

Attachment 4 Pueblo, Colorado Smelter Exposure Investigation Questionnaire



Form Approved
0923-0048
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Pueblo, Colorado Smelter Exposure Investigation Questionnaire

Introduction - Hello, my name is {SAY NAME}. We are doing an Exposure Investigation for the Agency for Toxic Substances and Disease Registry, or ATSDR. ATSDR is a sister agency to the Centers for Disease Control and Prevention. As part of the investigation, we will be asking you some common questions like your name and address. We will also ask questions on your contact with chemicals. We are asking these questions to better understand all the data we collect.

The questions should take about twenty minutes. After that, we will be offering free blood and urine testing for you and children in your home. Once we are done with this investigation, you will be given a copy and details of your and your minor children's (if you have them) test results. Generally, we are able to get results to you within 12 weeks.

1. Person Administering Questionnaire	Date Questionnaire Administered	
<input type="text"/>	<input type="text" value="Enter date"/>	
3. Participant Last name	4. Participant First Name	5. Middle Initial
<input type="text"/>	<input type="text"/>	<input type="text"/>
6. Laboratory ID	Cost Recovery Number: 80UA00	
<input type="text"/>		

Public reporting burden of this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. An agency may not conduct or sponsor, and a person is not required to respond to a collection of information unless it displays a currently valid OMB control number. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden to CDC/ATSDR Information Collection Review Office, 1600 Clifton Road NE, MS D-74, Atlanta, Georgia 30333; ATTN: PRA (0923-0048).

7. Are you deaf or do you have serious difficulty hearing?
 Yes
 No
8. Are you blind or do you have any serious difficulty seeing, even when wearing glasses?
 Yes
 No
9. Do you have serious difficulty walking or climbing stairs? (5 years old and older)
 Yes
 No
10. Because of a physical, mental, or emotional condition, do you have serious difficulty concentrating, remembering, or making decisions? (5 years old and older)
 Yes
 No
11. Do you have difficulty dressing or bathing? (5 years old and older)
 Yes
 No
12. Because of a physical, mental, or emotional condition, do you have difficulty doing errands alone such as visiting a doctor's office or shopping? (15 years old and older)
 Yes
 No

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NOTE TO SURVEYOR: The following abbreviations and acronyms are used throughout.

DK-Don't know

NA-Not applicable

Mm/dd/year-2 digit month, 2 digit day, 4 digit year

Ft-feet

In-inches

Now I want to ask you questions about how I can contact you. I may also be asking how long you have lived at or visited certain places. This is needed to find out how long you may have had contact with chemicals and how long it may have lasted. We may also ask your age, race, weight and height, and about your jobs. This is useful to put your test results side by side with others like you to see what is typical.

13. Is the person being interviewed a minor child?

- Yes
- No

14. Name of person answering questions for minor child

15. Street Address

16. Additional Street Address Information (Apt. Number, Other defining number)

17. City

18. County

19. State

20. Zip Code

21. Do you (or household head) rent or own this property?

- Own property
- Rent property
- Don't know
- Not applicable

22. Is your mailing address is different from your street address? If so, what is your mailing address?

- Yes
- No

23. Alternate Mailing Address

24. City

25. County

26. State

27. Zip Code

28. How long have you lived at this address?

- Less than 6 months
- 6 months to less than 2 years
- 2 to 5 years
- 6 to 10 years
- More than 10 years

29. How long have you lived in Pueblo, CO?

- Less than 6 months
- 6 months to less than 2 years
- 2 to 5 years
- 6 to 10 years
- More than 10 years

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30. How well do you speak English? (5 years old and older)
- Very Well
 - Well
 - Not Well
 - Not at all

31. Do you speak a language other than English at home? (5 years old and older)
- Yes
 - No

32. For persons speaking a language other than English (answering yes to the question above), what is the language? (5 years old and older)
- Spanish
 - Other

Demographic Questions - Script: The next questions are about your own qualities and will help us compare your test results.

Surveyor, please indicate whether the person is a male or female. If this questionnaire is for a minor child, be sure to ask their gender.

