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BROOKMAR, Inc.

C8 HEALTH PROJECT Version 7.29.05
Personal and Confidential

SURVEY INTRODUCTION

You must read all of the information below.

This survey asks questions about drinking water and your health. The survey is being taken because of a lawsuit against DuPont Chemical Corporation. It is part of the C-8 Health Project that is being done in parts of Ohio and West Virginia by Brookmar. Brookmar was asked by the Court to do this project.

You can be in the project if the water you drank at home, work or school came from one of the six water districts, and you drank that water for at least one year between 1950 and December 3, 2004. The water could have come from either a public source or private well.

The six water districts are: City of Belpre, Tuppers Plains, Little Hocking Water Association, Lubeck Public Service District, Mason County, and Village of Pomeroy. If you do not know if one of these water districts was your source of drinking water, please call the C-8 Health Project at 1-800-605-6850.

You will be given a check for $150 for taking this survey if you meet all of the requirements. We will tell you the requirements if you qualify to take the survey. Also, each person in your family or who lives in your house can take the survey if they qualify. Each one will be paid $150 if they meet all of the requirements.

You must be at least 18 years old to take the survey yourself. But if you are under the age of 18 and living on your own and not dependent on your parents you can take the survey yourself. Other minors cannot take the survey on their own. A parent or legal guardian must answer for them. An adult who is not able to take the survey on their own can still be in the project. Another adult can fill out the survey for that person.

To start, please answer the following screening questions:

1. Are you 18 years of age or older, or under 18 but not dependent on your parents?

   ○ Yes ○ No

2. Will you be answering this questionnaire for yourself or for someone else?

   ○ Self ○ Other person

3. Was one of the six water districts your source of drinking water for at least one year between 1950 and December 3, 2004? The six water districts are: City of Belpre, Tuppers Plains, Little Hocking Water Association, Lubeck Public Service District, Mason County, and Village of Pomeroy.

   ○ Yes ○ No

Thank you for your answers. Your taking part in this survey is important to the C-8 Health Project. Before you begin, please read about this project. It is important for you to read the following information because you must agree to the requirements of the project.

CONSENT TO TAKE PART IN THE C-8 HEALTH PROJECT

You must read all of the information below.

Purpose of the project:
We want to find out if your health has been affected by the drinking water in your area. The C-8 Health Project asks health questions to people who said they drank water when it had a chemical in it called C-8. The questions are a lot like those you would find on a doctor's office form. They cover many medical problems. *But, none of the medical conditions asked about are known to have a connection with C-8.*

Your Participation In the Project:
You do not have to take the survey. You do not have to answer any questions you do not want to. You can stop at any time. You will be paid $150 even if you do not answer some of the questions as long as you do all of the other things listed below.

To receive the check for $150, you must:

- Take the survey.
- Make an appointment and come in-person to one of the six test sites.
- Prove who you are (see list of documents given later).
- Prove you drank water in one of the six water areas for at least one year between 1950 and December 3, 2004 (see list of documents given later).
- Agree to have your picture taken.
- Answer any questions a nurse may have about your health history.
- Sign a form saying your answers can be used in the court case.

If you do not do all of these things you will not be paid the $150. If you have any questions about this project, call 1-800-605-6850 toll-free.

The survey will take about 30 to 45 minutes of your time. It will take longer if you are filling it out for other people.

Taking part in the C-8 Health Project will not include or exclude you from joining the lawsuit against DuPont.

Procedures For the Project:
You will first be asked to fill out the survey. It contains questions about your medical history, current health conditions and your use of private and public water since 1980. It also has questions about where you have lived and worked since 1980. The questions go back only to 1980 to cut down on how much information you need to give. To get ready to take the survey, have this information ready:

- A list of places you have worked and when.
- A list of where you have lived along with the dates.
- Health history for you and family members (parents, siblings, and children).
- Current medications you take. This should include a list of medications and the amount of each.

Once you have completed this mail survey, use the enclosed postage-paid envelope to send your mail survey back to the C-8 Health Project. Someone from the C-8 Health Project will call or write to set up a time for you to come to the test site. ***Each person who takes part in the project must go to one of the test sites.*** At the test site, we will make sure that you are eligible for the project and review answers to the questions. If we need to check on a disease that you say you have, you will be asked to sign a form. The form will allow your doctor or hospital to give us your medical records.

To prove who you are, bring *one* photo ID *plus one other* form of ID such as:

- Driver's license.

- Passport.
- Certificate of citizenship.
- Certificate of naturalization.
- Social Security card or birth certificate (original or certified copy)
- State-issued photo ID.
- Government employment ID card.
- Student photo ID card issued by a U.S. college or university.
- Military photo ID.
- Major credit card or bank card with photo.
- Resident of U.S. alien card.

With *no photo ID*, you will need three (3) items from the list above.

For each minor, you will need a birth certificate (original or certified copy). If you are the legal guardian of a minor, you also will need custody papers for proof of guardianship.

AND

To show you drank water in one of the six water districts for one year between 1950 and December 3, 2004, show *one* of these:

- Utility bills (as many as needed to show occupancy for a one-year period).
- Bank statements (as many as needed to show occupancy for a one-year period).
- Major credit card statement (as many as needed to show occupancy for a one-year period).
- Deed to property.
- Lease or rental agreement.
- Previous W-2 or W-4.
- Employment record or pay stub (as many as needed to show occupancy for a one-year period).
- Vehicle title, registration, or insurance card.
- Homeowner's or renter's insurance card.
- Cancelled check showing name and address.
- Voter registration card.
- Real or personal property tax receipts.
- School records (as many as needed to show enrollment for a one-year period).

Any children or other adults for whom you complete the survey must also go to the test site with you. *Anyone who cannot go to the test site will not be paid.*

While at the test site, you will be asked by the nurse if you would like to have a blood test. You do not have to take the blood test. If you refuse the blood test, you will get your check for $150 right away. If you agree to the blood test, the amount of the check will include another $250 for the blood test—for a total of $400.

Benefits:
There are few direct benefits to you for taking part in this project. Being part of this project will not include or exclude you from joining the lawsuit. For information on how to be included in the lawsuit, contact one of the law firms working on the lawsuit. If you agree to have a blood test, you will be given the blood test results.

Risks:
Some people who take this survey may become anxious or concerned about their health. Please call the C-8 Health Project at 1-800-605-6850 if you have any questions or concerns. You also can go to the website listed below to see the answers to questions others have already asked.

http://www.c8healthproject.org/faq.asp

Confidentiality and How We Will Use Your Information:
Your information will be kept private within the C-8 Health Project. Brookmar will not give anyone your information without your permission. Brookmar will give your information (without the name) to the Science Panel. Your privacy will be protected:

- The Science Panel will have no way to link your answers to your name.
- Your health information will not be given to the Science Panel unless you agree. The Science Panel is working to see if there is a link between C-8 and diseases in humans.

You will not be paid the $150 if you do not sign the form giving the Science Panel permission to use your information.

Your contact information will be kept on file by the C-8 Health Project in case they need to talk with you in the future.

PERMISSION TO USE YOUR INFORMATION

You must answer the questions below.

Please check the boxes below to indicate if you agree to the C-8 Health Project requirements:

○ I give Brookmar and its agents, authorization to release my survey responses (without my name or other identifying information) to the Science Panel and to make such information (again, without my name or other identifying information) publicly available.

○ I release the sponsor from all liability associated with this data.

Again, if you have any questions or concerns about this project, please call 1-800-605-6850.

****PLEASE PRINT WHEN FILLING OUT ALL SURVEY QUESTIONS****

DEMOGRAPHIC

Please include the full name, address, phone numbers, and date of birth of the study participant for survey verification purposes.

Participant name:

First:_____ Middle initial:_____ Last:_____

Suffix (Jr., Sr., etc.):_____

Street Address:_____ Apartment Number:_____

City:_____ State:_____ Country:_____ ZIP Code:_____

Telephone Number: Home phone:_____ Cell phone:_____

E-Mail address: _____

Date of Birth (DOB):_____/_____/_____/ *Please enter in numerical format, month/date/year*

Gender: ○ Male ○ Female

Guardian's name:_____ Are you the legal guardian? ○Yes ○No

Guardian's street address:_____

Guardian's City:_____ Guardian's State:_____ Guardian's Country:_____

Guardian's ZIP Code:_____

Guardian's phone number:_____

Guardian's E-Mail address:_____

Glossary of terms:
A glossary of terms used in this survey can be found at the end of this questionnaire. Any terms in boldface print can be found in the glossary.

Water Usage at Residences

You will also be asked to record water usage information for previous residences; please see the additional pages in the back to record this information.

1. What month and year did you begin living at your current address? _____Month _____ Year ○ Don't Know

2. What is the main source of water you use in your home ***for drinking***?

○ Public Water (filtered and unfiltered tap water)
○ Private Water (well or **cistern**)
○ Bottled Water
○ I Don't Know

If you use bottled water,
2a. In what month and year did you start buying bottled water for drinking? _____ Month _____ Year

3. What is the main source of water you use in your home ***for cooking***?

○ Public Water ((filtered and unfiltered tap water)
○ Private Water (well or **cistern**)
○ Bottled Water
○ I Don't Know

If you use bottled water,
3a. In what month and year did you start buying bottled water for cooking? _____ Month _____ Year

4. What is the main source of water you use in your home ***for showering or bathing***?

○ Public Water ((filtered and unfiltered tap water)
○ Private Water (well or **cistern**)
○ Other
○ I Don't Know

If you use PRIVATE WATER (i.e. well, **cistern**), please answer the following questions:	If you use PUBLIC WATER (i.e. tap water), please answer the following questions:
5a. For your well or cistern, has your **C-8 level** been tested? ○ Yes ○ No ○ I don't know If yes, 5b. What was the C8 level? _____Enter number ○ Don't remember 5c. When was the last test done? _____Month _____Year ○ Not sure	6. Which of the following water districts provides your water at your present residence? ○ City of Belpre, OH ○ Tuppers Plains ○ Little Hocking Water Association ○ Lubeck Public Service District ○ Mason County ○ Village of Pomeroy ○ Some other water district, please specify:_____ ○ I don't know/Not sure

EMPLOYMENT HISTORY

1. Are you currently employed? ○ Yes ○ No *(If "No", skip to "Unemployed" below)*

2. Do you currently work for more than one employer? ○ Yes ○ No

3. If "yes" to question #2, please list the names of your current employers or companies.

Please list the employer you consider to be your MAIN employer (or the place that you work most hours) first.

Name of employer:_____ Kind of Business:_____

City:_____ State:_____

Name of employer:_____ Kind of Business:_____

City:_____ State:_____

Name of employer:_____ Kind of Business:_____

City:_____ State:_____

UNEMPLOYED

1a. If you answered "no" to question 1, which of the following best describes your current situation? *(please enter one response only.)*

○ Homemaker
○ Retired
○ Unemployed
○ **Laid Off**
○ Disabled
○ Student
○ Other:_____

1b. If you answered "disabled", is your disability permanent? ○ Yes ○ No ○ I don't know

1c. If you answered "disabled", is your **disability acquired**? ○ Yes ○ No

FIRST CURRENT JOB:

Please list the date you started working there: _____Month _____Year

What kind of work do you do at this job?_____ *(i.e. manufacturing, automotive, retail, mining, nursing, etc.)*

What are your most important activities on this job or in this business?_____

_____

Are you exposed to chemicals or agents at this place of employment?

○ Yes ○ No ○ Don't know/Not sure

If yes, please list the chemicals or agents you are exposed to at your current place of employment:
_____

What is the source of drinking water at your place of employment? *(Check all that apply)*

○ Public
○ Private (well, **cistern**)
○ Bottled
○ I don't know

If your current place of employment has public water, which of the following water districts provides the water for your employer?

○ City of Belpre, OH
○ Tuppers Plains
○ Little Hocking Water Association
○ Lubeck Public Service District
○ Mason County
○ Village of Pomeroy
○ Some other water district, please specify:_____
○ I don't know

Thinking only about your current job, do you *currently* work in any of the following places or with any of the listed materials? *(Check all that apply)*

○ Power Plant
○ Refinery
○ Metal Refining
○ Explosives or Nitrate Manufacturing
○ Pharmaceuticals or Chemicals
○ Manufacture or Use of Dyes
○ Rubber or Plastic Industry
○ Dry Cleaning
○ Textile Manufacturing
○ Photo or Graphic Arts
○ **Solvents** such as Metal Cleaners/Degreasers
○ Typesetting or Printing
○ Electronics Manufacturing or Assembly
○ Gas Station
○ Manufacture of Chemicals
○ **Fluorocarbons** (used for Teflon, Scotch Guard, Gortex).
○ **Chlorofluorocarbons** (used in air conditioning units)
○ Underground mining
○ Coal preparation
○ Timber and wood products

If you would like to add any information to the previous question, please do so in the space provided below:

_____

_____

SECOND CURRENT JOB:

Please list the date you started working there: _____Month _____Year

What kind of work do you do at this job?_____ *(i.e. manufacturing, automotive, retail, mining, nursing, etc.)*

What are your most important activities on this job or in this business?_____

_____

Are you exposed to chemicals or agents at this place of employment?

○ Yes ○ No ○ Don't know/Not sure

If yes, please list the chemicals or agents you are exposed to at your current place of employment:
_____

What is the source of drinking water at your place of employment?
(Check all that apply)

○ Public
○ Private (well, **cistern**)
○ Bottled
○ I don't know

If your current place of employment has public water, which of the following water districts provides the water for your employer?

