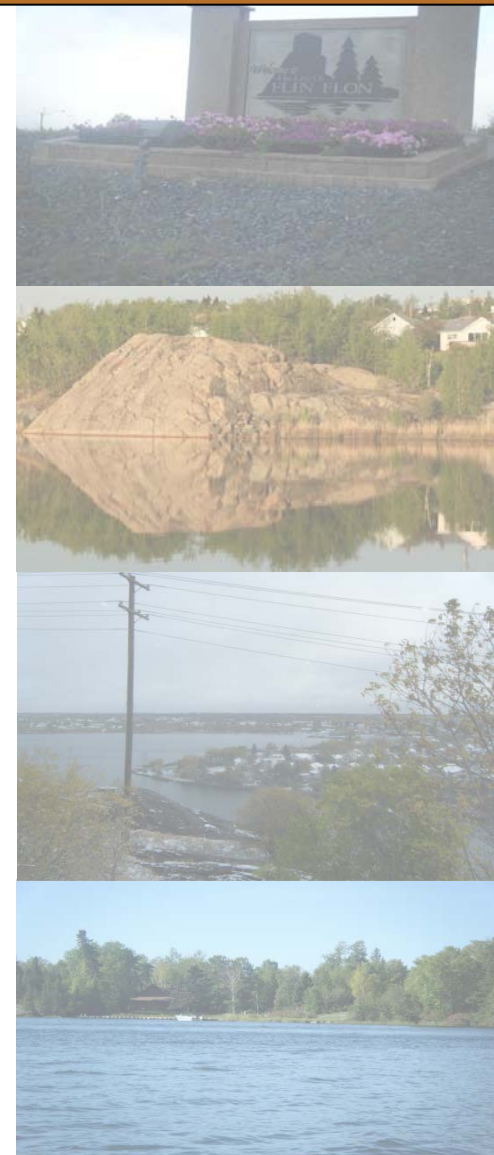# APPENDIX C

SURVEY INSTRUMENT

Evaluation of Exposure for Child
Residents of Flin Flon and Creighton

Household No.

Questionnaire _____ of _____

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+---+
| Evaluation of Exposure for Child |
| Residents of Flin Flon and Creighton |
+---+

INTRODUCTION FOR PARENTS/LEGAL GUARDIANS OF SAMPLE PARTICIPANTS:

This interview is part of the Evaluation of Exposure to Arsenic, Lead and Mercury
that is being conducted for the Child Residents of Flin Flon, Channing and Creighton. The purpose of the study is to measure the extent to which residents are exposed internally to arsenic, lead and mercury. I will be asking you general household demographic questions, as well as specific questions about the residents in your household.

REMINDER ABOUT CONFIDENTIALITY

First I would like to remind you that:

- 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 or your child's physician or designated physician, and only if you have given your consent.
- 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.

Do you have any questions at this time?

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

Section I - Demographic Information

1.   How many people currently live in this residence?

2.   Please list all people who live in this residence.
     Start with oldest child participating in study, then other participating children (in descending order by age), then reference person, spouse, other non-participating children, and other residents.

3.   I now want to determine the household relationship of _____ to you.

4.   For each household member, are they a child participating in the study, a child not participating in the study, or an adult?

5.   Verify gender of each **child** participant

6.   What is their date of birth *(note: we do not require birth dates for adults over 18)*?

Section II - Adult Information

☞ *This Section Applies to* <u>*Adults and Youth over 12 years*</u> *of age who are currently employed or work in the home* ✍

7.   Has any member ever worked at a mine or a smelter?

❏₁ One Person	❏₄ Four People		
❏₂ Two People	❏₅ Five People		
❏₃ Three People	❏₆ Six or more People		

Name	*Name*	*Name*	*Name*
_____	_____	_____	_____

❏₁ Reference Person	❏₁ Reference Person	❏₁ Reference Person	❏₁ Reference Person
❏₂ Spouse	❏₂ Spouse	❏₂ Spouse	❏₂ Spouse
❏₃ Child	❏₃ Child	❏₃ Child	❏₃ Child
❏₄ Parent	❏₄ Parent	❏₄ Parent	❏₄ Parent
❏₅ Sister or Brother	❏₅ Sister or Brother	❏₅ Sister or Brother	❏₅ Sister or Brother
❏₆ Other Relative	❏₆ Other Relative	❏₆ Other Relative	❏₆ Other Relative
❏₇ Roomer or Boarder	❏₇ Roomer or Boarder	❏₇ Roomer or Boarder	❏₇ Roomer or Boarder

*1*Participating Child	*1*Participating Child	*1*Participating Child	*1*Participating Child
*2*Non-participating Child	*2*Non-participating Child	*2*Non-participating Child	*2*Non-participating Child
*3*Adult	*3*Adult	*3*Adult	*3*Adult

❏₁ Male	❏₁ Male	❏₁ Male	❏₁ Male
❏₂ Female	❏₂ Female	❏₂ Female	❏₂ Female

|__ __| |__ __| |__ __|	|__ __| |__ __| |__ __|	|__ __| |__ __| |__ __|	|__ __| |__ __| |__ __|
month day year	month day year	month day year	month day year

