

Participant Number: \_\_\_\_\_

Version 1\_

### Navajo Birth Cohort Study SURVEY FOR FATHERS

The Birth Cohort study is being conducted in response to community questions and concerns about whether exposure to uranium from remaining mining and milling waste is affecting the outcome of pregnancies and/or the development of children on Navajo Nation. The study will provide additional development and environmental evaluations for moms and children. The goal is to ensure that children born on Navajo Nation have all the opportunities for a healthy and successful childhood.

#### DEMOGRAPHICS

1. What is your date of birth? \_\_\_\_\_  
MM / DD / YYYY

2. Where were you born?  
City or town \_\_\_\_\_  
State \_\_\_\_\_  
Country \_\_\_\_\_

3. What language do you speak most often?  
3a. At work?       English                       Navajo                       Both                       Other  
3b. At home with family?  English                       Navajo                       Both                       Other  
3c. With friends?       English                       Navajo                       Both                       Other

4. Are you married or living with a partner?    Yes                       No  
4a. If no, are you:       Never married or lived with partner  
                                  Separated from husband or partner  
                                  Divorced  
                                  Widowed

5. What is the highest grade of school you have completed or the highest degree you have received?  
 No education  
 1<sup>st</sup> to 6<sup>th</sup> grade  
 7<sup>th</sup> to 9<sup>th</sup> grade  
 10<sup>th</sup> to 12<sup>th</sup> grade, no diploma  
 High school graduate/GED  
 Bachelor's degree  
 Some college, no degree  
 Associate degree  
 Graduate or professional degree  
 Other specify \_\_\_\_\_  
 Don't know  
 Refused

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6. Are you currently a student?       Yes               No

7. What is your current paid employment status?

- Unemployed
- Self-employed
- Employed part-time
- Employed full-time

8. What is your best estimate of your **total personal income** from all sources in the past year (before taxes)? If annual income is not known, ask “What is your best estimate of your monthly income?” and choose from the choices below.

- Less than or equal to \$4,999 per year (\$417 monthly)
- \$5,000 - \$9,999 per year (\$417 – \$833 monthly)
- \$10,000 - \$19,999 per year (\$834 - \$1666 monthly)
- \$20,000 - \$39,999 per year (\$1667 – \$3333 monthly)
- \$40,000 - \$69,999 per year (\$3334 – \$5833 monthly)
- More than \$70,000 per year (\$5834 monthly)
- Don't Know
- Refused

9. Household income means income for everyone in your household, taken together. What is your best estimate of your **total household income** before taxes from all sources in the past year?

- Less than or equal to \$4,999 per year (\$417 monthly)
- \$5,000 - \$9,999 per year (\$417 – \$833 monthly)
- \$10,000 - \$19,999 per year (\$834 - \$1666 monthly)
- \$20,000 - \$39,999 per year (\$1667 – \$3333 monthly)
- \$40,000 - \$69,999 per year (\$3334 – \$5833 monthly)
- More than \$70,000 per year (\$5834 monthly)
- Don't Know
- Refused

### HEALTH HISTORY

10. Have you ever been told by a doctor that you have diabetes?

- Yes
- No
- Don't know
- Refused

11. Have you ever been told by a doctor that you have high blood pressure?

- Yes
- No
- Don't know
- Refused

12. Have you ever been told by a doctor that you have any autoimmune disorders?

- Yes
- No
- Don't know
- Refused

13. Have you had any fertility problems in the past with your partners?

- Yes
- No
- Don't know
- Refused

14. How many children have you fathered?

|\_|\_|  
NUMBER

Refused

15. Have any of your children been diagnosed with developmental delay, a birth defect or immune system problems?

- Yes
- No
- Don't know
- Refused

If yes please start with oldest child and work your way to the youngest...

