

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-11.0

Title: Coding: Follow Up 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: Follow Up Questionnaire

1.0 Purpose and Applicability

This procedure defines the coding strategy for the Follow Up 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 Respiratory Sciences Center and the primary site of NHEXAS Arizona.
- 2.5 **NHEXAS Arizona**: Acronym for National **H**uman **EX**posure 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 Follow Up Questionnaire is a scanable form. The questionnaire will be self-completed by the subject in the field, QA checked by the interviewer/technician and office staff, coded, and then scanned into the database.

The OMB approved questions were formatted into a scanable form using the

Teleform program package and following procedures outlined in SOP # UA-D-30.x. This package has a dictionary feature and a feature that prints out the characteristics of each created form.

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

A final version of the Follow Up Questionnaire form are presented in the attached Appendix A. A description of all fields and variables may be found in UA-D-22.x. 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. A summary table of questions needing specific codes and coding lists used are found in Table 1.

5.0 Responsibilities

The Project Data Coordinator is responsible for creating the forms, defining the databases and writing the coding instructions for the Follow Up 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.
- 6.2 Those coding lists that are not in the Coding Lists notebook can be found on-line in the /rsc53/TrackNHEXAZ/codes/ directory. The coding lists that pertain to the Follow Up Questionnaire are listed in section 8.0 Records, and include Tables 2 through 15.
- 6.3 Networked Computer Workstation that can access FoxPro.
- 6.4 Microsoft FoxPro Professional Edition version 2.6, Copyright 1989-1993 Microsoft Corporation.
- 6.5 Coding Program v1.0, developed in-house using FoxPro 2.6.

7.0 Procedural Steps for Coding of Follow Up Questionnaire

7.1 Preparation

- A. Remove a batch of Follow Up Questionnaire forms from the Data Coordinator's 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. If there is no code appropriate to the given response then create a new code and add it to the coding list according to the procedure found in UA-D-31.x.

7.3 Creation of a New Code

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

8.0 Records

Inclusions:

- Table 1. Questionnaires Needing Codes & Coding Lists
- Table 2. Antacid
- Table 3. Calcium
- Table 4. Chelate
- Table 5. Chromium
- Table 6. Diuretic
- Table 7. Hormone
- Table 8. Multi
- Table 9. Other
- Table 10. Selenium
- Table 11. Medical Code
- Table 12. Other Unit
- Table 13. Other Diet
- Table 14. Other Filter
- Table 15. Medical Category
- Appendix A. Follow Up 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/anacid.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
FOLLOW UP	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	UA-D-7.x / Table 8
BASELINE QX	N/A	LISTING OF DATABASES (THIS LIST)	/rsc53/TrackNHEXAZ/codes/codelist.dbf	N/A
ALL FORMS HAVING COMMENTS	N/A	REASON COMMENTS MADE BY FIELD TECHS	/rsc53/TrackNHEXAZ/codes/comment.dbf	UA-D-31.x / Table 2
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. Antacid

<u>CODE</u>	<u>DESC</u>
10	GENERIC
11	PEPCID
12	ZANTAC
13	ALKA-SELTZER
14	PEPTO BISMOL
15	TUMS
16	TEMPO
17	MAALOX
18	TAGAMET
19	ALUMINIO Y MAGNESIO
20	BERGAN BRUNSWIG
21	ROLAIDS
22	PHAZYME
23	LILLEY
24	PROPULSIVE
25	SAFEWAY
26	PHARMACIST'S FORMULA
27	SMITH'S
28	RIOPAN
62	EQUATE
66	ZANTAC

Table 3. Calcium

CODE DESC

01	CENTRUM	
02	SMITH'S	89
03	SPRING VALLEY	89 TUMS ULTRA
04	KYOLIC	90
05	VITA FRESH	91
06	NUTRILITE	92
07	SINUTAB	93
08	SMITTY'S	94
09	SHAKLEE	
10	LTRA	
11	WALGREEN'S	
12	HI-CAL	
13	SOURCE NATURAL	
14	CALTRATE	
20	VITAMINS/MINERALS	
21	KIRKLAND HEALTH BALANCE	
22	TRI-NATURE	
23	NATURE MADE	
24	WALMART	
25	OSCAL	
26	HI-TOP	
27	NATURE'S WAY	
28	TWIN LAB	
29	GNC	
30	NATURES WAY	
31	OSTEO PRIME	
32	NATURE'S LIFE	
33	NATURE'S BOUNTY	
34		
34	NATURE PLUS	
34	THORNE RESEARCH	
35	LIFETIME	
36	CITRACAL	
37	GENERIC	
38	YOUR LIFE	
39	NATURE'S BODY	
40		
41		
42		
43		
44		
45		
46		
47		
48		
50		
51		
52		
53		
56	PURITAN'S PRIDE	
60		
61		
62		
63		
64	HI-HEALTH	
70		
71		
72	FRY'S	
80		
81		
82		
83		
84		
85		
86		
87		
88		

Table 4. Chelate

<u>CODE</u>	<u>DESC</u>
01	CENTRUM
02	SMITH'S
03	SPRING VALLEY
04	KYOLIC
05	VITA FRESH
06	NUTRILITE
07	SINUTAB
08	EFIDAC
20	VITAMINS/MINERALS
21	KIRKLAND HEALTH BALANCE
22	TRI-NATURE
23	NATURE MADE
24	WALMART
25	OSCAL
26	HI-TOP
27	NATURE'S WAY
28	TWIN LAB
29	GNC
30	HORMONES
31	PREMARIN
32	ORTHO NOVUM
33	PREMPRO
34	DESOGEN
40	PAIN KILLERS
41	MOTRIN
42	EXCEDRIN
43	TYLENOL
44	ECOTRIN
45	PERRIGO CO
46	ADVIL
47	TOP CARE
48	FORMUCARE
50	BLOOD PRESSURE MEDS
51	RELAFEN
52	MODURETIC
53	VASOTECH
60	ALLERGY MEDS
61	SUDAFED
62	EQUATE
63	MURO
70	ANTIBIOTICS
71	GRUPO PHARMACTEL
80	ASTHMA MEDS
81	SLO BID
82	ALLEN & HANBURY'S
83	3M
84	PROVENTIL
85	INTAL
86	ALBUTEROL
87	NASACORT
88	AZMACORT
89	AEROBID
90	HEART MEDS/PSYCHO DRUGS
91	PROCARDIA
92	ZOLOFT
93	DIGOXIN/LANOXIN
94	LOPRESSOR

Table 5. Chromium

<u>CODE</u>	<u>DESC</u>
01	NOW
02	
02	NATROL
03	
03	CENTRUM
04	
04	WEIDER
05	
06	
07	
08	
09	
10	
20	
21	
22	
23	
23	NATURE'S MADE
24	
24	WALMART
25	
26	
27	
28	
29	
30	
31	
32	
33	
33	MEZATRACE
34	
34	NATURE'S PLUS
40	
41	
42	
43	
44	
45	
46	
47	
48	
50	

Table 6. Diuretic

<u>CODE</u>	<u>DESC</u>
01	ACCUPRIL
02	DILACOR
03	ARCOLA
04	DYAZIDE
05	GENEVA
06	NATURAL BRAND
07	ALDACTONE
08	LASIX
09	PRINZIDE (ZESTORETIC)
10	GENERIC
11	ZIAC
12	MUNLIN R/N
13	ZAROXOLYN
14	OSCO DRUG
15	BUMEX
16	WALGREEN'S
17	HYDROCHLOROTHIAZIDE
18	MYLAN
50	BLOOD PRESSURE MEDS
51	RELAFEN
52	MODURETIC
53	VASOTECH

Table 7. Hormone

<u>CODE</u>	<u>DESC</u>
01	NATURAL ESTROGEN
02	BMSPR
03	UPJOHN
04	ESTRADERM
05	ORTHO-CEPT
06	WYETH
07	ESTRACE
08	SCHERINA
09	WYETH-AYERST
10	DANIELS
11	TRIGUILAR
12	GREENSTONE
13	ARMOUR
14	OGEN
15	SMITH'S
20	CAREMARK
30	HORMONES
31	PREMARIN
32	ORTHO NOVUM
33	PREMPRO
34	DESOGEN
35	PREMPHASE
36	E.S.I.
37	BOOTS
38	TRIPHASEAL
39	CYCRIN
40	PROVERA
41	ORTHOCYCLEN
42	LOESTRIN FE
74	OSCO
96	SYNTHROID

