Survey ID# _ _ _ _ _ _ _ _

Attachment C. Health survey.

Form Approved
OMB No. 0923-xxxx
Exp. Date xx/xx/20xx

Health survey of former Marines, dependents, and employees at USMC Base Camp Lejeune and USMC Base Camp Pendleton

Contact and demographic information

Participant Name: First: _____ Middle Name: _____ Last: _____

Suffix (Jr., Sr., etc.): _____

Date of Birth (Please enter 2 digit month/2 digit day/4 digit year): _ _ /_ _ /_ _ _ _

Gender: ○ Male ○ Female

Public reporting burden of this collection of information is estimated to average 45 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 the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: CDC/ATSDR Information Collection Review Office, 1600 Clifton Road, MS D-74, Atlanta, GA 30333; ATTN: PRA (0923-xxxx).

Are you completing this survey for yourself?

- O Yes - GO TO RESIDENTIAL HISTORY
- O No

Is the person listed above unable to complete the survey or is the person deceased?

- O Unable - GO TO RESIDENTIAL HISTORY
- O Deceased - COMPLETE NEXT OF KIN INFORMATIOn

If you are filling out the survey as next of kin on behalf of a deceased participant please provide:

Next-of-kin Name: First: _____ Middle Name: _____ Last: _____

Suffix (Jr., Sr., etc.): _____

Survey ID# _ _ _ _ _ _ _ _

Relationship to deceased participant:

O Spouse

Were you married to the participant when he/she was living or working at Camp Lejeune or Camp Pendleton?

O No
O Yes

O Sibling

O Parent

O Child

O Cousin

O Other: _____

Residential history

4. Were you active duty at Camp Lejeune or Camp Pendleton?
   - O No – **GO TO QUESTION 5**
   - O Yes

Please use the table below to fill in what unit(s) you were assigned to while you were at Camp Lejeune or Camp Pendleton and where you resided (location of barracks or family housing area). **When you have finished filling in the table, go to question 6.**

Name of unit	Start month and year	End month and year	Where resided	Base (please circle)
				Lejeune Pendleton
				Lejeune Pendleton
				Lejeune Pendleton
				Lejeune Pendleton
				Lejeune Pendleton

5. Were you the spouse or a dependent of an active duty Marine or Navy sailor/officer at Camp Lejeune or Camp Pendleton?
   - **a.** No – **GO TO QUESTION 6**
   - **b.** Yes - please give us the full name of your sponsor.

     _____

Survey ID# _ _ _ _ _ _ _ _

5a. Please use the table below to fill in where you lived and when during the time you were living at Camp Lejeune or Camp Pendleton.

Start Month	Start Year	End Month	End Year	Address (street number, street name or housing area)	Base (please circle)
					Lejeune Pendleton
					Lejeune Pendleton
					Lejeune Pendleton
					Lejeune Pendleton

Medical history

We are interested in finding out more about diseases, medical conditions, and illnesses you may have had since you first were stationed, employed, or living at Camp Lejeune or Camp Pendleton.

What is the name and contact information (address and phone number) of your current doctor(s) or other health care provider(s)?

_____

_____

6. Since you first were stationed, employed, or living at Camp Lejeune or Camp Pendleton, were you told by a doctor or other health professional that you had cancer or a malignancy of any kind?

- O No – **GO TO QUESTION 7**
- O Yes

6a. What kind of cancer was it?

First kind of cancer (select one):

- O Appendix
- O Bladder
- O Blood
- O Bone
- O Brain
- O Breast
- O Carcinoid
- O Cervix

- O Colon
- O Esophagus
- O Gallbladder
- O Kidney
- O Larynx-windpipe
- O Leukemia
- O Liver
- O Lung
- O Lymphoma
- O Melanoma
- O Mouth/tongue/lip
- O Ovary
- O Pancreas
- O Prostate
- O Rectum
- O Skin (non-melanoma)
- O Skin (don’t know what kind)
- O Small intestine
- O Soft tissue (muscle or fat)
- O Stomach
- O Testis
- O Throat - pharynx
- O Thyroid
- O Uterus
- O Other: _____
- O Don't know

6b. How old were you when the first cancer was first diagnosed? _____ years old

6c. Was this a primary cancer (not a cancer that spread or metastasized from somewhere else

in the body)?

