

# Pease Adult Questionnaire

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Parent Study ID No. | \_\_\_\_\_ | (alias, if applicable)

Adult Study ID No. | \_\_\_\_\_ |

## Section A: Demographic Information

A1. What is your sex:

Male

Female

Refused to answer

**A2. What is your date of** age?

(YY)

Refused to answer

A3. Do you consider yourself to be Hispanic or Latino?

Yes

No

Refused to answer

A4. What race do you consider yourself to be? Mark all that apply.

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White
- Refused to answer

A6. What is the highest level of education you completed?

- Less than high school
- Some high school
- High school graduate or equivalent (GED)
- Some university/college
- Technical or trade school
- University/college graduate
- Graduate school or higher

### **Section B: Drinking Water and AAF Exposures**

B1. What is the main source of tap water in your home?

- Pease International Tradeport public water system
- Other Portsmouth public water system
- Private well in Pease International Tradeport area with documented PFAS contamination
- Private well not in Pease International Tradeport area
- Other: specify \_\_\_\_\_
- Don't know
- Refused to answer

B2. On average, how many 8 oz. cups of tap water or beverages prepared with tap water do you currently drink per day at home?

- cups
- Don't drink tap water
- Don't know
- Refused to answer

Note: 1 cup = 8 oz.; 2 cups = 1 pint (16 oz.); 4 cups = 1 quart (32 oz.); 16 cups = 1 Gallon (128 oz.)

B3. Were you ever stationed or employed at the former Pease Air Force Base?

Yes, stationed only, active duty → go to Question B4

Yes, both stationed and employed → go to Question B4

Yes, employed only, not active duty → go to Question B5

No → go to Question B10

B4. When were you stationed at the former Pease Air Force Base?

Starting Date: \_\_ / \_\_\_ (Month/Year)    End Date: \_\_ / \_\_\_ (Month/Year)

Don't Know

Don't Know

If B3 = Yes, stationed only, active duty → go to Question B6

B5. When were you employed at the former Pease Air Force Base?

Starting Date: \_\_ / \_\_\_ (Month/Year)    End Date: \_\_ / \_\_\_ (Month/Year)

Don't Know

Don't Know

B6. While at the former Pease Air Force Base, did you take part in firefighting training exercises or was fire protection your occupational specialty (or enlisted job)?

Yes       Training       Occupational specialty

No

B7. During the time you were stationed or employed at the former Pease Air Force Base, on average how many 8 oz. cups of tap water or beverages prepared with tap water did you drink per day while on base?

cups

Didn't drink tap water

Don't know

Refused to answer

Note: 1 cup = 8 oz.; 2 cups = 1 pint (16 oz.); 4 cups = 1 quart (32 oz.); 16 cups = 1 Gallon (128 oz.)

While at the former Pease Air Force Base, did you take part in firefighting training exercises or was fire protection your occupational specialty (or enlisted job)

B8. Did you ever work at the Pease International Tradeport in Portsmouth, New Hampshire?

Yes

No →go to Question B11.

B9. When were you employed at the Pease International Tradeport?

Starting Date: \_\_/\_\_\_\_(Month/Year) End Date: \_\_/\_\_\_\_(Month/Year)

Don't Know

Don't Know

B10. The next two questions are about drinking water habits of people who worked at the Pease International Tradeport before and after the PFAS contamination was discovered and corrected. I am using June 2014 as that date. During the time you worked at the Pease International Tradeport before June 2014, on average how many 8 oz. cups of tap water or beverages prepared with tap water did you drink per day at work?

cups

Didn't drink tap water

Don't know

Refused to answer

I did not work at the Pease International Tradeport before June 2014

Note: 1 cup = 8 oz.; 2 cups = 1 pint (16 oz.); 4 cups = 1 quart (32 oz.); 16 cups = 1 Gallon (128 oz.)