○ City of Belpre, OH
○ Tuppers Plains
○ Little Hocking Water Association
○ Lubeck Public Service District
○ Mason County
○ Village of Pomeroy
○ Some other water district, please specify:_____
○ I don't know

Thinking only about your current job, do you *currently* work in any of the following places or with any of the listed materials? *(Check all that apply)*

○ Power Plant
○ Refinery
○ Metal Refining
○ Explosives or Nitrate Manufacturing
○ Pharmaceuticals or Chemicals
○ Manufacture or Use of Dyes
○ Rubber or Plastic Industry
○ Dry Cleaning
○ Textile Manufacturing
○ Photo or Graphic Arts
○ **Solvents** such as Metal Cleaners/Degreasers
○ Typesetting or Printing
○ Electronics Manufacturing or Assembly
○ Gas Station
○ Manufacture of Chemicals
○ **Fluorocarbons** (used for Teflon, Scotch Guard, Gortex).
○ **Chlorofluorocarbons** (used in air conditioning units)
○ Underground mining
○ Coal preparation
○ Timber and wood products

If you would like to add any information to the previous question, please do so in the space provided below:

_____

_____

THIRD CURRENT JOB:

Please list the date you started working there: _____Month _____Year

What kind of work do you do at this job?_____ *(i.e. manufacturing, automotive, retail, mining, nursing, etc.)*

What are your most important activities on this job or in this business?_____

_____

Are you exposed to chemicals or agents at this place of employment?

○ Yes ○ No ○ Don't know/Not sure

If yes, please list the chemicals or agents you are exposed to at your current place of employment:
_____

What is the source of drinking water at your place of employment? *(Check all that apply)*

○ Public
○ Private (well, **cistern**)
○ Bottled
○ I don't know

If your current place of employment has public water, which of the following water districts provides the water for your employer?

○ City of Belpre, OH
○ Tuppers Plains
○ Little Hocking Water Association
○ Lubeck Public Service District
○ Mason County
○ Village of Pomeroy
○ Some other water district, please specify:_____
○ I don't know

Thinking only about your current job, do you *currently* work in any of the following places or with any of the listed materials? *(Check all that apply)*

○ Power Plant
○ Refinery
○ Metal Refining
○ Explosives or Nitrate Manufacturing
○ Pharmaceuticals or Chemicals
○ Manufacture or Use of Dyes
○ Rubber or Plastic Industry
○ Dry Cleaning
○ Textile Manufacturing
○ Photo or Graphic Arts
○ **Solvents** such as Metal Cleaners/Degreasers
○ Typesetting or Printing
○ Electronics Manufacturing or Assembly
○ Gas Station
○ Manufacture of Chemicals
○ **Fluorocarbons** (used for Teflon, Scotch Guard, Gortex).
○ **Chlorofluorocarbons** (used in air conditioning units)
○ Underground mining
○ Coal preparation
○ Timber and wood products

If you would like to add any information to the previous question, please do so in the space provided below:

_____

PREVIOUS WORK EXPERIENCE

Now we are going to ask you to list all of the places you have worked for at least six months in the past 25 years– that is all the places you have been employed for at least six months since 1980. It is important that you list every place of employment. In this section we are only asking you to list places you have worked other than your current place(s) of employment. Please do not include your current place(s) of employment, as you have already entered that information.

If you worked for a company that merged with another company, was bought out by another company, or simply changed the company name, please list only the most recent name of the company.

If you worked for the same company in different cities, please list each of those job assignments separately.

For persons with military service – Please do not list your time in the military here in this section. There will be a section later in the survey to record information about your time in military service.

1. Previous employer or company name: _____

   Kind of business:_____ City:_____ State:_____

2. Please enter the date you *started* working at this previous employer:

   Started: _____Month _____Year

   Please enter the date you *stopped* working at this previous employer:

   Finished:_____Month _____Year

3. What kind of work did you do at this previous employer (for example, manufacturing, automotive, retail, mining, nursing, etc.)? _____

4. What were your most important activities on this job? _____

5. Were you exposed to chemicals or agents at this previous employer?

   ○ Yes ○ No ○ Don't know/Not sure

   5a. If yes, please list the chemicals or agents you were exposed to at this previous employer:

   _____

6. What was the source of drinking water at this previous employer? *(Check all that apply)*

- ○ Public
- ○ Private (well, **cistern**)
- ○ Bottled
- ○ I don't know

6a. If this past place of employment had public water, which of the following water districts provided the water for this employer?

- ○ City of Belpre, OH
- ○ Tuppers Plains
- ○ Little Hocking Water Association
- ○ Lubeck Public Service District
- ○ Mason County
- ○ Village of Pomeroy
- ○ Some other water district, please specify:_____
- ○ I don't know

7. Thinking about your job with this previous employer, was this job in any of the following places or did it involve working with any of the listed materials? *(Check all that apply)*

- ○ Power Plant
- ○ Refinery
- ○ Metal Refining
- ○ Explosives or Nitrate Manufacturing
- ○ Pharmaceuticals or Chemicals
- ○ Manufacture or Use of Dyes
- ○ Rubber or Plastic Industry
- ○ Dry Cleaning
- ○ Textile Manufacturing
- ○ Photo or Graphic Arts
- ○ **Solvents** such as Metal Cleaners/Degreasers
- ○ Typesetting or Printing
- ○ Electronics Manufacturing or Assembly
- ○ Gas Station
- ○ Manufacture of Chemicals
- ○ **Fluorocarbons** (used for Teflon, Scotch Guard, GorTex).
- ○ **Chlorofluorocarbons** (used in air conditioning units)
- ○ Underground mining
- ○ Coal preparation
- ○ Timber and wood products

7a. If you would like to add any information to the previous question, please do so in the space provided below:

_____

_____

_____

_____

8. What has been your main job over your lifetime? _____

PLEASE SEE THE BACK OF THIS SURVEY FOR ADDITIONAL PAGES TO RECORD PREVIOUS WORK HISTORY.

MILITARY HISTORY

1. Have you ever served in the military? ○ Yes ○ No *(If no, please skip to the next section, "Past Medical History)*

1a. If yes, which branch of the military did you serve in?

○ Army	○ Merchant Marine
○ Navy	○ Coast Guard
○ Marines	○ National Guard
○ Air Force	○ Reserve

Please list the dates of your military service:

Service began: _____Month _____Year

Service ended: _____Month _____Year

2. Have you served in the military more than once?

○ Yes ○ No *(If "No", please skip to Question #3)*

2a. Please list the other dates of your military service.

Other Military Service:

Service began: _____Month _____Year

Service ended: _____Month _____Year

Branch:_____

Other Military Service:

Service began: _____Month _____Year

Service ended: _____Month _____Year

Branch:_____

Other Military Service:

Service began: _____Month _____Year

Service ended: _____Month _____Year

Branch:_____

3. Do you have any military service related disabilities?

○ Yes ○ No ○ I don't know/Not sure

4. Were you exposed to harmful chemicals or agents while in the military?

○ Yes ○ No ○ Don't know/Not sure

4a. If you answered yes, to the above question, please list any chemicals and/or agents that you were exposed to while in the military:

_____

○ I don't know the name of the chemicals or agents

5. What was (or currently is) your **role** in the military:_____

6. When you were in the military, did you have any **overseas** postings? ○ Yes ○ No

6a. If yes, name all the **overseas** locations where you were posted.

_____ _____

_____ _____

_____ _____

7. Please list all of the locations you were posted within the United States.

_____ _____

_____ _____

_____ _____

PAST MEDICAL HISTORY

1. Have you ever had:

Mumps	○ Yes	○ No	○ Don't know
Chicken Pox	○ Yes	○ No	○ Don't know
Measles	○ Yes	○ No	○ Don't know

2. Have you ever been told by a doctor that you have or had:

For your convenience, we have provided a glossary of the technical terms used in the list of conditions below. Any term in boldface type has a definition for it in the glossary at the end of this survey.

If you have you ever been told by a doctor that you have or had any of the conditions listed below, please put a check-mark in the circle beside the condition.

If you have not been told by a doctor that you have a condition, please leave the circle blank.

○ **Addison's disease**	○ Immune Disease
○ **Alzheimer's Disease**	○ Kidney Disease (including kidney stones & infection) ○ Protein in Urine ○ Kidney Infection ○ **Albumin** in Urine ○ Kidney Stones ○ Blood in Urine
○ Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)	○ Liver Disease ○ Hepatitis ○ Other Liver Diseases
○ **Anemia**. *If you have/had anemia, does (or did) it affect:* ○ White Blood Cells ○ Red Blood Cells ○ Platelets ○ Don't know/Not sure	○ **Lupus/SLE**
○ **Aneurysm**	○ **Multiple Sclerosis**
○ Asthma	○ **Osteoarthritis**
○ **Cerebrovascular Accident (CVA)**	○ Parkinson's Disease
○ **Chronic bronchitis**	○ Prostate Disease ○ Prostatitis (inflammation of the prostate) ○ Enlarged prostate ○ High PSA level
○ **Chronic obstructive pulmonary disease** (COPD or Black Lung Disease)	○ Raynaud's Syndrome
○ **Cushing's Syndrome**	○ Rheumatoid Arthritis
○ Diabetes: How old were you at the age of diabetes onset:? _____Enter age in years Which type of diabetes do you have?	○ **Scleroderma**

○ Type I (Insulin dependent) ○ Type II (Non-insulin dependent)	
○ **Emphysema**	○ Sjogren's Syndrome
○ **Epstein Barr (Mononucleosis)**	○ Stroke
○ **Fibromyalgia (FMS)**	○ Thyroid disease ○ Goiter ○ Grave's Disease ○ Hashimoto's ○ Other, please specify:_____
○ **Heart Disease (including heart attack)** ○ **Myocardial Infarction (Heart Attack)** ○ **Arteriosclerosis** ○ **Coronary artery disease (CAD)** ○ Some other heart disease, please specify:_____	○ Urinary Infection

3. Have you ever been told by a doctor that you have or had cancer?

○ Yes ○ No *(skip to Question #8)*

4. If yes, how old were you when you were first diagnosed with cancer?

Enter age_____ ○ Don't know/Not sure

5. If yes, what treatment did you receive for your cancer? (list all that apply)

○ Radiation
○ Chemotherapy
○ Surgery
○ Other, please specify: _____
○ None
○ Don't know/Not sure

6. Are you still receiving treatment?

○ Yes ○ No

Please continue the survey on the next page…

7. Please indicate site of cancer from the list in the chart to the right. Please indicate whether the cancer site is/was primary or secondary and also record the year the cancer was diagnosed.

Use check marks to indicate if the cancer was primary or secondary, recording the year in the last column. See the sample in the first row.

Site of Cancer	Primary	Secondary	Year
SAMPLE ENTRY	✓		1990
Bladder			
Blood			
Bone			
Brain			
Breast			
Cervical			
Colon			
Esophagus			
Gall Bladder			
Kidney			
Larynx			
Leukemia			
Liver			
Lung			
Lymphoma			
Melanoma			
Mouth			
Ovarian			
Pancreas			
Prostate			
Rectal			
Skin			
Stomach			
Testis			
Thyroid			
Uterine			
List other cancer type:_____			

8. In the last 12 months, have you gained weight? ○ Yes ○ No

8a. If yes, how many pounds have you gained in the last 12 months? _____lbs

9. In the last 12 months, have you lost weight? ○ Yes ○ No

9a. If yes, how many pounds have you lost in the last 12 months? _____lbs

10. Do you now take medication regularly, that is at least 3 times a week, to lower your cholesterol?

○ Yes ○ No ○ Don't know

11. Do you take medication regularly, that is at least 3 times a week, to lower your blood pressure?

○ Yes ○ No ○ Don't know

12. Are you taking any other medications?

○ Yes ○ No ○ Don't know

13. If yes, please list ALL of the medications that you are currently taking--both prescription and over the counter medications. Please include the dosage amount for each medication.

Medication	Dosage in Milligrams
1_____	_____
2_____	_____
3_____	_____
4_____	_____
5_____	_____
6_____	_____
7_____	_____
8_____	_____

14. Are you allergic to anything?

○ Yes ○ No

15. If yes, please list allergies: (include medications, environmental, and food)

_____ _____

_____ _____

_____ _____

16. Has a representative from a school or a health professional ever told you that your child has/had a learning problem?

○ Yes ○ No ○ Don't have children ○ Don't know

17. Has a representative from a school or a health professional ever told you that you have/had a learning problem?

○ Yes ○ No ○ Don't know

18. Have any of your children been diagnosed by a doctor or health professional with “Attention Deficit Disorder” (ADD or ADHD)?

○ Yes ○ No ○ Don’t have children ○ Don’t know

19. Has a doctor or health professional ever told you that you have/had “Attention Deficit Disorder” (ADD or ADHD)?

○ Yes ○ No ○ Don’t know

20. In the last five years, that is since 2000, how often have you experienced any of the following symptoms?

Indicate for each symptom: Frequently = regularly to always
Sometimes = every now and then
Rarely = very infrequently
Never = has not occurred in the past five years

*Please note that these symptoms are general health questions commonly asked by a physician to assess general health. None of these are known to be associated with having high **C-8 levels** in the blood.*

CONDITION	Frequently	Sometimes	Rarely	Never
Blurred vision?				
Do you see dark spots?				
Eye irritation? (blinking or tearing)				
Spots in front of eyes during or before headache?				
Reduced sense of smell?				
Headache?				
Headaches get worse at work?				
Lightheadedness?				
Loss of balance?				
Dizziness?				
Loss of consciousness?				
Dryness of mouth, nose or throat?				
Do you get nose bleeds?				
Cough with blood-tinged mucous?				
Cough with mucous?				
Sinusitis?				
Throat irritation?				
Dry cough?				
Shortness of breath?				
Do you have colds or flu?				

