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OMB 0925-XXXX

Expires: XX/XX/XXXX

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

## STUDY OF THE HEALTH STATUS OF LIQUIDATORS

Spouse (or Relative) Questionnaire

08/2001

Public reporting for this collection of information is estimated to average ½ hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden to: NIH, Project Clearance Office, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-0401). Do not return the completed form to this address.

## 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 us	sed for proof of identity	
	1 □ passport 2 □ military passport 3 □ other, specify	<ul><li>1 □ passport</li><li>2 □ military passport</li><li>3 □ other, specify</li></ul>
Serial number		
Number		
0.6 Home address		
ZIP code		
oblast, region		
raion	·	
if in city:		
city		
street		
street #	<u> _ _ </u>	
apartment #		
if in countryside:		
agricultural sovet		
settlement		
0.7 telephone number:	at work   _ _ _ _	at work  _ _ _ _ _
	at home   _ _ _ _	at home   _ _ _ _

Last, first and patro	onymic names of interviewer		
Date of interview:			day     month   _  year 20  _
Time interview beg	an:		hours   _  minutes   _
Identity of responde	ent:		
1 🗆 2 🗆 3 🗖	liquidator's wife his brother or sister his daughter or son	4 🗆	Some other relative, specify
Please indicate	last, first and patronymic name of re	spond	lent
and check th	e reason why the respondent replac	ed the	e liquidator :
1 🗆	deceased		long-term mission
2 🗆	too ill to answer	4 □	other, specify

At first I would like to ask you to answer general questions about your husband (brother, sister, father) and then to show a document proving his liquidator's status. 1.1 His nationality (check one)? 1 ☐ Belarusian 3 ☐ Ukrainian 2 ☐ Russian 4 □ other, specify: 1.2 His family status (check one)? 1 ☐ married (including cohabiting) 3 ☐ widowed 2 ☐ single 4 ☐ divorced 1.3 His education (check one)? 3 ☐ special high school 1 ☐ eight classes or less 2 ☐ high school 4 ☐ higher school 1.4 Please show me a document proving his liquidator status. a. If a document was given, write down the following information: Serial number, number, date of Type of document Name of organisation, which issued the issue document \_|\_\_|/|\_\_|/19|\_\_| \_|\_\_|/|\_\_|\_|/19|\_\_|\_| \_|\_|/|\_|/19|\_\_| b. If the document is not available (lost, etc.), please tell me (write "don't remember, if so): the reason why it is not available the type of document the organization that issued it 1.5 How many times was your husband (brother, sister, father) sent on mission to the 30-km zone (check one)? 1 □ once 3 ☐ three times 2 ☐ twice 4 □ more, specify

1. Some information on the liquidator

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: Name of Organization # of mission 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	n about	occupational	history
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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

1 □ 2 □ 3 □ 4 □	student agricultural worker industrial worker office worker	5	self employed unemployed not working due to d other, specify	isability or retirement
2.2 What was the oc one)?	cupational group of y	our husband (brothe	r, sister, father) befor	e the Chornobyl accident (check
2 □ 3 □ 4 □	student agricultural worker industrial worker office worker	5	other, specify	isability or retirement
Chornobyl area) 1 □ 2 □ 9 □ if yes	yes no don't remember , please indicate the	professional activity,	dates of employmen	than the time he spent in the t, and name and location of oe of professional activity).
Prof	essional activity	Period of emplo	oyment, month/year	Organization (name, location)
Medicine	1□ y 2□ r	res from   /  from   /  from   /  no	to  _ /     to  _ /     to  _ /	
Nuclear indu	•	/es from  _ /  from  _ /  from  _ /	to  _ /  _    to  _ /     to  _ /	
Industrial ra	adiography 1 □ y 2 □ r	res from  _ /  from  _ /  from  _ /  no	to  _ /  _    to  _ /     to  _ /	
Army service above	e, other than $1 \square$ y	/es from   /  from   /  from   /	to  _ /  _    to  _ /     to  _ /	

	Professional ac	tivity Period of employment, mo	onth/year Organization (name, location)
		2 □ no	
	Other, specify	1 □ yes from  _ /  to	_ /
		from _ _ / _ _ to _ _	_//
		from  _ /  to  _ 2 □ no	_l/111
		2 - 110	
		sister, father) ever work in one of the followasser, father), including army service (che	wing hazardous industries <i>(show the list of</i> ck one)?
	1 □ yes	,,,,,,,,,,,,,,	
	2 □ no		
	9 ☐ don't reme		
	es, please indicate the tere he worked.	ype of industry, dates of employment, p	osition, name and location of organization
	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 hazardou	is chemicals (show the list of hazardous
che	emicals to the responder	t and check one)?	
	1 □ yes 2 □ no		
	9 ☐ don't reme	mber	
if ye		ical, dates of employment, name and loca	ation of organization where it worked.
	Chemical	Period of employment, month/year	Organization (name, location)
		_ from  _ /  to  _/	

