

National Human Exposure Assessment Survey (NHEXAS)

Arizona Study

Quality Systems and Implementation Plan for Human Exposure Assessment

The University of Arizona
Tucson, Arizona 85721

Cooperative Agreement CR 821560

Standard Operating Procedure

SOP-UA-D-6.0

Title: Coding: Descriptive Questionnaire

Source: The University of Arizona

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

Notice: The U.S. Environmental Protection Agency (EPA), through its Office of Research and Development (ORD), partially funded and collaborated in the research described here. This protocol is part of the Quality Systems Implementation Plan (QSIP) that was reviewed by the EPA and approved for use in this demonstration/scoping study. Mention of trade names or commercial products does not constitute endorsement or recommendation by EPA for use.

Coding: Descriptive Questionnaire

1.0 Purpose and Applicability

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

2.0 Definitions

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

3.0 References

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

4.0 Discussion

The Descriptive Questionnaire is a scanable primarily bubble form with selected fields for hand writing recognition. The questionnaire will be completed by the interviewer in the field, QA checked and scanned directly into a database. Some responses are race descriptions or other text that must be given numeric codes for entry into the databases. A summary table of questions needing specific codes and coding lists used are found in Table 1.

The OMB approved questions were formatted into a scanable form using the Teleform program package and following procedures outlined in SOP # UA-D-30.x. This package has a dictionary feature and a feature that prints out the characteristics of each created form.

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

The Descriptive Questionnaire 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-17.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.

5.0 Responsibilities

- 5.1 The Project Data Coordinator is responsible for creating the forms, defining the database and writing the coding instructions for the Descriptive Questionnaire form. The Data Coordinator supervises the Data Students in coding of forms. The Data Coordinator is responsible for approving any newly created codes.

6.0 Materials and Reagents

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

7.0 Procedural Steps for Coding of the Descriptive Questionnaire

7.1 Preparation

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

7.2 Coding Forms

- A. Begin by checking for missing information, illogical answers, and necessary codes throughout the entire form.
- B. Follow the Global Coding scheme (UA-D-31.x) as necessary.
- C. For Part E of the Roster use the coding list specified in Table 1.
- D. If there is no code appropriate to the given response then create a new code and add it to the coding list according to the procedure found in UA-D-31.x.

7.3 Creation of a New Code

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

8.0 Records

8.1 Coding lists are located in the Data Coordinator's office at the Health and Environment project offices.

8.2 Data Coordinator must review and approve all new codes.

Inclusions:

