

Self-reported Rash Symptoms and Exposure to Flint Water
MDHHS Questionnaire

Form Approved
OMB No. 0923-0051
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Note to the interviewer: script in italics is clarification for you, and is not to be read aloud to the interviewee. Please do not prompt answers (e.g. read out options “Yes”, “No”, “Don’t Know”, “Refused”) unless noted to.

INTRODUCTION SCRIPTS

For people referred through 211/CHECC and home visits:

Hello, my name is _____, and I work for the [***Michigan Department of Health and Human Services/Agency for Toxic Substances and Disease Registry/Centers for Disease Control and Prevention***]. We are working with the [***Michigan Department of Health and Human Services/Agency for Toxic Substances and Disease Registry/Centers for Disease Control and Prevention***] looking into reported rash symptoms related to exposure to Flint tap water. We received your name because you have reported rash symptoms [***to the 211 phone number OR to an MDHHS or CDC representative who visited your home recently***]. We would like to ask you some questions about your health, the health of your family, and your tap water usage. Your answers will help us understand what symptoms have been reported since the City of Flint switched its water source. The questions will take about 20 minutes. May we go ahead now with the questionnaire?

For people referred through healthcare providers:

Hello, my name is _____, and I work for the [***Michigan Department of Health and Human Services/Agency for Toxic Substances and Disease Registry/Centers for Disease Control and Prevention***]. We are working with the [***Michigan Department of Health and Human Services/Agency for Toxic Substances and Disease Registry/Centers for Disease Control and Prevention***] looking into reported rash symptoms related to exposure to Flint tap water. We received your name because you visited a healthcare provider to report rash symptoms and they forwarded your information to us. We would like to ask you some questions about your health, the health of your family, and your tap water usage. Your answers will help us understand what symptoms have been reported since the City of Flint switched its water source. The questions will take about 20 minutes. May we go ahead now with the questionnaire?

If yes, participation in this questionnaire is voluntary: if you feel uncomfortable answering any question, you do not have to answer and you may stop the interview at any time. However, any information you can provide will help us immensely.

IF NO, is there a convenient time when I can call you back?

Day: _____ Time: _____ AM / PM

Telephone: _____

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 Reports Clearance Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0923-0051)

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CASE

time for

Self-reported Symptoms and Exposure to Flint Water
MDHHS Questionnaire

Date: _____
 AM / PM

Time interview began: __: __

Interviewers Initials:

BACKGROUND

1. First, I would like to ask if you contacted someone to report that you or someone you know had symptoms. Did you contact any person or organization to report these symptoms?

- No
- Yes
- Don't know
- Refused

1a. Can you please tell me who you contacted? (check all that apply)

- 211
- Genesee County Health Department
- Health care professional
- Emergency room
- Don't know
- Refused
- Other, please explain _____

1b. What prompted you to contact MDHHS or seek medical care?

1c. Are you calling for yourself or for someone else?

- Self
- Someone else

1d1. If they are calling for someone else: What is their name and relationship to you?

1d1a. Name: _____

1d1b. Relationship: _____

1d2. Could I please interview that person / May we continue with the interview?
(If child, ask parent if you can continue on with interview)

- Yes, interviewed other person
- Yes, interviewed parent or individual on phone who made contact for other person

Contact information: _____

- No, other person not available
- No, refused to be interviewed

2. First, I have a few questions about you (or your child/friend, if interviewing for another person).

2a. How old are you? _____

2b. What is your sex?

- Male
 Female

2c. Do you currently work?

- No
 Yes
 Refused
 Don't know

2c1. IF YES, can you please explain what you do? _____

HISTORY OF ILLNESS

3. As I mentioned before, we received your name because you reported symptoms. I am going to ask you about these symptoms.

3a. Did you experience a rash?

- No
 Yes
 Don't know
 Refused

IF YES, on what parts of your body did the rash occur?

- Face Arms Feet
 Neck Hands Other
 Torso Legs Explain: _____

IF YES, how big was the rash? (at widest)

- 0-3 inches
 3-5 inches
 > 5 inches
 Don't know
 Refused

3a1. When did your rash start? Date: _____

3a2. Have your symptoms improved, gotten worse, or stayed the same since October 16, 2015? (Note: On October 16, 2015, City of Flint switched back to buying water from Detroit)

- Improved
 Gotten worse
 Stayed the same
 Refused
 Don't know

3a3. Do you still have a rash?

- No
 Yes
 Don't know
 Refused

Can you please describe your rash for me?

