Medical Monitoring Program
Adult Participant Health Questionnaire

Instructions

1. The questions in this questionnaire are related to health habits, health beliefs, exposure to chemicals, occupation, and hobbies. The information will be used to determine your health status. We hope you will assist us with the program. Thank you.

2. Please answer as completely and accurately as possible. If you do not understand a question, please circle it and discuss it with the nurse.

3. If you are uncertain of the answer to a question, give your best guess. DO NOT leave an answer blank, a blank will indicate it was accidentally skipped.

Date of Birth ___ / ___ / 19___
month day year

1. Have you ever smoked at least one cigarette per day for a year or longer OR have you smoked at least 20 packs in your whole life?

___ 1. Yes ___ 2. No If NO, skip to question 2.

If YES, answer the following questions:

1a. Do you smoke cigarettes now?

___ 1. Yes ___ 2. No

1b. If NO to 1a, how old were you when you stopped completely?

___ Age

1c. How old were you when you started smoking cigarettes?

___ Age

1d. How many total years have you smoked at least one cigarette per day? (If you did not smoke for awhile, do not include those years you did not smoke.)

___ Years

1e. On the average for the entire time you smoked, how many cigarettes did you smoke per day?

___ Cigarettes per day
2. Have you ever smoked cigars or a pipe on a regular basis? ("Yes" means more than 1 cigar a week for a year, or more than 12 oz of pipe tobacco in your whole life).

   ____ 1. Yes   ____ 2. No   If NO, skip to question 3.

   If YES, answer the following questions:

   2a. Do you or did you inhale the pipe or cigar smoke?

       ____ 1. Yes   ____ 2. No

   2b. Do you currently smoke cigars or a pipe?

       ____ 1. Yes   ____ 2. No

   2c. How many cigars do you usually smoke per day?

       ____ cigars per day

   2d. How many pipes of tobacco do you usually smoke per day?

       ____ pipes of tobacco

   2e. How many times per day do you usually use smokeless tobacco
         (chew, snuff)? Put 0 if none.

       ____ times per day

3. How often do you use drugs or medication (including prescription
   drugs) which affect your mood or help you to relax? (check one)

       ____ (1) Almost every day
       ____ (2) Sometimes
       ____ (3) Rarely or never

4. How many drinks of alcoholic beverages do you have in a typical
   week? (write the number of each type of drink)

       ____ Bottles or cans of beers (12 oz.)
       ____ Wine coolers (12 oz.)
       ____ Glasses of wine (6 oz.)
       ____ Mixed drinks or shots of liquor (1.5 oz.)
5. How many times in the last month did you drive or ride when the driver had perhaps too much alcohol to drink?
   ____ Times last month

6. In the next 12 months, how many thousands of miles will you probably travel (as a driver or passenger) by each of the following?
   
a. Car, truck or van ____ ,000 miles (10,000 is average)
   b. Motorcycle ____ ,000 miles

7. What percent of the time do you usually buckle your safety belt when driving or riding?
   ____ %

8. On the average, how close to the speed limit do you usually drive?
   ____ (1) Within 5 mph of the speed limit
   ____ (2) 6-10 mph over the limit
   ____ (3) 11-15 mph over the limit
   ____ (4) More than 15 mph over the limit

9. When riding a motorcycle or all-terrain vehicle, what percent of the time do you wear a helmet?
   ____ (1) More than 75% of the time
   ____ (2) 25-74% of the time
   ____ (3) Less than 25% of the time
   ____ (4) Does not apply to me

10. How often do you eat food that is high in fiber such as whole grain bread, cereal, fresh fruits or vegetables?
    ____ (1) Daily
    ____ (2) 5-6 days a week
    ____ (3) 3-4 days a week
    ____ (4) 1-2 days a week
    ____ (5) Rarely never

11. How often do you eat food that is high in cholesterol or fat, such as fatty meats, cheese, fried foods or eggs?
    ____ (1) Daily
    ____ (2) 5-6 days a week
    ____ (3) 3-4 days a week
    ____ (4) 1-2 days a week
    ____ (5) Rarely never
12. On the average, how many times per week do you engage in physical activity, exercise or work which increases the heart rate, causes you to breathe and sweat heavily, and is done for at least 20 minutes in duration? Examples include running, swimming, racquet sports, cycling, brisk walking or heavy labor, e.g. chopping, lifting, digging, etc.

