**Appendix C3: Personal Exposure Questionnaire (Child)**

Form Approved

OMB No. 0923-0048

Exp. Date 4/30/2022

Respondent ID No:

**Environmental Sampling of PFAS at Selected Exposure Assessment Locations,**

**Personal Exposure Child (<18 years or age of majority) Questionnaire**

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).

**Thank you for participating in the environmental sampling Exposure Investigation (EI).**

**This personal exposure questionnaire should be completed by children (with parental assistance as needed) in the household that:**

* **Provided a blood sample during the Exposure Assessment**
* **Have a completed Parental Permission form**
* **Have a completed Assent form, if the child is between 12 and 17 years old**

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

**Demographics**

**Child’s Name:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

***Note: If you are a parent giving the response for your child, please replace “you” in the question with “your child.” Example: How many years has your child lived in his/her current home?***

**Residence**

1. Do you still live in the home you lived in when you were tested during the Exposure Assessment (date of EA)?

* Yes
* No

1. Is this your full-time residence?

* Yes
* No

**If No,** how much time do you reside at this address?

\_\_\_ Days per week \_\_\_ Weeks per month \_\_\_ Months per year

□ Not Applicable

* Don’t know
* Prefer not to answer

If this is not your full-time residence, what is your alternate address?

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

**Water**

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

* \_\_\_\_ (8-oz cups)
* Don’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 the PFAS were mitigated from your water (date of mitigation), how many 8-oz cups of tap water or beverages prepared with tap water do you drink at home per day?

* \_\_\_\_ (8-oz cups)
* Don’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. How many 8-oz cups of water or beverages prepared with tap water do you drink per day at day care/school?

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

* Don’t go to daycare/school
* Don’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)

**Outside Exposure**

1. How often do you drink water from the hose outside at your home? (Select one)

|  |  |  |
| --- | --- | --- |
| * Rarely | * Never | * Don’t know |
| * Prefer not to answer |  |  |

1. How often do you play in or touch the soil or dirt at your own home? (Select one)

|  |  |  |
| --- | --- | --- |
| * Every day | * A few times per week | * A few times per month |
| * Rarely | * Never | * Don’t know |
| * Prefer not to answer |  |  |

1. How often do you play in or touch the soil or dirt at daycare or school?

|  |  |  |
| --- | --- | --- |
| * Every day | * A few times per week | * A few times per month |
| * Rarely | * Never | * Don’t know |
| * Prefer not to answer |  |  |

1. Before the pandemic was here (prior to January 2020), how many hours did you spend outdoors on a typical

work/school/daycare day? \_\_\_\_\_\_\_\_\_\_ hours

non work/school/daycare day? \_\_\_\_\_\_\_\_\_\_ hours

1. Since the start of the pandemic (approximately January 2020), how many hours do you spend outdoors on a typical

work/school/daycare day? \_\_\_\_\_\_\_\_\_\_ hours

non work/school/daycare day? \_\_\_\_\_\_\_\_\_\_ hours

1. How often do you remove your shoes when you enter the home?

* Always
* Sometimes
* Never

1. How often do you put soil or dirt in your mouth or get dirt in your mouth from being outside playing or doing sports (**if** ***the parent is responding, How often have you observed your child put soil or dirt in his/her mouth?***

|  |  |  |
| --- | --- | --- |
| * Every day | * A few times per week | * A few times per month |
| * Rarely | * Never | * Don’t know |
| * Prefer not to answer |  |  |

1. How often do you eat with your hands or put your hands in your mouth in your mouth?

|  |  |  |
| --- | --- | --- |
| * Every day | * A few times per week | * A few times per month |
| * Rarely | * Never | * Don’t know |
| * Prefer not to answer |  |  |

1. How often do you eat, chew on, or put non-food items in your mouth (example: toys, windowsill, etc.)

|  |  |  |
| --- | --- | --- |
| * Every day | * A few times per week | * A few times per month |
| * Rarely | * Never | * Don’t know |
| * Prefer not to answer |  |  |

**Diet**

1. Do you eat locally grown vegetables or fruits?

* Yes
* No
* Don’t Know

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

* Every day
* Once per week
* Once per month
* A few times per year
* 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

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

* Fall
* Winter
* Spring
* Summer

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

1. How often do you eat fish locally caught from ponds, lakes, streams, or rivers? (Select one)

* 3 times per week or more
* A few times per month
* A few times per year
* Rarely
* Never
* Don’t know

1. Do you eat fast food or convenience type of foods?

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

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

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