**ATSDR Health Survey of**

**Marine Corps Personnel**

**and Civilians**

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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 (0923-0042).

**Instructions for Completing the Survey**

* Please use a black or blue pen to complete this form. Do not use a felt-tip pen or a pencil.
* Mark X to indicate your answer.
* If you want to change your answer, completely fill in the answer box for the wrong answer X and mark X in the box next to the correct answer.
* Your answers are important. Please print clearly, using upper case block letters (for example, “WEDNESDAY”).
* When entering numbers, fill all boxes. For example, enter “4” as “0 4”.

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| **IMPORTANT****PLEASE BE SURE TO SIGN THE INFORMED CONSENT FORM ON THE PREVIOUS PAGE. AN EXTRA COPY IS INCLUDED FOR YOU TO KEEP.** |

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| **A1. Questions in this survey ask about the**  **person named below. Are you this**  **person?** <NAME OF PARTICIPANT> [ ]  Yes 🡪 *GO TO Section B, Residential*  *History, on page XX* [ ]  No **A2.** **Is the person named in A1 deceased or**  **is he/she unable to complete this**  **survey for some other reason?** [ ]  Deceased  [ ]  Unable to complete  **Thank you for completing this survey on**  **behalf of the person named in A1.**  **Please answer questions A3 and A4** **about yourself.** **A3.** **What is your name?** First: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Middle: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Last: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Suffix (Jr., Sr., etc.): \_\_\_\_\_ | **A4. What is your relationship to the person**  **named in A1?** [ ]  Husband/Wife 🡪 *GO TO A5* [ ]  Brother/Sister [ ]  Parent [ ]  Child [ ]  Other-specify:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **A5. Were you living with this person**  **during time he/she was living or**  **working at Camp Lejeune or Camp**  **Pendleton?** [ ]  Yes  [ ]  No **IMPORTANT****If you are answering this survey on behalf of the person in A1, please answer all questions about that person, not yourself.** |

**B. Residential History**

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| **B1.** **Did you live on base at Camp Lejeune**  **or Camp Pendleton?** [ ]  Yes, active duty 🡪 *GO TO B2* [ ]  Yes, civilian worker 🡪 *GO TO B4* [ ]  Yes, living with someone who was  active duty or a civilian worker 🡪 *GO TO*  *B3* [ ]  No, did not live on base 🡪 *GO TO*  *Section C, Medical History, on next page* **B2.** **What unit(s) were you assigned to?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **B3.** **What is the full name of that person?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**B4.** **Thinking about the first place you lived**  **on base, was it at Camp Lejeune or**  **Camp Pendleton?**   [ ]  Camp Lejeune [ ]  Camp Pendleton **B5.** **What was the location or address**  **where you resided (location of**  **barracks/street address/family**  **housing area)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**B6.** **When did you start living there (month**  **and year)?**  [ ] [ ] /[ ] [ ] [ ] [ ]  m m y y y y**B7.** **When did you stop living there (month**  **and year)?**  [ ] [ ] /[ ] [ ] [ ] [ ]  m m y y y y | **B8.** **Were there any other places you lived**  **on base at Camp Lejeune or Camp**  **Pendleton?**  [ ]  Yes, Camp Lejeune  [ ]  Yes, Camp Pendleton  [ ]  No **🡪** *GO TO Section C, Medical*  *History, on next page* **B9.** **What was the location or address**  **where you resided (location of**  **barracks/street address/family**  **housing area)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**B10.** **When did you start living there**  **(month and year)?**  [ ] [ ] /[ ] [ ] [ ] [ ]  m m y y y y**B11.** **When did you stop living there**  **(month and year)?**  [ ] [ ] /[ ] [ ] [ ] [ ]  m m y y y y**B12.** **Were there any other places you lived**  **on base at Camp Lejeune or Camp**  **Pendleton?**  [ ]  Yes, Camp Lejeune  [ ]  Yes, Camp Pendleton  [ ]  No *🡪 GO TO Section C, Medical*  *History, on next page*  **B13.** **What was the location or address**  **where you resided (location of**  **barracks/street address/family**  **housing area)?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **B14.** **When did you start living there (month and year)?**  [ ] [ ] /[ ] [ ] [ ] [ ]  m m y y y y**B15. When did you stop living there (month and year)?**  [ ] [ ] /[ ] [ ] [ ] [ ]  m m y y y y**B16.** **Were there any other places you lived on base at Camp Lejeune or Camp Pendleton?**  [ ]  Yes, Camp Lejeune  [ ]  Yes, Camp Pendleton  [ ]  No *🡪 GO TO Section C, Medical History,*  *in next column***B17.** **What was the location or address where you resided (location of barracks/street address/family housing area)?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**B18.** **When did you start living there**  **(month and year)?**  [ ] [ ] /[ ] [ ] [ ] [ ]  m m y y y y**B19.** **When did you stop living there (month**  **and year)?**  [ ] [ ] /[ ] [ ] [ ] [ ]  m m y y y y | **C. Medical History** **We are interested in finding out about**  **any diseases, medical conditions, or**  **illnesses you may have had.** **Remember:** **If you are answering this survey on behalf of the person listed in A1, please answer all questions about that person, not yourself.****C1. Between the time you first lived or worked at Camp Lejeune or Camp Pendleton and the present time, 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 Section D, Other Health*  *Conditions, on page XX***C2.** **Thinking of your first diagnosed cancer, what kind of cancer was it?** **Mark only one answer.**[ ]  Appendix [ ]  Mouth/Tongue/Lip [ ]  Bladder [ ]  Multiple Myeloma[ ]  Bone [ ]  Ovary[ ]  Brain [ ]  Pancreas[ ]  Breast [ ]  Prostate[ ]  Cervix [ ]  Rectum [ ]  Colon  [ ]  Esophagus [ ]  Small intestine[ ]  Gallbladder [ ]  Soft tissue (muscle  or fat)[ ]  Kidney [ ]  Stomach[ ]  Larynx or Windpipe [ ]  Testicle[ ]  Leukemia [ ]  Throat or Pharynx[ ]  Liver [ ]  Thyroid[ ]  Lung [ ]  Uterus[ ]  Lymphoma [ ]  Other-specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Melanoma [ ]  Don't know |

