

Appendix 1: Questionnaire

Updated: August 28, 2018

Survey ID _____

Section 1: Questions about travel to Mexico and the southwest United States			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	1. Did you attend a service trip to the Tijuana area of Mexico at any time during July 2018? (Note that the Tijuana area is directly south of the San Diego metro area. For purposes of this survey, please consider nearby towns, including Rosarito and La Joya as part of the Tijuana area.)	
If Q1 is "No", END survey. Thank you for participating in the survey.			
2. When did you arrive in Mexico for this trip? (If you don't know, check the box for "don't know" and record your best guess) ___ / ___ / _____ <input type="checkbox"/> Don't know M M D D Y Y Y Y			
3. When did you leave Mexico at the end of this trip? (If you don't know, check the box for "don't know" and record your best guess) ___ / ___ / _____ <input type="checkbox"/> Don't know M M D D Y Y Y Y			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	4. As part of this trip, did you travel anywhere else in Mexico before arriving in the Tijuana area?	
→ SKIP if Q4 is No			
5. If yes, specify _____			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	6. As part of this trip, did you travel anywhere else in Mexico after leaving the Tijuana area?	
→ SKIP if Q6 is No			
7. If yes, specify _____			
Yes	No		
<input type="checkbox"/>	<input type="checkbox"/>	8. As part of this trip, did you spend time in California or Arizona? (Please don't count travel directly between the San Diego airport and the Mexico border)	
→ SKIP if Q8 is No			
9. If yes, specify location(s) _____			
10. Specify amount of time _____			
Yes	No	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Before this service trip, had you previously traveled to the Tijuana area or other parts of northwestern Mexico (i.e., the states of Baja California and Sonora)?
→ SKIP if Q11 is No or don't know			12. If yes, in which years? Specify _____ (If you don't remember exactly, please use your best guess)
Yes	No	Don't Know	

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	13. Before this service trip, had you previously traveled to southern California or Arizona?
➔ SKIP if Q13 is No or don't know			14. If yes, in which years? Specify _____ (If you don't remember exactly, please use your best guess)

Section 2: Questions about your activities during travel to Mexico

Ye s	No	Don't Kno w				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	15. Did you help build houses during the 2018 service trip?			
16. How many houses did you work on during this trip?						
<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 or more						
<i>We would like to know which houses you worked on and what type of soil-related activities you did each day of your trip. We have provided pictures of the houses along with their location names to help you identify them as best you can. Please answer as best you can remember, even if you're not sure.</i>						
<i>House A (Castores) Next to a school, and view of a valley at the end of the street.</i>						
<i>House B (Rosarito) Urban nice neighborhood.</i>						
<i>House C (Cumbres) Top of a hill with breezy ocean view.</i>						
17. On Monday, which house did you work at?						
<input type="checkbox"/> House A <input type="checkbox"/> House B <input type="checkbox"/> House C <input type="checkbox"/> Other. Specify _____ (describe the house the best you can such as how far it was from the Posada, whether it was paved road, whether it was rural or urban location, whether it was next to a school, whether there were many stray dogs, and whether you saw a valley or an ocean)						
As best you can recall, did you do the following activity?			Yes	No	Don't Kno w	For about how many hours total?
18. Digging trenches or holes			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. _____ hours
20. Shoveling or wheelbarrowing dirt/soil			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. _____ hours
22. Mixing/making cement from dry ingredients (sand and gravel)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. _____ hours
24. Filling or passing buckets with sand or soil			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. _____ hours
26. Filling or passing buckets with cement			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. _____ hours
28. Passing empty buckets			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. _____ hours
30. Backfilling the trench (putting dirt back into the foundation of the house)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. _____ hours
32. Compacting dirt/soil in the trench			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	33. _____ hours
34. Cutting and bending rebar			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	35. _____ hours
36. Tying rebar for the floor or the roof			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	37. _____ hours
38. Laying blocks in the trench to make walls			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	39. _____ hours
40. Building the roof			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	41. _____ hours
42. Other activities, specify _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	43. _____ hours
44. Other activities, specify _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	45. _____ hours
46. Did you use any of the following tools this day? (check all that apply)						
<input type="checkbox"/> Shovel <input type="checkbox"/> Pick <input type="checkbox"/> Electric tamper/soil compactor <input type="checkbox"/> Manual tamper/soil compactor <input type="checkbox"/> Wheelbarrow <input type="checkbox"/> Other, specify _____						
47. How much of the time while you were working on the house this day was there dust in the air you were breathing?						
<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know						

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48. During times when you could see dust in the air, did you wear any type of covering over your mouth and nose at any time this day?

