



# INTERVIEW BOOKLET

May, 1995

**Hanford Thyroid Disease Study  
Fred Hutchinson Cancer Research Center  
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Seattle, Washington 98104**

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**FORM APPROVED:**

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**This interview will be about**

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**from birth through 1957.**

We really appreciate your help with this important study. As we discussed over the telephone, the purpose of this interview will be to find out about events and food consumption in 1939, the 1940s and 1950s, during this child's youth.

We know that these events may be difficult to recall, and that is why we have sent you this booklet. It is important that the information you give us about this child's youth be as accurate as possible. Each section in this booklet asks you to remember some important details about your life in 1939, the 1940s and 1950s that will help you to recall some of the information we will be asking about over the phone. We have found that if people go through these materials before the interview, jotting down some notes, the interview goes more easily and quickly for them. This may be a good time to bring out the family album, old letters, scrapbooks or baby books. Please feel free to discuss any or all of the questions in this booklet with family or friends, or anyone who might help you to remember 1939, the 1940s and 1950s.

It will be helpful to refer to your copy of the **Residence History Questionnaire** and **Calendar of Events** you have already completed while reviewing this booklet.

This booklet was designed to help you remember things about you and this child through 1957. It is for your use. We will not be asking you to return this booklet.

Keep in mind that there is no right or wrong answer.

# About the Raw Milk Your Family Drank

## **Did Your Family Drink Raw Milk? Where Did Your Family Get Milk?**

Include any raw (unprocessed) milk which your family may have drunk. Unlike the processed milk which may have been available from dairies or grocery stores, 'raw' or 'unprocessed' milk is milk which has not been treated in any way; not pasteurized, not homogenized.

Many families had a few cows or goats, sometimes to help reduce food costs. In some cases it may have been necessary to keep animals in order to receive a home or farm loan. Perhaps neighbors or relatives with cows or goats provided milk to your family.

For unprocessed or raw milk, we would like to learn about what the animal ate and drank, and where the animal lived. You may know, or there may be someone you can ask, like a family member or neighbor.



**THESE QUESTIONS  
MAY HELP YOU TO  
RECALL WHERE  
YOUR FAMILY GOT  
RAW MILK**

**WHERE YOUR  
FAMILY GOT RAW  
MILK:  
1939 through 1957**

- Did your family have a cow or goat?
- Did your neighbors or relatives have a cow or goat that provided milk to your family?
- Did the milking animal live on your property?  
On a neighbor's property?
- Did it have room to graze?
- Was the weather too harsh for the animal to graze year round?
- What else did the animal eat?
- Where did the animal's drinking water come from?  
A well? Pond? Stream or Creek?  
Rainwater cistern?
- Did the animal's water come from the same place as your



family's  
drinking water?

- Did anything about the animals your family got raw milk from ever change, like where they grazed?
- Did you get milk from a different farm?

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## About the Processed Milk Your Family Drank

### Did Your Family Drink Processed Milk? Where Did Your Family Get Milk?

By processed milk, we mean any milk that has been homogenized and/or pasteurized. ***When we refer to "fresh" milk, do not include milk that was canned or powdered.*** This would have been milk that you may have purchased from a grocery store or a local dairy. Even families that had their own milk cows or goats sometimes supplemented their supply with milk they purchased.

To the right is a listing of dairies which may have provided milk in the area you lived during these years. It may be helpful to first circle the brand names which you recall having purchased, and then note the dates you used these brands, or the places you lived when you bought these brands.

If you can't remember the brand name, can you recall something else about the brand; their trademark or the colors they used on the package, for example?



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## Brands of Milk

Calhoun's Dairy  
 Carnation  
 Cascade Golden Star  
 Connel Dairy  
 Darigold  
 DeBoer Farm Dairy  
 Depping's Dairy  
 Detloff  
 Diversity Farm  
 Duff's Creamery  
 Fairview Guernsey Dairy  
 Golden Guernsey Dairy  
 Hulburt Dairy  
 Ingram's Dairy  
 Lloyd Meyer  
 Lower Naches  
 Lucerne  
 Mack's Creamery  
 Maid-O-Clover  
 Maple Leaf  
 Mary-O Dairy  
 May's Dairy  
 Mayflower

