Appendix A

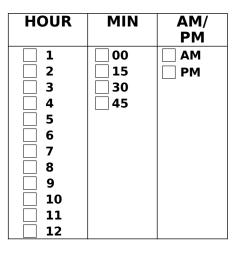
NATIONAL CHILDREN'S STUDY T3/24 MO - ONE AIR BADGE QUESTIONNAIRE DRAFT ONLY - NOT FOR DISTRIBUTION



- 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 answera. Also, draw a circle around the correct answer
- 1. When did you place the air badge in the room where you spend the most time?

MONTH	DAY		YEAR
JanFebMarAprMayJunJulAugSepOctNovDec	0 1 2 3	0 1 2 3 4 5 6 7 8 9	<pre>2008 2009 2010 2011 2011 2012 2013 2014 2015</pre>

2. Approximately what time did you open the air badge?



- 3. In which room was the air badge placed?
 - ¹ Common living area, such as a family room or a living room.
 - ² Your bedroom / your child's bedroom
 - 3 Kitchen
 - ₆ Other, describe: _____

- Question 4 appears at the top of the next column.
- 4.Where did you hang the badge?
 - Cased opening
 Edge of a lamp shade
 Ceiling
 Other, describe: ______
- 5. About how many feet above the floor did you place the badge?
 - |___| Feet
- 6.Was the air badge disturbed in any way during the period it was open in the room?
 - 0 _ No (1 Yes
 - No (SKIP TO QUESTION 5) Yes

6a. How Was the air badge disturbed?

- $_{1}$ It fell/Was knocked down. $_{6}$ Other, describe: _____
- 7. About how many hours total during the week were the windows / doors open while the air badge was open?
 - $_1$ Less than one hour
 - $_{2}$ 1 < 5 hours
 - ₃ _ 5 < 10 hours
 - ₄ _ 10 -< 24 hours
 - 5 More than 24 hours
- 8. Which, if any, of the following products did you use in the room while the air badge was open (check all that apply)?
 - 1 Room fresheners / deodorizers
 - ² Cleaning products
 - ³ Spray pesticides
 - $_{0}$ None of the above

Appendix A

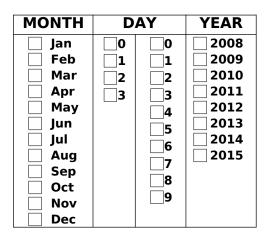


- NATIONAL CHILDREN'S STUDY T3/24 MO - ONE AIR BADGE QUESTIONNAIRE DRAFT ONLY - NOT FOR DISTRIBUTION
- 9. Did anyone smoke in the room at any time while the air badge was open?

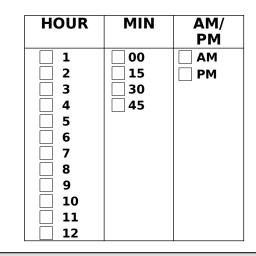
10. Were candles burning in the room at any time while the air badge was open?



11. What date did you close the air badge?



12. Approximately what time did you close the air badge?



THANK YOU <u>VERY MUCH</u> FOR COMPLETING THIS QUESTIONNAIRE! ALL OF YOUR ANSWERS ARE VERY IMPORTANT.