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| **C3.** **How old were you when this cancer was first diagnosed?**  [ ] [ ]  years old**C4.** **Was this:** [ ]  A primary cancer, or  [ ]  A cancer that had spread or  metastasized from somewhere else in  the body?**C5.** **What state were you living in when this cancer was first diagnosed?**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**C6. Between the time you first lived or worked at Camp Lejeune or Camp Pendleton and the present time, have you been diagnosed with any other kind of cancer?**  [ ]  Yes [ ]  No 🡪 *GO TO Section D, Other Health*  *Conditions, on next page* **C7.** **What kind of cancer was this?** **Mark only one answer.** [ ]  Appendix [ ]  Mouth/Tongue/Lip [ ]  Bladder [ ]  Multiple Myeloma[ ]  Bone [ ]  Ovary[ ]  Brain [ ]  Pancreas[ ]  Breast [ ]  Prostate[ ]  Cervix [ ]  Rectum [ ]  Colon [ ]  Small intestine [ ]  Esophagus [ ]  Soft tissue (muscle  or fat)[ ]  Gallbladder [ ]  Stomach[ ]  Kidney [ ]  Testicle[ ]  Larynx or Windpipe [ ]  Throat or Pharynx[ ]  Leukemia [ ]  Thyroid[ ]  Liver [ ]  Uterus[ ]  Lung [ ]  Other-specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Lymphoma  [ ]  Melanoma [ ]  Don't know | **C8.** **How old were you when this cancer was first diagnosed?**  [ ] [ ]  years old**C9.** **Was this:** [ ]  A primary cancer, or [ ]  A cancer that had spread or  metastasized from somewhere else in  the body?**C10.** **What state were you living in when this second cancer was first diagnosed?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**C11. Between the time you first lived or worked at Camp Lejeune or Camp Pendleton and the present time, have you been diagnosed with any other kinds of cancer?**  [ ]  Yes  [ ]  No 🡪  *GO TO Section D, Other Health*  *Conditions, on next page* **C12.** **What kinds of cancer were they?** **Please mark all that apply.** [ ]  Appendix [ ]  Mouth/Tongue/Lip [ ]  Bladder [ ]  Multiple Myeloma[ ]  Bone [ ]  Ovary[ ]  Brain [ ]  Pancreas[ ]  Breast [ ]  Prostate[ ]  Cervix [ ]  Rectum [ ]  Colon [ ]  Small intestine [ ]  Esophagus [ ]  Soft tissue (muscle  or fat)[ ]  Gallbladder [ ]  Stomach [ ]  Kidney [ ]  Testicle[ ]  Larynx or Windpipe [ ]  Throat or Pharynx[ ]  Leukemia [ ]  Thyroid[ ]  Liver [ ]  Uterus[ ]  Lung [ ]  Other-specify:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_[ ]  Lymphoma [ ]  Don't know[ ]  Melanoma |

**D. Other Health Conditions**

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|  **Between the time you first lived or**  **worked at Camp Lejeune or Camp**  **Pendleton and the present time, have**  **you ever been told by a doctor or other**  **health care provider that you had any of  the following conditions.****D1. Have you been told you had kidney disease or kidney failure? Do not include kidney cancer, kidney stones, bladder infection or incontinence.** [ ]  Yes  [ ]  No **🡪** *GO TO D4***D2**. What was the name of your kidney disease?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**D3.** **How old were you when this was first diagnosed?** [ ] [ ]  years old**D4.** **Have you been told you had liver disease? Do not include liver cancer.** [ ]  Yes  [ ]  No **🡪** *GO TO D7 in next*  *column***D5.** **What was the name of the liver disease?** [ ]  Necrosis [ ]  Cirrhosis [ ]  Liver Failure [ ]  Fatty Liver [ ]  Other–specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**D6.** **How old were you when this was first diagnosed?** [ ] [ ]  years old | **D7.** **Have you been told you had lupus?** [ ]  Yes  [ ]  No **🡪** *GO TO D9***D8.** **How old were you when this was first diagnosed?** [ ] [ ]  years old**D9**. Have you been told you had scleroderma?[ ] Yes [ ]  No*🡪 GO TO D11***D10.** **How old were you when this was first diagnosed?**[ ] [ ] years old**D11.** **Have you been told you had Parkinson’s Disease?** [ ]  Yes  [ ]  No **🡪** *GO TO D13***D12.** **How old were you when this was first diagnosed?** [ ] [ ]  years old**D13.** **Have you been told you had Multiple Sclerosis (MS)?** [ ]  Yes  [ ]  No 🡪*GO TO D15 on next page***D14.** **How old were you when this was first diagnosed?** [ ] [ ]  years old |