B11. During the time you worked at the Pease International Tradeport after June 2014, on average how many 8 oz. cups of tap water or beverages prepared with tap water did you drink per day at work?

cups

Didn't drink tap water

Don't know

Refused to answer

I did not work at the Pease International Tradeport after June 2014

Note: 1 cup = 8 oz.; 2 cups = 1 pint (16 oz.); 4 cups = 1 quart (32 oz.); 16 cups = 1 Gallon (128 oz.)

B12. If you are 35 years of age or younger, did you ever attended daycare at the Pease International Tradeport? (The day care centers at the Pease International Tradeport are The Discovery Child Enrichment Center and The Great Bay Kids' Company.)

I am older than 35 years of age →go to Question C1.

- Yes, I attended day care at Pease
- No → go to Question C1.
- Refused to answer → go to Question C1.
- Don't Know → go to Question C1.

B13. When did you attend day care at the Pease International Tradeport?

Start date \_\_\_\_\_ End date \_\_\_\_\_  
 Don't Know  Don't Know

B14. The next two questions are about drinking water habits of people who attended day care at the Pease International Tradeport before and after the PFAS contamination was discovered and corrected. I am using June 2014 as that date. During the time you attended day care at the Pease International Tradeport before June 2014, on average how many 8 oz. cups of tap water or beverages prepared with tap water did you drink per day at day care?

- cups
- Didn't drink tap water
- Don't know
- Refused to answer
- I did not attend day care at the Pease International Tradeport before June 2014

Note: 1 cup = 8 oz.; 2 cups = 1 pint (16 oz.); 4 cups = 1 quart (32 oz.); 16 cups = 1 Gallon (128 oz.)

B15. During the time you attended day care at the Pease International Tradeport before June 2014, on average how many 8 oz. cups of tap water or beverages prepared with tap water did you drink per day at day care?

- cups
- Didn't drink tap water
- Don't know
- Refused to answer
- I did not attend day care at the Pease International Tradeport before June 2014

Note: 1 cup = 8 oz.; 2 cups = 1 pint (16 oz.); 4 cups = 1 quart (32 oz.); 16 cups = 1 Gallon (128 oz.)

### Section C: History of Potential Exposure Modifiers

C1. Have you ever had a blood transfusion?

Yes

Follow up later

No →go to Question C3

Don't know →go to Question C3

Refused to answer →go to Question C3

C2. When did you last have a blood transfusion?

\_\_\_\_\_month/year

C3. Have you ever donated blood?

Yes

No →go to Question D1

Don't know →go to Question D1

Refused to answer →go to Question D1

C4. When did you last donate blood?

\_\_\_\_\_ Month/Year

C5. On average, how often do you donate blood in a year?

\_\_\_\_\_

## **Section D: Occupational History**

D1. What is your primary occupation?

\_\_\_\_\_

D2. Please fill out the table below for each job that lasted one month or more starting from the present and working back to 1993.

Job information	Job 1	Job 2	Job 3	Job 4
a. Where did you work (City, State)				
b. Was this job located at the former Pease Air Force Base or the Pease International Tradeport?	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___
c. Start date (month, year)				
d. End date (month, year)				
e. Job title/description				
f. Did you work as a firefighter?  If you worked as a firefighter, did you come into contact with firefighting foam used for fires that involve flammable liquids (also known as Class B fires)?	Yes___ No___ go to question g.  Yes___ No___ Don't know___	Yes___ No___ go to question g.  Yes___ No___ Don't know___	Yes___ No___ go to question g.  Yes___ No___ Don't know___	Yes___ No___ go to question g.  Yes___ No___ Don't know___
g. Was this job in any of the following industries?	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no
h. Did you work with or around any chemicals at this job such as solvents, metals, asbestos, or pesticides?	Yes (Please specify the chemical) _____ No ___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___
i. Did you work with radiation?	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___

