**Attachment 10: Sample Questionnaire – Adolescent**

**[GenIC Name]**

|  |
| --- |
| Form ApprovedOMB No. 0920-xxxxExp. Date xx/xx/ xxxx |

Date of the interview: \_\_\_\_/\_\_\_\_/\_\_\_\_\_\_ Name of interviewer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Poison center: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 State call originated from: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Title of the investigation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NPDS Case ID No. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**I. Exposure Information**

**Now I am going to ask you a few questions about the [exposure type] and the circumstances surrounding when you were exposed**.

*For consumer products or contaminated food/water*

1. What was the product name of the [source of exposure] you/your child were exposed to? (*read all choices* and *choose one)*

[ ]  [name relevant to exposure]

[ ]  [name relevant to exposure]

[ ]  [name relevant to exposure]

[ ]  Other (*describe):*

[ ]  Do not know

[ ]  Refuse to answer

1. Where was the product taken from when the actual exposure occurred? (*read all choices and* *choose one)*

[ ]  [source relevant to exposure]

[ ]  [source relevant to exposure]

[ ]  [source relevant to exposure]

[ ]  Other (*describe):*

[ ]  Do not know

[ ]  Refuse to answer

1. Where were you/your child when the exposure occurred? (*read all choices and choose one*)

[ ]  [location relevant to exposure]

[ ]  [location relevant to exposure]

[ ]  [location relevant to exposure]

[ ]  Other (*describe):*

[ ]  Do not know

[ ]  Refuse to answer

|  |
| --- |
| CDC estimates the average public reporting burden for this collection of information as 40 minutes per response, including the time for reviewing instructions, searching existing data/information sources, gathering and maintaining the data/information 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 (0920-xxxx).  |

1. Was the [exposure] stored in the original container when you/your child were exposed?

[ ]  Yes

[ ]  No **Go to part b**

[ ]  Do not know

[ ]  Refuse to answer

b. If no, what was the product stored in? (*read all choices and check all that apply*)

 [ ]  [container relevant to exposure]

[ ]  [container relevant to exposure]

[ ]  [container relevant to exposure]

[ ]  Other (*describe*)

[ ]  None

[ ]  Do not know

[ ]  Refuse to answer

1. Did you/your child intentionally expose yourself/themselves to the product?

[ ]  Yes

[ ]  No

[ ]  Do not know

[ ]  Refuse to answer

1. Was the product clearly labeled as to its ingredients?

[ ]  Yes

[ ]  No

[ ]  Do not know

[ ]  Refuse to answer

1. Can you estimate how much [exposure of interest] you/your child [route of exposure]? *(choose one)*

[ ]  [amount per source relevant to exposure]

[ ]  [amount per source relevant to exposure]

[ ]  [amount per source relevant to exposure]

[ ]  Other (describe):

[ ]  Do not know

[ ]  Refuse to answer

1. What was the appearance of the [exposure of interest] you/your child [route of exposure]? *(read all choices and choose one)*

[ ]  [appearance relevant to exposure]

[ ]  [appearance relevant to exposure]

[ ]  [appearance relevant to exposure]

[ ]  Do not know

[ ]  Refuse to answer

1. What was the color of the [exposure of interest] you/your child [route of exposure]? *(read all choices and choose one)*

[ ]  [color relevant to exposure]

[ ]  [color relevant to exposure]

[ ]  [color relevant to exposure]

[ ]  Do not know

[ ]  Refuse to answer

1. Did the [exposure of interest] you/your child [route of exposure] have a [smell relevant to exposure]? *(choose one)*

[ ]  Yes

[ ]  No

[ ]  Do not know

[ ]  Refuse to answer

1. Did the [exposure of interest] you/your child [route of exposure] have a [taste relevant to exposure]? *(choose one)*

[ ]  Yes

[ ]  No

[ ]  Do not know

[ ]  Refuse to answer

*For natural or man-made disaster that increases risk for exposure due to a change in living conditions, available resources, or risk for contaminant exposure*

1. What were you/your child doing when you/your child began to feel ill?

[ ]  Refuse to answer

1. Where were you/your child when you/your child became ill due to [exposure]?

[ ]  Home **Go to part b**

[ ]  Staying with friends or family **Go to part b**

[ ]  At a shelter

[ ]  Hotel

[ ]  Business

[ ]  Other

[ ]  Refuse to answer

b. If you/your child were staying at your home or someone else’s home, how would you describe the house where you/your child became ill? Read aloud. C*heck one*

[ ]  Single-family house

[ ]  Multiple unit house (duplex, triplex, etc.)

