

Attachment 6g. NY Interview questionnaire, licensed anglers

In response to the comments sent via email and comments embedded in this document, we have prepared the following responses.

Question #	Variable	Response
2	Email address	We asked for e-mail on the screening questionnaire for anglers, but we n ask again for confirmation, given the need for exact spellings on e-mails
10	Inclusion of "other" for race	The questionnaire is accomplished only via personal interview
14	Place of birth	This question was eliminated for the licensed angler questionnaire
15-18	Education and occupation	We agree and have moved the section to the end of the question. The se has been incorporated with the last section of the survey and retitled "Education, occupation, and income". The corresponding script has been revised to reflect the changes.
55	Red meat	The card provided to the participant with specifics for the question includ pork and game

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New York State Biomonitoring of the Great Lakes Populations

Interview Questionnaire for Licensed Anglers

CONTACT INFORMATION

1. What is your full name?

First: _____ Last: _____ Middle initial: ____
___ Refused

2. Do you have an email address?

___ Yes What is it? _____
___ No
___ Don't know
___ Refused

3. Do you have a phone number where we can reach you? This can be the phone number of a friend, relative, or someone who will know how to find you.

___ Yes _____ Home Work Cell Other: _____
_____ Home Work Cell Other: _____
_____ Home Work Cell Other: _____
___ No
___ Don't know
___ Refused

4. What is your street address?

Street Number: _____ Street Name: _____ Unit: ____
City: _____ State: _____ ZIP Code: _____

5. Is your mailing address different from your street address?

___ Yes **What is your mailing address?**
Street Number: _____ Street Name: _____ Unit: ____
City: _____ State: _____ ZIP Code: _____
___ No
___ Don't know
___ Refused

Public reporting burden of this collection of information is estimated to average 30 minutes per response for total participation, 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 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 Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0923-XXXX).

6. If you want your blood and urine test results sent to your doctor, what is his/her name, phone number, and address?

Name of doctor: _____

Telephone number: _____

Address: _____

Script (if participant does not provide physician's name): **If you do not want the results sent to your physician or you don't have one, the results will be sent to a physician at the New York State Department of Health.**

SEX AND AGE

Script. **Now we will begin the interview. The first part is about your background. It will help us compare your answers to other participants' answers.**

7. Indicate whether the person is male or female. If unsure, ask his/her sex.

Male

Female

8. What is your birthdate?

____ / ____ / ____ □ So you are ____ years old?
mm dd yyyy

ETHNICITY AND RACE

9. Do you consider yourself to be Hispanic or Latino?

Yes

No

Don't know

Refused

10. What race do you consider yourself to be? (Check all that apply.)

White

Black or African American

Asian

Native Hawaiian or Other Pacific Islander

American Indian or Alaska Native

Other □ Specify: _____

Don't know

Refused

RESIDENTIAL HISTORY

Script: Next, I will ask you where you have lived.

11. How long have you lived at your current address?

Entire life

(If less than 1 year, enter 0 years and number of months. If full years reported, enter number of years and 0 months.)

_____ years _____ months

12. When was this home built?

1978 or after

1950 to 1977

Before 1950

Don't know

Refused

13. How long have you lived in these counties? SHOW MAP.

Entire life

(If less than 1 year, enter 0 years and number of months. If full years reported, enter number of years and 0 months.)

_____ years _____ months

LIFESTYLE

Script: The next group of questions will be about any behaviors or customs you have that could expose you to some contaminants found in Great Lakes fish.

14. On most days, do you take or use any of the following? (Check all that apply.)

Herbal medicine or supplements Specify:

Fish oil

None

Don't know

Refused

15. Have you smoked at least 100 cigarettes (or 5 packs) in your lifetime?

Yes (Ever smoker) go to #21

No (Never smoker) go to #25

Don't know go to #25

Refused go to #25

16. (Ever smoker) Do you smoke cigarettes now?

Yes (*Current smoker*) → go to #23

No (*Former smoker*) → go to #22

Don't know → go to #25

Refused → go to #25

17. (Former smoker) How long has it been since you last smoked cigarettes regularly?
_____ months or _____ years ☐ go to #25

18. (Current smoker) How often do you smoke cigarettes?

___ Daily (Daily smoker) ☐ go to #24

___ Weekly ☐ go to #25

___ Monthly ☐ go to #25

___ Don't know ☐ go to #25

___ Refused ☐ go to #25

19. (Daily smoker) How many cigarettes do you smoke per day?

