

Item ID Number 01815

Author

Corporate Author

Report/Article Title Typescript: Vietnam Experience Twin Study, Survey of Health, Draft Revisions, April 26, 1984

Journal/Book Title

Year 0000

Month/Day

Color

Number of Images 18

Description Notes Alvin L. Young filed this item under "Vietnam Veterans Twin Study."

VIETNAM EXPERIENCE TWIN STUDY

SURVEY OF HEALTH

NOTICE: All information you supply will be held in strict confidence and will be available only to the medical investigators working on this study. The study has nothing to do with any compensation, claims, or other contacts you may have with the Veterans Administration. No individual will be identified in the published results of the study.

CASE ID: _____

A Page of Instructions, replacing and augmenting those previously on the top of page 2, will go on this page

1. Do you have a twin brother? (CIRCLE ONE)

Yes, living or deceased (GO TO Q.2)...1

No.....2
Triplet or higher.....3

IF "NO" OR "TRIPLET", PLEASE STOP HERE AND RETURN FORM IN THE ENVELOPE PROVIDED

2. As children, were you and your twin "as alike as two peas in a pod," or of only ordinary family resemblance? (CIRCLE ONE)

As alike as two peas in a pod.....1

Of only ordinary family resemblance...2

DON'T KNOW.....8

3. Do you yourself believe that you and your twin are identical (monozygotic) twins, or do you believe that you are fraternal (dizygotic) twins? (CIRCLE ONE)

Identical (monozygotic).....1

Fraternal (dizygotic).....2

DON'T KNOW.....8

4. When you were children, how often did the following persons have difficulty in telling you and your twin brother apart? (CIRCLE ONE FOR EACH LINE)

	<u>All of the time</u>	<u>Some of the time</u>	<u>Never</u>	<u>DON'T KNOW</u>	<u>DOES NOT APPLY</u>
a. Parents	1	2	3	8	
b. Other Brothers and Sisters	1	2	3	8	6
c. Grandparents	1	2	3	8	6
d. Classmates	1	2	3	8	
e. Teachers	1	2	3	8	
f. Strangers	1	2	3	8	

5. The following list describes characteristics that you and your twin brother may or may not have shared when you were children. For each characteristic listed, please consider your childhood years (before you were teenagers), and describe whether you and your twin brother were very similar, somewhat similar or very different. (CIRCLE ONE FOR EACH LINE)

<u>When we were children our:</u>	<u>Very Similar</u>	<u>Somewhat Similar</u>	<u>Very Different</u>	<u>DON'T KNOW</u>
a. Eye color was.....	1	2	3	8
b. Hair color was.....	1	2	3	8
c. Hair type was.....	1	2	3	8
d. Heights were.....	1	2	3	8
e. Weights were.....	1	2	3	8
f. Teeth were.....	1	2	3	8
g. Voices were.....	1	2	3	8
h. Muscular strength was..	1	2	3	8
i. Temperaments were.....	1	2	3	8
j. Musical abilities were.....	1	2	3	8
k. Language abilities were.....	1	2	3	8
l. Manual skills (dexterity) were.....	1	2	3	8

6. About how tall are you without shoes? (WRITE IN NUMBER OF FEET AND INCHES. IF ZERO INCHES, WRITE IN "00")

FEET

 INCHES

7. About how much do you weigh without clothes or shoes? (WRITE IN NUMBER OF POUNDS)

POUNDS

8. A. Are you presently employed part-time or full-time? (CIRCLE ONE)

Yes, full-time (GO TO B).....1

Yes, part-time (GO TO B).....2

Not employed (GO TO Q.9).....3

IF PRESENTLY EMPLOYED:

B. What kind of business or industry is this? (Example: TV and radio manufacture, retail shoe store, State Labor Department, farm, etc.)

C. What kind of work are you doing? (Example: Electrical engineer, stock clerk, typist, farmer, etc.)

D. What are your most important activities or duties? (Example: Typing, filing, selling new cars, finishing concrete, etc.)

9. What is the highest grade or year of school you have completed and gotten credit for? (CIRCLE THE ONE HIGHEST GRADE OR YEAR)

- a. None..... 00
- b. Elementary..... 01 02 03 04 05 06 07 08
- c. High School..... 09 10 11 12
- d. College..... 13 14 15 16
- e. Some Graduate School..... 17
- f. Graduate or Professional Degree..... 18

In order to get an accurate picture of each veteran's general health, everyone is asked the next few questions about alcoholic beverages.

