

Form Approved
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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___ Don't know___ | Yes (Please specify) _____ No___ Don't know___ |
| | If Job 1.b is yes - Go to D2 If Job 1.b is no - Go to Job 2 | If Job 2.b is yes - Go to D4 If Job 2.b is no - Go to Job 3 | If Job 3.b is yes - Go to D6 If 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 | |
|---|--|
| a. Allergies? | Yes (Please specify) _____ No Don't know |
| b. Atopic dermatitis/eczema? | Yes (Please specify) _____ No Don't know |
| c. Asthma? | Yes No Don't know |
| d. Stuffy/runny nose? | Yes No Don't know |
| e. High cholesterol? | Yes No Don't know |
| f. Thyroid disease? | Yes (Please specify) _____ No Don't know |
| g. Delayed puberty? | Yes (Please specify) _____ No Don't know |
| h. Obesity? | Yes No Don't know |
| i. Lupus | Yes No Don't know |
| j. Celiac disease | Yes No Don't know |
| k. Type 1 diabetes | Yes No Don't know |
| l. Scleroderma | Yes No Don't know |
| m. Cancer? | Yes (Please specify) _____ No Don't know |
| n. Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)? | Yes No → go to o Don't know → go to o |
| o. Autism? | Yes No → go to p Don't know → go to p |
| p. 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 | | <u>If yes, ask: Which relative had this condition?</u> |
|---|--|--|
| a. Thyroid disease? | Yes (Please specify) _____ No Don't know | Child Parent Sibling |
| b. Lupus? | Yes No Don't know | Child Parent Sibling |
| c. Diabetes (not related to pregnancy)? | Yes, Type 1 or juvenile Yes, Type 2 or adult-onset Yes, type unknown No Don't know | Child Parent Sibling |
| d. Celiac disease? | Yes No Don't know | Child Parent Sibling |
| e. Crohn's disease? | Yes No Don't know | Child Parent Sibling |
| f. Asthma? | Yes No Don't know | Child Parent Sibling |
| g. Scleroderma | Yes No Don't know | Child Parent Sibling |

| | | |
|---|--|----------------------------|
| h. High Cholesterol | Yes No Don't know | Child Parent Sibling |
| i. Allergies | Yes (Please specify) _____ No Don't know | Child Parent Sibling |
| j. Atopic dermatitis/eczema | Yes No Don't know | Child Parent Sibling |
| k. Attention deficit hyperactivity disorder (ADHD or attention deficit disorder (ADD) | Yes No Don't know | Child Parent Sibling |
| l. Autism | Yes No Don't know | Child Parent Sibling |
| m. Other learning or behavioral problems | Yes No Don't know | Child Parent Sibling |
| n. Obesity | Yes No Don't know | Child Parent Sibling |

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):

| | | |
|--------------------------------|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> PFOS | <input type="checkbox"/> PFDeA | <input type="checkbox"/> Et-PFOA-AcOH |
| <input type="checkbox"/> PFOA | <input type="checkbox"/> PFUA | <input type="checkbox"/> PFBS |
| <input type="checkbox"/> PFHxS | <input type="checkbox"/> PFOSA | <input type="checkbox"/> PFDoA |
| <input type="checkbox"/> PFNA | <input type="checkbox"/> Me-PFOA-AcOH | <input type="checkbox"/> PFHpA |

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