

COMPLETE HERE

OMB #: 0925-0406
Expiration Date: 08/31/96

Agricultural Health Study

Spouse Questionnaire

[CODED MANUAL]



Public reporting burden for this collection of information is estimated to average 60 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. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: PHS Reports Clearance Officer, Rm 721-B, Humphrey Building, 200 Independence Ave., SW, Washington, D.C. 20201, ATTN: PRA; and to Office of Management and Budget, Paperwork Reduction Project (0925-0406), Washington, D.C. 20503.

**Please return this questionnaire in the
next two weeks in the envelope provided.**

Problems or questions? Call 1-800-4AG-STUDY.

Dear Applicator's Spouse:

We are asking for your help in carrying out an important scientific study that the University of Iowa Medical Center and Survey Research Associates (Durham, NC) are conducting in cooperation with the National Institutes of Health (NIH) and the Office of Research and Development of the US Environmental Protection Agency (USEPA). The study is being conducted in Iowa and North Carolina and investigates environmental factors, occupation and diet and their effects on an individual's health.

The study results will give you and your spouse information you may find helpful in making decisions for your health and the health of your family. This information will be provided through the cooperative extension service, state and county health departments, articles in trade magazines, and in public service announcements on radio and TV. You can request study reports by calling the Agricultural Health Study's toll-free number 1-800-4AG-STUDY.

This questionnaire asks about your lifestyle, pesticide use, work practices in your home, family medical history, cooking practices and health. You are free to skip any question at any point in the form.

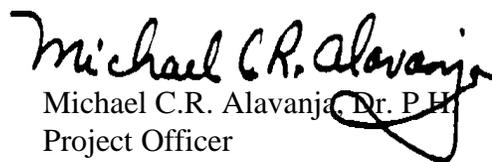
Your participation is very important to the success of the study. Information you give us will be treated with care and will not be released to anyone but researchers conducting the study or as required by law. Confidential information like your name and address will be stored in locked files accessible only to study staff. Your name will not be used in any reports. The study results will be reported in statistical summary form only.

You may be contacted in the future to take part in related research studies. Your decision to be a part of future studies will also be voluntary.

You can return this questionnaire along with your spouse's in the pre-addressed, postage-paid envelope provided. Please take the time to fill out this questionnaire. The booklet may look long but there may be many pages you can skip. Most people find it takes about an hour to complete. I think you'll find it interesting. If you have any questions about the survey, please call Pat Miller at the Agricultural Health Study at 1-800-4AG-STUDY.

We appreciate your cooperation in this important research project.

Sincerely,

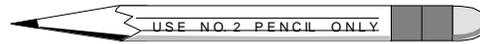


Michael C.R. Alavanja, Dr. P.H.
Project Officer
National Institutes of Health

Privacy Act Notification: 42 U.S.C. 285a of the Public Health Service Act authorizes collection of this information. It will be used to evaluate the role of agricultural exposures and other factors in the development of cancer, neurological disease, birth defects and other chronic diseases. All information is voluntary and a decision not to provide all or any part of the requested information will not affect your certification or licensing. The Government may disclose this information to a Congressional Office upon your request, to the Department of Justice in the event of litigation; or to the Government contractors and collaborating researchers who are analyzing the study data.

DIRECTIONS

C Please use a pencil to complete this form.



C Many of the questions will ask you to estimate amounts or to specify a year. We know that you cannot be exact with many of these. We ask that you estimate as best you can when you are not sure.

C Be certain to write your answer in the area provided **and also** completely fill the matching ovals. Erase completely if you make any changes.

The following kinds of marks **will NOT** work:

The following kind of marks will work:

C Mark **only one** answer to each question except where you are directed to “Mark all that apply.” Do not make any other marks on this form. If you wish to make comments, please write them under the heading “Additional Comments” at the end of the form.

EXAMPLE: To record the response “July 4, 1993:”

| Month | Day | Year | | | | | | | | | | | | | | | | | | | | | | |
|---|---|--|---|---|---|---|---|---|---|---|---|-------------------------------------|---|---|---|---|---|---|---|---|---|---|-------------------------------------|---|
| <input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input checked="" type="radio"/> Jun <input type="radio"/> Jul <input type="radio"/> Aug <input type="radio"/> Sep <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec | <input type="radio"/> 10 <input type="radio"/> 20 <input type="radio"/> 30 <input type="radio"/> 1 <input type="radio"/> 11 <input type="radio"/> 21 <input type="radio"/> 31 <input type="radio"/> 2 <input type="radio"/> 12 <input type="radio"/> 22 <input type="radio"/> 3 <input type="radio"/> 13 <input type="radio"/> 23 <input checked="" type="radio"/> 4 <input type="radio"/> 14 <input type="radio"/> 24 <input type="radio"/> 5 <input type="radio"/> 15 <input type="radio"/> 25 <input type="radio"/> 6 <input type="radio"/> 16 <input type="radio"/> 26 <input type="radio"/> 7 <input type="radio"/> 17 <input type="radio"/> 27 <input type="radio"/> 8 <input type="radio"/> 18 <input type="radio"/> 28 <input type="radio"/> 9 <input type="radio"/> 19 <input type="radio"/> 29 | <p style="margin: 0;">Write the numbers in boxes.</p> <p style="margin: 0;">Then fill in the matching ovals below each box.</p> <div style="display: flex; align-items: center; justify-content: center;"> 19 <table border="1" style="border-collapse: collapse; text-align: center;"> <tr> <td style="width: 20px; height: 20px;">9</td> <td style="width: 20px; height: 20px;">3</td> </tr> </table> </div> <div style="display: flex; align-items: center; justify-content: center; margin-top: 10px;"> <table style="border-collapse: collapse;"> <tr><td style="width: 20px; height: 20px; text-align: center;">0</td><td style="width: 20px; height: 20px; text-align: center;">0</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">1</td><td style="width: 20px; height: 20px; text-align: center;">1</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">2</td><td style="width: 20px; height: 20px; text-align: center;">2</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">3</td><td style="width: 20px; height: 20px; text-align: center;"><input checked="" type="checkbox"/></td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">4</td><td style="width: 20px; height: 20px; text-align: center;">4</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">5</td><td style="width: 20px; height: 20px; text-align: center;">5</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">6</td><td style="width: 20px; height: 20px; text-align: center;">6</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">7</td><td style="width: 20px; height: 20px; text-align: center;">7</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;">8</td><td style="width: 20px; height: 20px; text-align: center;">8</td></tr> <tr><td style="width: 20px; height: 20px; text-align: center;"><input checked="" type="checkbox"/></td><td style="width: 20px; height: 20px; text-align: center;">9</td></tr> </table> </div> | 9 | 3 | 0 | 0 | 1 | 1 | 2 | 2 | 3 | <input checked="" type="checkbox"/> | 4 | 4 | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | <input checked="" type="checkbox"/> | 9 |
| 9 | 3 | | | | | | | | | | | | | | | | | | | | | | | |
| 0 | 0 | | | | | | | | | | | | | | | | | | | | | | | |
| 1 | 1 | | | | | | | | | | | | | | | | | | | | | | | |
| 2 | 2 | | | | | | | | | | | | | | | | | | | | | | | |
| 3 | <input checked="" type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | |
| 4 | 4 | | | | | | | | | | | | | | | | | | | | | | | |
| 5 | 5 | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 6 | | | | | | | | | | | | | | | | | | | | | | | |
| 7 | 7 | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 8 | | | | | | | | | | | | | | | | | | | | | | | |
| <input checked="" type="checkbox"/> | 9 | | | | | | | | | | | | | | | | | | | | | | | |