Job information	Job 5	Job 6	Job 7	Job 8
a. Where did you work (City, State)				
b. Was this job located at the former Pease Air Force Base or the Pease International Tradeport?	Yes____ No____	Yes____ No____	Yes____ No____	Yes____ No____
c. Start date (month, year)				
d. End date (month, year)				
e. Job title/description				
f. Did you work as a firefighter?  If you worked as a firefighter, did you come into contact with firefighting foam used for fires that involve flammable liquids (also known as Class B fires)?	Yes____ No____ go to question g.  Yes____ No____ Don't know____	Yes____ No____ go to question g.  Yes____ No____ Don't know____	Yes____ No____ go to question g.  Yes____ No____ Don't know____	Yes____ No____ go to question g.  Yes____ No____ Don't know____
g. Was this job in any of the following industries?	Manufacturing of nonstick cookware ____yes ____no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ____yes ____no Manufacturing of water resistant clothing ____yes ____no	Manufacturing of nonstick cookware ____yes ____no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ____yes ____no Manufacturing of water resistant clothing ____yes ____no	Manufacturing of nonstick cookware ____yes ____no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ____yes ____no Manufacturing of water resistant clothing ____yes ____no	Manufacturing of nonstick cookware ____yes ____no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ____yes ____no Manufacturing of water resistant clothing ____yes ____no
h. Did you work with or around any chemicals at this job such as solvents, metals, asbestos, or pesticides?	Yes (Please specify the chemical) _____ No ____ Don't know____	Yes (Please specify the chemical) _____ No____ Don't know____	Yes (Please specify the chemical) _____ No____ Don't know____	Yes (Please specify the chemical) _____ No____ Don't know____
i. Did you work with radiation?	Yes____ No____	Yes____ No____	Yes____ No____	Yes____ No____





Job information	Job 9	Job 10	Job 11	Job 12
a. Where did you work (City, State)				
b. Was this job located at the former Pease Air Force Base or the Pease International Tradeport?	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___
c. Start date (month, year)				
d. End date (month, year)				
e. Job title/description				
f. Did you work as a firefighter?	Yes___ No___ go to question g.	Yes___ No___ go to question g.	Yes___ No___ go to question g.	Yes___ No___ go to question g.
If you worked as a firefighter, did you come into contact with firefighting foam used for fires that involve flammable liquids (also known as Class B fires)?	Yes___ No___ Don't know___	Yes___ No___ Don't know___	Yes___ No___ Don't know___	Yes___ No___ Don't know___
g. Was this job in any of the following industries?	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no	Manufacturing of nonstick cookware ___yes ___no Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics ___yes ___no Manufacturing of water resistant clothing ___yes ___no
h. Did you work with or around any chemicals at this job such as solvents, metals, asbestos, or pesticides?	Yes (Please specify the chemical) _____ No ___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___
i. Did you work with radiation?	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___



## Section E: Medical History

E1. Have you ever been told by a doctor or other health care provider that you have or had any of the following medical conditions? If yes, we may request access to your medical records. Fill out the table below. Circle appropriate response and ask the respondent to specify as directed.

Medical condition		If yes, what year were you diagnosed?
a. Thyroid disease?	Yes (Please specify) _____ No Don't know	__ __ year
b. High cholesterol?	Yes No Don't know	__ __ year
c. High blood pressure? (not including pregnancy induced hypertension)	Yes No Don't know	__ __ year
d. Heart Disease?	Yes No Don't know	__ __ year
e. Osteoarthritis or osteoporosis?	Yes (Please specify) _____ No Don't know	__ year
f. Endometriosis?	Yes No Don't know	__ __ year
g. Liver disease?	Yes (Please specify) _____ No Don't know	__ year
h. Kidney disease?	Yes (Please specify) _____ No Don't know	__ year
i. Ulcerative colitis?	Yes No Don't know	__ __ year
j. Rheumatoid arthritis?	Yes No Don't know	__ __ year
k. Lupus?	Yes No Don't know	__ __ year
l. Multiple sclerosis?	Yes No Don't know	__ __ year
m. Diabetes (not related to pregnancy)	Yes (Please specify) _____ No Don't know	__ year
n. Asthma	Yes No Don't know	__ __ year
o. Parkinson Disease	Yes No	__ __ year

Medical condition		If yes, what year were you diagnosed?
	Don't know	
p. Chronic bronchitis	Yes No Don't know	-- __ year
q. Emphysema	Yes No Don't know	-- __ year
r. Fibromyalgia	Yes No Don't know	-- __ year
s. Celiac Disease	Yes No Don't know	-- __ year
t. Crohn's Disease	Yes No Don't know	-- __ year

E2. Have you ever been told by a doctor or other health care provider that you have or had a cancer?