   (1) Less than 1 time per week
   (2) 1 or 2 times per week
   (3) At least 3 times per week

13. How many hours of sleep do you usually get a night? (check one)

   (1) 6 hours or less
   (2) 7 hours
   (3) 8 hours
   (4) 9 hours or more

14. Would you participate in a program that would help you to enhance your overall health?

   (1) Yes
   (2) No
   (3) Not sure

15. Have you made any of the following changes to enhance your health during the last 12 months? (check one on each line)

   I have exercised more
   (1) Yes  (2) No  (3) I didn't need to change

   I have lost weight
   (1) Yes  (2) No  (3) I didn't need to change

   I have reduced alcohol use
   (1) Yes  (2) No  (3) I didn't need to change

   I have quit or cut down on smoking
   (1) Yes  (2) No  (3) I didn't need to change

   I have reduced fat and cholesterol intake
   (1) Yes  (2) No  (3) I didn't need to change

   I have coped better with stress
   (1) Yes  (2) No  (3) I didn't need to change
I have lowered my blood pressure

___ (1) Yes ___ (2) No ___ (3) I didn't need to change

Other (specify ________________________________________)

___ (1) Yes ___ (2) No

16. On a typical day how do you usually travel? (check one only)

___ (1) Walk
___ (2) Bicycle
___ (3) Motorcycle
___ (4) Sub-compact or compact car
___ (5) Mid-size or full-size car
___ (6) Truck or van
___ (7) Bus, subway or train
___ (8) Mostly stay at home

17. In general, how satisfied are you with your life (include personal and professional aspects)? (check one)

___ (1) Completely satisfied
___ (2) Mostly satisfied
___ (3) Partly satisfied
___ (4) Not satisfied

18. Would you agree you are satisfied with your job? (check one)

___ (1) Agree strongly
___ (2) Agree
___ (3) Disagree
___ (4) Disagree strongly
___ (5) Not currently employed

19. In general, how strong are your social ties with your family and friends? (check one)

___ (1) Very strong
___ (2) About average
___ (3) Weaker than average
___ (4) Not sure

20. Considering your age, how would you describe your overall physical health? (check one)

___ (1) Excellent
___ (2) Good
___ (3) Fair
___ (4) Poor
21. Have you suffered a personal loss or misfortune in the past year that had a serious impact on your life? (For example, a job loss, disability, divorce, separation, jail term, or the death of someone close to you.)

(1) Yes, two or more serious losses
(2) Yes, one serious loss or misfortune
(3) No

22. How many times in the past year did you witness or become involved in a violent fight or attack where there was a good chance of serious injury to someone? (check one)

(1) 4 or more times
(2) 2 or 3 times
(3) Once or never
(4) Not sure

23. Would you agree you have your life in perspective?

(1) Strongly agree
(2) Agree
(3) Neutral
(4) Disagree
(5) Strongly disagree

24. Concerning your daily life, would you agree that you have control over the day to day decisions affecting your function or performance? (check one)

(1) Strongly agree
(2) Agree
(3) Neutral
(4) Disagree
(5) Strongly disagree

25. In the past year, how many days of work or school have you missed due to personal illness? (check one)

(1) 0-days
(2) 1-2 days
(3) 3-5 days
(4) 6-10 days
(5) 11-15 days
(6) 16 days or more
(7) Not currently employed or going to school.
26. Are you aware of potential safety and environmental hazards around you? (check one)

   (1) All of the time
   (2) Most of the time
   (3) Some of the time
   (4) Rarely
   (5) None of the time

27. Do you have a family history (brother, sister, mother, father, grandparents) of:

27a. High Blood Pressure

   (1) Yes   (2) No   (3) I'm not sure

27b. Heart Problems

   (1) Yes   (2) No   (3) I'm not sure

27c. Diabetes

   (1) Yes   (2) No   (3) I'm not sure

27d. Cancer

   (1) Yes   (2) No   (3) I'm not sure

27e. High Cholesterol

   (1) Yes   (2) No   (3) I'm not sure

28. Do you have:

28a. Heart Problems

   (1) Yes   (2) No   (3) I'm not sure

28b. Diabetes

   (1) Yes   (2) No   (3) I'm not sure

28c. Cancer

   (1) Yes   (2) No   (3) I'm not sure

28d. Chronic Bronchitis or Emphysema

   (1) Yes   (2) No   (3) I'm not sure
29. About how long has it been since you had a rectal exam?