10. Have you had more than 20 alcoholic drinks in your entire life? (CIRCLE ONE)

Yes (GO TO Q.11).....1

No (GO TO Q.16).....2

11. How old were you when you first started drinking alcoholic beverages regularly? (WRITE IN AGE)

YEARS OLD

Never drink alcoholic beverages regularly.....97

12. ~~Ask~~ During the entire time that you have been drinking alcoholic beverages, how many days per week or month do you drink alcoholic beverages, on the average? (WRITE IN EITHER DAYS PER WEEK OR DAYS PER MONTH)

DAYS PER WEEK

or

DAYS PER MONTH

B. If a DRINK is considered one can or bottle of beer or one glass of wine, or one mixed drink or shot of hard liquor, how many DRINKS would you have on the average, on those days when you drink? (WRITE IN NUMBER OF DRINKS. PUT A "0" IN ANY EXTRA BOX ON THE LEFT)

DRINKS

13. Was there a period in your life (of at least 6 months) when your consumption was more than this?

Yes (GO TO B).....1

No (GO TO Q.14).....2

IF YES:

B. When was this (WRITE IN YEARS)

to

C. On about how many days per week or month would you drink more alcoholic beverages, on the average? (WRITE IN EITHER DAYS PER WEEK OR DAYS PER MONTH)

DAYS PER WEEK

or

DAYS PER MONTH

D. How many drinks would you have, on the average, on those days when you were drinking more? (WRITE IN NUMBER OF DRINKS. PUT A "0" IN ANY EXTRA BOX ON THE LEFT)

DRINKS

14. A. Do you still drink alcoholic beverages?

Yes (GO TO B).....1

No (GO TO Q.15).....2

IF YES:

B. On about how many days per week or month do you currently drink alcoholic beverages, on the average? (WRITE IN EITHER DAYS PER WEEK OR DAYS PER MONTH)

DAYS PER WEEK

or

DAYS PER MONTH

14. (continued)

C. How many drinks do you have, on the average, on those days when you drink? (WRITE IN NUMBER OF DRINKS. PUT A "0" IN ANY EXTRA BOX ON THE LEFT)

DRINKS

GO TO Q.16

15. How old were you when you stopped drinking? (WRITE IN AGE)

YEARS OLD

16. A. Have you smoked at least 100 cigarettes in your life? (CIRCLE ONE)

Yes (GO TO B).....1

No (GO TO Q.17).....2

IF YES:

B. Do you smoke cigarettes now? (CIRCLE ONE)

Yes.....1

No.....2

C. On the average, about how many cigarettes a day (do/did) you smoke? (WRITE IN NUMBER SMOKED. PUT A "0" IN ANY EXTRA BOXES ON THE LEFT)

CIGARETTES

D. About how long has it been since you last smoked cigarettes fairly regularly? (CIRCLE ONE)

Currently smoke.....1

Days.....2

Weeks.....3

Months.....4

Years.....5

Never smoked regularly.....6

17. Please indicate which statement below best describes your military duty status?
(CIRCLE ONE)

Released from active military duty during the years 1965-75..1

Released from duty after 1975.....2

Still on active military duty.....3

18. The questions below concern your health since active military duty during the Vietnam Era, 1965-1975.

If you were released from active military duty during the years 1965-1975, please describe your health since your date of release.

If you are still on active duty, or were released since 1975, describe your health since 1975.

- A. Do you currently have any of the following health problems?
 B. Since you were released from active military duty/Since 1975, have you had any of these health problems?
 C. Have you consulted a physician about this problem?
 D. Have you ever been hospitalized overnight for this problem?

GO ON TO
B ==>>

IF YES, TO THIS,
ANSWER C ==>>

IF YES, TO THIS,
ANSWER D ==>>

	A.	B.	C.	D.
1. Accidental Injury	Yes...1 No....2	Yes...1 ==>> No....2	Yes...1 ==>> No....2	Yes...1 No....2
2. High Blood Pressure/Hypertension	Yes...1 No....2	Yes...1 ==>> No....2	Yes...1 ==>> No....2	Yes...1 No....2
3. Respiratory Conditions such as Lung Trouble, Persistent Coughing, etc.	Yes...1 No....2	Yes...1 ==>> No....2	Yes...1 ==>> No....2	Yes...1 No....2
4. Cancer	Yes...1 No....2	Yes...1 ==>> No....2	Yes...1 ==>> No....2	Yes...1 No....2
5. Heart Trouble	Yes...1 No....2	Yes...1 ==>> No....2	Yes...1 ==>> No....2	Yes...1 No....2
6. Stroke	Yes...1 No....2	Yes...1 ==>> No....2	Yes...1 ==>> No....2	Yes...1 No....2

