

Participant Number: _____

Survey Version 1

**Navajo Birth Cohort Study
ENROLLMENT SURVEY FOR MOTHERS**

Date of Interview: _____

Interviewer Name: _____

Location of Interview: _____

RECORD OF CONSENT

If participant is under the age of 18 years a PARENTAL CONSENT TO PARTICIPATE IN RESEARCH with a parent's and participant signature must be on file before proceeding any further.

I am going to read and explain two documents, called "Consent to Participate in Research" and "HIPAA Form".
[Read the Consent Form. Make sure the participant initials each page and obtain participant's signature on the form before proceeding. Hand the participant a copy of the Consent Form after he or she has signed the original. You, the Interviewer, will keep the original signed consent form. Make sure the HIPAA and release forms are signed also.]

Was the "Consent to Participate in Research/HIPAA Form" read / explained in:

Navajo

English

Combination of both

Did the person consent to participate?

Yes

No

If "yes", proceed with administration of the survey. If "no", thank them for their time.

INTRODUCTION

If participant consented at an earlier time, start here. This is to ensure that they still qualify to be a participant in the study.

Are you still pregnant?

Yes

No

Don't Know

[If "no", go to sympathy statement and thank them for their time.]

Would you like to be interviewed in the Navajo or English language?

Navajo

English

Combination of both

Is there any change in your contact information since we last spoke to you?

Yes

No

Don't Know

CONTACT INFORMATION

Mailing Address _____

Telephone Number – Home _____ Cell _____ Message _____

E-mail address _____

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**Navajo Birth Cohort Study
ENROLLMENT SURVEY FOR MOTHERS**

The purpose of this study is to look into community concerns about whether exposure to uranium mining and milling waste affects the outcome of pregnancies and the development of Navajo children. The proposed research will provide a public health benefit through education on environmental prenatal risks and provide earlier assessment and referral for identified developmental delays. Finally, the results of this study will provide the first Navajo-Nation-wide documentation of birth outcomes and developmental delays. Information gathered and analyzed will be provided to the tribe and Navajo Area Indian Health Service which may be used to improve future birth outcomes and services.

Before we begin the questionnaire, do you think your baby's father would be willing to participate in the study with you and your baby?

- Yes
- No
- Don't know
- Refused

If the father of your baby is a minor (less than 18 years old), his parents must be contacted and consent to his being in the study. How old is your baby's father?

- Less than 18 years old
- Greater than 18 years old
- Don't know
- Refused

If you have not talked with the father of your baby about participating in the study would you like to speak with him before we contact him?

- Yes
- No
- Don't know
- Refused

Are you willing to give us the name of the father of your baby, so that we may contact him and ask if he is willing to participate in the Navajo Birth Cohort Study?

- Yes
- No
- Don't know
- Refused

If you don't mind if we contact him, please provide his name and contact information below: Name _

Phone number _____

Location of home _____

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 Other3b. At home with family? English Navajo Both Other3c. With friends? English Navajo Both Other4. Are you married or living with a partner? Yes No

4.a. 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
- 1st to 6th grade
- 7th to 9th grade
- 10th to 12th 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

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 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 (\$418 – \$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 (\$418 – \$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

Now, I am going to ask you a few questions about **your baby's father**.

10. Would you be willing to answer these questions? Yes No Refused
(If refused, go to Reproductive History- Question 15)

11. Is your baby's father Navajo? - Yes No

12. If not, what is the race or ethnicity of your baby's father? (Check all that apply) African

- | | | |
|---|------------------------------|-----------------------------|
| American or black | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| American Indian or Alaska Native | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Asian | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Hispanic | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| White | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Other, specify _____ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Don't know | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Refused | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

13. What is the highest grade of school you have completed or the highest degree you have received?

- No education
- 1st to 6th grade
- 7th to 9th grade
- 10th to 12th 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

REPRODUCTIVE HISTORY

14. How old were you when you had your first menstrual period? |_|_|_|
..... AGE IN YEARS

15. Before you became pregnant, what was the usual pattern of your menstrual cycles (when not pregnant or breastfeeding or using birth control pills)?

- Always irregular
- Usually irregular
- Regular (within 5-7 days of expected)
- Very regular (within 3-4 days of expected)
- Extremely regular (no more than 1-2 days before or after expected)
- Don't know
- Refused

16. Have you ever used birth control pills? Yes No Refused

17. What is your usual form of birth control? Choose only one answer.

- None
- Rhythm method or counting of days in cycle
- Condom or other barrier method (diaphragm or cervical cap)
- IUD (intrauterine device)
- Birth control pills
- Birth control patch (Ortho-Evra) or ring (Nuvaring)
- Birth control shots (Depo Provera) or injectable estrogen (Lunelle)
- Other Specify _____
- Refused or don't know

