The Role of Environmental Contaminants in ALS

EXPOSURE HISTORY SURVEY/QUESTIONNAIRE

For office use only		
	Unique I.D.	_____________________
	Date (Administered)	______/______/_______
	Date (Received)	______/______/_______
	Received by (Name)	_____________________

BEFORE YOU BEGIN:

This survey is designed for completion by individuals with ALS and those without the disease that are participating in the survey portion of the research study **'Epidemiologic Risk Factors and the Genetics of ALS'.**

Instructions to complete the survey:

If an individual with or without ALS is unable to complete this survey, then his/her caregiver or next of kin can complete it, but remember that all questions pertain to the patient.

For questions with multiple answers, please put a check mark (X) in the appropriate box. You can choose more than one choice if it applies.

Some portions of the questionnaire may be technical, and others will ask you to remember things from many years ago. It is important to make a good effort to complete the entire survey as accurately as you can.

If at any time you feel that you need help with any portion of this questionnaire, please feel free to contact the **study coordinator**, Blake Swihart, by telephone at 734-763-8284 or by email at blakeswi@med.umich.edu.

If there are portions of this questionnaire that you would rather do by telephone, then please write "T" in the margins of that section before you return the survey and the project coordinator will contact you.

There is also a section for additional comments and/or questions.

Finally, we request that you complete the survey questionnaire and mail it to us in the provided stamped and addressed envelope within **2 weeks**.

I am participating as:

AN ALS PATIENT ☐ AN INDIVIDUAL WITHOUT ALS ☐

PERSONAL INFORMATION

1. Please provide your (participant) information below:

   1a. Last____

   1b. First____ 1c. M.I. _____

   1d. Maiden____

   1e. Sex: ☐0 Male ☐1 Female

2a. Do you consider yourself to be Hispanic or Latino?
- ☐1 Yes
- ☐2 No

2b. What race or races do you consider yourself to be (you can select more than one)?
- ☐1 White
- ☐2 Black/African American
- ☐3 Indian (American)
- ☐4 Alaskan Native
- ☐5 Native Hawaiian
- ☐6 Guamanian
- ☐7 Samoan
- ☐8 Other Pacific Islander
- ☐9 Asian Indian
- ☐10 Chinese
- ☐11 Filipino
- ☐12 Japanese
- ☐13 Korean
- ☐14 Vietnamese
- ☐15 Other Asian
- ☐16 Some other race

3a. What is the HIGHEST level of school completed or the highest degree received?:
- ☐1 Never attended/kindergarten only
- ☐2 1st-8th grade
- ☐3 9th grade
- ☐4 10th grade
- ☐5 11th grade
- ☐6 12th grade, no diploma
- ☐7 GED or equivalent
- ☐8 High school graduate
- ☐9 Some college, no degree
- ☐10 Associate degree
- ☐11 Bachelor's degree
- ☐12 Master's degree, Professional school degree, Doctoral degree,

3b. Are you now married, widowed, divorced, separated, never married, or living with a partner?
- ☐1 Married
- ☐2 Widowed
- ☐3 Divorced
- ☐4 Separated
- ☐5 Never married
- ☐6 Living with partner

4. In what city, state and country were you born?

   4a. City _____________________________

   4b. State ____________________________

   4c. Country __________________________

5. When were you born? MM/DD/YYYY _______/_______/______

6. What is your current address and telephone number?

6a. Street____

6b. City____

6c. State______________________ 6d. Zip Code_________________________

6e. County____________________

6f. Telephone number________________

7. If we need to telephone you to ask you about your responses on this survey, are there some particularly good days and times to call or not to call?

7a. ☐ Most days and times are ok – **SKIP TO QUESTION 8**.

7b. Best to call these days

☐1 Most days are ok
☐2 Monday
☐3 Tuesday
☐4 Wednesday
☐5 Thursday
☐6 Friday
☐7 Saturday
☐8 Sunday

7c. Best to call at these times

☐1 Most times are ok
☐2 Morning
☐3 Afternoon
☐4 Evening

8. Is this form being filled out by someone other than the participant listed above in Question # 1?

☐0 No ☐1 Yes

If ***yes,*** please provide the following:

i) Name of the person filling out the form: ________________________________

ii) Relationship to the participant:

☐1 Related
☐2 Non-related
☐3 Other. Describe ________________

iii) Do you

☐1 Live with participant
☐0 Do not live with participant

iv) The person is helping the participant by

☐1 Providing answers in place of the participant (a proxy respondent)
☐2 Communicating with participant to fill out the form

RESIDENCE HISTORY AND RESIDENCE EXPOSURE

Chronologically list your past and present residences, starting with your most current residence. Include addresses where you lived for at least 3 months. Start with the current or most recent first. If you can't remember exact addresses, skip that and provide the city, state/province and country. ***It is important to recall homes for the past 30 years and the home that you lived in when you were born, which will be the last home you enter in this list.***

If you cannot remember the exact date when you moved in or moved out, then for move in date try to remember how old you were when you started living there and put the approximate date. And for move out date try to remember how old you were when you moved out of there or how long you lived there and put the approximate date.

No.	Moved in (MM/YY or age)	Moved out (MM/YY or age)	Address	City	State or province & ZIP code	Country
1 current home						

	Moved in (MM/YY or age)	Moved out (MM/YY or age)	Address	City	State or province & ZIP code	Country
11						

Part A of this form is to be used for the current/most recent residence

Part B is to be used for the residence that you were born in as well as two other residences that you lived in the longest (3 copies have been provided for your convenience).

TIP: ***Use the table provided in the survey guidance information to assist with determining which home corresponds to which survey pages.***

If an ALS patient, please answer questions as things were before the diagnosis of ALS.

Part A: This part is for your CURRENT HOME

The following should be filled out for your current home, House #1. Sometimes it is helpful to walk through some parts of your home to obtain this information.

1. Type of building:
   - ☐$_1$ Single family, detached
   - ☐$_2$ Duplex
   - ☐$_3$ Multi-family/Apartment
   - ☐$_4$ Mobile home or trailer
   - ☐$_5$ Other. Describe → $_{1a}$ ____________________
   - ☐$_6$ Don't know

2. About when was this house/structure originally built? Year: ________

3. How long have you lived at this address? ________ years ________ months

4. Building exterior is composed mostly of:
   - ☐$_1$ Wood
   - ☐$_2$ Brick
   - ☐$_3$ Other – Describe → $_{4a}$ ____________________

5. Floor coverings in the home:
   - ☐$_1$ Hard surface (e.g., wood, linoleum, etc.)
   - ☐$_2$ Carpeting
   - ☐$_3$ Both

6. Is there a basement or crawlspace:
   - ☐$_0$ No
   - ☐$_1$ Yes

7. Outdoor storage:
   - ☐$_0$ None
   - ☐$_1$ Storage shed
   - ☐$_2$ Overhang, awning or other unenclosed area
   - ☐$_3$ Other – Describe →$_{7a}$ ____________________

8. Where are cars usually parked?
   - ☐$_1$ Outside of the garage
   - ☐$_2$ Inside the garage
   - ☐$_3$ Both
   - ☐$_4$ Other- Describe → $_{8a}$ ____________________

9. Type of garage:
   - ☐$_0$ None **(SKIP TO QUESTION 13)**
   - ☐$_1$ Attached
   - ☐$_2$ Not-attached
   - ☐$_3$ Carport
   - ☐$_4$ Other – Describe → $_{9a}$ ____________________

10. Which of the pictures below best describes your garage?

☐1 Clean	☐2 Moderately cluttered	☐3 Very cluttered

☐4 Other. Describe → 10a ______________________

This next section will ask you about chemicals that you have stored in or around your current residence

11. Are there, or have there been, any of these chemicals stored in your garage?

Ammonia 11.1	☐1 Yes ☐0 No
Bleach (For example, Clorox) 11.2	☐1 Yes ☐0 No
Pesticides (For example, Raid, rat/mouse poison, etc.)11.3	☐1 Yes ☐0 No
Solvents (For example, paint thinner, wood alcohol, brake cleaner, etc.)11.4	☐1 Yes ☐0 No
Gasoline and/or kerosene in containers11.5	☐1 Yes ☐0 No
Gasoline-powered equipment (lawn mower, weed whipper, etc.)11.6	☐1 Yes ☐0 No
Lawn care products (For example, fertilizer, tree sprays, grub killer, etc.)11.7	☐1 Yes ☐0 No
Paint11.8	☐1 Yes ☐0 No
Woodworking supplies (For example, varnish, wax/polish, turpentine, etc.)11.9	☐1 Yes ☐0 No
Other (please describe) 11a ______________________	

12. For those chemicals in the garage, they are stored:
    - ☐1 Enclosed (such as in a cabinet or other enclosure that is sealed)
    - ☐2 Open (such as on a shelf or floor)
    - ☐3 Both
    - ☐4 Other. Describe →12a ______________________

13. Are there, or have there been, any of these chemicals stored inside your home?

Ammonia 13.1	☐1 Yes ☐0 No
Bleach (for example, Clorox)13.2	☐1 Yes ☐0 No
Pesticides (for example, Raid, rat/mouse poison, etc.)13.3	☐1 Yes ☐0 No
Solvents (for example, paint thinner, wood alcohol, brake cleaner, etc.)13.4	☐1 Yes ☐0 No
Gasoline and/or kerosene in containers13.5	☐1 Yes ☐0 No
Gasoline-powered equipment (lawn mower, weed whipper, etc.)13.6	☐1 Yes ☐0 No
Lawn care products (for example, fertilizer, tree sprays, grub killer, etc.)13.7	☐1 Yes ☐0 No
Paint13.8	☐1 Yes ☐0 No
Woodworking supplies (for example, varnish, wax/polish, turpentine, etc.)13.9	☐1 Yes ☐0 No
Other (please describe) 13a ______________________	

14. Check all of the following that you have in your residence:
☐$_1$ Stand-alone air purifier (filter)
☐$_2$ Air conditioner
☐$_3$ Humidifier
☐$_4$ Central heating - gas
☐$_5$ Central heating – oil
☐$_6$ Electric Heating (baseboard)
☐$_7$ Central heating – other
☐$_8$ Fireplace/wood stove

15. Do you use a space heater in this residence that is not vented to the outside?
☐$_0$ No **(SKIP TO QUESTION 17)** ☐$_1$ Yes ☐$_2$ Don't know

16. What is the fuel for the room or space heater?
☐$_1$ Electricity
☐$_2$ Kerosene
☐$_3$ Propane
☐$_4$ Other. Describe $_{16a}$ _______________________

17. Is one or more wood stoves or fireplaces used?
☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

18a. Do you use a gas stove for cooking?
☐$_0$ No ☐$_1$ Yes

18b. Do you use an electric stove for cooking?
☐$_0$ No ☐$_1$ Yes

18c. Do you use a wood stove for cooking?
☐$_0$ No ☐$_1$ Yes

18d. Do you use a microwave for cooking?
☐$_0$ No ☐$_1$ Yes

18e. Do you use another type of stove for cooking?
Describe _______________________

19. Is there an exhaust fan near this stove that sends fumes outside the residence?
☐$_0$ No **(SKIP TO QUESTION 21)** ☐$_1$ Yes ☐$_2$ Don't know

20. When the stove or oven is being used, how often is this exhaust fan used?
☐$_0$ Never
☐$_1$ Rarely
☐$_2$ Sometimes
☐$_3$ Always
☐$_4$ Don't know

21. Did you ever use this stove or oven to heat this residence?
☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

22. Is there standing water next to the residence?
☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

23. Which of the following structures have been affected by water leaks? (Check all that apply):
- ☐$_0$ None
- ☐$_1$ Ceiling
- ☐$_2$ Walls
- ☐$_3$ Floor
- ☐$_5$ Other

24. How close is the home to a major road (such as an interstate, freeway, or highway)
- ☐$_1$ Immediately adjacent (closer than 1 block)
- ☐$_2$ 1 to 4 blocks (less than ¼ mile)
- ☐$_3$ Greater than 4 blocks (or ¼ mile)
- ☐$_4$ Can't tell
- ☐$_5$ Other - Describe → $_{24a}$ ____________________

25. Do you live next to or near (within 300 ft or within one block) any of the following?
- ☐$_1$ Construction site
- ☐$_2$ Industrial operation (e.g., factory, etc.)
- ☐$_3$ Farm
- ☐$_4$ Golf course
- ☐$_5$ Sewage treatment plant
- ☐$_6$ Refinery
- ☐$_7$ Landfill
- ☐$_8$ Recycling/Reclamation facility
- ☐$_9$ Gas station
- ☐$_{10}$ Trucking/warehousing
- ☐$_{11}$ Other - Describe → $_{25a1}$ ____________________
- ☐$_{12}$ Don't know/can't tell

26. Is there clutter or storage of any material or chemicals next to your home (i.e., on your property or the adjacent property) ?

