

**Attachment 7b. Study Questionnaire for Licensed Anglers (paper)**

**ACKNOWLEDGEMENT OF RECEIPT OF CONSENT MATERIALS**

You should have received a copy of the Consent Form [FOR MAILED SURVEY: along with this survey] [FOR ONLINE SURVEY: in the email we sent you with the link to this questionnaire]. Please take a few minutes to read the Consent Form.

- I have received and reviewed the Consent Form. I understand that completing this questionnaire implies my consent to do so.

**CONTACT INFORMATION**

This section will ask you for your contact information. This will help us get you your lab results and tell you about the results of this study.

**1. What is your full name?**

First: \_\_\_\_\_ Last: \_\_\_\_\_ Middle initial: \_\_\_\_

**2. 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  2a. What is it?: \_\_\_\_\_

2b. What type of phone number is this?  Home  Work  Cell  Other

No

Don't know

Prefer not to answer

**3. Do you have an email address?**

Yes  3a. What is it? \_\_\_\_\_

No

Don't know

Prefer not to answer

ATSDR estimates the average public reporting burden for this collection of information as 30 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 (0923-171Y).

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**4. What is your address?**

Street Number and name: \_\_\_\_\_

Apartment Unit or Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

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

Yes **5a. What is your mailing address?**

Street Number and name: \_\_\_\_\_

Apartment Unit or Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

No

Don't know

Prefer not to answer

**SEX, AGE, RACE, ETHNICITY**

*Now we will ask you some questions about your sex, age, race and ethnicity.*

**6. What is your sex?**

Male

Female

**7. What is your birthdate?**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
mm    dd    yyyy

**8. Do you consider yourself to be Hispanic or Latino?**

Hispanic or Latino

Not Hispanic or Latino

Prefer not to answer

**9. What race do you consider yourself to be?**

American Indian or Alaska Native

Asian *Answer #9a*

Black or African American

Native Hawaiian or Other Pacific Islander

White

Prefer not to answer

**9a. Are you of Burmese descent?**

Yes

No

Prefer not to answer

**RESIDENTIAL HISTORY**

Now we will ask you some questions about where you have lived.

**10. How long have you lived in the Milwaukee, Wisconsin area?**

\_\_\_\_\_ years

- Don't know
- Prefer not to answer

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

\_\_\_\_\_ years

- Don't know
- Prefer not to answer

**12. When was this home built?** Please enter four digits for the year, such as 1999. If you are unsure what year it was built, please make your best guess.

Approximate year: \_\_\_\_\_

**13. Have you lived anywhere outside the Milwaukee area?**

- Yes
- No → SKIP to #15
- Don't know → SKIP to #15
- Prefer not to answer → SKIP to #15

**14. Where did you live before coming to Milwaukee?**

**14a. Location #1** (specify city, state, country): \_\_\_\_\_

**How long did you live there?** \_\_\_\_\_ years (Please round to the nearest full year)

- Don't know
- Prefer not to answer

**14b. Have you lived anywhere else before coming to Milwaukee?**

- Yes → **Where did you live before coming to Milwaukee?**

Specify city, state, country: \_\_\_\_\_

**How long did you live there?** \_\_\_\_\_ years (Please round to the nearest whole year.)

- No → SKIP to #15
- Don't know
- Prefer not to answer

**FISH AND SHELLFISH EATEN IN THE LAST 30 DAYS**

These next few sections will ask you about the fish and shellfish you eat. We will ask you about fish and shellfish that you may have bought at a store or restaurant, as well as fish and shellfish

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that you or someone you know caught from lakes, rivers, or streams in Wisconsin. First, we will ask several questions on fish and shellfish eaten in the last 30 days.

**15. In the last 30 days, how many times did you eat SHELLFISH, such as shrimp, oysters, lobster, clams, crab, or crayfish?**

\_\_\_\_\_ total number of shellfish meals eaten in the last 30 days

Don't know

Prefer not to answer

**16. In the last 30 days, how many times did you eat FISH such as fresh, canned, or frozen fish, fish fillets, fish sticks, fish sandwiches, and tuna fish?**

\_\_\_\_\_ total number of fish meals eaten in the last 30 days

Don't know → SKIP to #18

Prefer not to answer → SKIP to #18

**17. In the last 30 days, how many of these fish meals were caught by you or someone you know from any lakes, rivers, and streams in Wisconsin? These are sometimes called 'sport-caught fish'.**

\_\_\_\_\_ total number of meals eaten in the last 30 days

Don't know

Prefer not to answer

<b>FISH EATEN IN THE LAST 12 MONTHS</b>
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Now we will ask you some questions about fish you ate that were caught by you or someone you know. These fish are sometimes called 'sport-caught fish' or 'sportfish'. We will be asking you to estimate how many fish meals you have eaten in the last 12 months. We understand that you might need a few minutes to think about these questions, so please take your time.

