



The PFAS Health Study Survey

Survey for child 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  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



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 your child's current living arrangements?

Tick all that apply

Currently lives in one of these PFAS Investigation or Management Areas	<input type="checkbox"/>	
Previously lived in one of these PFAS Investigation or Management Areas	<input type="checkbox"/>	
Never lived in one of these PFAS Investigation or Management Areas	<input type="checkbox"/>	➔ A3
Don't know if they lived in one of these PFAS Investigation or Management Areas	<input type="checkbox"/>	➔ A3

- A2** In which PFAS Investigation or Management Area does or did your child live?

Tick all that apply

Williamtown area, New South Wales	<input type="checkbox"/>	➔ Section B
Oakey, Queensland	<input type="checkbox"/>	➔ Section B
Katherine, Northern Territory	<input type="checkbox"/>	➔ Section B

- A3** In which area does your child currently live?

Kiama or Shellharbour areas, New South Wales	<input type="checkbox"/>
Dalby, Queensland	<input type="checkbox"/>
Alice Springs, Northern Territory	<input type="checkbox"/>
Other (please specify) _____	

Section B: Health conditions

i The following questions are related to your child's health at the time of completing this survey.

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

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

B2 How much did this child weigh at birth?

- Birthweight Kilograms Grams OR Pounds Ounces
- Don't know ☐

B3 What was the length of pregnancy for this child?

- Length of pregnancy weeks
- Don't know ☐

B4 Were there any complications during the pregnancy for this child?

- Yes ☐
- No ☐ → **B6**
- Don't know ☐ → **B6**

B5 What were the complications during the pregnancy for this child? *Please specify*

B6 Have you **ever** been told by a doctor that your child has a birth defect?

- Yes ☐
- No ☐ → **B8**
- Don't know ☐ → **B8**

B7 What was or were the birth defect/s? *Please specify*

B8

Was this child ever breastfed by their mother? This includes expressed breastmilk.

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	→ B10
Don't know	<input type="checkbox"/>	→ B10
Prefer not to answer	<input type="checkbox"/>	→ B10

B9

How old was this child when their mother stopped breastfeeding them?

Please give an approximation if you are unsure

Age in months	<input type="text"/> <input type="text"/> months
Less than one month	<input type="checkbox"/>
Still being breastfed	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

B10

Have you **ever** been told by a doctor that your child has any of the following conditions:

Select 'yes' or 'no' for each condition. **If 'yes' state the month and year of diagnosis.** If you are unsure of the date your child was diagnosed with the condition, please estimate the year. If you're unsure whether your child has been diagnosed with a condition, please select 'no'.

Health condition			Date of diagnosis	
			Month	Year
Cancer				
Brain and nervous system cancer	No <input type="checkbox"/>	Yes <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>
Neuroblastoma	No <input type="checkbox"/>	Yes <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>
Leukaemia	No <input type="checkbox"/>	Yes <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>
Lymphoma	No <input type="checkbox"/>	Yes <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>
Wilms tumour	No <input type="checkbox"/>	Yes <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>
Bone cancer (osteosarcoma or Ewing's sarcoma)	No <input type="checkbox"/>	Yes <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>
Thyroid cancer	No <input type="checkbox"/>	Yes <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>
Testicular cancer	No <input type="checkbox"/>	Yes <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>
Heart and blood vessels				
Heart disease	No <input type="checkbox"/>	Yes <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>
Autoimmune disease				
Ulcerative colitis	No <input type="checkbox"/>	Yes <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>
Crohn's disease	No <input type="checkbox"/>	Yes <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>
Rheumatoid arthritis	No <input type="checkbox"/>	Yes <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>
Asthma	No <input type="checkbox"/>	Yes <input type="checkbox"/>	→ <input type="text"/>	<input type="text"/>

B10

Continued Have you **ever** been told by a doctor that your child has any of the following conditions:

Health condition			Date of diagnosis	
			Month	Year
Diabetes				
Type I diabetes	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Type II diabetes	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Liver diseases				
Hepatitis not caused by an infection	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Neurological conditions				
Developmental delay	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Attention Deficit Hyperactivity Disorder (ADHD)	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Autism	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Thyroid				
Hypothyroidism (underactive thyroid)	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Hyperthyroidism (overactive thyroid)	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Kidney disease				
Chronic kidney disease	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Additional health conditions (Please specify)				
<input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
<input type="text"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/> →	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

B11

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

Section C: Health and wellbeing

i C1 is for **female children only**. Parents completing the survey for male children → **C2**

C1 At what age did your child have their first period?

Age had first period	<input type="text"/> <input type="text"/> years of age
Has not started menstruating	<input type="checkbox"/>
Don't know	<input type="checkbox"/>
Prefer not to answer	<input type="checkbox"/>

i C2 is for children aged between 2 and 17 years.

