

P1 Visit: Interview Introduction

IN001. Thank you for agreeing to participate in this study. We are about to begin the interview portion of today's home visit, which will take about 30 minutes to complete. Your answers are important to us. There are no right or wrong answers, just those that help us to understand your situation. There are questions about where you live, your lifestyle routines, and your health during this interview and you can always refuse to answer any question or group of questions. If you need a bathroom break at any time please let me know so that I can give you the materials to collect the samples that are needed today.

Before we start, can you get the medicines and any pesticide products that you were asked to gather for this appointment?

IN002 AFTER RESPONDENT GATHERS MATERIALS, OR INDICATES THAT SHE DOESN'T HAVE ANY TO GATHER, SAY:

Are you ready to begin?

YES.....	1
NO.....	2 (END INTERVIEW)

P1 Visit: Household Composition and Demographics: Part 1

DE001. First, I'd like to get some information about the people who live here.

DE002. How many people, both children and adults, live in this household? Include any persons who usually stay here but are temporarily away on business, vacation, in the hospital, on full-time active military duty, or students living temporarily away from home. Do **not** include anyone who is in a nursing home or other institution. Including yourself, what is the total number of people who live here?

NUMBER

REFUSED..... 9--97

DON'T KNOW..... 9--98

BOX DE01**CHECK ITEM:**

IF DE002 = "1", GO TO DE008.

OTHERWISE, CONTINUE WITH DE003.

DE003. Now I'd like to ask some questions about each person in your household, starting with the oldest. Please list everyone who lives here, except yourself.

DE004. NAME	DE005. AGE	DE006. GENDER	DE007. RELATIONSHIP
_____ UNIQUE FIRST NAME	_____ AGE	MALE..... 1 FEMALE..... 2 REFUSED..... 9--97 DON'T KNOW..... 9--98	SELF..... 00 SPOUSE..... 01 BIOLOGICAL SON/DAUGHTER..... 02 ADOPTED SON/DAUGHTER..... 03 STEPSON/STEPDAUGHTER..... 04 BROTHER/SISTER..... 05 FATHER/MOTHER..... 06 GRANDCHILD..... 07 PARENT-IN-LAW..... 08 SON-IN-LAW/DAUGHTER-IN-LAW... 09 ROOMER, BOARDER..... 10 HOUSEMATE, ROOMMATE..... 11 UNMARRIED PARTNER..... 12 FOSTER CHILD..... 13 OTHER NONRELATIVE..... 14 OTHER RELATIVE..... 15
REFUSED..... 9--97 DON'T KNOW..... 9--98	REFUSED..... 9--97 DON'T KNOW..... 9--98		

DE008. Now I'd like to ask about your marital status. What is your current marital status? Are you:

INTERVIEWER INSTRUCTION:
CONFIRM IF KNOWN.

Married.....	01
Not married but living together with a partner of the opposite sex,.....	02
Not married but living together with a partner of the same sex,.....	03
Widowed,.....	04
Divorced,.....	05
Separated, or.....	06
Never been married?.....	07
REFUSED.....	9--97
DON'T KNOW.....	9--98

BEGIN LOOP DE01

- ASK DE009-DE012 ABOUT RESPONDENT.
- CYCLE THROUGH AND ASK DE009-DE012 ABOUT SPOUSE OR RESIDENT PARTNER IF APPLICABLE (RECORD CODED "1" OR "12" IN DE007).

DE009. {Do you/Does {NAME}} consider {yourself/(himself/herself)} to be Hispanic, or Latino/a?

INTERVIEWER INSTRUCTION:
IF ASKING ABOUT A FEMALE HOUSEHOLD MEMBER READ LATINA.

YES.....	1
NO.....	2 (DE011)
REFUSED.....	9--7 (DE011)
DON'T KNOW.....	9--8 (DE011)

DE010. Please give me the number of the group that represents {your/NAME's} Hispanic origin or ancestry.

SHOW CARD DE2.

PUERTO RICAN.....	01
CUBAN/CUBAN AMERICAN.....	02
DOMINICAN (REPUBLIC).....	03
MEXICAN.....	04
MEXICAN AMERICAN.....	05
CENTRAL OR SOUTH AMERICAN.....	06
OTHER.....	96
REFUSED.....	9--97
DON'T KNOW.....	9--98

DE011. What race {do/does} {you/NAME} consider {yourself/(himself/herself)} to be?

PROBE: Anything else?

SELECT ALL THAT APPLY.

White.....	1
Black or African American.....	2
Asian.....	3
Native Hawaiian or Other Pacific Islander.....	4
American Indian or Alaska Native, or.....	5
Some other race? (SPECIFY):	6
REFUSED.....	9-97
DON'T KNOW.....	9-98

DE012. Please look at the card and tell me what is the **highest** degree or level of school that {you/NAME} {have/has} completed?

SHOW CARD DE3.

