 99 [GO TO QUESTION H4]

H3a. What was the date of your first birth, live or still?

____/____/____ [MM/DD/YYYY]
 DON'T KNOW...88 88 8888
 REFUSED99 99 9999

H3b. What was the date of your most recent birth, live or still?

____/____/____ [MM/DD/YYYY]
 DON'T KNOW...88 88 8888
 REFUSED99 99 9999

H4. Have your menstrual periods stopped permanently?

YES,..... 1
NO 3 [GO TO SECTION I]
DON'T KNOW..... 8 [GO TO SECTION I]
REFUSED..... 9 [GO TO SECTION I]

H4a. Did your periods stop naturally, due to surgery, or due to medical treatment?

Naturally 1
Surgery..... 2
Medical Treatment . 3
OTHER..... 4 Specify _____
DON'T KNOW 8
REFUSED 9

H4b. How old were you when your periods stopped?

____ 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.

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

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

I2. About how old were you when you first started drinking, not counting small tastes or sips?

Age in years [GO TO QUESTION I3]
DON'T KNOW..... 88
REFUSED..... 99 [GO TO QUESTION I3]

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 [GO TO QUESTION I4]
NO 2
DON'T KNOW..... 8
REFUSED..... 9

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

AGE
DON'T KNOW 88
REFUSED 99 [GO TO QUESTION I9]

I3b. When you were drinking alcohol, how many days per week, per month, or per year would you have an alcoholic beverage in a typical year?

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

PER YEAR.....3
DON'T KNOW.....8
REFUSED.....9

I3c. When you were drinking alcohol, about how many drinks would you have on the days that you drank?

DRINKS / DAY

I3d. When you were drinking alcohol, did you ever drink four or more alcoholic beverages in a row, in one sitting?

Yes..... 1
No. 2 [GO TO QUESTION I9]
DON'T KNOW..... 8 [GO TO QUESTION I9]
REFUSED..... 9 [GO TO QUESTION I9]

I3d.1. How many times would this happen in a typical year?

TIMES
PER WEEK1 [GO TO QUESTION I9]
PER MONTH2 [GO TO QUESTION I9]
TOTAL FOR 12 MONTHS.3 [GO TO QUESTION I9]

I4. 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 MONTH2
TOTAL FOR PAST 12 MONTHS.3
DON'T KNOW.....8
REFUSED.....9

I5. During the past 12 months, about how many drinks would you have on the days that you drank?

DRINKS / DAY

<FILL "During the past 12 months," IF I5 < 4>

I6. [During the past 12 months,] did you ever drink four or more alcoholic beverages in a row, in one sitting?

Yes..... 1
No. 2 [GO TO QUESTION I7]
DON'T KNOW..... 8 [GO TO QUESTION I7]
REFUSED..... 9 [GO TO QUESTION I7]

I6a. How many times has this happened in the past 12 months?

TIMES
PER WEEK1
PER MONTH2

TOTAL FOR 12 MONTHS.....3

I7. Think specifically about the past 30 days, from [DATEFILL*]. 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 I9]

DON'T KNOW 88 [GO TO QUESTION I9]

REFUSED 99 [GO TO QUESTION I9]

I8. On the days that you drank during the past 30 days, how many **drinks** did you **usually** have each day?

OF DRINKS: __ __ [RANGE: 1 - 90]

DON'T KNOW 88

REFUSED..... 99

I9. 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

I10. 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 8

REFUSED..... 9

SECTION J: Lifestyle - Tobacco

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

J1. 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 J10]
 DON'T KNOW..... 8 [GO TO QUESTION J10]
 REFUSED..... 9 [GO TO QUESTION J10]

J2. 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

J3. Do you now smoke cigarettes...?

Every day..... 1 [GO TO QUESTION J9]
 Some days..... 2
 Not at all..... 3 [GO TO QUESTION J6]
 DON'T KNOW..... 8 [GO TO QUESTION J9]
 REFUSED..... 9 [GO TO QUESTION J10]

SOME DAYS SMOKER COLLECTION

J4. Have you **ever** smoked cigarettes everyday for at least six months?

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

J5. On how many of the past 30 days did you smoke cigarettes?

| __ | __ | # DAYS [RANGE: 1 - 30]

DON'T KNOW..... 88
 REFUSED..... 99 [GO TO QUESTION J10]

J5a On the average, on those [# DAYS] days, how many cigarettes did you usually smoke each day?

| __ | __ | # CIGARETTES PER DAY [RANGE: 1 - 97] [GO TO J10]

DON'T KNOW..... 88 [GO TO J10]
 REFUSED..... 99 [GO TO J10]

FORMER SMOKER COLLECTION

J6. Have you **ever** smoked cigarettes **everyday** for at least six months?

