

*Final Release*

*Tanapag Village, Saipan*

**14.5 Exposure history survey form**



Commonwealth of the Northern Mariana Islands

Department of Public Health

Medical Evaluation for PCB Exposure

Part 1 Patient Information

Interviewer: \_\_\_\_\_

Date: \_\_\_\_\_

Demographics

First Name	<input type="text"/>	MI	<input type="text"/>
Last Name	<input type="text"/>		
DOB	<input type="text"/>	Gender	<input type="text" value="M"/> <input type="text" value="F"/>
SSN	<input type="text"/>		
Marital Status	<input type="text" value="S"/> <input type="text" value="M"/> <input type="text" value="D"/>	CHC Number:	<input type="text"/>
Current Community	<input type="text"/>		

Primary Ethnicity	<input type="text" value="Chamorro"/>	<input type="text" value="Carolinian"/>	<input type="text" value="Micronesian"/>	<input type="text" value="Filipino"/>	<input type="text" value="Chinese"/>	<input type="text" value="Other Asians"/>	<input type="text" value="Other"/>
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Contact Information

P.O. Box or Street	<input type="text"/>
City	<input type="text"/>
State	<input type="text"/>
Zip	<input type="text"/>
Home Phone	<input type="text"/>
Other Contact Phone	<input type="text"/>

For Children Only

Mother's First Name	<input type="text"/>
Mother's Last Name	<input type="text"/>
Mother's DOB	<input type="text"/>
Mother's ID#	<input type="text"/>

Education Information

What is the highest grade level of education you completed?



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Part 2 Work History

People who work at the following job types can sometimes be exposed to PCBs.

How many years of work do you have in the following industries?						Year Ended	Year Ended
Electric cable repair	0	1 - 2	3 - 10	10 - 20	> 20		
Emergency Response	0	1 - 2	3 - 10	10 - 20	> 20		
Manufacturing Electroplating	0	1 - 2	3 - 10	10 - 20	> 20		
Firefighting	0	1 - 2	3 - 10	10 - 20	> 20		
Hazardous waste hauling	0	1 - 2	3 - 10	10 - 20	> 20		
Hazardous waste site operating	0	1 - 2	3 - 10	10 - 20	> 20		
Power Plant Equip Service & Repair	0	1 - 2	3 - 10	10 - 20	> 20		
Maintenance cleaning	0	1 - 2	3 - 10	10 - 20	> 20		
Metal finishing	0	1 - 2	3 - 10	10 - 20	> 20		
Paving or roofing	0	1 - 2	3 - 10	10 - 20	> 20		
Pipefitting or Plumbing	0	1 - 2	3 - 10	10 - 20	> 20		
Timber products manufacturing	0	1 - 2	3 - 10	10 - 20	> 20		
Transformer or Capacitor repair	0	1 - 2	3 - 10	10 - 20	> 20		
Waste oil processing	0	1 - 2	3 - 10	10 - 20	> 20		
Saipan Military Power Plant Employee	0	1 - 2	3 - 10	10 - 20	> 20		
Saipan Lower Base Yard Employee	0	1 - 2	3 - 10	10 - 20	> 20		

Y N	Do you live next to a dump site?
Y N	Do you work next to a dump site?

Explain:




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Part 3 Exposure Information

We are currently sampling the soil from selected areas in the village. The following information will be helpful to determine your personal PCB exposure. Please complete this form for all children and adults:

How many years have you lived in Tanapag after 1968

< 2 | 2 - 5 | 6 - 10 | 11 - 20 | > 20

Have you recorded your primary residence on the map? Y N

Please complete the following questions regarding your contact with the capacitors.

Y N Have you ever touched any of the capacitors?

Describe: why when where how many times

Y N Have you ever touched oil from the capacitors?

Describe: why when where how many times

Y N Have you ever touched soil with oil stains found near the capacitors?

Describe: why when where how many times

Part 3 Exposure Information (cont)

Y  N Did you ever bring any capacitors, capacitor parts or capacitor oil into your home  
What did you use it for?

Describe: 

	why
	when
	where
	how many times

Y  N Did you ever bring soil from the cemetery or other excavation sites into your  
house or yard? What did you use it for?

Describe: 

	why
	when
	where
	how many times

Y  N Did you ever burn or use a burned capacitor? -

Describe: 

	why
	when
	where
	how many times

Y  N Did you ever dig a grave in Cemetery 2?

Describe: 

	why
	when
	where
	how many times

Y  N Have you ever tended a grave at Cemetery 2?

