

Pease Study – Wave Two or Wave Three Eligibility Screening Script

Form Approved
OMB No. 0923-XXXX
Exp. Date xx/xx/201x

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This script will be used to screen adult and parent/child volunteers who respond to ATSDR media announcements that the Pease Study is enrolling Wave Two or Wave Three recruits.

- *Wave Two enrollments will include people who have exposure to contaminated Tradeport water sources or private wells but did not enroll in the Pease Biomonitoring Program.*
- *Wave Three enrollments will include referents who live in Portsmouth but never had exposure to the Pease Tradeport public water system or nearby private wells with documented contamination.*

[SHADED TEXT DENOTES INFORMATION COLLECTION]

Hello. My name is _____. Thank you for calling to volunteer for the Pease Study.

W1. We are happy you heard the ATSDR media announcements or community messages seeking volunteers for the Pease Study. We are very interested to know which message most encouraged you to call.

- **Radio spot**
- **TV announcement**
- **Flyer at workplace**
- **Employer announcement**
- **Flyer at school**
- **School announcement**
- **Word-of-mouth**
- **ATSDR internet page**
- **Community meeting**
- **Other: specify _____**

W2. We have two different groups that we are recruiting. Are you calling as a person who has ever consumed PFAS-contaminated drinking water from the Pease Tradeport water system or from a private well near the Tradeport? Or as a person who has never consumed PFAS-contaminated drinking water from the Pease Tradeport water system or from a private well near the Tradeport?

- **Wave Two – PFAS exposed at Tradeport (additional exposure group)** > *If enrollment for people with PFAS exposure from the Tradeport is closed > “I’m sorry. We have recruited enough people for the Pease Study and are no longer enrolling anyone with PFAS exposure from the Tradeport. We thank you for your interest.*
- **Wave Three – not PFAS exposed at Tradeport (referent group)** > *If enrollment for people without PFAS exposure from the Tradeport is closed > “I’m sorry. We have recruited enough people for the Pease Study and are no longer enrolling anyone without PFAS exposure from the Tradeport. We thank you for your interest.*

Otherwise, continue to W3.

[Screening Questions for ADULT – If a PARENT calls who is not going to enroll as an ADULT > go directly to Screening Questions for PARENT/CHILD]

Attachment 7c.

If there are more people in your house who are interested, I'd like to start with you first.

W3. I will ask some screening questions to determine if you are eligible. Are you 18 years or older?

- **YES** > go to W4.
- **NO (under 18)** > OK, can I speak to your parent or guardian? [becomes PARENT ONE] > go to *Screening Questions for PARENT/CHILD*.

W4. Have you ever worked as a firefighter or ever participated in training exercises using firefighting, or AFFF, foam?

- **YES** > I'm sorry. People who ever worked as a firefighter or used firefighting foam are not eligible for this study. > go to *Screening Questions for PARENT/CHILD*.
- **NO** > go to W5.

W5. Have you ever worked at industrial facilities that used PFAS chemicals in the manufacturing process?

- **YES** > I'm sorry. People who ever worked at facilities using PFAS chemicals are not eligible for this study. > go to *Screening Questions for PARENT/CHILD*.
- **NO** > go to W6.

W6. Have you ever worked, attended school, or received childcare at, and consumed water from, the Pease Tradeport water system from 2004 to May 2014?

- **YES**
- **NO**

W7. Have you lived near the Tradeport in a home with a private well with documented PFAS contamination for any time from 2004 to May 2014?

- **YES** > if W6 is yes **OR** W7 is yes, go to W8a.
- **NO** > if W6 is no **AND** W7 is no, go to W8b.

W8. Determination of eligibility.

W8a. You are eligible to enroll in the Pease Study. We will enroll you as an adult participant with PFAS exposure from the Tradeport. I will need your contact information to send you some recruitment materials and to set up an appointment.

- **DECLINED** > OK. If you change your mind, please feel free to call us back to enroll. Thank you for your time today.
- **AGREED** > go to W8a1.