Scudder Ranch Dairy  
 Selah Home Dairy  
 Shady Lawn Creamery  
 Sreen's  
 Spring Brook Dairy  
 Swanson's Dairy  
 Sweet Clover  
 Thorp's Creamery  
 Tomlinson's  
 Twin City Creamery  
 Union Gap Dairy  
 Walla Walla College Dairy  
 Walla Walla Dairymen's Association  
 Washington State Penitentiary  
 Westlawn Dairy  
 Wiley City Dairy  
 Willow Point  
 Wilmont's Morning Sun  
 Yakima City Creamery  
 Yakima City Dairy  
 Yakima Dairymen's Association  
 Yakima Poultry and Egg Co.  
 Young's

McColum's/Reese's  
Milk Products Company  
Morning Milk  
Mountain View Dairy  
Naches Dairy  
Percy Clark's Dairy  
Puritan  
Reese's/Ritzville Dairy

LIST ANY OTHER BRAND HERE  
(DESCRIBE LABEL OR SLOGAN):

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## About when this Child was an Infant

One of the first questions we will be asking is when this child was born. When we refer to "this child", we mean the subject, who was born between 1940 and 1946. We have written his/her name on the first page of this booklet.


In the first part of the telephone interview, we will be trying to establish dates that will be used throughout the interview. This is where it may be especially helpful if you take the opportunity to note important dates on the Calendar of Events.

In addition to your child's date of birth, we are interested in whether this child was breast-fed (nursed), how old this child was when he/she first began drinking milk (other than breast milk), and first began eating foods other than milk.

Feelings about the age at which a child should begin eating solid food, or even whether a child should be breast-fed, have changed over the years. As with all questions we ask, remember that ***there is no right or wrong answer.***



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<p><b>THESE QUESTIONS MAY HELP YOU REMEMBER SOME SPECIFIC DATES FROM WHEN THIS CHILD WAS AN INFANT:</b></p>	<p><b>ABOUT WHEN THIS CHILD WAS AN INFANT:</b></p>
<ul style="list-style-type: none"> <li>• When was this child born?</li> <li>• Was this child born in the Spring, Summer, Autumn, or Winter?</li> <li>• Was he/she breast-fed (nursed)? Until what age?</li> <li>• Did this child need night feedings to help him/her sleep?</li> <li>• When this child first began drinking milk other than breast milk, how much of his/her diet was:</li> </ul>	



Breast milk?  
Canned or powdered milk?  
Fresh processed milk?  
Fresh raw milk?

- Did this child have an allergy or intolerance to any type of milk?
- When this child first began eating foods other than milk, how much of his/her diet was:  
Solid food, such as cereal?  
Breast milk?  
Canned or powdered milk?  
Fresh processed milk?  
Raw milk?

## About the Milk Your Family Drank

This includes raw and processed milk, chocolate milk or cocoa, and buttermilk, but does not include canned or powdered milk. Cream, butter, and cottage cheese are some examples of the dairy products we will ask about later. If you are not sure whether something is considered 'milk' or a 'dairy product', remember that the interviewer will be glad to answer any questions for you.

**Did you drink milk while you were pregnant with this child?**

In talking with people, we have found that some people have special memories of the milk they drank while they were pregnant and breast-feeding. During the telephone interview, we will be asking about how much and which types of milk you drank. It may be helpful to you if you think about how much milk you drank before you were pregnant, to help recall if you drank more or less milk while you were pregnant and breast-feeding. Later, we will ask about dairy products you may have eaten. But for now, we are interested only in the milk you drank.


**What kind of milk did this child drink?**

**How much milk did this child drink?**

We are interested in finding out how much and which kinds of milk this child drank. We will also be asking you about significant changes in this child's diet, beginning with the milk he/she drank.

It may be helpful to you to remember back to when this child was an infant, then through 1957.

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<p><b>THESE QUESTIONS MAY HELP YOU REMEMBER ABOUT THE MILK YOUR FAMILY DRANK</b></p>	<p><b>ABOUT THE MILK YOUR FAMILY DRANK: 1939 through 1957</b></p>
<ul style="list-style-type: none"> <li>• What types of milk did your family drink? <ul style="list-style-type: none"> <li>- Powdered? Canned?</li> <li>- Fresh, processed milk?</li> <li>- Raw milk?</li> <li>- Cow or goat milk?</li> </ul> </li> <li>• Did anyone in your family have an allergy to any type of milk? Who?</li> <li>• What was your family's favorite kind of milk?</li> </ul>	

- Was this kind of milk  
always  
available?
  
- Did rationing during the  
war affect what types of  
milk were available?
  
- Do you recall how often  
milk came into the house?  
Daily? Weekly?  
How big were the  
containers?  
Gallon jugs? Quart bottles?
  
- Did you use a different  
kind of  
milk for cooking than for  
drinking?  
What kind of milk did you  
use?
  
