Date Form Completed: [SMDate] MM / DD / YYYY

PD RFQ-U- SMOKING and TOBACCO

The following questions ask about your use of tobacco during your lifetime. Please answer these questions to the best of your ability.

PART I: CIGARETTES

1) In your lifetime, have you smoked 100 or more cigarettes (5 packs)? [SM1]

1 ☐ Yes
0 ☐ No → **(SKIP TO QUESTION 7)**
9999 ☐ Don't Know → **(SKIP TO QUESTION 7)**
7777 ☐ Refused → **(SKIP TO QUESTION 7)**

2) In your lifetime, have you ever regularly smoked cigarettes, that is, at least one cigarette per day for 6 months or longer? [SM2]

1 ☐ Yes → GO TO 3

0 ☐ No → **(SKIP TO QUESTION 7)**

9999 ☐ Don't Know → **(SKIP TO QUESTION 7)**

7777 ☐ Refused → **(SKIP TO QUESTION 7)**

3) At what age (or in what year) did you start regularly smoking cigarettes?

Age Started [SM3age]		Year started [SM3yr]	Don't know	Refused
|__|__|__|	or	|__|__|__|__|	9999 ☐	7777 ☐

4) At what age (or in what year) did you last stop regularly smoking cigarettes?

Age Stopped [SM4age]		Year stopped [SM4yr]	Currently smoke	Don't know	Refused
|__|__|__|	or	|__|__|__|__|	5555 ☐	9999 ☐	7777 ☐

5) During all the years that you regularly smoked, did you ever stop smoking for a period of a year or more? [SM5]

1 ☐ Yes

5a) What ages were you when you did first stop smoke, and then started smoking again? (If there were multiple periods when you did not regularly smoke, please report each period separately.)
[SM5astart1-3, SM5astop1-3]

		Don't Know			Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐

0 ☐ No

9999 ☐ Don't Know

7777 ☐ Refused

6) During the time that you regularly smoked, on average, how much did you smoke <u>per day</u>?

Packs Per day [SM6packs]		Cigarettes per day [SM6cigs]	Don't know	Refused
|__|__|	or	|__|__|	9999 ☐	7777 ☐

PART II: SMOKELESS TOBACCO

7) Have you ever used smokeless tobacco such as chewing tobacco or snuff regularly, that is, at least once per day for 6 months or longer? [SM7]

1 ☐ Yes

0 ☐ No → **(SKIP TO NEXT FORM)**

9999 ☐ Don't Know → **(SKIP TO NEXT FORM)**

7777 ☐ Refused → **(SKIP TO NEXT FORM)**

8) At what age (or in what year) did you <u>start</u> regularly using smokeless tobacco?

Age Started [SM8age]	Year started [SM8yr]	Don't know	Refused
|__|__|__| or	|__|__|__|__|	9999 ☐	7777 ☐

9) At what age (or in what year) did you <u>last</u> <u>stop</u> regularly using smokeless tobacco?

Age Stopped [SM9age]	Year stopped [SM9yr]	Currently use	Don't know	Refused
|__|__|__| or	|__|__|__|__|	5555 ☐	9999 ☐	7777 ☐

PLEASE CONTINUE TO THE NEXT FORM

Date Form Completed: [CFDate] _MM / DD / YYYY_

PD RFQ-U – CAFFEINE

The following questions ask about your use of caffeine throughout your lifetime. Please answer these questions to the best of your ability.

SECTION A: CAFFEINATED COFFEE

A1) In your lifetime, have you ever regularly drunk caffeinated coffee, that is, at least once per week for 6 months or longer? [CFA1]

1 ☐ Yes → GO TO A2

0 ☐ No → **(SKIP TO SECTION B)**

9999 ☐ Don't Know → **(SKIP TO SECTION B)**

7777 ☐ Refused → **(SKIP TO SECTION B)**

A2) At what age (or in what year) did you start regularly drinking caffeinated coffee?

	Age started [CFA2age]		Year started [CFA2yr]	Don't know	Refused
Caffeinated Coffee	|__|__|__|	or	|__|__|__|__|	9999 ☐	7777 ☐

A3) At what age (or in what year) did you last stop regularly drinking caffeinated coffee?

	Age stopped [CFA3age]		Year stopped [CFA3yr]	Currently drink	Don't know	Refused
Caffeinated Coffee	|__|__|__|	or	|__|__|__|__|	5555 ☐	9999 ☐	7777 ☐

A4) During all the years that you regularly drank caffeinated coffee, did you ever stop drinking it for a period of a year or more? [CFA4]

1 ☐ Yes

A4a) What ages did you first stop regularly drinking, and then at what age did you start regularly drinking again? (If there were multiple periods when you did not regularly drink, please report each period separately.) [CFA4astartage1-3, CFA4astopage1-3]

		Don't Know			Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐

0 ☐ No
9999 ☐ Don't Know
7777 ☐ Refused

A5) During the time you were regularly drinking caffeinated coffee, on average, about <u>how many cups per week</u> did you drink?

	Number of cups/week [CFA5]	Don't know	Refused
Caffeinated Coffee	|__|__|	9999 ☐	7777 ☐

SECTION B: DECAFFEINATED COFFEE

B1) In your lifetime, have you ever regularly drunk decaffeinated coffee, that is, at least once per week for 6 months or longer? [CFAD1]

1 ☐ Yes → GO TO B2
0 ☐ No → **(SKIP TO SECTION C)**
9999 ☐ Don't Know → **(SKIP TO SECTION C)**
7777 ☐ Refused → **(SKIP TO SECTION C)**

B2) At what age (or in what year) did you <u>start</u> regularly drinking decaffeinated coffee?

	Age started [CFAD2age]		Year started [CFAD2yr]	Don't know	Refused
Decaffeinated Coffee	|__|__|__|	or	|__|__|__|__|	9999 ☐	7777 ☐

B3) At what age (or in what year) did you <u>last</u> <u>stop</u> regularly drinking decaffeinated coffee?

	Age stopped [CFAD3age]		Year stopped [CFAD3yr]	Currently drink	Don't know	Refused
Decaffeinated Coffee	|__|__|__|	or	|__|__|__|__|	5555 ☐	9999 ☐	7777 ☐

B4) During all the years that you regularly drank decaffeinated coffee, did you ever stop drinking it for a period of a **year or more?** [CFAD4]

1 ☐ Yes

→ B4a) What ages did you first stop regularly drinking, and then at what age did you start regularly drinking again? (If there were multiple periods when you did not regularly drink, please report each period separately.) [CFAD4astartage1-3, CFAD4astopage1-3]

		Don't Know			Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐

0 ☐ No
9999 ☐ Don't Know
7777 ☐ Refused

B5) During the time you were regularly drinking decaffeinated coffee, on average, about <u>how many cups per week</u> did you drink?

	Number of cups/week [CFAD5]	Don't know	Refused
Decaffeinated Coffee	|__|__|	9999 ☐	7777 ☐

SECTION C: CAFFEINATED BLACK TEA

C1) In your lifetime, have you ever regularly drunk hot or iced caffeinated black tea, that is, at least once per week for 6 months or longer? (black tea includes most types of non-herbal tea, such as Lipton, Earl Grey and others) [CFB1]

1 ☐ Yes → GO TO C2

0 ☐ No → **(SKIP TO SECTION D)**

9999 ☐ Don't Know → **(SKIP TO SECTION D)**

7777 ☐ Refused → **(SKIP TO SECTION D)**

C2) At what age (or in what year) did you <u>start</u> regularly drinking caffeinated black tea?

	Age started [CFB2age]		Year started [CFB2yr]	Don't know	Refused
Caffeinated black tea	|__|__|__|	or	|__|__|__|__|	9999 ☐	7777 ☐

C3) At what age (or in what year) did you <u>last</u> <u>stop</u> regularly drinking caffeinated black tea?

	Age stopped [CFB3yr]		Year stopped [CFB3age]	Currently drink	Don't know	Refused
Caffeinated black tea	|__|__|__|	or	|__|__|__|__|	5555 ☐	9999 ☐	7777 ☐

C4) During all the years that you regularly drank caffeinated black tea, did you ever stop drinking it for a period of a year or more?[CFB4]

1 ☐ Yes

→ C4a) What ages did you first stop regularly drinking, and then at what age did you start regularly drinking again? (If there were multiple periods when you did not regularly drink, please report each period separately.) [CFB4astartage1-3, CFB4astopage1-3]

		Don't Know			Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐

0 ☐ No

9999 ☐ Don't Know

7777 ☐ Refused

C5) During the time you were regularly drinking caffeinated black tea, on average, about <u>how many cups per week</u> did you drink?

	Number of cups/week [CFB5]	Don't know	Refused
Caffeinated black tea	|__|__|	9999 ☐	7777 ☐

SECTION D: DECAFFEINATED BLACK TEA

D1) In your lifetime, have you ever regularly drunk hot or iced decaffeinated black tea, that is, at least once per week for 6 months or longer? (black tea includes most types of non-herbal tea, such as Lipton, Earl Grey and others) [CFBD1]

1 ☐ Yes → GO TO D2

0 ☐ No → **(SKIP TO SECTION E)**

9999 ☐ Don't Know → **(SKIP TO SECTION E)**

7777 ☐ Refused → **(SKIP TO SECTION E)**

D2) At what age (or in what year) did you <u>start</u> regularly drinking decaffeinated black tea?

	Age started [CFBD2age]		Year started [CFBD2yr]	Don't know	Refused
Decaffeinated black tea	|__|__|__|	or	|__|__|__|__|	9999 ☐	7777 ☐

D3) At what age (or in what year) did you <u>last</u> <u>stop</u> regularly drinking decaffeinated black tea?

	Age stopped [CFBD3yr]		Year stopped [CFBD3age]	Currently drink	Don't know	Refused
Decaffeinated black tea	|__|__|__|	or	|__|__|__|__|	5555 ☐	9999 ☐	7777 ☐

D4) During all the years that you regularly drank decaffeinated black tea, did you ever stop drinking it for a period of a year or more?? [CFBD4]

1 ☐ Yes

→ D4a) What ages did you first stop regularly drinking, and then at what age did you start regularly drinking again? (If there were multiple periods when you did not regularly drink, please report each period separately.) [CFBD4astartage1-3, CFBD4astopage1-3]

		Don't Know			Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐

0 ☐ No
9999 ☐ Don't Know
7777 ☐ Refused

D5) During the time you were regularly drinking caffeinated black tea, on average, about <u>how many cups per week</u> did you drink?

	Number of cups/week [CFBD5]	Don't know	Refused
Decaffeinated black tea	|__|__|	9999 ☐	7777 ☐

SECTION E: CAFFEINATED GREEN TEA

E1) In your lifetime, have you ever regularly drunk caffeinated green tea, that is, at least once per week for 6 months or longer? [CFC1]

1 ☐ Yes → GO TO E2

0 ☐ No → **(SKIP TO SECTION F)**

9999 ☐ Don't Know → **(SKIP TO SECTION F)**

7777 ☐ Refused → **(SKIP TO SECTION F)**

E2) At what age (or in what year) did you <u>start</u> regularly drinking caffeinated green tea?

	Age started [CFC2age]		Year started [CFC2yr]	Don't know	Refused
Caffeinated green tea	|__|__|__|	or	|__|__|__|__|	9999 ☐	7777 ☐

E3) At what age (or in what year) did you <u>last</u> <u>stop</u> regularly drinking caffeinated green tea?

	Age stopped [CFC3age]		Year stopped [CFC3yr]	Currently drink	Don't know	Refused
Caffeinated green tea	|__|__|__|	or	|__|__|__|__|	5555 ☐	9999 ☐	7777 ☐

E4) During all the years that you regularly drank caffeinated green tea, did you ever stop drinking it for a period of a year or more? [CFC4]

1 ☐ Yes

→ E4a) What ages did you first stop regularly drinking, and then at what age did you start regularly drinking again? (If there were multiple periods when you did not regularly drink, please report each period separately.) [CFC4astartage1-3, CFC4astopage1-3]

		Don't Know			Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐

0 ☐ No
9999 ☐ Don't Know
7777 ☐ Refused

E5) During the time you were regularly drinking caffeinated green tea, on average, about <u>how many cups per week</u> did you drink?

	Number of cups/week [CFC5]	Don't know	Refused
Caffeinated green tea	|__|__|	9999 ☐	7777 ☐

SECTION F: DECAFFEINATED GREEN TEA

F1) In your lifetime, have you ever regularly drunk decaffeinated green tea, that is, at least once per week for 6 months or longer? [CFCD1]

1 ☐ Yes → GO TO F2

0 ☐ No → **(SKIP TO SECTION G)**

9999 ☐ Don't Know → **(SKIP TO SECTION G)**

7777 ☐ Refused → **(SKIP TO SECTION G)**

F2) At what age (or in what year) did you <u>start</u> regularly drinking decaffeinated green tea?

	Age started [CFCD2age]		Year started [CFCD2yr]	Don't know	Refused
Decaffeinated green tea	|__|__|__|	or	|__|__|__|__|	9999 ☐	7777 ☐

F3) At what age (or in what year) did you <u>last</u> <u>stop</u> regularly drinking decaffeinated green tea?

	Age stopped [CFCD3age]		Year stopped [CFCD3yr]	Currently drink	Don't know	Refused
Decaffeinated green tea	|__|__|__|	or	|__|__|__|__|	5555 ☐	9999 ☐	7777 ☐

F4) During all the years that you regularly drank decaffeinated green tea, did you ever stop drinking it for a period of a year or more?? [CFCD4]

1 ☐ Yes

→ F4a) What ages did you first stop regularly drinking, and then at what age did you start regularly drinking again? (If there were multiple periods when you did not regularly drink, please report each period separately.) [CFCD4astartage1-3, CFCD4astopage1-3]

		Don't Know			Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐

0 ☐ No

9999 ☐ Don't Know

7777 ☐ Refused

F5) During the time you were regularly drinking decaffeinated green tea, on average, about <u>how many cups per week</u> did you drink?

	Number of cups/week [CFCD5]	Don't know	Refused
Decaffeinated green tea	|__|__|	9999 ☐	7777 ☐

SECTION G: CAFFEINATED SODA

G) In your lifetime, have you ever regularly drunk caffeinated soda, that is, at least once per week for 6 months or longer? [CFD0]

1 ☐ Yes → GO TO G1

0 ☐ No → **(SKIP TO SECTION I)**

9999 ☐ Don't Know → **(SKIP TO SECTION I)**

7777 ☐ Refused → **(SKIP TO SECTION I)**

G1) In your lifetime, have you ever regularly drunk caffeinated regular soda, that is, at least once per week for 6 months or longer? [CFD1]

1 ☐ Yes → GO TO G2

0 ☐ No → **(SKIP TO SECTION H)**

9999 ☐ Don't Know → **(SKIP TO SECTION H)**

7777 ☐ Refused → **(SKIP TO SECTION H)**

G2) At what age (or in what year) did you <u>start</u> regularly drinking caffeinated regular soda?

	Age started [CFD2age]		Year started [CFD2yr]	Don't know	Refused
Caffeinated regular soda	|__|__|__|	or	|__|__|__|__|	9999 ☐	7777 ☐

G3) At what age (or in what year) did you last stop regularly drinking caffeinated regular soda?

	Age stopped [CFD3age]		Year stopped [CFD3yr]	Currently drink	Don't know	Refused
Caffeinated regular soda	|__|__|__|	or	|__|__|__|__|	5555 ☐	9999 ☐	7777 ☐

G4) During all the years that you regularly drank caffeinated regular soda, did you ever stop drinking it for a period of a year or more? [CFD4]

1 ☐ Yes

→ G4a) What ages did you first stop regularly drinking, and then at what age did you start regularly drinking again? (If there were multiple periods when you did not regularly drink, please report each period separately.) [CFD4astartage1-3, CFD4astopage1-3]

		Don't Know			Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐

0 ☐ No
9999 ☐ Don't Know
7777 ☐ Refused

G5) During the time you were regularly drinking caffeinated regular soda, on average, about how many cans per week did you drink?

