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

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

- (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)

<u>Total #</u> <u>of Times</u>	<u>Total #</u> <u>of Hours</u>	<u>First Date</u> <u>Mo. Day Yr.</u>	<u>Last Date</u> <u>Mo. Day Yr.</u>
88=DK 99=NR	888=DK 999=NR 000=Less than 1	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	3	4				

(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.)

(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

Level

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

49

ID

-2-

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

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

<u>Floor</u>	<u>Room/Location</u>	<u>Code</u>
19=Base 20=Sub-B. 88=DK 99=NR		
(a) <u>70 71</u>	_____	<u>72 73</u>
(b) <u>74 75</u>	_____	<u>76 77</u>

Keypuncher - Start new card: $\frac{0}{1} \frac{1}{2} \frac{0}{3} \frac{3}{4}$	(ID)	$\frac{\quad}{5} \frac{\quad}{6} \frac{\quad}{7} \frac{\quad}{8}$
--	------	---

(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: _____	Code
	<u>14 15</u>

(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	_____	____	____
		39 40 41 42	43 44 45
(b) Liver Problem	_____	____	____
		47 48 49 50	51 52 53
(c) Neurological Problems	_____	____	____
		55 56 57 58	59 60 61
(d) Skin Problems	_____	____	____
		63 64 65 66	67 68 69
(e) Unusual loss of wt. of 10 lbs. or more	_____	____	____
		71 72 73 74	75 76 77

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

(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>		
<u>18</u>	<u>19</u>	<u>20</u>

(27) Do you have any allergies?

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

21

If yes, specify: \_\_\_\_\_

<u>Code</u>		
<u>22</u>	<u>23</u>	<u>24</u>

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?