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## **Attachment 6. Sample Questionnaire -- Adolescent**

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Form Approved  
OMB No. 0920-1166  
Exp. Date 04/30/2026

**GenIC Name:** Identifying Sources of and Risk Factors for Harmful Algal Bloom Exposures through  
Poison Control Center Follow-up Questionnaires – United States, 2019

**ADOLESCENT QUESTIONNAIRE**

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

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

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

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

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

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

**I. Exposure and Health Effects Information**

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

1. What were you exposed to that prompted the call to the poison control center?

Refuse to answer

<b>Choose all that apply; ask follow up questions along the same row as reported exposure below</b>	<b>2. Location-related question</b>	<b>3. Appearance-related question</b>	<b>4. Symptom-related question</b>	<b>5. Symptom timing-related question</b>
Ask questions along this row if the response to Q1 is related to shellfish	Where were you when you were exposed? <input type="checkbox"/> Home <input type="checkbox"/> Restaurant <input type="checkbox"/> Other (describe) <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	Did the shellfish look normal? <input type="checkbox"/> Yes <input type="checkbox"/> No (describe) <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	What symptoms did you experience as a result of eating the shellfish? (choose all that apply) <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Tingling in the extremities (fingers and toes, mouth) <input type="checkbox"/> Numbness in the extremities (fingers, toes, mouth) <input type="checkbox"/> Weakness <input type="checkbox"/> Shortness of	How long was it between exposure to shellfish and onset of symptoms? <input type="checkbox"/> Immediately to less than 6 hours <input type="checkbox"/> 6 to 24 hours <input type="checkbox"/> More than 24 hours

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			breath <input type="checkbox"/> Confusion <input type="checkbox"/> Memory loss <input type="checkbox"/> Heart palpitations <input type="checkbox"/> Other (describe)	
Ask questions along this row if the response to Q1 is related to bathing or swimming in a body of water	Where were you when you were exposed? <input type="checkbox"/> Ocean <input type="checkbox"/> Fresh water body <input type="checkbox"/> Other (describe)	Did the water look unusually colored? <input type="checkbox"/> Yes (describe) _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	What symptoms did you experience as a result of exposure to the body of water? (choose all that apply) <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Rash <input type="checkbox"/> Itchiness <input type="checkbox"/> Burning sensation on the skin <input type="checkbox"/> Blisters on skin <input type="checkbox"/> Watery eyes <input type="checkbox"/> Burning sensation in eyes <input type="checkbox"/> Trouble breathing <input type="checkbox"/> Asthma attack <input type="checkbox"/> Respiratory irritation <input type="checkbox"/> Other (describe)	How long was it between exposure to the body of water and onset of symptoms? <input type="checkbox"/> Immediately to less than 6 hours <input type="checkbox"/> 6 to 24 hours <input type="checkbox"/> More than 24 hours
Ask questions along this row if the response to Q1 is related to being near a body of water	Where were you when you were exposed? <input type="checkbox"/> Ocean <input type="checkbox"/> Fresh water body <input type="checkbox"/> Other (describe)	Did the water look unusually colored? <input type="checkbox"/> Yes (describe) _____ <input type="checkbox"/> No <input type="checkbox"/> Don't know <input type="checkbox"/> Refused	What symptoms did you experience as a result of exposure to the body of water? (choose all that apply) <input type="checkbox"/> Nausea <input type="checkbox"/> Vomiting <input type="checkbox"/> Diarrhea <input type="checkbox"/> Rash <input type="checkbox"/> Itchiness <input type="checkbox"/> Burning	How long was it between exposure to the body of water and onset of symptoms? <input type="checkbox"/> Immediately to less than 6 hours <input type="checkbox"/> 6 to 24 hours <input type="checkbox"/> More than 24 hours