BEGIN HERE

I. General Information

1. What is today's date?

| [stmonth] | [stday] | [styear] | [s_quexdate] |
|--|--|--|--------------|
| Month | Day | Year | SAS date |
| <input type="radio"/> Jan <input type="radio"/> Feb <input type="radio"/> Mar <input type="radio"/> Apr <input type="radio"/> May <input type="radio"/> Jun <input type="radio"/> Jul <input type="radio"/> Aug <input type="radio"/> Sep <input type="radio"/> Oct <input type="radio"/> Nov <input type="radio"/> Dec | <input type="radio"/> 10 <input type="radio"/> 20 <input type="radio"/> 30 <input type="radio"/> 1 <input type="radio"/> 11 <input type="radio"/> 21 <input type="radio"/> 31 <input type="radio"/> 2 <input type="radio"/> 12 <input type="radio"/> 22 <input type="radio"/> 3 <input type="radio"/> 13 <input type="radio"/> 23 <input type="radio"/> 4 <input type="radio"/> 14 <input type="radio"/> 24 <input type="radio"/> 5 <input type="radio"/> 15 <input type="radio"/> 25 <input type="radio"/> 6 <input type="radio"/> 16 <input type="radio"/> 26 <input type="radio"/> 7 <input type="radio"/> 17 <input type="radio"/> 27 <input type="radio"/> 8 <input type="radio"/> 18 <input type="radio"/> 28 <input type="radio"/> 9 <input type="radio"/> 19 <input type="radio"/> 29 | <input type="radio"/> 1993 <input type="radio"/> 1994 <input type="radio"/> 1995 <input type="radio"/> 1996 | |

| Month | Day | Year |
|-------|-----|------|
| | | |

2. What is your birth date? *Print your birthday here:*
 Now fill in the ovals and boxes below:

[sbmonth] **[sbday]**
 Month Day

[sbyear]
 Year

[s_birthdt]
 SAS Date

- Jan
- Feb
- Mar
- Apr
- May
- Jun
- Jul
- Aug
- Sep
- Oct
- Nov
- Dec

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- 24
- 25
- 26
- 27
- 28
- 29
- 30
- 31

Write the numbers in the boxes. ° 19

Then fill in the ° matching ovals below each box.

- 0
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9

DO NOT WRITE OUTSIDE BOX

3. Which of the following groups *best* describes your race? [srace]

- White
- Black
- American Indian or Alaskan Native
- Asian or Pacific Islander
- Other (*Please describe below*)

DO NOT WRITE OUTSIDE BOX

4. Are you of Hispanic origin? [shispan]

- No
- Yes

5. What is the highest level of schooling you have completed? (*Mark only one.*) [sschool]

- 1–8 years
- Some high school
- High school graduate
- GED (high school equivalency)
- 1–3 years vocational education beyond high school
- Some college
- College graduate
- One or more years of graduate school or professional school
- Something else (*Please describe below*)

DO NOT WRITE OUTSIDE BOX

6. Altogether, how many years have you lived or worked on a farm?

[slivefrm]

| | |
|--|--|
| | |
|--|--|

Write the numbers in
» the boxes.

- | | |
|---|---|
| 0 | 0 |
| 1 | 1 |
| 2 | 2 |
| 3 | 3 |
| 4 | 4 |
| 5 | 5 |
| 6 | 6 |
| 7 | 7 |
| 8 | 8 |
| 9 | 9 |

Then fill in the
» matching ovals below
each box.

7. In the last 12 months, how often did you have direct contact with live animals listed below?

a. Dairy Cattle [sconcat1]

- Never
- Less than once/year
- 1-6 times/year
- 7-12 times/year
- 2-3 times/month
- Weekly
- Daily

b. Beef Cattle [sconcat2]

- Never
- Less than once/year
- 1-6 times/year
- 7-12 times/year
- 2-3 times/month
- Weekly
- Daily

c. Swine/Hogs [sconcat3]

- Never
- Less than once/year
- 1-6 times/year
- 7-12 times/year
- 2-3 times/month
- Weekly
- Daily

d. Poultry [sconcat4]

- Never
- Less than once/year
- 1-6 times/year
- 7-12 times/year
- 2-3 times/month
- Weekly
- Daily

e. Sheep [sconcat5]

- Never
- Less than once/year
- 1-6 times/year
- 7-12 times/year
- 2-3 times/month
- Weekly
- Daily

II. Pesticide Use

8. During your lifetime, have you ever personally mixed or applied any pesticides?

(Include crop, livestock, and structural insecticides, herbicides, fungicides, and fumigants. Include pesticides used for farm use, commercial application and personal use in your home or garden.) [smixpers]

- No [GO TO QUESTION 9]
 Yes

- | | | | |
|---|---|--|---|
| <p>[syrsmix]</p> <p>a. How many years did you personally mix or apply pesticides?</p> <p><input type="radio"/> 1 year or less <input type="radio"/> 2–5 years <input type="radio"/> 6–10 years <input type="radio"/> 11–20 years <input type="radio"/> 21–30 years <input type="radio"/> More than 30 years</p> | <p>[smixdpy]</p> <p>b. During those years, how many days per year did you personally mix or apply pesticides?</p> <p><input type="radio"/> Less than 5 days <input type="radio"/> 5–9 days <input type="radio"/> 10–19 days <input type="radio"/> 20–39 days <input type="radio"/> 40–59 days <input type="radio"/> 60–150 days <input type="radio"/> More than 150 days</p> | <p>[spctmix]</p> <p>c. When pesticides require mixing, what percent of the time do you personally do the mixing?</p> <p><input type="radio"/> Never <input type="radio"/> Less than 50% of the time <input type="radio"/> 50% or more of the time</p> | <p>[spctappl]</p> <p>d. What percent of the application do you personally do?</p> <p><input type="radio"/> Never <input type="radio"/> Less than 50% of the time <input type="radio"/> 50% or more of the time</p> |
|---|---|--|---|

Please complete the following questions about your personal use of the specific pesticides listed below. We realize this is not a complete list of pesticides. We are interested in learning about those you are currently using as well as those you've personally used in the past.

9. In your lifetime, have you mixed or applied the following herbicides (pesticides used to kill weeds)?

| Herbicides | No | Yes | Herbicides | No | Yes |
|--|-----------------------|-----------------------|---|-----------------------|-----------------------|
| a. Never used herbicides <input type="radio"/> [GO TO QUESTION 10] [snusehrb] | | | k. Petroleum oil/preroleum distillate [s_herbicide_cd10] | <input type="radio"/> | <input type="radio"/> |
| b. Aatrex, Atranex or other <i>atrazine</i> products [s_herbicide_cd1] | <input type="radio"/> | <input type="radio"/> | l. Prowl or other <i>pendimethalin</i> products [s_herbicide_cd11] | <input type="radio"/> | <input type="radio"/> |
| c. Banvel, Metambane or other <i>dicamba</i> products [s_herbicide_cd2] | <input type="radio"/> | <input type="radio"/> | m. Pursuit or other <i>imazethapyr</i> products [s_herbicide_cd12] | <input type="radio"/> | <input type="radio"/> |
| d. Bladex, Match or other <i>cyanazine</i> products [s_herbicide_cd3] | <input type="radio"/> | <input type="radio"/> | n. Roundup, Jury or other <i>glyphosate</i> products [s_herbicide_cd13] | <input type="radio"/> | <input type="radio"/> |
| e. Classic or other <i>chlorimuron ethyl</i> products [s_herbicide_cd4] | <input type="radio"/> | <input type="radio"/> | o. Silvex or other 2,4,5 TP products (no longer on market) [s_herbicide_cd14] | <input type="radio"/> | <input type="radio"/> |
| f. Dual, Cycle or other <i>metolachlor</i> products [s_herbicide_cd5] | <input type="radio"/> | <input type="radio"/> | p. Sutan, Genate or other <i>butylate</i> products [s_herbicide_cd15] | <input type="radio"/> | <input type="radio"/> |
| g. Eradicane, Eptam or other <i>EPTC</i> products [s_herbicide_cd6] | <input type="radio"/> | <input type="radio"/> | q. Treflan, Trilin, Commence or other <i>trifluralin</i> products [s_herbicide_cd16] | <input type="radio"/> | <input type="radio"/> |
| h. Lasso, Chimiclor or other <i>alachlor</i> products [s_herbicide_cd7] | <input type="radio"/> | <input type="radio"/> | r. 2,4-D [s_herbicide_cd17] | <input type="radio"/> | <input type="radio"/> |
| i. Lexone, Sencor or other <i>metribuzin</i> products [s_herbicide_cd8] | <input type="radio"/> | <input type="radio"/> | s. 2, 4, 5 T (no longer on market) [s_herbicide_cd18] | <input type="radio"/> | <input type="radio"/> |
| j. Paraquat [s_herbicide_cd9] | <input type="radio"/> | <input type="radio"/> | t. Other [s_herbicide_oth1] (Please specify.) | <input type="radio"/> | <input type="radio"/> |

