# The PFAS Health Study Survey

## Survey for adult participants



### How to complete this survey

- Use only black pen for your responses. Do not mark any areas outside boxes
- When lines ( _____ ) are supplied, write your answer clearly on the space provided. Answer with as much detail as possible
- When checkboxes ( ☐ ) are supplied, indicate the answer that is right for you by putting a tick ( ☑ )
- If you need to change an answer, completely fill in the wrong box ( ■ )and put a tick ( ☑ ) in the box with the answer that is right for you
- Sometimes you are asked to write a number for your response. Where there is more than one box and your answer is a single digit, you do not need to insert zeros in front of your answer. For example: ☐8
- Important information that will help you complete the survey will appear next to this symbol ℹ Please read each question carefully
- Please answer questions in the order they appear. Where you may need to skip one or more questions you will see this symbol → Section A

This study is focused on three PFAS Investigation and Management Areas surrounding Royal Australian Air Force (RAAF) Base Williamtown (New South Wales), RAAF Base Tindal (Northern Territory) and Army Aviation Centre Oakey (Queensland). We want to hear from people who may have been exposed to PFAS in these areas, as well as those who haven't. In this survey a 'PFAS Investigation or Management Area' refers specifically to these sites

**If you have any questions about the survey, please call the Australian National University study helpline on 1800 430 903 (9am-5pm AEDT) or go to pfas.anu.edu.au**

Australian National University

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PFAS HEALTH STUDY

# Section A: PFAS Investigation and Management Areas

**A1** The PFAS Health Study is focused on PFAS Investigation and Management Areas surrounding:

- Royal Australian Air Force (RAAF) Base Williamtown (New South Wales)
- RAAF Base Tindal (Northern Territory)
- Army Aviation Centre Oakey (Queensland)

Which of the following best describes you?

*Tick all that apply*

| | | |
|---|---|---|
| Currently live in one of these PFAS Investigation or Management Areas | ☐ | |
| Currently work in one of these PFAS Investigation or Management Areas | ☐ | |
| Previously lived in one of these PFAS Investigation or Management Areas | ☐ | |
| Previously worked in one of these PFAS Investigation or Management Areas | ☐ | |
| Never lived or worked in one of these PFAS Investigation or Management Areas | ☐ → | A3 |
| Don't know if I lived or worked in one of these PFAS Investigation or Management Areas | ☐ → | A3 |

**A2** In which PFAS Investigation or Management Area do or did you live or work?

*Tick all that apply*

| | | |
|---|---|---|
| Williamtown area, New South Wales | ☐ → | A4 |
| Oakey, Queensland | ☐ → | A4 |
| Katherine, Northern Territory | ☐ → | A4 |

**A3** In which area do you currently live?

| | |
|---|---|
| Kiama or Shellharbour areas, New South Wales | ☐ |
| Dalby, Queensland | ☐ |
| Alice Springs, Northern Territory | ☐ |
| Other (please specify) _____ | |

**A4** Which of the following best describes your work history?

| | | |
|---|---|---|
| Currently work for the Australian Government Department of Defence | ☐ | |
| Previously worked for the Australian Government Department of Defence | ☐ | |
| Never worked for the Australian Government Department of Defence | ☐ → | Section B |

**A5** Where is this Defence Force base located?

*Tick all that apply*

| | |
|---|---|
| RAAF Base Williamtown | ☐ |
| Army Aviation Centre Oakey | ☐ |
| RAAF Base Tindal | ☐ |
| Other (please specify) _____ | |
| Other (please specify) _____ | |

## Section B: Health conditions

*The following questions are related to your health at the time of completing this survey.*

**B1** In general, would you say that your health is excellent, very good, good, fair or poor?

| | |
|---|---|
| Excellent | ☐ |
| Very good | ☐ |
| Good | ☐ |
| Fair | ☐ |
| Poor | ☐ |

**B2** Have you **ever** been told by a doctor that you have any of the following health conditions:

*Tick 'no' or 'yes' for each condition, **if 'yes' state the month and year of diagnosis**. If you are unsure of the date you were diagnosed with a condition, please estimate the year. If you're unsure whether you have been diagnosed with a condition, please select 'no'.*

| Health condition | | | Date of diagnosis Month | Date of diagnosis Year |
|---|---|---|---|---|
| **Cancer** | | | | |
| Bone cancer | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Brain cancer | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Breast cancer | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Kidney cancer | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Leukaemia | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Liver cancer | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Ovarian cancer | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Prostate cancer | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Testicular cancer | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Thyroid cancer | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| **Heart and blood vessels** | | | | |
| Heart attack / angina | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| High blood pressure for which you were prescribed medication | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| High cholesterol for which you were prescribed medication | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Stroke | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |

**B2** *Continued* Have you **ever** been told by a doctor that you have any of the following health conditions:

| Health condition | | | Date of diagnosis Month | Date of diagnosis Year |
|---|---|---|---|---|
| **Autoimmune disease** | | | | |
| Lupus | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Ulcerative colitis | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Crohn's disease | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Multiple sclerosis | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Rheumatoid arthritis | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Asthma | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| **Diabetes** | | | | |
| Type I diabetes | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Type II diabetes | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| **Liver diseases** | | | | |
| Hepatitis not caused by an infection | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Fatty liver disease | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Cirrhosis of the liver | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| **Brain and nervous system** | | | | |
| Dementia | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Parkinson's disease | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Motor neurone disease | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| **Thyroid** | | | | |
| Hypothyroidism (underactive thyroid) | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Hyperthyroidism (overactive thyroid) | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| **Kidney disease** | | | | |
| Chronic kidney disease | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| Gout | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |

**B2** *Continued* Have you **ever** been told by a doctor that you have any of the following health conditions:

| Health condition | | | Date of diagnosis Month | Date of diagnosis Year |
|---|---|---|---|---|
| Additional health conditions (please specify) | | | | |
| _____ | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| _____ | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| _____ | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| _____ | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| _____ | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |
| _____ | No ☐ | Yes ☐ → | ☐☐ | ☐☐☐☐ |

**B3** If you have any comments about any diagnosed health conditions from the previous question, please comment below.

## Section C: Health and wellbeing

*C1 is for both male and female respondents.*

**C1** Have you ever had any problems with fertility?

| | |
|---|---|
| Yes | ☐ |
| No | ☐ |
| Don't know | ☐ |
| Prefer not to answer | ☐ |

*The remainder of this section is for female respondents only.*

*Male respondents* → **Section D**

*The following questions are about women's health, including details of periods, pregnancy and menopause.*

**C2** At what age did you have your first period?

| | |
|---|---|
| Age had first period | ☐☐ years of age |
| Never had a period | ☐ |
| Don't know | ☐ |
| Prefer not to answer | ☐ |

**C3** Have you ever been pregnant?

| | | |
|---|---|---|
| Yes | ☐ | |
| No | ☐ | → **C11** |
| Prefer not to answer | ☐ | → **C11** |

**C4** How many times have you been pregnant?

| | |
|---|---|
| Approximate number of pregnancies | ☐☐ |
| Don't know | ☐ |
| Prefer not to answer | ☐ |

*Complete questions C5 to C10 for each pregnancy. If you've never been pregnant* → **C11**

| | | Pregnancy 1 | Pregnancy 2 | Pregnancy 3 | Pregnancy 4 |
|---|---|---|---|---|---|
| **C5** | What was the year you first knew you were pregnant? | | | | |
| | First year you knew you were pregnant | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |
| | Prefer not to answer | ☐ | ☐ | ☐ | ☐ |
| **C6** | Was this pregnancy a single or multiple pregnancy (e.g. twins, triplets or more)? | | | | |
| | Record number | ☐☐ | ☐☐ | ☐☐ | ☐☐ |
| | Prefer not to answer | ☐ | ☐ | ☐ | ☐ |
| **C7** | Did you experience any of the following health conditions during this pregnancy? | | | | |
| | | Yes No | Yes No | Yes No | Yes No |
| | Pregnancy induced hypertension (high blood pressure) | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| | Pre-eclampsia | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| | Gestational diabetes | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| **C8** | What was the result of this pregnancy? *For a multiple pregnancy please tick all that apply* | | | | |
| | Live birth at or after 37 weeks | ☐ | ☐ | ☐ | ☐ |
| | Premature live birth 32-36 weeks | ☐ | ☐ | ☐ | ☐ |
| | Premature live birth before 32 weeks | ☐ | ☐ | ☐ | ☐ |
| | Miscarriage (loss of a pregnancy before 20 weeks gestation) | ☐ | ☐ | ☐ | ☐ |
| | Stillbirth (the birth of a baby who has died at 20 or more weeks gestation) | ☐ | ☐ | ☐ | ☐ |
| | Other | ☐ | ☐ | ☐ | ☐ |
| | Prefer not to answer | ☐ | ☐ | ☐ | ☐ |

*Answer C9 and C10 if you had a live birth from this pregnancy. Otherwise continue to next pregnancy or, if no more pregnancies* → **C11**

| | | | | | |
|---|---|---|---|---|---|
| **C9** | Did you breastfeed this child or children? This includes expressing breastmilk. | | | | |
| | Yes | ☐ | ☐ | ☐ | ☐ |
| | No → **Next Pregnancy** | ☐ | ☐ | ☐ | ☐ |
| | Prefer not to answer | ☐ | ☐ | ☐ | ☐ |
| **C10** | About how many months did you breastfeed for? | | | | |
| | Number of months | ☐☐ months | ☐☐ months | ☐☐ months | ☐☐ months |
| | Less than one month | ☐ | ☐ | ☐ | ☐ |
| | Still breastfeeding | ☐ | ☐ | ☐ | ☐ |

