Survey ID# _ _ _ _ _ _ _ _ _

OMB Number: 0923-xxxx
Expiration Date xx/xx/20xx

Marine Corps Health Survey

Instructions

- ➔ Please use a black or blue pen to complete this form. Do not use a felt-tip pen or a pencil.
- ➔ Mark ☒ to indicate your answer.
- ➔ If you want to change your answer, mark an ☒ on the wrong answer and put an X in the box next to the correct answer.
- ➔ Your answers are important. Please print clearly, using uppercase, block letters (for example, “WEDNESDAY”).

1. Are you completing this survey for yourself?

☐ Yes → **GO TO RESIDENTIAL HISTORY ON PAGE XX**
☐ No

2. Is the person to whom this survey is addressed unable to complete the survey or is he/she deceased?

☐ Unable
☐ Deceased

If you are filling out this survey on behalf of someone else, please provide your name and other information requested below.

Your Name:

First: ____________________ Middle: ________________ Last: ____________________

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

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).

3. What is your relationship to the person for whom you are completing this survey?

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- ☐ Spouse

  Were you married to the participant while he/she was living or working at Camp Lejeune or Camp Pendleton?
  - ☐ Yes
  - ☐ No

- ☐ Sibling
- ☐ Parent
- ☐ Child
- ☐ Cousin
- ☐ Other-specify: ______________________________

IMPORTANT: Please answer all questions in this survey as they relate to the participant. In each question, the word “you” will refer to the participant, not yourself.

Residential History

4. Were you active duty at Camp Lejeune or Camp Pendleton?
   - ☐ Yes
   - ☐ No → **GO TO QUESTION 10**

Please use the table below to tell us about the time you lived at Camp Lejeune or Camp Pendleton.
After completing the table, go to Medical History section on page XX.

Survey ID# _ _ _ _ _ _ _ _ _

5. Where were you stationed? (Please mark one.)	6. What unit were you assigned to?	7. Where on base did you reside? (location of barracks/family housing area)	8. When did you start living there? (month and year)	9. When did you stop living there? (month and year)
☐ Lejeune ☐ Pendleton	____________	____________ ____________	☐☐/ ☐☐☐☐	☐☐/ ☐☐☐☐
☐ Lejeune ☐ Pendleton	____________	____________ ____________	☐☐/ ☐☐☐☐	☐☐/ ☐☐☐☐
☐ Lejeune ☐ Pendleton	____________	____________ ____________	☐☐/ ☐☐☐☐	☐☐/ ☐☐☐☐
☐ Lejeune ☐ Pendleton	____________	____________ ____________	☐☐/ ☐☐☐☐	☐☐/ ☐☐☐☐
☐ Lejeune ☐ Pendleton	____________	____________ ____________	☐☐/ ☐☐☐☐	☐☐/ ☐☐☐☐

GO TO MEDICAL HISTORY SECTION ON PAGE XX

10. Were you living wi[...]e or Camp Pendleton?

☐ Yes [...]per.

☐ No [...]X

Use the table below to tell us about the time you lived at Camp Lejeune or Camp Pendleton.

11. Where were you living? (Please mark	12. What was the address? (street number, street name or housing area)	13a. Start Month	13b. Start Year	14a. End Month	14b. End Year

Survey ID# _ _ _ _ _ _ _ _ _

one.)					
☐ Lejeune ☐ Pendleton	________________________ _____________	☐☐ m m	☐☐☐☐ y y y y	☐☐ m m	☐☐☐☐ y y y y
☐ Lejeune ☐ Pendleton	________________________ _____________	☐☐ m m	☐☐☐☐ y y y y	☐☐ m m	☐☐☐☐ y y y y
☐ Lejeune ☐ Pendleton	________________________ _____________	☐☐ m m	☐☐☐☐ y y y y	☐☐ m m	☐☐☐☐ y y y y
☐ Lejeune ☐ Pendleton	________________________ _____________	☐☐ m m	☐☐☐☐ y y y y	☐☐ m m	☐☐☐☐ y y y y

Medical History

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

15. What is the name, address, and phone number of your current primary care doctor or health care provider?

Doctor Name: ____

Address: ____

City: ______________________ State: _______________ Zip Code: ______________

Phone: (_____) ________-____________

16. Between the time you were first stationed, employed, or living at Camp Lejeune or Camp Pendleton and now, have you been told by a doctor or other health care provider that you had cancer or a malignancy of any kind?