CONDITION	Frequently	Sometimes	Rarely	Never
Do you have trouble swallowing?				
Do you have pain, burning or a sour taste at the back of your mouth?				
Chest pain while at rest?				
Chest pain on exertion?				
Chest tightness?				
Do you have heartburn?				
Does your heart race or speed up?				
Does your heart skip a beat?				
Pain or burning in chest?				
Palpitations/rapid heart action?				
Do your feet or ankles swell?				
Loss of appetite?				
Nausea?				
Abdominal pain?				
Stomach swells or is bloated?				
Indigestion?				
Constipation?				
Do you have hemorrhoids?				
Diarrhea?				
Is there blood in your stool?				
Poor bladder control?				
Do you have weakness in your legs?				
Joint pain?				
Muscle weakness?				
Skin rash?				
Skin redness, excessive dryness or itching?				
Hair loss (other than male baldness)?				
Insomnia (can't get to sleep)?				
Insomnia (sleeping for only few hours)?				
Insomnia (wake up frequently)?				
Somnolence (unusual need for sleep)?				
Extreme fatigue?				
Instability of mood?				
Irritability?				
Lack of concentration?				
Long term memory loss?				

CONDITION	Frequently	Sometimes	Rarely	Never
Recent memory loss?				

21. Do you have any other symptoms or conditions you would like to add?

_____

_____

FOR WOMEN ONLY

1. At what age did you begin menstruation (have your first period)?

- ○ Younger than 10
- ○ 10 to 12
- ○ 13 to 15
- ○ 16 or older
- ○ Have not yet begun to menstruate
- ○ Never menstruated
- ○ Don't know/Not sure

2. Do you have your period regularly (every month)?

○ Yes ○ No ○ Don't know

3. Are you pregnant now?

○ Yes ○ No ○ Don't know

4. If you are pregnant, in which month of pregnancy are you?

_____ Enter month ○ Don't know/Not sure

5. How many times have you been pregnant in your life? _____ Enter number

Now we'd like to get a bit of information about each of your pregnancies. Let's start with the month and year that each of your pregnancies ended. Please fill out the following pages for each pregnancy you have had. IF YOU HAD ANY PREGNANCIES FOR WHICH THERE WERE MULTIPLE BIRTHS, please see the additional pages in the back of this survey to enter your responses for multiple birth pregnancies.

In the chart below, please list when each pregnancy ended:

	Month Ended	Year Ended	Not sure
Pregnancy 1			
Pregnancy 2			
Pregnancy 3			
Pregnancy 4			
Pregnancy 5			
Pregnancy 6			
Pregnancy 7			

Starting with your first pregnancy, please tell us about the outcome of each pregnancy by answering the follow-up questions below. Again, if you have any pregnancies that resulted in multiple births, please go to the back of the survey to record those answers.

PREGNANCY 1

What was the outcome from this pregnancy?

- ○ Live birth of a single child *(If yes, please continue to "Single Birth Information" below)*
- ○ Live birth of multiple children *(Please go to the back of the survey to fill out information about this pregnancy. This is the last section before the glossary of terms.)*
- ○ Miscarriage

If you miscarried, how many weeks into the pregnancy did you miscarry? _____Enter # of Weeks

Did your miscarriage end with a surgical procedure such as a **D&C** or a **D&E**?
○ Yes ○ No ○Don/t know/not sure

- ○ Still born

If pregnancy resulted in stillbirth, how many weeks into the pregnancy were you when the pregnancy ended? _____Enter Number of Weeks

Did you receive any medical intervention for the stillbirth? ○ Yes ○ No

- ○ Tubal Pregnancy
- ○ **Molar Pregnancy**

Single Birth Information

Did you have a vaginal or Cesarean delivery from your first pregnancy?	○ Vaginal ○ Cesarean
What was the gender of this child?	○ Male ○ Female
For your first pregnancy, did the birth occur three or more weeks before the due date?	○ Yes ○ No
Did the child from your first pregnancy weigh more or less than 5.5 pounds when born?	○ More than 5.5 pounds ○ Less than 5.5 pounds
Did a doctor or nurse say you had **pre-eclampsia** during your first pregnancy?	○ Yes ○ No
Did the baby have any major birth defects, something that required medical treatment from your first pregnancy?	○ Yes ○ No

What was the birth defect? (Please check all that apply)

○ Congenital heart defect	○ Sickle Cell Disease
○ Down's Syndrome	○ **Spina Bifida**
○ Club foot or other foot	○ Genital or urinary tract
○ Marfan Syndrome	○ Nose Defect
○ **Oral clefts**	○ Eye Defect

○ Other defect, please describe:

PREGNANCY 2

What was the outcome from this pregnancy?

- ○ Live birth of a single child *(If yes, please continue to "Single Birth Information" below)*
- ○ Live birth of multiple children *(Please go to the back of the survey to fill out information about this pregnancy This is the last section before the glossary of terms.)*
- ○ Miscarriage

If you miscarried, how many weeks into the pregnancy did you miscarry? _____Enter # of Weeks

Did your miscarriage end with a surgical procedure such as a **D&C** or a **D&E**?
○ Yes ○ No ○Don/t know/not sure

- ○ Still born

If pregnancy resulted in stillbirth, how many weeks into the pregnancy were you when the pregnancy ended? _____Enter Number of Weeks

Did you receive any medical intervention for the stillbirth? ○ Yes ○ No

- ○ Tubal Pregnancy
- ○ **Molar Pregnancy**

Single Birth Information

Did you have a vaginal or Cesarean delivery from your first pregnancy?	○ Vaginal ○ Cesarean
What was the gender of this child?	○ Male ○ Female
For your first pregnancy, did the birth occur three or more weeks before the due date?	○ Yes ○ No
Did the child from your first pregnancy weigh more or less than 5.5 pounds when born?	○ More than 5.5 pounds ○ Less than 5.5 pounds
Did a doctor or nurse say you had **pre-eclampsia** during your first pregnancy?	○ Yes ○ No
Did the baby have any major birth defects, something that required medical treatment from your first pregnancy?	○ Yes ○ No

What was the birth defect? (Please check all that apply)

○ Congenital heart defect	○ Sickle Cell Disease
○ Down's Syndrome	○ **Spina Bifida**
○ Club foot or other foot	○ Genital or urinary tract
○ Marfan Syndrome	○ Nose Defect
○ **Oral clefts**	○ Eye Defect

○ Other defect, please describe:

PREGNANCY 3

What was the outcome from this pregnancy?

- ○ Live birth of a single child *(If yes, please continue to "Single Birth Information" below)*
- ○ Live birth of multiple children *(Please go to the back of the survey to fill out information about this pregnancy. This is the last section before the glossary of terms.)*
- ○ Miscarriage

If you miscarried, how many weeks into the pregnancy did you miscarry? _____Enter # of Weeks

Did your miscarriage end with a surgical procedure such as a **D&C** or a **D&E**?
○ Yes ○ No ○Don/t know/not sure

- ○ Still born

If pregnancy resulted in stillbirth, how many weeks into the pregnancy were you when the pregnancy ended? _____Enter Number of Weeks

Did you receive any medical intervention for the stillbirth? ○ Yes ○ No

- ○ Tubal Pregnancy
- ○ **Molar Pregnancy**

Single Birth Information

Did you have a vaginal or Cesarean delivery from your first pregnancy?	○ Vaginal ○ Cesarean
What was the gender of this child?	○ Male ○ Female
For your first pregnancy, did the birth occur three or more weeks before the due date?	○ Yes ○ No
Did the child from your first pregnancy weigh more or less than 5.5 pounds when born?	○ More than 5.5 pounds ○ Less than 5.5 pounds
Did a doctor or nurse say you had **pre-eclampsia** during your first pregnancy?	○ Yes ○ No
Did the baby have any major birth defects, something that required medical treatment from your first pregnancy?	○ Yes ○ No

What was the birth defect? (Please check all that apply)

○ Congenital heart defect	○ Sickle Cell Disease
○ Down's Syndrome	○ **Spina Bifida**
○ Club foot or other foot	○ Genital or urinary tract
○ Marfan Syndrome	○ Nose Defect
○ **Oral clefts**	○ Eye Defect

○ Other defect, please describe:

PREGNANCY 4

What was the outcome from this pregnancy?

- ○ Live birth of a single child *(If yes, please continue to "Single Birth Information" below)*
- ○ Live birth of multiple children *(Please go to the back of the survey to fill out information about this pregnancy. This is the last section before the glossary of terms.)*
- ○ Miscarriage

If you miscarried, how many weeks into the pregnancy did you miscarry? _____Enter # of Weeks

Did your miscarriage end with a surgical procedure such as a **D&C** or a **D&E**?
○ Yes ○ No ○ Don/t know/not sure

- ○ Still born

If pregnancy resulted in stillbirth, how many weeks into the pregnancy were you when the pregnancy ended? _____Enter Number of Weeks

Did you receive any medical intervention for the stillbirth? ○ Yes ○ No

- ○ Tubal Pregnancy
- ○ **Molar Pregnancy**

Single Birth Information

Did you have a vaginal or Cesarean delivery from your first pregnancy?	○ Vaginal ○ Cesarean
What was the gender of this child?	○ Male ○ Female
For your first pregnancy, did the birth occur three or more weeks before the due date?	○ Yes ○ No
Did the child from your first pregnancy weigh more or less than 5.5 pounds when born?	○ More than 5.5 pounds ○ Less than 5.5 pounds
Did a doctor or nurse say you had **pre-eclampsia** during your first pregnancy?	○ Yes ○ No
Did the baby have any major birth defects, something that required medical treatment from your first pregnancy?	○ Yes ○ No

What was the birth defect? (Please check all that apply)

○ Congenital heart defect	○ Sickle Cell Disease
○ Down's Syndrome	○ **Spina Bifida**
○ Club foot or other foot	○ Genital or urinary tract
○ Marfan Syndrome	○ Nose Defect
○ **Oral clefts**	○ Eye Defect

○ Other defect, please describe:

PREGNANCY 5

What was the outcome from this pregnancy?

- ○ Live birth of a single child *(If yes, please continue to "Single Birth Information" below)*
- ○ Live birth of multiple children *(Please go to the back of the survey to fill out information about this pregnancy. This is the last section before the glossary of terms.)*
- ○ Miscarriage

If you miscarried, how many weeks into the pregnancy did you miscarry? _____Enter # of Weeks

Did your miscarriage end with a surgical procedure such as a **D&C** or a **D&E**?
○ Yes ○ No ○ Don/t know/not sure

- ○ Still born

If pregnancy resulted in stillbirth, how many weeks into the pregnancy were you when the pregnancy ended? _____Enter Number of Weeks

Did you receive any medical intervention for the stillbirth? ○ Yes ○ No

- ○ Tubal Pregnancy
- ○ **Molar Pregnancy**

Single Birth Information

Did you have a vaginal or Cesarean delivery from your first pregnancy?	○ Vaginal ○ Cesarean
What was the gender of this child?	○ Male ○ Female
For your first pregnancy, did the birth occur three or more weeks before the due date?	○ Yes ○ No
Did the child from your first pregnancy weigh more or less than 5.5 pounds when born?	○ More than 5.5 pounds ○ Less than 5.5 pounds
Did a doctor or nurse say you had **pre-eclampsia** during your first pregnancy?	○ Yes ○ No
Did the baby have any major birth defects, something that required medical treatment from your first pregnancy?	○ Yes ○ No

What was the birth defect? (Please check all that apply)

○ Congenital heart defect	○ Sickle Cell Disease
○ Down's Syndrome	○ **Spina Bifida**
○ Club foot or other foot	○ Genital or urinary tract
○ Marfan Syndrome	○ Nose Defect
○ **Oral clefts**	○ Eye Defect

○ Other defect, please describe:

PREGNANCY 6

What was the outcome from this pregnancy?

- ○ Live birth of a single child *(If yes, please continue to "Single Birth Information" below)*
- ○ Live birth of multiple children *(Please go to the back of the survey to fill out information about this pregnancy. This is the last section before the glossary of terms.)*
- ○ Miscarriage

If you miscarried, how many weeks into the pregnancy did you miscarry? _____Enter # of Weeks

Did your miscarriage end with a surgical procedure such as a **D&C** or a **D&E**?
○ Yes ○ No ○ Don/t know/not sure

- ○ Still born

If pregnancy resulted in stillbirth, how many weeks into the pregnancy were you when the pregnancy ended? _____Enter Number of Weeks

Did you receive any medical intervention for the stillbirth? ○ Yes ○ No

- ○ Tubal Pregnancy
- ○ **Molar Pregnancy**

Single Birth Information

Did you have a vaginal or Cesarean delivery from your first pregnancy?	○ Vaginal ○ Cesarean
What was the gender of this child?	○ Male ○ Female
For your first pregnancy, did the birth occur three or more weeks before the due date?	○ Yes ○ No
Did the child from your first pregnancy weigh more or less than 5.5 pounds when born?	○ More than 5.5 pounds ○ Less than 5.5 pounds
Did a doctor or nurse say you had **pre-eclampsia** during your first pregnancy?	○ Yes ○ No
Did the baby have any major birth defects, something that required medical treatment from your first pregnancy?	○ Yes ○ No

What was the birth defect? (Please check all that apply)

○ Congenital heart defect	○ Sickle Cell Disease
○ Down's Syndrome	○ **Spina Bifida**
○ Club foot or other foot	○ Genital or urinary tract
○ Marfan Syndrome	○ Nose Defect
○ **Oral clefts**	○ Eye Defect

○ Other defect, please describe:

PREGNANCY 7

What was the outcome from this pregnancy?

