

The Arizona Border Study

*An Extension of the
Arizona National Human Exposure Assessment Survey (NHEXAS) Study
Sponsored by the Environmental Health Workgroup of the Border XXI Program*

Quality Systems and Implementation Plan for Human Exposure Assessment

The University of Arizona
Tucson, Arizona 85721

Cooperative Agreement CR 824719

Standard Operating Procedure

SOP-UA-D-7.0

Title: Coding: Baseline Questionnaire (Household)

Source: The University of Arizona

U.S. Environmental Protection Agency
Office of Research and Development
Human Exposure & Atmospheric Sciences Division
Exposure & Dose Research Branch

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Title: CODING: BASELINE QUESTIONNAIRE

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APPROVALS

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Coding: Baseline Questionnaire

1.0 Purpose and Applicability

This procedure defines the coding strategy for the Baseline Questionnaire. This questionnaire was developed for use in NHEXAS, the Border Study, and other Health and Environment Projects.

2.0 Definitions

- 2.1 BORDER STUDY : An alias for "Total Human Exposure Arizona: A comparison of the border communities and the state" conducted in Arizona by the University of Arizona/Battelle/Illinois Institute of Technology consortium.
- 2.2 CODE, GLOBAL: A set of standard codes used in data within the project designating the status of a data field in three cases: datum refused, datum non-applicable, and datum missing.
- 2.3 HEALTH AND ENVIRONMENT PROJECTS (or H & E) : An umbrella title for all projects funded to M. D. Lebowitz and/or M. K. O'Rourke (or their designees) which examine purported or real relationships among environmental factors and any aspect of human health.
- 2.4 HRP SITE: The Health Related Professions building, located at 1435 North Fremont Avenue; Tucson, AZ 85719. This is an annex of the Arizona Prevention Center and the primary site of NHEXAS Arizona.
- 2.5 NHEXAS Arizona: Acronym for National Human EXposure Assessment Survey, a research project conducted in Arizona by the University of Arizona/Battelle/Illinois Institute of Technology Consortium.

3.0 References

Teleform 5.0, Copyright 1991-1996 by Cardiff Software, Inc., San Marcos, CA.

4.0 Discussion

The Baseline Questionnaire is a scanable form. The questionnaire will be completed by the interviewer (for the primary respondent) or self-completed (for other participating household members) in the field. Then the form is QA checked, coded, and scanned directly into a database.

The OMB approved questions were formatted into a scanable form using the Teleform program package and following procedures outlined in SOP # UA-D-

30.x. This package has a dictionary feature and a feature that prints out the characteristics of each created form.

The overall coding scheme will follow SOP# UA-D-31.x: Global Coding for Scanned Forms. The data will be stored as flat ASCII files and re-coded according to EPA's coding scheme when it is ready to be submitted to EPA.

A final version of the Baseline Questionnaire form is presented in the attached Appendix A. A description of all fields and variables may be found in UA-D-18.x Appendix B. Field descriptions contain the name of the field on the form, the variable name, the object id attributes, the constraint level for recognition of the code, the length of the field and the type of the field (i.e. hand writing recognition, and automated Dictionary Correction, etc.).

Special Coding lists will be developed as needed to accommodate unanticipated responses. Such coding lists will be attached to each of the appendices as generated. A summary table of questions needing specific codes and coding lists used are found in Table 1.

5.0 Responsibilities

The Project Data Coordinator is responsible for creating the forms, defining the database and writing the coding instructions for the Baseline Questionnaire form.

6.0 Materials and Reagents

- 6.1 Codes are to be written with a black felt tip pen only.
- 6.2 Questionnaires are put into a batch once they are coded and recorded on the Batch Description and Custody Record.
- 6.3 Those coding lists that are not in the Coding Lists notebook can be found on line in the /rsc53/TrackNHEXAZ/codes/ directory. The coding lists that pertain to the Baseline Questionnaire are listed in section 8.0 Records, and include Tables 2 through 24.
- 6.4 Networked Computer Workstation that can access FoxPro.
- 6.5 Microsoft FoxPro Professional Edition version 2.6, Copyright 1989-1993 Microsoft Corporation.
- 6.6 Coding Program v1.0, developed in-house using FoxPro 2.6.

7.0 Procedural Steps for Coding of the Baseline Questionnaire

7.1 Preparation

- A. Remove a batch of Baseline Questionnaires forms from the Data Coordinator's office.
- B. Bring forms to an area where coding can be done.
- C. Use only a black felt-tip pen for coding.
- D. Find the Coding Lists notebook which contains the coding list specified in Table 1 and bring it to the coding area.

7.2 Coding Forms

- A. Begin by checking for missing information, illogical answers, and necessary codes throughout the entire form.
- B. Follow the Global Coding scheme (UA-D-31.x) as necessary.
- C. If there is no code appropriate to the given response then create a new code and add it to the coding list according to the procedure found in UA-D-31.x.

7.3 Creation of a New Code

- A. New codes can be added by the Data Coordinator or his or her designee.
- B. See UA-D-31.x for the procedure to create a new code.

8.0 Records

Inclusions:

- Table 1. Questionnaires Needing Codes & Coding Lists
- Table 2. Business Code
- Table 3. Job Code
- Table 4. Duty Code
- Table 5. Clothing Code
- Table 6. Dust Code
- Table 7. Fume Code
- Table 8. Pesticide Code
- Table 9. Away Code
- Table 10. Transportation Code
- Table 11. Disease Code
- Table 12. Water Source Code
- Table 13. Running Water Code
- Table 14. Cooking Water Code
- Table 15. Drinking Water Code
- Table 16. Treated Water Code
- Table 17. Garage Code
- Table 18. Pad Code
- Table 19. Fuel Code
- Table 20. Burn-in-Stove Code
- Table 21. Burn-in-Fireplace Code
- Table 22. Surface Code

Table 23. Mix Code

Table 24. Pet Chemical Code

Appendix A. Baseline Questionnaire

Table 1. Questionnaires Needing Codes & Coding Lists

Questionnaire Type	Question Number	Coding List Name	SOP # & Table# of Coding List
FOLLOW UP	6C	TYPE OF ANTACID MEDICATION	UA-D-11.x / Table 2
FOLLOW UP	6B	TYPE OF CHELATING AGENT	UA-D-11.x / Table 4
FOLLOW UP	7C	TYPE OF CHROMIUM SUPPLEMENT	UA-D-11.x / Table 5
FOLLOW UP	7A	TYPE OF CALCIUM SUPPLEMENT	UA-D-11.x / Table 3
FOLLOW UP	11	TYPE OF DIET	UA-D-11.x / Table 13
FOLLOW UP	6A	DIURETIC MEDICATION	UA-D-11.x / Table 6
FOLLOW UP	6A-7D	dosage according to labeling	UA-D-11.x / Table 16
FOLLOW UP	10	OTHER TYPE OF FILTERING DEVICE	UA-D-7.x / Table 14
FOLLOW UP	6D	HORMONE SUPPLEMENT	UA-D-11.x / Table 7
FOLLOW UP	7D	MULTI VITAMIN SUPPLEMENTS	UA-D-11.x / Table 8
FOLLOW UP	6A/m	SPECIFIC MEDECINE NAME	UA-D-11.x / Table 11
FOLLOW UP	6E	OTHER TYPES OF MEDICATION	UA-D-11.x / Table 9
FOLLOW UP	6E	OTHER UNIT OF MEASURE	UA-D-11.x / Table 12
FOLLOW UP	7B	SELENIUM SUPPLEMENT	UA-D-11.x / Table 10
FOLLOW UP	6 & 7	CODING LIST NOTEBOOK - MEDICAL CATEGORY DATA COORDINATOR'S OFFICE	UA-D-11.x / Table 15
FOLLOW UP	11	TYPE OF CARPETING	UA-D-35.x / Table 10
TECHNICIAN QX	6A	TYPE OF LAND AROUND HOME	UA-D-35.x / Table 12
TECHNICIAN QX	6G	CLEANING PRODUCT USED	UA-D-35.x / Table 9
TECHNICIAN QX	6J	OTHER DRIPLINE	UA-D-35.x / Table 2
TECHNICIAN QX	6J	TYPE OF FOUNDATION	UA-D-35.x / Table 5
TECHNICIAN QX	6J	YARD MATERIAL	UA-D-35.x / Table 1
TECHNICIAN QX	6H	ROOF TYPE	UA-D-35.x / Table 4
TECHNICIAN QX	10C	OTHER TYPE OF SAMPLING	UA-D-35.x / Table 8
TECHNICIAN QX	6C	TYPE OF HOUSE SIDING	UA-D-35.x / Table 3
TECHNICIAN QX	9	RELATION	UA-D-35.x / Table 6
TECHNICIAN QX	18B	WHERE TIME SPENT AWAY FROM HOME	UA-D-7.x / Table 9
TECHNICIAN QX	37D	WHAT IS BURNED IN THE FIREPLACE	UA-D-7.x / Table 21
TECHNICIAN QX	36C	WHAT IS BURNED IN THE STOVE	UA-D-7.x / Table 20
TECHNICIAN QX	14F	TYPE OF CLOTHING AT WORK	UA-D-7.x / Table 5
TECHNICIAN QX	14G	DUST RESPONDENT EXPOSED TO	UA-D-7.x / Table 6
TECHNICIAN QX	31	OTHER FUEL CODES	UA-D-7.x / Table 19
TECHNICIAN QX	14H	FUMES ENCOUNTERED IN THE WORK PLACE	UA-D-7.x / Table 7
TECHNICIAN QX	27B	LOCATION OF HOUSE'S GARAGE	UA-D-7.x / Table 17
TECHNICIAN QX	14C	JOB TITLE/CLASSIFICATION	UA-D-7.x / Table 3
TECHNICIAN QX	14D	JOB DUTIES	UA-D-7.x / Table 4
TECHNICIAN QX	14B	BUSINESS	UA-D-7.x / Table 2
TECHNICIAN QX	38I, 39G	MIX CODES	UA-D-7.x / Table 23
TECHNICIAN QX	30D	TYPE OF COOLER PADS	UA-D-7.x / Table 18
TECHNICIAN QX	43F	FLEA AND TICK PESTICIDES	UA-D-7.x / Table 24
TECHNICIAN QX	38-C	TYPE OF SURFACE TREATED	UA-D-7.x / Table 22
TECHNICIAN QX	19	METHOD OF GETTING TO WORK	UA-D-7.x / Table 7
TECHNICIAN QX	26C,D & E	SOURCE OF WATER	UA-D-7.x / Table 13
TECHNICIAN QX	26B	MAIN WATER SUPPLIER	UA-D-7.x / Table 12
TECHNICIAN QX	H,N,S,V,W	DISEASE CODES NOTEBOOK	UA-D-7.x / Table 11
TECHNICIAN QX	14j,16j,38f,39d	CODING LIST NOTEBOOK - PESTICIDES	UA-D-7.x / Table 8
TECHNICIAN QX	N/A	LISTING OF DATABASES (THIS LIST)	N/A
TECHNICIAN QX	N/A	COMMENTS MADE BY FIELD TECHS	UA-D-31.x / Table 2
TECHNICIAN QX	N/A	REASON SOMETHING WAS/WASN'T DONE	UA-D-10.x / Table 3
TECHNICIAN QX	N/A	RELATION	UA-D-31.x / Table 3
TECHNICIAN QX	P.7	RACE	UA-D-6.x / Table 2
TECHNICIAN QX	A-N	DIET DIARY	UA-D-13.x / Appendix A
ALL FORMS HAVING COMMENTS	N/A	ALL FORMS HAVING COMMENTS	N/A
FOOD DIARY FOLLOW UP	12, 14	FOOD DIARY FOLLOW UP	UA-D-31.x / Table 2
GLOBAL CODE	N/A	GLOBAL CODE	UA-D-31.x / Table 3
DESCRIPTIVE	P.7	DESCRIPTIVE	UA-D-6.x / Table 2
24 HOUR FOOD DIARY CHECK	N/A	24 HOUR FOOD DIARY CHECK	UA-D-13.x / Table 2

Table 2. Business Code

<u>CODE</u>	<u>DESCRIPTION</u>
01	FEDERAL/STATE/COUNTY/CITY GOVERNMENT
02	RESTAURANT - FAST FOOD
03	RESTAURANT
04	LAW FIRM
05	RESORT/HOTEL INDUSTRY
06	FOOD SERVICE
07	REAL ESTATE
08	UNIVERSITY/COMMUNITY COLLEGE
09	BOOKKEEPING/ACCOUNTING/TAX PREPARATION
10	BANKING
11	ARTS & ENTERTAINMENT
12	ELEMENTARY/HIGH SCHOOLS
13	DAYCARE/PRESCHOOL
14	HUMAN SERVICES
15	PARKS & RECREATION
16	GAS UTILITY COMPANY
17	ELECTRICAL UTILITY
18	CAR DEALERSHIP
19	SCHOOL TEACHER
20	PHONE SALES/TELEMARKETER
21	SALES-RETAIL-FLOWERS
22	REPAIR, MECHANICAL
23	REFRIGERATION SERVICE
24	
25	
26	
27	
28	
29	
30	
31	STORE -GROCERY
32	STORE - WHOLESALE WAREHOUSE
33	
34	
35	INVENTORY MGT
36	STORE - RETAIL
37	SALES - FIELD/TRAVELLING
38	INSURANCE
39	CREDIT BUREAU
40	
41	HEALTH CARE
42	LABORATORY
43	VETERINARY
44	WILDLIFE MANAGEMENT
45	HORSE STABLES
46	
47	HEALTH & FITNESS CLUB
48	
49	
50	SERVICE INDUSTRY
51	BEAUTY SALON/HAIRSTYLIST
52	PROPERTY MANAGEMENT
53	CHURCH/CLERGY/RELIGIOUS EDUCATION
54	JANITORIAL/CLEANING
55	LANDSCAPING
56	PLUMBER
57	
58	
59	
60	MANUFACTURING/CONSTRUCTION
61	CONSTRUCTION
62	DRAFTING/ENGINEERING
63	COMPUTERS/ELECTRONICS

Table 2. Business Codes (continued)

64	AEROSPACE
65	PUBLISHING/NEWSPAPER
66	PAINTING
67	REPAIR, AUTO/AIRCRAFT
68	MINING/REFINERY
69	SANITATION
70	HAZARDOUS AREA
71	WASTE WATER MANAGEMENT
72	GAS STATION
73	FARM/RANCH
74	FIBERWORK
75	DENTAL PRACTICE (RECEPTIONIST)
76	PHOTOGRAPHY
77	AUTOMOTIVE TESTING
78	STEEL FABRICATION
79	UPHOLSTERY
80	BUSINESS
81	WASTE MANAGEMENT
82	SECURITY
83	AIRLINES
84	MILITARY
85	TRANSPORTATION/TRUCKING
86	LILBRARY
87	WATER TREATMENT/MAINTENANCE
88	MACHINE SHOP
89	LAND SURVEYING
90	SOCIAL SERVICES
91	CHILD CARE
92	AGRICULTURE
93	COMMUNITY, NON-PROFIT ORGANIZATION
94	WELDING COMPANY
95	PACKER
96	REHABILITATION CENTER
97	COPPER SMELTER
98	UTILITY
99	CARPENTRY
A1	HOUSEWIFE
A2	PRINTING STORE
A3	RETIREMENT HOME
A4	HOSPITAL
A5	MUSEUM
A6	ART GALLERY
A7	SCHOOL
A8	SELF-EMPLOYED
A9	SALES
B1	POST OFFICE
B2	COACHING/SPORTS
B3	CLOTHING FACTORY
B4	MUSIC
B5	PREVENTION OFFICER
B6	PRISON
B7	SELF-EMPLOYED
B8	COMMERCIAL STORE
B9	DEPARTMENT OF CORRECTIONS
C1	MAINTENANCE=BUILDING
C2	NONE
C3	HEALTH DEPARTMENT
C4	ARCHEOLOGY
C5	SCUBA DIVING INSTRUCTOR
C6	JUSTICE COURT
C7	FIELD WORKER
C8	FACTORY
C9	PESTICIDE PLANT
D1	MANUFACTURING
D2	SCHOOL CAFETERIA
D3	REPAIR AND REMODELING
D4	FABRICATION OF MUSICAL INSTRUMENTS
D5	MOVING COMPANY
D6	INDUSTRIAL

Table 3. Job Codes

<u>CODE</u>	<u>DESCRIPTION</u>	<u>CODE</u>	<u>DESCRIPTION</u>
01	MEDICAL AND DENTAL DOCTOR	61	FARMERS- OWNERS, MANAGERS
02	COLLEGE PRES., PROFESSOR, PRINCIPAL	62	LANDSCAPER, GARDNER
03	ENGINEERS AND ARCHITECTS	63	FARM LABORER
04	SCIENTISTS, PHYSICAL, NATURAL, SOC. PSYC	64	BUTCHER
05	LAWYER, CITY HALL, GOVERNMENT JOB	65	ANIMAL CARETAKER
06	CLERGYMEN AND TEACHER, PSYCHOLOGIST	66	MUSICIAN
07	OPTOMETRIST	67	PLUMBER
08		68	CARPENTER
09	OTHER PROFESSIONAL, NOI	69	HOUSE BUILDER
10	DURABILITY TEST DRIVER	70	DOMESTIC, PRIVATE HOUSEHOLD WORKER, LIVE IN
11	SEMI-PROF IN HEALTH SCIENCES: NURSE, MA	71	HAIR STLIST/BEATICIAN
12	AUTHORS	72	POLICE, FIREFIGHTER, BORDER PATROL, DENTENTION OFFICER
13	ACCOUNTANTS, AUDITORS AND ADVISORS	73	HOUSE KEEPER/MAID
14	EDITOR, REPORTER, LIBRARIAN	74	NURSES AID, LPN
15	TECHNICIANS, DESIGN COMPUTER	75	COOKS, KITCHEN /CAFETERIA WORKER
16	ARTISTS AND ENTERTAINERS	76	COSMETOLOGIST/BEATICIAN/NAILTECH
17	PILOTS	77	HANITORS
18	COUNSELORS, MENTAL HEALTH WORKERS	78	DIETETIC TECH/DIETICIAN
19	OTHER SEMI-PROF & TECHS (NOI)	79	OTHER SERVICE WORKER, NOI
20	OWNER	80	PHOTOGRAPHY
21	PROPRIETORS IN CONSTRUCTION, MANUF, TRANSP, UTILITY	81	WAREHOUSE WORKER
22	PROP IN WHOLESALE & RETAIL	82	MANUFACTURING: DURABLE GOODS
23	PROP IN FINANCE, BANKING, REAL ESTATE, INSURANCE	83	INVENTORY SPECIALIST
24	SALES PERSON	84	PAINTER
25	MANAGERS - HEALTH CARE ADMIN	85	MILITARY RESERVE
26	MANAGERS - CONSTRUCTION, MANUFACTERING, TRANSP, COMM	86	INDEPENDENT CONTRACTOR
27	MANAGERS - WHOLESALE, RETAIL, RESTAURANT	87	MAIL CARRIER
28	MANAGERS - FINANCE, CREDIT, PURCHASING, BUSINESS	88	LEGAL ASSISTANT
29	OTHER MANAGERS - NOI, ASST MANGER/DIRECTOR	89	WAITER/WAITRESS
30	SECRETARY, TYPIST, RECEPTIONIST	90	OCCUPATION NOT REPORTED
31	BOOKEEPER, AGENTS, INSURANCE	91	NEVER WORKED, DNA
32	MACHINE OPERATOR	92	HOME BASED BUSINESS
33	CASHIERS, TELLER, COLLECTORS	93	VOLUNTEER
34	OTHER CLERICAL STAFF, NOI, INCLUDING POSTAL	94	VETERINARY ASSISTANT
35	SALES PERSONNEL: INSURANCE, ADVERTISING, REAL ESTATE, SECUR	95	STUDENT
36	SALES PERSONNEL - RETAIL	96	REPAIRMAN
37	SALES PERSONNEL- WHOLESALE	97	UNKNOWN, CAN'T REMEMBER
38	SALES PERSONNEL- DOOR TO DOOR	98	UNEMPLOYED
39	SALES PERSONNEL - OTHER, NOI, INCLUDING CLERKS	99	ADMINISTRATOR/SUPERVISOR
40	SECURITY GUARD	A1	PAPER CARRIER
41	FOREMAN	A2	PHARMACIST ASSISTANT
42	INSPECTORS	A3	PRISON CAPTAIN
43	DETAIL CONSTRUCTION, NON MANUFACTURING	A4	DISPATCHER
44	MACHINIST/MECHANIC	A5	RADIO SHOW HOST/DJ
45	SMALL SHOP DETAIL WORK, NON MANUFACTURING	A6	SALESPERSON
46	HEAVY CONSTRUCTION	A7	STAFF SUPPORTER
47	CRAFTSMEN IN REPAIR & OTHER METAL WORK	A8	PROGRAM MANAGER
48	RAILROAD WORKER, COMMUNICATIONS IN STALLER	A9	NANNY
49	OTHER CRAFTSMAN, NOI	B0	PRODUCE PACKER
50	PRODUCTION TECH	B1	COMMUNITY DEVELOPER
51	APPRENTICES - CONSTRUCTION	B2	DATA ENTRY PERSON
52	WHOLESALE WAREHOUSE WORKER	B3	OCCUPATIONAL THERAPIST
53	WELDERS	B4	AIRPORT LINEMAN
54	TEXTILE MANUFACTURING	B5	ASSEMBLER
55	CANNING WORKER	B6	STOCKER
56	COMMUNICATION, UTILITY WORKER, NON MANUFACTUR	B7	PHARMACIST
57	TRANSP - TRUCK DRIVER, ETC...	B8	MACHINIC'S ASSISTANT
58	CONSTRUCTION, LUMBER, MINING, LABORERS	B9	HOME VISITOR/SUPERVISOR/EDUC
59	OTHER OPERATIVES, NOI		
60	INSTALLER		

Table 3. Job Codes (continued)