Yes, please specify the cancer \_\_\_\_\_

No → go to Question D6

Don't know → go to Question D6

E3. In what state were you diagnosed with the cancer and when were you diagnosed?

\_\_\_\_\_ State where you were diagnosed

\_\_\_\_\_ Year you were diagnosed

E4. Have you been diagnosed with another cancer?

Yes, please specify the cancer \_\_\_\_\_

No → go to Question D6

E5. In what state were you diagnosed with the other cancer and when were you diagnosed?

\_\_\_\_\_ State where you were diagnosed

\_\_\_\_\_ Year you were diagnosed

E6. Please list any additional cancer that you were diagnosed with, the year that you were diagnosed, and the state where you were diagnosed:

\_\_\_\_\_ Type of cancer

\_\_\_\_\_ Year diagnosed

\_\_\_\_\_ Type of cancer

\_\_\_\_\_ Year diagnosed

\_\_\_\_\_ State where you were diagnosed  
diagnosed

\_\_\_\_\_ State where you were

### FOR WOMEN ONLY

E8. At what age did you begin menstruation (have your first period)?

- Age when you began menstruation
- Have not yet begun to menstruate → go to Section F
- Never menstruated → go to Section F
- Don't know

E9. Do you have your period

- Yes, regularly (every month)
- Irregular → go to Question E13
- No → go to Question E13
- Don't know → go to Question E13

E10. How many days has been your cycle on average during the last year?

- >26 days
- 27-29 days
- 30-32
- >32 days
- Don't know

E11. Can you characterize your usual period flow during the last year?

- Light
- Medium
- Heavy
- Don't know

E12. When was your last period before this study blood draw?

Date: \_\_\_\_\_  
 Don't know

E13. Are you post-menopausal?

- Yes
- No → go to Question E15
- Don't know

E14. What age did you consider yourself post-menopausal?  
 \_\_\_ years

E15. Have you ever been pregnant?  
 \_\_\_ Yes  
 \_\_\_ No → go to Section F  
 \_\_\_ Don't know

E16. How many times have you been pregnant in your life?  
 \_\_\_\_\_ times

E17. Now I'd like to get more information about each of your pregnancies. Let's start with your most recent pregnancy. Fill out the table below. Circle appropriate response and ask the respondent to specify as directed.

	Pregnancy 1	Pregnancy 2	Pregnancy 3	Pregnancy 4
a. What month and year did this pregnancy start?	__ / ____	__ / ____	__ / ____	__ / ____
b. What month and year did this pregnancy end?	__ / ____	__ / ____	__ / ____	__ / ____
	Pregnancy 1	Pregnancy 2	Pregnancy 3	Pregnancy 4
c. What was the outcome of this pregnancy?	Live birth, single child Live birth, multiple children Tubal pregnancy Elective abortion Miscarriage or stillbirth	Live birth, single child Live birth, multiple children Tubal pregnancy Elective abortion Miscarriage or stillbirth	Live birth, single child Live birth, multiple children Tubal pregnancy Elective abortion Miscarriage or stillbirth	Live birth, single child Live birth, multiple children Tubal pregnancy Elective abortion Miscarriage or stillbirth
d. If you had a miscarriage or stillbirth, how many weeks were you when the pregnancy ended?  → go to Part k or to Section F if last pregnancy	___ weeks	___ weeks	___ weeks	___ weeks
e. What was the sex of the child(ren)?	Male Female	Male Female	Male Female	Male Female
f. Did the birth(s) occur three or more weeks before the due date?	Yes No Don't know	Yes No Don't know	Yes No Don't know	Yes No Don't know
g. Did the child(ren) weigh less than 5.5 pounds	Yes No Don't know	Yes No Don't know	Yes No Don't know	Yes No Don't know

when born?				
h. Did the child(ren) have any major birth defects?	Yes (Please specify) _____ No Don't know	Yes (Please specify) _____ No Don't know	Yes (Please specify) _____ No Don't know	Yes (Please specify) _____ No Don't know
i. Did you breastfed this child/these children?	Yes No → go to k. Don't know	Yes No → go to k. Don't know	Yes No → go to k. Don't know	Yes No → go to k. Don't know
j. How long did you breastfeed [this child/these children]?	__ weeks OR __ months OR __ age of child	__ weeks OR __ months OR __ age of child	__ weeks OR __ months OR __ age of child	__ weeks OR __ months OR __ age of child
	<b>Pregnancy 1</b>	<b>Pregnancy 2</b>	<b>Pregnancy 3</b>	<b>Pregnancy 4</b>
k. Did a doctor or nurse say that you had pre-eclampsia during your pregnancy?	Yes No Don't know	Yes No Don't know	Yes No Don't know	Yes No Don't know
l. Did a doctor or nurse say that you had pregnancy-induced hypertension?	Yes No Don't know	Yes No Don't know	Yes No Don't know	Yes No Don't know
m. Did a doctor or nurse say that you had gestational diabetes?	Yes No Don't know	Yes No Don't know	Yes No Don't know	Yes No Don't know

## Section F: Social History

The following questions ask about smoking and alcohol use.

F1. Have you ever smoked cigarettes?

Yes

No → go to Question F7

F2. Do you currently smoke cigarettes?

Yes

No → go to Question F5

F3. On average, how many cigarettes do you smoke a day? 1 pack = 20 cigarettes. Enter '00' if less than 1 cigarette per day.

\_\_\_\_\_ cigarettes per day

F4. In total, how many years have you smoked, excluding any times you may have quit? Enter '00' if less than 1 year.



\_\_\_ years → go to Question F7

F5. How many years did you smoke before you quit?

\_\_\_ years

\_\_\_ Don't know

F6. On average, when you were smoking, about how many cigarettes per day did you smoke? 1 pack = 20 cigarettes. Enter '00' if less than 1 cigarette per day.

\_\_\_ cigarettes per day

F7. Have you ever used any other tobacco products (such as chewing tobacco, smokeless tobacco, cigars, a pipe, etc.)?

\_\_\_ Yes

\_\_\_ No → go to Question F10

F8. Do you currently use any of these tobacco products?

\_\_\_ Yes

\_\_\_ No

F9. Have you ever drunk alcoholic beverages? (This includes beer, wine, wine coolers, hard lemonade, and spirits.)

\_\_\_ Yes

\_\_\_ No → go to Section G

F10. Do you currently drink alcoholic beverages? (This includes beer, wine, wine coolers, hard lemonade, and spirits.)

\_\_\_ Yes

\_\_\_ No → go to Section G.

F11. On average, how often do you drink alcoholic beverages?

\_\_\_ Every day or almost every day

- 2 to 4 times a week
- 1 time a week
- 1 to 3 times a month
- Less than once a month

F12. When you drink, how many servings of alcohol do you usually have? One “serving” equals any of the following: 1 can of beer, 1 glass of wine, 1 can or bottle of wine cooler, or 1 shot of liquor.  
\_\_\_ servings

F13. In total, how many years have you drank, excluding any times you may have quit? Enter ‘00’ if less than 1 year.  
\_\_\_ years → go to Section G

F14. When you were consuming alcoholic beverages, how often did you drink on average?

- Every day or almost every day
- 2 to 4 times a week
- 1 time a week
- 1 to 3 times a month
- Less than once a month

F15. When you drank, how many servings of alcohol did you usually have? One “serving” equals any of the following: 1 can of beer, 1 glass of wine, 1 can or bottle of wine cooler, or 1 shot of liquor.  
\_\_\_ servings

F16. In total, how many years did you drink? Enter ‘00’ if less than 1 year.  
\_\_\_ years

F17. How long ago did you quit?