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| **D15.** **Have you been told you had Amyotrophic Lateral Sclerosis (also known as ALS or “Lou Gehrig’s Disease”) or some other motor neuron disease?** [ ]  Yes  [ ]  No *🡪 GO TO D17***D16.** **How old were you when this was first diagnosed?** [ ] [ ]  years old**D17.** **Have you been told you had aplastic anemia?** [ ]  Yes  [ ]  No *🡪 GO TO D19***D18.** **How old were you when this was first diagnosed?** [ ] [ ]  years old**D19.** **Between the time you first lived or worked at Camp Lejeune or Camp Pendleton and the present time, have you been told by a doctor or other health care provider that you had a persistent skin rash or dermatitis?** [ ]  Yes [ ]  No *🡪 GO TO D26 on next page***D20.** **Did you have hepatitis at the same time you had the skin rash or dermatitis?**  [ ]  Yes [ ]  No**D21.** **What was the name of the skin rash or dermatitis?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **D22.** **How old were you when this was first diagnosed?**  [ ] [ ]  years old**D23. How long did your skin rash or dermatitis last?**  [ ]  Less than a week [ ]  1–3 weeks [ ]  1 month  [ ]  2–5 months  [ ]  6 months–1 year [ ]  More than 1 year **D24.** **Where on your body did your skin rash or dermatitis occur?** **Mark all that apply.**

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| [ ]  Head | [ ]  Stomach |
| [ ]  Face | [ ]  Legs |
| [ ]  Arms | [ ]  Feet |
| [ ]  Hands | [ ]  Other-specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| [ ]  Chest |
| [ ]  Back |  |

**D25.** **What were the symptoms of your skin rash or dermatitis?** **Mark all that apply.**

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| [ ]  Redness | [ ]  Blisters |
| [ ]  Swelling | [ ]  Fissures or cracks |
| [ ]  Itching | [ ]  Oozing |
| [ ]  Dry skin with  scaling/flaking | [ ]  Bleeding |
| [ ]  Crusts | [ ]  Other–specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **D26. Between the time you first lived or worked at Camp Lejeune or Camp Pendleton and the present time, have you been told by a doctor or other health care provider that you were infertile? Do not include your partner’s infertility, if any.** [ ]  Yes [ ]  No 🡪 *GO TO Section E, Additional Health*  *Conditions, in next column* **D27.** **What did your doctor or other health care provider tell you was the reason for your infertility?** **Mark all that apply.**

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| [ ]  Fallopian tube  damage or blockage | [ ]  Abnormal sperm |
| [ ]  Endometriosis | [ ]  Low sperm count |
| [ ]  Advanced age | [ ]  Impotence |
| [ ]  Ovulation disorders/  Polycystic Ovary  Syndrome (PCOS) | [ ]  Unexplained  infertility |
| [ ]  Uterine fibroids/  Other uterine  problems | [ ]  Other–specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**D28.** **How old were you when this was first diagnosed?**  [ ] [ ]  years old | **E. Additional Health Conditions****Remember:** **If you are answering this survey on behalf of the person listed in A1, please answer all questions about that person, not yourself.****E1.** **Between the time you first lived or worked at Camp Lejeune or Camp Pendleton and the present time, have you had any other serious health conditions that have not been covered above?**  [ ]  Yes [ ]  No 🡪*GO TO E3***E2.** **Please list them below.** a. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_b. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_c. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_d. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_e. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**E3.** **Are you:** [ ]  Female 🡪 *GO TO Section F, Reproductive*  *History, on next page* [ ]  Male 🡪 *GO TO Section G, Occupational*  *History, on page XX* |
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**Reproductive History (WOMEN ONLY)**

