

Patient ID: IDFLD01

Blood/Alternate ID: BLOODID

Interviewer's Initials: INTINIT
|_|_|_|

Name of Center: CNTR

Date of Telephone Interview.....
TELINTMO |_|_| TELINTDA |_|_| TELINTYR |_|_|
MO DA YR

Date of In-Person Interview.....
INPINTMO |_|_| INPINTDA |_|_| INPINTYR |_|_|
MO DA YR

NATURAL HISTORY STUDY OF NON-A, NON-B

POST-TRANSFUSION HEPATITIS

PATIENT QUESTIONNAIRE

Assurance of Confidentiality

All information which would provide identification of the individual will be held in strict confidence, and will be used only for purposes of and by persons engaged in the study, unless it is otherwise required by the law.

QUX

Section A is not keyed

SECTION A: TELEPHONE PORTION

INTRODUCTION AND PATIENT SCREENER

A1. Hello. This is (YOUR NAME) from (NAME OF MEDICAL CENTER) in (CITY). May I please speak to (NAME OF PATIENT)?

PATIENT AVAILABLE 1 (GO TO A2)
PATIENT TEMPORARILY UNAVAILABLE 2 (GO TO A1a)
PATIENT MOVED/LIVES ELSEWHERE 3 (GO TO A1b)
PATIENT DECEASED OR
PERMANENTLY UNAVAILABLE 4 (GO TO A1c)
OTHER CONTACT PROBLEM (REFUSAL, LANGUAGE PROBLEM,
OTHER PROBLEM) (FILL OUT A NON-COMPLIANCE FORM)

A1a. When will (he/she) be available? (ATTEMPT TO ARRANGE A TIME TO CALL BACK) Thank you very much for your help.

A1b. Could you please give me (his/her) new address and telephone number? I will try to contact (him/her) there. (RECORD INFORMATION ON LOCATOR FORM AND ON RIS) Thank you for your help.

A1c. This is (YOUR NAME) from the (NAME OF MEDICAL CENTER). I am calling about an important health study that the (NAME OF MEDICAL CENTER), in cooperation with the U.S. Public Health Service, is conducting with people who were previously enrolled in blood transfusion studies. Telephone interviews are being conducted in order to obtain information about (NAME OF PATIENT)'s health history. I would like to speak to a close relative or acquaintance who would be familiar with MR/MS (LAST NAME OF PATIENT)'s medical history.

OBTAIN FULL NAME, ADDRESS, TELEPHONE NUMBER, AND RELATIONSHIP TO PATIENT. RECORD INFORMATION ON LOCATOR FORM AND ON RIS.

IF PATIENT IS DECEASED, ASK FOR DATE AND PLACE (STATE) OF DEATH. RECORD ON RIS, AND COMPLETE A NON-COMPLIANCE FORM.

When do you think would be the best time to call? (RECORD ON CALL RECORD) Thank you for your help.

A2. (NAME OF PATIENT), this is (YOUR NAME) from the (NAME OF MEDICAL CENTER). I am calling about an important health study that the (NAME OF MEDICAL CENTER), in cooperation with the U.S. Public Health Service, is conducting with people who were previously enrolled in blood transfusion studies.

A2a. Our records indicate that you received a blood transfusion at (CENTER) in (YR) and that you participated in a research study.

Is that correct?

YES 1 (GO TO A3)
NO 2
DON'T RECALL 3

A2b.

IF THE PATIENT ANSWERS NO TO QUESTION 2a OR DOES NOT RECALL TRANSFUSION, IT WILL BE NECESSARY TO DO SOME PROBING.

We have you on record as participating in a study that was headed by Dr. [NAME OF MD PI] at [CENTER]. At that time you received a blood transfusion for a certain condition, and were then followed for a few months afterwards to see if you did or did not develop hepatitis. Do you remember this study?

