

Appendix C: ACE Short Form

SAMPLE

EVENT CODE: SITE # INTERVIEWER ID DATE: - - TIME START : :
M M D D Y Y H H M M A/P

ACE SHORT FORM

Hello, my name is _____. We are collecting emergency-related health information that is important to us and affected people. May I read you a consent statement, and then ask you some health questions?

We are getting information from people exposed to this event so they can receive information about exposures, health, or services. You also may be contacted at a later date to complete a longer form. Our questions will take about 5-10 minutes. You can choose not to answer any question you wish. All the information will be kept confidential to the extent allowed by law.

PARTICIPANT INFORMATION

1. Do you speak English?

- 1 Yes 2 No

IF NO: What language do you prefer? _____

2. Data obtained from:

- 1 Participant
 2 Proxy
 3 Medical/Medical Examiner's/Other Record
 4 Other, SPECIFY: _____
 98 Don't Know 99 Refuse to answer

3. What is (your/participant's) full name?

FIRST
 LAST
 M. I.

4. How old (are you/is participant)? _____

- 98 Don't Know 99 Refuse to answer

5. If necessary: What is (your/participant's) sex?

- 1 Male 2 Female
 98 Not Determined 99 Refuse to answer

6. What is (your/participant's) date of birth?

- -
MM DD YYYY

- 98 Don't Know 99 Refuse to answer

7. A. What is (your/participant's) home address?

STREET _____

 CITY _____ STATE _____ ZIP _____
 98 Don't Know 99 Refuse to answer

B. How many people live at this address? _____

- 98 Don't Know 99 Refuse to answer

Ⓢ What is (your/participant's)

A. Home telephone number? (____) _____ - _____
 96 None 98 Don't Know 99 Refuse to answer

B. Work telephone number? (____) _____ - _____
 96 None 98 Don't Know 99 Refuse to answer

C. Cell/other phone number? (____) _____ - _____
 96 None 97 Same As Home Phone
 98 Don't Know 99 Refuse to answer

9. (Do you/does participant) have an email address?

- 1 Yes, SPECIFY: _____
 2 No _____
 98 Don't Know 99 Refuse to answer

This information is collected under the authority Comprehensive Environmental Response, Compensation, and Liability Act of 1980 (CERCLA), commonly known as the "Superfund" Act, as amended by the Superfund Amendments and Reauthorization Act (SARA) of 1986 and the Public Health Service Act (42 USC Sec. 301 [241]). ATSDR estimates that the average public reporting burden for this collection of information as 7 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data 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 Officer; 1600 Clifton Road NE, MS D-74 Atlanta, Georgia 30333; ATTN: PRA (0923-0051).

10. What is (your/participant's) employment status?

- 1 Employed, SPECIFY EMPLOYER'S NAME: _____

 2 Not employed
 3 Self-employed
 4 Not Applicable
 98 Don't Know 99 Refuse to Answer

PROXY OR CLOSE FRIEND/RELATIVE INFORMATION

(If data obtained NOT from participant, please skip to question 13.)

11. Is there someone who does not live with (you/participant) who can always reach (you/participant)?

- 1 Yes
 2 No
 98 Don't Know 99 Refuse to Answer
] ▶ SKIP TO QUESTION 22

12. What is (your/that person's) full name?

FIRST
 LAST
 M. I.

13. What is (your/his/her) home address?

STREET _____

 CITY _____ STATE _____ ZIP _____
 95 Same As participant 98 Don't Know 99 Refuse to Answer

14. What is (your/his/her)

A. Home telephone number? (____) _____ - _____
 95 Same As participant 96 None
 98 Don't Know 99 Refuse to Answer

B. Work telephone number? (____) _____ - _____
 96 None 98 Don't know 99 Refuse to Answer

C. Cell/other phone number? (____) _____ - _____
 96 None 97 Same As Home Phone
 98 Don't Know 99 Refuse to Answer

15. (Do you/does he/she) have an email address?

- 1 Yes, specify: _____
 2 No _____
 98 Don't Know 99 Refuse to Answer

OTHER CLOSE FRIEND/RELATIVE INFORMATION

16. Is there (someone else/someone) who does not live with (you/participant) who can always reach (you/participant)? THIS PERSON MUST LIVE AT A DIFFERENT ADDRESS THAN THE PERSON LISTED IN QUESTION 13.)