❏₁ Yes	❏₁ Yes	❏₁ Yes	❏₁ Yes
Occupation_____ _____		Occupation_____ _____	Occupation_____ _____
	Occupation_____ _____		
Started |__ __| |__ __| month year		**Started** |__ __| |__ __| month year	**Started** |__ __| |__ __| month year
Ended |__ __| |__ __| month year	**Started** |__ __| |__ __| month year	**Ended** |__ __| |__ __| month year	**Ended** |__ __| |__ __| month year
	Ended |__ __| |__ __| month year		
❏₂ No		❏₂ No	❏₂ No
❏₉₆ Don't Know	❏₂ No	❏₉₆ Don't Know	❏₉₆ Don't Know
	❏₉₆ Don't Know		

Job #1 (Starting with the most recent, obtain entire work history <u>going back up to 18 years</u>)

8. a) What is (your/his/her) current occupation? (If self-employed, specify)

    b) How long have (you/he/she) worked there?

    c) Are you aware of exposure to any chemicals at work?
       I*f yes: Describe which chemicals, how frequently and when*

    d) *(If applicable)* Do(es)/Did (you/he/she) change out of (your/his/her) work clothes and leave them at work?

    e) *(If applicable)* Do(es)/Did (you/he/she) shower at work before coming home)?

Job #2 (Previous to Job #1 – Note: If current employment goes back 18 years then skip to Q9)

9. a) What was (your/his/her) your previous job title?

    b) How long did (you/he/she) work there?

    c) Are you aware of exposure to any chemicals at work?
       I*f yes: Describe which chemicals, how frequently and when*

    d) *(If applicable)*/Did (you/he/she) change out of (your/his/her) work clothes and leave them at work?

    e) *(If applicable)* Did (you/he/she) shower at work before coming home)?

Name	*Name*	*Name*	*Name*
_____	_____	_____	_____
Title	Title	Title	Title
_____ |__ __|	_____ |__ __|	_____ |__ __|	_____ |__ __|

|__ __| |__ __| |__ __| |__ __| |__ __| |__ __| |__ __| |__ __|
years   months   years   months   years   months   years   months

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

*1*Always   *1*Always   *1*Always   *1*Always
*2*Sometimes   *2*Sometimes   *2*Sometimes   *2*Sometimes
*3*Never   *3*Never   *3*Never   *3*Never
*96*Don't know   *96*Don't know   *96*Don't know   *96*Don't know
*97*Not Applicable   *97*Not Applicable   *97*Not Applicable   *97*Not Applicable

*1*Always   *1*Always   *1*Always   *1*Always
*2*Sometimes   *2*Sometimes   *2*Sometimes   *2*Sometimes
*3*Never   *3*Never   *3*Never   *3*Never
*96*Don't know   *96*Don't know   *96*Don't know   *96*Don't know
*97*Not Applicable   *97*Not Applicable   *97*Not Applicable   *97*Not Applicable
        Title   Title   Title   Title

_____ |__ __| _____ |__ __| _____ |__ __| _____ |__ __|

|__ __| |__ __| |__ __| |__ __| |__ __| |__ __| |__ __| |__ __|
years   months   years   months   years   months   years   months

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

*1*Always   *1*Always   *1*Always   *1*Always
*2*Sometimes   *2*Sometimes   *2*Sometimes   *2*Sometimes
*3*Never   *3*Never   *3*Never   *3*Never
*96*Don't know   *96*Don't know   *96*Don't know   *96*Don't know
*97*Not Applicable   *97*Not Applicable   *97*Not Applicable   *97*Not Applicable

*1*Always   *1*Always   *1*Always   *1*Always
*2*Sometimes   *2*Sometimes   *2*Sometimes   *2*Sometimes
*3*Never   *3*Never   *3*Never   *3*Never
*96*Don't know   *96*Don't know   *96*Don't know   *96*Don't know
*97*Not Applicable   *97*Not Applicable   *97*Not Applicable   *97*Not Applicable

Job #3 (Previous to Job #2)

10. a) What was (your/his/her) your previous job title?

    b) How long did (you/he/she) work there?

    c) Are you aware of exposure to any chemicals at work?
       I*f yes: Describe which chemicals, how frequently and when*

    d) *(If applicable)*/Did (you/he/she) change out of (your/his/her) work clothes and leave them
       at work?

    e) *(If applicable)* Did (you/he/she) shower at work before coming home)?

11. What is the highest level of education for each **<u>adult</u>** member of the household?
    [*INTERVIEWER read the following and select one for each participant:*]

    a) Less than high school complete
    b) High school certificate or equivalent
    c) Apprenticeship or trades certificate or diploma
    d) College; CEGEP or other non-university certificate or diploma
    e) University certificate or diploma below the bachelor level
    f) University certificate; diploma or degree
    g) Some part of post-graduate university degree completed
    h) Completed university post-graduate degree

12. Does anyone in the household currently smoke or use tobacco? *(Ask for ages 12 and older)*

IF USES TOBACCO: **What type of tobacco is used? What type and how often?** *(Fill in all that Apply)*