Table 1. Questionnaires Needing Codes & Coding Lists

Table 2. Race Codes

Appendix A. Descriptive Questionnaire

Table 1. Questionnaires Needing Codes & Coding Lists

Questionnaire Type	Question Number	Coding List Name	Location	SOP # & Table# of Coding List
FOLLOW UP	6C	TYPE OF ANTACID MEDICATION	/rsc53/TrackNHExAZ/codes/anatacid.dbf	UA-D-11 x / Table 2
FOLLOW UP	6B	TYPE OF CHELATING AGENT	/rsc53/TrackNHExAZ/codes/chelate.dbf	UA-D-11 x / Table 4
FOLLOW UP	7C	TYPE OF CHROMIUM SUPPLEMENT	/rsc53/TrackNHExAZ/codes/chromium.dbf	UA-D-11 x / Table 5
FOLLOW UP	7A	TYPE OF CALCIUM SUPPLEMENT	/rsc53/TrackNHExAZ/codes/calcium.dbf	UA-D-11 x / Table 3
FOLLOW UP	11	TYPE OF DIET	/rsc53/TrackNHExAZ/codes/diet.dbf	UA-D-11 x / Table 13
FOLLOW UP	6A	DIURETIC MEDICATION	/rsc53/TrackNHExAZ/codes/diuretic.dbf	UA-D-11 x / Table 6
FOLLOW UP	6A-7D	DOSAGE ACCORDING TO LABELING	/rsc53/TrackNHExAZ/codes/dosage.dbf	UA-D-11 x / Table 16
FOLLOW UP	1o	OTHER TYPE OF FILTERING DEVICE	/rsc53/TrackNHExAZ/codes/filter.dbf	UA-D-7 x / Table 14
FOLLOW UP	6D	HORMONE SUPPLEMENT	/rsc53/TrackNHExAZ/codes/hormone.dbf	UA-D-11 x / Table 7
FOLLOW UP	7D	MULTI VITAMIN SUPPLEMENTS	/rsc53/TrackNHExAZ/codes/multi.dbf	UA-D-11 x / Table 8
FOLLOW UP	6A-7D	SPECIFIC MEDICINE NAME	/rsc53/TrackNHExAZ/codes/m_cod.dbf	UA-D-11 x / Table 11
FOLLOW UP	6E	OTHER TYPES OF MEDICATION	/rsc53/TrackNHExAZ/codes/other.dbf	UA-D-11 x / Table 9
FOLLOW UP	6E	OTHER UNIT OF MEASURE	/rsc53/TrackNHExAZ/codes/o_unit.dbf	UA-D-11 x / Table 12
FOLLOW UP	7B	SELENIUM SUPPLEMENT	/rsc53/TrackNHExAZ/codes/selenium.dbf	UA-D-11 x / Table 10
FOLLOW UP	6 & 7	CODING LIST NOTEBOOK - MEDICAL CATEGORY	DATA COORDINATOR'S OFFICE	UA-D-11 x / Table 15
TECHNICIAN QX	11	TYPE OF CARPETING	/rsc53/TrackNHExAZ/codes/carpet.dbf	UA-D-35 x / Table 10
TECHNICIAN QX	6A	TYPE OF LAND AROUND HOME	/rsc53/TrackNHExAZ/codes/area.dbf	UA-D-35 x / Table 12
TECHNICIAN QX	11	CLEANING PRODUCT USED	/rsc53/TrackNHExAZ/codes/cleanmet.dbf	UA-D-35 x / Table 9
TECHNICIAN QX	6G	OTHER DRIPLINE	/rsc53/TrackNHExAZ/codes/dripline.dbf	UA-D-35 x / Table 2
TECHNICIAN QX	6J	TYPE OF FOUNDATION	/rsc53/TrackNHExAZ/codes/found.dbf	UA-D-35 x / Table 5
TECHNICIAN QX	6J	YARD MATERIAL	/rsc53/TrackNHExAZ/codes/material.dbf	UA-D-35 x / Table 1
TECHNICIAN QX	6H	ROOF TYPE	/rsc53/TrackNHExAZ/codes/roof.dbf	UA-D-35 x / Table 4
TECHNICIAN QX	10C	OTHER TYPE OF SAMPLING	/rsc53/TrackNHExAZ/codes/o_samp.dbf	UA-D-35 x / Table 8
TECHNICIAN QX	6C	TYPE OF HOUSE SIDING	/rsc53/TrackNHExAZ/codes/siding.dbf	UA-D-35 x / Table 3
TECHNICIAN QX	9	RELATION	/rsc53/TrackNHExAZ/codes/relation.dbf	UA-D-35 x / Table 6
BASELINE QX	18B	WHERE TIME SPENT AWAY FROM HOME	/rsc53/TrackNHExAZ/codes/away.dbf	UA-D-7 x / Table 9
BASELINE QX	37D	WHAT IS BURNED IN THE FIREPLACE	/rsc53/TrackNHExAZ/codes/burnt.dbf	UA-D-7 x / Table 21
BASELINE QX	36C	WHAT IS BURNED IN THE STOVE	/rsc53/TrackNHExAZ/codes/burns.dbf	UA-D-7 x / Table 20
BASELINE QX	14F	TYPE OF CLOTHING AT WORK	/rsc53/TrackNHExAZ/codes/clothing.dbf	UA-D-7 x / Table 5
BASELINE QX	14G	DUST RESPONDENT EXPOSED TO	/rsc53/TrackNHExAZ/codes/dust.dbf	UA-D-7 x / Table 6
BASELINE QX	31	OTHER FUEL CODES	/rsc53/TrackNHExAZ/codes/fuel.dbf	UA-D-7 x / Table 19
BASELINE QX	14H	FUMES ENCOUNTERED IN THE WORK PLACE	/rsc53/TrackNHExAZ/codes/fumes.dbf	UA-D-7 x / Table 7
BASELINE QX	27B	LOCATION OF HOUSE'S GARAGE	/rsc53/TrackNHExAZ/codes/garage.dbf	UA-D-7 x / Table 17
BASELINE QX	14C	JOB TITLE/CLASSIFICATION	/rsc53/TrackNHExAZ/codes/job.dbf	UA-D-7 x / Table 3
BASELINE QX	14D	JOB DUTIES	/rsc53/TrackNHExAZ/codes/jobd.dbf	UA-D-7 x / Table 4
BASELINE QX	14B	BUSINESS	/rsc53/TrackNHExAZ/codes/mix.dbf	UA-D-7 x / Table 2
BASELINE QX	38I, 39G	MIX CODES	/rsc53/TrackNHExAZ/codes/mix.dbf	UA-D-7 x / Table 23
BASELINE QX	30D	TYPE OF COOLER PADS	/rsc53/TrackNHExAZ/codes/pad.dbf	UA-D-7 x / Table 18
BASELINE QX	43F	FLEA AND TICK PESTICIDES	/rsc53/TrackNHExAZ/codes/petchem.dbf	UA-D-7 x / Table 24
BASELINE QX	38C	TYPE OF SURFACE TREATED	/rsc53/TrackNHExAZ/codes/surface.dbf	UA-D-7 x / Table 22
BASELINE QX	19	METHOD OF GETTING TO WORK	/rsc53/TrackNHExAZ/codes/transport.dbf	UA-D-7 x / Table 7
BASELINE QX	26C,D & E	SOURCE OF WATER	/rsc53/TrackNHExAZ/codes/wtrsource.dbf	UA-D-7 x / Table 13
BASELINE QX	26B	MAIN WATER SUPPLIER	/rsc53/TrackNHExAZ/codes/water.dbf	UA-D-7 x / Table 12
BASELINE QX	H,N,S,V,W	DISEASE CODES NOTEBOOK	DATA COORDINATOR'S OFFICE	UA-D-7 x / Table 11
BASELINE QX	14j, 16j, 38f, 39d	CODING LIST NOTEBOOK - PESTICIDES	DATA COORDINATOR'S OFFICE	N/A
N/A	N/A	LISTING OF DATABASES (THIS LIST)	/rsc53/TrackNHExAZ/codes/codeist.dbf	UA-D-31 x / Table 2
ALL FORMS HAVING COMMENTS	N/A	COMMENTS MADE BY FIELD TECHS	/rsc53/TrackNHExAZ/codes/comment.dbf	UA-D-10 x / Table 3
FOOD DIARY FOLLOW UP	12, 14	REASON SOMETHING WAS WASNT DONE	/rsc53/TrackNHExAZ/codes/reason.dbf	UA-D-31 x / Table 3
GLOBAL CODE	N/A	RELATION	/rsc53/TrackNHExAZ/codes/relation.dbf	UA-D-6 x / Table 2
DESCRIPTIVE	P, 7	RACE	/rsc53/TrackNHExAZ/codes/	UA-D-13 x / Table 2
24 HOUR FOOD DIARY CHECK	A-N	DIET DIARY	UA-D-43.x Appendix A	

