

ENVIRONMENTAL QUESTIONNAIRE

ID no. _____ - _____
Form Type E Q 0 1

1. **SUBJECT'S INITIALS:** _____

2. **DATE OF INTERVIEW:** _____ - _____ - _____
See Form 10 for Date of Interview and Reference Dates
Month Day Year

A. **REFERENCE DATE:** _____ - _____ - _____
(COMPLETE PRIOR TO INTERVIEW)
Month Day Year

B. **REFERENCE PERIOD:** (1) _____ - _____ - _____
(COMPLETE PRIOR TO INTERVIEW)
Month Day Year

to

(2) _____ - _____ - _____
Month Day Year

HOUSEHOLD CHARACTERISTICS

Now I want to ask some questions about the house(s) you have lived in. As we talk about these conditions or exposures, please tell me if you have been exposed to these conditions and if you were exposed for more or less than one year. I will also be asking if any exposure occurred during the reference period. As you think about this, please feel free to use the anchor dates we discussed to help you determine if the exposure was near one of the special dates. We are looking for total exposure, so if you had an exposure for six months in one period and an exposure of eight months in another period, your total exposure would be for more than one year. Respond to seasonal exposures as if they were for a full year even if the exposure was for a few months (e.g., swimming).

USE THE ANCHOR DATES TO ESTABLISH IF THE EXPOSURE HAPPENED IN THE REFERENCE PERIOD. IF PARTICIPANT ANSWERS "NEVER" to EXPOSURE, GO TO THE NEXT ACTIVITY.

	A	A	A	B	B
		<u>Employment</u>		<u>More Than</u> <u>1 Year</u>	<u>More Than</u> <u>1 Year</u>
	Never	Ended Before Reference Period	Current or Ended in the Reference Period	Yes	No
3. Have you ever used a wood or coal stove to heat your home?	heat1	mtoy1			
	(1)	(2)	(3)	(1)	(2)

**IF YES, DETERMINE IF IN REFERENCE PERIOD AND IF MORE THAN ONE YEAR DURATION AND ANSWER ITEM C.
 IF NO, GO TO QUESTION 4.**

C. During the heating season, did you use the wood or coal stove:

INTERVIEWER READ LIST

- Daily (1) **stoveuse**
- Several times/week (2)
- Weekly (3)
- Less than weekly (4)
- Unknown (5)

4. Have you ever used a wood or coal burning fireplace with an open flame in your home?	heat8	mtoy8			
	(1)	(2)	(3)	(1)	(2)

**IF YES, DETERMINE IF IN REFERENCE PERIOD AND IF MORE THAN ONE YEAR DURATION AND ANSWER ITEM C
 IF NO, GO TO QUESTION 5.**

4. (Continued)

C. During the heating season, did you use the fireplace:

INTERVIEWER READ LIST

- Daily (1)
- Several (2)
- times/week
- Weekly (3)
- Less than (4)
- weekly
- Unknown (5)

I'm going to read you a list of devices. For each device, tell me if you ever used it in your home, whether you used it during the reference period and whether the period of use was more than one year.

	A	A	A	B	B
		<u>Employment</u>		<u>More Than</u>	<u>More Than</u>
	Never	Ended Before	Current or Ended in	<u>1 Year</u>	<u>1 Year</u>
		Reference	the Reference	Yes	No
		Period	Period		
5. Humidifier	(1)	device1 (2)	(3)	mtoy14 (1)	(2)
6. Air cleaner or purifier	(1)	device2 (2)	(3)	mtoy15 (1)	(2)
7. Cool mist vaporizer	(1)	device3 (2)	(3)	mtoy16 (1)	(2)
8. Sauna	(1)	device4 (2)	(3)	mtoy17 (1)	(2)
9. Hot tub	(1)	device5 (2)	(3)	mtoy18 (1)	(2)

Next, I'm going to read you a list of types of cooling equipment. We'll be using the same type of responses we just used for other devices.

	A	A	A	B	B
		<u>Employment</u>		<u>More Than</u>	<u>More Than</u>
	Never	Ended Before	Current or Ended in	<u>1 Year</u>	<u>1 Year</u>
		Reference	the Reference	Yes	No
		Period	Period		
10. Central air conditioning	(1)	cooleqp1 (2)	(3)	mtoy19 (1)	(2)
11. Window air conditioners	(1)	cooleqp2 (2)	(3)	mtoy20 (1)	(2)
12. Fans	(1)	cooleqp3 (2)	(3)	mtoy21 (1)	(2)
13. Evaporative (swamp cooler)	(1)	cooleqp4 (2)	(3)	mtoy22 (1)	(2)
14. Other types of cooling equipment	(1)	cooleqp5 (2)	(3)	mtoy23 (1)	(2)

Now I am going to ask you about other conditions in your home.

