## Attachment 3.13

Anniston Community Health Survey: Follow up Study and Dioxin Analyses

### Questionnaire Materials

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Attachment 3.13

Anniston Community Health Survey: Follow up Study and Dioxin Analyses

**Background Information**

ACHS-II questions are repeated verbatim from the original ACHS questionnaire (O), modified (M), or deleted (D) for the ACHS-II. New questions (N) are indicated along with their source, as follows:

|  |  |  |
| --- | --- | --- |
| **SEC-TION** | **TOPIC** | **STATUS** |
| **1** | **Residential History** | N- OMB and DHHS-required primary language standard. See <http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.pdf>. U.S Department Of Health and Human Services  Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status (effective date Oct 2011).  N – place of birth  M – same as O but restricted to number of times moved since ACHS and location(s) (ACHS)  M – previously calculated and of poor quality; currently simply asks for self report of total number of years living in Anniston, AL (ACHS) |
| **2** | **Background** | *D – race and ethnicity (not subject to change)*  O – sex, marital status, educational attainment (ACHS from BRFSS) |
| **3** | **General Health** | *D – SF-36 questions (licensed) (used in ACHS)*  *D – 53-item Brief Symptom Inventory (licensed)(used in ACHS)*  *D – RAND Medical Outcomes Study (MOS) SF-12 (licensed)(used in ACHS)*  *D – self-reported medication use questions will be replaced with Medications Form (Attachment 3.10)*  M – general health status (ACHS from BRFSS )  N – six OMB and DHHS-required disability items to substitute for 101 items from the SF-36, BSI, and MOS SF-12. See <http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.pdf>. U.S Department Of Health and Human Services  Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status (effective date Oct 2011). |

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| **SEC-TION** | **TOPIC** | **STATUS** |
| **3** | **Chronic Health Conditions** | Participant Medical History:  O – Lifetime ever diabetes was repeated (BRFSS) same as O.  M - Diabetic symptoms assessed since the first survey (ACHS).  O - Lifetime ever hypertension was repeated (ACHS from BRFSS).  M – List of other health conditions similar to O, with reduced number of autoimmune diseases assessed and deletion of infectious diseases. These will be replaced with analytic tests for immune function (ACHS).  Family History of Chronic Health Conditions:  M – same as O but family relation modified to allow more than one member to be specified (ACHS). |
| **4** | **Physical Activity**  **(New Section)** | N – Physical Activities List, new items developed to assess soil and dust exposures, heavy metals and PCB exposures in the home, outdoor water activities in Alabama (BRFSS).  N – Non-occupational Physical Activity Module will be used to assess adherence to American Diabetic Association guidelines (BRFSS).  M – Past year employment status is moved to this section as a precursor to assess occupational physical activity (modified from BRFSS)  N – Past 12 month hard physical work (1985-1990 NHIS Health Promotion and Disease Prevention Supplement)  N – Past 12-month weight loss or weight gain based on CDC definition of modest (5-10%) weight change or large weight change (>10%) (adapted from CDC guidelines at <http://www.cdc.gov/healthyweight/losing_weight/index.html>;  *CDC References*  *1DHHS, AIM for a Healthy Weight, page 5. Available online:* [*http://www.nhlbi.nih.gov/health/public/heart/obesity/aim\_hwt.pdf*](http://www.nhlbi.nih.gov/health/public/heart/obesity/aim_hwt.pdf)  *2Reference for 5%: Blackburn G. (1995). Effect of degree of weight loss on health benefits. Obesity Research 3: 211S-216S. 2*  *Reference for 10%: NIH, NHLBI Obesity Education Initiative. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. Available online:*  [*http://www.nhlbi.nih.gov/guidelines/obesity/ob\_gdlns.pdf*](http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf)*.* |

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| **SEC-TION** | **TOPIC** | **STATUS** |
| **5** | **Health Behaviors** | *D – Original exercise and physical activity questions were not structured to estimate adherence to American Diabetic Association physical activity guidelines. New questions moved to Section 4.*  *D – Original diet questions lacked detail to assess potential chemical exposure pathways. Moved to Section 6.*  M – Different smoking and tobacco use items are used to allow calculation of pack-years and to include cigars, pipes, snuff, chewing tobacco (1999-2004 NHANES and 1999 NHIS).  N – Alcoholic beverage intake items based on NIH standard drink definition (<http://rethinkingdrinking.niaaa.nih.gov/WhatCountsDrink/WhatsAstandardDrink.asp> |
| **6** | **Diet**  **(New Section)** | N – Past 12-month NCI Percentage Energy from Fat Screener (public domain at <http://riskfactor.cancer.gov/diet/screeners/fat>).  N – Fish and shellfish intake questions are used to assess relationships between dietary habits with chemical analytical measures (past week, past 12-month). Dietary fish modules are designed for consistency with Alabama Department of Public Health advisories on cooking and cleaning methods. Questions on fish species are developed with the input of the Alabama Department of Conservation and Natural Resources and the Alabama Department of Environmental Management.  N – Locally grown foods, wildlife, and game from the Coosa River Basin. If YES to these items, skip to Local Food Form for time period and food frequency. Questions on fish, game, and wildlife developed with input from Alabama Department of Public Health, Alabama Department of Conservation and Natural Resources, and the Alabama Department of Environmental Management.  *The dietary and nutrition modules were very brief at baseline, asked only as ever-never items for major food categories potentially contaminated with PCBs. These were found to be strongly related in baseline statistical analyses to serum PCB levels. Therefore, this module will obtain more detail on dietary factors, timing, place and frequency of exposure.* |
| **7** | **Health Care Access** | O – Health insurance status and access to health care (ACHS from BRFSS) |
| **8** | **Women’s Health History** | M – same format as O but restricted to since first survey (ACHS from Tri-State Health Study) |

|  |  |  |
| --- | --- | --- |
| **SEC-TION** | **TOPIC** | **STATUS** |
| **9** | **Men’s Health History** | M – same format as O, but restricted to since first survey; type of birth control questions deleted (ACHS from Tri-State Health Study) |
| **10** | **Children’s Health History** | M – same format as O, but restricted to since first survey (ACHS) |
| **11** | **Work History** | N – Past 12 months business or industry worked at. Past 12-months kind of work done (formatted from American Community Survey). N - Ever worked for Monsanto/Solutia and time periods and type of work there.  M – Same as O but since first survey, ever worked in industries producing chemicals of interest; added manganese and welding (ACHS).  M – Military history same as O but since first survey (ACHS)  M – Annual household income is modified due to poor item response in first survey. Collapsed 8 income categories to 4. |
| **C** | **Children’s Health Form** | M – same as O but restricted to any new children since the first survey. |
| **F** | **Female Pregnancy Form** | M – same as O but restricted to any new pregnancies since the first survey. |
| **L** | **Local Food Form** | N – Additional module, if YES to ever eaten local foods from Section 6. Purpose to assess time period these foods were eaten based on Anniston PCB production history. |
| **M** | **Male Fathering Form** | M – same as O but restricted to any new pregnancies since the first survey. |

Published ACHS results noted that more detailed questions are needed on potential exposure pathways, lifestyles, and risk factors than previously assessed. This need is addressed in the increased number of items assessed on dietary patterns, tobacco and alcohol use, exercise, occupational histories related to PCB exposure, residential history, and potential exposure through consumption of locally contaminated foodstuffs.

The original questionnaire included items on history of pregnancy, birth outcomes, and reproductive symptoms. To complete the cohort follow-up, these items will only be asked for occurrences since the first Anniston study. No new health outcomes have been added to the revised questionnaire. The ACHS-II questionnaire will update the adult and child health histories for new self-reported diagnoses since the baseline health conditions were assessed.

**Questionnaire Outline**

Questionnaire Includes 11 Main Sections for:

1. Residential History
2. Background
3. General Health and Chronic Health Conditions
4. Physical Activity
5. Health Behaviors
6. Diet
7. Health Care Access
8. Women’s Health History
9. Men’s Health History
10. Children’s Health History
11. Work History

Includes Supplemental Forms for:

1. Children’s Health

F) Female Health

L) Local Food

M) Male Health

Attachment 3.13b

Anniston Community Health Survey: Follow up Study and Dioxin Analyses

**Main Questionnaire**

Form Approved

OMB No. 0923-XXXX

Exp. Date xx/xx/20xx

Flesch-Kincaid Grade Level 5.9

Public reporting burden of this collection of information is estimated to average 45 minutes per response, 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 a 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 Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-XXXX).

**ANNISTON COMMUNITY HEALTH SURVEY II**

**MAIN QUESTIONNAIRE**

**STUDY ID:\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_**

**DATE OF INTERVIEW: mm/dd/yyyy**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TIME INTERVIEW BEGAN: \_\_\_\_\_ \_\_\_\_\_ : \_\_\_\_\_ \_\_\_\_\_** |  | **a.m.** |  | **p.m.** |

|  |
| --- |
| **SECTION 1: RESIDENTIAL HISTORY** |

Thank you for taking part in this interview. Before we begin, I’d like to make sure that our questions will be easy for you to answer . . . .

|  |  |
| --- | --- |
| 1-1. | How well do you speak English? Would you say very well, well, not well, or not at all?  01 . . . VERY WELL  02 . . . WELL  03 . . . NOT WELL  04 . . . NOT AT ALL  88 . . . DK  99 . . . REF |

The next few questions ask about the places where you have lived, especially since the first Anniston survey.

|  |  |
| --- | --- |
| 1-2. | Were you born in Anniston, Alabama?  01 . . . YES . . . . . . . ***SKIP TO 1-5***  02 . . . NO  88 . . . DK  99 . . . REF |

|  |  |
| --- | --- |
| 1-3. | What city and state or foreign country were you born in?  1-3a. CITY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  1-3b. STATE OR FOREIGN COUNTRY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| 1-4. | What year did you first move to Anniston, Alabama? |

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

YYYY

8888 . . . . . . . . DK

9999 . . . . . . . . REF

|  |  |
| --- | --- |
| 1-5. | Our records show that you took part in the first Anniston survey on [ACHS I - mm/dd/yyyy]. Since that time, how many times have you moved to a different Anniston house or a different city altogether?  \_\_\_\_ \_\_\_\_ NUMBER OF MOVES . . . . . . ***IF 00, SKIP TO 1-7***  88 . . . . . . . . DK  99 . . . . . . . . REF |
|  |  |

1-6. Please tell me the year you moved, and both the city and the state (or country) you moved to. If you moved to another Anniston address, tell me the name of the street you were living on.

|  |  |  |
| --- | --- | --- |
| Move No. | Year Moved Out | City and State or Foreign Country |
| 1 | 1-6a1. PRESENT | 1-6a2.  CITY: *Anniston*  STATE OR FOREIGN COUNTRY: *Alabama*  (IF ANNISTON) STREET\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 2 | 1-6b1. YYYY  8888 DK  9999 REF | 1-6b2.  CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  STATE OR FOREIGN COUNTRY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (IF ANNISTON) STREET\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 3 | 1-6c1. YYYY  8888 DK  9999 REF | 1-6c2.  CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  STATE OR FOREIGN COUNTRY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (IF ANNISTON) STREET\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 4 | 1-6d1. YYYY  8888 DK  9999 REF | 1-6d2.  CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  STATE OR FOREIGN COUNTRY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (IF ANNISTON) STREET\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| 5 | 1-6e1. YYYY  8888 DK  9999 REF | 1-6e2.  CITY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  STATE OR FOREIGN COUNTRY\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  (IF ANNISTON) STREET\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |
| --- | --- |
| 1-7. | In your lifetime, what is the total number of years you lived in Anniston, Alabama? |

\_\_\_\_ \_\_\_\_ \_\_\_\_ TOTAL YEARS IN ANNISTON

000 . . . . . . . . LESS THAN ONE YEAR

888 . . . . . . . . DK

999 . . . . . . . . REF

|  |
| --- |
| **SECTION 2: BACKGROUND** |

Next, I’d like to update some of your background information.

|  |  |
| --- | --- |
| 2-1. | What is your age? |

\_\_\_\_ \_\_\_\_ \_\_\_\_ AGE IN YEARS

888 . . . . . . . . . . . DK

999 . . . . . . . . . . . REF

|  |  |
| --- | --- |
| 2-2. | INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY. |

01 . . . MALE

02 . . . FEMALE

88 . . . DK

99 . . . REF

|  |  |
| --- | --- |
| 2-3. | Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple? |

01 . . . MARRIED

02 . . . DIVORCED

03 . . . WIDOWED

04 . . . SEPARATED

05 . . . NEVER MARRIED

06 . . . MEMBER OF AN UNMARRIED COUPLE

88 . . . DK

99 . . . REF

|  |  |
| --- | --- |
| 2-4. | What is the highest grade or year of school you have completed? |

01 . . . NEVER ATTENDED SCHOOL OR ONLY ATTENDED KINDERGARTEN

02 . . . GRADES 1 THROUGH 8 (ELEMENTARY)

03 . . . GRADES 9 THROUGH 11 (SOME HIGH SCHOOL)

04 . . . GRADE 12 OR GED (HIGH SCHOOL GRADUATE)

05 . . . COLLEGE 1 TO 3 YEARS (SOME COLL. OR TECHNICAL SCHOOL)

06 . . . COLLEGE 4 YEARS OR MORE (COLLEGE GRADUATE)

88 . . . DK

99 . . . REF

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION 3: GENERAL HEALTH** | | | | | | | | | | |
| |  |  | | --- | --- | | 3-1. | Would you say that in general your health is excellent, very good, good, fair, or poor? |   01 . . . EXCELLENT  02 . . . VERY GOOD  03 . . . GOOD  04 . . . FAIR  05 . . . POOR  88 . . . DK  99 . . . REF   |  |  | | --- | --- | | 3-2. | Are you deaf or do you have serious difficulty hearing?  01 . . . YES  02 . . . NO  88 . . . DK  99 . . . REF |  |  |  | | --- | --- | | 3-3. | Are you blind or do you have serious difficulty seeing, even when wearing glasses?  01 . . . YES  02 . . . NO  88 . . . DK  99 . . . REF |  |  |  | | --- | --- | | 3-4. | Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?  01 . . . YES  02 . . . NO  88 . . . DK  99 . . . REF |  |  |  | | --- | --- | | 3-5. | Do you have serious difficulty walking or climbing stairs?  01 . . . YES  02 . . . NO  88 . . . DK  99 . . . REF |  |  |  | | --- | --- | | 3-6. | Do you have difficulty dressing or bathing?  01 . . . YES  02 . . . NO  88 . . . DK  99 . . . REF |  |  |  | | --- | --- | | 3-7. | Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor’s office or shopping?  01 . . . YES  02 . . . NO  88 . . . DK  99 . . . REF |   This part of the interview will be about health conditions that you might have.   |  |  |  |  |  | | --- | --- | --- | --- | --- | | 3-8. | Have you ever been told by a doctor, nurse, or other health care professional that you have diabetes?  *(IF YES AND IF FEMALE)* Was this only when you were pregnant?  *(READ ONLY IF NECESSARY)*By “other health professional” we mean a nurse practitioner, a physician‘s assistant, or some other licensed health professional. | | | | |  | | 01 . . . YES . . . . . . . . . . . . . . . . . . . . . .  02 . . . YES, BUT FEMALE ONLY TOLD DURING PREGNANCY . . .  03 . . . NO  04 . . . NO, PRE-DIABETES OR BORDERLINE DIABETIC  88 . . . DK  99 . . . REF | How old were you when you were told? | 3-8a.  \_\_\_\_ \_\_\_\_ \_\_\_\_ years  888 . . . DK  999 . . . REF | | | Was that Type 1 or Type 2 diabetes? | 3-8b.  01 . . . Type 1  02 . . . Type 2  88 . . . DK  99 . . . REF | |   ***IF 3-8 = 02, 88, 99 --- SKIP TO 3-9***   |  |  | | --- | --- | | 3-8c. | About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes? |   \_\_\_\_ \_\_\_\_ NUMBER OF TIMES  88 . . . . . . DK  99 . . . . . . REF  For the next set of questions, I’m going to ask about your diabetes care since the last survey.   |  |  | | --- | --- | | 3-8d. | Have you been told that you have eye disease or retinopathy? |   01 . . . YES  02 . . . NO  88 . . . DK  99 . . . REF   |  |  | | --- | --- | | 3-8e. | (*REPEAT IF NECESSARY . . .* Since the last survey, . . . .) Have you been told that you have neuropathy or burning, tingling, or pain in the soles of your feet? |   01 . . . YES  02 . . . NO  88 . . . DK  99 . . . REF   |  |  | | --- | --- | | 3-8f. | (*REPEAT IF NECESSARY . . .* Since the last survey, . . . .) Have you had any sores or irritations on your feet that took more than four weeks to heal? |   01 . . . YES  02 . . . NO  88 . . . DK  99 . . . REF   |  |  | | --- | --- | | 3-8g. | Finally, (*REPEAT IF NECESSARY . . .* since the last survey, . . . .) have you had an amputation due to diabetes? |   01 . . . YES  02 . . . NO  88 . . . DK  99 . . . REF   |  |  | | --- | --- | | 3-9. | Have you ever been told by a doctor, nurse, or other health care professional that you have high blood pressure?  *(IF YES AND IF FEMALE)* Was this only when you were pregnant?  *(READ ONLY IF NECESSARY)*By “other health professional” we mean a nurse practitioner, a physician‘s assistant, or some other licensed health professional. |  |  |  |  |  | | --- | --- | --- | --- | |  | 01 . . . YES . . . . . . . . . . . . . . . . . . . . . .  02 . . . YES, BUT FEMALE ONLY TOLD DURING PREGNANCY.  03 . . . NO  88 . . . DK  99 . . . REF  ***IF 3-9 = 02, 88, 99 --- SKIP TO 3-10 TRANSITION*** | How old were you when you were told? | 3-9a.  \_\_\_\_ \_\_\_\_ \_\_\_\_  years  888 . . . DK  999 . . . REF | |  |  |  |  | | --- | --- | | 3-9b. | About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your high blood pressure? |   \_\_\_\_ \_\_\_\_ NUMBER OF TIMES  88 . . . . . . DK  99 . . . . . . REF  The next set of questions asks about new health conditions that you may have been told about since the first Anniston Community Health Survey. Here is a card that lists each health condition. *[SHOW CARD A].*  Our records show that you took part in [ACHS I yyyy]. Since that year, has a doctor told you that you had any of the following . . . . ? If yes, tell me the year when you were first told. | | | | | | | | | | |
|  |  | **YES** | | **NO** | | **DK** | | **REF** | **YEAR** | |
| 3-10 | Cancer? | 01 | | 02 | | 88 | | 99 | 3-10b | |
| 3-10a | *(If yes)* What kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| 3-11 | Stroke? | 01 | | 02 | | 88 | | 99 | 3-11b | |
| 3-12 | Liver disease? | 01 | | 02 | | 88 | | 99 | 3-12b | |
| 3-13 | Kidney disease? Do not include kidney stones, bladder infection or incontinence.  (*INTERVIEWER NOTE:**Incontinence is not being able to control urine flow.)* | 01 | | 02 | | 88 | | 99 | 3-13b | |
| 3-14 | Heart attack *(myocardial infarction)*? | 01 | | 02 | | 88 | | 99 | 3-14b | |
| 3-15 | Congestive heart failure? | 01 | | 02 | | 88 | | 99 | 3-15b | |
| 3-16 | Coronary heart disease *(angina)*? | 01 | | 02 | | 88 | | 99 | 3-16b | |
| 3-17 | High blood cholesterol? | 01 | | 02 | | 88 | | 99 | 3-17b | |
| 3-18 | Hearing problems? | 01 | | 02 | | 88 | | 99 | 3-18b | |
| 3-19 | Cataracts? | 01 | | 02 | | 88 | | 99 | 3-19b | |
| 3-20 | Glaucoma? | 01 | | 02 | | 88 | | 99 | 3-20b | |
| 3-21 | Parkinson’s Disease? | 01 | | 02 | | 88 | | 99 | 3-21b | |
| 3-22 | Epilepsy or seizures? | 01 | | 02 | | 88 | | 99 | 3-22b | |
| 3-23 | Asthma? | 01 | | 02 | | 88 | | 99 | 3-23b | |
| 3-24 | COPD *(Chronic Obstructive Pulmonary Disease)*, emphysema, or chronic bronchitis? | 01 | | 02 | | 88 | | 99 | 3-24b | |
| 3-25 | Hyperthyroidism? *(overactive)* | 01 | | 02 | | 88 | | 99 | 3-25b | |
| 3-26 | Hypothyroidism? *(underactive)* | 01 | | 02 | | 88 | | 99 | 3-26b | |
| 3-27 | Rheumatoid arthritis or osteoarthritis? | 01 | | 02 | | 88 | | 99 | 3-27b | |
| 3-27a | *(IF YES)* What kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |
| 3-28 | Finally, any other autoimmune disease? Here are some examples …. *[SHOW CARD B]* | 01 | 02 | | 88 | | 99 | | 3-28b | | |
| 3-28a | *(IF YES)* What kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |

The next questions ask about some health conditions that your family might have. We are interested in blood relatives like your children, parents, brothers or sisters, grandparents, and aunts or uncles.

First, I will ask if anyone has that condition. If you say yes, I will ask which family member *[SHOW CARD C]*

|  |  |  |
| --- | --- | --- |
| 3-29. | Has any family member had cancer?  01 . . . YES . . . . . . . . . . . . . . . . . . . . . .  02 . . . NO  88 . . . DK  99 . . . REF | Who was that? And what type of cancer?  3-29a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;  3-29a1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-29b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;  3-29b1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-29c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;  3-29c1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-29d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;  3-29d1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-29e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;  3-29e1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |
| --- | --- | --- | --- |
| 3-30. | Has any family member had heart disease?  01 . . . YES . . . . . . . . . . . . . . . . . . . . . .  02 . . . NO  88 . . . DK  99 . . . REF | Who was that?  3-30a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-30b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-30c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-30d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-30e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 3-31. | Has any family member had high blood pressure?  01 . . . YES . . . . . . . . . . . . . . . . . . . . . . .  02 . . . NO  88 . . . DK  99 . . . REF | Who was that?  3-31a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-31b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-31c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-31d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-31e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| 3-32. | Has any family member had asthma?  01 . . . YES . . . . . . . . . . . . . . . . . . . . . . .  02 . . . NO  88 . . . DK  99 . . . REF | Who was that?  3-32a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-32b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-32c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-32d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-32e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
|  |  |  |
| 3-33. | Has any family member had thyroid problems?  01 . . . YES . . . . . . . . . . . . . . . . . . . . . . 02 . . . NO  88 . . . DK  99 . . . REF | Who was that?  3-33a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-33b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-33c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-33d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-33e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
|  |  |  |

|  |  |  |
| --- | --- | --- |
| 3-34. | Has any family member had diabetes?  01 . . . YES . . . . . . . . . . . . . . . . . . . . . .  02 . . . NO  88 . . . DK  99 . . . REF | Who was that? And was that Type 1 or Type 2 diabetes?  3-34a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;  3-34a1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-34b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;  3-34b1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-34c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;  3-34c1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-34d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;  3-34d1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-34e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;  3-34e1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |
| --- | --- | --- |
| 3-35. | Has any family member had rheumatoid arthritis or osteoarthritis?  01 . . . YES . . . . . . . . . . . . . . . . . . . . . . 02 . . . NO  88 . . . DK  99 . . . REF | Who was that?  3-35a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-35b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-35c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-35d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-35e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 3-36. | Finally has any family member had autoimmune diseases? Here are some examples …. *[SHOW CARD D]* | | | |
|  | 01 . . . YES . . . . . . . . . . . . . . . . . . . . . . 02 . . . NO  88 . . . DK  99 . . . REF | Who was that? And what type of autoimmune disease?  3-36a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;  3-36a1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-36b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;  3-36b1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-36c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;  3-36c1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-36d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;  3-36d1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3-36e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_;  3-36e1. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |
| **SECTION 4: PHYSICAL ACTIVITY** | | |

We are interested in the times you have spent outdoors for recreation or in home maintenance.

Have you ever done any of these types of outdoor activities or hobbies on a regular basis? *[SHOW CARD E]* For each of these that you tell me “yes,” I will ask if you have done them since you took part in the last Anniston survey.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **DK** | **REF** | ***(IF YES)* HAVE YOU DONE THEMSINCE ACHS I?** |
| 4-1 | Field sports? | 01 | 02 | 88 | 99 | 4-1b |
| 4-2 | Gardening? | 01 | 02 | 88 | 99 | 4-2b |
| 4-3 | Hiking, jogging, running, or walking? | 01 | 02 | 88 | 99 | 4-3b |
| 4-4 | Horseback riding? | 01 | 02 | 88 | 99 | 4-4b |
| 4-5 | Hunting game? | 01 | 02 | 88 | 99 | 4-5b |
| 4-4 | Yardwork? | 01 | 02 | 88 | 99 | 4-6b |
| 4-7 | Any other type of dusty outdoor activity? | 01 | 02 | 88 | 99 | 4-7b |
| 4-7a | *(IF YES)* What is that? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

Have you ever done any of these types of home maintenance activities or hobbies on a regular basis? *[SHOW CARD F]*. For each of these that you tell me “yes,” I will ask if you have done them since you took part in the first Anniston survey.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **DK** | **REF** | ***(IF YES)* HAVE YOU DONE THEMSINCE ACHS I?** |
| 4-8 | Making lead weights, sinkers, or shot? | 01 | 02 | 88 | 99 | 4-8b |
| 4-9 | Lead soldering? | 01 | 02 | 88 | 99 | 4-9b |
| 4-10 | Carpentry or home renovation? | 01 | 02 | 88 | 99 | 4-10b |
| 4-11 | Painting or papering the house? | 01 | 02 | 88 | 99 | 4-11b |
| 4-12 | Window or door caulking? | 01 | 02 | 88 | 99 | 4-12b |

|  |  |
| --- | --- |
| 4-13. | *(IF 4-10b, 4-11b, OR 4-12b = YES)* Were these home activities done in a home  or building that was built before 1940, between 1940 and 1959, or between 1960 and 1977? If there is more than one place, tell me about the one that is the oldest. *[SHOW CARD G]* |

01 . . . YES, BEFORE 1940

02 . . . YES, 1940-1959

03 . . . YES, 1960-1977

04 . . . NO, ONLY 1978 OR NEWER

88 . . . DK

99 . . . REF

|  |
| --- |
| Have you ever done any of these types of water activities or hobbies *[SHOW CARD H]* on a regular basis in any Alabama rivers or lakes? *[SHOW MAP A]* |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **YES** | **NO** | **DK** | **REF** | ***(IF YES)* HAVE YOU DONE THEMSINCE ACHS I?** |
| 4-14 | Boating? | | 01 | 02 | 88 | 99 | 4-14b |
| 4-15 | Fishing from river bank or boat? | | 01 | 02 | 88 | 99 | 4-15b |
| 4-16 | Scuba diving or snorkeling? | | 01 | 02 | 88 | 99 | 4-16b |
| 4-17 | Stream fishing? | | 01 | 02 | 88 | 99 | 4-17b |
| 4-18 | Swimming in a pool? | | 01 | 02 | 88 | 99 | 4-18b |
| 4-19 | Surfing, swimming, or waterskiing in ocean, lake, river? | |  |  |  |  | 4-19b |
| 4-20 | Any other type of water activity? | | 01 | 02 | 88 | 99 | 4-20b |
| 4-20a | | *(IF YES)* What is that? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | |

***IF 4-14 TO 4-20 = 02, 88, 99 --- SKIP TO 4-22 TRANSITION***

|  |  |
| --- | --- |
| 4-21. | Have ever you done any of these water activities in Logan Martin Lake, Choccolocco Creek, or Snow Creek? *[SHOW MAP B]* |

01 . . . YES

02 . . . NO

88 . . . DK

99 . . . REF

The next few questions are about exercise, recreation, or physical activities other than your regular job duties, and only in the past month.

***HOUSEWORK MAY BE INCLUDED AS A PHYSICAL ACTIVITY OR EXERCISE. CODE AS “70 = OTHER” THEN SPECIFY.***

|  |  |
| --- | --- |
| 4-22. | During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? *[IF NECESSARY, SHOW CARD I]* |

01 . . . YES

02 . . . NO. . . . . . . . . . . . . . . . ***SKIP TO 4-29***

88 . . . DK. . . . . . . . . . . . . . . . ***SKIP TO 4-29***

99 . . . REF. . . . . . . . . . . . . . . . ***SKIP TO 4-29***

|  |  |
| --- | --- |
| 4-23. | What type of physical activity or exercise did you spend the most time doing during the past month? *[IF NECESSARY, SHOW CARD I]* |

4-23a.

\_\_\_\_ \_\_\_\_ SEE CODE LIST . . . . . . . .IF “70”, SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_

88 . . . . . . DK

99 . . . . . . REF

|  |  |
| --- | --- |
| 4-24. | How many times per week or per month did you take part in this activity during the past month? |

1 \_\_\_\_ \_\_\_\_ TIMES PER WEEK

2 \_\_\_\_ \_\_\_\_ TIMES PER MONTH

8 88 . . . . . . DK

9 99 . . . . . . REF

|  |  |
| --- | --- |
| 4-25. | And when you took part in this activity, for how many minutes or hours did you usually keep at it? |

\_\_\_ \_\_\_:\_\_\_ \_\_\_ HOURS AND MINUTES

88:88 DK

99:99 REF

|  |  |
| --- | --- |
| 4-26. | What other type of physical activity gave you the next most exercise during the past month? *[IF NECESSARY, SHOW CARD I]* |

4-26a.

\_\_\_\_ \_\_\_\_ SEE CODING LIST . . . . . . . . . . . IF “70”, SPECIFY: \_\_\_\_\_\_\_\_\_\_\_

77 . . . . . . NO OTHER ACTIVITY

88 . . . . . . DK

99 . . . . . . REF

|  |  |
| --- | --- |
| 4-27. | How many times per week or per month did you take part in this activity during the past month? |

1 \_\_\_\_ \_\_\_\_ TIMES PER WEEK

2 \_\_\_\_ \_\_\_\_ TIMES PER MONTH

8 88 . . . . . . DK

9 99 . . . . . . REF

|  |  |
| --- | --- |
| 4-28. | And when you took part in this activity, for how many minutes or hours did you usually keep at it? |

\_\_\_ \_\_\_:\_\_\_ \_\_\_ HOURS AND MINUTES

88:88 DK

99:99 REF

|  |  |
| --- | --- |
| 4-29. | During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands. |

1 \_\_\_\_ \_\_\_\_ TIMES PER WEEK

2 \_\_\_\_ \_\_\_\_ TIMES PER MONTH

8 88 . . . . . . DK

9 99 . . . . . . REF

Some people have jobs that require physical activity, too. I’d like to know if you were working in the past year.

|  |  |
| --- | --- |
| 4-30. | Are you currently employed for wages, self-employed, working without pay in a family business or farm, out of work for less than 1 year, out of work for more than one year, a homemaker, a student and not working, retired, or unable to work? *[SHOW CARD J]* |

01 . . . EMPLOYED FOR WAGES

02 . . . SELF-EMPLOYED

03 . . . WORKING WITHOUT PAY IN A FAMILY BUSINESS OR FARM

04 . . . OUT OF WORK FOR LESS THAN 1 YEAR

05 . . . OUT OF WORK FOR MORE THAN 1 YEAR

06 . . . HOMEMAKER

07 . . . STUDENT, NOT WORKING

08 . . . RETIRED

09 . . . UNABLE TO WORK

88 . . DK

99 . . . REF

***IF 4-30 = 05-99 --- SKIP TO 4-33***

|  |  |
| --- | --- |
| 4-31. | How much hard physical work is (or was) required on your job in the past 12 months? Would you say a great deal, a moderate amount, a little, or none? |

01 . . . GREAT DEAL

02 . . . MODERATE AMOUNT

03 . . . A LITTLE

04 . . . NONE . . . . . . . . . . . . . . . . ***SKIP TO 4-32***

88 . . . DK . . . . . . . . . . . . . . . . . . .***SKIP TO 4-32***

99 . . . REF. . . . . . . . . . . . . . . . . . ***SKIP TO 4-32***

|  |  |
| --- | --- |
| 4-31. | About how many hours per day do (or did) you perform hard physical work on your job? |

\_\_\_\_ \_\_\_\_ HOURS

88 . . . . . . DK

99 . . . . . . REF

I’d like for you to think about your current weight, and what it was 12 months ago. I will show you a card to help you remember. *[SHOW CARD K]*

|  |  |
| --- | --- |
| 4-32. | Compared to 12 months ago, is your current weight about the same (less than 5 percent change), or have you lost weight or gained weight? |

01 . . . ABOUT THE SAME WEIGHT . . . . . . . . . . . . . . . . . .***SKIP TO SECTION 5***

02 . . . LOST WEIGHT, 5 PERCENT OR MORE

03 . . . GAINED WEIGHT, 5 PERCENT OR MORE . . . . . . .***SKIP TO 4-34***

88 . . . DK . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . . .***SKIP TO SECTION 5***

99 . . . REF. . . . . . . . . . . . . . . . . . . . .. . . . . . . . . . . . . . . . . .***SKIP TO SECTION 5***

|  |  |
| --- | --- |
| 4-33. | A modest amount of weight loss is 5 to 10 percent of your baseline weight. Have you currently lost between 5 to 10 percent, or more than 10 percent of your body weight compared to 12 months ago? |

01 . . . LOST BETWEEN 5 TO 10 PERCENT

02 . . . LOST MORE THAN 10 PERCENT

88 . . . DK

99 . . . REF

***SKIP TO SECTION 5***

|  |  |
| --- | --- |
| 4-34. | A modest amount of weight gain is 5 to 10 percent of your baseline weight. Have you currently gained between 5 to 10 percent, or more than 10 percent of your body weight compared to 12 months ago? |

01 . . . GAINED BETWEEN 5 TO 10 PERCENT

02 . . . GAINED MORE THAN 10 PERCENT

88 . . . DK

99 . . . REF

|  |
| --- |
| **SECTION 5: HEALTH BEHAVIORS** |

The next questions ask about cigarette smoking and other tobacco use.

|  |  |
| --- | --- |
| 5-1. | Have you smoked at least 100 cigarettes in your entire life?  ***(5 PACKS = 100 CIGARETTES)*** |

01 . . . YES

02 . . . NO. . . . . . . . . . . . . .***SKIP TO 5-8***

88 . . . DK. . . . . . . . . . . . . . ***SKIP TO 5-8***

99 . . . REF. . . . . . . . . . . . . ***SKIP TO 5-8***

|  |  |
| --- | --- |
| 5-2. | How old were you when you first started to smoke fairly regularly? |

\_\_\_\_ \_\_\_\_ \_\_\_\_ AGE IN YEARS

777 . . . . . . . . . . . . NEVER SMOKED CIGARETTES REGULARLY

888 . . . . . . . . . . . . DK

999 . . . . . . . . . . . . REF

|  |  |
| --- | --- |
| 5-3. | Do you now smoke cigarettes every day, some days, or not at all? |

01 . . . EVERY DAY . . . . . . . . . . . ***SKIP TO 5-5***

02 . . . SOME DAYS . . . . . . . . . . .***SKIP TO 5-6***

03 . . . NOT AT ALL

88 . . . DK

99 . . . REF

5-4. How long has it been since you quit smoking cigarettes?

1 \_\_\_\_ \_\_\_\_ DAYS . . . . . . . . . . . ***SKIP TO 5-8***

2 \_\_\_\_ \_\_\_\_ WEEKS . . . . . . . . . ***SKIP TO 5-8***

3 \_\_\_\_ \_\_\_\_ MONTHS. . . . . . . . ***SKIP TO 5-8***

4 \_\_\_\_ \_\_\_\_ YEARS. . . . . . . . . . ***SKIP TO 5-8***

888 . . . . . . DK

999 . . . . . . REF

5-5. On average, how many cigarettes do you now smoke per day?

***(1 PACK = 20 CIGARETTES)***

***(ENTER “01” IF LESS THAN ONE)***

***(IF 95 OR MORE PER DAY, ENTER 95)***

\_\_\_\_ \_\_\_\_ CIGARETTE(S) . . . ***SKIP TO 5-8***

88 . . . . . . . . DK. . . . . . . . . . . . . . ***SKIP TO 5-8***

99 . . . . . . . . REF. . . . . . . . . . . . .***SKIP TO 5-8***

5-6. On how many of the past 30 days did you smoke a cigarette?