- 1 Yes
 2 No
 98 Don't Know 99 Refuse to Answer
] ▶ SKIP TO QUESTION 22

17. What is that person's full name?

FIRST | | | | | | | | | | | | | | | | | | | | | | | | | | | |

LAST | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| | | | | | | | | | | | | | | | | | | | | | | | | | | | M. I. | |

18. What is (his/her) home address?

STREET _____

CITY _____ STATE ____ ZIP _____

98 Don't Know 99 Refuse to Answer

19. What is (his/her)**A. Home telephone number?** (_____) _____ - _____

96 None 98 Don't Know 99 Refuse to Answer

B. Work telephone number? (_____) _____ - _____

96 None 98 Don't Know 99 Refuse to Answer

C. Cell/other phone number? (_____) _____ - _____

96 None 97 Same as Home Phone

98 Don't Know 99 Refuse to Answer

20. Does (he/she) have an email address?

1 Yes, SPECIFY: _____

2 No _____

98 Don't Know 99 Refuse to Answer

EXPOSURE INFORMATION**Now I'm going to ask you just a few questions about (your/participant's) experience with this event.****21. (Were you/Was participant) exposed to this event as (CHECK ALL THAT APPLY) :**

1 A resident

2 A passerby

3 An employee

4 A responder or rescue worker

5 A government official

6 A clean-up worker

7 An non-governmental organization/site volunteer

98 Don't Know 99 Refuse to Answer

22. (Were you/was participant) at the event site when the event started?

1 Yes 2 No

98 Don't Know 99 Refuse to Answer

23. At the start of the event on [DATE] at [TIME], at what address (were you/was participant)? _____

98 Don't Know 99 Refuse to Answer

24. What was the name of nearest building to (you/participant)? _____

98 Don't Know 99 Refuse to Answer

25. What was the nearest intersection? _____

98 Don't Know 99 Refuse to Answer

26. What was the nearest landmark? _____

98 Don't Know 99 Refuse to Answer

27. At the start of the event, (were you/was participant) (CHECK ALL THAT APPLY):

1 Inside a building or structure

2 Inside a car or other vehicle

3 Outside

4 At some other location, SPECIFY: _____

98 Don't Know 99 Refuse to Answer

28. As a result of the event, did (you/participant) get injured or ill?

1 Yes, DESCRIBE: _____

2 No

98 Don't Know 99 Refuse to Answer

29. Before the event, did (you/participant) have any of the following conditions? (CHECK ALL THAT APPLY)

1 Chronic illness

2 Physical disability

3 Other disability

4 None

98 Don't Know

99 Refuse to Answer

▶ SKIP TO QUESTION 32

30. Please describe your condition: _____**31. IF PARTICIPANT IS FEMALE LESS THAN 12 YEARS OLD OR MALE, SKIP TO QUESTION 33. OTHERWISE ASK: (Are you/is participant) pregnant?**

1 Yes 2 No

98 Don't Know 99 Refuse to Answer

32. As a result of this event, (are you/is participant) personally in need of any of the following? (CHECK ALL THAT APPLY):

1 Medications/supplies 2 Medical care

3 Water 4 Food

5 Shelter 6 Utilities

7 Other, SPECIFY: _____

8 None

98 Don't Know 99 Refuse to Answer

33. Event-specific question 1.

1 Response Option 1 2 Response Option 2

3 Response Option 3 4 Response Option 4

5 Response Option 5 6 Response Option 6

98 Don't Know 99 Refuse to Answer

34. Event-specific question 2.

1 Response Option 1 2 Response Option 2

3 Response Option 3 4 Response Option 4

5 Response Option 5 6 Response Option 6

98 Don't Know 99 Refuse to Answer

35. Event-specific question 3.

1 Response Option 1 2 Response Option 2

3 Response Option 3 4 Response Option 4

5 Response Option 5 6 Response Option 6

98 Don't Know 99 Refuse to Answer

36. Event-specific question 4.

1 Response Option 1 2 Response Option 2

3 Response Option 3 4 Response Option 4

5 Response Option 5 6 Response Option 6

98 Don't Know 99 Refuse to Answer

That completes our interview. Thank you very much for your time.**TO BE COMPLETED BY INTERVIEWER****37. INDICATE THE SEVERITY OF THE EFFECT ON PARTICIPANT**

1 No Obvious Effect

2 Affected, Ambulatory

3 Unconscious, Non-Ambulatory, Or Badly Injured/Ill

4 Dead

5 Not Applicable

98 Don't Know

SAMPLE