

FOLLOW-UP EVALUATION OF LEAD EXPOSURE AMONG CHILD RESIDENTS OF FLIN FLON AREA

Questionnaire: _____ OF _____	Household ID:
Interview Date: D _____ M _____ 2012	Interviewer Initials:

INTRODUCTION FOR PARENTS/LEGAL GUARDIANS OF SAMPLE PARTICIPANTS:

This interview is part of the follow-up evaluation of lead exposure that is being conducted among children who are residents of Flin Flon and Creighton. The purpose of the study is to measure the extent to which these children have been exposed to lead. We are doing this to help understand the effectiveness of risk management measures that were put in place in 2009 after the completion of the Flin Flon Soils Study. I will be asking you general household demographic questions, as well as specific questions about the residents of your household.

REMINDER ABOUT CONFIDENTIALITY

- if you do not want to answer a particular question.....you don't have to
- if you want to stop the interview at any time.....just say so
- any information that you share during this interview will be kept confidential and will not be shared with anyone who is not a member of the study team.
- any personal information which might identify your child such as your child's name, address or telephone number will be removed from the data and will be replaced with a unique identification number
- a list linking the identification number with your child's name will be kept in a secure place, separate from your child's file
- the data (with the identifying information removed) will be securely stored in an electronic database which is only accessible to members of the study team and will be password-protected.

FOR VOLUNTEER PARTICIPANTS WHO REQUIRE MEDICAL FOLLOW-UP:

- if you have agreed on the consent form, the information that is collected in this interview will be shared by the team physician with your child's physician and the local Medical Officer of Health as part of your child's medical follow-up.

Do you have any questions before we get started that we haven't already gone over with the consent forms?

Q1: Starting with yourself, I would like you to list, by their first names, all of the people who live in this residence. I would also like you indicate their relationship to you and age category.

#	First Name	a) Relationship	b) Age Category	c) Study Participant
1		<input type="checkbox"/> ₁ Reference Person <input type="checkbox"/> ₂ Spouse <input type="checkbox"/> ₃ Child <input type="checkbox"/> ₄ Other: _____	<input type="checkbox"/> ₁ Adult (16+) <input type="checkbox"/> ₂ Youth (7-15) <input type="checkbox"/> ₃ Child (0-6)	<input type="checkbox"/> ₁ Yes
2		<input type="checkbox"/> ₁ Reference Person <input type="checkbox"/> ₂ Spouse <input type="checkbox"/> ₃ Child <input type="checkbox"/> ₄ Other: _____	<input type="checkbox"/> ₁ Adult (16+) <input type="checkbox"/> ₂ Youth (7-15) <input type="checkbox"/> ₃ Child (0-6)	<input type="checkbox"/> ₁ Yes
3		<input type="checkbox"/> ₁ Reference Person <input type="checkbox"/> ₂ Spouse <input type="checkbox"/> ₃ Child <input type="checkbox"/> ₄ Other: _____	<input type="checkbox"/> ₁ Adult (16+) <input type="checkbox"/> ₂ Youth (7-15) <input type="checkbox"/> ₃ Child (0-6)	<input type="checkbox"/> ₁ Yes
4		<input type="checkbox"/> ₁ Reference Person <input type="checkbox"/> ₂ Spouse <input type="checkbox"/> ₃ Child <input type="checkbox"/> ₄ Other: _____	<input type="checkbox"/> ₁ Adult (16+) <input type="checkbox"/> ₂ Youth (7-15) <input type="checkbox"/> ₃ Child (0-6)	<input type="checkbox"/> ₁ Yes
5		<input type="checkbox"/> ₁ Reference Person <input type="checkbox"/> ₂ Spouse <input type="checkbox"/> ₃ Child <input type="checkbox"/> ₄ Other: _____	<input type="checkbox"/> ₁ Adult (16+) <input type="checkbox"/> ₂ Youth (7-15) <input type="checkbox"/> ₃ Child (0-6)	<input type="checkbox"/> ₁ Yes
6		<input type="checkbox"/> ₁ Reference Person <input type="checkbox"/> ₂ Spouse <input type="checkbox"/> ₃ Child <input type="checkbox"/> ₄ Other: _____	<input type="checkbox"/> ₁ Adult (16+) <input type="checkbox"/> ₂ Youth (7-15) <input type="checkbox"/> ₃ Child (0-6)	<input type="checkbox"/> ₁ Yes
7		<input type="checkbox"/> ₁ Reference Person <input type="checkbox"/> ₂ Spouse <input type="checkbox"/> ₃ Child <input type="checkbox"/> ₄ Other: _____	<input type="checkbox"/> ₁ Adult (16+) <input type="checkbox"/> ₂ Youth (7-15) <input type="checkbox"/> ₃ Child (0-6)	<input type="checkbox"/> ₁ Yes
8		<input type="checkbox"/> ₁ Reference Person <input type="checkbox"/> ₂ Spouse <input type="checkbox"/> ₃ Child <input type="checkbox"/> ₄ Other: _____	<input type="checkbox"/> ₁ Adult (16+) <input type="checkbox"/> ₂ Youth (7-15) <input type="checkbox"/> ₃ Child (0-6)	<input type="checkbox"/> ₁ Yes

