INTRODUCTION: Greetings. My name is ________________________________ and my partner here is ________________________________. We are conducting a survey of how people in the Eastern Agency use water they haul from unregulated water sources, such as windmills and springs. This survey is part of a study called the Diné Network for Environmental Health Project, or DiNEH Project. We are testing water from unregulated water sources, estimating how people are exposed to uranium and other contaminants that might be in the water and in their communities. We are working with 20 chapters in the Eastern Agency to identify safe and unsafe drinking water sources.

The DiNEH Project is supported by all 20 Chapters in the study area and is being conducted by the Eastern Navajo Health Board, the Crownpoint Hospital, Southwest Research and Information Center, and the University of New Mexico. The project is sponsored by the National Institutes of Health. We also have support from Navajo Nation President Joe Shirley, Jr., and approval by the Navajo Nation Human Research Review Board, or “Navajo IRB”. Here is brochure that describes the DiNEH Project. Feel free to take a few minutes to read it.

This survey is purely voluntary and will take about 1 hour. And if you agree to be interviewed, we will pay you $10 voucher for goods, with a limit of 2 vouchers per household. OK, would you like to participate in this survey?

[If answer is "No", thank the person for their time and tell them they may keep the brochure. If the answer is "Yes," ask the following question:]

Do you haul water for yourself or someone else? [ ] Self  [ ] Someone else

[If the answer is yes or no continue with the survey]  [ ] Self & someone else  [ ] Refused

Have you been interviewed for this survey before? [ ] Yes  [ ] No

[If 'yes', stop here and thank them for their time; if "No," proceed to the next question.]

What Chapter do you live in? ________________________________

[If the person does NOT live in one of the 20 Chapters in the Study Area, tell them they are not eligible to participate in the study and thank them for their time. If the person lives in one of the Chapters in the Study Area, proceed.]

Would you like to be interviewed in the Navajo or English language? [ ] Navajo  [ ] English  [ ] Combination of both

I am going to read two documents, called "Consent to Participate in Research" and a “HIPAA” form.

[Read the Consent Form. Make sure the participant initials each page and obtain participant's signature on the form before proceeding. Hand the participant a blank copy of the Consent Form after he or she has signed the original. You, the Interviewer, will keep the original signed consent form. Make sure the HIPAA and release forms are signed also.]

Was the "Consent to Participate in Research" read in [ ] English  [ ] Navajo  [ ] Combination of both
Section I: Personal Information

First, I will ask you a few questions about yourself and where you live.

A. What is your name? __________________________________________________________

B. What is your mailing address?

<table>
<thead>
<tr>
<th>P.O. Box</th>
<th>Street Address</th>
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<th>City</th>
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<th>Zip Code</th>
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</table>

C. What is the location of your home? [The participant may give his or her house number and street/road name, rural address, nearest highway or natural feature, or distance from Chapter House.]

D. Please help us find your home on this map. [GPS coordinates, or attach map with location of home clearly marked. If using an aerial or topographic map of the area; point out your location and any other points that might help the participant locate his or her home.]

<table>
<thead>
<tr>
<th>Latitude</th>
<th>Longitude</th>
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<tbody>
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<td>N 3 _ . _ _ _ _ _</td>
<td>W - 1 0 _ . _ _ _ _ _</td>
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</tbody>
</table>

E. How long have you lived in your current home? ________ Years

F. Please tell us all the places you have lived throughout your life, even as a child, and how long you lived at each place.

<table>
<thead>
<tr>
<th>Location</th>
<th>Description</th>
<th># of years</th>
<th>Latitude</th>
<th>Longitude</th>
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<td>N 3 _ . _ _ _ _ _</td>
<td>W - 1 0 _ . _ _ _ _ _</td>
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</tbody>
</table>

G. Where do you vote in Chapter or Navajo Nation elections? [Write the name of the Chapter.]

- [ ] I don’t vote.

H. Where do you vote in county, state, and/or US federal elections? [Write the name of the Chapter or town.]

- [ ] I don’t vote.
Section IA: Demographics

Next, I am going to ask you more questions about yourself and your family.

1. Sex ☐ Male ☐ Female  [Don’t ask the person what sex he or she is, simply mark the appropriate box based on your observation and proceed to Question 2.]

2. How old are you? __________ Years Date of Birth _ _ / _ _ / _ _ _ _

3. How tall are you? _______ feet _______ inches

4. How much do you weigh? _______ pounds  [If the participant does not know his or her height and/or weight, ask them if you can measure and weigh them. If they refuse, estimate their height and weight and indicate so on this form by writing “E” next to the figures you record.]

