Attachment 17a.

Form Approved

OMB No. 0923-XXXX

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

Exp. Date xx/xx/20xx

**Pease Child Questionnaire – Short Form**

(for parent/guardian who is also an adult participant; best completed by the child’s birth mother)

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).

**Adult Study ID No.** |*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*| (alias)

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

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

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

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?

\_\_\_(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 AAAF 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. 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. 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 B5.

\_\_\_Refused to answer →go to Question B5.

\_\_\_Don’t Know →go to Question B5.

B3. When did your child attend day care at the Pease International Tradeport?

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

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

B4. 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. 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.)

B5. 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.)

B6. 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

B7. 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

**\_\_\_**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 your child last have a blood transfusion?

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

**\_\_\_**Follow up later

C3. Has your child ever donated blood?

\_\_\_Yes

**\_\_\_**Follow up later

\_\_\_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**

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. Was this job located at 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\_\_\_ D Don’t know\_\_\_\_ | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No\_\_\_\_ Don’t know\_\_\_\_ |
|  | If Job 1.b is yes - Go to D2If Job 1.b is no - Go to Job 2 | If Job 2.b is yes - Go to D4If Job 2.b is no - Go to Job 3 | If Job 3.b is yes - Go to D6If Job 3.b is no - Go to Section E |

D2. 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.)

D3. 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.)

D4. 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.)

D5. 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.)

D6. 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.)

D7. 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 |  |
| --- | --- |
| 1. Allergies?
 | Yes (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No Don’t know |
| 1. Atopic dermatitis/eczema?
 | Yes (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No Don’t know |
| 1. Asthma?
 | Yes No Don’t know |
| 1. Stuffy/runny nose?
 | Yes No Don’t know |
| 1. High cholesterol?
 | Yes No Don’t know |
| 1. Thyroid disease?
 | Yes (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No Don’t know |
| 1. Delayed puberty?
 | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No Don’t know |
| 1. Obesity?
 | Yes No Don’t know |
| 1. Lupus
 | Yes No Don’t know |
| 1. Celiac disease
 | Yes No Don’t know |
| 1. Type 1 diabetes
 | Yes No Don’t know |
| 1. Scleroderma
 | Yes No Don’t know |
| 1. Cancer?
 | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No Don’t know |
| 1. Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)?
 | Yes No → go to oDon’t know → go to o |
| 1. Autism?
 | Yes No → go to pDon’t know → go to p |
| 1. Other learning or behavioral problems?
 | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No → go to Question B2. Don’t know → go to Question B2.  |

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 E

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: Family Medical History**

F1. 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? |
| 1. Thyroid disease?
 | Yes (Please specify) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No Don’t know | Child ParentSibling |
| 1. Lupus?
 | Yes No Don’t know | Child ParentSibling |
| 1. Diabetes (not related to pregnancy)?
 | Yes, Type 1 or juvenileYes, Type 2 or adult-onsetYes, type unknownNo Don’t know | Child ParentSibling |
| 1. Celiac disease?
 | Yes No Don’t know | Child ParentSibling |
| 1. Crohn’s disease?
 | Yes No Don’t know | Child ParentSibling |
| 1. Asthma?
 | Yes No Don’t know | Child ParentSibling |
| 1. Scleroderma
 | Yes No Don’t know | Child ParentSibling |
| 1. High Cholesterol
 | Yes No Don’t know | Child ParentSibling |
| 1. Allergies
 | Yes (Please specify)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_No Don’t know | Child ParentSibling |
| 1. Atopic dermatitis/eczema
 | Yes No Don’t know | Child ParentSibling |
| 1. Attention deficit hyperactivity disorder (ADHD or attention deficit disorder (ADD)
 | Yes No Don’t know | Child ParentSibling |
| 1. Autism
 | Yes No Don’t know | Child ParentSibling |
| 1. Other learning or behavioral problems
 | Yes No Don’t know | Child ParentSibling |
| 1. Obesity
 | Yes No Don’t know | Child ParentSibling |

Section G: History of Pease PFC Blood Testing Program

G1. Did your child participate in the Pease PFC Blood Testing Program?

\_\_\_Yes

\_\_\_No →go to CONCLUSION

\_\_\_Don’t know

G2. Please provide your child’s 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.