☐ Yes

☐ No → **GO TO QUESTION 30 ON PAGE**

17. Thinking of the first diagnosed cancer, what kind of cancer was it? (Mark only one answer.):

☐ Appendix	☐ Liver	☐ Skin (don’t know what kind)
☐ Bladder	☐ Lung	☐ Small intestine
☐ Bone	☐ Lymphoma	☐ Soft tissue (muscle or fat)
☐ Brain	☐ Melanoma	☐ Stomach

Survey ID# _ _ _ _ _ _ _ _

☐ Breast	☐ Mouth/Tongue/Lip	☐ Testicle
☐ Cervix	☐ Multiple Myeloma	☐ Throat or Pharynx
☐ Colon	☐ Ovary	☐ Thyroid
☐ Esophagus	☐ Pancreas	☐ Uterus
☐ Gallbladder	☐ Prostate	☐ Other-specify: ________________
☐ Kidney	☐ Rectum	
☐ Larynx or Windpipe	☐ Skin (non-melanoma)	☐ Don't know
☐ Leukemia		

18. How old were you when this cancer was first diagnosed? ☐☐ years old

19. Was this:

☐ A primary cancer, or
☐ A cancer that had spread or metastasized from somewhere else in the body?

20. What state were you living in when this cancer was first diagnosed? ____________________

21. What was the name of the doctor or other health care provider who first diagnosed this cancer? Please provide their name, address, and phone number.

Doctor Name: ___________________________________

Address: ____

City: _______________________ State: _______________ Zip Code: ______________

Phone: (_____) ________-____________

22. Were you ever hospitalized for treatment of this cancer? If yes, please specify where you were first hospitalized for this cancer.

☐ Yes → Name of Hospital: ____
Address: ____
City: _____________________ State: _____________ Zip Code: _______

☐ No

23. Between the time you were first stationed, employed, or living at Camp Lejeune or Camp Pendleton and now, were you diagnosed with a second kind of cancer? If yes, what kind of cancer was it? (Mark only one answer.)

☐ Yes
☐ No → **GO TO QUESTION 30 ON PAGE**

Survey ID# _ _ _ _ _ _ _ _

☐ Appendix	☐ Liver	☐ Skin (don't know what kind)
☐ Bladder	☐ Lung	☐ Small intestine
☐ Bone	☐ Lymphoma	☐ Soft tissue (muscle or fat)
☐ Brain	☐ Melanoma	☐ Stomach
☐ Breast	☐ Mouth/Tongue/Lip	☐ Testicle
☐ Cervix	☐ Multiple Myeloma	☐ Throat or Pharynx
☐ Colon	☐ Ovary	☐ Thyroid
☐ Esophagus	☐ Pancreas	☐ Uterus
☐ Gallbladder	☐ Prostate	☐ Other-specify: ________________________
☐ Kidney	☐ Rectum	
☐ Larynx or Windpipe	☐ Skin (non-melanoma)	☐ Don't know
☐ Leukemia		

24. How old were you when this cancer was first diagnosed? ☐☐ years old

25. Was this:

☐ A primary cancer, or
☐ A cancer that had spread or metastasized from somewhere else in the body?

26. What state were you living in when this second cancer was first diagnosed? ______________

27. What was the name of the doctor or other health care provider who first diagnosed this cancer? Please provide their name, address, and phone number.

Doctor Name: ____

Address: ____

City: ________________________ State: ________________ Zip Code: _______________

Phone: (_____) ________-____________

28. Were you ever hospitalized for treatment of this cancer? If yes, please specify where you were <u>first</u> hospitalized for this cancer.

☐ Yes → Name of Hospital: ____
Address: ____
City: ___________________State: ____________ Zip Code: ___________

☐ No

Survey ID# _ _ _ _ _ _ _ _ _

29. Between the time you were first stationed, employed, or living at Camp Lejeune or Camp Pendleton and now, have you been diagnosed with any other kind of cancer? If yes, please mark all that apply.

☐ Yes
☐ No → GO TO NEXT PAGE

☐ Appendix	☐ Liver	☐ Skin (don't know what kind)
☐ Bladder	☐ Lung	☐ Small intestine
☐ Bone	☐ Lymphoma	☐ Soft tissue (muscle or fat)
☐ Brain	☐ Melanoma	☐ Stomach
☐ Breast	☐ Mouth/Tongue/Lip	☐ Testicle
☐ Cervix	☐ Multiple Myeloma	☐ Throat or Pharynx
☐ Colon	☐ Ovary	☐ Thyroid
☐ Esophagus	☐ Pancreas	☐ Uterus
☐ Gallbladder	☐ Prostate	☐ Other-specify: ______________________
☐ Kidney	☐ Rectum	
☐ Larynx or Windpipe	☐ Skin (non-melanoma)	☐ Don't know
☐ Leukemia		

Between the time you were first were stationed, employed, or living at Camp Lejeune or Camp Pendleton and now, were you told by a doctor or other health care provider that you had any of the following conditions?

	a. What was the name of the disease?	b. How old were you when you were first told this?

