

# Pease Child Questionnaire – Long Form

(for parent/guardian who is not an adult participant; best completed by the child’s birth mother )

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. | \_\_\_\_\_ |

Child Study ID No. | \_\_\_\_\_ |

## Section A: Demographic Information

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

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

### **Section B: Drinking Water and AAF Exposures**

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. 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 does your child currently drink per day at home?

- cups
- Doesn'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/Was the child's birth mother] 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/was the child's birth mother] 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/was the child's birth mother] 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/the child's birth mother] take part in firefighting training exercises or was fire protection [your/her] occupational specialty (or enlisted job)?

Yes             Training             Occupational specialty

No

B7. During the time [you were/the child's birth mother was] 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/she] 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.)

B8. Did [you/the child's birth mother] ever work at the Pease International Tradeport in Portsmouth, New Hampshire?

Yes

No →go to Question B11.

B9. When [were you/was the child's birth mother] 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 birth mothers 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/the child's birth mother] 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/she] drink per day at work?

cups

Didn't drink tap water

Don't know

Refused to answer

Mother 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/the child's birth mother] 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/she] drink per day at work?

cups

Didn't drink tap water

Don't know

Refused to answer

Mother 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/the child's birth mother is] 35 years of age or younger, did [you/she] ever 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.)

[I/She] is older than 35 years of age → go to Question B15.

Yes, [I/She] attended day care at Pease

No → go to Question B15.

Refused to answer → go to Question B15.

Don't Know → go to Question B15.

B13. When did [you/the child's birth mother] attend day care at the Pease International Tradeport?

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

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

Don't Know

Don't Know

B14. During the time [you/the child's birth mother] attended day care at the Pease International Tradeport, on average how many 8 oz. cups of tap water or beverages prepared with tap water did [you/she] drink per day at day care?

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.)

B15. 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 B19.

Refused to answer → go to Question B19.

Don't Know → go to Question B19.

B16. When did your child attend day care at the Pease International Tradeport?

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

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

Don't Know

Don't Know

B17. 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.

Again, 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.)

B18. 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.)

B19. 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

B20. 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 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.

C1. [Have you/Has the birth mother] 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/she] last have a blood transfusion?

- \_\_\_\_\_ month/year
- Follow up later

C3. Has your child ever had a blood transfusion?

- Yes
- Follow up later
- No →go to Question C5
- Don't know →go to Question C5
- Refused to answer →go to Question C5

C4. When did your child last have a blood transfusion?

- \_\_\_\_\_ month/year
- Follow up later

C5. [Have you/Has the birth mother] ever donated blood?

- Yes
- Follow up later
- No →go to Question C8
- Don't know →go to Question C8
- Refused to answer →go to Question C8

C6. When did [you/the birth mother] last donate blood?

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

\_\_\_ Follow up later

C7. On average, how often [do you/does the birth mother] donate blood in a year?

\_\_\_\_\_

\_\_\_ Follow up later

C8. Has your child ever donated blood?

\_\_\_ Yes

\_\_\_ Follow up later

\_\_\_ No →go to Question D1.

\_\_\_ Don't know →go to Question D1.

\_\_\_ Refused to answer →go to Question D1.

C9. When did your child last donate blood?

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

\_\_\_ Follow up later

C10. On average, how often does your child donate blood in a year?

\_\_\_\_\_ times

\_\_\_ Follow up later

### **Section D: Occupational History**

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.

D1. What is [your/the child's birth mother's] primary occupation?

\_\_\_\_\_

\_\_\_ Follow up later

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 the child's mother 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 the child's mother work as a firefighter?	Yes___ No___ go to question g.	Yes___ No___ go to question g.	Yes___ No___ go to question g.	Yes___ No___ go to question g.
If the child's mother worked as a firefighter, did she come into contact with firefighting foam used for fires that involve flammable liquids (also known as Class B fires)?	Yes___ No___ Don't know___	Yes___ No___ Don't know___	Yes___ No___ Don't know___	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 the child's mother 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___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___
i. Did the child's mother work with radiation?	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___

Job information	Job 5	Job 6	Job 7	Job 8
a. Where did the child's mother 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 child's mother work as a firefighter?  If child's mother worked as a firefighter, did she 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 child's mother 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___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___
i. Did child's mother work with radiation?	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___

Job information	Job 9	Job 10	Job 11	Job 12
a. Where did child's mother 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 child's mother work as a firefighter?	Yes___ No___ go to question g.	Yes___ No___ go to question g.	Yes___ No___ go to question g.	Yes___ No___ go to question g.
If child's mother worked as a firefighter, did she come into contact with firefighting foam used for fires that involve flammable liquids (also known as Class B fires)?	Yes___ No___ Don't know___	Yes___ No___ Don't know___	Yes___ No___ Don't know___	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 child's mother 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___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___	Yes (Please specify the chemical) _____ No___ Don't know___
i. Did child's mother work with radiation?	Yes___ No___	Yes___ No___	Yes___ No___	Yes___ No___

This next question is about your child.

D3. Has your child been employed for at least one month at a job?

Yes

No →go to Section E.

Job information	Job 1	Job 2	Job 3
a. Where did your child 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____
c. Start date (month, year)			
d. End date (month, year)			
e. Job title/description			
f. Did your child work with or around radiation or any chemicals at this job such as solvents, metals, asbestos, or pesticides?	Yes (Please specify) _____ No ____ Don't know____	Yes (Please specify) _____ No____ Don't know____	Yes (Please specify) _____ No____ Don't know____
	If Job 1.b is yes - Go to D4 If Job 1.b is no - Go to Job 2	If Job 2.b is yes - Go to D6 If Job 2.b is no - Go to Job 3	If Job 3.b is yes - Go to D8 If Job 3.b is no - Go to Section e

D4. 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.)

D5. 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.)

D6. 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.)

D7. 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.)

D8. 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.)

D9. 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? Fill out the table below. Circle appropriate response and ask the respondent to specify as directed.

Medical condition	
a. Allergies?	Yes (Please specify) _____ No Don't know
b. Atopic dermatitis/eczema?	Yes (Please specify) _____ No Don't know
c. Asthma?	Yes No Don't know
d. Stuffy/runny nose?	Yes No Don't know
e. High cholesterol?	Yes No Don't know
f. Thyroid disease?	Yes (Please specify) _____ No Don't know
g. Delayed puberty?	Yes (Please specify) _____ No Don't know
h. Obesity?	Yes No Don't know
i. Lupus	Yes

Medical condition	
	No Don't know
j. Celiac disease	Yes No Don't know
k. Type 1 diabetes	Yes No Don't know
l. 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 o Don't know → go to o
o. Autism?	Yes No → go to p Don't know → go to p
p. Other learning or behavioral problems?	Yes (Please specify) _____ No → go to Question E2. Don't know → go to Question E2.

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)?

\_\_\_ Age

- Has not yet begun to menstruate
- Never menstruated
- Don't know

E6. Has your daughter ever been pregnant?

- Yes
- No → go to Section F
- Don't Know → go to Section F
- Refused 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)

E9. What was the outcome of the pregnancy?

- live birth, single or multiple children
- Elective abortion, miscarriage, stillbirth, tubal pregnancy → go to Section F

E10. Did your daughter breastfeed the child?

- Yes
- No → go to Section F

E11. How long did your daughter breastfeed the child?

- \_\_\_\_\_ weeks OR
- \_\_\_\_\_ months OR
- \_\_\_\_\_ age of the child

## Section F. Mother's Pregnancy History



Starting with the pregnancy of your child in this study (Pregnancy 1), and including up to three of [your/the birth mother's] previous pregnancies, please fill out the table below. Circle the appropriate response.

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

	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?	___/_____	___/_____	___/_____	___/_____
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/the child's mother] has a miscarriage or stillbirth, how many weeks [were you/was she] when the pregnancy ended?  → go to Part k or to Section G 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
	<b>Pregnancy 1</b>	<b>Pregnancy 2</b>	<b>Pregnancy 3</b>	<b>Pregnancy 4</b>
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/the child's mother] breastfeed this child/these children?	Yes No → go to Part j. Don't know	Yes No → go to Part j. Don't know	Yes No → go to Part j. Don't know	Yes No → go to Part j. Don't know
j. How long did [you/the child's mother] 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
k. Did a doctor or nurse say that [you/the child's mother] had pre-eclampsia during [your/her] 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	Yes No	Yes No	Yes No	Yes No

[you/the child's mother] had pregnancy-induced hypertension?	Don't know	Don't know	Don't know	Don't know
m. Did a doctor or nurse say that [you/the child's mother] had gestational diabetes?	Yes No Don't know	Yes No Don't know	Yes No Don't know	Yes No Don't know

### Section G: Family Medical History

G1. Do any of your child's blood relatives -- 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 child's 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 Siblin	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 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? 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?
a. Thyroid disease?	Yes (Please specify) _____ No Don't know	Child Parent Sibling
b. Lupus?	Yes No Don't know	Child Parent Sibling
c. 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
d. Celiac disease?	Yes No Don't know	Child Parent Sibling
e. Crohn's disease?	Yes No Don't know	Child Parent Sibling
f. Asthma?	Yes No Don't know	Child Parent Sibling
g. Scleroderma	Yes No Don't know	Child Parent Sibling
h. High Cholesterol	Yes No Don't know	Child Parent Sibling
i. Allergies	Yes (Please specify) _____ No Don't know	Child Parent Sibling
j. Atopic dermatitis/eczema	Yes No Don't know	Child Parent Sibling
k. Attention deficit hyperactivity disorder (ADHD or attention deficit disorder (ADD)	Yes No Don't know	Child Parent Sibling
l. Autism	Yes No Don't know	Child Parent Sibling
m. Other learning or behavioral	Yes	Child

Medical condition		If yes, ask: Which relative had this condition?
problems	No Don't know	Parent Sibling
n. Obesity	Yes No Don't know	Child Parent Sibling

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

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

Yes

No →go to Question H3.

Don't know

H2. Please provide your child's results (µg/L):

<input type="checkbox"/> PFOS	<input type="checkbox"/> PFDeA	<input type="checkbox"/> Et-PFOSA-AcOH
<input type="checkbox"/> PFOA	<input type="checkbox"/> PFUA	<input type="checkbox"/> PFBS
<input type="checkbox"/> PFHxS	<input type="checkbox"/> PFOSA	<input type="checkbox"/> PFDoA
<input type="checkbox"/> PFNA	<input type="checkbox"/> Me-PFOSA-AcOH	<input type="checkbox"/> PFHpA

H3. Did [you/the child's mother] participate in the Pease PFC Blood Testing Program?

Yes

No →go to CONCLUSION

Don't know

H4. Please provide [your/her] results (µg/L):

<input type="checkbox"/> PFOS	<input type="checkbox"/> PFDeA	<input type="checkbox"/> Et-PFOSA-AcOH
<input type="checkbox"/> PFOA	<input type="checkbox"/> PFUA	<input type="checkbox"/> PFBS
<input type="checkbox"/> PFHxS	<input type="checkbox"/> PFOSA	<input type="checkbox"/> PFDoA
<input type="checkbox"/> PFNA	<input type="checkbox"/> Me-PFOSA-AcOH	<input type="checkbox"/> PFHpA

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