

Appendix W_I. Residential Exposure Form

A. Building Characteristics

X1_1. When was this home originally built?

1990 to present	1
1978 to 1989	2
1960 to 1977	3
1950 to 1959	4
1940 to 1949	5
Before 1940	6
DON'T KNOW	8
REFUSED	9

X1_2. How long have you lived at this address?

_____ Enter number of years [FREE TEXT FIELD]

_____ Enter number of months [FREE TEXT FIELD]

Less than one month	1
DON'T KNOW	8
REFUSED	9

X1_3. Which best describes this building?

Apartment	1
Townhouse	2
Mobile Home	3
Boat, RV, Van, etc	4
Single family home attached to one or more houses	5
Single family home detached from any other houses	6
Other (specify)	7 X1_3.SPECIFY _____
DON'T KNOW	8
REFUSED	9

X1_4. How many rooms are in this home? Count the kitchen but not the bathroom

_____ Enter number of rooms [FREE TEXT FIELD]

DON'T KNOW	8
REFUSED	9

X1_5. What is the external wall construction of this home?

Poured concrete	1
Cinder blocks	2
Stone	3
Wood	4
Other (specify):	5 X1_5.SPECIFY _____
DON'T KNOW	8
REFUSED	9

X1_6. Does the home have an attached garage directly connected to living space?

Yes	1 [GO TO QUESTION X1_6a]
No	2 [GO TO QUESTION X1_7]
DON'T KNOW	8 [GO TO QUESTION X1_7]
REFUSED	9 [GO TO QUESTION X1_7]

X1_6a. Is a car usually parked in the garage?

Yes	1 [GO TO QUESTION X1_6b]
No	2 [GO TO QUESTION X1_7]

DON'T KNOW 8 [GO TO QUESTION X1_7]
REFUSED 9 [GO TO QUESTION X1_7]

X1_6b. Please tell me if any of the following gasoline or diesel powered equipment is stored in the garage.

Lawnmower 1
Weed trimmer 2
Leaf blower 3
Boat, Yacht, Watercraft 4
Chain saw 5
Other (specify): 6 X1_6b.SPECIFY _____
DON'T KNOW 8
REFUSED 9

X1_7. In the last 6 months, have you or anyone else renovated your home in any way?

Yes 1
No 2
DON'T KNOW 8
REFUSED 9

X1_8. Have you had any new construction to your home during the last 6 months that involved plywood or particle board (including cabinets or any other pressed wood products)?

Yes 1
No 2
DON'T KNOW 8
REFUSED 9

X1_9. Have you had any new linoleum installed in your home during the last 6 months?

Yes 1
No 2
DON'T KNOW 8
REFUSED 9

X1_10. Do you have any brand new furniture that has been in your house less than 1 month?

Yes 1
No 2
DON'T KNOW 8
REFUSED 9

B. Chemical Exposures

X1_11. Have you used any pesticides including animal repellent, fungicide, herbicide, insecticide or other chemicals to get rid of insects, rodents or other pests in the past week?

Yes 1
No 2
DON'T KNOW 8
REFUSED 9

X1_12. Were any chemicals used to treat this home to control fleas, roaches, ants, termites, or other insects in the past week?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

X1_13. Have you or anyone else painted in or around your home in the past 6 months?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

C. Perceived Air Quality

X1_14. How would you best describe the indoor air quality in your home?

Poor	1
Fair	2
Good	3
Excellent	4
DON'T KNOW	8
REFUSED	9

X1_15. How would you best describe the outdoor air quality around your home?

Poor	1
Fair	2
Good	3
Excellent	4
DON'T KNOW	8
REFUSED	9

D. Water

X1_16. What is the source of drinking water in this home?

Private/Public Water Company	1
Private Well	2
Public Well	3
Bottled Water	4
Something else	5
DON'T KNOW	8
REFUSED	9

X1_17. What is your main source of water used for cooking?

Private/Public Water Company	1
Private Well	2
Public Well	3
Bottled Water	4
Something else	5
DON'T KNOW	8
REFUSED	9

X1_18. What is your main source of water for bathing and showering?

