

Appendix D

TAR Adult and Child Baseline Surveys

OMB #0923-0039

Expires:

<b>For Office Use Only</b>
<b>Interviewer:</b> _____
<b>Date:</b> _____
<b>Start:</b> _____
<b>Stop:</b> _____

**ADULT BASELINE**

**DEMOGRAPHICS/RESIDENTIAL HISTORY**

1. Please tell me your full name : (a) First \_\_\_\_\_ (b) Middle \_\_\_\_\_ (c) Last \_\_\_\_\_
2. Please tell me your date-of-birth: (a) \_\_\_\_\_ Month (b) \_\_\_\_\_ Day (c) \_\_\_\_\_ Year
3. What is your Social Security number? \_\_\_\_\_
4. Sex \_\_\_\_\_
5. Which of the following categories best describes your racial background?
  - a. Black or African American
  - b. White
  - c. American Indian or Alaskan Native
  - d. Asian
  - e. Native Hawaiian or other Pacific Islander
  - f. Other
  - g. If other, please specify your racial background: \_\_\_\_\_
6. Are you Hispanic or Latino (of Spanish origin or descent)? Yes No
7. Please tell me the addresses that you have lived at in the Libby area or Kootenai Valley area beginning with your current address:

Address 1: (a) \_\_\_\_\_  
Time Period: From \_\_\_\_\_ To \_\_\_\_\_

Address 2: (b) \_\_\_\_\_  
Time Period: From \_\_\_\_\_ To \_\_\_\_\_

Address 3: (c) \_\_\_\_\_  
Time Period: From \_\_\_\_\_ To \_\_\_\_\_

Address 4: (d) \_\_\_\_\_  
Time Period: From \_\_\_\_\_ To \_\_\_\_\_

Address 5: (e) \_\_\_\_\_

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Time Period: From \_\_\_\_\_ To \_\_\_\_\_

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**OCCUPATIONAL HISTORY**

8. Were you ever employed for pay outside the home? Yes No
- **If “No,” please skip to question 21**
9. Did you ever work for W. R. Grace or Zonolite? Yes No
- **If “No,” please skip to question 17**
10. What year were you first employed by W.R. Grace or Zonolite? \_\_\_\_\_  
Year Started
11. What year were you last employed by W.R. Grace or Zonolite? \_\_\_\_\_  
Year Started
12. Please tell me the job titles you had and the departments you worked in while you worked at W.R. Grace or Zonolite. Start with the first job you held and end with the last job you held.
- a. Job Title
  - b. What department was that in?
  - c. What were your main activities or duties in this job?
  - d. What year did you start?
  - e. What year did you end?
13. How often did you use any type of respiratory protection (for example, a dust mask) while working at W.R. Grace or Zonolite?
- Never Sometimes Frequently
14. How often did you shower or change clothes before leaving work?
- Never Sometimes Frequently
15. How often did you wear your work clothes home from work?
- Never Sometimes Frequently
16. How often did you use the household car to go to and from work?
- Never Sometimes Frequently
17. Did you ever work as a secondary contractor to the mining or processing facilities, for example, as a truck driver, delivery person, or janitorial worker, etc?
- Yes No
- **If “No,” please skip to question 18**
  - **If “Yes,” please list below.**
- Please tell me the job titles you had working as a secondary contractor to the mining or processing facilities. Start with the first job you held and end with the last job you held.
- a. Job Title
  - b. What were your main activities or duties in this job?
  - c. What year did you start?
  - d. What year did you end?
18. Have you had jobs, not including ones at W.R. Grace or Zonolite, in which you were exposed to a lot of dust (for example, foundry work, mining, or sandblasting)?
- **If “No,” please skip to question 19.**

- **If "Yes," please list below.:**

Please tell me the job titles, not including W. R. Grace or Zonolite in which you were exposed to a lot of dust. Start with the first job you held and end with the last job you held.