YES 1 (GO TO A3)
NO 2

A2c. READ: There seems to be a problem. I think that I might have the wrong person. I would like to check a few facts against our files.

A2d. Could you please tell me your date of birth?

|_|_| - |_|_| - |_|_|_|_|
MONTH DAY YEAR

A2e. Record sex of patient?

FEMALE 1
MALE 2

A2f. To which of the following groups do you belong? (READ CATEGORIES)

- White, not Hispanic 01
- White, Hispanic 02
- Black, not Hispanic 03
- Black, Hispanic 04
- Asian or Pacific Islander 05
- American Indian or
Alaska Native 06
- Other (SPECIFY) _____ 07

A2g. Finally, I would like to ask you for your Social Security Number.

|_|_|_|_| - |_|_|_|_| - |_|_|_|_|_|
SOCIAL SECURITY NUMBER

Thank you for your time. We may be contacting you again.

COMPLETE A NON COMPLIANCE FORM

A3. Recently you were sent a letter by Dr. (NAME OF MD PI) explaining this study. Did you receive the letter?

- YES 1
- NO 2

RESEARCH ASSISTANT: CHOOSE APPROPRIATE WORDING BELOW DEPENDING ON WHETHER THE PATIENT RECEIVED THE LETTER.

(IF YES) As you may remember from the letter/(IF NO) In the letter we explained that – this important study is about certain health conditions you may have had, particularly hepatitis, after your blood transfusion many years ago. Research assistants like myself are visiting with patients at Medical Centers across the country and talking with them about their past medical history and other background information. You are one of the people selected for the study. Although your participation is voluntary, your cooperation is very important to us. All information you give in the interview will be kept completely confidential and your name will not be used in any report of the study.

In order to complete the second part of this interview I would now like to arrange a time which would be convenient for you to be interviewed at the (NAME OF MEDICAL CENTER). (GO TO APPOINTMENT SECTION)

RESEARCH ASSISTANT: IF PATIENT REFUSES OR CANNOT PARTICIPATE FOR SOME REASON DURING ANY PART OF TELEPHONE CONTACT, TRY TO DETERMINE WHY AND ANSWER PATIENT'S CONCERN(S) AS BEST AS POSSIBLE. SOME HELPFUL ANSWERS ARE IN YOUR PROCEDURE MANUAL

IF PATIENT CONTINUES TO REFUSE, OR IF YOU DECIDE NOT TO CONTINUE, THANK HIM/HER FOR HIS/HER TIME AND COMPLETE A NON-COMPLIANCE FORM.

APPOINTMENT SECTION

During your visit, I will ask you some questions about your health and have you undergo a short physical examination which will include drawing a small amount of blood from your arm. You will receive the results of the blood tests. The entire appointment with me will take approximately one to two hours.

I would like you to come in to see me next week. Times I have available are: (CONSULT CALENDAR)

RESEARCH ASSISTANT: RECORD APPOINTMENT TIME ON RECORD OF CONTACTS AND IN PROFESSIONAL APPOINTMENT BOOK. IF PATIENT REFUSES TO MAKE AN APPOINTMENT, TRY TO ANSWER HIS/HER CONCERN(S) AS BEST AS POSSIBLE. IF PATIENT STILL REFUSES, OR IF YOU DECIDE NOT TO MAKE AN APPOINTMENT, COMPLETE A NON-COMPLIANCE FORM.

To confirm this appointment, I will send you a letter and directions on how to get to the (NAME OF MEDICAL CENTER).

At this time, I would like to verify your address and telephone number(s) at which you may usually be reached.

VERIFY AND MAKE ANY CORRECTIONS ON THE RIS AND UPDATE LOCATOR FORM IF NECESSARY.

In case I need to contact you in the future, it would be very helpful if you would give me the name, address, and telephone number of someone who does not live with you, but who will always know where you may be located. This might be the name of a relative or close friend.

RECORD NAME, ADDRESS, TELEPHONE NUMBER, AND RELATIONSHIP TO PATIENT ON RIS AND ON LOCATOR FORM.

