

MEDICAL HISTORY

7. If you have been told by a doctor that you had any type of **CANCER** or malignant tumor, OR any of the **MEDICAL CONDITIONS** listed below, please mark the box and provide the year it was first diagnosed.

Type of Cancer	Yes	Year 1 st Diagnosed
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Bladder	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Bone	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Brain or nervous system	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Breast	<input checked="" type="checkbox"/>	

If YES: ↓

Which Breast?	What type was it?	Ductal Invasive Cancer	Other Carcinoma In Situ	Or Type Unknown	Year 1 st Diagnosed
<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				
<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>				

	Yes	Year 1 st Diagnosed
Cervix (invasive, not <i>in situ</i>) ..	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Colon	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Hodgkin's Disease	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Kidney	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Leukemia	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Lung, trachea or bronchus ...	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Lymphoma, Non-Hodgkin's ...	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Melanoma of the Skin	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Multiple myeloma	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Ovary	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Prostate	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Rectum	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Salivary gland	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Type of Cancer	Yes	Year 1 st Diagnosed
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Skin cancer other than melanoma		
Basal cell	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Squamous cell	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other or type unknown	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Stomach	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Testis	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Thyroid	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Uterus (endometrium)	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

Any other type of cancer (including unknown types) ...

If YES: what type?

Medical Condition	Yes	Year 1 st Diagnosed
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Benign tumor of the brain or nervous system	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Benign thyroid tumor (adenoma) or nodule	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Other thyroid conditions	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Stroke (cerebrovascular accident)	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Heart attack, myocardial infarction (MI)	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Parkinson's Disease	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Cataracts	<input checked="" type="checkbox"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Fibrocystic or other benign breast disease such as fibroadenoma or hyperplasia	<input checked="" type="checkbox"/>	

If YES, was it confirmed by breast biopsy or aspiration?

No Yes

PHYSICAL ACTIVITY

The following questions are about recreational or leisure time physical activities during four periods of your life. When answering these questions, do not include physical activity or exercise that is part of a job.

60. On average, about how many hours per week did you participate in strenuous physical activities during each of the four ages listed below? (Leave blank if age group is not applicable to you.)

Strenuous activity means something that increases your heart rate and/or causes you to perspire (for example, running, jogging, cross-country skiing, vigorous swimming or bicycling).

Between ages 18-22 HRs/WK In your 50s HRs/WK
 In your 30s HRs/WK Currently HRs/WK

61. On average, about how many hours per week did you participate in moderate physical activities during each of the four ages listed below? (Leave blank if age group is not applicable to you.)

Moderate activity means something that requires effort but is not exhausting (for example, walking for exercise, easy swimming, bicycling or golfing).

Between ages 18-22 HRs/WK In your 50s HRs/WK
 In your 30s HRs/WK Currently HRs/WK

SUN EXPOSURE

62. What was your natural hair color when you were 20 years old ...

Blonde Medium brown
 Red Dark brown
 Reddish-brown Black
 Light brown Other:

64. After repeated and prolonged exposure to sunlight, would your skin become ...

Very brown and deeply tanned
 Moderately tanned
 Lightly tanned
 Not tanned at all

65. Were you ever sunburnt so severely as to cause blisters?

Yes No [GO TO 67]

66. How many times did this happen ...

a. before age 15?

of blistering sunburns

b. from age 15 to the age you are now?

of blistering sunburns

47. How many years did you work as a radiologic technologist during 1980-2005?

years [If zero, GO TO 60]

48. Which of the following best describes the kind of facility you worked in at the job where you worked the longest during 1980-2005?

- Hospital Physician office/clinic Other facility

49. What percentage of the time did you wear a protective apron while performing radiation procedures at this longest job?

- Zero 25-74%
 Less than 25% 75% or more

50. Did you ever wear a dosimetry badge at this job?

- Yes → Did you usually wear the badge on the inside
 No or outside of an apron? Inside apron
 Outside apron

51. What percentage of the time did you stand behind a screen or shield while performing radiation procedures at this job?

- Zero 25-74%
 Less than 25% 75% or more

52. How many ROUTINE DIAGNOSTIC X-RAY procedures did you perform or assist with during a typical week at this longest job during 1980-2005?

- Zero [GO TO 54] 25-49 per week
 Less than 10 per week 50-99 per week
 10-24 per week 100 or more per week

53. When performing ROUTINE DIAGNOSTIC X-RAY procedures, what percentage of patients being x-rayed did you hold during the procedure?

- Zero 10-24%
 Less than 10% 25% or more

54. How many FLUOROSCOPY procedures did you perform or assist with during a typical week at this longest job during 1980-2005?