- Job Title
- What were your main activities or duties in this job?
- What year did you start?
- What year did you end?

19. Have you had jobs, not including ones at W.R. Grace or Zonolite, in which you may have been exposed to vermiculite (for example, insulation installer, logger near the mine, etc)?

- **If "No," please skip to question 20.**
- **If "No," please list below**

Please tell me the job titles, not including W. R. Grace or Zonolite in which you were exposed to a lot of vermiculite. Start with the first job you held and end with the last job you held.

- Job Title
- What were your main activities or duties in this job?
- What year did you start?
- What year did you end?

20. Have you had jobs, not including ones at W.R. Grace or Zonolite, in which you worked:

- ...as a pipe or steam fitter?
- ...as a plumber?
- ...as a brake repair person?
- ...as an insulator
- ...as a dry wall finisher
- ...as a carpenter?
- ...as a roofer
- ...as an electrician
- ...as a welder
- ...in a job where you mixed, cut or sprayed asbestos material?
- ...in a shipyard, or performed ship construction or repair?
- ...in any job where you may have been exposed to asbestos?
- ...around anyone performing one of the jobs above?

Yes    No

IF NO TO ALL OF THE ABOVE, SKIP TO QUESTION 21.

IF YES TO ANY OF THE ABOVE, PLEASE LIST EACH JOB BELOW:

Please tell me the job titles. Start with the first job you held and end with the last job you held.

Job Title What were your main activities or duties in this job? What year did you start? What year did you end?
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**MILITARY SERVICE HISTORY**

21. Were you ever in a military service?

Yes    No

- If "No," please skip to question 22.

a. In the military, did you ever work on any kind of ship? Yes No

If yes, please describe your duties:\_\_\_\_\_

b. Are you aware of any exposure to asbestos during your military service? Yes No

If yes, please describe how you may have been exposed:\_\_\_\_\_

**HOUSEHOLD CONTACT HISTORY**

22. Did you ever live with someone while they worked for W.R. Grace or Zonolite? Yes

No

- If "No," please skip to question 32

23. a. Name: b. Name: c. Name:

24. What is (INSERT NAME) relationship to you?:  
a. Relation: b. Relation: c. Relation:

25. How long did you live with (INSERT NAME)?:  
a. Years: b. Years: c. Years:

26. How many of the years that you lived with (INSERT NAME) did (INSERT NAME) work for W.R. Grace or Zonolite?  
a. Years: b. Years: c. Years:

27. What job did (INSERT NAME) do at W.R. Grace or Zonolite?  
a. Job: b. Job: c. Job:

28. How often did (INSERT NAME a, b, or c) wear his or her work clothes home?  
Never Sometimes Frequently

29. How often did you do the laundry for (INSERT NAME a, b, or c)?  
Never Sometimes Frequently

30. How often did you visit (INSERT NAME a, b, or c) while he/she was at work?  
Never Sometimes Frequently

31. How often did (INSERT NAME a, b, or c) use the household car for work transportation?  
Never Sometimes Frequently

**POTENTIAL ENVIRONMENTAL EXPOSURES**

32. To your knowledge, is vermiculite insulation present at any of the Lincoln County, Montana addresses you provided?

- Yes    No
- If YES, specify residence\_\_\_\_\_
33. Some products for the home, such as floor tiles, pipe insulation and siding can contain asbestos. Are you aware of any asbestos-containing products other than vermiculite that were present, or are still present, at any of the Lincoln County, Montana addresses you provided?
- Yes    No
- If YES, specify asbestos-containing product and residence\_\_\_\_\_
34. Did you ever use vermiculite from the mine/plant for gardening?
- Yes    No
- If YES, specify residence\_\_\_\_\_
35. Did you ever use vermiculite around one of the Lincoln County, Montana addresses you provided for any other purpose?
- Yes    No
- If YES, specify purpose and residence\_\_\_\_\_
36. How often did you handle vermiculite insulation?
- Never    Sometimes    Frequently
37. How often did you participate in recreational activities (hiking, hunting, etc.) along Rainy Creek Road?
- Never    Sometimes    Frequently
38. How often did you play at the ball fields near the expansion plant?
- Never    Sometimes    Frequently
39. How often did you play in or around the vermiculite piles?
- Never    Sometimes    Frequently
- If YES, where were these piles located?\_\_\_\_\_
40. How often did you heat vermiculite ore to make it expand or pop?
- Never    Sometimes    Frequently
41. How often did you participate in activities where you came into contact with vermiculite insulation, products, or ores not mentioned above?
- Never    Sometimes    Frequently
- If YES, please specify:\_\_\_\_\_

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#### TOBACCO USE

42. Have you ever smoked cigarettes? This means at least 400 cigarettes or 20 packs during your whole life.
- Yes    No
- **If “No,” please skip to question 48.**

43. Do you now smoke cigarettes (as of one month ago)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. How old were you when you first started smoking regularly?	Age in years
45. If you have stopped smoking completely, how old were you when you stopped?	Age in years
46. How many cigarettes do you now smoke per day?	Cigarettes/day
47. On the average over the entire time you smoked, how many cigarettes did you smoke per day?	Cigarettes/day

48. Have you ever smoked a pipe regularly? (Yes means more than 12 oz of tobacco in a lifetime.)  
Yes No

- **If “No,” please skip to question 54.**

49. How old were you when you started to smoke a pipe regularly?	Age in years
50. If you have stopped smoking a pipe completely, how old were you when you stopped?	Age in years
51. On the average over the entire time you smoked a pipe, how much tobacco did you smoke per week?	oz/week
52. How much pipe tobacco are you smoking now?	oz/week
53. Do you or did you inhale pipe smoke?	<input type="checkbox"/> Yes <input type="checkbox"/> No

54. Have you ever smoked cigars regularly? (Yes means more than 1 cigar for a week for a year in a lifetime.)  
Yes No

- **If “No,” please skip to question 60.**

55. How old were you when you started to smoke cigars regularly?	Age in years
56. If you have stopped smoking cigars completely, how old were you when you stopped?	Age in years
57. On the average over the entire time you smoked cigars, how many cigars did you smoke per week?	Cigars/week
58. How many cigars are you smoking per week now?	Cigars/week
59. Do you or did you inhale cigar smoke?	Not at all/Slightly/Moderately/Deeply

60. Have you ever used or tried any smokeless tobacco products such as chewing tobacco or snuff?  
Yes No

- **If “No,” Please skip to question 63.**

61. While using smokeless tobacco, how many cans or pouches of tobacco do or did you use per week?	Containers/week
62. Do you currently use smokeless tobacco products every day, some days, or not at all?	Every day/Some days/Not at all

63. Did any member of your family or household regularly smoke cigarettes inside the residence during the time that you lived together? Check yes for each person listed below. IF YES, please indicate how many years you lived in the same household with them while they were smoking inside the residence.

- |           |  |       |
|-----------|--|-------|
| a. Mother | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years |
| b. Father | <input type="checkbox"/> Yes <input type="checkbox"/> No | Years |

- c. Spouse Yes No Years
- d. Other Yes No Years
- e. Other Yes No Years
- f. Other Yes No Years
- g. Are you currently living with someone who smokes inside the residence?  
Yes No
- 

### MEDICAL/SYMPTOM HISTORY

64. Do you have a regular doctor or clinic that you go to?  
 a. Name  
 b. Address

#### Asbestos-Related Disease

65. Has your doctor ever told you that you had or treated you for asbestosis? If yes,  
 a. When were you were first treated for asbestosis?  
 b. Are you currently receiving treatment for asbestosis?  
 c. Were you hospitalized for asbestosis?

66. Has your doctor ever told you that you had or treated you for lung cancer? If yes,  
 a. When were you were first treated for lung cancer?  
 b. Are you currently receiving treatment for lung cancer?  
 c. Were you hospitalized for lung cancer?

67. Has your doctor ever told you that you had or treated you for mesothelioma? If yes,  
 a. When were you were first treated for mesothelioma?  
 b. Are you currently receiving treatment for mesothelioma?  
 c. Were you hospitalized for mesothelioma?

#### Cough

68. Do you usually have a cough? Yes No  
 (Count a cough with first smoke or on fist going out-of-doors. Exclude clearing of the throat.)

- If "No," please skip to 70.

69. Do you usually cough as much as 4 to 6 times a day, 4 or more days out of the week?  
Yes No

70. Do you usually cough at all on getting up, or first thing in the morning?  
Yes No

71. Do you usually cough at all during the rest of the day or night?  
Yes No

IF YES TO ANY OF THE ABOVE, ANSWER THE FOLLOWING:

72. Do you usually cough like this on most days for 3 consecutive months or more during the year?  
Yes No

73. For how many years have you had this cough? \_\_\_\_\_ Years

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**Phlegm**

74. Have you ever coughed up phlegm (thick mucous) that was bloody? Yes No

**IF YES, ask:**

a. In the past year have you coughed up phlegm that was bloody? Yes No

75. Do you usually bring up phlegm from your chest? Yes No  
(Count phlegm with the first smoke or on first going out-of-doors. Exclude phlegm from the nose. Count swallowed phlegm.)

- If "No" please skip to 77.

76. Do you usually bring up phlegm like this as much as twice a day, 4 or more days out of the week? Yes No

77. Do you usually bring up phlegm at all on getting up, or first thing in the morning? Yes No

78. Do you usually bring up phlegm at all during the rest of the day or at night? Yes No

IF YES TO ANY OF 75-78, ANSWER THE FOLLOWING:
79. Do you bring up phlegm like this on most days for 3 consecutive months or more during the year? <input type="checkbox"/> Yes <input type="checkbox"/> No
80. For how many years have you had trouble with phlegm? <input type="text"/> Years

**Episodes of cough and phlegm**

81. Have you had periods or episodes of (increased\*) cough and phlegm lasting for 3 weeks or more each year? \*(For persons who usually have cough and/or phlegm.)

IF YES:
82. For how long have you had at least 1 such episode per year? <input type="text"/> Years

**Other Medical/Symptom History**

83. Have you ever had tuberculosis? Yes No

84. Have you ever been hospitalized for pneumonia or pleurisy? Yes No

85. Have you ever had congestive heart failure or fluid on the lungs? Yes No

86. Have you ever had any other chest illness? Yes No

87. Have you ever had a significant chest injury? Yes No

88. Have you ever had chest surgery (open heart or chest drainage tube)? Yes No

89. Do you suffer from rheumatoid arthritis, scleroderma, or lupus? Yes No

90. Have you ever had or do you now have any type of cancer? Yes No

- a. IF YES, Please specify the type of cancer:\_\_\_\_\_
- b. IF YES, Please specify the year of diagnosis:\_\_\_\_\_

91. Have you ever had chest x-ray? Yes No

a. IF YES, What year did you have your most current chest x-ray?	Year
b. IF YES, Where was this x-ray taken?	Clinic and city:

92. Have you ever been told by a doctor that you have a lung disease or condition?  
Yes No

a. IF YES, What kind(s) of lung condition(s)?
b. IF YES, When were you told about it?
c. IF YES, Who told you about the problem? Dr. _____

93. Have you become hoarse or developed difficulty swallowing in the last year?  
Yes No

94. In the past year, have you had periods of chest pain related to breathing?  
Yes No

95. Have you lost more than 15 pounds without dieting over the past 6 months?  
Yes No

96. Are you now troubled by shortness of breath when walking up a slight hill or when hurrying on level ground?  
Yes No

a. Do you have to walk slower than people your own age because of shortness of breath? <input type="checkbox"/> Yes <input type="checkbox"/> No
b. Do you have to stop for breath when walking at your own pace on level ground? <input type="checkbox"/> Yes <input type="checkbox"/> No
c. Do you have to stop for breath when walking about 100 yards (or after walking several minutes) on level ground? <input type="checkbox"/> Yes <input type="checkbox"/> No
d. Are you too short of breath to leave the house, or are you short of breath while dressing or undressing? <input type="checkbox"/> Yes <input type="checkbox"/> No

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### OTHER INFORMATION

97. How concerned or worried are you that there is something in your neighborhood environment that may be harming your health? Not at all A little Very

98. We may ask to interview you again in the future to check up on your health status. Keeping in mind that people move, we would like to get a little more information to help us locate you in the future. Could we have the addresses of two people who live outside of your household and who would always know how to find you?  
Yes No

IF YES:

- a. Contact #1: Name/Phone Number/Address/Relationship
- b. Contact #2: Name/Phone Number/Address/Relationship

99. Are there any comments you would like to add or any important information that you think we should know?: \_\_\_\_\_

100. Interviewer comments: \_\_\_\_\_

Thank you for participating.

<b>For Office Use Only</b>
<b>Interviewer:</b> _____
<b>Date:</b> _____
<b>Start:</b> _____
<b>Stop:</b> _____

**CHILD BASELINE**

**DEMOGRAPHICS/RESIDENTIAL HISTORY**

1. Please tell me your full name: (a) First \_\_\_\_\_ (b) Middle \_\_\_\_\_ (c) Last \_\_\_\_\_
2. What is your relationship to the child: \_\_\_\_\_
3. Please tell me your child's full name: (a) First \_\_\_\_\_ (b) Middle \_\_\_\_\_ (c) Last \_\_\_\_\_
4. Please tell me [CHILD NAME] date-of-birth: (a) \_\_\_\_\_ Month (b) \_\_\_\_\_ Day (c) \_\_\_\_\_ Year
5. What is [CHILD NAME] Social Security number? \_\_\_\_\_
6. What is [CHILD NAME] Sex? \_\_\_\_\_
7. Which of the following categories best describes your child's racial background?
  - a. Black or African American
  - b. White
  - c. American Indian or Alaskan Native
  - d. Asian
  - e. Native Hawaiian or other Pacific Islander
  - f. Other
  - g. If other, please specify your racial background: \_\_\_\_\_
8. Is your Hispanic or Latino (of Spanish origin or descent)? Yes No
9. Please tell me the addresses that [CHILD NAME] has lived at in the Libby area or Kootenai Valley beginning with [CHILD NAME] current address:

Address 1: (a) \_\_\_\_\_  
Time Period: From \_\_\_\_\_ To \_\_\_\_\_

Address 2: (b) \_\_\_\_\_  
Time Period: From \_\_\_\_\_ To \_\_\_\_\_

Address 3: (c) \_\_\_\_\_  
Time Period: From \_\_\_\_\_ To \_\_\_\_\_

Address 4: (d) \_\_\_\_\_  
Time Period: From \_\_\_\_\_ To \_\_\_\_\_

Address 5: (e) \_\_\_\_\_  
Time Period: From \_\_\_\_\_ To \_\_\_\_\_

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**HOUSEHOLD CONTACT HISTORY**

10. Did [CHILD NAME] ever live with someone while they worked for W. R. Grace or Zonolite? Yes No

IF NO, PLEASE SKIP TO QUESTION 18

- a. Name
- b. Name
- c. Name

11. What is the [CHILD NAME] relationship to [INSERT NAME]?

- a. Relationship
- b. Relationship
- c. Relationship

12. How long did [CHILD NAME] live with [INSERT NAME]?

- a. Years
- b. Years
- c. Years

13. How many of the years that [CHILD NAME] lived with [INSERT NAME] did [INSERT NAME] work for W.R. Grace or Zonolite?

- a. Years
- b. Years
- c. Years

14. How often did [INSERT NAME] wear his or her work clothes home? How often did you shower or change clothes before leaving work?

Never Sometimes Frequently

15. How often did [CHILD NAME] help with the laundry for [INSERT NAME]?

Never Sometimes Frequently

16. How often did [CHILD NAME] visit [INSERT NAME] while he/she was at work?

Never Sometimes Frequently

17. How often did [INSERT NAME] use the household car for work transportation?

Never Sometimes Frequently

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**POTENTIAL ENVIRONMENTAL EXPOSURES**

18. To your knowledge, do any of the Lincoln County, Montana addresses you identified for [CHILD NAME] contain vermiculite insulation? Yes

No

If YES, specify residence \_\_\_\_\_

19. Some products for the home, such as floor tiles, pipe insulation and siding can contain asbestos. Are you aware of any asbestos-containing products other than vermiculite that were present, or are still present, at any of the Lincoln County, Montana addresses you provided?

Yes No

If YES, specify asbestos-containing product and residence \_\_\_\_\_

20. Did [CHILD NAME] ever live at a residence where vermiculite from the mine/plant was used for gardening? Yes No

If YES, specify residence \_\_\_\_\_

21. Was vermiculite used around any of the addresses you identified for [CHILD NAME] for any purposes other than gardening? Yes No

If YES, specify purpose and residence \_\_\_\_\_

22. How often did [CHILD NAME] handle vermiculite insulation?

Never Sometimes Frequently

23. How often did [CHILD NAME] participate in recreational activities (hiking, hunting, etc.) along Rainy Creek Road?

Never Sometimes Frequently

24. How often did [CHILD NAME] play at the ball fields near the expansion plant?

Never Sometimes Frequently

25. How often did [CHILD NAME] play in or around the vermiculite piles?

Never Sometimes Frequently

If YES, where were these piles located? \_\_\_\_\_

26. How often did [CHILD NAME] heat vermiculite ore to make it expand or pop?

Never Sometimes Frequently

27. How often did [CHILD NAME] participate in activities where you came into contact with vermiculite insulation, products, or ores not mentioned above?

Never Sometimes Frequently

If YES, please specify: \_\_\_\_\_

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#### TOBACCO USE

28. Has [CHILD NAME] ever smoked cigarettes? This means at least 400 cigarettes or 20 packs during his/her whole life.

Yes No

IF NO, PLEASE SKIP TO QUESTION 34.

29. Does [CHILD NAME] now smoke cigarettes (as of one month ago)? Yes No

30. How old was [CHILD NAME] when he/she first started smoking regularly?

Age in years

31. If [CHILD NAME] has stopped smoking completely, how old was he/she when he/she stopped?

Age in years

32. How many cigarettes does [CHILD NAME] now smoke per day? Cigarettes/day

33. On the average over the entire time [CHILD NAME] smoked, how many cigarettes did he/she smoke per day? Cigarettes/day

34. Has [CHILD NAME] ever smoked a pipe regularly? (Yes means more than 12 oz of tobacco in a lifetime.) Yes No

**IF NO, PLEASE SKIP TO QUESTION 40.**

35. How old was [CHILD NAME] when he/she started to smoke a pipe regularly? Age in years

36. If [CHILD NAME] has stopped smoking a pipe completely, how old was he/she when he/she stopped? Age in years

37. On the average over the entire time [CHILD NAME] smoked a pipe, how much tobacco did he/she smoke per week? oz/week

38. How much pipe tobacco is [CHILD NAME] smoking now? oz/week

39. Does or did [CHILD NAME] inhale pipe smoke? Yes No

40. Has [CHILD NAME] ever smoked cigars regularly? (Yes means more than 1 cigar for a week for a year in a lifetime.) Yes No

**IF NO, PLEASE SKIP TO QUESTION 46.**

41. How old was [CHILD NAME] when he/she started to smoke cigars regularly? Age in years

42. If [CHILD NAME] has stopped smoking cigars completely, how old was he/she when he/she stopped? Age in years

43. On the average over the entire time [CHILD NAME] smoked cigars, how many cigars did he/she smoke per week? Cigars/week

44. How many cigars is [CHILD NAME] smoking per week now? Cigars/week

45. Do or did [CHILD NAME] inhale cigar smoke? Not at all/Slightly/Moderately/Deeply

46. Has [CHILD NAME] ever used or tried any smokeless tobacco products such as chewing tobacco or snuff? Yes

No **IF NO, PLEASE SKIP TO QUESTION 49.**

47. While using smokeless tobacco, how many cans or pouches of tobacco does or did [CHILD NAME] use per week? Containers/week

48. Do [CHILD NAME] currently use smokeless tobacco products every day, some days, or not at all? Every day/Some days/Not at all

49. Did any member of [CHILD NAME] family or household regularly smoke cigarettes inside the residence during the time that they lived together? Check yes for each person listed below.

**IF YES, please indicate how many years you lived in the same household with them while they were smoking inside the residence.**

- |           |                              |                             |       |
|-----------|------------------------------|-----------------------------|-------|
| a. Mother | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years |
| b. Father | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years |
| c. Spouse | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years |
| d. Other  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years |
| e. Other  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years |
| f. Other  | <input type="checkbox"/> Yes | <input type="checkbox"/> No | Years |

- g. Are you currently living with someone who smokes inside the residence?  
Yes No
- 

### Medical/Symptom History

50. Does [CHILD NAME] have a regular doctor or clinic that he/she goes to?

If YES, what is the name and address of the doctor or clinic?

- a. Name
- b. Address

#### Asbestos-Related Disease

51. Has his/her doctor ever told you that [CHILD NAME] has or treated him/her for asbestosis?

IF YES,

- a. When was [CHILD NAME] first treated for asbestosis?
- b. Is [CHILD NAME] currently receiving treatment for asbestosis?
- c. Was [CHILD NAME] hospitalized for asbestosis?

52. Has his/her doctor ever told you that your child has or treated him/her for lung cancer?

IF YES,

- a. When was [CHILD NAME] first treated for lung cancer?
- b. Is [CHILD NAME] currently receiving treatment for lung cancer?
- c. Was [CHILD NAME] hospitalized for lung cancer?

53. Has his/her doctor ever told you that your child has or treated him/her for mesothelioma?

IF YES,

- a. When was [CHILD NAME] first treated for mesothelioma?
- b. Is [CHILD NAME] currently receiving treatment for mesothelioma?
- c. Was [CHILD NAME] hospitalized for mesothelioma?

#### Cough

54. Does [CHILD NAME] usually have a cough? Yes No

(Count a cough with first smoke or on fist going out-of-doors. Exclude clearing of the throat.)  
IF NO, SKIP TO 56.

55. Does [CHILD NAME] usually cough as much as 4 to 6 times a day, 4 or more days out of the week? Yes No

56. Does [CHILD NAME] usually cough at all on getting up, or first thing in the morning? Yes No

57. Does [CHILD NAME] usually cough at all during the rest of the day or night? Yes No

IF YES TO ANY OF THE ABOVE, ANSWER THE FOLLOWING:

58. Does [CHILD NAME] usually cough like this on most days for 3 consecutive months or more during the year? Yes No

59. For how many years has he/she had this cough? \_\_\_\_\_ Years

#### Phlegm

60. In the past year, has [CHILD NAME] ever coughed up phlegm (thick mucous) that was bloody? Yes No

IF NO, ask:

a. Has [CHILD NAME] ever coughed up phlegm that was bloody? Yes No

61. Does [CHILD NAME] usually bring up phlegm from your chest? Yes No  
(Count phlegm with the first smoke or on first going out-of-doors. Exclude phlegm from the nose. Count swallowed phlegm.)  
[IF NO, SKIP TO 63].

62. Does [CHILD NAME] usually bring up phlegm like this as much as twice a day, 4 or more days out of the week? Yes No

63. Does [CHILD NAME] usually bring up phlegm at all on getting up, or first thing in the morning? Yes No

64. Does [CHILD NAME] usually bring up phlegm at all during the rest of the day or at night? Yes No

IF YES TO ANY OF 61-64, ANSWER THE FOLLOWING:

65. Does [CHILD NAME] bring up phlegm like this on most days for 3 consecutive months or more during the year? Yes No

66. For how many years has [CHILD NAME] had trouble with phlegm? Years

#### Episodes of cough and phlegm

67. Has [CHILD NAME] had periods or episodes of (increased\*) cough and phlegm lasting for 3 weeks or more each year?

\*(For persons who usually have cough and/or phlegm.)

IF YES:

68. For how long has [CHILD NAME] had at least 1 such episode per year? Years

#### Other Medical/Symptom History

69. Has [CHILD NAME] ever had tuberculosis? Yes No

70. Has [CHILD NAME] ever been hospitalized for pneumonia or pleurisy? Yes No

71. Has [CHILD NAME] ever had congestive heart failure or fluid on the lungs? Yes No

72. Has [CHILD NAME] ever had any other chest illness? Yes No

73. Has [CHILD NAME] ever had a significant chest injury? Yes No

74. Has [CHILD NAME] ever had chest surgery (open heart or chest drainage tube)? Yes No

75. Does [CHILD NAME] suffer from rheumatoid arthritis, scleroderma, or lupus? Yes No

76. Has [CHILD NAME] ever had or have now have any type of cancer? Yes No

a. IF YES, Please specify the type of cancer:\_\_\_\_\_

b. IF YES, Please specify the year of diagnosis:\_\_\_\_\_

77. Has [CHILD NAME] ever had chest x-ray? Yes No

- |  |                  |
|--|------------------|
| a. IF YES, What year did [CHILD NAME] have his/her most current chest x-ray? | Year             |
| b. IF YES, Where was this x-ray taken?                                       | Clinic and city: |

78. Has [CHILD NAME] you ever been told by a doctor that he/she has a lung disease or condition? Yes No

- |  |
|--|
| a. IF YES, What kind(s) of lung condition(s)?        |
| b. IF YES, When were you told about it?              |
| c. IF YES, Who told you about the problem? Dr. _____ |

79. Has [CHILD NAME] become hoarse or developed difficulty swallowing in the last year? Yes No

80. In the past year, has [CHILD NAME] had periods of chest pain related to breathing? Yes No

81. Has [CHILD NAME] lost more than 15 pounds without dieting over the past 6 months? Yes No

82. Is [CHILD NAME] troubled by shortness of breath when walking up a slight hill or when hurrying on level ground? Yes No

- |   |  |
|---|--|
| a. Does [CHILD NAME] have to walk slower than people his/her own age because of shortness of breath?                          | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| b. Does [CHILD NAME] have to stop for breath when walking at his/her own pace on level ground?                                | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| c. Does [CHILD NAME] have to stop for breath when walking about 100 yards (or after walking several minutes) on level ground? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| d. Is [CHILD NAME] too short of breath to leave the house, or is he/she short of breath while dressing or undressing?         | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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#### OTHER INFORMATION

83. How concerned or worried are you that there is something in your neighborhood environment that may be harming your child's health? Not at all/A little/Very

84. We may ask to interview your child again in the future to check up on his/her health status. Keeping in mind that people move, we would like to get a little more information to help us locate your child in the future. Could we have the addresses of two people who live outside of your child's household and who would always know how to find him/her?

No

Yes

IF YES:

- Contact #1: Name/Phone Number/Address/Relationship
- Contact #2: Name/Phone Number/Address/Relationship

85. Are there any comments you would like to add or any important information that you think we should know?: \_\_\_\_\_

86. Interviewer comments: \_\_\_\_\_

**Thank you for participating.**