Q2: Now I just need to confirm some of the information about the children participating in the study:

(Note to interviewer: The letters MUST correspond to the ID labels assigned on consent forms)

#	First Name	a) Sex	b) Date of Birth	c) Participated in 2009 Study?
A		<input type="checkbox"/> ₁ Male <input type="checkbox"/> ₂ Female	Day: _____ (N) Month: _____ (A) Year: 20_____ (N)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
B		<input type="checkbox"/> ₁ Male <input type="checkbox"/> ₂ Female	Day: _____ (N) Month: _____ (A) Year: 20_____ (N)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
C		<input type="checkbox"/> ₁ Male <input type="checkbox"/> ₂ Female	Day: _____ (N) Month: _____ (A) Year: 20_____ (N)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
D		<input type="checkbox"/> ₁ Male <input type="checkbox"/> ₂ Female	Day: _____ (N) Month: _____ (A) Year: 20_____ (N)	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

Q3: This section applies to all adults (16 years and older) currently living in the household.

(Interviewer Note: Insert name of adults/youth in following tables in same order used in Q1)

#	First Name	a) Has this person worked in a mine/smelter within the past seven years? (since Sept 2005)	b) Current employer and occupation and start month/year	c) Exposed to chemicals at work?
1		<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Emp: _____ Occ: _____ Start: ____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
2		<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Emp: _____ Occ: _____ Start: ____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
3		<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Emp: _____ Occ: _____ Start: ____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
4		<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Emp: _____ Occ: _____ Start: ____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
5		<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Emp: _____ Occ: _____ Start: ____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
6		<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Emp: _____ Occ: _____ Start: ____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

Q4: This section applies to all adults (16 years and older) currently living in the household who have not been in their current job for at least 7 years (i.e., since September 2005). (Interviewer Note: Insert name of adults/youth in following tables in same order used in Q1)

#	First Name	a) Previous employer and occupation and start month/year to end month/year (JOB #2)	b) Exposed to chemicals at this job?	c) Previous employer and occupation and start month/year to end month/year (JOB #3)	d) Exposed to chemicals at this job?
1		Emp: _____ Occ: _____ Start: ____/____ End: ____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Emp: _____ Occ: _____ Start: ____/____ End: ____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
2		Emp: _____ Occ: _____ Start: ____/____ End: ____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Emp: _____ Occ: _____ Start: ____/____ End: ____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
3		Emp: _____ Occ: _____ Start: ____/____ End: ____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Emp: _____ Occ: _____ Start: ____/____ End: ____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
4		Emp: _____ Occ: _____ Start: ____/____ End: ____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Emp: _____ Occ: _____ Start: ____/____ End: ____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
5		Emp: _____ Occ: _____ Start: ____/____ End: ____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Emp: _____ Occ: _____ Start: ____/____ End: ____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
6		Emp: _____ Occ: _____ Start: ____/____ End: ____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Emp: _____ Occ: _____ Start: ____/____ End: ____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

Appendix E Follow-up Evaluation of Lead Exposure For Child Residents of Flin Flon Area

Q4 (Cont'd): This section applies to all adults (16 years and older) currently living in the household who have had more than three jobs in past 7 years (i.e., since September 2005). (Interviewer Note: Insert name of adults/youth in following tables in same order used in Q1)