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| **F1.** **Between the time you first lived or**  **worked at Camp Lejeune or Camp**  **Pendleton and the present time, have**  **you been told by a doctor or other**  **health care provider that you had**  **endometriosis?** [ ]  Yes [ ]  No 🡪 *GO TO F3***F2.** **How old were you when this was first**  **diagnosed?**  [ ] [ ]  years old**F3.** **Have you ever been pregnant?** [ ]  Yes [ ]  No 🡪 *GO TO Section G, Occupational*  *History, on page XX***F4.** **Have you ever had a pregnancy that**  **resulted in a live birth?** [ ]  Yes [ ]  No **F5.** **Were you pregnant during the time you**  **lived or worked at Camp Lejeune or**  **Camp Pendleton?** [ ]  Yes [ ]  No 🡪 *GO TO Section G, Occupational*  *History, on page XX***F6.** **How many times were you pregnant**  **during the time you lived or worked at**  **Camp Lejeune or Camp Pendleton?** **[ ] [ ]** No. of pregnancies**QUESTION 1QUESTION 1** |  **The following questions apply only to**  **pregnancies that occurred during the**  **time you lived or worked at Camp**  **Lejeune or Camp Pendleton. Please**  **complete all of the questions for each**  **pregnancy during this time.** **PREGNANCY #1****F7. When did your first pregnancy end?**  **(month/year)** [ ] [ ] /[ ] [ ] [ ] [ ]  m m y y y y**F8. What was the outcome of this**  **pregnancy?** [ ]  Live birth of single child [ ]  Live birth of multiple children  [ ]  Tubal pregnancy [ ]  Elective abortion [ ]  Miscarriage or stillbirth  **F9. How many weeks were you when**  **the pregnancy ended?**  [ ] [ ]  weeks **F10. Did you have a positive pregnancy**  **test before miscarriage/stillbirth**  **occurred?**  [ ]  Yes  [ ]  No  **F11. Was the miscarriage/stillbirth**  **confirmed by a doctor or other**  **health care provider?**  [ ]  Yes  [ ]  No**F12. Did this pregnancy involve a birth**  **defect?** [ ]  Yes [ ]  No 🡪 *GO TO F14 on next page**GO TO F13 on next page* |
| **F13.** **If yes, what is the name of the birth**  **defect?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**F14.** **Did you have another pregnancy**  **during the time you lived or worked at**  **Camp Lejeune or Camp Pendleton?**  [ ]  Yes  [ ]  No *🡪 GO TO Section G, Occupational*  *History, on page XX***PREGNANCY #2****F15. When did your second pregnancy end?**  **(month/year)** [ ] [ ] /[ ] [ ] [ ] [ ]  m m y y y y**F16. What was the outcome of this**  **pregnancy?** [ ]  Live birth of single child [ ]  Live birth of multiple children  [ ]  Tubal pregnancy [ ]  Elective abortion [ ]  Miscarriage or stillbirth  **F17. How many weeks were you when**  **the pregnancy ended?**  [ ] [ ]  weeks  **F18**. **Did you have a positive**  **pregnancy test before the**  **miscarriage/stillbirth occurred?**  [ ]  Yes  [ ]  No  **F19.** **Was the miscarriage/stillbirth**  **confirmed by a doctor or other**  **health care provider?**  [ ]  Yes  [ ]  No*GO TO F20 in next column* | **F20. Did this pregnancy involve a birth**  **defect?** [ ]  Yes [ ]  No *🡪 GO TO F22***F21.** **If yes, what is the name of the birth**  **defect?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**F22.** **Did you have another pregnancy**  **during the time you lived or worked at**  **Camp Lejeune or Camp Pendleton?**  [ ]  Yes  [ ]  No *🡪 GO TO Section G, Occupational*  *History, on page XX***PREGNANCY #3****F23. When did your third pregnancy end?**  **(month/year)** [ ] [ ] /[ ] [ ] [ ] [ ]  m m y y y y**F24. What was the outcome of this**  **pregnancy?** [ ]  Live birth of single child [ ]  Live birth of multiple children  [ ]  Tubal pregnancy [ ]  Elective abortion [ ]  Miscarriage or stillbirth  **F25. How many weeks were you when**  **the pregnancy ended?**  [ ] [ ]  weeks  **F26**. **Did you have a positive**  **pregnancy test before the**  **miscarriage/stillbirth occurred?**  [ ]  Yes  [ ]  No*GO TO F28 on next page* |
|   **F27.** **Was the miscarriage/stillbirth**  **confirmed by a doctor or other**  **health care provider?**  [ ]  Yes  [ ]  No**F28. Did this pregnancy involve a birth**  **defect?** [ ]  Yes [ ]  No *🡪 GO TO F30***F29.** **If yes, what is the name of the birth**  **defect?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**F30.** **Did you have another pregnancy**  **during the time you lived or worked**  **at Camp Lejeune or Camp Pendleton?**  [ ]  Yes  [ ]  No *🡪 GO TO Section G, Occupational*  *History, on next page***PREGNANCY #4****F31. When did your fourth pregnancy end?**  **(month/year)** [ ] [ ] /[ ] [ ] [ ] [ ]  m m y y y y**F32. What was the outcome of this**  **pregnancy?** [ ]  Live birth of single child [ ]  Live birth of multiple children  [ ]  Tubal pregnancy [ ]  Elective abortion [ ]  Miscarriage or stillbirth  **F33. How many weeks were you when**  **the pregnancy ended?**  [ ] [ ]  weeks*GO TO F36 in next column* |   **F34**. **Did you have a positive pregnancy**  **test before the miscarriage/**  **stillbirth occurred?**  [ ]  Yes  [ ]  No  **F35.** **Was the miscarriage/stillbirth**  **confirmed by a doctor or other**  **health care provider?**  [ ]  Yes  [ ]  No**F36. Did this pregnancy involve a birth**  **defect?** [ ]  Yes [ ]  No 🡪 *GO TO Section G, Occupational*  *History, on next page***F37.** **If yes, what is the name of the birth defect?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

**G. Occupational History**

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|  **We are interested in exposures to**  **hazardous materials from jobs that you**  **have held since the time you first lived or**  **worked at Camp Lejeune or Camp**  **Pendleton up until the present time. This**  **includes any part-time and full-time**  **military and civilian jobs, or jobs on a**  **farm that lasted at least one month or**  **longer.** **G1. Since you first lived or worked at Camp Lejeune or Camp Pendleton up until the present time, did you work with or were you exposed to any of the following in any of your jobs:**