I want to thank you, Mr./Ms. (LAST NAME OF PATIENT), for your interest and willingness to cooperate in this study. I look forward to meeting with you on (DATE AND TIME).

END OF TELEPHONE SECTION

RESEARCH ASSISTANT: RECORD TIME AND OUTCOME OF TELEPHONE CONTACT ON RECORD OF CONTACTS.

SECTION B: IN-PERSON PORTION

INTRODUCTION PRIOR TO INTERVIEW

Before we start the interview, I would like for you to read and sign this consent form. It explains why we are doing this study and what information we are asking you to provide. It also reminds you that the information you give me will be kept strictly confidential and will be used for statistical purposes only. Participation in this study is completely voluntary and there are no penalties for refusing to answer any questions. This study is authorized by the Public Health Service Act. (HAVE PATIENT REVIEW AND SIGN CONSENT FORM. IF CONSENT IS REFUSED, DO NOT CONTINUE INTERVIEW.)

MEDICAL HISTORY INFORMATION

RECORD 01

I'd like to ask you about some health conditions that you may have had since the time of your transfusion at [CENTER] in [YEAR].

B1. Since your transfusion in [YEAR] were you ever told by a doctor or other medical personnel that you had hepatitis or yellow jaundice?

B1

YES 1 (COMPLETE TABLE BELOW)
 NO 2 (GO TO B5)

BINUM

B2. In what year was your hepatitis or yellow jaundice diagnosed?	B3. Did the <u>doctor</u> tell you that any of the following things caused your hepatitis or yellow jaundice this time? (READ CATEGORIES AND CIRCLE ALL THAT APPLY)	B4. What was the name and address of the doctor, and the hospital or clinic where your hepatitis or yellow jaundice was diagnosed this time?																								
<p>B2A a. 1 9 YEAR</p>	<table border="1"> <thead> <tr> <th></th> <th>YES</th> <th>NO</th> </tr> </thead> <tbody> <tr> <td>Contaminated water... <u>B3A1</u></td> <td>1</td> <td>2</td> </tr> <tr> <td>Blood transfusions... <u>B3A2</u></td> <td>1</td> <td>2</td> </tr> <tr> <td>Using a dirty needle... <u>B3A3</u></td> <td>1</td> <td>2</td> </tr> <tr> <td>Drinking alcohol... <u>B3A4</u></td> <td>1</td> <td>2</td> </tr> <tr> <td>Contact with industrial solvents... <u>B3A5</u></td> <td>1</td> <td>2</td> </tr> <tr> <td>Anesthetic... <u>B3A6</u></td> <td>1</td> <td>2</td> </tr> <tr> <td>Something else... <u>B3A7</u> (SPECIFY) <u>B3ASPEC</u></td> <td>1</td> <td>2</td> </tr> </tbody> </table>		YES	NO	Contaminated water... <u>B3A1</u>	1	2	Blood transfusions... <u>B3A2</u>	1	2	Using a dirty needle... <u>B3A3</u>	1	2	Drinking alcohol... <u>B3A4</u>	1	2	Contact with industrial solvents... <u>B3A5</u>	1	2	Anesthetic... <u>B3A6</u>	1	2	Something else... <u>B3A7</u> (SPECIFY) <u>B3ASPEC</u>	1	2	<p>DR.'S NAME: <u>B4A</u></p> <p>HOSPITAL OR CLINIC NAME: _____</p> <p>ADDRESS (CITY/STATE): _____</p>
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<p align="center">B9. Since the time of your transfusion in [YEAR], have you ever had one of the following procedures?</p>	<p align="center">B10. What was the year of this procedure?</p>	<p align="center">B11. What was the name and address of the doctor, and the hospital or clinic where this procedure was performed?</p>
<p>a. Liver biopsy YES1→ NO.....2</p> <p align="center">B9A</p>	<p>a. 1 9 _ _ YEAR</p> <p align="center">B10A</p>	<p>DR.'S NAME: <u> B11A </u></p> <p>HOSPITAL OR CLINIC NAME: _____</p> <p>_____</p> <p>ADDRESS (CITY/STATE): _____</p> <p>_____</p>
<p>b. Liver spleen scan YES1→ NO.....2</p> <p align="center">B9B</p>	<p>b. 1 9 _ _ YEAR</p> <p align="center">B10B</p>	<p>DR.'S NAME: <u> B11B </u></p> <p>HOSPITAL OR CLINIC NAME: _____</p> <p>_____</p> <p>ADDRESS (CITY/STATE): _____</p> <p>_____</p>
<p>c. Barium swallow YES1→ NO.....2</p> <p align="center">B9C</p>	<p>c. 1 9 _ _ YEAR</p> <p align="center">B10C</p>	<p>DR.'S NAME: <u> B11C </u></p> <p>HOSPITAL OR CLINIC NAME: _____</p> <p>_____</p> <p>ADDRESS (CITY/STATE): _____</p> <p>_____</p>

