
Interviewer _____ Household ID _____ Participant ID _____

Date _____ Start time _____ End time _____

Participant Name: _____

SECTION I: ACE ADULT SURVEY

General Survey Module A: Location/Exposure

I would like to begin by showing you a map of the areas affected by [Description of Incident] on [Date]. The affected areas are highlighted. From now on, I will refer to the [Description of Incident] on [Date] as "the incident."

After reviewing a map of the exposed area(s), ask respondents the following questions:

A1. Were you in this area at any time between [Incident Date/Time] and [End Date/Time]?

Yes

No → Say to the respondent: Thank you for your time.

Record the end time and do not ask any further questions. This person is not eligible for the survey.

A2. I would like to know about each place you went within the highlighted area on the map between [Incident Date] at [Time] and [End Date/Time] so that I can construct a timeline and understand what happened when you were exposed.

Record the following answers in the table provided. Fill out the table for one location before continuing on to the next location.

==

	Location 1:	Location 2:	Location 3:
a. What is the address of where you (first/next) were during the incident? <u>Probe for as much location information as possible. Then, continue to b. Do not ask about all locations first. Collect all information about one location before continuing to the next.</u>			
b. How long were you in this location? <u>Record whether in minutes or hours.</u>			
c. Were you inside or outside while you were there? <u>If outside, skip questions d, e, and f.</u>	In Out	In Out	In Out
d. <u>If inside</u> , were there any open windows while you were there?	Yes No Unsure	Yes No Unsure	Yes No Unsure
e. <u>If inside</u> , was there any ventilation, such as an [air conditioner/heater] running, while you were there?	Yes No Unsure	Yes No Unsure	Yes No Unsure
f. <u>If respondent said "yes" for d or e, circle "no" for f and skip to next question. Otherwise, if inside, ask: did you shelter in place, meaning staying inside, with doors and windows closed and all ventilation systems turned off? If yes, ask the respondent: Please describe what you did to shelter in place.</u>	Yes No Unsure	Yes No Unsure	Yes No Unsure
g. Did you smell an odor? <u>If no or unsure skip questions h and i.</u>	Yes No Unsure	Yes No Unsure	Yes No Unsure
h. Can you please describe the odor?			
i. Would you describe the odor as light, moderate or severe?	Light Moderate Severe	Light Moderate Severe	Light Moderate Severe
j. Were you in a [smoke cloud/dust/fog] while you were there?	Yes No Unsure	Yes No Unsure	Yes No Unsure

A3. Did you evacuate from the highlighted area on the map?

Yes

No → Go to Question A5

A4. At approximately what time did you evacuate?

_____:_____
Hour Min AM PM

A5. How did you evacuate?

Ambulance

Privately-owned vehicle

Bus

Other (Please specify): _____

A6. Is there any additional information that you think we should know about your exposure?

Yes → Record the information on the lines provided below

No → Continue to Question A7

A7. Were you decontaminated, meaning your clothing was removed or your body was washed?

Yes

No → Go to next module

A8. How were you decontaminated? Read all answer choices aloud to the respondent and check all that apply.

Clothing Removal

Water

Soap and Water

Other (Please specify): _____

A9. Where were you decontaminated? If respondent needs clarification, specify that this question is asking for a geographic location, not a place on their body.

A10. At approximately what time were you decontaminated?

_____:_____
Hour Min AM PM

General Survey Module B: Health Status

Now I would like to ask you some questions about any symptoms you may have experienced after the incident.

B1. Within 24 hours of the incident, did you have any symptoms of an illness?

Yes

No →

Go to next module

B2. I'm going to ask you some questions about symptoms that could be related to the [Chemical] that was released. Fill out the table provided below. Repeat B2 for one symptom and check the boxes that apply before asking about the next symptom.

Symptom	i. Did you experience [Symptom] within 24-hours of the incident? <u>If yes, go to ii. If no, repeat i for next symptom.</u>		ii. Were you experiencing [Symptom] before the incident? <u>If yes, go to iii. If no, go to iv.</u>		iii. Was your [Symptom] worse after the incident? <u>Continue to iv (if listed); otherwise, repeat i for next symptom.</u>		iv. Are you still experiencing [Symptom]? <u>Repeat i for next symptom.</u>	
	Yes	No	Yes	No	Yes	No	Yes	No
Irritation/pain/ burning of eyes								
Increased tearing								
Blurred vision/double vision								
Runny nose								
Burning nose or throat								
Burning lungs								
Increased salivation								
ringing of the ears								
Difficulty swallowing								
Odor on breath (<u>Gasoline or other, specify</u>)								
Headache								
Dizziness or lightheadedness								
Loss of consciousness/fainting								
Seizures								
Numbness, pins and needles, or funny feeling in arms or legs								
Confusion								
Difficulty concentrating								