- ○ Live birth of a single child *(If yes, please continue to "Single Birth Information" below)*
- ○ Live birth of multiple children *(Please go to the back of the survey to fill out information about this pregnancy. This is the last section before the glossary of terms.)*
- ○ Miscarriage

If you miscarried, how many weeks into the pregnancy did you miscarry? _____Enter # of Weeks

Did your miscarriage end with a surgical procedure such as a **D&C** or a **D&E**?
○ Yes ○ No ○ Don/t know/not sure

- ○ Still born

If pregnancy resulted in stillbirth, how many weeks into the pregnancy were you when the pregnancy ended? _____Enter Number of Weeks

Did you receive any medical intervention for the stillbirth? ○ Yes ○ No

- ○ Tubal Pregnancy
- ○ **Molar Pregnancy**

Single Birth Information

Did you have a vaginal or Cesarean delivery from your first pregnancy?	○ Vaginal ○ Cesarean
What was the gender of this child?	○ Male ○ Female
For your first pregnancy, did the birth occur three or more weeks before the due date?	○ Yes ○ No
Did the child from your first pregnancy weigh more or less than 5.5 pounds when born?	○ More than 5.5 pounds ○ Less than 5.5 pounds
Did a doctor or nurse say you had **pre-eclampsia** during your first pregnancy?	○ Yes ○ No
Did the baby have any major birth defects, something that required medical treatment from your first pregnancy?	○ Yes ○ No

What was the birth defect? (Please check all that apply)

○ Congenital heart defect	○ Sickle Cell Disease
○ Down's Syndrome	○ **Spina Bifida**
○ Club foot or other foot	○ Genital or urinary tract
○ Marfan Syndrome	○ Nose Defect
○ **Oral clefts**	○ Eye Defect

○ Other defect, please describe:

--End of Pregnancy Questions—

6. Have you gone through your change of life (menopause)?

○ Yes ○ No ○ Don't know/Not sure

7. Have you had a hysterectomy, that is, surgery to remove your uterus or womb?

○ Yes ○ No ○ Don't know

8. How old were you when you had your hysterectomy? _____Enter age in years

9. If you did have a hysterectomy, was it a partial or total hysterectomy?

○ Partial (uterus only) ○ Total (uterus and ovary or ovaries) ○ Don't know/Not sure

10. Have you ever been told by a doctor that you have **uterine fibroids**?

○ Yes ○ No

11. Have you ever been told by a doctor that you have **endometriosis**?

○ Yes ○ No

12. Not including hormones used for birth control or infertility, have you ever used female hormones such as estrogen and progesterone?

○ Yes ○ No ○ Don't know ○ Refused to respond

12a. If yes, in what form was that? Was it…

○ Pills ○ Cream ○ Patch ○ Injectables

13. Are you taking female hormones now?

○ Yes ○ No ○ Don't know ○ Refused to respond

14. Not counting any time when you stopped taking them, for how long altogether have you taken female hormones?

_____Months _____Years

SOCIAL HISTORY

1. Where were you born?

   City _____

   State_____

   Country _____

2. What is your current martial status?

   - ○ Single
   - ○ Married
   - ○ Divorced
   - ○ Separated
   - ○ Widowed
   - ○ Living with partner

3. Ethnicity:

   - ○ White
   - ○ Black
   - ○ Hispanic
   - ○ Asian
   - ○ American Indian
   - ○ Something else, please specify: _____

4. What was your average family income for the last three years *(For this question, calculate your total family income from the past three years, and divide by 3 to obtain the average family income.)*

   - ○ Less than $10,000
   - ○ $10,000 - $19,999
   - ○ $20,000 - $29,999
   - ○ $30,000 - $39,999
   - ○ $40,000 - $49,999
   - ○ $50,000 - $59,999
   - ○ $60,000 - $69,999
   - ○ $70,000 or more
   - ○ I do not know

5. What is the highest level of education you have completed?

   - ○ Less than a high school diploma
   - ○ High school Diploma or GED
   - ○ Some college/Associates Degree or other post-secondary education
   - ○ Bachelor's degree (4 years of college) or higher

IF THE PERSON FOR WHOM THE SURVEY IS BEING FILLED OUT IS UNDER THE AGE OF 18, PLEASE SKIP THE TOBACCO AND ALCOHOL RELATED QUESTIONS AND GO RIGHT TO QUESTION #19.

6. Have you ever smoked cigarettes? ○ Yes ○ No

6a. Do you currently smoke cigarettes? ○ Yes ○ No

7. On average, how many cigarettes do you smoke a day? *(Note: 1 pack = 20 cigarettes)*

- ○ Less than one a day
- ○ A few cigarettes a day
- ○ Half a pack a day
- ○ 2 -3 packs per day
- ○ 1 to 2 packs a day
- ○ 2 to 3 packs a day
- ○ More than 3 packs a day
- ○ Don't know/not sure

8. How old were you when you started smoking?

_____ Enter Age ○ Don't know/Not sure

9. How old were you when you quit?

_____ Enter Age ○ Don't know/Not sure

10a. How long have you smoked?

_____ Enter years ○ Don't know/Not sure

10b. How many years did you smoke before you quit?

_____ Enter years ○ Don't know/Not sure

11a. Have you ever used any other tobacco products regularly? ○ Yes ○ No

11b. Do you currently use any other tobacco products regularly? ○ Yes ○ No

12. What other tobacco products have you used or do you currently use? (check all that apply)

- ○ Pipe
- ○ Cigar
- ○ Chewing tobacco
- ○ Smokeless tobacco
- ○ Something else, please specify: _____
- ○ Don't know

13a. How long have you used these tobacco products?

_____ Enter years ○ Don't know/Not sure

13b. For how many years did you use other tobacco products?

_____ Enter years ○ Don't know/Not sure

14. Approximately how many times have you tried to quit using tobacco products, including cigarettes?

_____ Enter number of times ○ None/Never ○ Don't know/Not sure

15. If you ever used any other tobacco products, that is pipe, Cigar, Chewing tobacco , Smokeless tobacco, or other tobacco products, **intermittently**, how many total years did you use them?

_____ Enter number of years ○ None/Never used other tobacco products **intermittently**

○ Don't know/Not sure

16. Do you drink alcoholic beverages at all? (includes beer, wine, wine coolers, hard lemonade, spirits)

○ Yes ○ No

17. If "yes" to question 16, how much alcohol do you drink?

○ 1 -3 drinks/day ○ Over five drinks/day
○ 3 - 5 drinks/day ○ Don't know

18. If no to question 16, have you ever drunk alcoholic beverages? (includes beer, wine, wine coolers, hard lemonade, spirits)

○ Yes ○ No

19. If you have quit drinking, how long ago did you quit?

○ Less than 5 years ago
○ More than 5 years ago
○ Don't know

19. Are you a vegetarian (eat no meat products)? ○ Yes ○ No

20. Do you grow your own vegetables? ○ Yes ○ No

21. Do you engage in an exercise program**?** ○ Yes ○ No

22. How often do you engage in an exercise program, such as aerobics, basketball, running, walking, etc.?

○ Once a week ○ Four to six times a week
○ Two to three times a week ○ Seven times a week

23. How long do you exercise each time?

○ Less than 10 minutes ○ 40 - 60 minutes
○ 10 - 20 minutes ○ More than 60 minutes
○ 20 - 40 minutes

24. How do you classify your exercises?

a○ Cardiovascular ○ Both cardiovascular and weight lifting
b○ Weight Lifting ○ Don't know

FAMILY HISTORY

1. Do any of your blood relatives (children parents, or siblings) currently have cancer or have they had cancer? (Please note we are only asking about family members who are blood relatives to you, please answer for your children ,parents, and siblings.)

   ○ Yes ○ No

2. In all, how many family members (including yourself) have had (or now have) cancer?

   _____ Enter number ○ Don't know

If yes, please complete the following:

First blood relative:

○ Parent ○ Sibling ○ Child

Type of cancer: _____

○ Living ○ Deceased Year of cancer diagnosis _____

Second blood relative:

○ Parent ○ Sibling ○ Child

Type of cancer: _____

○ Living ○ Deceased Year of cancer diagnosis _____

Third blood relative:

○ Parent ○ Sibling ○ Child

Type of cancer: _____

○ Living ○ Deceased Year of cancer diagnosis _____

Fourth blood relative:

○ Parent ○ Sibling ○ Child

Type of cancer: _____

○ Living ○ Deceased Year of cancer diagnosis _____

Fifth blood relative:

○ Parent ○ Sibling ○ Child

Type of cancer: _____

○ Living ○ Deceased Year of cancer diagnosis _____

Sixth blood relative:

○ Parent ○ Sibling ○ Child

Type of cancer: _____

○ Living ○ Deceased Year of cancer diagnosis _____

3. Have any of your blood relatives (that is parents, siblings or children) ever been told by a health professional that they have or had any of the following conditions? If your relatives have been told by a health professional that they have or had any of the conditions listed below, please put a check-mark in the box beside the condition. If your relatives have not been told by a health professional that they have or had the condition, please leave the check box blank.

For your convenience, many of the words in the chart have been included in a glossary. Any word in bold type face type will be found in the glossary at the back of this survey.

Please indicate the relationship that applies for each condition. Was it your parents, siblings, or children?

Please enter this information in the chart below.

Condition	Parents	Siblings	Children
Sample Entry	✓		✓
Addison's disease			
Alzheimer's disease			
Amyotrophic Lateral Sclerosis (Lou Gehrig's Disease)			
Anemia *If you have anemia, does (or did) it affect your:*			
White Blood Cells			
Red Blood Cells			
Platelets			
Don't know			
Aneurysm			
Asthma			
Cerebrovascular accident (CVA)			
Chronic bronchitis			
Chronic obstructive pulmonary disease (COPD or Black Lung Disease)			
Cushing's syndrome			
Diabetes			
Type I (Insulin dependent)	___age of onset	___age of onset	___age of onset
Type II (Non-insulin dependent)	___age of onset	___age of onset	___age of onset
Emphysema			
Epstein Barr (Mononucleosis)			
Fibromyalgia (FMS)			
Heart Disease (including Heart Attack)			
Myocardial Infarction (Heart Attack)			
Arteriosclerosis			
Coronary artery disease (CAD)			
Some other Heart Disease, please specify: _____			
Immune Disease			
Kidney Disease (including kidney stone and infection)			
Protein in Urine			
Albumin in Urine			
Blood in Urine			
Kidney Infection			
Kidney Stones			

Liver Disease Hepatitis			
Other Liver Diseases			
Lou Gehrig's disease			
Lupus/SLE			
Multiple Sclerosis			
Osteoarthritis			
Parkinson's disease			
Prostate Disease Prostatitis (inflammation of the prostate)			
Enlarged prostate			
High PSA level			
Raynaud's syndrome			
Rheumatoid Arthritis			
Scleroderma			
Sjogren's syndrome			
Stroke			
Thyroid disease Goiter			
Grave's disease			
Hashimoto's			
Other, please specify:_____			
Urinary infection			

Survey Completion Closing Statement

We would like to thank you for taking the time to answer our survey questions. You have completed the C-8 Health Survey. Within the next five days, you will receive a phone call or letter from the C-8 Health Project appointment scheduler to schedule an in-person appointment at the C-8 test site. The scheduler will provide you with the street address, driving directions, and let you know what you should bring the day of your appointment At the test site, we will verify your study eligibility, review your survey responses, and give you a check for $150. You must go in-person to the test site in order to complete your study participation. Your in-person visit will allow us to verify your survey responses and ensure that no one else receives your check. Throughout the entire process, your confidentiality will be protected.

Any children or adults with physical or mental difficulties who you have filled out the survey for must go to the test site with you. At the test site, you will be asked to provide proof that you lived, worked, or went to school in any one of the six water district areas for at least one year before December 3rd, 2004. You also will be asked to sign a form. The form gives the C-8 Health Project permission to use your data to find out if there is a link between C-8 and disease in humans. Also, if verification of medical disease is needed, you will be asked to sign a second form that allows your doctor/hospital to provide your medical records to the C-8 Health Project to confirm any disease that you report.

To prove who you are, bring one photo ID plus one other form of ID such as:

- Driver's license.
- Passport.
- Certificate of citizenship.
- Certificate of naturalization.
- Social Security card or birth certificate (original or certified copy)
- State-issued photo ID.
- Government employment ID card.
- Student photo ID card issued by a U.S. college or university.
- Military photo ID.

- Major credit card or bank card with photo.
- Resident of U.S. alien card.

With no photo ID, you will need three (3) items from this list:

For each minor, you will need a birth certificate (original or certified copy). If you are the legal guardian of a minor, you will also need custody papers for proof of guardianship.

AND

To show you were in one of the six water districts for a span of one year before December 3, 2004, show one of these:

- Utility bills (as many as needed to show occupancy for a one-year period).
- Bank statements (as many as needed to show occupancy for a one-year period).
- Major credit card statement (as many as needed to show occupancy for a one-year period).
- Deed to property.
- Lease or rental agreement.
- Previous W-2 or W-4.
- Employment record or pay stub(as many as needed to show occupancy for a one-year period).
- Vehicle title, registration, or insurance card.
- Homeowner's or renter's insurance card.
- Cancelled check showing name and address.
- Voter registration card.
- Real or personal property tax receipts.
- School records (as many as needed to show enrollment for a one-year period).

