

ADULT QUESTIONNAIRE

Rutgers The State University of New Jersey
Environmental Occupational Health Institute and School of Public Health
Study of Perfluorononanoic Acid (PFNA) Serum Levels in Paulsboro Residents -
2016

Section 1. NAME and DOB

What is your name? First: _____ Last _____

What is your date of birth: _____/_____/_____ (MM/DD/YYYY)

Section 2. RESIDENTIAL HISTORY

The next part of survey is about the place or places you have lived between 1996 and today. By places you lived, we mean a house, apartment, or room you lived in for more than 6 months.

What is your current street address? _____

What is the town? _____

IF TOWN IS PAULSBORO, THE SURVEY WILL SKIP STATE AND ZIP CODE

What is the State? _____ What is the zip code? _____

What year did you move into this home? _YYYY

What was the source of the tap water for drinking or cooking in this home?

- Public water supply (town water)
- Private well
- Don't know

Have you lived in any other home for more than six months since 1996?

- Yes
- No (GO TO NEXT SECTION)

Second home

What is the town? _____

IF TOWN IS PAULSBORO, THE SURVEY WILL SKIP STATE AND ZIP CODE

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What is the State? _____ What is the zip code? _____

What year did you move into this home? YYYYWhat year did you move out of this home? YYYYWhat was the source of the tap water for drinking or cooking in this home?

- Public water supply (town water)
- Private well
- Don't know

Have you lived in any other home for more than six months since 1996?

- Yes (CONTINUE)
- No (GO TO NEXT SECTION)

CONTINUE UNTIL THE ANSWER IS NO

SECTION 3**The next questions are about the time BEFORE you knew about the PFNA in the drinking water and BEFORE you or the borough of Paulsboro took steps to reduce your PFNA exposure.**During the time that you lived in a home served by Paulsboro public water supply, and **BEFORE you knew about the PFNA in the drinking water**, about how many **8 oz cups** of tap water or beverages prepared with tap water did you usually drink per day?**Note:** 1 Gallon (128 oz.) = 16 cups; 1 quart (32 oz.) = 4 cups; 1 pint (16 oz.) = 2 cups

_____ Cups per day

During the time that you lived in a home **served by Paulsboro public water supply**, did you filter the water?

- Always
- Occasionally
- Never
- Do not know

During the time that you lived in a home **served by Paulsboro public water supply**, did you drink bottled water at home?

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- Always
- Occasionally
- Never
- Do not know

The next questions are about private wells. Since 1996, during the time that you lived in Paulsboro, have you ever lived in a home served by a private well? Check all that apply.

- CURRENTLY using a private well in Paulsboro
- PREVIOUSLY used a private well in Paulsboro
- NEVER lived in a home with a private well in Paulsboro (GO TO NEXT SECTION)
- Do not know/decline to answer (GO TO NEXT SECTION)

During the time that you lived in a home served by a **private well** in Paulsboro, how many 8 oz. cups of water and beverages prepared with well water did you drink per day?

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

_____Cups per day

During the time that you lived in a home served by a **private well** in Paulsboro, did you filter the water?

- Always
- Occasionally
- Never
- Do not know

During the time that you lived in a home served by a **private well** in Paulsboro, did you drink bottled water at home?

- Always
- Occasionally
- Never
- Do not know

SECTION 4

The next questions are about any exposure to PFNA you may have had at your work.

Do you now or have you ever worked at the Solvay facility in West Deptford?

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- Currently work in the Solvay facility in West Deptford
- Previously worked in the Solvay facility in West Deptford
- Never worked in the Solvay facility in West Deptford (GO TO NEXT Section)
- Do not know/refused (GO TO NEXT SECTION)

IF YES:

In total, how many years did you work at the West Deptford Solvay facility? _____

What year did you first work at the West Deptford Solvay facility? _____

What year did you last work at West Deptford Solvay facility? _____

What was the job title you had for the longest time while you worked at the West Deptford Solvay facility?

