
OMB 0925-XXXX

Expires: XX/XX/XXXX

Liquidator's identification number: |_| |_|_|_|

STUDY OF THE HEALTH STATUS OF LIQUIDATORS

Spouse (or Relative) Questionnaire

08/2001

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Information on the liquidator from the Chornobyl Registry

	Chornobyl Registry	Corrections, if applicable
0.1 Last name	_____	_____
0.2 First name	_____	_____
0.3 Patronymic name	_____	_____
0.4 Date of birth	day __ __ month __ __ 19 __ __	day __ __ month __ __ 19 __ __
0.5 Type of document used for proof of identity		
	1 <input type="checkbox"/> passport	1 <input type="checkbox"/> passport
	2 <input type="checkbox"/> military passport	2 <input type="checkbox"/> military passport
	3 <input type="checkbox"/> other, specify _____	3 <input type="checkbox"/> other, specify _____
	_____	_____
Serial number	_____	_____
Number	_ _ _ _ _ _ _ _ _	_ _ _ _ _ _ _ _ _
0.6 Home address		
ZIP code	_ _ _ _ _ _ _	_ _ _ _ _ _ _
oblast, region	_____	_____
raion	_____	_____
<i>if in city:</i>		
city	_____	_____
street	_____	_____
street #	_ _ _	_ _ _
apartment #	_ _ _	_ _ _
<i>if in countryside:</i>		
agricultural sovet	_____	_____
settlement	_____	_____
0.7 telephone number:		
	at work _ _ _ _ _ _ _ _ _	at work _ _ _ _ _ _ _ _ _
	at home _ _ _ _ _ _ _ _ _	at home _ _ _ _ _ _ _ _ _

Last, first and patronymic names of interviewer _____

Date of interview: day |__|__| month |__|__| year 20|__|__|

Time interview began: hours |__|__| minutes |__|__|

Identity of respondent:

- 1 liquidator's wife
- 2 his brother or sister
- 3 his daughter or son
- 4 Some other relative, specify _____

Please indicate last, first and patronymic name of respondent

and check the reason why the respondent replaced the liquidator :

- 1 deceased
- 2 too ill to answer
- 3 long-term mission
- 4 other, specify _____

For each time your husband (brother, sister, father) worked in the 30-km zone, please tell me the name of the organization for which he worked, and the name and address of colleagues with whom he worked in the 30-km zone:

of mission _____ Name of Organization _____

Colleagues:
Last, first and patronymic names _____ Address, telephone number _____

of mission _____ Name of Organization _____

Colleagues:
Last, first and patronymic names _____ Address, telephone number _____

of mission _____ Name of Organization _____

Colleagues:
Last, first and patronymic names _____ Address, telephone number _____

(use extra pages if necessary)

2. General information about occupational history

I would like to ask you now several questions about his occupational history and possible hazardous working conditions if applicable.

2.1 What was the occupational group of your husband (brother, sister, father) after his work at the ChNPP (*check one*)?

- | | |
|--|--|
| 1 <input type="checkbox"/> student | 5 <input type="checkbox"/> self employed |
| 2 <input type="checkbox"/> agricultural worker | 6 <input type="checkbox"/> unemployed |
| 3 <input type="checkbox"/> industrial worker | 7 <input type="checkbox"/> not working due to disability or retirement |
| 4 <input type="checkbox"/> office worker | 9 <input type="checkbox"/> other, specify _____ |

2.2 What was the occupational group of your husband (brother, sister, father) before the Chernobyl accident (*check one*)?

- | | |
|--|--|
| 1 <input type="checkbox"/> student | 5 <input type="checkbox"/> self employed |
| 2 <input type="checkbox"/> agricultural worker | 6 <input type="checkbox"/> unemployed |
| 3 <input type="checkbox"/> industrial worker | 7 <input type="checkbox"/> not working due to disability or retirement |
| 4 <input type="checkbox"/> office worker | 9 <input type="checkbox"/> other, specify _____ |

2.3 Did your husband (brother, sister, father) ever work with radiation (other than the time he spent in the Chernobyl area) (*check one*)?

- 1 yes
 2 no
 9 don't remember

if yes, please indicate the professional activity, dates of employment, and name and location of organization where he worked (*check "no" or "yes" for each type of professional activity*).

