

Questionnaire	Number of Items/Questions	Estimated Time to Administer
<p>Basic Health Registry Form – includes scripts and consent/visit information, contact information, deployment/exposure details, a few demographic and general health questions, items about job status and race, exposures, deployment and 8 total questions about mental health from the PC-PTSD and PHQ-4.</p>	<ul style="list-style-type: none"> 81 total questions (includes pre and post deployment questions) 	<p>10 Minutes</p>

RAPIDD Baseline Basic Health Registry Form

INTERVIEWER SCRIPT/PARTICIPANT INSTRUCTIONS

Hello, my name is [INSERT RESEARCHER/INTERVIEWER NAME] from [INSERT AGENCY/ORGANIZATION NAME]. We are collecting emergency and disaster related health information; this information is important to our research and other affected people. May I read you a consent statement, and then ask you some questions?

- YES [CONTINUE SCRIPT AND QUESTIONNAIRE ADMINISTRATION]
- NO [GO TO REFUSAL STATEMENT]

SCRIPT CONTINUED:

We are getting information from people who have been or are about to be exposed to [INSERT SPECIFIC EVENT OR DISASTER] so that we can collect information about their exposures and health. We will provide health information and offer referrals for services as necessary or as requested. You may also be contacted at a later date to see if you want to join other health, emergency or disaster studies. You are free to enroll in the registry or not; all study activities are completely voluntary. If you choose to enroll, we will ask questions about your health, feelings, experiences with [INSERT SPECIFIC EVENT OR DISASTER], or your experience preparing for [INSERT SPECIFIC EVENT OR DISASTER], employment, places you have been or things in your environment and how to contact you in the future. In total, this will take approximately [INSERT MINUTES/HOURS]. You can choose not to answer any questions that you are not comfortable with. All information will be kept confidential to the extent allowed by law and will be used for research purposes only. Please keep in mind that this study has no bearing on fitness for deployment and results will not be shared with your employer(s).

Is now a good time to conduct the interview?
 Yes [CONTINUE TO REVIEW OF CONSENT FORM]
 No

When would be a good time to conduct the interview?
 Date: ____/____/____
 Time of Day: ____:____ [AM/PM]

What is the best telephone number to reach you?
 (____) _____ - _____

["INTERVIEWER, REVIEW IRB/OMB APPROVED CONSENT FORM WITH PARTICIPANT. BE SURE THAT ALL SIGNATURES, DATES AND CHECKBOXES ARE COMPLETED AND THAT THE PARTICIPANT'S QUESTIONS AND CONCERNS HAVE BEEN ADDRESSED BEFORE ADMINISTERING ANY QUESTIONNAIRES OR COLLECTING BIOLOGICAL SPECIMENS"]

REFUSAL STATEMENT:

Ok, thank you for your time. If you change your mind about participating, please contact [INSERT AGENCY/ORGANIZATION NAME AND CONTACT INFORMATION] for study details and enrollment information.

Study Visit Information: (Source: ATSDR Rapid Registry Form/NIEHS GuLF Oil Spill Study)

[INTERVIEWER NOTE: THIS SECTION TO BE COMPLETED BY INTERVIEWER ONLY]

[PROGRAMMER NOTE: AUTO-TIME STAMP AND PRE-POPULATE]

DID THE PARTICIPANT CONSENT TO THE RAPIDD REGISTRY VISIT?

YES

NO

[PROGRAMMER NOTE: IF "NO", DISPLAY MESSAGE= "RECORD CONSENT REFUSAL REASON IF PROVIDED AND END RAPIDD BASELINE REGISTRY BASIC CORE FORM ADMINISTRATION."]

[INTERVIEWER NOTE: IF "NO" RECORD CONSENT REFUSAL REASON IF PROVIDED AND END RAPIDD BASELINE REGISTRY BASIC CORE FORM ADMINISTRATION.]

