

Appendix B

- **Participant Questionnaire**
- **Interview Guide**

Wilmington Childhood Cancer Investigation Questionnaire

A Project of:

Massachusetts Department of Public Health
Bureau of Environmental Health Assessment
Community Assessment Program
250 Washington Street, 7th Floor
Boston, MA 02108

Section A: Identifying Information

Interview Date: _____
Interview Time Start: _____ End: _____
Interviewer Name: _____

First, I would like to confirm some information with you to make sure our records are accurate. (If any of the following information is incorrect, make the necessary changes.)

A1. Is your child's name (read)? Correct

A2. Is [CHILD]'s date of birth (read)? Correct

A3. Is your child (read)? Correct

A4. And for confirmation purposes, your full name and mailing address are (read):

A5. Your home phone number is (read): Correct

A6. Your work phone number is (read): Correct

A7. Do you have the completed Interview Guide with you? ...YES ...NO (If respondent has not completed the interview guide or does not have it with them, offer to re-schedule the interview.)

Section B

As you are aware, [CHILD] has been selected for participation in this study to help the Massachusetts Department of Public Health evaluate issues related to childhood cancer in Wilmington. Since little is known about some of the issues surrounding environmental exposures and children's health, I'll be asking you questions to complete a detailed questionnaire. The questions will be mainly about your work history, where [CHILD] has lived, and you or [CHILD]'s medical histories and hobbies. Do you have any specific questions before we move forward? (Note: If you are not able to provide an answer, write specific questions down and someone will follow-up.)

Let me remind you that your cooperation is completely voluntary and a very important contribution to this study. You do have the right to refuse to answer questions at any time during this interview. All information collected in this study will be kept in the strictest confidence in accordance with Massachusetts General Laws. No use will be made of information that would identify you or [CHILD] to anyone outside this project.

Feel free to take as much time as you need to answer these questions. Some of the questions concern events which took place many years ago, so also please refer to the Interview Guide whenever necessary.

Please answer the questions as completely and carefully as you can. If there are any questions you do not fully understand, please let me know. If you are unsure of an answer to a specific question, please say so. Or, if you are uncomfortable answering a specific question, please let me know as well.

As a last note, I am required to fully read every question. This is to ensure that everyone who is interviewed is interviewed in the exact same way. Sometimes it may be frustrating to hear the same question asked a number of times, but please bear with me.

Let's begin.

B1. Are you [CHILD]'s biological mother? 1 []...YES 2 []... NO

B2. During what time periods prior to [DIAGNOSIS/REFERENCE DATE] did [CHILD] live with you? Please specify the month and the year.

B2. from ____/____ to ____/____
MM YYYY MM YYYY

B2a. from ____/____ to ____/____
MM YYYY MM YYYY

Section C: Parent's Residential History

(Skip to Section D, Page 7 if the respondent is not the biological parent of [CHILD])

I would like to start by asking you about the places you lived in the year prior to [CHILD]'s birth.

<p>C1) What was the street address of the first place you lived during this time?</p> <p>_____</p> <p>Street No. and Name</p> <p>_____ [] <u>Wilmington</u></p> <p>Town, State</p> <p>_____</p> <p>ZIP</p>		<p>C1a) When did you live there? Specify the month and year you moved in and the month and year you moved out.</p> <p>_____ / _____ to</p> <p>MM / YYYY</p> <p>C1b) _____ / _____</p> <p>MM / YYYY</p> <p>88/8888 = Ref 99/9999 = DK</p>		<p>C1c) Did you smoke everyday for 3 months or longer while living here?</p> <p>1 []...YES 2 []...NO</p> <p>8 []...Ref 9 []...DK</p> <p>(Skip to C2 if residence is not a Wilmington address.)</p>		
<p>C1d) When you first moved in, how was water supplied to this residence? (read)</p> <p>1 []...Private Well (Skip to C1f)</p> <p>2 []...Public Water</p> <p>8 []...Ref 9 []...DK</p>	<p>C1e) Did the house use private water sources, such as a well, for watering the garden or filling the pool?</p> <p>1 []...YES (Skip to C1g)</p> <p>2 []...NO (Skip to C1g)</p> <p>8 []...Ref (Skip to C1g) 9 []...DK (Skip to C1g)</p>	<p>C1f) Did the home convert from private well to public water during occupancy?</p> <p>1 []...YES</p> <p><i>If yes, specify when:</i></p> <p>_____ / _____</p> <p>MM / YYYY</p> <p>88/8888 = Ref 99/9999 = DK</p> <p>2 []...NO</p> <p>8 []...Ref 9 []...DK</p>	<p>C1g) What was the primary source of water for cooking? (read)</p> <p>1 []...Household tap water</p> <p>2 []...Filtered tap water</p> <p>3 []...Bottled water</p> <p>8 []...Ref 9 []...DK</p>	<p>C1h) What was the primary source of water for drinking? (read)</p> <p>1 []...Household tap water</p> <p>2 []...Filtered tap water</p> <p>3 []...Bottled water</p> <p>8 []...Ref 9 []...DK</p>	<p>C1i) Did you take: (read)</p> <p>1 []...Baths</p> <p>2 []...Showers</p> <p>3 []...Half-half</p> <p>8 []...Ref 9 []...DK</p>	<p>C1j) Were they usually: (read)</p> <p>1 []...Hot</p> <p>2 []...Warm</p> <p>3 []...Cold</p>

Section C: Parent's Residential History

<p>C2) What was the street address of the next place you lived in the year prior to [CHILD]'s birth? (Skip to Section D, Page 7 if no other residences.) <input type="checkbox"/> No other residences</p> <p>_____</p> <p>Street No. and Name</p> <p>_____ <input type="checkbox"/> <u>Wilmington</u></p> <p>Town, State</p> <p>_____</p> <p>ZIP</p>		<p>C2a) When did you live there? Specify the month and year you moved in and the month and year you moved out.</p> <p align="center">____ / ____ to MM / YYYY</p> <p>C2b) ____ / ____ MM YYYY</p> <p>88/8888 = Ref 99/9999 = DK</p>		<p>C2c) Did you smoke everyday for 3 months or longer while living here?</p> <p>1 <input type="checkbox"/> ...YES 2 <input type="checkbox"/> ...NO</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p> <p>(Skip to C3 if residence is not a Wilmington address.)</p>		
<p>C2d) When you first moved in, how was water supplied to this residence? (read)</p> <p>1 <input type="checkbox"/> ...Private Well (Skip to C2f)</p> <p>2 <input type="checkbox"/> ...Public Water</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>C2e) Did the house use private water sources, such as a well, for watering the garden or filling the pool?</p> <p>1 <input type="checkbox"/> ...YES (Skip to C2g)</p> <p>2 <input type="checkbox"/> ...NO (Skip to C2g)</p> <p>8 <input type="checkbox"/> ...Ref (Skip to C2g) 9 <input type="checkbox"/> ...DK (Skip to C2g)</p>	<p>C2f) Did the home convert from private well to public water during occupancy?</p> <p>1 <input type="checkbox"/> ...YES</p> <p><i>If yes, specify when:</i></p> <p align="center">____ / ____ MM YYYY</p> <p>88/8888 = Ref 99/9999 = DK</p> <p>2 <input type="checkbox"/> ...NO</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>C2g) What was the primary source of water for cooking? (read)</p> <p>1 <input type="checkbox"/> ...Household tap water</p> <p>2 <input type="checkbox"/> ...Filtered tap water</p> <p>3 <input type="checkbox"/> ...Bottled water</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>C2h) What was the primary source of water for drinking? (read)</p> <p>1 <input type="checkbox"/> ...Household tap water</p> <p>2 <input type="checkbox"/> ...Filtered tap water</p> <p>3 <input type="checkbox"/> ...Bottled water</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>C2i) Did you take: (read)</p> <p>1 <input type="checkbox"/> ...Baths</p> <p>2 <input type="checkbox"/> ...Showers</p> <p>3 <input type="checkbox"/> ...Half-half</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>C2j) Were they usually: (read)</p> <p>1 <input type="checkbox"/> ...Hot</p> <p>2 <input type="checkbox"/> ...Warm</p> <p>3 <input type="checkbox"/> ...Cold</p>

Section C: Parent's Residential History

<p>C3) What was the street address of the next place you lived in the year prior to [CHILD]'s birth? (Skip to Section D, Page 7 if no other residences.) <input type="checkbox"/> No other residences</p> <p>_____</p> <p>Street No. and Name</p> <p>_____ <input type="checkbox"/> <u>Wilmington</u></p> <p>Town, State</p> <p>_____</p> <p>ZIP</p>		<p>C3a) When did you live there? Specify the month and year you moved in and the month and year you moved out.</p> <p align="center">____ / ____ to MM / YYYY</p> <p>C3b) ____ / ____ MM / YYYY</p> <p>88/8888 = Ref 99/9999 = DK</p>		<p>C3c) Did you smoke everyday for 3 months or longer while living here?</p> <p>1 <input type="checkbox"/> ...YES 2 <input type="checkbox"/> ...NO</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p> <p>(Skip to C4 if residence is not a Wilmington address.)</p>		
<p>C3d) When you first moved in, how was water supplied to this residence? (read)</p> <p>1 <input type="checkbox"/> ...Private Well (Skip to C3f)</p> <p>2 <input type="checkbox"/> ...Public Water</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>C3e) Did the house use private water sources, such as a well, for watering the garden or filling the pool?</p> <p>1 <input type="checkbox"/> ...YES (Skip to C3g)</p> <p>2 <input type="checkbox"/> ...NO (Skip to C3g)</p> <p>8 <input type="checkbox"/> ...Ref (Skip to C3g) 9 <input type="checkbox"/> ...DK (Skip to C3g)</p>	<p>C3f) Did the home convert from private well to public water during occupancy?</p> <p>1 <input type="checkbox"/> ...YES</p> <p><i>If yes, specify when:</i></p> <p align="center">____ / ____ MM / YYYY</p> <p>88/8888 = Ref 99/9999 = DK</p> <p>2 <input type="checkbox"/> ...NO</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>C3g) What was the primary source of water for cooking? (read)</p> <p>1 <input type="checkbox"/> ...Household tap water</p> <p>2 <input type="checkbox"/> ...Filtered tap water</p> <p>3 <input type="checkbox"/> ...Bottled water</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>C3h) What was the primary source of water for drinking? (read)</p> <p>1 <input type="checkbox"/> ...Household tap water</p> <p>2 <input type="checkbox"/> ...Filtered tap water</p> <p>3 <input type="checkbox"/> ...Bottled water</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>C3i) Did you take: (read)</p> <p>1 <input type="checkbox"/> ...Baths</p> <p>2 <input type="checkbox"/> ...Showers</p> <p>3 <input type="checkbox"/> ...Half-half</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>C3j) Were they usually: (read)</p> <p>1 <input type="checkbox"/> ...Hot</p> <p>2 <input type="checkbox"/> ...Warm</p> <p>3 <input type="checkbox"/> ...Cold</p>

Section C: Parent's Residential History

<p>C4) What was the street address of the next place you lived in the year prior to [CHILD]'s birth? (Skip to Section D, Page 7 if no other residences.) <input type="checkbox"/> No other residences</p> <p>_____</p> <p>Street No. and Name</p> <p>_____ <input type="checkbox"/> <u>Wilmington</u></p> <p>Town, State</p> <p>_____</p> <p>ZIP</p>		<p>C4a) When did you live there? Specify the month and year you moved in and the month and year you moved out.</p> <p align="center">____ / ____ to MM / YYYY</p> <p>C4b) ____ / ____ MM YYYY</p> <p>88/8888 = Ref 99/9999 = DK</p>		<p>C4c) Did you smoke everyday for 3 months or longer while living here?</p> <p align="center">1 <input type="checkbox"/> ...YES 2 <input type="checkbox"/> ...NO</p> <p align="center">8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p> <p>(Skip to Section D, Page 7 if residence is not a Wilmington address.)</p>			
<p>C4d) When you first moved in, how was water supplied to this residence? (read)</p> <p>1 <input type="checkbox"/> ...Private Well (Skip to C4f)</p> <p>2 <input type="checkbox"/> ...Public Water</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>C4e) Did the house use private water sources, such as a well, for watering the garden or filling the pool?</p> <p>1 <input type="checkbox"/> ...YES (Skip to C4g)</p> <p>2 <input type="checkbox"/> ...NO (Skip to C4g)</p> <p>8 <input type="checkbox"/> ...Ref (Skip to C4g) 9 <input type="checkbox"/> ...DK (Skip to C4g)</p>	<p>C4f) Did the home convert from private well to public water during occupancy?</p> <p>1 <input type="checkbox"/> ...YES</p> <p><i>If yes, specify when:</i></p> <p align="center">____ / ____ MM YYYY</p> <p>88/8888 = Ref 99/9999 = DK</p> <p>2 <input type="checkbox"/> ...NO</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>C4g) What was the primary source of water for cooking? (read)</p> <p>1 <input type="checkbox"/> ...Household tap water</p> <p>2 <input type="checkbox"/> ...Filtered tap water</p> <p>3 <input type="checkbox"/> ...Bottled water</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>C4h) What was the primary source of water for drinking? (read)</p> <p>1 <input type="checkbox"/> ...Household tap water</p> <p>2 <input type="checkbox"/> ...Filtered tap water</p> <p>3 <input type="checkbox"/> ...Bottled water</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>C4i) Did you take: (read)</p> <p>1 <input type="checkbox"/> ...Baths</p> <p>2 <input type="checkbox"/> ...Showers</p> <p>3 <input type="checkbox"/> ...Half-half</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>C4j) Were they usually: (read)</p> <p>1 <input type="checkbox"/> ...Hot</p> <p>2 <input type="checkbox"/> ...Warm</p> <p>3 <input type="checkbox"/> ...Cold</p>	

Additional sheets used

Section D: Child's Residential History

Please refer to Section B on Page 2 of the Interview Guide. I will now ask you about [CHILD]'s residences from birth until [DIAGNOSIS/REFERENCE DATE] regardless of whether [CHILD] lived with you or elsewhere.

