**Attachment 6i.** NY Interview questionnaire, Burmese

Form Approved

OMB No. 0923-XXXX

Exp. Date xx/xx/20xx xxxxxx/xx/xx/20xx

**New York State Biomonitoring of the Great Lakes Populations**

**Interview Questionnaire for Refugees from Burma**

**BACKGROUND INFORMATION**

1. What is your full name (as appears on your NYS ID card)?

Full name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Sex** *(If unsure, ask his/her sex.)*

\_\_\_ Male

\_\_\_ Female

1. **What is your birthdate?** *(Use NYS ID card.)*

\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_

 mm dd yyyy

1. **Age:** \_\_\_\_\_ **years**
2. **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 the participant.)*

\_\_\_ Yes 🠞 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Work Cell Other: \_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Home Work Cell Other: \_\_\_\_\_\_\_\_\_

\_\_\_ No

\_\_\_ Don’t know

\_\_\_ Refused

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

\_\_\_ Yes 🠞 **What is it?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ No

\_\_\_ Don’t know

\_\_\_ Refused

*Script:* We would like to give you the results of the blood and urine testing. When we receive the results, someone will help explain them to you.

Public reporting burden of this collection of information is estimated to average 60 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-XXXX).

1. **Do you want to know the results of your blood and urine tests?**

\_\_\_ Yes 🠞 go to #8

\_\_\_ No 🠞 go to #8

\_\_\_ Don’t know 🠞 *Re-*e*xplain why results are important and useful.*

\_\_\_ Refused

1. **Do you want your blood and urine results sent to your doctor or clinic?**

\_\_\_ Yes 🠞 go to #9

\_\_\_ No 🠞 go to #10

\_\_\_ Don’t have a doctor/clinic 🠞 *Go to script\* and ask #8 again, or go to #10.*

\_\_\_ Don’t know 🠞 *Go to script\* and ask #8 again, or go to #10.*

\_\_\_ Refused

1. **What is his/her name, telephone number, and address?**

Name of doctor or clinic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

*\* Use this script if participant does not provide physician’s name or does not have a physician/clinic.* **If you do not want the results sent to your doctor or you don’t have one, the results will be sent to a doctor at the New York State Department of Health. When we receive the results, someone will help explain them to you, and the doctor at the Department of Health can answer any questions you have.**

**DEMOGRAPHICS**

1. **In what country were you born?**

\_\_\_ United States

\_\_\_ Burma/Myanmar

\_\_\_ Thailand

\_\_\_ Malaysia

\_\_\_ Other country 🠞 Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Don’t know

\_\_\_ Refused

1. **What tribe do you belong to?**

\_\_\_ Karen \_\_\_ Mon

\_\_\_ Kachin \_\_\_ Rakhine

\_\_\_ Chin \_\_\_ Other 🠞 Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Karenni \_\_\_ Don’t Know

\_\_\_ Burman \_\_\_Refused

**REPRODUCTIVE HISTORY**

*FEMALES only. If MALE* 🠞 *go to #18*

1. **Are you pregnant?**

\_\_\_ Yes 🠞 *go to #13*

\_\_\_ No 🠞 *go to #14*

\_\_\_ Don’t know 🠞 *go to #14*

\_\_\_ Refused 🠞 *go to #14*

1. **When is your due date?**

\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_

mm dd yyyy

\_\_\_ Don’t know

\_\_\_ Refused

1. **How many babies have you given birth to?**

Number: \_\_\_\_\_\_ (*If none or no live births, enter “0”* 🠞 *go to #17)*

\_\_\_ Don’t know 🠞 *go to #17*

\_\_\_ Refused 🠞 *go to #17*

1. **Have you ever breastfed any of your babies?**

\_\_\_ Yes

\_\_\_ No 🠞 *go to #18*

\_\_\_ Don’t know 🠞 *go to #18*

\_\_\_ Refused 🠞 *go to #18*

1. **Are you breastfeeding any children now?**

\_\_\_ Yes

\_\_\_ No

\_\_\_ Don’t know

\_\_\_ Refused

1. **Tell me about the children you breastfed from your first child to the most recent child.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Birth****order** | **Birth year****(yyyy)** | **Number of months****breastfed** | **Birth****order** | **Birth year****(yyyy)** | **Number of months****breastfed** |
| **1st** |  |  | **5th** |  |  |
| **2nd** |  |  | **6th** |  |  |
| **3rd** |  |  | **7th** |  |  |
| **4th** |  |  | **8th** |  |  |