IF "NO", RECORD REASON(S) FOR CONSENT REFUSAL:

[FREE TEXT FIELD]

NO REFUSAL REASON GIVEN/OBTAINED

[PROGRAMMER NOTE: IF "NO" TO CONSENT, BLOCK ALL FURTHER DATA ENTRY FOR THIS PAGE "STUDY VISIT INFORMATION."]

DISASTER EVENT CODE(S): |__|_|_|_|_| [01 – HURRICANE, 02 – TORNADO, 03 – FLOOD ETC.]

DISASTER NAME AND DESCRIPTION: (i.e. Hurricane Katrina, 9/11, 2014 Oso Mudslide) [FREE TEXT]

ENTER CONSENT DATE

|__|_|_| - |__|_|_| - |__|_|_|_|_| | [MM-DD-YYYY]

RECORD CONSENT VERSION #:

|__|_|_|_|_|_|_|

[PROGRAMMER NOTE: ADD LOGIC CHECK FOR DATA ENTRY OF CONSENT VERSION #]

SITE/LOCATION[FREE TEXT] |_____|

INTERVIEWER INITIALS/ID: |__|_|_|_|_|

PARTICIPANT UNIQUE ID: |__|_|_|_|_|_|_|_|_|_|_|

DATE OF REGISTRY VISIT: |__|_|_|_| - |__|_| - |__|_|_|_|_|_| [MM-DD-YYYY]

TIME REGISTRY VISIT STARTED - |__|_|_|_|:|__|_|_|_| [HH: MM] |__|_|_|_| [AM/PM]

TIME REGISTRY VISIT COMPLETED -|__|_|_|_|:|__|_|_|_| [HH: MM] |__|_|_|_| [AM/PM]

8. How many people live at this address, including yourself?

- | | | | | |
- 1 (I live at this address alone)
 - Don't Know
 - Refused

9. What is the **best** telephone number to reach you?

- () - -
- None
 - Don't Know
 - Refused

10. Is this a home, work, or cell/mobile number?

- Home
- Work
- Cell/mobile
- Other
- Don't Know
- Refused

11. Do you have an **email** address?

- Yes, specify (i.e. JohnDoe@aol.com) [FREE TEXT]: _____
- No
- Don't Know
- Refused

Close Friend/Relative Information:

12. Is there someone who **does not** live with you who can usually reach you?

- Yes [GO TO QUESTION 14]
- No [GO TO QUESTION 13]
- Don't Know [GO TO QUESTION 13]
- Refused [GO TO QUESTION 13]

13. Is there someone who **does** live with you who can usually reach you?

- Yes [GO TO QUESTION 14]
- No [GO TO QUESTION 20]
- Don't Know [GO TO QUESTION 20]
- Refused [GO TO QUESTION 20]

[PROGRAMMER NOTE: IF "NO", "DON'T KNOW", OR "REFUSED" SELECTED DO NOT DISPLAY ADDITIONAL "CLOSE FRIEND/RELATIVE" QUESTIONS 14-19; GO TO NEXT SECTION, QUESTION 20]

14. What is this person's full name?

- First | | | | | | | | | | | | | | | | | | | | | |
- Last | | | | | | | | | | | | | | | | | | | | | |
- Middle initial(s) | | |
- Suffix (i.e. Jr. Sr. IV, if applicable) | | | | | | | |
- Don't Know
 - Refused

15. What is this person's relationship to you? (i.e., they are my aunt, father, friend, co-worker etc.)

- Specify [FREE TEXT]: _____
- Don't Know
- Refused

[PROGRAMMER NOTE: IF ANSWER CHOICE "YES" IS SELECTED FOR QUESTION 13, DO NOT DISPLAY QUESTION 16 - IF QUESTION 16 IS PROGRAMMED TO BE VISIBLE, DISPLAY AS FOLLOWS]

16. What is (his/her) **home** address? [FREE TEXT] (ONLY FILL IN ADDRESS INFORMATION BELOW IF YOU ANSWERED "YES" TO QUESTION 12. IF YOU ANSWERED "YES" TO QUESTION 13, PLACE A MARK IN THE CHECKBOX BELOW "SAME AS MY ADDRESS")

