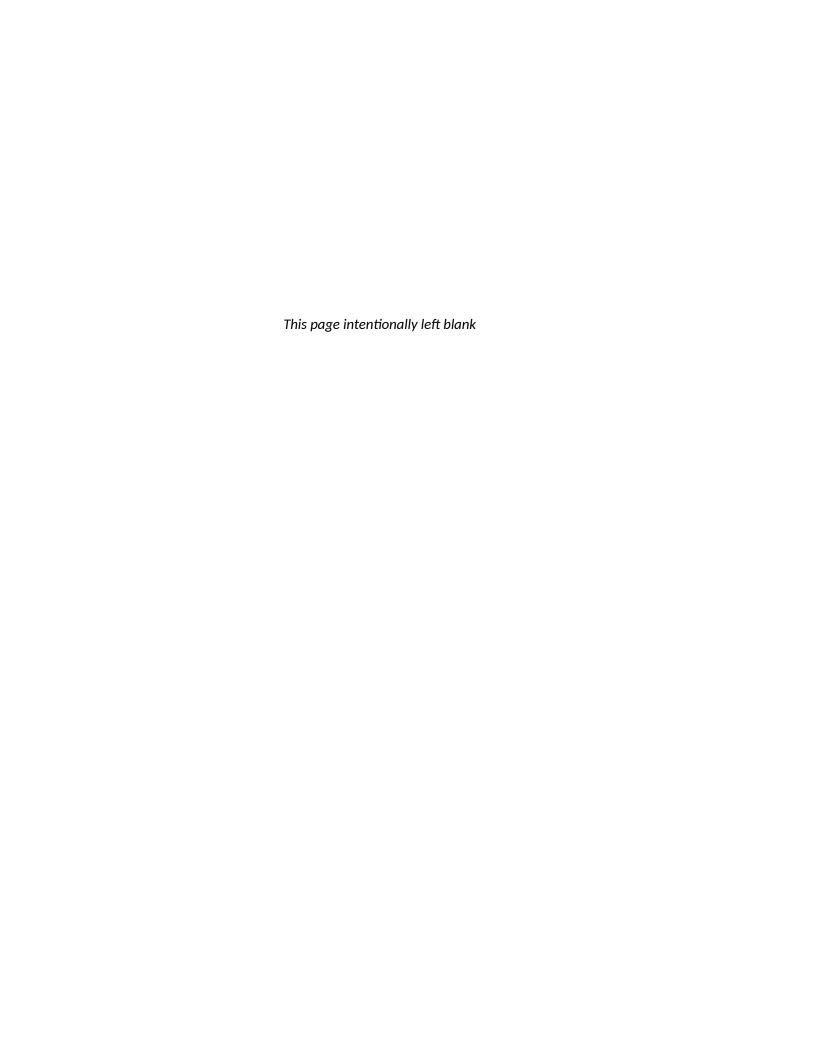
Attachment 4d

MICHIGAN DEPARTMENT OF COMMUNITY HEALTH DIVISION OF ENVIRONMENTAL HEALTH

Biomonitoring of Persistent Toxic Substances in Michigan Urban Fisheaters

Biomonitoring Questionnaire

Readability has been calculated using the Fry Readability Formula for determining grade level at the 6th grade level when sentences containing agency names are omitted.



Form Approved OMB No. 0923-XXXX Exp. Date xx/xx/20xx

SURVEY QUESTIONNAIRE

e of Interview:
erviewer Name:
Introductory Script: Hello. My name is Thank you for agreeing to be part of this study. I am going to ask you some questions about you and your normal activitiesthings like your age, where you live, foods you eat, and a few questions about your lifestyle. Everyone in the study will be asked the same questions.
It will take about one hour to go through all of the questions.
Before we start, I want to remind you about a few things:
First, tell me if I'm going too fast or if you would like to take a break. Also, you don't have to answer any questions that you don't want to. Just tell me that you "don't want to answer" and we'll skip the question.
Second, if you are not sure about an answer, do the best you can. If you can't remember or don't know, just tell me "I don't know".
Third, please do the best you can, because your answers are very important. They will help us learn how people have come into contact with chemicals in the environment.
Finally, you can tell me to stop if you don't want to finish answering these questions.
Do you have any questions for me?
Okay, let's get started.
lic reporting burden of this collection of information is estimated to average 54 minutes per response for total

participation, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0923-XXXXX).

