

Attachment 3.13

Anniston Community Health Survey: Follow up Study and Dioxin Analyses

Questionnaire Materials

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Attachment 3.13
Anniston Community Health Survey: Follow up Study and Dioxin Analyses
Background Information

ACHS-II questions are repeated verbatim from the original ACHS questionnaire (O), modified (M), or deleted (D) for the ACHS-II. New questions (N) are indicated along with their source, as follows:

SEC-TION	TOPIC	STATUS
1	Residential History	<p>N- OMB and DHHS-required primary language standard. See http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.pdf. U.S Department Of Health and Human Services Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status (effective date Oct 2011).</p> <p>N - place of birth</p> <p>M - same as O but restricted to number of times moved since ACHS and location(s) (ACHS)</p> <p>M - previously calculated and of poor quality; currently simply asks for self report of total number of years living in Anniston, AL (ACHS)</p>
2	Background	<p><i>D - race and ethnicity (not subject to change)</i></p> <p>O - sex, marital status, educational attainment (ACHS from BRFSS)</p>
3	General Health	<p><i>D - SF-36 questions (licensed) (used in ACHS)</i></p> <p><i>D - 53-item Brief Symptom Inventory (licensed)(used in ACHS)</i></p> <p><i>D - RAND Medical Outcomes Study (MOS) SF-12 (licensed)(used in ACHS)</i></p> <p><i>D - self-reported medication use questions will be replaced with Medications Form (Attachment 3.10)</i></p> <p>M - general health status (ACHS from BRFSS)</p> <p>N - six OMB and DHHS-required disability items to substitute for 101 items from the SF-36, BSI, and MOS SF-12. See http://aspe.hhs.gov/datacncl/standards/ACA/4302/index.pdf. U.S Department Of Health and Human Services Implementation Guidance on Data Collection Standards for Race, Ethnicity, Sex, Primary Language, and Disability Status (effective date Oct 2011).</p>

SECTION	TOPIC	STATUS
3	Chronic Health Conditions	<p><u>Participant Medical History:</u> O – Lifetime ever diabetes was repeated (BRFSS) same as O. M - Diabetic symptoms assessed since the first survey (ACHS). O - Lifetime ever hypertension was repeated (ACHS from BRFSS). M – List of other health conditions similar to O, with reduced number of autoimmune diseases assessed and deletion of infectious diseases. These will be replaced with analytic tests for immune function (ACHS).</p> <p><u>Family History of Chronic Health Conditions:</u> M – same as O but family relation modified to allow more than one member to be specified (ACHS).</p>
4	Physical Activity (New Section)	<p>N – Physical Activities List, new items developed to assess soil and dust exposures, heavy metals and PCB exposures in the home, outdoor water activities in Alabama (BRFSS). N – Non-occupational Physical Activity Module will be used to assess adherence to American Diabetic Association guidelines (BRFSS). M – Past year employment status is moved to this section as a precursor to assess occupational physical activity (modified from BRFSS) N – Past 12 month hard physical work (1985-1990 NHIS Health Promotion and Disease Prevention Supplement) N – Past 12-month weight loss or weight gain based on CDC definition of modest (5-10%) weight change or large weight change (>10%) (adapted from CDC guidelines at http://www.cdc.gov/healthyweight/losing_weight/index.html;</p> <p><u>CDC References</u> ¹DHHS, AIM for a Healthy Weight, page 5. Available online: http://www.nhlbi.nih.gov/health/public/heart/obesity/aim_hwt.pdf ²Reference for 5%: Blackburn G. (1995). Effect of degree of weight loss on health benefits. Obesity Research 3: 211S-216S. 2 Reference for 10%: NIH, NHLBI Obesity Education Initiative. Clinical Guidelines on the Identification, Evaluation, and Treatment of Overweight and Obesity in Adults. Available online: http://www.nhlbi.nih.gov/guidelines/obesity/ob_gdlns.pdf.</p>

SECTION	TOPIC	STATUS
5	Health Behaviors	<p><i>D – Original exercise and physical activity questions were not structured to estimate adherence to American Diabetic Association physical activity guidelines. New questions moved to Section 4.</i></p> <p><i>D – Original diet questions lacked detail to assess potential chemical exposure pathways. Moved to Section 6.</i></p> <p>M – Different smoking and tobacco use items are used to allow calculation of pack-years and to include cigars, pipes, snuff, chewing tobacco (1999-2004 NHANES and 1999 NHIS).</p> <p>N – Alcoholic beverage intake items based on NIH standard drink definition http://rethinkingdrinking.niaaa.nih.gov/WhatCountsDrink/WhatsAstandardDrink.asp</p>
6	Diet (New Section)	<p>N – Past 12-month NCI Percentage Energy from Fat Screener (public domain at http://riskfactor.cancer.gov/diet/screeners/fat).</p> <p>N – Fish and shellfish intake questions are used to assess relationships between dietary habits with chemical analytical measures (past week, past 12-month). Dietary fish modules are designed for consistency with Alabama Department of Public Health advisories on cooking and cleaning methods. Questions on fish species are developed with the input of the Alabama Department of Conservation and Natural Resources and the Alabama Department of Environmental Management.</p> <p>N – Locally grown foods, wildlife, and game from the Coosa River Basin. If YES to these items, skip to Local Food Form for time period and food frequency. Questions on fish, game, and wildlife developed with input from Alabama Department of Public Health, Alabama Department of Conservation and Natural Resources, and the Alabama Department of Environmental Management.</p> <p><i>The dietary and nutrition modules were very brief at baseline, asked only as ever-never items for major food categories potentially contaminated with PCBs. These were found to be strongly related in baseline statistical analyses to serum PCB levels. Therefore, this module will obtain more detail on dietary factors, timing, place and frequency of exposure.</i></p>
7	Health Care Access	O – Health insurance status and access to health care (ACHS from BRFSS)
8	Women's Health History	M – same format as O but restricted to since first survey (ACHS from Tri-State Health Study)

SECTION	TOPIC	STATUS
9	Men's Health History	M – same format as O, but restricted to since first survey; type of birth control questions deleted (ACHS from Tri-State Health Study)
10	Children's Health History	M – same format as O, but restricted to since first survey (ACHS)
11	Work History	N – Past 12 months business or industry worked at. Past 12-months kind of work done (formatted from American Community Survey). N - Ever worked for Monsanto/Solutia and time periods and type of work there. M – Same as O but since first survey, ever worked in industries producing chemicals of interest; added manganese and welding (ACHS). M – Military history same as O but since first survey (ACHS) M – Annual household income is modified due to poor item response in first survey. Collapsed 8 income categories to 4.
C	Children's Health Form	M – same as O but restricted to any new children since the first survey.
F	Female Pregnancy Form	M – same as O but restricted to any new pregnancies since the first survey.
L	Local Food Form	N – Additional module, if YES to ever eaten local foods from Section 6. Purpose to assess time period these foods were eaten based on Anniston PCB production history.
M	Male Fathering Form	M – same as O but restricted to any new pregnancies since the first survey.

Published ACHS results noted that more detailed questions are needed on potential exposure pathways, lifestyles, and risk factors than previously assessed. This need is addressed in the increased number of items assessed on dietary patterns, tobacco and alcohol use, exercise, occupational histories related to PCB exposure, residential history, and potential exposure through consumption of locally contaminated foodstuffs.

The original questionnaire included items on history of pregnancy, birth outcomes, and reproductive symptoms. To complete the cohort follow-up, these items will only be asked for occurrences since the first Anniston study. No new health outcomes have been added to the revised questionnaire. The ACHS-II questionnaire will update the adult and child health histories for new self-reported diagnoses since the baseline health conditions were assessed.

Questionnaire Outline

Questionnaire Includes 11 Main Sections for:

- 1) Residential History
- 2) Background
- 3) General Health and Chronic Health Conditions
- 4) Physical Activity
- 5) Health Behaviors
- 6) Diet
- 7) Health Care Access
- 8) Women's Health History
- 9) Men's Health History
- 10) Children's Health History
- 11) Work History

Includes Supplemental Forms for:

- C) Children's Health
- F) Female Health
- L) Local Food
- M) Male Health

Attachment 3.13b
Anniston Community Health Survey: Follow up Study and Dioxin Analyses
Main Questionnaire

Flesch-Kincaid Grade Level 5.9

**ANNISTON COMMUNITY HEALTH SURVEY II
MAIN QUESTIONNAIRE**

Form Approved
OMB No. 0923-XXXX
Exp. Date xx/xx/20xx

STUDY ID: _____

DATE OF INTERVIEW: mm/dd/yyyy

TIME INTERVIEW BEGAN: _____ : _____ a.m. p.m.

SECTION 1: RESIDENTIAL HISTORY

Thank you for taking part in this interview. Before we begin, I'd like to make sure that our questions will be easy for you to answer

1-1. How well do you speak English? Would you say very well, well, not well, or not at all?

- 01 . . . VERY WELL
- 02 . . . WELL
- 03 . . . NOT WELL
- 04 . . . NOT AT ALL
- 88 . . . DK
- 99 . . . REF

The next few questions ask about the places where you have lived, especially since the first Anniston survey.

1-2. Were you born in Anniston, Alabama?

- 01 . . . YES **SKIP TO 1-5**
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

1-3. What city and state or foreign country were you born in?

- 1-3a. CITY: _____
- 1-3b. STATE OR FOREIGN COUNTRY: _____

Public reporting burden of this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-XXXX).

1-4. What year did you first move to Anniston, Alabama?

 YYYY
 8888 DK
 9999 REF

1-5. Our records show that you took part in the first Anniston survey on [ACHS I - mm/dd/yyyy]. Since that time, how many times have you moved to a different Anniston house or a different city altogether?

_____ NUMBER OF MOVES **IF 00, SKIP TO 1-7**
 88 DK
 99 REF

1-6. Please tell me the year you moved, and both the city and the state (or country) you moved to. If you moved to another Anniston address, tell me the name of the street you were living on.

Move No.	Year Moved Out	City and State or Foreign Country
1	1-6a1. PRESENT	1-6a2. CITY: <u>Anniston</u> STATE OR FOREIGN COUNTRY: <u>Alabama</u> (IF ANNISTON) STREET _____
2	1-6b1. YYYY 8888 DK 9999 REF	1-6b2. CITY _____ STATE OR FOREIGN COUNTRY _____ (IF ANNISTON) STREET _____
3	1-6c1. YYYY 8888 DK 9999 REF	1-6c2. CITY _____ STATE OR FOREIGN COUNTRY _____ (IF ANNISTON) STREET _____
4	1-6d1. YYYY 8888 DK 9999 REF	1-6d2. CITY _____ STATE OR FOREIGN COUNTRY _____ (IF ANNISTON) STREET _____
5	1-6e1. YYYY 8888 DK 9999 REF	1-6e2. CITY _____ STATE OR FOREIGN COUNTRY _____ (IF ANNISTON) STREET _____

1-7. In your lifetime, what is the total number of years you lived in Anniston, Alabama?

_____	TOTAL YEARS IN ANNISTON
000	LESS THAN ONE YEAR
888	DK
999	REF

SECTION 2: BACKGROUND

Next, I'd like to update some of your background information.

2-1. What is your age?

_____	AGE IN YEARS
888	DK
999	REF

2-2. INDICATE SEX OF RESPONDENT. ASK ONLY IF NECESSARY.

01 . . . MALE
02 . . . FEMALE
88 . . . DK
99 . . . REF

2-3. Are you married, divorced, widowed, separated, never married, or a member of an unmarried couple?

01 . . . MARRIED
02 . . . DIVORCED
03 . . . WIDOWED
04 . . . SEPARATED
05 . . . NEVER MARRIED
06 . . . MEMBER OF AN UNMARRIED COUPLE
88 . . . DK
99 . . . REF

2-4. What is the highest grade or year of school you have completed?

- 01 . . . NEVER ATTENDED SCHOOL OR ONLY ATTENDED KINDERGARTEN
- 02 . . . GRADES 1 THROUGH 8 (ELEMENTARY)
- 03 . . . GRADES 9 THROUGH 11 (SOME HIGH SCHOOL)
- 04 . . . GRADE 12 OR GED (HIGH SCHOOL GRADUATE)
- 05 . . . COLLEGE 1 TO 3 YEARS (SOME COLL. OR TECHNICAL SCHOOL)
- 06 . . . COLLEGE 4 YEARS OR MORE (COLLEGE GRADUATE)
- 88 . . . DK
- 99 . . . REF

SECTION 3: GENERAL HEALTH

3-1. Would you say that in general your health is excellent, very good, good, fair, or poor?

- 01 . . . EXCELLENT
- 02 . . . VERY GOOD
- 03 . . . GOOD
- 04 . . . FAIR
- 05 . . . POOR
- 88 . . . DK
- 99 . . . REF

3-2. Are you deaf or do you have serious difficulty hearing?

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

3-3. Are you blind or do you have serious difficulty seeing, even when wearing glasses?

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

3-4. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions?

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

3-5. Do you have serious difficulty walking or climbing stairs?

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

3-6. Do you have difficulty dressing or bathing?

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

3-7. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping?

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

This part of the interview will be about health conditions that you might have.

3-8. Have you ever been told by a doctor, nurse, or other health care professional that you have diabetes?

(IF YES AND IF FEMALE) Was this only when you were pregnant?

(READ ONLY IF NECESSARY) By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

01 . . . YES How old were _____ 3-8a.

02 . . . YES, BUT FEMALE ONLY TOLD DURING PREGNANCY . . .	you when you were told?	years 888 . . . DK 999 . . . REF
03 . . . NO		
04 . . . NO, PRE-DIABETES OR BORDERLINE DIABETIC		3-8b.
88 . . . DK	Was that Type 1 or Type 2 diabetes?	01 . . . Type 1 02 . . . Type 2 88 . . . DK 99 . . . REF
99 . . . REF		

3-8c. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your diabetes?

_____	_____	NUMBER OF TIMES
88		DK
99		REF

For the next set of questions, I'm going to ask about your diabetes care since the last survey.

3-8d. Have you been told that you have eye disease or retinopathy?

01 . . . YES
02 . . . NO
88 . . . DK
99 . . . REF

3-8e. (*REPEAT IF NECESSARY . . . Since the last survey, . . .*) Have you been told that you have neuropathy or burning, tingling, or pain in the soles of your feet?

01 . . . YES
02 . . . NO
88 . . . DK
99 . . . REF

3-8f. (*REPEAT IF NECESSARY . . . Since the last survey, . . .*) Have you had any sores or irritations on your feet that took more than four weeks to heal?

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

3-8g. Finally, (*REPEAT IF NECESSARY . . .* since the last survey, . . .) have you had an amputation due to diabetes?

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

3-9. Have you ever been told by a doctor, nurse, or other health care professional that you have high blood pressure?
 (*IF YES AND IF FEMALE*) Was this only when you were pregnant?

(*READ ONLY IF NECESSARY*) By "other health professional" we mean a nurse practitioner, a physician's assistant, or some other licensed health professional.

		3-9a.
01 . . . YES	How old were	_____
02 . . . YES, BUT FEMALE ONLY	you when you	years
TOLD DURING PREGNANCY.	were told?	888 . . . DK
03 . . . NO		999 . . . REF
88 . . . DK		
99 . . . REF		

3-9b. About how many times in the past 12 months have you seen a doctor, nurse, or other health professional for your high blood pressure?

- | | |
|--------------|-----------------|
| _____ | NUMBER OF TIMES |
| 88 | DK |
| 99 | REF |

The next set of questions asks about new health conditions that you may have been

told about since the first Anniston Community Health Survey. Here is a card that lists each health condition. [SHOW CARD A].

Our records show that you took part in [ACHS I yyyy]. Since that year, has a doctor told you that you had any of the following . . . ? If yes, tell me the year when you were first told.