Street _____

City _____

State _____ [Enter state abbreviation]

Zip _____

Don't Know

Refused

Same as my address (ONLY SELECT THIS CHECKBOX IF YOU ANSWERED "YES" TO QUESTION 13)

17. What is the **best** telephone number to reach him/her?

(____) - _____

None

Same as my/participant home phone

Don't Know

Refused

18. Is this a home, work, or cell/mobile number?

Home

Work

Cell/mobile

Other

Don't know

Refused

19. Does (he/she) have an **email** address?

Yes, specify (i.e. JohnDoe@aol.com) [FREE TEXT]: _____

No

Don't Know

Refused

Demographics and Sociological Factors: (Sources: ERHMS, NHANES, NHEXAS)

The following questions gather some basic information about you and your lifestyle. This information is often used in scientific studies to compare groups of people who are similar. Please remember that all of the data you provide is held in strict confidence.

20. What is your employment status? Check all that apply. (Sources: WTC Adult Survey Wave 3 answer choices/ ATSDR RRR Survey question – modified)

Employed for **full-time** wages

Employed for **part-time** wages

Unable to work because of health

Self-employed

Out of work for 1 year or more

Out of work for less than 1 year

Retired

On maternity or parental leave

Looking for work

Student

Home maker

Volunteer

Refused

Other, specify [FREE TEXT]: _____

21. What race or race(s) do you consider yourself to be? Check all that apply. (Source: NHANES)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Pacific Islander
- White
- Other, specify [FREE TEXT] _____
- Don't Know
- Refused

22. Do you consider yourself to be of Hispanic, Latin or Spanish origin? (Sources: EPA NHEXAS/NHANES 2013-2014)

- Yes
- No
- Don't Know
- Refused

23. Do you use tobacco in **any** form?

- Yes
- No
- Don't Know
- Refused

24. Do you drink alcohol in **any** form?

- Yes
- No
- Don't Know
- Refused

General Health (Source: ERHMS)

The following questions ask about your overall health and medical history. Please answer each question to the best of your ability.

25. Which of these describes your health, **in general**?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't Know
- Refused

26. How would you rate your **current** physical fitness level?

- Excellent
- Very Good
- Good
- Fair
- Poor
- Don't Know
- Refused

27. How is your hearing?

- Excellent
- Good
- Fair
- Poor
- Don't Know
- Refused

28. Do you have any medical conditions for which you are currently under the care of a physician?

- Yes, please explain: [FREE TEXT] _____
- No
- Refused

The next few questions will ask about your thoughts, feelings and behaviors and how an event may have impacted your emotions. Please answer each question to the best of your ability. There are no right or wrong answers.

Over **the last 2 weeks**, how often have you been bothered by the following problems?

29. Feeling nervous, anxious or on edge

- Not at all
- Several days
- More than half the days
- Nearly every day
- Refused

30. Not being able to stop or control worrying

- Not at all
- Several days
- More than half the days
- Nearly every day
- Refused

31. Little interest or pleasure in doing things

- Not at all
- Several days
- More than half the days
- Nearly every day
- Refused

32. Feeling down, depressed or hopeless

- Not at all
- Several days
- More than half the days
- Nearly every day
- Refused

In your life, have you **ever** had any experience that was so frightening, horrible, or upsetting that, in the **past month**, you:

33. Have had nightmares about it or thought about it when you did not want to?

- Yes
- No
- Don't Know
- Refused

34. Tried hard not to think about it or went out of your way to avoid situations that reminded you of it?

- Yes
- No
- Don't Know
- Refused

35. Were constantly on guard, watchful, or easily startled?

- Yes
- No
- Don't Know
- Refused

36. Felt numb or detached from others, activities, or your surroundings?

- Yes
- No
- Don't Know
- Refused

Deployment Information (Sources: ERHMS Pre-Deployment Questionnaire, ATSDR Rapid Registry Form, Department of Defense/Department of Homeland Security Post Deployment Form)

The next few sections contain questions about deployments and exposure history. Answer each of these questions based on your knowledge and experiences. Please attempt to answer each question in as much detail as possible and to the best of your ability. For questions that may not apply to you, there will be instructions for when to skip those questions and where to go next.