	Gender	Date of Birth	Diagnoses	Receiving Care Where
Child #1.	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	____/____/____	_____	_____
Child #2.	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	____/____/____	_____	_____
Child #3.	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	____/____/____	_____	_____
Child #4.	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	____/____/____	_____	_____
Child #5.	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	____/____/____	_____	_____
Child #6.	<input type="checkbox"/> Boy <input type="checkbox"/> Girl	____/____/____	_____	_____

**CURRENT MEDICATION AND SUBSTANCE USE**

16. Are you currently taking **doctor-prescribed medications and/or vitamins** on a daily basis?

Yes → What [prescribed] medications do you take?

16a. \_\_\_\_\_

16b. \_\_\_\_\_

16c. \_\_\_\_\_

16d. \_\_\_\_\_

16e. \_\_\_\_\_

No

17. Are you currently taking **over-the-counter (non-prescription) medications** on a daily basis?

Yes → What [over the counter medications] do you take?

17a. \_\_\_\_\_

17b. \_\_\_\_\_

17c. \_\_\_\_\_

17d. \_\_\_\_\_

17e. \_\_\_\_\_

No

18. Are you currently taking **herbal supplements** on a daily basis?

Yes → What herbal supplements do you take?

18a. \_\_\_\_\_

18b. \_\_\_\_\_

18c. \_\_\_\_\_

18d. \_\_\_\_\_

18e. \_\_\_\_\_

No

19. Are you currently using any **traditional or home remedies**?

Yes → What remedies do you take?

19a. \_\_\_\_\_

19b. \_\_\_\_\_

19c. \_\_\_\_\_

19d. \_\_\_\_\_

19e. \_\_\_\_\_

No

20. Are you **currently** smoking marijuana?

Yes

No

Refused

21. Are you **currently using** other recreational or street drugs, including drugs that you smoke or inject?

Yes → What drugs are they?

21a. \_\_\_\_\_

21b. \_\_\_\_\_

21c. \_\_\_\_\_

21d. \_\_\_\_\_

21e. \_\_\_\_\_

No

22. Have you **ever tried or used** any other recreational drugs, including illicit or street drugs or drugs that you did not have a doctor's prescription for?

Yes → 22a. How many times?

Once or twice

10 or more times

Don't know

Refused

No

### ALCOHOL USE

23. How often did you have a drink containing alcohol in the past year?

Never

Monthly or less

Two to four times a month

Two to three times a week

Four or more times a week

24. How many drinks containing alcohol did you have on atypical day when you were drinking in the past year?

0 drinks

1 or 2

3 or 4

5 or 6

7 to 9

25. How often did you have six or more drinks on one occasion in the past year?

Never

Less than monthly

Monthly

Weekly

Daily or almost daily

### TOBACCO USE

26. Do you smoke tobacco only for ceremonial use?

Yes → [skip to 36]

No

27. In your lifetime, have you smoked as many as 100 cigarettes?

Yes

No → [skip to 36]

28. Was there ever a time that you smoked at least 1 cigarette a day for a month or longer?

Yes

No → [skip to 36]

29. Do you now smoke cigarettes (not including those for ceremonial use only)?

- Yes
- No

30. For about how many years total would you say that you smoked at least 1 cigarette per day?

|\_|\_| .....  Don't Know  
 YEARS

31. During the time you smoked at least 1 cigarette a day, about how many cigarettes a day on average?

|\_|\_|  
 cigarettes/day .....  Don't Know

32. When was your last cigarette?

- Today
- In the past week
- More than a week ago
- More than a month ago
- Before pregnancy
- Don't know
- Refused

33. Did you ever quit smoking for 6 months or longer?

- Yes → If Yes: 33a. Did you quit because of your partner's pregnancy?
  - Yes
  - No
- No

34. If you stopped smoking cigarettes and then started smoking again, for how many years did you quit?

|\_|\_|                      |\_|\_|                       Don't Know  
 months quit                      years quit

35. Does anyone else in your household smoke on a daily basis?

- Yes
- No
- Don't know
- Refused

**STRESS**

The following questions ask about your feelings and thoughts during the last month. In each case, please tell me how often you felt or thought a certain way.

