

# VETERANS CANCER SURVEY QUESTIONNAIRE

May 2004  
C. Busby  
Green Audit

**Section A – Personal Identifying Information** (Confidential! will not be released to a third party without written consent of person named below.)

Family/Surname:

First name:

Address for correspondence:

Telephone:

Email:

Service number if you have been in armed forces:

NHS number if known:

Sex (circle): Male Female Marital Status (circle): Married Single Divorced/Sep.

Year of Birth (DD/MM/19YY): / /

Do you live near (within 1km of) the sea (circle)? Yes No

Do you normally live near, or work near a nuclear site like Sellafield?

## Section B -- Medical Background/History:

Name of GP or doctor:

Contact number (phone/e-mail):

Since 1991, have you been diagnosed with cancer, leukaemia or lymphoma (circle)?

Yes No If yes, please provide the following information:

Diagnosis: (type of Cancer/lymphoma, etc.)	Year diagnosed	Age at diagnosis	Are you receiving treatment (Yes/No)

Name of GP/Doctor/Hospital:

Contact information (phone/e-mail):

Did either of your parents suffer from cancer, leukaemia or lymphoma (circle)? Yes No

If yes, please provide which parent, and type of C/L/L:

Do you currently smoke more than 10 cigarettes a day (circle)? Yes No

At the time of your diagnoses above, approximately how many cigarettes per day were you smoking?:

Have you (if female) or you wife (if you are a man) suffered:

Date(s) of occurrence(s):

Stillbirth(s)?		
Child(ren) with birth defect(s)		Type(s):
Miscarriage(s)?		
Infant death(s)?		How long after birth?:

Have you suffered any other serious health condition since 1991?

Condition	When diagnosed	Diagnosed by	Currently receiving treatment? Y/N

**Section C – Military History/Background:**

Have you been in any area(s) where you may have been exposed to DU?:

LOCATION	FROM:	TO:	CAPACITY SERVED	MAIN JOB IN AREA:
Iraq, 1991 or after, before GW-2				
Iraq, 2003 after GW-2 war began				
Visited areas of bombing in S. Iraq				
Bosnia				
Kosovo				
Other DU sites (e.g. test ranges, supply depots, accident sites)				

**Section D**

Please answer the following if you have said "Yes" to any of the questions in sections B and C.

Whilst in the areas of interest above, did you work in or near any areas where you believe DU weapons were used (e.g. burned out tanks; explosion sites; decom centers)? Yes No

Were you warned of the possible effects of DU contamination at the time? Yes No

Have you had a urine test for DU? When was it? Who carried it out? What was the result?

Would you be prepared to help by answering further questions if necessary?

Please add anything you feel relevant to the information on the questionnaire:

Thank you for your time! These results will be very valuable.

Please send the completed questionnaire to :