13. Cigarettes

Name	*Name*	*Name*	*Name*
_____	_____	_____	_____
Title	Title	Title	Title
_____ |__ __|	_____ |__ __|	_____ |__ __|	_____ |__ __|

|__ __| |__ __| years months	|__ __| |__ __| years months	|__ __| |__ __| years months	|__ __| |__ __| years months
❏₁ Yes Describe_____ ❏₂ No ❏₉₆ Don't Know ❏₉₇ Not Applicable	❏₁ Yes Describe_____ ❏₂ No ❏₉₆ Don't Know ❏₉₇ Not Applicable	❏₁ Yes Describe_____ ❏₂ No ❏₉₆ Don't Know ❏₉₇ Not Applicable	❏₁ Yes Describe_____ ❏₂ No ❏₉₆ Don't Know ❏₉₇ Not Applicable
*1*Always *2*Sometimes *3*Never *96*Don't know *97*Not Applicable	*1*Always *2*Sometimes *3*Never *96*Don't know *97*Not Applicable	*1*Always *2*Sometimes *3*Never *96*Don't know *97*Not Applicable	*1*Always *2*Sometimes *3*Never *96*Don't know *97*Not Applicable
*1*Always *2*Sometimes *3*Never *96*Don't know *97*Not Applicable	*1*Always *2*Sometimes *3*Never *96*Don't know *97*Not Applicable	*1*Always *2*Sometimes *3*Never *96*Don't know *97*Not Applicable	*1*Always *2*Sometimes *3*Never *96*Don't know *97*Not Applicable

❏ Level of School
   Completed
	❏ Level of School
	   Completed
		❏ Level of School
		   Completed
			❏ Level of School
			   Completed

_____	_____	_____	_____

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

❏₁ Yes – how many per
   day? _____
❏₂ No
❏₉₆ Don't Know
❏₉₇ Not Applicable
	❏₁ Yes – how many per
	   day? _____
	❏₂ No
	❏₉₆ Don't Know
	❏₉₇ Not Applicable
		❏₁ Yes – how many per
		   day? _____
		❏₂ No
		❏₉₆ Don't Know
		❏₉₇ Not Applicable
			❏₁ Yes – how many per
			   day? _____
			❏₂ No
			❏₉₆ Don't Know
			❏₉₇ Not Applicable

14. Other? Specify type of tobacco _____

15. Is/Are the participating children (read names) ever exposed to second-hand smoke in the house?

16. Over the past 7 days, which days were the participating children been exposed to second-hand smoke in the house? *(check all that apply)*

17. Are the participating children ever exposed to second-hand smoke in the car?

18. Over the past 7 days, which days were the participating children been exposed to second-hand smoke in the car? *(check all that apply)*

19. Are the participating children exposed to second-hand smoke from sources other than in your house or in the car? (e.g., babysitters, workplace, visitors, etc.)

20. Over the past 7 days, which days were the participating children been exposed to second-hand smoke from sources other than in your house or in the car? *(check all that apply)*

