#### Attachment 4

**Participant Questionnaire**

**Decatur, AL**

Place ID # label here

**U.S. Department of Health and Human Services**

**Agency for Toxic Substances and Disease Registry**

**PFC Exposure Investigation, blood and urine sampling Questionnaire**

**(ATSDR OMB Control No. 0923-0048 / Expiration Date: 5/31/2016)**

**Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_ (Month/Day/Year) **Sex:** Male Female

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

1. Are you Hispanic, Latino/a, or Spanish origin? You may skip this question.

* No, not Hispanic, Latino/a
* Yes, Hispanic, Latino/a

To be filled out by

ATSDR Staff:

Height: ­­\_\_\_\_\_\_\_\_\_\_\_\_\_

Weight: \_\_\_\_\_\_\_\_\_\_\_\_

Body Fat %: \_\_\_\_\_\_\_\_\_

Urine Volume: \_\_\_\_\_\_\_

1. What is your race? One or more categories may be selected.

You may skip this question.

* American Indian or Alaska Native
* Asian
* Black or African American
* Native Hawaiian or Other Pacific Islander
* White

1. How many years have you lived at your current address? ­­

­\_\_\_\_\_\_\_\_\_\_ (years)

Don’t Know

Refused to Answer

1. How many years have you lived in the Morgan/Lawrence/Limestone County area? \_\_\_\_\_\_\_\_ (years)

Don’t Know

Refused to Answer

1. Has your doctor ever told you have:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Diabetes | Yes | No | Don’t Know | Refused to Answer |  |  |
| Kidney Disease | Yes | No | Don’t Know | Refused to Answer |
| Hepatitis C | Yes | No | Don’t Know | Refused to Answer Know |
| Anemia | Yes | No | Don’t Know | Refused to Answer Know |

1. Are you currently undergoing dialysis treatment?

Yes No Don’t Know Refused to Answer

If participant is under the age of 17, skip to question #10.

1. To your knowledge, are you pregnant? If participant is male, skip to question #9.

Yes No Don’t Know Not Applicable Refused to Answer

1. Have you completed menopause? If participant is male, skip to question #9.

Yes No Don’t Know Not Applicable Refused to Answer

If yes, how long ago did you complete menopause? \_\_\_\_\_\_\_\_\_\_ (years)

Don’t KnowRefused to Answer

1. How frequently do you donate blood and/or plasma (circle one)?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Once per month | A few times per year | Once per year | Rarely | Never | Don’t Know | Refused to Answer |

1. Did you participate in the 2010 Exposure Investigation? If no, skip to question 13.

Yes No Don’t Know Refused to Answer

1. If yes, has your address changed?

Yes No Don’t Know Refused to Answer

1. If yes, please select any behaviors that have changed following the 2010 Exposure Investigation:

* My drinking water source changed from private well to public water system.
* My drinking water source changed from private well to bottled water.
* My drinking water source changed from public water system to bottled water.
* I have installed a filtration system on my private well.
* My drinking water source changed in some other way (please explain):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* My consumption of locally caught fish has increased.
* My consumption of locally caught dish has decreased.
* My consumption of locally grown vegetables has increased.
* My consumption of locally grown vegetables has decreased.
* Other behaviors related to PFC exposure (please explain):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* Refused to Answer

1. How frequently do you workor play in the soil (e.g. gardening, digging, farming, building, repairing, etc…) (circle one)?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Once per month | A few times per year | Once per year | Rarely | Never | Don’t Know | Refused to Answer |

If you work in the soil, at what address or place (e.g. daycare) does this occur (list all locations):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Refused to Answer

1. How often do you eat “homegrown” or locally grown vegetables (circle one)?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Once per month | A few times per year | Once per year | Rarely | Never | Don’t Know | Refused to Answer |

1. How often do you eat fish caught from local ponds, lakes or rivers (circle one)?

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Once per month | A few times per year | Once per year | Rarely | Never | Don’t Know | Refused to Answer |

1. What is the main source of drinking water in your home (circle one)?

|  |  |
| --- | --- |
| Public – City or County | |
|  | Name of water supplier: |
| Private Well | |
| Spring | |
| Pond | |
| Cistern | |
| Community Well | |
| Bottled Water | |
| Don’t Know  Refused to Answer | |

1. If you have a private well, has it been tested for PFCs?

Yes No Don’t Know Refused to Answer

If yes, do you know the date it was tested, who did the testing, and the results of the PFC testing?

|  |  |  |
| --- | --- | --- |
| Date (month/year) | Company/Government | PFC Results |
|  |  |  |
|  |  |  |
|  |  |  |

1. Please list your job title and where you have worked for the past 20 years. If participant is under the age of 17, skip to end.

Not Applicable

Refused to Answer

|  |  |  |  |
| --- | --- | --- | --- |
| Company Name | Job Title | Year Started | Year Ended |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

\*\*\* THANK YOU \*\*\*