

DATE

Attachment 11: Sample Questionnaire – Parent or Guardian

DATE

Form Approved
OMB No. 0920-xxxx
Exp. Date xx/xx/xxxx

[GenIC Name]

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

2. 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

3. 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).

DATE

4. 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

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

- Yes
- No
- Do not know
- Refuse to answer

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

- Yes
- No
- Do not know
- Refuse to answer

7. 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

8. 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

DATE

9. 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

10. 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

11. 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

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

- Refuse to answer

13. 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. *Check one*

- Single-family house
- Multiple unit house (duplex, triplex, etc.)
- Apartment or condominium
- Motor home or RV
- Mobile home or trailer

DATE

- Boat
- At a shelter
- Hotel
- Business
- Other, specify _____
- Do not know
- Refuse to answer

14. 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

15. 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

16. 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.

DATE

17. 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

18. 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

19. 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

DATE

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].

20. 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

21. 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

22. 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

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

DATE

Refuse to answer

24. 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 **Go 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

25. 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

26. 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

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

- Yes **Go to part b**
- No
- Do not know

DATE

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

28. 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].

29. 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

DATE

30. 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

31. 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