



OMB#0925-XXXX
EXP. XX/XXXX

A health study for oil spill clean-up workers and volunteers

Active Follow-up Sub-cohort Telephone Questionnaire

Public reporting burden for this collection of information is estimated to average 30 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: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0626). Do not return the completed form to this address.

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Part 1: Introductory Scripts (Estimated Burden: 2 Minutes)

SECTION A: Introduction

SECTION 1: Initial Contact

SECTION 1: NO ANSWER

Voicemail Script:

Hi, I'm calling about the oil spill health study also known as the GuLF STUDY, sponsored by the National Institutes of Health. I am trying to reach [PARTICIPANT'S NAME]. I am sorry I missed you and will call you back later. You are also welcome to call us, toll-free at 1-855-644-4853. Thank you.

[TERMINATE CALL]

SECTION 1: ANSWER

Contact Script:

Hi, I'm calling from the GuLF STUDY, the oil spill health study sponsored by the National Institutes of Health. May I please speak to [PARTICIPANT'S NAME]?

A1. CODE ONE OF THE FOLLOWING 7:

1. LEFT PARTICIPANT VOICEMAIL
2. PARTICIPANT TEMPORARILY NOT AVAILABLE → CONTINUE TO A2
3. PARTICIPANT MOVED → CONTACT SCRIPT QUESTION A3
4. PARTICIPANT REACHED (CONTINUE) → GO TO SECTION A4
5. PARTICIPANT PREVIOUSLY CONTACTED → GO TO SECTION A8
6. PARTICIPANT DECEASED → SECTION B1
7. PARTICIPANT INCAPACITATED → SECTION B13

Participant Temporarily Not Available:

A2. I am sorry I missed [HIM/HER/NAME]. What is the best time to reach [HIM/HER/NAME]?

A2.a. DATE 1: __/__/__ [MM/DD/YYYY]
TIME OF DAY 1: __/__ [AM/PM]

A2.b. DATE 2: __/__/__ [MM/DD/YYYY]
TIME OF DAY 2: __/__ [AM/PM]

[TERMINATE CALL]

Participant Moved:

A3. It is important that we speak to [PARTICIPANT]. Do you have a telephone number or address where [PARTICIPANT'S NAME] can be reached?

YES 1
NO 2 [TERMINATE CALL]
DON'T KNOW 8 [TERMINATE CALL]
REFUSED 9 [TERMINATE CALL]

A3.a. What is the phone number?
|_|_|_|_|_|_|_|_|_|_| TEN DIGIT #

DON'T KNOW8 [GO TO A3.c]
REFUSED9 [GO TO A3.c]

A3.b. Is this a cell phone number?
YES1
NO2
DON'T KNOW3
REFUSED4

A3.c. What is the address?
House number: _____ [FREE TEXT FIELD]
Street name: _____ [FREE TEXT FIELD]
Apartment number: _____ [FREE TEXT FIELD]
City: _____ [FREE TEXT FIELD]
State: _____ [STATE DROP DOWN BOX]
Zip Code: ___/___/___/___/___/
DON'T KNOW8
REFUSED9

Thank you.

[TERMINATE CALL]

SECTION A4: Introduction to the Study

[IF PARTICIPANT INITIALLY ANSWERED THE PHONE]

Hi, my name is [INTERVIEWER'S NAME]. Thank you for enrolling in the GuLF STUDY and for completing the initial interview earlier. We recently sent you a mailing inviting you to take part in a follow-up interview about your health. The interview should take only 30 to 40 minutes to complete. All of your responses are confidential, and you may refuse to answer any questions. If you complete this survey, you will be entered into a drawing where you will have a chance to receive a \$500 gift card. This drawing will be held after every 500th participant completes a telephone interview. There is no cost associated with entering the drawing or accepting the prize.

A4.a. Are you in a place where you can **safely** talk on the phone?
YES 1 [GO TO A5]
NO 2

I will attempt to contact you again soon. Thank you for your time.

[TERMINATE CALL]

INTRODUCTION / CONSENT SCRIPTS: CONTINUE FOR ALL PARTICIPANTS

A5. Great! So, if I have your permission, we can get started.
YES 1 [GO TO SECTION C]

NO 2 [GO TO SECTION A7]
NEEDS TIME TO CONSIDER 3 [GO TO SECTION A6]

SECTION A6: Reschedule

We appreciate your willingness to complete the follow-up interview. When would you like to receive a callback?

[SCHEDULE CALL BACK IN CALL SOFTWARE]

Thank you. We'll call you then. In the meantime, if you have any questions or would like to schedule the interview, you can call us toll-free at 855 NIH GuLF (855-644-4853).

[TERMINATE CALL]

SECTION A7: Response to Refusals

A7.a. May I ask why you do not want to participate?
RECORD REASON – FREE TEXT FIELD

A7.b. WAS A REFUSAL CONVERSION SUCCESSFUL?
YES..... 1 [GO TO SECTION C]
NO..... 2

Thank you.

[TERMINATE CALL]

SECTION A8: Previously Contacted

[PARTICIPANT'S NAME], I apologize for the inconvenience. We thank you for speaking with us before. If you have any questions or concerns please call the study hotline toll-free at 855 NIH GuLF (855-644-4853). Thank you.

[TERMINATE CALL]

SECTION B: Deceased or Incapacitated Participants

SECTION B1: Apparently Deceased Participant

I'm very sorry to hear that.

B1. Would it be okay if I asked you a few questions about [PARTICIPANT'S NAME]? This will only take about 5 minutes. The information you provide will help us to identify health needs of people involved in oil spills and could change public health responses to similar disasters.

- YES 1
- NO..... 2 [GO TO SECTION B11]
- NEEDS TIME TO CONSIDER 3 [GO TO SECTION B12]
- REFUSED 9 [GO TO SECTION B11]

SECTION B2: Collection of Information and Confirmation of Identity

Thank you for doing this. I understand that this may be difficult for you. If there is a question you don't want to answer, just let me know.

B2. Can you tell me how he/she died?

- YES _____ [FREE TEXT FIELD]
- DON'T KNOW8
- REFUSED9

B3. When did he/she die?

[INTERVIEWER: IF RESPONDENT HAS TROUBLE ANSWERING, ASK "Can you tell me the month and year when he/she died?"; ENTER AS MUCH DETAIL AS PROVIDED, FILLING IN DAY AS "EE", "MM", OR "LL" FOR EARLY, MIDDLE, OR LATE, RESPECTIVELY, OR AS 88 IF NO INFORMATION IS PROVIDED ON THE TIMING WITHIN THE MONTH.]

- _____/_____/_____ [MM/DD/YYYY]
- DON'T KNOW88 88 8888
- REFUSED99 99 9999

B4. What state did he/she die in?

- [DROP DOWN BOX OF 50 USA STATES]
- [OUTSIDE OF THE USA].....77
- DON'T KNOW88
- REFUSED99

B5. What was his/her address at the time that he/she died?

- House number: _____ [FREE TEXT FIELD]
- Street name: _____ [FREE TEXT FIELD]
- Apartment number: _____ [FREE TEXT FIELD]
- City: _____ [FREE TEXT FIELD]

State: _____ [STATE DROP DOWN BOX]
Zip Code: ___/___/___/___/___/
DON'T KNOW8
REFUSED9

B6. Is there any other address that he/she may have used when he/she enrolled in the GuLF STUDY?

YES 1
NO..... 2 [GO TO QUESTION B7]
DON'T KNOW 8 [GO TO QUESTION B7]
REFUSED 9 [GO TO QUESTION B7]

B6.a. What was it?

House number: _____ [FREE TEXT FIELD]
Street name: _____ [FREE TEXT FIELD]
Apartment number: _____ [FREE TEXT FIELD]
City: _____ [FREE TEXT FIELD]
State: [STATE DROP DOWN BOX]
DON'T KNOW8
REFUSED9

B7. What was his/her social security number?

[PROBE: His/Her social security number will help us link to the correct health records for him/her and help us make sure we have the correct person in our files. Reporting his/her social security number is voluntary. We will not share this information with others and we will do everything possible to keep it private.]

___/___/___ - ___/___ - ___/___/___/___ [GO TO QUESTION B8]
DON'T HAVEHHH HH HHHH
DON'T KNOWKKK KK KKKK
REFUSEDRRR RR RRRR [GO TO QUESTION B8]

B7.a. Would you be willing or able to tell me the last four digits of his/her social security number? The last four digits of his/her social security number are not unique to him/her. Other people have those same last four digits. However, it will help us do a better job of linking to his/her public health records.

Last 4 numbers of SSN - ___ ___ ___ ___
DON'T HAVEHHHH
DON'T KNOWKKKK
REFUSEDRRRR

SECTION: End of Call for Deceased Participants

B8. What was your relationship to him/her?
[PULL-DOWN MENU]

B9. Would you please tell me your name? [SPELL FIRST, MI, THEN LAST NAME]

FIRST: _____ [FREE TEXT FIELD]

MI: _____ [FREE TEXT FIELD]

LAST: _____ [FREE TEXT FIELD]

REFUSED ... 9

B9.a. Is there an address and phone number where we can reach you in the future in case we have any questions regarding [PARTICIPANTS NAME] and [his/her] involvement in the oil spill clean up?

_____|_____|_____|_____|_____|_____|_____|_____|_____|_____| TEN DIGIT #

House number: _____ [FREE TEXT FIELD]

Street name: _____ [FREE TEXT FIELD]

Apartment number: _____ [FREE TEXT FIELD]

City: _____ [FREE TEXT FIELD]

State: [STATE DROP DOWN BOX]

REFUSED9

That is all of the questions I have for you. Thank you for taking the time to talk with me today.

B10. Do you have any questions for me?