**18. In the last 12 months, how many times did you eat any fish caught by you or someone you know?**

\_\_\_\_\_ total number of meals in the last 12 months

Don't know

Prefer not to answer

**19. Please look at this picture of lakes, rivers, and streams near Milwaukee. In the last 12 months, have you eaten any fish caught by you or someone you know from the lakes, rivers, and streams shown here? Please think about these locations only. (Will include an image of the MKE AOC water bodies)**

\_\_\_\_\_ total number of meals in the last 12 months

Don't know

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Prefer not to answer

**20. Please look at the picture of lakes, rivers, and streams near Milwaukee. For fish caught in any of the lakes, rivers, and streams in the picture, how has the total amount of fish you eat changed during the past five years? (Will include map/picture of water bodies)**

- Eat less
- Same or about the same
- Eat more
- Don't know
- Prefer not to answer

**21. Please look at this picture of lakes, rivers, and streams near Milwaukee. The following questions are about types of fish you have eaten that were caught by you or someone you know. When answering these questions, please think only about fish caught in the lakes, rivers, and streams pictured and listed here. (Will include map/picture of water bodies)**

In the last 12 months, have you eaten:					
	Yes	No	Don't know	Prefer not to answer	If YES, approximately how many times did you eat it in the last 12 months?
Black crappie					Number: _____ <input type="checkbox"/> Don't know how many
Bluegill					Number: _____ <input type="checkbox"/> Don't know how many
Bullhead					Number: _____ <input type="checkbox"/> Don't know how many
Carp					Number: _____ <input type="checkbox"/> Don't know how many
Channel catfish					Number: _____ <input type="checkbox"/> Don't know how many
Chubs					Number: _____ <input type="checkbox"/> Don't know how many
Salmon					Number: _____ <input type="checkbox"/> Don't know how many
Northern pike					Number: _____ <input type="checkbox"/> Don't know how many
Redhorse					Number: _____ <input type="checkbox"/> Don't know how many
Rockbass					Number: _____ <input type="checkbox"/> Don't know how many
Largemouth bass					Number: _____ <input type="checkbox"/> Don't know how many

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In the last 12 months, have you eaten:					
	Yes	No	Don't know	Prefer not to answer	If YES, approximately how many times did you eat it in the last 12 months?
Smallmouth bass					Number: _____ <input type="checkbox"/> Don't know how many
Smelt					Number: _____ <input type="checkbox"/> Don't know how many
Walleye					Number: _____ <input type="checkbox"/> Don't know how many
White sucker					Number: _____ <input type="checkbox"/> Don't know how many
Yellow perch					Number: _____ <input type="checkbox"/> Don't know how many
Brown trout					Number: _____ <input type="checkbox"/> Don't know how many
Lake trout					Number: _____ <input type="checkbox"/> Don't know how many
Rainbow trout					Number: _____ <input type="checkbox"/> Don't know how many
Other fish types (please specify):					Number: _____ <input type="checkbox"/> Don't know how many
Other fish types (please specify):					Number: _____ <input type="checkbox"/> Don't know how many
Other fish types (please specify):					Number: _____ <input type="checkbox"/> Don't know how many

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**PURCHASED FISH EATEN IN THE LAST 12 MONTHS**

Now we will ask you to think about fish and shellfish you have bought in store, restaurant or market. We will be asking you to estimate how many fish meals you have eaten in the last 12 months. We understand that you might need a few minutes to think about these questions, so please take your time.

22. These next questions will ask you about fish you have eaten which came from a store, restaurant, fish vendor, market, or supermarket.