<u>CODE</u>	<u>DESCRIPTION</u>	<u>CODE</u>	<u>DESCRIPTION</u>
C0	MAINTENANCE SUPERVISOR	I1	SEAMSTER/SEAMSTRESS, ALTERATIONS
C1	ELECTRICIAN	I2	EMPAQUE
C2	PHOTO JOURNALIST	I3	INSTALLING DRYWALL
C3	SALES MERCHANDISER	I4	PESTICIDE FORMULATOR
C4	MATHEMATICIAN	I5	MAJORDOMO
C5	ASSISTANT/HELPER	I6	RETIRED
C6	HEAD COACH (SPORTS)	I7	GUEST
C7	RUNNING ERRANDS	I8	LAB ASSISTANT
C8	PROGRAM AIDE	I9	TAXI DRIVER
C9	TEACHER AIDE	J1	EQUIPMENT TECH
D1	TREATMENT COORDINATOR	J2	SUBSTITUTE TEACHER
D2	WARRANTY ADMINISTRATOR	J3	PRIEST/FATHER/PASTOR
D3	RECEIVING/STOCKING CREW	J4	VETERINARY TECH
D4	HARVESTING SUPERVISOR	J5	TEACHER
D5	AVIATION TECH	J6	COORDINATORS
D6	MANAGER - OFFICE	J7	MOVERS
D7	NURSE/SUPERVISOR	J8	ENTRY SPECIALIST
D8	CORRECTIONAL OFFICER	J9	SUPERVISOR
D9	CARE GIVER	K1	BORDER PATROL AGENT
E1	PREPARED	K2	SHIPPING CLERK
E2	MAINTENANCE MAN		
E3	TEACHER ASSISTANT/STUDENT TEACHER		
E4	TESTER		
E5	SELF EMPLOYED		
E6	COMMUNITY NUTRITION WORKER		
E7	ROCK ART SPECIALIST		
E8	HOME CHILD CARE PROVIDER		
E9	REALTORS		
F1	BABYSITTER		
F2	ENGINEER		
F3	VOLUNTEER		
F4	SUPERVISOR		
F5	FIREPERSON		
F6	WATERER/WATER MAINTENANCE/IRRIGATION		
F7	PACKER/SHIPPER		
F8	PUBLIC WORKS		
F9	WASTE WATER COLLECTOR		
G1	WRAPPER		
G2	MANUFACTURING -ENSEBLING		
G3	PREPARED OF CHMICALS (MIXES, BLENDS)		
G4	FIELD WORKER		
G5	INTERVIEWER/ELEGIBILITY		
G6	LOADER		
G7	GENERAL EMPLOYEE		
G8	SCHOOL BUS DRIVER		
G9	HOUSEWIFE		
H1	LABORER		
H2	IRRIGATION LABORER		
H3	PRODUCE DEPARTMENT		
H4	MACHINE WORKER/OPERATOR		
H5	FERTILIZER COMPANY/PLANT		
H6	STUDENT /HOUSEWIFE OR WORKS		
H7	NEWSPAPER DELIVERER		
H8	BAKER		
H9	MEADOW CRAFT		

Table 4. Duty Codes

<u>CODE</u>	<u>DESCRIPTION</u>	<u>CODE</u>	<u>DESCRIPTION</u>	<u>CODE</u>	<u>DESCRIPTION</u>
009	RECORDS MANAGEMENT	105	MASSEUR/MASSEUSE	186	SPECIAL EDUCATION DUTIES
010	RESEARCH SPECIALIST	106	EMERGENCY MEDICINE	187	MECHANIC
011	PAINTING	107	APRAISING	188	DIGGING
012	INSTRUCTION,CLASSROOM	108	CONTROLLING AIR TRAFFIC	189	PLANTING
013	PHOTOGRAPHY	109	LETTER DELIVERER	190	MOWING
014	PLUMBING	110	EQUIPMENT MONITORING	191	WALKING
015	LEGAL PROCEEDINGS	111	INSPECTING	192	CHECKING UP
021	NURSING, PATIENT CARE, TRIAGE	112	CROP FARMING	193	CARING FOR CHILDREN
022	MEDICAL LAB WORK	113	INSTALL SOFTWARE	194	REPAIRING
023	PATIENT CARE/FOOD	114	GROCERY STORE WORKER	195	SELLING TRACTOR PARTS
024	CHEMICAL ANALYSIS	115	WASHING DISHES	196	PREPARING ALTERNATOR FRONTS
025	CHILD CARE	116	ENVIRONMENTAL SAMPLING	197	FRISKING
026	DENTISTRY/DENTAL HYGIENE	117	TAKE X-RAYS/PROCESS X-RAYS	198	SEARCHING
027	COUNSELING	118	INSTALLING ELECTRONIC DEVICES	199	GIVING/TAKING ORDERS
031	FOOD PREPARATION	119	SURGERY OF ANIMALS	200	ROOFING
032	MEAT CUTTER	121	SALES-REAL ESTATE/MANUF HOMES	201	ASSISTING STUDENTS
033	WAREHOUSING/INVENTORY	126	FUNDRAISING	202	ADMINISTER QUIZZES
034	CASHIERING	131	ATTORNEY'S/LAWYERS'S DUTIES	203	ENTERING DATA
035	DRIVING, TRUCK OR NOI	132	AUDIOLOGY	204	READ
036	SALES-RETAIL	133	ADMINISTRATION	205	WRITING
037	SALES-TELEMARKETING	134	ATTENDING MEETINGS	206	CALCULATING
038	SALES-DOOR TO DOOR	135	DANCING	207	DRAW BLOOD
039	PUBLIC RELATIONS/INTERVIEWER	136	COACHING	208	CUTTING MATERIAL
040	CLERICAL,TYPE, FILE, PAPER WORK	137	CATTLE RANCHING	209	APPLYING FINISHES
041	DATA ENTRY, TYPING , FILING	138	BANK TELLER	210	ADMINISTRATOR
042	COMPUTER PROGRAMMING	139	NEWSPAPER CARRIER	211	MAINTAIN ROADS, FIXING,WATER
043	DRAFTING, COMPUTER	140	DESK CLERK	212	CHECK AND CARE OF WATER
044	TECHNICAL ELECTRONICS	141	SEWING	213	MAINTENANCE, AIR CONDITIONING
046	SUPERVISING/PLANNING	142	MATHEMATICS	214	PACKING PRODUCE
047	COMPUTER USE	143	SURVEY OF LOCAL MARKETS	215	CLEAN & REPAIR (DRAINAGE) LINE
048	USING COPY MACHINES	144	ANSWER RADIO OR PHONE CALLS	216	CONTACT W/ VEGETABLES
051	COSMETOLOGY	145	HOSTS, RADIO SHOW	217	ENSAMBLING
052	CUTTING HAIR, PERMS, COLORING	146	PICKER, FARM RELATED-NOSPECIFIC	218	PACKING AND/OR SHIPPING
056	LAUNDRY	147	CROP SORTING	219	MIXING AND BLENDING CHEMICAL
057	CLEANING, VACUUMING	148	CROP PLANTER	220	LOADING (BOXES, CARGO, ETC...)
060	MANUFACTURING/CONSTRUCTION	150	FAX MACHINE USER	221	ASSEMBLING
061	ASSEMBLY LINE/MANUFACTURING	151	LAB ASSISTANT	222	INSTALLING TILE
062	COMPONENT TESTING	152	MERCHANDISING	223	HOSE WORK/CLEANING
063	MAINTENANCE, AIRCRAFT	153	JANITORIAL SERVICES	224	NO JOB-DUTIES
064	MECHANIC, AUTO	154	ISSUE CLOTHES/FOOD TO NEEDY	225	PLAYS BASKETBALL
065	MAINTENANCE, BUILDING	155	PATIENT HOME VISITS	226	MANAGING RESTAURANT-SERVICE
066	MANUAL LABOR, CONSTRUCTION	156	LAW ENFORCEMENT	227	JUST BORN
067	LANDSCAPING, GARDENS	157	CROP PICKER	228	CHILD
068	ANIMAL CARE	158	TRACTOR DRIVER	229	STUDENT/HOMEWORK
069	ACCOUNTING/BOOKKEEPING	159	INSPECTS CROPS	230	LABOR (IN GENERAL)
070	WELDING	160	REHABILITATION	231	COLLECTING STAMPS
071	FIREFIGHTING	161	ADJUSTS INSURANCE CLAIMS	232	HELP AROUND HOUSE/CHORES
072	HAZARDOUS MATERIAL HANDLING	162	DRIVE TRUCKS	233	WORKING IN THE FIELD (GENERAL)
073	MINE WORKER, ETC	163	REFILL AIRPLANES	234	MAINTENANCE (IN GENERAL)
074	REPAIR EQUIPMENT	164	DESIGN GLASS	235	USING CHEMICALS
075	EQUIPMENT OPERATOR	165	STRIPPING/SOLDERING WIRES	236	WORKING WITH BEES
076	DELIVERY DRIVER	166	HOLISTIC HEALTH	237	FIELD WORK DUTIES
077	LIGHT CARPENTRY	167	INSULATION	238	CROP CUTTING
078	SOLDERING	168	PACKS PRODUCE	239	BAKING/MAKING FOOD (BAKERY)
079	GARBAGE TRUCK DRIVER	169	DENTAL ASSISTANT	240	WASHING CARS
081	FIELD RESEARCH	170	FILLING PRESCRIPTIONS	241	GENERAL EMPLOYEE DUTIES
090	MISCELLANEOUS	171	OPERATE PRINTING PRESS	242	HORSE BACK RIDING
091	PLAY MUSICAL INSTRUMENT	172	LIBRARIAN DUTIES	243	INSTALLING DRYWALL
092	STOCKING	173	CUSTOMER SERVICE	244	OPERATING BUSINESS
093	PATIENT EVALUATIONS & SESSIONS	174	DESIGN LAYOUT	245	VOLUNTEERING SERVICES
094	MEASURING TREES/PLANTS	175	TEACH PERSONAL CARE/NUTRITION	246	DRIVE CAB
095	HOMEWORK/STUDENT	176	PROVIDE SOCIAL SERVICE	247	APPLY PESTICIDES
096	SELLING CARS	177	SECRETARIAL DUTIES/BILLING	248	FILLING OUT ORDERS/REPORTS
097	INSTALLING FURNITURE	178	PREP ART SUPPLIES	249	LIFTING/CARRYING
098	OPERATING MOTOR VEHICLES	179	INSPECT	250	INMATE CARE, CUSTODY, CONTROL
099	STRIPPING GOLF CARTS	180	ELECTRICIAN DUTIES	251	SCULPTING
100	BUILDING HOSES	181	DEMONSTRATE PROCEDURES	252	SALES - IN GENERAL
101	SERVICE WORK	182	SPORTS FIELD MAINTENANCE	253	APPREHENDING ILLEGALS
102	PROVIDE SECURITY/GUARD	183	COOKING PREPARING FOOD	254	INSTALL SOFTWARE
103	WAIT TABLES	184	GENERAL OFFICE DUTIES		
104	PILOT	185	FUNDRAISING		

Table 5. Clothing Code

<u>CODE</u>	<u>DESC</u>
00	LAB GARMENT/PROTECTIVE
01	FACE SHIELD
02	MASK/SURGICAL
03	GLASSES/GOGGLES
04	BOOTS
05	BACK SUPPORT BELT
06	EAR PLUGS
07	FIREMAN'S COAT/GEAR
08	APRON
09	HARD HAT AND SAFETY GLASSES
10	GLASSES AND EAR PROTECTION
11	SAFETY SHOES
12	UNIFORM
13	JUMPSUIT
14	HEAVY SHIRT
15	BULLET PROOF VEST
16	LEAD APRON
17	CHAPS
18	VEST
19	WELDING HELMET
20	HAIR NET
21	MANDI, UNKNOWN GEAR FOR GLASS DESIGN
22	HARD HAT AND BOOTS
23	HARD HAT
24	JEANS
25	BASEBALL UNIFORM (CUP, GLASSES, ETC.)
26	CASUAL CLOTHING
27	COVERING ON MOTHPIECE/NOSE
28	WETSUIT
29	SOMBRERO/HAT
30	LONG SLEEVES AND LONG PANTS
31	X-RAY PROTECTIVE APRON W/ GLOVES
32	LATEX GLOVES
33	SELF-CONTAINED BREATHING APARATUS
34	APRON AND RUBBER BOOTS
35	DUST MASK AND GOGGLES
36	UNIVERSAL PRECAUTIONS
37	GOGGLES AND STEEL TOE SAFETY SHOES
38	WEATHER BOOTS
39	EAR PLUGS, STEEL TOE BOOTS

Table 6. Dust Codes

<u>CODE</u>	<u>DESCRIPTION</u>
01	DUST FROM SKIN OR NAILS
02	DUST FROM TEETH
03	SOIL DUST
04	GRASS
05	DRY MANUER, HAY
06	
07	
08	
09	
10	
11	PAPER DUST
12	COPPER DUST
13	WOOD DUST
14	COAL DUST
15	CHALK DUST
16	GLASS DUST
17	HOUSE DUST
18	METAL MINING DUST
19	DIRT DUST
20	DRY WALL DUST
21	ASBESTOS
22	MÉTAL DUST
23	CONCRETE/CEMENT
24	PLASTER DUST
25	POLYCHIPS DUST
26	BRAKE DUST
27	MAGNETIC TAPE
28	PEANUT DUST
29	ZINC STERATE
30	SAND
31	PAINT DUST
32	GRAPHITE
33	POLLEN
34	DUST FROM DOMESTIC COMBUSTION
35	CALCINE
36	ALUMINUM
37	PARROT DUST
38	FLOOR DUST
39	TONER DUST
40	FIELD DUST
41	CAR DUST
42	PENCIL SHAVINGS
43	SEWAGE DUST
44	CLAY DUST
45	BARN YARD DUST
46	POLISHES
47	CARDBOARD DUST
48	BORON DUST
49	CHEMICAL DUST
50	MORTAR
51	IN PROCESS OF PAINTING HOUSE
52	ATTIC AND CRAWL SPACE DUST
53	LIMESTONE

Table 7. Fume Code

<u>CODE</u>	<u>DESC</u>	<u>CODE</u>	<u>DESC</u>
01	HUMAN TISSUE CAUTERIZATION	60	MEDICAL INHALERS
02	CIGARETTE SMOKE	61	PAINT FUMES
03	WOOD BURNING SMOKE	62	PARTIAL GUTTER
04	SEWER	63	FORMALDEHYDE
05	HAIR TREATMENT PRODUCTS	64	WAX
06	URETHANE		
07	SO2, SO3		
08	TRICHLORD		
09	CARBON MONOXIDE / CO		
10	CHLORINE		
11	AMMONIA		
12	PAINT/ACRYLIC		
13	GLUE		
14	PVC		
15	GASOLINE		
16	SOLVENTS, PETROLEUM BASED		
17	ALCOHOL		
18	ACID, HCL		
19	CLEANING PRODUCTS. MISC		
20	O2, CO2		
21	PLENOLIC RESIN		
22	AMMONIUM SULFITE		
23	PROPANE		
24	EPOXY		
25	COPPER SMELTER FUMES		
26	PHOSOGENE GAS		
27	HYDROZINC ETHONOILONIDE		
28	CARPET CLEANER		
29	SMELT GAS		
30	JET FUEL		
31	DENTAL ACRYLIC-METHYL METHACRYLAT MONO		
32	PHOTO CHEMS		
33	EASY OFF		
34	WASTE TREATMENT PLANT		
35	FREON		
36	INK FUMES		
37	HYDRAZOIC ACID		
38	MACHINERY FUMES		
39	SMOKE FROM RESTAURANT STOVE		
40	SMOG		
41	NAIL POLISH REMOVER		
42	ACETIC ACID		
43	WHITE BOARD/DRY ERASE MARKER		
44	TRAFFIC EXHAUST		
45	THINNER		
46	NATURAL GAS FROM STOVE		
47	COPY MACHINE		
48	POTTING FUMES		
49	FLOOR BUFFER		
50	BLEACH		
51	OVEN CLEANER		
52	BATTERY FUMES		
53	GAS LP		
54	FOOD/KITCHEN FUMES		
55	CUPRIC NITRATE		
56	H25		
57	ANESTHESIA VAPORS		
58	FELT AND DRYERASE MARKERS		
59	CHEMICALS FOR RODENTS (PESTICIDES)		

Table 8. Pesticide Codes

PESTICIDE CODES
Numeric Order

I. Introduction

These codes apply to question #26b of "Basic household Characteristics" questionnaire (QXV = BASI #1).

Additional codes must be approved by either the Project Data Coordinator of the Study of Health and the Environment (H & E), or by an official delegate.

II. Organization of Coding List

This coding list is divided into eight categories comprising of three main parts: (1) pest control, (2) known pesticides, and (3) unknown pesticides.

The pest control services are listed first and follow no logical order. The known pesticides are categorized according to basic chemical composition or active ingredient(s). Finally, the unknown pesticides are ranked in order of importance. They are categorized as "unknown" because their active ingredients are not known. For an alphabetical listing of these codes, consult "Pesticide Codes: Alphabetical Order".

The eight categories are listed below. The horizontal, dashed line (-----) divides them into their parts.

Numerical Range	Class	Abbreviation
001 – 199	Pest Control Service	N/A
200 – 299	Pyrethroids	PY
300 – 399	Chlorinated Hydrocarbons	CH
400 – 499	Organophosphates	OP
500 – 599 (except 555)	Carbonates	CB
600 – 699	Other Known Chemicals	OKC
700 – 799	Other Pesticides	OTHER
800 – 899 (except 888)	Other: _____	_____
900 – 999	Unknown Pesticides	UNKNOWN

III. Global codes for pesticides

555 REFUSAL CODE:

Subject refuses to answer question

888 NON-APPLICABLE CODE:

No pesticides used in the household

999 MISSING CODE:

Reserved for use by H & E data staff only

Table 8 (Continued). Pesticide Codes

IV. Codes

001 – 199 Pest Control Services

These codes are to be used when the subject writes a pest control service in lieu of particular pesticides. Although we ask the subject to list the pesticides used in his or her household, those who have hired pest control services may be ignorant of the specific pesticides used. In these cases, it is still helpful to know the name of the service if the subject has written it.

If the name of the pest control service is not specified, then use the appropriate code for “unspecified Service”: Codes 046, 047, and 096 through 099. If the subject has indicated a service was used, but has left out the service’s name and any other information about it, then use code 098.

CODE	DESCRIPTION
001	PEST CONTROL INC.
002	UNIVERSITY TERMITE AND PEST CONTROL
003	ARIZONA BEST
004	BUG DU-GONE
005	DIXON PEST CONTROL
000	SOUTHWEST PEST CONTROL INC.
007	JOHN THE EXTERMINATOR
008	TIM'S PEST SERVICE
009	STATE CHEMICAL CO INC.
010	A-OK TERMMITE & PEST CONTROL
011	ESSENTIAL PEST CONTROL
012	AID
013	RITE-WAY PEST CONTROL
014	GOOD SHEPPAR4D EXTERMINATING CO.
015	BURR EXTERMINATING
016	DESERT VALLEY TERMITE AND PEST CONTROL
017	TRULY NOLEN EXTERMINATING
018	JIM'S PEST SERVICE
019	AAA EXTERMINATING
020	SEARS
021	ROBERTS PEST CONTROL
022	ORKIN EXTERMINATING CO INC.
023	DICKENSON PEST CONTROL
024	NEW WORLD PEST CONTROL
025	TERMINIX INTERNATIONAL
026	PIMA PEST
027	DUBRAN

Table 8 (Continued). Pesticide Code

CODE	DESCRIPTION
028	VETERANS PEST CONTROL...TERMITES TOO!
029	AUGUST EXTERMINATOR
030	DON MILLER PEST CONTROL (a.k.a. MILLER DON)
031	TRIANGLE
032	ASTRO PEST CONTROL
033	FEDERAL TERMITE & PEST CONTROL
034	SCOTT'S PEST CONTROL
035	A-1 PEST CONTROL
036	SOS EXTERMINATING
037	ARIZONA CHEMICAL & SERVICE CO.
038	ZEBRA PEST CONTROL
039	LEO'S PESTO CONTROL
040	ATTACK PEST CONTROL
041	GODFATHERS PEST CONTROL
042	TERRITORIAL TERMITE & PEST CONTROL CO.
043	mighty NATIONAL EXTERMINATING CORP.
044	DUPLICATE CODE - No longer in use
045	DUPLICATE CODE - No longer in use
046	UNSPECIFIED SERVICE -Performed by landlord
047	UNSPECIFIED SERVICE - Performed by private party/freelance
048	NEAT
049	KINO TERMITE & PEST CONTROL INC.
050	PRIME PEST CONTROL (a.k.a. NORM ARNOLD'S)
051	JOHN TERMITE & PEST CONTROL
052	CONQUISTADOR PEST & TERMITE CONTROL
053	FIVE STAR TERMITE PEST CONTROL INC.
054	A BEDDER PEST CONTROL CO.
055	WARREN CONTROL COMPANY
056	A-SECURITY PEST CONTROL CO.
057	AMUSH EXTERMINATING CO.
058	ARIZONA BIOLOGICAL CONTROL INC. (a.k.a. ARBICO)
059	NEW STANDARD PEST CONTROL
060	ARIZONA STRUCTURAL PEST CONTROL COMMISSION
061	ARIZONA TERMITE & PEST CONTROL
062	ARIZONA TERRITORIAL TERMITE & PEST CONTROL
063	BASSETT'S BUGBUSTERS (a.k.a. BUGBUSTERS)
064	BILLS HOME SERVICE CO. PEST & TERMITE CONTROL
065	C & W PEST CONTROL
066	CECIL DOOLEY TERMITE - PEST CONTROL
067	CLINE PEST CONTROL
068	DO IT YOURSELF PEST & WEED CONTROL

Table 8 (Continued). Pesticide Code

CODE	DESCRIPTION
069	DORADO PEST CONTROL
070	DOYLE EXTERMINATING CO. INC.
071	DR. K PEST CONTROL
072	EAGLE EXTERMINATING CO. INC.
073	FORT PEST CONTROL SERVICE
074	FRANK PINELL'S PRIME PEST CONTROL
075	KILLIAN'S PROFESSIONAL TERMITE & PEST CONTROL
076	MENAGERIE MANAGEMENT "Humane-no poisons used"
077	MODERN TERMITE & PEST CONTROL
078	NELSON PEST MANAGEMENT
079	NORTH COUNTRY PEST MANAGEMENT SYSTEMS
080	NORTHWEST EXTERMINATING CO. INC.
081	PEST PRO EXTERMINATING
082	PEST TECHS PEST CONTROL
083	RAY'S EXTERMINATING
084	ROSE PEST CONTROL
085	SAINT PATRICK PEST CONTROL CO.
086	SECURITY PEST CONTROL CO.
087	SOUNDER PEST MANAGEMENT
088	SUPER EXTERMINATING CO.
089	TONY'S PEST CONTROL
090	TUCSON EXTERMINATING & CHEMICAL CO.
091	VANGUARD PEST CONTROL
092	WALT'S PEST CONTROL
093	AAA AFRICANIZED BEE REMOVAL SPECIALISTS
094	HOME & RANCH PEST CONTROL
095	MONCADA WILLIAM
096	UNSPECIFIED SERVICE-Performed by friend or relative
097	UNSPECIFIED SERVICE-Sprayed 4 months ago by unspecified person
098	UNSPECIFIED PEST CONTROL
099	UNSPECIFIED SERVICE
100	EMPIRE
101	MR. PEST CONTROL
102	ARIZONA EXTERMINATING CO.
103	ALL STATE PEST CONROLLERS
104	LIBERTY TERMITE
105	SUMMIT PEST CONTROL
106	SMITH'S HOUSE & GARDEN INSECT KILLER
107	RESMETHRIN & D-TRANS-ALLETHRIN
108	EMPIRE CP