***(ENTER “00” FOR NONE)***

\_\_\_\_ \_\_\_\_ DAY(S)

88 . . . . . . . . DK

99 . . . . . . . . REF

5-7. On average, when you smoked during the past 30 days, about how many cigarettes did you smoke per day?

***(1 PACK = 20 CIGARETTES)***

***(ENTER “01” IF LESS THAN ONE)***

***(IF 95 OR MORE PER DAY, ENTER 95)***

\_\_\_\_ \_\_\_\_ CIGARETTE(S)

88 . . . . . . . . DK

99 . . . . . . . . REF

|  |  |
| --- | --- |
| 5-8. | Have you smoked a pipe at least 20 times in your entire life? |

01 . . . YES

02 . . . NO. . . . . . . . . . . . . .***SKIP TO 5-13***

88 . . . DK. . . . . . . . . . . . . . ***SKIP TO 5-13***

99 . . . REF. . . . . . . . . . . . . ***SKIP TO 5-13***

|  |  |
| --- | --- |
| 5-9. | How old were you when you first started to smoke a pipe fairly regularly? |

\_\_\_\_ \_\_\_\_ \_\_\_\_ AGE IN YEARS

666 . . . . . . . . . . . . NEVER SMOKED A PIPE REGULARLY

888 . . . . . . . . . . . . DK

999 . . . . . . . . . . . . REF

|  |  |
| --- | --- |
| 5-10. | Do you now smoke a pipe every day, some days, or not at all? |

01 . . . EVERY DAY . . . . . . . . . . . ***SKIP TO 5-11***

02 . . . SOME DAYS . . . . . . . . . . .***SKIP TO 5-13***

03 . . . NOT AT ALL. . . . . . . . . . . ***SKIP TO 5-13***

88 . . . DK. . . . . . . . . . . . . . . . . . . ***SKIP TO 5-13***

99 . . . REF. . . . . . . . . . . . . . . . . . ***SKIP TO 5-13***

5-11. How many pipefuls of tobacco do you now smoke per day?

***(ENTER “01” IF LESS THAN ONE)***

***(IF 95 OR MORE PER DAY, ENTER 95)***

\_\_\_\_ \_\_\_\_ PIPEFUL(S)

88 . . . . . . . . DK

99 . . . . . . . . REF

5-12. For about how many years have you smoked this amount?

***(IF LESS THAN ONE YEAR ENTER “01”)***

\_\_\_\_ \_\_\_\_ YEAR(S)

88 . . . . . . . . DK

99 . . . . . . . . REF

|  |  |
| --- | --- |
| 5-13. | Have you smoked a cigar at least 20 times in your entire life? |

01 . . . YES

02 . . . NO. . . . . . . . . . . . . .***SKIP TO 5-18***

88 . . . DK. . . . . . . . . . . . . . ***SKIP TO 5-18***

99 . . . REF. . . . . . . . . . . . . ***SKIP TO 5-18***

|  |  |
| --- | --- |
| 5-14. | How old were you when you first started to smoke a cigar fairly regularly? |

\_\_\_\_ \_\_\_\_ \_\_\_\_ AGE IN YEARS

666 . . . . . . . . . . . . NEVER SMOKED CIGARS REGULARLY

888 . . . . . . . . . . . . DK

999 . . . . . . . . . . . . REF

|  |  |
| --- | --- |
| 5-15. | Do you now smoke a cigar every day, some days, or not at all? |

01 . . . EVERY DAY

02 . . . SOME DAYS . . . . . . . . . . .***SKIP TO 5-18***

03 . . . NOT AT ALL . . . . . . . . . . .***SKIP TO 5-18***

88 . . . DK . . . . . . . . . . . . . . . . . . .***SKIP TO 5-18***

99 . . . REF . . . . . . . . . . .. . . . . . . ***SKIP TO 5-18***

5-16. How many cigars do you smoke per day?

***(ENTER “01” IF LESS THAN ONE)***

***(IF 95 OR MORE PER DAY, ENTER 95)***

\_\_\_\_ \_\_\_\_ CIGAR(S)

88 . . . . . . . . DK

99 . . . . . . . . REF

5-17. For about how many years have you smoked this amount?

***(IF LESS THAN ONE YEAR, ENTER “01”)***

\_\_\_\_ \_\_\_\_ YEAR(S)

88 . . . . . . . . DK

99 . . . . . . . . REF

|  |  |
| --- | --- |
| 5-18. | Have you used snuff, such as Skoal, Skoal Bandit, or Copenhagen, at least 20 times in your entire life? |

01 . . . YES

02 . . . NO. . . . . . . . . . . . . . . . . . . ***SKIP TO 5-23***

88 . . . DK. . . . . . . . . . . . . . . . . . . ***SKIP TO 5-23***

99 . . . REF. . . . . . . . . . . . . . . . . . ***SKIP TO 5-23***

|  |  |
| --- | --- |
| 5-19. | How old were you when you first started to use snuff fairly regularly? |

\_\_\_\_ \_\_\_\_ \_\_\_\_ AGE IN YEARS

666 . . . . . . . . . . . . NEVER USED SNUFF REGULARLY

888 . . . . . . . . . . . . DK

999 . . . . . . . . . . . . REF

|  |  |
| --- | --- |
| 5-20. | Do you now use snuff every day, some days, or not at all? |

01 . . . EVERY DAY

02 . . . SOME DAYS . . . . . . . . . . .***SKIP TO 5-23***

03 . . . NOT AT ALL . . . . . . . . . . .***SKIP TO 5-23***

88 . . . DK . . . . . . . . . . . . . . . . . . .***SKIP TO 5-23***

99 . . . REF . . . . . . . . . . . . . . . . . .***SKIP TO 5-23***

5-21. How many “pinches”, “dips”, or “rubs” of snuff do you use per day?

***(ENTER “01” IF LESS THAN 1)***

***(IF 95 OR MORE PER DAY, ENTER 95)***

\_\_\_\_ \_\_\_\_ PINCH(ES), DIP(S), OR RUB(S)

88 . . . . . . . . DK

99 . . . . . . . . REF

5-22. For about how many years have you used this amount?

***(IF LESS THAN ONE YEAR, ENTER “01”)***

\_\_\_\_ \_\_\_\_ YEAR(S)

88 . . . . . . . . DK

99 . . . . . . . . REF

|  |  |
| --- | --- |
| 5-23. | Have you used chewing tobacco, such as Redman, Levi Garrett, or Beechnut, at least 20 times in your entire life? |

01 . . . YES

02 . . . NO. . . . . . . . . . . . . .***SKIP TO 5-28 TRANSITION***

88 . . . DK. . . . . . . . . . . . . . ***SKIP TO 5-28 TRANSITION***

99 . . . REF. . . . . . . . . . . . . ***SKIP TO 5-28 TRANSITION***

|  |  |
| --- | --- |
| 5-24. | How old were you when you first started to use chewing tobacco fairly regularly? |

\_\_\_\_ \_\_\_\_ \_\_\_\_ AGE IN YEARS

666 . . . . . . . . . . . . NEVER USED CHEWING TOBACCO REGULARLY

888 . . . . . . . . . . . . DK

999 . . . . . . . . . . . . REF

|  |  |
| --- | --- |
| 5-25. | Do you now use chewing tobacco every day, some days, or not at all? |

01 . . . EVERY DAY

02 . . . SOME DAYS

03 . . . NOT AT ALL

88 . . . DK

99 . . . REF

***SKIP TO 5-28 TRANSITION***

5-26. How many “plugs”, “wads”, or “chaws” of chewing tobacco do you use per day?

***(ENTER “01” IF LESS THAN ONE)***

***(IF 95 OR MORE PER DAY, ENTER 95)***

\_\_\_\_ \_\_\_\_ PLUG(S), WAD(S), OR CHAW(S)

88 . . . . . . . . DK

99 . . . . . . . . REF

5-27. For about how many years have you used this amount?

***(IF LESS THAN ONE YEAR, ENTER “01”)***

\_\_\_\_ \_\_\_\_ YEAR(S)

88 . . . . . . . . DK

99 . . . . . . . . REF

The next questions are about alcohol drinks. These include liquor (such as whiskey or gin), beer, wine, wine coolers, and any other type of alcoholic beverage. By a drink, I mean a 12-ounce beer, a 5-ounce glass of wine, or 1-1/2 (one-and-a-half) ounces of liquor. *[SHOW CARD L or SHOW DRINK MODELS]*

5-28. In your lifetime, have you had at least 12 drinks of beer, wine, or liquor?

01 . . . YES

02 . . . NO . . . . . . . . . . . . . ***SKIP TO SECTION 8***

88 . . . DK . . . . . . . . . . . . . ***SKIP TO SECTION 8***

99 . . . REF. . . . . . . . . . . . . ***SKIP TO SECTION 8***

5-29. Think about a weekend as Friday, Saturday, and Sunday. For a typical week in the past 12 months, what was the usual number of drinks you had on a weekend? ***(TOTAL FOR ALL THREE WEEKEND DAYS)***

\_\_\_\_ \_\_\_\_ \_\_\_\_ NUMBER OF DRINKS

888 . . . . . . . . . . . . DK

999 . . . . . . . . . . . . REF

5-30. Think about the weekdays as Monday, Tuesday, Wednesday, and Thursday. For a typical week in the past 12 months, what was the usual number of drinks you had during the weekdays? ***(TOTAL FOR ALL FOUR WEEKDAYS)***

\_\_\_\_ \_\_\_\_ \_\_\_\_ NUMBER OF DRINKS

888 . . . . . . . . . . . . DK

999 . . . . . . . . . . . . REF

***IF SUM OF [7-29 + 5-30 = 000] CONTINUE; ALL ELSE, SKIP TO SECTION 6***

5-31. How many years has it been since you drank alcohol drinks?

\_\_\_\_ \_\_\_\_ \_\_\_\_ NUMBER OF YEARS

888 . . . . . . . . . . . . DK

999 . . . . . . . . . . . . REF

|  |
| --- |
| **SECTION 6: DIET** |

The next set of questions is about the foods you eat.

Think about your eating habits over the past 12 months. About how often did you eat or drink each of the following foods? Remember breakfast, lunch, dinner, snacks, and eating out. For each food, select one choice from this card. *[SHOW CARD M]*

|  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | **NEVER** | **<1 PERMO** | **1-3 PER MO** | **1-2 PERWK** | **3-4 PER WK** | **5-6 PER WK** | **1 PER DAY** | **≥2 PERDAY** | **DK** | **REF** |
| 6-1. | Cold cereal | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 88 | 99 |
| 6-2. | Skim milk, on cereal or to drink | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 88 | 99 |
| 6-3. | Eggs, fried or scrambled in margarine, butter, or oil | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 88 | 99 |
| 6-4. | Sausage or bacon, regular-fat | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 88 | 99 |
| 6-5. | Margarine or butter on bread, rolls, pancakes | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 88 | 99 |
| 6-6. | Orange juice or grapefruit juice | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 88 | 99 |
| 6-7. | Fruit (not juices) | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 88 | 99 |
| 6-8. | Beef or pork hot dogs, regular-fat | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 88 | 99 |
| 6-9. | Cheese or cheese spread, regular-fat | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 88 | 99 |
| 6-10. | French fries, home fries, or hash brown potatoes | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 88 | 99 |
| 6-11. | Margarine or butter on vegetables, including potatoes | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 88 | 99 |
| 6-12. | Mayonnaise, regular-fat | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 88 | 99 |
| 6-13. | Salad dressings, regular-fat | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 88 | 99 |
| 6-14. | Rice | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 88 | 99 |
| 6-15. | Margarine, butter, or oil on rice or pasta | 01 | 02 | 03 | 04 | 05 | 06 | 07 | 08 | 88 | 99 |

6-16. Over the past 12 months, when you prepared foods with margarine or ate margarine, how often did you use a reduced-fat margarine? *[SHOW CARD N]*

01 . . . DIDN’T USE MARGARINE

02 . . . ALMOST NEVER

03 . . . ABOUT ¼ OF THE TIME

04 . . . ABOUT ½ OF THE TIME

05 . . . ABOUT ¾ OF THE TIME

06 . . . ALMOST ALWAYS OR ALWAYS

88 . . . DK

99 . . . REF

|  |  |
| --- | --- |
| 6-17. | Overall, when you think about the foods you ate over the past 12 months, would you say your diet was high, medium, or low in fat? |

01 . . . HIGH

02 . . . MEDIUM

03 . . . LOW

88 . . . DK

99 . . . REF

The next questions are about some other foods. Let’s start with fish and shellfish.

|  |  |  |  |
| --- | --- | --- | --- |
| 6-18. | Have you eaten fish or shellfish in past week?  01 . . . YES . . . . . . . . . . . . . . .  02 . . . NO  88 . . . DK  99 . . . REF | When was the most recent time you ate fish or shellfish?  01 . . . TODAY  02 . . . 1 DAY AGO  03 . . . 2 DAYS AGO  04 . . . 3 DAYS AGO | 6-18a.  05 . . . 4-7 DAYS AGO  88 . . . DK  99 . . . REF |
|  |  | And what type of fish or shellfish was this? | 6-18b. |
|  |  | SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | |

8888 . . . DK

9999 . . . REF

In a typical week in the past 12 months, did you eat . . . . . . . .

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **DK** | **REF** |
| 6-19. | Fish? | 01 | 02 | 88 | 99 |
| 6-20. | How about shellfish? | 01 | 02 | 88 | 99 |

***IF 6-19 & 6-20 = 02, 88, 99 --- SKIP TO 6-66 TRANSITION***

6-21. Compared to these models of servings of cooked fish or shellfish, would you say that a typical meal of fish or shellfish that you ate was usually more, about the same, or less? *[SHOW FISH SERVING MODELS]*

01 . . . MORE

02 . . . ABOUT THE SAME

03 . . . LESS

88 . . . DK

99 . . . REF

In the past 12 months, tell me how the fish you ate was usually cleaned. Did someone ….. *[SHOW CARD O]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **DK** | **REF** |
| 6-22. | Remove the head? | 01 | 02 | 88 | 99 |
| 6-23. | Remove the skin? | 01 | 02 | 88 | 99 |
| 6-24. | Trim the fat along the back? | 01 | 02 | 88 | 99 |
| 6-25. | Trim the dark meat along length of filet? In the picture it is called the “lateral line.” | 01 | 02 | 88 | 99 |
| 6-26. | Trim the belly flaps? | 01 | 02 | 88 | 99 |
| 6-27. | Remove the guts? | 01 | 02 | 88 | 99 |

In the past 12 months, tell me the usual ways the fish you ate was cooked. Was it ….. *[SHOW CARD P]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **DK** | **REF** |
| 6-28. | Pan fried? | 01 | 02 | 88 | 99 |
| 6-29. | Deep fried? | 01 | 02 | 88 | 99 |
| 6-30. | Baked or broiled? | 01 | 02 | 88 | 99 |
| 6-31. | Boiled or poached? | 01 | 02 | 88 | 99 |
| 6-32. | A stew or chowder? | 01 | 02 | 88 | 99 |
| 6-33. | Smoked? | 01 | 02 | 88 | 99 |
| 6-34. | Grilled? | 01 | 02 | 88 | 99 |
| 6-35. | Dried? | 01 | 02 | 88 | 99 |
| 6-36. | Pickled? | 01 | 02 | 88 | 99 |
| 6-37. | Raw? | 01 | 02 | 88 | 99 |

In the past 12 months, tell me the parts of the fish you usually ate. Did you eat the …..

*[SHOW CARD Q]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **DK** | **REF** |
| 6-38. | Filet? | 01 | 02 | 88 | 99 |
| 6-39. | Cheeks? | 01 | 02 | 88 | 99 |
| 6-40. | Eggs? | 01 | 02 | 88 | 99 |
| 6-41. | Skin? | 01 | 02 | 88 | 99 |
| 6-42. | Liver? | 01 | 02 | 88 | 99 |

|  |
| --- |
| In the past 12 months, tell me all the places where your fish and shellfish came from. Was it …….? *[SHOW CARD R]* |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **DK** | **REF** |
| 6-43. | Bought at a store or market? | 01 | 02 | 88 | 99 |
| 6-44. | Bought at a restaurant? | 01 | 02 | 88 | 99 |
| 6-45. | Bought or caught at a farm? | 01 | 02 | 88 | 99 |
| 6-46. | Wild caught by you or someone else? | 01 | 02 | 88 | 99 |
| 6-46b. | *(IF YES)* Was it caught in Alabama? | 01 | 02 | 88 | 99 |

Ranking these places from “1-to-3” with “1” being the “most often” and “3” being “least often,” tell me where you got your fish and shellfish in the past 12 months. Tell me any place you “never” got your fish and shellfish from in the past 12 months. I’ll mark these places with a “4.” *[SHOW CARD S]*

|  |  |  |
| --- | --- | --- |
| How about …… | | **RANK** |
| 6-43c. | From a store or market? |  |
| 6-44c. | From a restaurant? |  |
| 6-45c. | From a fish farm? |  |
| 6-46c. | Caught in the wild? |  |

01 . . . MOST OFTEN

02 . . . NOT MOST OR LEAST OFTEN, SOMEWHERE IN BETWEEN

03 . . . LEAST OFTEN

04 . . . NEVER

88 . . . DK

99 . . . REF

The next question is only about fish and shellfish from a store, a market, a restaurant, or a farm. Not including wild caught fish and shellfish, did you eat these types of fish in the past 12 months? *[SHOW CARD T]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **DK** | **REF** |
| 6-47. | White fish (cod, pollock, whiting, haddock)? | 01 | 02 | 88 | 99 |
| 6-48. | Catfish? | 01 | 02 | 88 | 99 |
| 6-49. | Clams? | 01 | 02 | 88 | 99 |
| 6-50. | Crab? | 01 | 02 | 88 | 99 |
| 6-51. | Flounder and other flatfish? | 01 | 02 | 88 | 99 |
| 6-52. | King mackerel? | 01 | 02 | 88 | 99 |
| 6-53. | Oysters? | 01 | 02 | 88 | 99 |
| 6-54. | Salmon steaks or filets? | 01 | 02 | 88 | 99 |
| 6-55. | Salmon, canned? | 01 | 02 | 88 | 99 |
| 6-56. | Shark? | 01 | 02 | 88 | 99 |
| 6-57. | Shrimp? | 01 | 02 | 88 | 99 |
| 6-58. | Swordfish? | 01 | 02 | 88 | 99 |
| 6-59. | Tilefish? | 01 | 02 | 88 | 99 |
| 6-60. | Tuna steaks or filets? | 01 | 02 | 88 | 99 |
| 6-61. | Tuna, canned? | 01 | 02 | 88 | 99 |

The next set of questions is only about wild caught fish from Alabama waters.