No
 Bandanna
 Dust mask
 Respirator (e.g., N-95)
 Other, specify _____

Yes	No	Don't Know		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	49. Did you notice dust on your clothes at the end of this day?	
→ Skip if Q49 is No or Don't know			50. If yes, how dusty was your clothes? <input type="checkbox"/> Extremely dusty <input type="checkbox"/> Very dusty <input type="checkbox"/> Mildly dusty <input type="checkbox"/> Just a little bit of dust	
→ Skip if Q49 is No or Don't know			51. As best as you can recall, what was the color of the dust? <input type="checkbox"/> Black <input type="checkbox"/> Tan brown <input type="checkbox"/> Mustard yellow <input type="checkbox"/> Other. Specify _____	
→ Skip if Q49 is No or Don't know			52. Where did you shake off your dusty clothes at the end of the day? Specify _____	
Yes	No	Don't Know		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	53. Were you near someone moving or digging dirt?	
→ Skip if Q53 is No or Don't know			54. If yes, what do you consider near? Specify _____ feet	
55. On Tuesday , which house did you work at? <input type="checkbox"/> House A <input type="checkbox"/> House B <input type="checkbox"/> House C <input type="checkbox"/> Other. Specify _____ (describe the house the best you can such as how far it was from the Posada, whether it was paved road, whether it was rural or urban location, whether it was next to a school, whether there were many stray dogs, and whether you saw a valley or an ocean)				
As best you can recall, did you do the following activity?				
	Yes	No	Don't Know	For about how many hours total?
56. Digging trenches or holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	57. _____ hours
58. Shoveling or wheelbarrowing dirt/soil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	59. _____ hours
60. Mixing/making cement from dry ingredients (sand and gravel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	61. _____ hours
62. Filling or passing buckets with sand or soil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	63. _____ hours
64. Filling or passing buckets with cement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	65. _____ hours
66. Passing empty buckets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	67. _____ hours
68. Backfilling the trench (putting dirt back into the foundation of the house)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	69. _____ hours
70. Compacting dirt/soil in the trench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	71. _____ hours
72. Cutting and bending rebar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	73. _____ hours
74. Tying rebar for the floor or the roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	75. _____ hours
76. Laying blocks in the trench to make walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	77. _____ hours
78. Building the roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	79. _____ hours
80. Other activities, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	81. _____ hours
82. Other activities, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	83. _____ hours
84. Did you use any of the following tools this day? (check all that apply)				
<input type="checkbox"/> Shovel <input type="checkbox"/> Pick <input type="checkbox"/> Electric tamper/soil compactor <input type="checkbox"/> Manual tamper/soil compactor				
<input type="checkbox"/> Wheelbarrow <input type="checkbox"/> Other, specify _____				

85. How much of the time while you were working on the house this day was there dust in the air you were breathing?
 All of the time Most of the time Some of the time Rarely Never Don't know

86. During times when you could see dust in the air, did you wear any type of covering over your mouth and nose at any time this day?
 No
 Bandanna
 Dust mask
 Respirator (e.g., N-95)
 Other, specify _____

Yes	No	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	87. Did you notice dust on your clothes at the end of this day?
→ Skip if Q87 is No or Don't know			88. If yes, how dusty was your clothes? <input type="checkbox"/> Extremely dusty <input type="checkbox"/> Very dusty <input type="checkbox"/> Mildly dusty <input type="checkbox"/> Just a little bit of dust
→ Skip if Q87 is No or Don't know			89. As best as you can recall, what was the color of the dust? <input type="checkbox"/> Black <input type="checkbox"/> Tan brown <input type="checkbox"/> Mustard yellow <input type="checkbox"/> Other. Specify _____
→ Skip if Q87 is No or Don't know			90. Where did you shake off your dusty clothes at the end of the day? Specify _____
Yes	No	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	91. Were you near someone moving or digging dirt?
→ Skip if Q91 is No or Don't know			92. If yes, what do you consider near? Specify _____ feet