(1 pack=20 cigarettes)

___ 1-5 per day

___ 6-10 per day

___ 11-20 per day (>1/2 and <1 pack per day)

___ >20 per day (>1 pack per day)

___ Don't know

___ Refused

20. Do you use chewing tobacco or snuff?

___ Yes ☐ go to #26

___ No ☐ go to #27

___ Don't know ☐ go to #27

___ Refused ☐ go to #27

21. How often do you use chewing tobacco or snuff?

___ Daily

___ Weekly

___ Monthly

___ Don't know

___ Refused

PERSONAL ACTIVITIES

Script: The next questions are about activities or interests done as hobbies. You may do these activities for fun, to earn money, or to keep up your house.

22. In the past 12 months, have you or someone else in your household done any of the following activities? *SHOW CARD*

___ Yes ☐ go to #28

___ No ☐ go to # 30

___ Don't know ☐ go to #30

___ Refused ☐ go to #30

23. Tell me which activities you did in the last 12 months.

SHOW CARD. (Check all that apply.)

- | | | |
|-----------------------------------------------|-----------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Dyeing material | <input type="checkbox"/> Metal work | <input type="checkbox"/> None |
| <input type="checkbox"/> Electronics assembly | <input type="checkbox"/> Painting and glazing | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Gardening or farming | <input type="checkbox"/> Printmaking | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Glass crafting | <input type="checkbox"/> Woodworking | |
| <input type="checkbox"/> Leather crafting | | |

24. Tell me which activities another household member has done in your home the last 12 months.

SHOW CARD. (Check all that apply.)

- | | | |
|-----------------------------------------------|-----------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Electronics assembly | <input type="checkbox"/> Painting and glazing | <input type="checkbox"/> None |
| <input type="checkbox"/> Gardening or farming | <input type="checkbox"/> Printmaking | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Glass crafting | <input type="checkbox"/> Woodworking | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Leather crafting | | |

REPRODUCTIVE HISTORY

If MALE go to #34

If FEMALE go to #30

25. Are you pregnant?

- Yes go to #31
- No go to #32
- Don't know go to #32
- Refused go to #32

26. How many weeks pregnant are you?

- _____ weeks
- Don't know go to #32
- Refused go to #32

27. How many children have you given birth to?

(If NONE, enter 0 go to #34)

- _____ child/children
- Don't know go to #34
- Refused go to #34

28. From oldest to youngest, what year was each child born and how many months was each child breastfed? (If a child was not breastfed, enter 0 months.)

Birth order	Birth year (yyyy)	Months breastfed	Birth order	Birth year (yyyy)	Months breastfed
1 st			5 th		

2 nd			6 th		
3 rd			7 th		
4 th			8 th		

FISH AND SHELLFISH

29. Have you eaten fish or shellfish in the past week?

- Yes *go to #35*
- No *go to #36*
- Don't know *go to #36*
- Refused *go to #36*

30. When was the last time you ate fish or shellfish?

- Today (same day)
- Yesterday (1 day ago)
- Day before yesterday (2 days ago)
- 3 days ago
- 4-7 days ago
- Don't know
- Refused

CAUGHT FISH

Script: These questions are about the fish you eat that you caught yourself or by someone you know.

31. Compared to this model of a half-pound serving of fish, would you say that a typical meal of fish you eat is usually:

- Less (*smaller than the model*)
- Same or about the same
- More (*larger than the model*)
- Don't know
- Refused

32. Have you eaten fish from any of these bodies of water in New York State?

SHOW CARD AND MAPS. (Check all that apply.)

- | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <input type="checkbox"/> Lake Erie <input type="checkbox"/> Erie Canal (from Lake Erie to eastern border of Erie County only) <input type="checkbox"/> Buffalo River (including Cazenovia Creek) <input type="checkbox"/> Upper Niagara River (including shore of Lake Erie) | <ul style="list-style-type: none"> <input type="checkbox"/> Lower Genesee River (from Driving Park Bridge to Lake Ontario) <input type="checkbox"/> Irondequoit Bay/Creek <input type="checkbox"/> Ponds of Greece, including Little, Round, Buck, Long, Cranberry <input type="checkbox"/> Braddock Bay <input type="checkbox"/> Lake Ontario Creeks, including Yanty, Sandy, Cowsucker, Brush, East, West, |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Lower Niagara River
 Lake Ontario
 Eighteenmile Creek
 Creeks surrounding Eighteenmile,
including Fourmile, Twelvemile,
Hopkins, Bull, Keg, Golden Hill,
Johnson, and Erie Canal

Salmon, Buttonwood, Northrup
(including Black), Larkin (including
Smith), Slater, Shipbuilder's, Mill,
and Fourmile
 Don't know
 Refused

33. Of the fish from these bodies of water, which have you eaten at least five times in your life? SHOW CARD.

(Check the species eaten at least 5 times.)

