Fernald Community Cohort 2020 - Information Update
Please return this form in the postage prepaid envelope.

Your name (please print):_____**Your Birthdate:** ____/____/____

Your signature: _____ **Today's Date:** ____/____/____

In order to conduct more research studies, we are updating our records about cancer and other illness in participants of the Fernald Medical Monitoring Program (now the Fernald Community Cohort). Knowing that you do not have an illness ("No") is just as important to us as knowing that you have an illness. We have asked you some of these questions before, but want to be sure that our records are up to date. You may answer the questions on this paper form or online at https://redcap.research.cchmc.org/surveys/?s=939CHEXMWP or use the QR Code.

1. Has a doctor ever told you that you have one of the conditions listed below?

☐ No ☐ Yes Abdominal/chest aneurysm If YES, Year of diagnosis _____

☐ No ☐ Yes Arthritis If YES, Year of diagnosis _____

☐ No ☐ Yes Lupus If YES, Year of diagnosis _____

☐ No ☐ Yes Irritable bowel disease (IBD) If YES, Year of diagnosis _____

☐ No ☐ Yes Crohn's disease If YES, Year of diagnosis _____

☐ No ☐ Yes COVID-19 If YES, Time of diagnosis Month_____ 20__ __

☐ No ☐ Yes Diabetes Mellitus? If YES, Year of diagnosis _____
Do you take insulin? ___NO ___ YES

☐ No ☐ Yes Kidney failure If YES, Year of diagnosis _____

☐ No ☐ Yes Kidney dialysis If YES, Year started _____

☐ No ☐ Yes Kidney transplant If YES, Year of transplant _____

☐ No ☐ Yes Breast cancer If YES, Year of diagnosis _____

☐ No ☐ Yes Lung cancer If YES, Year of diagnosis _____

☐ No ☐ Yes Colon or rectal cancer If YES, Year of diagnosis _____

☐ No ☐ Yes Leukemia or Lymphoma If YES, Year of diagnosis _____

☐ No ☐ Yes Other type of cancer If YES, Year of diagnosis _____
Type: _____

MALES ONLY:

☐ No ☐ Yes Prostate cancer If YES, Year of diagnosis _____

FEMALES ONLY:

☐ No ☐ Yes Endometriosis If YES, Age at diagnosis _____

☐ No ☐ Yes Polycystic ovaries If YES, Age of diagnosis _____

☐ No ☐ Yes Menopause If YES, Age at menopause _____

☐ No ☐ Yes Are you now pregnant? Due date? _____

Altogether, how many times have you been pregnant? (include live births, stillbirths, miscarriages, abortions, tubal pregnancies and a current pregnancy) _____Pregnancies

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2. Has there been a time period of one year or more when you and your partner were trying to become pregnant but were unsuccessful? ☐ No ☐ Yes

If YES, please give the approximate dates for this time period? (If more than one, please check this box ☐ and specify the first time). _____ /_____ TO _____ /_____
MONTH YEAR MONTH YEAR

Has a cause or reason for the infertility, in you or your partner, been identified by a physician? ☐ No ☐ Yes

3. Do you have any blood relatives who have had lung cancer? ☐ No ☐ Yes

If YES, how many blood relatives do you have that have had lung cancer? _____

(In counting blood relatives include father, mother, grandfather, grandmother, sister, brother, daughter, son, aunt and uncle (blood relative of your mother or father).

4. Have you ever smoked a cigarette, even one or two puffs? ☐ No ☐ Yes

If YES, please answer the next questions

Do you now smoke cigarettes?

☐ Everyday ☐ Some days ☐ No, not at all ☐ Prefer not to answer

If NO, not at all, when did you stop completely? Age _____

How old were you when you started smoking? Age _____

How many total years did you smoke at least one cigarette per day? (If you did not smoke for a while, do not include the years when you did not smoke.) _____ Years

On average, for the entire period that you smoked, how many cigarettes did you smoke per day? _____ cigarettes.

5. Has a physician ever suggested that you have a lung cancer screening (usually with a test called a low-dose CT scan)? **☐ No ☐ Yes**

If YES, did you have the lung cancer screening? ☐ No ☐ Yes

At what hospital or testing site? _____

When did you have your first screening? _____ /_____
MONTH YEAR

Did the screening result in a lung cancer diagnosis (either right away or later)? ☐ No ☐ Yes

6. Directions: Please circle the number (1-5) that best reflects your agreement with each of the following statements.		**Strongly Disagree**	**Disagree**	**Neither Agree or Disagree**	**Agree**	**Strongly Agree**
A.	It upsets me when I think about contamination at the Fernald site.	1	2	3	4	5
B.	Things (e.g. land, water, animals) around me are affected by contamination at the Fernald site.	1	2	3	4	5
C.	I believe contamination at the Fernald site is responsible for loss/damage (e.g. health, safety, trust) I have experienced.	1	2	3	4	5
D.	I am preoccupied with thoughts about the contamination at the Fernald site.	1	2	3	4	5

7. What is your level of education?

☐ Some high school or less ☐ High school graduate ☐ Technical school or vocational training
☐ Some College ☐ College graduate ☐ Postgraduate or professional degree

8. Do you own or rent your home? ☐ Own ☐ Rent

9. What is your email address? (Please print) _____@_____

Phone number: (___ ___ ___) - ___ ___ ___ - ___ ___ ___ ___

Has your last name changed? _____Yes _____No If YES, new last name: _____

THANK YOU FOR UPDATING YOUR INFORMATION WITH THE FERNALD COMMUNITY COHORT
Please return this form in the enclosed postage prepaid envelope.

If you no longer have the postage prepaid envelope, please mail to: Jeanette Buckholz, UC FCC, PO Box 670056, Cincinnati, OH, 45267-0056