Symptom	i. Did you experience [Symptom] within 24-hours of the incident? <u>If yes, go to ii. If no, repeat i for next symptom.</u>		ii. Were you experiencing [Symptom] before the incident? <u>If yes, go to iii. If no, go to iv.</u>		iii. Was your [Symptom] worse after the incident? <u>Continue to iv (if listed); otherwise, repeat i for next symptom.</u>		iv. Are you still experiencing [Symptom]? <u>Repeat i for next symptom.</u>	
	Yes	No	Yes	No	Yes	No	Yes	No
Weakness of arms								
Weakness of legs								
Muscle twitching								
Tremors in arms or legs								
Loss of balance								
Breathing slow								
Breathing fast								
Difficulty breathing/feeling out-of-breath								
Coughing								
Increased congestion or phlegm								
Wheezing in chest								
Slow heart rate/pulse								
Fast heart rate/pulse								
Chest tightness or pain/angina								
Blue or gray coloring of ends of fingers/toes or lips								
Nausea								
Non-bloody vomiting								
Non-bloody diarrhea								
Bloody vomiting								
Blood in stool/diarrhea								
Abdominal pain								
Fecal incontinence or inability to control bowel movements								
Irritation, pain, or burning of skin								
Skin rash								
Skin blisters								
Sweating								
Cool or pale skin								
Skin discoloration								

Symptom	i. Did you experience [Symptom] within 24-hours of the incident? <u>If yes, go to ii. If no, repeat i for next symptom.</u>		ii. Were you experiencing [Symptom] before the incident? <u>If yes, go to iii. If no, go to iv.</u>		iii. Was your [Symptom] worse after the incident? <u>Continue to iv (if listed); otherwise, repeat i for next symptom.</u>		iv. Are you still experiencing [Symptom]? <u>Repeat i for next symptom.</u>	
	Yes	No	Yes	No	Yes	No	Yes	No
Anxiety								
Agitation/irritability								
Fatigue/tiredness								
Difficulty sleeping								
Feeling depressed								
Generalized weakness								
Diffuse muscle aches and pains								
Hallucinations								
Urinary incontinence or dribbling pee								
Inability to urinate or pee								
Any other symptoms? <u>If yes, What was it? Record below.</u>								
1.								
2.								
3.								
4.								

General Survey Module C: Fire/Explosion

C1. Were you injured as a result of the fire or explosion?

Yes

No → Go to next module

C2. I'm going to ask you some questions about injuries that can happen as a result of a fire or explosion. For some of these injuries, I'm going to ask you where on your body they were located. Fill out the table below. Repeat C2 i-ii for one injury and check the boxes that apply before asking about the next injury.

	i. Did you experience [Injury] within 24-hours after the fire or explosion? <u>If yes, go to C2 ii. If no, repeat C2 i for next injury.</u>		ii. <u>If Yes,</u> where on your body was it located? <u>Repeat C2 i for next injury.</u>
Injury	Yes	No	
Abrasion/scrape			
Broken bone/fracture			
Bruise			
Cut			
Dislocation			
Sprain or strain			
Burn			
Crush injury			
Severe bleeding			
Ear drum puncture			
Hearing loss			
Ringing in ears			
Whiplash			
Concussion			
Bowel perforation			
Eye injury			
Any other injuries? <u>If yes,</u> what was it? <u>If applicable, specify</u> where on your body was it located? <u>Record below.</u>			
1.			
2.			

General Survey Module D: Medical Care

D1. Did you receive medical care or a medical evaluation because of the incident?

- Yes →
- No

D2. Why didn't you seek medical care?

- Did not have symptoms
- Symptoms were not bad enough
- Don't like to go to the doctor
- Didn't want to take time
- Worried about who would pay for the medical visit
- Worried about losing job
- Other (Please specify): _____
- Unsure

For those individuals who did not seek medical care, go to the next module.

D3. Were you provided with care by an EMT or paramedic?

- Yes
- No →

D4. On what date were you provided care by an EMT or paramedic?

____/____/____
MM DD YYYY

D5. Were you provided with care at a hospital?

- Yes
- No →

D6. On what date were you first provided care at a hospital? If you had any additional visits to the hospital, please provide me the dates of those visits. Record the date that the respondent first went to the hospital and then the date of any subsequent visits.

1st date of hospital visit: ____/____/____
MM DD YYYY

2nd date of hospital visit: ____/____/____
MM DD YYYY

3rd date of hospital visit: ____/____/____
MM DD YYYY

D7. What is the name of the hospital(s)?

