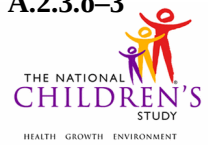


**NATIONAL CHILDREN'S STUDY
T3 HOUSE DUST PLATE QUESTIONNAIRE
DRAFT ONLY—NOT FOR DISTRIBUTION**



- 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 set out the dust plate:

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. In which room did you leave the dust plate?

- 1 Common living area, such as a family or living room
- 2 Your bedroom
- 3 Kitchen
- 6 Other, specify: _____

3. Where in the room did you leave the dust plate?

- 1 On a bookshelf
- 2 On top of an entertainment center
- 3 On a table (end table, coffee table, etc.)
- 6 Other, specify: _____

4. About how many feet above the floor did you place the dust plate?

|__|__| Feet

5a. Did you run into any problems when collecting the dust plate?

- 0 No (go to question #6)
- 1 Yes

5b. What problems did you have when collecting the dust plate:

- 1 Plate fell
- 6 Other, specify: _____
= _____
= _____

If the dust plate was somehow destroyed, please call 1-800-XXX-XXXX.

6. When was the dust plate taken down and prepared for shipment?

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			

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