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

## **Pease Child Questionnaire - Short Form**

(best completed by the child's birth mother who is also an adult participant)

ATSDR estimates the average public reporting burden for this collection of information as 15 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).

Adult Study ID No.   (alias) Parent Study ID No.   (Child Study ID
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
grade
Section B: Drinking Water and AAAF Exposures
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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. 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
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.)
B2. 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 B5. Refused to answer →go to Question B5. Don't Know →go to Question B5.
B3. When did your child attend day care at the Pease International Tradeport?  Start date End date  Don't Know Don't Know
B4. 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. 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.)
B5. 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.)
B6. 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
B7. 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 for the child's birth mother about the child. If you are not her, we can follow up after this interview with a quick phone call to complete the questionnaire.
C1. Has your child 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 your child last have a blood transfusion?month/yearFollow up later
C3. Has your child ever donated blood?

Yes			
Follow up later			
No →go to Section D.			
Don't know →go to Section D.			
Refused to answer →go to Sec	ction D.		
C4. When did your child last dona	te blood?		
Month/Year			
C5. On average, how often does y	our child donate bloo	d in a year?	
Section D: Occupational History			
This next set of questions is for th	e child's birth mother	about the child. If you are	not her, we can
follow up after this interview with	a quick phone call to	complete the questionnair	e.
D1. Has your child been employed	d for at least one mon	th at a job?	
$\longrightarrow$ No → go to Section E.			
b information Job 1		Job 2	Job 3

Job information	Job 1	Job 2	Job 3
a. Where did your child work?			
(City, State)			
b. Was this job located at former	Yes	Yes	Yes
Pease Air Force Base or the Pease	No	No	No
International Tradeport?			
c. Start date (month, year)			
d. End date (month, year)			
e. Job title/description			
f. Did your child work with or	Yes (Please specify)	Yes (Please specify)	Yes (Please specify)
around radiation or any chemicals			
at this job such as solvents, metals,	No	No	No
asbestos, or pesticides?	Don't know D D	on't know	Don't know
	If Job 1.b is yes - Go to D2	If Job 2.b is yes - Go to D4	If Job 3.b is yes - Go to D6
	If Job 1.b is no - Go to Job 2	If Job 2.b is no - Go to Job 3	If Job 3.b is no - Go to
			Section Es

D2. 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.)
D3. 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.)
D4. 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.)
D5. 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.)
D6. 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.)
D7. 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? <u>Fill out the table below. Circle appropriate response and ask the respondent to specify as directed.</u>

a. Allergies?  b. Atopic dermatitis/eczema?  c. Asthma?  c. Asthma?  d. Stuffy/runny nose?  c. High cholesterol?  p. Delayed puberty?  f. Thyroid disease?  p. Delayed puberty?  h. Obesity?  c. Lupus  j. Celiac disease  k. Type 1 diabetes  l. Scieroderma  l. Scieroderma  m. Cancer?  m. Cancer?  p. Other learning or behavioral problems?  p. Other learning or behavioral problems?  p. Ves (Please specify)  No Don't know  yes (Please specify)  No Don't know → go to p  Don't know → go to Question B2.		AA P. I. Pre	
a. Allergies?  b. Atopic dermatitis/eczema?  c. Asthma?  c. Asthma?  d. Stuffy/runny nose?  e. High cholesterol?  f. Thyroid disease?  Delayed puberty?  g. Delayed puberty?  h. Obesity?  i. Lupus  j. Cellac disease  k. Type 1 diabetes  l. Scleroderma  m. Cancer?  m. Cancer?  m. Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)?  p. Other learning or behavioral problems?  ves (Please specify)  No Don't know  Yes  No Don't know  Yes  No Don't know  Yes  No Don't know  Yes  Yes  Don't know Don't know  Yes  Don't know  Don't know		Medical condition	
b. Atopic dermatitis/eczema?  b. Atopic dermatitis/eczema?  c. Asthma?  c. Asthma?  d. Stuffy/runny nose?  d. Stuffy/runny nose?  e. High cholesterol?  Don't know  Yes No Don't know  Yes Pon't know  Yes Pon't know  Yes Pon't know  Pon't know  Pon't know  No Don't know  Pon't know  Yes (Please specify) No Don't know  Yes (Please specify) No Don't know  Yes (Please specify) No Don't know  Yes  I. Lupus  Yes  I. Lupus  Yes  I. Lupus  Yes  I. Lupus  Yes  I. Celiac disease  No Don't know  Yes  No Don't know  Yes  No Don't know  Yes  No Don't know  Yes  No Don't know  Yes No Don't know  Yes  No Don't know  Yes  No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Pes No Don't know  Yes No Don't know  Pes No Don't know  Yes No Don't know  Pes No Don't know  Yes No Don't know  Yes No Don't know  Pes No Don't know  Yes No Don't know  Pes No Don't know  Yes No Don't know  Pes No Don'	a.	Allowaics?	
b. Atopic dermatitis/eczema?  C. Asthma?  C. Asthma?  Atopic dermatitis/eczema?  Ves  No Don't know  Ves No Don't know  Ves No Don't know  Ves No Don't know  Ves No Don't know  Ves Please specify) No Don't know  Ves No Don't know  Ves Please specify) No Don't know  Ves Please specify) No Don't know  Ves Don't know  Don't		Allergies:	Don't know
b. Atopic dermatitis/ezema?  C. Asthma?  C. Asthma?  Don't know  Yes No Don't know  Yes No Don't know  Pes No Don't know  Pes No Don't know  Pes (Please specify) No Don't know  Pes Please specify) No Don't know  Yes Please specify) No Don't know  Yes Please specify) No Don't know  Pes No Don't know  I. Lupus  Pes No Don't know  Yes No Don't know  Pes No Don't know Don't know  Pes No Don't know Don't know Don't know Pes No Don't kn			
c. Asthma?  d. Stuffy/runny nose?  d. Stuffy/runny nose?  e. High cholesterol?  e. High cholesterol?  f. Thyroid disease?  Don't know  Yes (Please specify) No Don't know  Yes (Please specify) No Don't know  Yes (Please specify) No Don't know  Yes  No Don't know  Tyes  No Don't know  Yes  No Don't know  Yes  No Don't know  Tyes  No Don't know  Yes  No Don't know  Tyes  No Don't know  Yes  No Don't know  Yes  No Don't know  Tyes  No Don't know  Yes  Please specify)  No → go to p Don't know → go to p Don't know → go to Question B2.  Don't know → go to Question B2.  Don't know → go to Question B2.	b.	Atopic dermatitis/eczema?	No
C. Asthma?  Don't know  Ves No Don't know  Ves No Don't know  Pes No Don't know  Pes No Don't know  Pes No Don't know  Ves (Please specify) No Don't know  Pes No Don't know  Ves (Please specify) No Don't know  Pes No Don't know  Ves (Please specify) No Don't know  Ves (Please specify) No Don't know  Pes No Don't know  Ves Ves No Don't know  Ves  I. Lupus  Ves No Don't know  Ves (Please specify) Don't know  Ves No Don't know  Ves (Please specify) Don't know  Ves No Don't know  Ves Don't know  Don			Don't know
d. Stuffy/runny nose?  d. Stuffy/runny nose?  e. High cholesterol?  e. High cholesterol?  f. Thyroid disease?  f. Thyroid disease?  pelayed puberty?  per selection of the now point know		A add a second a seco	
d. Stuffy/runny nose?  d. Stuffy/runny nose?  e. High cholesterol?  f. Thyroid disease?  f. Thyroid disease?  Delayed puberty?  Delayed puberty?  Pes (Please specify) No Don't know  Yes (Please specify) No Don't know  Yes (Please specify) No Don't know  Yes No Don't know  Yes No Don't know   i. Lupus  Don't know  Yes No Don't know  Yes No Don't know  I. Scleroderma  Pes  Type 1 diabetes  No Don't know  Type 1 diabetes  Type 1 diabetes  Type 1 diabetes  Type 2 diabetes  Type 3 diabetes  Type 3 diabetes  Type 4 diabetes  Type 4 diabetes  Type 4 diabetes  Type 5 diabetes  Type 6 diabetes  Type 6 diabetes  Type 6 diabetes  Type 8 diabetes  Type 8 diabetes  Type 9 diabe	C.	Astnma:	
Don't know			
e. High cholesterol?  Pres (Please specify) No	d.	Stuffy/runny nose?	No
e. High cholesterol?  No Don't know  f. Thyroid disease?  Pelayed puberty?  Pelayed puberty?  Pes (Please specify)			
f. Thyroid disease?  f. Thyroid disease?  g. Delayed puberty?  p. Obesity?  p. Obesity?  p. Celiac disease  k. Type 1 diabetes  p. Scleroderma  p. Cancer?  p. Cancer?  p. Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)?  p. Other learning or behavioral problems?  p. Other learning or behavioral problems?  p. Other learning or behavioral problems?  yes (Please specify)  yes (Please specify)  No Don't know  Yes (Please specify)  No Don't know  Yes No Don't know  Yes No Don't know  Yes (Please specify)  No O Bon't know  Yes No O Bon't know → go to Question B2.		High abalantanal?	
f. Thyroid disease?  Yes (Please specify)	e.	nigii cilolesteroi:	
f. Thyroid disease?    No			
g. Delayed puberty?  Pes No Don't know  Yes No Don't know  i. Lupus  No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  I. Scleroderma  Pes No Don't know  Yes (Please specify) No Don't know  Pes No → go to p Don't know → go to Question B2.  Q. How is your child treated for their learning or behavioral	f.	Thyroid disease?	No
g. Delayed puberty?  No Don't know  Yes No Don't know  i. Lupus  Yes No Don't know  Yes (Please specify) No Don't know → go to p Don't know → go to Question B2.			
h. Obesity?  h. Obesity?  i. Lupus  Yes No Don't know  Yes No Don't know   j. Celiac disease  Acceptable disease  i. Lupus  Yes No Don't know  Yes (Please specify) No Don't know  Pes No → go to p Don't know → go to p Don't know → go to Question B2.			