If you're completing this survey about a child outside of this age range → **Section D**

C2 For each item, please answer 'Not true', 'Somewhat true' or 'Certainly true'.

Please answer for each item as best you can even if you are not absolutely certain. Please give your answers on the basis of your child's behaviour over the last six months. Some of the questions are designed for children of different age groups. If your child is not in the right age group for the question please skip to the next relevant age range.

	Not true	Somewhat true	Certainly true
Children aged 2 to less than 4 years			
Often argumentative with adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can stop and think things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Can be spiteful to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children aged 2 to less than 11 years			
Rather solitary, prefers to play alone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children aged 2 to less than 18 years			
Considerate of other people's feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Restless, overactive, cannot stay still for long	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often complains of headaches, stomach-aches or sickness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Shares readily with other children, for example toys, treats, pencils	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often loses temper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally well behaved, usually does what adults request	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many worries or often seems worried	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Helpful if someone is hurt, upset or feeling ill	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Constantly fidgeting or squirming	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has at least one good friend	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often fights with other children or bullies them	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C2

Continued For each item, please answer 'Not true', 'Somewhat true' or 'Certainly true'.

	Not true	Somewhat true	Certainly true
Often unhappy, depressed or tearful	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Generally liked by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Easily distracted, concentration wanders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Nervous or clingy in new situations, easily loses confidence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Kind to younger children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Picked on or bullied by other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Often volunteers to help others (parents, teachers, other children)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Gets along better with adults than with other children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Many fears, easily scared	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Good attention span, sees work through to the end	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children aged 4 to less than 18 years			
Often lies or cheats	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thinks things out before acting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steals from home, school or elsewhere	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Children aged 11 to less than 18 years			
Would rather be alone than with other youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Section D: Medical treatments

D1 Has your child ever had a blood transfusion?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	→ D4
Don't know	<input type="checkbox"/>	→ D4
Prefer not to answer	<input type="checkbox"/>	→ D4

D2 How many blood transfusions has your child had?

Number of blood transfusions	<input type="text"/> <input type="text"/>
Don't know	<input type="checkbox"/>

D3 In what year was your child's last blood transfusion?

Year of last blood transfusion	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Don't know	<input type="checkbox"/>

D4 Has your child ever required regular kidney dialysis?

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	→ i below
Don't know	<input type="checkbox"/>	→ i below
Prefer not to answer	<input type="checkbox"/>	→ i below

D5 In what year did your child **start** regular kidney dialysis?

Year started regular kidney dialysis	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Don't know	<input type="checkbox"/>

D6 In what year did your child **end** regular kidney dialysis?

Year ended regular kidney dialysis	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Still receiving regular kidney dialysis	<input type="checkbox"/>
Don't know	<input type="checkbox"/>

i The following section relates to living in a PFAS Investigation or Management Area.

If your child has never lived in a PFAS Investigation or Management Area → **Section F** on page 13

Section E: Residential exposure to PFAS

i Please answer questions E1 to E4 for each residence your child has lived in that **you know to be in a PFAS Investigation or Management Area**.

	Residence 1 Current or most recent	Residence 2 Next most recent
E1 What is the residential address of this property?		
Street number and street name	_____	_____
Suburb	_____	_____
Postcode	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
State	_____	_____
E2 Which years did your child live at this address?		
Year moved in	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Year moved out	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/> Still living here	
E3 What type of property is this?		
Rural property	<input type="checkbox"/>	<input type="checkbox"/>
House	<input type="checkbox"/>	<input type="checkbox"/>
Unit or apartment	<input type="checkbox"/>	<input type="checkbox"/>
E4 What type(s) of water supply did this property use and in what years did your child use it?		
Town water	<input type="checkbox"/> Never used	<input type="checkbox"/> Never used
Year started	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Year stopped	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/> Still using town water	
Rainwater (tank water)	<input type="checkbox"/> Never used	<input type="checkbox"/> Never used
Year started	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Year stopped	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/> Still using rainwater	
Bore water	<input type="checkbox"/> Never used	<input type="checkbox"/> Never used
Year started	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Year stopped	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/> Still using bore water	
Other (please specify)	<input type="checkbox"/> _____	<input type="checkbox"/> _____
Year started	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Year stopped	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	<input type="checkbox"/> Still using other source	
Don't know the water supply on this property	<input type="checkbox"/> Unsure of water source	<input type="checkbox"/> Unsure of water source