#	First Name	e) Previous employer and occupation and start month/year to end month/year (JOB #4)	f) Exposed to chemicals at this job?	g) Previous employer and occupation and start month/year to end month/year (JOB #5)	h) Exposed to chemicals at this job?
1		Emp: _____ Occ: _____ Start: ____/____/____ End: ____/____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Emp: _____ Occ: _____ Start: ____/____/____ End: ____/____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
2		Emp: _____ Occ: _____ Start: ____/____/____ End: ____/____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Emp: _____ Occ: _____ Start: ____/____/____ End: ____/____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
3		Emp: _____ Occ: _____ Start: ____/____/____ End: ____/____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Emp: _____ Occ: _____ Start: ____/____/____ End: ____/____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
4		Emp: _____ Occ: _____ Start: ____/____/____ End: ____/____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Emp: _____ Occ: _____ Start: ____/____/____ End: ____/____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
5		Emp: _____ Occ: _____ Start: ____/____/____ End: ____/____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Emp: _____ Occ: _____ Start: ____/____/____ End: ____/____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
6		Emp: _____ Occ: _____ Start: ____/____/____ End: ____/____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	Emp: _____ Occ: _____ Start: ____/____/____ End: ____/____/____	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type: _____ → Shower at work? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No → Change clothes? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

(***Note to interviewers: If the person's occupational history in the past 7 years has more than 5 jobs, take additional job information on a separate sheet.)

Q5: This section applies to all adults (16 years and older) currently living in the household.

(Interviewer Note: Insert name of adults/youth in following tables in same order used in Q1)

#	First Name	a) What is this person's highest level of education?	b) Does this person smoke or use tobacco products?
1		<input type="checkbox"/> ₁ Less than high school <input type="checkbox"/> ₄ University Bachelor's degree <input type="checkbox"/> ₂ High school diploma <input type="checkbox"/> ₅ University Advanced degree <input type="checkbox"/> ₃ College/apprenticeship diploma	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
2		<input type="checkbox"/> ₁ Less than high school <input type="checkbox"/> ₄ University Bachelor's degree <input type="checkbox"/> ₂ High school diploma <input type="checkbox"/> ₅ University Advanced degree <input type="checkbox"/> ₃ College/apprenticeship diploma	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
3		<input type="checkbox"/> ₁ Less than high school <input type="checkbox"/> ₄ University Bachelor's degree <input type="checkbox"/> ₂ High school diploma <input type="checkbox"/> ₅ University Advanced degree <input type="checkbox"/> ₃ College/apprenticeship diploma	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
4		<input type="checkbox"/> ₁ Less than high school <input type="checkbox"/> ₄ University Bachelor's degree <input type="checkbox"/> ₂ High school diploma <input type="checkbox"/> ₅ University Advanced degree <input type="checkbox"/> ₃ College/apprenticeship diploma	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
5		<input type="checkbox"/> ₁ Less than high school <input type="checkbox"/> ₄ University Bachelor's degree <input type="checkbox"/> ₂ High school diploma <input type="checkbox"/> ₅ University Advanced degree <input type="checkbox"/> ₃ College/apprenticeship diploma	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
6		<input type="checkbox"/> ₁ Less than high school <input type="checkbox"/> ₄ University Bachelor's degree <input type="checkbox"/> ₂ High school diploma <input type="checkbox"/> ₅ University Advanced degree <input type="checkbox"/> ₃ College/apprenticeship diploma	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

Q6: These questions refer to the children participating in the study.

(Note to interviewer: The letters MUST correspond to the ID labels assigned on consent forms)