NO SCHOOL..... 01

ELEMENTARY

NURSERY SCHOOL TO 4TH GRADE..... 02

5TH-6TH GRADE..... 03

7TH-8TH GRADE..... 04

HIGH SCHOOL

9TH GRADE..... 05

10TH GRADE..... 06

11TH GRADE..... 07

12TH GRADE (NO DIPLOMA)..... 08

HIGH SCHOOL DIPLOMA..... 09

GED OR EQUIVALENT..... 10

COLLEGE

SOME COLLEGE CREDITS, BUT LESS THAN 1 YEAR..... 11

1 OR MORE YEARS OF COLLEGE, BUT NO DEGREE..... 12

ASSOCIATE DEGREE: OCCUPATIONAL, TECHNICAL, OR
VOCATIONAL PROGRAM..... 13

ASSOCIATE DEGREE: ACADEMIC PROGRAM..... 14

BACHELOR'S DEGREE (e.g., BA, BS)..... 15

GRADUATE

MASTER'S DEGREE (e.g., MA, MS, MSW, MEng, MBA)..... 16

PROFESSIONAL SCHOOL DEGREE (e.g., MD, DDS, DVM, JD)..... 17

DOCTORAL DEGREE (e.g., Ph.D., Ed.D.)..... 18

REFUSED..... 9-97

DON'T KNOW..... 9-98

END LOOP DE01

- ASK DE009-DE012 ABOUT SPOUSE OR RESIDENT PARTNER IF APPLICABLE (RECORD CODED "1" OR "12" IN DE007).
- WHEN COMPLETE, CONTINUE WITH NEXT SECTION.
- IF NO SPOUSE OR RESIDENT PARTNER (NO RECORD CODED "1" OR "12" IN DE007), CONTINUE WITH NEXT SECTION.

P1 Visit: Health Behaviors Part 1

HB001. The following questions are about your sleep habits **during the past 7 days**.

HB002. Thinking of the **past 7 days**, on a typical day, how much time did you sleep **at night**?

HOURS MINUTES

Less than 4 hours,..... 1
 4–5 hours,..... 2
 6–7 hours,..... 3
 8–9 hours, or..... 4
 10 or more hours?..... 5
 REFUSED..... 9--97
 DON'T KNOW..... 9--98

HB003. During the **past 7 days**, on a typical day, how much additional time did you sleep **during the day**?

HOURS MINUTES

Not at all,..... 1
 Less than 1 hour,..... 2
 1–2 hours, or..... 3
 More than 2 hours?..... 4
 REFUSED..... 9--97
 DON'T KNOW..... 9--98

HB004. Next, I'm going to ask about the time you spent being physically active in the **last 7 days**.

Please answer each question even if you do not consider yourself to be an active person. Think about the activities you do at work, as part of your house or yard work, to get from place to place, and in your spare time for recreation, exercise or sport.

Now, think about all the **vigorous** activities that take **hard** physical effort that you did in the **last 7 days**. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics, or fast bicycling. Think only about those activities that you did during the **last 7 days** for **at least 10 minutes** at a time.

HB005. During the **last 7 days**, on how many days did you do **vigorous** physical activities?

NUMBER OF DAYS

REFUSED..... 9--97 (HB008)
 DON'T KNOW..... 9--98 (HB008)

BOX HB01**CHECK ITEM:**

- IF HB005 = 0, GO TO HB008.
- OTHERWISE, CONTINUE WITH HB006.

HB006. On average, how much time did you **usually** spend doing **vigorous** physical activities on each of those days?

PROBE: IF RESPONDENT GIVES AN ANSWER THAT IS LESS THAN 10 MINUTES: "Please think only of activities that you have done for at least 10 minutes at a time."

(HB008)
 HOURS MINUTES

REFUSED..... 9--97 (HB008)
 DON'T KNOW..... 9--98

HB007. How much time **in total** did you spend **over the last 7 days** doing vigorous physical activities?

HOURS MINUTES

REFUSED..... 9--97
 DON'T KNOW..... 9--98

HB008. Now think about activities which take **moderate** physical effort that you did in the **last 7 days**. Moderate physical activities make you breathe somewhat harder than normal and may include carrying light loads, bicycling at a regular pace, or doubles tennis. Do not include walking. Again, think about only those physical activities that you did for **at least 10 minutes** at a time.

HB009. During the **last 7 days**, on how many days did you do **moderate** physical activities?

NUMBER OF DAYS

REFUSED..... 9--97 (HB012)
 DON'T KNOW..... 9--98 (HB012)

BOX HB02**CHECK ITEM:**

- IF HB009 = 0, GO TO HB012.
- OTHERWISE, CONTINUE WITH HB010.

HB010. On average, how much time did you **usually** spend doing **moderate** physical activities on each of those days?

PROBE: IF RESPONDENT GIVES AN ANSWER THAT IS LESS THAN 10 MINUTES: "Please think only of activities that you have done for at least 10 minutes at a time."

(HB012)
HOURS MINUTES

REFUSED..... 9--97 (HB012)
DON'T KNOW..... 9--98

HB011. What is the **total amount of time** you spent **over the last 7 days** doing moderate physical activities?

HOURS MINUTES

REFUSED..... 9--97
DON'T KNOW..... 9--98

HB012. Now think about the time you spent **walking** in the **last 7 days**. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

HB013. During the **last 7 days**, on how many days did you **walk** for at least 10 minutes at a time?

NUMBER OF DAYS PER WEEK

REFUSED..... 9--97 (HB016)
DON'T KNOW..... 9--98 (HB016)

BOX HB03

CHECK ITEM:

- IF HB013 = 0, GO TO HB016.
- OTHERWISE, CONTINUE WITH HB014.

HB014. On average, how much time did you usually spend **walking** on each of those days?

PROBE: IF RESPONDENT GIVES AN ANSWER THAT IS LESS THAN 10 MINUTES: "Please think only of activities that you have done for at least 10 minutes at a time."

(HB016)
HOURS MINUTES

REFUSED..... 9--97 (HB016)
DON'T KNOW..... 9--98

HB015. What is the **total amount of time** you spent walking **over the last 7 days**?

HOURS MINUTES

REFUSED..... 9--97

DON'T KNOW..... 9--98

HB016. Overall, how would you say your activity level has changed since you found out you were pregnant? Has it...

Stayed the same as before you were pregnant..... 1

Increased a lot..... 2

Increased a little..... 3

Decreased a little, or..... 4

Decreased a lot?..... 5

REFUSED..... 9--97

DON'T KNOW..... 9--98

HB017. Now I'd like to change topics and ask you some questions about drinking beverages with caffeine.