[INTERVIEWER: RESPOND TO CONCERNS BASED ON INFORMATION FROM THE FAQs]

If you have any other questions about the study, you may call us toll-free at 855-NIH-GuLF (855-644-4853). You can also visit the website at www.gulfstudy.nih.gov.

Thank you again for talking with me. Again, I am sorry for your loss.

[TERMINATE CALL]

SECTION B11: Response to Refusals

[IF A REASON IS GIVEN FOR REFUSAL GO TO SECTION B11.a.;
IF A REASON IS NOT GIVEN FOR REFUSAL GO TO SECTION B11.b.]

SECTION B11.a. I understand you said ...

RESTATE REASONS AND USE TELEPHONE INTERVIEW Q & A BENEFITS TO ATTEMPT A CONVERSION

If you don't mind, I'd like to make a note of your reason. This information will help us improve the GuLF STUDY.

B11.a.1. [RECORD REASON – FREE TEXT FIELD]

[IF CONVERSION ATTEMPT IS SUCCESSFUL GO TO SECTION B2; IF
CONVERSION ATTEMPT IS UNSUCCESSFUL GO TO SECTION B11.c.]

SECTION B11.b. May I ask why you do not want to answer any questions?

[INTERVIEWER: USE TELEPHONE INTERVIEW Q & A TO RESPOND TO REASON
FOR REFUSAL BY STATING THE BENEFITS]

B11.b.1 [RECORD REASON– FREE TEXT FIELD]

[IF CONVERSION ATTEMPT IS SUCCESSFUL GO TO SECTION B2; IF
CONVERSION ATTEMPT IS UNSUCCESSFUL GO TO SECTION B11.c.]

SECTION B11.c. End of Call for Refusals

Thank you for your time. Again, I want to extend my condolences to you.

[TERMINATE CALL]

SECTION B12: Reschedule Call

We appreciate your willingness to consider answering our questions. When might you
have time for a 5 minute call?

DATE 1: ___/___/___ [MM/DD/YYYY]

TIME OF DAY 1: ___/___ [AM/PM]

Thank you. We'll call you then. In the meantime, if you have any questions you can call
us toll-free at 855-NIH-GuLF (855-644-4853).

Thank you for your time. Again, I want to extend my condolences to you.

SECTION B13: Apparently Incapacitated Participant

I'm very sorry to hear that.

B13. Would it be okay if I asked you a few questions about [PARTICIPANT'S NAME]?
This will take only 5 minutes. The information you provide will help us to identify health
needs of people involved in oil spills and could change public health responses to
similar disasters.

- YES 1
- NO..... 2 [GO TO B26]
- NEEDS TIME TO CONSIDER 8 [GO TO B28]
- REFUSED 9 [GO TO B26]

SECTION: Collection of Information and Confirmation of Identity

Thank you for doing this. I understand that this may be difficult for you. If there is a question you don't want to answer, just let me know.

B14. [INTERVIEWER: IF RESPONDENT HAS PROVIDED THE NATURE / CAUSE OF INCAPACITATION] If you don't mind, I'd like a moment to make a note.

B15. [FREE TEXT] [RECORD NATURE/CAUSE OF INCAPACITATION PROVIDED BY RESPONDENT]

[INTERVIEWER: IF THE RESPONDENT HAS NOT PROVIDED THE REASON OF PARTICIPANT INCAPACITATION]

B16. What is the cause of [PARTICIPANT'S NAME] incapacitation?
[FREE TEXT] [RECORD NATURE/CAUSE OF INCAPACITATION PROVIDED BY RESPONDENT]

DON'T KNOW 8
REFUSED 9

B17. When did he/she become incapacitated?
____/____/____ [MM/DD/YYYY]

DON'T KNOW88 88 8888
REFUSED99 99 9999

B18. Is there an alternate telephone number where s/he or his/her caretaker can be reached?

|_|_|_|_|_|_|_|_|_| TEN DIGIT #
DON'T KNOW888 888 8888
REFUSED999 999 9999

B19. What is his/her address?

House number: _____ [FREE TEXT FIELD]
Street name: _____ [FREE TEXT FIELD]
Apartment number: _____ [FREE TEXT FIELD]
City: _____ [FREE TEXT FIELD]
State: _____ [STATE DROP DOWN BOX]
Zip Code: ___/___/___/___/___/___

DON'T KNOW8
REFUSED9

B20. Is there any other address that he/she may have given when he/she enrolled in the GuLF STUDY?

YES 1
NO 2 [GO TO QUESTION B21]
DON'T KNOW 8 [GO TO QUESTION B21]

REFUSED 9 [GO TO QUESTION B21]

B20.a. What was it?

House number: _____ [FREE TEXT FIELD]

Street name: _____ [FREE TEXT FIELD]

Apartment number: _____ [FREE TEXT FIELD]

City: _____ [FREE TEXT FIELD]

State: _____ [STATE DROP DOWN BOX]

DON'T KNOW 8

REFUSED.... 9

B21. What is his/her social security number?

[PROBE: His/Her social security number will help us link to the correct health records for him/her. Reporting his/her social security number is voluntary. We will not share this information with others and we will do everything possible to keep it private.]

[PROGRAMMER NOTE: ONLY DISPLAY SSN QUESTIONS IF WE DID NOT OBTAIN FULL SSN DURING THE LAST INTERVIEW].

___/___/___ - ___/___/___ - ___/___/___/___ [GO TO QUESTION B22]

DON'T HAVE IT HHH HH HHHH

DON'T KNOW KKK KK KKKK

REFUSED RRR RR RRRR [GO TO QUESTION B22]

B21.a. Would you be willing or able to tell me the last four digits of his/her social security number? The last four digits of his/her social security number are not unique to him/her. Other people have those same last four digits. However, it will help us do a better job of linking to his/her public health records.

Last 4 numbers of SSN - _____

DON'T HAVE..... HHHH

DON'T KNOW KKKK

REFUSED RRRR

SECTION: End of Call for Incapacitated Participants

B22. What is your relationship to him/her?

[PULL-DOWN MENU]

B23. Would you please tell me your name? [SPELL FIRST, MI, THEN LAST NAME]

FIRST: _____ [FREE TEXT FIELD]

MI: _____ [FREE TEXT FIELD]

LAST: _____ [FREE TEXT FIELD]

REFUSED ... 9

B24. Is there an address where we can reach you in the future in case we have any questions regarding [PARTICIPANTS NAME] and [his/her] involvement in the oil spill clean up?

House number: _____ [FREE TEXT FIELD]

Street name: _____ [FREE TEXT FIELD]
Apartment number: _____ [FREE TEXT FIELD]
City: _____ [FREE TEXT FIELD]
State: [STATE DROP DOWN BOX]
REFUSED9

B24.a. What is the best phone number to reach you?

||_|-_|_|_|-_|_|_|_|
DON'T KNOW 888-888-8888
REFUSED 999-999-9999

B24.b. Is this number a cellphone?

YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

B24.c. ALTERNATE NUMBER (IF VOLUNTEERED)

||_|-_|_|_|-_|_|_|_|
DON'T KNOW 888-888-8888 [GO TO B26]
REFUSED 999-999-9999 [GO TO B26]

B24.d. Is this number a cell phone?

YES..... 1
NO..... 2
DON'T KNOW 8
REFUSED 9

That is all of the questions I have for you. Thank you for taking the time to talk with me today.

B25. Do you have any questions for me?

[INTERVIEWER: RESPOND TO CONCERNS BASED ON INFORMATION FROM THE FAQs]

If you have any other questions about the study, you may call us toll-free at 855-NIH-GuLF (855-644-4853). You can also visit our website at www.gulfstudy.nih.gov.

Thank you again for talking with me. Please don't hesitate to contact us if you have any questions later. Again, I am sorry to hear about what happened to [PARTICIPANT'S NAME].

[TERMINATE CALL]

SECTION B26: Response to Refusals

[IF A REASON IS GIVEN FOR REFUSAL GO TO SECTION B27.a.;
IF A REASON IS NOT GIVEN FOR REFUSAL GO TO SECTION B27.b.]

SECTION B26.a: I understand you said ...

RESTATE REASONS AND USE TELEPHONE INTERVIEW Q & A BENEFITS TO
ATTEMPT A CONVERSION

If you don't mind, I'd like to make a note of your reason. This information will help
us improve the GuLF STUDY.

B26.a.1. [RECORD REASON – FREE TEXT FIELD]

[IF CONVERSION ATTEMPT IS SUCCESSFUL GO TO SECTION B14; IF
CONVERSION ATTEMPT IS UNSUCCESSFUL GO TO SECTION B28]

SECTION B26.b: May I ask why you do not want to answer any questions?

[INTERVIEWER: USE TELEPHONE INTERVIEW Q & A TO RESPOND TO REASON
FOR REFUSAL BY STATING THE BENEFITS]

B26.b.1. [RECORD REASON– FREE TEXT FIELD]

[IF CONVERSION ATTEMPT IS SUCCESSFUL GO TO SECTION C; IF
CONVERSION ATTEMPT IS UNSUCCESSFUL GO TO SECTION B27]

SECTION B27. End of Call for Refusals

Thank you for your time. Again, I am sorry to hear about what happened to
[PARTICIPANT'S NAME].

[TERMINATE CALL]

SECTION B28: Reschedule Call

B28. We appreciate your willingness to consider answering our questions. When might
you have time for a 5 minute call?

DATE 1: __/__/__ [MM/DD/YYYY] [CALENDAR]

TIME OF DAY 1: __/__/ [AM/PM]

Thank you. We'll call you then. In the meantime, if you have any questions you can call us toll-free at 855-NIH-GuLF (855-644-4853).

Thank you for your time.