	Number of cans/week [CFD5]	Don't know	Refused
Caffeinated regular soda	|__|__|	9999 ☐	7777 ☐

SECTION H: CAFFEINATED DIET SODA

H1) In your lifetime, have you ever regularly drunk caffeinated diet soda, that is, at least once per week for 6 months or longer? [CFDD1]

1 ☐ Yes → GO TO H2

0 ☐ No → **(SKIP TO SECTION I)**

9999 ☐ Don't Know → **(SKIP TO SECTION I)**

7777 ☐ Refused → **(SKIP TO SECTION I)**

H2) At what age (or in what year) did you <u>start</u> regularly drinking caffeinated diet soda?

	Age started [CFDD2age]		Year started [CFDD2yr]	Don't know	Refused
Caffeinated diet soda	|__|__|__|	or	|__|__|__|__|	9999 ☐	7777 ☐

H3) At what age (or in what year) did you <u>last</u> <u>stop</u> regularly drinking caffeinated diet soda?

	Age stopped [CFDD3age]		Year stopped [CFDD3yr]	Currently drink	Don't know	Refused
Caffeinated diet soda	|__|__|__|	or	|__|__|__|__|	5555 ☐	9999 ☐	7777 ☐

H4) During all the years that you regularly drank caffeinated diet soda, did you ever stop drinking it for a period of a year or more? [CFDD4]

1 ☐ Yes

→ H4a) What ages did you first stop regularly drinking, and then at what age did you start regularly drinking again? (If there were multiple periods when you did not regularly drink, please report each period separately.) [CFDD4astartage1-3, CFDD4astopage1-3]

		Don't Know			Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐

0 ☐ No
9999 ☐ Don't Know
7777 ☐ Refused

H5) During the time you were regularly drinking caffeinated diet soda, on average, about <u>how many cans per week</u> did you drink?

	Number of cans/week [CFDD5]	Don't know	Refused
Caffeinated diet soda	|__|__|	9999 ☐	7777 ☐

SECTION I: CAFFEINE-FREE SODA

I) In your lifetime, have you ever regularly drunk caffeine-free soda, that is, at least once per week for 6 months or longer? [CFE0]

1 ☐ Yes → GO TO I1

0 ☐ No → **(SKIP TO NEXT FORM)**

9999 ☐ Don't Know → **(SKIP TO NEXT FORM)**

7777 ☐ Refused → **(SKIP TO NEXT FORM)**

I1) In your lifetime, have you ever regularly drunk caffeine-free regular soda, that is, at least once per week for 6 months or longer? [CFE1]

1 ☐ Yes → GO TO I2

0 ☐ No → **(SKIP TO SECTION J)**

9999 ☐ Don't Know → **(SKIP TO SECTION J)**

7777 ☐ Refused → **(SKIP TO SECTION J)**

I2) At what age (or in what year) did you <u>start</u> regularly drinking caffeine-free regular soda?

	Age started [CFE2age]		Year started [CFE2yr]	Don't know	Refused
caffeine-free regular soda	|__|__|__|	or	|__|__|__|__|	9999 ☐	7777 ☐

I3) At what age (or in what year) did you <u>last</u> <u>stop</u> regularly drinking caffeine-free regular soda?

	Age stopped [CFE3age]		Year stopped [CFE3yr]	Currently drink	Don't know	Refused
caffeine-free regular soda	|__|__|__|	or	|__|__|__|__|	5555 ☐	9999 ☐	7777 ☐

I4) During all the years that you regularly drank caffeine-free regular soda, did you ever stop drinking it for a period of a year or more? [CFE4]

1 ☐ Yes

→ I4a) What ages did you first stop regularly drinking, and then at what age did you start regularly drinking again? (If there were multiple periods when you did not regularly drink, please report each period separately.) [CFE4astartage1-3, CFE4astopage1-3]

		Don't Know			Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐

0 ☐ No
9999 ☐ Don't Know
7777 ☐ Refused

I5) During the time you were regularly drinking caffeine-free regular soda, on average, about <u>how many cans per week</u> did you drink?

	Number of cans/week [CFE5]	Don't know	Refused
caffeine-free regular soda	|__|__|	9999 ☐	7777 ☐

SECTION J: CAFFEINE-FREE DIET SODA

J1) In your lifetime, have you ever regularly drunk caffeine-free diet soda, that is, at least once per week for 6 months or longer? [CFED1]

1 ☐ Yes → GO TO J2

0 ☐ No → **(SKIP TO NEXT FORM)**

9999 ☐ Don't Know → **(SKIP TO NEXT FORM)**

7777 ☐ Refused → **(SKIP TO NEXT FORM)**

J2) At what age (or in what year) did you <u>start</u> regularly drinking caffeine-free diet soda?

	Age started [CFED2age]		Year started [CFED2yr]	Don't know	Refused
Caffeine-free diet soda	|__|__|__|	or	|__|__|__|__|	9999 ☐	7777 ☐

J3) At what age (or in what year) did you <u>last</u> <u>stop</u> regularly drinking caffeine-free diet soda?

	Age stopped [CFED3age]		Year stopped [CFED3yr]	Currently drink	Don't know	Refused
Caffeine-free diet soda	|__|__|__|	or	|__|__|__|__|	5555 ☐	9999 ☐	7777 ☐

J4) During all the years that you regularly drank caffeine-free diet soda, did you ever stop drinking it for a period of a year or more? [CFED4]

1 ☐ Yes

→ J4a) What ages did you first stop regularly drinking, and then at what age did you start regularly drinking again? (If there were multiple periods when you did not regularly drink, please report each period separately.) [CFED4astartage1-3, CFED4astopage1-3]

		Don't Know			Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐

0 ☐ No
9999 ☐ Don't Know
7777 ☐ Refused

J5) During the time you were regularly drinking caffeine-free diet soda, on average, about <u>how many cans per week</u> did you drink?

	Number of cans/week [CFED5]	Don't know	Refused
Caffeine-free diet soda	|__|__|	9999 ☐	7777 ☐

PLEASE CONTINUE TO THE NEXT FORM

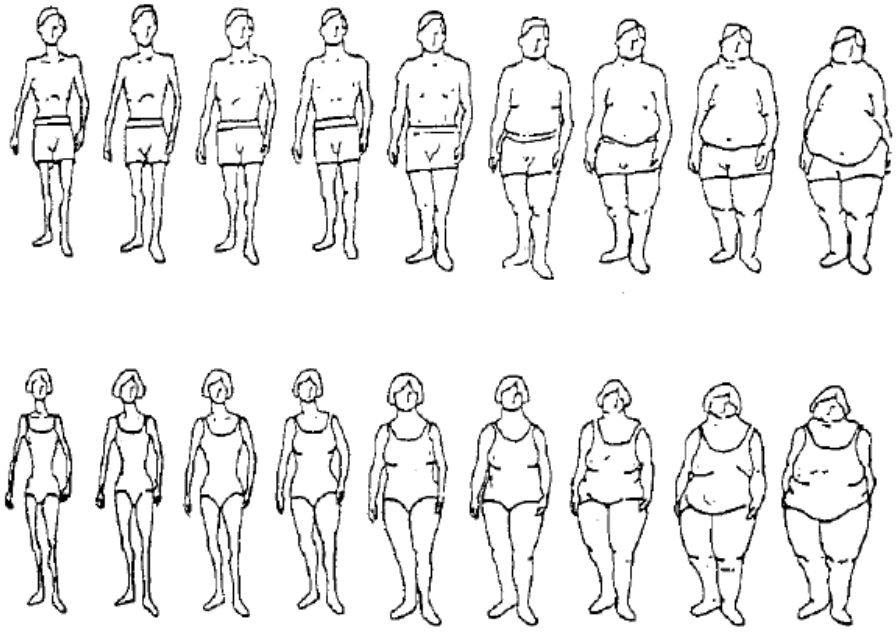
Date Form Completed: [BPDate] _MM / DD / YYYY_

PD RFQ-U - HEIGHT AND WEIGHT (pictograph)

The following questions ask about your body measurements during different periods of your life. Please answer these questions to the best of your ability.

1) Circle the picture below that best represents your body type during your childhood: [BP1_1-7]

2) Circle the picture below that best represents your body type at age 25: [BP2_1-9]

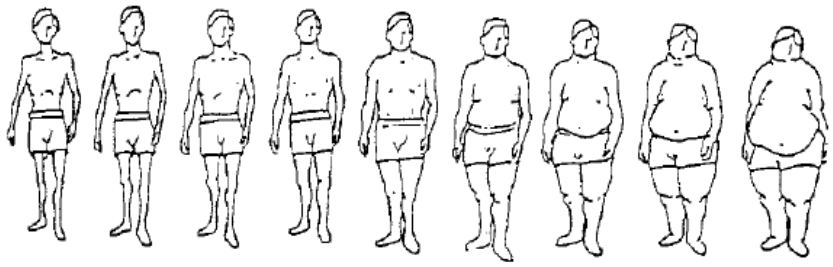


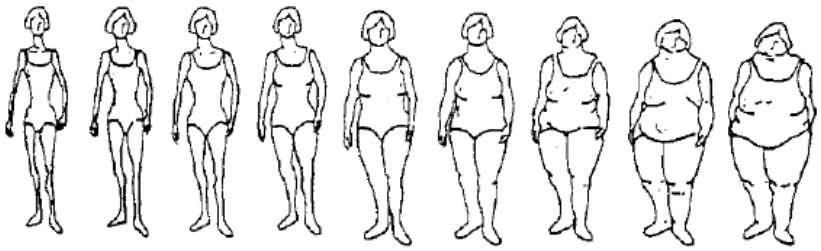
***2a)* What was your height and weight at AGE 25?**

Height: |___| ft |___|___| in *or* |___|___|___| cm
[BP2aft] [BP2ain] [BP2acm]

Weight: _____ lbs [BP2albs] *or* _____ kg [BP2akg]

3) Circle the picture below that best represents your body type at age 40: [BP3_1-9]
If current age is less than 40, check this box ☐ and SKIP TO NEXT FORM. [BPLT40]



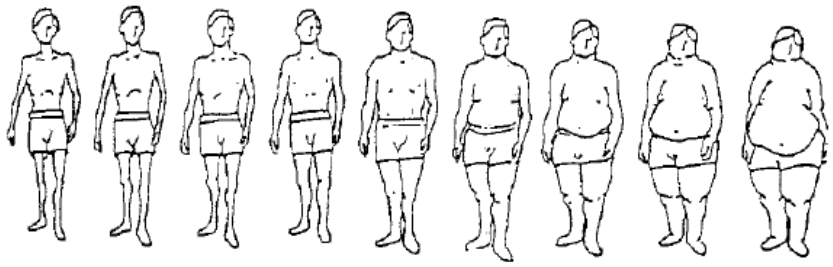


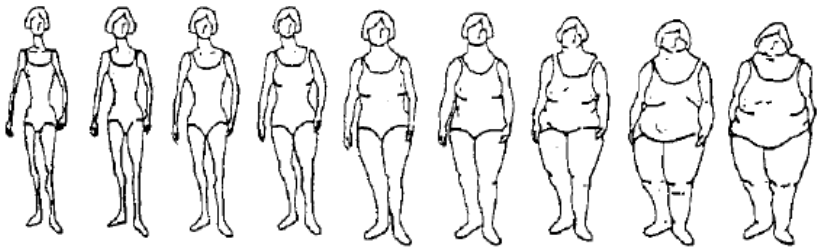
***3a)* What was your height and weight at AGE 40?**

Height: |___| ft |___|___| in *or* |___|___|___| cm
[BP3aft] [BP3ain] [BP3acm]

Weight: _____ lbs [BP3albs] *or* _____ kg [BP3akg]

4) Circle the picture below that best represents your body type at age 60: [BP4_1-9]
If current age is less than 60, check this box ☐ and SKIP TO NEXT FORM. [BPLT60]





***4a)* What was your height and weight at AGE 60?**

Height: |___| ft |___|___| in *or* |___|___|___| cm
[BP4aft] [BP4ain] [BP4acm]

Weight: _____ lbs [BP4albs] *or* _____ kg [BP4akg]

PLEASE CONTINUE TO THE NEXT FORM

Date Form Completed: [HIDate] MM / DD / YYYY

PD RFQ-U – HEAD INJURY OR CONCUSSION

The following questions ask about any head injuries you may have had during your lifetime. Please answer these questions to the best of your ability.

1) Have you ever had a head injury or concussion? These may have occurred during sporting activities, from falls, violence, car accidents, or other accidents. Include injuries from both childhood and adulthood. [HI1]

1 ☐ Yes

0.5 ☐ Possibly

0 ☐ No → **(SKIP TO NEXT FORM)**
9999 ☐ Don't Know → **(SKIP TO NEXT FORM)**
7777 ☐ Refused → **(SKIP TO NEXT FORM)**

2) In your lifetime, how many have you had? Give your best estimate. [HI2]

1 ☐ 1

2 ☐ 2

3 ☐ 3

4 ☐ 4

5 ☐ more than 4

SECTION A. Please answer the following questions about your *FIRST* head injury.

A.1) At what age (or in what year) did the head injury occur?

AGE: |__|__|__| [HIA1age] or YEAR: |__|__|__|__| [HIA1yr] 9999 ☐ Don't Know

A.2) Did you lose consciousness from this injury? [HIA2]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION A.4)**
9999 ☐ Don't Know → **(SKIP TO QUESTION A.4)**
7777 ☐ Refused → **(SKIP TO QUESTION A.4)**

A.3) How long were you unconscious? [HIA3]

1 ☐ less than 5 minutes 2 ☐ 5-59 minutes 3 ☐ 1-24 hours 4 ☐ longer than 1 day 9999 ☐ Don't Know

 Subject ID: _____ [ID] Yr of Birth: YYYY [HIyob]

A.4) Did you have a <u>skull fracture</u> from this injury? [HIA4]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

A.5) Did you have a <u>seizure</u> from this injury? [HIA5]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

A.6) Did you have <u>memory loss, amnesia, or trouble thinking</u> from this injury? [HIA6]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

A.7) Were you <u>hospitalized</u> for this injury? [HIA7]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

If you had <u>no other</u> head injuries, check this box ☐ and SKIP TO THE NEXT FORM. [HISkip1]

<u>SECTION B. Please answer the following questions about your *NEXT* head injury.</u>

B.1) At what <u>age</u> (or in what year) did this head injury occur?

AGE: |__|__|__| or YEAR: |__|__|__|__| 9999 ☐ Don't Know

[HIB1age] [HIB1yr]

B.2) Did you <u>lose consciousness</u> from this injury? [HIB2]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION B.4)**
9999 ☐ Don't Know → **(SKIP NEXT TO QUESTION B.4)**
7777 ☐ Refused → **(SKIP TO QUESTION B.4)**

B.3) <u>How long</u> were you unconscious? [HIB3]

1 ☐ less than 5 minutes 2 ☐ 5-59 minutes 3 ☐ 1-24 hours 4 ☐ longer than 1 day 9999 ☐ Don't Know

B.4) Did you have a <u>skull fracture</u> from this injury? [HIB4]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

 Subject ID: _____ [ID] Yr of Birth: ___YYYY [HIyob]

B.5) Did you have a seizure from this injury? [HIB5]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

B.6) Did you have <u>memory loss, amnesia, or trouble thinking</u> from this injury? [HIB6]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

B.7) Were you <u>hospitalized</u> for this injury? [HIB7]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

If you had <u>no other</u> head injuries, check this box ☐ and SKIP TO THE NEXT FORM. [HISkip2]

<u>SECTION C. If you had *more than 2* head injuries, briefly describe the others below</u>:

Injury #3) AGE: |__|__|__| [HIC3age] or YEAR: |__|__|__|__| [HIC3yr] 9999 ☐ Don't Know

Did you <u>lose consciousness</u>? [HIC3Unc] 1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

Injury #4) AGE: |__|__|__| [HIC4age] or YEAR: |__|__|__|__| [HIC4yr] 9999 ☐ Don't Know

Did you <u>lose consciousness</u>? [HIC4Unc] 1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

Injury #5) AGE: |__|__|__| [HIC5age] or YEAR: |__|__|__|__| [HIC5yr] 9999 ☐ Don't Know

Did you <u>lose consciousness</u>? [HIC5Unc] 1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

Comments: _____

_____

_____ [HIComments]

PLEASE CONTINUE TO THE NEXT FORM

 Subject ID: _____ [ID] Yr of Birth: ___YYYY [HIyob]

Date Form Completed: [NSDate] MM / DD / YYYY

PD RFQ-U – ANTI-INFLAMMATORY MEDICATION HISTORY

The following questions will ask you about a group of medicines commonly used to treat mild to moderate pain, fever, inflammation, or swelling, and sometimes taken to thin the blood or to protect the heart. These include both over-the-counter and prescription medicines. We will ask about three groups of these medicines (1) ibuprofen-based medicines such as Advil and Motrin; (2) aspirin and (3) other anti-inflammatory medicines.