	A	A <u>Employment</u>	A	B <u>More Than 1 Year Yes</u>	B <u>More Than 1 Year No</u>
	Never	Ended Before Reference Period	Current or Ended in the Reference Period		
15. Did your bathroom(s) ever have visible mold or mildew on indoor surfaces?	(1)	condhm1 (2)	(3)	mtoy24 (1)	(2)
16. Did any other room, including the basement, ever have visible mold or mildew?	(1)	condhm2 (2)	(3)	mtoy25 (1)	(2)
17. Did your home or basement ever have a problem with leaks or water damage? IF NEVER, GO TO QUESTION 19 OTHERWISE ANSWER QUESTION 18.	(1)	condhm3 (2)	(3)	mtoy26 (1)	(2)
18. Were the carpets wet in the area where there were leaks or water damage?	(1)	condhm4 (2)	(3)	mtoy27 (1)	(2)
19. Did you ever vent your clothes dryer exhaust into the house or basement?	(1)	condhm5 (2)	(3)	mtoy28 (1)	(2)
20. Did you ever see rats or mice or rat or mouse droppings where you lived?	(1)	condhm6 (2)	(3)	mtoy29 (1)	(2)
21. Have you ever had a problem with large numbers of insects in your home?	(1)	condhm7 (2)	(3)	mtoy30 (1)	(2)

I'm going to read a list of animals. Please tell me if you, or anyone living in your house, ever had any of these animals that stayed inside your home. I will also ask if you had these animals during the reference period and if you had them for more than one year.

	A	A	A	B	B
		<u>Employment</u>		<u>More Than</u>	<u>More Than</u>
	Never	Ended Before	Current or Ended	<u>1 Year</u>	<u>1 Year</u>
		Reference	in the Reference	Yes	No
		Period	Period		
22. Dogs	(1)	animal1 (2)	(3)	mtoy31 (1)	(2)
23. Cats	(1)	animal2 (2)	(3)	mtoy32 (1)	(2)
24. Rabbits	(1)	animal3 (2)	(3)	mtoy33 (1)	(2)
25. Gerbils, hamsters, or guinea pigs	(1)	animal4 (2)	(3)	mtoy34 (1)	(2)
26. Other mammals		animal5		mtoy35	
Specify: _____	(1)	(2)	(3)	(1)	(2)
27. Pigeons	(1)	animal6 (2)	(3)	mtoy36 (1)	(2)
28. Parakeets	(1)	animal7 (2)	(3)	mtoy37 (1)	(2)
29. Other birds	(1)	animal8 (2)	(3)	mtoy38 (1)	(2)
Specify: _____	(1)	(2)	(3)	(1)	(2)
30. Fish in a large fish tank (more than 10 gallons)	(1)	animal9 (2)	(3)	mtoy39 (1)	(2)
31. Fish in a small fish tank (less than 10 gallons)	(1)	animal10 (2)	(3)	mtoy40 (1)	(2)
32. Turtles	(1)	animal11 (2)	(3)	mtoy41 (1)	(2)
33. Lizards or snakes	(1)	animal12 (2)	(3)	mtoy42 (1)	(2)
34. Frogs or salamanders	(1)	animal13 (2)	(3)	mtoy43 (1)	(2)

I'm going to read a list of birds. Please tell me if you, or anyone living in your house, ever raised or bred the following birds, whether you or they raised these birds during the reference period and if you or they raised them for more than one year.

	A	A <u>Employment</u>	A	B <u>More Than 1 Year Yes</u>	B <u>More Than 1 Year No</u>
	Never	Ended Before Reference Period	Current or Ended in the Reference Period		
35. Chickens	(1)	animal14 (2)	(3)	mtoy44 (1)	(2)
36. Turkeys	(1)	animal15 (2)	(3)	mtoy45 (1)	(2)
37. Pigeons	(1)	animal16 (2)	(3)	mtoy46 (1)	(2)

36. Have you ever raised any other animals? Yes (1) No (2) **animrais**

IF YES, ASK THE PARTICIPANT WHAT TYPE OF ANIMAL, WHETHER THEY RAISED THE ANIMAL DURING THE REFERENCE PERIOD AND IF THEY RAISED THEM FOR MORE THAN ONE YEAR. IF NO, GO TO QUESTION 39.

	A <u>Animal</u>	B <u>More Than 1 Year Yes</u>	B <u>More Than 1 Year No</u>	C <u>During Reference Period Yes</u>	C <u>During Reference Period No</u>
1	animtyp1 _____	mtoy48 (1)	(2)	drp1 (1)	(2)
2	animtyp2 _____	mtoy49 (1)	(2)	drp2 (1)	(2)
3	animtyp3 _____	mtoy50 (1)	(2)	drp3 (1)	(2)
4	animtyp4 _____	mtoy51 (1)	(2)	drp4 (1)	(2)

I am going to read you a list of pillow stuffings. For each one, please tell me if you ever used pillows with that stuffing and if you did, whether you used it during the reference period, whether you used it for more than one year, and if this stuffing seemed to cause wheezing, coughing or breathing problems.

IF NEVER OR DON'T KNOW, GO TO NEXT QUESTION.