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30. Kidney disease or kidney failure? Do not include kidney cancer, kidney stones, bladder infection or incontinence. ☐ Yes → ☐ No (GO TO Q31)	____________ ____________	☐☐ years old
31. Liver disease? Do not include liver cancer. ☐ Yes → ☐ No (GO TO Q32)	☐ Necrosis ☐ Cirrhosis ☐ Liver failure ☐ Fatty liver ☐ Other–specify: ____________ ____________	☐☐ years old
32. Lupus? ☐ Yes → ☐ No (GO TO Q33)		☐☐ years old
33. Scleroderma? ☐ Yes → ☐ No (GO TO Q34)		☐☐ years old

c. What is the name, address, and phone number of the doctor or other health care provider who diagnosed this condition?	d. Were you ever hospitalized for treatment of this condition?	e. What was the name and address of the hospital where you were first treated for this condition?
Doctor Name: ____________	☐ Yes → ☐ No (GO TO	Name: ____________

Survey ID# _ _ _ _ _ _ _ _

Facility: ____________ Address: ____________ ____________ City: ____________ State: ____________ Zip Code: ____________ Phone Number: (_____) ____-_______	Q31)	Address: ____________ ____________ City: ____________ State: ____________ Zip Code: ____________
Doctor Name: ____________ Facility: ____________ Address: ____________ ____________ City: ____________ State: ____________ Zip Code: ____________ Phone Number: (_____) ____-_______	☐ Yes → ☐ No (GO TO Q32)	Name: ____________ Address: ____________ ____________ City: ____________ State: ____________ Zip Code: ____________
Doctor Name: ____________ Facility: ____________ Address: ____________ ____________ City: ____________ State: ____________ Zip Code: ____________ Phone Number: (_____) ____-_______	☐ Yes → ☐ No (GO TO Q33)	Name: ____________ Address: ____________ ____________ City: ____________ State: ____________ Zip Code: ____________
Doctor Name: ____________ Facility: ____________ Address: ____________ ____________ City: ____________ State: ____________ Zip Code: ____________ Phone Number: (_____) ____-_______	☐ Yes → ☐ No (GO TO Q34)	Name: ____________ Address: ____________ ____________ City: ____________ State: ____________ Zip Code: ____________

Between the time you were first were stationed, employed, or living at Camp Lejeune or Camp Pendleton and now, were you told by a doctor or other health care provider that you had any of the following conditions?

	b. What was the name of the disease?	c. How old were you when you were first told this?

34. Parkinson's disease? ☐ Yes ⟶ ☐ No (GO TO Q35)		☐☐ years old
35. Multiple sclerosis (MS)? ☐ Yes ⟶ ☐ No (GO TO Q36)		☐☐ years old
36. Amyotrophic Lateral Sclerosis (also known as ALS or "Lou Gehrig's Disease") or some other motor neuron disease? ☐ Yes ⟶ ☐ No (GO TO Q37)		☐☐ years old
37. Aplastic anemia? ☐ Yes ⟶ ☐ No (GO TO Q38)		☐☐ years old

c. What is the name, address, and phone number of the doctor or other health care provider who diagnosed this condition?	d. Were you ever hospitalized for treatment of this condition?	e. What was the name and address of the hospital where you were first treated for this condition?
Doctor Name: ____________________	☐ Yes ⟶ ☐ No (GO TO	Name: ______________________

Survey ID# _ _ _ _ _ _ _ _

Facility: ______________________ Address: ______________________ ______________________________ City: _________________________ State: ____________________ Zip Code: ________________ Phone Number: (_____) ____-_______	Q35)	Address: ____________________ ___________________________ City: ______________________ State: _____________________ Zip Code: ___________________
Doctor Name: ___________________ Facility: ______________________ Address: ______________________ ______________________________ City: _________________________ State: ____________________ Zip Code: ________________ Phone Number: (_____) ____-_______	☐ Yes ⟶ ☐ No (GO TO Q36)	Name: ______________________ Address: ____________________ ___________________________ City: ______________________ State: _____________________ Zip Code: ___________________
Doctor Name: ___________________ Facility: ______________________ Address: ______________________ ______________________________ City: _________________________ State: ____________________ Zip Code: ________________ Phone Number: (_____) ____-_______	☐ Yes ⟶ ☐ No (GO TO Q37)	Name: ______________________ Address: ____________________ ___________________________ City: ______________________ State: _____________________ Zip Code: ___________________
Doctor Name: ___________________ Facility: ______________________ Address: ______________________ ______________________________ City: _________________________ State: ____________________ Zip Code: ________________ Phone Number: (_____) ____-_______	☐ Yes ⟶ ☐ No (GO TO Q38)	Name: ______________________ Address: ____________________ ___________________________ City: ______________________ State: _____________________ Zip Code: ___________________

38. Between the time you were first were stationed, employed, or living at Camp Lejeune or Camp Pendleton and now, were you told by a doctor or other health care provider that you had a persistent skin rash or dermatitis?

