
Appendix E. NHEXAS Questionnaires

Descriptive Questionnaire	E-1
Baseline Questionnaire	E-12
Time Diary And Activity Questionnaire.....	E-39
Technician Walk-Through Questionnaire.....	E-52
Followup Questionnaire	E-60
24-Hour Food	E-72
Food Diary Followup	E-76

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OMB Clearance #:2080-0053
Expires: July 31, 1998

NATIONAL HUMAN EXPOSURE ASSESSMENT SURVEY

DESCRIPTIVE QUESTIONNAIRE

Participant Identification Number

[Place Label Here]

Public reporting burden for this collection of information is estimated to average ___ hours (or minutes) per response, and to require ___ hours recordkeeping. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Chief, Information Policy Branch, 2136 , U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

INTERVIEWER/TECHNICIAN ID: _____

Date Completed: ____ / ____ / ____

July 14, 1995

TABLE - RECORD OF CALLS

[THIS PAGE WILL CONTAIN THE INFORMATION NECESSARY TO IDENTIFY THE PARTICIPANT AND WILL BE DESIGNED BY EACH CONSORTIUM TO MEET ITS NEEDS. THIS IS AN EXAMPLE OF THE INFORMATION THAT WILL BE RECORDED.]

**NATIONAL HUMAN EXPOSURE ASSESSMENT SURVEY
DESCRIPTIVE QUESTIONNAIRE**

LOCATION DATA (Technician Completed--address/ID label)

State _____ County _____

Census Tract _____ Block _____

Street Address _____ / _____
Apt./Space #

City, Zip _____ / _____
Zip code

GPS Reading: Latitude _____

Longitude _____

INTERVIEWER/TECHNICIAN ID: _____

Date Completed: ____/____/____

Hello. I'm (NAME) with (NAME OF CONSORTIA MEMBER). We are conducting a survey in cooperation with the Environmental Protection Agency on exposures to substances in the environment in and around your home. You have been selected at random to participate in this survey. We mailed a letter to this address that explains the importance of your participation. Do you remember receiving this letter? (IF LETTER NOT RECEIVED, HAND COPY TO RESPONDENT. ALLOW TIME FOR READING. ANSWER ANY QUESTIONS.)

HOUSEHOLD ELIGIBILITY

D1. VERIFY ADDRESS ON LABEL. CIRCLE "1" OR RECORD CORRECTED ADDRESS BELOW.

ADDRESS ON LABEL IS CORRECT1 → G O T O QUESTION D2

NEW ADDRESS: _____

Street/RFD	Apt. #	
City	State	ZIP Code

D2. VERIFY THAT THE RESPONDENT IS A PERMANENT RESIDENT OF THE HOUSEHOLD (NOT A VISITOR, BABY SITTER, HOUSE SITTER, ETC.), RESIDES WITH THE MEMBERS OF THE HOUSEHOLD AT LEAST HALF THE YEAR, AND IS AT LEAST 18 YEARS OLD. IF RESPONDENT IS NOT A RESIDENT OF THE HOUSEHOLD OR IS NOT 18 YEARS OR OLDER, REQUEST TO SPEAK TO SOMEONE ELIGIBLE TO ANSWER FOR THE HOUSEHOLD. IF AN ELIGIBLE SCREENING RESPONDENT IS OBTAINED, CIRCLE "1." IF NO ELIGIBLE SCREENING RESPONDENT IS AVAILABLE, CIRCLE "2."

ELIGIBLE SCREENING RESPONDENT1 → CONTINUE

NO ELIGIBLE SCREENING RESPONDENT2 → STOP. ENTER
 PENDING CODE
 02 ON RECORD
 OF CALLS AND
 THANK
 RESPONDENT.

D3. Is this property your primary residence or is it a vacation home or second home where you live less than half the year? (CIRCLE ONE.)

- PRIMARY RESIDENCE 1 → CONTINUE
- VACATION/SECOND HOME..... 2 → GO TO D9

D4. Do more than 10 people live at this address? (CIRCLE "Y" OR "N.")

- YES..... Y → CONTINUE
- NO N → GO TO D9

HOUSEHOLD ROSTER

D5a. First, I would like to ask a few general questions about you and the other people who live here now. Just to be sure I account for everyone, please tell me the first names of all the people who currently live here. Let's begin with the person or persons who own the residence or pay the rent. (ENTER FIRST NAMES IN COLUMN B OF THE ROSTER. ENTER RELATIONSHIP TO HEAD IF FIRST NAMES ARE REFUSED.)

I have listed (NAMES). Is there anyone else living here now such as friends, roomers, or other people we might have overlooked? (IF SO, ADD THEM TO THE ROSTER.)

ASK QUESTION D5b FOR EACH LISTED INDIVIDUAL.

D5b. Is (NAME) a full-time resident of this household, that is a person who lives in the residence year round except for short periods of time?

YES.....	Y →	CONTINUE
NO	N →	DELETE FROM ROSGTER AND CONTINUE WITH NEXT NAME.

ASK QUESTIONS D5c-k FOR EACH LISTED INDIVIDUAL. RECORD RESPONSE IN ROSTER.

D5c. CIRCLE THE SEX ("M" FOR MALE OR "F" FOR FEMALE) OF EACH PERSON IN COLUMN C. ASK IF NOT OBVIOUS.

D5d. What is (NAME's) year of birth? (ENTER 2 DIGITS IN COLUMN D.)

D5e. What is (NAME's) race? (READ CHOICES AND CIRCLE ONE NUMBER IN COLUMN E.)

- White.....1
- Black or African-American.....2
- American Indian.....3
- Eskimo or Aleut.....4
- Asian or Pacific Islander.....5
- Some other race (Specify: _____).....6
- DON'T KNOW.....DK
- REFUSED.....RE

D5f. Is (NAME) of Hispanic or Spanish origin? (CIRCLE RESPONSE IN COLUMN F.)

YES1
NO2
DON'T KNOWDK
REFUSEDRE

D5g. How much school has (NAME) completed? (READ CHOICES AND CIRCLE ONE NUMBER IN COLUMN G FOR THE HIGHEST LEVEL COMPLETED OR DEGREE RECEIVED. IF CURRENTLY ENROLLED, CIRCLE THE LEVEL OF THE PREVIOUS GRADE ATTENDED OR HIGHEST DEGREE RECEIVED.)

No schooling completed or kindergarten only1
Primary or middle school (Grade 1 through 8)2
Some high school (Grade 9 through 11)3
High school graduate (Grade 12 or GED)4
Some college or technical school5
College graduate6
Some post-college7
DON'T KNOWDK

D5h. Does (NAME) smoke tobacco products? (CIRCLE RESPONSE IN COLUMN H.)

YESY → CONTINUED
NON → GO TO D5j
DON'T KNOWDK → GO TO D5j

D5i. Does (NAME) smoke inside the house? (CIRCLE RESPONSE IN COLUMN I.)

YESY
NON
DON'T KNOWDK

D5j. Does (NAME) work outside the home? (CIRCLE RESPONSE IN COLUMN N?)

YESY
NON
DON'T KNOWDK

D5k. Does (NAME) attend school or daycare outside the home? (CIRCLE RESPONSE IN COLUMN K)

YESY
NON
DON'T KNOWDK

HOUSE CHARACTERISTICS

D6. I would now like to ask you a few questions about your home. Is your home... (READ CHOICES AND CIRCLE ONE. INCLUDE ALL APARTMENTS, FLATS, ETC., EVEN IF VACANT.)

- A mobile home or trailer1
- A one-family house detached from any other house2
- A one-family house attached to one or more houses.....3
- A building with 2 apartments4
- A building with 3 or 4 apartments5
- A building with 5 to 9 apartments6
- A building with 10 to 19 apartments7
- A building with 20 to 49 apartments8
- A building with 50 or more apartments.....9
- Other (Specify: _____)10

D7. How many rooms are there in this house or apartment? Do NOT count bathrooms, porches, balconies, foyers, or halls.

_____ Rooms

D8. Is this house or apartment... (READ CHOICES AND CIRCLE ONE.)

- Owned by you or someone in this household with a mortgage or loan?1
- Owned by you or someone in this household and clear (without a mortgage)?2
- Rented for cash rent?3
- Occupied without payment of cash rent?4
- DON'T KNOWDK

RESPONDENT SELECTION

- D9. a. WHAT IS THE ROSTER LINE NUMBER OF THE SELECTED PARTICIPANT? ENTER "00" IF NO ONE IS SELECTED AND GO TO QUESTION D10.

--	--

- b. OBTAIN FULL NAME OF SELECTED PARTICIPANT.

[NOTE: INSTRUCTIONS SPECIFIC TO EACH CONSORTIUM FOR OBTAINING INFORMED CONSENT, SETTING UP APPOINTMENTS AND COMPLETING THE BASELINE QUESTIONNAIRE WILL BE ENTERED HERE.]

FULL NAME OF PARTICIPANT

- c. IF PARTICIPANT IS UNDER 18, OBTAIN FULL NAME OF PARTICIPANT'S GUARDIAN.

FULL NAME OF GUARDIAN

- D10. IF NO ONE SELECTED: My supervisor needs to call some of the people I talk with in order to verify my work.

IF PARTICIPANT SELECTED: We may need to call you to verify the appointments.

- a. Do you have a telephone in this house or apartment?

YES.....	Y →	CONTINUE
NO	N →	GO TO D10c
DON'T KNOW	DK →	GO TO D10c
REFUSED	RE →	STOP ENTER FINAL RESULT CODE AND THANK RESPONDENT

- b. What is the telephone number, starting with the area code?

(____)-____-_____ → GO TO D11

c. Is there a telephone on which you can receive calls?

YES.....	Y →	CONTINUE
NO	N →	STOP ENTER
REFUSED	RE →	FINAL RESULT
		CODE AND
		THANK
		RESPONDENT

d. What is the telephone number, starting with the area code?

()- -	→	GO TO D11
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ENTER FINAL RESULT CODE AND THANK RESPONDENT.

