

Appendix B: Questionnaire

B1: Questionnaire

*Do not write
in this space*



To protect your child's identity, we have not included his/her name on the following pages. Rather, we refer to him/her as the "study child". This page, which includes his/her personal information, will be separated from the rest of the questionnaire and stored in a separate locked filing cabinet.

Once again, thank you for agreeing to volunteer for this research study in this important study.

Today's date: ____/____/____

1. Child's name: *Last* _____ *First* _____
 MI ____

2. Child's address: *Street* _____
 City _____ *ST* ____

3. If the study child was diagnosed with leukemia, date of diagnosis? ____ / ____ / ____

(mm) (dd) (yyyy)

4. When was the study child born? ____ / ____ / ____

(mm) (dd) (yyyy)

5. Where was the study child born?
City _____ ST ____ Country _____

6. What is the child's sex? Male Female

7. How old was the study child's biological father at the time the study child was born? ____ years old

8. How old was the study child's biological mother at the time the study child was born? ____ years old

9. What was the duration of the study child's gestation (duration of pregnancy)? ____ weeks

months

don't

know

10. Is the child Spanish/Hispanic/Latino?

Yes No Don't know

10a. If yes, what country is the child's biological mother from? _____

10b. If yes, what country is the child's biological father from? _____

11. At the time the child was diagnosed with leukemia, did the home and family of the study child use water from a private well or supplied by a local water company?

Private well Local water company Don't know

12. How many children and adults currently live in the child's household?

12a. Please enter the number of children within each given age range that currently reside with the study child.

Children

	0-3 years old	4-10 years old	11-15 years old	15-18 years old
Number of Children				

12b. Please enter the number of adults within each given age range that currently reside with the study child

Adults

	18-24 years old	25-36 years old	37-54 years old	55 or more years old
Number of Adults				

13. Did the study child's biological father serve in the U.S. Armed Forces prior to the study child's date of diagnosis (or June 30, 2003, if control child)?

Yes No Don't know/Not sure Refused to answer

13a. If yes, please fill in the table below with information about the child's biological father's tour(s) of duty.

Country of service	Date service began	Date service ended	Branch of the Armed Forces	Type of job <i>Please check all that apply</i>	Any contact with chemical or biological agents?
				Desk Mechanical Munitions Fueling Chemical specialist Combat zone	Yes No Don't know If yes, specify the agent: <hr/>
				Desk Mechanical Munitions Fueling Chemical specialist Combat zone	Yes No Don't know If yes, specify the agent: <hr/>

14. Did the study child's biological mother serve in the U.S. Armed Forces prior to the study child's date of diagnosis (or June 30, 2003, if control child)?

Yes No Don't know/Not sure Refused to answer

14a. If yes, please fill in the table below with information about the child's biological mother's tour(s) of duty.

Country of service	Date service began (mm/yyyy)	Date service ended (mm/yyyy or "present")	Branch of the Armed Forces	Type of job <i>Please check all that apply</i>	Any contact with chemical or biological agents?
				Desk Mechanical Munitions Fueling	Yes No Don't know If yes, specify the agent: <hr/>

				Chemical specialist Combat zone	
				Desk Mechanical Munitions Fueling Chemical specialist Combat zone	<hr/> Yes No Don't know If yes, specify the agent: <hr/>

15. During your pregnancy, did you have any x-rays or radiology scans, excluding dental and ultrasounds?

Yes No Don't know/Not sure Refused to answer

15a. If yes, please complete the table below

Type of Scan	Parts of the Body	Month of Pregnancy
Regular (diagnostic) x-ray		
CT or CAT scan		
MRI		
Upper GI		
Other (<i>please specify</i>)		
Don't know/ Not sure		

16. Does anyone who currently lives in the household with the study child smoke cigarettes in the home?

Yes No Don't know/Not sure Refused to answer

16a. If yes, how many smokers are there? ____ ____

16b. On the average, how many total cigarettes do they smoke per day in the home? ____ ____ ____

17. Did the study child's mother smoke cigarettes during her pregnancy?

Yes No Don't know/Not sure Refused to answer

17a. If yes, on the average, how many cigarettes per day did the study child's mother smoke? ____
____ ____

18. While the study child's mother was pregnant, did anyone else regularly smoke cigarettes in the home, at her workplace or at her school (if she attended school)?

Yes No Don't know/Not sure Refused to answer

19. Have you smoked cigarettes in the last 30 days?

Yes No Don't know/Not sure Refused to answer

19a. If yes, on the average, how many cigarettes per day do you smoke? _ _ _

20. Has the study child been diagnosed with asthma?

Yes No Don't know/Not sure Refused to answer

21. Does the study child have allergies?

Yes No Don't know/Not sure Refused to answer

22. Has the study child ever attended day care?

Yes No Don't know/Not sure Refused to answer

22a. If yes, give dates attended (mm/yyyy) _ _ _ / _ _ _ _ _ _ _ _ to _ _ _ _ / _ _ _ _ _ _ _ _

23. Has the study child ever been hospitalized?

Yes No Don't know/Not sure Refused to answer

23a. If yes, give dates admitted and reason for admission

From date (mm/yyyy)	To date (mm/yyyy)	Number of days	Reason

24. Please check all of the following immunizations that your child has received.

DPT or DtaP (Diphtheria, pertussis, tetanus)