Thinking about the last 12 months, have you eaten:					
	Yes	No	Don't know	Prefer not to answer	If YES, approximately how many times did you eat it in the last 12 months?
King mackerel					Number: _____ <input type="checkbox"/> Don't know how many
Tilefish					Number: _____ <input type="checkbox"/> Don't know how many
Shark					Number: _____ <input type="checkbox"/> Don't know how many
Swordfish					Number: _____ <input type="checkbox"/> Don't know how many
Salmon (including canned)					Number: _____ <input type="checkbox"/> Don't know how many
Canned light tuna					Number: _____ <input type="checkbox"/> Don't know how many
Canned white or albacore tuna					Number: _____ <input type="checkbox"/> Don't know how many
Fresh or frozen tuna					Number: _____ <input type="checkbox"/> Don't know how many
Tilapia					Number: _____ <input type="checkbox"/> Don't know how many
Halibut					Number: _____ <input type="checkbox"/> Don't know how many
Cod					Number: _____ <input type="checkbox"/> Don't know how many
Shellfish (such as shrimp, mussels, etc.)					Number: _____ <input type="checkbox"/> Don't know how many
Other fish not listed here, please specify:					Number: _____ <input type="checkbox"/> Don't know how many

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**FISH CLEANING AND COOKING PRACTICES**

We will now ask you some questions about how you typically clean and cook the fish you eat.

23. These next questions will ask you about how you clean and prepare the fish you eat. Here is a picture to show you the different parts of the fish we are asking about. (Will include picture of each fish part)

When preparing fish, how often do you eat or prepare meals using:	Never	Sometimes	Always	Don't know	Prefer not to answer
The skin of the fish					
The head of the fish					
The guts, organs, or other innards of the fish					
The belly fat of the fish					

24. The next questions will ask you about how you cook fish.

When cooking fish, how often do you:	Never	Sometimes	Always	Don't know	Prefer not to answer
Smoke or dry fish					
Pickle fish					
Use fish to make fish paste					
Pan fry					
Grill, or roast fish					
Deep fry fish					
Boil or poach fish					
Use fish or fish parts to make broth/stock, curry, or soup					

25. Please look at this picture of a 6 ounce serving of cooked fish. Compared to this model, would you say that a typical meal of fish you eat is usually: (Will include picture to illustrate serving size)

- Less (smaller than the picture)
- Same or about the same
- More (larger than the picture)
- Don't know
- Prefer not to answer

26. During which season(s) do you eat fish? (check all that apply)

- Spring (March, April, May)
- Summer (June, July, August)

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- Fall (September, October, November)
- Winter (December, January, February)
- Don't know
- Prefer not to answer

**27. During which season(s) do you catch fish? (check all that apply)**

- Spring (March, April, May)
- Summer (June, July, August)
- Fall (September, October, November)
- Winter (December, January, February)
- I don't catch fish
- Don't know
- Prefer not to answer

**ADVISORY AWARENESS**

Now we will be asking you a few questions about the safe-eating guidelines for fish caught in Wisconsin. We are not asking you about the regulations on what size of fish and how many fish you can keep from a water body. These questions are about the health-based advisories written to protect you from contaminants like mercury and PCBs.

**28. Have you heard about the safe-eating guidelines for fish caught in Wisconsin?**

- Yes
- No □ SKIP to #31
- Don't know □ SKIP to #31
- Prefer not to answer □ SKIP to #31

**29. How much would you say that you know about these guidelines?**

- Nothing
- A little bit
- Some
- Quite a bit
- A great deal
- Prefer not to answer

**30. How closely do you follow the advice provided in these guidelines?**

- Not at all
- A little bit
- Somewhat
- Very
- Extremely
- Prefer not to answer

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**31. Have you ever heard about the safe-eating guidelines for fish caught in the Milwaukee River and harbor mouth at Lake Michigan, Menomonee River, Lincoln Creek, or Cedar Creek?**

- Yes
- No *SKIP to #34*
- Don't know *SKIP to #34*
- Prefer not to answer *SKIP to #34*

**32. How much would you say that you know about these guidelines?**

- Nothing
- A little bit
- Some
- Quite a bit
- A great deal
- Prefer not to answer

**33. How closely do you follow the advice provided in these guidelines?**

- Not at all
- A little bit
- Somewhat
- Very
- Extremely
- Prefer not to answer

**34. Have you ever made any of the following changes to avoid contaminants such as mercury and PCBs? (check all that apply)**

- Eaten fewer fish meals
- Eaten different types or species of fish
- Avoided eating certain parts of fish (head, fat, belly, skin)
- Avoided eating fish from some fishing locations
- None of these
- Prefer not to answer

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35. The next questions will ask you how you get information about fish consumption advice, and how useful you think these sources are. Remember, we are asking you about the safe-eating guidelines, NOT any regulations about size and number of fish you can keep.