36. During the last 30 days, about how often did you feel **so depressed that nothing could cheer you up?**

- All of the time
- Most of the time
- Some of the time
- A little of the time
- None of the time

37. During the last 30 days, about how often did you feel **hopeless**?
- All of the time
  - Most of the time
  - Some of the time
  - A little of the time
  - None of the time
38. During the last 30 days, about how often did you feel **restless or fidgety**?
- All of the time
  - Most of the time
  - Some of the time
  - A little of the time
  - None of the time
39. During the last 30 days, about how often did you feel **that everything was an effort**?
- All of the time
  - Most of the time
  - Some of the time
  - A little of the time
  - None of the time
40. During the last 30 days, about how often did you feel **worthless**?
- All of the time
  - Most of the time
  - Some of the time
  - A little of the time
  - None of the time
41. During the last 30 days, about how often did you feel **nervous**?
- All of the time
  - Most of the time
  - Some of the time
  - A little of the time
  - None of the time

### PHYSICAL ACTIVITY

42. During the past month, other than for your regular job, did you participate in any physical activities, such as running, gardening, aerobics, dancing, basketball, walking for exercise, herding sheep, chopping wood, or horseback riding?
- Yes
  - No
  - Don't know
  - Refused
43. How often do you exercise? (Such as the activities above)
- Once or more per week
  - Once per month
  - On occasion
  - Never

44. What is your primary mode of transportation?

- Car
- Bus
- Hitchhiking
- Horseback
- Walking
- Other Specify \_\_\_\_\_

**HOUSING CHARACTERISTICS**

45. What is the location of your home?

*[The participant may give his or her house number and street/road name, rural address, nearest highway or natural feature, or distance from Chapter House.]*

46. Is the house you are living in...?

- Owned or being bought by you or someone in your household
- Rented by you or someone in your household, or
- Some other arrangement
- Don't know
- Refused

47. Can you tell us, which of these categories do you think best describes when your home or building was built?

- 2001 To present
- 1981 To 2000
- 1961 To 1980
- 1941 To 1960
- 1940 or before
- Don't know
- Refused

48. How long have you lived in this home?

- |              |                                     |
|--------------|-------------------------------------|
| __ __        | <input type="checkbox"/> Weeks      |
| NUMBER ..... | <input type="checkbox"/> Months     |
| .....        | <input type="checkbox"/> Years      |
| .....        | <input type="checkbox"/> Don't know |
| .....        | <input type="checkbox"/> Refused    |

49. What type of home do you live in?

- Hogan
- Modular or site-built house
- Mobile home
- Multi-family dwelling or Apartment building
- Seasonal camp or lodging
- Hotel /motel or other temporary housing
- Other Specify \_\_\_\_\_
- Don't know
- Refused



50. What is the construction of your home? (Check all that apply)

- Mobile home
- Wood frame
- Stone
- Adobe
- Crawlspace or basement
- Dirt floor

51. Does your home contain any wood, sheet metal, metal pipes, rocks, sand, tarps, utility poles, railroad ties, or other materials from an abandoned uranium mine or mill?

Yes

51a. If yes which materials were used  Wood

- Sheet metal
- Metal pipes
- Rocks
- Sand
- Tarps
- Utility poles
- Railroad ties
- Other: \_\_\_\_\_

No

Don't know

Refused

52. Does your home contain any wood, sheet metal, metal pipes, rocks, sand utility poles, railroad ties, or other materials from oil and gas operations?

Yes

52a.If yes which materials were used  Wood

- Sheet metal
- Metal pipes
- Rocks
- Sand
- Utility poles
- Railroad ties
- Other: \_\_\_\_\_

No

Don't know

Refused

53. Including yourself, how many people live in your home?

|\_|\_|  
NUMBER

54. Excluding bathrooms, how many total rooms are in your home?

|\_|\_|  
NUMBER

55. Which of these types of heat /fuel sources do you use to heat your home?

- Electric
- Gas-Natural
- Gas-Propane or LP
- Oil
- Wood
- Kerosene or diesel fuel
- Coal
- Solar energy
- Wind power
- No heating source
- Other specify \_\_\_\_\_
- Don't know
- Refused

55a.If you burn wood or coal in your home, what is the approximate age of your stove.