Table 2. Race Codes

<u>Code</u>	<u>Description</u>
007	AFRICAN AMERICAN AND WHITE
008	WHITE AND NATIVE AMERICAN
009	HISPANIC AND NATIVE AMERICAN
010	AFRICAN AMERICAN AND NATIVE AMERICAN
011	ASIAN/PACIFIC ISLANDER
012	ESKIMO/ALUET
013	NATIVE AUSTRALIAN/NATIVE NEW ZEALANDER
014	AFRICAN AMERICAN AND ASIAN/PACIFIC ISLANDER
015	AFRICAN AMERICAN AND ESKIMO/ALUET
016	WHITE AND ASIAN/PACIFIC ISLANDER
017	WHITE AND ESKIMO/ALUET
018	HISPANIC AND ASIAN/PACIFIC ISLANDER
019	HISPANIC AND ESKIMO/ALUET
020	NATIVE AMERICAN AND ASIAN/PACIFIC ISLANDER
021	NATIVE AMERICAN AND ESKIMO/ALUET
022	AMERICAN (ancestry unspecified)
023	AFRICAN AMERICAN OR WHITE OR HISPANIC
024	CUBAN

Appendix A. Descriptive Questionnaire

DESCRIPTIVE QUESTIONNAIRE

PAGE 1

National Human Exposure Assessment Survey

Form Type: 01 Study: <input type="radio"/> 1. NHEXAS <input type="radio"/> 2. Border <input type="radio"/> 3. _____ <input type="radio"/> 4. _____ <input type="radio"/> 5. _____	Stage #: <input type="checkbox"/> Stage Collapsed? Y <input type="radio"/> N <input type="radio"/> S <input type="radio"/> Collapse	Administered By: _____ Tech. ID: <input type="text"/> <input type="text"/> Init. TechID	HHID HHID F.S. <input type="checkbox"/> NHIDFS Administration Date <input type="text"/> / <input type="text"/> / <input type="text"/> MO DAY YR EVNTDATE
------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------------------	------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

1. Administered To (First Name):

2. Basic Household Contact Information (Fill in one bubble) **Adminto**

a. ☐ 1. Original Contact **GO TO p. 2, Q # 3**

☐ 2. Update **Continue Contact**

☐ 3. 10% QA Follow Up **Continue**

b. Update or QA check information collected via (Fill in one bubble):

☐ 1. Personal Field Interview **Continue Up-info**

☐ 2. Telephone **Continue**

☐ 3. Other (specify) _____ **Continue**

☐ 88. N/A (Default Code) Other code

c. Changes since last visit series (or update) are for:

☐ 1. Household (HH) level only **GO TO p. 2, Q # 3**

☐ 2. Individual (IRN) level only **GO TO p. 10, Q # 6**

☐ 3. Both HH and IRN **GO TO p. 2, Q # 3**

☐ 4. No change to HH or IRN status **Stop**

☐ 88. N/A (Default Code)

Status		Office Use Only			
Status Code: 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"/>	QC: <input type="text"/> Init. <input type="text"/> QA: <input type="text"/> Init. <input type="text"/>	Tech. ID: <input type="text"/> MO <input type="text"/> DAY <input type="text"/> YR <input type="text"/> QCBY QCDATE	DE: <input type="text"/> Init. <input type="text"/> DP Batch: <input type="text"/>	Tech. ID: <input type="text"/> MO <input type="text"/> DAY <input type="text"/> YR <input type="text"/> DEBY DEDATE	QXV: QDES1 DFBATCH

Public reporting burden for this collection of information is estimated to average 15 minutes per completion, and to require 0 hours recordkeeping. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, 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 #: PENDING