#	First Name	a) Is this child ever exposed to second-hand smoke?	b) Has this child eaten outside in the past 7 days? (picnic, BBQ)	c) Has this child eaten food cooked over a campfire in the past 7 days? (hotdogs, marshmallows)	d) Is this child's hands usually washed <u>before</u> eating?	e) Is this child's hands usually washed <u>after</u> eating?
A		<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → On average, how many hours per day is the child exposed? _____ HOURS	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Usually (75-100%) <input type="checkbox"/> ₂ Sometimes (25-75%) <input type="checkbox"/> ₃ Rarely (0-25%)	<input type="checkbox"/> ₁ Usually (75-100%) <input type="checkbox"/> ₂ Sometimes (25-75%) <input type="checkbox"/> ₃ Rarely (0-25%)
B		<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → On average, how many hours per day is the child exposed? _____ HOURS	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Usually (75-100%) <input type="checkbox"/> ₂ Sometimes (25-75%) <input type="checkbox"/> ₃ Rarely (0-25%)	<input type="checkbox"/> ₁ Usually (75-100%) <input type="checkbox"/> ₂ Sometimes (25-75%) <input type="checkbox"/> ₃ Rarely (0-25%)
C		<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → On average, how many hours per day is the child exposed? _____ HOURS	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Usually (75-100%) <input type="checkbox"/> ₂ Sometimes (25-75%) <input type="checkbox"/> ₃ Rarely (0-25%)	<input type="checkbox"/> ₁ Usually (75-100%) <input type="checkbox"/> ₂ Sometimes (25-75%) <input type="checkbox"/> ₃ Rarely (0-25%)
D		<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → On average, how many hours per day is the child exposed? _____ HOURS	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Usually (75-100%) <input type="checkbox"/> ₂ Sometimes (25-75%) <input type="checkbox"/> ₃ Rarely (0-25%)	<input type="checkbox"/> ₁ Usually (75-100%) <input type="checkbox"/> ₂ Sometimes (25-75%) <input type="checkbox"/> ₃ Rarely (0-25%)

Q7: These questions refer to the children participating in the study. (Note to interviewer: The letters **MUST** correspond to the ID labels assigned on consent forms)

#	First Name	a) How often does this child eat with a spoon or fork?	b) Is this child's hands and face usually washed before going to bed?	c) Does this child eat dirt or soil?	d) Does this child chew on toys or other objects?	e) (CHILDREN UNDER 2) – is this child currently breastfed?
A		<input type="checkbox"/> ₁ Usually (75-100%) <input type="checkbox"/> ₂ Sometimes (25-75%) <input type="checkbox"/> ₃ Rarely (0-25%)	<input type="checkbox"/> ₁ Usually (75-100%) <input type="checkbox"/> ₂ Sometimes (25-75%) <input type="checkbox"/> ₃ Rarely (0-25%)	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → In past week? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → In past week? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
B		<input type="checkbox"/> ₁ Usually (75-100%) <input type="checkbox"/> ₂ Sometimes (25-75%) <input type="checkbox"/> ₃ Rarely (0-25%)	<input type="checkbox"/> ₁ Usually (75-100%) <input type="checkbox"/> ₂ Sometimes (25-75%) <input type="checkbox"/> ₃ Rarely (0-25%)	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → In past week? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → In past week? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
C		<input type="checkbox"/> ₁ Usually (75-100%) <input type="checkbox"/> ₂ Sometimes (25-75%) <input type="checkbox"/> ₃ Rarely (0-25%)	<input type="checkbox"/> ₁ Usually (75-100%) <input type="checkbox"/> ₂ Sometimes (25-75%) <input type="checkbox"/> ₃ Rarely (0-25%)	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → In past week? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → In past week? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No
D		<input type="checkbox"/> ₁ Usually (75-100%) <input type="checkbox"/> ₂ Sometimes (25-75%) <input type="checkbox"/> ₃ Rarely (0-25%)	<input type="checkbox"/> ₁ Usually (75-100%) <input type="checkbox"/> ₂ Sometimes (25-75%) <input type="checkbox"/> ₃ Rarely (0-25%)	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → In past week? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → In past week? <input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No	<input type="checkbox"/> ₁ Yes <input type="checkbox"/> ₂ No

Q8: These questions refer to the children participating in the study. (Note to interviewer: The letters **MUST** correspond to the ID labels assigned on consent forms)

#	First Name	a) In the past month, about how many hours each day on average did this child spend away from home?	b) Where did this child usually go when not at home? (get location/address or name of school)?	c) Where is this child's most common outdoor play area?	d) What percentage of the ground in this area has been bare, unsodded ground, (e.g. dirt, sand or gravel) at some point over the past three months?	e) Over the past three months, how long was this area bare?
A						
B						
C						

Appendix E Follow-up Evaluation of Lead Exposure For Child Residents of Flin Flon Area