Name	*Name*	*Name*	*Name*
_____	_____	_____	_____

❏₁ Yes – how many per day? _____

❏₂ No

❏₉₆ Don't Know

❏₉₇ Not Applicable

❏₁ Yes

❏₂ No

_ Never

❏₁ Today

❏₂ Yesterday

❏₃ 2 Days Ago

❏₄ 3 Days Ago

❏₅ 4 Days Ago

❏₆ 5 Days Ago

❏₇ 6 Days Ago

*8*All 7 Days

*96*Don't know

❏₁ Yes

❏₂ No

_ Never

❏₁ Today

❏₂ Yesterday

❏₃ 2 Days Ago

❏₄ 3 Days Ago

❏₅ 4 Days Ago

❏₆ 5 Days Ago

❏₇ 6 Days Ago

*8*All 7 Days

*96*Don't know

❏₁ Yes

❏₂ No

_ Never

❏₁ Today

❏₂ Yesterday

❏₃ 2 Days Ago

❏₄ 3 Days Ago

❏₅ 4 Days Ago

❏₆ 5 Days Ago

❏₇ 6 Days Ago

*8*All 7 Days

*96*Don't know

❏₁ Yes – how many per day? _____

❏₂ No

❏₉₆ Don't Know

❏₉₇ Not Applicable

❏₁ Yes

❏₂ No

_ Never

❏₁ Today

❏₂ Yesterday

❏₃ 2 Days Ago

❏₄ 3 Days Ago

❏₅ 4 Days Ago

❏₆ 5 Days Ago

❏₇ 6 Days Ago

*8*All 7 Days

*96*Don't know

❏₁ Yes

❏₂ No

_ Never

❏₁ Today

❏₂ Yesterday

❏₃ 2 Days Ago

❏₄ 3 Days Ago

❏₅ 4 Days Ago

❏₆ 5 Days Ago

❏₇ 6 Days Ago

*8*All 7 Days

*96*Don't know

❏₁ Yes

❏₂ No

_ Never

❏₁ Today

❏₂ Yesterday

❏₃ 2 Days Ago

❏₄ 3 Days Ago

❏₅ 4 Days Ago

❏₆ 5 Days Ago

❏₇ 6 Days Ago

*8*All 7 Days

*96*Don't know

❏₁ Yes – how many per day? _____

❏₂ No

❏₉₆ Don't Know

❏₉₇ Not Applicable

❏₁ Yes

❏₂ No

_ Never

❏₁ Today

❏₂ Yesterday

❏₃ 2 Days Ago

❏₄ 3 Days Ago

❏₅ 4 Days Ago

❏₆ 5 Days Ago

❏₇ 6 Days Ago

*8*All 7 Days

*96*Don't know

❏₁ Yes

❏₂ No

_ Never

❏₁ Today

❏₂ Yesterday

❏₃ 2 Days Ago

❏₄ 3 Days Ago

❏₅ 4 Days Ago

❏₆ 5 Days Ago

❏₇ 6 Days Ago

*8*All 7 Days

*96*Don't know

❏₁ Yes

❏₂ No

_ Never

❏₁ Today

❏₂ Yesterday

❏₃ 2 Days Ago

❏₄ 3 Days Ago

❏₅ 4 Days Ago

❏₆ 5 Days Ago

❏₇ 6 Days Ago

*8*All 7 Days

*96*Don't know

❏₁ Yes – how many per day? _____

❏₂ No

❏₉₆ Don't Know

❏₉₇ Not Applicable

❏₁ Yes

❏₂ No

_ Never

❏₁ Today

❏₂ Yesterday

❏₃ 2 Days Ago

❏₄ 3 Days Ago

❏₅ 4 Days Ago

❏₆ 5 Days Ago

❏₇ 6 Days Ago

*8*All 7 Days

*96*Don't know

❏₁ Yes

❏₂ No

_ Never

❏₁ Today

❏₂ Yesterday

❏₃ 2 Days Ago

❏₄ 3 Days Ago

❏₅ 4 Days Ago

❏₆ 5 Days Ago

❏₇ 6 Days Ago

*8*All 7 Days

*96*Don't know

❏₁ Yes

❏₂ No

_ Never

❏₁ Today

❏₂ Yesterday

❏₃ 2 Days Ago

❏₄ 3 Days Ago

❏₅ 4 Days Ago

❏₆ 5 Days Ago

❏₇ 6 Days Ago

*8*All 7 Days

*96*Don't know

21. Do the participating children swim/wade in the nearby lakes or rivers?

22. Have the participating children been swimming or wading in the nearby lakes or rivers <u>in the past 7 days</u>?

23. Over the past 7 days, <u>when and where</u> have the participating children gone swimming or wading?

24. Have the participating children eaten outside over the past seven days (e.g., picnic tables, BBQ, etc.)?

25. Have the participating children eaten food cooked over a campfire over the past seven days (e.g., marshmallows, hotdogs, etc.)?

Name	*Name*	*Name*	*Name*
_____	_____	_____	_____

❏₁ Yes ❏₂ No	❏₁ Yes ❏₂ No	❏₁ Yes ❏₂ No	❏₁ Yes ❏₂ No
❏₁ Yes ❏₂ No	❏₁ Yes ❏₂ No	❏₁ Yes ❏₂ No	❏₁ Yes ❏₂ No

1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____	1. _____ 2. _____ 3. _____ 4. _____
❏₁ Yes ❏₂ No	❏₁ Yes ❏₂ No	❏₁ Yes ❏₂ No	❏₁ Yes ❏₂ No
❏₁ Yes ❏₂ No	❏₁ Yes ❏₂ No	❏₁ Yes ❏₂ No	❏₁ Yes ❏₂ No

Section III - Environment for Children & Youth Under 15

The next few questions are related to the health and play environment of the participating children. Some of these questions are for very young children and may not be applicable to your children.

26. Are _____'s hands usually washed before eating?

27. Are _____'s hands usually washed after eating?

28. How often does _____ eat with a fork/spoon?

29. Are _____'s hands and face usually washed before going to sleep?

30. a) Does your child eat dirt?

    b) If *Yes***,** have they eaten dirt in the *past seven days*?

    c) If *Yes***,** have they eaten dirt in the *past two days*?

31. a) Does your child chew on toys or other objects?

    b) If *Yes***,** have they chewed on toys or other objects in the *past seven days*?

    c) If *Yes***,** have they chewed on toys or other objects in the *past two days*?

32. *For children under 2 ask:* Is _____ currently being breastfed?

Name	*Name*	*Name*	*Name*
_____	_____	_____	_____

❑$_1$ Usually (75-100)   ❑$_1$ Usually (75-100)   ❑$_1$ Usually (75-100)   ❑$_1$ Usually (75-100)
❑$_2$ Sometimes (25-75)   ❑$_2$ Sometimes (25-75)   ❑$_2$ Sometimes (25-75)   ❑$_2$ Sometimes (25-75)
❑$_3$ Rarely (0-25)   ❑$_3$ Rarely (0-25)   ❑$_3$ Rarely (0-25)   ❑$_3$ Rarely (0-25)

❑$_1$ Usually (75-100)   ❑$_1$ Usually (75-100)   ❑$_1$ Usually (75-100)   ❑$_1$ Usually (75-100)
❑$_2$ Sometimes (25-75)   ❑$_2$ Sometimes (25-75)   ❑$_2$ Sometimes (25-75)   ❑$_2$ Sometimes (25-75)
❑$_3$ Rarely (0-25)   ❑$_3$ Rarely (0-25)   ❑$_3$ Rarely (0-25)   ❑$_3$ Rarely (0-25)

