

Multi-site Study Child Questionnaire – Short Form

(best completed by the child’s birth mother who is also an adult participant)

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Adult Study ID No. | _____ | (alias)

Parent Study ID No. | _____ |

Child Study ID No. | _____ |

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, in years?

_____ years

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

A.7 What is the highest level of education you completed?

- Less than high school
- Some high school
- High school graduate or equivalent (GED)
- Some university/college
- Technical or trade school
- University/college graduate
- Graduate school or higher

A8. What is the child's household income (from all sources)?

- Less than \$25,000
- \$25,000 to \$69,000
- \$70,000 to \$149,000
- More than \$150,000
- Don't know
- Refused to answer

A9. During the last 12 months did the child have any kind of health insurance?

- Yes
- No
- Don't know
- Refused

Section B: Residential History and Drinking Water Exposures

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. Please fill out the table below for all residences that your child has lived.

Street Address, City, State	Your child's average consumption of tap water per day (# cups) at this address	Move in (mm/yy)	Main source of tap water at this address (public water system or private well?)

B3. 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

B4. 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 → Please specify how many times your child had a blood transfusion _____

___ 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

C3. Has your child ever donated blood?

___ Yes → Please specify how many times your child has donated blood _____

___ 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 of the Child

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. Name of employer			
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 ____

D2. 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

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 Daycare/School History

E1. Did your child attend day care?

- Yes
- No → go to Question E3
- Don't know → go to Question E3
- Refused to answer → go to Question E3

E2. Please fill out the table below for the day care centers your child attended.

Day care (name)	Street Address, City, State	Start Date (mm/yy)	End Date (mm/yy)	Child's average consumption of tap water per day (# cups)

Note: 1 cup = 8 oz.; 2 cups = 1 pint (16 oz.); 4 cups = 1 quart (32 oz.); 16 cups = 1 Gallon (128 oz.)

E3. Please fill out the table below for the schools your child has attended. If your child was home schooled, please go to Section F

School (name)	Street Address, City, State	Start Date (mm/yy)	End Date (mm/yy)	Child's average consumption of tap water per day (# cups)

Note: 1 cup = 8 oz.; 2 cups = 1 pint (16 oz.); 4 cups = 1 quart (32 oz.); 16 cups = 1 Gallon (128 oz.)

Section F: Child's Medical History

F1. 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		If yes, what year was your child diagnosed?
a. High Cholesterol?	Yes (Please specify) _____ No Don't know	_____ year
b. Diabetes (not related to pregnancy)?	Yes (Please specify) _____ No Don't know	_____ year
c. Thyroid disease?	Yes (Please specify) _____ No Don't know	_____ year
d. Obesity	Yes No Don't know	_____ year
e. Lupus?	Yes No Don't know	_____ year
f. Celiac disease?	Yes No Don't know	_____ year
g. Crohn's disease?	Yes (Please specify) _____ No Don't know	_____ year
h. Scleroderma?	Yes (Please specify) _____ No Don't know	_____ year
i. Atopic dermatitis/eczema?	Yes No Don't know	_____ year
j. Allergies?	Yes No Don't know	_____ year
k. Chronic stuffy/runny nose (rhinitis/sinusitis)?	Yes No Don't know	_____ year
l. Asthma?	Yes No Don't know	_____ year
m. Delayed puberty?	Yes, Type 1 Yes, Type 2 Yes, Type unknown No Don't know	_____ year

Medical condition		If yes, what year was your child diagnosed?
n. Attention deficit hyperactivity disorder (ADHD or attention deficit disorder (ADD)?	Yes No Don't know	_____ year
o. Autism?	Yes No → go to p Don't know → go to p	_____ year
p. Other learning or behavioral problems?	Yes No → go to q Don't know → go to q	_____ year
q. Cancer?	Yes (Please specify) _____ No → go to Question B2. Don't know → go to Question B2.	_____ year

F2.. 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

F3. 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

F4. When did your daughter last use an oral contraceptive (“birth control pill”)?

_____Month/Year

F5. At what age did your daughter begin menstruation (have her first period)?

- Age _____
- Has not yet begun to menstruate → go to Section G
- Don’t know

F6. Does your daughter's period occur regularly (every month)?

- Yes
- No, it is irregular
- No, she does not have a period → go to Question E10
- Don't know → go to Question E10

F7. How many days has been your daughter's cycle on average during the last year?

- >26 days
- 27-29 days
- 30-32
- >32 days
- Don't know

F8. Can you characterize your daughter's usual period flow during the last year?

- Light
- Medium
- Heavy
- Don't know

F9. When was your daughter's last period before this study blood draw?

- Date: _____
- Don't know

F10. Has your daughter ever been pregnant?

- Yes
- No → go to Section G
- Don't Know → go to Section G
- Refused to answer → go to Section G

F11. How many times has your daughter been pregnant?

	Pregnancy #1	Pregnancy #2	Pregnancy #3
a. What month and year did this pregnancy start?	__/____	__/____	__/____
b. What month and year did this pregnancy end?	__/____	__/____	__/____
c. Did the pregnancy result in a live birth?	Yes	Yes	Yes

	No (go to g) Don't Know	No (go to g) Don't Know	No (go to g) Don't Know
d. Did your daughter breastfeed the child?	Yes No (go to g) Don't Know	Yes No (go to g) Don't Know	Yes No (go to g) Don't Know
e. How long did your daughter breastfeed the child?	__ months	__ months	__ months
f. When did your daughter stop breastfeeding the child?	__ month ____ year	__ month ____ year	__ month ____ year
g. Did a doctor or nurse say that your daughter had pre-eclampsia during her pregnancy?	Yes No Don't know	Yes No Don't know	Yes No Don't know
h. Did a doctor or nurse say that your daughter had pregnancy-induced hypertension?	Yes No Don't know	Yes No Don't know	Yes No Don't know
i. Did a doctor or nurse say that your daughter had gestational diabetes?	Yes No Don't know	Yes No Don't know	Yes No Don't know

Section G: Family Medical History

G1. Have any of your child's blood relatives - grandparents, 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. Obesity	Yes No Don't know	Grandparent Parent Sibling
b. Attention deficit hyperactivity disorder (ADHD) or attention deficit disorder (ADD)	Yes No Don't know	Grandparent Parent Sibling
c. Autism	Yes No Don't know	Grandparent Parent Sibling
d. Other learning or behavioral problems	Yes No Don't know	Grandparent Parent Sibling

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