

**NATIONAL CHILDREN'S STUDY**  
**24 MO - PESTICIDE WIPE 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 wipes:

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

2. In which room were the two wipes taken:

- 1  Family or living room  
 2  Your child's bedroom  
 3  Kitchen  
 6  Other, specify: \_\_\_\_\_

3. What type of surface did you wipe when you collected Pesticide Wipe 1?

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

4. What type of surface did you wipe when you collected Pesticide Wipe 2?

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

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5. Did you run into any problems when taking the pesticide wipes?

- 0  No (SKIP TO QUESTION 7)  
 1  Yes

5a. Which wipe did you run into problems with?

- 1  Pesticide Wipe 1  
 2  Pesticide Wipe 2  
 3  Both Pesticide Wipes

5b. What problems did you have when collecting the wipe(s)?

- 1  Wipe ripped, Wipe 1  
 2  Wipe ripped, Wipe 2  
 3  Could not wipe the entire area, Wipe 1  
 4  Could not wipe the entire area, Wipe 2  
 5  Wiped outside the area, Wipe 1  
 6  Wiped outside the area, Wipe 2  
 96  Other, specify: \_\_\_\_\_

**Thank you *very much* for completing this questionnaire! All of your answers**