- 1-5 yrs
- 5-10 yrs
- 10-15 yrs
- >15 yrs

55b.If you burn wood or coal in your home, how often do you personally tend the fire?

- Once per day
- 1-5 x per day or more
- Once per week
- 1-3 times per week
- Occasionally

56. How do you cool your home? SELECT ALL THAT APPLY.

- Fan
- Window or wall air conditioners
- Central air conditioning
- Evaporative cooler (swamp cooler)
- No cooling or air conditioning used
- Other specify \_\_\_\_\_
- Don't know
- Refused

57. In the past 12 months, have you seen any water damage inside your home?

- Yes
- No
- Don't know
- Refused

58. In the past 12 months, have you seen any mold or mildew on walls or other surfaces inside your home?

- Yes
- No
- Don't know
- Refused

59. Since your partner became pregnant, have any additions been built onto your home to make it bigger, or have any renovations or other construction been done in your home? Include all projects such as painting, wallpapering, carpeting or re-finishing floors.

- Yes
- No
- Don't know
- Refused

60. Do you have any pets that spend any time inside your home?

- Yes
- No
- Don't know
- Refused

61. What kind of pets are these? SELECT ALL THAT APPLY.

- Dog
- Cat
- Lambs or baby goats
- Small mammal (rabbit, gerbil, hamster, guinea pig, ferret)
- Bird (including chicks)
- Fish or reptile (turtle, snake lizard)
- Other specify \_\_\_\_\_
- Don't know
- Refused

62. Do you tend livestock on a regular basis in a corral or around your home?

- Yes
- No

63. Please tell us all the places you have lived throughout your life, even as a child, and how long you lived at each place.

Chapter	Location Description	# of years
_____	_____	_ _
_____	_____	_ _
_____	_____	_ _
_____	_____	_ _
_____	_____	_ _
_____	_____	_ _
_____	_____	_ _
_____	_____	_ _

**WATER USAGE**

64. Is your home connected to a community water system piped in to your home?

- Yes       No       Don't Know

64a. If yes, what is the name of the water system? \_\_\_\_\_

64b. If yes, is this your main source of drinking water?  Yes       No       Don't Know

65. Do you haul water?       Yes       No       Refused

65a. If you haul water, what type of container do you use to haul water?

- Plastic  
 Metal  
 Glass  
 Wood  
 Other Specify \_\_\_\_\_  
 Don't know

65b. If you haul water, where do you haul water from? *[Check all that apply]*

- Lake/pond  
 Stream/river  
 Spring  
 Rain Water  
 Irrigation Water  
 Cistern or tank at windmill  
 Windmill  
 Private well  
 Grocery or convenience store/ trading post  
 Navajo Tribal Utility Authority (NTUA) or other public water supply  
 Other Specify \_\_\_\_\_  
 Don't know

65c. If yes, in what types of containers do you store this hauled water?

- Plastic  
 Metal  
 Glass  
 Wood  
 Concrete  
 Other Specify \_\_\_\_\_  
 Don't know

65d. If you haul water, do you filter the water you haul?

- Yes  
 If yes, what filters do you use?  
 Charcoal filter  
 Ceramic filter  
 Distillation  
 Boil  
 Disinfect  
 No, don't do anything to the water  
 Don't know

65e. How many places do you currently haul water from? |\_\_|\_\_|  
 ..... NUMBER

66. Using the map, can you identify the location of any water sources from which you or someone in your household has hauled water for drinking or other household use?

Please note all uses of this water for each source identified.