D8. How did you get to the hospital? If the respondent had more than one hospital visit, tell them that you are referring to their first visit.

- EMS/Ambulance
- Drove self
- Driven by relative, friend, or acquaintance
- Other (Please specify): _____

D9. Were you treated only in the emergency department or were you admitted to the hospital?

- Treated in emergency department (Outpatient) → [Go to Question D15](#)
- Admitted (Hospitalized)

D10. How many nights were you hospitalized, including any nights in an intensive care unit (ICU)?

_____ Nights

D11. Were you placed in an Intensive Care Unit or ICU?

- Yes
- No → [Go to Question D15](#)

D12. How many nights were you in the ICU?

_____ Nights

D13. Were you on a ventilator?

- Yes
- No → [Go to Question D15](#)

D14. How many nights were you on a ventilator?

_____ Nights

D15. Besides at a hospital or by an EMT or paramedic, were you seen by a doctor or other medical professional?

- Yes
- No → [Go to Question D17](#)

D16. Read i-iv to the respondent and record information in the table below.

i. On what dates were you provided care by a doctor or other medical professional? (mm/dd/yyyy)	ii. What is the name of the doctor or other medical professional?	iii. What service did this doctor or medical professional provide?	iv. What is the address of the office?

D17. Were you prescribed any new medicines when you were examined after the incident?

Yes

No → Go to Question D19

D18. What is the name of the medicine or medicines you were prescribed? If respondent does not know the name of the medication, ask: What is the medicine for?

D19. Please tell me if any of the following describe why you sought medical care. Read questions a-c to the respondent and circle the appropriate answer(s).

- a. You were given instructions to seek medical care? Yes No Unsure
- b. You experienced health problems or symptoms within 24 hours of the incident?..... Yes No Unsure
- c. You were worried about possible health problems associated with the incident? Yes No Unsure

If aged 13–17, read: We will be doing medical chart reviews and will be asking your parent or guardian for permission to review your medical record for the visit related to the incident. Continue to next module.

If aged 18 or older, go to Question D20.

D20. If aged 18 or older, read: To improve future responses, we try to study medical emergency response as thoroughly as possible. Are you willing to let us get a copy of your medical records for the medical treatment you received because of the incident?

Yes →

Review the medical records release form with the respondent and collect their signature

No

General Survey Module E: Occupational History

Now I'm going to ask you some questions about your work experiences—paid, volunteer, or military—from [12 months ago] to [current date]. This includes part-time and full-time jobs that lasted one month or more, such as jobs for pay inside or outside the home or jobs on a farm.

E1. Are you currently employed?

- Yes → Go to Question E3
- No

E2. Did you have a job in the last 12 months, that is, since [12 months ago]?

- Yes
- No → Go to Question E4

E3. If you had more than one job in the last 12 months, please tell me about the most recent job first, then the next most recent. Fill-out the table below; complete the information for the first job completely before asking about the next job. Once information about all jobs that the respondent has had in the past 12 months has been collected, go to the next module.

	Job 1	Job 2
a. What (is/was) the name of the company you (work/worked) for?		
b. What (does/did) this company make or do?		
c. What (is/was) your job title?		
d. (Does/Did) this job include working with or around any chemicals? <u>If no or unsure, go to f.</u>	Yes No Unsure	Yes No Unsure
e. <u>If yes</u> , what chemicals (do/did) you work with or around?		
f. Did you have any other jobs since [12 months ago]? <ol style="list-style-type: none"> i. Yes → <u>Repeat E3 for the next, most recent job (If the interviewee has had more than 2 jobs, write details on a supplemental table). Circle 'yes' if you need to write information about a job on a supplemental table. Circle 'no' if all information collected is contained in this table. Once information about all jobs that the respondent has had in the past 12 months has been collected, continue to Question E4.</u> ii. No → <u>Continue to Question F1</u> 		

General Survey Module F: Medical History

Now I'm going to ask you a few questions about illnesses you may have had and the kinds of medicines you may have used.

