

## TULAROSA BASIN DOWNWINDERS CONSORTIUM (TBDC) HEALTH SURVEY

The TBDC is conducting a health survey of people who've lived in the Tularosa Basin and south central New Mexico counties of Otero, Lincoln, Sierra or Socorro for at least 1 year after the Trinity Site Test Explosion on July 16, 1945. TBDC is a volunteer group of people who are committed to the health of the people who live and have lived in the Tularosa Basin and in New Mexico in general. We're interested in your health history and the health history of your family, friends and neighbors to determine the health effects from the overexposure to radiation after the Trinity Test.

In this survey we will ask you about your medical history and any health problems you have or have had. While we can not guarantee that the information you provide will be entirely confidential every effort will be made to keep as much of your identity and history confidential. We may have to provide names and health histories to government agencies to assist us in building a case for the downwinders designation. This designation will be important as we develop our case for inclusion in the Radiation Exposure Compensation Act (RECA) of 1990 that was developed to compensate people living downwind of the Nevada nuclear test site. The people living downwind of Trinity in New Mexico have never been included in this fund although we were the first downwinders. The fund has paid out more than 2 billion dollars in claims to people living downwind of the Nevada test site and has provided much needed life time health coverage to those affected.

A complete history is necessary. Please fill out the entire survey and fill out a survey for yourself and for any family members that may not be able to fill out the form because they are deceased or because they live in other parts of the country. Please use one survey per family member including children etc. Please feel free to make additional copies of the survey if needed and share with family and friends.

WE KNOW THAT COMPLETING THIS SURVEY TAKES TIME AND WE THANK YOU FOR YOUR EFFORTS. If you have questions, need help filling out the form, want additional surveys for family, friends and neighbors or have any other concerns please let us know.

Sincerely,

Tina Cordova  
[tcordova@queston.net](mailto:tcordova@queston.net) 505-897-6787

&

Kathy Tyler  
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### BACKGROUND INFORMATION

Name (please print): \_\_\_\_\_:Female \_\_\_\_\_ Male \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Years residing in Tularosa Basin/ Socorro, Otero, Lincoln or Sierra County:  
From \_\_\_\_\_ To: \_\_\_\_\_

If deceased year of death: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email address: \_\_\_\_\_

**MEDICAL HISTORY: Cancer and tumor**

Have you ever had cancer, or been told by a doctor that you have cancer? If NO, skip this section; if YES, please note which type and indicate year of diagnosis.

	Year of Diagnosis	Year of Diagnosis	
<b>1. Digestive system</b>			
Stomach	_____	Liver	_____
Esophagus	_____	Mouth	_____
Colon	_____	Rectum	_____
<b>2. Urinary system</b>			
Bladder	_____	Kidney	_____
<b>3. Lymph System</b>			
Hodgkin's Disease	_____	non-Hodgkin's Lymphoma	_____
Burkitt's Lymphoma	_____	Other Lymphoma	_____
<b>4. Respiratory System</b>			
Lung	_____	Bronchi	_____
Trachea	_____	Throat	_____
<b>5. Breast</b>			
<b>6. Female Reproductive</b>			
Ovarian	_____	Cervical	_____
Uterine	_____		
<b>6. Male Reproductive</b>			
Prostate	_____	Testicular	_____
<b>7. Other Cancers</b>			
Multiple Myeloma	_____	Thyroid	_____
Bones & Joints	_____	Cardiovascular	_____
Leukemia (adult onset)	_____	Leukemia (child onset)	_____
Aleukemia	_____	Brain	_____
Central Nervous System	_____	Neoplasms	_____
<b>8. Others Unlisted</b>			
Type	_____	Date of Diagnosis	_____

9. All Other Types of Benign Tumors such as kidney and lung:

Type \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Type \_\_\_\_\_ Date of Diagnosis \_\_\_\_\_

Please provide the following information as it relates to your specific cancer or tumor history:

Where was your cancer/tumor diagnosed: \_\_\_\_\_

What Doctor diagnosed your cancer/tumor: \_\_\_\_\_

Where did you receive treatment and what type of treatment did you receive: \_\_\_\_\_

If deceased where did person die (example at home, in hospital in El Paso, etc.) \_\_\_\_\_

**MEDICAL HISTORY: Non-Cancer**

Have you ever been treated for any type of thyroid disease? Yes \_\_\_\_\_ No \_\_\_\_\_

If Yes were you Hypothyroid (low thyroid) \_\_\_\_\_ or Hyperthyroid (high thyroid) \_\_\_\_\_

What type of treatment did you receive and where? \_\_\_\_\_

Any Other Non-Cancer chronic disease such as chronic lung or kidney disease, heart disease, diabetes etc.? \_\_\_\_\_

Do you smoke cigarettes and if so how many packs a day and for how long? \_\_\_\_\_

\_\_\_\_\_ If no have you ever smoked cigarettes and if so how many packs a day and for how long? \_\_\_\_\_

Would you be willing to volunteer to assist us in some way? \_\_\_\_\_

Do you have any other comments or thoughts you would like to share such as the emotional, psychological or financial toll this has taken on you and your family? \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

THANK YOU!

Please return this survey to:

T. B. D. C.

C/O Tina Cordova

7518 2<sup>nd</sup> St. NW

Albuquerque, New Mexico 87107