SECTION 1: IBUPROFEN-BASED NON-ASPIRIN

1) Have you ever *regularly* taken ibuprofen-based non-aspirin medications, that is, at least two pills per week for 6 months or longer? These include ibuprofen, Advil, Motrin, Nuprin, and others. [NS1]

1 ☐ Yes → GO TO 1a

0 ☐ No → **(SKIP TO 2)**

9999 ☐ Don't Know → **(SKIP TO 2)**

7777 ☐ Refused → **(SKIP TO 2)**

1a) At what age (or in what year) did you start regularly taking an ibuprofen-based medication?

Age started [NS1aage]		Year Started [NS1ayr]	Don't know	Refused
|__|__|__|	or	|__|__|__|__|	9999 ☐	7777 ☐

1b) At what age (or in what year) did you last stop regularly taking an ibuprofen-based medication?

Age stopped [NS1bage]		Year Stopped [NS1byr]	Currently take	Don't know	Refused
|__|__|__|	or	|__|__|__|__|	5555 ☐	9999 ☐	7777 ☐

1c) During all the years that you regularly took an ibuprofen-based medication, did you ever stop taking it for a period of a year or more? [NS1c]

1 ☐ Yes

→ 1c1) During this time, approximately how many years in total did you NOT regularly take ibuprofen-based medication: _____**yrs** [NS1c1] 9999 ☐ Don't Know

0 ☐ No

9999 ☐ Don't Know

7777 ☐ Refused

1d) During the time you were regularly taking an ibuprofen-based medication, on average, about <u>how many pills per week</u> did you take?

	Number of pills/week [NS1d]	Don't know	Refused
Ibuprofen-based medication	|__|__|	9999 ☐	7777 ☐

SECTION 2: ASPIRIN

2) Have you ever *<u>regularly</u>* taken <u>aspirin</u>, that is, at least two pills per week for 6 months or longer? [NS2]

1 ☐ Yes → GO TO 2a

0 ☐ No → **(SKIP TO 3)**

9999 ☐ Don't Know → **(SKIP TO 3)**

7777 ☐ Refused → **(SKIP TO 3)**

2a) At what age (or in what year) did you <u>start</u> regularly taking aspirin?

Age started [NS2aage]		Year Started [NS2ayr]	Don't know	Refused
|__|__|__|	or	|__|__|__|__|	9999 ☐	7777 ☐

2b) At what age (or in what year) did you <u>last</u> <u>stop</u> regularly taking aspirin?

Age stopped [NS2bage]		Year Stopped [NS2byr]	Currently take	Don't know	Refused
|__|__|__|	or	|__|__|__|__|	5555☐	9999☐	7777☐

2c) During all the years that you regularly took aspirin, did you ever stop taking it for a period of a year or more Were there periods of a year or more? [NS2c]

1 ☐ Yes

→ 2c1) During this time, approximately how many years in total did you NOT regularly take aspirin? _____ **yrs** [NS2c1] 9999 ☐ Don't Know

0 ☐ No
9999 ☐ Don't Know
7777 ☐ Refused

2d) During the time you were regularly taking aspirin, on average, about <u>how many pills per week</u> did you take?

	Number of pills/week [NS2d]	Don't know	Refused
Aspirin	|__|__|	9999 ☐	7777 ☐

SECTION 3: *OTHER* ANTI-INFLAMMATORY MEDICATIONS

3) Have you ever *<u>regularly</u>* taken *<u>other</u>* anti-inflammatory medications for pain, inflammation, or swelling, that is, at least two pills per week for 6 months or longer? Please do NOT include the use of Tylenol or acetaminophen, or narcotic pain relievers such as Vicodin or codeine or demerol. [NS3]

1 ☐ Yes → GO TO 3a

0 ☐ No → **(SKIP TO NEXT FORM)**

9999 ☐ Don't Know → **(SKIP TO NEXT FORM)**

7777 ☐ Refused → **(SKIP TO NEXT FORM)**

3a) At what age (or in what year) did you <u>start</u> regularly taking other anti-inflammatory medications?

Age started [NS3aage]		Year Started [NS3ayr]	Don't know	Refused
|__|__|__|	or	|__|__|__|__|	9999 ☐	7777 ☐

3b) At what age (or in what year) did you <u>last</u> <u>stop</u> regularly taking other anti-inflammatory medications?

Age stopped [NS3bage]		Year Stopped [NS3byr]	Currently take	Don't know	Refused
|__|__|__|	or	|__|__|__|__|	5555☐	9999☐	7777☐

3c) During all the years that you regularly took other anti-inflammatory medicines, did you ever stop taking it for a period of a year or more? [NS3c]

1 ☐ Yes

→ 3c1) During this time, approximately how many years in total did you NOT regularly take other anti-inflammatory medications? _____ **yrs** [NS3c1] 9999 ☐ Don't Know

0 ☐ No
9999 ☐ Don't Know
7777 ☐ Refused

3d) During the time you were regularly taking other anti-inflammatory medications, on average, about <u>how many pills per week</u> did you take?

	Number of pills/week [NS3d]	Don't know	Refused
Other anti-inflammatory medication	|__|__|	9999 ☐	7777 ☐

PLEASE CONTINUE TO THE NEXT FORM

Date Form Completed: [OcDate] MM / DD / YYYY

PD RFQ-U – OCCUPATION

The following questions ask about jobs you may have had during your lifetime. Please answer these questions to the best of your ability.

1) Have you ever been in the *active* Military? [Oc1]

1☐ Yes 0☐ No (GO TO 2) 9999☐ Don't Know (GO TO 2) 7777☐ Refused (GO TO 2)

→ **1a) At what age (or in what year) did you start serving in the military?**

Age started [Oc1aage]		Year started [Oc1ayr]	Don't know	Refused
|__|__|	or	|__|__|__|__|	9999 ☐	7777 ☐

→ **1b) At what age (or in what year) did you stop serving in the military?**

Age stopped [Oc1bage]		Year stopped [Oc1byr]	Currently serve	Don't know	Refused
|__|__|	or	|__|__|__|__|	5555 ☐	9999 ☐	7777 ☐

→ **1c) What was your longest held job title when you served in the military?** [Oc1c]

Job title: _____

→ **1d) What branch of the military were you in the longest?** [Oc1dBranch]

1☐ Army 2☐ Navy 3☐ Air force 4☐ Marines 5☐ National Guard ☐Other _____ [Oc1dOther]

→ **1e) In what city, state, and country were you stationed the longest in the military?**

_____	_____	_____
City [Oc1eCity]	State/Province [Oc1eState]	Country [Oc1eCountry]

→ **1f) Were you ever in combat?** [Oc1f]

1☐ Yes 0☐ No (GO TO 2) 9999☐ Don't Know (GO TO 2) 7777☐ Refused (GO TO 2)

→ **1f1) In what city, state and country were you in combat the longest?**

_____	_____	_____
City [Oc1f1City]	State/Province [Oc1f1State]	Country [Oc1f1Country]

→ **1f2) Were you ever a prisoner of war?** [Oc1f2]

1☐ Yes 0☐ No (GO TO 2) 9999☐ Don't Know (GO TO 2) 7777☐ Refused (GO TO 2)

→ **1f2i) In what city, state and country were you imprisoned?**

_____	_____	_____
City [Oc1f2iCity]	State/Province [Oc1f2iState]	Country [Oc1f2iCountry]

→ **1f2ii) How long were you imprisoned? ___months OR ___years**
[Oc1f2iimo] [Oc1f2iiyr]

2) Are you currently working? [Oc2]

1 ☐ Yes

→ **2a) What is your job?** _____ [Oc2a]

→ **2b) What are your major duties or tasks?** [Oc2bTsk1-4]

Task 1: _____

Task 2: _____

Task 3: _____

Task 4: _____

0 ☐ No

→ **2c) Are you retired?** [Oc2c]

1 ☐ Yes 0 ☐ No (GO TO 3) 9999 ☐ Don't Know (GO TO 3) 7777 ☐ Refused (GO TO 3)

→ **2c1) At what age or in what year did you retire?**

AGE: |__|__|__| [Oc2c1age] or YEAR: |__|__|__|__| [Oc2c1yr] ☐ Don't Know 9999

3) What was your longest held occupation during young adulthood (through age 25)? [Oc3]

Job: _____

3a) What were your major duties or tasks? [Oc3aTsk1-4]

Task 1: _____

Task 2: _____

Task 3: _____

Task 4: _____

4) What was your longest held occupation from age 26-35? [Oc4]

☐ **If same as prior period, check this box and SKIP TO QUESTION 5** [OcSkipTo5]

Job: _____

4a) What were your major duties or tasks? [Oc4aTsk1-4]

Task 1: _____

Task 2: _____

Task 3: _____

Task 4: _____

If your current age is less than 36, check this box ☐ and SKIP TO NEXT FORM. [OcLT36]

5) What was your longest held occupation from age 36-45? [Oc5]

☐ **If same as prior period, check this box and SKIP TO QUESTION 6** [OcSkipTo6]

Job: _____

5a) What were your major duties or tasks? [Oc5aTsk1-4]

Task 1: _____

Task 2: _____

Task 3: _____

Task 4: _____

If your current age is less than 46, check this box ☐ and SKIP TO NEXT FORM. [OcLT46]

6) What was your longest held occupation from age 46-55? [Oc6]

☐ **If same as prior period, check this box and SKIP TO QUESTION 7** [OcSkipTo7]

Job: _____

6a) What were your major duties or tasks? [Oc6aTsk1-4]

Task 1: _____

Task 2: _____

Task 3: _____

Task 4: _____

If your current age is less than 56, check this box ☐ and SKIP TO NEXT FORM. [OcLT56]

7) What was your longest held occupation from age 56-65? [Oc7]

☐ **If same as prior period, check this box and SKIP TO QUESTION 8** [OcSkipTo8]

Job: _____

7a) What were your major duties or tasks? [Oc7aTsk1-4]

Task 1: _____

Task 2: _____

Task 3: _____

Task 4: _____

If your current age is less than 66, check this box ☐ and SKIP TO NEXT FORM. [OcLT66]

8) What was your longest held occupation from age 66 and above? [Oc8]

☐ **If same as prior period, check this box and SKIP TO NEXT FORM** [OcSkipToNxtFrm]

Job: _____

8a) What were your major duties or tasks? [Oc8aTsk1-4]

Task 1: _____

Task 2: _____

Task 3: _____

Task 4: _____

PLEASE CONTINUE TO THE NEXT FORM

Date Form Completed: [PWDate] _MM / DD / YYYY_

PD RFQ-U – PESTICIDES AT WORK

The following questions ask about chemicals you may have used at work during different periods of your life. Please answer these questions to the best of your ability.

Over your lifetime, have you ever had a JOB in which you *mixed, applied, or were exposed in some other way* to any type of pesticide, including herbicides (kill weeds), fungicides (kill fungus/mold), insecticides (kill insects), rodenticides (kill rats/mice), or fumigants (gas used to kill fungus/mold or insects)? [PWIntro]

1 ☐ Yes

0 ☐ No → **(SKIP TO NEXT FORM)**
9999 ☐ Don't Know → **(SKIP TO NEXT FORM)**
7777 ☐ Refused → **(SKIP TO NEXT FORM)**

Please answer the following questions for each period of your life.

SECTION A: Birth – 25 years old

A1) During this period of life (through age 25), did you work in a job where you mixed or applied pesticides, or were exposed in some other way? [PWA1]

1 ☐ Yes

→ **A1a) How were you exposed to pesticides? (check all that apply)**
☐ Mixed or applied [PWA1amxdapp]
☐ Exposed in some other way, specify_____
[PWA1aother][PWA1aspecify]

0 ☐ No → **(SKIP TO SECTION B)**
9999 ☐ Don't Know → **(SKIP TO SECTION B)**
7777 ☐ Refused → **(SKIP TO SECTION B)**

Birth – 25 years old contd.

A2) During this period of life, what type of job(s) or industry were you working in when you mixed, applied, *or were exposed in some other way* to pesticides? (CHECK ALL THAT APPLY)

☐ Farming or Ranching [PWA2Farm]

→ A2a) When farming or ranching during this period of life, were you exposed to or did you use pesticides on any of the following:

☐ Crops, specify which crops: _____ [PWA2aCrops][PWA2aCropSpec]

☐ Livestock/farm animals, specify which livestock/farm animals:_____

_____ [PWA2aLive][PWA2aLiveSpec]

☐ Other agricultural applications (for example, aerial spraying) [PWA2Agri]

☐ Forestry [PWA2For]

☐ Landscaping / Gardening / Groundskeeping [PWA2Land]

☐ Nursery / Greenhouse [PWA2Nur]

☐ Pest control / Exterminator [PWA2Xterm]

☐ Building maintenance/ Janitorial [PWA2Jan]

☐ Other, specify: _____ [PWA2Other][PWA2OtherSpec]

9999 ☐ Don't Know

A3) During this period, how many total years did you have jobs where you mixed, applied, *or were exposed in some other way* to pesticides?

|___|___| years [PWA3] 9999 ☐ Don't Know

A4) During these years, about how many days <u>per year</u> did you mix, apply, *or get exposed in some other way* to pesticides? [PWA4]

1 ☐ 1 – 10 days

2 ☐ 11 – 30 days

3 ☐ 31 – 90 days

4 ☐ More than 90 days

9999 ☐ Don't Know

Birth – 25 years old contd.

A5) What types of pesticides did you mix, apply, *or get exposed to in some other way* during these years? Please mark all the specific products that you used. If you do not know the specific name of the pesticide, but know the type of pesticide (herbicide, insecticide, etc), please indicate the group.

- ☐ **Herbicides** (pesticides used to kill weeds or plants) [PWA5Herb]
  - ☐ 2,4-D products [PWA5Herb2_4D]
  - ☐ Atrazine or Cyanazine products [PWA5HerbZine]
  - ☐ Metolachlor, Alachlor or Acetochlor products [PWA5HerbCl]
  - ☐ Paraquat or Diquat products [PWA5HerbPara]
  - ☐ Trifluralin [PWA5HerbFlur]
  - ☐ Other, specify:_____ , _____, _____[PWA5HerbOth][PWA5HerbOthSpec1-3]
  - ☐ Used herbicide, don't know name [PWA5HerbDK]

- ☐ **Fungicides** (pesticides used to kill fungus, mold, or rot) [PWA5Fung]
  - ☐ Benomyl products [PWA5FungBen]
  - ☐ Chlorothalonil [PWA5FungCl]
  - ☐ Copper compounds [PWA5FungCu]
  - ☐ Maneb or Mancozeb products [PWA5FungMan]
  - ☐ Sulfur compounds [PWA5FungS]
  - ☐ Ziram products [PWA5FungZir]
  - ☐ Other, specify:_____ , _____, _____[PWA5FungOth][PWA5FungOthSpec1-3]
  - ☐ Used fungicide, don't know name [PWA5FungDK]

- ☐ **Insecticides** (pesticides used to kill insects) [PWA5Isct]
  - ☐ Aldrin products [PWA5IsctAl]
  - ☐ Chlorpyrifos or Terbufos [PWA5IsctFos]
  - ☐ DDT [PWA5IsctDDT]
  - ☐ Dieldrin products [PWA5IsctDie]
  - ☐ Lindane products [PWA5IsctLin]
  - ☐ Oil [PWA5IsctOil]
  - ☐ Parathion products [PWA5IsctPara]
  - ☐ Permethrin or other pyrethroid products [PWA5IsctPerm]
  - ☐ Rotenone products [PWA5IsctRot]
  - ☐ Other, specify:_____ , _____, _____[PWA5IsctOth] [PWA5IsctOthSpec1-3]
  - ☐ Used insecticides, don't know name [PWA5IsctDK]

- ☐ **Rodenticides** (pesticides used to kill rats or mice) [PWA5Rod]
  - ☐ Specify:_____ [PWA5RodSpec1][PWA5RodSpec2]
  - ☐ Used rodenticides, don't know name [PWA5RodDK]

- ☐ **Fumigants** (gas used to kill insects or fungus or plants) [PWA5Fum]
  - ☐ Methyl bromide [PWA5FumMBr]
  - ☐ Other, specify:_____ [PWA5FumSpec1][PWA5FumSpec2]
  - ☐ Used fumigants, don't know name [PWA5FumDK]

- ☐ OTHER, specify: _____ [PWA5Other1][PWA5OtherSpec1]
- ☐ OTHER, specify: _____ [PWA5Other2][PWA5OtherSpec2]
- ☐ OTHER, specify: _____ [PWA5Other3][PWA5OtherSpec3]
- ☐ Don't know the type of pesticide used [PWA5DK]

SECTION B: 26 – 35 years old

B1) During this period of life (age 26-35), did you work in a job where you mixed or applied pesticides, or were exposed in some other way? [PWB1]

1 ☐ Yes

→ **B1a) How were you exposed to pesticides? (check all that apply)**

☐ Mixed or applied [PWB1amxdapp]

☐ Exposed in some other way, specify_____ [PWB1aother][PWB1aspecify]

0 ☐ No → **(SKIP TO SECTION C)**

9999 ☐ Don't Know → **(SKIP TO SECTION C)**

7777 ☐ Refused → **(SKIP TO SECTION C)**

B2) During this period of life, what type of job(s) or industry were you working in when you mixed, applied, *or were exposed in some other way* to pesticides? (CHECK ALL THAT APPLY)

☐ Farming or Ranching [PWB2Farm]

→ B2a) When farming or ranching during this period of life, were you exposed to or did you use pesticides on any of the following:

☐ Crops, specify which crops: _____ [PWB2aCrops][PWB2aCropSpec]

☐ Livestock/farm animals, specify which livestock/farm animals:_____

_____ [PWB2aLive][PWB2aLiveSpec]

☐ Other agricultural applications (for example, aerial spraying) [PWB2Agri]

☐ Forestry [PWB2For]

☐ Landscaping / Gardening / Groundskeeping [PWB2Land]

☐ Nursery / Greenhouse [PWB2Nur]

☐ Pest control / Exterminator [PWB2Xterm]

☐ Building maintenance/ Janitorial [PWB2Jan]

☐ Other, specify: _____ [PWB2Other][PWB2OtherSpec]

9999 ☐ Don't Know

26 – 35 years old contd.

B3) During this period, how many total years did you have jobs where you mixed, applied, *or were exposed in some other way* to pesticides?

|___|___| years [PWB3] 9999 ☐ Don't Know

B4) During these years, about how many days per year did you mix, apply, *or get exposed in some other way* to pesticides? [PWB4]

1 ☐ 1 – 10 days

2 ☐ 11 – 30 days

3 ☐ 31 – 90 days

4 ☐ More than 90 days

9999 ☐ Don't Know

26 – 35 years old contd.

B5) What types of pesticides did you mix, apply, *or get exposed to in some other way* during these years? Please mark all the specific products that you used. If you do not know the specific name of the pesticide, but know the type of pesticide (herbicide, insecticide, etc), please indicate the group.

- ☐ **Herbicides** (pesticides used to kill weeds or plants) [PWB5Herb]
  - ☐ 2,4-D products [PWB5Herb2_4D]
  - ☐ Atrazine or Cyanazine products [PWB5HerbZine]
  - ☐ Metolachlor, Alachlor or Acetochlor products [PWB5HerbCl]
  - ☐ Paraquat or Diquat products [PWB5HerbPara]
  - ☐ Trifluralin [PWB5HerbFlur]
  - ☐ Other, specify:_____ , _____, _____[PWB5HerbOth][PWB5HerbOthSpec1-3]
  - ☐ Used herbicide, don't know name [PWB5HerbDK]

- ☐ **Fungicides** (pesticides used to kill fungus, mold, or rot) [PWB5Fung]
  - ☐ Benomyl products [PWB5FungBen]
  - ☐ Chlorothalonil [PWB5FungCl]
  - ☐ Copper compounds [PWB5FungCu]
  - ☐ Maneb or Mancozeb products [PWB5FungMan]
  - ☐ Sulfur compounds [PWB5FungS]
  - ☐ Ziram products [PWB5FungZir]
  - ☐ Other, specify:_____ , _____, _____[PWB5FungOth][PWB5FungOthSpec1-3]
  - ☐ Used fungicide, don't know name [PWB5FungDK]

- ☐ **Insecticides** (pesticides used to kill insects) [PWB5Isct]
  - ☐ Aldrin products [PWB5IsctAl]
  - ☐ Chlorpyrifos or Terbufos [PWB5IsctFos]
  - ☐ DDT [PWB5IsctDDT]
  - ☐ Dieldrin products [PWB5IsctDie]
  - ☐ Lindane products [PWB5IsctLin]
  - ☐ Oil [PWB5IsctOil]
  - ☐ Parathion products [PWB5IsctPara]
  - ☐ Permethrin or other pyrethroid products [PWB5IsctPerm]
  - ☐ Rotenone products [PWB5IsctRot]
  - ☐ Other, specify:_____ , _____, _____[PWB5IsctOth] [PWB5IsctOthSpec1-3]
  - ☐ Used insecticides, don't know name [PWB5IsctDK]

- ☐ **Rodenticides** (pesticides used to kill rats or mice) [PWB5Rod]
  - ☐ Specify:_____ [PWB5RodSpec1][PWB5RodSpec2]
  - ☐ Used rodenticides, don't know name [PWB5RodDK]

- ☐ **Fumigants** (gas used to kill insects or fungus or plants) [PWB5Fum]
  - ☐ Methyl bromide [PWB5FumMBr]
  - ☐ Other, specify:_____ [PWB5FumSpec1][PWB5FumSpec2]
  - ☐ Used fumigants, don't know name [PWB5FumDK]

- ☐ OTHER, specify: _____ [PWB5Other1][PWB5OtherSpec1]
- ☐ OTHER, specify: _____ [PWB5Other2][PWB5OtherSpec2]
- ☐ OTHER, specify: _____ [PWB5Other3][PWB5OtherSpec3]
- ☐ Don't know the type of pesticide used [PWB5DK]

IF Current age is less than 36, check this box ☐ and SKIP TO SECTION G. [PWLT36]

SECTION C: 36 – 45 years old

C1) During this period of life (age 36-45), did you work in a job where you mixed or applied pesticides, or were exposed in some other way? [PWC1]

1 ☐ Yes

→ **C1a) How were you exposed to pesticides? (check all that apply)**

☐ Mixed or applied [PWC1amxdapp]

☐ Exposed in some other way, specify_____ [PWC1aother][PWC1aspecify]

0 ☐ No → **(SKIP TO SECTION D)**

9999 ☐ Don't Know → **(SKIP TO SECTION D)**

7777 ☐ Refused → **(SKIP TO SECTION D)**

C2) During this period of life, what type of job(s) or industry were you working in when you mixed, applied, *or were exposed in some other way* to pesticides? (CHECK ALL THAT APPLY)

☐ Farming or Ranching [PWC2Farm]

→ C2a) When farming or ranching during this period of life, were you exposed to or did you use pesticides on any of the following:

☐ Crops, specify which crops: _____ [PWC2aCrops][PWC2aCropSpec]

☐ Livestock/farm animals, specify which livestock/farm animals:_____

_____ [PWC2aLive][PWC2aLiveSpec]

☐ Other agricultural applications (for example, aerial spraying) [PWC2Agri]

☐ Forestry [PWC2For]

☐ Landscaping / Gardening / Groundskeeping [PWC2Land]

☐ Nursery / Greenhouse [PWC2Nur]

☐ Pest control / Exterminator [PWC2Xterm]

☐ Building maintenance/ Janitorial [PWC2Jan]

☐ Other, specify: _____ [PWC2Other][PWC2OtherSpec]

9999 ☐ Don't Know

36 – 45 years old contd.

C3) During this period, how many total years did you have jobs where you mixed, applied, *or were exposed in some other way* to pesticides?

|___|___| years [PWC3] 9999 ☐ Don't Know

C4) During these years, about how many days <u>per year</u> did you mix, apply, *or get exposed in some other way* to pesticides? [PWC4]

1 ☐ 1 – 10 days

2 ☐ 11 – 30 days

3 ☐ 31 – 90 days

4 ☐ More than 90 days

9999 ☐ Don't Know

36 – 45 years old contd.

C5) What types of pesticides did you mix, apply, *or get exposed to in some other way* during these years? Please mark all the specific products that you used. If you do not know the specific name of the pesticide, but know the type of pesticide (herbicide, insecticide, etc), please indicate the group.

- ☐ **Herbicides** (pesticides used to kill weeds or plants) [PWC5Herb]
  - ☐ 2,4-D products [PWC5Herb2_4D]
  - ☐ Atrazine or Cyanazine products [PWC5HerbZine]
  - ☐ Metolachlor, Alachlor or Acetochlor products [PWC5HerbCl]
  - ☐ Paraquat or Diquat products [PWC5HerbPara]
  - ☐ Trifluralin [PWC5HerbFlur]
  - ☐ Other, specify:_____ , _____, _____[PWC5HerbOth][PWC5HerbOthSpec1-3]
  - ☐ Used herbicide, don't know name [PWC5HerbDK]

- ☐ **Fungicides** (pesticides used to kill fungus, mold, or rot) [PWC5Fung]
  - ☐ Benomyl products [PWC5FungBen]
  - ☐ Chlorothalonil [PWC5FungCl]
  - ☐ Copper compounds [PWC5FungCu]
  - ☐ Maneb or Mancozeb products [PWC5FungMan]
  - ☐ Sulfur compounds [PWC5FungS]
  - ☐ Ziram products [PWC5FungZir]
  - ☐ Other, specify:_____ , _____, _____[PWC5FungOth][PWC5FungOthSpec1-3]
  - ☐ Used fungicide, don't know name [PWC5FungDK]

- ☐ **Insecticides** (pesticides used to kill insects) [PWC5Isct]
  - ☐ Aldrin products [PWC5IsctAl]
  - ☐ Chlorpyrifos or Terbufos [PWC5IsctFos]
  - ☐ DDT [PWC5IsctDDT]
  - ☐ Dieldrin products [PWC5IsctDie]
  - ☐ Lindane products [PWC5IsctLin]
  - ☐ Oil [PWC5IsctOil]
  - ☐ Parathion products [PWC5IsctPara]
  - ☐ Permethrin or other pyrethroid products [PWC5IsctPerm]
  - ☐ Rotenone products [PWC5IsctRot]
  - ☐ Other, specify:_____ , _____, _____[PWC5IsctOth] [PWC5IsctOthSpec1-3]
  - ☐ Used insecticides, don't know name [PWC5IsctDK]

- ☐ **Rodenticides** (pesticides used to kill rats or mice) [PWC5Rod]
  - ☐ Specify:_____ [PWC5RodSpec1][PWC5RodSpec2]
  - ☐ Used rodenticides, don't know name [PWC5RodDK]

- ☐ **Fumigants** (gas used to kill insects or fungus or plants) [PWC5Fum]
  - ☐ Methyl bromide [PWC5FumMBr]
  - ☐ Other, specify:_____ [PWC5FumSpec1][PWC5FumSpec2]
  - ☐ Used fumigants, don't know name [PWC5FumDK]

- ☐ OTHER, specify: _____ [PWC5Other1][PWC5OtherSpec1]
- ☐ OTHER, specify: _____ [PWC5Other2][PWC5OtherSpec2]
- ☐ OTHER, specify: _____ [PWC5Other3][PWC5OtherSpec3]
- ☐ Don't know the type of pesticide used [PWC5DK]

IF Current age is less than 46, check this box ☐ and SKIP TO SECTION G. [PWLT46]

SECTION D: 46 – 55 years old

D1) During this period of life (age 46- 55), did you work in a job where you mixed or applied pesticides, or were exposed in some other way? [PWD1]

1 ☐ Yes

→ **D1a) How were you exposed to pesticides? (check all that apply)**

☐ Mixed or applied [PWD1amxdapp]

☐ Exposed in some other way, specify_____
[PWD1aother][PWD1aspecify]

0 ☐ No → **(SKIP TO SECTION E)**

9999 ☐ Don't Know → **(SKIP TO SECTION E)**

7777 ☐ Refused → **(SKIP TO SECTION E)**

D2) During this period of life, what type of job(s) or industry were you working in when you mixed, applied, *or were exposed in some other way* to pesticides? (CHECK ALL THAT APPLY)

☐ Farming or Ranching [PWD2Farm]

→ D2a) When farming or ranching during this period of life, were you exposed to or did you use pesticides on any of the following:

☐ Crops, specify which crops: _____
[PWD2aCrops][PWD2aCropSpec]

☐ Livestock/farm animals, specify which livestock/farm animals:_____

_____
[PWD2aLive][PWD2aLiveSpec]

☐ Other agricultural applications (for example, aerial spraying) [PWD2Agri]

☐ Forestry [PWD2For]

☐ Landscaping / Gardening / Groundskeeping [PWD2Land]

☐ Nursery / Greenhouse [PWD2Nur]

☐ Pest control / Exterminator [PWD2Xterm]

☐ Building maintenance/ Janitorial [PWD2Jan]

☐ Other, specify: _____
[PWD2Other][PWD2OtherSpec]

9999 ☐ Don't Know

46 – 55 years old contd.

D3) During this period, how many total years did you have jobs where you mixed, applied, *or were exposed in some other way* to pesticides?

|___|___| years [PWD3] 9999 ☐ Don't Know

D4) During these years, about how many days <u>per year</u> did you mix, apply, *or get exposed in some other way* to pesticides? [PWD4]

1 ☐ 1 – 10 days

2 ☐ 11 – 30 days

3 ☐ 31 – 90 days

4 ☐ More than 90 days

9999 ☐ Don't Know

46 – 55 years old contd.

D5) What types of pesticides did you mix, apply, *or get exposed to in some other way* during these years? Please mark all the specific products that you used. If you do not know the specific name of the pesticide, but know the type of pesticide (herbicide, insecticide, etc), please indicate the group.

- ☐ **Herbicides** (pesticides used to kill weeds or plants) [PWD5Herb]
  - ☐ 2,4-D products [PWD5Herb2_4D]
  - ☐ Atrazine or Cyanazine products [PWD5HerbZine]
  - ☐ Metolachlor, Alachlor or Acetochlor products [PWD5HerbCl]
  - ☐ Paraquat or Diquat products [PWD5HerbPara]
  - ☐ Trifluralin [PWD5HerbFlur]
  - ☐ Other, specify:_____ , _____, _____[PWD5HerbOth][PWD5HerbOthSpec1-3]
  - ☐ Used herbicide, don't know name [PWD5HerbDK]

- ☐ **Fungicides** (pesticides used to kill fungus, mold, or rot) [PWD5Fung]
  - ☐ Benomyl products [PWD5FungBen]
  - ☐ Chlorothalonil [PWD5FungCl]
  - ☐ Copper compounds [PWD5FungCu]
  - ☐ Maneb or Mancozeb products [PWD5FungMan]
  - ☐ Sulfur compounds [PWD5FungS]
  - ☐ Ziram products [PWD5FungZir]
  - ☐ Other, specify:_____ , _____, _____[PWD5FungOth][PWD5FungOthSpec1-3]
  - ☐ Used fungicide, don't know name [PWD5FungDK]

- ☐ **Insecticides** (pesticides used to kill insects) [PWD5Isct]
  - ☐ Aldrin products [PWD5IsctAl]
  - ☐ Chlorpyrifos or Terbufos [PWD5IsctFos]
  - ☐ DDT [PWD5IsctDDT]
  - ☐ Dieldrin products [PWD5IsctDie]
  - ☐ Lindane products [PWD5IsctLin]
  - ☐ Oil [PWD5IsctOil]
  - ☐ Parathion products [PWD5IsctPara]
  - ☐ Permethrin or other pyrethroid products [PWD5IsctPerm]
  - ☐ Rotenone products [PWD5IsctRot]
  - ☐ Other, specify:_____ , _____, _____[PWD5IsctOth] [PWD5IsctOthSpec1-3]
  - ☐ Used insecticides, don't know name [PWD5IsctDK]

- ☐ **Rodenticides** (pesticides used to kill rats or mice) [PWD5Rod]
  - ☐ Specify:_____ [PWD5RodSpec1][PWD5RodSpec2]
  - ☐ Used rodenticides, don't know name [PWD5RodDK]

- ☐ **Fumigants** (gas used to kill insects or fungus or plants) [PWD5Fum]
  - ☐ Methyl bromide [PWD5FumMBr]
  - ☐ Other, specify:_____ [PWD5FumSpec1][PWD5FumSpec2]
  - ☐ Used fumigants, don't know name [PWD5FumDK]

- ☐ OTHER, specify: _____ [PWD5Other1][PWD5OtherSpec1]
- ☐ OTHER, specify: _____ [PWD5Other2][PWD5OtherSpec2]
- ☐ OTHER, specify: _____ [PWD5Other3][PWD5OtherSpec3]
- ☐ Don't know the type of pesticide used [PWD5DK]

IF Current age is less than 56, check this box ☐ and SKIP TO SECTION G. [PWLT56]

SECTION E: 56 – 65 years old

E1) During this period of life (age 56-65), did you work in a job where you mixed or applied pesticides, or were exposed in some other way? [PWE1]

1 ☐ Yes

→ **E1a) How were you exposed to pesticides? (check all that apply)**

☐ Mixed or applied [PWE1amxdapp]

☐ Exposed in some other way, specify_____ [PWE1aother][PWE1aspecify]

0 ☐ No → **(SKIP TO SECTION F)**

9999 ☐ Don't Know → **(SKIP TO SECTION F)**

7777 ☐ Refused → **(SKIP TO SECTION F)**

E2) During this period of life, what type of job(s) or industry were you working in when you mixed, applied, *or were exposed in some other way* to pesticides? (CHECK ALL THAT APPLY)

☐ Farming or Ranching [PWE2Farm]

→ E2a) When farming or ranching during this period of life, were you exposed to or did you use pesticides on any of the following:

☐ Crops, specify which crops: _____ [PWE2aCrops][PWE2aCropSpec]

☐ Livestock/farm animals, specify which livestock/farm animals:_____

_____ [PWE2aLive][PWE2aLiveSpec]

☐ Other agricultural applications (for example, aerial spraying) [PWE2Agri]

☐ Forestry [PWE2For]

☐ Landscaping / Gardening / Groundskeeping [PWE2Land]

☐ Nursery / Greenhouse [PWE2Nur]

☐ Pest control / Exterminator [PWE2Xterm]

☐ Building maintenance/ Janitorial [PWE2Jan]

☐ Other, specify: _____ [PWE2Other][PWE2OtherSpec]

9999 ☐ Don't Know

56 – 65 years old contd.

E3) During this period, how many total years did you have jobs where you mixed, applied, *or were exposed in some other way* to pesticides?

|___|___| years [PWE3] 9999 ☐ Don't Know

E4) During these years, about how many days <u>per year</u> did you mix, apply, *or get exposed in some other way* to pesticides? [PWE4]

1 ☐ 1 – 10 days

2 ☐ 11 – 30 days

3 ☐ 31 – 90 days

4 ☐ More than 90 days

9999 ☐ Don't Know

56 – 65 years old contd.

E5) What types of pesticides did you mix, apply, *or get exposed to in some other way* during these years? Please mark all the specific products that you used. If you do not know the specific name of the pesticide, but know the type of pesticide (herbicide, insecticide, etc), please indicate the group.

- ☐ **Herbicides** (pesticides used to kill weeds or plants) [PWE5Herb]
  - ☐ 2,4-D products [PWE5Herb2_4D]
  - ☐ Atrazine or Cyanazine products [PWE5HerbZine]
  - ☐ Metolachlor, Alachlor or Acetochlor products [PWE5HerbCl]
  - ☐ Paraquat or Diquat products [PWE5HerbPara]
  - ☐ Trifluralin [PWE5HerbFlur]
  - ☐ Other, specify:_____ , _____, _____ [PWE5HerbOth][PWE5HerbOthSpec1-3]
  - ☐ Used herbicide, don't know name [PWE5HerbDK]

- ☐ **Fungicides** (pesticides used to kill fungus, mold, or rot) [PWE5Fung]
  - ☐ Benomyl products [PWE5FungBen]
  - ☐ Chlorothalonil [PWE5FungCl]
  - ☐ Copper compounds [PWE5FungCu]
  - ☐ Maneb or Mancozeb products [PWE5FungMan]
  - ☐ Sulfur compounds [PWE5FungS]
  - ☐ Ziram products [PWE5FungZir]
  - ☐ Other, specify:_____ , _____, _____[PWE5FungOth][PWE5FungOthSpec1-3]
  - ☐ Used fungicide, don't know name [PWE5FungDK]

- ☐ **Insecticides** (pesticides used to kill insects) [PWE5Isct]
  - ☐ Aldrin products [PWE5IsctAl]
  - ☐ Chlorpyrifos or Terbufos [PWE5IsctFos]
  - ☐ DDT [PWE5IsctDDT]
  - ☐ Dieldrin products [PWE5IsctDie]
  - ☐ Lindane products [PWE5IsctLin]
  - ☐ Oil [PWE5IsctOil]
  - ☐ Parathion products [PWE5IsctPara]
  - ☐ Permethrin or other pyrethroid products [PWE5IsctPerm]
  - ☐ Rotenone products [PWE5IsctRot]
  - ☐ Other, specify:_____ , _____, _____[PWE5IsctOth] [PWE5IsctOthSpec1-3]
  - ☐ Used insecticides, don't know name [PWE5IsctDK]

- ☐ **Rodenticides** (pesticides used to kill rats or mice) [PWE5Rod]
  - ☐ Specify:_____ [PWE5RodSpec1][PWE5RodSpec2]
  - ☐ Used rodenticides, don't know name [PWE5RodDK]

- ☐ **Fumigants** (gas used to kill insects or fungus or plants) [PWE5Fum]
  - ☐ Methyl bromide [PWE5FumMBr]
  - ☐ Other, specify:_____ [PWE5FumSpec1][PWE5FumSpec2]
  - ☐ Used fumigants, don't know name [PWE5FumDK]

- ☐ OTHER, specify: _____ [PWE5Other1][PWE5OtherSpec1]
- ☐ OTHER, specify: _____ [PWE5Other2][PWE5OtherSpec2]
- ☐ OTHER, specify: _____ [PWE5Other3][PWE5OtherSpec3]
- ☐ Don't know the type of pesticide used [PWE5DK]

IF Current age is less than 66, check this box ☐ and SKIP TO SECTION G. [PWLT66]

SECTION F: Age 66 and above

F1) During this period of life (age 66 and above), did you work in a job where you mixed or applied pesticides, or were exposed in some other way? [PWF1]

1 ☐ Yes

→ **F1a) How were you exposed to pesticides? (check all that apply)**

☐ Mixed or applied [PWF1amxdapp]

☐ Exposed in some other way, specify_____ [PWF1aother][PWF1aspecify]

0 ☐ No → **(SKIP TO SECTION G)**

9999 ☐ Don't Know → **(SKIP TO SECTION G)**

7777 ☐ Refused → **(SKIP TO SECTION G)**

F2) During this period of life, what type of job(s) or industry were you working in when you mixed, applied, *or were exposed in some other way* to pesticides? (CHECK ALL THAT APPLY)

☐ Farming or Ranching [PWF2Farm]

→ F2a) When farming or ranching during this period of life, were you exposed to or did you use pesticides on any of the following:

☐ Crops, specify which crops: _____ [PWF2aCrops][PWF2aCropSpec]

☐ Livestock/farm animals, specify which livestock/farm animals:_____

_____ [PWF2aLive][PWF2aLiveSpec]

☐ Other agricultural applications (for example, aerial spraying) [PWF2Agri]

☐ Forestry [PWF2For]

☐ Landscaping / Gardening / Groundskeeping [PWF2Land]

☐ Nursery / Greenhouse [PWF2Nur]

☐ Pest control / Exterminator [PWF2Xterm]

☐ Building maintenance/ Janitorial [PWF2Jan]

☐ Other, specify: _____ [PWF2Other][PWF2OtherSpec]

9999 ☐ Don't Know

Age 66 and above contd.

F3) During this period, how many total years did you have jobs where you mixed, applied, *or were exposed in some other way* to pesticides?

|___|___| years [PWF3] 9999 ☐ Don't Know

F4) During these years, about how many days <u>per year</u> did you mix, apply, *or get exposed in some other way* to pesticides? [PWF4]

1 ☐ 1 – 10 days

2 ☐ 11 – 30 days

3 ☐ 31 – 90 days

4 ☐ More than 90 days

9999 ☐ Don't Know

Age 66 and above contd.

F5) What types of pesticides did you mix, apply, *or get exposed to in some other way* during these years? Please mark all the specific products that you used. If you do not know the specific name of the pesticide, but know the type of pesticide (herbicide, insecticide, etc), please indicate the group.

- ☐ **Herbicides** (pesticides used to kill weeds or plants) [PWF5Herb]
  - ☐ 2,4-D products [PWF5Herb2_4D]
  - ☐ Atrazine or Cyanazine products [PWF5HerbZine]
  - ☐ Metolachlor, Alachlor or Acetochlor products [PWF5HerbCl]
  - ☐ Paraquat or Diquat products [PWF5HerbPara]
  - ☐ Trifluralin [PWF5HerbFlur]
  - ☐ Other, specify:_____ , _____, _____[PWF5HerbOth][PWF5HerbOthSpec1-3]
  - ☐ Used herbicide, don't know name [PWF5HerbDK]

- ☐ **Fungicides** (pesticides used to kill fungus, mold, or rot) [PWF5Fung]
  - ☐ Benomyl products [PWF5FungBen]
  - ☐ Chlorothalonil [PWF5FungCl]
  - ☐ Copper compounds [PWF5FungCu]
  - ☐ Maneb or Mancozeb products [PWF5FungMan]
  - ☐ Sulfur compounds [PWF5FungS]
  - ☐ Ziram products [PWF5FungZir]
  - ☐ Other, specify:_____ , _____, _____ [PWF5FungOth][PWF5FungOthSpec1-3]
  - ☐ Used fungicide, don't know name [PWF5FungDK]

- ☐ **Insecticides** (pesticides used to kill insects) [PWF5Isct]
  - ☐ Aldrin products [PWF5IsctAl]
  - ☐ Chlorpyrifos or Terbufos [PWF5IsctFos]
  - ☐ DDT [PWF5IsctDDT]
  - ☐ Dieldrin products [PWF5IsctDie]
  - ☐ Lindane products [PWF5IsctLin]
  - ☐ Oil [PWF5IsctOil]
  - ☐ Parathion products [PWF5IsctPara]
  - ☐ Permethrin or other pyrethroid products [PWF5IsctPerm]
  - ☐ Rotenone products [PWF5IsctRot]
  - ☐ Other, specify:_____ , _____, _____ [PWF5IsctOth] [PWF5IsctOthSpec1-3]
  - ☐ Used insecticides, don't know name [PWF5IsctDK]

- ☐ **Rodenticides** (pesticides used to kill rats or mice) [PWF5Rod]
  - ☐ Specify:_____ [PWF5RodSpec1][PWF5RodSpec2]
  - ☐ Used rodenticides, don't know name [PWF5RodDK]

- ☐ **Fumigants** (gas used to kill insects or fungus or plants) [PWF5Fum]
  - ☐ Methyl bromide [PWF5FumMBr]
  - ☐ Other, specify:_____ [PWF5FumSpec1][PWF5FumSpec2]
  - ☐ Used fumigants, don't know name [PWF5FumDK]

- ☐ OTHER, specify: _____ [PWF5Other1][PWF5OtherSpec1]
- ☐ OTHER, specify: _____ [PWF5Other2][PWF5OtherSpec2]
- ☐ OTHER, specify: _____ [PWF5Other3][PWF5OtherSpec3]
- ☐ Don't know the type of pesticide used [PWF5DK]

SECTION G: ADDITIONAL PESTICIDE INFORMATION

G1) Were you ever exposed to unusually high amounts of pesticides at work, for example from a spill, when either you or someone else was using pesticides? [PWG1]

1 ☐ Yes

→ G1a) Explain:_____

_____ [PWG1Explain]

→ G1b) When did this occur: |__|__|__|__| (Year) [PWG1Yr] ☐ Don't Know 9999

0 ☐ No
9999 ☐ Don't Know
7777 ☐ Refused

G2) If you got concentrated pesticide on your skin, did you usually stop what you were doing and wash it off? [PWG2]

1 ☐ Yes

0 ☐ No
9999 ☐ Don't Know
5555 ☐ Never got concentrated pesticide on my skin
7777 ☐ Refused

G3) If you personally mixed or applied pesticides, did you wear gloves more than half the time? [PWG3]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION G5)**
9999 ☐ Don't Know → **(SKIP TO QUESTION G5)**
5555 ☐ Never mix/apply → **(SKIP TO QUESTION G7)**

G4) When you wore gloves, what type of gloves did you wear most of the time? ***Mark only 1***
[PWG4]

1 ☐ Chemical resistant gloves

2 ☐ Fabric or leather gloves

3 ☐ Rubber, plastic, or latex gloves

4 ☐ Other, specify _____ [PWG4other]

9999 ☐ Don't Know
7777 ☐ Refused

G5) If you personally mixed or applied pesticides, did you use any other type of protective equipment more than half the time? [PWG5]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION G7)**
9999 ☐ Don't Know → **(SKIP TO QUESTION G7)**
5555 ☐ Never mix/apply → **(SKIP TO QUESTION G7)**

G6) When you used any other type of protective equipment, what type of protective equipment did you usually use? ***Check all that apply***

☐ Chemical resistant boots or shoes [PWG6_1]

☐ Chemical resistant apron [PWG6_2]

☐ Disposable coveralls [PWG6_3]

☐ Cartridge respirator, gas mask [PWG6_4]

☐ Goggles [PWG6_5]

☐ Other, specify _____ [PWG6_6], [PWG6other]

9999 ☐ Don't Know
7777 ☐ Refused

G7) Did you ever feel sick after exposure to pesticides at work? [PWG7]

1 ☐ Yes

0 ☐ No → **(SKIP TO NEXT FORM)**

5555 ☐ Never Exposed → **(SKIP TO NEXT FORM)**

9999 ☐ Don't Know → **(SKIP TO NEXT FORM)**

7777 ☐ Refused → **(SKIP TO NEXT FORM)**

G8) Did you seek medical care for these symptoms? [PWG8]

1 ☐ Yes

0 ☐ No

9999 ☐ Don't Know

7777 ☐ Refused

PLEASE CONTINUE TO THE NEXT FORM

Date Form Completed: [PHDate] _MM / DD / YYYY_

PD RFQ-U – PESTICIDES IN *NON-WORK* SETTINGS

The following questions ask about chemicals you may have used at home during different periods of your life. Please answer these questions to the best of your ability.

During your lifetime, did you or someone else ever use chemicals to kill insects, other pests, plants, weeds, mold, or mildew in or around any house or apartment where you lived? Include chemicals used in the house, on the lawn or garden, or on pets. [PHIntro]

1 ☐ Yes

0 ☐ No → **(SKIP TO NEXT FORM)**

9999 ☐ Don't Know → **(SKIP TO NEXT FORM)**

7777 ☐ Refused → **(SKIP TO NEXT FORM)**

Please answer the following questions for each period of your life.

SECTION A: Birth – 25 years old

A1) During this period of life (through age 25), in or around your home, lawn, or garden, were *insecticides* used to kill bugs such as ants, roaches, mites or other pests? Include any used on pets. [PHA1]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION A3)**
9999 ☐ Don't Know → **(SKIP TO QUESTION A3)**
7777 ☐ Refused → **(SKIP TO QUESTION A3)**

A2) How often were insecticides used? [PHA2]

2 ☐ Rarely (1-2 times/year)

3 ☐ Occasionally (3-6 times/year)

4 ☐ Often (More than 6 times/year)

9999 ☐ Don't Know

Birth – 25 years old contd.

A3) In or around your home, lawn, or garden, were *fungicides* used to kill mold, mildew, or rot? [PHA3]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION A5)**
9999 ☐ Don't Know → **(SKIP TO QUESTION A5)**
7777 ☐ Refused → **(SKIP TO QUESTION A5)**

A4) How often were fungicides used? [PHA4]

2 ☐ Rarely (1-2 times/year)

3 ☐ Occasionally (3-6 times/year)

4 ☐ Often (More than 6 times/year)

9999 ☐ Don't Know

A5) In or around your home, lawn, or garden, were *herbicides* used to kill weeds or plants? [PHA5]

1 ☐ Yes (continue)

0 ☐ No → **(SKIP TO SECTION B)**
9999 ☐ Don't Know → **(SKIP TO SECTION B)**
7777 ☐ Refused → **(SKIP TO SECTION B)**

A6) How often were herbicides used? [PHA6]

2 ☐ Rarely (1-2 times/year)

3 ☐ Occasionally (3-6 times/year)

4 ☐ Often (More than 6 times/year)

9999 ☐ Don't Know

SECTION B: 26 – 35 years old

B1) During this period of life (age 26-35), in or around your home, lawn, or garden, were *insecticides* used to kill bugs such as ants, roaches, mites, or other pests? Include any used on pets. [PHB1]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION B3)**
9999 ☐ Don't Know → **(SKIP TO QUESTION B3)**
7777 ☐ Refused → **(SKIP TO QUESTION B3)**

B2) How often were insecticides used? [PHB2]

2 ☐ Rarely (1-2 times/year)

3 ☐ Occasionally (3-6 times/year)

4 ☐ Often (More than 6 times/year)

9999 ☐ Don't Know

B3) In or around your home, lawn, or garden, were *fungicides* used to kill mold, mildew, or rot? [PHB3]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION B5)**
9999 ☐ Don't Know → **(SKIP TO QUESTION B5)**
7777 ☐ Refused → **(SKIP TO QUESTION B5)**

B4) How often were fungicides used? [PHB4]

2 ☐ Rarely (1-2 times/year)

3 ☐ Occasionally (3-6 times/year)

4 ☐ Often (More than 6 times/year)

9999 ☐ Don't Know

26 – 35 years old contd.

B5) In or around your home, lawn, or garden, were *herbicides* used to kill weeds or plants? [PHB5]

1 ☐ Yes (continue)

0 ☐ No → **(SKIP TO SECTION C)**
9999 ☐ Don't Know → **(SKIP TO SECTION C)**
7777 ☐ Refused → **(SKIP TO SECTION C)**

B6) How often were herbicides used? [PHB6]

2 ☐ Rarely (1-2 times/year)

3 ☐ Occasionally (3-6 times/year)

4 ☐ Often (More than 6 times/year)

9999 ☐ Don't Know

IF Current age is less than 36, check this box ☐ and SKIP TO SECTION G. [PHLT36]

SECTION C: 36 – 45 years old

C1) During this period of life (age 36-45), in or around your home, lawn, or garden, were *insecticides* used to kill bugs such as ants, roaches, mites, or other pests? Include any used on pets. [PHC1]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION C3)**
9999 ☐ Don't Know → **(SKIP TO QUESTION C3)**
7777 ☐ Refused → **(SKIP TO QUESTION C3)**

C2) How often were insecticides used? [PHC2]

2 ☐ Rarely (1-2 times/year)

3 ☐ Occasionally (3-6 times/year)

4 ☐ Often (More than 6 times/year)

9999 ☐ Don't Know

36 – 45 years old contd.

C3) In or around your home, lawn, or garden, were *fungicides* used to kill mold, mildew, or rot? [PHC3]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION C5)**
9999 ☐ Don't Know → **(SKIP TO QUESTION C5)**
7777 ☐ Refused → **(SKIP TO QUESTION C5)**

C4) How often were fungicides used? [PHC4]

2 ☐ Rarely (1-2 times/year)

3 ☐ Occasionally (3-6 times/year)

4 ☐ Often (More than 6 times/year)

9999 ☐ Don't Know

C5) In or around your home, lawn, or garden, were *herbicides* used to kill weeds or plants? [PHC5]

1 ☐ Yes (continue)

0 ☐ No → **(SKIP TO SECTION D)**
9999 ☐ Don't Know → **(SKIP TO SECTION D)**
7777 ☐ Refused → **(SKIP TO SECTION D)**

C6) How often were herbicides used? [PHC6]

2 ☐ Rarely (1-2 times/year)

3 ☐ Occasionally (3-6 times/year)

4 ☐ Often (More than 6 times/year)

9999 ☐ Don't Know

IF Current age is less than 46, check this box ☐ and SKIP TO SECTION G. [PHLT46]

SECTION D: 46 – 55 years old

D1) During this period of life (age 46-55), in or around your home, lawn, or garden, were *insecticides* used to kill bugs such as ants, roaches, mites, or other pests? Include any used on pets. [PHD1]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION D3)**
9999 ☐ Don't Know → **(SKIP TO QUESTION D3)**
7777 ☐ Refused → **(SKIP TO QUESTION D3)**

D2) How often were insecticides used? [PHD2]

2 ☐ Rarely (1-2 times/year)

3 ☐ Occasionally (3-6 times/year)

4 ☐ Often (More than 6 times/year)

9999 ☐ Don't Know

D3) In or around your home, lawn, or garden, were *fungicides* used to kill mold, mildew, or rot? [PHD3]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION D5)**
9999 ☐ Don't Know → **(SKIP TO QUESTION D5)**
7777 ☐ Refused → **(SKIP TO QUESTION D5)**

D4) How often were fungicides used? [PHD4]

2 ☐ Rarely (1-2 times/year)

3 ☐ Occasionally (3-6 times/year)

4 ☐ Often (More than 6 times/year)

9999 ☐ Don't Know

46 – 55 years old contd.

D5) In or around your home, lawn, or garden, were *herbicides* used to kill weeds or plants? [PHD5]

1 ☐ Yes (continue)

0 ☐ No → **(SKIP TO SECTION E)**
9999 ☐ Don't Know → **(SKIP TO SECTION E)**
7777 ☐ Refused → **(SKIP TO SECTION E)**

D6) How often were herbicides used? [PHD6]

2 ☐ Rarely (1-2 times/year)

3 ☐ Occasionally (3-6 times/year)

4 ☐ Often (More than 6 times/year)

9999 ☐ Don't Know

IF Current age is less than 56, check this box ☐ and SKIP TO SECTION G. [PHLT56]

SECTION E: 56 – 65 years old

E1) During this period of life (age 56-65), in or around your home, lawn, or garden, were *insecticides* used to kill bugs such as ants, roaches, mites, or other pests? Include any used on pets. [PHE1]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION E3)**
9999 ☐ Don't Know → **(SKIP TO QUESTION E3)**
7777 ☐ Refused → **(SKIP TO QUESTION E3)**

E2) How often were insecticides used? [PHE2]

2 ☐ Rarely (1-2 times/year)

3 ☐ Occasionally (3-6 times/year)

4 ☐ Often (More than 6 times/year)

9999 ☐ Don't Know

56 – 65 years old contd.

E3) In or around your home, lawn, or garden, were *fungicides* used to kill mold, mildew, or rot? [PHE3]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION E5)**
9999 ☐ Don't Know → **(SKIP TO QUESTION E5)**
7777 ☐ Refused → **(SKIP TO QUESTION E5)**

E4) How often were fungicides used? [PHE4]

2 ☐ Rarely (1-2 times/year)

3 ☐ Occasionally (3-6 times/year)

4 ☐ Often (More than 6 times/year)

9999 ☐ Don't Know

E5) In or around your home, lawn, or garden, were *herbicides* used to kill weeds or plants? [PHE5]

1 ☐ Yes (continue)

0 ☐ No → **(SKIP TO SECTION F)**
9999 ☐ Don't Know → **(SKIP TO SECTION F)**
7777 ☐ Refused → **(SKIP TO SECTION F)**

E6) How often were herbicides used? [PHE6]

2 ☐ Rarely (1-2 times/year)

3 ☐ Occasionally (3-6 times/year)

4 ☐ Often (More than 6 times/year)

9999 ☐ Don't Know

IF Current age is less than 66, check this box ☐ and SKIP TO SECTION G. [PHLT66]

SECTION F: Age 66 and above

F1) During this period of life (age 66 and above), in or around your home, lawn, or garden, were *insecticides* used to kill bugs such as ants, roaches, mites, or other pests? Include any used on pets. [PHF1]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION F3)**
9999 ☐ Don't Know → **(SKIP TO QUESTION F3)**
7777 ☐ Refused → **(SKIP TO QUESTION F3)**

F2) How often were insecticides used? [PHF2]

2 ☐ Rarely (1-2 times/year)

3 ☐ Occasionally (3-6 times/year)

4 ☐ Often (More than 6 times/year)

9999 ☐ Don't Know

F3) In or around your home, lawn, or garden, were *fungicides* used to kill mold, mildew, or rot? [PHF3]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION F5)**
9999 ☐ Don't Know → **(SKIP TO QUESTION F5)**
7777 ☐ Refused → **(SKIP TO QUESTION F5)**

F4) How often were fungicides used? [PHF4]

2 ☐ Rarely (1-2 times/year)

3 ☐ Occasionally (3-6 times/year)

4 ☐ Often (More than 6 times/year)

9999 ☐ Don't Know

Age 66 and above contd.

F5) In or around your home, lawn, or garden, were *herbicides* used to kill weeds or plants? [PHF5]

1 ☐ Yes (continue)

0 ☐ No → **(SKIP TO SECTION G)**
9999 ☐ Don't Know → **(SKIP TO SECTION G)**
7777 ☐ Refused → **(SKIP TO SECTION G)**

F6) How often were herbicides used? [PHF6]

2 ☐ Rarely (1-2 times/year)

3 ☐ Occasionally (3-6 times/year)

4 ☐ Often (More than 6 times/year)

9999 ☐ Don't Know

SECTION G: ADDITIONAL PESTICIDE INFORMATION

G1) Were you ever exposed to unusually high amounts of pesticides at home, for example from a spill, when either you or someone else was using pesticides? [PHG1]

1 ☐ Yes

→ G1a) Explain:_____

_____
[PHG1Explain]

→ G1b) When did this occur: |__|__|__|__| (Year) ☐ Don't Know
[PHG1Yr] 9999

0 ☐ No
9999 ☐ Don't Know
7777 ☐ Refused

G2) If you got concentrated pesticide on your skin, did you usually stop what you were doing and wash it off? [PHG2]

1 ☐ Yes

0 ☐ No
9999 ☐ Don't Know
5555 ☐ Never got concentrated pesticide on my skin
7777 ☐ Refused

G3) If you personally mixed or applied pesticides, did you wear gloves more than half the time? [PHG3]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION G5)**
9999 ☐ Don't Know → **(SKIP TO QUESTION G5)**
5555 ☐ Never mix/apply → **(SKIP TO QUESTION G7)**

G4) When you wore gloves, what type of gloves did you wear most of the time? ***Mark only 1***
[PHG4]

1 ☐ Chemical resistant gloves

2 ☐ Fabric or leather gloves

3 ☐ Rubber, plastic, or latex gloves

4 ☐ Other, specify _____ [PHG4other]

9999 ☐ Don't Know
7777 ☐ Refused

G5) If you personally mixed or applied pesticides, did you use any other type of protective equipment more than half the time? [PHG5]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION G7)**
9999 ☐ Don't Know → **(SKIP TO QUESTION G7)**
5555 ☐ Never mix/apply → **(SKIP TO QUESTION G7)**

G6) When you used any other type of protective equipment, what type of protective equipment did you usually use? ***Check all that apply*** [PHG6]

☐ Chemical resistant boots or shoes [PHG6_1]

☐ Chemical resistant apron [PHG6_2]

☐ Disposable coveralls [PHG6_3]

☐ Cartridge respirator, gas mask [PHG6_4]

☐ Goggles [PHG6_5]

☐ Other, specify _____ [PHG6_6], [PHG6other]

9999 ☐ Don't Know
7777 ☐ Refused

G7) Did you ever feel sick after exposure to pesticides at home? [PHG7]

1 ☐ Yes

0 ☐ No → **(SKIP TO NEXT FORM)**

5555 ☐ Never Exposed → **(SKIP TO NEXT FORM)**

9999 ☐ Don't Know → **(SKIP TO NEXT FORM)**

7777 ☐ Refused → **(SKIP TO NEXT FORM)**

G8) Did you seek medical care for these symptoms? [PHG8]

1 ☐ Yes

0 ☐ No

9999 ☐ Don't Know

7777 ☐ Refused

PLEASE CONTINUE TO THE NEXT FORM

Date Form Completed: [TXDate] _MM / DD / YYYY_

PD RFQ-U - TOXICANT

1) In your lifetime, have you used glues or adhesives 100 or more days at work or at home? (See question 1d for examples) [TX1]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION 2)**

9999 ☐ Don't Know → **(SKIP TO QUESTION 2)**

7777 ☐ Refused → **(SKIP TO QUESTION 2)**

1a) At what age or year did you first use glues or adhesives?

	Age started		Year started	Don't know	Refused
Glues or adhesives	|__|__|__| [TX1aAge]	or	|__|__|__|__| [TX1aYr]	9999 ☐	7777 ☐

1b) At what age or year did you last stop using glues or adhesives?

	Age stopped		Year stopped	Currently use	Don't know	Refused
Glues or adhesives	|__|__|__| [TX1bAge]	or	|__|__|__|__| [TX1bYr]	5555 ☐	9999 ☐	7777 ☐

1c) During all the years that you used glues or adhesives, did you ever stop using them for a period of a year or more? [TX1c]

1 ☐ Yes

↳ 1c1) What ages were you when you did not use glues or adhesives? (If there were multiple periods when you did NOT use glues or adhesives, please report each period separately.) [TX1c1start1-3] [TX1c1stop1-3]

↳

		Don't Know		Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to** AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to** AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to** AGE: |__|__|__|	9999 ☐

0 ☐ No

9999 ☐ Don't Know

7777 ☐ Refused

1d) What specific glues or adhesives did/do you use? (Check all that apply)

- ☐ Water-based adhesives (vinyl acrylic) [TX1dH2Obase]
- ☐ Hot melt adhesives [TX1dHotMelt]
- ☐ Elmer's, carpenter's, or wood glue [TX1dWood]
- ☐ Superglue (cyanoacrylate) [TX1dSuper}
- ☐ Contact adhesives (rubber cement) [TX1dContact]
- ☐ Other solvent-based adhesives, specify:_____[TX1dOther][TX1dSpecify]

9999 ☐ Don't Know
7777 ☐ Refused

2) In your lifetime, have you used solvents or degreasers 100 or more days at work or at home? (See question 2d for examples.) [TX2]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION 3)**

9999 ☐ Don't Know → **(SKIP TO QUESTION 3)**

7777 ☐ Refused → **(SKIP TO QUESTION 3)**

2a) At what age or year did you first use solvents or degreasers?

	Age started		Year started	Don't know	Refused
Solvents or degreasers	|__|__|__| [TX2aAge]	or	|__|__|__|__| [TX2aYr]	9999 ☐	7777 ☐

2b) At what age or year did you last stop using solvents or degreasers?

	Age stopped		Year stopped	Currently use	Don't know	Refused
Solvents or degreasers	|__|__|__| [TX2bAge]	or	|__|__|__|__| [TX2bYr]	5555 ☐	9999 ☐	7777 ☐

2c) During all the years that you used solvents or degreasers, did you ever stop using them for a period of a year or more? [TX2c]

1 ☐ Yes

↳ 2c1) What ages were you when you did not use solvents or degreasers? (If there were multiple periods when you did NOT use solvents or degreasers, please report each period separately.) [TX2c1start1-3] [TX2c1stop1-3]

		Don't Know		Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to** AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to** AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to** AGE: |__|__|__|	9999 ☐

0 ☐ No

9999 ☐ Don't Know
7777 ☐ Refused

2d) What specific solvents or degreasers did/do you use? (Check all that apply)

- ☐ Carbon tetrachloride [TX2dCCl4]
- ☐ Chloroform [TX2dCHCl3]
- ☐ Methylene chloride [TX2dCH2Cl2]
- ☐ Trichloroethane [TX2dC2H3Cl3]
- ☐ Trichloroethylene [TX2dTCE]
- ☐ PERC (perchloroethylene) [TX2dPERCONLY]
- ☐ Acids, alkalis, alcohols [TX2dAcids]
- ☐ Avgas, jet fuel [TX2dAvgas]
- ☐ Freon [TX2dFreon]
- ☐ Methyl ethyl ketone (MEK) [TX2dMEK]
- ☐ Kerosene [TX2dKerosene]
- ☐ Mineral spirits, naptha, paint thinner [TX2dSpirits]
- ☐ n-Hexane [TX2dNHex]
- ☐ Stoddard solvent [TX2dStoddard]
- ☐ Toluol/toluene/xylol/xylene [TX2dTolXyl]
- ☐ Turpentine [TX2dTurp]
- ☐ Other Solvent, (specify:)_____[TX2dOther][TX2dSpecify]

9999 ☐ Don't Know
7777 ☐ Refused

3) In your lifetime, have you welded, brazed, or flame cut metal 100 or more days at work or at home? [TX3]

1 ☐ Yes, check all that apply
- ☐ Welded [TX3Weld]
- ☐ Brazed [TX3Brazed]
- ☐ Flame cut metal [TX3Flame]

0 ☐ No → **(SKIP TO QUESTION 4)**

9999 ☐ Don't Know → **(SKIP TO QUESTION 4)**

7777 ☐ Refused → **(SKIP TO QUESTION 4)**

3a) At what age or year did you first weld, braze, or flame cut metal?

	Age started		Year started	Don't know	Refused
Weld, braze, flame cut	|__|__|__| [TX3aAge]	or	|__|__|__|__| [TX3aYr]	9999 ☐	7777 ☐

3b) At what age or year did you last stop welding, brazing, or flame cutting metal?

	Age stopped	Year stopped	Current	Don't know	Refused

Weld, braze, flame cut |__|__|__| [TX3bAge] or |__|__|__|__| [TX3bYr] 5555 ☐ 9999 ☐ 7777 ☐

3c) During all the years that you weld, braze, or flame cut metal, did you ever stop doing them for a period of a year or more?
[TX3c]

1 ☐ Yes

→ 3c1) What ages were you when you did not weld, braze, or flame cut metal? (If there were multiple periods when you did NOT weld, braze, or flame cut metal, please report each period separately.) [TX3c1start1-3] [TX3c1stop1-3]

		Don't Know		Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to** AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to** AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to** AGE: |__|__|__|	9999 ☐

0 ☐ No
9999 ☐ Don't Know
7777 ☐ Refused

3d) What specific metals or materials did/do you weld, cut or braze? (Check all that apply)

☐ Stainless steel [TX3dStlessSteel]
☐ Mild steel (ordinary or construction) [TX3dMildSteel]
☐ Galvanized or zinc-plated iron or steel [TX3dZn]
☐ Cadmium-plated steel [TX3dCd]
☐ Lead-plated or leaded steel [TX3dPb]
☐ Chromium plated steel [TX3dCr]
☐ Titanium based alloy [TX3dTi]
☐ Brass or bronze [TX3dBrass]
☐ Cast iron [TX3dCastFe]
☐ Copper [TX3dCu]
☐ Aluminum [TX3dAl]
☐ Other metal or alloy, (specify:)_____ [TX3dOther] [TX3dSpecify]
9999 ☐ Don't Know
7777 ☐ Refused

4) In your lifetime, have you soldered 100 or more days at work or at home? [TX4]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION 5)**

9999 ☐ Don't Know → **(SKIP TO QUESTION 5)**

7777 ☐ Refused → **(SKIP TO QUESTION 5)**

4a) At what age or year did you first solder?

Age Year Don't

	started		started	know	Refused
Solder	|__|__|__| [TX4aAge]	or	|__|__|__|__| [TX4aYr]	9999 ☐	7777 ☐

4b) At what age or year did you stop soldering?

	Age stopped		Year stopped	Currently solder	Don't know	Refused
Solder	|__|__|__| [TX4bAge]	or	|__|__|__|__| [TX4bYr]	5555 ☐	9999 ☐	7777 ☐

4c) During all the years that you soldered, did you ever stop doing it for a period of a year or more? [TX4c]

1 ☐ Yes

4c1) What ages were you when you did not solder? (If there were multiple periods when you did NOT solder, please report each period separately.) [TX4c1start1-3] [TX4c1stop1-3]

		Don't Know			Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐

0 ☐ No
9999 ☐ Don't Know
7777 ☐ Refused

4d) What specific metals or materials did/do you use to solder? (Check all that apply)

☐ Tin-lead [TX4dSnPb]
☐ Silver [TX4dAg]
☐ Other metal or alloy, (specify:)_____ [TX4dOther] [TX4dSpecify]
9999 ☐ Don't Know
7777 ☐ Refused

5) Other than above, in your lifetime, have you worked around metal dust or metal fumes 100 or more days at work or at home? [TX5]

1 ☐ Yes

0 ☐ No → **(SKIP TO QUESTION 6)**

9999 ☐ Don't Know → **(SKIP TO QUESTION 6)**

7777 ☐ Refused → **(SKIP TO QUESTION 6)**

5a) At what age or year did you first work around metal dust or metal fumes?

	Age started		Year started	Don't know	Refused
Metal dust or metal fumes	|__|__|__| [TX5aAge]	or	|__|__|__|__| [TX5aYr]	9999 ☐	7777 ☐

5b) At what age or year did you stop working around metal dust or metal fumes?

	Age stopped		Year stopped	Current	Don't know	Refused
Metal dust or metal fumes	|__|__|__| [TX5bAge]	or	|__|__|__|__| [TX5bYr]	5555 ☐	9999 ☐	7777 ☐

5c) During all the years that you worked around metal dust or metal fumes, did you ever stop working around it for a period of a year or more? [TX5c]

1 ☐ Yes

→ 5c1) What ages were you when you did not work around metal dust or metal fumes? (If there were multiple periods when you did NOT work around metal dust or metal fumes, please report each period separately.) [TX5c1start1-3] [TX5c1stop1-3]

		Don't Know			Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐

0 ☐ No

9999 ☐ Don't Know

7777 ☐ Refused

5d) What specific types of metal dust or metal fumes did you work around?

Metal dust or metal fumes 1: _____
[TX5dMetal1]
Metal dust or metal fumes 2: _____
[TX5dMetal2]
Metal dust or metal fumes 3: _____
[TX5dMetal3]

9999 ☐ Don't Know

7777 ☐ Refused

6) In your lifetime, have you ever worked around any other chemicals or fumes that we haven't discussed? [TX6]

1 ☐ Yes

0 ☐ No → **(SKIP TO NEXT FORM)**

9999 ☐ Don't Know → **(SKIP TO NEXT FORM)**

7777 ☐ Refused → **(SKIP TO NEXT FORM)**

6d) What other specific chemicals or fumes did you work around?

Chemical or fumes 1: _____
[TX6dChem1]
Chemical or fumes 2: _____
[TX6dChem2]
Chemical or fumes 3: _____
[TX6dChem3]

9999 ☐ Don't Know

7777 ☐ Refused

PLEASE CONTINUE TO THE NEXT FORM

Date Form Completed: [CADate] MM / DD / YYYY

PD RFQ-U – CALCIUM CHANNEL BLOCKER MEDICATION HISTORY

The following questions will ask you about a group of medicines known as calcium channel blockers.

Have you ever been treated for high blood pressure, heart problems, angina, chest pain, stroke, irregular heartbeat, palpitations, recurrent headache, migraine or Raynaud's (sudden changes of color in your fingers, e.g. blueing, whitening and/or reddening)? [CAIntro]

1 ☐ Yes → **GO TO 1**

0 ☐ No → **(SKIP TO NEXT FORM)**

9999 ☐ Don't Know → **GO TO 1**

7777 ☐ Refused → **(SKIP TO NEXT FORM)**

SECTION A

1) Have you ever taken any of the following medications regularly, that is, at least 1 pill per day for 6 months or longer? Please check all that apply.

1a) Amlodipine or Norvasc **[CA1a]**

1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

→ 1a1) Why did you take this medicine, for example, high blood pressure, headache, etc?

_____ [CA1a1]

1b) Felodipine or Plendil **[CA1b]**

1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

→ 1b1) Why did you take this medicine, for example, high blood pressure, headache, etc?

_____ [CA1b1]

1c) Nifedipine or Procardia, Adalat, Afeditab, Nifediac, Nifedical **[CA1c]**

1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

→ 1c1) Why did you take this medicine, for example, high blood pressure, headache, etc?

_____ [CA1c1]

1d) Nicardipine or Cardene, Carden SR **[CA1d]**

1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

→ 1d1) Why did you take this medicine, for example, high blood pressure, headache, etc?

_____ [CA1d1]

1e) Isradipine or Dynacirc [CA1e]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

→ 1e1) Why did you take this medicine, for example, high blood pressure, headache, etc?

_____ [CA1e1]

1f) Nisoldipine or Sular [CA1f]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

→ 1f1) Why did you take this medicine, for example, high blood pressure, headache, etc?

_____ [CA1f1]

1g) None of the above, ☐ Check this box and SKIP TO 3 [CA1g]

2a) At what age (or in what year) did you <u>start</u> regularly taking <u>any</u> of the medicines listed in question 1?

Age started [CA2aAge]		Year Started [CA2aYr]	Don't know	Refused
|__|__|__|	or	|__|__|__|__|	9999 ☐	7777 ☐

2b) At what age (or in what year) did you <u>last</u> <u>stop</u> regularly taking <u>any</u> of the medicines listed in question 1?

Age stopped [CA2bAge]		Year Stopped [CA2bYr]	Currently take	Don't know	Refused
|__|__|__|	or	|__|__|__|__|	5555 ☐	9999 ☐	7777 ☐

2c) During all the years that you regularly took the medicines listed in question 1, did you ever stop taking them for a period of a year or more? [CA2c]

1 ☐ Yes

→ 2c1) What ages were you when you did NOT regularly take any of the medicines listed in question 1? (If there were multiple periods when you did not regularly take these medicines, please report each period separately). [CA2c1start1-3, CA2c1stop1-3]

		Don't Know			Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐

0 ☐ No

9999 ☐ Don't Know

7777 ☐ Refused

SECTION B

3) Have you ever taken any of the following medications regularly, that is, at least 1 pill per day for 6 months or longer? Please check all that apply.

3a) Verapamil or Calan, Covera-HS, Isoptin, Verelan [CA3a]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

→ 3a1) Why did you take this medicine, for example, high blood pressure, headache, etc?

_____ [CA3a1]

3b) Diltiazem or Cardizem, Cartia, Dilacor, Tiazac, Dilt-CD, Diltia XT [CA3b]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't Know 7777 ☐ Refused

→ 3b1) Why did you take this medicine, for example, high blood pressure, headache, etc?

_____ [CA3b1]

3c) None of the above, ☐ Check this box and SKIP TO NEXT FORM [CA3c]

4a) At what age (or in what year) did you <u>start</u> regularly taking <u>any</u> of the medicines listed in question 3?

Age started [CA4aAge]		Year Started [CA4aYr]	Don't know	Refused
|__|__|__|	or	|__|__|__|__|	9999 ☐	7777 ☐

4b) At what age (or in what year) did you <u>last</u> <u>stop</u> regularly taking <u>any</u> of the medicines listed in question 3?

Age stopped [CA4bAge]		Year Stopped [CA4bYr]	Currently take	Don't know	Refused
|__|__|__|	or	|__|__|__|__|	5555 ☐	9999 ☐	7777 ☐

4c) During all the years that you regularly took the medicines listed in question 3, did you ever stop taking them for a period of a year or more? **[CA4c]**

1 ☐ Yes

→ 4c1) What ages were you when you did NOT regularly take any of the medicines listed in question 3 (If there were multiple periods when you did not regularly take these medicines, please report each period separately). [CA4c1start1-3, CA4c1stop1-3]

→

		Don't Know			Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐

0 ☐ No
9999 ☐ Don't Know
7777 ☐ Refused

PLEASE CONTINUE TO THE NEXT FORM

Date Form Completed: [RPDate] _MM / DD / YYYY_

PD RFQ-U – FEMALE HEALTH HISTORY (FOR WOMEN ONLY)

The following questions ask about your reproductive history. Please answer these questions to the best of your ability.

1) Have you ever been pregnant? [RP1]

1 ☐ Yes

→ **1a) How many pregnancies have you had?** (Please include all live births, miscarriages, stillbirths, and abortions.)

|___|___| pregnancies [RP1a]

→ **1b) How many live births have you had?**

|___|___| live births [RP1b]

0 ☐ No

9999 ☐ Don't Know

7777 ☐ Refused

2) At what age did you have your first menstrual period?

AGE: |___|___| (GO TO 3) [RP2]

or

5555 ☐ Never had a menstrual period (SKIP TO NEXT FORM)

9999 ☐ Don't know (GO TO 3)

7777 ☐ Refused (GO TO 3)

3) What is your current menstrual status? [RP3]

1 ☐ Pregnant or breastfeeding

2 ☐ Still having periods and not going through menopause

3 ☐ Still having periods and on hormone replacement therapy

4 ☐ Going through menopause

5 ☐ Periods stopped themselves or natural menopause

→ DATE: YEAR: |___|___|___|___| or AGE: |___|___| 9999 ☐ Don't know
[RP3yrChoice5] [RP3ageChoice5]

6 ☐ Periods stopped by surgery or surgical menopause

→ DATE: YEAR: |___|___|___|___| or AGE: |___|___| 9999 ☐ Don't know
[RP3yrChoice6] [RP3ageChoice6]

→ What type of surgery did you have? [RP3surgtype]

1 ☐ Removal of uterus and both ovaries

2 ☐ Removal of one ovary

3 ☐ Removal of both ovaries

4 ☐ Removal of uterus but not both ovaries

5 ☐ Other (specify): _____ [RP3surgother]

9999 ☐ Don't Know

7 ☐ Other (specify): _____ [RP3mensother]

→ DATE: YEAR: |___|___|___|___| or AGE: |___|___| 9999 ☐ Don't know
[RP3yrChoice7] [RP3ageChoice7]

9999 ☐ Don't Know

7777 ☐ Refused

If you have not yet experienced menopause, please check this box ☐ and SKIP TO THE NEXT FORM. [RPNoMeno]

4) Have you ever used hormone replacement therapy during or after menopause for a period of at least 6 months? This includes pills, injections, vaginal creams, skin patches, and suppositories. [RP4]

1 ☐ Yes

→ **4a) At what age did you *start* taking hormone replacement therapy?**

Age Started		Year started	Don't know	Refused
|__|__| [RP4aAge]	or	|__|__|__|__| [RP4aYr]	9999 ☐	7777 ☐

→ **4b) At what age did you *stop* taking hormone replacement therapy?**

Age Stopped		Year stopped	Currently take	Don't know	Refused
|__|__| [RP4bAge]	or	|__|__|__|__| [RP4bYr]	5555 ☐	9999 ☐	7777 ☐

→ **4c) During the above period, how many years in total did you take hormone replacement therapy?** Please don't include any months/years during the above period when you may have temporarily stopped taking hormone replacement therapy.

_____ **years** [RP4c] 9999 ☐ Don't know

0 ☐ No
9999 ☐ Don't Know
7777 ☐ Refused

PLEASE CONTINUE TO THE NEXT FORM

Date Form Completed: [RsDate] MM / DD / YYYY

PD RFQ-U – RESIDENTIAL HISTORY

The following questions ask you about the places you have lived throughout your lifetime. Please provide just one residence for each age period listed. If you moved during the age period, answer the questions for the residence at which you lived the longest.

A1) From birth through age 17, where did you live for the longest time?

City/Town	State	Zip Code	Country
[RsA1City]	[RsA1State]	[RsA1Zip]	[RsA1Country]

A2) At the time you lived there, was this residence located in a … [RsA2]

1 ☐ Large city (>250,000 people)
2 ☐ Suburb of a large city
3 ☐ Midsized city (100,000-250,000 people)
4 ☐ Large town (25,000-99,999 people)
5 ☐ Small town (2,500-24,999 people)
6 ☐ Rural, farm
7 ☐ Rural, non-farm

A3) Was your main source of drinking water at this residence a private well? [RsA3]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

A4) Was this residence located near farm fields (within ¼ mile)? [RsA4]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

A5) Was there pesticide spraying at or around this residence when you lived there? [RsA5]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

→ A5a) How often did the spraying happen? [RsA5a]

1 ☐ <1 time per year
2 ☐ 1-3 times per year
3 ☐ 4-10 times per year
4 ☐ >10 times per year
9999 ☐ Don't know

B1) From age 18 through age 25, where did you live for the longest time?