**HOUSEHOLD INFORMATION**

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

Street Number: \_\_\_\_\_\_\_\_

Street Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Apartment Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

Unit: \_\_\_\_\_\_\_\_ (or “upper” or “lower” floor)

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_

1. **Including yourself, how many family members currently live with you (including children) at this address?**

*If the participant lives alone 🠞 go to #22*

Total number: \_\_\_\_\_

\_\_\_ Don’t know

\_\_\_ Refused

1. **How many of the people who live with you are female and how many are male?**

Female: \_\_\_\_\_

Male: \_\_\_\_\_

\_\_\_ Don’t know

\_\_\_ Refused

1. **How many of the people who live with you are under the age of 15?**

Number under 15 years: \_\_\_\_\_

\_\_\_ Don’t know

\_\_\_ Refused

**WORK HISTORY AND EDUCATION**

1. **Do you work?**

\_\_\_ Yes 🠞 *go to #23*

\_\_\_ No 🠞 *go to #27*

\_\_\_ Don’t know 🠞 *go to #27*

\_\_\_ Refused 🠞 *go to #27*

1. **Do you work full time or part time?**

\_\_\_ Full time

\_\_\_ Part time

\_\_\_ Don’t know

\_\_\_ Refused

1. **What is your current job?** *Title:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where do you work?** *Industry name:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How many hours a week do you work at this job?** \_\_\_\_\_ hours per week

**How much are you paid per hour?** $ \_\_\_\_\_ per hour

1. **Do you have a second job?***.*

\_\_\_ Yes 🠞 *go to #26*

\_\_\_ No 🠞 *go to #27*

\_\_\_ Don’t know 🠞 *go to #27*

\_\_\_ Refused 🠞 *go to #27*

1. **What is your second job?** *Title:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where do you work?** *Industry name:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How many hours a week do you work at this job?** \_\_\_\_\_ hours per week

**How much are you paid per hour?** $ \_\_\_\_\_ per hour

1. **Have you worked at any (other) job in the past year?**

\_\_\_ Yes 🠞 *go to #28*

\_\_\_ No 🠞 *go to #30*

\_\_\_ Don’t know 🠞 *go to #30*

\_\_\_ Refused 🠞 *go to #30*

1. **Did you work full time or part time?**

\_\_\_ Full time

\_\_\_ Part time

\_\_\_ Don’t know

\_\_\_ Refused

1. **What was this other job?** *Title:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Where do you work?** *Industry name:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**How many hours a week do you work at this job?** \_\_\_\_\_ hours per week

1. Do you receive food stamps?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Don’t know

\_\_\_ Refused

1. Do you receive WIC services?

\_\_\_ Yes

\_\_\_ No

\_\_\_ Don’t know

\_\_\_ Refused

1. **How many years of school have you completed?**

Number of years: \_\_\_\_\_ 🠞 *go to #33*

\_\_\_ None🠞 *go to #34*

\_\_\_ Don’t know🠞 *go to #34*

\_\_\_ Refused🠞 *go to #34*

1. **Have you ever attended school in the United States?**

\_\_\_ Yes

\_\_\_ No

\_\_\_ Don’t know

\_\_\_ Refused

1. **Do you read?**

\_\_\_ Yes 🠞 Which language? *(specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ No

\_\_\_ Don’t know

\_\_\_ Refused

**LIFESTYLE**

*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.**

1. **On most days, do you take or use any of the following?**

*(Check all that apply.)*

\_\_\_ Herbal medicine or supplements 🠞 *Specify:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Fish oil