☐$_0$ No **(SKIP TO QUESTION 27)** ☐$_1$ Yes ☐$_2$ Don't know

26a. If ***yes***, check all that describe the clutter
- ☐$_1$ Accumulation of leaves, mulch, shrubs etc.
- ☐$_{1a}$ Construction materials and/or waste.
- ☐$_2$ Dumpster overflowing with perishable house hold trash (arising from food preparation) paper, plastic bottle (milk, juice) or cans (soda, preserved food) etc
- ☐$_3$ Empty or filled containers (with or without spills) of household products (e.g. oven cleaner, toilet bowl cleaner, tub and tile cleaner drain cleaner, floor care products etc.)
- ☐$_4$ Empty or filled containers of car care products (e.g. brake fluid, car wax, oil etc) or wood care products (glue, paint, paint stripper, primer wood preservatives etc.)
- ☐$_5$ Garden care products e.g. fertilizer, fungicide, insecticide, weed killer, herbicide etc.
- ☐$_6$ Other. Please explain 26a$_1$____

27. Have you ever changed your residence because of a health problem for you or anyone else living in the residence?

☐$_0$ No (**SKIP TO QUESTION 28**) ☐$_1$ Yes

27a. If ***yes***, when did you change residence __________________ (year)

27b. Who suffered the health problem?
- ☐$_1$ You
- ☐$_2$ Your spouse / child
- ☐$_3$ Other. Explain ___________________________

27c. Check all of the following that describe the nature of the health problem.

☐$_1$ Continued sneezing, runny or stuffy nose, itchy/watery eyes (due to allergy to dust, carpet)
☐$_2$ Sudden development shortness of breath, tightness of chest (like asthma).
☐$_3$ Rash, redness and itching of skin (like hives)
☐$_4$ Recurring cold, chronic cough, breathing difficulty, skin rash or diarrhea (due to mold)
☐$_5$ Fever, chills, pain in the chest, cough (like in pneumonia).
☐$_6$ Dizziness, headache, tiredness, nose /throat irritation.
☐$_7$ Other. Please explain $_{27c1}$ ____

The next group of questions are about work that has ever been done while you have lived in this home.

28. Have you weatherized your home?
☐$_0$ No **(SKIP TO QUESTION 29)** ☐$_1$ Yes ☐$_2$ Don't know

28a. If ***yes***, dates of weatherization _______________, _______________, _______________

28b. What was done to weatherize the home? (check all that apply)

☐$_1$ Improved insulation of the ceiling, floor, ducts and pipes
☐$_2$ Plastic covers on windows or new windows
☐$_3$ Hot water tank wrap and low-flow showerheads.
☐$_4$ Caulking or other sealing to prevent drafts and cold/hot air leaks
☐$_5$ Other $_{28b}$___________________

29. Have you ever had any areas inside your home painted, including walls, floors, trim or ceilings?
☐$_0$ No **(SKIP TO QUESTION 31)** ☐$_1$ Yes ☐$_2$ Don't know

30. When this was painted, did someone sand or scrape off any of the old paint?
☐$_1$ sand ☐$_2$ scrape ☐$_3$ Don't know

31. Are there any rooms in your home where you can see paint that is peeling, flaking or chipping off the walls, ceiling, doors or windows?
☐$_0$ No **(SKIP TO QUESTION 33)** ☐$_1$ Yes ☐$_2$ Don't know

32. In any of these rooms, can you see at least one total area of peeling, flaking or chipping paint that is <u>larger than one page of a regular newspaper</u>?
☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

33. Can you see paint that is peeling, flaking or chipping on any <u>outside area</u> of your home?
☐$_0$ No **(SKIP TO QUESTION 35)** ☐$_1$ Yes ☐$_2$ Don't know

34. Can you see any total area of peeling, flaking or chipping paint on any outside area of your home that is <u>larger than a regular door</u>?
☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

35. Can you see any area of the roof of your home where roofing material (e.g., shingles) is broken or missing from an area that is <u>larger than a sheet of newspaper</u>?
☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

The next questions are about work that has been done in your home.

36. Have you or anyone else done any of the following? Check all that apply.
    - ☐$_1$ Painted walls/trim/other
    - ☐$_2$ Scraped off old paint
    - ☐$_3$ Replaced a window in your home?
    - ☐$_4$ Replaced a kitchen cabinet?
    - ☐$_5$ Removed a wall in your home?
    - ☐$_6$ Repaired/replaced any part of the roof?
    - ☐$_0$ None (**SKIP TO QUESTION 38**)

37a. Who did the work?
    - ☐$_1$ Yourself
    - ☐$_2$ Other family member living in your home
    - ☐$_3$ A professional
    - ☐$_4$ Other - Describe $_{37a1}$ ____

37b. Considering all work that has been done, about how long did it take to finish the work? ____ days

37c. In which years was work performed? _________, ________, __________, ________
    - ☐$_{37c_1}$ Don't know

This section will ask you about any pets or animals that have lived in your home

38. What types of pets live or have lived here?
    - ☐$_0$ None (**SKIP TO QUESTION 41**)
    - ☐$_1$ Dog(s)
    - ☐$_2$ Cat(s)
    - ☐$_3$ Bird(s)
    - ☐$_4$ Other. Please describe $_{38a}$ _____________

39. Did you notice any abnormal change in the health or behavior of family pets?
    ☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

40. Check all of the following that you use on your pet(s)
    - ☐$_0$ None
    - ☐$_1$ Sprays for fleas, mites, etc.
    - ☐$_2$ Collars for fleas, mites, etc.
    - ☐$_3$ Powders for fleas, mites, etc.
    - ☐$_4$ Shampoo for fleas, mites, etc.

41. Have you had trouble with any of the following types of pests (e.g., insects, rodents, etc.) in your home? (check all that apply.)
    - ☐$_0$ None
    - ☐$_1$ Mice
    - ☐$_2$ Cockroaches
    - ☐$_3$ Rats
    - ☐$_4$ Fleas
    - ☐$_5$ Ants
    - ☐$_6$ Termites
    - ☐$_7$ Other - Please describe $_{42a}$ _____________

42. Did you or someone else treat the home for pests?
    ☐$_0$ No **(SKIP TO QUESTION 46)** ☐$_1$ Yes ☐$_2$ Don't know

43. Which of the following areas of your home were treated with these chemical products? (for example, products used to control fleas, roaches, ants, termites, mice, rats, or other pests such as rodents and insects)
☐$_0$ None
☐$_1$ Living room or family room
☐$_2$ Dining Room
☐$_3$ Kitchen
☐$_4$ Bathroom(s)
☐$_5$ Bedroom(s)
☐$_6$ Basement
☐$_7$ Other (den, playroom, rec. room).
☐$_8$ Outside – to foundation or building
☐$_9$ Entire house
☐$_{10}$ Don't know

44. We would like to know who applied these chemical products and the number of times they applied them. When these chemical products were used to treat your home, how many times per year were they used?
a. You applied these products? __ times per year
b. Someone living in your home other than you applied these products? __ times per year
c. A professional exterminator applied these products? __ times per year
d. Someone other than a professional or household member applied these products (For example, a neighbor or relative living outside your home)? __ times per year

45. Check all of the following treatments that you have used:
☐$_1$ Chemical Traps (does not include snap trap)
☐$_2$ Residual spray
☐$_3$ Powder application
☐$_4$ Gel Application
☐$_5$ Fumigation
☐$_6$ Other - Please describe $_{45a}$ ____________________

46. Does the outdoor area around this residence have a private yard or garden?
☐$_0$ No **(SKIP TO QUESTION 50)** ☐$_1$ Yes ☐$_2$ Don't know

47. Did you or others treat your lawn, yard or garden with chemicals to kill insects, weeds or plant diseases?
☐$_0$ No **(SKIP TO QUESTION 50)** ☐$_1$ Yes ☐$_2$ Don't know

48. We would like to know who applied these chemical products and the number of times they applied them.
a. You applied these products? __ times per year
b. Some living in your home other than you applied these products? __ times per year
c. A professional exterminator applied these products? __ times per year
d. Someone other than a professional or household member applied these products (For example, a neighbor or relative living outside your home)? __ times per year

49. Which of the following treatment(s) you have used:
- ☐$_0$ None
- ☐$_1$ Fertilizer
- ☐$_2$ Herbicide / weed killer
- ☐$_3$ Fungicide (prevents black spots on foliage)
- ☐$_4$ Insecticide
- ☐$_5$ Weed killer
- ☐$_6$ Animal or rodent repellents
- ☐$_7$ Chemicals to control slugs, snails
- ☐$_8$ Other - Describe $_{49a}$ ___________

We would now like to ask you about the water supply at your residence

50. In your residence, what kind of water do you normally use for drinking and cooking?
☐$_0$ Tap water ☐$_1$ Bottled water ☐$_2$ Both

51. What is the source of your tap water?
- ☐$_1$ Private well
- ☐$_2$ City water supply
- ☐$_3$ Spring
- ☐$_4$ Don't know
- ☐$_5$ Other. Describe $_{51a}$ ____

52. Does your home drinking or cooking water have a water softening or conditioning system? This may include systems at the tap or faucet, under the sink, or a system for the entire home?
☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

52a. If ***yes***, please tell us which water treatment system(s) that is(are) used (check all that apply).
- ☐$_1$ Faucet mounted or pitcher filter
- ☐$_2$ Water softener
- ☐$_3$ Aerator
- ☐$_4$ Reverse osmosis
- ☐$_5$ Other. Please describe $_{52a1}$ ______________
- ☐$_6$ Don't know/can't tell

PART B: This part is to be used for the HOME THAT YOU LIVED IN WHEN YOU WERE BORN

We want you to provide information on your previous home. Refer to page 4 or the table provided in the survey guidance instructions to identify which home this is.

The next four pages of the survey refer to house number _______

1. What type of building was this home?
   - ☐1 Single family, detached
   - ☐2 Duplex
   - ☐3 Multi-family/Apartment
   - ☐4 Mobile home or trailer
   - ☐5 Other. Describe → 1a ____________________
   - ☐6 Don't know

2. About when was that house/structure originally built? Year: ______________ ☐0 Don't know

3. How long did you live at that address? _______ years ☐0 Don't know

4. The floor covering in that home was:
   - ☐1 Hard surface (e.g., wood, linoleum, etc.)
   - ☐2 Carpeting
   - ☐3 Both
   - ☐0 Don't know

5. Was there a basement or crawlspace:
   - ☐0 No
   - ☐1 Yes
   - ☐2 Don't know

6. Where were the cars usually parked?
   - ☐1 Outside of the garage
   - ☐2 Inside the garage
   - ☐3 Both
   - ☐4 Other - Describe → 6a ____________________
   - ☐0 Don't know

7. Type of garage of that home?
   - ☐0 None **(SKIP TO QUESTION 9)**
   - ☐1 Attached
   - ☐2 Not-attached
   - ☐3 Carport
   - ☐4 Other – Describe → 7a ____________________
   - ☐5 Don't know

8. Were any of these chemicals stored in the garage?

Ammonia 8.1	☐$_1$ Yes ☐$_0$ No
Bleach (For example, Clorox) 8.2	☐$_1$ Yes ☐$_0$ No
Pesticides (For example, Raid, rat/mouse poison, etc.) 8.3	☐$_1$ Yes ☐$_0$ No
Solvents (For example, paint thinner, wood alcohol, brake cleaner, etc.) 8.4	☐$_1$ Yes ☐$_0$ No
Gasoline and/or kerosene in containers 8.5	☐$_1$ Yes ☐$_0$ No
Gasoline-powered equipment (lawn mower, weed whipper, etc.) 8.6	☐$_1$ Yes ☐$_0$ No
Lawn care products (For example, fertilizer, tree sprays, grub killer, etc.) 8.7	☐$_1$ Yes ☐$_0$ No
Paint 8.8	☐$_1$ Yes ☐$_0$ No
Woodworking supplies (For example, varnish, wax/polish, turpentine, etc.) 8.9	☐$_1$ Yes ☐$_0$ No
Other (please describe) 8a ________________________	
☐ Don't know 8b	

9. Were any of these chemicals stored in the home?

Ammonia 9.1	☐$_1$ Yes ☐$_0$ No
Bleach (For example, Clorox) 9.2	☐$_1$ Yes ☐$_0$ No
Pesticides (For example, Raid, rat/mouse poison, etc.) 9.3	☐$_1$ Yes ☐$_0$ No
Solvents (For example, paint thinner, wood alcohol, brake cleaner, etc.) 9.4	☐$_1$ Yes ☐$_0$ No
Gasoline and/or kerosene in containers 9.5	☐$_1$ Yes ☐$_0$ No
Gasoline-powered equipment (lawn mower, weed whipper, etc.) 9.6	☐$_1$ Yes ☐$_0$ No
Lawn care products (For example, fertilizer, tree sprays, grub killer, etc.) 9.7	☐$_1$ Yes ☐$_0$ No
Paint 9.8	☐$_1$ Yes ☐$_0$ No
Woodworking supplies (For example, varnish, wax/polish, turpentine, etc.) 9.9	☐$_1$ Yes ☐$_0$ No
Other (please describe) 9a ________________________	
☐ Don't know 9b	

10. Check all of the following that were at the residence where you were born:

☐$_1$ Stand-alone air purifier (filter)
☐$_2$ Air conditioner
☐$_3$ Humidifier
☐$_4$ Central heating - gas
☐$_5$ Central heating – oil
☐$_6$ Electric Heating (baseboard)
☐$_7$ Central heating – other
☐$_8$ Fireplace/wood stove
☐$_0$ Don't know

11. Was one or more wood stoves or fireplaces used?

☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

12a. Was a gas stove used for cooking?

☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

12b. Was an electric stove used for cooking?

☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

12c. Was a wood stove used for cooking?

☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

12d. Was a microwave used for cooking?

☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

12e. Was another stove used for cooking?
Describe ______________________

13. Which of the following structures were affected by water leaks? (check all that apply):

☐$_0$ None
☐$_1$ Ceiling
☐$_2$ Walls
☐$_3$ Floor
☐$_5$ Other
☐$_6$ Don't know

14. How close was the home to a major road (such as an interstate, freeway, or highway)

☐$_1$ Immediately adjacent (closer than 1 block)
☐$_2$ 1 to 4 blocks (less than ¼ mile)
☐$_3$ Greater than 4 blocks (or ¼ mile)
☐$_4$ Couldn't tell
☐$_5$ Other. Describe → $_{14a}$ ____________________
☐$_0$ Don't know

15. Did you live next to or near (within 300 ft or within one block) any of the following?

☐$_1$ Construction site
☐$_2$ Industrial operation (e.g., factory, etc.)
☐$_3$ Farm
☐$_4$ Golf course
☐$_5$ Sewage treatment plant
☐$_6$ Refinery
☐$_7$ Landfill
☐$_8$ Recycling/Reclamation facility
☐$_9$ Gas station
☐$_{10}$ Trucking/warehousing
☐$_{11}$ Other . Describe → $_{15a}$ ____________________
☐$_{12}$ Don't know/couldn't tell
☐$_0$ None
☐$_{13}$ Don't know

16. Was there clutter or excessive storage of any material or chemicals next to that home?

☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

16a. If ***yes***, Check all of the following that describe the clutter

☐$_1$ Accumulation of leaves, mulch, shrubs etc.
☐$_2$ Dumpster overflowing with perishable house hold trash (arising from food preparation) paper, plastic bottle (milk, juice) or cans (soda, preserved food) etc
☐$_3$ Empty or filled containers (with or without spills) of household products (e.g. oven cleaner, toilet bowl cleaner, tub and tile cleaner drain cleaner, floor care products etc.)
☐$_4$ Empty or filled containers of car care products (e.g. brake fluid, car wax, oil etc) or wood care products (glue, paint, paint stripper, primer wood preservatives etc.)
☐$_5$ Garden care products e.g. fertilizer, fungicide, insecticide, weed killer, herbicide etc.
☐$_6$ Other - Please explain $_{16a}$ ____
☐$_0$ Don't know

This section will ask you about any pets or animals that have lived in the home that you lived in when you were born.

17. What types of pet(s) lived there?
    - ☐$_0$ None
    - ☐$_1$ Dog(s)
    - ☐$_2$ Cat(s)
    - ☐$_3$ Bird(s)
    - ☐$_4$ Other. Please describe $_{17a}$ ______________
    - ☐$_5$ Don't know

We would now like to ask you about the water supply at that residence

18. What was the source of your drinking and cooking water?
    - ☐$_1$ Private well
    - ☐$_2$ City water supply
    - ☐$_3$ Spring
    - ☐$_4$ Don't know
    - ☐$_5$ Other. Describe $_{18a}$ ______________________
    - ☐$_0$ Don't know

PART B (cont.): This part is to be used for the HOME THAT YOU LIVED IN THE LONGEST BESIDES THE PREVIOUS TWO HOMES

Refer to page 4 or the table provided in the survey guidance instructions to identify which home this is. ***The next three pages of the survey refer to house number _______.***

1. What type of building was that home?
   - ☐$_1$ Single family, detached
   - ☐$_2$ Duplex
   - ☐$_3$ Multi-family/Apartment
   - ☐$_4$ Mobile home or trailer
   - ☐$_5$ Other. Describe → 1a ____________________

2. About when was that house/structure originally built? Year: _______ ☐$_0$ Don't know

3. How long did you live at that address? _______ years

4. The floor covering in that home was:
   - ☐$_1$ Hard surface (e.g., wood, linoleum, etc.)
   - ☐$_2$ Carpeting
   - ☐$_3$ Both

5. Was there a basement or crawlspace:
   - ☐$_0$ No
   - ☐$_1$ Yes

6. Where were the cars usually parked?
   - ☐$_1$ Outside of the garage
   - ☐$_2$ Inside the garage
   - ☐$_3$ Both
   - ☐$_4$ Other. Describe → 6a ____________________

7. Type of garage at that home?
   - ☐$_0$ None **(SKIP TO QUESTION 9)**
   - ☐$_1$ Attached
   - ☐$_2$ Not-attached
   - ☐$_3$ Carport
   - ☐$_4$ Other – Describe → 7a ____________________

8. Were any of these chemicals stored in the garage?

Ammonia 8.1	☐$_1$ Yes ☐$_0$ No
Bleach (For example, Clorox) 8.2	☐$_1$ Yes ☐$_0$ No
Pesticides (For example, Raid, rat/mouse poison, etc.) 8.3	☐$_1$ Yes ☐$_0$ No
Solvents (For example, paint thinner, wood alcohol, brake cleaner, etc.) 8.4	☐$_1$ Yes ☐$_0$ No
Gasoline and/or kerosene in containers 8.5	☐$_1$ Yes ☐$_0$ No
Gasoline-powered equipment (lawn mower, weed whipper, etc.) 8.6	☐$_1$ Yes ☐$_0$ No
Lawn care products (For example, fertilizer, tree sprays, grub killer, etc.) 8.7	☐$_1$ Yes ☐$_0$ No
Paint 8.8	☐$_1$ Yes ☐$_0$ No
Woodworking supplies (For example, varnish, wax/polish, turpentine, etc.) 8.9	☐$_1$ Yes ☐$_0$ No
Other (please describe) 8a __________________	
☐ Don't know 8b	

9. Were any of these chemicals stored in the home?

Ammonia 9.1	☐$_1$ Yes ☐$_0$ No
Bleach (For example, Clorox) 9.2	☐$_1$ Yes ☐$_0$ No
Pesticides (For example, Raid, rat/mouse poison, etc.) 9.3	☐$_1$ Yes ☐$_0$ No
Solvents (For example, paint thinner, wood alcohol, brake cleaner, etc.) 9.4	☐$_1$ Yes ☐$_0$ No
Gasoline and/or kerosene in containers 9.5	☐$_1$ Yes ☐$_0$ No
Gasoline-powered equipment (lawn mower, weed whipper, etc.) 9.6	☐$_1$ Yes ☐$_0$ No
Lawn care products (For example, fertilizer, tree sprays, grub killer, etc.) 9.7	☐$_1$ Yes ☐$_0$ No
Paint 9.8	☐$_1$ Yes ☐$_0$ No
Woodworking supplies (For example, varnish, wax/polish, turpentine, etc.) 9.9	☐$_1$ Yes ☐$_0$ No
Other (please describe) 9a ______________________	
☐ Don't know 9b	

10. Check all of the following that you had in that residence:
- ☐$_1$ Stand-alone air purifier (filter)
- ☐$_2$ Air conditioner
- ☐$_3$ Humidifier
- ☐$_4$ Central heating - gas
- ☐$_5$ Central heating – oil
- ☐$_6$ Electric Heating (baseboard)
- ☐$_7$ Central heating – other
- ☐$_8$ Fireplace/wood stove

11. Was one or more wood stoves or fireplaces used?
☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

12a. Was a gas stove used for cooking?
☐$_0$ No ☐$_1$ Yes

12b. Was an electric stove for cooking?
☐$_0$ No ☐$_1$ Yes

12c. Was a wood stove for cooking?
☐$_0$ No ☐$_1$ Yes

12d. Was a microwave for cooking?
☐$_0$ No ☐$_1$ Yes

12e. Was another type of stove used for cooking?
Describe ______________________

13. Which of the following structures were affected by water leaks? (check all that apply):
- ☐$_0$ None
- ☐$_1$ Ceiling
- ☐$_2$ Walls
- ☐$_3$ Floor
- ☐$_5$ Other

14. How close was the home to a major road (such as an interstate, freeway, or highway)
- ☐$_1$ Immediately adjacent (closer than 1 block)
- ☐$_2$ 1 to 4 blocks (less than ¼ mile)
- ☐$_3$ Greater than 4 blocks (or ¼ mile)
- ☐$_4$ Can't tell
- ☐$_5$ Other. Describe → 14a ____________________

15. Did you live next to or near (within 300 ft or within one block) any of the following?

- ☐$_1$ Construction site
- ☐$_2$ Industrial operation (e.g., factory, etc.)
- ☐$_3$ Farm
- ☐$_4$ Golf course
- ☐$_5$ Sewage treatment plant
- ☐$_6$ Refinery
- ☐$_7$ Landfill
- ☐$_8$ Recycling/Reclamation facility
- ☐$_9$ Gas station
- ☐$_{10}$ Trucking/warehousing
- ☐$_{11}$ Other . Describe →$_{15a}$ ____________________
- ☐$_{12}$ Don't know/can't tell

16. Was there clutter or excessive storage of any material or chemicals next to that home?

☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

16a. If ***yes***, Check all of the following that describe the clutter

- ☐$_1$ Accumulation of leaves, mulch, shrubs etc.
- ☐$_2$ Dumpster overflowing with perishable house hold trash (arising from food preparation) paper, plastic bottle (milk, juice) or cans (soda, preserved food) etc
- ☐$_3$ Empty or filled containers (with or without spills) of household products (e.g. oven cleaner, toilet bowl cleaner, tub and tile cleaner drain cleaner, floor care products etc.)
- ☐$_4$ Empty or filled containers of car care products (e.g. brake fluid, car wax, oil etc) or wood care products (glue, paint, paint stripper, primer wood preservatives etc.)
- ☐$_5$ Garden care products e.g. fertilizer, fungicide, insecticide, weed killer, herbicide etc.
- ☐$_6$ Other. Please explain $_{16a}$ ____

This section will ask you about any pets or animals that have lived in that home

17. What types of pet(s) lived there?

- ☐$_0$ None
- ☐$_1$ Dog(s)
- ☐$_2$ Cat(s)
- ☐$_3$ Bird(s)
- ☐$_4$ Other. Please describe $_{17a}$ ______________

We would now like to ask you about the water supply at that residence

18. What was the source of your drinking and cooking water?

- ☐$_1$ Private well
- ☐$_2$ City water supply
- ☐$_3$ Spring
- ☐$_4$ Don't know
- ☐$_5$ Other. Describe $_{18a}$ ______________________

PART B (cont.): This part is to be used for the HOME THAT YOU LIVED IN THE NEXT LONGEST

Refer to page 4 or the table provided in the survey guidance instructions to identify which home this is. ***The next three pages of the survey refer to house number _______.***

1. What type of building was that home?
   ☐$_1$ Single family, detached
   ☐$_2$ Duplex
   ☐$_3$ Multi-family/Apartment
   ☐$_4$ Mobile home or trailer
   ☐$_5$ Other. Describe → $_{1a}$ ____________________

2. About when was that house/structure originally built? Year: _______ ☐$_0$ Don't know

3. How long did you live at that address? _______ years

4. The floor covering in that home was:
   ☐$_1$ Hard surface (e.g., wood, linoleum, etc.)
   ☐$_2$ Carpeting
   ☐$_3$ Both

5. Was there a basement or crawlspace:
   ☐$_0$ No
   ☐$_1$ Yes

6. Where were the cars usually parked?
   ☐$_1$ Outside of the garage
   ☐$_2$ Inside the garage
   ☐$_3$ Both
   ☐$_4$ Other. Describe → $_{6a}$ ____________________

7. Type of garage at that home?
   ☐$_0$ None **(SKIP TO QUESTION 9)**
   ☐$_1$ Attached
   ☐$_2$ Not-attached
   ☐$_3$ Carport
   ☐$_4$ Other – Describe → $_{7a}$ ____________________

8. Were any of these chemicals stored in the garage?

Ammonia $_{8.1}$	☐$_1$ Yes ☐$_0$ No
Bleach (For example, Clorox) $_{8.2}$	☐$_1$ Yes ☐$_0$ No
Pesticides (For example, Raid, rat/mouse poison, etc.) $_{8.3}$	☐$_1$ Yes ☐$_0$ No
Solvents (For example, paint thinner, wood alcohol, brake cleaner, etc.) $_{8.4}$	☐$_1$ Yes ☐$_0$ No
Gasoline and/or kerosene in containers $_{8.5}$	☐$_1$ Yes ☐$_0$ No
Gasoline-powered equipment (lawn mower, weed whipper, etc.) $_{8.6}$	☐$_1$ Yes ☐$_0$ No
Lawn care products (For example, fertilizer, tree sprays, grub killer, etc.) $_{8.7}$	☐$_1$ Yes ☐$_0$ No
Paint $_{8.8}$	☐$_1$ Yes ☐$_0$ No
Woodworking supplies (For example, varnish, wax/polish, turpentine, etc.) $_{8.9}$	☐$_1$ Yes ☐$_0$ No
Other (please describe) $_{8a}$ ______________________________	
☐ Don't know $_{8b}$	

9. Were any of these chemicals stored in the home?

Ammonia 9.1	☐1 Yes ☐0 No
Bleach (For example, Clorox) 9.2	☐1 Yes ☐0 No
Pesticides (For example, Raid, rat/mouse poison, etc.) 9.3	☐1 Yes ☐0 No
Solvents (For example, paint thinner, wood alcohol, brake cleaner, etc.) 9.4	☐1 Yes ☐0 No
Gasoline and/or kerosene in containers 9.5	☐1 Yes ☐0 No
Gasoline-powered equipment (lawn mower, weed whipper, etc.) 9.6	☐1 Yes ☐0 No
Lawn care products (For example, fertilizer, tree sprays, grub killer, etc.) 9.7	☐1 Yes ☐0 No
Paint 9.8	☐1 Yes ☐0 No
Woodworking supplies (For example, varnish, wax/polish, turpentine, etc.) 9.9	☐1 Yes ☐0 No
Other (please describe) 9a ____________________	
☐ Don't know 9b	

10. Check all of the following that you had in that residence:
- ☐1 Stand-alone air purifier (filter)
- ☐2 Air conditioner
- ☐3 Humidifier
- ☐4 Central heating - gas
- ☐5 Central heating – oil
- ☐6 Electric Heating (baseboard)
- ☐7 Central heating – other
- ☐8 Fireplace/wood stove

11. Was one or more wood stoves or fireplaces used?
☐0 No ☐1 Yes ☐2 Don't know

12a. Was a gas stove used for cooking?
☐0 No ☐1 Yes

12b. Was an electric stove for cooking?
☐0 No ☐1 Yes

12c. Was a wood stove for cooking?
☐0 No ☐1 Yes

12d. Was a microwave for cooking?
☐0 No ☐1 Yes

12e. Was another type of stove used for cooking?
Describe _______________________

13. Which of the following structures were affected by water leaks? (check all that apply):
- ☐0 None
- ☐1 Ceiling
- ☐2 Walls
- ☐3 Floor
- ☐5 Other

14. How close was the home to a major road (such as an interstate, freeway, or highway)
- ☐1 Immediately adjacent (closer than 1 block)
- ☐2 1 to 4 blocks (less than ¼ mile)
- ☐3 Greater than 4 blocks (or ¼ mile)
- ☐4 Can't tell
- ☐5 Other. Describe → 14a ____________________

15. Did you live next to or near (within 300 ft or within one block) any of the following?
- ☐$_1$ Construction site
- ☐$_2$ Industrial operation (e.g., factory, etc.)
- ☐$_3$ Farm
- ☐$_4$ Golf course
- ☐$_5$ Sewage treatment plant
- ☐$_6$ Refinery
- ☐$_7$ Landfill
- ☐$_8$ Recycling/Reclamation facility
- ☐$_9$ Gas station
- ☐$_{10}$ Trucking/warehousing
- ☐$_{11}$ Other . Describe →$_{15a}$ ____________________
- ☐$_{12}$ Don't know/can't tell

16. Was there clutter or excessive storage of any material or chemicals next to that home?
☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

16a. If ***yes***, Check all of the following that describe the clutter
- ☐$_1$ Accumulation of leaves, mulch, shrubs etc.
- ☐$_2$ Dumpster overflowing with perishable house hold trash (arising from food preparation) paper, plastic bottle (milk, juice) or cans (soda, preserved food) etc
- ☐$_3$ Empty or filled containers (with or without spills) of household products (e.g. oven cleaner, toilet bowl cleaner, tub and tile cleaner drain cleaner, floor care products etc.)
- ☐$_4$ Empty or filled containers of car care products (e.g. brake fluid, car wax, oil etc) or wood care products (glue, paint, paint stripper, primer wood preservatives etc.)
- ☐$_5$ Garden care products e.g. fertilizer, fungicide, insecticide, weed killer, herbicide etc.
- ☐$_6$ Other. Please explain $_{16a}$ ____

This section will ask you about any pets or animals that have lived in that home

17. What types of pet(s) lived there?
- ☐$_0$ None
- ☐$_1$ Dog(s)
- ☐$_2$ Cat(s)
- ☐$_3$ Bird(s)
- ☐$_4$ Other. Please describe $_{17a}$ ________________________

We would now like to ask you about the water supply at that residence

18. What was the source of your drinking and cooking water?
- ☐$_1$ Private well
- ☐$_2$ City water supply
- ☐$_3$ Spring
- ☐$_4$ Don't know
- ☐$_5$ Other. Describe $_{18a}$ ______________________

HOME HOBBIES AND CRAFTS

The following questions will ask you about your hobbies over the past 30 years. This does not include sports.

If an ALS patient, please answer questions as things were before the diagnosis of ALS.

1. Do or did you have any of the following hobbies or crafts?
   - ☐1 Wood working
   - ☐2 Car/motorcycle/boat restoration
   - ☐3 Metal working, e.g., welding or soldering metals, jewelry-making
   - ☐4a Fishing and or swimming in the Great Lakes
   - ☐4b Fishing/swimming in inland lakes
   - ☐5 Hunting, guns, shooting skeet, trap or targets.
   - ☐6 Home remodeling, furniture refinishing
   - ☐7 Making stained glass, pottery or ceramics
   - ☐8 Photograph development (in the dark room)
   - ☐9 Painting (oil and spray) pictures or other fine arts
   - ☐10 Other. Please explain 1a ______________________________
   - ☐0 None

2. Check any of the automobile repairs you personally did on your (or others) cars or motorcycles?
   - ☐1 Work on the engine, e.g. mechanical repair, oil change,
   - ☐2 Detailing the body, e.g. repair, painting, waxing etc.
   - ☐3 Work on the exhaust
   - ☐4 Repair and maintenance, e.g., check fluids, coolant flush
   - ☐5 Work with the brake /transmission/power steering fluids
   - ☐6 Worked with car brakes
   - ☐7 Other. Please explain 2a ______________________________________
   - ☐0 None

3. For other members of your household, do they or did they have any of the following hobbies or crafts?
   - ☐1 Wood working
   - ☐2 Car/motorcycle/boat restoration
   - ☐3 Metal working, e.g., welding or soldering metals, jewelry-making
   - ☐4a Fishing and or swimming in the Great Lakes
   - ☐4b Fishing/swimming in inland lakes
   - ☐5 Hunting, guns, shooting skeet, trap or targets.
   - ☐6 Home remodeling, furniture refinishing
   - ☐7 Making stained glass, pottery or ceramics
   - ☐8 Photograph development (in the dark room)
   - ☐9 Painting (oil and spray) pictures or other fine arts
   - ☐10 Other. Please explain 3a ______________________________
   - ☐0 None

4. Does or did a member of your household work on your car?
   ☐0 No ☐1 Yes ☐2 Don't know

5. If ***yes***, briefly describe what kind of work they do or did?

☐1 Work on the engine, e.g. mechanical repair, oil change,
☐2 Detailing the body, e.g. repair, painting, waxing etc.
☐3 Work on the exhaust
☐4 Repair and maintenance, e.g., check fluids, coolant flush
☐5 Work with the brake /transmission/power steering fluids
☐6 Worked with car brakes
☐7 Other. Please explain 4a ___________________________________
☐0 None

CURRENT AND PAST NON-OCCUPATIONAL EXPOSURE

This section will ask you about any exposures that you may have experienced while ***NOT*** at work.

1. While not at work, are you currently exposed or have you been previously exposed to any of the following?

	1. Current exposure		2. Past exposure	
Metals	☐0 No	☐1 Yes	☐0 No	☐1 Yes
Dusts or fibers	☐0 No	☐1 Yes	☐0 No	☐1 Yes
Chemicals	☐0 No	☐1 Yes	☐0 No	☐1 Yes
Fumes	☐0 No	☐1 Yes	☐0 No	☐1 Yes
Radiation	☐0 No	☐1 Yes	☐0 No	☐1 Yes
Biologic agents	☐0 No	☐1 Yes	☐0 No	☐1 Yes
Loud noise, vibration,	☐0 No	☐1 Yes	☐0 No	☐1 Yes
Extreme heat or cold	☐0 No	☐1 Yes	☐0 No	☐1 Yes
Electromagnetic fields	☐0 No	☐1 Yes	☐0 No	☐1 Yes

IF YOU ANSWERED NO TO ALL OF THE ABOVE, SKIP TO QUESTION 6.

2. If you answered ***yes*** to any of the items above, describe it:

____

____

3. Where (location, circumstance) were you exposed?

____

____

4. How often are/were you exposed?

☐1 Rarely, e.g., once or twice in your life
☐2 Sometimes, e.g., 1 or 2 times per year
☐3 Moderately, e.g., 2 to 10 times per year
☐4 Frequently, e.g., about weekly
☐5 All the time, e.g., about daily

5. Do you know the names of the metals, dusts, fibers, chemicals, fumes, or radiation that you are/were exposed to?
☐$_0$ No ☐$_1$ Yes

5a. If ***yes***, check the appropriate box ***and*** check all examples that apply (or write in).

☐ **Metal$_1$**	☐ **Dusts$_2$**
☐ iron ☐ lead ☐ mercury ☐ cadmium ☐ beryllium ☐ nickel ☐ aluminum ☐ arsenic ☐ Other_____________	☐ silica powder ☐ coal dust ☐ rock dust ☐ wood dust ☐ Other_____________
☐ **Fibers$_3$**	☐ **Chemicals/vapors$_4$**
☐ animal fiber (wool) ☐ fiber glass ☐ Other_____________	☐ acids ☐ alcohols ☐ alkali ☐ ammonia ☐ benzene ☐ phenol ☐ chloroform ☐ toluene ☐ carbon tetrachloride ☐ chloroprene ☐ PCB ☐ oils ☐ methylene chloride (paint stripper) ☐ Other_____________
☐ **Fumes/Gas$_5$**	☐ **Radiation$_6$**
☐ welding fumes ☐ diesel smoke ☐ halothene (general anesthesia) ☐ carbon monoxide ☐ phosgene ☐ Other_____________	☐ X-ray ☐ Radiotherapy ☐ radioactive iodine therapy ☐ Other_____________
☐ **Electromagnetic fields$_7$**	☐ **Other, describe below:$_8$**
☐ power lines ☐ transformer stations ☐ Other_____________	

6. Do any household members have contact with metals, dust, fibers, chemicals, fumes, radiation, or biologic agents that is <u>not</u> associated with their jobs?

☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

WORK HISTORY AND WORK EXPOSURE

This section will ask you about your work history.

Chronologically list your past and present jobs you have worked for **three or more months**, including short-term, seasonal, part-time employment, and military service. List the chemicals, dusts, fibers, fumes, radiation, biologic agents (i.e., molds or viruses) and physical agents (i.e., extreme heat, cold, vibration, or noise) that you were exposed to at the job. **Begin with your most recent job**.

If you cannot remember the exact date of employment, then try to remember how old you were when you started the job and put the approximate date, and how long you worked and put the approximate date.

No.	Dates of employment (MM/YY or age) 2a	Job Title and Description of Work 2b	Exposures* 2c	Protective Equipment 2d
1 Current or most recent				
2				
3				
4				
5				
6				
7				

*List the chemicals, dusts, fibers, fumes, radiation, biologic agents (e.g., molds or viruses) and physical agents (e.g., extreme heat, cold, vibration, or noise) that you were exposed to at this job.

8				
9				
10				
11				
12				
13				
14				
15				

*List the chemicals, dusts, fibers, fumes, radiation, biologic agents (e.g., molds or viruses) and physical agents (e.g., extreme heat, cold, vibration, or noise) that you were exposed to at this job.

Part A of this form is to be used for the current/most recent job.

Part B is to be used for the job that you had before your current/most recent job as well as two other jobs that you worked the longest (3 copies have been provided for your convenience).

TIP: ***Use the table provided in the survey guidance information to assist with determining which home corresponds to which survey pages.***

If an ALS patient, please answer questions as things were before the diagnosis of ALS.

Part A: This part is for your CURRENT/MOST RECENT JOB

This part should be filled out for your current or most recent job and ***refer to job number 1***.

For Office Use Only
DOT ____________
SIC ____________

1. Job being described:

1a. Job name (title): ______________________________

1b. Type of industry:______________________________

1c. Name of employer: ____

1d. Date job began: ____________

1e. Are you still working in this job? ☐$_0$ No ☐$_1$ Yes

1f. If ***no***, when did this job end? __________

2. What were your main tasks at this job? ____

____

3. Do you know the names of the metals, dusts, fibers, chemicals, fumes, or radiation that you are/were exposed to at this job?
☐$_0$ No ☐$_1$ Yes

3a. If ***yes***, please check all the appropriate box(es) that apply.

☐ **Metal$_1$**	☐ **Dusts$_2$**
☐ iron ☐ lead ☐ mercury ☐ cadmium ☐ beryllium ☐ nickel ☐ aluminum ☐ arsenic ☐ Other_____________	☐ silica powder ☐ coal dust ☐ rock dust ☐ wood dust ☐ Other_____________
☐ **Fibers$_3$**	☐ **Chemicals/vapors$_4$**
☐ animal fiber (wool) ☐ fiber glass ☐ Other_____________	☐ acids ☐ alcohols ☐ alkali ☐ ammonia ☐ benzene ☐ phenol ☐ chloroform ☐ toluene ☐ carbon tetrachloride ☐ chloroprene ☐ PCB ☐ oils ☐ methylene chloride (paint stripper) ☐ Other_____________

☐ **Fumes/Gas** $_5$	☐ **Radiation** $_6$
☐ welding fumes ☐ diesel smoke ☐ halothene (general anesthesia) ☐ carbon monoxide ☐ phosgene ☐ Other______________	☐ X-ray ☐ Radiotherapy ☐ radioactive iodine therapy ☐ Other______________
☐ **Electromagnetic fields** $_7$	☐ **Other, describe below:** $_8$
☐ power lines ☐ transformer stations ☐ Other______________	

4. Do/did you use protective equipment such as gloves, masks, respirator, goggles, or hearing protectors?
☐$_0$ No ☐$_1$ Yes

4a. If ***yes***, list the protective equipment you used below.
☐$_1$ Gloves
☐$_2$ Masks
☐$_3$ Respirator
☐$_4$ Goggles
☐$_5$ Coveralls
☐$_6$ Hearing protector (ear plugs)
☐$_7$ Other. Describe $_{4a1}$ ____

5. Were you advised to use protective equipment?
☐$_0$ No ☐$_1$ Yes

6. Were you instructed in the use of protective equipment?
☐$_0$ No ☐$_1$ Yes

6a. If ***yes***, how were you instructed?
☐$_1$ Training
☐$_2$ Pamphlet
☐$_3$ Video
☐$_4$ Other. Describe $_{6a1}$ ______________________________________

7. Did you wash your hands with solvents?
☐$_0$ No ☐$_1$ Yes

8. Did you smoke at the workplace?
☐$_0$ No ☐$_1$ Yes

9. Were you exposed to secondhand tobacco smoke at the workplace?
☐$_0$ No ☐$_1$ Yes

10. Did you eat at the workplace?
☐$_0$ No ☐$_1$ Yes

10a. If ***yes***, where did you eat?
☐$_1$ Work station
☐$_2$ Lunch room
☐$_3$ Other. Describe $_{10a1}$ ______________________________________

11. Have you, your family members, or any co-workers experienced the following symptoms:

11a. **You**	11b. **Your family members**	11c. **Co-workers**
☐$_1$ Fatigue	☐$_1$ Fatigue	☐$_1$ Fatigue
☐$_2$ Weakness	☐$_2$ Weakness	☐$_2$ Weakness
☐$_3$ Difficulty speaking	☐$_3$ Difficulty speaking	☐$_3$ Difficulty speaking
☐$_4$ Swallowing	☐$_4$ Swallowing	☐$_4$ Swallowing
☐$_0$ None	☐$_0$ None	☐$_0$ None

12. If ***yes*** to any symptoms in 11a, did your symptoms get either worse or better or stay the same at different places or times?

	At work	**At home**	**On weekends**	**On vacation**
Fatigue$_{12a}$	☐$_0$ Worse $_{12a.1}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12a.2}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12a.3}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12a.4}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable
Weakness$_{12b}$	☐$_0$ Worse $_{12b.1}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12b.2}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12b.3}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12b.4}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable
Difficulty speaking$_{12c}$	☐$_0$ Worse $_{12c.1}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12c.2}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12c.3}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12c.4}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable
Swallowing$_{12d}$	☐$_0$ Worse $_{12d.1}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12d.2}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12d.3}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12d.4}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable

13. Did anything about your job change (such as duties, procedures, overtime)?
☐$_0$ No ☐$_1$ Yes

14. At this job, did you come in contact with any of the following by breathing, touching, or ingesting (swallowing)? Contact means **WITHOUT** use of personal protective equipment.

Acids$_{14a}$	☐$_1$ Yes	☐$_0$ No	Methylene chloride$_{14z}$	☐$_1$ Yes	☐$_0$ No
Alcohols (industrial, non-beverage)$_{14b}$	☐$_1$ Yes	☐$_0$ No	Nickel$_{14aa}$	☐$_1$ Yes	☐$_0$ No
Alkalies (e.g., lye)$_{14c}$	☐$_1$ Yes	☐$_0$ No	PBBs$_{14ab}$	☐$_1$ Yes	☐$_0$ No
Ammonia$_{14d}$	☐$_1$ Yes	☐$_0$ No	PCBs$_{14ac}$	☐$_1$ Yes	☐$_0$ No
Arsenic$_{14e}$	☐$_1$ Yes	☐$_0$ No	Perchloroethylene$_{14ad}$	☐$_1$ Yes	☐$_0$ No
Asbestos$_{14f}$	☐$_1$ Yes	☐$_0$ No	Pesticides$_{14ae}$	☐$_1$ Yes	☐$_0$ No
Benzene$_{14g}$	☐$_1$ Yes	☐$_0$ No	Phenol$_{14af}$	☐$_1$ Yes	☐$_0$ No
Beryllium$_{14h}$	☐$_1$ Yes	☐$_0$ No	Phosgene$_{14ag}$	☐$_1$ Yes	☐$_0$ No
Cadmium$_{14i}$	☐$_1$ Yes	☐$_0$ No	Radiation$_{14ah}$	☐$_1$ Yes	☐$_0$ No
Carbon tetrachloride$_{14j}$	☐$_1$ Yes	☐$_0$ No	Rock dust$_{14ai}$	☐$_1$ Yes	☐$_0$ No
Chlorinated aphthalenes$_{14k}$	☐$_1$ Yes	☐$_0$ No	Silica powder (glass dust casting investment etc)$_{14aj}$	☐$_1$ Yes	☐$_0$ No
Chloroform$_{14l}$	☐$_1$ Yes	☐$_0$ No	Solvents$_{14ak}$	☐$_1$ Yes	☐$_0$ No
Chloroprene$_{14m}$	☐$_1$ Yes	☐$_0$ No	Styrene$_{14al}$	☐$_1$ Yes	☐$_0$ No
Chromates$_{14n}$	☐$_1$ Yes	☐$_0$ No	Talc$_{14am}$	☐$_1$ Yes	☐$_0$ No
Coal dust$_{14o}$	☐$_1$ Yes	☐$_0$ No	Toluene$_{14an}$	☐$_1$ Yes	☐$_0$ No
Diesel exhaust/smoke$_{14p}$	☐$_1$ Yes	☐$_0$ No	TDI or MDI$_{14ao}$	☐$_1$ Yes	☐$_0$ No
Dichlorobenzene$_{14q}$	☐$_1$ Yes	☐$_0$ No	Trichloroethylene$_{14ap}$	☐$_1$ Yes	☐$_0$ No

Ethylene dibromide$_{14r}$	☐$_1$ Yes	☐$_0$ No	Trinitrotoluene (TNT)$_{14aq}$	☐$_1$ Yes	☐$_0$ No
Ethylene dichloride$_{14s}$	☐$_1$ Yes	☐$_0$ No	Vinyl chloride$_{14ar}$	☐$_1$ Yes	☐$_0$ No
Fiberglass$_{14t}$	☐$_1$ Yes	☐$_0$ No	Welding fumes$_{14as}$	☐$_1$ Yes	☐$_0$ No
Halothane (anesthetic)$_{14u}$	☐$_1$ Yes	☐$_0$ No	X-rays$_{14at}$	☐$_1$ Yes	☐$_0$ No
Isocyanates$_{14v}$	☐$_1$ Yes	☐$_0$ No	Nitrous oxide (N_2O)$_{14au}$	☐$_1$ Yes	☐$_0$ No
Ketones$_{14w}$	☐$_1$ Yes	☐$_0$ No	Electromagnetic fields$_{14av}$	☐$_1$ Yes	☐$_0$ No
Lead$_{14x}$	☐$_1$ Yes	☐$_0$ No	Other (please describe)$_{14aw}$:		
Mercury$_{14y}$	☐$_1$ Yes	☐$_0$ No			

15. Did you often or ever get the material on your skin or clothing?
☐$_0$ No ☐$_1$ Yes

16. Were your work clothes laundered at home?
☐$_0$ No ☐$_1$ Yes

17. Did you often or ever shower at work?
☐$_0$ No ☐$_1$ Yes

18. Could you smell the chemical or material you are working with?
☐$_0$ No ☐$_1$ Yes

19. Were you ever off work for more than 1 day because of an illness related to work?
☐$_0$ No ☐$_1$ Yes

19a. If ***yes***, which of the following describes the illness? (Check all that apply)
☐$_1$ Fever, chills, difficulty in breathing, pain in the chest, metallic taste in the mouth
☐$_2$ Vomiting, pain in the stomach and or watery/bloody diarrhea.
☐$_3$ Pain, numbness or tingling (pins and needles) of hands or feet or around the mouth
☐$_4$ Headache/dizziness/weakness/vomiting/palpitation
☐$_5$ Rash, muscle and joint pain, flu like symptoms
☐$_6$ Mood swing, irritability, concentration problem
☐$_7$ Lack of coordination, muscular weakness, tremor (involuntary, rhythmic movement of a part (s) of the body)
☐$_8$ Other, describe $_{19a1}$ ____

20. Were you ever advised to change jobs or tasks because of any health problems or injuries?
☐$_0$ No ☐$_1$ Yes

20a. If ***yes***, why? Please describe ____

21. Has/did your work routine changed at this job?
☐$_0$ No ☐$_1$ Yes

21a. If ***yes***, describe what aspect of your work changed?
☐$_1$ Procedures
☐$_2$ Duties
☐$_3$ Overtime
☐$_4$ Other. Describe $_{21a1}$ ____

22. Is/was there poor ventilation in your workplace?

☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

22a. If ***yes,*** check all that apply

☐$_1$ Not enough fans for forced drafting (circulation) of air.

☐$_2$ Not enough air ducts to convey cool air

☐$_3$ Not enough mechanical exhaust to remove contaminated / hot air

☐$_4$ Not enough open windows

☐$_5$ Other. Describe 22a1 ___________________________________

Part B: This part is for the JOB YOU HAD BEFORE YOUR CURRENT/MOST RECENT JOB as well as jobs you worked the longest (3 copies have been provided for your convenience).

We want you to provide information on your previous job. Refer to page 27 or the table provided in the survey guidance instructions to identify which job this is. ***The next five pages of the survey refer to job number _______.***

1. Job being described:

For Office Use Only
DOT ____________
SIC ____________

1a. Job name (title): ______________________________

1b. Type of industry:______________________________

2. What were your main tasks at this job? ____

____

3. Do you know the names of the metals, dusts, fibers, chemicals, fumes, or radiation that you are/were exposed to at this job?
☐0 No ☐1 Yes

3a. If ***yes***, please check all the appropriate box(es) that apply.

☐ **Metal1**	☐ **Dusts2**
☐ iron ☐ lead ☐ mercury ☐ cadmium ☐ beryllium ☐ nickel ☐ aluminum ☐ arsenic ☐ Other_____________	☐ silica powder ☐ coal dust ☐ rock dust ☐ wood dust ☐ Other_____________
☐ **Fibers3**	☐ **Chemicals/vapors4**
☐ animal fiber (wool) ☐ fiber glass ☐ Other_____________	☐ acids ☐ alcohols ☐ alkali ☐ ammonia ☐ benzene ☐ phenol ☐ chloroform ☐ toluene ☐ carbon tetrachloride ☐ chloroprene ☐ PCB ☐ oils ☐ methylene chloride (paint stripper) ☐ Other_____________

☐ **Fumes/Gas**5	☐ **Radiation**6
☐ welding fumes ☐ diesel smoke ☐ halothene (general anesthesia) ☐ carbon monoxide ☐ phosgene ☐ Other_____________	☐ X-ray ☐ Radiotherapy ☐ radioactive iodine therapy ☐ Other_____________
☐ **Electromagnetic fields**7	☐ **Other, describe below:**8
☐ power lines ☐ transformer stations ☐ Other_____________	

4. Do/did you use protective equipment such as gloves, masks, respirator, goggles, or hearing protectors?
   ☐0 No ☐1 Yes

4a. If ***yes***, list the protective equipment you used below.
   ☐1 Gloves
   ☐2 Masks
   ☐3 Respirator
   ☐4 Goggles
   ☐5 Coveralls
   ☐6 Hearing protector (ear plugs)
   ☐7 Other. Describe 4a1 ____

5. Were you advised to use protective equipment?
   ☐0 No ☐1 Yes

6. Were you instructed in the use of protective equipment?
   ☐0 No ☐1 Yes

6a. If ***yes***, how were you instructed?
   ☐1 Training
   ☐2 Pamphlet
   ☐3 Video
   ☐4 Other. Describe 6a1 ____________________________________

7. Did you wash your hands with solvents?
   ☐0 No ☐1 Yes

8. Did you smoke at the workplace?
   ☐0 No ☐1 Yes

9. Were you exposed to secondhand tobacco smoke at the workplace?
   ☐0 No ☐1 Yes

10. Did you eat at the workplace?
   ☐0 No ☐1 Yes

10a. If ***yes***, where did you eat?
   ☐1 Work station
   ☐2 Lunch room
   ☐3 Other. Describe 10a1 ___________________________________

11. Have you, your family members, or any co-workers experienced the following symptoms:

11a. **You**	11b. **Your <u>family members</u>**	11c. **<u>Co-workers</u>**
☐$_1$ Fatigue ☐$_2$ Weakness ☐$_3$ Difficulty speaking ☐$_4$ Swallowing ☐$_0$ None	☐$_1$ Fatigue ☐$_2$ Weakness ☐$_3$ Difficulty speaking ☐$_4$ Swallowing ☐$_0$ None	☐$_1$ Fatigue ☐$_2$ Weakness ☐$_3$ Difficulty speaking ☐$_4$ Swallowing ☐$_0$ None

12. If ***yes*** to any symptoms in 11a, did <u>your symptoms</u> get either worse or better or stay the same at different places or times?

	At work	**At home**	**On weekends**	**On vacation**
Fatigue$_{12a}$	☐$_0$ Worse $_{12a.1}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12a.2}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12a.3}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12a.4}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable
Weakness$_{12b}$	☐$_0$ Worse $_{12b.1}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12b.2}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12b.3}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12b.4}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable
Difficulty speaking$_{12c}$	☐$_0$ Worse $_{12c.1}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12c.2}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12c.3}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12c.4}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable
Swallowing$_{12d}$	☐$_0$ Worse $_{12d.1}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12d.2}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12d.3}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12d.4}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable

13. Did anything about your job change (such as duties, procedures, overtime)?
☐$_0$ No ☐$_1$ Yes

14. At this job, did you come in contact with any of the following by breathing, touching, or ingesting (swallowing)?

Acids$_{14a}$	☐$_1$ Yes	☐$_0$ No	Methylene chloride$_{14z}$	☐$_1$ Yes	☐$_0$ No
Alcohols (industrial, non-beverage)$_{14b}$	☐$_1$ Yes	☐$_0$ No	Nickel$_{14aa}$	☐$_1$ Yes	☐$_0$ No
Alkalies (e.g., lye)$_{14c}$	☐$_1$ Yes	☐$_0$ No	PBBs$_{14ab}$	☐$_1$ Yes	☐$_0$ No
Ammonia$_{14d}$	☐$_1$ Yes	☐$_0$ No	PCBs$_{14ac}$	☐$_1$ Yes	☐$_0$ No
Arsenic$_{14e}$	☐$_1$ Yes	☐$_0$ No	Perchloroethylene$_{14ad}$	☐$_1$ Yes	☐$_0$ No
Asbestos$_{14f}$	☐$_1$ Yes	☐$_0$ No	Pesticides$_{14ae}$	☐$_1$ Yes	☐$_0$ No
Benzene$_{14g}$	☐$_1$ Yes	☐$_0$ No	Phenol$_{14af}$	☐$_1$ Yes	☐$_0$ No
Beryllium$_{14h}$	☐$_1$ Yes	☐$_0$ No	Phosgene$_{14ag}$	☐$_1$ Yes	☐$_0$ No
Cadmium$_{14i}$	☐$_1$ Yes	☐$_0$ No	Radiation$_{14ah}$	☐$_1$ Yes	☐$_0$ No
Carbon tetrachloride$_{14j}$	☐$_1$ Yes	☐$_0$ No	Rock dust$_{14ai}$	☐$_1$ Yes	☐$_0$ No
Chlorinated aphthalenes$_{14k}$	☐$_1$ Yes	☐$_0$ No	Silica powder (glass dust casting investment etc)$_{14aj}$	☐$_1$ Yes	☐$_0$ No
Chloroform$_{14l}$	☐$_1$ Yes	☐$_0$ No	Solvents$_{14ak}$	☐$_1$ Yes	☐$_0$ No
Chloroprene$_{14m}$	☐$_1$ Yes	☐$_0$ No	Styrene$_{14al}$	☐$_1$ Yes	☐$_0$ No
Chromates$_{14n}$	☐$_1$ Yes	☐$_0$ No	Talc$_{14am}$	☐$_1$ Yes	☐$_0$ No
Coal dust$_{14o}$	☐$_1$ Yes	☐$_0$ No	Toluene$_{14an}$	☐$_1$ Yes	☐$_0$ No
Diesel exhaust/smoke$_{14p}$	☐$_1$ Yes	☐$_0$ No	TDI or MDI$_{14ao}$	☐$_1$ Yes	☐$_0$ No
Dichlorobenzene$_{14q}$	☐$_1$ Yes	☐$_0$ No	Trichloroethylene$_{14ap}$	☐$_1$ Yes	☐$_0$ No

Ethylene dibromide$_{14r}$	☐$_1$ Yes	☐$_0$ No	Trinitrotoluene (TNT)$_{14aq}$	☐$_1$ Yes	☐$_0$ No
Ethylene dichloride$_{14s}$	☐$_1$ Yes	☐$_0$ No	Vinyl chloride$_{14ar}$	☐$_1$ Yes	☐$_0$ No
Fiberglass$_{14t}$	☐$_1$ Yes	☐$_0$ No	Welding fumes$_{14as}$	☐$_1$ Yes	☐$_0$ No
Halothane (anesthetic)$_{14u}$	☐$_1$ Yes	☐$_0$ No	X-rays$_{14at}$	☐$_1$ Yes	☐$_0$ No
Isocyanates$_{14v}$	☐$_1$ Yes	☐$_0$ No	Nitrous oxide (N_2O)$_{14au}$	☐$_1$ Yes	☐$_0$ No
Ketones$_{14w}$	☐$_1$ Yes	☐$_0$ No	Electromagnetic fields$_{14av}$	☐$_1$ Yes	☐$_0$ No
Lead$_{14x}$	☐$_1$ Yes	☐$_0$ No	Other (please describe)$_{14aw}$:		
Mercury$_{14y}$	☐$_1$ Yes	☐$_0$ No			

15. Did you get the material on your skin or clothing?
    ☐$_0$ No ☐$_1$ Yes

16. Were your work clothes laundered at home?
    ☐$_0$ No ☐$_1$ Yes

17. Did you shower at work?
    ☐$_0$ No ☐$_1$ Yes

18. Could you smell the chemical or material you are working with?
    ☐$_0$ No ☐$_1$ Yes

19. Were you ever off work for more than 1 day because of an illness related to work?
    ☐$_0$ No ☐$_1$ Yes

19a. If ***yes***, which of the following describes the illness? (Check all that apply)
- ☐$_1$ Fever, chills, difficulty in breathing, pain in the chest, metallic taste in the mouth
- ☐$_2$ Vomiting, pain in the stomach and or watery/bloody diarrhea.
- ☐$_3$ Pain, numbness or tingling (pins and needles) of hands or feet or around the mouth
- ☐$_4$ Headache/dizziness/weakness/vomiting/palpitation
- ☐$_5$ Rash, muscle and joint pain, flu like symptoms
- ☐$_6$ Mood swing, irritability, concentration problem
- ☐$_7$ Lack of coordination, muscular weakness, tremor (involuntary, rhythmic movement of a part (s) of the body)
- ☐$_8$ Other, describe $_{19a1}$ ____

20. Were you ever advised to change jobs or tasks because of any health problems or injuries?
    ☐$_0$ No ☐$_1$ Yes

20a. If ***yes***, why? Please describe ____

21. Has/did your work routine changed at this job?
    ☐$_0$ No ☐$_1$ Yes

21a. If ***yes***, describe what aspect of your work changed?
- ☐$_1$ Procedures
- ☐$_2$ Duties
- ☐$_3$ Overtime
- ☐$_4$ Other. Describe $_{21a1}$ ____

22. Is/was there poor ventilation in your workplace?
☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

22a. If ***yes,*** check all that apply
- ☐$_1$ Not enough fans for forced drafting (circulation) of air.
- ☐$_2$ Not enough air ducts to convey cool air
- ☐$_3$ Not enough mechanical exhaust to remove contaminated / hot air
- ☐$_4$ Not enough open windows
- ☐$_5$ Other. Describe $_{22a1}$ ______________________________________

PART B (cont.): THIS PART IS FOR THE <u>JOB WHERE YOU WORKED THE LONGEST</u>

We want you to provide information on your previous job. Refer to page 27 or the table provided in the survey guidance instructions to identify which job this is. ***The next five pages of the survey refer to job number _______.***

For Office Use Only
DOT ____________
SIC ____________

1. Job being described:

1a. Job name (title): ______________________________

1b. Type of industry:_____________________________

2. What were your main tasks at this job? ____

____

3. Do you know the names of the metals, dusts, fibers, chemicals, fumes, or radiation that you are/were exposed to at this job?
☐$_0$ No ☐$_1$ Yes

3a. If ***yes***, please check all the appropriate box(es) that apply.

☐ **Metal$_1$**	☐ **Dusts$_2$**
☐ iron ☐ lead ☐ mercury ☐ cadmium ☐ beryllium ☐ nickel ☐ aluminum ☐ arsenic ☐ Other_____________	☐ silica powder ☐ coal dust ☐ rock dust ☐ wood dust ☐ Other_____________
☐ **Fibers$_3$**	☐ **Chemicals/vapors$_4$**
☐ animal fiber (wool) ☐ fiber glass ☐ Other_____________	☐ acids ☐ alcohols ☐ alkali ☐ ammonia ☐ benzene ☐ phenol ☐ chloroform ☐ toluene ☐ carbon tetrachloride ☐ chloroprene ☐ PCB ☐ oils ☐ methylene chloride (paint stripper) ☐ Other_____________

☐ **Fumes/Gas** $_5$	☐ **Radiation** $_6$
☐ welding fumes ☐ diesel smoke ☐ halothene (general anesthesia) ☐ carbon monoxide ☐ phosgene ☐ Other_____________	☐ X-ray ☐ Radiotherapy ☐ radioactive iodine therapy ☐ Other_____________
☐ **Electromagnetic fields** $_7$	☐ **Other, describe below:** $_8$
☐ power lines ☐ transformer stations ☐ Other_____________	

4. Do/did you use protective equipment such as gloves, masks, respirator, goggles, or hearing protectors?
   ☐$_0$ No ☐$_1$ Yes

4a. If ***yes***, list the protective equipment you used below.
   ☐$_1$ Gloves
   ☐$_2$ Masks
   ☐$_3$ Respirator
   ☐$_4$ Goggles
   ☐$_5$ Coveralls
   ☐$_6$ Hearing protector (ear plugs)
   ☐$_7$ Other. Describe $_{4a1}$ ____

5. Were you advised to use protective equipment?
   ☐$_0$ No ☐$_1$ Yes

6. Were you instructed in the use of protective equipment?
   ☐$_0$ No ☐$_1$ Yes

6a. If ***yes***, how were you instructed?
   ☐$_1$ Training
   ☐$_2$ Pamphlet
   ☐$_3$ Video
   ☐$_4$ Other. Describe $_{6a1}$ ____

7. Did you wash your hands with solvents?
   ☐$_0$ No ☐$_1$ Yes

8. Did you smoke at the workplace?
   ☐$_0$ No ☐$_1$ Yes

9. Were you exposed to secondhand tobacco smoke at the workplace?
   ☐$_0$ No ☐$_1$ Yes

10. Did you eat at the workplace?
   ☐$_0$ No ☐$_1$ Yes

10a. If ***yes***, where did you eat?
   ☐$_1$ Work station
   ☐$_2$ Lunch room
   ☐$_3$ Other. Describe $_{10a1}$ ______________________________________

11. Have you, your family members, or any co-workers experienced the following symptoms:

11a. **You**	11b. **Your <u>family members</u>**	11c. **<u>Co-workers</u>**
☐$_1$ Fatigue ☐$_2$ Weakness ☐$_3$ Difficulty speaking ☐$_4$ Swallowing ☐$_0$ None	☐$_1$ Fatigue ☐$_2$ Weakness ☐$_3$ Difficulty speaking ☐$_4$ Swallowing ☐$_0$ None	☐$_1$ Fatigue ☐$_2$ Weakness ☐$_3$ Difficulty speaking ☐$_4$ Swallowing ☐$_0$ None

12. If ***yes*** to any symptoms in 11a, did <u>your symptoms</u> get either worse or better or stay the same at different places or times?

	At work	**At home**	**On weekends**	**On vacation**
Fatigue$_{12a}$	☐$_0$ Worse $_{12a.1}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12a.2}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12a.3}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12a.4}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable
Weakness$_{12b}$	☐$_0$ Worse $_{12b.1}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12b.2}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12b.3}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12b.4}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable
Difficulty speaking$_{12c}$	☐$_0$ Worse $_{12c.1}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12c.2}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12c.3}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12c.4}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable
Swallowing$_{12d}$	☐$_0$ Worse $_{12d.1}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12d.2}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12d.3}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse $_{12d.4}$ ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable

13. Did anything about your job change (such as duties, procedures, overtime)?
☐$_0$ No ☐$_1$ Yes

14. At this job, did you come in contact with any of the following by breathing, touching, or ingesting (swallowing)?

Acids$_{14a}$	☐$_1$ Yes	☐$_0$ No	Methylene chloride$_{14z}$	☐$_1$ Yes	☐$_0$ No
Alcohols (industrial, non-beverage)$_{14b}$	☐$_1$ Yes	☐$_0$ No	Nickel$_{14aa}$	☐$_1$ Yes	☐$_0$ No
Alkalies (e.g., lye)$_{14c}$	☐$_1$ Yes	☐$_0$ No	PBBs$_{14ab}$	☐$_1$ Yes	☐$_0$ No
Ammonia$_{14d}$	☐$_1$ Yes	☐$_0$ No	PCBs$_{14ac}$	☐$_1$ Yes	☐$_0$ No
Arsenic$_{14e}$	☐$_1$ Yes	☐$_0$ No	Perchloroethylene$_{14ad}$	☐$_1$ Yes	☐$_0$ No
Asbestos$_{14f}$	☐$_1$ Yes	☐$_0$ No	Pesticides$_{14ae}$	☐$_1$ Yes	☐$_0$ No
Benzene$_{14g}$	☐$_1$ Yes	☐$_0$ No	Phenol$_{14af}$	☐$_1$ Yes	☐$_0$ No
Beryllium$_{14h}$	☐$_1$ Yes	☐$_0$ No	Phosgene$_{14ag}$	☐$_1$ Yes	☐$_0$ No
Cadmium$_{14i}$	☐$_1$ Yes	☐$_0$ No	Radiation$_{14ah}$	☐$_1$ Yes	☐$_0$ No
Carbon tetrachloride$_{14j}$	☐$_1$ Yes	☐$_0$ No	Rock dust$_{14ai}$	☐$_1$ Yes	☐$_0$ No
Chlorinated aphthalenes$_{14k}$	☐$_1$ Yes	☐$_0$ No	Silica powder (glass dust casting investment etc)$_{14aj}$	☐$_1$ Yes	☐$_0$ No
Chloroform$_{14l}$	☐$_1$ Yes	☐$_0$ No	Solvents$_{14ak}$	☐$_1$ Yes	☐$_0$ No
Chloroprene$_{14m}$	☐$_1$ Yes	☐$_0$ No	Styrene$_{14al}$	☐$_1$ Yes	☐$_0$ No
Chromates$_{14n}$	☐$_1$ Yes	☐$_0$ No	Talc$_{14am}$	☐$_1$ Yes	☐$_0$ No
Coal dust$_{14o}$	☐$_1$ Yes	☐$_0$ No	Toluene$_{14an}$	☐$_1$ Yes	☐$_0$ No
Diesel exhaust/smoke$_{14p}$	☐$_1$ Yes	☐$_0$ No	TDI or MDI$_{14ao}$	☐$_1$ Yes	☐$_0$ No
Dichlorobenzene$_{14q}$	☐$_1$ Yes	☐$_0$ No	Trichloroethylene$_{14ap}$	☐$_1$ Yes	☐$_0$ No

Ethylene dibromide$_{14r}$	☐$_1$ Yes	☐$_0$ No	Trinitrotoluene (TNT)$_{14aq}$	☐$_1$ Yes	☐$_0$ No
Ethylene dichloride$_{14s}$	☐$_1$ Yes	☐$_0$ No	Vinyl chloride$_{14ar}$	☐$_1$ Yes	☐$_0$ No
Fiberglass$_{14t}$	☐$_1$ Yes	☐$_0$ No	Welding fumes$_{14as}$	☐$_1$ Yes	☐$_0$ No
Halothane (anesthetic)$_{14u}$	☐$_1$ Yes	☐$_0$ No	X-rays$_{14at}$	☐$_1$ Yes	☐$_0$ No
Isocyanates$_{14v}$	☐$_1$ Yes	☐$_0$ No	Nitrous oxide (N_2O)$_{14au}$	☐$_1$ Yes	☐$_0$ No
Ketones$_{14w}$	☐$_1$ Yes	☐$_0$ No	Electromagnetic fields$_{14av}$	☐$_1$ Yes	☐$_0$ No
Lead$_{14x}$	☐$_1$ Yes	☐$_0$ No	Other (please describe)$_{14aw}$:		
Mercury$_{14y}$	☐$_1$ Yes	☐$_0$ No			

15. Did you get the material on your skin or clothing?
☐$_0$ No ☐$_1$ Yes

16. Were your work clothes laundered at home?
☐$_0$ No ☐$_1$ Yes

17. Did you shower at work?
☐$_0$ No ☐$_1$ Yes

18. Could you smell the chemical or material you are working with?
☐$_0$ No ☐$_1$ Yes

19. Were you ever off work for more than 1 day because of an illness related to work?
☐$_0$ No ☐$_1$ Yes

19a. If ***yes***, which of the following describes the illness? (Check all that apply)
- ☐$_1$ Fever, chills, difficulty in breathing, pain in the chest, metallic taste in the mouth
- ☐$_2$ Vomiting, pain in the stomach and or watery/bloody diarrhea.
- ☐$_3$ Pain, numbness or tingling (pins and needles) of hands or feet or around the mouth
- ☐$_4$ Headache/dizziness/weakness/vomiting/palpitation
- ☐$_5$ Rash, muscle and joint pain, flu like symptoms
- ☐$_6$ Mood swing, irritability, concentration problem
- ☐$_7$ Lack of coordination, muscular weakness, tremor (involuntary, rhythmic movement of a part (s) of the body)
- ☐$_8$ Other, describe $_{19a1}$ ____

20. Were you ever advised to change jobs or tasks because of any health problems or injuries?
☐$_0$ No ☐$_1$ Yes

20a. If ***yes***, why? Please describe ____

21. Has/did your work routine changed at this job?
☐$_0$ No ☐$_1$ Yes

21a. If ***yes***, describe what aspect of your work changed?
- ☐$_1$ Procedures
- ☐$_2$ Duties
- ☐$_3$ Overtime
- ☐$_4$ Other. Describe $_{21a1}$ ____

22. Is/was there poor ventilation in your workplace?
☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

22a. If ***yes,*** check all that apply
☐$_1$ Not enough fans for forced drafting (circulation) of air.
☐$_2$ Not enough air ducts to convey cool air
☐$_3$ Not enough mechanical exhaust to remove contaminated / hot air
☐$_4$ Not enough open windows
☐$_5$ Other. Describe $_{22a1}$ ____________________________________

PART B (cont.): THIS PART FOR THE <u>JOB YOU WORKED AT THE NEXT LONGEST</u>

We want you to provide information on your previous job. Refer to page 27 or the table provided in the survey guidance instructions to identify which job this is. ***The next five pages of the survey refer to job number _______.***

1. Job being described:

For Office Use Only
DOT ____________
SIC ____________

1a. Job name (title): ______________________________

1b. Type of industry:_____________________________

2. What were your main tasks at this job? ____

____

3. Do you know the names of the metals, dusts, fibers, chemicals, fumes, or radiation that you are/were exposed to at this job?
☐$_0$ No ☐$_1$ Yes

3a. If ***yes***, please check all the appropriate box(es) that apply.

☐ **Metal$_1$**	☐ **Dusts$_2$**
☐ iron ☐ lead ☐ mercury ☐ cadmium ☐ beryllium ☐ nickel ☐ aluminum ☐ arsenic ☐ Other_____________	☐ silica powder ☐ coal dust ☐ rock dust ☐ wood dust ☐ Other_____________
☐ **Fibers$_3$**	☐ **Chemicals/vapors$_4$**
☐ animal fiber (wool) ☐ fiber glass ☐ Other_____________	☐ acids ☐ alcohols ☐ alkali ☐ ammonia ☐ benzene ☐ phenol ☐ chloroform ☐ toluene ☐ carbon tetrachloride ☐ chloroprene ☐ PCB ☐ oils ☐ methylene chloride (paint stripper) ☐ Other_____________

☐ **Fumes/Gas**$_5$	☐ **Radiation**$_6$
☐ welding fumes ☐ diesel smoke ☐ halothene (general anesthesia) ☐ carbon monoxide ☐ phosgene ☐ Other_____________	☐ X-ray ☐ Radiotherapy ☐ radioactive iodine therapy ☐ Other_____________
☐ **Electromagnetic fields**$_7$	☐ **Other, describe below:**$_8$
☐ power lines ☐ transformer stations ☐ Other_____________	

4. Do/did you use protective equipment such as gloves, masks, respirator, goggles, or hearing protectors?
   ☐$_0$ No ☐$_1$ Yes

4a. If ***yes***, list the protective equipment you used below.
- ☐$_1$ Gloves
- ☐$_2$ Masks
- ☐$_3$ Respirator
- ☐$_4$ Goggles
- ☐$_5$ Coveralls
- ☐$_6$ Hearing protector (ear plugs)
- ☐$_7$ Other. Describe $_{4a1}$ ____

5. Were you advised to use protective equipment?
   ☐$_0$ No ☐$_1$ Yes

6. Were you instructed in the use of protective equipment?
   ☐$_0$ No ☐$_1$ Yes

6a. If ***yes***, how were you instructed?
- ☐$_1$ Training
- ☐$_2$ Pamphlet
- ☐$_3$ Video
- ☐$_4$ Other. Describe $_{6a1}$ ____________________________________

7. Did you wash your hands with solvents?
   ☐$_0$ No ☐$_1$ Yes

8. Did you smoke at the workplace?
   ☐$_0$ No ☐$_1$ Yes

9. Were you exposed to secondhand tobacco smoke at the workplace?
   ☐$_0$ No ☐$_1$ Yes

10. Did you eat at the workplace?
    ☐$_0$ No ☐$_1$ Yes

10a. If ***yes***, where did you eat?
- ☐$_1$ Work station
- ☐$_2$ Lunch room
- ☐$_3$ Other. Describe $_{10a1}$ ___________________________________

11. Have you, your family members, or any co-workers experienced the following symptoms:

11a. **You**	11b. **Your <u>family members</u>**	11c. **<u>Co-workers</u>**
☐$_1$ Fatigue ☐$_2$ Weakness ☐$_3$ Difficulty speaking ☐$_4$ Swallowing ☐$_0$ None	☐$_1$ Fatigue ☐$_2$ Weakness ☐$_3$ Difficulty speaking ☐$_4$ Swallowing ☐$_0$ None	☐$_1$ Fatigue ☐$_2$ Weakness ☐$_3$ Difficulty speaking ☐$_4$ Swallowing ☐$_0$ None

12. If ***yes*** to any symptoms in 11a, did <u>your symptoms</u> get either worse or better or stay the same at different places or times?

	At work	**At home**	**On weekends**	**On vacation**
Fatigue$_{12a}$	☐$_0$ Worse 12a.1 ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse 12a.2 ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse 12a.3 ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse 12a.4 ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable
Weakness$_{12b}$	☐$_0$ Worse 12b.1 ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse 12b.2 ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse 12b.3 ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse 12b.4 ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable
Difficulty speaking$_{12c}$	☐$_0$ Worse 12c.1 ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse 12c.2 ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse 12c.3 ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse 12c.4 ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable
Swallowing$_{12d}$	☐$_0$ Worse 12d.1 ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse 12d.2 ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse 12d.3 ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable	☐$_0$ Worse 12d.4 ☐$_1$ Better ☐$_2$ Same ☐$_3$ Not applicable

13. Did anything about your job change (such as duties, procedures, overtime)?
    ☐$_0$ No ☐$_1$ Yes

14. At this job, did you come in contact with any of the following by breathing, touching, or ingesting (swallowing)?

Acids$_{14a}$	☐$_1$ Yes	☐$_0$ No	Methylene chloride$_{14z}$	☐$_1$ Yes	☐$_0$ No
Alcohols (industrial, non-beverage)$_{14b}$	☐$_1$ Yes	☐$_0$ No	Nickel$_{14aa}$	☐$_1$ Yes	☐$_0$ No
Alkalies (e.g., lye)$_{14c}$	☐$_1$ Yes	☐$_0$ No	PBBs$_{14ab}$	☐$_1$ Yes	☐$_0$ No
Ammonia$_{14d}$	☐$_1$ Yes	☐$_0$ No	PCBs$_{14ac}$	☐$_1$ Yes	☐$_0$ No
Arsenic$_{14e}$	☐$_1$ Yes	☐$_0$ No	Perchloroethylene$_{14ad}$	☐$_1$ Yes	☐$_0$ No
Asbestos$_{14f}$	☐$_1$ Yes	☐$_0$ No	Pesticides$_{14ae}$	☐$_1$ Yes	☐$_0$ No
Benzene$_{14g}$	☐$_1$ Yes	☐$_0$ No	Phenol$_{14af}$	☐$_1$ Yes	☐$_0$ No
Beryllium$_{14h}$	☐$_1$ Yes	☐$_0$ No	Phosgene$_{14ag}$	☐$_1$ Yes	☐$_0$ No
Cadmium$_{14i}$	☐$_1$ Yes	☐$_0$ No	Radiation$_{14ah}$	☐$_1$ Yes	☐$_0$ No
Carbon tetrachloride$_{14j}$	☐$_1$ Yes	☐$_0$ No	Rock dust$_{14ai}$	☐$_1$ Yes	☐$_0$ No
Chlorinated aphthalenes$_{14k}$	☐$_1$ Yes	☐$_0$ No	Silica powder (glass dust casting investment etc)$_{14aj}$	☐$_1$ Yes	☐$_0$ No
Chloroform$_{14l}$	☐$_1$ Yes	☐$_0$ No	Solvents$_{14ak}$	☐$_1$ Yes	☐$_0$ No
Chloroprene$_{14m}$	☐$_1$ Yes	☐$_0$ No	Styrene$_{14al}$	☐$_1$ Yes	☐$_0$ No
Chromates$_{14n}$	☐$_1$ Yes	☐$_0$ No	Talc$_{14am}$	☐$_1$ Yes	☐$_0$ No
Coal dust$_{14o}$	☐$_1$ Yes	☐$_0$ No	Toluene$_{14an}$	☐$_1$ Yes	☐$_0$ No
Diesel exhaust/smoke$_{14p}$	☐$_1$ Yes	☐$_0$ No	TDI or MDI$_{14ao}$	☐$_1$ Yes	☐$_0$ No
Dichlorobenzene$_{14q}$	☐$_1$ Yes	☐$_0$ No	Trichloroethylene$_{14ap}$	☐$_1$ Yes	☐$_0$ No