Thanks again for taking the time to complete the C-8 Health survey. Your willingness to participate in this survey is greatly appreciated.

Thank you!

Please remember to complete the additional pages that follow to register your previous addresses for the past 25 years as well as the additional pages for previous work experience and multiple pregnancies.

ADDITIONAL PAGES FOR WATER USAGE AT PREVIOUS ADDRESSES

PLEASE PROVIDE US WITH THE SAME INFORMATION FOR ALL OF YOUR PREVIOUS ADDRESSES OVER THE LAST 25 YEARS. USING THE ADDITIONAL SHEETS PROVIDED, PLEASE START WITH THE MOST RECENT ADDRESS AND WORK BACKWARDS.

PREVIOUS ADDRESS 1

Please answer all the questions below for this previous address.

STREET ADDRESS:_____ Apartment number:_____

CITY:_____ STATE:_____ Country:_____ ZIP CODE:_____

1. What month and year did you begin living at this previous address? _____ Month _____ Year ○ Don't Know

   What month and year did you leave this previous address? _____ Month _____ Year ○ Don't Know

2. What was the main source of water you used at this address ***for drinking***?

   ○ Public Water (filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   2a. In what month and year did you start buying bottled water for drinking? _____ Month _____ Year

3. What was the main source of water you used at this address ***for cooking***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   3a. In what month and year did you start buying bottled water for cooking? _____ Month _____ Year

4. What was the main source of water you use at this address ***for showering or bathing***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Other
   ○ I Don't Know

If you used PRIVATE WATER (i.e. well, **cistern**), please answer the following questions:

5a. For your well or cistern, was your **C-8 level** tested?

○ Yes ○ No ○ I don't know

5b. If yes, what was the C8 level?

_____Enter number ○ Don't remember

5c. When was this test done?

_____Month _____Year ○ Not sure

If you used PUBLIC WATER (i.e. tap water), please answer the following questions:

6. Which of the following water districts provided your water at this previous residence?

   ○ City of Belpre, OH
   ○ Tuppers Plains
   ○ Little Hocking Water Association
   ○ Lubeck Public Service District
   ○ Mason County
   ○ Village of Pomeroy
   ○ Some other water district, please specify:_____
   ○ I don't know/Not sure

PREVIOUS ADDRESS 2

Please answer all the questions below for this previous address.

STREET ADDRESS:_____ Apartment number:_____

CITY:_____ STATE:_____ Country:_____ ZIP CODE:_____

1. What month and year did you begin living at this previous address? _____ Month _____ Year ○ Don't Know

   What month and year did you leave this previous address? _____ Month _____ Year ○ Don't Know

2. What was the main source of water you used at this address ***for drinking***?

   ○ Public Water (filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   2a. In what month and year did you start buying bottled water for drinking? _____ Month _____ Year

3. What was the main source of water you used at this address ***for cooking***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   3a. In what month and year did you start buying bottled water for cooking? _____ Month _____ Year

4. What was the main source of water you use at this address ***for showering or bathing***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Other
   ○ I Don't Know

If you used PRIVATE WATER (i.e. well, **cistern**), please answer the following questions:	If you used PUBLIC WATER (i.e. tap water), please answer the following questions:
5a. For your well or cistern, was your **C-8 level** tested? ○ Yes ○ No ○ I don't know 5b. If yes, what was the C8 level? _____Enter number ○ Don't remember 5c. When was this test done? _____Month _____Year ○ Not sure	6. Which of the following water districts provided your water at this previous residence? ○ City of Belpre, OH ○ Tuppers Plains ○ Little Hocking Water Association ○ Lubeck Public Service District ○ Mason County ○ Village of Pomeroy ○ Some other water district, please specify:_____ ○ I don't know/Not sure

PREVIOUS ADDRESS 3

Please answer all the questions below for this previous address.

STREET ADDRESS:_____ Apartment number:_____

CITY:_____ STATE:_____ Country:_____ ZIP CODE:_____

1. What month and year did you begin living at this previous address? _____ Month _____ Year ○ Don't Know

   What month and year did you leave this previous address? _____ Month _____ Year ○ Don't Know

2. What was the main source of water you used at this address ***for drinking***?

   ○ Public Water (filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   2a. In what month and year did you start buying bottled water for drinking? _____ Month _____ Year

3. What was the main source of water you used at this address ***for cooking***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   3a. In what month and year did you start buying bottled water for cooking? _____ Month _____ Year

4. What was the main source of water you use at this address ***for showering or bathing***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Other
   ○ I Don't Know

If you used PRIVATE WATER (i.e. well, **cistern**), please answer the following questions:	If you used PUBLIC WATER (i.e. tap water), please answer the following questions:
5a. For your well or cistern, was your **C-8 level** tested? ○ Yes ○ No ○ I don't know 5b. If yes, what was the C8 level? _____Enter number ○ Don't remember 5c. When was this test done? _____Month _____Year ○ Not sure	6. Which of the following water districts provided your water at this previous residence? ○ City of Belpre, OH ○ Tuppers Plains ○ Little Hocking Water Association ○ Lubeck Public Service District ○ Mason County ○ Village of Pomeroy ○ Some other water district, please specify:_____ ○ I don't know/Not sure

PREVIOUS ADDRESS 4

Please answer all the questions below for this previous address.

STREET ADDRESS:_____ Apartment number:_____

CITY:_____ STATE:_____ Country:_____ ZIP CODE:_____

1. What month and year did you begin living at this previous address? _____ Month _____ Year ○ Don't Know

   What month and year did you leave this previous address? _____ Month _____ Year ○ Don't Know

2. What was the main source of water you used at this address ***for drinking***?

   ○ Public Water (filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   2a. In what month and year did you start buying bottled water for drinking? _____ Month _____ Year

3. What was the main source of water you used at this address ***for cooking***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   3a. In what month and year did you start buying bottled water for cooking? _____ Month _____ Year

4. What was the main source of water you use at this address ***for showering or bathing***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Other
   ○ I Don't Know

If you used PRIVATE WATER (i.e. well, **cistern**), please answer the following questions:	If you used PUBLIC WATER (i.e. tap water), please answer the following questions:
5a. For your well or cistern, was your **C-8 level** tested? ○ Yes ○ No ○ I don't know 5b. If yes, what was the C8 level? _____Enter number ○ Don't remember 5c. When was this test done? _____Month _____Year ○ Not sure	6. Which of the following water districts provided your water at this previous residence? ○ City of Belpre, OH ○ Tuppers Plains ○ Little Hocking Water Association ○ Lubeck Public Service District ○ Mason County ○ Village of Pomeroy ○ Some other water district, please specify:_____ ○ I don't know/Not sure

PREVIOUS ADDRESS 5

Please answer all the questions below for this previous address.

STREET ADDRESS:_____ Apartment number:_____

CITY:_____ STATE:_____ Country:_____ ZIP CODE:_____

1. What month and year did you begin living at this previous address? _____ Month _____ Year ○ Don't Know

   What month and year did you leave this previous address? _____ Month _____ Year ○ Don't Know

2. What was the main source of water you used at this address ***for drinking***?

   ○ Public Water (filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   2a. In what month and year did you start buying bottled water for drinking? _____ Month _____ Year

3. What was the main source of water you used at this address ***for cooking***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   3a. In what month and year did you start buying bottled water for cooking? _____ Month _____ Year

4. What was the main source of water you use at this address ***for showering or bathing***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Other
   ○ I Don't Know

If you used PRIVATE WATER (i.e. well, **cistern**), please answer the following questions:	If you used PUBLIC WATER (i.e. tap water), please answer the following questions:
5a. For your well or cistern, was your **C-8 level** tested? ○ Yes ○ No ○ I don't know 5b. If yes, what was the C8 level? _____Enter number ○ Don't remember 5c. When was this test done? _____Month _____Year ○ Not sure	6. Which of the following water districts provided your water at this previous residence? ○ City of Belpre, OH ○ Tuppers Plains ○ Little Hocking Water Association ○ Lubeck Public Service District ○ Mason County ○ Village of Pomeroy ○ Some other water district, please specify:_____ ○ I don't know/Not sure

PREVIOUS ADDRESS 6

Please answer all the questions below for this previous address.

STREET ADDRESS:_____ Apartment number:_____

CITY:_____ STATE:_____ Country:_____ ZIP CODE:_____

1. What month and year did you begin living at this previous address? _____ Month _____ Year ○ Don't Know

   What month and year did you leave this previous address? _____ Month _____ Year ○ Don't Know

2. What was the main source of water you used at this address ***for drinking***?

   ○ Public Water (filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   2a. In what month and year did you start buying bottled water for drinking? _____ Month _____ Year

3. What was the main source of water you used at this address ***for cooking***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   3a. In what month and year did you start buying bottled water for cooking? _____ Month _____ Year

4. What was the main source of water you use at this address ***for showering or bathing***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Other
   ○ I Don't Know

If you used PRIVATE WATER (i.e. well, **cistern**), please answer the following questions:	If you used PUBLIC WATER (i.e. tap water), please answer the following questions:
5a. For your well or cistern, was your **C-8 level** tested? ○ Yes ○ No ○ I don't know 5b. If yes, what was the C8 level? _____Enter number ○ Don't remember 5c. When was this test done? _____Month _____Year ○ Not sure	6. Which of the following water districts provided your water at this previous residence? ○ City of Belpre, OH ○ Tuppers Plains ○ Little Hocking Water Association ○ Lubeck Public Service District ○ Mason County ○ Village of Pomeroy ○ Some other water district, please specify:_____ ○ I don't know/Not sure

PREVIOUS ADDRESS 7

Please answer all the questions below for this previous address.

STREET ADDRESS:_____ Apartment number:_____

CITY:_____ STATE:_____ Country:_____ ZIP CODE:_____

1. What month and year did you begin living at this previous address? _____ Month _____ Year ○ Don't Know

   What month and year did you leave this previous address? _____ Month _____ Year ○ Don't Know

2. What was the main source of water you used at this address ***for drinking***?

   ○ Public Water (filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   2a. In what month and year did you start buying bottled water for drinking? _____ Month _____ Year

3. What was the main source of water you used at this address ***for cooking***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   3a. In what month and year did you start buying bottled water for cooking? _____ Month _____ Year

4. What was the main source of water you use at this address ***for showering or bathing***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Other
   ○ I Don't Know

If you used PRIVATE WATER (i.e. well, **cistern**), please answer the following questions:	If you used PUBLIC WATER (i.e. tap water), please answer the following questions:
5a. For your well or cistern, was your **C-8 level** tested? ○ Yes ○ No ○ I don't know 5b. If yes, what was the C8 level? _____Enter number ○ Don't remember 5c. When was this test done? _____Month _____Year ○ Not sure	6. Which of the following water districts provided your water at this previous residence? ○ City of Belpre, OH ○ Tuppers Plains ○ Little Hocking Water Association ○ Lubeck Public Service District ○ Mason County ○ Village of Pomeroy ○ Some other water district, please specify:_____ ○ I don't know/Not sure

PREVIOUS ADDRESS 8

Please answer all the questions below for this previous address.

STREET ADDRESS:_____ Apartment number:_____

CITY:_____ STATE:_____ Country:_____ ZIP CODE:_____

1. What month and year did you begin living at this previous address? _____ Month _____ Year ○ Don't Know

   What month and year did you leave this previous address? _____ Month _____ Year ○ Don't Know

2. What was the main source of water you used at this address ***for drinking***?

   ○ Public Water (filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   2a. In what month and year did you start buying bottled water for drinking? _____ Month _____ Year

3. What was the main source of water you used at this address ***for cooking***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   3a. In what month and year did you start buying bottled water for cooking? _____ Month _____ Year

4. What was the main source of water you use at this address ***for showering or bathing***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Other
   ○ I Don't Know

If you used PRIVATE WATER (i.e. well, **cistern**), please answer the following questions:	If you used PUBLIC WATER (i.e. tap water), please answer the following questions:
5a. For your well or cistern, was your **C-8 level** tested? ○ Yes ○ No ○ I don't know 5b. If yes, what was the C8 level? _____Enter number ○ Don't remember 5c. When was this test done? _____Month _____Year ○ Not sure	6. Which of the following water districts provided your water at this previous residence? ○ City of Belpre, OH ○ Tuppers Plains ○ Little Hocking Water Association ○ Lubeck Public Service District ○ Mason County ○ Village of Pomeroy ○ Some other water district, please specify:_____ ○ I don't know/Not sure

PREVIOUS ADDRESS 9

Please answer all the questions below for this previous address.

