

## National Amyotrophic Lateral Sclerosis (ALS) Registry

### Environmental Factors

1. What is your current employment status?
 

<input type="radio"/> Full-time employed	<input type="radio"/> Part-time employed
<input type="radio"/> Unemployed	<input type="radio"/> Retired
<input type="radio"/> Disabled	<input type="radio"/> Other (specify):
<input type="radio"/> Full-time student	<input type="radio"/> Homemaker
  
2. Were you ever a member of the armed forces? (Check all that apply)
 

<input type="checkbox"/> No	<input type="checkbox"/> Army
<input type="checkbox"/> Navy	<input type="checkbox"/> Marines
<input type="checkbox"/> Air Force	<input type="checkbox"/> Coast Guard
<input type="checkbox"/> Reserves/National Guard	<input type="checkbox"/> Don't know
  
3. Were you ever deployed to a war arena? (Check all that apply)
 

<input type="checkbox"/> No	<input type="checkbox"/> World War II
<input type="checkbox"/> Korean Conflict	<input type="checkbox"/> Vietnam War
<input type="checkbox"/> Persian Gulf	<input type="checkbox"/> Afghanistan War
<input type="checkbox"/> Persian Gulf II	<input type="checkbox"/> Other (specify) _____
  
4. Over your lifetime (at least 100 days or more), have you ever had a job where you worked with the following pesticides? (Check all that apply)
 

<input type="checkbox"/> No	<input type="checkbox"/> Herbicides
<input type="checkbox"/> Fungicides	<input type="checkbox"/> Insecticides
<input type="checkbox"/> Rodenticides	<input type="checkbox"/> Fumigants
<input type="checkbox"/> Don't know	
  
5. Over your lifetime (at least 100 days or more), have you ever had a job where you were exposed to the following chemicals? (Check all that apply)
 

<input type="checkbox"/> No	<input type="checkbox"/> Glues or adhesives
<input type="checkbox"/> Solvents and degreasers	<input type="checkbox"/> Unleaded gasoline
<input type="checkbox"/> Unleaded paint	<input type="checkbox"/> Formaldehyde
<input type="checkbox"/> Other chemicals (specify) _____	<input type="checkbox"/> Don't know
  
6. Over your lifetime (at least 100 days or more), have you ever had a job where you were exposed to the following metals/metal work? (Check all that apply)
 

<input type="checkbox"/> No	<input type="checkbox"/> Leaded gasoline
<input type="checkbox"/> Lead paint	<input type="checkbox"/> Soldering
<input type="checkbox"/> Welding/brazing/flame cutting	<input type="checkbox"/> Metal dust or fume
<input type="checkbox"/> Don't know	
  
7. Have you ever personally handled any of the following outside work (such as home or garden) for a potential exposure to pesticides? (Check all that apply)
 

<input type="checkbox"/> No	<input type="checkbox"/> Herbicides
<input type="checkbox"/> Fungicides	<input type="checkbox"/> Insecticides
<input type="checkbox"/> Gardening	<input type="checkbox"/> Don't know
  
8. Have you ever personally handled any of the following outside work (such as home or garden) for a potential exposure to chemicals? (Check all that apply)
 

<input type="checkbox"/> No	<input type="checkbox"/> Pet tick/ flea treatment (soaps, shampoos, dips, or powder)
<input type="checkbox"/> Leatherwork	<input type="checkbox"/> Oil-based painting
<input type="checkbox"/> Woodworking	<input type="checkbox"/> Car repairing/restoring
<input type="checkbox"/> Using glue to build wooden/plastic models	<input type="checkbox"/> Developing photographs
<input type="checkbox"/> Don't know	
  
9. Have you ever personally handled any of the following outside work (such as home or garden) for a potential exposure to metals? (Check all that apply)
 

<input type="checkbox"/> No	<input type="checkbox"/> Glazing pottery/ceramics
<input type="checkbox"/> Remodeling/paint scraping on homes built before 1960	<input type="checkbox"/> Soldering, welding, metal work
<input type="checkbox"/> Outdoor hunting or shooting	<input type="checkbox"/> Indoor range gun shooting
<input type="checkbox"/> Bullet casting or reloading	<input type="checkbox"/> Fishing with lead weights/sinkers
<input type="checkbox"/> Knitting and jewelry making	<input type="checkbox"/> Other hobbies (specify) _____
<input type="checkbox"/> Don't know	
  
10. To the best of your knowledge, have you ever lived for more than 6 months in areas with following environment? (Check all that apply)
 

<input type="checkbox"/> No	<input type="checkbox"/> Farm or ranch
<input type="checkbox"/> Private well as source of water	<input type="checkbox"/> Within ¼ miles of agricultural area sprayed with pesticides/herbicides
<input type="checkbox"/> Don't know	