- Less than 5 years ago
- More than 5 years ago
- Don’t know

**Section G: Family Medical History**

G1. Do any of your blood relatives - children, parents, or siblings - currently have cancer or have they had cancer? We are only asking about family members who are blood relatives: children, parents, and siblings.

- Yes
- No → go to Question G4

G2. In all, how many family members (not including yourself) have had (or now have) cancer?

- number
- Don't know

G3. Now I'd like to get more information about each of your relatives who had/has cancer. Fill out the table below. Circle appropriate response and ask the respondent to specify as directed. Complete the information for the first relative completely before asking about the next relative. Once information about all blood relatives with cancer has been collected, go to Question G4.

	First relative	Second relative	Third relative	Fourth relative
a. Was this relative a . . .	Child Parent Sibling	Child Parent Sibling	Child Parent Sibling	Child Parent Sibling
b. What type of cancer did this relative have	_____	_____	_____	_____
c. Is this relative	Living Deceased	Living Deceased	Living Deceased	Living Deceased
d. What year was your relative diagnosed with cancer?	_____ Don't know	_____ Don't know	_____ Don't know	_____ Don't know

G4. Have any of your blood relatives (that is children, parents, or siblings) ever been told by a health professional that they have or had any of the following conditions? Fill out the table below. Circle appropriate response and ask the respondent to specify as directed.

Medical condition		If yes, ask: Which relative had this condition?
a. Thyroid disease?	Yes No Don't know	(Please specify) _____ Child Parent Sibling
b. Heart Disease?	Yes No Don't know	Child Parent Sibling

Medical condition		If yes, ask: Which relative had this condition?
c. Osteoarthritis?	Yes (Please specify) _____ No Don't know	Child Parent Sibling
a. Osteopenia or osteoporosis?	Yes (Please specify) _____ No Don't know	Child Parent Sibling
b. Liver disease?	Yes (Please specify) _____ No Don't know	Child Parent Sibling
c. Kidney disease?	Yes (Please specify) _____ No Don't know	Child Parent Sibling
d. Ulcerative colitis?	Yes No Don't know	Child Parent Sibling
e. Rheumatoid arthritis?	Yes No Don't know	Child Parent Sibling
f. Lupus?	Yes No Don't know	Child Parent Sibling
g. Multiple sclerosis?	Yes No Don't know	Child Parent Sibling
h. Diabetes (not related to pregnancy)?	Yes Type 1 or juvenile Yes Type 2 or adult-onset Yes type unknown No Don't know	Child Parent Sibling
i. Gestational diabetes?	Yes No Don't know	Child Parent Sibling
j. Celiac disease?	Yes No Don't know	Child Parent Sibling
k. Crohn's disease?	Yes No Don't know	Child Parent Sibling
l. Fibromyalgia?	Yes No Don't know	Child Parent Sibling
m. Parkinson disease?	Yes No Don't know	Child Parent Sibling
n. Asthma?	Yes No Don't know	Child Parent Sibling
o. High cholesterol?	Yes No Don't know	Child Parent Sibling
p. Hypertension? (not including pregnancy induced hypertension)	Yes No	Child Parent

Medical condition		If yes, ask: Which relative had this condition?
	Don't know	Sibling
q. Pregnancy induced hypertension?	Yes	Child
	No	Parent
	Don't know	Sibling

## Section H: History of Pease PFC Blood Testing Program

H1. Did you participate in the Pease PFC Blood Testing Program?

Yes

No →go to CONCLUSION.

Don't know →go

H2. Please provide your results (µg/L):

<input type="text"/> PFOS	<input type="text"/> PFDeA	<input type="text"/> Et-PFOSA-AcOH
<input type="text"/> PFOA	<input type="text"/> PFUA	<input type="text"/> PFBS
<input type="text"/> PFHxS	<input type="text"/> PFOSA	<input type="text"/> PFDoA
<input type="text"/> PFNA	<input type="text"/> Me-PFOSA-AcOH	<input type="text"/> PFHpA

CONCLUSION: That completes this survey. I would like to sincerely thank you for your time.