	Period of employment, month/year	Organization (name, location)
	from  _ /  to  _ /   .	
	from  <u> </u>  /  <u> </u>  to  <u> </u>  /  <u> </u>   .	
	from  <u> </u>  /  <u> </u>  to  <u> </u>  /  <u> </u>   -	
Did your husband (brot 1 □ yes 2 □ no	rour husband (brother, sister, father) ever had the ther, sister, father) ever have a thyroid disease?	e following diseases.
If "yes", please indicat		
Diagnosis	Year of Name of hospital, a diagnosis	ddress (oblast, raion)
Goiter	19  _	
Thyroid nodules	19	
Hypothyroidism	19  _	
Hyperthyroidism	19  _	
	19	
Thyroiditis		
Thyroiditis Other, specify	19	
Other, specify  Has a doctor ever told leukemia (check one):  1  yes 2  no	d your husband (brother, sister, father) that he	
Other, specify  Has a doctor ever told leukemia (check one):  1  yes 2  no 9  don't  If "yes", please specify	d your husband (brother, sister, father) that he	had a tumour (benign or malignant)
Other, specify  Has a doctor ever told leukemia (check one):  1  yes 2  no 9  don't  If "yes", please specify	d your husband (brother, sister, father) that he?  remember y (indicate for each of them separately: primary i	had a tumour (benign or malignant)
Other, specify  Has a doctor ever told leukemia (check one):  1  yes 2  no 9  don't  If "yes", please specify diagnosis and check to	d your husband (brother, sister, father) that he?  remember y (indicate for each of them separately: primary in the syppe of treatment received).	had a tumour (benign or malignant)

Treatment	Voc	No	Don't know	
	Yes 1 □	2 🗆	Don't know	
Radiotherapy	·		_	
Chemotherapy	1 🗆	2 🗆	9 🗆	
Surgery	1 🗖	2 🗖	9 🗖	
Other, specify	1 🗆	2 🗆	9 🗖	
b. Second tumour				
Localisation				
Hospital				
Year of diagnosis				19  _
Treatment	Yes	No	Don't know	
Radiotherapy	1 🗆	2 🗆	9 □	
Chemotherapy	1 □	2 🗆	9 □	
Surgery	1 🗆	2 🗆	9 □	
Other, specify	1 🗆	2 🗆	9 🗆	
3.3 Did your husband (brother, sister, father) ever listed in question 3.1 (check one)?	receive radiotherapy	y for medi	cal conditions o	ther than tho
1 □ yes				
2 🗖 no				
9 ☐ don't remember				
If "yes", please specify:				
disease				
disease hospital, where radiotherapy was received				

answer the following questions about your family and relatives w many brothers and sisters do your husband (brother, sister, father) have?  ve any of his first degree blood relatives (parents, brothers, sisters and children) and secolatives (grand parents, aunts, uncles and grand children) had any of the following the	
Chest X-ray (except fluoroscopy)  1  Yes, specify number of times 2  No 9  Don't know  X-ray of bone  1  Yes, specify number of times 2  No 9  Don't know  Other, specify  1  Yes, specify number of times 2  No 9  Don't know  Other, specify  1  Yes, specify number of times 2  No 9  Don't know  nily information  answer the following questions about your family and relatives w many brothers and sisters do your husband (brother, sister, father) have?  ve any of his first degree blood relatives (parents, brothers, sisters and children) and secolatives (grand parents, aunts, uncles and grand children) had any of the following to	
2 □ No 9 □ Don't know  X-ray of bone 1 □ Yes, specify number of times 2 □ No 9 □ Don't know  Other, specify	
X-ray of bone    1	_ _
2 □ No 9 □ Don't know  Other, specify	_
Other, specify	
2 □ No 9 □ Don't know  nily information  answer the following questions about your family and relatives w many brothers and sisters do your husband (brother, sister, father) have?  ve any of his first degree blood relatives (parents, brothers, sisters and children) and secolatives (grand parents, aunts, uncles and grand children) had any of the following the	
answer the following questions about your family and relatives w many brothers and sisters do your husband (brother, sister, father) have?  ve any of his first degree blood relatives (parents, brothers, sisters and children) and secolatives (grand parents, aunts, uncles and grand children) had any of the following the secolatives (grand parents).	
nily information  answer the following questions about your family and relatives w many brothers and sisters do your husband (brother, sister, father) have?  ve any of his first degree blood relatives (parents, brothers, sisters and children) and seconatives (grand parents, aunts, uncles and grand children) had any of the following the	
answer the following questions about your family and relatives w many brothers and sisters do your husband (brother, sister, father) have?  ve any of his first degree blood relatives (parents, brothers, sisters and children) and seco atives (grand parents, aunts, uncles and grand children) had any of the following the	
latives (grand parents, aunts, uncles and grand children) had any of the following the	_
yroiditis, goiter, hypothyroidism, hyperthyroidism, thyroid nodules (benign), etc.?	
Relationship to the liquidator Disease	Year of diagnosis
Mother 1 D Yes, specify	19  _
2 <b>□</b> No	19  _
9 □ Don't know	
Father 1 D Yes, specify	19  _
2 D No	19  _
9 □ Don't know	
Other relative, specify 1 \( \text{ Yes, specify} \)	19