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

J7. 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

J8. When you last smoked fairly regularly, on average how many cigarettes did you smoke each day?

|_| |_| # CIGARETTES PER DAY [RANGE: 1 - 97] [GO TO J10]

DON'T KNOW..... 88 [GO TO J10]
REFUSED..... 99 [GO TO J10]

EVERYDAY SMOKER COLLECTION

J9. On the average, about how many cigarettes do you now smoke each day?

|_| |_| # CIGARETTES PER DAY [RANGE: 1 - 97]

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

Other Tobacco Use

Next I will ask you about use of tobacco products other than cigarettes.

J10. In your **entire life**, have you ever. . .

J10a. ...smoked at least 50 cigars?

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

J10b. ...smoked a pipe at least 50 times?

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

J10c. ...used snuff, such as Skoal®, Skoal Bandit® or Copenhagen® at least 20 times?

Yes..... 1

No 2

DON'T KNOW 8

REFUSED 9

J10d. ...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 K: Socioeconomic Factors

K1. Now I am going to ask you about the total household income in 2010, including income from all sources such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth. Can you tell me that amount before taxes?

PROBE: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical services or have certain conditions more or less often than those in another group. Please include all sources of income including wages, salary, commissions, bonuses, tips from all jobs, self-employment income, annuities, interest, dividends, net rental income, royalties, income from estates and trusts, Social Security or Railroad retirement, Supplemental Security Income (SSI), any public assistance or welfare payments, pensions (including retirement, survivor or disability), Veteran's (VA) payments, unemployment compensation, child support or alimony payments.

\$ (GO TO K2)

REFUSED 8888888888

DON'T KNOW 9999999999

K1a. You may not be able to give us an exact figure for your total household income, but can you tell me if this income in 2010 was . . .

Less than \$10,000	1
\$10,001 to \$20,000	2
\$20,001 to \$30,000	3
\$30,001 to \$40,000	4
\$40,001 to \$50,000	5
\$50,001 to \$60,000	6
\$60,001 to \$70,000	7
\$70,001 to \$80,000	8
\$80,001 to \$90,000	9
\$90,001 to \$100,000	10
\$100,001 to \$150,000	11
\$150,001 to \$200,000	12
More than \$200,001	13
DON'T KNOW	88
REFUSED	99

K2. Last year, how many people, including yourself, were supported by this income?

[VERIFY THAT R HAS INCLUDED THEMSELF IN THE TOTAL NUMBER.]

|_|_| # PEOPLE

<ASK ONLY IF K2 >1, ELSE GO TO K3>

K2a.. How many of these people were under 18 years old?

|_|_| # PEOPLE

K2b. How many were 65 or older?

|_|_| # PEOPLE

K3. Would you say that your total combined family income from all sources before taxes for 2010 was higher, lower, or the same as 2009?

Higher 1

Lower 2

Same 3

DON'T KNOW..... 8

REFUSED..... 9

JOB

The next questions are about your employment status.

IF CURRENTLY WORKING ON THE OIL SPILL (E1=1)

K4. Between January 2010 and April 2010, were you working for pay, including self-employment?

Yes..... 1

No 2 [GO TO QUESTION K6]

DON'T KNOW..... 8 [GO TO QUESTION K6]

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

K4a. What kind of business or industry did you work in?

[FREE TEXT FIELD] TYPE OF BUSINESS

DON'T KNOW 8

REFUSED 9

K4b. What was your job title or what kind of work did you do?

[FREE TEXT FIELD] TYPE OF WORK

DON'T KNOW 8

REFUSED 9

K4c. What were your most important activities on that job?

[FREE TEXT FIELD] DUTIES

DON'T KNOW 8
 REFUSED 9

K4d. About how long did you work for that company in that job?

|_|_|_| Units

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

K4e. Did you work in this job during the oil spill?

Yes 1
 No 2
 DON'T KNOW 8
 REFUSED 9

K4f. Are you still working in this job?

Yes 1
 No 2
 DON'T KNOW 8
 REFUSED 9

K5. Was this your longest held job?

Yes 1 [GO TO QUESTION K6]
 No 2
 DON'T KNOW 8
 REFUSED 9

K5a. Thinking of all the paid jobs you have ever had, what was your job title or what kind of work have you done the longest?