	A	A <u>Exposure</u>	A	A	B <u>More Than 1 Year</u> Yes	B <u>More Than 1 Year</u> No	C <u>Breathing Problems</u> Yes	C <u>Breathing Problems</u> No
	Never	Ended Before Reference Period	Current or Ended in the Reference Period	Don't Know				
39. Feathers or Down	pillow1 (1)	(2)	(3)	(4)	mtoy52 (1)	(2)	breprb1 (1)	(2)
40. Straw	pillow2 (1)	(2)	(3)	(4)	mtoy53 (1)	(2)	breprb2 (1)	(2)
41. Corn Husks	pillow3 (1)	(2)	(3)	(4)	mtoy54 (1)	(2)	breprb3 (1)	(2)
42. Foam	pillow4 (1)	(2)	(3)	(4)	mtoy55 (1)	(2)	breprb4 (1)	(2)

43. As part of your normal routine, do you usually take a bath or a shower?

ANSWER BOTH IF PARTICIPANT SAYS SOMETIMES HE/SHE DOES ONE AND SOMETIMES THE OTHER OR IF HE/SHE SAYS "SHOWER IN MORNING AND BATH AT NIGHT" ETC.

Bath	(1)	bathshwr
Shower	(2)	
Both	(3)	
Neither	(4)	

A. How often do you take a bath or shower?

Daily	(1)	howoft
Several times per week	(2)	
Weekly	(3)	
Less than weekly	(4)	

SPECIFIC EXPOSURES CHART

Now I would like to ask some questions that deal with specific materials or substances that have been in the air (as dust, fumes or vapor) in your JOBS or in your HOBBIES, at work or at home. Wearing these metals in jewelry does not count as an exposure.

ASK ITEM A FOR EACH MATERIAL LISTED IN THE SPECIFIC EXPOSURES CHART.

A. Have you ever been exposed to [material/substance] as dust or fumes? **IF NEVER OR DON'T KNOW, ASK EXPOSURE (ITEM A) ABOUT NEXT MATERIAL.**

A. Were you exposed to [material/ substance] for more than one year?

B. Was your exposure on the job or away from the job? **OBTAIN SUFFICIENT INFORMATION TO ESTABLISH IF EXPOSURE OCCURRED ON THE JOB (OCCUPATIONAL) OR IN SOME OTHER NON-OCCUPATIONAL SETTING (NON-OCC). EXPOSURE OCCURRING BECAUSE OF LIVING NEAR A FACTORY OR OTHER SOURCE IS NON- OCCUPATIONAL. IF AFTER TALKING TO THE RESPONDENT, YOU CANNOT MAKE A DECISION ABOUT THE TYPE OF EXPOSURE, CHECK "UNSURE."**

<u>MATERIAL</u>	<u>A</u> <u>EXPOSURE?</u>	<u>B</u>		<u>C</u>	
		<u>MORE</u> <u>THAN</u> <u>ONE</u> <u>YEAR?</u>	<u>MORE</u> <u>THAN</u> <u>ONE</u> <u>YEAR?</u>	<u>MANNER OF</u> <u>EXPOSURE?</u> <u>(describe)</u> <u>(code)</u>	<u>MANNER OF</u> <u>EXPOSURE?</u> <u>(describe)</u> <u>(code)</u>
44. Aluminum	expos1 Never (1) Ended before (2) reference period Current or ended in (3) the reference period Don't know (4)	mt1y1 Yes (1) (1)	No (2) (2)	moe1 Occup (1) Non-occup (2) Both (3) Unsure (4)	
45. Beryllium	expos2 Never (1) Ended before (2) reference period Current or ended in (3) the reference period Don't know (4)	mt1y2 Yes (1) (1)	No (2) (2)	moe2 Occup (1) Non-occup (2) Both (3) Unsure (4)	
46. Chromium	expos3 Never (1) Ended before (2) reference period Current or ended in (3) the reference period Don't know (4)	mt1y3 Yes (1) (1)	No (2) (2)	moe3 Occup (1) Non-occup (2) Both (3) Unsure (4)	

<u>MATERIAL</u>	<u>A</u> <u>EXPOSURE?</u>	<u>B</u> <u>MORE</u> <u>THAN</u> <u>ONE</u> <u>YEAR?</u>	<u>B</u> <u>MORE</u> <u>THAN</u> <u>ONE</u> <u>YEAR?</u>	<u>C</u> <u>MANNER OF</u> <u>EXPOSURE?</u> (describe) (code)	<u>C</u> <u>MANNER OF</u> <u>EXPOSURE?</u> (describe) (code)
47. Cobalt	expos4 Never (1) Ended before (2) reference period Current or ended in (3) the reference period Don't know (4)	mt1y4 Yes (1)	No (2)	moe4 Occup (1) Non-occup (2) Both (3) Unsure (4)	
48. Gold	expos5 Never (1) Ended before (2) reference period Current or ended in (3) the reference period Don't know (4)	mt1y5 Yes (1)	No (2)	moe5 Occup (1) Non-occup (2) Both (3) Unsure (4)	
49. Nickel	expos6 Never (1) Ended before (2) reference period Current or ended in (3) the reference period Don't know (4)	mt1y6 Yes (1)	No (2)	moe6 Occup (1) Non-occup (2) Both (3) Unsure (4)	
50. Platinum	expos7 Never (1) Ended before (2) reference period Current or ended in (3) the reference period Don't know (4)	mt1y7 Yes (1)	No (2)	moe7 Occup (1) Non-occup (2) Both (3) Unsure (4)	
51. Titanium	expos8 Never (1) Ended before (2) reference period Current or ended in (3) the reference period Don't know (4)	mt1y8 Yes (1)	No (2)	moe8 Occup (1) Non-occup (2) Both (3) Unsure (4)	