5. Are you Navajo? ☐ Yes ☐ No
If “no,” what is your tribe? ______________________________

6. What language do you speak most often:
   At work? ☐ English ☐ Navajo ☐ Both ☐ N/A
   At home with family? ☐ English ☐ Navajo ☐ Both ☐ Other
   With friends? ☐ English ☐ Navajo ☐ Both ☐ Other

7. What is the highest grade in school you completed?
   ☐ No education ☐ High school graduate/GED ☐ Bachelor’s degree
   ☐ 1st to 6th grade ☐ Some college, no degree ☐ Graduate or professional degree
   ☐ 7th to 9th grade ☐ Associate degree ☐ Other __________________________
   ☐ 9th to 12th grade, no diploma

8. Including yourself, how many people live in your house? __________________

9. What is your annual household income?
   ☐ Less than $5,000 ☐ $5,000-$10,000 ☐ $10,000-$14,999 ☐ $15,000-$24,999 ☐ $25,000-$34,999 ☐ $35,000-$49,999  ☐ $50,000-$74,999 ☐ $75,000-$99,999 ☐ $100,000+
   ☐ Refused

10. In good weather, how long does it take to travel one way in hours or minutes to:
   Buy food and supplies _______ hours _______ minutes
   Work ☐ does not work _______ hours _______ minutes
   Medical services _______ hours _______ minutes
   Get water _______ hours _______ minutes
Section II: Water

We now will ask you questions about your water use.

11. Do you use water from any of the following sources for any purpose? [Check all that apply.]
   - Cistern or tank
   - Grocery or convenience store/trading post
   - Lake
   - NAPI/Irrigation Water
   - NTUA
   - Pond
   - Private well
   - Rain Water
   - Spring
   - Stream
   - Windmill or other well

12. Is your home connected to a community water system?  Yes  No [If No, skip to #14]

   If yes, what is the name of the water system?

13. Do you think the community water system is good or bad for your health?  Good  Bad  No opinion

14. Do you think the water you haul is good or bad for your health?  Good  Bad  Both  No opinion

15. Do you filter, treat, disinfect, or boil the water you haul?  Yes  No  Do not know

16. How many places do you haul water from currently? Please tell me the names those water sources and their locations. [If the water source is within the Chapter, try to find its location on a topographic map; otherwise, write down the participant's location description.]

<table>
<thead>
<tr>
<th>Name of Water Source</th>
<th>Description</th>
<th>Latitude</th>
<th>Longitude</th>
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<tbody>
<tr>
<td>A.</td>
<td></td>
<td>N 3 _ . _ _ _ _ _</td>
<td>W - 1 0 _ . _ _ _ _ _</td>
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<td>B.</td>
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<td>N 3 _ . _ _ _ _ _</td>
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<tr>
<td>C.</td>
<td></td>
<td>N 3 _ . _ _ _ _ _</td>
<td>W - 1 0 _ . _ _ _ _ _</td>
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<tr>
<td>D.</td>
<td></td>
<td>N 3 _ . _ _ _ _ _</td>
<td>W - 1 0 _ . _ _ _ _ _</td>
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<td>E.</td>
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<td>N 3 _ . _ _ _ _ _</td>
<td>W - 1 0 _ . _ _ _ _ _</td>
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</tbody>
</table>

16a. How often do you haul water from each site?

<table>
<thead>
<tr>
<th>Site A</th>
<th>Site B</th>
<th>Site C</th>
<th>Site D</th>
<th>Site E</th>
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</thead>
<tbody>
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16b. How many years have you hauled from this site?

   |        |        |        |        |        |
   |        |        |        |        |        |
   | years  | years  | years  | years  | years  |

17. How much water do you haul at one time from each site? # of containers x container size = # of gallons

   |        |        |        |        |        |
   |        |        |        |        |        |
   | x ___  | x ___  | x ___  | x ___  | x ___  |
   | gallons| gallons| gallons| gallons| gallons|

18a. What type of containers do you use?

   |        |        |        |        |        |
   |        |        |        |        |        |
   | Plastic| Plastic| Plastic| Plastic| Plastic|
   | Metal  | Metal  | Metal  | Metal  | Metal  |
   | Glass  | Glass  | Glass  | Glass  | Glass  |
   | Wood   | Wood   | Wood   | Wood   | Wood   |

18b. What is the size or volume of these containers?

   |        |        |        |        |        |
   |        |        |        |        |        |
   | ___ gallons| ___ gallons| ___ gallons| ___ gallons| ___ gallons|
Please tell us how much water you obtain from each of the water sources you just named for each of the following uses. Each site should add up to no more than “ALL”.