Table 8. Multi

CODE DESC

01	CENTRUM
02	SMITH'S
03	SPRING VALLEY
04	KYOLIC
05	VITA FRESH
06	NUTRILITE
07	WINTERSUN
08	PSYCHOGENOLS
09	RED CLOVER PLUS
10	AMNI
11	SESAME STREET
12	CENTURY SENIOR
13	YOUR LIFE
14	OSCO
15	SAFEWAY
16	THERAGRAN M
17	ONE-A-DAY
18	PROCEA
19	ULTRA MEGA
20	VITAMINS/MINERALS
21	KIRKLAND HEALTH BALANCE
22	TRI-NATURE
23	NATURE MADE
24	WALMART
25	OSCAL
26	HI-TOP
27	NATURE'S WAY
28	TWIN LAB
29	GNC
30	VITA-LEA
31	STAR
32	GENERIC
33	TRADER DARWIN'S
34	SILVER LIGHT
35	HEALTH FOR LIFE
36	YOUR LIFE
37	CERNITIN
38	CENTRAL VITE
39	THORNE RESEARCH
40	ALLERGY RESEARCH GROUP
41	NATURE' LIFE
42	TOP CARE
43	WALGREEN'S
44	K-MART
45	NATURE'S RESOURCE
46	OCUVITE
47	AARP
48	AVON LIFE
49	GOLDLINE
50	TARGET
51	MULTIVITAMIN
52	SCHIFF
53	CENTRUM SILVER
54	TRU NATURE
55	PEP PRODUCTS
56	PURITAN'S PRIDE
57	NATURE'S PLUS
58	NATURE'S BOUNTY
59	FRY'S
60	POLY VI FLOR
61	MEGA FOOD
62	BRONSON
63	NATURALLY
64	HI-HEALTH
65	SOLARAY
66	SAV-ON

Table 8 (Continued). Multi

69	VITAL 90+
70	ULTRA PLAN
71	ALBERTSON'S
72	VITALERT
73	ARIZONA
74	PRENATE 90
75	THOMPSON
76	KAL
77	SUPER BLUE GREEN
78	MEG-OMEGA
79	IROPS BETA-PLEX
80	GINSANA
81	SPECTRO
82	PURITAN
83	ETHEX
84	CELL GUARD
85	SHABLU
86	ABOVE ALL
87	NUTRI BIOTIC
88	TRADER JOE'S
89	HIGH HEALTH
90	LURIDE
91	QUINTESSENCE
92	STANDARD PROCESS
93	ENZYMATIC THERAPY
94	AZ HARVEST
95	LIQUID HEALTH
96	SUNDOWN
97	ENERGEN
98	NUTRITION FOR LIFE
99	MEGAMEN
A1	EAS (EXPERIMENTAL & APPLIED SCIENCES)
A2	NEXT NUTRITION
A3	GOLDEN YUCCA
A4	FLINTSTONE (BAYER)
A5	NESTAB

Table 9. Other

<u>CODE</u>	<u>DESC</u>
01	BENADRYL
02	SMITH'S
03	BROMPHEN
04	TWIN LAB
05	PRIME NATURAL
06	TRADER JOES
07	ALLEVE
08	LILLY
09	MARQUEE
10	NORVASC (HEART MED)
11	SWIFT
12	GENERIC
13	PREDNISONE (DELTASONE)
14	PAIN AID
15	MYLAN
16	MERCK & CO
17	SIDMAK
18	SCARLE
19	HALLS
20	SUDA HYDRO CHLORINE
21	MAXAIR
22	WALGREEN'S
23	MARINE MINERALS
24	WALMART
25	OSCAL
26	VICKS
27	NITROFURANTOIN
28	HERBAL AUTHORITY
29	VITAMIN WORLD
30	LANOXIN
31	PLENDIL
32	PROSCAR
33	GLUCOTROL
34	INSULIN
35	CIMETIDINE
36	SULINDAC
37	ACHROMYCIN-V
38	SELDANE
39	SCHERING
40	MSD
41	CORGARD
42	DIABETA
43	MOTRIN
44	CALAN / VERAPAMIL
45	ZESTRIL / PRINIVIL
46	GENEVA BROOMFIELD
47	THOMPSON
48	ADVIL
49	MUTUAL 105
50	NEW VISION
51	PURE SYNERGY
52	BACTROBAN
53	WESCORT
54	PFZER
55	BOOTL
56	B-W
57	SEARL
58	NATURE'S BOUNTY
59	TYLENOL
60	SMITH KLINE
61	SUDAFED
62	EQUATE
63	CLARITIN
64	HI-HEALTH
65	CARAFATE
66	CAREMARK
67	VICODIN
68	LIBRAX (CLINDEX)
69	XANAX
70	KIRKLAND
71	CATAPRES

Table 9 (Continued). Other

72	FRY'S
73	VALUSTAR
74	OSCO DRUG
75	SOMA
76	DECONAMINE / CHLORPHENIRAMINE
77	AUGMENTIN
78	TOP CARE
79	ALBERTSON'S
80	GEMFIBROZIL
81	NORVOICH
82	VANCERIL (BECLOMETHASONE DIPROPIONATE)
83	BAYER
84	METHOTREXATE
85	SERZONE
86	ALBUTEROL (PROVENTIL)
87	ROBITUSSIN
88	AZMACORT
89	CARDENE
90	TENORMIN
91	QUESTRAN
92	ZOLOFT
93	LOPID
94	ACCUPRIL
95	IMIPRAMINE
96	MIDOL
97	TOP CASE
98	BRISTOL-MYERS
99	NATURAL EFX
A1	CEPACOL
A2	RITALIN
A3	DURAMED
A4	SCHEIN
A5	SPORANOX
A6	CARDIZEM
A7	HY-TOP
A8	PAXIL
A9	VOLTAREN
B1	INDOCIN
B2	PIAQUENIL
B3	CONGEST AID
B4	WYETH
B5	NDC
B6	BLAIREX
B7	JOHNSON & JOHNSON
B8	SMITTY'S
B9	ALKA-SELTZER
C1	LITHOBID
C2	TEGRETOL
C3	TRAZODONE
C4	EON LABS
C5	ETHEX
C6	HUMULIN R
C7	IMODIUM AD
C8	RELIEF SF
C9	METAPROLOL
D1	HYTRIN
D2	VASOTEC
D3	ACCUPRIL
D4	ESTRATAB
D5	BETOPTIC
D6	MICRONASE
D7	EFIDAC
D8	SAV-ON
D9	IMURAN
E1	MCNEIL
E2	DYAZIDE
E3	DIMETAP
E4	ALEVEST
E5	FLEMING
E6	INTAL
E7	AMOXIL/AMOXICILLIN
E8	AMOXIL/AMOXICILLIN

Table 10. Selenium

<u>CODE</u>	<u>DESC</u>
01	CENTRUM
02	SMITH'S
03	SPRING VALLEY
04	KYOLIC
05	VITA FRESH
06	NUTRILITE
07	SINUTAB
08	EFIDAC
09	VITA-C
10	NATURE'S BOUNTY
13	SOURCE NATURALS
20	VITAMINS/MINERALS
21	KIRKLAND HEALTH BALANCE
22	TRI-NATURE
23	NATURE MADE
24	WALMART
25	OSCAL
26	HI-TOP
27	NATURE'S WAY
28	TWIN LAB
29	GNC
30	SOLARAY
31	ULTRA PLAN
32	
32	PURITAN'S PRIDE
33	
33	MEZATRACE
34	
34	NATURE'S PLUS
40	
41	
42	
43	
44	
45	
46	
47	
48	
50	

Table 11. Medical Code

<u>CODE</u>	<u>DESC</u>
010	VITAMINS/MINERALS
011	CENTRUM JR MULTIVITAMIN
012	VITAMIN E
013	BETA CAROTENE
014	CALCIUM
015	VITAMIN C
016	MULTIVITAMIN
017	CAL-MAG-ZINC
018	CHROMIUM PICOLINATE
019	AMINO ACIDS
020	ALLERGY MEDS
021	EQUATE
022	PSEUDOEPHREDINE (SUDAFED)
023	SINUTAB
024	EFIDAC
025	BROMPHEN
026	CLARITIN
027	PLENDIL
028	PROSCAR
029	SULINDAC
030	ANTACIDS
031	FAMOTIDINE
032	RANITIDINE HYDROCHLORIDE
033	PEPTO BISMOL
034	TUMS
035	CIMETIDINE (TAGAMET HB)
036	MAALOX
037	ALKA SELTZER
038	ROLAIDS
039	ACHROMYCIN-V
040	HORMONES
041	ESTROGEN
042	BIRTH CONTROL PILLS
043	ESTROGEN REPLACEMENT (PREMPRO, PREMARIN)
044	CYCRIN (PROVERA)
045	MICRONOR (PROGESTIN)
046	LEVOTHYROXINE
047	TESTOSTERONE
048	PROVENTIL (ALBUTEROL)
049	IMODIUM
050	PAIN KILLERS
051	IBUPROFEN
052	ACETOMINOPHEN
053	ASPIRIN
054	NAPROXEN SODIUM
055	HELATONIAN
056	GYNOVIN
057	SELDANE
058	VANCENASE
059	TRIMTERENE (MAXZIDE)
060	BLOOD PRESSURE MEDS
061	ZESTRIL
062	HYTRIN
063	PROPRANOLOL/INDERAL
064	CARDENE
065	TENORMIN
066	QUESTRAN
067	LOPID
068	ACCUPRIL
069	DIABETA
070	ANTIBIOTICS
071	ERITHROMIACIN
072	LOTRIMEN
073	NITROFURANTOIN
074	KELP
075	ALUMINUM/MAGNESIUM
076	ZINC
077	POTASSIUM GLUCONATE

