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Subject ID

Date: _____

Child participating in the study to be tested for intestinal worms that can be acquired from the environment

| |
|--|
| First name: |
| Middle name: |
| Last name: |
| Date of birth: (MM-DD-YY) |
| Home address: House / apartment number: |
| Street name: |
| City / Town: |
| ZIP: |
| Mailing address (if different to home address): |
| Street name |
| City / Town |
| ZIP |
| Primary healthcare provider name: |
| Primary healthcare provider phone number: |

Contact information of parent / guardian

| |
|----------------------|
| First name: |
| Last name: |
| Home phone number: |
| Mobile phone number: |

If testing results identify an intestinal worm what is the best method to contact you? (please circle)

Home phone mobile phone mailing address

What is your preference for any required treatment if test results are positive?

- Dr. Poole (the Pediatric Infectious Disease doctor from UAB)
- Your own healthcare provider

The following questions are all about the child participating in the study who will be tested for an intestinal worm infection:

Please circle the following that best describes your child's:

1. **Gender / sex:** female male prefer not to answer

2. **Ethnicity:**

Hispanic / Latino

Not Hispanic/ Latino

Unknown

Prefer not to answer

3. **Race (mark all that apply):**

Black/African-American

White

Asian

American Indian/Alaska Native

Native Hawaiian/Pacific Islander

Unknown

Prefer not to answer

4. How long has your child lived in the current home?

(years) _____

5. Where else has your child lived in the past 5 years? (Country, state, county, city/town)

6. Has your child traveled outside the U.S. in the past 5 years? (please circle) **Yes** **No**

If yes, which country / countries? _____

And when (year / Month)? _____

7. Does your child come into contact with the following animals on a weekly basis? (*circle all that apply*)

Dogs **Cats** **Pigs** **None** **Other** _____

8. Does your child play / work outside where their bare hands or bare feet are in contact with the soil?

Never **Sometimes** (*less than once a month*) **often** (*at least monthly*) **not sure**

9. How many hours on average does your child spend on screen time a day? (screen time includes watching T.V., playing video games or spending time on a computer, tablet, smartphone or other electronic devices)

Less than 2 hours **2 – 4 hours** **more than 4 hours**

10. Do you think your child's screen time prevents them from playing outside? **Yes**
no

11. Does your child ever eat produce from a home garden? **Yes** **no**

12. Has your child ever been treated for an intestinal parasite? **Yes no** **don't know**

If yes do you know which one? (*circle all that apply*)

hookworm **roundworm** **whipworm** **pinworm** **don't know**
Other _____

13. What type of sanitation does your residence have?

Sewer Connection **Septic Tank** **Cess Pit** **Straight Pipe**
Don't know **Other** _____

14. How raw sewage contaminated any part of your property in the past year? **Yes No**

If yes, where? **Yard/Dirt** **Inside the house** **Other** _____

15. Do you pay a water bill? **Yes** **No** **I don't know**

Form Completed By: _____ **Date:** _____