Table 8 (Continued). Pesticide Code

CODE	DESCRIPTION
109	K-RID TERTAMETHIN
110	R & R PEST CONTROL
111	PRIBAN L. O.
112	HOME PEST CONTROL
113	CONQUIN
114	FIRST & LAST PEST CONTROL SERVICE
115	MR. SCOTT'S PEST CONTROL
116	CHARLEY'S ANGELS
117	NEW ERA PEST CONTROL
118	BUGS-OUT PEST CONTROL
119	PEST CONTROL SOLUTIONS
120	BELL PEST CONTROL
121	CITYWIDE PEST CONTROL
122	CHARLEY DAVIS FROM AJO
123	BURNS PEST CONTROL
124	BUG MASTERS
125	UNITEC TERMITE
126	GNH PEST CONTROL
127	ARK EXTERMINATING
128	BIOCHEMICAL SERVICES
129	GREAT SW CHEMICAL COMPANY
130	ORLANDER PEST CONTROL
131	DON'T KNOW
132	INDOOR FOGGER
133	ZEP TOX II
134	MIRACULOUS INSECTICIDE
135	BAYER (MEXICAN BRAND)
136	DEXOL - INSECTICIDE
137	DEXOL - FLEA TICK
138	FERTICOME
139	WHITEFLY & MEAL BUG SPRAY
140	ROACH BUSTERS
141	ZODIAC
142	TOUNCE
143	EVERGREEN CUTTER
144	COOPERS; INPASS FOGGER
145	TINY TIGER FLEA AND TICK POWDER
146	SHULTZ INSTANT INSECT SPRAY
147	FARNAM
148	SAFER INSECTICIDE/SOAP

Table 8 (Continued). Pesticide Code

CODE	DESCRIPTION
149	ULTRA FINE PESTICIDE OIL
150	BLACK LEAF
151	H-24 INSECT KILLER
152	MAX FORCE ROACH BAIT
153	VICTOR ROACH KILLING POWDER
154	GOLDEN MALKIN FLY BAIT
155	FNOZ - MOTHBALLS
156	VICTOR INSECTICIDE
157	SULTANO (MEXICAN ACID MORIATIC)
158	ORTHO HORNET / WASP KILLER
159	TOP CAEST
160	GOPHER - GO
161	ORTHO SCRAM DOG AND CAT REPELLENT
162	ECHOLS - NO BUGS
163	SPREAD / SPIDERS
164	HOUSE PLANT AND GARDEN
165	FANTASIK
166	SIMPLE GREEN
167	ECHOLS - ROACH KILLER
168	RESCUE - ANT ROACH KILLER
169	TRIGARD
170	GRANT'S ANT KILLER
171	ENFORCER HOME PRODUCTS
172	SUN CITY PEST CONTROL
173	ORTHO FOGGER
174	VASAC REPELLENT
175	VAINGON VERDE
176	CATCH MASTER BAIT
177	ULTRA MUSKOL EXTRA STRENGTH BUG REPELLENT

200 –299 Pyrethroids (PY)

200	PYRETHROID – TYPE UNSPECIFIED
201	SCHULTZ INSTANT INSECTICIDE
202	TEMPO 0.1%
203	BUG STOP (TRALOMETHRIN)
204	HOT SHOT ROACH AND ANT KILLER
205	HOT SHOT ANT KILLER PLUS
206	HOT SHOT FOGGER
207	INDOOR FOGGER – UNSPECIFIED
208	K-GRO ROSE AND FLOWER

Table 8 (Continued). Pesticide Code

CODE	DESCRIPTION
209	SHULTZ INSECT SPRAY
210	BLACK FLAG – TYPE UNSPECIFIED
211	BLACK FLAG – ANT
212	BLAG FLAG ROACH & CRICKET
213	TINY TIGER FLEA AND TICK
214	BLACK FLAG ANT AND ROACH
230	BOMB FOGGER – BRAND UNSPECIFIED
231	CYNOF
232	DEMON WP
233	DEMON 1%
234	DRIONE
235	PT 565 PLUS FOGGER
236	PYRETARUM
237	PYRETHRIN AEROSOL
238	PYRID
239	TORPEDO
240	DEMON +C
241	SERGEANT'S FLEA AND TICK SHAMPOO FOR DOGS
242	DRAGNET .5%
243	HARTZ FLEA AND TICK
245	K-RID ROACH AND FLEA FOGGER
246	K-RID ANT AND ROACH
250	RAID – TYPE UNSPECIFIED
251	RAID FUMIGATOR
252	RAID LIQUID ANT AND ROACH KILLER
253	RAID ROACH SPRAY
254	RAID ROACH AND FLEA KILLER
255	RAID PROFESSIONAL STRENGTH
256	RAID FLYING INSECT SPRAY
257	RAID ROACH MOTEL
258	RAID FOR SPIDERS AND ROACHES
259	RAID, HOUSE AND GARDEN
260	RAID FOR ANTS
261	RAID MULTI-BUG KILLER
262	RAID ANT AND ROACH KILLER
263	RAID FOR COCKROACHES
264	RAID WASP AND HORNET
265	RAID YARD GUARD
267	BLACK WINDOW FOR BLACK WIDOWS AND SCORPIONS
268	BUGMART FOR SCORPIONS

Table 8 (Continued). Pesticide Code

300 – 399 Chlorinated Hydrocarbons (CH)

300	CHLORINATED HYDROCARBON – TYPE UNSPECIFIED
310	CHLORPYRIFOS
311	ORTHO HOME PEST INSECT CONTROL
312	DB-100 = DURSBAN
313	DURSBAN, 2E
314	DURSBAN, VWR
315	DURSBAN, H.C.
316	DURSBAN, T.C.
317	K-GRO FIRE ANT KILLER
318	MAXATRAXX ROACH BAIT
319	K-GRO DURSBAAN
320	ORTHO-KLOR INSECT KILLER
321	
322	
323	
324	
325	
326	
327	
328	
329	
330	CHLORDANE
331	ORTHO CHLORDANE
332	LINDANE

400 – 499 Organophosphates (OP)

400	ORGANOPHOSPHATES – TYPE UNSPECIFIED
401	
402	
403	
404	
405	
406	
407	
408	
409	
410	DIAZINON
411	D-100
412	D-100C

Table 8 (Continued). Pesticide Code

CODE	DESCRIPTION
413	D-500
414	DC-100
415	DC-500
416	DX-100
417	DX-500
418	KNOX OUT
419	K-GRO DIAZINON SOIL AND TURF
420	ALL PRO DIAZINAN - 4E
421	ORTHO - DIAZINAON
422	LC - 50
423	RESCUE ANT AND ROACH KILLER
430	DICHLORVOS
431	DDVP
450	MALATHION
451	MALATHION 50 PLUS
452	SUPER K-GRO MALATHION 50
453	
454	
455	
456	
457	
458	
459	
460	DIETHYL PHOSPHOROTHIONATE
461	GREEN LIGHT SPRAY
462	GREEN LIGHT POWDER
463	GREEN LIGHT - UNKNOWN TYPE
464	GREEN LIGHT MULTI- PURPOSE INSECT KILLER
465	GREEN LIGHT ROSE & FLOWER DUST
466	GREEN LIGHT (ANTS)
467	GREEN LIGHT BIO WORM KILLER
468	GREEN LIGHT BUG & SNAIL BAIT
469	GREEN LIGHT GRASS KILLER

500 – 599 Carbamate (CB)

500	CARBAMATE - TYPE UNSPECIFIED
501	GOLDEN MALRIN FLY BAIT
510	BENDIOCARB
511	FICAM W/ VICAM M

Table 8 (Continued). Pesticide Code

CODE	DESCRIPTION
512	SVEN
513	BENZALLONIUM CHLORIDE
514	
515	
516	
517	
518	
519	
520	OTHER CARBAMATE
521	BAYGON
522	PROPOXUR
523	TURSHAN
524	FICAM PLUS
526	
527	
528	
529	
555	REFUSAL CODE – Subject refused to answer

600 – 699 Other Known Chemicals (OKC)

600	CARBARYLS
601	SEVIN
602	CYNOFF EC
603	
604	
605	
606	
607	
608	
609	
610	HYDROMETHYLNON
611	AMBROBAIT (or ABDROBAIT)
612	COMBAT
613	COMBAT ROACH MOTELS
614	ROACH MOTEL – BRAND UNSPECIFIED
615	COMBAT DISCS
616	MAXFORCE ROACH CONTROL SYSTEM
617	
618	
619	

Table 8 (Continued). Pesticide Code

CODE	DESCRIPTION
620	DIPHACINONE
621	D - CON
622	D - CON 500
623	D - CON MOUSE PROOF II
630	SPECTRACIDE
631	SPECTRACIDE WASP AND HORNET KILLER JET SPRAY
632	SPECTRACIDE BUG STOP
633	SPECTRACIDE SPRAY - FLEAS AND TICKS
634	ORTHO SPECTRACIDE
635	SPECTRACIDE ROSE AND FLOWER INSECT SPRAY
640	ROUNDUP
641	ROUNDUP CONCENTRATE
642	GLYPHOSATE
643	SUPER K-GRO WEED AND FEED
650	OXYPHENOXY ACID ESTERS
651	FUSILADE
660	DI / NITROANALINES
661	ORYZALIN
670	ORTHO
671	ORTHO SYSTEMIC ROSE & FLOWER
672	ORTHO FOR TICKS
673	ORTHO ROSE PRIDE INSECT KILLER
674	ORTHO ANT STOP
675	ORTHO INSECT KILLER
676	ORTHO HOME DEFENSE INSECT KILLER
677	ORTHO BUG-B-GONE
678	ORTHO GRASS-B-GONE
679	ORTHO HOME PEST/INSECT CONTROL
680	ORTHO HORNET AND WASP JET SPRAY
681	ORTHO INDOOR INSECT KILLER
682	ORTHO ISOTOX INSECT KILLER
683	ORTHO LAWN AND INSECT KILLER
684	ORTHO MULTI-PURPOSE FUNGICIDE
685	ORTHO PEST-B-GONE
686	ORTHO READY-TO-USE SPRAY
687	ORTHO ROSE AND FLORAL DUST
688	ORTHO SCRAN DOG AND CAT PEPELLENT
689	ORTHO WEED-B-GONE

700 – 799 Other Pesticides

700	BORIC ACID
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Table 8 (Continued). Pesticide Code

CODE	DESCRIPTION
701	STRYCHNINE – GOPHER GO
702	CHINESE CHALK
703	ENFORCER RAT BAIT
704	GREEN FLAG ANT KILLER
705	UNDECANONE
706	NAPTHALENE
707	PIC INSIDE-OUTSIDE BUG KILLER
708	PWERHOUSE ANT AND ROACH KILLER
709	PT 515 WASP FREEZE
710	RCD PRIBAN LO
711	CITRONELLA
712	LC – 50
713	DICLORVOS
714	REAL KILL HOME INSECT CONRTOL
715	HOT SHOT ANT SPRAY
716	BY GONE
888	NON APPLICABLE CODE – NO PESTICIDES USED IN HOME

900 – 999 Unknown pesticides (unknown)

If the subject provided a partial, vague, or obscure pesticide name, then use the codes in this numerical category. The five types of vague responses are listed below in order of importance. If the subject provided two or more of these types, then use the type(s) with the highest priority.

- (A) Usage only
(eg., “spray for roaches and spiders”)
- (B) Obscure brand name only
(eg., “Ralph’s spray”)
- (C) Type only
(eg., “chemical”; “non-toxic”; “herbal”; “commercial”; “do-it-yourself”)
- (D) Source only
(eg., “borrowed from a friend”; “from Home Depot”)
- (E) Unknown herbicide or fungicide

(A) USAGE

CODE	DESCRIPTION
900	UNKNOWN PESTICIDE FOR ANTS
901	UNKNOWN PESTICIDE FOR BEES / AFRICANIZED BEES
902	UNKNOWN PESTICIDE FOR FLEES
903	UNKNOWN PESTICIDE FOR MOTHS
904	UNKNOWN PESTICIDE FOR ROACHES

Table 8 (Continued). Pesticide Code

CODE	DESCRIPTION
905	UNKNOWN PESTICIDE FOR SPIDERS
906	UNKNOWN PESTICIDE FOR SILVERFISH
907	UNKNOWN PESTICIDE FOR TERMITES
908	UNKNOWN PESTICIDE FOR TICKS
909	UNKNOWN PESTICIDE FOR HOUSE PLANTS
910	UNKNOWN PESTICIDE FOR CRICKETS
911	UNKNOWN PESTICIDE FOR ANTS AND ROACHES
912	UNKNOWN PESTICIDE FOR ROACHES AND CRICKETS
913	UNKNOWN PESTICIDE FOR FLYING INSECTS
914	UNKNOWN PESTICIDE – User entered “DK”
915	UNKNOWN PESTICIDE FOR MICE
916	UNKNOWN PESTICIDE FOR INSECTS
917	UNKNOWN PESTICIDE FOR SNAILS
918	
919	
920	IRG – (INSECT GROWTH REGULATORS)
921	METHOPRENE

(B) BRAND NAMES

CODE	DESCRIPTION
931	ORTHO
932	ROACH ENDER
933	FERTU-LOME
934	SCOTT'S FLEAS, SPIDERS, ROACHES
935	SCOTT'S INSECT
936	SMITH'S FLY SPRAY
937	WALGREEN
938	TAT ROACH KILLER
939	DEXOL HOME PEST CONTROL
940	TRULY MIST
941	AMWAY QUICK KILLING BUG SPRAY
942	ANGEL CITY HOUSE PLANT SPRAY
943	AMERICA'S BEST HOME PEST CONTROL
944	PROFESSIONAL BRAND PEST CONTROL FORMULA
945	OTHO ANT AND ROACH
946	HARTY MOUNTAIN
947	SCRATHEX FLEA AND TICK POWDER
948	CONTACT
949	REVCO WASP AND HORNET KILLER

Table 8 (Continued). Pesticide Code

(C) TYPE

CODE	DESCRIPTION
950	CHEMICAL
951	COMMERCIAL
952	DO-IT-YOURSELF
953	HERBAL
954	NON-TOXIC / NO POISONS

(D) SOURCE

CODE	DESCRIPTION
955	PURCHASED AT HOME DEPOT
956	PURCHASED AT K-MART
957	PURCHASED AT SAFEWAY
958	PURCHASED AT WAL-MART
959	PURCHASED AT TARGET
960	PURCHASED AT ACE
962	
963	
964	
965	PURCHASED IN MEXICO – UNKNOWN

(E) UNKNOWN HERBICIDES OR FUNGICIDES

CODE	DESCRIPTION
970	UNKNOWN FUNGICIDE
971	UNKNOWN HERBICIDE
972	ROUNDUP = GLYPHOSATE IN THE PHOSPHATE CLASS
973	ACETANILIDES = ALACHLOR, METOLACHLOR
974	
975	DIQUAT DIBROMIDE
976	HOME AND GARDEN INSECTICIDE
977	
978	
979	
998	UNABLE TO CLASSIFY, ILLEGIBLE OR VERY RARE
999	MISSING CODE – RESERVED FOR USE BY H & E DATA STAFF

Table 9. Away Codes
 (identical to Tables 17 and 23)

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
00	YARD, NOI	55	AUNT'S HOUSE
01	BEDROOM 1	56	RESTAURANT
02	BEDROOM 2	57	FRONT ROOM
03	BEDROOM 3	58	STUDIO
04	BEDROOM 4	59	GREEN HOUSE
05	BEDROOM 5	60	PORCH
06	BEDROOM 6	61	COMPANY'S OFFICE
07	BEDROOM 7	62	OUTDOOR FAIR/EVENT
08	BEDROOM 8	63	SUPER MARKET
09		64	MASTER BEDROOM
10	OUTSIDE, NOI	65	STORAGE ROOM
11	ATTIC, ROOF, OR CEILING	66	FRIEND'S
12	BASEMENT	67	CHURCH
13	DARKROOM, WORKSHOP, WEIGHT ROOM	68	BOY'S AND GIRL'S CLUB
14	DEN, STUDY, OFFICE, BAR, MUSIC/SEWING ROOM	69	KINDERGARTEN
15	DINING ROOM	70	TOWNHOUSES
16	ENCLOSED PORCH, ARIZONA RM, ATRIUM, FOYER	71	CONDOMINIUM
17	GARAGE	72	SON'S HOUSE
18	HALLWAY	73	BY TRUCK SIDE
19	KITCHEN	74	LITTLE BIT HIGHER THAN MAIN LIVING QUARTERS
20	LAUNDRY, BOILER, UTILITY	75	PREMIXED
21	MAIN, FAMILY ROOM	76	SHED, DETACHED STORAGE
22	MASTER BATH, VANITY	77	SECOND OFFICE
23	OPEN PORCH, BACK PORCH	78	PARK
24	PANTRY, STOREROOM, CLOSET	79	LOWER THAN MAIN LIVING QUARTERS
25	SECOND BATH, GUEST BATH	80	UPPER LEVEL
26	LIVING ROOM	81	SIDE/BACK OF HOUSE
27	TV ROOM, PLAYROOM	82	EXTRACURRICULAR ACTIVITIES (PRACTICE)
28	THIRD BATH	83	HEAD START/SCHOOL
29	OTHER/FRIEND'S HOUSE	99	MISSING INFO/LOCATION
30	MOTHER'S HOUSE		
31	FRONT YARD		
32			
33	OTHER ROOM		
34	BACK YARD		
35	PERSON DOESN'T KNOW / DK		
36	WINDOW SILL		
37			
38	STREET		
39	DRIVEWAY		
40	BREAKFAST NOOK		
41	LOFT		
42	OTHER ROOM 2		
43	OTHER ROOM 3		
44	OTHER ROOM 4		
45	OTHER ROOM 5		
46	FIREPLACE		
47	CARPORT		
48	BABYSITTER'S		
49	WHILE IN TRANSIT, IN CAR		
50	GOLF COURSE		
51	BEDROOM 1 AND 2		
52	STORAGE IN BEDROOM		
53	KITCHEN SINK		
54	DOOR		

Table 10. Transportation Code

<u>CODE</u>	<u>DESC</u>
01	AIRPLANE
02	NONE
03	TOO YOUNG, DOES NOT TRAVEL REGULARLY
04	N/A BECAUSE THEY DO NOT GO TO SCHOOL
05	GOLF CART
06	SKATEBOARD
07	ROLLER BLADES
08	STROLLER
09	TRACTOR
10	DOESN'T KNOW/REMEMBER
11	MAGOINARLA

Table 11. Disease Code

I. INFECTIVE AND PARASTIC DISEASES

Intestinal Infectious Diseases (000-009)

- 000 Cholera
- 001 Typhoid fever
- 002 Paratyphoid fever
- 003 Other Salmonella infections
- 004 Bacillary dysentery
- 005 Food poisoning (bacterial)
- 006 Amebiasis
- 007 Other protozoal intestinal diseases
- 008 Enteritis due to other specified organism
- 009 Diarrheal disease

Tuberculosis (010-019)

- 010 Silicotuberculosis
- 011 Pulmonary tuberculosis
- 012 Other respiratory tuberculosis
- 013 Tuberculosis of meninges and central nervous system
- 014 Tuberculosis of intestines, peritoneum, and mesenteric glands
- 015 Tuberculosis of bones and joints
- 016 Tuberculosis of genitourinary system
- 017 Tuberculosis of other organs
- 018 Disseminated tuberculosis
- 019 Late effects of tuberculosis

Zoonotic bacterial diseases (020-027)

- 020 Plague
- 021 Tularemia
- 022 Anthrax
- 023 Brucellosis
- 024 Glanders
- 025 Melioidosis
- 026 Rat-bite fever
- 027 Other zoonotic bacterial diseases

Other bacterial diseases (030-039)

- 030 Leprosy
- 031 Other diseases due to mycobacterium
- 032 Diphtheria
- 033 Whooping cough

Table 11 (Continued). Disease Code

- 034 Streptococcal sore throat and scarlet fever
- 035 Erysipelas
- 036 Meningococcal infection
- 037 Tetanus
- 038 Septicemia
- 039 Other bacterial diseases

Poliomyelitis and other enterovirus diseases of central nervous system (040-046)

- 040 Acute paralytic poliomyelitis specified as bulbar
- 041 Acute poliomyelitis with other paralysis
- 042 Acute nonparalytic poliomyelitis
- 043 Acute poliomyelitis, unspecified
- 044 Late effects of acute poliomyelitis
- 045 Aseptic meningitis due to enterovirus
- 046 Other enterovirus diseases of central nervous system

Viral diseases accompanied by exanthem (050-057)

- 050 Small pox
- 051 Cowpox
- 052 Chickenpox
- 053 Herpes zoster (Shingles)
- 054 Herpes simplex
- 055 Measles
- 056 Rubella
- 057 Other viral exanthem

Arthropod-borne viral diseases (060-068)

- 060 Yellow fever
- 061 Dengue
- 062 Mosquito-borne viral encephalitis
- 063 Tick-borne viral encephalitis
- 064 Viral encephalitis transmitted by other arthropods
- 065 Viral encephalitis, unspecified
- 066 Late effects of viral encephalitis
- 067 Arthropod-borne hemorrhagic fever
- 068 Other arthropod-borne viral diseases

Other viral diseases (070-079)

- 070 Infectious hepatitis
- 071 Rabies
- 072 Mumps

Table 11 (Continued). Disease Code

- 073 Psittacosis
- 074 Specific diseases due to Coxsackie virus
- 075 Infectious mononucleosis
- 076 Trachoma, active
- 077 Late effects of trachoma
- 078 Other viral diseases of the conjunctiva
- 079 Other viral diseases (Epstein Barr Syndrome)

Rickettsioses and other arthropod-borne typhus (080-089)

- 080 Epidemic louse-borne typhus
- 081 Other typhus
- 082 Tick-borne rickettsioses
- 083 Other rickettsioses
- 084 Malaria
- 085 Leishmaniasis
- 086 American trypanosomiasis
- 087 Other trypanosomiasis
- 088 Relapsing fever
- 089 Other arthropod-borne diseases

Syphilis and other venereal diseases (090-099)

- 090 Congenital syphilis
- 091 Early syphilis, symptomatic
- 092 Early syphilis, latent
- 093 Cardiovascular syphilis
- 094 Syphilis of the central nervous system
- 095 Other forms of late syphilis, with symptoms
- 096 Late syphilis, latent
- 097 Other syphilis and not specified
- 098 Gonococcal infections
- 099 Other venereal disease

Other spirochetal diseases (100-104)

- 100 Leptospirosis
- 101 Vincent's angina
- 102 Yaws
- 103 Pinta
- 104 Other spirochetal infection

Table 11 (Continued). Disease Code

Mycoses (110-117)

- 110 Dermatophytosis
- 111 Dermatomycosis, other and unspecified
- 112 Moniliasis
- 113 Actinomycosis
- 114 Coccidioidomycosis
- 115 Histoplasmosis
- 116 Blastomycosis
- 117 Other systemic mycosis

Helminthiases (120-129)

- 120 Schistosomiasis
- 121 Other trematode infestation
- 122 Hydatidosis
- 123 Other cestode infestation
- 124 Trichiniasis
- 125 Filarial infestation
- 126 Ancylostomiasis
- 127 Other intestinal helminthiasis
- 128 Other and unspecified helminthiasis
- 129 Intestinal parasitism, unspecified

Other infective and parasitic diseases (130-137)

- 130 Toxoplasmosis
- 131 Trichomoniasis urogenitalis
- 132 Pediculosis
- 133 Acariasis
- 134 Other infestation
- 135 Sarcoidosis
- 136 Other and unspecified infective and parasitic diseases
- 137 Giardia

II. NEOPLASMS (CANCER)

Malignant neoplasm of buccal cavity and pharynx (140-149)

- 140 Malignant neoplasm of the lip
- 141 Malignant neoplasm of the tongue
- 142 Malignant neoplasm of the salivary gland
- 143 Malignant neoplasm of the gum

Table 11 (Continued). Disease Code

- 144 Malignant neoplasm of the floor of the mouth
- 145 Malignant neoplasm of other and unspecified parts of the mouth
- 146 Malignant neoplasm of the oropharynx
- 147 Malignant neoplasm of the nasopharynx
- 148 Malignant neoplasm of the hypopharynx
- 149 Malignant neoplasm of the pharynx, unspecified

Malignant neoplasm of digestive organs and peritoneum (150-159)

- 150 Malignant neoplasm of the esophagus
- 151 Malignant neoplasm of the stomach
- 152 Malignant neoplasm of the small intestine, including duodenum
- 153 Malignant neoplasm of the large intestine, except rectum
- 154 Malignant neoplasm of the rectum and rectosigmoid junction
- 155 Malignant neoplasm of the liver and intrahepatic bile ducts, specified as primary
- 156 Malignant neoplasm of the gallbladder and bile ducts
- 157 Malignant neoplasm of the pancreas
- 158 Malignant neoplasm of the peritoneum and retroperitoneal tissue
- 159 Malignant neoplasm of unspecified digestive organs

Malignant neoplasm of respiratory system (160-163)

- 160 Malignant neoplasm of the nose, nasal cavities, middle ear, and accessory sinuses
- 161 Malignant neoplasm of the larynx
- 162 Malignant neoplasm of the trachea, bronchus, and lung
- 163 Malignant neoplasm of other and unspecified respiratory organs

Malignant neoplasm of bone, connective tissue, skin, and breast (170-174)

- 170 Malignant neoplasm of the bone
- 171 Malignant neoplasm of the connective and other soft tissue
- 172 Malignant melanoma of skin
- 173 Other malignant neoplasm of the skin
- 174 Malignant neoplasm of the breast

Malignant neoplasm of genitourinary organs (180-189)

- 180 Malignant neoplasm of the cervix uteri
- 181 Chorionepithelioma
- 182 Other malignant neoplasm of the uterus
- 183 Malignant neoplasm of the ovary, fallopian tube, and broad ligament
- 184 Malignant neoplasm of other and unspecified female genital organs
- 185 Malignant neoplasm of the prostate
- 186 Malignant neoplasm of the testis
- 187 Malignant neoplasm of other and unspecified male genital organs

Table 11 (Continued). Disease Code

- 188 Malignant neoplasm of the bladder
189 Malignant neoplasm of other and unspecified urinary organs

Malignant neoplasm of other and unspecified sites (190-199)

- 190 Malignant neoplasm of the eye
191 Malignant neoplasm of the brain
192 Malignant neoplasm of other parts of the nervous system
193 Malignant neoplasm of the thyroid gland
194 Malignant neoplasm of other endocrine glands
195 Malignant neoplasm of ill-defined sites
196 Secondary malignant neoplasm of the lymph nodes
197 Secondary malignant neoplasm of the respiratory and digestive systems
198 Other secondary malignant neoplasm
199 Malignant neoplasm without specification of the site

Neoplasms of lymphatic and hematopoietic tissue (200-209)

- 200 Lymphosarcoma and reticulum-cell sarcoma (spleen)
201 Hodgkin's disease
202 Other neoplasms of lymphoid tissue (lymphoma)
203 Multiple myeloma
204 Lymphatic leukemia
205 Myeloid leukemia
206 Monocytic leukemia
207 Other and unspecified leukemia
208 Polycythemia vera
209 Myelofibrosis

Benign neoplasms (210-228)

- 210 Benign neoplasm of the buccal cavity and pharynx
211 Benign neoplasm of other parts of the digestive system
212 Benign neoplasm of the respiratory system
213 Benign neoplasm of the bone and cartilage
214 Lipoma
215 Other benign neoplasm of muscular and connective tissue
216 Benign neoplasm of the skin
217 Benign neoplasm of the breast
218 Uterine fibroma
219 Other benign neoplasm of the uterus
220 Benign neoplasm of the ovary
221 Benign neoplasm of other female genital organs
222 Benign neoplasm of the male genital organs
223 Benign neoplasm of the kidney and other urinary organs

Table 11 (Continued). Disease Code

- 224 Benign neoplasm of the eye
- 225 Benign neoplasm of the brain and other parts of the nervous system
- 226 Benign neoplasm of the endocrine glands
- 227 Hemangioma and lymphangioma
- 228 Benign neoplasm of other and unspecified organs and tissues

Neoplasms of unspecified nature (230-239)

- 230 Neoplasm of unspecified nature of the digestive organs
- 231 Neoplasm of unspecified nature of the respiratory organs
- 232 Neoplasm of unspecified nature of the skin and musculoskeletal system
- 233 Neoplasm of unspecified nature of the breast
- 234 Neoplasm of unspecified nature of the uterus
- 235 Neoplasm of unspecified nature of the ovary
- 236 Neoplasm of unspecified nature of other female genital organs
- 237 Neoplasm of unspecified nature of other genitourinary organs
- 238 Neoplasm of unspecified nature of the eye, brains, and other parts of the nervous system
- 239 Neoplasm of unspecified nature of other and unspecified organs

III. ENDOCRINE, NUTRITIONAL, AND METABOLIC DISEASES

Diseases of the thyroid gland (240- 246)

- 240 Simple goiter
- 241 Nontoxic nodular goiter
- 242 Thyrotoxicosis with or without goiter
- 243 Cretinism of congenital origin
- 244 Myxedema
- 245 Thyroiditis
- 246 Other diseases of thyroid gland

Diseases of other endocrine glands (250-259)

- 250 Diabetes mellitus
- 251 Disorders of pancreatic internal secretion other than diabetes mellitus (hypoglycemia)
- 252 Diseases of the parathyroid gland
- 253 Diseases of the pituitary gland
- 254 Diseases of the thymus gland
- 255 Diseases of the adrenal glands (Addison's Disease)
- 256 Ovarian dysfunction

Table 11 (Continued). Disease Code

257 Testicular dysfunction
258 Polyglandular dysfunction and other diseases of endocrine glands (lymph glands)
259

Avitaminoses and other nutritional deficiency (260-269)

260 Vitamin A deficiency
261 Thiamine deficiency
262 Niacin deficiency
263 Other vitamin B deficiency
264 Ascorbic acid deficiency
265 Vitamin D deficiency
266 Other vitamin deficiency states
267 Protein malnutrition
268 Nutritional marasmus
269 Other nutritional deficiency (dehydration)

Other metabolic diseases (270-279)

270 Congenital disorders of amino-acid metabolism
271 Congenital disorders of carbohydrate metabolism
272 Congenital disorders of lipid metabolism
273 Other and unspecified congenital disorders of metabolism
274 Gout
275 Plasma protein abnormalities
276 Amyloidosis
277 Obesity not specified as of endocrine origin
278 Other hyperalimentation
279 Other and unspecified metabolic diseases (high cholesterol)

IV. DISEASES OF THE BLOOD AND BLOOD-FORMING ORGANS

280 Iron deficiency anemias
281 Other deficiency anemias
282 Hereditary hemolytic anemias
283 Acquired hemolytic anemias
284 Aplastic anemia
285 Other and unspecified anemias
286 Coagulation defects
287 Purpura and other hemorrhagic conditions
288 Agranulocytosis
289 Other diseases of the blood and blood-forming organs

Table 11 (Continued). Disease Code

V. MENTAL DISORDERS

Psychoses (290-299)

- 290 Senile and presenile dementia (Alzheimer's Disease)
- 291 Alcoholic psychosis
- 292 Psychosis associated with intracranial infection
- 293 Psychosis associated with other cerebral conditions
- 294 Psychosis associated with other physical conditions
- 295 Schizophrenia
- 296 Affective psychoses
- 297 Paranoid states
- 298 Other psychoses
- 299 Unspecified psychosis

Neuroses, personality disorders, and other nonpsychotic mental disorders (300-309)

- 300 Neuroses
- 301 Personality disorders
- 302 Sexual deviation
- 303 Alcoholism
- 304 Drug dependence
- 305 Physical disorders of presumably psychogenic origin
- 306 Special symptoms not elsewhere classified (Nervous breakdown, Anxiety, Depression)
- 307 Transient situational disturbances
- 308 Behavior disorders of childhood
- 309 Mental disorders not specified as psychotic associated with physical conditions

Mental retardation (310-315)

- 310 Borderline mental retardation
- 311 Mild mental retardation
- 312 Moderate mental retardation
- 313 Severe mental retardation
- 314 Profound mental retardation
- 315 Unspecified mental retardation

Table 11 (Continued). Disease Code

VI. DISEASES OF THE NERVOUS SYSTEM AND SENSE ORGANS

Inflammatory diseases of central nervous system (320-329)

- 320 Meningitis
- 321 Phlebitis and thrombolphlebitis of intracranial venous sinuses
- 322 Intracranial and intraspinal abscess
- 323 Encephalitis, myelitis, and encephalomyelitis
- 324 Late effects of intracranial abscess or pyogenic infection
- 325
- 326
- 327
- 328
- 329 Other diseases or damage to the nervous system or sense organs

Hereditary and familial diseases of the nervous system (330-339)

- 330 Hereditary neuromuscular disorders
- 331 Hereditary diseases of the striatopallidal system
- 332 Hereditary ataxia
- 333 Other hereditary and familial diseases of the nervous system
- 334
- 335
- 336
- 337
- 338
- 339 Neuro-muscular disease (etiology unknown)

Other diseases of central nervous system (340-349)

- 340 Multiple sclerosis
- 341 Other demyelinating diseases of the central nervous system (Muscular Dystrophy)
- 342 Paralysis agitans (Parkinson Disease)
- 343 Cerebral spastic infantile paralysis (Cerebral palsy)
- 344 Other cerebral paralysis
- 345 Epilepsy
- 346 Migraine
- 347 Other diseases of the brain
- 348 Motor neurone disease
- 349 Other diseases of the spinal cord

Table 11 (Continued). Disease Code

Diseases of nerves and peripheral ganglia (350-359)

- 350 Facial paralysis
- 351 Trigeminal neuralgia
- 352 Brachial neuritis
- 353 Sciatica
- 354 Polyneuritis and polyradiculitis
- 355 Other and unspecified forms of neuralgia and neuritis
- 356 Other diseases of cranial nerves
- 357 Other diseases of peripheral nerves except autonomic
- 358 Diseases of peripheral autonomic nervous system
- 359 Pinched nerves

Inflammatory diseases of the eye (360-369)

- 360 Conjunctivitis and ophthalmia
- 361 Blepharitis
- 362 Hordeolum
- 363 Keratitis
- 364 Iritis
- 365 Choroiditis
- 366 Other inflammation of uveal tract
- 367 Inflammation of the optic nerve and retina
- 368 Inflammation of lacrimal glands and ducts
- 369 Other inflammatory diseases of the eye

Other diseases and conditions of the eye (370-379)

- 370 Refractive errors
- 371 Corneal opacity
- 372 Pterygium
- 373 Strabismus
- 374 Cataract
- 375 Glaucoma
- 376 Detachment of the retina
- 377 Other diseases of the retina and optic nerve
- 378 Other diseases of the eye
- 379 Blindness

Diseases of the ear and mastoid process (380-389)

- 380 Otitis externa
- 381 Otitis media without mention of mastoiditis
- 382 Otitis median with mastoiditis
- 383 Mastoiditis without mention of otitis media

Table 11 (Continued). Disease Code

- 384 Other inflammatory diseases of the ear
- 385 Meniere's disease
- 386 Otosclerosis
- 387 Other diseases of the ear and mastoid process
- 388 Deaf mutism
- 389 Other deafness

VII. DISEASES OF THE CIRCULATORY SYSTEM

Active rheumatic fever (390-392)

- 390 Rheumatic fever without mention of heart involvement
- 391 Rheumatic fever with heart involvement
- 392 Chorea

Chronic rheumatic heart disease (393-398)

- 393 Diseases of the pericardium
- 394 Diseases of the mitral valve
- 395 Diseases of the aortic valve
- 396 Diseases of the mitral and aortic valves
- 397 Diseases of other endocardial structures
- 398 Other heart disease, specified as rheumatic

Hypertensive disease (400-404)

- 400 Malignant hypertension
- 401 Essential benign hypertension
- 402 Hypertensive heart disease
- 403 Hypertensive renal disease
- 404 Hypertensive heart and renal disease

Ischemic heart disease (410-414)

- 410 Acute myocardial infarction
- 411 Other acute and subacute forms of ischemic heart disease
- 412 Chronic ischemic heart disease
- 413 Angina pectoris
- 414 Asymptomatic ischemic heart disease

Table 11 (Continued). Disease Code

Other forms of heart disease (420-429)

- 420 Acute pericarditis, nonrheumatic
- 421 Acute and subacute endocarditis
- 422 Acute myocarditis
- 423 Chronic disease of pericardium, nonreumatic
- 424 Chronic disease of endocardium
- 425 Cardiomyopathy
- 426 Pulmonary heart disease
- 427 Symptomatic heart disease
- 428 Other myocardial insufficiency
- 429 Ill-defined heart disease

Cerebrovascular disease (430-439)

- 430 Subarachnoid hemorrhage
- 431 Cerebral hemorrhage
- 432 Occlusion of precerebral arteries
- 433 Cerebral thrombosis
- 434 Cerebral embolism
- 435 Transient cerebral ischemia
- 436 Acute but ill-defined cerebrovascular disease
- 437 Generalized ischemic cerebrovascular disease
- 438 Other and ill-defined cerebrovascular disease
- 439

Diseases of arteries, arterioles, and capillaries (440-449)

- 440 Arteriosclerosis
- 441 Aortic aneurysm (nonsyphilitic)
- 442 Other aneurysm
- 443 Other peripheral vascular disease
- 444 Arterial embolism and thrombosis
- 445 Gangrene
- 446 Polyarteritis nodosa and allied conditions
- 447 Other diseases of arteries and arterioles
- 448 Diseases of capillaries
- 449

Diseases of veins and lymphatics, and other diseases of the circulatory system (450-459)

- 450 Pulmonary embolism and infarction
- 451 Phlebitis and thrombophlebitis
- 452 Portal vein thrombosis

Table 11 (Continued). Disease Code

- 453 Other venous embolism and thrombosis
- 454 Varicose veins of lower extremities
- 455 Hemorrhoids
- 456 Varicose veins of other sites
- 457 Noninfective disease of lymphatic channels
- 458 Other diseases of circulatory system

VIII. DISEASES OF THE RESPIRATORY SYSTEM

Acute respiratory infections, except influenza (460-468)

- 460 Acute nasopharyngitis (common cold)
- 461 Acute sinusitis
- 462 Acute pharyngitis
- 463 Acute tonsillitis
- 464 Acute laryngitis and tracheitis
- 465 Acute upper respiratory infection of multiple or unspecified sites
- 466 Acute bronchitis and bronchiolitis
- 467 Shortness of breath
- 468 Wheezing

Influenza (470-474)

- 470 Influenza, unqualified
- 471 Influenza with pneumonia
- 472 Influenza with other respiratory manifestations
- 473 Influenza with digestive manifestations
- 474 Influenza with nervous manifestations

Pneumonia (480-486)

- 480 Viral pneumonia
- 481 Pneumococcal pneumonia
- 482 Other bacterial pneumonia
- 483 Pneumonia due to other specified organism
- 484 Acute interstitial pneumonia
- 485 Bronchopneumonia, unspecified
- 486 Pneumonia, unspecified

Table 11 (Continued). Disease Code

Bronchitis, emphysema, and asthma (490-499)

- 490 Bronchitis, unqualified
- 491 Chronic bronchitis
- 492 Emphysema
- 493 Asthma
- 494
- 495 Bronchopneumonia
- 496 Chronic cough
- 497 Sleep apnea
- 498 Cough
- 499

Other diseases of the upper respiratory tract (500-509)

- 500 Hypertrophy of tonsils and adenoids
- 501 Peritonsillar abscess
- 502 Chronic pharyngitis and nasopharyngitis
- 503 Chronic sinusitis
- 504 Deflected nasal spetum (deviated septum, rhinoplasty, sub-mucus resectior)
- 505 Nasal polyp
- 506 Chronic laryngitis
- 507 Hay fever
- 508 Other diseases of the upper respiratory tract
- 509

Other diseases of the respiratory system (510-519)

- 510 Empyema
- 511 Pleurisy
- 512 Spontaneous pneumothorax
- 513 Abscess of the lung
- 514 Pulmonary congestion and hypostasis
- 515 Pneumoconiosis due to silica and silicates
- 516 Other pneumoconoises and related diseases
- 517 Other chronic interstitial pneumonia
- 518 Bronchiectasis
- 519 Other diseases of the respiratory system (respiratory distress, cystic fibrosis)

Table 11 (Continued). Disease Code

IX. DISEASES OF THE DIGESTIVE SYSTEM

Diseases of the oral cavity, salivary glands, and jaws (520-529)

- 520 Disorders of tooth development and eruption
- 521 Diseases of the hard tissues of teeth
- 522 Diseases of the pulp and periapical tissues
- 523 Periodontal diseases
- 524 Dento-facial anomalies including malocclusion
- 525 Other diseases and conditions of the teeth and supporting structures
- 526 Diseases of the jaws
- 527 Diseases of the salivary glands
- 528 Diseases of the oral soft tissues, excluding gingiva and tongue
- 529 Diseases of the tongue and other oral conditions

Diseases of the esophagus, stomach, and duodenum (530-539)

- 530 Diseases of esophagus
- 531 Ulcer of the stomach
- 532 Ulcer of duodenum
- 533 Peptic ulcer, site unspecified
- 534 Gastrojejunal ulcer
- 535 Gastritis and duodenitis
- 536 Disorders of the function of the stomach
- 537 Other diseases of the stomach and duodenum
- 538 Nervous stomach
- 539 Acid reflux of the stomach

Appendicitis (540-543)

- 540 Acute appendicitis
- 541 Appendicitis, unqualified
- 542 Other appendicitis
- 543 Other diseases of the appendix

Hernia of the abdominal cavity (550-554)

- 550 Inguinal hernia without mention of obstruction
- 551 Other hernia of abdominal cavity without mention of obstruction
- 552 Inguinal hernia with obstruction
- 553 Other hernia of abdominal cavity with obstruction
- 554 Hyadal hernia

Table 11 (Continued). Disease Code

Other diseases of the intestine and peritoneum (560-569)

- 560 Intestinal obstruction without mention of hernia
- 561 Gastroenteritis and colitis, except ulcerative colitis, of non-infectious origin
- 562 Diverticula of the intestine
- 563 Chronic enteritis and ulcerative colitis
- 564 Functional disorders of the intestines
- 565 Anal fissure and fistula
- 566 Abscess of anal and rectal regions
- 567 Peritonitis
- 568 Peritoneal adhesions
- 569 Other diseases of the intestines and peritoneum

Diseases of the liver, gallbladder, and pancreas (570-579)

- 570 Acute and subacute necrosis of the liver
- 571 Cirrhosis of the liver
- 572 Suppurative hepatitis and liver abscess
- 573 Other diseases of the liver
- 574 Cholelithiasis
- 575 Cholecystitis and cholangitis, without mention of calculus
- 576 Other diseases of gallbladder and biliary ducts
- 577 Diseases of the pancreas
- 578 Gall stones
- 579 Enlarged liver

X. DISEASES OF THE GENITOURINARY SYSTEM

Nephritis and nephrosis (580-589)

- 580 Acute nephritis
- 581 Nephrotic syndrome
- 582 Chronic nephritis
- 583 Nephritis, unqualified
- 584 Renal sclerosis, Unqualified
- 585 Cyst on the Kidney
- 586 Blockage due to prostate operation
- 587 Kidney damage
- 588 Family history of kidney trouble
- 589 Kidney infection

Table 11 (Continued). Disease Code

Other diseases of urinary system (590-599)

- 590 Infections of the kidney
- 591 Hydronephrosis
- 592 Calculus of kidney and ureter
- 593 Other diseases of kidney and ureter
- 594 Calculus of the other parts of urinary system
- 595 Cystitis
- 596 Other diseases of the bladder
- 597 Urethritis (nonvenereal)
- 598 Stricture of the urethra
- 599 Other diseases of the urinary tract

Diseases of male genital organs (600-607)

- 600 Hyperplasia of the prostate
- 601 Prostatitis
- 602 Other diseases of the prostate
- 603 Hydrocele
- 604 Orchitis and epididymitis
- 605 Redundant prepuce and phimosis (circumcision)
- 606 Sterility, male
- 607 Other diseases of the male genital organs

Diseases of the breast, ovary, fallopian tube, and parametrium (610-616)

- 610 Chronic cystic disease of the breast
- 611 Other diseases of the breast
- 612 Acute salpingitis and oophoritis
- 613 Chronic salpingitis and oophoritis
- 614 Salpingitis and oophoritis, unqualified
- 615 Other diseases of the ovary and fallopian tube
- 616 Diseases of parametrium and pelvic peritoneum (female)

Diseases of uterus and other female genital organs (620-629)

- 620 Infective diseases of cervix uteri
- 621 Other diseases of the cervix
- 622 Infective diseases of the uterus (except cervix), vagina, and vulva
- 623 Uterovaginal prolapse
- 624 Malposition of the uterus
- 625 Other diseases of the uterus
- 626 Disorders of menstruation
- 627 Menopausal symptoms
- 628 Sterility, female

Table 11 (Continued). Disease Code

629 Other diseases of female genital organs

XI. COMPLICATIONS OF PREGNANCY, CHILDBIRTH, AND THE PUERPERIUM

Complications of Pregnancy (630-634)

- 630 Infections of the genital tract during pregnancy
- 631 Ectopic pregnancy
- 632 Hemorrhage of pregnancy
- 633 Anemia of pregnancy
- 634 Other complications of pregnancy

Urinary infections and toxemias of pregnancy and the puerperium (635-639)

- 635 Urinary infections arising during pregnancy and the puerperium
- 636 Renal disease arising during pregnancy and the puerperium
- 637 Pre-eclampsia, eclampsia, and toxemia, unspecified
- 638 Hyperemesis gravidarum
- 639 Other toxemias of pregnancy and the puerperium

Abortion (640-645)

- 640 Abortion induced for medical indications
- 641 Abortion induced for other legal indications
- 642 Abortion induced for other reasons
- 643 Spontaneous abortion
- 644 Abortion not specified as induced or spontaneous
- 645 Other abortion

Delivery (650-665)

- 650 Delivery without mention of complication
- 651 Delivery complicated by placenta previa or antepartum hemorrhage
- 652 Delivery complicated by retained placenta
- 653 Delivery complicated by other postpartum hemorrhage
- 654 Delivery complicated by abnormality of bony pelvis
- 655 Delivery complicated by fetopelvic disproportion
- 656 Delivery complicated by malpresentation of fetus
- 657 Delivery complicated by prolonged labor of other origin
- 658 Delivery with laceration of perineum without mention of other laceration
- 659 Delivery with rupture of uterus
- 660 Delivery with other obstetrical trauma
- 661 Delivery with other complications

Table 11 (Continued). Disease Code

662 Anesthetic death in uncomplicated delivery
663
664
665

Complication of the puerperium (670-679)

670 Sepsis of childbirth and puerperium
671 Puerperal phlebitis and thrombosis
672 Pyrexia of unknown origin during the puerperium
673 Puerperal pulmonary embolism
674 Cerebral hemorrhage in the puerperium
675 Puerperal blood dyscrasias
676 Anemia of the puerperium
677 Other and unspecified complication of the puerperium
678 Mastitis and other disorders of lactation
679

XII. DISEASES OF THE SKIN AND SUBCUTANEOUS TISSUE

Other inflammatory conditions of the skin and subcutaneous tissue (690-699)

690 Seborrheic dermatitis
691 Infantile eczema and related conditions
692 Other eczema and dermatitis
693 Dermatitis herpetiformis
694 Pemphigus
695 Erythematous conditions
696 Psoriasis and similar disorders
697 Lichen
698 Pruritus and related conditions
699

Other diseases of the skin and subcutaneous tissue (700-709)

700 Corns and callosities
701 Other hypertrophic and atrophic conditions of the skin
702 Other dermatoses
703 Diseases of the nail
704 Diseases of the hair and hair follicles
705 Diseases of the sweat glands
706 Diseases of the sebaceous glands
707 Chronic ulcer of the skin

Table 11 (Continued). Disease Code

- 708 Urticaria
- 709 Other diseases of the skin

XIII. DISEASES OF THE MUSCULOSKELETAL SYSTEM AND CONNECTIVE TISSUE

Arthritis and rheumatis, except rheumatic fever (710-719)

- 710 Acute arthritis due to pyogenic organisms
- 711 Acute nonpyogenic arthritis
- 712 Rheumatoid arthritis and allied conditions
- 713 Osteoarthritis and allied conditions
- 714 Other specified forms of arthritis
- 715 Arthritis, unspecified
- 716 Polymyositis and dermatomyositis
- 717 Other nonarticular rheumatism
- 718 Rheumatism, unspecified
- 719

Osteomyelitis and other diseases of the bone and joints (720-729)

- 720 Osteomyelitis and periostitis
- 721 Osteitis deformans
- 722 Osteochondrosis
- 723 Other diseases of the bone
- 724 Internal derangement of the joint
- 725 Displacement of intervertebral disc
- 726 Affection of sacroiliac joint
- 727 Ankylosis of joint
- 728 Vertebrogenic pain syndrome
- 729 Other diseases of the joints

Other diseases of the musculoskeletal system (730-739)

- 730 Bunion
- 731 Synovitis, bursitis, and tenosynovitis
- 732 Infective myositis and other inflammatory diseases of the tendon and fascia
- 733 Other diseases of the muscle, tendon, and fascia
- 734 Diffuse diseases of connective tissue
- 735 Curvature of the spine
- 736 Flat foot
- 737 Hallux valgus and varus
- 738 Other deformities
- 739

Table 11 (Continued). Disease Code

XIV. CONGENITAL ANOMALIES

- | | |
|-----|--|
| 740 | Anencephalus |
| 741 | Spina bifida |
| 742 | Congenital Hydrocephalus |
| 743 | Other congenital anomalies of the nervous system |
| 744 | Congenital anomalies of the eye |
| 745 | Congenital anomalies of the ear, face, and neck |
| 746 | Congenital anomalies of the heart |
| 747 | Other congenital anomalies of the circulatory system |
| 748 | Congenital anomalies of the respiratory system |
| 749 | Cleft palate and cleft lip |
| 750 | Other congenital anomalies of the upper alimentary tract |
| 751 | Other congenital anomalies of the digestive system |
| 752 | Congenital anomalies of the genital organs |
| 753 | Congenital anomalies of the urinary system |
| 754 | Clubfoot (congenital) |
| 755 | Other congenital anomalies of the limbs |
| 756 | Other congenital anomalies of the musculoskeletal system |
| 757 | Congenital anomalies of the skin, hair, and nails |
| 758 | Other and unspecified congenital anomalies |
| 759 | Congenital syndromes affecting multiple systems |

o

Table 11 (Continued). Disease Code

XV. CERTAIN CAUSES OF PERINATAL MORBIDITY AND MORTALITY

- 760 Chronic circulatory and genitourinary diseases in the mother
- 761 Other maternal conditions unrelated to pregnancy
- 762 Toxemia of the pregnancy
- 763 Maternal ante- and intrapartum infection
- 764 Difficult labor with abnormality of the bones, organs, or tissues of the pelvis
- 765 Difficult labor with disproportion, but no mention of abnormality of the pelvis
- 766 Difficult labor with malposition of the fetus
- 767 Difficult labor with abnormality of the forces of labor
- 768 Difficult labor with other and unspecified complications
- 769 Other complications of pregnancy and childbirth
- 770 Conditions of the placenta
- 771 Conditions of the umbilical cord
- 772 Birth injury without mention of the cause
- 773 Termination of the pregnancy
- 774 Hemolytic disease of the newborn with kernicterus
- 775 Hemolytic disease of the newborn without mention of kernicterus
- 776 Anoxic and hypoxic conditions not elsewhere classifiable
- 777 Immaturity, unqualified
- 778 Other conditions of the fetus or newborn
- 779 Fetal death of an unknown cause

Table 11 (Continued). Disease Code

XVI. OTHER CONDITIONS

- 780 Ill-defined conditions and senility (non-specific diseases and non-medical descriptions), i.e. old age, too much medicine, lousy doctors, stress, sore jaw, chemicals in the blood stream, etc.
- 860 Traumatic pneumothorax and/or hemothorax
- 861 Injury to the heart and lung
- 875 Open wound of the chest
- 900 Accidents, etc. (external causes), i.e. fracture, car accident, etc.
- 901 Hypoglycemia
- 933 Foreign body in the pharynx or larynx
- 934 Foreign body in the bronchus and lung
- 984 Toxic effects of lead and its compounds (including fumes)
- 986 Toxic effects of CO
- 987 Toxic effects of other gases, fumes or vapors (including metal fumes)
- 990 Effects of Radiation
- 991 Effects of low temperature
- 992 Effects of high temperature (heat)
- 993 Effects of air pressure
- 994 Effects of water in the lungs or other external agents in the lungs

Table 12. Water Source Codes

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
01	CITY OF TUCSON/METROPOLITAN	55	WELL
02	CANADA HILLS	56	MCCARTHY
03	COUNTY WELL	57	DIABLO
04	RANCHO VISTOSO WATER COMPANY	58	MARANA
05	CORTARO WATER USER ASSN.	59	SPRING
06	ARIZONA WATER CO.	60	BUCKEYE
07	QUEEN CREEK	61	TIERRA MESA WATER CO.
08	FLOWING WELLS	62	WINKELMAN
09	RESPONDENT DOESN'T KNOW	63	NACO WATER CO.
10	OUTSIDE OF TUCSON	64	IRRIGATION SYSEM
11	SAFFORD MUNICIPAL UTILITIES	65	PURIFIED WATER
12	MORENCI WATER AND ELECTRIC	66	ORANGE GROVE WATER
13	AJO IMPROVEMENT	67	CITY WATER
14	KEARNY WATER	68	GADSDEN WATER
15	CHANDLER	69	RIO RICO
16	CITY OF PHOENIX	70	TIERRA MESA ESTATE WATER
17	CITY OF GLOBE	71	FAR WEST WATER CO.
18	EDISON MICRO UTILITIES	72	PIRTLEVILLE-DEEP WELL
19	TEMPE CITY	73	CANAL WATER
23	CITIZEN'S UTILITIES	75	GLACIER WATER FILTER
24	CITY OF FLAGSTAFF	76	BRITA FILTER
25	SUN CITY WATER		
26	CITY OF GILBERT		
27	KYRENE		
28	GREEN VALLEY		
29	COMMUNITY WATER		
30	SPRINGERVILLE		
31	EAGER		
32	CITY OF GLENDALE		
33	CLEAR WATER UTILITIES		
34	PARK VALLEY		
35	CITY OF SHOWLOW		
36	FOOLS HOLLOW WATER CO.		
37	ARIZONA PUBLIC SERVICE		
38	COMMERCIAL WELL		
39	KINGMAN WATER DEPARTMENT		
40	SAN MANUEL WATER CO.		
41	PRESCOTT WATER		
42	CAMP VERDE		
43	GILA BEND		
44	BELLA VISTA WATER CO.		
45	VERDE LAKES WATER CO.		
46	CITY OF DOUGLAS		
47	NOGALES		
48	VALLE VERDE WATER CO.		
49	PUBLIC WELL		
50	SOMERTON		
51	YUMA		
52	CITY OF SAN LUIS		
53	CITY OF BISBEE		
54	APACHE WATER		

**Table 13. Running Water Code
(Identical to Tables 14,15 and 16)**

<u>CODE</u>	<u>DESC</u>
01	CHARCOL FILTERED/GAC
02	REVERSE OSMOSIS
03	WATER SOFTENER/SALT CHAMBER
04	AQUA VITA FILTER
05	BOIL AND FILTER
06	DISTILLED TAP WATER
07	FILTER IN REFRIGERATOR
08	BRITA
09	FILTERED/METHOD NOT KNOWN
10	BOTH TAP AND BOTTLED WATER
11	TASTE QUENCHER
12	BOIL
13	POND WATER
14	PUR WATER FILTER SYSTEM
15	CULLIGAN WATER FILTERING SYSTEM
16	WELL
17	FLORIDE WATER
18	CHLORINE FILTER
19	NSA WATER FILTER
20	REFRIGERATOR, NOT FILTERED
21	PAPER FILTERED
22	DUEL FILTER
23	CERAMIC FILTER
24	REFRIGERATED
25	KITCHEN FILTER – UNKNOWN
26	SPRING
27	PUFIFIER ON SINK
28	MAGNETS
29	PURIFIED WATER
30	YUMA CITY WATER
31	PURIFIED WATER (SALT)
32	DOUGLAS CITY WATER
33	BISBEE WATER
34	CITY OF NOGALES
35	HINCKLEY AND SCHMITT
36	AMWAY
37	NACO WATER COMPANY
38	ARIZONA WATER COMPANY
39	WATER FROM YOSEMITE WATER CO.
40	WINDMILL WATER ESPRESS
41	TAP FILTER
42	WATER MACHINE

Table 14. Cooking Water Code
(Identical to Tables 13,15 and 16)

<u>CODE</u>	<u>DESC</u>
01	CHARCOL FILTERED/GAC
02	REVERSE OSMOSIS
03	WATER SOFTENER/SALT CHAMBER
04	AQUA VITA FILTER
05	BOIL AND FILTER
06	DISTILLED TAP WATER
07	FILTER IN REFRIGERATOR
08	BRITA
09	FILTERED/METHOD NOT KNOWN
10	BOTH TAP AND BOTTLED WATER
11	TASTE QUENCHER
12	BOIL
13	POND WATER
14	PUR WATER FILTER SYSTEM
15	CULLIGAN WATER FILTERING SYSTEM
16	WELL
17	FLORIDE WATER
18	CHLORINE FILTER
19	NSA WATER FILTER
20	REFRIGERATOR, NOT FILTERED
21	PAPER FILTERED
22	DUEL FILTER
23	CERAMIC FILTER
24	REFRIGERATED
25	KITCHEN FILTER - UNKNOWN
26	SPRING
27	PUFIFIER ON SINK
28	MAGNETS
29	PURIFIED WATER
30	YUMA CITY WATER
31	PURIFIED WATER (SALT)
32	DOUGLAS CITY WATER
33	BISBEE WATER
34	CITY OF NOGALES
35	HINCKLEY AND SCHMITT
36	AMWAY
37	NACO WATER COMPANY
38	ARIZONA WATER COMPANY
39	WATER FROM YOSEMITE WATER CO.
40	WINDMILL WATER ESPRESS
41	TAP FILTER
42	WATER MACHINE

**Table 15. Drinking Water Code
(Identical to Tables 13,14 and 16)**

<u>CODE</u>	<u>DESC</u>
01	CHARCOL FILTERED/GAC
02	REVERSE OSMOSIS
03	WATER SOFTENER/SALT CHAMBER
04	AQUA VITA FILTER
05	BOIL AND FILTER
06	DISTILLED TAP WATER
07	FILTER IN REFRIGERATOR
08	BRITA
09	FILTERED/METHOD NOT KNOWN
10	BOTH TAP AND BOTTLED WATER
11	TASTE QUENCHER
12	BOIL
13	POND WATER
14	PUR WATER FILTER SYSTEM
15	CULLIGAN WATER FILTERING SYSTEM
16	WELL
17	FLORIDE WATER
18	CHLORINE FILTER
19	NSA WATER FILTER
20	REFRIGERATOR, NOT FILTERED
21	PAPER FILTERED
22	DUEL FILTER
23	CERAMIC FILTER
24	REFRIGERATED
25	KITCHEN FILTER – UNKNOWN
26	SPRING
27	PUFIFIER ON SINK
28	MAGNETS
29	PURIFIED WATER
30	YUMA CITY WATER
31	PURIFIED WATER (SALT)
32	DOUGLAS CITY WATER
33	BISBEE WATER
34	CITY OF NOGALES
35	HINCKLEY AND SCHMITT
36	AMWAY
37	NACO WATER COMPANY
38	ARIZONA WATER COMPANY
39	WATER FROM YOSEMITE WATER CO.
40	WINDMILL WATER ESPRESS
41	TAP FILTER
42	WATER MACHINE

Table 16. Treated Water Code
(Identical to Tables 13,14 and 15)

<u>CODE</u>	<u>DESC</u>
01	CHARCOL FILTERED/GAC
02	REVERSE OSMOSIS
03	WATER SOFTENER/SALT CHAMBER
04	AQUA VITA FILTER
05	BOIL AND FILTER
06	DISTILLED TAP WATER
07	FILTER IN REFRIGERATOR
08	BRITA
09	FILTERED/METHOD NOT KNOWN
10	BOTH TAP AND BOTTLED WATER
11	TASTE QUENCHER
12	BOIL
13	POND WATER
14	PUR WATER FILTER SYSTEM
15	CULLIGAN WATER FILTERING SYSTEM
16	WELL
17	FLORIDE WATER
18	CHLORINE FILTER
19	NSA WATER FILTER
20	REFRIGERATOR, NOT FILTERED
21	PAPER FILTERED
22	DUEL FILTER
23	CERAMIC FILTER
24	REFRIGERATED
25	KITCHEN FILTER – UNKNOWN
26	SPRING
27	PUFIFIER ON SINK
28	MAGNETS
29	PURIFIED WATER
30	YUMA CITY WATER
31	PURIFIED WATER (SALT)
32	DOUGLAS CITY WATER
33	BISBEE WATER
34	CITY OF NOGALES
35	HINCKLEY AND SCHMITT
36	AMWAY
37	NACO WATER COMPANY
38	ARIZONA WATER COMPANY
39	WATER FROM YOSEMITE WATER CO.
40	WINDMILL WATER ESPRESS
41	TAP FILTER
42	WATER MACHINE

Table 17. Garage Codes
 (Identical to Tables 9 and 23)

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
00	YARD, NOI	55	AUNT'S HOUSE
01	BEDROOM 1	56	RESTAURANT
02	BEDROOM 2	57	FRONT ROOM
03	BEDROOM 3	58	STUDIO
04	BEDROOM 4	59	GREEN HOUSE
05	BEDROOM 5	60	PORCH
06	BEDROOM 6	61	COMPANY'S OFFICE
07	BEDROOM 7	62	OUTDOOR FAIR/EVENT
08	BEDROOM 8	63	SUPER MARKET
09		64	MASTER BEDROOM
10	OUTSIDE, NOI	65	STORAGE ROOM
11	ATTIC, ROOF, OR CEILING	66	FRIEND'S
12	BASEMENT	67	CHURCH
13	DARKROOM, WORKSHOP, WEIGHT ROOM	68	BOY'S AND GIRL'S CLUB
14	DEN, STUDY, OFFICE, BAR, MUSIC/SEWING ROOM	69	KINDERGARTEN
15	DINING ROOM	70	TOWNHOUSES
16	ENCLOSED PORCH, ARIZONA RM, ATRIUM, FOYER	71	CONDOMINIUM
17	GARAGE	72	SON'S HOUSE
18	HALLWAY	73	BY TRUCK SIDE
19	KITCHEN	74	LITTLE BIT HIGHER THAN MAIN LIVING QUARTERS
20	LAUNDRY, BOILER, UTILITY	75	PREMIXED
21	MAIN, FAMILY ROOM	76	SHED, DETACHED STORAGE
22	MASTER BATH, VANITY	77	SECOND OFFICE
23	OPEN PORCH, BACK PORCH	78	PARK
24	PANTRY, STOREROOM, CLOSET	79	LOWER THAN MAIN LIVING QUARTERS
25	SECOND BATH, GUEST BATH	80	UPPER LEVEL
26	LIVING ROOM	81	SIDE/BACK OF HOUSE
27	TV ROOM, PLAYROOM	82	EXTRACURRICULAR ACTIVITIES (PRACTICE)
28	THIRD BATH	83	HEAD START/SCHOOL
29	OTHER/FRIEND'S HOUSE	99	MISSING INFO/LOCATION
30	MOTHER'S HOUSE		
31	FRONT YARD		
32			
33	OTHER ROOM		
34	BACK YARD		
35	PERSON DOESN'T KNOW / DK		
36	WINDOW SILL		
37			
38	STREET		
39	DRIVEWAY		
40	BREAKFAST NOOK		
41	LOFT		
42	OTHER ROOM 2		
43	OTHER ROOM 3		
44	OTHER ROOM 4		
45	OTHER ROOM 5		
46	FIREPLACE		
47	CARPORT		
48	BABYSITTER'S		
49	WHILE IN TRANSIT, IN CAR		
50	GOLF COURSE		
51	BEDROOM 1 AND 2		
52	STORAGE IN BEDROOM		
53	KITCHEN SINK		
54	DOOR		

Table 18. Pad Code

<u>CODE</u>	<u>DESC</u>
01	MASTER COOL
02	COMBINATION PAPER / SYNTHETIC
03	NON-ALLERGETIC PADS
04	FOAM
05	GRASS / HAY
06	GRASS
07	WOOD FIBER
08	COTTON
09	RESPONDENT DOESN'T KNOW
10	EXCELCIOR
11	AIR COOL PADS
12	DOESN'T KNOW, DK
13	GRASS/WOOD
14	FIBER
15	CELDEK
16	FIBER GLASS
17	ARVPAC MEDIA
18	SHREDDED WOOD
19	CARDBOARD
20	ALLERGY FREE
21	SYNTHETIC / REUSABLE
22	WOOD OR STRAW

Table 19. Fuel Code

<u>CODE</u>	<u>DESC</u>
01	BUTANE
02	FORMALDEHYDE
03	CAR EXHAUST SOLVENTS
04	PROPANE
05	ARTIFICIAL LOGS
06	NATURAL GAS

Table 20. Burn-in-Stove Code

<u>CODE</u>	<u>DESC</u>
01	PAPER

Table 21. Burn-in-Fireplace Code

<u>CODE</u>	<u>DESC</u>
01	STARTER LOG
02	WEBER FIRE STARTERS
03	NEWSPAPER
04	TRASH
05	WOOD PRODUCT,COMPOSITION
06	NATURAL GAS
07	PAPER
08	CARDBOARD
09	MESQUITE WOOD

Table 22. Surface Code

<u>CODE</u>	<u>DESCRIPTION</u>	<u>CODE</u>	<u>DESCRIPTION</u>
01	WINDOW SILL	51	MINI BLINDS
02	LAUNDRY CHUTE	52	ROPE
03	COUNTER TOPS	53	CLOTH CURTAINS
04	UNDER SINK	54	VINYL SIDING AND CINDER BLOCK
05	INSIDE WALL	55	BRICK AND PLASTER
06	ATTIC	56	PAINTED
07	UNDER CABINETS	57	NO BLINDS
08	WALLS/PARTITION	58	MESH BLINDS
09	THRESHOLD	59	SHEET ROCK
10	EVERYWHERE	60	GLASS MIRROR
11	RELEASED INTO THE AIR	61	COVERED WITH RUG
12	UNDER FLOOR	62	HARD WOOD FLOOR WITH RUG
13	FURNITURE	63	TILE AND CARPER
14	PLANTS	64	LINOLEUM WITH RUG
15	PLASTER	65	KITCHEN SINK
16	SYNTHETIC SIDING	66	DRY WALL
17	CERAMIC TILE	67	UNDER REFRIGERATOR
18	BRICK	68	BATHROOM MAT
19	STUCCO	69	METAL BLINDS
20	STUCCO/PLASTER	70	TELEVISION
21	CARPET	71	WOOD SHUTTERS
22	DOOR	72	BERBER
23	ELECTRICAL OUTLETS	73	IRON
24	PLASTIC	74	GARAGE
25	WOOD	75	NEAR WATER SOURCE
26	ARTIFICIAL MARBLE	76	LAUNDRY ROOM
27	VERTICAL	77	FLOOR VENTS
28	INK BOARD	78	THROW RUG
29	SHEET ROCK	79	WOOL RUG
30	PAPER	80	CARPET WITH PLASTIC RUNNER
31	BRICK/STUCKO	81	UNER THE HOUSE (CRAWL SPACE)
32	VINYL, NOI	82	BATHROOM SINK
33	CONTACT PAPER	83	NO OUTDOOR SILL IN MR
34	IRON BARS	84	ADOBE CONCRETE
35	WALL PAPER	85	ASTRO-TURF
36	RUG	86	STOVE
37	GLASS	87	COUNTER TOP (KITCHEN)
38	CEMENT	88	CABINETS
39	LINOLEUM	89	IN CORNERS AND BORDERS, OUTLINING
40	VILYL TILE	90	SCREEN DOOR
41	SHAG	91	SCREEN WINDOWS
42	TILE, NOI	92	IN THE MIDDLE OF THE ROOM
43	MARBLE	93	BEHIND THE DOORS
44	INDOOR/OUTDOOR CARPET	94	UNDERNEATH THE FURNITURE
45	WOOD TILE	95	TILE WITH RUG
46	RUG ON TOP OF CEMENT FLOOR	96	ENTRANCE/DOORWAY
47	CLOTH AND PLASTIC	97	
48	NO SILLS	98	
49	GLAZED AND PAINTED	99	NO SAMPLE TAKEN
50	VERTICLAL BLINDS		