- O No
- O Yes

6d. What state were you living in when your cancer was diagnosed? _____

6e. What is the name and contact information (address and phone number) of the doctor or other health professional who diagnosed your cancer?

_____

6f. Were you hospitalized for treatment of your cancer?

- O No
- O Yes (specify where) _____

6g. Second kind of cancer (select one):

- O No more – **GO TO QUESTION 7**
- O Appendix
- O Bladder
- O Blood
- O Bone
- O Brain
- O Breast
- O Carcinoid
- O Cervix
- O Colon
- O Esophagus
- O Gallbladder
- O Kidney
- O Larynx-windpipe
- O Leukemia
- O Liver
- O Lung

- O Lymphoma
- O Melanoma
- O Mouth/tongue/lip
- O Ovary
- O Pancreas
- O Prostate
- O Rectum
- O Skin (non-melanoma)
- O Skin (don't know what kind)
- O Small intestine
- O Soft tissue (muscle or fat)
- O Stomach
- O Testis
- O Throat - pharynx
- O Thyroid
- O Uterus
- O Other: _____
- O Don't know

6h. How old were you when the second cancer was first diagnosed? _____ years old

6i. Was this a primary cancer (not a cancer that spread or metastasized from somewhere else in the body)?

- O No
- O Yes

6j. What state were you living in when your second cancer was diagnosed? _____

6k. What is the name and contact information (address and phone number) of the doctor or other health professional who diagnosed your second cancer?

_____

6l. Were you hospitalized for treatment of your second cancer?

- O No
- O Yes (specify where) _____

6m. More than 2 kinds of cancer (select all that apply):

- O No more
- O Appendix
- O Bladder
- O Blood
- O Bone
- O Brain
- O Breast
- O Carcinoid
- O Cervix
- O Colon
- O Esophagus
- O Gallbladder
- O Kidney
- O Larynx-windpipe
- O Leukemia
- O Liver
- O Lung
- O Lymphoma
- O Melanoma
- O Mouth/tongue/lip
- O Ovary
- O Pancreas
- O Prostate
- O Rectum
- O Skin (non-melanoma)

- O Skin (don't know what kind)
- O Small intestine
- O Soft tissue (muscle or fat)
- O Stomach
- O Testis
- O Throat - pharynx
- O Thyroid
- O Uterus
- O Other: _____
- O Don't know

7. Since you first were stationed, employed, or living at Camp Lejeune or Camp Pendleton, were you told by a doctor or other health professional that you had kidney disease or kidney failure? Do not include kidney stones, bladder infections or incontinence.
   - O No – **GO TO QUESTION 8**
   - O Yes

7a. What was the name of the kidney disease?

7b. How old were you when you were told this? _____ years old

7c. What is the name and contact information (address and phone number) of the doctor or other health professional who diagnosed your kidney disease or kidney failure?

_____

7d. Were you hospitalized for treatment of your kidney disease or kidney failure?
   - O No
   - O Yes (specify where) _____

8. Since you first were stationed, employed, or living at Camp Lejeune or Camp Pendleton, were you told by a doctor or other health professional that you had a liver disease?
   - O No – **GO TO QUESTION 9**
   - O Yes

8a. What was the name of the liver disease? _____

Survey ID# _ _ _ _ _ _ _ _

8b. How old were you when you were told this? _____ years old

8c. What is the name and contact information (address and phone number) of the doctor or other health professional who diagnosed your liver disease?

_____

8d. Were you hospitalized for treatment of your liver disease?

O No

O Yes (specify where) _____

9. Since you first were stationed, employed, or living at Camp Lejeune or Camp Pendleton, were you told by a doctor or other health professional that you have lupus?

O No – **GO TO QUESTION 10**

O Yes

9a. How old were you when you were told this? _____ years old

9b. What is the name and contact information (address and phone number) of the doctor or other health professional who diagnosed your lupus?

_____

9c. Were you hospitalized for treatment of your lupus?

O No

O Yes (specify where) _____

10. Since you first were stationed, employed, or living at Camp Lejeune or Camp Pendleton, were you told by a doctor or other health professional that you have scleroderma?