Name/Number of Water Source	Uses of the water (drinking, cooking, livestock watering, irrigation, bathing, other household uses)	Number of years
_____	_____	_ _
_____	_____	_ _
_____	_____	_ _
_____	_____	_ _
_____	_____	_ _
_____	_____	_ _
_____	_____	_ _
_____	_____	_ _

67. What water source in your home do you use most of the time for **drinking**?

- Hauled water
- Tap or piped in water
- Filtered tap/piped in water
- Bottled water
- Other specify \_\_\_\_\_
- Don't know
- Refused

68. What water source in your home is used most of the time for **cooking**?

- Hauled water
- Tap or piped in water
- Filtered tap/piped in water
- Bottled water
- Other specify \_\_\_\_\_
- Don't know
- Refused

**FOOD BEHAVIORS**

69. Do you eat the meat of the livestock you raise?  Yes  No  Don't know

69a. Where do the livestock graze? (Using map, locate grazing area)

\_\_\_\_\_

69b. Where do they get water? (Using map, locate wells, springs, ponds, etc.)

\_\_\_\_\_  
\_\_\_\_\_

70. Please tell us what animals you eat and the specific parts you eat, including the organs.

- Sheep/Goat     Cattle     Horse     Pig     Chicken     Turkey
- Muscle     Liver     Kidney     Brain     Intestine     Testicles
- Tongue     Heart     Other \_\_\_\_\_

70a. In the last month, have you eaten any food that was blackened, charred, or roasted through cooking?  Yes  No

70b. If yes, how many servings?  
 1-2     3-5     6-10     11-19     20+

71. Do you eat the vegetables or fruit you grow?  Yes  No  Don't know

72. Do you use the water you haul for the vegetables you grow?  Yes  No  Don't know

73. Please tell us what vegetables or fruits that you grow and eat:

- Apples     Apricots     Beans     Bell Peppers     Carrots     Chile
- Corn     Cucumbers     Melons     Onions     Peaches     Potatoes
- Squash     Strawberries     Tomatoes
- Other \_\_\_\_\_

74. Do you gather and eat vegetation from the wild?

- Yes
  - If Yes  Wild Onions
  - Wild Carrots
  - Wild Berries
  - Cedar tree berries
  - Pinon nuts
  - Yucca Fruit
  - Others: \_\_\_\_\_
- No
- Don't know
- Refused

**OCCUPATIONAL AND ENVIRONMENTAL HISTORY**

OCCUPATIONAL

75. Have you ever been employed outside of the home?

- Yes
- No
- Refused

**If no, skip this section**

**If yes, please answer the following:**

76. At any of your jobs, have you ever handled or come into contact with **pesticides** (bug or weed spray), other **chemicals**, or toxic or **potentially dangerous** substances?

- Yes
- No
- Don't know
- Refused

**76a. If yes, complete the following**

Substance	Brand/Name	Used Indoor	Used outdoors	How Long
<u>Pesticide</u>	_____	_____	_____	_____
<u>Chemicals</u>	_____	_____	_____	_____
<u>Other</u>	_____	_____	_____	_____

77. Have you worked in any of the following industries outside your home? If yes, how long (years)?

Number of Years

- Gold and/or silver mining ..... |\_\_|\_\_|
- Coal mining ..... |\_\_|\_\_|
- Uranium mining / milling ..... |\_\_|\_\_|
- Uranium reclamation ..... |\_\_|\_\_|
- Uranium ore hauling ..... |\_\_|\_\_|
- Other mining (e.g., copper, iron, lead, vanadium) ..... |\_\_|\_\_|
- Petroleum or natural gas production ..... |\_\_|\_\_|
- Electronics manufacturing ..... |\_\_|\_\_|
- Plastics manufacturing ..... |\_\_|\_\_|
- Gold/Silversmithing..... |\_\_|\_\_|
- Roadwork/paving ..... |\_\_|\_\_|

- Military (depleted uranium, high explosives) ..... |\_\_|\_\_|
- Pottery ..... |\_\_|\_\_|
- Lapidary ..... |\_\_|\_\_|
- Weaving ..... |\_\_|\_\_|
- Electric/transmission line/Utility crew ..... |\_\_|\_\_|
- Livestock (herding, transporting, working in feed-yard) |\_\_|\_\_|
- Other Specify \_\_\_\_\_|\_\_|\_\_|

78. Have you or anyone in your household done any of the following activities in your home?  
If yes, how long (years)?

	<u>Number of Years</u>
<input type="checkbox"/> Electronics	__ __
<input type="checkbox"/> Plastics	__ __
<input type="checkbox"/> Gold/Silversmithing	__ __
<input type="checkbox"/> Pottery	__ __
<input type="checkbox"/> Lapidary	__ __
<input type="checkbox"/> Weaving	__ __
<input type="checkbox"/> Other Specify _____	__ __

79. If you do lapidary work in your home, do you use

- Block or synthetic stones
- Stabilized stones
- Only natural stone
- Don't know

80. If you make jewelry in your home, do you use solder?

- Yes
- No
- Don't know
- Refused

ENVIRONMENTAL

81. Have you ever lived near an **agricultural area or farm**?

By "near," I mean downwind of, along a road, in a floodplain, or within two miles

- Yes → **81a.** Number of years |\_\_|\_\_| **81b.** Where? \_\_\_\_\_
- No
- Don't know



82. Have you ever lived near a **toxic waste site or waste dump or landfill**?

By "near," I mean downwind of, along a road, in a floodplain, or within two miles

- Yes → **82a.** Number of years |\_\_|\_\_| **82b.** Where? \_\_\_\_\_
- No
- Don't know

83. Have you ever lived near a **chemical factory or plant**?

By "near," I mean downwind of, along a road, in a floodplain, or within two miles

- Yes → **83a.** Number of years |\_\_|\_\_| **83b.** Where? \_\_\_\_\_

**83c.** Chemicals used or manufactured there \_\_\_\_\_

- No
- Don't know

84. Have you ever lived near a **uranium mine**?

By "near," I mean downwind of, along a road, in a floodplain, or within two miles

- Yes → **84a.** Number of years |\_\_|\_\_| **84b.** Where? \_\_\_\_\_
- No
- Don't know

85. Have you ever lived near a **uranium mill**?

By "near," I mean downwind of, along a road, in a floodplain, or within two miles

- Yes → **85a.** Number of years |\_\_|\_\_| **85b.** Where? \_\_\_\_\_
- No
- Don't know

86. Did either of your parents or grandparents work in a uranium mine or mill?

- Yes
- No
- Don't know

**86a.** If yes

Name of Mine or Mill

Number of Years worked there

_____	_____
_____	_____
_____	_____
_____	_____

87. Did anyone in your household work in a uranium mine or mill at any time during your lifetime?

- Yes
- No
- Don't know

**87a.** If yes

Number or years

Your age at the time

_____	_____
_____	_____
_____	_____
_____	_____

88. Can you think of any other ways you might have **come in contact with uranium**, such as:

88a. Playing on a uranium tailings pile or waste dump?

- Yes
- No

88b. Playing outdoors near or next to a uranium mine, mill or waste dump?

- Yes
- No

88c. Drinking, wading into or coming into contact with uranium mine water or waste spills?

- Yes
- No

88d. Herding livestock on or next to a uranium mine, mill or waste dump?

- Yes
- No

88e. Sheltering livestock in an abandoned mine?

- Yes
- No

88f. Living in a mining camp?

- Yes
- No

88g. Washing or handling clothes of a friend or family member who was a uranium worker?

- Yes
- No

88h. Live in the same home with a uranium miner or miller?

- Yes
- No

89. Have you ever lived near an **oil and gas facility, such as a oil or natural gas well, petroleum refinery, natural gas plant or natural gas compressor station**?

By "near," I mean downwind of, along a road, in a floodplain, or within two miles

- Yes → **89a.** Number of years |\_\_|\_\_| **89b.** Where? \_\_\_\_\_
- No
- Don't know

90. Have you ever lived near a **coal-fired electric generating station, coal waste dump or coal mine (surface or underground)**?

By "near," I mean downwind of, along a road, in a floodplain, or within two miles

- Yes → **90a.** Number of years |\_\_|\_\_| **90b.** Where? \_\_\_\_\_
- No
- Don't know

**THANK YOU FOR YOUR TIME  
AND ATTENTION**