*Complete questions C5 to C10 for each of your pregnancies. These questions are repeated on the facing page to allow a total of 12 pregnancies to be recorded. Once you've completed these questions* → **C11**

*Complete questions C5 to C10 for each pregnancy. If you've never been pregnant* → C11

| Pregnancy 5 | Pregnancy 6 | Pregnancy 7 | Pregnancy 8 | Pregnancy 9 | Pregnancy 10 | Pregnancy 11 | Pregnancy 12 |
|---|---|---|---|---|---|---|---|
| What was the year you first knew you were pregnant? | | | | | | | |
| ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Was this pregnancy a single or multiple pregnancy (e.g. twins, triplets or more)? | | | | | | | |
| ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ | ☐☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Did you experience any of the following health conditions during this pregnancy? | | | | | | | |
| Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No | Yes No |
| ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ | ☐ ☐ |
| What was the result of this pregnancy? *For a multiple pregnancy please tick all that apply* | | | | | | | |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

*Answer C9 and C10 if you had a live birth from this pregnancy. Otherwise continue to next pregnancy or, if no more pregnancies* → C11

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Did you breastfeed this child or children? This includes expressing breastmilk. | | | | | | | |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| About how many months did you breastfeed for? | | | | | | | |
| ☐☐ months | ☐☐ months | ☐☐ months | ☐☐ months | ☐☐ months | ☐☐ months | ☐☐ months | ☐☐ months |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

*Complete questions C5 to C10 for each of your pregnancies. Once you've completed these questions* → C11

**C11** Have you started menopause?

| | | |
|---|---|---|
| Yes | ☐ | |
| No | ☐ | → Section D |
| Don't know | ☐ | → Section D |
| Prefer not to answer | ☐ | → Section D |

**C12** How old were you when you started menopause?

| | | |
|---|---|---|
| Age started menopause | ☐☐ | years of age |
| Don't know | ☐ | |
| Prefer not to answer | ☐ | |

**C13** Did you go through menopause as a result of a medical procedure or treatment (e.g. chemotherapy or a hysterectomy)?

| | |
|---|---|
| Yes | ☐ |
| No | ☐ |
| Don't know | ☐ |
| Prefer not to answer | ☐ |

## Section D: Medical treatments

**D1** Have you ever had a blood transfusion?

- Yes ☐
- No ☐ → D4
- Don't know ☐ → D4
- Prefer not to answer ☐ → D4

**D2** How many blood transfusions have you had?

- Number of blood transfusions ☐☐
- Don't know ☐

**D3** In what year was your last blood transfusion?

- Year of last blood transfusion ☐☐☐☐
- Don't know ☐

**D4** Have you ever required regular kidney dialysis?

- Yes ☐
- No ☐ → Section E
- Don't know ☐ → Section E
- Prefer not to answer ☐ → Section E

**D5** In what year did you **start** regular kidney dialysis?

- Year started regular kidney dialysis ☐☐☐☐
- Don't know ☐

**D6** In what year did you **end** regular kidney dialysis?

- Year ended regular kidney dialysis ☐☐☐☐
- Still receiving regular kidney dialysis ☐
- Don't know ☐

## Section E: Current health status

*The next few questions are about your health at the time of completing this survey. Some of these questions may sound similar but they are collecting different information. Please complete all questions.*

**E1** During the **past 4 weeks**, how much have you been bothered by any of the following problems?

| | Not bothered at all | Bothered a little | Bothered a lot |
|---|---|---|---|
| Stomach pain | ☐ | ☐ | ☐ |
| Back pain | ☐ | ☐ | ☐ |
| Pain in your arms, legs, joints (knees, hips, etc.) | ☐ | ☐ | ☐ |
| Menstrual cramps or other problems with your periods **[Females only]** | ☐ | ☐ | ☐ |
| Headaches | ☐ | ☐ | ☐ |
| Chest pain | ☐ | ☐ | ☐ |
| Dizziness | ☐ | ☐ | ☐ |
| Fainting spells | ☐ | ☐ | ☐ |
| Feeling your heart pound or race | ☐ | ☐ | ☐ |
| Shortness of breath | ☐ | ☐ | ☐ |
| Pain or problems during sexual intercourse | ☐ | ☐ | ☐ |
| Constipation, loose bowels, or diarrhea | ☐ | ☐ | ☐ |
| Nausea, gas or indigestion | ☐ | ☐ | ☐ |
| Feeling tired or having low energy | ☐ | ☐ | ☐ |
| Trouble sleeping | ☐ | ☐ | ☐ |

**E2** Please tell us about your feelings in the **last 30 days**.

In the last 30 days...