<p>D1) What was the street address of the first place [CHILD] lived from birth until [DIAGNOSIS/REFERENCE DATE]?</p> <p>_____</p> <p>Street No. and Name</p> <p>_____</p> <p>Town, State ZIP</p> <p>D1a) When did he/she live there? Please specify the month and year they moved in and the month and year they moved out. (88/8888 = Ref 99/9999 = DK)</p> <p align="center">_____ / _____ to MM / YYYYY</p> <p>D1b) _____ / _____ MM / YYYYY</p>		<p>D1c) Did you smoke everyday for 3 months or longer while living here?</p> <p>1 [] ...YES</p> <p>2 [] ...NO</p> <p>7 [] ...Did not live with [CHILD] at this address.</p> <p>8 [] ...Ref 9 [] ...DK</p> <p>(Skip to D2 if residence is not in Wilmington.)</p>	<p>D1d) When [CHILD] first moved in, how was water supplied to this residence? (read)</p> <p>1 [] ...Private Well (Skip to D1f)</p> <p>2 [] ...Public Water</p> <p>8 [] ...Ref 9 [] ...DK</p>	<p>D1e) Did the house use private water sources, such as a well, for watering the garden or filling the pool?</p> <p>1 [] ...YES (Skip to D1g)</p> <p>2 [] ...NO (Skip to D1g)</p> <p>8 [] ...Ref (Skip to D1g)</p> <p>9 [] ...DK (Skip to D1g)</p>	
<p>D1f) Did the home convert from private well to public water during occupancy?</p> <p>1 [] ...YES</p> <p><i>If yes, specify when:</i></p> <p align="center">_____ / _____ MM / YYYYY</p> <p>88/8888 = Ref 99/9999 = DK</p> <p>2 [] ...NO</p> <p>8 [] ...Ref 9 [] ...DK</p>	<p>D1g) Did [CHILD] take: (read)</p> <p>1 [] ...Baths</p> <p>2 [] ...Showers</p> <p>3 [] ...Half-half</p> <p>8 [] ...Ref</p> <p>9 [] ...DK</p> <hr style="border-top: 1px dashed black;"/> <p>D1h) Were they usually: (read)</p> <p>1 [] ...Hot</p> <p>2 [] ...Warm</p> <p>3 [] ...Cold</p>	<p>D1i) What was the primary source of water for cooking in this household? (read)</p> <p>1 [] ...Household tap water</p> <p>2 [] ...Filtered tap water</p> <p>3 [] ...Bottled water</p> <p>8 [] ...Ref</p> <p>9 [] ...DK</p>	<p>D1j) While living in this household, [CHILD] mostly drank: (read)</p> <p>1 [] ...Household tap water and beverages made from tap water</p> <p>2 [] ...Bottled water and beverages made from bottled water (Skip to D1l)</p> <p>3 [] ...Other beverages not needing water such as milk, soda, or juice (Skip to D1l)</p> <p>8 [] ...Ref (Skip to D1l)</p> <p>9 [] ...DK (Skip to D1l)</p>	<p>D1k) Was the tap water filtered?</p> <p>1 [] ...Yes</p> <p>2 [] ...No</p> <p>8 [] ...Ref</p> <p>9 [] ...DK</p>	<p>D1l) On average, how many glasses of tap water did [CHILD] drink per day? Include any beverages made with tap water.</p> <p align="center">_____</p> <p># of beverages/day</p> <p>88 [] ...Ref</p> <p>99 [] ...DK</p>

Section D: Child's Residential History

<p>D2) What was the street address of the next place [CHILD] lived from birth until [DIAGNOSIS/REFERENCE DATE]? (Skip to Page 12 if no other residences.) <input type="checkbox"/> No other residences</p> <p>_____</p> <p>Street No. and Name</p> <p>_____</p> <p>Town, State ZIP</p> <p>D2a) When did he/she live there? Please specify the month and year they moved in and the month and year they moved out. (88/8888 = Ref 99/9999 = DK)</p> <p align="center">____ / ____ to MM / YYYY</p> <p>D2b) ____ / ____ MM / YYYY</p>		<p>D2c) Did you smoke everyday for 3 months or longer while living here?</p> <p>1 <input type="checkbox"/> ...YES</p> <p>2 <input type="checkbox"/> ...NO</p> <p>7 <input type="checkbox"/> ...Did not live with [CHILD] at this address.</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p> <p>(Skip to D3 if residence is not in Wilmington.)</p>	<p>D2d) When [CHILD] first moved in, how was water supplied to this residence? (read)</p> <p>1 <input type="checkbox"/> ...Private Well (Skip to D4f)</p> <p>2 <input type="checkbox"/> ...Public Water</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>D2e) Did the house use private water sources, such as a well, for watering the garden or filling the pool?</p> <p>1 <input type="checkbox"/> ...YES (Skip to D2g)</p> <p>2 <input type="checkbox"/> ...NO (Skip to D2g)</p> <p>8 <input type="checkbox"/> ...Ref (Skip to D2g)</p> <p>9 <input type="checkbox"/> ...DK (Skip to D2g)</p>	
<p>D2f) Did the home convert from private well to public water during occupancy?</p> <p>1 <input type="checkbox"/> ...YES</p> <p><i>If yes, specify when:</i></p> <p align="center">____ / ____ MM YYYY</p> <p>88/8888 = Ref 99/9999 = DK</p> <p>2 <input type="checkbox"/> ...NO</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>D2g) Did [CHILD] take: (read)</p> <p>1 <input type="checkbox"/> ...Baths</p> <p>2 <input type="checkbox"/> ...Showers</p> <p>3 <input type="checkbox"/> ...Half-half</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p> <hr style="border-top: 1px dashed black;"/> <p>D4h) Were they usually: (read)</p> <p>1 <input type="checkbox"/> ...Hot</p> <p>2 <input type="checkbox"/> ...Warm</p> <p>3 <input type="checkbox"/> ...Cold</p>	<p>D2i) What was the primary source of water for cooking in this household? (read)</p> <p>1 <input type="checkbox"/> ...Household tap water</p> <p>2 <input type="checkbox"/> ...Filtered tap water</p> <p>3 <input type="checkbox"/> ...Bottled water</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>D2j) While living in this household, [CHILD] mostly drank: (read)</p> <p>1 <input type="checkbox"/> ...Household tap water and beverages made from tap water</p> <p>2 <input type="checkbox"/> ...Bottled water and beverages made from bottled water (Skip to D2l)</p> <p>3 <input type="checkbox"/> ...Other beverages not needing water such as milk, soda, or juice (Skip to D2l)</p> <p>8 <input type="checkbox"/> ...Ref (Skip to D2l) 9 <input type="checkbox"/> ...DK (Skip to D2l)</p>	<p>D2k) Was the tap water filtered?</p> <p>1 <input type="checkbox"/> ...Yes 2 <input type="checkbox"/> ...No</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>D2l) On average, how many glasses of tap water did [CHILD] drink per day? Include any beverages made with tap water.</p> <p>_____</p> <p># of beverages/day</p> <p>88 <input type="checkbox"/> ...Ref 99 <input type="checkbox"/> ...DK</p>

Section D: Child's Residential History

<p>D3) What was the street address of the next place [CHILD] lived from birth until [DIAGNOSIS/REFERENCE DATE]? (Skip to Page 12 if no other residences.) <input type="checkbox"/> No other residences</p> <p>_____</p> <p>Street No. and Name</p> <p>_____</p> <p>Town, State ZIP</p> <p>D3a) When did he/she live there? Please specify the month and year they moved in and the month and year they moved out. (88/8888 = Ref 99/9999 = DK)</p> <p align="center">_____ / _____ to MM / YYYY</p> <p>D3b) _____ / _____ MM / YYYY</p>		<p>D3c) Did you smoke everyday for 3 months or longer while living here?</p> <p>1 <input type="checkbox"/> ...YES</p> <p>2 <input type="checkbox"/> ...NO</p> <p>7 <input type="checkbox"/> ...Did not live with [CHILD] at this address.</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p> <p>(Skip to D4 if residence is not in Wilmington.)</p>	<p>D3d) When [CHILD] first moved in, how was water supplied to this residence? (read)</p> <p>1 <input type="checkbox"/> ...Private Well (Skip to D3f)</p> <p>2 <input type="checkbox"/> ...Public Water</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>D3e) Did the house use private water sources, such as a well, for watering the garden or filling the pool?</p> <p>1 <input type="checkbox"/> ...YES (Skip to D3g)</p> <p>2 <input type="checkbox"/> ...NO (Skip to D3g)</p> <p>8 <input type="checkbox"/> ...Ref (Skip to D3g)</p> <p>9 <input type="checkbox"/> ...DK (Skip to D3g)</p>	
<p>D3f) Did the home convert from private well to public water during occupancy?</p> <p>1 <input type="checkbox"/> ...YES</p> <p><i>If yes, specify when:</i></p> <p align="center">_____ / _____ MM / YYYY</p> <p>88/8888 = Ref 99/9999 = DK</p> <p>2 <input type="checkbox"/> ...NO</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>D3g) Did [CHILD] take: (read)</p> <p>1 <input type="checkbox"/> ...Baths</p> <p>2 <input type="checkbox"/> ...Showers</p> <p>3 <input type="checkbox"/> ...Half-half</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p> <hr style="border-top: 1px dashed black;"/> <p>D4h) Were they usually:(read)</p> <p>1 <input type="checkbox"/> ...Hot</p> <p>2 <input type="checkbox"/> ...Warm</p> <p>3 <input type="checkbox"/> ...Cold</p>	<p>D3i) What was the primary source of water for cooking in this household? (read)</p> <p>1 <input type="checkbox"/> ...Household tap water</p> <p>2 <input type="checkbox"/> ...Filtered tap water</p> <p>3 <input type="checkbox"/> ...Bottled water</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>D3j) While living in this household, [CHILD] mostly drank: (read)</p> <p>1 <input type="checkbox"/> ...Household tap water and beverages made from tap water</p> <p>2 <input type="checkbox"/> ...Bottled water and beverages made from bottled water (Skip to D3l)</p> <p>3 <input type="checkbox"/> ...Other beverages not needing water such as milk, soda, or juice (Skip to D3l)</p> <p>8 <input type="checkbox"/> ...Ref (Skip to D3l) 9 <input type="checkbox"/> ...DK (Skip to D3l)</p>	<p>D3k) Was the tap water filtered?</p> <p>1 <input type="checkbox"/> ...Yes 2 <input type="checkbox"/> ...No</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>D3l) On average, how many glasses of tap water did [CHILD] drink per day? Include any beverages made with tap water.</p> <p align="center">_____</p> <p># of beverages/day</p> <p>88 <input type="checkbox"/> ...Ref 99 <input type="checkbox"/> ...DK</p>

Section D: Child's Residential History

<p>D4) What was the street address of the next place [CHILD] lived from birth until [DIAGNOSIS/REFERENCE DATE]? (Skip to Page 12 if no other residences.) <input type="checkbox"/> No other residences</p> <p>_____</p> <p>Street No. and Name</p> <p>_____</p> <p>Town, State ZIP</p> <p>D4a) When did he/she live there? Please specify the month and year they moved in and the month and year they moved out. (88/8888 = Ref 99/9999 = DK)</p> <p align="center">_____ / _____ to MM / YYYY</p> <p>D4b) _____ / _____ MM / YYYY</p>		<p>D4c) Did you smoke everyday for 3 months or longer while living here?</p> <p>1 <input type="checkbox"/> ...YES</p> <p>2 <input type="checkbox"/> ...NO</p> <p>7 <input type="checkbox"/> ...Did not live with [CHILD] at this address.</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p> <p>(Skip to D5 if residence is not in Wilmington.)</p>	<p>D4d) When [CHILD] first moved in, how was water supplied to this residence? (read)</p> <p>1 <input type="checkbox"/> ...Private Well (Skip to D4f)</p> <p>2 <input type="checkbox"/> ...Public Water</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>D4e) Did the house use private water sources, such as a well, for watering the garden or filling the pool?</p> <p>1 <input type="checkbox"/> ...YES (Skip to D4g)</p> <p>2 <input type="checkbox"/> ...NO (Skip to D4g)</p> <p>8 <input type="checkbox"/> ...Ref (Skip to D4g)</p> <p>9 <input type="checkbox"/> ...DK (Skip to D4g)</p>	
<p>D4f) Did the home convert from private well to public water during occupancy?</p> <p>1 <input type="checkbox"/> ...YES</p> <p><i>If yes, specify when:</i></p> <p align="center">_____ / _____ MM / YYYY</p> <p>88/8888 = Ref 99/9999 = DK</p> <p>2 <input type="checkbox"/> ...NO</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>D4g) Did [CHILD] take:(read)</p> <p>1 <input type="checkbox"/> ...Baths</p> <p>2 <input type="checkbox"/> ...Showers</p> <p>3 <input type="checkbox"/> ...Half-half</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p> <hr style="border-top: 1px dashed black;"/> <p>D4h) Were they usually:(read)</p> <p>1 <input type="checkbox"/> ...Hot</p> <p>2 <input type="checkbox"/> ...Warm</p> <p>3 <input type="checkbox"/> ...Cold</p>	<p>D4i) What was the primary source of water for cooking in this household? (read)</p> <p>1 <input type="checkbox"/> ...Household tap water</p> <p>2 <input type="checkbox"/> ...Filtered tap water</p> <p>3 <input type="checkbox"/> ...Bottled water</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>D4j) While living in this household, [CHILD] mostly drank: (read)</p> <p>1 <input type="checkbox"/> ...Household tap water and beverages made from tap water</p> <p>2 <input type="checkbox"/> ...Bottled water and beverages made from bottled water (Skip to D4l)</p> <p>3 <input type="checkbox"/> ...Other beverages not needing water such as milk, soda, or juice (Skip to D4l)</p> <p>8 <input type="checkbox"/> ...Ref (Skip to D4l) 9 <input type="checkbox"/> ...DK (Skip to D4l)</p>	<p>D4k) Was the tap water filtered?</p> <p>1 <input type="checkbox"/> ...Yes</p> <p>2 <input type="checkbox"/> ...No</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>D4l) On average, how many glasses of tap water did [CHILD] drink per day? Include any beverages made with tap water.</p> <p>_____</p> <p># of beverages/day</p> <p>88 <input type="checkbox"/> ...Ref 99 <input type="checkbox"/> ...DK</p>