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Q9: These questions refer to the children participating in the study. (Note to interviewer: The letters **MUST** correspond to the ID labels assigned on consent forms)

#	First Name	a) During the summer, how often does your child participate in activities that involve an <u>increased exposure</u> to dust, dirt or soil? (e.g., digging holes in the yard, helping with gardening, moving soil, making mud pies)?	b) Where is this child's most common <u>indoor</u> play area?	c) What type of <u>flooring</u> is in this area?
A		<input type="checkbox"/> ₁ Daily <input type="checkbox"/> ₂ Few days per week <input type="checkbox"/> ₃ Once per week <input type="checkbox"/> ₄ Few times per month <input type="checkbox"/> ₅ Once per month <input type="checkbox"/> ₆ Less than once per month		
B		<input type="checkbox"/> ₁ Daily <input type="checkbox"/> ₂ Few days per week <input type="checkbox"/> ₃ Once per week <input type="checkbox"/> ₄ Few times per month <input type="checkbox"/> ₅ Once per month <input type="checkbox"/> ₆ Less than once per month		
C		<input type="checkbox"/> ₁ Daily <input type="checkbox"/> ₂ Few days per week <input type="checkbox"/> ₃ Once per week <input type="checkbox"/> ₄ Few times per month <input type="checkbox"/> ₅ Once per month <input type="checkbox"/> ₆ Less than once per month		
D		<input type="checkbox"/> ₁ Daily <input type="checkbox"/> ₂ Few days per week <input type="checkbox"/> ₃ Once per week <input type="checkbox"/> ₄ Few times per month <input type="checkbox"/> ₅ Once per month <input type="checkbox"/> ₆ Less than once per month		

Q10: When arriving home do you and your family members remove your shoes prior to walking into your home?

- ₁ Usually (75-100% of the time)
- ₂ Sometimes (25-75% of the time)
- ₃ Rarely (0-25% of the time)

Q11: How are your floors usually cleaned?

- | | | | | | | |
|---|---------------------------------------|--|---|---|--|--|
| <input type="checkbox"/> ₁ Dry Sweep | → How often? | <input type="checkbox"/> ₁ Once a month | <input type="checkbox"/> ₂ Every 2-3 weeks | <input type="checkbox"/> ₃ Once a week | <input type="checkbox"/> ₄ Every 2-3 days | <input type="checkbox"/> ₅ Once a day |
| <input type="checkbox"/> ₂ Wet Mop/Clean | → How often? | <input type="checkbox"/> ₁ Once a month | <input type="checkbox"/> ₂ Every 2-3 weeks | <input type="checkbox"/> ₃ Once a week | <input type="checkbox"/> ₄ Every 2-3 days | <input type="checkbox"/> ₅ Once a day |
| <input type="checkbox"/> ₃ Vacuum | → How often? | <input type="checkbox"/> ₁ Once a month | <input type="checkbox"/> ₂ Every 2-3 weeks | <input type="checkbox"/> ₃ Once a week | <input type="checkbox"/> ₄ Every 2-3 days | <input type="checkbox"/> ₅ Once a day |
| | → Does the vacuum have a HEPA filter? | <input type="checkbox"/> ₁ Yes | <input type="checkbox"/> ₂ No | | | |

Q12: Thinking back to the Fall of 2009 when there was the announcement that there was a potential H1N1flu pandemic. Did your family change their behaviour with respect to handwashing?

- ₁ Yes, started washing hands more frequently
- ₂ Yes, washed hands less frequently
- ₃ No, no changes in frequency of handwashing
- ₄ Don't know / can't remember

Q13: Thinking back to the Fall of 2009 and comparing it with this Fall (2012), would you say:

- ₁ Your family washed their hands more frequently in 2009
- ₂ Your family washes their hands with about the same frequency
- ₃ Your family washes their hand more frequently now in 2012
- ₄ Don't know / can't remember

Q14: Are you aware of the Mighty Bubble campaign?

- ₁ Yes – very familiar with the campaign
- ₂ Yes – somewhat aware, but don't know specifics
- ₃ No – not aware of what this is

Q15: (Ask only if "yes" from previous question) From your recollection, what are the main messages from Mighty Bubble?

Q16: Are your children aware of the Mighty Bubble campaign?