B12. Since your transfusion in [YEAR], have you ever been hospitalized for one or more days for conditions other than the ones that have been listed above?

YES ^{B12} 1 (COMPLETE TABLE BELOW FOR EACH HOSPITALIZATION)
 NO 2 (GO TO INTERVIEWER INSTRUCTION BOX BELOW)

B12NUM

B13. What was the [CONDITION] for which you were hospitalized?	B14. What year was the [CONDITION] diagnosed?	B15. What was the name and address of the doctor and hospital or clinic where this [CONDITION] was diagnosed and treated?
a. <u>B13A1</u> B13A2 B13A3	a. 1 9 ^{B14A} YEAR	DR.'S NAME: <u>B15A</u> HOSPITAL OR CLINIC NAME: _____ ADDRESS (CITY/STATE): _____
b. <u>B13B1</u> B13B2 B13B3	b. 1 9 ^{B14B} YEAR	DR.'S NAME: <u>B15B</u> HOSPITAL OR CLINIC NAME: _____ ADDRESS (CITY/STATE): _____

PLEASE ASK THE FOLLOWING:

For the purposes of this study, we would like to review your hospital and medical records. In order to do this we need to have your permission. I would like you to read and sign this/these authorization form(s).

HAVE PATIENT READ AND SIGN THE AUTHORIZATION TO RELEASE MEDICAL RECORDS FORM(S).

- | | | |
|----------------------------|---------------|------|
| c. B13C1
B13C2
B13C3 | B14C | B15C |
| d. B13D1
B13D2
B13D3 | B14D | B15D |
| e. B13E1
B13E2
B13E3 | B14E
QUX 7 | B15E |

B16. Have you <u>ever</u> had or done any of the following:	B17. In what year(s)?
<p>a. Been tattooed? B16A NUM YES 1 —————> NO 2 B16A</p>	<p>B17A1 B17A2 1. _ _ _ _ 2. _ _ _ _ YEAR YEAR</p>
<p>b. Received a gamma globulin shot? This is most often used to prevent hepatitis or other infectious diseases. B16B NUM YES 1 —————> NO 2 B16B</p>	<p>B17B1 B17B2 1. _ _ _ _ 2. _ _ _ _ YEAR YEAR</p>
<p>c. Had a needle puncture or injection by an acupuncturist, healer, or non-medical person not including any needle injection for drug use? B16C NUM YES 1 —————> NO 2 B16C</p>	<p>B17C1 B17C2 1. _ _ _ _ 2. _ _ _ _ YEAR YEAR</p>
<p>d. Been accidentally stuck by a needle? B16D NUM YES 1 —————> NO 2 B16D</p>	<p>B17D1 B17D2 1. _ _ _ _ 2. _ _ _ _ YEAR YEAR</p>
<p>e. Had one or both of your ears pierced? B16E NUM YES 1 —————> NO 2 B16E</p>	<p>B17E1 B17E2 1. _ _ _ _ 2. _ _ _ _ YEAR YEAR</p>
<p>f. Been bitten as an adult by another human being? B16F NUM YES 1 —————> NO 2 B16F</p>	<p>B17F1 B17F2 1. _ _ _ _ 2. _ _ _ _ YEAR YEAR</p>

B18. Have you ever used street drugs by needle or injection?