W8a1. Record ADULT Contact Information

- **FIRST NAME**
- **LAST NAME**
- **STREET ADDRESS**
- **CITY**
- **STATE**
- **ZIP CODE**
- **DATE OF BIRTH** / / > verify age eligibility
- **PHONE NUMBER**
- **EMAIL**

After the call is over, enter the assigned ADULT STUDY ID number to begin tracking enrollment and biospecimen sample logistics. Be sure to link the ID numbers for an individual who has both an ADULT STUDY ID and one or more PARENT STUDY IDs.

- **ADULT STUDY ID**

W8b. You are eligible to enroll in the Pease Study. We will enroll you as an adult participant without PFAS exposure from the Tradeport. I will need your contact information to send you some recruitment materials and to set up an appointment.

- **DECLINED** > OK. If you change your mind, please feel free to call us back to enroll. Thank you for your time today.
- **AGREED** > go to W8b1.

W8b1. Record ADULT Contact Information

- **FIRST NAME**
- **LAST NAME**
- **STREET ADDRESS**
- **CITY**
- **STATE**
- **ZIP CODE**
- **DATE OF BIRTH** / / > verify age eligibility
- **PHONE NUMBER**
- **EMAIL**

After the call is over, enter the assigned ADULT STUDY ID number to begin tracking enrollment and biospecimen sample logistics. Be sure to link the ID numbers for an individual who has both an ADULT STUDY ID and one or more PARENT STUDY IDs.

- **ADULT STUDY ID**

W9. The study interview will take place at our central study office at (address). We would like to conduct the study there, but we know some people may find it difficult to travel. For some cases, we are willing to send an interview team to their homes as long as it is within a one-hour drive from the central office. Which location works best for you?

Record Appointment Location

- **CLINIC OFFICE**
- **ADULT HOME**

W10. Let's pick a good day and time for you. >

Record Appointment Information

- **DAY**
- **DATE** / /
- **TIME** : **AM PM**

Thank you for your interest. We will mail you a packet of information including consent forms that shows what to expect at your appointment. We will also mail instructions. They will tell you how to prepare and what to bring.

Attachment 7c.

W11. Adult participants may also enroll as parents of children in this research. Are there any children in your household who might be eligible to enroll?

- **YES** > go to *Screening Questions for PARENT/CHILD*.
- **NO** > OK. Thank you very much for your interest. We will mail your Appointment Packet shortly. If there are any other adults in your household who are interested, I will be happy to speak to them now, or at another more convenient time. Thanks again. > *When additional adults are available, begin at W1.*

[Screening Questions for PARENT/CHILD]

For this research study, ATSDR is recruiting children who [WAVE 2 - have had/WAVE 3 - have not had] exposure to PFAS-contaminated drinking water from the Tradeport. A parent may also enroll with more than one eligible child.

Q1. For each child, 4-17 years old, who is interested in taking part in the Pease Study, I need to speak to the parent or guardian who wants to enroll with his or her child. We think it is best if the child's birth mother enrolls. That is because we will ask a lot of questions about when your child was a baby. Am I speaking to the right person?

- **YES** > Thank you. I need to find out a bit more about each child who wants to be in the Pease Study. If you have more than one, let's start with the youngest.
- **NO** > OK, I'd like to speak to that parent or guardian. If this isn't a good time, he or she can call our office later. If now is a good time, let's start with the youngest.
 - o *If correct parent not available, stop* > OK, we will be waiting for that parent to call our office. Thanks very much for your interest.
 - o *If correct parent available, go to Q2.*

Q2. How old is [CHILD 1; CHILD 2; CHILD 3; etc.]?

- **AGE** [] **years** > *eligible age is 4-17 years* >
 - o *If not age eligible, go to Q2a.*
 - o *If age eligible, go to Q3.*

Q2a. I'm sorry. We are looking for children 4-17 years. Do you have other children who are 4-17 years?

- o **YES** > OK, let me find out more about them. > *go back to Q2.*
- o **NO** > Thank you very much for calling us today. It appears that your [child is/children are] not eligible to take part in the Pease Study. We appreciate your interest in this research.