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|  |  Yes No  |
| **a.** Pesticides, herbicides,  fungicides, insecticides,  or rat poison? |  [ ]  [ ]   |
| **b.** Radiation, such as x- rays, radar, or  electro-magnetic fields  (EMFs)? |  [ ]  [ ]  |
| **c.** Metals such as  lead, mercury, nickel,  cadmium, or arsenic? |  [ ]  [ ]  |
| **d.** Solvents such as paint  thinners, paints, glues,  metal degreasing  agents, toluene, carbon  disulfide,  trichloroethylene, or  carbon tetrachloride? |  [ ]  [ ]  |
| **e.** Other chemicals or  hazardous substances  such as asbestos or  chlorine?  | [ ]  [ ]  |

**G2.** **Did you answer “Yes” to any of the items above (a-e)?**  [ ]  Yes  [ ]  No *🡪 GO TO Section H, Service in*  *Vietnam, on page XX**GO TO Job #1 in next column* | **JOB #1** **Starting with the time you first worked**  **or lived at Camp Lejeune or Camp**  **Pendleton up until the present time,**  **please tell us about the first job where**  **you worked with or were exposed to**  **pesticides, radiation, metals, solvents,**  **or other chemicals or hazardous**  **substances.** **G3.** **Was this job on base at Camp Lejeune or Camp Pendleton?**  [ ]  Yes, at Camp Lejeune  [ ]  Yes, at Camp Pendleton [ ]  No, not at Camp Lejeune or Camp  Pendleton 🡪 *GO TO G5*  **G4. Please specify the area on base**  **where you worked (that is, address**  **or building number).** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **G5.** **What was the name and location of**  **the company or organization you**  **worked for?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **G6.** **In what month and year did you start this job?**  [ ] [ ] /[ ] [ ] [ ] [ ]     m m y y y y**G7. In what month and year did you end this job?**  [ ] [ ] /[ ] [ ] [ ] [ ]     m m y y y y**G8.** **What was your job title?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **G9.** **What were your main activities or**  **duties on this job?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G10.** **Did you usually work part-time or full-** **time**?  [ ]  Part-time  [ ]  Full-time **G11.** **In this job, did you work with or were**  **you exposed to pesticides, herbicides,**  **fungicides, insecticides, or rat poison?** [ ]  Yes [ ]  No 🡪 *GO TO G12*1. **Name of chemical(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G12. In this job, did you work with or were**  **you exposed to radiation such as x-** **rays, radar, or electro-magnetic fields**  **(EMFs)?**[ ]  Yes [ ]  No 🡪 *GO TO G13*1. **Kind of radiation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G13. In this job, did you work with or were**  **you exposed to metals such as lead,**  **mercury, nickel, cadmium, or arsenic?**[ ]  Yes [ ]  No 🡪 *GO TO G14 in next column*1. **Name of metal(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **G14. In this job, did you work with or**  **were you exposed to solvents such**  **as paint thinners, paints, glues,**  **metal degreasing agents, toluene,**  **carbon disulfide,**  **trichloroethylene, or carbon**  **tetrachloride?** [ ]  Yes  [ ]  No 🡪 *GO TO G15*1. **Name of solvent(s) : \_\_\_\_\_\_\_\_\_\_**

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G15. In this job, did you work with or**  **were you exposed to other**  **chemicals or hazardous substances**  **such as asbestos or chlorine?** [ ]  Yes  [ ]  No 🡪 *GO TO G16*1. **Name of other material(s):** \_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G16. Did you have any other jobs after this one up until the present time that involved working with or being exposed to pesticides, radiation, metals, solvents, or other chemicals or hazardous substances?**  [ ]  Yes  [ ]  No 🡪 *GO TO Section H, Service*  *in Vietnam, on page XX***JOB #2****G17.** **Was this job on base at Camp Lejeune or Camp Pendleton?**  [ ]  Yes, at Camp Lejeune [ ]  Yes, at Camp Pendleton  [ ]  No, not at Camp Lejeune or Camp  Pendleton 🡪 *GO TO G19 on*  *next page* *GO TO G18 on next page* |