| | Never | Rarely | Sometimes | Often | Always |
|---|---|---|---|---|---|
| My worries overwhelmed me | ☐ | ☐ | ☐ | ☐ | ☐ |
| I felt hopeless | ☐ | ☐ | ☐ | ☐ | ☐ |
| I found social settings upsetting | ☐ | ☐ | ☐ | ☐ | ☐ |
| I had trouble staying focused on tasks | ☐ | ☐ | ☐ | ☐ | ☐ |
| Anxiety or fear interfered with my ability to do the things I needed to do at work or at home | ☐ | ☐ | ☐ | ☐ | ☐ |

**E3** During the **past 30 days**, about how often did you feel...

| | None of the time | A little of the time | Some of the time | Most of the time | All of the time |
|---|---|---|---|---|---|
| nervous? | ☐ | ☐ | ☐ | ☐ | ☐ |
| hopeless? | ☐ | ☐ | ☐ | ☐ | ☐ |
| restless or fidgety? | ☐ | ☐ | ☐ | ☐ | ☐ |
| so depressed that nothing could cheer you up? | ☐ | ☐ | ☐ | ☐ | ☐ |
| that everything was an effort? | ☐ | ☐ | ☐ | ☐ | ☐ |
| worthless? | ☐ | ☐ | ☐ | ☐ | ☐ |

**E4** Over the **last 2 weeks**, how often have you been bothered by any of the following problems?

| | Not at all | Several days | More than half the days | Nearly every day |
|---|---|---|---|---|
| Feeling nervous, anxious or on edge | ☐ | ☐ | ☐ | ☐ |
| Not being able to stop or control worrying | ☐ | ☐ | ☐ | ☐ |
| Worrying too much about different things | ☐ | ☐ | ☐ | ☐ |
| Trouble relaxing | ☐ | ☐ | ☐ | ☐ |
| Being so restless that it is hard to sit still | ☐ | ☐ | ☐ | ☐ |
| Becoming easily annoyed or irritable | ☐ | ☐ | ☐ | ☐ |
| Feeling afraid as if something awful might happen | ☐ | ☐ | ☐ | ☐ |

*The following questions relate to living in a PFAS Investigation or Management Area.*

*If you have never lived in a PFAS Investigation or Management Area* ☐ → **Section H** on page 19

## Section F: Health concerns about PFAS

**F1** Have you sought professional assistance, such as from a GP or counsellor, to help manage your physical or mental health in relation to living in a PFAS Investigation or Management Area?

| | | |
|---|---|---|
| Yes | ☐ | |
| No | ☐ → | F3 |
| Prefer not to answer | ☐ → | F3 |

**F2** From what kind of professional did you seek assistance, and did you find this assistance helpful?

| | Sought assistance? | | Assistance helpful? | |
|---|---|---|---|---|
| GP | No ☐ | Yes ☐ → | No ☐ | Yes ☐ |
| Psychologist | No ☐ | Yes ☐ → | No ☐ | Yes ☐ |
| Counsellor | No ☐ | Yes ☐ → | No ☐ | Yes ☐ |
| Lifeline or another telephone counselling service | No ☐ | Yes ☐ → | No ☐ | Yes ☐ |
| Other (please specify) _____ | No ☐ | Yes ☐ → | No ☐ | Yes ☐ |
| Other (please specify) _____ | No ☐ | Yes ☐ → | No ☐ | Yes ☐ |

**F3** Since you found out about PFAS contamination in your community, have you done any of the following?

| | Yes, and I attribute this change to PFAS contamination | Yes, but I don't attribute this change to PFAS contamination | No | Don't know |
|---|---|---|---|---|
| Taken up smoking or increased your smoking | ☐ | ☐ | ☐ | ☐ |
| Taken up drinking alcohol or increased your drinking | ☐ | ☐ | ☐ | ☐ |
| Been using prescription medication to help you sleep | ☐ | ☐ | ☐ | ☐ |
| Reduced the amount of exercise you normally do | ☐ | ☐ | ☐ | ☐ |
| Made some other changes that might not be good for your health (please specify) _____ | ☐ | ☐ | ☐ | ☐ |

**F4** Are you concerned about your or other people's health now and in the future as a result of living in or working in a PFAS Investigation or Management Area?

| | Yes | No | Not applicable |
|---|---|---|---|
| Concerned about my health | ☐ | ☐ | |
| Concerned about my partner's health | ☐ | ☐ | ☐ |
| Concerned about my child's health | ☐ | ☐ | ☐ |

Concerned about others' health (please specify)

_____

_____

*This next question is for participants who answered yes to any statement from F4.*

*If you did not answer yes in F4* → **F6**

**F5** Are you concerned about any specific health conditions related to living or working in a PFAS Investigation or Management Area?

