



A health study for oil spill clean-up workers and volunteers

2nd Follow-up Telephone Questionnaire Telephone Version

The following information will be captured and/or confirmed in the contact module prior to launching the survey:

- Name
- DOB
- Current home and mailing addresses
- Best phone number
- Email address
- Secondary contact information (Name, relationship to participant, address, and phone number)

Section: Deceased Participant

DEC1. I'm very sorry to hear that. Would it be okay if I asked you a few questions about [PARTICIPANT'S NAME]? This will only take about 5 minutes. The information you provide will help us identify health needs of people involved in oil spills and could change public health responses to similar disasters.

- YES..... 1
- NO 2 [GO TO DEC11]
- NEEDS TIME TO CONSIDER 3 [GO TO DEC13]
- REFUSED..... 9 [GO TO DEC11]

DEC2. Thank you for doing this. I understand that this may be difficult for you. If there is a question you don't want to answer, just let me know. Can you tell me how he/she died?

- YES..... 1 [FREE TEXT FIELD]
- NO 2
- DON'T KNOW 8
- REFUSED..... 9

DEC3. When did he/she die?

[INTERVIEWER: IF R HAS TROUBLE ANSWERING, ASK "Can you tell me the month and year when he/she die?"/ ENTER AS MUCH DETAIL AS PROVIDED, FILLING IN DAY AS "EE", "MM", OR "LL" FOR EARLY, MIDDLE OR LATE, RESPECTIVELY, OR AS '88' IF NO INFORMATION IS PROVIDED ON THE TIMING WITHIN THE MONTH.]

- ___ / ___ / ___ [MM/DD/YYYY]
- DON'T KNOW 8
 - REFUSED 9

DEC4. Where was he/she born?

[PROBE: "His/Her place of birth will help us link to the correct health records for him/her and help us make sure we have the correct person in our files."]

- IN THE US OR US TERRITORIES – DROP DOWN BOX OF 50 US STATES PLUS TERRITORIES (e.g., PUERTO RICO, U.S. VIRGIN ISLANDS, GUAM) 01-56
- OUTSIDE THE US 77
 - DON'T KNOW 88
 - REFUSED 99

DEC5. What state did he/she die in?

- IN THE US OR US TERRITORIES – DROP DOWN BOX OF 50 US STATES PLUS TERRITORIES (e.g., PUERTO RICO, U.S. VIRGIN ISLANDS, GUAM)..... 01-56
- OUTSIDE THE US 77
- DON'T KNOW 88
- REFUSED 99

DEC6. What was his/her address at the time that he/she died?

- House number: [FREE TEXT FIELD]
- Street name: [FREE TEXT FIELD]
- Apt./Unit number: [FREE TEXT FIELD]
- City: [FREE TEXT FIELD]
- State: [STATE DROP-DOWN BOX]
- Zip Code: [FREE TEXT FIELD]
- DON'T KNOW 8
- REFUSED 9

DEC7. Is there any other address that he/she may have used when he/she enrolled in the GuLF study?

- YES 1
- NO 2 [GO TO DEC8]
- DON'T KNOW 8 [GO TO DEC8]
- REFUSED 9 [GO TO DEC8]

DEC7a. What was that address?

- House number: [FREE TEXT FIELD]
- Street name: [FREE TEXT FIELD]
- Apt./Unit number: [FREE TEXT FIELD]
- City: [FREE TEXT FIELD]
- State: [STATE DROP-DOWN BOX]
- Zip Code: [FREE TEXT FIELD]
- DON'T KNOW 8
- REFUSED 9

DEC8. What was his/her social security number?

[PROBE: “His/Her social security number will help us link to the correct health records for him/her and help us make sure we have the correct person in our files. Reporting his/her social security number is voluntary. We will not share this information with others and we will do everything possible to keep it private.”]

__ / __ / __ - __ / __ / - __ / __ / __ / __ SSN	
DON'T HAVE	7
DON'T KNOW	8 [GO TO DEC9]
REFUSED.....	9

DEC8a. Would you be willing or able to tell me the last four digits of his/her social security number? The last four digits of his/her social security number are not unique to him/her. Other people have those same last four digits. However, it will help us do a better job of linking to his/her public health records.

__ / __ / __ / __ LAST 4 NUMBERS OF SSN	
DON'T HAVE	7
DON'T KNOW	8
REFUSED.....	9

DEC9. What was your relationship to him/her?

[PULL-DOWN MENU]

SPOUSE	1
SIBLING.....	2
PARENT	3
GRANDPARENT	4
AUNT/UNCLE	5
COUSIN.....	6
NEPHEW/NIECE	7
LIFE PARTNER	8
DOMESTIC PARTNERSHIP.....	9
FRIEND	10
GRANDSON/DAUGHTER	11
SON/DAUGHTER – ADULT	12
SON/DAUGHTER – MINOR	13
GUARDIAN.....	14
HEALTH CARE AGENT	15
OTHER LEGAL REPRESENTATIVE.....	16
DON'T KNOW.....	88
REFUSED.....	99

DEC10. Would you please tell me your name?

[SPELL FIRST, MI, THEN LAST NAME]

FIRST: [FREE TEXT FIELD]

MI: [FREE TEXT FIELD]

LAST: [FREE TEXT FIELD]

REFUSED..... 9 [GO TO DEC12]

DEC10a. Is there an address and phone number where we can reach you in the future in case we have any questions regarding [PARTICIPANTS NAME] and his/her involvement in the oil spill clean-up?

YES 1

NO..... 2 [GO TO DEC12]

DON'T KNOW 8 [GO TO DEC12]

REFUSED 9 [GO TO DEC12]

DEC10b. What is your phone number, starting with the area code?

____ - ____ - _____

DON'T KNOW 8

REFUSED 9

DEC10c. What is your address, starting with the street number or PO Box?

House number: [FREE TEXT FIELD]

Street name: [FREE TEXT FIELD]

Apt./Unit number: [FREE TEXT FIELD]

City: [FREE TEXT FIELD]

State: [STATE DROP-DOWN BOX]

Zip Code: [FREE TEXT FIELD]

DON'T KNOW 8

REFUSED 9

<AFTER RESPONSES ENTERED TO DEC10c, GO TO DEC12>

DEC11. Is there another knowledgeable family member we can contact instead?

YES 1

NO..... 2 [GO TO DEC12]

DON'T KNOW 8 [GO TO DEC12]

REFUSED 9 [GO TO DEC12]

DEC11a. Would you please tell me their name?

[SPELL FIRST, MI, THEN LAST NAME]

FIRST: [FREE TEXT FIELD]
MI: [FREE TEXT FIELD]
LAST: [FREE TEXT FIELD]
REFUSED9

DEC11b. Is there a telephone number where he/she can be reached?

_____-_____-_____
DON'T KNOW8
REFUSED9

DEC12. Those are all of the questions I have for you. Thank you for taking the time to talk with me today. Do you have any questions for me?

[INTERVIEWER: RESPOND TO CONCERNS BASED ON INFORMATION FROM THE FAQs]

If you have any other questions about the study, you may call us toll-free at 855-NIH-GuLF (855-644-4853). You can also visit the website at www.gulfstudy.nih.gov.

Thank you, again, for talking with me. Again, I am sorry for your loss.

[SUBMIT]

DEC13. We appreciate your willingness to consider answering our questions. When might you have time for a 5 minute call?

[SET CALLBACK]

Thank you. We will call you then. In the meantime, if you have any questions you can call us toll-free at 855-NIH-GuLF (855-644-4863).

Thank you for your time. Again, I want to extend my condolences to you.

[SUBMIT]

SECTION: Incapacitated Participant

INC1. I'm very sorry to hear that. Would it be okay if I asked you a few questions about [PARTICIPANT'S NAME]? This will only take about 5 minutes. The information you provide will help us identify health needs of people involved in oil spills and could change public health responses to similar disasters.

YES..... 1
 NO 2 [GO TO INC9]
 NEEDS TIME TO CONSIDER 3 [GO TO INC11]
 REFUSED..... 9 [GO TO INC9]

INC2. Thank you for doing this. I understand that this may be difficult for you. If there is a question you don't want to answer, just let me know. What is the cause of [PARTICIPANTS NAME] incapacitation?

[FREE TEXT FIELD]
 DON'T KNOW 8
 REFUSED..... 9

INC3. When did he/she become incapacitated?

[INTERVIEWER: IF R HAS TROUBLE ANSWERING, ASK "Can you tell me the month and year when he/she became incapacitated?"/ ENTER AS MUCH DETAIL AS PROVIDED, and enter any comments here.

___ / ___ / ___ [MM/DD/YYYY]
 DON'T KNOW 8
 REFUSED..... 9

INC4. Where was he/she born?

[PROBE: "His/Her place of birth will help us link to the correct health records for him/her and help us make sure we have the correct person in our files."]

IN THE US OR US TERRITORIES – DROP DOWN BOX OF 50 US STATES
 PLUS TERRITORIES (e.g., PUERTO RICO,
 U.S. VIRGIN ISLANDS, GUAM) 01-56
 OUTSIDE THE US 77
 DON'T KNOW 88
 REFUSED 99

INC5. Is there any other address that he/she may have used when he/she enrolled in the GuLF study?

- YES..... 1
- NO 2 [GO TO INC6]
- DON'T KNOW 8 [GO TO INC6]
- REFUSED..... 9 [GO TO INC6]

INC5a. What was that address?

- House number: [FREE TEXT FIELD]
- Street name: [FREE TEXT FIELD]
- Apt./Unit number: [FREE TEXT FIELD]
- City: [FREE TEXT FIELD]
- State: [STATE DROP-DOWN BOX]
- Zip Code: [FREE TEXT FIELD]
- DON'T KNOW..... 8
- REFUSED..... 9

INC6. What is his/her social security number?

[PROBE: "His/Her social security number will help us link to the correct health records for him/her and help us make sure we have the correct person in our files. Reporting his/her social security number is voluntary. We will not share this information with others and we will do everything possible to keep it private."]

- ___/___/___ - ___/___/ - ___/___/___/___ SSN
- DON'T HAVE 7
- DON'T KNOW 8
- REFUSED..... 9 [GO TO INC7]

INC6a. Would you be willing or able to tell me the last four digits of his/her social security number? The last four digits of his/her social security number are not unique to him/her. Other people have those same last four digits. However, it will help us do a better job of linking to his/her public health records.

- ___/___/___/___ LAST 4 NUMBERS OF SSN
- DON'T HAVE 7
- DON'T KNOW 8
- REFUSED..... 9

INC7. What is your relationship to him/her?

[PULL-DOWN MENU]

- SPOUSE 1
- SIBLING 2

PARENT	3
GRANDPARENT	4
AUNT/UNCLE	5
COUSIN	6
NEPHEW/NIECE	7
LIFE PARTNER	8
DOMESTIC PARTNERSHIP	9
FRIEND	10
GRANDSON/DAUGHTER	11
SON/DAUGHTER – ADULT	12
SON/DAUGHTER – MINOR	13
GUARDIAN	14
HEALTH CARE AGENT	15
OTHER LEGAL REPRESENTATIVE	16
DON'T KNOW	88
REFUSED	99

INC8. Would you please tell me your name?

[SPELL FIRST, MI, THEN LAST NAME]

FIRST:	[FREE TEXT FIELD]
MI:	[FREE TEXT FIELD]
LAST:	[FREE TEXT FIELD]
REFUSED	9 [GO TO INC10]

INC8a. Is there an address and phone number where we can reach you in the future in case we have any questions regarding [PARTICIPANTS NAME] and his/her involvement in the oil spill clean-up?

YES	1
NO	2 [GO TO INC10]
DON'T KNOW	8 [GO TO INC10]
REFUSED	9 [GO TO INC10]

INC8b. What is your phone number, starting with the area code?

_____ - _____ - _____	
DON'T KNOW	8
REFUSED	9

INC8c. What is your address, starting with the street number or PO Box?

House number:	[FREE TEXT FIELD]
Street name:	[FREE TEXT FIELD]
Apt./Unit number:	[FREE TEXT FIELD]
City:	[FREE TEXT FIELD]

State: [STATE DROP-DOWN BOX]
 Zip Code: [FREE TEXT FIELD]
 DON'T KNOW 8
 REFUSED 9

<AFTER RESPONSES ENTERED TO INC8c, GO TO INC10>

INC9. Does [PARTICIPANTS NAME] have an immediate family member (for example his/her spouse or partner, parent, sibling, or adult child), or a legal representative we could speak with about his/her condition and involvement in the oil spill cleanup?

YES 1
 NO 2 [GO TO INC10]
 DON'T KNOW 8 [GO TO INC10]
 REFUSED 9 [GO TO INC10]

INC9a. Would you please tell me their name?

[SPELL FIRST, MI, THEN LAST NAME]

FIRST: [FREE TEXT FIELD]
 MI: [FREE TEXT FIELD]
 LAST: [FREE TEXT FIELD]
 REFUSED 9

INC9b. Is there a telephone number where he/she can be reached?

_____-_____-_____
 DON'T KNOW 8
 REFUSED 9

INC10. Those are all of the questions I have for you. Thank you for taking the time to talk with me today. Do you have any questions for me?

[INTERVIEWER: RESPOND TO CONCERNS BASED ON INFORMATION FROM THE FAQs]

If you have any other questions about the study, you may call us toll-free at 855-NIH-GuLF (855-644-4853). You can also visit the website at www.gulfstudy.nih.gov. Thank you, again, for talking with me. Again, I am sorry to hear about what happened to [PARTICIPANT'S NAME].

[SUBMIT]

INC11. We appreciate your willingness to consider answering our questions. When might you have time for a 5 minute call?

[SET CALLBACK]

Thank you. We will call you then. In the meantime, if you have any questions you can call us toll-free at 855-NIH-GuLF (855-644-4853).

Thank you for your time. Again, I am sorry to hear about what happened to [PARTICIPANT'S NAME].

[SUBMIT]

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Section IN: Introduction

Hi, my name is [INTERVIEWER'S NAME]. Thank you for enrolling in the GuLF STUDY. We recently sent you a mailing inviting you to take part in a follow-up interview about your health. All of your responses are confidential, and you may refuse to answer any questions.

You will be entered into a drawing where you will have a chance to receive a \$500 gift card. This drawing will be held after every 500th participant completes a telephone interview. There is no cost associated with entering the drawing or accepting the prize.

SECTION RE: Residential History

The following questions are about places you have lived.

RE1. How long have you lived at your current address?

- Days 1
 Weeks 2
 Months 3
 Years 4
 Don't know 8
 Prefer not to answer 9

RE2. What is your state/place of birth? Your place of birth will help us link to the correct records and help us make sure we have the correct person in our files.

IN THE US OR US TERRITORY- [DROP DOWN BOX OF 50 USA STATES PLUS TERRITORIES, (E.G., PUERTO RICO, U.S. VIRGIN ISLANDS, GUAM)]

[OUTSIDE OF THE USA].....77

Don't know 88

Prefer not to answer 99

SECTION WH: Work History

The next few questions will ask you about your current and previous work.

WH1. What is your current work status? Are you working now, temporarily laid off, on sick leave or maternity leave, looking for work, retired, disabled, keeping house, a student, or something else?

- Working now 1
 Only temporarily laid off,
 sick leave or maternity leave 2
 Looking for work or unemployed 3 [GO TO WH8]
 Retired 4 [GO TO WH8]
 Disabled, permanently or temporarily 5 [GO TO WH8]
 Keeping house 6 [GO TO WH8]
 Student 7 [GO TO WH8]

Other.....8

WH1a. Specify: _____

Don't know 88 [GO TO WH8]

Prefer not to answer 99 [GO TO WH8]

WH2. What is your current job title or what kind of work do you do?

[FREE TEXT FIELD]

Don't know 8

Prefer not to answer..... 9

WH3. What kind of business or industry do you currently work in?

[FREE TEXT FIELD]

Don't know 8

Prefer not to answer 9

WH4. What are your most common activities on this job? Give some examples of things you do on a typical day.