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| **G18. Please specify the area on base**  **where you worked (that is,**  **address or building number).** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G19. What was the name and location**  **of the company or organization**  **you worked for?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G20.** **In what month and year did you start this job?**  [ ] [ ] /[ ] [ ] [ ] [ ]     m m y y y y**G21.** **In what month and year did you end this job?**  [ ] [ ] /[ ] [ ] [ ] [ ]     m m y y y y**G22.** **What was your job title?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G23.** **What were your main activities or duties on this job?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G24.** **Did you usually work part-time or full**  **time?**  [ ]  Part-time  [ ]  Full-time **G25.** **In this job, did you work with or were you exposed to pesticides, herbicides, fungicides, insecticides, or rat poison?** [ ]  Yes [ ]  No 🡪 *GO TO G26 in next column*1. **Name of chemical(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **G26. In this job, did you work with or were you exposed to radiation such as x-rays, radar, or electro-magnetic fields (EMFs)?**[ ]  Yes [ ]  No 🡪 *GO TO G27* 1. **Kind of radiation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G27. In this job, did you work with or were you exposed to metals such as lead, mercury, nickel, cadmium, or arsenic?**[ ]  Yes [ ]  No 🡪 *GO TO G28*1. **Name of metal(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G28. In this job, did you work with or were you exposed to solvents such as paint thinners, paints, glues, metal degreasing agents, toluene, carbon disulfide, trichloroethylene, or carbon tetrachloride?**[ ]  Yes [ ]  No 🡪 *GO TO G29*1. **Name of solvent(s) :** \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G29. In this job, did you work with or were you exposed to other chemicals or hazardous substances such as asbestos or chlorine?**[ ]  Yes  [ ]  No 🡪 *GO TO G30 on next page*1. **Name of other material(s):** \_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **G30.** **Did you have any other jobs after this one up until the present time that involved working with or being exposed to pesticides, radiation, metals, solvents, or other chemicals or hazardous substances?**[ ]  Yes [ ]  No *🡪 GO TO Section H, Service In*  *Vietnam, on page XX***JOB #3****G31.** **Was this job on base at Camp Lejeune or Camp Pendleton?**  [ ]  Yes, at Camp Lejeune [ ]  Yes, at Camp Pendleton [ ]  No, not at Camp Lejeune or Camp  Pendleton 🡪 *GO TO G33* **G32. Please specify the area on base**  **where you worked (that is,**  **address or building number).** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **G33. What was the name and location**  **of the company or organization**  **you worked for?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G34.** **In what month and year did you start this job?**  [ ] [ ] /[ ] [ ] [ ] [ ]     m m y y y y**G35.** **In what month and year did you end this job?**  [ ] [ ] /[ ] [ ] [ ] [ ]     m m y y y y**G36**. **What was your job title?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **G37.** **What were your main activities or**  **duties on this job?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G38.** **Did you usually work part-time or**  **full-time?**  [ ]  Part-time  [ ]  Full-time**G39.** **In this job, did you work with or were you exposed to pesticides, herbicides, fungicides, insecticides, or rat poison?** [ ]  Yes [ ]  No 🡪 *GO TO G40*1. **Name of chemical(s):** \_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G40. In this job, did you work with or were you exposed to radiation such as x-rays, radar, or electro-magnetic fields (EMFs)?**[ ]  Yes [ ]  No 🡪 *GO TO G41*1. **Kind of radiation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G41. In this job, did you work with or were you exposed to metals such as lead, mercury, nickel, cadmium, or arsenic?**[ ]  Yes [ ]  No 🡪 *GO TO G42 on next page*1. **Name of metal(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **G42. In this job, did you work with or were you exposed to solvents such as paint thinners, paints, glues, metal degreasing agents, toluene, carbon disulfide, trichloroethylene, or carbon tetrachloride?**[ ]  Yes [ ]  No 🡪 *GO TO G43*1. **Name of solvent(s) :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G43. In this job, did you work with or were you exposed to other chemicals or hazardous substances such as asbestos or chlorine?**[ ]  Yes  [ ]  No 🡪 *GO TO G44*1. **Name of other material(s):** \_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G44.** **Did you have any other jobs after this one up until the present time that involved working with or being exposed to pesticides, radiation, metals, solvents, or other chemicals or hazardous substances?**[ ]  Yes [ ]  No *🡪 GO TO Section H, Service in*  *Vietnam, on page XX***JOB #4****G45.** **Was this job on base at Camp Lejeune or Camp Pendleton?**  [ ]  Yes, at Camp Lejeune [ ]  Yes, at Camp Pendleton [ ]  No, not at Camp Lejeune or Camp  Pendleton 🡪 *GO TO G47 in next column* **G46. Please specify the area on base**  **where you worked (that is,**  **address or building number).** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*GO TO G48 in next column* | **G47. What was the name and location**  **of the company or organization**  **you worked for?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G48.** **In what month and year did you start this job?**  [ ] [ ] /[ ] [ ] [ ] [ ]     m m y y y y**G49.** **In what month and year did you**  **end this job?**   [ ] [ ] /[ ] [ ] [ ] [ ]     m m y y y y**G50.** **What was your job title?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G51.** **What were your main activities or**  **duties on this job?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G52.** **Did you usually work part-time or**  **full- time?**  [ ]  Part-time  [ ]  Full-time**G53.** **In this job, did you work with or were you exposed to pesticides, herbicides, fungicides, insecticides, or rat poison?** [ ]  Yes [ ]  No 🡪 *GO TO G54 on*  *next page*1. **Name of chemical(s):**\_\_\_\_\_\_\_\_\_\_\_\_

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| **G54. In this job, did you work with or were you exposed to radiation such as x-rays, radar, or electro-magnetic fields (EMFs)?**[ ]  Yes [ ]  No 🡪 *GO TO G55*1. **Kind of radiation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G55. In this job, did you work with or were you exposed to metals such as lead, mercury, nickel, cadmium, or arsenic?**[ ]  Yes [ ]  No 🡪 *GO TO G56*1. **Name of metal(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G56. In this job, did you work with or were you exposed to solvents such as paint thinners, paints, glues, metal degreasing agents, toluene, carbon disulfide, trichloroethylene, or carbon tetrachloride?**[ ]  Yes [ ]  No 🡪 *GO TO G57*1. **Name of solvent(s) :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**F57. In this job, did you work with or were you exposed to other chemicals or hazardous substances such as asbestos or chlorine?**[ ]  Yes  [ ]  No 🡪 *GO TO G58 in next*  *column*1. **Name of other material(s):** \_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **G58.** **Did you have any other jobs after this one up until the present time that involved working with or being exposed to pesticides, radiation, metals, solvents, or other chemicals or hazardous substances??** [ ]  Yes [ ]  No *🡪 GO TO ‘Service in Vietnam’*  *section on page XX***JOB #5****G59.** **Was this job on base at Camp Lejeune or Camp Pendleton?**  [ ]  Yes, at Camp Lejeune [ ]  Yes, at Camp Pendleton [ ]  No, not at Camp Lejeune or Camp  Pendleton 🡪 *GO TO G61* **G60. Please specify the area on base**  **where you worked (that is,**  **address or building number).** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **G61. What was the name and location**  **of the company or organization**  **you worked for?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G62.** **In what month and year did you start**  **this job?**  [ ] [ ] /[ ] [ ] [ ] [ ]     m m y y y y**G63.** **In what month and year did you end**  **this job?**  [ ] [ ] /[ ] [ ] [ ] [ ]     m m y y y y |

