

# 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.**

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

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

**Mark all that apply.**

- Redness
- Swelling
- Itching
- Dry skin with scaling/flaking
- Crusts
- Blisters
- Fissures or cracks
- Oozing
- Bleeding
- 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/<br>Polycystic Ovary Syndrome (PCOS) | <input type="checkbox"/> Unexplained infertility          |
| <input type="checkbox"/> Uterine fibroids/<br>Other uterine problems              | <input type="checkbox"/> Other-specify:<br>_____<br>_____ |

**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

**(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**

**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

Survey ID#

\_\_\_\_\_  
\_\_\_\_\_

**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?**

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**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?**

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- No → GO TO G79

**G78. What is the name of the metal(s) you worked with or were exposed to?**

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**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 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.**