Professional activity	Period of employment, month/year	Organization (name, location)
Medicine	1 <input type="checkbox"/> yes from _ _ / _ _ to _ _ / _ _	_____
	from _ _ / _ _ to _ _ / _ _	_____
	from _ _ / _ _ to _ _ / _ _	_____
	2 <input type="checkbox"/> no	
Nuclear industry (including NPP)	1 <input type="checkbox"/> yes from _ _ / _ _ to _ _ / _ _	_____
	from _ _ / _ _ to _ _ / _ _	_____
	from _ _ / _ _ to _ _ / _ _	_____
	2 <input type="checkbox"/> no	
Industrial radiography	1 <input type="checkbox"/> yes from _ _ / _ _ to _ _ / _ _	_____
	from _ _ / _ _ to _ _ / _ _	_____
	from _ _ / _ _ to _ _ / _ _	_____
	2 <input type="checkbox"/> no	
Army service, other than above	1 <input type="checkbox"/> yes from _ _ / _ _ to _ _ / _ _	_____
	from _ _ / _ _ to _ _ / _ _	_____
	from _ _ / _ _ to _ _ / _ _	_____

Professional activity	Period of employment, month/year	Organization (name, location)
	2 <input type="checkbox"/> no	
Other, specify	1 <input type="checkbox"/> yes from _ _ / _ _ to _ _ / _ _	_____
_____	from _ _ / _ _ to _ _ / _ _	_____
_____	from _ _ / _ _ to _ _ / _ _	_____
	2 <input type="checkbox"/> no	

2.4 Did your husband (brother, sister, father) ever work in one of the following hazardous industries (show the list of hazardous industries to the respondent), including army service (check one)?

- 1 yes
- 2 no
- 9 don't remember

if yes, please indicate the type of industry, dates of employment, position, name and location of organization where he worked.

Type of industry	Period of employment, month/year	Organization (name, location)
_____	from _ _ / _ _ to _ _ / _ _	_____
_____	_____	_____
_____	from _ _ / _ _ to _ _ / _ _	_____
_____	_____	_____
_____	from _ _ / _ _ to _ _ / _ _	_____
_____	_____	_____
_____	from _ _ / _ _ to _ _ / _ _	_____
_____	_____	_____

2.5 Did your husband (brother, sister, father) ever work with hazardous chemicals (show the list of hazardous chemicals to the respondent and check one)?

- 1 yes
- 2 no
- 9 don't remember

if yes, please indicate chemical, dates of employment, name and location of organization where it worked.

Chemical	Period of employment, month/year	Organization (name, location)
_____	from _ _ / _ _ to _ _ / _ _	_____
_____	_____	_____

Chemical	Period of employment, month/year	Organization (name, location)
_____	from _ _ / _ _ to _ _ / _ _	_____
_____	_____	_____
_____	from _ _ / _ _ to _ _ / _ _	_____
_____	_____	_____
_____	from _ _ / _ _ to _ _ / _ _	_____
_____	_____	_____

3. Medical history

Please try to remember if your husband (brother, sister, father) ever had the following diseases.

3.1 Did your husband (brother, sister, father) ever have a thyroid disease?

- 1 yes
- 2 no
- 9 don't remember

If "yes", please indicate the following:

Diagnosis	Year of diagnosis	Name of hospital, address (oblast, raion)
Goiter	19 _ _	_____
Thyroid nodules	19 _ _	_____
Hypothyroidism	19 _ _	_____
Hyperthyroidism	19 _ _	_____
Thyroiditis	19 _ _	_____
Other, specify _____	19 _ _	_____

3.2 Has a doctor ever told your husband (brother, sister, father) that he had a tumour (benign or malignant) or leukemia (*check one*)?

- 1 yes
- 2 no
- 9 don't remember

If "yes", please specify (*indicate for each of them separately: primary localisation, hospital of diagnosis, year of diagnosis and check type of treatment received*).

a. First tumour

Localisation _____

Hospital _____

Year of diagnosis _____ 19|_|_|

Treatment	Yes	No	Don't know
Radiotherapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Chemotherapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Surgery	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Other, specify _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

b. Second tumour

Localisation _____

Hospital _____

Year of diagnosis 19|_|_|

Treatment	Yes	No	Don't know
Radiotherapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Chemotherapy	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Surgery	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>
Other, specify _____	1 <input type="checkbox"/>	2 <input type="checkbox"/>	9 <input type="checkbox"/>

3.3 Did your husband (brother, sister, father) ever receive radiotherapy for medical conditions other than those listed in question 3.1 (*check one*)?

- 1 yes
- 2 no
- 9 don't remember

If "yes", please specify:

disease _____

hospital, where radiotherapy was received _____

year of treatment 19|_|_|

3.4 Did your husband (brother, sister, father) ever have any of the following radiodiagnostic procedures (*check "yes", "no" or "don't know" for each procedure; if "yes" enter number of times*)?