18. (continued)

A. Do you currently have any of the following health problems?

B. Since you were released from active military duty/Since 1975, have you had any of these health problems?

C. Have you consulted a physician about this problems?

D. Have you ever been hospitalized overnight for this problem?

GO ON TO
B ==>

IF YES, TO THIS,
ANSWER C ==>

IF YES, TO THIS,
ANSWER D ==>

	A.	B.	C.	D.
7. Kidney, Bladder, or Urinary Problems such as Stones, Infections, etc.	Yes...1 No....2	Yes...1 ==> No....2	Yes...1 ==> No....2	Yes...1 No....2
8. Skin Problems such as Acne or Skin Rash	Yes...1 No....2	Yes...1 ==> No....2	Yes...1 ==> No....2	Yes...1 No....2
9. Mental or Emotional Problem	Yes...1 No....2	Yes...1 ==> No....2	Yes...1 ==> No....2	Yes...1 No....2
10. Diabetes	Yes...1 No....2	Yes...1 ==> No....2	Yes...1 ==> No....2	Yes...1 No....2
11. Stomach or Digestive Disorders, such as Ulcers, Inflammations, etc.	Yes...1 No....2	Yes...1 ==> No....2	Yes...1 ==> No....2	Yes...1 No....2
12. Liver Problems, such as Hepatitis, Cirrhosis, etc.	Yes...1 No....2	Yes...1 ==> No....2	Yes...1 ==> No....2	Yes...1 No....2
13. Blood Disorders, such as Anemia, Blood Clots, etc.	Yes...1 No....2	Yes...1 ==> No....2	Yes...1 ==> No....2	Yes...1 No....2
14. Nerve Disorders, such as Epilepsy, Migraines, etc.	Yes...1 No....2	Yes...1 ==> No....2	Yes...1 ==> No....2	Yes...1 No....2
15. Visual Problems	Yes...1 No....2	Yes...1 ==> No....2	Yes...1 ==> No....2	Yes...1 No....2
16. Hearing Problems	Yes...1 No....2	Yes...1 ==> No....2	Yes...1 ==> No....2	Yes...1 No....2

19. Would you say that your health in general is excellent, very good, good, fair, or poor? (CIRCLE ONE)

- Excellent.....5
 - Very Good.....4
 - Good.....3
 - Fair.....2
 - Poor.....1
-

20. A. Compared to your twin brother's health, how would you rate your health? Would you say your health is . . . (CIRCLE ONE)

- Better than your brother's (GO TO B).....1
- About the same as your brother's (GO TO Q.21).....2
- Worse than your brother's (GO TO B).....3
- Doesn't apply, because brother is not living (GO TO Q.21).6

(IF HEALTH IS BETTER OR WORSE):

B. In what way is your health different from your brother's health?

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

21. A. When you were in the military, were you stationed in Vietnam, Laos, or Cambodia; in the waters in or around these countries; or fly in missions over these areas? (CIRCLE ONE)

Yes (GO TO B).....1

No (GO TO Q.22A).....2

IF YES:

B. Below is a list of 18 different combat roles and experiences that men had during the Vietnam war. For each statement, please indicate whether you had that combat experience. (CIRCLE YES OR NO FOR EACH LINE, 1-18)

- | | Yes | No |
|--|-----|----|
| 1. In an artillery unit which fired on the enemy..... | 1 | 2 |
| 2. Flew in an aircraft (reconnaissance, or fixed wing F-14, B-52, etc.)..... | 1 | 2 |
| 3. Flew helicopter attack gunships or medvacs..... | 1 | 2 |
| 4. Stationed at a forward observation post..... | 1 | 2 |
| 5. Tunnel rat checking enemy base camps..... | 1 | 2 |
| 6. Served on river patrol or gunboat..... | 1 | 2 |
| 7. Demolitions expert in the field..... | 1 | 2 |
| 8. Assigned to Graves and Registration to retrieve dead bodies from the field..... | 1 | 2 |
| 9. Served as a medic in combat..... | 1 | 2 |
| 10. Received incoming fire..... | 1 | 2 |
| 11. Encountered mines and booby traps..... | 1 | 2 |
| 12. Received sniper or sapper fire..... | 1 | 2 |
| 13. Unit patrol ambushed..... | 1 | 2 |
| 14. Flew in aircraft (fixed wing or helicopters) and was shot down..... | 1 | 2 |
| 15. Engaged VC and/or NVA in firefight..... | 1 | 2 |
| 16. Saw Americans killed, and/or saw Vietnamese killed..... | 1 | 2 |
| 17. Wounded..... | 1 | 2 |
| 18. Captured by the enemy..... | 1 | 2 |

