

Form Approved  
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*Flight Attendants Health Study*  
*Questionnaire for Living Subjects*

Public reporting burden of this collection of information is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC, Project Clearance Officer, 1600 Clifton Road, MS D-24, Atlanta, GA 30333, ATTN: PRA (0920-XXXX). Do not send the completed form to this address.

*Interview only:*

Some of the questions will ask you to think back to events that may have occurred many years ago. Please answer these questions as well as you can. When answering the questions, your best estimate will do. If you don't know the answer to a particular question, you may answer "don't know".

*Mailed questionnaires only:*

This survey has been sent to former flight attendants of Pan American World Airways. The purpose of the study is to learn about the health effects of working as a flight attendant. Some of the questions may ask you to think back to events that may have occurred many years ago. Please answer these questions as well as you can.

We would like only the person specified in the enclosed letter to complete this survey. Please feel free to call us at the toll-free number below if you need help rather than leaving blank items in the survey. When filling out the survey, your best estimate will do. If you don't know the answer to a particular question, please write "don't know" or check "don't know".

If you have questions about this study or if you have trouble completing the survey, please call the Study Manager, [name], at her toll-free number, 1-800-xxx-xxxx during business hours (x a.m. - x p.m., xST). Thank you very much for your cooperation with this important project.

ID Number

*Interview only:*

Interviewer ID Number

Interview Date  /  /   
month day year

*Mailed questionnaires only:*

Today's date  /  /   
month day year

*PART 1. BACKGROUND INFORMATION*

1. What is your date of birth?  /  /   
month day year
2. Are you of Hispanic or Latino origin?  
 Yes  
 No
3. What is your race? (Check one or more)  
 American Indian or Alaska Native  
 Asian  
 Black or African American  
 Native Hawaiian  
or Other Pacific Islander  
 White
4. How many years of school did you complete? (Check one)  
 0-8 (grade school)  
 9-11 (high school  
but did not graduate)  
 High school graduate  
 Some college or professional training  
 College graduate  
 Graduate school and/or  
post-graduate work
5. About how tall are you to the nearest inch, without shoes?  
 feet  inches
6. About how much do you weigh, to the nearest pound?  
  
pounds
7. About how much did you weigh at age 20? (Excluding  
times when you were pregnant)  
 OR  Don't Know  
pounds
8. What is your current marital status? (Check one)  
 Never married  
 Married or living as married  
 Widowed  
 Separated  
 Divorced

9. In what religion were you raised?

- None
- Catholic
- Jewish → What is your ancestry?
  - Ashkenazi
  - Sephardic
  - Other (Specify) \_\_\_\_\_
- Mormon
- Seventh Day Adventist
- Protestant (other than Mormon or Seventh Day Adventist)
- Other (Specify) \_\_\_\_\_
- Refused
- Don't Know

10. In which state, US territory, or foreign country were you born?

\_\_\_\_\_ state, US territory, or foreign country

11. During your adult life, did you do any other kind of work aside from your work as a flight attendant?

- No → Go to Q12
- Yes

a. Other than your work as a flight attendant, what kind of work did you usually do?

\_\_\_\_\_  
\_\_\_\_\_

b. How many years did you do this kind of work?

|\_|\_|  
years

*PART 2. REPRODUCTIVE HISTORY*

12. How old were you when you began to menstruate?

|\_|\_| OR |\_| Don't Know  
years old

13. Has it been 12 months or more since you had your last menstrual period?

- No → Go to Q14
- Yes
- Don't Know → Go to Q14

a. How old were you when you had your last menstrual period?

|\_|\_| OR |\_| Don't Know  
years old

b. Why did your menstrual periods stop? (Check one)

- Currently pregnant or nursing
- Periods stopped naturally
- Surgery
- Radiation treatments
- Don't Know
- Other (Specify) \_\_\_\_\_

14. Have you ever been pregnant? (Include live births, stillbirths, miscarriages, abortions and tubal pregnancies)

- No → Go to Q15
- Yes
- Don't Know → Go to Q15

a. How many times have you been pregnant? (Include live births, still births, miscarriages, abortions and tubal pregnancies)

|\_|\_| OR |\_| Don't Know  
# of times

*Please fill in the chart on the next page for all of your pregnancies, starting with your first pregnancy. Be sure to include all pregnancies shown in Question 14, including any stillbirths, miscarriages, induced abortions, and tubal pregnancies.*

b.

a. Pregnancy #	b. When did your (first/next) pregnancy end?	c. How did this pregnancy end? With a live birth, stillbirth, miscarriage, induced abortion, or some other way? (Check all the apply)				
		Live birth	Stillbirth	Miscarriage	Induced abortion	Other (specify)
1	<input type="text"/> / <input type="text"/> month      year					
2	<input type="text"/> / <input type="text"/> month      year					
3	<input type="text"/> / <input type="text"/> month      year					
4	<input type="text"/> / <input type="text"/> month      year					
5	<input type="text"/> / <input type="text"/> month      year					
6	<input type="text"/> / <input type="text"/> month      year					
7	<input type="text"/> / <input type="text"/> month      year					
8	<input type="text"/> / <input type="text"/> month      year					
9	<input type="text"/> / <input type="text"/> month      year					
10	<input type="text"/> / <input type="text"/> month      year					
11	<input type="text"/> / <input type="text"/> month      year					
12	<input type="text"/> / <input type="text"/> month      year					

d. If this pregnancy ended in a live birth,			
was this a single or multiple birth? (Indicate number of babies)	what was the sex of the baby? (If twins or more, what was the sex of each baby?)	Did you breast-feed?	If yes, how many months did you breast-feed?
<input type="text"/> <input type="text"/> # of babies	___ Male ___ Female	___ No ___ Yes	<input type="text"/> <input type="text"/> # of months
<input type="text"/> <input type="text"/> # of babies	___ Male ___ Female	___ No ___ Yes	<input type="text"/> <input type="text"/> # of months
<input type="text"/> <input type="text"/> # of babies	___ Male ___ Female	___ No ___ Yes	<input type="text"/> <input type="text"/> # of months
<input type="text"/> <input type="text"/> # of babies	___ Male ___ Female	___ No ___ Yes	<input type="text"/> <input type="text"/> # of months
<input type="text"/> <input type="text"/> # of babies	___ Male ___ Female	___ No ___ Yes	<input type="text"/> <input type="text"/> # of months
<input type="text"/> <input type="text"/> # of babies	___ Male ___ Female	___ No ___ Yes	<input type="text"/> <input type="text"/> # of months
<input type="text"/> <input type="text"/> # of babies	___ Male ___ Female	___ No ___ Yes	<input type="text"/> <input type="text"/> # of months
<input type="text"/> <input type="text"/> # of babies	___ Male ___ Female	___ No ___ Yes	<input type="text"/> <input type="text"/> # of months
<input type="text"/> <input type="text"/> # of babies	___ Male ___ Female	___ No ___ Yes	<input type="text"/> <input type="text"/> # of months
<input type="text"/> <input type="text"/> # of babies	___ Male ___ Female	___ No ___ Yes	<input type="text"/> <input type="text"/> # of months

15. Has there ever been a period of at least one year when you were trying to get pregnant but did not succeed?
- \_\_\_ No → Go to Q16  
 \_\_\_ Yes  
 \_\_\_ Don't Know → Go to Q16
- a. How old were you the first time this occurred?
- \_\_\_ OR \_\_\_ Don't Know  
 years old
- b. Have you ever seen a doctor because of problems becoming pregnant?
- \_\_\_ No  
 \_\_\_ Yes
- c. What was the reason you had problems becoming pregnant? (Check all that apply.)
- \_\_\_ Ovulatory or hormonal problem  
 \_\_\_ Blocked or scarred tubes  
 \_\_\_ Endometriosis  
 \_\_\_ Partner had problem(s), such as low sperm count or other problem with sperm  
 \_\_\_ Other (specify) \_\_\_\_\_  
 \_\_\_ Cause not investigated  
 \_\_\_ Cause not found  
 \_\_\_ Don't Know
16. Have you ever taken birth control pills (oral contraceptives) for two months or more for any reason (to prevent pregnancy, acne, menstrual irregularity, etc.)?
- \_\_\_ No → Go to Q17  
 \_\_\_ Yes
- a. How old were you when you began taking birth control pills?
- \_\_\_  
 years old
- b. For how many months or years in total have you taken birth control pills?
- \_\_\_ OR \_\_\_  
 months years
- c. How old were you when you last took birth control pills?
- \_\_\_ OR \_\_\_ Presently taking them  
 years old
17. Estrogen is a female hormone that may be taken after a hysterectomy or during or after menopause. Have you ever used a medication containing estrogen for two months or more for a reason related to menopause such as hot flashes or other menopausal symptoms, prevention or treatment of bone loss or osteoporosis, or prevention or treatment of heart disease or cardiovascular disease? Please include any form of estrogen, such as pills, shots, creams, patches, and suppositories, but do not include birth control pills. Examples include Premarin, Estrace, Prempro, Climara, and Estraderm.
- \_\_\_ No → Go to Q19  
 \_\_\_ Yes
- a. How old were you when you started using estrogen?
- \_\_\_  
 years old
- b. Altogether, for about how many months or years have you used estrogen?
- \_\_\_ OR \_\_\_  
 months years
- c. How old were you when you last used estrogen?
- \_\_\_ OR \_\_\_ Presently using estrogen  
 years old



- e. On average, how many cigarettes do you or did you smoke each day? (20 cigarettes in a pack) |\_|\_|  
# of cigarettes/day
22. Before you were 20 years old, did you live in a house where someone smoked regularly (that is, daily for 6 months or more)? \_\_\_ No → Go to Q23  
\_\_\_ Yes  
\_\_\_ Don't Know → Go to Q23
- a. For how many years? |\_|\_|  
# of years
23. Since you were 20 years old, have you been married to or lived with a smoker who smoked regularly (that is, daily for 6 months or more) at home? \_\_\_ No → Go to Q24  
\_\_\_ Yes
- a. For how many years? |\_|\_|  
# of years
24. Did you ever drink alcoholic beverages (beer, wine, or hard liquor) on a regular basis (that is, more than one drink per month) for 6 months or more? \_\_\_ No → Go to Q25  
\_\_\_ Yes
- a. How old were you when you started drinking alcoholic beverages on a regular basis? |\_|\_|  
years old
- b. Do you drink alcoholic beverages now? \_\_\_ No → answer c, d, e  
\_\_\_ Yes → answer d, e
- c. How old were you when you last drank alcoholic beverages? |\_|\_|  
years old
- d. Considering the times when you may have stopped drinking alcoholic beverages and then restarted, how many total years did you drink alcoholic beverages on a regular basis? |\_|\_|  
# of years
- e. On average, for the entire time you drank alcoholic beverages, about how many drinks did you have per week? A drink is a 12 ounce bottle or can of beer, a 4 ounce glass of wine, or 1 ½ ounces of liquor either as a shot or in a mixed drink. |\_|\_| OR |\_| Less than one drink/week  
# of drinks/week

*PART 4. MEDICAL HISTORY*

25. Have you had 10 or more chest x-rays? (Chest x-rays may be taken during a routine physical exam, as a requirement for a job, during a hospital admission for asthma, pneumonia, or other lung problems, or to check your heart.) \_\_\_ No → Go to Q26  
\_\_\_ Yes  
\_\_\_ Don't Know → Go to Q26

a. How many chest x-ray examinations did you have when you were

- i. less than 20 years of age
- ii. 20-24 years
- iii. 25-29 years
- iv. 30-34 years
- v. 35-39 years
- vi. 40-44 years
- vii. 45-49 years
- viii. 50-54 years
- ix. 55-59 years
- x. 60-64 years
- xi. 65-69 years
- xii. 70-74 years
- xiii. 75 and older

Note to reviewers: During the interview only, the preceding question will be tailored to the respondent, according to the respondent's age.

26. Have you ever had a mammogram (an x-ray exam of the breast that looks for breast cancer)?

No → Go to Q27  
 Yes

a. How old were you when you had your first mammogram?

years old

b. How long has it been since you had your last mammogram?

A year ago or less  
 More than 1 year but not more than 2 years  
 More than 2 years but not more than 3 years  
 More than 3 years but not more than 5 years  
 Over 5 years ago  
 Don't Know

c. Was your last mammogram done as part of a routine checkup, because of a breast problem other than cancer, or because you've already had breast cancer?

Routine checkup  
 Breast problem other than cancer  
 Had breast cancer  
 Don't Know

d. How many mammograms did you have between the ages of

- i. 20-24 years
- ii. 25-29 years
- iii. 30-34 years
- iv. 35-39 years
- v. 40-44 years
- vi. 45-49 years
- vii. 50-54 years
- viii. 55-59 years
- ix. 60-64 years
- x. 65-69 years
- xi. 70-74 years
- xii. 75 and older

Note to reviewers: During the interview only, 26d will be tailored to the respondent, according to the respondents age and the answers given for 26a and 26b.

27. Have you ever received a fluoroscopic examination of the chest to monitor lung collapse treatment for tuberculosis (TB)?  No → Go to Q28  
 Yes  
 Don't Know → Go to Q28
- a. How old were you when you FIRST received a fluoroscopic exam for lung collapse treatment?   OR      
years old year
- b. How many times did you receive a fluoroscopic exam for lung collapse treatment?     
# of times
28. Please try to think of all the times you have had an x-ray for the purpose of diagnosing an illness or injury or finding out why you weren't feeling well. (DK=Don't Know)

Have you ever had a/an...		How many times did you have this type of x-ray exam?	How old were you, or what was the year of each of these x-ray exams, starting with the first one you had?
a. standard x-ray exam of your UPPER back or spine? This may be done because of injuries, back pain, curvature of the spine, or other reasons.	<input type="checkbox"/> No → Go to b <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to b	<input type="text"/> <input type="text"/> #	<input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Standard x-ray exam of your ENTIRE back or spine?	<input type="checkbox"/> No → Go to c <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to c	<input type="text"/> <input type="text"/> #	<input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Myelogram, in which dye is injected into the spine before x-rays are taken?	<input type="checkbox"/> No → Go to d <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to d	<input type="text"/> <input type="text"/> #	<input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. X-ray exam of your ribs? This may have been done because of injuries or other reasons.	<input type="checkbox"/> No → Go to e <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to e	<input type="text"/> <input type="text"/> #	<input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. X-ray exam of your shoulder?	<input type="checkbox"/> No → Go to f <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to f	<input type="text"/> <input type="text"/> #	<input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Have you ever had a/an...		How many times did you have this type of x-ray exam?	How old were you, or what was the year of each of these x-ray exams, starting with the first one you had?
f. Upper GI series or barium swallow, where the GI tract is x-rayed after you drink a thick, white liquid? This could be done to check for growths, ulcers, or problems swallowing.	<input type="checkbox"/> No → Go to g <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to g	<input type="text"/> <input type="text"/> <input type="text"/> #	<input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
g. Pulmonary arteriogram, in which dye is injected and x-rays are taken of the arteries in the lungs?	<input type="checkbox"/> No → Go to h <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to h	<input type="text"/> <input type="text"/> <input type="text"/> #	<input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
h. Coronary angiogram or cardiac catheterization, in which dye is injected and x-rays are taken of the arteries in your heart? Include angioplasty in which a catheter with a small balloon is used to open up a clogged artery in the heart.	<input type="checkbox"/> No → Go to i <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to i	<input type="text"/> <input type="text"/> <input type="text"/> #	<input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
i. Any other fluoroscopic exam of the chest, in which the x-ray image of your chest is seen on a special x-ray television screen? (This does not include ultrasound studies.)	<input type="checkbox"/> No → Go to j <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to j	<input type="text"/> <input type="text"/> <input type="text"/> #	<input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
j. CAT scan or CT scan of your chest? For this exam, you lie down on a table and are placed inside a big “donut”-shaped machine, which hums softly. This is different than an MRI or NMR scan, for which you lie down and are placed in a small tube that might make you feel a little claustrophobic and that makes a metallic “dinging” noise that sounds like a jack hammer.	<input type="checkbox"/> No → Go to Q29 <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to Q29	<input type="text"/> <input type="text"/> <input type="text"/> #	<input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

29. Have you ever been told by a doctor that you had a thyroid condition other than cancer, for example, thyroid nodules, hyperthyroidism, hypothyroidism, or goiter?

No → Go to Q31  
 Yes  
 Don't Know → Go to Q31

a. What was the name of the thyroid condition(s)?  
(Check all that apply.)

- Hyperthyroidism (overactive thyroid)  
 Hypothyroidism (underactive thyroid)  
 Thyroiditis  
 Goiter  
 Other (specify) \_\_\_\_\_

b. How old were you, or what was the year, when this thyroid condition was first diagnosed?

OR      
 years old year

30. Have you ever been given radioactive iodine to treat a thyroid disorder, such as hyperthyroidism or an overactive thyroid? Do NOT include radioactive iodine given to diagnose a possible thyroid problem.

- No → Go to Q31  
 Yes  
 DK → Go to Q31

a. How old were you, or what was the year, when you first had this treatment?

OR      
 years old year

31. Have you ever received radiation treatment? Radiation treatment may have been given to treat ringworm, birthmarks, acne, an enlarged thymus, enlarged tonsils or adenoids, breast conditions such as mastitis, back conditions such as scoliosis and ankylosis spondylitis, cancer, or other conditions. Do not include ultraviolet (UV), laser, or sunlamp treatments. (DK=Don't Know)

- No → Go to Q32  
 Yes  
 Don't Know → Go to Q32

Did you receive radiation treatments to the following areas of your body?		What condition were you being treated for?	How old were you, or what was the year when you first received this treatment?
a. Head or neck	<input type="checkbox"/> No → Go to b <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to b	_____	<input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
b. Chest or spine	<input type="checkbox"/> No → Go to c <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to c	_____	<input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
c. Abdomen	<input type="checkbox"/> No → Go to d <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to d	_____	<input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
d. Pelvis	<input type="checkbox"/> No → Go to e <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to e	_____	<input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
e. Extremities	<input type="checkbox"/> No → Go to f <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to f	_____	<input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
f. Other (Please specify area of body) _____	<input type="checkbox"/> No → Go to Q33 <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to Q33	_____	<input type="text"/> <input type="text"/> OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

32. Have you ever had a breast biopsy or aspiration (needle inserted to remove fluid)?
- No → Go to Q33  
 Yes, biopsy and aspiration  
 Yes, biopsy only  
 Yes, aspiration only
- a. Did any biopsy or aspiration lead to a diagnosis of a breast condition other than cancer (such as a cyst or fibrocystic disease)?
- No → Go to Q33  
 Yes  
 Don't Know → Go to Q33
- b. How old were you when you FIRST had a biopsy or aspiration that led to a diagnosis of a breast condition other than breast cancer?
- OR      
 years old                      year

33.

Have you ever had any of the following types of cancer? (Exclude benign growths and cysts)		If yes, what was your age at diagnosis? (Check DK if unknown)	
a. Breast cancer	<input type="checkbox"/> No → Go to b <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know → Go to b	<input type="text"/> <input type="text"/>	<input type="checkbox"/> DK
		years old	
b. Cancer of the ovary	<input type="checkbox"/> No → Go to c <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know → Go to c	<input type="text"/> <input type="text"/>	<input type="checkbox"/> DK
		years old	
c. Cancer of the cervix (or "carcinoma in situ" of the cervix)	<input type="checkbox"/> No → Go to d <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know → Go to d	<input type="text"/> <input type="text"/>	<input type="checkbox"/> DK
		years old	
d. Endometrial cancer (cancer of the uterus or womb)	<input type="checkbox"/> No → Go to e <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know → Go to e	<input type="text"/> <input type="text"/>	<input type="checkbox"/> DK
		years old	
e. Colon or rectal cancer	<input type="checkbox"/> No → Go to f <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know → Go to f	<input type="text"/> <input type="text"/>	<input type="checkbox"/> DK
		years old	
f. Thyroid cancer	<input type="checkbox"/> No → Go to g <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know → Go to g	<input type="text"/> <input type="text"/>	<input type="checkbox"/> DK
		years old	
g. Brain cancer	<input type="checkbox"/> No → Go to h <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know → Go to h	<input type="text"/> <input type="text"/>	<input type="checkbox"/> DK
		years old	
h. Lung cancer	<input type="checkbox"/> No → Go to i <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know → Go to i	<input type="text"/> <input type="text"/>	<input type="checkbox"/> DK
		years old	

Have you ever had any of the following types of cancer? (Exclude benign growths and cysts)		If yes, what was your age at diagnosis? (Check DK if unknown)
i. Blood or lymphatic cancer (such as leukemia, lymphoma, Hodgkin's disease, and multiple myeloma)	<input type="checkbox"/> No → Go to j <input type="checkbox"/> Yes → Specify type below (Check all that apply) <input type="checkbox"/> Don't Know → Go to j  <input type="checkbox"/> Leukemia → <input type="checkbox"/> Lymphoma → <input type="checkbox"/> Hodgkin's disease → <input type="checkbox"/> Multiple myeloma → <input type="checkbox"/> Other (specify) _____ → <input type="checkbox"/> Don't Know →	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DK <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DK
j. Melanoma	<input type="checkbox"/> No → Go to k <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know → Go to k	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DK years old
k. Skin cancer that you don't know whether was melanoma or not (Don't include basal cell or squamous cell skin cancers.)	<input type="checkbox"/> No → Go to l <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know → Go to l	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DK years old
l. Other type of cancer (specify) _____	<input type="checkbox"/> No → Go to Q34 <input type="checkbox"/> Yes <input type="checkbox"/> Don't Know → Go to Q34	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> DK years old

PART 5. MEDICAL RECORD REVIEW

*Interview only (if subject reported cancer):*

To complete this study, we need additional information from your medical records about the cancer you reported. We need your permission to obtain this information.

We will send you a consent form to sign that will allow us to contact your doctor or the hospital at which you were diagnosed to obtain details about your diagnosis. When you receive the consent form, please sign and return it to us in the pre-paid envelope that we provide. We will only request information about the conditions you list on this form. All information about this study, including the information from your medical records, will be kept strictly confidential.

The next questions ask about information we need for the consent form.

*Mailed questionnaire only:*

34. Did you answer “yes” to having breast cancer or any other type of cancer listed in Question 33?  No → If you did not have cancer, please go to Part 6 on page 42.  Yes → If you did have cancer, please continue reading below.

To complete this study, we need additional information from your medical records about the cancer you reported. We need your permission to obtain this information.

The page that follows is a consent form that will allow us to contact your doctor or the hospital at which you were treated to obtain details about your diagnosis. We will only request information about the conditions you list on this form. All information from this study, including the information from your medical records, will be kept strictly confidential.

*CONSENT FORM FOR MEDICAL RECORD REVIEW  
FLIGHT ATTENDANTS HEALTH STUDY*

Type of cancer	What year was this cancer diagnosed?	What was your name when this cancer was diagnosed?	What is the name and address (including city and state) of the doctor who diagnosed this cancer?	What is the name and address (including city and state) of the clinic or hospital where this cancer was diagnosed?	What is the name and address (including city and state) of your current doctor?
_____ _____	_____  _ _ _ _	_____ _____	Name: _____ Address: _____ City: _____ State: _____	Name: _____ Address: _____ City: _____ State: _____	Name: _____ Address: _____ City: _____ State: _____
_____ _____	_____  _ _ _ _	_____ _____	Name: _____ Address: _____ City: _____ State: _____	Name: _____ Address: _____ City: _____ State: _____	Name: _____ Address: _____ City: _____ State: _____
_____ _____ _____	_____  _ _ _ _	_____ _____ _____	Name: _____ Address: _____ City: _____ State: _____	Name: _____ Address: _____ City: _____ State: _____	Name: _____ Address: _____ City: _____ State: _____

I request that my medical providers listed above provide copies of my medical records related to this diagnosis. I understand that my participation in the Flight Attendants Health Study is voluntary.

\_\_\_\_\_  
Name (please print)                      Signature                      Date

*Interview only:*

That's all of the information we need for the consent form. What address should we use to send it to you?

\_\_\_\_\_  
Street address                      City                      State                      Zip code

PART 6. FAMILY HISTORY

---

The following questions ask about living and deceased members of your family. We are interested in your biological, that is, blood relatives, only.

---

35. How many full sisters do you have, that is sisters with the same two biological parents as you? Please include sisters whether they are living or deceased.     
# of sisters
36. How many full brothers do you have, that is brothers with the same two biological parents as you? Please include brothers whether they are living or deceased.     
# of brothers

37. Please provide the following information to the best of your ability for your biological mother and full sisters, including those who are no longer alive.  
(DK=Don't Know)

A Relative	B Is she still living?	C Age now (or when she died)	D If deceased, what was the cause of death?	E Did she ever have breast cancer?	F If yes, age at diagnosis of breast cancer?	G Did she ever have any other cancer?	H If yes, what type of cancer (that is, where did the cancer start)?	I Age at diagnosis of cancer?
a. Mother	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	_ _		<input type="checkbox"/> No → Go to G <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to G	_ _	<input type="checkbox"/> No → go to next row <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to next row		_ _
b. Sister	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	_ _		<input type="checkbox"/> No → Go to G <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to G	_ _	<input type="checkbox"/> No → go to next row <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to next row		_ _
c. Sister	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	_ _		<input type="checkbox"/> No → Go to G <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to G	_ _	<input type="checkbox"/> No → go to next row <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to next row		_ _
d. Sister	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	_ _		<input type="checkbox"/> No → Go to G <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to G	_ _	<input type="checkbox"/> No → go to next row <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to next row		_ _
e. Sister	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	_ _		<input type="checkbox"/> No → Go to G <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to G	_ _	<input type="checkbox"/> No → go to next row <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to next row		_ _
f. Sister	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	_ _		<input type="checkbox"/> No → Go to G <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to G	_ _	<input type="checkbox"/> No → go to next row <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to next row		_ _
g. Sister	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	_ _		<input type="checkbox"/> No → Go to G <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to G	_ _	<input type="checkbox"/> No → go to next row <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to next row		_ _
h. Sister	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	_ _		<input type="checkbox"/> No → Go to G <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to G	_ _	<input type="checkbox"/> No → go to next row <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to Q38		_ _

38. Please provide the following information to the best of your ability for your biological father and brothers, including those who are no longer alive.  
(DK=Don't Know)

A Relative	B Is he still living?	C Age now (or age when he died)?	D If deceased, what was the cause of death	E Did he ever have any type of cancer?	F If yes, what type of cancer ( <i>that is, where did the cancer start</i> )?	G Age at diagnosis of cancer?
a. Father	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	□□□		<input type="checkbox"/> No → go to next row <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to next row		□□□
b. Brother	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	□□□		<input type="checkbox"/> No → go to next row <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to next row		□□□
c. Brother	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	□□□		<input type="checkbox"/> No → go to next row <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to next row		□□□
d. Brother	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	□□□		<input type="checkbox"/> No → go to next row <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to next row		□□□
e. Brother	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	□□□		<input type="checkbox"/> No → go to next row <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to next row		□□□
f. Brother	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	□□□		<input type="checkbox"/> No → go to next row <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to next row		□□□
g. Brother	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	□□□		<input type="checkbox"/> No → go to next row <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to next row		□□□
h. Brother	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> DK	□□□		<input type="checkbox"/> No → go to next row <input type="checkbox"/> Yes <input type="checkbox"/> DK → Go to Q39		□□□

39. Did either of your biological grandmothers ever have breast cancer?  No  
 Yes  
 Don't Know
40. Did any of your biological aunts ever have breast cancer?  No  
 Yes  
 I don't have any aunts  
 Don't Know

**PART 7. WORK HISTORY**

The next questions ask about your employment as a flight attendant, especially while you were working for Pan Am or National Airlines. We already have information about when you worked for these airlines and your HOME-BASE DOMICILE or STATION (*that is, the assigned airport location where your work originated*), but we are interested in learning about the specific flights that you worked on.

When answering these questions, please include company-required DEADHEADING or POSITIONING FLIGHTS (*that is, flights in which the airline flew you to or from a flight in order for you to perform your official duties*), but do NOT include COMMUTER AIR TRAVEL (*that is, flights between your home and your home-base domicile or station that you took in order to perform your official duties*). Consider a SEGMENT a single flight between two cities without layovers or intermediate flights.

*For flight attendants who transferred to Pan Am from National Airlines only:*

The questions ask about your flight history in chronological order, so the questions first ask about your work at National Airlines and then about your work at Pan Am.

**NOTE TO REVIEWERS:** *The questions in this section will be tailored to the individual, using information in the personnel records. Questions 41-46 will be repeated after changes in domicile, extended breaks in employment as a flight attendant, and transfers to Pan Am from National Airlines.*

*If, during the computer-assisted telephone interviews, a respondent indicates that the domicile and/or dates from our records are incorrect, the domiciles and dates provided in questions analogous to question 41a will be used to modify the other work history questions.*

Domicile: \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

*Flight attendants who did not transfer to Pan Am from National Airlines only:*

41. According to our records, you were based at \_\_\_\_\_  No → Continue  
between \_\_\_\_\_ and \_\_\_\_\_. Is this correct?  Yes → Go to Q42  
 Don't Know → Go to Q42

*Flight attendants who transferred to Pan Am from National Airlines only:*

41. According to our records, you were based at \_\_\_\_\_  No → Continue  
for [National Airlines/Pan Am] between \_\_\_\_\_  Yes → Go to Q42  
and \_\_\_\_\_. Is this correct?  Don't Know → Go to Q42

a.

Where were you based between _____ and _____?	When did you start working at this domicile or station?	When did you stop working at this domicile or station?
_____ domicile or station	<input type="text"/> month <input type="text"/> year	<input type="text"/> month <input type="text"/> year
_____ domicile or station	<input type="text"/> month <input type="text"/> year	<input type="text"/> month <input type="text"/> year
_____ domicile or station	<input type="text"/> month <input type="text"/> year	<input type="text"/> month <input type="text"/> year
_____ domicile or station	<input type="text"/> month <input type="text"/> year	<input type="text"/> month <input type="text"/> year

*Flight attendants based at the same domicile for more than 10 years only:*

Since you were based at this domicile or station for a long time, I'm going to ask about the segments that you worked on while you were based there in intervals.

The next questions ask about the segments you USUALLY flew between \_\_\_\_\_ and \_\_\_\_\_. When answering these questions, please remember to include deadheading or positioning flights, but do not include commuter flights. When answering questions about the length of segments, use block time (*that is, the time from the moment the blocks are removed from behind the aircraft wheels at the origin city gate to the moment the blocks are placed behind the aircraft wheels at the destination city gate*).

42. Between \_\_\_\_\_ and \_\_\_\_\_, what percentage of the segments that you usually flew were

a. Less than 90 minutes

% → Go to Q42b

OR

Don't Know → Continue

i. Would you say none, less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments you usually flew?

None  
 Less than 25%  
 25% - 49%  
 50% - 74%  
 75% -99%  
 All

*Flight attendants not based at Miami or London:*

b. 90 minutes to 5 hours

% → Go to Q42c

OR

Don't Know → Continue

- |   |   |
|---|---|
| i. Would you say none, less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments you usually flew? | <input type="checkbox"/> None<br><input type="checkbox"/> Less than 25%<br><input type="checkbox"/> 25% - 49%<br><input type="checkbox"/> 50% - 74%<br><input type="checkbox"/> 75% - 99%<br><input type="checkbox"/> All |
|---|---|

*London-based flight attendants:*

- |  |   |
|--|---|
| b. 90 minutes to 5 hours   | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> % → If 0, go to Q42c<br>Else, answer ii below<br><br><i>OR</i><br><br><input type="checkbox"/> Don't Know → Continue   |
| i. Would you say none, less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments you usually flew?  | <input type="checkbox"/> None → Go to Q42c<br><input type="checkbox"/> Less than 25% → Continue<br><input type="checkbox"/> 25% - 49% → Continue<br><input type="checkbox"/> 50% - 74% → Continue<br><input type="checkbox"/> 75% - 99% → Continue<br><input type="checkbox"/> All → Continue |
| ii. Of the segments you usually flew that were between 90 minutes and 5 hours, what percentage were between London and Norway, Sweden, or Finland? | <input type="checkbox"/> None<br><input type="checkbox"/> Less than 25%<br><input type="checkbox"/> 25%-49%<br><input type="checkbox"/> 50-74%<br><input type="checkbox"/> 75%-99%<br><input type="checkbox"/> All  |

*Miami-based flight attendants:*

- |   |   |
|---|---|
| b. 90 minutes to 5 hours  | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> % → If 0, go to Q42c<br>Else, answer ii below<br><br><i>OR</i><br><br><input type="checkbox"/> Don't Know → Continue   |
| i. Would you say none, less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments you usually flew? | <input type="checkbox"/> None → Go to Q42c<br><input type="checkbox"/> Less than 25% → Continue<br><input type="checkbox"/> 25% - 49% → Continue<br><input type="checkbox"/> 50% - 74% → Continue<br><input type="checkbox"/> 75% - 99% → Continue<br><input type="checkbox"/> All → Continue |

- |   |   |
|---|---|
| ii. Of the segments you usually flew that were between 90 minutes and 5 hours, what percentage were between Miami and Central America or South America? | <input type="checkbox"/> None<br><input type="checkbox"/> Less than 25%<br><input type="checkbox"/> 25% - 49%<br><input type="checkbox"/> 50% - 74%<br><input type="checkbox"/> 75% - 99%<br><input type="checkbox"/> All |
|---|---|

c. over 5 hours

% → If 0, go to Q43  
 Else, answer ii and iii below

OR

Don't Know → Continue

- |   |  |
|---|--|
| i. Would you say none, less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments you usually flew? | <input type="checkbox"/> None → Go to Q43<br><input type="checkbox"/> Less than 25% → Continue<br><input type="checkbox"/> 25% - 49% → Continue<br><input type="checkbox"/> 50% - 74% → Continue<br><input type="checkbox"/> 75% - 99% → Continue<br><input type="checkbox"/> All → Continue |
|---|--|

*NOTE TO REVIEWERS: Examples of destinations for segments crossing 5 or more and 3 or fewer time zones will be provided for the following questions. The examples provided will vary depending on the domicile or station.*

- |  |  |
|--|--|
| ii. Of the segments you usually flew that were over 5 hours, what percentage crossed 5 or more time zones? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> % → If 0, go to iii below<br>Else, answer b and c below |
|--|--|

OR

Don't Know → Continue

- |   |  |
|---|--|
| a. Would you say none, less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments over 5 hours that you usually flew? | <input type="checkbox"/> None → Go to iii below<br><input type="checkbox"/> Less than 25% → Continue<br><input type="checkbox"/> 25% - 49% → Continue<br><input type="checkbox"/> 50% - 74% → Continue<br><input type="checkbox"/> 75% - 99% → Continue<br><input type="checkbox"/> All → Continue |
|---|--|

- |   |  |
|---|--|
| b. Of the segments you usually flew that crossed 5 or more time zones, what percentage were trans-Atlantic POLAR routes ( <i>that is, a segment where you flew over Greenland or Iceland</i> )? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> % → Go to c below |
|---|--|

OR

Don't Know → Continue

- |  |   |
|--|---|
| I. Would you say none, less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments that crossed 5 or more time zones that you usually flew? | <input type="checkbox"/> None<br><input type="checkbox"/> Less than 25%<br><input type="checkbox"/> 25% - 49%<br><input type="checkbox"/> 50% - 74%<br><input type="checkbox"/> 75% - 99%<br><input type="checkbox"/> All |
|--|---|

c. Of the segments you usually flew that crossed 5 or more time zones, what percentage were trans-Pacific routes?

% → Go to iii below

OR

Don't Know → Continue

I. Would you say none, less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments that crossed 5 or more time zones that you usually flew?

None  
 Less than 25%  
 25% - 49%  
 50% - 74%  
 75% -99%  
 All

iii. Of the segments that you usually flew that were over 5 hours, what percentage crossed 3 or fewer time zones?

% → Go to Q43

OR

Don't Know → Continue

a. Would you say none, less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments over 5 hours that you usually flew?

None  
 Less than 25%  
 25% - 49%  
 50% - 74%  
 75% -99%  
 All

43. Between \_\_\_\_\_ and \_\_\_\_\_, how many of the segments that you usually flew were OVERNIGHT segments (*that is, segments that occurred when it was between 10 pm and 8 am where you lived*)? Would you say none, less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments you usually flew?

None  
 Less than 25%  
 25% - 49%  
 50% - 74%  
 75% - 99%  
 All

44. Between \_\_\_\_\_ and \_\_\_\_\_, were you ever present when PESTICIDES were sprayed or dusted in the passenger cabin of the aircraft?

No → Go to Q45  
 Yes  
 Don't Know → Go to Q45

A. Would you say that you were present when PESTICIDES were sprayed in the passenger cabin of the aircraft for less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments you worked on?

Less than 25% of the segments I worked on  
 25% - 49% of the segments I worked on  
 50% - 74% of the segments I worked on  
 75% - 99% of the segments I worked on  
 All of the segments I worked on

B. Did you ever spray or dust the passenger cabin of the aircraft with PESTICIDES?

No → Go to Q45  
 Yes

*If yes,*

i. Would you say that you sprayed or dusted the passenger cabin of the aircraft with PESTICIDES for less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments you worked on?

- \_\_\_ Less than 25% of the segments I worked worked on
- \_\_\_ 25% - 49% of the segments I worked on
- \_\_\_ 50% - 74% of the segments I worked on
- \_\_\_ 75% - 99% of the segments I worked on
- \_\_\_ All of the segments I worked on

45. Between \_\_\_ and \_\_\_\_, how many block hours per month did you usually fly?

\_\_\_|\_\_\_|  
# of block hours/month

46. Between \_\_\_ and \_\_\_\_, how many COMMUTER segments per month did you usually fly?

\_\_\_|\_\_\_|  
segments/month

47. Have you ever been employed as a flight attendant by an airline other than Pan Am or National Airlines?

No → Go to Q48  
 Yes

a. How many other airlines have you been employed as a flight attendant by?

# of airlines

*For mailed questionnaire only:*

Please complete the following pages for the first other airline you worked for. If you worked for more than one other airline, continue on the supplemental pages enclosed.

b. What was the (first/next) other airline you worked for? \_\_\_\_\_

	Domicile #1	Domicile #2	Domicile #2	Domicile #4
1. Where were you based (first/next) at this airline?	_____	_____	_____	_____
2. When did you start working at this domicile or station?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month year
3. When did you stop working at this domicile or station?	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month year	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> month year
4. What percentage of the segments that you usually flew when you were based at this domicile or station were				
a. <90 minutes?	<input type="text"/> <input type="text"/> <input type="text"/> % → Go to 4b <input type="checkbox"/> DK → Continue	<input type="text"/> <input type="text"/> <input type="text"/> % → Go to 4b <input type="checkbox"/> DK → Continue	<input type="text"/> <input type="text"/> <input type="text"/> % → Go to 4b <input type="checkbox"/> DK → Continue	<input type="text"/> <input type="text"/> <input type="text"/> % → Go to 4b <input type="checkbox"/> DK → Continue
Would you say none, less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments you usually flew?	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All
b. 90 minutes to 5 hours?	<input type="text"/> <input type="text"/> <input type="text"/> % → Go to 4c <input type="checkbox"/> DK → Continue	<input type="text"/> <input type="text"/> <input type="text"/> % → Go to 4c <input type="checkbox"/> DK → Continue	<input type="text"/> <input type="text"/> <input type="text"/> % → Go to 4c <input type="checkbox"/> DK → Continue	<input type="text"/> <input type="text"/> <input type="text"/> % → Go to 4c <input type="checkbox"/> DK → Continue
Would you say none, less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments you usually flew?	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All
c. More than 5 hours?	<input type="text"/> <input type="text"/> <input type="text"/> % → Go to 5 <input type="checkbox"/> DK → Continue	<input type="text"/> <input type="text"/> <input type="text"/> % → Go to 5 <input type="checkbox"/> DK → Continue	<input type="text"/> <input type="text"/> <input type="text"/> % → Go to 5 <input type="checkbox"/> DK → Continue	<input type="text"/> <input type="text"/> <input type="text"/> % → Go to 5 <input type="checkbox"/> DK → Continue
Would you say none, less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments you usually flew?	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All
5. Of the segments that you usually flew that were more than 5 hours, what percentage				
a. Crossed 5 or more time zones?	<input type="text"/> <input type="text"/> <input type="text"/> % → Go to 5b <input type="checkbox"/> DK → Continue	<input type="text"/> <input type="text"/> <input type="text"/> % → Go to 5b <input type="checkbox"/> DK → Continue	<input type="text"/> <input type="text"/> <input type="text"/> % → Go to 5b <input type="checkbox"/> DK → Continue	<input type="text"/> <input type="text"/> <input type="text"/> % → Go to 5b <input type="checkbox"/> DK → Continue

Would you say none, less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments you usually flew?	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All
	Domicile #1	Domicile #2	Domicile #2	0Domicile #4
5 (cont). Of the segments that you usually flew that were more than 5 hours, what percentage				
b. Crossed 3 or fewer time zones?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> % → Go to 5c <input type="checkbox"/> DK → Continue	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> % → Go to 5c <input type="checkbox"/> DK → Continue	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> % → Go to 5c <input type="checkbox"/> DK → Continue	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> % → Go to 5c <input type="checkbox"/> DK → Continue
Would you say none, less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments you usually flew?	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All
6. Of the segments that you usually flew that crossed 5 or more time zones, what percentage				
a. Were trans-Atlantic POLAR routes ( <i>that is, segments where you flew over Greenland or Iceland</i> )?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> % → Go to 6b <input type="checkbox"/> DK → Continue	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> % → Go to 6b <input type="checkbox"/> DK → Continue	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> % → Go to 6b <input type="checkbox"/> DK → Continue	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> % → Go to 6b <input type="checkbox"/> DK → Continue
Would you say none, less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments that crossed 5 or more time zones that you usually flew?	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All
b. Were trans-Pacific routes?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> % → Go to 7 <input type="checkbox"/> DK → Continue	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> % → Go to 7 <input type="checkbox"/> DK → Continue	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> % → Go to 7 <input type="checkbox"/> DK → Continue	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> % → Go to 7 <input type="checkbox"/> DK → Continue
Would you say none, less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments that crossed 5 or more time zones that you usually flew?	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All
7. What percentage of the segments that you usually flew were OVERNIGHT segments ( <i>that is, segments that occurred when it was between 10 pm and 8 am where you lived</i> )?	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> %			

Would you say none, less than 25%, 25%-49%, 50%-74%, 75%-99%, or all of the segments you usually flew?	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All	<input type="checkbox"/> None <input type="checkbox"/> Less than 25% <input type="checkbox"/> 25%-49% <input type="checkbox"/> 50%-74% <input type="checkbox"/> 75%-99% <input type="checkbox"/> All
	Domicile #1	Domicile #2	Domicile #2	0Domicile #4
8. Were you ever present when PESTICIDES were sprayed or dusted in the passenger cabin of the aircraft?	<input type="checkbox"/> No → Go to 9 <input type="checkbox"/> Yes → Continue <input type="checkbox"/> DK → Go to 9	<input type="checkbox"/> No → Go to 9 <input type="checkbox"/> Yes → Continue <input type="checkbox"/> DK → Go to 9	<input type="checkbox"/> No → Go to 9 <input type="checkbox"/> Yes → Continue <input type="checkbox"/> DK → Go to 9	<input type="checkbox"/> No → Go to 9 <input type="checkbox"/> Yes → Continue <input type="checkbox"/> DK → Go to 9
a. Did you every spray or dust the passenger cabin of the aircraft with PESTICIDES?	<input type="checkbox"/> No <input type="checkbox"/> Yes			
9. How many block hours per month did you usually fly while you were based at this domicile or station?	<input type="text"/> <input type="text"/> <input type="text"/> block hours/ month	<input type="text"/> <input type="text"/> <input type="text"/> block hours/ month	<input type="text"/> <input type="text"/> <input type="text"/> block hours/ month	<input type="text"/> <input type="text"/> <input type="text"/> block hours/ month
10. How many commuter segments did you usually fly per month when you were based at this domicile or station?	<input type="text"/> <input type="text"/> <input type="text"/> segments/ month			

The next question asks about work-related air travel for jobs you have had, other than as a flight attendant. When answering this question, please think of the TRIPS that you flew on, instead of the individual segments.

48. Have you ever had a job, other than a flight attendant, that involved flying more than 5 domestic TRIPS or more than 1 international TRIP, on average, per month?

No → Go to Q49  
 Yes

b. For how many years did you have a job that involved this much work-related air travel?

years

The next questions ask about your PERSONAL air travel during different time periods. For each time period, you will be asked to estimate the number of TRIPS, on average, that you flew per YEAR. When answering these questions, EXCLUDE trips flown to perform the official duties of your job. When answering questions about the length of trips, count the block time one way, not round trip.

49.

How many trips, on average, did you fly per YEAR between... <i>(If none, enter "00" and skip to the next row.)</i>	What percentage or how many of these trips were....			Of the trips that were 5 hours or more, what percentage crossed.....	
	less than 90 minutes?	90 minutes to 5 hours?	5 hours or more?	5 or more time zones?	3 or fewer time zones?
a. 1940 and 1949?    _ _ _	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips
b. 1950 and 1959?    _ _ _	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips
c. 1960 and 1969?    _ _ _	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips
d. 1970 and 1979?    _ _ _	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips
e. 1980 and 1989?    _ _ _	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips
f. 1990 and 1999?    _ _ _	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips
g. 2000 and present    _ _ _	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips	_ _ _  or  _ _ _  percent   # of trips

PART 8. OTHER INFORMATION

In case we need to contact you in the future, please provide the following information. Your social security number will be used to confirm the link between your work history information collected from company records and the information collected in the study. If you move, your social security number may also be used to locate you so that we may notify you of the study results.

What is your full name?

\_\_\_\_\_  
First M.I. Last

What is your maiden name (if different)?

\_\_\_\_\_

What is your social security number (optional):

|\_|\_|\_| - |\_|\_| - |\_|\_|\_|\_|

Please give the address and telephone number at which we will most likely be able to contact you in the future.

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
City or Town

\_\_\_\_\_  
State Zip Code

\_\_\_\_\_  
Telephone number

Please give the name of a friend or relative (not living with you) who will always know how to locate you.

\_\_\_\_\_  
Name

\_\_\_\_\_  
Relationship

\_\_\_\_\_  
Number and street

\_\_\_\_\_  
City or Town

\_\_\_\_\_  
State Zip Code

\_\_\_\_\_  
Telephone number

YOU ARE FINISHED WITH THIS SURVEY!

Do you have any other thoughts or comments that you would like to add?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Thank you very much for completing this survey.

Your participation is greatly appreciated.

INTERVIEWER EVALUATION

1. What was the level of respondent cooperation?  Very good  
 Acceptable  
 Poor
2. What was the respondent's recall ability?  Recalled all information → Go to 3  
 Trouble with recall in general → Go to 3  
 Trouble with specific information
- a. What specific information did the respondent have trouble with? (Code more than 1 if needed.)  Amounts and frequencies  
 Dates  
 Names  
 Flight characteristics  
 Other information (specify) \_\_\_\_\_  
\_\_\_\_\_
3. Overall, what is the quality of the interview data?  High quality  
 Generally reliable  
 Questionable
4. Record other relevant observations, comments, or impressions you have about this interview.  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_