- Zero [GO TO 56] 25-49 per week
 Less than 10 per week 50-99 per week
 10-24 per week 100 or more per week

55. Excluding set-up time, what percentage of the FLUOROSCOPY procedures that you performed or assisted with were more than 15 minutes long?

- Zero 25-49%
 Less than 25% 50% or more

56. How many DIAGNOSTIC RADIOISOTOPE PROCEDURES (injections or oral procedures) did you perform or assist with during a typical week at this longest job during 1980-2005?

- Zero [GO TO 58] 25-49 per week
 Less than 10 per week 50-99 per week
 10-24 per week 100 or more per week

57. When working with DIAGNOSTIC RADIOISOTOPE PROCEDURES, how many times did you prepare the radiopharmaceutical kit and/or elute generators during a typical week at this longest job in 1980-2005?

- Zero 25-49 per week
 1-9 per week 50 or more per week
 10-24 per week

58. How many times did you perform, administer or assist with INTERNAL THERAPEUTIC RADIOISOTOPE procedures during a typical week at this longest job in 1980-2005?

- Zero 3 times per week
 1-2 times per week More than 3 times per week

59. What percentage of the time were you responsible for maintaining the radioactive sources used for implants (in the safe) or transporting to patients?

- Zero 25-74%
 Less than 25% 75% or more

WORK HISTORY

The next section is about your work experience as a radiologic technologist in four time periods. This information is needed to estimate your cumulative radiation dose.

8. How many years did you work as a radiologic technologist during 1950-1959?

years [If zero, GO TO 21]

9. Which of the following best describes the kind of facility you worked in at the job where you worked the longest during the 1950s?

- Hospital Physician office/clinic Other facility

10. What percentage of the time did you wear a protective apron while performing radiation procedures at this longest job?

- Zero 25-74%
 Less than 25% 75% or more

11. Did you ever wear a dosimetry badge at this job?

- Yes → Did you usually wear the badge on the inside
 No or outside of an apron? Inside apron
 Outside apron

12. What percentage of the time did you stand behind a screen or shield while performing radiation procedures at this job?

- Zero 25-74%
 Less than 25% 75% or more

13. How many ROUTINE DIAGNOSTIC X-RAY procedures did you perform or assist with during a typical week at this longest job during the 1950s?

- Zero [GO TO 15] 25-49 per week
 Less than 10 per week 50-99 per week
 10-24 per week 100 or more per week

14. When performing ROUTINE DIAGNOSTIC X-RAY procedures, what percentage of patients being x-rayed did you hold during the procedure?

- Zero 10-24%
 Less than 10% 25% or more

15. How many FLUOROSCOPY procedures did you perform or assist with during a typical week at this longest job during the 1950s?

- Zero [GO TO 17] 25-49 per week
 Less than 10 per week 50-99 per week
 10-24 per week 100 or more per week

16. Excluding set-up time, what percentage of the FLUOROSCOPY procedures that you performed or assisted with were more than 15 minutes long?

- Zero 25-49%
 Less than 25% 50% or more

17. How many DIAGNOSTIC RADIOISOTOPE PROCEDURES (injections or oral procedures) did you perform or assist with during a typical week at this longest job during the 1950s?

- Zero [GO TO 19] 25-49 per week
 Less than 10 per week 50-99 per week
 10-24 per week 100 or more per week

18. When working with DIAGNOSTIC RADIOISOTOPE PROCEDURES, how many times did you prepare the radiopharmaceutical kit and/or elute generators during a typical week at this longest job in the 1950s?

- Zero 25-49 per week
 1-9 per week 50 or more per week
 10-24 per week

19. How many times did you perform, administer or assist with INTERNAL THERAPEUTIC RADIOISOTOPE procedures during a typical week at this longest job in the 1950s?

- Zero 3 times per week
 1-2 times per week More than 3 times per week

20. What percentage of the time were you responsible for maintaining the radioactive sources used for implants (in the safe) or transporting to patients?

- Zero 25-74%
 Less than 25% 75% or more

21. How many years did you work as a radiologic technologist during 1960-1969?

years [If zero, GO TO 34]

22. Which of the following best describes the kind of facility you worked in at the job where you worked the longest during the 1960s?

- Hospital Physician office/clinic Other facility

23. What percentage of the time did you wear a protective apron while performing radiation procedures at this longest job?

- Zero 25-74%
 Less than 25% 75% or more

24. Did you ever wear a dosimetry badge at this job?

- Yes → Did you usually wear the badge on the inside
 No or outside of an apron? Inside apron
 Outside apron

25. What percentage of the time did you stand behind a screen or shield while performing radiation procedures at this job?