- F1. Prior to the incident, have you ever been told by a doctor or other health care provider that you have 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 Unsure
b. Asthma?	Yes No Unsure
c. Diabetes?	Yes No Unsure
d. High blood pressure?	Yes No Unsure
e. Chronic obstructive pulmonary disease (COPD) or emphysema?	Yes No Unsure
f. Heart Disease?	Yes No Unsure
g. Physical disability that hinders mobility?	Yes (Please specify) _____ No Unsure
h. Psychological condition such as anxiety, depression or dependence disorder?	Yes (Please specify) _____ No Unsure
i. Cancer?	Yes (Please specify) _____ No Unsure
j. Immune disorders such as lupus, rheumatoid arthritis, or HIV?	Yes No Unsure
k. Neurological conditions such as Parkinson's disease or multiple sclerosis?	Yes No Unsure

Medical Condition	
I. Any other medical conditions?	Yes (Please specify) _____ No Unsure

F2. Prior to the incident, were you taking any medicines? This includes medicines prescribed by a health care provider and those you might have gotten without a prescription from stores, pharmacies, friends, or relatives.

Yes

No → [Go to Question F4](#)

Don't Know → [Go to Question F4](#)

F3. What medicines were you taking? If respondent does not know the name of the medication, ask: What was the medicine for?

F4. Do you currently smoke cigarettes, cigars, or pipes?

Yes → [Go to instruction box before Question F7](#)

No

F5. Have you smoked regularly in the past?

Yes

No → [Go to instruction box before Question F7](#)

F6. When did you last quit? Was it...Read all choices to the respondent.

Less than one year ago

1–2 years ago

3–4 years ago

5 or more years ago

[If respondent is male, go to next module](#)

F7. Are you currently pregnant?

Yes

No

Don't Know

F8. Are you currently breastfeeding?

Yes

No

General Survey Module G: Emergency Response

G1. Were you a firefighter, police officer, or other professional who responded to the incident? If yes and necessary, probe for type of responder.

- Firefighter
- Police officer
- EMS responder
- Hospital emergency department worker
- Other: Please specify _____
- Not a responder →

G2. What specifically was your role during the response?

If an EMS responder, hospital emergency department worker, or other health care provider, go to Question G4. Otherwise, continue to Question G3.

G3. Please look at this list and tell me what level of PPE you were wearing when you responded to the incident. Present Showcard Side A.

- None
- Level "A"
- Level "B"
- Level "C"
- Level "D"
- Firefighter turn-out gear with respiratory protection.
- Firefighter turn-out gear without respiratory protection.
- Other types of protection (such as gloves, eye protection, hardhat, steel-toed shoes)
If selected, ask: Please specify the type of protection:

If an EMS responder, hospital emergency department worker, or other health care provider, go to Question G4. Otherwise, continue to next module.

G4. Please look at this list and tell me what type of protection you were wearing.

Present Showcard Side B

- None
- Non-sterile exam gloves
- Surgical gloves
- Face mask without protective shield
- Face mask with protective shield
- Non-splash resistant disposable gown
- Splash resistant disposable gown
- Protective eye glasses/goggles
- Supplied air respirator
- Respirator with cartridge/HEPA filters

If selected, ask: Please specify the type of cartridge/filter:

- Other

If selected, ask: Please specify the type of protection:

GENERAL SURVEY MODULE H: COMMUNICATION

If respondent is an emergency responder, go to next module.

Now I would like to ask you a few questions about the communication you may have received regarding the incident.

If respondent is aged 13-17, continue to Question H1. Otherwise, go to Question H2.

H1. If respondent is an adult, skip to Question H2. If respondent is aged 13-17, read:
How did you hear about the incident?

Go to Question H3

H2. Fill in the table below. Ask H2 i and only check the box next to the type of information the respondent received first. Then follow-up with H2 ii for the information the respondent received first. Continue to H2 iii and check all boxes that apply and follow-up with H2 iv for each type of follow-up information the respondent received.

Source of Information	i. How did you first receive information or instructions about the incident? <u>Check only one box.</u>	ii. Was the information you first received timely? Was it accurate? <u>Write yes, no, or DK (for don't know) in the appropriate box.</u>		iii. How did you receive follow-up information or instructions about the incident? <u>Check all that apply.</u>	iv. Was the follow-up information you received from [source] timely? Was it accurate? <u>Write yes, no, or DK (for don't know) in the appropriate box.</u>	
		Timely	Accurate		Timely	Accurate
Directly from person in authority (i.e. police, firefighter, Hazmat official, supervisor)						
TV						
Radio						
Two-way radio						
Newspaper						
Relative/friend/neighbor/coworker						
Website						
Reverse 911 call						
Phone call						
Text message on a cell phone						
Email						
Community Meeting						
Other, <u>Specify:</u>						

H3. In the future, what are the best ways for your local authorities or the health department to reach you with information regarding a chemical incident? Check all that apply:

- TV
- Radio
- Newspaper
- Website
- Phone call
- Text message on a cell phone
- Email
- Community meeting
- Other (Please specify): _____

General Survey Module I: Needs

If respondent is an emergency responder, go to next module.

