

Questionnaire Wedgefield Community

PLEASE FILL IN THE INFORMATION ON THIS PAGE
(PLEASE PRINT)

NAME: _____
LAST FIRST MIDDLE INITIAL

ADDRESS: _____
NUMBER STREET

CITY STATE ZIP CODE

TELEPHONE NUMBER: _____ (H) (W)
AREA CODE NUMBER

DATE: _____

SOCIAL SECURITY
NUMBER: _____

Are you currently residing in the Wedgefield community? Yes____ No____

IF YES, give date of residence in the community.

From ____/____/____ to ____/____/____
D M Y D M Y

If you no longer reside in the community, please provide:

Reason for leaving: _____

DEMOGRAPHIC INFORMATION

1. Date of Birth: _____
Month Day Year

2. Sex: a. Male _____ b. Female _____

3. What is your marital status? a. Single _____
b. Married _____ c. Widowed _____ d. Separated/Divorced _____

e. Living as married_____

4. What is the highest grade completed in school? _____
(For example: 12 years is completion of high school)

OCCUPATIONAL HISTORY

5. Have you ever been employed in any of the following occupations or done the following jobs:

<u>Occupation</u>	<u>Circle</u>		IF YES,	
			<u>Length of Time You Did That Work and Dates</u>	
			<u>From (yr) to (yr)</u>	<u>Total time (yrs)</u>
Asbestos worker/ pipecoverer	Yes	No	_____	_____
Boilermaker	Yes	No	_____	_____
Sheetmetal worker	Yes	No	_____	_____
Construction worker	Yes	No	_____	_____
Laborer	Yes	No	_____	_____
Maintenance worker	Yes	No	_____	_____
Plasterer/dry wall	Yes	No	_____	_____
Plumber/pipefitter	Yes	No	_____	_____
Electrician	Yes	No	_____	_____
Painter	Yes	No	_____	_____
Welder	Yes	No	_____	_____

6A. List all jobs you have ever had that involved in the industrial, construction, manufacturing sectors, or other activities, in which you may have been exposed to chemicals. Provide the name of the company, dates of employment and description of job duties.

6B. For each job, if you worked with chemicals, list the chemicals and if you were aware of any warnings, describe the warnings.

-

-

-

-

6C. Have you ever been exposed to chemicals aside from normal household cleaning items? List the chemicals and date of exposure.

-

-

-

-

7A. What has been your usual occupation or job - the one you have worked at the longest?

7B. Type of job (job title/industry) :

7C. Number of years employed at this job : _____

7D. Dates employed : From _____ to _____

Mo/Yr

Mo/Yr

8A. While residing in Wedgefield, did you use water purification or treatment systems on your residence?

Yes_____ No_____

8B. While residing in Wedgefield, did you drink bottled water?

IF YES, how often:

Daily _____, Occasional _____, Rarely _____

8C. While residing in Wedgefield, did you drink cook with bottled or filtered water?

IF YES, how often:

Daily _____, Occasional _____, Rarely _____

PAST ILLNESSES

9A. Did you have any kidney, bladder or urinary problems before the age of 16?

Yes_____ No_____

9B. Have any of your immediate family members (those directly related to you by blood) have a history of kidney, bladder or urinary problems?

IF YES, please identify the familial relationship (for example, Mother, Aunt, Uncle, etc.) and the type of illness or problems your relative experienced.

10. Have you ever been treated by a physician for any illness or problems relating to you kidneys, bladder, urinary tract, and, if female, uterus?

IF YES, please describe when you were treated, by whom you were treated, and the diagnosis given by your health care provider.

11. Have you ever been diagnosed by a doctor as having cancer? Yes_____ No_____

IF YES, What type? (Please check all that apply)

- 1A. Lung cancer? Yes_____ No_____
- 1B. Breast cancer? Yes_____ No_____
- 1C. Colon cancer? Yes_____ No_____
- 1D. Uterine cancer? Yes_____ No_____
- 1E. Ovarian cancer? Yes_____ No_____
- 1F. Brain cancer? Yes_____ No_____
- 1G. Testicular cancer? Yes_____ No_____
- 1H. Kidney cancer? Yes_____ No_____
- 1I. Liver Cancer? Yes_____ No_____
- 1J. Other cancers? Yes_____ No_____
- 1K. Leukemia? Yes_____ No_____
- 1L. Neurological Disease? Yes_____ No_____
- 1M. Other physical complaints if not listed above?

Please specify_____

TOBACCO SMOKING

12A. Have you ever smoked cigarettes? (No means less than 20 packs of cigarettes or 12 oz. of tobacco in a lifetime or less than 1 cigarette a day for 1 year.) Yes_____ No_____

IF YES TO 12A:

12B. Do you now smoke cigarettes (as of 1 month ago)? Yes_____ No_____

12C. How old were you when you first started regular cigarette smoking? _____Age in years

12D. If you have stopped smoking cigarettes _____Age stopped

18C. Please specify cause of death: _____

19A. Do you have any natural-born children? Yes_____ No_____

19B. IF YES, are your children alive and well? Yes_____ No_____

Sex, age, occupation and contact information of each child:

19C. IF NO, please specify health problems and/or cause of death.

19D. Were any of your natural son(s) or daughter(s) ever told by a doctor that they had a chronic condition such as:

	<u>SON(S)</u>			<u>DAUGHTER(S)</u>		
	YES	NO	DON'T KNOW	YES	NO	DON'T KNOW
A. LUNG CANCER?	_____	_____	_____	_____	_____	_____
B. OTHER CHEST CONDITIONS?	_____	_____	_____	_____	_____	_____
C. BREAST CANCER?	_____	_____	_____	_____	_____	_____
D. COLON CANCER?	_____	_____	_____	_____	_____	_____
E. HEART DISEASE?	_____	_____	_____	_____	_____	_____
F. RENAL FAILURE	_____	_____	_____	_____	_____	_____
G. OTHER?	_____	_____	_____	_____	_____	_____

If other type of chronic condition, please specify:

a. _____

b. _____

MEDICAL HISTORY

20A. Do you have any medical problems or conditions for which you are under the care of a physician? Yes_____ No_____

20B. IF YES, please list those conditions:

—

—

—

21A. Have you ever been hospitalized overnight? Yes_____ No_____

21B. IF YES, please give reason for hospitalization and year.

<u>Reason</u>	<u>Year</u>
_____	_____
_____	_____
_____	_____

22A. Do you have any known allergies? Yes_____ No_____

22B. IF YES, please list.

—

—

23A. Please describe any smells or odors or tastes you recall relating to the drinking water in your residence in the Wedgefield community.

—

—

—

23B. If you described an odor, smell or taste associated with the drinking water in the Wedgefield community, did you discuss this with anyone? If so, with whom did you discuss these issues related to the drinking water? Do you recall being concerned about the quality of the drinking water, and if so, what did you do, or whom did you talk to?

—

—

—

—

—

—

—

24. Please make any additional comments you wish below.

—

—

—

—

PLEASE RETURN COMPLETED FORM TO:

Overchuck, De Marco, Byron & Overchuck, P.A.
90 East Livingston Street
Suite 100
Orlando, FL 32801