\_\_\_ Store-bought Betel nut

\_\_\_ Natural or hand-made Betel nut

\_\_\_ None

\_\_\_ Don’t know

\_\_\_ Refused

*FEMALES only. If MALE* 🠞 *go to #38*

1. **Do you use a yellow powder/cream called Thanakar?**

\_\_\_ Yes 🠞 *go to #37*

\_\_\_ No 🠞 *go to #38*

\_\_\_ Don’t know 🠞 *go to #38*

\_\_\_ Refused 🠞 *go to #38*

1. **How often do you use Thanakar?**

\_\_\_\_\_ times per (*circle one*) week month year

\_\_\_ Don’t know

\_\_\_ Refused

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

\_\_\_ Yes *(Ever smoker)* 🠞 *go to #38*

\_\_\_ No *(Never smoker)* 🠞 *go to #43*

\_\_\_ Don’t know 🠞 *go to #43*

\_\_\_ Refused 🠞 *go to #43*

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

\_\_\_ Yes *(Current smoker)* 🠞 *go to #41*

\_\_\_ No *(Former smoker)* 🠞 *go to #40*

\_\_\_ Don’t know 🠞 *go to #43*

\_\_\_ Refused 🠞 *go to #43*

1. *(Former smoker)* How long has it been since you last smoked cigarettes regularly?

\_\_\_\_\_ months or \_\_\_\_\_ years 🠞 *go to #43*

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

\_\_\_ Daily *(Daily smoker)* 🠞 *go to #42*

\_\_\_ Weekly 🠞 *go to #43*

\_\_\_ Monthly 🠞 *go to #43*

\_\_\_ Don’t know 🠞 *go to 43*

\_\_\_ Refused 🠞 *go to #43*

1. *(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

1. Do you use chewing tobacco or snuff?

\_\_\_ Yes 🠞 *go to #44*

\_\_\_ No 🠞 *go to #45*

\_\_\_ Don’t know 🠞 *go to #45*

\_\_\_ Refused 🠞 *go to #45*

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

\_\_\_ Daily

\_\_\_ Weekly

\_\_\_ Monthly

\_\_\_ Don’t know

\_\_\_ Refused

**RESIDENTIAL HISTORY**

*Script:* Please answer the following questions about how long you have lived in Buffalo and in places in the past.

1. **How long have you lived in the United States?**

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

\_\_\_ Don’t know

\_\_\_ Refused

1. **How long have you lived in Buffalo, New York?**

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

\_\_\_ Don’t know

\_\_\_ Refused

1. **Have you lived in other cities in the United States other than Buffalo?**

\_\_\_ Yes 🠞 *go to #48*

\_\_\_ No 🠞 *go to #49*

\_\_\_ Don’t know 🠞 *go to #49*

\_\_\_ Refused 🠞 *go to #49*

1. **What other cities in the United States have you lived in?**
2. City #1 *(specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🠞

How long did you live there? \_\_\_\_\_ years and \_\_\_\_\_ months

\_\_\_ Don’t know

\_\_\_ Refused

How often did you eat fish there? \_\_\_ times per (circle one) week month year

\_\_\_ Don’t know

\_\_\_ Refused

1. City #2 *(specify)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🠞

How long did you live there? \_\_\_\_\_ years and \_\_\_\_\_ months

\_\_\_ Don’t know

\_\_\_ Refused

How often did you eat fish there? \_\_\_ times per *(circle one)* week month year

\_\_\_ Don’t know

\_\_\_ Refused

1. **Did you live in any refugee camps?**

\_\_\_ Yes **🠞** *go to #50*

\_\_\_ No**🠞** *go to #51*

\_\_\_ Don’t know**🠞** *go to #51*

\_\_\_ Refused**🠞** *go to #51*

1. **Where were the refugee camps?**
2. Camp #1 *(location)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🠞

How long did you live there? \_\_\_\_\_ years and \_\_\_\_\_ months

\_\_\_ Don’t know

\_\_\_ Refused

How often did you eat fish there? \_\_\_ times per (circle one) week month year

\_\_\_ Don’t know

\_\_\_ Refused

1. Camp #2 *(location)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🠞

How long did you live there? \_\_\_\_\_ years and \_\_\_\_\_ months

\_\_\_ Don’t know

\_\_\_ Refused

How often did you eat fish there? \_\_\_ times per *(circle one)* week month year

\_\_\_ Don’t know

\_\_\_ Refused

1. **Did you live in any other countries?**

\_\_\_ Yes **🠞** *go to #52*

\_\_\_ No**🠞** *go to #53*

\_\_\_ Don’t know**🠞** *go to #53*

\_\_\_ Refused**🠞** *go to #53*

1. **What other countries did you live in?**
2. Country #1 *(location)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🠞