_____

_____

_____

_____

**F6** How concerned have you been about the following issues related to living or working in a PFAS Investigation or Management Area?

| | Unconcerned | Slightly concerned | Moderately concerned | Very concerned | Extremely concerned | Not applicable |
|---|---|---|---|---|---|---|
| Health | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Mental health | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Stigma | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Uncertainty about the future | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Finances | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Time costs | ☐ | ☐ | ☐ | ☐ | ☐ | |
| Work disruption | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other (please specify) _____ | | ☐ | ☐ | ☐ | ☐ | |
| _____ | | ☐ | ☐ | ☐ | ☐ | |

**F7** Had you already had your blood tested for PFAS prior to receiving this survey?

Yes ☐

No ☐ → **Section G**

**F8** Did you find the blood test results helpful?

Yes ☐

No ☐

I'm not sure ☐

I have not got results yet ☐ → **Section G**

**F9** Why do you say that?

_____

_____

_____

_____

## Section G: Residential exposure to PFAS

*Please answer questions G1 to G4 for each residence you have lived in that* ***you know to be in a PFAS Investigation or Management Area****.*

| | | Residence 1<br>Current or most recent | Residence 2<br>Next most recent |
|---|---|---|---|
| **G1** | What is the residential address of this property? | | |
| | Street number and street name | _____<br>_____ | _____<br>_____ |
| | Suburb | _____ | _____ |
| | Postcode | ☐☐☐☐ | ☐☐☐☐ |
| | State | _____ | _____ |
| **G2** | Which years did you live at this address? | | |
| | Year moved in | ☐☐☐☐ | ☐☐☐☐ |
| | Year moved out | ☐☐☐☐<br>☐ Still living here | ☐☐☐☐ |
| **G3** | What type of property is this? | | |
| | Rural property | ☐ | ☐ |
| | House | ☐ | ☐ |
| | Unit or apartment | ☐ | ☐ |
| **G4** | What type(s) of water supply did this property use and in what years did you use it? | | |
| | Town water | ☐ Never used | ☐ Never used |
| | Year started | ☐☐☐☐ | ☐☐☐☐ |
| | Year stopped | ☐☐☐☐<br>☐ Still using town water | ☐☐☐☐ |
| | Rainwater (tank water) | ☐ Never used | ☐ Never used |
| | Year started | ☐☐☐☐ | ☐☐☐☐ |
| | Year stopped | ☐☐☐☐<br>☐ Still using rainwater | ☐☐☐☐ |
| | Bore water | ☐ Never used | ☐ Never used |
| | Year started | ☐☐☐☐ | ☐☐☐☐ |
| | Year stopped | ☐☐☐☐<br>☐ Still using bore water | ☐☐☐☐ |
| | Other (please specify) | ☐ _____ | ☐ _____ |
| | Year started | ☐☐☐☐ | ☐☐☐☐ |
| | Year stopped | ☐☐☐☐<br>☐ Still using other source | ☐☐☐☐ |
| | Don't know the water supply on this property | ☐ Unsure of water source | ☐ Unsure of water source |

*If you have never lived in a PFAS Investigation or Maintenance Area* → **Section H**

| **Residence 3** | **Residence 4** | **Residence 5** | **Residence 6** |
|---|---|---|---|
| Next most recent | Next most recent | Next most recent | Next most recent |

What is the residential address of this property?

| | | | |
|---|---|---|---|
| ____________ | ____________ | ____________ | ____________ |
| ____________ | ____________ | ____________ | ____________ |
| ____________ | ____________ | ____________ | ____________ |
| ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |
| ________ | ________ | ________ | ________ |

What years did you live at this address?

| | | | |
|---|---|---|---|
| ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |
| ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |

What type of property is this?

| | | | |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ |
| ☐ | ☐ | ☐ | ☐ |

What type(s) of water supply did this property use and in what years did you use it?

| | | | |
|---|---|---|---|
| ☐ Never used | ☐ Never used | ☐ Never used | ☐ Never used |
| ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |
| ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |
| ☐ Never used | ☐ Never used | ☐ Never used | ☐ Never used |
| ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |
| ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |
| ☐ Never used | ☐ Never used | ☐ Never used | ☐ Never used |
| ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |
| ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |
| ☐ ____________ | ☐ ____________ | ☐ ____________ | ☐ ____________ |
| ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |
| ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |
| ☐ Unsure of water source | ☐ Unsure of water source | ☐ Unsure of water source | ☐ Unsure of water source |

**G5** Are these all the places you have lived in that are in a PFAS Investigation or Management Area?

| | |
|---|---|
| Yes | ☐ |
| No | ☐ |

*Check your answer to G4. Did you use bore water at any of the places you lived that you know are in a PFAS Investigation or Management Area?*

| | | |
|---|---|---|
| *Yes* | ☐ → | G6 |
| *No* | ☐ → | G9 |

*The next questions relate to the use of bore water. Please complete these questions for the* ***most recent residence*** *which used a bore water supply in a PFAS Investigation or Management Area.*