Do you get information about Wisconsin fish consumption advice from:		If yes:		
		How useful is this source of information	Do you find this source easy to understand?	Do you use this source when making decisions about eating fish?
Fishing club newsletters or websites or other sports club publications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Wisconsin Department of Natural Resources website or publications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Wisconsin Department of Health Services website or publications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Federal agencies, such as the Environmental Protection Agency (EPA) or the Food and Drug Administration (FDA)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

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Do you get information about Wisconsin fish consumption advice from:		If yes:		
		How useful is this source of information	Do you find this source easy to understand?	Do you use this source when making decisions about eating fish?
Friends or family members	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Fishing regulations booklet distributed with fishing license, pictured here	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Choose Wisely - a health guide for eating fish in Wisconsin, pictured here	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Tackle or sporting goods stores	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
County health office or website	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

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Do you get information about Wisconsin fish consumption advice from:		If yes:		
		How useful is this source of information	Do you find this source easy to understand?	Do you use this source when making decisions about eating fish?
	answer	<input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	answer	
Grocery store or food market	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Fish eating guidelines posted near waters that I fish (see example picture)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
Television, radio and/or newspaper messages/reports	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
My health care provider	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

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Do you get information about Wisconsin fish consumption advice from:		If yes:		
		How useful is this source of information	Do you find this source easy to understand?	Do you use this source when making decisions about eating fish?
Charter boat operators or guides	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer
iPhone/Smartphone apps (e.g., DNR Pocket Ranger Fish and Wildlife app), pictured here	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Not useful <input type="checkbox"/> Somewhat useful <input type="checkbox"/> Very useful <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to answer

**WILD BIRDS AND ANIMALS**

Now we will ask you about any wild birds or animals you may have eaten in the last 12 months.

Please look at the picture of lakes, rivers, and streams near Milwaukee. These next questions will ask you about the types of wild animals and waterfowl you have eaten, which were harvested near areas in the picture here. (Will include map/picture of water bodies, and picture of each bird/animal)

36. Thinking about the last 12 months, have you eaten:					
	Yes	No	Don't know	Prefer not to answer	If YES, approximately how many times did you eat it in the last 12 months?
Waterfowl (ducks, geese, or seagulls)					Number: _____ <input type="checkbox"/> Don't know how many
Crows or other scavenger birds					Number: _____ <input type="checkbox"/> Don't know how many
Deer					Number: _____ <input type="checkbox"/> Don't know how many
Frogs or toads					Number: _____ <input type="checkbox"/> Don't know how many
Rats or mice					Number: _____ <input type="checkbox"/> Don't know how many
Rabbits					Number: _____ <input type="checkbox"/> Don't know how many
Groundhogs					Number: _____ <input type="checkbox"/> Don't know how many
Squirrels					Number: _____ <input type="checkbox"/> Don't know how many

37. In the past 12 months, have you eaten waterfowl (such as ducks or geese) that were harvested in any other locations not listed/pictured here?

- YES: 37a. Please tell us where: \_\_\_\_\_
- NO
- Don't know
- Prefer not to answer

**LIFESTYLE AND ACTIVITIES**

Now we will ask you some questions about your lifestyle and some activities you might do in your free-time.