I1. As a result of the incident, do you need any of the following...

Read all choices to the respondent.

- | | | |
|--------------------------|-----|----|
| a. Medicines or supplies | Yes | No |
| b. Medical care | Yes | No |
| c. Water | Yes | No |
| d. Food | Yes | No |
| e. Shelter | Yes | No |
| f. Utilities | Yes | No |
| g. Anything else | Yes | No |

If yes, please specify:

I2. If needs are identified in Question I1, obtain details on exactly what is needed so this can be provided to the state health department. Otherwise, continue to the next module.

General Survey Module J: Exposure of Other People Present

J1. Were there any other individuals present with you in the highlighted area of the map during the incident? Show highlighted area of the map.

Yes

No → Go to next module

J2. In order to accurately evaluate the impact of the incident, we are trying to interview as many people who were in the area as possible. Fill in the following table with the information given for Question J2 a-c.

- a. Can you tell me the names of everyone else who was present with you during the incident?
- b. Which are children, and what are their ages?
- c. Can you tell me the phone number and e-mail address of the people who do not live with you?

Name	Age (if child)	Phone	E-mail

General Survey Module K: Pets

K1. Did you have any pets or assistance animals that were in the highlighted area of the map during the incident? Show highlighted area of the map.

Yes

No →

K2. How many of your pets or assistance animals were in the highlighted area during the incident?

_____ Pets/Assistance animals

We will ask further questions about your pet(s) or assistance animal(s) separately at the completion of this survey.

General Survey Module L: Demographic and Contact Information

Now, I have some general questions about you.

L1. Do you consider yourself to be Hispanic or Latino?

- Yes
 No

L2. What race do you consider yourself to be?

Check all that apply:

- Black or African American
 White
 Asian
 American Indian or Alaska Native
 Native Hawaiian or Other Pacific Islander

L3. What is the highest level of education you completed?

- Grade 8 or Less
 Some High School
 High School Graduate or Equivalent
 Some University/College
 Technical or Trade School
 Junior or Community College
 University/College Graduate
 Graduate School or Higher

L4. If necessary, ask. Otherwise, check appropriate box. Are you male or female?

- Male
 Female

If respondent is registered in the Rapid Response Registry (RRR), read and verify RRR information. If changes are needed, enter them into Questions L5–L9, then go to Question L10.

If not in RRR, ask Questions L5–L9, and then continue on to Question L10.

L5. What is your date of birth?

____/____/____
 MM DD YYYY

L6. What is your current address?

Street _____ Apt _____
 City _____ State ____ Zip Code: _____

L7. What is the best telephone number to reach you? Please specify if this is a cellular phone, house phone, or work phone.

(___ ___) ___ ___ - ___ ___

- Cell
- House
- Work

L8. Are there any more telephone numbers where you can be reached?
If yes, collect all other numbers and specify whether cell, house, or work number.

(___ ___) ___ ___ - ___ ___

- Cell
- House
- Work

(___ ___) ___ ___ - ___ ___

- Cell
- House
- Work

L9. Do you have an email address where you can be reached?

- Yes
- No → [Go to Question L10](#)

What is your email address?

L10. We may want to interview you again in the future to check up on your health.

Keeping in mind that people move, we would like to get a little more information to help us locate you in the future. In case you move to another residence, could we have the names and contact information of three people who live outside of your household and who would always know how to find you?

Yes → Complete the table provided

No → Go to next module

	Person 1	Person 2	Person 3
First and Last Name			
Address			
Phone Number (including area code)			
Email Address			
Relationship to you (parent, child, sibling, other relative, friend, other)			

General Survey Module M: Supplemental Questions

M1. [Insert event specific questions requested by the local health department here].

GENERAL SURVEY MODULE N: CONCLUSION STATEMENTS

N1. Is there anything else you want to tell us related to the [chemical] incident?

N2. If Exposure of Other People Present Module did not identify children under the age of 13 that were present, go to Question N3. If children under the age of 13 were identified, read: I would now like to ask you some questions regarding any children you have under the age of 13 that were with you when you were in the highlighted areas of the map.

Refer to Module J to recall child's name and then go to the Child Survey Section

N3. If the Pets Module did not identify that the respondent had a pet or assistance animal in the highlighted area of the map during the incident, go to the "Closing Statement." If pets or assistance animals were identified, read: I would now like to ask you some questions regarding any pets or assistance animals you have that were in the highlighted areas of the map.

Go to the Pet Survey Section

Closing Statement:

That completes this survey. I would like to sincerely thank you for your time. Be sure to record the end time on the first page of this survey.