Part 2: Follow-up Questionnaire (Estimated Burden: 30 Minutes)

SECTION C: Background Information

Thank you for agreeing to take part in the study. Before we get started, I would like to confirm your information.

C1. We have your name spelled [INTERVIEWER: SPELL NAME AND CONFIRM JR/SR SUFFIX, IF APPLICABLE.] [PROGRAMMER: DISPLAY NAME ON FILE; INCLUDE CONFIRMATION CHECK IF NAME IS EDITED.]

FIRST NAME	DISPLAY FIRST NAME
MIDDLE INITIAL	DISPLAY MIDDLE INITIAL
LAST NAME	DISPLAY LAST NAME
SUFFIX	DISPLAY SUFFIX

ENTER ANY CORRECTIONS TO BE SAVED HERE:

FIRST NAME	
MIDDLE INITIAL	
LAST NAME	
SUFFIX	

C2. We have your date of birth as: [PROGRAMMER: DISPLAY DOB ON FILE; INCLUDE CONFIRMATION CHECK IF DOB IS EDITED.]

Date of Birth	DISPLAY DOB
---------------	-------------

ENTER ANY CORRECTIONS TO BE SAVED HERE:

[PROGRAMMER NOTE: INPUT RANGE CHECK TO INCLUDE +/- 20 YEARS FROM PREVIOUS DATE GIVEN, FOR JR./SR. ISSUES]

Date of Birth	MM/DD/YYYY
---------------	------------

I would like to confirm your current physical address. This should not be a post-office box or rural route number.

[INTERVIEWER: READ THE ADDRESS DISPLAYED BELOW.]

[PROGRAMMER NOTE: DISPLAY THE CURRENT PHYSICAL ADDRESS FOR THE PARTICIPANT.]

HOUSE NUMBER	DISPLAY HOUSE NUMBER
STREET NAME	DISPLAY STREET NAME
APARTMENT NUMBER	DISPLAY APARTMENT NUMBER
CITY	DISPLAY CITY
STATE	DISPLAY STATE
ZIP CODE	DISPLAY ZIPCODE

C3. IS THE ADDRESS CORRECT?

YES..... 1 [GO TO C4]

NO.....2

C3.a. What is your current physical address?

House number: _____ [FREE TEXT FIELD]
 Street name: _____ [FREE TEXT FIELD]
 Apartment number: _____ [FREE TEXT FIELD]
 City: _____ [FREE TEXT FIELD]
 State: _____ [STATE DROP DOWN BOX]
 Zip Code: ___/___/___/___/___/___

C4. Is your mailing address different from your current address?

YES 1
 NO..... 2 [GO TO C5]
 DON'T KNOW 8 [GO TO C5]
 REFUSED 9 [GO TO C5]

C4.a. What is your mailing address?

House number: _____ [FREE TEXT FIELD]
 Street name: _____ [FREE TEXT FIELD]
 Apartment number: _____ [FREE TEXT FIELD]
 City: _____ [FREE TEXT FIELD]
 State: _____ [STATE DROP DOWN BOX]
 Zip Code: ___/___/___/___/___/___
 DON'T KNOW 8
 REFUSED....9

C5. Do you have any additional telephone numbers?

	Type	Phone Number	Ext.	Cell?	Best?
Phone1	[DROP DOWN: UNKNOWN, HOME, WORK, OTHER]	(___) ___ - ____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Phone2	[DROP DOWN: UNKNOWN, HOME, WORK, OTHER]	(___) ___ - ____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Phone3	[DROP DOWN: UNKNOWN, HOME, WORK, OTHER]	(___) ___ - ____	_____	<input type="checkbox"/>	<input type="checkbox"/>
Phone4	[DROP DOWN: UNKNOWN, HOME, WORK, OTHER]	(___) ___ - ____	_____	<input type="checkbox"/>	<input type="checkbox"/>

SECTION D: Demographic Measures

D1. Are you now married, widowed, divorced, separated, never married, or living with a partner?

- MARRIED1
- WIDOWED2
- DIVORCED3
- SEPARATED4
- NEVER MARRIED5
- LIVING WITH PARTNER6
- DON'T KNOW8
- REFUSED9

SECTION E: Clean-up Related Tasks and Exposures During Clean-up

[PROGRAMMER NOTE: ASK QUESTION E1 ONLY FOR PARTICIPANTS WHO INDICATED THAT THEY WERE STILL WORKING ON THE SPILL AT THE TIME OF LAST INTERVIEW. OTHERWISE SKIP TO E2.]

E1. You were still working on the oil spill clean-up when we last spoke with you in [YEAR OF LAST INTERVIEW]. You had started working on the clean-up around [DATE STARTED CLEAN-UP WORK]. Approximately what month and year did you stop working on the clean-up?

MONTH _____ [GO TO E2]
YEAR _/ _/ _ [GO TO E2]
STILL WORKING 7 [GO TO E2]
DON'T KNOW 8
REFUSED 9

E1.a. About how many days, weeks, or months altogether did you work on the cleanup?

|_|_|_| Units
Days 1
Weeks 2
Months..... 3
DON'T KNOW 8
REFUSED 9

E2. Within the past two years, have you participated in any oil spill clean-up work?
[INTERVIEWER NOTE: IF PARTICIPANT HAS ANSWERED E1, CONFIRM THAT THIS CLEAN UP WORK IS SEPARATE FROM WORK DESCRIBED IN E1]

YES 1
NO..... 2 [GO TO SECTION F]
DON'T KNOW 8 [GO TO SECTION F]
REFUSED 9 [GO TO SECTION F]

E2.a. When did you begin this clean-up work?

___/___/___ DATE FIELD
DON'T KNOW..... 8
REFUSED..... 9

E2.b. When did you stop this clean-up work?

___/___/___ DATE FIELD
DON'T KNOW..... 8
REFUSED..... 9

[PROGRAMMER NOTE: ASK E2.c EVEN IF E2.a AND E2.b ARE ANSWERED BECAUSE THIS WORK MAY NOT HAVE BEEN CONTINUOUS.]

E2.c. About how many days, weeks, or months altogether did you work on this cleanup?

|_|_|_| Units

- Days..1
- Weeks.....2
- Months3
- DON'T KNOW.....8
- REFUSED.....9

E2.d. What were your job duties during this clean-up work?

[FREE TEXT FIELD]

- DON'T KNOW.....8
- REFUSED.....9

E2.e. Where did you complete this clean up work? Did you work on ...

[CHECK ALL THAT APPLY]

- The Beach 1
- Land other than the beach 2
- A Barge..... 3
- A Ship or Boat..... 4
- Other [FREE TEXT FIELD] 5
- DON'T KNOW..... 8
- REFUSED..... 9

E2.f. What state did you complete this clean up work in or near?

- STATE [DROP DOWN BOX] 1
- OUT IN THE GULF 2
- DON'T KNOW..... 8
- REFUSED..... 9

SECTION F: Health

This next section will focus on your health.

F1. In general, how would you rate your overall health?

Excellent..... 1
Very Good 2
Good 3
Fair 4
Poor..... 5
DON'T KNOW 8
REFUSED 9

F2. In general, how would you rate your quality of life?

Excellent..... 1
Very Good 2
Good 3
Fair 4
Poor..... 5
DON'T KNOW 8
REFUSED 9

F3. In general, how would you rate your physical health?

Excellent..... 1
Very Good 2
Good 3
Fair 4
Poor..... 5
DON'T KNOW 8
REFUSED 9

F4. In general, how would you rate your mental health, including your mood and ability to think?

Excellent..... 1
Very Good 2
Good 3
Fair 4
Poor..... 5
DON'T KNOW 8
REFUSED 9

F5. In general, how would you rate your satisfaction with your social activities and relationships?

Excellent..... 1
Very Good 2

Good 3
Fair..... 4
Poor..... 5
DON'T KNOW 8
REFUSED 9

F6. In general, please rate how well you carry out your usual social activities and roles.
[INTERVIEWER PROBE: This includes activities at home, at work, and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.]

Excellent..... 1
Very Good 2
Good 3
Fair 4
Poor..... 5
DON'T KNOW 8
REFUSED 9

F7. To what extent are you able to carry out your everyday physical activities?
[INTERVIEWER PROBE: Such as walking, climbing stairs, carrying groceries, or moving a chair.]

Completely 1
Mostly 2
Moderately 3
A little 4
Not at all..... 5
DON'T KNOW 8
REFUSED 9

F8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable?

Never..... 1
Rarely..... 2
Sometimes 3
Often 4
Always..... 5
DON'T KNOW 8
REFUSED 9

F9. In the past 7 days, how would you rate your fatigue on average?

None..... 1
Mild..... 2
Moderate 3
Severe..... 4
Extreme..... 5
DON'T KNOW 8
REFUSED 9

F10. In the past 7 days, how would you rate your pain, on average, on a scale 0 to 10, with 0 being **no pain** and 10 being **worst imaginable pain**?

___|___|___ UNITS

DON'T KNOW 8

REFUSED 9

F11. Do you mind telling me how much you currently weigh?

___|___|___ lbs [OR]

___|___|___ kg

DON'T KNOW 8

REFUSED 9

Respiratory Symptoms

The next set of questions is about chest and respiratory symptoms.

F12. In the past 12 months, have you had problems with coughing?

YES 1

NO 2 [GO TO QUESTION F14]

DON'T KNOW 8 [GO TO QUESTION F14]

REFUSED 9 [GO TO QUESTION F14]

F12.a. Do you usually cough like this on most days for as much as 3 months each year?

YES 1

NO 2 [GO TO QUESTION F12.c]

DON'T KNOW 8 [GO TO QUESTION F12.c]

REFUSED 9 [GO TO QUESTION F12.c]

F12.b. For how many years have you had this cough?

