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

**In response to the comments sent via email and comments embedded in this document, we have prepared the following responses.**

|  |  |  |
| --- | --- | --- |
| Question # | Variable | Response |
| 2 | Email address | We asked for e-mail on the screening questionnaire for anglers, but we need to ask again for confirmation, given the need for exact spellings on e-mails |
| 10 | Inclusion of "other" for race | The questionnaire is accomplished only via personal interview |
| 14 | Place of birth | This question was eliminated for the licensed angler questionnaire |
| 15-18 | Education and occupation | We agree and have moved the section to the end of the question. The section has been incorporated with the last section of the survey and retitled "Education, occupation, and income". The corresponding script has been revised to reflect the changes. |
| 55 | Red meat | The card provided to the participant with specifics for the question includes pork and game |

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

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 Licensed Anglers**

**CONTACT INFORMATION**

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

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

\_\_\_ Refused

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

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

\_\_\_ No

\_\_\_ Don’t know

\_\_\_ Refused

1. **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

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

Street Number: \_\_\_\_\_\_ Street Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Unit: \_\_\_\_

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

1. **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

Public reporting burden of this collection of information is estimated to average 30 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).

**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.**

**SEX AND AGE**

*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.**

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

\_\_\_ Male

\_\_\_ Female

1. **What is your birthdate?**

\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_\_\_ 🠞 **So you are** \_\_\_\_\_ **years old?**