[ ]  Apartment or condominium

[ ]  Motor home or RV

[ ]  Mobile home or trailer

[ ]  Boat

[ ]  At a shelter

[ ]  Hotel

[ ]  Business

[ ]  Other, specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

[ ]  Do not know

[ ]  Refuse to answer

1. Did the place where you/your child became ill lose power as a result of [incident]?

[ ]  Yes **Go to part b** [ ]  No [ ]  Do not know [ ]  Refuse to answer

b. Approximately how many days/hours was the place you/your child became ill without power?

      days       hours [ ]  Refuse to answer

1. Do you know the source of [exposure] that caused your/your child’s illness?

[ ]  Yes [ ]  No [ ]  Do not know [ ]  Refuse to answer

*For carbon monoxide poisonings*

1. What was the source or sources of your/your child’s carbon monoxide poisoning? (mark all that apply)

[ ]  Generator **Go to question 14**

[ ]  Propane Heater

[ ]  Kerosene Heater

[ ]  Propane grill

[ ]  Charcoal grill

[ ]  Propane camp stove

[ ]  Woodstove

[ ]  Fireplace (wood or natural gas)

[ ]  Boiler (oil)

[ ]  Boiler (natural gas)

[ ]  Furnace (oil)

[ ]  Furnace (natural gas)

[ ]  Hot Water Heater (oil)

[ ]  Hot Water Heater (natural gas)

[ ]  Gas Oven

[ ]  Gas Stove

[ ]  Kerosene Lamp(s)

[ ]  Fire

[ ]  Vehicle

[ ]  Other

[ ]  Do not know

[ ]  Refuse to answer

**Unless the respondent answered “Generator” in the above question, go to the next section.**

1. Where was the generator placed while running?

[ ]  Outside (outdoors means outside of any enclosure) *SELECT ONE*

[ ]  Outside, <20ft from house (less than 2-car lengths away)

[ ]  If *YES*, was the generator near an open or broken window/door? [ ]  Yes [ ]  No

[ ]  Outside, at least 20 feet from house (or at least 2 car-lengths away)

[ ]  Inside *SELECT ONE*

[ ]  Inside the living space in a room with all doors and windows closed (includes basement)

[ ]  Inside the living space in a room with at least one window open

[ ]  Inside an attached garage with garage door open

[ ]  Inside an attached garage with garage door closed

[ ]  Inside an enclosed porch

[ ]  In detached garage, shed, outbuilding

 If so how far from house

 [ ]  <10 feet (approximately 1 car length)

[ ]  10 feet to <20 feet

[ ]  20 or more feet

[ ]  In another location

[ ]  Do not know

[ ]  Refuse to answer

1. How many days was the generator used before you/your child became ill?

[ ]  Less than one day

[ ]  For one day

[ ]  Between one and three days

[ ]  Between three and seven days (one week)

[ ]  More than one week

[ ]  Other

[ ]  Do not know

[ ]  Refuse to answer

1. What were you using the generator to power? *(check all that apply)*

 [ ]  Heat

 [ ]  Hot Water

[ ]  Television

 [ ]  Radio

 [ ]  Lights

 [ ]  Refrigerator or freezer

 [ ]  Power equipment or tools

 [ ]  Medical equipment

[ ]  Other (specify)

[ ]  Do not know
 [ ]  Refuse to answer

**II. Health Effects and Medical Treatment**

**Now I am going to ask you a few questions about the health effects and medical treatment caused by [exposure].**

1. I am going to read a list of symptoms that you/your child may have had after [the exposure]. Please tell me if you/your child had any of the following symptoms between [time period] *(choose all that apply)*

 [ ]  [symptom]

 [ ]  [symptom]

 [ ]  [symptom]

 [ ]  [symptom]

 [ ]  [symptom]

 [ ]  Other symptom

[ ]  Other symptom

 [ ]  Other symptom

 [ ]  Do not know

 [ ]  Refuse to answer

[ ]  None

1. What did you do when you thought there was a problem? *(check all that apply)*

[ ]  Called for help

 [ ]  Poison Control

[ ]  Doctors Office

[ ]  911 / EMS

[ ]  Other

[ ]  Open windows and waited to see if symptoms decrease

[ ]  Left house to see if symptoms decreased

[ ]  Tried to turn off the suspected cause and waited to see if symptoms would improve