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			<p>sensation on the skin</p> <p><input type="checkbox"/> Blisters on skin</p> <p><input type="checkbox"/> Watery eyes</p> <p><input type="checkbox"/> Burning sensation in eyes</p> <p><input type="checkbox"/> Trouble breathing</p> <p><input type="checkbox"/> Asthma attack</p> <p><input type="checkbox"/> Respiratory irritation</p> <p><input type="checkbox"/> Other (describe)</p>	
<p>Ask questions along this row if the response to Q1 is related to drinking water</p>	<p>What was the source of the drinking water?</p> <p><input type="checkbox"/> Outside body of water (i.e., ocean, lake)</p> <p><input type="checkbox"/> Water from an indoor or outdoor faucet</p> <p><input type="checkbox"/> Other (describe)</p>	<p>Did the water look unusually colored?</p> <p><input type="checkbox"/> Yes (describe) _____</p> <p><input type="checkbox"/> No</p> <p><input type="checkbox"/> Don't know</p> <p><input type="checkbox"/> Refused</p>	<p>What symptoms did you experience as a result of exposure to the drinking water? (choose all that apply)</p> <p><input type="checkbox"/> Nausea</p> <p><input type="checkbox"/> Vomiting</p> <p><input type="checkbox"/> Diarrhea</p> <p><input type="checkbox"/> Rash</p> <p><input type="checkbox"/> Itchiness</p> <p><input type="checkbox"/> Burning sensation on the skin</p> <p><input type="checkbox"/> Other (describe)</p>	<p>How long was it between exposure to the drinking water and onset of symptoms?</p> <p><input type="checkbox"/> Immediately to less than 6 hours</p> <p><input type="checkbox"/> 6 to 24 hours</p> <p><input type="checkbox"/> More than 24 hours</p>
<p>Ask questions along this row if the response to Q1 is not related the options above</p>	<p>Where were you when you were exposed? (describe)</p>		<p>What symptoms did you experience as a result of the exposures? (describe)</p>	<p>How long was it between the exposure and onset of symptoms?</p> <p><input type="checkbox"/> Immediately to less than 6 hours</p> <p><input type="checkbox"/> 6 to 24 hours</p> <p><input type="checkbox"/> More than 24 hours</p>
<p><input type="checkbox"/> Do not know</p>				

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## II. Medical Treatment

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

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

- Wanted information about the exposure
- Worried about being exposed/Worried about child being exposed
- Was feeling ill/Child was feeling ill
- Smelled something
- Other (*describe*):
- Refuse to answer

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

- Refuse to answer

8. Did you go to any kind of healthcare facility such as a doctor's office, emergency room or urgent care center after your exposure? (*choose one*)

- Yes **Go to part b**
- No **Go to next section (Health Messaging)**
- Do not know
- Refuse to answer

b. What type of healthcare facility did you go to? (*choose the initial facility visited*)

- Hospital emergency room
- Doctor's office
- Urgent care center
- Other (*describe*)
- Do not know
- Refuse to answer

9. What kind of treatment did you receive while in the healthcare facility? (*choose one*)

- Describe
- Do not know
- None
- Refuse to answer

10. Did a doctor place you on any medications as a result of this incident? (*choose one*)

- Yes **Go to part b**
- No
- Do not know
- Refuse to answer

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b. If yes, which medications? (*choose one*)

- Describe
- Do not know
- Refuse to answer

11. What happened after the visit at the health care facility was completed?

- Discharged
- Admitted
- Transferred/transported to other healthcare facility (*specify*)
- Other (*describe*)
- Do not know
- Refuse to answer

### III. Health Messaging

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

12. Just before or during the exposure, did you hear or read warnings about the danger of harmful algal blooms?

- Yes **Go to part b**
- No
- Do not know
- Refuse to answer

b. If so, where did you hear or read these warnings? (*read all choices and check all that apply*)

- Newspapers/magazines
- Pamphlet/fact sheet
- Fire Department
- Radio
  
- Television
- Friends or family
- Salesman or store employee
- Law enforcement
- Utility workers
- Signs posted near waterbodies
- Information on recreational water or utility website
- Other
- Do not know
- Refuse to answer

13. Did you hear any communication messages prior to exposure? (Health alerts, evacuation orders, radio alerts, etc)

- Yes (*describe*): **Go to part b**
- No
- Do not know

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Refuse to answer

b. Did you act upon those communication messages?

Yes

No

Do not know

Refuse to answer

14. What exposure prevention methods were in place prior to the exposure? (e.g., warning signs posted near water bodies)

Signs posted near waterbodies

Information on recreational water or utility website

Other (describe):

Do not know

Refuse to answer

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).