<u>MATERIAL</u>	<u>A</u> <u>EXPOSURE?</u>	<u>B</u> <u>MORE</u> <u>THAN</u> <u>ONE</u> <u>YEAR?</u>	<u>B</u> <u>MORE</u> <u>THAN</u> <u>ONE</u> <u>YEAR?</u>	<u>C</u> <u>MANNER OF</u> <u>EXPOSURE?</u> (describe) (code)	<u>C</u> <u>MANNER OF</u> <u>EXPOSURE?</u> (describe) (code)
52. Zirconium	expos9 Never (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	mt1y9 Yes (1)	No (2)	moe9 Occup (1) Non-occup (2) Both (3) Unsure (4)	
53. Other Metals Specify: (1) _____ (2) _____	expos10 Never (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	mt1y10 Yes (1)	No (2)	moe10 Occup (1) Non-occup (2) Both (3) Unsure (4)	
54. Talc	expos11 Never (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	mt1y11 Yes (1)	No (2)	moe11 Occup (1) Non-occup (2) Both (3) Unsure (4)	
55. Silica	expos12 Never (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	mt1y12 Yes (1)	No (2)	moe12 Occup (1) Non-occup (2) Both (3) Unsure (4)	
56. Insecticides or Pesticides	expos13 Never (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	mt1y13 Yes (1)	No (2)	moe13 Occup (1) Non-occup (2) Both (3) Unsure (4)	

<u>MATERIAL</u>	<u>A</u> <u>EXPOSURE?</u>	<u>B</u> <u>MORE</u> <u>THAN</u> <u>ONE</u> <u>YEAR?</u>	<u>B</u> <u>MORE</u> <u>THAN</u> <u>ONE</u> <u>YEAR?</u>	<u>C</u> <u>MANNER OF</u> <u>EXPOSURE?</u> <u>(describe)</u> <u>(code)</u>	<u>C</u> <u>MANNER OF</u> <u>EXPOSURE?</u> <u>(describe)</u> <u>(code)</u>
57. Vegetable dust, e.g., cotton, jute, other specify: (1) _____ (2) _____	expos14 Never (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	mt1y14 Yes (1) No (2)	mt1y14 Yes (1) No (2)	moe14 Occup (1) Non-occup (2) Both (3) Unsure (4)	moe14 Occup (1) Non-occup (2) Both (3) Unsure (4)
58. Animal dust, e.g., dander, bird droppings, wool, other specify: (3) _____ (4) _____	expos15 Never (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	mt1y15 Yes (1) No (2)	mt1y15 Yes (1) No (2)	moe15 Occup (1) Non-occup (2) Both (3) Unsure (4)	moe15 Occup (1) Non-occup (2) Both (3) Unsure (4)
59. Hairspray	expos16 Never (1) Ended before reference period (2) Current or ended in the reference period (3) Don't know (4)	mt1y16 Yes (1) No (2)	mt1y16 Yes (1) No (2)	moe16 Occup (1) Non-occup (2) Both (3) Unsure (4)	moe16 Occup (1) Non-occup (2) Both (3) Unsure (4)

**SMOKING AND
 NICOTINE USE**

60. Have you ever smoked cigarettes? Yes No **cighist1**
 (1) (2)
IF RESPONDENT SAYS HE/SHE EXPERIMENTED WITH THEM BRIEFLY OR SMOKED LESS THAN ONE PER WEEK, ANSWER "NO."
IF YES, ANSWER ITEMS A THROUGH D.
IF NO, SKIP TO QUESTION 61.
- A. How many cigarettes did(do) you smoke per day during the time you smoked? **cig_nbr1**
 ____ . ____
- B. Did you inhale: **INTERVIEWER READ LIST** Not at all (1) **inhale1**
 Slightly (2)
 Moderately (3)
 Deeply (4)
- C. How old were you when you started smoking cigarettes? ____ **cig_yrs1**
 Age in years
- D. Do you now smoke cigarettes? Yes No **smoknow1**
 (1) (2)
IF YES, GO TO QUESTION 61.
IF NO, ANSWER ITEM (1).
- (1) How old were you when you stopped? ____ **agestop1**
 Age in years
61. Have you ever smoked cigarillos? Yes No **cighist2**
 (1) (2)
IF RESPONDENT SAYS HE/SHE EXPERIMENTED WITH THEM BRIEFLY OR SMOKED LESS THAN ONE PER WEEK, ANSWER "NO."
IF YES, ANSWER ITEMS A THROUGH D.
IF NO, GO TO QUESTION 62.
- A. How many cigarillos did(do) you smoke per day during the time you smoked? **cig_nbr2**
 ____ . ____
- B. Did you inhale: **INTERVIEWER READ LIST** **inhale2**
 Not at all (1)
 Slightly (2)
 Moderately (3)
 Deeply (4)
- C. How old were you when you started smoking cigarillos? ____ **cig_yrs2**
 Age in years

61. (Continued)
 D. Do you now smoke cigarillos?
IF YES, GO TO QUESTION 62.
IF NO, ANSWER ITEM (1).
 (1) How old were you when you stopped?
- Yes (1) No (2) **smoknow2**
- _____
 Age in years
agestop2
62. Have you ever smoked cigars?
IF RESPONDENT SAYS HE/SHE EXPERIMENTED WITH THEM BRIEFLY OR SMOKED LESS THAN ONE PER WEEK, ANSWER "NO."
IF YES, ANSWER ITEMS A THROUGH D.
IF NO, SKIP TO QUESTION 63.
- Yes (1) No (2) **cighist3**
- A. How many cigars did(do) you smoke per day during the time you smoked?
 _____ . _____ **cig_nbr3**
- B. Did you inhale: **INTERVIEWER READ LIST**
- Not at all (1)
 Slightly (2)
 Moderately (3)
 Deeply (4) **inhale3**
- C. How old were you when you started smoking cigars?

 Age in years **cig_yrs3**
- D. Do you now smoke cigars?
IF YES, GO TO QUESTION 63. IF NO, ANSWER ITEM (1).
 (1) How old were you when you stopped?
- Yes (1) No (2) **smoknow3**
- agestop3**
63. Have you ever smoked a pipe?
IF RESPONDENT SAYS HE/SHE EXPERIMENTED WITH THEM BRIEFLY OR SMOKED LESS THAN ONE PER WEEK, ANSWER "NO."
IF YES, ANSWER ITEMS A THROUGH D.
IF NO, SKIP TO QUESTION 64.
- Yes (1) No (2) **piphist**
- A. How many times per day did(do) you smoke a pipe during the time you smoked?
 _____ . _____ **pip_nbr**

63. (continued)	B. Did you inhale: INTERVIEWER READ LIST			inhale4
		Not at all	(1)	
		Slightly	(2)	
		Moderately	(3)	
		Deeply	(4)	
	C. How old were you when you started smoking a pipe?	___ ___		pipe_yrs
		Age in years		
	D. Do you now smoke a pipe? IF YES, GO TO QUESTION 64. IF NO, ANSWER ITEM (1).	Yes (1)	No (2)	pipe_now
	(1) How old were you when you stopped?	___ ___		agestop4
		Age in years		
64.	Are there now smokers [not including yourself] in your household? IF YES, ANSWER ITEMS A AND B. IF NO, GO TO QUESTION 65.	Yes (1)	No (2)	smoker1
	A. Do they include:	Yes	No	
	(1) Your spouse?	(1)	(2)	smoker2
	(2) One or more of your children?	(1)	(2)	smoker3
	(3) Others?	(1)	(2)	smoker4
	Total number of smokers who live with you now, NOT INCLUDING YOURSELF:	___ ___		tot_nbn
		smokers		
	Are there now smokers near you where you work? IF YES, ANSWER ITEM A. IF NO, GO TO QUESTION 66.			smok_nr
		Yes	(1)	
		No	(2)	
		Not Applicable	(3)	
	Do they smoke in an area where you might inhale their smoke?	Yes (1)	No (2)	smoker5
	Do you spend more than 3 hours a week in rooms with smoke from other smokers?	Yes (1)	No (2)	smoker6

FORM 13 ^
Environmental Questionnaire

ITEM	NAME	TYPE (LENGTH)	CODES OR UNITS
	REV	I(1)	Form revision
	NEWID	F(5.1)	Patient ID
3a*	HEAT1	I(1)	Ever used wood/coal stove 1=Ever 2=Never
3b	MTOY1	I(1)	Wood/coal stove >1 yr 1=Yes 2=No
3c	STOVEUSE	I(1)	Wood/coal stove frequency 1=Daily 2=Several times/week 3=Weekly or Less
4a*	HEAT8	I(1)	Ever used wood/coal fireplace 1=Ever 2=Never
4b	MTOY8	I(1)	Wood/coal fireplace >1 yr 1=Yes 2=No
4c	FPUSE	I(1)	Wood/coal fireplace frequency 1=Daily 2=Several times/week 3=Weekly 4=Less than weekly 5=Unknown
5a	DEVICE1	I(1)	Ever used humidifier 1=Ever 2=Never
5b	MTOY14	I(1)	Humidifier > 1 yr 1=Yes 2=No
6a	DEVICE2	I(1)	Ever used air cleaner/purifier 1=Ever 2=Never
6b	MTOY15	I(1)	Air cleaner/purifier > 1 yr 1=Yes 2=No
7a	DEVICE3	I(1)	Ever used cool mist vaporizer 1=Ever 2=Never
7b	MTOY16	I(1)	Cool mist vaporizer > 1 yr 1=Yes 2=No
8a	DEVICE4	I(1)	Ever used sauna 1=Ever 2=Never

^See Form 10 for Date of Interview and Reference Dates *Refer to the form
for skip pattern for this item.

2
FORM 13
Environmental Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
8b	MTOY17	I(1)	Sauna > 1 yr 1=Yes 2=No
9a	DEVICE5	I(1)	Ever used hot tub 1=Ever 2=Never
9b	MTOY18	I(1)	Hot tub > 1 yr 1=Yes 2=No
10a	COOLEQP1	I(1)	Ever used central ac 1=Ever 2=Never
10b	MTOY19	I(1)	Central ac > 1 yr 1=Yes 2=No
11a	COOLEQP2	I(1)	Ever used window ac 1=Ever 2=Never
11b	MTOY20	I(1)	Window ac > 1 yr 1=Yes 2=No
12a	COOLEQP3	I(1)	Ever used fans 1=Ever 2=Never
12b	MTOY21	I(1)	Fans > 1 yr 1=Yes 2=No
13a	COOLEQP4	I(1)	Ever used evaporative 1=Ever 2=Never
13b	MTOY22	I(1)	Evaporative > 1 yr 1=Yes 2=No
14a	COOLEQP5	I(1)	Ever used other types 1=Ever 2=Never
14b	MTOY23	I(1)	Other types > 1 yr 1=Yes 2=No
15a	CONDHM1	I(1)	Visible mold/mildew in bathroom 1=Ever 2=Never
15b	MTOY24	I(1)	Mold/mildew in bathroom > 1 yr 1=Yes 2=No
16a	CONDHM2	I(1)	Visible mold/mildew other rooms 1=Ever 2=Never
16b	MTOY25	I(1)	Mold/mildew other rooms > 1 yr 1=Yes 2=No

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FORM 13
Environmental Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
17a *	CONDHM3	I(1)	Leaks/water damage in home 1=Ever 2=Never
17b	MTOY26	I(1)	Leaks/water damage > 1 yr 1=Yes 2=No
18a	CONDHM4	I(1)	Carpets in wet areas 1=Ever 2=Never
18b	MTOY27	I(1)	Carpets in wet areas > 1 yr 1=Yes 2=No
19a	CONDHM5	I(1)	Clothes dryer vent in house 1=Ever 2=Never
19b	MTOY28	I(1)	Dryer vent in house > 1 yr 1=Yes 2=No
20a	CONDHM6	I(1)	Mice/rats/droppings in house 1=Ever 2=Never
20b	MTOY29	I(1)	Mice/rats/droppings > 1 yr 1=Yes 2=No
21a	CONDHM7	I(1)	Many insects in home 1=Ever 2=Never
21b	MTOY30	I(1)	Many insects in home > 1 yr 1=Yes 2=No
22a	ANIMAL1	I(1)	Dogs 1=Ever 2=Never
22b	MTOY31	I(1)	Dogs > 1 yr 1=Yes 2=No
23a	ANIMAL2	I(1)	Cats 1=Ever 2=Never
23b	MTOY32	I(1)	Cats > 1 yr 1=Yes 2=No
24a	ANIMALS	I(1)	Rabbits 1=Ever 2=Never
24b	MTOY33	I(1)	Rabbits > 1 yr 1=Yes 2=No
25a	ANIMAL4	I(1)	Gerbils/hamsters/guinea pigs 1=Ever 2=Never

* Refer to the form for skip pattern for this item.

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FORM 13
Environmental Questionnaire
 (continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODESORUNITS</u>
25b	MTOY34	I(1)	Gerbils/hamsters/gp >1 yr 1=Yes 2=No
26a	ANIMAL5	I(1)	Other mammals 1=Ever 2=Never
26b	MTOY35	I(1)	Other mammals > 1 yr X=Censored
27a	ANIMAL6	I(1)	Pigeons X=Censored
27b	MTOY36	I(1)	Pigeons > 1 yr X=Censored
28a	ANIMAL7	I(1)	Parakeets 1=Ever 2=Never
28b	MTOY37	I(1)	Parakeets > 1 yr 1=Yes 2=No
29a	ANIMAL8	I(1)	Other birds 1=Ever 2=Never
29b	MTOY38	I(1)	Other birds > 1 yr 1=Yes 2=No
30a	ANIMAL9	I(1)	Fish (tank > 10 gal) 1=Ever 2=Never
30b	MTOY39	I(1)	Fish (tank > 10 gal) >1 yr 1=Yes 2=No
31a	ANIMAL10	I(1)	Fish (tank < 10 gal) 1=Ever 2=Never
31b	MTOY40	I(1)	Fish (tank < 10 gal) >1 yr 1=Yes 2=No
32a	ANIMAL11	I(1)	Turtles 1=Ever 2=Never
32b	MTOY41	I(1)	Turtles > 1 yr 1=Yes 2=No
33a	ANIMAL12	I(1)	Lizards/snakes 1=Ever 2=Never
33b	MTOY42	I(1)	Lizards/snakes > 1 yr 1=Yes 2=No
34a	ANIMAL13	I(1)	Frogs/salamanders 1=Ever 2=Never

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FORM 13
Environmental Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
34b	MTOY43	I(1)	Frogs/salamanders > 1 yr 1=Yes 2=No
35a	ANIMAL14	I(1)	Chickens 1=Ever 2=Never
35b	MTOY44	I(1)	Chickens > 1 yr 1=Yes 2=No
36a	ANIMAL15	I(1)	Turkeys 1=Ever 2=Never
36b	MTOY45	I(1)	Turkeys > 1 yr 1=Yes 2=No
37a	ANIMAL16	I(1)	Pigeons X=Censored
37b	MTOY46	I(1)	Pigeons > 1 yr X=Censored
38 *	ANIMRAIS	I(1)	Raised any other animals 1=Yes 2=No
38a1	ANIMTYP1	I(1)	Other animal 1 X=Censored
38b1	MTOY48	I(1)	Other animal 1 > 1 yr X=Censored
38c1	DRP1	I(1)	Animal 1 during ref period X=Censored
38a2	ANIMTYP2	I(1)	Other animal 2 X=Censored
38b2	MTOY49	I(1)	Other animal 2 > 1 yr X=Censored
38c2	DRP2	I(1)	Animal 2 during ref period X=Censored
38a3	ANIMTYP3	I(1)	Other animal 3 X=Censored
38b3	MTOY50	I(1)	Other animal 3 > 1 yr X=Censored
38c3	DRP3	I(1)	Animal 3 during ref period X=Censored

* Refer to the form for skip pattern for this item.