NHEXAS Form ID: UA-T-1.0-3.0

1 2 3 4 5 6 7 8 9 0 A B C D E F G H I J	Data use only: <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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Appendix A (Continued). Descriptive Questionnaire

HOUSEHOLD LOCATION

PAGE 2

3. Household Location Information (Q #'s 3a-3d)

If update: ☐ Δ ☐ No Δ

a. GPS:

Gpschng

LAT: Latdeg Latmin Latsec
 degrees minutes seconds
 LONG: Longdeg Longmin Longsec
 degrees minutes seconds
 ELEVATION: Elevat feet
 UTM EAST: Utmeast UTM NORTH: Utmnorth

b. Census:

If update: ☐ Δ ☐ No Δ

Centract Cenbg Cenblk
 Tract: BG: BLK:

Cenchng

c. Living address:

If update: ☐ Δ ☐ No Δ

Street: Street Apt. #: Apt
 City: City County: County
 Zip + 4: Zip - State: AZ
☐ Apache ☐ La Paz ☐ Santa Cruz
☐ Cochise ☐ Maricopa ☐ Yavapai
☐ Coconino ☐ Mohave ☐ Yuma
☐ Gila ☐ Navajo ☐ N/A (Default Code)
☐ Graham ☐ Pima
☐ Greenlee ☐ Pinal

d. Mailing address:

If update: ☐ Δ ☐ No Δ

☐ No mailing address ☐ N/A (Default code)

NoMailAd
 Street: M-stre Apt. #: M-apt
 City: M-city County: M-county
 Zip + 4: M-zip - State: AZ
☐ Apache ☐ La Paz ☐ Santa Cruz
☐ Cochise ☐ Maricopa ☐ Yavapai
☐ Coconino ☐ Mohave ☐ Yuma
☐ Gila ☐ Navajo ☐ N/A (Default Code)
☐ Graham ☐ Pima
☐ Greenlee ☐ Pinal

Appendix A (Continued). Descriptive Questionnaire

PAGE 3
Contehing

HHID:

CONTACT HISTORY

If update: ☐ Δ ☐ No Δ

4. If original contact, record (a) contact history, (b) final code from list below, and (c) participation level if applicable. If update, ask Q #'s 5c - 5e on next page and then record current final code and participation level below.

Contact	DATE MO DAY YR	TIME	COMMENTS	Pending Code	TECH ID
1.	/ /	:			Init.
2.	/ /	:			Init.
3.	/ /	:			Init.
4.	/ /	:			Init.
5.	/ /	:			Init.
6.	/ /	:			Init.
7.	/ /	:			Init.
8.	/ /	:			Init.
9.	/ /	:			Init.
10.	/ /	:			Init.

Final Code

MO

DAY

YR

Contdate
 Final Code

MO

DAY

YR

Final Code
 Contcode

Tech. ID
 Conttech

PARTICIPATION LEVEL *Fill all bubbles that apply.*

☐ 1. Descriptive complete
☐ 2. Baseline complete for P.R.
☐ 3. Agrees to Stage 1
☐ 4. Agrees to Stage 2
☐ 5. Agrees to Stage 3

☐ 6. Agrees to Stage 4
☐ 7. Refuses Stage 2
☐ 8. Refuses Stage 3
☐ 9. Unknown level of partic.
☐ 88. Not applicable

Partlevl

COMMENTS: _____

I. PENDING CODES

01 = No one at household
 02 = Eligible screening respondent unavailable
 03 = Neighbor indicates occupancy
 04 = Contact is physically/mentally incompetent - return later
 05 = Language Barrier - return with translator
 06 = Appointment broken by respondent
 07 = Partial interview - return later
 08 = Other (Specify in comments section)

II. FINAL CODES

A. If HH is NOT eligible:

31 = Vacant housing unit
 32 = No contact after 10 attempts
 33 = Eligible screening respondent permanently unavailable
 34 = Not a primary residence
 35 = Physically/mentally incompetent - all contacts
 36 = Not a housing unit
 37 = Group quarters
 38 = Language Barrier - Interpreter Unavailable
 39 = Other (Specify in comments section)

B. If HH is eligible:

40 = Enrolled Continue
 55 = REFUSED (TOTAL) Stop

Appendix A (Continued). Descriptive Questionnaire

INTRODUCTION

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5. Hello. I'm (Name) with NHEXAS AZ of the University of Arizona. We are conducting a survey in cooperation with the Environmental Protection Agency on exposures to substances in the environment in and around your home. You have been selected at random to participate in this survey. We mailed a letter to this address that explains the importance of your participation. Do you remember receiving this letter?

If letter not received, hand copy to respondent. Allow time for reading. Answer any questions.

- a. Verify the address in Q # 3c and make any necessary corrections. If the residence has a separate mailing address, then record it in Q # 3d. **not a visitor baby/house sitter, etc., reside Permanent w/ members of HH at least 1/2 the year**
- b. Verify that the respondent is a **RESIDENT** of the household and is **AT LEAST 18 YEARS OLD**. If respondent is not a resident of the household or is not 18 years or older, request to speak to someone eligible to answer for the household.