Q3. Has [CHILD 1; CHILD 2; CHILD 3; etc.]'s birth mother ever worked as a firefighter or ever participated in training exercises using firefighting, or AFFF, foam?

- **YES** > I'm sorry. Children whose birth mother ever worked as a firefighter or used firefighting foam are not eligible for this study. If you have other children who are 4-17 years, let me ask these same questions about him or her. > *go back to P2. If no more children, go to Q3a.*

Q3a. Thank you very much for calling us today. It appears that your [child is/children are] not eligible to take part in the Pease Study. We appreciate your interest in this research.

- **NO** > go to Q4.

Q4. Has [CHILD 1; CHILD 2; CHILD 3; etc.]'s birth mother ever worked at industrial facilities that used PFAS chemicals in the manufacturing process?

Attachment 7c.

- **YES** > I'm sorry. Children whose birth mother ever worked at facilities using PFAS chemicals are not eligible for this study. If you have other children who are 4-17 years, let me ask these same questions about him or her. > go back to Q2. If no more children, go to Q4a.

Q4a. Thank you very much for calling us today. It appears that your children are not eligible to take part in the Pease Study. We appreciate your interest in this research.

- **NO** > go to Q5.

Q5. Has your child ever consumed water from the former Pease Air Force Base or the Pease Tradeport water system? This could be at daycare, school, or work.

- **YES**
- **NO**

Q6. Has your child ever consumed water from a contaminated private drinking water well near the Pease Tradeport that was tested and found to have PFAS levels above EPA provisional health advisory levels? (0.2 µg/L PFOS, or 0.4 µg/L PFOA)

- **YES** > if Q5 is yes **OR** Q6 is yes, go to Q9a.
- **NO** > if Q5 is no **AND** Q6 is no, go to Q7.

Q7. Has the child's birth mother ever consumed water from the former Pease Air Force Base or the Pease Tradeport water system? This could be at daycare, school, or work.

- **YES**
- **NO**

Q8. Has the child's birth mother ever consumed water from a private well near the former Pease Air Force Base or the Pease Tradeport that was tested and found to have PFAS levels above EPA provisional health advisory levels? (0.2 µg/L PFOS, or 0.4 µg/L PFOA)

- **YES** > if Q7 is yes **OR** Q8 is yes > I'm sorry. Children whose birth mother ever consumed drinking water from the former Pease Air Force Base or the Pease Tradeport are not eligible to be in the comparison group for this study. If you have other children who are 4-17 years with a different birth mother, let me ask these same questions about him or her. > go back to Q2. If no more children, go to Q8a.
- **NO** > if Q5 is no **AND** Q6 is no, go to Q9b.

Q8a. Thank you very much for calling us today. It appears that your [child/children] are not eligible to take part in the Pease Study. We appreciate your interest in this research.

Q9. Determination of eligibility.

Q9a. Your child is eligible to enroll in the Pease Study. We will enroll [him/her] as a child participant with PFAS exposure from the Tradeport. I will need your contact information to send you some recruitment materials and to set up an appointment. We will enroll you and your child as a pair.

Record PARENT 1 Contact Information

- **FIRST NAME**
- **LAST NAME**
- **STREET ADDRESS**
- **CITY**
- **STATE**

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- ZIP CODE
- PHONE NUMBER
- EMAIL

Q9b. Your child is eligible to enroll in the Pease Study. We will enroll [him/her] as a child participant without PFAS exposure from the Tradeport. I will need your contact information to send you some recruitment materials and to set up an appointment. We will enroll you and your child as a pair.

Record PARENT 1 Contact Information

- FIRST NAME
- LAST NAME
- STREET ADDRESS
- CITY
- STATE
- ZIP CODE
- PHONE NUMBER
- EMAIL

Q9c. Record CHILD 1 Contact Information

- FIRST NAME
- LAST NAME
- STREET ADDRESS
- CITY
- STATE
- ZIP CODE
- DATE OF BIRTH |__|_| / |__|_| / |__|_| > verify age eligibility
- PARENT 1 STUDY ID
- CHILD 1 STUDY ID

Q9d. The study interview will take place at our central study office at (address). We would like to conduct the study there, but we know some people may find it difficult to travel. For some cases, we are willing to send an interview team to their homes as long as it is within a one-hour drive from the central office. Which location works best for you and your child?

