

## UMRC - Uranium exposure and contamination, self-assessment questionnaire

This check-list is a self-assessment for individuals who have reason to suspect they may have been contaminated by uranium as a result of being exposed to uranium-alloyed weapons, during or after detonation.

Caution and disclaimer: This assessment is not a substitute for proper medical and bioassay analyses.

If you answer "yes" to the questions below, we advise you seek the aid of a physician, knowledgeable in the diagnosis of internal radiological contamination by uranium isotopes. You may contact UMRC to discuss the appropriateness of participating in our screening program.

This self-assessment questionnaire is presented for use by civilians, NGO staff and military personnel who live in or who have served in theatres of war and where bombs and munitions are suspected to contain uranium alloys.

If you have reason to believe you have been contaminated by uranium under other circumstances, via mining, industrial, manufacturing or other occupational situations, you may call UMRC to arrange a professional assessment or referral.

### URANIUM EXPOSURE, SELF-ASSESSMENT QUESTIONNAIRE

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#### Part A

If ... you live, work, serve, visit and or travel in localities that have been air-bombed, tank-bombed, artillery bombed or where there have been tank and/or artillery battlefields ... or, ... where there are army, airforce or naval bases with active practice & target bombing, firing ranges and testing of munitions ... then ... proceed to Part B, below.

#### Part B -Mechanisms and vectors of exposure.

If you answer "yes" to one or more of the following questions, in Part B, then proceed to part C.

I live, work, visit, and or serve - now or in the past - within 100 kilometres of localities, buildings, vehicles or equipment that have been bombed. This includes being down-wind of such locations by as much as several hundreds of kilometres where wind and dust storms are frequent.

I have been in locations where there have been fires or explosions in military compounds, ammunition storage sites, tanks, rocket launchers, submarines, aircraft, aircraft carriers, naval destroyers, airports, commercial and transport aircraft.

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I have visited or worked in locations where military equipment has been stored and maintained, cleaned and repaired during or after battles or where damaged and bombed military equipment and unexploded ordnance (UXO) has been collected and stored.

I have worked in or visited locations where civilians and/or military personnel (including wounded) have been transported, received, treated, housed and congregated during or following bombing and or battlefield conditions.

I have been in or adjacent to localities or facilities that process, recycle and handle clothing, personal or assigned equipment used by any persons who have been in any of the locations identified in Part B.

I live, work, travel, serve or visit villages and communities where there are people presenting with the symptoms of internal contamination. This includes medical and public health staff, public works and construction crews, UXO and de-mining crews; etc, as well as those who clean, guard and maintain vehicles and equipment used for these operations at these locations.

I have explored and searched locations, equipment, buildings, caves, bunkers; etc, to salvage materials. This includes those who have stored, distributed and used materials salvaged from these localities.

I have searched and recovered survivors, wounded, corpses; cleaned and prepared bodies for burial; searched bodies for identification; or transported any of these people.

My children play in bomb craters, buildings, construction sites or with any materials salvaged from sites that have been bombed.

Any or all members of my family or my neighbours answer "yes" to the questions in Part B.

If you answer "yes" or know anyone who answers "yes" to one or more of the questions in part B, proceed to part C, below.

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Continues...

Part C - Health and medical conditions

If ... you answer "yes" to Parts A and B, above, and to three or more of the following symptoms, then ... you may be experiencing the effects of over-exposure to radio-isotopes released from uranium-alloyed weapons.

C-1: Immediately following bombing or exposure -- within minutes to days following exposure.

|   |  |    |
|---|--|----|
| 1 | Nose bleeds and or runny nose.                                       |    |
| 2 | Irritation and stinging sensations in throat, nasal passages, mouth. |    |
| 3 | Skin and or eyes irritated and burning.                              |    |
| 4 | Skin and or eyes burning when water is applied                       |    |
| 5 | Dry, upper respiratory cough   |    |
| 6 | Cold and flu like symptoms lasting for weeks                         |    |
|   |  |    |
|   | Number of symptoms   | /6 |

C-2: Symptoms after bombing or exposure to contaminated locations .

|    |   |     |
|----|---|-----|
| 1  | Unusual tiredness, fatigue, weakness (disabling fatigue)  |     |
| 2  | Intermittent fevers                                       |     |
| 3  | Sweating at night   |     |
| 4  | Headaches   |     |
| 5  | Recurring or continuous pain in joints                    |     |
| 6  | Recurring nerve, muscle and soft tissue pain              |     |
| 7  | Short-term memory loss, inconsistent memory capacity      |     |
| 8  | Mental confusion and disorientation                       |     |
| 9  | Depression and loss of initiative                         |     |
| 10 | Chest pain  |     |
| 11 | Chronic cold or flu, persistent with respiratory symptoms |     |
| 12 | Asthma, chronic bronchitis                                |     |
| 13 | Frequent or persistent unproductive, dry cough            |     |
| 14 | Pain in the neck, basal skull area, cervical column       |     |
| 15 | Lower-back, kidney pain                                   |     |
| 16 | Stinging sensation when urinating, ejaculating            |     |
| 17 | Unexplained stomach pain and/gastrointestinal problems.   |     |
|    |   |     |
|    | Number of symptoms  | /17 |

C-3 - Chronic or progressive symptoms and signs

|   |   |  |
|---|---|--|
| 1 | Chronic, progressive and repeating symptoms listed in C-2                                       |  |
| 2 | Progressive kidney pain and discomfort  |  |
| 3 | Sexual dysfunction  |  |
| 4 | Miscarriages  |  |
| 5 | Birth defects   |  |
| 6 | Infant children unexplainably ill, weak and lethargic   |  |
| 7 | Increasing numbers of family and or community health problems                                   |  |
| 8 | People never seem to get well - progressive and repeating poor health; defeated immune systems. |  |

|  |                    |    |
|--|--------------------|----|
|  |                    |    |
|  | Number of symptoms | /8 |
|  |                    |    |

Note and disclaimer: This self-assessment is not a substitute for proper diagnosis by a physician and bioassay analysis in a laboratory. If, after completing this self-assessment, you match a sufficient number of exposure vectors and symptoms, you should seek proper medical and diagnostic evaluation.