- Zero 25-74%
 Less than 25% 75% or more

26. How many ROUTINE DIAGNOSTIC X-RAY procedures did you perform or assist with during a typical week at this longest job during the 1960s?

- Zero [GO TO 28] 25-49 per week
 Less than 10 per week 50-99 per week
 10-24 per week 100 or more per week

27. When performing ROUTINE DIAGNOSTIC X-RAY procedures, what percentage of patients being x-rayed did you hold during the procedure?

- Zero 10-24%
 Less than 10% 25% or more

28. How many FLUOROSCOPY procedures did you perform or assist with during a typical week at this longest job during the 1960s?

- Zero [GO TO 30] 25-49 per week
 Less than 10 per week 50-99 per week
 10-24 per week 100 or more per week

29. Excluding set-up time, what percentage of the FLUOROSCOPY procedures that you performed or assisted with were more than 15 minutes long?

- Zero 25-49%
 Less than 25% 50% or more

30. How many DIAGNOSTIC RADIOISOTOPE PROCEDURES (injections or oral procedures) did you perform or assist with during a typical week at this longest job during the 1960s?

- Zero [GO TO 32] 25-49 per week
 Less than 10 per week 50-99 per week
 10-24 per week 100 or more per week

31. When working with DIAGNOSTIC RADIOISOTOPE PROCEDURES, how many times did you prepare the radiopharmaceutical kit and/or elute generators during a typical week at this longest job in the 1960s?

- Zero 25-49 per week
 1-9 per week 50 or more per week
 10-24 per week

32. How many times did you perform, administer or assist with INTERNAL THERAPEUTIC RADIOISOTOPE procedures during a typical week at this longest job in the 1960s?

- Zero 3 times per week
 1-2 times per week More than 3 times per week

33. What percentage of the time were you responsible for maintaining the radioactive sources used for implants (in the safe) or transporting to patients?

- Zero 25-74%
 Less than 25% 75% or more

34. How many years did you work as a radiologic technologist during 1970-1979?

years [If zero, GO TO 47]

35. Which of the following best describes the kind of facility you worked in at the job where you worked the longest during the 1970s?

- Hospital Physician office/clinic Other facility

36. What percentage of the time did you wear a protective apron while performing radiation procedures at this longest job?

- Zero 25-74%
 Less than 25% 75% or more

37. Did you ever wear a dosimetry badge at this job?

- Yes → Did you usually wear the badge on the inside
 No or outside of an apron? Inside apron
 Outside apron

38. What percentage of the time did you stand behind a screen or shield while performing radiation procedures at this job?

- Zero 25-74%
 Less than 25% 75% or more

39. How many ROUTINE DIAGNOSTIC X-RAY procedures did you perform or assist with during a typical week at this longest job during the 1970s?

- Zero [GO TO 41] 25-49 per week
 Less than 10 per week 50-99 per week
 10-24 per week 100 or more per week

40. When performing ROUTINE DIAGNOSTIC X-RAY procedures, what percentage of patients being x-rayed did you hold during the procedure?

- Zero 10-24%
 Less than 10% 25% or more

41. How many FLUOROSCOPY procedures did you perform or assist with during a typical week at this longest job during the 1970s?

- Zero [GO TO 43] 25-49 per week
 Less than 10 per week 50-99 per week
 10-24 per week 100 or more per week

42. Excluding set-up time, what percentage of the FLUOROSCOPY procedures that you performed or assisted with were more than 15 minutes long?

- Zero 25-49%
 Less than 25% 50% or more

43. How many DIAGNOSTIC RADIOISOTOPE PROCEDURES (injections or oral procedures) did you perform or assist with during a typical week at this longest job during the 1970s?

- Zero [GO TO 45] 25-49 per week
 Less than 10 per week 50-99 per week
 10-24 per week 100 or more per week

44. When working with DIAGNOSTIC RADIOISOTOPE PROCEDURES, how many times did you prepare the radiopharmaceutical kit and/or elute generators during a typical week at this longest job in the 1970s?

- Zero 25-49 per week
 1-9 per week 50 or more per week
 10-24 per week

45. How many times did you perform, administer or assist with INTERNAL THERAPEUTIC RADIOISOTOPE procedures during a typical week at this longest job in the 1970s?

- Zero 3 times per week
 1-2 times per week More than 3 times per week

46. What percentage of the time were you responsible for maintaining the radioactive sources used for implants (in the safe) or transporting to patients?

- Zero 25-74%
 Less than 25% 75% or more