Section D: Child's Residential History

<p>D5) What was the street address of the next place [CHILD] lived from birth until [DIAGNOSIS/REFERENCE DATE]? (Skip to Page 12 if no other residences.) <input type="checkbox"/> No other residences</p> <p>_____</p> <p>Street No. and Name</p> <p>_____</p> <p>Town, State ZIP</p> <p>D5a) When did he/she live there? Please specify the month and year they moved in and the month and year they moved out. (88/8888 = Ref 99/9999 = DK)</p> <p align="center">_____ / _____ to MM / YYYY</p> <p>D5b) _____ / _____ MM / YYYY</p>		<p>D5c) Did you smoke everyday for 3 months or longer while living here?</p> <p>1 <input type="checkbox"/> ...YES</p> <p>2 <input type="checkbox"/> ...NO</p> <p>7 <input type="checkbox"/> ...Did not live with [CHILD] at this address.</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p> <p>(Skip to D6 if residence is not in Wilmington.)</p>	<p>D5d) When [CHILD] first moved in, how was water supplied to this residence? (read)</p> <p>1 <input type="checkbox"/> ...Private Well (Skip to D5f)</p> <p>2 <input type="checkbox"/> ...Public Water</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>D5e) Did the house use private water sources, such as a well, for watering the garden or filling the pool?</p> <p>1 <input type="checkbox"/> ...YES (Skip to D5g)</p> <p>2 <input type="checkbox"/> ...NO (Skip to D5g)</p> <p>8 <input type="checkbox"/> ...Ref (Skip to D5g)</p> <p>9 <input type="checkbox"/> ...DK (Skip to D5g)</p>	
<p>D5f) Did the home convert from private well to public water during occupancy?</p> <p>1 <input type="checkbox"/> ...YES</p> <p><i>If yes, specify when:</i></p> <p align="center">_____ / _____ MM / YYYY</p> <p>88/8888 = Ref 99/9999 = DK</p> <p>2 <input type="checkbox"/> ...NO</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>D5g) Did [CHILD] take: (read)</p> <p>1 <input type="checkbox"/> ...Baths</p> <p>2 <input type="checkbox"/> ...Showers</p> <p>3 <input type="checkbox"/> ...Half-half</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p> <hr style="border-top: 1px dashed black;"/> <p>D5h) Were they usually:(read)</p> <p>1 <input type="checkbox"/> ...Hot</p> <p>2 <input type="checkbox"/> ...Warm</p> <p>3 <input type="checkbox"/> ...Cold</p>	<p>D5i) What was the primary source of water for cooking in this household? (read)</p> <p>1 <input type="checkbox"/> ...Household tap water</p> <p>2 <input type="checkbox"/> ...Filtered tap water</p> <p>3 <input type="checkbox"/> ...Bottled water</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>D5j) While living in this household, [CHILD] mostly drank: (read)</p> <p>1 <input type="checkbox"/> ...Household tap water and beverages made from tap water</p> <p>2 <input type="checkbox"/> ...Bottled water and beverages made from bottled water (Skip to D5l)</p> <p>3 <input type="checkbox"/> ... Other beverages not needing water such as milk, soda, or juice (Skip to D5l)</p> <p>8 <input type="checkbox"/> ...Ref (Skip to D5l) 9 <input type="checkbox"/> ...DK (Skip to D5l)</p>	<p>D5k) Was the tap water filtered?</p> <p>1 <input type="checkbox"/> ...Yes 2 <input type="checkbox"/> ...No</p> <p>8 <input type="checkbox"/> ...Ref 9 <input type="checkbox"/> ...DK</p>	<p>D5l) On average, how many glasses of tap water did [CHILD] drink per day? Include any beverages made with tap water.</p> <p align="center">_____</p> <p># of beverages/day</p> <p>88[<input type="checkbox"/> ...Ref 99[<input type="checkbox"/> ...DK</p>

Section D: Child's Residential History

D6. Prior to [DIAGNOSIS/REFERENCE DATE], did [CHILD] regularly spend 4 weeks or more a year at a summer or vacation home outside of Wilmington?

1 []...YES

2 []...NO (Skip to Page 13)

8 []...Ref (Skip to Page 13)

9 []...DK (Skip to Page 13)

D6a. On average, how many weeks per year did [CHILD] spend living outside of Wilmington at a vacation home?

_____ weeks

88 []...Ref

99 []...DK

Section E: Pregnancy History

(Skip to Section H, page 20 if the respondent is not the biological mother of [CHILD].)

Now, I would like to ask you some questions about all of your pregnancies prior to your pregnancy with [CHILD]. Please do not include any pregnancies after [CHILD]'s birth.

E1. How many times were you pregnant prior to your pregnancy with [CHILD]? _____ # of pregnancies 88[]...Ref 99[]...DK
(If "00", skip to Section F, Page 14)

E2. How many of these pregnancies ended in a miscarriage or spontaneous abortion?

_____ # of miscarriages 88[]...Ref 99[]...DK

E3. How many of these pregnancies resulted in a live birth?

_____ # of live births 88[]...Ref 99[]...DK

E4. How many of these pregnancies resulted in a stillbirth?

_____ # of stillbirths 88[]...Ref 99[]...DK

Section F: Maternal Medical History

(Skip to Section H, Page 20 if the respondent is not the biological mother of [CHILD].)

Next I will ask you some questions about your personal medical history. Please refer to Section C on page 3 of the Interview Guide for assistance.

F1. Did you take any medications for 5 days or more in the month prior to your pregnancy with [CHILD], during your pregnancy with [CHILD] or while nursing [CHILD]? These medications may have been taken in the form of an injection, inhalant through the nose, ointment, or by mouth.

1 [] ...YES

2 [] ...NO (Skip to Page 15)

8 [] ...Ref (Skip to Page 15)

9 [] ...DK (Skip to Page 15)

During the specified time-period, did you take:		a. When did you take this medication? (read) (Mark all that apply)	
F2. Antihistamines, decongestants or allergy medications?	1 [] ...YES (ask a) 8 [] ...Ref	2 [] ...NO 9 [] ...DK	1 [] ...1 month prior to pregnancy 2 [] ...During pregnancy 3 [] ...While nursing 8 [] ...Ref 9 [] ...DK
F3. Fertility drugs or other medications for menstrual disorders?	1 [] ...YES (ask a) 8 [] ...Ref	2 [] ...NO 9 [] ...DK	1 [] ...1 month prior to pregnancy 2 [] ...During pregnancy 3 [] ...While nursing 8 [] ...Ref 9 [] ...DK
F4. Prenatal vitamins?	1 [] ...YES (ask a) 8 [] ...Ref	2 [] ...NO 9 [] ...DK	1 [] ...1 month prior to pregnancy 2 [] ...During pregnancy 3 [] ...While nursing 8 [] ...Ref 9 [] ...DK
F5. Pain relievers or anti-inflammatory drugs?	1 [] ...YES (ask a) 8 [] ...Ref	2 [] ...NO 9 [] ...DK	1 [] ...1 month prior to pregnancy 2 [] ...During pregnancy 3 [] ...While nursing 8 [] ...Ref 9 [] ...DK
F6. Immunosuppressants or steroids?	1 [] ...YES (ask a) 8 [] ...Ref	2 [] ...NO 9 [] ...DK	1 [] ...1 month prior to pregnancy 2 [] ...During pregnancy 3 [] ...While nursing 8 [] ...Ref 9 [] ...DK
F7. Diethylstilbestrol or DES?	1 [] ...YES (ask a) 8 [] ...Ref	2 [] ...NO 9 [] ...DK	1 [] ...1 month prior to pregnancy 2 [] ...During pregnancy 3 [] ...While nursing 8 [] ...Ref 9 [] ...DK
F8. Antiepileptic drugs such as Dilantin or phenytoin, or valproic acid?	1 [] ...YES (ask a) 8 [] ...Ref	2 [] ...NO 9 [] ...DK	1 [] ...1 month prior to pregnancy 2 [] ...During pregnancy 3 [] ...While nursing 8 [] ...Ref 9 [] ...DK

Section F: Maternal Medical History

Next I would like to ask about illnesses you may have had during your pregnancy with [CHILD].

During your pregnancy with [CHILD] did you have:

F9. Measles, mumps or rubeola, Rubella or German measles?	1 []...YES	2 []...NO	8 []...Ref	9 []...DK
F10. Chicken pox or shingles?	1 []...YES	2 []...NO	8 []...Ref	9 []...DK
F11. Cytomegalovirus infection?	1 []...YES	2 []...NO	8 []...Ref	9 []...DK
F12. Mononucleosis?	1 []...YES	2 []...NO	8 []...Ref	9 []...DK
F13. High blood pressure?	1 []...YES	2 []...NO	8 []...Ref	9 []...DK
F14. Influenza or common cold?	1 []...YES	2 []...NO	8 []...Ref	9 []...DK
F15. Toxoplasmosis?	1 []...YES	2 []...NO	8 []...Ref	9 []...DK
F16. Vaginal herpes infection?	1 []...YES	2 []...NO	8 []...Ref	9 []...DK
F17. Bladder or kidney infection?	1 []...YES	2 []...NO	8 []...Ref	9 []...DK
F18. Kidney or renal disease?	1 []...YES	2 []...NO	8 []...Ref	9 []...DK
F19. Cold sores?	1 []...YES	2 []...NO	8 []...Ref	9 []...DK
F20. Pneumonia?	1 []...YES	2 []...NO	8 []...Ref	9 []...DK

F21. Did you receive any diagnostic x-rays in the month prior to your pregnancy with [CHILD] up until the time that [CHILD] was born?
 Diagnostic x-rays are used to diagnose or identify an illness or condition. Please **include** dental x-rays and any x-rays of your stomach, intestines, kidneys, or spine. Also **include** any pelvic x-rays to check on the baby. **Exclude** ultrasounds or sonograms.

1 []...YES (ask a) 2 []...NO (Skip to F22) 8 []...Ref (Skip to F22) 9 []...DK (Skip to F22)

F21a. How many diagnostic x-rays did you have? _____ 88[]...Ref 99[]...DK

F22. Did you receive any x-ray treatment or radiotherapy used to treat an illness or condition from two-years prior to [CHILD]'s birth up until [CHILD]'s birth? Please **exclude** dental x-rays and other x-rays for the diagnosis of a condition. **Exclude** ultrasounds or sonograms.

1 []...YES (ask a) 2 []...NO (Skip to F23) 8 []...Ref (Skip to F23) 9 []...DK (Skip to F23)

F22a. How many treatment or radiotherapy x-rays did you have? _____ 88[]...Ref 99[]...DK

Section F: Maternal Medical History

The next questions ask about your consumption of alcohol during your pregnancy with [CHILD].

F23. Did you drink any wine, beer, or hard liquor during your pregnancy with [CHILD]?

1 []...YES

2 []...NO (Skip to Section G, Page 17)

8 []...Ref (Skip to Page 17)

9 []...DK (Skip to Page 17)

F23a. Approximately how many drinks per month did you have during the first trimester?

_____ # of drinks

88=Ref

99=DK

F23b. Approximately how many drinks per month did you have during the second trimester?

_____ # of drinks

88=Ref

99=DK

F23c. Approximately how many drinks per month did you have during the third trimester?

_____ # of drinks

88=Ref

99=DK

Section G: Index Child Pregnancy and Birth

(Skip to Section H, Page 20 if the respondent is not the biological mother of [CHILD].)

The next set of questions I will ask are specifically about your pregnancy with [CHILD].

G1. Did you have any ultrasound or sonogram examinations while you were pregnant with [CHILD]?

1 []...YES 2 []...NO 8 []...Ref 9 []...DK

Did you have any of the following pregnancy-related problems during your pregnancy with [CHILD]?		a. Did you take any medication?	b. What was the name of the medication?
G2. Threatened miscarriage?	1 []...YES (ask a) 2 []...NO 8 []...Ref 9 []...DK	1 []...YES (ask b) 2 []...NO 8 []...Ref 9 []...DK	_____ _____
G3. Pre-eclampsia or toxemia?	1 []...YES (ask a) 2 []...NO 8 []...Ref 9 []...DK	1 []...YES (ask b) 2 []...NO 8 []...Ref 9 []...DK	_____ _____
G4. Premature labor?	1 []...YES (ask a) 2 []...NO 8 []...Ref 9 []...DK	1 []...YES (ask b) 2 []...NO 8 []...Ref 9 []...DK	_____ _____

G5. Was [CHILD]'s delivery vaginal or a Cesarean section, also known as C-section?

