

NATIONAL CHILDREN'S STUDY
24 MO - VACUUM DUST COLLECTION INSTRUCTIONS
DRAFT ONLY - NOT FOR DISTRIBUTION



READ STEPS 1 - 13 BEFORE COLLECTING THE VACUUM DUST.

- 1) Bring to the room in which your child sleeps most often:**
 - the dust collector and its cap
 - the two measuring squares
 - a watch or clock with a second hand
 - your vacuum cleaner

NOTE: Call 800-XXX-XXX if you do not own a vacuum cleaner.



- 2) Roll back the covers on your child's bed.**
- 3) Place one square on the bottom cover or on the fitted sheet.**
- 4) Place the other square on the floor beside the bed.**



Public reporting burden for this collection of information is estimated to average 20 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. **An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.** Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to: NIH, Project Clearance Branch, 6705 Rockledge Drive, MSC 7974, Bethesda, MD 20892-7974, ATTN: PRA (0925-xxxx*). Do not return the completed form to this address.

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7) Taking care not to step inside the square on the floor, vacuum the area within the other square for two minutes.

8) Vacuum the area within the square on the floor for two minutes.



9) While holding the collector up, turn the vacuum off. Push the cap firmly into the top of the collector.

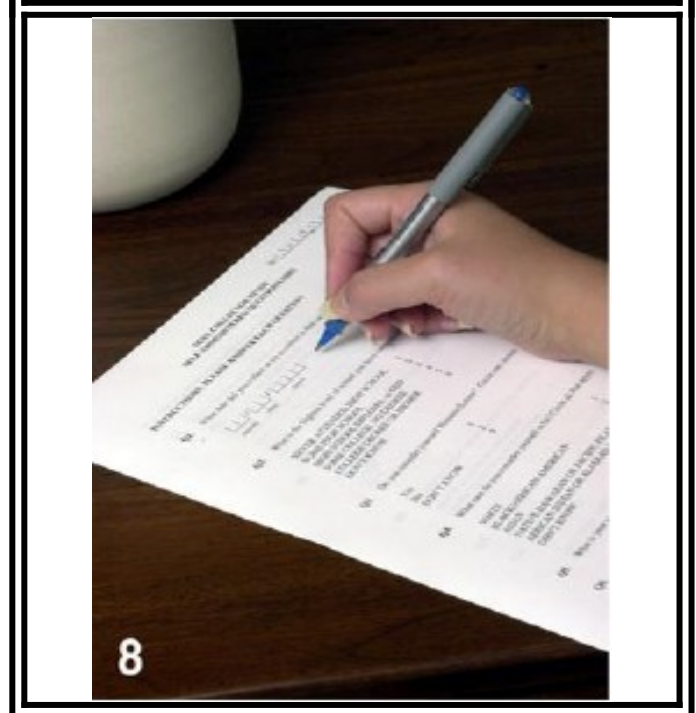


Instructions continued page 3

10) Remove the collector from the hose and place it back into the Ziploc bag and close.



11) Complete the vacuum sampling self-administered questionnaire.



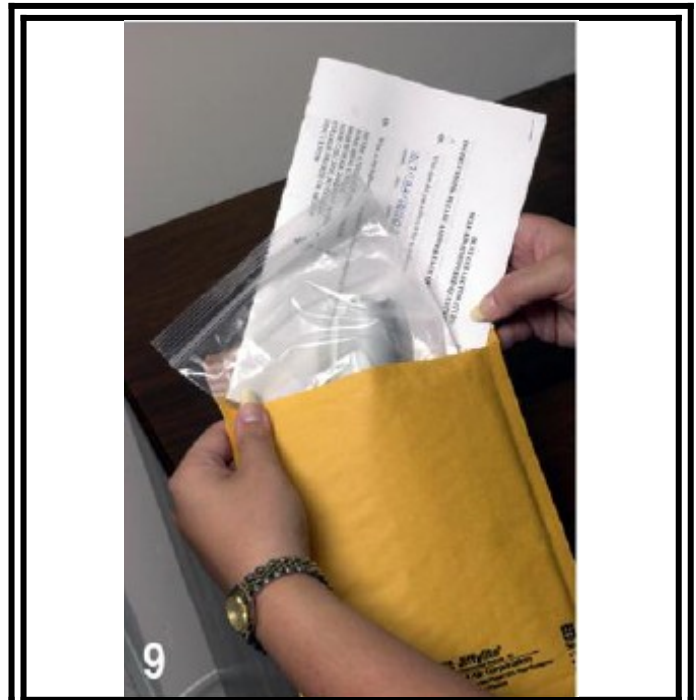
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12) Place the following items in the return mailing envelope:

- the Ziploc bag containing the dust collector

and

- the completed vacuum sampling self-administered questionnaire



13) Place the return mailing envelope in the U.S. mail within 12 hours.



Thank you for sending in your house dust wipe samples for metals. Your continued participation in this study is greatly appreciated.

NATIONAL CHILDREN'S STUDY
24 MO - VACUUM DUST QUESTIONNAIRE
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- 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"/> 0	<input type="checkbox"/> 2008
<input type="checkbox"/> Feb	<input type="checkbox"/> 1	<input type="checkbox"/> 1	<input type="checkbox"/> 2009
<input type="checkbox"/> Mar	<input type="checkbox"/> 2	<input type="checkbox"/> 2	<input type="checkbox"/> 2010
<input type="checkbox"/> Apr	<input type="checkbox"/> 3	<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**