HB018. **Currently**, do you drink:

IF YES: On average, how many of these drinks do you have per day?

INTERVIEWER INSTRUCTION:

IF ANSWER IS "NO" WRITE IN "0" FOR HOW MANY PER DAY.

IF RESPONDENT DRINKS LESS THAN 1 DRINK PER DAY, WRITE IN "0" FOR HOW MANY PER DAY.

	YES	NO	HOW MANY PER DAY	RE	DK
a. Caffeinated coffee?.....	1	2		9--97	9--98
b. Caffeinated tea?.....	1	2		9--97	9--98
c. Soda with caffeine (Coke, Pepsi, Dr. Pepper, Mountain Dew)?	1	2		9--97	9--98
d. Energy drinks with caffeine (Red Bull, Amp)?.....	1	2		9--97	9--98

P1 Visit: Use of Medicines, Supplements and Alternative Medicines

UM001. The next questions are about your use of prescription medications, over-the-counter medications, and dietary supplements.

UM002. **In the past 30 days**, have you used or taken medication for which a prescription is needed? Include only those products prescribed by a health professional such as a doctor or dentist. Please include prescription vitamins or minerals.

YES..... 1
NO..... 2
REFUSED..... 9--97
DON'T KNOW..... 9--98

UM003. **In the past 30 days**, have you used or taken any over-the-counter or nonprescription medications, or any nonprescription vitamins, minerals, herbals, or other dietary supplements? This card lists some examples of different types of over-the-counter medications, vitamins, minerals, and dietary supplements.

SHOW CARD UM1.

YES..... 1
NO..... 2
REFUSED..... 9--97
DON'T KNOW..... 9--98

BOX UM01**CHECK ITEM:**

- IF UM002 OR UM003, = "1," CONTINUE WITH UM004.
- OTHERWISE, GO TO EOS.

UM004. May I please see the containers for all the {prescriptions,} {and} {non-prescription medicines and supplements}, that you used or took in the past 30 days?

RESPONDENT HAS CONTAINERS..... 1
RESPONDENT DOES NOT HAVE CONTAINERS..... 2

BOX UM02**CHECK ITEM:**

- IF UM002 = "1," CONTINUE WITH UM005.
- OTHERWISE, GO TO BOX UM04.

Appendix A**A.1.2.a-11**

Version 1/20/08

Visit Type: P1

Target: Mother

UM005. I will start with the prescription medications. {Please show me any you have taken in the past 30 days/Please tell me the names of the prescription medications and supplements that you have taken in the past 30 days}.

INTERVIEWER INSTRUCTION:

CHECK PRODUCT LABEL OR ASK PRODUCT NAME IF RESPONDENT DOESN'T PROVIDE CONTAINER.
ACTIVATE LOOKUP AND SELECT MEDICATIONS FROM LIST. IF A MEDICATION IS NOT ON LIST, ENTER
THE FULL NAME (INCLUDING BRAND NAME) IN THE SPECIFY FIELD.

PRODUCT ON PRESCRIPTION MEDICINE LIST..... 1
PRODUCT NOT ON LIST (SPECIFY):_____ 6
REFUSED..... 9--97
DON'T KNOW..... 9--98

BEGIN LOOP UM01**LOOP:**

■ CYCLE THROUGH UM006-UM011 FOR EACH PRESCRIPTION.

UM006. First let's talk about {MEDICATION}.

UM007. PRODUCT LABEL SEEN?

YES..... 1
NO..... 2

UM008. RECORD FORM FROM PRODUCT CONTAINER. IF RESPONDENT DOESN'T PROVIDE CONTAINER, ASK:
How is the {MEDICATION} taken?

By mouth, 01
Inhaled either by mouth or nose,..... 02
Injected,..... 03
Applied to the skin, such as a patch or creams, or..... 04
Some other way? (SPECIFY):_____ 96
REFUSED..... 9--97
DON'T KNOW..... 9--98

UM009. Are you still taking {MEDICATION}?

YES..... 1
NO..... 2
REFUSED..... 9--97
DON'T KNOW..... 9--98

UM010. How often {do/did} you use or take {MEDICATION}?

ENTER NUMBER

ENTER UNIT

PER DAY..... 1
 PER WEEK..... 2
 PER MONTH..... 3
 PER YEAR..... 4

AS NEEDED..... 9--95
 REFUSED..... 9--97
 DON'T KNOW..... 9--98

END LOOP UM01

LOOP:

- CYCLE THROUGH UM006–UM010 FOR THE NEXT PRESCRIPTION MEDICATION IN ROSTER.
- WHEN FINISHED WITH ALL MEDICATIONS LISTED IN ROSTER CONTINUE WITH UM011.

BOX UM03

CHECK ITEM:

- IF UM003 = "1," CONTINUE WITH UM011.
- OTHERWISE, GO TO EOS.

UM011. Now let's talk about your use of **over-the-counter medications and nonprescription vitamins, minerals, herbals, and other dietary supplements**. {Please show me any you have taken in the past 30 days/Please tell me the names of the nonprescription medications and nonprescription vitamins, minerals, herbals, and supplements that you have taken in the past 30 days}

INTERVIEWER INSTRUCTION:

CHECK PRODUCT LABEL OR ASK PRODUCT NAME IF RESPONDENT DOESN'T PROVIDE CONTAINER. ACTIVATE LOOKUP AND SELECT PRODUCT FROM LIST. IF PRODUCT NOT ON LIST, ENTER THE FULL NAME (INCLUDING BRAND NAME) IN THE SPECIFY FIELD.