How long did you live there? \_\_\_\_\_ years and \_\_\_\_\_ months

\_\_\_ Don’t know

\_\_\_ Refused

How often did you eat fish there? \_\_\_ times per (circle one) week month year

\_\_\_ Don’t know

\_\_\_ Refused

1. Country #2 *(location)*: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ 🠞

How long did you live there? \_\_\_\_\_ years and \_\_\_\_\_ months

\_\_\_ Don’t know

\_\_\_ Refused

How often did you eat fish there? \_\_\_ times per *(circle one)* week month year

\_\_\_ Don’t know

\_\_\_ Refused

**CONSUMED FISH**

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

\_\_\_ Yes 🠞 *go to #45*

\_\_\_ No 🠞 *go to #46*

\_\_\_ Don’t know 🠞 *go to #46*

\_\_\_ Refused 🠞 *go to #46*

1. **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

*Script:* **The next group of questions is about the following bodies of water.** *(READ THE LIST.)*

* Foot of Ferry / Broderick Park
* Squaw Island
* Squaw Island Ponds
* Black Rock Canal
* Scajaquada Creek
* Buffalo River
1. **Have you eaten fish from any of these bodies of water? Which ones?**

*(Check all that apply.)*

\_\_\_ Foot of Ferry / Broderick Park

\_\_\_ Squaw Island

\_\_\_ Squaw Island Ponds

\_\_\_ Black Rock Canal

\_\_\_ Scajaquada Creek

\_\_\_ Buffalo River

\_\_\_ Don’t know

\_\_\_ Refused

1. **How often do you eat fish caught from these waters in each season?**

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

1. In summer? *(months: June, July, August; description: when it’s hot outside)*

\_\_\_\_\_ times per *(circle one)* day week month

\_\_\_ Don’t know

\_\_\_ Refused

1. In fall? *(months: September, October; description: when it’s cold outside but not snowing)*

\_\_\_\_\_ times per *(circle one)* day week month

\_\_\_ Don’t know

\_\_\_ Refused

1. In winter? *(months: November, December, January, February, March; description: when there is snow on the ground)*

\_\_\_\_\_ times per *(circle one)* day week month

\_\_\_ Don’t know

\_\_\_ Refused

1. In spring? *(months: April, May; description: when it’s rainy, cool, but there’s no snow)*

\_\_\_\_\_ times per *(circle one)* day week month

\_\_\_ Don’t know

\_\_\_ Refused

1. **How do you get your fish from these waters during fishing season?**

*(Check all that apply)*

\_\_\_ Catch it

\_\_\_ Received as a gift from friends/family

\_\_\_ Collect from people fishing

\_\_\_ Buy it down by the river/lake

\_\_\_ Collect it from the water or ground (without fishing for it)

\_\_\_ Don’t Know

\_\_\_ Refused

1. **Do you freeze these locally caught fish to eat later?**

\_\_\_ Yes

\_\_\_ No

\_\_\_ Don’t know

\_\_\_ Refused

1. **In the past year, about how many times did you swim, dive, or wade (including wading for fishing or hunting) in or near any of these bodies of water?** *(If needed, repeat the list of water bodies.)*

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

\_\_\_\_\_ times per *(circle one)* day week month

\_\_\_ Don’t know

\_\_\_ Refused

1. **How many people in your family/household do you share fish with and eat fish caught from these bodies of water?**

Total number of people who eat fish: \_\_\_\_\_ 🠞 *If participant lives alone, go to #62.*