STREET ADDRESS:_____ Apartment number:_____

CITY:_____ STATE:_____ Country:_____ ZIP CODE:_____

1. What month and year did you begin living at this previous address? _____ Month _____ Year ○ Don't Know

   What month and year did you leave this previous address? _____ Month _____ Year ○ Don't Know

2. What was the main source of water you used at this address ***for drinking***?

   ○ Public Water (filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   2a. In what month and year did you start buying bottled water for drinking? _____ Month _____ Year

3. What was the main source of water you used at this address ***for cooking***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   3a. In what month and year did you start buying bottled water for cooking? _____ Month _____ Year

4. What was the main source of water you use at this address ***for showering or bathing***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Other
   ○ I Don't Know

If you used PRIVATE WATER (i.e. well, **cistern**), please answer the following questions:	If you used PUBLIC WATER (i.e. tap water), please answer the following questions:
5a. For your well or cistern, was your **C-8 level** tested? ○ Yes ○ No ○ I don't know 5b. If yes, what was the C8 level? _____Enter number ○ Don't remember 5c. When was this test done? _____Month _____Year ○ Not sure	6. Which of the following water districts provided your water at this previous residence? ○ City of Belpre, OH ○ Tuppers Plains ○ Little Hocking Water Association ○ Lubeck Public Service District ○ Mason County ○ Village of Pomeroy ○ Some other water district, please specify:_____ ○ I don't know/Not sure

PREVIOUS ADDRESS 10

Please answer all the questions below for this previous address.

STREET ADDRESS:_____ Apartment number:_____

CITY:_____ STATE:_____ Country:_____ ZIP CODE:_____

1. What month and year did you begin living at this previous address? _____ Month _____ Year ○ Don't Know

   What month and year did you leave this previous address? _____ Month _____ Year ○ Don't Know

2. What was the main source of water you used at this address ***for drinking***?

   ○ Public Water (filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   2a. In what month and year did you start buying bottled water for drinking? _____ Month _____ Year

3. What was the main source of water you used at this address ***for cooking***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Bottled Water
   ○ I Don't Know

   If you used bottled water,
   3a. In what month and year did you start buying bottled water for cooking? _____ Month _____ Year

4. What was the main source of water you use at this address ***for showering or bathing***?

   ○ Public Water ((filtered and unfiltered tap water)
   ○ Private Water (well or **cistern**)
   ○ Other
   ○ I Don't Know

If you used PRIVATE WATER (i.e. well, **cistern**), please answer the following questions:	If you used PUBLIC WATER (i.e. tap water), please answer the following questions:
5a. For your well or cistern, was your **C-8 level** tested? ○ Yes ○ No ○ I don't know 5b. If yes, what was the C8 level? _____Enter number ○ Don't remember 5c. When was this test done? _____Month _____Year ○ Not sure	6. Which of the following water districts provided your water at this previous residence? ○ City of Belpre, OH ○ Tuppers Plains ○ Little Hocking Water Association ○ Lubeck Public Service District ○ Mason County ○ Village of Pomeroy ○ Some other water district, please specify:_____ ○ I don't know/Not sure

ADDITIONAL PAGES FOR PREVIOUS WORK EXPERIENCE

Complete the following questions for each job/work experience you have held for at least six months. Repeat questions 1 through 8 until complete work history has been recorded.

PREVIOUS EMPLOYER 1

1. Previous employer or company name: _____

   Kind of business:_____ City:_____ State:_____

2. Please enter the date you *started* working at this previous employer:

   Started: _____Month _____Year

   Please enter the date you *stopped* working at this previous employer:

   Finished:_____Month _____Year

3. What kind of work did you do at this previous employer (for example, manufacturing, automotive, retail, mining, nursing, etc.)? _____

4. What were your most important activities on this job? _____

5. Were you exposed to chemicals or agents at this previous employer?

   ○ Yes ○ No ○ Don't know/Not sure

   5a. If yes, please list the chemicals or agents you were exposed to at this previous employer:

   _____

6. What was the source of drinking water at this previous employer? *(Check all that apply)*

   ○ Public
   ○ Private (well, **cistern**)
   ○ Bottled
   ○ I don't know

   6a. If this past place of employment had public water, which of the following water districts provided the water for this employer?

   ○ City of Belpre, OH
   ○ Tuppers Plains
   ○ Little Hocking Water Association
   ○ Lubeck Public Service District
   ○ Mason County
   ○ Village of Pomeroy
   ○ Some other water district, please specify:_____
   ○ I don't know

7. Thinking about your job with this previous employer, was this job in any of the following places or did it involve working with any of the listed materials? *(Check all that apply)*

- ○ Power Plant
- ○ Refinery
- ○ Metal Refining
- ○ Explosives or Nitrate Manufacturing
- ○ Pharmaceuticals or Chemicals
- ○ Manufacture or Use of Dyes
- ○ Rubber or Plastic Industry
- ○ Dry Cleaning
- ○ Textile Manufacturing
- ○ Photo or Graphic Arts
- ○ **Solvents** such as Metal Cleaners/Degreasers
- ○ Typesetting or Printing
- ○ Electronics Manufacturing or Assembly
- ○ Gas Station
- ○ Manufacture of Chemicals
- ○ **Fluorocarbons** (used for Teflon, Scotch Guard, GorTex).
- ○ **Chlorofluorocarbons** (used in air conditioning units)
- ○ Underground mining
- ○ Coal preparation
- ○ Timber and wood products

7a. If you would like to add any information to the previous question, please do so in the space provided below:

_____

_____

_____

_____

8. What has been your main job over your lifetime? _____

PREVIOUS EMPLOYER 2

1. Previous employer or company name: _____

   Kind of business:_____ City:_____ State:_____

2. Please enter the date you *started* working at this previous employer:

   Started: _____Month _____Year

   Please enter the date you *stopped* working at this previous employer:

   Finished:_____Month _____Year

3. What kind of work did you do at this previous employer (for example, manufacturing, automotive, retail, mining, nursing, etc.)? _____

4. What were your most important activities on this job? _____

5. Were you exposed to chemicals or agents at this previous employer?

   ○ Yes ○ No ○ Don't know/Not sure

   5a. If yes, please list the chemicals or agents you were exposed to at this previous employer:

   _____

6. What was the source of drinking water at this previous employer? *(Check all that apply)*

   ○ Public
   ○ Private (well, **cistern**)
   ○ Bottled
   ○ I don't know

   6a. If this past place of employment had public water, which of the following water districts provided the water for this employer?

   ○ City of Belpre, OH
   ○ Tuppers Plains
   ○ Little Hocking Water Association
   ○ Lubeck Public Service District
   ○ Mason County
   ○ Village of Pomeroy
   ○ Some other water district, please specify:_____
   ○ I don't know

7. Thinking about your job with this previous employer, was this job in any of the following places or did it involve working with any of the listed materials? *(Check all that apply)*

- ○ Power Plant
- ○ Refinery
- ○ Metal Refining
- ○ Explosives or Nitrate Manufacturing
- ○ Pharmaceuticals or Chemicals
- ○ Manufacture or Use of Dyes
- ○ Rubber or Plastic Industry
- ○ Dry Cleaning
- ○ Textile Manufacturing
- ○ Photo or Graphic Arts
- ○ **Solvents** such as Metal Cleaners/Degreasers
- ○ Typesetting or Printing
- ○ Electronics Manufacturing or Assembly
- ○ Gas Station
- ○ Manufacture of Chemicals
- ○ **Fluorocarbons** (used for Teflon, Scotch Guard, GorTex).
- ○ **Chlorofluorocarbons** (used in air conditioning units)
- ○ Underground mining
- ○ Coal preparation
- ○ Timber and wood products

7a. If you would like to add any information to the previous question, please do so in the space provided below:

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8. What has been your main job over your lifetime? _____

PREVIOUS EMPLOYER 3

1. Previous employer or company name: _____

   Kind of business:_____ City:_____ State:_____

2. Please enter the date you *started* working at this previous employer:

   Started: _____Month _____Year

   Please enter the date you *stopped* working at this previous employer:

   Finished:_____Month _____Year

3. What kind of work did you do at this previous employer (for example, manufacturing, automotive, retail, mining, nursing, etc.)? _____

4. What were your most important activities on this job? _____

5. Were you exposed to chemicals or agents at this previous employer?

   ○ Yes ○ No ○ Don't know/Not sure

   5a. If yes, please list the chemicals or agents you were exposed to at this previous employer:

   _____

6. What was the source of drinking water at this previous employer? *(Check all that apply)*

   ○ Public
   ○ Private (well, **cistern**)
   ○ Bottled
   ○ I don't know

   6a. If this past place of employment had public water, which of the following water districts provided the water for this employer?

   ○ City of Belpre, OH
   ○ Tuppers Plains
   ○ Little Hocking Water Association
   ○ Lubeck Public Service District
   ○ Mason County
   ○ Village of Pomeroy
   ○ Some other water district, please specify:_____
   ○ I don't know

7. Thinking about your job with this previous employer, was this job in any of the following places or did it involve working with any of the listed materials? *(Check all that apply)*

- ○ Power Plant
- ○ Refinery
- ○ Metal Refining
- ○ Explosives or Nitrate Manufacturing
- ○ Pharmaceuticals or Chemicals
- ○ Manufacture or Use of Dyes
- ○ Rubber or Plastic Industry
- ○ Dry Cleaning
- ○ Textile Manufacturing
- ○ Photo or Graphic Arts
- ○ **Solvents** such as Metal Cleaners/Degreasers
- ○ Typesetting or Printing
- ○ Electronics Manufacturing or Assembly
- ○ Gas Station
- ○ Manufacture of Chemicals
- ○ **Fluorocarbons** (used for Teflon, Scotch Guard, GorTex).
- ○ **Chlorofluorocarbons** (used in air conditioning units)
- ○ Underground mining
- ○ Coal preparation
- ○ Timber and wood products

7a. If you would like to add any information to the previous question, please do so in the space provided below:

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8. What has been your main job over your lifetime? _____

PREVIOUS EMPLOYER 4

1. Previous employer or company name: _____

   Kind of business:_____ City:_____ State:_____

2. Please enter the date you *started* working at this previous employer:

   Started: _____Month _____Year

   Please enter the date you *stopped* working at this previous employer:

   Finished:_____Month _____Year

3. What kind of work did you do at this previous employer (for example, manufacturing, automotive, retail, mining, nursing, etc.)? _____

4. What were your most important activities on this job? _____

5. Were you exposed to chemicals or agents at this previous employer?

   ○ Yes ○ No ○ Don't know/Not sure

   5a. If yes, please list the chemicals or agents you were exposed to at this previous employer:

   _____

6. What was the source of drinking water at this previous employer? *(Check all that apply)*

   ○ Public
   ○ Private (well, **cistern**)
   ○ Bottled
   ○ I don't know

   6a. If this past place of employment had public water, which of the following water districts provided the water for this employer?

   ○ City of Belpre, OH
   ○ Tuppers Plains
   ○ Little Hocking Water Association
   ○ Lubeck Public Service District
   ○ Mason County
   ○ Village of Pomeroy
   ○ Some other water district, please specify:_____
   ○ I don't know

7. Thinking about your job with this previous employer, was this job in any of the following places or did it involve working with any of the listed materials? *(Check all that apply)*

- ○ Power Plant
- ○ Refinery
- ○ Metal Refining
- ○ Explosives or Nitrate Manufacturing
- ○ Pharmaceuticals or Chemicals
- ○ Manufacture or Use of Dyes
- ○ Rubber or Plastic Industry
- ○ Dry Cleaning
- ○ Textile Manufacturing
- ○ Photo or Graphic Arts
- ○ **Solvents** such as Metal Cleaners/Degreasers
- ○ Typesetting or Printing
- ○ Electronics Manufacturing or Assembly
- ○ Gas Station
- ○ Manufacture of Chemicals
- ○ **Fluorocarbons** (used for Teflon, Scotch Guard, GorTex).
- ○ **Chlorofluorocarbons** (used in air conditioning units)
- ○ Underground mining
- ○ Coal preparation
- ○ Timber and wood products

7a. If you would like to add any information to the previous question, please do so in the space provided below:

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8. What has been your main job over your lifetime? _____

PREVIOUS EMPLOYER 5

1. Previous employer or company name: _____

   Kind of business:_____ City:_____ State:_____

2. Please enter the date you *started* working at this previous employer:

   Started: _____Month _____Year

   Please enter the date you *stopped* working at this previous employer:

   Finished:_____Month _____Year

3. What kind of work did you do at this previous employer (for example, manufacturing, automotive, retail, mining, nursing, etc.)? _____

4. What were your most important activities on this job? _____

5. Were you exposed to chemicals or agents at this previous employer?

   ○ Yes ○ No ○ Don't know/Not sure

   5a. If yes, please list the chemicals or agents you were exposed to at this previous employer:

   _____

6. What was the source of drinking water at this previous employer? *(Check all that apply)*

   ○ Public
   ○ Private (well, **cistern**)
   ○ Bottled
   ○ I don't know

   6a. If this past place of employment had public water, which of the following water districts provided the water for this employer?