[ ]  Went immediately to doctors or hospital to get help

[ ]  Did not suspect there was a problem or didn’t know what the problem was

[ ]  Other

[ ]  Refuse to answer

1. What was the reason for your call to the Poison Center during or immediately after [incident of interest]? *(check all that apply)*

[ ]  Wanted information about [exposure]

[ ]  Worried about being exposed to [exposure]/Worried about child being exposed to [exposure]

[ ]  Was feeling ill/Child was feeling ill

[ ]  Know exposed to [exposure]/Know child exposed to [exposure]

[ ]  Smelled something

[ ]  Other (*describe*):

[ ]  Refuse to answer

1. What action did the poison center recommend? *(please describe in detail)*

[ ]  Refuse to answer

1. Did you/your child go to any kind of healthcare facility such as a doctor’s office, emergency room or urgent care center after your/your child’s [exposure]? *(choose one)*

 [ ]  Yes G**o to part b**

 [ ]  No **Go to next section**

 [ ]  Do not know

[ ]  Refuse to answer

b. What type of healthcare facility did you/your child go to? *(choose the initial one the patient went to)*

 [ ]  Hospital Emergency Room

 [ ]  Pediatrician’s Office

[ ]  Urgent Care Center

 [ ]  Other (*describe*)

 [ ]  Do not know

[ ]  Refuse to answer

1. What kind of treatment did you/your child receive while in the healthcare facility? (*read all choices and check all that apply*)

 [ ]  [treatment relevant to exposure]

 [ ]  [treatment relevant to exposure]

 [ ]  [treatment relevant to exposure]

 [ ]  [treatment relevant to exposure]

 [ ]  [treatment relevant to exposure]

 [ ]  Other **(***describe)*

[ ]  Do not know

 [ ]  None

 [ ]  Refuse to answer

1. What kind of procedures did you/your child receive in the healthcare facility? (*read all choices and check all that apply*)

 [ ]  [procedure relevant to exposure]

 [ ]  [procedure relevant to exposure]

 [ ]  [procedure relevant to exposure]

 [ ]  [procedure relevant to exposure]

 [ ]  Other (*describe*)

[ ]  Do not know

 [ ]  None

 [ ]  Refuse to answer

1. Did a doctor place you/your child onany medications as a result of this illness? *(choose one)*

[ ]  Yes G**o to part b**

[ ]  No

[ ]  Do not know

[ ]  Refuse to answer

b. If yes, which medications? (*read all choices and check all that apply*)

 [ ]  [medication relevant to exposure]

[ ]  [medication relevant to exposure]

[ ]  Other (*describe*)

[ ]  None

[ ]  Do not know

[ ]  Refuse to answer

1. After the visit at the health care facility was completed, what happened?

[ ]  Discharged

[ ]  Admitted

[ ]  Transferred/transported to other healthcare facility (*specify*)

[ ]  Other (*describe*)

[ ]  Do not know

[ ]  Refuse to answer

**III. Health Messaging**

**We are almost finished. The last few questions are about what you have heard regarding the [exposure].**

1. Immediately before or during the [incident], did you hear or read warnings about the danger of [exposure]?

[ ]  Yes **Go to part b**

[ ]  No

[ ]  Do not know

[ ]  Refuse to answer

b. If so where did you hear or read these warnings?

[ ]  Newspapers/magazines

[ ]  Pamphlet/fact sheet

[ ]  Fire Department

[ ]  Radio

[ ]  Television

[ ]  Friends or family

[ ]  Salesman or store employee

[ ]  Law enforcement

[ ]  Utility workers

[ ]  Other

[ ]  Do not know

[ ]  Refuse to answer

1. Did you hear any communication messages prior to [exposure]? (Health alerts, evacuation orders, radio alerts, etc)

[ ]  [messages relevant to exposure] **Go to part b**

[ ]  [messages relevant to exposure] **Go to part b**

[ ]  [messages relevant to exposure] **Go to part b**

[ ]  Other (*describe):* **Go to part b**

[ ]  No

[ ]  Do not know

[ ]  Refuse to answer

b. Did you act upon those communication messages?

[ ]  Yes

[ ]  No

[ ]  Do not know

[ ]  Refuse to answer

1. What exposure prevention methods were in place prior to the exposure? (e.g., CO detector for CO exposure, child-resistant caps for lamp oil)

[ ]  [messages relevant to exposure]

[ ]  [messages relevant to exposure]

[ ]  [messages relevant to exposure]

[ ]  Other (describe):

[ ]  Do not know

[ ]  Refuse to answer