HOUSEHOLD ROSTER

A	B	C	D	E	F	G	H	I	J	K
Roster	Name/Relation to Head	Sex	Year of Birth	Race	Hispanic?	School Completed?	Smoke?	Smoke Inside	Work Outside Home?	School/Daycare Outside Home?
01		M F	____	1 2 3 4 5 6 DK RE	Y N DK RE	1 2 3 4 5 6 7 DK	Y N DK	Y N DK	Y N DK	Y N DK
02		M F	____	1 2 3 4 5 6 DK RE	Y N DK RE	1 2 3 4 5 6 7 DK	Y N DK	Y N DK	Y N DK	Y N DK
03		M F	____	1 2 3 4 5 6 DK RE	Y N DK RE	1 2 3 4 5 6 7 DK	Y N DK	Y N DK	Y N DK	Y N DK
04		M F	____	1 2 3 4 5 6 DK RE	Y N DK RE	1 2 3 4 5 6 7 DK	Y N DK	Y N DK	Y N DK	Y N DK
05		M F	____	1 2 3 4 5 6 DK RE	Y N DK RE	1 2 3 4 5 6 7 DK	Y N DK	Y N DK	Y N DK	Y N DK
06		M F	____	1 2 3 4 5 6 DK RE	Y N DK RE	1 2 3 4 5 6 7 DK	Y N DK	Y N DK	Y N DK	Y N DK
07		M F	____	1 2 3 4 5 6 DK RE	Y N DK RE	1 2 3 4 5 6 7 DK	Y N DK	Y N DK	Y N DK	Y N DK
08		M F	____	1 2 3 4 5 6 DK RE	Y N DK RE	1 2 3 4 5 6 7 DK	Y N DK	Y N DK	Y N DK	Y N DK
09		M F	____	1 2 3 4 5 6 DK RE	Y N DK RE	1 2 3 4 5 6 7 DK	Y N DK	Y N DK	Y N DK	Y N DK
10		M F	____	1 2 3 4 5 6 DK RE	Y N DK RE	1 2 3 4 5 6 7 DK	Y N DK	Y N DK	Y N DK	Y N DK

NATIONAL HUMAN EXPOSURE ASSESSMENT SURVEY

BASELINE QUESTIONNAIRE

Participant Identification Number

[Place Label Here]

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INTERVIEWER/TECHNICIAN ID: _____

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July 14, 1995

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**NATIONAL HUMAN EXPOSURE ASSESSMENT SURVEY
BASELINE QUESTIONNAIRE**

DESIGNATED PARTICIPANT

(If the participant is less than 10 years old, what is the name of the individual who is providing the answers for the designated respondent?)

Name of Participant _____

Completed by _____ (if other than participant)

Relation to participant _____

Home Phone _____ Date: ____/____/____

LOCATION DATA (Technician Completed--address/ID label)

State _____ County _____

Census Tract _____ Block _____

Street Address _____ / _____
Apt./Space #

City, Zip _____ / _____
Zip code

INTERVIEWER/TECHNICIAN ID: _____ Date Completed: ____/____/____

DEMOGRAPHICS

These first questions ask about (you/this child). REMIND PARENT/GUARDIAN TO RESPOND FORCHILD.

B1. What is the highest level of school (you have/this child has) completed? (READ CHOICES AND CIRCLE ONE.) IF CURRENTLY ENROLLED, MARK THE LEVEL OF PREVIOUS GRADE ATTENDED OR HIGHEST DEGREE RECEIVED.

- No school completed or Kindergarten only.....1
- Primary or middle school (Grade 1-8).....2
- Some high school (Grade 9-11).....3
- High school graduate (Grade 12 or GED).....4
- Some college or technical school5
- College graduate.....6
- Some post college.....7

B2. CIRCLE SEX OF PARTICIPANT.

- MALE1
- FEMALE.....2

B3. What is (your/his/her) date of birth? ____/____/____
Month Day Year

B4. How tall (are you/is he/she) without shoes? ____ ft ____ inches

B5. How much (do you/does he/she) weigh? ____ pounds

ASK QUESTIONS B6 AND B7 ONLY IF RESPONDENT IS 10 YEARS OLD OR MORE. IF RESPONDENT IS LESS THAN 10, GO TO B8.

B6a. (Do you/Does he/she) currently smoke tobacco products or use smokeless tobacco products? (CIRCLE "Y" OR "N.")

- YESY → GO TO B7a
- NO.....N → CONTINUE
- DON'T KNOWDK → CONTINUE

B6b. (Have you/Has he/she) ever smoked tobacco products or used smokeless tobacco products? (CIRCLE "Y" OR "N")

- YESY → CONTINUE
- NO.....N → GO TO B8
- DON'T KNOWDK → GO TO B8

B6c. How long ago did (you/he/she) stop using tobacco products? (ENTER NUMBER OR "DK" FOR DON'T KNOW.) _____ → GO TO B8

B7a. On average, how many *cigarettes* (do you/does/he/she) smoke *per day*? (READ CHOICE AND CIRCLE ONE.)

- None1
- Less than ½ pack2
- ½ pack or more, but less than 1 pack3
- 1 pack or more, but less than 1½ packs.....4
- 1½ packs or more, but less than 2 packs5
- 2 or more packs6
- Occasional (social smoker)7
- DON'T KNOWDK

B7b. On average, how many *cigars* (do you/does/he/she) smoke per day? (ENTER NUMBER OR "DK" FOR DON'T KNOW.) _____

B7c. On average, how many *pipesful of tobacco* (do you/does/he/she) smoke per day? (ENTER NUMBER OR "DK" FOR DON'T KNOW.) _____

B7d. On average, how many timer per day (do you/does/he/she) use *smokeless tobacco products*? (ENTER NUMBER OR "DK" FOR DON'T KNOW.) _____

PERSONAL EXPOSURE ACTIVITIES

These next few questions are about things that happen at your home, on the job, or in school, and food (you/he/she) eat(s) that might put (you/him/her) in touch with the chemicals we are studying. Some of these questions ask about different periods of time. Some ask about the *past month*, some ask about the *past 3 months*, and some ask about the *past 6 months*. In order to help make these time periods clear, please think about something (you/he/she) did or which happened to (you/him/her) about *1 month ago*, *3 months ago*, and *6 months ago*. For example, finished school, got married, had a baby. Please tell me what each event was so that I can use them later. (RECORD EVENTS HERE AND USE AS NEEDED DURING INTERVIEW.)

1 MONTH EVENT: _____

3 MONTH EVENT: _____

6 MONTH EVENT: _____

B8. On average for the *past month*, how many (hours/minutes) *per week* did (you/he/she) spend....?(IF LESS THAN 1 HOUR, ROUND TO THE NEAREST QUARTER HOUR; IF BETWEEN 1 HOUR AND 10 HOURS, ROUND TO THE NEAREST HOUR; IF GREATER THAN 10 HOURS, ROUND TO THE NEAREST 10 HOURS; e.g., 10, 20, 30, 40, 50 HOURS. ENTER NUMBER AND CIRCLE MINUTES OR HOURS.)

- a. Inside (your/his/her) home with someone who was smoking tobacco? _____ (min/hr)
- b. At work with someone who was smoking tobacco? _____ (min/hr)
- c. In a car, bus, van, or other enclosed vehicle with someone who was smoking tobacco? _____ (min/hr)
- d. In any other indoor or enclosed location with someone who was smoking tobacco? _____ (min/hr)

B9a During the *past month*, has anyone, including you, smoked inside your home? (CIRCLE ONE.)

YESY → CONTINUE
 NON → GO TO B10a
 DON'T KNOWDK → GO TO B10a

B9b. During the *past month*, how many people, including visitors, smoked tobacco inside your home. (ENTER NUMBER OR "DK" FOR DON'T KNOW.) _____

B10a. On average for the **past month**, on how many days did (you/he/she) paint walls, furniture, cars or other objects? (READ CHOICE AND CIRCLE ONE.)

- Never.....1
- 1-3 days per month.....2
- 1-2 days per week.....3
- 3-6 days per week.....4
- Daily.....5
- DON'T KNOWDK

B10b. On average for the **past month**, on how many days did (you/he/she) use chemical paint strippers to remove paint? (READ CHOICE AND CIRCLE ONE.)

- Never.....1
- 1-3 days per month.....2
- 1-2 days per week.....3
- 3-6 days per week.....4
- Daily.....5
- DON'T KNOWDK

B10c. On average for the **past month**, on how many days did (you/he/she) remove paint by other methods such as scraping, heat gun or sanding? (READ CHOICE AND CIRCLE ONE.)

- Never.....1
- 1-3 days per month.....2
- 1-2 days per week.....3
- 3-6 days per week.....4
- Daily.....5
- DON'T KNOWDK

B11a. During the **past three months**, on how many days (did you/did he/she) use lead solder to solderpipes, do electronic repairs, or join pieces of stained glass? (READ CHOICES AND CIRCLE ONE.)

- Never.....1
- 1-2 days.....2
- 1-3 days per month.....2
- 1-2 days per week.....3
- 3-7 days per week.....4
- DON'T KNOWDK

B11b. During the **past three months**, on how many days (did you/did he/she) use lead-based oil paint to paint pictures or jewelry? (READ CHOICES AND CIRCLE ONE.)

- Never.....1
- 1-2 days.....2
- 1-3 days per month.....2
- 1-2 days per week.....3
- 3-7 days per week.....4
- DON'T KNOWDK

B11c. During the *past three months*, on how many days (did you/did he/she) mold lead into fishing sinkers, bullets, or other objects? (READ CHOICES AND CIRCLE ONE.)

- Never 1
- 1-2 days 2
- 1-3 days per month 2
- 1-2 days per week 3
- 3-7 days per week 4
- DON'T KNOW DK

B12a. During the *past three months*, on how many days (did you/did he/she) eat fresh fruits or vegetables grown at your home? (READ CHOICES AND CIRCLE ONE.)

- Never 1
- 1-2 days 2
- 1-3 days per month 2
- 1-2 days per week 3
- 3-7 days per week 4
- DON'T KNOW DK

B12b. During the *past three months*, on how many days (did you/did he/she) eat canned or preserved fruits or vegetables that were grown at your home? (READ CHOICES AND CIRCLE ONE.)

- Never 1
- 1-2 days 2
- 1-3 days per month 2
- 1-2 days per week 3
- 3-7 days per week 4
- DON'T KNOW DK

B13. Do you currently work full time or part time at any location away from your home? (CIRCLE "Y" OR "N." INCLUDE WORKING FOR OTHERS, SELF-EMPLOYED, AND VOLUNTEER WORK. INCLUDE THOSE WHO WORK OUT OF A HOME OFFICE IF THEY WORK PART OF THE TIME AWAY FROM HOME.)

- YES Y → CONTINUE
- NO N → GO TO B17a

B14a. On average for the *past month*, how many hours *per week* did (you/he/she) work at (your/his/her) primary job? (INCLUDE WEEKS WHERE TIME WAS TAKEN OFF FOR VACATION, SICKNESS, ETC. IF LESS THAN 10 HOURS, ROUND TO THE NEAREST HOUR; IF GREATER THAN 10 HOURS, ROUND TO THE NEAREST 10 HOURS; e.g., 10, 20, 30, 40, 50 HOURS).

_____ hours/week

i. On average, how many of these hours were spent working at home?

_____ hours/week

B14b. What kind of business or industry is this? (For example, manufacturing, retail store, government, farm, school.)

B14c. What is (your/his/her) job title? (For example, electrical engineer, stock clerk, typist, farmer.)

B14d. What activities (do you/does he/she) perform most often as part of (your/his/her) duties at that job? (For example, typing, keeping account books, filing, selling cars, operating printing press, finishing concrete.)

B14e. (Do you/Does he/she) wear protective clothing while at (your/his/her) primary job? (CIRCLE "Y" OR "N.")

YESY → CONTINUE
NON → GO TO B14g

B14f. Which types of protective clothing (do you/does he/she) wear while at (your/his/her) primary job? (READ CHOICES AND CIRCLE ALL THAT APPLY.)

Gloves1
Overalls2
Overcoat (e.g. lab coat; smock).....3
Respirator4
Other (Specify: _____)5
DON'T KNOWDK

B14g. While at (your/his/her) primary job, (do you/does he/she) come into contact at least once a week with? (READ CHOICES AND CIRCLE ALL THAT APPLY.)

Saw dust1
Road dust.....2
Fiberglass3
Silica (sand blasting)4
Mine dust.....5
Surface dust in office, classroom, store.....6
Other known type of dust
(Specify: _____)7
Unknown type of dust8
No contact with dust.....9

B14h. While at (your/his/her) primary job, (do you/does he/she) come into contact at least once a week with?
(READ CHOICES AND CIRCLE ALL THAT APPLY.)

- Welding fumes1
- Solder or flux fumes2
- Plastic fumes3
- Paint fumes (include varnish, shellac, etc.)4
- Gasoline or diesel fumes5
- Other known type of fumes, smoke, gas, or vapors
(Specify: _____)6
- Unknown type of fumes, smoke, gas, or vapors7
- No contact with fumes, smoke, gas, or vapors8

B14i. (Do you/Does he/she) come into contact with chemicals used to kill insects, rodents, or weeds at least once a week while at (your/his/her) primary job? (CIRCLE "Y" OR "N.")

- YESY → CONTINUE
- NON → GO TO B15

B14j. If yes, with which types of chemicals (do you/does he/she) come into contact while at (your/his/her) primary job? (READ CHOICES AND CIRCLE ALL THAT APPLY.)

- Raid/Black Flag1
- Insect Repellents2
- Chlorpyrifos, Dursban, Lorsban, Trichlorpyrphos
Pyrinex, Dowco 179, Brodan3
- Malathion, Cythion, Chemathion, Malaspray
Zithiol4
- Diazinon; D-100; D-5005
- Carbaryl, Sevin, Tricarnas, UC 77446
- Other known termiticides
(Specify: _____)7
- Other known pesticides/insecticides
(Specify: _____)8
- Atrazine, Aatrex, Vectal SC, Atratol,
Gesaprim, Primatol A9
- Other known herbicides,
(Specify: _____)10
- Fungicides11
- Unknown type of pesticide, insecticide,
herbicide, or fungicideDK

B15. Do you have a second job? (CIRCLE "Y" OR "N.")

- YESY → CONTINUE
- NON → GO TO B17a

B16a. On average for the *past month*, how many hours *per week* did (you/he/she) work at (your/his/her) second job? (INCLUDE WEEKS WHERE TIME WAS TAKEN OFF FOR VACATION, SICKNESS, ETC. IF LESS THAN 10 HOURS, ROUND TO THE NEAREST HOUR; IF GREATER THAN 10 HOURS, ROUND TO THE NEAREST 10 HOURS; e.g., 10, 20, 30, 40, 50 HOURS).

_____ hours/week

i. On average, how many of these hours were spent working at home?

_____ hours/week

B16b. What kind of business or industry is this? (For example, manufacturing, retail store, government, farm, school.)

B16c. What is (your/his/her) job title? (For example, electrical engineer, stock clerk, typist, farmer.)

B16d. What activities (do you/does he/she) perform most often as part of (your/his/her) duties at that job? (For example, typing, keeping account books, filing, selling cars, operating printing press, finishing concrete.)

B16e. (Do you/Does he/she) regularly wear protective clothing while at (your/his/her) second job?

YESY → CONTINUE
NON → GO TO B16g

B16f. Which types of protective clothing (do you/does he/she) wear while at (your/his/her) second job? (READ CHOICES AND CIRCLE ALL THAT APPLY.)

Gloves1
Overalls2
Overcoat (e.g., lab coat, smock).....3
Respirator4
Other (Specify: _____)5
Don't KnowDK

B16g. While at (your/his/her) second job, (do you/does he/she) come into contact at least once a week with?
(READ CHOICES AND CIRCLE ALL THAT APPLY.)

- Saw dust1
- Road dust.....2
- Fiberglass3
- Silica (sand blasting)4
- Mine dust.....5
- Surface dues in office, classroom, store6
- Other known type of dust
(Specify: _____)7
- Unknown type of dust8
- No contact with dust.....9

B16h. While at (your/his/her) second job, (do you/does he/she) come into contact at least once a week with? (READ CHOICES AND CIRCLE ALL THAT APPLY.)

- Welding fumes1
- Solder or flux fumes2
- Plastic fumes3
- Paint fumes (include varnish, shellac, etc.)4
- Gasoline or diesel fumes5
- Other known type of fumes, smoke, gas, or vapors
(Specify: _____)6
- Unknown type of fumes, smoke, gas, or vapors.....7
- No contact with fumes, smoke, gas, or vapors8

B16i. (Do you/Does he/she) come into contact with chemicals used to kill pests, rodents, or weeds at least once a week while at (your/his/her) second job? (CIRCLE "Y" OR "N.")

- YESY → CONTINUE
- NON → GO TO B17ag

B16j. If yes, with which types of chemicals (do you/does he/she) come into contact while at (your/his/her) second job? (READ CHOICES AND CIRCLE ALL THAT APPLY.)

- Raid/Black Flag.....1
- Off.....2
- Chlorpyrifos, Dursban, Lorsban, Trichlorpyrphos ...3
- Malathion, Cythion, Chemathion, Malaspray
- Zithiol.....4
- Diazinon; D-100; D-500.....5
- Carbaryl, Sevin, Tricarnas, UC 77446
- Other known termiticides
(Specify: _____)7
- Other known pesticides/insecticides
(Specify: _____)8
- Atrazine, Aatrex, Vectal SC, Atratul,
Gesaprim, Primatol A.....9
- Other known herbicides
(Specify: _____)10
- Fungicides11
- Unknown type of pesticide, insecticide,
herbicide, or fungicide.....DK

B17a. Do you attend classes as a student at any location away from your home? (CIRCLE "Y" OR "N." INCLUDE ELEMENTARY AND SECONDARY SCHOOLS, COLLEGES AND UNIVERSITIES, BUSINESS SCHOOL, TRADE AND VOCATIONAL SCHOOLS.)

- YESY → CONTINUE
- NON → GO TO B18

B17b. On average for the *past month*, how many hours *per week* did (you/he/she) attend classes as a student? (INCLUDE WEEKS WHERE TIME WAS TAKEN OFF FOR VACATION, SICKNESS, ETC. IF LESS THAN 10 HOURS, ROUND TO THE NEAREST HOUR; IF GREATER THAN 10 HOURS, ROUND TO THE NEAREST 10 HOURS; e.g., 10, 20, 30, 40, 50 HOURS).

_____ hours/week

B18. FOR CHILDREN LESS THAN 16 YEARS OF AGE, CONTINUE WITH QUESTION B18a. OTHERWISE GO TO QUESTION B19.

B18a. On average for the *past month*, how many hours *per week* does (he/she) spend away from the thome, for example, at daycare, in a preschool, or at a neighbor's house? (IF LESS THAN 10 HOURS, ROUND TO THE NEAREST HOUR; IF GREATER THAN 10 HOURS, ROUND TO THE NEAREST 10 HOURS; e.g., 10, 20, 30, 40, 50 HOURS).

_____ hours/week IF ZERO, GO TO B19

B18b. Where does (he/she) spend this time away from home? (READ CHOICES AND CIRCLE ALL THAT APPLY.)

- Another home.....1
- Daycare center, nursery school, or preschool.....2
- Other school3
- Other (Specify: _____).....4

B19. What methods of transportation did (you/he/she) use to go to work, school, or daycare in the *past six months*? (READ CHOICES AND CIRCLE ALL THAT APPLY.)

- Car, truck, van, or taxi cab1
- Bus, trolley bus, or trolley car2
- Train, subway or elevated train3
- Motorcycle4
- Bicycle.....5
- Walk6
- Other method (Specify: _____)7

HEALTH STATUS

B20. Overall, how would you describe (your/his/her) current health? (READ CHOICES AND CIRCLE ONE.)

- Good.....1
- Fair.....2
- Poor.....3

B21. (Have you/Has he/she) ever had any of the following? (READ CHOICES AND CIRCLE "Y" OR "N." IF YES, PLEASE ASK REST OF QUESTION. IF PARTICIPANT IS UNCERTAIN, CIRCLE "N" AND CONTINUE WITH THE NEXT CONDITION.)

		Were you told (you/he/she) had this by a doctor or nurse?	(Do you/Does he/she) have it now?	How old (were you/was he/she) when the doctor or nurse first told you?
a	Diabetes?	Y→ N	Y→ N	Y→ N _____
b	Neuromuscular disease, such as Polio, Multiple Sclerosis, Muscular Dystrophy?	Y→ N	Y→ N	Y→ N _____
c	Asthma, allergies?	Y→ N	Y→ N	Y→ N _____
d	Ulcer?	Y→ N	Y→ N	Y→ N _____
e	Any disease of the esophagus?	Y→ N	Y→ N	Y→ N _____
f	Gastritis?	Y→ N	Y→ N	Y→ N _____
g	FREQUENT indigestion?	Y→ N	Y→ N	Y→ N _____
h	Any other stomach trouble?	Y→ N	Y→ N	Y→ N _____
	IF YES, PLEASE SPECIFY: _____			
i	Enteritis?	Y→ N	Y→ N	Y→ N _____
j	Diverticulitis?	Y→ N	Y→ N	Y→ N _____
k	Colitis?	Y→ N	Y→ N	Y→ N _____
l	A spastic colon?	Y→ N	Y→ N	Y→ N _____
m	FREQUENT constipation?	Y→ N	Y→ N	Y→ N _____
n	Any other intestinal or bowel trouble?	Y→ N	Y→ N	Y→ N _____
	IF YES, PLEASE SPECIFY: _____			
o	Cirrhosis of the liver?	Y→ N	Y→ N	Y→ N _____
p	Fatty liver?	Y→ N	Y→ N	Y→ N _____
q	Hepatitis?	Y→ N	Y→ N	Y→ N _____
r	Yellow jaundice?	Y→ N	Y→ N	Y→ N _____

		Were you told (you/he/she) had this by a doctor or nurse?	(Do you/Does he/she) have it now?	How old (were you/was he/she) when the doctor or nurse first told you?
s	Any other liver trouble?	Y→ N	Y→ N	Y→ N
	IF YES, PLEASE SPECIFY: _____			
t	Nephritis?	Y→ N	Y→ N	Y→ N
u	Kidney stones?	Y→ N	Y→ N	Y→ N
v	Any other kidney trouble?	Y→ N	Y→ N	Y→ N
	IF YES, PLEASE SPECIFY: _____			
w	Any disease requiring chemotherapy?	Y→ N	How long ago did (you/he/she) last have chemotherapy? _____	
	IF YES, PLEASE SPECIFY: _____			

BASIC HOUSING CHARACTERISTICS

These next questions are about your (house/apartment). Please feel free to ask another member of your household for assistance if necessary.

B22. Is this property actively used as a farm or ranch? (CIRCLE "Y" OR "N.")

YESY
 NON

B23. About when was this building first built? (READ CHOICES AND CIRCLE ONE.)

1990 TO PRESENT1
 1985 TO 1989.....2
 1980 TO 1984.....3
 1970 TO 1979.....4
 1960 TO 1969.....5
 1950 TO 1959.....6
 1940 TO 1949.....7
 1939 OR EARLIER8
 DON'T KNOWDK

B24. When did (you/he/she) move into this (house/apartment)? (READ CHOICES AND CIRCLE ONE.)

1990 TO PRESENT1
 1985 TO 1989.....2
 1980 TO 1984.....3
 1970 TO 1979.....4
 1960 TO 1969.....5
 1950 TO 1959.....6
 1940 TO 1949.....7
 1939 OR EARLIER8
 DON'T KNOWDK

B25. In the last six months, have any of the following been performed in this home? (CIRCLE "Y" OR "N.")

	<u>YES</u>	<u>NO</u>
Adding a room.....	Y	N
Putting up or taking down a wall.....	Y	N
Replacing windows	Y	N
Refinishing floors.....	Y	N
Exterior painting.....	Y	N
Interior painting.....	Y	N

B26a. Does this (house/apartment) have running water? (CIRCLE "Y" OR "N.")

YESY → CONTINUE
 NON → GO TO B26c

B26b. What is the source of the running water in your house/apartment? (READ CHOICES AND CIRCLE ALL THAT APPLY.)

- Public or commercial water system.....1
NAME _____
- Private well.....2
- Cistern3
- Some other source _____4
- DON'T KNOWDK

B26c. Which water source is used *most often (more than half the time)* for cooking? (READ CHOICES AND CIRCLE ONE.)

- Tap water.....1
- Bottled water2
- Some other source _____3
- DON'T KNOWDK

B26d. Which water source is used *most often (more than half the time)* for drinking? (READ CHOICES AND CIRCLE ONE.)

- Tap water.....1
- Bottled water2
- Some other source _____3
- DON'T KNOWDK

B26e. Do you use any of the following to treat your water at home? (CIRCLE "Y" or "N" FOR EACH TREATMENT TYPE OR "DK" FOR DON'T KNOW.) DON'T YES NO KNOW

	<u>YES</u>	<u>NO</u>	<u>DON'T KNOW</u>
i. Water Softener.....	Y	N	DK
ii. Charcoal Filter.....	Y	N	DK
iii. Reverse Osmosis	Y	N	DK
iv. Distillation.....	Y	N	DK
v. Other (Specify: _____).....	Y	N	DK

B27a. Is there an enclosed garage attached to this (house/apartment)? (CIRCLE "Y" OR "N.")

- YESY → CONTINUE
- NON → GO TO B28

B27b. Where is the attached garage? (READ CHOICES AND CIRCLE ONE.)

- Underneath the main living quarters1
- Same level as the main living quarters2
- Somewhere else; Specify: _____3
- DON'T KNOWDK

B27c. Is there a doorway leading directly from the garage into the living quarters? (CIRCLE "Y" OR "N.")

YESY
NON

B27d. Are automobiles, vans, trucks or other motor vehicles parked in this attached garage? (CIRCLE "Y" OR "N".)

YESY
NON

B28. Are any gas powered devices stored in any room, basement, or attached garage in this (house/apartment)? (CIRCLE ONE. DO NOT INCLUDE CARS, VANS, OR TRUCKS. DO INCLUDE MOTORCYCLES, GAS- POWERED LAWN MOWERS, TRIMMERS OR BLOWERS, BOAT ENGINES, ETC.)

YESY
NON
DON'T KNOWDK

B29a. Is air conditioning (refrigeration) used to cool this (house/apartment)? (CIRCLE "Y" OR "N".)

YESY → CONTINUE
NON → GO TO B30

B29b. Which types of air conditioning units do you use? (READ CHOICES AND CIRCLE ALL THAT APPLY.)

Central unit/units1
Window or wall unit/units2
Portable unit/units3

B29c. During which month (do you *usually*/would you) start using air conditioning to cool this (house/apartment)? During which month (do you *usually*/would you) stop using air conditioning? (CIRCLE THE START AND STOP MONTHS.)

Start Month: Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

Stop Month: Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

B30. QUESTION B30 SHOULD BE ASKED IN ARIZONA ONLY. OTHERS GO TO B31.

B30a. Is an evaporative (swamp) cooler used to cool this (house/apartment)? (CIRCLE "Y" OR "N")

YESY → CONTINUE
 NON → GO TO B31

B30b. Which types of evaporative (swamp) coolers are used ? (READ CHOICES AND CIRCLE ALL THAT APPLY.)

Central unit/units1
 Window or wall unit/units2
 Portable unit/units3

B30c. How often are the pads changed on the coolers?

_____ times/year.

Are they....

Changed during the summer1
 _____ times/summer.
 Changed once at the beginning of the summer2
 2 Changed after _____ years of use3

B30d. What types of pads are *currently* used in the coolers (READ CHOICES AND CIRCLE ALL THAT APPLY).

Aspen pads1
 Paper pads2
 Synthetic pads3
 Other: _____4

B30e. How often is the water drained and the cooler cleaned? _____ times/year.

B30f. How often is water treatment added to the water? _____ times/year

B31. Which fuels are used for heating this (house/apartment)? (READ CHOICES AND CIRCLE ALL THAT APPLY.)

Gas: from underground pipes serving
 the neighborhood1
 Gas: bottled, tank, or LP2
 Electricity3
 Fuel oil, kerosene, etc4
 Coal or coke5
 Wood6
 Solar energy7
 Other fuel (Specify: _____)8
 No fuel used9
 DON'T KNOW4

B32. Does this (house/apartment) have a central heating system with ducts that blow air into most rooms?
(CIRCLE "Y" OR "N.")

YESY
NON

B33. During which month (do you *usually*/would you) start using heating devices? During which month (do you *usually*/would you) stop using heating devices? (CIRCLE THE START AND STOP MONTH.)

Start Month: Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

Stop Month: Jan Feb Mar Apr May Jun Jul Aug Sept Oct Nov Dec

B34a. During the months identified in the last question, do you use portable kerosene heaters in this (house/apartment)? (CIRCLE "Y" OR "N.")

YESY → CONTINUE
NON → GO TO B36a

B34b. How many kerosene heaters did you use *last year*? _____

B34c. How often do you use your kerosene heater *during the heating season*? (READ CHOICES AND CIRCLE ONE.)

Less than one day a month1
One to three days per month.....2
One or two days a week3
3-5 days a week4
More than 5 days a week5

B35a. *During the heating season*, is a portable or nonvented gas heater used in this (house/apartment)? (CIRCLE "Y" OR "N.")

YESY → CONTINUE
NON → GO TO B36a

B35b. How many gas heaters? _____

B35c. How often is a portable or nonvented gas heater used? (READ CHOICES AND CIRCLE ONE.)

Less than one day a month1
One to three days per month.....2
One or two days a week3
3-5 days a week4
More than 5 days a week5

B36a. **During the heating season**, is a wood-burning or coal-burning stove used in this (house/apartment)?
(CIRCLE "Y" OR "N.")

YESY → CONTINUE
NON → GO TO B37a

B36b. How many wood or coal-burning stoves? _____

B36c. How often is a wood-burning or coal-burning stove used **during the heating season**? (READ CHOICES AND CIRCLE ONE.)

Less than one day a month1
One to three days per month.....2
One or two days a week3
3-5 days a week4
More than 5 days a week5

B36d. What is burned in the stove? (READ CHOICES AND CIRCLE ALL THAT APPLY.)

Wood1
Coal2
Other (Specify: _____)3

B37a. **During the heating season**, is a fireplace used in this (house/apartment)? (CIRCLE "Y" OR "N.")

YESY → CONTINUE
NON → GO TO B38a

B37b. How many fireplaces? _____

B37c. How often is a fireplace used **during the heating season**? (READ CHOICES AND CIRCLE ONE.)

Less than one day a month1
One to three days per month.....2
One or two days a week3
3-5 days a week4
More than 5 days a week5

B37d. What is burned in the fireplace? (READ CHOICES AND CIRCLE ALL THAT APPLY.)

Wood1
Artificial logs.....2
Gas fire3
Other (Specify: _____)4

B38a. In the **past 6 months**, were any chemicals for the control of termites, insects, rodents, or other pests used inside this (house/apartment)? (CIRCLE ONE.)

YESY → CONTINUE
NON → GO TO B39a
DON'T KNOWDK → GO TO B39a

B38b. In the *past 6 months*, what rooms in your home were treated with products for the control of termites, insects, rodents, or other pests? (READ CHOICES AND CIRCLE ALL THAT APPLY)

- Living room.....1
- Family room.....2
- Dining room.....3
- Kitchen.....4
- Bathroom(s).....5
- Bedroom(s).....6
- Other rooms.....7
- DON'T KNOW.....8

B38c. What areas within the room(s) were treated? (READ CHOICES AND CIRCLE ALL THAT APPLY)

- Floors.....1
- Baseboards.....2
- Lower half of the walls.....3
- Upper half of the walls.....4
- Ceilings.....5
- Cupboards with dishes, pots, and pans.....6
- Cupboards with food.....7
- Cabinets used for storage.....8
- Closets.....9
- Other (Specify: _____).....10
- DON'T KNOW.....DK

B38d. In the *past 6 months*, how many times.... (ENTER NUMBER OR "DK" FOR DON'T KNOW.)

- i. did (you/he/she) personally apply these products inside this (house/apartment)? _____
- ii. did a professional exterminator apply these products inside this house or apartment? _____
- iii. did someone else apply these products inside this (house/apartment)? _____

B38e. In what month were they last used inside this (house/apartment)? _____ (ENTER MONTH OR "DK" FOR DON'T KNOW.)

B38f. What is (are) the name(s) of the product(s) last used inside this (house/apartment)? (IF RESPONDENT DOES NOT KNOW, ASK TO SEE THE CONTAINERS. ENTER NAME OR "DK" FOR DON'T KNOW)

B38g. The last time this product was used inside this (house/apartment) how was it prepared for application? (READ CHOICES AND CIRCLE ONE.)

- Mixed or diluted.....1 → CONTINUE
- Applied directly as purchased (no mixing).....2 → GO TO B39a
- DON'T KNOW.....DK → GO TO B39a

B38h. The last time this product was used inside this (house/apartment), who mixed the product? (READ CHOICES AND CIRCLE ONE.)

- Respondent.....1
- Professional exterminator.....2
- Other.....3
- DON'T KNOW.....DK

B38i. Where was it mixed? (ENTER LOCATION OR "DK" FOR DON'T KNOW.)

B39a. In the *past 6 months*, were any chemicals for the control of termites, insects, rodents, or other pests used outside this (house/apartment)? (CIRCLE ONE.)

YESY → CONTINUE
NON → GO TO B40a
DON'T KNOW.....DK → GO TO B40a

B39b. In the *past 6 months*, how many times.... (ENTER NUMBER OR "DK" FOR DON'T KNOW.)

- i. did (you/he/she) personally apply these products outside this (house/apartment)? _____
- ii. did a professional exterminator apply these products outside this house or apartment? _____
- iii. did someone else apply these products outside this (house/apartment)? _____

B39c. In what month were they last used outside this (house/apartment)? _____ (ENTER MONTH OR "DK" FOR DON'T KNOW.)

B39d. What is (are) the name(s) of the product(s) last used outside this (house/apartment)? (IF RESPONDENT DOES NOT KNOW, ASK TO SEE THE CONTAINERS. ENTER NAME OR "DK" FOR DON'T KNOW)

B39e. The last time this product was used outside this (house/apartment) how was it prepared for application? (READ CHOICES AND CIRCLE ONE.)

Mixed or diluted1 → CONTINUE
Applied directly as purchased (no mixing)2 → GO TO B40a
DON'T KNOW.....DK → GO TO B40a

B38h. The last time this product was used outside this (house/apartment), who mixed the product? (READ CHOICES AND CIRCLE ONE.)

Respondent1
Professional exterminator.....2
Other3
DON'T KNOWDK

B38i. Where was it mixed? (ENTER LOCATION OR "DK" FOR DON'T KNOW.)

B39a. In the *past 6 months*, have you had any regular lawn or yard treatments? (CIRCLE ONE.)

YESY → CONTINUE
NON → GO TO B41
DON'T KNOW.....DK → GO TO B41

B40b. Who usually applies these treatments? (READ CHOICES AND CIRCLE ONE.)

- Respondent.....1
- Professional.....2
- Someone else.....3

B40c. Were the treatments applied wet or dry?

- Wet.....1
- Dry.....2
- DON'T KNOW.....DK

B40d. In the *past 6 months*, how many of these lawn treatments contained weed control? (ENTER NUMBER OR "DK" FOR DON'T KNOW.)

B40e. In the *past 6 months*, how many of these lawn treatments contained insect control? (ENTER NUMBER OR "DK" FOR DON'T KNOW.) _____

B40f. In what month was the last treatment applied? (ENTER MONTH OR "DK" FOR DON'T KNOW.)

B41. During the *past six months* have mothballs been used in this (house/apartment)? (CIRCLE "Y" OR "N.")

- YES.....Y
- NO.....N

B42. During the *past six months* have room deodorizers been used in this (house/apartment)? (CIRCLE "Y" OR "N.")

- YES.....Y
- NO.....N

B43a. Do you have house pets such as dogs, cats, gerbils, hamsters, rabbits, guinea pigs, birds? (CIRCLE "Y" OR "N.")

- YES.....Y → CONTINUE
- NO.....N → GO TO B44

B43b. How many of these pets are kept indoors all the time? _____

B43c. How many of these pets are kept outdoors all the time? _____

B43d. How many of these pets are kept both indoors AND outdoors? _____

B43e. Are any chemicals used on the pets to control fleas and ticks? (CIRCLE "Y" OR "N.")

- YES.....Y → CONTINUE
- NO.....N → GO TO B44

B43f. What is the name of the products last used on one of your pets to control fleas or ticks? (IF RESPONDENT DOES NOT KNOW, ASK TO SEE THE CONTAINER(S). ENTER NAME OR "DK" FOR DON'T KNOW)

FAMILY INCOME

B44. Family income is often used in scientific studies to compare groups of people who are similar. We do some analysis of the data using these groups. Please remember that all the data you provide is held in strict confidence.

Approximately what is the gross annual income for all family members in this household? (HAND CARD, PENCIL, AND ENVELOPE TO RESPONDENT.) Please circle the number on this card and put the card in the envelope. Seal the envelope and return it to me. (IF RESPONDENT PROVIDES ANSWER DIRECTLY, CIRCLE NUMBER BELOW. IF RESPONDENT SEALS RESPONSE IN ENVELOPE, CIRCLE "EN." IF RESPONDENT DOES BOTH, CIRCLE BOTH NUMBER AND "EN.")

- Less than \$9,999.....1
- \$ 10,000 - \$ 19,999.....2
- \$ 20,000 - \$ 29,999.....3
- \$ 30,000 - \$ 39,999.....4
- \$ 40,000 - \$ 49,999.....5
- \$ 50,000 - \$ 74,999.....6
- \$ 75,000 - \$ 99,999.....7
- \$100,000 or more8
- ANSWER IN ENVELOPEEN
- DON'T KNOW.....DK
- REFUSE.....RE

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NATIONAL HUMAN EXPOSURE ASSESSMENT SURVEY

TIME DIARY AND ACTIVITY QUESTIONNAIRE

Participant Identification Number

[Place Label Here]

Public reporting burden for this collection of information is estimated to average ___ hours (or minutes) per response, and to require ___ hours recordkeeping. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Chief, Information Policy Branch, 2136 , U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

INTERVIEWER/TECHNICIAN ID: _____

Date Completed: ____ / ____ / ____

July 14, 1995

[THIS PAGE WILL CONTAIN THE INFORMATION NECESSARY TO IDENTIFY THE PARTICIPANT AND WILL BE DESIGNED BY EACH CONSORTIUM TO MEET ITS NEEDS. THIS IS AN EXAMPLE OF THE INFORMATION THAT WILL BE RECORDED.]

**NATIONAL HUMAN EXPOSURE ASSESSMENT SURVEY
TIME DIARY AND ACTIVITY QUESTIONNAIRE**

DESIGNATED PARTICIPANT

(If the participant is less than 10 years old, what is the name of the individual who is providing the answers for the designated respondent?)

Name of Participant _____

Completed by _____ (if other than participant)

Relation to participant _____

Home Phone _____ Date: ____/____/____

LOCATION DATA (Technician Completed--address/ID label)

State _____ County _____

Census Tract _____ Block _____

Street Address _____ / _____
Apt./Space #

City, Zip _____ / _____
Zip code

GPS Reading: Latitude _____

Longitude _____

INTERVIEWER/TECHNICIAN ID: _____

Date Completed: ____/____/____

NATIONAL HUMAN EXPOSURE ASSESSMENT SURVEY

TIME DIARY AND ACTIVITY QUESTIONNAIRE

At the end of each day, take a few minutes to record the time (you/your child) spent in each of the seven listed locations. There is one box for each day of the study. The numbers in the box stand for hours of the day. For example, 5 in the morning is 5:00 a.m. to 5:59 a.m. For each hour of the day, place an X through the number for each location where (you/your child) spent any time during the hour. Make sure there is at least one X for each hour of the day.

The terms used in the time diary are defined as follows:

- Home: The house or apartment where (you live/your child lives); the location where we are collecting samples.
- Work: A place away from home where (you work/your child works).
- School: A place away from home where (you attend/your child attends) school.
- Transit: Any travel from one location to another, including all travel between such places as home, school, and shopping centers, as well as all other travel on roads, paths, or trails.
- Other: All other places (you spend/your child spends) time besides home, work, school, and in transit between locations.

Day 1 Day of Week _____	Location	Morning	Afternoon	Evening	Early Morning (Night time)
DATE / /	In Transit	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Home	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Work and School	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Other	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Home	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Work and School	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Other	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4

PLEASE ALSO COMPLETE THE COLUMN FOR DAY 1 STARTING ON PAGE 6.

Day 2 Day of Week _____	Location	Morning	Afternoon	Evening	Early Morning (Night time)
DATE / /	In Transit	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Home	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Work and School	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Other	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Home	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Work and School	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Other	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4

PLEASE ALSO COMPLETE THE COLUMN FOR DAY 1 STARTING ON PAGE 6.

Day 3 Day of Week _____	Location	Morning	Afternoon	Evening	Early Morning (Night time)
DATE / /	In Transit	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Home	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Work and School	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Other	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Home	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Work and School	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Other	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4

PLEASE ALSO COMPLETE THE COLUMN FOR DAY 1 STARTING ON PAGE 6.

Day 4 Day of Week _____	Location	Morning	Afternoon	Evening	Early Morning (Night time)
DATE / /	In Transit	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Home	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Work and School	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Other	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Home	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Work and School	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Other	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4

PLEASE ALSO COMPLETE THE COLUMN FOR DAY 1 STARTING ON PAGE 6.

Day 5 Day of Week _____	Location	Morning	Afternoon	Evening	Early Morning (Night time)
DATE / /	In Transit	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Home	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Work and School	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Other	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Home	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Work and School	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Other	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4

PLEASE ALSO COMPLETE THE COLUMN FOR DAY 1 STARTING ON PAGE 6.

Day 6 Day of Week _____	Location	Morning	Afternoon	Evening	Early Morning (Night time)
DATE / /	In Transit	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Home	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Work and School	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Other	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Home	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Work and School	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Other	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4

PLEASE ALSO COMPLETE THE COLUMN FOR DAY 1 STARTING ON PAGE 6.

Day 7 Day of Week _____	Location	Morning	Afternoon	Evening	Early Morning (Night time)
DATE / /	In Transit	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Home	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Work and School	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Other	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Home	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Work and School	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Other	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4

PLEASE ALSO COMPLETE THE COLUMN FOR DAY 1 STARTING ON PAGE 6.

Day 8 Day of Week _____	Location	Morning	Afternoon	Evening	Early Morning (Night time)
DATE / /	In Transit	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Home	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Work and School	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Inside at Other	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Home	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Work and School	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4
	Outside at Other	5 6 7 8 9 10 11	12 1 2 3 4 5	6 7 8 9 10 1	12 1 2 3 4

PLEASE ALSO COMPLETE THE COLUMN FOR DAY 1 STARTING ON PAGE 6.

	1	2	3	4	5	6	7	8
	Day							
	Date							
	/ /	/ /	/ /	/ /	/ /	/ /	/ /	/ /
Questions A14-A18: Please enter the number.								
A14. How many glasses or cups of water did (you/your child) drink today?	# drinks							
A15. How many cigarettes did (you/your child) smoke today?	# cigarettes							
A16. How many cigars or pipesful did (you/your child) smoke today?	# cigars/- pipesful							
A17. How many times did (you/your child) use smokeless tobacco today?	# times							
A18. How many times did (you/your child) wash (your/his/her) hands today?	# times							

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NATIONAL HUMAN EXPOSURE ASSESSMENT SURVEY

TECHNICAL WALK-THROUGH QUESTIONNAIRE

Participant Identification Number

[Place Label Here]

Public reporting burden for this collection of information is estimated to average ___ hours (or minutes) per response, and to require ___ hours recordkeeping. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Chief, Information Policy Branch, 2136 , U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

INTERVIEWER/TECHNICIAN ID: _____

Date Completed: ____ / ____ / ____

July 14, 1995

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NATIONAL HUMAN EXPOSURE ASSESSMENT SURVEY

TECHNICIAN WALK-THROUGH QUESTIONNAIRE

LOCATION DATA (Technician Completed--address/ID label)

State _____ County _____

Census Tract _____ Block _____

Street Address _____ / _____
Apt./Space #

City, Zip _____ / _____
Zip code

GPS Reading: Latitude _____

Longitude _____

INTERVIEWER/TECHNICIAN ID: _____

Date Completed: ____/____/____

NATIONAL HUMAN EXPOSURE ASSESSMENT SURVEY
TECHNICIAN WALK-THROUGH QUESTIONNAIRE

COMPLETE THIS QUESTIONNAIRE BY OBSERVATION. YOU MAY ASK PARTICIPANT ANY QUESTIONS THAT ARE NOT APPARENT.

T1. How many stories (floors) are in this building? (COUNT ONLY FLOORS WITH FINISHED ROOMS FOR LIVING PURPOSES OR FINISHED BASEMENTS.)

_____ Floors

IF MULTI-FAMILY BUILDING, CONTINUE. ELSE, GO TO QUESTION T3.

T2. Which floor(s) do respondents live on? _____ floor(s).

T3. Of these rooms, how many are carpeted or have rugs covering most (>50%) of their surface? _____ Rooms

T4. Using the following statements, how would you rate the overall dust level within the residence? (CIRCLE ONE.)

- Very Dusty --1
- Some Dust -- obvious efforts to control dust.....2
- "No" Dust -- extreme dust control, very clean3

Additional Comments on dust control: _____

T5. Indicate nearest major intersection:

EXTERIOR AND INTERIOR RESIDENTIAL CHARACTERISTICS

T6a. Surrounding area (within a quarter mile radius of this property): (CIRCLE ALL THAT APPLY.)

- Residential.....1
- Recreational.....2
- Commercial.....3
- Industrial.....4
- Agricultural.....5
- Other (Specify: _____).....6

T6b. Distance to street (MEASURE THE DISTANCE FROM THE CURB TO THE PRIMARY ENTRANCE TO THE RESIDENCE OR CHECK BOX IF DISTANCE IS ESTIMATED TO BE GREATER THAN 300 FEET.):

_____ feet

>300 feet

T6c. Exterior siding material (including foundation): (CIRCLE ALL THAT APPLY.)

- Wood.....1
- Brick.....2
- Vinyl/aluminum.....3
- Concrete block.....4
- Stucco.....5
- Asbestos/asphalt.....6
- Other (Specify: _____).....7

T6d. Is there paint on any **exterior** surface that is chalking, chipping or peeling?

- Yes.....1
- No.....2
- Not Painted.....3

T6e. Is there paint on any **interior** surface that is chalking, chipping or peeling?

- Yes.....1
- No.....2
- Not Painted.....3

T6f. Material around primary entrance to structure: (CIRCLE ALL THAT APPLY.)

- Soil.....1
- Grass.....2
- Cement/asphalt/brick.....3
- Gravel.....4
- Wood.....5
- Other (Specify: _____).....6

T6g. Dripline: (CIRCLE ONE.)

- At wall.....1
- Gutters -- no dripline.....2
- _____ feet from wall3
- Other (Specify:_____).....4

T6h. Roof type and composition: (CIRCLE ALL THAT APPLY.)

- Tarred roof - petroleum base1
- Sealed with roof protector2
- Wood shakes/shingles3
- Composition asphalt shingles4
- Other (Specify:_____).....5

T6i. Yard material: (CIRCLE ALL THAT APPLY.)

- Soil1
- Grass.....2
- Porch/balcony.....3
- Cement4
- Wood/deck5
- Other (Specify:_____).....6
- Not applicable7

T6j. Types of foundation: (CIRCLE ALL THAT APPLY.)

- Soil1
- Crawl space2
- Combination crawl space/basement3
- Full basement4
- Other (Specify:_____).....5
- Don't Know6

T7a. Does this residence have a swimming pool?

- YESY → CONTINUE
- NO.....N → GO TO T8a

T7b. Where is the swimming pool located?

- Inside.....1
- Outside.....2

T8a. Does this house or apartment have a hot tub or jacuzzi?

- YESY → CONTINUE
- NO.....N → STOP

T8b. Where is the hot tub or jacuzzi located?

- Inside.....1
- Outside.....2

T10. Household Diagram

1. Overall dimensions of the portion of the house or apartment occupied by the residents:

Average length: _____ ft .. Width: _____ ft Ceiling height: _____ ft.

2. Diagram the house with appropriate dimension for each room. If present, label the living room (LR) or family room (FR), the kitchen (KA), and other rooms (OR). In addition, label the main room (MR)occupied (usually the living or family rooms) As a convention, label the bedrooms in order of size. (B01=the largest, B02=the next largest, etc.). Bedrooms of equal size can be labeled arbitrarily.



Indicated room(s) where Indoor Samples are placed:

PM _____
Carpet dust _____
Surface dust _____
PID _____
Other: _____

Active VOC _____
Passive VOC _____
Passive HCHO _____
Personal Air (Respondent E) _____
Other: _____

T11. Characteristics of floor surfaces and cleaning utensils

ROOM/FLOOR #	Floor Surface			Cleaning Methods		
	Carpeted 1 Looped 2 Shag 3 Cut/Pile 4 Looped Cut 5 Other	Hard Surface 1 Concrete 2 Brick 3 Wood 4 Tile 5 Other	Other (Specify)	Scotch Guard Applied	Last Date and Method of Carpet Cleaning (i.e., Professional or Do-it-yourself, Water, Steam, or Chemicals)	Does Anyone Frequently Occupy the Floor of this Room (Crawling, Sleeping, Playing, Sitting) GIVE NAME
	1 2 3 4 5	1 2 3 4 5		Y N		
	1 2 3 4 5	1 2 3 4 5		Y N		
	1 2 3 4 5	1 2 3 4 5		Y N		
	1 2 3 4 5	1 2 3 4 5		Y N		
	1 2 3 4 5	1 2 3 4 5		Y N		
	1 2 3 4 5	1 2 3 4 5		Y N		
	1 2 3 4 5	1 2 3 4 5		Y N		
	1 2 3 4 5	1 2 3 4 5		Y N		
	1 2 3 4 5	1 2 3 4 5		Y N		

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NATIONAL HUMAN EXPOSURE ASSESSMENT SURVEY

FOLLOWUP QUESTIONNAIRE

Participant Identification Number

[Place Label Here]

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INTERVIEWER/TECHNICIAN ID: _____

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**NATIONAL HUMAN EXPOSURE ASSESSMENT SURVEY
FOLLOWUP QUESTIONNAIRE**

DESIGNATED PARTICIPANT

(If the participant is less than 10 years old, what is the name of the individual who is providing the answers for the designated respondent?)

Name of Participant _____

Completed by _____ (if other than participant)

Relation to participant _____

Home Phone _____ Date: ____/____/____

LOCATION DATA (Technician Completed--address/ID label)

State _____ County _____

Census Tract _____ Block _____

Street Address _____ / _____
Apt./Space #

City, Zip _____ / _____
Zip code

INTERVIEWER/TECHNICIAN ID: _____ Date Completed: ____/____/____

These first questions are about things which may have happened in your home. They can be things (you do or see/he/she does or sees) or just normal activities. Please think about only the past week, the time when you were taking part in this study.

F1. In the past week, were any of the following items used in your home? (READ CHOICES AND CIRCLE "N" FOR NO AND "Y" FOR YES.)

- | | | | |
|---|-----------|------------|--|
| a. central air conditioner? | <u>No</u> | <u>Yes</u> | |
| b. a window or wall air conditioning unit(s)? | N | Y | |
| | N | Y | --> b1 Was it set to... (READ CHOICES AND CIRCLE ONE.) |
| | | | recirculate 1 |
| | | | outdoor air 2 |
| | | | DON'T KNOW DK |
| c. an evaporative cooler? | N | Y | |
| d. a portable or ceiling fan? | | | |
| e. a window fan? | | | |
| f. an exhaust fan? | | | |

	—	<u>Yes</u>		<u>CIRCLE CORRECT NUMBER</u>	
g. a wood-or coal-burning stove or furnace?	N	Y	-->	1 2 3 4 5 6 7	-->
h. an oil-burning furnace?	N	Y	-->	1 2 3 4 5 6 7	-->
i. a kerosene space heater?	N	Y	-->	1 2 3 4 5 6 7	-->
j. a gas-fired space heater?	N	Y	-->	1 2 3 4 5 6 7	-->
k. a fireplace?	N	Y	-->	1 2 3 4 5 6 7	-->
l. forced-air central heat? (not oil, wood, or coal burning)	N	Y	-->	1 2 3 4 5 6 7	
m. electrostatic precipitator?	N	Y	-->	1 2 3 4 5 6 7	
n. ultrasonic humidifier?	N	Y	-->	1 2 3 4 5 6 7	
o. Other filtering device?	N	Y	-->	1 2 3 4 5 6 7	
Specify: _____					

When (you/he/she) used
(READ CHOICES), on
how many days, if any, did
you see or smell unusually
heavy smoke or other
fumes coming

F2. In the past week, did (you/he/she) spend any time....? or (were you/was he/she) near anyone who was....? (READ THE QUESTION FOR EACH ACTIVITY. IF RESPONDENT ANSWERS YES FOR ANY ACTIVITY, CIRCLE "Y" AND ASK DETAILED SUB-QUESTIONS. CIRCLE "N" FOR NO. IF THE TIME USING OR BEING NEAR THE USE OF A PRODUCT IS LESS THAN 1 HOUR, ENTER 15 MIN, 30 MIN, 45 MIN, OR 1 HR, WHICHEVER IS CLOSEST TO TIME REPORTED. IF TIME IS GREATER THAN 1 HOUR, ROUND TO THE NEAREST HOUR. CIRCLE EITHER MIN. OR HR.)

	No		How many times in the <u>past week?</u>	Number of <u>days</u> since last used?	How long (were you/was he/ she) using or near use of CIRCLE min OR hr	Did (you/he/ she) handle them (yourself/ himself/ herself)?		Did (you/he/ she) wash hands after use?		Did (you/he/ she) wear gloves, masks, or other protective equipment?	
	No	Yes				N	Y ->	N	Y	N	Y
a. paints or solvents (thinners and removers)?	N	Y -->	___ times	___ days	___ min/hr	N	Y ->	N	Y	N	Y
b. glues or adhesives, such as contact cements, super glues, and aerosol adhesives, that contain chemical solvents?	N	Y -->	___ times	___ days	___ min/hr	N	Y ->	N	Y	N	Y
c. petroleum products (kerosene, fuel oil) (not pumping gas)?	N	Y -->	___ times	___ days	___ min/hr	N	Y ->	N	Y	N	Y
d. gas-powered lawn mower?.....	N	Y -->	___ times	___ days	___ min/hr	N	Y ->	N	Y	N	Y
e. chain saw or other gas-powered equipment	N	Y -->	___ times	___ days	___ min/hr	N	Y ->	N	Y	N	Y
f. sander?	N	Y -->	___ times	___ days	___ min/hr	N	Y ->	N	Y	N	Y
g. insecticides, pesticides, herbicides in any way, including farming or gardening?	N	Y -->	___ times	___ days	___ min/hr	N	Y ->	N	Y	N	Y

g1. Did (you/he/she) mix the product (yourself/himself/herself)? (CIRCLE "Y" OR "N.")

Yes Y
 No N

F3. In the *past week*, did (you/he/she) spend any time....? or (were you/was he/she) near anyone who was....? (READ THE QUESTION FOR EACH ACTIVITY. IF RESPONDENT ANSWERS YES FOR ANY ACTIVITY, CIRCLE "Y" AND ASK DETAILED SUB-QUESTIONS. CIRCLE "N" FOR NO. IF THE TIME SPENT IN AN ACTIVITY OR BEING NEAR SOMEONE ENGAGED IN AN ACTIVITY IS LESS THAN 1 HOUR, ENTER 15 MIN, 30 MIN, 45 MIN, OR 1 HR, WHICHEVER IS CLOSEST TO TIME REPORTED. IF TIME IS GREATER THAN 1 HOUR, ROUND TO THE NEAREST HOUR. CIRCLE EITHER MIN. OR HR.)

			How many times in <i>past week</i> ?	Number of <i>days</i> since last done?	How long did (you/he/ she) spend...or were you/was he/she) near someone else...? CIRCLE min OR hr	Did you do this yourself?	
	No	Yes				Yes	No
a. Vacuuming?	N	Y -->	___ times	___ days	___ min/hr	Y	N
b. Sweeping indoors?	N	Y -->	___ times	___ days	___ min/hr	Y	N
c. Dusting?	N	Y -->	___ times	___ days	___ min/hr	Y	N
d. Woodworking?	N	Y -->	___ times	___ days	___ min/hr	Y	N
e. Metal working/welding?	N	Y -->	___ times	___ days	___ min/hr	Y	N

F4. In the *past week*, did (you/he/she) spend any time....? or (were you/was he/she) near anyone who was....? (READ THE QUESTION FOR EACH ACTIVITY. IF RESPONDENT ANSWERS YES FOR ANY ACTIVITY, CIRCLE "Y" AND ASK DETAILED SUB-FOR EACH ACTIVITY. IF RESPONDENT ANSWERS YES FOR ANY ACTIVITY, CIRCLE "Y" AND ASK DETAILED SUB-QUESTIONS. CIRCLE "N" FOR NO.)

			How many times in	Number of <i>days</i> since	Did you do this yourself?	
	No	Yes	<i>past week?</i>	last done?	Yes	No
a. Broiling, smoking, grilling, or barbecuing food?	N	Y -->	___ times	___ days	Y	N
b. Accidentally burning food while cooking?	N	Y -->	___ times	___ days	Y	N
c. Grilling with charcoal or gas?	N	Y -->	___ times	___ days	Y	N
d. Cooking with a wood-burning or coalburning stove?	N	Y -->	___ times	___ days	Y	N

F5. During the *past week*, did you or anyone else park a car or other motor vehicle in: (READ CHOICES AND CIRCLE "Y" OR "N.")

	Yes	No	Not Applicable?
a. a garage attached to your home?	Y	N	NA
b. a detached garage?	Y	N	NA
c. a carport attached to your home?	Y	N	NA

The next questions are about the food (you/he/she) ate, any medicines (you/he/she) took, and other health concerns. Again, we only want to know about the past week, while (you were/he/she was) taking part in the study.

F6. Please tell me the names of any medications (you/he/she) took during the past week. Include those drugs which a doctor prescribed, any (you choose/he/she chooses) (yourself/himself/herself) "over the counter", and any herbal or home medications. (PROBE FOR MEDICATIONS IN THE CATEGORIES LISTED. CIRCLE "N" FOR NO AND "Y" FOR YES. IF RESPONDENT ANSWERS YES TO ANY CHOICE, LIST TYPES OF YES. IF RESPONDENT ANSWERS YES TO ANY CHOICE, LIST TYPES OF DETAILED SUB-QUESTIONS. ASK TO SEE MEDICATION CONTAINERS AND FILL IN PRESCRIBED OR RECOMMENDED DOSE IN MG. IF NO WRITTEN INFORMATION IS AVAILABLE, PROBE FOR DOSE IN MG OR OTHER APPROPRIATE UNITS.)

Medication	No	Yes	How many times in past week?	Average Dose
a. Diuretics? _____ _____ _____	N	Y -->	____ times ____ times ____ times	_____ _____ _____
b. Chelating Agents (EDTA, Calcium Disodium, Versenate, Succimer, or Chernet)? _____ _____ _____	N	Y -->	____ times ____ times ____ times	_____ _____ _____
c. Antacids (Tums, Rolaids)? _____ _____ _____	N	Y -->	____ times ____ times ____ times	_____ _____ _____
d. Hormones (thyroid medication, birth control pills)? _____ _____ _____	N	Y -->	____ times ____ times ____ times	_____ _____ _____
e. Other? _____ _____ _____ _____ _____ _____ _____	N	Y -->	____ times ____ times ____ times ____ times ____ times ____ times	_____ _____ _____ _____ _____ _____ _____

F7. Please tell me whether (you/he/she) took any vitamins or mineral supplements during the past week (PROBE FOR MINERAL SUPPLEMENTS IN THE CATEGORIES LISTED AND ANY OTHER VITAMINS OR MINERAL SUPPLEMENTS. CIRCLE "N" FOR NO AND "Y" FOR YES. IF RESPONDENT ANSWERS YES TO ANY CHOICE, LIST TYPES OF VITAMINS AND MINERALS, INCLUDING BRAND NAMES IN FIRST COLUMN, AND ASK DETAILED SUB-QUESTIONS. ASK TO SEE VITAMIN CONTAINERS AND FILL IN PRESCRIBED OR RECOMMENDED DOSE IN MG. IF NO WRITTEN INFORMATION IS AVAILABLE, PROBE FOR DOSE IN MG OR OTHER APPROPRIATE UNITS.)

Vitamin and mineral supplements:	No	Yes	How many times in past week?	Average Dose
a. Calcium supplement? _____	N	Y -->	____ times	_____
b. Selenium supplement? _____	N	Y -->	____ times	_____
c. Chromium supplement? _____	N	Y -->	____ times	_____
d. Multivitamins and all other vitamin and mineral supplements? _____ _____ _____ _____ _____ _____ _____ _____ _____	N	Y -->	____ times ____ times ____ times ____ times ____ times ____ times ____ times ____ times	_____ _____ _____ _____ _____ _____ _____ _____

ASK ONLY FOR FEMALES OVER 12. OTHERS GO TO F9.

F8. Are you currently expecting a baby or nursing a baby? (CIRCLE "Y" OR "N.")

Yes.....Y
NoN

ASK F9 ONLY IF RESPONDENT IS NOT MAINTAINING A FOOD DIARY.
OTHERWISE GO TO QUESTION F10 .

F9. Did (you/he/she) eat the following foods last week, that is, while (you were/he/she was) participating in this study? (CIRCLE "N" FOR NO AND "Y" FOR YES. IF RESPONDENT ANSWERS YES TO ANY CHOICE, ASK DETAILED SUB-QUESTIONS.)

	NO	YES	How many times in past week?	Average Portion/Size
a. Broccoli cauliflower, or Brussels sprouts?	N	Y -->	_____ times	_____ # cups
b. Cabbage, cole slaw, or sauerkraut?	N	Y -->	_____ times	_____ # cups
c. Mustard greens, collars, or Swiss chard?	N	Y -->	_____ times	_____ # cups
d. Turnisp, or rutabagas?	N	Y -->	_____ times	_____ # cups
e. Grapefruit or grapefruit juice? (IF RESPONDENT IS LESS THAN 16 YEARS OLD, GO TO g.)	N	Y -->	_____ times	_____ # cups
f. Alcoholic drinks (beer, wine, liquor)?	N	Y -->	_____ times	_____ # drinks
g. Any foods that have been grilled, barbecued, flame broiled, smoked, charred, or blackened by burning?	N	Y -->	_____ times	_____ # ounces

F10. During the past week (were you/was he/she) on any kind of diet either to lose weight or for any other reason? (CIRCLE "Y" OR "N.")

YES.....Y --> CONTINUE
NO.....N --> STOP

F11. What diet or diets (were you/was he/she) on? (READ CHOICES AND CIRCLE ALL THAT APPLY.)

- Weight loss or low calorie diet?1
- Low fat or cholesterol diet?2
- Low salt or sodium diet?3
- Sugar free or low sugar diet?4
- Low fiber diet?5
- High fiber diet?.....6
- Diabetic diet?7
- Any kind of vegetarian diet?8
- Other (Specify:_____)9

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OMB Clearance #:2080-0053
Expires: July 31, 1998

NATIONAL HUMAN EXPOSURE ASSESSMENT SURVEY

24-HOUR FOOD

Participant Identification Number

[Place Label Here]

Public reporting burden for this collection of information is estimated to average ___ hours (or minutes) per response, and to require ___ hours recordkeeping. This includes the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing the burden, to Chief, Information Policy Branch, 2136 , U.S. Environmental Protection Agency, 401 M St., S.W., Washington, D.C. 20460; and to the Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, D.C. 20503.

INTERVIEWER/TECHNICIAN ID: _____

Date Completed: ____/____/____ July 14, 1995

FOR PARTICIPANTS LESS THAN 10 YEARS OLD, A PARENT OR GUARDIAN SHOULD PROVIDE ASSISTANCE, AS NEEDED, IN COMPLETING THE FOOD DIARY.

INSTRUCTIONS

- (1) We want you to list all of the foods, beverages, or drinking water you or this child eat(s) or drink(s) from midnight to midnight.
- (2) Every time you or this child eat(s), write down the name of the meal (breakfast, lunch, dinner, snack).
- (3) Then write down on a separate line the (brand/generic) name of every food, or beverage that you or this child eat(s) or drink(s).
- (4) For food mixtures such as stews or potpies, please write down the major kinds of foods in the mixture. Use the lines immediately below the one on which the name of the mixture is entered. In food mixtures, the component ingredients can be identified, for example—the type of meat in a stew—beef, lamb, venison, etc.
- (5) For beverages (including water), write down how many cups or glasses that you or this child drink(s). Estimate equivalent measures of water or other beverages taken from a fountain or large container. Don't forget your second and third cups of coffee or tea, or refills at a restaurant.

OMB Clearance #: 2080-00553
Expires: July 31, 1998

NATIONAL HUMAN EXPOSURE ASSESSMENT SURVEY

FOOD DIARY FOLLOWUP

Participant Identification Number

[Place Label Here]

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INTERVIEWER/TECHNICIAN ID: _____

Date Completed: ____/____/____

July 14, 1995

COMPLETE ON SAME DAY SAMPLES ARE COLLECTED		DAY: DATE:	1 //	2 //	3 //	4 //
FD1.	Was breakfast eaten? (OBSERVE FROM DIARY AND CIRCLE "Y" OR "N".)		Y N	Y N	Y N	Y N
FD2.	Where was (your/his/her) breakfast prepared and eaten? (READ CHOICES AND CIRCLE "P" FOR PREPARED AND "E" FOR EATEN.)					
	a. Home.....		P E	P E	P E	P E
	b. Restaurant or cafeteria.....		P E	P E	P E	P E
	c. Work site.....		P E	P E	P E	P E
	d. School or day care center.....		P E	P E	P E	P E
	e. Other.....		P E	P E	P E	P E
FD3.	How often (do you/does he/does she) eat a breakfast like the one you described in the diary? (READ CHOICES AND ENTER ONE RESPONSE LETTER FOR EACH DAY OF FOOD COLLECTION.)					
	a. 6 or 7 times per week.....		_____	_____	_____	_____
	b. 1 to 5 times per week.....					
	c. Less than once a week.....					
FD4.	Was lunch eaten? (OBSERVE FROM DIARY AND CIRCLE "Y" OR "N".)		Y N	Y N	Y N	Y N
FD5.	Where was (your/his/her) lunch prepared and eaten? (READ CHOICES AND CIRCLE "P" FOR PREPARED AND "E" FOR EATEN.)					
	a. Home.....		P E	P E	P E	P E
	b. Restaurant or cafeteria.....		P E	P E	P E	P E
	c. Work site.....		P E	P E	P E	P E
	d. School or day care.....		P E	P E	P E	P E
	e. Other.....		P E	P E	P E	P E
FD6.	How often (do you/does he/does she) eat a lunch like the one you described in the diary? (READ CHOICES AND ENTER ONE RESPONSE LETTER FOR EACH DAY OF FOOD COLLECTION.)					
	a. 6 or 7 times per week.....		_____	_____	_____	_____
	b. 1 to 5 times per week.....					
	c. Less than once a week.....					
FD7.	Was dinner eaten? (OBSERVE FROM DIARY AND CIRCLE "Y" OR "N".)		Y N	Y N	Y N	Y N
FD8.	Where was (your/his/her) dinner prepared and eaten? (READ CHOICES AND CIRCLE "P" FOR PREPARED AND "E" FOR EATEN.)					
	a. Home.....		P E	P E	P E	P E
	b. Restaurant or cafeteria.....		P E	P E	P E	P E
	c. Work site.....		P E	P E	P E	P E
	d. School or day care.....		P E	P E	P E	P E
	e. Other.....		P E	P E	P E	P E
FD9.	How often (do you/does he/does she) eat a dinner like the one you described in the diary? (READ CHOICES AND ENTER ONE RESPONSE LETTER FOR EACH DAY OF FOOD COLLECTION.)					
	a. 6 or 7 times per week.....		_____	_____	_____	_____
	b. 1 to 5 times per week.....					
	c. Less than once a week.....					

COMPLETE ON SAME DAY DAY: SAMPLES ARE COLLECTED		DAY: DATE:	1 //	2 //	3 //	4 //
FD10.	Please think back. Were there any foods or beverages that you could not or did not collect for use? (LIST IDENTITY, SOURCE, AND AMOUNT OF EACH MISSING FOOD AND THE DAY IT WAS NOT COLLECTED.) a. At Breakfast _____ _____ _____ b. At Lunch _____ _____ _____ c. At Dinner _____ _____ _____ d. For Snacks - include beverages such as coffee or tea _____ _____ _____		Y N	Y N	Y N	Y N
FD11.	Did (you/he/she), for any reason, eat more or less food than usual? (READ CHOICES AND ENTER a b, OR c .) a. More food than usual --> CONTINUE b. Less food than usual --> CONTINUE c. Same as usual --> GO TO FD13					
FD12.	Because of: (READ CHOICES AND CIRCLE ALL THAT APPLY.) a. Travel or vacation..... b. Weight control diet c. Illness or medical condition d. Work or school schedule e. Entertainment or social occasion f. Because of the food collection study g. Ease/quickness of preparation h. Other Day 1: _____ Day 2: _____ Day 3: _____ Day 4: _____		a b c d e f g h	a b c d e f g h	a b c d e f g h	a b c d e f g h
FD13.	Did (you/he/she), for any reason, eat different foods than (your/his/her) usual diet? (CIRCLE "Y" OR "NO")		Y N	Y N	Y N	Y N
FD14.	If yes, was that because: (READ CHOICES AND CIRCLE ALL THAT APPLY.) a. Travel or vacation..... b. Weight control diet c. Illness or medical condition d. Work or school schedule e. Entertainment or social occasion f. Because of the food collection study g. Ease/quickness of preparation h. Other Day 1: _____ Day 2: _____ Day 3: _____ Day 4: _____		a b c d e f g h	a b c d e f g h	a b c d e f g h	a b c d e f g h