h. Obesity?  h. Obesity?  Ves No Don't know  Yes No Don't know   Jes No Don't know  Yes No Don't know  Yes No Don't know  Ves No Don't know  Yes No Don't know  Yes No Don't know   Tes No Don't know  Yes No Don't know  No Don't know  No Don't know  No Don't know  Pes (Please specify) No Don't know  No Don't know  Pes (Please specify) No Don't know  No Don't know  Pes No → go to p Don't know → go to p Don't know → go to p Don't know → go to Question B2.  Q. How is your child treated for their learning or behavioral	g.	Delayed puberty?	
h. Obesity?  No Don't know  i. Lupus  yes No Don't know  yes No Don't know  Yes No Don't know  k. Type 1 diabetes  R. No Don't know  yes No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Type 1 diabetes  No Don't know  Yes No Don't know  Yes No Don't know  The Cancer?  No Don't know  Yes (Please specify) No Don't know  Yes Yes No → go to p Don't know → go to p Don't know → go to Question B2.			
i. Lupus  Yes No Don't know   yes No Don't know  X. Type 1 diabetes  No Don't know  No Don't know  I. Scleroderma  Pes No Don't know  Yes No Don't know  Yes No Don't know  Tes No Don't know  Yes No Don't know  Yes (Please specify) No Don't know  No Don't know  Pes No Don't know  Yes (Please specify) No Don't know  Yes No → go to p Don't know → go to p Don't know → go to Question B2. Don't know → go to Question B2.  P. How is your child treated for their learning or behavioral	h.	Obesity?	
i. Lupus  No Don't know  yes No Don't know  Xes No Don't know  Xes No Don't know  Yes No Don't know  I. Scleroderma  Pes No Don't know  Yes No Don't know  Yes No Don't know  Tyes No Don't know  Yes (Please specify) No Don't know  No Don't know  Pes No Don't know  Yes No Don't know  No Don't			Don't know
j. Celiac disease  j. Celiac disease  No Don't know  Yes No Don't know  I. Scleroderma  Pes No Don't know  Yes No Don't know  Yes No Don't know  Yes No Don't know  Yes (Please specify) No Don't know  1. Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)?  No Don't know  Yes (Please specify) No Don't know  Yes No → go to p Don't know → go to p  No → go to p Don't know → go to Question B2. Don't know → go to Question B2.			
j. Celiac disease  Yes No Don't know  Yes No Don't know  I. Scleroderma  No Don't know  Yes (Please specify) No Don't know  1. Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)?  No Don't know → go to p Don't know → go to p  Yes (Please specify) No → go to p Don't know → go to p Don't know → go to p Don't know → go to Question B2. Don't know → go to Question B2.  P. How is your child treated for their learning or behavioral	I.	Lupus	
j. Celiac disease  No Don't know  Yes No Don't know  I. Scleroderma  Pes No Don't know  Yes No Don't know  Yes No Don't know  Tes No Don't know  Yes (Please specify) No Don't know  Yes No Don't know  Yes (Please specify) No Don't know  Yes No → go to p Don't know → go to p Don't know → go to Question B2.			
k. Type 1 diabetes Yes No Don't know   I. Scleroderma Yes No Don't know   m. Cancer? Yes (Please specify) No Don't know   n. Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)? Yes No → go to p Don't know → go to p   o. How is your child treated for ADHD or ADD? Yes (Please specify) No → go to Question B2. Don't know → go to Question B2.   q. How is your child treated for their learning or behavioral	j.	Celiac disease	
k. Type 1 diabetes No Don't know   I. Scleroderma Yes No Don't know   m. Cancer? Yes (Please specify)			Don't know
Don't know  Yes  No Don't know  Yes (Please specify) No Don't know  Yes  Yes  No → go to p Don't know → go to p  Don't know → go to p  Other learning or behavioral problems?  Question B2. Don't know → go to Question B2.  Question B2.  Pon't know → go to Question B2. Don't know → go to Question B2.			
I. Scleroderma  Yes No Don't know  Yes (Please specify) No Don't know  n. Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)?  O. How is your child treated for ADHD or ADD?  P. Other learning or behavioral problems?  Yes No → go to p Don't know → go to p Yes (Please specify) No → go to Question B2. Don't know → go to Question B2.	k.	Type 1 diabetes	
I. Scleroderma       No Don't know         m. Cancer?       Yes (Please specify)			
m. Cancer?  Yes (Please specify) No Don't know  n. Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)?  O. How is your child treated for ADHD or ADD?  P. Other learning or behavioral problems?  Yes (Please specify) Yes (Please specify) No → go to Question B2. Don't know → go to Question B2.  Other learning or behavioral	l.	Scleroderma	
m. Cancer?  No Don't know  Yes No → go to p Don't know → go to p Don't know → go to p Don't know → go to p  No → go to p Don't know → go to p Don't know → go to p Don't know → go to p  Ves (Please specify) No → go to Question B2. Don't know → go to Question B2.			
Don't know  1. Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)?  2. Other learning or behavioral problems?  4. How is your child treated for their learning or behavioral  Don't know  Yes  No → go to p  Don't know → go to p  Yes (Please specify)  No → go to Question B2.  Don't know → go to Question B2.			
n. Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)?  o. How is your child treated for ADHD or ADD?  p. Other learning or behavioral problems?  q. How is your child treated for their learning or behavioral  Yes  No → go to p  Yes (Please specify)  No → go to Question B2.  Don't know → go to Question B2.	m.	Cancer?	
n. Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)?  No → go to p Don't know → go to p  No → go to p Don't know → go to p  Ves (Please specify) No → go to Question B2. Don't know → go to Question B2.			
Don't know → go to p  o. How is your child treated for ADHD or ADD?  p. Other learning or behavioral problems?  Yes (Please specify) No → go to Question B2. Don't know → go to Question B2.  Q. How is your child treated for their learning or behavioral	n.		I
p. Other learning or behavioral problems?  Yes (Please specify)  No → go to Question B2.  Don't know → go to Question B2.  q. How is your child treated for their learning or behavioral		aeπcit aisorder (ADD)?	l
<ul> <li>p. Other learning or behavioral problems?</li> <li>No → go to Question B2.</li> <li>Don't know → go to Question B2.</li> <li>q. How is your child treated for their learning or behavioral</li> </ul>	0.	How is your child treated for ADHD or ADD?	
Don't know → go to Question B2.  q. How is your child treated for their learning or behavioral			
q. How is your child treated for their learning or behavioral	p.	Other learning or behavioral problems?	
	а	How is your child treated for their learning or hehavioral	DOTTE MIOW 7 go to Question bz.
problems:	η.	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)? AgeHas not yet begun to menstruateNever menstruatedDon't know
E6. Has your daughter ever been pregnant?YesNo → go to Section FDon't Know → go to Section FRefused 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)

n E

## **Section F: Family Medical History**

F1. 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? <u>Fill out the table below. Circle appropriate response and ask the respondent to specify as directed.</u>

Medical condition		If yes, ask: Which relative
Medical condition		had this condition?
	Yes (Please specify)	Child
a. Thyroid disease?	No	Parent
	Don't know	Sibling
	Yes	Child
b. Lupus?	No	Parent
	Don't know	Sibling
	Yes, Type 1 or juvenile	Child
5.1	Yes, Type 2 or adult-onset	Parent
c. Diabetes (not related to pregnancy)?	Yes, type unknown	Sibling
pregnancy):	No	
	Don't know	
	Yes	Child
d. Celiac disease?	No	Parent
	Don't know	Sibling
	Yes	Child
e. Crohn's disease?	No	Parent
	Don't know	Sibling
	Yes	Child
f. Asthma?	No	Parent
	Don't know	Sibling
	Yes	Child
g. Scleroderma	No	Parent
	Don't know	Sibling

h. High Cholesterol	Yes	Child
	No	Parent
	Don't know	Sibling
i. Allergies	Yes (Please specify)	Child
	No	Parent
	Don't know	Sibling
j. Atopic dermatitis/eczema	Yes	Child
	No	Parent
	Don't know	Sibling
k. Attention deficit hyperactivity disorder (ADHD or attention deficit disorder (ADD)	Yes	Child
	No	Parent
	Don't know	Sibling
I. Other learning or behavioral problems	Yes	Child
	No	Parent
	Don't know	Sibling
m. Obesity	Yes	Child
	No	Parent
	Don't know	Sibling

## **Section G: History of Pease PFC Blood Testing Program**

G1. Did your child participate in the	he Pease PFC Blood Testing Progra	m?	
Yes			
No $\rightarrow$ go to CONCLUSION			
Don't know			
G2. Please provide your child's results (µg/L):			
PFOS	PFDeA	Et-PFOSA-AcOH	
PFOA	PFUA	PFBS	
PFHxS	PFOSA	PFDoA	
PFNA	Me-PFOSA-AcOH	PFHpA	

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