		YES	NO	DK	REF	YEAR
3-10	Cancer?	01	02	88	99	3-10b
3-10a	(If yes) What kind? _____					
3-11	Stroke?	01	02	88	99	3-11b
3-12	Liver disease?	01	02	88	99	3-12b
3-13	Kidney disease? Do <u>not</u> include kidney stones, bladder infection or incontinence. (INTERVIEWER NOTE: Incontinence is not being able to control urine flow.)	01	02	88	99	3-13b
3-14	Heart attack (<i>myocardial infarction</i>)?	01	02	88	99	3-14b
3-15	Congestive heart failure?	01	02	88	99	3-15b
3-16	Coronary heart disease (<i>angina</i>)?	01	02	88	99	3-16b
3-17	High blood cholesterol?	01	02	88	99	3-17b
3-18	Hearing problems?	01	02	88	99	3-18b
3-19	Cataracts?	01	02	88	99	3-19b
3-20	Glaucoma?	01	02	88	99	3-20b
3-21	Parkinson's Disease?	01	02	88	99	3-21b
3-22	Epilepsy or seizures?	01	02	88	99	3-22b
3-23	Asthma?	01	02	88	99	3-23b
3-24	COPD (<i>Chronic Obstructive Pulmonary Disease</i>), emphysema, or chronic bronchitis?	01	02	88	99	3-24b
3-25	Hyperthyroidism? (<i>overactive</i>)	01	02	88	99	3-25b
3-26	Hypothyroidism? (<i>underactive</i>)	01	02	88	99	3-26b
3-27	Rheumatoid arthritis or osteoarthritis?	01	02	88	99	3-27b
3-27a	(IF YES) What kind? _____					
3-28	Finally, any other autoimmune disease? Here are some examples [SHOW CARD B]	01	02	88	99	3-28b
3-28a	(IF YES) What kind? _____					

The next questions ask about some health conditions that your family might have. We are interested in blood relatives like your children, parents, brothers or sisters, grandparents, and aunts or uncles.

First, I will ask if anyone has that condition. If you say yes, I will ask which family member [SHOW CARD C]

3-29. Has any family member had cancer?

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

Who was that? And what type of cancer?

3-29a. _____;
3-29a1. _____

3-29b. _____;
3-29b1. _____

3-29c. _____;
3-29c1. _____

3-29d. _____;
3-29d1. _____

3-29e. _____;
3-29e1. _____

3-30. Has any family member had heart disease?

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

Who was that?

3-30a. _____

3-30b. _____

3-30c. _____

3-30d. _____

3-30e. _____

3-31. Has any family member had high blood pressure?

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

Who was that?

- 3-31a. _____
- 3-31b. _____
- 3-31c. _____
- 3-31d. _____
- 3-31e. _____

3-32. Has any family member had asthma?

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

Who was that?

- 3-32a. _____
- 3-32b. _____
- 3-32c. _____
- 3-32d. _____
- 3-32e. _____

3-33. Has any family member had thyroid problems?

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

Who was that?

- 3-33a. _____
- 3-33b. _____
- 3-33c. _____
- 3-33d. _____
- 3-33e. _____

3-34. Has any family member had diabetes?

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

Who was that? And was that Type 1 or Type 2 diabetes?

3-34a. _____;
3-34a1. _____

3-34b. _____;
3-34b1. _____

3-34c. _____;
3-34c1. _____

3-34d. _____;
3-34d1. _____

3-34e. _____;
3-34e1. _____

3-35. Has any family member had rheumatoid arthritis or osteoarthritis?

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

Who was that?

3-35a. _____

3-35b. _____

3-35c. _____

3-35d. _____

3-35e. _____

3-36. Finally has any family member had autoimmune diseases? Here are some examples [SHOW CARD D]

01 . . . YES	Who was that? And what type of autoimmune disease?
02 . . . NO	
88 . . . DK	3-36a. _____;
99 . . . REF	3-36a1. _____
	3-36b. _____;
	3-36b1. _____
	3-36c. _____;
	3-36c1. _____
	3-36d. _____;
	3-36d1. _____
	3-36e. _____;
	3-36e1. _____

SECTION 4: PHYSICAL ACTIVITY

We are interested in the times you have spent outdoors for recreation or in home maintenance.

Have you ever done any of these types of outdoor activities or hobbies on a regular basis? [SHOW CARD E] For each of these that you tell me “yes,” I will ask if you have done them since you took part in the last Anniston survey.

	YES	NO	DK	REF	(IF YES) HAVE YOU DONE THEM SINCE ACHS I?
4-1 Field sports?	01	02	88	99	4-1b
4-2 Gardening?	01	02	88	99	4-2b
4-3 Hiking, jogging, running, or walking?	01	02	88	99	4-3b
4-4 Horseback riding?	01	02	88	99	4-4b
4-5 Hunting game?	01	02	88	99	4-5b
4-4 Yardwork?	01	02	88	99	4-6b
4-7 Any other type of dusty outdoor activity?	01	02	88	99	4-7b
4-7a (IF YES) What is that?	_____				

Have you ever done any of these types of home maintenance activities or hobbies on a regular basis? [*SHOW CARD F*]. For each of these that you tell me “yes,” I will ask if you have done them since you took part in the first Anniston survey.

		YES	NO	DK	REF	(IF YES) HAVE YOU DONE THEM SINCE ACHS I?
4-8	Making lead weights, sinkers, or shot?	01	02	88	99	4-8b
4-9	Lead soldering?	01	02	88	99	4-9b
4-10	Carpentry or home renovation?	01	02	88	99	4-10b
4-11	Painting or papering the house?	01	02	88	99	4-11b
4-12	Window or door caulking?	01	02	88	99	4-12b

4-13. (IF 4-10b, 4-11b, OR 4-12b = YES) Were these home activities done in a home or building that was built before 1940, between 1940 and 1959, or between 1960 and 1977? If there is more than one place, tell me about the one that is the oldest. [*SHOW CARD G*]

01 . . . YES, BEFORE 1940
 02 . . . YES, 1940-1959
 03 . . . YES, 1960-1977
 04 . . . NO, ONLY 1978 OR NEWER
 88 . . . DK
 99 . . . REF

Have you ever done any of these types of water activities or hobbies [*SHOW CARD H*] on a regular basis in any Alabama rivers or lakes? [*SHOW MAP A*]

	YES	NO	DK	REF	(IF YES) HAVE YOU DONE THEM SINCE ACHS I?
4-14 Boating?	01	02	88	99	4-14b
4-15 Fishing from river bank or boat?	01	02	88	99	4-15b
4-16 Scuba diving or snorkeling?	01	02	88	99	4-16b
4-17 Stream fishing?	01	02	88	99	4-17b
4-18 Swimming in a pool?	01	02	88	99	4-18b
4-19 Surfing, swimming, or waterskiing in ocean, lake, river?					4-19b
4-20 Any other type of water activity?	01	02	88	99	4-20b
4-20a (IF YES) What is that? _____					

IF 4-14 TO 4-20 = 02, 88, 99 --- SKIP TO 4-22 TRANSITION

4-21. Have ever you done any of these water activities in Logan Martin Lake, Choccolocco Creek, or Snow Creek? [*SHOW MAP B*]

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

The next few questions are about exercise, recreation, or physical activities other than your regular job duties, and only in the past month.

HOUSEWORK MAY BE INCLUDED AS A PHYSICAL ACTIVITY OR EXERCISE. CODE AS "70 = OTHER" THEN SPECIFY.

4-22. During the past month, other than your regular job, did you participate in any physical activities or exercises such as running, calisthenics, golf, gardening, or walking for exercise? *[IF NECESSARY, SHOW CARD I]*

- 01 . . . YES
- 02 . . . NO. **SKIP TO 4-29**
- 88 . . . DK. **SKIP TO 4-29**
- 99 . . . REF. **SKIP TO 4-29**

4-23. What type of physical activity or exercise did you spend the most time doing during the past month? *[IF NECESSARY, SHOW CARD I]*

4-23a.

- ____ SEE CODE LISTIF "70", SPECIFY: _____
- 88 DK
 - 99 REF

4-24. How many times per week or per month did you take part in this activity during the past month?

- 1 _____ TIMES PER WEEK
- 2 _____ TIMES PER MONTH
- 8 88 DK
- 9 99 REF

4-25. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

- ____:____ HOURS AND MINUTES
- 88:88 DK
 - 99:99 REF

4-26. What other type of physical activity gave you the next most exercise during the past month? *[IF NECESSARY, SHOW CARD I]*

4-26a.

- ____ SEE CODING LISTIF "70", SPECIFY: _____
- 77 NO OTHER ACTIVITY
 - 88 DK
 - 99 REF

4-27. How many times per week or per month did you take part in this activity during the past month?

- 1 ____ TIMES PER WEEK
- 2 ____ TIMES PER MONTH
- 8 88 DK
- 9 99 REF

4-28. And when you took part in this activity, for how many minutes or hours did you usually keep at it?

- ____:____ HOURS AND MINUTES
- 88:88 DK
- 99:99 REF

4-29. During the past month, how many times per week or per month did you do physical activities or exercises to strengthen your muscles? Do not count aerobic activities like walking, running, or bicycling. Count activities using your own body weight like yoga, sit-ups or push-ups and those using weight machines, free weights, or elastic bands.

- 1 ____ TIMES PER WEEK
- 2 ____ TIMES PER MONTH
- 8 88 DK
- 9 99 REF

Some people have jobs that require physical activity, too. I'd like to know if you were working in the past year.

4-30. Are you currently employed for wages, self-employed, working without pay in a family business or farm, out of work for less than 1 year, out of work for more than one year, a homemaker, a student and not working, retired, or unable to work? [SHOW CARD J]

- 01 . . . EMPLOYED FOR WAGES
- 02 . . . SELF-EMPLOYED
- 03 . . . WORKING WITHOUT PAY IN A FAMILY BUSINESS OR FARM
- 04 . . . OUT OF WORK FOR LESS THAN 1 YEAR
- 05 . . . OUT OF WORK FOR MORE THAN 1 YEAR
- 06 . . . HOMEMAKER
- 07 . . . STUDENT, NOT WORKING
- 08 . . . RETIRED
- 09 . . . UNABLE TO WORK
- 88 . . DK

99 . . . REF

IF 4-30 = 05-99 --- SKIP TO 4-33

4-31. How much hard physical work is (or was) required on your job in the past 12 months? Would you say a great deal, a moderate amount, a little, or none?

- 01 . . . GREAT DEAL
- 02 . . . MODERATE AMOUNT
- 03 . . . A LITTLE
- 04 . . . NONE **SKIP TO 4-32**
- 88 . . . DK **SKIP TO 4-32**
- 99 . . . REF. **SKIP TO 4-32**

4-31. About how many hours per day do (or did) you perform hard physical work on your job?

- _____ HOURS
- 88 DK
- 99 REF

I'd like for you to think about your current weight, and what it was 12 months ago. I will show you a card to help you remember. [SHOW CARD K]

4-32. Compared to 12 months ago, is your current weight about the same (less than 5 percent change), or have you lost weight or gained weight?

- 01 . . . ABOUT THE SAME WEIGHT **SKIP TO SECTION 5**
- 02 . . . LOST WEIGHT, 5 PERCENT OR MORE
- 03 . . . GAINED WEIGHT, 5 PERCENT OR MORE **SKIP TO 4-34**
- 88 . . . DK **SKIP TO SECTION 5**
- 99 . . . REF. **SKIP TO SECTION 5**

4-33. A modest amount of weight loss is 5 to 10 percent of your baseline weight. Have you currently lost between 5 to 10 percent, or more than 10 percent of your body weight compared to 12 months ago?

- 01 . . . LOST BETWEEN 5 TO 10 PERCENT
- 02 . . . LOST MORE THAN 10 PERCENT
- 88 . . . DK
- 99 . . . REF

SKIP TO SECTION 5

4-34. A modest amount of weight gain is 5 to 10 percent of your baseline weight. Have you currently gained between 5 to 10 percent, or more than 10 percent of your body weight compared to 12 months ago?

- 01 . . . GAINED BETWEEN 5 TO 10 PERCENT
- 02 . . . GAINED MORE THAN 10 PERCENT
- 88 . . . DK
- 99 . . . REF

SECTION 5: HEALTH BEHAVIORS

The next questions ask about cigarette smoking and other tobacco use.

5-1. Have you smoked at least 100 cigarettes in your entire life?
(5 PACKS = 100 CIGARETTES)

- 01 . . . YES
- 02 . . . NO. **SKIP TO 5-8**
- 88 . . . DK. **SKIP TO 5-8**
- 99 . . . REF. **SKIP TO 5-8**

5-2. How old were you when you first started to smoke fairly regularly?

- _____ AGE IN YEARS
- 777 NEVER SMOKED CIGARETTES REGULARLY
- 888 DK
- 999 REF

5-3. Do you now smoke cigarettes every day, some days, or not at all?

- 01 . . . EVERY DAY **SKIP TO 5-5**
- 02 . . . SOME DAYS **SKIP TO 5-6**
- 03 . . . NOT AT ALL
- 88 . . . DK
- 99 . . . REF

5-4. How long has it been since you quit smoking cigarettes?

- 1 ____ DAYS **SKIP TO 5-8**
- 2 ____ WEEKS **SKIP TO 5-8**
- 3 ____ MONTHS..... **SKIP TO 5-8**
- 4 ____ YEARS..... **SKIP TO 5-8**
- 888 DK
- 999 REF

5-5. On average, how many cigarettes do you now smoke per day?
(1 PACK = 20 CIGARETTES)
(ENTER "01" IF LESS THAN ONE)
(IF 95 OR MORE PER DAY, ENTER 95)

- ____ CIGARETTE(S) ... **SKIP TO 5-8**
- 88 DK..... **SKIP TO 5-8**
- 99 REF..... **SKIP TO 5-8**

5-6. On how many of the past 30 days did you smoke a cigarette?
(ENTER "00" FOR NONE)

- ____ DAY(S)
- 88 DK
- 99 REF

5-7. On average, when you smoked during the past 30 days, about how many cigarettes did you smoke per day?
(1 PACK = 20 CIGARETTES)
(ENTER "01" IF LESS THAN ONE)
(IF 95 OR MORE PER DAY, ENTER 95)

- ____ CIGARETTE(S)
- 88 DK
- 99 REF

5-8. Have you smoked a pipe at least 20 times in your entire life?

- 01 ... YES
- 02 ... NO..... **SKIP TO 5-13**
- 88 ... DK..... **SKIP TO 5-13**
- 99 ... REF..... **SKIP TO 5-13**

5-9. How old were you when you first started to smoke a pipe fairly regularly?

____ AGE IN YEARS
666 NEVER SMOKED A PIPE REGULARLY
888 DK
999 REF

5-10. Do you now smoke a pipe every day, some days, or not at all?

01 ... EVERY DAY **SKIP TO 5-11**
02 ... SOME DAYS **SKIP TO 5-13**
03 ... NOT AT ALL **SKIP TO 5-13**
88 ... DK **SKIP TO 5-13**
99 ... REF **SKIP TO 5-13**

5-11. How many pipefuls of tobacco do you now smoke per day?
(ENTER "01" IF LESS THAN ONE)
(IF 95 OR MORE PER DAY, ENTER 95)

____ PIPEFUL(S)
88 DK
99 REF

5-12. For about how many years have you smoked this amount?
(IF LESS THAN ONE YEAR ENTER "01")

____ YEAR(S)
88 DK
99 REF

5-13. Have you smoked a cigar at least 20 times in your entire life?

01 ... YES
02 ... NO **SKIP TO 5-18**
88 ... DK **SKIP TO 5-18**
99 ... REF **SKIP TO 5-18**

5-14. How old were you when you first started to smoke a cigar fairly regularly?

____ AGE IN YEARS
666 NEVER SMOKED CIGARS REGULARLY
888 DK
999 REF

5-15. Do you now smoke a cigar every day, some days, or not at all?

01 ... EVERY DAY
02 ... SOME DAYS **SKIP TO 5-18**
03 ... NOT AT ALL **SKIP TO 5-18**
88 ... DK **SKIP TO 5-18**
99 ... REF **SKIP TO 5-18**

5-16. How many cigars do you smoke per day?

(ENTER "01" IF LESS THAN ONE)
(IF 95 OR MORE PER DAY, ENTER 95)

____ CIGAR(S)
88 DK
99 REF

5-17. For about how many years have you smoked this amount?

(IF LESS THAN ONE YEAR, ENTER "01")

____ YEAR(S)
88 DK
99 REF

5-18. Have you used snuff, such as Skoal, Skoal Bandit, or Copenhagen, at least 20 times in your entire life?

01 ... YES
02 ... NO **SKIP TO 5-23**
88 ... DK **SKIP TO 5-23**
99 ... REF **SKIP TO 5-23**

5-19. How old were you when you first started to use snuff fairly regularly?

____ AGE IN YEARS
666 NEVER USED SNUFF REGULARLY
888 DK
999 REF

5-20. Do you now use snuff every day, some days, or not at all?

