**Attachment 3. Follow-up questionnaire for individuals calling poison control centers (PCCs) regarding exposures to harmful algal blooms (HABs) – adolescent**

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

ADOLESCENT QUESTIONNAIRE

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

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**

**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 not related 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