9 □ Don't know

10

Relationship to the liquidator			Disease	Year of diagnosis
Other relative, specify	1 🗆	Yes, specify		19  _
	_			19  _
		No		
	9 🗆	Don't know		
3 Have any of his first degree blood re relatives (grand parents, aunts, un leukemia (check "yes", "no", or "don and the year of diagnosis; enter "don"	icles and o't know" fo	grand children) or each of the re	ever had any type of callatives). If "yes", indicate to	ncer: solid cance he primary localiza
Relationship to the liquidator			Localization	Year of diagnosis
Mother		Yes, specify No		19  _
	9 □	Don't know		
Father	1 🗆 2 🗖	Yes, specify No		19
	9 🗆	Don't know		
Other relative, specify	1 🗆	Yes, specify No		19
	9 🗆	Don't know		
Other relative, specify	1 🗆	Yes, specify No		19  _
	9 □	Don't know		
Smoking habits			nd deinking habita (if analis	
re questions in the following two section rother, sister, father) and have only so search.  1 Did your husband (brother, sister, father)	cientific int	erest. The answ	vers will be kept confidenti	
rother, sister, father) and have only so search.	cientific int her) ever s	erest. The answ	vers will be kept confidenti	
rother, sister, father) and have only so search. 1 Did your husband (brother, sister, fat 1 □ yes	cientific int her) ever s	erest. The answ	vers will be kept confidenti	
rother, sister, father) and have only so search.  1 Did your husband (brother, sister, fat 1 □ yes 2 □ no (go to question o	cientific int her) ever s 6.1) sister, fath	erest. The answ smoke regularly ner) when he sta	vers will be kept confidenti (check one)?  rted smoking regularly?	ally and used only
rother, sister, father) and have only so search.  1 Did your husband (brother, sister, fat 1  yes 2  no (go to question of 2 How old was your husband (brother, 3 How many total years did your husband	cientific int her) ever s 6.1) sister, fath	erest. The answ smoke regularly ner) when he sta	vers will be kept confidenti (check one)?  rted smoking regularly?	ally and used only
rother, sister, father) and have only so search.  1 Did your husband (brother, sister, fat 1  yes 2  no (go to question of 2 How old was your husband (brother, 3 How many total years did your husband	cientific int her) ever s 6.1) sister, fath band (brot	erest. The answeresmoke regularly ner) when he sta	vers will be kept confidenti (check one)?  rted smoking regularly?	ally and used only

				<del></del>
1 🗆	cigarettes with filter		hand-rolled cigarettes	
2 🗆	cigarettes without filter/paprosy	4 🗆	other, specify	
6. Alcohol cons	umption habits			
6.1 How often did yo	our husband (brother, sister, father)	drink a	llcohol <i>(check one)</i> ?	
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 alcol	hol, please tell me whether he dran	k the fo	ollowings and the typical a	mount he drank per day
Beverage				Quantity (ml)
Beer			1 ☐ Yes, specify	
			2 □ No	
Vodka, includir	ng samogon¹		1 ☐ Yes, specify	1 1 1 1 1
·			2 □ No	111
Wine			1 ☐ Yes, specify	
			2 □ No	111
Other, specify			1 ☐ Yes, specify	1 1 1 1 1
, ,			2 □ No	111
6.2 Did his alcohol h	abits change since he returned fror	n the C	Chornobyl area (check one	)?
1 🗆	didn't change	4 □	started drinking after Cho	rnobyl
2 □	drank more	5 □	stopped drinking after Ch	ornobyl
3 □	drank less		-	-
<sup>1</sup> Home-made spirit				

7. Conclusion			
7.1			
Thank you very much for answering my questions. may have.	Please use the lines	below for any additional	comments you
Time interview ended:		hours   _  minu	utes   _

8. Questions to the interviewer	
8.1 Location of interview (check one).	
1 □ polyclinic	
2 dother, specify	
8.2 Was respondent responsive (check one)?	
1 □ no (was uninterested, reticent)	
2 ☐ fairly cooperative and responsive	
3 □ very cooperative , helpful	
8.3 How well did the respondent remember the details about the liquidator's history of radiation exposure - me and occupational <i>(check one)</i> ?	dical
1 □ very well 4 □ not well	
2 □ well 5 □ not at all	
3 ☐ fairly well	
8.4 How well did the respondent remember the details about the liquidator's history of chemical exposure - me (chemotherapy) or occupational <i>(check one)?</i>	dical
1 □ very well 4 □ not well	
2  well 5  not at all	
3 ☐ fairly well	
8.5 Please add any additional notes, comments on the respondent's answers and your general comments of interview. In particular, please provide further details and information, not covered in the questionnaire but recomments from the respondent, if you find them to be relevant; please give all details about the respondent's state that in have affected the quality of his answers (such as: was he/she ill? did he/she have a problem? or was he/she hurry during the interview?).	eived night