[FREE TEXT FIELD] DUTIES

Don't know 8

Prefer not to answer9

WH5. About how long have you had this job?

Days 1

Weeks 2

Months 3

Years 4

Don't know 8 [GO TO WH6]

Prefer not to answer 9 [GO TO WH6]

WH5a Are you employed all year round or is your work seasonal?

Year round 1

Seasonal 2

Don't know 8

Prefer not to answer 9

WH6 About how long did you have a job like this with other companies, before your current job?

Days 1

Weeks 2

Months 3

Years 4

Don't know 8

Prefer not to answer 9

The next few questions are about materials that you may come in contact with at your current job.

WH7. In your current job, do you work with or near any of the following materials at least 30 minutes a week?

		Yes	No	Don't know	Prefer not to answer
WH7a	Corrosive materials, such as acids	1	2	8	9
WH7b	Paints, varnishes, stains, or strippers	1	2	8	9
WH7c	Pesticides, insecticides, herbicides, or fungicides	1	2	8	9
WH7d	Metal machining oils	1	2	8	9
WH7e	Degreasers or chemicals used to clean metal parts	1	2	8	9
WH7f	Other chemicals used to clean floors, walls and other surfaces	1	2	8	9
WH7g	Coal or stone dust	1	2	8	9
WH7h	Sand, soil, or concrete dust	1	2	8	9
WH7i	Silica dust	1	2	8	9
WH7j	Wood dust	1	2	8	9
WH7k	Plant, grain, baking flour, cotton, or animal dust	1	2	8	9
WH7l	Metal dust from grinding or other tasks	1	2	8	9
		Yes	No	Don't know	Prefer not to answer
WH7m	Metal Chips	1	2	8	9
WH7n	Lead	1	2	8	9
WH7o	Other metals such as cadmium, copper, nickel	1	2	8	9
WH7p	Diesel engine exhaust	1	2	8	9
WH7q	Gasoline engine exhaust	1	2	8	9
WH7r	Welding fumes	1	2	8	9
WH7s	Fumes from glues or solvents	1	2	8	9
WH7t	Insulation	1	2	8	9
WH7u	Asbestos	1	2	8	9
WH7v	Brake shoes	1	2	8	9
WH7w	Asphalt, tar or other tar-like materials	1	2	8	9
WH7x	Radioactive materials	1	2	8	9

WH8. Have you participated in any oil spill clean-up work since 2012, not including work done on the Deepwater Horizon Oil spill?

Yes 1

No 2 [GO TO SE1]

Don't know 8 [GO TO SE1]
Prefer not to answer 9 [GO TO SE1]

WH8a. When did you begin this clean-up work?

___ / ___ [MM/YYYY]

I ___ II ___ Age

Don't know 8

Prefer not to answer..... 9

WH8b. When did you stop this clean-up work?

___ / ___ [MM/YYYY]

I ___ II ___ Age

Still working 3

Don't know 8

Prefer not to answer..... 9

[PROGRAMMER NOTE: ASK WH8c EVEN IF WH8a AND WH8b ARE ANSWERED BECAUSE THIS WORK MAY NOT HAVE BEEN CONTINUOUS.]

WH8c. About how many days, weeks, months, or years altogether did you work on this cleanup?

Days 1

Weeks 2

Months 3

Years 4

Don't know 8

Prefer not to answer..... 9

SECTION SE: Socio-economic Measures

The following questions are about income.

SE1. What was your total household income last year before taxes, including income from all sources such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth?

\$ |__|__|__|__|__|__|__|__|__| [GO TO SE2]
Don't know 8
Prefer not to answer 9

SE1a. You may not be able to give us an exact figure for your total household income, but can you tell me if this income last year was . . .

- Less than \$10,000 1
- \$10,001 to \$20,000 2
- \$20,001 to \$30,000 3
- \$30,001 to \$40,000 4
- \$40,001 to \$50,000 5
- \$50,001 to \$60,000 6
- \$60,001 to \$70,000 7
- \$70,001 to \$80,000 8
- \$80,001 to \$90,000 9
- \$90,001 to \$100,000 10
- \$100,001 to \$150,000 11
- \$150,001 to \$200,000 12
- More than \$200,001 13
- Don't know 88
- Prefer not to answer 99

SE2. How many people, **including** yourself, were supported by this income?

|__|__| # PEOPLE
Don't know 8
Prefer not to answer 9

<ASK ONLY IF SE2 >1, ELSE GO TO NEXT SECTION RE>

SE2a. How many of these people were under 18 years old?

|__|__| # PEOPLE
Don't know 8
Prefer not to answer 9

SE2b. How many were 65 or older?

|__|__| # PEOPLE
Don't know 8
Prefer not to answer 9

SECTION HE: Health

This next section will focus on your health.

Quality of Life

HE1. In general, how would you rate your overall health?

Excellent 1
Very Good 2
Good..... 3
Fair 4
Poor 5
Don't know 8
Prefer not to answer 9

HE2. In general, how would you rate your quality of life?

Excellent 1
Very Good 2
Good..... 3
Fair 4
Poor 5
Don't know 8
Prefer not to answer 9

HE3. In general, how would you rate your physical health?

Excellent 1
Very Good 2
Good..... 3
Fair 4
Poor 5
Don't know 8
Prefer not to answer 9

HE4. In general, how would you rate your mental health, including your mood and ability to think?

Excellent 1
Very Good 2
Good..... 3
Fair 4
Poor 5
Don't know 8
Prefer not to answer 9

HE5. In general, how would you rate your satisfaction with your social activities and relationships?

Excellent 1
 Very Good 2
 Good..... 3
 Fair 4
 Poor 5
 Don't know 8
 Prefer not to answer 9

HE6. In general, how would you rate your ability to carry out your usual social activities and roles. This includes activities at home, at work, and in your community, and responsibilities as a parent, child, spouse, employee, friend, etc.

Excellent 1
 Very Good 2
 Good..... 3
 Fair 4
 Poor 5
 Don't know 8
 Prefer not to answer 9

HE7. To what extent are you able to carry out your everyday physical activities? Activities such as walking, climbing stairs, carrying groceries, or moving a chair.

Completely..... 1
 Mostly 2
 Moderately 3
 A Little..... 4
 Not At All..... 5
 Don't know 8
 Prefer not to answer 9

HE8. In the past 7 days, how often have you been bothered by emotional problems such as feeling anxious, depressed, or irritable?

Never 1
 Rarely 2
 Sometimes..... 3
 Often..... 4
 Always 5
 Don't know 8
 Prefer not to answer 9

HE9. In the past 7 days, how would you rate your fatigue on average?

- None 1
 Mild 2
 Moderate 3
 Severe 4
 Extreme 5
 Don't know 8
 Prefer not to answer 9

HE10. In the past 7 days, how would you rate your pain, on average, on a scale 0 to 10, with 0 being **no pain** and 10 being **worst imaginable pain**?

- I_|_| Number
 Don't know 8
 Prefer not to answer 9

HE11. How much do you weigh?

- |_|_| lbs or
 |_|_| kg
 Don't know 8
 Prefer not to answer 9

Respiratory Symptoms and Diagnoses

The next set of questions are about chest and respiratory symptoms.

HE12. In the past 12 months, have you had problems with coughing?

- Yes 1
 No 2 [GO TO HE13]
 Don't know 8 [GO TO HE13]
 Prefer not to answer 9 [GO TO HE13]

HE12a. In the past 12 months, have you gone to a doctor's office or the hospital for coughing?

- Yes 1
 No 2
 Don't know 8
 Prefer not to answer 9

HE12b. In the past 12 months, have you taken any medication prescribed by your doctor for coughing?

- Yes 1
 No 2
 Don't know 8
 Prefer not to answer 9

HE13. In the past 12 months, have you had problems with tightness in your chest?

- Yes 1

No 2 [GO TO HE14]
 Don't know 8 [GO TO HE14]
 Prefer not to answer 9 [GO TO HE14]

HE13a. In the past 12 months, how many attacks of tightness in your chest have you had?

I _ I _ I _ I _
 Don't know 8
 Prefer not to answer 9

HE13b. In the past 12 months, have you gone to a doctor's office or the hospital for tightness in your chest?

Yes 1
 No 2
 Don't know 8
 Prefer not to answer 9

HE13c. In the past 12 months, have you taken any medication prescribed by your doctor for tightness in your chest?

Yes 1
 No 2
 Don't know 8
 Prefer not to answer 9

HE14. In the past 12 months have you had wheezing or whistling in your chest?

Yes 1
 No 2 [GO TO HE21]
 Don't know 8 [GO TO HE21]
 Prefer not to answer 9 [GO TO HE21]

HE14a. In the past 12 months, how many attacks of wheezing or whistling have you had?

I _ I _ I _ I _
 Don't know 8
 Prefer not to answer 9

HE14b. In the past 12 months, have you gone to a doctor's office or the hospital for wheezing or whistling?

Yes 1
 No 2
 Don't know 8
 Prefer not to answer 9

HE14c. In the past 12 months, have you taken any medication prescribed by your doctor for wheezing or whistling?

Yes 1
 No 2

Don't know 8
 Prefer not to answer..... 9

[Questions HE15 – HE20 were removed.]

HE21. Has a doctor ever told you that you have asthma?

Yes 1
 No 2 [GO TO HE22]
 Don't know 8 [GO TO HE22]
 Prefer not to answer 9 [GO TO HE22]

HE21a. When were you first told you had asthma?

__ __ / __ __ __ __ [MM/YYYY]

I __ II __ I Age

Don't know 8
 Prefer not to answer..... 9

HE21b. Do you still have asthma?

Yes..... 1
 No 2 [GO TO HE22]
 Don't know 8
 Prefer not to answer..... 9

HE21c. In the past 12 months, have you taken medication for asthma?

Yes..... 1
 No 2
 Don't know 8
 Prefer not to answer..... 9

HE22. Has a doctor ever told you that you have chronic bronchitis?

Yes 1
 No 2 [GO TO HE23]
 Don't know 8 [GO TO HE23]
 Prefer not to answer 9 [GO TO HE23]

HE22a. When were you first told you had chronic bronchitis?

__ __ / __ __ __ __ [MM/YYYY]

I __ II __ I Age

Don't know 8
 Prefer not to answer..... 9

HE22b. Are you currently taking medication for chronic bronchitis?

Yes..... 1
 No 2
 Don't know 8
 Prefer not to answer..... 9

HE23. Has a doctor ever told you that you have emphysema or chronic obstructive pulmonary disease, also known as COPD?

- Yes 1
- No 2 [GO TO HE25]
- Don't know 8 [GO TO HE25]
- Prefer not to answer 9 [GO TO HE25]

HE23a. When were you first told you had emphysema or COPD?

___ / ___ [MM/YYYY]

I__II__I Age

- Don't know 8
- Prefer not to answer..... 9

HE23b. Are you currently taking medication for emphysema or COPD?

- Yes..... 1
- No 2
- Don't know 8
- Prefer not to answer..... 9

[Question HE24 was removed.]

Metabolic Diagnosis

The next set of questions are about diabetes.

HE25. Has a doctor ever told you that you have diabetes?

- Yes 1
- No 2 [GO TO HE26]
- Don't know 8 [GO TO HE26]
- Prefer not to answer 9 [GO TO HE26]

HE25a. When were you first told that you had diabetes?

___ / ___ [MM/YYYY]

I__II__I Age

- Don't know 8
- Prefer not to answer..... 9

[ASK HE25b. ONLY IF PARTICIPANT IS FEMALE]

HE25b. Did you have diabetes only while you were pregnant?

- Yes..... 1
- No 2
- Don't know 8
- Prefer not to answer..... 9

HE25c Do you still have this condition?

Yes..... 1
 No 2
 Don't know 8
 Prefer not to answer..... 9

HE25d. Did you ever take insulin for diabetes?

Yes..... 1
 No 2 [GO TO HE25e]
 Don't know 8 [GO TO HE25e]
 Prefer not to answer..... 9 [GO TO HE25e]

HE25d.1. When did you first use insulin?

__ __ / __ __ __ __ [MM/YYYY]

I __ II __ I Age

Don't know 8
 Prefer not to answer 9

HE25d.2. Do you currently take insulin?

Yes..... 1
 No..... 2
 Don't know 8
 Prefer not to answer 9

HE25e Have you ever used any other prescription medications for diabetes?

Yes..... 1
 No 2 [GO TO HE26]
 Don't know 8 [GO TO HE26]
 Prefer not to answer..... 9 [GO TO HE26]

HE25e.1 Have you ever taken Metformin for diabetes?

Yes..... 1
 No..... 2 [GO TO HE25e2]
 Don't know 8 [GO TO HE25e2]
 Prefer not to answer 9 [GO TO HE25e2]

HE25e.1.i Have you ever taken Metformin alone (also known as monotherapy) or combined with other medications (also known as combination therapy)? The list below displays common medications used to treat diabetes. [DISPLAY LIST]

Alone 1
 Combination 2
 Don't know 8
 Prefer not to answer 9

Monotherapy

Metformin (Glucophage)
 Metformin liquid (Riomet)
 Metformin extended release (Glucophage XR, Fortamet, Glumetza)

Combination Therapy

Pioglitazone & metformin (Actoplus Met)
 Glyburide & metformin (Glucovance)
 Glipizide & metformin (Metaglip)
 Sitagliptin & metformin (Janumet)
 Saxagliptin & metformin (Kombiglyze)
 Repaglinide & metformin (Prandimet)

HE25e.1.ii Do you currently take Metformin?

Yes1
 No.....2
 Don't know.....8
 Prefer not to answer9

HE25e.2 Have you ever taken any other medication for diabetes?

Yes1
 No.....2 [GO TO HE26]
 Don't know8 [GO TO HE26]
 Prefer not to answer9 [GO TO HE26]

HE25e.2.i What other medication have you taken?

[Check all that apply:]
 Glimepiride (Amaryl)1
 Glyburide (Micronase, Diabeta)2
 Glipizide (Glucotrol)3
 Micronized Glyburide (Glynase)4
 Sitagliptin (Januvia)5
 Saxagliptin (Onglyza)6
 Linagliptin (Tradjenta)7
 Pioglitazone (Actos)8
 Exenatide (Byetta, Bydureon)9
 Liraglutide (Victoza, Saxenda)10
 Other: _____ [Free Text] .11
 Don't know88
 Prefer not to answer99

HE25e.2.ii Do you currently take any of these medications?

Yes1
 No.....2
 Don't know8
 Prefer not to answer9

Cardiovascular Disorders

The following questions are about heart disease.

HE26. Has a doctor ever told you that you have high cholesterol?

- Yes 1
- No 2 [GO TO HE27]
- Don't know 8 [GO TO HE27]
- Prefer not to answer 9 [GO TO HE27]

HE26a. When were you first told that you had high cholesterol?

__ __ / __ __ __ __ [MM/YYYY]

I __ II __ I Age

- Don't know 8
- Prefer not to answer 9

HE26b. Are you currently taking medication for high cholesterol?

- Yes 1
- No 2
- Don't know 8
- Prefer not to answer 9

HE27. Has a doctor ever told you that you have hypertension or high blood pressure?

- Yes 1
- No 2 [GO TO HE28]
- Don't know 8 [GO TO HE28]
- Prefer not to answer 9 [GO TO HE28]

HE27a. When were you first told you had hypertension?

__ __ / __ __ __ __ [MM/YYYY]

I __ II __ I Age

- Don't know 8
- Prefer not to answer 9

HE27b. Are you currently taking medication for hypertension or high blood pressure?

- Yes 1
- No 2
- Don't know 8
- Prefer not to answer 9

HE28. Has a doctor ever told you that you had a heart attack, also called a myocardial infarction or "MI"?

- Yes 1

No..... 2 [GO TO HE29]
Don't know..... 8 [GO TO HE29]
Prefer not to answer 9 [GO TO HE29]

HE28a. Have you had a heart attack since the oil spill in 2010?

Yes..... 1
No 2 [GO TO HE28d]
Don't know 8 [GO TO HE28d]
Prefer not to answer..... 9 [GO TO HE28d]

HE28b When did you have this heart attack?

