**Attachment 4. Follow-up questionnaire for individuals calling poison control centers (PCCs) regarding exposures to harmful algal blooms (HABs) – parent about child**

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| Form ApprovedOMB No. 0920-1166Exp. 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

PARENT QUESTIONNAIRE ABOUT CHILD

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 (0920-1166).

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 child’s exposure and the circumstances surrounding his or her exposure**.

1. What was your child 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 was your child when your child was exposed?\_\_ Home\_\_ Restaurant\_\_ Other (describe)\_\_ Don’t know\_\_ Refused | Did the shellfish look normal?\_\_ Yes\_\_ No (describe)\_\_ Don’t know\_\_ Refused | What symptoms did your child 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 was your child when your child was exposed?\_\_ Ocean\_\_ Fresh water body\_\_ Other (describe)  | Did the water look unusually colored?\_\_ Yes (describe) \_\_\_\_\_\_ No\_\_ Don’t know\_\_ Refused | What symptoms did your child 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 boy 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 was your child when your child was exposed?\_\_ Ocean\_\_ Fresh water body\_\_ Other (describe)  | Did the water look unusually colored?\_\_ Yes (describe) \_\_\_\_\_\_ No\_\_ Don’t know\_\_ Refused | What symptoms did your child 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 your child 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 was your child when your child was exposed? (describe) |  | What symptoms did your child 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 your child go to any kind of healthcare facility such as a doctor’s office, emergency room or urgent care center after your child’s 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 your child 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 your child receive while in the healthcare facility? (*choose one*)

 [ ]  Describe

[ ]  Do not know

 [ ]  None

 [ ]  Refuse to answer

1. Did a doctor place you/your child 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