***IF 6-46b = 01 --- SKIP TO 6-63 TRANSITION***

|  |  |
| --- | --- |
| 6-62. | Have you ever eaten wild caught fish from any Alabama waters? |

01 . . . YES

02 . . . NO. . . . . . . . . . . . . .***SKIP TO 6-82 TRANSITION***

88 . . . DK. . . . . . . . . . . . . . ***SKIP TO 6-82 TRANSITION***

99 . . . REF. . . . . . . . . . . . . ***SKIP TO 6-82 TRANSITION***

Have you ever eaten wild caught fish from the dams, creeks, or lakes along the . . . . *[Show Map C]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **DK** | **REF** |
| 6-63. | Coosa River? | 01 | 02 | 88 | 99 |
| 6-64. | Alabama River? | 01 | 02 | 88 | 99 |
| 6-65. | Mobile River? | 01 | 02 | 88 | 99 |

Have you ever eaten wild caught fish from these sections of the Coosa River …….

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **DK** | **REF** |
| 6-66. | Weiss Lake? *(above Weiss Dam)*  *[SHOW MAP D]* | 01 | 02 | 88 | 99 |
| 6-67. | H. Neely Henry Lake?  *(between Weiss Dam and H. Neely Henry Dam) [SHOW MAP E]* | 01 | 02 | 88 | 99 |
| 6-68. | Logan Martin Lake above Interstate 20?  *(between H. Neely Henry Dam and I-20)*  *[SHOW MAP F]* | 01 | 02 | 88 | 99 |
| 6-69. | Logan Martin Lake below Interstate 20, Choccolocco Creek, or Snow Creek?  *(between I-20 and Logan Martin Dam)*  *[SHOW MAP G]* | 01 | 02 | 88 | 99 |
| 6-70. | Lay Lake?  *(between Logan Martin Dam and Lay Dam) [SHOW MAP H]* | 01 | 02 | 88 | 99 |

Have you ever eaten these types of wild caught fish from any Alabama creeks, lakes, or rivers? *[Show CARDS U-1 AND U-2]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **DK** | **REF** |
| 6-71. | Largemouth bass? | 01 | 02 | 88 | 99 |
| 6-72. | Other bass (spotted, striped, smallmouth, white)? | 01 | 02 | 88 | 99 |
| 6-73. | Carp? | 01 | 02 | 88 | 99 |
| 6-74. | Catfish (channel, blue, flathead)? | 01 | 02 | 88 | 99 |
| 6-75. | Crappie (black or white)? | 01 | 02 | 88 | 99 |
| 6-76. | Bluegill, other bream, or panfish? *(Sunfish)* | 01 | 02 | 88 | 99 |
| 6-77. | Perch (walleye, sauger, yellow perch)? | 01 | 02 | 88 | 99 |
| 6-78. | Buffalo (largemouth, smallmouth)? | 01 | 02 | 88 | 99 |
| 6-79. | Suckers (hog, redhorse)? | 01 | 02 | 88 | 99 |
| 6-80. | Freshwater drum? | 01 | 02 | 88 | 99 |
| 6-81. | Other fish? | 01 | 02 | 88 | 99 |
| 6-81a. | *(If yes)* What kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | |

We are interested in local foods from the Anniston area and from farms or land in the Coosa River Basin. These are foods and food products that are locally grown, harvested, caught, trapped, or hunted.

Have you ever eaten local . . . . . .

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **DK** | **REF** |
| 6-82. | Chickens? | 01 | 02 | 88 | 99 |
| 6-83. | Eggs? | 01 | 02 | 88 | 99 |
| 6-84. | Dairy products like milk or cheese? | 01 | 02 | 88 | 99 |
| 6-85. | Beef or beef products? | 01 | 02 | 88 | 99 |
| 6-86. | Pork or pork products? | 01 | 02 | 88 | 99 |

Have you ever eaten wild game like. . . . . .*[Show CARD V]*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **DK** | **REF** |
| 6-87. | Woodcock or dove? | 01 | 02 | 88 | 99 |
| 6-88. | Quail or wild turkey? | 01 | 02 | 88 | 99 |
| 6-89. | Duck or goose? | 01 | 02 | 88 | 99 |
| 6-90. | Deer or other large game? | 01 | 02 | 88 | 99 |
| 6-91. | Squirrel, rabbit, or other small game? | 01 | 02 | 88 | 99 |

Eating clay is common among many people in the South and throughout the world.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **DK** | **REF** |
| 6-92. | Have you ever eaten local clay?  This is clay gathered from Anniston and the Coosa River Basin. | 01 | 02 | 88 | 99 |

***IF 6-62, AND 6-82 THROUGH 6-92 = 02, 88, 99 --- SKIP TO SECTION 7***

***IF 6-62, OR ANY 6-82 THROUGH 6-92 = 1 --- SKIP TO LOCAL FOODS FORM L***

|  |
| --- |
| **SECTION 7: HEALTH CARE ACCESS** |

The next few questions are about health care access.

|  |  |
| --- | --- |
| 7-1. | Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans?  Some examples of government plans include Medicare for people 65 years and older, Medicaid, Medical Assistance, other types of government-assistance plans for people with low income or disabilities, TRICARE or other military health care, Veterans Administration, or Indian Health Service. |

01 . . . YES

02 . . . NO

88 . . . DK

99 . . . REF

|  |  |
| --- | --- |
| 7-2. | Do you have one person you think of as your personal doctor or health care provider?  *(IF NO)* Is there more than one, or is there no person who you think of as your personal doctor or health care provider? |

01 . . . YES, ONLY ONE

02 . . . YES, MORE THAN ONE

03 . . . NO

88 . . . DK

99 . . . REF

|  |  |
| --- | --- |
| 7-3. | Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost? |

01 . . . YES

02 . . . NO

88 . . . DK

99 . . . REF

|  |
| --- |
| ***IF MALE, SKIP TO SECTION 9: MEN’S HEALTH HISTORY*** |

|  |
| --- |
| **SECTION 8: WOMEN’S HEALTH HISTORY** |

These next questions ask about women’s health and pregnancy history.

***IF 2-1 > 52 YEARS --- SKIP TO 8-3***

|  |  |
| --- | --- |
| 8-1. | Have you been pregnant at any time in the past 12 months?  *(IF YES)* Are you currently pregnant? |

01 . . . YES, IN PAST 12 MONTHS

02 . . . YES, CURRENTLY

02 . . . NO

88 . . . DK

99 . . . REF

|  |  |
| --- | --- |
| 8-2. | Have you breastfed at any time in the past 12 months?  *(IF YES)* Are you currently breastfeeding? |

01 . . . YES, IN PAST 12 MONTHS

02 . . . YES, CURRENTLY

02 . . . NO

88 . . . DK

99 . . . REF

|  |  |
| --- | --- |
| 8-3. | Are you still having your menstrual cycles? *(If currently missing cycles due to pregnancy or breastfeeding, 8-3 = 01)* |

01 . . . YES . . . . . . . . . . . ***SKIP TO 8-5***

02 . . . NO

88 . . . DK. . . . . . . . . . . ***SKIP TO 8-5***

99 . . . REF. . . . . . . . . . . ***SKIP TO 8-5***

|  |  |  |  |
| --- | --- | --- | --- |
| 8-4. | (Other than pregnancy or breastfeeding . . . .) What was the reason your menstrual periods stopped? Was it due to …….? | | 8-4a. |
| 01 . . . Menopause? . . . . . . . . . . . .. . . . .  02 . . . A hysterectomy (removal of womb)? . . . . . . . . . . . . . . . . . . . . .  03 . . . Medical treatment such as chemotherapy, radiation, or hormones?. . . . . . . . . . . . . . . . . . .  88 . . . DK  99 . . . REF | *(If 8-4 = 01, 02, or 03)* How old were you when you stopped menstruating?  \_\_\_\_ \_\_\_\_ \_\_\_\_  YEARS OF AGE  888 . . . . . . . . . . DK  999 . . . . . . . . . . REF |

|  |  |
| --- | --- |
| 8-5. | What is the total number of times you have been pregnant in your lifetime? |

\_\_\_\_ \_\_\_\_ NUMBER OF PREGNANCIES

88 . . . . . . . DK

99 . . . . . . . REF

***IF 8-5 = 00, SKIP TO 8-8***

|  |  |
| --- | --- |
| 8-6. | What is the total number of months that you breastfed all your children? If you breast fed more than one child, please add up the number of months for each of them into your lifetime.  \_\_\_\_ \_\_\_\_ TOTAL NUMBER OF MONTHS  88 . . . . . . . DK  99 . . . . . . . REF |

Our records show that you took part in the first Anniston Community Health Survey in [ACHS I yyyy].

|  |  |  |  |
| --- | --- | --- | --- |
| 8-7. | How many times were you pregnant since then?  \_\_\_\_ \_\_\_\_ NUMBER OF PREGNANCIES . .  88 . . . . . . . DK  99 . . . . . . . REF | *(If 1 or more times)* Were you ever pregnant in the past 12 months?  01 . . . YES  02 . . . NO  88 . . . DK  99 . . . REF | 8-7a. |

***IF 8-7 > 00, GO TO FEMALE PREGNANCY FORM F***

|  |  |
| --- | --- |
| 8-8. | Since the first Anniston survey, have you ever tried to become pregnant but did not even though you wanted to? |

01 . . . YES

02 . . . NO . . . . . . . . . . . ***SKIP TO 8-11 INTRODUCTION***

88 . . . DK . . . . . . . . . . . ***SKIP TO 8-11 INTRODUCTION***

99 . . . REF . . . . . . . . . . . ***SKIP TO 8-11 INTRODUCTION***

|  |  |
| --- | --- |
| 8-9. | Did you ever see a doctor about the difficulty in becoming pregnant? |

01 . . . YES

02 . . . NO . . . . . . . . . . . ***SKIP TO 8-11 INTRODUCTION***

88 . . . DK . . . . . . . . . . . ***SKIP TO 8-11 INTRODUCTION***

99 . . . REF . . . . . . . . . . . ***SKIP TO 8-11 INTRODUCTION***

|  |  |
| --- | --- |
| 8-10. | Which of the following reasons caused your difficulty in becoming pregnant? *[SHOW CARD W]* |

01 . . . Not ovulating

02 . . . Blocked tubes

03 . . . Egg not fertilized

04 . . . Egg not implanting

05 . . . Endometriosis

06 . . . Man had fertility problems

or

07 . . . Doctor did not find a reason

88 . . . DK

99 . . . REF

|  |
| --- |
| The next questions ask about some medical conditions that affect females. Since the first Anniston survey, has a doctor ever told you that you had developed …. ? |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  |  | **YES** | **NO** | **DK** | **REF** |
| 8-11. | Endometriosis? | 01 | 02 | 88 | 99 |
| 8-12. | Polycystic Ovarian Syndrome? | 01 | 02 | 88 | 99 |
| 8-13. | Fibroids? | 01 | 02 | 88 | 99 |
| 8-14. | Pelvic Inflammatory Disease? | 01 | 02 | 88 | 99 |

|  |
| --- |
| ***SKIP TO SECTION 10: CHILDREN’S HEALTH HISTORY*** |

|  |
| --- |
| **SECTION 9: MEN’S HEALTH HISTORY** |

These next questions ask about men’s health history, especially changes since the first Anniston Community Health Survey. Our records show that you took part in the first survey in [ACHS I yyyy].

|  |  |
| --- | --- |
| 9-1. | How many times did you get a woman pregnant after that date? |

\_\_\_\_ \_\_\_\_ NUMBER OF PREGNANCIES

88 . . . . . . . DK

99 . . . . . . . REF

***IF 11-1 = 0, SKIP TO 11-4***

|  |  |
| --- | --- |
| 9-2. | Since that date, did you smoke cigarettes in the 12 months before fathering any pregnancies? |

01 . . . YES

02 . . . NO

88 . . . DK

99 . . . REF

|  |  |
| --- | --- |
| 9-3. | Since that date, did you smoke during any pregnancies you fathered? |

01 . . . YES

02 . . . NO

88 . . . DK

99 . . . REF

***IF 9-1 > 0, GO TO MALE FATHERING FORM M***

|  |  |
| --- | --- |
| 9-4. | Since the first Anniston survey, did you ever see a doctor about the difficulty in getting a woman pregnant? |

01 . . . YES

02 . . . NO . . . . . . . . . . . . . . . ***SKIP TO SECTION 10 INTRODUCTION***

88 . . . DK . . . . . . . . . . . . . . . ***SKIP TO SECTION 10 INTRODUCTION***

99 . . . REF . . . . . . . . . . . . . . . ***SKIP TO SECTION 10 INTRODUCTION***

|  |  |
| --- | --- |
| 9-5. | Which of the following reasons caused your difficulty in getting a woman pregnant? *[SHOW CARD X]* |

01 . . . Woman had fertility problems

02 . . . Poor semen or sperm quality

or

03 . . . Doctor did not find a reason

88 . . . DK

99 . . . REF

|  |
| --- |
| **SECTION 10: CHILDREN’S HEALTH HISTORY** |

The next series of questions asks about children’s health history. We want to ask about each of your children born alive or adopted since the first Anniston survey. Again, our records show that you took part in the first survey in [ACHS I yyyy], and had |\_\_|\_\_| children.

|  |  |
| --- | --- |
| 10-1. | Since that time, how many live-born children did you have? |

\_\_\_\_ \_\_\_\_ NUMBER OF LIVEBIRTHS

88 . . . . . . . DK

99 . . . . . . . REF

|  |  |
| --- | --- |
| 10-2. | Since the first Anniston survey, how many children did you adopt? |

\_\_\_\_ \_\_\_\_ NUMBER OF ADOPTEES

88 . . . . . . . DK

99 . . . . . . . REF

|  |  |
| --- | --- |
| 10-3. | Since the first Anniston survey, you have *(SUM OF 10-1 + 10-2)* new children. |

\_\_\_\_ \_\_\_\_ TOTAL NUMBER OF NEW CHILDREN

88 . . . . . . . DK

99 . . . . . . . REF

|  |  |
| --- | --- |
| 10-4. | How many children under the age of 19 years are currently living in your household? These may include children you already had during the first Anniston survey.  \_\_\_\_ \_\_\_\_ TOTAL NUMBER OF CHILDREN  88 . . . . . . . DK  99 . . . . . . . REF |

|  |
| --- |
| ***IF TOTAL NUMBER OF CHILDREN IN HOUSEHOLD = 00***  ***--- SKIP TO SECTION 11***  ***ELSE GO TO CHILDREN’S HEALTH FORM C*** |

|  |
| --- |
| **SECTION 11: WORK HISTORY** |

***IF 4-29 = 05-99 > SKIP TO 11-3***

Previously you told me that you have worked at least part of the time in the past 12 months.

|  |  |
| --- | --- |
| 11-1. | What kind of business or industry was this? If you worked at more than one job in the past 12 months, please describe the one that you worked the most hours.  *(EXAMPLE: HOSPITAL, NEWSPAPER PUBLISHING, MAIL ORDER HOUSE, AUTO ENGINE MANUFACTURING, BANK)* |

SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8888 DK

9999 REF

11-2. In the past 12 months, what kind of work did you do?

