**Appendix C2: Personal Exposure Questionnaire (Adult)**

Form Approved

OMB No. 0923-0048

Exp. Date 04/30/2022

**Environmental Sampling for PFAS at Selected Exposure Assessment Locations**

**Personal Exposure Questionnaire (Adult)**

**Thank you for participating in the environmental sampling EI.**

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 (0923-0048).

**This personal exposure questionnaire should be completed by every adult in the household that:**

* **Provided a blood sample during the Exposure Assessment**
* **Completed and signed an Adult Consent Form 1 (Sampling and Questionnaire) or Adult Consent Form 2 (Questionnaire only)**

**ATSDR will pick up this form from you when we come to your home for the environmental sampling.**

***These questions will be asked for every adult in the household.***

**Demographics**

**Name :** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date of Birth:** \_\_\_\_\_\_\_\_\_ (Month/Day/Year)

 **Address:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Since the exposure assessment, do you work in any of the following industries? (select all that apply)
* Manufacturing of nonstick cookware
* Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics
* Manufacturing of leather products
* Manufacturing of water-resistant clothing
* Manufacturing of aqueous film forming foam (AFFF)
* Manufacturing/Processing/Formulating facility of PFAS chemicals
* Military
* Aviation
* Firefighting
* Never worked in the industries listed above
* Prefer not to answer

**Water**

1. Prior to PFAS being mitigated/removed from your water on (date of mitigation), on average, how many 8-oz cups of tap water or beverages/soups prepared with tap water did you drink while at home per day?

\_\_\_\_ (8-oz cups)

* Didn’t drink tap water
* Don’t know

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

1. After PFAS were mitigated from your water (date of mitigation), how many 8-oz cups of water or beverages prepared with tap water do you drink while at home per day?

\_\_\_\_ (8-oz cups)

* Didn’t drink tap water
* Don’t know

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

**Soil**

1. How frequently do you come into direct contact with the soil (e.g. gardening, digging, home improvement, etc. at your home (select one)?
* Every day
* Once per week
* Once per month
* A few times per year
* Rarely
* Never
* Don’t know
1. Do you usually remove your shoes when you enter the home?
* Yes
* No
1. Before the pandemic (January 2020), how much time did you spend outdoors on a typical work/school/daycare day?
	* Never
	* 1-4 hours
	* 4-8 hours
	* Over 8 hours
	* Don’t know
2. During/after the pandemic, how much time do you spend outdoors on a typical non-work/school/daycare day?
	* Never
	* 1-4 hours
	* 4-8 hours
	* Over 8 hours
	* Don’t know

**Diet**

1. Do you eat locally grown vegetables or fruits from [*insert affected area/sampling frame/locations – show map of sampling frame to participant*]?
* Yes
* No
* Don’t Know

**If yes**, what time of year do you buy local produce? Please check all that apply.

* Fall
* Winter
* Spring
* Summer

**If yes**, how often do you eat locally grown fruits or vegetables when in season? (select one)

* Every day
* A few times per week
* A few times per month
* Rarely
* Never
* Don’t know

**If yes**, where do you buy these locally grown fruits or vegetables?

* Farmer’s market
* Local grocery store
* Vegetable / fruit stand
* Produce box or other home delivery service
* Don’t know
1. Do you eat vegetables or fruits grown at your home?
* Yes
* No
* Don’t Know

**If yes**, how often do you eat fruits or vegetables grown at your home? (select one)

* Every day
* Once per week
* Once per month
* A few times per year
* Rarely
* Never
* Don’t know

**If yes**, what time of year do you grow vegetables or fruits at your home? Please check all that apply.

* Fall
* Winter
* Spring
* Summer

**If yes**, what is the source of the water for your homegrown produce?

* Outside hose
* Tap water from inside the house
* Bottled water
* Rain barrel
* Other
* Don’t know
1. Do you eat fish locally caught from ponds, lakes, streams, or rivers in [*insert affected area/sampling frame/locations – can show map of sampling area*]?
* Yes
* No
* Don’t Know

**If yes,** how often do you eat locally caught fish (select one)?

* 3 times per week or more
* A few times per month
* A few times per year
* Rarely
* Don’t know
1. Do you consume fish from the grocery store?
* Yes
* No
* Don’t Know

**If yes**, how often do you consume fish from the grocery store?

* Every day
* A few times per week
* A few times per month
* A few times per year
* Rarely
	+ Don’t know
1. Do you consume fast food or convenience type of foods (can give an example)?
* Yes
* No
* Don’t Know

**If yes**, how often do you consume fast food?

* Every day
* Once per week
* Once per month
* A few times per year
* Rarely
	+ Never
	+ Don’t know

**If yes**, what type of fast food or convenience food products do you generally consume and how often do you consume it?

|  |  |
| --- | --- |
|  | **How often the fast food or convenience type of food is eaten** |
|  | **Daily** | **Once/week** | **Once/month** | **Few times/year** | **Never** | **Don’t know** | **Prefer not to answer** |
| **Food name** |  |  |  |  |  |  |  |
| French fries |  |  |  |  |  |  |  |
| Take-out pizza (in a box with a separate liner) |  |  |  |  |  |  |  |
| Frozen pizza (in a box with a separate liner) |  |  |  |  |  |  |  |
| Burgers or sandwiches wrapped in paper  |  |  |  |  |  |  |  |
| Burgers or sandwiches in cardboard box (fast food paper clamshells) |  |  |  |  |  |  |  |
| Frozen convenience meals (in cardboard) |  |  |  |  |  |  |  |
| Microwave popcorn |  |  |  |  |  |  |  |

1. Do you currently use any of the following products in your home? (Check box)

|  |  |  |  |
| --- | --- | --- | --- |
| **Product type** | **No** | **Yes – use them occasionally (monthly)** | **Yes – use them often (daily or weekly)** |
| **Personal care products** |
| Waxed dental floss and plaque removers |  |  |  |
| Nail polish |  |  |  |
| Tooth whitening products |  |  |  |
| Makeup products |  |  |  |
| Hair styling products (shampoo and conditioner) |  |  |  |

1. Is there anything else you want to tell us about your PFAS exposures?

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

\*\*\* THANK YOU \*\*\*