FERMALD MEDICAL MONITORING PROGRAM

1992

Information Update

Address and Phone Information

In order to contact you in the future, it is very important that our record of your current address and phone number is correct. Could you please complete this information for this year's record?

Name: _____

Address: _____

City: _____ State: _____ Zip __ __ __ __ __

Home Phone Number: (__ __ __) - __ __ __ - __ __ __ __
Area Code

Work Phone Number: (__ __ __) - __ __ __ - __ __ __ __
Area Code

FERNALD MEDICAL MONITORING PROGRAM
NEW MEDICAL PROBLEMS

Last year, at the time of your first health screening with the Fernald Medical Monitoring Program, you received a physical examination and diagnostic tests. We now want to be sure that our information about your medical history is up to date. Could you please tell us of any new medical problems that have been diagnosed since your Fernald Medical Monitoring Program examination?

NEW MEDICAL PROBLEMS:

Could you please list new problems and the name of the physician who took care of you? It is not important to know the exact medical term. Just describe the problem as best as you can.

New Medical Problems	Month and Year of Diagnosis	Physician Name Phone Number
1. _____ _____	Month _____, 19__ __	_____ (_ _ _) _ _ _ - _ _ _ _
2. _____ _____	Month _____, 19__ __	_____ (_ _ _) _ _ _ - _ _ _ _
3. _____ _____	Month _____, 19__ __	_____ (_ _ _) _ _ _ - _ _ _ _
4. _____ _____	Month _____, 19__ __	_____ (_ _ _) _ _ _ - _ _ _ _

Thank you for helping us to be sure that the medical information we have about you is accurate.

If you have any questions about the information on this form, please call the Fernald Medical Monitoring Program office at 513-241-1628.

MEDPROB.FER

Medical Information UC ID CODE # __ __ __ __ __

The first section of this form contains questions about any medical events that may have occurred in your life since the time of your Fernald Medical Monitoring Program examination at Fairfield-Mercy Hospital. It is important that this information is included in your medical file in order to determine what type of medical screening examinations you will need in the future.

1. Have you been hospitalized for any reason since the time of your Fernald Medical Monitoring Program medical examination?

_____ No

_____ Yes IF YES, could you please give us information about your hospitalization?

Name of hospital: _____

Date of hospitalization: _____
month day year

Reason for hospitalization: _____

Physician's Name: _____

Hospitalized more than one time in the past year? ___ Yes ___ No

2. Have you had any surgery since the time of your Fernald Medical Monitoring Program medical examination? (Please include both surgery in the hospital and surgery as an outpatient.)

_____ No

_____ Yes IF YES, could you please give us information about your surgery? If you do not know the exact medical term for your surgery, just describe it as best as you can.

Type of surgery: _____

Date of surgery: _____
month day year

Reason for surgery: _____

Name of hospital or clinic: _____

Physician's name: _____

More than one surgery during the past year? ___ Yes ___ No

4. Have you ever chewed tobacco at least once a week for at least one year?

_____ No IF NO, skip to question #5.

_____ Yes

If YES,

Age at which you began chewing tobacco: __ __ years

Average number of times per week: __ __ times per week

Total number of years you have chewed tobacco: __ __ years

Do you still chew tobacco? _____ No _____ Yes

5. Did you ever dip snuff at least once a week for at least one year?

_____ No IF NO, skip to question #6.

_____ Yes

If YES,

Age at which you began dipping snuff: __ __ years

Average number of times per week: __ __ times per week

Total number of years you have dipped snuff: __ __ years

Do you still dip snuff? _____ No _____ Yes

6. How many drinks of alcoholic beverages do you have in a typical week?

PLEASE WRITE IN THE NUMBER OF EACH TYPE OF DRINK

_____ Bottles or cans of beer (12 oz)
_____ Wine coolers (12 oz)
_____ Glasses of wine (6 oz)
_____ Mixed drinks or shots of liquor (1.5 oz)

UC ID CODE # __ __ __ __ __

11. List any medications that you now take on a regular basis (at least 2 times in a week). Include both prescription and non-prescription medications. Please copy the drug name and other information from the bottle or vial. Dose is often the number of milligrams or mgs. Frequency refers to "three times per day," or "every 4 hours," or "as needed."