B18

YES 1
 NO 2 (GO TO B20)

B19. What year did you start and what year did you stop?

B19A B19B
 |1|9|_|_| to |1|9|_|_|
 YEAR STARTED YEAR STOPPED

B20. Have you ever used street drugs by a route other than injection? For example, smoking, inhaling or swallowing?

B20

YES 1
 NO 2 (GO TO B22)

B21. What year did you start and what year did you stop?

B21 A B21 B
 |1|9|_|_| to |1|9|_|_|
 YEAR STARTED YEAR STOPPED

B22. Since your transfusion in [YEAR], have you had any other transfusions of blood or blood components such as red or white blood cells, platelets, or plasma?

B22

YES 1
 NO 2 (GO TO B24)

B23. How many different times were you transfused?

B23 NUM
 |_|_|_|
 NUMBER OF TIMES
 TRANSFUSED

COMPLETE TABLE BELOW FOR EACH TRANSFUSION.

	B23AYR - B23CYR <u>Year of transfusion</u>	B23AUN - B23CUN <u>Units of blood</u>	<u>Name/Location of hospital</u>
a.	1 9 _ _	_ _	<u>B23ANAME - B23CNAME</u> NAME LOCATION (CITY/STATE)
b.	1 9 _ _	_ _	_____ NAME LOCATION (CITY/STATE)
c.	1 9 _ _	_ _	_____ NAME LOCATION (CITY/STATE)

RECORD 04

B23DYR

B23DUN

B23DNAME

RECORD 05

B23EYR - B23TYR

Qux
9

B23EUN - B23TUN

B23ENAME -

B23SNAME

Next, I would like to ask you about your smoking and drinking habits over your entire life.

B24. Did you ever smoke cigarettes regularly, that is, at least one cigarette per day for six months or longer?

YES 1 B24
NO 2

B25. Have you ever had at least 12 drinks of any kind of alcoholic beverages in any one year?

YES 1 B25
NO 2 (GO TO B38)

Please think about your alcohol consumption over several different time periods.

B26. In a typical week last month, how many cans, bottles, or glasses of beer did you drink?

PER WEEK: B26

DID NOT DRINK BEER LAST MONTH: 95
NEVER DRANK BEER 00 (GO TO B29)

B27. Thinking about all of the years that you drank beer over your entire life, how many cans, bottles, or glasses of beer did you usually drink per week?

PER WEEK: B27

B28. Was there ever any period of six months or longer during which you drank more beer than your usual amount?

YES 1 B28
NO 2

B29. In a typical week last month, how much wine did you drink?

PER WEEK: _____ GLASSES 01
HALF PINTS 02
PINTS 03
FIFTHS 04
QUARTS 05
HALF-GALLONS 06
GALLONS 07
OTHER (SPECIFY) 08

B29 AMT
B29 UN
B29 SPEC

DID NOT DRINK WINE LAST MONTH: 95
NEVER DRANK WINE 00 (GO TO B32)

B30. Thinking about all of the years that you drank wine over your entire life, how much wine did you usually drink per week?

- PER WEEK: _____
- GLASSES..... 01
 - HALF PINTS..... 02
 - PINTS..... 03
 - FIFTHS..... 04
 - QUARTS..... 05
 - HALF-GALLONS..... 06
 - GALLONS..... 07
 - OTHER (SPECIFY)..... 08

B30 AMT
B30 UN
B30 SPEC

B31. Was there ever any period of six months or longer during which you drank more wine than your usual amount?