22. A. Overall, how would you describe your readjustment to civilian life after your release from active duty? Would you say that returning to civilian life caused you . . . (CIRCLE ONE)

- Considerable difficulty (GO TO B).....1
- Some difficulty (GO TO Q.23).....2
- Very little difficulty (GO TO Q.23).....3
- None, or practically no difficulty (GO TO Q.23).....4
- DOES NOT APPLY; I AM STILL IN THE MILITARY (GO TO Q.23)...6

IF CONSIDERABLE DIFFICULTY:

B. Please describe the difficulties you had.

23. In the past 12 months how frequently have you experienced the following problems? (CIRCLE ONE FOR EACH LINE, a - o)

- | | Very
Often | Often | Some-
times | Almost
Never | Never |
|---|---------------|-------|----------------|-----------------|-------|
| a. Had trouble falling asleep, staying asleep or sleeping too much..... | 1 | 2 | 3 | 4 | 5 |
| b. Had repeated dreams or nightmares about things that happened to you while in the military..... | 1 | 2 | 3 | 4 | 5 |
| c. Had painful memories of things that happened to you while in the military..... | 1 | 2 | 3 | 4 | 5 |
| d. Avoided activities that might remind you of things that happened to you while in the military..... | 1 | 2 | 3 | 4 | 5 |
| e. Found yourself in a situation where you started to feel and act as though a disturbing event you experienced in the military was happening all over again..... | 1 | 2 | 3 | 4 | 5 |
| f. Had times when other feelings or actions became stronger when you were in situations that reminded you of times in the military..... | 1 | 2 | 3 | 4 | 5 |

23. (continued)

- | | Very
Often | Often | Some-
times | Almost
Never | Never |
|---|---------------|-------|----------------|-----------------|-------|
| g. Felt ashamed or guilty about the kinds of things you did to survive while in the military..... | 1 | 2 | 3 | 4 | 5 |
| h. Had trouble concentrating..... | 1 | 2 | 3 | 4 | 5 |
| i. Had trouble with your memory..... | 1 | 2 | 3 | 4 | 5 |
| j. Have been irritable and short-tempered..... | 1 | 2 | 3 | 4 | 5 |
| k. Had explosions of angry or aggressive behavior..... | 1 | 2 | 3 | 4 | 5 |
| l. Lost interest in your usual daily activities..... | 1 | 2 | 3 | 4 | 5 |
| m. Felt distant from everyone, even those people you care about..... | 1 | 2 | 3 | 4 | 5 |
| n. Felt that life is not meaningful..... | 1 | 2 | 3 | 4 | 5 |
| o. Felt jumpy and easily startled or felt that you had to stay on guard all the time..... | 1 | 2 | 3 | 4 | 5 |

24. Since your discharge from active military duty, have you and your partner(s) ever had problems having children? (CIRCLE ONE)

Yes.....1

No.....2

25. How many children have you ever fathered? (ENTER NUMBER. PUT A "0" IN ANY EXTRA BOX ON THE LEFT)

CHILDREN

26. In the table below we would like you to enter information about your natural (not adopted) children. Please include all live births, even if a child is no longer living.

Please indicate: (A) The date of birth of each child; (B) the child's mother's age at the time of the birth; and (C) whether each child had any abnormality, birth defects, or handicaps. Briefly describe any birth defect in the space provided (D). If a child is no longer living, please enter date of death in E.

