



Airborne Hazards And Open Burn Pit Registry Sub-Population Follow up Questionnaire (Qarmat Ali)

OMB 2900- ##XX

VA Form 10-10066

This information is collected in accordance with section 3507 of the Paperwork Reduction Act of 1995. Accordingly, VA may not conduct or sponsor and you are not required to respond to a collection of information unless it displays a valid OMB number. We anticipate that the time expended by all individuals who complete this questionnaire will average 40 minutes. This includes the time it will take to read instructions, gather the necessary facts and fill out the form. The results of this questionnaire will lead to improvement in the quality of service delivery by helping to shape the direction and focus of specific programs and services. Submission of this form is voluntary and failure to respond will have no impact on benefits to which you may be entitled.

Airborne Hazards and Open Burn Pit Registry Sub-Population Self-Assessment Sub-Population Questionnaire: Qarmat Ali

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1. How many days between 01 April and 30 September 2002 were you physically present at the Qarmat Ali Water Treatment Plant?

1-10

11-20

21-40

41+

I do not wish to Answer

I don't know

2. Were you involved in activities that disrupted the soil or raised dust?

Yes

No

3. Did you experience sand storms while you were in Qarmat Ali?

Yes

No

4. Did you come in contact with dust on your skin?

Yes

No

5. Did you see red, yellow, or orange dust, on the ground or in the air, while you were in Qarmat Ali?

Yes

No
<p>6. Did you inhale the dust while you were in Qarmat Ali?</p> <p>Yes No</p>
<p>7. Did you ingest the dust in your food, water or other Drinks?</p> <p>Yes No</p>
<p>8. Did you experience any of the following symptoms during your time at Qarmat Ali or within two weeks after your service assignment at Qarmat Ali ended?</p> <p>Inflammation of nasal passages Development of a nasal septum perforation Eye irritation Skin rashes Sores I do not wish to answer Don't Know</p>
<p>9. How would you rate your health during the past four weeks?</p> <p>Excellent Very Good Good Fair Poor Very Poor</p>
<p>10. Have you participated in any other Qarmat Ali exposure follow-up assessments?</p> <p>Yes No I do not wish to answer I do not know</p>
<p>11. Have you had a recent change in weight?</p> <p>Yes No</p>

<p>12. How many workdays or days of your usual activities did you lose, due to illness in the past 90 days? Please select an answer.</p> <p>1-5 6-10 10 or more</p>
<p>13. Have you experienced a change in the frequency or pattern of headaches?</p> <p>Yes No</p>
<p>14. Do you have frequent (more than once a month) nosebleeds?</p> <p>Yes No</p>
<p>15. Frequent (more than once a month) hoarseness?</p> <p>Yes No</p>
<p>16. Frequent (more than once a month) colds?</p> <p>Yes No</p>
<p>17. Experiencing any other head, nose or throat symptoms?</p> <p>Yes No</p>
<p>18. Coughing up blood?</p> <p>Yes No</p>
<p>19. Chronic (daily) cough?</p> <p>Yes No</p>
<p>20. Wheezing?</p> <p>Yes No</p>
<p>21. Shortness of breath?</p> <p>Yes No</p>
<p>22. Chest Pain?</p> <p>Yes No</p>

<p>23. Mucous or phlegm? Yes No</p>
<p>24. Frequent (more than once a month) heartburn? Yes No</p>
<p>25. Skin symptoms? Yes No</p>
<p>26. Sinus Problems? Yes No</p>
<p>27. Do you have Chronic Obstructive Pulmonary Disease (COPD) which includes chronic bronchitis and/or emphysema? Yes No</p>
<p>28. Have you been diagnosed with Pulmonary fibrosis? Yes No</p>
<p>29. Do you have Asthma? Yes No</p>
<p>30. Have you been diagnosed with lung cancer? Yes No</p>
<p>31. Have you been diagnosed with cancer other than lung cancer? Yes No</p>
<p>32. List name/names/types of Non-lung Cancer diagnosis:</p>

33. Have you smoked at least 100 cigarettes in your entire Life

Yes

No

34. How old were you when your first started smoking tobacco cigarettes?

12-15

16-20

21-25

26-30

31-35

36-40

41-45

41-50

51-55

56-60

61+

35. How old were you when you last quit smoking tobacco cigarettes?

12-15

16-20

21-25

26-30

31-35

36-40

41-45

41-50

51-55

56-60

61+

36. From the time you started smoking up until the time you quit, or until now if you still smoke cigarettes on AVERAGE How Many Cigarettes had/have you smoked per ?

5 or fewer per day (1/4 pack)

6-10 per day (1/2 pack)

11-15 per day (3/4 Pack)

16-20 per day (1 pack)
1 ½ pack per day
2 packs per day
More than 2 packs per day

37. If you smoke, which type of tobacco products do you smoke?

Pipe
Cigars
Water Pipes
Others

Current Tobacco Smoker Section:

38. How many cigarettes do you currently smoke per day?

5 or fewer per day (1/4 pack)
6-10 per day (1/2 pack)
11-15 per day (3/4 Pack)
16-20 per day (1 pack)
1 ½ pack per day
2 packs per day
More than 2 packs per day

39. Family History

Lung Cancer among Family Members? Check all applicable.

Mother
Father
Brother
Sister
Child

40. Do you currently use e-cigarettes?

Yes
No

41. Do you smoke every day?

Yes
No

42. Check all that apply. Have you ever been exposed to the following substances?

Arsenic
Asbestos
Beryllium
Cadmium
Diesel fumes
Nikel
Radom
Silica
Environmental Smoke