Medication Name	Dose	Frequency
1.		
2.		
3.		
4.		
5.		
6.		

3. Had you ever lived with an employee of the Feed Materials Processing Plant, either a family member or a friend?

____ No

____ Yes **If YES, please give us information about the employee or employees.**

What was the name of the employee? _____ (optional)

What was his/her job? _____

During what years did you live with that person while they were employed at the Feed Materials Processing Plant?
From 19 __ __ to 19 __ __.

(If you lived with more than one person who was an employee, please list other names, jobs and dates on the bottom of page 8.)

4. Please list the names of all persons (family members or friends) that have lived with you during the time that you lived within the five mile area around the Feed Materials Processing Plant. Place a check in the box if this person also has participated in the Medical Monitoring Program.

Name	When did he/she live with you?	Participated in Medical Monitoring
_____	19__ __ to 19__ __	☐
_____	19__ __ to 19__ __	☐
_____	19__ __ to 19__ __	☐
_____	19__ __ to 19__ __	☐
_____	19__ __ to 19__ __	☐
_____	19__ __ to 19__ __	☐
_____	19__ __ to 19__ __	☐
_____	19__ __ to 19__ __	☐
_____	19__ __ to 19__ __	☐
_____	19__ __ to 19__ __	☐

Fernald Medical Monitoring Program
Confirmation of Residential History

Knowing exactly where you lived within the five mile zone around the Fernald Feed Materials Processing Plant is very important in the evaluation of your medical information. Last year, at the time of your medical examination, you completed a questionnaire with a form asking for addresses of where you lived within the five mile zone. This year, we have enclosed a map of the area for you.

1. **We want to be sure that this address information is complete and accurate.** Stapled to this page is a printed version of the addresses you gave us. Could you please carefully look over this information to be sure that it is correct? **Please make any necessary corrections.**