   ___ (1) Less than 1 year ago
   ___ (2) 1-2 years ago
   ___ (3) 2-3 years ago
   ___ (4) 3 or more years ago
   ___ (5) Never

30. Do you suffer from back pain?

   ___ (1) Yes
   ___ (2) No

31. Are you now taking medicine for high blood pressure?

   ___ (1) Yes
   ___ (2) No

WOMEN only answer questions 32a - 32h. (Men go to question 33)

32a. How long has it been since your last breast x-ray (mammogram)?

   ___ (1) Less than 1 year ago
   ___ (2) 1-2 years ago
   ___ (3) 2-3 years ago
   ___ (4) 3 or more years ago
   ___ (5) Never had one

32b. How many women in your natural family (mother and sisters only) have had breast cancer?

   ___ Women

32c. Have you had a hysterectomy operation?

   ___ (1) Yes
   ___ (2) No
   ___ (3) I'm not sure

32d. How long has it been since you had a Pap smear test?

   ___ (1) Less than 1 year ago
   ___ (2) 1-2 years ago
   ___ (3) 2-3 years ago
   ___ (4) 3 or more years ago
   ___ (5) Never had one
32e. At what age did you have your first menstrual period?
____ Years old

32f. How old were you when your first child was born?
____ Years old (if no children write 0)

32g. How often do you examine your breasts for lumps?
____ (1) Monthly
____ (2) Once every few months
____ (3) Rarely or never

32h. About how long has it been since you had your breasts examined by a physician or nurse?
____ (1) Less than 1 year ago
____ (2) 1-2 years ago
____ (3) 2-3 years ago
____ (4) 3 or more years ago
____ (5) Never

MEN only answer question 33. (WOMEN go to question 35)

33. About how long has it been since you had a rectal or prostate exam.
____ (1) Less than 1 year ago
____ (2) 1-2 years ago
____ (3) 2-3 years ago
____ (4) 3 or more years ago
____ (5) Never

34. How often do you examine your testicles for lumps
____ (1) Monthly
____ (2) Once every few months
____ (3) Rarely or never
35. How do you classify your current work?

<table>
<thead>
<tr>
<th>Non-manufacturing</th>
<th>Manufacturing</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td>01 advertising, public relations</td>
<td>22 aerospace</td>
<td>42 student</td>
</tr>
<tr>
<td>02 agriculture, forestry, fisheries</td>
<td>23 apparel</td>
<td>43 retired</td>
</tr>
<tr>
<td>03 banking</td>
<td>24 automotive</td>
<td>44 laid off</td>
</tr>
<tr>
<td>04 communications</td>
<td>25 building products</td>
<td>45 homemaker</td>
</tr>
<tr>
<td>05 construction</td>
<td>26 chemicals</td>
<td>46 volunteer</td>
</tr>
<tr>
<td>06 computer or information systems</td>
<td>27 computer or office technology</td>
<td>47 unemployed</td>
</tr>
<tr>
<td>07 education</td>
<td>28 electrical machinery</td>
<td></td>
</tr>
<tr>
<td>08 entertainment, leisure</td>
<td>29 electronics and electrical products</td>
<td></td>
</tr>
<tr>
<td>09 finance-credit</td>
<td>30 fabricated metals</td>
<td></td>
</tr>
<tr>
<td>10 government agencies</td>
<td>31 food</td>
<td></td>
</tr>
<tr>
<td>11 health care professional</td>
<td>32 non-electrical machinery</td>
<td></td>
</tr>
<tr>
<td>12 insurance</td>
<td>33 packaging</td>
<td></td>
</tr>
<tr>
<td>13 investment banking and securities</td>
<td>34 paper</td>
<td></td>
</tr>
<tr>
<td>14 military service</td>
<td>35 petroleum</td>
<td></td>
</tr>
<tr>
<td>15 mining</td>
<td>36 pharmaceuticals</td>
<td></td>
</tr>
<tr>
<td>16 professional services</td>
<td>37 plastic and rubber</td>
<td></td>
</tr>
<tr>
<td>17 public utilities</td>
<td>38 primary metals</td>
<td></td>
</tr>
<tr>
<td>18 real estate, land development</td>
<td>39 printing, publishing</td>
<td></td>
</tr>
<tr>
<td>19 retail trade</td>
<td>40 textiles</td>
<td></td>
</tr>
<tr>
<td>20 transportation, all kinds</td>
<td>41 transportation equipment</td>
<td></td>
</tr>
<tr>
<td>21 wholesale trade</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

