Attachment 17.

Form Approved

OMB No. 0923-XXXX

Exp. Date xx/xx/201x xx/xx/20xxExDaxx/xx/20xx

Exp. Date xx/xx/20xx

**Pease Child Questionnaire – Long Form**

(best completed by the child’s birth mother who is not an adult participant)

ATSDR estimates the average public reporting burden for this collection of information as 30 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 (0923-xxxx).

**Parent Study ID No.** |*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*|

**Child Study ID No.** |*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*|

Section A: Demographic Information

A1. What is your relationship to your child?

\_\_\_Birth mother

\_\_\_Birth father

\_\_\_Adoptive mother

\_\_\_Adoptive father

\_\_\_Legal guardian

\_\_\_Other relationship: specify \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Refused to answer

A2. What is your child’s sex?

\_\_\_Male

\_\_\_Female

\_\_\_Refused to answer

A3. What is your child’s age?

\_\_\_(YY)

\_\_\_Refused to answer

A4. Do you consider your child to be Hispanic or Latino?

\_\_\_Yes

\_\_\_No

\_\_\_Refused to answer

A5. What race do you consider your child 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 grade level of education your child has completed?

\_\_\_grade

**Section B: Drinking Water and AAAF Exposures**

This next set of questions is about the child and the child’s birth mother. If you are not her, we can follow up after this interview with a quick phone call to complete the questionnaire.

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 does your child currently drink per day at home?

\_\_\_ cups

\_\_\_Doesn’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/Was the child’s birth mother] 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/was the child’s birth mother] 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/was the child’s birth mother] 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/the child’s birth mother] take part in firefighting training exercises or was fire protection [your/her] occupational specialty (or enlisted job)?

\_\_\_Yes \_\_\_\_\_\_\_Training \_\_\_\_\_\_\_\_\_Occupational specialty

\_\_\_No

B7. During the time [you were/the child’s birth mother was] 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/she] 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.)

B8. Did [you/the child’s birth mother] ever work at the Pease International Tradeport in Portsmouth, New Hampshire?

\_\_\_Yes

\_\_\_No →go to Question B11.

B9. When [were you/was the child’s birth mother] 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 birth mothers 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/the child’s birth mother] 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/she] drink per day at work?

\_\_\_ cups

\_\_\_Didn’t drink tap water

\_\_\_Don’t know

**\_\_\_**Refused to answer

\_\_\_Mother 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/the child’s birth mother] 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/she] drink per day at work?

\_\_\_ cups

\_\_\_Didn’t drink tap water

\_\_\_Don’t know

**\_\_\_**Refused to answer

\_\_\_Mother 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/the child’s birth mother is] 35 years of age or younger, did [you/she] ever attend day care 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/She] is older than 35 years of age → go to Question B15.

\_\_\_Yes, [I/She] attended day care at Pease

\_\_\_No → go to Question B15.

\_\_\_Refused to answer →go to Question B15.

\_\_\_Don’t Know →go to Question B15.

B13. When did [you/the child’s birth mother] attend day care at the Pease International Tradeport?

Start date \_\_\_\_\_\_\_\_\_\_\_ End date\_\_\_\_\_\_\_\_\_

\_\_\_\_ Don’t Know \_\_\_\_ Don’t Know

B14. During the time [you/the child’s birth mother] attended day care at the Pease International Tradeport, on average how many 8 oz. cups of tap water or beverages prepared with tap water did [you/she] drink per day at day care?

\_\_\_ 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.)

B15. Did your child attend day care 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.)

\_\_\_Yes,

\_\_\_No → go to Question B19.

\_\_\_Refused to answer →go to Question B19.

\_\_\_Don’t Know →go to Question B19.

B16. When did your child attend day care at the Pease International Tradeport?

Start date \_\_\_\_\_\_\_\_\_\_\_ End date\_\_\_\_\_\_\_\_\_

\_\_\_\_ Don’t Know \_\_\_\_ Don’t Know

B17. The next two questions are about drinking water habits of children who attended day care at the Pease International Tradeport before and after the PFAS contamination was discovered and corrected. Again, I am using June 2014 as that date. During the time your child 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 your child drink per day at day care?

