

Attachment 7b. Study Questionnaire for Licensed Anglers (paper)
Biomonitoring of Great Lakes Populations Program III

Form Approved
OMB No. 0923-0056
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ACKNOWLEDGEMENT OF RECEIPT OF CONSENT MATERIALS

You should have received a copy of the Consent Form along with this survey. Please take a few minutes to read the Consent Form.

I have received and reviewed the Consent Form. I understand that completing this questionnaire implies my consent to do so.

CONTACT INFORMATION

This section will ask you for your contact information. This will help us get you your lab results and tell you about the results of this study.

1. What is your full name?

First: _____ Last: _____ Middle initial: ____

2. Do you have a phone number where we can reach you? This can be the phone number of a friend, relative, or someone who will know how to find you.

Yes 2a. What is it? _____

2b. What type of phone number is this? Home Work Cell Other

No

Don't know

Prefer not to answer

3. Do you have an email address?

Yes 3a. What is it? _____

No

Don't know

Prefer not to answer

4. What is your address?

Street number and name: _____

Apartment unit or number: _____

City: _____ State: _____ ZIP Code: _____

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5. Is your mailing address different from your street address?

- Yes **5a. What is your mailing address?**
Street number and name: _____
Apartment unit or number: _____
City: _____ State: _____ ZIP Code: _____
- No
 Don't know
 Prefer not to answer

SEX, AGE, RACE, ETHNICITY

Now we will ask you some questions about your sex, age, race and ethnicity.

6. What is your sex?

- Male
 Female

7. What is your birthdate?

____ / ____ / ____
mm dd yyyy

8. Do you consider yourself to be Hispanic or Latino?

- Hispanic or Latino
 Not Hispanic or Latino
 Prefer not to answer

9. What race do you consider yourself to be?

- American Indian or Alaska Native
 Asian *Answer #9a*
 Black or African American
 Native Hawaiian or Other Pacific Islander
 White
 Prefer not to answer

9a. Are you of Burmese descent?

- Yes
 No
 Prefer not to answer

RESIDENTIAL HISTORY

Now we will ask you some questions about where you have lived.

10. How long have you lived in the Milwaukee, Wisconsin area?

- ____ years
 Don't know

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Prefer not to answer

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

_____ years

Don't know

Prefer not to answer

12. When was this home built? *Please enter four digits for the year, such as 1999. If you are unsure what year it was built, please make your best guess.*

Approximate year: _____

13. Have you lived anywhere outside the Milwaukee area?

Yes

No → SKIP to #15

Don't know → SKIP to #15

Prefer not to answer → SKIP to #15

14. Where did you live before coming to Milwaukee?

14a. Location #1 (*specify city, state, country*): _____

How long did you live there? _____ years (*Please round to the nearest full year*)

Don't know

Prefer not to answer

14b. Have you lived anywhere else before coming to Milwaukee?

Yes → **Where did you live before coming to Milwaukee?**

Specify city, state, country: _____

How long did you live there? _____ years (*Please round to the nearest whole year.*)

No → SKIP to #15

Don't know

Prefer not to answer

FISH AND SHELLFISH EATEN IN THE LAST 30 DAYS

These next few sections will ask you about the fish and shellfish you eat. We will ask you about fish and shellfish that you may have bought at a store or restaurant, as well as fish and shellfish that you or someone you know caught from lakes, rivers, or streams in Wisconsin. First, we will ask several questions on fish and shellfish eaten in the last 30 days.

15. In the last 30 days, how many times did you eat SHELLFISH, such as shrimp, oysters, lobster, clams, crab, or crayfish?

_____ total number of shellfish meals eaten in the last 30 days

Don't know

Prefer not to answer

16. In the last 30 days, how many times did you eat FISH such as fresh, canned, or frozen fish, fish fillets, fish sticks, fish sandwiches, and tuna fish?

_____ total number of fish meals eaten in the last 30 days

Don't know → SKIP to #18

Prefer not to answer → SKIP to #18

17. In the last 30 days, how many of these fish meals were caught by you or someone you know from any lakes, rivers, and streams in Wisconsin? These are sometimes called 'sport-caught fish'.

_____ total number of meals eaten in the last 30 days

Don't know

Prefer not to answer

FISH EATEN IN THE LAST 12 MONTHS

Now we will ask you some questions about fish you ate that were caught by you or someone you know. These fish are sometimes called 'sport-caught fish' or 'sportfish'. We will be asking you to estimate how many fish meals you have eaten in the last 12 months.