01 ... EVERY DAY
02 ... SOME DAYS**SKIP TO 5-23**
03 ... NOT AT ALL**SKIP TO 5-23**
88 ... DK**SKIP TO 5-23**
99 ... REF**SKIP TO 5-23**

5-21. How many “pinches”, “dips”, or “rubs” of snuff do you use per day?
(ENTER “01” IF LESS THAN 1)
(IF 95 OR MORE PER DAY, ENTER 95)

____ PINCH(ES), DIP(S), OR RUB(S)
88 DK
99 REF

5-22. For about how many years have you used this amount?
(IF LESS THAN ONE YEAR, ENTER “01”)

____ YEAR(S)
88 DK
99 REF

5-23. Have you used chewing tobacco, such as Redman, Levi Garrett, or Beechnut, at least 20 times in your entire life?

01 ... YES
02 ... NO**SKIP TO 5-28 TRANSITION**
88 ... DK**SKIP TO 5-28 TRANSITION**
99 ... REF**SKIP TO 5-28 TRANSITION**

5-24. How old were you when you first started to use chewing tobacco fairly regularly?

____ AGE IN YEARS
666 NEVER USED CHEWING TOBACCO REGULARLY
888 DK
999 REF

5-25. Do you now use chewing tobacco every day, some days, or not at all?

01 ... EVERY DAY
02 ... SOME DAYS
03 ... NOT AT ALL
88 ... DK
99 ... REF

SKIP TO 5-28 TRANSITION

5-26. How many “plugs”, “wads”, or “chaws” of chewing tobacco do you use per day?
(ENTER “01” IF LESS THAN ONE)
(IF 95 OR MORE PER DAY, ENTER 95)

____ PLUG(S), WAD(S), OR CHAW(S)
88 DK
99 REF

5-27. For about how many years have you used this amount?
(IF LESS THAN ONE YEAR, ENTER “01”)

____ YEAR(S)
88 DK
99 REF

The next questions are about alcohol drinks. These include liquor (such as whiskey or gin), beer, wine, wine coolers, and any other type of alcoholic beverage. By a drink, I mean a 12-ounce beer, a 5-ounce glass of wine, or 1-1/2 (one-and-a-half) ounces of liquor. [SHOW CARD L or SHOW DRINK MODELS]

5-28. In your lifetime, have you had at least 12 drinks of beer, wine, or liquor?

- 01 . . . YES
- 02 . . . NO **SKIP TO SECTION 8**
- 88 . . . DK **SKIP TO SECTION 8**
- 99 . . . REF. **SKIP TO SECTION 8**

5-29. Think about a weekend as Friday, Saturday, and Sunday. For a typical week in the past 12 months, what was the usual number of drinks you had on a weekend? (**TOTAL FOR ALL THREE WEEKEND DAYS**)

- _____ NUMBER OF DRINKS
- 888 DK
 - 999 REF

5-30. Think about the weekdays as Monday, Tuesday, Wednesday, and Thursday. For a typical week in the past 12 months, what was the usual number of drinks you had during the weekdays? (**TOTAL FOR ALL FOUR WEEKDAYS**)

- _____ NUMBER OF DRINKS
- 888 DK
 - 999 REF

IF SUM OF [7-29 + 5-30 = 000] CONTINUE; ALL ELSE, SKIP TO SECTION 6

5-31. How many years has it been since you drank alcohol drinks?

- _____ NUMBER OF YEARS
- 888 DK
 - 999 REF

SECTION 6: DIET

The next set of questions is about the foods you eat.

Think about your eating habits over the past 12 months. About how often did you eat or drink each of the following foods? Remember breakfast, lunch, dinner, snacks, and eating out. For each food, select one choice from this card. *[SHOW CARD M]*

		NEV ER	<1 PER MO	1-3 PER MO	1-2 PER WK	3-4 PER WK	5-6 PER WK	1 PER DAY	≥2 PER DAY	DK	REF
6-1.	Cold cereal	01	02	03	04	05	06	07	08	88	99
6-2.	Skim milk, on cereal or to drink	01	02	03	04	05	06	07	08	88	99
6-3.	Eggs, fried or scrambled in margarine, butter, or oil	01	02	03	04	05	06	07	08	88	99
6-4.	Sausage or bacon, regular-fat	01	02	03	04	05	06	07	08	88	99
6-5.	Margarine or butter on bread, rolls, pancakes	01	02	03	04	05	06	07	08	88	99
6-6.	Orange juice or grapefruit juice	01	02	03	04	05	06	07	08	88	99
6-7.	Fruit (not juices)	01	02	03	04	05	06	07	08	88	99
6-8.	Beef or pork hot dogs, regular-fat	01	02	03	04	05	06	07	08	88	99
6-9.	Cheese or cheese spread, regular-fat	01	02	03	04	05	06	07	08	88	99
6-10.	French fries, home fries, or hash brown potatoes	01	02	03	04	05	06	07	08	88	99
6-11.	Margarine or butter on vegetables, including potatoes	01	02	03	04	05	06	07	08	88	99
6-12.	Mayonnaise, regular-fat	01	02	03	04	05	06	07	08	88	99
6-13.	Salad dressings, regular-fat	01	02	03	04	05	06	07	08	88	99
6-14.	Rice	01	02	03	04	05	06	07	08	88	99
6-15.	Margarine, butter, or oil on rice or pasta	01	02	03	04	05	06	07	08	88	99

6-16. Over the past 12 months, when you prepared foods with margarine or ate margarine, how often did you use a reduced-fat margarine? [SHOW CARD N]

- 01 . . . DIDN'T USE MARGARINE
- 02 . . . ALMOST NEVER
- 03 . . . ABOUT ¼ OF THE TIME
- 04 . . . ABOUT ½ OF THE TIME
- 05 . . . ABOUT ¾ OF THE TIME
- 06 . . . ALMOST ALWAYS OR ALWAYS
- 88 . . . DK
- 99 . . . REF

6-17. Overall, when you think about the foods you ate over the past 12 months, would you say your diet was high, medium, or low in fat?

- 01 . . . HIGH
- 02 . . . MEDIUM
- 03 . . . LOW
- 88 . . . DK
- 99 . . . REF

The next questions are about some other foods. Let's start with fish and shellfish.

6-18. Have you eaten fish or shellfish in past week?

- | | | |
|------------------------|---------------------|--------|
| 01 . . . YES | When was the most | 6-18a. |
| 02 . . . NO | recent time you ate | |
| 88 . . . DK | fish or shellfish? | |
| 99 . . . REF | | |

- | | |
|---------------------|-----------------------|
| 01 . . . TODAY | 05 . . . 4-7 DAYS AGO |
| 02 . . . 1 DAY AGO | 88 . . . DK |
| 03 . . . 2 DAYS AGO | 99 . . . REF |
| 04 . . . 3 DAYS AGO | |

And what type of fish or shellfish was this? 6-18b.

SPECIFY: _____
8888 . . . DK
9999 . . . REF

In a typical week in the past 12 months, did you eat

		YES	NO	DK	REF
6-19.	Fish?	01	02	88	99
6-20.	How about shellfish?	01	02	88	99

IF 6-19 & 6-20 = 02, 88, 99 --- SKIP TO 6-66 TRANSITION

6-21. Compared to these models of servings of cooked fish or shellfish, would you say that a typical meal of fish or shellfish that you ate was usually more, about the same, or less? *[SHOW FISH SERVING MODELS]*

- 01 . . . MORE
- 02 . . . ABOUT THE SAME
- 03 . . . LESS
- 88 . . . DK
- 99 . . . REF

In the past 12 months, tell me how the fish you ate was usually cleaned. Did someone *[SHOW CARD O]*

		YES	NO	DK	REF
6-22.	Remove the head?	01	02	88	99
6-23.	Remove the skin?	01	02	88	99
6-24.	Trim the fat along the back?	01	02	88	99
6-25.	Trim the dark meat along length of filet? In the picture it is called the "lateral line."	01	02	88	99
6-26.	Trim the belly flaps?	01	02	88	99
6-27.	Remove the guts?	01	02	88	99

In the past 12 months, tell me the usual ways the fish you ate was cooked. Was it
[SHOW CARD P]

		YES	NO	DK	REF
6-28.	Pan fried?	01	02	88	99
6-29.	Deep fried?	01	02	88	99
6-30.	Baked or broiled?	01	02	88	99
6-31.	Boiled or poached?	01	02	88	99
6-32.	A stew or chowder?	01	02	88	99
6-33.	Smoked?	01	02	88	99
6-34.	Grilled?	01	02	88	99
6-35.	Dried?	01	02	88	99
6-36.	Pickled?	01	02	88	99
6-37.	Raw?	01	02	88	99

In the past 12 months, tell me the parts of the fish you usually ate. Did you eat the
[SHOW CARD Q]

		YES	NO	DK	REF
6-38.	Filet?	01	02	88	99
6-39.	Cheeks?	01	02	88	99
6-40.	Eggs?	01	02	88	99
6-41.	Skin?	01	02	88	99
6-42.	Liver?	01	02	88	99

In the past 12 months, tell me all the places where your fish and shellfish came from.
 Was it? *[SHOW CARD R]*

		YES	NO	DK	REF
6-43.	Bought at a store or market?	01	02	88	99
6-44.	Bought at a restaurant?	01	02	88	99
6-45.	Bought or caught at a farm?	01	02	88	99
6-46.	Wild caught by you or someone else?	01	02	88	99
6-46b.	(IF YES) Was it caught in Alabama?	01	02	88	99

Ranking these places from “1-to-3” with “1” being the “most often” and “3” being “least often,” tell me where you got your fish and shellfish in the past 12 months. Tell me any place you “never” got your fish and shellfish from in the past 12 months. I’ll mark these places with a “4.” [SHOW CARD S]

How about	RANK
6-43c. From a store or market?	_____
6-44c. From a restaurant?	_____
6-45c. From a fish farm?	_____
6-46c. Caught in the wild?	_____

01 . . . MOST OFTEN
 02 . . . NOT MOST OR LEAST OFTEN, SOMEWHERE IN BETWEEN
 03 . . . LEAST OFTEN
 04 . . . NEVER
 88 . . . DK
 99 . . . REF

The next question is only about fish and shellfish from a store, a market, a restaurant, or a farm. Not including wild caught fish and shellfish, did you eat these types of fish in the past 12 months? [SHOW CARD T]

		YES	NO	DK	REF
6-47.	White fish (cod, pollock, whiting, haddock)?	01	02	88	99
6-48.	Catfish?	01	02	88	99
6-49.	Clams?	01	02	88	99
6-50.	Crab?	01	02	88	99
6-51.	Flounder and other flatfish?	01	02	88	99
6-52.	King mackerel?	01	02	88	99
6-53.	Oysters?	01	02	88	99
6-54.	Salmon steaks or filets?	01	02	88	99
6-55.	Salmon, canned?	01	02	88	99
6-56.	Shark?	01	02	88	99
6-57.	Shrimp?	01	02	88	99
6-58.	Swordfish?	01	02	88	99
6-59.	Tilefish?	01	02	88	99
6-60.	Tuna steaks or filets?	01	02	88	99
6-61.	Tuna, canned?	01	02	88	99

The next set of questions is only about wild caught fish from Alabama waters.

IF 6-46b = 01 --- SKIP TO 6-63 TRANSITION

6-62. Have you ever eaten wild caught fish from any Alabama waters?

- 01 . . . YES
- 02 . . . NO. **SKIP TO 6-82 TRANSITION**
- 88 . . . DK. **SKIP TO 6-82 TRANSITION**
- 99 . . . REF. **SKIP TO 6-82 TRANSITION**

Have you ever eaten wild caught fish from the dams, creeks, or lakes along the
 [SHOW MAP C]

		YES	NO	DK	REF
6-63.	Coosa River?	01	02	88	99
6-64.	Alabama River?	01	02	88	99
6-65.	Mobile River?	01	02	88	99

Have you ever eaten wild caught fish from these sections of the Coosa River

		YES	NO	DK	REF
6-66.	Weiss Lake? (above Weiss Dam) [SHOW MAP D]	01	02	88	99
6-67.	H. Neely Henry Lake? (between Weiss Dam and H. Neely Henry Dam) [SHOW MAP E]	01	02	88	99
6-68.	Logan Martin Lake above Interstate 20? (between H. Neely Henry Dam and I-20) [SHOW MAP F]	01	02	88	99
6-69.	Logan Martin Lake below Interstate 20, Choccolocco Creek, or Snow Creek? (between I-20 and Logan Martin Dam) [SHOW MAP G]	01	02	88	99
6-70.	Lay Lake? (between Logan Martin Dam and Lay Dam) [SHOW MAP H]	01	02	88	99

Have you ever eaten these types of wild caught fish from any Alabama creeks, lakes, or rivers? [SHOW CARDS U-1 AND U-2]

		YES	NO	DK	REF
6-71.	Largemouth bass?	01	02	88	99
6-72.	Other bass (spotted, striped, smallmouth, white)?	01	02	88	99
6-73.	Carp?	01	02	88	99
6-74.	Catfish (channel, blue, flathead)?	01	02	88	99
6-75.	Crappie (black or white)?	01	02	88	99
6-76.	Bluegill, other bream, or panfish? (<i>Sunfish</i>)	01	02	88	99
6-77.	Perch (walleye, sauger, yellow perch)?	01	02	88	99
6-78.	Buffalo (largemouth, smallmouth)?	01	02	88	99
6-79.	Suckers (hog, redhorse)?	01	02	88	99
6-80.	Freshwater drum?	01	02	88	99
6-81.	Other fish?	01	02	88	99
6-81a.	(If yes) What kind? _____				

We are interested in local foods from the Anniston area and from farms or land in the Coosa River Basin. These are foods and food products that are locally grown, harvested, caught, trapped, or hunted.

Have you ever eaten local

		YES	NO	DK	REF
6-82.	Chickens?	01	02	88	99
6-83.	Eggs?	01	02	88	99
6-84.	Dairy products like milk or cheese?	01	02	88	99
6-85.	Beef or beef products?	01	02	88	99
6-86.	Pork or pork products?	01	02	88	99

Have you ever eaten wild game like [SHOW CARD V]

		YES	NO	DK	REF
6-87.	Woodcock or dove?	01	02	88	99
6-88.	Quail or wild turkey?	01	02	88	99
6-89.	Duck or goose?	01	02	88	99
6-90.	Deer or other large game?	01	02	88	99
6-91.	Squirrel, rabbit, or other small game?	01	02	88	99

Eating clay is common among many people in the South and throughout the world.

		YES	NO	DK	REF
6-92.	Have you ever eaten <u>local</u> clay? This is clay gathered from Anniston and the Coosa River Basin.	01	02	88	99

IF 6-62, AND 6-82 THROUGH 6-92 = 02, 88, 99 --- SKIP TO SECTION 7

IF 6-62, OR ANY 6-82 THROUGH 6-92 = 1 --- SKIP TO LOCAL FOODS FORM L

SECTION 7: HEALTH CARE ACCESS

The next few questions are about health care access.

- 7-1. Do you have any kind of health care coverage, including health insurance, prepaid plans such as HMOs, or government plans?

Some examples of government plans include Medicare for people 65 years and older, Medicaid, Medical Assistance, other types of government-assistance plans for people with low income or disabilities, TRICARE or other military health care, Veterans Administration, or Indian Health Service.

01 . . . YES
02 . . . NO
88 . . . DK
99 . . . REF

- 7-2. Do you have one person you think of as your personal doctor or health care provider?
(IF NO) Is there more than one, or is there no person who you think of as your personal doctor or health care provider?

01 . . . YES, ONLY ONE
02 . . . YES, MORE THAN ONE
03 . . . NO
88 . . . DK
99 . . . REF

7-3. Was there a time during the past 12 months when you needed to see a doctor, but could not because of the cost?

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

IF MALE, SKIP TO SECTION 9: MEN'S HEALTH HISTORY

SECTION 8: WOMEN'S HEALTH HISTORY

These next questions ask about women's health and pregnancy history.

IF 2-1 > 52 YEARS --- SKIP TO 8-3

8-1. Have you been pregnant at any time in the past 12 months?
(IF YES) Are you currently pregnant?

- 01 . . . YES, IN PAST 12 MONTHS
- 02 . . . YES, CURRENTLY
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

8-2. Have you breastfed at any time in the past 12 months?
(IF YES) Are you currently breastfeeding?

- 01 . . . YES, IN PAST 12 MONTHS
- 02 . . . YES, CURRENTLY
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

8-3. Are you still having your menstrual cycles? (If currently missing cycles due to pregnancy or breastfeeding, 8-3 = 01)

- 01 . . . YES **SKIP TO 8-5**
- 02 . . . NO
- 88 . . . DK. **SKIP TO 8-5**
- 99 . . . REF. **SKIP TO 8-5**

8-4. (Other than pregnancy or breastfeeding) What was the reason your menstrual periods stopped? Was it due to?

- | | | |
|-------------------------------------|--------------------------|-------|
| | (If 8-4 = 01, 02, or 03) | 8-4a. |
| 01 . . . Menopause? | How old were you when | |
| 02 . . . A hysterectomy (removal of | you stopped | |
| womb)? | menstruating? | |
| 03 . . . Medical treatment such as | | |
| chemotherapy, radiation, or | | |
| hormones? | _____
YEARS OF AGE | |
| 88 . . . DK | 888 | DK |
| 99 . . . REF | 999 | REF |

8-5. What is the total number of times you have been pregnant in your lifetime?

- ____ NUMBER OF PREGNANCIES
- 88 DK
 - 99 REF

IF 8-5 = 00, SKIP TO 8-8

8-6. What is the total number of months that you breastfed all your children? If you breast fed more than one child, please add up the number of months for each of them into your lifetime.

- ____ TOTAL NUMBER OF MONTHS
- 88 DK
 - 99 REF

Our records show that you took part in the first Anniston Community Health Survey in [ACHS | yyyy].

8-7. How many times were you pregnant since then?

_____	NUMBER OF PREGNANCIES . .	(If 1 or more times)	8-7a.
88	DK	Were you ever	
99	REF	pregnant in the past	
		12 months?	
		01 . . . YES	
		02 . . . NO	
		88 . . . DK	
		99 . . . REF	

IF 8-7 > 00, GO TO FEMALE PREGNANCY FORM F

8-8. Since the first Anniston survey, have you ever tried to become pregnant but did not even though you wanted to?

01 . . . YES
02 . . . NO **SKIP TO 8-11 INTRODUCTION**
88 . . . DK **SKIP TO 8-11 INTRODUCTION**
99 . . . REF **SKIP TO 8-11 INTRODUCTION**

8-9. Did you ever see a doctor about the difficulty in becoming pregnant?

01 . . . YES
02 . . . NO **SKIP TO 8-11 INTRODUCTION**
88 . . . DK **SKIP TO 8-11 INTRODUCTION**
99 . . . REF **SKIP TO 8-11 INTRODUCTION**

8-10. Which of the following reasons caused your difficulty in becoming pregnant?
[SHOW CARD W]

- 01 . . . Not ovulating
- 02 . . . Blocked tubes
- 03 . . . Egg not fertilized
- 04 . . . Egg not implanting
- 05 . . . Endometriosis
- 06 . . . Man had fertility problems
or
- 07 . . . Doctor did not find a reason
- 88 . . . DK
- 99 . . . REF

The next questions ask about some medical conditions that affect females. Since the first Anniston survey, has a doctor ever told you that you had developed ?

		YES	NO	DK	REF
8-11.	Endometriosis?	01	02	88	99
8-12.	Polycystic Ovarian Syndrome?	01	02	88	99
8-13.	Fibroids?	01	02	88	99
8-14.	Pelvic Inflammatory Disease?	01	02	88	99

SKIP TO SECTION 10: CHILDREN'S HEALTH HISTORY

SECTION 9: MEN'S HEALTH HISTORY

These next questions ask about men's health history, especially changes since the first Anniston Community Health Survey. Our records show that you took part in the first survey in [ACHS | yyyy].

9-1. How many times did you get a woman pregnant after that date?

_____ NUMBER OF PREGNANCIES
88 DK
99 REF

IF 11-1 = 0, SKIP TO 11-4

9-2. Since that date, did you smoke cigarettes in the 12 months before fathering any pregnancies?

01 . . . YES
02 . . . NO
88 . . . DK
99 . . . REF

9-3. Since that date, did you smoke during any pregnancies you fathered?

01 . . . YES
02 . . . NO
88 . . . DK
99 . . . REF

IF 9-1 > 0, GO TO MALE FATHERING FORM M

9-4. Since the first Anniston survey, did you ever see a doctor about the difficulty in getting a woman pregnant?

01 . . . YES
02 . . . NO **SKIP TO SECTION 10 INTRODUCTION**
88 . . . DK **SKIP TO SECTION 10 INTRODUCTION**
99 . . . REF **SKIP TO SECTION 10 INTRODUCTION**

9-5. Which of the following reasons caused your difficulty in getting a woman pregnant? [SHOW CARD X]

01 . . . Woman had fertility problems

02 . . . Poor semen or sperm quality
or

03 . . . Doctor did not find a reason

88 . . . DK

99 . . . REF

SECTION 10: CHILDREN'S HEALTH HISTORY

The next series of questions asks about children's health history. We want to ask about each of your children born alive or adopted since the first Anniston survey. Again, our records show that you took part in the first survey in [ACHS I yyyy], and had [__] children.

10-1. Since that time, how many live-born children did you have?

_____ NUMBER OF LIVEBIRTHS

88 DK

99 REF

10-2. Since the first Anniston survey, how many children did you adopt?

_____ NUMBER OF ADOPTEES

88 DK

99 REF

10-3. Since the first Anniston survey, you have (SUM OF 10-1 + 10-2) new children.

_____ TOTAL NUMBER OF NEW CHILDREN

88 DK

99 REF

10-4. How many children under the age of 19 years are currently living in your household? These may include children you already had during the first Anniston survey.

_____ TOTAL NUMBER OF CHILDREN
88 DK
99 REF

**IF TOTAL NUMBER OF CHILDREN IN HOUSEHOLD = 00
--- SKIP TO SECTION 11
ELSE GO TO CHILDREN'S HEALTH FORM C**

SECTION 11: WORK HISTORY

IF 4-29 = 05-99 > SKIP TO 11-3

Previously you told me that you have worked at least part of the time in the past 12 months.

11-1. What kind of business or industry was this? If you worked at more than one job in the past 12 months, please describe the one that you worked the most hours.

(EXAMPLE: HOSPITAL, NEWSPAPER PUBLISHING, MAIL ORDER HOUSE, AUTO ENGINE MANUFACTURING, BANK)

SPECIFY: _____

8888 DK
9999 REF

11-2. In the past 12 months, what kind of work did you do?
(EXAMPLE: REGISTERED NURSE, PERSONNEL MANAGER, SUPERVISOR OF ORDER DEPARTMENT, SECRETARY, ACCOUNTANT)

SPECIFY: _____

8888 DK
9999 REF

The next questions ask about the places you have worked.

11-3. Have you ever worked for Monsanto or Solutia?

- 01 . . . YES
- 02 . . . NO **SKIP TO 11-6**
- 88 . . . DK **SKIP TO 11-6**
- 99 . . . REF **SKIP TO 11.6**

11-4. Tell me all the time periods you worked for either company.
[SHOW CARD Y]

We are interested in three periods: first, 1971 and before when Monsanto was still producing PCBs; second, between 1972 and 1996, when Monsanto stopped making PCBs; and third, from 1997 to now when Solutia became the owners.

Did you work at any time from . . . ?

		YES	NO	DK	REF
11-4a.	1971 and before?	01	02	88	99
11-4b.	1972 to 1996?	01	02	88	99
11-4c.	1997 to now?	01	02	88	99

11-5. What type of work did you do at either Monsanto or Solutia?
[SHOW CARD Z] Did you ever work in , , ,

		YES	NO	DK	REF
11-5a.	Production of PCBs?	01	02	88	99
11-5b.	Production of non-PCB chemicals?	01	02	88	99
11-5c.	Maintenance?	01	02	88	99
11-5d.	Other technical?	01	02	88	99
11-5e.	Administrative?	01	02	88	99
11-5f.	For the company but not at the Anniston site?	01	02	88	99

Since the first Anniston survey or [ACHS I yyyy], have you worked at a job where you might have been exposed to any of the following substances? [SHOW CARD AA]

		YES	NO	DK	REF
11-6.	Fertilizers	01	02	88	99
11-7.	Pesticides	01	02	88	99
11-8.	Herbicides	01	02	88	99
11-9.	Solvents	01	02	88	99
11-10.	Electrical Transformers	01	02	88	99
11-11.	Ionizing Radiation	01	02	88	99
11-12.	PCBs	01	02	88	99
11-13.	Heavy metals such as Lead, Boron, Manganese, Mercury, or Cadmium	01	02	88	99
11-14.	Welding Fumes	01	02	88	99

IF 11-6, 11-7, AND 11-8 = 02-99 --- SKIP TO 11-16 TRANSITION

11-15. What type of work did you do when you may have been exposed to fertilizers, pesticides, or herbicides? If you worked in more than one job, tell me about each one.

11-15a. SPECIFY: _____
 8888 DK
 9999 REF

11-15b. SPECIFY: _____
 8888 DK
 9999 REF

11-15c. SPECIFY: _____
 8888 DK
 9999 REF

The next questions are about any military history since the first Anniston survey. Again, our records show that you took part in the first survey in [ACHS I yyyy].

11-16. Since that time, have you entered the military?

- 01 ... YES
- 02 ... NO **SKIP TO 11-22.**
- 88 ... DK **SKIP TO 11-22.**
- 99 ... REF **SKIP TO 11-22.**

11-17. What branch of the service did you join?

- 01 . . . ARMY
- 02 . . . NAVY
- 03 . . . AIR FORCE
- 04 . . . MARINES
- 05 . . . COAST GUARD
- 07 . . . OTHER: 11-17a. SPECIFY _____
- 88 . . . DK
- 99 . . . REF

11-18. What was your start date of military service?

- | | |
|--------------|--------------|
| ____/____ | MONTH / YEAR |
| 888888 | DK |
| 999999 | REF |

11-19. What was your end date of military service?

- | | |
|--------------|----------------------|
| ____/____ | MONTH / YEAR |
| 777777 | CURRENTLY IN SERVICE |
| 888888 | DK |
| 999999 | REF |

11-20. Were you deployed in the Middle East after the first Anniston survey?

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

11-21. Were you deployed in the Afghanistan after the first Anniston survey?

- 01 . . . YES
- 02 . . . NO
- 88 . . . DK
- 99 . . . REF

11-22. Is your annual household income from all sources ? [SHOW CARD AB]

- 01 . . . LESS THAN \$15,000
- 02 . . . \$15,000 - \$34,999
- 03 . . . \$35,000 - \$49,999
- 04 . . . \$50,000 OR MORE
- 88 . . . DK
- 99 . . . REF

END. Thank you for participating in this study. Our research team greatly appreciates your time and cooperation in answering our questions. The information you provided is important. Thank you.

TIME INTERVIEW ENDED: _____ : _____ a.m. p.m.

DATE OF INTERVIEW: _____ / _____ / _____

SECTION C: CHILDREN'S HEALTH FORM

**USE PART 1 ONLY FOR NEW CHILDREN SINCE FIRST ANNISTON SURVEY
IF NO NEW CHILDREN, SKIP TO PART 3.**

Part 1. The next questions ask about the health history of any new children you had since the first Anniston survey. You just told me that you had |__|__| new children since then. Starting with the youngest, please answer the following questions about each new child.

New Child No.	NC-1. Is this your child or an adopted child?	NC-2. What is the child's date of birth?	NC-3. What sex is the child?	NC-4. What was the child's birth weight?	NC-5. Was the child's birth premature?	NC-6. How many years has the child lived in Anniston?	NC-7. Was the mother in Anniston during her pregnancy?
For New Child 1,	NC-1-1. 01 ... MY CHILD 02 ... ADOPTED 88 ... DK 99 ... REF	NC-2-1. _/_/_____ MM/DD/YYYY 88888888 ... DK 99999999 ... REF	NC-3-1. 01 ... MALE 02 ... FEMALE 88 ... DK 99 ... REF	NC-4-1. _____ LB OZ 8888 ... DK 9999 ... REF	NC-5-1. 01 ... YES 02 ... NO 88 ... DK 99 ... REF	NC-6-1. _____ Y Y 88...DK 99...REF	NC-7-1. 01 ... YES 02 ... NO 88 ... DK 99 ... REF
For New Child 2,	NC-1-2. 01 ... MY CHILD 02 ... ADOPTED 88 ... DK 99 ... REF	NC-2-2. _/_/_____ MM/DD/YYYY 88888888 ... DK 99999999 ... REF	NC-3-2. 01 ... MALE 02 ... FEMALE 88 ... DK 99 ... REF	NC-4-2. _____ LB OZ 8888 ... DK 9999 ... REF	NC-5-2. 01 ... YES 02 ... NO 88 ... DK 99 ... REF	NC-6-2. _____ Y Y 88...DK 99...REF	NC-7-2. 01 ... YES 02 ... NO 88 ... DK 99 ... REF
For New Child 3,	NC-1-3. 01 ... MY CHILD 02 ... ADOPTED 88 ... DK 99 ... REF	NC-2-3. _/_/_____ MM/DD/YYYY 88888888 ... DK 99999999 ... REF	NC-3-3. 01 ... MALE 02 ... FEMALE 88 ... DK 99 ... REF	NC-4-3. _____ LB OZ 8888 ... DK 9999 ... REF	NC-5-3. 01 ... YES 02 ... NO 88 ... DK 99 ... REF	NC-6-3. _____ Y Y 88...DK 99...REF	NC-7-3. 01 ... YES 02 ... NO 88 ... DK 99 ... REF
For New Child 4,	NC-1-4. 01 ... MY CHILD 02 ... ADOPTED 88 ... DK 99 ... REF	NC-2-4. _/_/_____ MM/DD/YYYY 88888888 ... DK 99999999 ... REF	NC-3-4. 01 ... MALE 02 ... FEMALE 88 ... DK 99 ... REF	NC-4-4. _____ LB OZ 8888 ... DK 9999 ... REF	NC-5-4. 01 ... YES 02 ... NO 88 ... DK 99 ... REF	NC-6-4. _____ Y Y 88...DK 99...REF	NC-7-4. 01 ... YES 02 ... NO 88 ... DK 99 ... REF
For New Child 5,	NC-1-5. 01 ... MY CHILD 02 ... ADOPTED 88 ... DK 99 ... REF	NC-2-5. _/_/_____ MM/DD/YYYY 88888888 ... DK 99999999 ... REF	NC-3-5. 01 ... MALE 02 ... FEMALE 88 ... DK 99 ... REF	NC-4-5. _____ LB OZ 8888 ... DK 9999 ... REF	NC-5-5. 01 ... YES 02 ... NO 88 ... DK 99 ... REF	NC-6-5. _____ Y Y 88...DK 99...REF	NC-7-5. 01 ... YES 02 ... NO 88 ... DK 99 ... REF
For New Child 6,	NC-1-6. 01 ... MY CHILD 02 ... ADOPTED 88 ... DK 99 ... REF	NC-2-6. _/_/_____ MM/DD/YYYY 88888888 ... DK 99999999 ... REF	NC-3-6. 01 ... MALE 02 ... FEMALE 88 ... DK 99 ... REF	NC-4-6. _____ LB OZ 8888 ... DK 9999 ... REF	NC-5-6. 01 ... YES 02 ... NO 88 ... DK 99 ... REF	NC-6-6. _____ Y Y 88...DK 99...REF	NC-7-6. 01 ... YES 02 ... NO 88 ... DK 99 ... REF

SECTION C Part 1: continued

New Child No.	NC-1. Is this your child or an adopted child?	NC-2. What is the child's date of birth?	NC-3. What sex is the child?	NC-4. What was the child's birth weight?	NC-5. Was the child's birth premature?	NC-6. How many years has the child lived in Anniston?	NC-7. Was the mother in Anniston during her pregnancy?
For New Child 7,	NC-1-7. 01 ... MY CHILD 02 ... ADOPTED 88 ... DK 99 ... REF	NC-2-7. _/_/_ MM/DD/YYYY 88888888 ... DK 99999999 ... REF	NC-3-7. 01 ... MALE 02 ... FEMALE 88 ... DK 99 ... REF	NC-4-7. _ _ LB OZ 8888 ... DK 9999 ... REF	NC-5-7. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	NC-6-7. _ _ Y Y 88...DK 99...REF	NC-7-7. 01 ...YES 02 ... NO 88 ... DK 99 ... REF
For New Child 8,	NC-1-8. 01 ... MY CHILD 02 ... ADOPTED 88 ... DK 99 ... REF	NC-2-8. _/_/_ MM/DD/YYYY 88888888 ... DK 99999999 ... REF	NC-3-8. 01 ... MALE 02 ... FEMALE 88 ... DK 99 ... REF	NC-4-8. _ _ LB OZ 8888 ... DK 9999 ... REF	NC-5-8. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	NC-6-8. _ _ Y Y 88...DK 99...REF	NC-7-8. 01 ...YES 02 ... NO 88 ... DK 99 ... REF
For New Child 9,	NC-1-9. 01 ... MY CHILD 02 ... ADOPTED 88 ... DK 99 ... REF	NC-2-9. _/_/_ MM/DD/YYYY 88888888 ... DK 99999999 ... REF	NC-3-9. 01 ... MALE 02 ... FEMALE 88 ... DK 99 ... REF	NC-4-9. _ _ LB OZ 8888 ... DK 9999 ... REF	NC-5-9. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	NC-6-9. _ _ Y Y 88...DK 99...REF	NC-7-9. 01 ...YES 02 ... NO 88 ... DK 99 ... REF
For New Child 10,	NC-1-10. 01 ... MY CHILD 02 ... ADOPTED 88 ... DK 99 ... REF	NC-2-10. _/_/_ MM/DD/YYYY 88888888 ... DK 99999999 ... REF	NC-3-10. 01 ... MALE 02 ... FEMALE 88 ... DK 99 ... REF	NC-4-10. _ _ LB OZ 8888 ... DK 9999 ... REF	NC-5-10. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	NC-6-10. _ _ Y Y 88...DK 99...REF	NC-7-10. 01 ...YES 02 ... NO 88 ... DK 99 ... REF
For New Child 11	NC-1-11. 01 ... MY CHILD 02 ... ADOPTED 88 ... DK 99 ... REF	NC-2-11. _/_/_ MM/DD/YYYY 88888888 ... DK 99999999 ... REF	NC-3-11. 01 ... MALE 02 ... FEMALE 88 ... DK 99 ... REF	NC-4-11. _ _ LB OZ 8888 ... DK 9999 ... REF	NC-5-11. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	NC-6-11. _ _ Y Y 88...DK 99...REF	NC-7-11. 01 ...YES 02 ... NO 88 ... DK 99 ... REF
For New Child 12,	NC-1-12. 01 ... MY CHILD 02 ... ADOPTED 88 ... DK 99 ... REF	NC-2-12. _/_/_ MM/DD/YYYY 88888888 ... DK 99999999 ... REF	NC-3-12. 01 ... MALE 02 ... FEMALE 88 ... DK 99 ... REF	NC-4-12. _ _ LB OZ 8888 ... DK 9999 ... REF	NC-5-12. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	NC-6-12. _ _ Y Y 88...DK 99...REF	NC-7-12. 01 ...YES 02 ... NO 88 ... DK 99 ... REF

SECTION C Part 2

USE PART 2 ONLY FOR NEW CHILDREN SINCE FIRST ANNISTON SURVEY

FOR EACH CONDITION OR ILLNESS THAT A CHILD HAS, ASK WHICH ONE OF THE CHILDREN HAS IT, AND HOW OLD HE OR SHE WAS WHEN FIRST TOLD. USE THE SAME NUMBER ASSIGNED IN PART 1 WITH THE YOUNGEST CHILD AS "NC1". CODE EACH NEW CHILD AS NC1, NC2, NC3, ETC.

PART 2.

In Part 2, we are still asking questions about any new children you had since the first Anniston survey. Has a doctor ever said any of your new children had the following health conditions or illnesses? *[SHOW CARD C-1]*

		YES	NO	DK	REF	WHICH CHILD?	CHILD'S AGE?
C-13.	Cancer?	01	02	88	99	C-13b.	C-13c.
C-13a.	<i>(If yes) What kind?</i> _____						
C-14.	Kidney disease?	01	02	88	99	C-14b.	C-14c.
C-15.	Heart problems?	01	02	88	99	C-15b.	C-15c.
C-16.	Hyperthyroidism? <i>(overactive)</i>	01	02	88	99	C-16b.	C-16c.
C-17.	Hypothyroidism? <i>(underactive)</i>	01	02	88	99	C-17b.	C-17c.
C-18.	Hearing problems?	01	02	88	99	C-18b.	C-18c.
C-19.	Learning disability?	01	02	88	99	C-19b.	C-19c.
C-20.	Attention deficit hyperactivity disorder?	01	02	88	99	C-20b.	C-20c.
C-21.	Asthma?	01	02	88	99	C-21b.	C-21c..
C-22.	Allergies?	01	02	88	99	C-22b.	C-22c.
C-23.	Epilepsy or seizures?	01	02	88	99	C-23b.	C-23c.
C-24.	Diabetes?	01	02	88	99	C-24b.	C-25c.
C-25.	Frequent ear infection?	01	02	88	99	C-25b.	C-25c.
C-26.	Mononucleosis or EBV?	01	02	88	99	C-26b.	C-26c.
C-27.	Juvenile arthritis?	01	02	88	99	C-27b.	C-27c.
C-28	Finally, any other autoimmune disease? Here are some examples <i>[SHOW CARD C-2]</i>	01	02	88	99	C-28b.	C-28c.
C-28a.	<i>(If yes) What kind?</i> _____						

SECTION C Part 3:

USE PART 3 ONLY FOR CHILDREN FORMERLY REPORTED IN FIRST ANNISTON SURVEY. FOR EACH CONDITION OR ILLNESS THAT A CHILD HAS, ASK WHICH ONE OF THE CHILDREN HAS IT, AND HOW OLD HE OR SHE WAS WHEN FIRST TOLD. IF NO NEW CHILDREN, BEGIN PART 3. NUMBER FORMER CHILDREN FROM YOUNGEST TO OLDEST. CODE EACH FORMER CHILD AS FC1, FC2, FC3, ETC.

PART 3.

In Part 3, we are now asking questions about the children you already had during the first Anniston survey. Has a doctor ever said any of these children had the following health conditions or illnesses? *[SHOW CARD C-3]*

		YES	NO	DK	REF	WHICH CHILD?	CHILD'S AGE?
C-32.	Cancer?	01	02	88	99	C-32b	C-32c
C-32a.	<i>(If yes) What kind?</i> _____						
C-33.	Kidney disease?	01	02	88	99	C-33b	C-33c
C-34.	Heart problems?	01	02	88	99	C-34b	C-34c
C-35.	Hyperthyroidism? <i>(overactive)</i>	01	02	88	99	C-35b	C-35c
C-36.	Hypothyroidism? <i>(underactive)</i>	01	02	88	99	C-36b	C-36c
C-37.	Hearing problems?	01	02	88	99	C-37b	C-37c
C-38.	Learning disability?	01	02	88	99	C-39b	C-39c
C-39.	Attention deficit hyperactivity disorder?	01	02	88	99	C-40b	C-40c
C-40.	Asthma?	01	02	88	99	C-41b	C-41c
C-41.	Allergies?	01	02	88	99	C-42b	C-42c
C-42.	Epilepsy or seizures?	01	02	88	99	C-43b	C-43c
C-43.	Diabetes?	01	02	88	99	C-44b	C-44c
C-43.	Frequent ear infection?	01	02	88	99	C-45b	C-45c
C-44.	Mononucleosis or EBV?	01	02	88	99	C-48b	C-48c
C-44.	Juvenile arthritis?	01	02	88	99	C-49b	C-49c
C-46.	Finally, any other autoimmune disease? Here are some examples <i>[SHOW CARD C-4]</i>	01	02	88	99	C-50b	C-50c
C-46a.	<i>(If yes) What kind?</i> _____						

CONTINUE TO SECTION 11

SECTION F: FEMALE PREGNANCY FORM (for women with any pregnancies since the first Anniston survey)

The next questions ask about each of your pregnancies since the first Anniston survey. You just told me that you've had [__] __] pregnancies since then. Let's go through each one.

Pregnancy No.	F-1. What year did you become pregnant?	F-2. How old were you?	F-3. What method of birth control were you using 12 months before you became pregnant? [SHOW CARD F-1]	F-4. Did you plan to become pregnant?	F-5. What was the outcome of the pregnancy? [SHOW CARD F-2]	F-6. Did you smoke cigarettes while you were pregnant?	F-7. Did you drink alcohol while you were pregnant?	F-8. Did you breastfeed this child?	F-8a. (If yes) how many months did you breastfeed?
For Pregnancy 1,	F-1-1. __ __ __ __ 8888...DK 9999...REF	F-2-1. __ __ 88...DK 99...REF	F-3-1. 01 ... NONE 02 ... BC PILL/RING/ IMPLANT/PATCH 03 ... CONDOM 04 ... DIAPHRAGM 05 ... IUD 06 ... JELLY/FOAM 07 ... NATURAL FAMILY PLANNING 88 ... DK 99 ... REF	F-4-1. 1 ... YES 2 ... NO 8 ... DK 9 ... REF	F-5-1. 01 ... ABORTION 02 ... ECTOPIC PREGNANCY 03 ... MISCARRIAGE 04 ... SINGLETON 05 ... STILLBIRTH 06 ... TWINS 07 ... TRIPLETS OR MORE 88 ... DK 99 ... REF	F-6-1. 1 ... YES 2 ... NO 8 ... DK 9 ... REF	F-7-1. 1 ... YES 2 ... NO 8 ... DK 9 ... REF	F-8-1. 1 ... YES 2 ... NO 8 ... DK 9 ... REF	F-8a-1. __ __ M M 88...DK 99...REF
For Pregnancy 2,	F-1-2. __ __ __ __ 8888...DK 9999...REF	F-2-2. __ __ 88...DK 99...REF	F-3-2. 01 ... NONE 02 ... BC PILL/RING/ IMPLANT/PATCH 03 ... CONDOM 04 ... DIAPHRAGM 05 ... IUD 06 ... JELLY/FOAM 07 ... NATURAL FAMILY PLANNING 88 ... DK 99 ... REF	F-4-2. 1 ... YES 2 ... NO 8 ... DK 9 ... REF	F-5-2. 01 ... ABORTION 02 ... ECTOPIC PREGNANCY 03 ... MISCARRIAGE 04 ... SINGLETON 05 ... STILLBIRTH 06 ... TWINS 07 ... TRIPLETS OR MORE 88 ... DK 99 ... REF	F-6-2. 1 ... YES 2 ... NO 8 ... DK 9 ... REF	F-7-2. 1 ... YES 2 ... NO 8 ... DK 9 ... REF	F-8-2. 1 ... YES 2 ... NO 8 ... DK 9 ... REF	F-8a-2. __ __ M M 88...DK 99...REF
For Pregnancy 3,	F-1-3. __ __ __ __ 8888...DK 9999...REF	F-2-3. __ __ 88...DK 99...REF	F-3-3. 01 ... NONE 02 ... BC PILL/RING/ IMPLANT/PATCH 03 ... CONDOM 04 ... DIAPHRAGM 05 ... IUD 06 ... JELLY/FOAM 07 ... NATURAL FAMILY PLANNING 88 ... DK 99 ... REF	F-4-3. 1 ... YES 2 ... NO 8 ... DK 9 ... REF	F-5-3. 01 ... ABORTION 02 ... ECTOPIC PREGNANCY 03 ... MISCARRIAGE 04 ... SINGLETON 05 ... STILLBIRTH 06 ... TWINS 07 ... TRIPLETS OR MORE 88 ... DK 99 ... REF	F-6-3. 1 ... YES 2 ... NO 8 ... DK 9 ... REF	F-7-3. 1 ... YES 2 ... NO 8 ... DK 9 ... REF	F-8-3. 1 ... YES 2 ... NO 8 ... DK 9 ... REF	F-8a-3. __ __ M M 88...DK 99...REF

SECTION F: continued

Pregnancy No.	F-1. What year did you become pregnant?	F-2. How old were you?	F-3. What method of birth control were you using 12 months before you became pregnant? [SHOW CARD F-1]	F-4. Did you plan to become pregnant?	F-5. What was the outcome of the pregnancy? [SHOW CARD F-2]	F-6. Did you smoke cigarettes while you were pregnant?	F-7. Did you drink alcohol while you were pregnant?	F-8. Did you breastfeed this child?	F-8a. (If yes) how many months did you breastfeed?
For Pregnancy 4,	F-1-4. ____ Y Y Y Y 8888...DK 9999...REF	F-2-4. ____ YY 88...DK 99...REF	F-3-4. 01 ... NONE 02 ... BC PILL/RING/ IMPLANT/PATCH 03 ... CONDOM 04 ... DIAPHRAGM 05 ... IUD 06 ... JELLY/FOAM 07 ... NATURAL FAMILY PLANNING 88 ... DK 99 ... REF	F-4-4. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-5-4. 01 ... ABORTION 02 ... ECTOPIC PREGNANCY 03 ... MISCARRIAGE 04 ... SINGLETON 05 ... STILLBIRTH 06 ... TWINS 07 ... TRIPLETS OR MORE 88 ... DK 99 ... REF	F-6-4. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-7-4. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-8-4. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-8a-4. ____ M M 88...DK 99...REF
For Pregnancy 5,	F-1-5. ____ Y Y Y Y 8888...DK 9999...REF	F-2-5. ____ YY 88...DK 99...REF	F-3-5. 01 ... NONE 02 ... BC PILL/RING/ IMPLANT/PATCH 03 ... CONDOM 04 ... DIAPHRAGM 05 ... IUD 06 ... JELLY/FOAM 07 ... NATURAL FAMILY PLANNING 88 ... DK 99 ... REF	F-4-5. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-5-5. 01 ... ABORTION 02 ... ECTOPIC PREGNANCY 03 ... MISCARRIAGE 04 ... SINGLETON 05 ... STILLBIRTH 06 ... TWINS 07 ... TRIPLETS OR MORE 88 ... DK 99 ... REF	F-6-5. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-7-5. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-8-5. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-8a-5. ____ M M 88...DK 99...REF
For Pregnancy 6,	F-1-6. ____ Y Y Y Y 8888...DK 9999...REF	F-2-6. ____ YY 88...DK 99...REF	F-3-6. 01 ... NONE 02 ... BC PILL/RING/ IMPLANT/PATCH 03 ... CONDOM 04 ... DIAPHRAGM 05 ... IUD 06 ... JELLY/FOAM 07 ... NATURAL FAMILY PLANNING 88 ... DK 99 ... REF	F-4-6. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-5-6. 01 ... ABORTION 02 ... ECTOPIC PREGNANCY 03 ... MISCARRIAGE 04 ... SINGLETON 05 ... STILLBIRTH 06 ... TWINS 07 ... TRIPLETS OR MORE 88 ... DK 99 ... REF	F-6-6. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-7-6. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-8-6. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-8a-6. ____ M M 88...DK 99...REF

SECTION F: continued

Pregnancy No.	F-1. What year did you become pregnant?	F-2. How old were you?	F-3. What method of birth control were you using 12 months before you became pregnant? [SHOW CARD F-1]	F-4. Did you plan to become pregnant?	F-5. What was the outcome of the pregnancy? [SHOW CARD F-2]	F-6. Did you smoke cigarettes while you were pregnant?	F-7. Did you drink alcohol while you were pregnant?	F-8. Did you breastfeed this child?	F-8a. (If yes) how many months did you breastfeed?
For Pregnancy 7,	F-1-7. _ _ _ _ Y Y Y Y 8888...DK 9999...REF	F-2-7. _ _ _ YY _ 88...DK 99...REF	F-3-7. 01 ... NONE 02 ... BC PILL/RING/ IMPLANT/PATCH 03 ... CONDOM 04 ... DIAPHRAGM 05 ... IUD 06 ... JELLY/FOAM 07 ... NATURAL FAMILY PLANNING 88 ... DK 99 ... REF	F-4-7. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-5-7. 01 ... ABORTION 02 ... ECTOPIC PREGNANCY 03 ... MISCARRIAGE 04 ... SINGLETON 05 ... STILLBIRTH 06 ... TWINS 07 ... TRIPLETS OR MORE 88 ... DK 99 ... REF	F-6-7. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-7-7. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-8-7. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-8a-7. _ _ _ M M 88...DK 99...REF
For Pregnancy 8,	F-1-8. _ _ _ _ Y Y Y Y 8888...DK 9999...REF	F-2-8. _ _ _ YY _ 88...DK 99...REF	F-3-8. 01 ... NONE 02 ... BC PILL/RING/ IMPLANT/PATCH 03 ... CONDOM 04 ... DIAPHRAGM 05 ... IUD 06 ... JELLY/FOAM 07 ... NATURAL FAMILY PLANNING 88 ... DK 99 ... REF	F-4-8. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-5-8. 01 ... ABORTION 02 ... ECTOPIC PREGNANCY 03 ... MISCARRIAGE 04 ... SINGLETON 05 ... STILLBIRTH 06 ... TWINS 07 ... TRIPLETS OR MORE 88 ... DK 99 ... REF	F-6-8. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-7-8. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-8-8. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-8a-8. _ _ _ M M 88...DK 99...REF
For Pregnancy 9,	F-1-9. _ _ _ _ Y Y Y Y 8888...DK 9999...REF	F-2-9. _ _ _ YY _ 88...DK 99...REF	F-3-9. 01 ... NONE 02 ... BC PILL/RING/ IMPLANT/PATCH 03 ... CONDOM 04 ... DIAPHRAGM 05 ... IUD 06 ... JELLY/FOAM 07 ... NATURAL FAMILY PLANNING 88 ... DK 99 ... REF	F-4-9. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-5-9. 01 ... ABORTION 02 ... ECTOPIC PREGNANCY 03 ... MISCARRIAGE 04 ... SINGLETON 05 ... STILLBIRTH 06 ... TWINS 07 ... TRIPLETS OR MORE 88 ... DK 99 ... REF	F-6-9. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-7-9. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-8-9. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	F-8a-9. _ _ _ M M 88...DK 99...REF

CONTINUE TO 8-6

SECTION L: LOCAL FOOD FORM

I am going to ask you about local foods you may have eaten in four different times in the past. You may have eaten these local foods during some time periods but not others. Try to remember as best as you can.

- One time period is 1971 and before when PCBs were still produced here in Anniston.
- A second time period is from 1972 to 1993. This is the time when PCBs were no longer made but public awareness was low and cleanup of the environment did not start.
- A third time period is from 1994-2005. This is the time when problems with PCB contamination became public, ADPH issued fish advisories, and PCB litigation occurred.
- We are also interested in the time period between the first Anniston survey and today. Let's say from 2006 to now.

For each of the time periods I just described, I would like to know how often you ate each local food. Tell me if you never ate it, ate it regularly, or ate it only part of the time. *[SHOW CARD L-1]*

SECTION L: LOCAL FOOD FORM

Local Food	L-1. Have you ever eaten [FOOD NAME] from 1971 and earlier?	L-2. From 1971 and earlier, how often did you eat [FOOD NAME]?	L-3. Have you ever eaten [FOOD NAME] from 1972 to 1993?	L-4. From 1972 to 1993, how often did you eat [FOOD NAME]?	L-5. Have you ever eaten [FOOD NAME] from 1994 to 2005?	L-6. From 1994 to 2005, how often did you eat [FOOD NAME]?	L-7. Have you ever eaten [FOOD NAME] from 2006 to now?	L-8. From 2006 to now, how often did you eat [FOOD NAME]?
<p><i>If 6-63 = 02,88,99 > SKIP TO L.1.2</i></p> <p>Fish from Coosa River Basin</p>	<p>L-1-1. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-2-1. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-3-1. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-4-1. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-5-1. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-6-1. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-7-1. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-8-1. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>
<p><i>If 6-82 = 02,88,99 > SKIP TO L.1.3</i></p> <p>Local Chicken</p>	<p>L-1-2. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-2-2. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-3-2. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-4-2. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-5-2. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-6-2. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-7-2. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-8-2. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>
<p><i>If 6-83 = 02,88,99 > SKIP TO L.1.4</i></p> <p>Local Eggs</p>	<p>L-1-3. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-2-3. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-3-3. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-4-3. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-5-3. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-6-3. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-7-3. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-8-3. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>

SECTION L: continued

Local Food	L-1. Have you ever eaten [FOOD NAME] from 1971 and earlier?	L-2. From 1971 and earlier, how often did you eat [FOOD NAME]?	L-3. Have you ever eaten [FOOD NAME] from 1972 to 1993?	L-4. From 1972 to 1993, how often did you eat [FOOD NAME]?	L-5. Have you ever eaten [FOOD NAME] from 1994 to 2005?	L-6. From 1994 to 2005, how often did you eat [FOOD NAME]?	L-7. Have you ever eaten [FOOD NAME] from 2006 to now?	L-8. From 2006 to now, how often did you eat [FOOD NAME]?
<p><i>If 6-84 = 02,88,99 > GO TO L.1.5</i></p> <p>Local Dairy, Milk, Cheese</p>	<p>L-1-4. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-2-4. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-3-4. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-4-4. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-5-4. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-6-4. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-7-4. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-8-4. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>
<p><i>If 6-85 = 02,88,99 > GO TO L.1.6</i></p> <p>Local Beef, Beef Products</p>	<p>L-1-5. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-2-5. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-3-5. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-4-5. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-5-5. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-6-5. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-7-5. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-8-5. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>
<p><i>If 6-86 = 02,88,99 > GO TO L.1.7</i></p> <p>Local Pork, Pork Products</p>	<p>L-1-6. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-2-6. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-3-6. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-4-6. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-5-6. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-6-6. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-7-6. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-8-6. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>

SECTION L: continued

Local Food	L-1. Have you ever eaten [FOOD NAME] from 1971 and earlier?	L-2. From 1971 and earlier, how often did you eat [FOOD NAME]?	L-3. Have you ever eaten [FOOD NAME] from 1972 to 1993?	L-4. From 1972 to 1993, how often did you eat [FOOD NAME]?	L-5. Have you ever eaten [FOOD NAME] from 1994 to 2005?	L-6. From 1994 to 2005, how often did you eat [FOOD NAME]?	L-7. Have you ever eaten [FOOD NAME] from 2006 to now?	L-8. From 2006 to now, how often did you eat [FOOD NAME]?
<p><i>If 6-87 = 02,88,99 > GO TO L.1.8</i></p> <p>Woodcock or Dove</p>	<p>L-1-7. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-2-7. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-3-7. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-4-7. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-5-7. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-6-7. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-7-7. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-8-7. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>
<p><i>If 6-88 = 02,88,99 > GO TO L.1.9</i></p> <p>Quail or Wild Turkey</p>	<p>L-1-8. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-2-8. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-3-8. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-4-8. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-5-8. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-6-8. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-7-8. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-8-8. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>
<p><i>If 6-89 = 02,88,99 > GO TO L.1.10</i></p> <p>Duck or Goose</p>	<p>L-1-9. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-2-9. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-3-9. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-4-9. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-5-9. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-6-9. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-7-9. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-8-9. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>

SECTION L: continued

Local Food	L-1. Have you ever eaten [FOOD NAME] from 1971 and earlier?	L-2. From 1971 and earlier, how often did you eat [FOOD NAME]?	L-3. Have you ever eaten [FOOD NAME] from 1972 to 1993?	L-4. From 1972 to 1993, how often did you eat [FOOD NAME]?	L-5. Have you ever eaten [FOOD NAME] from 1994 to 2005?	L-6. From 1994 to 2005, how often did you eat [FOOD NAME]?	L-7. Have you ever eaten [FOOD NAME] from 2006 to now?	L-8. From 2006 to now, how often did you eat [FOOD NAME]?
<p><i>If 6-90 = 02,88,99 > GO TO L.1.11</i></p> <p>Deer or Other Large Game</p>	<p>L-1-10. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-2-10. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-3-10. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-4-10. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-5-10. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-6-10. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-7-10. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-8-10. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>
<p><i>If 6-91 = 02,88,99 > GO TO L.1.12</i></p> <p>Squirrel, Rabbit, or Other Small Game</p>	<p>L-1-11. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-2-11. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-3-11. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-4-11. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-5-11. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-6-11. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-7-11. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-8-11. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>
<p><i>If 6-92 = 02,88,99 > GO TO SECTION 9</i></p> <p>Clay</p>	<p>L-1-12. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-2-12. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-3-12. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-4-12. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-5-12. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-6-12. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>	<p>L-7-12. 01 ... YES 02 ... NO 88 ... DK 99 ... REF</p>	<p>L-8-12. 01 ... LESS THAN ONCE A YEAR 02 ... A FEW TIMES PER YEAR 03 ... MONTHLY 04 ... WEEKLY 05 ... DAILY 88 ... DK 99 ... REF</p>

SECTION M: MALE FATHERING FORM

USE IF NUMBER OF PREGNANCIES SINCE FIRST ANNISTON SURVEY IS GREATER THAN 0

The next questions ask about each of your pregnancies since the first Anniston survey. You just told me that you've fathered |__|__| (pregnancy/pregnancies) since then. Let's go through each one.

Pregnancy No.	M-1. What year did you father a pregnancy?	M-2. How old were you?	M-3. What method of birth control were you using 12 months before your partner became pregnant? (Mark all that apply.) [SHOW CARD M-1]	M-4. Did you plan for your partner to become pregnant?	M-5. What was the outcome of the pregnancy? [SHOW CARD M-2]
For Pregnancy 1,	M-1-1. Y Y Y Y 8888...DK 9999...REF	M-2-1. Y Y 88...DK 99...REF	M-3-1. 01 ... NONE 02 ... BC PILL/RING/ IMPLANT/ PATCH 03 ... CONDOM 04 ... DIAPHRAGM 05 ... IUD 06 ... JELLY/FOAM 07 ... NATURAL FAMILY PLANNING 88 ... DK 99 ... REF	M-4-1. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	M-5-1. 01 ... ABORTION 02 ... ECTOPIC PREGNANCY 03 ... MISCARRIAGE 04 ... SINGLETON 05 ... STILLBIRTH 06 ... TWINS 07 ... TRIPLETS OR MORE 88 ... DK 99 ... REF
For Pregnancy 2,	M-1-2. Y Y Y Y 8888...DK 9999...REF	M-2-2. Y Y 88...DK 99...REF	M-3-2. 01 ... NONE 02 ... BC PILL/RING/ IMPLANT/ PATCH 03 ... CONDOM 04 ... DIAPHRAGM 05 ... IUD 06 ... JELLY/FOAM 07 ... NATURAL FAMILY PLANNING 88 ... DK 99 ... REF	M-4-2. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	M-5-2. 01 ... ABORTION 02 ... ECTOPIC PREGNANCY 03 ... MISCARRIAGE 04 ... SINGLETON 05 ... STILLBIRTH 06 ... TWINS 07 ... TRIPLETS OR MORE 88 ... DK 99 ... REF
For Pregnancy 3,	M-1-3. Y Y Y Y 8888...DK 9999...REF	M-2-3. Y Y 88...DK 99...REF	M-3-3. 01 ... NONE 02 ... BC PILL/RING/ IMPLANT/ PATCH 03 ... CONDOM 04 ... DIAPHRAGM 05 ... IUD 06 ... JELLY/FOAM 07 ... NATURAL FAMILY PLANNING 88 ... DK 99 ... REF	M-4-3. 01 ...YES 02 ... NO 88 ... DK 99 ... REF	M-5-3. 01 ... ABORTION 02 ... ECTOPIC PREGNANCY 03 ... MISCARRIAGE 04 ... SINGLETON 05 ... STILLBIRTH 06 ... TWINS 07 ... TRIPLETS OR MORE 88 ... DK 99 ... REF

SECTION M: continued

Pregnancy No.	M-1. What year did you father a pregnancy?	M-2. How old were you?	M-3. What method of birth control were you using 12 months before your partner became pregnant? (Mark all that apply.) [SHOW CARD M-1]	M-4. Did you plan for your partner to become pregnant?	M-5. What was the outcome of the pregnancy? [SHOW CARD M-2]
For Pregnancy 4,	M-1-4. Y Y Y Y 8888...DK 9999...REF	M-2-4. Y Y 88...DK 99...REF	M-3-4. 01 ... NONE 02 ... BC PILL/RING/ IMPLANT/ PATCH 03 ... CONDOM 04 ... DIAPHRAGM 05 ... IUD 06 ... JELLY/FOAM 07 ... NATURAL FAMILY PLANNING 88 ... DK 99 ... REF	M-4-4. 01 ... YES 02 ... NO 88 ... DK 99 ... REF	M-5-4. 01 ... ABORTION 02 ... ECTOPIC PREGNANCY 03 ... MISCARRIAGE 04 ... SINGLETON 05 ... STILLBIRTH 06 ... TWINS 07 ... TRIPLETS OR MORE 88 ... DK 99 ... REF
For Pregnancy 5,	M-1-5. Y Y Y Y 8888...DK 9999...REF	M-2-5. Y Y 88...DK 99...REF	M-3-5. 01 ... NONE 02 ... BC PILL/RING/ IMPLANT/ PATCH 03 ... CONDOM 04 ... DIAPHRAGM 05 ... IUD 06 ... JELLY/FOAM 07 ... NATURAL FAMILY PLANNING 88 ... DK 99 ... REF	M-4-5. 01 ... YES 02 ... NO 88 ... DK 99 ... REF	M-5-5. 01 ... ABORTION 02 ... ECTOPIC PREGNANCY 03 ... MISCARRIAGE 04 ... SINGLETON 05 ... STILLBIRTH 06 ... TWINS 07 ... TRIPLETS OR MORE 88 ... DK 99 ... REF
For Pregnancy 6,	M-1-6. Y Y Y Y 8888...DK 9999...REF	M-2-6. Y Y 88...DK 99...REF	M-3-6. 01 ... NONE 02 ... BC PILL/RING/ IMPLANT/ PATCH 03 ... CONDOM 04 ... DIAPHRAGM 05 ... IUD 06 ... JELLY/FOAM 07 ... NATURAL FAMILY PLANNING 88 ... DK 99 ... REF	M-4-6. 01 ... YES 02 ... NO 88 ... DK 99 ... REF	M-5-6. 01 ... ABORTION 02 ... ECTOPIC PREGNANCY 03 ... MISCARRIAGE 04 ... SINGLETON 05 ... STILLBIRTH 06 ... TWINS 07 ... TRIPLETS OR MORE 88 ... DK 99 ... REF

CONTINUE TO 9-4

Attachment 3.13c
Anniston Community Health Survey: Follow up Study and Dioxin Analyses
Interviewer's Booklet (Supplement to Questionnaire)

Includes response cards as visual aids for:

- C) Questionnaire Sections 1-11
- D) Optional Forms C, F, L, M

Interviewer Instructions:

- 1) Flip through the booklet in the order of the interview.
 - 2) Display the response choices for each item to aid participant recall.
 - 3) For each item, if participant has difficulty choosing from among response choices, ask probing questions to help increase recall.
-

CARD A. HEALTH CONDITIONS

Cancer

Stroke

Liver disease

Kidney disease (not kidney stones, bladder infection or incontinence)

Heart attack (myocardial infarction)

Congestive heart failure

Coronary heart disease (angina)

High blood cholesterol

Hearing problems

Cataracts

Glaucoma

Parkinson's Disease

Epilepsy or seizures

Asthma

COPD, emphysema, or chronic bronchitis

Hyperthyroidism (overactive)

Hypothyroidism (underactive)

Rheumatoid arthritis or osteoarthritis

Other

SECTION 3. OTHER AUTOIMMUNE DISEASES

CARD B. OTHER AUTOIMMUNE DISEASES

Crohn's Disease

Fibromyalgia

Multiple Sclerosis

Psoriasis

Scleroderma

Systemic Lupus Erythematosus or Lupus

Other

SECTION 3. BLOOD RELATIVES

CARD C. BLOOD RELATIVES

Child

Parent

Brother

Sister

Grandmother

Grandfather

Aunt

Uncle

Cousin

SECTION 3. OTHER AUTOIMMUNE DISEASES

CARD D. OTHER AUTOIMMUNE DISEASES

Crohn's Disease

Fibromyalgia

Multiple Sclerosis

Psoriasis

Scleroderma

Systemic Lupus Erythematosus or Lupus

Other

SECTION 4. OUTDOOR ACTIVITIES

CARD E. OUTDOOR ACTIVITIES

Field sports (football, lacrosse, rugby, soccer, softball, baseball)

Gardening (spading, tilling, weeding, digging, filling)

