

ATSDR Health Survey of Marine Corps Personnel and Civilians



**U.S. Department of
Health and Human Services**
Agency for Toxic Substances
and Disease Registry

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 to indicate your answer.
- If you want to change your answer, completely fill in the answer box for the wrong answer 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 "".

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

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

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

B14. When did you start 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)?

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.

B15. When did you stop living there (month and year)?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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)?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
m	m		y	y	y	y

B19. When did you stop living there (month and year)?

<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
m	m		y	y	y	y

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

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.

- | | |
|---|--|
| <input type="checkbox"/> Appendix | <input type="checkbox"/> Mouth/Tongue/Lip |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Multiple Myeloma |
| <input type="checkbox"/> Bone | <input type="checkbox"/> Ovary |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Pancreas |
| <input type="checkbox"/> Breast | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Cervix | <input type="checkbox"/> Rectum |
| <input type="checkbox"/> Colon | |
| <input type="checkbox"/> Esophagus | <input type="checkbox"/> Small intestine |
| <input type="checkbox"/> Gallbladder | <input type="checkbox"/> Soft tissue (muscle or fat) |
| <input type="checkbox"/> Kidney | <input type="checkbox"/> Stomach |
| <input type="checkbox"/> Larynx or Windpipe | <input type="checkbox"/> Testicle |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> Throat or Pharynx |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Uterus |
| <input type="checkbox"/> Lymphoma | <input type="checkbox"/> Other-specify: |
| <input type="checkbox"/> Melanoma | <input type="checkbox"/> 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

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.

- | | |
|---|--|
| <input type="checkbox"/> Appendix | <input type="checkbox"/> Mouth/Tongue/Lip |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Multiple Myeloma |
| <input type="checkbox"/> Bone | <input type="checkbox"/> Ovary |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Pancreas |
| <input type="checkbox"/> Breast | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Cervix | <input type="checkbox"/> Rectum |
| <input type="checkbox"/> Colon | <input type="checkbox"/> Small intestine |
| <input type="checkbox"/> Esophagus | <input type="checkbox"/> Soft tissue (muscle or fat) |
| <input type="checkbox"/> Gallbladder | <input type="checkbox"/> Stomach |
| <input type="checkbox"/> Kidney | <input type="checkbox"/> Testicle |
| <input type="checkbox"/> Larynx or Windpipe | <input type="checkbox"/> Throat or Pharynx |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Uterus |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Other-specify: _____ |
| <input type="checkbox"/> Lymphoma | |
| <input type="checkbox"/> Melanoma | <input type="checkbox"/> Don't know |

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.

- | | |
|---|--|
| <input type="checkbox"/> Appendix | <input type="checkbox"/> Mouth/Tongue/Lip |
| <input type="checkbox"/> Bladder | <input type="checkbox"/> Multiple Myeloma |
| <input type="checkbox"/> Bone | <input type="checkbox"/> Ovary |
| <input type="checkbox"/> Brain | <input type="checkbox"/> Pancreas |
| <input type="checkbox"/> Breast | <input type="checkbox"/> Prostate |
| <input type="checkbox"/> Cervix | <input type="checkbox"/> Rectum |
| <input type="checkbox"/> Colon | <input type="checkbox"/> Small intestine |
| <input type="checkbox"/> Esophagus | <input type="checkbox"/> Soft tissue (muscle or fat) |
| <input type="checkbox"/> Gallbladder | <input type="checkbox"/> Stomach |
| <input type="checkbox"/> Kidney | <input type="checkbox"/> Testicle |
| <input type="checkbox"/> Larynx or Windpipe | <input type="checkbox"/> Throat or Pharynx |
| <input type="checkbox"/> Leukemia | <input type="checkbox"/> Thyroid |
| <input type="checkbox"/> Liver | <input type="checkbox"/> Uterus |
| <input type="checkbox"/> Lung | <input type="checkbox"/> Other-specify: _____ |
| <input type="checkbox"/> Lymphoma | <input type="checkbox"/> Don't know |
| <input type="checkbox"/> Melanoma | |

D. Other Health Conditions

► **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**

D7. Have you been told you had lupus?