Radiodiagnostic procedure		Number of times
Dental X-ray	1 <input type="checkbox"/> Yes, specify number of times	_ _
	2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> Don't know	
Chest X-ray (except fluoroscopy)	1 <input type="checkbox"/> Yes, specify number of times	_ _
	2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> Don't know	
X-ray of bone	1 <input type="checkbox"/> Yes, specify number of times	_ _
	2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> Don't know	
Other, specify _____ _____	1 <input type="checkbox"/> Yes, specify number of times	_ _
	2 <input type="checkbox"/> No	
	9 <input type="checkbox"/> Don't know	

4. Family information

Please answer the following questions about your family and relatives

4.1 How many brothers and sisters do your husband (brother, sister, father) have? |_|_|

4.2 Have any of his first degree blood relatives (parents, brothers, sisters and children) and second degree blood relatives (grand parents, aunts, uncles and grand children) had any of the following thyroid diseases: thyroiditis, goiter, hypothyroidism, hyperthyroidism, thyroid nodules (benign), etc.?

Relationship to the liquidator		Disease	Year of diagnosis
Mother	1 <input type="checkbox"/> Yes, specify	_____	19 _ _
	2 <input type="checkbox"/> No	_____	19 _ _
	9 <input type="checkbox"/> Don't know		
Father	1 <input type="checkbox"/> Yes, specify	_____	19 _ _
	2 <input type="checkbox"/> No	_____	19 _ _
	9 <input type="checkbox"/> Don't know		
Other relative, specify _____ _____	1 <input type="checkbox"/> Yes, specify	_____	19 _ _
	2 <input type="checkbox"/> No	_____	19 _ _
	9 <input type="checkbox"/> Don't know		

Relationship to the liquidator		Disease	Year of diagnosis
Other relative, specify _____	1 <input type="checkbox"/> Yes, specify	_____	19 _ _
	2 <input type="checkbox"/> No	_____	19 _ _
	9 <input type="checkbox"/> Don't know		

4.3 Have any of his first degree blood relatives (parents, brothers, sisters and children) and second degree blood relatives (grand parents, aunts, uncles and grand children) ever had any type of cancer: solid cancer or leukemia (check "yes", "no", or "don't know" for each of the relatives). If "yes", indicate the primary localization and the year of diagnosis; enter "don't remember" if the respondent does not remember localization?

Relationship to the liquidator		Localization	Year of diagnosis
Mother	1 <input type="checkbox"/> Yes, specify	_____	19 _ _
	2 <input type="checkbox"/> No		
	9 <input type="checkbox"/> Don't know		
Father	1 <input type="checkbox"/> Yes, specify	_____	19 _ _
	2 <input type="checkbox"/> No		
	9 <input type="checkbox"/> Don't know		
Other relative, specify _____	1 <input type="checkbox"/> Yes, specify	_____	19 _ _
	2 <input type="checkbox"/> No		
	9 <input type="checkbox"/> Don't know		
Other relative, specify _____	1 <input type="checkbox"/> Yes, specify	_____	19 _ _
	2 <input type="checkbox"/> No		
	9 <input type="checkbox"/> Don't know		

5. Smoking habits

The questions in the following two sections concern the smoking and drinking habits (if applicable) of your husband (brother, sister, father) and have only scientific interest. The answers will be kept confidentially and used only for research.

5.1 Did your husband (brother, sister, father) ever smoke regularly (check one)?

- 1 yes
2 no (go to question 6.1)

5.2 How old was your husband (brother, sister, father) when he started smoking regularly? _____

5.3 How many total years did your husband (brother, sister, father) smoke cigarettes regularly, not counting any periods when he stopped smoking

5.4 How many cigarettes (papirosy) did he smoke in a typical day?

5.5 What did your husband (brother, sister, father) usually smoke (check all that apply)?

-
- 1 cigarettes with filter 3 hand-rolled cigarettes
 2 cigarettes without filter/paprosy 4 other, specify _____

6. Alcohol consumption habits

6.1 How often did your husband (brother, sister, father) drink alcohol (*check one*)?

- 1 never 4 once a week
 2 once a month or less 5 several times a week
 3 2-3 times a month 6 every day

If he drank alcohol, please tell me whether he drank the followings and the typical amount he drank per day?

Beverage		Quantity (ml)
Beer	1 <input type="checkbox"/> Yes, specify	_ _ _ _
	2 <input type="checkbox"/> No	
Vodka, including samogon ¹	1 <input type="checkbox"/> Yes, specify	_ _ _ _
	2 <input type="checkbox"/> No	
Wine	1 <input type="checkbox"/> Yes, specify	_ _ _ _
	2 <input type="checkbox"/> No	
Other, specify _____	1 <input type="checkbox"/> Yes, specify	_ _ _ _
	2 <input type="checkbox"/> No	

6.2 Did his alcohol habits change since he returned from the Chornobyl area (*check one*)?

- 1 didn't change 4 started drinking after Chornobyl
 2 drank more 5 stopped drinking after Chornobyl
 3 drank less

¹ Home-made spirit

7. Conclusion

7.1

Thank you very much for answering my questions. Please use the lines below for any additional comments you may have.

Time interview ended:

hours |_|_| minutes |_|_|