Private/Public Water Company	1
Private Well	2
Public Well	3
Something else	4

DON'T KNOW	8
REFUSED	9

X1_19. Indicate if any of the following water treatment devices are used in your home (Select all that apply):

Brita or other pitcher type water filter	1
Ceramic or charcoal filter	2
Water softener	3
Aerator	4
Reverse osmosis	5
DON'T KNOW	8
REFUSED	9

X1_19a. If you have water filters, do you or someone else regularly replace and maintain them?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

E. Hobbies

X1_20. Have you painted walls, furniture, cars, or other objects in the past week?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

X1_21. Have you used chemical paint strippers in the past week?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

X1_22. Have you used any arts and crafts products such as adhesive, glue, glaze, primer, varnish, etc. in the past week?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

X1_23. Have you used any home maintenance products such as caulk, grout, insulation, paint, putty stain, etc. in the past week?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

X1_24. Have you burned, soldered, or melted any metal products in the past week?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

F. Smoking and Tobacco Use

X1_25. Do you now smoke cigarettes...?

Every day	1 [GO TO QUESTION X1_26]
Some days	2 [GO TO QUESTION X1_26]
Not at all	3 [GO TO QUESTION X2_2]
DON'T KNOW	4 [GO TO QUESTION X2_2]
REFUSED	5 [GO TO QUESTION X2_2]

X1_26. How soon after you wake up do you smoke? Would you say...

Within 5 minutes	1
From 6 to 30 minutes	2
From more than 30 minutes to 1 hour	3
More than 1 hour	4
DON'T KNOW	8
REFUSED	9

X1_27. During the past **30 days**, on about how many days did you smoke cigarettes?

_____ Enter number of days [FREE TEXT FIELD]

DON'T KNOW	88
REFUSED	99

X1_28. During the past **30 days**, on the days that you smoked, about how many cigarettes did you smoke per day?

[NOTE TO INTERVIEWER: 1 PACK EQUALS 20 CIGARETTES. IF LESS THAN 1 CIGARETTE PER DAY, ENTER 1. IF 95 OR MORE PER DAY, ENTER 95]

_____ Enter number of cigarettes per day [FREE TEXT FIELD]

DON'T KNOW	888
REFUSED	999

Cigarette Brand

X1_29. May I please see the pack for the brand of cigarettes you usually smoke?
[TO OBTAIN ACCURATE PRODUCT INFORMATION, IT IS IMPORTANT THAT INTERVIEWER SEE THE CIGARETTE PACK]

Pack seen	1
Pack not seen	2
Refused	9

X1_29a. [NOTE TO INTERVIEWER: IF PARTICIPANT USES SELF-ROLLED CIGARETTES, PLEASE OBTAIN THE NAMES OF THE TOBACCO AND THE ROLLING PAPER USED].

_____ [FREE TEXT FIELD]

X1_30. ENTER THE UNIVERSAL PRODUCT CODE FROM THE CIGARETTE PACK.
UPC MUST CONTAIN 8 OR 12 DIGITS
If 8 digit UPC [GO TO QUESTION X1_30a]
If 12 digit UPC [GO TO QUESTION X1_30b]
Unable to read code – pack damaged [**CAPI INSTRUCTION: GO TO QUESTION X1_32**]

X1_30a. IF 8 DIGIT UPC CODE
[CAPI INSTRUCTION: DOUBLE ENTRY IS REQUIRED. IF ENTRIES DO NOT MATCH, DISPLAY THE FOLLOWING MESSAGE: ENTRIES DO NOT MATCH. HIGHLIGHT THE ENTRY THAT SHOULD BE CORRECTED AND PRESS 'ENTER' TO CHANGE.]

_____ (8 digit UPC code) [FREE TEXT FIELD]

X1_30b. IF 12 DIGIT UPC CODE

[CAPI INSTRUCTION: DOUBLE ENTRY IS REQUIRED. IF ENTRIES DO NOT MATCH, DISPLAY THE FOLLOWING MESSAGE: ENTRIES DO NOT MATCH. HIGHLIGHT THE ENTRY THAT SHOULD BE CORRECTED AND PRESS 'ENTER' TO CHANGE.]

_____ (12 digit UPC code) [FREE TEXT FIELD]

Cigarette Brand – Code Not On File

X1_31. What brand of cigarettes do you usually smoke?

_____ Enter brand [FREE TEXT FIELD]

No Usual Brand	1
DON'T KNOW	8
REFUSED	9

X1_32. (Ask if necessary) Is the cigarette product filtered or non-filtered?

Filtered	1
Nonfiltered	2
DON'T KNOW	8
REFUSED	9

X1_33. (Ask if necessary) Is the cigarette product mentholated or non-mentholated?

Mentholated	1
Non-mentholated	2
DON'T KNOW	8
REFUSED	9

X1_34. (Ask if necessary) What is the cigarette product size?

Regulars	1
Kings	2
100s	3
120s	4
DON'T KNOW	8
REFUSED	9

X1_35. (Ask if necessary) What are the other characteristics of your cigarettes (Select all that apply)?

Deluxe	1
Hard Pack	2
Lights	3
Milds	4
Slims	5
Specials	6
Super	7
Ultra Lights	8
Other (specify)	9 X1_45.SPECIFY _____
None	10
DON'T KNOW	88
REFUSED	99

Appendix W_II. Twenty-Four Hour Activities Form

X2_1. Did you smoke (cigarette, cigar, or pipe) at any location within the last 24 hours?

Yes 1 [GO TO QUESTION X2_1a]
 No 2 [GO TO QUESTION X2_2]
 DON'T KNOW 8 [GO TO QUESTION X2_2]
 REFUSED 9 [GO TO QUESTION X2_2]

X2_1a. Did you smoke (cigarette, cigar, or pipe) inside your home within the last 24 hours?

Yes 1
 No 2
 DON'T KNOW 8
 REFUSED 9

X2_2. Did anyone around you smoke (cigarette, cigar, or pipe) at any location within the last 24 hours?

Yes 1 [GO TO QUESTION X2_2a]
 No 2 [GO TO QUESTION X2_3]
 DON'T KNOW 8 [GO TO QUESTION X2_3]
 REFUSED 9 [GO TO QUESTION X2_3]

X2_2a. Did anyone around you smoke (cigarette, cigar, or pipe) inside your home within the last 24 hours?

Yes 1
 No 2
 DON'T KNOW 8
 REFUSED 9

X2_3. Did you cook or were you in the same room when someone else was cooking during the last 24 hours?

Yes 1 [GO TO QUESTION X2_3a]
 No 2 [GO TO QUESTION X2_4]
 DON'T KNOW 8 [GO TO QUESTION X2_4]
 REFUSED 9 [GO TO QUESTION X2_4]

X2_3a. If yes, please tell me where and the type of cooking:

Your Location ¹	Cooker Type ²	Type of cooking ³	Duration (minutes)	Smoke Produced ⁴	Exhaust Fan ⁵
1- (IH) Indoors at Home, (IO) Indoors at other, (O) Outdoors 2- (ES) Electric Stove, (GS) Gas Stove, (M) Microwave, (O) Oven, (GG) Gas Grill, (CG) Coal Grill 3- (FG) Frying or grilling, (BB) Baking or broiling, (TO) Toasting, (BO) Boiling, (OF) Open Flame, (OT) Other 4- Was anything burned while cooking that produced visible smoke? (Y, N, Refused) 5- Was an exhaust fan used that was vented outdoors? (Y, N, Refused)					

X2_4. Did you eat any raw seafood in the last 24 hours?

Yes	1 [GO TO QUESTION X2_4a]
No	2 [GO TO QUESTION X2_5]
DON'T KNOW	8 [GO TO QUESTION X2_5]
REFUSED	9 [GO TO QUESTION X2_5]

X2_4a. What types of raw seafood did you eat (mark all that apply):

Crab	1
Oysters	2
Shrimp	3
Tuna	4
Snapper	5
Other (Specify):	6 X2_6a.SPECIFY _____
DON'T KNOW	8
REFUSED	9

X2_4b. Did the raw seafood come directly from the Gulf?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

X2_4c. Did you catch this seafood yourself?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

X2_5. Did you eat any cooked seafood in the last 24 hours?

Yes	1 [GO TO QUESTION X2_5a]
No	2 [GO TO QUESTION X2_6]
DON'T KNOW	8 [GO TO QUESTION X2_6]
REFUSED	9 [GO TO QUESTION X2_6]

X2_5a. What types of cooked seafood did you eat (mark all that apply):

Catfish	1
Crab_____	2
Crawfish	3
Flounder	4
Grouper	5
Mackeral	6
Oysters	7
Scallops	8
Shrimp	9
Snapper	10
Talpia	11
Tuna__	12
Trout__	13
Other (Specify):	14 X2_5a.SPECIFY _____
DON'T KNOW	88
REFUSED	99

X2_5b. Did the cooked seafood come directly from the Gulf?

Yes	1
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No	2
DON'T KNOW	8
REFUSED	9

X2_5c. Did you catch this seafood yourself?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

X2_6. Did you burn candles or incense at any location during the last 24 hours?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

X2_7. Did you use a humidifier in your home in the last 24 hours?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

X2_8. Was your primary heater (furnace, etc.) used in your home during the last 24 hours?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

X2_8a. Describe the type of heating in the home (mark all that apply):

Hot air circulation	1
Hot air radiation	2
Fuel oil	3
Wood	4
Steam radiation	5
Gas (Natural)	6
Heat pump	7
Hot water radiation	8
Kerosene heater	9
Electric baseboard	10
Other (Specify):	11 X2_8a.SPECIFY _____
DON'T KNOW	88
REFUSED	99

X2_9. Were any other heating devices used in your home during the last 24 hours?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

X2_9a. What type of heating device was used?
SPECIFY _____

X2_10. Was an air conditioner run during the last 24 hours in your home?

Yes 1
No 2
DON'T KNOW 8
REFUSED 9

X2_11. Were any windows open in your home in the last 24 hours?

Yes 1
No 2
DON'T KNOW 8
REFUSED 9

X2_12. Was a window fan used in your home in the last 24 hours?

Yes 1
No 2
DON'T KNOW 8
REFUSED 9

X2_13. Were any exterior doors left open for more than five minutes or were screen doors used for ventilation in your home during the last 24 hours?

Yes 1
No 2
DON'T KNOW 8
REFUSED 9

X2_14. Were any of the following used in your home during the last 24 hours? (Select all that apply)

Natural Gas 1
Propane Gas 2
Kerosene 3
Coal 4
Wood Burning Stove 5
Gasoline 6
Artificial Logs 7
Other (Specify) X1_20.SPECIFY _____
DON'T KNOW 88
REFUSED 99

X2_15. Have freshly dry-cleaned items (clothes, etc.) been brought into the house during the last 24 hours?

Yes 1
No 2
DON'T KNOW 8
REFUSED 9

X2_16. Was a clothes dryer used in your home in the last 24 hours?

Yes 1 [GO TO QUESTION X2_16a]
No 2 [GO TO QUESTION X2_17]
DON'T KNOW 8 [GO TO QUESTION X2_17]
REFUSED 9 [GO TO QUESTION X2_17]

X2_16a. What type of fuel source does the clothes dryer use?

Gas (Natural) 1
Electric 2

Other (Specify)	X2_16a.SPECIFY_____
DON'T KNOW	8
REFUSED	9

X2_17. Was an air purifier or air filter used in your home in the last 24 hours?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

X2_18. Were housecleaning chores performed by your or someone else in your home during the last 24 hours?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

X2_19. Did you or anyone else use any cleaning products in your home within the last 24 hours? (Examples include: bleach, toilet bowl cleaner, stain or spot remover, etc.)?
 [INTERVIEWER NOTE: THIS DOES NOT INCLUDE ANY PERSONAL CARE PRODUCTS LIKE SOAP AND SHAMPOO, ETC.]

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

X2_20. Were any of the following aerosol spray products used in your home within the last 24 hours? (cooking spray, air freshener, spray perfume or cologne, hair spray, spray deodorant)

Yes	1
No	2
Don't Know	8
Refused	9

X2_21. Was a solid air freshener used in your home within the last 24 hours?

Yes	1
No	2
Don't Know	8
Refused	9

X2_22. Was a plug-in scented air freshener used in your home within the last 24 hours?

Yes	1
No	2
Don't Know	8
Refused	9

X2_23. Were any petroleum-based solvents, paints or glues used in or around the home during the last 24 hours? Petroleum-based solvents include paint thinner, paint stripper, etc. Petroleum-based paints are often referred to as oil-based paints.

Yes	1
No	2
Don't Know	8

Refused 9

X2_24. Did you smell smoke or any unusual chemical smells in or around your home within the last 24 hours that you have not already told me about?

- Yes 1 [GO TO QUESTION X2_24a]
- No 2 [GO TO QUESTION X2_25]
- DON'T KNOW 8 [GO TO QUESTION X2_25]
- REFUSED 9 [GO TO QUESTION X2_19]

X2_24a. Please tell me when and the type and source of odor if known:

Location / *	Time	Duration (minutes)	Type and source of odor	Comments
*(I) Indoors or (O) Outdoors				

X2_25. Were household pesticides or lawn chemicals used around your home in the last 24 hours?

- Yes 1
- No 2
- DON'T KNOW 8
- REFUSED 9

X2_26. Were lawn mowers and/or other small engines used around your home in the last 24 hours?

- Yes 1
- No 2
- DON'T KNOW 8
- REFUSED 9

X2_27. Approximately how many hours were you away from your home in the last 24 hours?

_____ Enter number of hours [FREE TEXT FIELD]

- Less than one hour 1
- DON'T KNOW 8
- REFUSED 9

X2_28. Approximately how many hours were you outdoors in the last 24 hours?

_____ Enter number of hours [FREE TEXT FIELD]

- Less than one hour 1
- DON'T KNOW 8
- REFUSED 9

X2_29. Did you repair engines or other machinery (including boats and vehicles) during the last 24 hours?

- Yes 1 [GO TO QUESTION X2_29a]
- No 2 [GO TO QUESTION X2_30]
- DON'T KNOW 8 [GO TO QUESTION X2_30]
- REFUSED 9 [GO TO QUESTION X2_30]

X2_29a. Approximately how many hours did you spend repairing this equipment?

_____ Enter number of hours [FREE TEXT FIELD]

- Less than one hour 1
- DON'T KNOW 8
- REFUSED 9

X2_30. Did you drive or were you a passenger in a motor vehicle, boat, or other gasoline-powered vehicle of any type within the last 24 hours?

- Yes 1 [GO TO QUESTION X2_30a]
- No 2 [GO TO QUESTION X2_31]
- DON'T KNOW 8 [GO TO QUESTION X2_31]
- REFUSED 9 [GO TO QUESTION X2_31]

X2_30a. Approximately how many hours were you in a gasoline-powered vehicle?

_____ Enter number of hours X2_30a.SPECIFY

- Less than one hour 1
- DON'T KNOW 8
- REFUSED 9

X2_31. Did you drive or were you a passenger in a motor vehicle, boat, or other diesel-powered vehicle of any type within the last 24 hours?

- Yes 1 [GO TO QUESTION X2_31a]
- No 2 [GO TO QUESTION X2_32]
- DON'T KNOW 8 [GO TO QUESTION X2_32]
- REFUSED 9 [GO TO QUESTION X2_32]

X2_31a. Approximately how many hours were you in a diesel-powered vehicle?

_____ Enter number of hours X2_31a.SPECIFY

- Less than one hour 1
- DON'T KNOW 8
- REFUSED 9

X2_32. Did you put gas in a vehicle or boat or were you in a vehicle or boat while it was being refueled in the last 24 hours?

- Yes 1 [GO TO QUESTION X2_32a]
- No 2 [GO TO QUESTION X2_33]
- DON'T KNOW 8 [GO TO QUESTION X2_33]
- REFUSED 9 [GO TO QUESTION X2_33]

X2_32a. What type of vehicle was it?

- Car 1
- Truck 2
- Bus 3
- Motorcycle 4
- Boat, Yacht, Watercraft 5
- Other (Specify): 6 X2_32a.SPECIFY _____
- DON'T KNOW 8
- REFUSED 9

X2_33. Did you put diesel in a vehicle or boat or were you in a vehicle or boat while it was being refueled in the last 24 hours?

- Yes 1 [GO TO QUESTION X2_33a]
- No 2 [GO TO QUESTION X2_34]
- DON'T KNOW 8 [GO TO QUESTION X2_34]
- REFUSED 9 [GO TO QUESTION X2_34]

X2_33a. What type of vehicle was it?

- Car 1

Truck	2
Bus	3
Motorcycle	4
Boat, Yacht, Watercraft	5
Other (Specify):	6 X2_33a.SPECIFY _____
DON'T KNOW	8
REFUSED	9

X2_34. Were you on a boat, yacht, or other watercraft at any time during the previous 24 hours?

Yes	1 [GO TO QUESTION X2_34a]
No	2 [GO TO QUESTION X2_35]
DON'T KNOW	8 [GO TO QUESTION X2_35]
REFUSED	9 [GO TO QUESTION X2_35]

X2_34a. Approximately how many hours did you spend on a boat, yacht, or other watercraft?

_____ Enter number of hours [FREE TEXT FIELD]

Less than one hour	1
DON'T KNOW	8
REFUSED	9

X2_34b. Were you in the Gulf of Mexico?

Yes	1
No	2
DON'T KNOW	8
REFUSED	9

X2_35. Did you participate in any outdoor activities such as walking, biking, or jogging during the previous 24 hours?

Yes	1 [GO TO QUESTION X2_35a]
No	2 [GO TO QUESTION X2_36]
DON'T KNOW	8 [GO TO QUESTION X2_36]
REFUSED	9 [GO TO QUESTION X2_36]

X2_35a. Approximately how many hours did you spend walking, biking, or jogging?

_____ Enter number of hours [FREE TEXT FIELD]

Less than one hour	1
DON'T KNOW	8
REFUSED	9

X2_36. Did you participate in any water activities such as swimming or diving during the previous 24 hours?

Yes	1 [GO TO QUESTION X2_36a]
No	2 [GO TO QUESTION X2_37]
DON'T KNOW	8 [GO TO QUESTION X2_37]
REFUSED	9 [GO TO QUESTION X2_37]

X2_36a. Approximately how many hours were you in the water?

_____ Enter number of hours [FREE TEXT FIELD]

Less than one hour	1
DON'T KNOW	8

REFUSED 9

X2_36b. Were you in the Gulf of Mexico?

Yes 1
No 2
DON'T KNOW 8
REFUSED 9

[QUERY X2_37-X2_38 ONLY IF WEARING THE PERSONAL AIR MONITORING DEVICE]

[ASK IF BX 2 1 = YES]

X2_37. Did you have any difficulty opening or wearing the air monitor?

Yes 1 [GO TO QUESTION X2_37a]
No 2 [GO TO QUESTION X3_1]
DON'T KNOW 8 [GO TO QUESTION X3_1]
REFUSED 9 [GO TO QUESTION X3_1]

X2_37a. What type of difficulty did you have?

_____ [FREE TEXT FIELD]

X2_38. At any time during the previous 24 hours, did you take off the air monitor for any reason?

Yes 1 [GO TO QUESTION X2_38a]
No 2 [GO TO QUESTION X3_1]
DON'T KNOW 8 [GO TO QUESTION X3_1]
REFUSED 9 [GO TO QUESTION X3_1]

X2_38a. Please tell me when the air monitor was removed and where you were when you removed it?

Where did you put the air monitor when you removed it?

How far away from you was it?

How long was it NOT worn?

Did the air monitor get wet at any time while it was out of the foil package (either while it was being worn or not)

Time (start)	Duration (minutes)	Your Location	Location of air monitor	Comments

Appendix W_III. Current Occupation Supplemental Form

[QUERY ONLY IF CURRENTLY EMPLOYED]

X3_1. Do you usually work a total of 35 hours or more per week in your jobs or businesses?

- Yes 1
- No 2
- DON'T KNOW 8
- REFUSED 9

X3_2. Did you work yesterday or today before this visit?

- Yesterday 1 [GO TO QUESTION X3_3]
- Today 2 [GO TO QUESTION X3_3]
- Neither 3 [END SECTION X]
- DON'T KNOW 8 [END SECTION X]
- REFUSED 9 [END SECTION X]

[INTERVIEWER: FOR THE REMAINING QUESTIONS ABOUT OCCUPATION, FOCUS ON ONLY THE MOST RECENT WORK SHIFT. THAT IS, IF THE PARTICIPANT WORKED YESTERDAY BUT NOT TODAY, ASK ABOUT YESTERDAY. IF THEY WORKED TODAY, WHETHER OR NOT THEY WORKED YESTERDAY, ASK ABOUT ONLY TODAY. IF THE PARTICIPANT'S JOB SHIFT COULD BE CLASSIFIED AS BOTH "YESTERDAY" AND "TODAY" (e.g. THEIR SHIFT SPANNED THE MIDNIGHT HOUR), INDICATE THE ANSWER TO X3_2 TO BE "TODAY".]

[QUERY 3 - 8 ONLY IF WORKED IN PREVIOUS 24 HOURS]

X3_3. How did you get to and from work [yesterday/today]? (Mark all that apply)
 [PROGRAMMER NOTE: CHANGE SELECTION BASED ON ANSWER TO QUESTION X3_2]

- Car, truck, or van 1
- Bus or Trolley bus 2
- Streetcar or trolley car 3
- Subway or elevated 4
- Boat, Yacht, Watercraft 5
- Motorcycle 6
- Bicycle 7
- Walked 8
- Worked at home 9
- Other (specify): 10 X3_3.SPECIFY _____
- DON'T KNOW 88
- REFUSED 99

X3_4. How many hours did you work [yesterday/today]? [PROGRAMMER NOTE: CHANGE SELECTION BASED ON ANSWER TO QUESTION X3_2]

- _____ Enter number of hours [FREE TEXT FIELD]
- DON'T KNOW 8
 - REFUSED 9

X3_5. What time did you leave home to go to work?

- _____:_____ AM/PM
- DON'T KNOW 8
 - REFUSED 9

X3_6. Approximately how long did it take you to commute one-way to work?

	hr	min
DON'T KNOW		8
REFUSED		9

X3_7. Did you work with or near any of the following materials in the past 24 hours?
(Mark all that apply)

Insulation	1
Brake shoes	2
Corrosive material, such as acids	3
Coal or stone dust	4
Cooking sprays or aerosols	5
Metal machining oils	6
Paints, varnishes, stains, or strippers	7
Degreasers or chemicals used to clean metal parts	8
Other chemical used to clean floors, walls and other surfaces	9
Asphalt, tar or other tar-like materials	10
Diesel engine exhaust	11
Gasoline engine exhaust	12
Pesticides, insecticides, herbicides, or fungicides	13
Welding fumes	14
Wood dust	15
Metal dust from grinding other tasks	16
Lead	17
Other metals such as cadmium, copper, nickel	18
Asbestos	19
Radioactive materials	20
DON'T KNOW	88
REFUSED	99

X3_8. Did you wear any of the following special clothing or protective equipment in the past 24 hours? (Mark all that apply)

Chemically resistant overalls like Tyvek	1
Chemically resistant boots/shoes (different from normal work boots)	2
Cartridge respirator, gas mask	3
Full Face shield	4
Gloves	5
DON'T KNOW	88
REFUSED	99

Add the following BTEX data collection items to the Baseline Survey for the HVA to answer

After question C5, indicate whether this participant was selected for participation in the BTEX Environmental Monitoring Study:

C_6. Was this participant selected to participate in the BTEX Environmental Monitoring Study?

Yes 1 [GO TO QUESTION C_6a]

No 2 [GO TO SPECIMEN COLLECTION SURVEY]

C_6a. Participant was selected for BTEX Blood Collection only

Yes 1 [GO TO QUESTION C_6b]

No 2 [GO TO QUESTION C_6c]

C_6b. Participant agreed to additional BTEX Blood Collection?

Yes 1

No 2

C_6c. Participant was selected for BTEX Blood Collection AND the Personal Air Monitoring sub-study

Yes 1 [GO TO QUESTION C_6d]

No 2 [GO TO SPECIMEN COLLECTION SURVEY]

C_6d. Participant agreed to additional Blood Collection and/or Personal Air Monitoring Device?

Blood only 1

Blood and air monitoring device 2

NOTE: Participant cannot agree to wear air monitoring device without blood collection

Add the following BTEX data collection items to the Specimen Survey

Ask the following series of questions in the appropriate place in the Specimen Survey for the HVA to answer

BX 1. Was this participant selected to participate in the BTEX Environmental Monitoring Study?

Yes 1 [GO TO QUESTION BX_2]

No 2 [GO TO NEXT SECTION]

BX 2. Did the participant receive the Personal Air Monitoring device at least 24 hours prior to the home visit?

Yes 1

No 2

BX 2. Did the participant wear the Personal Air Monitoring device for approximately 24 hours prior to the home visit?

Yes 1

No 2

BX 2_1. If YES, did the participant wear the monitoring device as instructed?

Yes 1

No 2 [If no, specify: _____]

BX 2_2. If Yes, record the date and time that the participant said (s)he opened the Air Monitoring Device:

BX 2_2a. DATE Device was opened (mm/dd/yy): ____ / ____ / ____

BX 2_2b. TIME Device was opened and air sampling began (hh:mm, AM/PM):
____ : ____ AM PM

BX 2_2c. Number of device "covers" that were removed during air sampling:
 One cover
 Two covers

BX 2_3. Record the date and time that the participant said (s)he completed air sampling (i.e., closed or reattached the device covers):

BX 2_3a. DATE device covers were closed (mm/dd/yy):
____ / ____ / ____

BX 2_3b. TIME device covers were closed and air sampling was completed (hh:mm, AM/PM):
____ : ____ AM PM

BX 2_4. [PROGRAMMER NOTE: CALCULATE THE NUMBER OF MINUTES BETWEEN WHEN SAMPLING BEGAN (BX 2_2) AND WHEN IT WAS COMPLETED (BX 2_3).]. Number of minutes air was sampled: ____ minutes.
[HVA: RECORD THIS VALUE ON THE **AIR MONITORING DEVICE LAB DATA FORM**]

BX_3. Did you collect the following tubes...

BX_3a. Tube_BX01, 2 mL lavender top Trace Metal Tube?

Yes 1 [GO TO QUESTION BX_3b]
No 2 [GO TO QUESTION BX_3a.1]

BX_3a.1. Reason for non collection

UNABLE TO COLLECT	1
OTHER, SPECIFY	2
EQUIPMENT MALFUNCTION	3
SPILLED	4
REFUSED	9

BX_3b. Tube BX02, 10 mL grey top VOC tube?

Yes 1 [End section BX]
No 2 [GO TO QUESTION BX_3b.1]

BX_3b.1. Reason for non collection

UNABLE TO COLLECT	1
OTHER, SPECIFY	2
EQUIPMENT MALFUNCTION	3
SPILLED	4
REFUSED	9