- YES 1
- NO..... 2

B31

B32. In a typical week last month, how much hard liquor did you drink?

- PER WEEK: _____
- SHOTS/DRINKS 01
 - HALF PINTS..... 02
 - PINTS..... 03
 - FIFTHS..... 04
 - QUARTS..... 05
 - HALF-GALLONS..... 06
 - GALLONS..... 07
 - OTHER (SPECIFY)..... 08

B32 AMT
B32 UN
B32 SPEC

- DID NOT DRINK HARD LIQUOR LAST MONTH: 95
- NEVER DRANK HARD LIQUOR 00 (GO TO B35)

B33. Thinking about all of the years that you drank hard liquor over your entire life, how much hard liquor did you usually drink per week?

- PER WEEK: _____
- SHOTS/DRINKS 01
 - HALF PINTS..... 02
 - PINTS..... 03
 - FIFTHS..... 04
 - QUARTS..... 05
 - HALF-GALLONS..... 06
 - GALLONS..... 07
 - OTHER (SPECIFY)..... 08

B33 AMT
B33 UN
B33 SPEC

B34. Was there ever any period of six months or longer during which you drank more hard liquor than your usual amount?

- YES 1
- NO 2

B34

B35. Have you personally ever had a problem with alcoholism?

YES 1
NO 2 B35

B36. Have you ever lost friends, family, or a job because of drinking?

YES 1
NO 2 B36

B37. Have you ever received a ticket or been arrested for drunk driving?

YES 1
NO 2 B37

Next, I would like to ask you about your job history.

B38. What was your usual occupation while you were working? That is, what was your usual job title?

B38

NEVER WORKED 000 (GO TO B46)

B39. What were your most important activities or duties in that occupation? That is, what did you usually make or do?

Not Keyed

B40. In what kind of business or industry did you usually work? That is, what did the industry or business make or do?

B40

B41. Next, I would like to ask you about a number of occupations you may have held at any time during your life. Have you ever been a(n):	B42. IF YES, What was the last year you worked at this occupation?
<p style="text-align: center;">B41A</p> a. Physician (SPECIFY TYPE) YES 1 _____> <u>B41A SPEC</u> NO 2	<p style="text-align: center;">B42A</p> _ _ _ _ YEAR
<p style="text-align: center;">B41B</p> b. Dentist or Oral Surgeon YES 1 _____> NO 2	<p style="text-align: center;">B42B</p> _ _ _ _ YEAR
<p style="text-align: center;">B41C</p> c. Dental Hygienist or YES 1 _____> Dental Assistant NO 2	<p style="text-align: center;">B42C</p> _ _ _ _ YEAR
<p style="text-align: center;">B41D</p> d. Nurse, Nurse's Aide, or YES 1 _____> Physician's Assistant NO 2	<p style="text-align: center;">B42D</p> _ _ _ _ YEAR
<p style="text-align: center;">B41E</p> e. Paramedic or an YES 1 _____> emergency medical NO 2 technician, such as an ambulance driver	<p style="text-align: center;">B42E</p> _ _ _ _ YEAR
<p style="text-align: center;">B41F</p> f. Technologist in a laboratory YES 1 _____> which handled blood NO 2 or blood products	<p style="text-align: center;">B42F</p> _ _ _ _ YEAR
<p style="text-align: center;">B41G</p> g. Embalmer YES 1 _____> NO 2	<p style="text-align: center;">B42G</p> _ _ _ _ YEAR