18. How old were you at your first pregnancy?

|_|_|_| Refused
AGE IN YEARS

19. Besides your current pregnancy, how many pregnancies have you had?

|_|_|_|..... Refused
NUMBER

20. Have you ever had a miscarriage (spontaneous abortion)?

- Yes
- No
- Don't know
- Refused

21. Have you ever had a still-born child (baby was not alive at birth)?

- Yes
- No
- Don't know
- Refused

22. How many live-born children have you had?

|_|_|
NUMBER

Refused

23. 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	____/____/____	_____	_____

24. Have you ever delivered or received prenatal care in any the following health-care facilities?

- Chinle Comprehensive Health Care Facility
- Ft. Defiance Indian Hospital
- Gallup Indian Medical Center
- Kayenta Health-Center
- Northern Navajo Medical Center (i.e., Shiprock Hospital)
- Tuba City Regional Health-Care Corporation
- Other

25. Have you ever breastfed your children for more than two weeks?

- Yes → If yes, specify below the number of months breastfed FOR EACH CHILD
- No - This is my first baby.
- No - I have not breastfed any of my other children.
- Refused

Start with your oldest child and work your way to the youngest...

	Gender	Date of Birth	Number of Months Breastfed
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	____/____/____	_____

36. Are you currently receiving **WIC assistance**?

- Yes
- No
- Don't know
- Refused

CURRENT MEDICATION AND SUBSTANCE USE

37. Since you've **become** pregnant, have you regularly taken multivitamins, prenatal vitamins, folate, or folic acid?

- Yes
- No
- Don't know
- Refused

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

- Yes → What [prescribed] medications do you take?

38a. _____

38b. _____

38c. _____

38d. _____

38e. _____

- No

39. Are you currently taking **over-the-counter (non-prescription) medications and/or vitamins** on a daily basis?

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

39a. _____

39b. _____

39c. _____

39d. _____

39e. _____

- No

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

- Yes → What herbal supplements do you take?

40a. _____

40b. _____

40c. _____

40d. _____

40e. _____

- No

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

Yes → What remedies do you take?

41a. _____

41b. _____

41c. _____

41d. _____

41e. _____

No

42. It often takes a few months to find out you are pregnant. During that period when you didn't know you were pregnant, is it possible you may have used any of the following?

Marijuana

Street or recreational drugs such as cocaine, ecstasy, methamphetamine

Alcohol (including beer)

43. 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 → 43a. How many times?

Once or twice

10 or more times

Don't know

Refused

No

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

Yes

No

Refused

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

Yes → What drugs are they?

45a. _____

45b. _____

45c. _____

45d. _____

45e. _____

No

46. 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 → 46a. How many times?
- Once or twice
 - 10 or more times
 - Don't know
 - Refused
- No

ALCOHOL USE

47. 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

48. 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

49. 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

50. Do you smoke tobacco only for ceremonial use?

- Yes → [skip to 59]
- No

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

- Yes
- No → [skip to 59]

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

- Yes
- No → [skip to 59]

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

- Yes
- No

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

|_|_| Don't Know
YEARS

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

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

56. 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

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

- Yes → If Yes: 57a. Did you quit because of your pregnancy?
 - Yes
 - No
- No

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

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

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

- Yes
- No
- Don't know
- Refused

If yes **59a.** How often do household members or guests smoke cigarettes in your home?

- Daily
- Weekly
- Monthly

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.

60. 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

61. 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
62. 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
63. 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
64. 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
65. 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

66. 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
67. How often do you exercise? (Such as the activities above)
- Once or more per week
 - Once per month
 - On occasion
 - Never

68. What is your primary mode of transportation?

- Car
- Bus
- Hitchhiking
- Horseback
- Walking
- Other Specify _____

HOUSING CHARACTERISTICS

69. 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.]

70. 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

71. 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

72. 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 |

73. 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

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

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

75. 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

75a. If yes which materials were used Wood

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

- No
- Don't know
- Refused

76. 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

76a. If yes which materials were used Wood

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

- No
- Don't know
- Refused

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

|_|_|_|
NUMBER

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

|_|_|_|
NUMBER

79. 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

79a. 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

79b. 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

80. 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

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

- Yes
- No
- Don't know
- Refused

82. 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

83. Since you 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

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

- Yes
- No
- Don't know
- Refused

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

- Dog
- Cat
- 85a. Do you change the cat box? Yes No
- 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

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

- Yes
- No

87. 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

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

- Yes No Don't Know

88a. If yes, what is the name of the water system? _____

88b. If yes, is this your main source of drinking water? Yes No Don't Know

89. Do you haul water? Yes No Refused

89a.If you haul water, what type of container do you use to haul water?

- Plastic
- Metal
- Glass
- Wood
- Other Specify _____
- Don't know

89b.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

89c. If yes, in what types of containers do you store this hauled water?