1 []...Vaginal
2 []...Cesarean section or C-section

8 []...Ref 9 []...DK

G6. Was [CHILD] one of a multiple birth?

1 []...YES 2 []...NO 8 []...Ref 9 []...DK

Section G: Index Child Pregnancy and Birth

G7. Were you given any pain medication during labor or delivery?

1 []...YES

2 []...NO (Skip to G8)

8 []...Ref (Skip to G8)

9 []...DK (Skip to G8)

G7a. What type of medication was given? (read)

1 []...General anesthetic which caused you to lose consciousness

2 []...Epidural or injection in the spine

3 []...Gas through a mask

4 []...Other *specify*: _____

G8. How much did [CHILD] weigh at birth?

____ ____ (88 88 = Ref, 99 99 = DK)
lbs oz

G9. Immediately after birth, was [CHILD] given oxygen?

1 []...YES

2 []...NO

8 []...Ref

9 []...DK

G10. Immediately after birth, was [CHILD] placed in an incubator?

1 []...YES

2 []...NO

8 []...Ref

9 []...DK

G11. Immediately after birth, was [CHILD] given an IV?

1 []...YES

2 []...NO

8 []...Ref

9 []...DK

G12. Immediately after birth, did [CHILD] receive blood transfusions or blood products such as red blood cells, plasma or platelets?

1 []...YES

2 []...NO

8 []...Ref

9 []...DK

G13. Immediately after birth, was s/he put under special fluorescent lights to reduce jaundice, known as phototherapy?

1 []...YES

2 []...NO

8 []...Ref

9 []...DK

Section G: Index Child Pregnancy and Birth

G14. Did you breast-feed [CHILD]?

1 []...YES 2 []...NO (Skip to G15) 8 []...Ref (Skip to G15) 9 []...DK (Skip to G15)

G14a. For how long did you breast-feed [CHILD]?

_____ months 88 []...Ref 99 []...DK

G15. During his/her first year, did [CHILD] drink baby formula?

1 []...YES 2 []...NO (Skip to Section H, Page 20) 8 []...Ref (Skip to Section H, Page 20) 9 []...DK (Skip to Section H, Page 20)

G15a. Was the formula made with (read)?

- 1 []...Tap water
- 2 []...Filtered tap water
- 3 []...Bottled water
- 4 []...Pre-mixed formula
- 8 []...Ref
- 9 []...DK

Section H: Index Child's Medical History

The next group of questions will focus on [CHILD]'s medical history prior to [DIAGNOSIS/REFERENCE DATE].

Did [CHILD] have any of the following illnesses prior to [DIAGNOSIS/REFERENCE DATE]? Refer to List D1 on page 4 of the Interview Guide for assistance.					a) At what age?		
H1. Infectious mononucleosis or "mono"?	1[]...YES (ask a)	2[]...NO	8[]...Ref	9[]...DK	_____ age	88[]...Ref	99[]...DK
H2. Chicken pox?	1[]...YES (ask a)	2[]...NO	8[]...Ref	9[]...DK	_____ age	88[]...Ref	99[]...DK
H3. Measles, Mumps or rubeola, or Rubella or German measles?	1[]...YES (ask a)	2[]...NO	8[]...Ref	9[]...DK	_____ age	88[]...Ref	99[]...DK
H4. Cytomegalovirus?	1[]...YES (ask a)	2[]...NO	8[]...Ref	9[]...DK	_____ age	88[]...Ref	99[]...DK
H5. Epilepsy?	1[]...YES (ask a)	2[]...NO	8[]...Ref	9[]...DK	_____ age	88[]...Ref	99[]...DK
H6. Any autoimmune disorder such as Sarcoidosis, lupus, juvenile rheumatoid arthritis?	1[]...YES (ask a)	2[]...NO	8[]...Ref	9[]...DK	_____ age	88[]...Ref	99[]...DK
H7. HIV or AIDS?	1[]...YES (ask a)	2[]...NO	8[]...Ref	9[]...DK	_____ age	88[]...Ref	99[]...DK
H8. Organ transplant?	1[]...YES (ask a)	2[]...NO	8[]...Ref	9[]...DK	_____ age	88[]...Ref	99[]...DK
H9. Recurrent infections or immunosuppression? <i>Specify:_____</i>	1[]...YES (ask a)	2[]...NO	8[]...Ref	9[]...DK	_____ age	88[]...Ref	99[]...DK
H10. Pneumonia?	1[]...YES (ask a)	2[]...NO	8[]...Ref	9[]...DK	_____ age	88[]...Ref	99[]...DK
H11. Hypo-gamma-globulin-emia?	1[]...YES (ask a)	2[]...NO	8[]...Ref	9[]...DK	_____ age	88[]...Ref	99[]...DK

Section H: Index Child's Medical History

To the best of your knowledge, did [CHILD] take or receive any of the following medications prior to [DIAGNOSIS/REFERENCE DATE]?

H12. Hormones such as insulin, orinase or estrogen?	1[]...YES	2[]...NO	8[]...Ref	9[]...DK
H13. Immunosuppressants or steroids such as cortisone, prednisone, 6-MP, cytotoxan, or imuran?	1[]...YES	2[]...NO	8[]...Ref	9[]...DK
H14. Antiepileptic drugs or anti-seizure drugs such as Dilantin, phenytoin, or valproic acid?	1[]...YES	2[]...NO	8[]...Ref	9[]...DK
H15. Chemotherapy drugs?	1[]...YES	2[]...NO	8[]...Ref	9[]...DK
H16. Antihistamines?	1[]...YES	2[]...NO	8[]...Ref	9[]...DK
H17. Was [CHILD] ever treated with medication or shampoo for head lice such as Kwell, Nix or Rid?	1[]...YES	2[]...NO	8[]...Ref	9[]...DK

H18. Did [CHILD] receive all the necessary vaccinations prior to [DIAGNOSIS/REFERENCE DATE]?

1 []...YES 2 []...NO 8 []...Ref 9 []...DK

H19. Prior to [DIAGNOSIS/REFERENCE DATE] was [CHILD] diagnosed with any of the inherited disorders or congenital abnormalities in List D2, on page 5

of the Interview Guide?

1 []...YES 2 []...NO (Skip to H20) 8 []...Ref (Skip to H20) 9 []...DK (Skip to H20)

H19a. Please specify: _____

H20. Did [CHILD] have any x-rays, excluding dental x-rays prior to [DIAGNOSIS/REFERENCE DATE]?

1 []...YES 2 []...NO (Skip to H21) 8 []...Ref (Skip to H21) 9 []...DK (Skip to H21)

H20a. On how many occasions prior to [DIAGNOSIS/REFERENCE DATE] did [CHILD] receive an x-ray?

_____ occasions 88[]...Ref 99[]...DK

Section H: Index Child's Medical History

H21. How old was [CHILD] when s/he started seeing a dentist?

_____ age 77[]...[CHILD] has not seen a dentist (Skip to H22) 88[]...Ref (Skip to H22) 99[]...DK (Skip to H22)

H21a. How many times each year did s/he visit a dentist?

_____ = # of visits/year 8[]...Ref 9[]...DK

H21b. On how many total occasions prior to [DIAGNOSIS/REFERENCE DATE], did [CHILD] have his/her teeth x-rayed?

_____ # of times 88[]...Ref 99[]...DK

H22. Did [CHILD] receive any x-ray treatment or radiotherapy to treat an illness or condition prior to [DIAGNOSIS/REFERENCE DATE]? Please exclude

dental x-rays and other diagnostic x-rays.

1 []...YES 2 []...NO (Skip to H23) 8 []...Ref (Skip to H23) 9 []...DK (Skip to H23)

H22a. How many x-ray treatments did [CHILD] have? _____ 88[]...Ref 99[]...DK

H22b. How old was [CHILD] at the time of these treatments? (*list ages*) _____ 88[]...Ref 99[]...DK

H23. Prior to [DIAGNOSIS/REFERENCE DATE], did [CHILD] ever see a doctor or a nurse because of a head injury? For example, an injury that caused a concussion or loss of consciousness.

1 []...YES 2 []...NO (Skip to Page 23) 8 []...Ref (Skip to Page 23) 9 []...DK (Skip to Page 23)

H23a. How many times did [CHILD] see a nurse or doctor for such a head injury? _____ 88[]...Ref 99[]...DK

	1. How old was [CHILD] when this head injury occurred?	2. Did [CHILD] lose consciousness?	3. How long was [CHILD] unconscious?
H23b	_____ 88[]...Ref YRS 99[]...DK	1 []...YES (ask 3) 2 []...NO 8 []...Ref 9 []...DK	1[]...Minutes 2[]...Hours 3[]...Days 8 []...Ref 9 []...DK
H23c	_____ 88[]...Ref YRS 99[]...DK	1 []...YES (ask 3) 2 []...NO 8 []...Ref 9 []...DK	1[]...Minutes 2[]...Hours 3[]...Days 8 []...Ref 9 []...DK
H23d	_____ 88[]...Ref YRS 99[]...DK	1 []...YES (ask 3) 2 []...NO 8 []...Ref 9 []...DK	1[]...Minutes 2[]...Hours 3[]...Days 8 []...Ref 9 []...DK

Section I: Child's School, Day Care and Camp History

Now I would like you to refer to Section E on Page 6 of the Interview Guide. I am going to ask you some details about the places where [CHILD] attended school, day care, or camp prior to [DIAGNOSIS/REFERENCE DATE]. I am going to ask you to specify the location of each school or camp, the type of facility and the average number of children taken care of at each place. Let's start with the facility, institution, or camp attended first.

	What was the name and address of the (first, next) facility?	When did [CHILD] attend this facility? Please specify month and year.
I1.	Name: _____ a) Street Address: _____ Town, State: _____ [] <u>Wilmington</u> b) What type of facility was it? _____ c) How many children were in [CHILD]'s class? _____ # of children 88 []...Ref 99 []...DK	d) From: _____ / _____ MM YYYY e) To: _____ / _____ MM YYYY 88/8888 = Ref 99/9999 = DK
I2.	Name: _____ a) Street Address: _____ Town, State: _____ [] <u>Wilmington</u> b) What type of facility was it? _____ c) How many children were in [CHILD]'s class? _____ # of children 88 []...Ref 99 []...DK	d) From: _____ / _____ MM YYYY e) To: _____ / _____ MM YYYY 88/8888 = Ref 99/9999 = DK
I3.	Name: _____ a) Street Address: _____ Town, State: _____ [] <u>Wilmington</u> b) What type of facility was it? _____ c) How many children were in [CHILD]'s class? _____ # of children 88 []...Ref 99 []...DK	d) From: _____ / _____ MM YYYY e) To: _____ / _____ MM YYYY 88/8888 = Ref 99/9999 = DK

Section I: Child's School, Day Care and Camp History

	What was the name and address of the next facility?	When did [CHILD] attend this facility? Please specify month and year.
I4.	Name: _____ a) Street Address: _____ Town, State: _____ [] <u>Wilmington</u> b) What type of facility was it? _____ c) How many children were in [CHILD]'s class? _____ # of children 88 []...Ref 99 []...DK	d) From: _____ / _____ MM YYYY e) To: _____ / _____ MM YYYY 88/8888 = Ref 99/9999 = DK
I5.	Name: _____ a) Street Address: _____ Town, State: _____ [] <u>Wilmington</u> b) What type of facility was it? _____ c) How many children were in [CHILD]'s class? _____ # of children 88 []...Ref 99 []...DK	d) From: _____ / _____ MM YYYY e) To: _____ / _____ MM YYYY 88/8888 = Ref 99/9999 = DK
I6.	Name: _____ a) Street Address: _____ Town, State: _____ [] <u>Wilmington</u> b) What type of facility was it? _____ c) How many children were in [CHILD]'s class? _____ # of children 88 []...Ref 99 []...DK	d) From: _____ / _____ MM YYYY e) To: _____ / _____ MM YYYY 88/8888 = Ref 99/9999 = DK

Section J: Town Activities

The next set of questions may require you to refer to the maps of Wilmington provided in Section F of the Interview Guide.

(Skip to Page 27 if the respondent is not the biological mother of [CHILD].)