33. What is your sex?
- Male
 - Female

34. What is your race??
(One or more categories may be selected)

- White
- Black or African American
- American Indian or Alaska Native
- Asian Indian
- Chinese
- Filipino
- Japanese
- Korean
- Vietnamese
- Other Asian
- Native Hawaiian
- Guamanian or Chamorro
- Samoan
- Other Pacific Islander
- Other

35. What is your Date of Birth
-

36. Are you Hispanic, Latino/a, or Spanish origin?
(One or more categories may be selected)
- No, not of Hispanic, Latino/a, or Spanish origin
 - Yes, Mexican, Mexican American, Chicano/a
 - Yes, Puerto Rican
 - Yes, Cuban
 - Yes, Another Hispanic, Latino, or Spanish origin

37. (If female) Are you pregnant? If yes, in what month of pregnancy?
- No
 - Yes, 0 to 3 months
 - Yes, 4-6 months
 - Yes, 7 to 9 months

Household Characteristics - Script: The next set of questions is about the number of people in the household and how long you have lived here.

38. How many people live in your household fulltime, including yourself?
(# People in Household)
-

39. Are there any children under the age of 18 who live in the household? [if NO skip the next questions]
- Yes
 - No

40. How many children are between the ages of 0-5 years old?
-

41. How many children are between the ages of 6-17 years old?
-

42. Do the children play or ride bikes on bare soil in your yard?
- Never Do This
 - Seldom Do This
 - Sometimes Do This
 - Always Do This

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Exposure Location - Note to Surveyor: If the potential exposure location is different than the household address, ask the following questions. Also fill in the exposure location by address, long/lat, or some other way.

43. How long have you or your child been going to the slag pile? (Month and Year)
44. When was the last time you or your child were at the slag pile?
45. What do you do or were you doing at the slag pile exposure location (for example, ride bikes, etc.)?

Attributes of the Structure or Home - The following questions are about the qualities and characteristics of your home.

46. Do you live in an:
- Apartment
 - Single Family Home
 - Townhouse or Condominium
 - Mobile Home
 - Other
47. About when was the building built?
- 2000-Present
 - 1990-1999
 - 1980-1989
 - 1970-1979
 - 1960-1969
 - 1950-1959
 - 1940-1949
 - 1939 or earlier
 - Don't Know
48. What is the condition of your home or building?
- Good
 - Fair
 - Poor
49. Do the windows (e.g., sills) have peeling paint?
- Yes
 - No
50. Is there peeling paint in other places?
- Yes
 - No
 - Don't Know
51. Do you use pesticides in your home?
- Yes
 - No

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Soils

Script - If chemicals are in the soils, you can get them on your skin by gardening, playing, touching your pets, walking barefoot on exposed dirt (no grass, mulch, etc). If the question is not applicable to you , please answer "Never Do This."

Soils Information –Contact

52. How often do you work in soil IN YOUR YARD (e.g., gardening, digging, building, repairing)?
- Never Do This
 - Seldom Do This
 - Sometimes Do This
 - Always Do This

If "Never Do This", skip next 5 questions

53. If so, how frequently do you work in soil in your yard?
- Daily
 - Weekly
 - Monthly
 - Don't Know
54. How often do you use gloves and protective clothing when you work in soil? (e.g. working, playing outdoors, gardening, yardwork)
- Never Do This
 - Seldom Do This
 - Sometimes Do This
 - Always Do This
55. How often do you change clothes immediately after outdoor activity? (e.g. working, playing outdoors, gardening, yardwork)
- Never Do This
 - Seldom Do This
 - Sometimes Do This
 - Always Do This
56. How often do you wash hands, face, and/ or other exposed skin immediately after outdoor activity? (e.g. working, playing outdoors, gardening, yardwork)
- Never Do This
 - Seldom Do This
 - Sometimes Do This
 - Always Do This
57. How often do you wash dirty clothes immediately after wear? (e.g. work clothes, yard work clothes)
- Never Do This
 - Seldom Do This
 - Sometimes Do This
 - Always Do This

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Soil Information (Tracking inside home)