SHOW CARD UM1.

PRODUCT ON MEDICINE LIST..... 1
 PRODUCT NOT ON LIST (SPECIFY):..... 6
 REFUSED..... 9--97
 DON'T KNOW..... 9--98

BEGIN LOOP UM02**LOOP:**

- CYCLE THROUGH UM012–UM016 FOR EACH OTC.

UM012. Let's talk about {PRODUCT}.

UM013. WAS PRODUCT LABEL SEEN?

YES..... 1
NO..... 2

UM014. RECORD FORM FROM PRODUCT CONTAINER. IF RESPONDENT DOESN'T PROVIDE CONTAINER, ASK:
How is the {PRODUCT} taken?

By mouth, 01
Inhaled either by mouth or nose,..... 02
Injected,..... 03
Applied to the skin, such as a patch or creams, or..... 04
Some other way? (SPECIFY):..... 96
REFUSED..... 9--97
DON'T KNOW..... 9--98

UM015. {In the past 30 days/Since you became pregnant}, how often have you taken {PRODUCT}:

Less than once a month,..... 01
Once a month,..... 02
2–3 times a month (but less than once a week),..... 03
1–2 times a week,..... 04
3–4 times a week,..... 05
5–6 times a week, or..... 06
Every day?..... 07
REFUSED..... 9--97
DON'T KNOW..... 9--98

UM016. Are you still taking {PRODUCT}?

YES..... 1
NO..... 2
REFUSED..... 9--97
DON'T KNOW..... 9--98

END LOOP UM02**LOOP:**

- CYCLE THROUGH UM012–UM016 FOR THE NEXT OTC IN ROSTER.
- WHEN FINISHED WITH ALL OTCs LISTED IN ROSTER CONTINUE WITH NEXT SECTION.

P1 Visit: Pets and Pesticide Use

PP001. Now I'd like to ask about any pets you may have.

PP002. Are there any pets that spend any time inside your home?

YES.....	1	
NO.....	2	(PP008)
REFUSED.....	9--97	(PP008)
DON'T KNOW.....	9--98	(PP008)

PP003. What kind of pets are these?

SELECT ALL THAT APPLY.

DOG.....	1	
CAT.....	2	
SMALL MAMMAL (RABBIT, GERBIL, HAMSTER, GUINEA PIG, FERRET, MOUSE).....	3	
BIRD.....	4	
FISH OR REPTILE (TURTLE, SNAKE, LIZARD).....	5	
OTHER (SPECIFY):.....	6	
REFUSED.....	9--97	
DON'T KNOW.....	9--98	

PP004. Are any products ever used on your pets to control fleas, ticks, or mites? This includes flea collars, flea and tick powders, shampoos, or other flea, tick, and mite control products. (This does not include pills given to your pet to control for fleas or other insects.)

YES.....	1	
NO.....	2	(PP008)
REFUSED.....	9--97	(PP008)
DON'T KNOW.....	9--98	(PP008)

PP005. When were any of these last used on any of your pets?

Within the last month,.....	1	
1--3 months ago,.....	2	
4--6 months ago, or.....	3	
More than 6 months ago?.....	4	(PP008)
REFUSED.....	9--97	(PP008)
DON'T KNOW.....	9--98	(PP008)

PP006. What are the names of the products used on your pets to control fleas, ticks, or mites? Please show me the products or containers if you have them.

ENTER PRODUCT NAME FROM LIST

REFUSED..... 9--97
 DON'T KNOW..... 9--98

PP007. Did you personally handle or apply any of these products to your pets?

YES..... 1
 NO..... 2
 REFUSED..... 9--97
 DON'T KNOW..... 9--98

PP008. I would now like to ask about products that may have ever been used in your home or yard to control for ants, termites, cockroaches, bees, wasps, moths, or other insects during the past 6 months.

PP009. When were any pesticides last used inside or outside this residence to control for insects?

Within the last month,..... 1
 1--3 months ago,..... 2
 4--6 months ago,..... 3
 More than 6 months ago, or..... 4 (EOS)
 Never?..... 5 (EOS)
 REFUSED..... 9--97 (EOS)
 DON'T KNOW..... 9--98 (EOS)

PP010. In preparation for this interview, we asked that you gather together any of the pesticide cans or containers you may have used in the last 6 months. You may also have letters from building maintenance about pesticide application, or receipts from the exterminator that list which products were used. Please show me, or tell me the names of the products that have been used within the last 6 months, either indoors or outdoors, to treat for insects?

INTERVIEWER INSTRUCTION:

SELECT WITHOUT ASKING IF PRODUCT, LETTER, OR RECEIPT IS PROVIDED.

PRODUCT NAME FROM LIST

REGISTRATION NUMBER IF KNOWN

REFUSED..... 9--97 (EOS)
 DON'T KNOW..... 9--98 (EOS)

BEGIN LOOP PP01**LOOP:**

- CYCLE THROUGH PP011-PP016 FOR ALL INSECTICIDE PRODUCTS LISTED IN PP010.

PP011. How was the {PRODUCT} applied?

SELECT ALL THAT APPLY.

INTERVIEWER INSTRUCTION:

SELECT WITHOUT ASKING IF PRODUCT IS PROVIDED.

SPRAY.....	01
BOMB.....	02
POWDER.....	03
STRIP.....	04
MOTH BALLS.....	05
FOAM.....	06
OTHER (SPECIFY):.....	96
REFUSED.....	9--97
DON'T KNOW.....	9--98

PP012. Which of the following areas of your home were treated with {PRODUCT}? Was it...