3a4. Hives?

- No
 Yes
 Don't know
 Refused

3a5. Raised bumps?

- No
 Yes
 Don't know
 Refused

3a6. Dry or flakey skin?

- No
 Yes
 Don't know
 Refused

3a7. Itchy skin?

- No
- Yes
- Don't know
- Refused

3a8. Painful skin?

- No
- Yes
- Don't know
- Refused

3a9. Other?

3a10. What activities cause the rash to occur?

- | | | |
|---|--|--|
| <input type="checkbox"/> Washing dishes | <input type="checkbox"/> Showering | <input type="checkbox"/> Drinking water |
| <input type="checkbox"/> Doing laundry | <input type="checkbox"/> Taking a bath | <input type="checkbox"/> Other, please explain _____ |
| <input type="checkbox"/> Cooking | <input type="checkbox"/> Using a hot tub | |

3a11. Once the rash appears, how long does it take to go away? _____

- Hours
- Days
- Has not gone away
- Don't know
- Refused

3a12. What makes the rash feel better? _____

3a13. What makes the rash feel worse? _____

3a14. Were you taking any new medicines when the rash started?

- No
- Yes
- Don't know
- Refused

IF YES, what kind? _____

Did you experience any other symptoms with the rash? Such as...

3b. Numbness or tingling?

- No
- Yes
- Don't know
- Refused

IF YES, Where did the numbness or tingling occur?

- Face
 - Neck
 - Torso
 - Arms
 - Hands
 - Legs
 - Feet
 - Other
- Explain _____

3c. Fever?

- No
- Yes
- Don't know
- Refused

IF YES, how high?

Time Course

When did your fever begin?	When did your fever end?
----------------------------	--------------------------

3d. Shortness of Breath?

- No
- Yes
- Don't know
- Refused

When did your s.o.b. begin?	When did your s.o.b. end?
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3e. Wheezing?

- No
- Yes
- Don't know
- Refused

When did your wheezing begin?	When did your wheezing end?
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3f. Diarrhea?

- No
- Yes
- Don't know
- Refused

When did your diarrhea begin?

When did your diarrhea end?

3g. Eye Irritation?

- No
- Yes
- Don't know
- Refused

When did the irritation begin?

When did the irritation end?

3h. Hair Loss?

- No
- Yes
- Don't know
- Refused

Please describe:

Quantity
(e.g. strands, chunks)

Location on scalp
(e.g. patchy, right side, etc.)

3i. Constipation

- No
- Yes
- Don't know
- Refused

Please describe

Time Course:

3j. Weakness

- No
- Yes
- Don't know
- Refused

Please describe:

Time Course

3i. 3k. Muscle pain

- No
- Yes
- Don't know
- Refused

3l. Constipation

- No
- Yes
- Don't know
- Refused

3m. Anything Else?

- No
- Yes
- Don't know
- Refused

When did this symptom begin?

When did this symptom end?

Now I would like to ask you a few questions about your tap water use.

4. Is your home on municipal water, that is, do you get your water from the City of Flint?

- No
- Yes
- Refused
- Don't know

4a. IF NO, can you tell me the source of your tap water? _____

5. Do or did you have contact with Flint Water at work or anywhere else in your community, such as at church or the gym?

- No
- Yes
- Refused
- Don't know

5a. IF YES, can you please explain where? _____

5b. IF YES, when did you start using Flint water at this location?

5c. IF YES, when did you stop using Flint water at this location?

5d. Have your symptoms improved or gone away since you changed your water use at this location?

- No
- Yes
- Refused
- Have not changed water use
- Don't know

6. When your symptoms started, did you notice changes in your tap water quality (appearance, taste, smell) at home?

- No
- Yes
- Refused
- Don't know

6a. IF YES, can you please describe the change in water quality? _____

7. When your symptoms started, did you notice changes in your water pressure at home?

- No
- Yes
- Refused
- Don't know

7a. IF YES, did the water pressure: Increase? Decrease?

8. Did you receive a filter for your water at home?

- No
- Yes

- Refused
- Don't know

8a. What type of filter are you using at home?

- Brita
- PUR
-

Other _____

8b. When did you receive the filter?

Date: _____

8c. How are you using your filter?