**Table 23. Garage Codes
 (Identical to Tables 9 and 17)**

<u>Code</u>	<u>Description</u>	<u>Code</u>	<u>Description</u>
00	YARD, NOI	55	AUNT'S HOUSE
01	BEDROOM 1	56	RESTAURANT
02	BEDROOM 2	57	FRONT ROOM
03	BEDROOM 3	58	STUDIO
04	BEDROOM 4	59	GREEN HOUSE
05	BEDROOM 5	60	PORCH
06	BEDROOM 6	61	COMPANY'S OFFICE
07	BEDROOM 7	62	OUTDOOR FAIR/EVENT
08	BEDROOM 8	63	SUPER MARKET
09		64	MASTER BEDROOM
10	OUTSIDE, NOI	65	STORAGE ROOM
11	ATTIC, ROOF, OR CEILING	66	FRIEND'S
12	BASEMENT	67	CHURCH
13	DARKROOM, WORKSHOP, WEIGHT ROOM	68	BOY'S AND GIRL'S CLUB
14	DEN, STUDY, OFFICE, BAR, MUSIC/SEWING ROOM	69	KINDERGARTEN
15	DINING ROOM	70	TOWNHOUSES
16	ENCLOSED PORCH, ARIZONA RM, ATRIUM, FOYER	71	CONDOMINIUM
17	GARAGE	72	SON'S HOUSE
18	HALLWAY	73	BY TRUCK SIDE
19	KITCHEN	74	LITTLE BIT HIGHER THAN MAIN LIVING QUARTERS
20	LAUNDRY, BOILER, UTILITY	75	PREMIXED
21	MAIN, FAMILY ROOM	76	SHED, DETACHED STORAGE
22	MASTER BATH, VANITY	77	SECOND OFFICE
23	OPEN PORCH, BACK PORCH	78	PARK
24	PANTRY, STOREROOM, CLOSET	79	LOWER THAN MAIN LIVING QUARTERS
25	SECOND BATH, GUEST BATH	80	UPPER LEVEL
26	LIVING ROOM	81	SIDE/BACK OF HOUSE
27	TV ROOM, PLAYROOM	82	EXTRACURRICULAR ACTIVITIES (PRACTICE)
28	THIRD BATH	83	HEAD START/SCHOOL
29	OTHER/FRIEND'S HOUSE	99	MISSING INFO/LOCATION
30	MOTHER'S HOUSE		
31	FRONT YARD		
32			
33	OTHER ROOM		
34	BACK YARD		
35	PERSON DOESN'T KNOW / DK		
36	WINDOW SILL		
37			
38	STREET		
39	DRIVEWAY		
40	BREAKFAST NOOK		
41	LOFT		
42	OTHER ROOM 2		
43	OTHER ROOM 3		
44	OTHER ROOM 4		
45	OTHER ROOM 5		
46	FIREPLACE		
47	CARPORT		
48	BABYSITTER'S		
49	WHILE IN TRANSIT, IN CAR		
50	GOLF COURSE		
51	BEDROOM 1 AND 2		
52	STORAGE IN BEDROOM		
53	KITCHEN SINK		
54	DOOR		

Table 24. Pet Chemical Code

CODE	DESC
01	SHAMPOO (UNKNOWN NAME)
02	SEARGEANTS (SHAMPOO) EPA #2517-63
03	FLEES AWAY-PET SHAMPOO
09	RESPONDENT DOESN'T KNOW - DK
10	PROTICAL
11	FLEA STICK
12	PROGRAM FLEA CONTROL
13	GENERAL INSECT KILLER
14	DRIONE
15	PILLS GIVEN BY VETRINARIAN
20	PYRETHROIDS
21	SERGEANT'S FLEA AND TICK SHAMPOO - DOGS
22	HARTZ 2 IN 1 RID FLEA SHAMPOO
23	ZENOX FLEA AND TICK SHAMPOO 512536
24	HARTZ FLEA & TICK SPRAY
25	SARGENT'S FLEA COLLARS
26	SARGENT'S FLEA AND TICK POWDER
27	FLEA AND TICK SPRAY - UNKNOWN BRAND
28	FLEA & TICK SHAMPOO - UNKNOWN BRAND
29	FLEA COLLAR - UNKNOWN BRAND
30	RAID FLEA AND TICK
31	FLEA AND TICK POWDER - UNKNOWN BRAND
40	ORGANOPHOSPHATES
41	HARTZ FLEA & TICK COLLARS
42	HARTZ - NOI
43	HARTZ CONTROL PET CARE SYSTEM
44	DIAZINON
45	SERGEANT'S TICK KILLER (DOGS)
70	OTHER PESTICIDES
71	ZODIAC PRO DIP II
72	STYCHNINE - GOPHER GO
73	DIPPED PROFESSIONALLY
74	HEARTZ MOUNTAIN
75	LUFENURON
76	PARAMITE
77	ASUNTOL FLEA CONTROL, UNSPECIFIC
90	MISC
91	JABON PERRO AGRADECIDO (SOAP)
92	SARGENT FLEA & TICK COLLAR
93	CONTROL (DROPS) - UNSPECIFIED
94	ARIEL (MEXICAN LAUNDRY SOAP)
95	BREAKTHROUGH W/NYLAR (DOGS)
96	ADVANTAGE FLEA ADULTICIDE (CATS)
97	RIDEX FLEA SHAMPOO
98	FRONTLINE TOPSPOT
99	UNKNOWN
A1	FLEA AND TICK COLLAR-UNKNOWN
A2	VET KHEM FLEA AND TICK POWDER
A3	FRONTLINE TOP SPOT FOR DOGS
A4	HOT SHOT
A5	THREE IN ONE
A6	HARTZ SHAMPOO
A7	BREWER'S YEAST

Appendix A. Baseline Questionnaire

HHID	F.S.	IRN #
[] [] [] [] []	[]	[] []

HHID HH DFS IRN

ADULT BASELINE QUESTIONNAIRE

National Human Exposure Assessment Survey

FIRST Name (ONLY): *Fname*

Event date
Date of Completion:

[] / [] / []
MO DAY YR

INSTRUCTIONS

- Please use the **black, felt tip pen** provided in the notebook when you complete this questionnaire.
- Please follow the special guidelines typed in ***bold italics***. They tell you to either ***Continue*** to the question below, or to ***GO TO*** a given question.
- Please answer questions printed on a **white background** only. **Shaded areas** are for office use only.
- Multiple Choice Questions:** Please fill in the appropriate bubble(s) (○) that appear to the left of each response.

For example: How old is the puppy? ***Fill in ONE bubble.*** 1 week 2 weeks 3 weeks

Please shade bubbles like this: ● and *not* like this: ✕ ☐

- Open Ended Questions:** Please write your answer on the line(s) or in the box(es) provided. Please write your numbers in the boxes using a block style without touching the sides of the boxes.

For example:

0 1 2 3 4 5 6 7 8 9

For example: How old is the puppy? week(s)

- If You Make a Mistake:** For multiple choice, cross out the incorrect answer(s). For open-ended questions, cross out the incorrect value(s) and write the correct value(s) above or beside the boxes.

For example: How old is the puppy? ***Fill in ONE bubble.*** ✕ 1 week 2 weeks 3 weeks

15
+ 4

For example: How old is the puppy? week(s)

- If you wish to not answer a question, then please draw a line through it, *but not through the answer space*.

For example: How old is the puppy? week(s)

All data gathered in this questionnaire is kept strictly confidential. ***Thank you for your time and support!***

Public reporting burden for this collection of information is estimated to average 30 minutes per response, and to require 0 hours of recordkeeping. This includes 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 the burden, to Chief, Information Policy Branch, 2136, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington D.C. 20503 OMB Clearance #: 2080-0053 Expires: 07/31/98

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
	<input type="radio"/>																			

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Appendix A (Continued). Baseline Questionnaire

Study Participants: Please begin on page 3 (next page).

PAGE 2

DESIGNATED PARTICIPANT		Adult Baseline
If the participant is LESS THAN 10 YEARS OLD, what is the first name of the individual who is providing the answers for the designated respondent?		OFFICE USE ONLY
FIRST Name (ONLY):		<input type="checkbox"/> QC <input type="checkbox"/> X's.R <input type="checkbox"/> Y's.N <input type="checkbox"/> Z's.M
		<input type="checkbox"/> QC <input type="checkbox"/> - 5.R <input type="checkbox"/> - 8.N <input type="checkbox"/> - 9.M
What is the relationship of this individual to the person for whom the responses are provided? Fill in ONE bubble.		<input type="radio"/> 55.R <small>O Relat. Code</small> <input type="radio"/> 88.N <input type="radio"/> 99.M <input type="checkbox"/> <small>G-relato</small>
Comments:		
Chain of Custody initiated _____ Consigned to packet on []: ___ / ___ / ___ Box UA-G-4-2.0		

OFFICE USE ONLY					
Form Type: 03 Itemnum NHEXAS Form ID: UA-T-1.0-4.0	Study: 1. NHEXAS 2. Border 3. 4. 5.	Stage: Stage #: <input type="checkbox"/> Collapsed? Y N 8 <input type="checkbox"/> <input type="checkbox"/>	Admin. Method: Techmeth Admin. by: TechID Tech. ID <input type="checkbox"/>		
Form Status: 1.Cmp 2.N Cmp 3.P Cmp 4.Re-col. 5.Ref 7.Dest 8.N/A 9.Miss	QC BY Tech ID: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> QC DATE DAY MO YR Init.	DE BY Tech ID: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> DE DATE DAY MO YR Init.			
	QA BY Tech ID: <input type="checkbox"/> <input type="checkbox"/> / <input type="checkbox"/> <input type="checkbox"/> QA DATE DAY MO YR Init.	DP Batch: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> QXV: Q B L A 1 DP BATCH			
Data Use Only:	<input type="radio"/> 0 <input type="radio"/> 1 <input type="radio"/> 2 <input type="radio"/> 3 <input type="radio"/> 4 <input type="radio"/> 5 <input type="radio"/> 6 <input type="radio"/> 7 <input type="radio"/> 8 <input type="radio"/> 9 <input type="radio"/> A <input type="radio"/> B <input type="radio"/> C <input type="radio"/> D <input type="radio"/> E <input type="radio"/> F <input type="radio"/> G <input type="radio"/> H <input type="radio"/> I <input type="radio"/> J				

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Appendix A (Continued). Baseline Questionnaire

HHID:	FS:	IRN:							
DEMOGRAPHICS									
These first questions ask about you. <i>Remind parent or guardian to respond for the child.</i>									
1. What is the highest level of school you have completed? <i>Read choices and fill in ONE bubble. If currently enrolled, mark the level of previous grade attended or highest degree received.</i>									
<input type="radio"/> 1. No school completed or Kindergarten only <input type="radio"/> 2. Primary or middle school (Grade 1 - 8) <input type="radio"/> 3. Some high school (Grade 9 - 11) <input type="radio"/> 4. High school graduate (Grade 12 or GED) <input type="radio"/> 5. Some college or technical school <input type="radio"/> 6. College graduate <input type="radio"/> 7. Some post college									
<i>Educat</i>									
2. Fill in bubble for sex of participant.									
<input type="radio"/> 1. Male <i>Sex</i> <input type="radio"/> 2. Female									
3. What is your date of birth? <table style="margin-left: auto; margin-right: auto;"> <tr> <td>MO</td> <td>DAY</td> <td>YR</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> DOB				MO	DAY	YR			
MO	DAY	YR							
4. How tall are you without shoes? <table style="margin-left: auto; margin-right: auto;"> <tr> <td> </td> <td> </td> </tr> </table> ft. <table style="margin-left: auto; margin-right: auto;"> <tr> <td> </td> <td> </td> </tr> </table> inches <i>Height ft</i> <i>Height in</i>									
5. How much do you weigh? <table style="margin-left: auto; margin-right: auto;"> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> pounds <i>Weight</i>									
<i>Ask questions 6a - 6c and 7a - 7d only if respondent is 10 YEARS OLD OR MORE. Please fill the appropriate bubble for age group (below) and follow the given instructions.</i>									
<i>GT - 10 yrs</i>									
<input type="radio"/> 1. Respondent is 10 YEARS OR OLDER <i>Continue below</i> <input type="radio"/> 2. Respondent is LESS THAN 10 YEARS <i>GO TO Question # 8 (page 5)</i>									
6 a. Do you currently smoke tobacco products or use smokeless tobacco products? <i>Fill in ONE bubble.</i>									
<i>Smok - now</i>									
<input type="radio"/> 1. Yes <i>GO TO Question # 7 a (next page)</i> <input type="radio"/> 2. No <i>Continue below</i> <input type="radio"/> 3. Don't Know <i>Continue below</i>									
6 b. Have you ever smoked tobacco products or used smokeless tobacco products? <i>Fill in ONE bubble.</i>									
<i>Smok - evr</i>									
<input type="radio"/> 1. Yes <i>Continue (next page)</i> <input type="radio"/> 2. No <i>GO TO Question # 8 (page 5)</i> <input type="radio"/> 3. Don't know <i>GO TO Question # 8 (page 5)</i>									
PAGE 3 <small>Adult Baseline</small>									
OFFICE USE ONLY									
<input type="radio"/> 55.R <input type="radio"/> 88.N <input type="radio"/> 99.M									
<input type="radio"/> 55.R <input type="radio"/> 88.N <input type="radio"/> 99.M									
<input type="checkbox"/> QC <input type="checkbox"/> 55/55/55.R <input type="checkbox"/> 88/88/88.N <input type="checkbox"/> 99/99/99.M									
<input type="checkbox"/> QC <input type="checkbox"/> -5.R <input type="checkbox"/> -8.N <input type="checkbox"/> -9.M									
<input type="checkbox"/> QC <input type="checkbox"/> -55.R <input type="checkbox"/> -88.N <input type="checkbox"/> -99.M									
<input type="radio"/> 55.R <input type="radio"/> 88.N <input type="radio"/> 99.M									
<input type="radio"/> 55.R <input type="radio"/> 88.N <input type="radio"/> 99.M									
<input type="radio"/> 55.R <input type="radio"/> 88.N <input type="radio"/> 99.M									
<input type="radio"/> 55.R <input type="radio"/> 88.N <input type="radio"/> 99.M									
<input type="radio"/> 55.R <input type="radio"/> 88.N <input type="radio"/> 99.M									

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
	<input type="radio"/>																			

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Appendix A (Continued). Baseline Questionnaire

PAGE 4

Adult Baseline

6 c. How long ago did you stop using tobacco products? <i>Enter number.</i>		<input type="checkbox"/> day(s) ago <input type="checkbox"/> week(s) ago <input type="checkbox"/> month(s) ago <input type="checkbox"/> year(s) ago	[<i>GO TO Question # 8 (next page)</i>	<i>Smksunit</i>	OFFICE USE ONLY
7 a. On average, how many <i>cigarettes</i> do you smoke <i>per day</i> ? <i>Read choices and fill in ONE bubble.</i>		<input type="checkbox"/> QC <input type="checkbox"/> 55.R <input type="checkbox"/> -55.R <input type="checkbox"/> 88.N <input type="checkbox"/> -88.N <input type="checkbox"/> 99.M <input type="checkbox"/> -99.M			
7 b. On average, how many <i>cigars</i> do you smoke <i>per day</i> ? <i>Enter number.</i>		<input type="checkbox"/> QC <input type="checkbox"/> 5.R <input type="checkbox"/> 8.N <input type="checkbox"/> 9.M			
7 c. On average, how many <i>pipesful of tobacco</i> do you smoke <i>per day</i> ? <i>Enter number.</i>		<input type="checkbox"/> QC <input type="checkbox"/> 5.R <input type="checkbox"/> 8.N <input type="checkbox"/> 9.M			
7 d. On average, how many times <i>per day</i> do you use <i>smokeless tobacco products</i> ? <i>Enter number.</i>		<input type="checkbox"/> QC <input type="checkbox"/> 5.R <input type="checkbox"/> 8.N <input type="checkbox"/> 9.M			
Comments: _____ _____ _____					

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
	<input type="radio"/>																			

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Appendix A (Continued). Baseline Questionnaire

HHID:	FS:	IRN:	PAGE 5
PERSONAL EXPOSURE ACTIVITIES			Adult Baseline OFFICE USE ONLY
<p>These next few questions are about things that happen at your home, on the job, or in school, and food you eat that might put you in touch with the chemicals we are studying. Some of these questions ask about different periods of time. Some ask about the <i>past month</i>, some ask about the <i>past 3 months</i>, and some ask about the <i>past 6 months</i>. In order to help make these time periods clear, please think about something you did or which happened to you about <i>1 month ago</i>, <i>3 months ago</i>, and <i>six months ago</i>. For example, finished school, got married, had a baby. Please tell me what each event was so that I can use them later.</p> <p><i>Record events here and use as needed during the interview.</i></p>			
<p>1 Month Event: _____</p> <p>3 Month Event: _____</p> <p>6 Month Event: _____</p>			
<p>8. On average for the <i>past month</i>, how many (hours/minutes) <i>per week</i> did you spend ... ? <i>If less than 1 hour, round to the nearest quarter hour; if less than 10 hours, round to the nearest 10 hours; for example: 10, 20, 30, 40, 50 hours. Enter number and fill in ONE bubble for minutes or hours.</i> (Note: "Someone" does not include yourself.)</p>			
<p>a. Inside your home with someone who was smoking tobacco?</p> <p>Homesmok</p> <p>Hom units</p> <p>minute(s)</p> <p>hour(s)</p>			
<p><input checked="" type="checkbox"/> QC <input type="checkbox"/> 55.R <input type="checkbox"/> -55.R <input type="checkbox"/> 88.N <input type="checkbox"/> -88.N <input type="checkbox"/> 99.M <input type="checkbox"/> -99.M</p>			
<p>b. At work with someone who was smoking tobacco?</p> <p>Worksmok</p> <p>Wrksunit</p> <p>minute(s)</p> <p>hour(s)</p>			
<p><input checked="" type="checkbox"/> QC <input type="checkbox"/> 55.R <input type="checkbox"/> -55.R <input type="checkbox"/> 88.N <input type="checkbox"/> -88.N <input type="checkbox"/> 99.M <input type="checkbox"/> -99.M</p>			
<p>c. In a car, bus, van, or other enclosed vehicle with someone who was smoking tobacco?</p> <p>Vehismok</p> <p>Vehsunit</p> <p>minute(s)</p> <p>hour(s)</p>			
<p><input checked="" type="checkbox"/> QC <input type="checkbox"/> 55.R <input type="checkbox"/> -55.R <input type="checkbox"/> 88.N <input type="checkbox"/> -88.N <input type="checkbox"/> 99.M <input type="checkbox"/> -99.M</p>			
<p>d. In any other indoor or enclosed location with someone who was smoking tobacco?</p> <p>Indrsmok</p> <p>Indrunit</p> <p>minute(s)</p> <p>hour(s)</p>			
<p>9 a. During the <i>past month</i>, has anyone, including you, smoked inside your home? <i>Fill in ONE bubble.</i></p> <p><input type="radio"/> 1. Yes <i>Continue below</i> <input type="radio"/> 2. No <i>GO TO Question # 10 a (next page)</i> <i>20</i> <input type="radio"/> 3. Don't know <i>GO TO Question # 10 a (next page)</i></p> <p><i>INsd smok</i></p>			
<p>9 b. During the <i>past month</i>, how many people, including visitors, smoked tobacco inside your home? <i>Enter number.</i></p> <p> person(s) Peopsmok</p>			
<p><input type="checkbox"/> QC <input type="checkbox"/> -55.R <input type="checkbox"/> -88.N <input type="checkbox"/> -99.M</p>			

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
	<input type="radio"/>																			

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Appendix A (Continued). Baseline Questionnaire

PAGE 6

Adult Baseline

OFFICE USE ONLY

- 55.R
- 88.N
- 99.M

- 10 a. On average for the *past month*, on how many days did you paint walls, furniture, cars, or other objects? *Read choices and fill in ONE bubble.*

- 1. Never
- 2. 1-3 days per month
- 3. 1-2 days per week
- 4. 3-6 days per week
- 5. Daily
- 6. Don't know

Paint

- 10 b. On average for the *past month*, on how many days did you use chemical paint strippers to remove paint? *Read choices and fill in ONE bubble.*

- 1. Never
- 2. 1-3 days per month
- 3. 1-2 days per week
- 4. 3-6 days per week
- 5. Daily
- 6. Don't know

Chem strp

- 10 c. On average for the *past month*, on how many days did you remove paint by other methods such as scraping, heat gun, or sanding? *Read choices and fill in ONE bubble.*

- 1. Never
- 2. 1-3 days per month
- 3. 1-2 days per week
- 4. 3-6 days per week
- 5. Daily
- 6. Don't know

Scraping

- 11 a. During the *past three months*, on how many days did you use lead solder to solder pipes, do electronic repairs, or join pieces of stained glass? *Read choices and fill in ONE bubble.*

- 1. Never
- 2. 1-2 days
- 3. 1-3 days per month
- 4. 1-2 days per week
- 5. 3-7 days per week
- 6. Don't know

Solder

- 11 b. During the *past three months*, on how many days did you use lead-based oil paint to paint pictures or jewelry? *Read choices and fill in ONE bubble.*

- 1. Never
- 2. 1-2 days
- 3. 1-3 days per month
- 4. 1-2 days per week
- 5. 3-7 days per week
- 6. Don't know

Oilpaint

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
	<input type="radio"/>																			

35307



Appendix A (Continued). Baseline Questionnaire

HHID: FS: IRN:

PAGE 7

Adult Baseline

OFFICE USE ONLY

- 55.R
- 88.N
- 99.M

11 c. During the *past three months*, on how many days did you mold lead into fishing sinkers, bullets, or other objects? *Read choices and fill in ONE bubble.*

- 1. Never
- 2. 1-2 days
- 3. 1-3 days per month
- 4. 1-2 days per week
- 5. 3-7 days per week
- 6. Don't know

Mold lead

12 a. During the *past three months*, on how many days did you eat fresh fruits or vegetables grown at your home? *Read choices and fill in ONE bubble.*

- 1. Never
- 2. 1-2 days
- 3. 1-3 days per month
- 4. 1-2 days per week
- 5. 3-7 days per week
- 6. Don't know

Hom grown

12 b. During the *past three months*, on how many days did you eat canned or preserved fruits or vegetables that were grown at your home? *Read choices and fill in ONE bubble.*

- 1. Never
- 2. 1-2 days
- 3. 1-3 days per month
- 4. 1-2 days per week
- 5. 3-7 days per week
- 6. Don't know

Hom presv

13. Do you currently work full time or part time at any location away from your home? *Fill in ONE bubble. Include working for others, self-employed, and volunteer work. Include those who work out of a home office if they work part of the time away from home.*

- 1. Yes Continue below P-job
- 2. No GO TO Question # 17 a (page 12)

- 55.R
- 88.N
- 99.M

14 a. On average for the *past month*, how many hours *per week* did you work at your primary job? *Include weeks where time was taken off for vacation, sickness, etc. If less than 10 hours, round to the nearest 10 hours; for example: 10, 20, 30, 40, 50 hours.*

--	--	--

hours/week

P-jobhrs

- 55.R
- 88.N
- 99.M

- QC
- 55.R
- 88.N
- 99.M

i. On average, how many of these hours were spent working at home?