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FORM 13
Environmental Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE</u>	<u>CODES OR UNITS</u>
38a4	ANIMTYP4	I(1)	Other animal 4 X=Censored
38b4	MTOY51	I(1)	Other animal 4 > 1 yr X=Censored
38c4	DRP4	I(1)	Animal 4 during ref period X=Censored
39a	PILLOW1	I(1)	Feathers/down 1=Ever 2=Never
39b	MTOY52	I(1)	Feathers/down > 1 yr 1=Yes 2=No
39c	BREPRB1	I(1)	Feathers/down breathing prob 1=Yes 2=No
40a	PILLOW2	I(1)	Straw 1=Ever 2=Never
40b	MTOY53	I(1)	Straw > 1 yr 1=Yes 2=No
40c	BREPRB2	I(1)	Straw breathing prob 1=Yes 2=No
41a	PILLOWS	I(1)	Corn husks X=Censored
41b	MTOY54	I(1)	Corn husks > 1 yr X=Censored
41c	BREPRB3	I(1)	Corn husks breathing prob X=Censored
42a	PILLOW4	I(1)	Foam 1=Ever 2=Never
42b	MTOY55	I(1)	Foam > 1 yr 1=Yes 2=No
42c	BREPRB4	I(1)	Foam breathing prob 1=Yes 2=No
43	BATHSHWR	I(1)	Bath/shower 1=Bath 2=Shower 3=Both or Neither
43a	HOWOFT	I(1)	How often bath/shower 1=Daily 2=Less than Daily

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 FORM 13
 Environmental Questionnaire
 (continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
44a	EXPOS1	1(1)	Aluminum exposure 1=Ever 2=Never
44b	MT1Y1	1(1)	Aluminum exp > 1 yr 1=Yes 2=No
44c	MOE1	1(1)	Manner of aluminum exposure 1=Occup 2=Non-occup 3=Both 4=Unsure
45a	EXPOS2	1(1)	Beryllium exposure 1=Ever 2=Never
45b	MT1Y2	1(1)	Beryllium exp > 1 yr 1=Yes 2=No
45c	MOE2	1(1)	Manner of beryllium exposure 1=Occup 2=Non-occup 3=Both 4=Unsure
46a	EXPOS3	1(1)	Chromium exposure 1=Ever 2=Never
46b	MT1Y3	1(1)	Chromium exp > 1 yr 1=Yes 2=No
46c	MOE3	1(1)	Manner of chromium exposure 1=Occup 2=Non-occup 3=Both 4=Unsure
47a	EXPOS4	1(1)	Cobalt exposure 1=Ever 2=Never
47b	MT1Y4	1(1)	Cobalt exp > 1 yr 1=Yes 2=No
47c	MOE4	1(1)	Manner of Cobalt exposure 1=Occup 2=Non-occup 3=Both 4=Unsure
48a	EXPOS5	1(1)	Gold exposure 1=Ever 2=Never
48b	MT1Y5	1(1)	Gold exp > 1 yr 1=Yes 2=No
48c	MOE5	1(1)	Manner of gold exposure 1=Occup 2=Non-occup 3=Both 4=Unsure
49a	EXPOSE	1(1)	Nickel exposure 1=Ever 2=Never
49b	MT1Y6	1(1)	Nickel exp > 1 yr 1=Yes 2=No

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FORM 13
Environmental Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
49c	MOE6	1(1)	Manner of Nickel exposure 1=Occup 2=Non-occup 3=Both 4=Unsure
50a	EXPOS7	1(1)	Platinum exposure 1=Ever 2=Never
50b	MT1Y7	1(1)	Platinum exp > 1 yr 1=Yes 2=No
50c	MOE7	1(1)	Manner of platinum exposure 1=Occup 2=Non-occup 3=Both 4=Unsure
51a	EXPOS8	1(1)	Titanium exposure 1=Ever 2=Never
51b	MT1Y8	1(1)	Titanium exp > 1 yr X=Censored
51c	MOE8	1(1)	Manner of titanium exposure 1=Occup 2=Non-occup 3=Both 4=Unsure
52a	EXPOS9	1(1)	Zirconium exposure X=Censored
52b	MT1Y9	1(1)	Zirconium exp > 1 yr X=Censored
52c	MOE9	1(1)	Manner of zirconium exposure X=Censored
53a	EXPOS10	1(1)	Other metal exposure 1=Ever 2=Never
53b	MT1Y10	1(1)	Other metal exp > 1 yr 1=Yes 2=No
53c	MOE10	1(1)	Manner of other metal exp 1=Occup 2=Non-occup 3=Both 4=Unsure
54a	EXPOS11	1(1)	Talc exposure 1=Ever 2=Never
54b	MT1Y11	1(1)	Talc exp > 1 yr 1=Yes 2=No
54c	MOE11	1(1)	Manner of talc exposure 1=Occup 2=Non-occup 3=Both
55a	EXPOS12	1(1)	Silica exposure 1=Ever 2=Never