[FREE TEXT FIELD] OCCUPATION

NEVER WORKED 7 [GO TO QUESTION K6]
 DON'T KNOW 8 [GO TO QUESTION K6]
 REFUSED 9 [GO TO QUESTION K6]

K5b. What kind of business or industry did you work in for the longest period of time as a [LONGEST OCCUPATION]?

[FREE TEXT FIELD] BUSINESS/INDUSTRY

DON'T KNOW 8
 REFUSED 9

K5c. What were your most important activities on this job in this business?

[FREE TEXT FIELD] DUTIES

DON'T KNOW 8

REFUSED 9

K5d. About how long did you work at that job in this business?

|_|_| Units

Days 1

Weeks 2

Months 3

Years 4

DON'T KNOW 888

REFUSED 999

K6. While working on the oil spill response have you had another job?

Yes 1

No 2 [GO TO QUESTION K7]

DON'T KNOW 8 [GO TO QUESTION K7]

REFUSED 9 [GO TO QUESTION K7]

K6a. What kind of business or industry did you work in?

SAME AS REPORTED IN K4a [PIPE IN RESPONSE FROM K4a] [GO TO QUESTION K6d]

SAME AS REPORTED IN K5b [PIPE IN RESPONSE FROM K5b] [GO TO QUESTION K6d]

[FREE TEXT FIELD] TYPE OF BUSINESS

DON'T KNOW 8

REFUSED 9

K6b. What was your job title or what kind of work did you do?

[FREE TEXT FIELD] TYPE OF WORK

DON'T KNOW 8

REFUSED 9

K6c. What were your most important activities on that job?

[FREE TEXT FIELD] DUTIES

DON'T KNOW 8

REFUSED 9

K6d. About how long did you work for that company in that job?

|_|_| Units

Days 1

Weeks 2

Months 3

Years 4

DON'T KNOW 888

REFUSED 999

K7. [ONLY ASKED IF K4 = 2,8,OR 9] Thinking of all the paid jobs you have ever had, what was your job title or what kind of work have you done the longest? SAME AS REPORTED IN K6a [PIPE IN RESPONSE FROM K6a] [GO TO QUESTION K7c]

[FREE TEXT FIELD] OCCUPATION

NEVER WORKED 7 [GO TO QUESTION K23]

DON'T KNOW 8 [GO TO QUESTION K23]

REFUSED 9 [GO TO QUESTION K23]

K7a. What kind of business or industry did you work in for the longest period of time as a [LONGEST OCCUPATION]?

[FREE TEXT FIELD] BUSINESS/INDUSTRY

DON'T KNOW 8

REFUSED 9

K7b. What were your most important activities on this job in this business?

[FREE TEXT FIELD] DUTIES

DON'T KNOW 8

REFUSED 9

K7c. About how long did you work at that job in this business?

|_|_|_| Units

Days 1

Weeks 2

Months 3

Years 4

DON'T KNOW 888

REFUSED 999

[GO TO EMPLOYMENT IN THE OIL INDUSTRY (QUESTION K23)]

IF PREVIOUSLY WORKED ON THE OIL SPILL (E1=2 OR 9)

K8. Between January 2010 and April 2010, were you working for pay?

Yes 1

No 2 [GO TO QUESTION K10]

DON'T KNOW 8 [GO TO QUESTION K10]

REFUSED 9 [GO TO QUESTION K10]

K8a. What kind of business or industry did you work in?

[FREE TEXT FIELD] TYPE OF BUSINESS

DON'T KNOW 8

REFUSED 9

K8b. What was your job title or what kind of work did you do?

[FREE TEXT FIELD] TYPE OF WORK

DON'T KNOW 8

REFUSED 9

K8c. What were your most important activities on that job?

[FREE TEXT FIELD] DUTIES

DON'T KNOW 8

REFUSED 9

K8d. About how long did you work for that company in that job?

|_|_|_| Units

Days 1

Weeks 2

Months 3

Years 4

DON'T KNOW 888

REFUSED 999

K8e. Did you work in this job during the oil spill?

Yes 1

No 2

DON'T KNOW 8

REFUSED 9

K8f. Are you still working in this job?

Yes 1

No 2

DON'T KNOW 8

REFUSED 9

K9. Was this your longest held job?

Yes 1 [GO TO QUESTION K10]

No 2

DON'T KNOW 8

REFUSED 9

K9a. Thinking of all the paid jobs you have ever had, what was your job title or what kind of work have you done the longest?