Describe: 

	why
	when
	where
	how many times

**Part 3 Exposure Information (cont)**

*We are currently sampling selected foods raised or caught in Tanapag to see if they contain PCB's. We do not expect to find problems with PCB's in any of these foods. The following questions will help us if any high levels are eventually found.*

How many times each week do you eat:

	None	1 - 2	3 - 5	> 5	Other
Tanapag Land Crab?	None	1 - 2	3 - 5	> 5	
Tanapag Pork?	None	1 - 2	3 - 5	> 5	
Tanapag Chicken?	None	1 - 2	3 - 5	> 5	
Tanapag Eggs?	None	1 - 2	3 - 5	> 5	
Tanapag Clams?	None	1 - 2	3 - 5	> 5	
Tanapag Fish?	None	1 - 2	3 - 5	> 5	
Tanapag Shellfish?	None	1 - 2	3 - 5	> 5	

*We are currently sampling groundwater to determine the level of PCBs. We do not expect to find problems with PCB's in your water supplies. The following questions will help us if any high levels are eventually found.*

<input type="checkbox"/> Y <input type="checkbox"/> N	Does your drinking water come from a private well?
<input type="checkbox"/> Y <input type="checkbox"/> N	Does your drinking water come from a city water supply?
<input type="checkbox"/> Y <input type="checkbox"/> N	Does your drinking water come from a grocery store or water company?
<input type="checkbox"/> Y <input type="checkbox"/> N	Does your drinking water come from rain water collection?



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Part 4 Preliminary Adult Health Information

How many cigarettes do (did) you smoke each day?	0	10	1 pack	> 1 pack
How many years have (did) you smoke(d)?	0	1 -10	11 - 20	> 20
How many cigarettes in your betelnut each day?	0	10	1 pack	> 1 pack
Did you use tobacco or alcohol during your pregnancy?	Y N			
How much alcohol do you drink in a typical week?	0	1 - 7	8 - 14	> 15

Most of the health problems listed below have not been linked to PCB exposures.  
Please answer these questions carefully.

Health Problems:	Ever Had?	Year Dx'd	Doctor Diagnosed?	Prescription Med?
<b>Respiratory Conditions:</b>				
Asthma	Y N	19__	Y N	Y N
Emphysema	Y N	19__	Y N	Y N
Chronic Bronchitis	Y N	19__	Y N	Y N
<b>Blood / Endocrine Problems:</b>				
Anemia	Y N	19__	Y N	Y N
Diabetes	Y N	19__	Y N	Y N
Thyroid Disease	Y N	19__	Y N	Y N
Fertility Problems	Y N	19__	Y N	Y N
Fatigue	Y N	19__	Y N	Y N
<b>Gastrointestinal Problems:</b>				
Pancreatitis	Y N	19__	Y N	Y N
Ulcers	Y N	19__	Y N	Y N
Hepatitis	Y N	19__	Y N	Y N
Jaundice	Y N	19__	Y N	Y N
Chronic Abdominal Pain	Y N	19__	Y N	Y N
Recurrent Nausea/Vomiting	Y N	19__	Y N	Y N
<b>Eye Problems:</b>				
Cataracts	Y N	19__	Y N	Y N
Glaucoma	Y N	19__	Y N	Y N

Part 4 Preliminary Adult Health Information (cont)

Neurologic Problems:

Epilepsy	Y N	19__	Y N	Y N
Paralysis	Y N	19__	Y N	Y N
Dizziness, Lightheadedness	Y N	19__	Y N	Y N
Frequent Headaches	Y N	19__	Y N	Y N

Cardiac Problems:

Heart Attack	Y N	19__	Y N	Y N
Heart Failure	Y N	19__	Y N	Y N
High Blood Pressure	Y N	19__	Y N	Y N
Stroke	Y N	19__	Y N	Y N

Dermatologic Problems:

Eczema	Y N	19__	Y N	Y N
Psoriasis	Y N	19__	Y N	Y N
Impetigo	Y N	19__	Y N	Y N
Chronic Acne	Y N	19__	Y N	Y N
Dark Colored Nails	Y N	19__	Y N	Y N

Cancers:

Gall Bladder Cancer	Y N	19__	Y N
Liver Cancer	Y N	19__	Y N
Non-Hodgkin's Lymphoma	Y N	19__	Y N
Malignant Melanoma	Y N	19__	Y N

List any close relatives that have been diagnosed with cancer?

Name	Relation	Type of Cancer	Living?
			Y N
			Y N
			Y N
			Y N
			Y N

Note: One parent should complete a Preliminary Medical History for each of your children.