___|___ Years

DON'T KNOW 8

REFUSED 9

F12.c. During the past 12 months, have you had a dry cough at night that lasted 14 days or more, not counting a cough associated with a cold or chest infection ?

YES 1

NO 2

DON'T KNOW 8

REFUSED 9

F13. Do you usually bring up phlegm on most days for as much as 3 months each year?

YES 1

NO 2 [GO TO QUESTION F14]

DON'T KNOW 8 [GO TO QUESTION F14]

REFUSED 9 [GO TO QUESTION F14]

F13.a. For how many years have you had trouble with phlegm?

I _ _ _ Years

DON'T KNOW8

REFUSED9

F14. In the past 12 months have you had wheezing or whistling in your chest?

YES 1

NO 2 [GO TO QUESTION F15]

DON'T KNOW 8 [GO TO QUESTION F15]

REFUSED 9 [GO TO QUESTION F15]

F14.a. In the past 12 months, how many attacks of wheezing or whistling have you had?

I _ _ _ _ Number of Attacks

DON'T KNOW8

REFUSED9

F14.b. In the past 12 months, how often, on average, has your sleep been disturbed because of wheezing?

I _____ OPEN TEXT FIELD

DON'T KNOW8

REFUSED9

F14.c. In the past 12 months, has your chest sounded wheezy during or after exercise or physical activity?

YES1

NO2

DON'T KNOW8

REFUSED9

F14.d. In the past 12 months, how many times have you gone to a doctor's office or the hospital for one of these attacks of wheezing or whistling?

I _ _ _ _ Number of Visits

DON'T KNOW8

REFUSED9

F14.e. During the past 12 months, how much did you limit your usual activities due to wheezing or whistling?

I _ _ _ _ Number of Times

DON'T KNOW8

REFUSED9

F14.f. During the past 12 months, how many days of work or school did you miss due to wheezing or whistling?

____ Number of Days
DON'T KNOW8
REFUSED9

F14.g. In the past 12 months, have you taken any medication prescribed by your doctor for wheezing or whistling?

YES1
NO2
DON'T KNOW8
REFUSED9

F15. Do you have difficulty walking because of a condition other than heart or lung disease?

YES 1
NO..... 2
DON'T KNOW 8
REFUSED 9

F16. Are you troubled by shortness of breath when hurrying on a level surface or walking up a slight hill?

YES 1
NO..... 2
DON'T KNOW 8
REFUSED 9

F17. Do you have to walk slower than people of your age on a level surface because of breathlessness?

YES 1
NO..... 2
DON'T KNOW 8
REFUSED 9

F18. Do you ever stop for breath when walking at your own pace on a level surface?

YES 1
NO..... 2
DON'T KNOW 8
REFUSED 9

F19. Do you ever stop for breath after walking about 100 yards (or for a few minutes) on a level surface?

YES 1
NO..... 2
DON'T KNOW 8
REFUSED 9

F20. Are you ever too breathless to leave the house or do you ever become breathless when dressing or undressing?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

F21. Has a doctor or health professional ever told you that you have asthma (az-ma)?

- YES 1
- NO 2 [GO TO QUESTION F22]
- DON'T KNOW 8 [GO TO QUESTION F22]
- REFUSED 9 [GO TO QUESTION F22]

F21.a. How old were you when you were first told you had asthma?

- I _ _ I AGE
- DON'T KNOW 8
- REFUSED 9

F21.b. Do you still have asthma?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

F21.c. During the past 12 months, have you had an episode of asthma or an asthma attack?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

F21.d. During the past 12 months, have you had to visit the emergency room or urgent care center because of your asthma?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

F21.e. During the past 3 months, have you taken medication prescribed by your doctor or health professional for asthma?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

F22. Has a doctor or health professional ever told you that you have chronic bronchitis?

YES 1
NO..... 2 [GO TO QUESTION F23]
DON'T KNOW 8 [GO TO QUESTION F23]
REFUSED 9 [GO TO QUESTION F23]

F22.a. How old were you when you were first told you had chronic bronchitis?

I _ _ I AGE

DON'T KNOW8
REFUSED9

F22.b. Do you still have chronic bronchitis?

YES1
NO2
DON'T KNOW8
REFUSED9

F22.c. During the past 12 months, have you had an episode of bronchitis?

YES1
NO2
DON'T KNOW8
REFUSED9

F22.d. During the past 12 months, have you had to visit an emergency room or urgent care center because of bronchitis?

YES1
NO2
DON'T KNOW8
REFUSED9

F22.e. During the past 3 months, have you taken any medication prescribed by your doctor or health professional for bronchitis?

YES1
NO2
DON'T KNOW8
REFUSED9

F23. Has a doctor or health professional ever told you that you have emphysema or chronic obstructive pulmonary disease, also known as COPD?

YES 1
NO..... 2 [GO TO QUESTION F24]
DON'T KNOW 8 [GO TO QUESTION F24]
REFUSED 9 [GO TO QUESTION F24]

F23.a. How old were you when you were first told you had emphysema or COPD?

I _ _ I AGE

DON'T KNOW8
REFUSED9

F24. In the past 12 months, have you had pneumonia?

YES 1
NO..... 2 [GO TO QUESTION F25]
DON'T KNOW 8 [GO TO QUESTION F25]
REFUSED 9 [GO TO QUESTION F25]

F24.a. Was it confirmed by a doctor?

YES1
NO2
DON'T KNOW8
REFUSED9

F25. Has a doctor or health professional ever told you that you have eczema?

YES 1
NO..... 2 [GO TO QUESTION F26]
DON'T KNOW 8 [GO TO QUESTION F26]
REFUSED 9 [GO TO QUESTION F26]

F25.a. When were you first told you had eczema?

____/____ [MM/YYYY] OR

I _ I AGE

DON'T KNOW8
REFUSED9

F25.b. During the past 12 months, have you had a bad case of eczema?

YES1
NO2
DON'T KNOW8
REFUSED9

F26. Has a doctor or health professional ever told you that you have allergies?

YES 1
NO..... 2 [GO TO QUESTION F26.c]
DON'T KNOW 8 [GO TO QUESTION F26.c]
REFUSED 9 [GO TO QUESTION F26.c]

F26.a. How old were you when you were first told you had allergies?

I _ I AGE

DON'T KNOW8
REFUSED9

F26.b. During the past 12 months, have you had any allergy symptoms or an allergy attack?

YES1
NO2
DON'T KNOW8
REFUSED9

F26.c. During the past 12 months, have you had a problem with sneezing, or a runny, or blocked nose when you did not have a cold or the flu?

YES1
NO2 [GO TO QUESTION F26.e]
DON'T KNOW8 [GO TO QUESTION F26.e]
REFUSED9 [GO TO QUESTION F26.e]

F26.d. In which season or seasons did this occur?

SEASON [DROP DOWN BOX; SELECT ALL THAT APPLY]
DON'T KNOW8
REFUSED9

F26.e. Has a doctor or health professional ever told you that you have hay fever?

YES1
NO2 [GO TO QUESTION F27]
DON'T KNOW8 [GO TO QUESTION F27]
REFUSED9 [GO TO QUESTION F27]

F26.f. How old were you when you were first told you had hay fever?

I _ I _ AGE
DON'T KNOW8
REFUSED9

F26.g. During the past 12 months, have you had an episode of hay fever?

YES1
NO2
DON'T KNOW8
REFUSED9

F27. Has a doctor ever told you that you have peripheral neuropathy? [PROBE: Peripheral neuropathy means that you have nerve damage in your hands or feet that is not due to an injury. NOTE TO INTERVIEWER: THIS INCLUDES TINGLING, NUMBNESS, LOSS OF SENSATION]

YES1
NO2 [GO TO QUESTION F28]
DON'T KNOW8 [GO TO QUESTION F28]
REFUSED9 [GO TO QUESTION F28]

F27.a. When were you first told that you had peripheral neuropathy?

___ / ___ [MM/YYYY] OR

I __ II __ I AGE
DON'T KNOW8
REFUSED9

F28. Has a doctor ever told you that you have epilepsy or a seizure disorder?

YES 1
NO..... 2 [GO TO QUESTION F29]
DON'T KNOW 8 [GO TO QUESTION F29]
REFUSED 9 [GO TO QUESTION F29]

F28.a. When were you first told that you had epilepsy or a seizure disorder?

___ / ___ [MM/YYYY] OR

I __ II __ I AGE
DON'T KNOW8
REFUSED9

F29. Has a doctor ever told you that you have diabetes or sugar diabetes?

YES 1
NO..... 2 [GO TO QUESTION F30]
DON'T KNOW 8 [GO TO QUESTION F30]
REFUSED 9 [GO TO QUESTION F30]

F29.a. When were you first told that you had diabetes or sugar diabetes?

___ / ___ [MM/YYYY] OR

I __ II __ I AGE
DON'T KNOW8
REFUSED9

[ONLY IF PARTICIPANT IS FEMALE]

F29.b. Did you have diabetes only while you were pregnant?

YES 1
NO 2
DON'T KNOW 8
REFUSED 9

F30. Has a doctor ever told you that you have hypertension or high blood pressure?

YES 1
NO..... 2 [GO TO QUESTION F31]
DON'T KNOW 8 [GO TO QUESTION F31]
REFUSED 9 [GO TO QUESTION F31]

F30.a. When were you first told you had hypertension?

___ / ___ [MM/YYYY] OR

I __ II __ I AGE
DON'T KNOW8

REFUSED9

F31. Has a doctor ever told you that you had a heart attack, also called a myocardial infarction or "MI"?

- YES 1
- NO..... 2 [GO TO QUESTION F32]
- DON'T KNOW 8 [GO TO QUESTION F32]
- REFUSED 9 [GO TO QUESTION F32]

F31.a. When were you first told that you had a heart attack?