93. On **Wednesday**, which house did you work at?
 House A House B House C Other. Specify _____ (describe the house the best you can such as how far it was from the Posada, whether it was paved road, whether it was rural or urban location, whether it was next to a school, whether there were many stray dogs, and whether you saw a valley or an ocean)

As best you can recall, did you do the following activity?	Yes	No	Don't Know	For about how many hours total?
94. Digging trenches or holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	95. _____ hours
96. Shoveling or wheelbarrowing dirt/soil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	97. _____ hours
98. Mixing/making cement from dry ingredients (sand and gravel)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	99. _____ hours
100. Filling or passing buckets with sand or soil	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	101. _____ hours
102. Filling or passing buckets with cement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	103. _____ hours
104. Passing empty buckets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	105. _____ hours
106. Backfilling the trench (putting dirt back into the foundation of the house)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	107. _____ hours
108. Compacting dirt/soil in the trench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	109. _____ hours
110. Cutting and bending rebar	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	111. _____ hours
112. Tying rebar for the floor or the roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	113. _____ hours
114. Laying blocks in the trench to make walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	115. _____ hours
116. Building the roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	117. _____ hours
118. Other activities, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	119. _____ hours
120. Other activities, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	121. _____ hours

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122. Did you use any of the following tools this day? (check all that apply)
 Shovel Pick Electric tamper/soil compactor Manual tamper/soil compactor
 Wheelbarrow Other, specify _____

123. How much of the time while you were working on the house this day was there dust in the air you were breathing?
 All of the time Most of the time Some of the time Rarely Never Don't know

124. During times when you could see dust in the air, did you wear any type of covering over your mouth and nose at any time this day?
 No
 Bandanna
 Dust mask
 Respirator (e.g., N-95)
 Other, specify _____

Yes	No	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	125. Did you notice dust on your clothes at the end of this day?
→ Skip if Q125 is No or Don't know			126. If yes, how dusty was your clothes? <input type="checkbox"/> Extremely dusty <input type="checkbox"/> Very dusty <input type="checkbox"/> Mildly dusty <input type="checkbox"/> Just a little bit of dust
→ Skip if Q125 is No or Don't know			127. As best as you can recall, what was the color of the dust? <input type="checkbox"/> Black <input type="checkbox"/> Tan brown <input type="checkbox"/> Mustard yellow <input type="checkbox"/> Other. Specify _____
→ Skip if Q125 is No or Don't know			128. Where did you shake off your dusty clothes at the end of the day? Specify _____
Yes	No	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	129. Were you near someone moving or digging dirt?
→ Skip if Q129 is No or Don't know			130. If yes, what do you consider near? Specify _____ feet
131. On Thursday , which house did you work at? <input type="checkbox"/> House A <input type="checkbox"/> House B <input type="checkbox"/> House C <input type="checkbox"/> Other. Specify _____ (describe the house the best you can such as how far it was from the Posada, whether it was paved road, whether it was rural or urban location, whether it was next to a school, whether there were many stray dogs, and whether you saw a valley or an ocean)			
As best you can recall, did you do the following activity?			For about how many hours total?
Yes	No	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	132. Digging trenches or holes 133. _____ hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	134. Shoveling or wheelbarrowing dirt/soil 135. _____ hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	136. Mixing/making cement from dry ingredients (sand and gravel) 137. _____ hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	138. Filling or passing buckets with sand or soil 139. _____ hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	140. Filling or passing buckets with cement 141. _____ hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	142. Passing empty buckets 143. _____ hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	144. Backfilling the trench (putting dirt back into the foundation of the house) 145. _____ hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	146. Compacting dirt/soil in the trench 147. _____ hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	148. Cutting and bending rebar 149. _____ hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	150. Tying rebar for the floor or the roof 151. _____ hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	152. Laying blocks in the trench to make walls 153. _____ hours
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	154. Building the roof 155. _____ hours