What were your 3 main job duties at the West Deptford Solvay facility?

1) _____

2) _____

3) _____

Did you work **with PFNA or Teflon**, or work in or near an area where others were using **PFNA or Teflon** at the West Deptford Solvay facility?

- Yes No Don't know/Not sure

Do you now or have you ever worked at any other facility where you or others worked with or PFNA or Teflon?

- Currently
- Previously
- Never
- Do not know/refused (GO TO SECTION 5)

What is/was the name of the facility? _____

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What street is/was it on? _____

In what town? _____ In what state? _____

In total, how many years in total did you work at this facility? _____

What year did you first work at this facility? _____

What year did you last work at this facility? _____

What were your 3 main job duties at this facility? _____

- 1) _____
- 2) _____
- 3) _____

Did you work **with PFNA or Teflon**, or work in or near an area where others were using **PFNA or Teflon** at this facility?

- Yes No Don't know/Not sure

Do you now or have you ever worked at any **other** facility where you or others worked with or PFNA or Teflon?

- Yes No Don't know/Not sure

IF YES WE GO THROUGH THE SAME QUESTIONS AS ABOVE

SECTION 5

Are you now or have you ever been a firefighter, either volunteer or for pay?

- Yes If yes, dates (e.g. 1996 to 2016)
 No

From _____ to _____

From _____ to _____

From _____ to _____

Do you now or have you ever worked for a company that installs carpets or that treats carpets for stain protection??

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- Yes If yes, dates (e.g. 1996 to 2016)
 No

From _____ to _____

From _____ to _____

From _____ to _____

During the past year did you eat freshwater fish/shellfish that were caught in streams, lakes or rivers near Paulsboro, West Deptford, Woodbury, Greenwich or the surrounding areas?

- Yes
 No
 Don't know

IF YES,

During the last 12 months, about how many times each month did you eat any kind of fish caught locally?

_____ times per month

The next questions are about any tobacco use in your lifetime. This information is very important for us to be able to interpret your survey results.

Have you smoked 100 cigarettes or more in your entire life?

- Yes
 No - (GO TO FIRST QUESTION ON E-CIGARETTES)

During the past 30 days, have you smoked part or all of a cigarette?

- Every Day or Always
 Some Days
 Not At All (GO TO FIRST QUESTION ON E-CIGARETTES)

During the past 30 days, on days you smoked, how many cigarettes did usually smoke...
_____ Cigarettes

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Have ever used electronic or e-cigarettes even once?

- Yes
- No (GO TO FIRST QUESTION ON CHEWING TOBACCO)

During the past 30 days, have you used e-cigarettes...

- Every Day or Always
- Some Days
- Not At All

Have you ever used chewing tobacco, snuff, or snus (a Swedish dry tobacco) even once?

- Yes
- No (GO TO FIRST QUESTION ON CIGAR USE)

During the past 30 days, have you used chewing tobacco, snuff, or snus (a Swedish dry tobacco)...

- Every Day or Always
- Some Days
- Not At All

Have you ever used little cigars, cigarillos, or cigars even once?

- Yes
- No (GO TO FIRST QUESTION ON HOOKAH USE)

During the past 30 days, have you used little cigars, cigarillos, or cigars...

- Every Day or Always
- Some Days
- Not At All

1. Have you ever smoked tobacco in a hookah, even once?

- Yes
- No (GO TO SECTION 6)

23.1 During the past 30 days have you smoked a hookah, even once?

- Every Day or Always
- Some Days
- Not At All

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SECTION 6

The blood testing project's goal is to learn about levels of exposure to PFNA. By providing the following information, you are assisting us with learning about health conditions of concern in your community. Providing this information is completely voluntary. Rutgers University will protect the confidentiality of your information and will not share it with any person or entity.

About how much do you weigh without shoes? ____ Weight in pounds

Don't know/ Prefer not to answer

About how tall are you without shoes? __ / __ Height (Feet, inches)

Don't know/Prefer not to answer

Have you ever been diagnosed by a doctor with any of the following health conditions?