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| **G64.** **What was your job title?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G65.** **What were your main activities or**  **duties on this job?**  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G66.** **Did you usually work part-time or**  **full- time?**  [ ]  Part-time  [ ]  Full-time**G67.** **In this job, did you work with or were you exposed to pesticides, herbicides, fungicides, insecticides, or rat poison?** [ ]  Yes [ ]  No 🡪 *GO TO G68* 1. **Name of chemical(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G68. In this job, did you work with or were you exposed to radiation such as x-rays, radar, or electro-magnetic fields (EMFs)?**[ ]  Yes [ ]  No 🡪 *GO TO G69*1. **Kind of radiation:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G69. In this job, did you work with or were you exposed to metals such as lead, mercury, nickel, cadmium, or arsenic?**[ ]  Yes [ ]  No 🡪 *GO TO G70 in next*  *column*1. **Name of metal(s):** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **G70. In this job, did you work with or were you exposed to solvents such as paint thinners, paints, glues, metal degreasing agents, toluene, carbon disulfide, trichloroethylene, or carbon tetrachloride?**[ ]  Yes [ ]  No 🡪 *GO TO G71*1. **Name of solvent(s) :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G71. In this job, did you work with or were you exposed to other chemicals or hazardous substances such as asbestos or chlorine?**[ ]  Yes  [ ]  No 🡪 *GO TO G72* 1. **Name of other material(s):** \_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G72.** **Did you have any other jobs after this one up until the present time that involved working with or being exposed to pesticides, radiation, metals, solvents, or other chemicals or hazardous substances?** [ ]  Yes [ ]  No 🡪 *GO TO Section H, Service in*  *Vietnam, on next page**GO TO next page* |

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| **OTHER JOBS** **Please answer the following questions**  **about all of the other jobs held since the**  **last job you reported that involved**  **working with or being exposed to**  **pesticides, radiation, metals, solvents, or**  **other chemicals or hazardous**  **substances.** **G73.** **In any of these jobs, did you work with or were you exposed to pesticides, herbicides, fungicides, insecticides, or rat poison?**   [ ]  Yes  [ ]  No *🡪 GO TO G75***G74.** **What is the name of the chemical(s) you worked with or were exposed to?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G75.** **In any of these jobs, did you work with or were you exposed to radiation such as x-rays, radar, or electro-magnetic fields (EMFs)?**   [ ]  Yes [ ]  No *🡪 GO TO G77 in next*  *column***G76.** **What kind of radiation did you work with or were exposed to?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **G77.** **In any of these jobs, did you work with or were you exposed to metals such as lead, mercury, nickel, cadmium, or aresenic**?   [ ]  Yes [ ]  No *🡪 GO TO G79***G78. What is the name of the metal(s) you worked with or were exposed to?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G79.** **In any of these jobs, did you work with or were you exposed to solvents such as paint thinners, paints, glues, metal degreasing agents, auto fluids, dry cleaning agents, toluene, carbon disulfide, trichloroethylene, or carbon tetrachloride?**  [ ]  Yes [ ]  No *🡪 GO TO G81***G80.** **What is the name of the solvent(s) you worked with or were exposed to?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**G81.** **In any of these jobs, did you work with or were you exposed to any other chemicals or hazardous substances such as asbestos or chlorine?**  [ ]  Yes [ ]  No *🡪 GO TO Section H, Service in*  *Vietnam, on next page***G82.** **What is the name of the other chemical(s) or hazardous substance(s) you worked with or were exposed to?** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| **H. Service in Vietnam** **Remember:****If you are answering this survey on behalf of the person listed in A1, please answer all questions about that person, not yourself.****H1.** **Were you stationed in Vietnam between 1965 and 1971?**  [ ]  Yes  [ ]  No 🡪 *GO TO Section I, Smoking History,*  *in next column***H2.** **When were you in Vietnam?**  **Mark all years that apply.** [ ]  1965 [ ]  1969  [ ]  1966 [ ]  1970  [ ]  1967 [ ]  1971  [ ]  1968 **H3.** **In total, how many months or years were you in Vietnam between 1965 and 1971?**  [ ] [ ]  months **OR** [ ] [ ]  years**H4.** **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 [ ]  No *GO TO Section I, Smoking* [ ]  Not sure *History, in next column* **H5. Describe how you came in contact**  **with herbicides.** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | **I. Smoking History****I1.** **Have you ever smoked cigarettes?** [ ]  Yes  [ ]  No*🡪 GO TO I8 on next page***I2.** **Do you smoke cigarettes now?**  [ ]  Yes  [ ]  No 🡪 *GO TO I5***I3.** **On average, over all the years you have smoked, how many cigarettes per day did you smoke? (1 pack=20 cigarettes) Enter ‘00’ if less than 1 cigarette per day.**  [ ] [ ]  cigarettes per day**I4.** **In total, how many years have you**  **smoked, excluding any times you may**  **have quit? Enter ‘00’ if less than 1**  **year.**  [ ] [ ]  years 🡪 *GO TO I8 on next page***I5.** **How old were you the last time you quit smoking cigarettes?**  [ ] [ ]  years old**I6.** **On average, when you were smoking, about how many cigarettes per day did you smoke? (1 pack = 20 cigarettes) Enter ‘00’ if less than 1 cigarette per day.**  [ ] [ ]  cigarettes per day**I7.** **In total, how many years did you smoke, excluding any times you may have quit? Enter ‘00’ if less than 1 year.**  [ ] [ ]  years |
| **I8.** **Have you ever used any other tobacco products (such as chewing tobacco, smokeless tobacco, cigars, a pipe, etc.)?** [ ]  Yes  [ ]  No 🡪 *GO TO I11***I9.** **Do you currently use any of these tobacco products?** [ ]  Yes  [ ]  No **I10.** **Which of the following tobacco products have you ever used?** **Mark all that apply.** [ ]  Chewing tobacco  [ ]  Smokeless tobacco [ ]  Pipe [ ]  Cigars [ ]  Other-specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**I11.** **Have you ever lived for more than 1 year with someone while they were smoking on a daily basis?** [ ]  Yes  [ ]  No 🡪 *GO TO Section J, Alcohol*  *History, in next column***I12. In total, how many years have you lived with someone while they were smoking on a daily basis?** [ ]  1-3 years [ ]  10-12 years [ ]  4-6 years [ ]  13-15 years [ ]  7-9 years [ ]  16 or more years**I13.** **During most of this time, how many people living with you smoked on a daily basis?** [ ]  1 person  [ ]  2 persons [ ]  More than 2 persons | J. Alcohol History**Remember:** **If you are answering this survey on behalf of the person listed in A1, please answer all questions about that person, not yourself.****The following questions ask about your use of alcohol.****J1.** **Have you ever had a drink of alcohol?**  [ ]  Yes  [ ]  No *🡪 GO TO Section K, Demographics,*  *on next page***J2.** **At what age did you start drinking alcohol**?  [ ] [ ]  years old**J3.** **Do you drink alcoholic beverages now?** [ ]  Yes  [ ]  No 🡪 *GO TO J7**on next page***J4.** **On average, how often do you drink**  **alcoholic beverages?**  [ ]  Every day or almost every day [ ]  2 to 4 times a week [ ]  1 time a week [ ]  1 to 3 times a month [ ]  Less than once a month |

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| **J5**. **When you drink, about how many servings of alcohol do you usually have? One “serving” 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.**[ ] [ ]  servings **J6.** **Was there a time in the past when you drank significantly more than you usually drink now?** [ ]  Yes *SKIP J7 through J9*  [ ]  No *and GO TO Section K,*  *Demographics, in next column* **J7.** **How old were you when you stopped drinking alcoholic beverages?**  [ ] [ ]  years old**J8.** **On average, how often did you drink alcoholic beverages?**  [ ]  Almost every day [ ]  2 to 4 times a week [ ]  1 time a week [ ]  1 to 3 times a month [ ]  Less than once a month**J9.** **When you drank, about how many servings of alcohol did you usually have? One “serving” 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.** [ ] [ ]  servings | **K. Demographics****Remember:****If you are answering this survey on behalf of the person listed in A1, please answer all questions about that person, not yourself.****K1.** **Do you consider yourself to be Hispanic or Latino?** [ ]  Hispanic or Latino  [ ]  Not Hispanic or Latino**K2. 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**K3.** **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 |

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|  **In case we need to get in touch with you,**  **please provide the following contact**  **information.**  **If you filled this survey out on behalf of**  **the person named in A1, the following**  **information is about you.** **K4.** **Please provide your phone number(s) and email address:**Home Phone Number: [ ] [ ] [ ]  - [ ] [ ] [ ]  - [ ] [ ] [ ] [ ]  [ ]  NoneCell Phone Number: [ ] [ ] [ ]  -[ ] [ ] [ ]  - [ ] [ ] [ ] [ ]  [ ]  NoneE-Mail address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [ ]  None | **K5.** **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: \_ \_ \_ \_ \_ Family/Friend Home Phone Number: [ ] [ ] [ ]  -[ ] [ ] [ ]  - [ ] [ ] [ ] [ ]  [ ]  NoneFamily/Friend Cell Phone Number:[ ] [ ] [ ]  - [ ] [ ] [ ]  - [ ] [ ] [ ] [ ]  [ ]  None**K6.** **What is this person’s relationship to you?** [ ]  Spouse  [ ]  Parent [ ]  Child [ ]  Brother/Sister [ ]  Friend [ ]  Other-specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**Thank you for completing this questionnaire.** **Please make sure that you:** * **Read and sign the Informed Consent Form, and**
* **Mail your completed booklet in the envelope provided.**
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