58. How often do you remove shoes before entering your home?
- Never Do This
 - Seldom Do This
 - Sometimes Do This
 - Always Do This
59. How often do you cover bare soils with turf or mulch?
- Never Do This
 - Seldom Do This
 - Sometimes Do This
 - Always Do This
60. How often do you wet-down disturbed soils (e.g. gardening, digging, building)?
- Never Do This
 - Seldom Do This
 - Sometimes Do This
 - Always Do This
61. When you go outside, how often do you have contact with dirt without shoes?
- Never Do This
 - Seldom Do This
 - Sometimes Do This
 - Always Do This

House Cleaning Frequency

Script - This next set was questions is about the cleaning habits in your home by you or someone else.

62. How often does anyone wet mop your home?
- Twice a week
 - Once a week
 - Less than once a month
 - Never
 - Don't Know
63. How often does anyone dry dust your home?
- Twice a week
 - Once a week
 - Less than once a month
 - Never
 - Don't Know
64. How often does anyone broom sweep your home?
- Twice a week
 - Once a week
 - Less than once a month
 - Never
 - Don't Know
65. How often does anyone wet vaccum your home?
- Twice a week
 - Once a week
 - Less than once a month
 - Never
 - Don't Know

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66. Does your vacuum have a bag?
- Yes
 No
 Don't Know
67. Does your vacuum have a high efficiency particulate air (HEPA) filter?
- Yes
 No
 Don't Know

If you currently have children ≤ 18 in your home, please respond to the following statements. If not, please skip to the next section.

68. Do you keep children from playing, biking, or doing other activities in areas with possible soil contamination?
- Never Do This
 Seldom Do This
 Sometimes Do This
 Always Do This
69. Do you keep children from eating dirt?
- Never Do This
 Seldom Do This
 Sometimes Do This
 Always Do This
70. Do you keep children from putting their fingers and hands in their mouths?
- Never Do This
 Seldom Do This
 Sometimes Do This
 Always Do This

Garden

Script - This next set was questions are about your contact with fresh fruits and/or vegetables.

71. Does anyone, including you or a lawn service, use chemicals on your lawn or garden?
- Yes
 No
 Don't Know
72. Do you or your neighbor grow fruits and vegetables in the yard?
- Yes
 No
 Don't Know
73. What vegetable/fruits do you grow and eat from you or your neighbor's garden?
-
74. When was the last time you ate that vegetable and/or fruit?
- Last 7 days
 1-4 weeks ago
 More than 1 month
 More than 1 year
 Don't Know
75. When you eat those fruits and/or vegetables, how often do you eat them?
- Daily
 Weekly
 Monthly
 Don't Know

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76. How often do you wash the vegetables and/or fruit before you eat them?

- Never
- Sometimes
- Always
- Don't Know

77. How often do you wash the vegetables and/or fruit before you cook them?

- Never
- Sometimes
- Always
- Don't Know

(Note to surveyor: Process can include pressure cooking (can or bag, hot water (can or bag), freezing, or drying)

78. Do you process your fruit and vegetables or your neighbor's? [if 'no' go to next section]

- Yes
- No
- Don't Know

79. When was the last time you ate processed fruit or vegetables?

- Last 7 days
- 1-4 weeks ago
- 1-6 months ago
- Don't Know

80. How often do you or your family eat the vegetables and/or fruit you processed from your garden?

- Daily
- Weekly
- Monthly
- Don't Know

81. How often do you or your family eat the vegetables and/or fruit you processed from your neighbor's garden?

- Daily
- Weekly
- Monthly
- Don't Know

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Frequency of eating food that may contain Arsenic.

82. How many portions of rice (white or brown) did you eat in the past week?

- None
- 1-2
- 3-4
- 5 or more
- Don't Know

83. How many portions of chicken did you eat in the past week?

- None
- 1-2
- 3-4
- 5 or more
- Don't know

84. How many portions of fish and other seafood (to include shrimp) did you eat in the past week?

- None
- 1-2
- 3-4
- 5 or more
- Don't know

Other

85. Is there anything you want us to know that we did not ask about?