[FREE TEXT FIELD] OCCUPATION

NEVER WORKED 7 [GO TO QUESTION K10]

DON'T KNOW 8 [GO TO QUESTION K10]

REFUSED 9 [GO TO QUESTION K10]

K9b. What kind of business or industry did you work in for the longest period of time as a [LONGEST OCCUPATION]?

[FREE TEXT FIELD] BUSINESS/INDUSTRY

DON'T KNOW 8

REFUSED 9

K9c. What were your most important activities on this job in this business?

[FREE TEXT FIELD] DUTIES

DON'T KNOW 8

REFUSED 9

K9d. About how long did you work at that job in this business?

|_|_|_| Units

Days 1

Weeks 2

Months 3

Years 4

DON'T KNOW 888

REFUSED 999

K10. While working on the oil spill response did you have another job?

Yes 1

No 2 [GO TO QUESTION K11]

DON'T KNOW 8 [GO TO QUESTION K11]

REFUSED 9 [GO TO QUESTION K11]

K10a. What kind of business or industry did you work in?

SAME AS REPORTED IN K8a [PIPE IN RESPONSE FROM K8a] [GO TO QUESTION K10d]

SAME AS REPORTED IN K9b [PIPE IN RESPONSE FROM K9b] [GO TO QUESTION K10d]

[FREE TEXT FIELD] TYPE OF BUSINESS

DON'T KNOW 8

REFUSED 9

K10b. What was your job title or what kind of work did you do?

[FREE TEXT FIELD] TYPE OF WORK

DON'T KNOW 8

REFUSED 9

K10c. What were your most important activities on that job?

[FREE TEXT FIELD] DUTIES

DON'T KNOW 8

REFUSED 9

K10d. About how long did you work for that company in that job?

|_|_| Units

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

K11. [ONLY ASKED IF K8 = 2,8,OR 9] Thinking of all the paid jobs you have ever had, what was your job title or what kind of work have you done the longest?

SAME AS REPORTED IN K10b [PIPE IN RESPONSE FROM 10b] [GO TO QUESTION K11c]

[FREE TEXT FIELD] OCCUPATION

NEVER WORKED 7 [GO TO QUESTION K12]
DON'T KNOW 8 [GO TO QUESTION K12]
REFUSED 9 [GO TO QUESTION K12]

K11a. What kind of business or industry did you work in for the longest period of time as a [LONGEST OCCUPATION]?

[FREE TEXT FIELD] BUSINESS/INDUSTRY

DON'T KNOW 8
REFUSED 9

K11b. What were your most important activities on this job in this business?

[FREE TEXT FIELD] DUTIES

DON'T KNOW 8
REFUSED 9

K11c. About how long did you work at that job in this business?

|_|_| Units

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

K12. [IF K8f = 1 GO TO QUESTION K17] 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 K23]
 RETIRED 4 [GO TO K23]
 DISABLED, PERMANENTLY OR TEMPORARILY 5 [GO TO K23]
 KEEPING HOUSE 6 [GO TO K23]
 STUDENT 7 [GO TO K23]
 OTHER 8 K12a. Specify:

DON'T KNOW..... 88 [GO TO K23]
 REFUSED..... 99 [GO TO K23]

K13. What kind of business or industry do you work in?
 SAME AS REPORTED IN K8a [PIPE IN RESPONSE FROM K8a] [GO TO
 QUESTION K16]
 SAME AS REPORTED IN K9b [PIPE IN RESPONSE FROM K9b] [GO TO
 QUESTION K16]
 [FREE TEXT FIELD] TYPE OF BUSINESS
 DON'T KNOW 8
 REFUSED..... 9

K14. What is your job title or what kind of work do you do?
 [FREE TEXT FIELD] TYPE OF WORK
 DON'T KNOW..... 8
 REFUSED..... 9

K15. What are your most important activities on this job?
 [FREE TEXT FIELD] DUTIES
 DON'T KNOW..... 8
 REFUSED..... 9

K16. About how long have you worked for this company in this job?
 |__|__|__| Units
 Days 1
 Weeks 2
 Months 3
 Years 4
 DON'T KNOW.. 888
 REFUSED..... 999

[GO TO EMPLOYMENT IN THE OIL INDUSTRY (QUESTION K23)]

IF NEVER WORKED ON THE OIL SPILL (E0=2)

K17. 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 K22a]
 RETIRED 4 [GO TO K22a]
 DISABLED, PERMANENTLY OR TEMPORARILY 5 [GO TO K22a]
 KEEPING HOUSE 6 [GO TO K22a]
 STUDENT 7 [GO TO K22a]
 OTHER 8 K17a. Specify:

 DON'T KNOW..... 88 [GO TO K22a]
 REFUSED..... 99 [GO TO K22a]

K18. What kind of business or industry do you work in?

