

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
 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

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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
 - Pinõn 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**