	A.	B.	C.	D.	E.
	Date of Birth Month Day Year	Mother's Age At Child's Birth (ENTER YEARS)	Any Birth Defects? (CIRCLE) Yes - No	Description of Birth Defects, Abnormality, or Handicap	If Deceased, Date of Death Month Day Year
1st Child	<input type="text"/>	<input type="text"/>	Y N		<input type="text"/>
2nd Child	<input type="text"/>	<input type="text"/>	Y N		<input type="text"/>
3rd Child	<input type="text"/>	<input type="text"/>	Y N		<input type="text"/>
4th Child	<input type="text"/>	<input type="text"/>	Y N		<input type="text"/>
5th Child	<input type="text"/>	<input type="text"/>	Y N		<input type="text"/>
6th Child	<input type="text"/>	<input type="text"/>	Y N		<input type="text"/>
Other Children					

27. A. Have you ever been the father of a stillborn child? (CIRCLE ONE)

Yes (GO TO B).....1

No (GO TO Q.28).....2

IF YES:

B. In what years old did this happen? (WRITE IN YEAR OR YEARS)

1.

1	9		
---	---	--	--

2.

1	9		
---	---	--	--

3.

1	9		
---	---	--	--

28. A. To your knowledge, did any partner of yours ever have a miscarriage? (CIRCLE ONE)

Yes (GO TO B).....1

No (GO TO Q.29).....2

Not Applicable (GO TO Q.29).....6

DON'T KNOW (GO TO Q.29).....8

IF YES:

B. How many are you aware of? (WRITE IN NUMBER, PUT A "0" IN ANY EXTRA BOX ON THE LEFT)

--	--

 MISCARRIAGES

C. In what year(s) did they occur? (WRITE IN YEAR OR YEARS)

1.

1	9		
---	---	--	--

2.

1	9		
---	---	--	--

3.

1	9		
---	---	--	--

29. A. Have you ever been married?

Yes (GO TO B).....1

No (GO TO Q.30).....2

IF YES:

B. In the table below, please list the month and year in which you were married. If your first marriage ended because of death or divorce, indicate the date you were widowed or divorced. If you were married and/or divorced more than once, please complete the remainder of the table.

	Married Month Year	Divorced Month Year	Widowed Month Year
1st Marriage	<input type="text"/>	<input type="text"/>	<input type="text"/>
2nd Marriage	<input type="text"/>	<input type="text"/>	<input type="text"/>
3rd Marriage	<input type="text"/>	<input type="text"/>	<input type="text"/>
4th Marriage	<input type="text"/>	<input type="text"/>	<input type="text"/>

The next question concerns your total family income. Income is important for analyzing and interpreting the health information we receive from veterans. For example, income information helps us to learn whether persons in one income group have certain conditions more or less frequently than people in another income group.

30. What was your total combined family income (that is, for both yourself and your partner, if any) during the past 12 months? Include money from jobs, social security, unemployment payments, retirement income, public assistance and so forth. (CIRCLE ONE)

Less than \$ 5,000.....01

\$ 5,000 - \$ 9,999.....02

\$10,000 - \$14,999.....03

\$15,000 - \$19,999.....04

\$20,000 - \$24,999.....05

\$25,000 - \$29,999.....06

\$30,000 - \$34,999.....07

\$35,000 - \$39,999.....08

\$40,000 - \$49,999.....09

\$50,000 or more.....10

SE-ID _____

INFORMATION FOR FUTURE FOLLOW-UP

The last set of questions will help us to make sure that we have the correct address for both you and your twin brother.

1. Please print your name, address, and telephone number (where you can be reached in the coming year).

Your Full Name _____

Number and Street Address _____ Apt. _____

City _____ State _____ Zip Code _____

Telephone Number

--	--	--

 -

--	--	--	--

 -

--	--	--	--	--

Area Code

2. Your Social Security Number

--	--	--

 -

--	--

 -

--	--	--	--	--

3. Your Date of Birth

--	--

 /

--	--

 /

--	--	--	--

Month Day Year

4. If your twin brother is alive, please print his name, current address and telephone number.

Your Twin Brother's Name _____

Number and Street Address _____ Apt. _____

City _____ State _____ Zip Code _____

Telephone Number

--	--	--

 -

--	--	--	--

 -

--	--	--	--	--

Area Code

5. A. If your twin brother is dead, in what year did he die?

--	--	--	--

1 9

B. In what city, state, and country did he die?

City _____ State _____ Country _____

6. Since we may need to contact you again at some time, please give us the name, address and telephone number of a person other than your twin who will always know where you can be reached.

Full Name _____

Number and Street Address _____ Apt. _____

City _____ State _____ Zip Code _____

Telephone Number

--	--	--

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--	--	--	--

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Area Code

THANK YOU FOR YOUR ASSISTANCE

Our responses will be kept strictly confidential. Please return this questionnaire to NORC in the envelope provided.