

Multi-site Study Child Questionnaire - Short Form

(best completed by the child's birth mother who is also an adult participant)

Form Approved
OMB No. 0923-XXXX
Exp. Date xx/xx/201x

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Adult Study ID No. | _____ | (alias)

Parent Study ID No. | _____ |

Child Study ID No. | _____ |

Section A: Demographic Information

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, in years?

_____ years

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

A.7 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

A8. What is the child's household income (from all sources)?

Less than \$25,000

\$25,000 to \$69,000

\$70,000 to \$149,000

More than \$150,000

Don't know

Refused to answer

A9. During the last 12 months did the child have any kind of health insurance?

Yes

No

Don't know

Refused

Section B: Residential History and Drinking Water Exposures

B1. 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
- 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.)

B2. Please fill out the table below for all residences that your child has lived.

Street Address, City, State	Your child's average consumption of tap water per day (# cups) at this address	Move in (mm/yy)	Main source of tap water at this address (public water system or private well?)

B3. 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

B4. 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 for the child's birth mother about the child. If you are not her, we can follow up after this interview with a quick phone call to complete the questionnaire.

C1. Has your child ever had a blood transfusion?

- Yes → Please specify how many times your child had a blood transfusion _____
- No → go to Question C3
- Don't know → go to Question C3
- Refused to answer → go to Question C3

C2. When did your child last have a blood transfusion?

_____ month/year

C3. Has your child ever donated blood?

- Yes → Please specify how many times your child has donated blood _____
- No → go to Section D.
- Don't know → go to Section D.
- Refused to answer → go to Section D.

C4. When did your child last donate blood?

_____ Month/Year

C5. On average, how often does your child donate blood in a year?

Section D: Occupational History of the Child

This next set of questions is for the child's birth mother about the child. If you are not her, we can follow up after this interview with a quick phone call to complete the questionnaire.

D1. 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. Name of employer			
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 ____

D2. 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

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 Daycare/School History

E1. Did your child attend day care?

Yes

No → go to Question E3

Don't know → go to Question E3

Refused to answer → go to Question E3

E2. Please fill out the table below for the day care centers your child attended.

Day care (name)	Street Address, City, State	Start Date (mm/yy)	End Date (mm/yy)	Child's average consumption of tap water per day (# cups)

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

E3. Please fill out the table below for the schools your child has attended. If your child was home schooled, please go to Section F

School (name)	Street Address, City, State	Start Date (mm/yy)	End Date (mm/yy)	Child's average consumption of tap water per day (# cups)

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

Section F: Child's Medical History

F1. 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		If yes, what year was your child diagnosed?
a. Cancer?	Yes (Please specify) _____ No Don't know	_____ year
b. Allergies?	Yes (Please specify) _____ No Don't know	_____ year
c. Atopic dermatitis/eczema?	Yes (Please specify) _____ No Don't know	_____ year
d. Asthma?	Yes No Don't know	_____ year
e. Chronic stuffy/runny nose (rhinitis/sinusitis)?	Yes No Don't know	_____ year
f. High cholesterol?	Yes No Don't know	_____ year
g. Thyroid disease?	Yes (Please specify) _____ No Don't know	_____ year
h. Delayed puberty?	Yes (Please specify) _____ No Don't know	_____ year
i. Obesity?	Yes No Don't know	_____ year
j. Lupus	Yes No Don't know	_____ year
k. Celiac disease	Yes No Don't know	_____ year
l. Crohn's disease	Yes No Don't know	_____ year
m. Diabetes	Yes, Type 1 Yes, Type 2 Yes, Type unknown No Don't know	_____ year

Medical condition		If yes, what year was your child diagnosed?
n. Scleroderma	Yes No Don't know	_____ year
o. Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)?	Yes No → go to p Don't know → go to p	_____ year
p. Autism?	Yes No → go to q Don't know → go to q	_____ year
q. Other learning or behavioral problems?	Yes (Please specify) _____ No → go to Question B2. Don't know → go to Question B2.	_____ year

F2.. 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

F3. 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

F4. When did your daughter last use an oral contraceptive ("birth control pill")?

_____Month/Year

F5. At what age did your daughter begin menstruation (have her first period)?

- Age
- Has not yet begun to menstruate → go to Section G
- Don't know

F6. Does your daughter's period occur regularly (every month)?

- Yes
- No, it is irregular
- No, she does not have a period → go to Question E10
- Don't know → go to Question E10

F7. How many days has been your daughter's cycle on average during the last year?

- >26 days
- 27-29 days
- 30-32
- >32 days
- Don't know

F8. Can you characterize your daughter's usual period flow during the last year?

- Light
- Medium
- Heavy
- Don't know

F9. When was your daughter's last period before this study blood draw?

- Date: _____
- Don't know

F10. Has your daughter ever been pregnant?

- Yes
- No → go to Section G
- Don't Know → go to Section G
- Refused to answer → go to Section G

F11. How many times has your daughter been pregnant?

	Pregnancy #1	Pregnancy #2	Pregnancy #3
a. What month and year did this pregnancy start?	__/____	__/____	__/____
b. What month and year did this pregnancy end?	__/____	__/____	__/____
c. Did the pregnancy result in a live birth?	Yes No (go to g)	Yes No (go to g)	Yes No (go to g)

	Don't Know	Don't Know	Don't Know
d. Did your daughter breastfeed the child?	Yes No (go to g) Don't Know	Yes No (go to g) Don't Know	Yes No (go to g) Don't Know
e. How long did your daughter breastfeed the child?	-- months	-- months	-- months
f. When did your daughter stop breastfeeding the child?	__ month ____ year	__ month ____ year	__ month ____ year
g. Did a doctor or nurse say that your daughter had pre-eclampsia during her pregnancy?	Yes No Don't know	Yes No Don't know	Yes No Don't know
h. Did a doctor or nurse say that your daughter had pregnancy-induced hypertension?	Yes No Don't know	Yes No Don't know	Yes No Don't know
i. Did a doctor or nurse say that your daughter had gestational diabetes?	Yes No Don't know	Yes No Don't know	Yes No Don't know

Section G: Family Medical History

G1. Have any of your child's blood relatives - grandparents, 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		<u>If yes, ask: Which relative had this condition?</u>
a. Obesity	Yes No Don't know	Grandparent Parent Sibling
b. Attention deficit hyperactivity disorder (ADHD or attention deficit disorder (ADD)	Yes No Don't know	Grandparent Parent Sibling
c. Autism	Yes No Don't know	Grandparent Parent Sibling
d. Other learning or behavioral problems	Yes No Don't know	Grandparent Parent Sibling

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