- ₁ Yes – very familiar with the campaign
- ₂ Yes – somewhat aware, but don't know specifics
- ₃ No – not aware of what this is

Q17: (Ask only if "yes" from Q14) How much has Mighty Bubble had an impact on how frequently your children wash their hands in the past 3 months?

- ₁ No impact
- ₂ Slight impact
- ₃ Moderate impact
- ₄ Large impact
- ₅ Very large impact

Q18: (Ask only if "yes" from Q14) How much has Mighty Bubble had an impact on how well your children wash their hands in the past 3 months?

- ₁ No impact
- ₂ Slight impact
- ₃ Moderate impact
- ₄ Large impact
- ₅ Very large impact

Q19: Are you aware of the Flin Flon Community Health Project?

- ₁ Yes – very familiar with the campaign
- ₂ Yes – somewhat aware, but don't know specifics
- ₃ No – not aware of what this is

Q20: Are you aware of the Lead-based Paint Testing Program?

- ₁ Yes – very familiar with the campaign
- ₂ Yes – somewhat aware, but don't know specifics
- ₃ No – not aware of what this is

Q21: (Ask only if “yes” from Q20) Have you had your paint tested for lead under this program?

- ₁ No
- ₂ Yes → Did you find evidence of lead-based paints in your home?
 - ₁ No
 - ₂ Yes → Did you hire a professional contractor to remove the lead-based paint? ₁ Yes ₂ No
 - Did you rent/use a HEPA vacuum to clean up after lead-based paint was removed? ₁ Yes ₂ No ₉₅ Not Applicable

Q22: These questions refer to the children participating in the study. (Note to interviewer: The letters *MUST* correspond to the ID labels assigned on consent forms)

#	First Name	a) Does this child have any health or developmental issues diagnosed by a physician or other health practitioner?	b) In the past month, has this child taken any medications (include prescriptions, over the counter, and natural remedies)?
A		<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes – Describe:	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes – Describe:
B		<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes – Describe:	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes – Describe:
C		<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes – Describe:	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes – Describe:
D		<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes – Describe:	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes – Describe:

Q23: These questions refer to the children participating in the study. (Note to interviewer: The letters **MUST** correspond to the ID labels assigned on consent forms)

#	First Name	a) In the past month, has this child taken any vitamins, minerals, or other dietary supplements (including iron, calcium)?	b) Is this child on a special diet prescribed by a physician or other health practitioner?
A		<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes – Describe:	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes – Describe:
B		<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes – Describe:	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes – Describe:
C		<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes – Describe:	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes – Describe:
D		<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes – Describe:	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes – Describe:

Appendix E Follow-up Evaluation of Lead Exposure For Child Residents of Flin Flon Area

Q24: These questions refer to the children participating in the study. (Note to interviewer: The letters **MUST** correspond to the ID labels assigned on consent forms)

#	First Name	a) How long has this child lived at this residence?	b) How long has this child lived in Flin Flon Area?	c) Does this child frequently stay overnight at another residence (e.g., other parent, relative)?
A		____ months ____ years	____ months ____ years	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → average days per month? _____ address _____
B		____ months ____ years	____ months ____ years	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → average days per month? _____ address _____
C		____ months ____ years	____ months ____ years	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → average days per month? _____ address _____
D		____ months ____ years	____ months ____ years	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → average days per month? _____ address _____

Q25: These questions refer to the children participating in the study. (Note to interviewer: The letters **MUST** correspond to the ID labels assigned on consent forms)

#	First Name	a) Has this child had contact in the past year with toys or jewellery purchased outside of Canada?	b) Has this child had contact in the past year with make-up, cosmetics, beauty aids or face paints purchased outside of Canada?	c) Has this child had contact in the past year with toys or jewellery that are over 50 years old?
A		<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last contact? _____ <input type="checkbox"/> ₃ Often → days since last contact? _____	<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last contact? _____ <input type="checkbox"/> ₃ Often → days since last contact? _____	<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last contact? _____ <input type="checkbox"/> ₃ Often → days since last contact? _____
B		<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last contact? _____ <input type="checkbox"/> ₃ Often → days since last contact? _____	<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last contact? _____ <input type="checkbox"/> ₃ Often → days since last contact? _____	<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last contact? _____ <input type="checkbox"/> ₃ Often → days since last contact? _____
C		<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last contact? _____ <input type="checkbox"/> ₃ Often → days since last contact? _____	<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last contact? _____ <input type="checkbox"/> ₃ Often → days since last contact? _____	<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last contact? _____ <input type="checkbox"/> ₃ Often → days since last contact? _____
D		<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last contact? _____ <input type="checkbox"/> ₃ Often → days since last contact? _____	<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last contact? _____ <input type="checkbox"/> ₃ Often → days since last contact? _____	<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last contact? _____ <input type="checkbox"/> ₃ Often → days since last contact? _____