\_\_\_ cups

\_\_\_Didn’t drink tap water

\_\_\_Don’t know

**\_\_\_**Refused to answer

\_\_\_My child did not attend day care at Pease 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.)

B18. During the time your child attended day care 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 your child drink per day at day care?

\_\_\_ cups

\_\_\_Didn’t drink tap water

\_\_\_Don’t know

**\_\_\_**Refused to answer

\_\_\_My child did not attend day care at Pease 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.)

B19. When [you were/the child’s birth mother was] pregnant with your child, on average how many 8 oz. cups of tap water or beverages prepared with tap water did [you/she] drink per day?

\_\_\_ cups

\_\_\_Didn’t drink tap water

\_\_\_Don’t know

**\_\_\_**Refused to answer

B20. When [you were//the child’s birth mother was] breastfeeding your child, on average how many 8 oz. cups of tap water or beverages prepared with tap water did [you/she] drink per day?

\_\_\_ cups

\_\_\_Didn’t drink tap water

\_\_\_Don’t know

**\_\_\_**Refused to answer

\_\_\_Did not breastfeed my child

**Section C: History of Potential Exposure Modifiers**

This next set of questions is about the child and the child’s birth mother. If you are not her, we can follow up after this interview with a quick phone call to complete the questionnaire.

C1. [Have you/Has the birth mother] 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/she] last have a blood transfusion?

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

**\_\_\_**Follow up later

C3. Has your child ever had a blood transfusion?

\_\_\_Yes

**\_\_\_**Follow up later

\_\_\_No →go to Question C5

\_\_\_Don’t know →go to Question C5

\_\_\_Refused to answer →go to Question C5

C4. When did your child last have a blood transfusion?

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

**\_\_\_**Follow up later

C5. [Have you/Has the birth mother] ever donated blood?

\_\_\_Yes

**\_\_\_**Follow up later

\_\_\_No →go to Question C8

\_\_\_Don’t know →go to Question C8

\_\_\_Refused to answer →go to Question C8

C6. When did [you/the birth mother] last donate blood?

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

**\_\_\_**Follow up later

C7. On average, how often [do you/does the birth mother] donate blood in a year?

\_\_\_\_\_\_\_\_\_\_

**\_\_\_**Follow up later

C8. Has your child ever donated blood?

\_\_\_Yes

**\_\_\_**Follow up later

\_\_\_No →go to Question D1.

\_\_\_Don’t know →go to Question D1.

\_\_\_Refused to answer →go to Question D1.

C9. When did your child last donate blood?

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

**\_\_\_**Follow up later

C10. On average, how often does your child donate blood in a year?

\_\_\_\_\_\_\_\_\_\_ times

**\_\_\_**Follow up later

**Section D: Occupational History**

This next set of questions is about the child and the child’s birth mother. If you are not her, we can follow up after this interview with a quick phone call to complete the questionnaire.

D1. What is [your/the child’s birth mother’s] primary occupation?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\_\_\_**Follow up later

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 the child’s mother 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 the child’s mother work as a firefighter?If the child’s mother worked as a firefighter, did she 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 \_\_\_\_noManufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics \_\_\_\_\_yes \_\_\_\_noManufacturing of water resistant clothing\_\_\_\_\_yes \_\_\_\_no | Manufacturing of nonstick cookware \_\_\_\_yes \_\_\_\_noManufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics \_\_\_\_\_yes \_\_\_\_noManufacturing of water resistant clothing\_\_\_\_\_yes \_\_\_\_no | Manufacturing of nonstick cookware \_\_\_\_yes \_\_\_\_noManufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics \_\_\_\_\_yes \_\_\_\_noManufacturing of water resistant clothing\_\_\_\_\_yes \_\_\_\_no | Manufacturing of nonstick cookware \_\_\_\_yes \_\_\_\_noManufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics \_\_\_\_\_yes \_\_\_\_noManufacturing of water resistant clothing\_\_\_\_\_yes \_\_\_\_no |
| h. Did the child’s mother 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\_\_\_ D Don’t know\_\_\_ | Yes (Please specify the chemical) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No\_\_\_\_ Don’t know\_\_\_\_ | Yes (Please specify the chemical) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No\_\_\_\_ Don’t know\_\_\_\_ |
| i. Did the child’s mother work with radiation?  | Yes\_\_\_No\_\_\_\_ | Yes\_\_\_No\_\_\_\_ | Yes\_\_\_No\_\_\_\_ | Yes\_\_\_No\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job information | Job 5 | Job 6 | Job 7 | Job 8 |
| a. Where did the child’s mother 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 child’s mother work as a firefighter?If child’s mother worked as a firefighter, did she 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 \_\_\_\_noManufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics \_\_\_\_\_yes \_\_\_\_noManufacturing of water resistant clothing\_\_\_\_\_yes \_\_\_\_no | Manufacturing of nonstick cookware \_\_\_\_yes \_\_\_\_noManufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics \_\_\_\_\_yes \_\_\_\_noManufacturing of water resistant clothing\_\_\_\_\_yes \_\_\_\_no | Manufacturing of nonstick cookware \_\_\_\_yes \_\_\_\_noManufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics \_\_\_\_\_yes \_\_\_\_noManufacturing of water resistant clothing\_\_\_\_\_yes \_\_\_\_no | Manufacturing of nonstick cookware \_\_\_\_yes \_\_\_\_noManufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics \_\_\_\_\_yes \_\_\_\_noManufacturing of water resistant clothing\_\_\_\_\_yes \_\_\_\_no |
| h. Did child’s mother 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\_\_\_ D Don’t know\_\_\_ | Yes (Please specify the chemical) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No\_\_\_\_ Don’t know\_\_\_\_ | Yes (Please specify the chemical) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No\_\_\_\_ Don’t know\_\_\_\_ |
| i. Did child’s mother work with radiation?  | Yes\_\_\_No\_\_\_\_ | Yes\_\_\_No\_\_\_\_ | Yes\_\_\_No\_\_\_\_ | Yes\_\_\_No\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job information | Job 9 | Job 10 | Job 11 | Job 12 |
| a. Where did child’s mother 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 child’s mother work as a firefighter?If child’s mother worked as a firefighter, did she 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 \_\_\_\_noManufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics \_\_\_\_\_yes \_\_\_\_noManufacturing of water resistant clothing\_\_\_\_\_yes \_\_\_\_no | Manufacturing of nonstick cookware \_\_\_\_yes \_\_\_\_noManufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics \_\_\_\_\_yes \_\_\_\_noManufacturing of water resistant clothing\_\_\_\_\_yes \_\_\_\_no | Manufacturing of nonstick cookware \_\_\_\_yes \_\_\_\_noManufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics \_\_\_\_\_yes \_\_\_\_noManufacturing of water resistant clothing\_\_\_\_\_yes \_\_\_\_no | Manufacturing of nonstick cookware \_\_\_\_yes \_\_\_\_noManufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics \_\_\_\_\_yes \_\_\_\_noManufacturing of water resistant clothing\_\_\_\_\_yes \_\_\_\_no |
| h. Did child’s mother 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\_\_\_ D Don’t know\_\_\_ | Yes (Please specify the chemical) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No\_\_\_\_ Don’t know\_\_\_\_ | Yes (Please specify the chemical) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No\_\_\_\_ Don’t know\_\_\_\_ |
| i. Did child’s mother work with radiation?  | Yes\_\_\_No\_\_\_\_ | Yes\_\_\_No\_\_\_\_ | Yes\_\_\_No\_\_\_\_ | Yes\_\_\_No\_\_\_\_ |

This next question is about your child.

D3. Has your child been employed for at least one month at a job?

\_\_\_\_Yes

\_\_\_\_No →go to Section E.

|  |  |  |  |
| --- | --- | --- | --- |
| Job information | Job 1 | Job 2 | Job 3 |
| a. Where did your child 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\_\_\_\_  |
| c. Start date (month, year) |  |  |  |
| d. End date (month, year) |  |  |  |
| e. Job title/description |  |  |  |
| f. Did your child work with or around radiation or any chemicals at this job such as solvents, metals, asbestos, or pesticides? | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No \_\_\_\_ Don’t know\_\_\_ | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No\_\_\_ D Don’t know\_\_\_\_ | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No\_\_\_\_ Don’t know\_\_\_\_ |
|  | If Job 1.b is yes - Go to D4 If Job 1.b is no - Go to Job 2 | If Job 2.b is yes - Go to D6If Job 2.b is no - Go to Job 3 | If Job 3.b is yes - Go to D8If Job 3.b is no - Go to Section e |

D4. The next two questions are about your child’s drinking water habits in Job 1 before and after the PFAS contamination was discovered and corrected. I am using June 2014 as that date. For Job 1, during the time your child 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 [he/she] drink per day at work?

\_\_\_ cups

\_\_\_Didn’t drink tap water

\_\_\_Don’t know

**\_\_\_**Refused to answer

\_\_\_My child did not work at Pease 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.)

D5. For Job 1, during the time your child 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 [he/she] drink per day at work?

\_\_\_ cups

\_\_\_Didn’t drink tap water

\_\_\_Don’t know

**\_\_\_**Refused to answer

\_\_\_My child did not work at Pease 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.)

D6. The next two questions are about your child’s drinking water habits in Job 2 before and after the PFAS contamination was discovered and corrected. I am using June 2014 as that date. For Job 2, during the time your child 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 [he/she] drink per day at work?

\_\_\_ cups

\_\_\_Didn’t drink tap water

\_\_\_Don’t know

**\_\_\_**Refused to answer

\_\_\_My child did not work at Pease 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.)

D7. For Job 2, during the time your child 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 [he/she] drink per day at work?

\_\_\_ cups

\_\_\_Didn’t drink tap water

\_\_\_Don’t know

**\_\_\_**Refused to answer

\_\_\_My child did not work at Pease 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.)

D8. The next two questions are about your child’s drinking water habits in Job 3 before and after the PFAS contamination was discovered and corrected. I am using June 2014 as that date. For Job 3, during the time your child 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 [he/she] drink per day at work?

\_\_\_ cups

\_\_\_Didn’t drink tap water

\_\_\_Don’t know

**\_\_\_**Refused to answer

\_\_\_My child did not work at Pease 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.)

D9. For Job 3, during the time your child 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 [he/she] drink per day at work?

\_\_\_ cups

\_\_\_Didn’t drink tap water

\_\_\_Don’t know

**\_\_\_**Refused to answer

\_\_\_My child did not work at Pease 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.)

**Section E: Child’s Medical History**

E1. Have you ever been told by a doctor or other health care provider that your child has or had any of the following medical conditions? Fill out the table below. Circle appropriate response and ask the respondent to specify as directed.

| Medical condition |  |
| --- | --- |
| 1. Allergies?
 | Yes (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No Don’t know |
| 1. Atopic dermatitis/eczema?
 | Yes (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No Don’t know |
| 1. Asthma?
 | Yes No Don’t know |
| 1. Stuffy/runny nose?
 | Yes No Don’t know |
| 1. High cholesterol?
 | Yes No Don’t know |
| 1. Thyroid disease?
 | Yes (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No Don’t know |
| 1. Delayed puberty?
 | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No Don’t know |
| 1. Obesity?
 | Yes No Don’t know |
| 1. Lupus
 | Yes No Don’t know |
| 1. Celiac disease
 | Yes No Don’t know |
| 1. Type 1 diabetes
 | Yes No Don’t know |
| 1. Scleroderma
 | Yes No Don’t know |
| 1. Cancer?
 | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No Don’t know |
| 1. Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)?
 | Yes No → go to pDon’t know → go to p |
| 1. How is your child treated for ADHD or ADD?
 |  |
| 1. Other learning or behavioral problems?
 | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No → go to Question E2. Don’t know → go to Question E2.  |
| 1. How is your child treated for their learning or behavioral problems?
 |  |

E2. What age was your child last vaccinated for:

Diphtheria, Tetanus, Pertussis (“DTaP”) age\_\_\_\_\_ Don’t know \_\_\_ never was vaccinated \_\_\_\_

“Tdap” booster Tetanus, Diptheria, Pertussis age\_\_\_\_\_ Don’t know \_\_\_ never was vaccinated \_\_\_\_

Measles, Mumps, Rubella (“MMR”) age\_\_\_\_\_ Don’t know \_\_\_ never was vaccinated \_\_\_\_

Tetanus shot (for a puncture wound or cut) age\_\_\_\_\_ Don’t know \_\_\_ never was vaccinated \_\_\_\_

**FOR GIRLS ONLY**

E3. Has your daughter ever used an oral contraceptive (“birth control pill”)?

\_\_\_Yes

\_\_\_No → go to Question E5

\_\_\_Don’t know → go to Question E5

\_\_\_Refused to answer → go to Question E5

E4. When did your daughter last use an oral contraceptive (“birth control pill”)?

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

E5. At what age did your daughter begin menstruation (have her first period)?

\_\_\_Age

\_\_\_Has not yet begun to menstruate

\_\_\_Never menstruated

\_\_\_Don’t know

E6. Has your daughter ever been pregnant?

\_\_\_Yes

\_\_\_No → go to Section F

\_\_\_Don’t Know → go to Section F

\_\_\_Refused to answer → go to Section F

E7. What month and year did this pregnancy start?

\_ \_ / \_ \_ \_ \_ (MM/YYYY)

E8. What month and year did this pregnancy end?

\_ \_ / \_ \_ \_ \_ (MM/YYYY)

E9. What was the outcome of the pregnancy?

\_\_\_\_live birth, single or multiple children

\_\_\_\_Elective abortion, miscarriage, stillbirth, tubal pregnancy → go to Section F

E10. Did your daughter breastfeed the child?

\_\_\_\_Yes

\_\_\_\_No → go to Section F

E11. How long did your daughter breastfeed the child?

\_\_\_\_\_\_\_weeks OR

\_\_\_\_\_\_\_months OR

\_\_\_\_\_\_\_age of the child

**Section F. Mother’s Pregnancy History**

Starting with the pregnancy of your child in this study (Pregnancy 1), and including up to three of [your/the birth mother’s] previous pregnancies, please fill out the table below. Circle the appropriate response.

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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? | **\_ \_ / \_ \_ \_ \_** | **\_ \_ / \_ \_ \_ \_** | **\_ \_ / \_ \_ \_ \_** | **\_ \_ / \_ \_ \_ \_** |
| c. What was the outcome of this pregnancy? | Live birth, single childLive birth, multiple childrenTubal pregnancyElective abortionMiscarriage or stillbirth | Live birth, single childLive birth, multiple childrenTubal pregnancyElective abortionMiscarriage or stillbirth | Live birth, single childLive birth, multiple childrenTubal pregnancyElective abortionMiscarriage or stillbirth | Live birth, single childLive birth, multiple childrenTubal pregnancyElective abortionMiscarriage or stillbirth |
| d. If [you/the child’s mother] has a miscarriage or stillbirth, how many weeks [were you/was she] when the pregnancy ended?→ go to Part k or to Section G if last pregnancy | **\_\_\_\_** weeks | **\_\_\_\_** weeks | **\_\_\_\_** weeks | **\_\_\_\_** weeks |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| e. What was the sex of the child(ren)? | MaleFemale | MaleFemale | MaleFemale | MaleFemale |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| f. Did the birth(s) occur three or more weeks before the due date? | YesNoDon’t know | YesNoDon’t know | YesNoDon’t know | YesNoDon’t know |
| g. Did the child(ren) weigh lessthan 5.5 pounds when born? | YesNoDon’t know | YesNoDon’t know | YesNoDon’t know | YesNoDon’t know |
|  | **Pregnancy 1** | **Pregnancy 2** | **Pregnancy 3** | **Pregnancy 4** |
| h. Did the child(ren) have any major birth defects? | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NoDon’t know | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NoDon’t know | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NoDon’t know | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NoDon’t know |
| i. Did [you/the child’s mother] breastfed this child/these children? | YesNo → go to Part j.Don’t know | YesNo → go to Part j.Don’t know | YesNo → go to Part j.Don’t know | YesNo → go to Part j.Don’t know |
| j. How long did [you/the child’s mother] 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 |
| k. Did a doctor or nurse say that [you/the child’s mother] had pre-eclampsia during [your/her] pregnancy? | YesNoDon’t know | YesNoDon’t know | YesNoDon’t know | YesNoDon’t know |
| l. Did a doctor or nurse say that [you/the child’s mother] had pregnancy-induced hypertension? | YesNoDon’t know | YesNoDon’t know | YesNoDon’t know | YesNoDon’t know |
| m. Did a doctor or nurse say that [you/the child’s mother] had gestational diabetes? | YesNoDon’t know | YesNoDon’t know | YesNoDon’t know | YesNoDon’t know |