*(EXAMPLE: REGISTERED NURSE, PERSONNEL MANAGER, SUPERVISOR OF ORDER DEPARTMENT, SECRETARY, ACCOUNTANT)*

SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

8888 DK

9999 REF

The next questions ask about the places you have worked.

|  |  |
| --- | --- |
| 11-3. | Have you ever worked for Monsanto or Solutia?  01 . . . YES  02 . . . NO . . . . . . . . . . . . . . . ***SKIP TO 11-6***  88 . . . DK . . . . . . . . . . . . . . . ***SKIP TO 11-6***  99 . . . REF . . . . . . . . . . . . . . . ***SKIP TO 11.6*** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 11-4. | | Tell me all the time periods you worked for either company.  *[SHOW CARD Y]*  We are interested in three periods: first, 1971 and before when Monsanto was still producing PCBs; second, between 1972 and 1996, when Monsanto stopped making PCBs; and third, from 1997 to now when Solutia became the owners.  Did you work at any time from . . . ? | | | | | |
|  | | |  | **YES** | **NO** | **DK** | **REF** | |
|  | 11-4a. | | 1971 and before? | 01 | 02 | 88 | 99 | |
|  | 11-4b. | | 1972 to 1996? | 01 | 02 | 88 | 99 | |
|  | 11-4c. | | 1997 to now? | 01 | 02 | 88 | 99 | |

|  |  |
| --- | --- |
| 11-5. | What type of work did you do at either Monsanto or Solutia?  *[SHOW CARD Z]* Did you ever work in , , , |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
|  | |  | **YES** | **NO** | **DK** | **REF** |
|  | 11-5a. | Production of PCBs? | 01 | 02 | 88 | 99 |
|  | 11-5b. | Production of non-PCB chemicals? | 01 | 02 | 88 | 99 |
|  | 11-5c. | Maintenance? | 01 | 02 | 88 | 99 |
|  | 11-5d. | Other technical? | 01 | 02 | 88 | 99 |
|  | 11-5e. | Administrative? | 01 | 02 | 88 | 99 |
|  | 11-5f. | For the company but not at the Anniston site? | 01 | 02 | 88 | 99 |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Since the first Anniston survey or [ACHS I yyyy], have you worked at a job where you might have been exposed to any of the following substances? *[SHOW CARD AA]* | | | | | |
|  |  | **YES** | **NO** | **DK** | **REF** |
| 11-6. | Fertilizers | 01 | 02 | 88 | 99 |
| 11-7. | Pesticides | 01 | 02 | 88 | 99 |
| 11-8. | Herbicides | 01 | 02 | 88 | 99 |
| 11-9. | Solvents | 01 | 02 | 88 | 99 |
| 11-10. | Electrical Transformers | 01 | 02 | 88 | 99 |
| 11-11. | Ionizing Radiation | 01 | 02 | 88 | 99 |
| 11-12. | PCBs | 01 | 02 | 88 | 99 |
| 11-13. | Heavy metals such as Lead, Boron, Manganese, Mercury, or Cadmium | 01 | 02 | 88 | 99 |
| 11-14. | Welding Fumes | 01 | 02 | 88 | 99 |

***IF 11-6, 11-7, AND 11-8 = 02-99 --- SKIP TO 11-16 TRANSITION***

|  |  |
| --- | --- |
| 11-15. | What type of work did you do when you may have been exposed to fertilizers, pesticides, or herbicides? If you worked in more than one job, tell me about each one.  11-15a. SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  8888 DK  9999 REF  11-15b. SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  8888 DK  9999 REF  11-15c. SPECIFY: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  8888 DK  9999 REF |

The next questions are about any military history since the first Anniston survey. Again, our records show that you took part in the first survey in [ACHS I yyyy].

|  |  |
| --- | --- |
| 11-16. | Since that time, have you entered the military? |

01 . . . YES

02 . . . NO . . . . . . . . . . . . ***SKIP TO 11-22.***

88 . . . DK . . . . . . . . . . . . ***SKIP TO 11-22.***

99 . . . REF . . . . . . . . . . . ***SKIP TO 11-22.***

|  |  |
| --- | --- |
| 11-17. | What branch of the service did you join? |

01 . . . ARMY

02 . . . NAVY

03 . . . AIR FORCE

04 . . . MARINES

05 . . . COAST GUARD

07 . . . OTHER: 11-17a. SPECIFY \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

88 . . . DK

99 . . . REF

|  |  |
| --- | --- |
| 11-18. | What was your start date of military service? |

\_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ MONTH / YEAR

888888 . . . . . . . . . . . . . . . . . . . . . . DK

999999 . . . . . . . . . . . . . . . . . . . . . . REF

|  |  |
| --- | --- |
| 11-19. | What was your end date of military service? |

\_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_ MONTH / YEAR

777777 . . . . . . . . . . . . . . . . . . . . . . CURRENTLY IN SERVICE

888888 . . . . . . . . . . . . . . . . . . . . . . DK

999999 . . . . . . . . . . . . . . . . . . . . . . REF

|  |  |
| --- | --- |
| 11-20. | Were you deployed in the Middle East after the first Anniston survey? |

01 . . . YES

02 . . . NO

88 . . . DK

99 . . . REF

|  |  |
| --- | --- |
| 11-21. | Were you deployed in the Afghanistan after the first Anniston survey? |

01 . . . YES

02 . . . NO

88 . . . DK

99 . . . REF

|  |  |
| --- | --- |
| 11-22. | Is your annual household income from all sources ….. ? *[SHOW CARD AB]* |

01 . . . LESS THAN $15,000

02 . . . $15,000 - $34,999

03 . . . $35,000 - $49,999

04 . . . $50,000 OR MORE

88 . . . DK

99 . . . REF

END. Thank you for participating in this study. Our research team greatly appreciates your time and cooperation in answering our questions. The information you provided is important. Thank you.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **TIME INTERVIEW ENDED: \_\_\_\_\_ \_\_\_\_\_ : \_\_\_\_\_ \_\_\_\_\_** |  | **a.m.** |  | **p.m.** |

**DATE OF INTERVIEW: \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_ / \_\_\_\_ \_\_\_\_**

**SECTION C: CHILDREN’S HEALTH FORM**

***USE PART 1 ONLY FOR NEW CHILDREN SINCE FIRST ANNISTON SURVEY***

***IF NO NEW CHILDREN, SKIP TO PART 3.***

Part 1. The next questions ask about the health history of any new children you had since the first Anniston survey. You just told me that you had |\_\_|\_\_| new children since then. Starting with the youngest, please answer the following questions about each new child.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| New Child No. | **NC-1.** Is this your child or an adopted child? | **NC-2.** What is the child’s date of birth? | **NC-3.** What sex is the child? | **NC-4.** What was the child’s birth weight? | **NC-5.** Was the child’s birth premature? | **NC-6.** How many years has the child lived in Anniston? | **NC-7.** Was the mother in Anniston during her pregnancy? |
| For New Child 1, …… | **NC-1-1.**  01 … MY CHILD  02 … ADOPTED  88 … DK  99 … REF | **NC-2-1.**  \_\_/\_\_/\_\_\_\_\_\_  MM/DD/YYYY  88888888 … DK  99999999 … REF | **NC-3-1.**  01 … MALE  02 … FEMALE  88 … DK  99 … REF | **NC-4-1.**  \_\_ \_\_  LB OZ  8888 … DK  9999 … REF | **NC-5-1.**  01 …YES  02 … NO  88 … DK  99 … REF | **NC-6-1.**  \_\_ \_\_  Y Y  88…DK  99…REF | **NC-7-1.**  01 …YES  02 … NO  88 … DK  99 … REF |
| For New Child 2, …… | **NC-1-2.**  01 … MY CHILD  02 … ADOPTED  88 … DK  99 … REF | **NC-2-2.**  \_\_/\_\_/\_\_\_\_\_\_  MM/DD/YYYY  88888888 … DK  99999999 … REF | **NC-3-2.**  01 … MALE  02 … FEMALE  88 … DK  99 … REF | **NC-4-2.**  \_\_ \_\_  LB OZ  8888 … DK  9999 … REF | **NC-5-2.**  01 …YES  02 … NO  88 … DK  99 … REF | **NC-6-2.**  \_\_ \_\_  Y Y  88…DK  99…REF | **NC-7-2.**  01 …YES  02 … NO  88 … DK  99 … REF |
| For New Child 3, …… | **NC-1-3.**  01 … MY CHILD  02 … ADOPTED  88 … DK  99 … REF | **NC-2-3.**  \_\_/\_\_/\_\_\_\_\_\_  MM/DD/YYYY  88888888 … DK  99999999 … REF | **NC-3-3.**  01 … MALE  02 … FEMALE  88 … DK  99 … REF | **NC-4-3.**  \_\_ \_\_  LB OZ  8888 … DK  9999 … REF | **NC-5-3.**  01 …YES  02 … NO  88 … DK  99 … REF | **NC-6-3.**  \_\_ \_\_  Y Y  88…DK  99…REF | **NC-7-3.**  01 …YES  02 … NO  88 … DK  99 … REF |
| For New Child 4, …… | **NC-1-4.**  01 … MY CHILD  02 … ADOPTED  88 … DK  99 … REF | **NC-2-4.**  \_\_/\_\_/\_\_\_\_\_\_  MM/DD/YYYY  88888888 … DK  99999999 … REF | **NC-3-4.**  01 … MALE  02 … FEMALE  88 … DK  99 … REF | **NC-4-4.**  \_\_ \_\_  LB OZ  8888 … DK  9999 … REF | **NC-5-4.**  01 …YES  02 … NO  88 … DK  99 … REF | **NC-6-4.**  \_\_ \_\_  Y Y  88…DK  99…REF | **NC-7-4.**  01 …YES  02 … NO  88 … DK  99 … REF |
| For New Child 5, …… | **NC-1-5.**  01 … MY CHILD  02 … ADOPTED  88 … DK  99 … REF | **NC-2-5.**  \_\_/\_\_/\_\_\_\_\_\_  MM/DD/YYYY  88888888 … DK  99999999 … REF | **NC-3-5.**  01 … MALE  02 … FEMALE  88 … DK  99 … REF | **NC-4-5.**  \_\_ \_\_  LB OZ  8888 … DK  9999 … REF | **NC-5-5.**  01 …YES  02 … NO  88 … DK  99 … REF | **NC-6-5.**  \_\_ \_\_  Y Y  88…DK  99…REF | **NC-7-5.**  01 …YES  02 … NO  88 … DK  99 … REF |
| For New Child 6, …… | **NC-1-6.**  01 … MY CHILD  02 … ADOPTED  88 … DK  99 … REF | **NC-2-6.**  \_\_/\_\_/\_\_\_\_\_\_  MM/DD/YYYY  88888888 … DK  99999999 … REF | **NC-3-6.**  01 … MALE  02 … FEMALE  88 … DK  99 … REF | **NC-4-6.**  \_\_ \_\_  LB OZ  8888 … DK  9999 … REF | **NC-5-6.**  01 …YES  02 … NO  88 … DK  99 … REF | **NC-6-6.**  \_\_ \_\_  Y Y  88…DK  99…REF | **NC-7-6.**  01 …YES  02 … NO  88 … DK  99 … REF |

**SECTION C Part 1: continued**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| New Child No. | **NC-1.** Is this your child or an adopted child? | **NC-2.** What is the child’s date of birth? | **NC-3.** What sex is the child? | **NC-4.** What was the child’s birth weight? | **NC-5.** Was the child’s birth premature? | **NC-6.** How many years has the child lived in Anniston? | **NC-7.** Was the mother in Anniston during her pregnancy? |
| For New Child 7, …… | **NC-1-7.**  01 … MY CHILD  02 … ADOPTED  88 … DK  99 … REF | **NC-2-7.**  \_\_/\_\_/\_\_\_\_\_\_  MM/DD/YYYY  88888888 … DK  99999999 … REF | **NC-3-7.**  01 … MALE  02 … FEMALE  88 … DK  99 … REF | **NC-4-7.**  \_\_ \_\_  LB OZ  8888 … DK  9999 … REF | **NC-5-7.**  01 …YES  02 … NO  88 … DK  99 … REF | **NC-6-7.**  \_\_ \_\_  Y Y  88…DK  99…REF | **NC-7-7.**  01 …YES  02 … NO  88 … DK  99 … REF |
| For New Child 8, …… | **NC-1-8.**  01 … MY CHILD  02 … ADOPTED  88 … DK  99 … REF | **NC-2-8.**  \_\_/\_\_/\_\_\_\_\_\_  MM/DD/YYYY  88888888 … DK  99999999 … REF | **NC-3-8.**  01 … MALE  02 … FEMALE  88 … DK  99 … REF | **NC-4-8.**  \_\_ \_\_  LB OZ  8888 … DK  9999 … REF | **NC-5-8.**  01 …YES  02 … NO  88 … DK  99 … REF | **NC-6-8.**  \_\_ \_\_  Y Y  88…DK  99…REF | **NC-7-8.**  01 …YES  02 … NO  88 … DK  99 … REF |
| For New Child 9, …… | **NC-1-9.**  01 … MY CHILD  02 … ADOPTED  88 … DK  99 … REF | **NC-2-9.**  \_\_/\_\_/\_\_\_\_\_\_  MM/DD/YYYY  88888888 … DK  99999999 … REF | **NC-3-9.**  01 … MALE  02 … FEMALE  88 … DK  99 … REF | **NC-4-9.**  \_\_ \_\_  LB OZ  8888 … DK  9999 … REF | **NC-5-9.**  01 …YES  02 … NO  88 … DK  99 … REF | **NC-6-9.**  \_\_ \_\_  Y Y  88…DK  99…REF | **NC-7-9.**  01 …YES  02 … NO  88 … DK  99 … REF |
| For New Child 10, …… | **NC-1-10.**  01 … MY CHILD  02 … ADOPTED  88 … DK  99 … REF | **NC-2-10.**  \_\_/\_\_/\_\_\_\_\_\_  MM/DD/YYYY  88888888 … DK  99999999 … REF | **NC-3-10.**  01 … MALE  02 … FEMALE  88 … DK  99 … REF | **NC-4-10.**  \_\_ \_\_  LB OZ  8888 … DK  9999 … REF | **NC-5-10.**  01 …YES  02 … NO  88 … DK  99 … REF | **NC-6-10.**  \_\_ \_\_  Y Y  88…DK  99…REF | **NC-7-10.**  01 …YES  02 … NO  88 … DK  99 … REF |
| For New Child 11 …… | **NC-1-11.**  01 … MY CHILD  02 … ADOPTED  88 … DK  99 … REF | **NC-2-11.**  \_\_/\_\_/\_\_\_\_\_\_  MM/DD/YYYY  88888888 … DK  99999999 … REF | **NC-3-11.**  01 … MALE  02 … FEMALE  88 … DK  99 … REF | **NC-4-11.**  \_\_ \_\_  LB OZ  8888 … DK  9999 … REF | **NC-5-11.**  01 …YES  02 … NO  88 … DK  99 … REF | **NC-6-11.**  \_\_ \_\_  Y Y  88…DK  99…REF | **NC-7-11.**  01 …YES  02 … NO  88 … DK  99 … REF |
| For New Child 12, …… | **NC-1-12.**  01 … MY CHILD  02 … ADOPTED  88 … DK  99 … REF | **NC-2-12.**  \_\_/\_\_/\_\_\_\_\_\_  MM/DD/YYYY  88888888 … DK  99999999 … REF | **NC-3-12.**  01 … MALE  02 … FEMALE  88 … DK  99 … REF | **NC-4-12.**  \_\_ \_\_  LB OZ  8888 … DK  9999 … REF | **NC-5-12.**  01 …YES  02 … NO  88 … DK  99 … REF | **NC-6-12.**  \_\_ \_\_  Y Y  88…DK  99…REF | **NC-7-12.**  01 …YES  02 … NO  88 … DK  99 … REF |

**SECTION C Part 2**

***USE PART 2 ONLY FOR NEW CHILDREN SINCE FIRST ANNISTON SURVEY***

***FOR EACH CONDITION OR ILLNESS THAT A CHILD HAS, ASK WHICH ONE OF THE CHILDREN HAS IT, AND HOW OLD HE OR SHE WAS WHEN FIRST TOLD.***

***USE THE SAME NUMBER ASSIGNED IN PART 1 WITH THE YOUNGEST CHILD AS “NC1”. CODE EACH NEW CHILD AS NC1, NC2, NC3, ETC.***

**PART 2.**

In Part 2, we are still asking questions about any new children you had since the first Anniston survey. Has a doctor ever said any of your new children had the following health conditions or illnesses? *[SHOW CARD C-1]*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | **YES** | **NO** | | **DK** | | **REF** | | **WHICH CHILD?** | **CHILD’S AGE?** | |
| C-13. | Cancer? | | 01 | | 02 | | 88 | | 99 | C-13b. | C-13c. | |
| C-13a. | *(If yes)* What kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | | |
| C-14. | Kidney disease? | | 01 | | 02 | | 88 | | 99 | C-14b. | C-14c. | |
| C-15. | Heart problems? | | 01 | | 02 | | 88 | | 99 | C-15b. | C-15c. | |
| C-16. | Hyperthyroidism? *(overactive)* | | 01 | | 02 | | 88 | | 99 | C-16b. | C-16c. | |
| C-17. | Hypothyroidism? *(underactive)* | | 01 | | 02 | | 88 | | 99 | C-17b. | C-17c. | |
| C-18. | Hearing problems? | | 01 | | 02 | | 88 | | 99 | C-18b. | C-18c. | |
| C-19. | Learning disability? | | 01 | | 02 | | 88 | | 99 | C-19b. | C-19c. | |
| C-20. | Attention deficit hyperactivity disorder? | | 01 | | 02 | | 88 | | 99 | C-20b. | C-20c. | |
| C-21. | Asthma? | | 01 | | 02 | | 88 | | 99 | C-21b. | C-21c.. | |
| C-22. | Allergies? | | 01 | | 02 | | 88 | | 99 | C-22b. | C-22c. | |
| C-23. | Epilepsy or seizures? | | 01 | | 02 | | 88 | | 99 | C-23b. | C-23c. | |
| C-24. | Diabetes? | | 01 | | 02 | | 88 | | 99 | C-24b. | C-25c. | |
| C-25. | Frequent ear infection? | | 01 | | 02 | | 88 | | 99 | C-25b. | C-25c. | |
| C-26. | Mononucleosis or EBV? | | 01 | | 02 | | 88 | | 99 | C-26b. | C-26c. | |
| C-27. | Juvenile arthritis? | | 01 | | 02 | | 88 | | 99 | C-27b. | C-27c. | |
| C-28 | | | Finally, any other autoimmune disease? Here are some examples …. *[SHOW CARD C-2]* | 01 | | 02 | | 88 | | 99 | C-28b. | C-28c. | | |
| C-28a. | | | *(If yes)* What kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |

**SECTION C Part 3:**

***USE PART 3 ONLY FOR CHILDREN FORMERLY REPORTED IN FIRST ANNISTON SURVEY. FOR EACH CONDITION OR ILLNESS THAT A CHILD HAS, ASK WHICH ONE OF THE CHILDREN HAS IT, AND HOW OLD HE OR SHE WAS WHEN FIRST TOLD. IF NO NEW CHILDREN, BEGIN PART 3. NUMBER FORMER CHILDREN FROM YOUNGEST TO OLDEST. CODE EACH FORMER CHILD AS FC1, FC2, FC3, ETC.***

**PART 3.**

In Part 3, we are now asking questions about the children you already had during the first Anniston survey. Has a doctor ever said any of these children had the following health conditions or illnesses? *[SHOW CARD C-3]*

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | |  | **YES** | | **NO** | **DK** | | **REF** | | **WHICH CHILD?** | **CHILD’S AGE?** | |
| C-32. | | Cancer? | 01 | | 02 | 88 | | 99 | | C-32b | C-32c | |
| C-32a. | | *(If yes)* What kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | | |
| C-33. | | Kidney disease? | 01 | | 02 | 88 | | 99 | | C-33b | C-33c | |
| C-34. | | Heart problems? | 01 | | 02 | 88 | | 99 | | C-34b | C-34c | |
| C-35. | | Hyperthyroidism? *(overactive)* | 01 | | 02 | 88 | | 99 | | C-35b | C-35c | |
| C-36. | | Hypothyroidism? *(underactive)* | 01 | | 02 | 88 | | 99 | | C-36b | C-36c | |
| C-37. | | Hearing problems? | 01 | | 02 | 88 | | 99 | | C-37b | C-37c | |
| C-38. | | Learning disability? | 01 | | 02 | 88 | | 99 | | C-39b | C-39c | |
| C-39. | | Attention deficit hyperactivity disorder? | 01 | | 02 | 88 | | 99 | | C-40b | C-40c | |
| C-40. | | Asthma? | 01 | | 02 | 88 | | 99 | | C-41b | C-41c | |
| C-41. | | Allergies? | 01 | | 02 | 88 | | 99 | | C-42b | C-42c | |
| C-42. | | Epilepsy or seizures? | 01 | | 02 | 88 | | 99 | | C-43b | C-43c | |
| C-43. | | Diabetes? | 01 | | 02 | 88 | | 99 | | C-44b | C-44c | |
| C-43. | | Frequent ear infection? | 01 | | 02 | 88 | | 99 | | C-45b | C-45c | |
| C-44. | | Mononucleosis or EBV? | 01 | | 02 | 88 | | 99 | | C-48b | C-48c | |
| C-44. | | Juvenile arthritis? | 01 | | 02 | 88 | | 99 | | C-49b | C-49c | |
| C-46. | Finally, any other autoimmune disease? Here are some examples …. *[SHOW CARD C-4]* | | 01 | 02 | | 88 | | 99 | C-50b | C-50c | | |
| C-46a. | *(If yes)* What kind? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | | | | | | | | |

***CONTINUE TO SECTION 11***

**SECTION F: FEMALE PREGNANCY FORM (for women with any pregnancies since the first Anniston survey)**

The next questions ask about each of your pregnancies since the first Anniston survey. You just told me that you’ve had |\_\_|\_\_| pregnancies since then. Let’s go through each one.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pregnancy No. | **F-1.** What year did you become pregnant? | **F-2.** How old were you? | **F-3.** What method of birth control were you using 12 months before you became pregnant? *[SHOW CARD F-1]* | **F-4.** Did you plan to become pregnant? | **F-5.** What was the outcome of the pregnancy?  *[SHOW CARD F-2]* | **F-6.** Did you smoke cigarettes while you were pregnant? | **F-7.** Did you drink alcohol while you were pregnant? | **F-8.** Did you breastfeed this child? | **F-8a. (**If yes) how many months did you breastfeed? |
| For Pregnancy 1, …… | **F-1-1.**  \_\_ \_\_ \_\_ \_\_  Y Y Y Y  8888…DK  9999…REF | **F-2-1.**  \_\_ \_\_  Y Y  88…DK  99…REF | **F-3-1.**  01 … NONE  02 … BC PILL/RING/  IMPLANT/PATCH  03 … CONDOM  04 … DIAPHRAGM  05 … IUD  06 … JELLY/FOAM  07 … NATURAL FAMILY PLANNING  88 … DK  99 … REF | **F-4-1.**  1 …YES  2 … NO  8 … DK  9 … REF | **F-5-1.**  01 … ABORTION  02 … ECTOPIC PREGNANCY  03 … MISCARRIAGE  04 … SINGLETON  05 … STILLBIRTH  06 … TWINS  07 … TRIPLETS OR MORE  88 … DK  99 … REF | **F-6-1.**  1 …YES  2 … NO  8 … DK  9 … REF | **F-7-1.**  1 …YES  2 … NO  8 … DK  9 … REF | **F-8-1.**  1 …YES  2 … NO  8 … DK  9 … REF | **F-8a-1.**  \_\_ \_\_  M M  88…DK  99…REF |
| For Pregnancy 2, …… | **F-1-2.**  \_\_ \_\_ \_\_ \_\_  Y Y Y Y  8888…DK  9999…REF | **F-2-2.**  \_\_ \_\_  YY  88…DK  99…REF | **F-3-2.**  01 … NONE  02 … BC PILL/RING/  IMPLANT/PATCH  03 … CONDOM  04 … DIAPHRAGM  05 … IUD  06 … JELLY/FOAM  07 … NATURAL FAMILY PLANNING  88 … DK  99 … REF | **F-4-2.**  1 …YES  2 … NO  8 … DK  9 … REF | **F-5-2.**  01 … ABORTION  02 … ECTOPIC PREGNANCY  03 … MISCARRIAGE  04 … SINGLETON  05 … STILLBIRTH  06 … TWINS  07 … TRIPLETS OR MORE  88 … DK  99 … REF | **F-6-2.**  1 …YES  2 … NO  8 … DK  9 … REF | **F-7-2.**  1 …YES  2 … NO  8 … DK  9 … REF | **F-8-2.**  1 …YES  2 … NO  8 … DK  9 … REF | **F-8a-2.**  \_\_ \_\_  M M  88…DK  99…REF |
| For Pregnancy 3, …… | **F-1-3.**  \_\_ \_\_ \_\_ \_\_  Y Y Y Y  8888…DK  9999…REF | **F-2-3.**  \_\_ \_\_  YY  88…DK  99…REF | **F-3-3.**  01 … NONE  02 … BC PILL/RING/  IMPLANT/PATCH  03 … CONDOM  04 … DIAPHRAGM  05 … IUD  06 … JELLY/FOAM  07 … NATURAL FAMILY PLANNING  88 … DK  99 … REF | **F-4-3.**  1 …YES  2 … NO  8 … DK  9 … REF | **F-5-3.**  01 … ABORTION  02 … ECTOPIC PREGNANCY  03 … MISCARRIAGE  04 … SINGLETON  05 … STILLBIRTH  06 … TWINS  07 … TRIPLETS OR MORE  88 … DK  99 … REF | **F-6-3.**  1 …YES  2 … NO  8 … DK  9 … REF | **F-7-3.**  1 …YES  2 … NO  8 … DK  9 … REF | **F-8-3.**  1 …YES  2 … NO  8 … DK  9 … REF | **F-8a-3.**  \_\_ \_\_  M M  88…DK  99…REF |

**SECTION F: continued**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pregnancy No. | **F-1.** What year did you become pregnant? | **F-2.** How old were you? | **F-3.** What method of birth control were you using 12 months before you became pregnant? *[SHOW CARD F-1]* | **F-4.** Did you plan to become pregnant? | **F-5.** What was the outcome of the pregnancy?  *[SHOW CARD F-2]* | **F-6.** Did you smoke cigarettes while you were pregnant? | **F-7.** Did you drink alcohol while you were pregnant? | **F-8.** Did you breastfeed this child? | **F-8a. (**If yes) how many months did you breastfeed? |
| For Pregnancy 4, …… | **F-1-4.**  \_\_ \_\_ \_\_ \_\_  Y Y Y Y  8888…DK  9999…REF | **F-2-4.**  \_\_ \_\_  YY  88…DK  99…REF | **F-3-4.**  01 … NONE  02 … BC PILL/RING/  IMPLANT/PATCH  03 … CONDOM  04 … DIAPHRAGM  05 … IUD  06 … JELLY/FOAM  07 … NATURAL FAMILY PLANNING  88 … DK  99 … REF | **F-4-4.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-5-4.**  01 … ABORTION  02 … ECTOPIC PREGNANCY  03 … MISCARRIAGE  04 … SINGLETON  05 … STILLBIRTH  06 … TWINS  07 … TRIPLETS OR MORE  88 … DK  99 … REF | **F-6-4.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-7-4.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-8-4.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-8a-4.**  \_\_ \_\_  M M  88…DK  99…REF |
| For Pregnancy 5, …… | **F-1-5.**  \_\_ \_\_ \_\_ \_\_  Y Y Y Y  8888…DK  9999…REF | **F-2-5.**  \_\_ \_\_  YY  88…DK  99…REF | **F-3-5.**  01 … NONE  02 … BC PILL/RING/  IMPLANT/PATCH  03 … CONDOM  04 … DIAPHRAGM  05 … IUD  06 … JELLY/FOAM  07 … NATURAL FAMILY PLANNING  88 … DK  99 … REF | **F-4-5.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-5-5.**  01 … ABORTION  02 … ECTOPIC PREGNANCY  03 … MISCARRIAGE  04 … SINGLETON  05 … STILLBIRTH  06 … TWINS  07 … TRIPLETS OR MORE  88 … DK  99 … REF | **F-6-5.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-7-5.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-8-5.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-8a-5.**  \_\_ \_\_  M M  88…DK  99…REF |
| For Pregnancy 6, …… | **F-1-6.**  \_\_ \_\_ \_\_ \_\_  Y Y Y Y  8888…DK  9999…REF | **F-2-6.**  \_\_ \_\_  YY  88…DK  99…REF | **F-3-6.**  01 … NONE  02 … BC PILL/RING/  IMPLANT/PATCH  03 … CONDOM  04 … DIAPHRAGM  05 … IUD  06 … JELLY/FOAM  07 … NATURAL FAMILY PLANNING  88 … DK  99 … REF | **F-4-6.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-5-6.**  01 … ABORTION  02 … ECTOPIC PREGNANCY  03 … MISCARRIAGE  04 … SINGLETON  05 … STILLBIRTH  06 … TWINS  07 … TRIPLETS OR MORE  88 … DK  99 … REF | **F-6-6.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-7-6.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-8-6.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-8a-6.**  \_\_ \_\_  M M  88…DK  99…REF |

**SECTION F: continued**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Pregnancy No. | **F-1.** What year did you become pregnant? | **F-2.** How old were you? | **F-3.** What method of birth control were you using 12 months before you became pregnant? *[SHOW CARD F-1]* | **F-4.** Did you plan to become pregnant? | **F-5.** What was the outcome of the pregnancy?  *[SHOW CARD F-2]* | **F-6.** Did you smoke cigarettes while you were pregnant? | **F-7.** Did you drink alcohol while you were pregnant? | **F-8.** Did you breastfeed this child? | **F-8a. (**If yes) how many months did you breastfeed? |
| For Pregnancy 7, …… | **F-1-7.**  \_\_ \_\_ \_\_ \_\_  Y Y Y Y  8888…DK  9999…REF | **F-2-7.**  \_\_ \_\_  YY  88…DK  99…REF | **F-3-7.**  01 … NONE  02 … BC PILL/RING/  IMPLANT/PATCH  03 … CONDOM  04 … DIAPHRAGM  05 … IUD  06 … JELLY/FOAM  07 … NATURAL FAMILY PLANNING  88 … DK  99 … REF | **F-4-7.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-5-7.**  01 … ABORTION  02 … ECTOPIC PREGNANCY  03 … MISCARRIAGE  04 … SINGLETON  05 … STILLBIRTH  06 … TWINS  07 … TRIPLETS OR MORE  88 … DK  99 … REF | **F-6-7.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-7-7.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-8-7.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-8a-7.**  \_\_ \_\_  M M  88…DK  99…REF |
| For Pregnancy 8, …… | **F-1-8.**  \_\_ \_\_ \_\_ \_\_  Y Y Y Y  8888…DK  9999…REF | **F-2-8.**  \_\_ \_\_  YY  88…DK  99…REF | **F-3-8.**  01 … NONE  02 … BC PILL/RING/  IMPLANT/PATCH  03 … CONDOM  04 … DIAPHRAGM  05 … IUD  06 … JELLY/FOAM  07 … NATURAL FAMILY PLANNING  88 … DK  99 … REF | **F-4-8.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-5-8.**  01 … ABORTION  02 … ECTOPIC PREGNANCY  03 … MISCARRIAGE  04 … SINGLETON  05 … STILLBIRTH  06 … TWINS  07 … TRIPLETS OR MORE  88 … DK  99 … REF | **F-6-8.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-7-8.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-8-8.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-8a-8.**  \_\_ \_\_  M M  88…DK  99…REF |
| For Pregnancy 9, …… | **F-1-9.**  \_\_ \_\_ \_\_ \_\_  Y Y Y Y  8888…DK  9999…REF | **F-2-9.**  \_\_ \_\_  YY  88…DK  99…REF | **F-3-9.**  01 … NONE  02 … BC PILL/RING/  IMPLANT/PATCH  03 … CONDOM  04 … DIAPHRAGM  05 … IUD  06 … JELLY/FOAM  07 … NATURAL FAMILY PLANNING  88 … DK  99 … REF | **F-4-9.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-5-9.**  01 … ABORTION  02 … ECTOPIC PREGNANCY  03 … MISCARRIAGE  04 … SINGLETON  05 … STILLBIRTH  06 … TWINS  07 … TRIPLETS OR MORE  88 … DK  99 … REF | **F-6-9.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-7-9.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-8-9.**  01 …YES  02 … NO  88 … DK  99 … REF | **F-8a-9.**  \_\_ \_\_  M M  88…DK  99…REF |

***CONTINUE TO 8-6***

**SECTION L: LOCAL FOOD FORM**

I am going to ask you about local foods you may have eaten in four different times in the past. You may have eaten these local foods during some time periods but not others. Try to remember as best as you can.

* One time period is 1971 and before when PCBs were still produced here in Anniston.
* A second time period is from 1972 to 1993. This is the time when PCBs were no longer made but public awareness was low and cleanup of the environment did not start.
* A third time period is from 1994-2005. This is the time when problems with PCB contamination became public, ADPH issued fish advisories, and PCB litigation occurred.
* We are also interested in the time period between the first Anniston survey and today. Let’s say from 2006 to now.

For each of the time periods I just described, I would like to know how often you ate each local food. Tell me if you never ate it, ate it regularly, or ate it only part of the time. *[SHOW CARD L-1]*

**SECTION L: LOCAL FOOD FORM**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Local Food** | **L-1. Have you ever eaten [FOOD NAME] from 1971 and earlier?** | **L-2. From 1971 and earlier, how often did you eat [FOOD NAME]?** | **L-3. Have you ever eaten [FOOD NAME] from 1972 to 1993?** | **L-4. From 1972 to 1993, how often did you eat [FOOD NAME]?** | **L-5. Have you ever eaten [FOOD NAME] from 1994 to 2005?** | **L-6. From 1994 to 2005, how often did you eat [FOOD NAME]?** | **L-7. Have you ever eaten [FOOD NAME] from 2006 to now?** | **L.8. From 2006 to now, how often did you eat [FOOD NAME]?**  **.** |
| ***If 6-63 = 02,88,99 > SKIP TO L.1.2***  **Fish from Coosa River Basin** | **L-1-1.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-2-1.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-3-1.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-4-1.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-5-1.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-6-1.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-7-1.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-8-1.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF |
| ***If 6-82 = 02,88,99 > SKIP TO L.1.3***  **Local Chicken** | **L-1-2.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-2-2.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-3-2.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-4-2.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-5-2.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-6-2.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-7-2.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-8-2.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF |
| ***If 6-83 = 02,88,99 > SKIP TO L.1.4***  **Local Eggs** | **L-1-3.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-2-3.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-3-3.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-4-3.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-5-3.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-6-3.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-7-3.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-8-3.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF |
|  |  |  |  |  |  |  |  |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION L: continued** | | | | | | | | |
| **Local Food** | **L-1. Have you ever eaten [FOOD NAME] from 1971 and earlier?** | **L-2. From 1971 and earlier, how often did you eat [FOOD NAME]?** | **L-3. Have you ever eaten [FOOD NAME] from 1972 to 1993?** | **L-4. From 1972 to 1993, how often did you eat [FOOD NAME]?** | **L-5. Have you ever eaten [FOOD NAME] from 1994 to 2005?** | **L-6. From 1994 to 2005, how often did you eat [FOOD NAME]?** | **L-7. Have you ever eaten [FOOD NAME] from 2006 to now?** | **L.8. From 2006 to now, how often did you eat [FOOD NAME]?**  **.** |
| ***If 6-84 = 02,88,99 > GO TO L.1.5***  **Local Dairy,Milk, Cheese** | **L-1-4.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-2-4.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-3-4.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-4-4.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-5-4.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-6-4.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-7-4.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-8-4.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF |
| ***If 6-85 = 02,88,99 > GO TO L.1.6***  **Local Beef, Beef Products** | **L-1-5.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-2-5.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-3-5.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-4-5.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-5-5.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-6-5.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-7-5.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-8-5.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF |
| ***If 6-86 = 02,88,99 > GO TO L.1.7***  **Local Pork, Pork Products** | **L-1-6.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-2-6.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-3-6.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-4-6.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-5-6.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-6-6.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-7-6.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-8-6.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF |

**SECTION L: continued**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Local Food** | **L-1. Have you ever eaten [FOOD NAME] from 1971 and earlier?** | **L-2. From 1971 and earlier, how often did you eat [FOOD NAME]?** | **L-3. Have you ever eaten [FOOD NAME] from 1972 to 1993?** | **L-4. From 1972 to 1993, how often did you eat [FOOD NAME]?** | **L-5. Have you ever eaten [FOOD NAME] from 1994 to 2005?** | **L-6. From 1994 to 2005, how often did you eat [FOOD NAME]?** | **L-7. Have you ever eaten [FOOD NAME] from 2006 to now?** | **L.8. From 2006 to now, how often did you eat [FOOD NAME]?**  **.** |
| ***If 6-87 = 02,88,99 > GO TO L.1.8***  **Woodcock or Dove** | **L-1-7.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-2-7.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-3-7.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-4-7.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-5-7.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-6-7.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-7-7.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-8-7.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF |
| ***If 6-88 = 02,88,99 > GO TO L.1.9***  **Quail or Wild Turkey** | **L-1-8.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-2-8.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-3-8.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-4-8.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-5-8.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-6-8.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-7-8.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-8-8.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF |
| ***If 6-89 = 02,88,99 > GO TO L.1.10***  **Duck or Goose** | **L-1-9.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-2-9.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-3-9.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-4-9.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-5-9.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-6-9.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-7-9.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-8-9.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SECTION L: continued** | | | | | | | | |
| **Local Food** | **L-1. Have you ever eaten [FOOD NAME] from 1971 and earlier?** | **L-2. From 1971 and earlier, how often did you eat [FOOD NAME]?** | **L-3. Have you ever eaten [FOOD NAME] from 1972 to 1993?** | **L-4. From 1972 to 1993, how often did you eat [FOOD NAME]?** | **L-5. Have you ever eaten [FOOD NAME] from 1994 to 2005?** | **L-6. From 1994 to 2005, how often did you eat [FOOD NAME]?** | **L-7. Have you ever eaten [FOOD NAME] from 2006 to now?** | **L.8. From 2006 to now, how often did you eat [FOOD NAME]?**  **.** |
| ***If 6-90 = 02,88,99 > GO TO L.1.11***  **Deer or Other Large Game** | **L-1-10.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-2-10.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-3-10.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-4-10.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-5-10.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-6-10.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-7-10.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-8-10.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF |
| ***If 6-91 = 02,88,99 > GO TO L.1.12***  **Squirrel, Rabbit, or Other Small Game** | **L-1-11.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-2-11.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-3-11.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-4-11.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-5-11.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-6-11.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-7-11.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-8-11.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF |
| ***If 6-92 = 02,88,99 > GO TO SECTION 9***  **Clay** | **L-1-12.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-2-12.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-3-12.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-4-12.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-5-12.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-6-12.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF | **L-7-12.**  01 … YES  02 … NO  88 … DK  99 … REF | **L-8-12.**  01 … LESS THAN ONCE A YEAR  02 … A FEW TIMES PER YEAR  03 … MONTHLY  04 … WEEKLY  05 … DAILY  88 … DK  99 … REF |