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FORM 13
Environmental Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE (LENGTH)</u>	<u>CODES OR UNITS</u>
55b	MT1Y12	I(1)	Silica exp > 1 yr 1=Yes 2=No
55c	MOE12	I(1)	Manner of silica exp 1=Occup 2=Non-occup 3=Both 4=Unsure
56a	EXPOS13	I(1)	Insecticide exposure 1=Ever 2=Never
56b	MT1Y13	I(1)	Insecticide exp > 1 yr 1=Yes 2=No
56c	MOE13	I(1)	Manner of insecticide exp 1=Occup 2=Non-occup 3=Both
57a	EXPOS14	I(1)	Vegetable dust exposure 1=Ever 2=Never
57b	MT1Y14	I(1)	Vegetable dust > 1 yr 1=Yes 2=No
57c	MOE14	I(1)	Manner of vegetable dust exp 1=Occup 2=Non-occup 3=Both 4=Unsure
58a	EXPOS15	I(1)	Animal dust exposure 1=Ever 2=Never
58b	MT1Y15	I(1)	Animal dust > 1 yr 1=Yes 2=No
58c	MOE15	I(1)	Manner of animal dust exp 1=Occup 2=Non-occup 3=Both
59a	EXPOS16	I(1)	Hairspray exposure 1=Ever 2=Never
59b	MT1Y16	I(1)	Hairspray > 1 yr 1=Yes 2=No
59c	MOE16	I(1)	Manner of hairspray exp 1=Occup 2=Non-occup 3=Both 4=Unsure
60*	CIGHIST1	I(1)	Ever smoked cigarettes 1=Yes 2=No
60a	CIG_NBR1	I(1)	Cigarettes per day 1=<10 2=10-19 3=20-29 4=30 or more

*Refer to the form for skip pattern for this item.

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FORM 13
Environmental Questionnaire
(continued)

<u>ITEM</u>	<u>NAME</u>	<u>TYPE</u>	<u>CODESORUNITS</u>
60b	INHALE1	I(1)	Inhaled cigarettes 1=Not at all or Slightly 3=Moderately 4=Deeply
60c	CIG_YRS1	I(3)	Age when started cigarettes Deleted - See Item 60d1
60d	SMOKNOW1	I(1)	Smoke cigarettes now 1=Yes 2=No
60d1	AGESTOP1	I(3)	Age when stopped cigarettes Deleted - Replaced by CIGYRS
	CIGYRS	I(3)	Number of years smoked cigarettes 1=<5 2=5-9 3=10-19 4=>=20
61 *	CIGHIST2	I(1)	Ever smoked cigarillos X=Censored
61a	CIG_NBR2	F(6.1)	Cigarillos per day X=Censored
61b	INHALE2	I(1)	Inhaled cigarillos X=Censored
61c	CIG_YRS2	I(3)	Age when started cigarillos X=Censored
61d	SMOKNOW2	I(1)	Smoke cigarillos now X=Censored
61d1	AGESTOP2	I(3)	Age when stopped cigarillos X=Censored
62 *	CIGHIST3	I(1)	Ever smoked cigars 1=Yes 2=No
62a	CIG_NBR3	F(6.1)	Cigars per day
62b	INHALE3	I(1)	Inhaled cigars X=Censored
62c	CIG_YRS3	I(3)	Age when started cigars X=Censored
62d	SMOKNOW3	I(1)	Smoke cigars now X=Censored

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FORM 13
Environmental Questionnaire
(continued)

ITEM	NAME	TYPE	CODESORUNITS
62d1	AGESTOP3	I(3)	Age when stopped cigars X=Censored
63 *	PIPHIST	I(1)	Ever smoke a pipe 1=Yes 2=No
63a	PIP_NBR	F(6.1)	Pipes per day X=Censored
63b	INHALE4	I(1)	Inhaled pipes X=Censored
63c	PIPE_YRS	I(3)	Age when started pipes X=Censored
63d	PIPE_NOW	I(1)	Smoke pipes now X=Censored
63d1	AGESTOP4	I(3)	Age when stopped pipes X=Censored
64 *	SMOKER1	I(1)	Other smokers in house 1=Yes 2=No
64a1	SMOKER2	I(1)	Spouse is a smoker 1=Yes 2=No
64a2	SMOKERS	I(1)	Child(ren)is/are smokers 1=Yes 2=No
64a3	SMOKER4	I(1)	Other smoker 1=Yes 2=No
64b	TOT_NBN	I(3)	Total number of other smokers
65 *	SMOK_NR	I(1)	Smokers near at work 1=Yes 2=No 3=Not Applicable
65a	SMOKER5	I(1)	Inhale workers smoke 1=Yes 2=No
66	SMOKER6	I(1)	> 3 hrs/week in smokey rooms 1=Yes 2=No

*Refer to the form for skip pattern for this item.