Table 11(Continued). Medical Code

078	PENICILLIN
079	FLONASE
080	ASTHMA MEDS
081	SLO-BID
082	INHALER
083	TRIAMCINOLONE ACETONIDE/AZMACORT
084	AEROBID
085	PREDNISONE (DELTASONE)
086	PIRBUTEROL ACETATE
087	SEREVENT
088	ATROVENT
089	ULTRA DIET PEP
090	HEART MEDICINE
091	PROCARDIA
092	ATENOLOL
093	LANOXIN/DIGOXIN
094	LOPRESSOR
095	ENALAPRIL MALEATE (VASOTEC)
096	NORVASC (AMLODIPINE BESYLATE)
097	VERAPAMIL
098	IMIPRAMINE
099	CYANOCOBALAMINE (B12)
100	COUGH MEDS
101	COUGH FORMULA M
102	COUGH FORMULA DM
103	COUGH DROPS
104	LEVOXYL
105	CAL-SILICA
106	CORGARD
107	SIMETHICONE
108	OYSTER CAL D
109	MAGNESUM
110	MORE VITAMINS & MINERALS
111	GINSENG
112	CREATINE
113	GARLIC
114	NIACIN
115	SELENIUM
116	RED ROOT
117	THERAPEUTIC M
118	ECHINACEA
119	VITAMIN B-6
120	DIURETICS
121	AMILORIDE HYDROCHLOROTHYAZIDE
122	FUROSEMIDE
123	ACCUPRIL-DO NOT USE
124	DILACOR
125	INDAPAMIDE
126	DYAZIDE
127	PRINZIDE (ZESTORETIC)
128	ALDACTIZIDE
129	CARDIZEN
130	ANTI-INFLAMATORY/ANTI-ARTHRITIS
131	ALLOPURINOL/ZYLOPRIM
132	PIROXICAM (FELDENE)
133	OXAPROZIN (DAY-PRO)
134	RELAFEN
135	INDOMETHACIN / INDOCIN
136	ORUDIS / KETOPROFEN
137	NAPROSYN / NAPROXEN (NOT N. SODIUM)
138	VOLTAREN
139	PLAQUENIL
140	PSYCHE-MEDS
141	PAXIL
142	ZOLOFT
143	ALPRAZOLAM/XANAX
144	PROZAC
145	ATIVAN / LORAZEPAM
150	CATCH ALL MEDS
151	CYCLOBENZAPRINE
152	DICYCLOMINE
153	VICKS CHLORASEPTIC

Table 11 (Continued). Medical Code

162	ZOCOR
163	MEVACOR
170	ANTICONVULSANTS
171	DEPAKOTE
172	MYSOLINE
180	INSULIN/DIABETIC MEDS
181	LENTE I
182	GLUCOTROL
183	LOTENSIN
184	NPH INSULIN
190	MORE VITAMINES/MINERALS
191	VITAMIN B-12
192	VITAMIN B-1
193	ANTIOXIDANT VITAMIN
194	FOLIC ACID
195	PRENATAL VITAMINS
196	CRANBERRY
197	LECITHIN
198	MELATONIN
199	FLUORIDE & VITAMINS
200	B 50/B50
201	VENTRUX-ACIDO
202	TAMSULOSIN (EXPERIMENTAL)
203	QUININE SULFATE
204	GINKO BILOBA
205	BILBERRY
206	B COMPLEX
207	CENTRUM SILVER
208	SHARK CARTILAGE
209	PAU D'ARCO
210	FERROUS SULFIDE
211	ALDACTONE / SPIRONOLACTONE
212	CELLETRIC
213	FRUIT JUICE CAPSULES
214	VEGETABLE CAPSULES
215	CALCIUM / MAGNESIUM
216	ANA-ACETYLASTINE
217	SOW PALMETTO
218	ALFALFA
219	VALERIAN
220	BLOOD PRESSURE MEDS
221	BENAZEPRIL
222	MONOPRIL
230	ULCER MEDS
231	LIBRAX
232	CARAFATE
233	ZANTAC
234	ZIAC
235	PRILOSEC
236	PANCREASE
237	PEPCID
240	MORE COUGH MEDS
241	PROMETHAZINE / PHENERGAN W/CODINE
242	HYDROCODONE
243	DAYQUIL
244	DIMETAP
245	NYQUIL
250	MORE ANTIBIOTICS
251	DOXYCYCLINE / DORYX
252	BACTROBAN/MUPIROCI
253	AUGMENTIN
254	METRONIDAZOLE / FLAGYL
255	CEPHALEXIN / KEFLEX
256	BACTRIM
257	AMOXICILLIN / AMOXIL
258	SPORANOX
259	GARAMYCIN OPHTALMIC / GENTAMICIN SULFATE
260	STERIODS
261	HYDROCORTISONE VALERATE
270	MORE HEART MEDS
271	NORPACE
272	CATAPRES
273	PERSANTINE / DIPYRIDAMOLE

Table 11 (Continued). Medical Code

275	ISORDIL
276	TRANSDERM-NITRO
277	IMDUR
280	MORE PAIN KILLERS
281	MIDOL
282	EXCEDRIN
283	ADVIL
284	SOMA / CARISOPRODOL
285	FIORINAL / FIORPAP
286	VICODIN
287	TYLENOL PM
288	PAMPRIN
290	MORE HORMONES
291	MEDROL / PREDNISOLONE
292	WILD YAM MOISTURIZING CREAM
293	ORTHO-EST / OGEN
294	THYROID
295	EYERIN
296	SYNTHROID
297	SULFAMETHOX TRIMET
298	TRIPHASEAL
299	ORTHOCYCLEN
300	MORE VITAMINS
301	PLENAMINO
302	VITAMIN B-125
303	GABA
304	ESTER C
305	MULTI MINERAL
306	ENZYMAL
307	FIBER
308	VITAMIN A
309	WHEAT SPROUTS
310	MORE ALLERGY MEDS
311	DECONAMINE / CHLORPHENIRAMINE
312	NASAL SPRAY
313	DYCLONIN HYDROCHLORIDE (THROAT SPRAY)
314	BENADRYL
320	ANTIDEPRESSANTS
321	DESIPRAMINE / NORPRAMIN
322	SERZONE
323	AMITRIPTYLINE (ELAVIL)
324	SKELAXEN
325	RITALIN
326	WELLBUTRIN
327	PAMELOR / NORTRIPTYLINE
328	SINEQUAN / DOXEPIN
329	DESYREL / TRAZODONE
330	MORE ASTHMA MEDS
331	VANCERIL (BECLOMETHASONE DIPROPIONATE)
332	POTASSIUM CITRATE
333	ATROVANT
334	INTAL
335	SALINE
340	ARTHRITIC MEDS
341	METHOTREXATE
342	SALSALATE / DISALCID
350	MORE VITAMINS / MINERALS
351	GRAPEFRUIT SEED EXTRACT
352	K-TAB
353	FLOURIDE
354	LOZI-TABS
355	CAYENNE
356	ANTRONEX
357	PHYTOSOME
358	HONEY BEE POWDER
359	VITAMIN B-50
360	DIABETES MEDS
361	GLYBURIDE / MICRONASE
362	ULTRAM
363	BETOPTIC
364	PILOCAR
370	ANTI HISTIMINES
371	TAVIST D
372	SINE-AID

Table 11 (Continued). Medical Code

380	ACNE MEDS / SKIN CREAMS
381	BENZAC / DESQUAM-E
382	RETIN-A (TRETENOIN)
383	ACCUTANE
390	MORE VITAMINS / MINERALS
391	MICRO K
392	LURIDE
393	MAGNESIUM W/ZINC
394	DONG QUAI
395	OYSTER SHELL
396	OCUMIN
397	PHYTONADIONE
398	YUCCA
399	FEOSOL
400	MORE DIURETICS
401	BUMEX
402	HYDROCHLOROTHIAZIDE / HYDRODIURIL
410	MORE ANTIDEPRESSANTS
411	TEGRETOL
412	LITHOBID
413	DEXADRINE
420	MORE VITAMINS
421	GUAIVENT
422	SUPER COLON CLEANSE
423	PHOSPHAGEN
424	IRON
430	MORE ANTACIDS
431	RIOPAN
432	MORE ANTIBIOTICS
433	IMURAN
440	APPETITE SUPPRESSANTS
441	IONAMIN
448	MORE HORMONES
449	PROTROPIN

Table 12. Other Unit

<u>CODE</u>	<u>DESC</u>
01	DROP
02	TABLE SPOON
03	TEASPOON
04	PUFF
05	MILILITER/ML
06	MICROGRAMS
07	TABLET
08	SPRAY
09	MICROLITERS
10	OUNCES
11	CC

Table 13. Other Diet

<u>CODE</u>	<u>DESC</u>
01	CARBOHYDRATE ADDICTS DIET
02	CABBAGE DIET
03	JENNY CRAIG
04	LOW ACID DIET
05	ALLERGY RESTRICTIONS
06	DIETARY PILLS
07	NO FLOUR, SUGAR, OR SALT DIET
08	PKU DIET

Table 14. Other Filter

<u>CODE</u>	<u>DESC</u>
01	FABRIC FILTER
02	AIR PURIFIER
03	FURNACE FILTER
04	AIR CLEANER
05	AIR FILTER
06	SEARS FREE STANDING AIR CLEANER
07	AMCOR FILTER
08	OZONE GENERATOR
09	STATIONARY COLD AIR RETURN
10	CENTRAL FAN
11	POSITIVE ION AIR FLOW

Table 15. Medical Category

<u>CODE</u>	<u>DESC</u>
01	NONPRESCRIPTION PAINKILLERS
02	PRESCRIPTION PAINKILLERS
03	TRANQUILIZERS, SLEEPING PILLS, SEDATIVES, ANTIDEPRESSANTS
04	ANTACIDS
05	BLOOD PRESSURE PILLS (EXCLUDES BETA BLOCKERS)
06	HEART MEDICINE (EXCLUDES BETA BLOCKERS)
07	BLOOD THINNERS (ANTICOAGULANTS)
08	ANTIHISTAMINES/ALLERGY MEDICINE (DECONGESTANTS AND DESENSITIZATION SHOTS)
09	ANTIBIOTICS
10	STERIODS-TABLETS OR INJECTIONS
11	COUGH MEDICINE (EXPECTORANTS)
12	HORMONE OR BIRTH CONTROL PILLS
13	ASTHMA SPRAY/ATOMIZERS; BRONCHODILATORS (BETA-AGONISTS), ACCOLATE PILL
14	AMINOPHYLLINE/THEOPHYLLINE (BRONCHOTABS)
15	OTHER / CATCH-ALL MEDS
16	INHALED STEROIDS
17	CROMOLYN
18	VITAMINS,MINERAL SUPPLEMENTS, ELECTROLYTES
19	ARTHRITIC/GOUT MEDS-ANTI INFLAMMATORY AGENTS (NON-STEROID)
20	ANTICHOLINERGICS-AEROSOL BRONCHODIALATORS
21	BETA-BLOCKERS (BLOOD PRESSURE & HEART MEDS)
22	CHOLESTEROL MEDICATION
23	OVER THE COUNTER HEALTH MEDS
24	EXPERIMENTAL DRUGS
25	ANTIVIRAL
26	ANTISMOKING MEDICATIONS/AIDS

Appendix A. Follow Up Questionnaire

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

ADULT FOLLOW UP QUESTIONNAIRE

National Human Exposure Assessment Survey

FIRST Name (ONLY): <input type="text"/>	Date of Completion: <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?

15
1 4

 week(s)
- If you wish to not answer a question, then please draw a line through it, ***but not through the answer space.***
For example: ~~How old is the puppy?~~

--

 week(s)

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

Public reporting burden for this collection of information is estimated to average 30 minutes per response, and to require 0 hours of recordkeeping. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Chief, Information Policy Branch, 2136, U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington D.C. 20503. OMB Clearance #: 2080-0053 Expires: 07/31/98

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

31450



Appendix A (Continued). Follow Up Questionnaire

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

PAGE 2

Adult Follow Up

DESIGNATED PARTICIPANT		OFFICE USE ONLY
<p>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?</p> <p>FIRST Name (ONLY): <input type="text"/></p> <p>IRN #: <input type="text"/> <i>G-IRN</i></p> <p>What is the relationship of this individual to the person for whom the responses are provided? Fill in ONE bubble.</p> <p> <input type="radio"/> 1. Self <input type="radio"/> 2. Guardian <i>G-relat</i> <input type="radio"/> 3. Other (Specify: _____) </p>		<p> <input type="checkbox"/> QC <input type="checkbox"/> X's.R <input type="checkbox"/> Y's.N <input type="checkbox"/> Z's.M </p> <p> <input type="checkbox"/> QC <input type="checkbox"/> - 5.R <input type="checkbox"/> - 8.N <input type="checkbox"/> - 9.M </p> <p> <input type="radio"/> 55.R <input type="radio"/> Relat. Code <input type="radio"/> 88.N <input type="text"/> <input type="radio"/> 99.M <input type="text"/> <i>G-relato</i> </p>
<p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>		
<p>Chain of Custody initiated _____ Consigned to packet on []: ____/____/____ Box UA-G-4-2.0</p>		

Itemnum Study		OFFICE USE ONLY	
<p>Form Type: <input type="text"/> 05</p> <p>NHEXAS Form ID: UA-T-1.0-9.0</p>	<p>Study: <input type="radio"/> 1. NHEXAS <input type="radio"/> 2. Border <input type="radio"/> 3. _____ <input type="radio"/> 4. _____ <input type="radio"/> 5. _____</p>	<p>Stage: <i>Collapse</i> Stage #: <input type="text"/> Y N 8 <input type="radio"/> <input type="radio"/> <input type="radio"/></p>	<p>Admin. Method: <i>Admmeth</i> <input type="radio"/> 1. Tech <input type="radio"/> 2. Self <input type="radio"/> 3. Guardian <input type="radio"/> 4. Other</p> <p>Admin. by: <i>Tech ID</i> Tech ID: <input type="text"/></p>
<p>Form Status: <input type="radio"/> 1. Cmp <input type="radio"/> 2. N Cmp <input type="radio"/> 3. P Cmp <input type="radio"/> 4. Re-cool <input type="radio"/> 5. Ref <input type="radio"/> 7. Dest <input type="radio"/> 8. N/A <input type="radio"/> 9. Miss</p>	<p>QC BY: <i>QCBY</i> MO: <input type="text"/> DAY: <input type="text"/> YR: <input type="text"/></p> <p>QC: <input type="text"/> Init. <input type="text"/></p> <p>QA: <input type="text"/> Init. <i>QABY</i></p>	<p>DE BY: <i>DEBY</i> MO: <input type="text"/> DAY: <input type="text"/> YR: <input type="text"/></p> <p>DE: <input type="text"/> Init. <input type="text"/></p> <p>DP Batch: <i>DPBATCH</i></p>	<p>QXV: <i>QFOA1</i></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"/>

31450

Appendix A (Continued). Follow Up Questionnaire

HHID: FS: IRN:

PAGE 3

Adult Follow Up

These first questions are about things which may have happened in your home. They can be things you do or see or just normal activities. Please think about *only the past week*, the time when you were taking part in this study.

1. In the *past week*, were any of the following items used in your home? *Read choices and fill in ONE bubble for YES or NO.*

- YES** **NO**
- 1 a. Central air conditioner? ☐ Yes ☐ No *Cent-ac*
- 1 b. A window or wall air conditioning unit(s)? ☐ Yes ☐ No *Wind-ac*

If YES, Was it set to... *Read choices and fill in ONE bubble.*

- ☐ 1. Recirculate } *Wind-set*
- ☐ 2. Outdoor air } (If more than one setting, record the option most often used.)
- ☐ 3. Don't know }
- 1 c. An evaporative cooler? ☐ Yes ☐ No *Evap-cool*
- 1 d. A portable or ceiling fan? ☐ Yes ☐ No *Ceiling fan*
- 1 e. A window fan? (Not an A/C unit) ☐ Yes ☐ No *Window fan*
- 1 f. An exhaust fan? (Not a stove fan) ☐ Yes ☐ No *Exhaust fan*
- 1 g. A wood or coal burning stove or furnace?

- ☐ 1. Yes *Continue in BOX BELOW*
- ☐ 2. No *GO TO Question # 1 h (this page below)*

If yes to Question # 1 g: *Woodstove*

1. For how many days? *Fill in ONE bubble.*

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

2. When you used the wood or coal burning stove, on how many days, if any, did you see or smell unusually heavy smoke or other fumes coming into the room? *Enter number of days. If none, enter 0.*

day(s) *Woodfume*

- 1 h. An oil burning furnace?

- ☐ 1. Yes *Continue in BOX BELOW*
- ☐ 2. No *GO TO Question # 1 i (next page)* *Oil-furn*

If yes to Question # 1 h:

1. For how many days? *Fill in one bubble*

☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7

2. When you used the oil burning furnace, on how many days, if any, did you see or smell unusually heavy smoke or other fumes coming into the room? *Enter number of days. If none, enter 0.*

day(s) *Oilfume*

OFFICE USE ONLY

R N M
☐ 55 ☐ 88 ☐ 99

R N M
☐ 55 ☐ 88 ☐ 99

R N M
☐ 55 ☐ 88 ☐ 99

R N M
☐ 55 ☐ 88 ☐ 99

R N M
☐ 55 ☐ 88 ☐ 99

R N M
☐ 55 ☐ 88 ☐ 99

☐ QC ☐ -5.R
☐ -8.N
☐ -9.M

R N M
☐ 55 ☐ 88 ☐ 99

R N M
☐ 55 ☐ 88 ☐ 99

☐ QC ☐ -5.R
☐ -8.N
☐ -9.M

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

31450



Appendix A (Continued). Follow Up Questionnaire

PAGE 4

Adult Follow Up

1. (Continued) In the *past week*, were any of the following items used in your home?

1 i. A kerosene space heater?

- ☐ 1. Yes *Continue in BOX BELOW* *Kerospace*
☐ 2. No *GO TO Question # 1 j (this page below)*

If yes to Question # 1 i:

1. For how many days? *Fill in ONE bubble.* *Kerodays*
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
2. When you used the kerosene space heater, on how many days, if any, did you see or smell unusually heavy smoke or other fumes coming into the room?
Enter number of days. If none, enter 0

 day(s) *Kerofume*

1 j. A gas fired space heater?

- ☐ 1. Yes *Continue in BOX BELOW* *Gas-spac*
☐ 2. No *GO TO Question # 1 k (this page below)*

If yes to Question # 1 j:

1. For how many days? *Fill in ONE bubble.* *Gas-days*
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
2. When you used the gas fired space heater, on how many days, if any, did you see or smell unusually heavy smoke or other fumes coming into the room?
Enter number of days. If none, enter 0.

 day(s) *Gas-Fume*

1 k. A fireplace?

- ☐ 1. Yes *Continue in BOX BELOW* *Fireplac*
☐ 2. No *GO TO Question # 1 L (next page)*

If yes to Question # 1 k:

1. For how many days? *Fill in ONE bubble.* *Firedays*
☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7
2. When you used the fireplace, on how many days, if any, did you see or smell unusually heavy smoke or other fumes coming into the room?
Enter number of days. If none, enter 0.

 day(s) *Firefume*

OFFICE USE ONLY

R N M
☐ 55 ☐ 88 ☐ 99

R N M
☐ 55 ☐ 88 ☐ 99

☐ QC ☐ -5.R
☐ -8.N
☐ -9.M

R N M
☐ 55 ☐ 88 ☐ 99

R N M
☐ 55 ☐ 88 ☐ 99

☐ QC ☐ -5.R
☐ -8.N
☐ -9.M

R N M
☐ 55 ☐ 88 ☐ 99

R N M
☐ 55 ☐ 88 ☐ 99

☐ QC ☐ -5.R
☐ -8.N
☐ -9.M

Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
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31450



Appendix A (Continued). Follow Up Questionnaire

HHID: FS: URN: 	PAGE 5 Adult Follow Up
OFFICE USE ONLY	
<p>1. (Continued) In the <i>past week</i>, were any of the following items used in your home?</p> <p>1 L. Forced-air central heat? (not oil, wood, or coal burning)</p> <p style="margin-left: 40px;"> <input type="radio"/> 1. Yes <i>Continue in BOX BELOW</i> <i>Forc-air</i> <input type="radio"/> 2. No <i>GO TO Question # 1 m (this page below)</i> </p> <p style="margin-left: 20px;">If yes to Question # 1 L: _____</p> <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <p>1. For how many days? <i>Fill in ONE bubble.</i> <i>Forcdays</i></p> <p style="text-align: center;"> <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 </p> </div>	<p style="text-align: center;">R N M</p> <p style="text-align: center;"><input type="radio"/> 55 <input type="radio"/> 88 <input type="radio"/> 99</p>
<p>1 m. Electrostatic precipitators? (dust extraction/scouring device)</p> <p style="margin-left: 40px;"> <input type="radio"/> 1. Yes <i>Continue in BOX BELOW</i> <i>Precipit</i> <input type="radio"/> 2. No <i>GO TO Question # 1 n (this page below)</i> </p> <p style="margin-left: 20px;">If yes to Question # 1 m: _____</p> <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <p>1. For how many days? <i>Fill in ONE bubble.</i> <i>Precdays</i></p> <p style="text-align: center;"> <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 </p> </div>	<p style="text-align: center;">R N M</p> <p style="text-align: center;"><input type="radio"/> 55 <input type="radio"/> 88 <input type="radio"/> 99</p>
<p>1 n. Ultrasonic humidifier? (vibrating air moistening device)</p> <p style="margin-left: 40px;"> <input type="radio"/> 1. Yes <i>Continue in BOX BELOW</i> <i>Humidif</i> <input type="radio"/> 2. No <i>GO TO Question # 1 o (this page below)</i> </p> <p style="margin-left: 20px;">If yes to Question # 1 n: _____</p> <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <p>1. For how many days? <i>Fill in ONE bubble.</i> <i>Humidays</i></p> <p style="text-align: center;"> <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 </p> </div>	<p style="text-align: center;">R N M</p> <p style="text-align: center;"><input type="radio"/> 55 <input type="radio"/> 88 <input type="radio"/> 99</p>
<p>1 o. Other filtering device?</p> <p style="margin-left: 40px;"> <input type="radio"/> 1. Yes <i>Continue in BOX BELOW</i> <i>Filter</i> <input type="radio"/> 2. No <i>GO TO Question # 2 (next page)</i> </p> <p style="margin-left: 20px;">If yes to Question # 1 o: _____</p> <div style="border: 1px solid black; padding: 5px; margin-left: 20px;"> <p>1. Please specify: _____</p> <p>2. For how many days? <i>Fill in ONE bubble.</i> <i>Filtdays</i></p> <p style="text-align: center;"> <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 </p> </div>	<p style="text-align: center;">R N M</p> <p style="text-align: center;"><input type="radio"/> 55 <input type="radio"/> 88 <input type="radio"/> 99</p> <div style="text-align: center; margin-top: 10px;"> <p>O Fil</p> <div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto;"></div> <p><i>Filt-oth</i></p> <p style="text-align: center;">R N M</p> <p style="text-align: center;"><input type="radio"/> 55 <input type="radio"/> 88 <input type="radio"/> 99</p> </div>

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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31450



Appendix A (Continued). Follow Up Questionnaire

PAGE 6

Adult Follow Up

For the following questions, if the time was LESS THAN 1 HOUR, enter 15 min, 30 min, 45 min., or 1 hour (whichever is closest to time reported). If time was GREATER THAN 1 HOUR, round to the nearest hour. Fill in ONE bubble for either minutes or hours.

2. In the *past week*, did you spend any time using...? or were you near anyone who was using...?

Read the question for each activity. If you answer yes for any activity, fill in bubble for YES and answer the questions in the box. If no, fill in bubble for NO and GO TO the question given.

- 2 a. Paints or solvents (thinners and removers)?

- ☐ 1. Yes Continue in BOX BELOW *Paintsol*
☐ 2. No GO TO Question # 2 b (this page below)

If yes to Question # 2 a:

1. How many times in the *past week*? *Pnt-pw* time(s)
 2. Number of *days* since last used? *Pnt-days* day(s)
 3. How long were you using or near the use of paints or solvents? Fill bubble for min./hr. *Pnt-time* minute(s) or hour(s)
 4. Did you handle them yourself? *Pnt-pers*
☐ Yes Continue below
☐ No GO TO Quest. # 2 b (this page below)
 5. Did you wash hands after use? *Pnt-wash*
☐ Yes
☐ No
 6. Did you wear gloves, masks, or other protective equipment? *Pnt-prot*
☐ Yes
☐ No

- 2 b. Glues and adhesives, such as contact cements, super glues, and aerosol adhesives, that contain chemical solvents?

- ☐ 1. Yes Continue in BOX BELOW *Glues*
☐ 2. No GO TO Question # 2 c (next page)

If yes to Question # 2 b:

1. How many times in the *past week*? *Glu-pw* time(s)
 2. Number of *days* since last used? *Glu-days* day(s)
 3. How long were you using or near the use of glues or adhesives? Fill bubble for min./hr. *Glu-time* minute(s) or hour(s)
 4. Did you handle them yourself? *Glu-pers*
☐ Yes Continue below
☐ No GO TO Quest. # 2 c (next page)
 5. Did you wash hands after use? *Glu-wash*
☐ Yes
☐ No
 6. Did you wear gloves, masks, or other protective equipment? *Glu-prot*
☐ Yes
☐ No

OFFICE USE ONLY

R N M
☐ 55 ☐ 88 ☐ 99

☐ QC
☐ -5.R ☐ -8.N ☐ -9.M
☐ QC
☐ -5.R ☐ -8.N ☐ -9.M
☐ QC
☐ -55.R ☐ -88.N ☐ -99.M
☐ 55 ☐ 88 ☐ 99

R N M
☐ 55 ☐ 88 ☐ 99

R N M
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☐ QC
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☐ QC
☐ -5.R ☐ -8.N ☐ -9.M
☐ QC
☐ -55.R ☐ -88.N ☐ -99.M
☐ 55 ☐ 88 ☐ 99

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31450

Appendix A (Continued). Follow Up Questionnaire

HHID: FS: IRN:

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PAGE 7

Adult Follow Up

2. (Continued) In the **past week**, did you spend any time using....? or were you near anyone who was using....?

- 2 c. Petroleum products (kerosene, fuel oil) (**NOT pumping gas**)?

- ☐ 1. Yes **Continue in BOX BELOW**
☐ 2. No **GO TO Question # 2 d (this page below)**

If yes to Question # 2 c: _____

1. How many times in the **past week**?..... **Petr-pw**
time(s)
2. Number of **days** since **last used**?..... **Petr-days**
day(s)
3. How long were you using or near the use of petroleum products? **Fill bubble for min. or hr.**..... **Petr-time Petr-unit**
☐ minute(s) ☐ hour(s)
4. Did you handle them yourself?..... ☐ Yes **Continue below**
☐ No **GO TO Quest. # 2 d (this page below)**
5. Did you wash hands after use?..... ☐ Yes **Petr-wash**
☐ No
6. Did you wear gloves, masks, or other protective equipment?..... ☐ Yes **Petr-prot**
☐ No

- 2 d. Gas-powered lawn mower?

- ☐ 1. Yes **Continue in BOX BELOW**
☐ 2. No **GO TO Question # 2 e (next page)**

If yes to Question # 2 d: _____

1. How many times in the **past week**?..... **Lwn-pw**
time(s)
2. Number of **days** since **last used**?..... **Lwn-days**
day(s)
3. How long were you using or near the use of a gas-powered lawn mower? **Fill bubble for min. or hr.**..... **Lwn-time Lwn-unit**
☐ minute(s) ☐ hour(s)
4. Did you handle them yourself?..... ☐ Yes **Continue below**
☐ No **GO TO Quest. # 2 e (next page)**
5. Did you wash hands after use?..... ☐ Yes **Lwn-wash**
☐ No
6. Did you wear gloves, masks, or other protective equipment?..... ☐ Yes **Lwn-prot**
☐ No

OFFICE USE ONLY

R N M
☐ 55 ☐ 88 ☐ 99

☐ 5.R ☐ 8.N ☐ 9.M ☐ QC

☐ 5.R ☐ 8.N ☐ 9.M ☐ QC

☐ 55.R ☐ 88.N ☐ 99.M ☐ QC

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☐ 55 ☐ 88 ☐ 99

☐ 5.R ☐ 8.N ☐ 9.M ☐ QC

☐ 5.R ☐ 8.N ☐ 9.M ☐ QC

☐ 55.R ☐ 88.N ☐ 99.M ☐ QC

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31450



Appendix A (Continued). Follow Up Questionnaire

HHID: FS: IRN: 		PAGE 9
Adult Follow Up		OFFICE USE ONLY
<p>2. (Continued) In the past week, did you spend any time using....? or were you near anyone who was using....?</p> <p>2 g. Insecticides, pesticides, herbicides in any way, including farming or gardening?</p> <p style="margin-left: 40px;"> <input type="radio"/> 1. Yes Continue in BOX BELOW <i>Insectic</i> <input type="radio"/> 2. No GO TO Question # 3 (this page below) </p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>If yes to Question # 2 g:</p> <p>1. How many times in the past week?..... <i>Insc-pw</i> time(s)</p> <p>2. Number of days since last used?..... <i>Insc-days</i> day(s)</p> <p>3. How long were you using or near the use of these products? Fill bubble for min. or hr...... <i>Insc-time</i> <i>Insc-unit</i> <input type="radio"/> minute(s) <input type="radio"/> hour(s) </p> <p>4. Did you handle them yourself?..... <input type="radio"/> Yes Continue below <input type="radio"/> No GO TO Quest. # 3 (this page below) </p> <p>5. Did you wash hands after use?..... <input type="radio"/> Yes <i>Insc-wash</i> <input type="radio"/> No </p> <p>6. Did you wear gloves, masks, or other protective equipment?..... <input type="radio"/> Yes <i>Insc-prot</i> <input type="radio"/> No </p> <p>7. Did you mix the product yourself? <input type="radio"/> Yes <i>Insc-mix</i> <input type="radio"/> No </p> </div>		<p style="text-align: center;">R N M</p> <p style="text-align: center;"><input type="radio"/> 55 <input type="radio"/> 88 <input type="radio"/> 99</p> <hr/> <p style="text-align: center;">R N M</p> <p style="text-align: center;"><input type="checkbox"/> -5.R <input type="checkbox"/> -8.N <input type="checkbox"/> -9.M</p> <p style="text-align: center;"><input type="checkbox"/> QC</p> <p style="text-align: center;"><input type="checkbox"/> -5.R <input type="checkbox"/> -8.N <input type="checkbox"/> -9.M</p> <p style="text-align: center;"><input type="checkbox"/> QC</p> <p style="text-align: center;"><input type="checkbox"/> -55.R <input type="checkbox"/> -88.N <input type="checkbox"/> -99.M</p> <p style="text-align: center;"><input type="radio"/> 55 <input type="radio"/> 88 <input type="radio"/> 99</p> <p style="text-align: center;">R N M</p> <p style="text-align: center;"><input type="radio"/> 55 <input type="radio"/> 88 <input type="radio"/> 99</p> <p style="text-align: center;">R N M</p> <p style="text-align: center;"><input type="radio"/> 55 <input type="radio"/> 88 <input type="radio"/> 99</p> <p style="text-align: center;">R N M</p> <p style="text-align: center;"><input type="radio"/> 55 <input type="radio"/> 88 <input type="radio"/> 99</p>
<p>3. In the past week, did you spend any time....? or were you near anyone who was....?</p> <p><i>Read the question for each activity. If you answer yes for any activity, fill in bubble for YES and answer the questions in the box. If no, fill in bubble for NO and GO TO the question given.</i></p> <p>3 a. Vacuuming? <i>Vacuum</i></p> <p style="margin-left: 40px;"> <input type="radio"/> 1. Yes Continue in BOX BELOW <input type="radio"/> 2. No GO TO Question # 3 b (next page) </p> <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <p>If yes to Question # 3 a:</p> <p>1. How many times in the past week?..... <i>Vac-pw</i> time(s)</p> <p>2. Number of days since last done?..... <i>Vac-days</i> day(s)</p> <p>3. How long did you spend or were you near someone who was vacuuming? Fill bubble for min. or hr...... <i>Vac-time</i> <i>Vac-unit</i> <input type="radio"/> minute(s) <input type="radio"/> hour(s) </p> <p>4. Did you do this yourself?..... <input type="radio"/> Yes <i>Vac-pers</i> <input type="radio"/> No </p> </div>		<p style="text-align: center;">R N M</p> <p style="text-align: center;"><input type="radio"/> 55 <input type="radio"/> 88 <input type="radio"/> 99</p> <hr/> <p style="text-align: center;">R N M</p> <p style="text-align: center;"><input type="checkbox"/> -5.R <input type="checkbox"/> -8.N <input type="checkbox"/> -9.M</p> <p style="text-align: center;"><input type="checkbox"/> QC</p> <p style="text-align: center;"><input type="checkbox"/> -5.R <input type="checkbox"/> -8.N <input type="checkbox"/> -9.M</p> <p style="text-align: center;"><input type="checkbox"/> QC</p> <p style="text-align: center;"><input type="checkbox"/> -55.R <input type="checkbox"/> -88.N <input type="checkbox"/> -99.M</p> <p style="text-align: center;"><input type="radio"/> 55 <input type="radio"/> 88 <input type="radio"/> 99</p> <p style="text-align: center;">R N M</p> <p style="text-align: center;"><input type="radio"/> 55 <input type="radio"/> 88 <input type="radio"/> 99</p>

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31450



Adult Follow Up

3 b. Sweeping indoors?

- If yes to Question # 3 b:***

3 c. Dusting?

If yes to Question # 3 c:

3 d. Gardening?

If yes to Question # 3 d:

Data Use Only:

[illegible]

31450





Appendix A (Continued). Follow Up Questionnaire

PAGE 12																															
Adult Follow Up																															
OFFICE USE ONLY																															
<p>4. (Continued) In the <i>past week</i>, did you spend any time....? or were you near anyone who was....?</p> <p>4 b. Accidentally burning food while cooking?</p> <p style="margin-left: 40px;"> <input type="radio"/> 1. Yes <i>Continue in BOX BELOW</i> <i>BurnFood</i> <input type="radio"/> 2. No <i>GO TO Question # 4 c (this page below)</i> </p> <p style="margin-left: 40px;"><i>If yes to Question # 4 b:</i></p> <div style="border: 1px solid black; padding: 5px; margin-left: 40px;"> <p>1. How many times in the <i>past week</i>?..... <i>BF - pw</i> time(s)</p> <p>2. Number of <i>days</i> since <i>last done</i>?..... <i>BF - days</i> day(s)</p> <p>3. Did you do this yourself?..... <input type="radio"/> Yes <input type="radio"/> No <i>BF - pers</i></p> </div> <p>4 c. Grilling with charcoal or gas?</p> <p style="margin-left: 40px;"> <input type="radio"/> 1. Yes <i>Continue in BOX BELOW</i> <i>Grillchar</i> <input type="radio"/> 2. No <i>GO TO Question # 4 d (this page below)</i> </p> <p style="margin-left: 40px;"><i>If yes to Question # 4 c:</i></p> <div style="border: 1px solid black; padding: 5px; margin-left: 40px;"> <p>1. How many times in the <i>past week</i>?..... <i>Grill - pw</i> time(s)</p> <p>2. Number of <i>days</i> since <i>last done</i>?..... <i>Grill days</i> day(s)</p> <p>3. Did you do this yourself?..... <input type="radio"/> Yes <input type="radio"/> No <i>Grill pers</i></p> </div> <p>4 d. Cooking with a wood-burning or coal-burning stove?</p> <p style="margin-left: 40px;"> <input type="radio"/> 1. Yes <i>Continue in BOX BELOW</i> <i>Cookwood</i> <input type="radio"/> 2. No <i>GO TO Question # 5 (this page below)</i> </p> <p style="margin-left: 40px;"><i>If yes to Question # 4 d:</i></p> <div style="border: 1px solid black; padding: 5px; margin-left: 40px;"> <p>1. How many times in the <i>past week</i>?..... <i>Cook - pw</i> time(s)</p> <p>2. Number of <i>days</i> since <i>last done</i>?..... <i>Cook days</i> day(s)</p> <p>3. Did you do this yourself?..... <input type="radio"/> Yes <input type="radio"/> No <i>Cook pers</i></p> </div> <p>5. <i>During the past week</i>, did you or anyone else park a car or other motor vehicle in: <i>Read choices and fill in ONE bubble.</i></p> <table style="width: 100%; margin-left: 40px;"> <thead> <tr> <th></th> <th style="text-align: center;">YES</th> <th style="text-align: center;">NO</th> <th style="text-align: center;">NOT APPLICABLE</th> </tr> </thead> <tbody> <tr> <td>5 a. A garage attached to your home ?</td> <td style="text-align: center;"><input type="radio"/> Yes</td> <td style="text-align: center;"><input type="radio"/> No</td> <td style="text-align: center;"><input type="radio"/> N/A</td> </tr> <tr> <td>5 b. A detached garage ?</td> <td style="text-align: center;"><input type="radio"/> Yes</td> <td style="text-align: center;"><input type="radio"/> No</td> <td style="text-align: center;"><input type="radio"/> N/A</td> </tr> <tr> <td>5 c. A carport attached to your home ?</td> <td style="text-align: center;"><input type="radio"/> Yes</td> <td style="text-align: center;"><input type="radio"/> No</td> <td style="text-align: center;"><input type="radio"/> N/A</td> </tr> </tbody> </table>																YES	NO	NOT APPLICABLE	5 a. A garage attached to your home ?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	5 b. A detached garage ?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	5 c. A carport attached to your home ?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A	<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: center;">R N M</p> <p style="text-align: center;"><input type="radio"/> 55 <input type="radio"/> 88 <input type="radio"/> 99</p> </div> <div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;"> <p style="text-align: right;"><input type="checkbox"/> QC</p> <p style="text-align: center;"><input type="checkbox"/> -5.R <input type="checkbox"/> -8.N <input type="checkbox"/> -9.M</p> <p style="text-align: right;"><input type="checkbox"/> QC</p> <p style="text-align: center;"><input type="checkbox"/> -5.R <input type="checkbox"/> -8.N <input type="checkbox"/> -9.M</p> <p style="text-align: center;">R N M</p> <p style="text-align: center;"><input type="radio"/> 55 <input type="radio"/> 88 <input type="radio"/> 99</p> </div> <div style="border: 1px solid black; padding: 5px; 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	YES	NO	NOT APPLICABLE																												
5 a. A garage attached to your home ?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A																												
5 b. A detached garage ?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A																												
5 c. A carport attached to your home ?	<input type="radio"/> Yes	<input type="radio"/> No	<input type="radio"/> N/A																												

Appendix A (Continued). Follow Up Questionnaire

HHID: FS: IRN: 		PAGE 13	
		Adult Follow Up	
<p>The next questions are about the food you ate, any medicines you took, and other health concerns. Again, we only want to know about the past week, while you were taking part in the study.</p> <p>6. Please tell me the names of <u>any</u> medicines you took during the past week. Include those drugs which a doctor prescribed, any you choose yourself "over the counter", and any herbal or home medications.</p> <p><i>For each medication class, please shade bubble for YES or NO. If YES, list the brand and type of each medication, the number taken this past week, and the dose. The technician will review this with you and at that time can answer any questions.</i></p>		<p style="text-align: center;">OFFICE USE ONLY</p> <p>Add. Med? Add-p13 Add. Med. #: Adno-p13</p> <p><input type="radio"/> N <input type="radio"/> QC <input type="radio"/> -55.R <input type="radio"/> -88.N <input type="radio"/> -99.M</p> <p>Pp 13-14 # times: <input type="checkbox"/> -5555.R <input type="checkbox"/> -8888.N <input type="checkbox"/> -9999.M</p> <p>Pp 13-14 # units: <input type="checkbox"/> XX.R <input type="checkbox"/> YY.N <input type="checkbox"/> ZZ.M</p> <p>Pp 13-15 O Unit: <input type="checkbox"/> <input type="checkbox"/></p>	
MEDICATION CLASS	MEDICATION TYPE	How many times in past week?	AVERAGE DOSE Number of Units Taken EACH TIME: Unit of Measurement:
6 a. Diuretics? <input type="radio"/> Yes ...Continue (to right) <input type="radio"/> No ...GO TO Q #6 b (below) Diuretic	Brand: _____ Med. Name: _____ 1	Diurtim1 [] [] [] 4.1 time(s)	Diur-un1 [] [] [] [] [] <input type="radio"/> mg <input type="radio"/> mcg <input type="radio"/> I.U. Other Unit of Measurement: _____
	Brand: _____ Med. Name: _____ 2	Diurtim2 [] [] [] 96.2 time(s)	Diur-un2 [] [] [] [] [] <input type="radio"/> mg <input type="radio"/> mcg <input type="radio"/> I.U. Other Unit of Measurement: _____
	Brand: _____ Med. Name: _____ 3	Diurtim3 [] [] [] 96.3 time(s)	Diur-un3 [] [] [] [] [] <input type="radio"/> mg <input type="radio"/> mcg <input type="radio"/> I.U. Other Unit of Measurement: _____
<input type="radio"/> R <input type="radio"/> N <input type="radio"/> M			
6 b. Chelating Agents? (EDTA, Calcium Disodium, Versenate, Succimer, or Chemet?) <input type="radio"/> Yes ...Continue (to right) Chelat <input type="radio"/> No ...GO TO Q #6 c (next p.)	Brand: _____ Med. Name: _____ 1	Cheltim1 [] [] [] time(s)	Chel-un1 [] [] [] [] [] <input type="radio"/> mg <input type="radio"/> mcg <input type="radio"/> I.U. Other Unit of Measurement: _____
	Brand: _____ Med. Name: _____ 2	Cheltim2 [] [] [] time(s)	Chel-un2 [] [] [] [] [] <input type="radio"/> mg <input type="radio"/> mcg <input type="radio"/> I.U. Other Unit of Measurement: _____
	Brand: _____ Med. Name: _____ 3	Cheltim3 [] [] [] time(s)	Chel-un3 [] [] [] [] [] <input type="radio"/> mg <input type="radio"/> mcg <input type="radio"/> I.U. Other Unit of Measurement: _____
<input type="radio"/> R <input type="radio"/> N <input type="radio"/> M			
Comments: _____			

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

31450



Appendix A (Continued). Follow Up Questionnaire

PAGE 14

Adult Follow Up

6. (Cont.) Please tell me the names of any medicines you took during the past week.

MEDICATION CLASS	MEDICATION TYPE	How many times in past week?	AVERAGE DOSE	OFFICE USE ONLY
	Brand:		Number of Units Taken EACH TIME:	
	Med. Name:		Unit of Measurement:	
6 c. Antacids? (Tums, Rolaids?) Antacids <input type="radio"/> Yes ..Continue (to right) <input type="radio"/> No ...GO TO Q #6 d (below)	1 Brand: <u>Antacidim</u> Med. Name: <u>Antacidim</u>	1 time(s)	1 mg mg I.U.	Add Med? <u>14</u> Add Med #: <input type="radio"/> N <u>Adno</u> <input type="radio"/> M <u>Antacidim</u> <input type="radio"/> O <u>Antacidim</u>
	2 Brand: <u>Antacidim</u> Med. Name: <u>Antacidim</u>	2 time(s)	2 mg mg I.U.	<u>Antacidim</u> <u>Antacidim</u> <u>Antacidim</u>
	<input type="radio"/> R <input type="radio"/> N <input type="radio"/> M			
6 d. Hormones? (thyroid medication, birth control pills?) Hormones <input type="radio"/> Yes ..Continue (to right) <input type="radio"/> No ...GO TO Q #6 e (below)	1 Brand: <u>Hormtim</u> Med. Name: <u>Hormtim</u>	1 time(s)	1 mg mg I.U.	<u>Hormtim</u> <u>Hormtim</u> <u>Hormtim</u>
	2 Brand: <u>Hormtim</u> Med. Name: <u>Hormtim</u>	2 time(s)	2 mg mg I.U.	<u>Hormtim</u> <u>Hormtim</u> <u>Hormtim</u>
	3 Brand: <u>Hormtim</u> Med. Name: <u>Hormtim</u>	3 time(s)	3 mg mg I.U.	<u>Hormtim</u> <u>Hormtim</u> <u>Hormtim</u>
	<input type="radio"/> R <input type="radio"/> N <input type="radio"/> M			
6 e. Other? Othermed <input type="radio"/> Yes ..Continue (to right) <input type="radio"/> No ...GO TO Q #7 (next p.)	1 Brand: <u>Medotim</u> Med. Name: <u>Medotim</u>	1 time(s)	1 mg mg I.U.	<u>Medotim</u> <u>Medotim</u> <u>Medotim</u>
	2 Brand: <u>Medotim</u> Med. Name: <u>Medotim</u>	2 time(s)	2 mg mg I.U.	<u>Medotim</u> <u>Medotim</u> <u>Medotim</u>
	3 Brand: <u>Medotim</u> Med. Name: <u>Medotim</u>	3 time(s)	3 mg mg I.U.	<u>Medotim</u> <u>Medotim</u> <u>Medotim</u>
	4 Brand: <u>Medotim</u> Med. Name: <u>Medotim</u>	4 time(s)	4 mg mg I.U.	<u>Medotim</u> <u>Medotim</u> <u>Medotim</u>
	<input type="radio"/> R <input type="radio"/> N <input type="radio"/> M			

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

31450

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Adult Follow Up

For each vitamin/mineral class, please shade bubble for YES or NO. If YES, list the brand and type of each supplement, the number taken this past week, and the dose. The technician will review this with you and at that time can answer any questions.

VITAMIN or MINERAL CLASS	VITAMIN or MINERAL SUPPLEMENT	How many times in past week?	AVERAGE DOSE	
			Number of Units Taken EACH TIME:	Unit of Measurement:
7 a. Calcium Supplement? Calcium <input type="radio"/> Yes → <input type="radio"/> No ..Go to 7 b	Brand: _____ Supplement Name: _____ <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Calc-time [][] time(s)	Calc-# of units [][] , [][] Other Unit of Measurement: _____	<input type="checkbox"/> QC <input type="checkbox"/> - 5555.R <input type="checkbox"/> - 8888.N <input type="checkbox"/> - 9999.M P.15 # units: Calc-cat Calc-cod Calc-cod Calc-cod M Cod M Cat M Cod M Cat M Cod M Cat M Cod M Cat
7 b. Selenium Supplement? Selenium <input type="radio"/> Yes → <input type="radio"/> No ..Go to 7 c	Brand: _____ Supplement Name: _____ <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Selen-time [][] time(s)	Selen-# of units [][] , [][] Other Unit of Measurement: _____	Selen-cat Selen-cod Selen-cod Selen-cod M Cod M Cat M Cod M Cat M Cod M Cat M Cod M Cat
7 c. Chromium Supplement? Chromium <input type="radio"/> Yes → <input type="radio"/> No ..Go to 7 d	Brand: _____ Supplement Name: _____ <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Chro-time [][] time(s)	Chro-# of units [][] , [][] Other Unit of Measurement: _____	Chro-cat Chro-cod Chro-cod Chro-cod M Cod M Cat M Cod M Cat M Cod M Cat M Cod M Cat
7 d. Multi-vitamins and all other vitamin and mineral supplements? Multivitamin <input type="radio"/> Yes ..Continue (to right) <input type="radio"/> No ..GO TO Q # 8 (next p.)	Brand: _____ Supplement Name: _____ <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Multitim1 [][] time(s)	Multivitamin1 [][] , [][] Other Unit of Measurement: _____	Multicat1 Multicod1 Multicod1 Multicod1 M Cod M Cat M Cod M Cat M Cod M Cat M Cod M Cat
	Brand: _____ Supplement Name: _____ <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Multitim2 [][] time(s)	Multivitamin2 [][] , [][] Other Unit of Measurement: _____	Multicat2 Multicod2 Multicod2 Multicod2 M Cod M Cat M Cod M Cat M Cod M Cat M Cod M Cat
	Brand: _____ Supplement Name: _____ <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Multitim3 [][] time(s)	Multivitamin3 [][] , [][] Other Unit of Measurement: _____	Multicat3 Multicod3 Multicod3 Multicod3 M Cod M Cat M Cod M Cat M Cod M Cat M Cod M Cat
	Brand: _____ Supplement Name: _____ <input type="radio"/> R <input type="radio"/> N <input type="radio"/> M	Multitim4 [][] time(s)	Multivitamin4 [][] , [][] Other Unit of Measurement: _____	Multicat4 Multicod4 Multicod4 Multicod4 M Cod M Cat M Cod M Cat M Cod M Cat M Cod M Cat

Appendix A (Continued). Follow Up Questionnaire

If you are female, please continue. Others GO TO Question # 9.

8. Are you currently expecting a baby or nursing a baby? Fill in ONE bubble.

☐ 1. Yes ☐ 2. No *Pregnurs*

Answer Q # 9 only if you are NOT maintaining a Food Diary. Otherwise, GO TO Q # 10 (below).

9. Did you eat the following foods last week, that is, while you were participating in this study? Fill in ONE bubble for YES or NO. If YES, answer section to the right.

If YES, please answer this section.

FOODS	Did you eat in past week?	How many times in past week?	AVERAGE PORTION / SIZE
	NO YES		
9 a. Broccoli, cauliflower, or Brussels sprouts? <i>Brocc-pw</i>	<input type="radio"/> No <input type="radio"/> Yes	<i>Brocc-time</i> → <input type="text"/> time(s)	<i>Brocc-amt</i> <input type="text"/> cup(s)
9 b. Cabbage, cole slaw, or sauerkraut? <i>Cabb-pw</i>	<input type="radio"/> No <input type="radio"/> Yes	<i>Cabb-time</i> → <input type="text"/> time(s)	<i>Cabb-amt</i> <input type="text"/> cup(s)
9 c. Mustard greens, collards, or Swiss chard? <i>Must-pw</i>	<input type="radio"/> No <input type="radio"/> Yes	<i>Must-time</i> → <input type="text"/> time(s)	<i>Must-amt</i> <input type="text"/> cup(s)
9 d. Turnips, or rutabagas? <i>Turn-pw</i>	<input type="radio"/> No <input type="radio"/> Yes	<i>Turn-time</i> → <input type="text"/> time(s)	<i>Turn-amt</i> <input type="text"/> cup(s)
9 e. Grapefruit or grapefruit juice? <i>Grap-pw</i>	<input type="radio"/> No <input type="radio"/> Yes	<i>Grap-time</i> → <input type="text"/> time(s)	<i>Grap-amt</i> <input type="text"/> ounce(s) Other: <input type="text"/>
9 f. Alcoholic drinks (beer, wine, liquor)? <i>Alcoh-pw</i>	<input type="radio"/> No <input type="radio"/> Yes	<i>Alcoh-time</i> → <input type="text"/> time(s)	<i>Alco-amt</i> <input type="text"/> drink(s) Other: <input type="text"/>
9 g. Any foods that have been grilled, barbecued, or flame broiled, smoked or blackened by burning? <i>BBQ-pw</i>	<input type="radio"/> No <input type="radio"/> Yes	<i>BBQ-time</i> → <input type="text"/> time(s)	<i>BBQ-amt</i> <input type="text"/> ounce(s) Other: <input type="text"/>

10. During the past week were you on any kind of diet either to lose weight or for any other reason? Fill in ONE bubble.

☐ 1. Yes Continue below *Diet-pw* ☐ 2. No STOP

11. What diet or diets were you on? Read choices and fill in bubbles of ALL THAT APPLY.

- a-i*
- ☐ 1. Weight loss or low calorie diet
 - ☐ 2. Low fat or cholesterol diet
 - ☐ 3. Low salt or sodium diet
 - ☐ 4. Sugar free or low sugar diet
 - ☐ 5. Low fiber diet
 - ☐ 6. High fiber diet
 - ☐ 7. Diabetic diet
 - ☐ 8. Any kind of vegetarian diet
 - ☐ 9. Other (Specify:)

Diettype

Thank you for your participation!

Page Link QC: Init:	Data Use Only:	0	1	2	3	4	5	6	7	8	9	A	B	C	D	E	F	G	H	I	J
		<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"/>

PAGE 16

Adult Follow Up

OFFICE USE ONLY

R N M
☐ 55 ☐ 88 ☐ 99

Fig
☐ QC ☐ 5.R
☐ 8.N
☐ 9.M

3
O Portion
R N M
☐ ☐ ☐ *Brocc-pw*
O Portion
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R N M
☐ 55 ☐ 88 ☐ 99

Diet type
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