- Were foods that were  
prepared  
with milk a regular part of  
meals?  
Such as
  - Pancakes at breakfast?
  - Cream soups at lunch?
  - Gravy or casserole at  
dinner?

**HERE ARE SOME  
QUESTIONS WHICH  
MAY HELP YOU  
RECALL HOW MUCH  
MILK YOU DRANK  
WHILE YOU WERE  
PREGNANT AND  
BREAST-FEEDING:**

**ABOUT THE MILK YOU  
DRANK WHILE YOU  
WERE PREGNANT AND  
BREAST-FEEDING**

- Did you drink more milk than usual while you were pregnant, perhaps on the recommendation of a doctor or family member?
- Were you likely to drink milk at every meal or just one or two meals a day?
- Did you use milk over hot cereal?  
Cold cereal?
- Was milk poured over fruit, such as strawberries or peaches?
- Did you have milk for snacks?
- Did you drink fresh raw milk?  
Fresh processed milk?  
Canned milk?  
Powdered milk?
- Did you drink cow's milk?  
Goat's milk?  
Both?



**THESE QUESTIONS MAY  
HELP YOU TO  
REMEMBER ABOUT THE  
MILK THIS CHILD  
DRANK:**

**ABOUT THE MILK  
THIS CHILD DRANK  
THROUGH 1957**

- What different kinds of milk did this child drink?  
Fresh raw milk?  
Fresh processed milk?  
Powdered milk?  
Canned milk?  
Cow or goat milk?
- Did he/she drink the same kind of  
milk all of the time?
- Which was his/her favorite kind of  
milk?  
Was there always enough?
- Did he/she drink a different type of milk away from home?
- Did this child drink milk at every meal? Snacks?
- Did he/she drink milk one glass at  
a time? Several glasses?
- Did this child drink cocoa or



chocolate milk? Warm milk?

- Was milk used on cold cereal?  
Hot cereal? Over fruit?
- Did this child's appetite for milk  
change gradually or  
dramatically?  
When?

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## About the Dairy Products Your Family Ate

It may be helpful to you if you remember which foods were available to you. For example, if your family had a cow or a goat, perhaps fresh butter or ice cream was made from the raw milk.

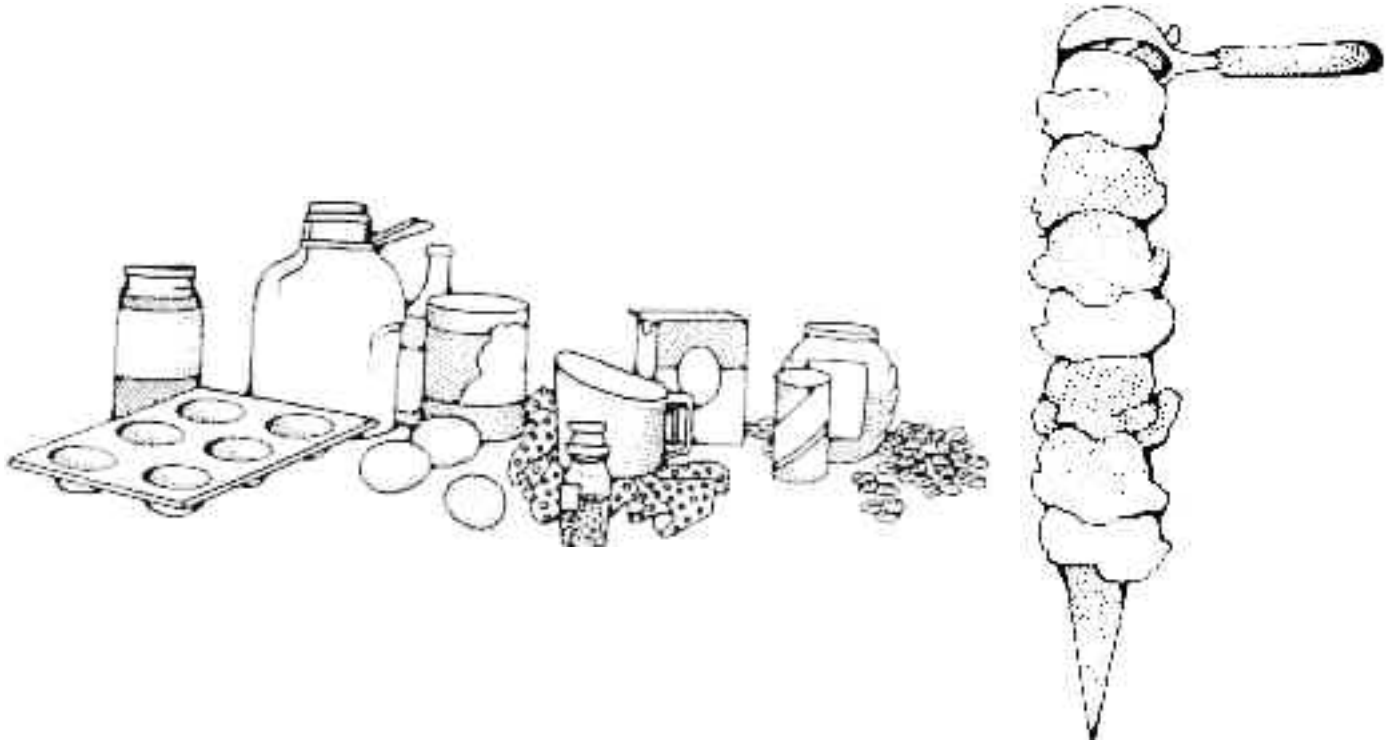
*Fresh Dairy Products* are those which had not been aged and have a shorter shelf life. *Fresh Dairy Products* include:

**Cream, Butter, Buttermilk, Ricotta Cheese, Cottage Cheese,**

**Ice Cream, Yogurt, and Sour Cream**

but would **not** include hard cheese, like cheddar cheese, which is aged longer. If you are not sure if a certain type of dairy product is to be included, the interviewer will be glad to answer any questions during the phone interview.

In addition to the milk you and this child drank, we are interested in the dairy products you ate when you were pregnant with and breast-feeding this child; and those the child ate through 1957. As with milk, we will be asking how much was eaten and how it changed.



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**THESE QUESTIONS MAY  
HELP YOU TO  
REMEMBER ABOUT THE  
DAIRY PRODUCTS YOUR  
FAMILY ATE**

**ABOUT THE DAIRY  
PRODUCTS YOUR  
FAMILY ATE:  
1939 through 1957**



- Did your family or friends make:
  - Homemade ice-cream?
  - Butter?
  - Cottage Cheese?
  - Yogurt?
  
- Did you use dairy products, such as cream, in cooking:
  - Cream soups?
  - Casseroles?
  - Sauces or Gravy?
  
- Which dairy products were made from raw milk?
  
- Which were purchased at a store?  
(made from processed milk)?
  
- Did your family use butter, cream, or other fresh dairy products in making:
  - Biscuits?
  - Cakes, cookies or pies?
  - Waffles or pancakes?
  - Pudding or cream pies?
  
- Did you use butter for frying?  
For baking?
  
- Which other ways did you use dairy products in cooking?



<p><b>THESE QUESTIONS MAY HELP YOU REMEMBER ABOUT THE DAIRY PRODUCTS YOU &amp; THIS CHILD ATE:</b></p>	<p><b>ABOUT THE DAIRY PRODUCTS YOU ATE WHILE YOU WERE PREGNANT AND BREAST- FEEDING</b></p>	<p><b>ABOUT THE DAIRY PRODUCTS THIS CHILD ATE THROUGH 1957</b></p>
<ul style="list-style-type: none"> <li>● Was butter used on:             <ul style="list-style-type: none"> <li>- Toast?</li> <li>- Sandwiches?</li> <li>- Waffles?</li> <li>- Pancakes?</li> <li>- Biscuits?</li> <li>- Cooked vegetables?</li> </ul> </li> <li>● Was ice cream a regular part of dessert?</li> <li>● Was whipped cream a regular part of dessert?</li> <li>● Was cottage cheese or yogurt eaten?</li> <li>● Did you eat more dairy products while you were pregnant and breast-feeding?</li> <li>● Did this child's taste</li> </ul>		

for dairy products  
change?

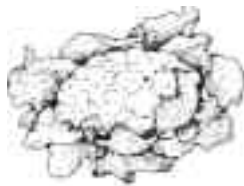
- How?
- When?

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## VEGETABLES

Asparagus  
Beet Greens  
Broccoli  
Brussels Sprouts  
Cabbage  
Cauliflower  
Celery  
Chard  
Chicory  
Chives  
Collards  
Dandelion Greens



Endive  
Escarole  
Kale  
Lettuce  
Mustard Greens  
Parsley  
Poke Greens  
Romaine  
Spinach  
Turnip Greens  
Watercress




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## About the Vegetables Your Family Ate

In addition to dairy products, we are interested in a few other types of foods you and this child may have eaten. This first group we refer to as *Fresh Green and Leafy Vegetables*. The specific vegetables we are interested in are listed to the left. As you look at the list, it **may be helpful to cross-out those vegetables that your family never ate**. There are many vegetables which your family may have eaten which are not included on this list, tomatoes and corn, for example. **We are only interested in the vegetables specifically listed on the page to the left**. If you are not sure whether a vegetable is to be included, the interviewer will be glad to answer any questions during the phone interview.

