

SECTION E
APPLIANCE USE

BOX B

REFER TO RESPONDENT INFORMATION SHEET. DID RESPONDENT INDICATE THAT SHE USED AN ELECTRIC BLANKET AT LEAST THREE TIMES IN ANY ONE YEAR?

YES..... 1 (CONTINUE)
NO 2 (STATEMENT BEFORE E6)

E1. During your last interview, you indicated that you had used an electric blanket at least three times in any one year. Thinking back to when you used an electric blanket on these occasions, did you usually use it throughout the night or throughout the time you were sleeping?

- YES..... 1
NO 2
DID NOT USE ELECTRIC BLANKET 3 (STATEMENT BEFORE E6)

E2. What temperature setting did you usually have it on? Was the setting:

- High,..... 1
Medium, 2
Low, or 3
Did the blanket not have any settings? 4

E3. When you used an electric blanket, did you usually have the heat on in the room while you were sleeping?

- YES..... 1
NO 2

E4. When you used an electric blanket, did you usually have a window open in the room in which you were sleeping?

- YES..... 1
NO 2

E5. Were any of the electric blankets you used on these occasions purchased before 1989?

- YES..... 1
NO 2

Finally, I would like to ask you about some additional electrical appliances or devices you may have used at any time during your life.

E6. Did you ever use (ITEM) at least three times in any one year?	E7. At what age did you first use (ITEM) at least three times in any one year?	E8. For how many years did you use (ITEM) at least three times in any one year?	E9. During (that year/those years) of use, how often did you use (ITEM)?	E10. Each time you used (ITEM), for how long did you use it?
a. An electric clock or clock radio with hands or with numbers that flip, which was located within 3 feet of where you were sleeping. Please do not include a digital clock or clock radio. YES1 NO2 (E6b)	<input type="text"/> <input type="text"/> AGE OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> YEARS		
b. An electric clock or clock radio with a digital display that was located within 3 feet of where you were sleeping YES1 NO2 (E6c)	<input type="text"/> <input type="text"/> AGE OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> YEARS		
c. An electric iron YES1 NO2 (E6d)	<input type="text"/> <input type="text"/> AGE OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> YEARS	<input type="text"/> TIMES PER DAY1 WEEK2 MONTH3 YEAR4	<input type="text"/> <input type="text"/> MINUTES1 HOURS2
d. A food processor or blender YES1 NO2 (E6e)	<input type="text"/> <input type="text"/> AGE OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> YEARS	<input type="text"/> TIMES PER DAY1 WEEK2 MONTH3 YEAR4	<input type="text"/> <input type="text"/> MINUTES1 HOURS2
e. A vacuum cleaner YES1 NO2 (E6f)	<input type="text"/> <input type="text"/> AGE OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> YEARS	<input type="text"/> TIMES PER DAY1 WEEK2 MONTH3 YEAR4	<input type="text"/> <input type="text"/> MINUTES1 HOURS2
f. Electric equipment such as printing presses, electric looms, electrical welding devices, or power tools (1) YES1 (SPECIFY) NO2 (E11) SPECIFY: _____ (2) Anything else? YES1 (SPECIFY) NO2 (E11) SPECIFY: _____ (3) Anything else? YES1 (SPECIFY) NO2 (E11) SPECIFY: _____	<input type="text"/> <input type="text"/> AGE OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> AGE OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR <input type="text"/> <input type="text"/> AGE OR <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> YEAR	<input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/> YEARS <input type="text"/> <input type="text"/> YEARS	<input type="text"/> TIMES PER DAY1 WEEK2 MONTH3 YEAR4 <input type="text"/> TIMES PER DAY1 WEEK2 MONTH3 YEAR4 <input type="text"/> TIMES PER DAY1 WEEK2 MONTH3 YEAR4	<input type="text"/> <input type="text"/> MINUTES1 HOURS2 <input type="text"/> <input type="text"/> MINUTES1 HOURS2 <input type="text"/> <input type="text"/> MINUTES1 HOURS2

CONTINUATION BOOKLET USED: Y / N

E11. Did you ever use (ITEM) at least three times in any one year?	E12. At what age did you first use (ITEM) at least three times in any one year?	E13. For how many years did you use (ITEM) at least three times in any one year?	E14. During (that year/those years) of use, for how many minutes or hours a day, week, month, or year did you [use (ITEM)/ watch (ITEM)]?	E15. How far did you usually (stand/sit) from (ITEM) while you were(using/ watching) it? Would you say:
a. A cordless telephone that is plugged into a phone jack in your home. Please do not include a cellular or car telephone. YES1 NO.....2 (E11b)	[][] AGE OR [][][][] YEAR	[][] YEARS	[][][] MINUTES 1 HOURS 2 PER DAY 1 WEEK 2 MONTH 3 YEAR 4	
b. A cellular phone or car phone YES1 NO.....2 (E11c)	[][] AGE OR [][][][] YEAR	[][] YEARS	[][][] MINUTES 1 HOURS 2 PER DAY 1 WEEK 2 MONTH 3 YEAR 4	
c. A fluorescent desk or table lamp YES1 NO.....2 (E11d)	[][] AGE OR [][][][] YEAR	[][] YEARS	[][][] MINUTES 1 HOURS 2 PER DAY 1 WEEK 2 MONTH 3 YEAR 4	
d. An electric stove, electric oven, or electric toaster oven YES1 NO.....2 (E11e)	[][] AGE OR [][][][] YEAR	[][] YEARS	[][][] MINUTES 1 HOURS 2 PER DAY 1 WEEK 2 MONTH 3 YEAR 4	Less than 4 feet, 1 4 to 6 feet, or 2 More than 6 feet? 3
e. A microwave oven YES1 NO.....2 (E11f)	[][] AGE OR [][][][] YEAR	[][] YEARS	[][][] MINUTES 1 HOURS 2 PER DAY 1 WEEK 2 MONTH 3 YEAR 4	Less than 4 feet, 1 4 to 6 feet, or 2 More than 6 feet? 3
f. A black and white television YES1 NO.....2 (E11g)	[][] AGE OR [][][][] YEAR	[][] YEARS	[][][] MINUTES 1 HOURS 2 PER DAY 1 WEEK 2 MONTH 3 YEAR 4	Less than 4 feet, 1 4 to 6 feet, or 2 More than 6 feet? 3

E11. Did you ever use (ITEM) at least three times in any one year?	E12. At what age did you first use (ITEM) at least three times in any one year?	E13. For how many years did you use (ITEM) at least three times in any one year?	E14. During (that year/those years) of use, for how many minutes or hours a day, week, month, or year did you [use (ITEM)/ watch (ITEM)]?	E15. How far did you usually (stand/sit) from (ITEM) while you were(using/ watching) it? Would you say:
g. A color television YES 1 NO 2 (E11h)	[][] AGE OR [][][][] YEAR	[][] YEARS	[][][][] MINUTES 1 HOURS 2 PER DAY 1 WEEK 2 MONTH 3 YEAR 4	Less than 4 feet, 1 4 to 6 feet, or 2 More than 6 feet? 3
h. An electric typewriter YES 1 NO 2 (E11i)	[][] AGE OR [][][][] YEAR	[][] YEARS	[][][][] MINUTES 1 HOURS 2 PER DAY 1 WEEK 2 MONTH 3 YEAR 4	
i. Personal computer or monitor connected to a computer. Please do <u>not</u> include time you used a PC or monitor connected to a computer while at work. YES 1 NO 2 (END)	[][] AGE OR [][][][] YEAR	[][] YEARS	[][][][] MINUTES 1 HOURS 2 PER DAY 1 WEEK 2 MONTH 3 YEAR 4	

END: Thank you very much for your continued participation. Before I end this interview, is there anything else you would like to tell me related to any of the topics we have discussed?

END TIME: [][] : [][] AM / PM