**38. On most days, do you take or use any herbal medicine or supplements?**

- Yes
- No
- Don't know
- Prefer not to answer

**39. On most days, do you take or use fish oil supplements?**

- Yes
- No
- Don't know
- Prefer not to answer

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

- Yes (Ever smoker)
- No (Never smoker) □ SKIP to #43
- Don't know □ SKIP to #43
- Prefer not to answer □ SKIP to #43

**41. Do you smoke cigarettes now?**

- Yes
- No □ SKIP to #43
- Don't know □ SKIP to #43
- Prefer not to answer □ SKIP to #43

**42. 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
- Prefer not to answer

**43. Do you use chewing tobacco or snuff?**

- Yes
- No □ SKIP to #45
- Don't know □ SKIP to #45
- Prefer not to answer □ SKIP to #45

**44. How often do you use chewing tobacco or snuff?**

- Daily

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- Weekly
- Monthly
- Don't know
- Prefer not to answer

**45. Please look at this picture of lakes, rivers, and streams in the Milwaukee area. Do you swim, dive, or wade in any of these lakes, rivers, and streams? (Will include map/picture of water bodies)**

- Yes: **45a. How many times in the past year?** \_\_\_\_\_
- No
- Don't know
- Prefer not to answer

**46. Have you or anyone else in your household done any of the following activities in the last 12 months?**

Activity:	Yes	No	Don't know	Prefer not to answer
Dyeing material				
Electronics assembly				
Gardening or farming				
Glass crafting, metal work, painting or glazing,				
Metal work				
Painting and glazing				
Packing ammunition				
Print making				
Wood working				
Home renovation/repair				

**HOUSEHOLD INFORMATION**

Now we will ask you a few questions about your household, including how many people live in your home with you.

**47. Do you live alone, or with others?**

- With others → **47a. How many people live with you?** Please count all adults, children and infants. Do not count yourself. \_\_\_\_\_
- Live alone → *SKIP to #50*
- Don't know → *SKIP to #50*
- Prefer not to answer → *SKIP to #50*

**48. Do you live with any women between the ages of 15 and 45 years old?**

- Yes → **48a. How many women between the ages of 14 and 45 live with you?** \_\_\_\_\_

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- No → *SKIP to #49*
- Don't know → *SKIP to #49*
- Prefer not to answer → *SKIP to #49*

**48b. Do any of these women eat locally caught fish?**

- Yes
- No
- Don't know
- Prefer not to answer

**49. Do you live with any children under the age of 15?**

- Yes → **49a. How many children under the age of 15 live with you?** \_\_\_\_\_
- No → *SKIP to #50*
- Don't know → *SKIP to #50*
- Prefer not to answer → *SKIP to #50*

**49b. Do any of these children eat locally caught fish?**

- Yes
- No
- Don't know
- Prefer not to answer

<b>EDUCATION, MARITAL STATUS, WORK HISTORY, AND INCOME</b>
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*Now we will ask some questions about your work history, education, income, and marital status.*

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

- 8th grade or less
- Some high school, no diploma or GED
- High school diploma or GED
- Some college, no diploma
- Associate degree
- Bachelor's degree
- Postgraduate, professional, or doctoral degree
- Don't know
- Prefer not to answer

**51. What is your current marital status?**

- Married
- Living with someone in a marriage-like relationship
- Separated
- Divorced
- Widowed

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- Never married
- Prefer not to answer

**52. Do you currently work outside the home?**

- Yes, Full-time (*answer 52a*)
- Yes, Part-time (*answer 52a*)
- No → *SKIP to #53*
- Don't know → *SKIP to #53*
- Prefer not to answer → *SKIP to #53*

**52a. What is your current job?**

Title \_\_\_\_\_

Who is your employer? \_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_ hours per week

What are your usual activities or duties? \_\_\_\_\_

**52b. Do you have a second job?**

- Yes → *answer 52bi*
- No → *SKIP to #53*
- Don't know → *SKIP to #53*
- Prefer not to answer → *SKIP to #53*

**52bi. What is your second job?**

Title \_\_\_\_\_

Who is your employer? \_\_\_\_\_

What are your usual activities or duties? \_\_\_\_\_

**52c. Have you worked at any (other) job in the past year?**

- Yes, Full-time *answer 52ci*
- No → *SKIP to #53*
- Don't know → *SKIP to #53*
- Prefer not to answer → *SKIP to #53*

**52ci. What was this other job?**

Title \_\_\_\_\_

Who is your employer? \_\_\_\_\_

What are your usual activities or duties? \_\_\_\_\_

**53. Can you tell me your total family income in 2016 before taxes? (*check one only*)**

- Less than \$15,000
- \$15,000 to less than \$25,000
- \$25,000 to less than \$35,000

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- \$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
- Prefer not to answer

<b>HEALTH HISTORY</b>
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*These next questions will ask you about any health conditions you have or have had.*

