

Attachment 6i. NY Interview questionnaire, Burmese

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: _____

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

___ Male

___ Female

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

___ / ___ / ___
mm dd yyyy

4. Age: ___ years

5. 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

6. Do you have an email address?

___ Yes What is it? _____

___ No

___ Don't know

___ Refused

1. 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).

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.

7. 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-explain why results are important and useful.*
- Refused

8. 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

9. 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

10. In what country were you born?

- United States
- Burma/Myanmar
- Thailand
- Malaysia
- Other country ☐ Specify: _____
- Don't know
- Refused

11. What tribe do you belong to?

- | | |
|----------------------------------|---|
| <input type="checkbox"/> Karen | <input type="checkbox"/> Mon |
| <input type="checkbox"/> Kachin | <input type="checkbox"/> Rakhine |
| <input type="checkbox"/> Chin | <input type="checkbox"/> Other ☐ Specify: _____ |
| <input type="checkbox"/> Karenni | <input type="checkbox"/> Don't Know |
| <input type="checkbox"/> Burman | <input type="checkbox"/> Refused |

REPRODUCTIVE HISTORY

FEMALES only. If MALE ☐ go to #18

12. Are you pregnant?

- Yes ☐ go to #13
- No ☐ go to #14
- Don't know ☐ go to #14
- Refused ☐ go to #14

13. When is your due date?

- ____ / ____ / ____
 mm dd yyyy
- Don't know
 - Refused

14. 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

15. Have you ever breastfed any of your babies?

- Yes
- No ☐ go to #18
- Don't know ☐ go to #18
- Refused ☐ go to #18

16. Are you breastfeeding any children now?

- Yes
- No
- Don't know
- Refused

17. 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
1 st			5 th		
2 nd			6 th		
3 rd			7 th		
4 th			8 th		

HOUSEHOLD INFORMATION

18. What is your street address?

Street Number: _____

Street Name: _____

Apartment Number: _____

Unit: _____ (or "upper" or "lower" floor)

City: _____ State: _____ ZIP Code: _____

19. 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

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

Female: _____

Male: _____

___ Don't know

___ Refused

21. 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

22. Do you work?

___ Yes ☐ go to #23

___ No ☐ go to #27

___ Don't know ☐ go to #27

___ Refused ☐ go to #27

23. Do you work full time or part time?

___ Full time

___ Part time

___ Don't know

___ Refused

24. **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

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

- ___ Yes ☐ go to #26
- ___ No ☐ go to #27
- ___ Don't know ☐ go to #27
- ___ Refused ☐ go to #27

26. **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

27. **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

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

- ___ Full time
- ___ Part time
- ___ Don't know
- ___ Refused

29. **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

30. **Do you receive food stamps?**

- ___ Yes
- ___ No
- ___ Don't know
- ___ Refused

31. **Do you receive WIC services?**

- ___ Yes
- ___ No

- Don't know
- Refused

32. 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

33. Have you ever attended school in the United States?

- Yes
- No
- Don't know
- Refused

34. 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.

35. 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

36. 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

37. How often do you use Thanakar?

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

38. 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

39. (*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

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

- months or years go to #43

41. (*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

42. (*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

43. 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

44. 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.

45. How long have you lived in the United States?

- _____ years and _____ months
- Don't know
- Refused

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

- _____ years and _____ months
- Don't know
- Refused

47. 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

48. What other cities in the United States have you lived in?

a. **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

b. **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

49. 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

50. Where were the refugee camps?

a. **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

b. **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

51. 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

52. What other countries did you live in?

a. **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

b. **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

53. 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

54. 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

55. 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

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

(If never, enter 0 times per year.)

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

_____ times per (circle one) day week month

___ Don't know

___ Refused

b. **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

c. **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

d. **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

57. 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

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

___ Yes

___ No

___ Don't know

___ Refused

59. 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

60. 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.

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

Number of children <15 years: _____

___ Don't know

___ Refused

62. 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.

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

(If never, enter 0 times per year.)

a. **Summer:** ___ times per (*circle one*) week month year

___ Don't know

___ Refused

b. **Fall:** ___ times per (*circle one*) week month year

___ Don't know

___ Refused

c. **Winter:** ___ times per (*circle one*) week month year

___ Don't know

___ Refused

d. **Spring:** ___ times per (*circle one*) week month year

___ Don't know

___ Refused

64. 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

65. 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

66. How is the [fish species] usually cooked?

(Check all that apply.)

- Fish paze
- 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.*

67. Whole eggs?

(If never, enter 0 times per year.)

times per *(circle one)* week month year
 Don't know
 Refused

68. Whole milk products (including 2% milk)?

(If never, enter 0 times per year.)

times per *(circle one)* week month year
 Don't know
 Refused

69. Poultry meat?

(If never, enter 0 times per year.)

times per *(circle one)* week month year
 Don't know
 Refused

70. Red meat?

(If never, enter 0 times per year.)

times per *(circle one)* week month year
 Don't know
 Refused

WILD BIRDS AND ANIMALS

71. 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?

72. 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

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

- _____ years
- Don't know
- Refused

74. 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

75. 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

76. 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

77. 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

78. What kinds of fish do you or someone else use to make the fish paste ["nya u"] ["ngape"]? SHOW CARD.

(Check all that apply.)

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

79. 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

80. 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.