Record Appointment Location

- CLINIC OFFICE
- ADULT HOME

Q9e. Let's pick a good day and time for you both.

Record Appointment Information

- DAY
- DATE |__|_| / |__|_| / |__|_|
- TIME |__|_| : |__|_| AM PM

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Q10. If you have another eligible child who would like to enroll, I will fill in his or her contact information, too. Let me go back through the screening questions. > go back to Q2. If no more children, go to Q10a.

Q10a. Thank you very much for your interest. We will mail your child's Appointment Packet shortly. Thanks again.

Q11. Record CHILD 2 Contact Information

Q11a. Record PARENT 2 Contact Information

- **FIRST NAME** (enter "SAME AS PARENT 1" if applicable > go to P6c)
- **LAST NAME**
- **STREET ADDRESS**
- **CITY**
- **STATE**
- **ZIP CODE**
- **PHONE NUMBER**
- **EMAIL**

Q11b. Record CHILD 2 Contact Information

- **FIRST NAME**
- **LAST NAME**
- **STREET ADDRESS** (enter "SAME AS PARENT 1" if applicable > go to P6d)
- **CITY**
- **STATE**
- **ZIP CODE**
- **DATE OF BIRTH** / / > verify age eligibility
- **PARENT 2 STUDY ID**
- **CHILD 2 STUDY ID**

Q11c. Which location for your interview works best for you?

Record Appointment Location

- **CLINIC OFFICE**
- **ADULT HOME**

Q11d. Let's pick a good day and time for you.

Record Appointment Information

- **DAY**
- **DATE** / /
- **TIME** : **AM PM**

Q12. If you have another eligible child who would like to enroll, I will fill in his or her contact information, too. Let me go back through the screening questions. > go back to Q2. If no more children, go to Q10a.

Q10a. Thank you very much for your interest. We will mail your children's Appointment Packets shortly. Thanks again.

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Q13. Record CHILD 3 Contact Information

Q13a. Record PARENT 3 Contact Information

- **FIRST NAME** [] (enter "SAME AS PARENT 1" if applicable > go to P7c)
- **LAST NAME** []
- **STREET ADDRESS** []
- **CITY** []
- **STATE** []
- **ZIP CODE** []
- **PHONE NUMBER** []
- **EMAIL** []

Q13b. Record CHILD 3 Contact Information

- **FIRST NAME** []
- **LAST NAME** []
- **STREET ADDRESS** [] (enter "SAME AS PARENT 1" if applicable > go to P7d)
- **CITY** []
- **STATE** []
- **ZIP CODE** []
- **DATE OF BIRTH** [] / [] / [] > verify age eligibility

- **PARENT 3 STUDY ID** []
- **CHILD 3 STUDY ID** []

Q13c. Which location for your interview works best for you?

Record Appointment Location

- **CLINIC OFFICE**
- **ADULT HOME**

Q13d. Let's pick a good day and time for you. > Record Appointment Information

- **DAY** []
- **DATE** [] / [] / []
- **TIME** [] : [] **AM PM**

Q14. (CLOSING REMARKS) Thank you very much for your interest. We will mail your children's Appointment Packets shortly. Thanks again.

Q15. Data Linkages

After the call is over, enter the assigned PARENT (1,2,3, etc.) STUDY ID number(s) to begin tracking enrollment and biospecimen sample logistics for each child. Be sure to link the ID numbers for an individual who has both an ADULT STUDY ID and one or more PARENT STUDY ID aliases.

- **ADULT STUDY ID** [] (IF APPLICABLE ALIAS)
- **PARENT 1 STUDY ID** []
- **PARENT 2 STUDY ID** [] (IF APPLICABLE ALIAS)
- **PARENT 3 STUDY ID** [] (IF APPLICABLE ALIAS)

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- CHILD 1 STUDY ID [REDACTED]
- CHILD 2 STUDY ID [REDACTED]
- CHILD 3 STUDY ID [REDACTED]