mm dd yyyy

**ETHNICITY AND RACE**

1. **Do you consider yourself to be Hispanic or Latino?**

\_\_\_ Yes

\_\_\_ No

\_\_\_ Don’t know

\_\_\_ Refused

1. **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.**

1. **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

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

\_\_\_ 1978 or after

\_\_\_ 1950 to 1977

\_\_\_ Before 1950

\_\_\_ Don’t know

\_\_\_ Refused

1. **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

**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

\_\_\_ None

\_\_\_ Don’t know

\_\_\_ Refused

1. **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*

1. *(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*

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

\_\_\_\_\_ months or \_\_\_\_\_ years 🠞 *go to #25*

1. *(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*

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 #26*

\_\_\_ No 🠞 *go to #27*

\_\_\_ Don’t know 🠞 *go to #27*

\_\_\_ Refused 🠞 *go to #27*

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

\_\_\_ Daily

\_\_\_ Weekly

\_\_\_ Monthly

\_\_\_ Don’t know

\_\_\_ Refused

**PERSONAL ACTIVITIES**

*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.**

1. **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*

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

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

\_\_\_ Dyeing material \_\_\_ Metal work \_\_\_ None

\_\_\_ Electronics assembly \_\_\_ Painting and glazing \_\_\_ Don’t know

\_\_\_ Gardening or farming \_\_\_ Printmaking \_\_\_ Refused

\_\_\_ Glass crafting \_\_\_ Woodworking

\_\_\_ Leather crafting

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

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

\_\_\_ Electronics assembly \_\_\_ Painting and glazing \_\_\_ None

\_\_\_ Gardening or farming \_\_\_ Printmaking \_\_\_ Don’t know

\_\_\_ Glass crafting \_\_\_ Woodworking \_\_\_ Refused

\_\_\_ Leather crafting

**REPRODUCTIVE HISTORY**

*If MALE* 🠞 *go to #34*

*If FEMALE* 🠞 *go to #30*

1. **Are you pregnant?**

\_\_\_ Yes 🠞 *go to #31*

\_\_\_ No 🠞 *go to #32*

\_\_\_ Don’t know 🠞 *go to #32*

\_\_\_ Refused 🠞 *go to #32*

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

\_\_\_\_\_\_ weeks

\_\_\_ Don’t know 🠞 *go to #32*

\_\_\_ Refused 🠞 *go to #32*

1. **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*

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

**FISH AND SHELLFISH**

1. **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*

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

**CAUGHT FISH**

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

1. **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

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

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

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

1. **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.)*

|  |  |  |
| --- | --- | --- |
| \_\_\_ American eel  \_\_\_ Black crappie  \_\_\_ Brook trout  \_\_\_ Brown bullhead  \_\_\_ Brown trout  \_\_\_ Chain pickerel  \_\_\_ Channel catfish  \_\_\_ Chinook (king) salmon  \_\_\_ Coho salmon  \_\_\_ Common carp  \_\_\_ Freshwater drum, sheepshead | \_\_\_ Goldfish  \_\_\_ Lake sturgeon  \_\_\_ Lake trout  \_\_\_ Largemouth bass  \_\_\_ Minnow  \_\_\_ Northern hog sucker  \_\_\_ Northern pike  \_\_\_ Pink salmon  \_\_\_ Quillback  \_\_\_ Rainbow smelt  \_\_\_ Rainbow/steelhead trout | \_\_\_ Rock bass  \_\_\_ Round goby  \_\_\_ Smallmouth bass  \_\_\_ Sunfish (blue gill, pumpkin seed)  \_\_\_ Walleye  \_\_\_ White (silver) bass  \_\_\_ White perch  \_\_\_ White sucker  \_\_\_ Yellow bullhead  \_\_\_ Yellow perch  \_\_\_Other 🠞 *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.**

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

\_\_\_\_\_ years

\_\_\_ Don’t know

\_\_\_ Refused

1. **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

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

*(Check all that apply.)*

\_\_\_ Fillet \_\_\_ Liver \_\_\_ Don’t know

\_\_\_ Skin \_\_\_ Eggs/Roe \_\_\_ Refused

\_\_\_ Cheek \_\_\_ Other 🠞 Specify: \_\_\_\_\_\_\_\_\_\_\_\_

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

*(Check all that apply.)*

\_\_\_ Filleted \_\_\_ Trimmed belly meat \_\_\_ Don’t know

\_\_\_ Gutted \_\_\_ Removed cheeks \_\_\_ Refused

\_\_\_ Trimmed fat \_\_\_ Punctured or removed skin

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

\_\_\_ Pan fried \_\_\_ Baked/broiled \_\_\_ Don’t know

\_\_\_ Deep fried \_\_\_ Eaten raw \_\_\_ Refused

\_\_\_ Boiled/poached \_\_\_ Smoked

\_\_\_ Stew/chowder \_\_\_ Dried

\_\_\_ Grilled \_\_\_ Pickled

1. **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

**WILD BIRDS AND ANIMALS**

1. 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.)*

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

1. 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

1. 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.**

1. **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

1. **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 \_\_\_ Salmon (including canned)

\_\_\_ Shark \_\_\_ Tuna (canned)

\_\_\_ Swordfish \_\_\_ Tuna (not canned)

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

\_\_\_ None

\_\_\_ Don’t know *🠞 go to #52*

\_\_\_ Refused

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

\_\_\_\_\_ years

\_\_\_ Don’t know

\_\_\_ Refused

1. **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

**OTHER STORE BOUGHT FOODS**

*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.*

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

**EDUCATION, OCCUPATION. AND INCOME**

*Script:* "We also want to know about your education and occupation, and about your family's income."

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

\_\_\_ 8th grade or less \_\_\_ Bachelor’s degree

\_\_\_ 9th to 11th grade, no diploma \_\_\_ Postgraduate, professional, or doctoral degree

\_\_\_ High school graduate or GED \_\_\_ Don’t know

\_\_\_ Some college, no diploma \_\_\_ Refused

\_\_\_ Associate degree

1. **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.**

1. **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?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

1. **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?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

*Script:*

1. **Including yourself, how many family members currently live with you?** Your family includes everyone currently living with you who is related to you by birth, marriage, or adoption.

\_\_\_\_\_\_\_ members

\_\_\_ Don’t know

\_\_\_ Refused

1. **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

**FISHING INFORMATION**

1. **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.*