☐ Yes
☐ No → **GO TO QUESTION 46 ON PAGE XX**

38a. Did you have hepatitis at the same time you had the skin rash or dermatitis?

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☐ Yes
☐ No

39. What was the name of the skin rash or dermatitis? ______________________________

40. How old were you when you were first told this? ☐☐ years old

41. What is the name, address, and phone number of the doctor or other health care provider who first diagnosed your skin rash or dermatitis?

Doctor's Name: ______________________________

Address: ____

City: ______________________ State: _______________ Zip Code: ______________

Phone: (_____) ________-____________

42. Were you ever hospitalized for treatment of your skin rash or dermatitis? If yes, please specify where you were first hospitalized for this skin rash or dermatitis.

☐ Yes → Name of Hospital: ______________________________________
Address: ____
City: ________________ State: _________ Zip Code: ____________

☐ No

43. How long did the skin rash last? ☐☐
number

☐ Days
☐ Weeks
☐ Months
☐ Years

44. Where on your body did the skin rash occur? (Mark all that apply.)

☐ Head
☐ Face
☐ Arms
☐ Hands
☐ Chest
☐ Back

☐ Stomach
☐ Legs
☐ Feet
☐ Other-specify: ___________________

Survey ID# _ _ _ _ _ _ _ _

45. What were the symptoms of the skin rash? (Mark all that apply.)

- ☐ Redness
- ☐ Swelling
- ☐ Itching
- ☐ Dry skin with scaling/flaking
- ☐ Crusts
- ☐ Blisters
- ☐ Fissures or cracks
- ☐ Oozing
- ☐ Bleeding
- ☐ Other–specify: ____________________

46. Between the time you were first were stationed, employed, or living at Camp Lejeune or Camp Pendleton and now, were you told by a doctor or other health care provider that you were infertile? (Do not include your partner's infertility.)

- ☐ Yes
- ☐ No → **GO TO OTHER HEALTH CONDITIONS ON PAGE XX**

47. What did your doctor or other health care provider tell you was the reason for your infertility?

- ☐ Fallopian tube damage or blockage
- ☐ Endometriosis
- ☐ Advanced age
- ☐ Ovulation disorders/Polycystic Ovary Syndrome (PCOS)
- ☐ Uterine fibroids/Other uterus problems
- ☐ Abnormal sperm
- ☐ Low sperm count
- ☐ Impotence
- ☐ Unexplained infertility
- ☐ Other–specify: ____________________________

48. How old were you when you were first told this? ☐☐ years old

49. What is the name, address, and phone number of the doctor or other health care provider who first diagnosed your infertility?

Doctor Name: ___________________________________

Address: ____

City: ________________________ State: ________________ Zip Code: _______________

Phone: (_____) ________-____________

50. Were you ever hospitalized for treatment of your infertility? If yes, please specify where you were first hospitalized for this cancer.

☐ Yes → Name of Hospital: ____

Address: ____

Survey ID# _ _ _ _ _ _ _ _

City: ___________________ State: ___________ Zip Code: ___________

☐ No

Other Health Conditions

51. Between the time you were first were stationed, employed, or living at Camp Lejeune or Camp Pendleton and now, have you had any other serious health problems that have not been covered above? If yes, please list them below.

☐ Yes
1: ____
2: ____
3: ____
☐ No

MALE RESPONDENTS – GO TO OCCUPATIONAL HISTORY SECTION ON PAGE XX

FEMALE RESPONDENTS – CONTINUE WITH REPRODUCTIVE HISTORY SECTION

Reproductive History (WOMEN ONLY)

52. Between the time you were first were stationed, employed, or living at Camp Lejeune or Camp Pendleton and now, were you told by a doctor or other health care provider that you have endometriosis?

☐ Yes
☐ No → **GO TO QUESTION 56 ON PAGE XX**

53. How old were you when you were first told this? ☐☐ years old

54. What is the name, address, and phone number of the doctor or other health care provider who diagnosed your endometriosis?

Doctor Name: ___________________________________

Address: ____

City: _________________________ State: ________________ Zip Code: _______________

Phone: (_____) ________-____________

55. Were you ever hospitalized for treatment of your endometriosis?

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☐ Yes → Name of Hospital: ____
Address: ____
City: ___________________ State: ___________ Zip Code: __________

☐ No

56. Have you ever been pregnant?

☐ Yes
☐ No → **GO TO OCCUPATIONAL HISTORY SECTION ON PAGE XX**

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

☐ Yes
☐ No

58. Were you pregnant during the time you lived or worked at Camp Lejeune or Camp Pendleton?

☐ Yes
☐ No → **GO TO OCCUPATIONAL HISTORY SECTION ON PAGE XX**

The following questions ask about each pregnancy that occurred during the time that you lived or worked at Camp Lejeune or Camp Pendleton. Please do not include any pregnancies that were not during your time at Camp Lejeune or Camp Pendleton.

	59. When did this pregnancy end? (month/year)	**60. What was the outcome of this pregnancy?**	**61. Did this pregnancy involve a birth defect?**
Pregnancy #1	☐☐/☐☐☐☐	☐ Live birth of single child ☐ Live birth of multiple children ☐ Tubal pregnancy ☐ Elective abortion ☐ Miscarriage or stillbirth How many weeks were you when the pregnancy ended?	☐ Yes ☐ No If yes, what is the name of the birth defect? __________________ __________________

		☐☐ weeks Did you have a positive pregnancy test before the miscarriage/stillbirth occurred? ☐ Yes ☐ No Was the miscarriage/stillbirth confirmed by a doctor or other health care provider? ☐ Yes ☐ No	
Pregnancy #2	☐☐/ ☐☐☐☐	☐ Live birth of single child ☐ Live birth of multiple children ☐ Tubal pregnancy ☐ Elective abortion ☐ Miscarriage or stillbirth → How many weeks were you when the pregnancy ended? ☐☐ weeks Did you have a positive pregnancy test before the miscarriage/stillbirth occurred? ☐ Yes ☐ No Was the miscarriage/stillbirth confirmed by a doctor or other health care provider? ☐ Yes ☐ No	☐ Yes → ☐ No If yes, what is the name of the birth defect? ____________________ ____________________

	59. When did this pregnancy end? (month/year)	**60. What was the outcome of this pregnancy?**	**61. Did this pregnancy involve a birth defect?**
Pregnancy #3	☐☐/ ☐☐☐☐	☐ Live birth of single child ☐ Live birth of multiple children ☐ Tubal pregnancy ☐ Elective abortion ☐ Miscarriage or stillbirth → How many weeks were you when the pregnancy ended? ☐☐ weeks Did you have a positive pregnancy test before the miscarriage/stillbirth occurred? ☐ Yes ☐ No Was the miscarriage/stillbirth confirmed by a doctor or other health care provider? ☐ Yes ☐ No	☐ Yes → ☐ No If yes, what is the name of the birth defect? ____________________ ____________________

Survey ID# _ _ _ _ _ _ _ _

Pregnancy #4	☐☐/ ☐☐☐☐	☐ Live birth of single child ☐ Live birth of multiple children ☐ Tubal pregnancy ☐ Elective abortion ☐ Miscarriage or stillbirth → How many weeks were you when the pregnancy ended? ☐☐ weeks Did you have a positive pregnancy test before the miscarriage/stillbirth occurred? ☐ Yes ☐ No Was the miscarriage/stillbirth confirmed by a doctor or other health care provider? ☐ Yes ☐ No	☐ Yes → ☐ No If yes, what is the name of the birth defect? ________________ ________________

Occupational History

The next questions ask about your work experiences – paid or military – between the time you were first stationed, employed, or living at Camp Lejeune or Camp Pendleton and now. This includes any part-time and full-time jobs, jobs at home, jobs on base, and jobs on a farm that lasted at least one month or longer.

If you never worked, please check this box ☐ and go to Question 75 ON PAGE XX.

Survey ID# _ _ _ _ _ _ _ _

Job #1

62. Starting with the time you were first stationed, employed or living at Camp Lejeune or Camp Pendleton, what was the name and location of the first company or organization you worked for?

Name of company/organization: ____

City: __________________________________ State: _______________________

63. If the job was on base at Camp Lejeune or Camp Pendleton, please specify the area on base where you worked (that is, address or building number).

____

64. In what month and year did you start this job?	☐☐/☐☐☐☐ m m y y y y
65. In what month and year did you end this job?	☐☐/☐☐☐☐ m m y y y y
66. What was your job title?	____________________________________
67. What did that company/organization make or do?	____________________________________ ____________________________________
68. What were your main activities and duties on this job?	____________________________________ ____________________________________ ____________________________________
69. Did you usually work part-time or full-time?	☐ Part-time (Part-time is less than 35 hours per week) ☐ Full-time
70. Did you work with pesticides, herbicides, fungicides, insecticides, or rat poison? ☐ Yes → ☐ No	What is the name of the chemical(s) you worked with? ____________________________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week

Job #1 (cont.)

71. Did you work with radiation such as x-rays, radar, or microwaves? ☐ Yes → ☐ No	What kind of radiation did you work with? ______________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week
72. Did you work with heavy metals such as lead, mercury, or nickel? ☐ Yes → ☐ No	What is the name of the metal(s) you worked with? ______________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week
73. Did you work with solvents such as paint thinners, paints, glues, metal degreasing agents, auto fluids, dry cleaning agents, toluene, carbon disulfide, trichloroethylene, or carbon tetrachloride? ☐ Yes → ☐ No	What is the name of the solvent(s) you worked with? ______________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week

74. Did you have any other jobs after this one?

☐ Yes → **GO TO JOB #2**

☐ No → **GO TO QUESTION 75 ON PAGE XX**

Survey ID# _ _ _ _ _ _ _ _

Job #2

62. What was the name and location of the next company or organization you worked for?

Name of company/organization: ______________________________

City: ______________________ State: ______________

63. If the job was on base at Camp Lejeune or Camp Pendleton, please specify the area on base where you worked (that is, address or building number).

____

64. In what month and year did you start this job?	☐☐/☐☐☐☐ m m y y y y
65. In what month and year did you end this job?	☐☐/☐☐☐☐ m m y y y y
66. What was your job title?	______________________
67. What did that company/organization make or do?	______________________ ______________________
68. What were your main activities and duties on this job?	______________________ ______________________ ______________________
69. Did you usually work part-time or full-time?	☐ Part-time (Part-time is less than 35 hours per week) ☐ Full-time
70. Did you work with pesticides, herbicides, fungicides, insecticides, or rat poison? ☐ Yes → ☐ No	What is the name of the chemical(s) you worked with? ______________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week

Survey ID# _ _ _ _ _ _ _ _

Job #2 (cont.)

71. Did you work with radiation such as x-rays, radar, or microwaves? ☐ Yes → ☐ No	What kind of radiation did you work with? ____________________________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week
72. Did you work with heavy metals such as lead, mercury, or nickel? ☐ Yes → ☐ No	What is the name of the metal(s) you worked with? ____________________________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week
73. Did you work with solvents such as paint thinners, paints, glues, metal degreasing agents, auto fluids, dry cleaning agents, toluene, carbon disulfide, trichloroethylene, or carbon tetrachloride? ☐ Yes → ☐ No	What is the name of the solvent(s) you worked with? ____________________________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week

74. Did you have any other jobs after this one?

☐ Yes → **GO TO JOB #3**

☐ No → **GO TO QUESTION 75 ON PAGE XX**

Job #3

Survey ID# _ _ _ _ _ _ _ _

62. What was the name and location of the next company or organization you worked for?

Name of company/organization: ____

City: ________________________________ State: _____________________

63. If the job was on base at Camp Lejeune or Camp Pendleton, please specify the area on base where you worked (that is, address or building number).

____

64. In what month and year did you start this job?	☐☐/☐☐☐☐ m m y y y y
65. In what month and year did you end this job?	☐☐/☐☐☐☐ m m y y y y
66. What was your job title?	____________________________________
67. What did that company/organization make or do?	____________________________________ ____________________________________
68. What were your main activities and duties on this job?	____________________________________ ____________________________________ ____________________________________
69. Did you usually work part-time or full-time?	☐ Part-time (Part-time is less than 35 hours per week) ☐ Full-time
70. Did you work with pesticides, herbicides, fungicides, insecticides, or rat poison? ☐ Yes → ☐ No	What is the name of the chemical(s) you worked with? ___________________________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week

Job #3 (cont.)

Survey ID# _ _ _ _ _ _ _ _ _

71. Did you work with radiation such as x-rays, radar, or microwaves? ☐ Yes ⟶ ☐ No	What kind of radiation did you work with? ______________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week
72. Did you work with heavy metals such as lead, mercury, or nickel? ☐ Yes ⟶ ☐ No	What is the name of the metal(s) you worked with? ______________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week
73. Did you work with solvents such as paint thinners, paints, glues, metal degreasing agents, auto fluids, dry cleaning agents, toluene, carbon disulfide, trichloroethylene, or carbon tetrachloride? ☐ Yes ⟶ ☐ No	What is the name of the solvent(s) you worked with? ______________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week

74. Did you have any other jobs after this one?

☐ Yes → **GO TO JOB #4**

☐ No → **GO TO QUESTION 75 ON PAGE XX**

Job #4

62. What was the name and location of the next company or organization you worked for?

Name of company/organization: ______________________________

Survey ID# _ _ _ _ _ _ _ _

City: ______________________________ State: ____________________

63. If the job was on base at Camp Lejeune or Camp Pendleton, please specify the area on base where you worked (that is, address or building number).

____

64. In what month and year did you start this job?	☐☐/☐☐☐☐ m m y y y y
65. In what month and year did you end this job?	☐☐/☐☐☐☐ m m y y y y
66. What was your job title?	________________________________
67. What did that company/organization make or do?	________________________________ ________________________________
68. What were your main activities and duties on this job?	________________________________ ________________________________ ________________________________
69. Did you usually work part-time or full-time?	☐ Part-time (Part-time is less than 35 hours per week) ☐ Full-time
70. Did you work with pesticides, herbicides, fungicides, insecticides, or rat poison? ☐ Yes → ☐ No	What is the name of the chemical(s) you worked with? ________________________________ On average, how many hours per week were you around these products? Enter ‘00’ if less than 1 hour. ☐☐ hours per week

Survey ID# _ _ _ _ _ _ _ _

Job #4 (cont.)

71. Did you work with radiation such as x-rays, radar, or microwaves? ☐ Yes → ☐ No	What kind of radiation did you work with? ______________________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week
72. Did you work with heavy metals such as lead, mercury, or nickel? ☐ Yes → ☐ No	What is the name of the metal(s) you worked with? ______________________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week
73. Did you work with solvents like paint thinners, paints, glues, metal degreasing agents, auto fluids, dry cleaning agents, toluene, carbon disulfide, trichloroethylene, or carbon tetrachloride? ☐ Yes → ☐ No	What is the name of the solvent(s) you worked with? ______________________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week

74. Did you have any other jobs after this one?

☐ Yes → **GO TO JOB #5**

☐ No → **GO TO QUESTION 75 ON PAGE XX**

Survey ID# _ _ _ _ _ _ _ _

Job #5

62. What was the name and location of the next company or organization you worked for?

Name of company/organization: ______________________________

City: ______________________ State: ______________

63. If the job was on base at Camp Lejeune or Camp Pendleton, please specify the area on base where you worked (that is, address or building number).

____

64. In what month and year did you start this job?	☐☐/☐☐☐☐ m m y y y y
65. In what month and year did you end this job?	☐☐/☐☐☐☐ m m y y y y
66. What was your job title?	______________________
67. What did that company/organization make or do?	______________________ ______________________
68. What were your main activities and duties on this job?	______________________ ______________________ ______________________
69. Did you usually work part-time or full-time?	☐ Part-time (Part-time is less than 35 hours per week) ☐ Full-time
70. Did you work with pesticides, herbicides, fungicides, insecticides, or rat poison? ☐ Yes → ☐ No	What is the name of the chemical(s) you worked with? ______________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week

Survey ID# _ _ _ _ _ _ _ _ _

Job #5 (cont.)

71. Did you work with radiation such as x-rays, radar, or microwaves? ☐ Yes → ☐ No	What kind of radiation did you work with? ______________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week
72. Did you work with heavy metals such as lead, mercury, or nickel? ☐ Yes → ☐ No	What is the name of the metal(s) you worked with? ______________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week
73. Did you work with solvents such as paint thinners, paints, glues, metal degreasing agents, auto fluids, dry cleaning agents, toluene, carbon disulfide, trichloroethylene, or carbon tetrachloride? ☐ Yes → ☐ No	What is the name of the solvent(s) you worked with? ______________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week

74. Did you have any other jobs after this one?

☐ Yes → **GO TO OTHER JOBS**

☐ No → **GO TO QUESTION 75 ON PAGE XX**

Other Jobs

Survey ID# _ _ _ _ _ _ _ _

Please answer the following questions about all of the other jobs you have held since the last job you just reported.

70. In any of these jobs, did you work with pesticides, herbicides, fungicides, insecticides, or rat poison? ☐ Yes → ☐ No	What is the name of the chemical(s) you worked with? ____________________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week
71. In any of these jobs, did you work with radiation such as x-rays, radar, or microwaves? ☐ Yes → ☐ No	What kind of radiation did you work with? ____________________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week
72. In any of these jobs, did you work with heavy metals such as lead, mercury, or nickel? ☐ Yes → ☐ No	What is the name of the metal(s) you worked with? ____________________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week
73. In any of these jobs, did you work with solvents such as paint thinners, paints, glues, metal degreasing agents, auto fluids, dry cleaning agents, toluene, carbon disulfide, trichloroethylene, or carbon tetrachloride? ☐ Yes → ☐ No	What is the name of the solvent(s) you worked with? ____________________________ On average, how many hours per week were you around these products? Enter '00' if less than 1 hour. ☐☐ hours per week

75. Were you stationed in Vietnam between 1965 and 1971?

☐ Yes

☐ No → **GO TO SMOKING HISTORY SECTION BELOW**

76. Which year(s) were you in Vietnam? (Mark all that apply.)

☐ 1965 ☐ 1969
☐ 1966 ☐ 1970
☐ 1967 ☐ 1971
☐ 1968

77. In total, how many months were you in Vietnam between 1965 and 1971?

☐☐ months

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

☐ Yes (describe how you were exposed)

____

____

☐ No
☐ Not sure

Smoking History

79. Have you ever smoked cigarettes regularly?

☐ Yes
☐ No → **GO TO QUESTION 86 ON PAGE XX**

80. Do you smoke cigarettes now?

☐ Yes
☐ No → **GO TO QUESTION 83 ON PAGE XX**

81. On average, over all the years you have smoked, how many cigarettes a day did you smoke (1 pack=20 cigarettes)?

☐☐ cigarettes per day

82. In total, how many years have you smoked, excluding any times you may have quit?

☐☐ years – **GO TO QUESTION 86 ON PAGE XX**

83. How old were you the last time you quit smoking cigarettes? ☐☐ years old

84. On average, when you were smoking, about how many cigarettes a day did you smoke (1 pack = 20 cigarettes)?

☐☐ cigarettes per day

85. In total, how many years did you smoke, excluding any times you may have quit?

☐☐ years

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

☐ Yes
☐ No → **GO TO QUESTION 89**

87. Do you currently use these tobacco products regularly?

☐ Yes
☐ No

88. Which of the following tobacco products have you used or do you currently use on a regular basis? (Mark all that apply.)

☐ Chewing tobacco
☐ Smokeless tobacco
☐ Pipe
☐ Cigars
☐ Other-specify: ______________________________

89. Have you ever lived for more than 1 year with someone who smoked on a daily basis?

☐ Yes
☐ No → **GO TO ALCOHOL HISTORY SECTION ON PAGE XX**

90. How many years did you live with someone who smoked on a daily basis?

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

91. During most of this time, how many people living with you smoked on a daily basis?

☐ 1 person

☐ 2 persons
☐ More than 2 persons

Alcohol History

The following questions relate to your use of alcohol.

92. Have you ever had a drink of alcohol?

☐ Yes
☐ No → **GO TO DEMOGRAPHICS SECTION ON PAGE XX**

93. At what age did you start drinking alcohol? ☐☐ years old

94. Do you drink alcoholic beverages now?

☐ Yes
☐ No → **GO TO QUESTION 98 ON PAGE XX**

95. On average, how often do you drink alcoholic beverages? (Mark one.)

☐ Almost every day
☐ 2 to 4 times a week
☐ 1 time a week
☐ 1 to 3 times a month
☐ Less than once a month

A "serving" of alcohol equals any of the following: 1 can of beer, 1 glass of wine, 1 can or bottle of wine cooler, or 1 shot of liquor.

96. When you drink, about how many servings do you usually have?

☐☐ servings

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

☐ Yes
☐ No } **GO TO DEMOGRAPHICS**

98. How old were you when you stopped drinking alcoholic beverages? ☐☐ years old

99. On average, how often did you drink alcoholic beverages? (Mark one.)

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- ☐ Almost every day
- ☐ 2 to 4 times a week
- ☐ 1 time a week
- ☐ 1 to 3 times a month
- ☐ Less than once a month

100. When you drank, about how many servings did you usually have?

☐☐ servings

Demographics

A. What race do you consider yourself to be? (Mark all that apply.)

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Black or African American
- ☐ White
- ☐ Some other race–specify: ___________________________________

B. Do you consider yourself to be Hispanic or Latino?

- ☐ Yes
- ☐ No

C. What is the highest level of education you have completed? (Mark one.)

- ☐ Less than a high school diploma
- ☐ High school diploma or GED
- ☐ Some college, Technical/Vocational School, or Associate's Degree
- ☐ Bachelor's degree (4 years of college) or higher

D. What is your 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:

Home Phone Number: (__ _ _) - _ _ _ - _ _ _ _ ☐ N/A

Cell Phone Number: (_ _ _) - _ _ _ - _ _ _ _ ☐ N/A

E-Mail address: ____

Please provide the contact information of a friend or family member who will always know your

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whereabouts in case we need to contact you in the future.

First Name: ________________________ Last Name: ________________________

Street Address: ____ Apartment Number: _______

City: ____________________ State: _________________ Zip code: _ _ _ _ _ - _ _ _ _ Country: ____________________________

Home Phone Number: (_ _ _) - _ _ _ - _ _ _ _ ☐ N/A

Cell Phone Number: (_ _ _) - _ _ _ - _ _ _ _ ☐ N/A

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 effort. Your contributions to this important health survey will help us learn more about ways to improve health and prevent disease in the future.

Please help us by reviewing each page again to make sure that you:

- **Did not skip any questions, and**
- **Marked out any wrong answers and entered an X next to the correct answer.**

If you've answered "Yes" to any of the conditions listed below, please read and sign the Medical Release Form included in this package, so we can obtain your medical records from your doctor or health care provider to confirm this condition.

- **Any cancer**
- **Parkinson's disease**
- **Kidney disease or Kidney failure**
- **Liver disease**
- **Lupus**
- **Aplastic anemia**
- **Persistent skin rashes or dermatitis**
- **Scleroderma**
- **Infertility**
- **Endometriosis**
- **Multiple Sclerosis (MS)**
- **Amyotrophic Lateral Sclerosis (ALS)**