___ / ___ [MM/YYYY] OR

I ___ II ___ I AGE

- DON'T KNOW8
- REFUSED9

F32. Has a doctor ever told you that you had a blockage in the arteries of the heart?

- YES 1
- NO..... 2 [GO TO QUESTION F33]
- DON'T KNOW 8 [GO TO QUESTION F33]
- REFUSED 9 [GO TO QUESTION F33]

F32.a. When were you first told that you had a blockage in the arteries of the heart?

___ / ___ [MM/YYYY] OR

I ___ II ___ I AGE

- DON'T KNOW8
- REFUSED9

F32.b. Did you ever have a balloon or stent placed to open up a blocked artery?

- YES 1
- NO 2 [GO TO QUESTION F33]
- DON'T KNOW 8 [GO TO QUESTION F33]
- REFUSED 9 [GO TO QUESTION F33]

F32.c. When did you first have a balloon or stent placed to open up a blocked artery?

___ / ___ [MM/YYYY] OR

I ___ II ___ I AGE

- DON'T KNOW8
- REFUSED9

F33. Has a doctor ever told you that you have congestive heart failure?

- YES 1
- NO..... 2 [GO TO QUESTION F34]
- DON'T KNOW 8 [GO TO QUESTION F34]
- REFUSED 9 [GO TO QUESTION F34]

F33.a. When were you first told you have congestive heart failure?

___ / ___ [MM/YYYY] OR

I ___ II ___ I AGE

DON'T KNOW8

REFUSED9

F34. Has a doctor ever told you that you have angina?

YES..... 1

NO..... 2 [GO TO QUESTION F35]

DON'T KNOW 8 [GO TO QUESTION F35]

REFUSED 9 [GO TO QUESTION F35]

F34.a. When were you first told you have angina?

___ / ___ [MM/YYYY] OR

I ___ II ___ I AGE

DON'T KNOW8

REFUSED9

F35. Has a doctor ever told you that you have arrhythmia or an irregular heart beat?

YES..... 1

NO..... 2 [GO TO QUESTION F36]

DON'T KNOW 8 [GO TO QUESTION F36]

REFUSED 9 [GO TO QUESTION F36]

F35.a. When were you first told you have arrhythmia or an irregular heart beat?

___ / ___ [MM/YYYY] OR

I ___ II ___ I AGE

DON'T KNOW8

REFUSED9

F36. Has a doctor ever told you that you had a stroke or a cerebral hemorrhage?

YES..... 1

NO..... 2 [GO TO QUESTION F37]

DON'T KNOW 8 [GO TO QUESTION F37]

REFUSED 9 [GO TO QUESTION F37]

F36.a. When were you first told you had a stroke or cerebral hemorrhage?

___ / ___ [MM/YYYY] OR

I ___ II ___ I AGE

DON'T KNOW8

REFUSED9

F37. Has a doctor ever told you that you had a TIA or transient ischemic attack or mini stroke?

YES..... 1

- NO..... 2 [GO TO QUESTION F38]
- DON'T KNOW 8 [GO TO QUESTION F38]
- REFUSED 9 [GO TO QUESTION F38]

F37.a. When were you first told you had a TIA or transient ischemic attack or mini stroke?

___ / ___ [MM/YYYY] OR

I__II__I AGE

DON'T KNOW8

REFUSED9

F38. Has a doctor ever told you that you have a thyroid disorder?

YES..... 1

NO..... 2 [GO TO QUESTION F39]

DON'T KNOW 8 [GO TO QUESTION F39]

REFUSED 9 [GO TO QUESTION F39]

F38.a. Was it an overactive thyroid, such as Grave's disease or thyrotoxicosis; an underactive thyroid or hypothyroidism, such as Hashimoto's disease or thyroiditis; an enlarged thyroid or goiter; or was it something else ?

OVERACTIVE THYROID 1

UNDERACTIVE THYROID..... 2

ENLARGED THYROID..... 3

OTHER 4

DON'T KNOW 8

REFUSED 9

F38.b Do you remember the name of the thyroid condition?

_____ SPECIFY [FREE TEXT FIELD]

F38.c. When were you first told you have a thyroid disorder?

___ / ___ [MM/YYYY] OR

I__II__I AGE

DON'T KNOW8

REFUSED9

F39. Has a doctor ever told you that you have cancer?

YES..... 1

NO..... 2 [GO TO SECTION F40]

DON'T KNOW 8 [GO TO SECTION F40]

REFUSED 9 [GO TO SECTION F40]

CANCER OPTIONS

BLADDER 10	LIVER 22	SKIN (NON-MELANOMA)32
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BLOOD.....11	LUNG..... 23	SKIN (MELANOMA)25
BONE12	LYMPHOMA (NON HODGKIN'S)..... 40	SKIN (DON'T KNOW; NOT SPECIFIED)33
BRAIN13	LYMPHOMA (HODGKIN'S DISEASE)24	SOFT TISSUE (MUSCLE/FAT)34
BREAST.....14	LYMPHOMA (DON'T KNOW; NOT SPECIFIED)42	STOMACH35
CERVIX (CERVICAL) .. 15	MULTIPLE MYELOMA .41	TESTIS (TESTICULAR) 36
COLON16	MOUTH/TONGUE/LIP .. 26	THYROID37
ESOPHAGUS (ESOPHAGEAL)17	NERVOUS SYSTEM 27	UTERUS (UTERINE).....38
GALLBLADDER 18	OVARY (OVARIAN)..... 28	OTHER (SPECIFY)39
KIDNEY.....19	PANCREAS (PANCREATIC)29	DON'T KNOW77
LARYNX/WINDPIPE ... 20	PROSTATE 30	REFUSED99
LEUKEMIA.....21	RECTUM (RECTAL)..... 31	

F39.a. What kind of cancer was it?

Type 1: [SELECT FROM CANCER OPTIONS]

F39.b. When were you first told you had [FIRST TYPE OF CANCER]?

___ / ___ [MM/YYYY] OR

I__II__I AGE

DON'T KNOW8

REFUSED9

F39.c. Has a doctor ever told that you have any other types of cancer?

YES 1

NO2 [GO TO F40]

DON'T KNOW8 [GO TO F40]

REFUSED9 [GO TO F40]

F39.d. What kind of cancer was it?

Type 2: [SELECT FROM CANCER OPTIONS]

F39.e. When were you first told you had [SECOND TYPE OF CANCER]?

___ / ___ [MM/YYYY] OR

I__II__I AGE

DON'T KNOW8

REFUSED9

Health Symptoms

Now I'm going to ask you about your health during the **past thirty days**. Please tell me how often you have these symptoms. Answer with one of the following choices: *All the time, Most of the time, Sometimes, Rarely, or Never*. [INTERVIEWER NOTE: AFTER EVERY 5 QUESTIONS, REPEAT RESPONSE OPTIONS.]

F40. During the past thirty days, how often have you...

		All of the Time	Most of the Time	Sometimes	Rarely	Never	Don't Know	Refused
F40.a.	had a severe headache or migraine?							
F40.b.	felt dizzy or lightheaded?							
F40.c.	been nauseated?							
F40.d.	experienced vomiting?							
F40.e.	experienced nose bleeds?							
During the past thirty days, how often have you...								
F40.f.	experienced episodes of excessive or unusual hair loss?							
F40.g.	experienced seizures?							
F40.h.	had insomnia?							
F40.i.	experienced ear bleeds?							
F40.j.	had blurred or distorted vision?							
During the past thirty days, how often have you...								
F40.k.	had a tingling or a "pins and needles" feeling in your hands, arms, feet, or legs?							
F40.m.	had numbness, where parts of your body "go to sleep" for no apparent reason, in your hands, arms, feet, or legs?							
During the past thirty days, how often did you...								
F40.n.	stumble while walking?							
F40.o.	experience heart palpitations (heart pounding or racing) at rest?							
F40.p.	sweat heavily for no reason?							

During the past thirty days, how often have you...								
F40.q.	had trouble urinating, such as taking a long time to urinate or having to strain to							

	start the urine flow?							
F40.r.	had unusually frequent urination							
F40.s.	had lower back pain?							
F40.t.	had excessive fatigue or extreme tiredness?							
F40.u.	had diarrhea or frequent bowel movements?							
F40.v.	been constipated?							

F41. In the past thirty days, how often have you had any red, inflamed skin, rashes, sores or blisters?

- All the time 1
- Most of the time..... 2
- Sometimes 3
- Rarely 4
- Never..... 5 [GO TO QUESTION F42]
- DON'T KNOW 8 [GO TO QUESTION F42]
- REFUSED 9 [GO TO QUESTION F42]

F41.a. Have any of these lasted two or more days?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

F41.b. Were these conditions ...?

[SELECT ALL THAT APPLY]

- A Red rash..... 1
- A Bumpy rash 2
- Sores 3
- Blisters or pustules . 4
- Spots 5
- Peeling skin 6
- Dry 7
- Flaky 10
- Oozing 11
- Itchy 12
- Painful 13
- Something else 14
- DON'T KNOW 8
- REFUSED 9

Please explain _____ [FREE TEXT]

F41.c. Were these conditions examined by a doctor?

- YES 1
- NO 2

DON'T KNOW8
REFUSED9

F41.d. Where did you have the [ANSWER PIPED IN FROM F41.b.]? Was it on your ...

[SELECT ALL THAT APPLY]

Hands01
Arms02
Head03
Neck04
Chest05
Stomach06
Back07
Groin.....08
Rear end.....09
Legs.....10
Feet11
DON'T KNOW88
REFUSED99

F41.e. For how long in total have you had [ANSWER PIPED IN FROM F41.b.]?

|_|_|_| Units

Days1
Weeks2
Months.....3
Years4
DON'T KNOW888
REFUSED999

F41.f. Were any of these on a part of your body that touched or came into contact with oil or chemical dispersant that you believe came from the Deepwater Horizon oil spill?

YES1
NO2
DON'T KNOW8
REFUSED9

F42. Have you been hospitalized for any condition in the past 12 months?

YES1
NO2[GO TO QUESTION F43]
DON'T KNOW8[GO TO QUESTION F43]
REFUSED9[GO TO QUESTION F43]

F42.a. Why were you hospitalized?

[FREE TEXT FIELD]

DON'T KNOW.....8
REFUSED....9

F42.b. Were you hospitalized at least overnight?

YES 1
NO 2 [GO TO QUESTION F43]
DON'T KNOW 8 [GO TO QUESTION F43]
REFUSED 9 [GO TO QUESTION F43]

F42.c. How many times were you hospitalized in the past 12 months?

I __ II __ NUMBER OF TIMES

DON'T KNOW 8
REFUSED 9

Access to Healthcare

Now I would like to ask you a few questions about health insurance.

F43. Do you have any kind of health care coverage? This could include health insurance, membership in a health maintenance organization or HMO, or government plans such as Medicaid, Medicare, TRICARE, Veterans Benefits, or state health care plans?

YES 1
NO 2 [GO TO F44]
DON'T KNOW 8 [GO TO F44]
REFUSED 9 [GO TO F44]

F43.a. Does your health care plan include mental health coverage?

YES 1
NO 2
DON'T KNOW 8
REFUSED 9

F44. Do you have someone you think of as your personal doctor or health care provider?

YES 1
NO 2 [GO TO QUESTION F45]
DON'T KNOW 8 [GO TO QUESTION F45]
REFUSED 9 [GO TO QUESTION F45]

F44.a. Is there more than one person who you think of as your personal doctor or health care provider?

YES, MORE THAN ONE 1
NO, JUST ONE PERSON 2
DON'T KNOW 8
REFUSED 9

F45. Do you know of a clinic or health care provider where you can go to get medical care?

YES 1
NO.....2
DON'T KNOW8
REFUSED9

SECTION G: Mental Health

Now I am going to ask you some questions about stress and mental health.

SOCIAL CONTEXT

G1. During the past 12 months, how often have you been worried or stressed about having enough money to pay your rent or mortgage? Have you been worried or stressed...

- Always..... 1
- Usually2
- Sometimes3
- Rarely4
- Never.....5
- DON'T KNOW8
- REFUSED9

G2. During the past 12 months, how often would you say you were worried or stressed about having enough money to buy food? Would you say you were worried or stressed....

- Always..... 1
- Usually2
- Sometimes3
- Rarely4
- Never.....5
- DON'T KNOW8
- REFUSED9

G3. During the past 12 months, how much have you worried about your future physical health? Would you say...

- A lot..... 1
- Some.....2
- A little, or3
- Not at all4
- DON'T KNOW8
- REFUSED9

CLINICAL DIAGNOSES

Now I would like to ask you some questions about any health conditions a doctor may have told you about.

G4. Has a doctor ever told you that you have acute stress disorder?

- YES..... 1
- NO..... 2 [GO TO QUESTION G5]
- DON'T KNOW 8 [GO TO QUESTION G5]
- REFUSED 9 [GO TO QUESTION G5]

G4.a. When were you first told?
____ / ____ [MM/YYYY] OR
I__II__I AGE
DON'T KNOW88 8888
REFUSED99 9999

G4.b. Have you seen a doctor or been treated for this in the past 12 months?
YES 1
NO 2
DON'T KNOW 8
REFUSED 9

G5. Has a doctor ever told you that you have anxiety or an anxiety disorder?
YES..... 1
NO..... 2 [GO TO QUESTION G6]
DON'T KNOW 8 [GO TO QUESTION G6]
REFUSED 9 [GO TO QUESTION G6]

G5.a. When were you first told?
____ / ____ [MM/YYYY] OR
I__II__I AGE
DON'T KNOW88 8888
REFUSED99 9999

G5.b. Have you seen a doctor or been treated for this in the past 12 months?
YES 1
NO 2
DON'T KNOW 8
REFUSED 9

G6. Has a doctor ever told you that you have panic disorder?
YES..... 1
NO..... 2 [GO TO QUESTION G7]
DON'T KNOW 8 [GO TO QUESTION G7]
REFUSED 9 [GO TO QUESTION G7]

G6.a. When were you first told?
____ / ____ [MM/YYYY] OR
I__II__I AGE
DON'T KNOW88 8888
REFUSED99 9999

G6.b. Have you seen a doctor or been treated for this in the past 12 months?
YES 1
NO 2

DON'T KNOW8
REFUSED9

G7. Has a doctor ever told you that you have post-traumatic stress disorder?

YES 1
NO2 [GO TO QUESTION G8]
DON'T KNOW 8 [GO TO QUESTION G8]
REFUSED 9 [GO TO QUESTION G8]

G7.a. When were you first told?
____ / ____ [MM/YYYY] OR

I__II__I AGE
DON'T KNOW88 8888
REFUSED99 9999

G7.b. Have you seen a doctor or been treated for this in the past 12 months?

YES 1
NO2
DON'T KNOW8
REFUSED9

G8. Has a doctor ever told you that you have depression?

YES 1
NO2 [GO TO QUESTION G9]
DON'T KNOW8 [GO TO QUESTION G9]
REFUSED9 [GO TO QUESTION G9]

G8.a. When were you first told?
____ / ____ [MM/YYYY] OR

I__II__I AGE
DON'T KNOW88 8888
REFUSED99 9999

G8.b. Have you seen a doctor or been treated for this in the past 12 months?

YES 1
NO2
DON'T KNOW8
REFUSED9

PERCEIVED STRESS SCALE

G9. In the last month, how often have you felt that you were unable to control the important things in your life?

Never 1
Almost Never2
Sometimes3

Fairly Often..... 4
Very Often 5
DON'T KNOW 8
REFUSED 9

G10. In the last month, how often have you felt confident about your ability to handle your personal problems?

Never..... 1
Almost Never..... 2
Sometimes 3
Fairly Often..... 4
Very Often 5
DON'T KNOW 8
REFUSED 9

G11. In the last month, how often have you felt that things were going your way?

Never..... 1
Almost Never..... 2
Sometimes 3
Fairly Often..... 4
Very Often 5
DON'T KNOW 8
REFUSED 9

G12. In the last month, how often have you felt like difficulties were piling up so high that you could not overcome them?

Never..... 1
Almost Never..... 2
Sometimes 3
Fairly Often..... 4
Very Often 5
DON'T KNOW 8
REFUSED 9

Received Mental Health Care

The following questions are about mental health care you may have received in the past 12 months.

G13. In the past 12 months, have you received any sort of counseling for problems with your emotions, nerves, or mental health?

YES 1
NO..... 2[GO TO G14]
DON'T KNOW 8[GO TO G14]
REFUSED 9[GO TO G14]

G13.a. When did you last receive any sort of counseling?

____ / ____ [MM/YYYY]
DON'T KNOW 88 8888
REFUSED..99 9999

G14. In the past 12 months, were you prescribed medication for problems with your emotions, nerves, or mental health?

- YES 1
- NO.....2 [GO TO G15]
- DON'T KNOW8 [GO TO G15]
- REFUSED9 [GO TO G15]

G14.a. When were you last prescribed such medication?

____ / ____ [MM/YYYY]
DON'T KNOW 88 8888
REFUSED..99 9999

Quick Inventory of Depressive Symptoms (K6)

The following questions ask about how you have been feeling during the past 30 days. Some of them may sound like ones I've already asked you, but they're a little different and it's important that you answer them as best you can.

G15. During the past 30 days, about how often did you feel...

- G15.a. Nervous?
- All of the time 1
 - Most of the time2
 - Some of the time3
 - A little of the time4
 - None of the time5
 - DON'T KNOW8
 - REFUSED9

- G15.b. Hopeless?
- All of the time 1
 - Most of the time2
 - Some of the time3
 - A little of the time4
 - None of the time5
 - DON'T KNOW8
 - REFUSED9

- G15.c. Restless or fidgety?
- All of the time 1
 - Most of the time2
 - Some of the time3
 - A little of the time4
 - None of the time5

DON'T KNOW 8
REFUSED 9

G16. During the past 30 days, about how often did you feel so depressed that nothing could cheer you up?

All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
DON'T KNOW 8
REFUSED 9

G17. About how often did you feel that everything was an effort?

All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
DON'T KNOW 8
REFUSED 9

G18. About how often did you feel worthless?

All of the time 1
Most of the time 2
Some of the time 3
A little of the time 4
None of the time 5
DON'T KNOW 8
REFUSED 9

[PROGRAMMER NOTE: IF ANY OF G15-G18=1-4, ELSE GO TO NEXT SECTION
LIFESTYLE - ALCOHOL]

G19. The last six questions asked about feelings that might have occurred during the past 30 days. Taking them altogether, did these feelings occur?

A lot more often than usual 1
Somewhat more often than usual 2
A little more often than usual 3
About the same as usual 4
A little less often than usual 4
Somewhat less often than usual 5
A lot less often than usual 6
DON'T KNOW 8
REFUSED 9

G20. During the past 30 days, how many days out of 30 were you totally unable to work or carry out your normal activities because of these feelings?

- ____ Number of days
- DON'T KNOW 88
- REFUSED 99

[PROGRAMMER: OMIT THE FIRST PHRASE ("Not counting the [FILL IN FROM G20] days you just reported,") IF G20=0, DK, OR MISSING.]

G21. Not counting the [FILL IN FROM G20] days you just reported, how many days in the past 30 were you able to do only half or less of what you would normally have been able to do, because of these feelings?