18. In the last 12 months, how many times did you eat any fish caught by you or someone you know?

_____ total number of meals in the last 12 months

Don't know

Prefer not to answer

Questions 19-21 ask about fish caught in different lakes, rivers, and streams in Milwaukee and the surrounding southeastern area of Wisconsin. Please refer to Image 1 at the back of this questionnaire which shows the lakes, rivers, and streams we are interested in.

19. In the last 12 months, have you eaten any fish caught by you or someone you know from the lakes, rivers, and streams in Milwaukee and the surrounding southeastern area of Wisconsin, shown in Image 1? Please think about these locations only.

_____ total number of meals in the last 12 months

Don't know

Prefer not to answer

20. Thinking about fish caught in any of the lakes, rivers, and streams in Milwaukee and the surrounding southeastern area of Wisconsin, shown in Image 1, how has the total amount of fish you eat changed during the past five years?

Eat less

Same or about the same

Eat more

Don't know

Prefer not to answer

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21. The following questions are about types of fish you have eaten that were caught by you or someone you know. When answering these questions, please think only about fish caught in the lakes, rivers, and streams in Milwaukee and the surrounding southeastern area of Wisconsin, shown in Image 1.

In the last 12 months, have you eaten:					
	Yes	No	Don't know	Prefer not to answer	If YES, approximately how many times did you eat it in the last 12 months?
Black crappie					Number: _____ <input type="checkbox"/> Don't know how many
Bluegill					Number: _____ <input type="checkbox"/> Don't know how many
Bullhead					Number: _____ <input type="checkbox"/> Don't know how many
Buffalo					Number: _____ <input type="checkbox"/> Don't know how many
Carp					Number: _____ <input type="checkbox"/> Don't know how many
Channel catfish					Number: _____ <input type="checkbox"/> Don't know how many
Chubs					Number: _____ <input type="checkbox"/> Don't know how many
Salmon (chinook or coho)					Number: _____ <input type="checkbox"/> Don't know how many
Lake whitefish					Number: _____ <input type="checkbox"/> Don't know how many
Muskellunge (Muskie)					Number: _____ <input type="checkbox"/> Don't know how many
Northern pike					Number: _____ <input type="checkbox"/> Don't know how many
Redhorse					Number: _____ <input type="checkbox"/> Don't know how many
Rockbass					Number: _____ <input type="checkbox"/> Don't know how many
Largemouth bass					Number: _____ <input type="checkbox"/> Don't know how many
Smallmouth bass					Number: _____ <input type="checkbox"/> Don't know how many
White bass					Number: _____ <input type="checkbox"/> Don't know how many

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In the last 12 months, have you eaten:					
	Yes	No	Don't know	Prefer not to answer	If YES, approximately how many times did you eat it in the last 12 months?
Sheepshead					Number: _____ <input type="checkbox"/> Don't know how many
Smelt					Number: _____ <input type="checkbox"/> Don't know how many
Walleye					Number: _____ <input type="checkbox"/> Don't know how many
White sucker					Number: _____ <input type="checkbox"/> Don't know how many
Yellow perch					Number: _____ <input type="checkbox"/> Don't know how many
White perch					Number: _____ <input type="checkbox"/> Don't know how many
Brown trout					Number: _____ <input type="checkbox"/> Don't know how many
Lake trout					Number: _____ <input type="checkbox"/> Don't know how many
Rainbow trout					Number: _____ <input type="checkbox"/> Don't know how many
Other fish types (please specify):					Number: _____ <input type="checkbox"/> Don't know how many
Other fish types (please specify):					Number: _____ <input type="checkbox"/> Don't know how many
Other fish types (please specify):					Number: _____ <input type="checkbox"/> Don't know how many

Questions 22-25 ask about fish caught specific lakes, rivers, and streams in southeastern Wisconsin. Each question is about a different area and will ask you to look at Images 8, 9, 10, or 11 at the back of this questionnaire.

22. In the last 12 months, have you eaten any fish caught in the lakes, rivers, and streams near the Milwaukee area, highlighted in Image 8?

- Yes
- No
- Don't know
- Prefer not to answer

23. In the last 12 months, have you eaten any fish caught in the lakes, rivers, and streams near the Fond du Lac and Oshkosh areas, highlighted in Image 9 ?