**Section G: Family Medical History**

G1. Do any of your child’s blood relatives – - 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 child’s 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 . . .  | ChildParentSibling | Child ParentSibling | Child ParentSiblin | Child ParentSibling |
| 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 child’s blood relatives - 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? |
| --- | --- | --- |
| 1. Thyroid disease?
 | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No Don’t know | Child ParentSibling |
| 1. Lupus?
 | Yes No Don’t know | Child ParentSibling |
| 1. Diabetes (not related to pregnancy)?
 | Yes, Type 1 or juvenileYes, Type 2 or adult-onsetYes, type unknownNo Don’t know | Child ParentSibling |
| 1. Celiac disease?
 | Yes No Don’t know | Child ParentSibling |
| 1. Crohn’s disease?
 | Yes No Don’t know | Child ParentSibling |
| 1. Asthma?
 | Yes No Don’t know | Child ParentSibling |
| 1. Scleroderma
 | Yes No Don’t know | Child ParentSibling |
| 1. High Cholesterol
 | Yes No Don’t know | Child ParentSibling |
| 1. Allergies
 | Yes (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No Don’t know | Child ParentSibling |
| 1. Atopic dermatitis/eczema
 | Yes No Don’t know | Child ParentSibling |
| 1. Attention deficit hyperactivity disorder (ADHD or attention deficit disorder (ADD)
 | Yes No Don’t know | Child ParentSibling |
| 1. Other learning or behavioral problems
 | Yes No Don’t know | Child ParentSibling |
| 1. Obesity
 | Yes No Don’t know | Child ParentSibling |

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

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

\_\_\_Yes

\_\_\_No →go to Question H3.

\_\_\_Don’t know

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

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_PFOS \_\_\_\_\_\_PFOA \_\_\_\_\_\_PFHxS \_\_\_\_\_\_PFNA  | \_\_\_\_\_\_PFDeA \_\_\_\_\_\_PFUA\_\_\_\_\_\_PFOSA \_\_\_\_\_\_Me-PFOSA-AcOH | \_\_\_\_\_\_Et-PFOSA-AcOH\_\_\_\_\_\_PFBS\_\_\_\_\_\_PFDoA\_\_\_\_\_\_PFHpA |

H3. Did [you/the child’s mother] participate in the Pease PFC Blood Testing Program?

\_\_\_Yes

\_\_\_No →go to CONCLUSION

\_\_\_Don’t know

H4. Please provide [your/her] results (µg/L):

|  |  |  |
| --- | --- | --- |
| \_\_\_\_\_\_PFOS \_\_\_\_\_\_PFOA \_\_\_\_\_\_PFHxS \_\_\_\_\_\_PFNA  | \_\_\_\_\_\_PFDeA \_\_\_\_\_\_PFUA\_\_\_\_\_\_PFOSA \_\_\_\_\_\_Me-PFOSA-AcOH | \_\_\_\_\_\_Et-PFOSA-AcOH\_\_\_\_\_\_PFBS\_\_\_\_\_\_PFDoA\_\_\_\_\_\_PFHpA |

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