❑$_1$ Usually (75-100)   ❑$_1$ Usually (75-100)   ❑$_1$ Usually (75-100)   ❑$_1$ Usually (75-100)
❑$_2$ Sometimes (25-75)   ❑$_2$ Sometimes (25-75)   ❑$_2$ Sometimes (25-75)   ❑$_2$ Sometimes (25-75)
❑$_3$ Rarely (0-25)   ❑$_3$ Rarely (0-25)   ❑$_3$ Rarely (0-25)   ❑$_3$ Rarely (0-25)

❑$_1$ Usually (75-100)   ❑$_1$ Usually (75-100)   ❑$_1$ Usually (75-100)   ❑$_1$ Usually (75-100)
❑$_2$ Sometimes (25-75)   ❑$_2$ Sometimes (25-75)   ❑$_2$ Sometimes (25-75)   ❑$_2$ Sometimes (25-75)
❑$_3$ Rarely (0-25)   ❑$_3$ Rarely (0-25)   ❑$_3$ Rarely (0-25)   ❑$_3$ Rarely (0-25)

❑$_1$ Yes   ❑$_1$ Yes   ❑$_1$ Yes   ❑$_1$ Yes
❑$_2$ No   ❑$_2$ No   ❑$_2$ No   ❑$_2$ No

❑$_1$ Yes   ❑$_1$ Yes   ❑$_1$ Yes   ❑$_1$ Yes
❑$_2$ No   ❑$_2$ No   ❑$_2$ No   ❑$_2$ No

❑$_1$ Yes   ❑$_1$ Yes   ❑$_1$ Yes   ❑$_1$ Yes
❑$_2$ No   ❑$_2$ No   ❑$_2$ No   ❑$_2$ No

❑$_1$ Yes   ❑$_1$ Yes   ❑$_1$ Yes   ❑$_1$ Yes
❑$_2$ No   ❑$_2$ No   ❑$_2$ No   ❑$_2$ No

❑$_1$ Yes   ❑$_1$ Yes   ❑$_1$ Yes   ❑$_1$ Yes
❑$_2$ No   ❑$_2$ No   ❑$_2$ No   ❑$_2$ No

❑$_1$ Yes   ❑$_1$ Yes   ❑$_1$ Yes   ❑$_1$ Yes
❑$_2$ No   ❑$_2$ No   ❑$_2$ No   ❑$_2$ No

❑$_1$ Yes   ❑$_1$ Yes   ❑$_1$ Yes   ❑$_1$ Yes
❑$_2$ No   ❑$_2$ No   ❑$_2$ No   ❑$_2$ No

33. In the past month, about how many hours each day on average does (he/she) spend away from home?

34. Where does he/she go? (e.g., school, daycare) (*get location – or name of school*)

35. Where is _____'s favourite **outdoor** play area?

36. What percentage of the ground in his (her) favourite area has been bare, unsodded ground, (e.g example, dirt, sand or gravel) at some point over the past three months?

37. When was this area bare (**check all that apply**)?

38. Approximately how many hours each day did (he/she) spend playing outdoors in the **past four days**?

39. Are there any activities or specific things that your children done in the past 7 days that involved an increased exposure to dust, dirt or soil (e.g., digging holes in the yard, helping with gardening, moving soil, making mud pies, etc.)?

40. What **indoor** play area does _____ spend most time in?

41. What type of flooring is in this area?

Name	***Name***	***Name***	***Name***
_____	_____	_____	_____
# hrs/day _____	# hrs/day _____	# hrs/day _____	# hrs/day _____
Location: _____	Location: _____	Location: _____	Location: _____
Location: _____	Location: _____	Location: _____	Location: _____
Percentage: _____	Percentage: _____	Percentage: _____	Percentage: _____
❏$_1$ Over the Past Week ❏$_2$ Over the Past Two Weeks ❏$_3$ Over the Past Month ❏$_4$ Two Months Ago ❏$_5$ Three Months Ago *6*X*For at least the last three months *96*X*Don't know	❏$_1$ Over the Past Week ❏$_2$ Over the Past Two Weeks ❏$_3$ Over the Past Month ❏$_4$ Two Months Ago ❏$_5$ Three Months Ago *6*X*For at least the last three months *96*X*Don't know	❏$_1$ Over the Past Week ❏$_2$ Over the Past Two Weeks ❏$_3$ Over the Past Month ❏$_4$ Two Months Ago ❏$_5$ Three Months Ago *6*X*For at least the last three months *96*X*Don't know	❏$_1$ Over the Past Week ❏$_2$ Over the Past Two Weeks ❏$_3$ Over the Past Month ❏$_4$ Two Months Ago ❏$_5$ Three Months Ago *6*X*For at least the last three months *96*X*Don't know

Today:
    #hrs/day _____
Yesterday:
    #hrs/day _____
2 Days Ago:
    #hrs/day _____
3 Days Ago:
    #hrs/day _____
	#hrs/day _____
	