--	--	--

hours/week

P-homhrs

- QC
- 55.R
- 88.N
- 99.M

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
	<input type="radio"/>																			

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Appendix A (Continued). Baseline Questionnaire

14 b. What kind of business or industry is this? (For example, manufacturing, retail store, government, farm, school.)												
14 c. What is your job title? (For example, electrical engineer, stock clerk, typist, farmer.)												
14 d. What activities do you perform most often as part of your duties at that job? (For example, typing, keeping account books, filing, selling cars, operating printing press, finishing concrete.)												
14 e. Do you wear protective clothing while at your <u>primary</u> job? <i>Fill in ONE bubble.</i>	<input type="radio"/> 1. Yes <i>P-clothg</i> <input type="radio"/> 2. No <i>GO TO Question # 14 g (this page below)</i>											
14 f. Which types of protective clothing do you wear while at your <u>primary</u> job? <i>Read choices and fill in bubbles of ALL THAT APPLY.</i>	<i>P-gloves</i> <input type="radio"/> 1. Gloves <i>P-overal</i> <input type="radio"/> 2. Overalls <i>P-overct</i> <input type="radio"/> 3. Overcoat (for example: lab coat; smock) <i>P-respir</i> <input type="radio"/> 4. Respirator <i>P-othclo</i> <input type="radio"/> 5. Other (Specify: _____) <i>P-cladk</i> <input type="radio"/> 6. Don't know											
14 g. While at your <u>primary</u> job, do you come into contact at least once a week with? <i>Read choices and fill in bubbles of ALL THAT APPLY.</i>	<i>P-sawdus</i> <input type="radio"/> 1. Saw dust <i>P-roadus</i> <input type="radio"/> 2. Road dust <i>P-fiberg</i> <input type="radio"/> 3. Fiberglass <i>P-silica</i> <input type="radio"/> 4. Silica (sand blasting) <i>P-mindus</i> <input type="radio"/> 5. Mine dust <i>P-surdus</i> <input type="radio"/> 6. Surface dust in office, classroom, store <i>P-othdus</i> <input type="radio"/> 7. Other known type of dust (Specify: _____) <i>P-dusdk</i> <input type="radio"/> 8. Unknown type of dust <i>P-nodus</i> <input type="radio"/> 9. No contact with dust											

PAGE 8												
Adult Baseline												
OFFICE USE ONLY												
Business Code												
<i>P-busin</i>												
Job Code												
<i>P-jobtit</i>												
Duty 1 Code												
<i>P-duty 1</i>												
Duty 2 Code												
<i>P-duty 2</i>												
Duty 3 Code												
<i>P-duty 3</i>												
<i>P-cloref</i>												
<i>P-clona</i>												
<i>P-clomis</i>												
Cloth Code												
<i>P-cloth</i>												
Dust Code												
<i>P-dusref</i>												
<i>P-duna</i>												
<i>P-dusmis</i>												
Dust Code												
<i>P-dusoth</i>												

Appendix A (Continued). Baseline Questionnaire

HHD: _____ FS: _____ IRN: _____

PAGE 9

Adult Baseline

OFFICE USE ONLY

- 55.R P-fumref
- 88.N P-fumna
- 99.M P-fummis

Fume Code

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P-fummath

- 55.R
- 88.N
- 99.M

- 55.R P-pesref
- 88.N P-pesna
- 99.M P-pesmis

P. Code 1

P-pesot 1

P. Code 2

P-pesot 2

P. Code 3

P-pesot 3

- 55.R
- 88.N
- 99.M

14 h. While at your primary job, do you come into contact at least once a week with? **Read choices and fill in bubbles of ALL THAT APPLY.**

- P-weldin 1. Welding fumes
 P-solder 2. Solder or flux fumes
 P-plastic 3. Plastic fumes
 P-paint 4. Paint fumes (include varnish, shellac, etc.)
 P-gasolin 5. Gasoline or diesel fumes
 P-oth-fum 6. Other known type of fumes, smoke, gas, or vapors (Specify: _____)
 P-fumdk 7. Unknown type of fumes, smoke, gas, or vapors
 P-no fum 8. No contact with fumes, smoke, gas, or vapors

14 i. Do you come into contact with chemicals used to kill insects, rodents, or weeds at least once a week while at your primary job? **Fill in ONE bubble.**

1. Yes Continue below P-pestic
 2. No GO TO Question # 15 (this page below)

14 j. If yes, with which types of chemicals do you come into contact while at your primary job? **Read choices and fill in bubbles of ALL THAT APPLY.**

- P-raid 1. Raid/Black Flag
 P-Insect 2. Insect Repellents
 P-chlorp 3. Chlorpyrifos, Dursban, Lorsban, Trichlorpyrophos, Pyrinex, Dowco 179, Brodan
 P-malath 4. Malathion, Cythion, Chemathion, Malaspray, Zithiol
 P-diazin 5. Diazinon; D-100; D-500
 P-carbar 6. Carbaryl, Sevin, Tricamas, UC 7744
 P-othter 7. Other known termiteicides (Specify: _____)
 P-othpes 8. Other known pesticides/insecticides (Specify: _____)
 P-atraz 9. Atrazine, Aatrex, Vectal SC, Atratol, Gesaprim, Primatol A
 P-other 10. Other known herbicides (Specify: _____)
 P-fungic 11. Fungicides
 P-pesdk 12. Unknown type of pesticide, insecticide, herbicide, or fungicide

15. Do you have a second job? **Fill in ONE bubble.**

1. Yes Continue (next page) S-job
 2. No GO TO Question # 17 a (page 12)

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
	<input type="radio"/>																			

35307

Appendix A (Continued). Baseline Questionnaire

PAGE 10

Adult Baseline

- 16 a. On average for the *past month*, how many hours *per week* did you work at your second job? *Include weeks where time was taken off for vacation, sickness, etc. If less than 10 hours, round to the nearest hour; if greater than 10 hours, round to the nearest 10 hours; for example: 10, 20, 30, 40, 50 hours.*

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 hours/week

S-jobhrs

1. On average, how many of these hours were spent working at home?

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 hours/week

S-homhrs

- 16 b. What kind of business or industry is this? (For example, manufacturing, retail store, government, farm, school.)

- 16 c. What is your job title? (For example, electrical engineer, stock clerk, typist, farmer.)

- 16 d. What activities do you perform most often as part of your duties at that job? (For example, typing, keeping account books, filing, selling cars, operating printing press, finishing concrete.)

- 16 e. Do you wear protective clothing while at your second job? *Fill in ONE bubble.*

1. Yes *Continue below* S-clothg
 2. No GO TO Question # 16 g (next page)

OFFICE USE ONLY

- QC
 -55.R
 -88.N
 -99.M

- QC
 -55.R
 -88.N
 -99.M

Business Code

--	--

S-busin

Job Code

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S-jobtit

Duty 1 Code

S-duty	1
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Duty 2 Code

S-duty	2
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Duty 3 Code

S-duty	3
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- 55.R
 88.N
 99.M

- 55.R S-cloref
 88.N S-clona
 99.M S-clomis
 Other Code

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S-cloth

- S-gloveso 1. Gloves
 S-overal 2. Overalls
 S-overclo 3. Overcoat (for example: lab coat; smock)
 S-respiro 4. Respirator
 S-otherclo 5. Other (Specify: _____)
 S-cloak 6. Don't know

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
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35307



Appendix A (Continued). Baseline Questionnaire

HHID: [REDACTED] FS: [REDACTED] IRN: [REDACTED]

PAGE 11

Adult Baseline

16 g. While at your second job, do you come into contact at least once a week with? *Read choices and fill in bubbles of ALL THAT APPLY.*

- S-sawdus 1. Saw dust
- S-roadus 2. Road dust
- S-fiberg 3. Fiberglass
- S-silica 4. Silica (sand blasting)
- S-mindus 5. Mine dust
- S-surdus 6. Surface dust in office, classroom, store
- S-othdus 7. Other known type of dust (Specify: _____)
- S-dusdk 8. Unknown type of dust
- S-nodus 9. No contact with dust

OFFICE USE ONLY

- 55.R S-dusref
- 88.N S-dusna
- 99.M S-dusmis

Dust Code

[REDACTED]	[REDACTED]
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S-dusoth

16 h. While at your second job, do you come into contact at least once a week with? *Read choices and fill in bubbles of ALL THAT APPLY.*

- S-weldin 1. Welding fumes
- S-solder 2. Solder or flux fumes
- S-plastic 3. Plastic fumes
- S-paint 4. Paint fumes (include varnish, shellac, etc.)
- S-gasolin 5. Gasoline or diesel fumes
- S-othfum 6. Other known type of fumes, smoke, gas, or vapors (Specify: _____)
- S-fumdk 7. Unknown type of fumes, smoke, gas, or vapors
- S-nofum 8. No contact with fumes, smoke, gas, or vapors

- 55.R S-fumref
- 88.N S-fumna
- 99.M S-fummis

Fume Code

[REDACTED]	[REDACTED]
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S-Fumoth

16 i. Do you come into contact with chemicals used to kill insects, rodents, or weeds at least once a week while at your second job? *Fill in ONE bubble.*

- 1. Yes *Continue below*
- 2. No *GO TO Question # 17 a (next page)*

S-pestic

- 55.R
- 88.N
- 99.M

16 j. If yes, with which types of chemicals do you come into contact while at your second job? *Read choices and fill in bubbles of ALL THAT APPLY.*

- S-raid 1. Raid/Black Flag
- S-insect 2. Insect Repellents
- S-chlorp 3. Chlorpyrifos, Dursban, Lorsban, Trichlorpyrophos, Pyrinex, Dowco 179, Brodan
- S-malatho 4. Malathion, Cythion, Chemathion, Malaspray, Zithiol
- S-diazin 5. Diazinon; D-100; D-500
- S-carbar 6. Carbaryl, Sevin, Tricarnas, UC 7744
- S-othier 7. Other known termiticides (Specify: _____)
- S-othpes 8. Other known pesticides/insecticides (Specify: _____)
- S-atraz 9. Atrazine, Aatrex, Vectal SC, Atratol, Gesaprim, Primatol A
- S-othher 10. Other known herbicides (Specify: _____)
- S-fungic 11. Fungicides
- S-pesdk 12. Unknown type of pesticide, insecticide, herbicide, or fungicide

- 55.R S-pesref
- 88.N S-pesna
- 99.M S-pesmis

P. Code 1

[REDACTED]	[REDACTED]
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S-pesot 1

P. Code 2

[REDACTED]	[REDACTED]
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S-pesot 2

P. Code 3

S-pesot 3

Appendix A (Continued). Baseline Questionnaire

PAGE 12

Adult Baseline

- 17 a. Do you attend classes as a student at any location away from your home? *Fill in ONE bubble. Include elementary and secondary schools, colleges and universities, business school, trade and vocational schools.*

1. Yes *Continue below*
 2. No *GO TO Question # 19 (this page below)*

School

- 17 b. On average for the *past month*, how many hours *per week* did you attend classes as a student? *Include weeks where time was taken off for vacation, sickness, etc. If less than 10 hours, round to the nearest hour; if greater than 10 hours, round to the nearest 10 hours; for example, 10, 20, 30, 40, 50 hours.*

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hours/week *GO TO Question # 19 (this page below)*

Schoolhr

18. *For children LESS THAN 6 YEARS of age, continue with Question # 18 a. Otherwise, GO TO Question # 19.*

- a. *On average, how many hours per week does (he/she) spend away from the home, for example, at daycare, in a preschool, or at a neighbor's house? If less than 10 hours, round to the nearest hour; if greater than 10 hours, round to the nearest 10 hours; for example: 10, 20, 30, 40, 50 hours.*

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hours/week *If ZERO, GO TO Question # 19 (this page below)*

Awaykid

- b. *Where does (he/she) spend this time away from home? Read choices and fill in bubbles of ALL THAT APPLY.*

Another home

1. Another home

Daycare

2. Daycare center, nursery school, or preschool

Other school

3. Other school

Awayoth

4. Other (Specify: _____)

OFFICE USE ONLY

- 55.R
 88.N
 99.M

- QC
 -55.R
 -88.N
 -99.M

- QC
 -55.R
 -88.N
 -99.M

- 55.R Away-ref
 88.N Away-na
 99.M Away-mis

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19. What methods of transportation did you use to go to work, school, or daycare in the *past six months?* *Read choices and fill in bubble of ALL THAT APPLY.*

Car

1. Car, truck, van, or taxi cab

Bus

2. Bus, trolley bus, or trolley car

Train

3. Train, subway or elevated train

Motorcycle

4. Motorcycle

Bicycle

5. Bicycle

Walk

6. Walk

Trans-oth

7. Other method (Specify: _____)

- 55.R Tran-ref
 88.N Tran-na
 99.M Tran-mis

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tranmodo

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Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
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35307



Appendix A (Continued). Baseline Questionnaire



Appendix A (Continued). Baseline Questionnaire

PAGE 14

Adult Baseline

21. *(Continued)* Have you ever had any of the following?

Appendix A (Continued). Baseline Questionnaire

HHID:	FS:	IRN:																																								
PAGE 15																																										
Adult Baseline																																										
OFFICE USE ONLY																																										
<p>21. (Continued) Have you ever had any of the following?</p> <table border="0" style="width: 100%;"> <tr> <td style="width: 25%; text-align: center; vertical-align: top;"> I <div style="border: 1px solid black; padding: 5px; width: 100%; height: 40px;"></div> </td> <td style="width: 25%; text-align: center; vertical-align: top;"> II <div style="border: 1px solid black; padding: 5px; width: 100%; height: 40px;"></div> </td> <td style="width: 25%; text-align: center; vertical-align: top;"> III <div style="border: 1px solid black; padding: 5px; width: 100%; height: 40px;"></div> </td> <td style="width: 25%; text-align: center; vertical-align: top;"> IV <div style="border: 1px solid black; padding: 5px; width: 100%; height: 40px;"></div> </td> </tr> </table> <p> l. A spastic colon? m. FREQUENT constipation? n. Any other intestinal or bowel trouble? o. Cirrhosis of the liver? p. Fatty liver? q. Hepatitis? </p> <table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; text-align: center; vertical-align: top;"> Spas-evr <input type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M </td> <td style="width: 25%; text-align: center; vertical-align: top;"> Spas-doc <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M </td> <td style="width: 25%; text-align: center; vertical-align: top;"> Spas-now <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M </td> <td style="width: 25%; text-align: center; vertical-align: top;"> Spas-age <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> yrs <input type="radio"/> QC <input type="radio"/> -55.R <input type="radio"/> -88.N <input type="radio"/> -99.M </td> </tr> <tr> <td style="text-align: center; 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Hepa-evr </p>															I <div style="border: 1px solid black; padding: 5px; width: 100%; height: 40px;"></div>	II <div style="border: 1px solid black; padding: 5px; width: 100%; height: 40px;"></div>	III <div style="border: 1px solid black; padding: 5px; width: 100%; height: 40px;"></div>	IV <div style="border: 1px solid black; padding: 5px; width: 100%; height: 40px;"></div>	Spas-evr <input type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Spas-doc <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Spas-now <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Spas-age <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> yrs <input type="radio"/> QC <input type="radio"/> -55.R <input type="radio"/> -88.N <input type="radio"/> -99.M	Cons-evr <input type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Cons-doc <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Cons-now <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Cons-age <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> yrs <input type="radio"/> QC <input type="radio"/> -55.R <input type="radio"/> -88.N <input type="radio"/> -99.M	Bowl-evr <input type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Bowl-doc <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Bowl-now <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Bowl-age <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> yrs <input type="radio"/> QC <input type="radio"/> -55.R <input type="radio"/> -88.N <input type="radio"/> -99.M	Cirr-evr <input type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Cirr-doc <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Cirr-now <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Cirr-age <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> yrs <input type="radio"/> QC <input type="radio"/> -55.R <input type="radio"/> -88.N <input type="radio"/> -99.M	Fatl-evr <input type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Fatl-doc <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Fatl-now <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Fatl-age <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> yrs <input type="radio"/> QC <input type="radio"/> -55.R <input type="radio"/> -88.N <input type="radio"/> -99.M	Hepa-evr <input type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Hepa-doc <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Hepa-now <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Hepa-age <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> yrs <input type="radio"/> QC <input type="radio"/> -55.R <input type="radio"/> -88.N <input type="radio"/> -99.M
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Hepa-evr <input type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Hepa-doc <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Hepa-now <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Hepa-age <div style="border: 1px solid black; width: 50px; height: 20px; margin: 5px auto;"></div> yrs <input type="radio"/> QC <input type="radio"/> -55.R <input type="radio"/> -88.N <input type="radio"/> -99.M																																							
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Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
	<input type="radio"/>																			



Appendix A (Continued). Baseline Questionnaire

PAGE 16

Adult Baseline

21. (Continued) Have you ever had any of the following?

	I	II	III	IV	OFFICE USE ONLY
r. Yellow jaundice?	Have you ever had this? <input type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Were you told you had this by a doctor or nurse? <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Do you have it now? <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	How old were you when the doctor or nurse first told you? <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	_____ yrs <input type="checkbox"/> QC <input type="checkbox"/> -55.R <input type="checkbox"/> -88.N <input type="checkbox"/> -99.M
s. Any other liver trouble?	Livt-evr <input type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Livt-doc <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Livt-now <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Livt-age <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	_____ yrs <input type="checkbox"/> QC <input type="checkbox"/> -55.R <input type="checkbox"/> -88.N <input type="checkbox"/> -99.M Livt-dis <small>Dis. 3 Code</small> <input type="checkbox"/> _____
<i>If YES, please specify:</i> _____					
t. Nephritis?	Neph-evr <input type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Neph-doc <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Neph-now <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Neph-age <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	_____ yrs <input type="checkbox"/> QC <input type="checkbox"/> -55.R <input type="checkbox"/> -88.N <input type="checkbox"/> -99.M
u. Kidney stones?	Kidn-evr <input type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Kidn-doc <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Kidn-now <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Kidn-age <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	_____ yrs <input type="checkbox"/> QC <input type="checkbox"/> -55.R <input type="checkbox"/> -88.N <input type="checkbox"/> -99.M
v. Any other kidney trouble?	Kidt-evr <input type="radio"/> Yes → <input type="radio"/> No <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Kidt-doc <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Kidt-now <input type="radio"/> Yes } → <input type="radio"/> No } <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Kidt-age <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	_____ yrs <input type="checkbox"/> QC <input type="checkbox"/> -55.R <input type="checkbox"/> -88.N <input type="checkbox"/> -99.M Kidt-dis <small>Dis. 4 Code</small> <input type="checkbox"/> _____
<i>If YES, please specify:</i> _____					
w. Any disease requiring chemotherapy? <small>(Note: Chemotherapy with radiation treatments only.)</small>	<input type="radio"/> Yes → How long ago did you last have chemotherapy? <input type="radio"/> No <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Chemoago <input type="radio"/> day(s) ago <input type="radio"/> week(s) ago <input type="radio"/> month(s) ago <input type="radio"/> year(s) ago	Chemo unit <input type="radio"/> 55.R <input type="radio"/> 88.N <input type="radio"/> 99.M	<input type="checkbox"/> QC <input type="checkbox"/> -55.R <input type="checkbox"/> -88.N <input type="checkbox"/> -99.M Dis. 5 Code <input type="checkbox"/> _____	
<i>If YES, please specify disease:</i> _____					Chemo dis <input type="checkbox"/> _____
<i>If you are completing this yourself, then STOP HERE. Thank You!</i>					

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
	<input type="radio"/>																			

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Appendix A (Continued). Baseline Questionnaire

HHID: FS: IRN:

BASIC HOUSING CHARACTERISTICS

PAGE 17

Adult Baseline

OFFICE USE ONLY

Pages 17 - 27 are for OFFICE USE ONLY.

These next questions are about your (house/apartment). Please feel free to ask another member of your household for assistance if necessary.

22. Is this property actively used as a farm or ranch? *Fill in ONE bubble.*

- 1. Yes
- 2. No

Farm

- 55.R
- 88.N
- 99.M

23. About when was this building first built? *Read choices and fill in ONE bubble.*

- 1. 1990 to present
- 2. 1985 to 1989
- 3. 1980 to 1984
- 4. 1970 to 1979
- 5. 1960 to 1969
- 6. 1950 to 1959
- 7. 1940 to 1949
- 8. 1939 or earlier
- 9. Don't know

Buildage

- 55.R
- 88.N
- 99.M

24. When did you move into this (house/apartment)? *Read choices and fill in ONE bubble.*

- 1. 1990 to present
- 2. 1985 to 1989
- 3. 1980 to 1984
- 4. 1970 to 1979
- 5. 1960 to 1969
- 6. 1950 to 1959
- 7. 1940 to 1949
- 8. 1939 or earlier
- 9. Don't know

(You = respondent, not family.)