37. Are you preparing to respond to [INSERT DISASTER EVENT], recently returning from responding to [INSERT DISASTER EVENT] or currently in training to respond to [INSERT DISASTER EVENT]?

- Preparing to respond to an event [GO TO QUESTION 38]
- Recently returning from an event [GO TO QUESTION 57]
- Currently in training to prepare for an event [GO TO QUESTION 38]
- Other, specify [free text]: _____
- Refused [END SURVEY]

[PROGRAMMER NOTE: IF "PREPARING TO RESPOND" OR "CURRENTLY IN TRAINING" ARE SELECTED, DISPLAY ONLY PRE-DEPLOYMENT QUESTIONS 38 – 56, BUT DO NOT DISPLAY POST-DEPLOYMENT QUESTIONS FOR DATA ENTRY. IF "RETURNING FROM AN EVENT" SELECTED, DISPLAY POST DEPLOYMENT QUESTIONS 57 – 81.]

Pre-Deployment Information

We would like to get as much information as possible from you about your upcoming deployment for/to [INSERT DISASTER EVENT].

38. Will you be exposed to [INSERT DISASTER EVENT] as: [Check all that apply] (Source: ATSDR Rapid Registry modified)

- A First responder or rescue worker (i.e. Firefighter, Police Officer, EMS)
- A Government official – Civilian or Military (i.e. State, Federal, County, City, Branch of Military)
- A Clean-up or disaster worker (i.e. Hazmat, Search and Rescue)
- Part of a non-governmental organization or as a site volunteer (i.e. the Red Cross)
- Other, specify [FREE TEXT] _____
- Don't Know
- Refused

39. Please provide your deployment site/job location (Modified ERHMS for time tense)

- [FREE TEXT]: _____
- Don't Know
 - Refused

40. What is your **anticipated** date of deployment? (Modified ERHMS for time tense)

- ____ - ____ - _____
- [MM-DD-YYYY]
- Don't know
 - Refused

41. What is your **anticipated** duration of deployment? (Modified EHRMS pre-deployment question; added answer choices)

- Enter the number AND the unit of time (i.e. week, month, day, year etc.)
- ____
- Hour(s)

- Day(s)
- Week(s)
- Month(s)
- Year(s)
- Don't Know
- Refused

42. What will be your **anticipated** duties during deployment? (Check all that apply) (Source: DHS)

- Search & Rescue
- Law Enforcement/Security
- Safety/Health
- Recovery
- Immigration Enforcement duties
- Operations
- Peer Support/Critical Incident Stress Management
- Medical/Health Care
- Other, specify [FREE TEXT]: _____
- Refused

43. Will your work responsibilities involve potential exposure to hazardous substances? (Modified ERHMS for time tense)

- Yes, if known, specify which substances [FREE TEXT]: _____
- No
- Don't Know
- Refused

44. Will there be a need for Personal Protective Equipment (PPE) use? (ERHMS, modified)

- Yes
- No [GO TO QUESTION 46]
- Don't Know [GO TO QUESTION 46]
- Refused [GO TO QUESTION 46]

45. If yes, what type of Personal Protective Equipment (PPE) will you wear? Check all that apply. (Source: DHS)

- Respirator - Please print type (e.g., disposable mask, half face reusable, full face, PAPR, SCBA etc.)
[FREE TEXT] _____
- Face Shield
- Gloves
- Work Coveralls (e.g., Carhartt, Dickie's)
- Tyvek/Tychem (A full body disposable suit made from polyethylene fibers that protect you from possibly harmful chemicals and vapors.)
- Slicker Suit (Rain)
- Insect repellent applied to skin (i.e. DEET)
- Pesticide treated clothing/uniforms
- Steel toed construction shoes
- Rubber Boots/Waders
- Goggles / Glasses (**does not** include non-commercial sunglasses or prescription eyeglasses)
- Hearing Protection (i.e. ear plugs/muffs)
- Hard hat
- Other, specify: [FREE TEXT] _____