<b>Have you ever been told by a doctor that you had/have any of the following health conditions:</b>					
<b>54. Heart/Circulatory Conditions:</b>	<b>Yes</b>	<b>If yes: year of diagnosis</b>	<b>No</b>	<b>Don't know</b>	<b>Prefer not to answer</b>
Coronary heart disease	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heart attack	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Angina (pain from coronary heart disease)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hypertension or high blood pressure	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stroke	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
High fat or cholesterol in your blood	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Aneurysm	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>55. Thyroid conditions:</b>	<b>Yes</b>	<b>If yes: year of diagnosis</b>	<b>No</b>	<b>Don't know</b>	<b>Prefer not to answer</b>
Benign (non-cancerous) thyroid tumor	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hashimoto's Disease	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Grave's Disease	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An underactive thyroid or hypothyroidism	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
An overactive thyroid or hyperthyroidism	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
A goiter or enlarged thyroid gland	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some other thyroid or endocrine problem : _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>56. Liver conditions:</b>	<b>Yes</b>	<b>If yes: year of diagnosis</b>	<b>No</b>	<b>Don't know</b>	<b>Prefer not to answer</b>
Hepatitis	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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<b>Have you ever been told by a doctor that you had/have any of the following health conditions:</b>					
Cirrhosis of the liver	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Yellow jaundice	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fatty liver disease, not caused by drinking alcohol)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Some other type of liver condition: _____	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>57. Other health conditions:</b>	<b>Yes</b>	<b>If yes: year of diagnosis</b>	<b>No</b>	<b>Don't know</b>	<b>Prefer not to answer</b>
Diabetes	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pre-diabetes (impaired fasting glucose, impaired glucose tolerance, borderline diabetes or higher blood sugar than normal but not high enough to be called diabetes or sugar diabetes)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chronic kidney disease (CKD; chronic renal insufficiency)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Porphyria (decreased red blood cell production due to abnormal porphyrin metabolism)	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cancer	Type 1:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Type 2:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Type 3:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**PRESCRIPTION MEDICATIONS**

**These next questions will ask you about medications you may currently be taking.**

<b>Are you currently taking prescription medications for:</b>	<b>Yes</b>	<b>No</b>	<b>Don't know</b>	<b>Prefer not to answer</b>
58. A thyroid condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59. Diabetes	<input type="checkbox"/> YES <b>IF YES, what kind:</b> <input type="checkbox"/> Insulin <input type="checkbox"/> Oral medication <input type="checkbox"/> Both	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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60. High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61. High cholesterol	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
62. Other health conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you are a male, we have no more questions for you at this time. Please remember to bring this questionnaire with you to your in-person appointment. Thank you for completing this questionnaire.

If you are a female, please answer these questions about reproductive history.

<b>REPRODUCTIVE HISTORY - FEMALE</b>
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**63. Have you ever been pregnant?**

- Yes: **63a. How many times have you been pregnant?** \_\_\_\_\_
- No → go to go to END SURVEY
- Don't know → go to go to END SURVEY
- Prefer not to answer → go to go to END SURVEY

**64. Did any of these pregnancies result in a live birth?**

- Yes → **64a. How many pregnancies resulted in live birth?** \_\_\_\_\_
- Never → go to go to END SURVEY
- Don't know → go to go to END SURVEY
- Prefer not to answer → go to go to END SURVEY

**65. Have you ever breastfed any children?**

- Yes answer 65a.
- No → go to go to END SURVEY
- Don't know → go to END SURVEY
- Prefer not to answer → go to END SURVEY

**65a. Tell me about the children you have breastfed from the first to the most recent child, including any children you are breastfeeding now.**

	Birth Year (YYYY)	Birthplace (city/state/country)	Number of months breastfeeding?	<i>If number of months is unknown ask: At what age did they stop breast feeding?</i>
1 <sup>st</sup>				
2 <sup>nd</sup>				
3 <sup>rd</sup>				
4 <sup>th</sup>				
5 <sup>th</sup>				

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6 <sup>th</sup>				
7 <sup>th</sup>				
8 <sup>th</sup>				
9 <sup>th</sup>				
10 <sup>th</sup>				

***END OF QUESTIONNAIRE***

**Thank you for completing this questionnaire. Please remember to bring it with you for your in-person appointment.**