[FREE TEXT FIELD] TYPE OF BUSINESS

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

K19. What is your job title or what kind of work do you do?

[FREE TEXT FIELD] TYPE OF WORK

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

K20. What are your most important activities on this job?

[FREE TEXT FIELD] DUTIES

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

K21. About how long have you worked for this company in this job?

|_|_|_| Units

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

K22. Is this your longest held job?

Yes..... 1 [GO TO QUESTION K23]
 No 2
 DON'T KNOW..... 8
 REFUSED..... 9

K22a. Thinking of all the paid jobs you have ever had, what was your job title or what kind of work have you done the longest?

[FREE TEXT FIELD] OCCUPATION

NEVER WORKED..... 7 [GO TO QUESTION K23]

DON'T KNOW 8 [GO TO QUESTION K23]

REFUSED 9 [GO TO QUESTION K23]

K22a. What kind of business or industry did you work in for the longest period of time as a [LONGEST OCCUPATION]?

[FREE TEXT FIELD] BUSINESS/INDUSTRY

DON'T KNOW 8

REFUSED 9

K22b. What were your most important activities on this job in this business?

[FREE TEXT FIELD] DUTIES

DON'T KNOW 8

REFUSED 9

K22c. About how long did you work at that job in this business?

|_|_|_| Units

Days..... 1

Weeks 2

Months 3

Years..... 4

DON'T KNOW 888

REFUSED 999

Employment in Oil Industry

K23. Have you done oil spill clean-up other than for the Deepwater Horizon Disaster?

Yes..... 1

No 2

DON'T KNOW..... 8

REFUSED..... 9

K24. Other than any jobs that you have already told me about, did you ever work in the oil industry, such as in exploration, drilling, refining, transportation, or other jobs?

Yes..... 1

No 2 [GO TO K25]

DON'T KNOW..... 8 [GO TO K25]

REFUSED..... 9 [GO TO K25]

K24a. 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

K24b. What were your most important activities on this job?

[FREE TEXT FIELD] DUTIES

DON'T KNOW 8

REFUSED 9

K24c. 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

K25. Have you received HAZWOPER training or other training in handling hazardous materials?

Yes 1

No 2 [GO TO SECTION K26]

DON'T KNOW 8 [GO TO SECTION K26]

REFUSED 9 [GO TO SECTION K26]

K25a. When did you first receive training?

MM/YYYY

DON'T KNOW 8

REFUSED 9

K26. Have you worked with any of the following materials? [SELECT ALL THAT APPLY]

Oil 1

Lead 2

Asbestos 3

Radioactive Materials 4

Other? 5 Specify: [FREE TEXT FIELD]

DON'T KNOW 8

REFUSED 9

Military Service

K27. Have you ever served on active duty in the U.S. Armed Forces, military Reserves, or National Guard? Active duty does not include training for the Reserves or National Guard, but DOES include activation, for example, for the Persian Gulf War

Yes, now on active duty 1
 Yes, on active duty during the last 12 months, but not now 2
 Yes, on active duty in the past, but not during the last 12 months 3
 No, training for Reserves or National Guard only 4 [GO TO K28]
 No, never served in the military..... 5 [GO TO K28]
 DON'T KNOW..... 8 [GO TO K28]
 REFUSED..... 9 [GO TO K28]

K27a. What branch of the service did you serve in?

Army..... 1
 Navy 2
 Marines 3
 Air Force..... 4
 Coast Guard..... 5
 Military Reserves 6
 National Guard 7

Other, please specify 0 Specify _____
 DON'T KNOW 8
 REFUSED 9

K27b. When did this you serve on active duty in the U.S. Armed Forces?
 Give the earliest and latest date if your service was not continuous.

