

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-9.0

Title: Coding: Time Diary and Activity Questionnaire

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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Environmental Protection Agency ^{ESG 7.10.97}
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~~NHEXAS Arizona Project~~

Title: CODING: TIME DIARY AND ACTIVITY QUESTIONNAIRE

Document No. UA-D-9.0

APPROVALS

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Revision No.

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Coding: Time Diary and Activity Questionnaire

1.0 Purpose and Applicability

This procedure defines the coding strategy for the Time Diary and Activity 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 **H**ealth **R**elated **P**rofessions 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 **N**ational **H**uman **EX**posure **A**ssessment **S**urvey, 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 Time Diary and Activity Questionnaire is a scannable form. The questionnaire will be completed by the subject in the field, QA checked by the interviewer/technician and office staff and then scanned into the database.

The OMB approved questions were formatted into a scannable 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 Time Diary and Activity Questionnaire scanable form is presented in the attached Appendix A. The Appendix contains the entire form. A description of all fields and variables may be found in UA-D-20.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. As of this printing no coding lists are needed for the Time Diary Activity Questionnaire.

5.0 Responsibilities

The Project Data Coordinator is responsible for creating the forms, defining the databases and writing the coding instructions for the Time Diary and Activity 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 At this time there are no Coding Lists needed for this questionnaire.
- 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 Time Diary and Activity Questionnaire

7.1 Criteria for Using Field-Dependent Global Codes

7.1.1 When to Code Data Field as Refused (Code = 055)

- (a) Subject has crossed out question or field technician has indicated that subject

refused the question.

- (b) Other source(s) indicate(s) that the question, physical form, or questionnaire was refused.

7.1.2 When to Code Data Field as Non-Applicable (Code = 088)

- (a) Field technician has written "N/A" on the question, physical form, or questionnaire.
- (b) Sample cannot be taken due to the subject's particular situation. For example, no street name exists for a residence.

7.1.3 When to Code Data Field as Missing (Code = 099)

- (a) The sampler, questionnaire, or datum should have been taken, administered, or gathered according to the standard operating procedure, but was not.
- (b) The sampler or questionnaire was lost prior to data entry.
- (c) The sampling technique or question was determined to be irrevocably flawed.

7.2 Alpha-Numeric Fields

In all cases, the entire field on data entry screen is filled with X 's for refused, Y 's for non-applicable, or Z 's for missing.

7.3 Quality Control

The Project Data Coordinator ensures global coding consistency throughout all project working databases through the quality assurance checks outlined in SOP# UA-D-26.x.

7.4 Corrective Actions

Any discovered inconsistencies in global coding will be addressed and resolved by the Project Data Coordinator.

- 7.5 For coding lists that are computerized.
At this time no coding lists are needed.

8.0 Records

Inclusions:

Appendix A. Time Diary and Activity Questionnaire

Appendix A. Time Diary and Activity Questionnaire

HHID	HHIP	F.S.	IRN #
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
HHIDFS		IRN	

ADULT TIME DIARY and ACTIVITY QUESTIONNAIRE

National Human Exposure Assessment Survey

FIRST Name (ONLY): Fname	Date of Completion: Evntdate
<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
	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? 2 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
For example: How old is the puppy? 1 4 ¹⁵ 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 50 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
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Appendix A (Continued). Time Diary and Activity Questionnaire

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

PAGE 2
Adult Time
Diary

DESIGNATED PARTICIPANT

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?

FIRST Name (ONLY):

Gfname

IRN #:

G-IRN

What is the relationship of this individual to the person for whom the responses are provided?
Fill in ONE bubble.

- ☐ 1. Self
- ☐ 2. Guardian G-relat
- ☐ 3. Other (Specify: _____)

OFFICE USE ONLY

- ☐ QC
- ☐ X's.R
- ☐ Y's.N
- ☐ Z's.M

- ☐ QC
- ☐ - 5.R
- ☐ - 8.N
- ☐ - 9.M

- ☐ 55.R
- ☐ 88.N
- ☐ 99.M

G-relato

Comments:

Chain of Custody initiated _____ Consigned to packet on []: ____/____/____ Box UA-G-4-2.0

Itemnum Study OFFICE USE ONLY

Form Type:

04

INHEXAS Form ID:
UA-T-1.0-6.0

Study:

- ☐ 1. NHEXAS
- ☐ 2. Border
- ☐ 3. _____
- ☐ 4. _____
- ☐ 5. _____

Stage

Stage #:

Collapsed?

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Admin. Method:

- ☐ 1. Tech
- ☐ 2. Self
- ☐ 3. Guardian
- ☐ 4. Other

Admin. by:

Tech. ID

Tech-ID

Form Status:

- ☐ 1. Cmp
- ☐ 2. N Cmp
- ☐ 3. P Cmp
- ☐ 4. Re-ool
- ☐ 5. Ref
- ☐ 7. Dest
- ☐ 8. N/A
- ☐ 9. Miss

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Appendix A (Continued). Time Diary and Activity Questionnaire

HEED:	FS:	IRN:

PAGE 3
Adult Time
Diary

TIME DIARY INSTRUCTIONS

At the end of each day, please take a few minutes to record the time you spent in each of the seven listed locations. There is one "time diary box" and set of questions for each day of the study. The numbers in the box stand for hours of the day. For example, 5 in the morning is 5:00 a.m. to 5:59 a.m.

For each hour of the day, shade a bubble for **EACH LOCATION** where you spent any time during the hour. **Make sure there is at least one bubble shaded for each hour of the day.**

The terms used in the time diary are defined as follows:

Home: The house or apartment where you live; the location where we are collecting samples.

Work: A place away from home where you work.

School: A place away from home where you attend school.

Transit: Any travel from one location to another, including all travel between such places as home, school, shopping centers, as well as all other travel on roads, paths, or trails.

Other: All other places you spend time besides home, work, school, and in transit between locations.

Appendix A (Continued). Time Diary and Activity Questionnaire

Act - date **DAY 1** Act - day

PAGE 4
Adult Time
Diary

Today's Date:		Day of Week:							OFFICE USE ONLY		
<input type="text"/> / <input type="text"/> / <input type="text"/>		Sun	Mon	Tues	Wed	Thur	Fri	Sat	R	N	M
Location	Morning	Afternoon		Evening		Early Morning (Night Time)					
IN TRANSIT	Tran Morn 5 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○	Tran After 12 1 2 3 4 5 ○ ○ ○ ○ ○ ○ ○		Tran Eve 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○		Tran Earl 12 1 2 3 4 ○ ○ ○ ○ ○ ○ ○		Time ref: R N M Time-act: R N M Time-mis: R N M			
INSIDE AT Home	Inh - Morn 5 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○	Inh - After 12 1 2 3 4 5 ○ ○ ○ ○ ○ ○ ○		Inh - Eve 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○		Inh - Earl 12 1 2 3 4 ○ ○ ○ ○ ○ ○ ○					
INSIDE AT Work or School	Inw - Morn 5 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○	Inw - After 12 1 2 3 4 5 ○ ○ ○ ○ ○ ○ ○		Inw - Eve 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○		Inw - Earl 12 1 2 3 4 ○ ○ ○ ○ ○ ○ ○					
INSIDE AT Other	Ino - Morn 5 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○	Ino - After 12 1 2 3 4 5 ○ ○ ○ ○ ○ ○ ○		Ino - Eve 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○		Ino - Earl 12 1 2 3 4 ○ ○ ○ ○ ○ ○ ○					
OUTSIDE AT Home	Outh - Morn 5 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○	Outh After 12 1 2 3 4 5 ○ ○ ○ ○ ○ ○ ○		Outh Eve 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○		Outh Earl 12 1 2 3 4 ○ ○ ○ ○ ○ ○ ○					
OUTSIDE AT Work or School	Outw - Morn 5 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○	Outw After 12 1 2 3 4 5 ○ ○ ○ ○ ○ ○ ○		Outw Eve 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○		Outw Earl 12 1 2 3 4 ○ ○ ○ ○ ○ ○ ○					
OUTSIDE AT Other	Outo - Morn 5 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○	Outo After 12 1 2 3 4 5 ○ ○ ○ ○ ○ ○ ○		Outo Eve 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○		Outo Earl 12 1 2 3 4 ○ ○ ○ ○ ○ ○ ○					

1. Questions 1 a - 1 m: For each question, please shade ONE bubble for YES or NO.

	YES	NO	R	N	M
a. Did you <u>pump gas</u> today? <i>Pump gas</i>	○ Yes	○ No	○	○	○
b. Did you <u>spill gasoline on your skin</u> today? <i>Spill gas</i>	○ Yes	○ No	○	○	○
c. Did you <u>spend at least 15 minutes in an enclosed garage with a parked car</u> today? <i>Encl-gar</i>	○ Yes	○ No	○	○	○
d. Did you have <u>soil or dirt from your yard in contact with the skin</u> today? <i>Soil dirt</i>	○ Yes	○ No	○	○	○
e. Did you have <u>grass or leaves from your yard in contact with the skin</u> today? <i>Grass leav</i>	○ Yes	○ No	○	○	○
f. Did you <u>clean a fireplace or wood stove</u> today? <i>Clen fire</i>	○ Yes	○ No	○	○	○
g. Did you <u>start or tend a fire in a fireplace or wood stove</u> today? <i>Start fire</i>	○ Yes	○ No	○	○	○
h. Did you use an <u>outdoor grill</u> or <u>burn wood, leaves, or trash</u> today? <i>Out grill</i>	○ Yes	○ No	○	○	○
i. Were any <u>tobacco products</u> smoked in the <u>home</u> today? <i>Tob home</i>	○ Yes	○ No	○	○	○
j. Did you <u>take a shower</u> today? <i>Shower</i>	○ Yes	○ No	○	○	○
k. Did you <u>take a bath</u> today? <i>Bath</i>	○ Yes	○ No	○	○	○
l. Did you <u>prepare (pour, mix) pesticides, insecticides, or herbicides</u> for use today? <i>Prepest</i>	○ Yes	○ No	○	○	○
m. Did you <u>apply pesticides, insecticides, or herbicides</u> today? <i>Apply pest</i>	○ Yes	○ No	○	○	○

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). Time Diary and Activity Questionnaire

HHID HHIDFS IRN										DAY 1		PAGE 5 Adult Time Diary																																							
<p>2. Questions 2 a - 2 e: For each question, please enter the number in the boxes provided.</p>										<p>OFFICE USE ONLY</p> <p>Page:</p> <p><input type="checkbox"/> QC</p> <p><input type="checkbox"/> - S.R</p> <p><input type="checkbox"/> - B.N</p> <p><input type="checkbox"/> - 9.M</p> <p>Field Tech Use:</p> <p><input type="checkbox"/> Comp.</p> <p><input type="checkbox"/> Asst.</p> <p><input type="checkbox"/> Do</p>																																									
<p>a. How many glasses or cups of <u>water</u> did you drink today?</p>										<p>Watdrink</p> <p><input type="text"/> <input type="text"/> drink(s)</p>																																									
<p>b. How many <u>cigarettes</u> did you smoke today?</p>										<p>Cigsmoke</p> <p><input type="text"/> <input type="text"/> cigarette(s)</p>																																									
<p>c. How many <u>cigars</u> or <u>pipesful</u> did you smoke today?</p>										<p>Cigar pip</p> <p><input type="text"/> <input type="text"/> cigar(s) or pipesful</p>																																									
<p>d. How many times did you use <u>smokeless tobacco</u> today?</p>										<p>Smokeles</p> <p><input type="text"/> <input type="text"/> time(s)</p>																																									
<p>e. How many times did you wash your <u>hands</u> today?</p>										<p>Washhand</p> <p><input type="text"/> <input type="text"/> time(s)</p>																																									
<p>3. Questions 3 a - 3 j: For each question, please enter the time spent and shade ONE bubble for either minute(s) or hour(s). If the time spent was LESS THAN 1 HOUR, enter 15 min, 45 min, or 1 hour, whichever is closest to the time actually spent. If time was GREATER THAN 1 HOUR, round to the nearest hour.</p>																																																			
<p>a. You <u>traveled</u> on roadways or highways today?</p>												<p>Travroad</p> <p><input type="text"/> <input type="text"/> minute(s)</p> <p><input type="text"/> <input type="text"/> hour(s)</p>																																							
<p>b. You spent <u>indoors</u> with someone who was <u>smoking</u>?</p>												<p>Smokindr</p> <p><input type="text"/> <input type="text"/> minute(s)</p> <p><input type="text"/> <input type="text"/> hour(s)</p>																																							
<p>c. You spent <u>in a vehicle</u> with someone who was <u>smoking</u>?</p>												<p>Smokvehi</p> <p><input type="text"/> <input type="text"/> minute(s)</p> <p><input type="text"/> <input type="text"/> hour(s)</p>																																							
<p>d. You spent <u>swimming</u> in indoor or outdoor pools today?</p>												<p>Swim</p> <p><input type="text"/> <input type="text"/> minute(s)</p> <p><input type="text"/> <input type="text"/> hour(s)</p>																																							
<p>e. You spent using <u>cleaning supplies</u> (cleaners, waxes, polishes) today?</p>												<p>Clensupp</p> <p><input type="text"/> <input type="text"/> minute(s)</p> <p><input type="text"/> <input type="text"/> hour(s)</p>																																							
<p>f. You spent <u>laying down</u> or <u>sitting</u> on the carpet or rugs <u>at home</u> today?</p>												<p>Sit-rugs</p> <p><input type="text"/> <input type="text"/> minute(s)</p> <p><input type="text"/> <input type="text"/> hour(s)</p>																																							
<p>g. You spent in an <u>enclosed workshop</u> or <u>garage</u> used as a workshop today?</p>												<p>Enclwshp</p> <p><input type="text"/> <input type="text"/> minute(s)</p> <p><input type="text"/> <input type="text"/> hour(s)</p>																																							
<p>h. <u>Doors</u> and <u>windows</u> at your house were left <u>open</u> for ventilation today?</p>												<p>Dooropen</p> <p><input type="text"/> <input type="text"/> minute(s)</p> <p><input type="text"/> <input type="text"/> hour(s)</p>																																							
<p>i. You spent performing <u>vigorous</u> exercise like digging or other heavy manual labor, running, bicycling, aerobic dancing, playing basketball or soccer today?</p>												<p>Vig-exer</p> <p><input type="text"/> <input type="text"/> minute(s)</p> <p><input type="text"/> <input type="text"/> hour(s)</p>																																							
<p>j. You spent performing <u>moderate</u> exercise like walking, gardening, working while on your feet, or playing softball or golf today?</p>										<p>Mod-exer</p> <p><input type="text"/> <input type="text"/> minute(s)</p> <p><input type="text"/> <input type="text"/> hour(s)</p>																																									
<p>Data Use Only:</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td>0</td><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td><td>7</td><td>8</td><td>9</td><td>A</td><td>B</td><td>C</td><td>D</td><td>E</td><td>F</td><td>G</td><td>H</td><td>I</td><td>J</td> </tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> </table>										0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>50660</p> <p>5.5</p>	
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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																

SAME AS DAY 1

DAY 2

PAGE 6
Adult Time
Diary

		Today's Date:			Day of Week:							OFFICE USE ONLY						
		<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>/</div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div>/</div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>			Sun	Mon	Tues	Wed	Thur	Fri	Sat	R	N	M				
					<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>					
Location	Morning	Afternoon					Evening					Early Morning (Night Time)				T/Ad:		
																R	N	M
IN TRANSIT	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INSIDE AT Home	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INSIDE AT Work or School	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
INSIDE AT Other	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OUTSIDE AT Home	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OUTSIDE AT Work or School	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
OUTSIDE AT Other	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

	<u>YES</u>	<u>NO</u>
a. Did you pump <u>gas</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
b. Did you spill <u>gasoline</u> on your <u>skin</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
c. Did you spend <u>at least 15 minutes</u> in an <u>enclosed garage</u> with a <u>parked car</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
d. Did you have <u>soil or dirt</u> from your yard in contact with the <u>skin</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
e. Did you have <u>grass or leaves</u> from your yard in contact with the <u>skin</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
f. Did you clean a <u>fireplace</u> or <u>wood stove</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
g. Did you start or tend a <u>fire in a fireplace</u> or <u>wood stove</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
h. Did you use an <u>outdoor grill</u> or burn <u>wood, leaves, or trash</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
i. Were any <u>tobacco products</u> smoked in the <u>home</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
j. Did you take a <u>shower</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
k. Did you take a <u>bath</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
l. Did you <u>prepare</u> (pour, mix) pesticides, insecticides, or herbicides for use today?	<input type="radio"/> Yes	<input type="radio"/> No
m. Did you <u>apply</u> pesticides, insecticides, or herbicides today?	<input type="radio"/> Yes	<input type="radio"/> No

[illegible][illegible]

51857

Appendix A (Continued). Time Diary and Activity Questionnaire

DAY 2															PAGE 7 Adult Time Diary																																												
<p>2. Questions 2 a - 2 e: For each question, please enter the number in the boxes provided.</p> <p>a. How many glasses or cups of <u>water</u> did you drink today? <input type="text"/> <input type="text"/> drink(s)</p> <p>b. How many <u>cigarettes</u> did you smoke today? <input type="text"/> <input type="text"/> cigarette(s)</p> <p>c. How many <u>cigars</u> or <u>pipesful</u> did you smoke today? <input type="text"/> <input type="text"/> cigar(s) or pipesful</p> <p>d. How many times did you use <u>smokeless tobacco</u> today? <input type="text"/> <input type="text"/> time(s)</p> <p>e. How many times did you wash your <u>hands</u> today? <input type="text"/> <input type="text"/> time(s)</p>															<p>OFFICE USE ONLY</p> <p>Page:</p> <p><input type="checkbox"/> QC</p> <p><input type="checkbox"/> - 5.R</p> <p><input type="checkbox"/> - 8.N</p> <p><input type="checkbox"/> - 9.M</p> <p>Field Tech Use:</p> <p><input type="radio"/> Comp.</p> <p><input type="radio"/> Asst.</p> <p><input type="radio"/> Do</p>																																												
<p>3. Questions 3 a - 3 j: For each question, please enter the time spent and shade ONE bubble for either minute(s) or hour(s). If the time spent was LESS THAN 1 HOUR, enter 15 min, 45 min, or 1 hour, whichever is closest to the time actually spent. If time was GREATER THAN 1 HOUR, round to the nearest hour.</p>																																																											
<p>a. You <u>traveled</u> on roadways or highways today? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>															<p>R N M</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>																																												
<p>b. You spent <u>indoors</u> with someone who was <u>smoking</u>? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>															<p>R N M</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>																																												
<p>c. You spent <u>in a vehicle</u> with someone who was <u>smoking</u>? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>															<p>R N M</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>																																												
<p>d. You spent <u>swimming</u> in indoor or outdoor pools today? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>															<p>R N M</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>																																												
<p>e. You spent using <u>cleaning supplies</u> (cleaners, waxes, polishes) today? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>															<p>R N M</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>																																												
<p>f. You spent <u>laying down</u> or <u>sitting</u> on the carpet or rugs at home today? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>															<p>R N M</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>																																												
<p>g. You spent in an <u>enclosed workshop</u> or <u>garage</u> used as a workshop today? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>															<p>R N M</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>																																												
<p>h. <u>Doors</u> and <u>windows</u> at your house were left <u>open</u> for ventilation today? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>															<p>R N M</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>																																												
<p>i. You spent performing <u>vigorous</u> exercise like digging or other heavy manual labor, running, bicycling, aerobic dancing, playing basketball or soccer today? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>															<p>R N M</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>																																												
<p>j. You spent performing <u>moderate</u> exercise like walking, gardening, working while on your feet, or playing softball or golf today? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>															<p>R N M</p> <p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>																																												
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%;">Data Use Only:</td> <td style="width: 5%;">0</td><td style="width: 5%;">1</td><td style="width: 5%;">2</td><td style="width: 5%;">3</td><td style="width: 5%;">4</td><td style="width: 5%;">5</td><td style="width: 5%;">6</td><td style="width: 5%;">7</td><td style="width: 5%;">8</td><td style="width: 5%;">9</td><td style="width: 5%;">A</td><td style="width: 5%;">B</td><td style="width: 5%;">C</td><td style="width: 5%;">D</td><td style="width: 5%;">E</td><td style="width: 5%;">F</td><td style="width: 5%;">G</td><td style="width: 5%;">H</td><td style="width: 5%;">I</td><td style="width: 5%;">J</td> </tr> <tr> <td></td> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td> </tr> </table>															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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<p>51857</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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>																																						

Appendix A (Continued). Time Diary and Activity Questionnaire

Same as Day 1 DAY 3

PAGE 8
Adult Time
Diary

Today's Date:		Day of Week:							OFFICE USE ONLY			
<input type="text"/> / <input type="text"/> / <input type="text"/>		Sun	Mon	Tue	Wed	Thur	Fri	Sat	R	N	M	
Location	Morning	Afternoon					Evening			Early Morning (Night Time)		
IN TRANSIT	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			T/Act: R N M <input type="radio"/> <input type="radio"/> <input type="radio"/>	
INSIDE AT Home	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
INSIDE AT Work or School	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
INSIDE AT Other	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
OUTSIDE AT Home	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
OUTSIDE AT Work or School	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				
OUTSIDE AT Other	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>				

1. Questions 1 a - 1 m: For each question, please shade ONE bubble for YES or NO.

- | | YES | NO | |
|---|---------------------------|--------------------------|---|
| a. Did you <u>pump gas</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| b. Did you <u>spill gasoline on your skin</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| c. Did you <u>spend at least 15 minutes in an enclosed garage with a parked car</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| d. Did you have <u>soil or dirt</u> from your yard in contact with the <u>skin</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| e. Did you have <u>grass or leaves</u> from your yard in contact with the <u>skin</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| f. Did you <u>clean a fireplace or wood stove</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| g. Did you <u>start or tend a fire in a fireplace or wood stove</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| h. Did you <u>use an outdoor grill</u> or burn <u>wood, leaves, or trash</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| i. Were any <u>tobacco products</u> smoked in the <u>home</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| j. Did you <u>take a shower</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| k. Did you <u>take a bath</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| l. Did you <u>prepare</u> (pour, mix) <u>pesticides, insecticides, or herbicides</u> for use today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| m. Did you <u>apply</u> <u>pesticides, insecticides, or herbicides</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |

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"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

52246



Appendix A (Continued). Time Diary and Activity Questionnaire

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="border: 1px solid black; padding: 2px;"> HH <input type="text"/> <input type="text"/> : MM <input type="text"/> <input type="text"/> </div> <div style="border: 1px solid black; padding: 2px;"> DAY 3 </div> <div style="text-align: right;"> PAGE 9 Adult Time Diary </div> </div>																																																									
<p>2. Questions 2 a - 2 e: For each question, please enter the number in the boxes provided.</p> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 60%;">a. How many glasses or cups of water did you drink today?</div> <div style="width: 15%; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="width: 25%; text-align: right;">drink(s)</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 60%;">b. How many cigarettes did you smoke today?</div> <div style="width: 15%; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="width: 25%; text-align: right;">cigarette(s)</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 60%;">c. How many cigars or pipesful did you smoke today?</div> <div style="width: 15%; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="width: 25%; text-align: right;">cigar(s) or pipesful</div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 60%;">d. How many times did you use smokeless tobacco today?</div> <div style="width: 15%; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="width: 25%; text-align: right;">time(s)</div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">e. How many times did you wash your hands today?</div> <div style="width: 15%; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="width: 25%; text-align: right;">time(s)</div> </div>																																																									
<p>3. Questions 3 a - 3 j: For each question, please enter the time spent and shade ONE bubble for either minute(s) or hour(s). If the time spent was LESS THAN 1 HOUR, enter 15 min, 45 min, or 1 hour, whichever is closest to the time actually spent. If time was GREATER THAN 1 HOUR, round to the nearest hour.</p> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 60%;">a. You traveled on roadways or highways today?</div> <div style="width: 15%; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="width: 25%; text-align: right;"> <input type="radio"/> minute(s) <input type="radio"/> hour(s) </div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 60%;">b. You spent indoors with someone who was smoking?</div> <div style="width: 15%; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="width: 25%; text-align: right;"> <input type="radio"/> minute(s) <input type="radio"/> hour(s) </div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 60%;">c. You spent in a vehicle with someone who was smoking?</div> <div style="width: 15%; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="width: 25%; text-align: right;"> <input type="radio"/> minute(s) <input type="radio"/> hour(s) </div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 60%;">d. You spent swimming in indoor or outdoor pools today?</div> <div style="width: 15%; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="width: 25%; text-align: right;"> <input type="radio"/> minute(s) <input type="radio"/> hour(s) </div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 60%;">e. You spent using cleaning supplies (cleaners, waxes, polishes) today?</div> <div style="width: 15%; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="width: 25%; text-align: right;"> <input type="radio"/> minute(s) <input type="radio"/> hour(s) </div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 60%;">f. You spent laying down or sitting on the carpet or rugs at home today?</div> <div style="width: 15%; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="width: 25%; text-align: right;"> <input type="radio"/> minute(s) <input type="radio"/> hour(s) </div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 60%;">g. You spent in an enclosed workshop or garage used as a workshop today?</div> <div style="width: 15%; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="width: 25%; text-align: right;"> <input type="radio"/> minute(s) <input type="radio"/> hour(s) </div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 60%;">h. Doors and windows at your house were left open for ventilation today?</div> <div style="width: 15%; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="width: 25%; text-align: right;"> <input type="radio"/> minute(s) <input type="radio"/> hour(s) </div> </div> <div style="display: flex; justify-content: space-between; margin-bottom: 10px;"> <div style="width: 60%;">i. You spent performing vigorous exercise like digging or other heavy manual labor, running, bicycling, aerobic dancing, playing basketball or soccer today?</div> <div style="width: 15%; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="width: 25%; text-align: right;"> <input type="radio"/> minute(s) <input type="radio"/> hour(s) </div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;">j. You spent performing moderate exercise like walking, gardening, working while on your feet, or playing softball or golf today?</div> <div style="width: 15%; text-align: center;"> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> </div> <div style="width: 25%; text-align: right;"> <input type="radio"/> minute(s) <input type="radio"/> hour(s) </div> </div>																																																									
<div style="display: flex; justify-content: space-between;"> <div style="width: 70%;"> <p>OFFICE USE ONLY</p> <p>Page:</p> <p><input type="checkbox"/> QC</p> <p><input type="checkbox"/> - 5.R</p> <p><input type="checkbox"/> - 8.N</p> <p><input type="checkbox"/> - 9.M</p> <p>Field Tech Use:</p> <p><input type="radio"/> Comp.</p> <p><input type="radio"/> Asst.</p> <p><input type="radio"/> Do</p> </div> <div style="width: 25%; text-align: center;"> <table border="1" style="margin: auto;"> <tr> <td>R</td><td>N</td><td>M</td></tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr> <td>R</td><td>N</td><td>M</td></tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr> <td>R</td><td>N</td><td>M</td></tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr> <td>R</td><td>N</td><td>M</td></tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr> <td>R</td><td>N</td><td>M</td></tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> <tr> <td>R</td><td>N</td><td>M</td></tr> <tr> <td><input type="radio"/></td><td><input type="radio"/></td><td><input type="radio"/></td></tr> </table> </div> </div>															R	N	M	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	R	N	M	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	R	N	M	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	R	N	M	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	R	N	M	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	R	N	M	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
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Appendix A (Continued). Time Diary and Activity Questionnaire

Same as Day 1 DAY 4

PAGE 10
Adult Time
Diary

Today's Date:		Day of Week:							OFFICE USE ONLY			
<input type="text"/> / <input type="text"/> / <input type="text"/>		Sun	Mon	Tues	Wed	Thur	Fri	Sat	R	N	M	
Location	Morning	Afternoon					Evening			Early Morning (Night Time)		
IN TRANSIT	5 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○	12 1 2 3 4 5 ○ ○ ○ ○ ○ ○ ○	6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○					12 1 2 3 4 ○ ○ ○ ○ ○ ○ ○				
INSIDE AT Home	5 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○	12 1 2 3 4 5 ○ ○ ○ ○ ○ ○ ○	6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○					12 1 2 3 4 ○ ○ ○ ○ ○ ○ ○				
INSIDE AT Work or School	5 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○	12 1 2 3 4 5 ○ ○ ○ ○ ○ ○ ○	6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○					12 1 2 3 4 ○ ○ ○ ○ ○ ○ ○				
INSIDE AT Other	5 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○	12 1 2 3 4 5 ○ ○ ○ ○ ○ ○ ○	6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○					12 1 2 3 4 ○ ○ ○ ○ ○ ○ ○				
OUTSIDE AT Home	5 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○	12 1 2 3 4 5 ○ ○ ○ ○ ○ ○ ○	6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○					12 1 2 3 4 ○ ○ ○ ○ ○ ○ ○				
OUTSIDE AT Work or School	5 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○	12 1 2 3 4 5 ○ ○ ○ ○ ○ ○ ○	6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○					12 1 2 3 4 ○ ○ ○ ○ ○ ○ ○				
OUTSIDE AT Other	5 6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○	12 1 2 3 4 5 ○ ○ ○ ○ ○ ○ ○	6 7 8 9 10 11 ○ ○ ○ ○ ○ ○ ○					12 1 2 3 4 ○ ○ ○ ○ ○ ○ ○				

1. Questions 1 a - 1 m: For each question, please shade ONE bubble for YES or NO.

- | | YES | NO |
|--|-------|------|
| a. Did you pump <u>gas</u> today? | ○ Yes | ○ No |
| b. Did you <u>spill gasoline</u> on your <u>skin</u> today? | ○ Yes | ○ No |
| c. Did you <u>spend at least 15 minutes</u> in an <u>enclosed garage</u> with a <u>parked car</u> today? | ○ Yes | ○ No |
| d. Did you have <u>soil or dirt</u> from your yard in contact with the <u>skin</u> today? | ○ Yes | ○ No |
| e. Did you have <u>grass or leaves</u> from your yard in contact with the <u>skin</u> today? | ○ Yes | ○ No |
| f. Did you <u>clean a fireplace</u> or <u>wood stove</u> today? | ○ Yes | ○ No |
| g. Did you <u>start or tend a fire in a fireplace</u> or <u>wood stove</u> today? | ○ Yes | ○ No |
| h. Did you use an <u>outdoor grill</u> or burn <u>wood, leaves, or trash</u> today? | ○ Yes | ○ No |
| i. Were any <u>tobacco products</u> smoked in the <u>home</u> today? | ○ Yes | ○ No |
| j. Did you <u>take a shower</u> today? | ○ Yes | ○ No |
| k. Did you <u>take a bath</u> today? | ○ Yes | ○ No |
| l. Did you <u>prepare</u> (pour, mix) <u>pesticides, insecticides, or herbicides</u> for use today? | ○ Yes | ○ No |
| m. Did you <u>apply</u> <u>pesticides, insecticides, or herbicides</u> today? | ○ Yes | ○ No |

R	N	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
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53128

Appendix A (Continued). Time Diary and Activity Questionnaire

<div style="border: 1px solid black; padding: 2px;"> F.I.D. # </div>	<div style="border: 1px solid black; padding: 2px;"> F.S. # </div>	<div style="border: 1px solid black; padding: 2px;"> B.N. # </div>	DAY 4	PAGE 11 Adult Time Diary
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2. Questions 2 a - 2 e: For each question, please enter the number in the boxes provided.

a. How many glasses or cups of water did you drink today? drink(s)

b. How many cigarettes did you smoke today? cigarette(s)

c. How many cigars or pipesful did you smoke today? cigar(s) or pipesful

d. How many times did you use smokeless tobacco today? time(s)

e. How many times did you wash your hands today? time(s)

3. Questions 3 a - 3 j: For each question, please enter the time spent and shade ONE bubble for either minute(s) or hour(s). If the time spent was LESS THAN 1 HOUR, enter 15 min, 45 min, or 1 hour, whichever is closest to the time actually spent. If time was GREATER THAN 1 HOUR, round to the nearest hour.

a. You traveled on roadways or highways today? ○ minute(s)
○ hour(s)

b. You spent indoors with someone who was smoking? ○ minute(s)
○ hour(s)

c. You spent in a vehicle with someone who was smoking? ○ minute(s)
○ hour(s)

d. You spent swimming in indoor or outdoor pools today? ○ minute(s)
○ hour(s)

e. You spent using cleaning supplies (cleaners, waxes, polishes) today? ○ minute(s)
○ hour(s)

f. You spent laying down or sitting on the carpet or rugs at home today? ○ minute(s)
○ hour(s)

g. You spent in an enclosed workshop or garage used as a workshop today? ○ minute(s)
○ hour(s)

h. Doors and windows at your house were left open for ventilation today? ○ minute(s)
○ hour(s)

i. You spent performing vigorous exercise like digging or other heavy manual labor, running, bicycling, aerobic dancing, playing basketball or soccer today? ○ minute(s)
○ hour(s)

j. You spent performing moderate exercise like walking, gardening, working while on your feet, or playing softball or golf today? ○ minute(s)
○ hour(s)

OFFICE USE ONLY

Page:

☐ QC

☐ - 5.R

☐ - 8.N

☐ - 9.M

Field Tech Use:

☐ Comp.

☐ Asst.

☐ Do

R	N	M
○	○	○
R	N	M
○	○	○
R	N	M
○	○	○
R	N	M
○	○	○
R	N	M
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R	N	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
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Appendix A (Continued). Time Diary and Activity Questionnaire

Same as Day 1 **DAY 5**

PAGE 12
Adult Time
Diary

Today's Date:		Day of Week:							OFFICE USE ONLY						
<div style="display: flex; align-items: center;"> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="border: 1px solid black; width: 20px; height: 20px; margin-right: 5px;"></div> <div style="margin: 0 5px;">/</div> <div style="border: 1px solid black; width: 20px; height: 20px;"></div> </div>		Sun	Mon	Tues	Wed	Thur	Fri	Sat	R	N	M				
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Location	Morning	Afternoon					Evening					Early Morning (Night Time)	T/Act:		
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1. Questions 1 a - 1 m: For each question, please shade ONE bubble for YES or NO.

- | | YES | NO | |
|---|---------------------------|--------------------------|---|
| a. Did you <u>pump gas</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| b. Did you <u>spill gasoline on your skin</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| c. Did you <u>spend at least 15 minutes in an enclosed garage with a parked car</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| d. Did you have <u>soil or dirt</u> from your yard in contact with the <u>skin</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| e. Did you have <u>grass or leaves</u> from your yard in contact with the <u>skin</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| f. Did you <u>clean a fireplace or wood stove</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| g. Did you <u>start or tend a fire in a fireplace or wood stove</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| h. Did you use an <u>outdoor grill</u> or burn <u>wood, leaves, or trash</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| i. Were any <u>tobacco products</u> smoked in the <u>home</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| j. Did you <u>take a shower</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| k. Did you <u>take a bath</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| l. Did you <u>prepare</u> (pour, mix) <u>pesticides, insecticides, or herbicides</u> for use today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |
| m. Did you <u>apply</u> <u>pesticides, insecticides, or herbicides</u> today? | <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> <input type="radio"/> <input type="radio"/> |

Data Use
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Appendix A (Continued). Time Diary and Activity Questionnaire

HH	MM	SS	DD	MM	YY	Page	Page

DAY 5

PAGE 13
Adult Time
Diary

2. Questions 2 a - 2 e: For each question, please enter the number in the boxes provided.

- a. How many **glasses or cups of water** did you drink today? drink(s)
- b. How many **cigarettes** did you smoke today? cigarette(s)
- c. How many **cigars or pipesful** did you smoke today? cigar(s) or pipesful
- d. How many times did you use **smokeless tobacco** today? time(s)
- e. How many times did you **wash your hands** today? time(s)

OFFICE USE ONLY

Page:

- ☐ QC
- ☐ - 5.R
- ☐ - 8.N
- ☐ - 9.M

Field Tech Use:

- ☐ Comp.
- ☐ Asst.
- ☐ Do

3. Questions 3 a - 3 j: For each question, please enter the time spent and shade ONE bubble for either minute(s) or hour(s). If the time spent was LESS THAN 1 HOUR, enter 15 min, 45 min, or 1 hour, whichever is closest to the time actually spent. If time was GREATER THAN 1 HOUR, round to the nearest hour.

- a. You **traveled** on roadways or highways today? ☐ minute(s) or ☐ hour(s)
- b. You spent **indoors** with someone who was **smoking**? ☐ minute(s) or ☐ hour(s)
- c. You spent **in a vehicle** with someone who was **smoking**? ☐ minute(s) or ☐ hour(s)
- d. You spent **swimming** in indoor or outdoor pools today? ☐ minute(s) or ☐ hour(s)
- e. You spent using **cleaning supplies** (cleaners, waxes, polishes) today? ☐ minute(s) or ☐ hour(s)
- f. You spent **laying down or sitting** on the carpet or rugs at **home** today? ☐ minute(s) or ☐ hour(s)
- g. You spent in an **enclosed workshop** or **garage** used as a workshop today? ☐ minute(s) or ☐ hour(s)
- h. **Doors and windows** at your house were left **open** for ventilation today? ☐ minute(s) or ☐ hour(s)
- i. You spent **performing vigorous** exercise like digging or other heavy manual labor, running, bicycling, aerobic dancing, playing basketball or soccer today? ☐ minute(s) or ☐ hour(s)
- j. You spent **performing moderate** exercise like walking, gardening, working while on your feet, or playing softball or golf today? ☐ minute(s) or ☐ hour(s)

R N M

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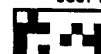
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R N M

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Appendix A (Continued). Time Diary and Activity Questionnaire

Same as Day 1 DAY 6

PAGE 14
Adult Time
Diary

Today's Date:		Day of Week:							OFFICE USE ONLY				
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Location	Morning	Afternoon					Evening					Early Morning (Night Time)	T/Act:
IN TRANSIT	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					R N M <input type="radio"/> <input type="radio"/> <input type="radio"/>
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INSIDE AT Work or School	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					R N M <input type="radio"/> <input type="radio"/> <input type="radio"/>
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OUTSIDE AT Work or School	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					R N M <input type="radio"/> <input type="radio"/> <input type="radio"/>
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1. Questions 1 a - 1 m: For each question, please shade ONE bubble for YES or NO.

	YES	NO	R	N	M
a. Did you pump gas today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Did you spill gasoline on your skin today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Did you spend at least 15 minutes in an enclosed garage with a parked car today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Did you have soil or dirt from your yard in contact with the skin today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Did you have grass or leaves from your yard in contact with the skin today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Did you clean a fireplace or wood stove today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Did you start or tend a fire in a fireplace or wood stove today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Did you use an outdoor grill or burn wood, leaves, or trash today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Were any tobacco products smoked in the home today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Did you take a shower today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Did you take a bath today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Did you prepare (pour, mix) pesticides, insecticides, or herbicides for use today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Did you apply pesticides, insecticides, or herbicides today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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Appendix A (Continued). Time Diary and Activity Questionnaire

HH	MM	SS	TRN

DAY 6

PAGE 15
Adult Time
Diary

2. Questions 2 a - 2 e: For each question, please enter the number in the boxes provided.

- a. How many **glasses or cups of water** did you drink today? drink(s)
- b. How many **cigarettes** did you smoke today? cigarette(s)
- c. How many **cigars or pipesful** did you smoke today? cigar(s) or pipesful
- d. How many times did you use **smokeless tobacco** today? time(s)
- e. How many times did you **wash your hands** today? time(s)

3. Questions 3 a - 3 j: For each question, please enter the time spent and shade ONE bubble for either minute(s) or hour(s). If the time spent was LESS THAN 1 HOUR, enter 15 min, 45 min, or 1 hour, whichever is closest to the time actually spent. If time was GREATER THAN 1 HOUR, round to the nearest hour.

- a. You **traveled** on roadways or highways today? ☐ minute(s) ☐ hour(s)
- b. You spent **indoors** with someone who was **smoking**? ☐ minute(s) ☐ hour(s)
- c. You spent **in a vehicle** with someone who was **smoking**? ☐ minute(s) ☐ hour(s)
- d. You spent **swimming** in indoor or outdoor pools today? ☐ minute(s) ☐ hour(s)
- e. You spent **using cleaning supplies** (cleaners, waxes, polishes) today? ☐ minute(s) ☐ hour(s)
- f. You spent **laying down or sitting** on the carpet or rugs **at home** today? ☐ minute(s) ☐ hour(s)
- g. You spent in an **enclosed workshop or garage** used as a **workshop** today? ☐ minute(s) ☐ hour(s)
- h. **Doors and windows** at your house were **left open** for **ventilation** today? ☐ minute(s) ☐ hour(s)
- i. You spent **performing vigorous exercise** like digging or other heavy manual labor, running, bicycling, aerobic dancing, playing basketball or soccer today? ☐ minute(s) ☐ hour(s)
- j. You spent **performing moderate exercise** like walking, gardening, working while on your feet, or playing softball or golf today? ☐ minute(s) ☐ hour(s)

OFFICE USE ONLY

Page:

☐ QC☐ - 5.R☐ - 8.N☐ - 9.M

Field Tech Use:

☐ Comp.☐ Asst.☐ Do

R N M

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Same as Day 1 **DAY 7**

PAGE 16
Adult Time
Diary

		Today's Date:		Day of Week:								OFFICE USE ONLY			
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Location	Morning	Afternoon					Evening					Early Morning (Night Time)			T/Act:
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INSIDE AT <i>Home</i>	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			
INSIDE AT <i>Work or School</i>	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			
INSIDE AT <i>Other</i>	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			
OUTSIDE AT <i>Home</i>	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			
OUTSIDE AT <i>Work or School</i>	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			
OUTSIDE AT <i>Other</i>	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>					12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			

	<u>YES</u>	<u>NO</u>
a. Did you pump <u>gas</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
b. Did you spill <u>gasoline</u> on your <u>skin</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
c. Did you spend <u>at least 15 minutes</u> in an <u>enclosed garage</u> with a <u>parked car</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
d. Did you have <u>soil or dirt</u> from your yard in contact with the <u>skin</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
e. Did you have <u>grass or leaves</u> from your yard in contact with the <u>skin</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
f. Did you clean a <u>fireplace</u> or <u>wood stove</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
g. Did you start or tend a <u>fire in a fireplace or wood stove</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
h. Did you use an <u>outdoor grill</u> or burn <u>wood, leaves, or trash</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
i. Were any <u>tobacco products</u> smoked in the <u>home</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
j. Did you take a <u>shower</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
k. Did you take a <u>bath</u> today?	<input type="radio"/> Yes	<input type="radio"/> No
l. Did you <u>prepare</u> (pour, mix) pesticides, insecticides, or herbicides for use today?	<input type="radio"/> Yes	<input type="radio"/> No
m. Did you <u>apply</u> pesticides, insecticides, or herbicides today?	<input type="radio"/> Yes	<input type="radio"/> No

R	N	M
○	○	○
R	N	M
○	○	○
R	N	M
○	○	○
R	N	M
○	○	○
R	N	M
○	○	○
○	○	○
○	○	○
○	○	○
○	○	○
R	N	M
○	○	○

[illegible]

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Appendix A (Continued). Time Diary and Activity Questionnaire

DAY 7										PAGE 17 Adult Time Diary	
<p>2. Questions 2 a - 2 e: For each question, please enter the number in the boxes provided.</p> <p>a. How many glasses or cups of water did you drink today? <input type="text"/> <input type="text"/> drink(s)</p> <p>b. How many cigarettes did you smoke today? <input type="text"/> <input type="text"/> cigarette(s)</p> <p>c. How many cigars or pipesful did you smoke today? <input type="text"/> <input type="text"/> cigar(s) or pipesful</p> <p>d. How many times did you use smokeless tobacco today? <input type="text"/> <input type="text"/> time(s)</p> <p>e. How many times did you wash your hands today? <input type="text"/> <input type="text"/> time(s)</p>										<p>OFFICE USE ONLY</p> <p>Page:</p> <p><input type="checkbox"/> QC</p> <p><input type="checkbox"/> - 5.R</p> <p><input type="checkbox"/> - 8.N</p> <p><input type="checkbox"/> - 9.M</p> <p>Field Tech Use:</p> <p><input type="radio"/> Comp.</p> <p><input type="radio"/> Asst.</p> <p><input type="radio"/> Do</p>	
<p>3. Questions 3 a - 3 j: For each question, please enter the time spent and shade ONE bubble for either minute(s) or hour(s). If the time spent was LESS THAN 1 HOUR, enter 15 min, 45 min, or 1 hour, whichever is closest to the time actually spent. If time was GREATER THAN 1 HOUR, round to the nearest hour.</p>										<p>R N M</p>	
<p>a. You traveled on roadways or highways today? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>										<p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>	
<p>b. You spent indoors with someone who was smoking? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>										<p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>	
<p>c. You spent in a vehicle with someone who was smoking? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>										<p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>	
<p>d. You spent swimming in indoor or outdoor pools today? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>										<p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>	
<p>e. You spent using cleaning supplies (cleaners, waxes, polishes) today? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>										<p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>	
<p>f. You spent laying down or sitting on the carpet or rugs at home today? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>										<p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>	
<p>g. You spent in an enclosed workshop or garage used as a workshop today? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>										<p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>	
<p>h. Doors and windows at your house were left open for ventilation today? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>										<p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>	
<p>i. You spent performing vigorous exercise like digging or other heavy manual labor, running, bicycling, aerobic dancing, playing basketball or soccer today? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>										<p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>	
<p>j. You spent performing moderate exercise like walking, gardening, working while on your feet, or playing softball or golf today? <input type="text"/> <input type="text"/> <input type="radio"/> minute(s) or <input type="radio"/> hour(s)</p>										<p><input type="radio"/> <input type="radio"/> <input type="radio"/></p>	
<p>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</p>										<p>54639</p>	

Appendix A (Continued). Time Diary and Activity Questionnaire

Same as Day 1 **DAY 8**

PAGE 18
Adult Time
Diary

Today's Date:		Day of Week:							OFFICE USE ONLY								
<div style="display: flex; justify-content: space-around;"> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> <div><div style="border: 1px solid black; width: 20px; height: 20px;"></div></div> </div>		Sun	Mon	Tues	Wed	Thur	Fri	Sat	R	N	M						
		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>							
Location	Morning	Afternoon					Evening					Early Morning (Night Time)	T/Act: R N M				
IN TRANSIT	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>						6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>						12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			
INSIDE AT Home	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>						6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>						12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			
INSIDE AT Work or School	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>						6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>						12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			
INSIDE AT Other	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>						6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>						12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			
OUTSIDE AT Home	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>						6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>						12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			
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OUTSIDE AT Other	5 6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>	12 1 2 3 4 5 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>						6 7 8 9 10 11 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>						12 1 2 3 4 <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/> <input type="radio"/>			

1. Questions 1 a - 1 m: For each question, please shade ONE bubble for YES or NO.

	YES	NO	R	N	M
a. Did you pump gas today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. Did you spill gasoline on your skin today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. Did you spend at least 15 minutes in an enclosed garage with a parked car today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. Did you have soil or dirt from your yard in contact with the skin today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. Did you have grass or leaves from your yard in contact with the skin today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. Did you clean a fireplace or wood stove today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. Did you start or tend a fire in a fireplace or wood stove today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. Did you use an outdoor grill or burn wood, leaves, or trash today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. Were any tobacco products smoked in the home today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. Did you take a shower today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. Did you take a bath today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Did you prepare (pour, mix) pesticides, insecticides, or herbicides for use today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. Did you apply pesticides, insecticides, or herbicides today?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

 PageLink QC:
Init:

 Data Use
Only:

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<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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HF-UD						F.S.		IRN #		
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Adult Time
Diary

OFFICE USE ONLY

- Page: ☐ QC
☐ - 5.R
☐ - 8.N
☐ - 9.M

☐ Comp.
☐ Asst.
☐ Do

[illegible]

a. You traveled on roadways or highways today? ☐ or hour(s)

b. You spent indoors with someone who was smoking? ☐ minute(s) ☐ hour(s)

c. You spent in a vehicle with someone who was smoking? ☐ minute(s) ☐ hour(s)

d. You spent swimming in indoor or outdoor pools today? ☐ minute(s) ☐ hour(s)

e. You spent using cleaning supplies (cleaners, waxes, polishes) today? ☐ minute(s) ☐ hour(s)

f. You spent laying down or sitting on the carpet or rugs at home today? ☐ minute(s) ☐ hour(s)

g. You spent in an enclosed workshop or garage used as a workshop today? ☐ minute(s) ☐ hour(s)

h. Doors and windows at your house were left open for ventilation today? ☐ minute(s) ☐ hour(s)

i. You spent performing vigorous exercise like digging or other heavy manual labor, running, bicycling, aerobic dancing, playing basketball or soccer today? ☐ minute(s) ☐ hour(s)

j. You spent performing moderate exercise like walking, gardening, working while on your feet, or playing softball or golf today? ☐ minute(s) ☐ hour(s)

[illegible]

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