SECTION II: ACE CHILD SURVEY

CHILD SURVEY MODULE A: LOCATION/EXPOSURE

A1. Who was [Child's name] with when he/she was in the highlighted area on the map between [incident date/time] and [end date/time]? <u>Show area on map.</u>

☐ Respondent
<u>Record name and Participant ID of person with same exposure</u>:

_____ ➔ [Go to Question A3]

☐ Someone else who has been interviewed
<u>Record name and Participant ID of person with same exposure</u>:

_____ ➔ [Go to Question A3]

☐ Someone who has not been interviewed
<u>Record name of person with same exposure</u>:

_____

A2. I would like to know about each place [Child's name] 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 he/she was exposed. <u>Record the following answers in the table provided. Fill out the table for one location before continuing on to the next location.</u>

	Location 1:	Location 2:	Location 3:
a. What is the address where [Child's name] (first/next) was 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 was [Child's name] in this location? <u>Record whether in minutes or hours.</u>			
c. Was he/she inside or outside while they 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 he/she was 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 he/she was 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:</u> did he/she shelter in place, meaning staying inside, with doors and windows closed and all ventilation systems turned off? <u>If yes, ask respondent:</u> Please describe what he/she did to shelter in place.	Yes No Unsure	Yes No Unsure	Yes No Unsure
j. Was [Child's name] in a [smoke cloud/dust/fog] while he/she was there?	Yes No Unsure	Yes No Unsure	Yes No Unsure

A3. Did [Child's name] evacuate from the highlighted area on the map?

☐ Yes

☐ No ➔ Go to Question A5

A4. At approximately what time did he/she evacuate?

_____:_____ ☐ AM ☐ PM

Hour   Min

A5. How did he/she evacuate?

☐ Ambulance

☐ Privately-owned vehicle

☐ Bus

☐ Other (Please specify): _____

_____

A6. Is there any additional information that you think we should know about [Child's name]'s exposure?

☐ Yes ➔ Record the information on the lines provided below

☐ No ➔ [　　　　　　　]

_____
_____
_____
_____

A7. Was [Child's name] decontaminated, meaning their clothing was removed or their body was washed?

☐ Yes

☐ No ➔ [　　　　　　　]

A8. How was [Child's name] 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 was he/she decontaminated? If respondent needs clarification, specify that this question is asking for a geographic location, not a place on the child's body.

_____

A10. At approximately what time was [Child's name] decontaminated?

_____:_____ ☐ AM ☐ PM

Hour   Min

CHILD SURVEY MODULE B: HEALTH STATUS

Now I would like to ask you some questions about any symptoms [Child's name] may have experienced after the incident.

B1. Within 24 hours of the incident, did [Child's name] 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. <u>Fill out the table provided below. Repeat B2 for one symptom and check the boxes that apply before asking about the next symptom.</u>

	i. Did [Child's name] experience [Symptom] within 24- hours of the incident? <u>If yes, go to ii. If no, repeat i for next symptom.</u>		ii. Was [Child's name] experiencing [Symptom] before the incident? <u>If yes, go to iii. If no, go to iv.</u>		iii. Was [Child's name]'s [Symptom] worse after the incident? <u>Continue to iv (if listed); otherwise; repeat i for next symptom.</u>		iv. Is [Child's name] still experiencing [Symptom]? <u>Repeat i for next symptom.</u>	
Symptom	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								
Weakness of arms								
Weakness of legs								

	i. Did [Child's name] experience [Symptom] within 24- hours of the incident? <u>If yes, go to ii. If no, repeat i for next symptom.</u>		ii. Was [Child's name] experiencing [Symptom] before the incident? <u>If yes, go to iii. If no, go to iv.</u>		iii. Was [Child's name]'s [Symptom] worse after the incident? <u>Continue to iv (if listed); otherwise; repeat i for next symptom.</u>		iv. Is [Child's name] still experiencing [Symptom]? <u>Repeat i for next symptom.</u>	
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								
Anxiety								
Agitation/irritability								
Fatigue/tiredness								
Difficulty sleeping								

	i. Did [Child's name] experience [Symptom] within 24- hours of the incident? <u>If yes, go to ii. If no, repeat i for next symptom.</u>		ii. Was [Child's name] experiencing [Symptom] before the incident? <u>If yes, go to iii. If no, go to iv.</u>		iii. Was [Child's name]'s [Symptom] worse after the incident? <u>Continue to iv (if listed); otherwise; repeat i for next symptom.</u>		iv. Is [Child's name] still experiencing [Symptom]? <u>Repeat i for next symptom.</u>	
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</u>, What was it? <u>Record below.</u>								
1.								
2.								
3.								
4.								

CHILD SURVEY MODULE C: FIRE/EXPLOSION

C1. Was [Child's name] injured as a result of the fire or explosion?

☐ Yes

☐ No ➔ [   ]

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 child's 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.

Injury	i. Did [Child's name] experience [Injury] within 24-hours after the fire or explosion? If yes, go to C2 ii. If no, repeat C2 i for next injury.		ii. If Yes, where on his/her body was it located? Repeat C2 i for next 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? If yes, what was it? If applicable, specify where on his/her body was it located? Record below.			
1.			
2.			