Study ID

Note to interviewer: The text in <u>italics</u> are instructions or supporting information. Do not read aloud.

CONTACT INFORMATION

1. What is your full name?

Script: We need some information about how to reach you so we can send you the results of the tests done on your blood and urine. All the information you give in this first part will be stored separately from the rest of the things you tell me.

	First:						
	Middle initial:						
	Last:						
2.	Do you have an email address? \ you.	We will only use this to	o contact you	if we have	trouble ı	mailing yo	our results to
	[] Yes [] No (If checked, SKIP to Q 4) [] DK [] Refused						
3.	(If YES) What is it?						
4.	Do you have a phone number wh relative, or someone who will know	•	? This can eve	en be the p	hone nun	nber of a	friend,
	[] Yes [] No (If checked, SKIP to Q 6) [] DK [] Refused						
5.	(if YES) What is it?	Phone:		•	Home	• Work	• Cell
	Alternate Phone:			_ • Home	Work	Cell	
		(friend, relative)					
6.	What is your street address?						
	Street Number:	Street Name:			Unit:		
	City:	State:	_ ZIP Code:				
	[] None						
							2 Page

Study ID

	[] DK [] Refused			
7.	Is your mailing address different from yo	our street address?		
	[] Yes [] No (If checked, SKIP to Q 9) [] DK [] Refused			
8.	(if YES) What is your mailing address?			
	P.O. Box:	_ or		
	Street Number:	Street Name:	Unit:	
	City:State: _	ZIP Code:		
	[] DK [] Refused			
9.	Indicate whether the person is a male or	female. If unsure, ask his/her gender.		
	M F			
10.	What is your birthdate?			
	<u>dd / mm / yyyy</u>			
	[] DK [] Refused			
		XX] years old.		
11.	Do you consider yourself to be Hispanic	or Latino?		
	[] Yes [] No [] DK [] Refused			
12.	What race or races do you consider you	rself? CHECK all that apply.		
	[] White [] Black or African American [] Asian [] Native Hawaiian or Other Pacific Islan	der		
	[] American Indian or Alaska Native [] DK [] Refused			
	[] Netuseu			3 Page

Separate portion above from rest of interview questionnaire

RESIDENTIAL HISTORY

Script: N	ext, I will ask a few questions about where you have lived.
13.	How long have you lived at your current address?
	years months
	If ENTIRE LIFE, enter age in years
	If less than 1 year, enter 00 years and number of months reported. If full years reported, enter number of years and 00 months.
	if full years reported, enter number of years and of months.
14.	How long have you lived in {Saginaw AOC/Detroit AOC}? SHOW MAP
	years months
	If ENTIRE LIFE, enter age in years
	If less than 1 year, enter 00 years and number of months reported. If full years reported, enter number of years and 00 months.
	if full years reported, enter number of years and oo months.
CL IDDI	ENT HOME
CURKI	ENT HOME
Script: I '	d like to ask you a few questions about where you live now.
15.	When was this home built?
	[] 1978 or newer
	[] Between 1960 and 1977
	[] Before 1960 [] DK
	[] Refused
16.	Have you ever been told that your current home has lead paint?
	[]Yes
	[] No (If checked, SKIP to Q 18) [] DK
	[]Refused

17.	(if YES) Was the lead paint removed from your home?
	[] Yes, by the residents [] Yes, by a professional [] No [] DK [] Refused
18.	In the past 7 days, were any chemical fertilizers used in your lawn or garden?
	[] Yes [] No [] DK [] Refused
19.	Does the water used for drinking and cooking in your home come from a public water supply, a private well, or something else? (May choose more than one)
	[] Public Water Supply [] Private Well [] Something Else [] DK [] Refused
20.	Have you ever had your drinking water tested for lead or arsenic?
	[] Yes [] No (If checked, SKIP to Q 22) [] DK [] Refused
21.	(if YES) Did the test show that you had lead or arsenic in your water?
	[] Yes, lead [] Yes, arsenic [] Yes, lead and arsenic [] No [] DK [] Refused