36. In case we need to get old films:
When was your last chest x-ray 19 ___
What hospital or doctors office was your chest x-ray performed at? ________________________

37. **Females Only**
When was your last mammogram 19 ___
What hospital was your mammogram performed at? ________________________

38. Did someone who lived with you work at the Fernald Plant?
   ____ NO Name: ________________________
   ____ YES Relationship: ________________________
   Dates worked at the plant: 19 ___ ___ ___ ___
INSTRUCTIONS:

This survey asks for your views about your health. This information will be summarized in your medical record and will help your doctors keep track of how you feel and how well you are able to do your usual activities.

Answer every question by circling the appropriate number, 1, 2, 3, ... If you are unsure about how to answer a question, please give the best answer you can and make a comment in the left margin.

1. In general, would you say your health is:

   (circle one number)

   Excellent .................................... 1
   Very Good .................................... 2
   Good .......................................... 3
   Fair ........................................... 4
   Poor .......................................... 5

2. **Compared to one year ago**, how would you rate your health in general **now**?

   (circle one number)

   Much better now than one year ago ........... 1
   Somewhat better now than one year ago ....... 2
   About the same ................................ 3
   Somewhat worse now than one year ago ...... 4
   Much worse now than one year ago .......... 5
3. The following questions are about activities you might do during a typical day. Does your health limit you in these activities? If so, how much? (Circle 1, 2 or 3 on each line.)

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes, Limited a Lot</th>
<th>Yes, Limited a Little</th>
<th>No, Not Limited at All</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Vigorous activities, such as running, lifting heavy objects,</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>participating in strenuous sports</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Moderate activities, such as moving a table, pushing a vacuum cleaner,</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>bowling, or playing golf</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Lifting or carrying groceries</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>d. Climbing several flights of stairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>e. Climbing one flight of stairs</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>f. Bending, kneeling, or stooping</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>g. Walking more than a mile</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>h. Walking several blocks</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>i. Walking one block</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>j. Bathing and dressing yourself</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>
4. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**? (Please answer **YES** or **NO** for each question by circling 1 or 2 on each line.)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cut down on the <strong>amount of time</strong> you spent on work or other activities</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. <strong>Accomplished less</strong> than you would like</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Were limited in the <strong>kind of work or other activities</strong></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>d. Had <strong>difficulty</strong> performing the work or other activities <em>(for example, it took extra effort)</em></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

5. During the **past 4 weeks**, have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** *(such as feeling depressed or anxious)*? (Please answer **YES** or **NO** for each question by circling 1 or 2 on each line.)

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Cut down on the <strong>amount of time</strong> you spent on work or other activities</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>b. <strong>Accomplished less</strong> than you would like</td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>c. Didn't do work or other activities as <strong>carefully as usual</strong></td>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>
6. During the **past 4 weeks**, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbors, or groups?

(circle one number)

- Not at all ........................................... 1
- Slightly ............................................. 2
- Moderately ......................................... 3
- Quite a bit ........................................... 4
- Extremely ........................................... 5

**PAIN**

7. How much **bodily** pain have you had during the **past 4 weeks**?

(circle one number)

- None .................................................. 1
- Very mild ............................................ 2
- Mild .................................................... 3
- Moderate ............................................ 4
- Severe ............................................... 5
- Very severe ....................................... 6

8. During the **past 4 weeks**, how much did **pain** interfere with your normal work (including work both outside the home and housework)?