- | | | |
|------------------------------------------------------|--------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> American eel | <input type="checkbox"/> Goldfish | <input type="checkbox"/> Rock bass |
| <input type="checkbox"/> Black crappie | <input type="checkbox"/> Lake sturgeon | <input type="checkbox"/> Round goby |
| <input type="checkbox"/> Brook trout | <input type="checkbox"/> Lake trout | <input type="checkbox"/> Smallmouth bass |
| <input type="checkbox"/> Brown bullhead | <input type="checkbox"/> Largemouth bass | <input type="checkbox"/> Sunfish (blue gill, pumpkin seed) |
| <input type="checkbox"/> Brown trout | <input type="checkbox"/> Minnow | <input type="checkbox"/> Walleye |
| <input type="checkbox"/> Chain pickerel | <input type="checkbox"/> Northern hog sucker | <input type="checkbox"/> White (silver) bass |
| <input type="checkbox"/> Channel catfish | <input type="checkbox"/> Northern pike | <input type="checkbox"/> White perch |
| <input type="checkbox"/> Chinook (king) salmon | <input type="checkbox"/> Pink salmon | <input type="checkbox"/> White sucker |
| <input type="checkbox"/> Coho salmon | <input type="checkbox"/> Quillback | <input type="checkbox"/> Yellow bullhead |
| <input type="checkbox"/> Common carp | <input type="checkbox"/> Rainbow smelt | <input type="checkbox"/> Yellow perch |
| <input type="checkbox"/> Freshwater drum, sheepshead | <input type="checkbox"/> Rainbow/steelhead trout | <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____ |

If one or more species checked go to #39

- None go to #45
 Don't know go to #45
 Refused go to #45

Script: I'm going to ask you about each fish species you just told me you've eaten at least five times.

34. Over your lifetime, how many years have you eaten [fish species] out of these bodies of water?

- _____ years
 Don't know
 Refused

35. In the past 12 months, how many times did you eat [fish species]? Tell me the number of times per week, month, or year, whichever is easiest to remember.

(If never, enter 0 times per year.)

- _____ times per (circle one) week month year
 Don't know
 Refused

36. What parts of [fish species] did you usually eat? SHOW CARD.

(Check all that apply.)

- | | | |
|---------------------------------|------------------------------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Fillet | <input type="checkbox"/> Liver | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Skin | <input type="checkbox"/> Eggs/Roe | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Cheek | <input type="checkbox"/> Other <input type="checkbox"/> Specify: _____ | |

37. How was the [fish species] usually cleaned? SHOW CARD.

(Check all that apply.)

- | | | |
|--------------------------------------|----------------------------------------------------|-------------------------------------|
| <input type="checkbox"/> Filleted | <input type="checkbox"/> Trimmed belly meat | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Gutted | <input type="checkbox"/> Removed cheeks | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Trimmed fat | <input type="checkbox"/> Punctured or removed skin | |

38. How was the [fish species] usually cooked? SHOW CARD. Check all that apply.

- | | | |
|-----------------------------------------|----------------------------------------|-------------------------------------|
| <input type="checkbox"/> Pan fried | <input type="checkbox"/> Baked/broiled | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Deep fried | <input type="checkbox"/> Eaten raw | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Boiled/poached | <input type="checkbox"/> Smoked | |
| <input type="checkbox"/> Stew/chowder | <input type="checkbox"/> Dried | |
| <input type="checkbox"/> Grilled | <input type="checkbox"/> Pickled | |

39. For fish caught in any of these areas, how has the total amount of fish you eat changed during the past five years?

- Eat less
- Same or about the same
- Eat more
- Don't know
- Refused

WILD BIRDS AND ANIMALS

40. In the past 12 months, have you eaten waterfowl (such as ducks or geese) or bear that were hunted near any of the following bodies of water in New York State?

SHOW CARD AND MAPS.

(Check all that apply.)

- | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Lake Erie | <input type="checkbox"/> Lower Genesee River (from Driving Park Bridge to Lake Ontario) |
| <input type="checkbox"/> Erie Canal (from Lake Erie to eastern border of Erie County only) | <input type="checkbox"/> Irondequoit Bay/Creek |
| <input type="checkbox"/> Buffalo River (including Cazenovia Creek) | <input type="checkbox"/> Ponds of Greece, including Little, Round, Buck, Long, Cranberry |
| <input type="checkbox"/> Upper Niagara River (including shore of Lake Erie) | <input type="checkbox"/> Braddock Bay |
| <input type="checkbox"/> Lower Niagara River | <input type="checkbox"/> Lake Ontario Creeks, including Yanty, Sandy, Cowsucker, Brush, East, West, Salmon, Buttonwood, Northrup |
| <input type="checkbox"/> Lake Ontario | <input type="checkbox"/> (including Black), Larkin (including Smith), Slater, Shipbuilder's, Mill, and Fourmile |
| <input type="checkbox"/> Eighteenmile Creek | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Creeks surrounding Eighteenmile, including Fourmile, Twelvemile, Hopkins, Bull, Keg, Golden Hill, Johnson, and Erie Canal | <input type="checkbox"/> Refused |

41. **In the past 12 months, about how many times did you swim, dive, or wade (including wading for fishing or hunting) in any of these bodies of water? SHOW CARD AND MAPS.**

(If never, enter 0 times.)