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156. Other activities, specify _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	157. _____ hours
158. Other activities, specify _____			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	159. _____ hours
160. Did you use any of the following tools this day? (check all that apply)						
<input type="checkbox"/> Shovel <input type="checkbox"/> Pick <input type="checkbox"/> Electric tamper/soil compactor <input type="checkbox"/> Manual tamper/soil compactor <input type="checkbox"/> Wheelbarrow <input type="checkbox"/> Other, specify _____						
161. How much of the time while you were working on the house this day was there dust in the air you were breathing?						
<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know						
162. During times when you could see dust in the air, did you wear any type of covering over your mouth and nose at any time this day?						
<input type="checkbox"/> No <input type="checkbox"/> Bandanna <input type="checkbox"/> Dust mask <input type="checkbox"/> Respirator (e.g., N-95) <input type="checkbox"/> Other, specify _____						
Yes	No	Don't Know				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	163. Did you notice dust on your clothes at the end of this day?			
→ Skip if Q163 is No or Don't know			164. If yes, how dusty was your clothes?			
			<input type="checkbox"/> Extremely dusty <input type="checkbox"/> Very dusty <input type="checkbox"/> Mildly dusty <input type="checkbox"/> Just a little bit of dust			
→ Skip if Q163 is No or Don't know			165. As best as you can recall, what was the color of the dust?			
			<input type="checkbox"/> Black <input type="checkbox"/> Tan brown <input type="checkbox"/> Mustard yellow <input type="checkbox"/> Other. Specify _____			
→ Skip if Q163 is No or Don't know			166. Where did you shake off your dusty clothes at the end of the day?			
			Specify _____			
Yes	No	Don't Know				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	167. Were you near someone moving or digging dirt?			
→ Skip if Q167 is No or Don't know			168. If yes, what do you consider near? Specify _____ feet			
169. On Friday, which house did you work at?						
<input type="checkbox"/> House A <input type="checkbox"/> House B <input type="checkbox"/> House C <input type="checkbox"/> Other. Specify _____ (describe the house the best you can such as how far it was from the Posada, whether it was paved road, whether it was rural or urban location, whether it was next to a school, whether there were many stray dogs, and whether you saw a valley or an ocean)						
As best you can recall, did you do the following activity?			Yes	No	Don't Know	For about how many hours total?
170. Digging trenches or holes			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	171. _____ hours
172. Shoveling or wheelbarrowing dirt/soil			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	173. _____ hours
174. Mixing/making cement from dry ingredients (sand and gravel)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	175. _____ hours
176. Filling or passing buckets with sand or soil			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	177. _____ hours
178. Filling or passing buckets with cement			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	179. _____ hours
180. Passing empty buckets			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	181. _____ hours
182. Backfilling the trench (putting dirt back into the foundation of the house)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	183. _____ hours
184. Compacting dirt/soil in the trench			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	185. _____ hours
186. Cutting and bending rebar			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	187. _____ hours
188. Tying rebar for the floor or the roof			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	189. _____ hours

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190. Laying blocks in the trench to make walls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	191. _____ hours
192. Building the roof	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	193. _____ hours
194. Other activities, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	195. _____ hours
196. Other activities, specify _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	197. _____ hours
198. Did you use any of the following tools this day? (check all that apply)				
<input type="checkbox"/> Shovel <input type="checkbox"/> Pick <input type="checkbox"/> Electric tamper/soil compactor <input type="checkbox"/> Manual tamper/soil compactor <input type="checkbox"/> Wheelbarrow <input type="checkbox"/> Other, specify _____				
199. How much of the time while you were working on the house this day was there dust in the air you were breathing?				
<input type="checkbox"/> All of the time <input type="checkbox"/> Most of the time <input type="checkbox"/> Some of the time <input type="checkbox"/> Rarely <input type="checkbox"/> Never <input type="checkbox"/> Don't know				
200. During times when you could see dust in the air, did you wear any type of covering over your mouth and nose at any time this day?				
<input type="checkbox"/> No <input type="checkbox"/> Bandanna <input type="checkbox"/> Dust mask <input type="checkbox"/> Respirator (e.g., N-95) <input type="checkbox"/> Other, specify _____				
Yes	No	Don't Know		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	201. Did you notice dust on your clothes at the end of this day?	
→ Skip if Q201 is No or Don't know			202. If yes, how dusty was your clothes?	
			<input type="checkbox"/> Extremely dusty <input type="checkbox"/> Very dusty <input type="checkbox"/> Mildly dusty <input type="checkbox"/> Just a little bit of dust	
→ Skip if Q201 is No or Don't know			203. As best as you can recall, what was the color of the dust?	
			<input type="checkbox"/> Black <input type="checkbox"/> Tan brown <input type="checkbox"/> Mustard yellow <input type="checkbox"/> Other. Specify _____	
→ Skip if Q201 is No or Don't know			204. Where did you shake off your dusty clothes at the end of the day?	
			Specify _____	
Yes	No	Don't Know		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	205. Were you near someone moving or digging dirt?	
→ Skip if Q205 is No or Don't know			206. If yes, what do you consider near? Specify _____ feet	
Yes	No	Don't Know		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	207. Did you play volleyball at the Posada on this trip?	
→ Skip if Q207 is No			208. If yes, how many times did you play at the volleyball court?	
			<input type="checkbox"/> Once <input type="checkbox"/> Twice <input type="checkbox"/> Three times <input type="checkbox"/> More than three times	
209. Please describe any other place that appeared very dusty. Specify _____				