**G6** **Before** you became aware of PFAS contamination in the area of this residence, how often did you use bore water at this residence for each of the activities listed below?

| | Daily | About weekly | About monthly | Less than once a month | Not at all | Don't know |
|---|---|---|---|---|---|---|
| Drinking | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Cooking | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Showering or bathing | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Watering or irrigating crops | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Watering vegetable gardens | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Swimming or wading pools | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Lawn watering | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Giving water to livestock | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other (please specify) _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

☐ Moved into this residence **after** finding out about PFAS contamination → G8

**G7** Did you cease using the bore water after being made aware of PFAS contamination in your local area?

| | | |
|---|---|---|
| Yes, ceased completely | ☐ → | G9 |
| No, still use bore water for some activities | ☐ | |
| No, still use bore water for all activities | ☐ | |
| Moved out of this residence **before** finding out about PFAS contamination | ☐ → | G9 |

**G8** **After** you became aware of PFAS contamination in the area of this residence, how often did you use bore water at this residence for each of the activities listed below?

| | Daily | About weekly | About monthly | Less than once a month | Not at all | Don't know |
|---|---|---|---|---|---|---|
| Drinking | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Cooking | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Showering or bathing | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Watering or irrigating crops | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Watering vegetable gardens | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Swimming or wading pools | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Lawn watering | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Giving water to livestock | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Other (please specify) _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| _____ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

*The next questions relate to living in a PFAS Investigation or Management Area generally.*

**G9** **Before** you became aware of PFAS contamination, how often did you eat foods produced on your property or by neighbours or local farmers in a PFAS investigation or management area, as listed below?

| | Daily | About weekly | About monthly | Less than once a month | Not at all | Don't know |
|---|---|---|---|---|---|---|
| Fruit and vegetables | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Eggs | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Poultry | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Livestock | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Seafood or fresh water fish, shellfish or crustaceans (e.g. prawns) caught locally | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Game meat and eggs caught locally, such as wild kangaroo, wild pig, wild turkey, wild turtle and wild crocodile | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Locally foraged bush tucker, such as quandongs, mushrooms and native plums | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

☐ Moved into this area **after** finding out about PFAS contamination → G12

**G10** Have you made a change to your local produce consumption since becoming aware of PFAS contamination in your local area?

| | | |
|---|---|---|
| Yes | ☐ | |
| No | ☐ | → Section H |
| Moved out of the local area before finding out about PFAS contamination | ☐ | → Section H |

**G11** In what year did you change your local produce consumption?

| | |
|---|---|
| Year changed local produce consumption | ☐☐☐☐ |
| Don't know | ☐ |

**G12** **After** you became aware of PFAS contamination in the area of this residence, how often did you eat foods produced on your property or by neighbours or local farmers, as listed below?

| | Daily | About weekly | About monthly | Less than once a month | Not at all | Don't know |
|---|---|---|---|---|---|---|
| Fruit and vegetables | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Eggs | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Poultry | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Livestock | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Seafood or fresh water fish, shellfish or crustaceans (e.g. prawns) caught locally | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Game meat and eggs caught locally, such as wild kangaroo, wild pig, wild turkey, wild turtle and wild crocodile | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Locally foraged bush tucker, such as quandongs, mushrooms and native plums | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## Section H: Occupational exposure to PFAS

**H1** Do you think you have been exposed to Aqueous Film Forming Foam (AFFF) (firefighting foam) containing PFAS in your current or a previous job?

| | | |
|---|---|---|
| Yes | ☐ | |
| No | ☐ | → H8 |
| Don't know | ☐ | → H8 |

*Please fill in the table on this page about current and previous jobs where you may have been exposed to Aqueous Film Forming Foam (AFFF).*

| Jobs where you think you have been exposed to AFFF | **Job 1** Current or most recent | **Job 2** Next most recent | **Job 3** Next most recent |
|---|---|---|---|
| **H2** Job title | _____ | _____ | _____ |
| Firefighter | ☐ | ☐ | ☐ |
| **H3** Industry name | _____ | _____ | _____ |
| **H4** In what year(s) were you exposed to AFFF in this job? | | | |
| Year first exposed | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |
| Year last exposed | ☐☐☐☐ ☐ Current exposure | ☐☐☐☐ | ☐☐☐☐ |
| **H5** Describe your exposure to AFFF in this job | | | |
| Exposure to AFFF | _____ | _____ | _____ |
| **H6** How often were you exposed to AFFF? | | | |
| Less than once a week | ☐ | ☐ | ☐ |
| Once a week | ☐ | ☐ | ☐ |
| Twice a week | ☐ | ☐ | ☐ |
| Most days | ☐ | ☐ | ☐ |
| Don't know | ☐ | ☐ | ☐ |