Hiking, jogging, running, or walking

Horseback riding

Hunting game (deer, elk, quail)

Yardwork (mowing, raking, trimming)

Other

SECTION 4. HOME ACTIVITIES

CARD F. HOME ACTIVITIES

Making lead weights, sinkers, or shot

Lead soldering

Carpentry/home renovation

Window/door caulking

Painting, papering house

SECTION 4. YEAR HOME OR BUILDING BUILT

CARD G. YEAR HOME BUILT

Before 1940

1940-1959

1960-1977

1978 or newer

CARD H. WATER ACTIVITIES

Boating (canoeing, rowing, kayaking, sailing for pleasure or competition)

Fishing from river bank or boat

Scuba diving/Snorkeling

Stream fishing (e.g. in waders)

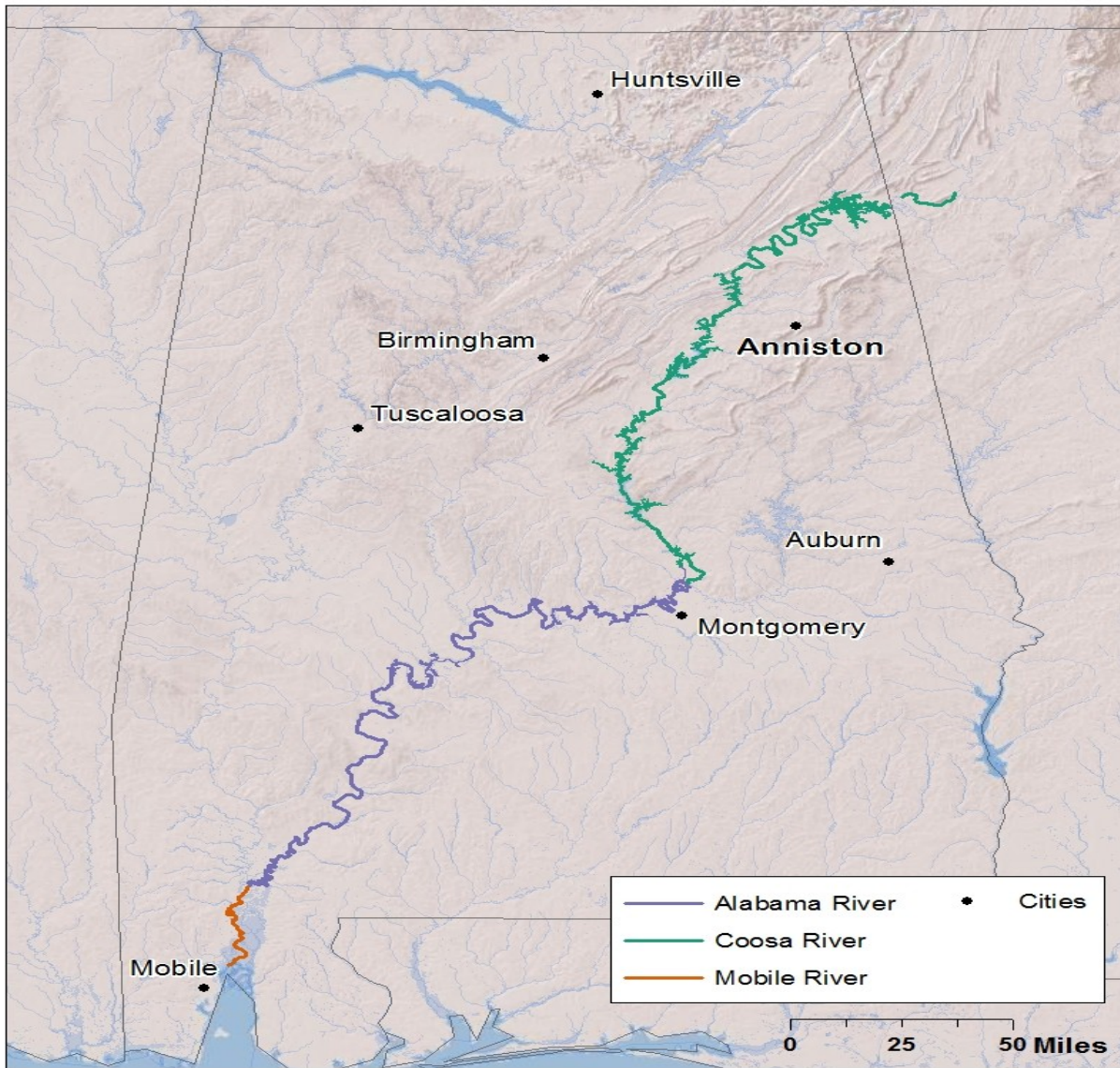
Swimming (pool)

Surfing/Swimming/Waterskiing (lake, river)

Other

SECTION 4. WATER ACTIVITIES IN ANY ALABAMA LAKES AND RIVERS

MAP A – ALABAMA LAKES AND RIVERS



SECTION 4. LOGAN MARTIN LAKE, CHOCCOLOCCO CREEK, OR SNOW CREEK

MAP B – LOGAN MARTIN LAKE, CHOCCOLOCCO CREEK, OR SNOW CREEK



SECTION 4. PHYSICAL ACTIVITY OR EXERCISE

CARD I - PHYSICAL ACTIVITIES OR EXERCISE

- | | |
|--|--|
| 0 1 Active Gaming Devices (Wii Fit,
Dance Dance revolution) | 3 5 Pilates |
| 0 2 Aerobics video or class | 3 6 Racquetball |
| 0 3 Backpacking | 3 7 Raking lawn |
| 0 4 Badminton | 3 8 Running |
| 0 5 Basketball | 3 9 Rock climbing |
| 0 6 Bicycling machine exercise | 4 0 Rope skipping |
| 0 7 Bicycling | 4 1 Rowing machine exercise |
| 0 8 Boating (Canoeing, rowing, kayaking,
sailing for pleasure or camping) | 4 2 Rugby |
| 0 9 Bowling | 4 3 Scuba diving |
| 1 0 Boxing | 4 4 Skateboarding |
| 1 1 Calisthenics | 4 5 Skating – ice or roller |
| 1 2 Canoeing/rowing in competition | 4 6 Sledding, tobogganing |
| 1 3 Carpentry | 4 7 Snorkeling |
| 1 4 Dancing-ballet, ballroom, Latin, hip
hop, etc. | 4 8 Snow blowing |
| 1 5 Elliptical/EFX machine exercise | 4 9 Snow shoveling by hand |
| 1 6 Fishing from river bank or boat | 5 0 Snow skiing |
| 1 7 Football (also see Touch Football) | 5 1 Snowshoeing |
| 1 8 Frisbee | 5 2 Soccer |
| 1 9 Gardening (spading, weeding, digging,
filling) | 5 3 Softball/Baseball |
| 2 0 Golf (with motorized cart) | 5 4 Squash |
| 2 1 Golf (without motorized cart) | 5 5 Stair climbing/Stair master |
| 2 2 Handball | 5 6 Stream fishing (e.g. in waders) |
| 2 3 Hiking – cross-country | 5 7 Surfing |
| 2 4 Hockey | 5 8 Swimming |
| 2 5 Horseback riding | 5 9 Swimming in laps |
| 2 6 Hunting large game – deer, elk | 6 0 Table tennis |
| 2 7 Hunting small game – quail | 6 1 Tai Chi |
| 2 8 Inline Skating | 6 2 Tennis |
| 2 9 Jogging | 6 3 Touch football (also see Football) |
| 3 0 Lacrosse | 6 4 Volleyball |
| 3 1 Mountain climbing | 6 5 Walking |
| 3 2 Mowing lawn | 6 6 Waterskiing |
| 3 3 Paddleball | 6 7 Weight lifting |
| 3 4 Painting/papering house | 6 8 Wrestling |
| | 6 9 Yoga |
| | 7 0 Other _____ |

SECTION 4. WORK STATUS

CARD J. WORK STATUS

Employed for wages

Self-employed

Working without pay in a family business or farm

Out of work for less than 1 year

Out of work for more than 1 year

Homemaker

Student, not working

Retired

Unable to work

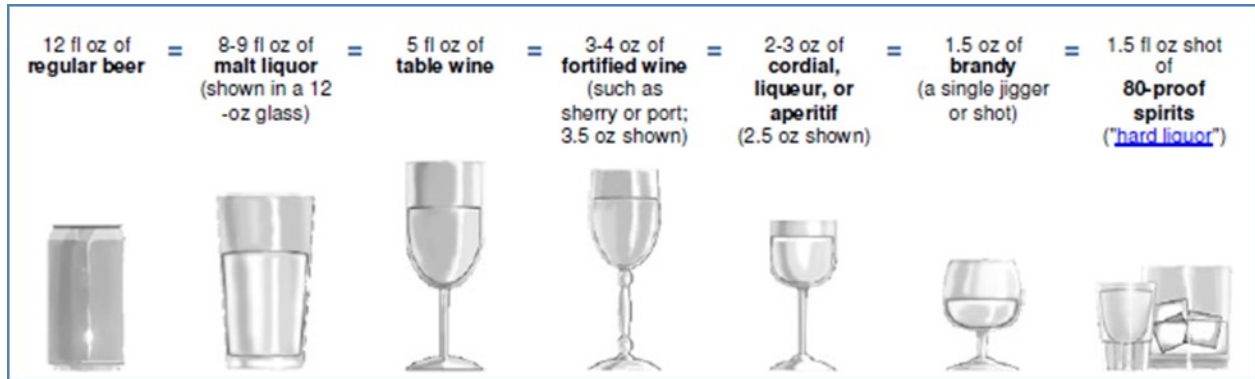
SECTION 4. WEIGHT CHANGE

CARD K. WEIGHT CHANGE IN PAST YEAR						
GAIN NOW IS . . .		WEIGHT STAYED ABOUT THE SAME			LOSS NOW IS . . .	
10% + LARGE	5-9.9% MODEST	< 5% GAIN BETWEEN	AND	< 5% LOSS BETWEEN	5-9.9% MODEST	10% + LARGE
IF WEIGHT 1 YEAR AGO WAS		AND NOW IS		IF WEIGHT 1 YEAR AGO WAS		
81 or less	82-86	87	90	93	94-98	99 or more
86 or less	87-90	91	95	99	100-103	104 or more
90 or less	91-95	96	100	104	105-109	110 or more
94 or less	95-100	101	105	109	110-115	116 or more
99 or less	100-104	105	110	115	116-120	121 or more
104 or less	105-109	110	115	120	121-125	126 or more
108 or less	109-114	115	120	125	126-131	132 or more
112 or less	113-119	120	125	130	131-138	138 or more
117 or less	118-124	125	130	135	136-142	143 or more
122 or less	123-128	129	135	141	142-147	148 or more
126 or less	127-133	134	140	146	147-153	154 or more
130 or less	131-138	139	145	151	152-159	160 or more
135 or less	136-142	143	150	157	158-164	165 or more
140 or less	141-147	148	155	162	163-169	170 or more
144 or less	145-152	153	160	167	168-175	176 or more
148 or less	149-157	158	165	172	173-181	182 or more
153 or less	154-162	163	170	177	178-186	187 or more
158 or less	159-166	167	175	183	184-191	192 or more
162 or less	163-171	172	180	188	189-197	198 or more
166 or less	167-176	177	185	193	194-203	204 or more
171 or less	172-180	181	190	199	200-208	209 or more
176 or less	177-185	186	195	204	205-213	214 or more
180 or less	181-190	191	200	209	210-219	220 or more
184 or less	185-195	196	205	214	215-225	226 or more
189 or less	190-200	201	210	219	220-230	231 or more
194 or less	195-204	205	215	225	226-235	236 or more
198 or less	199-209	210	220	230	231-241	242 or more
202 or less	203-214	215	225	235	236-247	248 or more
207 or less	208-218	219	230	241	242-252	253 or more
212 or less	213-223	224	235	246	247-257	258 or more
216 or less	217-228	229	240	251	252-264	264 or more
220 or less	221-233	234	245	256	257-269	270 or more
225 or less	226-238	239	250	261	262-274	275 or more
230 or less	230-242	243	255	267	268-279	280 or more
234 or less	235-247	248	260	272	273-285	286 or more
238 or less	239-252	253	265	277	278-291	292 or more
243 or less	244-256	257	270	283	284-296	297 or more
248 or less	249-261	262	275	288	289-301	302 or more
252 or less	253-266	267	280	293	294-307	308 or more
256 or less	257-271	272	285	298	299-313	314 or more
261 or less	262-276	277	290	303	304-318	319 or more
266 or less	267-280	281	295	309	310-323	324 or more
270 or less	271-285	286	300	314	315-329	330 or more
274 or less	275-290	291	305	319	320-335	336 or more
279 or less	280-294	295	310	325	326-340	341 or more
284 or less	285-299	300	315	330	331-345	346 or more
288 or less	289-304	305	320	335	336-351	352 or more

- 1) Identify current weight in blue column. Place ruler under the corresponding row of weights.
- 2) Show row to participant. Ask for weight one year ago.
- 3) Identify if weight loss, same weight, or weight gain from appropriate column heading.
- 4) If loss or gain, identify if amount is large or moderate.

SECTION 5. ALCOHOL DRINKS

CARD L. ALCOHOL DRINKS



Source: <http://rethinkingdrinking.niaaa.nih.gov/WhatCountsDrink/WhatsAstandardDrink.asp>

Alternate: set up alcohol drink models as displayed above with appropriate measures of liquid to demonstrate drink servings.

CARD M. HOW OFTEN EATEN

Never

Less than once per month

1 – 3 times per month

1 – 2 times per week

3 – 4 times per week

5 – 6 times per week

CARD N. MARGARINE USE

Didn't use margarine

Almost never

About $\frac{1}{4}$ of the time

About $\frac{1}{2}$ of the time

About $\frac{3}{4}$ of the time

Almost always or always

DISPLAY FISH SERVING MODELS

Examples:

Shrimp (4 boiled)

Broiled perch (3-oz)

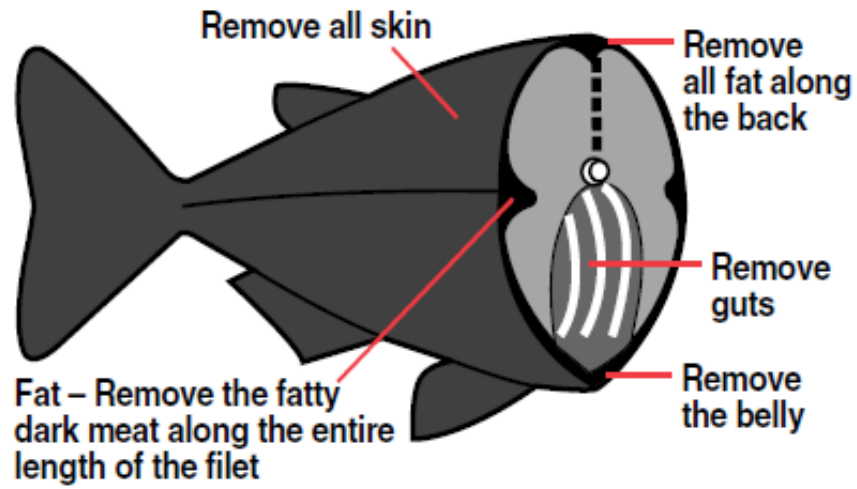
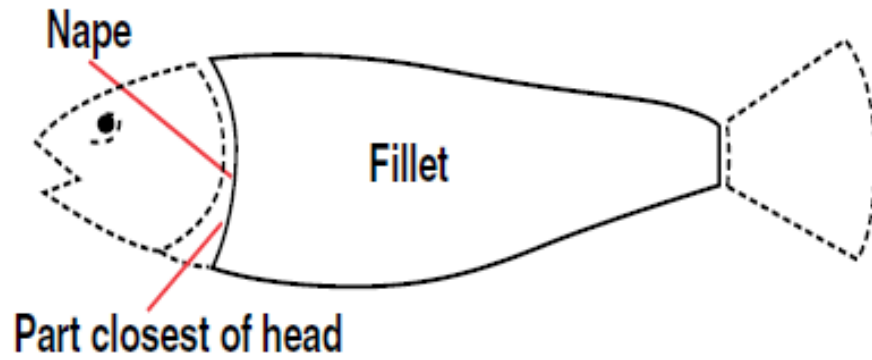
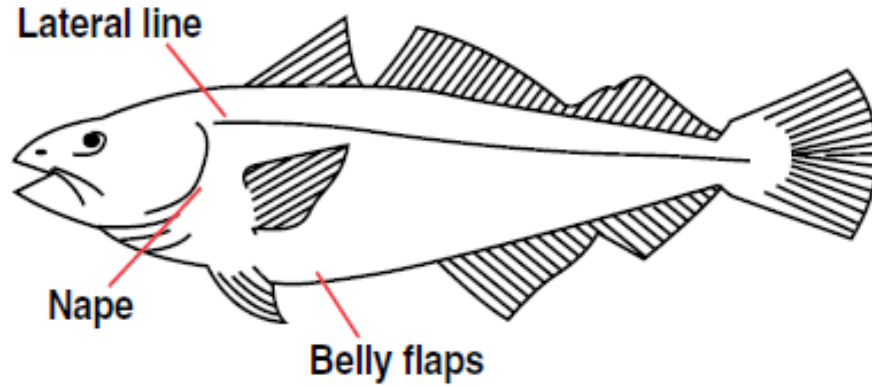
Pan-fried catfish (3-oz)