***GO TO SECTION 7***

***CONTINUE TO SECTION 12***

**SECTION M: MALE FATHERING FORM**

***USE IF NUMBER OF PREGNANCIES SINCE FIRST ANNISTON SURVEY***

***IS GREATER THAN 0***

The next questions ask about each of your pregnancies since the first Anniston survey. You just told me that you’ve fathered |\_\_|\_\_| (pregnancy/pregnancies) since then. Let’s go through each one.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pregnancy No. | **M-1.** What year did you father a pregnancy? | **M-2.** How old were you? | **M-3.** What method of birth control were you using 12 months before your partner became pregnant? (Mark all that apply.) *[SHOW CARD M-1]* | **M-4.** Did you plan for your partner to become pregnant? | **M-5.** What was the outcome of the pregnancy?  *[SHOW CARD M-2]* |
| For Pregnancy 1, …… | **M-1-1.**  \_\_ \_\_ \_\_ \_\_  Y Y Y Y  8888…DK  9999…REF | **M-2-1.**  \_\_ \_\_  Y Y  88…DK  99…REF | **M-3-1.**  01 … NONE  02 … BC PILL/RING/  IMPLANT/PATCH  03 … CONDOM  04 … DIAPHRAGM  05 … IUD  06 … JELLY/FOAM  07 … NATURAL FAMILY PLANNING  88 … DK  99 … REF | **M-4-1.**  01 …YES  02 … NO  88 … DK  99 … REF | **M-5-1.**  01 … ABORTION  02 … ECTOPIC PREGNANCY  03 … MISCARRIAGE  04 … SINGLETON  05 … STILLBIRTH  06 … TWINS  07 … TRIPLETS OR MORE  88 … DK  99 … REF |
| For Pregnancy 2, …… | **M-1-2.**  \_\_ \_\_ \_\_ \_\_  Y Y Y Y  8888…DK  9999…REF | **M-2-2.**  \_\_ \_\_  Y Y  88…DK  99…REF | **M-3-2.**  01 … NONE  02 … BC PILL/RING/  IMPLANT/PATCH  03 … CONDOM  04 … DIAPHRAGM  05 … IUD  06 … JELLY/FOAM  07 … NATURAL FAMILY PLANNING  88 … DK  99 … REF | **M-4-2.**  01 …YES  02 … NO  88 … DK  99 … REF | **M-5-2.**  01 … ABORTION  02 … ECTOPIC PREGNANCY  03 … MISCARRIAGE  04 … SINGLETON  05 … STILLBIRTH  06 … TWINS  07 … TRIPLETS OR MORE  88 … DK  99 … REF |
| For Pregnancy 3, …… | **M-1-3.**  \_\_ \_\_ \_\_ \_\_  Y Y Y Y  8888…DK  9999…REF | **M-2-3.**  \_\_ \_\_  Y Y  88…DK  99…REF | **M-3-3.**  01 … NONE  02 … BC PILL/RING/  IMPLANT/PATCH  03 … CONDOM  04 … DIAPHRAGM  05 … IUD  06 … JELLY/FOAM  07 … NATURAL FAMILY PLANNING  88 … DK  99 … REF | **M-4-3.**  01 …YES  02 … NO  88 … DK  99 … REF | **M-5-3.**  01 … ABORTION  02 … ECTOPIC PREGNANCY  03 … MISCARRIAGE  04 … SINGLETON  05 … STILLBIRTH  06 … TWINS  07 … TRIPLETS OR MORE  88 … DK  99 … REF |

**SECTION M: continued**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Pregnancy No. | **M-1.** What year did you father a pregnancy? | **M-2.** How old were you? | **M-3.** What method of birth control were you using 12 months before your partner became pregnant? (Mark all that apply.) *[SHOW CARD M-1]* | **M-4.** Did you plan for your partner to become pregnant? | **M-5.** What was the outcome of the pregnancy?  *[SHOW CARD M-2]* |
| For Pregnancy 4, …… | **M-1-4.**  \_\_ \_\_ \_\_ \_\_  Y Y Y Y  8888…DK  9999…REF | **M-2-4.**  \_\_ \_\_  Y Y  88…DK  99…REF | **M-3-4.**  01 … NONE  02 … BC PILL/RING/  IMPLANT/PATCH  03 … CONDOM  04 … DIAPHRAGM  05 … IUD  06 … JELLY/FOAM  07 … NATURAL FAMILY PLANNING  88 … DK  99 … REF | **M-4-4.**  01 …YES  02 … NO  88 … DK  99 … REF | **M-5-4.**  01 … ABORTION  02 … ECTOPIC PREGNANCY  03 … MISCARRIAGE  04 … SINGLETON  05 … STILLBIRTH  06 … TWINS  07 … TRIPLETS OR MORE  88 … DK  99 … REF |
| For Pregnancy 5, …… | **M-1-5.**  \_\_ \_\_ \_\_ \_\_  Y Y Y Y  8888…DK  9999…REF | **M-2-5.**  \_\_ \_\_  Y Y  88…DK  99…REF | **M-3-5.**  01 … NONE  02 … BC PILL/RING/  IMPLANT/PATCH  03 … CONDOM  04 … DIAPHRAGM  05 … IUD  06 … JELLY/FOAM  07 … NATURAL FAMILY PLANNING  88 … DK  99 … REF | **M-4-5.**  01 …YES  02 … NO  88 … DK  99 … REF | **M-5-5.**  01 … ABORTION  02 … ECTOPIC PREGNANCY  03 … MISCARRIAGE  04 … SINGLETON  05 … STILLBIRTH  06 … TWINS  07 … TRIPLETS OR MORE  88 … DK  99 … REF |
| For Pregnancy 6, …… | **M-1-6.**  \_\_ \_\_ \_\_ \_\_  Y Y Y Y  8888…DK  9999…REF | **M-2-6.**  \_\_ \_\_  Y Y  88…DK  99…REF | **M-3-6.**  01 … NONE  02 … BC PILL/RING/  IMPLANT/PATCH  03 … CONDOM  04 … DIAPHRAGM  05 … IUD  06 … JELLY/FOAM  07 … NATURAL FAMILY PLANNING  88 … DK  99 … REF | **M-4-6.**  01 …YES  02 … NO  88 … DK  99 … REF | **M-5-6.**  01 … ABORTION  02 … ECTOPIC PREGNANCY  03 … MISCARRIAGE  04 … SINGLETON  05 … STILLBIRTH  06 … TWINS  07 … TRIPLETS OR MORE  88 … DK  99 … REF |

***CONTINUE TO 9-4***

Attachment 3.13c

Anniston Community Health Survey: Follow up Study and Dioxin Analyses

**Interviewer’s Booklet (Supplement to Questionnaire)**

Includes response cards as visual aids for:

1. Questionnaire Sections 1-11
2. Optional Forms C, F, L, M

Interviewer Instructions:

1. Flip through the booklet in the order of the interview.
2. Display the response choices for each item to aid participant recall.
3. For each item, if participant has difficulty choosing from among response choices, ask probing questions to help increase recall.

SECTION 3. CHRONIC HEALTH CONDITIONS SINCE ACHS

|  |
| --- |
| CARD A. HEALTH CONDITIONS  Cancer  Stroke  Liver disease  Kidney disease (not kidney stones, bladder infection or incontinence)  Heart attack (myocardial infarction)  Congestive heart failure  Coronary heart disease (angina)  High blood cholesterol  Hearing problems  Cataracts  Glaucoma  Parkinson’s Disease  Epilepsy or seizures  Asthma  COPD, emphysema, or chronic bronchitis  Hyperthyroidism (overactive)  Hypothyroidism (underactive)  Rheumatoid arthritis or osteoarthritis  Other |

SECTION 3. OTHER AUTOIMMUNE DISEASES

CARD B. OTHER AUTOIMMUNE DISEASES

Crohn’s Disease

Fibromyalgia

Multiple Sclerosis

Psoriasis

Scleroderma

Systemic Lupus Erythematosis or Lupus

Other

SECTION 3. BLOOD RELATIVES

CARD C. BLOOD RELATIVES

Child

Parent

Brother

Sister

Grandmother

Grandfather

Aunt

Uncle

Cousin

SECTION 3. OTHER AUTOIMMUNE DISEASES

CARD D. OTHER AUTOIMMUNE DISEASES

Crohn’s Disease

Fibromyalgia

Multiple Sclerosis

Psoriasis

Scleroderma

Systemic Lupus Erythematosis or Lupus

Other

SECTION 4. OUTDOOR ACTIVITIES

|  |
| --- |
| CARD E. OUTDOOR ACTIVITIES  Field sports (football, lacrosse, rugby, soccer, softball, baseball)  Gardening (spading, tilling, weeding, digging, filling)  Hiking, jogging, running, or walking  Horseback riding  Hunting game (deer, elk, quail)  Yardwork (mowing, raking, trimming)  Other |

SECTION 4. HOME ACTIVITIES

|  |
| --- |
| CARD F. HOME ACTIVITIES  Making lead weights, sinkers, or shot  Lead soldering  Carpentry/home renovation  Window/door caulking  Painting, papering house |

SECTION 4. YEAR HOME OR BUILDING BUILT

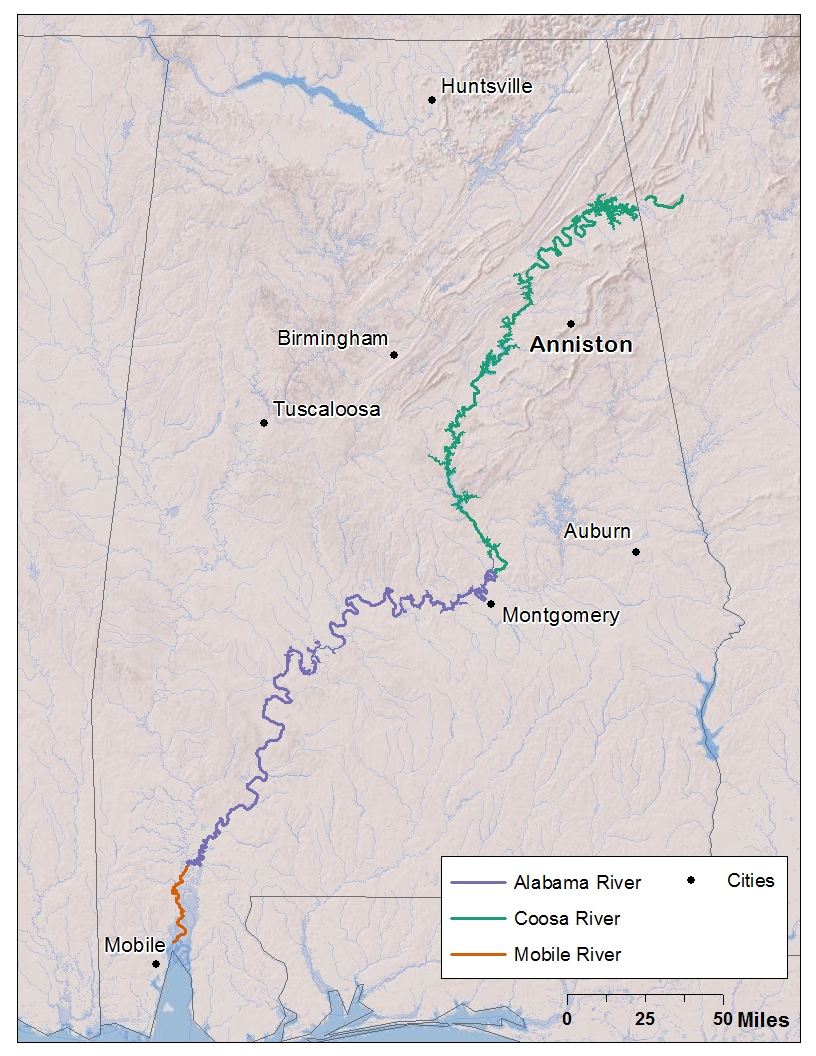
|  |
| --- |
| CARD G. YEAR HOME BUILT  Before 1940  1940-1959  1960-1977  1978 or newer |

SECTION 4. WATER ACTIVITIES

|  |
| --- |
| CARD H. WATER ACTIVITIES |
| Boating (canoeing, rowing, kayaking, sailing for pleasure or competition)  Fishing from river bank or boat  Scuba diving/Snorkeling  Stream fishing (e.g. in waders)  Swimming (pool)  Surfing/Swimming/Waterskiing (lake, river)  Other |

SECTION 4. WATER ACTIVITIES IN ANY ALABAMA LAKES AND RIVERS

MAP A – ALABAMA LAKES AND RIVERS



SECTION 4. LOGAN MARTIN LAKE, CHOCCOLOCCO CREEK, OR SNOW CREEK

MAP B – LOGAN MARTIN LAKE, CHOCCOLOCCO CREEK, OR SNOW CREEK



SECTION 4. PHYSICAL ACTIVITY OR EXERCISE

|  |  |
| --- | --- |
| CARD I - PHYSICAL ACTIVITIES OR EXERCISE | |
| 0 1 Active Gaming Devices (Wii Fit, Dance Dance revolution)  0 2 Aerobics video or class  0 3 Backpacking  0 4 Badminton  0 5 Basketball  0 6 Bicycling machine exercise  0 7 Bicycling  0 8 Boating (Canoeing, rowing, kayaking, sailing for pleasure or camping)  0 9 Bowling  1 0 Boxing  1 1 Calisthenics  1 2 Canoeing/rowing in competition  1 3 Carpentry  1 4 Dancing-ballet, ballroom, Latin, hip hop, etc.  1 5 Elliptical/EFX machine exercise  1 6 Fishing from river bank or boat  1 7 Football (also see Touch Football)  1 8 Frisbee  1 9 Gardening (spading, weeding, digging, filling)  2 0 Golf (with motorized cart)  2 1 Golf (without motorized cart)  2 2 Handball  2 3 Hiking – cross-country  2 4 Hockey  2 5 Horseback riding  2 6 Hunting large game – deer, elk  2 7 Hunting small game – quail  2 8 Inline Skating  2 9 Jogging  3 0 Lacrosse  3 1 Mountain climbing  3 2 Mowing lawn  3 3 Paddleball  3 4 Painting/papering house | 3 5 Pilates  3 6 Racquetball  3 7 Raking lawn  3 8 Running  3 9 Rock climbing  4 0 Rope skipping  4 1 Rowing machine exercise  4 2 Rugby  4 3 Scuba diving  4 4 Skateboarding  4 5 Skating – ice or roller  4 6 Sledding, tobogganing  4 7 Snorkeling  4 8 Snow blowing  4 9 Snow shoveling by hand  5 0 Snow skiing  5 1 Snowshoeing  5 2 Soccer  5 3 Softball/Baseball  5 4 Squash  5 5 Stair climbing/Stair master  5 6 Stream fishing (e.g. in waders)  5 7 Surfing  5 8 Swimming  5 9 Swimming in laps  6 0 Table tennis  6 1 Tai Chi  6 2 Tennis  6 3 Touch football (also see Football)  6 4 Volleyball  6 5 Walking  6 6 Waterskiing  6 7 Weight lifting  6 8 Wrestling  6 9 Yoga  7 0 Other\_\_\_\_\_\_ |

SECTION 4. WORK STATUS

|  |
| --- |
| CARD J. WORK STATUS |
| Employed for wages  Self-employed  Working without pay in a family business or farm  Out of work for less than 1 year  Out of work for more than 1 year  Homemaker  Student, not working  Retired  Unable to work |