Did you participate in outdoor activities at any of the following locations in Wilmington shown on Map 1 while you were pregnant with [CHILD]?		a. What types of activities?	b. How often did you participate in these activities?
J1. Silver Lake also known as the town beach	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J2. Town park located on Route 38 near the Woburn line	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J3. Rotary Park	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J4. Town Common	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J5. Town Health Center located on Route 62 near the North Reading line	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J6. Town Hall or any of its athletic equipment or picnic areas	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J7. Any area not shown <i>Specify:</i> _____ _____	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J8. Any other area not shown <i>Specify:</i> _____ _____	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J9. Any other area not shown <i>Specify:</i> _____ _____	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		

Section J: Town Activities

Did you use the athletic facilities at any of the schools in Wilmington shown on Map 2 while you were pregnant with [CHILD]?

		a. What athletic facilities did you use?	b. How often did you use these facilities?
J10. Wildwood School	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J11. Shawsheen School	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J12. North Intermediate	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J13. West Intermediate	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J14. Boutwell School	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J15. Wilmington High School	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J16. Woburn Street School	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J17. Any other school in Wilmington <i>Specify:</i> _____ _____	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J18. Any other school in Wilmington <i>Specify:</i> _____ _____	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		

Section J: Town Activities

Did [CHILD] participate in outdoor activities at any of the following locations in Wilmington shown on Map 1 prior to [DIAGNOSIS/REFERENCE DATE]?		a. What types of activities did [CHILD] participate in?	b. How often did [CHILD] participate in these activities?
J19. Silver Lake the town beach	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J20. Town park located on Route 38 near the Woburn line	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J21. Rotary Park	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J22. Town Common	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J23. Town Health Center located on Route 62 near the North Reading line	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J24. Town Hall or any of its athletic equipment or picnic areas	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		

Did [CHILD] use the athletic facilities at any of the schools in Wilmington shown on Map 2 prior to [DIAGNOSIS/REFERENCE DATE]?		a. Which athletic facilities did [CHILD] use?	b. How often were these facilities used?
J25. Wildwood School	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J26. Shawsheen School	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J27. North Intermediate	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J28. West Intermediate	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J29. Boutwell School	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J30. Wilmington High School	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		
J31. Woburn Street School	1 []...YES (ask a-b) 2 []...NO 8 []...Ref 9 []...DK		

Section J: Town Activities

J32. Other than Silver Lake, did [CHILD] ever swim or play in the water at any lakes, rivers, canals, or streams in the town of Wilmington prior to [DIAGNOSIS/REFERENCE DATE]?

1[]...YES 2[]...NO (Skip to J33) 8[]...Ref (Skip to J33) 9[]...DK (Skip to J33)

J32a. What are the name(s) and location(s) of the lake(s), river(s), canal(s) or stream(s) in Wilmington where [CHILD] swam or played?

J33. Did [CHILD] bike in or around Wilmington prior to [DIAGNOSIS/REFERENCE DATE]?

1[]...YES 2[]...NO (Skip to J34) 8[]...Ref (Skip to J34) 9[]...DK (Skip to J34)

J33a. What areas of Wilmington did [CHILD] frequently bike in?

J34. Did [CHILD] hike in or around Wilmington prior to [DIAGNOSIS/REFERENCE DATE]?

1[]...YES 2[]...NO (Skip to J35) 8[]...Ref (Skip to J35) 9[]...DK (Skip to J35)

J34a. What areas of Wilmington did [CHILD] frequently hike in?

J35. Did [CHILD] frequently participate in any other outdoor activities, not specified previously, in or around Wilmington?

1[]...YES 2[]...NO (Skip to Section K, Page 29) 8[]...Ref (Skip to Page 29) 9[]...DK (Skip to Page 29)

J35a. Please specify the activities and locations: _____

Section K: Child's Occupational and Volunteer History

Please refer to Section G on page 10 of the Interview Guide for assistance with the next series of questions.

K1. Prior to [DIAGNOSIS/REFERENCE DATE], did [CHILD] ever work or volunteer at one place for a period of longer than 1 month?

1 []...YES (complete table)

2 []...NO (Skip to Section L, Page 30)

8 []...Ref (Skip to Section L)

9 []...DK (Skip to Section L)

What was the name and address of the first/next place that [CHILD] worked or volunteered?		d) What were [CHILD]'s main duties?	e) When did s/he begin working?	f) When did s/he stop working?	g) What was the primary source of drinking water? (Read)
K2.	Name of company _____ b) Street: _____ Town, State: _____ [] Wilmington c) What was [CHILD]'s title: _____	_____ _____ _____ 88[]...Ref 99[]...DK	_____/_____ MM/YYYY 88/8888=Ref 99/9999=DK	_____/_____ MM/YYYY 88/8888=Ref 99/9999=DK	1 []...tap water 2 []...filtered tap water 3 []...drinking fountain 4 []...bottled water 8 []...Ref 9 []...DK
K3.	Name of company _____ b) Street: _____ Town, State: _____ [] Wilmington c) What was [CHILD]'s title: _____	_____ _____ _____ 88[]...Ref 99[]...DK	_____/_____ MM/YYYY 88/8888=Ref 99/9999=DK	_____/_____ MM/YYYY 88/8888=Ref 99/9999=DK	1 []...tap water 2 []...filtered tap water 3 []...drinking fountain 4 []...bottled water 8 []...Ref 9 []...DK
K4.	Name of company _____ b) Street: _____ Town, State: _____ [] Wilmington c) What was [CHILD]'s title: _____	_____ _____ _____ 88[]...Ref 99[]...DK	_____/_____ MM/YYYY 88/8888=Ref 99/9999=DK	_____/_____ MM/YYYY 88/8888=Ref 99/9999=DK	1 []...tap water 2 []...filtered tap water 3 []...drinking fountain 4 []...bottled water 8 []...Ref 9 []...DK
K5.	Name of company _____ b) Street: _____ Town, State: _____ [] Wilmington c) What was [CHILD]'s title: _____	_____ _____ _____ 88[]...Ref 99[]...DK	_____/_____ MM/YYYY 88/8888=Ref 99/9999=DK	_____/_____ MM/YYYY 88/8888=Ref 99/9999=DK	1 []...tap water 2 []...filtered tap water 3 []...drinking fountain 4 []...bottled water 8 []...Ref 9 []...DK
K6.	Name of company _____ b) Street: _____ Town, State: _____ [] Wilmington c) What was [CHILD]'s title: _____	_____ _____ _____ 88[]...Ref 99[]...DK	_____/_____ MM/YYYY 88/8888=Ref 99/9999=DK	_____/_____ MM/YYYY 88/8888=Ref 99/9999=DK	1 []...tap water 2 []...filtered tap water 3 []...drinking fountain 4 []...bottled water 8 []...Ref 9 []...DK

Section L: Other Household Members

The purpose of the next few questions is to gather information about all the people who lived with [CHILD] from conception until [DIAGNOSIS/REFERENCE DATE]. Please provide information for all relatives, friends or roommates who were living with [CHILD] for one month or longer.

L1. Were there any other people living with [CHILD] for at least one month at any time from the time of conception until [DIAGNOSIS/REFERENCE DATE]?

1 [] ...YES

2 [] ...NO (Skip to Section M, Page 31)

8 [] ...Ref (Skip to Section M)

9 [] ...DK (Skip to Section M)

	Who was the first/next friend, relative, or roommate who lived with [CHILD] for at least one month and what was their relationship to [CHILD]?	When did he/she live with [CHILD]? Please specify the month and year they moved in and the month and year they moved out. 88/8888 = Ref 99/9999 = DK	What was their job title and industry during this time, if working outside the household?	e) Did s/he smoke while living with [CHILD]?
L2	Relation to [CHILD]: _____ (Record name if given): _____	a) ____/____ MM / YYYY start b) ____/____ MM / YYYY end	c) Job title: _____ d) Industry: _____	1 [] ...YES 2 [] ...NO 8 [] ...Ref 9 [] ...DK
L3	Relation to [CHILD]: _____ (Record name if given): _____	a) ____/____ MM / YYYY start b) ____/____ MM / YYYY end	c) Job title: _____ d) Industry: _____	1 [] ...YES 2 [] ...NO 8 [] ...Ref 9 [] ...DK
L4	Relation to [CHILD]: _____ (Record name if given): _____	a) ____/____ MM / YYYY start b) ____/____ MM / YYYY end	c) Job title: _____ d) Industry: _____	1 [] ...YES 2 [] ...NO 8 [] ...Ref 9 [] ...DK
L5	Relation to [CHILD]: _____ (Record name if given): _____	a) ____/____ MM / YYYY start b) ____/____ MM / YYYY end	c) Job title: _____ d) Industry: _____	1 [] ...YES 2 [] ...NO 8 [] ...Ref 9 [] ...DK

[] Additional sheets used

Section M: Household Exposures

(Skip to Question M4 if respondent is not the biological mother.)

During your pregnancy with [CHILD], did you use any of the following household appliances?						a. On average, how many days of the week did you use it? (Maximum = 7)
M1	An electric blanket?	1[]...YES (ask a)	2[]...NO	8[]...Ref	9[]...DK	_____ days 8[]...Ref 9[]...DK
M2	An electric water bed heater?	1[]...YES (ask a)	2[]...NO	8[]...Ref	9[]...DK	_____ days 8[]...Ref 9[]...DK
M3	An electric mattress pad?	1[]...YES (ask a)	2[]...NO	8[]...Ref	9[]...DK	_____ days 8[]...Ref 9[]...DK

Did [CHILD] use any of the following items prior to [DIAGNOSIS/REFERENCE DATE]?				a. On average, how frequently was it used?
M4	An electric blanket?	1[]...YES (ask a) 8[]...Ref	2[]...NO 9[]...DK	
M5	An electric water bed heater?	1[]...YES (ask a) 8[]...Ref	2[]...NO 9[]...DK	
M6	An electric mattress pad?	1[]...YES (ask a) 8[]...Ref	2[]...NO 9[]...DK	
M7	A hairdryer?	1[]...YES (ask a) 8[]...Ref	2[]...NO 9[]...DK	

Section M: Household Exposures

Please refer to List H1 on page 11 of the Interview Guide. The next set of questions I will ask refer to products that may have been used by anyone living with [CHILD] at any time from one month prior to conception until [DIAGNOSIS/REFERENCE DATE].

During that period did [CHILD] or anyone living with [CHILD] use any of the following in or around the home?		b. Who used this product? Please choose all that apply. (read)	c. In total how often was it used?	d. During what time period was this product used? Please choose all that apply. (read)
M8	Solvents, Degreasers, Paint Thinners, Dry Cleaning Agents, or Petroleum Products? 1[]...YES (ask a-d) 2[]...NO 8[]...Ref 9[]...DK a) Please specify: _____ _____	1[]... [CHILD]'s mother 2[]...[CHILD] 3[]...Other (specify) _____ _____		1 []...Prior to [CHILD]'s birth 2 []...After [CHILD]'s birth but prior to [DIAG/REF DATE] 8 []...Ref 9 []...DK
M9	Paints, Inks or Pigments? 1[]...YES (ask a-d) 2[]...NO 8[]...Ref 9[]...DK a) Please specify: _____ _____	1[]... [CHILD]'s mother 2[]...[CHILD] 3[]...Other (specify) _____ _____		1 []...Prior to [CHILD]'s birth 2 []...After [CHILD]'s birth but prior to [DIAG/REF DATE] 8 []...Ref 9 []...DK
M10	Metals, Alloys or Solders? 1[]...YES (ask a-d) 2[]...NO 8[]...Ref 9[]...DK a) Please specify: _____ _____	1[]... [CHILD]'s mother 2[]...[CHILD] 3[]...Other (specify) _____ _____		1 []...Prior to [CHILD]'s birth 2 []...After [CHILD]'s birth but prior to [DIAG/REF DATE] 8 []...Ref 9 []...DK
M11	Plastics, Synthetics, or Resins? 1[]...YES (ask a-d) 2[]...NO 8[]...Ref 9[]...DK a) Please specify: _____ _____	1[]... [CHILD]'s mother 2[]...[CHILD] 3[]...Other (specify) _____ _____		1 []...Prior to [CHILD]'s birth 2 []...After [CHILD]'s birth but prior to [DIAG/REF DATE] 8 []...Ref 9 []...DK

Section M: Household Exposures

M12. Did anyone living with [CHILD] at any time from one month prior to conception until [DIAGNOSIS/REFERENCE DATE] participate in any hobbies that produced exhaust fumes in or around the home? Examples include auto or boat mechanics.

1 [] ...YES (ask a-c) 2 [] ...NO 8 [] ...Ref 9 [] ...DK

M12a. Who participated in these activities? Please choose all that apply. (Read)	M12b. In total, how often did these activities take place ?	M12c. During what time period did these activities take place? Please choose all that apply. (Read)
1 [] ...[CHILD]'s mother 2 [] ...[CHILD] 3 [] ...Please specify: _____		1 [] ...Prior to [CHILD]'s birth 2 [] ...After [CHILD]'s birth but prior to [DIAG/REF DATE] 8 [] ...Ref 9 [] ...DK

The next set of questions are about some products that may have been used in or around [CHILD]'s home or yard beginning one month prior to conception until [DIAGNOSIS/REFERENCE DATE]. This includes any of the products in List H2 on page 12 of the Interview Guide.

During that period, did anyone in the household or a lawn care worker use:		a) On average, how often were these products used?	b) Who usually applied the product? (Read)	c) Did [CHILD] use or handle the product?	d) How frequently did [CHILD] use the product?
M13	Insecticides? 1 [] ...YES (ask a-c) 2 [] ...NO 8 [] ...Ref 9 [] ...DK		1 [] ...mother 2 [] ...father 3 [] ...gardener/lawn service 4 [] ...other (specify: _____)	1 [] ...YES (ask d) 2 [] ...NO 8 [] ...Ref 9 [] ...DK	
M14	Herbicides? 1 [] ...YES (ask a-c) 2 [] ...NO 8 [] ...Ref 9 [] ...DK		1 [] ...mother 2 [] ...father 3 [] ...gardener/lawn service 4 [] ...other (specify: _____)	1 [] ...YES (ask d) 2 [] ...NO 8 [] ...Ref 9 [] ...DK	
M15	Fungicides? 1 [] ...YES (ask a-c) 2 [] ...NO 8 [] ...Ref 9 [] ...DK		1 [] ...mother 2 [] ...father 3 [] ...gardener/lawn service 4 [] ...other (specify: _____)	1 [] ...YES (ask d) 2 [] ...NO 8 [] ...Ref 9 [] ...DK	

Section M: Household Exposures

Please refer to List H3 on page 12 of your Interview Guide. The next set of questions will ask about products or compounds that [CHILD] may have come in contact with during hobbies prior to [DIAGNOSIS/REFERENCE DATE].