46. How many **total** deployments have you had in the past **5 years**? (Source: DOD)

- 0 or none
- 1
- 2
- 3
- 4

- 5 or more
- Don't Know
- Refused

Pre-Deployment Exposures and Past History of Exposure (Source: ERHMS)

In your **job**, have you **ever** been exposed to any of the following chemicals or work conditions? DK = Don't Know

Chemical/Condition	Select Answer Choice:
47. Dust?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
48. Fumes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
49. Gases?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
50. Carbon Monoxide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
51. Cement Dust?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
52. Chemicals/Solvents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
53. Blood/Body Fluids?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
54. Sewage (Raw/Untreated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
55. Smoke/Fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused
56. Other exposure? Specify [FREE TEXT]	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused

[STOP! END PRE-DEPLOYMENT QUESTIONS HERE. IF YOU HAVE NOT YET BEEN DEPLOYED TO {INSERT DISASTER EVENT} AND OR ARE IN TRAINING, THE QUESTIONNAIRE ENDS HERE AND YOU ARE FINISHED]

Post-Deployment Information

The next few sections contain questions about deployments and exposure history. Answer each of these questions based on your knowledge and experiences. Please attempt to answer each question in as much detail as possible and to the best of your ability. For questions that may not apply to you, there will be instructions for when to skip those questions and where to go next.

57. Were you exposed to [INSERT DISASTER EVENT]as: (Check all that apply) (Source: Modified ATSDR Rapid Registry form question)

- A First responder or rescue worker (i.e. Firefighter, Police Officer, EMS)
- A Government official – Civilian or Military (i.e. State, Federal, County, City, Branch of Military)
- A Clean-up or disaster worker (i.e. Hazmat, Search and Rescue)
- Part of a non-governmental organization or as a site volunteer (i.e. the Red Cross)
- Other, specify [FREE TEXT] _____
- Don't Know
- Refused

58. Please provide your deployment site/job location (Source: Modified ERHMS for time tense)

- [FREE TEXT]: _____
- Don't Know
 - Refused

59. What was the date of your deployment? (Source: Modified ERHMS for time tense)

--

 [MM-DD-YYYY]

- Don't know
- Refused

60. What was the duration of your deployment? (Source: Modified EHRMS pre-deployment question; added answer choices)

Enter the number **AND** unit of time (i.e. week, month, day, year etc.)

- Hour(s)
- Day(s)
- Week(s)
- Month(s)
- Year(s)
- Don't Know
- Refused

61. What were your duties during deployment? (Check all that apply) (Source: DHS)

- Search & Rescue
- Law Enforcement/Security
- Safety/Health
- Recovery
- Immigration Enforcement duties
- Operations
- Peer Support/Critical Incident Stress Management
- Medical/Health Care
- Other, specify [FREE TEXT]: _____
- Refused

62. Did your work responsibilities involve potential exposure to hazardous substances? (Source: Modified ERHMS for time tense)

- Yes, if known, specify which substances [FREE TEXT]: _____
- No
- Don't Know
- Refused

63. Was there a need for Personal Protective Equipment (PPE) use? (ERHMS, modified)

- Yes
- No [GO TO QUESTION 65]
- Don't Know [GO TO QUESTION 65]
- Refused [GO TO QUESTION 65]

64. If yes, what type of Personal Protective Equipment (PPE) did you wear? Check all that apply.(Source: DHS/Gulf On Shore exposure Assessment)

- Respirator - Please print type (e.g., disposable mask, half face reusable, full face, PAPR, SCBA etc.)
- [FREE TEXT] _____
- Face Shield
- Gloves
- Work Coveralls (e.g., Carhartt, Dickie's)
- Tyvek/Tychem (A full body disposable suit made from polyethylene fibers that protect you from possibly harmful chemicals and vapors.)
- Slicker Suit (Rain)
- Insect repellent applied to skin (i.e. DEET)
- Pesticide treated clothing/uniforms
- Steel toed construction shoes
- Rubber Boots/Waders
- Goggles / Glasses (**does not** include non-commercial sunglasses or prescription eyeglasses)
- Hearing Protection (i.e. ear plugs/muffs)
- Hard hat
- Other, specify: [FREE TEXT] _____
- Don't Know
- Refused

Post- Deployment Exposure Information (Source: ATSDR RRR)

The next few questions ask about activities you may have been involved in, locations you may have visited and exposures that may have occurred or that you may have experienced **during or after** your deployment for/to [INSERT RELEVANT DISASTER].