\_\_\_ Don’t know 🠞 *go to #62.*

\_\_\_ Refused🠞 *go to #62.*

1. **How many of the people who eat the fish are children under 15 years old?**

Number of children <15 years: \_\_\_\_\_

\_\_\_ Don’t know

\_\_\_ Refused

1. **Which of the following fish caught from nearby waters have you eaten in the past 12 months?** *SHOW CARD.*

|  |  |  |
| --- | --- | --- |
| \_\_\_ American eel\_\_\_ Atlantic salmon\_\_\_ Black Crappie\_\_\_ Bluegill\_\_\_ Brook Trout\_\_\_ Brown Bullhead\_\_\_ Brown Trout\_\_\_ Channel Catfish\_\_\_ Chinook salmon\_\_\_ Coho salmon\_\_\_ Goldfish | \_\_\_ Lake sturgeon\_\_\_ Lake trout\_\_\_ Largemouth (black) bass\_\_\_ Minnow\_\_\_ Muskellunge\_\_\_ Common Carp\_\_\_ Freshwater drum/Sheepshead\_\_\_ Northern pike\_\_\_ Pumpkinseed/Sunfish\_\_\_ Rainbow smelt\_\_\_ Rainbow trout/Steelhead | \_\_\_ Rock bass\_\_\_ Smallmouth (black) bass\_\_\_ Walleye\_\_\_ White bass\_\_\_ White perch\_\_\_ White sucker/common sucker\_\_\_ Yellow perch\_\_\_ Round goby |

*Script*: **I’m going to ask you questions about how much of each fish you just told me you’ve eaten in the past 12 months and how you clean it, cook it, and what parts you eat.**

1. **In each season in the past 12 months, how many times did you eat [fish species]?**

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

1. **Summer:** \_\_\_ times per *(circle one)* week month year

\_\_\_ Don’t know

\_\_\_ Refused

1. **Fall:** \_\_\_ times per *(circle one)* week month year

\_\_\_ Don’t know

\_\_\_ Refused

1. **Winter:** \_\_\_ times per *(circle one)* week month year

\_\_\_ Don’t know

\_\_\_ Refused

1. **Spring:** \_\_\_ times per *(circle one)* week month year

\_\_\_ Don’t know

\_\_\_ Refused

1. **How is the [fish species] usually cleaned before it’s cooked?**

*(Check all that apply.)*

\_\_\_ Don’t clean (no reason)

\_\_\_ Too small to clean

\_\_\_ Cut off head

\_\_\_ Remove guts

\_\_\_ Remove skin

\_\_\_ Fillet (cut the large piece off the side)

\_\_\_ Cut off belly fat

\_\_\_ Don’t know

\_\_\_ Refused

1. **What parts of [fish species] do you usually eat?**

*(Check all that apply.)*

\_\_\_ Whole with head

\_\_\_ Whole without head

\_\_\_ Fillet (cut the large piece off the side)

\_\_\_ Guts/innards

\_\_\_ Skin

\_\_\_ Head

\_\_\_ Other 🠞 Specify: \_\_\_

\_\_\_ Don’t know

\_\_\_ Refused

1. **How is the [fish species] usually cooked?**

*(Check all that apply.)*

\_\_\_ Fish pase

\_\_\_Pan fried

\_\_\_ Deep fried

\_\_\_ Boiled/poached

\_\_\_ Stew/chowder

\_\_\_ Grilled

\_\_\_ Baked/broiled

\_\_\_ Eaten raw

\_\_\_ Smoked

\_\_\_ Dried

\_\_\_ Pickled

\_\_\_ Don’t know

\_\_\_ Refused

**STORE BOUGHT FOODS**

*Script:* **The following questions are about grocery store or market foods that you may have eaten in the past 12 months. We want to know about the foods you eat that have a lot animal fat diet.**

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

1. **Whole eggs?**

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

\_\_\_\_ times per *(circle one)* week month year

\_\_\_ Don’t know

\_\_\_ Refused

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

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

\_\_\_\_ times per *(circle one)* week month year

\_\_\_ Don’t know

\_\_\_ Refused

1. **Poultry meat?**

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

\_\_\_\_ times per *(circle one)* week month year

\_\_\_ Don’t know

\_\_\_ Refused

1. **Red meat?**

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

\_\_\_\_ times per *(circle one)* week month year

\_\_\_ Don’t know

\_\_\_ Refused

**WILD BIRDS AND ANIMALS**

1. In the past year, have you eaten any of these wild birds or animals?

*SHOW CARD*.