	#hrs/day _____
	
	#hrs/day _____
	
	#hrs/day _____
		#hrs/day _____
		
		#hrs/day _____
		
		#hrs/day _____
		
		#hrs/day _____
			#hrs/day _____
			
			#hrs/day _____
			
			#hrs/day _____
			
			#hrs/day _____

Activities: _____	Activities: _____	Activities: _____	Activities: _____
Location (inclu, address if different from home): _____	Location (inclu, address if different from home): _____	Location (inclu, address if different from home): _____	Location (inclu, address if different from home): _____
Type of Flooring: _____	Type of Flooring _____	Type of Flooring: _____	Type of Flooring: _____

42. 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)
- ＿ Don't know

43. How are your floors usually cleaned (check all)?

- ❏₁ Dry Sweep
- ❏₂ Vacuum → ❏ Does the vacuum have a HEPA filter _____
- ❏₃ Wet Mop/Clean
- ＿ Don't clean
- ＿ Don't know

44. How often would you say your floors are cleaned using a dry sweep?
- ❏₀ Never
- ❏₁ Once a Month
- ❏₂ Every 2 to 3 Weeks
- ❏₃ Once a Week
- ❏₄ Every 2 to 3 Days
- ❏₅ Once a Day

How often would you say your floors are cleaned using a vacuum?
- ❏₀ Never
- ❏₁ Once a Month
- ❏₂ Every 2 to 3 Weeks
- ❏₃ Once a Week
- ❏₄ Every 2 to 3 Days
- ❏₅ Once a Day

How often would you say your floors are cleaned using a wet mop?
- ❏₀ Never
- ❏₁ Once a Month
- ❏₂ Every 2 to 3 Weeks
- ❏₃ Once a Week
- ❏₄ Every 2 to 3 Days
- ❏₅ Once a Day

Section IV - Avoidance Behaviour

45. a) Are you aware of any announcements made within the last year regarding possible environmental contamination in the area?

    ☐$_1$ Yes
    ☐$_2$ No → Go to Question 41

  b) Do you recall what this announcement was about?

    _____

  c) Sometimes people change their behaviour or things they do because of things they hear. **As a result of the announcement**, did any of your children do any of the following? (check all)

    _   (No change in behaviour)
    ☐$_1$ Avoid going outside
    ☐$_2$ Moved to another location
    ☐$_3$ Stopped growing and eating local vegetables
    ☐$_4$ Ate less local fish
    ☐$_5$ Ate less local game
    ☐$_6$ Drink bottle water instead of well/tap water
    ☐$_7$ Wash hands more often
    ☐$_8$ Takes showers more frequently
    ☐$_9$ Avoid playing in the back yard and surrounding area
    ☐$_{10}$ Other *(specify)* _____
    ☐$_{11}$ Other *(specify)* _____

Section V - Health

46. Have you been told by your physician that your child has any serious health issues? If yes, what was the issue, when was it diagnosed, etc.

47. In the *past month*, have any participating children taken any other types of medication (natural remedies, over the counter, etc.)? If yes, describe type, dose and how often.

48. During *the past week*, have any of the participating children taken any vitamins, minerals, or other dietary supplements (including iron, calcium etc.)? If yes, describe type, dose and how often.

49. Are any of the participating children on any specialized diet prescribed by your physician? If yes, describe.

50. Do any of the participating children have dental fillings? If so, how many silver colour (amalgam) fillings does your child have?

Name	*Name*	*Name*	*Name*
_____	_____	_____	_____

_____   _____   _____   _____
_____   _____   _____   _____
_____   _____   _____   _____
_____   _____   _____   _____
_____   _____   _____   _____

❑$_1$ Yes	❑$_1$ Yes	❑$_1$ Yes	❑$_1$ Yes
❑$_2$ No	❑$_2$ No	❑$_2$ No	❑$_2$ No
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____

❑$_1$ Yes	❑$_1$ Yes	❑$_1$ Yes	❑$_1$ Yes
❑$_2$ No	❑$_2$ No	❑$_2$ No	❑$_2$ No
1. _____	1. _____	1. _____	1. _____
2. _____	2. _____	2. _____	2. _____
3. _____	3. _____	3. _____	3. _____
4. _____	4. _____	4. _____	4. _____

❑$_1$ Yes	❑$_1$ Yes	❑$_1$ Yes	❑$_1$ Yes
❑$_2$ No	❑$_2$ No	❑$_2$ No	❑$_2$ No
Describe: _____	Describe: _____	Describe: _____	Describe: _____
_____	_____	_____	_____

❑$_1$ Yes (quantity)_____	❑$_1$ Yes (quantity)_____	❑$_1$ Yes (quantity)_____	❑$_1$ Yes(quantity)_____
❑$_2$ No	❑$_2$ No	❑$_2$ No	❑$_2$ No

Section VI - House Characteristics Related to Exposure

51. How long have you lived in Flin Flon / Channing/Creighton?

52. How long have you lived in this residence?

53. a) Have any of the children stayed overnight at another address during the past week?

    b) Where did he/she stay?

    c) Which days? *(check all that apply)*

54. *(Observe)* House or Apartment?

