



*A health study for oil spill clean-up workers and volunteers*

## **Vietnamese Screener Survey**

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**SECTION A: Contact Script**

May I speak to [PARTICIPANT’S NAME]?

[IF PARTICIPANT, GO TO SECTION E]

[IF HHM ANSWERS AND ASKS WHO IS CALLING]

Hi, my name is [RECRUITER NAME] I’m calling about the oil spill health study also known as the GuLF STUDY or Gulf Long-term Follow-up Study. It’s sponsored by the National Institutes of Health. May I please speak to [PARTICIPANT’S NAME]?

V\_A\_OUTCOME OF INITIAL CALL:

PARTICIPANT TEMPORARILY NOT AVAILABLE .....	5
PARTICIPANT MOVED .....	1
PARTICIPANT PREVIOUSLY CONTACTED .....	6
PARTICIPANT REACHED (CONTINUE) .....	9
PARTICIPANT REQUESTS DIFFERENT LANGUAGE .....	10

**SECTION B: Participant Temporarily Not Available**

I am sorry I missed [HIM/HER/NAME]. What is the best time to reach [HIM/HER/NAME]?

[INTERVIEWER: SCHEDULE CALLBACK IN THE DIALER]

**SECTION C: Participant Moved**

V1. It is important that we speak to [PARTICIPANT]. Do you have a telephone number or address where [PARTICIPANT] may be reached?

[IF YES]

V1a. What is the phone number?

\_\_\_\_\_ PHONE NUMBER

DON'T KNOW .....8

REFUSED .....9

V1b. Is this a cell phone number?

YES .....1

NO .....2

DON'T KNOW .....8

REFUSED .....9

V1c. What is the address?

\_\_\_\_\_ STREET

\_\_\_\_\_ CITY

STATE DROP DOWN BOX

\_\_\_\_\_ ZIPCODE

DON'T KNOW .....8

REFUSED .....9

Thank you.

**SECTION D: Previously Contacted**

I apologize for the inconvenience. We thank you for speaking with us previously and if you have any questions or concerns please call the study hotline at 855 NIH GuLF (855-644-4853). Thank you.

**SECTION E: Participant Contacted**

Hi, I'm calling about the oil spill health study also known as the GuLF STUDY or Gulf Long-term Follow-up Study. The National Institutes of Health is conducting the study to learn more about any potential health effects of the recent oil spill in the Gulf of Mexico. This study will include both people who were involved in oil spill clean-up and others who did not do clean-up work. Findings from the study will identify health needs of people involved in oil spills and may change public health responses to similar disasters in the future.

Participation is voluntary. If you agree to participate, I will ask you some questions about your work and your health. As part of the study, we also will follow your health for at least 10 years. I only need about 10 minutes of your time today. You do not have to

answer every question. If there is a question you do not want to answer, or if you have any questions of your own, just let me know.

If you agree to answer the questions, you are giving consent to be part of the GuLF STUDY.

So if I have your permission, I will continue...

V2. [IS THE PARTICIPANT WILLING TO CONTINUE?]  
YES ..... 1 [GO TO SECTION G]  
NO ..... 2 [GO TO SECTION F]  
NEEDS TIME TO CONSIDER ..... 3

We appreciate your willingness to consider participation in the study. When might you have time for a 10 minute call?

\*[SCHEDULE CALL BACK IN CALL SOFTWARE]\*

Thank you. We'll call you then. In the meantime, if you have any questions or would like to schedule the interview, you can call us toll-free at 855 NIH GuLF (855-644-4853).

**SECTION F: Refusal Conversion**

V3. May I ask why you do not want to participate?  
ABLE TO CONVERT..... 1  
UNABLE TO CONVERT ...2 \_\_\_\_\_ RECORD REFUSAL REASON

[ATTEMPT CONVERSION AND RECORD REFUSAL REASON, IF CONVERSION UNSUCCESSFUL.]

Thank you.

**SECTION G: Confirm and Update Contact Information**

Let me confirm the information that I have for you.

V4. Is your name [SPELL FIRST, MI, THEN LAST NAME]?