\_\_\_ Waterfowl (ducks or geese)

\_\_\_ Rats

\_\_\_ Squirrel

\_\_\_ Chipmunk

\_\_\_ Ground hog

\_\_\_ Skunk

\_\_\_ Crows or other scavenger birds

\_\_\_ Other (specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ None

\_\_\_ Don’t know

\_\_\_ Refused

**STORE BOUGHT FISH**

*Script:* **The following questions are about fish you have eaten that were bought at a store, restaurant, fish vendor, open air market, Asian market or supermarket?**

1. **Which of these fish that was bought at a store, market, restaurant, or vendor have you eaten at least five times in your life?**

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

\_\_\_ Grouper

\_\_\_ Shark

\_\_\_ Swordfish

\_\_\_ Salmon (including canned)

\_\_\_ Tuna (not canned)

\_\_\_ Tuna (canned)

\_\_\_ Shrimp

\_\_\_ Snails

\_\_\_ Mussels

*If ate at least one type of fish* 🠞 *go to #73*

\_\_\_ None *🠞 go to #75*

\_\_\_ Don’t know *🠞 go to #75*

\_\_\_ Refused *🠞 go to #75*

1. **How many years did you eat [fish/shellfish]?**

\_\_\_\_ years

\_\_\_ Don’t know

\_\_\_ Refused

1. **In the past year, how many times did you eat [fish/shellfish]?**

\_\_\_\_ times per (circle one) week month year

\_\_\_ Don’t know

\_\_\_ Refused

**FISH PASTE**

1. **Do you eat fish paste [“nya u” (Karen) or “ngape” (Burmese)]?**

\_\_\_ Yes 🠞 **How often do you eat fish paste [“nya u”] [“ngape”]?**

\_\_\_ times per *(circle one)* week month year

\_\_\_ No 🠞 *go to #80*

\_\_\_ Don’t know 🠞 *go to #80*

\_\_\_ Refused 🠞 *go to #80*

1. **Do you buy or make your fish paste [“nya u”] [“ngape”]?**

\_\_\_ I make my own

\_\_\_ I buy my fish paste 🠞 *go to #80*

\_\_\_ Don’t know 🠞 *go to #80*

\_\_\_ Refused 🠞 *go to #80*

1. **Do you make the fish paste [“nya u”] [“ngape”] from fish that you or someone you know caught in nearby waters?**

\_\_\_ Yes

\_\_\_ No 🠞 *go to #80*

\_\_\_ Don’t know 🠞 *go to #80*

\_\_\_ Refused 🠞 *go to #80*

1. **What kinds of fish do you or someone else use to make the fish paste [“nya u”] [“ngape”]?** *SHOW CARD.*

*(Check all that apply.)*

|  |  |  |
| --- | --- | --- |
| \_\_\_ American eel\_\_\_ Atlantic salmon\_\_\_ Black Crappie\_\_\_ Bluegill\_\_\_ Brook Trout\_\_\_ Brown Bullhead\_\_\_ Brown Trout\_\_\_ Channel Catfish\_\_\_ Chinook salmon\_\_\_ Coho salmon\_\_\_ Goldfish | \_\_\_ Lake sturgeon\_\_\_ Lake trout\_\_\_ Largemouth (black) bass\_\_\_ Minnow\_\_\_ Muskellunge\_\_\_ Common Carp\_\_\_ Freshwater drum/Sheepshead\_\_\_ Northern pike\_\_\_ Pumpkinseed/Sunfish\_\_\_ Rainbow smelt\_\_\_ Rainbow trout/Steelhead | \_\_\_ Rock bass\_\_\_ Smallmouth (black) bass\_\_\_ Walleye\_\_\_ White bass\_\_\_ White perch\_\_\_ White sucker/common sucker\_\_\_ Yellow perch\_\_\_ Round goby\_\_\_ Don’t know\_\_\_ Refused |

1. **What parts of the fish do you or someone else use to make the fish paste [“nya u”] [“ngape”]?**

*(Check all that apply.)*

\_\_\_ Whole fish

\_\_\_ Flesh and skin only

\_\_\_ Flesh only

\_\_\_ Whole fish with head and tail removed

\_\_\_ Other: *(specify)* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ Don’t know

\_\_\_ Refused

**FISHING INFORMATION**

1. **Have you heard about health advice on eating fish from nearby waters?**

\_\_\_ Yes 🠞 From who or where did you hear it? (*specify*) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_ No

\_\_\_ Don’t know

\_\_\_ Refused

*END OF INTERVIEW.*