    ❏$_1$ House
    ❏$_2$ Duplex
    ❏$_3$ Row Housing
    ❏$_4$ Mobile
    ❏$_5$ Apartment in a Building With Less Than 5 Stories
    ❏$_6$ Apartment in a Building With 5 Stories or More
    ❏$_{95}$ Other (specify) _____

55. Is your home? (Ownership)

    ❏$_1$ Owner Occupied
    ❏$_2$ Rental
    ❏$_3$ Public Housing
    ❏$_{96}$ Don't Know

Name	*Name*	*Name*	*Name*
_____	_____	_____	_____

|__ __| |__ __|
years   months

|__ __| |__ __|
years   months

❏₁ Yes
❏₂ No

Address: _____

_____

❏₁ Today
❏₂ Yesterday
❏₃ 2 Days Ago
❏₄ 3 Days Ago
❏₅ 4 Days Ago
❏₆ 5 Days Ago
❏₇ 6 Days Ago

|__ __| |__ __|
years   months

|__ __| |__ __|
years   months

❏₁ Yes
❏₂ No

Address: _____

_____

❏₁ Today
❏₂ Yesterday
❏₃ 2 Days Ago
❏₄ 3 Days Ago
❏₅ 4 Days Ago
❏₆ 5 Days Ago
❏₇ 6 Days Ago

|__ __| |__ __|
years   months

|__ __| |__ __|
years   months

❏₁ Yes
❏₂ No

Address: _____

_____

❏₁ Today
❏₂ Yesterday
❏₃ 2 Days Ago
❏₄ 3 Days Ago
❏₅ 4 Days Ago
❏₆ 5 Days Ago
❏₇ 6 Days Ago

|__ __| |__ __|
years   months

|__ __| |__ __|
years   months

❏₁ Yes
❏₂ No

Address: _____

_____

❏₁ Today
❏₂ Yesterday
❏₃ 2 Days Ago
❏₄ 3 Days Ago
❏₅ 4 Days Ago
❏₆ 5 Days Ago
❏₇ 6 Days Ago

56. When was the house or apartment building originally built?

❑₁ Before 1945
❑₂ Between 1945 and 1955
❑₃ Between 1955 and 1965
❑₄ After 1965
❑₉₆ Don't Know

57. 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

58. Have <u>all</u> the water pipes in your house been upgraded (Lead pipe replacement)?

❑₁ Yes
❑₂ No
❑₉₆ Don't Know
_   Not applicable

   If yes, what month and year did this occur in?_____.

59. What type of water supply do you have?

❑₁ Municipal
❑₂ Well
❑₉₅ Other

60. For the water that you use at home for cooking and drinking, do you mostly use?

❑₁ Tap Water Only
❑₂ Tap Water and Bottled Water
❑₃ Bottled Water Only
❑₄ Not applicable (doesn't drink tap water)

61. Do you have devices such as filters on your plumbing or cooking/drinking water taps?

❑₁ Yes
❑₂ No
❑₉₆ Don't Know

62. Do you ever run your cold water for five minutes at the beginning of the day prior to drinking it?

    ❏₁ Always
    ❏₂ Often
    ❏₃ Rarely
    ❏₄ Never

63. Have any of the following been done to the inside or outside of your home in the past month?

    a) added or taken away walls, floors, windows, or rooms?

      ❏₁ Yes
      ❏₂ No
      ❏₉₆ Don't Know

    b) replaced drywall?

      ❏₁ Yes
      ❏₂ No
      ❏₉₆ Don't Know

    c) added insulation?

      ❏₁ Yes
      ❏₂ No
      ❏₉₆ Don't Know

    d) any other renovation?

      ❏₁ Yes
      ❏₂ No
      ❏₉₆ Don't Know

      ***If Yes, describe:*:** _____

64. What type of heating does your house or apartment have? (Ask for primary heating)

    ❏₁ Gas
    ❏₂ Oill
    ❏₃ Electricity
    ❏₄ Wood
    ❏₅ Heat Pump
    ❏₆ Gas and Electricity
    ❏₉₅ Other *(specify)* _____
    ❏₉₆ Don't Know

65. Does your house or apartment have:

a) a fireplace?

❏₁ Yes and Used in the *Past Year*
❏₂ Yes and Used in the *Past Week*
❏₃ Yes and Used in the *Past Two Days*
❏₄ No
❏₅ Yes, But Never Used
❏₉₆ Don't Know

b) forced air (a fan on the furnace)?

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

c) *(if applicable)* an air filter on the furnace?

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

d) an air cleaner (for example, desk top, ionizer, etc.)?

❏₁ Yes
❏₂ No
❏₉₆ Don't Know

e) an air conditioner?

❏₁ Yes
❏₂ No
❏₉₆ Don't Know

66. a) (*If applicable*) How often is the furnace filter changed/cleaned?

❏₁ Monthly
❏₂ Quarterly
❏₃ Every Six Months
❏₄ Annually
❏₅ Never
❏₉₅ Other *(specify)* _____
❏₉₆ Don't Know

b) When was the furnace last cleaned? (month/year) _____

67. a) (*if applicable*) How often are the air ducts cleaned?

