

INDIVIDUAL MEDICAL & DIET QUESTIONNAIRE		DATE 5-2-79	NO of Household Questionnaire No 123
NAME	Age: 2	Sex: Male	Height: 0' 2' 10" Weight: 35

410112

MEDICAL HISTORY

How often do you suffer from "being sick" — just plain illness, whatever it may be?

- | | | |
|---|--|--|
| <input type="checkbox"/> 1. Once/week | <input type="checkbox"/> 4. Once/4 months | <input type="checkbox"/> 7. Once/2 years |
| <input type="checkbox"/> 2. Once/month | <input checked="" type="checkbox"/> 5. Once/6 months | <input type="checkbox"/> 8. Once/3 years |
| <input type="checkbox"/> 3. Once/2 months | <input type="checkbox"/> 6. Once/year | <input type="checkbox"/> 9. Once/4 years |

Have you ever received a medical examination or medical treatment of any kind? Yes No

If yes, where? Majuro Hospital Ebeye Hospital Kwajalein Hospital
 Eniwetok Clinic Pohnpei Hospital other (Specify) Ujae Clinic

Have you ever received an X ray? Yes No If yes, answer the following questions:

- How many chest X rays? where (hospital)? _____
- How many abdominal X rays? where (hospital)? _____
- How many tooth or jaw X rays? where (hospital)? _____
- Spinal X rays? where (hospital)? _____
- Any other X rays? (Number) where (hospital)? _____

Have you ever received any medical treatment involving radiation therapy? Yes No

If yes, answer the following questions:

- How many X ray skin treatments? where? _____
- How many thyroid treatments? where? _____

Have you ever had radioactive substances injected into you by a doctor? Yes No

If yes, answer the following questions:

- How many kidney scans? where? _____
- How many thyroid function tests? where? _____

How old is your father? 50
(years)

If either parent has passed away, give age of parent at time of death:

How old is your mother? 42
(years)

Father _____ Mother _____
(years) (years)

- | | |
|-------------------------------------|-------------------------------------|
| <input type="checkbox"/> Accidental | <input type="checkbox"/> Accidental |
| <input type="checkbox"/> Natural | <input type="checkbox"/> Natural |

Record here any unusual medical or health problems:

PARTIAL DOCUMENT None

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DIETARY INFORMATION

Instructions:

- Report information based on actual experience at Ujolaug Atoll. Predictions of the diet at Ennevetak after resettlement will be made later.
- Estimate amounts as accurately as possible. It matters!
- For all estimates of quantities, use the 12 ounce soft drink can as the standard unit of measurement for all food and beverage substances — everything: bread, milk, coconut meat, coconut juice, etc. Record amounts as 1, or more; or in these decimals: 1.25; 1.5; 1.75.
- Do not exaggerate for any reason!
- Famine conditions are those times when because of lack of field trip service, people are entirely dependent on domestic food stuffs. We will try to estimate the time of transition from NORMAL to FAMINE to bridge the NORMAL and FAMINE dietary information collected by this questionnaire.
- All three columns are to be completed for each food and beverage item — DAY, WEEK & MONTH, i.e. for each item which is in fact consumed by the person reporting.

NAME OF FOOD ITEM	NORMAL CONDITIONS			FAMINE CONDITIONS		
	CONSUMPTION RATE			CONSUMPTION RATE		
	Amount Per DAY	Amount Per WEEK	Amount Per MONTH	Amount Per DAY	Amount Per WEEK	Amount Per MONTH
DOMESTIC AGRICULTURAL PRODUCTS	/	/	/	/	/	/
Arawroot	0	0	0	.07	.50	2.15
Bananas	0	0	0	0	0	0
Breadfruit	.04	.25	1.08	.25	1.75	7.5
Citrus	0	0	0	0	0	0
Coconut meat	/	/	/	/	/	/
Young nut (soft, then meat)	0	0	0	.07	.5	2.15
Middle aged nut (Coconut)	0	0	0	.04	.25	1.08
Old nut ("ice cream")	0	0	0	.11	.75	3.23
Pandanus	/	/	/	/	/	/
Fruit	.04	.25	1.08	.07	.50	2.15
Nuts	0	0	0	0	0	0
Other nut (like) above (specific)	/	/	/	/	/	/
Papaya	0	0	0	0	0	0
Pineapple	0	0	0	0	0	0

REPOSITORY PNNL
COLLECTION Marshall Islands
BOX No. 5686
FOLDER Report - Eniwetok Diet Survey 1979

DOCUMENT DOES NOT CONTAIN ECI
Reviewed by M. Schmitt Date 4/30/97