O No – **GO TO QUESTION 11**

O Yes

10a. How old were you when you were told this? _____ years old

10b. What is the name and contact information (address and phone number) of the doctor or other health professional who diagnosed your scleroderma?

_____

10c. Were you hospitalized for treatment of your scleroderma?

O No

O Yes (specify where) _____

Survey ID# _ _ _ _ _ _ _ _

11. Since you first were stationed, employed, or living at Camp Lejeune or Camp Pendleton, were you told by a doctor or other health professional that you have Parkinson's disease?

O No – **GO TO QUESTION 12**

O Yes

11a. How old were you when you were told this? _____ years old

11b. What is the name and contact information (address and phone number) of the doctor or other health professional who diagnosed your Parkinson's disease?

_____

11c. Were you hospitalized for treatment of your Parkinson's disease?

O No

O Yes (specify where) _____

12. Since you first were stationed, employed, or living at Camp Lejeune or Camp Pendleton, were you told by a doctor or other health professional that you have multiple sclerosis (MS)?

O No – **GO TO QUESTION 13**

O Yes

12a. How old were you when you were told this? _____ years old

12b. What is the name and contact information (address and phone number) of the doctor or other health professional who diagnosed your multiple sclerosis (MS)?

_____

12c. Were you hospitalized for treatment of your multiple sclerosis (MS)?

O No

O Yes (specify where) _____

13. Since you first were stationed, employed, or living at Camp Lejeune or Camp Pendleton, were you told by a doctor or other health professional that you have amyotrophic lateral sclerosis (ALS), often referred to as "Lou Gehrig's Disease" or motor neuron disease?

O No – **GO TO QUESTION 14**

O Yes

13a. How old were you when you were told this? _____ years old

13b. What is the name and contact information (address and phone number) of the doctor or other health professional who diagnosed your amyotrophic lateral sclerosis (ALS)/"Lou Gehrig's

Disease”/motor neuron disease?

_____

13c. Were you hospitalized for treatment of your amyotrophic lateral sclerosis (ALS)/"Lou Gehrig's Disease”/motor neuron disease?

O No

O Yes (specify where) _____

14. Since you first were stationed, employed, or living at Camp Lejeune or Camp Pendleton, were you told by a doctor or other health professional that you had a persistent skin rash or dermatitis?

O No – **GO TO QUESTION 15**

O Yes

14a. What was the name of the skin rash or dermatitis?

14b. How old were you when you were told this? _____ years old

14c. What is the name and contact information (address and phone number) of the doctor or other health professional who diagnosed your skin rash or dermatitis?

_____

14d. Were you hospitalized for treatment of your skin rash or dermatitis?

O No

O Yes (specify where) _____

14e. How long did the skin rash last? _____

14f. Where on your body did the skin rash occur? _____

14g. What were the symptoms of the skin rash? (check all that apply)

O redness
O swelling
O itching
O dry skin with scaling/flaking
O crusts
O blisters
O fissures or cracks
O oozing
O bleeding

Survey ID# _ _ _ _ _ _ _ _

15. Since you first were stationed, employed, or living at Camp Lejeune or Camp Pendleton, were you told by a doctor or other health professional that you have aplastic anemia?

O No – **GO TO QUESTION 16**

O Yes

15a. How old were you when you were told this? _____ years old

15b. What is the name and contact information (address and phone number) of the doctor or other health professional who diagnosed your aplastic anemia?

_____

15c. Were you hospitalized for treatment of your aplastic anemia?

O No

O Yes (specify where) _____

16. Since you first were stationed, employed, or living at Camp Lejeune or Camp Pendleton, were you told by a doctor or other health professional that you have infertility?

O No – **GO TO QUESTION 17**

O Yes

16a. What did your doctor or other health professional tell you was the reason for your infertility? _____

16b. How old were you when you were told this? _____ years old

16c. What is the name and contact information (address and phone number) of the doctor or other health professional who diagnosed your infertility?

_____

16d. Were you hospitalized for treatment of your infertility?

O No

O Yes (specify where) _____

Other health conditions

17. Please use the following space to add any comments regarding any serious health issues that you experienced since you first were stationed, employed, or living at Camp Lejeune or Camp Pendleton that were not covered by the survey.

_____

_____

_____

Survey ID# _ _ _ _ _ _ _ _

MALE RESPONDENTS – GO TO OCCUPATIONAL HISTORY SECTION

Reproductive history (women only)

18. Since you first were stationed, employed, or living at Camp Lejeune or Camp Pendleton, were you told by a doctor or other health professional that you have endometriosis?

- O No – **GO TO QUESTION 19**
- O Yes

18a. How old were you when you were told this? _____ years old

18b. What is the name and contact information (address and phone number) of the doctor or other health professional who diagnosed your endometriosis?

_____

18c. Were you hospitalized for treatment of your endometriosis?

- O No
- O Yes (specify where) _____

19. Have you ever been pregnant?

- O No – **GO TO OCCUPATIONAL HISTORY SECTION**
- O Yes

19a. Have you ever had a pregnancy that resulted in a live birth?

- O No
- O Yes

19b. During the time when you lived or worked at Camp Lejeune or Camp Pendleton, were you pregnant?

- O No – **GO TO OCCUPATIONAL HISTORY SECTION**
- O Yes

The next set of questions ask about each pregnancy that occurred during the time that you lived or worked at Camp Lejeune or Camp Pendleton. **Please fill in the answers on the table.**

19c. What month and year did your pregnancy end? (Please enter 2 digit month/4 digit year)

19d. What was the outcome of the pregnancy? (check one)

○ Live birth of single child

○ Live birth of multiple children

○ Tubal pregnancy

○ Elective abortion

○ Miscarriage or stillbirth, _____ week the pregnancy ended

Did you have a positive pregnancy test before the miscarriage occurred?

O No
O Yes

Was the miscarriage confirmed by a physician or other health provider?

O No
O Yes

19e. Did this pregnancy involve a birth defect?

O No
O Yes (specify name of the birth defect) _____

Repeat Question 19 for every pregnancy that occurred during the time that you lived or worked at Camp Lejeune or Camp Pendleton.

Survey ID# _ _ _ _ _ _ _ _

	c. Month and year pregnancy ended	**d. Outcome of the pregnancy**	**e. Birth defect**
Pregnancy #1		○ Live birth of single child ○ Live birth of multiple children ○ Tubal pregnancy ○ Elective abortion ○ Miscarriage or stillbirth, _____ weeks Positive pregnancy test before? O yes O no Miscarriage confirmed? O yes O no	No Yes If yes, name of birth defect: _____
Pregnancy #2		○ Live birth of single child ○ Live birth of multiple children ○ Tubal pregnancy ○ Elective abortion ○ Miscarriage or stillbirth, _____ weeks Positive pregnancy test before? O yes O no Miscarriage confirmed? O yes O no	No Yes If yes, name of birth defect: _____
Pregnancy #3		○ Live birth of single child ○ Live birth of multiple children ○ Tubal pregnancy ○ Elective abortion ○ Miscarriage or stillbirth, _____ weeks Positive pregnancy test before? O yes O no Miscarriage confirmed? O yes O no	No Yes If yes, name of birth defect: _____
Pregnancy #4		○ Live birth of single child ○ Live birth of multiple children ○ Tubal pregnancy ○ Elective abortion ○ Miscarriage or stillbirth, _____ weeks Positive pregnancy test before? O yes O no Miscarriage confirmed? O yes O no	No Yes If yes, name of birth defect: _____

Survey ID# _ _ _ _ _ _ _ _

Occupational history

The next set of questions ask about your work experiences – paid, volunteer, or military – starting with the time you were first stationed, employed or living at Camp Lejeune or Camp Pendleton to the present. This includes part-time and full-time jobs, jobs at home, jobs on base, and jobs on a farm that lasted one month or more. **Please fill in the answers on the table.**

20. Starting with the time you were first stationed, employed or living at Camp Lejeune Camp or Pendleton, what was the name and location (city, state) of the first company or organization you worked for? **If you never worked, go to question 24.**

20a. If the job was on base at Camp Lejeune or Camp Pendleton, please specify the area on base where you worked (e.g., address or building number).

20b. What month and year did you start that job? (Please enter 2 digit month/4 digit year)

20c. What month and year did you end that job? (Please enter 2 digit month/4 digit year)

20d. What was your job title there?

20e. What did that company or organization do or make?

20f. Describe what you did and how you did it. What were your main activities and duties?

20g. Did you work part-time or full-time? Part-time is less than 35 hours per week.

20h. Did you work with or make

i. pesticides, herbicides, fungicides, insecticides, or rat poison?
if yes:
what is the name of the chemical you worked with or used?
how many hours per week were you around these products?

ii. ionizing radiation such as x-rays?
if yes:
what kind of radiation did you work with or use?
how many hours per week were you around these products?

iii. heavy metals such as lead, mercury, or nickel?
if yes:
what is the name of the metal you worked with or used?
how many hours per week were you around these products?

iv. solvents like paint thinners, paints, glues, metal degreasing agents, auto fluids, dry cleaning agents, toluene, carbon disulfide, trichloroethylene, or carbon tetrachloride?
if yes:

what is the name of the chemical you worked with or used?
how many hours per week were you around these products?

Repeat Question 20 for every job held until present or retirement.

Survey ID# _ _ _ _ _ _ _ _

Occupational history

Name and location of company	**a. If on base, specify area**	**b. Start month and year**	**c. End month and year**	**d. Job title**	**e. What does company do/make**	**f. Describe what you did**	**g. Part or full time**	**h.i. Work with pesticides**	**h. ii. Work with ionizing radiation**	**h. iii. Work with heavy metals**	**h. iv. Work with solvents**
								No Yes If yes, name of chemical hours per week	No Yes If yes, what kind hours per week	No Yes If yes, name of metal hours per week	No Yes If yes, name of chemical hours per week
								No Yes If yes, name of chemical hours per week	No Yes If yes, what kind hours per week	No Yes If yes, name of metal hours per week	No Yes If yes, name of chemical hours per week
								No Yes If yes, name of chemical hours per week	No Yes If yes, what kind hours per week	No Yes If yes, name of metal hours per week	No Yes If yes, name of chemical hours per week

Survey ID# _ _ _ _ _ _ _ _

Name and location of company	a. If on base, specify area	b. Start month and year	c. End month and year	d. Job title	e. What does company do/make	f. Describe what you did	g. Part or full time	h.i. Work with pesticides	h. ii. Work with ionizing radiation	h. iii. Work with heavy metals	h. iv. Work with solvents
								No Yes If yes, name of chemical hours per week	No Yes If yes, what kind hours per week	No Yes If yes, name of metal hours per week	No Yes If yes, name of chemical hours per week
								No Yes If yes, name of chemical hours per week	No Yes If yes, what kind hours per week	No Yes If yes, name of metal hours per week	No Yes If yes, name of chemical hours per week
								No Yes If yes, name of chemical hours per week	No Yes If yes, what kind hours per week	No Yes If yes, name of metal hours per week	No Yes If yes, name of chemical hours per week

Survey ID# _ _ _ _ _ _ _ _

21. Were you stationed in Vietnam?

O No – **GO TO QUESTION 24**

O Yes

22a. What month and year did your tour of duty in Vietnam start? (Please enter 2 digit month/4 digit year) _ _/_ _ _ _

22b. What month and year did your tour of duty in Vietnam end? (Please enter 2 digit month/4 digit year) _ _/_ _ _ _

23. Did you ever come into contact with herbicides while in Vietnam? (For example, did you inhale herbicides or get herbicides on your skin or clothing?)

O No – **GO TO QUESTION 24**

O Yes (describe how you were exposed)

_____

Smoking history

24. Have you ever smoked cigarettes regularly?

O No – **GO TO QUESTION 31**

O Yes

25. Do you smoke cigarettes now?

O No – **GO TO QUESTION 28**

O Yes

26. On average, over all the years you have smoked, how many cigarettes a day did you smoke? _____ cigarettes

27. How many years have you smoked, excluding any times you may have quit? _____ years – **GO TO QUESTION 31**

28. How old were you the last time you quit smoking cigarettes? _____ years old

29. On average, when you were smoking, about how many cigarettes a day did you smoke? _____ cigarettes

30. How many years did you smoke, excluding any times you may have quit? _____ years

Survey ID# _ _ _ _ _ _ _ _

31. Have you ever used any other tobacco products regularly (such as chewing tobacco, smokeless tobacco, a pipe, etc.)?

- O No – **GO TO QUESTION 34**
- O Yes

32. Do you currently use other tobacco products regularly?

- O No
- O Yes

33. What other tobacco products have you used or do you currently use?

- ○ Chewing tobacco
- ○ Smokeless tobacco
- ○ Pipe
- ○ Other (specify): _____

34. Whether or not you smoke, have you ever lived for more than 1 year with someone who smoked on a daily basis?

- O No – **GO TO QUESTION 35**
- O Yes

34a. If yes, for how many years?

O 1-3 years	○ 7-9 years	○ 13-15 years
O 4-6 years	○ 10-12 years	○ 16 or more years

34b. If yes, was this usually……

- O One person
- O Two persons
- O More than two persons

Alcohol history

The following questions relate to your consumption of alcohol.

A serving of alcohol is 1 can of beer, 1 glass of wine, 1 can or bottle of wine cooler, 1 shot of liquor.

35. Have you ever consumed alcohol?

O No – **GO TO CONCLUSION**

O Yes

36. At what age did you start drinking alcohol? _____ years old

37. Do you drink alcoholic beverages now?

O No – **GO TO QUESTION 41**

O Yes

38. On average, how often do you drink alcoholic beverages? (check one)

O Almost every day

O 2 to 4 times a week

O 1 time a week

O 1 to 3 times a month

O Less than once a month

39. When you drink, about how many drinks do you usually have? _____ drinks per
○day ○week ○month ○year

40. Is there a time in the past that you drank significantly more on average than you usually drink now?

O No

O Yes

GO TO DEMOGRAPHICS

41. How old were you when you stopped drinking alcoholic beverages? _____ years old

42. On average, how often did you drink alcoholic beverages?

O Almost every day

O 2 to 4 times a week

O 1 time a week

O 1 to 3 times a month

O Less than once a month

Survey ID# _ _ _ _ _ _ _ _

43. When you drank, about how many drinks did you usually have? _____ drinks per
○day ○week ○month ○year

Demographics

1. What race do you consider yourself to be? (Check one or more)
   - O American Indian or Alaska Native
   - O Asian
   - O Native Hawaiian or Other Pacific Islander
   - O Black or African American
   - O White

2. Do you consider yourself to be Hispanic or Latino?
   - O Hispanic or Latino
   - O Not Hispanic or Latino

3. What is the highest level of education you have completed? (check one)
   - O Less than a high school diploma
   - O High school diploma or GED
   - O Some college, Associates Degree or other post-secondary education
   - O Bachelor's degree (4 years of college) or higher

Social Security Number (SSN) _ _ _ - _ _ - _ _ _ _ (The authority for collecting your SSN is the National Defense Authorization Act for Fiscal Year 2008. Your SSN will be kept private. We do not plan to share this information with anyone other than ATSDR staff. We will use your SSN for identity verification purposes and to link with your medical data.)

Please provide your:

Street Address: _____ Apartment Number: _____
City: _____State: _ _ ZIP code: _ _ _ _ _ - _ _ _ _ Country: _____
Telephone Number: Home Phone: _ _ _ - _ _ _ - _ _ _ _ Cell Phone: _ _ _ - _ _ _ - _ _ _

Survey ID# _ _ _ _ _ _ _ _

_

E-Mail address: _____

Please provide the contact information of a friend or family member who will always know your whereabouts in case we need to contact you in the future.

First Name: _____ Last Name: _____
Street Address: _____ Apartment Number: _____

City: _____State: _ _ ZIP code: _ _ _ _ _ - _ _ _ _ Country: _____

Telephone Number: Home Phone: _ _ _ - _ _ _ - _ _ _ _

Cell Phone: _ _ _ - _ _ _ - _ _ _ _

Relationship to you (sibling, child, friend, etc.)_____

Conclusion

The Agency for Toxic Substances and Disease Registry (ATSDR) would like to sincerely thank you for your time and efforts. Your contributions to this important health survey will help us to learn more about ways to improve health and prevent disease in the future.