We realize your family may not have eaten some of these vegetables, but as you look at the list, you may recall which vegetables were favorites that you or this child ate regularly. It may be helpful to you to remember which vegetables were available at the time. Perhaps you grew some in a 'Victory Garden' or purchased others at a grocery store. While your family may have eaten vegetables more at harvest time, they may have eaten canned or frozen vegetables year round. **When thinking about how much of these vegetables you and this child ate, consider just the time of year when each of those vegetables was fresh and in-season locally.**

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<p><b>THESE QUESTIONS MIGHT HELP YOU TO RECALL WHERE YOUR FAMILY GOT THESE VEGETABLES:</b></p>	<p><b>ABOUT THE VEGETABLES YOUR FAMILY ATE: 1939 through 1957</b></p>
<ul style="list-style-type: none"> <li>• Were vegetables a regular part of your family's diet? Which ones?</li> <li>• Which of these vegetables were available to you?</li> <li>• Did your family have a vegetable or 'Victory' garden? Which of these vegetables did</li> </ul>	

you grow?

- Which years did you have a vegetable garden?
- Were there some vegetables that grew well in your garden? Others that did not?
- Did friends, relatives, or neighbors share produce from their gardens with your family? Which of these vegetables?
- Which of these vegetables did you get from:
  - a local farm or roadside stand?
  - the grocery store?
- Were there vegetables that you regularly had on hand? Which ones?

**THESE  
QUESTIONS MAY  
HELP YOU TO  
RECALL THE  
VEGETABLES  
YOU & THIS  
CHILD ATE:**

**ABOUT THE  
VEGETABLES  
YOU ATE WHILE  
PREGNANT AND  
BREAST-  
FEEDING**

**ABOUT THE  
VEGETABLES  
THIS CHILD ATE:  
Through 1957**

- Which of these vegetables were favorites?
- Were salads or coleslaw eaten with meals?
- Did your family have a fresh vegetable plate at dinner? Lunch? Snacks?
- Which of these vegetables were eaten raw? Which ones were eaten cooked?
- Did you eat different vegetables while you were pregnant and breast-feeding?
- Which vegetables were used for baby food?
- Did this child's taste for vegetables change? In what way? When?





# FRUIT



## TREE FRUITS:

Apples  
Pears  
Apricots  
Peaches  
Fresh Prunes and Plums  
Cherries

(do NOT include citrus fruits or bananas)



## BUSH and VINE FRUITS:

Berries

Grapes

(do NOT include melons)



## About the Fruits Your Family Ate

In addition to the vegetables you and this child ate, we are interested in certain fruits you may have eaten during the time you were pregnant and breast-feeding, and those this child may have eaten through 1957.

The fruits we are interested in are listed to the left. *As with the vegetables, you might want to cross-out those fruits which your family never ate.* We realize there are many fruits which your family may have eaten which are not included on this list, oranges or bananas, for example. *We are only interested in the fruits specifically listed on the page to the left.* If you are not sure whether a fruit is to be included, the interviewer will be glad to answer any questions during the phone interview.

During the interview, questions will be asked separately about 'tree fruits' and 'bush or vine fruits'. On the following pages are questions which may help you to remember which, if any, of these fruits you and this child ate. Your family may have eaten these fruits at harvest time, or may have eaten canned fruit or preserves which would have been available year round. *When thinking about how much of these fruits you and this child ate, consider just the time of year when each of those fruits was fresh and in-season locally.*



**THESE QUESTIONS  
MAY HELP YOU TO  
REMEMBER ABOUT  
THE FRESH FRUIT  
YOUR FAMILY ATE:**

**ABOUT THE FRUIT  
YOUR FAMILY ATE:  
1939 through 1957:**



- Which of these fruits were available?
- Which were grown in the area at that time?
- Did family or friends have an orchard?  
Which fruits were grown?
- Were there wild berries near your home?
- Did you grow fruit in your garden?  
Tree fruits? Berries or Grapes?
- Which of these fruits did you get from:
  - A local farmer?
  - Friends or neighbors?
  - Out of town relatives?
  - Grocery store?
- Did you make fresh fruit juice, or  
get fresh fruit juice from:
  - Friends or neighbors?
  - Grocery store?
  - Local farmer?
- Did you cook with fresh fruit, such as making applesauce or pies?