Section 3: General Questions About Valley Fever

This section includes questions about Valley fever and working in dusty places. Answers to these questions can help improve public communications to prevent the disease.

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	210. Before August 2018, had you heard of Valley fever (coccidioidomycosis)?
→ Skip if Q210 is No		211. If yes, where or how had you heard of it? Specify _____
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	212. Before August 2018, did you know that people can get fungal infections from breathing in dust in certain places?
<input type="checkbox"/>	<input type="checkbox"/>	213. Did you take any special efforts to reduce the amount of dust that was created?
→ Skip if Q213 is No		214. If yes, specify _____
215. What are ways that people can minimize the amount of dust they breathe when doing construction work? Specify _____		
Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	216. Did you take any special efforts to reduce the amount of dust that you inhaled?
→ Skip if Q216 is No		217. If yes, specify _____

Section 4: Questions About Your Experience After Returning from Mexico

Yes	No	Don't Know							
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<i>Did you experience any of the following during or in the 4 weeks after your volunteer service trip to Mexico?</i>						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	218. Fever						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	219. Fatigue						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	220. Chest pain						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	221. Chills						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	222. Painful joints						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	223. Painful muscles						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	224. Cough						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	225. Shortness of breath						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	226. Any rashes? (painful or itchy red lumps on skin)						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	227. Night sweats						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	228. Headache						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	229. Weight loss						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	230. Do you still have any of these symptoms?						
			231. Did you have any other symptoms? Specify _____						
			232. Did you have any other symptoms? Specify _____						
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	233. Did you have any respiratory symptoms or fever (for example, like from a cold or flu) that started during your recent travel to Mexico or in the four weeks after returning?						
<p>➔ Skip to Q245 if Q233 is No or Don't know</p>			234. <i>If yes, what date did you first feel sick? (If you don't know, check the box for "don't know" and record your best guess)</i> ___ / ___ / ____-____ <input type="checkbox"/> Don't know <i>M M D D Y Y Y Y</i>						
<p>➔ Skip to Q245 if Q233 is No or Don't know</p>			235. <i>If yes, how many days did your illness last? Specify _____</i>						
<p>➔ Skip if Q233 is No or Don't know</p>			<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%; text-align: center;">Yes</th> <th style="width: 25%; text-align: center;">No</th> <th style="width: 50%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>236.Were you unable to do your normal activities because of this illness?</td> </tr> </tbody> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	236. Were you unable to do your normal activities because of this illness?
Yes	No								
<input type="checkbox"/>	<input type="checkbox"/>	236. Were you unable to do your normal activities because of this illness?							
<p>➔ Skip if Q236 is No</p>			237. <i>If yes, how many days? Specify _____</i>						
<p>➔ Skip if Q233 is No or Don't know</p>			<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%; text-align: center;">Yes</th> <th style="width: 25%; text-align: center;">No</th> <th style="width: 50%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>238.Did you visit the emergency room for this respiratory illness in July or August 2018?</td> </tr> </tbody> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	238. Did you visit the emergency room for this respiratory illness in July or August 2018?
Yes	No								
<input type="checkbox"/>	<input type="checkbox"/>	238. Did you visit the emergency room for this respiratory illness in July or August 2018?							
<p>➔ Skip if Q233 is No or Don't know</p>			<table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 25%; text-align: center;">Yes</th> <th style="width: 25%; text-align: center;">No</th> <th style="width: 50%;"></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/></td> <td>239.Were you hospitalized for this illness in July or August 2018?</td> </tr> </tbody> </table>	Yes	No		<input type="checkbox"/>	<input type="checkbox"/>	239. Were you hospitalized for this illness in July or August 2018?
Yes	No								
<input type="checkbox"/>	<input type="checkbox"/>	239. Were you hospitalized for this illness in July or August 2018?							
<p>➔ Skip if Q239 is No</p>			240. <i>If yes, how many days were you hospitalized in July or August 2018? Specify _____</i>						