SECTION 4. WEIGHT CHANGE

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| CARD K. WEIGHT CHANGE IN PAST YEAR | | | | | | |
| GAIN NOW IS . . . | | WEIGHT STAYED ABOUT THE SAME | | | LOSS NOW IS . . . | |
| 10% +  LARGE | 5-9.9%  MODEST | < 5% GAIN  BETWEEN | AND | < 5% LOSS  BETWEEN | 5-9.9%  MODEST | 10% +  LARGE |
| IF WEIGHT 1 YEAR AGO WAS . . . . | | | AND NOW IS | IF WEIGHT 1 YEAR AGO WAS . . . . | | |
| 81 or less | 82-86 | 87 | 90 | 93 | 94-98 | 99 or more |
| 86 or less | 87-90 | 91 | 95 | 99 | 100-103 | 104 or more |
| 90 or less | 91-95 | 96 | 100 | 104 | 105-109 | 110 or more |
| 94 or less | 95-100 | 101 | 105 | 109 | 110-115 | 116 or more |
| 99 or less | 100-104 | 105 | 110 | 115 | 116-120 | 121 or more |
| 104 or less | 105-109 | 110 | 115 | 120 | 121-125 | 126 or more |
| 108 or less | 109-114 | 115 | 120 | 125 | 126-131 | 132 or more |
| 112 or less | 113-119 | 120 | 125 | 130 | 131-138 | 138 or more |
| 117 or less | 118-124 | 125 | 130 | 135 | 136-142 | 143 or more |
| 122 or less | 123-128 | 129 | 135 | 141 | 142-147 | 148 or more |
| 126 or less | 127-133 | 134 | 140 | 146 | 147-153 | 154 or more |
| 130 or less | 131-138 | 139 | 145 | 151 | 152-159 | 160 or more |
| 135 or less | 136-142 | 143 | 150 | 157 | 158-164 | 165 or more |
| 140 or less | 141-147 | 148 | 155 | 162 | 163-169 | 170 or more |
| 144 or less | 145-152 | 153 | 160 | 167 | 168-175 | 176 or more |
| 148 or less | 149-157 | 158 | 165 | 172 | 173-181 | 182 or more |
| 153 or less | 154-162 | 163 | 170 | 177 | 178-186 | 187 or more |
| 158 or less | 159-166 | 167 | 175 | 183 | 184-191 | 192 or more |
| 162 or less | 163-171 | 172 | 180 | 188 | 189-197 | 198 or more |
| 166 or less | 167-176 | 177 | 185 | 193 | 194-203 | 204 or more |
| 171 or less | 172-180 | 181 | 190 | 199 | 200-208 | 209 or more |
| 176 or less | 177-185 | 186 | 195 | 204 | 205-213 | 214 or more |
| 180 or less | 181-190 | 191 | 200 | 209 | 210-219 | 220 or more |
| 184 or less | 185-195 | 196 | 205 | 214 | 215-225 | 226 or more |
| 189 or less | 190-200 | 201 | 210 | 219 | 220-230 | 231 or more |
| 194 or less | 195-204 | 205 | 215 | 225 | 226-235 | 236 or more |
| 198 or less | 199-209 | 210 | 220 | 230 | 231-241 | 242 or more |
| 202 or less | 203-214 | 215 | 225 | 235 | 236-247 | 248 or more |
| 207 or less | 208-218 | 219 | 230 | 241 | 242-252 | 253 or more |
| 212 or less | 213-223 | 224 | 235 | 246 | 247-257 | 258 or more |
| 216 or less | 217-228 | 229 | 240 | 251 | 252-264 | 264 or more |
| 220 or less | 221-233 | 234 | 245 | 256 | 257-269 | 270 or more |
| 225 or less | 226-238 | 239 | 250 | 261 | 262-274 | 275 or more |
| 230 or less | 230-242 | 243 | 255 | 267 | 268-279 | 280 or more |
| 234 or less | 235-247 | 248 | 260 | 272 | 273-285 | 286 or more |
| 238 or less | 239-252 | 253 | 265 | 277 | 278-291 | 292 or more |
| 243 or less | 244-256 | 257 | 270 | 283 | 284-296 | 297 or more |
| 248 or less | 249-261 | 262 | 275 | 288 | 289-301 | 302 or more |
| 252 or less | 253-266 | 267 | 280 | 293 | 294-307 | 308 or more |
| 256 or less | 257-271 | 272 | 285 | 298 | 299-313 | 314 or more |
| 261 or less | 262-276 | 277 | 290 | 303 | 304-318 | 319 or more |
| 266 or less | 267-280 | 281 | 295 | 309 | 310-323 | 324 or more |
| 270 or less | 271-285 | 286 | 300 | 314 | 315-329 | 330 or more |
| 274 or less | 275-290 | 291 | 305 | 319 | 320-335 | 336 or more |
| 279 or less | 280-294 | 295 | 310 | 325 | 326-340 | 341 or more |
| 284 or less | 285-299 | 300 | 315 | 330 | 331-345 | 346 or more |
| 288 or less | 289-304 | 305 | 320 | 335 | 336-351 | 352 or more |

1. Identify current weight in blue column. Place ruler under the corresponding row of weights.
2. Show row to participant. Ask for weight one year ago.
3. Identify if weight loss, same weight, or weight gain from appropriate column heading.
4. If loss or gain, identify if amount is large or moderate.

SECTION 5. ALCOHOL DRINKS

|  |
| --- |
| CARD L. ALCOHOL DRINKS    Source: <http://rethinkingdrinking.niaaa.nih.gov/WhatCountsDrink/WhatsAstandardDrink.asp>  Alternate: set up alcohol drink models as displayed above with appropriate measures of liquid to demonstrate drink servings. |

SECTION 6. DIETARY SCREENER FOOD FREQUENCY

|  |
| --- |
| CARD M. HOW OFTEN EATEN  Never  Less than once per month  1 – 3 times per month  1 – 2 times per week  3 – 4 times per week  5 – 6 times per week |

SECTION 6. MARGARINE USE

|  |
| --- |
| CARD N. MARGARINE USE |
| Didn’t use margarine  Almost never  About ¼ of the time  About ½ of the time  About ¾ of the time  Almost always or always |

SECTION 6. FISH SERVING MODELS

|  |
| --- |
| DISPLAY FISH SERVING MODELS  Examples:  Shrimp (4 boiled)  Broiled perch (3-oz)  Pan-fried catfish (3-oz)  Canned tuna (¼ cup)  Poached salmon (3-oz)  Source: <http://www.enasco.com/c/fcs/Nasco+Food+Replicas/Meat+%26+Protein/Seafood/> |

SECTION 6. FISH CLEANING METHODS

|  |
| --- |
| CARD O. FISH CLEANING METHODS        Source: <http://www.adph.org/tox/assets/gethookedonhealth.pdf> |

SECTION 6. FISH COOKING METHODS

|  |
| --- |
| CARD P. FISH COOKING METHODS  Pan fried  Deep fried  Baked or broiled  Boiled or poached  Stew or chowder  Smoked  Grilled  Dried  Pickled  Raw |

SECTION 6. PARTS OF FISH EATEN

|  |
| --- |
| CARD Q. FISH PARTS  Filet  Cheeks  Eggs  Skin  Liver |

SECTION 6. PLACES FOR FISH

|  |
| --- |
| CARD R. PLACES FOR FISH  Bought at a store or market  Bought at a restaurant  Bought or caught at a farm  Wild caught |

SECTION 6. RANK WHERE FISH CAME FROM

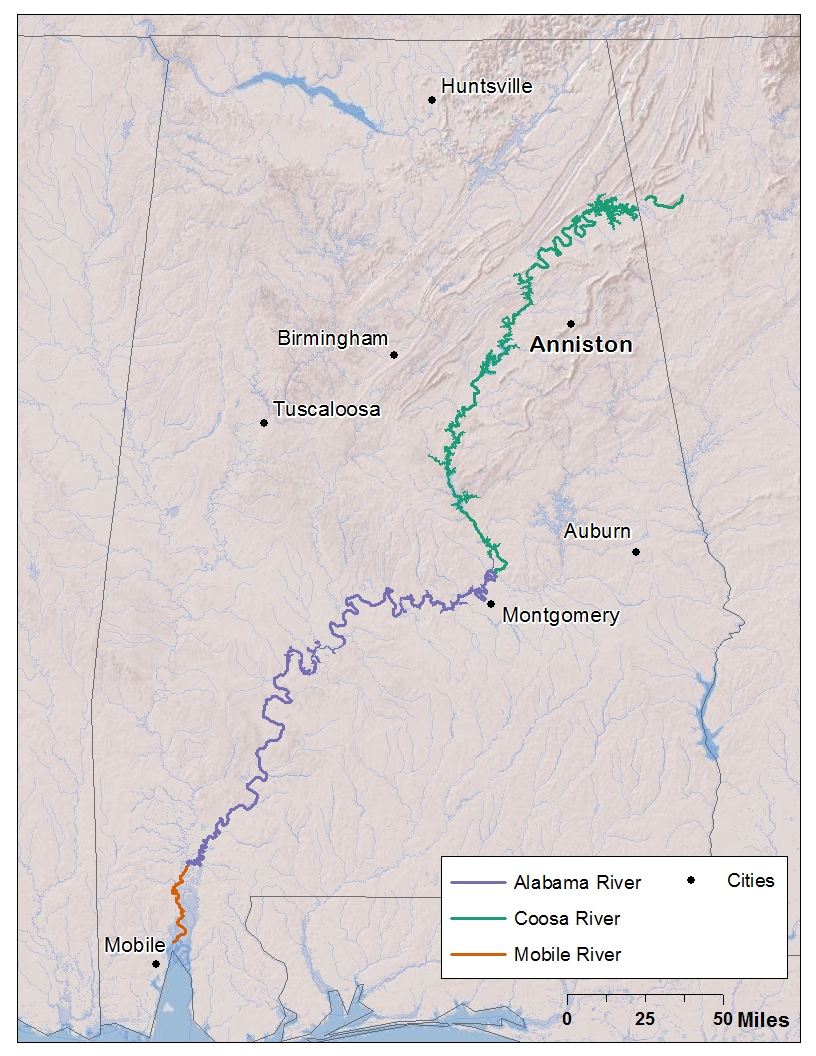
|  |
| --- |
| CARD S. RANK PLACES FOR FISH  Most often  Not most or least often, somewhere in between  Least often  Never |

SECTION 6. TYPES OF FISH, BOUGHT OR FARMED

|  |
| --- |
| CARD T. TYPES OF FISH, BOUGHT OR FARMED  White fish (cod, pollock, whiting, haddock)  Catfish  Clams  Crab  Flounder and other flatfish  King mackerel  Oysters  Salmon steaks or filets  Salmon, canned  Shark  Shrimp  Swordfish  Tilefish  Tuna steaks or filets  Tuna, canned |

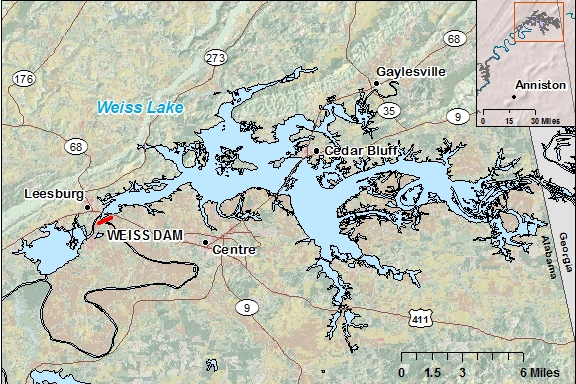
SECTION 6. EAT FISH CAUGHT FROM ALABAMA WATERS

MAP C – COOSA, ALABAMA, MOBILE RIVER BASINS



SECTION 6. WEISS LAKE OF COOSA RIVER

MAP D – WEISS LAKE, ABOVE WEISS DAM



SECTION 6. H. NEELY HENRY LAKE OF COOSA RIVER

MAP E – H. NEELY HENRY LAKE, BETWEEN WEISS DAM AND H. NEELY HENRY DAM



SECTION 6. LOGAN MARTIN LAKE OF COOSA RIVER

MAP F – LOGAN MARTIN LAKE, BETWEEN H. NEELY HENRY DAM AND INTERSTATE 20



SECTION 6. LOGAN MARTIN LAKE BELOW INTERSTATE 20 OF COOSA RIVER

MAP G – LOGAN MARTIN LAKE, CHOCCOLOCCO CREEK, AND SNOW CREEK, BETWEEN INTERSTATE 20 AND LOGAN MARTIN DAM



SECTION 6. LAY LAKE OF COOSA RIVER

MAP H – LAY LAKE, BETWEEN LOGAN MARTIN DAM AND LAY DAM



SECTION 6. WILD CAUGHT FISH

|  |  |
| --- | --- |
| CARD U-1. ALABAMA FISH | |
| LARGEMOUTH BASS | STRIPED BASS |
| SMALLMOUTH BASS  \\cdc.gov\private\M119\fsh8\COPIES\AnnistonDioxins\Pictures\smallmouthbass.jpg | CARP  \\cdc.gov\private\M119\fsh8\COPIES\AnnistonDioxins\Pictures\carpgrass.jpg |
| CHANNEL CATFISH  \\cdc.gov\private\M119\fsh8\COPIES\AnnistonDioxins\Pictures\channelcatfish.jpg | FLATHEAD  \\cdc.gov\private\M119\fsh8\COPIES\AnnistonDioxins\Pictures\flathead.jpg |
| CRAPPIE (BLACK OR WHITE)  1086 | BLUEGILL, BREAM, PANFISH  1065 |
| Image Source: U.S. Fish and Wildlife at <http://digitalmedia.fws.gov/>; NOAA, Great Lakes Environmental Research Laboratory at <http://www.glerl.noaa.gov/pubs/photogallery/Fish/index.html> | |

SECTION 6. WILD CAUGHT FISH

|  |  |
| --- | --- |
| CARD U-2. ALABAMA FISH | |
| WALLEYE (PERCH)  \\cdc.gov\private\M119\fsh8\COPIES\AnnistonDioxins\Pictures\waleye.jpg | YELLOW PERCH  \\cdc.gov\private\M119\fsh8\COPIES\AnnistonDioxins\Pictures\yellowperch.jpg |
| SAUGER (PERCH)  1078 | SMALLMOUTH BUFFALO |
| BIGMOUTH BUFFALO  1068 | REDHORSE (SUCKER)  1079 |
| WHITE SUCKER  1061 | FRESHWATER DRUM  \\cdc.gov\private\M119\fsh8\COPIES\AnnistonDioxins\Pictures\freshwaterdrum.jpg |
| Image Source: U.S. Fish and Wildlife at <http://digitalmedia.fws.gov/>; NOAA, Great Lakes Environmental Research Laboratory at <http://www.glerl.noaa.gov/pubs/photogallery/Fish/index.html> | |

SECTION 6. WILD GAME

|  |  |
| --- | --- |
| CARD V. WILD GAME | |
| WOODCOCK  Woodcock on Nest | DOVE  Mourning Dove |
| QUAIL  Bobwhite Quail | WILD TURKEY  Eastern Wild Turkey |
| DUCK  Wading Whistling Duck | GOOSE  Canada Goose |
| DEER  White-tailed Deer | WILD HOG  Wild hog |
| SQUIRREL  Eastern Gray Squirrel | RABBIT  Eastern cottontail rabbit |
| Image Source: U.S. Fish and Wildlife at <http://digitalmedia.fws.gov/> | |

SECTION 8. FEMALE PREGNANCY PROBLEMS

|  |
| --- |
| CARD W. FEMALE PREGNANCY PROBLEMS  Not ovulating  Blocked tubes  Problems with the egg not being fertilized  Problems with the fertilized egg implanting in the womb  Endometriosis  Man had fertility problems  Doctor did not find a reason |

SECTION 9. MALE FERTILITY PROBLEMS

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| --- |
| CARD X. MALE FERTILITY PROBLEMS  Woman had fertility problems  Problems with semen or sperm quality  Doctor did not find a reason |

SECTION 11. TIME PERIOD WORKED AT MONSANTO OR SOLUTIA

|  |
| --- |
| CARD Y. TIME PERIOD WORKED  1971 and before  1972-1996  1997 to now |

* 1971 and before - Monsanto produced PCBs
* 1972 and 1996 - Monsanto stopped making PCBs
* 1997 to now - Solutia became the facility owners.

SECTION 11. TYPE OF WORK AT MONSANTO OR SOLUTIA

|  |
| --- |
| CARD Z. TYPE OF WORK  Production of PCBs  Production of non-PCB chemicals  Maintenance  Other technical  Administrative  For the company but not at the Anniston site |

SECTION 11. WORKPLACE CHEMICAL EXPOSURES

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| --- |
| CARD AA. WORKPLACE EXPOSURES  Fertilizers  Pesticides  Herbicides  Solvents  Electrical transformers  Ionizing radiation  PCBs  Heavy metals  (lead, boron, manganese, mercury, or cadmium)  Welding fumes |

SECTION 11. HOUSEHOLD INCOME

|  |
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| CARD AB. HOUSEHOLD INCOME  Less than $15,000  $15,000 - $34,999  $35,000 - $49,999  $50,000 or more |

FORM C – CHILDREN’S HEALTH FORM PART 2 (NEW CHILDREN SINCE ACHS)

|  |
| --- |
| CARD C-1. HEALTH CONDITIONS  Cancer  Kidney disease  Heart problems  Hyperthyroidism (overactive)  Hypothyroidism (underactive)  Hearing problems  Learning disability  Attention deficit hyperactivity disorder  Asthma  Allergies  Epilepsy or seizures  Diabetes  Frequent ear infection  Mononucleosis or Epstein-Barr Virus  Juvenile arthritis  Other autoimmune disease |

FORM C – CHILDREN’S HEALTH FORM PART 2 (NEW CHILDREN SINCE ACHS)

|  |
| --- |
| CARD C-2. OTHER AUTOIMMUNE DISEASE  Celiac Disease  Multiple Sclerosis  Psoriasis  Scleroderma  Systemic Lupus Erythematosis or Lupus  Other |

FORM C – CHILDREN’S HEALTH FORM PART 3 (CHILDREN PREVIOUSLY REPORTED IN ACHS)

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| --- |
| CARD C-3. HEALTH CONDITIONS  Cancer  Kidney disease  Heart problems  Hyperthyroidism (overactive)  Hypothyroidism (underactive)  Hearing problems  Learning disability  Attention deficit hyperactivity disorder  Asthma  Allergies  Epilepsy or seizures  Diabetes  Frequent ear infection  Mononucleosis or Epstein-Barr Virus  Juvenile arthritis  Other autoimmune disease |

FORM C – CHILDREN’S HEALTH FORM PART 3 (CHILDREN PREVIOUSLY REPORTED IN ACHS)

|  |
| --- |
| CARD C-4. OTHER AUTOIMMUNE DISEASE  Celiac Disease  Multiple Sclerosis  Psoriasis  Scleroderma  Systemic Lupus Erythematosis or Lupus  Other |

FORM F – FEMALE PREGNANCY FORM

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| CARD F-1. BIRTH CONTROL  None  Birth control pill, ring, implant, patch  Condom  Diaphragm  Intrauterine device (IUD)  Jelly or foam  Natural family planning |

FORM F – FEMALE PREGNANCY FORM

|  |
| --- |
| CARD F-2. PREGNANCY OUTCOME  Abortion  Ectopic pregnancy  Miscarriage  Singleton  Stillbirth  Twins  Triplets or more |

FORM L - LOCAL FOODS FORM

|  |  |
| --- | --- |
| CARD L-1. EATING LOCAL FOODS | |
| TIME PERIODS | HOW OFTEN |
| 1971 and before  1972-1993  1994-2005  2006 to now | Less than once a year  A few times a year  Monthly  Weekly  Daily |

* 1971 and before - PCBs were still produced here in Anniston.
* 1972 to 1993 - PCBs were no longer made, public awareness was low, and cleanup of the environment did not start.
* 1994-2005 - problems with PCB contamination became public, the health department issued fish advisories, and PCB litigation occurred.
* 2006 to now - the time period between the first Anniston survey and today.

FORM M – MALE FATHERING FORM

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| --- |
| CARD M-1. BIRTH CONTROL  None  Birth control pill, ring, implant, patch  Condom  Diaphragm  Intrauterine device (IUD)  Jelly or foam  Natural family planning |

FORM M – MALE FATHERING FORM

|  |
| --- |
| CARD M-2. PREGNANCY OUTCOME  Abortion  Ectopic pregnancy  Miscarriage  Singleton  Stillbirth  Twins  Triplets or more |