CHILD SURVEY MODULE D: MEDICAL CARE

D1. Did [Child's name] receive medical care or evaluation because of the incident?
- ☐ Yes ➔ [Go to Question D3]
- ☐ No

D2. Why didn't you seek medical care for [Child's name]?
- ☐ 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 for the child, go to the next module.]

D3. Was [Child's name] provided with care by an EMT or paramedic?
- ☐ Yes
- ☐ No ➔ [Go to Question D5]

D4. On what date was he/she provided care by an EMT or paramedic?

____/____/_____
MM   DD   YYYY

D5. Was [Child's name] provided with care at a hospital?
- ☐ Yes
- ☐ No ➔ [Go to Question D15]

D6. On what date was [Child's name] first provided care at a hospital? If he/she had any additional visits to the hospital, please provide me the dates of those visits. Record the date that the child 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 [Child's name] get to the hospital? <u>If the child had more than one hospital visit, tell the respondent that you are referring to the child's first visit.</u>

☐ EMS/Ambulance

☐ Driven by relative, friend, or acquaintance

☐ Other (<u>Please specify</u>): _____

D9. Was [Child's name] treated only in the emergency department or was he/she admitted to the hospital?

☐ Treated in an emergency department (Outpatient) ➔ Go to Question D15

☐ Admitted (Hospitalized)

D10. How many nights was he/she hospitalized, including any nights in an intensive care unit (ICU)?

_____Nights

D11. Was he/she placed in an Intensive Care Unit or ICU?

☐ Yes

☐ No ➔ Go to Question D15

D12. How many nights was he/she in the ICU?

_____ Nights

D13. Was he/she on a ventilator?

☐ Yes

☐ No ➔ Go to Question D15

D14. How many nights was he/she on a ventilator?

_____ Nights

D15. Besides at a hospital or by an EMT or paramedic, was [Child's name] seen by a doctor or other medical professional?
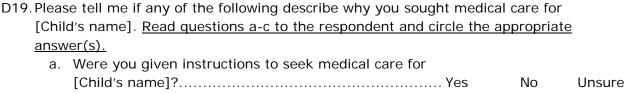
☐ Yes

☐ No ➔ Go to Question D17

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

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

D17. Was [Child's name] prescribed any new medicines when he/she was examined after the incident?

☐ Yes

☐ No ➔ [Go to Question D19]

D18. What is the name of the medicine or medicines [Child's name] was prescribed after being examined? 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 for [Child's name]. Read questions a-c to the respondent and circle the appropriate answer(s).

a. Were you given instructions to seek medical care for [Child's name]?... Yes   No   Unsure

b. [Child's name] experienced health problems or symptoms within 24 hours of the incident?................ Yes   No   Unsure

c. You were worried about possible health problems for [Child's name] associated with the incident? .... Yes   No   Unsure

D20. 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 child's medical records for the medical treatment (he/she) received because of the incident?

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

☐ No

<u>CHILD SURVEY MODULE F: MEDICAL HISTORY</u>

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

F1.   Prior to the incident, have you ever been told by a doctor or other health care provider that [Child's name] has any of the following medical conditions? <u>Fill out the table below. Circle appropriate response and ask the respondent to specify as directed.</u>

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
g. Physical disability that hinders mobility?	Yes (Please specify)_____ No Unsure
h. Psychological condition such as depression?	Yes (Please specify) _____ No Unsure
i. Cancer?	Yes (Please specify) _____ No Unsure
m. Neurological conditions such as cerebral palsy?	Yes No Unsure
n. Developmental conditions such as ADHD/ADD or autism?	Yes No Unsure
l. Any other medical conditions?	Yes (Please specify) _____ No Unsure

F2. Prior to the incident, was [Child's name] 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 next module]

☐ Don't Know ➜ [Go to next module]

F3. What medicines was [Child's name] taking? If respondent does not know the name of the medication, ask: What was the medicine for?

_____
_____
_____

CHILD SURVEY MODULE L: DEMOGRAPHIC INFORMATION

Now, I have some general questions about [Child's name].

L1. Do you consider [Child's name] to be Hispanic or Latino?
☐ Yes
☐ No

L2. What race do you consider him/her to be?
<u>Check all that apply:</u>
☐ Black or African American
☐ White
☐ Asian
☐ American Indian or Alaska Native
☐ Native Hawaiian or Other Pacific Islander

L4. <u>If necessary, ask. Otherwise, check appropriate box.</u> Is [Child's name] male or female?
☐ Male
☐ Female

L5. What is [Child's name]'s date of birth?
____/____/_____
MM   DD   YYYY

CHILD SURVEY MODULE M: SUPPLEMENTAL QUESTIONS

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

CHILD SURVEY MODULE N: CONCLUDING INSTRUCTIONS

If there are more children under age 13, get a new child survey and ask about next child.

If there are no more children under age 13, return to the General Survey Module N: Conclusion Statements and go to Question N3.