[NOTE TO INTERVIEWER: PROBE IF NECESSARY. THE FOLLOWING
 MILESTONE DATES:

SEPTEMBER 2001 OR LATER
 AUGUST 1990 TO AUGUST 2001 (INCLUDING PERSIAN GULF WAR)
 SEPTEMBER 1980 TO JULY 1990
 MAY 1975 TO AUGUST 1980
 VIETNAM ERA (AUGUST 1964 TO APRIL 1975)
 MARCH 1961 TO JULY 1964
 KOREAN WAR (JULY 1950 TO JANUARY 1955)
 WORLD WAR II (DECEMBER 1941 TO DECEMBER 1946)
 FEBRUARY 1955 TO FEBRUARY 1961
 JANUARY 1947 TO JUNE 1950

NOVEMBER 1941 OR EARLIER]

Earliest: __/__/__/__ [YYYY]

Latest: __/__/__/__ [YYYY]

DON'T KNOW 8

REFUSED 9

K27c. Have you ever received hazardous duty incentive pay?

[INTERVIEWER: Probe if the respondent asks. The following duties are eligible for this payment: Parachute Duty; Flight Deck Duty; Demolition Duty; Experimental Stress Duty; Toxic Fuels (or Propellants) Duty; Toxic Pesticides Duty; Dangerous Viruses (or Bacteria) Lab Duty; Chemical Munitions]

Yes 1

No 2 [GO TO K27e]

DON'T KNOW 8 [GO TO K27e]

REFUSED 9 [GO TO K27e]

K27d. What did you receive hazardous duty incentive pay for?

[FREE TEXT]

K27d1. When did you receive hazardous duty incentive pay?

Earliest: __/__/__/__ [YYYY]

Latest: __/__/__/__ [YYYY]

DON'T KNOW 8

REFUSED 9

K27e. Have you ever received combat pay (hostile fire and imminent danger pay)? [INTERVIEWER: Probe if the respondent asks. The respondent is eligible to receive combat pay if they were subject to hostile fire or explosion of hostile mines; on duty in a foreign area in which he/she was subject to the threat of physical harm or imminent danger on the basis of civil insurrection, civil war, terrorism, or wartime conditions.]

Yes 1

No 2 [GO TO K28]

DON'T KNOW 8 [GO TO K28]

REFUSED 9 [GO TO K28]

K27f. Where did you serve to receive combat pay? [INTERVIEWER: probe for military conflicts such as Gulf War I, Vietnam, Korea, etc.]

[FREE TEXT]

K27f1. When did you receive combat pay?

Earliest: __/__/__/__ [YYYY]

Latest: __/__/__/__ [YYYY]

DON'T KNOW 8
 REFUSED 9

Occupational Exposure

K28. On any of your jobs [NOTE TO INTERVIEWER: ONLY READ IF K27=1, 2 or 3: – either military or civilian], did you work with or near any of the following materials at least 15 minutes a week:

	YES	NO	DK	RE
K28a. Insulation	1	2	8	9
K28b. Brake shoes	1	2	8	9
K28c. Corrosive materials, such as acids		1	2	8
9				
K28d. Coal or stone dust	1	2	8	9
K28e. Metal machining oils	1	2	8	9
K28f. Paints, varnishes, stains, or strippers	1	2	8	9
K28g. Degreasers or chemicals used to clean metal parts	1	2	8	9
K28h. Other chemicals used to clean floors, walls and other surfaces	1	2	8	9
K28i. Asphalt, tar or other tar-like materials	1	2	8	9
K28j. Diesel engine exhaust		1	2	8
9				
K28k. Gasoline engine exhaust	1	2	8	9
K28l. Pesticides, insecticides or herbicides	1	2	8	9
K28m. Welding fumes	1	2	8	9
K28n. Wood dust	1	2	8	9
K28o. Metal dust from grinding or other tasks	1	2	8	9

Part 3: Scripts – Post-Telephone Enrollment Questionnaire (Estimated Burden: 2 minutes)

SECTION L: Wrap-up and Scheduling

SECTION L.1: SSN and Transition

Your social security number will help us keep in touch with you over the years and allow us to link to the correct records about your health. Reporting your social security number is voluntary. We will not share your social security number with others and we will do everything possible to keep it private. What is your social security number?

__/__/__ - __/__/__ - __/__/__/ [GO TO SECTION L.1.a]

DON'T HAVE000 00 0000 [GO TO SECTION L.1.a]

DON'T KNOW888 88 8888

REFUSED999 99 9999

Would you be willing to tell me the last four digits of your social security number?
The last four digits of your Social Security Number are not unique to you. Other people have those same last four digits. However, it will help us do a better job of keeping up with you and your public health records over the years.

Last 4 numbers of SSN - ____ _ _ _

DON'T HAVE0000

DON'T KNOWAAAA

REFUSEDXXXX

SECTION L.1.a.