**H7** Are these all the jobs you have had in which you think you have been exposed to AFFF?

| | |
|---|---|
| Yes | ☐ |
| No | ☐ |

**H8** Do you think you have been exposed to PFAS other than in AFFF in your current or a previous job?

*The following industries use PFAS: chrome and metal plating industries; automotive industry; aviation industry; manufacture of building products (tile coatings, stone coatings, paint, varnishes, sealants); manufacture of food packaging and food preparation products (baking paper, aluminum foil, fast food wrappers and non-stick equipment); manufacture of textiles, leather, upholstery, carpets, clothing and shoes.*

| | | |
|---|---|---|
| Yes | ☐ | |
| No | ☐ → | Section I |
| Don't know | ☐ → | Section I |

*Please fill in the table on this page about current and previous jobs where you may have been exposed to PFAS other than in AFFF.*

| Jobs where you think you have been exposed to PFAS other than in AFFF | **Job 1** Current or most recent | **Job 2** Next most recent | **Job 3** Next most recent |
|---|---|---|---|
| **H9** Job title | _____ | _____ | _____ |
| **H10** Industry name | _____ | _____ | _____ |
| **H11** In what year(s) were you exposed to PFAS other than in AFFF in this job? | | | |
| Year first exposed | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |
| Year last exposed | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |
| | ☐ Still being exposed | | |

**H12** Are these all the jobs you have had in which you think you may have been exposed to PFAS other than in AFFF?

| | |
|---|---|
| Yes | ☐ |
| No | ☐ |

## Section I: Community exposure to PFAS

**I1** Do you think you have been directly exposed to Aqueous Film Forming Foam (AFFF) (firefighting foam) containing PFAS in any other way not already mentioned? That is, not through your job or through living in a PFAS Investigation or Management Area?

*For example, this could be at a community event, playing in foam or sliding down a slide covered in foam or using AFFF within your home.*

| | | |
|---|---|---|
| Yes | ☐ | |
| No | ☐ → | Section J |
| Don't know | ☐ → | Section J |

*Please fill in the table on this page for each additional type of exposure to AFFF in your community or home.*

| Additional exposure to AFFF | Exposure 1 | Exposure 2 | Exposure 3 |
|---|---|---|---|
| **I2** How were you exposed to AFFF? | | | |
| Description of direct exposure to AFFF in your community or home | _____ | _____ | _____ |
| **I3** How many times were you directly exposed to AFFF in this way? | | | |
| Number of times (approximate) | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |
| **I4** In which year were you last exposed to AFFF in this way? | | | |
| Year of exposure | ☐☐☐☐ | ☐☐☐☐ | ☐☐☐☐ |

## Section J: Background information

*We are now going to ask a series of questions about yourself. It is important for us to ask your first and last name and date of birth in order to link your PFAS blood test results to your survey answers. This will allow us to understand how your blood PFAS levels relate to your health and your previous exposure. Once the two have been linked your information will be non-identifiable. Your information will only be accessible to the person doing the matching. Only research team staff will have access to these files. Your name will not be used for any data analysis and will not be used in any reports. Your birth date will only be used to calculate your age.*

**J1** First name _____

**J2** Surname _____

**J3** Date of birth ☐☐/☐☐/☐☐☐☐
DD MM YYYY

**J4** What is todays date? ☐☐/☐☐/☐☐☐☐
DD MM YYYY

**J5** Are you....

- Male ☐
- Female ☐
- Other ☐

*The following questions are important to help us interpret the results of the survey. If there are any questions you would rather not answer, please leave them blank.*

**J6** Are you of Aboriginal or Torres Strait Islander origin?

*Tick all that apply*

- No ☐
- Yes, Aboriginal ☐
- Yes, Torres Strait Islander ☐

**J7** How tall are you without shoes?

*To the nearest centimetre or inch*

Height ☐☐☐ Centimetres OR ☐☐ Feet ☐☐ Inches

Don't know ☐

**J8** About how much do you weigh?

*To the nearest kilogram or pound*

Weight ☐☐☐ Kilograms OR ☐☐ Stone ☐☐ Pounds

Don't know ☐

**J9** In which country were you born?

Australia ☐ → J11

Other (please specify) _____

| J10 | In what year did you first come to live in Australia for one year or more? |
|---|---|
| Year first came to Australia to live for one year or more | ☐☐☐☐ |
| Don't know | ☐ |

| J11 | What language do you mainly speak at home? |
|---|---|
| English | ☐ |
| Other (please specify) | _____ |

| J12 | What is your marital status? |
|---|---|
| Married | ☐ |
| De facto relationship | ☐ |
| Separated | ☐ |
| Divorced | ☐ |
| Widowed | ☐ |
| Single | ☐ |
| Other (please specify) | _____ |
| Don't know | ☐ |