**THESE  
QUESTIONS  
MAY HELP YOU  
REMEMBER  
ABOUT THE  
FRUIT YOU &  
THIS CHILD  
ATE:**

**ABOUT THE  
FRUIT YOU ATE  
WHILE  
PREGNANT  
AND BREAST-  
FEEDING THIS  
CHILD:**

**ABOUT THE  
FRUIT THIS  
CHILD ATE:  
Through 1957**

- Which of these fruits  
were eaten raw?  
Cooked?  
Canned?  
Dried?  
As preserves?
- Which of these fruits  
were favorites?
- Did either of you  
drink fresh fruit  
juice?
- Was fruit a  
regular  
part of your diet?  
Of this child's  
diet?
- Was fruit eaten  
for  
snacks or with  
meals?  
As dessert?



- Did you make fresh baby-food, such as applesauce, when this child was an infant?
- Did this child's taste or appetite for these fruits change? How? When?

## About the Free-Range Chicken Eggs Your Family Ate

"Free-Range" chickens are chickens that are not cooped-up all the time, but are allowed to roam and feed on whatever is on the ground.

This is the last section about your family's diet that we will be asking about.

**THESE QUESTIONS  
MAY HELP YOU  
REMEMBER ABOUT  
ANY FREE-RANGE  
CHICKEN EGGS  
YOUR FAMILY ATE**

**ABOUT THE FREE-  
RANGE CHICKEN  
EGGS YOUR FAMILY  
ATE:**

- Did your family raise chickens?  
Did your friends, neighbors, or relatives raise chickens?
- Were these chickens raised for their eggs?
- Were these chickens allowed to roam free, feeding on what was on the ground?  
Or were they in a coop all the time?
- Did you use these eggs in baked goods?  
Cakes or Cookies?  
Pies or Puddings?  
Biscuits, Pancakes, or Waffles?
- Did you use these eggs in:  
Egg-salad?  
Deviled eggs?  
Potato or Macaroni Salad?  
Home-made mayonnaise?



**THESE  
QUESTIONS MAY  
HELP YOU  
REMEMBER  
ABOUT ANY  
FREE-RANGE  
CHICKEN EGGS  
YOU AND THIS  
CHILD ATE**

**ABOUT THE  
FREE-RANGE  
CHICKEN EGGS  
YOU ATE WHILE  
PREGNANT AND  
BREAST-  
FEEDING**

**ABOUT THE  
FREE-RANGE  
CHICKEN EGGS  
THIS CHILD ATE:  
Through 1957**

- Were these eggs a regular part of breakfast?  
For you?  
For this child?
- Which foods made with these eggs did either of you eat?  
Egg salad?  
Deviled eggs?  
Potato Salad?  
Macaroni Salad?
- When did this child first begin eating free-range chicken eggs?
- Did this child's appetite for eggs change?  
In what way?  
When?



# **Your Medical History:**

## **Various Tests and Procedures While You Were Pregnant With This Child**

There are certain types of medical procedures that we are interested in which you may have had while you were pregnant. For example, you may have had an x-ray after an accident, a fluoroscopy, or an upper G.I. series to diagnose stomach problems. A fluoroscopy is a type of x-ray in which the doctor may stand next to the patient and observe parts of the body on a fluorescent screen like a TV set.



**THESE QUESTIONS  
MAY HELP YOU  
RECALL MEDICAL  
TREATMENTS OR  
PROCEDURES YOU  
MAY HAVE HAD  
WHILE PREGNANT:**

**ABOUT WHILE  
YOU WERE  
PREGNANT**

- While you were pregnant did you see a physician for any reason not related to your pregnancy? What was the diagnosis?
- While pregnant, did you suffer any injury or accident which may have required x-rays?
- While pregnant, did you have any illnesses or conditions which may have required having a:
  - Barium Enema of the large intestine?
  - Upper GI series?
  - IVP of the kidneys?
  - X-ray of Pelvis, Chest, Back or Stomach?
  - Fluoroscopy of a part of the upper body?
- Did you have a thyroid scan while you were pregnant?



- While pregnant, were you given a radioactive substance, either orally or intravenously, in order to diagnose a medical problem?