	<u>YES</u>	<u>NO</u>	<u>RF</u>	<u>DK</u>
a. The common living area, that is the room other than bedroom or kitchen where you spend most of your time?.....	1	2	9--97	9--98
b. The kitchen?.....	1	2	9--97	9--98
c. Your bedroom?.....	1	2	9--97	9--98
d. The basement?.....	1	2	9--97	9--98
e. Any other rooms?.....	1	2	9--97	9--98
f. Outdoors, around the walls of your house or building?.....	1	2	9--97	9--98
g. Outdoors, in the garden or yard?.....	1	2	9--97	9--98
h. Common areas inside building but outside of your home or apartment (public foyer or hallway, etc.)?.....	1	2	9--97	9--98

PP013. Who applied the {PRODUCT}? Was it...

You,.....	1
A professional exterminator, or.....	2
Someone else?.....	3
REFUSED.....	9--97
DON'T KNOW.....	9--98

PP014. How often was the {PRODUCT} used in the past 6 months?

More than once a month, or..... 1
 Once a month or less?..... 2
 REFUSED..... 9--97
 DON'T KNOW..... 9--98

BOX PP03

CHECK ITEM:

- IF PP013 = "1," CONTINUE WITH PP015.
- OTHERWISE, GO TO END LOOP PP01.

PP015. When you applied the {PRODUCT}, did you usually wear any protective items such as gloves or a mask?

YES..... 1
 NO..... 2 (EL_PP01)
 REFUSED..... 9--97 (EL_PP01)
 DON'T KNOW..... 9--98 (EL_PP01)

PP016. Which protective items did you wear?

SELECT ALL THAT APPLY.

GLOVES..... 1
 MASK..... 2
 OTHER (SPECIFY):..... 6
 REFUSED..... 9--97
 DON'T KNOW..... 9--98

END LOOP PP01

LOOP:

- CYCLE THROUGH PP011--PP016 FOR NEXT INSECTICIDE PRODUCT.
- IF NO MORE PRODUCTS, GO TO NEXT SECTION.

P1 Visit: Occupational/Hobby Exposures

OH001. Now I would like to ask some questions about any schoolwork, jobs, volunteer work, and hobbies that you have done recently. **Please only include activities that you do (or have done) for 4 hours a week or longer.**

OH002. Are you currently a full- or part-time student? This includes vocational or technical schooling that may not be done in a classroom.

PROBE: Do you go full-time or part-time?

NO, NOT A STUDENT.....	1	(OH007)
YES, FULL-TIME STUDENT.....	2	
YES, PART-TIME STUDENT.....	3	
REFUSED.....	9-97	(OH007)
DON'T KNOW.....	9-98	(OH007)

OH003. What type of school are you currently attending?

HIGH SCHOOL.....	1
TECHNICAL SCHOOL.....	2
COLLEGE OR UNIVERSITY.....	3
GRADUATE SCHOOL.....	4
PROFESSIONAL SCHOOL (E.G., MEDICAL, LAW, DENTAL).....	5
OTHER (SPECIFY): _____	6
REFUSED.....	9-97
DON'T KNOW.....	9-98

OH004. Please refer to this card and tell me, what best describes the place where you typically go to school?

SHOW CARD OH1.

SELECT ALL THAT APPLY.

CLASSROOM.....	01
RESIDENCE, SUCH AS YOUR HOME OR SOMEONE ELSE'S HOME..	02
LABORATORY.....	03
GARAGE OR SHOP.....	04
MOTOR VEHICLE.....	05
SOME OTHER LOCATION (SPECIFY): _____	96
REFUSED.....	9-97
DON'T KNOW.....	9-98

OH005. What is the address where you **actually** attend school most often?

HOME..... 1 (OH007)
 VARIES (CONSTRUCTION, LANDSCAPING)..... 2 (OH007)
 HAVE EXACT ADDRESS..... 3
 OTHER (SPECIFY):..... 6 (OH007)
 REFUSED..... 9--97 (OH007)
 DON'T KNOW..... 9--98 (OH007)

OH006. (Please tell me the address where you **actually** attend school most often.)

STREET ADDRESS

CITY

STATE

ZIP CODE

REFUSED..... 9--97
 DON'T KNOW..... 9--98

OH007. Now I would like to ask you about the jobs you have had recently. {In the **past 3 months/Since you became pregnant**}:

	<u>NUMBER</u>	<u>RE</u>	<u>DK</u>
a. How many full-time jobs have you had?.....	_ _	9--97	9--98
b. How many part-time jobs have you had?.....	_ _	9--97	9--98
c. How many volunteer jobs have you had (fire department, humane society, etc.)?.....	_ _	9--97	9--98

BOX OH01

CHECK ITEM:

- ADD THE NUMBER OF FULL-TIME, PART-TIME, AND VOLUNTEER JOBS AND CREATE TotalNumberOfJobs.

BOX OH02

CHECK ITEM:

- IF TotalNumberOfJobs > 0, BEGIN LOOP OH01.
- IF TotalNumberOfJobs = 0, GO TO OH020.

<u>BEGIN LOOP OH01</u> <u>LOOP:</u> ■ CYCLE THROUGH BOX OH03–OH019 AS MANY TIMES AS THE NUMBER CALCULATED IN TotalNumberOfJobs.

<u>BOX OH03</u> <u>CHECK ITEM:</u> ■ IF TotalNumberOfJobs = 1, GO TO OH009. ■ OTHERWISE, CONTINUE WITH OH008.

OH008. {Now I'd like to ask some questions about each one of your jobs, starting with the job where you work the most hours/Now think about the job where you work the next greatest number of hours}.

OH009. Are you currently employed at this job?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

OH010. For this job, what {is/was} your job title or occupation?