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<thead>
<tr>
<th></th>
<th>Site A</th>
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<th>Site D</th>
<th>Site E</th>
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<td>19a. Drinking water (includes water for cooking)?</td>
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<td>19b. Water for other uses like cleaning and bathing?</td>
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<td>19c. Livestock water?</td>
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<td>19d. Irrigation water?</td>
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Interviewer Comments on water hauling:

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

20. Do you eat the meat of the livestock you raise?  □ Yes  □ No
[If the participant does raise livestock but does not haul water for them, note that livestock is free range.]
Please tell us what animals you eat and the specific parts you eat, including the organs.

20a. □ Sheep/Goat  □ Cattle  □ Horse  □ Pig  □ Chicken  □ Turkey

20b. □ Muscle  □ Liver  □ Kidney  □ Brain  □ Intestine  □ Testicles
□ Tongue  □ Heart  □ Other

Notes:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
21. Do you eat the vegetables or fruit you grow? □ Yes □ No

21a. Please tell us what vegetables or fruits that you grow and eat:

- Apples  - Apricots  - Beans  - Bell Peppers  - Carrots  - Chile
- Corn  - Cucumbers  - Melons  - Onions  - Peaches  - Potatoes
- Squash  - Strawberries  - Tomatoes
- Other ________________________________

Notes:
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

22. At other times in your life, have you drunk water hauled from other sites? □ Yes □ No
[If “no,” proceed to Question 23; if the answer is “yes,” fill in the following table in Question 22a.]

22a. Please tell us the name of those other sites, their locations if you remember them, and the number of years you used water from those sites.

<table>
<thead>
<tr>
<th>Other water hauling sites</th>
<th>Latitude</th>
<th>Longitude</th>
<th>Number of years water used</th>
</tr>
</thead>
<tbody>
<tr>
<td>A.</td>
<td>N 3 ° _ . _ . _ _ _</td>
<td>W - 1 0 ° _ . _ . _ _ _</td>
<td>_______ years</td>
</tr>
<tr>
<td>B.</td>
<td>N 3 ° _ . _ . _ _ _</td>
<td>W - 1 0 ° _ . _ . _ _ _</td>
<td>_______ years</td>
</tr>
<tr>
<td>C.</td>
<td>N 3 ° _ . _ . _ _ _</td>
<td>W - 1 0 ° _ . _ . _ _ _</td>
<td>_______ years</td>
</tr>
</tbody>
</table>
Section III: Occupational and Environmental History

Now we would like to ask you some questions about where you have worked and about the environmental conditions in the areas where you have lived.

23. Have you ever worked in a uranium mine?  □ Yes  □ No (If no, skip to question 24.)
   
   23a. To the best of your knowledge, what year did you start working?
   
   □ 1940’s  □ 1950’s  □ 1960’s  □ 1970’s  □ 1980’s  □ 1990’s

   23b. How long did you work? ____________________________
   
   Participant’s description: _____________________________________________________

24. Have you ever worked in a uranium mill?  □ Yes  □ No (If no, skip to question 25.)
   
   24a. To the best of your knowledge, what year did you start working?
   
   □ 1940’s  □ 1950’s  □ 1960’s  □ 1970’s  □ 1980’s  □ 1990’s

   24b. How long did you work? ____________________________
   
   Participant’s description: _____________________________________________________

25. Have you ever worked on the reclamation of a uranium mine or mill, or hauled uranium ore or tailings in a truck or other vehicle?  □ Yes  □ No (If no, skip to question 26.)
   
   25a. To the best of your knowledge, what year did you start working?
   
   □ 1940’s  □ 1950’s  □ 1960’s  □ 1970’s  □ 1980’s  □ 1990’s

   25b. How long did you work? ____________________________
   
   Participant’s description: _____________________________________________________

26. Have you ever lived near a uranium mine? By “near,” I mean downwind of, along a road, in a floodplain, or within two miles.  □ Yes  □ No (If no, skip to question 27.)
   
   26a. To the best of your knowledge, what year did you start living near a mine?
   