These are all of the study questions I have for you.

Do you have any questions about the study or anything that we have discussed today?

Yes1 [RESPOND TO CONCERNS BASED ON
INFORMATION FROM THE FAQ]

No2

DON'T KNOW8

REFUSED9

Before I let you go, I'd like to briefly talk with you about a few more things.

[IF ELIGIBLE FOR ACTIVE SUBCOHORT, GO TO SECTION L.2;
IF ELIGIBLE FOR BIOMEDICAL SUBCOHORT, GO TO SECTION L.3;
IF ELIGIBLE FOR ACTIVE OR BIOMEDICAL SUBCOHORT BUT LIVES OUT OF
STATE, GO TO SECTION L.4
IF ELIGIBLE FOR PASSIVE SUBCOHORT, GO TO SECTION L.5]

SECTION L.2: Study Requirement for Active Subcohort

We really appreciate your participation and help so far. Based on your experiences during the oil spill, you are eligible to be in the second part of the GuLF Study. If you agree to take part, we'll send a member of our staff to your home for a study visit. You'll receive a \$50 gift card for completing the home visit. The home visit is voluntary and you can decline to participate at any time.

During the visit, you'll be told more about the study and you'll be asked to:

- have your blood pressure, height, weight, hips, and waist measured
- blow hard into a machine to measure your lung function
- have a blood sample drawn and provide samples of urine, hair, and toenail clippings
- 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 about your health every other year by phone

The visit will take about two and a half hours to complete. Do you have any questions about this next part 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 schedule a home visit for this next phase of the study?

Yes 1
No 2
DON'T KNOW 8
REFUSED 9

[IF PARTICIPANT AGREES TO SCHEDULE HOME VISIT, GO TO SECTION L.7;
IF PARTICIPANT ASKS FOR TIME TO CONSIDER, GO TO SECTION L.6;
IF NO AND A REASON IS GIVEN; GO TO SECTION L.2.a;
IF NO AND A REASON IS NOT GIVEN; GO TO SECTION L.2.b]

SECTION L.2.a. 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] [IF CONVERSION IS SUCCESSFUL, GO TO SECTION L.7; IF PARTICIPANT ASKS FOR TIME TO CONSIDER, GO TO SECTION L.6]

Thank you for your time.

SECTION L.2.b. May I ask why you don't want to enroll at this time? This information will help us improve the GuLF Study.

[RECORD REASON]

I understand you said... [RESTATE REASON AND USE TELEPHONE INTERVIEW Q & A BENEFITS TO ATTEMPT A CONVERSION.]

[RECORD REASON] [IF CONVERSION IS SUCCESSFUL, GO TO SECTION L.7; IF PARTICIPANT ASKS FOR TIME TO CONSIDER, GO TO SECTION L.6]

Thank you for your time.

[TERMINATE CALL]

SECTION L.3: Study Requirement for Biomedical Subcohort

We really appreciate your participation and help so far. Based on your experiences during the oil spill, you are eligible to be in the second part of the GuLF Study. If you agree to take part, we'll send a member of our staff to your home for a study visit. You'll receive a \$50 gift card for completing the home visit. The home visit is voluntary and you can decline to participate at any time.

During the visit, you will be told more about the study and you will be asked to:

- have your blood pressure, height, weight, hips, and waist measured
- blow hard into a machine to measure your lung function
- 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

At a later time, you may be asked to take part in more detailed clinical studies with our research partners from your area. The purpose and requirements of these studies will be explained to you when you are asked to participate. You can decide whether or not you want to participate at that time.

The visit will take about two and a half hours to complete. Do you have any questions about this next part 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 schedule a home visit for this next phase of the study?

Yes 1

No..... 2

DON'T KNOW 8

REFUSED 9

[IF PARTICIPANT AGREES TO SCHEDULE HOME VISIT, GO TO SECTION L.7;
IF PARTICIPANT ASKS FOR TIME TO CONSIDER, GO TO SECTION L.6;
IF NO AND A REASON IS GIVEN; GO TO SECTION L.3.a;
IF NO AND A REASON IS NOT GIVEN; GO TO SECTION L.3.b]

SECTION L.3.a. 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.

[RECORD REASON] [IF CONVERSION IS SUCCESSFUL, GO TO
SECTION L.7; IF PARTICIPANT ASKS FOR TIME TO CONSIDER,
GO TO SECTION L.6

Thank you for your time.