_____ times

___ Don't know

___ Refused

42. **In the past 12 months, have you eaten fish from any of these other bodies of water in New York State? SHOW CARD.**

___ Adirondack Park Region lakes, ponds, or rivers □ Specify:

___ Hudson River □ Specify locations along the river: _____

___ Catskill Park Region lakes, ponds, or rivers □ Specify:

___ Canadice Lake (Ontario County)

___ Other bodies of water in the sportfish advisories □ Specify:

___ Don't know

___ Refused

STORE BOUGHT FISH

Script: **The following questions are about fish bought at a store or supermarket. Please do not include fish from restaurants.**

43. **Over your lifetime, how many years have you eaten any of these fish bought at a store or supermarket? SHOW CARD.**

(If never or less than 1 year, enter 0 years.)

_____ years

___ Don't know

___ Refused

44. **Which of these fish that was bought at a store or supermarket have you eaten at least five times in your life? SHOW CARD.**

(Check the species eaten at least 5 times.)

___ Grouper

___ Salmon (including canned)

___ Shark

___ Tuna (canned)

___ Swordfish

___ Tuna (not canned)

If ate at least one type of fish □ go to #50

___ None

}
}

Don't know *//go to #52*
 Refused

45. How many years did you eat [fish species] bought at a store or supermarket?

_____ years
 Don't know
 Refused

46. In the past 12 months, how many times did you eat [fish species]? Tell me the number of times per week, month, or year, whichever is easiest to remember.

(If never, enter 0 times.)

times per *(circle one)* week month year

Don't know

Refused

OTHER STORE BOUGHT FOODS

Script: The following questions are about typical grocery store or market foods that you may have eaten in the past 12 months. The purpose of the following four questions is to estimate if you have a high animal fat diet or low animal fat diet.

In the past 12 months, how often did you eat meals with... *SHOW CARD.*

47. Whole eggs?

(If never, enter 0 times per year.)

times per *(circle one)* week month year

Don't know

Refused

48. Whole milk products (including 2% milk)?

(If never, enter 0 times per year.)

times per *(circle one)* week month year

Don't know

Refused

49. Poultry meat?

(If never, enter 0 times per year.)

times per *(circle one)* week month year

Don't know

Refused

50. Red meat?

(If never, enter 0 times per year.)

times per *(circle one)* week month year

Don't know

Refused

EDUCATION, OCCUPATION. AND INCOME

Script: "We also want to know about your education and occupation, and about your family's income."

51. What is the highest grade level of school or degree you have completed?

- | | |
|--------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> 8th grade or less | <input type="checkbox"/> Bachelor's degree |
| <input type="checkbox"/> 9 th to 11 th grade, no diploma | <input type="checkbox"/> Postgraduate, professional, or doctoral degree |
| <input type="checkbox"/> High school graduate or GED | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Some college, no diploma | <input type="checkbox"/> Refused |
| <input type="checkbox"/> Associate degree | |

52. Have you had a job in the past 12 months?

- Yes *go to #17*
 No *go to #19*
 Don't know *go to #19*
 Refused *go to #19*

Script: I would like to know what type of work you've done and the kind of business where you worked in the past 12 months.

53. Currently, what is your job or job title and the kind of business or organization where you work?

Job 1. _____ Industry 1.

(Optional) What are your usual activities or duties?

54. If you had more than one job in the past 12 months, tell me about each one.

If no additional jobs, go to #19.

Job 2. _____ Industry 2.

(Optional) What are your usual activities or duties? _____

—
Job 3. _____ Industry 3.

(Optional) What are your usual activities or duties? _____

—
Job 4. _____ Industry 4.

(Optional) What are your usual activities or duties? _____

—

Script:

55. Including yourself, how many family members currently live with you? Your family includes everyone currently living with you who is related to you by birth, marriage, or adoption.

- members
- Don't know
- Refused

56. Can you tell me your total family income in {LAST CALENDAR YEAR} before taxes?

SHOW CARD.

(Check one only.)

- Less than \$25,000
- \$25,000 to less than \$35,000
- \$35,000 to less than \$50,000
- \$50,000 to less than \$75,000
- \$75,000 to less than \$100,000
- \$100,000 or more
- Don't know
- Refused

FISHING INFORMATION

57. Have you heard about the health advice on eating fish caught from New York State waters?

- Yes
- No
- Don't know
- Refused

END OF INTERVIEW.