If eligible respondent Continue

If NO eligible respondent STOP, enter PENDING CODE 02 in Contact History Table, and thank respondent. Arrange a date/time for contact with another eligible respondent.

- c. Is this property your primary residence or is it a vacation home or second home where you live less than half the year?
Fill in ONE bubble:

- Type-res**
- ☐ 1. Primary Residence Continue
- ☐ 2. Secondary Residence Complete Descriptive Questionnaire, but household is INELIGIBLE. Enter FINAL CODE in Contact History Table and then GO TO Q # 5d.
- ☐ 88. N/A (Default Code) **THAN 10**

- d. Do ~~10 OR MORE~~ PEOPLE live at this address?
Fill in ONE bubble:

- Num people**
- ☐ 1. Yes Continue
- ☐ 2. No GO TO Q # 6
- ☐ 88. N/A (Default Code)

- e. ~~Probe for relationship. Is this (house/apartment) a group quarters?~~
Fill in ONE bubble:

- Grp quart**
- ☐ 1. Yes Complete Descriptive Questionnaire, but household is INELIGIBLE. Enter FINAL CODE in Contact History Table. GO TO Q # 6.
- ☐ 2. No GO TO Q # 6
- ☐ 88. N/A (Default Code)

Appendix A (Continued). Descriptive Questionnaire

(Y) Yes
(N) No

(55) REFUSED
(88) NOT APPLICABLE (Default Code)
(99) DON'T KNOW

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j. Does (NAME) work outside the home? *Fill in ONE bubble in COLUMN K.*

(55) REFUSED

(88) NOT APPLICABLE (Default Code)

(99) DON'T KNOW

k. Does (NAME) attend school or daycare outside the home? *Fill in ONE bubble in COLUMN M.*

(55) REFUSED

(88) NOT APPLICABLE (Default Code)

(99) DON'T KNOW

Henceforth, the answer for question 6j is recorded in column K of the Roster, and the answer for question 6k is recorded in column M of the Roster.

The following columns in the Roster are NO LONGER APPLICABLE: J, L, N, O, and P.

Comments: _____

Chair of Custody (sig.):

Consigned to Packet

~~Box UA G4-2.0~~

FORM UA-F5.0-1.0

Appendix A (Continued). Descriptive Questionnaire

HHD:

ROSTER: Part I

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[illegible]

OTHER RACE: <i>Specify beside appropriate roster ID below.</i>			RACE	
a. <u>Ethnoth-a</u> <input type="checkbox"/>	e. <u>Ethnoth-e</u> <input type="checkbox"/>	i. <u>Ethnoth-i</u> <input type="checkbox"/>	(1) White	(2) Black or African-American (3) American Indian (4) Eskimo or Aleut (5) Asian or Pacific Islander (6) Some other race <i>Specify to left</i> (55) REFUSED (88) N/A (Default Code) (99) DON'T KNOW <u>Ethnoth-m</u>
b. <u>Ethnoth-b</u> <input type="checkbox"/>	f. <u>Ethnoth-f</u> <input type="checkbox"/>	j. <u>Ethnoth-j</u> <input type="checkbox"/>	(7) <input type="checkbox"/>	
c. <u>Ethnoth-c</u> <input type="checkbox"/>	g. <u>Ethnoth-g</u> <input type="checkbox"/>	k. <u>Ethnoth-k</u> <input type="checkbox"/>	(8) <input type="checkbox"/>	
d. <u>Ethnoth-d</u> <input type="checkbox"/>	h. <u>Ethnoth-h</u> <input type="checkbox"/>	l. <u>Ethnoth-l</u> <input type="checkbox"/>	(9) <input type="checkbox"/>	
			(10) <input type="checkbox"/>	
			(11) <input type="checkbox"/>	
			(12) <input type="checkbox"/>	
			(13) <input type="checkbox"/>	
			(14) <input type="checkbox"/>	
			(15) <input type="checkbox"/>	
			(16) <input type="checkbox"/>	
			(17) <input type="checkbox"/>	
			(18) <input type="checkbox"/>	
			(19) <input type="checkbox"/>	
			(20) <input type="checkbox"/>	
			(21) <input type="checkbox"/>	
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			(40) <input type="checkbox"/>	
			(41) <input type="checkbox"/>	
			(42) <input type="checkbox"/>	
			(43) <input type="checkbox"/>	
			(44) <input type="checkbox"/>	
			(45) <input type="checkbox"/>	
			(46) <input type="checkbox"/>	
			(47) <input type="checkbox"/>	
			(48) <input type="checkbox"/>	
			(49) <input type="checkbox"/>	
			(50) <input type="checkbox"/>	
			(51) <input type="checkbox"/>	
			(52) <input type="checkbox"/>	
			(53) <input type="checkbox"/>	
			(54) <input type="checkbox"/>	
			(55) REFUSED	
			(88) N/A (Default Code)	
			(99) DON'T KNOW	
			<u>Ethnoth-m</u>	
			m. <input type="checkbox"/>	