Did [CHILD] come in contact with any of the following during hobbies or activities:		a) At what age did [CHILD] first come in contact with...?	b) How many times per year?	c) For how many years?
M16	Bug repellants or pesticides? 1 []...YES (ask a-c) 2 []...NO 8 []...Ref 9 []...DK	_____ years old 88[]...Ref 99[]...DK	_____ times per year 88[]...Ref 99[]...DK	_____ years 88[]...Ref 99[]...DK
M17	Paints, paint thinner, varnishes, wood finishers or wood sealants? 1 []...YES (ask a-c) 2 []...NO 8 []...Ref 9 []...DK	_____ years old 88[]...Ref 99[]...DK	_____ times per year 88[]...Ref 99[]...DK	_____ years 88[]...Ref 99[]...DK
M18	Exhaust fumes? 1 []...YES (ask a-c) 2 []...NO 8 []...Ref 9 []...DK	_____ years old 88[]...Ref 99[]...DK	_____ times per year 88[]...Ref 99[]...DK	_____ years 88[]...Ref 99[]...DK
M19	Glues or rubber cement? 1 []...YES (ask a-c) 2 []...NO 8 []...Ref 9 []...DK	_____ years old 88[]...Ref 99[]...DK	_____ times per year 88[]...Ref 99[]...DK	_____ years 88[]...Ref 99[]...DK
M20	Photographic solvents? 1 []...YES (ask a-c) 2 []...NO 8 []...Ref 9 []...DK	_____ years old 88[]...Ref 99[]...DK	_____ times per year 88[]...Ref 99[]...DK	_____ years 88[]...Ref 99[]...DK

Section N: Mother's Demographic and Background Information

Now, I am going to ask you some questions about [CHILD]'s mother's background.

N1. What is [CHILD]'s mother's date of birth? _____ / _____ / _____ {88/88/8888=Ref 99\99\9999=DK}
MM / DD / YYYY

N2. What is the highest level of schooling that [CHILD]'s mother has completed? (read)

- | | |
|------------------------------------------------------|-----------------------------|
| 1 []...Less than high school | 5 []...College graduate |
| 2 []...12 years or completed high school or GED | 6 []...Post graduate level |
| 3 []...Post high school training other than college | 8 []...Ref |
| 4 []...Some college | 9 []...DK |

Section O: Mother's Occupational History

The next set of questions will be used to gather information about all the jobs that [CHILD]'s mother held for 6 months or longer, beginning 2 years before [CHILD]'s birth until [DIAGNOSIS/REFERENCE DATE]. Please consider all jobs that were outside the home, whether full or part time, or involving military or technical training.

O1. To confirm, [CHILD]'s date of birth is [BIRTHDATE]? 1 []...YES 2 []...NO (Record correct date of birth: _____)

(Verify **Occupational Reference Date** = Child's Date of Birth minus two years = [OCC REF DATE])

O2. From [OCC REF DATE] until [DIAGNOSIS/REFERENCE DATE], did [CHILD]'s mother ever work at a job outside of the home for six months or longer?

- 1 []...YES 2 []...NO (Skip to Page 40) 8 []...Ref (Skip to Page 40) 9 []...DK (Skip to Page 40)

Section O: Mother's Occupational History

Now I would like to ask you about the jobs that [CHILD]'s mother had for 6 months or longer prior to [DIAGNOSIS/REFERENCE DATE]. Please start with the job held on [OCC REF DATE], which is two years prior to [CHILD]'s date of birth and work forward until [DIAGNOSIS/REFERENCE DATE]. Please refer to Section I on Pages 13-15 of your Interview Guide for assistance. While with the same company, if both her title and job duties changed over time, please consider each separately.

J O B #	What was the name and address of her first/next employer?	b) What did they make or what service did they provide?	c) What was her job title? d) What were her main duties and activities while working there?	What month & year did the job begin and end? 88/8888=Ref 99/9999=DK	g) How many hours per week did she work?	h) What was the primary source of drinking water while at work? (read)
O3	Name: _____ _____ a) Street: _____ _____ Town, State: _____ 88 []...Ref 99 []...DK	Products or Services: _____ _____ _____ 88 []...Ref 99 []...DK	Title: _____ _____ Duties: _____ _____ _____ 88 []...Ref 99 []...DK	e) Start: _____ / _____ MM / YYYY f) End: _____ / _____ MM / YYYY	_____ hours per week 88 []...Ref 99 []...DK	1 []...tap water 2 []...filtered tap water 3 []...bottled water 4 []...drinking fountain 8 []...Ref 9 []...DK
O4	Name: _____ _____ a) Street: _____ _____ Town, State: _____ 88 []...Ref 99 []...DK	Products or Services: _____ _____ _____ 88 []...Ref 99 []...DK	Title: _____ _____ Duties: _____ _____ _____ 88 []...Ref 99 []...DK	e) Start: _____ / _____ MM / YYYY f) End: _____ / _____ MM / YYYY	_____ hours per week 88 []...Ref 99 []...DK	1 []...tap water 2 []...filtered tap water 3 []...bottled water 4 []...drinking fountain 8 []...Ref 9 []...DK
O5	Name: _____ _____ a) Street: _____ _____ Town, State: _____ 88 []...Ref 99 []...DK	Products or Services: _____ _____ _____ 88 []...Ref 99 []...DK	Title: _____ _____ Duties: _____ _____ _____ 88 []...Ref 99 []...DK	e) Start: _____ / _____ MM / YYYY f) End: _____ / _____ MM / YYYY	_____ hours per week 88 []...Ref 99 []...DK	1 []...tap water 2 []...filtered tap water 3 []...bottled water 4 []...drinking fountain 8 []...Ref 9 []...DK

Section O: Mother's Occupational History

J O B #	What was the name and address of her employer?	b) What did they make or what service did they provide?	c) What was her job title? d) What were her main duties and activities while working there?	What month & year did job begin and end? 88/8888=Ref 99/9999=DK	g) How many hours per week did she work?	h) What was the primary source of drinking water while at work? (read)
O6	Name: _____ _____ a) Street: _____ _____ Town, State: _____ _____ 88[]...Ref 99[]...DK	Products or Services: _____ _____ _____ _____ 88[]...Ref 99[]...DK	Title: _____ _____ _____ Duties: _____ _____ _____ 88[]...Ref 99[]...DK	e) Start: _____/_____ MM / YYYY f) End: _____/_____ MM / YYYY	_____ hours per week 88 []...Ref 99 []...DK	1 []...tap water 2 []...filtered tap water 3 []...bottled water 4 []...drinking fountain 8 []...Ref 9 []...DK
O7	Name: _____ _____ a) Street: _____ _____ Town, State: _____ _____ 88[]...Ref 99[]...DK	Products or Services: _____ _____ _____ _____ 88[]...Ref 99[]...DK	Title: _____ _____ _____ Duties: _____ _____ _____ 88[]...Ref 99[]...DK	e) Start: _____/_____ MM / YYYY f) End: _____/_____ MM / YYYY	_____ hours per week 88 []...Ref 99 []...DK	1 []...tap water 2 []...filtered tap water 3 []...bottled water 4 []...drinking fountain 8 []...Ref 9 []...DK
O8	Name: _____ _____ a) Street: _____ _____ Town, State: _____ _____ 88[]...Ref 99[]...DK	Products or Services: _____ _____ _____ _____ 88[]...Ref 99[]...DK	Title: _____ _____ _____ Duties: _____ _____ _____ 88[]...Ref 99[]...DK	e) Start: _____/_____ MM / YYYY f) End: _____/_____ MM / YYYY	_____ hours per week 88 []...Ref 99 []...DK	1 []...tap water 2 []...filtered tap water 3 []...bottled water 4 []...drinking fountain 8 []...Ref 9 []...DK

[] Additional sheets used

Section O: Mother's Occupational History

O9. In any of the jobs previously specified, did she ever work around electrical equipment or sources of radiation? Please refer to list II on page 16 of the Interview Guide, or to pages 13-15 of the Interview Guide for answers you have already recorded.

1 []...YES (*complete table*)

2 []...NO (Skip to Page 39)

8 []...Ref (Skip to Page 39)

9 []...DK (Skip to Page 39)

At which job was this? (Use job # from previous table)	i) What electrical equipment or radiation source(s), in list I1 of Interview Guide, did she work with or near during her employment here?	j) On average, how many feet away from the equipment did she work?	k) On average, how many hours per week did she work near the equipment while it was turned on?	When did she begin and end working with this equipment? Please specify the month and year. 88/8888=Ref 99/9999=DK
_____	Source: _____ _____ _____ 88[]...Ref 99[]...DK	_____ feet (<1 foot = 0) 88 []...Ref 99 []...DK	_____ hours (<1 hour = 0) 88 []...Ref 99 []...DK	l) _____/_____ MM / YYYY begin m) _____/_____ MM / YYYY end
_____	Source: _____ _____ _____ 88[]...Ref 99[]...DK	_____ feet (<1 foot = 0) 88 []...Ref 99 []...DK	_____ hours (<1 hour = 0) 88 []...Ref 99 []...DK	l) _____/_____ MM / YYYY begin m) _____/_____ MM / YYYY end
_____	Source: _____ _____ _____ 88[]...Ref 99[]...DK	_____ feet (<1 foot = 0) 88 []...Ref 99 []...DK	_____ hours (<1 hour = 0) 88 []...Ref 99 []...DK	l) _____/_____ MM / YYYY begin m) _____/_____ MM / YYYY end
_____	Source: _____ _____ _____ 88[]...Ref 99[]...DK	_____ feet (<1 foot = 0) 88 []...Ref 99 []...DK	_____ hours (<1 hour = 0) 88 []...Ref 99 []...DK	l) _____/_____ MM / YYYY begin m) _____/_____ MM / YYYY end
_____	Source: _____ _____ _____ 88[]...Ref 99[]...DK	_____ feet (<1 foot = 0) 88 []...Ref 99 []...DK	_____ hours (<1 hour = 0) 88 []...Ref 99 []...DK	l) _____/_____ MM / YYYY begin m) _____/_____ MM / YYYY end

Section O: Mother's Occupational History

Now, I will ask you about some products that she may have used at work beginning on [OCC REF DATE] and ending on [DIAGNOSIS/REFERENCE DATE]. Please include any of the substances in List H1 on page 11 of the Interview Guide or those already recorded on pages 13-15.

O10. During this period, did she use any of the chemicals or solvents in List H1 while working?

1 [] ...YES (complete table) 2 [] ...NO (Skip to Section P, Page 40) 8 [] ...Ref (Skip to Section P, Page 40) 9 [] ...DK (Skip to Section P, Page 40)

At which job was this? (Use job # from previous table)	n) What type of chemical or solvent did she use at this work place?	o) In what form was the chemical or solvent used? Choose all that apply. (read)	p) Where was the chemical or solvent present? (read)	q) How many hours per week did she have contact with this chemical?	When did she begin and end working with this chemical? Please specify the month and year. 88/8888=Ref 99/9999=DK
_____	List: _____ _____ _____ 88 []...Ref 99 []...DK	1 [] ...gas or vapor 2 [] ...dust/powder 3 [] ...smoke 4 [] ...liquid 5 [] ...solid 8 []...Ref 9 []...DK	1 [] ...in the air 2 [] ...on your skin 3 [] ...on clothing 8 []...Ref 9 []...DK	_____ hours (<1 hour = 0) 88 []...Ref 99 []...DK	r) _____/_____ MM / YYYY begin s) _____/_____ MM / YYYY end
_____	List: _____ _____ _____ 88 []...Ref 99 []...DK	1 [] ...gas or vapor 2 [] ...dust/powder 3 [] ...smoke 4 [] ...liquid 5 [] ...solid 8 []...Ref 9 []...DK	1 [] ...in the air 2 [] ...on your skin 3 [] ...on clothing 8 []...Ref 9 []...DK	_____ hours (<1 hour = 0) 88 []...Ref 99 []...DK	r) _____/_____ MM / YYYY begin s) _____/_____ MM / YYYY end
_____	List: _____ _____ _____ 88 []...Ref 99 []...DK	1 [] ...gas or vapor 2 [] ...dust/powder 3 [] ...smoke 4 [] ...liquid 5 [] ...solid 8 []...Ref 9 []...DK	1 [] ...in the air 2 [] ...on your skin 3 [] ...on clothing 8 []...Ref 9 []...DK	_____ hours (<1 hour = 0) 88 []...Ref 99 []...DK	r) _____/_____ MM / YYYY begin s) _____/_____ MM / YYYY end
_____	List: _____ _____ _____ 88 []...Ref 99 []...DK	1 [] ...gas or vapor 2 [] ...dust/powder 3 [] ...smoke 4 [] ...liquid 5 [] ...solid 8 []...Ref 9 []...DK	1 [] ...in the air 2 [] ...on your skin 3 [] ...on clothing 8 []...Ref 9 []...DK	_____ hours (<1 hour = 0) 88 []...Ref 99 []...DK	r) _____/_____ MM / YYYY begin s) _____/_____ MM / YYYY end

Section P: Biological Father's Occupation

"Next, I will ask you about jobs held by you prior to [DIAGNOSIS/REFERENCE DATE]."