Section F

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?			
<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
What years did your child live at this address?			
<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
What type of property is this?			
<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>	<div><input type="checkbox"/></div>
What type(s) of water supply did this property use and in what years did your child use it?			
<div><input type="checkbox"/> Never used</div>	<div><input type="checkbox"/> Never used</div>	<div><input type="checkbox"/> Never used</div>	<div><input type="checkbox"/> Never used</div>
<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
<div><input type="checkbox"/> Never used</div>	<div><input type="checkbox"/> Never used</div>	<div><input type="checkbox"/> Never used</div>	<div><input type="checkbox"/> Never used</div>
<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
<div><input type="checkbox"/> Never used</div>	<div><input type="checkbox"/> Never used</div>	<div><input type="checkbox"/> Never used</div>	<div><input type="checkbox"/> Never used</div>
<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
<div><input type="checkbox"/> _____</div>	<div><input type="checkbox"/> _____</div>	<div><input type="checkbox"/> _____</div>	<div><input type="checkbox"/> _____</div>
<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>	<div><div></div><div></div><div></div><div></div><div></div></div>
<div><input type="checkbox"/> Unsure of water source</div>	<div><input type="checkbox"/> Unsure of water source</div>	<div><input type="checkbox"/> Unsure of water source</div>	<div><input type="checkbox"/> Unsure of water source</div>

E5

Are these all the places that your child has lived in that are in a PFAS Investigation or Management Area?

Yes

☐

No

☐

Check your answer to E4. Was **bore water** used at any of the places your child lived that you know are in a PFAS Investigation or Management Area?

Yes

☐

E6

No

☐

E10



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.

E6

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showering or bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watering or irrigating crops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watering vegetable gardens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming or wading pools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawn watering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving water to livestock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Moved into this residence **after** finding out about PFAS contamination → E8

E7

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

Yes, ceased completely

☐

E9

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☐

E9

E8

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Showering or bathing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watering or irrigating crops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Watering vegetable gardens	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Swimming or wading pools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lawn watering	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Giving water to livestock	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

E9

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

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

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



E12

Section F: Community exposure to PFAS

F1 Do you think your child has been directly exposed to Aqueous Film Forming Foam (AFFF) (firefighting foam) containing PFAS? That is, not 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 ☐

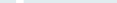
No ☐ → **Section G**

Don't know ☐ → **Section G**

 Please fill in the table on this page if you think your child may have been exposed to any additional AFFF in your community or home

[illegible]

F3 How many times was your child directly exposed to AFFF in this way?

Number of times (approximate)	1	2	3
Number of times (approximate)			

F4 In which year was your child last exposed to AFFF in this way?

Year of exposure

Section G: Background information

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

G1 Child's first name _____

G2 Child's surname _____

G3 Child's date of birth

DD		MM		YYYY			

G4 What is today's date?

DD		MM		YYYY			

G5 Is your child....

- | | |
|--------|--------------------------|
| Male | <input type="checkbox"/> |
| Female | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

i 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.

G6 Is your child of Aboriginal or Torres Strait Islander origin?

Tick all that apply

- | | |
|-----------------------------|--------------------------|
| No | <input type="checkbox"/> |
| Yes, Aboriginal | <input type="checkbox"/> |
| Yes, Torres Strait Islander | <input type="checkbox"/> |

G7 How tall is your child without shoes?

To the nearest centimetre or inch

- | | | | | | | | | | | | | | | | | | | |
|-------------|--|--|--|--|-------------|--|--|----|--|--|--|------|--|--|--|--|--------|--|
| Height | <table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td colspan="3">Centimetres</td> </tr> </table> | | | | Centimetres | | | OR | <table border="1"> <tr> <td></td><td></td> </tr> <tr> <td colspan="2">Feet</td> </tr> </table> | | | Feet | | <table border="1"> <tr> <td></td><td></td> </tr> <tr> <td colspan="2">Inches</td> </tr> </table> | | | Inches | |
| | | | | | | | | | | | | | | | | | | |
| Centimetres | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Feet | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Inches | | | | | | | | | | | | | | | | | | |
| Don't know | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |

G8 About how much does your child weigh?

To the nearest kilogram or pound

- | | | | | | | | | | | | | | | | | | | |
|------------|--|--|--|--|-----------|--|--|----|---|--|--|-------|--|--|--|--|--------|--|
| Weight | <table border="1"> <tr> <td></td><td></td><td></td> </tr> <tr> <td colspan="3">Kilograms</td> </tr> </table> | | | | Kilograms | | | OR | <table border="1"> <tr> <td></td><td></td> </tr> <tr> <td colspan="2">Stone</td> </tr> </table> | | | Stone | | <table border="1"> <tr> <td></td><td></td> </tr> <tr> <td colspan="2">Pounds</td> </tr> </table> | | | Pounds | |
| | | | | | | | | | | | | | | | | | | |
| Kilograms | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Stone | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| Pounds | | | | | | | | | | | | | | | | | | |
| Don't know | <input type="checkbox"/> | | | | | | | | | | | | | | | | | |

G9 In which country was your child born?

Australia

☐ →

G11

Other (please specify) _____

G10 In what year did your child 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

☐

G11 What language does your child mainly speak at home?

English

☐

Other (please specify) _____

G12 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

☐

Thank you for taking part.

If this survey raised feelings of anxiety or depression please contact your GP who can refer you or your child 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