(circle one number)

- Not at all ........................................... 1
- A little bit .......................................... 2
- Moderately ........................................... 3
- Quite a bit .......................................... 4
- Extremely ........................................... 5

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9. These questions are about how you feel and how things have been with you during the past month. For each question, please indicate the one answer that comes closest to the way you have been feeling.

How much of the time during the past month ...

<table>
<thead>
<tr>
<th>(circle one number on each line)</th>
<th>All of the Time</th>
<th>Most of the Time</th>
<th>A Good Bit of the Time</th>
<th>Some of the Time</th>
<th>A Little of the Time</th>
<th>None of the Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. did you feel full of pep?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>b. have you been a very nervous person?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>c. have you felt so down in the dumps nothing could cheer you up?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>d. have you felt calm and peaceful?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>e. did you have a lot of energy?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>f. have you felt downhearted and blue?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>g. did you feel worn out?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>h. have you been a happy person?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>i. did you feel tired?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>j. has your health limited your social activities (like visiting with friends or close relatives)?</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
</tr>
</tbody>
</table>
10. Please choose the answer that best describes how true or false each of the following statements is for you.

(circle one number on each line)

<table>
<thead>
<tr>
<th></th>
<th>Definitely True</th>
<th>Mostly True</th>
<th>Not Sure</th>
<th>Mostly False</th>
<th>Definitely False</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I seem to get sick a little easier than other people.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>b. I am as healthy as anybody I know.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>c. I expect my health to get worse.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>d. My health is excellent.</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>
2. RESIDENCES/DRINKING WATER

IN ORDER TO DO A COMPLETE EVALUATION OF YOUR HEALTH, IT IS IMPORTANT FOR US TO KNOW WHERE YOU HAVE LIVED AND THE SOURCE OF YOUR DRINKING WATER.

1. Please list all the places you have lived in the Fernald area (within miles) since 1952. Include only those places that you lived for 3 months or longer.

2. List the dates that you lived at that residence. Use the number of the month and the last two numbers of the year. September 1947 = 09/47

If you are not sure of the month, but can remember the season, use the following:
- "summer" - use "07" for the month
- "fall" - use "10" for the month
- "winter" - use "01" for the month
- "spring" - use "04" for the month

If you have no idea of the month, use "DK" for month.
If you cannot remember the date at all, use "DK/DK".

3. For each residence, indicate the source of your drinking water while you lived there. If you had more than one source, put a "1" in the block the source you used most frequently, and a "2" in the block for the source you used next most frequently.

<table>
<thead>
<tr>
<th>STREET ADDRESS</th>
<th>DATES</th>
<th>DRINKING WATER SOURCE</th>
</tr>
</thead>
<tbody>
<tr>
<td>City, State and Zip Code</td>
<td>From</td>
<td>A. [ ] Municipal Water Company</td>
</tr>
<tr>
<td></td>
<td>_ / _</td>
<td>B. [ ] Well Water</td>
</tr>
<tr>
<td></td>
<td>To</td>
<td>C. [ ] Cistern</td>
</tr>
<tr>
<td></td>
<td>_ / _</td>
<td>D. [ ] Bottled Water</td>
</tr>
<tr>
<td></td>
<td>How many total years did you live at this residence?</td>
<td>E. [ ] Other</td>
</tr>
</tbody>
</table>

1. |
| From | A. [ ] Municipal Water Company |
| _ / _ | B. [ ] Well Water |
| To | C. [ ] Cistern |
| _ / _ | D. [ ] Bottled Water |
| How many total years did you live at this residence? | E. [ ] Other | yrs. |

2. |
| From | A. [ ] Municipal Water Company |
| _ / _ | B. [ ] Well Water |
| To | C. [ ] Cistern |
| _ / _ | D. [ ] Bottled Water |
| How many total years did you live at this residence? | E. [ ] Other | yrs. |

3. |
| From | A. [ ] Municipal Water Company |
| _ / _ | B. [ ] Well Water |
| To | C. [ ] Cistern |
| _ / _ | D. [ ] Bottled Water |
| How many total years did you live at this residence? | E. [ ] Other | yrs. |

PLEASE REQUEST ADDITIONAL PAGES IF NECESSARY
3. OCCUPATIONAL HISTORY

FOR YOUR HEALTH EVALUATION, IT ALSO IS IMPORTANT THAT WE KNOW ABOUT YOUR OCCUPATIONAL HISTORY. CAREFULLY READ THE INSTRUCTIONS BELOW. PLEASE ASK THE NURSE FOR ASSISTANCE IF YOU ARE HAVING Difficulty WITH THIS FORM.

