ORAL CONSENT FORM / NEW RESEARCH PROJECT

Title of Research Project: Anne Arundel County Firefighter Cancer Cluster Investigation

Principal Investigator: Jonathan Samet, MD, MS

CHR#

Hello, my name is Nrupen Bhavsar and I am a public health researcher at the Johns Hopkins Bloomberg School of Public Health. Today I am going to ask you questions about your experience as a firefighter and the cancers that may have formed due to exposure you may have received as a firefighter. Before I begin, I'll give you a brief background into the project and then ask you to agree to participate.

The purpose of this project is to investigate a possible cancer cluster among firefighters in Anne Arundel County. We are attempting to better understand this cluster and possible causes.

I will ask you questions concerning exposure that you may have experienced as a firefighter. There will also be questions related to the cancer that developed. Please answer the questions to the best of your knowledge.

Though we do not anticipate causing you any discomfort, in the process of participating in the study, it might cause you some concern to know that firefighters may be at risk for cancer. Your participation in this research is completely voluntary and you have the right to withdraw from this study at any time.

If you have any questions at any time, please feel free to ask. If you have a question after we are done speaking, you can contact me at 410-614-4962 or through email at nbhavsar@jhsph.edu.

At this time, do I have your permission to begin the questionnaire? Y / N

CERTIFIED EXEMPT BY THE
COMMITTEES ON HUMAN RESEARCH

CHR #: H-34-04-10-03-AX
Appendix E

Data Collection Tool Used to Ascertain Occupational Exposure in Fire Fighters Trained at the Anne Arundel County Fire Training Academy
Questionnaire for FF

Demographic Information:

Name: _________________________________

Birthdate:  Month _____ Day _____ Year ______

Gender:  M  /  F

What county and state are you currently residing in? ____________________________

Training Information:

Were you ever a student at the Anne Arundel County Fire Training Academy?  Y  /  N

   If yes, what training class were you in? ______________
   If yes, during what years did you train at the Academy? ______________

As a student, did you participate in live fire training at the Academy?  Y  /  N

   As a student, how many times did you participate in live fire training at the Academy?
      ______<5  ______ 26-50
      _____ 6-25  _____>50

   If yes, what type of material was used in the live fires?
      Propane_________   Excelsior________________________
      Oil___________   Don’t know________________________
      Pallets__________    Other________________________

Were you ever an instructor at the Academy?  Y  /  N

   If yes, what classes did you teach? ______________
   During what years were you an instructor? ______________

As an instructor, did you participate in live fire training at the Academy?  Y  /  N

   As an instructor, how many times did you participate in live fire training at the Academy?
      ______<5  ______ 26-50
      _____ 6-25  _____>50

   If yes, what type of material was used in the live fires?
      Propane_________   Don’t know________________________
      Oil___________   Other________________________
      Pallets__________
Occupational Information:

Have you ever worked as a firefighter? Y / N

Starting with your first experience as a firefighter, were you a volunteer or career firefighter? _______

Where were you a firefighter? ____________________

Start date__________  Stop date___________

What was your rank? ____________________

Firefighter experience #2:  Volunteer  Career

Location: _______________

Start date: _________  Stop date: ___________

Rank: ____________

Firefighter experience #3:  Volunteer  Career

Location: _______________

Start date: _________  Stop date: ___________

Rank: ____________

Firefighter experience #4:  Volunteer  Career

Location: _______________

Start date: _________  Stop date: ___________

Rank: ____________

During your time as a firefighter, have you ever been taken to the hospital for smoke inhalation? Y / N

If yes, how many times?__________
What is your current status as a firefighter?

Volunteer_______
Career_________
Retired_________

If retired, reason for retirement:

Attaining years of service for a regular (length of service) retirement: ___________
# years served as firefighter before regular retirement: ______________________

Retirement due to disability: ___________

Type of disability: ______________________________

# years served as firefighter before disability retirement: _______________

Are you currently employed in an occupation outside of being a firefighter? Y/N

If yes, what is your occupation? __________

How long have you held this position? _______________

Have you ever been employed in an occupation outside of being a firefighter for greater than 6 months?  Y / N

If yes, what was your occupation? __________

Please list the date that you started and stopped working? _______________

Occupation #2: _____________________
Start date: ____________  Stop date: ____________

Occupation #3: _____________________
Start date: ____________  Stop date: ____________

Occupation #4: _____________________
Start date: ____________  Stop date: ____________
Medical Information:

Have you ever been diagnosed with a form of cancer? Y / N

If yes, what type of cancer were you first diagnosed with? __________________

What year was the diagnosis? __________________

Where were you treated? _____________________________________________

If you answered yes to the previous question, have you been diagnosed with any other form of cancer(s)? Y / N

If yes, what type of cancer(s)? ____________________________

What year was the diagnosis for each cancer? ________________

Where were you treated? _____________________________________________