DT or dT (Diphtheria, tetanus) vaccine

MMR (Combination of measles, mumps, and rubella) vaccine

Mumps vaccine

Measles (Rubeola) vaccine

Rubella (German measles) vaccine

25. In the past 24 hours, have you used any of the following chemicals/substances?

Chemical	Mother	Father	Child
Solvents (degreasers) used to clean mechanical parts	Y N DK	Y N DK	Y N DK
Glues/adhesives	Y N DK	Y N DK	Y N DK
Varnishes/lacquers	Y N DK	Y N DK	Y N DK
Pesticides (for example, insect repellent, lawn treatment)	Y N DK	Y N DK	Y N DK
Rust preventatives (for example, Rustoleum)	Y N DK	Y N DK	Y N DK
Rubber cement	Y N DK	Y N DK	Y N DK
Dyes and pigments	Y N DK	Y N DK	Y N DK
Petroleum products (for example, motor oil, gasoline)	Y N DK	Y N DK	Y N DK
Metals (ex, welding, grinding)	Y N DK	Y N DK	Y N DK
Paint, paint thinners, or paint strippers	Y N DK	Y N DK	Y N DK
Other (<i>please specify</i>)	Y N DK	Y N DK	Y N DK
Refused to answer	Y N DK	Y N DK	Y N DK

Thank you for the time you have taken to answer our questions, and your willingness to submit blood or urine samples.

The questions we just asked cover a wide variety of topics. It is important to note that since we do not know what causes the vast majority of cancers in children; you should not consider any of the topics covered in this survey to be directly related to the cause of cancer in children.

However, we are very interested in what you think may have contributed to your child's case.

26. Do you have an idea that you would like us to consider?

27. What is the relationship to the study child of the person responding to this questionnaire? (*please check all that apply*)

Biologic mother

Biologic father

Other (*please specify*) _____

- Spanish-speaking
- Refused screening

Neighborhood Comparison Child
Enrollment Screening Script

I. INTRODUCTION:

Hello, my name is _____. I am here on behalf of the Arizona Department of Health Services, Cochise County Health Department, and the Centers for Disease Control and Prevention.

II. SCREENING:

As you may know, the Arizona Department of Health Services has identified a greater number of children with leukemia in Sierra Vista than usually observed in a similar population in the United States. The Arizona Department of Health Services has asked the Centers for Disease Control and Prevention to conduct a biosampling research study.

IF SPANISH SPEAKING INTERVIEWER IS NEEDED, CHECK “YES” FOR LANGUAGE IN BOX
ABOVE AND NOTIFY SPANISH-SPEAKING INTERVIEWER.

We are going door to door to find young people without leukemia who live in the same neighborhood as children who have leukemia. We want to compare the people without leukemia to the people who have it.

Q1. Is there anyone home who is 18 years or older, and who lives in this house full time? I would like to ask them a few questions to determine if your family might be eligible to volunteer for this research study.

- Yes No Don't Know Refused

IF YES, CONTINUE

IF NO, “I’m sorry. I need to speak with someone who lives here who is 18 years old or older.

Should I come back later?” Arrange time to return to screen household. Explain that you may not

need to come back if you get the number of comparison households needed for the research study.

IF HOUSEHOLD ADULT REFUSES PRIOR TO OR DURING SCREENING BEFORE ELIGIBLE CHILD IS IDENTIFIED, Say thank you and proceed to next home.

Q2. Are there children who live in this household who were born after January 1, 1989?

Yes No Don't Know Refused

IF YES, CONTINUE

IF NO: "Thank you, but we are only looking for children born during those years. We appreciate your willingness to answer our questions. Good-bye."

Q3. Please give me the month and year of birth of any such children, and their gender:

1. ____/____ M F match: Y N

2. ____/____ M F match: Y N

3. ____/____ M F match: Y N

4. ____/____ M F match: Y N

IF TWO CHILDREN FALL INTO THE SELECTED CATEGORY, ASK RESPONDENT TO CONSIDER THE OLDEST CHILD.

IF NO CHILDREN WHO MATCH THE AGE AND GENDER NEEDED

“Thank you, but we are looking for children who are the same age and sex as one of the children with leukemia. We appreciate your willingness to answer our questions.”

Q4. Has the (BOY or GIRL) child who was born in (XXXX) ever been diagnosed with leukemia or another type of cancer?

Yes No Don't Know Refused

IF YES: “Thank you, but we are looking for children who have never had leukemia or any other cancer to compare to the children with leukemia.

If other eligible children, repeat process with that child.

IF NO, CONTINUE

Q5. Would you be willing to volunteer for this research study in this research study and to have your child, the (BOY or GIRL BORN IN XXXX) volunteer for this research study, too? Participation includes answering questions to help us learn more about potential risks for childhood leukemia; collecting urine, blood, and cheek cell samples from your child and the child's parents. You may choose not to volunteer for this research study at any time.

Yes No Don't Know Refused

IF YES, CONTINUE

IF NO: Thank you for your willingness to answer our questions. Good-bye.

Q6. May I have your name, address, and the best telephone number? Someone from the Cochise County Health Department will contact you by telephone to arrange an appointment for your family at the clinic. During your visit you will be given a short interview and your child and his parent or legal guardians will be asked to provide urine, blood, and cheek cell samples.

Name: _____

Street: _____

City: _____ ZIP: _____

Phone number: (____ ____) _____ - _____

Q7. May I have the name, date of birth, and residence information of the child eligible for our biosampling research study?

Name: _____

DOB: ____/____/____

Length of residence in this home ____years ____months

Length of residence in this county ____years ____months

Thank you. Someone from the Cochise County Health Department will be contacting you shortly to make an appointment for your family to visit their clinic. Thanks very much for your time.