EDUCATION & OCCUPATION

22.	What is the highest grade, level of school, or degree	you have completed? SHOW CARD, if necessary.
	 [] 8th grade or less [] 9th to 12th grade, no diploma [] High school graduate or GED [] Some college, no diploma [] Associate Degree [] Bachelors Degree 	
	[] Postgraduate, Professional, or Doctoral Degree	
	Script: I want to know what type of work you've do 12 months.	ne and the kind of business where you worked in the last
23.	What best describes your job status in the past 12 current category)	months? (If status changed within the past 12 months, enter
	[] Employed and not a student [] Employed and a student [] A student and not employed [] Looking for work [] Homemaker [] Retired [] Unable to Work [] Refused	
24.	Currently, what is your job or job title and the kind	of business or organization where you work?
	Job 1	Industry 1
25.	. What are your usual activities or duties?	
26.	. If you had more than one job in the past 12 months	s, tell me about each.
	Job 2	Industry 2
	What {are/were} your usual activities or duties?	

Job 3	Industry 3
What {are/were} your usual activities or duties?	
Job 4	_ Industry 4
What {are/were} your usual activities or duties?	

Script: Now I will ask you about jobs you have held where you have come into contact with chemicals. Be sure to include seasonal work, self-employment, military service, and farm work in your answers.

Study ID				
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WORK HISTORY			
		(if YES)	(if YES)
As part of a job, have you ever CHECK response	(if YES) What {is/was} your job title/description?	Year started job	Year ended job
27. Have you ever applied pesticides that kill insects, fungus, or weeds?	27a Job title/description	27b	27с
[] Yes [] No [] DK [] Refused		year	year
28. Have you ever worked for a trash or recycling company?	28a Job title/description	28b year	28c year
[] Yes [] No [] DK [] Refused		, ca.	,
29. Have you ever worked in a foundry, a smelter, a welding facility or steel mill?	29a Job title/description	29b year	29c year
[] Yes [] No [] DK [] Refused		year	year
30. Have you ever removed lead paint?	30a Job title/description	30b	30c
[] Yes [] No [] DK [] Refused		year	year

31. Have you ever worked with commercial electrical equipment such as transformers, or capacitors or worked for an electric power company?	31a Job title/description	31b year	31c year
[] Yes [] No [] DK [] Refused			
32. Have you ever been a maintenance worker in any type of heavy industry? [] Yes [] No	32a Job title/description	32b year	32c year
[] DK [] Refused			
33. Have you ever worked for a battery manufacturing or recycling company? [] Yes	33a Job title/description	33b year	33c year
[] No [] DK [] Refused			
34. Have you ever worked for a chemical manufacturing company?	34a Job title/description	34b year	34c year
[] Yes [] No [] DK [] Refused			

35. Have you ever worked for an automobile	35a Job title/description	35b	35c
manufacturing company?		Voor	Voor
[] Yes		year	year
[]No			
[] DK [] Refused			
[] Neruseu			

LIFESTYLE

Script: We also want to know about a few lifestyle choices that might increase or decrease the amount of chemicals in your body.

36. Most days, do you take any dietary supplements that have fish oil or other Omega 3 oil?
[] Yes [] No [] DK [] Refused
37. Most days, do you take any store-bought herbal supplements?
[] Yes [] No [] DK [] Refused
38. Have you smoked at least 100 cigarettes (5 packs) in your lifetime?
[] Yes [] No (if checked, SKIP to Q 44) [] DK [] Refused
39. (If YES) Do you smoke cigarettes now?
[] Yes (if checked, SKIP to Q 42) [] No [] DK [] Refused
40. (If NO) How long has it been since you last smoked cigarettes regularly? CIRCLE months or years
months/years
41. (if NO) For how many {months/years} did you smoke? CIRCLE months or years
months/years