10. In your lifetime, have you mixed or applied the following crop, nursery, lawn and garden, livestock, or animal confinement area insecticides?

| A. Crop/Nursery/Lawn and Garden/ Livestock/Animal Confinement Area Insecticides | No Yes | | B. Crop/Livestock/Animal Confinement Area Insecticides (no longer on the market) | No Yes | |
|---|--|-----------------------|--|-----------------------|-----------------------|
| | a. Never used crop or livestock insecticides <input type="radio"/> [GO TO QUESTION 11] | | | | [snusecin] |
| b. Ambush, Pounce, Asana or other <i>permethrin</i> or <i>pyrethroid</i> products [s_insecticide_cd1] | <input type="radio"/> | <input type="radio"/> | a. Aldrin [s_insecticide_cd15] | <input type="radio"/> | <input type="radio"/> |
| c. Counter or other <i>terbufos</i> products [s_insecticide_cd3] | <input type="radio"/> | <input type="radio"/> | b. Chlordane [s_insecticide_cd16] | <input type="radio"/> | <input type="radio"/> |
| d. Dyfonate or other <i>fonofos</i> products [s_insecticide_cd4] | <input type="radio"/> | <input type="radio"/> | c. Dieldrin [s_insecticide_cd17] | <input type="radio"/> | <input type="radio"/> |
| e. Dylox or other <i>trichlorfon</i> products [s_insecticide_cd5] | <input type="radio"/> | <input type="radio"/> | d. DDT [s_insecticide_cd18] | <input type="radio"/> | <input type="radio"/> |
| f. Forlin, Gamaphex or other <i>lindane</i> products [s_insecticide_cd6] | <input type="radio"/> | <input type="radio"/> | e. Heptachlor [s_insecticide_cd19] | <input type="radio"/> | <input type="radio"/> |
| g. Furadan, Curaterr or other <i>carbofuran</i> products [s_insecticide_cd7] | <input type="radio"/> | <input type="radio"/> | f. Toxaphene [s_insecticide_cd20] | <input type="radio"/> | <input type="radio"/> |
| h. Lorsban, Dursban or other <i>chlorpyrifos</i> products [s_insecticide_cd8] | <input type="radio"/> | <input type="radio"/> | g. Other [s_insecticide_oth2] (Please specify.) | <input type="radio"/> | <input type="radio"/> |
| i. Malathion [s_insecticide_cd9] | <input type="radio"/> | <input type="radio"/> | | | |
| j. Parathion (ethyl or methyl) [s_insecticide_cd10] | <input type="radio"/> | <input type="radio"/> | | | |
| k. Sevin, Carbamate or other <i>carbaryl</i> products [s_insecticide_cd11] | <input type="radio"/> | <input type="radio"/> | | | |
| l. Spectracide, Dianon or other <i>diazinon</i> products [s_insecticide_cd12] | <input type="radio"/> | <input type="radio"/> | | | |
| m. Temik or other <i>aldicarb</i> products [s_insecticide_cd13] | <input type="radio"/> | <input type="radio"/> | | | |
| n. Thimet, Rampart or other <i>phorate</i> products [s_insecticide_cd14] | <input type="radio"/> | <input type="radio"/> | | | |
| o. Other [s_insecticide_oth1] (Please specify.) | <input type="radio"/> | <input type="radio"/> | | | |

11. In your lifetime, have you mixed or applied the following livestock/poultry/animal confinement area insecticides?

| Livestock/Poultry Insecticides | No | Yes |
|---|-----------------------|-----------------------|
| a. Never used livestock/poultry insecticides <input type="radio"/> [GO TO QUESTION 12] [snuselin] | | |
| b. Co-Ral or other <i>coumaphos</i> products [s_insecticide_cd21] | <input type="radio"/> | <input type="radio"/> |
| c. Ectiban, Atroban, Permetrina or other <i>permethrin</i> products [s_insecticide_cd2] | <input type="radio"/> | <input type="radio"/> |
| d. Vapona, Duravos or other <i>dichlorvos</i> or <i>DDVP</i> products [s_insecticide_cd22] | <input type="radio"/> | <input type="radio"/> |
| e. Other [s_insecticide_oth3] (Please specify.) | <input type="radio"/> | <input type="radio"/> |

12. In your lifetime, have you injected or applied the following fumigants (gases or liquids that turn to gas when released; they are used in enclosed spaces or to treat soil)?

| A. Fumigants | No | Yes | B. Fumigants (no longer on the market) | No | Yes |
|---|-----------------------|-----------------------|---|-----------------------|-----------------------|
| a. Never used fumigants <input type="radio"/> [GO TO QUESTION 13] | | | [snusefum] | | |
| b. Brom-O-Gas, Brom-O-Sol or other <i>methyl bromide</i> products [s_fumigant_cd1] | <input type="radio"/> | <input type="radio"/> | a. Carbon tetrachloride/carbon disulfide (80/20 mix) [s_fumigant_cd3] | <input type="radio"/> | <input type="radio"/> |
| c. Phostoxin, Gastoxin or other <i>aluminum phosphide</i> products [s_fumigant_cd2] | <input type="radio"/> | <input type="radio"/> | b. EDB, E-D-Bee, Bromofume or other <i>ethylene dibromide</i> products [s_fumigant_cd4] | <input type="radio"/> | <input type="radio"/> |
| d. Other [s_fumigant_oth1] (Please specify.) | <input type="radio"/> | <input type="radio"/> | c. Other [s_fumigant_oth2] (Please specify.) | <input type="radio"/> | <input type="radio"/> |

13. In your lifetime, have you mixed or applied the following fungicides (chemicals for controlling disease on crops)?

| Fungicides | No | Yes | Fungicides | No | Yes |
|--|-----------------------|-----------------------|---|-----------------------|-----------------------|
| a. Never used fungicides <input type="radio"/> [GO TO QUESTION 14] | | | [snusefun] | | |
| b. Benlate, Tersan or other <i>benomyl</i> products [s_fungicide_cd1] | <input type="radio"/> | <input type="radio"/> | f. Ridomil, Subdue or other <i>metalaxyl</i> products [s_fungicide_cd5] | <input type="radio"/> | <input type="radio"/> |
| c. Bravo, Evade, Daconil 2787 or other <i>chlorothalonil</i> products [s_fungicide_cd2] | <input type="radio"/> | <input type="radio"/> | g. Zirex, Corozate or other <i>ziram</i> products [s_fungicide_cd6] | <input type="radio"/> | <input type="radio"/> |
| d. Orthocide, Clomitan or other <i>captan</i> products [s_fungicide_cd3] | <input type="radio"/> | <input type="radio"/> | h. Other [s_fungicide_oth1] (Please specify.) | <input type="radio"/> | <input type="radio"/> |
| e. Manex, Manzate, Dithane Z-78 or other <i>maneb or mancozeb</i> products [s_fungicide_cd4] | <input type="radio"/> | <input type="radio"/> | | | |