- ____ Number of days
- DON'T KNOW 88
- REFUSED 99

G22. During the past 30 days, how many times did you see a doctor or other health professional about these feelings?

- ____ Number of times
- DON'T KNOW 88
- REFUSED 99

G23. During the past 30 days, how often have physical health problems been the main cause of these feelings?

- All of the time 1
- Most of the time..... 2
- Some of the time 3
- A little of the time.... 4
- None of the time 5
- DON'T KNOW 8
- REFUSED 9

SECTION H: Lifestyle - Alcohol

Thank you. These next questions are about drinking alcohol. This includes wine coolers, beer, wine, champagne, liquor such as whiskey, rum, gin, vodka, scotch, or liqueurs, and also any other type of alcohol.

H1. In your entire life, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips?

[INTERVIEWER NOTE: Definition of a standard drink: 1 12oz bottle of beer, 1 4oz glass of non-fortified wine, 1 mixed drink with 1oz liquor.]

- YES 1
- NO..... 2 [GO TO NEXT SECTION]
- DON'T KNOW 8 [GO TO NEXT SECTION]
- REFUSED 9 [GO TO NEXT SECTION]

H2. Have you had an alcoholic beverage in the past 12 months?

- YES 1 [GO TO QUESTION H4]
- NO..... 2
- DON'T KNOW 8
- REFUSED 9

H3. How old were you when you last drank alcohol?

- AGE [GO TO QUESTION H6]
- DON'T KNOW 8[GO TO QUESTION H6]
- REFUSED 9[GO TO QUESTION H6]

H4. During the past 12 months, about how many days per week, per month, or in total have you had alcoholic beverages?

- # DAYS
- PER WEEK 1
- PER MONTH..... 2
- TOTAL FOR PAST 12 MONTHS . 3
- DON'T KNOW 8
- REFUSED 9

H5. During the past 12 months, about how many drinks would you have on the days that you drank? [INTERVIEWER NOTE: Definition of a standard drink: 1 12oz bottle of beer, 1 4oz glass of non-fortified wine, 1 mixed drink with 1oz liquor.]

- # DRINKS / DAY
- DON'T KNOW 8
- REFUSED 9

<FILL "During the past 12 months," IF H5<4>

H6. Did you ever drink four or more alcoholic beverages in a row, in one sitting?

- YES 1

NO..... 2 [GO TO QUESTION H7]
DON'T KNOW 8 [GO TO QUESTION H7]
REFUSED 9 [GO TO QUESTION H7]

H6.a. How many times has this happened in the past 12 months?

TIMES
PER WEEK 1
PER MONTH 2
TOTAL FOR 12 MONTHS 3
DON'T KNOW 8
REFUSED 9

H7. Have you ever been told by a doctor or a health professional that your drinking was hurting your health?

YES 1
NO..... 2
DON'T KNOW 8
REFUSED 9

H7.a. Has this happened in past 12 months?

YES 1
NO 2
DON'T KNOW 8
REFUSED 9

H8. Has a close friend or relative told you that your drinking was hurting your health?

YES 1
NO..... 2
DON'T KNOW 8
REFUSED 9

H8.a. Has this happened in past 12 months?

YES 1
NO 2
DON'T KNOW 8
REFUSED 9

H9. Have you ever woken up in the morning after you had been drinking and find that you couldn't remember where you had been or what had happened?

YES 1
NO..... 2
DON'T KNOW 8
REFUSED 9

H9.a. Has this happened in past 12 months?

YES 1

NO2
DON'T KNOW8
REFUSED9

SECTION I: Lifestyle - Tobacco

Now I would like to ask you some questions about your tobacco use.

I1. In the past 12 months, have you smoked at least 20 cigarettes? Do not include cigars or marijuana. [NOTE TO INTERVIEWER: 20 CIGARETTES = APPROXIMATELY 1 PACK]

- YES 1
- NO 2 [GO TO QUESTION I10]
- DON'T KNOW 8 [GO TO QUESTION I10]
- REFUSED 9 [GO TO QUESTION I10]

I2. How old were you when you first started to smoke cigarettes fairly regularly?

- __ | __ | __ AGE IN YEARS
- NEVER SMOKED CIGARETTES REGULARLY 777
 - DON'T KNOW 888
 - REFUSED 999

I3. Do you now smoke cigarettes?

- Every day 1 [GO TO QUESTION I9]
- Some days 2
- Not at all 3 [GO TO QUESTION I6]
- DON'T KNOW 8 [GO TO QUESTION I9]
- REFUSED 9 [GO TO QUESTION I10]

SOME DAYS SMOKER COLLECTION

I4. Have you smoked cigarettes every day for at least six months in the past year?

- YES 1
- NO 2
- DON'T KNOW 8
- REFUSED 9

I5. On how many of the past 30 days did you smoke cigarettes?

- |__|__| # DAYS [RANGE: 0 - 30]
- DON'T KNOW 88 [GO TO QUESTION I10]
 - REFUSED 99 [GO TO QUESTION I10]

I5.a. On average, on those [# DAYS] days, how many cigarettes did you usually smoke each day?

- |__|__| # CIGARETTES PER DAY [RANGE: 0 - 97] [GO TO I10]
- DON'T KNOW 88 [GO TO I10]
 - REFUSED 99 [GO TO I10]

FORMER SMOKER COLLECTION

[PROGRAMMER NOTE: TO MAKE UP FOR A PROGRAMMING ERROR IN THE TELEPHONE ENROLLMENT CATI, ALSO DISPLAY THE FORMER SMOKER COLLECTION QUESTIONS TO PARTICIPANTS WHO INDICATED THAT THEY WERE A FORMER SMOKER DURING THEIR TELEPHONE ENROLLMENT INTERVIEW; IF THEY DID NOT RECEIVE THESE QUESTIONS AT THAT TIME.]

16. Have you **ever** smoked cigarettes **every day** for at least six months?

- YES1
- NO.....2 [SKIP TO I7]
- DON'T KNOW8 [SKIP TO I7]
- REFUSED9 [SKIP TO I7]

16.a. When you last smoked every day, on average how many cigarettes did you smoke each day?

- |__|__| # CIGARETTES PER DAY [RANGE: 1 - 97]
- DON'T KNOW88
- REFUSED99

17. About how long has it been since you **completely** quit smoking cigarettes?

- __|__| Units
- DAYS 1
- WEEKS 2
- MONTHS..... 3
- YEARS..... 4
- DON'T KNOW 88
- REFUSED 99

18. When you last smoked fairly regularly, on average how many cigarettes did you smoke each day?

- |__|__| # CIGARETTES PER DAY [RANGE: 1 - 97] [GO TO I10]
- DON'T KNOW88 [GO TO I10]
- REFUSED99 [GO TO I10]

EVERYDAY SMOKER COLLECTION

19. On average, about how many cigarettes do you now smoke each day?

- |__|__| # CIGARETTES PER DAY [RANGE: 1 - 97]
- DON'T KNOW88
- REFUSED99

Other Tobacco Use

I10. In the past 12 months, have you . . .

I10.a. ...smoked at least 10 cigars?

- YES 1

NO2
DON'T KNOW8
REFUSED9

I10.b. ...smoked a pipe at least 10 times?

YES 1
NO2
DON'T KNOW8
REFUSED9

I10.c. ...used snuff, such as Skoal®, Skoal Bandit® or Copenhagen® at least 10 times?

YES 1
NO2
DON'T KNOW8
REFUSED9

I10.d. ...used chewing tobacco, such as Redman®, Levi Garrett® or Beechnut® at least 10 times?

YES 1
NO2
DON'T KNOW8
REFUSED9

Environmental tobacco smoke

I11. About how many hours or minutes per day are you exposed to other people's tobacco smoke? Include all locations, such as home, car, work, and all other places you spend time where others might smoke.

None 1
Less than 30 minutes2
30-59 minutes3
1-2 hours4
3-4 hours5
5-6 hours6
7-8 hours7
More than 8 hours10
DON'T KNOW8
REFUSED9

|_|_| # PEOPLE

J2.b. How many were 65 or older?

|_|_| # PEOPLE

J3. Thinking of all the paid jobs you have had in the past 2 years, what was your job title or what kind of work did you do the longest?

[FREE TEXT FIELD] OCCUPATION

- NEVER WORKED7 [GO TO QUESTION J4]
- DON'T KNOW8 [GO TO QUESTION J4]
- REFUSED9 [GO TO QUESTION J4]

J3.a. What kind of business or industry did you work in the longest during the past 2 years as a [J3 – LONGEST OCCUPATION]?

[FREE TEXT FIELD] TYPE OF BUSINESS

- DON'T KNOW88
- REFUSED99

J3.b. What were your most important activities on this job in this business?

[FREE TEXT FIELD] DUTIES

- DON'T KNOW8
- REFUSED9

J3.c. About how long did you work at that job in this business?

|_|_|_| Units

- DAYS1
- WEEKS2
- MONTHS3
- YEARS4
- DON'T KNOW888
- REFUSED999

J4. What is your current work status? Are you working now, temporarily laid off, on sick leave or maternity leave, looking for work, retired, disabled, keeping house, a student, or something else?

- WORKING NOW 1
- ONLY TEMPORARILY LAID OFF, SICK LEAVE OR MATERNITY LEAVE2
- LOOKING FOR WORK OR UNEMPLOYED3 [GO TO NEXT SECTION]
- RETIRED4 [GO TO NEXT SECTION]
- DISABLED, PERMANENTLY OR TEMPORARILY5 [GO TO NEXT SECTION]
- KEEPING HOUSE6 [GO TO NEXT SECTION]
- STUDENT7 [GO TO NEXT SECTION]
- OTHER.....8 J4.a. Specify: _____
- DON'T KNOW88 [GO TO NEXT SECTION]
- REFUSED99 [GO TO NEXT SECTION]

J5. What kind of business or industry do you work in?
SAME AS REPORTED IN J3 [PIPE IN RESPONSE FROM J3] [GO TO NEXT SECTION]

[FREE TEXT FIELD] TYPE OF BUSINESS

DON'T KNOW8

REFUSED 9

J6. What is your job title or what kind of work do you do?