   □ 1940’s  □ 1950’s  □ 1960’s  □ 1970’s  □ 1980’s  □ 1990’s

   26b. How long did you live there? _________________________
   
   Participant’s description: _____________________________________________________

27. Have you lived near a uranium mill? By “near,” I mean downwind of, along a road, in a floodplain, or within two miles.  □ Yes  □ No (If no, skip to question 28.)
   
   27a. To the best of your knowledge, what year did you start living near a mill?
   
   □ 1940’s  □ 1950’s  □ 1960’s  □ 1970’s  □ 1980’s  □ 1990’s

   27b. How long did you live there? _________________________
   
   Participant’s description: _____________________________________________________

                     7
28. Can you think of any other ways you might have come in contact with uranium, such as

- 28a. Playing on a uranium tailings pile or waste dump?  □ Yes  □ No
  How long? _________________________________________________________________

- 28b. Playing outdoors near or next to a uranium mine, mill or waste dump?  □ Yes  □ No
  How long? _________________________________________________________________

- 28c. Drinking, wading into or coming into contact with uranium mine water or waste spills?  □ Yes  □ No
  How long? _________________________________________________________________

- 28d. Herding livestock on or next to a uranium mine, mill or waste dump?  □ Yes  □ No
  How long? _________________________________________________________________

- 28e. Sheltering livestock in an abandoned mine?  □ Yes  □ No
  How long? _________________________________________________________________

- 28f. Living in a mining camp?  □ Yes  □ No
  How long? _________________________________________________________________

- 28g. Washing or handling clothes of a friend or family member who was a uranium worker?  □ Yes  □ No
  How long? _________________________________________________________________

- 28h. Used materials from an abandoned uranium mine or mill for any purpose, like building a home or constructing a sheep corral? By “materials,” we mean wood, sheet metal, metal pipes, rocks, and sand.  □ Yes  □ No
  How long? _________________________________________________________________

29. Have you ever worked in the following jobs and industries? [Check all that apply.]

- Petroleum production
- Coal mining
- Electronics manufacturing
- Gold/Silver smithing
- Gold and silver mining
- Other mining (e.g., copper, iron, lead, vanadium)
- Plastics manufacturing
- Military (agent orange, depleted uranium, high explosives)
Section IV: Health

Now we would like to finish this interview with some questions about your health.

30. During the past month, other than for your regular job, did you participate in any physical activities, such as running, gardening, golf, basketball, walking for exercise, herding sheep?

☐ Yes ☐ No ☐ Don’t know or not sure

31. Have you now or ever had any of the following health problems? [Check all that apply.]

a. ☐ High blood pressure e. ☐ Diabetes i. ☐ Autoimmune disease (such as lupus, rheumatoid arthritis, Chron’s disease)
b. ☐ Heart disease f. ☐ Kidney disease j. ☐ Cancer (If yes, what kind?)
c. ☐ Heart attack g. ☐ Kidney stone k. ☐ None of the above
d. ☐ Stroke h. ☐ Arthritis

☐ Bladder ☐ Breast ☐ Cervical ☐ Colorectal ☐ Kidney ☐ Liver ☐ Lung ☐ Melanoma
☐ Non-Hodgkin’s Lymphoma ☐ Oral ☐ Ovarian ☐ Pancreas ☐ Prostate ☐ Stomach
☐ Thyroid ☐ Uterus ☐ Unknown ☐ Other ______________________________

32. Are you taking medicine for high blood pressure? ☐ Yes ☐ No

If yes, what is the name of that medicine?

☐ Atenolol ☐ Amolodipine ☐ Norvasc
☐ Hydrochlorothiazide ☐ Benazepril HCL ☐ Benazepril ☐ Diltiazem ☐ Lisinopril
☐ Losartan ☐ Clonidine ☐ Felodipine ☐ Metoprolol ☐ Labetalol ☐ Prazosin
☐ Nisoldipine ☐ Unknown ☐ Other ______________________________

[If the participant does NOT have diabetes, skip to Question 35.]

33. If you now have diabetes, how long have you had it?

a. ☐ Less than 1 year c. ☐ 4 to 5 years e. ☐ 11 to 15 years
b. ☐ 1 to 3 years d. ☐ 6 to 10 years f. ☐ more than 15 years

34. How is your diabetes controlled now? [Check all that apply.]

a. ☐ Pills b. ☐ Insulin c. ☐ Diet d. ☐ Other ______________________________

35. Are you on dialysis? ☐ Yes ☐ No

If so, for how long? _________

36. Have you ever had a kidney transplant? ☐ Yes ☐ No

If so, when? _________

☐ No ☐ On waiting list

37. Over the past 5 years, where have you gone for health care? [Please check all the healthcare centers where the participant has received care over the past 5 years. Write in the name(s) of the facility for ‘Other’. Please include any comments about where or when care was received on the back of this page.]

