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Attachment 2. Follow-up questionnaire for individuals calling poison control centers (PCCs) regarding exposures to harmful algal blooms (HABs) – adult

GenIC Name: Identifying Sources of and Risk Factors for Harmful Algal Bloom Exposures through Poison Control Center Follow-up Questionnaires – United States, 2019

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Date of the interview: ____/____/____

Name of interviewer: _____
 Poison control center: _____
 State call originated from: _____
 Title of the investigation: _____
 NPDS Case ID No. _____

I. Exposure and Health Effects Information

Now I am going to ask you a few questions about your exposure and the circumstances surrounding your exposure.

1. What were you exposed to that prompted the call to the poison control center?

Refuse to answer

Choose all that apply; ask follow up questions along the same row as reported exposure	2. Location-related question	3. Appearance-related question	4. Symptom-related question	5. Symptom timing-related question
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<p>below</p> <p>Ask questions along this row if the response to Q1 is related to shellfish</p>	<p>Where were you when you were exposed?</p> <p><input type="checkbox"/> Home</p> <p><input type="checkbox"/> Restaurant</p> <p><input type="checkbox"/> Other (describe)</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Refused</p>	<p>Did the shellfish look normal?</p> <p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No (describe)</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Refused</p>	<p>What symptoms did you experience as a result of eating the shellfish? (choose all that apply)</p> <p><input type="checkbox"/> Nausea</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Diarrhea</p> <p><input type="checkbox"/> Tingling in the extremities (fingers and toes, mouth)</p> <p><input type="checkbox"/> Numbness in the extremities (fingers, toes, mouth)</p> <p><input type="checkbox"/> Weakness</p> <p><input type="checkbox"/> Shortness of breath</p> <p><input type="checkbox"/> Confusion</p> <p><input type="checkbox"/> Memory loss</p> <p><input type="checkbox"/> Heart palpitations</p> <p><input type="checkbox"/> Other (describe)</p>	<p>How long was it between exposure to shellfish and onset of symptoms?</p> <p><input type="checkbox"/> Immediately to less than 6 hours</p> <p><input type="checkbox"/> 6 to 24 hours</p> <p><input type="checkbox"/> More than 24 hours</p>
<p>Ask questions along this row if the response to Q1 is related to bathing or swimming in a body of water</p>	<p>Where were you when you were exposed?</p> <p><input type="checkbox"/> Ocean</p> <p><input type="checkbox"/> Fresh water body</p> <p><input type="checkbox"/> Other (describe)</p>	<p>Did the water look unusually colored?</p> <p><input type="checkbox"/> Yes (describe) _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Refused</p>	<p>What symptoms did you experience as a result of exposure to the body of water? (choose all that apply)</p> <p><input type="checkbox"/> Nausea</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Diarrhea</p> <p><input type="checkbox"/> Rash</p> <p><input type="checkbox"/> Itchiness</p> <p><input type="checkbox"/> Burning sensation on the skin</p> <p><input type="checkbox"/> Blisters on skin</p> <p><input type="checkbox"/> Watery eyes</p> <p><input type="checkbox"/> Burning sensation in eyes</p>	<p>How long was it between exposure to the body of water and onset of symptoms?</p> <p><input type="checkbox"/> Immediately to less than 6 hours</p> <p><input type="checkbox"/> 6 to 24 hours</p> <p><input type="checkbox"/> More than 24 hours</p>

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			<input type="checkbox"/> Trouble breathing <input type="checkbox"/> Asthma attack <input type="checkbox"/> Respiratory irritation <input type="checkbox"/> Other (describe)	
<p>Ask questions along this row if the response to Q1 is related to being near a body of water</p>	<p>Where were you when you were exposed? <input type="checkbox"/> Ocean <input type="checkbox"/> Fresh water body <input type="checkbox"/> Other (describe)</p>	<p>Did the water look unusually colored? <input type="checkbox"/> Yes (describe) _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>	<p>What symptoms did you experience as a result of exposure to the body of water? (choose all that apply) <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Rash <input type="checkbox"/> Itchiness <input type="checkbox"/> Burning sensation on the skin <input type="checkbox"/> Blisters on skin <input type="checkbox"/> Watery eyes <input type="checkbox"/> Burning sensation in eyes <input type="checkbox"/> Trouble breathing <input type="checkbox"/> Asthma attack <input type="checkbox"/> Respiratory irritation <input type="checkbox"/> Other (describe)</p>	<p>How long was it between exposure to the body of water and onset of symptoms? <input type="checkbox"/> Immediately to less than 6 hours <input type="checkbox"/> 6 to 24 hours <input type="checkbox"/> More than 24 hours</p>
<p>Ask questions along this row if the response to Q1 is related to drinking water</p>	<p>What was the source of the drinking water? <input type="checkbox"/> Outside body of water (i.e., ocean, lake) <input type="checkbox"/> Water from an indoor or outdoor faucet <input type="checkbox"/> Other (describe)</p>	<p>Did the water look unusually colored? <input type="checkbox"/> Yes (describe) _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused</p>	<p>What symptoms did you experience as a result of exposure to the drinking water? (choose all that apply) <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Rash <input type="checkbox"/> Itchiness <input type="checkbox"/> Burning</p>	<p>How long was it between exposure to the drinking water and onset of symptoms? <input type="checkbox"/> Immediately to less than 6 hours <input type="checkbox"/> 6 to 24 hours <input type="checkbox"/> More than 24 hours</p>

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			sensation on the skin __ Other (describe)	
Ask questions along this row if the response to Q1 is related to the options above	Where were you when you were exposed? (describe)		What symptoms did you experience as a result of the exposures? (describe)	How long was it between the exposure and onset of symptoms? __ Immediately to less than 6 hours __ 6 to 24 hours __ More than 24 hours
__ Do not know				

II. Medical Treatment

Now I am going to ask you a few questions about the medical treatment received.

6. What was the reason for the call to the poison control center during or immediately after the exposure? *(check all that apply)*

- Wanted information about the exposure
- Worried about being exposed/Worried about child being exposed
- Was feeling ill/Child was feeling ill
- Smelled something
- Other *(describe)*:
- Refuse to answer

7. What action did the poison control center recommend? *(please describe in detail)*

Refuse to answer

8. Did you go to any kind of healthcare facility such as a doctor's office, emergency room or urgent care center after your exposure? *(choose one)*

- Yes **Go to part b**
- No **Go to next section (Health Messaging)**
- Do not know
- Refuse to answer

b. What type of healthcare facility did you go to? *(choose the initial facility visited)*

Hospital emergency room

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- Doctor's office
- Urgent care center
- Other (*describe*)
- Do not know
- Refuse to answer

9. What kind of treatment did you receive while in the healthcare facility? (*choose one*)

- Describe
- Do not know
- None
- Refuse to answer

10. Did a doctor place you on any medications as a result of this incident? (*choose one*)

- Yes **Go to part b**
- No
- Do not know
- Refuse to answer

b. If yes, which medications? (*choose one*)

- Describe
- Do not know
- Refuse to answer

11. What happened after the visit at the health care facility was completed?

- Discharged
- Admitted
- Transferred/transported to other healthcare facility (*specify*)
- Other (*describe*)
- Do not know
- Refuse to answer

III. Health Messaging

We are almost finished. The last few questions are about what you have heard regarding the exposure.

12. Just before or during the exposure, did you hear or read warnings about the danger of harmful algal blooms?

- Yes **Go to part b**
- No
- Do not know
- Refuse to answer

b. If so, where did you hear or read these warnings? (*read all choices and check all that apply*)

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- Newspapers/magazines
- Pamphlet/fact sheet
- Fire Department
- Radio

- Television
- Friends or family
- Salesman or store employee
- Law enforcement
- Utility workers
- Signs posted near waterbodies
- Information on recreational water or utility website
- Other
- Do not know
- Refuse to answer

13. Did you hear any communication messages prior to exposure? (Health alerts, evacuation orders, radio alerts, etc)

- Yes (*describe*): **Go to part b**
- No
- Do not know
- Refuse to answer

b. Did you act upon those communication messages?

- Yes
- No
- Do not know
- Refuse to answer

14. What exposure prevention methods were in place prior to the exposure? (e.g., warning signs posted near water bodies)

- Signs posted near waterbodies
- Information on recreational water or utility website
- Other (*describe*):
- Do not know
- Refuse to answer