65. Were you near or at the [DISASTER EVENT] site when the event started?

- Yes
- No [GO TO QUESTION 68]
- Don't Know [GO TO QUESTION 68]
- Refused [GO TO QUESTION 68]

[PROGRAMMER NOTE: IF "NO," "DON'T KNOW" OR "REFUSED," SKIP QUESTIONS 66-67 AND DISPLAY QUESTION 73.]

66. At the start of the [DISASTER EVENT] on [DATE] at [TIME], at what address were you? [FREE TEXT]

- _____
- Don't Know
- Refused

67. At the start of the [DISASTER EVENT], were you (check all that apply):

- Inside a building or structure
- Inside a car or other vehicle
- Outside
- At some other location, specify: [FREE TEXT] _____
- Don't Know
- Refused

68. As a result of the [DISASTER EVENT], did you get injured or become ill?

- Yes, describe: [FREE TEXT] _____
- No
- Don't Know
- Refused

69. Did you require medical attention **during** your deployment? (Source: DHS)

- Yes, describe: [FREE TEXT] _____
- No/Not applicable
- Don't Know
- Refused

70. Before the [DISASTER EVENT], did you have any of the following conditions? (check all that apply)

- Chronic illness
- Physical disability
- Other disability, specify: [FREE TEXT] _____
- None [GO TO QUESTION 72]
- Don't Know [GO TO QUESTION 72]
- Refused [GO TO QUESTION 72]

71. Please describe your condition: [FREE TEXT]

- Refused _____

Post Deployment Exposure Information (Continued):

The next few questions will ask about a chemical or work condition that you may have been exposed to **during your deployment** to [INSERT DISASTER EVENT]. To the best of your ability, please answer in as much detail as possible about your experience(s). DK = Don't Know, NA = Not Applicable.

Which of the following chemicals and or work conditions applied to you?	Answer choice(s)	What was the length of your exposure to this chemical or condition? Please report the number of days.	What type of protection did you use with this exposure? And what percentage (%) of the time did you wear protective equipment with this exposure? (e.g., gloves – 50%, respirator - 100%)
72. Dust?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	_ _ _ _ _ Days <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> DK <input type="checkbox"/> Refused
73. Fumes?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	_ _ _ _ _ Days <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> DK <input type="checkbox"/> Refused
74. Gases?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	_ _ _ _ _ Days <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> DK <input type="checkbox"/> Refused
75. Carbon Monoxide?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	_ _ _ _ _ Days <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> DK <input type="checkbox"/> Refused
76. Cement Dust?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	_ _ _ _ _ Days <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> DK <input type="checkbox"/> Refused
77. Chemicals/Solvents?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	_ _ _ _ _ Days <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> DK <input type="checkbox"/> Refused
78. Blood/Body Fluids?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	_ _ _ _ _ Days <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> DK <input type="checkbox"/> Refused
79. Sewage (Raw/Untreated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	_ _ _ _ _ Days <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> DK <input type="checkbox"/> Refused
80. Smoke/Fire?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused	_ _ _ _ _ Days <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> DK <input type="checkbox"/> Refused
81. Other exposure? Specify, [FREE TEXT] _____	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK <input type="checkbox"/> Refused <input type="checkbox"/> NA	_ _ _ _ _ Days <input type="checkbox"/> DK <input type="checkbox"/> Refused	<input type="checkbox"/> DK <input type="checkbox"/> Refused

[END RAPIDD BASELINE QUESTIONNAIRE BASIC REGISTRY CORE FORM]