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## Your Medical History:

### Thyroid Problems

It is important for us to know if you were diagnosed with thyroid disease at any time during your life prior to or during this pregnancy. For example, you may have at some time *before or during* this pregnancy been diagnosed with:

- Graves' Disease or Hyperthyroidism, which is an overactive thyroid
- Hypothyroidism, which is an underactive thyroid
- Thyroid tumor or lump, whether it was benign or malignant
- Goiter

There are a lot of different treatments for thyroid problems. ***Although we want to know if you were diagnosed with a thyroid problem before or during this pregnancy, it is only the treatments you received while pregnant with this child that are of interest here.*** If you had a thyroid problem, perhaps you were on medication or received radiation treatment while pregnant.

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**THESE QUESTIONS MAY  
HELP YOU REMEMBER  
ABOUT ANY THYROID  
PROBLEMS:**

**ABOUT BEFORE  
OR DURING  
THIS PREGNANCY**

- Did you take any thyroid medication while you were pregnant?  
For what condition?
- Did you have radiation treatment to your thyroid while pregnant?  
What type?  
For what condition?
- Did a physician tell you that you had Graves' Disease, an over-active thyroid, or hyperthyroidism?
- Did a physician tell you that you had an under-active thyroid, or hypothyroidism?
- Did a physician tell you that you had a lump or tumor on your thyroid?
- Was this tumor or lump benign?  
Malignant?
- Did you ever have goiter?
- Which types of treatments were given for this thyroid problem?
  - Medication?
  - Radiation Treatment?





# This Child's Medical History to Age 15:

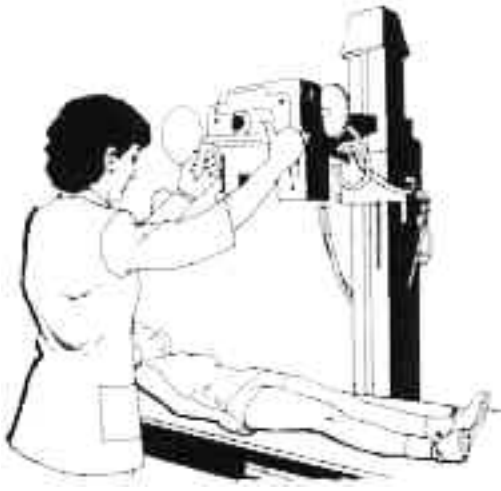
## Diagnostic X-rays

There are several types of medical procedures this child may have had which we are interested in knowing about. For these procedures it will be helpful to know his/her age at the time, and how many times each procedure was repeated. ***Remember, we are only interested in his/her medical history up to age 15.***

First, we will be asking about any *diagnostic x-rays and x-ray treatments* he/she may have had. We are interested in x-rays of the upper body only. At the end of this booklet you will find a diagram of the human body; the shaded portion shows the areas of interest.

*Diagnostic x-rays* may have been taken for a number of reasons. Perhaps this child was being checked for broken bones, or the x-ray was used for screening purposes, such as a chest x-ray to detect tuberculosis. Whatever the reason, we would like to know if he/she ever had x-rays or fluoroscopies of the upper body, including the head (excluding dental x-rays), neck, and chest.

In trying to diagnose, for example a stomach problem, this child's doctor may have requested that the child have an upper G.I. series or IVP (intravenous pyelogram of the kidneys). These are also considered diagnostic x-rays.



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**THESE QUESTIONS MAY  
HELP YOU REMEMBER  
ABOUT ANY DIAGNOSTIC  
X-RAYS THIS CHILD MAY  
HAVE HAD:**

**ABOUT THIS CHILD  
TO AGE 15**

- Did he/she have any injuries or accidents which may have required x-rays?
- Which part of the body was x-rayed? When?
- Did this child ever have chest x-rays for pneumonia, tuberculosis, or another condition? When?
- Did he/she have any digestive, stomach, bowel, or kidney problems?

Did this problem require an IVP, Upper GI series, or a Barium



Enema to diagnose it?

- How old was he/she when the diagnostic procedure was done?
- How many different times was the diagnostic procedure done?
- Were fluoroscopies of the upper body ever performed? If so, how many times?

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## **This Child's Medical History to Age 15:**

### **X-ray Treatments**

Like diagnostic x-rays, x-ray treatments may have been given for a number of reasons. Some conditions that children may have received x-ray treatments to the upper body included:

- Acne, ringworm, or scalp infection
- Enlarged tonsils or enlarged thymus
- Tuberculosis

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**THESE QUESTIONS MAY  
HELP YOU REMEMBER IF  
THIS CHILD HAD X-RAY  
TREATMENTS TO THE  
HEAD OR UPPER BODY:**

**ABOUT THIS CHILD  
TO AGE 15**

- Did he/she ever have a skin condition, such as ringworm or acne, which required x-ray treatments?
- Did he/she receive x-ray treatments for
  - Enlarged Tonsils?
  - Enlarged Thymus?
  - Tuberculosis?
- Who was your family doctor during the 1940's and 1950's?
- Did this child have a pediatrician or different doctor than the rest of the family?
- Did his/her physician have x-ray equipment at the office, or was it located at the hospital or another clinic?
- How old was he/she at the time of the radiation treatments?
- How often were these treatments repeated?