1. Please list any job you have held during your lifetime for 3 months or longer. Include employment on a farm, vocational training, or military experience. Full-time homemakers or retired persons should list that occupation on this form. If you were working two jobs at the same time, please list both jobs on this form.

2. Do not leave any area blank. If you are uncertain of the answer to a question, give it your best guess.

3. List the dates that you worked at this job. Use the number of the month, and the last two numbers of the year. For example, March, 1951 = 03/51

4. List any substances, dusts, or chemicals that were present in your work area and were in the air or could get on your skin. If you are not sure of the exact name or spelling of the substance, give it your best guess.

5. Indicate protective equipment used.

EXAMPLE

<table>
<thead>
<tr>
<th>A. Company Name</th>
<th>B. Type of business or primary product</th>
<th>C. Your job title</th>
<th>D. Main activities or duties on this job</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ford Garage</td>
<td>Car repair</td>
<td>Mechanic</td>
<td>work on cars</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>work in stock room</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>E. Job Began Job Ended</th>
<th>F. What substances, dust or chemicals did you work with which were in the air or could get on your skin?</th>
<th>G. Did you use any protective equipment? (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>From 09/42 To 05/51</td>
<td>Gas, oil</td>
<td>1. [ ] Mask - paper</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. [ ] Mask - other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. [ ] Gloves</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. [ ] Other</td>
</tr>
<tr>
<td>A. Company Name &amp; Address (city, state)</td>
<td>B. Type of business or primary product</td>
<td>C. Your job title</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>----------------------------------------</td>
<td>------------------</td>
</tr>
<tr>
<td>Job 1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Fernald 5 mile area? ___Yes ___No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job 2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Fernald 5 mile area? ___Yes ___No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job 3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Fernald 5 mile area? ___Yes ___No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job 4</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Fernald 5 mile area? ___Yes ___No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Fernald 5 mile area? ___Yes ___No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Don't know</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Job 6</td>
<td></td>
<td></td>
</tr>
<tr>
<td>In Fernald 5 mile area? ___Yes ___No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>____ Don't know</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