___ / ___ [MM/YYYY]
I__II__I Age
Don't know 8
Prefer not to answer..... 9

HE28c Did you have a heart attack before the oil spill in 2010?

Yes..... 1
No 2 [GO TO HE29]
Don't know 8 [GO TO HE29]
Prefer not to answer..... 9 [GO TO HE29]

HE28d When was your first heart attack?

___ / ___ [MM/YYYY]
I__II__I Age
Don't know 8
Prefer not to answer..... 9

HE29. Has a doctor ever told you that you had a blockage in the arteries of the heart?

Yes 1
No..... 2 [GO TO HE30]
Don't know..... 8 [GO TO HE30]
Prefer not to answer 9 [GO TO HE30]

HE29a. When were you first told that you had a blockage in the arteries of the heart?

___ / ___ [MM/YYYY]
I__II__I Age
Don't know 8
Prefer not to answer..... 9

HE30. Have you ever had a procedure to treat a narrowing or blocked artery?

Yes 1
No..... 2 [GO TO HE31]
Don't know..... 8 [GO TO HE31]
Prefer not to answer 9 [GO TO HE31]

HE30a. Which procedure did you have? (Check all that apply)

Angioplasty 1
 Stent 2
 Bypass Surgery..... 3
 Don't know 8
 Prefer not to answer..... 9

[BEGIN REPEATING RECORD]

HE30b. When did you first have [FILL FROM HE30a]?

___ / ___ [MM/YYYY]

I ___ II ___ Age

Don't know 8

Prefer not to answer..... 9

[END REPEATING RECORD]

HE31 Have you ever taken medication for a narrowing or blocked artery?

Yes 1
 No 2 [GO TO HE32]
 Don't know 8 [GO TO HE32]
 Prefer not to answer 9 [GO TO HE32]

HE31a. Which medication did you take? (Check all that apply)

Clot Busting or Thrombolytic Medications 1
 Blood Thinners..... 2
 Don't know 8
 Prefer not to answer..... 9

HE32. Has a doctor ever told you that you have congestive heart failure?

Yes 1
 No 2 [GO TO HE33]
 Don't know 8 [GO TO HE33]
 Prefer not to answer 9 [GO TO HE33]

HE32a. When were you first told you have congestive heart failure?

___ / ___ [MM/YYYY]

I ___ II ___ Age

Don't know 8

Prefer not to answer..... 9

HE32b. Are you currently taking medication for congestive heart failure?

Yes..... 1
 No 2

Don't know 8
Prefer not to answer..... 9

HE33. Has a doctor ever told you that you have angina?

Yes 1
No..... 2 [GO TO HE34]
Don't know 8 [GO TO HE34]
Prefer not to answer 9 [GO TO HE34]

HE33a. When were you first told you have angina?

__ __ / __ __ __ __ [MM/YYYY]

I __ II __ I Age

Don't know 8
Prefer not to answer..... 9

HE33b. Are you currently taking medication for angina?

Yes..... 1
Yes, as needed..... 2
No 3
Don't know 8
Prefer not to answer..... 9

HE34. Has a doctor ever told you that you have arrhythmia or an irregular heart beat?

Yes 1
No..... 2 [GO TO HE35]
Don't know 8 [GO TO HE35]
Prefer not to answer 9 [GO TO HE35]

HE34a. When were you first told you have arrhythmia or an irregular heart beat?

__ __ / __ __ __ __ [MM/YYYY]

I __ II __ I Age

Don't know 8
Prefer not to answer..... 9

HE34b. Are you currently taking medication for arrhythmia (irregular heartbeat)?

Yes..... 1
Yes, as needed..... 2
No 3
Don't know 8
Prefer not to answer..... 9

HE35. Has a doctor ever told you that you had a stroke?

Yes 1
No..... 2 [GO TO HE36]
Don't know 8 [GO TO HE36]

Prefer not to answer 9 [GO TO HE36]

HE35a. Have you had a stroke since the oil spill in 2010?

- Yes..... 1
- No 2 [GO TO HE35e]
- Don't know 8 [GO TO HE35e]
- Prefer not to answer..... 9 [GO TO HE35e]

HE35b. When did you have this stroke? If you have had more than one, tell us about the first one you had after the oil spill.

- /----__[MM/YYYY]
- I__II__I Age
- Don't know 8
- Prefer not to answer..... 9

HE35c. Was this stroke due to...

- Clotting (ischemic) 1
- Bleeding (hemorrhagic)..... 2
- Or was it a TIA or transient Ischemic attack or mini stroke..... 3
- Other..... 4

HE35c1. Specify: _____

- Don't know 8
- Prefer not to answer..... 9

HE35d. Did you have a stroke before the oil spill in 2010?

- Yes..... 1
- No 2 [GO TO HEMRA1]
- Don't know 8 [GO TO HEMRA1]
- Prefer not to answer..... 9 [GO TO HEMRA1]

HE35e. When was your first stroke?

- __ __ / __ __ __ __ [MM/YYYY]
- I__II__I Age
- Don't know 8
- Prefer not to answer..... 9

HE35f Was this stroke due to...

- Clotting (ischemic) 1
- Bleeding (hemorrhagic)..... 2
- Or was it a TIA or transient ischemic attack or mini stroke 3
- Other 4

HE35f1. Specify: _____

- Don't know 8

Prefer not to answer.....9

HEMRA1. We want to learn more about your heart attack and/or stroke diagnosis and treatment. We will send you a medical records release form to sign and return to us in a self-addressed pre-paid envelope. When you receive the form, please fill out the doctor or medical staff who are most likely to be able to provide your records. After we receive your completed form(s), we will send you a \$50 gift card as a token of our appreciation.

Do you agree to provide this information?

Yes1

No2 Please specify reason_____ [GO TO HE38] [PROBE: If PPT is concerned about sharing their medical records, encourage them to at least receive the MRA mailing as it will contain more detailed information about confidentiality and privacy.]

[Questions HE36 – HE37 were removed.]

Cancer Diagnoses

The next questions will ask you about cancer diagnoses.

HE38. Has a doctor ever told you that you have cancer?

Yes 1

No 2 [GO TO HE45]

Don't know 8 [GO TO HE45]

Prefer not to answer 9 [GO TO HE45]

HE38a. How many different types of cancer have you been diagnosed with?

_____NUMBER

Don't know 8 [GO TO HE45]

Prefer not to answer..... 9 [GO TO HE45]

[BEGIN REPEATING RECORDS]

HE38b. The next few questions are about your cancer diagnosis. If you have been diagnosed with more than one type of cancer, please tell us about each one separately.

Starting with the first cancer diagnosis...

What kind of cancer was it?

Type 1: [SELECT FROM CANCER OPTIONS]

Don't know 8

Prefer not to answer..... 9

CANCER OPTIONS

[*]Bladder 10	[*]Liver22	Skin (Non-Melanoma) ... 32
[*]Blood 11	[*]Lung23	[*]Skin (Melanoma) 25
Bone 12	[*]Lymphoma (Non-Hodgkin's)40	Skin (Don't Know; Not Specified) 33
Brain 13	[*]Lymphoma (Hodgkin's Disease)24	Soft Tissue (Muscle/ Fat)34
Breast 14	[*]Lymphoma (Don't Know; Not Specified).....42	Stomach 35
Cervix (Cervical) 15	[*]Multiple Myeloma41	[*]Testis (Testicular) 36
Colon 16	Mouth/Tongue/Lip26	[*]Thyroid..... 37
Esophagus (Esophageal)17	Nervous System27	Uterus (Uterine)..... 38
Gallbladder..... 18	Ovary (Ovarian)28	Other (Specify) 39
Kidney..... 19	Pancreas (Pancreatic)...29	Don't Know..... 77
Larynx/Windpipe 20	Prostate30	Prefer Not To Answer.... 99
[*]Leukemia..... 21	Rectum (Rectal)31	

[*] Pathology reports will be requested of these cancers.

HE38c. When were you first told you had this?

__ / __ __ [MM/YYYY]

I __ II __ I Age

Don't know 8

Prefer not to answer..... 9

HE39. Have you had surgery, not counting a biopsy, to remove this cancer?

Yes 1

No 2

Don't know 8

Prefer not to answer 9

HE40. Have you had radiation treatments for this cancer?

Yes 1

No 2

Don't know 8

Prefer not to answer..... 9

HE41. Have you had chemotherapy treatments or taken any other medication for this cancer?

Yes 1

No 2

Don't know 8

Prefer not to answer 9

[Programmer Note: SHOW HE42 IF HE38b = [*] cancer AND HE38c ≥ 2010 AND SURVEYTYPE = CATI; ELSE, GO TO HE45]

[Programmer Note: SHOW HE42a ONLY IF HE38b = [*] cancer AND HE38c ≥ 2010 AND SURVEYTYPE = CAWI; ELSE, GO TO HE45]

HE42. Do you have a copy of the pathology report that you can send us?

- Yes 1
- No 2
- Don't know 8
- Prefer not to answer 9

HE42a. We want to learn more about your cancer diagnosis and treatment. A member of our study team will contact you in the next few months to follow up. If you have any questions or would like to talk with us about this now, please call us toll-free at 1-855-NIH-GuLF (1-855-644-4853).

Continue 1

[IF HE42=1] Thank you. We want to learn more about your cancer diagnosis and treatment. We will send you a medical records release form to sign and return to us in a self-addressed pre-paid envelope. You can send your pathology report at the same time. When you receive the form, please fill out the doctor or medical staff who are most likely to be able to provide your records. After we receive your completed form(s), we will send you a \$50 gift card as a token of our appreciation.

[IF HE42=2, 8, 9] We want to learn more about your cancer diagnosis and treatment. We will send you a medical records release form to sign and return to us in a self-addressed pre-paid envelope. When you receive the form, please fill out the doctor or medical staff who are most likely to be able to provide your records. After we receive your completed form(s), we will send you a \$ 50 gift card as a token of our appreciation.

HEMRA2. Do you agree to provide this information?

- Yes1
- No2 please specify reason_____ [GO TO HE45]

[Questions HE43 – HE44 were removed.]

[END REPEATING RECORD]

Autoimmune Conditions and Diagnoses

The next questions are about autoimmune conditions.

HE45. Has a doctor ever told you that you have a thyroid condition? Do not include thyroid cancer.

- Yes 1

- No..... 2 [GO TO HE57]
- Don't know..... 8 [GO TO HE57]
- Prefer not to answer 9 [GO TO HE57]

HE46. Since the oil spill in 2010, has a doctor told you that you had Graves' disease?

- Yes..... 1
- No..... 2 [GO TO HE47]
- Don't know..... 8 [GO TO HE47]
- Prefer not to answer 9 [GO TO HE47]

HE46a. When were you first told that you had Graves' disease?

- ___ / ___ [MM/YYYY]
- I__II__I Age
- Don't know 8
- Prefer not to answer.... 9

HE47. Since the oil spill in 2010, has a doctor told you that you had other hyperthyroidism (overactive thyroid)?

- Yes..... 1
- No..... 2 [GO TO HE48]
- Don't know..... 8 [GO TO HE48]
- Prefer not to answer 9 [GO TO HE48]

HE47a. When were you first told that you had other hyperthyroidism?

- ___ / ___ [MM/YYYY]
- I__II__I Age
- Don't know 8
- Prefer not to answer.... 9

HE48. Since the oil spill in 2010, has a doctor told you that you had Hashimoto's thyroiditis?

- Yes..... 1
- No..... 2 [GO TO HE49]
- Don't know..... 8 [GO TO HE49]
- Prefer not to answer.... 9 [GO TO HE49]

HE48a. When were you first told that you had Hashimoto's thyroiditis?

- ___ / ___ [MM/YYYY]
- I__II__I Age
- Don't know 8
- Prefer not to answer 9

HE49. Since the oil spill in 2010, has a doctor told you that you had other hypothyroidism (underactive thyroid)?

- Yes..... 1
- No..... 2 [GO TO HE50]
- Don't know..... 8 [GO TO HE50]
- Prefer not to answer 9 [GO TO HE50]

HE49a. When were you first told that you had other hypothyroidism (underactive thyroid)?

___ / ___ [MM/YYYY]

I ___ II ___ Age

Don't know 8

Prefer not to answer 9

HE50. Since the oil spill in 2010, has a doctor told you that you had an enlarged thyroid or goiter?

Yes..... 1

No..... 2 [GO TO HE51]

Don't know..... 8 [GO TO HE51]

Prefer not to answer 9 [GO TO HE51]

HE50a. When were you first told that you had an enlarged thyroid or goiter?

___ / ___ [MM/YYYY]

I ___ II ___ Age

Don't know 8

Prefer not to answer..... 9

HE51. Since the oil spill in 2010, has a doctor told you that you had thyroid nodules?

Yes..... 1

No..... 2 [GO TO HE52]

Don't know..... 8 [GO TO HE52]

Prefer not to answer 9 [GO TO HE52]

HE51a. When were you first told that you had thyroid nodules?

___ / ___ [MM/YYYY]

I ___ II ___ Age

Don't know 8

Prefer not to answer 9

HE51b. Were these nodules called toxic nodules?

Yes..... 1

No..... 2 [GO TO HE52]

Don't know..... 8 [GO TO HE52]

Prefer not to answer 9 [GO TO HE52]

HE51c. When were you first told that you had toxic nodules?

___ / ___ [MM/YYYY]

I ___ II ___ Age

Don't know..... 8

Prefer not to answer 9

HE52. Since the oil spill in 2010, has a doctor told you that you had any other thyroid problem, not including thyroid cancer?

- Yes..... 1 **HE52Sp.** SPECIFY _____
- No..... 2 [GO TO HE53]
- Don't know 8 [GO TO HE53]
- Prefer not to answer 9 [GO TO HE53]

HE52a. When were you first told that you had any other thyroid problem? Enter the date OR age you were first told.

- ___ / ___ [MM/YYYY]
- |__| |__| Age
- Don't know 8
- Prefer not to answer..... 9

HE53. Have you ever used prescription medications to treat a thyroid condition?

- Yes 1
- No..... 2 [GO TO HE54]
- Don't know 8 [GO TO HE54]
- Prefer not to answer 9 [GO TO HE54]

HE53a. Have you ever taken Levothyroxine, such as Levothroid, Levo-T, Levoxyl, Synthroid, Tirosint, or Unithroid for a thyroid condition?

- Yes 1
- No..... 2 [GO TO HE53b]
- Don't know 8 [GO TO HE53b]
- Prefer not to answer 9 [GO TO HE53b]

HE53a1. Are you currently taking this medication for a thyroid condition?

- Yes 1
- No..... 2
- Don't know..... 8
- Prefer not to answer 9

HE53b. Have you ever taken Propylthiouracil/PTU such as Propocil for a thyroid condition?

- Yes 1
- No..... 2 [GO TO HE53c]
- Don't know 8 [GO TO HE53c]
- Prefer not to answer..... 9 [GO TO HE53c]

HE53b1. Are you currently taking this medication for a thyroid condition?

- Yes..... 1
- No..... 2
- Don't know..... 8
- Prefer not to answer 9

HE53c. Have you ever taken Methimazole/MMI such as Tapazole for a thyroid condition?

- Yes 1
 No 2 [GO TO HE53d]
 Don't know 8 [GO TO HE53d]
 Prefer not to answer 9 [GO TO HE53d]

HE53c1. Are you currently taking this medication for a thyroid condition?

- Yes 1
 No 2
 Don't know 8
 Prefer not to answer 9

HE53d. Have you ever taken something else for a thyroid condition?

- Yes 1 **HE53dSp.** SPECIFY _____
 No 2 [GO TO HE54]
 Don't know 8 [GO TO HE54]
 Prefer not to answer 9 [GO TO HE54]

HE53d1. Are you currently taking this medication for a thyroid condition?

- Yes 1
 No 2
 Don't know 8
 Prefer not to answer 9

HE54. Have you ever received radioactive iodine (I131) therapy for a thyroid condition?

- Yes 1
 No 2
 Don't know 8
 Prefer not to answer 9

HE55. Have you ever received thyroid surgery (partial or resection) for a thyroid condition?