P1. What was your usual occupation prior to [CHILD]'s conception? Please specify the industry and job title.

_____ Industry

_____ Job Title

P2. What was your usual occupation at the time [CHILD] was born? Please specify the industry and job title.

_____ Industry

_____ Job Title

P3. What was your usual occupation on [DIAGNOSIS/REFERENCE DATE]? Please specify the industry and job title.

_____ Industry

_____ Job Title

Section Q: Family Medical History

In this section I will ask about the health history of other blood relatives of [CHILD]. Please only tell me about illnesses that were diagnosed by a physician. Please include cancers, chromosome abnormalities, rare syndromes, or other inherited conditions or abnormalities in List J1 on page 17 of the Interview Guide.

Please include [CHILD]'s immediate siblings, half-brothers, half-sisters, parents and grandparents who were diagnosed with one or more of the above.

Who was the first/next relative diagnosed with at least one of the mentioned conditions? Please specify the person's relationship to [CHILD]. <input type="checkbox"/> No relatives diagnosed		a) What was their diagnosis?	b) How old were they at the time of diagnosis?
Q1	Relation: _____ (Record name if given: _____)	List illness: _____ _____	_____ years of age 88 []...Ref 99 []...DK
Q2	Relation: _____ (Record name if given: _____)	List illness: _____ _____	_____ years of age 88 []...Ref 99 []...DK
Q3	Relation: _____ (Record name if given: _____)	List illness: _____ _____	_____ years of age 88 []...Ref 99 []...DK
Q4	Relation: _____ (Record name if given: _____)	List illness: _____ _____	_____ years of age 88 []...Ref 99 []...DK
Q5	Relation: _____ (Record name if given: _____)	List illness: _____ _____	_____ years of age 88 []...Ref 99 []...DK
Q6	Relation: _____ (Record name if given: _____)	List illness: _____ _____	_____ years of age 88 []...Ref 99 []...DK

Section Q: Family Medical History

Q7. Was anyone who was living with [CHILD] at any time from [CHILD]'s birth until [DIAGNOSIS/REFERENCE DATE] diagnosed with an infectious illness including but not limited to chicken pox, measles, mumps, rubella, infectious mononucleosis, Epstein-Barr virus, or hepatitis?

1[]...YES

2[]...NO (Skip to Section R, Page 43)

8[]...Ref (Skip to Section R, Page 43)

9[]...DK (Skip to Section R, Page 43)

	Who was diagnosed? Please specify their relationship to [CHILD].	a) What was their diagnosis? (List illness.)	b) In what year were they diagnosed? (8888=Ref 9999=DK)
Q8	Relation: _____ (Record name if given): _____		_____ YYYY
Q9	Relation: _____ (Record name if given): _____		_____ YYYY
Q10	Relation: _____ (Record name if given): _____		_____ YYYY
Q11	Relation: _____ (Record name if given): _____		_____ YYYY
Q12	Relation: _____ (Record name if given): _____		_____ YYYY
Q13	Relation: _____ (Record name if given): _____		_____ YYYY
Q14	Relation: _____ (Record name if given): _____		_____ YYYY

Section R: Other Information

R1. Considering the types of questions we have asked, is there anything else you feel we should know?

That concludes the interview. I would like to thank you for taking time to answer these questions. You have been very helpful.

If in the future you have any questions or concerns, please feel free to contact us at the number listed on the Interview Guide.

ID #: _____

WILMINGTON

CHILDHOOD CANCER INVESTIGATION

INTERVIEW GUIDE

A Project of:

Massachusetts Department of Public Health
Bureau of Environmental Health Assessment
Community Assessment Program
250 Washington St., 7th floor
Boston, MA 02108-4619
(617) 624-5757

Interview Date: *Interview Time:*

Room # _____

*Please bring this booklet with you to the in-person interview.
Thank you!*

PURPOSE OF THE INTERVIEW GUIDE

The Interview Guide is meant to assist you in answering questions that will be asked during the in-person interview. The guide is provided for your convenience and will not be collected by us.

Most of the information will be easy for you to remember or to find out. Please do take the time to write your answers to the questions in the guide as accurately as possible. If this is done before the in-person interview takes place, it will greatly facilitate the interview process for you.

Please remember to bring this Interview Guide with you to your scheduled appointment. This way, we can work together to collect the most complete information for this important study about Wilmington children.

Thank you very much for your effort, time, and contribution!

CONTENTS

A. REFERENCE DATES	1
B. [CHILD'S NAME]'S RESIDENTIAL HISTORY	2
C. MEDICATIONS	3
D. [CHILD'S NAME]'S MEDICAL HISTORY	4
E. [CHILD'S NAME]'S SCHOOL AND CAMP HISTORY	6
F. LOCATIONS IN WILMINGTON	7
G. [CHILD'S NAME]'S ACTIVITY AND WORK HISTORY	10
H. HOUSEHOLD PRODUCTS	11
I. MATERNAL WORK HISTORY	13
J. FAMILY MEDICAL HISTORY	17

SECTION A: REFERENCE DATES

Child's First Name: _____

Child's Date of Birth: / /

Study Reference Date: / /

Child's Age at Reference Date: _____

Please fill out the dates for the key time periods listed below:

Time period	Period began (month & year)	Period ended (month & year)
1) 2 years prior to birth	_____ / _____	_____ / _____
2) 1 year prior to birth	_____ / _____	_____ / _____
3) 1 month prior to conception	_____ / _____	_____ / _____
4) Pregnancy	_____ / _____	_____ / _____
5) Nursing (if applicable)	_____ / _____	_____ / _____

SECTION C: MATERNAL MEDICATIONS

Only complete this section if you are the biological mother of [child's name].

Please try to recall whether you took any of the following types of medication for five days or more in the month before your pregnancy with [child's name], during the pregnancy, or while nursing (if applicable). Remember this time corresponds with time periods 3, 4 and 5 on Page 1.

The interviewer will ask when you took the drug. Please see Page 1 for the dates of each time period.

TYPE OF MEDICATION	When did you take this medication?
Antihistamines, decongestants, or allergy medicine , such as: Benadryl, Phenergan, Sudafed, Seldane, or others	<input type="checkbox"/> 1 month before pregnancy <input type="checkbox"/> During pregnancy <input type="checkbox"/> While nursing
Fertility drugs or for menstrual disorders , such as: Clomid, isoflavones, or others	<input type="checkbox"/> 1 month before pregnancy <input type="checkbox"/> During pregnancy <input type="checkbox"/> While nursing
Prenatal vitamins , such as: One-A-Day, Theragram, Centrum, vitamin C or vitamin A or others	<input type="checkbox"/> 1 month before pregnancy <input type="checkbox"/> During pregnancy <input type="checkbox"/> While nursing
Pain relievers or Anti-inflammatory drugs , such as: Motrin, Ibuprofen, Advil, Tylenol, aspirin, Excedrin, Indocin, Bufferin or others	<input type="checkbox"/> 1 month before pregnancy <input type="checkbox"/> During pregnancy <input type="checkbox"/> While nursing
Immunosuppressants or steroids , such as: 6-MP, Cytoxan, Imuran, Azathioprine, Cortisone, Prednisone, or others	<input type="checkbox"/> 1 month before pregnancy <input type="checkbox"/> During pregnancy <input type="checkbox"/> While nursing
Diethylstilbestrol or DES	<input type="checkbox"/> 1 month before pregnancy <input type="checkbox"/> During pregnancy <input type="checkbox"/> While nursing
Antiepileptic drugs (such as Dilantin or phenytoin, or valproic acid)	<input type="checkbox"/> 1 month before pregnancy <input type="checkbox"/> During pregnancy <input type="checkbox"/> While nursing

SECTION D: [CHILD'S NAME]'S MEDICAL HISTORY

List D1: Childhood Illnesses

Please try to recall if [child's name] had any of the following illnesses prior to [reference date]. If [child's name] had any of the illnesses, please note the age at which he/she was diagnosed.

Illness	Age
Infectious mononucleosis	
Chicken pox	
Measles, mumps or rubella	
Cytomegalovirus	
Fanconi's anemia	
Epilepsy	
Any autoimmune disorder (including Sarcoidosis, lupus, juvenile rheumatoid arthritis)	
HIV/AIDS	
Organ transplant	
Immunosuppression (including recurring infections)	
Pneumonia	
Hypogammaglobulinemia	

List D2: Birth Defects and Inherited Disorders

Please circle any birth defects and/or inherited disorders listed below that [child's name] was diagnosed with prior to [reference date].

1. the **brain or nervous system**, such as:
 - water on the brain
 - open spine
 - very small head
2. the **face**, such as:
 - harelip
 - hole in the palate (roof of mouth)
 - extra teeth
 - jaw cysts
3. the **eye**, such as:
 - absence of colored part of eye
 - two different eye colors
 - droopy eyelid
 - cataract
4. the **heart**, such as:
 - hole in the heart
 - crossed arteries
 - abnormal valves
5. the **muscle or bone**, such as:
 - extra fingers or toes
 - missing or deformed part of limb
 - one portion of body larger than the other
6. the **gastrointestinal system**, such as:
 - blockage of the stomach outlet
 - hole in the windpipe/esophagus
 - Hirschsprung disease
7. the **renal system**, such as:
 - cystic kidneys
 - absent or duplicated kidney
 - blockage of kidney or bladder
8. the **genital or reproductive tract**, such as:
 - abnormal urethral opening
 - unclear sex of child
 - undescended testicle
 - cystic or poorly formed ovaries/uterus;
 - absence of ovaries/uterus
9. the **skin**, such as:
 - café-au-lait spots
 - extra nipples
 - hairy moles
10. **chromosome abnormalities**, such as:
 - Down's syndrome (Trisomy 21)
 - Trisomy 13
 - Trisomy 18
 - Klinefelter's syndrome
 - Turner's syndrome
11. **rare syndromes**, such as:
 - Gardner's syndrome
 - von Recklinghausen's disease or neurofibromatosis
 - xeroderma pigmentosum
 - nevroid basal cell carcinoma syndrome
 - Peutz-Jegher's syndrome
 - von Hippel-Lindau disease
 - Fanconi's anemia
 - Sturge-Weber syndrome
 - tuberous sclerosis
12. **any other inherited condition or abnormality**, such as:
 - Blooms' syndrome
 - Bruton's syndrome or x-linked agammaglobulinemia
 - ataxia telangiectasia
 - Wiscott-Aldrich syndrome

SECTION F: LOCATIONS IN WILMINGTON

On the following two pages are maps of the town of Wilmington. There are specific areas located on the maps that you will be asked about. The interviewer will ask you about how much time you (if you are the biological mother) and [child's name] regularly spent at these locations. You do not need to answer any questions now. Please keep the maps and refer to them during the interview if you are unsure of some of the locations listed below.

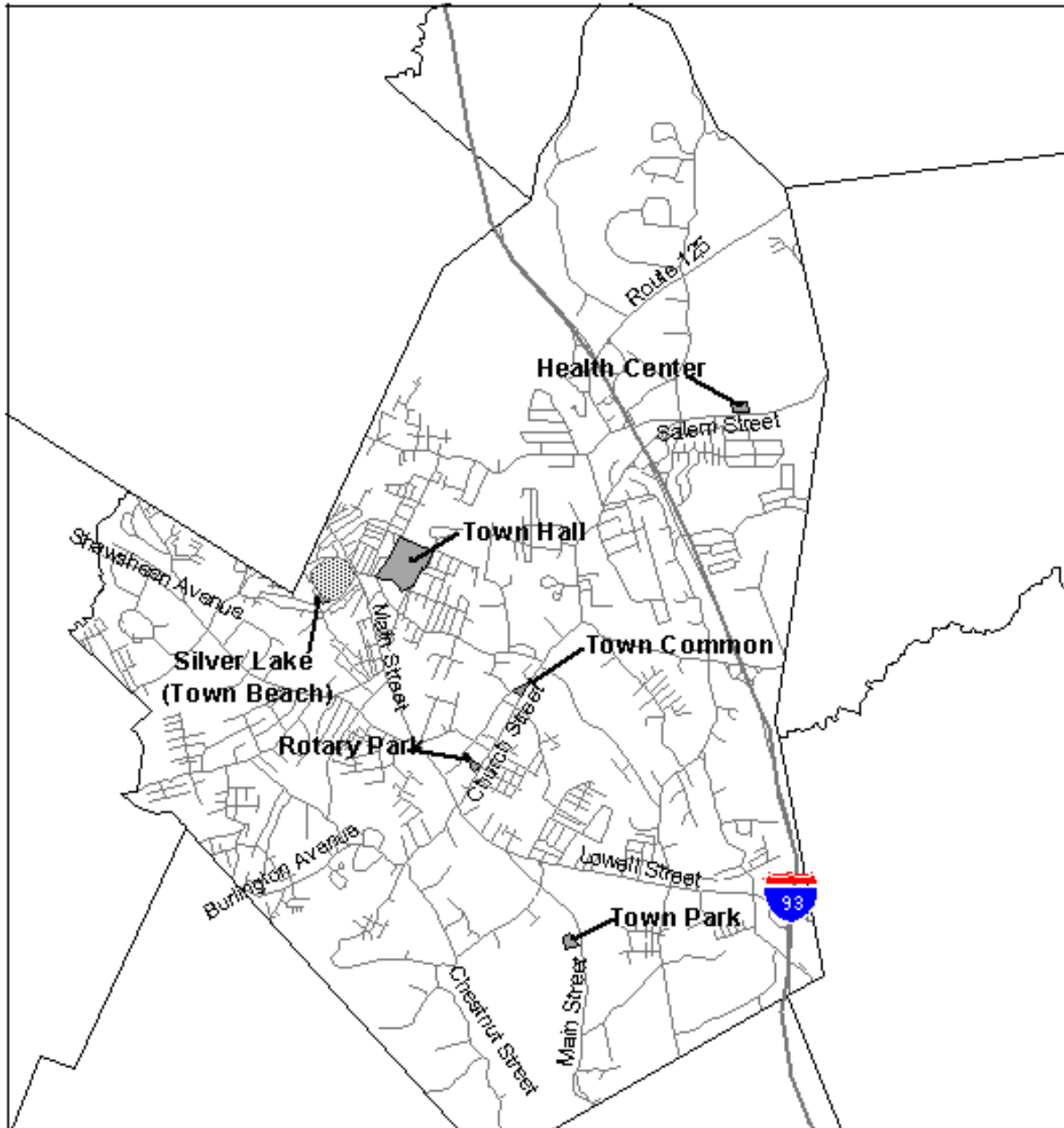
Map 1 - Public Areas:

- Silver Lake (the town beach)
- Town Park
- Rotary Park
- Town Common
- Town Health Center
- Town Hall

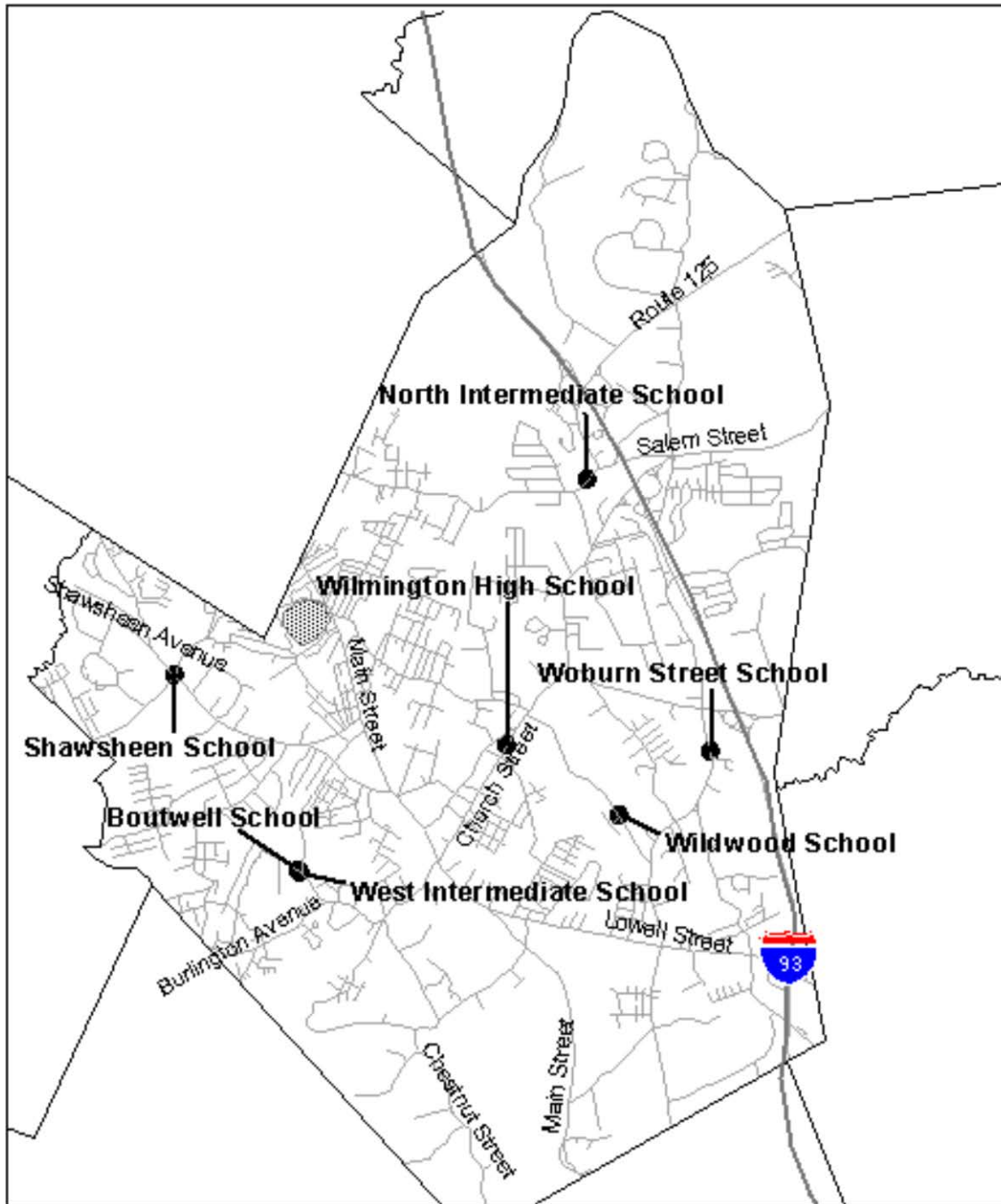
Map 2 - Schools:





- Wildwood School
- Shawsheen School
- North Intermediate
- West Intermediate
- Boutwell School
- Wilmington High School
- Woburn Street School

Map 1
Locations of Parks
Wilmington, MA



Map 2
Locations of Schools
Wilmington, MA



	Silver Lake		Interstate 93
	Roads		Schools

SECTION G: [CHILD'S NAME]'S ACTIVITY & WORK HISTORY

You will be asked about any volunteer or work positions that [child's name] held for a period of 1 month or longer prior to [reference date]. It may be helpful to fill in the table below to help you remember this information during the interview.

1. Position Title: _____ Date began: ____/____/____
Main duties: _____ Date ended: ____/____/____
Address of Company or Organization: _____

2. Position Title: _____ Date began: ____/____/____
Main duties: _____ Date ended: ____/____/____
Address of Company or Organization: _____

3. Position Title: _____ Date began: ____/____/____
Main duties: _____ Date ended: ____/____/____
Address of Company or Organization: _____

4. Position Title: _____ Date began: ____/____/____
Main duties: _____ Date ended: ____/____/____
Address of Company or Organization: _____

5. Position Title: _____ Date began: ____/____/____
Main duties: _____ Date ended: ____/____/____
Address of Company or Organization: _____

SECTION H: HOUSEHOLD PRODUCTS

Please review list H1 and circle any compounds used by someone in or around [child's name]'s home prior to [reference date].

List H1: Chemicals

- **Solvents, Degreasers, Paint Thinners, Dry Cleaning Agents, or Other Petroleum Products**

1. Solvents or Paint Thinners, examples include:

Varsol or stoddard solvent or mineral spirits	Turpentine
Paint thinner	Lacquer thinner
Acetone	Alcohols
Benzene	Carbon disulfide
Cellosolve	Glycols or glycol ethers
Methyl ethyl ketone or MEK	Phenol
Toluene or toluol	Xylene or xylol

2. Degreasers or Dry Cleaning Agents, examples include:

trichloroethylene or trichlor or TCE	carbon tetrachloride or carbon tet
ethylene dichloride	methyl chloroform or chloroform
methylene chloride	freon or fluorocarbons
trichlorotrifluoroethane (Valclene)	
perchloroethylene or perc or tetrachloroethylene or PCE	

3. Petroleum Products, Oils, and Lubricants, examples include:

Gasoline	White gas
Naphtha	Kerosene
Diesel fuel	Lubricating oil or grease
Cutting oil or MR4	PCBs or polychlorinated biphenyls

- **Paints, Inks, or Pigments**

1. Oil-based (alkyd) or solvent based paints, inks, or pigments
2. Water-based (latex) paints, inks, or pigments

- **Metals, Alloys, Solders**

1. Alloys, examples include:

Mild Steel	Stainless Steel
High Speed steel	Galvanized iron or steel
Tungsten carbide	Stellite
Brass	Bronze

2. Solders

3. Metals

- **Plastics, synthetics, or resins**

Urethane, Polyurethane	Latex
Vinyl chloride, Polyvinyl chloride (PVC)	Polyethylene
Polycarbonate	Styrene, Polystyrene
Polypropylene	Acrylonitrile-butadiene-styrene (ABS)

- **Exhaust Fumes**, examples include:

Auto engine exhaust	ATVs or other vehicles
Boat engine exhaust	

SECTION I: MATERNAL WORK HISTORY

The following section pertains to the work history of [child's name]'s biological mother.

Please list all of the jobs you held outside the home for 6 months or longer beginning two years prior to [child's name]'s birth, __/__/__, until [reference date]. Please start with the job held on __/__/__ and work forward until [reference date]. If both your job title and duties changed while with the same company, please report this as separate jobs.

- List I1 on page 16 will help you recall types of electrical equipment and radiation sources you may have worked with or around.
- List H1 on page 11 will help you recall certain chemicals you may have worked with or around.

1. Job Title: _____ Month & year began: ____/____/____

Main duties: _____ Month & year ended: ____/____/____

What did the company make or do: _____

Did you work within 30 feet of any equipment outlined on list I1? If so, what?

Did you use or work around any of the chemicals on list H1? If so, please list:

i. _____ ii. _____

iii. _____ iv. _____

2. Job Title: _____ Month & year began: ____/____/____

Main duties: _____ Month & year ended: ____/____/____

What did the company make or do: _____

Did you work within 30 feet of any equipment outlined on list I1? If so, what?

Did you use or work around any of the chemicals on list H1? If so, please list:

i. _____ ii. _____

iii. _____ iv. _____

3. Job Title: _____ Month & year began: ____/____

Main duties: _____ Month & year ended: ____/____

What did the company make or do: _____

Did you work within 30 feet of any equipment outlined on list I1? If so, what?

Did you use or work around any of the chemicals on list H1? If so, please list:

i. _____ ii. _____

iii. _____ iv. _____

4. Job Title: _____ Month & year began: ____/____

Main duties: _____ Month & year ended: ____/____

What did the company make or do: _____

Did you work within 30 feet of any equipment outlined on list I1? If so, what?

Did you use or work around any of the chemicals on list H1? If so, please list:

i. _____ ii. _____

iii. _____ iv. _____

5. Job Title: _____ Month & year began: ____/____

Main duties: _____ Month & year ended: ____/____

What did the company make or do: _____

Did you work within 30 feet of any equipment outlined on list I1? If so, what?

Did you use or work around any of the chemicals on list H1? If so, please list:

i. _____ ii. _____

iii. _____ iv. _____

6. JobTitle _____ Month & year began: ____/____

Main duties: _____ Month & year ended: ____/____

What did the company make or do: _____

Did you work within 30 feet of any equipment outlined on list I1? If so, what?

Did you use or work around any of the chemicals on list H1? If so, please list:

i. _____ ii. _____

iii. _____ iv. _____

List II: Electrical Equipment or Sources of Radiation

1. Office electrical equipment

Electric typewriter	Computer terminal
Photocopy machine	High-use printer (laser or ink jet)

2. Hospital or laboratory electrical equipment

X-ray machine (including dental)	Short-wave diathermy unit
Laser	Radiation treatment delivery
Ultrasound usage	Ultraviolet light visualizer (UV light)
Film developer	Radioactive isotopes

3. Factory, shop, or construction electrical equipment

Brazing furnace	Solder pot or bath
Soldering iron	Arc welding machine, AC or DC
Arc welding machine, AC-high frequency	Plasma arc welding and cutting machine
Laser	Large electric motors
Induction heater or furnace	
Battery-powered forklift or other mobile equipment	
Radiofrequency heater, sealer, or edge glue dryer	
Electrolytic cell, (e.g. in aluminum, magnesium, chlorine, or sodium hydroxide plants)	

4. Electric power system

Hydro-electric power generation plant	Thermo-electric power generation plant
Nuclear power generation plant	Electric power transmission lines, live
Electric power distribution lines, live	Electric power distribution substation

5. Broadcasting and receiving equipment

Cellular phone for job use	TV broadcasting transmission antenna
Mobile radio transmitter	Television broadcasting transmission tower
FM radio antenna	AM radio broadcast tower

6. Radar or microwaves other than microwave oven

Radar, rotating	Radar, stationary
Microwave transmission	

7. Ionizing Radiation (only record if you wore a radiation dosimeter (TLD or film badge))

Non-destructive testing radiation services	Radioisotopes
Nuclear gauges or radioactive sources	Other ionizing radiation source

SECTION J: FAMILY MEDICAL HISTORY

Please read through the list below and try to recall if any of [child's name]'s blood relatives (including immediate siblings, half-siblings, parents and grandparents) were diagnosed with any of the following illnesses. Circle all the diseases that apply and make a note as to which relative had the disease.

List J1: Non-infectious Illnesses

1. **Cancer**

2. **Chromosome abnormalities**, such as:

Turner's syndrome

Down's syndrome (Trisomy 21)

Trisomy 18

Klinefelter's syndrome

Trisomy 13

3. **Rare syndromes**, such as:

Gardner's syndrome

von Recklinghausen's disease or neurofibromatosis

Nevoid basal cell carcinoma syndrome

Fanconi's anemia

Tuberous sclerosis

Xeroderma pigmentosum

Peutz-Jegher's syndrome

von Hippel-Lindau disease

Sturge-Weber syndrome

4. **Any other inherited condition or abnormality**, such as:

Bruton's syndrome or x-linked agammaglobulinemia

Ataxia telangiectasia

Blooms' syndrome

Wiscott-Aldrich syndrome