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Q26: These questions refer to the children participating in the study. (Note to interviewer: The letters *MUST* correspond to the ID labels assigned on consent forms)

#	First Name	a) In the past year, have you seen this child peeling or picking at chips of paint? (e.g. from walls, toys)	b) In the past year, have you seen this child eating or mouthing chips of paint?
A		<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last observed? _____ <input type="checkbox"/> ₃ Often → days since last observed? _____	<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last observed? _____ <input type="checkbox"/> ₃ Often → days since last observed? _____
B		<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last observed? _____ <input type="checkbox"/> ₃ Often → days since last observed? _____	<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last observed? _____ <input type="checkbox"/> ₃ Often → days since last observed? _____
C		<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last observed? _____ <input type="checkbox"/> ₃ Often → days since last observed? _____	<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last observed? _____ <input type="checkbox"/> ₃ Often → days since last observed? _____
D		<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last observed? _____ <input type="checkbox"/> ₃ Often → days since last observed? _____	<input type="checkbox"/> ₁ Never <input type="checkbox"/> ₂ Sometimes → days since last observed? _____ <input type="checkbox"/> ₃ Often → days since last observed? _____

Q27: (Observe) Type of house:

- ₁ House/Duplex/Row Housing
- ₂ Mobile Home / Trailer
- ₃ Apartment in a Building With Less Than 5 Stories
- ₄ Apartment in a Building With 5 Stories or More
- ₉₅ Other (specify) _____

Q28: When was the house or apartment building originally built?

- ₁ Before 1945
- ₂ Between 1945 and 1955
- ₃ Between 1956 and 1965

- ₄ After 1965
- ₉₆ Don't Know

Q29: Are the water pipes in the house...?

- ₁ All Lead
- ₂ All Copper
- ₃ Mixture of Lead and Copper
- ₉₅ Other: _____
- ₉₆ Don't Know

Q30: Have all the water pipes in your house been upgraded (Lead pipe replacement)?

- ₁ Yes → In what month and year did this occur? ____/____
- ₂ No
- ₉₆ Don't Know

Q31: What type of water supply do you have? ₁ Municipal ₂ Well ₉₅ Other: _____

Q32: For the water that you use at home for drinking, do you mostly use? ₁ Tap water only ₂ Bottled water only ₃ Both tap and bottled water

Q33: For the water that you use at home for cooking, do you mostly use? ₁ Tap water only ₂ Bottled water only ₃ Both tap and bottled water

Q34: Do you have devices such as filters on your plumbing or water taps? ₁ No ₂ Yes → Type/brand: _____

Q35: Do you usually run your cold water at the beginning of the day prior to drinking it? ₁ No ₂ Yes → Average length: _____ minutes

Q36: Have you done any of the following renovations in the past 12 months?

- Added or taken away walls, floors, windows or rooms? ₁ No ₂ Yes → When?: _____
 - Replaced drywall? ₁ No ₂ Yes → When?: _____
 - Added insulation? ₁ No ₂ Yes → When?: _____
 - Other renovations? ₁ No ₂ Yes → When?: _____
- Describe:

Q37: (Ask only if they have conducted renovations in the past year – also make sure that they have not already answered the same questions under Q21) **Did you test for lead-based paint prior to or during the renovation?**

₁ No

₂ Yes → Did you find evidence of lead-based paints in your home?

₁ No

₂ Yes → Did you hire a professional contractor to remove the lead-based paint? ₁ Yes

₂ No → Did you consult the CMHC *Lead in Home* booklet? ₁ Yes ₂ No

→ Did you rent/use a HEPA vacuum to clean up after lead-based paint was removed? ₁ Yes ₂ No

Q38: What type of heating does your house or apartment have? (ask for primary heating)

₁ Gas ₂ Oil ₃ Electricity ₄ Wood ₉₅ Other: _____

Q39: (If applicable) How often is the furnace cleaned?