		CIRCLE THE CORRECT ANSWER		
Circulatory:				
	High blood pressure	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Coronary artery disease	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	High cholesterol	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Stroke	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Other circulatory? Specify other: _____	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
Autoimmune:				
	Lupus	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Type I diabetes	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Inflammatory bowel disease	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Ulcerative colitis	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Crohn's disease	NO	YES	If yes, what year were you <u>first</u>

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				diagnosed? Year _____
	Multiple sclerosis	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Rheumatoid arthritis	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Other autoimmune? Specify other: _____	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
Liver:				
	Hepatitis	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Enlarged liver	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Fatty liver disease	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Cirrhosis	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Other liver disease? Specify other: _____	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
Neurological:				
	Alzheimer's disease	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Parkinson's disease	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	AML- Lou Gehrig's disease	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Other neurological disease? Specify other: _____	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
Thyroid:				
	Hypothyroidism	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Hyperthyroidism	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Other thyroid disease? Specify other: _____	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
Kidney:				
	Chronic kidney disease	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	End-stage renal disease	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____

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	Other kidney disease? Specify other: _____	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
FOR FEMALES ONLY: Pregnancy:				
	Pregnancy induced hypertension	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Pre-eclampsia	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
	Other pregnancy problems? Specify other: _____	NO	YES	If yes, what year were you <u>first</u> diagnosed? Year _____
Cancer:		NO	YES	
	Specify cancer: _____			If yes, what year were you <u>first</u> diagnosed? Year _____
	Specify cancer: _____			If yes, what year were you <u>first</u> diagnosed? Year _____
	Specify cancer: _____			If yes, what year were you <u>first</u> diagnosed? Year _____
	Other conditions:	NO	YES	
	Specify:			If yes, what year were you <u>first</u> diagnosed? Year _____
	Specify:			If yes, what year were you <u>first</u> diagnosed? Year _____
	Specify:			If yes, what year were you <u>first</u> diagnosed? Year _____

Do you have any other specific health concerns about your PFNA exposure?

- Yes (GO TO THE OPEN TEXT FIELD)
- No (GO TO QUESTIONS ABOUT CHILDREN IN YOUR HOUSEHOLD)

ADULT QUESTIONNAIRE**Questions about children in your household**

1. Are you the parent or guardian of any children (under 18 years of age) living with you at your home address?
 Yes No (IF NO GO TO END OF SURVEY)
2. Are you the only parent or guardian of the child or children who is filling out this survey?
 Yes No (IF YES GO TO CHILD QUESTIONNAIRE)
3. Are you the OLDEST parent or guardian of the child/children who is filling put this survey?
 Yes No (IF NO GO TO END OF SURVEY: IF YES GO TO CHILD QUESTIONNAIRE)

For respondents who answered YES to Q1, and Q2 or Yes to Q1, No to Q2 and YES to Q3:

Earlier you said you are the parent or guardian of a child or children who are living with you. We have a few questions about each, starting with the oldest child who lives with you at this address...
TO CHILD QUESTIONNAIRE

FOR ALL OTHERS AND AFTER CHILD QUESTIONNAIRES ARE COMPLETED:**End of Survey**

Thank you for participating in the survey. We would like to offer you a \$20 CVS gift card in appreciation. You may either have a card mailed to your address (it will be mailed in 2-3 business days) or sent to your email (it will be sent in 1-2 business days). Please choose an option below to let us know which you would prefer:

- Please send me a card to my mailing address
- Please send the card to my email
- I do not want to receive a gift card.

If subject chooses mailing address, he is redirected to a Mail survey:

Please enter the following information to receive your gift card by mail:

Name: _____

Mailing Address: _____
(Street/PO.Box)

_____(City,
State, Zip)

Thank you again for your participation!

ADULT QUESTIONNAIRE

If subject chooses email, he is redirected to an Email survey:

Please enter your email address:

_____@_____

Thank you again for your participation!