42. (If)	ES, CURRENT SMOKER) How often do you smoke cigarettes?
[] []	Veekly (if checked, SKIP to Q 43) Nonthly (if checked, SKIP to Q 43)
43. (If D	AILY) How many cigarettes do you smoke per day?
Note	: One pack equals 20 cigarettes
[]6 []1 []>	-5 per day -10 per day 1-20 per day 20 per day K efused
	how many {months/years} have you smoked? CIRCLE months or years months/years
45. Doe	s anyone smoke cigarettes inside your home?
[] Ye [] N [] D [] Re	o (if checked, SKIP to Q 46)
46. (If Y	ES) How often do household members or guests smoke cigarettes in your home?
[] []	Veekly 1onthly

BIRTHS

(If FEMALE, READ Script) We want to know if you ever had children, because giving birth and nursing can change the amount of some chemicals in the body.

47. How many children have you given birth to?	(if none, ENTER "0" and SKIP to Q 49)
child/children	

Birth Order (Oldest-to- Youngest)	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th
48. From oldest to youngest, what year was each child born?										
49. How many months {were your children/was your child} breastfed?										

Study ID			

Script: The next questions are about activities or interests done as hobbies. You may do these activities for fun, to earn money, or to keep up your house.

HOBBIES AND ACTIVITIES						
	50. In the past 12 months, have you done any of the following activities at home or somewhere else?	51. In the past 12 months, has someone else living in your household done any of these activities in your home?				
Dyeing material (Ex: textiles, making quills)	[] Yes [] No [] DK [] Refused	[] Yes [] No [] DK [] Refused				
Electronics assembly (Ex: computer circuits, radios, robot kits)	[] Yes [] No [] DK [] Refused	[] Yes [] No [] DK [] Refused				
Gardening or farming	[] Yes [] No [] DK [] Refused	[] Yes [] No [] DK [] Refused				
Glass crafting (Ex: stained glass, glassblowing)	[] Yes [] No [] DK [] Refused	[] Yes [] No [] DK [] Refused				
Leathercrafting (Ex: leather crafts, taxidermy, tanning hides - chemical or brain)	[] Yes [] No [] DK [] Refused	[] Yes [] No [] DK [] Refused				
Metal working (Ex: enameling, jewelry making, making fishing sinkers, loading shotgun shells, casting bullets, lost wax casting)	[] Yes [] No [] DK [] Refused	[] Yes [] No [] DK [] Refused				
Painting and glazing (Ex: household painting, art, ceramics making)	[] Yes [] No [] DK [] Refused	[] Yes [] No [] DK [] Refused				
Printmaking (Ex: intaglio, etching, lithography)	[] Yes [] No [] DK [] Refused	[] Yes [] No [] DK [] Refused				
Woodworking (Ex: cabinet making, carpentry, furniture making, wood turning, working with treated lumber)	[] Yes [] No [] DK [] Refused	[] Yes [] No [] DK [] Refused				

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52. In the past 12 months, about how many times did you swim, dive or wade in Saginaw area rivers or lakes or the Detroit River? (if none, enter "00")
times
Script: Food has many health benefits, but it can also contain chemicals from the environment. In this part of the interview, I will ask you questions about fish, wild animals, home-raised, and home-grown foods that you eat.
For most of these questions, I will ask how many times you ate each food in the past 12 months. You can answer in number of times per week, per month, or in the past year. Answer each question as best you can.
FISH CONSUMPTION
Script: These questions are about the caught fish that you eat from Michigan waters. By caught fish I mean fish caught by you, a family member, or an acquaintance; not fish you bought from a store or ate in a restaurant. By Michigan waters, I mean any river or lake in Michigan, including the Great Lakes.
53. Have you eaten fish or shellfish in past week?
[] Yes
[] No (if checked, SKIP to Q 55)
[] DK
[] Refused
54. (If YES to Q 53) When was the last time you ate fish or shellfish?
[] Today/same day
[] Yesterday/1 day ago
[] Day before yesterday/2 days ago
[] 3 days ago
[] 4-7 days ago [] DK
[] Refused
55. (SHOW MODEL) Compared to the {picture/mode}] of a half-pound serving of fish, would you say that a meal of fish you eat is usually
[] Smaller than the model
[] Same or about the same size as the model
[] More than the model
[] DK
[] Refused
56. Over your lifetime, how many years have you eaten fish of any type caught from Michigan waters? (If NEVER or LESS THAN 1 YEAR, ENTER 00)
years
15 P a o o

57.	67. Over your lifetime, how many years have you eaten fish from the Saginaw AOC? (If NEVER or LESS THAN 1 YEAR, ENTER 00)					
	years					
58.	Over your lifetime, how many years have you eate YEAR,ENTER 00)	en fish from the Detroit AOC? (If NEVER or LESS THAN 1				
	years					
59.	Over your lifetime, how many years have you eate YEAR,ENTER 00)	en fish from the Great Lakes? (If NEVER or LESS THAN 1				
	years					
	The next questions are about caught fish from Michi (SHOW CAUGHT FISH CARD)	igan waters that you have eaten at leave five times in your				
60.	Have you eaten [SPECIES] at least five times in you Table for each [SPECIES] consumed)	ur life? (If YES, COMPLETE Caught Fish Eaten table. Use separate				
	Bluegill (Sunflsh)	[]Y []N []DK				
	Brook trout	[]Y []N []DK				
	Brown trout	[]Y []N []DK				
	Bullhead	[]Y []N []DK				
	Carp	[]Y []N []DK				
	Catfish	[]Y []N []DK				
	Crappie (White, Black, Calico, Strawberry Bass)	[]Y []N []DK				
	Eelpout (Burbot, Ling. Lawyer, Freshwater cod)	[]Y []N []DK				
	Freshwater drum (Sheepshead)	[]Y []N []DK				
	Lake herring (Cisco, Tullibee)	[]Y []N []DK				
	Lake trout	[]Y []N []DK				
	Largemouth bass (Black bass)	[]Y []N []DK				
	Muskellunge (Muskie)	[]Y []N []DK				
	Northern pike	[]Y []N []DK				
	Rainbow smelt	[]Y []N []DK				
	Rainbow trout (Steelhead)	[]Y []N []DK				
	Rock bass	[]Y []N []DK				
	Salmon	[]Y []N []DK				
	Sucker	[]Y []N []DK				
	Smallmouth bass (Black bass)	[]Y []N []DK				
	Walleye Whitefish	[]Y []N []DK []Y []N []DK				
	White bass (Silver bass)	[]Y []N []DK				
	White perch	[]Y []N []DK				
	Yellow perch	[]Y []N []DK				
	Other, specify					
	Other, specify					
	Other, specify					
	[] DK					

[] Refused

CAUGHT FISH EATEN				
USE separate Table for each [SPECIES] consumed)	61. (if YES) In your lifetime, have you eaten [SPECIES] that were caught from {Saginaw AOC/Detroit AOC}?	62. (if YES) How many years have you eaten [SPECIES] from {Saginaw AOC/Detroit AOC}? (If NEVER, ENTER 00 years)	63. In the past 12 months, did you eat [SPECIES] from {Saginaw AOC, Detroit AOC, or Other Location}? WRITE name of up to three lakes or rivers and counties for Other Location.	64. (If YES) In the past 12 months, how many times did you eat [SPECIES] from {Saginaw AOC/Detroit AOC/Other Location}? Tell me the number of times per week, month, or year, whichever is easiest to remember. (If NEVER, ENTER 00 times per year)
(Write SPECIES name)	[] Yes, Saginaw AOC [] No [] DK [] Refused	years	[] Yes, Saginaw AOC [] No [] DK [] Refused	times per [] wk
	[] Yes, Detroit AOC [] No [] DK [] Refused	years	[] Yes, Detroit AOC [] No [] DK [] Refused	times per [] wk
			[] Yes, Other Location Name of up to three lakes or rivers and counties where fish were caught most often:	times per [] wk

Study ID						
----------	--	--	--	--	--	--

	[] Refused	

Script: Now I'd like to ask you how the fish, caught by you or someone you know, was prepared and cooked for your meals. 65. What parts of the fish did you usually eat in the past 12 months? (CHECK all that apply) [] Fillet [] Skin [] Cheeks [] Eggs/Roe [] Liver [] Other, specify ______ 66. How was the fish that you ate in the past 12 months usually cleaned? (CHECK all that apply) [] Trimmed fat [] Trimmed belly meat [] Removed/punctured skin [] Removed guts/gutted [] Other, specify ___ 67. How was the fish that you ate in the past 12 months usually cooked? (CHECK all that apply) [] Pan fry [] Deep fried [] Baked/Broiled [] Boiled/Poached [] Smoked [] Stewed/Chowder [] Dried [] Grilled [] Eaten raw [] Pickled [] Other, specify _____ 68. For fish caught in any of these areas (SHOW MAPS), how has the total amount of fish you eat changed during the past five years? Saginaw AOC **Detroit AOC** Other locations [] Eat less [] Eat less [] Eat less

[] Eat about the same

[] Eat more

[] N/A

[] Eat about the same

[] Eat more

[] N/A

_	_		

[] Eat about the same

[] Eat more

[] N/A

STORE / MARKET / RESTAURANT FISH

Script: **The following questions are about fish you have eaten that were bought at a store, supermarket, or restaurant.** (SHOW State Bought List)

FISH BOUGHT FROM A ST	TORE, SUPERMARKET, OR RESTAURA		
SPECIES	69. Which fish have you eaten at least five times in your life from a store, supermarket, or restaurant? SHOW CARD	70. (If [SPECIES] is YES) How many years did you eat [SPECIES] from a store, supermarket or restaurant? (If NEVER, enter 00 years)	71. In the past 12 months, have you eaten [SPECIES] bought from a store, supermarket, or restaurant? Tell me the number of times per week, month, or year, whichever is easiest to remember. [If NEVER, enter 00 times per year)
Catfish	[] Yes [] No [] DK [] Refused	years	times per [] wk
Salmon	[] Yes [] No [] DK [] Refused	years	times per [] wk

Study ID				
	 	 	_	

Trout	[] Yes [] No [] DK [] Refused	years	times per [] wk
Tuna (canned)	[] Yes [] No [] DK [] Refused	years	times per [] wk
Tuna (steak/filet, not canned)	[] Yes [] No [] DK [] Refused	years	times per [] wk
Whitefish	[] Yes [] No [] DK [] Refused	years	times per [] wk

Group A: Cod, Haddock, Herring, Freshwater Perch, Ocean Perch, Pollock, Scallops, Shrimp, Tilapia	[] Yes [] No [] DK [] Refused	years	times per [] wk [] mo [] year [] DK [] Refused
Group B: Ocean Bass, Grouper, Halibut, Mackerel, Mahi Mahi, Orange Roughy, Snapper	[] Yes [] No [] DK [] Refused	years	times per [] wk
Group C: King Mackerel, Shark, Swordfish, Tilefish	[] Yes [] No [] DK [] Refused	years	times per [] wk [] mo [] year [] DK [] Refused
Other: SPECIFY	[] Yes [] No [] DK [] Refused	years	times per [] wk [] mo [] year [] DK [] Refused

Other: SPECIFY	[] Yes [] No [] DK [] Refused	years	times per [] wk		
Other: SPECIFY	[] Yes [] No [] DK [] Refused	years	times per [] wk		
Other: SPECIFY	[] Yes [] No [] DK [] Refused	years	times per [] wk		
WILD BIRDS AND ANIMALS Script: The next questions are about hunted wild birds or animals that you have eaten at least five times in your lifetime. 72. Have you eaten [SPECIES] at least five times in your life? (If YES, COMPLETE Wild Bird/Animal Eaten Table. Use separate table for each [SPECIES] consumed) Deer (Venison) [] Y [] N [] DK Duck, Goose, Coot [] Y [] N [] DK Grouse, pheasant, turkey, or other upland bird [] Y [] N [] DK Raccoon, rabbit, squirrel, porcupine, other small animal [] Y [] N [] DK Turtle [] Y [] N [] DK					

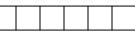
WILD BIRD/ANIMAL EATEN	73. (If YES) Have you eaten [WILD BIRD/AMINAL] at least five times in your lifetime that was/were hunted from {Saginaw AOC/Detroit AOC}? SHOW CARD.	74. (If YES) How many years have you eaten [WILD BIRDS/ANIMAL S] from {Saginaw AOC/Detroit AOC}? (If NEVER, ENTER 00 years)	75. In the past 12 months, did you eat [WILD BIRD/AMINAL] that were hunted from {Saginaw AOC/Detroit AOC/Other Location}? (WRITE name of county for Other Location)	76. (If YES) In the past 12 months, how many times did you eat [WILD BIRD/ANIMAL] from {Saginaw AOC/Detroit AOC/Other Location}? Tell me the number of times per week, month, or year, whichever is easiest to remember. (If NEVER, ENTER 00 times per year)
(Write SPECIES name)	[] Yes, Saginaw AOC [] No [] DK [] Refused	years	[] Yes, Saginaw AOC [] No [] DK [] Refused	times per [] wk
	[] Yes, Detroit AOC [] No [] DK [] Refused	years	[] Yes, Detroit AOC [] No [] DK [] Refused	times per [] wk
			[] Yes, Other Location Name of counties: [] No [] DK [] Refused	times per [] wk

|--|

77.	In the past 12 months, what parts of the [Wild Bird or Animal] did you usually eat NONE, enter 00)	? (CHECK all that apply.	If
	[] Meat		
	[] Skin		
	[] Liver		
	Other, specify		
	[] DK		
	Refused		

HOME-RAISED OR HOME-GROWN FOODS

Script: The next set of questions is about home-raised birds or animals and home-grown vegetables and fruit. For this interview, "home-raised" and "home-grown" means <u>not</u> purchased in a grocery store or market and <u>not</u> wild.



HOME- RAISED	, HOME- GROWN FOOD) EATEN		
FOOD	78. Which of these [HOME- RAISED, HOME- GROWN FOOD] have you ever eaten at least five times in your lifetime?	79. (If YES) Was/were the [HOME-RAISED, HOME-GROWN FOOD] you ate raised in {Saginaw/Other Location}? (SHOW MAPS. MARK all that apply)	80. How many years have you eaten [HOME- RAISED, HOME-GROWN FOOD] from {Saginaw AOC/Other Location}? (If NEVER, ENTER 00 times per year)	81. In the past 12 months, how many meals of [HOME-RAISED, HOME-GROWN FOOD] did you eat from {Saginaw AOC/Other Location}? Tell me the number of times per week, month, or year, whichever is easiest to remember. (If NEVER, ENTER 00 times per year)
Eggs	[] Yes [] No	[] Yes, Saginaw AOC [] No [] DK [] Refused	years	times per [] wk for
	[] DK [] Refused	[] Yes, Other Location Name of counties:	years	times per [] wk for

Milk and		[] Yes, Saginaw AOC [] No [] DK [] Refused	years	times per [] wk for
other dairy products	[] Yes [] No [] DK [] Refused	[] Yes, Other Location Name of counties: [] No [] DK [] Refused	years	times per [] wk for
Poultry or poultry		[] Yes, Saginaw AOC [] No [] DK [] Refused	years	times per [] wk for
products (chicken, duck, goose, turkey)	[] Yes [] No [] DK [] Refused	[] Yes, Other Location Name of counties: [] No [] DK [] Refused	years	times per [] wk for
Meat and	[] Yes	[] Yes, Saginaw AOC [] No [] DK [] Refused	years	times per [] wk for [] mo for [] year [] DK

meat	[] No [] DK			[] Refused
products (other than poultry)	[] Refused	[] Yes, Other Location Name of counties:	years	times per [] wk for
		[] No [] DK [] Refused		[] Refused
Home-grown	[] Yes	[] Yes, Saginaw AOC [] No [] DK [] Refused	years	times per [] wk for
vegetables and fruit	[] No [] DK [] Refused	[] Yes, Other Location Name of counties: [] No [] DK [] Refused	years	times per [] wk for

82.	What parts of the home-raised poultry did you usually eat?
	[] Meat
	[] Skin
	[] Liver
	[] Other
83.	What parts of the home-raised animals did you usually eat?
	[] Meat
	[] Skin
	[] Liver
	[] Kidney
	[] Other
DEMAG	OGRAPHICS
DEIVIC	OGRAPHICS CONTROL OF THE CONTROL OF
	be help us compare results between groups of people, it is useful to know the annual income of the study ints. This information can also be useful when planning public health policies and programs. This is the final lestions.
	re consider your family to include everyone <u>currently living with you,</u> who is related by birth, marriage, or and unmarried partners.
84.	Including yourself, how many family members currently live with you?
	number of family members
85.	Can you tell me your total family income in {LAST CALENDAR YEAR} before taxes? SHOW CARD
	[] Less than \$25,000
	[] \$25,000 to less than \$35,000
	[] \$35,000 to less than \$50,000
	[] \$50,000 to less than \$75,000
	[] \$75,000 to less than \$100,000
	[] \$100,000 or more
	[] DK [] Refused

Closing Script:

Thank you for answering these questions. I know it took awhile but the information you gave me is very important to this study.

We will send you a letter with your test results at the mailing address you gave me. Most everyone will receive their letters after we get the test results from all of the people in the study. However, we will let you know as soon as possible if any of your test results are high enough that we think you should be notified right away. In that case, there may be things you want to do to protect your health.

Do you have any questions about the study or how you will get your results? If have questions after you leave, you can contact us at the number in your copy of the Consent Form.

Will you need transportation when you are done? If so, stop by the reception desk and they will help you.

If you don't have any questions, I will show you where to find the (nurse/phlebotomist). (She/he) will get your height, weight, and blood pressure. (She/he) will also ask you whether or not you have gained or lost weight in the last year. Then (she/he) will get your blood and urine samples.

Thank you for coming in today. You can pick up your gift card at the reception desk on your way out.

CLINICAL MEASUREMENTS

Now we'll measure your height.	
Measurement:ft in	
[] Refused	
Next I'd like to measure your weight.	
Measurement:lbs	
[] Refused	
Now I'd like to measure your blood pressure.	
Measurement: /	
[] Refused	

Hand Cards and Response Categories

EDUCATION LEVEL OR DEGREE

8th Grade or less

9th to 12th Grade, No Diploma

High School Graduate or GED

Some College, No Diploma

Associate Degree

Bachelor Degree

Postgraduate, Professional, or Doctoral Degree

TYPES OF INCOME

Earnings

Unemployment compensation

Workers' compensation

Social security

Supplemental security income

Public assistance Veterans' payments

Rents, royalties, and estates and

Pension or retirement income

trusts

Interest

Dividends

Survivor benefits

Disability benefits

Educational assistance

Alimony

Child support

Financial assistance from outside of the household

Other income

TOTAL FAMILY INCOME

Less than \$25,000

\$25,000 to less than \$35,000

\$35,000 to less than \$50,000

\$50,000 to less than \$75,000

\$75,000 to less than \$100,000

\$100,000 or more

Bluegill (Sunfish)

Brook trout

Brown trout

Bullhead

Carp

Catfish

Chinook salmon (King salmon)

Coho salmon

Black/White crappie (Calico, Strawberry bass)

Eelpout (Burbot, Ling, Lawyer, Freshwater cod)

Freshwater drum (Sheepshead)

Lake herring (Cisco, Tullibee)

Lake trout

Largemouth bass (Black bass)

Muskellunge (Muskie)

Northern pike

Rainbow smelt

Rainbow trout (Steelhead)

Rock bass

Smallmouth bass (Black bass)

Sturgeon

Suckers

Walleye

Whitefish

White bass (Silver bass)

White perch

Yellow perch

Bought Fish

Catfish

Salmon

Trout

Tuna (canned)

Tuna (steak/fillet, not canned)

Whitefish

Group A - Cod, Haddock, Herring, Freshwater perch, Ocean perch, Pollock, Scallops, Shrimp, Tilapia

Group B - Ocean bass, Grouper, Halibut, Mackerel, Mahi Mahi, Orange Roughy, Snapper

Group C - King Mackerel, Shark, Swordfish, Tilefish

Wild Game

Deer
Duck, Goose, Coot
Grouse, pheasant, turkey or other upland bird
Raccoon, Rabbit, Squirrel, Porcupine, Other Small Animal
Turtle