[PROGRAMMER DISPLAY FIRST, MIDDLE, LAST NAMES AND SUFFIX]  
[INTERVIEWER: ENTER INTO THE FIELDS BELOW ANY CORRECTIONS TO BE SAVED]

\_\_\_\_\_ FIRST NAME  
\_\_\_\_\_ MIDDLE NAME  
\_\_\_\_\_ LAST NAME  
\_\_\_\_\_ SUFFIX

V5. What is your date of birth?  
\_\_\_/\_\_\_/\_\_\_ MM/DD/YYYY

DON'T KNOW .....8  
REFUSED .....9

**[INTERVIEWER PROBE: IF DK OR REFUSED:** For legal reason, we need to know if you are old enough to participate in the study. **REPEAT QUESTION].**

[PROGRAMMER: IF AGE IS < 21, GO TO INELGIBLE]

V6. What is the best phone number to reach you?

\_\_\_\_\_ PHONE NUMBER  
DON'T KNOW .....8 [GO TO V7]  
REFUSED .....9 [GO TO V7]

V6a. Is this a mobile or land line?

MOBILE .....1  
LAND LINE .....2  
DON'T KNOW .....8  
REFUSED .....9

V7. Is there another number where we can reach you?

\_\_\_\_\_ PHONE NUMBER  
NO ADDITIONAL NUMBER ..... 2 [GO TO V8]  
DON'T KNOW ..... 8 [GO TO V8]  
REFUSED ..... 9 [GO TO V8]

V7a. Is this a mobile or land line?

MOBILE .....1  
LAND LINE .....2  
DON'T KNOW .....8  
REFUSED .....9

V8. What is your current address?

\_\_\_\_\_ STREET  
\_\_\_\_\_ CITY  
STATE DROP DOWN BOX  
\_\_\_\_\_ ZIPCODE  
DON'T KNOW .....8  
REFUSED .....9

V9. Is this also your mailing address?

YES .....1 [GO TO V10]  
NO .....2  
DON'T KNOW .....8 [GO TO V10]  
REFUSED .....9 [GO TO V10]

V9a. What is your mailing address?

\_\_\_\_\_ STREET  
\_\_\_\_\_ CITY  
STATE DROP DOWN BOX  
\_\_\_\_\_ ZIPCODE  
DON'T KNOW.....8  
REFUSED.....9

V10. May I have contact information for a person who would know how to reach you should we have difficulty contacting you in the future?

YES.....1  
NO.....2 [GO TO V11]  
DON'T KNOW .....8 [GO TO V11]  
REFUSED .....9 [GO TO V11]

V10a. What is this person's relationship to you?

SPOUSE ..... 1  
SIBLING ..... 2  
PARENT ..... 3  
GRANDPARENT ..... 4  
AUNT/UNCLE..... 5  
COUSIN ..... 6  
NEPHEW/NIECE..... 7  
LIFE PARTNER..... 8  
DOMESTIC PARTNERSHIP ..... 9  
FRIEND ..... 10  
CHILD..... 11  
OTHER..... 12  
DON'T KNOW ..... 88  
REFUSED ..... 99

V10b. What is their name?

\_\_\_\_\_ NAME  
DON'T KNOW .....8  
REFUSED ... .....9

V10c. What is their phone number?

\_\_\_\_\_ PHONE NUMBER  
DON'T KNOW .....8 [GO TO V11]  
REFUSED .....9 [GO TO V11]

V10c1. Is this a mobile or land line?

MOBILE ..... 1  
LAND LINE ..... 2  
DON'T KNOW..... 8  
REFUSED..... 9

**SECTION H: Demographic Measures**

V11. [ASK ONLY IF UNKNOWN OR UNCERTAIN] Are you male or female?

- Male ..... 1
- Female ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

V11a. Were you born in the United States?

- Yes ..... 1 [GO TO QUESTION V12]
- No ..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9

V11b. What country were you born in?

\_\_\_\_\_ [FREE TEXT FIELD]

- DON'T KNOW ..... 8
- REFUSED ..... 9

V11b1. How old were you when you came to the United States?

\_\_\_\_ AGE

- DON'T KNOW ..... 88
- REFUSED ..... 99

V11c. Are you now married, widowed, divorced, separated, never married, or living with a partner?

- MARRIED ..... 1
- WIDOWED ..... 2
- DIVORCED ..... 3
- SEPARATED ..... 4
- NEVER MARRIED ..... 5
- LIVING WITH PARTNER ..... 6
- DON'T KNOW ..... 8
- REFUSED ..... 9

V11d. What was your total household income in 2010 before taxes, including income from all sources such as wages, salaries, Social Security or retirement benefits, help from relatives and so forth?

PROBE: Income is important in analyzing the health information we collect. For example, this information helps us to learn whether persons in one income group use certain types of medical services or have certain conditions more or less often than those in another group. Please include all sources of income including wages, salary, commissions, bonuses, tips from all jobs, self-employment income, annuities, interest, dividends, net rental income, royalties, income from estates and trusts, Social Security or Railroad retirement, Supplemental Security Income (SSI), any public assistance or

welfare payments, pensions (including retirement, survivor or disability), Veteran's (VA) payments, unemployment compensation, child support or alimony payments.

- Less than \$20,000..... 1
- \$20,001 – \$29,999 ..... 2
- \$30,000 - \$39,999 ..... 3
- \$40,000 - \$49,999 ..... 4
- \$50,000 - \$59,999 ..... 5
- \$60,000 - \$69,999 ..... 6
- \$70,000 - \$79,999 ..... 7
- \$80,000 or more ..... 10
- REFUSED ..... 8
- DON'T KNOW ..... 9

**SECTION I: Clean-up Related Tasks and Exposures During Clean-up**

I now want to ask you about **any** work you may have done that was related to the oil spill clean-up effort. This could include actual clean-up activities or jobs that supported those activities in any way, such as food service or clerical support. This could have been done as a paid employee or as a volunteer.

V12. Not counting any clean-up training days, did you work at least one day since April 20, 2010 doing anything related to the oil spill clean-up effort?

- YES ..... 1 [GO TO V15]
- NO..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9 [GO TO V20]

V13. Did you do any work around the time of the oil spill clean-up that was needed because of the spill? Remember that this work could include jobs like cooks or food service personnel; fork lift drivers; security personnel; health & safety personnel; foremen; drivers; and so on.

- YES ..... 1 SPECIFY: \_\_\_\_\_ [FREE TEXT FIELD]
- NO..... 2 [GO TO V14a]
- DON'T KNOW ..... 8 [GO TO V14a]
- REFUSED ..... 9 [GO TO V20]

V14. Did you do this for at least one day, not counting any clean-up training days?

- YES ..... 1 [GO TO V15]
- NO..... 2
- DON'T KNOW ..... 8
- REFUSED ..... 9 [GO TO V20]



V14a. We got your name from one of the lists of people who were trained for the clean-up or who may have worked on the clean-up. Please tell me why you did not work on the clean-up. [SELECT ALL THAT APPLY]

- DID NOT COMPLETE THE TRAINING..... 01
- WAS NOT HIRED FOR HEALTH REASONS ..... 02
- .....SPECIFY: \_\_\_\_\_ [FREE TEXT FIELD]
- COULD NOT WORK FOR HEALTH REASONS .... 03
- .....SPECIFY: \_\_\_\_\_ [FREE TEXT FIELD]
- FOUND OTHER WORK FIRST / OTHER WORK OBLIGATIONS 04
- WAS NOT CALLED / WAS TOLD ONLY THAT THEY WERE NOT NEEDED 05
- MOVED AWAY (FOR REASONS OTHER THAN THOSE ABOVE)...06
- WAS OBSERVER/VISITOR ONLY (E.G., REPORTER, POLITICIAN); DID NOT INTEND TO WORK ON THE CLEAN-UP ..... 07
- OTHER..... 08
- .....SPECIFY: \_\_\_\_\_ [FREE TEXT FIELD]
- WAS NOT DEPLOYED TO THE CLEAN-UP RESPONSE ..... 09
- LANGUAGE BARRIER – COULD NOT COMMUNICATE WITH POSSIBLE EMPLOYER 10
- LANGUAGE BARRIER – COULD NOT COMMUNICATE WITH POTENTIAL CO-WORKERS 11
  
- DON'T KNOW ..... 88
- REFUSED ..... 99

[IF V14a = 01 OR 07, GO TO SECTION M: INELIGIBLE SCRIPTS. ELSE GO TO V20]

V15. Thinking about all of the work you did on the oil spill clean-up, what was the first date you started on the clean-up, not counting training?

[INTERVIEWER: IF PARTICIPANT HAS TROUBLE ANSWERING, ASK “CAN YOU TELL ME THE YEAR THAT YOU STARTED?”. THEN ASK “CAN YOU TELL ME THE MONTH AND WHETHER YOU STARTED EARLY, MIDDLE, OR LATE IN THE MONTH?”; ENTER DAY AS “EE”, “MM”, OR “LL” FOR EARLY, MIDDLE, OR LATE, RESPECTIVELY. IF SUBJECT CONTINUES TO HAVE TROUBLE ANSWERING, ASK “CAN YOU TELL ME JUST THE MONTH THAT YOU STARTED?”; ENTER DAY AS 88.]

\_\_/\_\_/\_\_ START DATE

- DON'T KNOW.....88888888
- REFUSED..... 99999999

V16. And what was the last date you worked on the clean-up?

[INTERVIEWER: IF PARTICIPANT HAS TROUBLE ANSWERING, ASK “CAN YOU TELL ME THE YEAR THAT YOU STOPPED?”. THEN ASK “CAN YOU TELL ME THE MONTH AND WHETHER YOU STOPPED EARLY, MIDDLE, OR LATE IN THE MONTH?”; ENTER DAY AS “EE”, “MM”, OR “LL” FOR EARLY, MIDDLE, OR LATE,

RESPECTIVELY. IF PARTICIPANT CONTINUES TO HAVE TROUBLE ANSWERING, ASK "CAN YOU TELL ME JUST THE MONTH THAT YOU STOPPED?"; ENTER DAY AS 88.]

[PROGRAMMER NOTE: V16-V15 SHOULD NEVER BE < 0.]

\_\_/\_/\_/\_\_\_ STOP DATE

STILL WORKING.....77777777

DON'T KNOW.....88888888

REFUSED.....99999999

if V15=(DON'T KNOW or REFUSED) or V16=(DON'T KNOW or REFUSED) or >= 1 of (day, month, year) of V15 is missing (incl. 88 for day) or >= 1 of (day, month, year) of V16 is missing (incl. 88 for day) or V16-V15 = 0, else V17a V16a. How many days, weeks, or months did you work on the clean-up?

\_\_|\_|\_| UNITS

Days ..... 1  
 Weeks ..... 2  
 Months..... 3  
 DON'T KNOW ..... 8  
 REFUSED ..... 9

	Yes	No	DK	REF
V17a. During the cleanup, did you do any work on the Enterprise, Q4000, DD2, or DD3 vessels?	1	2	8	9
V17b. Did you work on other ships, boats, or barges?	1	2	8	9
V17c. Did you work on land?	1	2	8	9

[PROGRAMMER: IF V17b=1, GO TO V17b1, ELSE GO TO V18]

V17b1. When you were working on one of these barges, boats, or ships, about how many hours a day, on average, did you work?

\_\_ \_\_ MINUTES [LESS THAN ONE HOUR]

\_\_ \_\_ HOURS

DON'T KNOW ..... 8

REFUSED ..... 9

V17b2. Did you ever work in an area where you could see the individual ships or rigs that were working in the wellhead area?

Yes..... 1

No..... 2 [GO TO V17b7]

DON'T KNOW ..... 8 [GO TO V17b7]

REFUSED ..... 9 [GO TO V17b7]

V17b3. What month did you start working in an area where you could see the individual ships or rigs in the wellhead area?

\_\_\_ MONTH  
DON'T KNOW ..... 8  
REFUSED ..... 9

V17b4. How many days, weeks, or months did you work in this area?

\_ \_ \_ UNITS  
Days ..... 1  
Weeks ..... 2  
Months ..... 3  
DON'T KNOW ..... 8  
REFUSED ..... 9

V17b5. In a typical week or month, how many days did you work in this area?

|\_|\_| per unit  
Week ..... 1  
Month ..... 2  
DON'T KNOW ..... 88  
REFUSED ..... 99

V17b6. About how many hours a day?

\_\_\_ hours  
DON'T KNOW ..... 88  
REFUSED ..... 99

V17b7. For most of the time that you were on a vessel, could you see the shoreline?

Yes ..... 1  
No ..... 2 [GO TO V18]  
DON'T KNOW ..... 8 [GO TO V18]  
REFUSED ..... 9 [GO TO V18]

V17b8. How many days, weeks, or months did you work in this area?

\_ \_ \_ UNITS  
Days ..... 1  
Weeks ..... 2  
Months ..... 3  
DON'T KNOW ..... 8  
REFUSED ..... 9

V17b9. In a typical week or month, how many days did you work in this area?

|\_|\_| per unit  
Week ..... 1  
Month ..... 2  
DON'T KNOW ..... 88  
REFUSED ..... 99

V17b10. About how many hours a day?

\_\_\_\_\_ hours

DON'T KNOW ..... 88

REFUSED ..... 99

V18. Please tell me the types of work that you did as part of the oil spill clean-up.

[FREE TEXT]

V19a. What was the nearest town/city and state to your work site?

\_\_\_\_\_ TOWN/CITY

\_\_\_\_\_ STATE

DON'T KNOW ..... 8

REFUSED ..... 9

V19b. [If V17a or V17b = 1] What port or marina did you leave from?

\_\_\_\_\_ PORT OR MARINA

DID NOT WORK ON WATER ..... 2

DON'T KNOW ..... 8

REFUSED ..... 9

V19b1. In what town/city and state was the port or marina that you left from?

\_\_\_\_\_ TOWN/CITY

\_\_\_\_\_ STATE

DON'T KNOW ..... 8

REFUSED ..... 9

## SECTION J: Health and Mental Health

I would like to ask you a few questions about your health.

V20. How would you rate your physical health?

Excellent..... 1

Very good..... 2

Good ..... 3

Fair..... 4

Poor..... 5

DON'T KNOW ..... 8

REFUSED ..... 9

V21. Compared to three years ago, would you say your health is now better, worse, or about the same?

Better..... 1

Worse..... 2

About the same ..... 3

DON'T KNOW ..... 8

REFUSED ..... 9

**Health Symptoms**

Now I'm going to ask you about your health during the **past thirty days**. Please answer *All the time, Most of the time, Sometimes, Rarely, or Never*.

V22. During the last 30 days, how often have you had...

		All of the Time	Most of the Time	Sometimes	Rarely	Never	Don't Know	Refused
V22a.	A cough							
V22b.	Wheezing or whistling in your chest							
V22c.	Tightness in your chest							
V22d.	Been short of breath							
V22e.	A stuffy, itchy or runny nose							
V22f.	Watery or itchy eyes							
V22g.	Burning eyes							
V22h.	Burning in your nose, throat or lungs							
V22i.	A sore throat							
V22j.	A severe headache or migraine							

During the **past thirty days**. How often have you...

		All of the Time	Most of the Time	Sometimes	Rarely	Never	Don't Know	Refused
V22k.	Felt dizzy or lightheaded							
V22l.	Been nauseated							
V22m.	Experienced vomiting							
V22n.	Experienced nose bleeds							
V22o.	Experienced episodes of excessive or unusual hair loss							
V22p.	Experienced seizures							
V22q.	Had insomnia							
V22r.	Had blurred or distorted vision							
V22s.	Tingling or a "pins and needles" feeling in your hands, arms, feet, or legs							
V22t.	Numbness (parts of your body "go to sleep" for no apparent reason) in your hands, arms, feet, or legs							
V22u.	Did you stumble while walking							
V22v.	Experienced heart palpitations (heart pounding or racing) at rest							
V22w.	Sweat heavily for no reason							

During the **past thirty days**. How often have/did you...

		All of the Time	Most of the Time	Sometimes	Rarely	Never	Don't Know	Refused
V22x.	Experienced problems with urination such as taking a long time to urinate or having to strain to start the urine flow							
V22y.	Had lower back pain							
V22z.	Had excessive fatigue or extreme tiredness							
V22aa.	Diarrhea or frequent bowel movements							
V22bb.	Been constipated							
V22cc.	Had any dermatitis, eczema, other red, inflamed skin rashes, or sores or blisters							

### Mental Health

[PROGRAMMER NOTE: FOR QUESTIONS V23, V24, AND V25 NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE "two years"; IF DATE OF INTERVIEW ≥ OCTOBER 2, 2012 USE "three years"]

V23. In the past [YEAR FILL], how often have you been worried about having enough money to pay your rent or mortgage? Have you been worried...

- Always..... 1
- Usually .....2
- Sometimes .....3
- Rarely .....4
- Never.....5
- DON'T KNOW .....8 [GO TO QUESTION V24]
- REFUSED .....9 [GO TO QUESTION V24]

[PROGRAMMER NOTE: FOR QUESTIONS V23a, V24a, AND V24a, NUMBER OF YEARS WILL CHANGE BASED ON DATE OF INTERVIEW. IF DATE OF INTERVIEW IS BETWEEN OCTOBER 2, 2011 AND OCTOBER 1, 2012 USE "three years"; IF DATE OF INTERVIEW ≥ OCTOBER 2, 2012 USE "four years"]

V23a. How does this compare to [YEAR FILL] ago? Are you more worried about having enough money to pay your rent or mortgage, less worried, or is it about the same?

- More worried..... 1
- Less worried .....2
- About the same ....3
- DON'T KNOW .....8
- REFUSED .....9

V24. In the past [YEAR FILL], how often would you say you were worried about having enough money to buy food? Would you say you were worried ....

- Always..... 1
- Usually .....2
- Sometimes .....3
- Rarely.....4
- Never.....5
- DON'T KNOW .....8 [GO TO QUESTION V25]
- REFUSED .....9 [GO TO QUESTION V25]

V24a. How does this compare to [YEAR FILL] ago? Are you more worried about having enough money to buy food, less worried, or is it about the same?

- More worried..... 1
- Less worried .....2
- About the same ....3
- DON'T KNOW .....8
- REFUSED .....9

V25. In the past [YEAR FILL], how much have you worried about your future physical health? Would you say...

- A lot..... 1
- Some.....2
- A little, or .....3
- Not at all.....4
- DON'T KNOW .....8 [GO TO QUESTION V29]
- REFUSED .....9 [GO TO QUESTION V29]

V25a. How does this compare to [YEAR FILL] ago? Are you more worried about your future physical health, less worried, or is it about the same?

- More worried..... 1
- Less worried .....2
- About the same ....3
- DON'T KNOW .....8
- REFUSED .....9



## Experiences during Hurricane Katrina

Now I would like to ask you some questions regarding your experiences with Hurricane Katrina.

V26. Were you living in the gulf region at the time of Hurricane Katrina?

- YES ..... 1  
NO..... 2 [GO TO QUESTION V27]  
DON'T KNOW ..... 8 [GO TO QUESTION V27]  
REFUSED ..... 9 [GO TO QUESTION V27]

V26a. Please provide the city and state that you lived in at the time of Hurricane Katrina.

V26a1. City \_\_\_\_\_ [FREE TEXT FIELD]  
V26a2. State \_\_\_\_\_ [DROP-DOWN MENU]

V27. Were you forced to leave your residence because of the Hurricane?

- YES ..... 1  
NO..... 2 [GO TO QUESTION V28]  
DON'T KNOW ..... 8  
REFUSED ..... 9 [GO TO QUESTION V28]

V27a. Where did you go?

\_\_\_\_\_ [FREE TEXT FIELD]

V28. After the Hurricane, did you return to your prior residence or to a different residence?

- Prior ..... 1  
Different ..... 2  
Didn't return ..... 3  
DON'T KNOW ..... 8  
REFUSED ..... 9

## SECTION K: SSN, Addresses and Transition

V29. What is your social security number? [PROBE: Your social security number will help us identify health problems over time among persons who were involved in the oil spill clean-up. Reporting your social security number is voluntary. We will not share your social security number with others and we will do everything possible to keep it private.]

\_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_/\_\_\_ [GO TO V30]  
DON'T HAVE ..... HHH HH HHHH [GO TO V30]  
DON'T KNOW ..... KKK KK KKKK  
REFUSED ..... RRR RR RRRR

V29a. Would you be willing to tell me the last four digits of your social security number? The last four digits of your Social Security Number are not unique to you. Other people have those same last four digits. However, it will help us to identify health problems over time among persons who were involved in the oil spill clean-up.

Last 4 numbers of SSN - \_\_\_ \_\_\_ \_\_\_ \_\_\_  
DON'T HAVE.....HHHH  
DON'T KNOW .....KKKK  
REFUSED .....RRRR

V30. What is your email address? [INTERVIEWER: READ BACK FOR ACCURACY]  
[FREE TEXT FIELD] EMAIL  
DON'T HAVE ..... 7  
DON'T KNOW ..... 8  
REFUSED ..... 9

Do you have any questions about the study or anything that we discussed today?  
[RESPOND TO CONCERNS BASED ON INFORMATION FROM THE FAQ]

**SECTION L: Concluding Scripts**

Thank you for agreeing to be in the GuLF STUDY and completing this interview. We may contact you later to ask you some more questions and to update your contact information. We may also contact you to let you know about other study opportunities as they arise.

Please tell your family, friends and co-workers about the study and encourage them to join too. They may contact the study hotline to see if they are eligible to enroll in the study. If you have any questions or concerns later, you can call our toll-free number and a member of the study staff will assist you. That toll-free number is 855 NIH GuLF (855-644 4853). Thank you for your time.

**SECTION M: Ineligible Scripts**

[PARTICIPANT NAME], I really appreciate your time. However, based on your responses, you are ineligible to participate in this study. If you have any questions or concerns, you can call our toll-free number and a member of the study staff will assist you. That toll-free number is 855 NIH GuLF (855-644 4853).