₁ Monthly ₂ Quarterly ₃ Every Six Months ₄ Annually ₅ Less than annually ₉₅ Other (specify) _____

₉₆ Don't Know ₉₇ Not Applicable

Q40: (If applicable) When was the furnace last cleaned? Month: _____ Year: _____ ₉₇ Not Applicable

Q41: Does your house/apartment have forced air (a fan on the furnace)?

₁ Yes ₂ No ₉₆ Don't Know ₉₇ Not Applicable

Q42: (If applicable) How often are the air ducts cleaned?

₁ Monthly ₂ Quarterly ₃ Every Six Months ₄ Annually ₅ Less than annually ₉₅ Other (specify) _____

₉₆ Don't Know ₉₇ Not Applicable

Q43: (If applicable) When were the air ducts last cleaned? Month: _____ Year: _____ ₉₇ Not Applicable

Q44: Does your house/apartment have an air filter on the furnace?

₁ Yes ₂ No ₉₆ Don't Know ₉₇ Not Applicable If yes, how often is filter replaced per year? _____ times

Q45: Does your house/apartment have an air cleaner (e.g., ionizer)?

₁ Yes ₂ No ₉₆ Don't Know

Q46: Does your house/apartment have an air conditioner?

₁ Yes ₂ No ₉₆ Don't Know

Q47: Has there ever been slag used around the home (e.g., driveways, fill, etc)

₁ Yes → where? _____ ₂ No ₉₆ Don't Know

Q48: Do you have any pets?

<p>a) Cats</p>	<p><input type="checkbox"/>₁ No <input type="checkbox"/>₂ Yes → # _____</p>	<p>Go outside? <input type="checkbox"/>₁ 10+ hours/day <input type="checkbox"/>₂ less than 10 hours/day <input type="checkbox"/>₃ less than 1 hour/day</p>	<p>Where do they sleep?</p>	<p>Where are they groomed?</p>
<p>b) Dogs</p>	<p><input type="checkbox"/>₁ No <input type="checkbox"/>₂ Yes → # _____</p>	<p>Go outside? <input type="checkbox"/>₁ 10+ hours/day <input type="checkbox"/>₂ less than 10 hours/day <input type="checkbox"/>₃ less than 1 hour/day</p>	<p>Where do they sleep?</p>	<p>Where are they groomed?</p>
<p>c) Other:</p>	<p><input type="checkbox"/>₁ No <input type="checkbox"/>₂ Yes → # _____</p>	<p>Go outside? <input type="checkbox"/>₁ 10+ hours/day <input type="checkbox"/>₂ less than 10 hours/day <input type="checkbox"/>₃ less than 1 hour/day</p>	<p>Where do they sleep?</p>	<p>Where are they groomed?</p>

Q49: Does any family member have any of these hobbies (check all that apply)?

₁ Oil painting or art work ₅ Repairing cars or boats (with white lead)
₂ Making stained glass ₆ Lead soldering such as in home electronics

- ₃ Casting molten lead for fishing weights ₇ Fishing
₄ Refinishing furniture ₈ Hunting/sharps shooting

Q50: These questions refer to the children participating in the study. (Note to interviewer: The letters **MUST** correspond to the ID labels assigned on consent forms)

#	First Name	a) Does this child eat <u>local fruit and vegetables</u> ?	b) Does this child eat <u>local fish</u> ?	c) Does this child eat <u>local game</u> ? (e.g., moose, deer, mallard, grouse)
A		<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type? → Source?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type? → Source?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type? → Source?
B		<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type? → Source?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type? → Source?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type? → Source?
C		<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type? → Source?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type? → Source?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type? → Source?
D		<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type? → Source?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type? → Source?	<input type="checkbox"/> ₁ No <input type="checkbox"/> ₂ Yes → Type? → Source?

Thank you very much for your assistance. We greatly appreciate your time and cooperation in helping us.

Do you have any comments or any questions you would like to ask

INTERVIEWER OBSERVATIONS, NOTES, FOLLOW-UP REQUIRED: