Community

For each of the items listed below:

Do you presently live nearby? (within 300 m- about 3 midsized city blocks)

If you ever lived nearby, please write the years.

1. Heavy traffic:

No

Yes *(please specify)*: highway  busy street

1. Vehicle idling area:

No

Yes *(please specify)*: auto  bus / truck

1. Dump site:

No  Yes *(please specify type)*:

1. Areas sprayed with pesticides e.g. Farm(s), Orchard(s), Golf Course:

No

Yes *(please specify type)*:

1. Industrial plant(s):

No

Yes *(please specify type)*:

1. Polluted lake / stream:

No

Yes *(please specify type)*:

1. Nuclear power plant:

No

Yes

1. Electricity towers:

No

Yes

1. Cellphone towers:

No

Yes

1. Windmills:

No

Yes *(please specify type)*:

1. Moldy buildings:

No

Yes

1. Area where Lyme Disease, Zika virus or other insect borne pathogens are endemic:

No

Yes

1. Do you protect yourself from excess sun exposure?

rarely

occasionally

often

always

1. Do you use a tanning bed?

No

Yes

Home and Hobby

1. How long have you lived in your present residence?
2. How old is it?
3. Is your residence:

house (detached)

house (semi-detached)

mobile home

apartment

If apartment:  basement

above store

# of floors\_\_\_\_\_ *your* floor \_\_\_\_\_\_

1. Ownership:

owner occupied

rental

co-op

public housing

1. How is your home heated?

forced air

hot water radiators

space heater

baseboard heaters

1. What type of fuel is used for heating?

natural gas

oil

wood

electricity

propane

1. Has your home or apartment building been tested for radon?

No

Yes

1. Have any renovations been done?

No

Yes

If yes, specify when:

What was renovated:

1. Do you use:

central vacuum

HEPA filter vacuum

Other, specify:

1. Is smoking permitted:

in your home

in your car

Who smokes?

1. What is your water source for bathing?

City

Well

Other, specify:

1. Is there use of pesticides to kill bugs (e.g. bedbugs, spiders, cockroaches, ants, fleas, ticks) as sprays, collars, powders, pellets:

In your home/apartment/building?

No

Yes (please specify type and how often)

On your pets?

No

Yes (please specify type and how often)

On your lawn or garden?

No

Yes (please specify type and how often)

Exposures (please choose “None or unknown” if the participant does not know if there has been an exposure)

| **Exposure** | **Reaction to exposure** |
| --- | --- |
| Diesel or gas engine exhaust | None or unknown  Mild  Moderate  Severe |
| Tobacco smoke | None or unknown  Mild  Moderate  Severe |
| Pesticides/Herbicides | None or unknown  Mild  Moderate  Severe |
| Gasoline, for example at a service station while filling the gas tank | None or unknown  Mild  Moderate  Severe |
| Paint or paint thinner | None or unknown  Mild  Moderate  Severe |
| Cleaning products such as disinfectants, bleach, bathroom cleansers or floor cleaners | None or unknown  Mild  Moderate  Severe |
| Certain perfumes, air fresheners or other fragrances | None or unknown  Mild  Moderate  Severe |
| Fresh tar or asphalt | None or unknown  Mild  Moderate  Severe |
| Nail polish, nail polish remover, or hairspray | None or unknown  Mild  Moderate  Severe |
| New furnishings such as new carpeting, a new soft plastic shower curtain or the interior of a new car | None or unknown  Mild  Moderate  Severe |
| Mold | None or unknown  Mild  Moderate  Severe |

GENERAL INSTRUCTIONS

Important note: None of the data elements included on this CRF Module are considered Core (i.e., required for all ME/CFS studies to collect). All data elements are considered Exploratory (i.e., non-Core) and should only be collected if the research team considers them appropriate for their study.

SPECIFIC INSTRUCTIONS

Please see the Data Dictionary for definitions for each of the data elements included in this CRF Module.