Canned tuna (¼ cup)

Poached salmon (3-oz)

Source: <http://www.enasco.com/c/fcs/Nasco+Food+Replicas/Meat+%26+Protein/Seafood/>

CARD O. FISH CLEANING METHODS



CARD P. FISH COOKING METHODS

Pan fried

Deep fried

Baked or broiled

Boiled or poached

Stew or chowder

Smoked

Grilled

Dried

Pickled

Raw

SECTION 6. PARTS OF FISH EATEN

CARD Q. FISH PARTS

Filet

Cheeks

Eggs

Skin

Liver

SECTION 6. PLACES FOR FISH

CARD R. PLACES FOR FISH

Bought at a store or market

Bought at a restaurant

Bought or caught at a farm

Wild caught

SECTION 6. RANK WHERE FISH CAME FROM

CARD S. RANK PLACES FOR FISH

Most often

Not most or least often, somewhere in between

Least often

Never

CARD T. TYPES OF FISH, BOUGHT OR FARMED

White fish (cod, pollock, whiting, haddock)

Catfish

Clams

Crab

Flounder and other flatfish

King mackerel

Oysters

Salmon steaks or filets

Salmon, canned

Shark

Shrimp

Swordfish

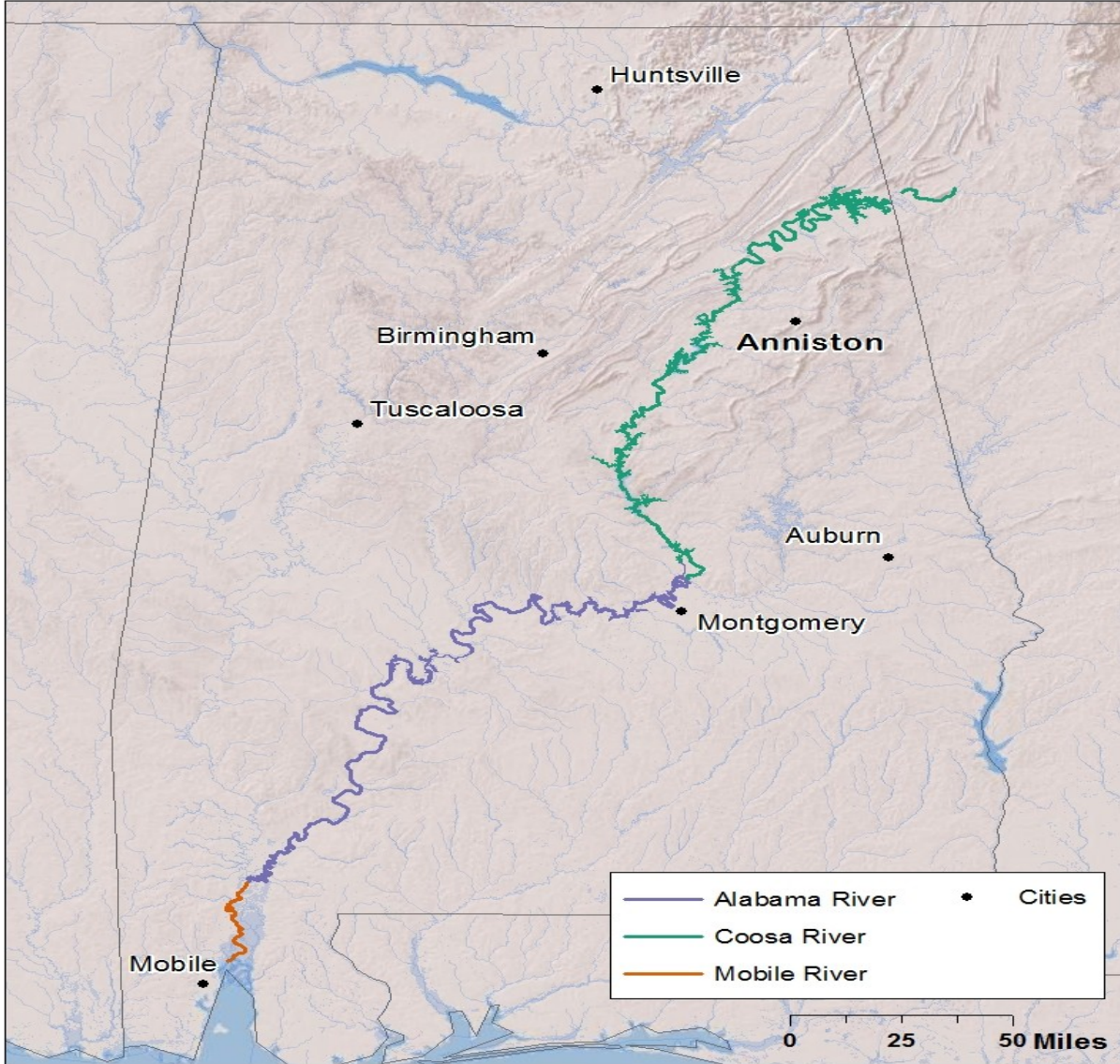
Tilefish

Tuna steaks or filets

Tuna, canned

SECTION 6. EAT FISH CAUGHT FROM ALABAMA WATERS

MAP C – COOSA, ALABAMA, MOBILE RIVER BASINS



SECTION 6. WEISS LAKE OF COOSA RIVER

MAP D – WEISS LAKE, ABOVE WEISS DAM



SECTION 6. H. NEELY HENRY LAKE OF COOSA RIVER

MAP E – H. NEELY HENRY LAKE, BETWEEN WEISS DAM AND H. NEELY HENRY DAM



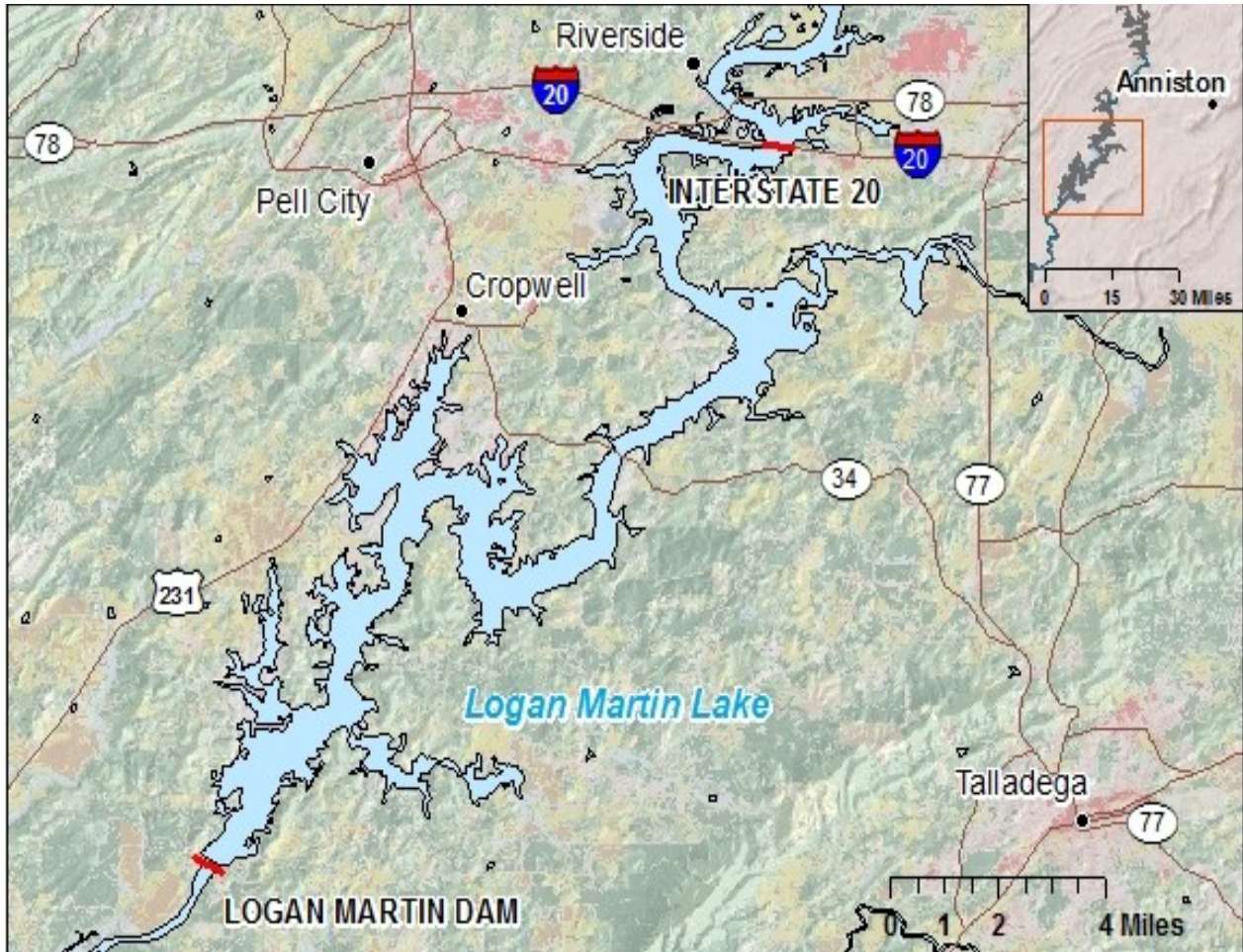
SECTION 6. LOGAN MARTIN LAKE OF COOSA RIVER

MAP F – LOGAN MARTIN LAKE, BETWEEN H. NEELY HENRY DAM AND INTERSTATE 20



SECTION 6. LOGAN MARTIN LAKE BELOW INTERSTATE 20 OF COOSA RIVER

MAP G – LOGAN MARTIN LAKE, CHOCCOLOCCO CREEK, AND SNOW CREEK, BETWEEN INTERSTATE 20 AND LOGAN MARTIN DAM



SECTION 6. LAY LAKE OF COOSA RIVER

MAP H – LAY LAKE, BETWEEN LOGAN MARTIN DAM AND LAY DAM



SECTION 6. WILD CAUGHT FISH

CARD U-1. ALABAMA FISH

LARGEMOUTH BASS



STRIPED BASS



SMALLMOUTH BASS



CARP



CHANNEL CATFISH



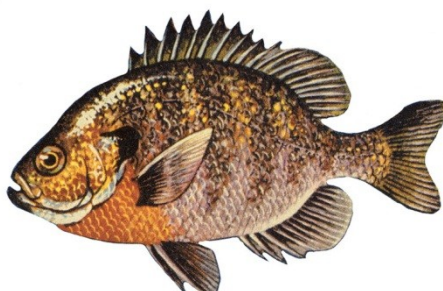
FLATHEAD



CRAPPIE (BLACK OR WHITE)



BLUEGILL, BREAM, PANFISH



SECTION 6. WILD CAUGHT FISH

CARD U-2. ALABAMA FISH

WALLEYE (PERCH)



YELLOW PERCH



SAUGER (PERCH)



SMALLMOUTH BUFFALO



BIGMOUTH BUFFALO



REDHORSE (SUCKER)



WHITE SUCKER



FRESHWATER DRUM



Image Source: U.S. Fish and Wildlife at <http://digitalmedia.fws.gov/>; NOAA, Great Lakes Environmental Research Laboratory at <http://www.glerl.noaa.gov/pubs/photogallery/Fish/index.html>

SECTION 6. WILD GAME

CARD V. WILD GAME

WOODCOCK



DOVE



QUAIL



WILD TURKEY



DUCK



GOOSE



DEER



WILD HOG



SQUIRREL



RABBIT



CARD W. FEMALE PREGNANCY PROBLEMS

Not ovulating

Blocked tubes

Problems with the egg not being fertilized

Problems with the fertilized egg implanting in the womb

Endometriosis

Man had fertility problems

Doctor did not find a reason

CARD X. MALE FERTILITY PROBLEMS

Woman had fertility problems

Problems with semen or sperm quality

Doctor did not find a reason

SECTION 11. TIME PERIOD WORKED AT MONSANTO OR SOLUTIA

CARD Y. TIME PERIOD WORKED

1971 and before

1972-1996

1997 to now

- 1971 and before - Monsanto produced PCBs
 - 1972 and 1996 - Monsanto stopped making PCBs
 - 1997 to now - Solutia became the facility owners.
-

CARD Z. TYPE OF WORK

Production of PCBs

Production of non-PCB chemicals

Maintenance

Other technical

Administrative

For the company but not at the Anniston site

CARD AA. WORKPLACE EXPOSURES

Fertilizers

Pesticides

Herbicides

Solvents

Electrical transformers

Ionizing radiation

PCBs

Heavy metals

(lead, boron, manganese, mercury, or cadmium)

Welding fumes

SECTION 11. HOUSEHOLD INCOME

CARD AB. HOUSEHOLD INCOME

Less than \$15,000

\$15,000 - \$34,999

\$35,000 - \$49,999

\$50,000 or more

CARD C-1. HEALTH CONDITIONS

Cancer

Kidney disease

Heart problems

Hyperthyroidism (overactive)

Hypothyroidism (underactive)

Hearing problems

Learning disability

Attention deficit hyperactivity disorder

Asthma

Allergies

Epilepsy or seizures

Diabetes

Frequent ear infection

Mononucleosis or Epstein-Barr Virus

Juvenile arthritis

Other autoimmune disease

CARD C-2. OTHER AUTOIMMUNE DISEASE

Celiac Disease

Multiple Sclerosis

Psoriasis

Scleroderma

Systemic Lupus Erythematosus or Lupus

Other

CARD C-3. HEALTH CONDITIONS

Cancer

Kidney disease

Heart problems

Hyperthyroidism (overactive)

Hypothyroidism (underactive)

Hearing problems

Learning disability

Attention deficit hyperactivity disorder

Asthma

Allergies

Epilepsy or seizures

Diabetes

Frequent ear infection

Mononucleosis or Epstein-Barr Virus

Juvenile arthritis

Other autoimmune disease

CARD C-4. OTHER AUTOIMMUNE DISEASE

Celiac Disease

Multiple Sclerosis

Psoriasis

Scleroderma

Systemic Lupus Erythematosus or Lupus

Other

CARD F-1. BIRTH CONTROL

None

Birth control pill, ring, implant, patch

Condom

Diaphragm

Intrauterine device (IUD)

Jelly or foam

Natural family planning

CARD F-2. PREGNANCY OUTCOME

Abortion

Ectopic pregnancy

Miscarriage

Singleton

Stillbirth

Twins

Triplets or more

CARD L-1. EATING LOCAL FOODS	
TIME PERIODS	HOW OFTEN
1971 and before	Less than once a year
1972-1993	A few times a year
1994-2005	Monthly
2006 to now	Weekly
	Daily

- 1971 and before - PCBs were still produced here in Anniston.
- 1972 to 1993 - PCBs were no longer made, public awareness was low, and cleanup of the environment did not start.
- 1994-2005 - problems with PCB contamination became public, the health department issued fish advisories, and PCB litigation occurred.
- 2006 to now - the time period between the first Anniston survey and today.

CARD M-1. BIRTH CONTROL

None

Birth control pill, ring, implant, patch

Condom

Diaphragm

Intrauterine device (IUD)

Jelly or foam

Natural family planning

CARD M-2. PREGNANCY OUTCOME

Abortion

Ectopic pregnancy

Miscarriage

Singleton

Stillbirth

Twins

Triplets or more