9. Are you using a different water source than normal for the following activities?

- Washing dishes
- Doing laundry
- Cooking
- Showering
- Taking a bath
- Using a hot tub
- Drinking water
- Other, please explain _____
- Refused
- Don't know

10. Have you changed your behavior or habits for bathing and/or showering?

- No
- Yes
- Refused
- Don't know

IF YES, can you please explain how your bathing habits have changed in the following ways:

10a. Frequency

- Shower less frequently
- Shower more frequently
- Don't know
- Refused

10b. Length

- Shorter showers
- Longer showers
- Don't know
- Refused

10c. Method

Please explain: (e.g. use of wipes, sponges)

11. Do you add anything to your water before using it?

- No
- Yes
- Refused
- Don't know

11a. IF YES, please explain what you add (optional: and the amount you use):
Ask about amount if it makes sense based on what they are adding

12. Have you changed your tap water use in any other way?

13. When did you start making these changes to your tap water use?

Date _____

14. Have your symptoms improved, gotten worse, or stayed the same since you changed your water use?

- Improved
- Gotten worse
- Stayed the same
- Refused
- Don't know

15. What most influenced you to start making these changes to your tap water use?

- Symptoms
- Concerns for health
- Media
- Doctor's advice
- Other, please explain _____

SEEKING CARE

Note: Please ask these questions of all participants, including those referred by Poison Control.

16. Did you seek medical attention for any of the symptoms we just talked about?

- No
- Yes
- Refused
- Don't know

IF NO, it is important that you go see your primary care doctor or a physician for further evaluation. **SKIP TO 15.**

IF YES:

16a. Where did you go? (check all that apply)

- Primary Care Provider
- Emergency Department
- Urgent care
- Specialist (e.g. dermatologist, eye doctor, etc.)
- Alternative health care provider
- Other Explain: _____

16b. Were you hospitalized for this condition?

- Yes
- No
- Refused
- Don't know

16b1. IF YES, when? _____

16c. Did you receive a diagnosis?

- No
- Yes
- Refused
- Don't know

16c1. IF YES, what was the diagnosis? _____

16d. Did you receive treatment?

- No
- Yes
- Refused
- Don't know

16d1. IF YES, what was the treatment? _____

16e. Do you give permission for us to speak to your doctor and access your medical records about these visits to your doctor/the hospital? Medical records are very useful and enable us to add additional details to the information you have already given us. We will not access any other part of your medical records.

- No
- Yes

Please provide your doctor's name and contact information

16e1. Name: _____

16e2. Phone Number: _____

17. Have you tried any treatments or medications on your own?

- No
- Yes
- Refused
- Don't know

17a. IF YES, what was the treatment? _____

GENERAL HEALTH

Now I am going to ask you a few questions about your general health.

18. Has a doctor ever told you that you have any chronic health conditions, such as diabetes, heart disease, or COPD?

- No
- Yes
- Refused
- Don't know

18a. IF YES, what are they? _____

18b. When were you told about with this / these conditions?

Date: _____

19. Has a doctor ever told you that you have asthma or seasonal allergies?

- No
- Yes
- Refused
- Don't know

19a. *IF YES*, what are they? _____

19b. When were you told about with this / these conditions?

Date: _____

20. Has a doctor ever told you that you have a skin condition, including psoriasis, eczema, or dermatitis?

- No
- Yes
- Refused
- Don't know

20a. *IF YES*, what skin conditions? _____

20b. When were you told about with this / these conditions?

Date: _____

21. Do you have any allergies to metals, foods, or anything else?

- No
- Yes
- Refused
- Don't know

21a. *IF YES*, what are they? _____

21b. When were you tested for this / these conditions?

Date: _____

22. Do you currently take any medications?

- No
- Yes
- Refused
- Don't know

22a. *IF YES*, what are they? _____

23. **Are you currently a smoker?**

- No
- Yes
- Refused
- Don't know

23a. ***IF YES***, how many packs per day? _____

24. If your problem is related to the water, we would like to schedule your home for water testing. EPA water quality experts would visit your home to take water samples, which would take from 30 to 60 minutes total, from arrival to departure. You must be present in the home during this time. Would you like the EPA to come test your water?

- No
- Yes
- Refused
- Don't know

24a. IF YES, what is the your:

Address: _____
Street City State Zip

Phone Number: _____

Best Day(s) for Testing: _____

Please expect a call from an EPA representative in the next 48 hours to set up a visit to test the water in your home.

25. Is there anything else that you think I should know about?

That was the last question. Thank you for taking the time to answer our questions.

If you are interested in the results of this questionnaire and additional information on water disinfection, please refer to the Flint Water website at <http://www.michigan.gov/flintwater>