     ❏₁ Monthly
     ❏₂ Quarterly
     ❏₃ Every Six Months
     ❏₄ Annually
     ❏₅ Never
     ❏₉₅ Other **(specify)** _____
     ❏₉₆ Don't Know

  b) When were ducts last cleaned? (month/year) _____

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

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

69. Within the past week, has any member of your family recently used or handled pressure treated wood, wood with a green stain, or wood used for exterior fences or decking?

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

70. Within the past week, has any member of the family burnt any pressure treated wood, wood with a green stain, or wood used for exterior fences or decking?

     ❏₁ Yes → who was around the fire? _____
           → was it burnt indoors or outdoors? (*underline*)
     ❏₂ No
     ❏₉₆ Don't Know

71. In the last year, have you seen [name of child] peeling or picking at chips of paint? (e.g. from walls, toys, etc.)

Name	**Name**	**Name**	**Name**
_____	_____	_____	_____
❏₁ Yes	❏₁ Yes	❏₁ Yes	❏₁ Yes
❏ₛ No	❏ₛ No	❏ₛ No	❏ₛ No

72. In the last year, have you seen [name of child] eating chips of paint?

Name	**Name**	**Name**	**Name**
_____	_____	_____	_____
❏₁ Yes ❏ₛ No	❏₁ Yes ❏ₛ No	❏₁ Yes ❏ₛ No	❏₁ Yes ❏ₛ No

73. Has *[name of participant child]* had contact with the following items within the last year?

	Name _____	**Name** _____	**Name** _____	**Name** _____
Toys or Jewelry purchased outside of Canada?	₁❏ Often ₂❏ Sometimes ₃❏ Never _ Rarely ₉₆❏ Don't know	₁❏ Often ₂❏ Sometimes ₃❏ Never _ Rarely ₉₆❏ Don't know	₁❏ Often ₂❏ Sometimes ₃❏ Never _ Rarely ₉₆❏ Don't know	₁❏ Often ₂❏ Sometimes ₃❏ Never _ Rarely ₉₆❏ Don't know
Days since last contact	|__|__| days	|__|__| days	|__|__| days	|__|__| days
Make-up, cosmetics, beauty aids or face paints purchased outside of Canada?	₁❏ Often ₂❏ Sometimes ₃❏ Never _ Rarely ₉₆❏ Don't know	₁❏ Often ₂❏ Sometimes ₃❏ Never _ Rarely ₉₆❏ Don't know	₁❏ Often ₂❏ Sometimes ₃❏ Never _ Rarely ₉₆❏ Don't know	₁❏ Often ₂❏ Sometimes ₃❏ Never _ Rarely ₉₆❏ Don't know
Days since last contact	|__|__| days	|__|__| days	|__|__| days	|__|__| days
Toys or jewelry that are over 50 years old?	₁❏ Often ₂❏ Sometimes ₃❏ Never _ Rarely ₉₆❏ Don't know	₁❏ Often ₂❏ Sometimes ₃❏ Never _ Rarely ₉₆❏ Don't know	₁❏ Often ₂❏ Sometimes ₃❏ Never _ Rarely ₉₆❏ Don't know	₁❏ Often ₂❏ Sometimes ₃❏ Never _ Rarely ₉₆❏ Don't know
Days since last contact	|__|__| days	|__|__| days	|__|__| days	|__|__| days

---

| **Section VII - Family/Lifestyle Characteristics Related to Exposure** |

74. a) Have you applied any pesticides to your garden and/or lawn?

       ❑$_1$ Yes
       ❑$_2$ No
       ❑$_{96}$ Don't Know

  b) If *Yes*, what pesticides have been applied?

       (specify) _____

                _____

  c) If *Yes*, how many days ago? |__|__| days

75. a) Do you have any pets at home?

       ❑$_1$ Yes
       ❑$_2$ No *(Go to Question 75)*
       ❑$_{96}$ Don't Know

  If Yes:

  b) number of cats |__ __|__ __|

  c) number of dogs |__ __|__ __|

  d) other *(specify)* _____

76. a) Are your pets allowed to go outside?

       ❑$_1$ Yes
       ❑$_2$ No

  b) If *Yes,* how long does they spend outside?

       _   All of the time (outdoor pet)
       ❑$_1$ Most of the Day (10+ hours)
       ❑$_2$ Some of the day (less than 10 hours)
       ❑$_3$ Rarely (less than 1 hour)

---

c) Where do the pets normally sleep? *(e.g. on beds, furniture, floor, etc)*

_____

_____

d) Where are the pets normally groomed/brushed?

_____

_____

77. Does any family member have one of these hobbies *(check all that apply):*

       ❏₁ Oil Painting or Art Work
       ❏₂ Making Stained Glass
       ❏₃ Casting Molten Lead for Fishing Weights
       ❏₄ Refinishing Furniture
       ❏₅ Repairing Cars or Boats (with white lead)
       ❏₆ Lead Soldering such as in Home Electronics
       ❏₇ Fishing
       ❏₈ Hunting/sharp shooting
       ❏₉₅ Other hobbies involving use of lead

> **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 me?

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

Record HOUSEHOLD ID (verification):_____

Future Contact

Name: _____

Phone #: _____

Notes: