Adult/Adolescent Field User Questionnaire

Appendix N4a

Supplemental Adult/Adolescent Field User Questionnaire*

Form Approved
OMB No. 0923-0062
Exp. Date 10/30/2021

PID	Site	ID Number				
Facility Name	Faci	lity Location				
Interview Date	Inte	erviewer ID				
Field User: Synthetic t	urf field user	Natural grass	field user]		
	ke to ask you some ques turf fields that contain c			-	=	to, and
	users only: Interviewer: Yes No	Have you playe	ed on a syntheti	ic turf field v	with crumb ru	ıbber infill
	users: Did you participate Yes Np	e in activities o	n a synthetic tu	rf field with	ı crumb rubbe	er infill for
For natural grass field uffor at least one year?	users: Have you played or Yes No	n synthetic tur	f fields with cru	mb rubber i	infill	
Field Contact Freque	ncy and Duration Que	<u>stions</u>				
Interviewer: I have seve	eral questions about the	time you spend	d on synthetic to	ırf fields/na	ıtural grass fi	elds at this
B1. How long have you	been coming to this facil	lity?			(years) (months)	
	synthetic fields/natural g ies have you actively part		-		-	on
Season	Sport		Specify C	ther		

* The electronic data collection/computer-assisted interview system will allow for question population based on the field user indicated.

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 sources, gathering and maintaining the data 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 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 Reports Clearance Officer; 1600 Clifton Road, MS D-74, Atlanta, GA 30333, ATTN: PRA (0923-0062).

Spring	(days per week)
Summer	(days per week)
Fall	(days per week)
Winter	(days per week)
B4. Over the past year, how many ho fields/natural grass fields at this fact	ours per day by season have you typically spent on the synthetic ility?
Spring	(hours per day)
Summer	(hours per day)
Fall	(hours per day)
Winter	(hours per day)

B5. Over the past year, what was the longest period of time that you spent <u>on the synthetic fields</u>/natural grass fields <u>at this facility</u> during a single day?

Contact Type:	s and		(number of hours) Sc	enarios per Each	Type of Field Use			
Interviewer: I have several questions about the kinds of activities that you take part in specifically on synthetic turf fields /natural grass fields installed at this facility .								
For the following question, please use one of the three responses (often, sometimes, and rarely/never). "Often" means > 50% of the time and "sometimes" means < 50%.								
B6. How freque each season?	ently do you do t	the following activition	es while on synthetic	fields/natural gras.	s fields at this facility			
Spring Summer Fall Winter	Dive on ground	Fall on ground	Sit on turf	Eat snacks	Drink			
Inhalation Exp	posure-Related	l Questions						
B7. When using	g synthetic fields	s/natural grass fields	at this facility:					
What % of your time are you highly active, for example, running?								
What % of you	r time are you m	oderately active, for	example, jogging?					
What % of	the time do you	have low activity, fo	r example, walking?					
What % of the time are you resting, for example, sitting or standing?								

Dermal and Non-dietary Ingestion Exposure-related Questions

For the following questions, please use one of the four responses (every time, often, sometimes, or rarely/never):

	Every Time	Often	Some times	Rarely /Never
How often do you chew gum?	3	2	1	0
How often do you use a mouth guard?	3	2	1	0
How often do you eat?	3	2	1	0
How often do you drink?	3	2	1	0
How often do you play in the rain?	3	2	1	0
How often do you wipe your hands with a hand wipe before eating	g? 3	2	1	0
How often do you sweat heavily?	3	2	1	0
How often do you touch the turf with your hand?	3	2	1	0
How often do you touch the turf with your other body parts excluding hands?	3	2	1	0
How often do you sit on the turf with bare skin wearing shorts?	3	2	1	0
How often are you barefooted on the turf?	3	2	1	0
How often do you play with the turf materials or rubber granules? (This question will not be populated for the natural grass field user	3 rs)	2	1	0
How often do you touch your mouth with your hands or fingers?	3	2	1	0
How often do you place non-food objects in your mouth like toothpicks, or pens or use your mouth to hold an object?	3	2	1	0
If rarely/never, skip next.				
What type of object do you most often place in your mouth while a this facility?	nt			
How often to you get cuts or abrasions from contact with the turf?	3	2	1	0
If rarely/never, skip next.				
What is the body part that usually has the most cuts or abrasions: knee, elbow, hand, thigh, shin, or other?				
DO William and the stand of the	···			

B8. When using synthetic turf fields/natural grass fields at this facility:

B9. What clothing do you typically wear in this facility during each season (check all that apply)?

	Spring	Summer	Fall	Winter
Shorts				
Short-sleeve shirt				
Long pants				
Long-sleeve shirt				
Gloves				
Socks				
Helmet				
Hat				
Pads				

Tire Crumb Take-Home Questions

For the following questions, please use one of the four responses (every time, often, sometimes, or rarely/never):

B10. After using this facility:

How often do you notice tire crumbs, dirt, or debris

	Every Time	Often	Sometimes	Rarely/Never
on your body?	3	2	1	0
in your car?	3	2	1	0
in your home?	3	2	1	0
In your laundry room/mudroom?	3	2	1	0
In your living room?	3	2	1	0
In your bedroom?	3	2	1	0
In your bathroom(s)?	3	2	1	0

Post-Use Hygiene Practices Questions

For the following questions, please use one of the four responses (every time, often, sometimes, or rarely/never):

B11. After using this facility:

How often do you take shower and change clothes immediately after engaging in activities on the synthetic turf at this facility?	Every Time 3	Often 2	Sometimes 1	Rarely/Never 0
How often do you take actions to prevent tire crumbs from getting into your car?	3	2	1	0
How often do you wipe or remove shoes/equipment before entering your home?	3	2	1	0

For the following questions, please use one of the six responses (never, once a month, 2 to 3 times a month, once a week, 2-3 times a week, or four or more times a week).

B12. At other locations:

	Never	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 or more times a week	
How often have you played on any other synthetic turf fields/natural grass fields during the past year?	0	1	2	3	4	5	
How often have you played on any synthetic turf fields/natural grass fields in the last five years?	0	1	2	3	4	5	
How often have you played on any <i>natural</i> grass fields/synthetic turf fields during the past year?	0	1	2	3	4	5	
How often have you played on any <i>natural</i> grass fields/synthetic turf fields in the last five years?	0	1	2	3	4	5	
How often have you played on playgrounds with rubber mulch, mats or synthetic turf during the past year?	0	1	2	3	4	5	
How often have you played on playgrounds with rubber mulch, mats or synthetic turf during in the last five years?	0	1	2	3	4	5	

General Hygiene Questions

B13. How many times in general do you wash hands per day?_

B14. How many times in general do you bathe or shower per week?								
Exposure-related Questions								
C1. How do you go to work/school on a typical day? Car School bus								
Bike Walk Other								
C2. How much time does it take you to get to school/work on a typical day?								
C3. How did you get to the practice field today? Car School bus								
Bike Walk Other								
C4. How much time did it take you to get to practice today?								
C5. Did you eat grilled, barbequed, smoked, or deep fried food during the last 24 hours?								
Yes No								
C5a. If yes, please describe which of the food described above that you ate and when? (Hint: Bar	rbequed							
chicken, grilled steak)								
								
General Demographic Questions								
O1. How old are you?								
D2. Are you male or female?								
O3. Do you consider yourself to be Hispanic or Latino? Yes No Refused								
D4. Which of the following categories best describes your race? (select one or more)								
Native American Black or African White Don't know	,							
Indian or Alaska American Native								
Asian Native Hawaiian or Refused								
Other Pacific Islander								
D5. How tall are you? (ft) (in)								
D6. How much do you weigh? [Ibs)								
D7. Are you still in school? yes no								
If so, what is your current grade in school?								

	7 th		8 th		9 th
	10 th		11 th		12 th
	Technical School		College		Graduate School
	Other		Refused		
Spec	cify Other Grade				
D8.	If No, what is your	highe	est education level?		
	11 th or less		High School Graduate/ G	ED	Post High School Training
	Some College		College Graduate School		Post-graduate
	Other				Refused
D9. '	What is your occup	atio	n?		

This concludes the survey. Thank you for your time. I know that your time is valuable.

If you have any questions or concerns, please, refer to the contact sheet for information on who to contact.