Attachment 18.

Form Approved

OMB No. 0923-XXXX

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

Exp. Date xx/xx/20xx

**Pease Adult Questionnaire**

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. |*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*| (alias, if applicable)

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

*INSTRUCTIONS TO INTERVIEWER: Record, but do not read response options aloud for “Don’t Know” and “Refused.”*

Section A: Demographic Information

A1. What is your sex:

\_\_\_Male

\_\_\_Female

\_\_\_Refused to answer

A2. What is your age?

\_\_\_(YY)

\_\_\_Refused to answer

A3. Do you consider yourself to be Hispanic or Latino?

\_\_\_Yes

\_\_\_No

\_\_\_Refused to answer

A4. What race do you consider yourself 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 level of education you completed?

\_\_\_Less than high school

\_\_\_Some high school

\_\_\_High school graduate or equivalent (GED)

\_\_\_Some university/college

\_\_\_Technical or trade school

\_\_\_University/college graduate

\_\_\_Graduate school or higher

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

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 do you currently drink per day at home?

\_\_\_ cups

\_\_\_Don’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 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 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 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 take part in firefighting training exercises or was fire protection your occupational specialty (or enlisted job)?

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

\_\_\_No

B7. During the time you were 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 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.)

While at the former Pease Air Force Base, did you take part in firefighting training exercises or was fire protection your occupational specialty (or enlisted job)

B8. Did you ever work at the Pease International Tradeport in Portsmouth, New Hampshire?

\_\_\_Yes

\_\_\_No →go to Question B11.

B9. When were you 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 people 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 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 drink per day at work?

\_\_\_ cups

\_\_\_Didn’t drink tap water

\_\_\_Don’t know

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

\_\_\_I 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 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 drink per day at work?

\_\_\_ cups

\_\_\_Didn’t drink tap water

\_\_\_Don’t know

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

\_\_\_I 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 35 years of age or younger, did you ever attended daycare 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 am older than 35 years of age →go to Question C1.

\_\_\_Yes, I attended day care at Pease

\_\_\_No → go to Question C1.

\_\_\_Refused to answer →go to Question C1.

\_\_\_Don’t Know →go to Question C1.

B13. When did you attend day care at the Pease International Tradeport?

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

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

B14. The next two questions are about drinking water habits of people 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 you 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 you drink per day at day care?

\_\_\_ cups

\_\_\_Didn’t drink tap water

\_\_\_Don’t know

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

\_\_\_I did not attend day care 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.)

B15. During the time you 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 you drink per day at day care?

\_\_\_ cups

\_\_\_Didn’t drink tap water

\_\_\_Don’t know

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

\_\_\_I did not attend day care 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.)

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

C1. Have you 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 last have a blood transfusion?

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

C3. Have you ever donated blood?

\_\_\_Yes

\_\_\_No →go to Question D1

\_\_\_Don’t know →go to Question D1

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

C4. When did you last donate blood?

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

C5. On average, how often do you donate blood in a year?

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

**Section D: Occupational History**

D1. What is your primary occupation?

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

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 you 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 you work as a firefighter?  If you worked as a firefighter, did you 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 \_\_\_\_no  Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics  \_\_\_\_\_yes \_\_\_\_no  Manufacturing of water resistant clothing  \_\_\_\_\_yes \_\_\_\_no | Manufacturing of nonstick cookware  \_\_\_\_yes \_\_\_\_no  Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics  \_\_\_\_\_yes \_\_\_\_no  Manufacturing of water resistant clothing  \_\_\_\_\_yes \_\_\_\_no | Manufacturing of nonstick cookware  \_\_\_\_yes \_\_\_\_no  Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics  \_\_\_\_\_yes \_\_\_\_no  Manufacturing of water resistant clothing  \_\_\_\_\_yes \_\_\_\_no | Manufacturing of nonstick cookware  \_\_\_\_yes \_\_\_\_no  Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics  \_\_\_\_\_yes \_\_\_\_no  Manufacturing of water resistant clothing  \_\_\_\_\_yes \_\_\_\_no |
| h. Did you 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 you work with radiation? | Yes\_\_\_  No\_\_\_\_ | Yes\_\_\_  No\_\_\_\_ | Yes\_\_\_  No\_\_\_\_ | Yes\_\_\_  No\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job information | Job 5 | Job 6 | Job 7 | Job 8 |
| a. Where did you 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 you work as a firefighter?  If you worked as a firefighter, did you 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 \_\_\_\_no  Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics  \_\_\_\_\_yes \_\_\_\_no  Manufacturing of water resistant clothing  \_\_\_\_\_yes \_\_\_\_no | Manufacturing of nonstick cookware  \_\_\_\_yes \_\_\_\_no  Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics  \_\_\_\_\_yes \_\_\_\_no  Manufacturing of water resistant clothing  \_\_\_\_\_yes \_\_\_\_no | Manufacturing of nonstick cookware  \_\_\_\_yes \_\_\_\_no  Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics  \_\_\_\_\_yes \_\_\_\_no  Manufacturing of water resistant clothing  \_\_\_\_\_yes \_\_\_\_no | Manufacturing of nonstick cookware  \_\_\_\_yes \_\_\_\_no  Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics  \_\_\_\_\_yes \_\_\_\_no  Manufacturing of water resistant clothing  \_\_\_\_\_yes \_\_\_\_no |
| h. Did you 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 you work with radiation? | Yes\_\_\_  No\_\_\_\_ | Yes\_\_\_  No\_\_\_\_ | Yes\_\_\_  No\_\_\_\_ | Yes\_\_\_  No\_\_\_\_ |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Job information | Job 9 | Job 10 | Job 11 | Job 12 |
| a. Where did you 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 you work as a firefighter?  If you worked as a firefighter, did you 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 \_\_\_\_no  Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics  \_\_\_\_\_yes \_\_\_\_no  Manufacturing of water resistant clothing  \_\_\_\_\_yes \_\_\_\_no | Manufacturing of nonstick cookware  \_\_\_\_yes \_\_\_\_no  Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics  \_\_\_\_\_yes \_\_\_\_no  Manufacturing of water resistant clothing  \_\_\_\_\_yes \_\_\_\_no | Manufacturing of nonstick cookware  \_\_\_\_yes \_\_\_\_no  Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics  \_\_\_\_\_yes \_\_\_\_no  Manufacturing of water resistant clothing  \_\_\_\_\_yes \_\_\_\_no | Manufacturing of nonstick cookware  \_\_\_\_yes \_\_\_\_no  Manufacturing of stain resistant coatings used on carpets, upholstery, and other fabrics  \_\_\_\_\_yes \_\_\_\_no  Manufacturing of water resistant clothing  \_\_\_\_\_yes \_\_\_\_no |
| h. Did you 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 you work with radiation? | Yes\_\_\_  No\_\_\_\_ | Yes\_\_\_  No\_\_\_\_ | Yes\_\_\_  No\_\_\_\_ | Yes\_\_\_  No\_\_\_\_ |

**Section E: Medical History**

E1. Have you ever been told by a doctor or other health care provider that you have or had any of the following medical conditions? If yes, we may request access to your medical records. Fill out the table below. Circle appropriate response and ask the respondent to specify as directed.