   ○ City of Belpre, OH
   ○ Tuppers Plains
   ○ Little Hocking Water Association
   ○ Lubeck Public Service District
   ○ Mason County
   ○ Village of Pomeroy
   ○ Some other water district, please specify:_____
   ○ I don't know

7. Thinking about your job with this previous employer, was this job in any of the following places or did it involve working with any of the listed materials? *(Check all that apply)*

- ○ Power Plant
- ○ Refinery
- ○ Metal Refining
- ○ Explosives or Nitrate Manufacturing
- ○ Pharmaceuticals or Chemicals
- ○ Manufacture or Use of Dyes
- ○ Rubber or Plastic Industry
- ○ Dry Cleaning
- ○ Textile Manufacturing
- ○ Photo or Graphic Arts
- ○ **Solvents** such as Metal Cleaners/Degreasers
- ○ Typesetting or Printing
- ○ Electronics Manufacturing or Assembly
- ○ Gas Station
- ○ Manufacture of Chemicals
- ○ **Fluorocarbons** (used for Teflon, Scotch Guard, GorTex).
- ○ **Chlorofluorocarbons** (used in air conditioning units)
- ○ Underground mining
- ○ Coal preparation
- ○ Timber and wood products

7a. If you would like to add any information to the previous question, please do so in the space provided below:

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8. What has been your main job over your lifetime? _____

PREVIOUS EMPLOYER 6

1. Previous employer or company name: _____

   Kind of business:_____ City:_____ State:_____

2. Please enter the date you *started* working at this previous employer:

   Started: _____Month _____Year

   Please enter the date you *stopped* working at this previous employer:

   Finished:_____Month _____Year

3. What kind of work did you do at this previous employer (for example, manufacturing, automotive, retail, mining, nursing, etc.)? _____

4. What were your most important activities on this job? _____

5. Were you exposed to chemicals or agents at this previous employer?

   ○ Yes ○ No ○ Don't know/Not sure

   5a. If yes, please list the chemicals or agents you were exposed to at this previous employer:

   _____

6. What was the source of drinking water at this previous employer? *(Check all that apply)*

   ○ Public
   ○ Private (well, **cistern**)
   ○ Bottled
   ○ I don't know

   6a. If this past place of employment had public water, which of the following water districts provided the water for this employer?

   ○ City of Belpre, OH
   ○ Tuppers Plains
   ○ Little Hocking Water Association
   ○ Lubeck Public Service District
   ○ Mason County
   ○ Village of Pomeroy
   ○ Some other water district, please specify:_____
   ○ I don't know

7. Thinking about your job with this previous employer, was this job in any of the following places or did it involve working with any of the listed materials? *(Check all that apply)*

- ○ Power Plant
- ○ Refinery
- ○ Metal Refining
- ○ Explosives or Nitrate Manufacturing
- ○ Pharmaceuticals or Chemicals
- ○ Manufacture or Use of Dyes
- ○ Rubber or Plastic Industry
- ○ Dry Cleaning
- ○ Textile Manufacturing
- ○ Photo or Graphic Arts
- ○ **Solvents** such as Metal Cleaners/Degreasers
- ○ Typesetting or Printing
- ○ Electronics Manufacturing or Assembly
- ○ Gas Station
- ○ Manufacture of Chemicals
- ○ **Fluorocarbons** (used for Teflon, Scotch Guard, GorTex).
- ○ **Chlorofluorocarbons** (used in air conditioning units)
- ○ Underground mining
- ○ Coal preparation
- ○ Timber and wood products

7a. If you would like to add any information to the previous question, please do so in the space provided below:

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_____

8. What has been your main job over your lifetime? _____

PREVIOUS EMPLOYER 7

1. Previous employer or company name: _____

   Kind of business:_____ City:_____ State:_____

2. Please enter the date you *started* working at this previous employer:

   Started: _____Month _____Year

   Please enter the date you *stopped* working at this previous employer:

   Finished:_____Month _____Year

3. What kind of work did you do at this previous employer (for example, manufacturing, automotive, retail, mining, nursing, etc.)? _____

4. What were your most important activities on this job? _____

5. Were you exposed to chemicals or agents at this previous employer?

   ○ Yes ○ No ○ Don't know/Not sure

   5a. If yes, please list the chemicals or agents you were exposed to at this previous employer:

   _____

6. What was the source of drinking water at this previous employer? *(Check all that apply)*

   ○ Public
   ○ Private (well, **cistern**)
   ○ Bottled
   ○ I don't know

   6a. If this past place of employment had public water, which of the following water districts provided the water for this employer?

   ○ City of Belpre, OH
   ○ Tuppers Plains
   ○ Little Hocking Water Association
   ○ Lubeck Public Service District
   ○ Mason County
   ○ Village of Pomeroy
   ○ Some other water district, please specify:_____
   ○ I don't know

7. Thinking about your job with this previous employer, was this job in any of the following places or did it involve working with any of the listed materials? *(Check all that apply)*

- ○ Power Plant
- ○ Refinery
- ○ Metal Refining
- ○ Explosives or Nitrate Manufacturing
- ○ Pharmaceuticals or Chemicals
- ○ Manufacture or Use of Dyes
- ○ Rubber or Plastic Industry
- ○ Dry Cleaning
- ○ Textile Manufacturing
- ○ Photo or Graphic Arts
- ○ **Solvents** such as Metal Cleaners/Degreasers
- ○ Typesetting or Printing
- ○ Electronics Manufacturing or Assembly
- ○ Gas Station
- ○ Manufacture of Chemicals
- ○ **Fluorocarbons** (used for Teflon, Scotch Guard, GorTex).
- ○ **Chlorofluorocarbons** (used in air conditioning units)
- ○ Underground mining
- ○ Coal preparation
- ○ Timber and wood products

7a. If you would like to add any information to the previous question, please do so in the space provided below:

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8. What has been your main job over your lifetime? _____

PREVIOUS EMPLOYER 8

1. Previous employer or company name: _____

   Kind of business:_____ City:_____ State:_____

2. Please enter the date you *started* working at this previous employer:

   Started: _____Month _____Year

   Please enter the date you *stopped* working at this previous employer:

   Finished:_____Month _____Year

3. What kind of work did you do at this previous employer (for example, manufacturing, automotive, retail, mining, nursing, etc.)? _____

4. What were your most important activities on this job? _____

5. Were you exposed to chemicals or agents at this previous employer?

   ○ Yes ○ No ○ Don't know/Not sure

   5a. If yes, please list the chemicals or agents you were exposed to at this previous employer:

   _____

6. What was the source of drinking water at this previous employer? *(Check all that apply)*

   ○ Public
   ○ Private (well, **cistern**)
   ○ Bottled
   ○ I don't know

   6a. If this past place of employment had public water, which of the following water districts provided the water for this employer?

   ○ City of Belpre, OH
   ○ Tuppers Plains
   ○ Little Hocking Water Association
   ○ Lubeck Public Service District
   ○ Mason County
   ○ Village of Pomeroy
   ○ Some other water district, please specify:_____
   ○ I don't know

7. Thinking about your job with this previous employer, was this job in any of the following places or did it involve working with any of the listed materials? *(Check all that apply)*

- ○ Power Plant
- ○ Refinery
- ○ Metal Refining
- ○ Explosives or Nitrate Manufacturing
- ○ Pharmaceuticals or Chemicals
- ○ Manufacture or Use of Dyes
- ○ Rubber or Plastic Industry
- ○ Dry Cleaning
- ○ Textile Manufacturing
- ○ Photo or Graphic Arts
- ○ **Solvents** such as Metal Cleaners/Degreasers
- ○ Typesetting or Printing
- ○ Electronics Manufacturing or Assembly
- ○ Gas Station
- ○ Manufacture of Chemicals
- ○ **Fluorocarbons** (used for Teflon, Scotch Guard, GorTex).
- ○ **Chlorofluorocarbons** (used in air conditioning units)
- ○ Underground mining
- ○ Coal preparation
- ○ Timber and wood products

7a. If you would like to add any information to the previous question, please do so in the space provided below:

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8. What has been your main job over your lifetime? _____

PREVIOUS EMPLOYER 9

1. Previous employer or company name: _____

   Kind of business:_____ City:_____ State:_____

2. Please enter the date you *started* working at this previous employer:

   Started: _____Month _____Year

   Please enter the date you *stopped* working at this previous employer:

   Finished:_____Month _____Year

3. What kind of work did you do at this previous employer (for example, manufacturing, automotive, retail, mining, nursing, etc.)? _____

4. What were your most important activities on this job? _____

5. Were you exposed to chemicals or agents at this previous employer?

   ○ Yes ○ No ○ Don't know/Not sure

   5a. If yes, please list the chemicals or agents you were exposed to at this previous employer:

   _____

6. What was the source of drinking water at this previous employer? *(Check all that apply)*

   ○ Public
   ○ Private (well, **cistern**)
   ○ Bottled
   ○ I don't know

   6a. If this past place of employment had public water, which of the following water districts provided the water for this employer?

   ○ City of Belpre, OH
   ○ Tuppers Plains
   ○ Little Hocking Water Association
   ○ Lubeck Public Service District
   ○ Mason County
   ○ Village of Pomeroy
   ○ Some other water district, please specify:_____
   ○ I don't know

7. Thinking about your job with this previous employer, was this job in any of the following places or did it involve working with any of the listed materials? *(Check all that apply)*

- ○ Power Plant
- ○ Refinery
- ○ Metal Refining
- ○ Explosives or Nitrate Manufacturing
- ○ Pharmaceuticals or Chemicals
- ○ Manufacture or Use of Dyes
- ○ Rubber or Plastic Industry
- ○ Dry Cleaning
- ○ Textile Manufacturing
- ○ Photo or Graphic Arts
- ○ **Solvents** such as Metal Cleaners/Degreasers
- ○ Typesetting or Printing
- ○ Electronics Manufacturing or Assembly
- ○ Gas Station
- ○ Manufacture of Chemicals
- ○ **Fluorocarbons** (used for Teflon, Scotch Guard, GorTex).
- ○ **Chlorofluorocarbons** (used in air conditioning units)
- ○ Underground mining
- ○ Coal preparation
- ○ Timber and wood products

7a. If you would like to add any information to the previous question, please do so in the space provided below:

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8. What has been your main job over your lifetime? _____

PREVIOUS EMPLOYER 10

1. Previous employer or company name: _____

   Kind of business:_____ City:_____ State:_____

2. Please enter the date you *started* working at this previous employer:

   Started: _____Month _____Year

   Please enter the date you *stopped* working at this previous employer:

   Finished:_____Month _____Year

3. What kind of work did you do at this previous employer (for example, manufacturing, automotive, retail, mining, nursing, etc.)? _____

4. What were your most important activities on this job? _____

5. Were you exposed to chemicals or agents at this previous employer?

   ○ Yes ○ No ○ Don't know/Not sure

   5a. If yes, please list the chemicals or agents you were exposed to at this previous employer:

   _____

6. What was the source of drinking water at this previous employer? *(Check all that apply)*

   ○ Public
   ○ Private (well, **cistern**)
   ○ Bottled
   ○ I don't know

   6a. If this past place of employment had public water, which of the following water districts provided the water for this employer?

   ○ City of Belpre, OH
   ○ Tuppers Plains
   ○ Little Hocking Water Association
   ○ Lubeck Public Service District
   ○ Mason County
   ○ Village of Pomeroy
   ○ Some other water district, please specify:_____
   ○ I don't know

7. Thinking about your job with this previous employer, was this job in any of the following places or did it involve working with any of the listed materials? *(Check all that apply)*

- ○ Power Plant
- ○ Refinery
- ○ Metal Refining
- ○ Explosives or Nitrate Manufacturing
- ○ Pharmaceuticals or Chemicals
- ○ Manufacture or Use of Dyes
- ○ Rubber or Plastic Industry
- ○ Dry Cleaning
- ○ Textile Manufacturing
- ○ Photo or Graphic Arts
- ○ **Solvents** such as Metal Cleaners/Degreasers
- ○ Typesetting or Printing
- ○ Electronics Manufacturing or Assembly
- ○ Gas Station
- ○ Manufacture of Chemicals
- ○ **Fluorocarbons** (used for Teflon, Scotch Guard, GorTex).
- ○ **Chlorofluorocarbons** (used in air conditioning units)
- ○ Underground mining
- ○ Coal preparation
- ○ Timber and wood products

7a. If you would like to add any information to the previous question, please do so in the space provided below:

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8. What has been your main job over your lifetime? _____

ADDITIONAL PAGES FOR MULTIPLE BIRTH INFORMATION

Complete the following pages for each pregnancy that has resulted in a multiple birth.

PREGNANCY 1, Multiple Birth

Please fill out this chart to answer questions for each child given birth to as a result of this pregnancy.

How many live births resulted from this pregnancy?	_____ Enter Number		
Did you have a vaginal or Cesarean delivery?	○ Vaginal ○ Cesarean		
Did the birth occur three or more weeks before the due date?	○ Yes ○ No		
Did a doctor or nurse say you had **pre-eclampsia** during this pregnancy?	○ Yes ○ No		
FOR EACH CHILD:	CHILD 1	CHILD 2	CHILD 3
What was the gender of this child?	○ Male ○ Female	○ Male ○ Female	○ Male ○ Female
Please tell me whether the children from your first pregnancy weigh more or less than 5.5 pounds when born?	○ More than 5.5 pounds ○ Less than 5.5 pounds	○ More than 5.5 pounds ○ Less than 5.5 pounds	○ More than 5.5 pounds ○ Less than 5.5 pounds
Please indicate whether each baby from this pregnancy had any major birth defects, something that required medical treatment?	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No

For each child born in this pregnancy with a birth defect, please note what that birth defect was. (Please check all that apply)

CHILD 1	CHILD 2	CHILD 3
○ Congenital heart defect ○ Down's Syndrome ○ Club foot or other foot ○ Marfan Syndrome ○ Sickle Cell Disease ○ **Spina Bifida** ○ Genital or urinary tract ○ Nose Defect ○ Eye Defect ○ Other Defect, please describe:_____ _____ _____	○ Congenital heart defect ○ Down's Syndrome ○ Club foot or other foot ○ Marfan Syndrome ○ Sickle Cell Disease ○ **Spina Bifida** ○ Genital or urinary tract ○ Nose Defect ○ Eye Defect ○ Other Defect, please describe:_____ _____ _____	○ Congenital heart defect ○ Down's Syndrome ○ Club foot or other foot ○ Marfan Syndrome ○ Sickle Cell Disease ○ **Spina Bifida** ○ Genital or urinary tract ○ Nose Defect ○ Eye Defect ○ Other Defect, please describe:_____ _____ _____

PREGNANCY 2, Multiple Birth

Please fill out this chart to answer questions for each child given birth to as a result of this pregnancy.