JOB TITLE	
REFUSED.....	9--97
DON'T KNOW.....	9--98

OH011. For this job, who {is/was} your employer?

EMPLOYER	
REFUSED.....	9--97
DON'T KNOW.....	9--98

OH012. What types of activities {do/did} you do most often at this job? For example, teach classes, work on the computer, keep account books, file, photocopy, answer phone, wait tables, help customers, do lab work, or carpentry?

PROBE: Anything else?

ACTIVITY

REFUSED..... 9--97

DON'T KNOW..... 9--98

OH013. In what kind of business or industry {is/was} this job? That is, what does this company make or do?

INDUSTRY

REFUSED..... 9--97

DON'T KNOW..... 9--98

OH014. On average, how many hours a week {do/did} you usually work at this job?

NUMBER OF HOURS

REFUSED..... 9--97

DON'T KNOW..... 9--98

OH015. {Does/Did} this include working a shift (starts/started) after 2 pm?

YES..... 1

NO..... 2

REFUSED..... 9--97

DON'T KNOW..... 9--98

OH016. {Do/Did} you rotate among different shifts for this job?

YES..... 1

NO..... 2

REFUSED..... 9--97

DON'T KNOW..... 9--98

OH017. Please look at this card and tell me, what best describes the place where you typically {work/worked} for this job?

PROBE: Is this indoors or outdoors?

SHOW CARD OH2.

SELECT ALL THAT APPLY.

OFFICE AREA.....	01
STORE.....	02
CLASSROOM.....	03
HOTEL OR MOTEL.....	04
RESTAURANT.....	05
RESIDENCE, SUCH AS YOUR HOME OR SOMEONE ELSE'S HOME..	06
HEALTHCARE FACILITY OR HOSPITAL.....	07
LABORATORY.....	08
FACTORY, PLANT, OR PRODUCTION AREA.....	09
WAREHOUSE.....	10
GARAGE OR SHOP.....	11
SALON.....	12
LOADING DOCK.....	13
CONSTRUCTION SITE.....	14
GROUNDS, YARD, OR GARDEN.....	15
MOTOR VEHICLE.....	16
SOME OTHER LOCATION (SPECIFY):_____	96
REFUSED.....	9-97
DON'T KNOW.....	9-98

OH018. What is the address where you **actually** {work/worked} at this job?

HOME.....	1	(EL_OH01)
VARIES (CONSTRUCTION, LANDSCAPING).....	2	(EL_OH01)
HAVE EXACT ADDRESS.....	3	
OTHER (SPECIFY):_____	6	(EL_OH01)
REFUSED.....	9-97	(EL_OH01)
DON'T KNOW.....	9-98	(EL_OH01)

OH019. Please tell me the address where you **actually** {work/worked} at this job.

STREET ADDRESS

CITY

STATE

ZIP CODE

REFUSED.....	9-97
DON'T KNOW.....	9-98

END LOOP OH01**LOOP:**

- IF NUMBER OF CYCLES < TotalNumberOfJobs, CYCLE THROUGH BOX OH03–OH019 AGAIN.
- AFTER NUMBER OF CYCLES = TotalNumberOfJobs, CONTINUE WITH OH020.

OH020. Now I want to ask about any cleaning products, chemicals, pesticides, radiation, or bacteria or viruses that you may have worked around or used during the **past 3 months** at any job, school, or hobby when answering these questions. Please consider all jobs, schools, **and hobbies** that you do for at least 4 hours per week. Do not include regular household use.

BEGIN LOOP OH02**LOOP:**

- CYCLE THROUGH OH021-OH029 FOR CLEANING PRODUCTS, CHEMICALS, PESTICIDES, DUSTS, FUMES, RADIATION, AND BACTERIA OR VIRUSES.

OH021. (In any {full or part-time job,} {volunteer job,} {school,} {or} hobby have you used or worked around):

any {cleaning products, such as bleach, ammonia, or detergents/chemicals, such as paints, fuels, solvents, oils, glues, or hair or nail products/pesticides that you've mixed or applied/dusts, including wood or mining dust/fumes or gases, such as from anesthetic gases, ethylene oxide, welding or asphalt fumes, or engine exhaust/radiation, including x-rays, fluoroscopy, or radioisotopes/bacteria or viruses, such as those used in a laboratory setting}?

(Again, do not include regular household use.)

YES.....	1
NO.....	2 (EL_OH02)
REFUSED.....	9--97 (EL_OH02)
DON'T KNOW.....	9--98 (EL_OH02)

DISPLAY INSTRUCTIONS:

IF FIRST CYCLE, DISPLAY "{cleaning products, such as bleach, ammonia, or detergents}."

IF SECOND CYCLE, DISPLAY "{chemicals, such as paints, fuels, solvents, oils, glues, or hair or nail products}."

IF THIRD CYCLE, DISPLAY "{pesticides that you've mixed or applied}."

IF FOURTH CYCLE, DISPLAY "{dusts, including wood or mining dust}."

IF FIFTH CYCLE, DISPLAY "{fumes or gases, such as from anesthetic gases, ethylene oxide, welding or asphalt fumes, or engine exhaust}."

IF SIXTH CYCLE, DISPLAY "{radiation, including x-rays, fluoroscopy, or radioisotopes}."

IF SEVENTH CYCLE, DISPLAY "{bacteria or viruses, such as those used in a laboratory setting}."

OH022. Please tell me the name of (or describe) the {cleaning products/chemicals/pesticides/dusts/fumes or gases/radiation/bacteria or viruses}?

NAME OR DESCRIPTION OF EXPOSURE

REFUSED.....	9--97
DON'T KNOW.....	9--98

OH023. Do you handle or work directly with the {cleaning products/chemicals/pesticides/dusts/fumes or gases/radiation/bacteria or viruses} or do you just work around it?

DON'T WORK DIRECTLY WITH THE MATERIAL.....	1
HANDLE DIRECTLY (POUR, TOUCH, ETC.)	2
OTHER (SPECIFY):	6
REFUSED.....	9--97
DON'T KNOW.....	9--98

OH024. Now thinking of the {cleaning products/chemicals/pesticides/dusts/fumes or gases/radiation/bacteria or viruses} that you just mentioned....

OH025. During the **past 3 months**, how often did you wear or use personal protective equipment to protect yourself from the {cleaning products/chemicals/pesticides/dusts/fumes or gases/radiation/bacteria or viruses}? By personal protective equipment, I mean things like gloves, dust masks, goggles, aprons, lab coats, or other protective clothing. Would you say you always, often, rarely, or never use personal protective equipment?

ALWAYS.....	1	
OFTEN.....	2	
RARELY.....	3	
NEVER.....	4	(OH028)
REFUSED.....	9--97	(OH028)
DON'T KNOW.....	9--98	(OH028)

OH026. Please look at this card and tell me which types of protective clothing or equipment have you worn?

PROBE: Any other protective clothing or equipment?

SHOW CARD OH3.

SELECT ALL THAT APPLY.

GLOVES.....	01
OVERALLS.....	02
OVERCOAT (E.G., LAB COAT, SMOCK, APRON).....	03
DUST MASK.....	04
RESPIRATOR.....	05
GOGGLES/SAFETY GLASSES/FACE SHIELD.....	06
WORK BOOTS/SHOES.....	09
LEAD APRON.....	08
SOMETHING ELSE (SPECIFY):	96
REFUSED.....	9--97
DON'T KNOW.....	9--98

OH027. What type of respirator was it?

- A half-mask chemical cartridge respirator, which is silicone or rubber and covers your mouth and nose,..... 1
- A full-mask chemical cartridge respirator, which is silicone or rubber and covers your eyes, nose, and mouth,..... 2
- An air-supplied or SCBA respirator, or 3
- Some other kind of respirator? (SPECIFY):_____ 6
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

OH028. Is there any kind of a ventilation system to remove exhaust, dust, smoke or fumes from the area? By ventilation system we mean purposely opening windows or doors, using a fume hood, or other ventilation system.

- YES..... 1
- NO..... 2 (EL_OH02)
- REFUSED..... 9--97 (EL_OH02)
- DON'T KNOW..... 9--98 (EL_OH02)

OH029. What ventilation systems are present to remove exhaust, dust, smoke or fumes from the area? Is there....

SELECT ALL THAT APPLY.

- General ventilation, meaning open doors or windows, fans, etc..... 01
- A regular HVAC system for building and room heating and cooling,..... 02
- A fume hood, lab hood, or other partially enclosed equipment,..... 03
- A glove box or other totally enclosed equipment,..... 04
- A portable exhaust hose or tube, such as those used for welding or to attach to vehicle tailpipe, or..... 05
- Some other type of ventilation system? (SPECIFY):_____ 96
- REFUSED..... 9--97
- DON'T KNOW..... 9--98

END LOOP OH02

LOOP:

- IF NUMBER OF CYCLES < 7 CYCLE AGAIN.
- IF NUMBER OF CYCLES = 7, END LOOP AND CONTINUE WITH NEXT SECTION.

P1 Visit: Household Composition and Demographics: Part 2

DM001. These next questions are about your background and cultural heritage.

DM002. Were you born in the United States?

YES.....	1	(DM005)
NO.....	2	
REFUSED.....	9--97	(DM005)
DON'T KNOW.....	9--98	(DM005)

DM003. In what country were you born?

INTERVIEWER INSTRUCTION:
SELECT COUNTRY FROM LIST.

(Source: U.S. State Department List, [Independent States in the World](#))

REFUSED.....	9--97
DON'T KNOW.....	9--98

DM004. About how long have you lived in the United States?

INTERVIEWER INSTRUCTION:
IF LESS THAN ONE YEAR, ENTER "00".

YEARS

REFUSED.....	9--97
DON'T KNOW.....	9--98

DM005. Was your mother born in the United States?

YES.....	1	(DM007)
NO.....	2	
REFUSED.....	9--97	(DM007)
DON'T KNOW.....	9--98	(DM007)

DM006. In what country was your mother born?

INTERVIEWER INSTRUCTION:
SELECT COUNTRY FROM LIST.

(Source: U.S. State Department List, [Independent States in the World](#))

REFUSED.....	9--97
DON'T KNOW.....	9--98

DM007. Was your father born in the United States?

YES.....	1 (DM009)
NO.....	2
REFUSED.....	9--97 (DM009)
DON'T KNOW.....	9--98 (DM009)

DM008. In what country was your father born?

INTERVIEWER INSTRUCTION:
SELECT COUNTRY FROM LIST.

(Source: U.S. State Department List, [Independent States in the World](#))

REFUSED.....	9--97
DON'T KNOW.....	9--98

DM009. These next questions are about the food eaten in your household in the **last 12 months**, and whether you were able to afford the food you need.

DM010. Which of these statements **best** describes the food eaten in your household in the **last 12 months**:

Enough of the kinds of food we want to eat,.....	1 (DM012)
Enough, but not always the kinds of food we want,.....	2 (DM012)
Sometimes not enough food to eat, or.....	3
Often not enough food to eat?.....	4
REFUSED.....	9--97 (DM012)
DON'T KNOW.....	9--98 (DM012)

DM011. Here are some reasons why people don't always have enough to eat. For each one, please tell me if this is a reason why you don't always have enough to eat.

	<u>YES</u>	<u>NO</u>	<u>RE</u>	<u>DK</u>
a. Not enough money for food?.....	1	2	9--97	9--98
b. Not enough time for shopping or cooking?.....	1	2	9--97	9--98
c. Too hard to get to the store?.....	1	2	9--97	9--98
d. On a diet?.....	1	2	9--97	9--98
e. No working stove available?.....	1	2	9--97	9--98
f. Not able to cook or eat because of health problems?.....	1	2	9--97	9--98

DM012. Now I'm going to switch the subject and ask about health insurance.

DM013. Do you **currently** have insurance through a current or former employer or union (of yourself or another family member)?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

DM014. (Do you **currently** have:)

Insurance purchased directly from an insurance company (by yourself or another family member)?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

DM015. (Do you **currently** have:)

Medicaid, Medical Assistance, or any kind of government-assistance plan for those with low incomes or a disability?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

DM016. (Do you **currently** have:)

TRICARE, VA, or other military health care?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

DM017. (Do you **currently** have:)

Indian Health Service?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

DM018. (Do you **currently** have:)

Medicare, for people 65 and older, or people with certain disabilities?

YES.....	1
NO.....	2
REFUSED.....	9--97
DON'T KNOW.....	9--98

DM019. (Do you **currently** have:)

Any other type of health insurance or health coverage plan?

YES (SPECIFY):	1
NO.....	2
REFUSED.....	9-97
DON'T KNOW.....	9-98

DM020. Lastly, I'd like to find out how you see yourself in relation to other people in the United States.

DM021. Please look at this card. **Think of this ladder as representing where people stand in the United States.** At the **top** of the ladder are the people who are the best off—those who have the most money, the most education and the most respected jobs. At the **bottom** are the people who are the worst off—who have the least money, least education, and the least respected jobs or no job.

Where would you place yourself on this ladder?

Please point to the rung where you think you stand at this time in your life, relative to other people in the United States.

SHOW CARD DM1.

RUNG A.....	01
RUNG B.....	02
RUNG C.....	03
RUNG D.....	04
RUNG E.....	05
RUNG F.....	06
RUNG G.....	07
RUNG H.....	08
RUNG I.....	09
RUNG J.....	10
REFUSED.....	9-97
DON'T KNOW.....	9-98

P1 Mom Interview: Tracing Information

TR001. Finally, I need to ask you a few questions so that staff from the National Children's Study may contact you again.

TR002. Sometimes if people move or change their telephone number, we have difficulty reaching them. Could I have the names and telephone numbers of 1 or 2 friends or relatives not currently living with you who should know where you could be reached in case we have trouble contacting you?

YES..... 1
 NO..... 2 (TR011)
 REFUSED..... 9--97 (TR011)
 DON'T KNOW..... 9--98 (TR011)

TR003. I'd like to collect some basic contact information on this person/these people. What is the first person's name?

 FIRST NAME

 LAST NAME

REFUSED..... 9--97 (TR011)
 DON'T KNOW..... 9--98 (TR011)

TR004. What is his/her relationship to you?

MOTHER/FATHER..... 01
 BROTHER/SISTER..... 02
 AUNT/UNCLE..... 03
 GRANDPARENT..... 04
 NEIGHBOR..... 05
 FRIEND..... 06
 OTHER (SPECIFY): _____ 96
 REFUSED..... 9--97
 DON'T KNOW..... 9--98

TR005. What is his/her address?

 STREET

 CITY

 STATE

 ZIP CODE

 PHONE NUMBER

REFUSED..... 9--97 (TR007)
 DON'T KNOW..... 9--98

TR006. What is his/her telephone number?

|_|_|_|-|_|_|_|-|_|_|_|_|

PHONE NUMBER.....

NONE..... 9--91

REFUSED..... 9--97

DON'T KNOW..... 9--98

TR007. Now I'd like to collect information on a second contact. What is this person's name?

FIRST NAME

LAST NAME

NO SECOND CONTACT PROVIDED..... 9--91 (TR011)

REFUSED..... 9--97 (TR011)

DON'T KNOW..... 9--98 (TR011)

TR008. What is his/her relationship to you?

MOTHER/FATHER..... 01

BROTHER/SISTER..... 02

AUNT/UNCLE..... 03

GRANDPARENT..... 04

NEIGHBOR..... 05

FRIEND..... 06

OTHER (SPECIFY): _____ 96

REFUSED..... 9--97

DON'T KNOW..... 9--98

TR009. What is his/her address?

STREET

CITY

|_|_|
STATE

|_|_|_|_|_|
ZIP CODE

|_|_|_|_|_|_|_|_|_|
PHONE NUMBER

REFUSED..... 9--97 (TR011)

DON'T KNOW..... 9--98

TR010. What is his/her telephone number?

| | | - | | | - | | | |
 _ _ _ _ _

PHONE NUMBER.....

NONE..... 9-91

REFUSED..... 9--97

DON'T KNOW..... 9-98

TR011. Finally, could you please tell me your Social Security Number or Individual Taxpayer Identification Number? The National Children's Study may use your Social Security Number to conduct health-related research by linking your survey data with vital statistics and other health records. We also may use it if we need to locate you or your family in the future. Except for these purposes, the Study will not release your Social Security Number to anyone, including any government agency. Providing this information is voluntary. Whether or not you give us this number will have no effect on any benefits you might receive. The National Children's Study is authorized by the Children's Health Act of 2000 and the Public Health Service Act. (The Public Health Service Act authority is found under Section 448 (42USC 285g).

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REFUSED..... 9-97

DON'T KNOW..... 9--98

TR012. Thank you for answering these questions. This completes the interview portion of the visit.