| Medical condition |  | If yes, what year were you diagnosed? |
| --- | --- | --- |
| 1. Thyroid disease? | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Don’t know | \_ \_ \_ \_ year |
| 1. High cholesterol? | Yes  No  Don’t know | \_ \_ \_ \_ year |
| 1. High blood pressure? (not including pregnancy induced hypertension) | Yes  No  Don’t know | \_ \_ \_ \_ year |
| 1. Heart Disease? | Yes  No  Don’t know | \_ \_ \_ \_ year |
| 1. Osteoarthritis or osteoporosis? | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Don’t know | \_ \_ \_ \_ year |
| 1. Endometriosis? | Yes  No  Don’t know | \_ \_ \_ \_ year |
| 1. Liver disease? | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Don’t know | \_ \_ \_ \_ year |
| 1. Kidney disease? | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Don’t know | \_ \_ \_ \_ year |
| 1. Ulcerative colitis? | Yes  No  Don’t know | \_ \_ \_ \_ year |
| 1. Rheumatoid arthritis? | Yes  No  Don’t know | \_ \_ \_ \_ year |
| 1. Lupus? | Yes  No  Don’t know | \_ \_ \_ \_ year |
| 1. Multiple sclerosis? | Yes  No  Don’t know | \_ \_ \_ \_ year |
| 1. Diabetes (not related to pregnancy)? | Yes, Type 1 or juvenile  Yes, Type 2 or adult-onset  Yes, type unknown  No  Don’t know | \_ \_ \_ \_ year |
| 1. Asthma | Yes  No  Don’t know | \_ \_ \_ \_ year |
| 1. Parkinson Disease | Yes  No  Don’t know | \_ \_ \_ \_ year |
| 1. Chronic bronchitis | Yes  No  Don’t know | \_ \_ \_ \_ year |
| 1. Emphysema | Yes  No  Don’t know | \_ \_ \_ \_ year |
| 1. Fibromyalgia | Yes  No  Don’t know | \_ \_ \_ \_ year |
| 1. Celiac Disease | Yes  No  Don’t know | \_ \_ \_ \_ year |
| 1. Crohn’s Disease | Yes  No  Don’t know | \_ \_ \_ \_ year |

E2. Have you ever been told by a doctor or other health care provider that you have or had a cancer?

\_\_\_\_Yes, please specify the cancer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_No → go to Question D6

\_\_\_\_Don’t know → go to Question D6

E3. In what state were you diagnosed with the cancer and when were you diagnosed?

\_\_\_\_\_\_\_\_State where you were diagnosed

\_\_\_\_\_\_\_Year you were diagnosed

E4. Have you been diagnosed with another cancer?

\_\_\_\_Yes, please specify the cancer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_No → go to Question D6

E5. In what state were you diagnosed with the other cancer and when were you diagnosed?

\_\_\_\_\_\_\_\_State where you were diagnosed

\_\_\_\_\_\_\_Year you were diagnosed

E6. Please list any additional cancer that you were diagnosed with, the year that you were diagnosed, and the state where you were diagnosed:

\_\_\_\_\_\_\_\_\_\_Type of cancer \_\_\_\_\_\_\_\_\_\_\_\_Type of cancer

\_\_\_\_\_\_\_\_\_\_Year diagnosed \_\_\_\_\_\_\_\_\_\_\_Year diagnosed

\_\_\_\_\_\_\_\_\_\_State where you were diagnosed \_\_\_\_\_\_\_\_\_\_\_\_State where you were diagnosed

**FOR WOMEN ONLY**

E8. At what age did you begin menstruation (have your first period)?

\_\_\_Age when you began menstruation

\_\_\_Have not yet begun to menstruate → go to Section F

\_\_\_Never menstruated → go to Section F

\_\_\_Don’t know

E9. Do you have your period

\_\_\_Yes, regularly (every month)

\_\_\_Irregular → go to Question E13

\_\_\_No → go to Question E13

\_\_\_Don’t know → go to Question E13

E10. How many days has been your cycle on average during the last year?

\_\_\_>26 days

\_\_\_27-29 days

\_\_\_30-32

\_\_\_>32 days

\_\_\_Don’t know

E11. Can you characterize you usual period flow during the last year?

\_\_\_Light

\_\_\_Medium

\_\_\_Heavy

\_\_\_Don’t know

E12. When was your last period before this study blood draw?

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_Don’t know

E13. Are you post-menopausal?

\_\_\_Yes

\_\_\_No → go to Question E15

\_\_\_Don’t know

E14. What age did you consider yourself post-menopausal?

\_\_\_ years

E15. Have you ever been pregnant?

\_\_\_Yes

\_\_\_No → go to Section F

\_\_\_Don’t know

E16. How many times have you been pregnant in your life?

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

E17. Now I’d like to get more information about each of your pregnancies. Let’s start with your most recent pregnancy.Fill out the table below. Circle appropriate response and ask the respondent to specify as directed.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **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? | **\_ \_ / \_ \_ \_ \_** | **\_ \_ / \_ \_ \_ \_** | **\_ \_ / \_ \_ \_ \_** | **\_ \_ / \_ \_ \_ \_** |
|  | **Pregnancy 1** | **Pregnancy 2** | **Pregnancy 3** | **Pregnancy 4** |
| c. What was the outcome of this pregnancy? | Live birth, single child  Live birth, multiple children  Tubal pregnancy  Elective abortion  Miscarriage or stillbirth | Live birth, single child  Live birth, multiple children  Tubal pregnancy  Elective abortion  Miscarriage or stillbirth | Live birth, single child  Live birth, multiple children  Tubal pregnancy  Elective abortion  Miscarriage or stillbirth | Live birth, single child  Live birth, multiple children  Tubal pregnancy  Elective abortion  Miscarriage or stillbirth |
| d. If you had a miscarriage or stillbirth, how many weeks were you when the pregnancy  ended?  → go to Part k or to Section F if last pregnancy | **\_\_\_**weeks | **\_\_\_**weeks | **\_\_\_**weeks | **\_\_\_**weeks |
| e. What was the sex of the child(ren)? | Male  Female | Male  Female | Male  Female | Male  Female |
| f. Did the birth(s) occur three or more weeks before the due date? | Yes  No  Don’t know | Yes  No  Don’t know | Yes  No  Don’t know | Yes  No  Don’t know |
| g. Did the child(ren) weigh less  than 5.5 pounds when born? | Yes  No  Don’t know | Yes  No  Don’t know | Yes  No  Don’t know | Yes  No  Don’t know |
| h. Did the child(ren) have any major birth defects? | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Don’t know | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Don’t know | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Don’t know | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Don’t know |
| i. Did you breastfed this child/these children? | Yes  No → go to k.  Don’t know | Yes  No → go to k.  Don’t know | Yes  No → go to k.  Don’t know | Yes  No → go to k.  Don’t know |
| j. How long did you 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 |
|  | **Pregnancy 1** | **Pregnancy 2** | **Pregnancy 3** | **Pregnancy 4** |
| k. Did a doctor or nurse say that you had pre-eclampsia during your  pregnancy? | Yes  No  Don’t know | Yes  No  Don’t know | Yes  No  Don’t know | Yes  No  Don’t know |
| l. Did a doctor or nurse say that you had pregnancy-induced hypertension? | Yes  No  Don’t know | Yes  No  Don’t know | Yes  No  Don’t know | Yes  No  Don’t know |
| m. Did a doctor or nurse say that you had gestational diabetes? | Yes  No  Don’t know | Yes  No  Don’t know | Yes  No  Don’t know | Yes  No  Don’t know |

**Section F: Social History**

The following questions ask about smoking and alcohol use.

F1. Have you ever smoked cigarettes?

\_\_\_Yes

\_\_\_No → go to Question F7

F2. Do you currently smoke cigarettes?

\_\_\_Yes

\_\_\_No → go to Question F5

F3. On average, how many cigarettes do you smoke a day? 1 pack = 20 cigarettes. Enter ‘00’ if less than 1 cigarette per day.

\_\_\_\_\_ cigarettes per day

F4. In total, how many years have you smoked, excluding any times you may have quit? Enter ‘00’ if less than 1 year.

\_\_\_\_ years → go to Question F7

F5. How many years did you smoke before you quit?

\_\_\_years

\_\_\_ Don’t know

F6. On average, when you were smoking, about how many cigarettes per day did you smoke? 1 pack = 20 cigarettes. Enter ‘00’ if less than 1 cigarette per day.

\_\_\_\_\_ cigarettes per day

F7. Have you ever used any other tobacco products (such as chewing tobacco, smokeless tobacco, cigars, a pipe, etc.)?

\_\_\_Yes

\_\_\_No → go to Question F10

F8. Do you currently use any of these tobacco products?

\_\_\_Yes

\_\_\_No

F9. Have you ever drunk alcoholic beverages? (This includes beer, wine, wine coolers, hard

lemonade, and spirits.)

\_\_\_Yes

\_\_\_No → go to Section G

F10. Do you currently drink alcoholic beverages? (This includes beer, wine, wine coolers, hard lemonade, and spirits.)

\_\_\_Yes

\_\_\_No → go to Section G.

F11. On average, how often do you drink alcoholic beverages?

\_\_\_Every day or almost every day

\_\_\_2 to 4 times a week

\_\_\_1 time a week

\_\_\_1 to 3 times a month

\_\_\_Less than once a month

F12. When you drink, how many servings of alcohol do you usually have? One “serving” equals any of the following: 1 can of beer, 1 glass of wine, 1 can or bottle of wine cooler, or 1 shot of liquor.

\_\_\_ servings

F13. In total, how many years have you drank, excluding any times you may have quit? Enter ‘00’ if less than 1 year.

\_\_\_\_ years → go to Section G

F14. When you were consuming alcoholic beverages, how often did you drink on average?

\_\_\_Every day or almost every day

\_\_\_2 to 4 times a week

\_\_\_1 time a week

\_\_\_1 to 3 times a month

\_\_\_Less than once a month

F15. When you drank, how many servings of alcohol did you usually have? One “serving” equals any of the following: 1 can of beer, 1 glass of wine, 1 can or bottle of wine cooler, or 1 shot of liquor.

\_\_\_ servings

F16. In total, how many years did you drink? Enter ‘00’ if less than 1 year.

\_\_\_\_ years

F17. How long ago did you quit?

\_\_\_Less than 5 years ago

\_\_\_More than 5 years ago

\_\_\_Don’t know

**Section G: Family Medical History**

G1. Do any of your blood relatives - children, parents, or siblings - 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 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 . . . | Child  Parent  Sibling | Child  Parent  Sibling | Child  Parent  Sibling | Child  Parent  Sibling |
| 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 blood relatives (that is 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  Parent  Sibling |
| 1. Heart Disease? | Yes  No  Don’t know | Child  Parent  Sibling |
| 1. Osteoarthritis? | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Don’t know | Child  Parent  Sibling |
| 1. Osteopenia or osteoporosis? | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Don’t know | Child  Parent  Sibling |
| 1. Liver disease? | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Don’t know | Child  Parent  Sibling |
| 1. Kidney disease? | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  No  Don’t know | Child  Parent  Sibling |
| 1. Ulcerative colitis? | Yes  No  Don’t know | Child  Parent  Sibling |
| 1. Rheumatoid arthritis? | Yes  No  Don’t know | Child  Parent  Sibling |
| 1. Lupus? | Yes  No  Don’t know | Child  Parent  Sibling |
| 1. Multiple sclerosis? | Yes  No  Don’t know | Child  Parent  Sibling |
| 1. Diabetes (not related to pregnancy)? | Yes, Type 1 or juvenile  Yes, Type 2 or adult-onset  Yes, type unknown  No  Don’t know | Child  Parent  Sibling |
| 1. Gestationsl diabetes? | Yes  No  Don’t know | Child  Parent  Sibling |
| 1. Celiac disease? | Yes  No  Don’t know | Child  Parent  Sibling |
| 1. Crohn’s disease? | Yes  No  Don’t know | Child  Parent  Sibling |
| 1. Fibromyalgia? | Yes  No  Don’t know | Child  Parent  Sibling |
| 1. Parkinson disease? | Yes  No  Don’t know | Child  Parent  Sibling |
| 1. Asthma? | Yes  No  Don’t know | Child  Parent  Sibling |
| 1. High cholesterol? | Yes  No  Don’t know | Child  Parent  Sibling |
| 1. Hypertension? (not including pregnancy induced hypertension) | Yes  No  Don’t know | Child  Parent  Sibling |
| 1. Pregnancy induced hypertension? | Yes  No  Don’t know | Child  Parent  Sibling |

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

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

\_\_\_Yes

\_\_\_No →go to CONCLUSION.

\_\_\_Don’t know →go

H2. Please provide your 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.