
Item ID Number 02291

Author

Corporate Author

Report/Article Title Form: Binghamton State Office Building PCB
Screening, [nd]

Journal/Book Title

Year

Month/Day

Color

Number of Images 5

Description Notes

2111 Anticpm 5

BINGHAMTON STATE OFFICE BUILDING

PCB SCREENING

(1) Record # $\frac{0}{1} \frac{1}{2}$ (2) Card # $\frac{0}{3} \frac{1}{4}$ (3) ID # $\frac{\quad}{5} \frac{\quad}{6} \frac{\quad}{7} \frac{\quad}{8}$

(4) Date: Mo. $\frac{\quad}{9} \frac{\quad}{10}$ Day $\frac{\quad}{11} \frac{\quad}{12}$ Yr. $\frac{\quad}{13} \frac{\quad}{14}$ (5) Exposure Status $\frac{\quad}{15}$

I WOULD LIKE TO BEGIN BY ASKING YOU SOME BASIC QUESTIONS ABOUT YOURSELF.

BACKGROUND INFORMATION

(6) Name _____

(7) Soc. Sec. # $\frac{\quad}{16} \frac{\quad}{17} \frac{\quad}{18} \frac{\quad}{19} \frac{\quad}{20} \frac{\quad}{21} \frac{\quad}{22} \frac{\quad}{23} \frac{\quad}{24}$

(8) Home address _____

(9) Home phone: _____

(10) Work address _____

(11) Work phone _____

(12) Employer _____

(13) Job title _____

(14) Job description _____

Code
$\frac{\quad}{25} \frac{\quad}{26} \frac{\quad}{27}$

(15) Date of birth Mo $\frac{\quad}{28} \frac{\quad}{29}$ Day $\frac{\quad}{30} \frac{\quad}{31}$ Yr. $\frac{\quad}{32} \frac{\quad}{33}$

(16) Marital Status (read choices to respondent)

1 = Currently Married 2 = Currently Divorced 3 = Currently Separated

4 = Currently Widowed 5 = Never Married 8 = Don't Know (DK) 9=No Response (NR) 34

(THE INTERVIEWER COMPLETES THE NEXT TWO QUESTIONS (16 and 17) WITHOUT ASKING THE RESPONDENT.)

(17) Sex 1 = Male 2 = Female 35

(18) Race 1 = White 2 = Black 3 = Hispanic 4 = Other 36

THE NEXT SET OF QUESTIONS DEALS WITH YOUR ACTIVITIES IN OR AROUND THE BSOB AT THE TIME OF THE FIRE (FEBRUARY 5, 1981) AND AFTERWARDS.

EXPOSURE

(19) Were you in:

(If yes, complete below. If no, DK, or NR, skip to 20.)

1 = Yes 2 = No
8 = Don't Know (DK)
9 = No Response (NR)

Total # of Times 88=DK 99=NR	Total # of Hours 888=DK 999=NR 000=Less than 1	First Date					Last Date				
		Mo.		Day		Yr.	Mo.		Day		Yr.
		88=DK	99=NR	88=DK	99=NR	88=DK	99=NR	88=DK	99=NR	88=DK	99=NR

Activities

Code

(a) The BSOB (including
its basement and
sub-basement) 37

38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54

55 56

(b) City Building
(including its
basement and
sub-basement) 57

58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74

75 76

(ID)									
Keypuncher - Start new card:									
0	1	0	2	5	6	7	8	1	2
1	2	3	4	3	4	5	6	7	8

(c) County Building
(including its base-
ment & sub-basement) 9

10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26

27 28

(d) Garage 29

30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46

47 48

(Ask e only if answers
a through d are no.)

Level

1 = 1st Floor (Ground)
2 = Basement
3 = Sub-basement
4 = Combination
8 = DK 9 = NR

49

(e) Only exposed to
materials outside
the buildings 50

51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67

68 69

ID

-2-

(If respondent was in BSOB, complete below. If not, skip to 23.)

(20) What sections of the BSOB were you in?

Floor
 19=Base 20=Sub-B.
 88=DK 99=NR

Room/Location

Code

(a) _____
70 71

72 73

(b) _____
74 75

76 77

Keypuncher - Start new card:				(ID)			
0	1	0	3				
1	2	3	4	5	6	7	8

(c) _____
9 10

11 12

(21) Did you wear protective gear while you were in the BSOB?

1 = Yes 2 = No 8 = DK 9 = NR
13

(If yes, complete below. If no, DK, or NR, skip to 22.)

(a) Type of gear: _____

<u>Code</u>
14 15

(b) How often did you wear this gear while in the BSOB? (Read choices to respondent.)

1 = Always 2 = Usually 3 = Sometimes 4 = Rarely 8 = DK 9 = NR
16

(22) Additional information regarding possible routes of exposure would also be helpful. For example, despite protective gear or other precautionary measures, do you believe that you may have been exposed for any reason through the:

1 = Yes 2 = No 8 = DK 9 = NR

(a) Skin 17

(b) Oral 18

(c) Nasal 19

(d) Eyes 20

(e) Other 21 Specify: _____

(23) Did you have any chemical exposures prior to the BSOB fire?