| J13 | What is the highest level of schooling you have completed? |
|---|---|
| Year 12 or equivalent | ☐ |
| Year 11 or equivalent | ☐ |
| Year 10 or equivalent | ☐ |
| Year 9 or equivalent | ☐ |
| Year 8 or below | ☐ |
| Did not go to school | ☐ |
| Don't know | ☐ |

| J14 | What is the highest educational qualification you have completed since leaving school? |
|---|---|
| Postgraduate Degree Level (includes Doctoral and Masters degrees) | ☐ |
| Graduate Diploma and Graduate Certificate Level | ☐ |
| Bachelor Degree Level | ☐ |
| Advanced Diploma and Diploma Level (includes Advanced Diploma and Associate Degrees and Diploma Level) | ☐ |
| Certificate Level | ☐ |
| No post-school qualifications | ☐ |
| Don't know | ☐ |

**J15** What is your usual yearly **household** income before tax, from all sources?

*Equivalent weekly amounts are provided in brackets*

- $0 to $25,999 ($0 to $499) ☐
- $26,000 to $64,999 ($500 to $1,249) ☐
- $65,000 to $129,999 ($1,250 to $2,499) ☐
- $130,000 to $233,999 ($2,500 to $4,499) ☐
- $234,000 or more ($4,500 or more) ☐
- Don't know ☐
- Prefer not to answer ☐

**J16** Which of the following best describes your smoking status?

- Smoke daily ☐
- Smoke occasionally ☐
- Don't smoke now, but used to ☐
- Tried it a few times but never smoked regularly ☐ → J20
- Never smoked ☐ → J20

**J17** How old were you when you started smoking regularly?

- Age started smoking regularly ☐☐
- Don't know ☐

**J18** How old were you when you stopped smoking regularly?

- Age stopped smoking regularly ☐☐
- Currently smoking ☐
- Don't know ☐

**J19** About how much do you or did you smoke on average each day?

- Approximate number of cigarettes smoked per day ☐☐☐
- Don't know ☐

**J20** How many standard alcoholic drinks do you have each week, on average?

*1 standard drink is approximately 1 pot (QLD) or middy (NSW) of full strength beer, 1 can (375ml) of mid-strength beer, 475ml of light beer, 100ml (small glass) of wine, 1 nip of spirits.*

- Number of standard drinks each week ☐☐☐
- Don't know ☐

**J21** On how many days each week do you usually drink alcohol?

- Number of days each week ☐

**J22** How many times did you do each of these activities in the last week?

| | |
|---|---|
| Walking continuously, for at least 10 minutes (for recreation or exercise or to get to or from places) | ☐☐ times in the last week |
| Moderate physical activity (like gentle swimming, social tennis, vigorous gardening or work around the house) | ☐☐ times in the last week |
| Vigorous physical activity that made you breathe harder or puff and pant (like jogging, cycling, aerobics, competitive tennis, but not household chores or gardening) | ☐☐ times in the last week |

**J23** If you add up all the time you spent doing each activity last week, how much time altogether did you spend doing each type of activity?

| | | |
|---|---|---|
| Walking continuously, for at least 10 minutes (for recreation or exercise or to get to or from places) | ☐☐ hours | ☐☐ minutes |
| Moderate physical activity (like gentle swimming, social tennis, vigorous gardening or work around the house) | ☐☐ hours | ☐☐ minutes |
| Vigorous physical activity that made you breathe harder or puff and pant like jogging, cycling, aerobics, competitive tennis, but not household chores or gardening | ☐☐ hours | ☐☐ minutes |

**J24** Have you ever donated blood?

| | |
|---|---|
| Yes | ☐ |
| No | ☐ → J28 |

**J25** How frequently do you donate blood?

| | |
|---|---|
| Less than once per year | ☐ |
| Once per year | ☐ |
| 2 to 3 times per year | ☐ |
| 4 or more times per year | ☐ |
| Don't know | ☐ |

**J26** In what year (approximately) did you start donating blood?

| | |
|---|---|
| Year of first blood donation | ☐☐☐☐ |
| Don't know | ☐ |

**J27** In what year (approximately) did you last donate blood?

| | |
|---|---|
| Year of last blood donation | ☐☐☐☐ |
| Don't know | ☐ |

**You have now come to the end of the survey.**

**Thank you for taking part.**

The results of this survey will be made non-identifiable and combined with other people's results. We will then use these results to better understand the potential health effects of PFAS.

If this survey raised feelings of anxiety or depression please contact your GP who can refer you to appropriate mental health and counselling services in your region.

If you want to clarify any of your answers or make comments about the survey, please write below.

Australian National University

PFAS HEALTH STUDY