<table>
<thead>
<tr>
<th>Healthcare facility</th>
<th>Care provided in the past year</th>
<th>2 yrs ago</th>
<th>3 yrs ago</th>
<th>4 yrs ago</th>
<th>5 yrs ago</th>
</tr>
</thead>
<tbody>
<tr>
<td>Crownpoint Healthcare Facility</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Gallup Indian Medical Center</td>
<td></td>
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<td></td>
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<tr>
<td>Rehoboth Christian Medical Ctr.</td>
<td></td>
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<tr>
<td>Northern Navajo Med. Ctr.</td>
<td></td>
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<tr>
<td>Shiprock</td>
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<tr>
<td>Acoma, Canoncito, Laguna IHS</td>
<td></td>
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<td></td>
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<td></td>
</tr>
<tr>
<td>Dzilth-Na-O-Dith-Hle Health Ctr.</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Other Healthcare Facility</td>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>
38. Do you think you have ever been affected by lightning?  ☐ Yes  ☐ No

39. Has your grandparent, mother, father, sister or brother had any of the following? [Check all that apply.]
   a. ☐ Diabetes  c. ☐ Heart attack before age 55  e. ☐ Kidney disease
   b. ☐ High blood pressure  d. ☐ Stroke before age 55  f. ☐ Cancer (Indicate type below)
   ☐ Bladder  ☐ Breast  ☐ Cervical  ☐ Colorectal  ☐ Kidney  ☐ Liver  ☐ Lung  ☐ Melanoma
   ☐ Non-Hodgkin’s Lymphoma  ☐ Oral  ☐ Ovarian  ☐ Pancreas  ☐ Prostate  ☐ Stomach
   ☐ Thyroid  ☐ Uterus  ☐ Unknown

40. Has any blood relative (grandparent, mother, father, sister or brother) been told they have kidney disease, been on dialysis, or had a kidney transplant?  ☐ Yes  ☐ No

41. Do you take any of the following medications, and if “yes,” how often and how much?  
   [If “no,” skip to Question 42; if “yes,” use the photos in your handbook to help the respondent identify the medication she or he takes.]

<table>
<thead>
<tr>
<th>Do you take the medication?</th>
<th>Motrin/Ibuprofen</th>
<th>Tylenol/Acetaminophen</th>
<th>Aspirin</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ Yes  ☐ No</td>
<td>☐ Yes  ☐ No</td>
<td>☐ Yes  ☐ No</td>
<td></td>
</tr>
<tr>
<td>How often?</td>
<td>x day  x week</td>
<td>x day  x week</td>
<td>x day  x week</td>
</tr>
<tr>
<td>As needed</td>
<td>☐ As needed</td>
<td>☐ As needed</td>
<td>☐ As needed</td>
</tr>
<tr>
<td>How many pills at one time?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

42. Do you smoke cigarettes except for ceremonial use?  ☐ Yes  ☐ No
   [If “yes,” fill in one of the following blanks; typically, the respondent will answer in terms of packs of cigarettes per day.]

   Packs per day ______, or Packs per week ______, or Packs per month ______

43. Do you use chewing or dipping tobacco?  ☐ Yes  ☐ No
   [If “yes,” fill in one of the following blanks; typically, the respondent will answer in terms of cans or pouches of chew per week.]

   Bags/Cans per day ______, or Bags/Cans per week ______, or Bags/Cans per month ______

44. Do you drink beer?  ☐ Yes  ☐ No
   [If “yes,” fill in one of the following blanks.]

   Number of beers per day ______, or Number of beers per week ______, or Number of beers per month ______

45. Do you drink any other alcohol, such as wine and liquor?  ☐ Yes  ☐ No
   Number of drinks per day ______, or Number of drinks per week ______, or Number of drinks per month ______

[Interviewers, please take time to review the survey to check that you have put the participant number on each page, that the interviewer is identified, all questions have been asked and that a response or no response has been documented, that the participant’s age and time spent working and/or living in different locations agree. For example, on page 2 if the participant is 75 years old then in F. the number of years where they have lived should add up to 75 years. Use the space on the back of the survey to document any additional comments.]