

**Attachment 6f.** NY Interview questionnaire, licensed anglers

**New York State Biomonitoring of the Great Lakes Populations  
Interview Questionnaire for Licensed Anglers**

**CONTACT INFORMATION**

**1. What is your full name?**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Middle initial: \_\_\_\_  
\_\_\_ Refused

**2. Do you have an email address?**

\_\_\_ Yes □ What is it? \_\_\_\_\_  
\_\_\_ No  
\_\_\_ Don't know  
\_\_\_ Refused

**3. Do you have a phone number where we can reach you? This can be the phone number of a friend, relative, or someone who will know how to find you.**

\_\_\_ Yes □ \_\_\_\_\_ Home Work Cell Other: \_\_\_\_\_  
\_\_\_\_\_ Home Work Cell Other: \_\_\_\_\_  
\_\_\_\_\_ Home Work Cell Other: \_\_\_\_\_  
\_\_\_ No  
\_\_\_ Don't know  
\_\_\_ Refused

**4. What is your street address?**

Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

**5. Is your mailing address different from your street address?**

\_\_\_ Yes □ **What is your mailing address?**  
Street Number: \_\_\_\_\_ Street Name: \_\_\_\_\_ Unit: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
\_\_\_ No  
\_\_\_ Don't know  
\_\_\_ Refused

**6. If you want your blood and urine test results sent to your doctor, what is his/her name, phone number, and address?**

Name of doctor: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Address: \_\_\_\_\_

*Script (if participant does not provide physician's name):* **If you do not want the results sent to your physician or you don't have one, the results will be sent to a physician at the New York State Department of Health.**

<b>SEX AND AGE</b>
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*Script.* **Now we will begin the interview. The first part is about your background. It will help us compare your answers to other participants' answers.**

**7. Indicate whether the person is male or female. If unsure, ask his/her sex.**

Male

Female

**8. What is your birthdate?**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_ □ So you are \_\_\_\_ years old?  
mm    dd    yyyy

<b>ETHNICITY AND RACE</b>
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**9. Do you consider yourself to be Hispanic or Latino?**

Yes

No

Don't know

Refused

**10. What race do you consider yourself to be? (Check all that apply.)**

White

Black or African American

Asian

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

Other □ Specify: \_\_\_\_\_

Don't know

Refused

**RESIDENTIAL HISTORY**

*Script: Next, I will ask you where you have lived.*

**11. How long have you lived at your current address?**

Entire life

*(If less than 1 year, enter 0 years and number of months. If full years reported, enter number of years and 0 months.)*

\_\_\_\_\_ years \_\_\_\_\_ months

**12. When was this home built?**

1978 or after

1950 to 1977

Before 1950

Don't know

Refused

**13. How long have you lived in these counties? SHOW MAP.**

Entire life

*(If less than 1 year, enter 0 years and number of months. If full years reported, enter number of years and 0 months.)*

\_\_\_\_\_ years \_\_\_\_\_ months

**14. Were you born in the United States?**

Yes

No

Don't know

Refused

**EDUCATION AND OCCUPATION**

**15. What is the highest grade level of school or degree you have completed?**

8th grade or less

Bachelor's degree

9<sup>th</sup> to 11<sup>th</sup> grade, no diploma  
degree

Postgraduate, professional, or doctoral

High school graduate or GED

Don't know

Some college, no diploma

Refused

Associate degree

**16. Have you had a job in the past 12 months?**

Yes □ go to #17

No □ go to #19

\_\_\_ Don't know go to #19

\_\_\_ Refused go to #19

*Script:* I would like to know what type of work you've done and the kind of business where you worked in the past 12 months.

**17. Currently, what is your job or job title and the kind of business or organization where you work?**

Job 1. \_\_\_\_\_ Industry 1.

\_\_\_\_\_  
(Optional) What are your usual activities or duties?  
\_\_\_\_\_  
\_\_\_\_\_

**18. If you had more than one job in the past 12 months, tell me about each one.**

*If no additional jobs, go to #19.*

Job 2. \_\_\_\_\_ Industry 2.

\_\_\_\_\_  
(Optional) What are your usual activities or duties? \_\_\_\_\_  
\_\_\_\_\_

—  
Job 3. \_\_\_\_\_ Industry 3.

\_\_\_\_\_  
(Optional) What are your usual activities or duties? \_\_\_\_\_  
\_\_\_\_\_

—  
Job 4. \_\_\_\_\_ Industry 4.

\_\_\_\_\_  
(Optional) What are your usual activities or duties? \_\_\_\_\_  
\_\_\_\_\_

—

<b>LIFESTYLE</b>
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*Script:* The next group of questions will be about any behaviors or customs you have that could expose you to some contaminants found in Great Lakes fish.

**19. On most days, do you take or use any of the following? (Check all that apply.)**

\_\_\_ Herbal medicine or supplements □ Specify:

\_\_\_\_\_  
\_\_\_ Fish oil

\_\_\_ None

\_\_\_ Don't know

\_\_\_ Refused

**20. Have you smoked at least 100 cigarettes (or 5 packs) in your lifetime?**

- Yes (*Ever smoker*) □ go to #21
- No (*Never smoker*) □ go to #25
- Don't know □ go to #25
- Refused □ go to #25

**21. (*Ever smoker*) Do you smoke cigarettes now?**

- Yes (*Current smoker*) □ go to #23
- No (*Former smoker*) □ go to #22
- Don't know □ go to #25
- Refused □ go to #25

22. (Former smoker) How long has it been since you last smoked cigarettes regularly?  
\_\_\_\_\_ months or \_\_\_\_\_ years ☐ go to #25

23. (Current smoker) How often do you smoke cigarettes?

\_\_\_ Daily (Daily smoker) ☐ go to #24

\_\_\_ Weekly ☐ go to #25

\_\_\_ Monthly ☐ go to #25

\_\_\_ Don't know ☐ go to #25

\_\_\_ Refused ☐ go to #25

24. (Daily smoker) How many cigarettes do you smoke per day?

(1 pack=20 cigarettes)

\_\_\_ 1-5 per day

\_\_\_ 6-10 per day

\_\_\_ 11-20 per day (>1/2 and <1 pack per day)

\_\_\_ >20 per day (>1 pack per day)

\_\_\_ Don't know

\_\_\_ Refused

25. Do you use chewing tobacco or snuff?

\_\_\_ Yes ☐ go to #26

\_\_\_ No ☐ go to #27

\_\_\_ Don't know ☐ go to #27

\_\_\_ Refused ☐ go to #27

26. How often do you use chewing tobacco or snuff?

\_\_\_ Daily

\_\_\_ Weekly

\_\_\_ Monthly

\_\_\_ Don't know

\_\_\_ Refused

<b>PERSONAL ACTIVITIES</b>
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*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.

27. In the past 12 months, have you or someone else in your household done any of the following activities? SHOW CARD

\_\_\_ Yes ☐ go to #28

\_\_\_ No ☐ go to # 30

\_\_\_ Don't know ☐ go to #30

\_\_\_ Refused ☐ go to #30

**28. Tell me which activities you did in the last 12 months.**

SHOW CARD. (Check all that apply.)

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Dyeing material      | <input type="checkbox"/> Metal work           | <input type="checkbox"/> None       |
| <input type="checkbox"/> Electronics assembly | <input type="checkbox"/> Painting and glazing | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Gardening or farming | <input type="checkbox"/> Printmaking          | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> Glass crafting       | <input type="checkbox"/> Woodworking          |                                     |
| <input type="checkbox"/> Leather crafting     |   |                                     |

**29. Tell me which activities another household member has done in your home the last 12 months.**

SHOW CARD. (Check all that apply.)

- |   |   |                                     |
|---|---|-------------------------------------|
| <input type="checkbox"/> Electronics assembly | <input type="checkbox"/> Painting and glazing | <input type="checkbox"/> None       |
| <input type="checkbox"/> Gardening or farming | <input type="checkbox"/> Printmaking          | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Glass crafting       | <input type="checkbox"/> Woodworking          | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> Leather crafting     |   |                                     |

<b>REPRODUCTIVE HISTORY</b>
-----------------------------

If MALE  go to #34

If FEMALE  go to #30

**30. Are you pregnant?**

- Yes  go to #31
- No  go to #32
- Don't know  go to #32
- Refused  go to #32

**31. How many weeks pregnant are you?**

- \_\_\_\_\_ weeks
- Don't know  go to #32
- Refused  go to #32

**32. How many children have you given birth to?**

(If NONE, enter 0  go to #34)

- \_\_\_\_\_ child/children
- Don't know  go to #34
- Refused  go to #34

**33. From oldest to youngest, what year was each child born and how many months was each child breastfed? (If a child was not breastfed, enter 0 months.)**

Birth order	Birth year (yyyy)	Months breastfed	Birth order	Birth year (yyyy)	Months breastfed
1 <sup>st</sup>			5 <sup>th</sup>		



2 <sup>nd</sup>			6 <sup>th</sup>		
3 <sup>rd</sup>			7 <sup>th</sup>		
4 <sup>th</sup>			8 <sup>th</sup>		

**FISH AND SHELLFISH**

**34. Have you eaten fish or shellfish in the past week?**

- Yes ☐ go to #35
- No ☐ go to #36
- Don't know ☐ go to #36
- Refused ☐ go to #36

**35. 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
- Don't know
- Refused

**CAUGHT FISH**

*Script:* These questions are about the fish you eat that you caught yourself or by someone you know.

**36. Compared to this model of a half-pound serving of fish, would you say that a typical meal of fish you eat is usually:**

- Less (*smaller than the model*)
- Same or about the same
- More (*larger than the model*)
- Don't know
- Refused

**37. Have you eaten fish from any of these bodies of water in New York State?**

*SHOW CARD AND MAPS. (Check all that apply.)*

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Lake Erie</li> <li><input type="checkbox"/> Erie Canal (from Lake Erie to eastern border of Erie County only)</li> <li><input type="checkbox"/> Buffalo River (including Cazenovia Creek)</li> <li><input type="checkbox"/> Upper Niagara River (including shore of Lake Erie)</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Lower Genesee River (from Driving Park Bridge to Lake Ontario)</li> <li><input type="checkbox"/> Irondequoit Bay/Creek</li> <li><input type="checkbox"/> Ponds of Greece, including Little, Round, Buck, Long, Cranberry</li> <li><input type="checkbox"/> Braddock Bay</li> <li><input type="checkbox"/> Lake Ontario Creeks, including Yanty, Sandy, Cowsucker, Brush, East, West,</li> </ul> |
|---|---|

Lower Niagara River  
 Lake Ontario  
 Eighteenmile Creek  
 Creeks surrounding Eighteenmile,  
including Fourmile, Twelvemile,  
Hopkins, Bull, Keg, Golden Hill,  
Johnson, and Erie Canal

Salmon, Buttonwood, Northrup  
(including Black), Larkin (including  
Smith), Slater, Shipbuilder's, Mill,  
and Fourmile  
 Don't know  
 Refused

**38. Of the fish from these bodies of water, which have you eaten at least five times in your life? SHOW CARD.**

*(Check the species eaten at least 5 times.)*

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> American eel                | <input type="checkbox"/> Goldfish                | <input type="checkbox"/> Rock bass                                     |
| <input type="checkbox"/> Black crappie               | <input type="checkbox"/> Lake sturgeon           | <input type="checkbox"/> Round goby                                    |
| <input type="checkbox"/> Brook trout                 | <input type="checkbox"/> Lake trout              | <input type="checkbox"/> Smallmouth bass                               |
| <input type="checkbox"/> Brown bullhead              | <input type="checkbox"/> Largemouth bass         | <input type="checkbox"/> Sunfish (blue gill, pumpkin seed)             |
| <input type="checkbox"/> Brown trout                 | <input type="checkbox"/> Minnow                  | <input type="checkbox"/> Walleye                                       |
| <input type="checkbox"/> Chain pickerel              | <input type="checkbox"/> Northern hog sucker     | <input type="checkbox"/> White (silver) bass                           |
| <input type="checkbox"/> Channel catfish             | <input type="checkbox"/> Northern pike           | <input type="checkbox"/> White perch                                   |
| <input type="checkbox"/> Chinook (king) salmon       | <input type="checkbox"/> Pink salmon             | <input type="checkbox"/> White sucker                                  |
| <input type="checkbox"/> Coho salmon                 | <input type="checkbox"/> Quillback               | <input type="checkbox"/> Yellow bullhead                               |
| <input type="checkbox"/> Common carp                 | <input type="checkbox"/> Rainbow smelt           | <input type="checkbox"/> Yellow perch                                  |
| <input type="checkbox"/> Freshwater drum, sheepshead | <input type="checkbox"/> Rainbow/steelhead trout | <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____ |

*If one or more species checked  go to #39*

- None  go to #45  
 Don't know  go to #45  
 Refused  go to #45

**Script: I'm going to ask you about each fish species you just told me you've eaten at least five times.**

**39. Over your lifetime, how many years have you eaten [fish species] out of these bodies of water?**

- \_\_\_\_\_ years  
 Don't know  
 Refused

**40. In the past 12 months, how many times did you eat [fish species]? Tell me the number of times per week, month, or year, whichever is easiest to remember.**

*(If never, enter 0 times per year.)*

- \_\_\_\_\_ times per (circle one) week    month    year  
 Don't know  
 Refused

**41. What parts of [fish species] did you usually eat? SHOW CARD.**

*(Check all that apply.)*

- |                                 |  |                                     |
|---------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Fillet | <input type="checkbox"/> Liver   | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Skin   | <input type="checkbox"/> Eggs/Roe                                      | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> Cheek  | <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____ |                                     |

**42. How was the [fish species] usually cleaned? SHOW CARD.**

(Check all that apply.)

- |                                      |  |                                     |
|--------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Filleted    | <input type="checkbox"/> Trimmed belly meat        | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Guttled     | <input type="checkbox"/> Removed cheeks            | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> Trimmed fat | <input type="checkbox"/> Punctured or removed skin |                                     |

**43. How was the [fish species] usually cooked? SHOW CARD. Check all that apply.**

- |   |  |                                     |
|---|--|-------------------------------------|
| <input type="checkbox"/> Pan fried      | <input type="checkbox"/> Baked/broiled | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Deep fried     | <input type="checkbox"/> Eaten raw     | <input type="checkbox"/> Refused    |
| <input type="checkbox"/> Boiled/poached | <input type="checkbox"/> Smoked        |                                     |
| <input type="checkbox"/> Stew/chowder   | <input type="checkbox"/> Dried         |                                     |
| <input type="checkbox"/> Grilled        | <input type="checkbox"/> Pickled       |                                     |

**44. For fish caught in any of these areas, how has the total amount of fish you eat changed during the past five years?**

- Eat less
- Same or about the same
- Eat more
- Don't know
- Refused

<b>WILD BIRDS AND ANIMALS</b>
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**45. In the past 12 months, have you eaten waterfowl (such as ducks or geese) or bear that were hunted near any of the following bodies of water in New York State?**

SHOW CARD AND MAPS.

(Check all that apply.)

- |  |  |
|--|--|
| <input type="checkbox"/> Lake Erie   | <input type="checkbox"/> Lower Genesee River (from Driving Park Bridge to Lake Ontario)  |
| <input type="checkbox"/> Erie Canal (from Lake Erie to eastern border of Erie County only)   | <input type="checkbox"/> Irondequoit Bay/Creek   |
| <input type="checkbox"/> Buffalo River (including Cazenovia Creek)   | <input type="checkbox"/> Ponds of Greece, including Little, Round, Buck, Long, Cranberry   |
| <input type="checkbox"/> Upper Niagara River (including shore of Lake Erie)  | <input type="checkbox"/> Braddock Bay  |
| <input type="checkbox"/> Lower Niagara River   | <input type="checkbox"/> Lake Ontario Creeks, including Yanty, Sandy, Cowsucker, Brush, East, West, Salmon, Buttonwood, Northrup |
| <input type="checkbox"/> Lake Ontario  | <input type="checkbox"/> (including Black), Larkin (including Smith), Slater, Shipbuilder's, Mill, and Fourmile                  |
| <input type="checkbox"/> Eighteenmile Creek  | <input type="checkbox"/> Don't know  |
| <input type="checkbox"/> Creeks surrounding Eighteenmile, including Fourmile, Twelvemile, Hopkins, Bull, Keg, Golden Hill, Johnson, and Erie Canal | <input type="checkbox"/> Refused   |



**46. In the past 12 months, about how many times did you swim, dive, or wade (including wading for fishing or hunting) in any of these bodies of water? SHOW CARD AND MAPS.**

*(If never, enter 0 times.)*

- \_\_\_\_\_ times
- \_\_\_ Don't know
- \_\_\_ Refused

**47. In the past 12 months, have you eaten fish from any of these other bodies of water in New York State? SHOW CARD.**

\_\_\_ Adirondack Park Region lakes, ponds, or rivers □ *Specify:*

-----  
\_\_\_ Hudson River □ *Specify locations along the river:* \_\_\_\_\_

\_\_\_ Catskill Park Region lakes, ponds, or rivers □ *Specify:*

\_\_\_\_\_  
\_\_\_ Canadice Lake (Ontario County)

\_\_\_ Other bodies of water in the sportfish advisories □ *Specify:*

\_\_\_\_\_

-----

- 
- \_\_\_ Don't know
- \_\_\_ Refused

**STORE BOUGHT FISH**

*Script: The following questions are about fish bought at a store or supermarket. Please do not include fish from restaurants.*

**48. Over your lifetime, how many years have you eaten any of these fish bought at a store or supermarket? SHOW CARD.**

*(If never or less than 1 year, enter 0 years.)*

- \_\_\_\_\_ years
- \_\_\_ Don't know
- \_\_\_ Refused

**49. Which of these fish that was bought at a store or supermarket have you eaten at least five times in your life? SHOW CARD.**

*(Check the species eaten at least 5 times.)*

- \_\_\_ Grouper
- \_\_\_ Shark
- \_\_\_ Swordfish
- \_\_\_ Salmon (including canned)
- \_\_\_ Tuna (canned)
- \_\_\_ Tuna (not canned)

*If ate at least one type of fish □ go to #50*

- \_\_\_ None }  
                  }

Don't know    *↳ go to #52*  
 Refused

**50. How many years did you eat [fish species] bought at a store or supermarket?**

years  
 Don't know  
 Refused

**51. In the past 12 months, how many times did you eat [fish species]? Tell me the number of times per week, month, or year, whichever is easiest to remember.**

*(If never, enter 0 times.)*

times per (circle one) week month year

Don't know

Refused

<b>OTHER STORE BOUGHT FOODS</b>
---------------------------------

*Script:* The following questions are about typical grocery store or market foods that you may have eaten in the past 12 months. The purpose of the following four questions is to estimate if you have a high animal fat diet or low animal fat diet.

**In the past 12 months, how often did you eat meals with... SHOW CARD.**

**52. Whole eggs?**

*(If never, enter 0 times per year.)*

times per (circle one) week month year

Don't know

Refused

**53. Whole milk products (including 2% milk)?**

*(If never, enter 0 times per year.)*

times per (circle one) week month year

Don't know

Refused

**54. Poultry meat?**

*(If never, enter 0 times per year.)*

times per (circle one) week month year

Don't know

Refused

**55. Red meat?**

*(If never, enter 0 times per year.)*

times per (circle one) week month year

Don't know

Refused



<b>INCOME</b>
---------------

*Script:* **We want to know about your family's income. Your family includes everyone currently living with you who is related to you by birth, marriage, or adoption.**

**56. Including yourself, how many family members currently live with you?**

- \_\_\_\_\_ members
- Don't know
- Refused

**57. Can you tell me your total family income in {LAST CALENDAR YEAR} before taxes?**

*SHOW CARD.*

*(Check one only.)*

- 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
- Don't know
- Refused

<b>FISHING INFORMATION</b>
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**58. Have you heard about the health advice on eating fish caught from New York State waters?**

- Yes
- No
- Don't know
- Refused

*END OF INTERVIEW.*