Ethylene dibromide$_{14r}$	☐$_1$ Yes	☐$_0$ No	Trinitrotoluene (TNT)$_{14aq}$	☐$_1$ Yes	☐$_0$ No
Ethylene dichloride$_{14s}$	☐$_1$ Yes	☐$_0$ No	Vinyl chloride$_{14ar}$	☐$_1$ Yes	☐$_0$ No
Fiberglass$_{14t}$	☐$_1$ Yes	☐$_0$ No	Welding fumes$_{14as}$	☐$_1$ Yes	☐$_0$ No
Halothane (anesthetic)$_{14u}$	☐$_1$ Yes	☐$_0$ No	X-rays$_{14at}$	☐$_1$ Yes	☐$_0$ No
Isocyanates$_{14v}$	☐$_1$ Yes	☐$_0$ No	Nitrous oxide (N_2O)$_{14au}$	☐$_1$ Yes	☐$_0$ No
Ketones$_{14w}$	☐$_1$ Yes	☐$_0$ No	Electromagnetic fields$_{14av}$	☐$_1$ Yes	☐$_0$ No
Lead$_{14x}$	☐$_1$ Yes	☐$_0$ No	Other (please describe)$_{14aw}$:		
Mercury$_{14y}$	☐$_1$ Yes	☐$_0$ No			

15. Did you get the material on your skin or clothing?
    ☐$_0$ No ☐$_1$ Yes

16. Were your work clothes laundered at home?
    ☐$_0$ No ☐$_1$ Yes

17. Did you shower at work?
    ☐$_0$ No ☐$_1$ Yes

18. Could you smell the chemical or material you are working with?
    ☐$_0$ No ☐$_1$ Yes

19. Were you ever off work for more than 1 day because of an illness related to work?
    ☐$_0$ No ☐$_1$ Yes

19a. If ***yes***, which of the following describes the illness? (Check all that apply)
- ☐$_1$ Fever, chills, difficulty in breathing, pain in the chest, metallic taste in the mouth
- ☐$_2$ Vomiting, pain in the stomach and or watery/bloody diarrhea.
- ☐$_3$ Pain, numbness or tingling (pins and needles) of hands or feet or around the mouth
- ☐$_4$ Headache/dizziness/weakness/vomiting/palpitation
- ☐$_5$ Rash, muscle and joint pain, flu like symptoms
- ☐$_6$ Mood swing, irritability, concentration problem
- ☐$_7$ Lack of coordination, muscular weakness, tremor (involuntary, rhythmic movement of a part (s) of the body)
- ☐$_8$ Other, describe $_{19a1}$ ____

20. Were you ever advised to change jobs or tasks because of any health problems or injuries?
    ☐$_0$ No ☐$_1$ Yes

20a. If ***yes***, why? Please describe ____

21. Has/did your work routine changed at this job?
    ☐$_0$ No ☐$_1$ Yes

21a. If ***yes***, describe what aspect of your work changed?
- ☐$_1$ Procedures
- ☐$_2$ Duties
- ☐$_3$ Overtime
- ☐$_4$ Other. Describe $_{21a1}$ ____

22. Is/was there poor ventilation in your workplace?
☐$_0$ No ☐$_1$ Yes ☐$_2$ Don't know

22a. If ***yes,*** check all that apply
☐$_1$ Not enough fans for forced drafting (circulation) of air.
☐$_2$ Not enough air ducts to convey cool air
☐$_3$ Not enough mechanical exhaust to remove contaminated / hot air
☐$_4$ Not enough open windows
☐$_5$ Other. Describe $_{22a1}$ ______________________________________

MILITARY SERVICE

The following questions are regarding services with the branches of the United States armed forces.

If an ALS patient, please answer questions as things were before the diagnosis of ALS.

1. Did you ever **(during your life time)** work in the US armed forces as an enlisted personnel or civilian personnel?
   ☐1 Enlisted personnel
   ☐2 Civilian personnel
   ☐3 Neither

   If neither, please continue to the next section (Use of Tobacco)

2. How old were you when you first started working in the Armed forces?
   ___________ (age)

3. Are you still working in the armed forces?
   ☐0 No ☐1 Yes

4. If you are no longer working with the armed forces, when did you retire? If you cannot remember the year give us the age when you retired?
   _______________ (year) or _______________ (age)

5. For how long are you serving (did you serve) in the armed forces?
   _______________ (years)

6. In which branch of the armed forces do (did) you serve?
   ☐1 Army
   ☐2 Navy
   ☐3 Air force
   ☐4 Marine
   ☐5 National guard
   ☐6 Other. Describe 6a _________________________

7. What is (was) your rank(s)? Please list all that apply.
   ☐1 Private
   ☐2 Corporal
   ☐3 Petty officer
   ☐4 Sergeant
   ☐5 Lieutenant
   ☐6 Captain
   ☐7 Major
   ☐8 Lieutenant commander
   ☐9 Colonel / Lieutenant Colonel
   ☐10 Commander
   ☐11 Admiral/General
   ☐12 Other. Describe ; ______________________________

8. While serving in the forces are (were) you ever exposed to any of the following? (Please go through the list carefully before you answer and list all that apply)

☐1 Munitions and related materials
☐2 Decontamination kits
☐3 Radioactive waste
☐4 Waste oils and fuel, organic solvents, spent process chemicals, lubricants.
☐5 Chemical warfare agents e.g. mustard agent, arsines, hydrogen cyanide other
☐6 Smoke grenades
☐7 Propellants, pyrotechnics, demolition charges,
☐8 Smoke from oil wells
☐9 Sarine, Tabun or other nerve gases
☐10 Self-administered antidotes to nerve agents (Pyridostigmine bromide/PB)
☐11 Insecticides and repellents (chlorpyrifos, DEET)
☐12 Jet fuel exhaust and related aromatic hydrocarbon e.g. benzene, toluene etc.
☐12 Extreme heat, dehydration and prolonged intense physical exersion.
☐13 Diesel exhaust.
☐14 Other. Describe 8a1 ____
☐0 None

9. How often are (were) you exposed?

☐1 Rarely
☐2 Sometimes
☐3 Moderately
☐4 Frequently
☐5 All the time

10. Please list all the places where you were deployed to and the duration of each deployment?

	Location	Duration (in months)
1st deployment10a		
2nd deployment10b		
3rd deployment10c		
4th deployment10d		
5th deployment10e		
Never deployed10f	☐0	

USE OF TOBACCO

The following is about your about tobacco use.

1. Have you ever smoked/used tobacco?
   ☐$_0$ No ☐$_1$ Yes

1a. Type of tobacco use:
   ☐$_1$ Cigarette
   ☐$_2$ Cigar
   ☐$_3$ Pipe
   ☐$_4$ Chewing tobacco
   ☐$_5$ Snuff
   ☐$_6$ Other. Describe $_{1a1}$ ___________________________________

   If no, please continue to the next section (Exercise and Sports)

2. If ***yes***, when did you start smoking/using
   ___________ year

3. Are you a current smoker/user
   ☐$_0$ No ☐$_1$ Yes

4. If no, when did you quit
   ___________ year

5. If cigarettes, how many packs per day did you smoke at the most?
   __________ packs/day

6. If other forms of tobacco use, how much per day smoked/used?
   (Be Specific) ____per day.

EXERCISE AND SPORTS

*The following is about your exercise patterns about **5 years ago**.*

1. How often did you walk a mile or more at a time without stopping?
   _______ times per month

*Question 2 is about your leisure time physical activity. We are interested in the following exercises, sports, or physically active hobbies that you might have done. Again, this applies to a period of **5 years ago.***

2. Did you...

2a. Jog or run?	☐$_0$ No ☐$_1$ Yes	If ***yes***, 2a1 ________ times per month ________ months per year
2b. Ride a bicycle or an exercise bicycle?	☐$_0$ No ☐$_1$ Yes	If ***yes***, 2b1 ________ times per month ________ months per year
2c. Swim?	☐$_0$ No ☐$_1$ Yes	If ***yes***, 2c1 ________ times per month ________ months per year
2d. Do aerobics or aerobic dancing?	☐$_0$ No ☐$_1$ Yes	If ***yes***, 2d1 ________ times per month ________ months per year
2e. Do recreational dancing?	☐$_0$ No ☐$_1$ Yes	If ***yes***, 2e1 ________ times per month ________ months per year
2f. Do calisthenics or exercises?	☐$_0$ No ☐$_1$ Yes	If ***yes***, 2f1 ________ times per month ________ months per year
2g. Do gardening or yard work?	☐$_0$ No ☐$_1$ Yes	If ***yes***, 2g1 ________ times per month ________ months per year
2h. Lift weights?	☐$_0$ No ☐$_1$ Yes	If ***yes***, 2h1 ________ times per month ________ months per year
2i. Play soccer?	☐$_0$ No ☐$_1$ Yes	If ***yes***, 2i1 ________ times per month ________ months per year
2j. Play football?	☐$_0$ No ☐$_1$ Yes	If ***yes***, 2i1 ________ times per month ________ months per year
2k. Play baseball?	☐$_0$ No ☐$_1$ Yes	If ***yes***, 2i1 ________ times per month ________ months per year
2l. Play field hockey?	☐$_0$ No ☐$_1$ Yes	If ***yes***, 2i1 ________ times per month ________ months per year
2m. Play golf?	☐$_0$ No ☐$_1$ Yes	If ***yes***, 2i1 ________ times per month ________ months per year

2n. Play ice hockey?	☐$_0$ No ☐$_1$ Yes	If ***yes***, 2i1 ________ times per month ________ months per year
2o. Play tennis?	☐$_0$ No ☐$_1$ Yes	If ***yes***, 2i1 ________ times per month ________ months per year
2p. Box?	☐$_0$ No ☐$_1$ Yes	If ***yes***, 2i1 ________ times per month ________ months per year
2q. Wrestle?	☐$_0$ No ☐$_1$ Yes	If ***yes***, 2j1 ________ times per month ________ months per year
2r. Other exercises, sports, or physically active hobbies	Please specify 2k$_1$_______________	2k11 ________ times per month ________ months per year
	Please specify 2k$_2$_______________	2k21 ________ times per month ________ months per year
	Please specify 2k$_3$_______________	2k31 ________ times per month ________ months per year
	Please specify 2k$_4$_______________	2k41 ________ times per month ________ months per year

3. Have you ever sustained a head injury resulting in a **loss of consciousness or passing out** in any of the following activities?

Activity	**Yes**	**No**	**How Many Times?**
Sports			
Military Service			
On the job			
Other			

Describe: ____

4. Have you ever sustained a head injury that did not result in a loss of consciousness but did result in neurological symptoms **lasting more than 24 hours**? These symptoms include headache, dizziness, nausea, numbness, tingling, weakness, or visual changes?

Activity	**Yes**	**No**	**How Many Times?**
Sports			
Military Service			
On the job			
Other			

Describe: ____

5. Five years ago, compared with <u>most</u> men/women your age, would you say that you are more active, less active, or about the same?

☐1 More active
☐2 Less active
☐3 About the same
☐4 Don't know

6. What is your current height?
_________ feet _______ inches

7. What is your current weight?
_________ pounds

8. About **five years ago**, what did you weigh?
_________ pounds

9. About **ten years ago**, what did you weigh?
_________ pounds

******************************End of Survey**************************

We thank you very much for completing the survey! Because we want to be able to use all the information you have provided we would greatly appreciate it if you would please take a moment to review each page making sure that you did not skip any pages and that you crossed out the incorrect answer and checked the correct answer if you made any changes.

OTHER INFORMATION

Are there any questions or information that you think we should have asked you?

☐ Yes ☐ No ☐ Don't know

If you answered ***yes***, please explain: ____

____

____

____

____

____

____

____

____

____

Additional comments or suggestions?

____

____

____

____

Thank you very much for completing the survey/questionnaire!