PLEASE REQUEST ADDITIONAL PAGES IF NECESSARY
<table>
<thead>
<tr>
<th>E. Job Began</th>
<th>F. What substances, dust or chemicals did you work with which were in the air or could get on your skin?</th>
<th>G. Did you use any protective equipment? (check all that apply)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Job Ended</td>
<td></td>
<td>1. [ ] Mask - paper</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. [ ] Mask - other</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. [ ] Gloves</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. [ ] Other</td>
</tr>
<tr>
<td>Job 1</td>
<td>How many years did you work at this job? ____ years</td>
<td></td>
</tr>
<tr>
<td>From</td>
<td></td>
<td>1. [ ] Mask - paper</td>
</tr>
<tr>
<td>_ _ / _ _</td>
<td></td>
<td>2. [ ] Mask - other</td>
</tr>
<tr>
<td>To</td>
<td></td>
<td>3. [ ] Gloves</td>
</tr>
<tr>
<td>_ _ / _ _</td>
<td></td>
<td>4. [ ] Other</td>
</tr>
<tr>
<td>Job 2</td>
<td>How many years did you work at this job? ____ years</td>
<td></td>
</tr>
<tr>
<td>From</td>
<td></td>
<td>1. [ ] Mask - paper</td>
</tr>
<tr>
<td>_ _ / _ _</td>
<td></td>
<td>2. [ ] Mask - other</td>
</tr>
<tr>
<td>To</td>
<td></td>
<td>3. [ ] Gloves</td>
</tr>
<tr>
<td>_ _ / _ _</td>
<td></td>
<td>4. [ ] Other</td>
</tr>
<tr>
<td>Job 3</td>
<td>How many years did you work at this job? ____ years</td>
<td></td>
</tr>
<tr>
<td>From</td>
<td></td>
<td>1. [ ] Mask - paper</td>
</tr>
<tr>
<td>_ _ / _ _</td>
<td></td>
<td>2. [ ] Mask - other</td>
</tr>
<tr>
<td>To</td>
<td></td>
<td>3. [ ] Gloves</td>
</tr>
<tr>
<td>_ _ / _ _</td>
<td></td>
<td>4. [ ] Other</td>
</tr>
<tr>
<td>Job 4</td>
<td>How many years did you work at this job? ____ years</td>
<td></td>
</tr>
<tr>
<td>From</td>
<td></td>
<td>1. [ ] Mask - paper</td>
</tr>
<tr>
<td>_ _ / _ _</td>
<td></td>
<td>2. [ ] Mask - other</td>
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<tr>
<td>To</td>
<td></td>
<td>3. [ ] Gloves</td>
</tr>
<tr>
<td>_ _ / _ _</td>
<td></td>
<td>4. [ ] Other</td>
</tr>
<tr>
<td>Job 5</td>
<td>How many years did you work at this job? ____ years</td>
<td></td>
</tr>
<tr>
<td>From</td>
<td></td>
<td>1. [ ] Mask - paper</td>
</tr>
<tr>
<td>_ _ / _ _</td>
<td></td>
<td>2. [ ] Mask - other</td>
</tr>
<tr>
<td>To</td>
<td></td>
<td>3. [ ] Gloves</td>
</tr>
<tr>
<td>_ _ / _ _</td>
<td></td>
<td>4. [ ] Other</td>
</tr>
<tr>
<td>Job 6</td>
<td>How many years did you work at this job? ____ years</td>
<td></td>
</tr>
<tr>
<td>From</td>
<td></td>
<td>1. [ ] Mask - paper</td>
</tr>
<tr>
<td>_ _ / _ _</td>
<td></td>
<td>2. [ ] Mask - other</td>
</tr>
<tr>
<td>To</td>
<td></td>
<td>3. [ ] Gloves</td>
</tr>
<tr>
<td>_ _ / _ _</td>
<td></td>
<td>4. [ ] Other</td>
</tr>
</tbody>
</table>
Please check any of the hobbies and leisure time activities listed below to which you devoted 80 or more hours last year.

- a. Gardening
- b. Woodworking
- c. Stained glass work
- d. Jewelry making
- e. Silk screening
- f. Mimeographing
- g. Paint removal
- h. House painting
- i. Model plane/car building
- j. Furniture refinishing
- k. Pottery/ceramics
- l. Indoor firing range practice
- m. Making bullets
- n. Melting metal for any other purpose
- o. Cut wood with a chain saw
- p. Other
- q. Other
Please indicate below if you have had known exposures to any of the chemicals, substances, or environments listed below:

- Methyl mercury
- Vibration
- Severe cold
- Carbon monoxide
- Organic solvents
- N-hexane
- Methyl ethyl ketone (MEK)
- Methyl n-butyl ketone (MBK)
- Kepone
- Carbon disulphide
- Acrylamide
- Manganese
- Perchloroethylene
- Trichloroethylene (TCE)
- Thallium
- Methyl chloride
- Toluene
- Benzene
- Organotin compounds
- Nickel
- Dimethylaminopropionitrile
- Methanol
- Styrene
We want to be sure that we haven't missed any jobs that might have been part of your working experience. Listed below are a number of industries. Please check any industries in which you have worked for 6 months or more.

_____ a. Furniture manufacture
_____ b. Rubber/tire manufacture
_____ c. Petroleum refining
_____ d. Metal machining
_____ e. Dry cleaning
_____ f. Gasoline service station
_____ g. Chemical manufacturing
_____ h. A battery plant (lead or other storage battery)
_____ i. Auto mechanic or repair
_____ j. Plumbing, heating or air conditioning
_____ k. Printing
_____ l. The smelting industry
_____ m. The lead industry
_____ n. Any other metal industry
_____ o. Paint manufacturing
_____ p. Dye manufacturing
_____ q. Commercial painting or spray painting
_____ r. Cotton textiles (carding, spinning, weaving)
_____ s. Mining
_____ t. Sand blasting
_____ u. Brake linings (repair/change)
_____ v. Foundry
_____ w. Uranium mining or processing
_____ x. Farming
Please answer the questions about the type and quantity of foods you eat for a typical day or week. The answers to these questions will help estimate the fat, cholesterol and fiber in your diet.