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

89d.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

89e. How many places do you currently haul water from? |__|__|
..... NUMBER

90. 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
_____	_____	_ _ _
_____	_____	_ _ _
_____	_____	_ _ _
_____	_____	_ _ _
_____	_____	_ _ _
_____	_____	_ _ _
_____	_____	_ _ _
_____	_____	_ _ _

91. 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

92. 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

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

93a. Where do the livestock graze? (Using map, locate grazing area)

93b. Where do they get water? (Using map, locate wells, springs, ponds, etc.)

94. 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 _____

94a. In the last month, have you eaten any food that was blackened, charred, or roasted through cooking? Yes No

94b. If yes, how many servings? 1-2 3-5 6-10 11-19 20+

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

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

97. 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 _____

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

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

99. Are you receiving WIC?

- Yes No Don't know

99a. If yes skip to Occupational and Environmental History.

99b. If no go to Food Frequency Questions or make follow-up appointment

Date _____ Time _____ Location _____

OCCUPATIONAL AND ENVIRONMENTAL HISTORY

OCCUPATIONAL

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

- Yes
- No
- Refused

If no, skip this section
If yes, please answer the following:

101. 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

101a. **If yes, complete the following**

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

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

	<u>Number of Years</u>
<input type="checkbox"/> Gold and/or silver mining	_____ _
<input type="checkbox"/> Coal mining	_____ _
<input type="checkbox"/> Uranium mining / milling	_____ _
<input type="checkbox"/> Uranium reclamation.....	_____ _
<input type="checkbox"/> Uranium ore hauling	_____ _
<input type="checkbox"/> Other mining (e.g., copper, iron, lead, vanadium)	_____ _
<input type="checkbox"/> Petroleum or natural gas production	_____ _
<input type="checkbox"/> Electronics manufacturing	_____ _
<input type="checkbox"/> Plastics manufacturing	_____ _
<input type="checkbox"/> Gold/Silversmithing.....	_____ _
<input type="checkbox"/> Roadwork/paving	_____ _
<input type="checkbox"/> Military (depleted uranium, high explosives)	_____ _
<input type="checkbox"/> Electric/transmission line/Utility crew	_ _
<input type="checkbox"/> Pottery	_____ _
<input type="checkbox"/> Lapidary.....	_____ _
<input type="checkbox"/> Weaving	_____ _

Livestock (herding, transporting, working in a feed-yard) |_____|_____|

Other Specify _____|_____|_____|

103. Have you or anyone in your household done any of the following activities in your home?

If yes, how long (years)?

Number of Years

Electronics |_____|_____|

Plastics |_____|_____|

Gold/Silversmithing |_____|_____|

Pottery |_____|_____|

Lapidary |_____|_____|

Weaving |_____|_____|

Other Specify _____|_____|_____|

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

Block or synthetic stones

Stabilized stones

Only natural stone

Don't know

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

Yes

No

Don't know

Refused

ENVIRONMENTAL

106. 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 → **106a.** Number of years |_____|_____| **106b.** Where? _____

No

Don't know

107. 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 → **107a.** Number of years |_____|_____| **107b.** Where? _____

No

Don't know

108. 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 → **108a.** Number of years |_____|_____| **108b.** Where?_____

108c. Chemicals used or manufactured there _____

- No
- Don't know

109. 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 → **109a.** Number of years |_____|_____| **109b.** Where?_____

- No
- Don't know

110. 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 → **110a.** Number of years |_____|_____| **110b.** Where?_____

- No
- Don't know

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

- Yes
- No
- Don't know

111a. If yes

Name of Mine or Mill	Number of Years worked there
_____	_____
_____	_____
_____	_____
_____	_____

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

- Yes
- No
- Don't know

112a. If yes

Number or years	Your age at the time
_____	_____
_____	_____
_____	_____
_____	_____

113. Can you think of any other ways you might have **come in contact with uranium**, such as:
- 113a. Playing on a uranium tailings pile or waste dump?
 Yes No
 - 113b. Playing outdoors near or next to a uranium mine, mill or waste dump?
 Yes No
 - 113c. Drinking, wading into or coming into contact with uranium mine water or waste spills?
 Yes No
 - 113d. Herding livestock on or next to a uranium mine, mill or waste dump?
 Yes No
 - 113e. Sheltering livestock in an abandoned mine?
 Yes No
 - 113f. Living in a mining camp?
 Yes No
 - 113g. Washing or handling clothes of a friend or family member who was a uranium worker?
 Yes No
 - 113h. Live in the same home with a uranium miner or miller?
 Yes No

114. 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 → **114a.** Number of years | ____ | ____ | **114b.** Where? _____
 No
 Don't know

115. 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 → **115a.** Number of years | ____ | ____ | **115b.** Where? _____
 No
 Don't know

THANK YOU FOR YOUR PARTICIPATION