[TERMINATE CALL]

SECTION L.3.b. 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]. [RECORD REASON] [IF CONVERSION IS SUCCESSFUL, GO TO SECTION L.7; IF PARTICIPANT ASKS FOR TIME TO CONSIDER, GO TO SECTION L.6]

Thank you for your time.

[TERMINATE CALL]

SECTION L.4: Study Requirement for Active and Biomedical Subcohort Participants Who Live Outside of the Four Gulf States

We really appreciate your participation and help so far. Based on your experiences during the oil spill, you may be eligible to be in the second part of the GuLF Study. If you are confirmed to be eligible and you agree to take part, we will either send a study representative to your home for a study visit or else request that you participate in a telephone interview and visit your health care provider. We will pay any expenses associated with your visit to your health care provider. In addition, you'll receive a \$50 gift card for completing these steps. This next part of the study is voluntary and you can decline to participate at any time.

For this next part of the study, you may be asked to:

- have your blood pressure, height, weight, hips, and waist measured
- have a blood sample drawn and provide samples of urine, hair, and toenail clippings
- complete a one-hour interview
- collect a dust sample from your home using wipes that we will send you

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

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

The study visit will take about two and a half hours to complete. Do you have any questions about this next part of the study?

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

May we contact you if we determine that you are eligible to participate in the second part of this study?

Yes 1
No 2
DON'T KNOW 8
REFUSED 9

[IF PARTICIPANT AGREES TO BE CONTACTED, GO TO SECTION L.4.c;
IF PARTICIPANT ASKS FOR TIME TO CONSIDER, GO TO SECTION L.6;
IF NO AND A REASON IS GIVEN; GO TO SECTION L.4.a;
IF NO AND A REASON IS NOT GIVEN; GO TO SECTION L.4.b]

SECTION L.4.a. 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 be contacted. This information will help us improve the GuLF Study.

[RECORD REASON]

[IF CONVERSION IS SUCCESSFUL, GO TO SECTION L.7; IF PARTICIPANT ASKS FOR TIME TO CONSIDER, GO TO SECTION L.6]

Thank you for your time.

[TERMINATE CALL]

SECTION L.4.b. May I ask why you don't want to be contacted? This information will help us improve the GuLF Study.

[RECORD REASON]

[IF CONVERSION IS SUCCESSFUL, GO TO SECTION L.7; IF PARTICIPANT ASKS FOR TIME TO CONSIDER, GO TO SECTION L.6]

Thank you for your time.

[TERMINATE CALL]

SECTION L.4.c: Coordinate Home Visit Scheduling

Thank you very much for considering future participation in this study.

[PARTICIPANT'S NAME], I really appreciate your time. If you have any questions, let me give you the phone number to reach a member of the 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.

[TERMINATE CALL]

SECTION L.5: Passive Subcohort

Thank you for agreeing to be in the GuLF Study and completing this interview.

During the study, we will send you a newsletter every year to let you know about study progress and findings. We will also ask you to update your contact information. If you have any questions about the study you may call the toll-free number to reach a member of the study staff. That number is 1 855 NIH GuLF (644 4853). The phone will be answered Monday through Saturday between [9 AM and 9 PM] and Sunday between [noon and 6pm] [CALL CENTER HOURS PRESENTED IN LOCAL TIME]. You can also visit the 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]

[PARTICIPANT'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.

[TERMINATE CALL]

SECTION L.6: 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]

Date: ____ / ____ / ____ [MM/DD/YYYY]

Time: ____ : ____ AM/PM

HARD APPOINTMENT1

SOFT APPOINTMENT2

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

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 the toll-free phone number to reach a member of the 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].

[TERMINATE CALL]

SECTION L.7: Coordinate Home Visit Scheduling

Thank you very much for agreeing to participate in the study. In the next few days, one of the 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]

[PARTICIPANT'S NAME], I really appreciate your time. If you have any questions or have any trouble scheduling your visit, let me give you the phone number to reach a member of the 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.

[TERMINATE CALL]

SECTION L.8: Refusal to Participate

[PARTICIPANT'S NAME], I really appreciate your time. If you have any questions or concerns, let me give you the phone number to reach a member of the 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].

[TERMINATE CALL]

SECTION L.9: Ineligible

[PARTICIPANT'S NAME], I really appreciate your time. However, due to your age, you are ineligible to participate. If you have any questions or concerns, let me give you the phone number to reach a member of the 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].

[TERMINATE CALL]