City/Town [RsB1City]	State [RsB1State]	Zip Code [RsB1Zip]	Country [RsB1Country]
_____	_____	_____	_____

B2) At the time you lived there, was this residence located in a … [RsB2]

1 ☐ Large city (>250,000)
2 ☐ Suburb of a large city
3 ☐ Midsized city (100,000-250,000)
4 ☐ Large town (25,000-99,999)
5 ☐ Small town (2,500-24,999)
6 ☐ Rural, farm
7 ☐ Rural, non-farm

B3) Was your main source of drinking water at this residence a private well? [RsB3]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

B4) Was this residence located near farm fields (within ¼ mile)? [RsB4]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

B5) Was there pesticide spraying at or around this residence when you lived there? [RsB5]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

→ B5a) How often did the spraying happen? [RsB5a]

1 ☐ <1 time per year
2 ☐ 1-3 times per year
3 ☐ 4-10 times per year
4 ☐ >10 times per year
9999 ☐ Don't know

C1) From age 26 through age 35, where did you live for the longest time?

City/Town [RsC1City]	State [RsC1State]	Zip Code [RsC1Zip]	Country [RsC1Country]
_____	_____	_____	_____

C2) At the time you lived there, was this residence located in a … [RsC2]

1 ☐ Large city (>250,000)
2 ☐ Suburb of a large city
3 ☐ Midsized city (100,000-250,000)
4 ☐ Large town (25,000-99,999)
5 ☐ Small town (2,500-24,999)
6 ☐ Rural, farm
7 ☐ Rural, non-farm

C3) Was your main source of drinking water at this residence a private well? [RsC3]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

C4) Was this residence located near farm fields (within ¼ mile)? [RsC4]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

C5) Was there pesticide spraying at or around this residence when you lived there? [RsC5]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

→ C5a) How often did the spraying happen? [RsC5a]

1 ☐ <1 time per year
2 ☐ 1-3 times per year
3 ☐ 4-10 times per year
4 ☐ >10 times per year
9999 ☐ Don't know

If current age is less than 36, check this box ☐ and SKIP TO SECTION H. [RsLT36]

D1) From age 36 through age 45, where did you live for the longest time?

City/Town	State	Zip Code	Country
[RsD1City]	[RsD1State]	[RsD1Zip]	[RsD1Country]

D2) At the time you lived there, was this residence located in a …
[RsD2]

1 ☐ Large city (>250,000)
2 ☐ Suburb of a large city
3 ☐ Midsized city (100,000-250,000)
4 ☐ Large town (25,000-99,999)
5 ☐ Small town (2,500-24,999)
6 ☐ Rural, farm
7 ☐ Rural, non-farm

D3) Was your main source of drinking water at this residence a private well? [RsD3]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

D4) Was this residence located near farm fields (within ¼ mile)? [RsD4]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

D5) Was there pesticide spraying at or around this residence when you lived there? [RsD5]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

→ D5a) How often did the spraying happen? [RsD5a]

1 ☐ <1 time per year
2 ☐ 1-3 times per year
3 ☐ 4-10 times per year
4 ☐ >10 times per year
9999 ☐ Don't know

If current age is less than 46, check this box ☐ and SKIP TO SECTION H. [RsLT46]

E1) From age 46 to 55, where did you live for the longest time?

City/Town	State	Zip Code	Country
[RsE1City]	[RsE1State]	[RsE1Zip]	[RsE1Country]

E2) At the time you lived there, was this residence located in a …
[RsE2]

1 ☐ Large city (>250,000)
2 ☐ Suburb of a large city
3 ☐ Midsized city (100,000-250,000)
4 ☐ Large town (25,000-99,999)
5 ☐ Small town (2,500-24,999)
6 ☐ Rural, farm
7 ☐ Rural, non-farm

E3) Was your main source of drinking water at this residence a private well? [RsE3]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

E4) Was this residence located near farm fields (within ¼ mile)? [RsE4]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

E5) Was there pesticide spraying at or around this residence when you lived there? [RsE5]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

→ E5a) How often did the spraying happen? [RsE5a]

1 ☐ <1 time per year
2 ☐ 1-3 times per year
3 ☐ 4-10 times per year
4 ☐ >10 times per year
9999 ☐ Don't know

If current age is less than 56, check this box ☐ and SKIP TO SECTION H. [RsLT56]

F1) From age 56 to 65, where did you live for the <u>longest</u> time?

City/Town	State	Zip Code	Country
[RsF1City]	[RsF1State]	[RsF1Zip]	[RsF1Country]

F2) At the time you lived there, was this residence located in a …
[RsF2]

1 ☐ Large city (>250,000)
2 ☐ Suburb of a large city
3 ☐ Midsized city (100,000-250,000)
4 ☐ Large town (25,000-99,999)
5 ☐ Small town (2,500-24,999)
6 ☐ Rural, farm
7 ☐ Rural, non-farm

F3) Was your main source of drinking water at this residence a private well? [RsF3]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

F4) Was this residence located near farm fields (within ¼ mile)? [RsF4]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

F5) Was there pesticide spraying at or around this residence when you lived there? [RsF5]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

→ F5a) How often did the spraying happen? [RsF5a]

1 ☐ <1 time per year
2 ☐ 1-3 times per year
3 ☐ 4-10 times per year
4 ☐ >10 times per year
9999 ☐ Don't know

If current age is less than 66, check this box ☐ and SKIP TO SECTION H. [RsLT66]

G1) From age 66 and above, where did you live for the longest time?

City/Town	State	Zip Code	Country
[RsG1City]	[RsG1State]	[RsG1Zip]	[RsG1Country]

G2) At the time you lived there, was this residence located in a …
[RsG2]

1 ☐ Large city (>250,000)
2 ☐ Suburb of a large city
3 ☐ Midsized city (100,000-250,000)
4 ☐ Large town (25,000-99,999)
5 ☐ Small town (2,500-24,999)
6 ☐ Rural, farm
7 ☐ Rural, non-farm

G3) Was your main source of drinking water at this residence a private well? [RsG3]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

G4) Was this residence located near farm fields (within ¼ mile)? [RsG4]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

G5) Was there pesticide spraying at or around this residence when you lived there? [RsG5]

1 ☐ Yes 0 ☐ No 9999 ☐ Don't know 7777 ☐ Refused

→ G5a) How often did the spraying happen? [RsG5a]

1 ☐ <1 time per year
2 ☐ 1-3 times per year
3 ☐ 4-10 times per year
4 ☐ >10 times per year
9999 ☐ Don't know

H1) During childhood and young adulthood (up to age 25), did you ever live in a group living situation, such as a dormitory or military barracks, for longer than 1 month? [RsH1]

1 ☐ Yes

→ **How many months or years in total did you live in a group living situation?**

|__|__| months [RsH1months] or |__|__| years [RsH1yrs] 9999 ☐ Don't know

0 ☐ No

9999 ☐ Don't Know

7777 ☐ Refused

PLEASE CONTINUE TO THE NEXT FORM

Date Form Completed: [ALDate] MM / DD / YYYY

PD RFQ-U – ALCOHOL

The following questions ask about your use of alcohol during your lifetime. Please answer these questions to the best of your ability.

1) In your lifetime, have you drunk 100 or more alcoholic drinks (beer, wine, liquor, spirits)? [AL1]

1 ☐ Yes

0 ☐ No → **(SKIP TO THE NEXT FORM)**

9999 ☐ Don't Know → **(SKIP TO THE NEXT FORM)**

7777 ☐ Refused → **(SKIP TO THE NEXT FORM)**

2) In your lifetime, have you ever regularly drunk alcohol, that is, at least one drink per week for 6 months or longer? [AL2]

1 ☐ Yes → GO TO 3

0 ☐ No → **(SKIP TO THE NEXT FORM)**

9999 ☐ Don't Know → **(SKIP TO THE NEXT FORM)**

7777 ☐ Refused → **(SKIP TO THE NEXT FORM)**

3) At what age (or in what year) did you start regularly drinking alcohol?

	Age started [AL3age]		Year started [AL3yr]	Don't know	Refused
Alcohol	|__|__|__|	or	|__|__|__|__|	9999 ☐	7777 ☐

4) At what age (or in what year) did you last **stop regularly drinking alcohol?**

	Age stopped [AL4age]		Year stopped [AL4yr]	Currently drink	Don't know	Refused
Alcohol	|__|__|__|	or	|__|__|__|__|	5555 ☐	9999 ☐	7777 ☐

5) During all the years that you regularly drank alcohol, did you ever stop drinking for a period of a year or more? [AL5]

1 ☐ Yes

→ 5a) What ages were you when you did not regularly drink? (If there were multiple periods when you did NOT regularly drink, please report each period separately.)
[AL5astart1-3] [AL5astop1-3]

		Don't Know			Don't Know
Period 1:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 2:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐
Period 3:	AGE: |__|__|__|	9999 ☐	**to**	AGE: |__|__|__|	9999 ☐

0 ☐ No
9999 ☐ Don't Know
7777 ☐ Refused

6) During the years when you regularly drank alcohol, on average, <u>how many servings</u> of each type of alcohol did you drink <u>per week</u>? (A serving of alcohol is one can or bottle of beer, one glass of wine, or one shot of liquor or spirits.)

		Number of servings/week	Never drank	Don't know	Refused
a) Beer	[AL6a]	|__|__|	5555 ☐	9999 ☐	7777 ☐
b) Liquor or Spirits	[AL6b]	|__|__|	5555 ☐	9999 ☐	7777 ☐
c) Red Wine	[AL6c]	|__|__|	5555 ☐	9999 ☐	7777 ☐
d) White Wine	[AL6d]	|__|__|	5555 ☐	9999 ☐	7777 ☐

PLEASE CONTINUE TO THE NEXT FORM

Date Form Completed: [PADate] _MM / DD / YYYY_

PD RFQ-U – PHYSICAL ACTIVITY & SLEEP

The following questions will ask you about the time you spent doing different types of physical activity, and how long you slept. Please answer all questions even if you do not consider yourself to be a physically active person.

When answering these questions consider "vigorous activity" to be activities that produce a large increase in breathing and heart rate; and "moderate activity" to be activities that produce a moderate increase in breathing and heart rate.

While answering these questions, please consider physical activity at your work, such as lifting boxes; at your home, such as vacuuming or gardening; and in your hobbies or recreational activities.

1) From age 12 through age 17, in a typical week how many hours of:

a. vigorous physical activity did you engage in? [PA1a]

1 ☐ less than 1 hour
2 ☐ 1-4 hours
3 ☐ 5-10 hours
4 ☐ More than 10 hours/week

b. moderate physical activity did you engage in? [PA1b]

1 ☐ less than 1 hour
2 ☐ 1-4 hours
3 ☐ 5-10 hours
4 ☐ More than 10 hours/week

c. sleep did you get on an average night? [PA1c]

1 ☐ less than 5 hours
2 ☐ 5-6 hours
3 ☐ 6-7 hours
4 ☐ 7-8 hours
5 ☐ more than 8 hours

2) From age 18 through age 25, in a typical <u>week</u> how many hours of:

a. <u>vigorous</u> physical activity did you engage in? [PA2a]

1 ☐ less than 1 hour
2 ☐ 1-4 hours
3 ☐ 5-10 hours
4 ☐ More than 10 hours/week

b. <u>moderate</u> physical activity did you engage in? [PA2b]

1 ☐ less than 1 hour
2 ☐ 1-4 hours
3 ☐ 5-10 hours
4 ☐ More than 10 hours/week

c. <u>sleep</u> did you get on an average night? [PA2c]

1 ☐ less than 5 hours
2 ☐ 5-6 hours
3 ☐ 6-7 hours
4 ☐ 7-8 hours
5 ☐ more than 8 hours

3) From age 26 through age 35, in a typical <u>week</u> how many hours of:

a. <u>vigorous</u> physical activity did you engage in? [PA3a]

1 ☐ less than 1 hour
2 ☐ 1-4 hours
3 ☐ 5-10 hours
4 ☐ More than 10 hours/week

b. <u>moderate</u> physical activity did you engage in? [PA3b]

1 ☐ less than 1 hour
2 ☐ 1-4 hours
3 ☐ 5-10 hours
4 ☐ More than 10 hours/week

c. <u>sleep</u> did you get on an average night? [PA3c]

1 ☐ less than 5 hours
2 ☐ 5-6 hours
3 ☐ 6-7 hours
4 ☐ 7-8 hours
5 ☐ more than 8 hours

If current age is less than 36, check this box ☐ and SKIP TO THE NEXT FORM.[PALT36]

4) From age 36 through age 45, in a typical <u>week</u> how many hours of:

a. <u>vigorous</u> physical activity did you engage in? [PA4a]

1 ☐ less than 1 hour
2 ☐ 1-4 hours
3 ☐ 5-10 hours
4 ☐ More than 10 hours/week

b. <u>moderate</u> physical activity did you engage in? [PA4b]

1 ☐ less than 1 hour
2 ☐ 1-4 hours
3 ☐ 5-10 hours
4 ☐ More than 10 hours/week

c. <u>sleep</u> did you get on an average night? [PA4c]

1 ☐ less than 5 hours
2 ☐ 5-6 hours
3 ☐ 6-7 hours
4 ☐ 7-8 hours
5 ☐ more than 8 hours

If current age is less than 46, check this box ☐ and SKIP TO THE NEXT FORM.[PALT46]

5) From age 46 to 55, in a typical <u>week</u> how many hours of:

a. <u>vigorous</u> physical activity did you engage in? [PA5a]

1 ☐ less than 1 hour
2 ☐ 1-4 hours
3 ☐ 5-10 hours
4 ☐ More than 10 hours/week

b. <u>moderate</u> physical activity did you engage in? [PA5b]

1 ☐ less than 1 hour
2 ☐ 1-4 hours
3 ☐ 5-10 hours
4 ☐ More than 10 hours/week

c. <u>sleep</u> did you get on an average night? [PA5c]

1 ☐ less than 5 hours
2 ☐ 5-6 hours
3 ☐ 6-7 hours
4 ☐ 7-8 hours
5 ☐ more than 8 hours

If current age is less than 56, check this box ☐ and SKIP TO THE NEXT FORM.[PALT56]

6) From age 56 to 65, in a typical <u>week</u> how many hours of:

a. <u>vigorous</u> physical activity did you engage in? [PA6a]

1 ☐ less than 1 hour
2 ☐ 1-4 hours
3 ☐ 5-10 hours
4 ☐ More than 10 hours/week

b. <u>moderate</u> physical activity did you engage in? [PA6b]

1 ☐ less than 1 hour
2 ☐ 1-4 hours
3 ☐ 5-10 hours
4 ☐ More than 10 hours/week

c. <u>sleep</u> did you get on an average night? [PA6c]

1 ☐ less than 5 hours
2 ☐ 5-6 hours
3 ☐ 6-7 hours
4 ☐ 7-8 hours
5 ☐ more than 8 hours

If current age is less than 66, check this box ☐ and SKIP TO THE NEXT FORM.[PALT66]

7) From age 66 and above, in a typical <u>week</u> how many hours of:

a. <u>vigorous</u> physical activity did you engage in? [PA7a]

1 ☐ less than 1 hour
2 ☐ 1-4 hours
3 ☐ 5-10 hours
4 ☐ More than 10 hours/week

b. <u>moderate</u> physical activity did you engage in? [PA7b]

1 ☐ less than 1 hour
2 ☐ 1-4 hours
3 ☐ 5-10 hours
4 ☐ More than 10 hours/week

c. <u>sleep</u> did you get on an average night? [PA7c]

1 ☐ less than 5 hours
2 ☐ 5-6 hours
3 ☐ 6-7 hours
4 ☐ 7-8 hours
5 ☐ more than 8 hours

PLEASE CONTINUE TO THE NEXT FORM