2. We would like to know about **how long you lived at each address.** Could you please fill in that information?

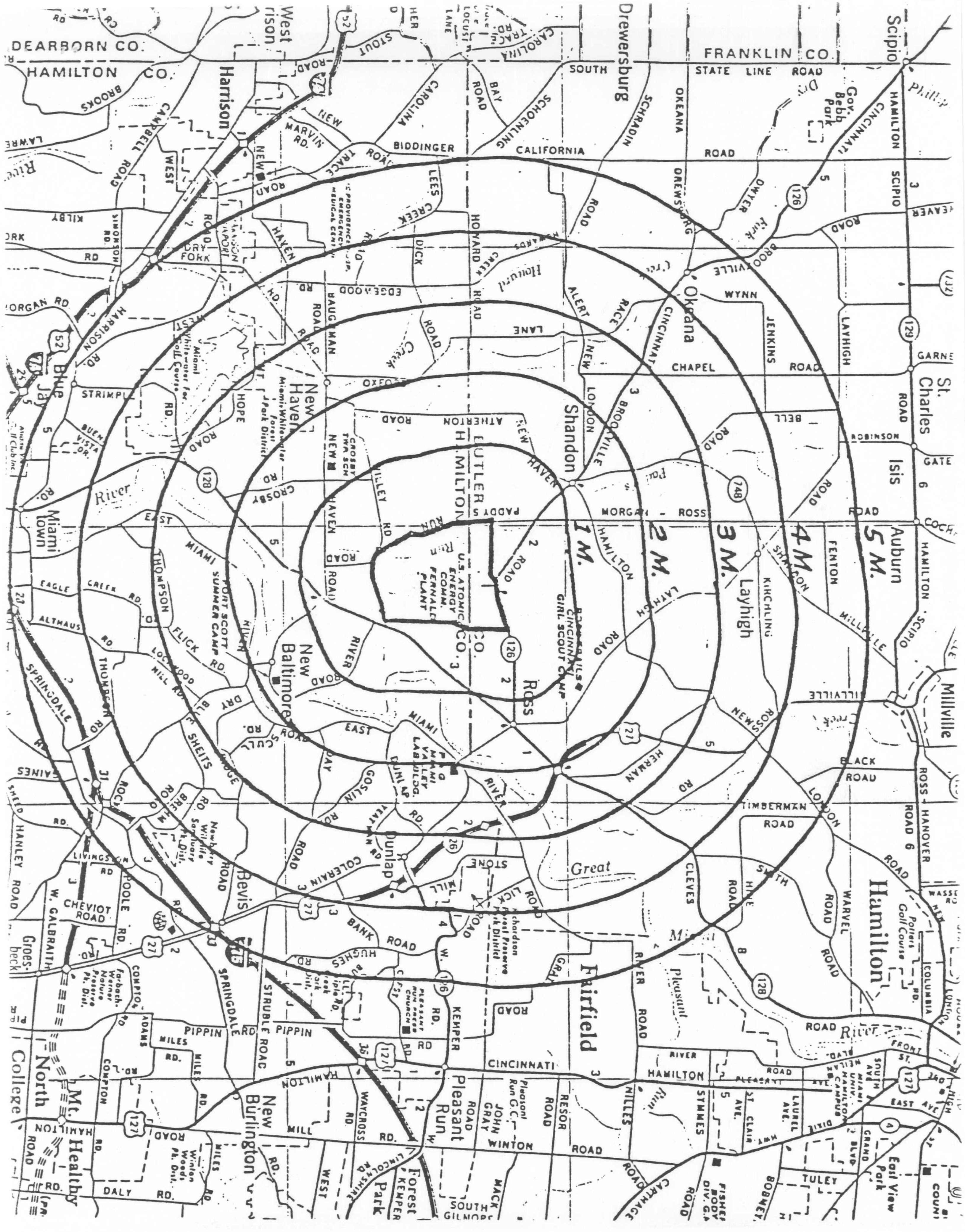
3. At the time you completed the questionnaire, you may have not been able to remember the **dates you lived at each address.** If you can recall those dates now, please fill in that information.

4. Each parcel of land in the five mile area has had a code number assigned to it. We want to link each address you gave us to the correct code number. In some cases we do not have enough information to make this link. We have placed a **red star** by those addresses. **For addresses with red stars, could you please answer the questions on the attached forms?**

Thank you for helping us to be sure that your residential history information is accurate. Please return this form in the envelope with the other forms.

If you have any questions about this address information, please call the Fernald Medical Monitoring Program residential history office at 513-558-4028.

☐ PLEASE GO ON TO THE NEXT PAGE



DEARBORN CO.
HAMILTON CO.
FRANKLIN CO.
STATE LINE ROAD
Harrison
West Harrison
Drewersburg
Scipio
Gov. Bebb Park
CALIFORNIA
BIDDINGER
ROAD
Okeana
Shandon
New Haven
Miami Town
New Baltimore
Ross
Layhigh
Auburn
St. Charles
Isis
Millville
Hamilton
Fairfield
Dunlap
Bevis
Groesbeck
North College
Mt. Healthy
New Burlington
Pleasant Run
Forest Park
East View Park
U.S. ATOMIC ENERGY COMM. FERNALD PLANT
BUTLER CO.
HAMILTON CO.
1 M.
2 M.
3 M.
4 M.
5 M.
MORGAN - ROSS
ROAD
PADDYS RUN
CHAPEL
ROAD
CINCINNATI GIRL SCOUT CAMP
FORT SCOTT SUMMER CAMP
Miami Whitewater Forest Park District
P & G MIAMI VALLEY LAB BLDG.
COLERAIN
TIMBERMAN
ROAD
BLACK
ROAD
CINCINNATI
HAMILTON
WINTON
ROAD
PIPPIN
KEMPER
River
Great Miami River

60170

Fernald Medical Monitoring Program
Addresses in Five mile Area

Name: [redacted]

Address Number # 1

9667 DICK RD.

Dates From: Aug/1972 To: Jan/1991

Number of years at this address: 0

Codes(1): 149-H-38-4
Codes(2): ---
Codes(3): ---

Residence Codes > 3: NO

UC ID# __ __ __ __ __

Information about Address # ___

1. This address is within the five mile zone around the Fernald Feed Materials Processing Plant.

   _____ Definitely Yes
   _____ Probably
   _____ Maybe
   _____ Not within five mile area.

2. During the time that I lived at this address, I was an:

   _____ Owner
   _____ Renter
   If rented, owner's name was _____

3. I lived at this address in 1984

   _____ Yes, all of 1984
   _____ Yes, but only part of 1984
   _____ No
   _____ Not sure

4. This address was in a mobile home park.

   _____ Yes. If yes, what is the name of the park?_____
   _____ No

5. Please list any nearby intersections

   _____

6. Please list any nearby structures or landmarks

   _____

☐ Please check the next page for questions about Address # ___

RHCONFIR.FER

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.**

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

(circle one number)

Excellent.....1

Very Good.....2

Good.....3

Fair.....4

Poor.....5

39. **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

HEALTH AND DAILY ACTIVITIES

40. The following questions are about activities you might do during a typical day. Does **your health** limit you in these activities? (Circle 1, 2, or 3 on each line.)

	Yes, Limited a Lot	Yes, Limited a little	No, Not Limited at All
a. Vigorous activities, such as running lifting heavy objects, participating in strenuous sports	1	2	3
b. Moderate activities such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	1	2	3
c. Lifting or carrying groceries	1	2	3
d. Climbing several flights of stairs	1	2	3
e. Climbing one flight of stairs	1	2	3
f. Bending, kneeling, or stooping	1	2	3
g. Walking more than a mile	1	2	3
h. Walking several blocks	1	2	3
i. Walking one block	1	2	3
j. Bathing and dressing yourself	1	2	3

41. 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.)

	YES	NO
a. Cut down on the amount of time you spent on work or other activities	1	2
b. Accomplished less than you would like	1	2
c. Were limited in the kind of work or other activities	1	2
d. Had difficulty performing the work or other activities (for example: it took extra effort)	1	2

42. 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.)

	YES	NO
a. Cut down on the amount of time you spent on work or other activities	1	2
b. Accomplished less than you would like	1	2
c. Didn't do work or other activities as carefully as usual	1	2

43. 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

P A I N

44. 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

45. 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

Y O U R F E E L I N G S

46. 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** ...
(circle one number on each line)

	All of the Time	Most of the Time	A Good Bit of the time	Some of the Time	A Little of the Time	None of the Time
a. did you feel full of pep?	1	2	3	4	5	6
b. have you been a very nervous person?	1	2	3	4	5	6
c. have you felt so down in the dumps nothing could cheer you up?	1	2	3	4	5	6
d. have you felt calm and peaceful?	1	2	3	4	5	6
e. did you have a lot of energy?	1	2	3	4	5	6
f. have you felt downhearted and blue?	1	2	3	4	5	6
g. did you feel worn out?	1	2	3	4	5	6
h. have you been a happy person?	1	2	3	4	5	6
i. did you feel tired?	1	2	3	4	5	6
j. has your <u>health limited your social activities</u> (like visiting with friends or close relatives)?	1	2	3	4	5	6

H E A L T H I N G E N E R A L

47. 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)

	Definitely True	Mostly True	Not Sure	Mostly False	Definitely False
a. I seem to get sick a little easier than other people.	1	2	3	4	5
b. I am as healthy as anybody I know.	1	2	3	4	5
c. I expect my health to get worse.	1	2	3	4	5
d. My health is excellent.	1	2	3	4	5