III. Home and Work Practices

Please answer "No" or "Yes" for Columns A and B ("In the Summer" and "In the Winter")

| 14. Do you do the following activities at least once a month? | A. In the Summer | | B. In the Winter | |
|---|-----------------------|-----------------------|-----------------------|-----------------------|
| | No | Yes | No | Yes |
| a. Milk cows [ssact1 / swact1] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Drive trucks [ssact2 / swact2] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Drive diesel tractors [ssact3 / swact3] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Drive gasoline tractors [ssact4 / swact4] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Weld [ssact5 / swact5] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Repair engines [ssact6 / swact6] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

| QUESTION | A. NOW (Past 12 Months) | B. 10 YEARS AGO |
|---|--|--|
| 21. About how often is your living room or family room vacuumed? | <input type="radio"/> Every day <input type="radio"/> Several times a week <input type="radio"/> Once a week <input type="radio"/> Less than once a week [snvaccum] | <input type="radio"/> Every day <input type="radio"/> Several times a week <input type="radio"/> Once a week <input type="radio"/> Less than once a week [savaccum] |
| 22. Is there a wipe mat by the door that is used by family members working in the fields? | <input type="radio"/> No <input type="radio"/> Yes [snwipmat] | <input type="radio"/> No <input type="radio"/> Yes [sawipmat] |
| 23. How far is your home from the nearest field or orchard where pesticides are <i>applied</i>? | <input type="radio"/> Less than 100 yards <input type="radio"/> 100–199 yards <input type="radio"/> 200–299 yards <input type="radio"/> 300 yards or more <input type="radio"/> Don't know [snpapdis] | <input type="radio"/> Less than 100 yards <input type="radio"/> 100–199 yards <input type="radio"/> 200–299 yards <input type="radio"/> 300 yards or more <input type="radio"/> Don't know [sapapdis] |
| 24. During a typical day in the growing season, about how many hours per day do you spend lifting or carrying heavy objects? | <input type="radio"/> None <input type="radio"/> Less than 1 hour <input type="radio"/> 1–2 hours <input type="radio"/> 3–5 hours <input type="radio"/> 6–10 hours <input type="radio"/> More than 10 hours [snhrcarr] | <input type="radio"/> None <input type="radio"/> Less than 1 hour <input type="radio"/> 1–2 hours <input type="radio"/> 3–5 hours <input type="radio"/> 6–10 hours <input type="radio"/> More than 10 hours [sahrcarr] |

Now go back and make sure you have completed both columns A and B if you were living on a farm 10 years ago.

IV. Occupational Information

25. Did you ever have a job off a farm? [sjjoboff]
 No [GO TO QUESTION 32] Yes

26. For the non-farm job you held the longest, what was your job?

DO NOT WRITE OUTSIDE BOX

27. What industry was this job in? (For example: Nursing, teaching, beauty salons, trucking, grain milling, restaurant)

DO NOT WRITE OUTSIDE BOX

28. For the non-farm job you held the longest, which of the following were you exposed to? (Mark all that apply)

| | | | |
|---|---|--|---|
| <input type="radio"/> Pesticides [snfexp1] | <input type="radio"/> Grain dust [snfexp6] | <input type="radio"/> Engine exhaust [snfexp11] | <input type="radio"/> Mercury [snfexp16] |
| <input type="radio"/> Solvents (other than gasoline) [snfexp2] | <input type="radio"/> Wood dust [snfexp7] | <input type="radio"/> Lead solder [snfexp12] | <input type="radio"/> Cadmium [snfexp17] |
| <input type="radio"/> Gasoline [snfexp3] | <input type="radio"/> Cotton dust [snfexp8] | <input type="radio"/> Welding fumes [snfexp13] | <input type="radio"/> Other metals [snfexp18] |
| <input type="radio"/> Asbestos [snfexp4] | <input type="radio"/> Mineral or mining dust [snfexp9] | <input type="radio"/> Electroplating fumes [snfexp14] | <input type="radio"/> Pneumatic drills (vibrations) [snfexp19] |
| <input type="radio"/> X-ray radiation [snfexp5] | <input type="radio"/> Silica/sand dust [snfexp10] | <input type="radio"/> Lead [snfexp15] | <input type="radio"/> None of these [snfexp20] |

29. How many years did you have this job? [sjbyrs]

- 1 year or less
 2–5 years
 6–10 years
 11–20 years
 More than 20 years

30. When did you usually work at this job? [swhnwork]

- Year round
 Off season only

31. How much time did you work at this job? [swrktime]

- Half-time or less
 More than half-time

32. Did you mix or apply herbicides during military operations? (For example: Agent Orange, Agent White) [smxinmil]

- No Yes Never in the military

33. Are there other exposures not previously mentioned which you feel we should know about? [sothrexp]

- No Yes (Please describe these in the space below.)

DO NOT WRITE OUTSIDE BOX

V. Alcohol and Smoking History

The next two questions ask you about your general habits concerning alcoholic beverages. For these questions a drink is defined as one beer, a glass of wine, or a shot of hard liquor.

34. *During the past 12 months, how often did you usually drink any kind of alcoholic beverage?* [salcfreq]
- Never
 - Less than one time a month
 - 1–3 times a month
 - 1 time a week
 - 2–4 times a week
 - Almost every day
 - Every day
35. *During the past 12 months, about how many drinks would you have on a day when you drank?* [salcnum]
- Didn't drink last year
 - 1 or 2 drinks
 - 3 or 4 drinks
 - 5–8 drinks
 - 9 or more drinks
36. *During your lifetime, have you smoked at least 100 cigarettes?* [ssmok100]
- No [GO TO QUESTION 40]
 - Yes
37. *Do you smoke cigarettes now?* [ssmoknow]
- No
 - Yes
38. *On the average, how much do you or did you smoke each day? (1 pack = 20 cigarettes)* [ssmokpdy]
- 10 cigarettes or less
 - 11–20 cigarettes
 - 21–40 cigarettes
 - More than 40 cigarettes
39. *What is the total number of years you smoked cigarettes? (Remember to subtract years you did not smoke.)* [ssmokyrs]
- Years**
- » Write the numbers in the boxes.
- Then fill in the matching ovals below each box.
- 0
 - 1
 - 2
 - 3
 - 4
 - 5
 - 6
 - 7
 - 8
 - 9
40. *Which of the following tobacco products have you used on a regular basis for six months or longer? (Mark all the tobacco products that you used.)*
- Pipe [stobaco1]
 - Chewing tobacco [stobaco4]
 - Cigars [stobaco2]
 - Snuff [stobaco5]
 - Cigarillos [stobaco3]
 - Never used any of these tobacco products for six months or longer [stobaco6]

VI. Physical and Activity Information

41. On average, how many hours per week do you spend doing strenuous exercise (heart beats rapidly) during your leisure time?

a. In the Summer

Hours per week

[ssumexer]

- None
- Up to 1 hour
- 1–2 hours
- 3–5 hours
- 6–10 hours
- More than 10 hours

b. In the Winter

Hours per week

[swinexer]

- None
- Up to 1 hour
- 1–2 hours
- 3–5 hours
- 6–10 hours
- More than 10 hours

42. What color eyes do you have? [seyecolr]

- Blue
- Brown
- Green
- Hazel
- Gray
- Other (Please specify.)

43. What is/was the natural color of your hair? [shaircol]

- Brown
- Black
- Red
- Blonde

44. How tall are you? [shgtft] [shgtin]

Feet Inches

| | | |
|--|--|--|
| | | |
|--|--|--|

- | | | |
|-----|-----|-----|
| (3) | (0) | (0) |
| (4) | (1) | (1) |
| (5) | | (2) |
| (6) | | (3) |
| (7) | | (4) |
| | | (5) |
| | | (6) |
| | | (7) |
| | | (8) |
| | | (9) |

Write the numbers in
» the boxes

Then fill in the
» matching ovals below
each box

45. How much do you weigh now? [sweight]

Pounds

| | | |
|--|--|--|
| | | |
|--|--|--|

- | | | |
|-----|-----|-----|
| (0) | (0) | (0) |
| (1) | (1) | (1) |
| (2) | (2) | (2) |
| (3) | (3) | (3) |
| (4) | (4) | (4) |
| | (5) | (5) |
| | (6) | (6) |
| | (7) | (7) |
| | (8) | (8) |
| | (9) | (9) |

Write the numbers in
» the boxes

Then fill in the
» matching ovals below
each box

46. How would your skin react the first time each year if you were exposed to strong sunlight for more than an hour?

- Get a severe sunburn with blisters
- Get a painful sunburn, but not blisters
- Get a mild sunburn followed by some tanning
- Become tanned without any sunburn
- No visible reaction

[ssknreac]

47. In the growing season when you work in the sun, what type(s) of sun protection do you usually use?

(Mark all that apply.)

- Sunscreen or sunblock [ssunpro1]
- Wear baseball-type cap [ssunpro2]
- Wear other kind of hat with brim [ssunpro3]
- Almost always wear long-sleeved shirt [ssunpro4]
- Don't use any of the above protections [ssunpro5]

48. In the growing season, how many hours a day do you generally spend in the sun?

- | | |
|--|---|
| <p>a. Now [snhrsun]</p> <p><input type="radio"/> Up to 1 hour</p> <p><input type="radio"/> 1–2 hours</p> <p><input type="radio"/> 3–5 hours</p> <p><input type="radio"/> 6–10 hours</p> <p><input type="radio"/> More than 10 hours</p> | <p>b. 10 years ago [sahrsun]</p> <p><input type="radio"/> Up to 1 hour</p> <p><input type="radio"/> 1–2 hours</p> <p><input type="radio"/> 3–5 hours</p> <p><input type="radio"/> 6–10 hours</p> <p><input type="radio"/> More than 10 hours</p> |
|--|---|

49. Have you ever used any hair coloring product?

[susehcol]

- No [GO TO QUESTION 53] Yes

First answer “Yes” or “No” for each hair color product listed. If you answered “Yes” in Column A then answer the questions in Columns B, C and D for that product. If you answered “No” then go on to the next hair coloring product.

| A. Have you ever used this product? | B. At What Age Did You Start Using This? | C. How Many Years Have You Used This? | D. What Color Did You Usually Use? |
|---|---|---|---|
| <p>50. Temporary rinses (color removed by first shampoo) [shprod1]</p> <p><input type="radio"/> Yes ^o</p> <p><input type="radio"/> No [GO TO QUESTION 51]</p> | <p style="text-align: right;">[shagest1]</p> <p><input type="radio"/> Less than 20 years old</p> <p><input type="radio"/> 20–29 years old</p> <p><input type="radio"/> 30–39 years old</p> <p><input type="radio"/> 40–50 years old</p> <p><input type="radio"/> More than 50 years</p> | <p style="text-align: right;">[shyruse1]</p> <p><input type="radio"/> Less than 5 years</p> <p><input type="radio"/> 5–10 years</p> <p><input type="radio"/> 11–20 years</p> <p><input type="radio"/> 21–30 years</p> <p><input type="radio"/> More than 30 years</p> | <p style="text-align: right;">[shcolor1]</p> <p><input type="radio"/> Brown</p> <p><input type="radio"/> Black</p> <p><input type="radio"/> Red</p> <p><input type="radio"/> Blonde</p> <p><input type="radio"/> Silver toners</p> <p><input type="radio"/> Other</p> |
| <p>51. Semi-permanent products (color gradually washed out by repeated shampooing) [shprod2]</p> <p><input type="radio"/> Yes ^o</p> <p><input type="radio"/> No [GO TO QUESTION 52]</p> | <p style="text-align: right;">[shagest2]</p> <p><input type="radio"/> Less than 20 years old</p> <p><input type="radio"/> 20–29 years old</p> <p><input type="radio"/> 30–39 years old</p> <p><input type="radio"/> 40–50 years old</p> <p><input type="radio"/> More than 50 years</p> | <p style="text-align: right;">[shyruse2]</p> <p><input type="radio"/> Less than 5 years</p> <p><input type="radio"/> 5–10 years</p> <p><input type="radio"/> 11–20 years</p> <p><input type="radio"/> 21–30 years</p> <p><input type="radio"/> More than 30 years</p> | <p style="text-align: right;">[shcolor2]</p> <p><input type="radio"/> Brown</p> <p><input type="radio"/> Black</p> <p><input type="radio"/> Red</p> <p><input type="radio"/> Blonde</p> <p><input type="radio"/> Silver toners</p> <p><input type="radio"/> Other</p> |
| <p>52. Permanent products (color lasts until hair grows out) [shprod3]</p> <p><input type="radio"/> Yes ^o</p> <p><input type="radio"/> No [GO TO QUESTION 53]</p> | <p style="text-align: right;">[shagest3]</p> <p><input type="radio"/> Less than 20 years old</p> <p><input type="radio"/> 20–29 years old</p> <p><input type="radio"/> 30–39 years old</p> <p><input type="radio"/> 40–50 years old</p> <p><input type="radio"/> More than 50 years</p> | <p style="text-align: right;">[shyruse3]</p> <p><input type="radio"/> Less than 5 years</p> <p><input type="radio"/> 5–10 years</p> <p><input type="radio"/> 11–20 years</p> <p><input type="radio"/> 21–30 years</p> <p><input type="radio"/> More than 30 years</p> | <p style="text-align: right;">[shcolor3]</p> <p><input type="radio"/> Brown</p> <p><input type="radio"/> Black</p> <p><input type="radio"/> Red</p> <p><input type="radio"/> Blonde</p> <p><input type="radio"/> Silver toners</p> <p><input type="radio"/> Other</p> |

VII. Information About Your Home

| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|--|---|--|--|--|--|--|--|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| <p>53. What are the names of the towns or cities, and states where you live now and also your previous residence?</p> | <p>54. In what year did you move into this house?</p> | <p>55. What was the primary source of drinking water?</p> | <p>56. What was the depth of the private well? <i>(Mark one)</i></p> | <p>57. Was the private well cased? <i>(i.e., well shaft lined with water-tight material, such as iron pipe, cement or brick) (Mark one)</i></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>a. Current Residence</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Street (Route/Box) [scstreet]</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Town [sctown]</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p>State [scstate] Zip Code [sczipcod]</p> | | | | | | | <p>[scyrmove]</p> <p>19 <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table></p> <table style="display: inline-table; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">0</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">0</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">1</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">1</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">2</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">2</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">3</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">3</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">4</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">4</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">5</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">5</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">6</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">6</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">7</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">7</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">8</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">8</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">9</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">9</td></tr> </table> | | | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 9 | <p>[scpswatr]</p> <p><input type="radio"/> Private well</p> <p><input type="radio"/> Community supply</p> <p><input type="radio"/> Bottled water</p> <p><input type="radio"/> Other (Specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <p>[scwelldp]</p> <p><input type="radio"/> Don't have private well</p> <p><input type="radio"/> Less than 50 feet</p> <p><input type="radio"/> 50–150 feet</p> <p><input type="radio"/> 151–250 feet</p> <p><input type="radio"/> 251–500 feet</p> <p><input type="radio"/> 501 feet or more</p> <p><input type="radio"/> Don't know</p> | <p>[scwellcs]</p> <p><input type="radio"/> Don't have private well</p> <p><input type="radio"/> Cased</p> <p><input type="radio"/> Not cased</p> <p><input type="radio"/> Don't know</p> |
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| <p>b. Previous Residence</p> <div style="border: 1px solid black; height: 40px; width: 100%;"></div> <p>Street (Route/Box) [spstreet]</p> <div style="border: 1px solid black; height: 25px; width: 100%;"></div> <p>Town [sptown]</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> <p>State [spstate] Zip Code [spzipcod]</p> | | | | | | | <p>[spyrmove]</p> <p>19 <table style="display: inline-table; border-collapse: collapse;"><tr><td style="border: 1px solid black; width: 20px; height: 20px;"></td><td style="border: 1px solid black; width: 20px; height: 20px;"></td></tr></table></p> <table style="display: inline-table; border-collapse: collapse;"> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">0</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">0</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">1</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">1</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">2</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">2</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">3</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">3</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">4</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">4</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">5</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">5</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">6</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">6</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">7</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">7</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">8</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">8</td></tr> <tr><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">9</td><td style="border: 1px solid black; width: 15px; height: 15px; text-align: center;">9</td></tr> </table> | | | 0 | 0 | 1 | 1 | 2 | 2 | 3 | 3 | 4 | 4 | 5 | 5 | 6 | 6 | 7 | 7 | 8 | 8 | 9 | 9 | <p>[sppsawatr]</p> <p><input type="radio"/> Private well</p> <p><input type="radio"/> Community supply</p> <p><input type="radio"/> Bottled water</p> <p><input type="radio"/> Other (Specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> | <p>[spwelldp]</p> <p><input type="radio"/> Don't have private well</p> <p><input type="radio"/> Less than 50 feet</p> <p><input type="radio"/> 50–150 feet</p> <p><input type="radio"/> 151–250 feet</p> <p><input type="radio"/> 251–500 feet</p> <p><input type="radio"/> 501 feet or more</p> <p><input type="radio"/> Don't know</p> | <p>[spwellcs]</p> <p><input type="radio"/> Don't have private well</p> <p><input type="radio"/> Cased</p> <p><input type="radio"/> Not cased</p> <p><input type="radio"/> Don't know</p> |
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| 9 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

58. What type of foundation does your home have?

- Slab
- Crawl space
- Combination crawl space/basement
- Full basement
- Other
- Don't know

[sfound]

59. How old is the house you live in now?

- Less than 10 years
- 10–20 years
- 21–40 years
- 41–99 years
- 100 years or more

[shousage]

60. **Were you living in this same house 10 years ago?** [sliv10ag]
 No Yes [GO TO QUESTION 62]
61. **How old was the house you were living in 10 years ago?** [shag10ag]
 Less than 10 years
 10–20 years
 21–40 years
 More than 40 years
62. **In your current house, how old is the carpet or rug in your living room, family room/den, (that is, the room your family uses the most)?** [scarpag]
 No carpet or rug
 Less than 2 years old
 2–5 years old
 6–9 years old
 10–15 years old
 16+ years old
 Don't know
63. **Thinking back 10 years ago, how old was the carpet or rug in the living room (or family room/den) at that time?** [scag10ag]
 No carpet or rug
 Less than 2 years old
 2–5 years old
 6–9 years old
 10–15 years old
 16+ years old
 Don't know
64. **When was the last time pesticides or chemicals were used to prevent or control termites in this house?** [slstpcid]
 Never use pesticides or chemicals to prevent/control termite problem
 Less than 1 year ago
 1 year or more ago
 Don't know
65. **How many times has this house been *treated* for termites? (Do not include inspections for termites.)** [snumpcid]
 Never
 Once
 Twice
 Three times
 Four times
 Five times
 More than five times
 Don't know
66. **How often is this house usually treated for flies, fleas, cockroaches, ants, or insects other than termites?** [shofttrt]
 House not usually treated
 Every month or more often
 Every 2–4 months
 Every 5–11 months
 Every year
 Less than once a year
 Don't know

- 67. Who usually treats your home for these pests? (Mark all that apply)**
- Never treat home for these pests [swhotr1]
 - Myself [swhotr2]
 - Someone in the household, other than myself [swhotr3]
 - A professional service [swhotr4]
 - Other [swhotr5]
 - Don't know [swhotr6]
- 68. In what rooms do/did you usually hang pest strips? (Mark all that apply)**
- Never hang pests strips [swpstrp1] Dining room [swpstrp5]
 - Kitchen [swpstrp2] Porch/entry way [swpstrp6]
 - Living room/family room [swpstrp3] Attached garage [swpstrp7]
 - Bedrooms [swpstrp4] Other [swpstrp8]
- 69. Who usually treats your lawn for pests (e.g., weeds, insects, or fungus)? (Mark all that apply.)**
- Lawn never regularly treated [swhotr1] Someone in the household, other than myself [swhotr3] Other [swhotr5]
 - Myself [swhotr2] A professional service [swhotr4] Don't know [swhotr6]
- 70. Does your home have air conditioning?** [shomeac]
- No
 - Yes, central air conditioning
 - Yes, window unit(s)
- 71. Do you have any cats?** [sanycats]
- No [GO TO QUESTION 75]
 - Yes
- 72. How many hours per day do your cats spend inside your home?** [shrcatin]
- 0 hours 5 10 15 20
 - 1 6 11 16 21
 - 2 7 12 17 22
 - 3 8 13 18 23
 - 4 9 14 19 24
- 73. Are any of the following ever used on your cats to control fleas or ticks? (Mark all that apply.)**
- Flea powders [scatfle1]
 - Flea collars [scatfle2]
 - Flea/tick shampoo or dips [scatfle3]
 - Home fumigants/flea bombs [scatfle4]
 - None [GO TO QUESTION 75] [scatfle5]
 - Don't Know [GO TO QUESTION 75] [scatfle6]
- 74. Where are these treatments mainly applied? (Mark the primary one.)** [scatwtrt]
- Inside the house
 - Outside the house
 - Vet/groomer
 - Don't know
- 75. Do you have any dogs?** [sanydogs]
- No [GO TO QUESTION 79]
 - Yes
- 76. How many hours per day do your dogs spend inside your home?** [shrdogin]
- 0 hours 5 10 15 20
 - 1 6 11 16 21
 - 2 7 12 17 22
 - 3 8 13 18 23
 - 4 9 14 19 24

77. Are any of the following ever used on your dogs to control fleas or ticks? (Mark all that apply.)
- Flea powders [sdogfle1]
 Flea/tick shampoo or dips [sdogfle3]
 None [GO TO QUESTION 79] [sdogfle5]
- Flea collars [sdogfle2]
 Home fumigants/flea bombs [sdogfle4]
 Don't know [GO TO QUESTION 79] [sdogfle6]
78. Where are these treatments mainly applied? (Mark the primary one.) [sdogwtrt]
- Inside the house
 Vet/groomer
- Outside the house
 Don't know

VIII. Dietary and Cooking Practices Information

The next two questions ask how often, on average, you age vegetables and fruits during the past 12 months. Be sure to include foods that were eaten away from home, such as in restaurants, cafeterias, at a friend's house, or at work. If you rarely or never ate these foods, mark "Less than one per week."

79. About how many servings of vegetables did you usually eat, not counting salad or potatoes? [sveget]
- Less than one per week
 1 1/2 per day
- 1-2 per week
 2 per day
- 3-4 per week
 3 per day
- 5-6 per week
 4 or more per day
- 1 per day
80. About how many servings of fruits did you usually eat, not counting juices? [sfruit]
- Less than one per week
 1 1/2 per day
- 1-2 per week
 2 per day
- 3-4 per week
 3 per day
- 5-6 per week
 4 or more per day
- 1 per day
81. During the past year have you taken any vitamins or mineral supplements? [stakesup]
- No [GO TO QUESTION 83]
- Yes, but not regularly [GO TO QUESTION 83]
- Yes, fairly regularly (at least once a week)

82. If you've taken vitamins regularly, what vitamins? (Please mark each item)

| Vitamin Type | A. Number of Tablets ° | | | | | | | | B. For How Many Years? | | | | |
|--|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|------------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| | None | 1-3 Per Wk | 4-6 Per Wk | 1 Per Day | 2 Per Day | 3 Per Day | 4 Per Day | 5 Per Day | Less Than 1 yr | 1-2 Yrs | 3-5 Yrs | 6-9 Yrs | 10+ Yrs |
| Multiple Vitamins | | | | | | | | | | | | | |
| a. Stress-tabs type [snumvit1 / syrsvit1] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Therapeutic or Theragran type [snumvit2 / syrsvit2] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. One-a-day type [snumvit3 / syrsvit3] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| Supplements | | | | | | | | | | | | | |
| d. Vitamin A [snumsup1 / syrsupp1] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Vitamin E [snumsup2 / syrsupp2] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. B-carotene [snumsup3 / syrsupp3] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Vitamin C [snumsup4 / syrsupp4] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Calcium or Tums [snumsup5 / syrsupp5] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Iron [snumsup6 / syrsupp6] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Cod liver oil [snumsup7 / syrsupp7] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

82a. If you took Vitamin C: How many milligrams per tablet did you take?

[svitcmgm]

- 100
- 250
- 500
- 1000 or more
- Don't know

82b. If you took Vitamin E: How many units per tablet did you take?

[svitemgm]

- 100
- 200
- 400
- 1000 or more
- Don't know

The next set of questions refer to your cooking and eating practices over the *past year*.

83. How often have you eaten the following meats during the past 12 months? Mark the column to show how often, on average, you ate the following foods during the *past year*. Be sure to include foods that were eaten way from home such as in restaurants, cafeterias, at friends' homes, or at work. If you rarely or never eat a food, mark "Never, or less than once a month."

| How Often Have You Eaten These Foods During The Last 12 Months? | | | | | | | | | |
|---|----------------------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| Type of Food | Never, or Less than Once a Month | Once a Month | 2-3 Times a Month | Once a Week | Twice a Week | 3-4 Times a Week | 5-6 Times a Week | Once a Day | Twice a Day or More |
| a. Hamburgers, cheeseburgers [sfoodty1] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Beef-steaks [sfoodty2] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Chicken [sfoodty3] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Pork-chops or ham steak [sfoodty4] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Bacon or breakfast sausage [sfoodty5] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

84. When you eat steak, how is it usually cooked? (Mark only one or two.)

- Don't eat steak [sstcook1]
 - Pan fried [sstcook2]
 - Grilled [sstcook3]
 - Oven broiled [sstcook4]
 - Other [sstcook5]
 - Don't know [sstcook6]
- (Please specify)

85. When you eat steak, how do you usually eat it? (Mark only one.)

[ssteaten]

- Don't eat steak
- Rare
- Medium rare
- Medium
- Medium well
- Well done
- Very well done
- Don't know

86. When you eat hamburgers (or cheeseburgers), how are they usually cooked? (Mark only one or two.)

- Don't eat hamburgers (or cheeseburgers) [sбургck1]
- Pan fried [sбургck2]
- Grilled [sбургck3]
- Oven broiled [sбургck4]
- Other [sбургck5] (Please specify)
- Don't know [sбургck6]

87. When you eat hamburgers (or cheeseburgers), how do you usually eat them? (Mark only one.)

[sбурeatn]

- Don't eat hamburgers (or cheeseburgers)
- Rare
- Medium rare
- Medium
- Medium well
- Well done
- Very well done
- Don't know

88. **When you eat chicken, how do you usually eat it? (Mark only one.)** [schkneat]
 Don't eat chicken Grilled
 Pan fried Broiled
 Deep fried Stewed or boiled
 Roasted or baked Don't know
89. **When you eat pork chops or ham steaks, how do you usually eat them? (Mark only one.)** [sporkeat]
 Don't eat pork chops Fried
 Baked Broiled
 Grilled Don't know
90. **When you eat bacon or sausage, how do you usually eat it? (Mark only one.)** [sbacneat]
 Don't eat bacon or sausage Charred/blackened
 Just until done Don't know
 Well-done, crisp
91. **When do you eat foods that have been grilled (cooked over coals, open fire or ceramic briquets)?** [sgrillmt]
 All year round Mostly in the summer Never [GO TO QUESTION 94]
92. **How often do you eat grilled or barbecued meat (including beef, pork, chicken, or fish)?** [sgrilfrq]
 Less than once a month 1-3 times a week
 1-3 times a month 4-5 times a week
 Once a week Almost every day
93. **How often do you eat meat which has been charred/blackened by grilling or barbecuing?** [scharmt]
 Never Rarely Sometimes Often
94. **How often do you eat meat which has been well-browned on the outside by pan-frying or oven broiling?** [sfriedmt]
 Never Rarely Sometimes Often
95. **What percent of the vegetables you eat comes from your garden?** [sveggard]
 None
 Less than 10%
 10-24%
 25-49%
 50-75%
 More than 75%
96. **Are pesticides ever used in your vegetable garden?** [svgarpcd]
 No Yes Don't have vegetable garden
97. **What percent of the fruit you eat comes from your orchard or garden?** [sfrugard]
 None
 Less than 10%
 10-24%
 25-49%
 50-75%
 More than 75%
98. **Are pesticides ever used on fruit in your orchard or garden?** [sfgarpcd]
 No Yes Don't have orchard
99. **What percent of your dairy products comes from your farm/dairy?** [sdairpct]
 None
 Less than 10%
 10-24%
 25-49%
 50-75%
 More than 75%

100. Have you consumed any of the following livestock that were raised on your farm?

- | | <u>No</u> | <u>Yes</u> | |
|------------|-----------------------|-----------------------|------------|
| a. Sheep | <input type="radio"/> | <input type="radio"/> | [seatlst1] |
| b. Poultry | <input type="radio"/> | <input type="radio"/> | [seatlst2] |
| c. Cattle | <input type="radio"/> | <input type="radio"/> | [seatlst3] |
| d. Hogs | <input type="radio"/> | <input type="radio"/> | [seatlst4] |
| e. Goats | <input type="radio"/> | <input type="radio"/> | [seatlst5] |
| f. Fish | <input type="radio"/> | <input type="radio"/> | [seatlst6] |

[IF ALL NO, GO TO QUESTION 102]

101. What percentage of your meat/poultry consumption comes from livestock raised on your farm?

[slstkpct]

- None
- Less than 10%
- 10–24%
- 25–49%
- 50–75%
- More than 75%

IX. General Health Information

102. Before age 18, did you live at least half your life on a farm?

[slivfarm]

- Yes
- No

103. About how much did you weigh when you were age 20? (Do not consider a time when you may have been pregnant.)

[swgtat20]

Pounds

| | | |
|--|--|--|
| | | |
|--|--|--|

Write the numbers in
» the boxes

| | | |
|-------------------------|-------------------------|-------------------------|
| <input type="radio"/> 0 | <input type="radio"/> 0 | <input type="radio"/> 0 |
| <input type="radio"/> 1 | <input type="radio"/> 1 | <input type="radio"/> 1 |
| <input type="radio"/> 2 | <input type="radio"/> 2 | <input type="radio"/> 2 |
| <input type="radio"/> 3 | <input type="radio"/> 3 | <input type="radio"/> 3 |
| <input type="radio"/> 4 | <input type="radio"/> 4 | <input type="radio"/> 4 |
| <input type="radio"/> 5 | <input type="radio"/> 5 | |
| <input type="radio"/> 6 | <input type="radio"/> 6 | |
| <input type="radio"/> 7 | <input type="radio"/> 7 | |
| <input type="radio"/> 8 | <input type="radio"/> 8 | |
| <input type="radio"/> 9 | <input type="radio"/> 9 | |

Then fill in the
» matching ovals below
each box

104. During the *past 12 months* about how many times did you visit a medical doctor or medical assistant about a health concern?

[sseedoc]

- None
- Once
- More than once

X. Medical History

Be sure to answer “No” or “Yes” for each item. If you answer “Yes”, be sure to complete Column B.

| 105. Has a <i>DOCTOR</i> ever told you that you had (been diagnosed with)... | | | | | | | |
|--|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| Condition | A. | | B. IF YES, How old were you when the doctor first told you? | | | | |
| | No | Yes |  | Younger than 20 | 20–39 | 40–59 | 60 or older |
| a. Tuberculosis [s_medcond56] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| b. Melanoma of the skin [s_medcond36] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| c. Other skin cancer [s_medcond43] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| d. Leukemia (blood cancer) [s_medcond34] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| e. Hodgkin’s disease [s_medcond27] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| f. Non-Hodgkin’s lymphoma [s_medcond41] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| g. Other cancer [s_medcond42] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| h. Rheumatoid arthritis [s_medcond49] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| i. Stroke [s_medcond53] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| j. Myocardial infarction (heart attack) [s_medcond39] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| k. Arrhythmia (irregular heart beat) [s_medcond4] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| l. Angina (chest pain) [s_medcond3] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| m. High blood pressure requiring medication [s_medcond26] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| n. Diabetes (sugar) (other than while pregnant) [s_medcond16] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| o. Asthma or reactive lung disease [s_medcond6] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| p. Farmer’s lung disease [s_medcond20] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| q. Chronic bronchitis [s_medcond9] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| r. Emphysema [s_medcond18] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| s. Hay fever [s_medcond23] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| t. Pneumonia (viral or bacterial) [s_medcond47] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| u. Cataracts [s_medcond8] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| v. Glaucoma [s_medcond21] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| w. Retinal or macular degeneration [s_medcond48] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| x. Detached retina [s_medcond15] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

105. Has a DOCTOR ever told you that you had (been diagnosed with)... (continued)

| Condition | A. | | B. IF YES, How old were you when the doctor first told you? | | | | |
|---|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|
| | No | Yes |  | Younger than 20 | 20-39 | 40-59 | 60 or older |
| y. Goiter [s_medcond22] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| z. Thyrotoxicosis/Grave's disease (excess thyroid hormone) [s_medcond54] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| aa. Other thyroid disease [s_medcond55] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| bb. Kidney failure requiring dialysis or transplant [s_medcond30] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| cc. Chronic kidney infections or pyelonephritis [s_medcond11] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| dd. Kidney stones [s_medcond31] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ee. Bright's disease, nephritis, or nephrosis [s_medcond7] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ff. Other kidney disease [s_medcond32] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| gg. Shingles [s_medcond51] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| hh. Eczema [s_medcond17] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ii. Mononucleosis or "mono" [s_medcond37] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| jj. Scleroderma or sarcoidosis [s_medcond50] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| kk. Lupus [s_medcond35] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ll. Ulcerative colitis or Crohn's disease [s_medcond57] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| mm Alzheimer's disease [s_medcond1] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| nn. Parkinson's disease [s_medcond44] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| oo. Amyotrophic lateral sclerosis (ALS), motor neuron disease, or Lou Gehrig's disease [s_medcond2] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| pp. Epilepsy or seizures (not related to high fever) [s_medcond19] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| qq. Multiple sclerosis [s_medcond38] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| rr. Depression requiring medication [s_medcond13] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ss. Pesticide poisoning [s_medcond45] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| tt. Solvent poisoning [s_medcond52] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| uu. Lead poisoning [s_medcond33] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| vv. Head injury requiring medical attention [s_medcond24] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| ww Injury from farm machinery requiring medical treatment (excluding head injury) [s_medcond28] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please be sure to answer Column A for each item. For any you answered "Yes" be sure to complete Columns B and C and D.

| 106. During the <i>past 12 months</i> , have you had ...? | A. | | B. How many episodes have you had in the last 12 months? | | | | | C. Were the symptoms worse after smelling chemical odors? | | D. Were the symptoms worse after working with grains and hay? | |
|---|-----------------------|-----------------------|--|-----------------------|-----------------------|-----------------------|-----------------------|---|-----------------------|---|-----------------------|
| | No | Yes | One | Two | 3-6 | 7-12 | More than 12 | No | Yes | No | Yes |
| a. Stuffy, itchy, or runny nose [sallerg1] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | [snumalg1] | | | | | [swafch1] | | [swafhay1] | |
| b. Watery, itchy eyes [sallerg2] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | [snumalg2] | | | | | [swafch2] | | [swafhay2] | |
| c. A cold [sallerg3] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | [snumalg3] | | | | | [swafch3] | | [swafhay3] | |
| d. Sinusitis or sinus problems [sallerg4] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | [snumalg4] | | | | | [swafch4] | | [swafhay4] | |
| e. Flu [sallerg5] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | |
| | | | [snumalg5] | | | | | | | | |
| f. Pneumonia [sallerg6] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | | | | |
| | | | [snumalg6] | | | | | | | | |

| 107. Have you ever taken the following types of aspirin or other pain medication (over-the-counter or prescription) for any reason <u>nearly every day for as long as a month</u> ? | A. | | B. IF YES: For how many years altogether have you taken this pain medicine <i>nearly every day</i> (not counting months or years when you stopped taking the medicine)? | | | | C. Do you currently take this medication daily (or nearly every day)? | |
|---|-----------------------|-----------------------|---|-----------------------|-----------------------|-----------------------|---|-----------------------|
| | No | Yes | Less than 1 year | 1-4 years | 5-9 years | 10 or more years | No | Yes |
| a. Aspirin or Buffered Aspirin (generic or any brand name, e.g. Anacin, Bayer, Bufferin, Midol) [smedic1] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | [smedcyr1] | | | | [smednow1] | |
| b. Advil, Nuprin, Motrin IB (ibuprofen) [smedic2] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | [smedcyr2] | | | | [smednow2] | |
| c. Prescription anti-inflammatory drugs like Motrin, Feldene, Voltarin, Clinoril, or Indocin [smedic3] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | [smedcyr3] | | | | [smednow3] | |
| d. Tylenol or acetaminophen or other aspirin-free pain relievers (cold or sinus medicine, Anacin-3, Dristan AF, Comtrex, etc.) [smedic4] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | [smedcyr4] | | | | [smednow4] | |
| e. BC, Goodys, Empirin, or ADC powders or tablets - BEFORE 1980 [smedic5] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | [smedcyr5] | | | | [smednow5] | |
| f. BC, Goodys, Empirin, or ADC powders or tablets - AFTER 1980 [smedic6] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | [smedcyr6] | | | | [smednow6] | |
| g. Excedrin or Vanquish [smedic7] | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |
| | | | [smedcyr7] | | | | [smednow7] | |

108. Have your parents, brothers, sisters or children related to you by blood ever had any of the following? (Mark “No” or “Yes” for each item.)

| Disease | | No | Yes |
|---------|---|-----------------------|-----------------------|
| a. | Lung cancer [srdis1] | <input type="radio"/> | <input type="radio"/> |
| b. | Colon or colorectal cancer (bowel or rectal cancer) [srdis2] | <input type="radio"/> | <input type="radio"/> |
| c. | Breast cancer [srdis3] | <input type="radio"/> | <input type="radio"/> |
| d. | Melanoma of the skin [srdis4] | <input type="radio"/> | <input type="radio"/> |
| e. | Other skin cancer [srdis5] | <input type="radio"/> | <input type="radio"/> |
| f. | Stomach cancer [srdis6] | <input type="radio"/> | <input type="radio"/> |
| g. | Leukemia (blood cancer) [srdis7] | <input type="radio"/> | <input type="radio"/> |
| h. | Brain cancer [srdis8] | <input type="radio"/> | <input type="radio"/> |
| i. | Prostate cancer [srdis9] | <input type="radio"/> | <input type="radio"/> |
| j. | Lymphoma (Hodgkin's disease or non-Hodgkin's lymphoma) [srdis10] | <input type="radio"/> | <input type="radio"/> |
| k. | Other cancer [srdis11] | <input type="radio"/> | <input type="radio"/> |
| l. | Kidney failure (uremia, Bright's disease or dialysis) [srdis12] | <input type="radio"/> | <input type="radio"/> |
| m. | Diabetes, (sugar) [srdis13] | <input type="radio"/> | <input type="radio"/> |
| n. | Heart attack before age 50 [srdis14] | <input type="radio"/> | <input type="radio"/> |

109. What is your sex?

Female

Male [COMPLETE PAGE 27]

[sgender]

**[PLEASE COMPLETE PAGE 27,
THEN GO TO FEMALE AND FAMILY HEALTH SECTION]**

For confidentiality, this page will be stored separately from your responses to this survey.

110. Please write your name, birth date, and telephone number below:

Last Name

First Name

MI

Jr
 Sr

Maiden Name (if applicable)

 - -

Month

Day

Year

Birth Date

 - -

Area Code

Telephone

Phone Number

111. Please write your Social Security Number in the space below. The primary use of this information is for researchers to locate you in the future if they are unable to locate you at your home address, and to search health and vital records in follow-up studies in the future. Furnishing your Social Security Number is voluntary and you will not be denied any Federal right, benefit or privilege by your refusal to disclose it.

Social Security Number

I don't have a Social Security Number

 - -

112. To keep our records in order, it would help us if you would write your spouse's name, birth date, gender, and Social Security Number (if you know it or can get it) in the space below.

Last Name

First Name

MI

Jr
 Sr

 - -

Month

Day

Year

Birth Date

 - -

Area Code

Telephone

Phone Number

Spouse's Gender

Male

Female

 - -

Spouse's Social Security Number (if you know it)

113. Do you have any additional comments?

No

Yes (Please use space below and on the back to explain.)

Additional Comments:

Thank You For Taking The Time To Complete This Questionnaire.

PLEASE RETURN YOUR COMPLETED FORM IN THE POSTAGE-PAID ENVELOPE PROVIDED WITH THIS BOOKLET.