

**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 answer. 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
<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. Approximately what time did you open the air badge?

HOUR	MIN	AM/ PM
<input type="checkbox"/> 1	<input type="checkbox"/> 00	<input type="checkbox"/> AM
<input type="checkbox"/> 2	<input type="checkbox"/> 15	<input type="checkbox"/> PM
<input type="checkbox"/> 3	<input type="checkbox"/> 30	
<input type="checkbox"/> 4	<input type="checkbox"/> 45	
<input type="checkbox"/> 5		
<input type="checkbox"/> 6		
<input type="checkbox"/> 7		
<input type="checkbox"/> 8		
<input type="checkbox"/> 9		
<input type="checkbox"/> 10		
<input type="checkbox"/> 11		
<input type="checkbox"/> 12		

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?

- 1  Cased opening
- 2  Edge of a lamp shade
- 3  Ceiling
- 6  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 (SKIP TO QUESTION 5)
- 1  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

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9. Did anyone smoke in the room at any time while the air badge was open?

0  No  
 1  Yes

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

0  No  
 1  Yes

11. What date did you close the air badge?

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			

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

HOUR	MIN	AM/ PM
<input type="checkbox"/> 1	<input type="checkbox"/> 00	<input type="checkbox"/> AM
<input type="checkbox"/> 2	<input type="checkbox"/> 15	<input type="checkbox"/> PM
<input type="checkbox"/> 3	<input type="checkbox"/> 30	
<input type="checkbox"/> 4	<input type="checkbox"/> 45	
<input type="checkbox"/> 5		
<input type="checkbox"/> 6		
<input type="checkbox"/> 7		
<input type="checkbox"/> 8		
<input type="checkbox"/> 9		
<input type="checkbox"/> 10		
<input type="checkbox"/> 11		
<input type="checkbox"/> 12		

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