# **This Child's Medical History to Age 15:**

## **Other Diagnostic Procedures**

In addition to x-rays used for diagnosing a problem, there is another area of diagnostic medicine which we are interested in. These include thyroid scans and what is referred to as diagnostic nuclear medicine (also called nuclear scans).

*Diagnostic nuclear medicine* is where a person takes a radioactive substance, either by mouth or by injection. The organ or area of interest is then scanned to evaluate its function.

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**THESE QUESTIONS MAY  
HELP YOU RECALL WHICH  
OTHER TYPES OF  
DIAGNOSTIC PROCEDURES  
THIS CHILD HAD**

**ABOUT THIS CHILD  
TO AGE 15**

- Before the age of 15, did this child have a thyroid scan?
- Before the age of 15, did this child have a medical condition which required extensive diagnostic tests?
- Did this child have any other scans done, that is, taking a radioactive substance by mouth or by injection?
- How old was the child when the procedure was done?
- What was the reason for the procedure?
- Was the procedure done more than once?  
On how many different occasions?
- Under the direction of which physician?



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## **This Child's Medical History to Age 15:**

### **Thyroid Problems**

It is important that we know whether this child was diagnosed with thyroid disease. These include:

- Graves' Disease or Hyperthyroidism, which is an overactive thyroid

- Hypothyroidism, which is an underactive thyroid
- Thyroid tumor or lump, whether it was benign or malignant
- Goiter

There are a number of treatments for thyroid problems. Some of these treatments are:

- Surgery
- Medication
- Radiation Treatment

If this child received a thyroid scan or was diagnosed or treated for thyroid disease before age 15, we will ask you to provide the name and address of this child's physicians.

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**THESE QUESTIONS MAY  
HELP YOU TO  
REMEMBER ABOUT ANY  
THYROID PROBLEMS  
THIS CHILD MAY HAVE  
HAD:**

**ABOUT THIS CHILD  
TO AGE 15**

- Did a physician ever say this child had Graves' Disease, an over-active thyroid, or hyperthyroidism?
- Did a physician ever say this child had an under-active thyroid, or hypothyroidism?
- Has a physician ever said this child had a lump or tumor on his/her thyroid?



- Was this tumor or lump benign?  
Malignant?
- Was this child diagnosed with  
goiter?
- Which physician diagnosed the  
condition?
- Which types of treatments were  
given for this thyroid problem?
  - Medication?
  - Radiation Treatment?
  - Surgery?
- Was this child ever on thyroid  
medication?
- At what age was treatment given?
- Under the direction of which  
physician?

## **This Child's Medical History to Age 15:**

### **Dental X-rays**

Unlike other diagnostic x-rays, dental x-rays are often taken as a matter of course, regardless of whether there is a particular problem.



As with the other sections, we are interested in this child's general dental history only to age 15.



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**THESE QUESTIONS MAY  
HELP YOU TO RECALL  
THIS CHILD'S EARLY  
VISITS TO THE DENTIST:**

**ABOUT THIS CHILD  
TO AGE 15**

- When did this child first see a dentist?
- What prompted this child's first trip to the dentist?
- How often did this child go to the dentist?
  - Annually?
  - As needed?
 How often was that?
- Did this child have a lot of dental work done?
  - Fillings?
  - Braces?



- Tooth extractions?
- Bridges?

- Were dental x-rays taken at every visit?  
Annually?  
Never?

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# THANK YOU

Thank you for taking the time to review this booklet and to write down your notes.

The notes you have made should help to make the interview go more quickly and easily.

It is important that you have this **Interview Booklet** and the **Calendar of Events** on hand for your phone interview. Please also have a pen or pencil and paper within reach.

At the beginning of the interview the interviewer will ask you to take out an 8 ounce measuring cup to help determine amounts during the interview. (You may want to have one ready before the interview begins.)

There is still a great deal to be learned about the releases from Hanford, and the possible health effects to surrounding communities. It is important for you to remember that you could not have known about these releases or of any health risk at the time.

Thank you, again, for taking the time to review these materials.

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IRB approved May 28, 1996