[FREE TEXT FIELD] TYPE OF WORK

DON'T KNOW 8

REFUSED 9

J7. What are your most important activities on this job?

[FREE TEXT FIELD] DUTIES

DON'T KNOW 8

REFUSED 9

J8. About how long have you worked for this company, in this job?

|_|_|_| Units

DAYS 1

WEEKS 2

MONTHS..... 3

YEARS 4

DON'T KNOW 888

REFUSED 999

SECTION K: Residential History

I'm now going to ask you about all the places you have lived for 6 months or longer since we last spoke in [MONTH/YEAR].

K1. How long have you lived at your current address?

||_| UNITS

- DAYS 1
- WEEKS 2
- MONTHS..... 3
- YEARS 4
- DON'T KNOW888
- REFUSED.....999[GO TO L1]

[PROGRAMMER NOTE: IF K1 >= TIME SINCE LAST INTERVIEW, GO TO L1]

K2. What address did you live at before that for at least 6 months? [INTERVIEWER: IF PARTICIPANT CAN'T REMEMBER THE FULL ADDRESS, ASK FOR CROSS STREETS AND CITY, STATE, AND NEARBY LANDMARK(S)]

_____ [ADDRESS FIELDS]

- DON'T KNOW8
- REFUSED9 [GO TO L1]

K2.a. How long did you live at that address?

/ MONTHS _/_ YEARS

- DON'T KNOW888
- REFUSED999 [GO TO L1]

[PROGRAMMER NOTE: IF SUM OF DURATIONS AT EACH ADDRESS, INCLUDING CURRENT ADDRESS, >=TIME SINCE LAST INTERVIEW, GO TO L1].

K3. Did you move in there before or after your last interview in [MONTH/YEAR]?

- BEFORE 1
- AFTER2 [GO TO K2]
- DON'T KNOW8
- REFUSED9

SECTION L: Experiences with Hurricane Katrina

[PROGRAMMER NOTE: ASK ONLY IF NOT COLLECTED AT PRIOR INTERVIEW.]

Now I would like to ask you some questions regarding your experiences with Hurricane Katrina.

L1. Were you living in the Gulf region at the time of Hurricane Katrina?

- YES 1
- NO 2 [GO TO QUESTION L6]
- DON'T KNOW 8 [GO TO QUESTION L6]
- REFUSED 9 [GO TO QUESTION L6]

L1.a. Please provide the city and state that you lived in at the time of Hurricane Katrina.

City _____ [FREE TEXT FIELD]
State _____ [DROP-DOWN MENU]

L2. Were you forced to leave your residence because of the hurricane?

- YES 1
- NO 2 [GO TO QUESTION L6]
- DON'T KNOW 8
- REFUSED 9 [GO TO QUESTION L6]

L3. After the hurricane, did you return to your prior residence or to a different residence?

- PRIOR 1 [GO TO QUESTION L5]
- DIFFERENT 2
- DIDN'T RETURN 3 [GO TO QUESTION L6]
- DON'T KNOW 8
- REFUSED 9 [GO TO QUESTION L6]

L4. Was your new residence in the same city or town and neighborhood?

- Same city or town, same neighborhood 1
- Same city or town, different neighborhood 2
- Different city or town 3
- DON'T KNOW 8
- REFUSED 9 [GO TO QUESTION L6]

L5. For how many months were you unable to return?

- |__| |__| Months
- DON't KNOW 8
 - REFUSED 9

L6. Did you lose your job as a result of the hurricane?

- YES 1
- NO 2 [GO TO QUESTION L7]

WAS UNEMPLOYED BEFORE 3
DON'T KNOW 8
REFUSED 9 [GO TO QUESTION L7]

L6.a. How long were you unemployed after the hurricane?

|__|__| # of units

DAYS 1
WEEKS 2
MONTHS 3
YEARS 4
HAVE NOT WORKED SINCE THE HURRICANE 66
DID NOT WORK UNTIL THE OIL SPILL CLEAN-UP 77
DON'T KNOW 88
REFUSED 99

L7. Did you experience the loss of a loved one or a serious injury to a loved one during the Hurricane?

YES 1
NO 2
DON'T KNOW 8
REFUSED 9

L8. Did you experience serious injury to yourself during the Hurricane?

YES 1
NO 2
DON'T KNOW 8
REFUSED 9

Part 3: Scripts – Post-Telephone Scripts (Estimated Burden: 2 Minutes)

SECTION M: Wrap-up

Thank you for your responses so far. I would like to confirm some additional information and then your interview will be complete.

SECTION : SSN, Addresses and Transition

[PROGRAMMER NOTE: ONLY DISPLAY SSN QUESTIONS IF WE DID NOT OBTAIN FULL SSN DURING THE LAST INTERVIEW].

M1. What is your social security number? [PROBE: Your social security number will help us keep in touch with you over the years and allow us to link to the correct records about your health. Reporting your social security number is voluntary. We will not share your social security number with others and we will do everything possible to keep it private.]

- ___/___/___ - ___/___ - ___/___/___/___ [GO TO QUESTION M2]
- DON'T HAVE [GO TO QUESTION M2]
- DON'T KNOW 8
- REFUSED 9

M1.a. Would you be willing to tell me the last four digits of your social security number? The last four digits of your Social Security Number are not unique to you. Other people have those same last four digits. However, it will help us do a better job of keeping up with you and your public health records over the years.

- Last 4 numbers of SSN - ___ ___ ___ ___
- DON'T HAVE.....
- DON'T KNOW 8
- REFUSED 9

M2. What is your email address? [INTERVIEWER: READ BACK FOR ACCURACY]

[FREE TEXT FIELD] EMAIL

- DON'T HAVE 7
- DON'T KNOW 8
- REFUSED 9

SECTION: Text Messaging Opt-in / Opt-out

[PROGRAMMER NOTE: ONLY DISPLAY M3 TO PARTICIPANTS WHO SAID NO, DON'T KNOW, OR REFUSED AT THE TELEPHONE ENROLLMENT INTERVIEW.]

M3. Would you like to receive periodic text messages on your mobile phone with GuLF STUDY news and updates? Please note that your cell phone service provider may charge for text messages as part of your individual service plan.

- YES 1
- NO 2 [SKIP TO QUESTION M4]
- DON'T KNOW 8 [SKIP TO QUESTION M4]
- REFUSED 9 [SKIP TO QUESTION M4]

[PROGRAMMER NOTE: DISPLAY M3.a. FOR PARTICIPANTS WHO SAID YES TO M3 DURING THIS INTERVIEW OR TO L.1.0.1 DURING THE TELEPHONE ENROLLMENT INTERVIEW.]

M3.a. Would you please provide me with a mobile phone number that we should use to send you text messages?

SAME PHONE NUMBER CALLED TO REACH PARTICIPANT 1

Phone Number |_|_|_|_|_|_|_|_|_|_| TEN DIGIT #

DON'T KNOW 8

REFUSED 9

Thank you.

SECTION:Additional Contact

M4. May I have contact information for a person who would know how to reach you should we have difficulty contacting you in the future?

YES 1

NO 2 [GO TO QUESTION M5]

DON'T KNOW 8 [GO TO QUESTION M5]

REFUSED 9 [GO TO QUESTION M5]

M4.a. What is this person's relationship to you?

[DROP DOWN BOX]

REFUSED 9

M4.b. What is their name?

_____ [FREE TEXT FIELD]

REFUSED 9

M4.c. What is their phone number?

|_|_|_|_|_|_|_|_|_|_| TEN DIGIT # [INTERVIEWER: ENTER PHONE NUMBER IN THIS FORMAT: 123-456-7890]

DON'T KNOW 8 [GO TO QUESTION M4.d]

REFUSED 9 [GO TO QUESTION M4.d]

M4.c.1 Is this number a cell phone?

YES 1

NO 2

DON'T KNOW 8

REFUSED 9

M4.d. What is their street address?

House number: _____ [FREE TEXT FIELD]

Street name: _____ [FREE TEXT FIELD]

Apartment number: _____ [FREE TEXT FIELD]

City: _____ [FREE TEXT FIELD]

State: _____ [STATE DROP DOWN BOX]

Zip Code: ___/___/___/___/___/

DON'T KNOW 8

REFUSED 9

M4.e. Is this also their mailing address?
YES1[GO TO QUESTION M5]
NO.....2
DON'T KNOW8[GO TO QUESTION M5]
REFUSED9[GO TO QUESTION M5]

M4.e.1. What is their mailing address?

House number: _____ [FREE TEXT FIELD]
Street name: _____ [FREE TEXT FIELD]
Apartment number: _____ [FREE TEXT FIELD]
City: _____ [FREE TEXT FIELD]
State: _____ [STATE DROP DOWN BOX]
Zip Code: ___/___/___/___/___/
DON'T KNOW.....8 [GO TO QUESTION M5]
REFUSED9 [GO TO QUESTION M5]

**[PROGRAMMER NOTE: CONDUCT ADDITIONAL MENTAL HEALTH MODULE
HERE FOR TARGETED SUBSET OF PARTICIPANTS]**

SECTION M5.

These are all of the study questions I have for you. Do you have any questions about the study or anything that we discussed today?

[PARTICIPANT'S NAME], I really appreciate your time. If you have any questions or concerns, you can call our toll-free number and a member of the study staff will assist you. That toll-free number is 855 NIH GuLF (855-644 4853).

[TERMINATE CALL]