- Yes
- No → GO TO D9

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

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

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

D22. How old were you when this was first diagnosed?

years old

D23. How long did your skin rash or dermatitis last?

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?

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

Survey ID#

- 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.

- | | |
|--------------------------------|---|
| <input type="checkbox"/> Head | <input type="checkbox"/> Stomach |
| <input type="checkbox"/> Face | <input type="checkbox"/> Legs |
| <input type="checkbox"/> Arms | <input type="checkbox"/> Feet |
| <input type="checkbox"/> Hands | <input type="checkbox"/> Other-specify: |
| <input type="checkbox"/> Chest | _____ |
| <input type="checkbox"/> Back | |

D25. What were the symptoms of your skin rash or dermatitis?

Mark all that apply.

- | | |
|--|---|
| <input type="checkbox"/> Redness | <input type="checkbox"/> Blisters |
| <input type="checkbox"/> Swelling | <input type="checkbox"/> Fissures or cracks |
| <input type="checkbox"/> Itching | <input type="checkbox"/> Oozing |
| <input type="checkbox"/> Dry skin with scaling/flaking | <input type="checkbox"/> Bleeding |
| <input type="checkbox"/> Crusts | <input type="checkbox"/> Other-specify: |
| | _____ |

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.

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.

- | | |
|---|---|
| <input type="checkbox"/> Fallopian tube damage or blockage | <input type="checkbox"/> Abnormal sperm |
| <input type="checkbox"/> Endometriosis | <input type="checkbox"/> Low sperm count |
| <input type="checkbox"/> Advanced age | <input type="checkbox"/> Impotence |
| <input type="checkbox"/> Ovulation disorders/
Polycystic Ovary Syndrome (PCOS) | <input type="checkbox"/> Unexplained infertility |
| <input type="checkbox"/> Uterine fibroids/
Other uterine problems | <input type="checkbox"/> Other-specify:

_____ |

D28. How old were you when this was first diagnosed?

years old

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

Reproductive History (WOMEN ONLY)

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

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?

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

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

(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

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

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

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?

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?

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

- 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

► 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:

Yes No

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

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

- 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?

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

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

a. Name of solvent(s) : _____

G15. In this job, did you work with or were you exposed to other chemicals or hazardous

poison?

Yes
 No → GO TO G12

a. 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

a. 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

a. Name of metal(s): _____

substances

such as asbestos or chlorine?

Yes
 No → GO TO G16

a. 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

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

a. 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

a. 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

a. 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

a. 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

a. 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

a. 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

a. 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

a. 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

G47. What was the name and location of the company or organization you worked for?

agents, toluene, carbon disulfide, trichloroethylene, or carbon tetrachloride?

Yes
 No → GO TO G43

a. 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

a. 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

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

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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

a. Name of chemical(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

No → GO TO G55

a. 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

a. 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

a. 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

a. Name of other material(s): _____

G64. What was your job title?

G65. What were your main activities or duties on this job?

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

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?

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

a. 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

a. 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

a. Name of metal(s): _____

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,

- Yes
 No → GO TO G71

a. 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

a. 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

G77. In any of these jobs, did you work with or were you exposed to metals such as lead, mercury, nickel, cadmium, or arsenic?

- Yes

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?

- 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?

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 History, in next column
 Not sure

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

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.

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

J5. When you drink, about how many servings of alcohol do you usually have?

Survey ID#

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

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.

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
and GO TO Section K,
Demographics, in next column*
 No

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

► **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.

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

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: _____

K4. Please provide your phone number(s) and email address:

Home Phone Number:

- - None

Cell Phone Number:

- - None

E-Mail address: _____
None

Street Address: _____

Apartment Number: _____

City: _____

State: _____

Zip code: _____

Family/Friend Home Phone Number:

- - None

Family/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.**