1 = Yes 2 = No 8 = DK 9 = NR 22

(If yes, complete below. If no, DK, or NR, skip to 24.)

Type of Exposure _____

Code

23 24

Earliest Yr.
of Exposure
88=DK 99=NR

25 26

Latest Yr.
of Exposure
88=DK 99=NR

27 28

(24) Have you had any chemical exposures outside the BSOB since the fire?

1 = Yes 2 = No 8 = DK 9 = NR 29

(If yes, complete below. If no, DK, or NR, skip to 25.)

Type of Exposure _____

Code

30 31

Latest Date of Exposure Mo 32 33 Day 34 35 Yr. 36 37
88=DK 99=NR

(25) IN ORDER TO COMPLETE OUR STUDY, I ALSO NEED SOME INFORMATION CONCERNING YOUR MEDICAL HISTORY AND HEALTH HABITS.

MEDICAL HISTORY

Before the time of the BSOB fire, did you have any of the following health problems?

1 = Yes 2 = No
8 = DK 9 = NR

If yes, complete below. If no, DK, or NR, skip to 26.)

	<u>Specify</u>	<u>Date of Dx</u> <u>Month</u> <u>Year</u> 88=DK 99=NR	<u>Code</u>
(a) Tumor or Cancer	_____	<u>39</u> <u>40</u> <u>41</u> <u>42</u>	<u>43</u> <u>44</u> <u>45</u>
(b) Liver Problem	_____	<u>47</u> <u>48</u> <u>49</u> <u>50</u>	<u>51</u> <u>52</u> <u>53</u>
(c) Neurological Problems	_____	<u>55</u> <u>56</u> <u>57</u> <u>58</u>	<u>59</u> <u>60</u> <u>61</u>
(d) Skin Problems	_____	<u>63</u> <u>64</u> <u>65</u> <u>66</u>	<u>67</u> <u>68</u> <u>69</u>
(e) Unusual loss of wt. of 10 lbs. or more	_____	<u>71</u> <u>72</u> <u>73</u> <u>74</u>	<u>75</u> <u>76</u> <u>77</u>

Keypuncher - Start new card: <u>0</u> <u>1</u> <u>0</u> <u>4</u> (ID)
<u>1</u> <u>2</u> <u>3</u> <u>4</u> <u>5</u> <u>6</u> <u>7</u> <u>8</u>

(f) Other medical problems 9 _____

10 11 12 13

Code

14 15 16

(26) Do you take any drugs or medication on a regular basis?

1 = Yes 2 = No
8 = DK 9 = NR

17

If yes, specify: _____

<u>Code</u>		
18	19	20

(27) Do you have any allergies?

1 = Yes 2 = No
8 = DK 9 = NR

21

If yes, specify: _____

<u>Code</u>		
22	23	24

HEALTH HABITS

(28) Have you ever smoked any of the following tobacco products?

(If yes, go to corresponding section of 29. If no, DK, or NR, skip to 30.)

1 = Yes 2 = No 8 = DK 9 = NR

(a) Cigarettes 25 (b) Cigars 26 (c) Pipes 27

(29) Do you currently smoke:

(If yes, complete below.)

1 = Yes 2 = No
8 = DK 9 = NR

If no, DK, or NR, skip to 29.)

	<u>Amount</u>	<u># of Years</u>
(a) Cigarettes <u>28</u>	00 = Less than 1 Cigarettes/Day <u>29 30</u>	<u>31 32</u>
(b) Cigars <u>33</u>	Cigars/Day <u>34 35</u>	<u>36 37</u>
(c) Pipes <u>38</u>	Bowls/Day <u>39 40</u>	<u>41 42</u>

(If response is a fraction, round up to nearest whole number.)

(30) Have you ever used any of the following alcoholic beverages?

1 = Yes 2 = No 8 = DK 9 = NR (If yes, go to corresponding section of 31.)
(If no, DK, or NR, skip to 32.)

(a) Beer 43 (b) Wine 44 (c) Liquor/
Mixed Drinks 45

(31) Do you currently use:

(If yes, complete below.)

1 = Yes 2 = No
8 = DK 9 = NR

If no, DK, or NR, skip to 32)

	<u>Amount</u>	<u># of Years</u>
(a) Beer <u>46</u>	00 = Less than 1 12 oz Bottles, Cans or Glasses/Wk <u>47 48</u>	<u>49 50</u>
(b) Wine <u>51</u>	4 oz Glass/Wk <u>52 53</u>	<u>54 55</u>
(c) Liquor/ Mixed Drinks <u>56</u>	Drinks with 1 1/2 oz liquor/wk <u>57 58</u>	<u>59 60</u>

(If respondent is a fraction, round up to nearest whole number.)

(32) THIS CONCLUDES OUR INTERVIEW. THANK YOU VERY MUCH FOR YOUR TIME AND EFFORT.

DO YOU HAVE ANY QUESTION I MAY HELP YOU WITH?