Move-in

- 55.R
- 88.N
- 99.M

25. In the last six months, have any of the following been performed in this home? *Fill in ONE bubble.*

- | YES | NO | |
|---------------------------|--------------------------|----------|
| <input type="radio"/> Yes | <input type="radio"/> No | Add-room |
| <input type="radio"/> Yes | <input type="radio"/> No | Wall-chg |
| <input type="radio"/> Yes | <input type="radio"/> No | Windorep |
| <input type="radio"/> Yes | <input type="radio"/> No | Floorref |
| <input type="radio"/> Yes | <input type="radio"/> No | Paintext |
| <input type="radio"/> Yes | <input type="radio"/> No | Paintint |

- | R | N | M |
|--------------------------|--------------------------|--------------------------|
| <input type="radio"/> 55 | <input type="radio"/> 88 | <input type="radio"/> 99 |
| <input type="radio"/> 55 | <input type="radio"/> 88 | <input type="radio"/> 99 |
| <input type="radio"/> 55 | <input type="radio"/> 88 | <input type="radio"/> 99 |
| <input type="radio"/> 55 | <input type="radio"/> 88 | <input type="radio"/> 99 |
| <input type="radio"/> 55 | <input type="radio"/> 88 | <input type="radio"/> 99 |
| <input type="radio"/> 55 | <input type="radio"/> 88 | <input type="radio"/> 99 |
| <input type="radio"/> 55 | <input type="radio"/> 88 | <input type="radio"/> 99 |

26 a. Does this (house/apartment) have running water? *Fill in ONE bubble.*

- 1. Yes *Water run*
- 2. No

Continue
GO TO Q # 26 c (next page)

- 55.R
- 88.N
- 99.M

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
	<input type="radio"/>																			

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Appendix A (Continued). Baseline Questionnaire

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Adult Baseline

- 26 b. What is the source of the running water in your house/apartment? *Read choices and fill in bubbles of ALL THAT APPLY.*

- PubWater 1. Public or commercial water system (Name: _____)
 Priv well 2. Private well
 Cistern 3. Cistern
 Wat-oth 4. Some other source (Specify: Wat source)
 Wat-dk 5. Don't know

OFFICE USE ONLY
Wat-SYS
Wat- Run. W. Code

- 55.R Wat-
Run. W. Code
 88.N Wat-
Run. W. Code
 99.M Wat-
Run. W. Code

- 26 c. Which water source is used *most often (more than half the time)* for cooking?
Read choices and fill in ONE bubble.

1. Tap water
 2. Bottled water
 3. Some other source (Specify: _____)
 4. Don't know

Cook W. Code
COOK-SRC

- 55.R Cook W. Code
 88.N Cook W. Code
 99.M Cook W. Code

- 26 d. Which water source is used *most often (more than half the time)* for drinking?
Read choices and fill in ONE bubble.

1. Tap water
 2. Bottled water
 3. Some other source (Specify: Watdrink)
 4. Don't know

Drink W. Code
DRINKSRC

- 55.R Drink W. Code
 88.N Drink W. Code
 99.M Drink W. Code

- 26 e. Do you use any of the following to treat your water at home? *Fill bubble for YES or NO for each treatment type.*

	YES	NO	<u>DON'T</u> <u>KNOW</u>
i. Water softener	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> DK
ii. Charcoal filter	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> DK
iii. Reverse osmosis	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> DK
iv. Distillation	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> DK
v. Other (Specify: <u>W Treat - O</u>)	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> DK

Treat W. Code
TREAT-SRC

- 55.R Treat W. Code
 88.N Treat W. Code
 99.M Treat W. Code

- 27 a. Is there an enclosed garage attached to this (house/apartment)? *Fill in ONE bubble.*

1. Yes Enclgara Continue
 2. No GO TO Q # 28 (next page)

Gar. Code
ENC GAR

- 55.R Gar. Code
 88.N Gar. Code
 99.M Gar. Code

- 27 b. Where is the attached garage? *Read choices and fill in ONE bubble.*

1. Underneath the main living quarters
 2. Same level as the main living quarters
 3. Somewhere else (Specify: Atgar loc)

Gar. Code
ATGAR LOC

- 55.R Gar. Code
 88.N Gar. Code
 99.M Gar. Code

- 27 c. Is there a doorway leading directly from the garage into the living quarters? *Fill in ONE bubble.*

1. Yes Gar- door
 2. No

Gar. Code
ATGAR DOOR

- 55.R Gar. Code
 88.N Gar. Code
 99.M Gar. Code

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
	<input type="radio"/>																			

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Appendix A (Continued). Baseline Questionnaire

HHID FS IRN:

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Adult Baseline

- 27 d. Are automobiles, vans, trucks, or other motor vehicles parked in this attached garage?
Fill in ONE bubble.

1. Yes
 2. No

Park - usu

OFFICE USE ONLY

- 55.R
 88.N
 99.M

28. Are any **gas** powered devices stored in any room, basement, or attached garage in this (house/apartment)? *Fill in ONE bubble. Do NOT include cars, vans, or trucks. DO include motorcycles, gas-powered lawn mowers, trimmers or blowers, boat engines, etc.*

1. Yes
 2. No
 3. Don't know

(Gas = gasoline.)

Gas - power

- 55.R
 88.N
 99.M

- 29 a. Is air conditioning (refrigeration) used to cool this (house/apartment)? *Fill in ONE bubble.*

1. Yes
 2. No

AC

Continue
GO TO Q # 30 a (this p. below)

- 55.R
 88.N
 99.M

- 29 b. Which types of air conditioning units do you use? *Read choices and fill in bubbles of ALL THAT APPLY.*

Centr-ac 1. Central unit/unit Ac-typ
 Windo-ac 2. Window or wall unit/unit
 Porta-ac 3. Portable unit/unit

- 55.R Ac-ref
 88.N Ac-na
 99.M Ac-mis

- 29 c. During which month do you *usually* (or would you) start using air conditioning to cool this (house/apartment)? During which month do you *usually* (or would you) stop using air conditioning? *Fill in ONE bubble for the START MONTH and ONE bubble for the STOP MONTH.*

Ac-start

Start Month: Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

- 55.R 88.N 99.M

Stop Month: Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

- 55.R 88.N 99.M

Ac-stop

Questions # 30 a - 30 f should be asked in Arizona only. Others go to Q # 31.

- 30 a. Is an evaporative (swamp) cooler used to cool this (house/apartment)? *Fill in ONE bubble.*

1. Yes
 2. No

Swamp

Continue
GO TO Q # 31 (next page)

- 55.R
 88.N
 99.M

- 30 b. Which types of evaporative (swamp) coolers are used? *Read choices and fill in bubbles of ALL THAT APPLY.*

Centr-sw 1. Central unit/unit
 Windo-sw 2. Window or wall unit/unit
 Porta-sw 3. Portable unit/unit

- 55.R Sw-ref
 88.N Sw-na
 99.M Sw-mis

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
	<input type="radio"/>																			

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Appendix A (Continued). Baseline Questionnaire

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Adult Baseline																																																																
OFFICE USE ONLY																																																																
30 c. How often are the pads changed on the coolers? Are they ...	<input type="checkbox"/> Pad per yr time(s)/year		<input type="checkbox"/> Pad - sum time(s)/summer		<input type="checkbox"/> Pad - yrs year(s)		<input type="checkbox"/> QC <input type="checkbox"/> 55.R <input type="checkbox"/> - 5.R <input type="checkbox"/> 88.N <input type="checkbox"/> - 8.N <input type="checkbox"/> 99.M <input type="checkbox"/> - 9.M																																																									
Aspenpad	<input type="checkbox"/> 1. Aspen pads						<input type="checkbox"/> 55.R Pad-ref <input type="checkbox"/> 88.N Pad-ref <input type="checkbox"/> 99.M Pad-mis Pad-oth																																																									
Paperpad	<input type="checkbox"/> 2. Paper pads																																																															
Synthpad	<input type="checkbox"/> 3. Synthetic pads																																																															
Other pad	<input type="checkbox"/> 4. Other (Specify: _____)																																																															
30 e. How often is the water drained and the cooler cleaned?	<input type="checkbox"/> Watdrain time(s)/year		<input type="checkbox"/> Wattrat time(s)/year		<input type="checkbox"/> QC <input type="checkbox"/> - 5.R <input type="checkbox"/> - 8.N <input type="checkbox"/> - 9.M																																																											
30 f. How often is water treatment added to the water?	<input type="checkbox"/> Watdrain time(s)/year				<input type="checkbox"/> QC <input type="checkbox"/> - 5.R <input type="checkbox"/> - 8.N <input type="checkbox"/> - 9.M																																																											
31. Which fuels are used for heating this (house/apartment)? Read choices and fill in bubbles of ALL THAT APPLY.	<input type="checkbox"/> Gaspipes 1. Gas: from underground pipes serving the neighborhood <input type="checkbox"/> Gastank 2. Gas: bottled, tank, or LP <input type="checkbox"/> Electric 3. Electricity <input type="checkbox"/> Fuel-Oil 4. Fuel oil, kerosene, etc. <input type="checkbox"/> Coal 5. Coal or coke <input type="checkbox"/> Wood 6. Wood <input type="checkbox"/> Solar 7. Solar energy <input type="checkbox"/> oth-fuel 8. Other fuel (Specify: _____) <input type="checkbox"/> No-fuel 9. No fuel used <input type="checkbox"/> Fuel-dk 10. Don't know																																																															
32. Does this (house/apartment) have a central heating system with ducts that blow air into most rooms? Fill in ONE bubble.	<input type="checkbox"/> 1. Yes <input type="checkbox"/> 2. No		<input type="checkbox"/> Centheat																																																													
33. During which month do you <i>usually</i> (or would you) start using heating devices? During which month do you <i>usually</i> (or would you) stop using heating devices? Fill in ONE bubble for the START MONTH and ONE bubble for the STOP MONTH.	<input type="checkbox"/> Heatstrt <table border="1"> <tr> <td>Start Month:</td> <td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sept</td><td>Oct</td><td>Nov</td><td>Dec</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table> <input type="checkbox"/> Heatstop <table border="1"> <tr> <td>Stop Month:</td> <td>Jan</td><td>Feb</td><td>Mar</td><td>Apr</td><td>May</td><td>Jun</td><td>Jul</td><td>Aug</td><td>Sept</td><td>Oct</td><td>Nov</td><td>Dec</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td><td><input type="checkbox"/></td> </tr> </table>												Start Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec		<input type="checkbox"/>	Stop Month:	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec		<input type="checkbox"/>																						
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Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
	<input type="checkbox"/>																			

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Appendix A (Continued). Baseline Questionnaire

HHID FS. IRN:

PAGE 21

Adult Baseline

- 34 a. During the months identified in the last question, do you use portable kerosene heaters in this (house/apartment)? *Fill in ONE bubble.*

- 1. Yes
- 2. No

Keroport

Continue below

GO TO Q # 35 a (this p. below)

OFFICE USE ONLY

- 55.R
- 88.N
- 99.M

- QC - 5.R
- 8.N
- 9.M

- 34 b. How many kerosene heaters did you use *last year?* kerosene heater(s)

Kero-num

- 34 c. How often do you use your kerosene heater *during the heating season?* *Read choices and fill in ONE bubble.*

- 1. Less than one day a month
- 2. One to three days per month
- 3. One or two days a week
- 4. 3 - 5 days a week
- 5. More than 5 days a week

Kerofreq

- 35 a. *During the heating season*, is a portable or nonvented gas heater used in this (house/apartment)? *Fill in ONE bubble.*

- 1. Yes
- 2. No

Gas-port

Continue below

GO TO Q # 36 a (this p. below)

Gas-num

- 55.R
- 88.N
- 99.M

- QC - 5.R
- 8.N
- 9.M

- 35 b. How many gas heaters? gas heater(s)

Gas-num

- 35 c. How often is a portable or nonvented gas heater used? *Read choices and fill in ONE bubble.*

- 1. Less than one day a month
- 2. One to three days per month
- 3. One or two days a week
- 4. 3 - 5 days a week
- 5. More than 5 days a week

Gas-freq

- 36 a. During the heating season, is a wood-burning or coal-burning stove used in this (house/apartment)? *Fill in ONE bubble.*

- 1. Yes
- 2. No

Wood-stov

Continue below

GO TO Q # 37 a (next page)

Wood-num

- 55.R
- 88.N
- 99.M

- QC - 5.R
- 8.N
- 9.M

- 36 b. How many wood or coal-burning stoves? stove(s)

Wood-num

Data Use
Only:

0 1 2 3 4 5 6 7 8 9 A B C D E F G H I J

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Appendix A (Continued). Baseline Questionnaire

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Adult Baseline

- 36 c. How often is a wood-burning or coal-burning stove used *during the heating season?* *Read choices and fill in ONE bubble.*

- 1. Less than one day a month
- 2. One to three days per month
- 3. One or two days a week
- 4. 3 - 5 days a week
- 5. More than 5 days a week

Wood Freq

OFFICE USE ONLY

- 55.R
- 88.N
- 99.M

- 36 d. What is burned in the stove? *Read choices and fill in ONE bubble.*

- 1. Wood
- 2. Coal
- 3. Other (Specify: Woodburn)

- 55.R
- 88.N
- 99.M

Wburnoth

- 37 a. *During the heating season*, is a fireplace used in this (house/apartment)? *Fill in ONE bubble.*

- 1. Yes
- 2. No

Fireplac

Continue below
GO TO Q #38 a (this p. below)

Fire - num

- 55.R
- 88.N
- 99.M

- QC
- 5.R
- 8.N
- 9.M

- 37 b. How many fireplaces? fireplace(s)

- 55.R
- 88.N
- 99.M

- 37 c. How often is a fireplace used *during the heating season?* *Read choices and fill in ONE bubble.*

- 1. Less than one day a month
- 2. One to three days per month
- 3. One or two days a week
- 4. 3 - 5 days a week
- 5. More than 5 days a week

Fire Freq

- 55.R
- 88.N
- 99.M

Fireburo

- 37 d. What is burned in the fireplace? *Read choices and fill in bubbles of ALL THAT APPLY.*

Burnwood 1. Wood

Burnart 2. Artificial logs

Burngas 3. Gas fire

Burngas 4. Other (Specify: _____)

- 55.R
- 88.N
- 99.M

- 38 a. In the *past 6 months*, were any chemicals for the control of termites, insects, rodents, or other pests used inside this (house/apartment)? *Fill in ONE bubble.*

- 1. Yes
- 2. No
- 3. Don't know

Pests - in

Continue to Q #38 b (next p.)

GO TO Q #39 a (page 24)

GO TO Q #39 a (page 24)

Data Use Only:	0 <input type="radio"/>	1 <input type="radio"/>	2 <input type="radio"/>	3 <input type="radio"/>	4 <input type="radio"/>	5 <input type="radio"/>	6 <input type="radio"/>	7 <input type="radio"/>	8 <input type="radio"/>	9 <input type="radio"/>	A <input type="radio"/>	B <input type="radio"/>	C <input type="radio"/>	D <input type="radio"/>	E <input type="radio"/>	F <input type="radio"/>	G <input type="radio"/>	H <input type="radio"/>	I <input type="radio"/>	J <input type="radio"/>
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Appendix A (Continued). Baseline Questionnaire

HHID FS IRN:

PAGE 23

Adult Baseline

- 38 b. In the *past 6 months*, what rooms in your home were treated with products for the control of termites, insects, rodents, or other pests? *Read choices and fill in bubbles of ALL THAT APPLY.*

Pest-liv 1. Living room
 Pest-fam 2. Family room
 Pest-din 3. Dining room
 Pest-kit 4. Kitchen
 Pest-bat 5. Bathroom(s)
 Pest-bed 6. Bedroom(s)
 Pest-orm 7. Other rooms
 Pest-dk 8. Don't know

- 38 c. What areas within the room(s) were treated? *Read choices and fill in bubbles of ALL THAT APPLY.*

Pestflor 1. Floors
 Pestbase 2. Baseboards
 Pestwal 3. Lower half of the walls
 Pestuwal 4. Upper half of the walls
 Pestceil 5. Ceilings
 Pestcupd 6. Cupboards with dishes, pots, and pans
 Pestcuff 7. Cupboards with food
 Pestcab 8. Cabinets used for storage
 Pest clos 9. Closets
 Pest_oth 10. Other (Specify: _____)
 Pest-dk 11. Don't know

Pestsurf

- 38 d. In the *past 6 months*, how many times ... *Enter number.*

- 1) did you personally apply these products inside this (house/apartment)? _____
- 2) did a professional exterminator apply these products inside this (house/apartment)? _____
- 3) did someone else apply these products inside this (house/apartment)? _____

Persapli

--	--

times

Profapli

--	--

times

Othrapli

--	--

times

- 38 e. In what month were they last used inside this (house/apartment)? *Fill in ONE bubble for month or "DK" for DON'T KNOW.*

Pestmoni

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	DK
<input type="radio"/>												

OFFICE USE ONLY

55.R Pestref
 88.N Pestrna
 99.M Pestrmis

55.R Pestsref
 88.N Pestsna
 99.M Pestmis

Surf. 1 Code Surf. 2 Code

--	--

Pestset 1 Pestset 2

QC -5.R
 -8.N
 -9.M

QC -5.R
 -8.N
 -9.M

QC -5.R
 -8.N
 -9.M

55.R 88.N 99.M

Pest 1 Code

Pest - [in 1]

Pest 2 Code

Pest - [in 2]

Pest 3 Code

Pest - [in 3]

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
	<input type="radio"/>																			

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Appendix A (Continued). Baseline Questionnaire

PAGE 24

Adult Baseline

- 38 g. The last time this product was used inside this (house/apartment), how was it prepared for application? *Read choices and fill in ONE bubble.*

- 1. Mixed or diluted *Continue below*
- 2. Applied directly as purchased (no mixing) *GO TO Q # 39 a (this p. below)*
- 3. Don't know *GO TO Q # 39 a (this p. below)*

Pestipre

- 38 h. The last time this product was used inside this (house/apartment), who mixed the product? *Read choices and fill in ONE bubble.*

- 1. Respondent
- 2. Professional exterminator
- 3. Other
- 4. Don't know

Pestimix

- 38 i. Where was it mixed? *Enter location or "DK" for DON'T KNOW.*

- 39 a. In the *past 6 months*, were any chemicals for the control of termites, insects, rodents, or other pests used outside this (house/apartment)? *Fill in ONE bubble.*

- 1. Yes *Pest-out Continue below*
- 2. No *GO TO Q # 40 a (next page)*
- 3. Don't know *GO TO Q # 40 a (next page)*

- 39 b. In the *past 6 months*, how many times ... *Enter number.*

- 1) did you personally apply these products outside this (house/apartment)? *Persaplo*
 time(s)
- 2) did a professional exterminator apply these products outside this (house/apartment)? *Profaplo*
 time(s)
- 3) did someone else apply these products outside this (house/apartment)? *Othraplo*
 time(s)

- 39 c. In what month were they last used outside this (house/apartment)? *Fill in ONE bubble for month or "DK" for DON'T KNOW.* *Pestmono*

Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sept	Oct	Nov	Dec	DK
<input type="radio"/>												

- 39 d. What is (are) the name(s) of the product(s) last used outside this (house/apartment)? *If respondent does not know, ask to see the container(s). Enter name(s) or "DK" for DON'T KNOW.*

Pest-out 1
Pest-out 2
Pest-out 3

OFFICE USE ONLY

- 55.R
- 88.N
- 99.M

- 55.R
- 88.N
- 99.M

Mix Code

- 55.R
- 88.N
- 99.M

- QC - 5.R
- 8.N
- 9.M

- QC - 5.R
- 8.N
- 9.M

- QC - 5.R
- 8.N
- 9.M

- 55.R
- 88.N
- 99.M

Pest. 1 Code

Pest. 2 Code

Pest. 3 Code

Pest. 4 Code

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
	<input type="radio"/>																			

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Appendix A (Continued). Baseline Questionnaire

HHID: FS IRN

PAGE 25

Adult Baseline

- 39 e. The last time this product was used outside this (house/apartment), how was it prepared for application? *Read choices and fill in ONE bubble.*

- 1. Mixed or diluted Pestopre Continue below
- 2. Applied directly as purchased (no mixing) GO TO Q # 40 a (this p. below)
- 3. Don't know GO TO Q # 40 a (this p. below)

OFFICE USE ONLY

- 55.R
- 88.N
- 99.M

- 39 f. The last time this product was used outside this (house/apartment), who mixed the product? *Read choices and fill in ONE bubble.*

- 1. Respondent
- 2. Professional exterminator
- 3. Other
- 4. Don't know Pestomix

- 55.R
- 88.N
- 99.M

- 39 g. Where was it mixed? *Enter location or "DK" for DON'T KNOW.*

Mix Code

Pestomix

- 40 a. In the past 6 months, have you had any regular lawn or yard treatments? *Fill in ONE bubble.*

- 1. Yes lawnret Continue below
- 2. No
- 3. Don't know GO TO Q # 41 (next page)

- 55.R
- 88.N
- 99.M

- 40 b. Who usually applies these treatments? *Read choices and fill in ONE bubble.*

- 1. Respondent lawnwho
- 2. Professional
- 3. Someone else

- 55.R
- 88.N
- 99.M

- 40 c. Were the treatments applied wet or dry?

- 1. Wet
- 2. Dry lawn-w-d
- 3. Don't know

- 55.R
- 88.N
- 99.M

- 40 d. In the past 6 months, how many of these lawn treatments contained weed control? *Enter number.*

lawnweed treatment(s) with weed control

- QC - 5.R
- 8.N
- 9.M

- 40 e. In the past 6 months, how many of these lawn treatments contained insect control? *Enter number.*

lawnpest treatment(s) with insect control

- QC - 5.R
- 8.N
- 9.M

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
	<input type="radio"/>																			

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Appendix A (Continued). Baseline Questionnaire

HHID FS. IRN

FAMILY INCOME

PAGE 27

Adult Baseline

OFFICE USE ONLY

44. Family income is often used in scientific studies to compare groups of people who are similar. We do some analysis of the data using these groups. Please remember that all the data you provide are held in strict confidence.

Approximately what is the gross annual income for all family members in this household? *Hand card, pencil, and envelope to respondent.* Please circle the number on this card and put the card in the envelope. Seal the envelope and return it to me. *If respondent provides answer directly, fill in ONE bubble below. If respondent seals response in envelope, fill bubble for CHOICE 11. If respondent does both, fill the bubble of the appropriate income category and fill bubble for CHOICE 11.*

- 1. Less than \$ 9,999
- 2. \$ 10,000 - \$ 19,999
- 3. \$ 20,000 - \$ 29,999
- 4. \$ 30,000 - \$ 39,999
- 5. \$ 40,000 - \$ 49,999
- 6. \$ 50,000 - \$ 74,000
- 7. \$ 75,000 - \$ 99,999
- 8. \$ 100,000 or more
- 9. Don't know
- 10. Refuse
- 11. Answer in envelope

Income

- 88.N
- 99.M

- 55.R
- 88.N
- 99.M

END

Comments:

Pagelink QC:
Init: _____

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
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