1. How many servings of Grilled meat, chicken or fish do you eat per WEEK?
   (grilled meat means meat cooked over charcoal or cooked in a gas grill)
   - During the summer ____ servings per week
   - During the fall ____ servings per week
   - During the winter ____ servings per week
   - During the spring ____ servings per week

2. How many servings of red meat do you eat during a typical WEEK? ____ servings per WEEK

3. How many servings of chicken or fish do you eat during a WEEK? ____ servings per WEEK

4. How many servings of bacon, ham, sausage, or lunch meat do you eat during a WEEK? ____ servings per WEEK

5. How many eggs do you eat during a typical WEEK? ____ eggs

6. How many glasses of milk do you drink during a typical DAY? ____ glasses per DAY?

7. What type of milk do you drink?
   ____ (1) regular (4%)
   ____ (2) low fat (2%)
   ____ (3) skim or skin (1%)
   ____ (4) other

8. How many cups of coffee or tea do you drink during a DAY? ____ cups per day  ____ (1) caffeinated  ____ (2) decaffeinated
9. How many servings of fresh or canned fruits do you eat during a typical DAY?
   ____ servings per DAY

10. How many servings of raw, canned or cooked vegetables do you eat during a DAY?
    ____ servings per DAY

11. How many servings of cheese (cottage, sharp, american, etc.,) do you eat during a typical DAY?
    ____ servings per DAY

12. How many slices of bread, rolls or muffins do you eat during a DAY?
    ____ slices or servings per DAY

13. What type of bread do you usually eat?
    ____ (1) white
    ____ (2) wheat
    ____ (3) oatmeal
    ____ (4) other _____

14. What kind of spread do you use?
    ____ (1) butter
    ____ (2) margarine

15. In baking or frying what do you use?
    ____ (1) oil
    ____ (2) lard
    ____ (3) shortening (solid like Crisco)
    ____ (4) butter
    ____ (5) margarine
    ____ (6) pam (spray coating)

16. How many servings of dessert (cookies, cakes, pies, etc.,) do you eat during a typical WEEK?
    ____ servings per WEEK

17. How many times during a WEEK do you eat at a fast food restaurant?
    ____ times per WEEK
18. When you lived within 5 miles of Fernald did you grow and eat vegetables from a home garden?

____ (1) Yes, only fresh vegetables in the summer
____ (2) Yes, summer and canned vegetables for winter use
____ (3) No

19. Did you buy locally grown fresh vegetables and or fruits from a roadside stand, store, or market within five miles of Fernald and eat them?

____ (1) Yes, only fruits and vegetables that were in season
____ (2) Yes, in season and canned vegetables and fruit for use during the winter
____ (3) No

20. Did you fill this questionnaire out at?

(1) ____ Home
(2) ____ Office

Smoker Only

21. Would you participate in free Smoking Cessation Program offered by the Fernald Medical Monitoring Program in the next 6 months?

(1) ____ Yes
(2) ____ No
Please provide names and addresses of 3 people who will know where to find you if you were to move.

1. Name: ____________________________
   Address: ____________________________
   ____________________________
   City: ____________________________
   State: ___________ Zip: ___________
   Phone Number: ____ ____ - ____ ____ - ____ ____
   Relationship: ____________________________

2. Name: ____________________________
   Address: ____________________________
   ____________________________
   City: ____________________________
   State: ___________ Zip: ___________
   Phone Number: ____ ____ - ____ ____ - ____ ____
   Relationship: ____________________________

3. Name: ____________________________
   Address: ____________________________
   ____________________________
   City: ____________________________
   State: ___________ Zip: ___________
   Phone Number: ____ ____ - ____ ____ - ____ ____
   Relationship: ____________________________