B43. Have you <u>ever</u> worked in any of the following places not counting the occupation that you just told me about?	B44. IF YES, What was the last year you worked at this occupation?	B45. What kind of job did you have there, that is what was your job title and what were your duties?
a. <u>B43A</u> A hospital YES1→ NO2	<u>B44A</u> <u>1</u> <u>1</u> <u>9</u> <u>1</u> <u> </u> <u> </u> → YEAR	TITLE: <u>B45A</u> DUTIES: _____
b. <u>B43B</u> A medical YES1→ or dental NO2 clinic	<u>B44B</u> <u>1</u> <u>1</u> <u>9</u> <u>1</u> <u> </u> <u> </u> → YEAR	TITLE: <u>B45B</u> DUTIES: _____
c. <u>B43C</u> A laboratory YES1→ which handled NO2 blood or blood products	<u>B44C</u> <u>1</u> <u>1</u> <u>9</u> <u>1</u> <u> </u> <u> </u> → YEAR	TITLE: <u>B45C</u> DUTIES: _____
d. <u>B43D</u> A dialysis unit YES1→ NO2	<u>B44D</u> <u>1</u> <u>1</u> <u>9</u> <u>1</u> <u> </u> <u> </u> → YEAR	TITLE: <u>B45D</u> DUTIES: _____
e. <u>B43E</u> A mental YES1→ institution NO2 or a prison	<u>B44E</u> <u>1</u> <u>1</u> <u>9</u> <u>1</u> <u> </u> <u> </u> → YEAR	TITLE: <u>B45E</u> DUTIES: _____

B46. How many years of schooling have you completed?

- NO FORMAL SCHOOLING..... 00
- LESS THAN 8 YEARS 01
- 8 THROUGH 11 YEARS..... 02
- 12 YEARS OR COMPLETED
- HIGH SCHOOL..... 03
- POST HIGH SCHOOL TRAINING OTHER THAN COLLEGE (E.G., VOCATIONAL OR TECHNICAL TRAINING) 04
- SOME COLLEGE..... 05
- GRADUATED COLLEGE..... 06
- GRADUATE WORK..... 07
- OTHER (SPECIFY)..... 08

B46

RECORD 08

B47. Have you ever lived or travelled outside of North America (contiguous U.S. and Canada) for one month or longer?

- YES 1
- NO 2 (GO TO B49)

B47

B48NUM

B48. What were the names of the countries in which you lived and during what periods?

a. <u>B48A</u>	<u>B48A</u> YR1 - <u>B48A</u> YR2
b. <u>B48B</u>	<u>B48B</u> YR1 - <u>B48B</u> YR2
c. <u>B48C</u>	<u>B48C</u> YR1 - <u>B48C</u> YR2
Name of country	From (Year) - To (Year)

B49. Next I would like to ask you about your marital status. Are you currently: (READ CATEGORIES)

Married,	1	
Widowed,	2	
Divorced,	3	B49
Separated, or	4	
Never been married	5	

B50. What is your date of birth?

B50MO - B50DA - B50YR

MONTH DAY YEAR

B51. Record sex of subject (by observation).

FEMALE	1	B51
MALE	2	

B52. To which of the following groups do you belong? (READ CATEGORIES)

White, not Hispanic	01	B52
White, Hispanic	02	
Black, not Hispanic	03	
Black, Hispanic	04	
Asian or Pacific Islander	05	
American Indian or Alaska Native	06	
Other (specify)	07	B52 SPEC

RESEARCH ASSISTANT, PLEASE CHOOSE THE APPROPRIATE WORDING DEPENDING ON WHETHER THE SOCIAL SECURITY NUMBER IS ALREADY RECORDED.

YRTRANS

B53. Finally, I would like to [VERIFY/ASK YOU FOR] your Social Security Number. Under federal law you do not have to tell us your number, but it would be very useful to help us do follow-up studies.

The Social Security number we have is [READ FROM RIS. IF NUMBER IS INCORRECT ASK:]

May I have your Social Security number? [RECORD NEW OR CORRECTED NUMBER]

 Not Keyed

SOCIAL SECURITY NUMBER

This concludes the interview portion of our visit.
I would now like to start the physical examination
and draw a small amount of blood from your arm.

END OF IN-PERSON INTERVIEW SECTION