

Appendix F2: Child Questionnaire

Respondent ID No:

Form Approved
OMB No. 0923-xxxx
Exp. Date

PFAS Exposure Assessment, Child (<18 years or age of majority) Questionnaire

ATSDR estimates the average public reporting burden for this collection of information as 15 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).

Note: Questionnaire will be administered by Exposure Assessment staff to the child. However, a parent or legal guardian can help answer all questions on behalf of the child. In particular, the parent or legal guardian may be asked to assist in completion of questions related to infant feeding history and places of residence.

Script: Hello. As a part of the PFAS Exposure Assessment, I'm going to ask you some questions to learn about things that might impact your exposure to PFAS. Before I do so, I want to tell you about why we are collecting this information, and how we will protect your privacy. The statement I'm about to read you is required by the Privacy Act of 1974.

Note: The Privacy Act Statement below will be read to the participants and they will be provided a hard copy. Privacy Act Statement is available in Appendix B.

"PRIVACY ACT STATEMENT:

ATSDR has the authority under Section 8006 of the Consolidated Appropriations Act of 2018 and the "Comprehensive Environmental Response, Compensation, and Liability Act of 1980" (CERCLA) as amended by "Superfund Amendments and Reauthorization Act of 1986" (SARA) to collect this information from you. We are conducting this assessment to evaluate your exposure to per- and polyfluoroalkyl substances, also called PFAS. ATSDR is collecting information from you to learn more about things that might impact your exposure to PFAS, and so that we can send your results back to you. ATSDR will share these records with the National Center for Environmental Health (NCEH), who may provide research or support staff and laboratory or statistical analysis. ATSDR may also disclose these records to its contractors in order to locate individuals who have been exposed to PFAS and to conduct interviews and other research activities. The contractor must comply with the requirements of the Privacy Act to protect your records. Providing this information is voluntary. ATSDR needs this information for you to take part in the assessment. ATSDR may not include incomplete records in the data analysis. ATSDR needs up-to-date contact information to send you your results."

Now I'm going to ask you some questions. Answering these questions and collecting your blood and urine should take about 30 minutes.

Child's Name: _____

Child's Date of Birth: _____ (Month/Day/Year) **Sex:** Male Female

Address: _____

Height (inches): _____ Weight (pounds): _____

1. What is your birth order (e.g. first, second, or third born etc.)?

- Don't know
- Refused to answer

2. Do you consider yourself to be Hispanic, Latino, or of Spanish origin?

- Yes
- No

3. Which one or more of the following would you say is your race? (select all that apply)

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

4. How many years have you lived in your current home?

Note: If parent is assisting in response, please ask how long the child has lived in the home.

_____ (months) _____ (years)

- Don't know
- Refused to answer

5. Is this your full-time residence?

- Yes
- No

If No, how much time do you reside at this address?

___ Days per week ___ Weeks per month ___ Months per year Not Applicable

- Don't know
- Refused to answer

6. How many 8-oz cups of tap water or beverages prepared with tap water do you drink per day at home?

- ___ (8-oz 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)

7. How frequently do you play in or touch the soil or dirt in [*insert affected area/sampling frame/locations*]? (Select one)

- Every day
- A few times per week
- A few times per month
- Rarely
- Never
- Don't know
- Refused to answer

8. If you play in or touch the soil or dirt, at what address or place (e.g. daycare) does this occur (list all locations)? If you play in or touch the soil or dirt at more than one location, what percentage of your total contact with soil happens at each location (percentages should sum to 100%)?

- Don't know
- Refused to answer
- Not Applicable

9. During the growing season, how often do you eat vegetables or fruits grown at your home or other locally grown vegetables or fruits from (*insert affected area/sampling frame/locations*)? (Select one)

- Every day
- Once per week
- Once per month
- A few times per year
- Rarely
- Never

- Don't know
- Refused to Answer

10. How often do you eat fish locally caught from ponds, lakes or rivers in (*insert affected area/sampling frame/locations*)? (Select one)

- Every day
- Once per week
- Once per month
- A few times per year
- Rarely
- Never
- Don't know
- Refused to Answer

11. How often do you consume milk from animals raised on farms within (*insert sampling/affected area/location or list of affected farms*)?

- Every day
- Once per week
- Once per month
- A few times per year
- Rarely
- Never
- Don't know
- Refused to Answer

12. Did you drink formula reconstituted with tap water as an infant?

- Yes
If Yes, for how long? ____ (months)
- No

- Don't know
- Refused to answer
- Not Applicable

13. Are you currently, or were you previously breastfed?

- Yes
 - If Yes, for how long? _____ (months)**
- No
- Don't know
- Refused to answer
- Not Applicable

14. Are you currently attending, or have you attended, a school or daycare?

- Yes
- No
- Don't know
- Refused to answer
- Not Applicable

15. Please provide the name of your school or daycare and duration you attended each school/daycare, as well as the main drinking water source (public water, private well, community well, bottled water, water from home, don't know), if known.

Name of School/Daycare	Address	Duration Attended		Located in Affected area?		Main Drinking Water Source
		Start Year	End Year	Yes	No	

16. How many 8-oz cups of water or beverages prepared with tap water do you drink per day at day care/school?

- 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)

17. Have you ever had your blood tested for PFAS?

- Yes
- No
- Don't Know

If yes, when, where, and what was the result?

Date of PFAS Test	Who conducted test?	Results

18. Is there anything else you want to tell us about your PFAS exposures?

*** THANK YOU***