

**NATIONAL CHILDREN'S STUDY**  
**24 MO - VACUUM DUST QUESTIONNAIRE**  
 DRAFT ONLY - NOT FOR DISTRIBUTION

- Use only a black, ball-point pen. **Do not** use a pencil or felt-tip pen.
- Put an **X** in the box next to your answer.
- If you make any changes, put a line through the incorrect answer and put an **X** in the box next to the correct answer. Also, draw a **circle** around the correct answer.

1. Please record the date you collected the vacuum sample:

MONTH	DAY	YEAR
<input type="checkbox"/> Jan	<input type="checkbox"/> 0	<input type="checkbox"/> 2008
<input type="checkbox"/> Feb	<input type="checkbox"/> 1	<input type="checkbox"/> 2009
<input type="checkbox"/> Mar	<input type="checkbox"/> 2	<input type="checkbox"/> 2010
<input type="checkbox"/> Apr	<input type="checkbox"/> 3	<input type="checkbox"/> 2011
<input type="checkbox"/> May	<input type="checkbox"/> 4	<input type="checkbox"/> 2012
<input type="checkbox"/> Jun	<input type="checkbox"/> 5	<input type="checkbox"/> 2013
<input type="checkbox"/> Jul	<input type="checkbox"/> 6	<input type="checkbox"/> 2014
<input type="checkbox"/> Aug	<input type="checkbox"/> 7	<input type="checkbox"/> 2015
<input type="checkbox"/> Sep	<input type="checkbox"/> 8	
<input type="checkbox"/> Oct	<input type="checkbox"/> 9	
<input type="checkbox"/> Nov		
<input type="checkbox"/> Dec		

2. Did you vacuum the bed?

- 0  No **go to 7**  
 1  Yes

3. Where is this bed located:?

- 1  Child's bedroom  
 2  Shared area of the home

4. Record the type of bed you sampled.

- 1  Mattress bed/crib  
 2  Sleeper sofa  
 3  Sofa  
 4  Inflatable/water bed  
 6  Other (specify) \_\_\_\_\_  
 \_\_\_\_\_

5. How much of the bed did you vacuum?

- 1  All the area in the measuring square  
 2  Less area than in the measuring square  
 3  More than the area in the measuring square  
 6  Other, specify: \_\_\_\_\_  
 \_\_\_\_\_

6. Please write in how long you, in minutes, that you vacuumed the bed?

\_\_\_\_\_ minutes

7. Did you vacuum the floor?

- 0  No  
 1  Yes

8. Record the type of floor you vacuumed.

- 1  Tile or Linoleum  
 2  Wood floor  
 3  Room-sized rug or wall-to-wall carpet  
 4  Small area rug  
 6  Other, specify: \_\_\_\_\_

9. How much of the floor did you vacuum?

- 1  All the area in the measuring square  
 2  Less area than in the measuring square  
 3  More than the area in the measuring square  
 6  Other, specify: \_\_\_\_\_  
 \_\_\_\_\_

10. Please write in how long you, in minutes, that you vacuumed the floor?

\_\_\_\_\_ minutes

7. When was the last time you cleaned (swept, vacuumed, dusted, or mopped) the floor you vacuumed?

- 1  Less than five days before taking the sample  
 2  More than five days before taking the sample

**THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE! ALL OF YOUR ANSWERS ARE VERY**