- Yes 1
 No 2
 Don't know 8
 Prefer not to answer 9

HE56 Have you ever taken medication(s) that caused your thyroid problems such as Lithium/Lithobid, or Amiodarone/Cordarone?

- Yes 1
 No 2 [GO TO HE57]
 Don't know 8 [GO TO HE57]
 Prefer not to answer 9 [GO TO HE57]

HE56a Did your thyroid problem go away after stopping medications such as Lithium/Lithobid, or Amiodarone/Cordarone?

- Yes..... 1
- No 2
- Don't know 8
- Prefer not to answer..... 9

HE57. Since the oil spill in 2010, has a doctor ever told you that you had rheumatoid arthritis?

- Yes 1
- No 2 [GO TO HE59]
- Don't know 8 [GO TO HE59]
- Prefer not to answer 9 [GO TO HE59]

HE57a. When were you first told you had rheumatoid arthritis?

___ / ___ [MM/YYYY]

I ___ II ___ Age

- Don't know 8
- Prefer not to answer..... 9

HE58. Have you ever used prescription medications to treat this condition?

- Yes 1
- No 2 [GO TO HE59]
- Don't know 8 [GO TO HE59]
- Prefer not to answer 9 [GO TO HE59]

Have you ever taken the following prescription medication for rheumatoid arthritis? If you did not take these medications for rheumatoid arthritis, do not report them as Yes.

HE58a. Have you ever taken Hydroxychloroquine or chloroquine, also called Plaquenil?

- Yes..... 1
- No 2 [GO TO HE58b]
- Don't know 8 [GO TO HE58b]
- Prefer not to answer..... 9 [GO TO HE58b]

HE58a1. Are you currently taking this medication?

- Yes..... 1
- No 2
- Don't know 8
- Prefer not to answer.. 9

HE58b. Have you ever taken Methotrexate, also called Rheumatrex or Trexall?

- Yes..... 1

- No 2 [GO TO HE58c]
- Don't know 8 [GO TO HE58c]
- Prefer not to answer..... 9 [GO TO HE58c]

HE58b1. Are you currently taking this medication?

- Yes..... 1
- No 2
- Don't know 8
- Prefer not to answer.. 9

HE58c. Have you ever taken Biologics, given by infusion or injection, such as Remicade, Humira, Enbrel, or any other?

- Yes..... 1
- No 2 [GO TO HE58d]
- OTHER:_____ 3
- Don't know 8 [GO TO HE58d]
- Prefer not to answer..... 9 [GO TO HE58d]

HE58c1. Are you currently taking this medication?

- Yes 1
- No..... 2
- Don't know..... 8
- Prefer not to answer 9

HE58d. Have you ever taken Corticosteroids, such as prednisone or solumedrol, either oral or intravenous (but not by injection, for example in a joint)?

- Yes..... 1
- No 2 [GO TO HE59]
- Don't know 8 [GO TO HE59]
- Prefer not to answer..... 9 [GO TO HE59]

HE58d1. Are you currently taking this medication?

- Yes 1
- No..... 2
- Don't know..... 8
- Prefer not to answer 9

HE59. Since the oil spill in 2010, has a doctor told you that you had systemic lupus erythematosus (SLE)? Do not include discoid lupus.

- Yes 1
- No 2 [GO TO HE61]
- Don't know..... 8 [GO TO HE61]
- Prefer not to answer 9 [GO TO HE61]

HE59a. When were you first told you have systemic lupus erythematosus (SLE)?

___ / ___ [MM/YYYY]

I ___ II ___ Age

Don't know 8

Prefer not to answer..... 9

HE60. Have you ever used prescription medications to treat this condition?

Yes 1

No 2 [GO TO HE61]

Don't know 8 [GO TO HE61]

Prefer not to answer 9 [GO TO HE61]

Have you ever taken the following prescription medication for systemic lupus erythematosus (SLE)? If you did not take these medications for systemic lupus erythematosus (SLE), do not report them as Yes.

HE60a. Have you ever taken Hydroxychloroquine or chloroquine, also called Plaquenil?

Yes..... 1

No 2 [GO TO HE60b]

Don't know 8 [GO TO HE60b]

Prefer not to answer..... 9 [GO TO HE60b]

HE60a1. Are you currently taking this medication?

Yes..... 1

No 2

Don't know 8

Prefer not to answer.. 9

HE60b .Have you ever taken Methotrexate, also called Rheumatrex or Trexall?

Yes..... 1

No 2 [GO TO HE60c]

Don't know 8 [GO TO HE60c]

Prefer not to answer..... 9 [GO TO HE60c]

HE60b1. Are you currently taking this medication?

Yes..... 1

No 2

Don't know 8

Prefer not to answer.. 9

HE60c. Have you ever taken Biologics, given by infusion or injection, such as Benlysta or an other?

Yes..... 1

No 2 [GO TO HE60d]
 OTHER: 3
 Don't know 8 [GO TO HE60d]
 Prefer not to answer 9 [GO TO HE60d]

HE60c1. Are you currently taking this medication?

Yes 1
 No 2
 Don't know 8
 Prefer not to answer 9

HE60d. Have you ever taken Azathioprine, also called Imuran, Cellcept, Cytosan, or Cyclosporine

Yes 1
 No 2 [GO TO HE60e]
 Don't know 8 [GO TO HE60e]
 Prefer not to answer 9 [GO TO HE60e]

HE60d1. Are you currently taking this medication?

Yes 1
 No 2
 Don't know 8
 Prefer not to answer .. 9

HE60e. Have you ever taken Corticosteroids, such as prednisone or solumedrol, either oral or intravenous (but not by injection, for example in a joint)?

Yes 1
 No 2 [GO TO HE61]
 Don't know 8 [GO TO HE61]
 Prefer not to answer 9 [GO TO HE61]

HE60e1. Are you currently taking this medication?

Yes 1
 No 2
 Don't know 8
 Prefer not to answer .. 9

HE61. Since the oil spill in 2010, has a doctor told you that you had multiple sclerosis or MS?

Yes 1
 No 2 [GO TO HE62]
 Don't know 8 [GO TO HE62]
 Prefer not to answer 9 [GO TO HE62]

HE61a. When were you first told you had multiple sclerosis or MS?

___ / ___ [MM/YYYY]
 I ___ II ___ Age

Don't know 8
Prefer not to answer..... 9

HE62. Since the oil spill in 2010, has a doctor told you that you have Scleroderma or systemic sclerosis?

Yes 1
No 2 [GO TO HE63]
Don't know 8 [GO TO HE63]
Prefer not to answer 9 [GO TO HE63]

H62a. When were you first told you had Scleroderma or systemic sclerosis?

___ / ___ [MM/YYYY]
I ___ II ___ Age
Don't know 8
Prefer not to answer..... 9

HE63. Since the oil spill in 2010, has a doctor told you that you have ulcerative colitis?

Yes 1
No 2 [GO TO HE64]
Don't know 8 [GO TO HE64]
Prefer not to answer 9 [GO TO HE64]

HE63a. When were you first told you had ulcerative colitis?

___ / ___ [MM/YYYY]
I ___ II ___ Age
Don't know 8
Prefer not to answer..... 9

HE64. Since the oil spill in 2010, has a doctor told you that you have Crohn's disease?

Yes 1
No 2 [GO TO HE65]
Don't know 8 [GO TO HE65]
Prefer not to answer 9 [GO TO HE65]

HE64a. When were you first told you had Crohn's disease?

___ / ___ [MM/YYYY]
I ___ II ___ Age
Don't know 8
Prefer not to answer..... 9

HE65. Since the oil spill in 2010, has a doctor told you that you have sarcoidosis?

Yes 1
No 2 [GO TO HE66]
Don't know 8 [GO TO HE66]
Prefer not to answer 9 [GO TO HE66]

HE65a. When were you first told you had sarcoidosis?

___ / ___ [MM/YYYY]

I ___ II ___ I Age

Don't know 8

Prefer not to answer 9

Neurodegenerative Diseases Diagnoses

The following questions will ask you about nervous system conditions.

HE66. Since the oil spill in 2010, has a doctor told you that you have peripheral neuropathy, or nerve damage in your hands or feet that is not due to an injury? This may feel like tingling, numbness, or loss of sensation in your hands or feet.

Yes 1

No 2 [GO TO HE67]

Don't know 8 [GO TO HE67]

Prefer not to answer 9 [GO TO HE67]

HE66a. When were you first told that you had peripheral neuropathy?

___ / ___ [MM/YYYY]

I ___ II ___ I Age

Don't know 8

Prefer not to answer 9

HE66b. Are you currently taking medication for peripheral neuropathy?

Yes 1

Yes, as needed 2

No 3

Don't know 8

Prefer not to answer 9

HE67. Since the oil spill in 2010 has a doctor told you that you have epilepsy or a seizure disorder?

Yes 1

No 2 [GO TO HE68]

Don't know 8 [GO TO HE68]

Prefer not to answer 9 [GO TO HE68]

HE67a. When were you first told that you had epilepsy or a seizure disorder?

___ / ___ [MM/YYYY]

I ___ II ___ I Age

Don't know 8

Prefer not to answer 9

HE67b. Are you currently taking medication for epilepsy or a seizure disorder?

Yes 1

Yes, as needed 2
 No 3
 Don't know 8
 Prefer not to answer 9

HE68. Since the oil spill in 2010 has a doctor told you that you have Parkinson's disease?

Yes 1
 No 2 [GO TO HE69]
 Don't know 8 [GO TO HE69]
 Prefer not to answer 9 [GO TO HE69]

HE68a. When were you first told that you had Parkinson's disease?

__ __ / __ __ __ __ [MM/YYYY]

I __ II __ I Age

Don't know 8
 Prefer not to answer 9

HE68b. Are you currently taking medication for Parkinson's disease?

Yes 1
 Yes, as needed 2
 No 3
 Don't know 8
 Prefer not to answer 9

Liver and Kidney Disease Diagnoses

The next questions will ask you about liver and kidney disease.

HE69. Since the oil spill in 2010 has a doctor told you that you have cirrhosis of the liver?

Yes 1
 No 2 [GO TO HE70]
 Don't know 8 [GO TO HE70]
 Prefer not to answer 9 [GO TO HE70]

HE69a. When were you first told that you had cirrhosis of the liver?

__ __ / __ __ __ __ [MM/YYYY]

I __ II __ I Age

Don't know 8
 Prefer not to answer 9

HE70. Since the oil spill in 2010 has a doctor told you that you have fatty liver disease?

Yes 1

- No..... 2 [GO TO QUESTION HE71]
- Don't know..... 8 [GO TO QUESTION HE71]
- Prefer not to answer 9 [GO TO QUESTION HE71]

HE70a. When were you first told that you had fatty liver disease?

___ / ___ [MM/YYYY]

|_| Age

- Don't know 8
- Prefer not to answer..... 9

HE71. Since the oil spill in 2010 has a doctor told you that you have hepatitis?

- Yes 1
- No..... 2 [GO TO HE72]
- Don't know..... 8 [GO TO HE72]
- Prefer not to answer 9 [GO TO HE72]

HE71a. When were you first told you have hepatitis?

___ / ___ [MM/YYYY]

|_| Age

- Don't know 8
- Prefer not to answer..... 9

HE71b. What type of hepatitis was it?

- Hepatitis A..... 1
- Hepatitis B..... 2
- Hepatitis C 3
- Don't know 8
- Prefer not to answer..... 9

HE72. Since the oil spill in 2010 has a doctor told you that you have chronic kidney disease?

Note: Please do not include kidney stones, bladder infections or incontinence.

- Yes 1
- No..... 2 [GO TO HE73]
- Don't know..... 8 [GO TO HE73]
- Prefer not to answer 9 [GO TO HE73]

HE72a. When were you first told you have chronic kidney disease?

___ / ___ [MM/YYYY]

|_| Age

- Don't know 8
- Prefer not to answer..... 9

HE73. Has a doctor ever told you that you had kidney failure?

- Yes 1
- No..... 2 [GO TO HE74]

Don't know 8 [GO TO HE74]
 Prefer not to answer 9 [GO TO HE74]

HE73a. When were you first told by a doctor you had kidney failure?
 ___/___/___ [MM/YYYY]
 I _ I Age
 Don't know 8
 Prefer not to answer..... 9

HE73b. Are one or both kidneys working well now?
 Yes..... 1
 No 2
 Don't know 8
 Prefer not to answer..... 9

HE73c. Are you currently on renal dialysis?
 Yes..... 1
 No 2
 Don't know 8
 Prefer not to answer..... 9

HE73d. Have you ever had a kidney transplant?
 Yes..... 1
 No 2
 Don't know 8
 Prefer not to answer..... 9

Health Symptoms

The next few questions ask about your health during the past thirty days. Please think about how often you have these symptoms over the past month.

HE74. During the past thirty days, how often have you...	All of the Time	Most of the Time	Some -times	Rarely	Never	Don't know	Prefer not to answer
a. had a severe headache or migraine?							
b. felt dizzy or lightheaded?							
c. been nauseated?							
d. experienced vomiting?							
e. experienced nose bleeds?							

HE74. During the past thirty days, how often have you...	All of the Time	Most of the Time	Some-times	Rarely	Never	Don't know	Prefer not to answer
HE74. During the past thirty days, how often have you...	All of the Time	Most of the Time	Some-times	Rarely	Never	Don't know	Prefer not to answer
f. had a cough?							
g. had wheezing or whistling in your chest?							
h. had tightness in your chest?							
i. been short of breath?							
HE74. During the past thirty days, how often have you...	All of the Time	Most of the Time	Some-times	Rarely	Never	Don't know	Prefer not to answer
j. experienced episodes of excessive or unusual hair loss?							
k. experienced seizures?							
l. had insomnia?							
m. experienced ear bleeds?							
n. had blurred or distorted vision?							
HE74. During the past thirty days, how often have you...	All of the Time	Most of the Time	Some-times	Rarely	Never	Don't know	Prefer not to answer
o. had a tingling or a "pins and needles" feeling in your hands, arms, feet, or legs?							
p. had numbness, where parts of your body "go to sleep" for no apparent reason, in your hands, arms, feet, or legs?							
q. stumbled while walking?							
r. experienced heart palpitations (heart pounding or racing) at rest?							
HE74. During the past thirty days, how often have you...	All of the Time	Most of the Time	Some-times	Rarely	Never	Don't know	Prefer not to answer
s. sweat heavily for no reason?							
t. had trouble urinating, such as taking a long time							

HE74. During the past thirty days, how often have you...	All of the Time	Most of the Time	Some -times	Rarely	Never	Don't know	Prefer not to answer
to urinate or having to strain to start the urine flow?							
u. had unusually frequent urination?							
v. had lower back pain?							
w. had excessive fatigue or extreme tiredness?							
HE74. During the past thirty days, how often have you...	All of the Time	Most of the Time	Some -times	Rarely	Never	Don't know	Prefer not to answer
x. had diarrhea or frequent bowel movements?							
y. been constipated?							
z. had any red, inflamed skin, rashes, sores, or blisters?							

HE74X1. Do you suffer from a loss of sense of smell or a significantly decreased sense of smell?

- Yes 1
- No 2 [GO TO HE74X2]
- Don't know 8 [GO TO HE74X2]
- Prefer not to answer 9 [GO TO HE74X2]

HE74X1a. When did you start losing your sense of smell?

- Less than 1 year ago 1
- 1 to 5 years ago 2
- 6 to 10 years ago 3
- More than 10 years ago 4
- Don't know 8
- Prefer not to answer 9

HE74X2. Do you suffer from a loss of sense of taste or a significantly decreased sense of taste?

- Yes 1
- No 2 [GO TO HE75]
- Don't know 8 [GO TO HE75]
- Prefer not to answer 9 [GO TO HE75]

HE74X2a. When did you start losing your sense of taste?

- Less than 1 year ago 1
- 1 to 5 years ago 2
- 6 to 10 years ago 3

- More than 10 years ago4
- Don't know8
- Prefer not to answer.....9

Access to Healthcare

The next few questions are about health insurance.

HE75. Do you have any kind of health care coverage? This could include health insurance, membership in a health maintenance organization or HMO, or government plans such as Medicaid, Medicare, TRICARE, Veterans Benefits, or state health care plans?

- Yes 1
- No 2 [GO TO HE76]
- Don't know 8 [GO TO HE76]
- Prefer not to answer 9 [GO TO HE76]

HE75a. Does your health care plan include mental health coverage?

- Yes..... 1
- No2
- Don't know 8
- Prefer not to answer..... 9

HE76. Do you have someone you think of as your personal doctor or health care provider?

- Yes 1
- No 2 [GO TO HE77]
- Don't know 8 [GO TO HE77]
- Prefer not to answer 9 [GO TO HE77]

HE76a. Is there more than one person who you think of as your personal doctor or health care provider?

- Yes, more than one..... 1
- No, just one person..... 2
- Don't know 8
- Prefer not to answer..... 9

HE77. About how long has it been since you last saw or talked to a doctor or other health care professional about your health? Would you say...

- Less than 1 year ago 2
- 1 to 2 years ago 3
- 2 to 5 years ago 4
- More than 5 years ago 5
- Don't know 8
- Prefer not to answer 9
- Never 1

HE78. About how long has it been since you last had your blood cholesterol checked?

Less than 1 year ago 2
 1 to 2 years ago 3
 2 to 5 years ago 4
 More than 5 years ago 5
 Don't know 8
 Prefer not to answer 9
 Never 1

HE79. In the past 24 months, have you had a screening colonoscopy or sigmoidoscopy?

Yes 1
 No 2
 Don't know 8
 Prefer not to answer 9

HE80. [IF MALE] When did you last have a PSA test, a blood test used to check men for prostate cancer, or a digital rectal exam to examine the prostate gland?

Less than 1 year ago 2
 1 to 2 years ago 3
 2 to 5 years ago 4
 More than 5 years ago 5
 Don't know 8
 Prefer not to answer 9
 Never 1

HE81. [IF FEMALE] In the past 24 months, have you had a Pap smear?

Yes 1
 No 2
 Don't know 8
 Prefer not to answer 9

HE82. [IF FEMALE] When did you last have a mammogram, an x-ray of each breast to look for breast cancer?

Less than 1 year ago 2
 1 to 2 years ago 3
 2 to 5 years ago 4
 More than 5 years ago 5
 Don't know 8
 Prefer not to answer 9
 Never 1

SECTION MH: Mental Health**Perceived Stress Scale**

The following questions are about how you've felt in the **last month**.

MH1. In the last month, how often have you felt that you were unable to control the important things in your life?

- Never 1
- Almost Never 2
- Sometimes..... 3
- Fairly Often 4
- Very Often 5
- Don't know..... 8
- Prefer not to answer 9

MH2. In the last month, how often have you felt confident about your ability to handle your personal problems?

- Never 1
- Almost Never 2
- Sometimes..... 3
- Fairly Often 4
- Very Often 5
- Don't know..... 8
- Prefer not to answer 9

MH3. In the last month, how often have you felt that things were going your way?

- Never 1
- Almost Never 2
- Sometimes..... 3
- Fairly Often 4
- Very Often 5
- Don't know..... 8
- Prefer not to answer 9

MH4. In the last month, how often have you felt like difficulties were piling up so high that you could not overcome them?

- Never 1
- Almost Never 2
- Sometimes..... 3
- Fairly Often 4
- Very Often 5
- Don't know..... 8
- Prefer not to answer 9

[Questions MH5 – MH11 were removed.]

PHQ-9

The following questions are about how you have been feeling in the last 2 weeks.

MH12. Over the last 2 weeks, how many days have you had little interest or pleasure in doing things?

- 00-14 days..... _ _
- Don't know..... 8
- Prefer not to answer..... 9

MH13. Over the last 2 weeks, how many days have you felt down, depressed or hopeless?

- 00-14 days..... _ _
- Don't know..... 8
- Prefer not to answer..... 9

MH14. Over the last 2 weeks, how many days have you had trouble falling asleep or staying asleep or sleeping too much?

- 00-14 days..... _ _
- Don't know..... 8
- Prefer not to answer..... 9

MH15. Over the last 2 weeks, how many days have you felt tired or had little energy?

- 00-14 days..... _ _
- Don't know..... 8
- Prefer not to answer..... 9

MH16. Over the last 2 weeks, how many days have you had a poor appetite or eaten too much?

- 00-14 days..... _ _
- Don't know..... 8
- Prefer not to answer..... 9

MH17. Over the last 2 weeks, how many days have you felt bad about yourself or that you were a failure or had let yourself or your family down?

- 00-14 days..... _ _
- Don't know..... 8
- Prefer not to answer.....9

MH18. Over the last 2 weeks, how many days have you had trouble concentrating on things, such as reading the newspaper or watching the TV?

- 00-14 days..... _ _
- Don't know..... 8
- Prefer not to answer..... 9

MH19. Over the last 2 weeks, how many days have you moved or spoken so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you were moving around a lot more than usual?

- 00-14 days..... _ _
- Don't know..... 8
- Prefer not to answer9

MH20. Over the last 2 weeks, how many days have you had thoughts that you would be better off dead or of hurting yourself in some way?

- 00-14 days..... _ _
- Don't know..... 8
- Prefer not to answer 9

Primary Care PTSD Screener (PC-PTSD)

The following questions are about any traumatic experiences you may have had in the past 30 days.

MH21 During the past 30 days, have you had nightmares about the oil spill or any clean-up efforts you engaged in or thought about it when you did not want to?

- Yes 1
- No..... 2
- Don't know..... 8
- Prefer not to answer 9

MH22. During the past 30 days, have you tried hard not to think about the oil spill or any clean-up efforts you engaged in or went out of your way to avoid situations that remind you of it?

- Yes 1
- No..... 2
- Don't know..... 8
- Prefer not to answer 9

MH23. During the past 30 days, have you been constantly on guard, watchful, or easily startled?

- Yes 1
- No..... 2
- Don't know..... 8
- Prefer not to answer 9

MH24. During the past 30 days, have you felt numb or detached from others, activities, or your surroundings?

- Yes 1
- No 2
- Don't know 8
- Prefer not to answer 9

SECTION: Lifestyle**AL: Alcohol**

These next few questions are about drinking alcohol. This includes wine coolers, beer, wine, champagne, liquor such as whiskey, rum, gin, vodka, scotch, or liqueurs, and also any other type of alcohol.

AL1. In your entire life, have you had at least 1 drink of any kind of alcohol, not counting small tastes or sips? (Definition of a standard drink: 1 12oz bottle of beer, 1 4oz glass of non-fortified wine, 1 mixed drink with 1oz liquor.)

Yes 1
 No 2 [GO TO SM1]
 Don't know 8 [GO TO SM1]
 Prefer not to answer 9 [GO TO SM1]

AL2. Have you had an alcoholic beverage in the past 12 months?

Yes 1 [GO TO AL4]
 No 2
 Don't know 8
 Prefer not to answer 9

AL3. How old were you when you last drank alcohol?

|_| |_| Age [GO TO AL6]
 Don't know 8 [GO TO AL6]
 Prefer not to answer 9 [GO TO AL6]

AL4. During the past 12 months, about how many days per week, per month, or in total have you had alcoholic beverages?

Number of days per week 1
 Number of days per month 2
 Total number of days for the past
 12 months 3
 Don't know 8
 Prefer not to answer 9

AL5. During the past 12 months, about how many drinks would you have on the days that you drank? (Definition of a standard drink: 1 12oz bottle of beer, 1 4oz glass of non-fortified wine, 1 mixed drink with 1oz liquor.)

|_| |_| # DRINKS / DAY
 Don't know 8
 Prefer not to answer 9

[FILL "During the past 12 months," IF AL5<4]

AL6. Did you ever drink four or more alcoholic beverages in a row, in one sitting?

Yes 1 [IF AL3 AGE <> NULL, GO TO AL7; ELSE GO TO AL6a]
 No 2 [GO TO AL7]

Don't know 8 [GO TO AL7]
 Prefer not to answer 9 [GO TO AL7]

AL6a. How many times has this happened in the past 12 months?

Number of times per week 1
 Number of times per month 2
 Total number of days for the past
 12 months 3
 Don't know8
 Prefer not to answer.....9

AL7. Have you ever been told by a doctor that your drinking was hurting your health?

Yes 1 [IF AL3 AGE <> NULL, GO TO AL8; ELSE GO TO AL7a]
 No 2 [GO TO AL8]
 Don't know 8 [GO TO AL8]
 Prefer not to answer 9 [GO TO AL8]

AL7a. Has this happened in the past 12 months?

Yes..... 1
 No 2
 Don't know 8
 Prefer not to answer..... 9

AL8. Has a close friend or relative told you that your drinking was hurting your health?

Yes 1 [IF AL3 AGE <> NULL, GO TO AL9; ELSE GO TO AL8a]
 No 2 [GO TO AL9]
 Don't know 8 [GO TO AL9]
 Prefer not to answer 9 [GO TO AL9]

AL8a. Has this happened in past 12 months?

Yes..... 1
 No 2
 Don't know 8
 Prefer not to answer..... 9

AL9. Have you ever woken up in the morning after you had been drinking and find that you couldn't remember where you had been or what had happened?

Yes 1 [IF AL3 AGE <> NULL, GO TO SM; ELSE GO TO AL9a]
 No 2 [GO TO SM]
 Don't know 8 [GO TO SM]
 Prefer not to answer 9 [GO TO SM]

AL9a. Has this happened in past 12 months?

Yes..... 1
 No 2
 Don't know 8

Prefer not to answer..... 9

SM: Tobacco

The following questions about your tobacco use.

SM1. In the past 12 months, have you smoked at least 20 cigarettes? Do not include cigars or marijuana.

Yes 1
 No 2 [GO TO SM9]
 Don't know 8 [GO TO SM9]
 Prefer not to answer 9 [GO TO SM9]

SM2. How old were you when you first started to smoke cigarettes fairly regularly?

|__|__| Age
 Never smoked cigarettes regularly 7
 Don't know 8
 Prefer not to answer 9

SM3. Do you now smoke cigarettes?

Every day 1 [GO TO SM8]
 Some days 2
 Not at all 3 [GO TO SM5]
 Don't know 8 [GO TO SM8]
 Prefer not to answer 9 [GO TO SM9]

Some Days Smoker

SM4. On how many of the past 30 days did you smoke cigarettes?

|__|__| # DAYS [RANGE: 0 - 30]
 Don't know 8 [GO TO SM9]
 Prefer not to answer 9 [GO TO SM9]

SM4a. On average, on those [# DAYS] days, how many cigarettes did you usually smoke each day?

|__|__| # CIGARETTES PER DAY [RANGE: 0 - 97] [GO TO SM9]
 Don't know 8 [GO TO SM9]
 Prefer not to answer 9 [GO TO SM9]

SM5. Have you **ever** smoked cigarettes **every day** for at least six months?

Yes 1
 No 2 [GO TO SM6]
 Don't know 8 [GO TO SM6]

Prefer not to answer 9 [GO TO SM6]

SM5.a. When you last smoked every day, on average how many cigarettes did you smoke each day?

|__|__| # CIGARETTES PER DAY [RANGE: 1 - 97]

Don't know 98

Prefer not to answer..... 99

SM6. About how long has it been since you **completely** quit smoking cigarettes?

Days 1

Weeks 2

Months 3

Years 4

Don't know 8

Prefer not to answer 9

SM7. When you last smoked fairly regularly, on average how many cigarettes did you smoke each day?

|__|__| # CIGARETTES PER DAY [RANGE: 1 - 97] [GO TO SM9]

Don't know 8 [GO TO SM9]

Prefer not to answer..... 9 [GO TO SM9]

SM8. On average, about how many cigarettes do you now smoke each day?

|__|__| # CIGARETTES PER DAY [RANGE: 1 - 97]

Don't know 8

Prefer not to answer..... 9

SM9. In the past 12 months, have you . . .

SM9a. ...smoked at least 10 cigars?

Yes..... 1

No 2

Don't know 8

Prefer not to answer..... 9

SM9b. ...smoked a pipe at least 10 times?

Yes..... 1

No 2

Don't know 8

Prefer not to answer..... 9

SM9c. ...used snuff, such as Skoal®, Skoal Bandit® or Copenhagen® at least 10 times?

Yes..... 1

No 2

Don't know 8

Prefer not to answer..... 9

SM9d. ...used chewing tobacco, such as Redman®, Levi Garrett® or Beechnut® at least 10 times?

Yes..... 1

No 2

Don't know 8

Prefer not to answer..... 9

SM9e. Have you ever used an electronic cigarette or e-cigarette, such as N-JOY, Blu, or Smoking Everywhere, even one or two times?

Yes 1

No 2 [GO TO SM10]

Don't know 8 [GO TO SM10]

Prefer not to answer 9 [GO TO SM10]

SM9e1. Do you now use e-cigarettes...

Every day 1

Some days 2

Not at all 3

Don't know 8

Prefer not to answer..... 9

SM10. About how many hours or minutes per day are you exposed to other people's tobacco smoke? Include all locations, such as home, car, work, and all other places you spend time where others might smoke.

None 1

Less than 30 minutes..... 2

30-59 minutes 3

1-2 hours 4

3-4 hours 5

5-6 hours 6

7-8 hours 7

More than 8 hours..... 8

Don't know 98

Prefer not to answer..... 99

MD: Medications and Drugs

The following questions are about some commonly used over the counter medicines.

MD1. How often do you currently take "baby" or low dose aspirin?

___ per day 1

___ per week 2

___ per month 3

___ per year 4
 Never 7
 Don't know 8
 Prefer not to answer 9

MD2. How often do you currently take regular aspirin or aspirin containing product such as: Bayer, Bufferin, Excedrin, Fiorinal, Soma Compound, or Aggrenox?

___ per day 1
 ___ per week 2
 ___ per month 3
 ___ per year 4
 Never 7
 Don't know 8
 Prefer not to answer 9

MD3. How often do you currently take ibuprofen such as Advil, Motrin, Vicoprofen, or Repraxin?

___ per day 1
 ___ per week 2
 ___ per month 3
 ___ per year 4
 Never 7
 Don't know 8
 Prefer not to answer 9

MD4. How often do you currently take naproxen, ketoprofen, or other non-steroidal medication such as: Aleve, Feldene, Indocin, Naprosyn, Orudis, or Relafen?

___ per day 1
 ___ per week 2
 ___ per month 3
 ___ per year 4
 Never 7
 Don't know 8
 Prefer not to answer 9

MD5. How often do you currently take a cox-2 inhibitor such as: Celebrex or Vioxx?

___ per day 1
 ___ per week 2
 ___ per month 3
 ___ per year 4
 Never 7

Don't know 8
 Prefer not to answer 9

MD6. How often do you currently take acetaminophen such as: Tylenol, Aspirin-free Excedrin, Tempra, Vicodin, or Percocet?

- ___ per day 1
- ___ per week 2
- ___ per month 3
- ___ per year 4
- Never 7
- Don't know 8
- Prefer not to answer 9

These next questions are about prescription painkillers.

MD7.

Have you ever used any prescription pain killer such as Codeine, Darvon, Percodan, Oxycontin, Dilaudid, or Demerol that you took **mainly** for the experience or feeling it caused?

- Yes 1
- No 2 [GO TO MD8]
- Don't know 8 [GO TO MD8]
- Prefer not to answer 9 [GO TO MD8]

MD7a. Compared to your use of prescription pain killers before the oil spill, would you say your current use is...

- A lot more 1
- A little more..... 2
- The same 3
- A little less 4
- A lot less 5
- Haven't used prescription pain killers since the oil spill in 2010..... 6 [*]
- Don't know..... 8
- Prefer not to answer 9

[*GO TO MD8]

MD7b. About how many times have you used prescription pain killers in the past month?

- |__||__||__| TIMES
- Don't know..... 8
- Prefer not to answer 9

The following questions are about the use of prescription tranquilizers, stimulants, and sedatives.

MD8. Have you ever used any prescription tranquilizer such as Valium, Librium, or Xanax that you took **mainly** for the experience or feeling it caused?

- Yes 1
 No 2 [GO TO MD9]
 Don't know 8 [GO TO MD9]
 Prefer not to answer 9 [GO TO MD9]

MD8a. Compared to your use of prescription tranquilizers before the oil spill, would you say your current use is...

- A lot more 1
 A little more..... 2
 The same 3
 A little less 4
 A lot less 5
 I have not used tranquilizers
 since the oil spill in 2010..... 6 [*]
 Don't know..... 8
 Prefer not to answer 9

[*GO TO MD9]

MD8b. About how many times have you used prescription tranquilizers in the past month?

- I__II__II__I TIMES
 Don't know..... 8
 Prefer not to answer 9

MD9. Have you ever used any prescription stimulant such as Preludin, Methedrine, or Ritalin that you took **mainly** for the experience or feeling it caused?

- Yes 1
 No..... 2 [GO TO MD10]
 Don't know 8 [GO TO MD10]
 Prefer not to answer 9 [GO TO MD10]

MD9a. Compared to your use of prescription stimulants before the oil spill, would you say your current use is ...

- A lot more 1
 A little more..... 2
 The same 3
 A little less 4
 A lot less 5
 Haven't used prescription stimulants
 since the oil spill in 2010..... 6 [*]
 Don't know..... 8
 Prefer not to answer 9

[*GO TO MD10]

MD9b. About how many times have you used prescription stimulants in the past month?

I __ II __ II __ I TIMES

Don't know.....8

Prefer not to answer.....9

MD10. Have you ever used any prescription sedative such as Seconal, Quaaludes, or Chloral Hydrate that you took **mainly** for the experience or feeling it caused?

Yes.....1

No.....2 [GO TO MD11]

Don't know8 [GO TO MD11]

Prefer not to answer9 [GO TO MD11]

MD10a. Compared to your use of prescription sedatives before the oil spill, would you say your current use is ...

A lot more1

A little more.....2

The same3

A little less4

A lot less.....5

I haven't used sedatives since the
oil spill in 20106 [*]

Don't know8

Prefer not to answer9

[*GO TO MD11]

MD10b. About how many times have you used prescription sedatives in the past month?

I __ II __ II __ I TIMES

Don't know.....8

Prefer not to answer9

You have answered questions about some medications you may have taken recently, but to make sure we have not missed anything, these next questions ask about all the medications you take regularly, seasonally or as needed, and whether they are over the counter or prescription medications.

MD11. Do you currently take *any* over the counter or prescription medications regularly, seasonally or as needed?

Yes.....1

No.....2 [GO TO MD12]

Don't know8 [GO TO MD12]

Prefer not to answer9 [GO TO MD12]

MD11a. How many different kinds of medications do you currently take?

NUMBER

Don't know.....8 [GO TO MD12]

Prefer not to answer9 [GO TO MD12]

[BEGIN REPEATING RECORD]

What is the name of the [*first / next*] medication that you currently take regularly, seasonally, or as needed?

MD11b. Medication Name

_____ [FREE TEXT FIELD]

MD11c. Do you take this medication regularly, seasonally, or as needed?

Regularly1

Seasonally2

As needed3

Don't know.....8

Prefer not to answer9

MD11d. For how long have you used this regularly, seasonally, or as needed?

Months 1

Years 2

Don't know.....8

Prefer not to answer9

MD11e. How often do you take it?

Daily 1

Weekly..... 2

Monthly..... 3

Don't know..... 8

Prefer not to answer 9

[END REPEATING RECORD]

The remaining questions in this section ask about street or recreational drugs. We know this information is personal, but please remember that your answers will be kept confidential. You do not have to answer any questions that you do not want to answer. However, the information you provide will help us understand your health and how oil spills affect health, including mental health.

MD12. Have you ever used any of the following street or recreational drugs? Please enter an answer for each row.

	Yes	No	Don't know	Prefer not to answer

a. Marijuana	1	2	8	9
b. Cocaine	1	2	8	9
c. Crack	1	2	8	9
d. Heroin	1	2	8	9
e. Hallucinogens	1	2	8	9
f. Methamphetamines	1	2	8	9

MD12g. Any other street or recreational drug?

Yes..... 1 **MD12gSp:** _____
 No.....2
 Don't know8
 Prefer not to answer.....9

<IF MD12a – MD12g ALL = NO, DK, OR PNA, GO TO SL1>
[BEGIN REPEATING RECORD FOR EACH DRUG IN MD12a-g = 1]

MD12h. Compared to your use of [MD12_DRUG_x] before the oil spill, would you say your current use is...

A lot more1
 A little more2
 The same3
 A little less4
 A lot less.....5
 I have not used [drug] since
 the oil spill in 20106 [GO TO SL1]
 Don't know.....8
 Prefer not to answer9

MD12i. About how many times have you used [MD12_DRUG_x] in the past month?

I __II__II__I TIMES
 Don't know.....8
 Prefer not to answer.....9

[END REPEATING RECORD]

SL: Sleep

The following questions ask about when you go to bed and wake up on days you do and do not work. Please consider a typical 24 hour period, which may include sleeping during the day if you work at night. If you are not currently employed or working, answer these questions thinking about your usual patterns on weekdays and weekends.

SL1. What time do you usually go to bed on workdays (or weekdays)?

AM 1
 PM 2
 Don't know 8

Prefer not to answer 9

SL2. What time do you usually wake up on workdays (or weekdays)?

AM 1

PM 2

Don't know 8

Prefer not to answer 9

SL3. What time do you usually go to bed on non-work days (or weekends)?

AM 1

PM 2

Don't know 8

Prefer not to answer 9

SL4. What time do you usually wake up on non-work days (or weekends)?

AM 1

PM 2

Don't know 8

Prefer not to answer 9

SL5. To feel your best, how many hours of sleep do you need?

_____ [HOURS]

Don't know 8

Prefer not to answer 9

SL6. In the past year, how many hours of sleep per night, on average, did you typically get?

_____ [HOURS]

Don't know 8

Prefer not to answer 9

SL7. In the past seven days, would you say your sleep was restless...

Not At All 1

A Little Bit 2

Somewhat 3

Quite A Bit 4

Very Much 5

Don't know 8

Prefer not to answer 9

SL8. In the past seven days, would you say you were satisfied with your sleep...

Not At All 1

A Little Bit 2

Somewhat 3

Quite A Bit 4
 Very Much 5
 Don't know 8
 Prefer not to answer 9

SL9. In the past seven days, would you say your sleep was refreshing...

Not At All 1
 A Little Bit 2
 Somewhat 3
 Quite A Bit 4
 Very Much 5
 Don't know 8
 Prefer not to answer 9

SL10. In the past seven days, would you say you had difficulty falling asleep...

Not At All 1
 A Little Bit 2
 Somewhat 3
 Quite A Bit 4
 Very Much 5
 Don't know 8
 Prefer not to answer 9

SL11. In the past seven days, would you say you had trouble staying asleep...

Never 1
 Rarely 2
 Sometimes 3
 Often 4
 Always 5
 Don't know 8
 Prefer not to answer 9

SL12. In the past seven days, would you say you had trouble sleeping...

Never 1
 Rarely 2
 Sometimes 3
 Often 4
 Always 5
 Don't know 8
 Prefer not to answer 9

SL13. In the past seven days, would you say you got enough sleep...

Never 1
 Rarely 2
 Sometimes 3

- Often 4
- Always 5
- Don't know 8
- Prefer not to answer 9

SL14. In the past seven days, would you say your sleep quality was...

- Very Poor 1
- Poor..... 2
- Fair 3
- Good 4
- Very good..... 5
- Don't know 8
- Prefer not to answer 9

SL15 Do you ever feel excessively sleepy during the day, even after getting your usual sleep?

- Yes 1
- No 2 [GO TO SL16]
- Don't know 8 [GO TO SL16]
- Prefer not to answer 9 [GO TO SL16]

SL15a In the past month, about how often did you feel excessively sleepy during the day?

- Less than once a week..... 1
- 1-2 days per week 2
- 3-5 days per week 3
- 6 days per week or daily 4
- Don't know..... 8
- Prefer not to answer 9

SL16. During the past month, how often have you had trouble sleeping because you...	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week	Don't know	Prefer not to answer
a. Cannot get to sleep within 30 minutes						
b. Wake up in the middle of the night or early morning						
c. Have to get up to use the bathroom						
d. Cannot breathe comfortably						
e. Cough or snore loudly						

SL16. During the past month, how often have you had trouble sleeping because you...	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week	Don't know	Prefer not to answer
f. Feel too cold						
g. Feel too hot						
h. Have bad dreams						
i. Have pain						

SL16j. During the past month, have you had trouble sleeping for some other reason?

Yes..... 1 **SL16jSp.** _____

No.....2

Don't know8

Prefer not to answer.....9

[IF SL16j = 1, ASK SL16j1]

SL16j1. During the past month, how often have you had trouble sleeping for this other reason?

Less than once a week..... 1

Once or twice a week..... 2

Three or more times a week..... 3

Not during the past month 4

Don't know 8

Prefer not to answer..... 9

SL17. During the past month, how often have you taken medicine (prescription or over the counter) to help you sleep?

Not during the past month1

Less than once a week.....2

Once or twice a week.....3

Three or more times a week.....4

Don't know8

Prefer not to answer.....9

SL18. During the past month, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

Not during the past month1

Less than once a week.....2

Once or twice a week.....3

Three or more times a week.....4

Don't know8

Prefer not to answer.....9

SL19 Has a doctor or other health professional ever told you that you had sleep apnea?

Yes..... 1

No2 [GO TO SL20]

Don't know8 [GO TO SL20]

Prefer not to answer9 [GO TO SL20]

SL19a Do you currently have sleep apnea?

- Yes1
- No2
- Don't know.....8
- Prefer not to answer9

SL19b Do you use a continuous positive airway pressure (CPAP) machine?

- Yes1
- No2
- Don't know.....8
- Prefer not to answer.....9

SL20 Do you snore loud enough to be heard through closed doors?

- Yes 1
- No2
- Don't know 8
- Prefer not to answer..... 9

SL21 Has anyone observed you stop breathing during your sleep?

- Yes 1
- No2
- Don't know 8
- Prefer not to answer 9

SL22 Do you often feel tired or fatigued during daytime?

- Yes 1
- No2
- Don't know 8
- Prefer not to answer 9

SECTION RH: Reproductive History

The following questions are about your reproductive history.

Males

[IF FEMALE, GO TO RH25]

RH1. To your knowledge, have you fathered any pregnancies?

- Yes 1
 No..... 2 [GO TO RH23]
 Don't know 8 [GO TO RH23]
 Prefer not to answer 9 [GO TO RH23]

RH1a. Have you fathered any pregnancies that ended after the oil spill in 2010?

- Yes1
 No.....2 [GO TO RH23]
 Don't know.....8 [GO TO RH23]
 Prefer not to answer9 [GO TO RH23]

RH1b. How many pregnancies?

- |_|_|
 Don't know.....8
 Prefer not to answer9

RH2. We would like to ask you some additional questions about the first of these pregnancies that occurred during or after the Deepwater Horizon oil spill.

Is this a current pregnancy?

- Yes 1 [GO TO RH4]
 No..... 2
 Don't know 8
 Prefer not to answer 9

RH3. What was the outcome of this pregnancy?

- Live Birth 1
 Stillbirth 2
 Elective/Therapeutic Abortion 3
 Miscarriage or Pregnancy Loss 4
 Don't know how pregnancy ended 8
 Prefer not to answer 9

RH4. How many babies was your partner carrying?

- |_|_| NUMBER
 Don't know8
 Prefer not to answer9

RH5. Were you and your partner trying to get pregnant?

- Yes 1
 No..... 2
 Don't know 3
 Prefer not to answer9 [GO TO RH6]

RH5a. How many months were you and your partner having sex without using birth control before she became pregnant?

- <2 Months.....1
 3-5 Months.....2
 6-8 Months.....3
 9-11 Months.....4
 12+ Months.....5
 Don't know.....8
 Prefer not to answer9

RH5b. Did you or the mother take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help her get pregnant? (This may include infertility treatments such as fertility drugs or in vitro fertilization.)

- Yes1 **RH5bSp.** Specify: _____
 No.....2
 Don't know.....8
 Prefer not to answer9

RH6. What was the age of the mother around the time she became pregnant?

- ___ __ YEARS
 Don't know 8
 Prefer not to answer9

RH7. Is the mother Hispanic or Latina?

- Yes 1
 No..... 2
 Don't know 8
 Prefer not to answer9

RH8. What is the mother's race?

- American Indian or Alaskan Native1
 Asian2
 Black or African American3
 Native Hawaiian or Pacific Islander4
 White5
 Mixed Race/Other6
 Don't know8
 Prefer not to answer9

RH9. Was the mother involved in the Gulf oil spill clean-up in any way?

- Yes..... 1
 No..... 2
 Don't know 8
 Prefer not to answer 9

RH10. Is the mother a participant in the GuLF STUDY?

- Yes..... 1
 No..... 2 [GO TO RH11]
 Don't know 3 [GO TO RH11]
 Prefer not to answer 9 [GO TO RH11]

RH10a. Would you be willing to provide her name and birth date so we can link her information to yours?

- Yes 1 **RH10aSp.** Specify name and DOB: _____
 No..... 2
 Don't know..... 3
 Prefer not to answer 9

RH11. [Did the mother smoke at any point/Is the mother smoking] during this pregnancy?

- Yes..... 1
 No..... 2
 Don't know 8
 Prefer not to answer 9

[IF THIS IS A CURRENT PREGNANCY (RH2 = 1), GO TO RH23]

RH12. In what month and year did this pregnancy end?

- ___ / ___
 Don't know 8
 Prefer not to answer 9

RH13. How long did the pregnancy last?

- <20 Weeks 1
 20-23 Weeks 2
 24-27 Weeks (or "in the second trimester") 3
 28-31 Weeks (or "about 2 months early") 4
 32-33 Weeks (or "about 6 weeks before the due date") 5
 34-36 Weeks (or "about a month before the due date") 6
 37-38 Weeks (or "about 2 weeks before the due date") 7
 39-41 Weeks (or "right around term") 8
 42+ Weeks 9
 Don't know 88 [GO TO RH13a]
 Prefer not to answer 99

RH13a. Do you know approximately how long the pregnancy lasted?

[FREE TEXT FIELD]

Don't know8

Prefer not to answer9

[IF RH3 <> 1, GO TO RH23, IF RH4=8,9 GO TO RH23]

[FOR RH14 – RH22, IF PREGNANCY RESULTED IN MULTIPLES (RH4 > 1), REPEAT THE QUESTION FOR EACH CHILD.]

The next few questions ask about [*this child / each child separately. Let's start with the first born child.*]

RH14 Is this child a boy or a girl?

BOY1

GIRL2

Don't know8

Prefer not to answer9

RH15. Was this child's birthweight less than 5 pounds, 8 ounces at delivery?

Yes 1

No 2

Don't know 8 [GO TO RH16]

Prefer not to answer 9 [GO TO RH16]

RH15a. Do you remember the child's birthweight?

____ POUNDS ____ OUNCES

Don't know8

Prefer not to answer9

RH16. Has a doctor diagnosed the child with any birth defect(s)?

Yes 1

No 2 [GO TO RH17]

Don't know 8 [GO TO RH17]

Prefer not to answer 9 [GO TO RH17]

RH16a. How many different birth defects has the child been diagnosed with?

_____ [NUMBER]

Don't know8

Prefer not to answer9

[BEGIN REPEATING RECORD]

RH16b. What (other) type of birth defect was the child diagnosed with?

_____ [FREE TEXT FIELD]

Don't know8

Prefer not to answer9

RH16c. When was the child diagnosed with this birth defect?

__ __ / __ __ __ __ [MM/YYYY]

__ __ [Child's age]

Don't know.....8

Prefer not to answer9

[END REPEATING RECORD]

RH17. Has a doctor diagnosed the child with attention deficit/hyperactivity disorder?

