**Attachment 2. Follow-up questionnaire for individuals calling poison control centers (PCCs) regarding exposures to harmful algal blooms (HABs) – adult**

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| Form Approved  OMB No. 0920-1166  Exp. Date 02/29/ 2020 |

**GenIC Name:**Identifying Sources of and Risk Factors for Harmful Algal Bloom Exposures through Poison Control Center Follow-up Questionnaires – United States, 2019

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

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

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

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

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

**I. Exposure and Health Effects Information**

**Now I am going to ask you a few questions about your exposure and the circumstances surrounding your exposure**.

1. What were you exposed to that prompted the call to the poison control center?

Refuse to answer

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Choose all that apply; ask follow up questions along the same row as reported exposure below** | **2. Location-related question** | **3. Appearance-related question** | **4. Symptom-related question** | **5. Symptom timing-related question** |
| Ask questions along this row if the response to Q1 is related to shellfish | Where were you when you were exposed?  \_\_ Home  \_\_ Restaurant  \_\_ Other (describe)  \_\_ Don’t know  \_\_ Refused | Did the shellfish look normal?  \_\_ Yes  \_\_ No (describe)  \_\_ Don’t know  \_\_ Refused | What symptoms did you experience as a result of eating the shellfish? (choose all that apply)  \_\_ Nausea  \_\_ Vomiting  \_\_ Diarrhea  \_\_ Tingling in the extremities (fingers and toes, mouth)  \_\_ Numbness in the extremities (fingers, toes, mouth)  \_\_ Weakness  \_\_ Shortness of breath  \_\_ Confusion  \_\_ Memory loss  \_\_ Heart palpitations  \_\_ Other (describe) | How long was it between exposure to shellfish and onset of symptoms?  \_\_ Immediately to less than 6 hours  \_\_ 6 to 24 hours  \_\_ More than 24 hours |
| Ask questions along this row if the response to Q1 is related to bathing or swimming in a body of water | Where were you when you were exposed?  \_\_ Ocean  \_\_ Fresh water body  \_\_ Other (describe) | Did the water look unusually colored?  \_\_ Yes  (describe) \_\_\_\_  \_\_ No  \_\_ Don’t know  \_\_ Refused | What symptoms did you experience as a result of exposure to the body of water? (choose all that apply)  \_\_ Nausea  \_\_ Vomiting  \_\_ Diarrhea  \_\_ Rash  \_\_ Itchiness  \_\_ Burning sensation on the skin  \_\_ Blisters on skin  \_\_ Watery eyes  \_\_ Burning sensation in eyes  \_\_ Trouble breathing  \_\_ Asthma attack  \_\_ Respiratory irritation  \_\_ Other (describe) | How long was it between exposure to the body of water and onset of symptoms?  \_\_ Immediately to less than 6 hours  \_\_ 6 to 24 hours  \_\_ More than 24 hours |
| Ask questions along this row if the response to Q1 is related to being near a body of water | Where were you when you were exposed?  \_\_ Ocean  \_\_ Fresh water body  \_\_ Other (describe) | Did the water look unusually colored?  \_\_ Yes  (describe) \_\_\_\_  \_\_ No  \_\_ Don’t know  \_\_ Refused | What symptoms did you experience as a result of exposure to the body of water? (choose all that apply)  \_\_ Nausea  \_\_ Vomiting  \_\_ Diarrhea  \_\_ Rash  \_\_ Itchiness  \_\_ Burning sensation on the skin  \_\_ Blisters on skin  \_\_ Watery eyes  \_\_ Burning sensation in eyes  \_\_ Trouble breathing  \_\_ Asthma attack  \_\_ Respiratory irritation  \_\_ Other (describe) | How long was it between exposure to the body of water and onset of symptoms?  \_\_ Immediately to less than 6 hours  \_\_ 6 to 24 hours  \_\_ More than 24 hours |
| Ask questions along this row if the response to Q1 is related to drinking water | What was the source of the drinking water?  \_\_ Outside body of water (i.e., ocean, lake)  \_\_ Water from an indoor or outdoor faucet  \_\_ Other (describe) | Did the water look unusually colored?  \_\_ Yes  (describe) \_\_\_\_  \_\_ No  \_\_ Don’t know  \_\_ Refused | What symptoms did you experience as a result of exposure to the drinking water? (choose all that apply)  \_\_ Nausea  \_\_ Vomiting  \_\_ Diarrhea  \_\_ Rash  \_\_ Itchiness  \_\_ Burning sensation on the skin  \_\_ Other (describe) | How long was it between exposure to the drinking water and onset of symptoms?  \_\_ Immediately to less than 6 hours  \_\_ 6 to 24 hours  \_\_ More than 24 hours |
| Ask questions along this row if the response to Q1 is related to the options above | Where were you when you were exposed? (describe) |  | What symptoms did you experience as a result of the exposures? (describe) | How long was it between the exposure and onset of symptoms?  \_\_ Immediately to less than 6 hours  \_\_ 6 to 24 hours  \_\_ More than 24 hours |
| \_\_ Do not know |  |  |  |  |

**II. Medical Treatment**

**Now I am going to ask you a few questions about the medical treatment received.**

1. What was the reason for the call to the poison control center during or immediately after the exposure? *(check all that apply)*

Wanted information about the exposure

Worried about being exposed/Worried about child being exposed

Was feeling ill/Child was feeling ill

Smelled something

Other (*describe*):

Refuse to answer

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

Refuse to answer

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

Yes G**o to part b**

No **Go to next section (Health Messaging)**

Do not know

Refuse to answer

b. What type of healthcare facility did you go to? *(choose the initial facility visited)*

Hospital emergency room

Doctor’s office

Urgent care center

Other (*describe*)

Do not know

Refuse to answer

1. What kind of treatment did you receive while in the healthcare facility? (*choose one*)

Describe

Do not know

None

Refuse to answer

1. Did a doctor place you onany medications as a result of this incident? *(choose one)*

Yes G**o to part b**

No

Do not know

Refuse to answer

b. If yes, which medications? (*choose one*)

Describe

Do not know

Refuse to answer

1. What happened after the visit at the health care facility was completed?

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. Just before or during the exposure, did you hear or read warnings about the danger of harmful algal blooms?

Yes **Go to part b**

No

Do not know

Refuse to answer

b. If so, where did you hear or read these warnings? *(read all choices and check all that apply)*

Newspapers/magazines

Pamphlet/fact sheet

Fire Department

Radio

Television

Friends or family

Salesman or store employee

Law enforcement

Utility workers

Signs posted near waterbodies

Information on recreational water or utility website

Other

Do not know

Refuse to answer

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

Yes (*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., warning signs posted near water bodies)

Signs posted near waterbodies

Information on recreational water or utility website

Other (describe):

Do not know

Refuse to answer