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information including suggestions for reducing this burden to CDC/ATSDR Reports Clearance Officer, 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0920-1011)

	Yes	No	
→ Skip if Q239 is No	<input type="checkbox"/>	<input type="checkbox"/>	241.If yes to hospitalized, were you put on a ventilator (breathing machine) in July or August 2018?
→ Skip if Q241 is No	242.If yes, how many days were you on a ventilator in July or August 2018? Specify _____		
	Yes	No	
→ Skip if Q239 is No	<input type="checkbox"/>	<input type="checkbox"/>	243.If yes to hospitalized, were you in the intensive care unit in July or August 2018?
→ Skip if Q243 is No	244.If yes, how many days were you in the intensive care unit in July or August 2018? Specify _____		
Yes	No	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	245.Did you see a healthcare provider during your recent travel to Mexico or in the four weeks after returning to the United States?
→ Skip if Q245 is No	246.If yes to healthcare provider, what was the reason for visiting a healthcare provider? Specify _____		
→ Skip if Q245 is No	247.If yes to healthcare provider, how many times did you visit a healthcare provider during this period? <input type="checkbox"/> once <input type="checkbox"/> twice <input type="checkbox"/> three times <input type="checkbox"/> four times <input type="checkbox"/> five times or more		
	Yes	No	
→ Skip if Q245 is No	<input type="checkbox"/>	<input type="checkbox"/>	248.If yes to healthcare provider, was this for any type of respiratory symptoms or fever (for example, like from a cold or flu)?
→ Skip if Q248 is No	249.If yes to respiratory symptoms, what did the healthcare provider tell you was the cause of your illness? Specify _____ <input type="checkbox"/> Don't know		
	Yes	No	Don't Know
→ Skip if Q245 is No or Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			250.Did you receive a chest x-ray in July or August 2018?
→ Skip if Q245 is No or Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			251.Were you given any medication for this respiratory illness in July or August 2018?
→ Skip if Q245 is No or Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			252.Did you take anti-fungal medication (Examples: Amphotericin B, Ambisome, Diflucan, Fluconazole, Itraconazole, Voriconazole, Posaconazole)?
→ Skip if Q245 is No or Don't know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			253.Did you take antibiotic medication (Example: amoxicillin, doxycycline, cephalexin, ciprofloxacin, clindamycin, metronidazole, azithromycin, sulfamethoxazole/trimethoprim)?
Yes	No	Don't Know	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	254.Did you take anything over the counter (without prescription)?
→ Skip if Q254 is No or Don't know	255.If yes to over the counter, specify medication _____		
Yes	No	Don't Know	

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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	256. Were you ever diagnosed with Valley fever before traveling to Mexico in summer 2018?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	257. Were you diagnosed with Valley fever after returning from Mexico in summer 2018?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	258. Did you take a corticosteroid (for example, prednisone) in the 4 weeks before your recent travel to Mexico?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	259. Do you have diabetes?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	260. Do you have lung disease such as COPD, asthma, or emphysema?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	261. Do you have any condition that weakens your immune system (for example, cancer, HIV, transplant, or medication that weakens your immune system)?
→ Skip if Q261 is No or Don't know			262. If yes, specify _____

Section 5: Demographic Questions

263. Which State and city do you reside in?		State _____	City _____
264. Age _____	265. Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female		
266. How do you describe your race? (select all that apply)			
<input type="checkbox"/> White	<input type="checkbox"/> Black or African American	<input type="checkbox"/> American Indian or Alaska Native	<input type="checkbox"/> Asian
<input type="checkbox"/> Native Hawaiian or Other Pacific Islander			
267. How do you describe your ethnicity?			
<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic			
268. What is your occupation? <input type="checkbox"/> Student <input type="checkbox"/> Faculty <input type="checkbox"/> Other. Specify _____			
269. What is the name of the school you attend or teach at? Specify _____			

Section 6: COMMENTS

If there is any other information you would like to share about your travel or Valley fever?