How many live births resulted from this pregnancy?	_____ Enter Number		
Did you have a vaginal or Cesarean delivery?	○ Vaginal ○ Cesarean		
Did the birth occur three or more weeks before the due date?	○ Yes ○ No		
Did a doctor or nurse say you had **pre-eclampsia** during this pregnancy?	○ Yes ○ No		
FOR EACH CHILD:	CHILD 1	CHILD 2	CHILD 3
What was the gender of this child?	○ Male ○ Female	○ Male ○ Female	○ Male ○ Female
Please tell me whether the children from your first pregnancy weigh more or less than 5.5 pounds when born?	○ More than 5.5 pounds ○ Less than 5.5 pounds	○ More than 5.5 pounds ○ Less than 5.5 pounds	○ More than 5.5 pounds ○ Less than 5.5 pounds
Please indicate whether each baby from this pregnancy had any major birth defects, something that required medical treatment?	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No

For each child born in this pregnancy with a birth defect, please note what that birth defect was. (Please check all that apply)

CHILD 1	CHILD 2	CHILD 3
○ Congenital heart defect ○ Down's Syndrome ○ Club foot or other foot ○ Marfan Syndrome ○ Sickle Cell Disease ○ **Spina Bifida** ○ Genital or urinary tract ○ Nose Defect ○ Eye Defect ○ Other Defect, please describe:_____ _____ _____	○ Congenital heart defect ○ Down's Syndrome ○ Club foot or other foot ○ Marfan Syndrome ○ Sickle Cell Disease ○ **Spina Bifida** ○ Genital or urinary tract ○ Nose Defect ○ Eye Defect ○ Other Defect, please describe:_____ _____ _____	○ Congenital heart defect ○ Down's Syndrome ○ Club foot or other foot ○ Marfan Syndrome ○ Sickle Cell Disease ○ **Spina Bifida** ○ Genital or urinary tract ○ Nose Defect ○ Eye Defect ○ Other Defect, please describe:_____ _____ _____

PREGNANCY 3, Multiple Birth

Please fill out this chart to answer questions for each child given birth to as a result of this pregnancy.

How many live births resulted from this pregnancy?	_____ Enter Number		
Did you have a vaginal or Cesarean delivery?	○ Vaginal ○ Cesarean		
Did the birth occur three or more weeks before the due date?	○ Yes ○ No		
Did a doctor or nurse say you had **pre-eclampsia** during this pregnancy?	○ Yes ○ No		
FOR EACH CHILD:	CHILD 1	CHILD 2	CHILD 3
What was the gender of this child?	○ Male ○ Female	○ Male ○ Female	○ Male ○ Female
Please tell me whether the children from your first pregnancy weigh more or less than 5.5 pounds when born?	○ More than 5.5 pounds ○ Less than 5.5 pounds	○ More than 5.5 pounds ○ Less than 5.5 pounds	○ More than 5.5 pounds ○ Less than 5.5 pounds
Please indicate whether each baby from this pregnancy had any major birth defects, something that required medical treatment?	○ Yes ○ No	○ Yes ○ No	○ Yes ○ No

For each child born in this pregnancy with a birth defect, please note what that birth defect was. (Please check all that apply)

CHILD 1	CHILD 2	CHILD 3
○ Congenital heart defect ○ Down's Syndrome ○ Club foot or other foot ○ Marfan Syndrome ○ Sickle Cell Disease ○ **Spina Bifida** ○ Genital or urinary tract ○ Nose Defect ○ Eye Defect ○ Other Defect, please describe:_____ _____ _____	○ Congenital heart defect ○ Down's Syndrome ○ Club foot or other foot ○ Marfan Syndrome ○ Sickle Cell Disease ○ **Spina Bifida** ○ Genital or urinary tract ○ Nose Defect ○ Eye Defect ○ Other Defect, please describe:_____ _____ _____	○ Congenital heart defect ○ Down's Syndrome ○ Club foot or other foot ○ Marfan Syndrome ○ Sickle Cell Disease ○ **Spina Bifida** ○ Genital or urinary tract ○ Nose Defect ○ Eye Defect ○ Other Defect, please describe:_____ _____ _____

C-8 Health Survey Glossary of Terms

Acquired disability: one that an individual was not born with or that is not of genetic/hereditary origin. An acquired disability occurs through an accident, exposure to toxins, or some other misfortune.

Addison's disease: an endocrine or hormonal disorder that occurs when the adrenal glands do not produce enough of the hormone cortisol and, in some cases, the hormone aldosterone. The disease is also called adrenal insufficiency, or hypocortisolism. The disease is characterized by weight loss, muscle weakness, fatigue, low blood pressure, and sometimes darkening of the skin in both exposed and nonexposed parts of the body.

Albumin: the protein of the highest concentration in plasma. Albumin transports many small molecules in the blood (for example, bilirubin, calcium, progesterone, and drugs).

Alzheimer's Disease: illness associated with memory loss.

Anemia: refers to very low iron levels.

Aneurysm: a bulge in a blood vessel, similar to the bulge on an over-inflated inner tube or thin balloon. Aneurysms are dangerous since they could burst. A brain aneurysm, also called a cerebral or intracranial aneurysm, is a weak bulge in the blood vessel in the brain. Aneurysms can occur in any blood vessel in the body, not just the brain. They tend to form where the artery divides or branches off. The aorta, the main artery leading away from the heart, can sometimes develop an aneurysm. Aortic aneurysms usually occur in the abdomen below the kidneys (abdominal aneurysm), but may occur in the chest cavity (thoracic--tho-RAS'ik--aneurysm). Aneurysms may also be due to an inherited disease such as Marfan syndrome.

Arteriosclerosis: a disease of the blood vessels characterized by narrowing and hardening of the arteries that supply the legs and feet. This causes a decrease in blood flow that can injure nerves and other tissues.

C-8: another name for the chemical, ammonium perfluorooctanoate, which is used to manufacture Teflon.

C-8 level: typically provided in parts per billion.

Cerebrovascular Accident (CVA): another name for a stroke. It occurs when the blood supply to part of the brain is suddenly interrupted.

Chlorofluorocarbons: a type of fluorocarbon. *See also, fluorocarbons.*

Chronic bronchitis: an inflammation, or irritation, of the bronchial tubes or airways in your lungs that air passes through. The irritation causes thick mucus to build up in the tubes making it hard for air to get through. Symptoms of chronic bronchitis include a cough that produces mucus, trouble breathing and a feeling of tightness in your chest. Chronic bronchitis is typically caused by smoking, but people who have been exposed for a long time to other things that irritate their lungs, such as chemical fumes, dust and other substances, can also get chronic bronchitis.

Chronic obstructive pulmonary disease (COPD): a group of lung diseases involving limited airflow and varying degrees of air sac enlargement, airway inflammation, and lung tissue destruction. Emphysema and chronic bronchitis are the most common forms of COPD. The most common cause of these diseases is smoking. Working in a polluted environment can also put one at risk.

Cistern: a tank or storage (usually underground) used for storing rain water or hauled water. Cisterns are usually used as a supplement to other water sources and are useful when the regular source of water becomes low during dry periods.

Congenital heart defect: Congenital means present at birth.

Coronary artery disease (CAD): occurs when the coronary arteries (the arteries that supply blood to the heart muscle) become hardened and narrowed. The hardening is due to the buildup of plaque on the inner walls or lining of the arteries (atherosclerosis). The plaque narrows the coronary arteries, reducing blood flow to the heart.

This decreases the oxygen supply to the heart muscle. This is the most common type of heart disease and a leading cause of death.

Cushing's syndrome: a hormonal disorder caused by prolonged exposure of the body's tissues to high levels of the hormone cortisol. Sometimes called "hypercortisolism," it is relatively rare and most commonly affects adults aged 20 to 50. An estimated 10 to 15 of every million people are affected each year. Symptoms include upper body obesity, rounded face, increased fat around the neck, and thinning arms and legs. Children tend to be obese with slowed growth rates. Other symptoms are fragile and thin skin that bruises easily and heals poorly, purplish pink stretch marks on the abdomen, thighs, buttocks, arms and breasts, weakened bones, severe fatigue, weak muscles, high blood pressure and high blood sugar, irritability, anxiety and depression. Women usually have excess hair growth on their faces, necks, chests, abdomens, and thighs. Their menstrual periods may become irregular or stop. Men have decreased fertility with diminished or absent desire for sex. Cushing's syndrome occurs when the body's tissues are exposed to excessive levels of cortisol for long periods of time. Many people suffer the symptoms of Cushing's syndrome because they take glucocorticoid hormones such as prednisone for asthma, rheumatoid arthritis, lupus and other inflammatory diseases, or for immunosuppression after transplantation.

Dilation and curettage (D&C): a surgical procedure used to locate and treat the cause of sudden, heavy bleeding. It is done by passing a small instrument called a curette through the vagina into the uterus and scraping the lining of the uterus (endometrium).

Dilation and evacuation (D&E): a surgical procedure done in the second 12 weeks (second trimester) of pregnancy. It usually includes a combination of vacuum aspiration, dilation and curettage (D&C), and the use of surgical instruments (such as forceps).

Emphysema: most commonly caused by cigarette smoking. It is a condition in which the walls between the air sacs within the lung lose their ability to stretch and recoil. This causes the air sacs to weaken and break. Because the lung tissue loses its elasticity, air becomes trapped in the air sacs and does not allow the exchange of oxygen and carbon dioxide. Also, the support of the airways is lost, allowing for airflow obstruction. Symptoms include shortness of breath, cough and a limited exercise tolerance. Emphysema and chronic bronchitis frequently co-exist together to comprise chronic obstructive pulmonary disease (COPD). COPD does not include other obstructive lung diseases such as asthma.

Endometriosis: a condition where tissue similar to the lining of the uterus (the endometrial stroma and glands, which should only be located inside the uterus) is found elsewhere in the body. The most common symptom is pelvic pain

Epstein Barr (Mononucleosis): a common human virus that affects 95% of the population. Being infected with Epstein Barr can lead to Mononucleosis. Symptoms of infectious mononucleosis are fever, sore throat, and swollen lymph glands. Sometimes, a swollen spleen or liver may develop.

Fluorocarbons: gases that rarely occur naturally but are manufactured for refrigeration and other uses. The three main kinds are CFCs (chlorofluorocarbons), HCFCs (hydrochlorofluorocarbons), and HFCs (hydrofluorocarbons).

FMS (fibromyalgia syndrome): a widespread musculoskeletal pain and fatigue disorder for which the cause is still unknown. Sufferers are mainly women and experience pain in the muscles, ligaments, and tendons (soft tissues). Sufferers ache all over and symptoms, and many feel as if they have a bad case of the flu.

Intermittently: refers to using something (such as tobacco products) on and off as opposed to consistently.

Laid off: refers to somebody who has been asked to leave/forced to resign from their job.

Lupus/SLE: a type of autoimmune disease. The most common type is SLE or Systematic lupus erythematosus. It causes problems with circulation, motor control and extreme fatigue.

Molar Pregnancy: In a molar pregnancy, the early placenta develops into a mass of cysts that resemble a bunch of white grapes. The embryo either does not form at all or is malformed and cannot survive. There are two types of molar pregnancy, complete and partial. With a complete mole, there is no embryo and no normal placental tissue. With a partial mole, there may be some normal placenta and the embryo, which is abnormal, begins to develop.

Multiple Sclerosis: a type of autoimmune disease that affects the central nervous system. It is a chronic and unpredictable neurological disease. Symptoms vary but may include loss of muscle coordination, slurred speech, pins and needles, difficulty walking and loss of bladder and bowel control.

Myocardial Infarction: technical term for a heart attack which occurs when an area of heart muscle dies or is permanently damaged because of an inadequate supply of oxygen to that area.

Oral clefts: Most commonly a cleft lip or cleft pallet. They result when tissues of the developing mouth fail to meet and fuse.

Osteoarthritis: also known as degenerative arthritis.

Overseas: refers to locations outside the US, such as countries in Asia, Europe, or in the Middle East.

Pre-eclampsia: a disorder that occurs only during pregnancy and immediately afterwards (postpartum) and affects both the mother and the unborn baby. It is a rapidly progressive condition characterized by high blood pressure and the presence of protein in the urine. Swelling, sudden weight gain, headaches and changes in vision are major symptoms.

Role: the primary job you perform or you performed (for example, while serving in the military.

Scleroderma: also known as systemic sclerosis.

Solvents: used to dissolve other similar substances. For instance, water is a solvent that dissolves many things, but it can't dissolve oily/greasy substances since it very different from them. Combinations of solvents often are used to make products, such as spray paints that dry quickly and don't clog the spray nozzle, inks that don't smudge; outdoor paints that look good and last a long time; and strong cleaners that are good for tough jobs.

Spina bifida (SB): a neural tube defect (a disorder involving incomplete development of the brain, spinal cord, and/or their protective coverings) caused by the failure of the fetus's spine to close properly during the first month of pregnancy. Infants born with SB sometimes have an open lesion on their spine where significant damage to the nerves and spinal cord has occurred. Although the spinal opening can be surgically repaired shortly after birth, the nerve damage is permanent, resulting in varying degrees of paralysis of the lower limbs.

Uterine fibroids: benign tumors of muscle and connective tissue that develop within, or are attached to, the uterine wall.