Appendix A (Continued). Descriptive Questionnaire

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	F	G	H	I	J	K
Rostr. ID	Hispanic	School Completed	Smoke	Smoke Inside	Work at work	Work outside of home
a.	Hisp-a Y N 55 88 99 ○ ○ ○ ○ ○	scomp-a 1 2 3 4 5 6 7 55 88 99 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Smoke-a Y N 55 88 99 ○ ○ ○ ○ ○	Smkin-a Y N 55 88 99 ○ ○ ○ ○ ○	Arwrk-a <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	Wkout-a Y N 55 88 99 ○ ○ ○ ○ ○
b.	Hisp-b Y N 55 88 99 ○ ○ ○ ○ ○	scomp-b 1 2 3 4 5 6 7 55 88 99 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Smoke-b Y N 55 88 99 ○ ○ ○ ○ ○	Smkin-b Y N 55 88 99 ○ ○ ○ ○ ○	Arwrk-b <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	Wkout-b Y N 55 88 99 ○ ○ ○ ○ ○
c.	Hisp-c Y N 55 88 99 ○ ○ ○ ○ ○	scomp-c 1 2 3 4 5 6 7 55 88 99 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Smoke-c Y N 55 88 99 ○ ○ ○ ○ ○	Smkin-c Y N 55 88 99 ○ ○ ○ ○ ○	Arwrk-c <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	Wkout-c Y N 55 88 99 ○ ○ ○ ○ ○
d.	Hisp-d Y N 55 88 99 ○ ○ ○ ○ ○	scomp-d 1 2 3 4 5 6 7 55 88 99 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Smoke-d Y N 55 88 99 ○ ○ ○ ○ ○	Smkin-d Y N 55 88 99 ○ ○ ○ ○ ○	Arwrk-d <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	Wkout-d Y N 55 88 99 ○ ○ ○ ○ ○
e.	Hisp-e Y N 55 88 99 ○ ○ ○ ○ ○	scomp-e 1 2 3 4 5 6 7 55 88 99 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Smoke-e Y N 55 88 99 ○ ○ ○ ○ ○	Smkin-e Y N 55 88 99 ○ ○ ○ ○ ○	Arwrk-e <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	Wkout-e Y N 55 88 99 ○ ○ ○ ○ ○
f.	Hisp-f Y N 55 88 99 ○ ○ ○ ○ ○	scomp-f 1 2 3 4 5 6 7 55 88 99 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Smoke-f Y N 55 88 99 ○ ○ ○ ○ ○	Smkin-f Y N 55 88 99 ○ ○ ○ ○ ○	Arwrk-f <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	Wkout-f Y N 55 88 99 ○ ○ ○ ○ ○
g.	Hisp-g Y N 55 88 99 ○ ○ ○ ○ ○	scomp-g 1 2 3 4 5 6 7 55 88 99 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Smoke-g Y N 55 88 99 ○ ○ ○ ○ ○	Smkin-g Y N 55 88 99 ○ ○ ○ ○ ○	Arwrk-g <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	Wkout-g Y N 55 88 99 ○ ○ ○ ○ ○
h.	Hisp-h Y N 55 88 99 ○ ○ ○ ○ ○	scomp-h 1 2 3 4 5 6 7 55 88 99 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Smoke-h Y N 55 88 99 ○ ○ ○ ○ ○	Smkin-h Y N 55 88 99 ○ ○ ○ ○ ○	Arwrk-h <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	Wkout-h Y N 55 88 99 ○ ○ ○ ○ ○
i.	Hisp-i Y N 55 88 99 ○ ○ ○ ○ ○	scomp-i 1 2 3 4 5 6 7 55 88 99 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Smoke-i Y N 55 88 99 ○ ○ ○ ○ ○	Smkin-i Y N 55 88 99 ○ ○ ○ ○ ○	Arwrk-i <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	Wkout-i Y N 55 88 99 ○ ○ ○ ○ ○
j.	Hisp-j Y N 55 88 99 ○ ○ ○ ○ ○	scomp-j 1 2 3 4 5 6 7 55 88 99 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Smoke-j Y N 55 88 99 ○ ○ ○ ○ ○	Smkin-j Y N 55 88 99 ○ ○ ○ ○ ○	Arwrk-j <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	Wkout-j Y N 55 88 99 ○ ○ ○ ○ ○
k.	Hisp-k Y N 55 88 99 ○ ○ ○ ○ ○	scomp-k 1 2 3 4 5 6 7 55 88 99 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Smoke-k Y N 55 88 99 ○ ○ ○ ○ ○	Smkin-k Y N 55 88 99 ○ ○ ○ ○ ○	Arwrk-k <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	Wkout-k Y N 55 88 99 ○ ○ ○ ○ ○
l.	Hisp-l Y N 55 88 99 ○ ○ ○ ○ ○	scomp-l 1 2 3 4 5 6 7 55 88 99 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Smoke-l Y N 55 88 99 ○ ○ ○ ○ ○	Smkin-l Y N 55 88 99 ○ ○ ○ ○ ○	Arwrk-l <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	Wkout-l Y N 55 88 99 ○ ○ ○ ○ ○
m.	Hisp-m Y N 55 88 99 ○ ○ ○ ○ ○	scomp-m 1 2 3 4 5 6 7 55 88 99 ○ ○ ○ ○ ○ ○ ○ ○ ○ ○	Smoke-m Y N 55 88 99 ○ ○ ○ ○ ○	Smkin-m Y N 55 88 99 ○ ○ ○ ○ ○	Arwrk-m <input type="checkbox"/> <input type="checkbox"/> . <input type="checkbox"/>	Wkout-m Y N 55 88 99 ○ ○ ○ ○ ○

SCHOOL COMPLETED	COMMENTS
(1) No schooling completed or kindergarten only	
(2) Primary or middle school (Grade 1 through 8)	
(3) Some high school (Grade 10 through 11)	
(4) High school graduate (Grade 12 or GDE)	
(5) Some college or technical school	
(6) College graduate	
(7) Some post-college	
(55) REFUSED	
(88) N/A (Default Code) (99) DON'T KNOW	

Appendix A (Continued). Descriptive Questionnaire

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Rost. #	School	M	N	A	A	Q	R
		School outside of home	Household Other Activities	Work Residues	Work Solvents	IRN Assignment	Status Change
a.	Hr. Sch-a	Schout-a Y N 55 88 99 ○ ○ ○ ○ ○	Hrply-a Y N 55 88 99 ○ ○ ○ ○ ○	Wpest-a Y N 55 88 99 ○ ○ ○ ○ ○	WSolv-a Y N 55 88 99 ○ ○ ○ ○ ○	IRN-a Y N 88 ○ ○ ○	Change-a Y N 88 ○ ○ ○
b.	Hr. Sch-b	Schout-b Y N 55 88 99 ○ ○ ○ ○ ○	Hrply-b Y N 55 88 99 ○ ○ ○ ○ ○	Wpest-b Y N 55 88 99 ○ ○ ○ ○ ○	WSolv-b Y N 55 88 99 ○ ○ ○ ○ ○	IRN-b Y N 88 ○ ○ ○	Change-b Y N 88 ○ ○ ○
c.	Hr. Sch-c	Schout-c Y N 55 88 99 ○ ○ ○ ○ ○	Hrply-c Y N 55 88 99 ○ ○ ○ ○ ○	Wpest-c Y N 55 88 99 ○ ○ ○ ○ ○	WSolv-c Y N 55 88 99 ○ ○ ○ ○ ○	IRN-c Y N 88 ○ ○ ○	Change-c Y N 88 ○ ○ ○
d.	Hr. Sch-d	Schout-d Y N 55 88 99 ○ ○ ○ ○ ○	Hrply-d Y N 55 88 99 ○ ○ ○ ○ ○	Wpest-d Y N 55 88 99 ○ ○ ○ ○ ○	WSolv-d Y N 55 88 99 ○ ○ ○ ○ ○	IRN-d Y N 88 ○ ○ ○	Change-d Y N 88 ○ ○ ○
e.	Hr. Sch-e	Schout-e Y N 55 88 99 ○ ○ ○ ○ ○	Hrply-e Y N 55 88 99 ○ ○ ○ ○ ○	Wpest-e Y N 55 88 99 ○ ○ ○ ○ ○	WSolv-e Y N 55 88 99 ○ ○ ○ ○ ○	IRN-e Y N 88 ○ ○ ○	Change-e Y N 88 ○ ○ ○
f.	Hr. Sch-f	Schout-f Y N 55 88 99 ○ ○ ○ ○ ○	Hrply-f Y N 55 88 99 ○ ○ ○ ○ ○	Wpest-f Y N 55 88 99 ○ ○ ○ ○ ○	WSolv-f Y N 55 88 99 ○ ○ ○ ○ ○	IRN-f Y N 88 ○ ○ ○	Change-f Y N 88 ○ ○ ○
g.	Hr. Sch-g	Schout-g Y N 55 88 99 ○ ○ ○ ○ ○	Hrply-g Y N 55 88 99 ○ ○ ○ ○ ○	Wpest-g Y N 55 88 99 ○ ○ ○ ○ ○	WSolv-g Y N 55 88 99 ○ ○ ○ ○ ○	IRN-g Y N 88 ○ ○ ○	Change-g Y N 88 ○ ○ ○
h.	Hr. Sch-h	Schout-h Y N 55 88 99 ○ ○ ○ ○ ○	Hrply-h Y N 55 88 99 ○ ○ ○ ○ ○	Wpest-h Y N 55 88 99 ○ ○ ○ ○ ○	WSolv-h Y N 55 88 99 ○ ○ ○ ○ ○	IRN-h Y N 88 ○ ○ ○	Change-h Y N 88 ○ ○ ○
i.	Hr. Sch-i	Schout-i Y N 55 88 99 ○ ○ ○ ○ ○	Hrply-i Y N 55 88 99 ○ ○ ○ ○ ○	Wpest-i Y N 55 88 99 ○ ○ ○ ○ ○	WSolv-i Y N 55 88 99 ○ ○ ○ ○ ○	IRN-i Y N 88 ○ ○ ○	Change-i Y N 88 ○ ○ ○
j.	Hr. Sch-j	Schout-j Y N 55 88 99 ○ ○ ○ ○ ○	Hrply-j Y N 55 88 99 ○ ○ ○ ○ ○	Wpest-j Y N 55 88 99 ○ ○ ○ ○ ○	WSolv-j Y N 55 88 99 ○ ○ ○ ○ ○	IRN-j Y N 88 ○ ○ ○	Change-j Y N 88 ○ ○ ○
k.	Hr. Sch-k	Schout-k Y N 55 88 99 ○ ○ ○ ○ ○	Hrply-k Y N 55 88 99 ○ ○ ○ ○ ○	Wpest-k Y N 55 88 99 ○ ○ ○ ○ ○	WSolv-k Y N 55 88 99 ○ ○ ○ ○ ○	IRN-k Y N 88 ○ ○ ○	Change-k Y N 88 ○ ○ ○
l.	Hr. Sch-l	Schout-l Y N 55 88 99 ○ ○ ○ ○ ○	Hrply-l Y N 55 88 99 ○ ○ ○ ○ ○	Wpest-l Y N 55 88 99 ○ ○ ○ ○ ○	WSolv-l Y N 55 88 99 ○ ○ ○ ○ ○	IRN-l Y N 88 ○ ○ ○	Change-l Y N 88 ○ ○ ○
m.	Hr. Sch-m	Schout-m Y N 55 88 99 ○ ○ ○ ○ ○	Hrply-m Y N 55 88 99 ○ ○ ○ ○ ○	Wpest-m Y N 55 88 99 ○ ○ ○ ○ ○	WSolv-m Y N 55 88 99 ○ ○ ○ ○ ○	IRN-m Y N 88 ○ ○ ○	Change-m Y N 88 ○ ○ ○

ROSTER ID		COMMENTS	
a.		h.	
b.		i.	
c.		j.	
d.		k.	
e.		l.	
f.		m.	
g.			

Appendix A (Continued). Descriptive Questionnaire

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RHID:

RESPONDENT SELECTION

8. a. What is the roster line ID of Primary Respondent? ☐ Primrost

b. Obtain full name of Primary Respondent. If update: ☐ Δ ☐ No Δ Pr.chng

First Prfname Middle: Prmid-in

Last Prlname

c. If Primary Respondent is UNDER 18, obtain full name of Primary Respondent's legal guardian. If update: ☐ Δ ☐ No Δ G.chng

☐ Primary Respondent is UNDER 18 G-none ☐ N/A (Default Code)

First Gfname Middle: Gmid-in

Last Glname

9. STAGE I ONLY!

a. Thank you for taking the time to answer our questions about your household. We would like to ask some additional questions about each individual in your home using a second questionnaire [Display BASELINE QUESTIONNAIRE]. This questionnaire asks much more detailed questions related to your potential exposure to the substances in the environment we are interested in. It will take approximately one hour to complete this questionnaire. Is this a good time to do this?

1. YES ----- Obtain informed consent and administer BASELINE.
2. NO ----- GO TO Q # 9b.

b. Would there be a better time to do this?

1. YES ----- Schedule appt. and record below. Then GO TO Q # 10.
2. NO ----- GO TO Q # 10.

MO / DAY / YR AT _____

Comments: _____

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

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Appendix A (Continued). Descriptive Questionnaire

FUTURE CONTACT

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10. IF NO ONE SELECTED: My supervisor needs to call some of the people I talk with in order to verify my work.

IF PARTICIPANT SELECTED: We ^{MAY} need to call you to verify the appointments.

a. Do you have a telephone in this house or apartment?

If update: ☐ Δ ☐ No Δ

- ☐ 1. Yes ----- Record below. Then GO TO Q # 11.
☐ 2. No ----- GO TO Q # 10c.
☐ 55. REFUSED ----- GO TO Q # 12.
☐ 88. NOT APPLICABLE ----- (Default Code)
☐ 99. DON'T KNOW ----- GO TO Q # 10c. Phone

Phonching

b. What is the telephone number, starting with the area code?

Home telephone number: () - ^{Home num}

c. Is there a telephone on which you can receive calls?

If update: ☐ Δ ☐ No Δ

- ☐ 1. Yes ----- Record below. Then GO TO Q # 12.
☐ 2. No ----- GO TO Q # 12.
☐ 55. REFUSED ----- GO TO Q # 12.
☐ 88. NOT APPLICABLE ----- (Default Code)
☐ 99. DON'T KNOW ----- GO TO Q # 12.

Altching

Phon-alt

d. What is the telephone number, starting with area code?

Alternative telephone number: () - ^{Alt num}

11. When would be a good time to call you?

	Mon.	Tue.	Wed.	Thur.	Fri.	Sat.	Sun.
Mornings							
Afternoons							
Evenings							

12. Thank respondent. On p. 3 (Contact History), record final code and participation level.

Data use only: Page Link QA

Init.

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

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