

DATE

## **Attachment 5: Sample Questionnaire – Adult**

DATE

**GenIC Name:** Bleach and Related Cleaning Products Survey

Date of the interview: \_\_\_\_/\_\_\_\_/\_\_\_\_

Name of interviewer: \_\_\_\_\_

Poison control center: \_\_\_\_\_

State call originated from: \_\_\_\_\_

Title of the investigation: \_\_\_\_\_

NPDS Case ID No. \_\_\_\_\_

**I. Exposures and Health Effects Information**

**I am going to ask you a few questions about your exposure and the circumstances surrounding your exposure.**

1. For this exposure are you answering questions on behalf of yourself or another person?

- Self
- Other person (*describe*):

2. What were you exposed to that prompted the call to the poison control center? (select all that apply)

- Bleach
- Ammonia
- Other cleaning chemical
- Other (*describe*):

3. Where were you when you were exposed?

- Home
- Restaurant
- Workplace
- School
- Other (*describe*):

4. What symptoms did you experience as a result of the exposure? (select all that apply)

- Nausea
- Vomiting
- Diarrhea
- Weakness
- Shortness of breath
- Chest pain
- Headache
- Eye irritation
- Skin irritation
- Nose irritation
- Breathing problems
- Other (*describe*):

5. When this exposure occurred how were you using bleach or related cleaning product? (select all that apply)

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- Cleaning surfaces or clothing
- Cleaning home medical equipment, such as a CPAP
- Mixing a homemade cleaning solution
- Mixing with other chemicals
- To clean or prepare food
- To clean grocery store packages and bags
- Topically or on skin
- To disinfect water
- To drink or ingest
- To inhale or breathe-in
- Other (*describe*):

6. What ways do you typically use bleach or related cleaning products in your home? (select all that apply)

- Cleaning surfaces or clothing
- Cleaning home medical equipment, such as a CPAP
- Make homemade cleaning solution
- ] Mixing multiple chemicals to make homemade cleaning solution
- To clean or prepare food
- Topically or on skin
- To disinfect water
- To drink or ingest
- To inhale or breathe-in
- Other (*describe*):

7. When using bleach or related cleaning products, what safety procedures do you typically take? (select all that apply)

- Wear eye protection
- Increased ventilation
- Read the instructions for use on the bottle
- Label bottles when making homemade cleaning solution
- Keep out of reach of children and pets
- Check the cleaning solution concentration before use
- Use gloves
- Other (*describe*):

## II. Medical Treatment

Now I am going to ask you a few questions about the medical treatment received.

8. What was the reason for the call to the poison control center during or immediately after the exposure? (*select all that apply*)

- Wanted information about the exposure
- Worried about being exposed/Worried about child being exposed
- Was feeling ill/Child was feeling ill

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- Know exposed to bleach or related cleaning solution
- Other (*describe*):

9. What action did the poison control center recommend? (*please describe in detail*)  
*Free text*

### III. Health Messaging

**We are almost finished. The last few questions are about what you have heard regarding the exposure.**

10. Before this exposure, did you hear or read any information about safe use of bleach or related cleaning solutions?

- Yes
- No
- Do not know
- Refuse to answer

11. If yes to, where did you hear or read these warnings? (select all that apply)

- Your primary care doctor
- Cleaning chemical companies
- Local health department
- CDC
- Celebrity or influencer
- Church or religious leader
- Family or friends
- Poison Control Center
- Other (*describe*):

12. If yes to 11, did any of these health communication messages impact how you use bleach or related cleaning chemicals in your home?

- Yes
- No
- Do not know
- Refuse to answer

**Thank you for participating in this survey**

CDC estimates the average public reporting burden for this collection of information as 10 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 H21-8, Atlanta, Georgia 30329; ATTN: PRA (0923-1166).