Yes..... 1

No..... 2 [GO TO RH18]

Don't know 8 [GO TO RH18]

Prefer not to answer9 [GO TO RH18]

RH17a. When was the child diagnosed with attention deficit/hyperactivity disorder?

__ __ / __ __ __ __ [MM/YYYY]

__ __ [Child's age]

Don't know.....8

Prefer not to answer9

RH17b. Is the child currently taking medication for attention deficit/hyperactivity disorder?

Yes1

No.....2

Don't know.....8

Prefer not to answer9

RH18. Has a doctor diagnosed the child with autism?

Yes..... 1

No..... 2 [GO TO RH19]

Don't know 8 [GO TO RH19]

Prefer not to answer9 [GO TO RH19]

RH18a. When was the child diagnosed with autism?

__ __ / __ __ __ __ [MM/YYYY]

__ __ [Child's age]

Don't know.....8

Prefer not to answer9

RH19. Has a doctor diagnosed the child with asthma?

Yes..... 1

No..... 2 [GO TO RH20]

Don't know 8 [GO TO RH20]

Prefer not to answer9 [GO TO RH20]

RH19a. When was the child diagnosed with asthma?

__ __ / __ __ __ __ [MM/YYYY]

__ __ [Child's age]

Don't know.....8

Prefer not to answer9

RH19b. Is the child currently taking medication for asthma?

Yes1

No.....2

Don't know.....8

Prefer not to answer9

RH20. Did the child have any (other) major illnesses or hospitalizations in their first year of life that you would like to tell us about?

Yes..... 1

No..... 2 [GO TO RH21]

Don't know 8 [GO TO RH21]

Prefer not to answer9 [GO TO RH21]

RH20a. What type of major illnesses or hospitalizations did they have in their first year of life?

_____ [FREE TEXT FIELD]

Don't know.....8

Prefer not to answer9

RH21. Is the child still living?

Yes..... 1

No..... 2 [*]

Don't know 8 [*]

Prefer not to answer9 [*]

[*] BEGIN LOOP FOR NEXT PREGNANCY, ELSE END REPEATING RECORD AND GO TO RH23

RH22. Does the child live with you?

Yes..... 1

No..... 2

SOMETIMES..... 3

Don't know 8

Prefer not to answer9

[END REPEATING RECORD]

The next questions are about your fertility history, and whether you and your partner ever had problems achieving pregnancy in the past.

RH23. Did you and any of your partner(s) ever try to get pregnant for at least 12 months, without achieving a pregnancy?

- Yes 1
 No..... 2 [GO TO CLOSE]
 Don't know 8 [GO TO CLOSE]
 Prefer not to answer 9 [GO TO CLOSE]

RH23a. Did this 12 month or longer period happen before or after the oil spill in 2010?

- Before1
 After2 [GO TO RH24b]
 Both3
 Don't know.....8
 Prefer not to answer9 [GO TO CLOSE]

RH23b. Thinking back to the *first* time this happened, how long had you been trying to get pregnant?

- 1-2 Years1
 > 2 Years2
 Don't know.....8
 Prefer not to answer9

RH23c. When did this particular difficulty becoming pregnant first start?

___ / ___ [MM/YYYY]

|_|_| Age

- Don't know.....8
 Prefer not to answer9

RH23d. Have you *ever* visited a doctor, clinic, or hospital because of difficulties related to fertility?

- Yes1
 No.....2 [*]
 Don't know.....8 [*]
 Prefer not to answer9 [*]

[*] IF RH23a = 3 OR 8, GO TO RH24a; IF RH 23a = 1, GO TO CLOSE

RH23e. Was any doctor able to tell you why you and your partner were having difficulty becoming pregnant?

- Yes1
 No.....2 [*]
 Don't know.....8 [*]
 Prefer not to answer9 [*]

[*] IF RH23a = 3 OR 8, GO TO RH24a; IF RH 23a = 1, GO TO CLOSE

RH23f. What was the nature of the problem? Please tell me all that apply.

- Male Factor.....1
 Cervical Factor2
 Tubal Factor3
 Ovulation Factor4
 Hormonal Problems.....5
 Age Factor.....6
 Other7 **RH23fSp.** Specify: _____
 Don't know.....8
 Prefer not to answer9

RH24a. “Did you ever have difficulty becoming pregnant for at least 12 months, without achieving a pregnancy, *after* the oil spill in 2010??

- Yes1
 No.....2 [GO TO CLOSE]
 Don't know.....8
 Prefer not to answer9 [GO TO CLOSE]

RH24b. After the spill, how long had you been trying to get pregnant?

- 1-2 Years1
 > 2 Years2
 Don't know.....8
 Prefer not to answer9

RH24c. When did this particular difficulty becoming pregnant start?

___ / ___ [MM/YYYY]

___ Age

- Don't know.....8
 Prefer not to answer9

RH24d. Have you *ever* visited a doctor, clinic, or hospital because of difficulties related to fertility?

- Yes1
 No.....2 [GO TO CLOSE]
 Don't know.....8 [GO TO CLOSE]
 Prefer not to answer9 [GO TO CLOSE]

RH24e. Was any doctor able to tell you why you and your partner were having difficulty becoming pregnant?

- Yes1
 No.....2 [GO TO CLOSE]
 Don't know.....8 [GO TO CLOSE]
 Prefer not to answer9 [GO TO CLOSE]

RH24f. What was the nature of the problem? Please tell me all that apply.

- Male Factor.....1
 Cervical Factor2

- Tubal Factor3
- Ovulation Factor4
- Hormonal Problems.....5
- Age Factor.....6
- Other7 **RH24fSp.** Specify: _____
- Don't know.....8
- Prefer not to answer9

[ALL MALES GO TO CLOSE]

Females

These questions are about your pregnancy history, including pregnancies that might have ended in a miscarriage or other pregnancy loss.

- RH25.** How many times have you been pregnant?
- None.....1 [GO TO RH52]
 - 1 or more.....2 **RH25Sp.** SPECIFY: _____
 - Don't know8 [GO TO RH52]
 - Prefer not to answer.....9 [GO TO RH52]

- RH25a.** How many of these pregnancies ended **before** the oil spill in 2010?
 ___ ___ [IF ZERO, GO TO RH26]
- Don't know.....8
 - Prefer not to answer9

RH25b. Among the [RH25a] pregnancies that ended **before** the oil spill in 2010, did you or the child experience any of the following complications?

Complications:	Yes	No	Don't know	Prefer not to answer
b1. Miscarriage	1	2	8	9
b2. High blood pressure without protein in your urine	1	2	8	9
b3. Preeclampsia (high blood pressure combined with protein in your urine)	1	2	8	9
b4. Gestational diabetes	1	2	8	9
b5. Extreme nausea with vomiting resulting in hospitalization	1	2	8	9
b6. Stillbirth	1	2	8	9
b7. Preterm delivery	1	2	8	9
b8. Low birth weight (less than 5 pounds, 8 ounces)	1	2	8	9

[IF RH25a = RH25Sp, GO TO RH52]

- RH25c.** How many of your [RH25Sp] pregnancies ended during or after the oil spill in 2010?
 ___ ___

Don't know.....8
 Prefer not to answer9 [GO TO RH52]

The next questions are about your first pregnancy that occurred during or after the Deepwater Horizon oil spill in 2010.

RH26. Is this a current pregnancy?

Yes..... 1
 No..... 2 [GO TO RH27]
 Don't know 8 [GO TO RH27]
 Prefer not to answer9 [GO TO RH27]

RH26a. What was the date of the first day of your last menstrual period?

___ / ___ / ___

Don't know... 8
 Prefer not to answer9

RH26b. What is your due date?

___ / ___ / ___

Don't know... 8
 Prefer not to answer9

RH26c. Are you in your first, second or third trimester?

First1
 Second2
 Third3
 Don't know.....8
 Prefer not to answer9

RH27. How many babies were you carrying during this pregnancy?

[_] NUMBER

Don't know 8
 Prefer not to answer9

RH28. Were you trying to get pregnant?

Yes..... 1
 No..... 2
 Don't know 8
 Prefer not to answer9 [GO TO RH29]

RH28a. How many months did it take you to get pregnant?

Less Than 2 Months1
 3-5 Months.....2
 6-8 Months.....3

- 9-11 Months.....4
- 12+ Months.....5
- Don't know.....8
- Prefer not to answer9

RH28b. Did you take any fertility drugs or receive any medical procedures from a doctor, nurse, or other health care worker to help you get pregnant? (This may include infertility treatments such as fertility drugs or in vitro fertilization.)

- Yes1; **RH28bSp.** Specify: _____
- No.....2
- Don't know.....8
- Prefer not to answer9

RH29. [Have you experienced/Did you experience] any of the following complications during this pregnancy?

Complications:	Yes	No	Don't know	Prefer not to answer
a. Vaginal bleeding	1	2	8	9
b. High blood pressure without protein in your urine	1	2	8	9
c. Preeclampsia (high blood pressure combined with protein in your urine)	1	2	8	9
d. Gestational diabetes	1	2	8	9
e. Extreme nausea with vomiting resulting in hospitalization	1	2	8	9
f. Zika infection during this pregnancy				
g. Miscarriage	1	2	8	9
h. Elective or therapeutic abortion	1*	2	8	9
i. Tubal or ectopic pregnancy	1*	2	8	9
j. Molar pregnancy	1*	2	8	9

[*]=IF ANY OF THESE BOXES IS CHECKED, SKIP TO RH32

RH30. The next questions are about smoking around the time of this pregnancy.

RH30a. What was the average number of cigarettes or packs smoked per day during the three months before this pregnancy? [IF NONE, ENTER '0']

_____Number

- Cigarettes1
- Packs.....2
- Don't know.....8
- Prefer not to answer9

RH30b. What was the average number of cigarettes or packs smoked per day during the first three months of pregnancy? [IF NONE, ENTER '0']

_____Number

- Cigarettes1
- Packs.....2

Don't know.....8
 Prefer not to answer9

RH30c. What was the average number of cigarettes or packs smoked per day during the second three months of pregnancy? [IF NONE, ENTER '0']

_____Number
 Cigarettes1
 Packs.....2
 Don't know.....8
 Prefer not to answer9

R30d. What was the average number of cigarettes or packs smoked per day during the last three months of pregnancy? [IF NONE, ENTER '0']

_____Number
 Cigarettes1
 Packs.....2
 Don't know.....8
 Prefer not to answer9

RH31. The next questions are about drinking alcohol around the time of this pregnancy.

RH31a. What was the average number of alcoholic drinks you had per day or per week during the three months before pregnancy? [IF NONE, ENTER '0']

_____Number
 Day1
 Week2
 Don't know.....8
 Prefer not to answer9

RH31b. What was the average number of alcoholic drinks you had per day or per week during the first three months of pregnancy? [IF NONE, ENTER '0']

_____Number
 Day1
 Week2
 Don't know.....8
 Prefer not to answer9

RH31c. What was the average number of alcoholic drinks you had per day or per week during the second three months of pregnancy? [IF NONE, ENTER '0']

_____Number
 Day1
 Week2
 Don't know.....8

Prefer not to answer9

RH31d. What was the average number of alcoholic drinks you had per day or per week during the last three months of pregnancy? [IF NONE, ENTER '0']

_____ Number
 Day1
 Week2
 Don't know.....8
 Prefer not to answer9

RH32. What was the age of the father at the start of your pregnancy?

___ __ YEARS
 Don't know 8
 Prefer not to answer9

RH33. Is the father Hispanic or Latino?

Yes 1
 No..... 2
 Don't know 8
 Prefer not to answer9

RH34. What is the father's race?

American Indian or Alaskan Native 1
 Asian 2
 Black or African American 3
 Native Hawaiian or Pacific Islander 4
 White 5
 Mixed Race / Other 6
 Don't know 8
 Prefer not to answer 9

RH35. Was the father involved in the Gulf oil spill clean-up in any way?

Yes 1
 No..... 2
 Don't know 8
 Prefer not to answer9

RH36. Is the father a participant in the GuLF STUDY?

Yes 1
 No..... 2 [*]
 Don't know 8 [*]
 Prefer not to answer9 [*]

[*]=IF NOT CURRENTLY PREGNANT GO TO RH37, IF CURRENTLY PREGNANT GO TO RH52

RH36a. Would you be willing to provide his name and birth date so we can link his information to yours?

Yes1; **RH36aSp.** Specify name and DOB_____ [*]
 No2 [*]
 Don't know.....8 [*]
 Prefer not to answer9 [*]

[*]=IF NOT CURRENTLY PREGNANT GO TO RH37, IF CURRENTLY PREGNANT GO TO RH52

The next questions are, again, about your first pregnancy that occurred during or after the Deepwater Horizon oil spill in 2010.

RH37. What was the date this pregnancy ended?

__ __ / __ __ / __ __ __ __

Don't know8
 Prefer not to answer9

RH38. What was the outcome of this pregnancy?

Live birth..... 1
 Miscarriage.....2 [*]
 Stillbirth3 [*]
 Abortion.....4 [*]
 Tubal or ectopic pregnancy5 [*]
 Molar pregnancy6 [*]
 Don't know8 [*]
 Prefer not to answer9 [*]

[*] GO TO RH52

RH39. How many pounds did you gain during this pregnancy?

Less Than 20 Pounds1
 20 To 35 Pounds2
 More Than 35 Pounds.....3
 Don't know8
 Prefer not to answer9

RH40. How long did the pregnancy last?

20-23 Weeks2
 24-27 Weeks3
 28-31 Weeks4
 32-33 Weeks5
 34-36 Weeks6
 37-38 Weeks7

39-41 Weeks8
 42+ Weeks9
 Don't know88
 Prefer not to answer99

RH41. What type of delivery did you have?

Regular Vaginal Delivery1
 Medically Induced Vaginal Delivery2
 Scheduled C-Section3
 Emergency C-Section4
 Don't know8
 Prefer not to answer9

[FOR RH42 – RH51, IF PREGNANCY RESULTED IN MULTIPLES (RH27 > 1),
 REPEAT THE QUESTION FOR EACH CHILD.]

RH42. The next few questions are about the child or children from your first pregnancy that occurred during or after the Deepwater Horizon oil spill in 2010. If you were carrying more than 1 child the questions will be repeated for each. Is this child a boy or a girl?

BOY1
 GIRL2
 Don't know8
 Prefer not to answer9

RH43. Was this child's birthweight less than 5 pounds, 8 ounces at delivery?

Yes 1
 No 2
 Don't know 8 [GO TO RH44]
 Prefer not to answer 9 [GO TO RH44]

RH43a. Do you remember the child's birthweight?

____ POUNDS ____ OUNCES
 Don't know8
 Prefer not to answer9

RH44. Did you breastfeed this child?

Yes 1
 No 2
 Don't know 8
 Prefer not to answer 9

RH45. Has a doctor diagnosed the child with any birth defect(s)?

Yes 1
 No 2 [GO TO RH46]
 Don't know 8 [GO TO RH46]
 Prefer not to answer 9 [GO TO RH46]

RH45a. How many different birth defects has the child been diagnosed with?

_____ [NUMBER]
Don't know.....8
Prefer not to answer9
[BEGIN REPEATING RECORD]

RH45b. What type of birth defect was the child diagnosed with?
_____ [FREE TEXT FIELD]
Don't know.....8
Prefer not to answer9

RH45c. When was the child diagnosed with birth defects?
__ __ / __ __ __ __ [MM/YYYY]
__ __ [Child's Age]
Don't know.....8
Prefer not to answer9

[END REPEATING RECORD]

RH46. Has a **doctor** diagnosed the child with attention deficit/hyperactivity disorder?
Yes..... 1
No..... 2 [GO TO RH47]
Don't know 8 [GO TO RH47]
Prefer not to answer 9 [GO TO RH47]

RH46a. When was the child diagnosed with attention deficit/hyperactivity disorder?
__ __ / __ __ __ __ [MM/YYYY]
__ __ [Child's Age]
Don't know.....8
Prefer not to answer9

RH46b. Is the child currently taking medication for attention deficit/hyperactivity disorder?
Yes 1
No.....2
Don't know.....8
Prefer not to answer9

RH47. Has a doctor diagnosed the child with autism?
Yes..... 1
No..... 2 [GO TO RH48]
Don't know 8 [GO TO RH48]
Prefer not to answer 9 [GO TO RH48]

RH47a. When was the child diagnosed with autism?
__ __ / __ __ __ __ [MM/YYYY]

__ __ [Child's Age]
 Don't know.....8
 Prefer not to answer9

RH48. Has a doctor diagnosed the child with asthma?

Yes..... 1
 No..... 2 [GO TO RH49]
 Don't know 8 [GO TO RH49]
 Prefer not to answer9 [GO TO RH49]

RH48a. When was the child diagnosed with asthma?

__ __ / __ __ __ __ [MM/YYYY]
 __ __ [Child's Age]
 Don't know.....8
 Prefer not to answer9

RH48b. Is the child currently taking medication for asthma?

Yes1
 No.....2
 Don't know.....8
 Prefer not to answer9

RH49. Did the child have any (other) major illnesses or hospitalizations that occurred in the first year of life that you would like to tell us about?

Yes..... 1
 No..... 2 [GO TO RH50]
 Don't know 8 [GO TO RH50]
 Prefer not to answer9 [GO TO RH50]

RH49a. What type of major illnesses or hospitalizations did they have in their first year of life?

_____ [FREE TEXT FIELD]
 Don't know.....8
 Prefer not to answer9

RH50. Is the child still living?

Yes..... 1
 No..... 2 [*]
 Don't know 8 [*]
 Prefer not to answer9 [*]

[*] BEGIN LOOP FOR NEXT PREGNANCY, ELSE END REPEATING RECORD AND GO TO RH52

RH51. Does the child live with you?

Yes..... 1

No..... 2
 Sometimes 3
 Don't know 8
 Prefer not to answer 9
 [END REPEATING RECORD]

RH52. Not including birth control pills, shots or implants, have you ever taken any replacement or supplemental hormone therapy?

Yes..... 1; **RH52Sp.** Specify: _____
 No..... 2 [GO TO RH53]
 Don't know 8 [GO TO RH53]
 Prefer not to answer 9 [GO TO RH53]

RH52a. When did you start taking hormones for the first time?

___ / ___ [MM/YYYY]
 ___ YEARS OLD

Don't know.....8
 Prefer not to answer9

RH52b. Are you currently taking hormones?

Yes 1 [GO TO RH53]

No.....2

Don't know.....8

Prefer not to answer9

RH52c. When did you **stop** taking hormones?

___ / ___ [MM/YYYY]
 ___ YEARS OLD

Don't know.....8

Prefer not to answer9

RH53. The following questions are about your fertility history, and whether you and your partner ever had problems achieving pregnancy in the past.

Did you **ever** try to get pregnant for at least 12 months, without achieving a pregnancy?

Yes..... 1

No..... 2 [GO TO RH55]

Don't know 8 [GO TO RH55]

Prefer not to answer 9 [GO TO RH55]

RH53a. Did this happen before or after the oil spill in 2010?

Before..... 1

After.....2 [GO TO RH54b]

Both3

Don't know.....8
 Prefer not to answer9 [GO TO RH55]

RH53b. Thinking back to the first time this happened, how long had you been trying to get pregnant?

1-2 Years1
 > 2 Years2
 Don't know.....8
 Prefer not to answer9

RH53c. When did this first happen?

___ / ___ [MM/YYYY]

|_|_| Age

Don't know.....8
 Prefer not to answer9

RH53d. Have you ever visited a doctor, clinic, or hospital because of difficulties related to fertility?

Yes1
 No.....2 [*]
 Don't know.....8 [*]
 Prefer not to answer9 [*]

[*] IF RH53a = 3 OR 8, GO TO RH54a; IF RH 53a = 1, GO TO RH55

RH53e. Was any doctor able to tell you why you and your partner were having difficulty becoming pregnant?

Yes1
 No.....2 [*]
 Don't know.....8 [*]
 Prefer not to answer9 [*]

[*] IF RH53a = 3 OR 8, GO TO RH54a; IF RH53a = 1, GO TO RH55

RH53f. What was the nature of the problem? [Check all that apply]

Male Factor.....1
 Cervical Factor2
 Tubal Factor3
 Ovulation Factor4
 Hormonal Problems.....5
 Age Factor.....6
 Other7 **RH53fSp.** Specify: _____
 Don't know.....8
 Prefer not to answer9

RH54a. Did you ever have difficulty becoming pregnant for at least 12 months, without achieving a pregnancy, **after** the oil spill in 2010?

Yes1

No.....2 [GO TO RH55]
 Don't know.....8
 Prefer not to answer9 [GO TO RH55]

RH54b. After the spill, how long had you been trying to get pregnant?

1-2 Years1
 > 2 Years2
 Don't know.....8
 Prefer not to answer9

RH54c. When did this particular difficulty becoming pregnant start?

___ / ___ [MM/YYYY]

___ Age

Don't know.....8
 Prefer not to answer9

RH54d. Have you **ever** visited a doctor, clinic, or hospital because of difficulties related to fertility?

Yes1
 No.....2 [GO TO RH55]
 Don't know.....8 [GO TO RH55]
 Prefer not to answer9 [GO TO RH55]

RH54e. Was any doctor able to tell you why you and your partner were having difficulty becoming pregnant?

Yes1
 No.....2 [GO TO RH55]
 Don't know.....8 [GO TO RH55]
 Prefer not to answer9 [GO TO RH55]

RH54f. What was the nature of the problem? [Please tell me all that apply]

Male Factor.....1
 Cervical Factor2
 Tubal Factor3
 Ovulation Factor4
 Hormonal Problems.....5
 Age Factor.....6
 Other7 **RH54fSp.** Specify: _____
 Don't know.....8
 Prefer not to answer9

RH55 Has a **doctor** ever diagnosed you with endometriosis?

Yes.....1
 No.....2 [GO TO RH56]

Don't know8 [GO TO RH56]

Prefer not to answer9 [GO TO RH56]

RH55a. Did this diagnosis occur before or after the oil spill in 2010?

Before the oil spill in 2010.....1

After the oil spill in 2010.....2

Don't know8

Prefer not to answer9

RH56. Has a **doctor** ever diagnosed you with uterine fibroids?

Yes.....1

No.....2 [GO TO RH57]

Don't know8 [GO TO RH57]

Prefer not to answer9 [GO TO RH57]

RH56a. Did this diagnosis occur before or after the oil spill in 2010?

Before the oil spill in 2010.....1

After the oil spill in 2010.....2

Don't know8

Prefer not to answer9

RH57. Has a **doctor** ever diagnosed you with pelvic infection or pelvic inflammatory disease?

Yes.....1

No.....2 [GO TO RH58]

Don't know8 [GO TO RH58]

Prefer not to answer9 [GO TO RH58]

RH57a. Did this diagnosis occur before or after the oil spill in 2010?

Before the oil spill in 2010.....1

After the oil spill in 2010.....2

Don't know8

Prefer not to answer9

RH58. Has a **doctor** ever diagnosed you with polycystic ovary syndrome (PCOS)?

Yes.....1

No.....2 [GO TO RH59]

Don't know8 [GO TO RH59]

Prefer not to answer9 [GO TO RH59]

RH58a. Did this diagnosis occur before or after the oil spill in 2010?

Before the oil spill in 2010.....1

After the oil spill in 2010.....2

Don't know8

Prefer not to answer9

RH59. Have you ever had any surgeries to the uterus, ovaries, or other reproductive organs?

- Yes 1
 No..... 2 [GO TO RH60]
 Don't know 8 [GO TO RH60]
 Prefer not to answer 9 [GO TO RH60]

RH59a. How many surgeries, in total, have you had to your uterus, ovaries, or other reproductive organs?

Number of Surgeries

- Don't know 8
 Prefer not to answer 9

[BEGIN REPEATING RECORD]

RH59b What (other surgery) surgeries did you have to the uterus, ovaries, or other reproductive organs? Please tell me about each one separately.

_____ [FREE TEXT FIELD]

- Don't know.....8
 Prefer not to answer9

RH59c When did you have this surgery?

___ / ___ [MM/YYYY]

I__II__I Age

- Don't know.....8
 Prefer not to answer9

[END REPEATING RECORD]

[ONLY ASK RH 60-RH60c IF RH26 = NO]

[IF CURRENTLY PREGNANT (ANSWER TO RH26 = Yes), THEN GO TO CLOSE]

RH60. Did you have a period in the last 12 months?

- Yes 1 [GO TO RH60a]
 No..... 2 [GO TO RH60b]
 Don't know 8 [GO TO CLOSE]
 Prefer not to answer 9 [GO TO CLOSE]

RH60a. Would you say your menstrual cycles are:

- Regular.....1 [GO TO CLOSE]
 Irregular2 [GO TO CLOSE]
 Don't know.....8 [GO TO CLOSE]
 Prefer not to answer9 [GO TO CLOSE]

RH60b. When did you have your last menstrual period? Enter the date OR your age at that time.

__ __ / __ __ __ __ [MM/YYYY]

__ __ YEARS OLD

Don't know.....8

Prefer not to answer9

RH60c. Why did your periods stop?

Menopause/Change Of Life..... 1

Hysterectomy/Surgery/Other Treatment..... 2

Taking Birth Control That Eliminates Periods 3

Other [FREE TEXT
FIELD]

Don't know..... 8

Prefer not to answer 9

SECTION X: Hurricanes

The next few questions are about your experience since April 2010 with hurricanes or tropical storms. (For example, Hurricanes Harvey, Irma, Michael, Florence, etc.)

X1. Were you personally impacted by any hurricanes or tropical storms since April 2010?

YES 1
 NO 2 [GO TO WRAP UP]
 DON'T KNOW 8
 PREFER NOT TO ANSWER 9 [GO TO WRAP UP]

X1a. What storm(s) were you personally impacted by? (list all that apply)

FLORENCE 1
 HARVEY 2
 HERMINE 3
 IRMA 4
 ISAAC 5
 MARIA 6
 MATTHEW 7
 MICHAEL 8
 NATE 9
 SANDY 11
 OTHER 77 _____ [FREE-TEXT FIELD]
 DON'T KNOW 88 [GO TO X2]
 PREFER NOT TO ANSWER 99 [GO TO X4]

X1b. Which storm were you most personally impacted by?
 [INSERT NAMES FROM X1a]

We are going to focus on your experiences from [INSERT NAME FROM X1b].

X2. Were you forced to leave your residence because of Hurricane [INSERT FROM X1b]?

YES 1
 NO 2 [GO TO X4]
 DON'T KNOW 8 [GO TO X4]
 PREFER NOT TO ANSWER 9 [GO TO X4]

X3. Have you returned to your prior residence or are you in a different residence?

Prior residence 1
 Different residence 2
 DON'T KNOW 8 [GO TO X4]
 PREFER NOT TO ANSWER 9 [GO TO X4]

X3a. For how many days, weeks, or months were you unable to return?

____ UNITS
 DAYS 1 [GO TO X4]
 WEEKS 2 [GO TO X4]
 MONTHS 3 [GO TO X4]
 STILL DISPLACED ... 4
 DON'T KNOW 8

PREFER NOT TO ANSWER 9 [GO TO X4]

X3b. Do you ultimately expect to return to your prior residence, to stay where you are now, or to move to a new residence?

Return to prior residence..... 1
 Stay in current residence 2 [GO TO X3c]
 Move to new residence 3 [GO TO X3d]
 DON'T KNOW 8
 PREFER NOT TO ANSWER 9 [GO TO X4]

X3b1. What has prevented you from moving back?

Not allowed 1
 House damaged 2
 Need money 3
 Need transportation 4
 Other 5 _____ [FREE-TEXT FIELD]
 DON'T KNOW 8
 PREFER NOT TO ANSWER 9

X3c. Is your current residence in the same neighborhood, city, or town as your prior residence?

Same neighborhood..... 1 [GO TO X4]
 Same city or town, different neighborhood ... 2 [GO TO X4]
 Different city or town 3 [GO TO X4]
 DON'T KNOW 8 [GO TO X4]
 PREFER NOT TO ANSWER 9 [GO TO X4]

X3d. Will your new residence in the same neighborhood, city, or town as your prior residence?

Same neighborhood..... 1
 Same city or town, different neighborhood ... 2
 Different city or town 3
 DON'T KNOW 8
 PREFER NOT TO ANSWER 9

X4. Did you experience significant property damage or financial hardship as a result of Hurricane [INSERT NAME FROM X1B]?

YES 1
 NO 2
 DON'T KNOW 8
 PREFER NOT TO ANSWER 9

X5. Did you experience a serious injury during the Hurricane?

YES 1
 NO 2 [GO TO X6]
 DON'T KNOW 8 [GO TO X6]
 PREFER NOT TO ANSWER 9 [GO TO X6]

X5a. What was the serious injury?
 _____ [FREE-TEXT FIELD]

X6. Did you experience the loss of a loved one or a serious injury to a loved one during the Hurricane?

- YES 1
- NO 2
- DON'T KNOW 8
- PREFER NOT TO ANSWER 9

SECTION: Wrap-up

Thank you for your responses so far. I would like to confirm some additional information and then your interview will be complete.

[PROGRAMMER NOTE: ONLY DISPLAY SSN QUESTIONS IF WE DID NOT OBTAIN FULL SSN DURING PRIOR INTERVIEWS].

CL1. What is your social security number? [PROBE: Your social security number will help us keep in touch with you over the years and allow us to link to the correct records about your health. Reporting your social security number is voluntary. We will not share your social security number with others and we will do everything possible to keep it private.]

___/___/___ - ___/___ - ___/___/___/___ [GO TO CL2]

DON'T HAVE[GO TO CL2]

DON'T KNOW8

REFUSED9

CL1a. Would you be willing to tell me the last four digits of your social security number? The last four digits of your Social Security Number are not unique to you. Other people have those same last four digits. However, it will help us do a better job of keeping up with you and your public health records over the years.

Last 4 numbers of SSN - ___ ___ ___ ___

DON'T HAVE.....

DON'T KNOW8

REFUSED9

Text Messaging Opt-in / Opt-out

[PROGRAMMER NOTE: ONLY DISPLAY CL2 TO PARTICIPANTS WHO SAID NO, DON'T KNOW, OR REFUSED AT PRIOR INTERVIEW.]

CL2. Would you like to receive periodic text messages on your mobile phone with GuLF STUDY news and updates? Please note that your cell phone service provider may charge for text messages as part of your individual service plan.

YES1

NO.....2 [GO TO CL3]

DON'T KNOW.....8 [GO TO CL3]

REFUSED9 [GO TO CL3]

CL2a. Would you please provide us with a mobile phone number that we should use to send you text messages?

SAME PHONE NUMBER CALLED TO REACH PARTICIPANT 1

Phone Number |_|_|_|_|_|_|_|_|_|_| TEN DIGIT #

DON'T KNOW 8

REFUSED 9

Please press the submit button below.

SUBMIT BUTTON

CL3. Thank you for completing the survey. In the future, we may contact you about conditions you reported. We are requesting that participants who reported having a cancer diagnosis since the oil spill in 2010, send us a copy of their pathology report. If you would like to send us a copy of your pathology report, please mail it to:

PO Box 13792
Durham, NC 27709

We really appreciate your time. If you have any questions or concerns, you can call our toll-free number at 1-855-NIH-GuLF (1-855-644-4853) or provide your feedback below and a member of the study staff will assist you.

[PROGRAMMER NOTE: DISPLAY IF PPT= Non Incentive Arm]

These are all of the study questions I have for you. Do you have any questions about the study or anything that we discussed today?

[PARTICIPANT'S NAME], I really appreciate your time. If you have any questions or concerns, you can call our toll-free number and a member of the study staff will assist you. That toll-free number is 855 NIH GuLF (855-644 4853).

You've been entered into the drawing for a \$500 gift card.