- Yes
- No
- Don't know

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Prefer not to answer

24. In the last 12 months, have you eaten any fish caught in the lakes, rivers, and streams near the Sheboygan and Manitowoc areas, highlighted in Image 10?

Yes

No

Don't know

Prefer not to answer

25. In the last 12 months, have you eaten any fish caught in the lakes, rivers and streams near the Beaver Dam, West Bend, Waukesha, and Jefferson areas, highlighted in Image 11?

Yes

No

Don't know

Prefer not to answer

PURCHASED FISH EATEN IN THE LAST 12 MONTHS

Now we will ask you to think about fish and shellfish you have bought in store, restaurant or market. We will be asking you to estimate how many fish meals you have eaten in the last 12 months.

26. These next questions will ask you about fish you have eaten which came from a store, restaurant, fish vendor, market, or supermarket.

Thinking about the last 12 months, have you eaten:					
	Yes	No	Don't know	Prefer not to answer	If YES, approximately how many times did you eat it in the last 12 months?
King mackerel					Number: _____ <input type="checkbox"/> Don't know how many
Tilefish					Number: _____ <input type="checkbox"/> Don't know how many
Shark					Number: _____ <input type="checkbox"/> Don't know how many
Swordfish					Number: _____ <input type="checkbox"/> Don't know how many
Salmon (including canned)					Number: _____ <input type="checkbox"/> Don't know how many
Canned light tuna					Number: _____ <input type="checkbox"/> Don't know how many
Canned white or albacore tuna					Number: _____ <input type="checkbox"/> Don't know how many
Fresh or frozen tuna					Number: _____ <input type="checkbox"/> Don't know how many
Tilapia					Number: _____ <input type="checkbox"/> Don't know how many
Halibut					Number: _____ <input type="checkbox"/> Don't know how many
Cod					Number: _____ <input type="checkbox"/> Don't know how many
Shellfish (such as shrimp, mussels, etc.)					Number: _____ <input type="checkbox"/> Don't know how many
Other fish not listed here, please specify:					Number: _____ <input type="checkbox"/> Don't know how many

FISH CLEANING AND COOKING PRACTICES
--

We will now ask you some questions about how you typically clean and cook the fish you eat.

27. These next questions will ask you about how you clean and prepare the fish you eat.

When preparing fish, how often do you eat or prepare meals using:	Never	Sometimes	Always	Don't know	Prefer not to answer
The skin of the fish					
The head of the fish					
The guts, organs, or other innards of the fish					
The belly fat of the fish					

28. The next questions will ask you about how you cook fish.

When cooking fish, how often do you:	Never	Sometimes	Always	Don't know	Prefer not to answer
Smoke or dry fish					
Pickle fish					
Use fish to make fish paste					
Pan fry fish					
Grill, or roast fish					
Deep fry fish					
Boil or poach fish					
Use fish or fish parts to make broth/stock, curry, or soup					

29. Please look at Image 2 of a 6 ounce serving of cooked fish, found at the back of this questionnaire. Compared to this model, would you say that a typical meal of fish you eat is usually:

- Less (*smaller than the picture*)
- Same or about the same
- More (*larger than the picture*)
- Don't know
- Prefer not to answer

30. During which season(s) do you eat fish? (check all that apply)

- Spring (*March, April, May*)
- Summer (*June, July, August*)
- Fall (*September, October, November*)
- Winter (*December, January, February*)
- Don't know
- Prefer not to answer

31. During which season(s) do you catch fish? (check all that apply)

- Spring (March, April, May)
- Summer (June, July, August)
- Fall (September, October, November)
- Winter (December, January, February)
- I don't catch fish
- Don't know
- Prefer not to answer

ADVISORY AWARENESS

Now we will be asking you a few questions about the safe-eating guidelines for fish caught in Wisconsin. We are not asking you about the regulations on what size of fish and how many fish you can keep from a water body. These questions are about the health-based advisories written to protect you from contaminants like mercury and PCBs.

32. Have you heard about the safe-eating guidelines for fish caught in Wisconsin?

- Yes
- No □ SKIP to #35
- Don't know □ SKIP to #35
- Prefer not to answer □ SKIP to #35

33. How much would you say that you know about these guidelines?

- Nothing
- A little bit
- Some
- Quite a bit
- A great deal
- Prefer not to answer

34. How closely do you follow the advice provided in these guidelines?

- Not at all
- A little bit
- Somewhat
- Very
- Extremely
- Prefer not to answer

35. Have you ever heard about the safe-eating guidelines for fish caught in the Milwaukee River and harbor mouth at Lake Michigan, Menomonee River, Lincoln Creek, or Cedar Creek?

- Yes
- No □ SKIP to #38
- Don't know □ SKIP to #38
- Prefer not to answer □ SKIP to #38

36. How much would you say that you know about these guidelines?

- Nothing
- A little bit
- Some
- Quite a bit
- A great deal
- Prefer not to answer

37. How closely do you follow the advice provided in these guidelines?

- Not at all
- A little bit
- Somewhat
- Very
- Extremely
- Prefer not to answer

38. Have you ever made any of the following changes to avoid contaminants such as mercury and PCBs? (check all that apply)

- Eaten fewer fish meals
- Eaten different types or species of fish
- Avoided eating certain parts of fish (head, fat, belly, skin)
- Avoided eating fish from some fishing locations
- None of these
- Prefer not to answer

39. The next questions will ask you how you get information about fish consumption advice, and how useful you think these sources are. Remember, we are asking you about the safe-eating guidelines, NOT any regulations about size and number of fish you can keep. Some of these questions will ask you to look at the images found at the back of this questionnaire.

Do you get information about Wisconsin fish consumption advice from:		If yes:		
		How useful is this source of information?	Do you find this source easy to understand?	Do you use this source when making decisions about eating fish?
a. Fishing club newsletters or websites or other sports club publications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
b. Wisconsin Department of Natural Resources website or publications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
c. Wisconsin Department of Health Services website or publications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
d. Federal agencies, such as the Environmental Protection Agency (EPA) or the Food and Drug Administration (FDA)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

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Do you get information about Wisconsin fish consumption advice from:		If yes:		
		How useful is this source of information?	Do you find this source easy to understand?	Do you use this source when making decisions about eating fish?
e. Friends or family members	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
f. Fishing regulations booklet distributed with fishing license, see Image 3	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
g. Choose Wisely - a health guide for eating fish in Wisconsin, see Image 4	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
h. Tackle or sporting goods stores	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
i. County health office or website	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

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Do you get information about Wisconsin fish consumption advice from:		If yes:		
		How useful is this source of information?	Do you find this source easy to understand?	Do you use this source when making decisions about eating fish?
	answer	<input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	answer	
j. Grocery store or food market	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
k. Fish eating guidelines posted near waters that I fish, see Image 5	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
l. Television, radio and/or newspaper messages/reports	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
m. My health care provider	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

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Do you get information about Wisconsin fish consumption advice from:	If yes:		
	How useful is this source of information?	Do you find this source easy to understand?	Do you use this source when making decisions about eating fish?
n. Charter boat operators or guides	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
o. iPhone/Smartphone apps (e.g., DNR Pocket Ranger Fish and Wildlife app), see Image 6 .	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

WILD BIRDS AND ANIMALS

Now we will ask you about any wild birds or animals you may have eaten in the last 12 months.

These next questions will ask you about the types of wild animals and waterfowl you have eaten which were caught near the lakes, rivers, and streams highlighted in Image 8, found at the back of this questionnaire. Images 7a-h at the back of this questionnaire show examples of these wild animals and waterfowl.

40. Thinking about the last 12 months, have you eaten:					
	Yes	No	Don't know	Prefer not to answer	If YES, approximately how many times did you eat it in the last 12 months?
a. Waterfowl (ducks, geese, or seagulls)					Number: _____ <input type="checkbox"/> Don't know how many
b. Crows or other scavenger birds					Number: _____ <input type="checkbox"/> Don't know how many
c. Deer					Number: _____ <input type="checkbox"/> Don't know how many
d. Frogs or toads					Number: _____ <input type="checkbox"/> Don't know how many
e. Rats or mice					Number: _____ <input type="checkbox"/> Don't know how many
f. Rabbits					Number: _____ <input type="checkbox"/> Don't know how many
g. Groundhogs					Number: _____ <input type="checkbox"/> Don't know how many
h. Squirrels					Number: _____ <input type="checkbox"/> Don't know how many

41. In the past 12 months, have you eaten waterfowl (such as ducks or geese) that were harvested in any other locations not highlighted in Image 1 (found at the back of this questionnaire)?

- YES: 41a. Please tell us where: _____
- NO
- Don't know
- Prefer not to answer

LIFESTYLE AND ACTIVITIES

Now we will ask you some questions about your lifestyle and some activities you might do in your free time.

42. On most days, do you take or use any herbal medicine or supplements?

- Yes
- No
- Don't know
- Prefer not to answer

43. On most days, do you take or use fish oil supplements?

- Yes
- No
- Don't know
- Prefer not to answer

44. Have you smoked at least 100 cigarettes (or 5 packs) in your lifetime?

- Yes
- No SKIP to #47
- Don't know SKIP to #47
- Prefer not to answer SKIP to #47

45. Do you smoke cigarettes now?

- Yes
- No SKIP to #47
- Don't know SKIP to #47
- Prefer not to answer SKIP to #47

46. How many cigarettes do you smoke per day? (1 pack=20 cigarettes)

- 1-5 per day
- 6-10 per day
- 11-20 per day (>1/2 and <1 pack per day)
- >20 per day (>1 pack per day)
- Don't know
- Prefer not to answer

47. Do you use chewing tobacco or snuff?

- Yes
- No SKIP to #49
- Don't know SKIP to #49
- Prefer not to answer SKIP to #49

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48. How often do you use chewing tobacco or snuff?

- Daily
- Weekly
- Monthly
- Don't know
- Prefer not to answer

49. Please look at Image 8 (found at the back of this questionnaire) of the lakes, rivers, and streams in the Milwaukee area. Do you swim, dive, or wade in any of these lakes, rivers, and streams?

- Yes: 49a. How many times in the past year? _____
- No
- Don't know
- Prefer not to answer

50. Have you or anyone else in your household done any of the following activities in the last 12 months?

Activity:	Yes	No	Don't know	Prefer not to answer
Dyeing material				
Electronics assembly				
Gardening or farming				
Glass crafting				
Metal work				
Painting and glazing				
Packing ammunition				
Print making				
Wood working				
Home renovation/repair				

HOUSEHOLD INFORMATION

Now we will ask you a few questions about your household, including how many people live in your home with you.

51. Do you live alone, or with others?

- With others → **51a. How many people live with you?** Please count all adults, children and infants. Do not count yourself. _____
- Live alone → *SKIP to #50*
- Don't know → *SKIP to #50*
- Prefer not to answer → *SKIP to #50*

52. Do you live with any women between the ages of 15 and 45 years old?

- Yes → **52a. How many women between the ages of 14 and 45 live with you?** _____
- No → *SKIP to #53*
- Don't know → *SKIP to #53*
- Prefer not to answer → *SKIP to #53*

52b. Do any of these women eat locally caught fish?

- Yes
- No
- Don't know
- Prefer not to answer

53. Do you live with any children under the age of 15?

- Yes → **53a. How many children under the age of 15 live with you?** _____
- No → *SKIP to #54*
- Don't know → *SKIP to #54*
- Prefer not to answer → *SKIP to #54*

53b. Do any of these children eat locally caught fish?

- Yes
- No
- Don't know
- Prefer not to answer

EDUCATION, MARITAL STATUS, WORK HISTORY, AND INCOME
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Now we will ask some questions about your work history, education, income, and marital status.

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

- 8th grade or less
- Some high school, no diploma or GED
- High school diploma or GED
- Some college, no diploma
- Associate degree
- Bachelor's degree
- Postgraduate, professional, or doctoral degree
- Don't know
- Prefer not to answer

55. What is your current marital status?

- Married
- Living with someone in a marriage-like relationship
- Separated
- Divorced
- Widowed
- Never married
- Prefer not to answer

56. Do you currently work outside the home?

- Yes, Full-time (*answer 56a*)
- Yes, Part-time (*answer 56a*)
- No → *SKIP to #57*
- Don't know → *SKIP to #57*
- Prefer not to answer → *SKIP to #57*

56a. What is your current job?

Title _____
Who is your employer? _____
How many hours a week do you work? _____ hours per week
What are your usual activities or duties? _____

56b. Do you have a second job?

- Yes → *answer 56bi*
- No → *SKIP to #57*
- Don't know → *SKIP to #57*
- Prefer not to answer → *SKIP to #57*

56bi. What is your second job?

Title _____
Who is your employer? _____
What are your usual activities or duties? _____

56c. Have you worked at any (other) job in the past year?

- Yes, Full-time *answer 56ci*
- No → *SKIP to #57*
- Don't know → *SKIP to #57*
- Prefer not to answer → *SKIP to #57*

56ci. What was this other job?

Title _____
Who is your employer? _____
What are your usual activities or duties? _____

57. Can you tell me your total family income in 2017 before taxes? (check one only)

- Less than \$15,000
- \$15,000 to less than \$25,000
- \$25,000 to less than \$35,000
- \$35,000 to less than \$50,000
- \$50,000 to less than \$75,000
- \$75,000 to less than \$100,000
- \$100,000 or more
- Don't know
- Prefer not to answer

HEALTH HISTORY

These next questions will ask you about any health conditions you have or have had.

Have you ever been told by a doctor that you had/have any of the following health conditions:					
58. Heart/Circulatory Conditions:	Yes	If yes: year of diagnosis	No	Don't know	Prefer not to answer
Coronary heart disease	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart attack	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina (pain from coronary heart disease)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension or high blood pressure	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High fat or cholesterol in your blood	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aneurysm	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Thyroid conditions:	Yes	If yes: year of diagnosis	No	Don't know	Prefer not to answer
Benign (non-cancerous) thyroid tumor	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hashimoto's Disease	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grave's Disease	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An underactive thyroid or hypothyroidism	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An overactive thyroid or hyperthyroidism	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A goiter or enlarged thyroid gland	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some other thyroid or endocrine problem : _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Have you ever been told by a doctor that you had/have any of the following health conditions:					
60. Liver conditions:	Yes	If yes: year of diagnosis	No	Don't know	Prefer not to answer
Hepatitis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cirrhosis of the liver	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yellow jaundice	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatty liver disease, not caused by drinking alcohol)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some other type of liver condition: _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. Other health conditions:	Yes	If yes: year of diagnosis	No	Don't know	Prefer not to answer
Diabetes	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-diabetes (impaired fasting glucose, impaired glucose tolerance, borderline diabetes or higher blood sugar than normal but not high enough to be called diabetes or sugar diabetes)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic kidney disease (CKD; chronic renal insufficiency)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porphyria (decreased red blood cell production due to abnormal porphyrin metabolism)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	<input type="checkbox"/>	What years were you diagnosed with each cancer?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If yes, what kind of cancer(s) were you diagnosed with (please write below)?					
Type 1:					
Type 2:					
Type 3:					

PRESCRIPTION MEDICATIONS

These next questions will ask you about medications you may currently be taking.

Attachment 7b. Study Questionnaire for Licensed Anglers (paper)
 Biomonitoring of Great Lakes Populations Program III

Are you currently taking prescription medications for:	Yes	No	Don't know	Prefer not to answer
62. A thyroid condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
63. Diabetes	<input type="checkbox"/> YES IF YES, what kind: <input type="checkbox"/> Insulin <input type="checkbox"/> Oral medication <input type="checkbox"/> Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
64. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
65. High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
66. Other health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are a male, we have no more questions for you at this time. Please remember to bring this questionnaire with you to your in-person appointment. Thank you for completing this questionnaire.

If you are a female, please answer these questions about reproductive history.

REPRODUCTIVE HISTORY - FEMALE

67. Have you ever been pregnant?

- Yes: **67a. How many times have you been pregnant?** _____
- No → go to go to END SURVEY
- Don't know → go to go to END SURVEY
- Prefer not to answer → go to go to END SURVEY

68. Did any of these pregnancies result in a live birth?

- Yes → **68a. How many pregnancies resulted in live birth?** _____
- Never → go to go to END SURVEY
- Don't know → go to go to END SURVEY
- Prefer not to answer → go to go to END SURVEY

69. Have you ever breastfed any children?

- Yes answer 69a.
- No → go to go to END SURVEY
- Don't know → go to END SURVEY
- Prefer not to answer → go to END SURVEY

69a. Tell me about the children you have breastfed from the first to the most recent child, including any children you are breastfeeding now.

	Birth Year (YYYY)	Birthplace (city/state/	Number of months	If number of months is unknown ask:

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		country)	breastfeeding?	At what age did they stop breast feeding?
1 st				
2 nd				
3 rd				
4 th				
5 th				
6 th				
7 th				
8 th				
9 th				
10 th				

END OF QUESTIONNAIRE

Thank you for completing this questionnaire. Please remember to bring it with you for your in-person appointment.